



Northern Health
and Social Care Trust

ANNUAL QUALITY REPORT

2019-20

CHIEF EXECUTIVE MESSAGE

The Northern Health and Social Care Trust (NHSCT) provides Health and Social Care Services to a population of approximately 470,000 people, which is the largest resident population in Northern Ireland. We employ approximately 12,500 staff across a wide range of services.

As the newly appointed Chief Executive, I am pleased to share with you the Trust's eighth Annual Quality Report. This report describes the achievements and the challenges we have had during the 2019/20 financial year. It was a year during which we continued to transform our services through our Reform and Modernisation Programme (RAMP), utilising the second year of regional Transformation funding. Significant work has continued across our hospitals and our community services with the introduction of a new acute medical model in Antrim Area Hospital, modernisation of our Occupational Therapy Wheelchair Service and improvements to our Frailty Services at Causeway and Robinson Hospitals to name a few.

We have continued to build on our previous success in achieving Investors in People accreditation and in creating a great place to work. The achievements of our staff continue to be recognised both regionally and nationally in driving improvement and promoting a culture of excellence across health and social care, and some of these are outlined in this report.

All the ideas, innovations and quality improvements are driven by our staff, working in and across teams to ensure that we are delivering the best possible care and services to those we serve.

That teamwork extends to the successful partnership, which the Trust has with General Practice in the Northern Area, ensuring that we are breaking down barriers and working across organisations for the benefit of our community. Together, we have also extended our collaborative working with our Northern Area Network, reaching out to other partners in Health and Social Care and beyond, including, most importantly, service users and carers.

That partnership approach, both inside and outside the organisation, has never been more important when faced with the challenges brought to all of us by Covid-19. During the first wave of the pandemic, services were severely disrupted yet our people worked together to minimise the impact and to deliver high quality services in new and innovative ways. We have included some of the early learning from wave 1 of the pandemic in Appendix 1 of this report.

The challenges from Covid-19 continue, but I continue to be both amazed and humbled by the energy, innovation, compassion and resilience shown by our people. I would like to take this opportunity to thank all our staff for their incredible work ethic, their drive for innovation and transformation and their continued dedication to providing the highest quality of care. They, along with our partners, and those who use our services, will ensure that quality continues to be at the heart of what we do.

Jennifer Welsh
Chief Executive

FOREWORD

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:

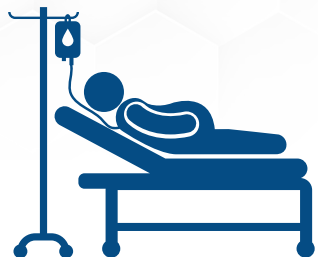
- 1 Transforming the culture
- 2 Strengthening the workforce
- 3 Measuring the improvement
- 4 Raising the standards
- 5 Integrating the care

This report aims to increase public accountability and drive quality improvement within the 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 Trust clearly identifies continual quality improvement as a key priority in the delivery and modernisation of health and social care.

ABOUT THE TRUST

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



77,028
inpatients
(increased from 76,100)

238,146
acute outpatients
(decreased from 269,127)

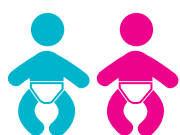


164,471
mental health outpatients
(decreased from 168,536)

153,147 
emergency department attendances
(increased from 150,558)



27,696
day case patients
(decreased from 28,609)



3,867 **births** (increased from 3,809)

674

children looked after by Trust
(increased from 663)



522

children on child protection register
(increased from 468)

4,158 **domiciliary care packages for older people provided in the community** (decreased from 4,422)

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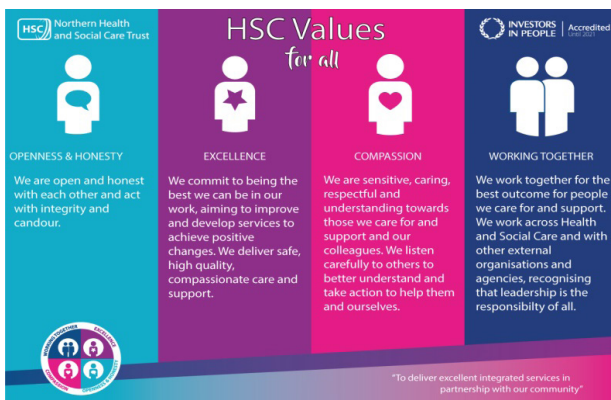
THEME 1:

TRANSFORMING THE CULTURE



THEME 1: TRANSFORMING THE CULTURE

As part of our Reform and Modernisation programme the Trust continues to build on a culture of ‘Creating a great place to work’ where everyone feels they are treated fairly, where the development, contribution and care of our people is recognised as being as important and valued as is the care of our patients. The results of the 2019 Health and Social Care (HSC) Staff Survey were very positive showing a significant increase in employee engagement compared to the results from the 2015 staff survey – refer to page 25.



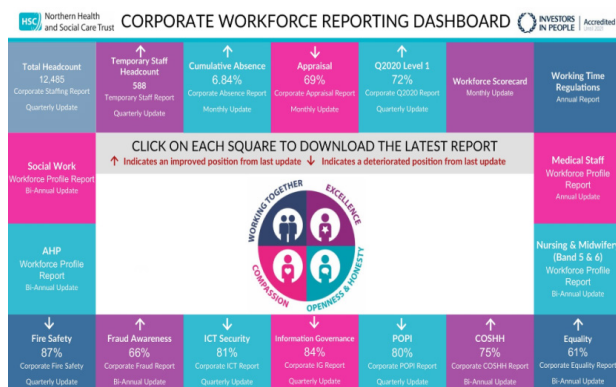
Developing compassionate, inclusive and effective leaders and managers at all levels who are visible, capable and who model our values remains a priority for the Trust. The Trust held two leadership conferences over the year where 230 managers had the opportunity to interact with a wide range of speakers with experience and expertise in all aspects of leadership. A total of 103 members of staff were also supported throughout leadership development pathways and 17 medical consultants successfully completed the Trust CONNECT medical leadership development programme.

In May 2019, the new Health and Social Care ‘Values for All’ were launched. The Trust is working to transition to and embed the HSC values of ‘working together’ ‘excellence’ ‘openness & honesty’ and ‘compassion’.

Our “i-matter - NHSCT Hub” provides staff with a wealth of information and advice on healthy eating, increasing physical activity, services such as stop smoking and weight management. i-matter continues to be really well utilised with an average of 1341 visits each month. In June the Trust committed to the Equality Commission Mental Health Charter. As part of this Schwarz rounds have been introduced where staff can come together to reflect on the emotional and social aspects of working in healthcare. We have also provided 4553 staff with their annual flu vaccination.

In January 2020, a new Corporate and Divisional Workforce Reporting Dashboard was launched to provide a single point of access to Corporate and Divisional / Directorate Workforce Information.

Each Dashboard is accessible via a dedicated link and all reports now open using a unique password for each Division/ Directorate on a 24/7 basis.



Respondents' Feedback

Services users value the opportunity to provide feedback as identified in the following quotes:

An opportunity to say thank you for all you have done

10,000 More Voices is there when you don't want to complain but want to help make their experience better for someone else.'

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 MORE VOICES

The 10,000 More Voices initiative provides the opportunity for service users, their carers and families to share their experience of health and social care anonymously.

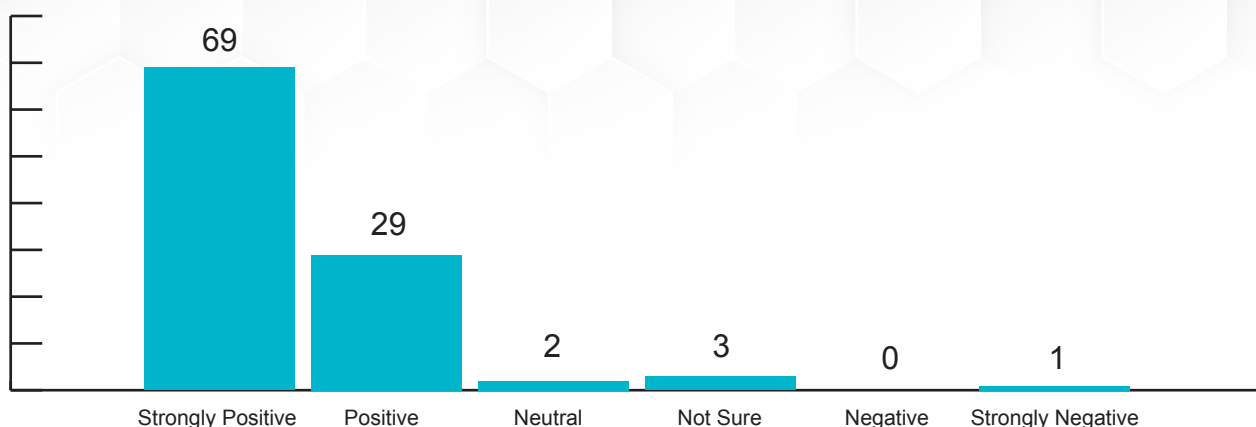
Each story is read, analysed and opportunities for learning are identified and shared. In addition, areas that have been identified as good practise are also highlighted and shared.

Individual reports are completed for each 10,000 More Voices project, along with composite responses / action plans.

In 2019/20 the method for recording / reporting the numbers of stories received has evolved and changed. Therefore, it is not possible to provide the number of regional stories received that relate to this Trust.

In addition, the rating for stories in some of the regional projects has been recorded as a regional rate, and not differentiated into the individual Trusts.

Local/ bespoke 10,000 More Voices projects carried out in the Trust were rated from strongly positive to strongly negative, as demonstrated in the graph below:



In 2019/20, 94% of respondents rated their experience of Health and Social Care within the Trust as strongly positive and positive.

Regional and Local work plan for 2019/20

In 2019/20 competing priorities changed the Regional and Local work plan for 2019/2020, and the following projects were put on hold:

Regional projects	Local/ Bespoke Projects
<ul style="list-style-type: none"> ▶ Experience of Engaging Health Service when Homeless ▶ Experience of Falls 	<ul style="list-style-type: none"> ▶ 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

Projects commenced / completed 2019/20:

Regional projects	Local/ Bespoke Projects
<ul style="list-style-type: none"> ▶ Experience of Mental Health Services ▶ Experience of Staff in Mental Health Services ▶ Experience of Paediatric Audiology Services ▶ Experience of Living with Swallowing Difficulties ▶ Experience of the Neighbourhood District Nursing Model ▶ Experience of Living in a Care Home ▶ Your Experience of Intermediate Care ▶ Patient's Experience of Cancer Services 	<ul style="list-style-type: none"> ▶ Patient's Experience of the Admission through ED to B1 Prior To The Introduction of the Acute Medical Model ▶ Patient's Experience of Admission through ED to Surgical Ward prior to review of Pathway ▶ Experience of Frailty (Robinson Hospital) ▶ Experience of Pre Winter Pressures ▶ Experience of Winter Pressures

Noise at Night

Respect Everyone's Sleep Time (REST)

is an initiative looking at reducing noise levels on wards at night, to enhance sleep and recovery. This project continued to be rolled out during 2019/20 in Antrim, Causeway, Whiteabbey and Community Hospital wards.

Next Steps

Care Opinion

There is a plan to launch Care Opinion across the region in 2020/21. This will be a platform for service users to provide feedback regarding their experience of the Trust. This platform will be promoted as the first point of contact for feedback from our service users and their families.

At a regional level, the themes and trends identified through Care Opinion will drive the future regional work plan for 10,000 More Voices.

Information obtained from both patient experience platforms, will be used to inform quality and service improvement.

10,000 More Voices Regional Projects planned for 2020/21

- ▶ You and Your Experience of Working During Covid-19
- ▶ The Experience of Families and Residents in Care Homes during Covid-19
- ▶ You and Your Experience of Mental Health Services During Covid-19
- ▶ Experience of Personal Protective Equipment (PPE)
- ▶ Experience of District Nursing Model
- ▶ Experience of Social Work
- ▶ Exploring Frailty in Older People

10,000 More Voices Local Trust Projects planned for 2020/21

- ▶ Experience of Pre Winter Pressures
- ▶ Experience of Winter Pressures

PERSONAL & PUBLIC INVOLVEMENT (PPI)

We continue to promote personal and public involvement in the planning and delivery of services and we are committed to the implementation of the Department of Health's Co-production Guide. This year we have seen the outbreak of Covid-19 which has impacted on us all, leading to unprecedented changes in our everyday lives. We must all work together to develop ways to continue to involve service users and carers in the rebuilding of our services, providing the opportunities to share the decisions we make that shape their lives.

We continue to ensure partnership working is integral to all aspects of our business agenda and have a range of governance, management and reporting mechanisms to reflect this.

The Trust's Interim Director of Operations is responsible for the implementation of PPI and co-production across the Trust and assuring our Trust Board that we are complying with our statutory duty to fully engage our service users and carers. One of the Trust's Non-Executive Directors 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, Equality and Employment Group (Quadruple EG), chaired by the Interim Director of Operations, seeks assurance that the Trust is compliant with PPI statutory requirements. Membership includes all divisional directors, non-executive directors, service user representation and the Patient Client Council.

The Quadruple EG reports directly to the Trust's Risk & Assurance Group, then through to Trust Board.

Within each of our services we have a number of PPI champions who continue to provide support and promote personal and public involvement across the organisation.

Opportunities for specialised training arise throughout the Trust and staff continue to be provided with the information and resources required to mainstream PPI and co-production activities.

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 developing and planning of services.

We continue to support and value the networks we have already established, and work in partnership with them to ensure everyone has the opportunity to be involved.

The last year has seen the development of our Involvement Network of over 250 service users and carers who are a passionate group of individuals who enjoy working with us to develop our services.

Whether this is co-designing a new service, co-producing training or having input into the information we provide, they are a key resource for the Trust. We are so grateful for their generosity with their time.



During the year we held the first ever Involve Fest. Involve Fest, held 18th-23rd November 2019, was a week-long celebration of involvement and a first for health and social care in Northern Ireland. Often great involvement work goes unseen, so we wanted to celebrate the time, effort and work our service users, carers, staff and volunteers contribute to making a real difference. We held a Carers Information Fair and also a 'Let's Celebrate Involvement' event.

The Trusts 'Committed to Carer Support' won the regional Patient and Client Council 'Excellence in Co-Production Award'. Committed to Carer Support is a project focussed around developing a programme of support for carers in the Trust that promotes personal development and wellbeing. The project involved carers in the development and delivery of support for carers. The Patient and Client Council commended the work done by the Trust, describing it as a great example of the positive change that successful co-production can bring about.



Winning this award would not have been possible without the input of carers across the Trust. On Carers Rights day, 21st November 2019, following on from winning our award, we officially launched our Carer Hub, a central point of contact for carers and staff for signposting and support.

We would like to thank our service users, carers, staff, community and voluntary organisations, and everyone who has been involved with the Trust. For a more detailed look at what has been happening in PPI over the last year, our PPI Annual Report can be found on the Trust website.

QUALITY IMPROVEMENT (QI)

What Matters To You? 2019

On, What Matters to You? Day in June, the Innovation and Quality Improvement (IQI) team encouraged other teams and services to ask service users and carers what mattered to them. This year the Trust extended the question to staff as well to hear what really matters to them and respond to this in an effort to enhance how they feel about working in the Trust. This led to themes such as Valued Aspects of Life, Service Delivery, Human Values and Qualities, Learned Attributes and Working Conditions. This report allowed the IQI team to ensure that these values for staff and service users, where possible, were positively promoted.

Human Factors

As a result of the 'What Matters to You?' outcomes, alongside other publications, a number of training courses have been developed to support staff to make positive changes in the workplace. Between June 2019 and March 2020, 173 members of staff attended 14 Human Factors training sessions which aimed to make staff aware of the impact human factors, such as stress, tiredness, etc. can have on their daily work lives, and how best to reduce their negative impact.

To support this new training model, a Human Factors Faculty was also formed within the Trust, with 9 members of staff taking part in a 5 day training course. This faculty will continue to train, act as Go To People, and offer advice to other members of staff.

In November 2019, the Trust successfully won a bid for £30,000 from the Q Exchange, a national Quality Improvement forum, to develop a new mobile application to teach staff about Human Factors through gaming. This app was developed in partnership with Ulster University, in the first instance, to create a prototype. This app was also showcased in the Q Community Annual Northern Ireland Event and a presentation was delivered to the delegates there.

GREATix

This year saw the introduction of the GREATix (Learning from Excellence) pilot in the Trust. Whilst learning from incidents helps to reduce repeat instances, GREATix focuses on promoting positive behaviour by showing recognition, gratitude and appreciation of positive daily behaviours. As staff receive GREATix nominations, they feel valued knowing that they are contributing to their team and are providing a quality service in their day to day work.

Regional Self-Care Event

This year, the first Regional Self-Care event across the wider HSC was co-delivered by the Trust and welcomed 128 staff from all disciplines. The focus of the event was “Because you are worth it” and was aimed at promoting self-care, providing attendees with the opportunity to experience different forms of self-care on the day. Feedback from the event stated that 99% of attendees rated all the sessions as very relevant/relevant and 86% felt confident about applying their learning to their job.

Quality Improvement Training

By the end of March 2020, the Trust had trained 72% of staff in IQI Level 1, a 21% increase on the previous year, while 6% were also trained in the IQI Pocket Sized Level 2 course.

In September 2019, the Specialist Trainees Engaged in Leadership Programme (STEP) course was expanded to include First STEP and STEP Up to the existing Core STEP programme. This attracted 38 to the programme from new Doctors in Training to Consultant level and was delivered across 14 sessions (depending on the programme).

September 2019 also saw the launch of Safety Quality North (SQN) Programme, a Level 2 course aimed at not only providing staff with the tools to deliver key Quality Improvement projects of Strategic or Divisional importance, but also to be mentored through the delivery of this project; 19 members of staff were welcomed onto the first cohort.

This year, 15 members of staff had completed their external Level 3 Quality Improvement training, (i.e. Institute for Healthcare Improvement (IHI) Improvement Advisor, Scottish Improvement Leadership, Scottish Quality and Safety Fellowship, MSc Business Improvement), and a further 15 had started their programme. The IQI Lead for the organisation also embarked upon a Level 4 IHI Fellowship, the first person within the Trust to do so.

External Networks

The IQI team continues to work closely in partnership with other Trusts through the Health and Social Care Quality Improvement (HSCQI) network, inputting to Communities of Practice and sharing learning. This year, there have been a number of programmes taken forward within each Trust; the Trust took the lead on Towards Zero Suicide and increasing Antimicrobial Stewardship in Care Homes, two of the four HSCQI Scale and Spread projects. We are also supporting ongoing work in relation to Sepsis to ensure patients receive antibiotics within 1 hour.

The Trust (represented by the IQI Lead) is an active member of the Health Improvement Alliance Europe group (facilitated by the Institute for Healthcare 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. The focus within the Trust has been the reduction of waste within the healthcare system.

Annual Event

In March 2020 the Trust celebrated its third IQI Annual Celebration Event at Mossley Mill and was attended by 180 staff from across the Trust. The main theme for this event was “Connecting Relationships to Quality” with two keynote speakers sharing their experience on ‘Relationship Based Care’ and ‘When Rudeness in Teams Turns Deadly’. Both speakers explored the importance and impact of relationships with self and others, and the high value we place on relationships.

Team of the Month

The Trust has celebrated six Teams of the Month from April 2019 to March 2020, 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. Recent winning projects include:

- Enhancement of the Human Resources Helpdesk
- Development of the caseload reporting tool within the Ballymena West Social Work Team
- Introduction of the Temporal Artery Biopsy Pathway Team
- Continuous Supervision within Dalriada Community Hospital
- Development of the Frailty Team Direct Assessment Unit in Causeway Hospital
- Development of the Programmed Treatment Unit in Antrim Hospital

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

- ▶ 753 formal complaints were received into the Trust (a decrease from 758 last year)
- ▶ 100% of complaints acknowledged within 2 days
- ▶ 76% of complaints were responded to within 20 working days (decreased from 87% last year)
- ▶ 6,668 compliments were received through the Chief Executive’s office (compared to 2,634 last year)
- ▶ The two main categories of compliments that were received relate to quality of treatment and care, and professional behaviour / attitudes of staff

The top 5 categories of complaints related to:

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

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 complaint 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, Quadruple E Group which feeds into the Risk & Assurance Group and at monthly Divisional Governance meetings.

To ensure staff are aware of their responsibilities in respect of complaints, the Complaints Team provides training via e-learning and offers face-to-face training when required. Within 2019/20, 3,432 staff completed Level 1 Complaints & Service User Experience Training and Level 2 Complaint Reviewer Training.

NI Public Services Ombudsman (NIPSO) Cases

In instances where people are not satisfied with the outcome of an investigation into their complaint, there is an opportunity for them to approach 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 conclude that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team.

In 2019-20, there were 8 requests for information from the NIPSO Office:

- ▶ 4 cases were closed and not upheld
- ▶ 1 was offered an alternative resolution (with a consolatory payment of £300)
- ▶ 3 are on-going

The status of Complaints prior to this period is as follows:

- ▶ 3 were not upheld
- ▶ 1 was issued a letter of apology
- ▶ 1 remains open

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 incident reporting system is to encourage an open reporting and learning culture within departments, divisions and Trust-wide, acknowledging that lessons learned need to be shared to improve safety, and apply best practice in managing risks.

The Trust implemented DATIXWeb, an electronic incident reporting and risk management system, in 2016. This web-based system facilitates the reporting of incidents in a timely manner; information regarding incidents is also more accessible via dashboard reporting; and incidents are held in one single place. This impacts on more timely reporting, analysis and learning for the organisation and facilitates the ownership and management of risk.

In terms of the wider Risk Management agenda, a number of other modules are available within the DATIXWeb system in the Trust; these are Risk Register, Safety Alerts and Complaints. There are further developments being explored such as the inclusion of SAIs (Serious Adverse Incidents) and a Claims/Coroner's module. This progress leads to the development of a more complete and robust risk management system for the Trust, which supports more timely learning and supports decision making. Data and Information on incidents also contributes to the identification and establishment of QI projects within the Trust.

A total of 14,973 incidents were reported in 2019/20, which is an increase of 11% from the previous year. This increase is reflective of the continued training and awareness that has taken place around incident reporting. The Trust has also introduced Trigger Lists for incident reporting. Trigger Lists outline the types of incidents that the Trust would expect to be reported should they occur.

Total Number of Incidents and Top 5 reported Incident Types

Financial year	Total Incidents	Slip / Trip / Fall	Violence / Aggression	Medication	Left ward without agreement	Contact with Equipment / machinery
2018/2019	13,490	2,947	2,332	1,017	728	607
2019/2020	14,973	3,031	2,794	1,304	652	529

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

Slips, Trips and Falls



Slips, Trips & Falls remains the most common incident type, representing 20% of all incidents reported. It is estimated that 30% of people over the age of 65, and 50% over the age of 80 fall at least once per year (NICE). With an ageing population, to help reduce the risk of falling and the risk of associated injuries, the Trust continues to have a multi-disciplinary approach to falls prevention and management. Falls Awareness training sessions continue to be delivered to Trust staff, and staff from commissioned services, to increase awareness regarding falls prevention and falls management. A telephone advisory service continues to be offered to these staff groups. Inpatient falls that have resulted in an injury continue to be investigated, with learning identified and disseminated as appropriate. The FallSafe bundle continues to be embedded into practice, with participating wards completing monthly compliance audits identifying areas for learning and improvement, and validation audits have been completed by the Falls Team in many wards.

Violence and Aggression



Violence and Aggression represents nearly a fifth of the total incidents reported. A Challenging Behaviour, Violence and Aggression Working Group was established as a sub-group of the Health and Safety Committee in January 2019. The purpose of the working group has been to

develop and oversee the strategy for reducing the level of challenging behaviour, violence and aggression within Trust services in line with the regional work led by the Department of Health on Zero Tolerance. The group sought in April 2019 to encourage staff to report incidents of violence and aggression and the results can be seen in the increased number reported in the reporting period. The group is also developing a toolkit for managers and staff to bring about an improvement in both the handling of incidents and how staff are supported following incidents.

Medication



Medication incidents accounts for 9% of the total incidents reported, and continue to be routinely analysed through divisional multi-disciplinary working groups to identify relevant learning. They are also reviewed by the Northern Area Drugs and Therapeutics Committee to identify common trends.

Left ward without agreement



The total number of incidents relating to absconding in 2019/20 was 652 compared to 728 in 2018/19. Divisions monitor this through governance processes but there is a specific target within Mental Health Services. At the end of March 2020, the Trust achieved 95% compliance with the Anti-absconding Care Bundle Key Performance Indicator (KPI) within Mental Health services.

Contact with equipment / machinery



The total number of incidents occurring in this category in 2019/20 was 529 compared to 607 in 2018/19, which both account for 4% of the total incidents reported in each year.

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is ‘an event which may have caused unexpected serious harm or death’. During the period 2019/20, 94 SAIs were identified. In the previous financial year, 96 SAIs were reported representing a slight decrease.

The table below outlines the number of SAIs involving death for the period 2019/20

Division	Total SAIs reported to the Health and Social Care Board (HSCB) involving death
Mental Health and Learning Disability Services	46
Surgical and Clinical Services	4
Medicine and Emergency Medicine	5
Women’s, Children’s and Family Services	6
Community Care	2
Total	63

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.

Learning can be indicated for sharing regionally, which can be achieved through the issuing of an immediate alert, a learning letter, a reminder of best practice letter or through the regional newsletter ‘Learning Matters’. An example of a case featured was the recognition of cerebral empyema, which is a rare complication of sinusitis and the newsletter frequently contains general learning on areas like sepsis where trends have been identified.

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 2019/20 a total of 38 Leadership Walkrounds were carried out across the Trust, however these have been temporarily suspended from March 2020 due to the Covid-19 pandemic.

THEME 2:

STRENGTHENING THE WORKFORCE



THEME 2: STRENGTHENING THE WORKFORCE

Creating a Great Place to Work

The Trust launched its 'Creating a Great Place to Work' - Benefits Brochure - designed to improve awareness on the many benefits that are available to Trust employees. Several events were held over the year to recognise staff including our annual Chairman's awards, Vocational Qualification ceremony and Junior Appreciation events.



Creating a great place to work

Investors in People (IIP)

It has been a year since the Trust was assessed and awarded the Investors in People Standard.



On Monday 9th December 2019, the Trust welcomed back Stephanie McCutcheon, Lead IIP assessor, to meet with our co-sponsors Dr Tony Stevens, Chief Executive and Karen Hargan, Director of Human Resources, Organisational Development and Corporate Communications, to discuss what we have been doing over the past year to continue our journey of 'creating a great place to work'.

To help share the Trust story, the Assistant Director of Workforce Governance and Organisational Development, Head of Organisational Development, Senior Organisation Development Manager and HR Business Partners attended an informal round table discussion.

The morning session centred around the three key priority areas that had been identified by staff during our assessment in November 2018:

- ✓ Developing leadership capability
- ✓ Enhancing participation and collaboration
- ✓ Focusing on the future



The conversation was supported by a gallery wall that displayed some of the great work that has been happening across directorates and divisions since gaining accreditation.

Collective Leadership

Creating a culture where our staff can be strong leaders now and in the future is important to us as an organisation. To achieve this we have been focusing on embedding the HSC shared values and associated behaviours across all Trust sites and services. We are working with a range of teams and services to create a consistent approach to compassionate leadership within the organisation.

This will build and develop our teams to be a community working towards our organisational vision, and develop individuals to understand their impact and contribution to their role, teams and the organisation. We have been delivering our leadership pathways across all staffing levels, HSC values and behaviours sessions, Team effectiveness sessions and 1:1 coaching in support of developing our leaders.

Leadership Pathway

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

Figures as at 31st March 2020

▶ **Over 117**

members of staff commenced a leadership development pathway

▶ **43.5%**

of frontline health care workers received the flu vaccination

▶ **72%**

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

▶ **84%**

of staff trained in Information Governance Awareness

▶ **68%**

of managers trained in Openness

▶ **81%**

of staff trained in Information & Communication Technology (ICT) Security

▶ **69%**

of Agenda for Change staff undertaking an in-year appraisal

▶ **87%**

of staff trained in Fire Safety Awareness

▶ **99%**

appraisal rate for medical staff



Vocational Training

Over 40 members of Trust staff successfully completed vocational qualifications across a variety of levels (see page 29).

Completed Learners 01/04/2019 to 31/03/2020	
Level 3 Certificate in Healthcare Support	3
Level 3 Diploma in Healthcare Support	2
Level 2 Diploma in Health and Social Care	21
Level 3 Diploma in Health and Social Care	9
Level 4 Certificate in Principles of Leadership and Management for Adult Social Care	6
Total	41

Quality 2020 Attributes Framework

As at 31st March 2020, 72% of Trust staff have 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.

Leadership Conferences

The Trust held two leadership conferences during the year and over 200 managers had the opportunity to attend the events. With an exciting itinerary of speakers and parallel sessions, the conferences provided the opportunity for senior leaders to meet their peer group,



share experiences and exchange views and ideas to take back to the workplace.

Chairman's Awards

This year's Chairman's Awards ceremony was held on Tuesday 10th March 2020. There were 135 people in attendance at the ceremony which was hosted by Chairman Bob McCann. The Permanent Secretary, Richard Pengelly, was in attendance to present the awards which recognise and reward our teams and staff who work to deliver high quality, effective and innovative services for the benefit of our service users. The six award categories were based on the Trust Vision and are underpinned by the HSC Values for All of Working together, Excellence, Openness and Honesty and Compassion.



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 upon commencing their role. The event provides an opportunity for new employees to hear about what it is like to work here, our Chief Executive's key messages and the opportunities for development within the Trust. New staff also receive their core Statutory and Mandatory training as well as practical advice and guidance on beginning a role with us. At the end of the year in response to Covid-19 and as part of our longer term plan to incorporate technology we created a digital Corporate Welcome platform. During the pandemic this has been our welcome resource, in future this will be used alongside a face to face event.



Openness training. As at 31st March 2020, 72% of Trust staff have successfully completed Q2020 Level 1 training ensuring service improvement is one of the fundamentals that underpins our patient safety agenda.

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.

The Coach Approach

Coaching is one of the key methods through which leadership capability is developed within the Trust. It is a process where skilful questioning and appreciative inquiry techniques are used to help individuals to maximise their full potential to achieve both personal and professional success. Our Trust Corporate Coaching Network currently has 18 trained coaches, who are providing active sessions across the organisation.

Benefits of coaching



Promoting Openness

A significant effort has taken place to develop the Trust Openness agenda and 69% of managers within the organisation have now undertaken Openness training.

In April 2019, the Trust held a second Raising Concerns Awareness Week offering staff the opportunity to hear about our ‘See Something, Say Something’ campaign. Over 700 managers within the Trust have now successfully completed

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 <ul style="list-style-type: none"> • Workplace stress • Bereavement • Supporting managers • Mental health in the workplace 	Promoting healthy living - Fit for Work, Fit for Life <ul style="list-style-type: none"> • Supporting staff Health and Wellbeing Champions • Promoting healthy living • Take 5 - 5 ways to wellbeing
Working with physical health conditions <ul style="list-style-type: none"> • Health promotion for those working with physical health conditions • Back care training for staff • Pathways for early intervention 	Ageing well at work <ul style="list-style-type: none"> • Promoting health & wellbeing of staff who are working longer • Work life balance/flexible working • Caring for carers • Career options pre-retirement

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

Psychological Wellbeing:

The Trust is conducting a survey and facilitating focus groups to understand how staff experience workplace stress. The Trust is also implementing the Stress policy and providing support for managers on recognising and responding to stress. Staff are supported to look after their own mental health in the workplace.

The Trust has signed up to the regional Mental Health Charter and an action plan has been created to support a culture of equality of opportunity and respect for those experiencing mental ill health.

The Trust is currently in the process of introducing a Menopause policy in partnership with our Trade Union colleagues and recently introduced a Supporting Staff following Bereavement policy.

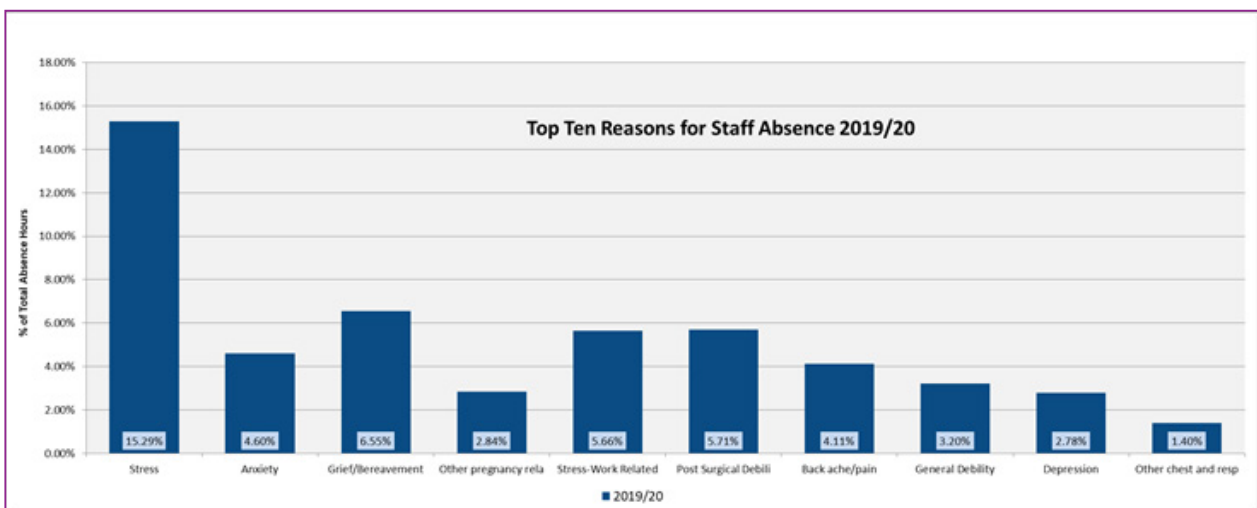
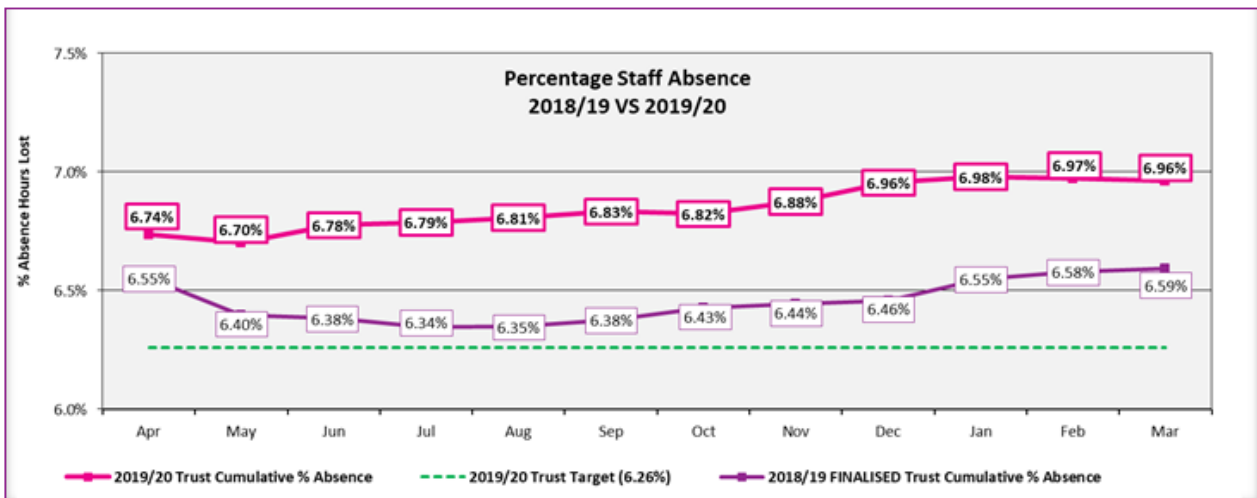
Sickness absence

The Trust sickness absence percentage for 2019/20 was 6.96%, which was 0.7% above the 2019/20 target of 6.26%. The chart below compares the cumulative absence position for 2019/20 to the position in 2018/19. We can see that throughout 2019/20 our absence was higher than it was in the previous year and we were consistently above the DOH target of 6.26% throughout the year.

The chart below details the top 10 reasons for sickness absence during 2019/20. Stress or work related stress accounted for

20.95% of absence, and the second top reason for absence was grief/bereavement which accounted for 6.55% of absence.

Recognising and responding to workplace stress remains a key consideration within the Trust's Health & Wellbeing Strategy and is overseen by the Psychological Wellbeing in the Workplace sub-group of the Health & Wellbeing Steering Group. With this in mind, a specific Recognising and Responding to Stress in the Workplace Policy has been developed, which includes bespoke stress toolkits and action plan templates. These are complemented by training for managers in dealing with and responding to stress, which is a joint approach adopted by Occupational Health & Staff Wellbeing Clinical Psychologists, and the Health and Safety Team.

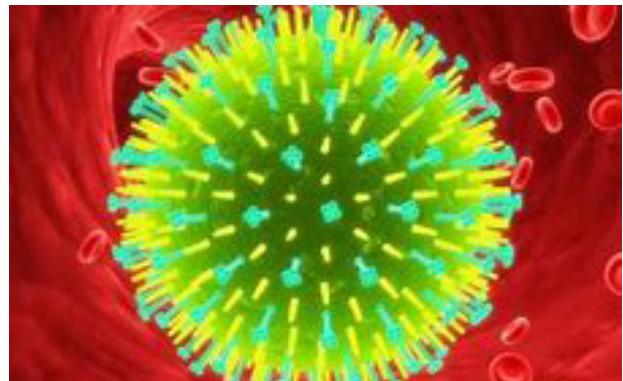


The Trust employs a stepped approach to managing work place stress. This is comprised of a model of promote, support and response. Promote approaches aim to support general wellbeing and are aimed at helping staff manage potential stress triggers. This is achieved by ensuring that wellbeing is prioritised within the organisational culture and by taking any measures to ensure that stress is minimised including the development of policies that promote the same. Supporting approaches are aimed at scaffolding staff, and supporting the development of skills and behaviours within teams and managerial approaches that promote wellbeing and address potential difficulties e.g. training sessions/resources. This is provided through multiple parts of the system including Human Resources, Organisation Development, Occupational Health, Wellbeing Psychology service etc. Response approaches refer to those which offer staff direct one to one support for stress related difficulties such as through Inspire counselling service or through Occupational Health Clinical Psychology or to teams and managers through the Organisation Development team.

The i-matter platform is a one stop resource specifically designed to support staff wellbeing and where all staff can access resources and information about coping with workplace stress. A number of courses are also available for staff to support them in dealing with stress in the workplace, including a four week programme entitled Enhancing Your Personal Resilience, and a half day programme on Stress Management.

The Trust has also recently completed an in-depth exploration of work place stress. This comprehensive Public Health Agency funded project used a Trustwide survey and focus groups to develop a local understanding of workplace stress as experienced by staff across

the organisation. Based on over 2000 responses to the survey and qualitative data from 17 different focus groups, the findings from the study clearly offer a number of key areas for consideration in tackling workplace stress. Action plans regarding the approaches that can be adopted based on the findings, are currently being developed.



Staff Flu Vaccination Rate

As at 31st March 2020, 43.5% of frontline health care workers and 27.9% of frontline social care workers had received their seasonal flu vaccination. This was below the regional PHA target of 50% and 40% respectively but there was an increase in the uptake of frontline healthcare workers from the 40.1% recorded in the 2018/19 flu season.

Staff Flu Clinics were delivered Trust wide by the Occupational Health and Wellbeing Service and this year's campaign was also greatly supported by 115 flu peer vaccinators from across different Trust localities and Directorates. The Northern Ireland Ambulance Service (NIAS) flu ambulance also visited Antrim, Ballymena and Coleraine in January 2020 to encourage staff to avail of the vaccine.

Appraisal

The Department of Health set the Trust an annual appraisal compliance target of 78% for all staff under Agenda for Change terms and conditions for 2019/20.

As at 31st March 2020, 69% of Trust staff have engaged in an annual appraisal conversation and have an agreed Personal Development Plan.

The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services for patients and service users. The Trust will continue to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship.

The Trust achieved 100% compliance in appraisal of medical staff for the 2018 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.

Revalidation of Medical and Nursing staff

Revalidation is a mechanism for doctors, nurses and midwives practising 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 staff are revalidated appropriately.

Registration of professional staff

The Trust continues to ensure that all professional staff (e.g. social workers, social care staff, pharmacy staff, allied health professionals, etc.) are appropriately registered. Registration demonstrates that their skills are up to date and they remain fit to practise.

Staff Survey

The results of the 2019 HSC Staff Survey were collated and shared with all staff in October 2019. A total of 3,511 members of staff took part in the survey to say how they feel about working for the Trust.

Overall there was an increase in the Trust engagement score, which looks at three dimensions of

- ▶ Engagement
- ▶ Levels of motivation and satisfaction
- ▶ Involvement and willingness to be an advocate of the service

The Trust scored 3.87 out of 5, an increase of 0.14. There were also improvements across a number of other areas including Health and Wellbeing and Learning and Development. The Trust is committed to continuing to make improvements towards creating a great place to work.



STAFF ACHIEVEMENTS

During 2019/20 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. The following pages showcase only a few examples of awards received by our staff.

Royal College of Nursing NI Nurse of the Year Awards – 6th June 2019



Terry McVeigh, Macmillan Clinical Nurse Specialist, won the Patients Choice Award at the RCN NI Nurse of the Year. Terry's nomination focused upon his outstanding commitment and compassion that he demonstrates towards people with palliative care needs and their families.



Margaret Carlin, Macmillan Lung Cancer Nurse Specialist, won the Cancer Nurse Award at the RCN NI Nurse of the Year Awards. Margaret's nomination focused upon her role in establishing specialist palliative care services and working tirelessly to improve standards of care for patients with lung cancer.



Laura Bradley, Senior Health Care Assistant, won the Health Care Support Worker Award at the RCN NI Nurse of the Year Awards. Laura's nominator described her as "a role model", compassionate and respectful towards patients and families, and a supportive and innovative member of the rehabilitation unit team at Mid Ulster Hospital, Magherafelt.



Morag Boyd, Ward Sister Causeway Gynae Ward, was winner of the Chief Nursing Officer's Award at the RCN NI Nurse of the Year Awards. Morag's nomination focused upon her success in redesigning gynaecology services at Causeway Hospital in Coleraine to produce better outcomes for women, leading on the operational development of the new Meadows Suite and supporting the establishment of a nurse led telephone post-operative review clinic. Morag's dedication to nursing and her professionalism supported the project to maximise the nurse's clinical role, transforming how services were delivered to meet the needs of today's post-operative gynaecology patient, whilst extending the nurse's skills, knowledge and experience to support nurse-led patient-centred health care. Throughout the implementation, Morag inspired enthusiasm and a shared vision to manage the change for the team. The judging panel commended Morag's determination and tenacity, her ability to inspire a team through collective leadership, and her clear commitment to women's health.



Aaron Ramsey, Ward Manager, Holywell Hospital was Runner up for the Brownlee-Silverdale Leadership Award at the RCN NI Nurse of the Year Awards.

the last year of life, including the dying phase. Mary has established processes that, following an admission, will trigger an assessment to identify the patient's holistic care needs, whether they remain in hospital or at discharge.



Colette Johnston, Specialist Community Public Health Nurse (School Nurse) was Runner up for the Nurse of the Year Award at the RCN NI Nurse of the Year Awards. Colette is leading on the Transforming School Nursing project in the Trust, a collaborative approach between public health nursing,

The implementation of this model has made a significant contribution to patient-centred care. Increasingly patients are being identified in the last year of life triggering the use of the guidance and referral to primary health care team for assessment. For those patients dying, this model provokes discussions, ensures informed decision making on the End of Life care plan and results in better symptom management. Overall there is an improved experience for all, in those last days of life.

Principal, school staff, pupils, parents and a local strategic partnership.



Pictured above are Trust staff that received awards at the ceremony, along with senior management from the Trust.



Mary O'Kane, Macmillan End of Life Care Facilitator, was awarded RCN Nurse of the Year at the RCN NI Nurse of the Year Awards. Mary has demonstrated exceptional skills to improve End of Life care for all in the acute setting. She has led collectively with compassion and conviction to improve person-centred End of Life care, for those identified in

QUB Midwifery Awards

The Maternity team were delighted to congratulate **Gerri Elliot** (below, left) for being awarded the Best Hospital Mentor and to C2 and Delivery Suite for Team of the Year at the QUB Midwifery Awards.



Paula Bonnes, Community Midwife Ballymena (above, right), won the Excellence in Midwifery Award at Northern Ireland's Positive Birth Conference in September 2019.

Social Work Awards

The Trust's Children's Early Intervention Services were the winners of a Learning and Development Team Award at the Social Work Awards.



The award ceremony took place on Friday 15th November 2019 at the Slieve Donard Hotel, Newcastle, hosted by the South Eastern Trust. The awards recognise and reward the efforts of social workers and highlight the positive impact of the profession on individuals, families and communities.

The award given to the Children's Early Intervention Services was specifically for the development of the Crash Course in Mental Health. Crash Course is a learning and development initiative which promotes positive child and adolescent mental health and emotional wellbeing through the creation of a training programme. It is targeted at those frontline staff who are in regular contact with children and young people. It has been copyrighted and is clinically governed by the Royal College of Psychiatrists.



A number of Trust Social Work staff achieved awards within the Professional in Practice (PiP) Framework delivered by the NI Social Care Council. The Trust's Social Work Research Lead Dr Shirley Boyle, is one of three candidates in Northern Ireland, who are the first to have successfully completed the new Advanced Scholarship Award in Social Work. This provides professional accreditation for doctoral attainment and academic scholarship in social work. It recognises achievement in creating new and original knowledge valuable to the international social work community.

Achievements

Lesley Ann Maxwell, Macmillan Clinical Nurse Specialist, has successfully completed her Specialist Practice Degree in Palliative Care. She has been working in the team for the past 3 years and will be moving later this year to Guy's and St Thomas' in London. Lesley Ann volunteered to work in ICU during Covid-19 – her advanced skills and knowledge was beneficial and complimented the excellent care already being provided in ICU.

Terry McVeigh has successfully completed Advanced Communications Train the Trainer Training programme. This is the gold standard in communication skills and is an intense programme which allowed Terry to co-deliver this training in a safe environment whilst being assessed. Terry is the only trainer within the Trust.

Chairman's Awards 2019



Special Recognition Award Winner
Dr Mark Johnston with Bob McCann and Permanent Secretary Richard Pengelly

Leadership Conference 2019



Pictured (left to right): Kev House, Art of Brilliance; Dr Ed Coates, Obstetrician & Adventurer; Jennifer Welsh, Deputy Chief Executive; Dr Tony Stevens, Chief Executive; Judith Gillespie, Former Deputy Chief Constable (PSNI); and Dr Seamus O'Reilly, Medical Director.

Trust congratulates staff who achieved QCF qualifications

On the 11th June 2019 the Trust held its annual graduation ceremony at Greenmount Agricultural College. This event was held to celebrate the achievements of over 90 staff from various disciplines across the Trust who gained their Regulated Vocational Qualifications (RVQ's). These included 34 staff who obtained a Level 2 Award in Customer Service and 64 from Social Care who gained Diplomas in Health and Social Care levels 2 to 5 and also Level 4 Certificate in Principles of Leadership.

RVQ's within the Trust are provided by the Northern Assessment Centre. The Centre works with two awarding bodies, City and Guilds and ProQual. The Centre also works closely with the Assessors from the Vocational Training team who are dedicated to the learning and development of the learners and their support and encouragement are a vital part of the process.

RVQ's can help build confidence and develop knowledge and skills. They 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. The Northern Assessment Centre is committed to the quality improvement agenda and because of this have introduced a new system of e-portfolios.

Pictured below, with staff who gained qualifications, are Bob McCann, Trust Chairman, Jennifer Welsh, Deputy Chief Executive, and Kathy Fleming, Northern Assessment Centre Manager:



Social Care staff from Antrim, Newtownabbey, Magherafelt, Cookstown, Larne, Carrick and Ballymoney who gained qualifications in RVQ Diplomas in Health and Social Care Levels 2 and 3



Domiciliary Care staff, from Antrim, Newtownabbey, Magherafelt, Cookstown, Larne, Ballymoney who gained qualifications in RVQ Diplomas in Health and Social Care Levels 2 and 3



Staff from Magherafelt, Ballymena, Ballymoney and Carrick who gained qualification in Level 4 Certificate in Principles of Leadership for Adult Social Care



Support staff from Antrim, Ballymena, Ballymoney and Coleraine who gained qualification in level 2 Award in Principles of Customer Service with Assessors and IQA's



Staff from Larne and Ballymoney who gained qualification in Level 5 Diploma in Leadership for Health and Social Care (Adults Management)



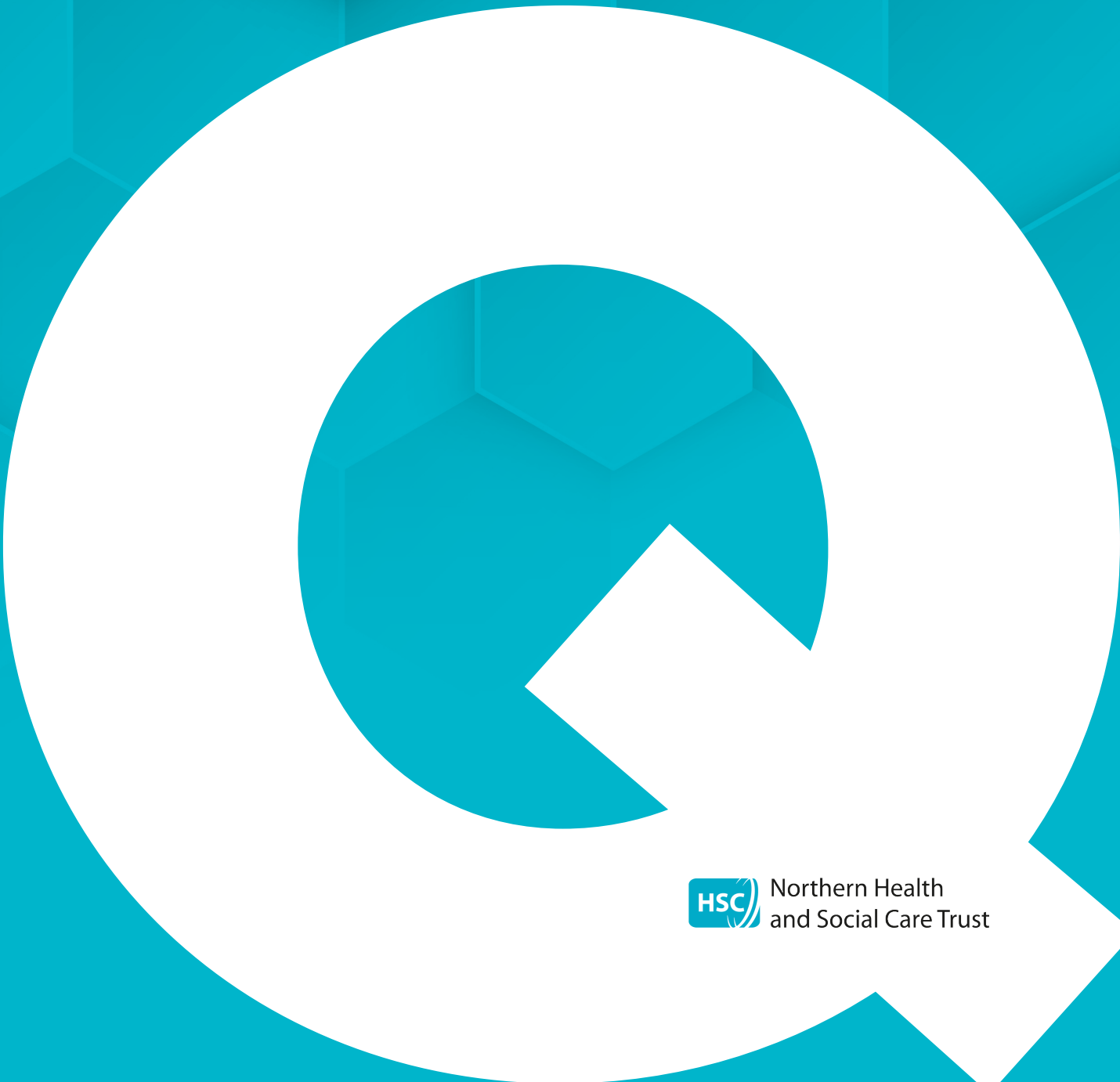
Anne McAllister who gained her Level 4 Award in Internal Quality Assurance of Assessment Processes and Practice with Bob McCann, Trust Chairman, Jennifer Welsh, Deputy Chief Executive and Kathy Fleming, Assessment Centre Manager



Staff who shared their learner perspective at award ceremony: (left to right) Kathy Fleming, Manager Northern Assessment Centre; Sinead Diamond, Homecare Officer Armour; Jennifer Welsh, Deputy Chief Executive; Geraldine Lindsay, Senior Care Assistant Rosedale; Bob McCann, Trust Chairman and Wendy Blair, Service Manager Triangle Housing Association

THEME 3:

MEASURING THE IMPROVEMENTS



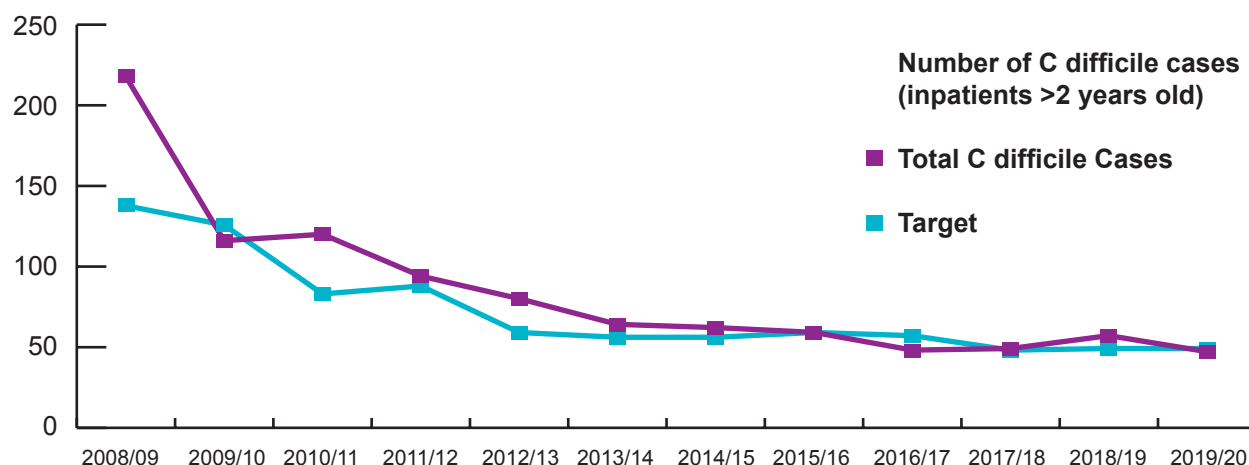
THEME 3: MEASURING THE IMPROVEMENTS

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 2019/20, 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 bacterium 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.

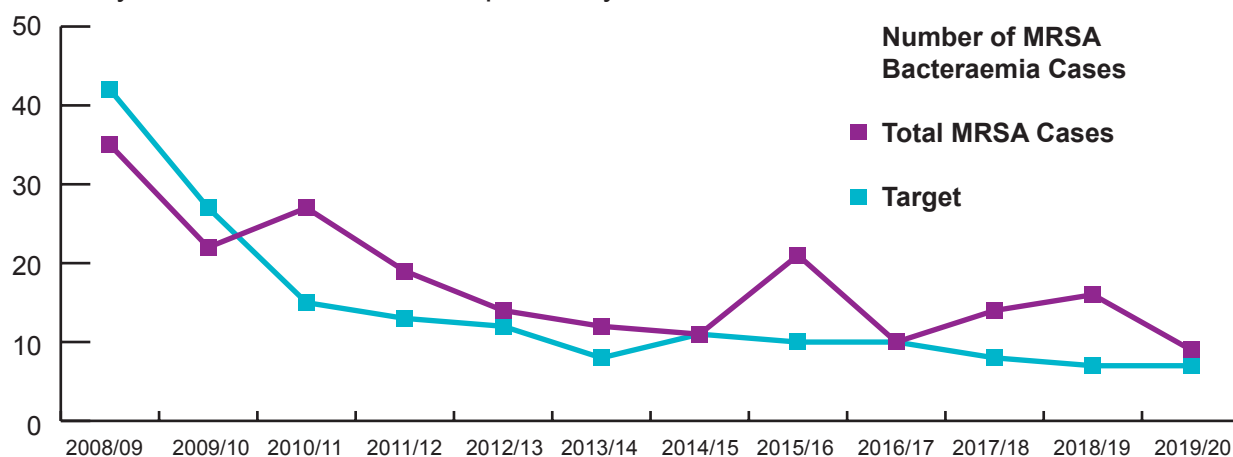
At the end of March 2020 the Trust reported 47 cases of *C. difficile* infection which was just under the Public Health Agency target, set at 49 cases.



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.

The Trust target set by the Public Health Agency for the end of March 2020 was 7 cases. The Trust reported 9 cases of MRSA bacteraemia, which was significantly lower than the previous year's number of cases reported by the Trust at the end of March 2019.



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 2019 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 consistently achieved above 95% compliance with the WHO Surgical Checklist 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. Three monthly observational audits are also carried out by the Band 6 sisters in each other's areas for validation. The results are discussed with the Theatre manager and if they fall below 95% the Theatre manager must complete an action plan to improve the practice and submit this to the Lead Nurse. The results are recorded on a shared folder accessible by the Theatre managers and the Lead Nurse. 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. Results are also forwarded for inclusion in relevant reports.

MATERNITY SERVICES

RCM Annual Awards

The Midwifery Team were delighted to have been finalists in the Royal College of Midwives (RCM) prestigious Annual Awards in 2019. The team were recognised for their work in supporting midwives who are called to attend a Coroners inquest into a stillbirth of a baby.

CARING FOR MIDWIVES EXPERIENCING CORONERS INQUEST IN THE NHSCT

Introduction and Background

HC Trust Areas

- Belfast
- Northern
- South Eastern
- Southern
- Western

In Northern Ireland, coroners inquests into stillbirths have caused immense emotional distress for midwives, particularly for those who have attended court proceedings. This distress is further exacerbated by the moral dilemma the midwife faces as she provides factual evidence in the presence of a grieving, bereaved mother and her family.

Impact

The Landmark Court of Appeal decision in November 2013 set a new precedent in Northern Ireland, by ruling that a coroner had jurisdiction to hold an inquest into stillbirths. Since then, eleven inquests into stillbirths have been held with a number still listed for hearing. England and Wales are currently awaiting the outcome of a consultation on proposals to give coroners the power to investigate full-term stillbirths.

Objectives

The RCM branch officer, Head of Midwifery and Lead Midwives felt strongly that midwives on the clinical floor should be adequately supported and prepared for the challenges of a coroners inquest. All resources available to provide emotional support for midwives should be provided to enhance their resilience and coping strategies.

Qualitative Data

'I feel like my Trust cares'
 'Midwives experiences rang very true - reassuring'
 'Barristers knowledge and honesty - not mincing her words was very welcome'
 'I was terrified coming today. Speakers all very supportive and helpful'

Conclusion

Midwives reported significant improvements in all elements measured. This programme can be adapted to support midwives involved in complaints, Serious Adverse incidents or NMC investigations

When things go wrong in childbirth, it can be catastrophic and devastating for the families but it also can cause extreme emotional distress for the midwives involved in the care. The Midwifery team collaborated with a number of professionals to develop the agenda for a day-long workshop for those midwives

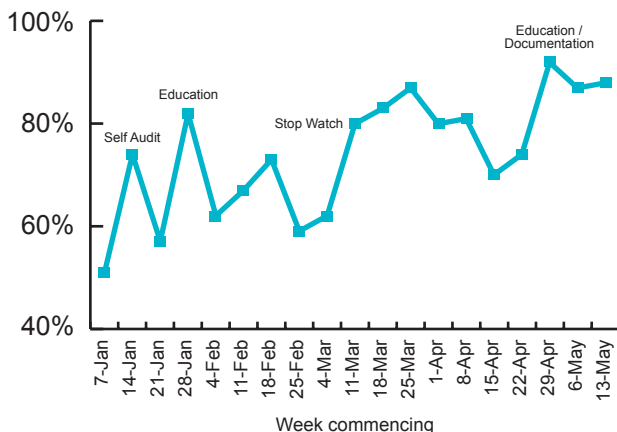
scheduled to attend a forthcoming Coroners inquest into a stillbirth. Sessions included a Trust solicitor who provided 'The Solicitors Perspective', a barrister who gave a very insightful talk on 'The Barrister's Perspective' and a psychiatric nurse and educator provided a *Toolkit on Wellness and Resilience*. At a later date the Coroner presented within the Trust in relation to his role and the format of an inquest. The midwives were also facilitated entry to the court in advance of the hearing so they could visualise the surroundings.

Evaluations of the programme were extremely positive, with midwives stating that anxiety levels were reduced; that they were better prepared for and understood the purpose of inquest proceedings; and that they felt supported by the Trust.

Delayed Cord Clamping

At the beginning of the project delayed cord clamping was practiced within our maternity services on an "ad hoc" basis dependent on individual midwifery/obstetric practitioners and maternal request. Our aim was that by May 2019, 90% of term neonates will receive optimal delayed cord clamping at birth. This simple intervention ensures higher haemoglobin concentrations, a decreased risk of iron deficiency and greater vascular stability in babies. This Quality Improvement (QI) project will be the first stage in introducing delayed cord clamping for all neonates.

% Neonates receiving delayed cord clamping



The delivery suite team in Antrim have achieved a significant increase in delayed cord clamping achieving 90% in April 2019 and we are sustaining this at around 88%.

PAEDIATRIC SERVICES

Paediatric services continue to deliver high quality evidence based services. A number of quality improvement initiatives were undertaken to strengthen service delivery while keeping the child and family at the centre. Some of the initiatives included:

- ▶ Development of a bespoke induction programme for Senior Nursing Assistants into the acute paediatric environment. Includes a structured supported induction, with a training programme & portfolio
- ▶ Development of a paediatric multi-professional workshop in relation to ABCDE (Airway, Breathing, Circulation, Disability, Exposure) assessment
- ▶ The Paediatric Clinical Educator and Community Children's Nursing service worked in partnership with families and carers of children with complex physical health needs to support them to care for children in their own homes. New aspects of the service this year include:
 - Introduction of Broviac line care
 - Single person trache change
 - Mickey button replacement by non-registered staff

This has reduced the number of visits required in the long term by our paediatric staff but most importantly this individualised but supportive approach to caring for children and families in the Trust helps to empower the parents/carers.

- ▶ There are now 2 qualified Advanced Paediatric Nurse Practitioners working in acute paediatrics with a further one in training at present. These practitioners are now equipped with the advanced clinical skills and knowledge to offer complete clinical care to children and going forward will contribute to transforming healthcare within the paediatric setting
- ▶ The Trust continues to increase the pool of acute paediatric nursing staff undertaking the Queens University Belfast short module in Nursing Care of the Critically Ill Child. This module enables registered nurses to extend and develop their knowledge, skills and attitudes towards achieving evidence based standards for the care of the critically ill child and their family. The ability to recognise the child with the potential to deteriorate rapidly challenges clinical expertise and decision making skills.

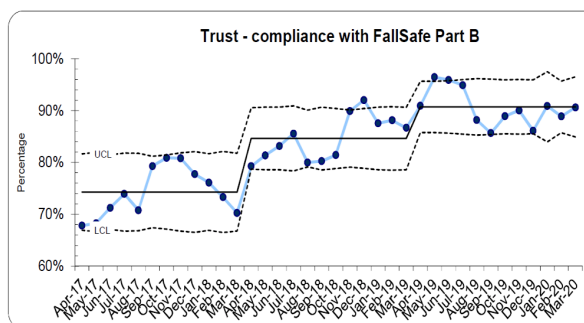
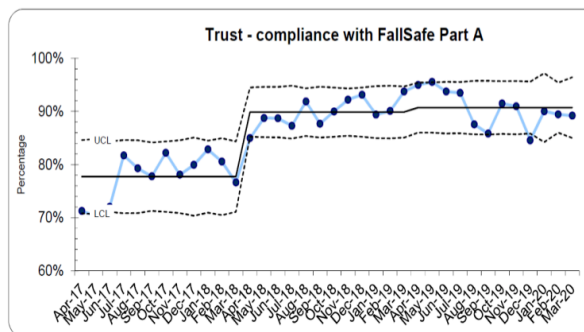
PREVENTION OF FALLS

As highlighted earlier in this report, slips trips and falls remain the number one reported incident within the Trust.

The National Institute for Health and Care Excellence (NICE) – states that people over the age of 65 have the highest risk of falls, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. These falls can have a detrimental effect on a service user’s functional ability, physical health and psychological well-being.

The Trust continues to promote falls awareness, prevention and management among its staff, especially those staff working with service users over the age of 65. Falls Prevention education and training is delivered in partnership with the Clinical Education Centre.

The Trust is committed to the implementation of the regionally agreed FallSafe bundle, in all identified adult in-patient areas. This bundle contains individual elements to help reduce the risk of falls, and manage a fall should it occur. Education sessions regarding the FallSafe bundle continued to be delivered during 2019/20 to improve compliance. Monthly audits are carried out by all participating wards, to ascertain bundle compliance and identify areas for improvement.



The Trust also continued to complete post fall investigations following all in-patient falls that resulted in a moderate to catastrophic injury. Areas identified for learning and improvement are discussed with ward managers, and this is shared with Senior Management. Action plans are then compiled and implemented to address any gaps in practice.

The Trust’s Falls Telephone Advisory Service continues to offer advice, guidance and support for Commissioned Services/ Care Homes and all Trust staff.

The Falls Referral Pathway continues to offer falls screening for:-

- ▶ Service users who have contacted, or are attended to by Northern Ireland Ambulance Service following a fall, but are not transferred to a Trust Emergency Department (ED) or Minor Injury Unit (MIU).
- ▶ Service users over the age of 65 who attend a Trust ED or MIU with a fall, or fall related injury, and who are not admitted to hospital.

Next steps

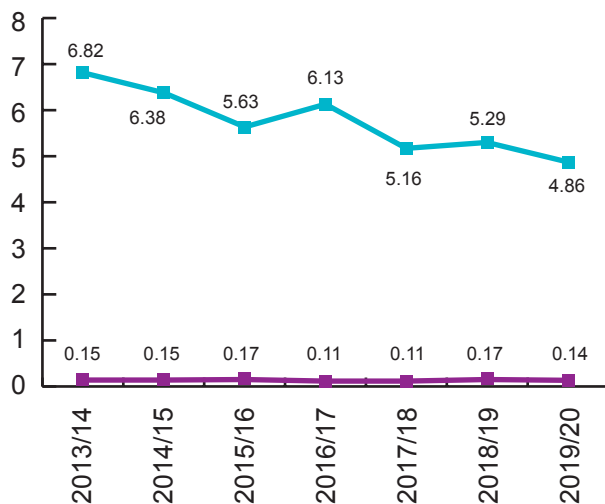
The Regional Falls Group will be working in partnership with the Clinical Education Centre regarding the development of a Falls e-learning programme. It is anticipated that this programme will cover In-patient, Community and Care Home settings.

During February 2020, this pathway was expanded to General Practitioners (GP), with a pilot project commencing with East Antrim GP Federation.

Falls rate per 1000 bed days

The falls rate across all adult inpatient areas is 4.86 over the period 2019/20. The rate for moderate to catastrophic harm is 0.14 for 2019/20.

Falls Rate (Number of falls / occupied beddays) x 1000



- Falls Rate
- Rate of falls causing moderate to severe harm

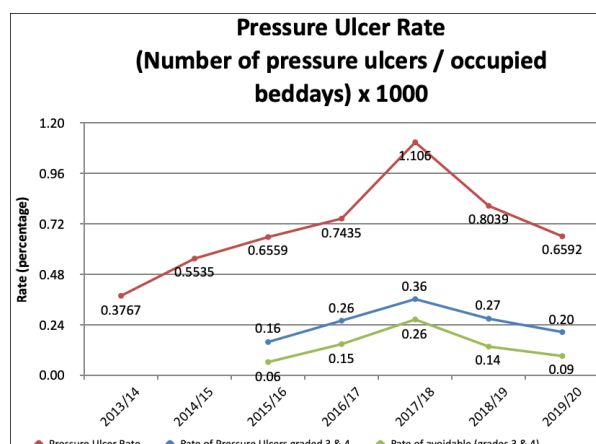
PREVENTION OF PRESSURE ULCERS

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 such as, restricted mobility, poor nutrition, weight loss, skin moisture and advancing age. In order to reduce the risk of pressure ulcers developing, nursing staff assess patients on admission to hospital and implement an appropriate individualised plan of care and SSKIN bundle (see below) 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 rest of the region, has a focus on the prevention of pressure ulcers.

S -	S -	K -	I -	N -
Surface	Skin Assessment	Keep Moving	Increased moisture Management	Nutrition

Key facts

During 2019/20 the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2019/20 the Trust reported 203 hospital acquired pressure ulcers which were graded stage 2 and above. Of these, 63 were graded as stages 3 and 4. Of the total number of Stage 3 and 4 pressure ulcers, 28 were deemed avoidable.



Action the Trust is taking

There are quality improvement initiatives underway to enhance patient safety in this area:

- ▶ The Tissue Viability Team are collaborating with maternity services to pilot a new risk assessment tool and a bespoke SSKIN bundle for new and expectant mothers at risk of developing pressure ulcers.
- ▶ The Tissue Viability Team have worked with our colleagues in the Intensive Care Unit in Antrim Area Hospital to reduce the number of pressure ulcers that develop secondary to the use of medical devices

It is a mandatory requirement that all registered nurses 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 e-learning “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, Causeway and Whiteabbey hospital sites. The next stage of spread will be to introduce the new bundles into the remaining community hospital adult inpatient settings.

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

Action the region is taking

The Tissue Viability Team actively participates in the PHA's regional pressure ulcer group alongside other HSC Trusts to plan regional strategy, KPI monitoring and improvement work in the area of pressure ulcer prevention.

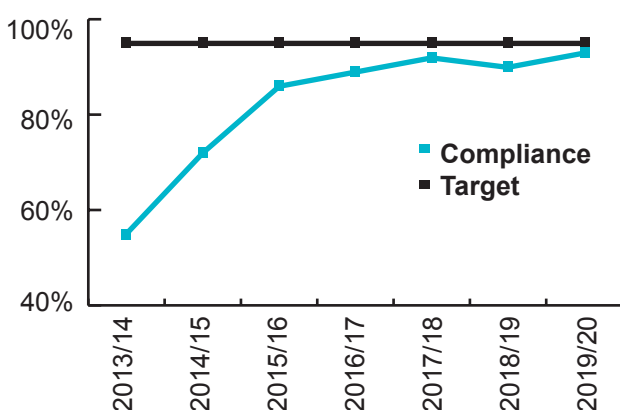
PREVENTION OF VENOUS THROMBOEMBOLISM (VTE)

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 2020, the Trust achieved 93% compliance with the completion of a VTE risk assessment carried out within 24 hours of admission for patients to acute and community hospitals.

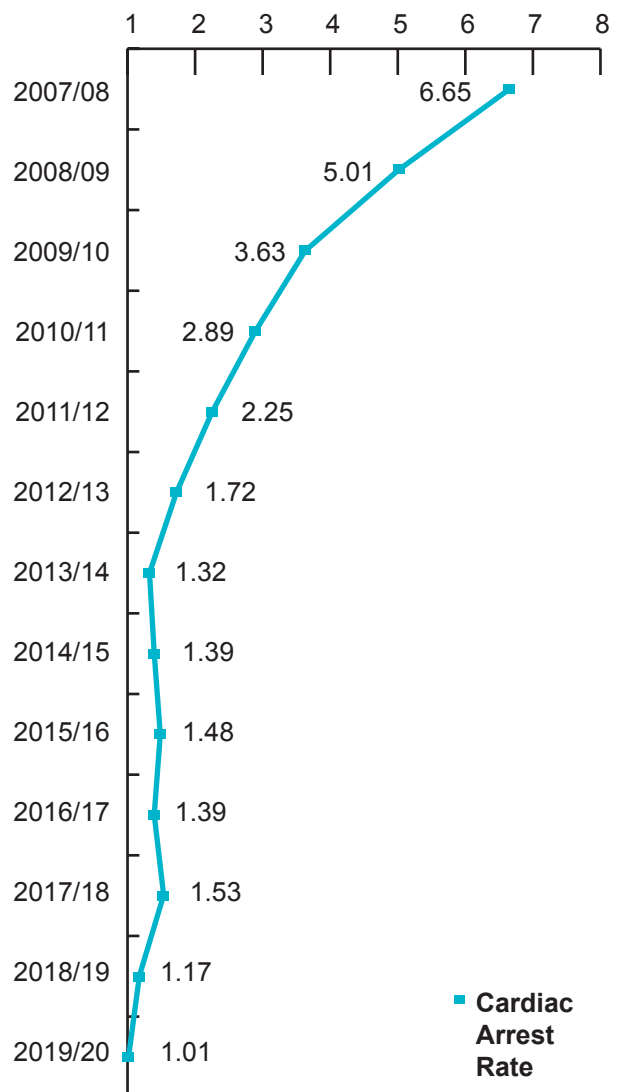
Compliance with VTE Risk Assessment



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).

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



OMITTED AND DELAYED MEDICINES

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

- ▶ During 2019/20 a total of 16,155 medicine kardexes were audited across 32 wards
- ▶ 109 of these kardexes (0.67%) were found to have at least one omitted/delayed dose where there was no reason for the omission/delay documented on the kardex
- ▶ Data is also collected on whether the medicine is a Critical Medicine
- ▶ The Critical Medicines list (revised April 2019) is displayed in every inpatient ward area

The Trust is working collaboratively with the Public Health Agency to establish an improved mechanism for recording and reporting omitted medications. A quality improvement initiative was implemented within an acute respiratory ward. The aim of the initiative was to reduce the number of inappropriate omitted medication doses by 20% from the baseline. Results of the quality improvement initiative showed an overall decrease of 54%. The Public Health Agency continues to work in partnership with the Trust to improve the mechanism for recording and reporting omitted medications.

MEDICINES RECONCILIATION

In line with the Department of Health's 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 2019/20, 75% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation completed on admission.

ANTIBIOTICS

The Trust is committed to improving the appropriate use of antibiotics. A revised 'adult acute kardex' was introduced in December 2019 with changes made to the antimicrobial section of the kardex to further strengthen antimicrobial stewardship. Educational material was developed and circulated to support staff in this new initiative.

The gentamicin chart was also updated and introduced across the Trust to help improve gentamicin prescribing. Adaptations were made to the chart following user feedback and review of gentamicin prescribing and monitoring processes. A training video was also produced to support staff in using the revised chart.

The *Adult Empirical Antibiotic Guidelines* were updated and in response to the Covid-19 pandemic, *Interim Empirical Antibiotic Guidelines for Hospitalised Adults* for use during the pandemic were developed. These were developed for those circumstances when options within the original policy could not be facilitated.

INSULIN

Insulin is one of the top 5 'high risk' medicines used within healthcare which when used incorrectly can lead to serious harm to patients. Around 50% of people with diabetes who are admitted to hospital require insulin.

The Trust Insulin Safety Group continues to meet quarterly, focussing on processes and systems aimed at improving the safe use of insulin in the Trust.

An audit of the insulin subcutaneous chart was undertaken in October 2019 to help identify any areas for improvement in insulin prescribing and administration which were highlighted through staff training.

A pilot on *insulin self-administration* was initiated, led by the diabetes pharmacist. Supporting patients to administer their own insulin when in hospital facilitates self-care, improves the patient's experience and aims to reduce errors and delayed doses of insulin. Patients in the pilot study would self-manage their own insulin administration and dose adjustment whilst in hospital unless there was a specific reason why they should not. The choice to continue self-management of insulin in hospital, if well enough to do so, always rested with the patient.

Audits were undertaken to measure the impact on insulin prescribing and administration errors. Compared to the baseline, results showed an improvement in prescribing and administration at meal-times and percentage of 'good diabetes days', with a reduction in the number of patients experiencing hyperglycaemia or severe hypoglycaemia.

Surveys were undertaken to evaluate user experience with positive feedback received from nursing staff and patients.

The Trust participated in Insulin Safety Week (20th-24th May 2019), 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. Educational awareness activities were held both regionally and locally within the Trust.



The Trust also participated in Hypo Awareness Week (30th September - 4th October 2019) hosting many activities including a quiz, virtual reality experience of a hypo, education and awareness sessions.

THEME 4:

RAISING THE STANDARDS



THEME 4: RAISING THE STANDARDS

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

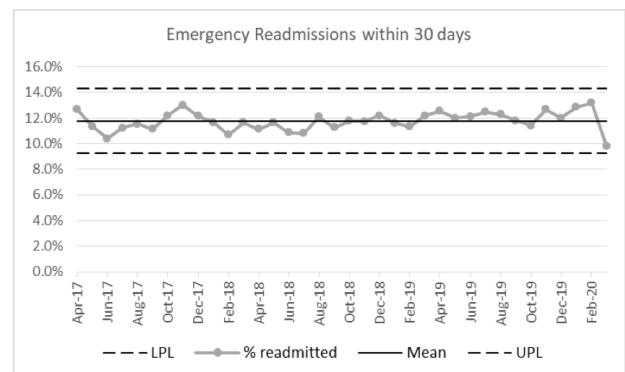
RISK ADJUSTED MORTALITY INDEX

The Risk-Adjusted Mortality Index (RAMI) is calculated by Caspe Healthcare Knowledge Systems Ltd., 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. The expected number of deaths is calculated using NHS digital data as of Dec 2018. A RAMI of 100 means that mortality was exactly in line with expectations; over 100 means more deaths occurred than would be expected, and below 100 means fewer than expected deaths. The Trust's RAMI for 2019/20 (excluding palliative care patients) was 85.32. Note that Trust COVID-19 related deaths have been excluded because there are no COVID-19 related deaths in the baseline used to create the index.

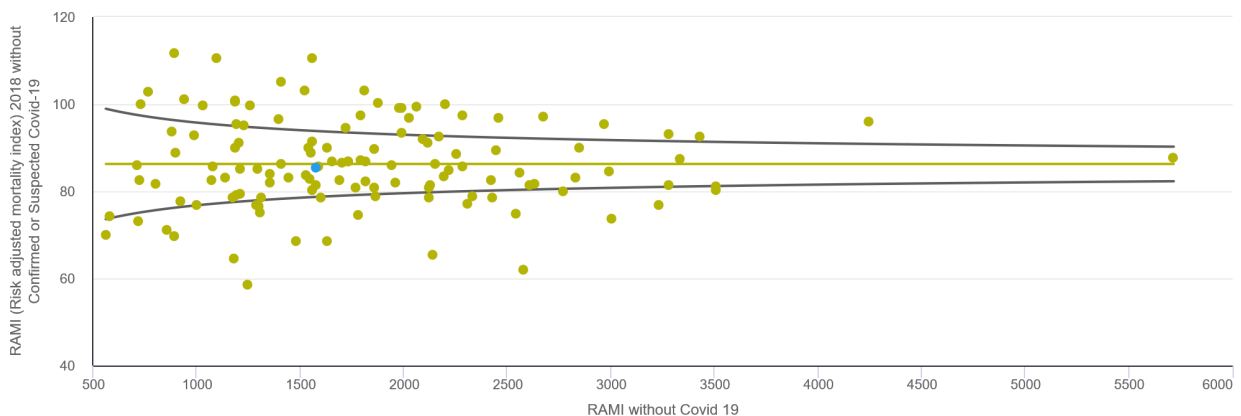
The bottom chart shows the Trust's RAMI (blue dot) compared to all English acute Trusts (one green dot per Trust). The further a dot is to the right the more patients the Trust treated during the year, and the higher up the chart the higher the RAMI. Dots within the funnel are inside the normal limits 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 2019/20, and the mean rate for all specialties has remained steady at below 12% for the past three years with no significant variation.



RAMI (Risk adjusted mortality index) 2018 without Confirmed or Suspected Covid-19



EMERGENCY DEPARTMENT

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

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

Actions taken to improve standards

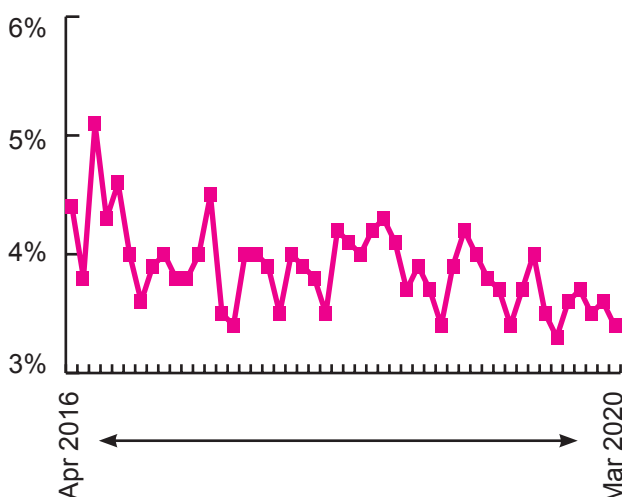
The Trust's Emergency Departments experienced a busy year in 2019/20, with a 3% rise in attendances at Antrim & Causeway Hospitals. In light of Covid-19 where we all have had to work differently, the teams working in these departments have been developing new ways of ensuring patients are treated quickly and safely. In Antrim Hospital's Emergency Department, ambulatory pathways are used in an Ambulatory Care Area where same day emergency care seeks to provide timely medical assessment and urgent follow up to prevent the need for hospital admission.

Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reatt-enders
Antrim	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%
	2019/20	90,165	62.42%	5,124	33.8%	3.1%	3.1%
Causeway	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%
	2019/20	49,025	70.31%	2,609	39.5%	2.9%	4.5%

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 Programmed Treatment Unit (PTU) within DAU continues to treat patients for planned procedures on an ambulatory basis, thus avoiding unnecessary inpatient stays. Both DAU and PTU have been fully utilised to address demand related issues and effectively manage increasing pressure on inpatient beds.

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

Unplanned Reattenders within 7 days



In September 2019 the Trust implemented a new Acute Medical Model. In this Model, Acute Physicians manage the patients where a decision has been made to admit and lead on the development of acute care pathways for a wide variety of clinical conditions. This approach works on a live basis, with early senior input and ambulation where appropriate. Outcomes from this work to date include an increased percentage of patients with a 0-2 day length of stay, meaning more appropriate patients are being identified for ambulatory / short stay admissions. Over 800 admissions were avoided which translated to 2500 bed days saved or 9 beds saved.

IDENTIFICATION AND MANAGEMENT OF SEPSIS WITHIN EMERGENCY DEPARTMENTS

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

The Trust continues to participate in the regional Sepsis Collaborative, arranged by the HSC Quality Improvement Hub. The aim is to improve the management of sepsis in the region and to improve implementation of the Sepsis 6 bundle (oxygen, serum lactate measurement, blood cultures, intravenous fluids, antibiotics and measuring urinary output) and the NICE guideline NG 51 Sepsis – Recognition, diagnosis and early management, 2017.

During 2019 the Trust identified a Sepsis Lead and established a Sepsis Working Group, which is multi-disciplinary and is attended by members of staff from different specialties and staff groups. The aim of this group is to help drive improvements with identification and management of Sepsis, and to spread to other clinical areas.

Within the Trust Emergency Departments, during 2019/20, compliance with the Sepsis 6 bundle has increased from 24% to 46%.

During 2020/21 the Trust will continue to audit compliance with the Sepsis 6 bundle, and work with Sepsis Champions to improve compliance.

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	2017/18	2018/19	2019/20
14 days	100%	89%	71%	43%
31 days	98%	93%	92%	91%
62 days	95%	73%	68%	59%

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 2019/20, 21 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. Such audits are included in both service-specific and Trust clinical and social care audit programmes to provide assurance on implementation.

In addition, there is regular reporting to the Trust's Clinical and Social Care Audit and NICE Implementation Committee on the status of progress against individual guidelines and any areas of concern regarding implementation. Reports are also provided to other relevant Committees within the Trust's Integrated Governance and Assurance Framework.

A review of the implementation of NICE Clinical Guidelines endorsed by the Department of Health is underway within the Trust and is due to be fully completed by May 2021. Implementation status and any barriers to implementation are being reviewed.

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.

Regional Audits

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 2019/20 were reviewed with regard to recommendations made and actions required by the Trust.

The following is an example of a Regional Audit which the Trust contributed to during 2019/20:

An Audit of Adult Asthma Care within Northern Ireland Inpatient and Emergency Department Settings

This regional audit funded by RQIA was completed and the report published during October 2019. Trust Respiratory staff were members of the Project Team.

The aim of the audit was to assess inpatient and Emergency Department (ED) services for adults with an acute exacerbation of asthma (acute severe) in line with the management of asthma outlined in Scottish Intercollegiate Network (SIGN) and British Thoracic Society (BTS) guidelines and standards set out in the Northern Ireland Respiratory Service Framework (NIRFS), in order to make appropriate recommendations for service development and improvement.

The NIRFS aims to improve the health and wellbeing of the population of Northern Ireland, reduce inequalities and improve the quality of health and social care in relation to respiratory disease.

This audit involved retrospective review of patient case notes. The total sample size for the inpatient audit was 171 cases from all 5 HSC Trusts. The sample size for the ED audit was 271. Following data analysis the audit report was produced and contained 12 recommendations in total.

A Trust action plan has been completed and submitted to the Trust Clinical and Social Care Audit and NICE Implementation Committee. All applicable recommendations have been implemented with the exception of 2 where implementation is still in progress.

Some of the improvements completed to date include development and implementation of a standardised asthma care bundle for EDs and inpatients which includes the pertinent aspects of acute asthma management on presentation, during admission and on discharge. Specialty triage is also in place to ensure patients with acute severe asthma are managed in a respiratory ward or a designated area within a respiratory ward.

National Audits

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

Such audits are managed or led by another organisation and the Trust, along with other organisations will contribute to the audit. The lead organisation is responsible for reporting on the audit outcomes, however, the Trust recognises the importance of identifying learning and introducing any necessary improvements within the Trust.

The following is an example of a National Audit which the Trust contributed to during 2019/20:

National Parkinson's Audit 2019

This audit measured the quality of care provided to people living with Parkinson's Disease in comparison with a range of evidence-based guidance about the care of people with the condition.

This UK-wide audit takes a multi-professional approach, involving Elderly Care and Neurology consultants, who care for people with movement disorders. It also includes Parkinson's nurses, occupational therapists, physiotherapists and speech and language therapists who also care for people with Parkinson's Disease. The audit engages services within these professions to measure the quality of their practice, within their model of care provision, and trigger service improvement plans.

This audit reports on the care provided to 10,335 people with Parkinson's Disease during the 5 month data collection period. This is a 9% increase in the number of patients compared with the 2017 audit.

A total of 8,247 people with Parkinson's Disease and their carers contributed to the Patient Reported Experience Measure (PREM) questionnaire, giving them the opportunity to provide their views on the service they attend.

Key messages from the overall data analysis are:

- ▶ there have been improvements in many areas since the last round of the audit;
- ▶ there is still work to be done across all specialties in the following areas:
 - ▶ specialised multidisciplinary working;
 - ▶ standardised practices;
 - ▶ communication and information sharing;
 - ▶ medicines management; and
 - ▶ supporting the workforce.

Key areas of satisfaction from the PREM questionnaire include:

- ▶ most people with Parkinson's Disease or their carers are satisfied with the frequency of review by their Parkinson's nurse;
- ▶ a small but significant increase in access to physiotherapy and speech and language therapy and ability to contact these services between scheduled visits was noted; and
- ▶ three quarters of respondents had been signposted to Parkinson's UK.

Elderly Care consultants, Parkinson's specialist nurses and pharmacists were involved in this audit within the Trust.

Nationally, within Elderly Care and Neurology evidence of good practice was noted involving:

- ▶ timely specialist review;
- ▶ access to a Parkinson's nurse or equivalent;
- ▶ written information routinely available;
- ▶ significant improvement in the percentage of patients given advice about Lasting Power of Attorney; and
- ▶ signposting to Parkinson's UK.

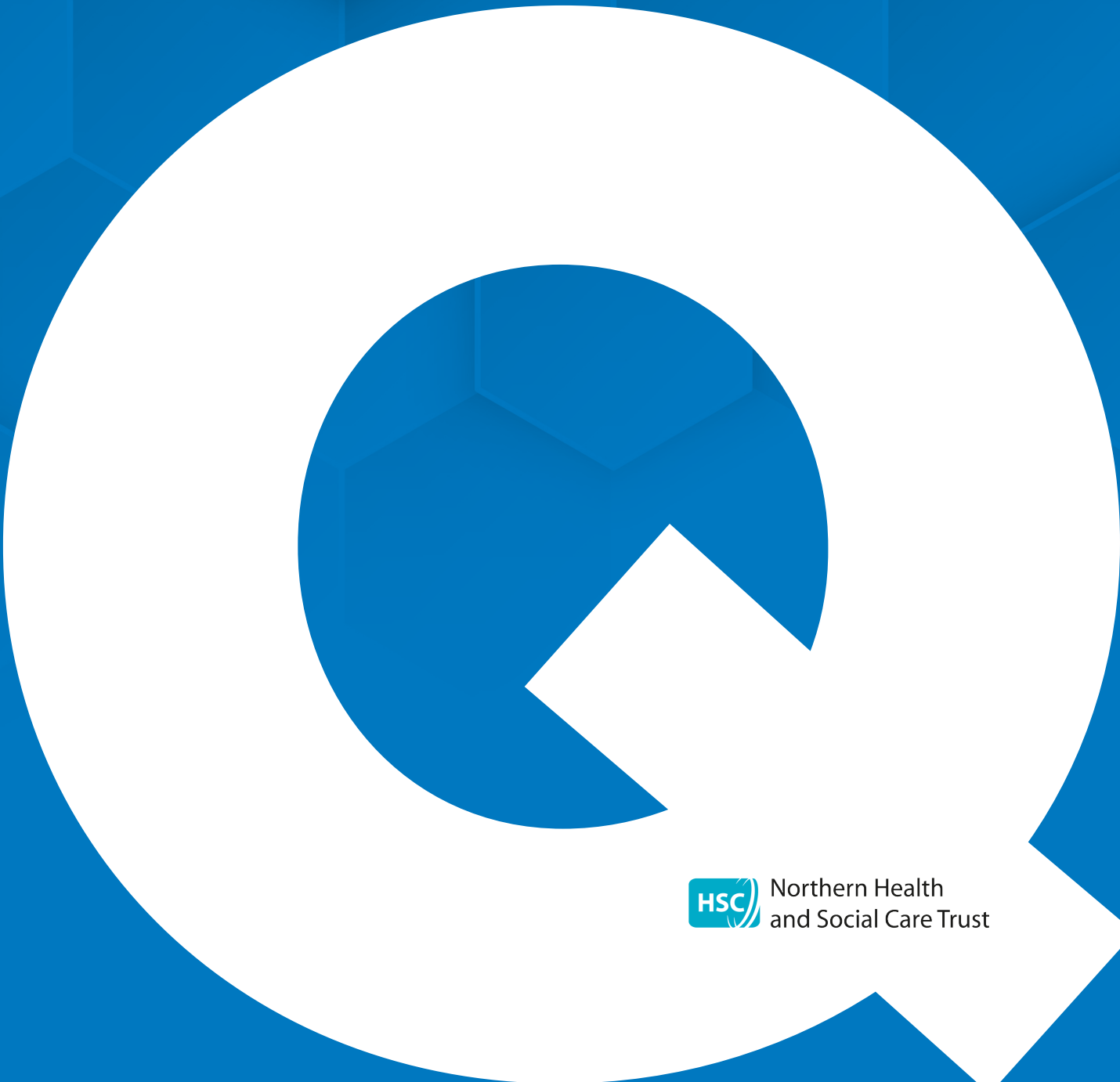
A Trust specific report has been received. The Trust Audit Leads have met with Parkinson's UK staff to note areas of good practice and begin to populate a service improvement plan. Service development and integrated pathway planning have been proposed and approval to proceed is awaited from senior managers.

Additional Audit Programmes

In addition to participation in national and regional audit programmes the Trust also has a mandatory rolling clinical and social care audit assurance programme. The programme content is directed by audit assurances or monitoring required by external organisations and internal Trust obligations for example, learning from Serious Adverse Incidents, complaints or litigation. Clinical and social care professionals are also involved in a range of audits at service/departmental level.

Monitoring of progress with projects and reviewing the implementation of recommendations following project completion is undertaken by the Trust's Clinical and Social Care Audit and NICE Implementation Committee. In addition to feedback reports already provided to relevant Committees within the Trust's Integrated Governance and Assurance Framework an annual clinical and social care audit report is planned from the 2020/21 financial year onwards.

THEME 5: INTEGRATING THE CARE



THEME 5: INTEGRATING THE CARE

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

TEAM RHEUMATOLOGY

This year the Rheumatology Team have focused on improving communication with both patients and Primary Care.

The Team established a valuable online resource designed to provide support and advice for both patients and General Practitioners. The information provided on the Trust's website introduces the Team and details on how to contact them; it provides information on Rheumatology drugs and conditions, Frequently Asked Questions and links to additional resources.

Specific information for General Practitioners includes referral guidelines; condition specific Pathways; and guidance for treatment in the Primary Care setting. This resource is complemented by the Nurse-Led patient Telephone Advice Line and an email advice service for General Practitioners also.

Continuous Improvement is the ethos of this team, who are always looking at the root cause of existing and potential problems, some of which are identified through user feedback, and testing proposed solutions. The team have also recently completed a specialty specific patient survey regarding feedback in relation to the newly established Rheumatology Virtual Clinics.



COMMUNITY CARE

Antrim / Ballymena

Community Equipment Service

The period 2019/20 was an extremely busy and challenging year for the Community Equipment Service which continued to excel in meeting agreed performance indicators regarding equipment deliveries to service users in their own homes. The value of the service was recognised with the awarding of National Accreditation from the Community Equipment Code of Practice Scheme (CECOPS) in March 2020. In achieving Accreditation the service was independently evaluated against nationally recognised standards and was judged to be operating a high quality, safe, efficient and effective service.

Community Occupational Therapy

The Community Occupational Therapy Service, a key part of the Trust's Community Integrated Teams, achieved a no breaching position of the Departmental target of referrals waiting 13 weeks for assessment. This involved the development and implementation of an agreed action plan with operational management and professional staff working together to reduce overall waiting times.

Wheelchair Service

The Occupational Therapy Wheelchair service completed a reform and modernisation programme during 2019/20. This involved a review of service delivery with a view to improving overall performance in a range of areas such as budgetary management, capacity of service, scheduling of appointments, governance arrangements, etc. A number of actions were implemented with waiting times reduced and financial break even achieved. The service has now fully embedded the hub and spoke model, operating centrally from Ballymena Health and Care Centre with satellite support to the 4 Trust localities.

The Recovery Service

Over the past year, a reform and modernisation approach within The Recovery Service has helped to ensure that targeted rehabilitation can be put in place more rapidly, reducing the level of risk for service users. Overall there have been significant improvements in response times for both home-based and bed-based rehabilitation services, an increase in the number of service users receiving rehabilitation at home and the development of a more structured and tailored process for supporting carers following a very productive Carers Engagement event in February 2020.

Podiatry

Podiatry continues to lead on the successful implementation of the Regional Diabetic Foot Pathway delivering integrated care for rapid response care for tissue breakdown through the enhanced foot protection teams. The teams are based in Antrim and Causeway Hospitals, and work with medical colleagues, supported by imaging, pharmacy and microbiology teams. Community Podiatry is delivering continued diabetes care through our Foot Protection Teams.



Contenance Service

The Contenance Service has undertaken a number of quality improvement initiatives in 2019/20. Through the introduction of Partial booking, the Contenance Service has been able to reduce the DNA rate for appointments which contributed to them reducing the waiting list to below the 13 weeks target by March 2020. The Contenance Service encouraged and assisted service users to participate in a survey carried out by the Patient Client Council and the service received positive feedback from this. The Contenance Service Co-ordinator has worked collaboratively with PHA and the other Trusts to develop and standardise continence services regionally and produced a new regional poster advertising Contenance services.



The Contenance Service team engage widely with the general public, both directly and on social media platforms, to share information about incontinence and encourage people to seek help with any continence concerns.



Contenance Awareness Week – staff set up stands in Antrim Hospital, Causeway Hospital and Ballymena Health and Care Centre.

Prioritising Palliative Care in District Nursing



The Professional Lead Nurse for Community successfully completed the Regional Quality Improvement in Nursing & Midwifery Programme in 2019.

This programme was commissioned by the Chief Nursing Officer and is designed for nursing staff at band 7/8a/8b level who can lead and inspire change as well as share the passion for Quality Improvement within their organisation and profession.



One of the Professional Lead Nurse's responsibilities is to ensure the district nursing service delivers high quality palliative care to people who choose to die at home. As we only have "one chance to get it right" for these patients, their palliative and end of life care must be planned and coordinated in a way that meets their expressed preferences and needs. In order to focus district nursing teams on this patient group it was agreed regionally, to identify the District Sister as the Palliative Care Key Worker and to introduce a Palliative Care Register to capture key information about these patients, including their preferred place of care. Data reports indicated that compliance with the Palliative Care Register varied significantly across district nursing teams in the Trust. Therefore the Professional Lead Nurse for Community chose to work in partnership with

Ballymena East district nursing team to undertake a quality improvement initiative aimed at:

“Increasing the number of patients aligned to the team (identified as being in their last year of life) who are included on the Trust Palliative Care Register from 5% to 80% by 1st October 2019”.

A range of quality improvement tools were used to support this project. PDSA (Plan, Do, Study, Act) cycles helped inform and implement the change process.

Progress Made

- ▶ 100% of staff in the team are now trained in using the palliative care register and understand the value of it (baseline 32%)
- ▶ 90% of patients with palliative care needs have ELCOS triggers completed in their nursing notes, which records key person-centred information, including their preferred place of care (baseline 40%)
- ▶ 50% patients with palliative care needs are recorded on the Trust Palliative Care Register (baseline 5%)
- ▶ 90% increase in face to face palliative care visits by the Palliative Care Key Worker
- ▶ Staff feedback indicated that staff:
 - ▶ felt better supported and prepared to have end of life care conversations with patients
 - ▶ felt more focus on the importance and value that an holistic assessment can bring to meeting the needs and preferences of individuals with end of life care needs

Next Steps

- ▶ Maintain progress and continue with PDSA cycles for improvement
- ▶ Spread across all district nursing teams
- ▶ Engage with patients for feedback
- ▶ Negotiate local data reports to enable teams to take ownership of and review their own outcome measures
- ▶ Design a patient information leaflet on Palliative Care Key Worker role and the Trust Palliative Care Register

Causeway

NEIGHBOURHOOD DISTRICT NURSING (NDN) & THE VALUE OF COACHING

Ballycastle and Cushendall district nursing team were one of five prototypes in Northern Ireland selected to take part in this innovative project commissioned by the Public Health Agency.

Resources were injected into the team in the form of a NDN coach, additional community nurses and a bespoke Queen’s Nursing Institute (QNI) Transformational Leadership Programme including a residential element for self-analysis and teambuilding.

The regional celebratory launch of NDN took place in July 2019. Co-production was essential with service user participation in the regional steering group whilst a patient information leaflet, critiqued by service users was produced. The NDN Framework had 4 interlinked themes – person-centred care, integration, efficient and effective care and expert district nursing team.

The NDN Coach immersed herself into the team and worked alongside the community nursing staff to assist the team with the changes that they needed to make in order for the new model of district nursing services to be delivered. The focus was on

one-to-one coaching sessions and team coaching. Overall staff felt supported to discuss their goals and one team member shared her experience:

“In my coaching sessions I had identified that I wanted our working area to be a very positive learning environment not only for themselves but for the students they are mentoring (the future workforce). I had suggested a team motivational board which staff could formulate themselves and was overwhelmed that the board had been completed by the end of the day”.

A strong supportive network was developed with the NDN coaches in the other four HSC Trusts. The NDN Coach successfully obtained the Institute of Leadership and Management Level 5 Certificate in Coaching and Mentoring and would highly recommend other nurses undertake a coaching qualification if possible.

QNI Team Transformational Leadership Programme Evaluation (QNI 2020)

Mrs Sharon Aldridge-Bent, QNI Programme Manager, visited the Neighbourhood District Nursing team in October 2019 as part of the QNI evaluation. This culminated in a very positive report in January 2020 which was submitted to the PHA and Chief Nursing Officer.



L-R: Shauni Quinn, Ulster University Student Nurse; Marion Orr, NDN Coach; Angela McKeegan, Community Nurse; Rose McHugh, Nurse Consultant, PHA; Anne McCambridge, District Nurse; Sharon Aldridge-Bent, QNI Programme Manager; Alison Patton, Community Nurse; Seanna McNeill, Community Nurse

Palliative Care Quality Focus

Of special mention is the area of palliative care, having that ‘conversation’ with the patient and seeking their permission to have their wishes added to the palliative care register. By knowing their wishes the team has been proactive and anticipatory, enabling the patient’s wishes to be achieved.

- ▶ 82% of patients wanted to be cared for at home
- ▶ 83% of patients died in their preferred place of care

This project formed part of a regional QI project for district nursing and was also nominated for the IQI awards.

10,000 More Voices

The PHA Regional Lead for 10,000 More Voices produced a briefing paper entitled “My experience of care with the District Nursing Team” in February 2020. Patients and relatives cared for by the NDN team contributed to this report. The experience of patients and relatives was overwhelmingly positive but pertinently their comments were valuable in identifying areas of good practice as well as areas for further improvement.

Community Nursing Profile

A community nursing profile was generated and this is now a live document which can be added to by the staff. The participation of the whole team in producing a community profile for their area was enlightening and fun. The idea is for an upstream preventative focus to divert downstream co-morbidity. Population health management which entails identifying and managing health and care risks of a local population was integral to NDN.

Staff Engagement

A staff engagement survey was completed for the five regional NDN teams. We are delighted that the Trust's team engagement score exceeded the regional average and the 2019 HSCNI employee engagement survey. This supports the important contribution and value of coaching, alongside a collective leadership approach, in which everyone's views and contribution are essential and welcomed.

Our success is reflected in one District Nursing Sister's, comment:

“As a district nursing sister I feel the nursing team have embraced the neighbourhood nursing ethos and the challenges of change extremely well. They all feel that quality time is now being spent with the patients and that they are really getting to know their patients and families. Less task orientated. One of the nurse's highlights how she often would involve families in the care of the patient should a family member need to step in”.

HSC Northern Health and Social Care Trust DISTRICT NURSING - PERSON CENTRED NURSING ASSESSMENT

Personal Details (attach label if available)	
Name	HSC No
Preferred name	DOB
Telephone Number	GP Practice/telephone number
Alternative Tel No	
Address	First language
Postcode	Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No
	Uses sign language <input type="checkbox"/> British <input type="checkbox"/> Irish
	Uses other forms of communication <input type="checkbox"/> Makaton <input type="checkbox"/> Other
First Person to Contact	
Name	Name
Address	Address
Tel No	Tel No
Relationship	Relationship
Assessed Person	
Is the patient	
• Aware of the assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Able to participate in assessment? <input type="checkbox"/> Fully <input type="checkbox"/> Partially (please specify) <input type="checkbox"/> No (please specify)	
NISAT consent form completed/updated within past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no please complete or update	
Access Information and Specific Risk Factors	
Do you live with others? If yes, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many others; their relationship to you	
Are there any specific arrangements necessary to access the home? Please consider	
• Key holders • Security systems/key pads	
• Personal security routines • Other	
Details:	
Are there any concerns for the safety of others when visiting the home? Please consider <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Pets • Locality • Threat from others • Other	
Alerts	
Risk of choking <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Tracheostomy <input type="checkbox"/> Yes <input type="checkbox"/> No Laryngectomy <input type="checkbox"/> Yes <input type="checkbox"/> No Neck Breather <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Implantable Cardioverter defibrillator (ICD) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dialysis Fistula <input type="checkbox"/> Yes <input type="checkbox"/> No if yes: <input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	
Infection Prevention Control Risk	
History: Clostridium Difficile <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown; MRSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Currently: Clostridium Difficile <input type="checkbox"/> Yes <input type="checkbox"/> No; MRSA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other infection prevention control risks <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Assessor (print)	Date & Time of Assessment

ALL SECTIONS MUST BE COMPLETED & IN PARTNERSHIP WITH THE PATIENT when possible
202002302_NHSCT District Nursing Initial Assessment Tool_version 5.0 © NHSCT 2018
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District Nursing Initial Assessment Tool

Following the analysis of a district nursing record audit in late 2018, it was apparent that there was a need to review and standardise the information required to meet the professional, regional and national standards of a robust nursing assessment, for patients on district nursing caseloads. Since 2013, all district nurses in Northern Ireland have been required to complete a patient assessment using the Northern Ireland Single Assessment Tool (NISAT). This assessment tool is generically formatted for a range of professionals in community including social workers and occupational therapists. For this reason it lacked several nursing specific information fields to meet the dataset required for a holistic nursing assessment. In order to address this key information shortfall, the Professional Lead Nurse, led a task and finish group, with Trust district nursing colleagues, to design and pilot a suitable District Nursing Assessment Tool that would complement NISAT. The finalised version was endorsed

by the Executive Director of Nursing and subsequently introduced across the Trust's district nursing service in February 2020. The assessment booklet was widely welcomed by the district nursing teams as an effective, nursing assessment tool. Feedback from the teams confirmed staff had confidence in the tool as it enabled them to meet their professional requirement to complete a robust Initial Nursing Assessment for patients on their caseload.

Tackling Social Isolation

The Coleraine North Integrated Team is delivering a project to tackle social isolation by engaging a holistic and preventative approach. The aim is to ensure services are tailored to individual needs, with the focus not being solely on physical need but also having much emphasis on mental health/social needs and their impact on health – preventative work. Reflection on practice is the key function, ensuring effective practice and skills are being fully utilised. The team are innovative in their approach and ensure collaborative working by engaging social work, nursing and occupational therapy within the team alongside engaging the voluntary sector. They shape the service based upon evidence based practice and shared learning within already existing resources, as there has been no financial incentive for the project at this point. As a result of the project the team have developed a directory of community resources and are working in a co-productive way with Pavestones Day Centre to develop personalised gifts for the next Christmas event as this year's was so successful. In addition there is the potential to work with the Recovery College to develop an online course to tackle social isolation.

Frailty project – Robinson Community Hospital

Tested Rockwood frailty score

- ▶ now embedded and widely used
- ▶ links across to acute division and Direct Assessment Unit with work ongoing to further develop access pathways

Project Lead awarded Burdett Award to take forward a project to review:

- ▶ the role of the carer
- ▶ impact on individuals
- ▶ community and voluntary sector support available



Queens nurse, Mary O'Boyle, Lead Nurse for frailty and Sadie Campbell, Practice development facilitator pictured with Dr Johnston (RIP), at a recent 'Big Room' initiative as part of the frailty service for the Northern Health and Social Care Trust and promoting the Queens Nursing Institute. Dr Johnston was carer representative within the "Big Room" and his support was inspirational. Mary and Sadie have received a bursary from the QNI to develop support for informal carers of residents going into nursing homes

East Antrim

Domiciliary Care

The Trust's Domiciliary Care Service has been undergoing a Management of Change and will see standardisation of management and administration roles across the Trust.



The Trust has held a number of engagement events for both Home Care Workers and Home Care Officers, encouraging collective leadership by listening to staff and acting on their suggestions. Focus Groups were held where staff were supported in smaller groups to share their ideas for the service moving forward.

A Homecare Recognition Event was held in a local hotel in January 2020. This celebrated excellence across the entire service and awards were presented to all grades of staff. This was extremely well received, with many people advising that they felt genuinely recognised for their contribution to the overall Service. Plans are now underway to make this an annual event.

Frailty Scaling in Social Work

Throughout the 2019/20 reporting period, the Community Care Division continued to lead on a scoping research review to compare measurement tools used for frailty in Older People; this research will

inform frailty improvement work within adult social work services.

Mental Capacity Act

A key achievement in 2019/20 has been success in training all named workers to apply the Mental Capacity Act. This increased awareness of human rights deprivations and raised competence in assessing capacity, means the Trust is now in a stronger position to champion the rights of service users who do not have capacity to make decisions regarding deprivation of liberty, and the Trust can have greater assurance that appropriate safeguards and checks are in place. The Designated Adult Protection Officers (DAPO) Team has led by example in this area and introduced the use of Talking Mats to maximise communication in capacity assessments.

Safety and learning from incidents are well established, and robust systems are in place, such as DATIXWeb to facilitate this. The Trust has always promoted reflection and learning from good practice, particularly in supervision but now as a Division we are moving forward with a specific focus on Learning from Excellence. Good practice examples are now collated monthly and GREATix has been trialled. This is the companion to DATIXWeb to allow us to log excellence as well as incidence. In addition, a new Adult Safeguarding forum has been established in the Division to allow all staff with a primary role in Adult Safeguarding to meet to share learning and promote best practice.

Carers Engagement

Following the Evaluation of Rehabilitation Services for the Trust, the Division held a series of engagement events to gather feedback from carers on their experience of the Trust's 4 Community Hospitals and the Community Rehabilitation Services. These sessions provided the Trust with

valuable feedback on how services that focus on the rehabilitation and support of older people could further improve to promote independence, well-being and where appropriate avoid admission to longer term care placements. Approximately 80 carers attended 3 events during September and December 2019 and February 2020.

Principal Practitioner

This is a dedicated community social work practitioner acting as daily / single point of contact in Community Care, ensuring a coordinated use of community resources to target complex and delayed discharges. The Principal Practitioner works on the Acute site and maintains a daily overview of capacity and demand across community bed services and domiciliary care.

Pathway Manager

This is a new community social work role with a focus on maintaining our average bed based rehabilitation episode and length of stay within agreed timeframes. The Pathway Manager maintains a full overview of our bed based rehabilitation services.

Social Work and Intermediate Care

The Trust is developing a “discharge to assess” ethos within the service. This will further enhance the seamless transfer from hospital to home, with a strong focus on reducing reliance on bed based pathways as well as enhancing home based rehabilitation pathways.

Palliative Care

The Trust engaged in the regional ‘Identification Prototype’, identifying patients in a timely way to ensure that services are pro-active as opposed to reactive. Coordinating care and liaising with all key professionals involved whilst the service user is in hospital.

Delirium Support

The Trust continues to provide an alternative pathway out of hospital into 6 community beds, with dedicated professional support for service users presenting with delirium.

Mid Ulster

Permanent Placement Team (PPT)

The Permanent Placement Team (PPT) provides a Trustwide service to individuals aged from 18 years to end of life who are permanently placed in residential and nursing care homes. The team is made up of staff from a number of disciplines comprising mental health, learning disability, general district nurses, specialist safeguarding nurse, social workers and a Senior Social Work Practitioner for Safeguarding Vulnerable Adults. Although essentially accountable for all aspects of the care management process, the main focus of PPT work is completion of annual care reviews. They also undertake a significant number of Safeguarding Vulnerable Adults investigations initiated within the Trust. With the partial introduction of the Mental Capacity Act (NI) 2016, the staff in PPT are now closely involved in the completion of assessments for legacy cases and their extension.

Self Directed Support (SDS)

The Self Directed Support (SDS) Area Manager held a PPI event on 21st November 2019 in a local hotel where members of the public were invited to attend an information session on Direct Payments (DP). There were a variety of speakers and a number of stall holders providing information, advice and guidance on DP. The SDS Area Manager gave an overview of SDS and the SDS Development Officer focussed on DP and the benefits of this option which give more choice, control and flexibility to the service user or carer. There was also information from the Centre of Independent

Living NI (CILNI), Premier Care and FISH insurance companies. A Senior Social Worker from Antrim Community Care Team presented information about a DP pilot the team has been working on. This is an independent online introductory service for people who want to recruit Personal Assistants (PAs) and in which PAs can register for employment. The owner of this online service provided an overview of his platform and the success it has had to date. Feedback about the event was very positive with requests for more regular similar events in local areas.

Community Access Support Worker (CASW)

The CASWs have been holding a series of health and wellbeing events across the Trust, one in each of the four localities, which have been successful. Living with a disability or health condition or caring for a loved one can bring different challenges and people may be unsure of what help is available for their loved one or themselves. The CASWs worked in partnership with a variety of organisations, to run informal events to bring together health services, community and voluntary organisations where members of the public can come along to find out about what is available in their local area. This enabled local people to engage with local organisations, raised the individual profiles of the organisations involved and provided the foundation for further partnership working.



Lung Cancer Nursing Service

The Lung Cancer Support Group celebrated 10 years of support, empowerment and friendship for lung cancer patients and their families, with an event in a local hotel on 20th June 2019.

Those attending the event heard about the history of the Support Group, and two group members shared their experiences of attending the Support Group.

The Support Group was initiated by the Macmillan Lung Cancer Nurse, and the Oncology Social worker and Occupational Therapist following a survey of patients with Lung Cancer which revealed that patients and their families sometimes felt isolated and uncertain when their treatment finished and that they would welcome a support group.

The purpose of the Group is to empower and support patients and families affected by lung cancer by providing them with information on various aspects of the disease. The Support Group also aims to create the opportunity for these patients to meet others experiencing lung cancer.





The aims and objectives of the pilot programme were to improve the patient's ability to self-manage the side effects of disease and treatment by providing skills and information earlier in the patient journey. From the beginning, it was the patients who identified a gap in service provision and by working with them this pilot was co-produced. This was an exciting opportunity for patients and families to be actively involved in the design and delivery of services.

The monthly meetings are very informal and the atmosphere is welcoming. Members of the Support Group are involved in deciding the programme for each year. A wide variety of topics and issues are covered at the monthly meetings. The topics include breathlessness, fatigue, coping strategies, diet, benefits advice, consumer issues, travel insurance, and making a will. The information and knowledge gained can help patients to make better informed decisions about their care. As service users, the Group members have provided valuable feedback to the Trust on the quality of service they receive, thus ensuring their voices are heard. The Support Group also has input from the Move More Facilitator who promotes exercise as a benefit for those affected by cancer.



Lung Cancer Nurses launch Pulmonary Prehabilitation Programme for patients with Lung Cancer

The Macmillan Lung Cancer Nurse Specialists team, alongside the Macmillan Specialist Physiotherapist and Patients from the Lung Cancer Support group co-produced an evidence-based, self-management pulmonary prehabilitation programme, for people with a new diagnosis of Lung Cancer.

Prehabilitation is an important treatment modality and is now seen as an essential part of all Cancer Pathways. Prehabilitation maximises outcomes for patients by anticipating the problems they might face and skilling them to self-manage during their treatment. It helps them to plan ahead and identify issues, allowing them to make changes and prevent crisis admissions or interventions.

Much of the evidence for prehabilitation comes from non-cancer groups. This programme aims to change the mind set of professionals and the public in relation to the benefits of prehabilitation for all patients and not only those with curative conditions.

Kathryn Mannix Workshop

An interactive workshop, Delicate Conversations, (facilitated by Dr Kathryn Mannix, a well-known international speaker/author whose recent publication is 'With the end in mind'): explored end of life discussions. This workshop enhanced the public's understanding of dying and death, how to get the conversation started and the skills to keep the conversation engaging.

Kathryn is on a mission to reclaim public understanding of dying!

'Comfort when you need it most'

Members of staff within the Trust have been working in collaboration with Mothers Union, Mid and East Antrim Agewell Partnership, Randalstown Girl Guides, Co-op, Ballymena, and Macmillan to develop 'Comfort Packs' to support anyone who may be very ill or dying in hospital and who are unable to access toiletries. Staff are very grateful to receive these packs and be able to give their patients toiletries to enable them freshen up. The Community Navigator for Mid and East Antrim said,

"We have been overwhelmed by the generosity so far of the local communities and businesses who have donated to the comfort packs"



These packs contain travel or mini size items such as:

- ▶ Toothbrush/ toothpaste
- ▶ Brush or comb
- ▶ Tissues
- ▶ Deodorant
- ▶ Wipes
- ▶ Dry shampoo
- ▶ Moisturiser
- ▶ Lip balm
- ▶ Mints/sweets
- ▶ Puzzle and pen

This initiative commenced in December 2019 and to date approximately 50 packs are issued per month across the Trust.

MENTAL HEALTH

Physical care of the mentally ill (Schizophrenia Report, November 2012)

An Innovation, Quality and Improvement project was completed in April 2019 and was called The Evaluation of the Pilot of the Physical Investigation Clinic in Ballymoney Community Mental Health Team. This project report is contained in the Accreditation for Community Mental Health Services (ACOMHS), section 9 Physical Healthcare and states that people living with serious mental illness (SMI) have worse physical health than the general population.

Individuals with SMI such as schizophrenia and bipolar affective disorder (BPAD) are at increased risk of developing medical conditions. People with schizophrenia and BPAD are two to three times more likely to have cardiovascular disease compared with the general population. There is a significant life expectancy gap between people with SMI and the general population; their life expectancy is 10 to 25 years shorter. The majority of these deaths are preventable chronic physical health disorders, such as cardiovascular and respiratory disease and diabetes.

As a result of this study a physical healthcare pathway has been devised for the Community Mental Health Teams (CMHT's) and this will run in conjunction with the recruitment of lead nurses working in the CMHTs. Candidates have been interviewed and three Physical Healthcare support workers are in the process of being recruited. One support worker will each cover three Community Mental Health Teams, which will be assigned by locality. It is anticipated that support workers will be in position by October 2020.

The Physical Health Lead Nurse and Senior Management within CMHT's will meet with lead nurses to explore how the Trust can move forward with the physical healthcare pathway in relation to the SMI population. It is proposed that the initial focus would be on SMI service users who have poor engagement with mental health and GP services and where there are concerns relating to their physical health. Support workers will be trained in Venepuncture, ECG Monitoring and recording Blood pressure, Height, Weight, BMI and pulse rate. Lifestyle factors will also be considered and support and education will be given to assist service users with implementing lifestyle changes.

Mental Health Liaison Service (MHLS)

A high proportion of patients treated for physical health conditions also have co-morbid mental health difficulties, and there is increasing acceptance of a need to improve the awareness and treatment of mental health problems within acute hospitals. The Trust Mental Health Liaison service is a multidisciplinary liaison psychiatry and psychological medicine team operating in the two acute hospitals (Antrim Area and Causeway hospitals).

It provides rapid mental health 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 during their hospital admission.

In the last year MHLS has continued to embed its functions within the acute hospital settings and is now regarded as an integral part of the hospital system. It has also strengthened relationships 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. The MHLS delirium project gathered wide interest and involvement from the acute sector and was instrumental in influencing and shaping policy and practice in this regard. Following a very successful outcome, the MHLS has been successful in securing temporary joint funding with Medicine & Emergency Medicine for a whole time specialist delirium post. This will be a consultative resource and ensure excellence and consistency of approach across settings, and better outcomes for all patient experiencing delirium in the hospital.

MHLS has strengthened its partnership with Learning Disability Services and has worked to ensure a seamless, co-ordinated, safe assessment and discharge process is in place for all Learning Disability service users requiring mental health assessment when attending hospital. A highly effective alert and response system continues to be operational and is quality assured by regular interface meetings.

In addition to the above, over the course of the last year MHLS has been working closely with the regional Towards Zero Suicide initiative and have been active in enhancing and developing its safety planning interventions for clients presenting with deliberate self-harm and suicidal ideation in the hospital environment. MHLS have run a successful pilot project exploring the effectiveness of the Stanley-Brown safety planning model and now intend to embed this within routine clinical practice as part of the assessment and intervention process.

In the upcoming year, the MHLS will also be working towards enhancing its delivery of psychological interventions to people admitted to the acute hospitals and who are experiencing co-existing psychological distress or mental health difficulties that may be impacting on the experience and management of their physical health condition and recovery.

The MHLS will also continue to provide training to colleagues in acute hospitals where a need is identified and will continue to be an on-site consultative and direct referral resource across the acute hospitals.

SOCIAL CARE



Child Protection

Regional Child Protection procedures require children identified as being at risk to be seen within 24 hours. Overall, 100% (388) children or young persons in the Trust were seen by a Social Worker within 24 hours of a Child Protection referral being made during 2019/20.



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. Of a total number of 1652 reviews held, 66 were outside agreed timeframes. Therefore 96% of "Looked After Children" within the Trust had reviews held within regionally agreed timescales.



Permanency Planning

Every 'Looked After Child' needs certainty about their future living arrangements and must have a Permanence Plan that supports this. Overall, 100% (674) of Looked After Children in care more than 3 months during 2019/20 had a Permanence Plan.

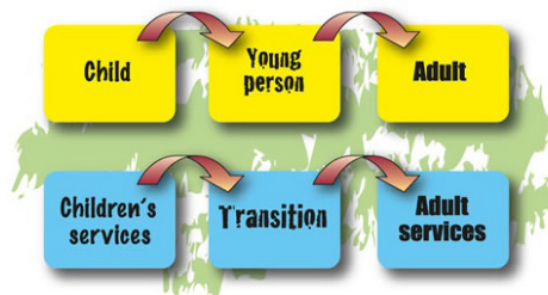


Leaving and Aftercare

Research tells us young people who leave care do not always achieve the same levels in education, training and employment as others in the community. Overall, 77% (621) young people leaving care in the Trust were in education training and employment as at March 2020.

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 Trust 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 2019/20, 677 adults received Direct Payments, a slight increase from last year.

Carers Assessments

Carers must be offered individual assessments to support them in their role. During 2019/20, a total of 8125 Carers' Assessments were offered within the Trust.

Learning Disability

During the period April 2019 to March 2020, 5 adults with a learning disability were successfully integrated from hospital back into their community. Of those 5 adults, three went to supported living placements, one to residential placement and one to a nursing placement. The positive outcomes for the individual are evident in their feedback.

“My Sister appears to be more settled that she has ever been and appears to be talking a lot more and she is much happier” (Carer)

“My son has never been as contented in his whole life. This is a home to him and his carers are his extended family”. (Carer)

“This is my house and I can put my stuff in it”. “I like working in my garden and staff support me when I need it”. “I am happy to be living here”. (Service User)

Trust Health Care Facilitators link with GP practices to support adults with a learning disability to manage their own health more effectively. A total of 1518 adults with a learning disability had Annual Health Checks completed during 2019/20; this is a reduction of 4.5%. (It is likely that the usual March health checks had been reduced due to the impact of the Covid-19 pandemic resulting in commencement of changes in local GP surgeries from mid-March 2020 onwards, as normally a number of health checks take place in this month).

Adult Safeguarding

The Trust responded to 702 Adult Protection Safeguarding referrals this year. Alternative safeguarding responses were not requested from the HSCB. The Trust is restructuring Adult Safeguarding processes, documentation and policies in response to the Commissioner for Older People NI, “Homes Truth Report”; Dunmurry Manor, “The Way to Go Report”, and the Muckamore Abbey Hospital and the CPEA/DOH Report, Review of Adult Safeguarding in N. Ireland.

Approved Social Work

On occasion individuals require an application to be made to hospital to detain for assessment to prevent them causing serious harm to themselves or to others under the Mental Health (NI) Order 1986. Whilst a family member may make such an application, good practice outlines applications should be made by an Approved Social Worker (ASW), where possible, removing the stress from family member.

During 2019/20, there were 266 applications for hospital assessment made by ASWs. The ASW service model supports timely assessments by ASWs thereby reducing the stress on families/ nearest relatives. The Trust undertakes an audit of ASW practice annually.

LEARNING FROM COVID-19, WAVE 1

Context and Introduction

As part of reset to 'new normal' post wave 1 Covid-19 it is necessary to learn lessons from the rapid changes/adaptations which have been deployed in preparedness and response. In particular to:

- ▶ Identify service/system changes/adaptions made and their associated learning and impact, and to assess the need to retain/cease/scale-up - informing prioritisation of services classified as 'retain or scale-up'
- ▶ Identify the routine aspects of service which have stopped or reduced, and the associated impact with a view to inform 'restart' or abandon.
- ▶ Share learning appropriately across the Northern Area and regionally across the HSC

Rapid Cycles of Change and Agile Learning

A large amount of change has taken place in a short period of time, which in many cases required innovative and previously untested solutions. This has required staff to develop solutions to problems - make predictions about what might work, quickly test ideas and adapt and modify them before implementing a solution. Even then with evolving science and new information on Covid-19 in many cases it has been a constant process of adaptation. This cycle of rapid testing, learning, adaptation and adoption is the very basis of the Model of Improvement (Plan, Do, Study, Act - PDSA). On this basis, the Model for Improvement has been applied retrospectively to gather information on what has worked well and what has not worked well, as well as identifying other potential improvements to test. In total circa **120 PDSA templates** were completed by Divisions across the

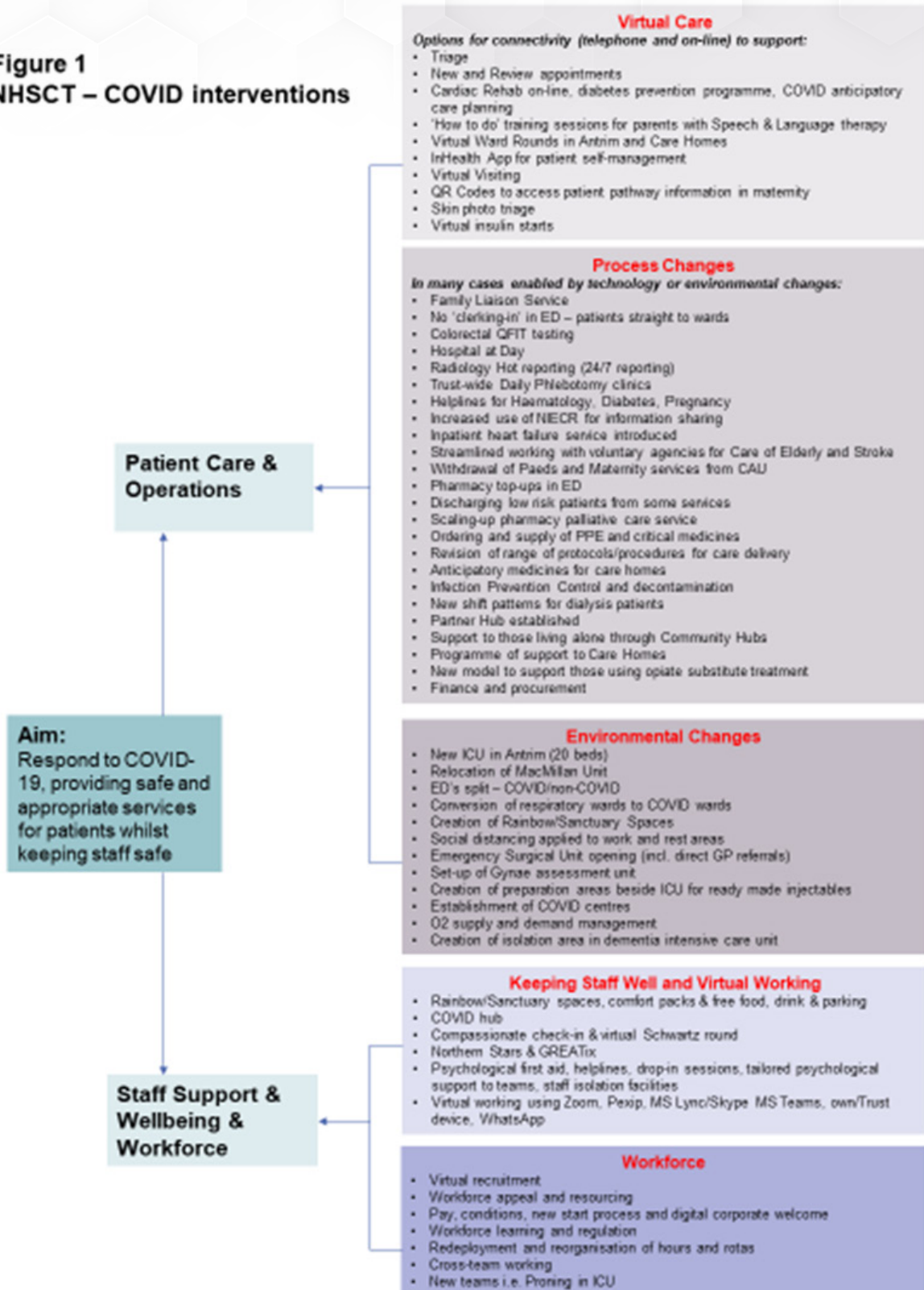
NHSCT - reflecting Steps (i) and (ii) of the learning model developed. This along with some **42 stories** shared by staff, inform the learning analysis. In June 2020 the Senior Management Team of the NHSCT agreed a four-step model to gather and analyse learning from the first wave of preparedness and response to Covid-19 in the Northern Health and Social Care Trust area. The four-steps are:

- i Application of the Model for Improvement and subsequent analysis of outcomes; categorising changes into 4 areas (i) Patient Care (ii) Operations (iii) Staff Support and Wellbeing and (iv) Workforce
- ii Impact Assessment to further draw out the impact of the changes identified through the Model of Improvement
- iii In-depth Human Factor and Ergonomics Assessment of ICU, ED and Covid wards
- iv Providing learning which can inform the Trust Reset Programme

There has not been one part of the NHSCT systems or workforce which has not been impacted by Covid-19. Every Division and service has taken up the challenge of rapid change and adaptation with the overall aim of responding to Covid-19, providing safe and appropriate services for patients, whilst keeping staff safe.

Figure 1 (overleaf) identifies the range of interventions applied.

**Figure 1
NHSCT – COVID interventions**



Step (iii) Learning Model

Step (iii) of the learning model focussed on the extensive learning to be harvested in respect to how we can better support the physical, cognitive and organisational work of health and social care staff in the Covid-19 crisis. To support this, the Northern Trust undertook an analysis of human factors and ergonomic adaptations, through the in-situ application of the SEIPS Model - Systems Engineering Initiative for Patient Safety (1) in the Intensive Care Units in Antrim and Causeway Hospitals.

Human Factors and Ergonomics is a discipline that examines the design of individual system components and interactions with each other, taking into account human capabilities and characteristics, with the goals of achieving optimum safety and performance. The application of a Human Factor and Ergonomic based design to support human performance during a large-scale health crisis can yield improvements in effectiveness of response, as such an approach takes cognisance of human cognition and behaviour. This was found to be the case in the ICU response to Covid-19 in Antrim Hospital. The retrospective application of the SEIPS model to ICU has identified those human factor and ergonomic interventions that proved successful in Covid response, as well as informing learning for any subsequent waves of the virus and supporting the design of the new ICU facility now in planning.

Exnovate to Innovate and Collective Sense Making (Step iv learning model)

As part of our response to Covid-19, one of the unintended consequences is that 'waste' has been removed from how we deliver some services and work as a system. Looking critically at where such changes have occurred presents us with an opportunity to identify areas in which we may have opportunity to exnovate in order to innovate (i.e. stop doing some tasks/delivering services, or doing tasks in a certain way to allow space to innovate and deliver tasks/services differently). It also gives us the opportunity to focus on what really matters – strategically targeting waste reduction, whilst focussing on improving value.

Traditionally in the healthcare community, there is a "change layer" in which visionary ideas about transformation reside, and a "reality layer"; the place where most care is delivered. Both are necessary, but until Covid-19 there was little mixing of both. Our own modest investments in digital care and transformation are now paying off – and it is important that we complete the swing and do not allow a return to way things were. The best of the innovations that have surfaced during the Covid response period need to be hardwired for the future beyond this pandemic.

Covid-19 has proved we were more ready to adopt change than we ever acknowledged – and indeed forced the mixing of the change and reality layers. Moving forward everyone in the change layer has an obligation to make change impactful in the long run, adopting a new pace of change that we now know to be possible. Such an approach will facilitate greater diffusion of innovation – which no longer should be viewed as the domain of few but rather as the responsibility of many.

The exnovation opportunities identified in the analysis of learning from Covid have been classified into four areas:

- ▶ those associated with virtual working;
- ▶ communications and technology enabling change;
- ▶ predictive data to drive decision making; and
- ▶ new services models that are working well.

Collective Sense Making

The learning model adopted by the NHSCT has supported the process of collective sense making post Wave 1 Covid-19.

Firstly, determining those things which we did in response to Covid which were crisis response, or that we discovered during response are no longer fit for purpose – in both instances we should challenge ourselves to cease doing these things. Secondly, new practices which we have tried and adopted in response which show some signs of promise for the future; and thirdly, things we had to stop to focus on the crisis but they need to be picked up in some form. The 4x4 matrix below provides some illustrations of this in practice based on this learning exercise.

