



Northern Health
and Social Care Trust

ANNUAL QUALITY REPORT

2020/21



Northern Health
and Social Care Trust



The Northern Health and Social Care Trust (NHSCT) is responsible for the delivery of safe and effective health and social care services to a population of approximately 479,000, the largest resident population in Northern Ireland. The Trust also provides services to Rathlin, the only inhabited island off the coast of Northern Ireland. The Trust employs approximately 12,534 staff across a wide range of services.

I am pleased to share with you the Trust's Annual quality Report for 2020/2021. This report describes the challenges and achievements experienced during the year - a year dominated by the COVID-19 pandemic. The Trust rose to the challenge of the COVID-19 pandemic across many areas.

New needs emerged as a result of the Pandemic from Independent Sector Care homes and Domiciliary Care Providers. The Trust responded to that need by setting up the Partnerhub which is a source of information, support and guidance as well as PPE for Trust Partner organisations. Over the course of the year, the Trust also provided in-reach, multi-disciplinary staff support to several homes for older people and those with a learning disability.

The Nightingale at Whiteabbey Hospital opened on 20 November 2020 as a regional unit to provide an innovative new model of nursing and AHP lead rehabilitation. While based in the Northern Health and Social Care Trust, the facility operates on a regional basis providing extra capacity for all five Trusts.

On the 21 December 2020 the Trust opened its COVID-19 Mass Vaccination Centre at the Seven Towers Leisure Centre in Ballymena. By the end of March 2021 over 100,000 vaccinations had been delivered by the Trust.

The Trust has adapted to meet the challenge of the pandemic, providing innovative ways to ensure our service users continued to receive care throughout this period.

Learning continued throughout as displayed by the Respiratory Team in response to the pandemic. There was widespread adoption of telephone triage, virtual clinics and video calls. Antenatal education such as the Getting Ready for Baby Programme was revamped and delivered virtually. Virtual ward rounds have been established across many disciplines such as Nutrition and Dietetics. In residential care, technology was also embraced to ensure people stayed connected to family and friends. The Trust now has the opportunity to harness such innovation and to review, reform and potentially reconfigure in order to build and deliver high quality services.

In June 2021, Antrim Emergency Department opened an ambulance turnaround area with 5 dedicated ambulance off-load cubicles. This is staffed 24/7 to facilitate and improve ambulance turnaround times within this unit. The Cardiology Ambulatory Care Service commenced on 8 March 2021 in Antrim Hospital, initially for referrals of patients with Atrial Fibrillation and Heart Failure.

The Trust needed incredible resilience and resourcefulness from staff and their response was, and continues to be, inspiring. I am deeply indebted to staff at all levels for their unwavering professionalism and commitment in the face of considerable adversity.

Jennifer Welsh

Chief Executive
Northern Health and Social Care Trust



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

ABOUT THE NORTHERN HEALTH & SOCIAL CARE TRUST

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

- 87,488* inpatients (compared to 77,028 in 2019/20)
*(*The figures for Mental Health inpatients are not available due to changeover to a new information system)*
- 189,654 acute outpatients (decrease from 238,146)
- The figures for Mental Health outpatients are not available due to changeover to a new information system
- 119,997 emergency department attendances (decrease from 153,147)
- 11,334 day case patients (decrease from 27,696)
- 3,785 births (decrease from 3,867)
- 737 children looked after by Trust (increase from 674)
- 492 children on child protection register (decrease from 522)
- 4,964 domiciliary care packages for older people provided in the community (increase from 4,158)

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THEME 1: **TRANSFORMING** **THE CULTURE**



THEME 1: TRANSFORMING THE CULTURE

2020/21 was an extraordinarily challenging year for the Northern Health and Social Care Trust. Three surges of the COVID-19 pandemic dominated and the Trust needed incredible resilience and resourcefulness from our staff - how they responded was inspiring. They adapted to the changing environment, stepped up to do different roles, showed flexibility and worked extremely hard in very difficult circumstances. All to make a positive difference in the lives of the individuals, families and communities the Trust serves. The challenges of the past twelve months have shown more than ever how our people are our greatest asset.

Our values, practices and behaviours are at the heart of our culture, and how we do things is as important as what we do. Our values and behaviours are the golden thread embedded within all of our people management, development, policies and practices.

Trust teams lived our values like never before – for example, working together by moving

into roles in in Emergency Departments, ICU and respiratory wards; showing compassion through the Family Liaison service as family were restricted from visiting patients in care and working with independent sector care homes with PPE and staffing, and; excellence through accreditation from the British Society of Echocardiography (BSE) for the Echocardiography service.



Living our values during Covid-19

For many of us, the Covid-19 pandemic has meant that our day to day roles now look very different, with no such thing as a 'typical' day. Throughout this state of flux, however, one thing has remained constant - the importance of our shared values. Our values are the backbone to our organisation, and they are being brought to life now more than ever.

Click on the right to listen to our Interim Chief Executive talk about the importance of values, and hear some of our staff tell us how they have been living the values in their own unique way.

SELECT THE BUTTONS BELOW TO LEARN MORE



Living our values in challenging times



Dr Gareth Lewis, Consultant



Laura Smith, Midwife



Ruairi Pollock, Financial Assessor



Alex McNeill, Speech and Language Therapist



THEME 1: TRANSFORMING THE CULTURE

HSC Northern Health and Social Care Trust

Northern Trust Stars

Working together

Nicola

The Northern Health and Social Care Trust recognised and celebrated individual and team achievements through the Northern Stars highlighted on social media, with 234 individuals/teams nominated during 2020/21.

HSC Northern Health and Social Care Trust

Northern Trust Stars

Excellence

Patricia

2020/21 marked the final year of the Trust's People Reform and Modernisation Programme (RAMP), with a vision to deliver excellent integrated services in partnership with our community. Throughout the RAMP period, the Trust strove to make it 'a Great Place to Work', evidenced this year through the successful Investors in People re-accreditation.



HSC Northern Health and Social Care Trust

Northern Trust Stars

Compassion

Stephen

HSC Northern Health and Social Care Trust

Northern Trust Stars

Excellence

Jackie



PATIENT & SERVICE USER EXPERIENCE

The Northern Health and Social Care Trust actively seeks and encourages feedback from, and engagement with service users. We endeavour to work collaboratively and in partnership with our service users to help

design and/or redesign our services to better meet the needs of our community. This approach is facilitated by two service user feedback avenues, 10,000 More Voices and Care Opinion.

10,000 MORE VOICES

10,000 More Voices (10KMOV) encompasses the fundamental principles of Personal and Public Involvement (PPI), promoting meaningful and effective engagement with patients, clients, service users, carers and their families. The survey asks for responses to signifiers and for the person's personal story regarding their experience. This form of engagement values the voice of the respondent, affording the opportunity to express what mattered most to them throughout their journey.

In light of the ongoing COVID-19 pandemic in Northern Ireland the 10,000 More Voices regional work plan was reconfigured to capture the most recent experience of patients, clients, relatives and staff engaging with our Health and Social Care system during the pandemic.



Regional Projects completed in 2020/21:

- You and Your experience of working during COVID-19
- The experience of families and residents in Care Homes during COVID-19
- Northern Ireland Ambulance Services (NIAS) and your experience of Patient Control Schedule (PCS) Service

Due to COVID-19 and redeployment of staff, no local 10KMOV projects were completed.



CARE OPINION

On 3 August 2020 Care Opinion was launched in Northern Ireland Health and Social Care by the Health Minister. This is a real-time, online service user feedback platform that provides service users, families and carers with the opportunity to share their experience of Health and Social Care in Northern Ireland.

This platform will allow the Northern Health and Social Care Trust to ascertain how service users view the services used by them, and their view of the standard of care that they have received. Stories posted will also help the Trust to identify areas of good practice, and areas where change and improvements are required.



Each story, either good or bad, will be responded to in an open and transparent manner by a member of staff in the Trust, to reinforce that the service user's voice has been heard.

Since the launch of Care Opinion in the Trust during August 2020, to the end of March 2021, the Trust has received feedback from 124 service users, family members or carers.

When these stories were told





One such area identified for improvement via a Care Opinion story, was in relation to improved communication with staff regarding 'Guide Dog Etiquette'. In collaboration with the service user, a guide dog etiquette poster was produced and disseminated within the Northern Health and Social Care Trust. The Public Health Agency acknowledged this quality piece of work and shared the poster with other Trusts as an example quality improvement work involving service users.



Next steps

The Trust will continue to recognise and value the importance of Patient Client Experience (PCE) by embedding Care Opinion and 10KMV within the Trust.

In addition to local identified projects, the following PCE regional projects will be taken forward in 2021/22:

10,000 More Voices

- Experience of Social Work
- Exploring Fragility in older people
- NIAS – Experience of engaging with NIAS
- Exploring the impact and rehabilitation of people experiencing Long Covid following COVID-19
- Exploring how people of Northern Ireland connect to the Health & Social Care System.

Care Opinion

- District Nursing
- Diabetic Foot care Pathway
- Intermediate Care Services (commencing with Acute Care at Home)
- No More Silos



PERSONAL & PUBLIC INVOLVEMENT (PPI)

We continue to ensure personal and public involvement is at the heart of all planning and delivery of our services. Having come through the last year we have had to make significant changes to the way we work, and on how we ensure effective and meaningful engagement with our service users and carers. We have worked 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 Northern Health and Social Care 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 our Trust Board.

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.

Specialised training is provided throughout the year 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.



THEME 1: TRANSFORMING THE CULTURE

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.

Our Involvement Network of service users and carers continues to grow. The group of individuals work in partnership with us to help us 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. Many of our service users and carers have been involved in our rebuild plans by attending engagement events and providing valuable feedback on the Nightingale facility at Whiteabbey Hospital and the work we are doing around virtual consultations. They have also been key to the development of the new 'Phone First' service within our emergency departments and will continue to be involved in shaping this service further. Members of our Involvement Network are part of a mailing list and we share involvement opportunities, resources and support information with them on a regular basis.



THEME 1: TRANSFORMING THE CULTURE

IQI IN THE NORTHERN TRUST

Building Capability in the Trust 2020/21

<p>7754 trained in Level 1 804 trained in Pocket size Level 2 17 trained in Level 3</p>	<p>45 Doctors in NHSCT have completed a STEP Programme</p>	<p>5 SQN projects completed and 13 underway for cohort 2</p> <p>This year SQN is also being delivered in conjunction with a new Service User QI course - Northern Improvers</p>
<p>102 staff have completed Human Factors training</p>	<p>Approx 60 staff attended IQI clinics for advice on their projects including data advice</p>	<p>The IQI team provide support into programmes including MSc Nursing, Nightingales and Global Nurse Leaders</p>

Celebrating and Supporting Capability

<p>Read all about it!!</p>	<p>Over 400 staff accessed 3 newsletters including 2 Covid-19 editions, showcasing all the great work taking place around the Trust</p>	<p>350 registered for our week long Festival of Appreciation Learning and Leadership in September with Staff across the Trust presenting 43 live/pre-recorded sessions</p>
	<p>The IQI Virtual Hub continues to provide staff with the latest quality improvement projects and has had 1978 visits</p>	<p>The Hub also links to HSCQI where all posters from IQI projects are shared</p>
<p>3 IQI Team of the month winners</p>	<p>Acute Medical Model Programmed Treatment Unit (PTU) Gynae Admissions Unit (GAU)</p>	<p>The Trust won £30,000 through Q Exchange funding for a new project - 'Gamification in Human Factors' and again in 2021 for 'Developing a Clinical Health Psychology Pathway for ICU Trauma Patients'</p>



THEME 1: TRANSFORMING THE CULTURE



What Matters to You? 9 June 2020
Last year's WMTY also coincided with 'Carers Week' 8-16 June. A range of Corporate and Clinical areas joined in the conversation with service Users



Gill Smith shared back learning when she spoke in November 2020 at the virtual International Forum
<https://view.pagetiger.com/international-forum2020/1>



Learning the Lessons from Covid-19 (Wave 1) Report compiled an analysis of 120 changes implemented along with 42 stories shared by staff. This learning has informed Project Reset



Learning from Excellence (Lfe)
We have logged 73 GREATix from Community Social Work, Paediatrics, Pharmacy, Surgery, Respiratory and Rehab



The IQI team provided support by reviewing the impact of Virtual Consultations, Interviews and Visiting Visiting. These are helping to shape and inform Regional collaboration



Virtual visiting
Since April 2020, the IQI team has rolled out virtual visiting across Acute, Sub-acute and Mental Health Hospitals. Between November and January, 207 calls have taken place.



Knowing who is on the Wards
we supported wards during Covid-19 by helping them identify team members by role and first name using coloured stickers in wards-Important when staff are in PPE and scrubs



At the start of Covid-19 over 600 Comfort Boxes were made up with donations and distributed to staff as a way of thanking colleagues and to help them refresh & refuel during their shifts

THANK YOU

58 new IQI ideas logged in 2020



Improving liaison with GP's by making calls to advise them of any patients referred to the team

Creating lanyards for individuals with a Learning disability and their carers to wear if they require more exercise during the day and to gain priority access to shops to get food.

Online family group for people affected by their loved one's substance misuse

NHSCT Look Good Feel Better Workshop

Sibling support for families of babies on the NNU



COMPLAINTS & COMPLIMENTS

The Northern Health and Social Care 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

- 636 formal complaints received (a decrease from 753 in 2019/20)
- 100% of complaints acknowledged within 2 days
- 67% of complaints were responded to within 20 working days (decreased from 76% in 2019/20)
- 2,236 compliments were received through the Chief Executive's office (compared to 6,668 in 2019/20)
- The two main categories of compliments that are 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
- Clinical Diagnosis
- Waiting list, delay/cancellation for Outpatient appointments

Learning from complaints

The Northern Health and Social Care 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 takes the learning on board. Learning is shared and discussed in various forums including Quarterly Complaints Review meetings with Operational Directors, Quadruple EG 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 2020/21, 2,147 staff completed Level 1 Complaints & Service User Experience Training and 212 staff completed Level 2 Complaint Reviewer Training by Zoom.

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 2020/21, there were 13 requests for information from the NIPSO Office:

- 4 cases were closed and not upheld
- 9 are on-going

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

- 1 was not upheld
- 3 were issued a letter of apology
- 2 remain 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 Trustwide, acknowledging that lessons learned need to be shared to improve safety, and apply best practice in managing risks.

The Northern Health and Social Care 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 incident details 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 holistic 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 16,347 incidents were reported in 2020/21, which is an increase of 9% from the previous year. This increase is reflective of the continued training and awareness that has taken place around incident reporting and the continued use of Trigger Lists for incident reporting which 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
2019/2020	14,975	3,041	2,877	1,352	664	478
2020/2021	16,347	4,038	3,108	1,155	577	573

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

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is ‘an event which may have caused unexpected serious harm or death’. During the period 2020/21, 97 SAIs were identified.

In the previous financial year, 93 SAIs were reported representing a slight increase.

The table below outlines the number of SAIs involving death for the period 2020/21 at the time of reporting

Division	Total SAIs reported to the Health and Social Care Board (HSCB) involving death
Mental Health and Learning Disability Services	45
Surgical and Clinical Services	1
Medicine and Emergency Medicine	12
Women’s, Children’s and Family Services	7
Community Care	3
Total	68

Learning from Serious Adverse Incidents

Each SAI report is presented at a Safety Panel, which considers the quality of robustness of the review and 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 newly established Learning for Improvement Group (which is a subgroup of the Northern Health and Social Care Trust’s overarching Assurance Framework) provides oversight of those recommendations and ensures that learning has been shared appropriately and trends identified.

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’ which can be accessed via www.publichealth.hscni.net/publications/learning-matters-newsletters



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. Although Leadership Walkrounds were stood down during 2020/21 due to the need to reduce footfall during the COVID-19 pandemic, the Senior Management Team carried out informal visits and meetings with frontline staff. The format of Leadership Walkrounds is being reviewed and they are expected to recommence more regularly during 2021/22.



THEME 2: **STRENGTHENING THE WORKFORCE**



INVESTORS IN PEOPLE (IIP)

It has been 2 years since the Investors in People accreditation award in November 2018, the UK’s leading accreditation for people management.

A virtual meeting was held in December 2020 with the Lead IIP assessor to meet with our co-sponsors, our Chief Executive and the Director of Human Resources, Organisational Development and Corporate Communications, to discuss what we have been doing over the past year and to continue to build upon developing staff in leadership, personal development and engagement. The Director of Operations, Director of Finance and Deputy Chief Executive, Assistant Director of Human Resources and Head of Organisational Development also participated in this engagement.

Coronavirus (COVID-19) Pandemic resulted in a year like no other. It has been a time of great innovation as well as one of great challenges.



The Northern Health and Social Care Trust response to the pandemic on leading and supporting staff, promoting and protecting employee wellbeing was discussed. Recent progress on Investors in People requirements were reviewed with a programme of topics discussed centring on our key focus of Safety, Empowerment and Engagement.



THEME 2: STRENGTHENING THE WORKFORCE

You said....we did... In a COVID-19 way!

Health and Wellbeing	<ul style="list-style-type: none"> • Telephone coaching sessions to support colleagues with their own wellbeing • Launch of the colleague support pack to support wellbeing • Information on caring, parenting, shielding and redeployment • CBT, relaxation and mindfulness programmes • Counselling support over the phone 24/7 • Support for colleagues recovering from COVID-19 	<ul style="list-style-type: none"> • Self-care resources introduced, including physiotherapy and health psychology offer • Pastoral care around anxiety, loss and bereavement • Introduction of Pause Spaces for colleagues to take a moment to refresh and recharge • Advice and signposting for accommodation
Staff Welfare and Engagement	<ul style="list-style-type: none"> • Access to free food in our dining rooms for all colleagues working on site • Delivery of free food to many of our sites to ensure access for colleagues working out in the community • Increased amenities available for colleagues e.g. showers and changing facilities • Additional laptops/ tough books and 2000 VPN hook-ups for remote workers • Further support around remote working including videos and webinars 	<ul style="list-style-type: none"> • Distribution of multiple donations amongst colleagues • Children's letters sent from Chief Executive • Support for colleagues living away from home in accommodation in order to continue working • Development of our Northern Star peer recognition • Interim flexible working guide to improve flexibility for parents and carers • Employees able to carry up to five days of unused annual leave over one year • Comfort packs delivered across the organisation
Communications	<ul style="list-style-type: none"> • Adapted our communication channels to ensure responsive, accessible and engaging content for colleagues • Daily Coronavirus update emails to all • New Coronavirus online hub of information – accessible to all • New close Facebook and Twitter group for colleagues • Talking Heads – Chief Executive blog 	<ul style="list-style-type: none"> • Shared direct links to the latest updates via regular text messages • Successfully rolled out Zoom to support remote working/engagement • Introduction of a Team Brief for leaders via internal Communications • Growth of WhatsApp groups for remote teams • Increased use of video blogs with the Executive team for regular updates
Health and Safety	<ul style="list-style-type: none"> • Distribution of PPE • COVID-19 testing available for all colleagues and their family members • New risk assessments in place for identified colleagues who are at greater risk of COVID-19 • Remote workers linked with Health & Safety on their physical environment requirements 	<ul style="list-style-type: none"> • Additional hardware procured and distributed to support virtual/remote working, including more mobile phones and headsets and agile working packs • COVID-19 antibody testing available for all colleagues • Social distancing measures in place across sites, with clear signage displayed
Training and Redeployment	<ul style="list-style-type: none"> • Established a pandemic response unit (PRU) to expand capacity and manage our COVID-19 response • Redeployment support for all colleagues • Recruitment of additional bank staff student nurses/social to meet demand • Internal and external workforce appeals • Van drivers delivering patient medication and food for colleagues 	<ul style="list-style-type: none"> • Adaptation of mandatory training e/g. shortening induction to allow quicker recruitment of colleagues • Social distanced learning opportunities • Online masterclasses and webinars • Enhanced e-learning opportunities • Introduction of virtual Leadership Schwartz Rounds • Leadership bite-sized learning through videos, webcasts and webinars

The team reviewed how we have responded over the pandemic period relating the positive impacts to communities such as Care Home interventions and support, where staff stepped up and embraced new ways of working. The organisation restructured and reconfigured services with staff volunteering to be redeployed.

Natural innovation is happening across the organisation and people feel encouraged to try new things and learn from their mistakes.

Collaborative working is encouraged and embedded, with talent recognition and people being developed for the future.



THEME 2: STRENGTHENING THE WORKFORCE

COLLECTIVE LEADERSHIP

Due to the COVID-19 pandemic the Northern Health and Social Care Trust had to pause the Leadership Pathways, however work continued with a range of teams and services to create a consistent approach to compassionate leadership within the organisation, to strengthen our teams and to develop individuals to understand their impact and contribution to their role, teams and the organisation.

Leadership Pathway

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

TRAINING FIGURES AS AT 31 MARCH 2021



69% of staff trained at level 1 of the Quality 2020 training attributes framework



58% of managers trained in Openness



61% of agenda for change staff undertaking an in-year appraisal



96% appraisal rate for medical staff



54.7% of frontline health care workers received the flu vaccination



40.1% of frontline social care workers received the flu vaccination



83% of staff trained in Information Governance Awareness



76% of staff trained in Cyber Security



73% of staff trained in Fire Safety Awareness



STAFF COMMUNICATIONS

Recognising the extreme pressures faced, and the personal sacrifices made by so many, we recorded and presented a number of 'Talking Head' videos of the Chief Executive. These were scripted to rally, encourage and motivate staff during the peak periods of COVID-19 surges.

Our existing "Core Brief" (later renamed Team North Brief) was used to provide important corporate information, COVID-19 current information and modelling updates and also information on health and wellbeing support services available for staff. The objective was to provide content which managers could use for team meetings. They are emailed direct to all managers and the frequency during peak periods was increased to fortnightly and this then reverted to monthly.

In order to support and protect our staff who continued to provide excellent care to our patients and service users we worked tirelessly to ensure that we provided up to date and timely guidance on working with us during COVID-19.

A digital resource was developed to provide up to date information and guidance for all staff and managers which could be accessed from any computer or mobile device with connection to the internet. As the current situation is fluid this document will be kept up to date in line with advice from Government and the Public Health Agency.



LEADERSHIP CONFERENCES

The Northern Health and Social Care Trust held its first **Virtual** Leadership Conference on 14 September 2020 and over 400 managers had the opportunity to attend. The conference provided the opportunity for senior leaders to hear key messages from the Chief Executive, find out more about the Senior Management team and hear from an exciting itinerary of speakers. This year's Conference theme was "Leading through extraordinary times".

VOCATIONAL TRAINING

There were 30 members of Northern Health and Social Care Trust staff who successfully completed vocational qualifications across a variety of different levels.

Completed Learners 01/04/2020 to 31/03/2021	
Level 3 Certificate in Healthcare Support	6
Level 2 Diploma in Health and Social Care (Wales and Northern Ireland)	13
Level 2 Diploma in Health and Social Care (Northern Ireland)	3
HSC Diploma Level 3 (Wales and Northern Ireland)	8
Total:	30



STAFF INDUCTION AND CORPORATE WELCOME

Starting a new role in the Northern Health and Social Care Trust in the current circumstances has been challenging for new members of the team. The traditional staff induction techniques of meeting people, getting settled in and making connections with others have not been possible.

During the COVID-19 pandemic the Trust changed Corporate Welcome arrangements and face to face sessions were stood down to ensure staff safety. In response to COVID-19 and as part of a longer-term plan to incorporate technology, new staff receive a digital Corporate Welcome that provides practical advice and guidance on beginning a role with us.

A new Induction resource was developed during the year, specifically to support staff who had volunteered to support the Independent Sector Care Homes during the various COVID-19 surges. The aim of this resource was to ensure staff were supported and well informed of this unique situation.



The Social Services Learning and Development Team developed a robust Mentoring Programme to support Newly Qualified Social Workers (NQSWs) embarking on their Assessed Year in Employment (AYE) in the Trust.

The Mentor Programme aimed to support NQSWs to develop confidence and professional competence when transitioning from student to Social Worker, during the COVID-19 pandemic. Development of the Trust Self-Assessment Tool enabled measurement of NQSWs' confidence and professional competence levels in the Six Key Social Work Roles, their relationship with service users and other professionals/agencies.

NQSWs identified professional development areas which were addressed during professional supervision by the Mentor. Additional support included Virtual Induction to the AYE and AYE Support Forums to enhance professional development.



100% of these NQSWs evidenced increased confidence and competence levels in the Six Key Social Work roles following provision of professional supervision from Mentors i.e. increased scores evident on the Trust Self- Assessment Tool for AYE Social Workers.

Following the Mentor Programme, NQSWs reported highest confidence levels in their ability to integrate into the team. Feedback from NQSWs was positive:



The support from the Mentor Programme has been a fantastic help in the transition from student to AYE Social Worker.

Additional AYE mentorship has been beneficial, the support has been key to developing confidence in role and maintaining well-being.

AYE Mentor was a great support and offered great reassurance in times of self-doubt, Very useful to have experienced and knowledgeable practitioners for advice and guidance when first embarking on Social Work career.

Overall, 100% of Mentors considered the development in AYE Social Worker's professional competence could be attributed to the professional supervision provided by the Mentor, alongside experiential learning and operational supervision and support provided by the Line Manager.

Line Managers commented, the provision of professional supervision from Mentors was very helpful to staff particularly in these extraordinary circumstances to support their transition from student to Social Worker.

Based on positive evaluation the Mentor Programme has been extended to strengthen the NQSW workforce to provide quality Social Work services to our service users, families and Carers.



QUALITY 2020 ATTRIBUTES FRAMEWORK

Overall, 69% of Northern Health and Social Care Trust staff have now successfully undertaken level 1 of the Quality 2020 training attributes framework. The Level 1 training programme provides staff with an introduction to Quality Improvement and the critical role that it plays in the provision of care for patients, clients and service users.

The Coach Approach

Coaching is one of the key methods through which leadership capability is developed through the Northern Health and Social Care 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 19 trained coaches, who are providing active sessions across the organisation.



- Enhanced performance/ practice
- Increased self-awareness
- Confidence levels
- Decision making
- Leadership skills

PROMOTING OPENNESS

The COVID-19 pandemic has had a significant impact on the Northern Health and Social Care Trust Openness agenda. As at 31 March 2021, over 600 managers within the Trust have now successfully completed Openness training which is 58% of managers within the organisation have undertaken Openness training.

Unfortunately the Raising Concerns Awareness Week which was planned for April 2020 was stood down due to the COVID-19 pandemic. A plan is in place to organise a Regional Raising Concerns Awareness month in the autumn of 2021.

In addition, the Northern Health and Social Care Trust Professional Social Work and Social Care Coaching Network also embed the coach approach into practice. A total of 45 Band 7 Social Work staff are trained in coaching models via the Leader as Coach Programme. A number of staff have also completed the ILM Level 5 Coaching Programme. This network provides on-going support and training for Coaches. Staff reported improvements in:



IMPROVING STAFF HEALTH AND WELLBEING

One of the key themes of the HSC Workforce Strategy 2026 is the promotion of health and wellbeing. During the COVID-19 pandemic the health, wellbeing and inclusion of each member of Northern Health and Social Care Trust staff was paramount. To support Trust staff, a colleague support pack “are you well?” was developed. The support pack was designed to be an inventory of supports available to Trust staff. It provided staff with information and wellbeing supports. At its peak, it had 1,977 views during November 2020.

i-matter

The i-matter platform was also updated, which is a fantastic resource that has advice and guidance on a whole range of health and wellbeing topics, as well as information about upcoming workshops and classes within the Northern Health and Social Care Trust. It can be accessed through Staffnet, and also from outside of the Trust.

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.

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 at work

Working with physical health conditions

Promoting healthy living - Fit for Work, Fit for Life

Ageing well at work

The Ageing Well at Work subgroup finalised the Menopause Policy which was approved by the Policy Committee and added to the Policy Library in July 2020. Thereafter the Occupational Health Department Health and Wellbeing activity revolved largely around the Staff health protection agenda related to COVID-19. Within the final quarter of 2020/21 and with the relaunch of the Staff Health, Wellbeing and Inclusion Strategy a decision was taken to amalgamate the Ageing Well at Work and the Working with physical health conditions subgroups and to create a new subgroup with a wider remit; Promoting Healthy Working Lives. The subgroup will focus on day to day staff health protection at work (which includes the COVID-19 response), musculoskeletal wellbeing, longer term fitness for work and working well for longer.



PSYCHOLOGICAL WELLBEING:

- Conducted a survey and focus groups to understand how our staff experience workplace stress
- Implemented the Stress policy and providing drop in support for managers and staff on recognising and responding to stress
- Supported staff to look after their own mental health in the workplace. The Northern Health and Social Care Trust 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
- Offered a weekly space to pause and ground through a Mindfulness Drop-In alongside structured group based wellbeing programmes

STAFF FLU VACCINATION RATE

The DoH target for Health Care Worker (HCW) vaccinations 2020/21 saw a significant increase from 50% front line Health Care Workers and 40% front line Social Care Workers (SCW) in 2019/20 to a target of 75% for both staff groups (2020/21). Final Northern Health and Social Care Trust flu vaccination figures as at 31 March 2021 included 5,940 flu vaccines administered equating to 54.7% of front line HCWs and 40.1% of front line SCWs. A total of 265 peer vaccinators were recruited for the campaign, and by early December 2020, 145 had actively participated in the campaign. The flu campaign was also supported by NIAS and the Farm Families team, with mobile units attending various work locations across the Trust and facilitating pop-up clinics. In addition, the Community Pharmacies contributed to the programme and provided flu vaccines to HCWs. The flu vaccination campaign was 'stood down' from early December 2020 with the focus on COVID-19 vaccination of HCWs from mid December 2020.



FIT TESTING

Throughout 2020/21 the demand for fit testing within the Northern Health and Social Care Trust soared both as the result of the global pandemic and the associated challenges with a sustainable supply of FFP3 masks. The fit testing programme is operationally managed internally within the Trust with the fit tests facilitated by an external fit test provider (Amon Electronics). Throughout the first quarter of 2020/21 a temporary team, led by the Assistant Director for Women's, Children's and Families, continued to facilitate the day to day operational management of fit testing, across the Antrim and Causeway sites.

From August 2020, the responsibility for operational management of fit testing within the Trust was transferred to the Occupational Health and Wellbeing Service (OHWBS). A temporary team was recruited to facilitate the continued rollout of the fit testing programme for Trust staff and the independent sector. From August 2020 to year-end a total of 5,250 appointment slots were offered for fit testing and 6,949 fit tests were carried out. The process of fit testing continues with the objective to ensure that, where possible, those staff requiring FFP3 in the workplace are fitted for at least two mask options.

APPRAISAL

For 2020/21, the Northern Health and Social Care Trust was set an annual staff (Agenda For Change) appraisal compliance target of 72% by the Department of Health.

In February 2021, to support line managers and staff to complete appraisal, the Trust introduced the Wellbeing Appraisal. A conversation focused specifically on taking protected time out to discuss the wellbeing of the appraisee. This was supported by the Human Resources (HR) Helpdesk and the Organisation Development Digital Team who recorded appraisals on behalf of managers.

As at 31 March 2021, 61% of Trust staff have been given the opportunity to undertake an in-year annual appraisal conversation and agreed Personal Development Plan and/ or a wellbeing appraisal.

The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services for patients and service users. During 2021/22 the Trust will continue its efforts to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship with the relaunch of the appraisal conversation.

Overall, 96% of medical staff within the Trust undertook an appraisal within the 2019 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.



CULTURE ASSESSMENT SURVEY

As part of our organisation's continuing efforts to build a picture of what it's like to work in the Northern Health and Social Care Trust, staff took part in a Culture Assessment Survey in September 2021.



- Values
- Vision
- Goals and Performance
- Learning and Innovation
- Team Working
- Compassion
- Collective Leadership

Put simply, culture is 'the way we do things around here,' and the survey helped the Trust understand what it is like and how it feels to work in the organisation. The Cultural elements that were measured were:

A total of 2,493 people completed the questionnaire, representing 18.1% of those invited to participate. We received the highest scores in values (mean score here was 71% or 3.86 out of 5), team working scored (77% or 4.09/5), goals and performance (76% or 4.03/5) and compassionate care (83% or 4.34/5).

BAME TASK GROUP

Our diverse workforce is one of our greatest strengths within the Northern Health and Social Care Trust. Recent events have served to remind us of longstanding frustrations and anger as communities across the world say 'enough is enough' to racism. In addition, the COVID-19 pandemic has replicated many existing health inequalities and research clearly shows that our Black, Asian and Minority Ethnic (BAME) colleagues are one of the more at risk and vulnerable groups.

In light of this we have reached out to our Black, Asian and Minority Ethnic colleagues in recognition of their valuable contribution to the Trust and are committed to providing a welcoming environment for all staff, free from harassment and discrimination.

Therefore, with the support of our Chief Executive, a task group has been established,

chaired by a consultant physician in Antrim Hospital. This task group provides the opportunity for further dialogue with our BAME colleagues, to raise awareness of issues and ensure staff are supported. An action plan continues to be developed which we are confident will lead to meaningful change. We encourage anyone from an ethnic minority background to join this task group. We have also developed a clear organisational led structure to this work to make sure that the actions that we agree to take forward are discussed with key decision makers and senior management for implementation.

Now is the time to take issues related to racial inequalities seriously and make a stand for the benefit of all, not just Black Asian and Minority Ethnic staff, showing solidarity and compassion.



HSC WORKFORCE APPEAL

The HSC Workforce Appeal made a contribution to resourcing 'surge' in the Northern Health and Social Care Trust over the last year. While other recruitment and redeployment streams were more effective, this did allow some additional staffing solutions at a time of unprecedented staffing pressures. The Trust was cognisant of not destabilising the Independent Care Home and other core services as many applicants were otherwise employed there.

Overall, 7% of the applicants from the workforce appeal provided an additional resource to our workforce on a part-time basis. The Trust's internal workforce and undergraduate students provided most of the resourcing of core services during COVID-19 surge. Many HR staff were repurposed to quickly appoint and (re)deploy staff safely and efficiently.



Home	Monday	Tuesday	Wednesday	Thursday	Friday
<h2>Welcome to our Virtual Festival of Appreciation, Learning and Leadership</h2> <p>We're excited to present a week-long schedule of activities for all our staff.</p> <p><i>Don't forget to book onto our Live sessions in advance!! Spaces are limited so book early to avoid disappointment.</i></p> <p>To Navigate the site, click on the days above to take you through the festival. If you miss a segment one day, don't worry, you will be able to view this the next! Click on the sessions to find out more information or book your place on our live sessions. This will also be where you access links to all other videos.</p> <p>Each day you will be able to leave feedback to let us know if you are enjoying the festival!</p> <div data-bbox="183 929 303 1115"></div> <p>Click on the speaker to hear our theme song "Stronger Together" for the week.</p> <p>Written, sung and performed by our very own Dr Stephen Weir, and accompanied by Dr Gareth Lewis and Dr James Nelson.</p> <div data-bbox="1053 548 1364 985"></div> <p>For even more resources are available during the week of the festival click on the image above to learn how to become nourished in body and mind.</p>					

RECOGNITION AND APPRECIATION

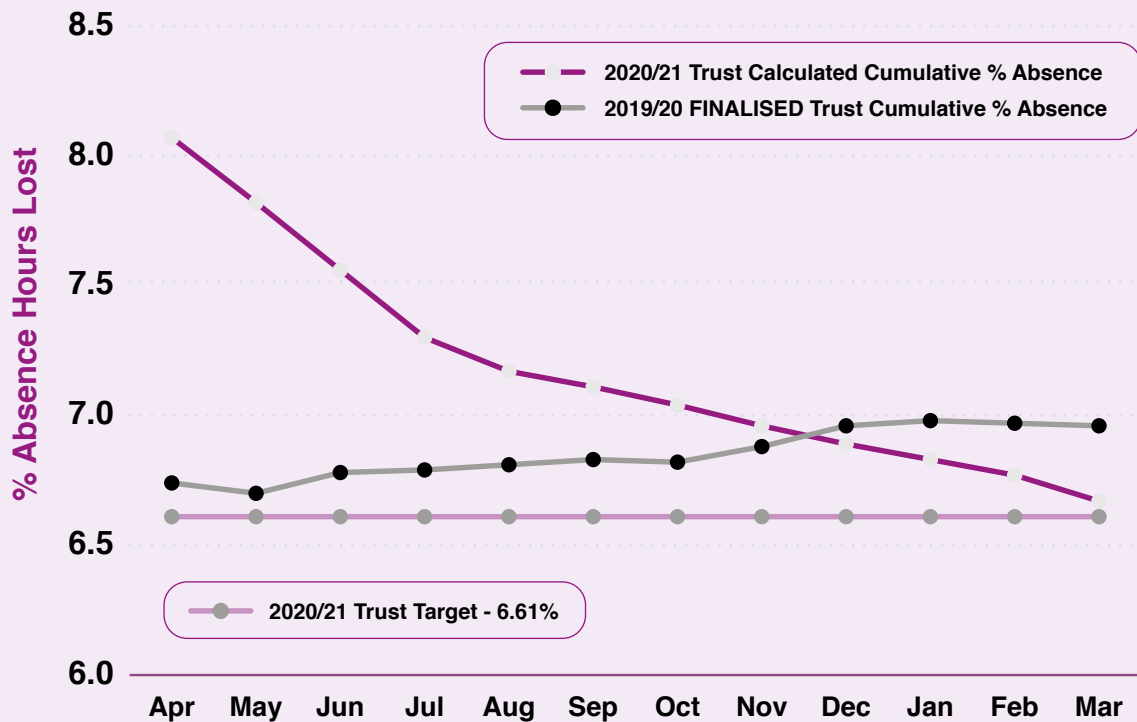
The Northern Health and Social Care Trust remained committed to both recognising and appreciating staff. The Northern Trust Stars was launched in 2020, recognising individuals, groups and teams at all levels across the Trust who have demonstrated our values throughout challenging times.

During the challenges of the initial surge the Trust worked to support the basic needs of staff through emergency accommodation, provision of free food and drinks, free parking and reflection spaces for staff as tokens of genuine appreciation for the work our staff were doing.

In September 2020 the Innovation & Quality Improvement Team hosted the Festival of Appreciation, Learning and Leadership, a week-long celebration and sharing of experiences throughout the first surge of the pandemic. It was an opportunity to recognise the contribution of all staff across the Trust in their various roles as well as sharing learning for the future.



Percentage sickness absence 2019/20 vs 2020/21



REVALIDATION OF MEDICAL AND NURSING STAFF

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

REGISTRATION OF PROFESSIONAL STAFF

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

STAFF ABSENTEEISM

The Northern Health and Social Care Trust cumulative sickness absence percentage for 2020/21 was 6.67%, a figure that was 0.06 above the 2020/21 target of 6.61%.

The chart above compares the cumulative absence position for 2020/21 to the position in 2019/20.

Throughout 2020/21, the Trust absence figure showed a steady decline in absence each month from April 2020 to March 2021 however each month was consistently above the Department of Health target of 6.61%.



THEME 2: STRENGTHENING THE WORKFORCE

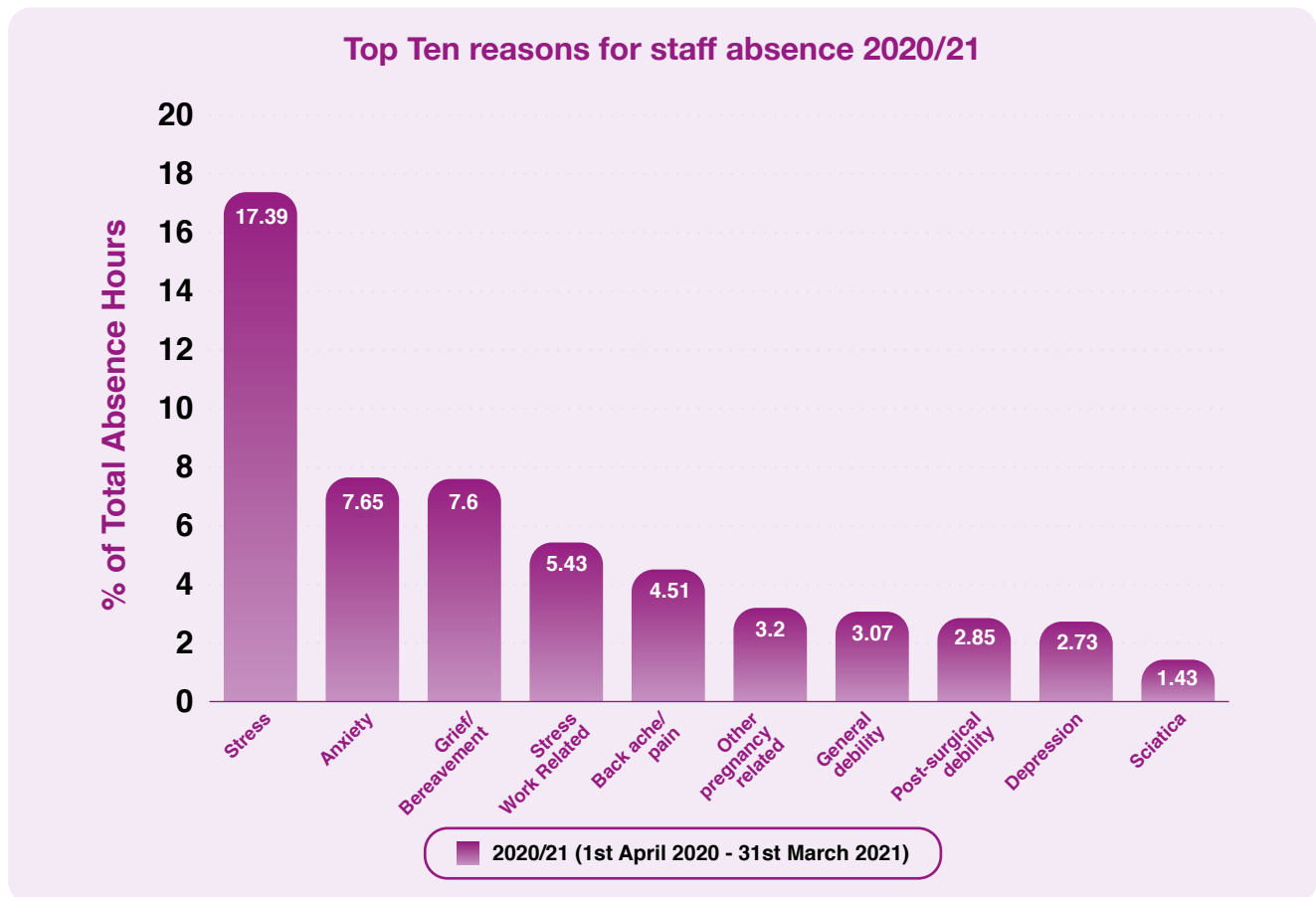
The chart below details the top 10 reasons for absence during 2020/21. The top 3 reasons for absence were:

Stress: 17.39%

Anxiety: 7.65%

Grief / bereavement: 7.6%

Each of these reasons saw an increase from 2019/20.





STAFF ACHIEVEMENTS

During 2020/21 the Northern Health and Social Care Trust received a number of awards, both regionally and nationally for achievements in driving improvement and engendering a culture of excellence across health and social care.

Listed below are only a few examples of the external awards received by our staff.

British Society of Echocardiography Accreditation

In May 2020, the Northern Health and Social Care Trust Echocardiography team has been awarded a prestigious accreditation from the British Society of Echocardiography (BSE) for their Echocardiography service.

An Echocardiogram, or 'echo', is a scan used to look at the heart and nearby blood vessels.

The accreditation looks at every aspect of the service, including equipment, training, facilities, auditing and quality, to ensure the highest standards for the benefit of patients. The Trust joins only 58 other hospitals across the UK who have achieved this standard.

The Director of Surgical and Clinical Services said: "This is a fantastic achievement and I'm delighted for our team who have put so much effort and energy into ensuring this service is the best it could be. This has been a challenging time for all staff so it's been a timely morale boost and recognition for all their hard work."





THEME 2: STRENGTHENING THE WORKFORCE

Over the last two years the team had reviewed and streamlined their waiting list process and made some changes to the booking process. That resulted in a drop in DNAs (Do Not Attends) from around 18% to 1% and, along with additional clinics, enabled an additional 3000 echo's to be undertaken in in 12 months.

Over the last year, 10,000 echo scans have been carried out for patients across the Trust. Echo scans are carried out at various Trust sites while consultants at Antrim Area Hospital also carry out more in-depth echo scans (stress echo and a Transoesophageal echo, TOE).

The Clinical Physiology Service Manager commented: "There were quite a few happy tears when this news came through. We knew our service was very close but the Echo team and consultants worked so hard to ensure that every aspect of the service was up to the highest quality possible. This is a great reassurance for our patients who now know that we are providing them with the best care possible and that is really what it's all about."



THEME 3: **MEASURING THE IMPROVEMENTS**



What does measuring the improvement mean for the Northern Health and Social Care Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2020/21, each Trust was required to measure a number of quality improvement indicators, and listed below are some examples of measuring the improvement.

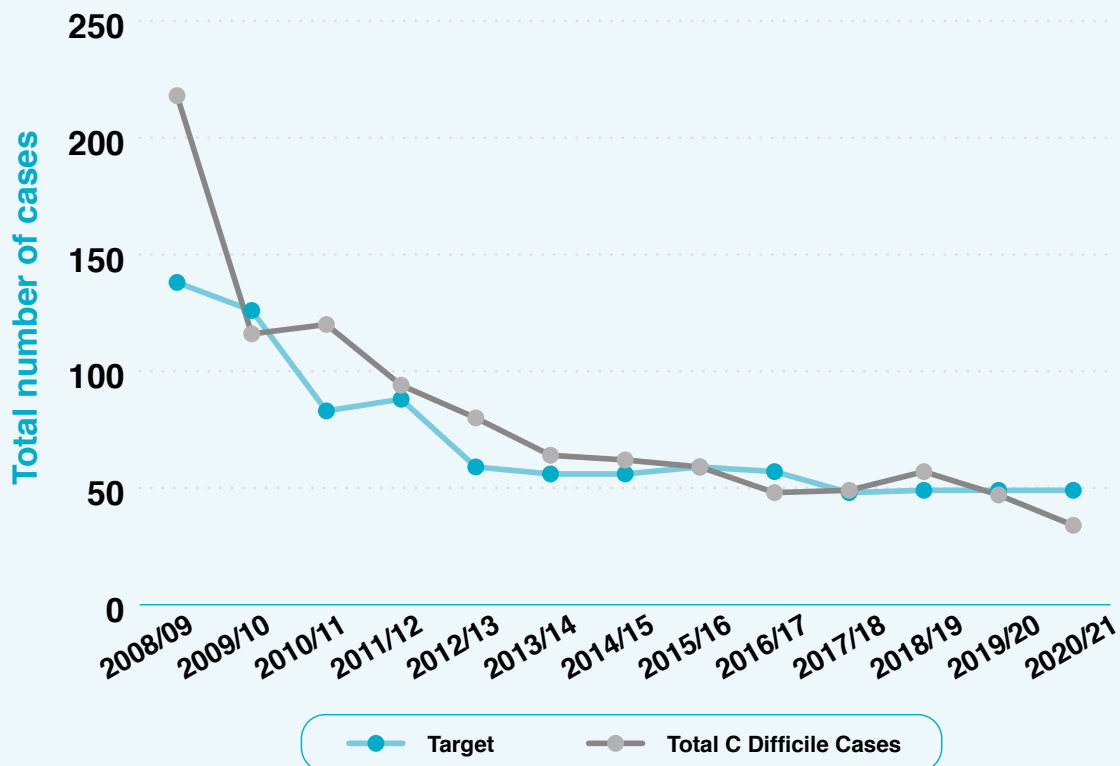
C. DIFFICILE

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.

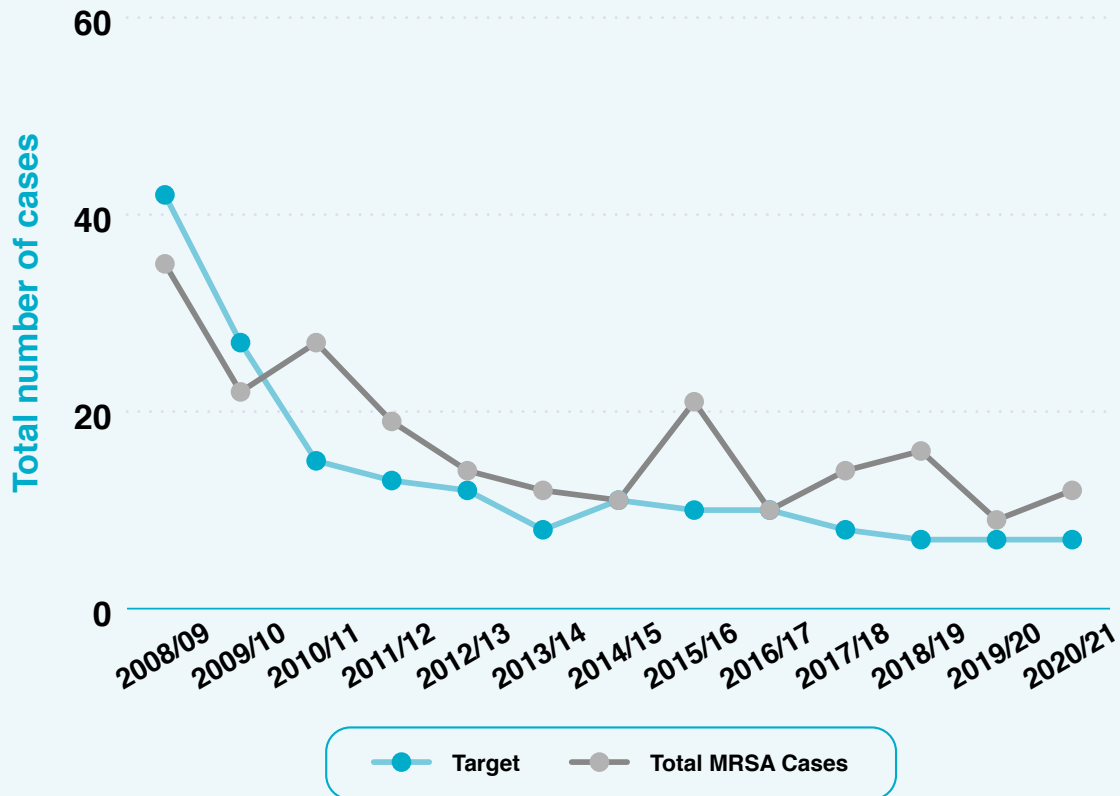
At the end of March 2021 the Northern Health and Social Care Trust reported 34 cases of *C. difficile* infection which was lower than the Public Health Agency target, set at 49 cases.

Number of C difficile cases





Number of MRSA Bacteraemia 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 Northern Health and Social Care Trust target set by the Public Health Agency for the end of March 2021 was 7 cases. The Trust reported 12 cases of MRSA bacteraemia, which was higher than the previous year’s number of cases reported by the Trust at the end of March 2020.

HAND HYGIENE

By far the most significant challenge of the last 12 months was to prepare for and manage the emergence and continued transmission of COVID-19; compliance with infection control practices has never been so important. Hand hygiene, safe donning and doffing of appropriate Personal Protective Equipment (PPE), social/physical distancing, environmental and equipment cleanliness, adherence to aseptic non touch technique and safe management of indwelling medical devices are all core control measures for all Health Care Associated Infections but applying them in a pandemic was fundamentally critical in maintaining safe delivery of health and social care for patients, staff and visitors.



The Infection Prevention and Control team (IPCT) were pivotal in providing expert advice, education and training to all teams Trustwide, The IPCT undertake a programme of audit every year however this year's programme of audit was restricted due to the response required to manage incidents and outbreaks related to COVID-19. Additionally the IPCT provided ongoing support and visits over the last year to private Nursing and Residential Homes in the Northern Health and Social Care Trust area during outbreaks, reducing the capacity of the team further.

Despite these challenges the IPCT prioritised areas to regularly visit and audit clinical practices to monitor compliance. Any staff or departments noted to have missed opportunities and techniques for hand hygiene, PPE use or management of indwelling devices and therefore requiring improvement, were respectfully challenged and provided with support from the IPCT with advice, education and encouragement to improve compliance.

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 Northern Health and Social Care Trust has consistently achieved above 95% compliance with the WHO Surgical Checklist over the past 5 years.

In March 2020, due to the COVID-19 pandemic, all elective surgery was stood down in the Trust. Day Surgery staff were redeployed to work in the main operating theatres and ICU areas. During this time the WHO observational audits were carried out by the Band 6 sisters in their own areas. Patient safety audits continued throughout this time.



MATERNITY SERVICES

The Lotus Team- Establishing Continuity of Midwifery Care (CoMC)

Following decentralisation of Maternity Services which resulted as part of COVID-19 pandemic surge planning, without additional resource the midwifery team in Causeway took an opportunity to establish a Continuity of Midwifery Care (CoMC) team. Midwifery continuity provides a pregnant women with a small team of midwives known to the woman who will look after her during her pregnancy, labour and postnatal period. There are currently 7 dedicated midwives working with the Lotus Team and their primary focus is to give mothers a positive maternity experience, irrespective of their choice of where or how to birth their baby. The vision of the team is to provide individualised care during pregnancy, birth and the postnatal period with the focus being on building a trusting, interpersonal relationship.



Compelling international evidence confirms the safety and beneficial outcomes of continuity of care/carer approaches. Sandall et al (2016) influential Cochrane Review concluded that ‘most women should be offered midwifery-led continuity of care models’. The evidence suggests that women receiving continuity of care were on average less likely to experience preterm birth, stillbirth, regional analgesia, episiotomy, and instrumental birth (Sandall et al, 2016) as well as an experiencing an improved pregnancy and birth experience for women and their families.

The Lotus team have recently celebrated supporting their 100th woman to birth her baby and the overall outcomes are extremely impressive, particularly in terms of normal birth and breastfeeding rates. The feedback from women has been incredible and we are very proud of the achievements of the Lotus team, particularly during an extremely anxiety-inducing and stressful time for women, families and staff.





“Being a first time mum-to-be in the middle of a global pandemic, which also led to me being separated several thousand miles apart from my husband, I was experiencing many anxieties about my upcoming birth and the project of doing it alone. I was made feel so welcome and supported in my choices for my ideal birth and once a/ located Paula as my midwife, I was instantly so much more relaxed as I had someone I could build a relationship with, who would share my experiences and support me throughout the remainder of my pregnancy.”

“I came aware from consultations feeling I like I’d been for a catch with friends rather than medical appointments.”

“My experience with the Lotus Team standard of midwifery care both antenatally & postnatal have been second to none & support that I would have been lost without... knowing my Lotus Midwife would be with during this time gave me a massive sense of reassurance.”

“It was everything I could have hoped for and more, and for that I will be forever grateful.”

BABY and U

Within the last year, the Northern Health and Social Care Trust have designed an early pregnancy information programme called ‘Baby and U – Your Pregnancy Journey’. This interactive resource provides key information for expecting parents, throughout their pregnancy.

The programme has been a fantastic resource for women and families, as the impact of the COVID-19 pandemic led to a reduction in time allocated for face to face contact at the Maternity Booking Appointment so as to protect the safety and wellbeing of both pregnant women and midwives.

In response to this reduction in time and to address any negative effects on women, newly pregnant women are directed to the ‘Baby and U’ resource with their booking appointment letter. This has ensured they have timely access to crucial antenatal advice, early in their pregnancy journey.

Following the development of the programme, the Maternity Services webpage was revamped, to incorporate the ‘Baby and U’ theme and an online electronic self-referral form was developed to complete the package, making it a one-stop shop for our service users.



Virtual Tours of the Maternity Units

Feedback gained during our Getting Ready for Baby Zoom classes indicated,



That women felt anxious attending the hospital environment during the COVID-19 pandemic, especially with regional visiting restrictions for their partners

The maternity service designed and developed Virtual Tours of the Maternity Units at both Antrim Area Hospital and Causeway Hospital, Coleraine. The videos include images of the different areas within each unit. They also provide key information on departmental and visiting guidance. The Virtual Tours have been well received by our service users and feedback has been very positive.

Although the COVID-19 pandemic brought many challenges particularly to maternity services which could not be downturned or paused, we have also learned valuable new skills that we can utilise to help move our service forward in the coming years. Digital platforms have proven very beneficial in reaching larger audiences and we hope to begin running topical webinars throughout the year. These will focus on key issues in Maternity Care, not only within the Northern Health and Social Care Trust but across the region.



Getting Ready for Baby Programme (GRfB)

The start of 2020 brought with it new concerns and challenges in relation to the COVID-19 global pandemic. By the middle of March 2020, government restrictions were imposed and society as a whole was launched into a period of lockdown. This meant that all face-to-face antenatal education classes were suspended to ensure the safety of our service users. Nevertheless, despite the implications of the pandemic, midwives ensured that antenatal education and support continued safely within the government restrictions. Preparing and adapting was fundamental to practice and it quickly became apparent that the traditional format of face-to-face communication would no longer be possible and therefore the move to communication on a virtual platform was inevitable. Antenatal education was revamped and was swiftly recommenced via Zoom online classes. Multiple GRfB classes in each of the community areas were commenced in July and August 2020.

These classes have continued throughout the pandemic and have proven to be a vital support for service users.

The GRfB is an evidence based Solihull approach with the emphasis on group based antenatal education, incorporating antenatal care which aligns with the regional the antenatal care pathway.



However, due to government restrictions on social distancing and prohibited indoor gatherings, antenatal care was returned to community midwives, in a central hub, and education was offered via the Zoom platform.

It was expected that women who had booked for other external Maternity Units would be invited to virtual Antenatal Education sessions at those Units. Nevertheless, due to the lack of virtual GRfB provision in other trusts, some expectant couples attended the GRfB sessions in their own localities, within the Northern Health and Social Care Trust. This did not impact on the quality of excellent provision of these sessions considering the nature of the online format and its ability to capture greater numbers.

All first-time mothers are offered the GRfB programme at their booking appointment and partners are encouraged to attend the sessions. There continues to be six sessions of classes per group, delivered via zoom and commencing at 16 weeks gestation and to date a total of 2268 mothers and partners experienced the GRfB Programme and have provided fantastic evaluations and feedback.



PAEDIATRIC SERVICES

- A 3-day Paediatric Nursing Acute Care workshop/induction was introduced to support staff who were diverted during COVID-19 to support our Acute paediatric Service
- Development of a Paediatric Diabetes Nursing Service Drive-through Clinic during COVID-19 pandemic. When the COVID-19 pandemic required the temporary cessation of face to face outpatient reviews, the Northern Health and Social Care Trust paediatric diabetes team had to seek solutions to continue to provide care and support via a remote means. The Paediatric Diabetes Specialist Nursing Team developed an innovative way of continuing to monitor HbA1c levels and glucose uploads prior to review by a Consultant Paediatrician and also those who needed HbA1c between clinics for nurse-led review. The drive-through clinic was developed and held every Tuesday at the Child Development Centre site in Antrim, with 20 children being invited to attend. Fifteen minute slots were then allocated and a pre drive-through phone call was carried out with each family to discuss details. The drive-through was very well attended and feedback from families was very positive.

Neonatal Tiny Gym

Tiny Gym is a follow up programme designed around developmental care and play activities to support parents and baby's development following discharge from the Neonatal Unit. It is carried out twice monthly in Antrim and Ballymena in partnership with Tiny Life, an Advanced Neonatal Nurse Practitioner (ANNP) and a Physiotherapist.

During the pandemic this programme was unable to be delivered face-to-face therefore plans had to be put in place in order to continue to support parents as well as ensuring babies were able to continue to be helped in developing and achieving their full potential and milestones.

In order to achieve this, the ANNP developed a video of the developmental routine that is taught to parents during the Tiny Gym session and which is now available on the Trust internet site. Parents are given details on discharge how to access this video.

Also, the Enhanced Neonatal Nurse Practitioner developed a discharge leaflet for parents, with relevant information on gaining access to the video, tummy time, relevant websites and the names of the Tiny Life support workers who also contact them on discharge.



PREVENTION OF FALLS

'Slips, Trips & Falls' remains the most common incident type, representing 25% of all incidents reported within the Northern Health and Social Care Trust during 2020/21.

The National Institute for Clinical Excellence (NICE CG160) states that people aged 65 and older have the highest risk of falling, with 30% of people over 65 and 50% of people older than 80 falling at least once a year.

The number of falls has increased during 2020/21 by almost 1,000, increasing from 20% to 25% of all reported incidents in the Trust. It is felt that this increase can be attributed to the following reasons:

- an increasing ageing population
- deconditioning of our elderly population as a result of COVID-19 and associated social isolation
- Care Home routinely began reporting falls on DatixWeb from January 2021

With this in mind, the Trust continues to see the importance of falls prevention as a key component to healthy ageing. To facilitate this, the Trust focuses on a multi-disciplinary and agency approach to the prevention and management of falls.

Our Health & Well-being team, in collaboration with the Public Health Agency (PHA), helped to raise awareness of the falls prevention message among our community dwelling elderly population during 2020/21 through the delivery of a Virtual Falls Roadshow, and the distribution of Falls Packs

which incorporated information and small assistive equipment to help prevent falls.

Falls Awareness training sessions covering multi-factorial risk factors, continued to be delivered to Trust and Care Home staff, to help increase awareness and empower staff regarding how to prevent, manage falls and ensure appropriate follow up care. The Trust also continues to offer a falls telephone advisory service to Trust and Care Home staff, offering further advice and guidance regarding falls and injury prevention, regarding their service users.

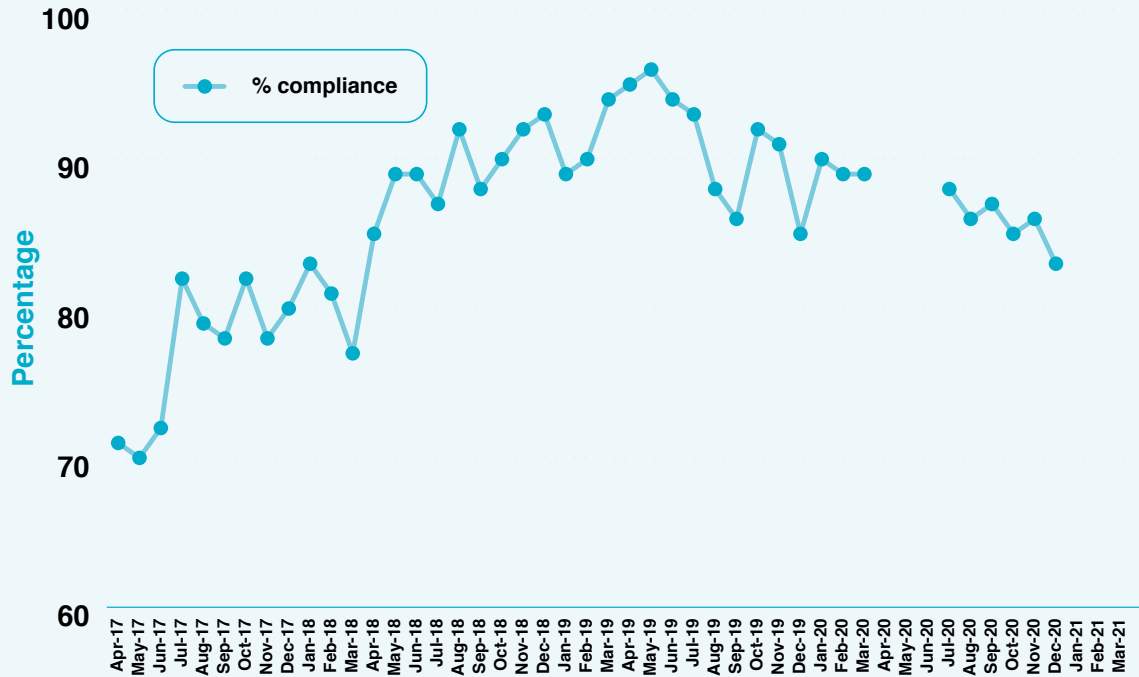
The established Falls Screening Service continues to accept referrals from Northern Ireland Ambulance Service (NIAS) and the Northern Health and Social Care Trust Emergency Departments (ED). After completion of a multi-factorial falls screening, onward appropriate referrals are made to internal and external services, to help reduce the risk of falls and subsequent injuries.

Within the Trust's inpatient settings, the FallSafe bundle continues to be embedded into practice, with participating wards completing monthly compliance audits, identifying areas for learning and developing improvement plans. There were periods during 2020/21 that auditing of the FallSafe bundle was stood down, due to increased pressures resulting from COVID-19.



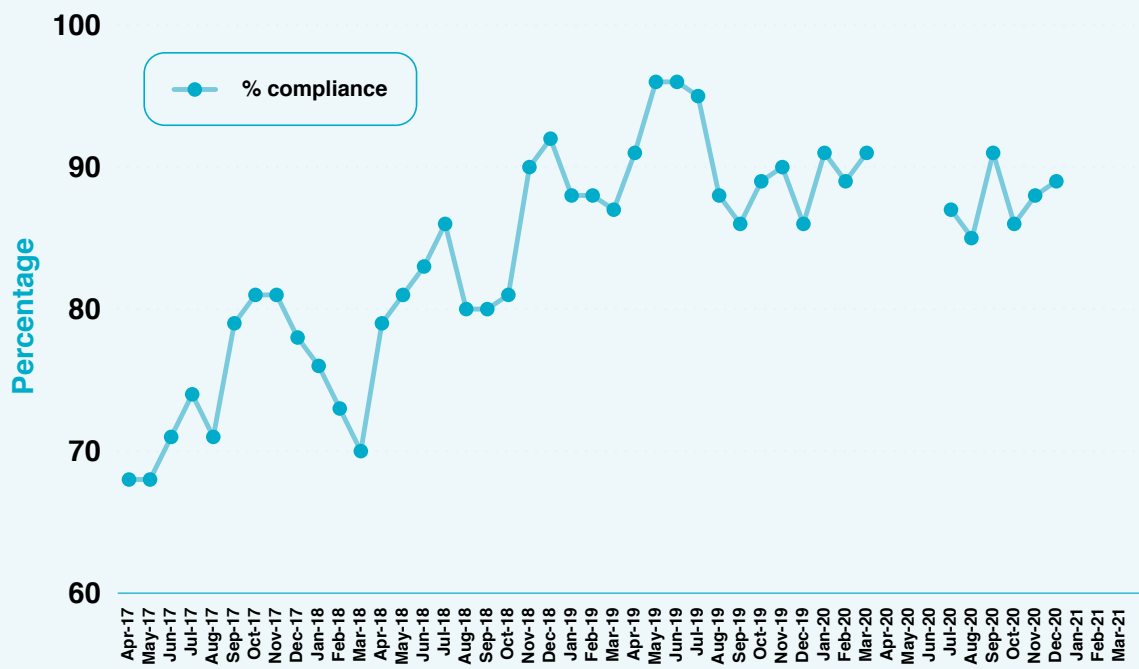
THEME 3: MEASURING THE IMPROVEMENTS

Trust compliance with FallSafe Part A



*Auditing stood down due to Covid-19 during April - June 2020 and January - March 2021

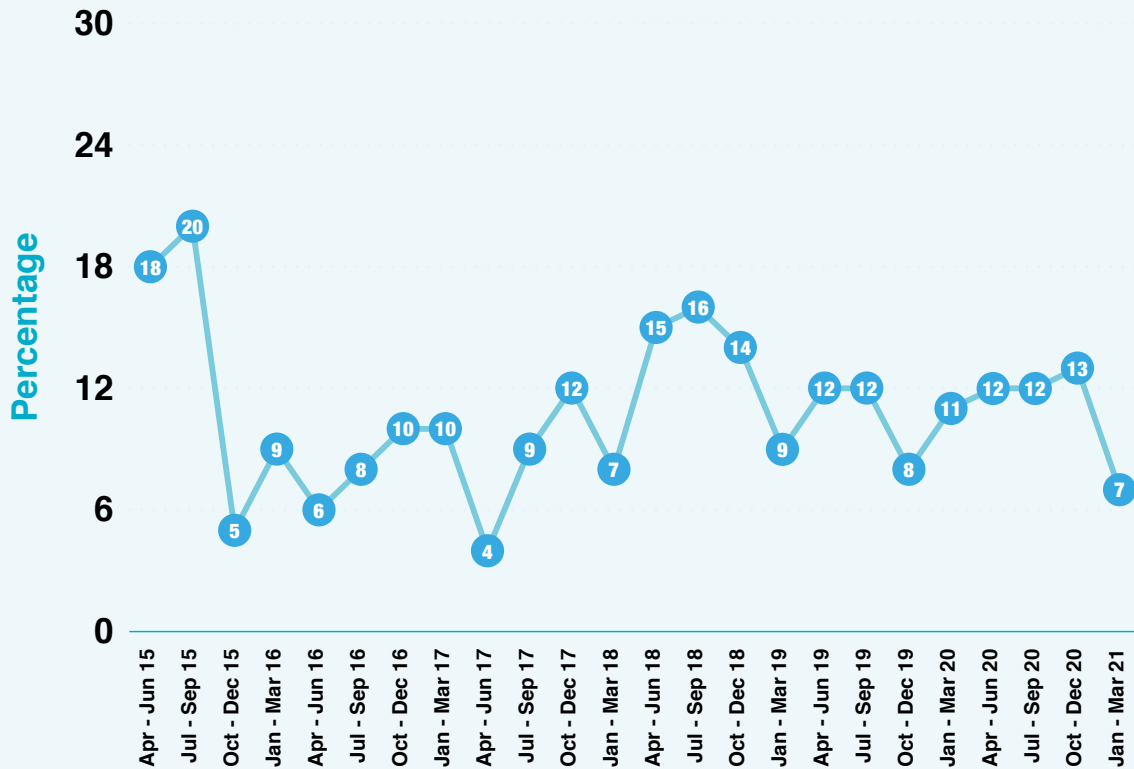
Trust compliance with FallSafe Part B



*Auditing stood down due to Covid-19 during April - June 2020 and January - March 2021



Trust number of falls resulting in moderate to severe harm



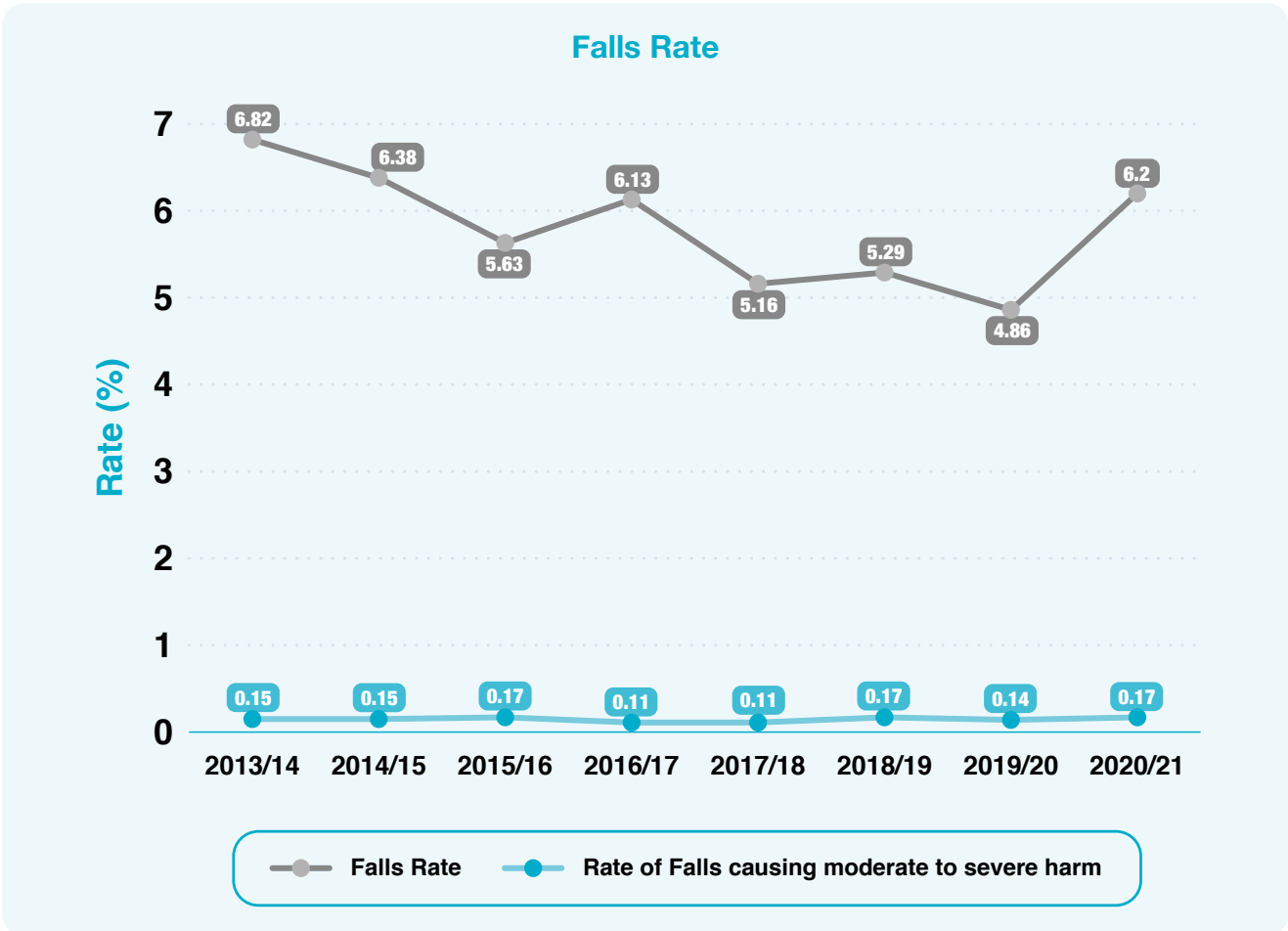
The Trust also continued to complete post fall investigations, on all inpatient falls that resulted in a moderate to catastrophic injury. Areas identified for learning and improvement are discussed with ward managers, and are shared with Senior Management. Action plans are then compiled and implemented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

Falls rate per 1000 bed days

The falls rate across all adult inpatient areas is 6.20 over the period 2020/21. The rate for moderate to catastrophic harm is 0.17 for 2020/21.

Next steps

- The Regional Falls Group will continue to work in partnership with the Clinical Education Centre regarding the completion of the Falls E-learning programme, which was delayed due to COVID-19
- Work will be progressed within Care Homes to ensure that a robust investigation of falls resulting in moderate to catastrophic injury is embedded into practice
- The PHA in collaboration with Trusts and Care Homes will develop a Care Home regional Falls Pathway, incorporating prevention, management and falls follow up care



PREVENTION OF PRESSURE ULCERS

Pressure ulcers are defined as localised damage to the skin and/or underlying tissue, as a result of sustained pressure or pressure in combination with shear. Pressure ulcers usually occur over a bony prominence but may also be related to a medical device or other object (NPUAP/ EPUAP/PPPIA, 2019). Many patients are at risk of pressure ulcers due to multiple co-morbidities and key contributory factors such as, immobility, poor nutrition, weight loss, skin moisture, sensory deficiency, and advancing age. Pressure ulcers are a major patient safety concern and

a quality indicator of care. The Northern Health and Social Care Trust therefore, in line with the rest of the region, have a focus on the prevention of pressure ulcers. Preventing pressure ulcers involves firstly, promptly identifying those patients at risk and secondly, reliably implementing prevention strategies for all patients identified as being at risk. In the Trust this is supported with the implementation of the Braden risk assessment tool and the inpatient SSKIN bundle (see below).



THEME 3: MEASURING THE IMPROVEMENTS



Surface



Skin
Assessment



Keep
Moving



Increased moisture
Management



Nutrition

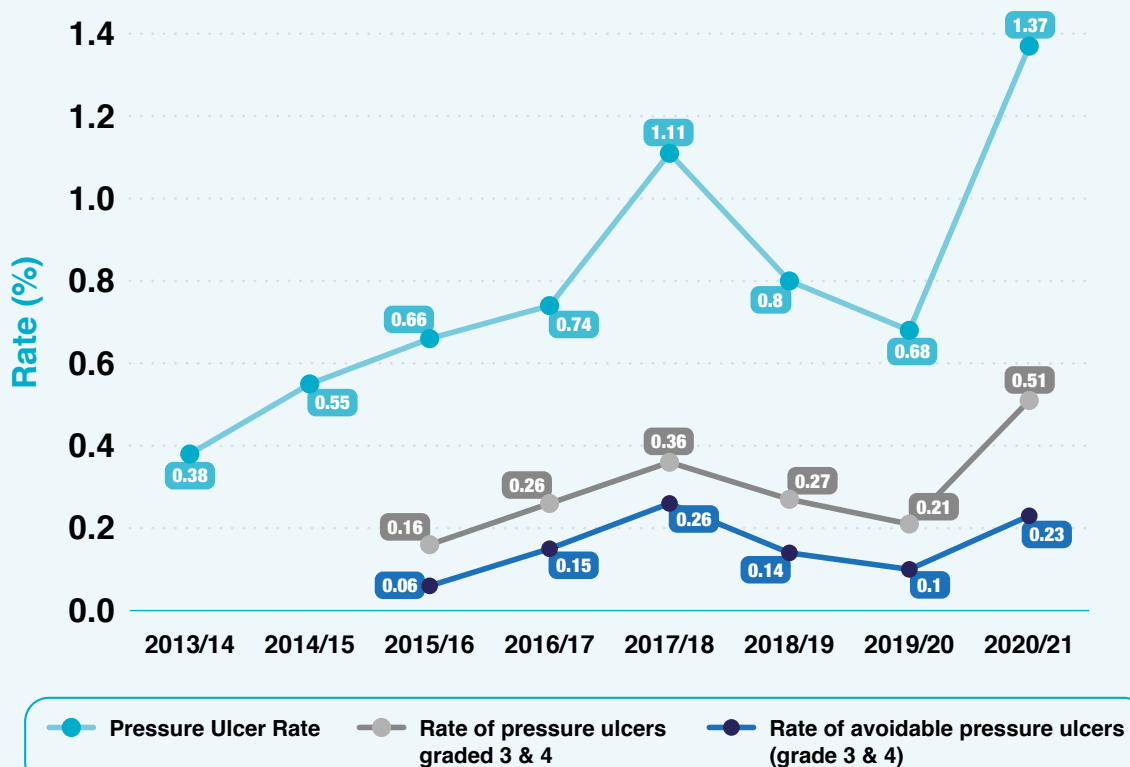
Key facts

During 2020/21 the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2020/21 the Trust reported 358 hospital acquired pressure ulcers which were graded stage 2 and above. Of these, 133 were graded as stages 3 and 4. Of the total number of Stage 3 and 4 pressure ulcers, 61 were deemed avoidable.

There has been an increase in the number of grade 3 and above pressure ulcers,

particularly in Quarter 3 2020/21 during the COVID-19 surge. There was a slight increase in the number of avoidable pressure ulcers at that time; however, despite the overall increase in pressure ulcers the majority of the pressure ulcers were deemed unavoidable. This overall increase in pressure ulcers may be explained by the rise in device-related and mucosal pressure ulcers. These particular ulcers were secondary to COVID-19 patients being prone and the use of CPAP and O2 masks, therefore the majority of these pressure ulcers were deemed unavoidable.

Pressure Ulcer Rate





Action the Trust is taking

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

Medical Device Related Pressure Ulcers (MDRPU).

- The Tissue Viability Team will resume work 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. The COVID-19 global pandemic has intensified the use of medical devices used in the treatment of complex and vulnerable patients who are known to be at high risk of developing MDRPUs. Therefore, collaboration to develop effective MDRPU preventative strategies including optimising device selection, fitting and securing method should be considered to reduce the number of these incidents.
- The Tissue Viability Team have worked with maternity services to pilot the PURPOSE T risk assessment tool and a bespoke SSKIN bundle for new and expectant mothers at risk of developing pressure ulcers. We have agreed the aim of the project, the measurement outcomes and carried out a PDSA (Plan, Do, Study, Act) cycle to test the PURPOSE T risk assessment tool and SSKIN bundle. This was accepted well; however, this QI work was paused due to the COVID-19 pandemic. We are also awaiting direction from PHA in relation to introducing PURPOSE T regionally.
- The Tissue Viability Team are currently collaborating with their professional colleagues in the primary and secondary care to review the process for investigating pressure ulcer incidents to ensure more timely learning and more timely pressure ulcer Key Performance Indicator (KPI) reporting to the PHA.
- The Tissue Viability team are developing in partnership a new community SSKIN bundle document to assist in the prevention and management of community acquired pressure ulcers.
- A QI project is underway to enable referring staff from inpatient and outpatient locations within the Northern Health and Social Care Trust area to safely upload supplementary photographs onto an existing image storage system via a WABA Medical Photography App. This will support timely grading of pressure ulcers and validation of pressure ulcer incidents.
- 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. (This has to be formally added to the corporate mandatory training register)
- The updated version of the SSKIN bundle is now in use on all adult inpatient wards on Antrim, Causeway and Whiteabbey hospital sites. The new SSKIN bundles are currently being introduced into the remaining community hospital settings.



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.

- In 2020 the eLearning pressure ulcer programme for non-registered staff was made available across the region for the HSC and independent sectors
- The Trust is leading on regional repositioning poster (with the help of the other Trusts) aiming for launch on STOP

Pressure Ulcer Day on 18 November 2021

- The Northern Health and Social Care Trust and Belfast Health and Social Care Trust have reviewed and developed a new training video for 30 lateral tilt repositioning. This will be added to the regional pressure ulcer e-learning programme
- There is work ongoing to revise the Regional SKIN Bundle Audit and Mattress Audit tool

PREVENTION OF VENOUS THROMBOEMBOLISM

Venous Thromboembolism (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.

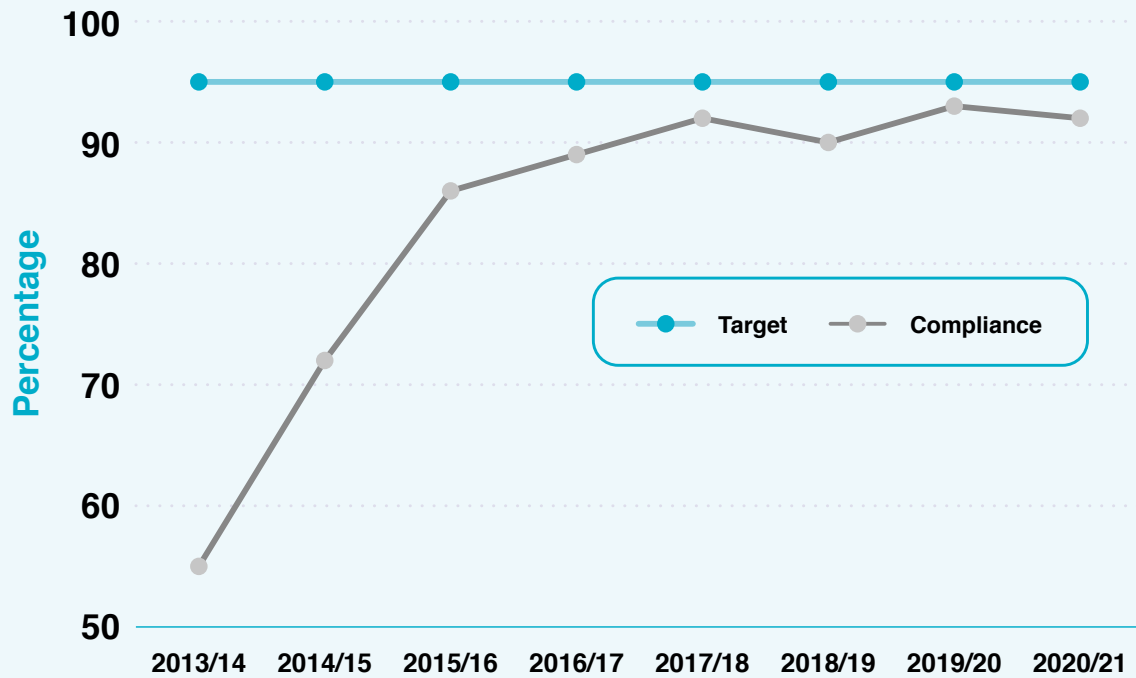
The Trust is committed to achieving 95% compliance with the completion of the VTE risk assessment to ensure patients are provided with the most appropriate and safe care in the prevention of hospital-acquired VTE.

During 2020/21 the Northern Health and Social Care Trust achieved:

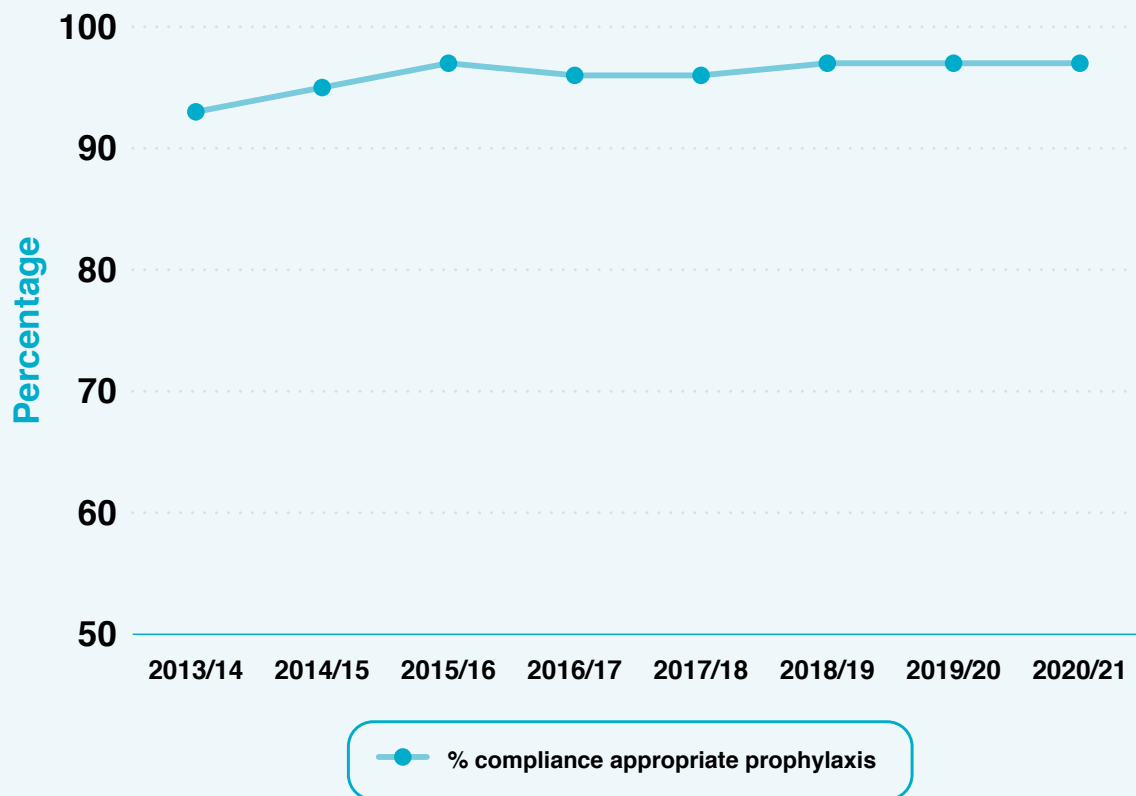
- 91% compliance with the completion of a VTE risk assessment within 24 hours of admission for patients to acute and community hospitals
- 97% compliance with prescription of appropriate VTE prophylaxis

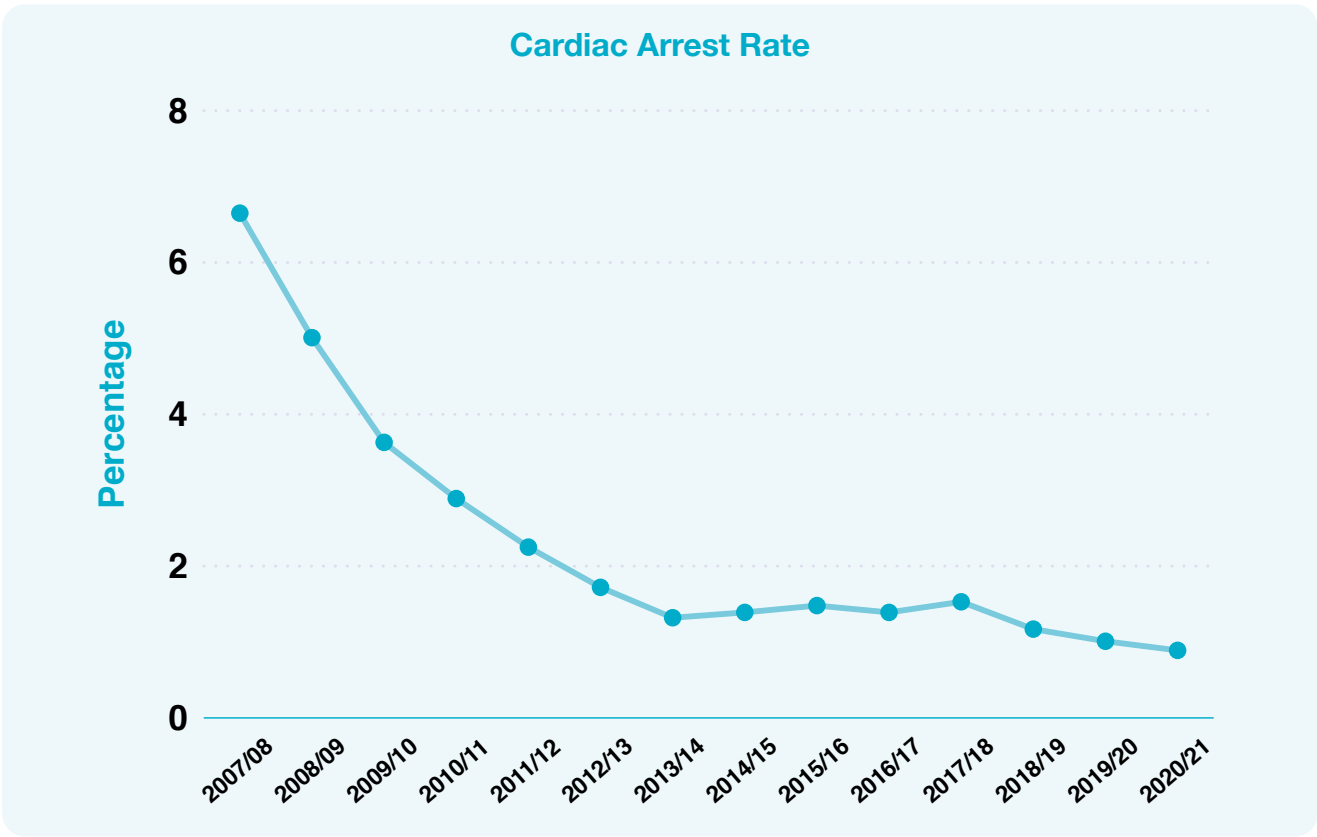


Compliance with VTE Risk Assessment



Compliance with prescription of appropriate VTE prophylaxis





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).

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.

Omitted and delayed medicine audits were not undertaken during 2020/21, but these audits will be recommenced during 2021/22.



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 2020/21, 80% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation completed on admission.

ANTIBIOTICS

The Northern Health and Social Care Trust participated in a Global Point Prevalence Survey (PPS) of antimicrobial use during May and June 2021. The results of the survey will enable the stewardship team to make targeted interventions.

Following the recruitment of Antimicrobial Stewardship/Outpatient Parenteral Antimicrobial Therapy (OPAT) posts, stewardship activities have been strengthened and Multidisciplinary Diabetic Foot Infection virtual ward rounds have been set up in Antrim and Causeway.

Paediatric guidelines were updated in February 2021.

The Trust contributed to a UK-wide survey during June 2020 assessing the impact of COVID-19 on antimicrobial stewardship activities.

INSULIN

Insulin is one of the top 5 'high risk' medicines used within healthcare which if used incorrectly can lead to serious harm to patients. Around 40% of patients prescribed insulin experience an insulin error during their hospital admission.

The Northern Health and Social Care Trust Insulin Safety Group continues to meet regularly with a focus on review of insulin-related medication incidents to inform processes and systems changes aimed at improving the safe use of insulin in the Trust.

The process for discharging patients on insulin was reviewed and a new checklist is in development, which aims to improve the safety of prescribing and dispensing of insulin on discharge. A new Insulin Discharge Prescription for Community Nursing is also in development alongside this, which aims to improve the safety of insulin prescribing on discharge by improving communication at the transition of care.

A new folder was created on Staffnet to host all diabetes-related policies and good practice guidance for staff to locate easily. It links to the live policy library and serves as a central reservoir for relevant diabetes-related information for staff.



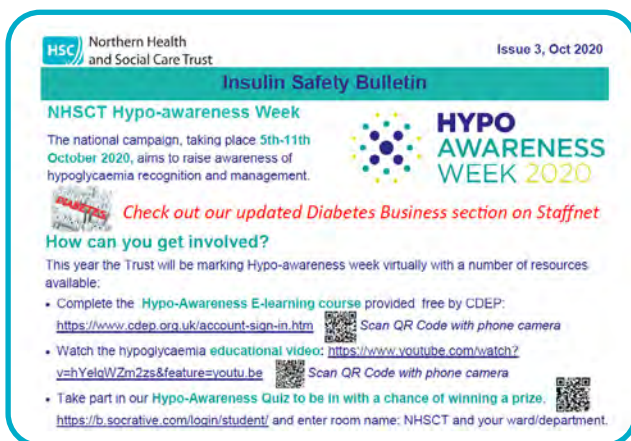


A pilot on insulin self-administration (initiated 2019) was completed and further roll-out to other appropriate clinical areas is underway. The initiative supports patients to administer their own insulin whilst in hospital thus facilitating self-care, improving the patient experience and aims to reduce errors and delayed or omitted doses of insulin.

The Northern Health and Social Care Trust participated in Insulin Safety Week and Hypo Awareness Week together this year (5 - 9 October 2020) and did so virtually due to pandemic restrictions. An Insulin Safety Bulletin was developed and issued to all staff to raise awareness of insulin-related safety topics, with special recognition of hypoglycaemia supported with links to a Hypo- Awareness e-learning course, an educational video on hypoglycaemia, and a Hypo-Awareness quiz.

Electronic Treatment Advice Note (eTAN)

An electronic Treatment Advice Note (eTAN) was developed to assist staff within the Acute Outpatient clinic settings and reduce security risks identified with the use of handwritten Treatment Advice Notes. A template which replicates the hard copy TAN was established on the Patient Centre system. Completed eTAN templates are available immediately on NIECR and are transferred to GP document management systems, enabling timely access to treatment recommendations. This process has also been utilised for virtual clinics and ward attender episodes.





THEME 4:

RAISING THE STANDARDS



The Northern Health and Social Care 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.

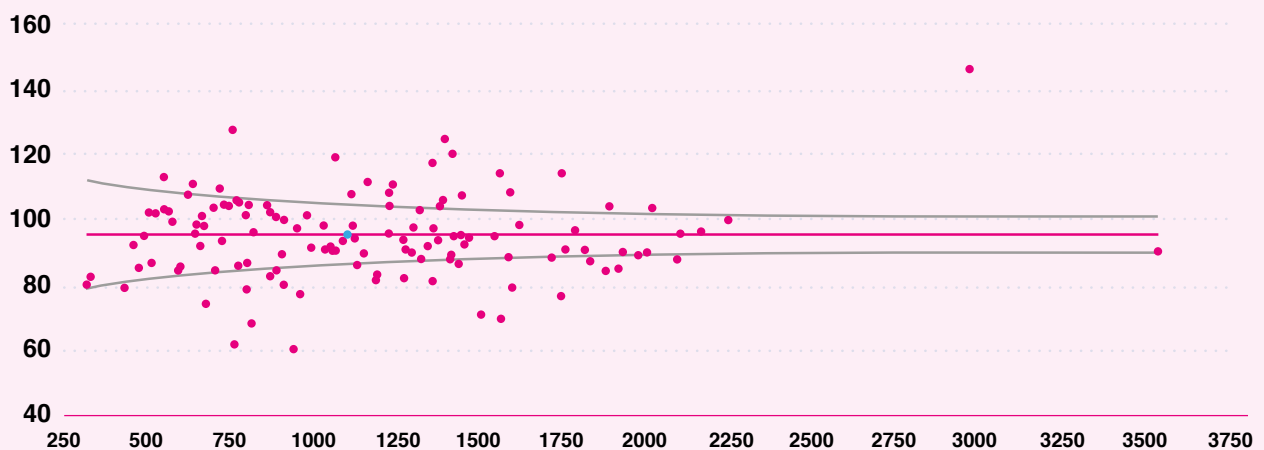
RISK ADJUSTED MORTALITY INDEX

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 Northern Health and Social Care 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 2019. 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 2020/21 (excluding palliative care

patients) was 95.65. 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.

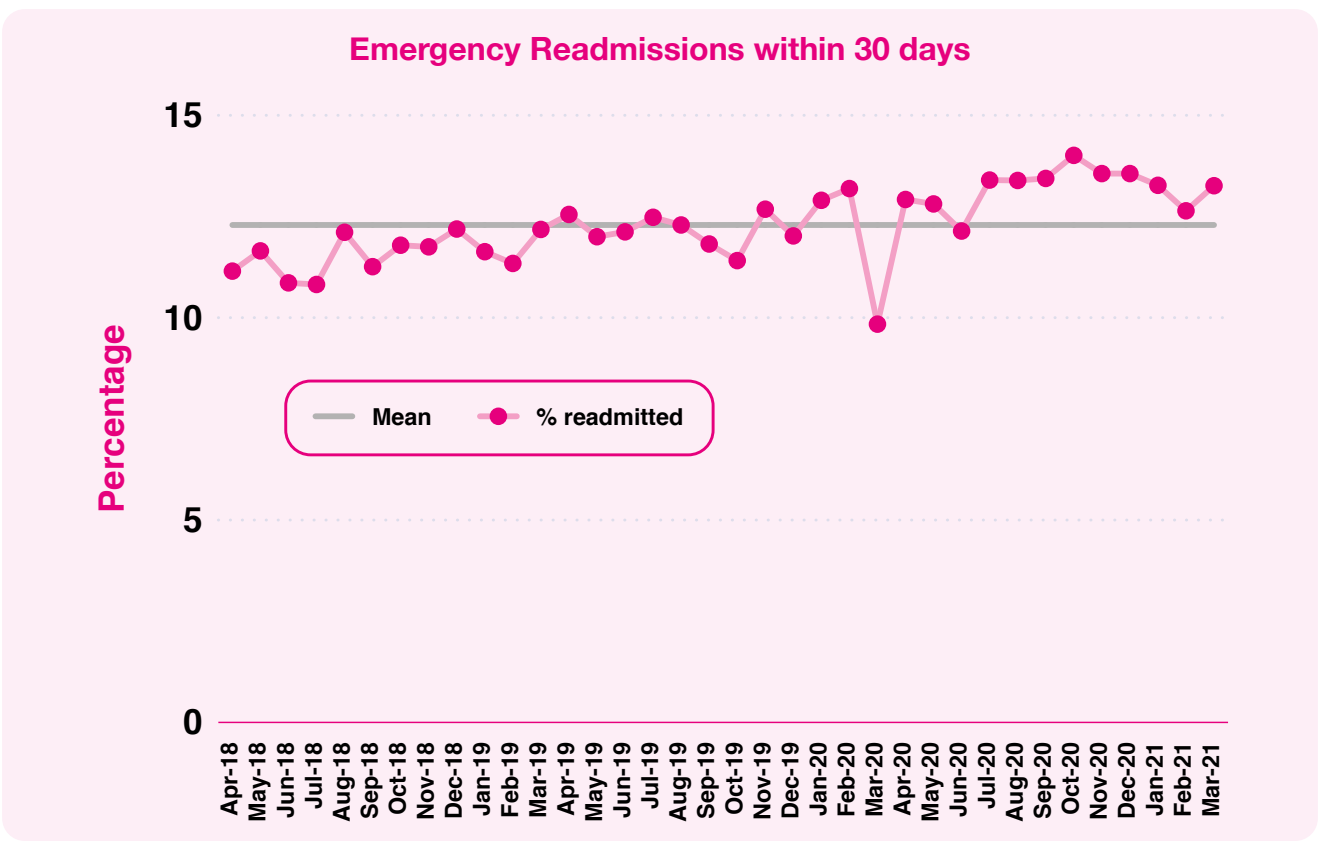
The chart shows the Trust’s RAMI (blue dot) compared to all English acute Trusts (one green dot per Trust). The further a dot is to the right the more patients the Trust treated during the year, and the higher up the chart the higher the RAMI. Dots within the funnel are inside the normal limits of variation.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

RAMI (Risk adjusted mortality index) 2019, excluding Confirmed or Suspected Covid-19 and Palliative Care. FY2020-21





THEME 4: RAISING THE STANDARDS



EMERGENCY READMISSION RATE

The emergency readmission rate within 30 days has grown slightly between 2019/20 and 2020/21. There are a range of reasons for this, namely deterioration of COVID patients post ED attendance, and increasing pressure on primary care systems.

EMERGENCY DEPARTMENT

The table overleaf 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



THEME 4: RAISING THE STANDARDS

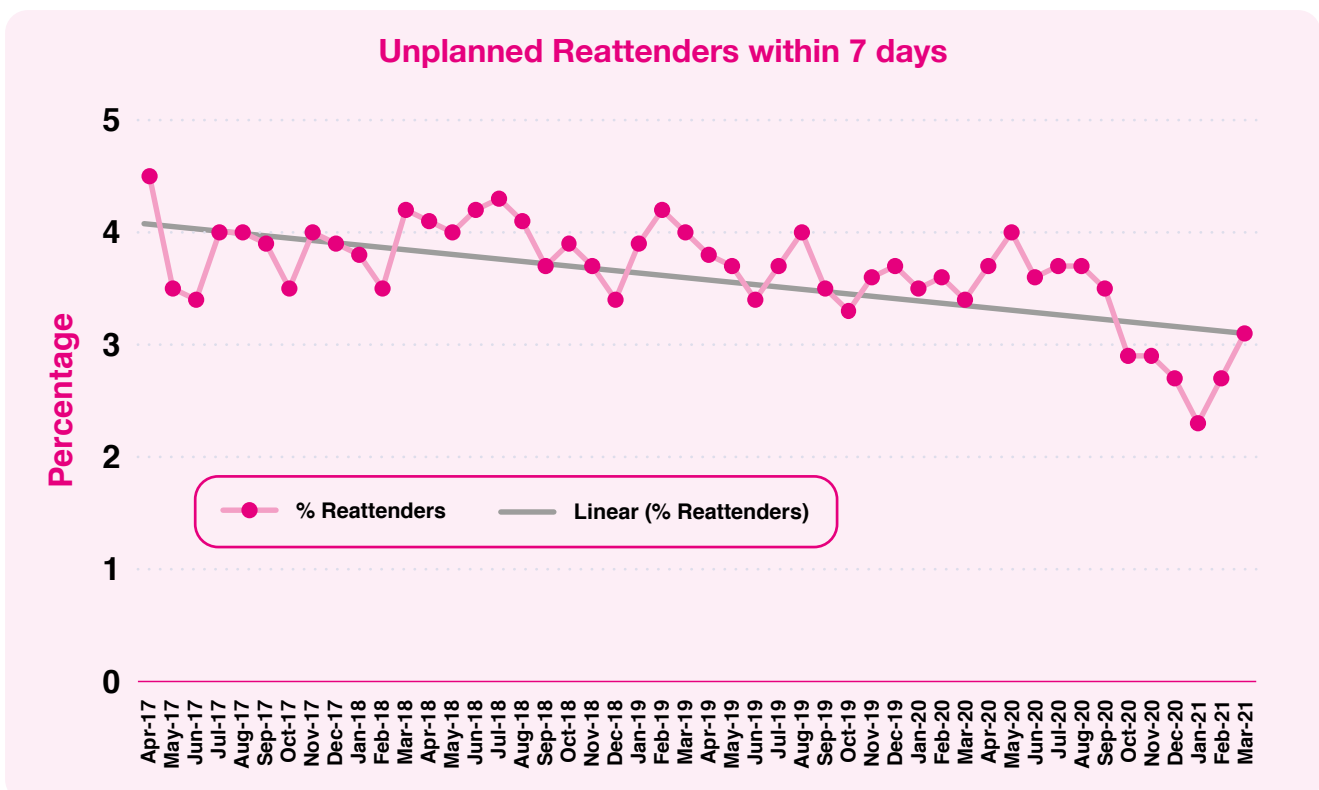
Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	2018/19	87,366	63.03%	4,330	43.5%	3.5%	3.6%
	2019/20	90,165	62.42%	5,124	33.8%	3.1%	3.1%
	2020/21	74,076	65.04%	5,695	45.6%	1.7%	3.0%
Causeway	2018/19	48,115	71.30%	1,193	66.2%	2.6%	4.4%
	2019/20	49,025	70.31%	2,609	39.5%	2.9%	4.5%
	2020/21	37,301	71.32%	2,141	40.1%	2.5%	3.7%

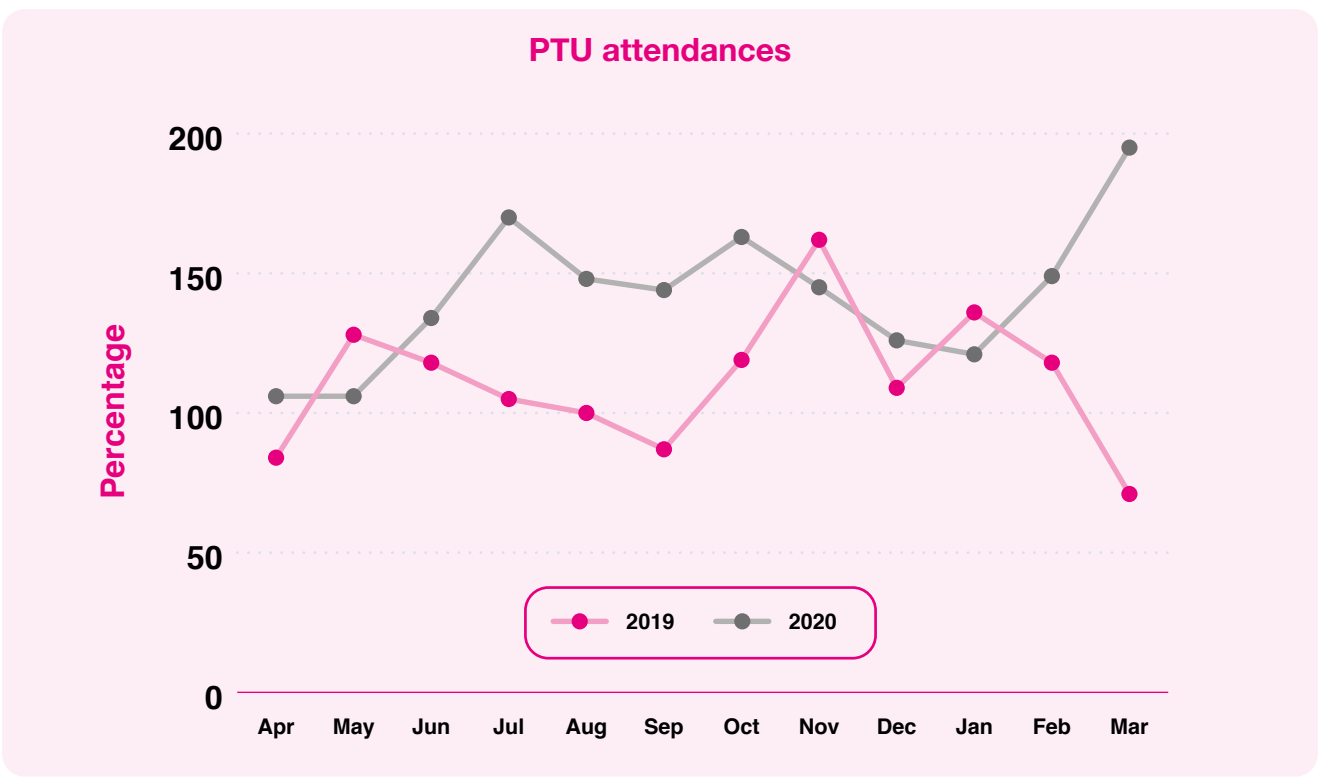
The following chart shows the percentage of patients who re-attended within 7 days (Northern Health and Social Care Trust total)

Actions taken to improve standards

The Northern Health and Social Care Trust's Emergency Departments experienced a busy year in 2020/21. 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 by dividing the department into a COVID & non-COVID areas. In Antrim Hospital's Emergency Department, ambulatory pathways are used in an Ambulatory Care Area (AEC) where same day emergency care seeks to provide timely medical assessment and urgent follow up to prevent the need for hospital admission.





This area has been invaluable in keeping our emergency department flow at times of sustained pressure with COVID-19 presentations / admissions.

Antrim Emergency Department opened an ambulance turnaround area in June 2021 with 5 dedicated ambulance off-load cubicles. This is staffed 24/7 to facilitate and improve ambulance turnaround times within this unit. This is in response to increasing pressures on the Emergency Department due to increased NIAS arrivals and delays in turnaround.

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. Also co-located with DAU is the Programmed Treatment Unit (PTU) which treats 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 and within the Emergency Department.



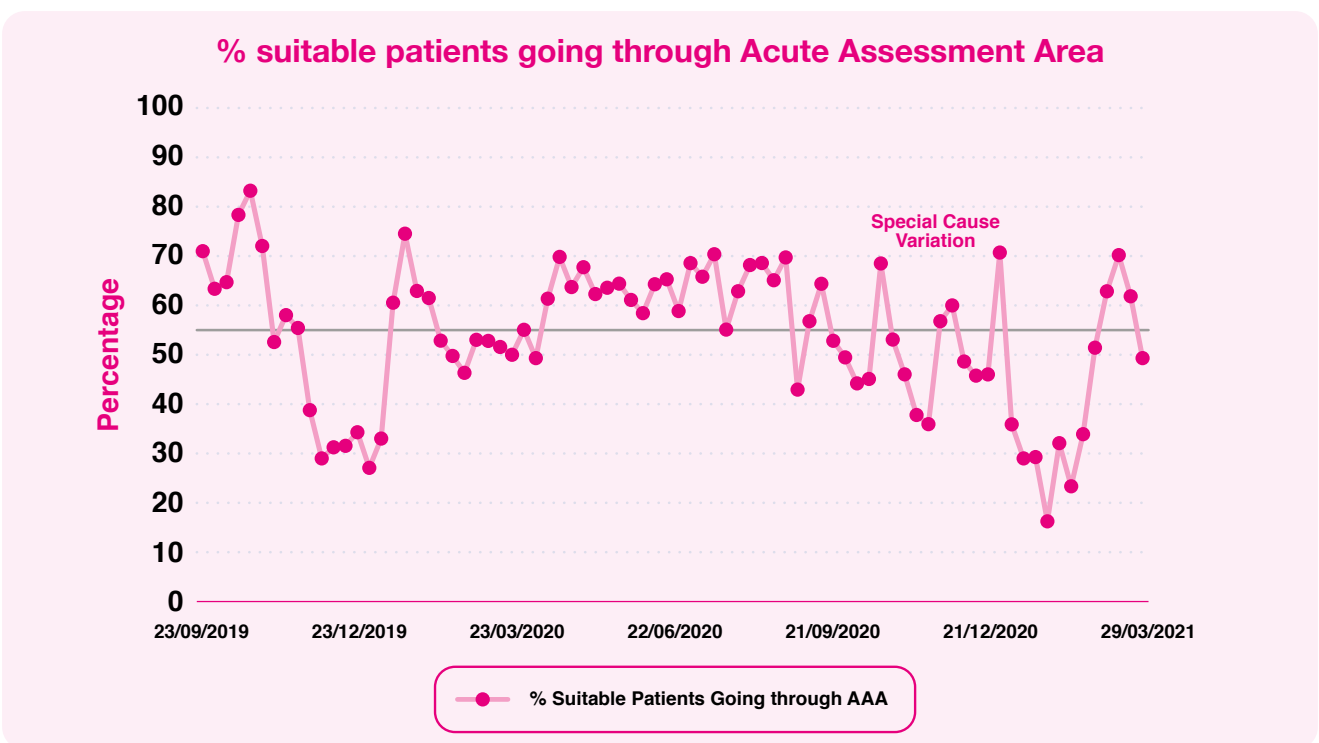
THEME 4: RAISING THE STANDARDS

	Admissions Avoided (patients discharged to PTU excluded)	Bed Days Saved (Number of discharges from Acute Assessment Area* predicted LOS 3 days)	Number of Days during time period	Beds Saved (Bed days saved/ number of days during period)	Savings = Bed Days saved * Cost of One Bed Day £399
Total between 23rd September and 28th June	839	2517	280	8.99	£1,004,283

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.



Photograph taken pre-COVID-19





THEME 4: RAISING THE STANDARDS

The Acute Medical Team continues to strive to improve performance and are currently promoting the use of ambulatory pathways across all their service areas. The Acute Medical Model won the HSC Quality Improvement (HSCQI) award 2021 for Building Reliable Care and will attend an awards ceremony on 24 June 2021.

Acute Frailty Unit

The Acute Frailty Unit at Antrim Hospital opened on 17th August 2020 in Ward A5. The aims are to provide a comprehensive geriatric assessment including multidisciplinary review; and to discharge patients from an acute hospital bed within 3 working days from admission.

During high COVID demands this model was unable to operate from mid-November until start of February 2021 and has since reset post-COVID to achieve some fantastic results as outlined below

An Acute Frailty Unit opened and embedded despite the COVID pandemic and without investment. This Unit adopts best practice in relation to standards of quality care for older people. The patient and family feedback has been very positive and very encouraging.

A patient information leaflet has been co-produced along with a service user and disseminated out through the service user involvement network to get to the final document.

This work has been carried out with any additional funding within the Care of the Elderly team by the re-profiling of existing services.

This is the first phase of a 4 phase plan for the Frailty service which has great ambitions to in reach to community including nursing and residential homes in the years to come.

Length of Stay - February 2021



Average Los

Nightingale Hospital

The Nightingale at Whiteabbey Hospital opened on 20 November 2020 as a regional unit following a ministerial announcement in September 2020, to provide an innovative new model of nursing and AHP led enhanced rehabilitation. The facility operated as an Enhanced Nursing and Therapies Rehabilitation and Step Down unit. The purpose of the Nightingale at Whiteabbey Hospital was to aid rehabilitation of COVID-19 patients and provide extra bed capacity to aid the flow of patients from acute care. While based in the Northern Health and Social Care Trust, the facility operated on a regional basis, providing extra capacity for all five Trusts as required. The Nightingale facility's main goal was to improve long-term outcomes of patients. To ensure this goal was met specific admission and exclusion criteria and a robust discharge planning process had been developed. Patients were expected to stay in the unit for an average of 14 days. To facilitate this length of stay we worked closely with patients' families and referring Trusts to ensure they could be discharged back to the community, so that as many patients as possible could benefit from the Nightingale model.

As COVID-19 numbers fell, the unit has gone through a period of adjustment and whilst discussions around the legacy of Nightingale continue, the Ward will continue to be an 'Enhanced General Rehab Ward' for the Region. This still facilitates patients who are able to actively engage in rehab (including weekends) and still maintains a focus on a 14 day length of stay.



The unit has managed despite all the pressures of COVID-19 to participate in a nursing research project with University of Ulster in Measuring Patient Experience in the Nightingale Ward using the IMPAKT App. The outcomes of this 8 week pilot have been so successful there has been agreement to roll it out across the rest of Whiteabbey hospital.



IDENTIFICATION AND MANAGEMENT OF SEPSIS WITHIN EMERGENCY DEPARTMENTS

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

The Northern Health and Social Care Trust continues to participate in the regional Sepsis Collaborative, arranged by the HSCQI 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 (IV) 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 2020/21, overall compliance with the Sepsis 6 bundle was low at 36%.

However, when we separate the key treatment elements of Sepsis out from this the audits show that 76% of patients received antibiotics within 1 hour of identification of Sepsis, and 71% received IV fluids within 1 hour of identification of Sepsis.

During 2021/22 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	2018/19	2019/20	2020/21
14 days	100%	71%	43%	33%
31 days	98%	92%	91%	92%
62 days	95%	68%	59%	49%

The Breast Service is under considerable pressure, with demand well in excess of funded capacity and considerable pressures in 2020/21. The 31 day target for treatment of new cancer diagnoses was almost met in 2020/21 but the pathway from referral to diagnosis and treatment within 62 days continues to be challenging because of demand for red flag appointments and diagnostics.



NICE GUIDANCE

The National Institute for Health and Care Excellence's (NICE's) role is to improve outcomes for people using the NHS and other public health and social care services. One way they do this is by producing evidence-based guidance and advice for health, public health and social care practitioners.

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 Northern Health and Social Care 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.

The Department of Health (DoH), Northern Ireland suspended arrangements related to the endorsement, implementation, monitoring and assurance of NICE Clinical Guidelines and Public Health Guidelines during the full 2020/2021 financial year due to the COVID-19 Pandemic. Arrangements for NICE Technology Appraisals were suspended temporarily before being re-instated during June 2020.

Instead, a new series of NICE COVID-19 Rapid Guidelines to support the NHS and social care response to the COVID-19 pandemic were automatically endorsed by the DoH from the date of publication by NICE; HSC Trusts being responsible for

regularly checking the NICE website in relation to these.

NICE COVID-19 Rapid Guidelines have been developed in collaboration with NHS England and NHS Improvement and a cross-specialty clinical group supported by specialist societies and Royal Colleges to assist with the active management of people with suspected and confirmed COVID-19 in a number of clinical areas.

A total of 25 NICE COVID-19 Rapid Guidelines were published during the 2020/2021 financial year. A significant number of these have had updates or minor changes as new and updated evidence, policy and practice emerges.

Robust processes were established within the Trust including daily checks of all NICE COVID-19 Guidelines on the NICE website. All such guidelines and related updates published to date have been issued to Divisions within the Trust and confirmation sought regarding dissemination and implementation being taken forward, where applicable. Services were also asked to identify any implementation issues.

Regular update reports were provided to relevant Committees and Groups within the Trust's Integrated Governance and Assurance Framework Committee Structure.



INTERNATIONAL, NATIONAL AND REGIONAL 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.

Northern Health and Social Care Trust staff have continued to engage in clinical and social audit work albeit at a slower pace with many international, national and regional audit projects having been postponed or paused due to the COVID-19 Pandemic.

International and National Audits

International and national clinical or social care audit projects provide an opportunity to measure practice and services against evidence based standards and validated tools enabling comparison and benchmarking with other HSC 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.

During the 2020/2021 financial year clinical teams contributed to a number of COVID-19 specific audit projects and service evaluations including:

- Outcomes of cancer surgery during the COVID-19 pandemic
- Outcomes of surgery in COVID-19 patients
- ENT prospective audit on the management of epistaxis and tonsillitis/quinsy during COVID-19 pandemic
- ENT UK 2 Week Wait Telephone Triage: Service Evaluation
- CONTACT COVID-19 impact On Pancreatic Cancer Care Pathway;
- ReCap: Rectal Cancer Management during the COVID-19 Pandemic
- GlobalSurg-CovidSurg Week: to determine the optimal timing for surgery following SARS-CoV-2 infection

These have provided an opportunity to review patient management, outcomes, safety and clinical effectiveness during the COVID-19 Pandemic. A number of the above audit projects are now complete and the results published. The results generated from the audits will help inform clinical practice and improve patient care.



For example, key findings from the 'GlobalSurg-CovidSurg Week: to determine the optimal timing for surgery following SARS-CoV-2 infection' project indicate:

- Elective surgery should be delayed for ≥ 7 weeks following SARS-CoV-2 infection to reduce the risk of postoperative mortality and pulmonary complications.
- In addition, patients who are still symptomatic ≥ 7 weeks after SARS-CoV-2 infection may benefit from a further delay until their symptoms resolve.

Regional Audits

The following clinical audits are examples of projects funded by the Regulation and Quality Improvement Authority (RQIA) as part of its annual clinical audit programme.

Northern Ireland Regional Individual Midwife-led Unit (MLU), Regional Case Audit of the RQIA Guideline for Admission to Midwife-Led Units in Northern Ireland and Case Audit of Northern Ireland Normal Labour and Birth Care Pathway within Midwife-Led Units and Obstetric Units

Three clinical audits were undertaken to assist with the continuous quality improvement of midwife-led care provision in Northern Ireland.

- 1) *The Northern Ireland Regional Individual MLU Audit* sought to collate data relating to service provision and outcomes from individual MLUs for the full calendar years 2015 and 2018. The year 2015, was chosen as the year prior to publication of the RQIA's Guideline for Admission to Midwife-Led Units (MLUs) in Northern Ireland and the Northern Ireland Normal Labour and Birth Care Pathway. The year 2018 was two years post publication therefore, allowing time for implementation.
- 2) *The Regional Case Audit of the RQIA Guideline for Admission to MLUs in Northern Ireland & Northern Ireland Normal Labour and Birth Care Pathway* sought to collate maternal and neonatal clinical outcomes relating to the implementation of the Guideline and Pathway for a random sample of women who gave birth in all MLUs in Northern Ireland in 2018.
- 3) *The Audit of Normal Labour and Birth Care Pathway within an Obstetric Unit* was a pilot audit, of a random sample of women who had a straightforward pregnancy and gave birth in 2018, within one of two obstetric-led care units, where there is no designated MLU. This audit focused on the maternal and neonatal clinical outcomes relating to the utilisation of the Northern Ireland, Normal Labour and Birth Care Pathway, as the pathway was designed for implementation within any birth setting when caring for a woman with a straightforward pregnancy.



THEME 4: RAISING THE STANDARDS

The report has been reviewed with regard to the 9 recommendations made and actions applicable to the Northern Health and Social Care Trust services.

A Trust action plan has been completed which will be submitted to the Trust Clinical and Social Care Audit and NICE Implementation Committee and monitored until completion.

ADDITIONAL AUDIT PROGRAMMES

In addition to participation in international, 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 will be produced in late 2021.



THEME 5:

INTEGRATING THE CARE



The Northern Health and Social Care 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.

Cardiology

The Cardiology ambulatory care service commenced on 8 March 2021 in Antrim Hospital, initially for referrals for patients with Atrial Fibrillation and Heart Failure. Other cardiology pathways are also being developed. All local referring GPs were communicated with in advance and service access number shared and added to the Northern Area Urgent Care Directory. A wider service user and other stakeholder virtual event was held on 12 March 2021 to discuss the service and take views on further development. A similar model is being developed for Causeway hospital. A GP education session is being organised at present to be delivered by one of our consultant cardiologists.

Dermatology

Dermatology consultants developed a partnership with the GP Dermatology Hub to provide a photo triage service for patients with suspected cancerous skin lesions. This has resulted in not only those patients requiring urgent surgery being booked directly to surgery but also in identifying those who do not require an appointment with a dermatologist and avoiding them having to attend a hospital appointment.



Renal service

Two new services have been developed for renal patients in the Northern Health and Social Care Trust.

The first new service was the development of peritoneal dialysis line insertion under local anaesthetic. This service development is unique within Northern Ireland and for suitable patients allows avoids the need for general anaesthesia.

The second new service which has been established at Antrim Area Hospital is for patients requiring a specific type of dialysis access which means that they will no longer need to travel outside of the Trust for the procedure.

This development is currently being evaluated from a service user perspective.

Haemodialysis tunnelled catheters are now being placed under interventional radiology at the Antrim site.



The insertion of a tunnelled catheter involves a catheter being surgically placed into the patient's chest in Interventional Radiology to facilitate haemodialysis.

Previously Northern Health and Social Care Trust patients requiring haemodialysis tunnelled catheters would have had to have undergone the procedure in the Ulster or Belfast City Hospitals. This often meant patients had to wait longer for appointment allocation and on the morning of the procedure leaving their homes very early in the morning and not return until late evening.

Enhanced triage from the medical team was introduced to the renal unit in 2020. This has enabled the renal service to more effectively streamline and manage the clinical care of renal patients by GP colleagues in primary care.

Dietetics

The service has moved from using paper to using electronic records which provides better sharing of information with community and primary care colleagues in real time. The Northern Health and Social Care Trust Dietetic service is participating in a pilot to test the movement of prescribing nutritional products from GPs to dietitians and for the direct delivery of these products to care homes and by-passing local pharmacists.

Neurology

We have developed and recruited to a new Neurology Nurse Liaison post to support the developing new model for the provision of Neurology care for our population. The first of our joint consultant posts has been recruited to with Belfast Health and Social Care Trust with two further positions expected in September. This hub and spoke model will support a much more robust structure to ensure we can maintain a locally delivered Neurology service. Further to the successful development of a locally delivered Disease Modifying Therapy service for Multiple Sclerosis patients we are working with commissioning colleagues to expand this service to cover further Disease Modifying Therapies.

Respiratory

The respiratory service has responded to the very significant demands faced over the last 19 months. They developed virtual clinics, maintained clinics for cancer patients, provided clinical oversight for patients being cared for under other specialties, and accommodation changes to meet patient needs and to support very significant infrastructure works to ensure that the hospital could meet the oxygen requirements for patients falling ill with COVID-19. Community specialist nurses worked in our hospitals and provided clinical leadership to nurses in non-respiratory wards who were also having to provide respiratory care for patients suffering the effects of COVID-19.



COMMUNITY CARE

Community Social Work – Neighbours helping Neighbours

The Community Social Work staff working within Antrim South Community Team recognised the challenges of accessing domiciliary care in the Crumlin area due to its rural geographical location and lack of local domiciliary care providers. In response to this they established the **Neighbours helping Neighbours** project to promote the use of Direct Payments to support service users within the local community. The aim of the project was to minimising risk to service users, reduce carer stress and be able to facilitate hospital discharges at the earliest opportunity.

Through engagement with the local community they established a baseline position by identifying what was important to service users in terms of care provision and their understanding of how Direct Payments could be used to meet assessed need.

Taking a two pronged approach, the team promoted the use of personal assistants through the Direct Payments process to meet assessed need and also advertised locally for people to register interest in working as a personal assistant.

The project was closely supported by the Northern Health and Social Care Trust Governance Department, Corporate Communications and the Centre for Independent Living.

As a result of the project, the team were able to provide an immediate resource of personal assistants within the local area which now provides choice, flexibility and control for service users as well as reducing risk and carer stress.

This tried and tested model can now be applied to address similar challenges within local communities across the Trust area.



MS Centre, Dalriada Hospital, Ballycastle

Thursday 1 April 2021 marked the 30th anniversary of the opening of the MS Centre in Dalriada Hospital, Ballycastle. The centre provides short breaks for people with Multiple Sclerosis (MS). This service was originally provided in Peter Stott Martin House in Cullybackey until it was relocated to Dalriada Hospital in 1991. We work closely in partnership with the MS Society and, over the years, have welcomed several hundred patients from all over the province. In the early years independent contracts from people outside Northern Ireland were arranged on request and a number of people travelled from Scotland to enjoy a short break in Ballycastle. The centre provides a high standard of holistic care for all patients.



Specialist Palliative Care Services

The Specialist Palliative Care staff have provided amazing support to the acute wards, both staff and patients, during the past year. They have been exemplary in their ability to adapt and provide increased support in different areas such as respiratory wards, bereavement support, among others, when required. Also the team in the Macmillan Unit have welcomed the opportunity to work alongside, and provide support to staff and patients in ward A6. They have amazing resilience and comradery and live out the Values of the Trust - Working Together, Excellence, Compassion, Openness and Honesty. Recently the staff in the Unit used Cancer Support 'March a Million' to create some fun and competitiveness and change the focus from COVID-19.

Bereavement Comfort Call Volunteer Service

The Bereavement Comfort Call (BCC) Co-ordinator co-ordinates 19 active volunteers in the BCC service who are making their bereavement calls remotely. They have all received their training from CRUSE and have had their Trust Volunteer induction.

More recently they engaged in Sage and Thyme communication skills training facilitated by the Northern Health and Social Care Trust and were invited to attend various webinars suitable for their role.

By the end of March activity outlined below:

- Bereavement comfort calls achieved = **789**
- Bereavement packs posted = **629**
- Chaplaincy referrals = **108**

With the number of deaths reducing from the peak of COVID-19 and also with the second recruitment drive for volunteers they are now able to offer a follow up call where this is deemed necessary. Also the volunteers are following up with those relatives who have had a death in any of the four community hospitals.

The service is being robustly evaluated and to date there have been no complaints with regards to the BCC service and any other feedback from relatives (with their consent) is passed onto 'user experience'.



MENTAL HEALTH

Mental Health Liaison Service

A high proportion of patients treated for physical health conditions also have co-existing 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 Northern Health and Social Care Trust Mental Health Liaison service (MHLS) is a multi-disciplinary liaison psychiatry and psychological medicine team operating across the two acute hospital sites (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 access appropriate support, intervention and signposting in relation to their physical and mental health during their hospital admission.

In the last year MHLS has continued to carry out its core roles and retained full service function throughout the pandemic. It has continued to adapt during this time and to deepen its relationships with colleagues in 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 has gone from strength to strength and with the allocation of temporary funding for a whole time specialist delirium post we have been successful in rolling out Delirium training to 80% of staff in the Medicine and Emergency Medicine (MEM) division. 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 shaping developments, testing PDSA cycles and exploring how it can support the development of a suicide prevention care pathway which would ultimately provide suicidality focused care across our systems for all those patients presenting with any degree of suicidal ideation. MHLS are currently involved in testing a further safety planning intervention with follow up for patients not known to services.

In the upcoming year, the MHLS will continue to work towards supporting our acute colleagues as our hospitals return to normal business after the pandemic surges and will endeavour to continue to develop specialist mental health service input for patients attending the hospital.

Towards Zero Suicide

Towards Zero Suicide represents an ambition and commitment across Statutory Mental Health Services to improve outcomes in suicide prevention and eliminate gaps within the delivery of care. Zero Suicide as an approach aims for a paradigm shift in mental health care from a resigned acceptance of suicide to the active prevention of suicides. It involves a focus on quality improvement with a commitment to patient and staff safety. Adult Mental Health Services across the five Health and Social Care Trusts are collaborating to evaluate and implement best practice, service improvement and evidence based care.



This structured approach is aligned with the international Zero Suicide in Healthcare Framework, and the 10 safety Recommendations identified by the National Confidential Inquiry into Suicide and Harm (NCISH), and aims to support and enhance the capacity of staff and services to evaluate and follow the best course of action for patients with suicidality wherever they present for care.

In adopting a zero suicide approach the Northern Health and Social Care Trust will implement best practice whilst improving and developing services through partnership working and engagement with service users, carers, staff, communities and other stakeholders. The Trust will strive to embed a zero suicide culture with effective leadership, and informed committed staff and teams who are appropriately supported and trained to deliver best practice.

Towards Zero Suicide Programme incorporates a series of Quality Improvement and Developmental Projects, translating regional direction and evidence, into local practice. The Trust has several work streams addressing key safety areas in both Adult Mental Health Services and Child & Adolescent Mental Health Services (CAMHS) which are aligned to a local action plan:

Safety planning

A Collaborative Safety Plan Intervention is being tested within Crisis & Mental Health Liaison Services for Service-Users presenting with Suicide Ideation, gathering clinical data along with Patient and clinician feedback to

inform and improve the application of the intervention with the aim of implementing a consistent collaborative Safety plan across services.

Minimising Restrictive practice

Three of our mental health inpatient units are currently piloting Quality Improvement projects aimed at adopting and embedding appropriate practices across wards whilst minimising restrictive practices and enhancing ward safety.

Suicide Prevention Care Pathway

Plans are underway to pilot a suicide prevention care pathway (SPCP) in the Mental Health Liaison Service, Crisis Resolution and Home Treatment Team (CRHTT) and CAMHS commencing in Autumn 2021. The pathway will identify and respond to individuals in a timely way who present to mental health services at risk of suicide and will provide treatment specifically for the presenting suicidality in parallel with the management of any underlying condition. Work is currently underway to establish practice, protocol and staff training, and the SPCP is a significant rapid-development project for the services and staff involved.

Development of a co-production approach is critical to shaping the work of local quality improvement teams aimed at reducing suicides in Adult Mental Health. Individuals with lived experience of suicide and self-harm, carers and families who have been bereaved by suicide, and advocates (LECA) representation is encouraged and facilitated on both local and regional work streams.



Informing Towards Zero suicide activity and performance measurement alongside contributing to relevant research is an important objective and the maintenance of a patient suicide information database within the Northern Health and Social Care Trust assists in building a profile of patient suicide incidence within the Trust enabling analysis of the suicide information and identification of emerging trends and profiles ensuring we direct our quality improvements on areas where we can have the most impact.

The Towards Zero Suicide framework recommends that there is a consistent approach across teams for training and resources enabling a competent and confident workforce. Staff training and continuous professional development are key components of the Towards Zero Suicide model. Team development will play a major part in the success of any new way of working and training framework. Staff training and continuous professional development are therefore key components of the Towards Zero Suicide model. The Trust continues to encourage the completion of a 20-minute online suicide prevention learning module for all HSC staff – 4,155 Trust staff across all divisions have completed this training to date.

Diabetes Prevention Programme

The Diabetes Prevention Programme is an evidenced based and NICE compliant, 9 month behaviour change programme which helps those at risk of developing Type 2 Diabetes to significantly reduce their chances of getting the disease.

Referral is through GP Practice for adults identified at high risk of developing diabetes, indicated by blood test showing HbA1c levels in the high risk range of 42-47. Essentially, participants receive support to develop healthy habits in welcoming and motivating group. Programmes are delivered in the heart of the community on different days of the week and times and participants are encouraged to bring along a friend or family member for support. High quality resources are available for participants which enable them to learn about effective behaviour change and develop a personalised plan.

The groups are facilitated by specialist Health Coaching staff from the Northern Health and Social Care Trust Health and Wellbeing Team. Health Coaching motivates and educates participants who learn how to reduce their risk of Type 2 Diabetes through diet, physical activity and weight management. The session frequency decreases over the 18 sessions: 6 weekly, 6 fortnightly and 6 monthly. All sessions are 1 hour in duration with the exception of session one which is 2 hours. During the pandemic these have become Zoom and telephone based replacing face to face groups. Delivery of the programme is shaped around participants and support has been provided to encourage uptake.

There have been 34 programmes completed. With 481 people completing, the retention rate is 72% which is high for a 9 month, 18 session programme. For some participants, weight loss is a key goal and 66% of participants lose weight during the programme, the average weight loss being 4.6kg.



THEME 5: INTEGRATING THE CARE

The programme is designed for participants to learn how to manage their own health and wellbeing through setting personal targets across a range of behaviours. Achievement of these reinforces learning and motivation, with 1,733 Gold behaviour targets, 1,232 silver targets and 628 bronze targets achieved overall.

The key measure of outcome is a reduction of the high HbA1C level which had originally required referral into the programme.

Follow up blood checks take place in the GP practice and 80% of these show encouraging reduction of HbA1C levels which should continue in line with their changed behaviours. Given the high levels of diabetes within our population, it is pleasing that this early intervention health coaching programme has resulted in 50% of participants having sufficient reduction in HbA1C range which means they are no longer considered to be pre-diabetic.

SOCIAL CARE

Child Protection

Regional Child Protection Procedures require children identified as being at risk to be seen within 24 hours. Overall, 100% (500) children or young persons in the Northern Health and Social Care Trust were seen by a Social Worker within 24 hours of a child protection referral being made during 2020/21.



Looked After Children

Children 'Looked After' by Health and Social Care Trusts must have their Care Plan reviewed to ensure the care provided meets their needs. A total number of 1,570 reviews were held; 111 were outside agreed timeframes. Therefore 93% of "Looked After Children" (LAC) within the Northern Health and Social Care 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% (737) of Looked After Children in care more than 3 months during 2020/2021 had a Permanence Plan.



Some LAC Reviews have been outside timescales due to the use of zoom as parents and legal representatives have requested face to face meetings. This has pushed reviews over timescales due to the availability of meeting rooms as a result of site-specific risk assessments.



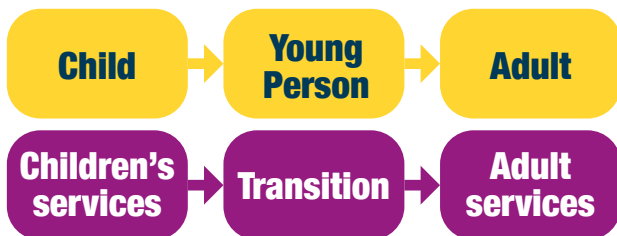
Leaving and Aftercare

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, 74% (160) young people leaving care in the Northern Health and Social Care Trust are in education, training and employment as at March 2021.



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 Northern Health and Social Care 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 2020/2021, 714 adults received Direct Payments, a 5% increase from last year. A total of 188 children received Direct Payments, an increase of 4% from last year.

Carers Assessments

Carers must be offered individual assessments to support them in their role. During 2020/21, a total of 7,086 Carers' Assessments were offered within the Northern Health and Social Care Trust. The COVID-19 pandemic exemplified the invaluable role carers play in providing essential care and support to service users of all ages. As a Trust we remain committed to supporting carers.

Learning Disability

Resettlement/Hospital Discharges

During 2020/21, two Northern Health and Social Care service users were resettled from Muckamore Abbey Hospital, both to supported living placements.



Service users and families have provided the following comments:



"I'm happy to hear my daughter is doing well".

"My daughter has received the Rolls Royce resettlement package".

"I am grateful things have gone as well as they have, I am hopeful for the future".

"Staff respect the family and use the family as a resource".

CARERS



"I'm really happy in my new home, I love it".

"Staff are helping me to plan a holiday to Newcastle, where I used to go when I was young".

"I loved decorating my house for Christmas".

SERVICE USERS

Annual Health Checks

Annual Health Checks did not run as normal due to the impact of COVID-19 during 2020/21. The Health Care Facilitators (HCF) report they repeatedly engaged with the GP practices whilst being redeployed to other duties during this period. They offered support to identify people whom they considered "at risk or vulnerable" and offered to carry out health checks on their behalf, but this was only taken up sporadically over the Northern Health and Social Care Trust area. Some GP practices resorted to a mini health check via telephone consultation.

During the reporting period, 22 Health Assessments were completed either by phone consultation or face to face as necessary. Across the Trust, given the impact of the pandemic, 2 Health Summaries were received from GPs since April. The HCF's are in the process of contacting GP practices to review practice registers and to ascertain who is eligible for a health check.

Adult Safeguarding

The Northern Health and Social Care Trust responded to 745 Adult Protection Safeguarding referrals this year, an increase of 43 cases from the previous year. Throughout the pandemic Adult Protection Services were maintained and all referrals were responded to. The Department of Health has established an Adult Safeguarding Transformation Board.



This board will oversee the recommendations from Commissioner for Older People for Northern Ireland & CPEA Safeguarding Recommendations and introduce legislation, i.e. “Adult Protection Bill – N.I.”. The Health and Social Care Board has established an Adult Protection Board. Sub groups will oversee the changes in the safeguarding processes in NI. The Trust has developed a safeguarding paper that outlines how the Trust will respond to the new regional developments.

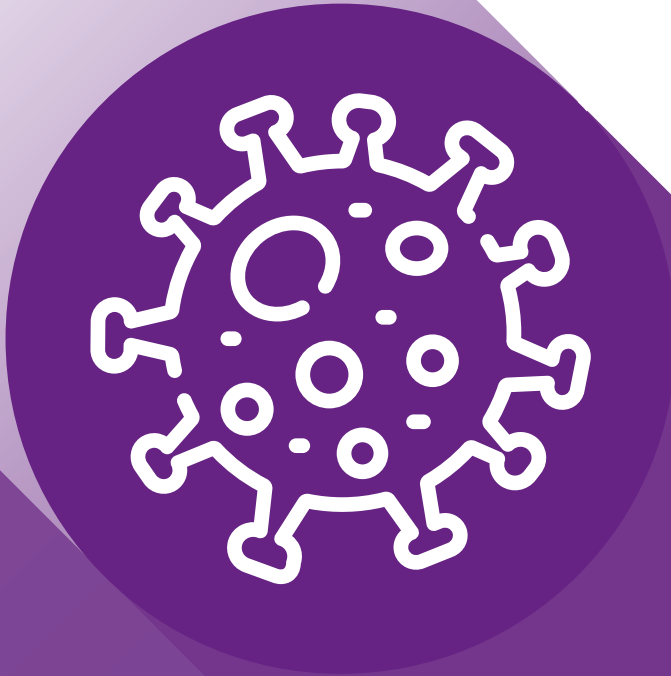
Approved Social Work

Under Mental Health (NI) Order 1986 (MHO) legislation there is a requirement for Approved Social Workers to undertake Mental Health Order Assessments. These assessments are for patients presenting with acute mental illness and who present as a substantial risk of harm to self or others, where there are no lesser restrictive options to manage their care and treatment. Whilst legislation does not exclude a family member making such an application good practice indicates such applications should be made by an Approved Social Worker (ASW)

During the reporting period April 2020 to March 2021, there were a total of 295 requests for Mental Health ASWs and a total of 13 requests for Learning Disability ASWs. As noted in the Delegated Statutory Functions Report there is an increase in requests for assessment under the MHO.

The Northern Health and Social Care Trust undertakes an audit of ASW practice annually. This year’s audit provides assurance that the Approved Social Work Workforce is meeting the requirements for MHO Legislation and the ASW Standards.

During this reporting period there was an Emergency Coronavirus Act 2020 which provided amendments to the MHO in respect of temporary modifications to ASW and extension of timeline for completion of legislative forms. The Trust did not implement this legislation and worked within the ASW Contingency Plan.



LEARNING FROM COVID-19



COVID-19 VACCINATION PROGRAMME

During the global pandemic very few treatments or preventions have been discovered to give such hope to improve health outcomes from COVID-19. Vaccines had been tirelessly worked on from the outset of the pandemic by multiple companies and various countries. Due to the need of commencing a vaccination programme as soon as vaccine(s) were available and suitable for use, regional teams were constituted which involved multiple healthcare professionals, Trusts and other HSC bodies in October/November 2020. These teams were tasked with expediently and succinctly planning mass vaccination programmes across HSCNI organisations to vaccinate the population of Northern Ireland. Planning for the Northern Health and Social Care Trust COVID-19 vaccination programme commenced in mid-October 2020. Through this mammoth team effort the Northern Health and Social Care Trust was the first Trust in Northern Ireland to reach 200,000 vaccines delivered. Being the largest rural and most populist Trust, it required innovative ways of working to ensure that the more challenging to reach patients were offered the vaccine in a safe and timely manner.

Using the mobile team model:

- ensured that the district nurse service was protected which in turn allowed them to continue their vital work whilst not being pulled away to vaccinate housebound
- Day Centre clients were able to be vaccinated in an environment familiar to them ensuring that they had less distress

- enabled it to be a replication of the care home model within the workplace outreach clinic

Regionally the Trust team has been integral to the set-up, coordination and delivery of the vaccination programme

- The Mass Vaccination Centre was the blueprint for the SSE set-up aiding more vaccination opportunity for the population of NI
- Challenging and highlighting potential risks with regional system such as the age profile of under 16's
- Strictly adhering to the JCVI identified categories ensured that there fairness and the most vulnerable of the population was vaccinated

Over one million people in NI have now received at least one dose of COVID-19 vaccination. Given that the approval for the first vaccine to be used in UK was only granted seven months ago, this is an impressive achievement. However, the road to one million vaccinated and beyond has been far from easy and relies entirely on the work and dedication of many skilled professionals and volunteers – all of whom are doing so under challenging restrictions and regulations aimed at slowing the spread of COVID-19. The programme staff are an exceptional example of teaming. Staff were bonded together for a common goal, gaining and enhancing skills whilst maintaining their caring/professional roles.



Respiratory Team response to COVID-19

The Northern Health and Social Care Trust managed the largest number of COVID inpatients in Northern Ireland, with the pressure on critical care the respiratory team were managing high acuity patients at ward level. The respiratory team in meeting the needs of patients demonstrated innovative ways of working, adapting and changing processes as the pressures of COVID-19 mounted and as we learnt more in regards management of patients with COVID-19.

In March 2020 in response to the evolving situation with surge one, the need for an increase in respiratory hospital capacity was evident. The medical and nursing staff were involved on both sites in the training of both medical and nursing staff from other areas to assist with the increase in demand. Staff from the respiratory team was redeployed to support an additional respiratory areas. Pathways and protocols were developed for the management of patients on non-invasive ventilation at ward level, to ensure safe practice. The consultants adapted to work a 7 day rota in order to provide senior respiratory cover on site and to maintain elective lung cancer services. The respiratory team led on a ward round proforma and a hospital anticipatory care pathway for the management of COVID-19 patients to ensure cohesive safe care.

In response to the rapid changing environment during the second surge it quickly became evident that oxygen capacity would be limited as demand increased.

The team engaged regionally with stakeholders to develop an action plan, this resulted in major oxygen upgrading work on both sites. As a result the oxygen escalation pathway was introduced ensuring that all patients received the optimum care required.

At all times communication was maintained with local and regional colleagues to learn from each other and ensure best practice was gained and shared.

The team continued to develop innovative approaches by commencing multiple QI projects to enhance the respiratory care within the Trust. A consultant led biopsy service for rapid diagnosis of lung and pleural cancer was maximised during this time due to lack of bronchoscopy services to also ensure management of patients at high risk.

Pharmacy

Pharmacy staff across all services and locations participated in a wide range of interventions to ensure continued access to medicines and pharmaceutical care throughout the pandemic. New and innovative services included the preparation of IV medicines for ICU, modelling of supplies of critical care medicines and Oxygen, delivery of specialist medicines, cancer treatments and medical devices directly to patients homes, establishment of COVID clinical trials and the early access to Remdesivir scheme, enhanced clinical pharmacy services to critical care including a 7-day service, palliative care, care homes, respiratory and Whiteabbey Nightingale and re-engineering the role of the clinical pharmacist in Emergency Departments.



Reconfiguration of PPE distribution 7-days per week from 8am to 8pm and establishing new premises for PPE storage and distribution supported the distribution of over 133 million articles of PPE by pharmacy and the community equipment store.

The pharmacy teams also played a significant role in the COVID-19 vaccine roll-out programme establishing vaccine stock management and cold chain transport to care homes and other community settings, establishment of pharmacy premises at the Mass Vaccination Centre at Ballymena and integral to the delivery of allergy clinics.

Throughout 2020/21 pharmacy sustained 24/7 core services in hospital and community locations. Pharmacists have also been engaged with new teams e.g. Early Intervention Team at Causeway and the Enhanced Care Team.

Community Equipment Service

The onset of the COVID-19 pandemic brought with it many challenges including the co-ordination and distribution of PPE to a wide range of community settings.

The Community Equipment Service (CES) responded by establishing teams of drivers, admin support and a logistics manager to ensure the efficient supply PPE to 359 community teams, 117 independent care homes, 37 independent domiciliary care providers and 71 supported living facilities across the Northern Health and Social Care Trust area. In addition, the team supported the vaccination programme ensuring that essential supplies were available to support the Trust in the vital role out of vaccines.

The PPE team worked collaboratively with other Trust services such as Pharmacy, Supplies and Transport in keeping service users and staff safe throughout this period. This snap shot gives an example of the volume of PPE distribution over a 3 month period

Month	Deliveries	Pick Ups	Total Number of Bookings Progressed	Total number of items issued
January 2021	505	200	705	211,300
February 2021	446	215	661	191,730
March 2021	486	323	425	188,784
TOTALs	1,437	738	1,791	591,814



Occupational Health and Wellbeing Service Covid-19 Response

From March 2020 the Occupational Health and Wellbeing (OHWB) team operated a 7 day Occupational Health (OH) COVID-19 helpline for staff and managers dealing with wide ranging issues including symptomatic staff, family members with symptoms, COVID positive staff/family members, the associated isolation requirements, COVID testing referrals and follow up, travel guidance, advice to staff and managers on shielding, as well as work-related contact tracing of positive health care workers.

The Occupational Health Psychology team also operated a Psychology Helpline for staff to address staff concerns that were COVID-related. From 8 April 2020 to 21 March 2021 the OHWB dealt with 14,893 COVID-related calls and made 4,719 referrals for COVID testing. From April 2020 to the end of March 2021 contact tracing was completed for 1,510 COVID positive staff and the Senior OH Management team assisted in the management of 52 COVID outbreaks across the Northern Health and Social Care Trust.

BUILDING AND SUSTAINING PARTNERSHIPS

Trust/GP Partnership

Throughout the year continued to support and enable the Trust/GP partnership group and its working groups / sub streams – meetings were increased in frequency to biweekly, with comprehensive shared agenda and enabled the Partnership to continue to develop cross organisational relationships, to improve the planning and delivery of services to improve patient experience.

Northern Area Network

Engaged the Northern Area Network (NAN) stakeholders, including Councils, Service users, GPs, Northern Health and Social Care Trust, PHA, Community & Voluntary Sector and others to produce a legacy report of ‘What We Did Together’ – COVID pandemic shared record of experience (published on Trust website).



SERVICE TRANSFORMATION

Multi-Disciplinary Teams in General Practice

- Continued the implementation of the new model for General practice, Primary care multidisciplinary teams. As part of the continuing transformation programme, a major focus in primary care is the development of the Primary Care Multi-Disciplinary Team (MDT) model as envisaged in 'Health and Wellbeing 2026: Delivering Together'. The new Primary Care MDT model in the Causeway locality provides a renewed focus on prevention and early intervention approaches in General Practice by embedding First Contact Physiotherapists, Mental Health and Social Work roles within primary care. The model also includes additional investment in District Nursing and Health Visiting further developing and strengthening partnerships. Together, MDT staff work alongside existing practice staff to plan integrated and continuous local care for the populations they serve
- Actively led the development of the Causeway GP Practice / Community & Voluntary Sector Network and procured Community & Voluntary population health initiatives using the funding allocated to the Causeway MDT for Practice based social prescribing (COVID restrictions and lockdown impacted on timeframes however evaluation report due early July 2021)

No More Silos

- Supported the Northern Health and Social Care Trust clinical leads and our GP Partners to launch the 'Phone First' pilot for Northern Ireland in November 2020
- Attended and supported shared learning events and Phone First Evaluation and established the local No More Silos Implementation Group, including identifying and inviting a wide membership (including service users) and hosted a number of service user workshops

Population Health Improvement

During February / March 2021, planned in partnership with PHA, Local Council, Community Pharmacy, Community & Voluntary sector and others, to deliver a pop up vaccine programme to Ballysally Community (Coleraine).

Nutrition and Dietetics

As a result of COVID-19, Nutrition and Dietetic services adapted in many ways. In addition to the provision of virtual elective consultations, a number of structured patient education programmes, particularly those utilised within diabetes paediatric and adult services, were adapted for use on a virtual platform. Associated service user feedback has been extremely positive. Regional public health dietitians worked collaboratively to create webinars to provide public health nutrition messages and this work, along with an educational video developed by Northern Health and Social Care Trust Gastroenterology Dietitians to support patients (in advance of their Gastroenterology Dietetic elective



appointment) were individually recognised within the national Advancing Healthcare Awards (AHA) finals. There are many clinical areas such as renal and gestational diabetes services within which multidisciplinary colleagues worked together in order to adapt and introduce quality improvements, thereby enabling services to continue to be delivered safely and successfully to patients throughout COVID-19.

Community Stroke Service

During the COVID-19 pandemic, the Community Stroke Service developed new and innovative ways to ensure that service users continued to receive therapeutic rehabilitation and 6 month reviews in line with national clinical guidelines following a stroke.

A wide range of assessments and treatments were quickly adapted to minimise risk to service users and staff and the service also worked closely with community and voluntary partners to ensure the needs of service users were addressed. During this time the service also worked in partnership with Ulster University to carry out research on the delivery of tele-rehabilitation in stroke care from a therapist's perspective. It is anticipated that the results of this study will also help inform and shape future service delivery.

Statutory Residential and Day Care

Statutory Residential Care services continue to work in partnership with residents, carers and colleagues from statutory, community and voluntary sectors to improve our residential care experience and maintain the delivery of safe and effective care to our service users. Throughout the challenges of COVID-19 we worked with colleagues from Infection Prevention and Control, PHA and RQIA to maintain standards and prevent the spread of infection within our services.

Residential Care embraced the use of creative technology, such as Zoom to enable residents to stay connected to family and friends as well as access support from other services during a time of isolation to promote health and wellbeing of service users. They also embedded the Care Partner model to enhance visiting.

Day Care services have developed innovative and creative tools to deliver day care to service users in their own homes while they were unable to attend the centres.

This involved outreach programmes and activities to support the physical and emotional wellbeing of the service users and carers. The use of technology, newsletters and connecting people with community and voluntary services in their own communities supported service users to stay active and connected, some of which will continue as elements of good practice as we reset services.



Domiciliary Care

The Northern Health and Social Care Trust's Homecare Service rose to the challenges brought about by the COVID-19 pandemic. All staff embraced the need for additional PPE and complied with the direction regarding enhanced Infection Prevention Controls (IPC) measures.

The very limited numbers of service users in receipt of domiciliary care testing positive for COVID-19 was as a result of the excellent compliance by staff with regard to both PPE and IPC.

The Homecare Service has shown itself to be the backbone of the health service maintaining vulnerable people safely in their own homes in accordance with wishes. In many cases Homecare Workers would have been the only human contact experienced by older people confined to their own homes during the pandemic. We owe this group of staff a huge debt of gratitude.

Podiatry Services

Frontline services were presented with many challenges throughout 2020-21. However, through the implementation of new and innovative ways of working which were initiated at pace, the Podiatry Service was able to continue to maintain a no breach position of the departmental elective access target of 13 weeks for first appointment. This included establishing an emergency diabetic helpline, using photo triage to effectively prioritise face to face appointments, telephone reviews where clinically appropriate and reviewing skill mix and clustering staff within clinical areas. In addition the service worked closely with the Regional Multi-disciplinary Foot Team in the Royal Victoria Hospital to ensure patients were supported locally where possible and service users' needs continued to be met.

INTEGRATED CARE AND PARTNERSHIPS – PROGRAMME / DIVISION COVID-19 RESPONSE

Partnerhub

The Partnerhub was established as a single point of contact for all Partner organisations to provide a prompt response to queries and issues, and a regular (often daily) communications portal, particularly to Care Home managers and Domiciliary Care Providers during the COVID-19 pandemic.

Personal Protective Equipment

Developed and implemented an ordering, review and delivery schedule for PPE in co-operation with Northern Health and Social Care Trust services at Pennybridge stores and Transport, and with Pharmacy and other Trust colleagues, to deliver PPE to care Homes and Domiciliary Care providers, with back up arrangements for emergency use at weekends (which were rarely called upon). Recall and replacement of some items of PPE also actioned as required.



Fit Testing

Developed database and communications links with Independent Sector Providers for their staff to be fit tested for appropriate face masks where involved in aerosol generating procedures and to ensure timely provision of these.

COVID-19 Vaccines

Developed the process for engaging and seeking resident and staff information from Care Homes, Supported Living Facilities and Hostels for Homeless to plan, co-ordinate and deliver the COVID-19 vaccine programme to all 132 Care Homes in the Northern Health and Social Care Trust area, and to Supported Living and Hostels. Collated and quality assured all data and worked collaboratively with Trust Mobile Community Nursing Teams, Equipment/ Transport, Pharmacy and others to effectively deliver the vaccine, working around COVID-19 outbreaks and adopting new guidance as it emerged from regional centre. Planned and GP Housebound vaccine programme, including for people whose GP is in Belfast or other Trust areas, working with the Trust mobile vaccine community nursing team.

Data Analytics

- A respiratory consultant led on considering the impact of COVID related demand on acute hospital services, including instigating and contributing to the design of a second regional model for COVID admissions based on age bands of positive cases, anticipating and raising deficiency in local and regional oxygen supply, and respiratory services, assisting the Northern Health and Social Care Trust to adopt to increased demand and patient care delivery, and linking with regional colleagues, looking at trends and impact to avoid oxygen failure
- Early review of nosocomial infections in the first wave of COVID. Use of data to predict the impact on services and advise/support the Senior Team around issues including the maintaining of services on the Causeway site during the pandemic and the timing of our intensive care expansion on the Antrim site to minimise the compromise of Acute care capacity based on the impact of vaccination strategy on bed occupancy before ICU occupancy peaked
- A respiratory consultant made an invited contribution, on behalf of Northern Ireland, to national guidelines produced by the UK lung cancer coalition for managing lung cancer during COVID



Care Homes

- Contributed to daily surveillance of COVID impact on Care Homes residents and staff; engaged with General Practice to host in-reach care and services into affected Homes including COVID Dr (GP) visits; and supported escalation of issues where need to engage with Care Homes owners to secure effective responses. Assisted with the delivery of equipment to Care homes and the support of same
- To support morale in Care Homes during pandemic, co-ordinated the delivery of items such as celebration cakes, Galgorm vouchers and Rainbow boxes donated, often working with the Community & Voluntary sector in this regard

Support to Care Homes

The Care Home Sector was adversely impacted by the effects of COVID-19.

Community staff embraced the new challenges they faced, often taking on different roles to support our colleagues within Care Homes; there was a wide range of duties carried out from senior managers helping with the co-ordination of the Care Home to staff covering care shifts. The contribution from staff came from across the multi- disciplinary team with Nurses, Social Workers and Occupational Therapists all playing their part.

The pandemic allowed very effective working relationships to be developed and these continue as the Care Homes come out of crisis and resume normal activity.

Care Partners and Visiting guidance was of particular importance as experience showed us how vital contact with loved ones was;

our staff continue to support Care Homes in implementing the Visiting guidance.



Responding to COVID-19: Care Home Family Liaison Service

In recognising the importance of facilitating effective and up to date communication between families

and their loved ones who were resident in Care Homes during the pandemic and in accordance with Article 8 of The Human Rights Act – “Respect for your private and family life”, Community Care Division Social Workers acknowledged the value of preserving family contact. The Care Home Family Liaison Service initiative is a perfect example of how Social Workers in Community Care worked to their Code of Conduct by demonstrating creativity in facilitating family contact in challenging situations. This has been a very worrying time for families and in order to try to alleviate their concerns and develop open lines of communication the Community Care Division developed a family liaison process. Social Workers acted as the communication link between the Care Home and family members.

They made daily contact with Care Homes to obtain an update on each resident – in most instances they joined the handover each morning. Once updates secured, the Social Worker made contact with each family / nominated contact to share information. This ensured daily contact was maintained.



One family member commented:



“It was wonderful to have the social worker present at such a difficult time; we found the daily contact reassuring and even had the opportunity to facetime our Dad. This was all facilitated by a lovely social worker who maintained a sensitive and professional approach. We are truly thankful”.

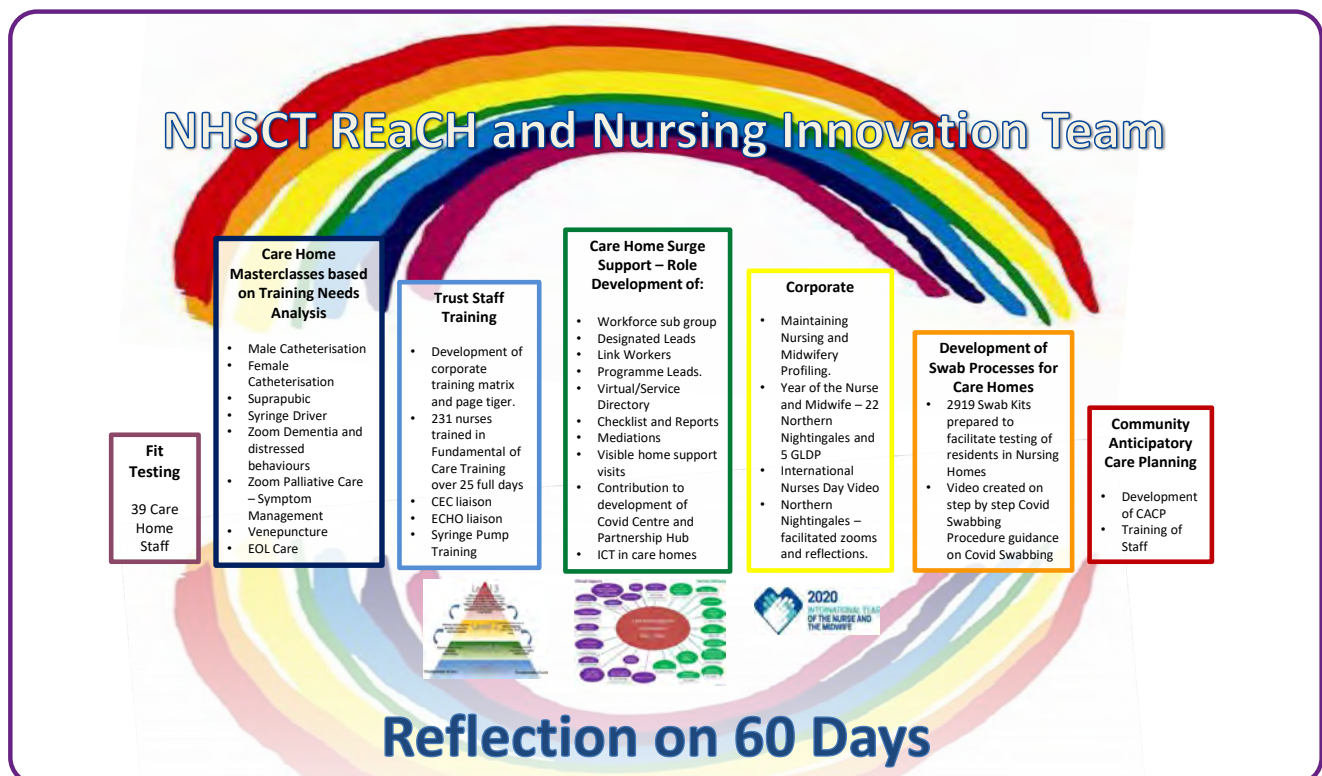
Social Workers involved in the family liaison service took time to write personal messages on cards between family members and elderly relatives; one Senior Social Worker made over 100 pocket hug key rings and delivered these with personal messages to families with relatives in Care Homes.

REACH and our COVID Collaborative with Care Homes

The REACH (Responsive Support, Education and Anticipatory Care with Care Homes) Team works collaboratively and directly with 58 Nursing Homes in the Northern Area.

The COVID-19 pandemic in 2020 dramatically transformed the relationship of REACH and Care Homes. All Nursing Homes in Northern Health and Social Care Trust relied on our support as did all Residential homes. REACH responded to all Care Home settings with the provision of training, visible support, professional leadership and a robust all systems partnership model of practice delivery.

See the reflective exercise we undertook over the summer of 2020.





"My brother gets his catheter changed by his own nurses and I am not phoned in the middle of night to go to ED with him."

Relative of Resident with Learning Disability



"I would be most grateful if you would pass on our thanks to the whole team for input we received over the last few days."

Care Home Operations Manager



"Excellent teaching, well presented, great interaction, given time to practice and great reassurance throughout."

Care Home Nurse Registrant



"My nurses who recently attended and completed the REACH program feel much more confident. I have noticed we have less hospital transfers and the nurses are much more proactive with assessing the residents and managing them in the home."

Care Home Manager.



"REACH is a useful initiative to enhance skills of nurses working in nursing homes, helping treat residents in these homes and preventing attendance at Emergency Departments – very important in the pandemic times."

Local MLA



"We always felt that we had a good relationship with you all in the Reach team before this (COVID 19) crisis but this time definitely has cemented those relationships."

Care Home Manager



"Facilitator easy to reach when advice & help was needed."

Champion



"All the staff you have sent have been so helpful, friendly and hardworking, the Home and most importantly the residents have benefitted so much from them being here."

Care Home Manager



"I cannot express how grateful we are to everyone involved in supporting the Hamilton Home. It has truly been an absolute privilege and pleasure to work alongside you all. Thank you."

Deputy Nurse Manager

At this time the REACH team engaged with the community care division, integrated care division, mental health, learning disability and community wellbeing division and undertook the role of Locality leads which provided collaborative leadership and professional advice and support directly to care home staff and to other divisions. Members of REACH also undertook the role of Link worker to homes which included frequent communications directly to identify their support needs and to escalate growing concerns appropriately.

For homes in crisis who needed infection, prevention and control support REACH conducted these joint visits to homes and followed this up with the requisite reviews.

The REACH Team continued to deliver training to care homes throughout the COVID-19 pandemic; however training was adapted to enable delivery via Zoom as a virtual platform. The team delivered 60 education sessions to 992 care home participants. The REACH team also developed and produced 8 videos based on the following subject areas:

1. Male catheterisation procedure
2. Female catheterisation procedure
3. Suprapubic catheterisation procedure
4. Syringe pump management
5. Venepuncture procedure
6. Procedure for COVID-19 Testing
7. Insertion of Saf- t- intima procedure
8. Insertion of subcutaneous cannula procedure



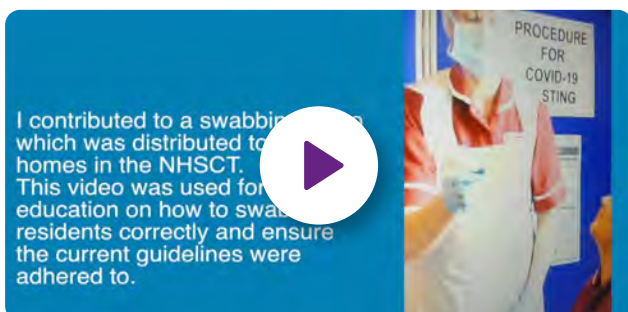
The REACH Team

L to R; Emma McKillop, REACH Practice Development Facilitator, Julie Foster, East Antrim Locality Lead Nurse, Bernie McWilliams, Practice Development Nurse, Sadie Campbell, Acting Lead Nurse REACH, Liz McWilliams, Practice Development Nurse.

Not in picture: Nerell Browne, REACH Practice Development Facilitator; Maria Loughran, Service Development Lead; Elizabeth Graham, Assistant Director of REACH Service

As well as REACH staff provision of training, collaborative working with Trust Specialist Nursing, AHP, Psychology, Laboratory and Pharmacy staff has enabled the delivery of a very comprehensive evidence based suite of training programmes.

The year 2020 marked International Year of Nurses and Midwives and one of our REACH team nurses was a participant in the Trust's Northern Nightingale leadership programme. She used her experiences as part of the Trust COVID-19 surge support to reflect on her learning and development as a nurse leader now and for the future. See her personal insights...



Many care home residents became ill as a consequence of COVID-19 and to support the delivery of residents person centred needs and care, REACH convened numerous COVID multidisciplinary resident case meetings inclusive of regular contact with the General Practitioner. Equally important was the mental health and wellbeing of the care homes staff and to that end much needed input was provided by the Trust Occupational Health Counselling Service. See some testimonials communicated about the REACH service.

As a consequence, collectively with the independent sector, our COVID experience has influenced how the REACH service model has since developed to include new ways of working involving; new integrated service developments, stronger partnerships with General Practice and in a ready state to respond to regional initiatives such as Minister Swann's Framework for Enhancing Clinical Care in Care Homes as part of the No More Silos agenda.

Our intention is to engage with the voluntary and community sector going forward as their input has proved invaluable through links already forged with Hospice/ Marie Curie and local Council support.



Medicines Optimisation Innovation Centre (MOIC) and the COVID-19 pandemic

MOIC is a regional centre based at Northern Health and Social Care Trust dedicated to delivering medicines optimisation to the people of Northern Ireland. It provides research, project management and offers professional expertise on projects that will improve patient care on medicines use. During the COVID-19 pandemic, MOIC staff rapidly adapted their skills to assist in the COVID-19 response in a number of key areas.

MOIC took the lead in the technical assessment of all PPE products that were to be procured for the region, establishing a system for processing the numerous offers from commercial companies to meet the unprecedented demand for PPE during the pandemic. Systems for logging offers, obtaining samples, assessing performance specifications were all established. Once MOIC had validated the essential documentation relating to products to ensure that the applicable standards had been met, BSO Procurement and Logistics Services (PaLS) completed all of the procurement due diligence tasks to permit purchase of the products. During the six week period from 1 April – 15 May the MOIC team received 592 items to review from 248 suppliers. Linked to PPE, MOIC also sat on the regional task and finish group, which considered potential decontamination protocols for PPE and other items.

MOIC conducted a portfolio of work to ensure that front-line healthcare staff maintained timely access to appropriate treatments and supplies to manage the rising numbers of patients admitted to critical care settings during the pandemic. MOIC took the lead for ensuring regional oxygen supplies were sufficient to meet growing needs, and established a regional database collating the number and type of ventilator machines/models for each Trust coupled with the requisite corresponding consumables. Furthermore, MOIC became the regional lead for modelling to establish likely needs for a number of critical items. Mathematical models were developed for critical care drugs, palliative care medicines and continuous renal replacement therapy (CCRT). Using these models, the team worked with the Regional Pharmaceutical Procurement Service to assist in regional planning and preparedness to inform critical care drug requirements. A paper describing this work and the model was published in the *European Journal of Hospital Pharmacy*. A health service in Alberta, Canada, has since used the model and the work has now been incorporated in a larger modelling piece published by the *European Association of Hospital Pharmacists*.

With research and service development being a core function of the centre, MOIC contributed where it could to the generation of new evidence to support the management and prevention of COVID-19.



The COvid ME dicaTion (COMET) study used pseudonymised data from patients hospitalised with COVID-19 to establish if certain medications affect clinical outcomes. A number of papers were published including one which describes no association between use of ACE inhibitors or angiotensin II receptor blockers prior to hospital admission and the clinical course of COVID-19. A further paper describes an association between Clinical Frailty Scale score and hospital mortality. The study was led by researchers from The Netherlands and MOIC was the coordinating site for the UK. Other projects included proposals for use of predictive analytics for mapping oxygen use in hospitals and a digital clinical support service for healthcare professionals who are managing COVID-19 patients in hospital.

The work that MOIC conducted during the pandemic has impacted on the safety of patients and staff, ensuring that high standards of quality of care at the Northern Health and Social Care Trust and regionally have been upheld throughout. The work also has led to new processes and systems being established to help respond to future pandemics more efficiently and certain outputs have also been published in the academic literature to share and disseminate these learnings globally. MOIC was also keen to explore the changes made by pharmacy teams across Northern Ireland in response to COVID-19 to both recognise the work of pharmacists, but to also learn how the profession could be better prepared for a future emergency situation such as the pandemic.

A final report “Rapid Review of Pharmacy Services Changed in Response to COVID-19 in Northern Ireland” was formally published by the Department of Health in September 2020. A virtual conference showcasing the changes made in the region was organised by MOIC in collaboration with Pharmacy Management. This event was attended virtually by over 150 delegates and included 36 presentations. A review of pharmacy workforce involvement in the vaccination programme was also coordinated by staff at MOIC wherein pharmacy professionals working across the region in a range of different settings described their role in the programme. The findings were written up in a feature style article and published in the widely read pharmacy magazine ‘Chemist + Druggist’. An abstract describing the review was also submitted to the Clinical Pharmacy Congress 2021.

Research & Development (R&D)

The past year delivered unprecedented challenges for us all. The first cases of what is now recognized as SARS-CoV-2 infection, termed COVID-19, were reported in Wuhan, China in December 2019 as cases of fatal pneumonia. By 26 February 2020, COVID-19 had been reported on all continents except Antarctica.





The Northern Health and Social Care Trust SIREN Research Team

Left to Right Dr Alaa Abdelrazik, Dr Suzanne Barrett, Mrs Frances Johnston, Mrs Ursula Rooney, Mrs Clare McGoldrick, Mrs Rebecca Folkard, Dr Elinor Hannah, Mrs Moyra McMaster, Mr Gerry Duffy, Ms Mari Paul.

The Northern Health and Social Care Trust participated in a full spectrum of research taking place around COVID-19, from the trialling of new treatments, to examining the effects of social distancing on the spread of coronavirus and the effect of the pandemic on people's well-being. Special mention should be given to RECOVERY, REMAP and SIREN clinical trials, where rapid clear answers to treatment questions had the potential to save hundreds of thousands of lives during the course of the COVID-19 pandemic.

Learning outcomes demonstrate that dexamethasone, tocilizumab and sarilumab are now being used in the treatment of COVID-19 for non-trial patients. The trials have also found hydroxychloroquine, lopinavir / ritonavir, azithromycin, convalescent plasma and colchicine not to be effective. It is evident that research is essential to find out which treatments work better for patients.

It plays an important role in discovering new treatments, and making sure that we use existing treatments in the best possible ways. Research can find answers to things that are unknown, filling gaps in knowledge and changing the way that healthcare professionals work.

Evidence suggests that patients who receive care in research-active hospitals have better health outcomes. This is due to the research-active hospital being able to offer wider treatment options and more opportunities to be included in clinical trials.

In support of this, the Trust continues to complete rigorous standards for research governance, and is committed to supporting an active and developing research culture which is supported by our Research & Development Strategy 'Developing a Research Culture Together'.

Furthermore, staff participated in 37 research studies / clinical trials during this reporting period. Research outcomes such as publications, awards, measures of esteem, collaborations and increased regional focus has been established and supported by the Northern Health and Social Care Trust, including our innovations centres, namely MOIC Medicines Optimization Innovation Centre and The Impact Innovation Centre led by Mental Health.

We are tremendously proud of our teams in stepping up to working in such difficult and highly challenging times.



Social Work Research

The Social Work Research Lead has developed academic collaborations with both local universities, conducting studies to inform improved Social Work practice. The COVID-19 Research Study in partnership with Ulster University is examining the impact of the pandemic on Northern Health and Social Care Trust Social Workers, particularly regarding engagement with service users. The Mental Capacity Study via collaboration with Queen's University Belfast is considering Social Worker's experience of making Trust Panel Authorisations. This study is being supported by funding awarded by the HSC Research & Development Research Fund. The contemporaneous nature of these studies increases opportunity for knowledge transfer regionally and internationally.



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