



Northern Health
and Social Care Trust

ANNUAL QUALITY REPORT

2021/22



CHIEF EXECUTIVE MESSAGE

Welcome to the Northern Health and Social Care Trust's Annual Quality Report for 2021/2022, which I am pleased to share with you.

The Trust provides a range of health and social care services to a population of approximately 479,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland. The Trust has expenditure of £1,009 million and employs approximately 12,000 staff across a full range of medical, health and social care disciplines.

Once again, this year has been dominated by the COVID-19 pandemic. Continuing high community transmission of the virus, unusually high numbers of particularly ill and often older, frail people who require hospital admission and high staff absence have together placed all services under immense pressure. The safety of our patients, service users and staff continues to be paramount and within this setting we have started rebuilding the services that had been suspended or reduced to allow us to protect emergency and urgent services.

Staff have shown immense courage and adaptability in the face of such a momentous challenge. They have been innovative and creative and have continually gone the extra mile to help sustain vital services and prioritise resources for those most in need.

To address staffing challenges and limitations during the winter months of 2021/2022 a "Plea for Help" initiative was launched asking staff in nursing and administration to come forward to take on new roles in the most affected service areas. Over the five months of the initiative staff provided 5,800 additional hours to support services.

We are hopeful that the year ahead will bring some respite from COVID-19 as we continue to rebuild our services and plan for the future. There is a real and evident need for reform and the time is right, with regional acknowledgement that the HSC system must take greater responsibility for population health and outcomes. Over the past year, we have been working on our 'Renewing Our Vision' programme, which recognises the drivers that are already impacting on health and care delivery and embraces them in setting out an ambitious agenda of reform across all of our service areas.

This report outlines some of the improvement and innovation undertaken to improve service delivery. As always, I am in awe of the professionalism and dedication shown by staff in facing often seemingly insurmountable odds.

I commend this report to you.



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 increased demand for our services, and this is reflected in our activity:

- 95,306 inpatients, inclusive of elective inpatients (compared to 87,488* in 2020/21)
*(*The figures for Mental Health inpatients were not available for 2020/21 due to changeover to a new information system)*
- 327,538 acute outpatients across all specialties (increase from 189,654)
- The figures for Mental Health outpatients are not available due to changeover to a new information system
- 143,954 attendances at Emergency Department and Minor Injury Units (increase from 119,997)
- 20,287 day case patients across all specialties (increase from 11,334)
- 3,857 births (increase from 3,785)
- 750 children looked after by Trust (increase from 737)
- 522 children on child protection register (increase from 492)
- 6,983 domiciliary care packages for older people provided in the community (increase from 4,964)

CONTENTS



THEME 1 – TRANSFORMING THE CULTURE 5 – 14

Personal and Public Involvement	7	Complaints and Compliments.....	11
Innovation and Quality Improvement	9	Incidents.....	12

THEME 2 – STRENGTHENING THE WORKFORCE 15 - 43

Investors In People	16	Improving Staff Health & Wellbeing	25
Training.....	18	Recognition and appreciation	28
Quality 2020 Attributes Framework.....	18	Appraisal	29
Staff communications	19	Revalidation.....	29
Developing Leadership Capability	20	Registration of professional staff	29
Leadership Conference.....	21	Medical Appraisal and Job Planning	30
Vocational training	22	Flu and COVID-19 vaccination.....	30
Induction	22	Recruitment / Resourcing	31
Coach Approach	23	Staff absenteeism.....	33
Promoting Openness.....	23	Staff achievements	35
Supporting staff.....	24		

THEME 3 – MEASURING THE IMPROVEMENTS 44 - 69

Reducing Healthcare Associated Infections (C Difficile & MRSA).....	45	Cardiac Arrest Rate	62
Safer surgery	47	Omitted and Delayed Medicines	63
Maternity services.....	47	Medicines Reconciliation	63
Paediatric services.....	51	Antimicrobials	63
Prevention of Falls	55	Insulin.....	64
Prevention of Pressure Ulcers.....	57	Integrating the Community Pharmacist into Community Mental Health Teams.....	67
Prevention of Venous Thromboembolism.....	61	Safe prescribing of COVID-19 antiviral medicines.....	67

THEME 4 – RAISING THE STANDARDS 68 - 77

Risk Adjusted Mortality Index.....	69	Identification and management of Sepsis.....	74
Emergency readmission rate.....	70	Cancer targets.....	74
Emergency Department.....	70	NICE guidance	75
Reducing the risk of Hyponatraemia	73	International, national and regional audits	75
Blood Transfusion.....	73		

THEME 5 – INTEGRATING THE CARE 78 - 94

Integrating the care.....	79	Mental Health	84
Community Care	81	Social Work and Social Care.....	88

LEARNING FROM COVID-19 95 - 100



THEME 1:

TRANSFORMING THE CULTURE



THEME 1: TRANSFORMING THE CULTURE

2021/22 was another extraordinarily challenging year for the Northern Health and Social Care Trust. Further surges of the COVID-19 pandemic, brought a new variant which was highly transmissible, resulting in many staff being off or self-isolating. The Trust again needed incredible resilience and resourcefulness from staff, and throughout continued to provide compassionate and person-centred care. The challenges of the past two years have shown that through the tremendous collective team spirit of all staff, they continue to prove they are the Trust's greatest asset!!



The Northern Health and Social Care Trust is committed to the Health and Social Care (HSC) shared values – these values, practices and

behaviours are at the heart of our culture and how we do things is as important as what we do.

The HSC values and behaviours are the golden thread embedded within people management, development, policies and practices.

Following the final year of the Trust's People Reform and Modernisation Programme (RAMP), the Trust launched a new set of corporate objectives in June 2021, based on the Institute for Healthcare Improvement (IHI) Quintuple Aim of Better Health, Better Care and Better Value, well-being of our staff and the need to address health inequalities.

#teamNORTH objectives are:

- N** Build Northern Partnerships and Integrate care
- O** Continue to improve Outcomes and experience
- R** Deliver value by optimising Resources
- T** Nurture our people, enable our talent and build our Teams
- H** Improve population Health and address health and social care inequalities





OPEN JUST & LEARNING CULTURE

During 2021/22, the Trust established a Corporate Steering Group to analyse, implement and measure its approach to an Open, Just and Learning Culture. The group has been established to develop an organisational understanding and awareness of what the Trust means by embracing and evidencing that it is an open, just and learning organisation.

In addition the following has been completed:-

- #teamNORTH in Action sessions were delivered to 342 participants, helping to embed our new vision, shared values and TeamNORTH objectives
- **#teamNORTH Culture Framework** and Toolkit was developed to help further embed the teamNORTH culture. The framework has been applied within the Mental Health, Learning Disability and Community Wellbeing (MHLDCW) Division to support the work of the Muckamore Abbey – Governance & Leadership Review

PERSONAL & PUBLIC INVOLVEMENT (INCLUDING PATIENT & SERVICE USER EXPERIENCE)

By working together, listening and respecting each other the Northern Health and Social Care Trust continues to ensure personal and public involvement is at the heart of all planning and delivery of services. By working in partnership we can meet the many challenges facing our communities and health and social care services.

Effective involvement is a priority outlined in the Department of Health's (DOH) Health and Wellbeing 2026 – Delivering Together Strategy. Personal and Public Involvement (PPI) has been a statutory requirement since 2009 and has been further enhanced by the DOH Co-Production Guidelines which were published in 2018. Patient and Client Experience (PCE) standards have been in place since 2009. PCE includes patient experience questionnaires, 10,000 More Voices and Care Opinion. The DoH tasked Trusts with the creation of a single plan, which builds on and brings together existing PPI, Co-production and patient experience work. To implement this plan the Trust has integrated the structures for PCE, PPI and Co-production. Within the Trust, this includes Patient Experience Standards, the Patient Experience Collaborative/real time feedback and 10,000 More Voices, Personal and Public Involvement and Co-Production – now referred to collectively as Involvement.



The creation of a central Involvement Team will support a consistent, coordinated approach to Involvement.

The Trust's Engagement, Experience, Equality and Employment Group (Quadruple EG), chaired by the Director of Operations, seeks assurance that the Trust is compliant with PCE, PPI and Co-production statutory requirements and that service users, carers and communities are involved in developing and planning services.

Given the challenges faced by health and social care the Trust is always open to new ideas and ways of working and have publicly advertised the opportunity to become a member of a new Engagement Advisory Board (EAB). Over 60 expressions of interest have been received and after final interviews members of the EAB have been appointed to reflect the communities served. Members will work with Trust staff to ensure the Trust is approaching its engagement in a way that meets the needs and interests of all communities, with a focus on targeting the most hard to reach groups.

The Trust continues to support and value the networks it has already established, and work in partnership with them to ensure everyone has the opportunity to be involved.

The Trust's Involvement Network continues to grow. It is made up of service users, carers and representative groups who live, or are based, in the Northern Trust area with lived experience and an interest in health and social care. There are currently over 300 members. Members of the Involvement Network are offered opportunities to work in partnership with the Trust to help co-design new services, or to improve and develop already existing ones. A total of 66 involvement opportunities have been shared with the Involvement Network between April 2021 and March 2022. The Trust is currently developing a central resource for service users, carers, public, partners and staff on the Trust's website to strengthen and improve how the Trust involves, by providing up to date information on involvement opportunities and resources to support involvement.

Examples of the range of involvement projects across the Trust can be found in the Involvement Annual report, which is available through the following link - [Output Report \(hscni.net\)](https://www.hscni.net/output-report)




INNOVATION AND QUALITY IMPROVEMENT (IQI)

**IQI IN THE NORTHERN TRUST
BUILDING CAPABILITY**

By March 2022

- 8097 staff trained in Q2020 Level 1
- 851 staff trained in IQI Pocket size



In 2021/ 22

- 7 staff graduated in Safety Quality North (Q2020 Level 2)
- 114 staff trained in Human factors training

By March 2022, the Trust supported

- 24 staff trained in Q2020 Level 3 courses

In 2021/ 22, the Trust supported

- 34 staff and teams supported through IQI clinics to help and make their QI projects a success
- 37 new IQI ideas were registered

CELEBRATING / SUPPORTING CAPABILITY

TEAM OF THE MONTH AWARD

3 teams received the Chief Executives Team of the Month award for outstanding Innovation and Quality Improvement projects


GAMIFICATION OF HUMAN FACTORS




The Gamification for Human Factors app for staff (Human Factors in Healthcare) was launched and a series of lunch and learn events supported staff in accessing the app




CELEBRATING/ SUPPORTING CAPABILITY CONTINUED

 124 staff attended the IQI Virtual Celebration Event. The theme of this year's event was 'Flipping the Coin of Improvement Science'

EVENTS



 A Learning from Excellence Greatix celebration event saw 97 staff attend the virtual event to hear from a range of speaker across the Trust




Learning from Excellence continues to recognise the great work of staff across the Trust with 190 GREATix badges awarded

201 booked onto 7 online sessions supporting virtual consultations.



ONLINE RESOURCES

639 staff accessed our newsletters sharing insights on Quality Improvement 

 1733 staff visited our virtual hub accessing a range of resources to support their Innovation and Quality Improvement projects

SUPPORTING GLOBAL EVENTS

What Matters To You Day 2021 supported meaningful conversations with service users and staff 

 We celebrated and showcased the great work of TeamNORTH over the past year



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 its patients and service users, so that the Trust can continually improve the quality of services; particularly when the care provided may not have been of the standard that would be expected.

Facts/Figures

- 823 formal complaints received (an increase from 636 in 2020/21)
- 100% of complaints acknowledged within 2 days
- 67% of complaints were responded to within 20 working days (the same percentage as 2020/21)
- 3,557 compliments were received through the Chief Executive's office (compared to 2,236 in 2020/21)
- The two main categories of compliments that were received relate to professional behaviour/attitudes of staff and quality of treatment and care

The top 5 categories of complaints related to:

- Quality of Treatment & Care
- Staff Attitude/Behaviour
- Communication/Information
- Policy/Commercial Decisions
- Waiting list, Delay/Cancellation for Outpatient appointments

Learning from complaints

The Trust continues to review complaints in an open and transparent way and considers complaints to be an important source of learning. Discussing and sharing the outcome of complaint investigations is one of the ways it improves the experience for people using Trust services and ensures that staff take the learning on board. Learning is shared and discussed in various forums including Quarterly Complaints Review meetings with Operational Directors, Quadruple E Steering Group, which forms part of the Trust's Integrated Governance and Assurance Framework and 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 2021/22, a total of 718 staff completed Level 1 Complaints & Service User Experience Training. Level 2 Complaint Reviewer Training is offered to specific service groups of 10 or more via Teams. There was no uptake of Level 2 Complaint Reviewer Training in 2021/22 due to staff availability as services were affected by redeployment and staff absence due to COVID-19. Training has recommenced in 2022/23.



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 2021/22, there were 18 requests for information from the NIPSO Office:

- 4 cases were issued with apologies
- 6 cases were closed and not upheld
- 8 are on-going

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 SAls (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 quality improvement projects within the Trust.

A total of 19,886 incidents were reported in 2021/22, which is an increase of nearly 18% 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. Trigger Lists outline the types of incidents 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	Pressure Ulcer – Non-Hospital Acquired	Self-Harm
2021/22	19,886	5,357	3,464	1,406	675	656

*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 2021/22, a total of 106 SAIs were identified. In the previous financial year, 97 SAIs were reported representing a slight increase.

The table below outlines the number of SAIs involving death for the period 2021/22 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	42
Surgical and Clinical Services	4
Medicine and Emergency Medicine	3
Women’s, Children’s and Family Services	3
Community Care	4
Total	56

One of the SAI criteria which impacts the Mental Health and Learning Disability Services Division is ‘Suspected suicide of a service user who has a mental illness or disorder and is known to/referred to mental health or learning disability services in the 12 months prior to the incident’. Sadly, the number of suicide related deaths are significant but also clients who have had limited contact with services in the year before death are required to be reviewed as a SAI. This means the number of SAI notifications from the Mental Health and Learning Disability Services Division, involving a death, are higher than other Divisions.

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 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

<https://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 to and listen to frontline staff about issues and concerns relating to service user safety, and encourage participation in quality and safety improvement at all levels of the Trust.

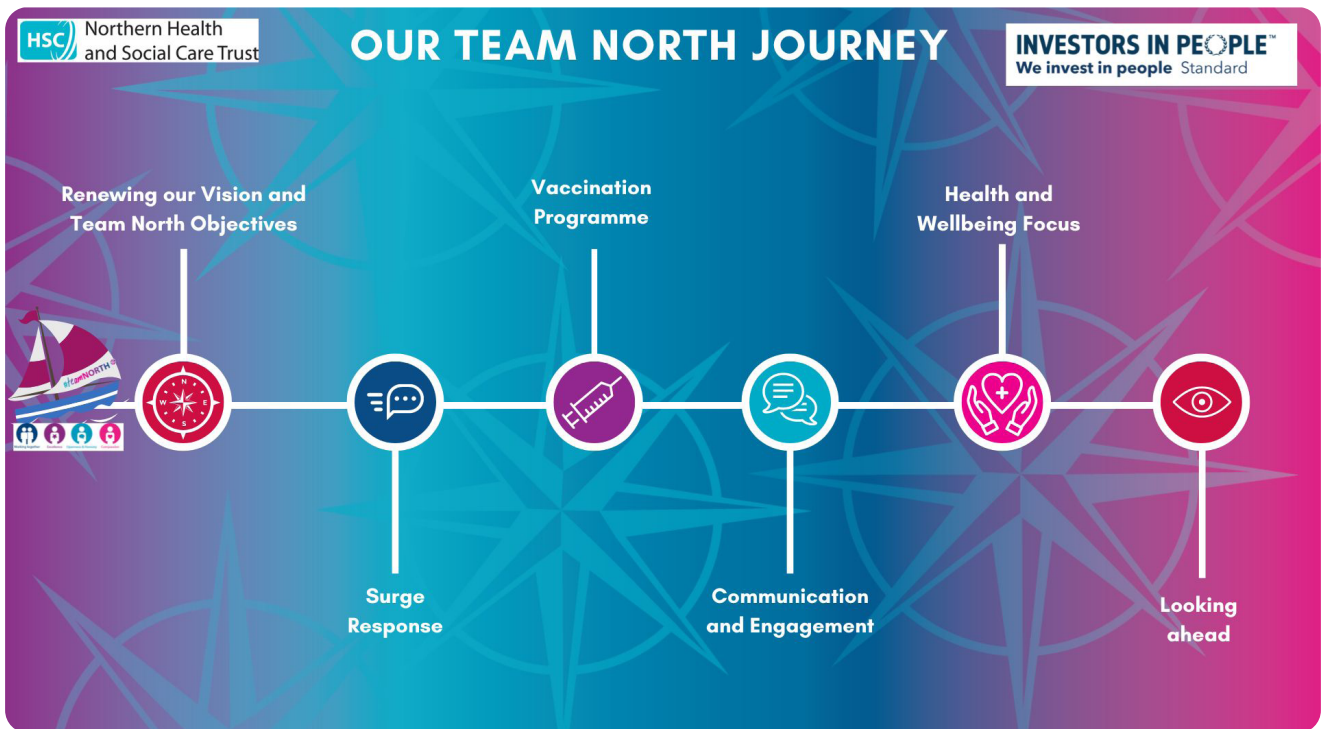
Leadership Walkrounds recommenced in May 2021, however, due to the COVID-19 pandemic, these are now carried out online. A total of 29 Leadership Walkrounds were held between May 2021 and March 2022, and were extended to include some services outside of the hospital setting.

There are plans to reenergise and refocus Leadership Walkrounds during 2022/23; these will now be extended further to cover as many services across the Trust as possible, and will be renamed to Leadership Safety Huddles.



THEME 2:

STRENGTHENING THE WORKFORCE



The Northern Health and Social Care Trust completed an Investors in People Strategic Review in October 2021 and is now progressing with preparation for re-accreditation of Investors in People (IIP) during November / December 2022.

In recognition of the unprecedented pressures resulting from the Coronavirus (COVID-19) Pandemic, the Trust agreed to undertake a strategic review exercise in October 2021, to enable the Trust to retain IIP accreditation for a further twelve months before undergoing a full reaccreditation exercise.

This enabled the Trust to discuss its response to the ongoing challenges faced, as well as provide a valuable insight into what it has been doing over the last twelve months to lead, support and nurture people, as well as achieving the Trust’s vision of delivering compassionate care for the community.





THEME 2: STRENGTHENING THE WORKFORCE

Successfully undertaking this exercise enabled the organisation to start planning in preparation for the full reaccreditation process which will take place in autumn 2022.

		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"> Adaption 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 			



THEME 2: STRENGTHENING THE WORKFORCE

TRAINING FIGURES AS AT 31 MARCH 2022



71% of staff trained at Level 1 of the Quality 2020 training attributes framework



42% of managers trained in Openness



52% of Agenda for Change staff undertaking an in-year appraisal



99% appraisal rate for medical staff



34% of frontline workers received the flu vaccination



40% of non-frontline workers received the flu vaccination



83% of staff trained in Information Governance Awareness



69% of staff trained in Cyber Security



75% of staff trained in Fire Safety Awareness

QUALITY 2020 ATTRIBUTES FRAMEWORK

Overall, 71% 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.



STAFF COMMUNICATIONS

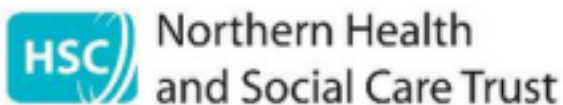
Recognising the extreme pressures faced during the year and the controls in place to keep our staff safe, the ways the Trust communicated was essential to keep staff up-to-date with changing guidance and make them aware of the assistance in place to support their health and wellbeing.

A COVID-19 hub was updated during the various pandemic surges for all staff and managers, accessible on any computer or mobile device, combining in one place information on Infection Prevention Control, testing, vaccination, safer working and Human Resources (HR) guidance.

The Trust's 'Team North Brief' was used to provide important corporate information, updates on COVID-19, including modelling, and health and wellbeing support services available for staff.

The objective was to provide timely information for managers to share at meetings. They were emailed directly to all managers and the frequency during peak periods was increased to fortnightly and this then reverted to monthly.

A new 'People Pulse' was developed during the year, distributed through email to all staff and made available through the Trust's intranet page. This consolidated all Human Resource information in one place, highlighting changes to rapid response COVID-19 payments, directing new staff to corporate welcome events and promoting Equality, Diversity and Inclusion activity, amongst many others.



PEOPLE PULSE

MARCH 2022





DEVELOPING LEADERSHIP CAPABILITY

Due to the COVID-19 pandemic the Trust had to pause a number of Leadership Pathways however work continued to develop leadership capability in a range of ways:

- Continued to work with a range of teams and services to create a consistent approach to compassionate leadership within the organisation, to strengthen teams and to develop individuals to understand their impact and contribution to their role, teams and the organisation
- Work began this year on the new Leadership Pathways, through a diagnostic to inform the design and development of three new leadership pathways. The Leadership Pathways will help build leadership capacity at all levels to develop the Trust's talented diverse workforce
- Supported 50 Team North leaders to undertake clinical and non-clinical leadership programmes, including our bespoke CONNECT Medical Leadership Programme as well as regional and cross sectoral programmes

Connect is a clinical leadership development programme, accredited by the Faculty of Medical Leadership and Management (FMLM), and is designed to support consultants and Specialty Doctors and Associated Specialists within #teamNORTH. It aims to empower clinicians to take an active leadership role by enhancing skills and knowledge on both leading and managing within the Trust as well building connections.

The second cohort concluded in June 2021, with a total of 18 participants completing the programme. In September 2021 the third cohort commenced, with a total of 24 participants signing up to take part in the programme across a variety of roles and specialties; this will conclude in June 2022.

HSC Northern Health and Social Care Trust | **#teamNORTH** | **HSC** Leadership Centre

CONNECT

Consultant Leadership Development Programme

Introduction

The Northern Trust in collaboration with the HSC Leadership Centre has designed a Consultant Leadership Development Programme:

Programme details:

On-boarding
29 September 2021 (0.5day am)

Module 1: Leading Within and Across Teams
21 October 2021 (1 day)

Module 2: Foundations of Leadership
23 November 2021 (1 day)

Module 3: Management Essentials
3 March 2022 (1 day)

Module 4 – Leading for Change
24 March (0.5 day am)

Module 5: Leading for the future
28 April 2022 (0.5 day am)

Module 6: Leadership in Action
26 May 2022 (1 day)

Making Connections and Closing Event
30 June 2022 (0.5day)

Programme Aim

The overall aim of the programme is:

To create a culture in which clinicians want to and have the knowledge and skills to engage more in the management, leadership and improvement of services. To empower them to take on an active leadership role and work effectively with other senior leaders, supporting the vision of providing compassionate care with our community, in our community, and in the context of Covid recovery.

LEARNING OUTCOMES

- Improved consultant engagement through increased knowledge and understanding of the organisation and management structure of the Trust, connecting their clinical aspirations to the Trust's objectives.
- To make connections with senior directors and other senior leaders within the Trust
- Increased self-awareness and understanding of personal impact on situations with strategies for improved effectiveness.
- Support and achievement of organisational objectives through effective management and leadership of people and resources.
- To explore leadership roles and further develop the skills and qualities to lead colleagues through change.
- Support and delivery of service innovation; lead improvements and reform in and across services.
- Encouraging consultants to take on formal leadership roles within the Trust.

KEY PRINCIPLES

The programme will use a blended approach with a range of learning and development opportunities. The core components of the programme include:

- Modular workshops
- Digital resources and discussion forums
- Leadership diagnostics
- Coaching and Mentoring

Faculty of Medical Leadership and Management
FMLM Accredited

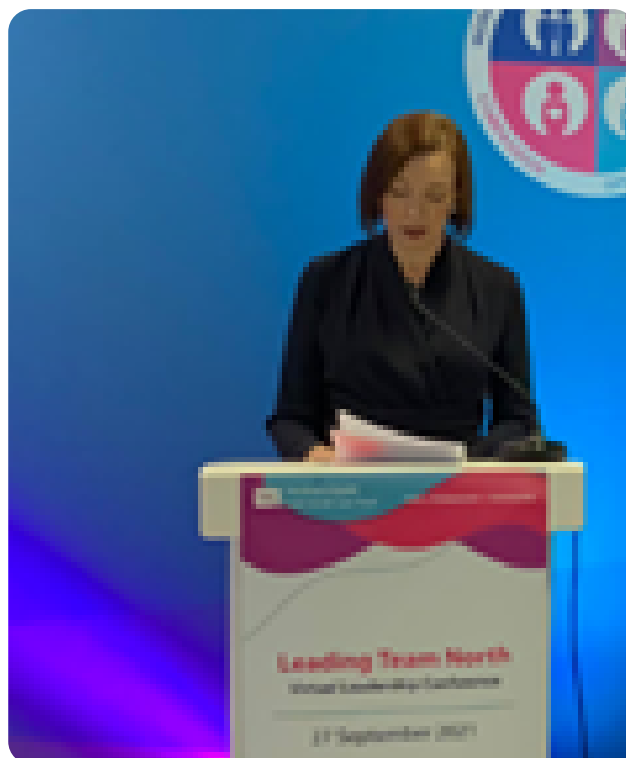
CPD MEMBER
The CPD Certification Service



LEADERSHIP CONFERENCE

The Trust held two Virtual Leadership Conferences on Monday 27 September 2021 and over 350 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 Team North". Participant engagement at the event informed two output documents used to help embed #teamNORTH and inform the design of management and leadership development programmes.





THEME 2: STRENGTHENING THE WORKFORCE

VOCATIONAL TRAINING

There were 19 members of Northern Health and Social Care Trust staff who successfully completed vocational qualifications across a variety of different levels.

Completed Learners 01/04/2021 to 31/03/2022	
Level 3 Certificate in Healthcare Support	3
Level 2 Diploma in Health and Social Care (Wales and Northern Ireland)	7
Level 2 Diploma in Health and Social Care (Northern Ireland)	7
Level 5 Diploma in Leadership (Adult Management) in Health and Social Care (Wales and Northern Ireland)	2
Total:	19

STAFF INDUCTION AND CORPORATE WELCOME

Starting a new role in the Northern Health and Social Care Trust 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.

HSC Northern Health and Social Care Trust

INVESTORS IN PEOPLE Accredited Since 2021

Remember to complete the Declaration of Completion

Welcome to #teamNorth

This will be your digital guide to getting started within our Trust. The Corporate Welcome programme is mandatory for all Northern Trust staff.

Once you have read and understood all sections of this Corporate Welcome document, you must complete our Declaration of Completion which can be found by clicking on the box above.

SELECT THE BUTTONS BELOW TO LEARN MORE

- Your Trust
- Your Directorate
- Top Tips for Getting Started
- Your Development
- Your Safety
- Your Health & Wellbeing
- Your Benefits & Rewards
- Your Voice



HSC Northern Health and Social Care Trust

Virtual Corporate Welcome Event
9.30 AM - 3.30 PM
#teamNORTH

Time	Event Programme
09.30 - 09.35	Welcome & Overview
09.35 - 09.50	Welcome to Team North
09.50 - 10.20	Team North in Action
10.20 - 10.35	BREAK
10.35 - 11.20	Equality, Diversity & Inclusion
11.20 - 11.25	BREAK
11.25 - 11.55	Health & Safety Awareness & COSHH Awareness
11.55 - 12.00	BREAK
12.00 - 12.45	Information Governance
12.45 - 13.20	LUNCH
13.20 - 13.30	Hints & tips for getting started - Digital Corporate Welcome Resource
13.30 - 13.40	Fraud Awareness
13.40 - 14.00	Complaints Awareness
14.00 - 14.05	BREAK
14.05 - 14.35	IQI Level 1
14.35 - 14.40	BREAK
14.40 - 15.25	Fire
15.25 - 15.30	Close

THE COACH APPROACH

Coaching is one of the key methods through which leadership capability is developed across/within the Trust. It is a process where skilful questioning and appreciative inquiry techniques are used to help individuals to maximise their full potential to achieve both personal and professional success. The Trust’s Corporate Coaching Network currently has 16 trained coaches, who are providing active sessions across the organisation and meet on a quarterly basis.

PROMOTING OPENNESS

The COVID-19 pandemic has had a significant impact on the Trust’s Openness agenda, in that the annual Raising Concerns Awareness Week had to be cancelled again. As at 31 March 2022, over 400 managers within the Trust have now successfully completed Openness training which is 42% of managers within the organisation.

In June 2021 the Trust introduced monthly Virtual Corporate Welcome events for staff to supplement the Trust’s Digital Corporate Welcome resource. A total of 304 staff attended 10 events from June 21 – March 22.

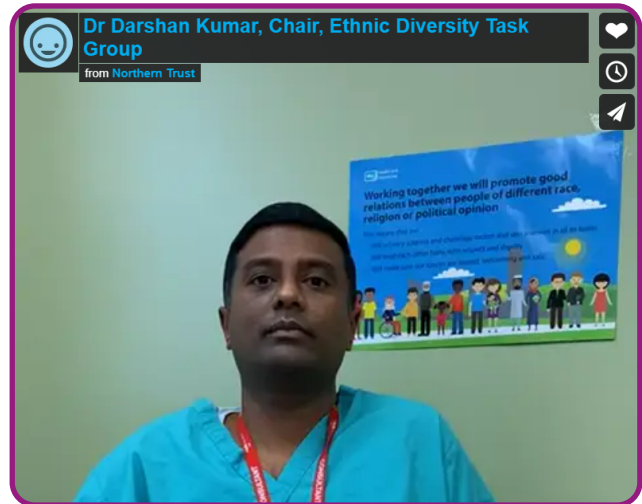


SUPPORTING THE ETHNICALLY DIVERSE WORKFORCE

The Ethnic Diversity Task Group was established in October 2020 following a series of focus groups with staff. During 2021/22 members of the group represented the Northern Health and Social Care Trust at a number of regional events and working groups including; Northern Ireland Confederation for Health and Social Care (NICON) Conference, October 2021; HSC Leadership Centre Regional Organisational Development Programme and the Department of Health Working Group to consider barriers to postgraduate development in nursing. The group's Chairperson was interviewed by UTV Live in January 2022 following the achievement of a commendation award at the Northern Ireland (NI) Good Relations Award in May.

The Task Group continues to grow and provides networking opportunities and sharing of information. The group recently reviewed their Terms of Reference and the use of the term Black, Asian, and minority Ethnic ('BAME') and are now utilising Ethnic Diversity Task Group.

The Trust promoted the Celebration of Race Equality Week (7–13 Feb) creating a News Bulletin and highlighting awareness through Social Media/Staffnet and a Trustwide Broadcast.



The group worked in partnership to review the Trust's Special Leave Policy – securing amendments to wording of Bereavement Leave and Emergency Leave to help support staff with families outside Ireland/UK. The group also developed COVID-19 guidance on risk assessments and helped to introduce a new protocol on Emergency Travel Arrangements for Staff. Members of the group were filmed as part of the promotional videos designed to encourage vaccination uptake.





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 and updated regularly. The pack was designed to be an inventory of support materials available to staff, providing them with information and wellbeing supports. The resource was accessed over 4000 times during 2021/22.

The Organisation Development (OD) Team worked in collaboration with Occupational Health colleagues to develop and deliver a Colleague Support Plan between September 21 – March 22. The Plan was designed to support teams, managers and staff during COVID-19. The OD Team delivered a virtual Reconnecting with Compassion series to 192 Team North managers and leaders, to help them support themselves and their teams, as well as developing a festive Team North Pole Pack to enable teams to come together.



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 Trust. It is accessed through Staffnet, and also from outside of the Trust.

The i-matter platform averaged 986 visits a month over the 2021/22 period.

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:

The Northern Health and Social Care Trust Impact Research Centre, funded by the Research and Development Division of the Public Health Agency (PHA) carried out a regional COVID-19 Staff Wellbeing Survey at four time points. The online survey was open to all HSC staff in Northern Ireland (NI). Many thousands of staff took part at each time point. The survey involved collaborators in each of the Trusts and Ambulance Service (the first mental health study in NI to do so).

A key aim of the survey was to examine the impact of the pandemic on mental health and wellbeing of staff.

It also aimed to aid the organisation's plan for appropriate staff support. High levels of distress were reported among staff, in particular high levels of depression, anxiety, Post Traumatic Stress Disorder (PTSD) and Insomnia.

The findings from this research were disseminated widely in Trusts (including senior management) and was used to inform conversation and policies regarding staff wellbeing. A follow-up is planned to chart recovery from COVID-19.



The Trust was successful in receiving funding through Charitable Trust Funds for additional staffing resources to support the psychology staff wellbeing service which works within both occupational health and OD/HR teams and enhance the ability to offer timely and appropriate support to individuals, managers and teams in relation to workplace stress and distress.

The Trust continued to offer weekly mindfulness drop-in sessions to all staff and extended these to occur twice weekly (Tuesdays at 1:30 pm and Thursdays at 8:45 am).



Equality, Diversity & Inclusion:

The Northern Health and Social Care Trust established the Trust Equality, Diversity and Inclusion (EDI) Steering Group with divisional representation, reporting through the Health, Well Being and Inclusion (HWB&I) Steering Group and Quadruple E Group. The group is chaired by an executive director with sponsorship from a member of Trust Board. The first meeting of the new EDI Steering Group took place on 29 September 2021 with representation from all divisions and key stakeholders.

A Consultant from the Leadership Centre, attended meetings in November 2021 and March 2022 to facilitate discussion on EDI awareness, 'Unconscious Bias' and group members' roles and responsibilities.

Equality,
diversity +
inclusion

The Terms of Reference were agreed, along with the development of the EDI Steering Group member/Champions role descriptor. An annual review of progress was issued to all group members for discussion and circulation across service areas.

Promoting Healthy Living:

Staff Health and Wellbeing Champions have continued to support the health and wellbeing of staff across the Trust. Wellbeing support information has been provided to staff in relation to different areas of health including nutrition and hydration, stopping smoking, men's health, mental health and wellbeing, and care in the sun.

A range of staff health and wellbeing activities have been provided to staff including Physical Activity programmes such as pilates, yoga, fitness classes, and Couch to 5k; Arts and Wellbeing Programmes such as arts & crafts, photography, and painting workshops, and financial wellbeing workshops.

A bid has been successful to support Staff Health & Wellbeing Champions in taking forward individualised Staff Health and Wellbeing Programmes in response to needs within their work areas.

Promoting
healthy
living

Financial wellbeing has been highlighted as a priority focus area amongst Trust staff with a survey having been conducted seeking the views of Health & Social Care Staff on their Financial Wellbeing.

Emotional Wellbeing support has been offered to staff who are parents and staff who are childless not by choice in the form of staff seminars.



THEME 2: STRENGTHENING THE WORKFORCE

Promoting Healthy Working Lives:

The Promoting Healthy Working Lives sub-group provided a COVID-19 response for staff throughout the pandemic and adapting to the ever-changing landscape. This has included the development of the COVID-19 Toolkit for Managers and Staff along with staff contact tracing and providing a COVID-19 helpline for staff and managers.

A successful bid for funding through Charitable Trust Funds has provided for a Post COVID-19 syndrome Vocational Rehabilitation Programme for staff. The group also oversaw the roll out of staff vaccination programmes including Flu and COVID-19 vaccinations.

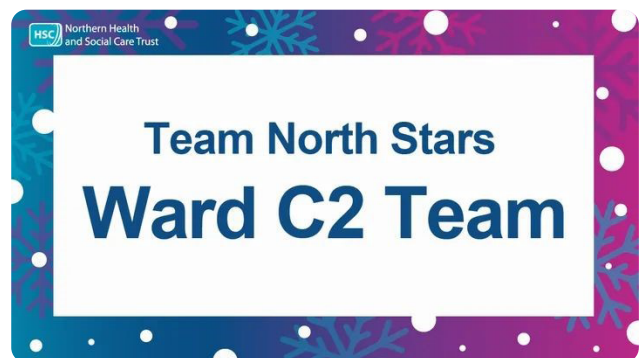


RECOGNITION AND APPRECIATION

The Northern Health and Social Care Trust remained committed to both recognising and appreciating staff. A revised approach to recognition and appreciation was endorsed by the Senior Management Team with a focus on maintaining the **Northern Trust Stars**, supporting managers and staff in their approach to recognition and appreciation.

Over 200 staff attended the virtual **Chairman's Team North Awards** that took place live on 11 November 2021 from a range of hubs. The award ceremony celebrated some of the fantastic work taking place within Team North, while appreciating the tremendous collective effort of all staff over the previous 12 months.

The Trust's Chairman paid tribute to all the finalists on the day saying, "I want to thank you for your hard work and dedication. The awards ceremony is a celebration of everything that is great about Health and Social Care and Team North in particular. It is also about recognising the very best within the best, which has been no easy feat, especially for the year that has just passed".





APPRAISAL

For 2021/22, the Northern Health and Social Care Trust was set an annual staff (Agenda for Change) appraisal compliance target of 75% by the Department of Health.

The Trust reinstated the Wellbeing Appraisal during the year to support line managers and staff to complete appraisal and ensure a focus on protected time to check in to discuss wellbeing. This was supported by the HR Helpdesk and the Organisation Development Digital Team who recorded appraisals on behalf of managers.

As at 31 March 2022, a total of 58% 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 2022/23 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.

REVALIDATION OF MEDICAL AND NURSING STAFF

Revalidation for nursing and midwifery is a process for maintaining their Nursing and Midwifery Council registration. The process promotes continual development, keeping knowledge and skills up to date and maintaining safe and effective practice.

Medical Revalidation is the process by which doctors are required to demonstrate to the General Medical Council (GMC) that they are fit to practice.

This is based on local evaluation of the doctor's performance and practice, which is reviewed against national standards as approved by the GMC. It applies to all licenced doctors in the UK working in all specialties in the National Health Service, and the private sector.

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, etc.) are appropriately registered. Registration demonstrates that their skills are up to date and they remain fit to practise.

MEDICAL APPRAISAL

Medical staff across all Directorates (including some locums) have engaged in the Medical Appraisal process with approximately 320 staff now registered and completing their appraisals online resulting in a 99% completion rate. This annual facilitated self-review supported by information from the full scope of a doctor's work demonstrates the General Medical Council (GMC) fitness to practice.

The Appraisal year 2021/22 had a focus on a 'well-being' appraisal and a reflection on learning from the pandemic.

It was obvious on reviewing some of these appraisals that innovation was the 'name of the game' with virtual activity, enhanced triage, and development of ambulatory pathways to name but a few.



Appraisal processes continue to be reviewed, and refined within the Medical Directorate, including participation in further planned enhancements of the regional system and engagement with all newly appointed medical staff, providing an overview of the Medical Appraisal process and Regional Appraisal System.

MEDICAL JOB PLANNING

Medical job planning is an important way to link best use of resources with quality outcomes. It aligns the work programme of medical staff, setting out their duties and professional activity in job plans, which can provide an understanding of workforce capacity and match it to patients' needs.

The pandemic presented significant challenges for the job planning process and therefore resulted in a lower than expected completion rate for 2021/22 of 72%. However, the medical directorate have used this time to embed new arrangements to facilitate and complete the job plan process for 2022/23.

The Northern Health and Social Care Trust is continuing to make improvements in line with recommendations contained in an audit report around medical job planning. The Medical Directorate continues to provide training in job planning and one to one support to managers and clinical leads and provides overview of the job plan process for all newly appointed medical staff.

STAFF FLU AND COVID-19 VACCINATION RATE

The DoH target for Health Care Worker Flu vaccination uptake remained at 75% for the 2021/22 campaign. The year-end uptake figures for the Flu vaccination of Northern Health and Social Care Trust's Health and Social care workers for 2021/22 is 35%. The final figure is reflective of 34% of frontline staff and 40% of non-frontline staff. 2021/22 has been a challenging year with regards to Flu vaccination uptake amongst staff. This could potentially be attributable to a number of factors including, low levels of influenza circulating in the community, the national focus on COVID-19 vaccine and the absence of a peer vaccinator programme within the Trust due to the

complexities of delivering the COVID-19 vaccine in tandem with the Flu vaccine.

The roll out of the COVID-19 vaccine for staff has continued throughout 2021/22. The uptake of dose 1 was 86%, dose 2 - 85% and booster dose was 55%. The Flu and COVID-19 vaccination campaigns were facilitated through pop-up clinics throughout the Trust and the Mass Vaccination Centre in the Seven Towers Leisure Centre, Ballymena.





RECRUITMENT / RESOURCING

The Recruitment Strategy was launched in June 2021 and an action plan has been devised to support the delivery of the Strategy. Senior Executive and Divisional Directors Recruitment Action plans were devised and agreed with

the Chief Executive, Deputy Chief Executive and Director of Operations.

The Resourcing team have processed 30% more vacancy requisitions in 2021/22 than in 2020/21. The data is shown below.

	Total Requisitions received	Lead Requisitions created	Requisitions Created for Manager	Total
2020/21	2,338	56	0	2,394
2021/22	2,864	155	87	3,106

The Resourcing Team continued to support the External Workforce Appeal and processed 326 applications for various roles. This included liaising with candidates about their application, participating in selection activities, completing pre-employment checks and liaising with candidates about on boarding activities and documentation. This resulted in 105 people being available to join the Trust's workforce if needed.

The Trust also made contact with retired Nursing, Social Work and Administration staff who were asked to support the Trust through the Winter Surge.

Support for the International Nurse recruitment programme is ongoing with 25 applications for Certificates of Sponsorship processed, as well as processing 14 applications for extensions to existing Certificates of Sponsorship.

Within the Occupational Health & Wellbeing Service, the throughput of Pre-Employment Health Assessments (PEHA) has continued with a total of 821 PEHA appointments facilitated throughout the course of 2021/22, which is a 7% increase on the 2020/21 figure of 770 PEHAs. The standard waiting time of an appointment offered within 10 days of contact has been maintained throughout.

PLEA FOR HELP

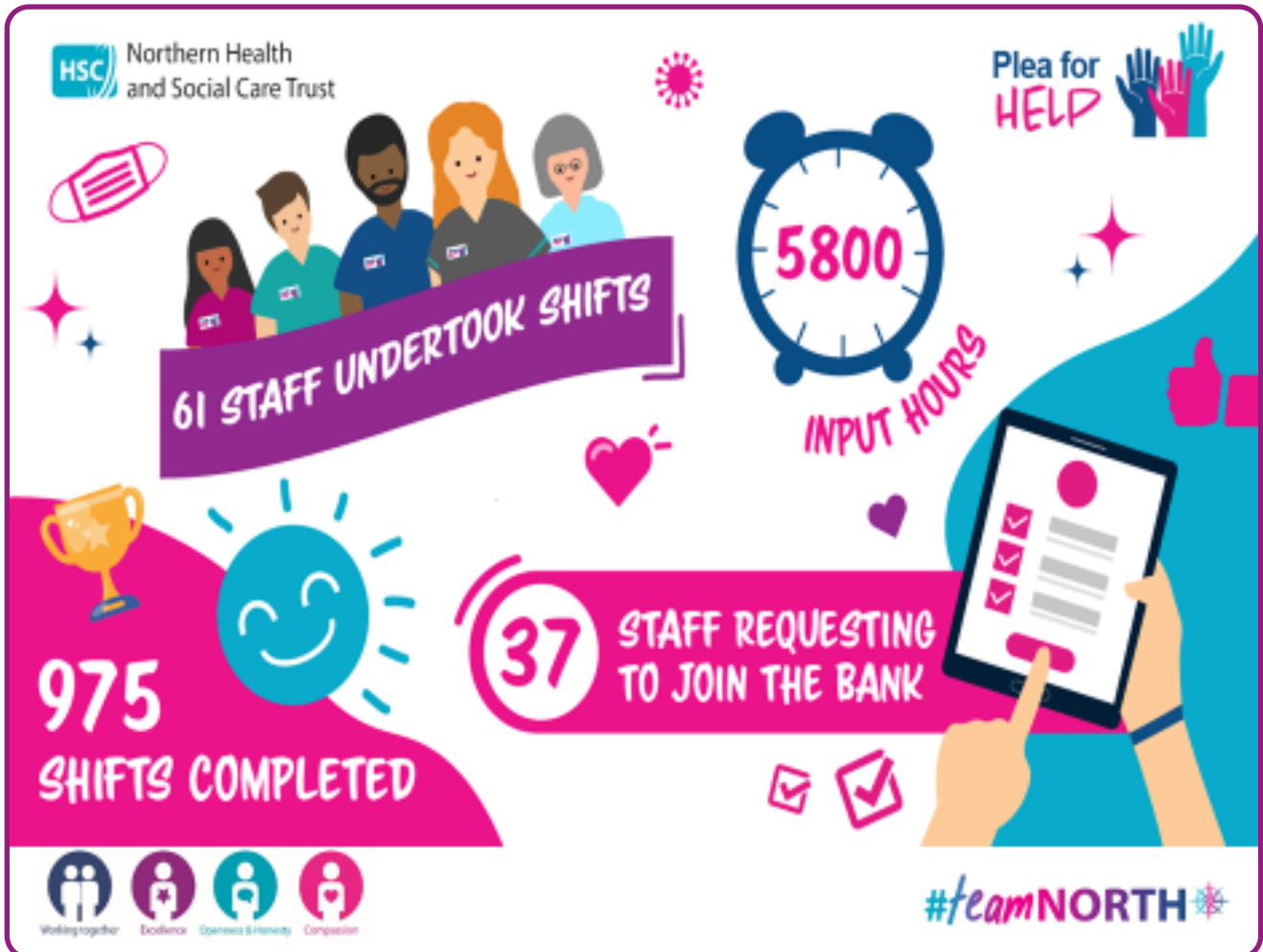
To address staffing limitations in both acute and community sites during the winter months of 2021/22, a three-strand approach was developed to ask staff in nursing and administration to come forward to take on new roles in the most affected service areas.

Under the 'Supporting Critical Services' strand the Plea for Help initiative was proposed and launched on 20 October 2021 for administrative staff to assist in clinical areas. Over the 5 months of the initiative, 61 staff completed a total of 975 shifts, resulting in 5,800 additional hours.



THEME 2: STRENGTHENING THE WORKFORCE

NHSCT
ANNUAL QUALITY
REPORT 2021/22



Individuals who volunteered and managers who received them were given opportunities to share their experience through a Citizen Space survey. Ward Managers acknowledged the benefits to patient safety during this period.

In recognition of the valuable resources that were provided through the Plea for Help initiative, the Directors offered staff the opportunity to join a bank arrangement with 37 staff taking up this offer.

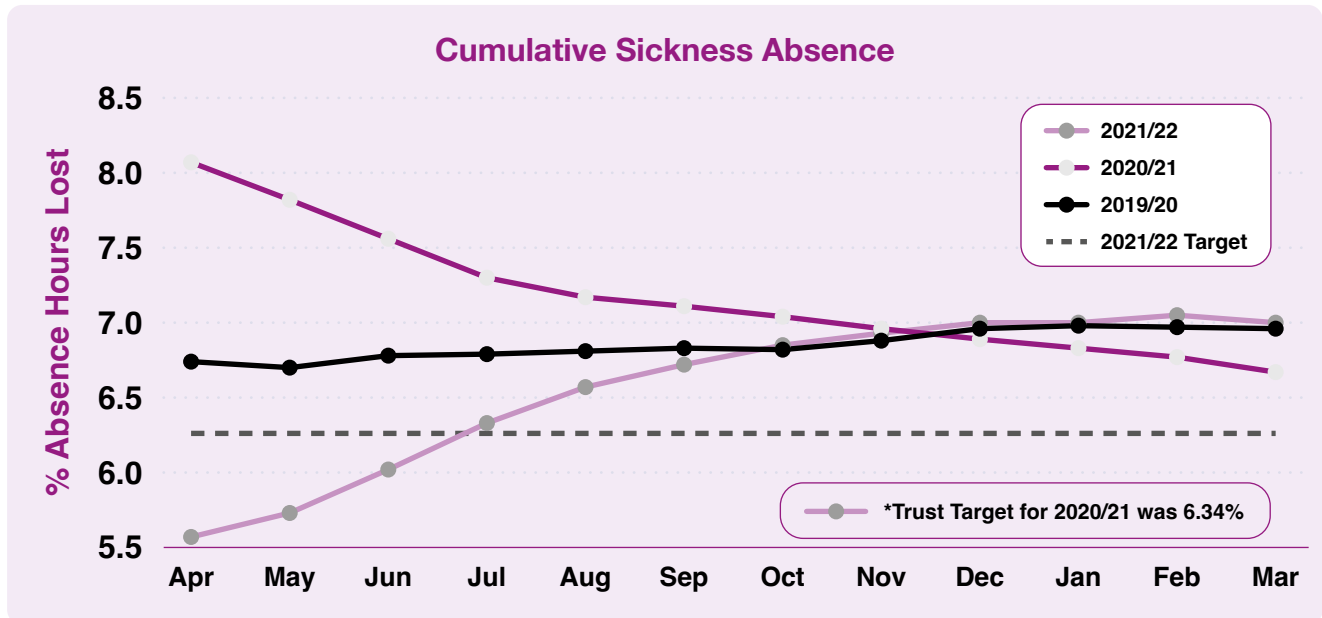


STAFF ABSENTEEISM

The Northern Health and Social Care Trust's cumulative sickness absence percentage for 2021/22 was 7.19%, a figure that was 0.85% above the 2021/22 target of 6.34%. This excludes COVID-19 related absence.

During 2020/21, the absence figure increased from April 2021 to August 2021 and remained in a relatively steady state of 7-7.6% until February 2022, there was a slight decrease in March 2022.

The chart below compares the cumulative absence position over the past 3 years from 2019/20 to 2021/22.





THEME 2: STRENGTHENING THE WORKFORCE

The chart below details the top 10 reasons for absence during 2021/22.

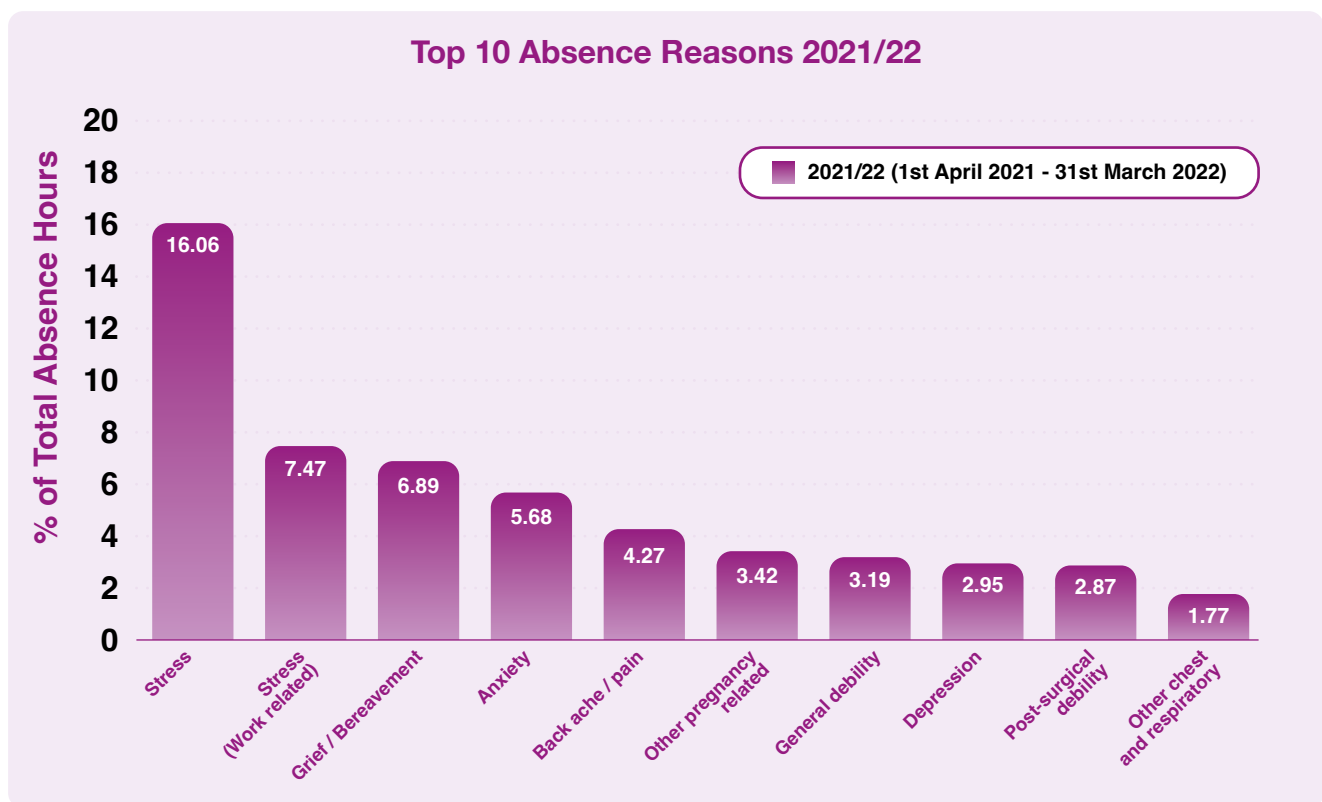
The top 3 reasons for absence were:

Stress: 16.06%

Stress (Work related): 7.47%

Grief / Bereavement: 6.89%

Both stress and grief / bereavement seen a decrease from 2020/21 however work related stress seen an increase. Mental health-related absences continue to be the main reasons for absence and seen an increase in both 2019/20 and 2020/21 when compared to pre-pandemic.





STAFF ACHIEVEMENTS

During 2021/22 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 Trust staff:

BEREAVEMENT SERVICE

The Bereavement Comfort Call Service (BCC) picked up two Helpforce Champions awards in Autumn last year:

- Sharon O'Donnell was awarded the volunteer leaders award 2021 by Helpforce UK for her input coordinating the BCC Service.
- The Trust also won the 'Innovation in Volunteering Award' and this was presented to the team of volunteers who provide this service.

PSYCHOLOGICAL SERVICES

In October 2021, the Brain Injury Service received a 3-year reaccreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). Accreditation is an indication of the commitment to improving the quality of the service, by conforming to international standards. Two groups of service users spoke with the surveyors in May 2021 about their experience of the Brain Injury Service and their comments were included in the Accreditation Report.

LEARNING DISABILITY SERVICES

- The Head of Short Breaks / Supported Living, Angela Reid, was awarded an MBE in 2021 for her services to care homes during COVID-19.
- Thomas Houghton, Adult Centre manager, was awarded a BEM for his services to adults with a learning disability.

ACUTE MENTAL HEALTH SERVICES

- Two staff members were supported to complete the preparation for degree course and one staff member successfully completed the first year of the Postgraduate Diploma in Leadership.
- In recognition of reduced nursing student placements across the Trust due to the impact of COVID-19 the Crisis Resolution and Home Treatment Team (CRHTT) committed to provide additional placements over the last 12 months. Over this time period the service supported 16 nursing placements and plans to continue to provide a positive learning experience for nursing students over the next 12 months.

COMMUNITY WELLBEING

The Health and Wellbeing Team were the first regionally to establish a shielding service, working 9am to 9pm for 7 days a week helping vulnerable people remain safe at home. Staff quickly adapted health and wellbeing services to changing circumstances demonstrating flexibility and creativity to meet needs. Ideas like slow cookers to help people move from food parcels to sustainable self-help were shared and spread regionally.



As the Trust moved through the pandemic, staff moved quickly to adapt their services with use of webinars and videos becoming mainstream tools for education and by continuing our programmes virtually. Co-production has been central to how the Trust developed new ways of providing social prescribing and improving health literacy. The commitment of the Health and Wellbeing Team to our increasing range of activities improving the health of the population has continued across all thematic areas. Notable achievements including the development of autism friendly services through the public health approach to autism. The commitment to address loneliness resulted in initiatives such as the chatty benches and cafes now widely accessible across the Northern Trust area. The importance of the wellbeing of children is demonstrated in the achievement of Take 5 accredited schools for the mental wellbeing of young people, the successful PANTS campaign (which can help children to stay safe from sexual abuse) extending understanding of healthy relationships for the protection of children and the addressing of childhood poverty and parenting working with Save the Children, local advice centres and our Council colleagues.

BACKCARE TEAM

To comply with COVID-19 safety measures restrictions were placed on the number of staff permitted to attend manual handling training sessions. To ensure that the Trust continued to comply with its statutory obligation to provide manual handling training, the Back Care Service took an innovative approach and developed an extensive range of videos to demonstrate moving and handling techniques. These videos were recorded, edited and produced by the team. The team then worked with Organisational Development to develop an e-learning package that would incorporate the videos and maintain a record of those who had completed the programme. Subtitles were also added to the videos to make them accessible to people with hearing difficulties. To date, the Northern Health and Social Care Trust is the only Trust in Northern Ireland to have incorporated videos into their e-learning package where completion is recorded.



THEME 2: STRENGTHENING THE WORKFORCE



CATEGORY	OVERALL WINNER
Rising Star Award	David Cairns, Prescribing Support Assistant
Northern Partnership and Integrated Care Award	Development and delivery of person-centred teenage and young adult (TYA) Cancer services
Service User Outcome & Experience Award	Supporting Cancer and Palliative Care Wellbeing Team
Innovative use of Resources Award	Acute Medical
Team North Award	Antrim Intensive Care units response to COVID-19
Population Health and Wellbeing Award	The Recurrent Pregnancy Loss (RPL) Clinic
Exceptional Care and Compassion Award	<ul style="list-style-type: none"> • The Respiratory Team • Whitehaven says HELLO YOU! • The collaborative health and wellbeing response of Infection Prevention and Control and Occupational Health Teams during COVID-19
Special Recognition Award	Jackie Jamieson, Consultant Biomedical Scientist



Winner of the Allied Health Professional (AHP) Rising Star Award, Sponsored by Chamberlain Dunn Creative Events

Won by Jill Stewart, Cook It! and Health Improvement Dietitian, Northern Health and Social Care Trust. The nominee said ‘Jill Stewart is the kindest person, driven and determined, working tirelessly at the highest level.’

Winner of the AHP Clinical Leadership Award, Sponsored by Attend Anywhere

Joanne McKee, AHP Lead at Northern Health and Social Care Trust’s Nightingale Regional Enhanced Nursing and AHP-led rehabilitation unit, won the AHP Clinical Leadership award.

Joanne was nominated for her collective leadership approach in coordinating the record setup of the unit. It was only 81 days from the decision to set the unit up to it being operational.

The Team, led by Joanne, implemented a 7 day rehab model. All decisions were based on a strong evidence which showed improved patient outcomes, with the average length of stay being 14 days. The AHA team were so impressed by Joanne McKee that she was nominated and won Overall AHP 2021!



Winner





BRITISH DIETETIC ASSOCIATION (BDA) AWARDS 2021

Ambassador of the year award was won by Jill Stewart.

Jill has shown demonstrable commitment to the Dietetic profession.

The nominee said ‘Jill has been a true ambassador for the BDA and has greatly raised the profile of the dietetic profession in Northern Ireland’



Non-Medical Prescribing Postgraduate Diploma

Eva Canavan is the first paediatric dietitian to complete the Non-Medical Prescribing postgraduate diploma and has received the qualification of supplementary prescribing on her Health Care Professions Council (HCPC) registration. Eva plans to use this skill within paediatric diabetes and in her general paediatric dietetic role.



NORTHERN IRELAND SOCIAL WORKER OF THE YEAR AWARDS 2021



families and carers during COVID-19. Despite COVID-19 restrictions, social workers continued to provide frontline services to the most vulnerable people in our society. They developed new ways of working to support social and emotional wellbeing, the impact of poverty and safeguarding children and adults at risk”.

The Awards recognise the value of social workers to the lives of individuals and families across society. During the last year, Northern Health and Social Care Trust social workers have continued to provide vital services to keep vulnerable people and families safe and supported.

Recognising the winners at the Social Work Awards, Minister for Health, Robin Swann, said: “Social Work has continued to make a difference to the lives of children, adults,



THEME 2: STRENGTHENING THE WORKFORCE



The Awards ceremony in September 2021 was an opportunity to recognise the contribution of Social Work.

The Trust was delighted that 5 finalists won in their category.

Antrim South Integrated Team and Whiteabbey Nightingale Social Work Team – both won Adult Services Team of the Year

AND

Caroline Craig and Pauline O'Hagan who both won Adult Services Social Worker of the Year.



ANTRIM HOSPITAL NEONATAL UNIT GAINED BABY FRIENDLY AWARD

In June 2021 the Neonatal Unit in Antrim Hospital was awarded the prestigious Baby Friendly Award and was the latest UK health care facility to gain recognition from the UK Committee for United Nations International Children's Emergency Fund (UNICEF) Baby Friendly Initiative. It is the first Neonatal Unit in Northern Ireland to achieve this award which is an acknowledgement of the high standard of care delivered to not only sick and vulnerable babies but their families.

This award is in recognition of the team's commitment in supporting parents to have close and loving relationships with their preterm or sick baby, enabling babies to receive breast milk where possible and to value parents as partners in their baby's care.

This award from the UNICEF UK Baby Friendly Initiative is a reflection of the team's ongoing commitment to increase breastfeeding rates and improve care for all mothers in Antrim Neonatal Unit.

Breastfeeding protects babies against a wide range of serious illnesses, including gastroenteritis and respiratory infections in infancy, as well as cardiovascular disease, asthma, diabetes and obesity later in life. It is also known that breastfeeding reduces the mother's risk of some cancers, and that it supports the mental health of both mother and baby.

Within the Neonatal Unit the team set out to ensure that all mothers and babies are supported to form a close and loving relationship – whatever their choice of feeding method – as this is the best start for every baby.

The Baby Friendly Initiative is a global programme which aims to transform healthcare for babies, their mothers and families as part of a wider global partnership between UNICEF and the World Health Organisation (WHO). In the UK, the Baby Friendly Initiative works with public services to better support families with feeding and developing close, loving relationships in order to ensure that all babies get the best possible start in life. The award is given to health facilities/hospitals/universities which, after an assessment by a UNICEF UK team, has shown that recognised best practice standards are in place.

"We are delighted that Antrim Hospital Neonatal Unit has achieved full Baby Friendly status," said UNICEF UK Baby Friendly Initiative Programme Director, Sue Ashmore. "Our work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide, rich and poor alike. Mothers at Antrim Neonatal Unit can be confident that the team will provide high standards of care."



UNICEF UK is a registered charity that raises funds for UNICEF's emergency and development work around the world and advocates for lasting change for children worldwide.

This includes, for example, working to change UK Government policies and practices that are harmful to child rights in the UK and internationally. UNICEF UK is one of 33 UNICEF national charitable organisations based in industrialised countries.

MEDICAL AWARDS EVENT ON 22ND JUNE 2021

This is run yearly by the local education faculty and the Medical Education Department to allow trainees, medical students, specialty doctors and physician associates to showcase any projects (e.g. Quality Improvement, audits & surveys) carried out over the previous academic year in the Northern Health and Social Care Trust. Due to pandemic constraints, it was a hybrid event - virtual and limited numbers in person.

This year, a total of 31 projects were submitted as posters or abstracts and 5 were chosen for oral presentation.

There was also a short presentation by the Royal College of Physician's (RCP) Chief Registrar to describe his achievements over the previous year. The RCP Chief Registrar Programme is a flagship leadership development programme for trainees who are committed to quality improvement.

Five awards were presented:

- Best Poster as voted for by the audience through Mentipoll during the event: To improve management of ascites and spontaneous bacterial peritonitis in Causeway Hospital aiming to meet the national standard guidelines (Dr A Gurung, Dr G Gunasekaran, Dr R McGilligan, Dr G Manikpure)

The following prizes were awarded by a judging panel:-

- Best Oral Presentation: What the Bleep? Bridging the gap from Medical Student to On-call Doctor using Simulation and Online Teaching (Dr F O'Brien, Dr G Park, Dr M O'Mullan)
- Best Educational Project: Transitioning through Foundation Years (Ms K Schack – final year medical student QUB)
- Innovation Award: Using dynamic QR codes to provide patient information leaflets for antenatal care (Dr M Graham, Dr P Scott, Dr C Beattie)
- Best Clinical Project: Changing the Management of Epistaxis in the COVID-19 Era (Dr Robbie Stewart, Dr B Kerr, Dr J Dalton, Miss Rosemary Stewart, Mr D McGahey)



THEME 3:

MEASURING THE IMPROVEMENTS



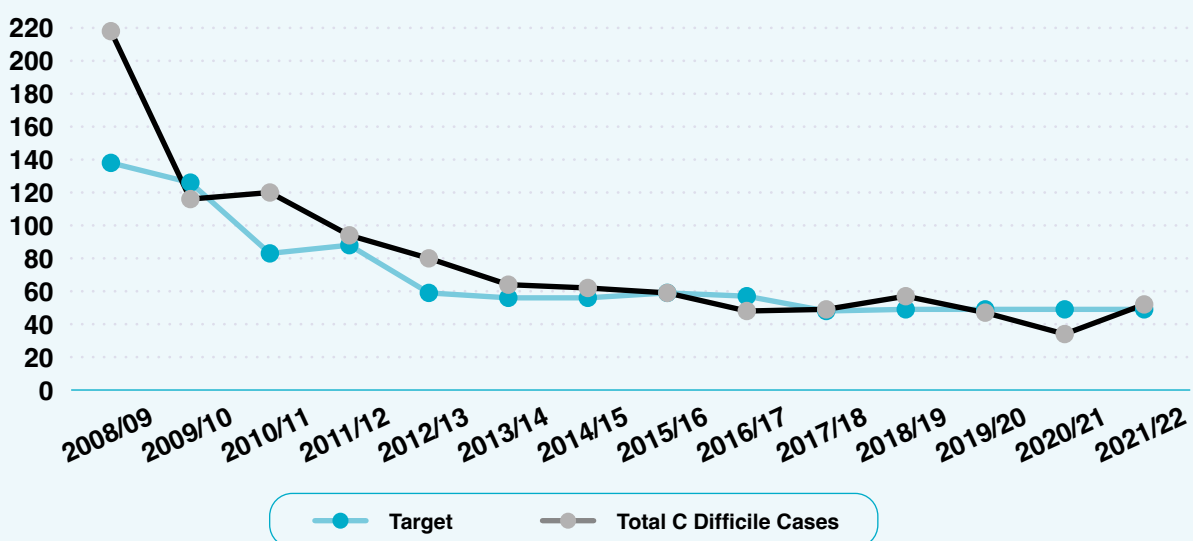
What does measuring the improvement mean for the Northern Health and Social Care Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2021/22, each Trust was required to measure a number of quality improvement indicators, 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 2022 the Trust reported 52 cases of *C. difficile* infection, which was slightly higher than the Public Health Agency target, set at 49 cases, and an increase of 17 cases from end of March 2021 (35). Post infection reviews were undertaken on all cases and highlighted an association with increased use of antimicrobials.

Number of C Diff cases

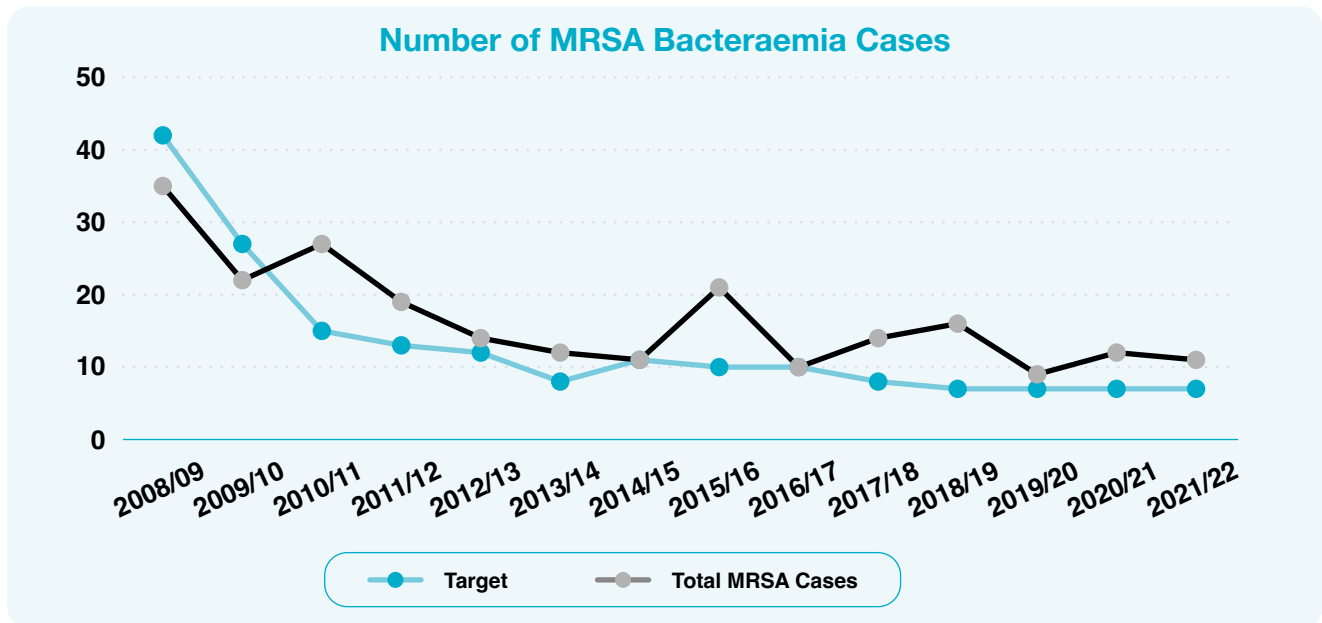




MRSA

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 2022 was 7 cases. The Trust reported 11 cases of MRSA bacteraemia, which was slightly lower than the previous year's number of cases reported by the Trust at the end of March 2021 (12).



HAND HYGIENE

COVID-19 continued to be a major challenge for all staff; compliance with infection control practices remained a focus for all. 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 remained as core control measures for all Health Care Associated Infections.

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. This was recommenced in 2021 and remained challenging as the team were still required to manage incidents and outbreaks related to COVID-19. Additionally the IPCT has continued to provide 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 of COVID-19.

Despite these challenges the IPCT continue to prioritise areas to regularly visit and observe clinical practices to monitor compliance. Any staff or departments noted to have missed opportunities and techniques for hand hygiene and IPC practices, which require improvement, are respectfully challenged and provided with support and encouragement from the IPCT to improve compliance with IPC standards.

SAFER SURGERY / WORLD HEALTH ORGANISATION (WHO) CHECKLIST

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

WHO audits have commenced again post-COVID-19 as activity is returning to pre-COVID-19 schedules. WHO audits are completed monthly by the Band 6 Clinical Sister in each area. There are also three monthly observational audits carried out where the Clinical Sister will observe all practices within the theatre environment. Each department manager also conducts an audit in another theatre department to assess compliance.

MATERNITY SERVICES

Hypnobirthing

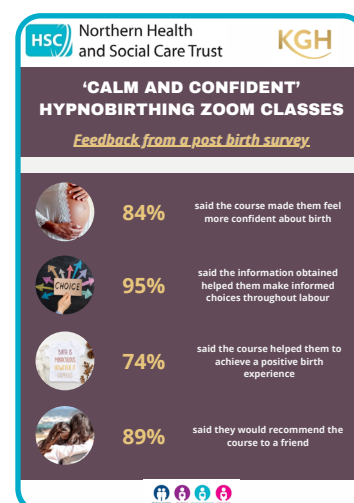
Extensive funding has been provided by the Northern Health and Social Care Trust to train midwives to deliver Hypnobirthing to service users.



From this investment, 'Calm and Confident Hypnobirthing' was born in June 2021. It is intended to be delivered via Zoom initially, with plans to move to face-to-face sessions, COVID-19 guidance and restrictions permitting. It is a 12-hour programme delivered in four, 3-hour sessions.

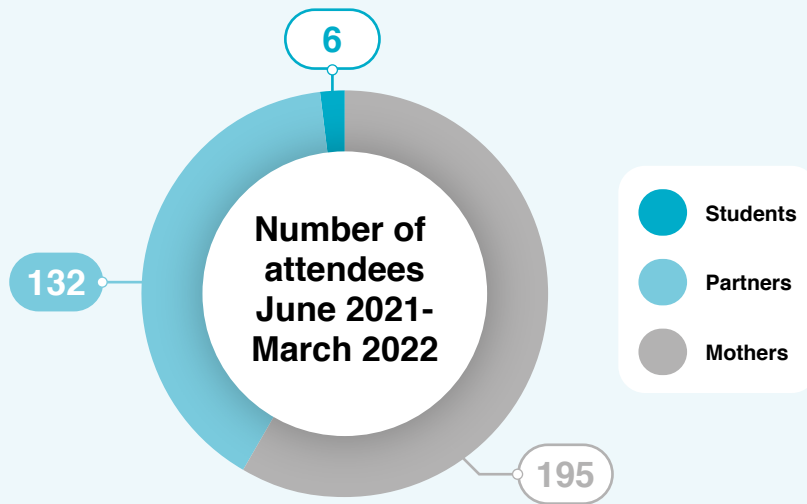
From June 2021 – December 2021, there were three pilot study groups. The sessions were well attended and received excellent feedback. Following each pilot group an evaluation was undertaken with further Plan, Do, Study, Act (PDSA) cycles planned.

By January 2022 the programme design was complete and the Trustwide monthly roll out of the classes began. Women now self-refer into the programme from 20 weeks gestation, aiming for Hypnobirthing education between 28-33 weeks of pregnancy.





Number of attendees June 2021 - March 2022



QR CODES

For women in early pregnancy their first appointment (booking appointment) with the midwife is the most important time for information to be provided, as it gives the woman and her partner time to read the information and will answer a lot of their questions. To that end one of the Trust's obstetric doctors designed a single page of QR codes to be included in the Maternity Hand Held Record (notes). This will allow staff at booking to provide multiple information leaflets electronically in a simple manner and keep a written record that the codes have been provided within the notes. This is a fantastic initiative that will assist the maternity team greatly in the sharing of relevant, up to date information for the women in the Northern Health and Social Care Trust. Of note, if guidelines are updated, the same QR code applies.

NEONATAL SIMULATION

Causeway Hospital does not have a Neonatal Unit. Although a risk stratified maternity unit, they occasionally manage premature babies or babies who require admission to a neonatal unit care. This requires midwives and paediatric staff to have a high level of knowledge and skill in neonatal resuscitation, stabilisation and transfer procedures.

Recently recruited midwives reported a high level of anxiety and identified training requirements during a training needs analysis. Evidence suggests annual multi-professional training supports retention of skills and up to date, evidence based knowledge. The aim was to improve confidence and develop the skills in resuscitation, stabilisation and transfer procedures across the workforce to strive for excellence as part of a multi-professional team.



The team used the key training requirements identified and through shared responsibility, leadership and a multi-disciplinary approach, prepared a current evidenced based multidisciplinary teaching programme, benchmarked against policies, guidance and best practice to provide a supported compassionate learning culture. The training resource was made available to staff outside of the training programme for reinforced continuous learning by involving Corporate Communications to set up a resource page on the Northern Health and Social Care Trust Business Area. The staff identified areas of practice where visual teaching was important such as clinical procedures and supported ongoing learning with the development of short videos which staff could access.

Twelve videos in total were produced. To support the training a staff quiz was devised which allows staff to check their knowledge before and after training and aids personal reflection. The Midwifery Neonatal Passport was revised to ensure it was evidence based and promoted individual personal development beyond the training programme, supported with regular skills and drills training at ward level.

A review of the key words used in the feedback has been presented in the form of a word cloud.





TEENAGE PREGNANCY

During a recent focus group, teenage mothers highlighted how many different midwives and doctors they had seen during their pregnancy and expressed that they would definitely have preferred to see the same midwife throughout, even if this meant attending a clinic at the hospital. Many young mums have notable anxiety problems and other significant mental health issues so they believed that seeing the same midwife throughout their care would reduce anxiety levels and ensure they did not have to keep repeating their story.

The previous model of maternity care did not ensure continuity of carer and the antenatal clinical review was not provided by the teenage pregnancy midwife. This was a fragmented model, leaving young mums with several appointments with several health professionals. The teenage pregnancy midwife took on-board these comments/concerns and used quality improvement methodology to address this issue. The main aim was to ensure that young mothers under the age of 20 receive continuity of care from a specialist midwife to improve normal birth outcomes, public health education and parenting skills.

The outcome from this piece of quality improvement work is that the teenage pregnancy midwife now holds her own caseload with the young mums having access to her at all times. She provides continuity of care, from the beginning of their pregnancy journey at booking until they give birth in the hospital. She participates in safeguarding issues, advocates for their needs and builds a trusting relationship with these young women. All teenage mothers were referred to the teenage pregnancy midwife with a 67% normal vaginal rate, 60% breastfeeding rate at 4+ weeks post-natally and all teenage mothers were satisfied with the care they received.



PAEDIATRIC SERVICES

Acorn (Paediatric Ambulatory Department), Antrim Hospital site

In order to support Acute and Emergency Department (ED) colleagues with the continuing COVID-19 pressures on their services, including managing the environmental challenges during the pandemic, the paediatric ambulatory department in Antrim Hospital moved in August 2021 to temporary accommodation in The Acorn Centre. In addition the majority of paediatric outpatients from the Antrim Hospital site also were also temporarily located to Acorn.

This centralisation has resulted in a seamless outpatient and ambulatory service on the Antrim Hospital site which has been able to support both ED and Primary care by providing same day assessment and treatment avoiding admission to the main paediatric ward.

Advanced Paediatric Nurse Practitioner Service

This year has seen all of the Northern Health and Social Care Trust's Advanced Paediatric Nurse Practitioners (APNP) complete their initial training, allowing the Trust to expand the service across acute paediatrics on the Antrim Hospital site, including provision of advanced nursing care supporting the existing medical and nursing Teams in Acorn and Ward A2.

The expanded footprint in Acorn has enabled the APNP Team to commence the Synagis® (palivizumab) clinic which aims to prevent identified vulnerable children from seasonal Respiratory Syncytial Virus (RSV).

This provision will be expanded this coming year to the provision of an APNP post-natal jaundice clinic.

RSV Surge Response

In addition to the challenges presented by COVID-19, paediatrics has faced a RSV surge regionally and nationally with increased acuity of children affected by this virus. The Trust's Paediatric Department, in conjunction with regional services, planned and implemented the response to the surge by participating in the design and implementation of the regional escalation hub and the regional daily reporting mechanism. This allowed senior medical and nursing staff to react to pressures moving across the region. This collaborative approach has set the benchmark for communication and effective working across Trust boundaries in Paediatrics.

Paediatric Early Warning Score 2

The Paediatric Early Warning Scoring (PEWS) system has been updated regionally. PEWS aims to assist communication between staff, highlight professional and / or parental concern about a child's condition and provide a framework to empower staff to escalate to senior nursing and medical staff in order to improve patient outcomes. This escalation should trigger a review of the child / young person, at the earliest opportunity, to respond to illness severity and deterioration with the right interventions, in the right timescale to improve clinical outcome.

Comprehensive training was developed to support staff across all acute services caring for children with the rollout of the new system.



This involved engaging multiple stakeholders, researching evidence based practice on vital signs, pain management and parental concern and escalation of unwell children. The 2-hour session was delivered to over 700 multidisciplinary staff across 4 Health and Social Care Trusts and Undergraduate Children's Nursing at Queen's University Belfast (QUB).

These training resources and materials, developed by Children's Nursing in the Northern Health and Social Care Trust, are now in use across the region. Feedback has been outstanding and a new policy has been written and approved to support practice.

Paediatric Allergy Service

Allergy clinics continue in the Causeway Hospital. To support the quality of care delivered at clinics, food challenge and skin prick testing training for paediatric nursing staff has been carried out by the Paediatric Asthma and Allergy Nurse Specialists.

Food Challenges Antrim Area Hospital, Mid Ulster and Causeway Hospitals

A number of paediatric nursing staff, across both acute sites and the nursing bank, were trained by the Paediatric Asthma/Allergy Nurse to undertake food challenges. British Society of Allergy and Clinical Immunology (BSACI) Nurse Competencies were completed by these staff to ensure the quality of the care given was of a high standard. This also provided a pool of nurses able to carry out food challenges across all clinic sites which was helpful when there were staff shortages.

A number of additional food challenge clinics were set up over the summer months to help reduce the allergy clinic waiting list.

Skin Prick Tests

Nurses within the paediatric ambulatory units and Causeway Hospital have also received skin prick testing training and most have completed their BSACI competencies for this. The Trust continues to train new staff members. This ensures skin prick tests are always carried out to a high standard.

Skin prick tests have also been introduced at the Paediatric Respiratory Clinic in Ballymena Health and Care Centre (BHCC). These assist with the diagnosis of allergies in children with Asthma and thus help give advice to reduce any triggers they may have.

New packs have been developed to be given to parents following their child's allergy diagnosis. These include useful information about their allergies and sign posts them to online resources and support for their condition.

Children's allergy clinic book

The Asthma and Allergy Nurse Specialist has developed a book as a support resource for children attending the paediatric allergy clinics. It is called "Zoe's Big Day Out" and is a children's story simply explaining what a child will experience when attending the allergy clinic. This is shortly going to print and will be provided to children arriving at clinic to help alleviate any anxieties. A quality improvement project is ongoing to assess the benefit of providing this book to children.



Asthma Discharge Pathway & Nurse Led Asthma Clinics

Nurse-led asthma clinics continued through the year in Antrim Area Hospital, Ballymena Health and Care Centre, Causeway hospital, and a new clinic has been set up in the Mid Ulster Hospital. Parents and children attending these clinics are directed to the most convenient clinic depending on their address, helping to reduce the number of Did Not Attends (DNA's). Children are referred to the nurses following an attendance at ED or admission to hospital with an asthma attack.

Asthma education and advice is provided at these clinics to help parents and children manage their asthma preventing further exacerbations.

Together with a number of colleagues from the Royal Belfast Hospital for Sick Children (RBHSC), the paediatric respiratory team had a paper published in the journal "Frontiers in Paediatrics" entitled "*Implementation of a Children's Safe Asthma Discharge Pathway. Reduces the Risk of Future Asthma Attacks in Children - A Retrospective Quality Improvement Report*". This highlighted the benefits of the Nurse Led Asthma Clinics. The paper can be found at the following link <https://doi.org/10.3389/fped.2022.865476>

National Representation

Nursing staff represent the Northern Health and Social Care Trust and the region at national level both on the National Paediatric Respiratory and Allergy Nurses Group (NPRANG), the British Allergy education Network (BAEN) and the British Society for Allergy and Clinical Immunology (BSACI) working group.

PAEDIATRIC EPILEPSY NURSING SERVICE

E-Learning programme

The Paediatric Epilepsy Nurse Specialist and the Learning Disability Epilepsy Nurse Specialist reviewed the epilepsy training provided across the Trust. They agreed that a more innovative method of providing this training would benefit the Trust, course facilitators and course participants in the first instance, and ultimately, service users and their families.

The most innovative and efficient method to disseminate the Epilepsy Training, was to develop a programme that could be accessed via the Trust's e-learning platform. This platform is also accessible by partner agencies including: Education Authorities; Nursing Homes; Domiciliary Agencies and Direct Payment carers. Epilepsy training delivered via e-learning is informative and includes well researched content, which will help raise standards and promote best practice.

The e-learning training programme has been agreed regionally as the standard of training required.

This e-learning programme has successfully transformed the delivery of Epilepsy Training benefitting all Trusts throughout Northern Ireland, staff and services and partner agencies. Previously, training was provided by nurses at pre-determined times and venues. The e-learning training format is cost effective in terms of time and resources, causing no disruption to service delivery.



Epilepsy Pathways

To improve the diagnosis and management of paediatric epilepsy within the Trust, the Northern Trust Multidisciplinary Paediatric Epilepsy Service (includes medical consultants, epilepsy nurse specialists and clinical psychology) has developed and disseminated two Epilepsy Pathways for:

- First Afebrile Seizure
- Ongoing Seizures

The aim of the pathways is to improve the quality of care by standardising the management of children presenting with possible seizures, raising awareness of services available and clarifying roles and responsibilities of general/community paediatricians and epilepsy clinic.

Newly Qualified Nurses Induction and Preceptorship

To develop the Trust's strategy for the recruitment and retention of children's nurses, a bespoke induction programme for newly-qualified nurses (NQN) is now embedded within Children's Nursing. The programme brings together best practice across the UK and is refined each year based on participant feedback. With a focus on patient safety and peer support, learning outcomes are designed to help nurses feel supported while transitioning into their new roles and strengthen knowledge and skills in line with Northern Health and Social Care Trust policies and guidance. The programme also emphasises the importance of reflection and encourages the participants to consider a future role within the Trust.

Feedback has been outstanding with NQN's indicating they feel valued and supported. All participants would recommend the Trust as a good place to work!

Paediatric Succession Planning Programme

The paediatric nursing service concluded their first 8 week succession planning programme. A number of nurses from both the acute and community teams and neonatal unit successfully "graduated" from the programme. The aim of the programme is to assist nurses within children's services to develop their own career pathway within the Northern Health and Social Care Trust. This was facilitated by providing opportunities for participants to learn from senior/specialist nurses at Masterclasses and by shadowing individuals in order to improve their knowledge and understanding of current professional issues in Children's Nursing practice, management and leadership. The expectation was for the participant to enhance their interpersonal and communication skills and their ability to work independently as well as part of a team. The programme was very well evaluated, a couple of the examples of feedback were

"Really enjoyed the programme, felt it gave a great insight into key individual roles within the paediatric team and also the wider Trust"

"The interview preparation was really informative and I think overall it's a fantastic programme despite the Covid pressures".



PREVENTION OF FALLS

'Slips, Trips & Falls' remain one of the most common incident types within the Northern Health and Social Care Trust during 2021/22.

The National Institute for Clinical Excellence (NICE) Clinical Guideline (CG)161 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 during 2021/22 has decreased by almost 1.2% to 1,604. Whilst there has been a decrease in falls rates the numbers remain relatively unchanged. The following reasons continue to contribute to these rates:

- an increasing ageing population
- deconditioning of our elderly population as a result of COVID-19 and associated social isolation

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.

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 reduce the risk of falls and manage post fall care.

The Trust also continues to offer a falls prevention screening and advisory service to Trust and Care Home staff via the telephone, offering further advice and guidance regarding falls and injury prevention.

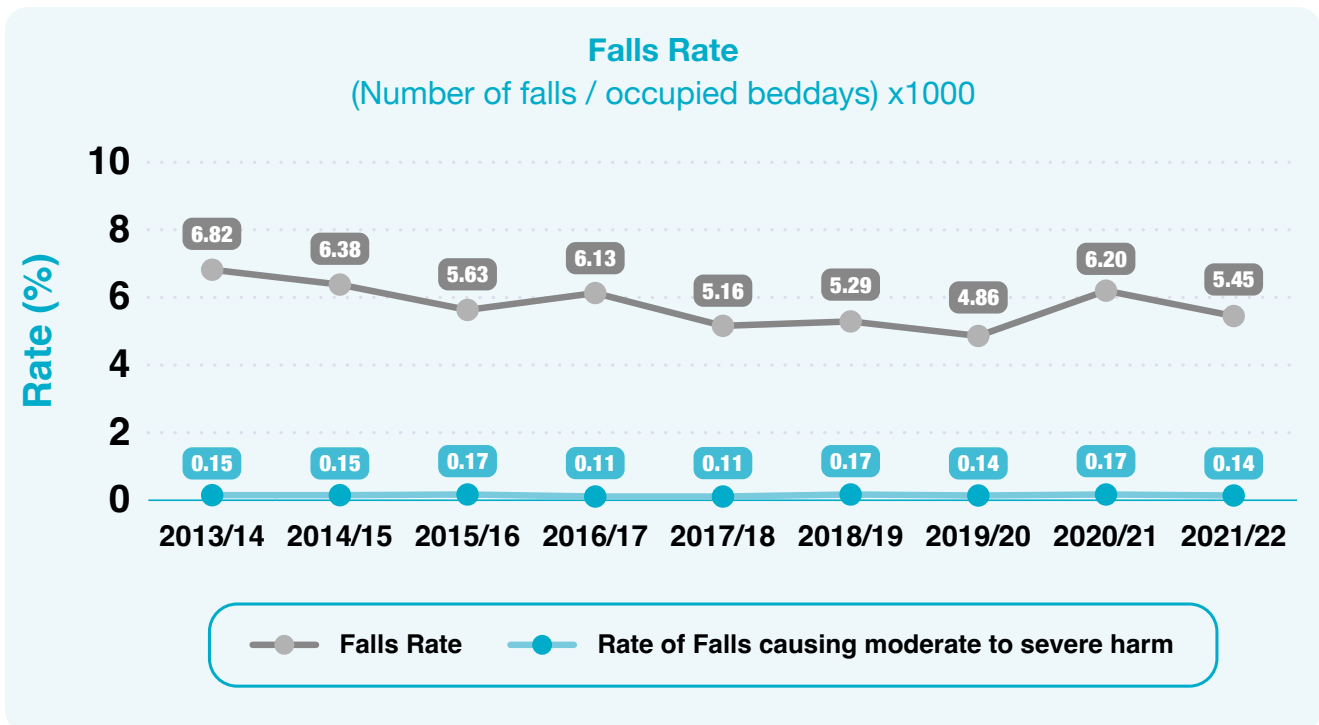
The established Falls Screening Service continues to accept referrals via Northern Ireland Ambulance Service (NIAS), the Trust Emergency Departments (ED), Minor Injury Units and Fracture Liaison Service. The service also accepts self-referrals direct from service users. After completion of a multi-factorial 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 has been embedded into practice, with participating wards completing monthly compliance audits, identifying areas for learning and developing improvement plans.

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 shared with Senior Management. Action plans are taken forward within teams to address any gaps in practice.

Falls rate per 1000 beddays

The 2021/22 falls rate across all adult inpatient areas was 5.45, and the rate for moderate to catastrophic harm was 0.14.



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 programmes
- Work has progressed within Care Homes to ensure that a robust investigation of falls resulting in moderate to catastrophic injury is embedded into practice
- The Public Health Agency (PHA) in collaboration with Trusts and Care Homes continues to develop a Care Home Regional Falls Pathway, which has progressed to pilot stages, incorporating falls 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 can 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.

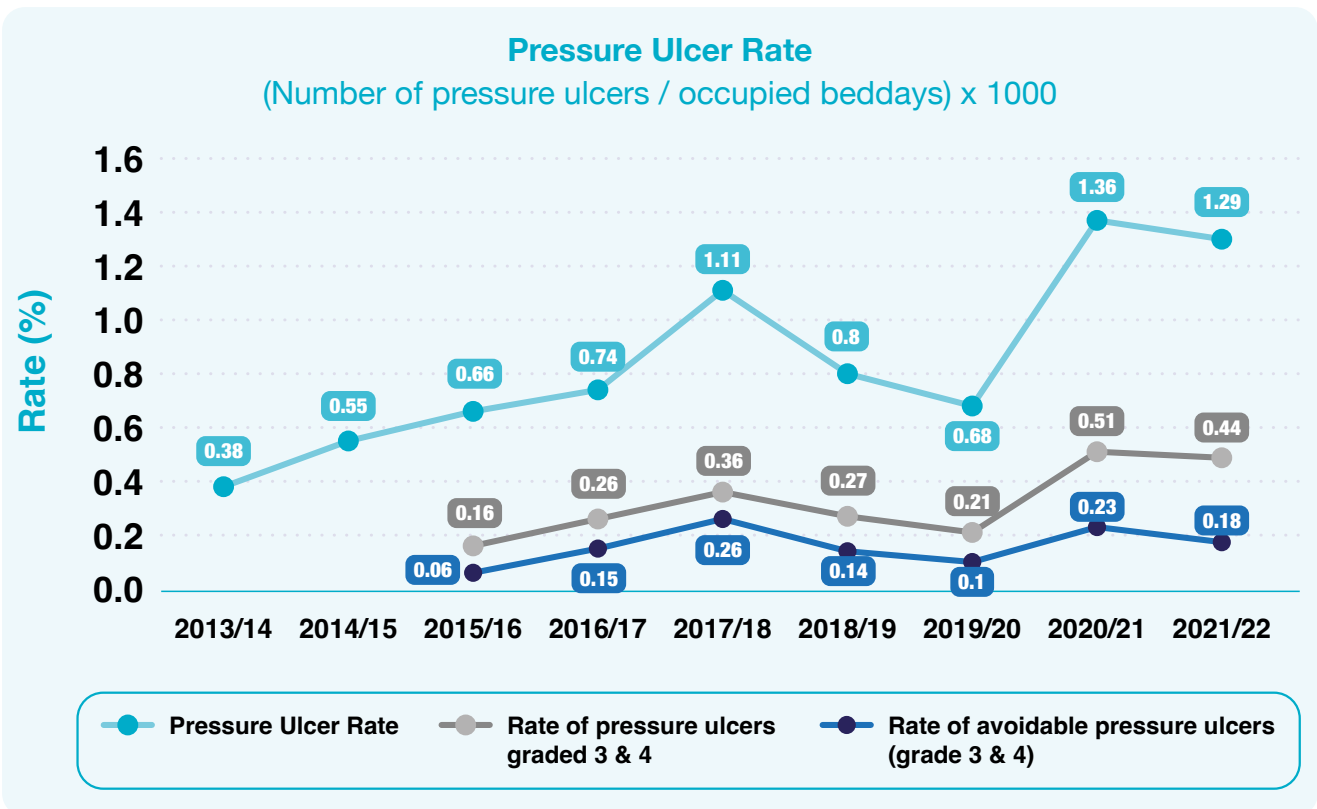
Pressure ulcers are a major patient safety concern and a quality indicator of care. The Northern Health and Social Care Trust therefore, in line with the rest of the region, have a focus on the prevention of pressure ulcers. Preventing pressure ulcers involves firstly, promptly identifying those patients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



Key facts

During 2021/22 the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2021/22 the Trust reported 379 hospital acquired pressure ulcers which were graded stage 2 and above. Of these, 129 were stages 3 and 4. Of the total number of Stage 3 and 4 pressure ulcers, 53 were deemed avoidable.

Overall the number of all hospital acquired grade 3 and above pressure ulcers remains comparable to 2020/21 (2020/21 = 130, 2021/22 = 129). However, to date there has been a reduction in the number of avoidable grade 3 and above pressure ulcers. The number reduced from 60 (2020/21) to 53 (2021/22). The total number of hospital acquired grade 2 pressure ulcers have increased to 250 (227 in 2020/21).



ACTION THE TRUST IS TAKING

Quality improvement (QI) initiatives are underway to enhance patient safety in pressure ulcer prevention:

- The Tissue Viability Team have resumed the QI improvement work with maternity services to pilot the PURPOSE T (**P**ressure **U**lce**R** **P**ri**M**ary **O**r **S**econdary **E**valuation **T**ool) risk assessment tool and a bespoke SSKIN bundle for new and expectant mothers at risk of developing pressure ulcers. We are currently reviewing the aim of the project, the measurement outcomes and plan to carry out Plan Do Study Act (PDSA) cycles to test the PURPOSE T risk assessment tool and SSKIN bundle in September 2022
- The Tissue Viability Team following collaboration with their professional colleagues in the primary and secondary care have reviewed and implemented an updated process for reporting and investigating pressure ulcer incidents. This process aims to assist with more timely learning and more timely pressure ulcer Key Performance Indicator (KPI) reporting to the Public Health Agency. This process remains complex and under review



- In preparation for encompass, a new electronic prescription and administration system, the Northern Health and Social Care Trust's Tissue Viability lead is working in partnership with the Regional Pressure Ulcer Group Tissue Viability Nursing (TVN) leads to develop new regional SSKIN bundle documents for both Community and Acute settings. Training is planned to commence in Autumn 2022 and it is planned that the regional SSKIN bundle documents will be implemented into community and acute settings in January 2023. There are discussions within the Regional Pressure Ulcer Group regarding introducing the new PURPOSE T risk assessment tool alongside the new SSKIN bundle documents
- A QI project is underway to enable referring staff from inpatient and outpatient locations within the Trust to safely upload supplementary photographs onto an existing image storage system via a medical photography App. A pilot is taking place in wards A3 and A4 in Antrim Area Hospital at present; this pilot will be spread further in August 2022. This App supports timelier remote TVN assessments, accurate grading of pressure ulcers and validation of pressure ulcer incidents
- It is a mandatory requirement that all registered nurses attend face to face or online pressure ulcer prevention training session at the point of induction. Thereafter, all registered nursing staff and non-registered staff working in hospital and community settings should complete the regional e-learning programme for Prevention of Pressure Ulcers in Adults for Registered Practitioners, every 2 years. All non-registered staff including nursing assistants, Health and Social Care (HSC) employed domiciliary care workers and Allied Health Professionals (AHP) support workers can access this HSC e-learning programme
- The TVN team are developing an acute TVN link nurse register in line with the Northern Ireland Practice & Education Council for Nursing and Midwifery (NIPEC) Link Nurse Framework. The first meeting is planned for October 2022
- Medical Device Related Pressure Ulcers (MDRPU) - Due to staffing pressures within the Tissue Viability Team, QI work has not yet resumed with 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 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



ACTION THE REGION IS TAKING

The Tissue Viability Team actively participates in the Public Health Agency (PHA) Regional Pressure Ulcer Group alongside other HSC Trusts to plan regional strategy, KPI monitoring and improvement work in the area of pressure ulcer prevention.

- The e-learning pressure ulcer programme for non-registered staff was made available across the region for the HSC and independent sectors
- To mark World 'Stop Pressure Ulcer' Day on 18 November 2021 the Trust produced a poster which was supported by the Regional Pressure Ulcer Prevention Group led by the PHA. It is available for staff in any HSC organisation or the private / independent care home sector to download to assist staff in patient / client repositioning techniques
- The Northern Health and Social Care Trust and the 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
- The revised regional Acute SSKIN bundle compliance audit tool is available on the Safety, Quality & Experience (SQE) App and commenced in January 22. New SSKIN Bundle Compliance Audit Guidelines are available to support the completion of the audit tool
- A new regionally agreed Static Mattress (non-powered) Audit Tool was launched in December 2021
- Safeguarding criteria is being developed regionally to assist staff with decision making in relation to appropriate referral to the adult protection team following a pressure ulcer incident



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).

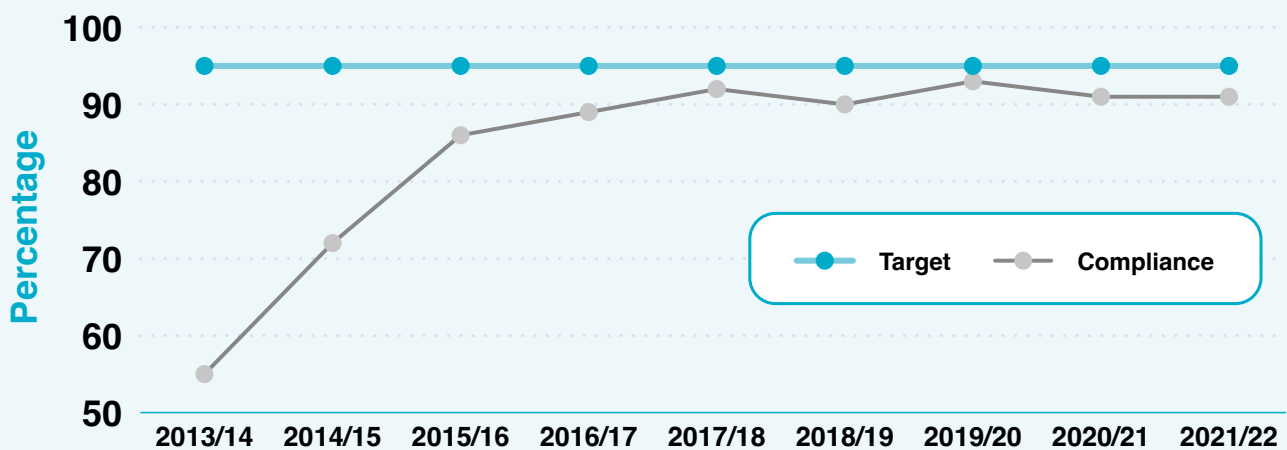
Admission to hospital increases your risk of blood clots (DVT, PE); however, VTE can be preventable. To help prevent VTE in patients admitted to our hospitals, a risk assessment is carried out at admission to determine the level of risk of developing VTE, and anti-clotting medicines are prescribed if 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 2021/22 the Northern Health and Social Care Trust achieved:

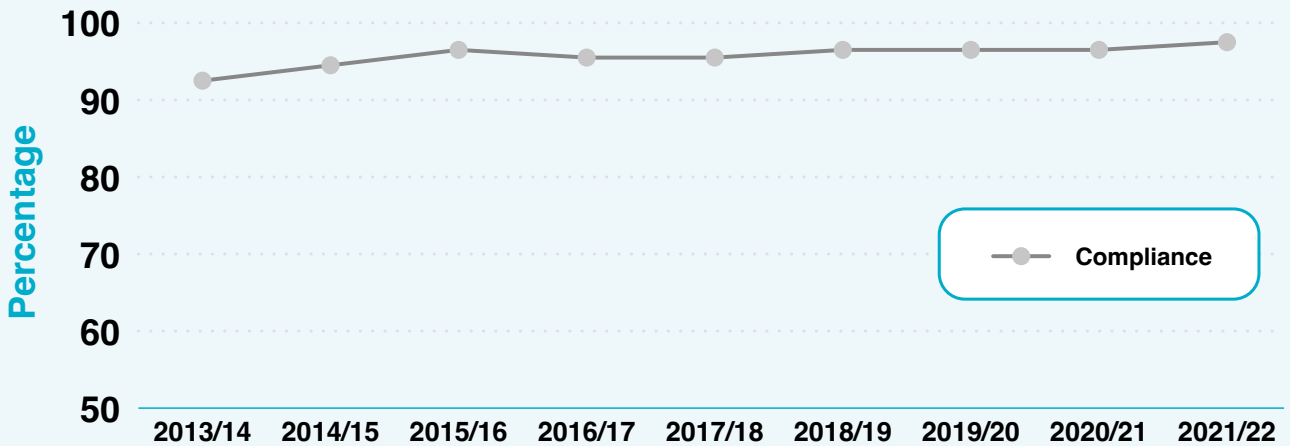
- 91% compliance with the completion of a VTE risk assessment within 24 hours of admission for patients to acute and community hospitals
- 98% compliance with prescription of appropriate VTE prophylaxis

Compliance with completion of VTE Risk Assessment





Compliance with prescription of appropriate VTE prophylaxis



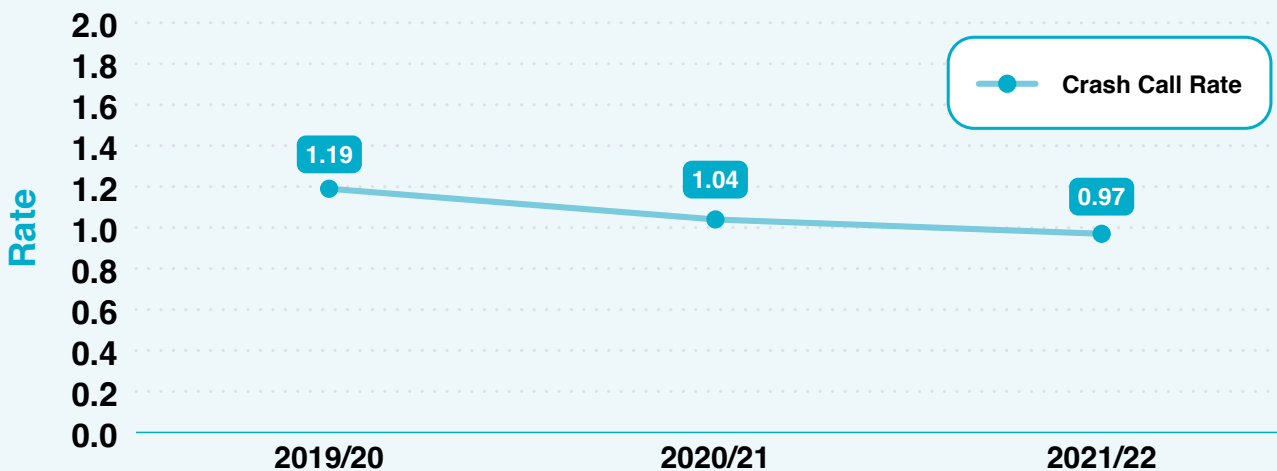
CARDIAC ARREST RATES

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).

Annual Cardiac Arrest Rate

(Number of cardiac arrests / Total number of deaths & discharges) x1000





OMITTED AND DELAYED MEDICINES

Transforming Medication Safety Strategy Northern Ireland

In September 2020, the Department of Health launched a five-year plan in response to the World Health Organisation's Third Global Patient Safety Challenge 'Medication without Harm'. The strategy involves working collaboratively with healthcare professionals and service users from across Northern Ireland. The strategy sets out four domains, which link to improvement aims and commitments to improve medication safety.

One of the domains relates to Health and Social Care staff and is committed to ensuring that staff in our health service have the skills to be medication wise. 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 Disease or diabetes.

Audits which monitor the number of omitted or delayed medication, without a documented reason, within inpatient settings were recommenced on a monthly basis in July 2021. From July 2021 to March 2022, a total of 2,200 charts were audited, identifying 200 omitted or delayed doses with no documented reason. Of those 200 omitted or delayed doses, 20 related to critical medications. Working collaboratively with Pharmacy colleagues identified that further investigation into omitted or delayed doses that have no documented reason is required to improve medication safety.

MEDICINES RECONCILIATION

In line with the DoH Medicines Optimisation Quality Framework, 'Medicines reconciliation, as defined by the Institute for Healthcare Improvement, is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. The term 'medicines' also includes over the counter or complementary medicines, and any discrepancies should be resolved.' The Framework also states that 'patients should have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist'; this should occur within 24 hours of admission. This has been shown to reduce omitted medicines and the patient's length of hospital stay. During 2021/22, 78.5% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation completed on admission.

ANTIMICROBIALS

Antimicrobials include antibiotics, antivirals and antifungals. These are important medicines for treating infections and antibiotics in particular have saved millions of lives since their first discovery. Antimicrobial resistance (AMR) arises when the organisms that cause infection change over time and no longer respond to these medicines, making common infections harder to treat and increasing the risk of disease spread, severe illness and death.



Antibiotics are losing their effectiveness at an increasing rate with inappropriate overuse being a major factor in the rise of drug-resistant infections.

The Northern Health and Social Care Trust is committed to reducing the inappropriate use of antibiotics and this year the Trust participated in a Global Point Prevalence Survey (PPS) of antimicrobial use during May and June 2021 which measures and monitors antimicrobial prescribing and resistance in hospitals worldwide.

The Trust also participated in a national gentamicin audit which is an audit of extended-interval gentamicin prescribing and monitoring (GPM) to assess current practice, audit practice against local policies and describe clinical outcomes using different strategies in GPM. The Trust is awaiting results of this piece of work.

The Trust continues to work with the Medicines Optimisation Innovation Centre (MOIC) on various projects including the European research project 'QUantifying change in Antibiotic Resistance, ANTibiotic use and INfection control during COVID-19 Epidemics' (QUARANTINE).

Virtual ward rounds are ongoing and include Multidisciplinary Diabetic Foot Infection virtual ward rounds in Antrim and Causeway and antimicrobial stewardship rounds in Causeway surgical wards. The latter round focuses on a number of parameters including; appropriate use of piperacillin-tazobactam and co-amoxiclav, antimicrobials stopped, duration advice and suitable oral alternatives.

In addition to routine scheduled antimicrobial stewardship audits, a new audit programme was set up in Causeway Intensive Care Unit.

Antimicrobial educational sessions continue and include general antimicrobial training to newly qualified Junior Doctors and additional sessions were carried out in September 2021 specifically on gentamicin prescribing and monitoring. Informal feedback was very positive, with good resources and engagement.

During World Antimicrobial Awareness Week (18 - 24 November 2021), the Trust ran a competition to encourage staff to undertake antimicrobial education. All healthcare staff were encouraged to complete the Antibiotic Review Kit (ARK) training which is available on the HSC e-learning website. This training has since been made mandatory for doctors, nurses and pharmacists within the Trust.

INSULIN – HAPPY BIRTHDAY!

This year celebrates the 100th anniversary of insulin.

In 1921, insulin was discovered by researchers at the University of Toronto and became the world's first life-saving treatment for diabetes, transforming the lives of millions of people living with diabetes.

Advances in diabetes management since then has seen the development of insulin pens and insulin pumps, all designed to make insulin easier to manage for the patient.



Insulin however, remains 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 continues to review all insulin-related medication incidents through the Trust Insulin Safety Group, and promote insulin safety to staff, especially during the national Insulin Safety Week, which in 2021 was from 17 – 23 May.

During Insulin Safety Week, the following were issued to staff: an insulin safety bulletin,

links to free on-line learning and insulin safety video, an insulin safety quiz, and a new insulin safety card for staff to carry as a handy reference on insulin dosing and prescribing.

Work progressed well on developing a new checklist for discharging patient's home on insulin, and a new Insulin Discharge Prescription for Community Nursing. Both are expected to be in print by early 2022/23. Further rollout of the self-administration of insulin continues, with staff training provided to support the initiative.

Take a look at the progress over the last 100 years in the journey of insulin.



THEME 3: MEASURING THE IMPROVEMENTS

							
<p>1921-Insulin discovered by Banting and Best</p>	<p>1922-14 year old Leonard Thompson became the first person successfully treated with insulin</p>	<p>1922- Eli Lilly becomes first manufacturer of insulin</p>	<p>1985- Novo Nordisk introduces the Insulin Pen delivery system</p>	<p>1992- Medtronic releases MiniMed 506 insulin pump</p>	<p>2000- more than 470 patients with type 1 diabetes receive islet cell transplantation during next 5 years</p>	<p>2013- The University of Cambridge develops an artificial pancreas that pairs the technology of an insulin pump with a continuous glucose monitor</p>	<p>2021- 100 years of insulin!</p>

What great improvements in diabetes treatment lie ahead over the next 100 years?



INTEGRATING THE CLINICAL PHARMACIST INTO COMMUNITY MENTAL HEALTH TEAMS

During a 6-month pilot, a pharmacist worked alongside Psychiatrists and Nurses as part of the multidisciplinary team in Community Mental Health. This was the first time a pharmacist had direct contact with community mental health service users in the Northern Health and Social Care Trust. The team made referrals to the pharmacist who reviewed medicines with the service user and made decisions on new medicines, dose adjustments or stopping medicines. The pharmacist was a prescriber, so they were able to make immediate changes if required.

A key role for the pharmacist was to improve understanding of medicines, how to spot and report side effects and to ensure the service user was involved in decisions.

To support the work of the multidisciplinary team and build medicines knowledge, the pharmacist provided staff education sessions.

Evaluation of the pilot service indicated high levels of satisfaction within the team (100%). Service users said that the pharmacist listened to them and gave them the opportunity to be involved in making decisions about their medicines (100%) and felt that they had benefited from seeing a mental health clinical pharmacist (100%).

SAFE PRESCRIBING OF COVID-19 ANTIVIRAL MEDICINES

The Northern Health and Social Care Trust introduced a Clinical Out-Patient COVID-19 Treatment Service in December 2021.

One of the antivirals that is available for treatment is an oral tablet that has hundreds of known and potential drug interactions which, in some cases, may lead to serious or life-threatening drug toxicities.

To ensure that the medicine is used safely, a clinical pharmacist triages all outpatients who are eligible for the oral antiviral treatment on a daily basis. This includes a check on swallowing ability, kidney and liver function, age, potential pregnancy and a review of other herbal and medicine use. Arrangements are made with the person and the hospital pharmacy to dispense the antiviral as soon as possible after COVID-19 infection.

Strategies that are used to decide on safe therapy are:

- Increasing the monitoring for potential adverse reactions
- Adjusting the dose of other medicines
- Using an alternative medicine
- Using alternative COVID-19 therapies

The pharmacist discusses all options with the person and chooses the best option.



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.

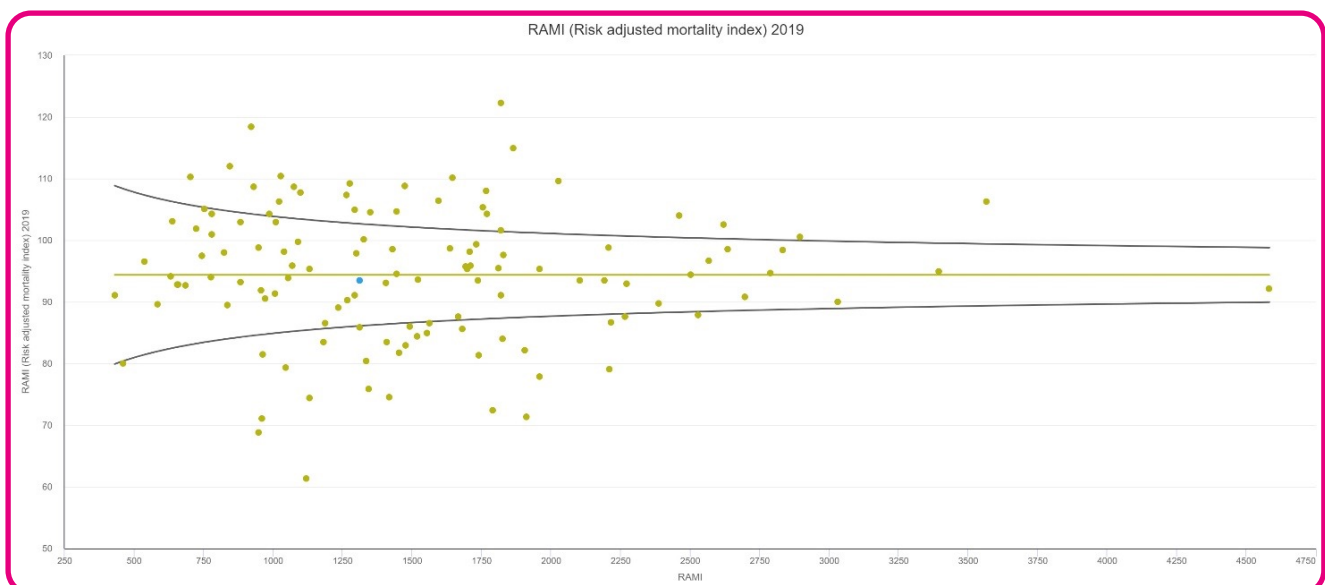
RISK ADJUSTED MORTALITY INDEX

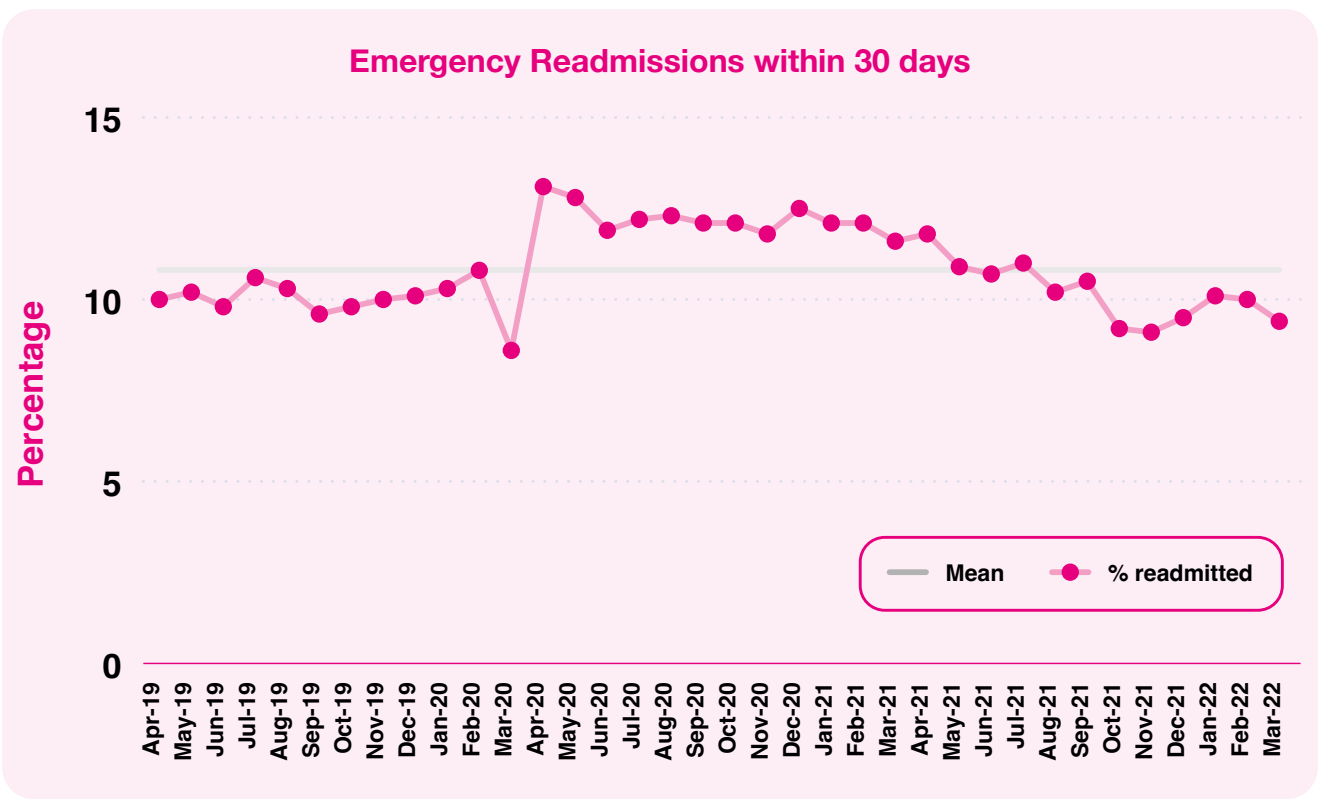
The Risk-Adjusted Mortality Index (RAMI) is calculated by Caspe Healthcare Knowledge Systems, Ltd., an independent healthcare benchmarking company. Based on the age and condition of patients in the Trust’s hospitals, it works out how many patients died compared to how many would have been expected to die. The expected number of deaths is calculated using National Health Service (NHS) digital data as of December 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 Northern Health and Social Care Trust’s RAMI for 2021/22 (excluding palliative care patients) was 93.4.

Note that Trust COVID-19 related deaths have also 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 a cohort of English acute Trusts (one green dot per Trust). The further a dot is to the right, the more patients the Trust treated during the year, and the higher up the chart, the higher the RAMI. Dots within the funnel are inside the normal limits of variation. The Trust’s RAMI is below 100 and within the normal limits of variation, which gives assurance that the Trust is providing safe care to its patients.

Northern Trust RAMI 2021/22 (excluding palliative medicine and COVID-19)





EMERGENCY READMISSION RATE

The emergency readmission rate within 30 days has fallen back in-line with 2019/20 rates, following an increase in 2020/21 caused by deterioration of COVID-19 patients post ED attendance, and increased pressure on primary care systems.

EMERGENCY DEPARTMENT (ED)

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

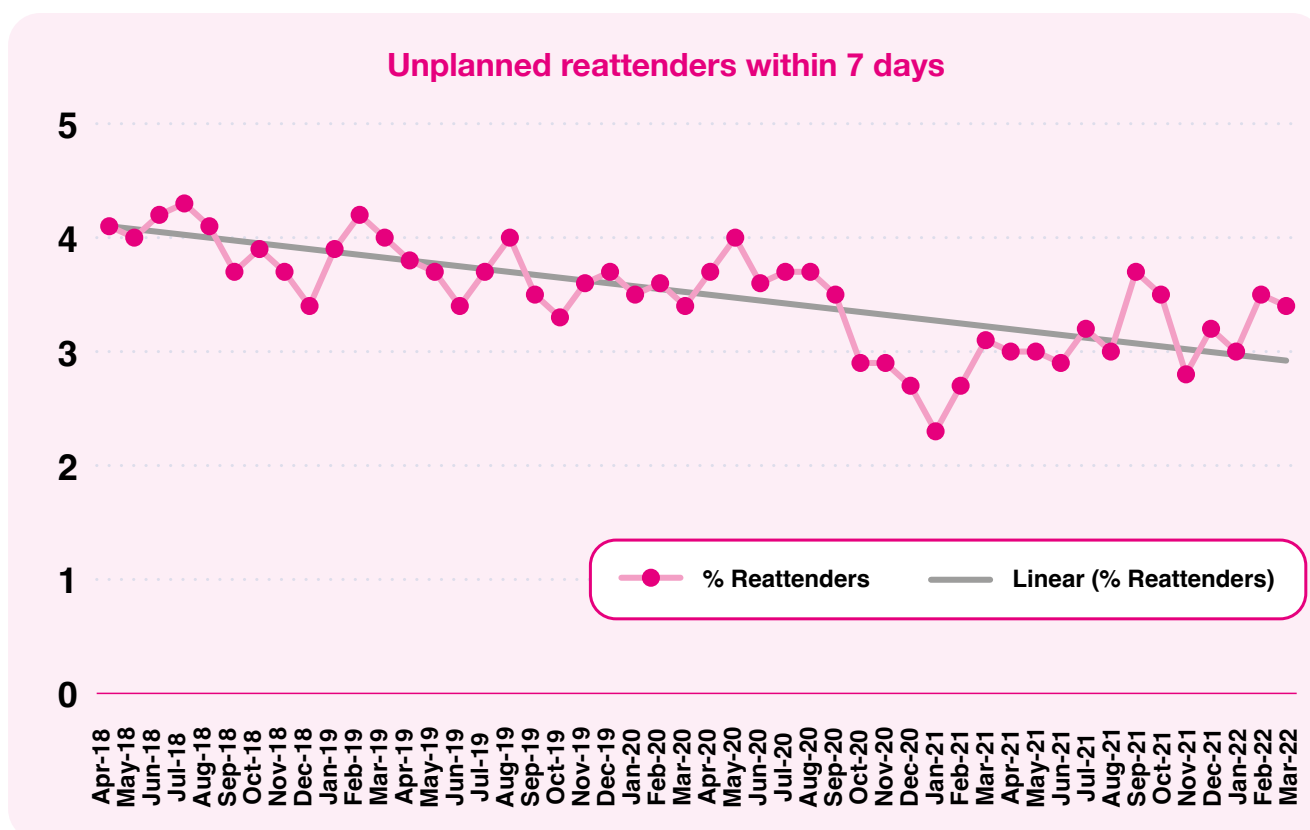
- Total number of attendances
- Percentage of patients seen and admitted or discharged within 4 hours of arrival at ED
- Number of patients spending more than 12 hours in ED
- Percentage of patients seen by a clinician within 1 hour of arrival
- Percentage of patients who did not wait to be seen
- Percentage of patients who re-attended within 7 days with the same complaint



THEME 4: RAISING THE STANDARDS

Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	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%
	2021/22	91,041	54.30%	10,157	30.24%	3.77%	3.25%
Causeway	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%
	2021/22	45,434	60.31%	3,764	22.19%	5.16%	3.05%

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 Emergency Department, Antrim Area Hospital (AAH) has reconfigured the floor space to accommodate an ambulance turnaround area. This allows for timely decant of patients from Northern Ireland Ambulance Service (NIAS) allowing for a faster turnaround for NIAS
- A further development for AAH is the creation and opening of a waiting area for patients in the Ambulatory Emergency Care stream
- In an attempt to maximise space available the AAH minor injuries area has been relocated to the paediatric space on level B corridor
- Within Causeway ED, the team continues to develop new ways to ensure patients are treated quickly and safely, expanding into the new minor injuries area, which gives patients the option of seeing an Emergency Nurse Practitioner as opposed to waiting in the general ED queue. The area is continually reviewed in line with Infection Prevention and Control guidance and any adjustments required have been implemented
- The Minor Injury Unit, Mid-Ulster Hospital is operational Monday to Friday, including bank holidays 9am to 5pm. The unit continues to see a large cohort of patients streamed via Phone First and scheduled appointments
- Both EDs have implemented an intentional round ensuring investigations are expedited thus maintaining improved flow of patients through the department
- Like most hospitals the Northern Health and Social Care Trust is affected by excessive trolley waits in the ED and the Trust has increased capacity by opening an ambulatory area with inpatient beds, with the longer term plan of opening two 24 bedded wards. This will commence once funding is approved by Department of Health
- Patients who choose to leave without being seen are monitored via ED management and this has remained constant over last 2 years at around 8 per day
- Re-attenders at ED are also monitored and data demonstrates the number of re-attenders remains constant in Antrim ED and there is a slight reduction in Causeway ED

From December 2021, Trusts were instructed to deliver Outpatient COVID-19 treatments to high-risk patients who were COVID-19 positive. This service was set up quickly, delivered by the nurses and pharmacists of the Direct Ambulatory Unit and the acute medical team.

The service reports to and is monitored regionally, networking with the other four Trust units.

Up to the end of March 2022, the unit received 1,442 referrals, with 1,407 patients triaged by the medical team. A total of 475 patients received treatment, with 282 patients receiving intra-venous Monoclonal antibody therapy and 193 patients receiving oral anti-viral treatments.



REDUCING THE RISK OF HYPONATRAEMIA

The Northern Health and Social Care Trust is participating in a regional task and finish group to implement the standards in National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)174:

Intravenous fluid therapy in adults in hospital. This work includes development of a multi-professional training programme, a revised fluid balance prescribing and record chart and the development of a regional audit.

SINGLE CHECKING OF A BLOOD COMPONENT

Prior to September 2021, the current practice within the Northern Health and Social Care Trust hospital setting was for an independent two-person pre-administration check for blood component transfusions. The two-person check involves two registrants (with valid Haemovigilance Right Patient Right Blood training) performing the checks separately, independently, and at the patient bedside. It was identified that improvement could be made to ensure that the checking system was completed as effectively as possible.

Transfusions in the community localities of the Trust are administered by the Hospital Diversion Nursing Team (HDNT) and Sciensus (previously Healthcare at Home (HCH) teams) – in these cases the pre-administration checks are carried out by a single checker. Following successful regional work, the Trust set up a working group in September 2020, chaired by the Divisional Nurse for Medicine and Emergency Medicine, to test the single check process. Since the initial pilot, there have been no incidents reported to Haemovigilance in relation to the single check process. Staff report that after initial concerns about the change in the process, they feel it has been a positive change. All necessary pre-administration checks are detailed within the

Trust's Transfusion Record as a checklist to assist staff. Moving forward, Haemovigilance plan to support the roll out of this process across both acute sites by the end of 2022.

Blood Component Transfusion Record

The Trust's Blood Component Transfusion Record has been in use since November 2018. In early 2022, a number of updates were added to the Trust's record. A summary of these are as follows:

- The Transfusion-associated Circulatory Overload (TACO) checklist was updated with the Serious Hazards of Transfusion (SHOT) flyers, to reflect updated guidance from SHOT
- Two additional Transfusion Authorisation pages were added to give a total of 8 units per booklet
- Each Transfusion Authorisation page has a space to document the patient's weight, as per updated TACO guidance
- An additional page has been added to the back of the record – "Advice for patients following a blood transfusion". This is in keeping with the Chief Medical Officer's letter of August 2021, and updated guidance from the Safety of Blood, Tissues and Organs (SaBTO) Advisory Committee.



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 monitor compliance with the Sepsis 6 bundle (oxygen, serum lactate measurement, blood cultures, intravenous (IV) fluids, antibiotics and measuring urinary output).

Within the Trust Emergency Departments, during 2021/22, overall compliance with the Sepsis 6 bundle was 51%, which was an improvement from 2020/21.

However, when the key treatment elements of Sepsis are separated out from this the audits show that 86% of patients received antibiotics within 1 hour of identification of Sepsis, and 85% received IV fluids within 1 hour of identification of Sepsis.

A champion has been assigned on each site for audit and quality improvement work, which has started to increase audit activity.

During 2022/23 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	2019/20	2020/21	2021/22
14 days	100%	43%	33%	39%
31 days	98%	91%	92%	82%
62 days	95%	59%	49%	39%

The Breast Service remains under considerable pressure, with demand well in excess of funded capacity. Recruitment is in progress for additional medical and radiology support.

The 31 day target for treatment of new cancer diagnoses was not met in 2021/22, and the pathway from referral to diagnosis and treatment within 62 days continues to be challenging because of demand for red flag (suspected cancer) appointments and diagnostics.



NICE GUIDANCE

The role of the National Institute for Health and Care Excellence's (NICE) role is to improve outcomes for people using the National Health Service (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 are used by the Trust in the development and review of policies and guidelines. Examples include 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 the Trust policies are approved, they are disseminated for reference by staff and are available within the Trust Policy Library.

The Department of Health (DoH) reinstated the endorsement, implementation, monitoring and assurance of NICE Clinical Guidelines and Public Health Guidelines on 23 June 2021. A total of 36 NICE Clinical Guidelines and Public Health Guidelines and 93 NICE Technology Appraisals were issued during 2021/22.

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.

One NICE COVID-19 Rapid Guideline was published during the 2021/22 financial year. A total of 13 updates or minor changes were received in relation to previously issued NICE COVID-19 Rapid Guidelines as new and updated evidence, policy and practice emerged.

Robust processes are in place within the Trust including daily checks of all NICE Guidelines received. 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 care audit work with international, national and regional audit projects.



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 UK.

Such audits are managed or led by another organisation and the Trust, along with other organisations contributing 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 2021/22 financial year clinical teams contributed to a number of specific audit projects and service evaluations including:

- Society for Acute Medicine Benchmarking Audit (SAMBA) 2021
- Cardiovascular Outcomes after major abdominal surgery (CASCADE) National Audit
- National The Upper Gastrointestinal Surgeons (TUGS) audits - x 2
 - Ambrose Study – TUGS multinational study Group
 - Aroma Study – Multinational Audit
- Covid Surg 3 Study – Global perioperative study
- National British Thoracic Society Respiratory Support Audit

- National Audit of Gentamicin prescribing and monitoring
- UK Parkinson's Audit

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

For example, key findings from the 'Society for Acute Medicine Benchmarking Audit (SAMBA) 2021'

- Performance against the key clinical quality indicators was similar in SAMBA2021 to SAMBA19, suggesting that the performance of acute medicine services now is comparable to pre-pandemic performance
- Referrals to acute medicine via the ED have increased, with 70% of medical admissions referred this way. This may reflect ongoing increased pressures on emergency medicine services, and demonstrates the close work needed between acute and emergency medicine, and the importance of ensuring that pathways between emergency and acute medicine can deliver patient care as efficiently and safely as possible



REGIONAL AUDITS

The following clinical audit is an example of a project funded by the Regulation and Quality Improvement Authority (RQIA) as part of its annual clinical audit programme:

Northern Ireland Oesophago-Gastric (OG) Cancer Audit – Measuring the quality of care for patients diagnosed 2018-2019.

The aim of the audit was:

- To review the process of care for OG cancer patients diagnosed in Northern Ireland in 2018 & 2019 and compare changes since 2005
- To compare processes of care for this cohort of patients against National Oesophago-Gastric Cancer Audit (NOGCA) and NHS Scotland's Quality Performance Indicators (QPIs)

The report has been reviewed with regard to the 4 recommendations made and actions applicable to Northern Health and Social Care Trust services, for consideration and taking forward.

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 2022.



THEME 5:

INTEGRATING THE CARE



Trust/GP Partnership

Throughout the year work continued to support and enable the Northern Health and Social Care Trust / GP Partnership Group and its working groups / sub-streams. Meetings took place on a monthly basis with a comprehensive shared agenda that has enabled the Partnership to continue to develop and integrate. A key example includes setting up an Enhanced Secondary Care Phlebotomy service for patients.

Northern Area Network

The Partnerhub 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 continue preparation for the new Integrated Care System for Northern Ireland. Further engagement will take place with NAN stakeholders as the model develops.

Multi-Disciplinary Teams in General Practice

The implementation of the new model for General Practice, Primary Care Multi-Disciplinary Teams, continued during 2021/22. 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.

During 2021/22 further investment and employment of Physiotherapists and Social Work staff took place. 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.

No More Silos

The Partnerhub attended and supported shared learning events on Phone First and Enhanced Support into care homes, and continued to attend the local No More Silos (NMS) Local Implementation Group meetings and hosted a service user workshop.

Additional non-recurring funding was secured for an additional Enhanced Support into Care Home pilot, Ambulance turnaround area (at Antrim Hospital), Scheduling of Unscheduled Care and other aspects of the regional NMS programme.

NMS Enhanced Support into Care Homes was presented locally and nationally and was on display at the All Island Integrated Care Conference. A 'NMS One Year On' presentation was delivered locally and regionally.

Population Health Improvement

During 2021/22, working in partnership with PHA and Local Councils, the Northern Health and Social Care Trust planned and delivered COVID-19 vaccination clinics in areas of low uptake. These targeted pop-up clinics proved successful in local areas and to date in excess of 21,000 vaccinations have been administered.



COVID-19 Vaccines

The Partnerhub continued the process for engaging and seeking resident and staff information from Care Homes, Supported Living Facilitates 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. The Partnerhub collated and quality assured all data and worked collaboratively with Trust Mobile Community Nursing Teams, Equipment / Transport, Estate Services, Pharmacy and others to effectively deliver the vaccine, working around COVID-19 outbreaks and adopting new guidance as it emerged from the regional centre. The Partnerhub planned the 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.

Personal Protective Equipment

The Partnerhub continued to support the ordering 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 were also actioned as required.

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. The Partnerhub in partnership with Primary Care planned all housebound COVID-19 vaccinations during the various Autumn, Winter and Spring booster programmes as well as support in to Care Homes.



COMMUNITY CARE

Robinson Memorial Hospital

The Robinson Memorial Hospital has played a key role in the Northern Health and Social Care Trust from the beginning of the pandemic, by providing a much needed pathway for patients. The team have remained resilient and committed to having The Robinson Memorial Hospital designation as a COVID-19 Hospital.

The Multi-Disciplinary Team (MDT) are at the core of the Trust's everyday business. The MDT is made up of General Practitioners (GPs), Nurses, Health Care Assistants, Social Worker, Occupational Therapist, Physiotherapists, Pharmacists, Pharmacy Technicians, Catering, Domestic and Administrative Staff. MDT working is the foundation to all that the Trust delivers in The Robinson Memorial Hospital and continues to display determination and support to one another.

For The Robinson Memorial Hospital staff, taking on this role of being the designated COVID-19 ward to facilitate a discharge pathway, which continues today, has not proved easy and has had many challenges, the biggest being recruitment and retention for the Trust's workforce.

The team entered the pandemic under existing pressure due to rising demand, workforce shortages and complex patient needs.

The Key Performance Indicators (KPIs) show that the demand for the pathway continues and staff still respond to accommodate the many different profiles of patients being referred on a daily basis.

From January 2021 - December 2021, a total of 4,030 bed days were used. During this period, the average length of stay for each patient was 20 days to discharge.



Month Year	Bed Days Used			Admissions	Discharges	% Occupancy
	Total	Rehab	Delay			
Jan 2021 – Dec 2021	4,030	3,196	968	217	226	69%

Month Year	Deceased	Home	Acute	Nurse Home	Res Home	Relatives Home	GRAND TOTAL
Jan 2021 – Dec 2021	4	83	30	64	6	2	189

The staff have been a constant beacon of hope by transforming the way they work and the way the service is delivered.

The Trust is immensely proud of the staff within The Robinson Memorial Hospital who go over and beyond in their roles to deliver excellent care in partnership with patients and families.

District Nursing ‘Care Opinion’ Campaign

The District Nursing Care Opinion Campaign was launched on the cusp of the current financial year and was quickly embraced by all district nursing teams as a social platform where patients and carers could provide feedback anonymously and receive a response with a more personal slant from an identifiable manager.

It was quickly recognised that many of the Care Opinion stories provide a rich insight into the experiences of patients and families especially in the sensitive and emotive area of palliative and end-of-life care. The personalised stories are authentic and reveal in real time the true experience of the patient’s encounter with the district nursing team.

During a visit to the Northern Health and Social Care Trust by the Health Minister to meet district nursing staff involved with patient care during the pandemic, quotes from Care Opinion stories were visually displayed, allowing the quality of district nursing to shine through and provided a focus for discussion.

There has been one change made from the many different stories. The involvement of the carer was instrumental in setting in motion the necessary steps to disable a premium rate referral number.

Care Opinion is now firmly embedded as an online social platform and provides senior managers in the Trust and Department of Health (DOH) with an insight into the professional work carried out by the District Nurse, Senior Community Staff Nurse, Community Staff Nurse and Senior Nursing Assistant all of whom form the District Nursing Team.

The stories reveal that the humanity of District Nursing as a profession are proud of *but* not too proud to change.



District Nursing - Embracing Neighbourhood District Nursing and the ECHO Network

A regional community nurse-led model of care 'Neighbourhood District Nursing' (NDN) was introduced to the Ballycastle and Cushendall District Nursing Team with the ethos of '*home being the best and first place of care*'. Positive evaluation was gleaned from a population health management approach using the quadruple aim of population health, patient experience, care team experience and cost.

As one means to introduce the principles of NDN to a wider District Nursing (DN) audience a Regional Extension of Community Healthcare Outcomes (ECHO) Network was formed and is now in its second year and steadily gaining membership.

The ECHO Network has a Masterclass session each month in which the educator presents the topic under discussion and the case presenters examine the issues 'on the ground' within their practice. The Northern Health and Social Care Trust's DN Coach links with the other DN coaches to design a programme of professional topics relevant to District Nursing, facilitates the sessions and acts as an educator for specific areas.

Several District Nurses have showcased a particular area of their practice, enabling knowledge and networks to grow across Northern Ireland. For example one District Nurse provided a realistic and vivid account of the education and promotion of self-management for a gentleman enabling him to safely administer his own insulin and become independent, whilst another District Nurse presented collective leadership and how it was embraced in the everyday practice of her team. The District Nurses involved all received regional acknowledgement of their excellent presentations.

Domiciliary Care

Homecare services have adopted an innovative approach to recruitment by operating locality based 'drop in' recruitment days. This is a one stop shop for seeking advice about the role, assistance with completing application forms, shortlisting and interviews completed on a single day. This has yielded a significant increase in the number of people showing interest, being interviewed and successful at interview, including in some of the more challenging areas to recruit staff members.



MENTAL HEALTH

Physical Health Care Monitoring in Community Mental Health Teams

People with severe mental illness die, on average, 10 to 25 years earlier than the general population. Increased levels of ischaemic heart disease and cancer contribute significantly to the excess mortality in people with Schizophrenia. In addition, there is both an under-detection and under-treatment of physical health disorders in people with mental illness. The impact of psychotic illness on motivation and cognitive function are contributory factors in terms of non-engagement with, for example, primary care services. Appropriate treatment with antipsychotic medication greatly helps psychotic illnesses but weight gain, most prominent in the first two months of treatment, can be associated with the development of diabetes and dyslipidaemia. In addition, antipsychotic medication is associated with adverse cardiac effects.

People with severe mental disorder on average tend to die earlier than the general population; this is referred to as premature mortality. There is a 10-25 year life expectancy reduction in patients with severe mental disorders.

- The vast majority of these deaths are due to chronic physical and medical conditions such as cardio-vascular, respiratory and infectious diseases, diabetes and hypertension
- Mortality rates among people with Schizophrenia are 2 - 2.5 times higher than the general population

- People with Bipolar Disorder have high mortality rates ranging from 35% higher to twice as high as the general population
- There is 1.8 times higher risk of dying associated with depression. People with severe mental illness do not receive the same quality of physical health care as the general population
- The majority of deaths of people with severe mental illness that are due to physical medical conditions are preventable with more attentive checks for physical illness and side effects of medications
- Interventions exist to promote the mental and physical health of individuals with severe mental disorder. There is a need for increasing access to quality care for people with severe mental disorder and can prove the diagnoses and treatment of co-existent physical conditions. The integration of mental physical health care should facilitate this

Nine Adult Community Mental Health Teams (CMHT) have implemented the provision of a healthcare pathway, for selected service users, in line with regional guidance and accepted best practice. National Institute for Health and Care Excellence (NICE) Clinical Guideline 178: Psychosis and Schizophrenia in Adults: prevention and management (2014); British Association of Psychopharmacology (BAP) guidelines on the management of weight gain, metabolic disturbance and cardiovascular risk associated with psychosis and antipsychotic drug treatment (2016); Regional Lithium Pathway (2012); NICE Clinical Guideline



185- Bipolar disorder: assessment and management. Updated NICE guidance on assessment of eating disorders is expected Spring 2017- Kings College (2009) provides interim guidance.

Examples of such service users are: those initiating or changing antipsychotic medication, those initiating or maintaining on lithium or other mood stabilisers, those who are undergoing assessment for an eating disorder, or those who are unable to engage with their GP for routine annual monitoring of their physical health. The physical healthcare pathway has been incorporated into electronic solution to enhance safe, effective care.

In addition to the implementation of the healthcare pathway in CMHTs a pilot has run within Antrim CMHT with dedicated pharmacist input.

Over a four month period more than 60 patients were referred to the pharmacist from staff within Antrim CMHT; most had a diagnosis of anxiety and / or depression. Ineffective medication and adherence were the main referral reasons from key workers; follow up review requests after medication switches from Specialty Doctor; full medication review requests from Consultants and requests for supportive medicines or Attention Deficit Hyperactivity Disorder (ADHD) prescriptions.

One patient was referred via her husband who was aware of the service.

Advice and recommendations made during this time included:

- Changing/ switching medications
- Adding medications
- Altering doses
- Supportive medications
- Medications for physical conditions added, e.g. metabolic and statins
- Supplements
- Nutritional supplements
- Analgesia
- Blood monitoring not related to psychotropics
- ADHD repeat prescriptions
- Advice to patients including written and oral (motivational interviewing)
- Medication adherence advice

The Crisis Resolution & Home Treatment Team

The Crisis Resolution Home Treatment Team (CRHTT) provides an innovative 24 hour multidisciplinary mental health service to adults who are experiencing an acute deterioration in their mental health. The service has two distinct roles involving Crisis Resolution and Home Treatment.

Crisis Resolution seeks to safely manage the immediate needs of service users presenting in a mental health crisis or with suicidal ideation. These service users are not known to services or will have presented to the CRHTT outside normal working hours.



Home Treatment provides assessment and treatment as an alternative to inpatient care. It also facilitates early discharge from inpatient care by providing acute care within a service user's home.

The CRHTT remains at the centre of Crisis planning for those adults who require support for individuals in mental health or suicidal crisis.

The CRHTT operated a full and comprehensive service throughout the COVID-19 pandemic. The Team committed to face-face assessments for all service users to ensure quality of care for those requiring acute intervention. Over the 12 month period from April 2021 to March 2022 the CRHTT responded to 2,455 referrals which demonstrated an increase in the demand for support following the COVID-19 Pandemic.

The Team have successfully ensured assessment and collaborative safety planning is available to all service users presenting in a mental health crisis and or with suicidal ideation.

The CRHTT are currently actively working to support forward planning in Crisis management. The Team have developed a new operational policy which will enable comparison with other CRHTTs across the region which will support the standardisation of CRHTTs across the region.

The CRHTT continue to support the development of a regional crisis mental health service as envisaged by the Regional Mental Health Crisis Service for NI Policy (2021).

This policy has committed the Department of Health to a Regional Mental Health Crisis Service which aims to ensure a reduction in the number of people who have to wait longer than 2 hours for an assessment and in the number of people who attend Emergency Departments in Crisis.

During 2021/22 the CRHTT successfully recruited for a clinical psychologist to work alongside the existing multi-disciplinary team members. The introduction of psychology has acted to further compliment the range of therapeutic and bio-psychosocial approaches that are now provided by the team. These interventions now include; Occupational Therapy interventions, psychosocial interventions for psychosis, Cognitive Behavioural Therapy and Dialectical Behaviour Therapy informed approaches to stabilisation and distress tolerance

The CRHTT have also supported the training and development of a Non-Medical Prescriber over the last twelve months and this skill base will increase the team's capacity to utilise pharmaceutical interventions in a timely and effective manner.

Towards Zero Suicide Project

Since October 2021 the CRHTT have been involved in a regional pilot to introduce a suicide prevention care pathway (SPCP). The team have availed of relevant training and continue to provide data to facilitate the implementation of the regional pathway.



The pathway works to utilise specialist training to identify and respond to individuals in a timely way who present to mental health services at risk of suicide. It also provides treatment specifically for those presenting with suicidality in parallel with the management of any underlying condition.

As part of the project, Stanley and Brown safety plans have been introduced to all service users who present in crisis and with suicidal ideation. The Stanley and Brown safety plan has been well received by service users and staff have found the framework beneficial in supporting those experiencing suicidal ideation.

Service users who have been admitted to Home Treatment and who have expressed suicidal ideation are now routinely offered a collaborative safety plan previously devised within the Western Health and Social Care Trust and now widely implemented throughout the region.

The pilot project continues to gather clinical evidence to support the implementation of assessment tools and safety planning across the mental health directorate.

Implementation of the Regional Delirium Care Pathway

A significant proportion of patients admitted to the Trust's acute hospitals will have a delirium already established or be at risk of a delirium emerging during their admission.

Historically, recognition and diagnosis of delirium has been poor, and there have also been significant variations in care practices. Delirium presents an extremely complex set of circumstances which when manifested within an acute hospital setting can escalate risk and lead to poor patient journey and outcomes.

Implementation of the Regional Delirium Care Pathway required a project management approach to ensure a planned, methodical implementation of the pathway across a number of designated wards within the Medicine and Emergency Medicine (MEM) division.

The Delirium Care pathway is more than just a checklist – it is about implementing multicomponent strategies which collectively work together to help prevent or resolve delirium. It is also about fostering a person centred culture of care using a suite of initiatives designed to support the implementation and embedding of the pathway, using a combination of quality improvement and practice development methodology.

The Regional Delirium Care Pathway, based on NICE Guidelines 103: Delirium: prevention, diagnosis and management, July 2010, provides comprehensive best practice advice in identifying risk factors, screening, prevention measures, non-pharmacological and pharmacology management plans to ensure effective measures are taken to help resolve delirium symptoms as quickly as possible.



Building on the significant Delirium Training component of 2020 to 2021, implementation of the pathways across MEM has continued to gain momentum with the establishment of 63 Delirium Champions from across 19 clinical areas, who are supported via an Interactive Delirium Education and Learning session (iDEaL) on a monthly basis for sharing of ideas, learning and experiences.

Benefits of the implementation of the Regional Delirium Care Pathway can be summed up as follows:

- The provision of a clear framework, ensuring a continuity of approach and care
- Increased confidence, knowledge and skills of nursing staff
- Increase in delirium diagnosis
- Reduction in incidence of violence and aggression through the early detection and management of delirium
- Promotion of non-pharmacological management of delirium
- Appropriate use of, and reduction in antipsychotic medication
- Resources procured across 19 clinical areas including distraction tools and cognitive stimulation and therapeutic interventions
- Improved patient journey and improved communication and information on delirium with family carers
- Creation of Regional Delirium Forum, social media campaigns and website developments, for staff, patients and families

SOCIAL WORK AND SOCIAL CARE

Quality Improvements in Children's and Young Peoples Services

Throughout the reporting period, Children's Social Work Services have progressed 5 key projects to improve and reform services.

1. Building Community Capacity / Northern Outcomes Group (NOG)
2. Integrated Emotional Health & Well-Being Framework
3. Signs of Safety Model
4. Develop Strategy for Children's Disability Services
5. Placement Support Services for Looked After Children

Delegated Statutory Functions

During this year there has been a number of emerging pressures and risks associated with the delivery of our statutory functions. A steady rise in the number of families in need of social work intervention, pressures on mental health services for children, and a rise in domestic violence, placement challenges, reduced domiciliary care capacity and poverty have all resulted in increased demand for the Trust's social work services.

Social Work workforce issues in HSC remain challenging. The Trust Statutory Functions Report highlights that Social Work staff shortages are having an impact. Frontline Social Work Teams continue to report increased pressures due to rising demand and complexity of need across all Social Work service areas.



In children's services workforce difficulties are reported in recruitment and retention, work is ongoing to strengthen the supply, recruitment and retention of social workers with the objective of meeting the needs of the workforce and securing a stable workforce to deliver safe, high quality Social Work services.

Caseload pressures including caseload size and complexity as well as rising numbers of unallocated cases have impacted on service delivery. In addition, the rising numbers of looked after children, and placement shortages across the spectrum i.e. fostering / residential care remain a source of significant pressures for Social Work services in Woman Children's and Families division. The Trust has taken a number of steps to address the impact these pressure areas have on the delivery of statutory functions.

Urgent work is being undertaken to reduce the number of unallocated cases and outstanding reviews, across all Social Work programmes of care in order to provide greater levels of support for inexperienced staff, and enable social workers to spend time that is more direct with families and service users.

Pressures on suitable placements for children and young people goes hand in hand with the increase in the number of children becoming looked after. The Trust has seen an increase in the number of children and young people placed in unregulated accommodation, this has a direct result on the lack of suitable placements, creating a

perfect storm for the Social Work workforce, meaning local teams are reliant on emergency bespoke arrangements which require increased staffing, monitoring and Social Work interventions.

Social Work Workforce Strategy

There continues to be major gaps between supply and demand and this has prompted the development of a range of initiatives within the Trust to increase supply and improve retention, such as increased university places and a pilot to offer more employment based options via the Open University.

Reducing unnecessary or unmanaged turnover and stabilising the workforce is critical to improving outcomes for staff and making safe staffing an active priority.

The Trust has continued to progress work on normative caseloads and has implemented a Trustwide Social Work transfer scheme to improve retention and develop new way of supporting staff who wish to work in a different programme of care and / or work location. The Trust has placed an increased focus on retaining experienced Social Workers to help address the current supply challenges, and to retain knowledge, skills and expertise within the profession. Work is ongoing to consider how the Trust also helps to address specific retention challenges that are reported within front line children's services, such as consideration of a new skill mix in Family Support and Intervention Teams and development of hybrid admin / support functions.



Learning for Improvement

During this reporting period the Trust has had 5 Domestic Homicide Review cases and 2 Case Management Review notifications (awaiting the final decision to be made at Safeguarding Board for NI which will be held in June). The Social Work (SW) Management teams continue to use a systematic process for investigating and learning from these incidents. The key aim from this is to improve service user safety and reduce the risk of recurrence, not only within the reporting SW team, but across the Trust as a whole.

The Trust continues to operate a number of learning groups that are actively taking forward improvements within the following practice areas which connect to elements of the Trust's statutory functions:

- Think Family Approaches
- Sharing to Safeguarding Protocols
- Carer's Assessments
- Risk Assessments in Adult Services
- Domestic Violence Training
- Improved interagency working with the Police Service for Northern Ireland (PSNI)
- Adult Protection
- Escalation processes for repeat Multi-Agency Risk Assessment Conferences and Domestic Violence referrals

In order to improve assurance reporting the Assistant Director for Family Support and Children's Safeguarding and the Assistant Director for Social Work Governance have established a new process to share the recommendations and early learning across the organisation, whilst also escalating any risks or controls that require immediate implementation. The two teams prepare a

quarterly learning report which is tabled at the Trust's Patient Safety & Quality Network, the report is then escalated into the Trust's Safety and Care Quality Committee before being presented through to the Trust's Risk and Assurance Group which ultimately feeds Trust Assurance Committee and Trust Board.

Reforming Adult Safeguarding

Between 2013 and 2020 there have been a number of reviews commissioned because of failings associated with adult protection processes:

- Ennis Ward Adult Safeguarding Investigation Belfast Health and Social Care Trust (October 2013)
- Winterbourne View – Time for Change: Transforming the Commissioning of Services for People in Learning Disability and / or Autism (2014)
- A Review of the Adult Safeguarding Framework in NI, The UK, Ireland and Internationally
- Home Truths Commissioner for Older People in Northern Ireland (COPNI) (January 2014) A report on the commission's investigation into Dunmurry Manor Care Home COPNI (June 2018)
- CPEA Independent Review into Safeguarding and Care at Dunmurry manor Care Home 2018
- A Review of Safeguarding at Muckamore Abbey Hospital (MAH), 'A way to go.' November 2018
- Summary Report - A Review of Safeguarding at Muckamore Abbey Hospital February 2019
- A Review of Leadership and Governance at Muckamore Abbey Hospital, MAH Review Team (July 2020)



The above reports have a number of core themes that recommend improvement in the delivery of adult protection services. Specifically the need for thorough oversight of protection arrangements and robust escalation processes. Adult protection services have had to adapt and change regularly. There have been many innovative developments and practices that have changed and improved how adult protection services are delivered. Continuing with these improvements and further developing the innovative practices will be a key element of the adult protection reform programme which was implemented by the Trust in this reporting period, however a number of assurance gaps within the Trust's overall delivery of adult protection services have been identified. These require immediate improvements to develop a more robust assurance framework for adult protection within the Trust.

The programme of reform and modernisation for adult protection services within the Trust addresses the impacts arising out of investigation reports; each work-stream will have a number of immediate priorities to undertake in order to strengthen the current service arrangements. In addition to these immediate priorities, each work-stream will also have a number of long-term goals to bring about significant reform.

Each work-stream will follow best available, current, valid and relevant evidence in relation to adult protection service delivery in Northern Ireland, adhering to the guidance and standards required by NICE, Social Care

Institute of Excellence (SCIE) and other relevant professional bodies. The programme group will undertake Equality and Rural Needs Assessment as part of the Trust's legal duty to have due regard when developing, adopting, implementing or revising its policies, strategies and plans, as well as designing and delivering its services.

Work-streams are fully aligned to the developments that are being undertaken by the Regional Adult Protection Board. The Executive Director of Social Work and Divisional Director of Mental Health, Learning Disability and Community Well Being are the Northern Health and Social Care Trust members of the Adult Protection Board. The overall aim of the reform programme is to improve efficiency and provide modern fit-for-purpose adult protection services. The sub-aims for each work-stream are:

1. Developing a Governance Assurance Framework

- a. Implement a reporting cycle into the Trust Integrated Assurance Framework on the status of adult protection activity within Divisions, including the number of services users under protection plans, risks associated with adult protection casework, safeguarding trends within care homes, supported living and domiciliary care, and the status of any joint protocol work being undertaken



- b. Establish a rolling audit cycle to monitor compliance with regional procedures, test thresholds and share learning
- c. Review Training Compliance for Level 2 – Level 7 Adult Safeguarding Training and Joint Protocol Training

2. Resourcing a New Model

- a. Establish an accountability framework for Designated Adult Protection Officers that feeds into the Trust's Integrated Assurance Framework
- b. Develop an options appraisal paper to illustrate how the management structure for adult protection services can be strengthened

3. Information System - Develop a consistent, Trustwide information / records system that provides real time reporting of the number of service users who are open to Designated Adult Protection Officers and the status of the protection / investigation arrangements in place

4. Alternative Safeguarding Responses

- a. Carry out a review of current alternative safeguarding responses and update associated policies, ensuring clear reference is made on how each alternative response is managed and recorded
- b. Develop a reporting process for alternative safeguarding responses



SOCIAL CARE

Child Protection

Regional Child Protection Procedures require children identified as being at risk to be seen within 24 hours. Overall, 100% (608) 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 2021/22.

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 904 reviews were held; 63 were outside agreed timeframes. Therefore 94% of "Looked After Children" (LAC) within the Northern Health and Social Care Trust had reviews held within regionally agreed timescales.

Some LAC Reviews have been outside timescales due to the use of zoom to facilitate meetings, 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.

Permanency Planning

Every 'Looked After Child' needs certainty about their future living arrangements and must have a Permanence Plan that supports this. Overall, 100% (750) of Looked After Children in care for more than 3 months during 2021/22 had a Permanence Plan in place.

Leaving and Aftercare

Research tells us that young people who leave care do not always achieve the same levels in education, training and employment as others in the community. Overall, 100% (99) eligible / relevant young people leaving care in the Northern Health and Social Care Trust are in education, training and employment as at March 2022.

Transition Planning

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

Direct Payments

The Trust promotes Self-Directed Support (SDS) to give people choice and independence about how their care is provided. Direct Payments is one method of SDS. During the period 2021/22, a total of 715 adults received Direct Payments. A total of 194 children received Direct Payments, an increase of 8% from last year.

Carers Assessments

Carers must be offered individual assessments to support them in their role. During 2021/22, a total of 6,001 Carers' Assessments were offered within the Trust. The COVID-19 pandemic exemplified the invaluable role carers play in providing essential care and support to service users of all ages. The Trust remains committed to supporting carers.



LEARNING DISABILITY

Resettlement/Hospital Discharges

During 2021/22, six Northern Health and Social Care Trust service users were resettled from Muckamore Abbey Hospital to supported living placements.

Annual Health Checks

Annual health checks have not been routinely completed by GPs since 2019/20 due to COVID-19 and GPs not being required to carry these out.

Healthcare Facilitators (HCF) have continued to engage with GP practices and, since summer 2021 when services started to reopen, the contact has increased. This allowed the HCFs to review GP registers to ensure this is up to date.

The HCFs have completed some health checks across the Trust, either in service users' own homes or in a clinic setting.

During the reporting period, 33 health checks were completed by GPs and 125 were completed by HCFs.

Going forward, the HCFs will continue to liaise with GP practices. They are starting to receive health summaries from the practices which indicate that the GPs are completing health checks.

Adult Safeguarding

The Northern Health and Social Care Trust responded to 1,018 Adult Protection Safeguarding referrals this year, an increase of 283 cases from the previous year.

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 2021 to March 2022, there were 281 requests for Mental Health ASWs and 8 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 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.



LEARNING FROM COVID-19



LEARNING FROM COVID-19

Psychological Services

Many services had to adapt to the COVID-19 pandemic by offering virtual appointments to service users. This was also facilitated across Psychological Services who offered virtual appointments in addition to continuing with face to face appointments for those with urgent needs or those who could not access a virtual alternative.

The Psychological Therapies Service (PTS) maintained continuity of care for service users by successfully transitioning from Face-to-Face therapy to “Virtual Therapeutic Solutions (VTS)”, including online video, telephone-based, and ‘blended’ interventions. Whilst many Northern Health and Social Care Trust services faced these challenges, the PTS additionally focussed on governance and evaluation from the outset with an aim to share learning and best practice, and to lead in service developments in response to the changed landscape resulting from COVID-19. The PTS overcame challenges in regards to the adoption and implementation of new technology to deliver VTS by creating step-by-step guides for staff and clients through rapid Plan Do Study Act (PDSA) cycles with service users and the Senior Management Team covering all aspects of VTS including governance, confidentiality, evidence-based practice, and practical and technical issues. Existing protocols such as risk flowcharts were amended as needed, and procedures around collecting outcomes data were revised to account for the new ways of working.

VTS was introduced with a strong emphasis on implementation science and quality improvement methodologies.

Routine Outcome Measurement (ROM) was already established within Psychological Services however during the pandemic, the PTS ensured on-going evaluation across the “3 Pillars” (McCusker, 2014). Continual analysis and benchmarking against comparable services was undertaken to ensure safe and effective care provision and balance treatment quality against high levels of demand. Analysis highlighted that VTS resulted in benefits for service users and staff in terms of access, with effectiveness and acceptability scores comparable to pre-pandemic levels: 46% of PTS clients accessing VTS achieved Reliable Clinical Improvement (a widely-used statistical metric), compared to 40% in a matched sample. Overall, 96% of clients felt they were “treated with courtesy and respect,” and 100% reported they were seen promptly for their appointments. Concerns such as indirect age discrimination were not supported, as access increased in the 56-64 and 65+ year age groups.



Learning Disability Service

The Learning Disability Service has creatively redesigned and introduced new ways to deliver buildings based day services and day opportunities during the COVID-19 pandemic such as one to one zoom sessions, garden visits and the Cook-it programme. Within short break services, services were able to continue through reduced day allocations, maximising independent service provision and effective forward planning for our highest priority groups. The Trust's Learning Disability teams have assisted in the many ways to the delivery for care into acute settings, care home settings and in service users homes.

There has also been innovative partnerships between Kilcreggan Social Enterprise, Compass Advocacy Network (CAN) Ballymoney, Fairways Supported Living and the Trust. The Trust is also establishing new services in partnership with Braefields residential home, Ballymena and Mallusk Supported Living in relation to the resettlement of patients from Muckamore.

Community Wellbeing

Partnership working to help shared populations grew under the pandemic as many realised that the collaborative connections developed to date provided the necessary basis for joint working to address the needs arising under the pandemic. This meant that shared responses such as the Shielding Service could be put in place quickly and effectively. The demonstration of what can be achieved together helped embed commitment to partnership working, reinforced the need for open sharing of

information and resources across sectors and brought greater recognition of the value that all partners bring.

Another lesson learned was how the reach of health and wellbeing activities could be extended through use of available technologies and new and creative approaches such as Fit For All Kits delivered direct to homes as the Trust worked closely with schools to support exercise uptake. Many of the schemes initiated under the pandemic have continued and been adapted to sustainable models.

The pandemic changed not just how the Trust worked but the needs of our population. Key issues came to the fore such as Loneliness and the Trust developed the Loneliness Framework and our Loneliness Networks. The mental health needs of the population intensified and the Trust is learning how to work with the community on a place based approach which builds prevention and early intervention through upskilling people on looking after their mental wellbeing and supporting others to do the same.

The impact of COVID-19 clearly highlighted the extent of health inequalities across the Northern Area with a highly rural population and deprivation often geographically dispersed and sometimes hidden. The case for addressing health inequalities in the Northern Area with new models of practice and greater distribution of resource has been one of the main lessons learned.



Domiciliary Care

The Trust's Homecare Service continued to provide services to some of the most vulnerable people in the community. During COVID-19 surges, when a significant number of team members were absent or isolating, the remaining staff members helped to maintain services, often going above and beyond to deliver services to their service users.

Day Centre Services

Within the Community Care Division, the Trust operates ten day centres providing services to older people and adults with mental health issues, physical disabilities and / or learning disabilities. During the initial phases of COVID-19, the centres closed and diversified to offer outreach activities to registered service users. Throughout 2021/22, the day centre service has worked closely with Infection Prevention and Control (IPC) colleagues and followed guidance from the Department of Health (DoH) and the Public Health Agency (PHA) to support a phased return to 'in centre' attendances, with the gradual reduction of outreach activities. The enablement programmes offered pre-COVID-19 were also established across all ten sites.

Whilst we continued to live with COVID-19 within communities, it was essential that the Trust's services remained flexible to support service users and their families. This included staggered start / finish times for some service users and continued outreach support for those who remained anxious about returning to the centres. Staff also continued to

demonstrate creativity in providing service users with engaging and meaningful activities, whilst adhering to IPC protocols.

As part of the Trust's continued reset planning during 2021/22, a new business area for day care was developed on Staffnet, to include information on Trust services, referral pathways and a new standardised referral form. This development not only helped to raise awareness of the day centres but also provide community teams with clear information on how to access the service for their clients. Each day centre also developed leaflets, which are available to print from the business area for sharing with prospective service users and their families / carers. Feedback received from referrals agents with regards to the development has been very positive.

During 2021/22, the Trust's day centre teams have worked closely with the Mental Capacity Act (MCA) Office and community colleagues to ensure that all service users accessing day care have the required assessments and documentation required under the Mental Capacity Act 2016.

Due to the IPC restrictions in place for 2021/22, attendance opportunities have been limited to approximately 50% of the pre-COVID-19 maximum capacity. However, with the publication of the document 'Services Remobilising Pathway - Adult Social Care Services', the Trust began in February 2022 to explore the potential to safely increase attendance opportunities across the day centres and develop an action



plan. This work included a service user and care engagement project to explore opinion on current restrictions within the day centres and views on reducing these in line with IPC and PHA guidance.

Trust services are in a continuous state of monitoring and review to look at ways to develop to meet the needs of local people and the demands on health and social care. The remobilisation action plan will be reviewed in September 2022, with hope that further updates in IPC guidance will support the next phase of remobilisation.

STATUTORY RESIDENTIAL HOMES

There are seven statutory care homes within the Northern Health and Social Care Trust, offering intermediate care, short breaks and a small number of permanent placements.

Staff across all homes have embraced the many challenges presented over the course of the pandemic to ensure that discharge pathways from acute services remained open, with excellent joint working with colleagues in acute care and discharges services.

Rosedale Residential Home reconfigured beds to meet the needs of those COVID-19 exposed and those under 65 who required additional support before being discharged home. Care staff have continued to work closely with Allied Health Professional (AHP) staff to provide ongoing rehabilitation, maximising the potential for residents to maintain a level of independence and enable a return to their own homes.





In February 2022, in line with updated PHA guidance, the requirement to isolate on admission to the residential homes was removed for many people. This allowed each home to review the allocation of beds, with additional beds being identified released to further support discharges from hospital.

All residential homes actively supported resident's emotional and social wellbeing by developing activities and implementing visiting and care partner pathways to maintain contact with family and friends using a range of face to face and virtual applications.

Trust homes have been proactive in implementing each stage of the pathway document 'Visiting with Care', and have developed information packs for visitors to ensure that key information is highlighted and shared. Staff have also supported visitors with Lateral Flow Testing as required.

A number of short break beds reopened in 2021/22 across six residential homes, providing some much needed carer support to those living within local communities. This has required increased coordination between the residential homes, community teams and families to ensure that community admissions are safe and the risks of spread of infection remain low.

'Care Opinion' has been piloted in Clonmore Residential Home and Roddens Residential Home since July 2021. 'Care Opinion' provides a platform for those accessing Trust services to provide feedback to the home.

Whilst this has provided a fantastic opportunity to recognise and acknowledge the high standard of care and support provided within the residential homes, it also provides the opportunity for learning and service development.

