Northern Health and Social Care Trust

Annual Quality Report

2014/15

To deliver excellent integrated services in partnership with our community

COMPASSION OPENNESS RESPECT EXCELLENCE

C O R E

Chief Executive's Foreword

The Northern Health and Social Care Trust (NHSCT) provides health and social care services to a population of approximately 440,000, which is the largest resident population in Northern Ireland.

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

The report describes the achievements and challenges we have had during 2014/15. I can report that, over 2014/15, we have made real progress against key objectives, as set out in last year's report.

The Northern Trust staff are committed to ensuring patients and clients are treated with the utmost dignity and respect whilst in receipt of our services. We launched our new vision and values at Trust Board in March 2015. Our new vision describes what we aspire to achieve in terms of our future direction; 'To deliver excellent integrated services in partnership with our community'. The new '*CORE*' values agreed with, and by, our staff – *Compassion, Openness, Respect and Excellence* - will support the vision, shape the culture and reflect the beliefs, behaviours and philosophy of our organisation.

Finally, I am delighted to report that the Trust won the CHKS Top Hospitals Patient Safety Award for 2015 and also the Top 40 Hospitals Award. These awards celebrate excellence throughout the UK and are given to organisations, delivering acute care, for their achievements in healthcare safety and quality improvements. There is real competition for these awards and our success reflects the quality of our staff and their determination to deliver the best service possible.

I hope you find the report useful. I would welcome feedback or further questions. If you wish to contact me please do so through the Chief Executive's Office, Trust Headquarters, Bretten Hall, Antrim Hospital, BT41 2RL.

Dr Anthony Stevens
Chief Executive

Executive Summary

In 2011, the Department of Health, Social Services and Public Safety (DHSSPS) launched Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'. One of the priority work streams within this strategy was to agree a standard set of indicators for Health and Social Care Trusts across the region on safety, quality and experience, and to detail performance in an Annual Quality Report. In addition to regionally agreed indicators, each Trust was invited to include details of local priorities for safety, quality and experience.

The Trust's Quality Strategy: Energising Excellence 2012 - 2015 clearly places quality, safety, and experience of patient, clients and carers above all other objectives. The Trust recognises that there will always be opportunities for improvement.

The Trust's Annual Quality Report focuses on 5 key themes, and within each theme there are a number of measures that show the Trust's performance:

- Effective health & social care
- Delivering best practice in safe health & social care settings
- Protecting people from avoidable harm
- Ensuring people have positive experience of services
- Supporting staff - Strengthening the Workforce

Summary of what we do

In reading this report it is useful to know how many people used our services in the last year:

- 76,459 inpatients
- 417,743 outpatients
- 136,052 emergency department attendances
- 26,552 day case patients
- 679 children looked after by Trust
- 505 children on child protection register
- 3,948 domiciliary care packages for older people provided in the community

Theme 1: Effective health & social care

Theme 2: Delivering best practice in safe health & social care settings

Theme 3: Protecting people from avoiable harm

Theme 4: Ensuring people have positive experience of services

Theme 5: Supporting staff - Strengthening the Workforce

Theme 1: Effective Health and Social Care

Risk Adjusted Mortality Index

The Northern Trust treats and cares for patients with a wide range of health problems. Sadly it is inevitable that some patients will die in hospital. The proportion of patients who die can be measured and compared with other organisations. To do this we use mortality rates.

Mortality rates must be viewed carefully, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex conditions / illnesses than others, or different services that may involve a higher risk of death, for example trauma and intensive care.

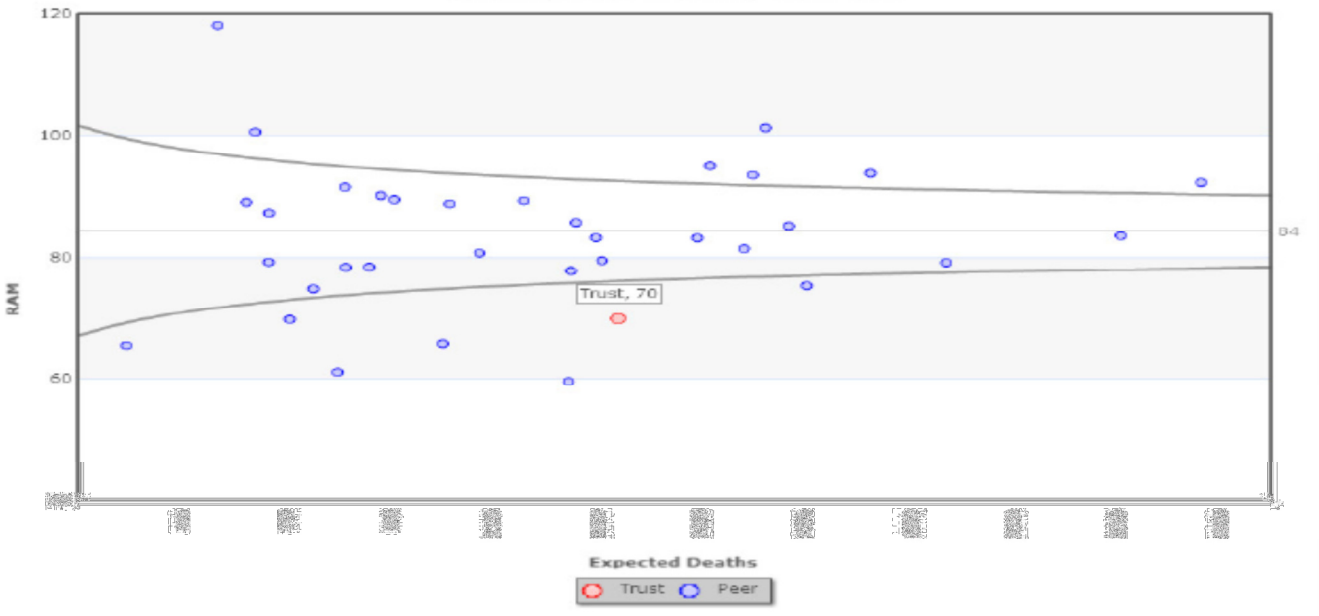
To allow us to compare death rates with other hospitals, an internationally recognised system called the Risk Adjusted Mortality Index (RAMI) is used. RAMI compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, age and gender of patients, and whether care was planned or an emergency. A RAMI figure of 100 means that the number of patients who actually died in hospital matches the number predicted. A RAMI figure below 100 means that fewer people died than were expected.

Key Facts

Our RAMI for the Trust is 70, which is substantially below UK and NI peer. This suggests fewer patients die unexpectedly in our Trust than in most similar Trusts across the UK.

In the chart below, our RAMI of 70 is compared with a number of hospitals across the UK. The chart shows that the Northern Trust's mortality is below the expected and compares favourably with our peer group. While this is only one measure of quality, when taken with other measures, it provides reassurance.

RISK ADJUSTED MORTALITY 2014/15 PLOT



Emergency readmission rate

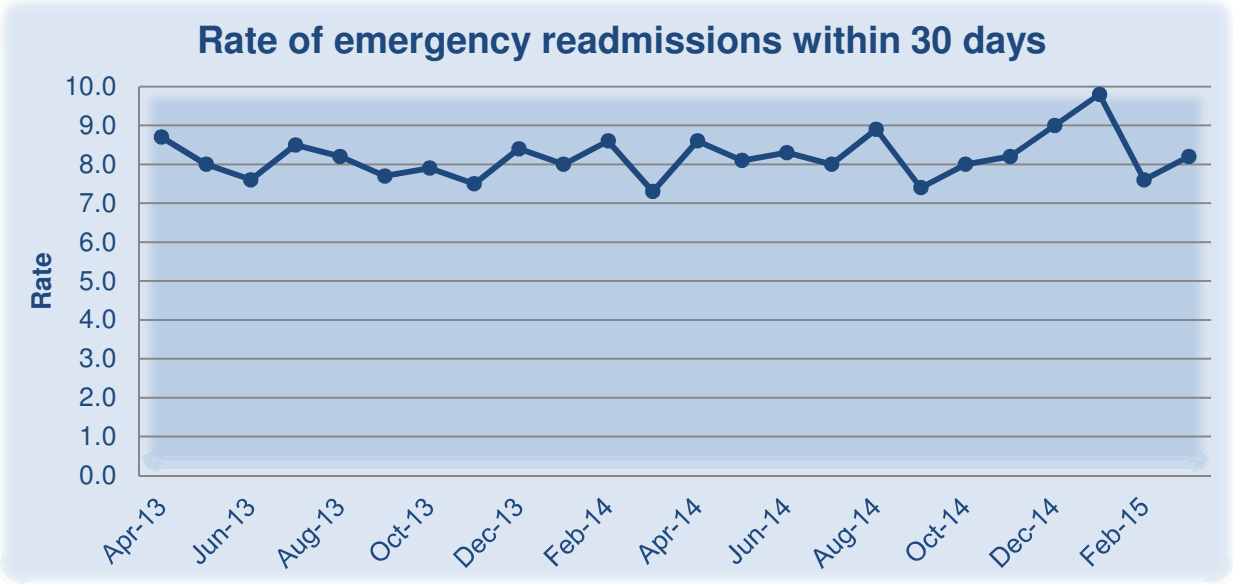
The rate at which patients are readmitted to hospital can provide an indicator of quality of care. This is because readmission may reflect the late development of complications or discharge that is too early for the patient. Other factors include patients' home environment and access to community services. There is no specific recommended rate of readmissions; however observation of Trust hospital rates against similar hospitals can be useful.

Key Facts

The NHSCT average emergency readmission rate has increased from 8.0% last year to 8.3% for 2014/15. The average emergency readmission rate for Northern Ireland in 14/15 was 7.8%.

It is also helpful to look at readmission rates over time to assess any changes taking place. To ensure we measure as appropriately as possible, readmissions are counted as those patients readmitted as an emergency within 30 days of any previous admission to the Trust.

Our emergency readmission rate is a little higher than what we would want. We are therefore undertaking a team-based systematic review of readmissions, as part of the Trust's Unscheduled Care Improvement Plan, alongside more focused discharge planning and improved consultant advice for deteriorating patients in the community.



Social Care indicators

Child Protection (CP)

It is essential that those children and young people identified as potentially at risk are seen by a social worker (SW) and receive a timely response for assessment. Regional Child Protection procedures require children identified as being at risk to be seen within 24 hours.

In this reporting period (100%) of children or young persons received a timely response for assessment and were seen within 24 hours of a Child Protection referral being made.

Looked After Children (LAC)

Children who become looked after by Health and Social Care Trusts must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they receive is safe, effective and tailored to meet their individual needs and requirements and preserves and maintains their rights under the United Nations convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

Key Facts

- There were 905 LAC reviews during 2014/15
- 96% of Looked After Children within NHSCT were reviewed within regionally agreed timescales
- 4% (32) of these were held outside the timescale due to availability of the Looked After Child, their carer or other professionals. However these LAC reviews were convened at the earliest opportunity.

Permanency Planning

Every Looked After Child needs certainty about their future living arrangements and having a plan to ensure these arrangements are permanent is critical; this is called 'Permanency Planning'. Permanency gives a child a sense of security, continuity, commitment, belonging and identity. A Permanence Plan might include one of the following, a return to parental care, placement with relatives (known as Kinship Care) or in some situations a long term fostering placement or adoption.

Key Facts

During 2014/2015, 100% (635) of all Looked After Children in care for more than 3 months have a Permanence Plan recommendation in place.

A Trust Permanency Panel oversees decisions to ensure that appropriate options to secure permanence have been considered and to also agree actions addressing any barriers. Permanency planning begins at the earliest opportunity but no later than three months from admission to care when the Permanence Plan recommendation must be finalised. Permanence Plans can encounter obstacles, for example the volume of children requiring placements strains the availability of placements. Achieving the right match of placement for each child can be challenging. The court processes can also cause delay as many children wait lengthy periods for Freeing Orders to be granted or for Court judgements to be delivered even when all the evidence has been presented.

The Trust evidenced a commitment to 'Permanency Planning' during the past year by the successful placement of a number of sibling groups together including:
- One group of four siblings who are currently awaiting their Adoption Order &
- Two sibling groups of three children who are at an earlier stage in the Adoption process.

The placing of siblings together offers the children the opportunity of a shared identity within their secure and permanent home.

Adult safeguarding

There are many vulnerable people in the community, and those who are most at risk should have in place Protection Plans following investigation and once identified as 'at risk'.

The Trust, along with other agencies, has a programme to highlight the importance of vulnerable adult referrals. The Trust continues to ensure vulnerable people in our community are protected, evidenced by a 21% increase in the implementation of care and protection plans from 13/14.

Key Facts

In 2014/2015, 2067 appropriate adult safeguarding referrals were made and 1929 Care and Protection Plans were implemented, therefore 93% of adults referred for investigation during the year had an adult protection plan in place as at 31st March 2015. The other 7% of individuals were supported through alternative care and risk management processes.

Carers' Assessments

There are a considerable number of carers within the Northern Trust area. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities. During 2014/15 a total of 4432 adult carers in the Northern Health and Social Care Trust were offered individual carer assessments.

Key Facts

- 2,834 (64%) had a carers' assessment carried out
- 1,598 (36%) declined their assessment

The figures above evidence an increase of 4% of carers' assessment offered from last year, with a slight increase in number of carers' assessments declined. The Northern Trust has developed a range of carer support resources which staff can utilise to address the needs identified through carers' assessments. Often the completion of a carer's assessment will result in the carer receiving additional practical and emotional support, for example carers may be offered a small grant; they may be signposted to organisations who can advise on benefits, stress management or practical issues; or they may be connected to a local carer support group for peer support. There are a number of reasons why carers may decline an assessment e.g. the assessment may not be timely, the carer doesn't fully understand what the assessment entails or the carer feels adequately supported already.

Carers' assessment training continues to be offered to all relevant Health and Social Care staff through Social Services Training and can be provided to teams on an ad hoc basis, through the Trust Carers Co-ordinator; thus promoting an on-going focus on the importance of carer assessment.

A carer supporting their mother with dementia stated, '*I didn't actually realise how much I was doing for my mum or how it was affecting me until I had a carers' assessment. After that I was able to take a long hard look at the situation and to get some help from my sisters and brother. I think that really helped'.*

Resettling people with a learning disability

The ultimate goal of this Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services to support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all health and social care trusts.

Key Facts

- During the period 2014/15, five service users with learning disabilities were resettled. None of these people were readmitted to hospital.
- A total of 13 service users are still to be resettled, 7 of which have individual resettlement plans are in place and the Trust continues to identify appropriate placements for the other 6 individuals.

The resettlement of NHSCT patients from Muckamore Hospital continues to be a priority within learning disability services.

The process of resettlement is underpinned by legislation and regional policies and promotes the social inclusion of people with a learning disability. The NHSCT resettlement team consult with service users, families, professionals and advocates to complete a comprehensive assessment of need and co-ordinate the individuals discharge from hospital to an appropriate community placement. Some individuals require bespoke packages of support. These packages are individual to the service user's particular needs and often require higher levels of supervision and staffing.

Service users and carers have provided the following feedback regarding their experience of the resettlement process:

- ***"looking forward to my daughter's move"***
- ***"I was 100% against resettlement but was wrong. My brother has made brilliant progress, staff are brilliant"***
- ***"Time to try something new and better for my daughter"***
- ***"I wish I had been here years ago"***
- ***"Better life in Community"***
- ***"Can make own decisions"***
- ***"I don't have to go back to hospital, do I"***
- ***"I do not want to move back to Muckamore Hospital"***

The NHSCT will continue to proactively progress the resettlement of individuals with a learning disability to improve the overall quality of their lives.

Resettling people with mental health problems

The NHSCT also continues to promote resettlement to a different range of community living settings for long stay patients within Holywell Hospital. Service users and their families initially expressed some concern and anxiety regarding leaving the hospital environment which had been the individual's home for a long period of time. Involving families led to successful plans and appropriate follow up support/services to facilitate resettlement as evidenced in the figures (right).

Key Facts

During the period 2014/15 twenty-one people were resettled into the community. None of these individuals were readmitted to Holywell Hospital. A total of 10 people with complex needs and challenging behaviours are still to be resettled. The Trust is working with independent providers to develop suitable, alternative placements.

Families and staff members have provided the following feedback regarding their experience of the resettlement process:

- **"this proved a successful experience for my family member" (family relative)**
- **"It was important to advocate for these individuals, who now live independently in a less institutionalised environment in the community. Resettlement has improved the quality of their lives and proved successful" (Resettlement Coordinator)**

Quality Improvement in Mental Health Services

The Trust aims to improve the quality of life for those with mental health needs by providing a range of high quality services to promote recovery and social inclusion.

Bereaved by Suicide Service

The service is an initiative developed by the Northern Health and Social Care Trust (funded by the Public Health Agency through the Protect Life / Suicide Prevention Strategy). Anyone aged 18 and over, living in the Northern Trust locality and bereaved by suicide, can avail of the support service. During 2014/15 the service developed a new 6-session model to support the needs of those bereaved. This model plan is developed in partnership with clients and ensures the service is tailored to meet their individual needs and requirements. Referrals are screened at weekly team meetings with clients contacted within the first two weeks of referral received. Sessions are planned to coordinate with staff and client schedules.

Key Facts

- There were 133 clients supported by this service in 2014/15, this was an increase of 75% from 2012/13.
- 100% were reviewed within the timescale
- 4 bereaved by suicide support groups have been established to cover Northern Trust localities.

Support groups are available monthly in four key locations across the Northern Trust; Magherafelt, Ballymena, Coleraine and Carrickfergus.

Niamh Advocacy Service

The Niamh Advocacy Service is a service commissioned by the Mental Health Directorate and independently managed by the Northern Ireland Association for Mental Health (Niamh).

The service provides an independent advocate for mental health service users in the Northern HSC Trust area including service in Holywell Hospital, the Ross Thompson Unit in Coleraine as well as clients in the community including tenants of the Trust's supported living units.

The advocacy service seeks to ensure service users rights are respected and protected. It also seeks to support service users in expressing their views by empowering individuals to speak for themselves at meetings, reviews and tribunals.

According to the Bamford Review, Advocacy is defined as a means of supporting *"individuals to express and have their views heard. It aims to redress any imbalance and power between the individual and the professional. It is concerned with empowerment, autonomy and self-determination, the safeguarding of citizenship rights and the inclusion of otherwise marginalised people."*

Independent advocacy is a key component of the Mental Capacity Bill where a statutory duty to provide access to independent advocacy is necessitated in respect of service users who have been assessed as requiring support in decision making or in deprivation of liberty cases. Niamh advocacy service is currently delivering a Level 4 accredited training programme on Advocacy in a Capacity Context to independent advocates. The Niamh Advocacy Service has also been engaged in the training of service users on an ongoing basis in independent peer advocacy. The course is a Level 2 Understanding Advocacy course accredited by the Open College Network. The courses are normally run twice a year over a period of 10 weeks. The course is aimed at service users who have an interest in advocacy as well as those who wish to develop their skills as part of their recovery process.

The service welcomes referrals from health care professionals, other agencies, family members as well as self-referrals from service users. Typical issues that the Advocacy Service helps clients with includes assistance in appealing detention, resettlement activity, helping to formulate formal complaints and assisting the client in communicating their wishes with respect to treatment. In order to best achieve this, the Advocacy Service works with and signposts clients to outside specialist agencies where appropriate.

Many clients have complex needs and require our assistance for a considerable period of time. For example, advocates recently assisted a patient to articulate their concerns with respect to medication and helped them to understand the options available to them.

Psychological Therapies Service

The Accreditation Programme for Psychological Therapies Services (APPTS) is a new initiative designed to improve the quality of services whose primary function is to provide talking therapies to adults in the community. It is run by the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society. The accreditation framework is comprised of 25 primary standards and 31 secondary standards indicative of service excellence. These encompass a number of dimensions such as safe and effective treatment, leadership, and person-centred care. The NHSCT Psychological Therapies Service (PTS) aimed to develop the service to meet the required APPTS standards and achieve accreditation in June 2015.

Key facts

- The PTS met an unprecedented 100% of the accreditation primary standards and 96.8% of the secondary standards
- Areas of notable achievement included the PTS Outcomes Framework, particularly the high percentage of clients who clinically improved following therapy (60%)
- APPTS both surveyed and interviewed PTS service-users to gauge service quality, finding that 100% of sampled service-users felt they were treated with compassion, empathy, kindness, respect and dignity

Progress made

- PTS is the first accredited therapy service in Northern Ireland and only one of seven accredited services in the UK
- The accreditation process itself also raised service standards, particularly with reference to service-user engagement and choice

Next steps

- Continue to carry out regular audits to monitor and improve these standards
- Progress areas identified by service-users for improvement

Pain Management Programme

The Condition Management Programme and Department of Clinical Health Psychology have recently secured funding to undertake a pilot Pain Management Programme (PMP). PMPs are evidenced-based, group interventions for clients presenting with chronic or persistent pain conditions and are recognised as an integral part of comprehensive Pain Services. The primary focus of PMPs is not to cure pain, but to help clients manage and cope with their conditions.

The two Services have successfully collaborated on the development of a 10 week PMP that offers a range of educational sessions. These include sessions aimed at developing participants' understanding of persistent pain, how to set achievable goals and how to manage the impact of pain on emotional wellbeing and relationships by developing stress management and assertiveness skills. Each session includes a structured relaxation exercise, and another key component is facilitating participants' engagement with appropriate exercise and activity.

Current PMP participant, Ms P, said of the programme: "I like it and the staff are brilliant – they explain things really well on the programme and they also help you to explain why you feel the way you do. Being with others who are going through similar things is also helpful, because you know that they will understand what you are going through".

Although currently a pilot project, the Team are planning an evaluation of the intervention and are hopeful that it will become a permanent treatment option for clients with chronic or persistent pain.

Steps to Recovery

The Recovery College continues to be developed with 16 courses / workshops being co-produced and co-delivered throughout the Trust area from April 2014 to March 2015.

The Recovery College delivers comprehensive, peer-led education and training programmes within mental health services. They should be run like any other college, providing education as a route to Recovery, not as a form of therapy. Courses are co-devised and co- delivered by people with lived experience of mental illness and by mental health professionals.

Their services should be offered to service users, professionals and families alike, with people choosing the courses they would like to attend from a prospectus. As well as offering education alongside treatment for individuals they also change the relationship between services and those who use them; they identify new peer workers to join the workforce. There are 8 key principles of a Recovery College:

1. Co-production between people with personal and professional experience of mental health problems
2. There is a physical base (building) with classrooms and a library where people can do their own research
3. It operates on college principles
4. It is for everyone
5. There is a Personal Tutor (or equivalent) who offers information, advice and guidance
6. The College is not a substitute for traditional assessment and treatment
7. It is not a substitute for mainstream colleges
8. It must reflect recovery principles in all aspects of its culture and operation

Development of the Dementia services

Dementia inpatient care

The Dementia Intensive Care Unit (DICU) has become an established facility for people with dementia when their needs cannot be met in the community and a hospital assessment is deemed essential. The unit has a single consultant and single point of entry. This can facilitate consideration of alternatives to admission and meet the regional recommendation that dementia care should be delivered outside hospital when possible. Close working with the CMHOPTs is essential.

The Unit continues to develop non-pharmacological approaches to care working with the Dementia Home Support Team to develop an inpatient version of the CLEAR model to the inpatient assessment and treatment processes. This has been aided by dedicated psychology input to the unit and piloting a new post for a staff member to work with both the community and inpatient teams. The Montessori approach for people with dementia has proven successful in practice and training of staff is on-going including a Trans-Atlantic Workshop.

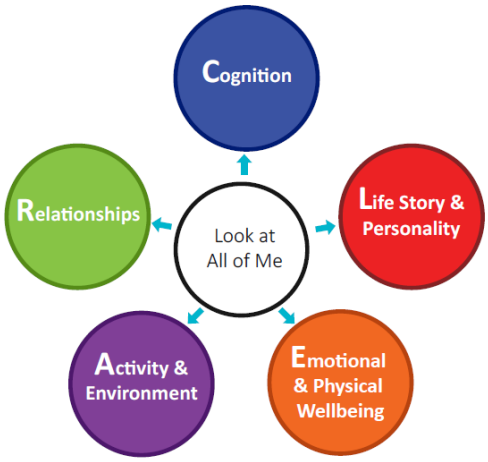
The multi-disciplinary team looks towards innovation and assistive technologies to find ways people can be enabled to live their lives in the least restrictive manner e.g. GPS monitoring systems. The environment is constantly being improved to find ways to enable patients to be as independent as possible e.g. developing a library area.

Key facts

- Over 200 people have received Montessori Based Activity programming training including those who attended a Trans-Atlantic workshop facilitated by Dr Cameron Camp originator for Montessori Activities for people with dementia, a first for N Ireland.
- New processes have been established with the Dementia Home Support Team; this team will work alongside DICU to both reduce unnecessary admissions and jointly support discharge from hospital for individuals with behavioural symptoms of dementia.

Dementia Home Support Team

The Dementia Home Support Team provides comprehensive assessment and interventions for individuals with behavioural and psychological symptoms of dementia. The service has expanded and now works in all community settings. The team supports individuals in their own home setting and aim to prevent avoidable admissions to hospitals and care homes.
The team also support individuals to return to their own home if they have been in hospital or a temporary care home placement.



Key facts

- The CLEAR Dementia Care model of assessment and intervention has been developed within this team. The model is currently being developed / introduced in the Dementia Intensive Care Unit.
- CLEAR Dementia Care promotes earlier identification of potential causes of behavioural and psychological symptoms of dementia. Early data show that since introducing CLEAR, the team have reduced the length of their involvement by more than 50%; this indicates that there has been a reduction in the time it takes to identify the cause and provide effective interventions.
- The increased efficiency has led to a substantial reduction in the waiting time for the service. In 2015, 55% of service users have received an initial visit within one week of referral and 84% have had an initial visit within 3 weeks of referral.
- All service users referred to the team are at risk of admission to care home, admission to hospital and/or breakdown in current care arrangements. In 2015, 91% of service users referred to the team have been supported in a community setting without the need for assessment in a Dementia assessment ward.

Development of the Memory Assessment Service

The Northern Health and Social Care Trust successfully piloted a new Memory Service in the East Antrim Area and, in October 2014, the service commenced accepting referrals in the Antrim / Ballymena area.

The Memory Service aims to improve timely diagnosis and quality of care in dementia, and the service development fits with the Transforming Your Care model of service delivery. A comprehensive service is offered to include pre-diagnostic counselling, timely comprehensive assessment, post diagnostic counselling, support and education. The team is comprised of a Memory Link Worker (to be appointed), Memory Practitioners, Community Navigator (to be appointed), psychiatry and clinical psychology.

When a GP suspects that a person may have dementia, the referral is sent to the appropriate Community Mental Health Team for Older People (CMHTOP). The referral is triaged by the team leader and, if appropriate, will be forwarded to the Memory Service. A Memory Link Worker makes contact with the person to provide information about the service and offer pre-diagnostic counselling. A comprehensive assessment is completed by a team of Memory Practitioners, and a multi-disciplinary discussion determines the differential diagnostic outcome or recommends further investigations if necessary. Post diagnostic support is offered as appropriate by the Memory Link Worker. People with a diagnosis of dementia are allocated a key worker to offer support and co-ordinate their care.

Sometimes people with dementia, and their carers, feel there is a stigma associated with a diagnosis, and this can delay the person access to services. They are concerned about erroneous, negative consequences of a diagnosis, for example, that they will be forced to go into a care home. Others report that poor memory is an inevitable consequence of old age. We are currently developing a publicity campaign to dispel some of these myths, help people to better understand the benefits of early diagnosis, and provide information about the services we offer.
There are significant numbers of residents in care homes with undiagnosed dementia and we are working with care home managers to address this. Increasingly the timely diagnosis of dementia requires multi-agency partnership working, and we are making significant progress in this area. We are working with GP colleagues to develop appropriate specialist training in primary care to help GPs to recognise early changes in behaviour or cognitive function which may be the result of dementia.

NHSCT Volunteer Coordinator

Máire McCotter has taken up post as the NHSCT Volunteer Co-Ordinator within the Mental Health Directorate. Máire's remit is to promote, develop and support volunteering across the Northern Trust area, and her role aims to enhance recognition for the contribution volunteers make, provide access to opportunities, encourage people to volunteer and provide information and support to volunteers with the Trust and ensure volunteering compliments the delivery of core Trust Service.

The work carried out by volunteers is welcomed and greatly appreciated. The Trust supports the view that there is a very valuable and purposeful roles for volunteers, which is separate and distinct from that of paid workers, and therefore not a job substitution. Operating within the constraints of this policy, the Trust aims to offer volunteers a variety of interesting and satisfying tasks that will enhance the quality of care or service provided to Service Users without impinging on the role of paid staff.

Supporting people in the community

Occupational Therapy Service

The Trust's Community Occupational Therapy (OT) Service, as part of their assessment, identifies the need for and arranges the provision of adaptations and equipment to ensure that service users can remain as independent as possible and be cared for in their own homes. Adaptations include: minor works such as grab and stair rails, home lift provision and overhead tracking hoists.

The Occupational Therapy Service is also responsible for wheelchair assessment and provision within the Trust. The service significantly improved its performance in 14/15 through a modernisation and reform programme which helped to ensure the prescription and delivery of the most cost-effective product in a timely way.

Key facts

During 2014 – 2015 the Trust's OT Service in partnership with the estates services department and external contractors consistently achieved excellent performance against targets:

- The Trust was required to ensure that all lifts and overhead tracking hoists were installed within 16 weeks of the OT assessment – there was 96% achievement of this target throughout the year
- The Trust was required to install urgent minor works such as grab and stair rails within a 10 day timeframe – there was 99% achievement of this target

This involved the development of an action plan in consultation with a range of stakeholders. The plan included 25 recommendations for improvement with clear timescales for implementation. Phase 1 focused on Actions to improve the financial position of the service, whilst phase 2 focused on the management, the staffing structure and overall performance.

Improvements noted include:

- High levels of service user satisfaction (evidenced through patient and client experience feedback)
- Significant reduction in overall expenditure
- Improved recyclability of stock
- Improved wheelchair prescriptions by clinicians and understanding of the role and function of wheelchair services
- Improved access to wheelchair services

Podiatry Service

The Podiatry Service provides a full range of services to patients across the Northern Trust. The demand on podiatry services has increased due to the growth in the numbers of older people and the increased incidence of diabetes and associated complexities.

Key Facts

- Podiatry services achieved 100% compliance with Public Health Agency (PHA) waiting time targets, with no patient waiting longer than 63 days from referral to first appointment.
- Podiatrists from the Northern Trust have played a key role in the development of regional diabetic foot pathways and a pilot project is currently underway in Causeway Hospital assessing the benefits of an Enhanced Foot protection team.

Podiatry student placements are commonplace during the academic year and the Podiatry Service work closely with the Ulster University facilitating and supervising these placements and the additional clinical space has aided in fulfilling this function.

Telehealth / Telecare

The Strategic direction, as defined in the Transforming Your Care framework, clearly requires the Trust to seek to deliver health and care services in a way that focuses on maintaining service users in their home environment, thus reducing demands on the acute sector. Central to this is the concept of patient self-management of long term conditions. Remote Telemonitoring, within both Telehealth and Telecare, is a central component to the Trust's reform and modernisation agenda.

Telehealth involves remotely monitoring a patient's vital signs and any additional information relevant to their wellbeing, using assistive technology at the patient's own home. The readings from the assistive technology monitoring devices are sent via telephone to the relevant health care provider where they will be reviewed by a team of Triage nurses.

Telehealth is a convenient way for patients to avoid travel to a clinic or hospital for a health professional to take their readings. The service is largely aimed at patients with long-term conditions such as diabetes, heart failure, chronic obstructive airways disease and stroke.

Telecare provides an effective means of managing risk, whereby helping to support a person to live independently in their own home for as long as possible. Telecare products have been designed to enable tailored packages of care to be delivered specific to individual needs and provide effective support to allow people and their carers to live as independently as possible. Sensors can be worn or placed around the home, which

automatically raise an alert via a Lifeline home unit if a possible problem is detected, such as falls, fire, flood or a gas leaks.

Key Facts

- 2014/2015 was the first year a target had been set for Telecare at 206,915 monitored patient days. The Trust achieved 198,990 monitored patient days with 648 clients benefiting from the service
- Telehealth Target for 2014/15 was set at 133,650 monitored days. The Trust achieved 122, 271 monitored days with 543 clients benefiting from the service.

Rapid Response Service

The Rapid Response service provides high quality treatment and care for people in acute health and/or social care crisis offering home-based alternatives to acute hospital care quickly in a safe environment. This is usually support and treatment in the service user's own home or for a short time in a residential or nursing home if this is more appropriate.

Key Fact

Referrals are responded to within 15 minutes of being made by a GP and a response mobilised to the service user's own home within one hour.

The service is a community nursing led service which works with the wider multi-disciplinary team to provide the best possible care through rapid assessment and treatment, taking into account the network of family and caring support available to the individual.

Reablement

Reablement services are short term services for people who have experienced a health or social care crisis, those who are recovering from an illness or injury and who may have become frail as a result. The aim of reablement is to help people regain the ability to perform their usual daily living activities, such as washing, dressing, preparing and cooking meals and getting about, so they can do things for themselves again, stay independent and continue to live in their own homes.

Key Facts

- 10 new Occupational Therapists have been appointed
- 1285 new admissions to the reablement service in 2014/15
- 50% reduction in hours delivered from admission to discharge
- 45% of service users leave the service requiring no long term service

The NHSCT Occupational Therapy Reablement Service is now fully operational across the trust. Occupational Therapists work in a person centred way to maximise an individual's ability to function within their home environment and carry out activities and occupations which are meaningful and purposeful to them.

The introduction of the occupational therapy resource has enhanced the Reablement Service in a number of ways:

- Complete a comprehensive, client centred assessment which will include motor, sensory, cognitive, perceptual and psychosocial components which may impact the individual's ability to carry out activities of daily living within their home environment
- Identify and record client-centred goals which are specific, measurable, achievable, realistic and timed
- Plan and deliver a range of interventions including personal care, meal management, therapeutic activities, risk management, medication management, reintegration into the community, fatigue management, anxiety management, confidence building and provision of equipment, assistive technology and environmental adaptations
- Work closely with Homecare staff in the delivery of the reablement programme and provide relevant training to facilitate and promote client independence
- Provide timely and continuous reviews and modifications to ensure the client achieves optimum therapeutic benefit from reablement interventions
- Ensure appropriate onward referral to relevant statutory and voluntary services including recommendations for commissioning packages where core services are required following reablement and/or referrals to other trust services

Intermediate Care and Community Rehabilitation Services

Intermediate Care and Community Rehabilitation services are provided so that people may be able to avoid going into hospital if they become unwell or be provided with professional support following discharge after an acute episode to regain maximum independence.

Rehabilitation is provided both in a home based environment and where necessary in a community hospital or residential home bed or at peak times in an independent sector nursing home.

The service is extremely reactive to pressures from Acute Hospitals and plays an integral role in admission avoidance and patient flow. Being an unscheduled service, the ability to flex to meet peaks of demand is essential. Historically between the end of December and April there is a recurring spike in activity which can be put down to an annual increase in fractures and other winter related health issues impacting on an aging population.

While it would be expected that the additional numbers and dispersion of beds would have an impact on performance, the figures would suggest that this is not the case and that the rehabilitation of patients through the beds and at home has been as efficient and successful as during the less pressured periods.

Maintaining this throughput requires a sustained focus by every member of the multidisciplinary team and also working closely with other community colleagues to ensure that discharge pathways are as robust as possible.

Research

Research remains an important element of health and social care by improving current services and developing services for the future. Researchers work closely with colleagues in partner organisations, including local universities, other Health Care Trusts, charities, Public Health Agency (PHA), commercial companies, Northern Ireland Clinical Research Network, Northern Ireland Cancer Trials Network, HSC Innovations and, more importantly, our patients and clients. The Trust continues to publish information on research taking place within the organisation to encourage patients and service users to become more involved from research conception through to service improvement and evaluation.

Research Projects

- 56 new projects have been received and processed through the research governance approval system
- 90% of these were granted local governance permission within the 60 day agreed standard
- 75% of these were approved within 30 days

Research Governance

Research staff continue to offer advice and support to all staff who are undertaking research and ensures that it is conducted in line with research governance standards, ethical and all relevant regulations.

The Trust actively participates in the **'Its Ok to Ask Campaign'** which was introduced as part of the National Clinical Trials Day.

Northern Ireland Clinical Research Network

The Trust has an operational memorandum and service agreement in place to support the Northern Ireland Clinical Research Network (NICRN) by establishing joint appointment clinical research nurse posts. Currently the Trust has the following specialties:

- Renal
- Diabetes
- Critical Care
- Stroke
- Mental Health Nurse

This network was established to support the contribution of the clinical research community in Northern Ireland to support the work of the UK clinical research collaboration and the associated National Institute for Health Research Clinical Research Network. The Trust, in

partnership with NICRN, aims to increase access to, and participation, in high quality clinical studies during the coming year.

Progress made

- Appointment of a Renal Clinical Trials Nurse
- Research seminar held in October 2014
- Increased partnership and collaborations with industries and Universities.
- The Trust also benefits from commercial clinical trial income, which is recognised through the commitment from our Principal Investigators, clinical research nurses, finally and most importantly, our patients.
- During 2014/15 progress was made to continue to promote research across the Trust.

Next steps

In the coming year we hope to:

- Scope the potential for increasing the number of NICRN specialty nurses
- Appoint a new the Personal & Public Involvement (PPI) representative for the research governance committee
- The research office will continue to offer support and advice to all potential researchers
- Implement the new IT research system (Edge Intelligent Research Management System) to improve the overall process for research projects

The Trust was successful in 2 Small Business Research Initiatives (SBRI) which were funded by PHA, to promote collaborative working with small businesses in developing solutions to problems presented in Health and Social Care. The first project's aim was to support medicines adherence in bipolar disorder through the use of psycho-education programmes. The primary objective was to demonstrate the benefit of the adherence support programme through satisfaction surveys from patients and healthcare professionals. The outcome demonstrated the need for technological assistance to help with drug non-adherence.

The second successful project's aim was to develop an approach to assess adherence in patients while waiting to see a GP or collecting prescriptions in a Community Pharmacy. This entailed the use of an appropriate adherence assessment tool allowing non-adherence to be identified and appropriate remedial actions to be undertaken.

Clinical and social care audit

What is clinical audit?

Audit is a way to find out if health and social care and professional practice is in line with standards and lets care providers and service users know where a service is doing well (and keeping that up) and what is not working (and changing it through making improvements). 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.

Audits can look at care nationwide (national audits), across Northern Ireland (regional audits) and locally where audits are performed in Trusts in potentially any areas where health or social care is provided.

Each year the Trust holds an Audit and Evaluation Symposium to raise awareness regarding audit and quality improvement activity, share good practice and learn from others' experiences.

Presentations to Award Winning Presenters at the 2014 Symposium

Trust participation in national audit projects

Trust clinical services and departments participated in a number of national audit projects during 2014/15. These projects provide an opportunity to measure practice and services against evidence based standards and compare with other Health Trusts and Hospitals elsewhere in the United Kingdom. Necessary improvements to service quality are identified and required actions considered, as appropriate.

Sentinel Stroke National Audit Programme (SSNAP)

The Trust participated in the Sentinel Stroke National Audit Programme (SSNAP) during 2014/15. This audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London.

The audit report detailed a number of recommendations to be taken forward by Trusts. These actions are being considered in conjunction with the actions arising from the RQIA review of stroke care in Northern Ireland undertaken earlier in 2014 which will guide future service improvement and organisational change within stroke services.

National Audit of Schizophrenia (NAS2)

Another of the national audits which the Trust participated in was the second National Audit of Schizophrenia (NAS2) which was co-ordinated by the Royal College of Psychiatrists. The audit collected case record data on service users, living in the community, from Trusts with Mental Health Services across the United Kingdom and data were also collected from service users and carers using a questionnaire.

The recommendations detailed within the audit report highlight actions needing to be addressed for example; improvements in antipsychotic prescribing practice; access to psychological therapies; improved information and support for carers; and improvements in information systems. The report has been considered by Trust clinical staff and management and improvements required within the Trust will be implemented.

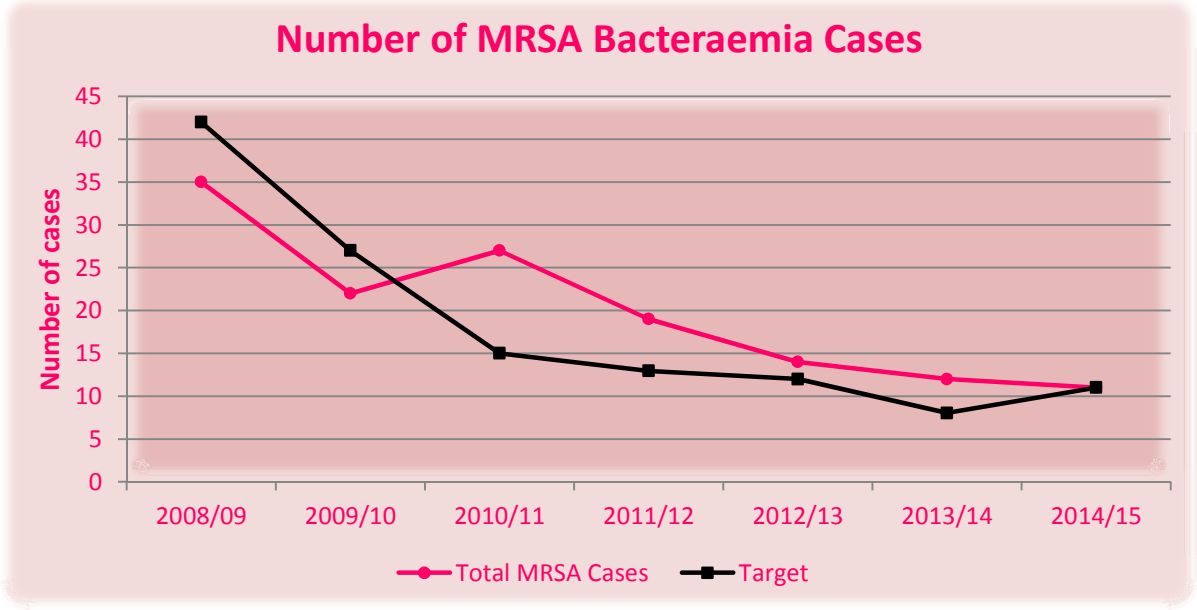
Theme 2: Delivering best practice in safe health and social care settings

Reducing Healthcare Associated Infections

To reduce 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. It can cause serious illness, particularly in frail or immuno-compromised patients in hospital who have a wound, or require medical devices such as central lines or urinary catheters.

Not all cases of MRSA bacteraemia are preventable and a proportion are acquired in the community, however reducing the number of cases is an important priority for the Trust. The number of patients with MRSA bacteraemia reflects on the quality of medical and nursing care, environmental and equipment cleanliness, the appropriate use of antibiotics and other infection control practices such as hand hygiene and aseptic technique.

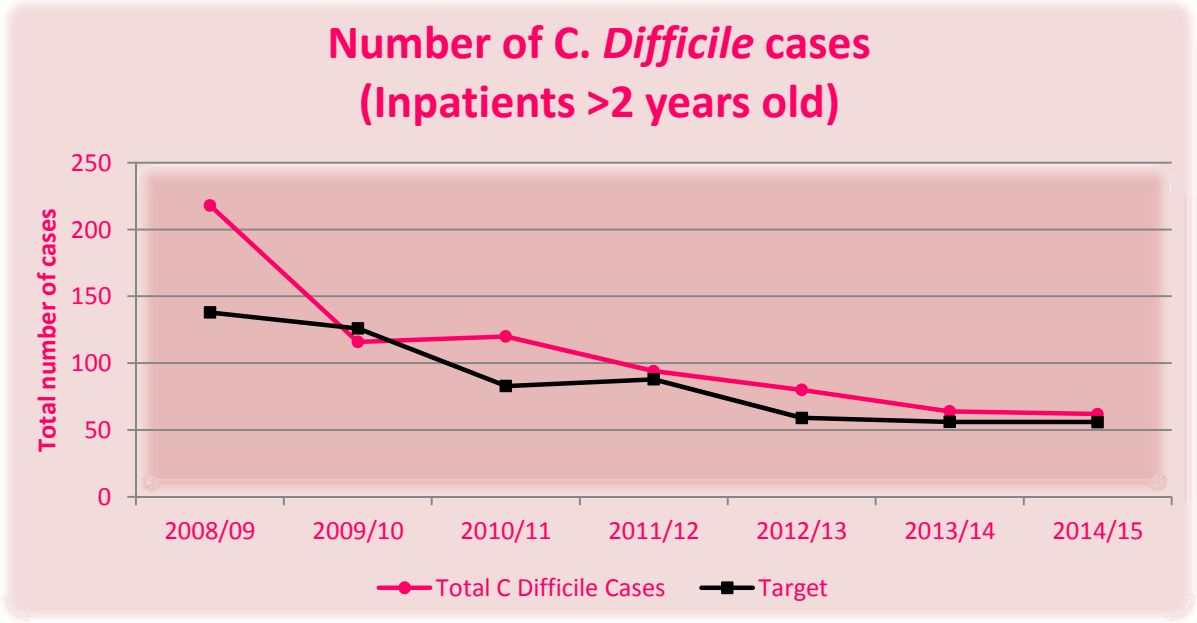


Key Facts

- The Trust has continued to see an overall reduction in MRSA cases since 2007
- In 2014/15 the total number of MRSA cases was 11, against a ministerial target of 11 cases, which the Trust was able to meet. Following Root Cause Analysis of all 11 cases identified, the Trust found a significant number of these cases were community associated
- Continued focus on aseptic non touch technique (ANTT) during clinical procedures relating to medical devices
- Introduction of new Peripheral IV Cannulation pack
- The Trust has reviewed and updated the MRSA policy in line with Best Practice Guidelines from Department of Health

To reduce Clostridium *difficile* infections

C. *difficile* is a bacteria that can be found in the bowel which can be carried by a small percentage of people without causing any symptoms. Problems may arise when the normal bacteria in the bowel is disrupted, which usually happens when patients are treated with antibiotics in either the community by their GP or in hospital. Repeated or high levels of treatment with antibiotics can affect the normal bacteria in the bowel and allow the C. *difficile* bacteria to grow to large numbers, producing toxins that attack the lining of the bowel. The patient will then experience mild to severe symptoms of C. *difficile* infection including crampy abdominal pain and diarrhoea. Some patients are more at risk of developing C. *difficile* and usually patients with complex healthcare needs are most vulnerable. Some of these patients may present to hospital with symptoms after initial treatment with antibiotics in the community, whilst some patients may develop symptoms in hospital after admission following treatments for complicated and long term illnesses. Reducing the number of patients who develop C. *difficile* remains an important priority for the Trust. The number of cases of C. *difficile* reflects on the quality of environmental and equipment cleaning, the appropriate use of antibiotics and other infection control practices such as hand hygiene and appropriate patient placement.



Key Facts

- The Trust has continued to see an overall reduction in C. *difficile* cases since 2007
- The Trust did not meet the proposed ministerial target of 56 cases for 2014/15
- There were a total of 62 cases for 2014/15, compared to 64 in the previous year

Progress made

- Continued observation of hand hygiene and staff practices and procedures in all wards and departments
- Ensuring that we can care for our patients in safe clean environments across the Trust through maintaining high standards of cleanliness

- Continued observation and monitoring of staff practices and patient care in our high risk areas for vulnerable patients
- Monitoring on the use of antibiotics for vulnerable patients, ensuring the right antibiotic at the right time
- A review of each case of C. *difficile* and MRSA is undertaken by the team in charge of the patients care, to understand why and how the infection occurred
- Any learning points from case reviews or observation of care is shared with staff across the Trust
- Continued training on Infection Prevention and Control safe practice remains a requirement and a priority for all Trust staff
- There is high visibility of Infection Prevention and Control Nurses to support and advise staff in ward and departments on safe patient care and procedures
- The Trust has a three year strategy and commitment for Infection Prevention and Control in place

To reduce surgical site infections for caesarean sections

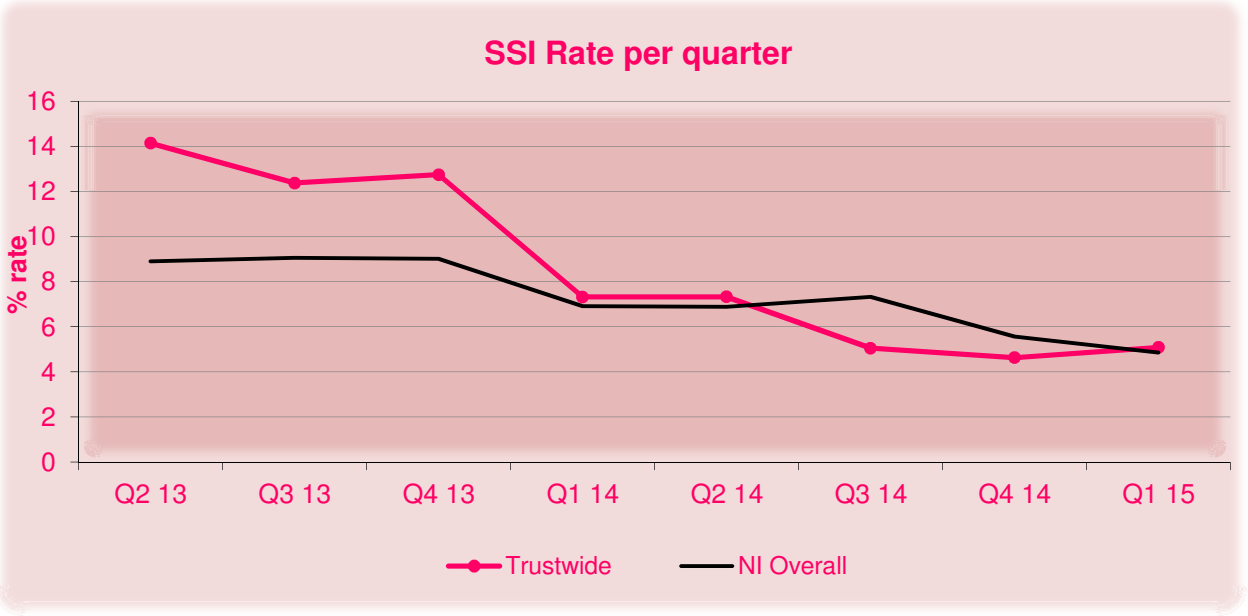
A project was established by the Maternity Improvement Team to reduce reported incidence of surgical site infection (SSI) following a caesarean section within both Antrim and Causeway Hospitals. A review was undertaken to understand how effective the SSI reporting mechanism was and, following this, measures were introduced to validate all reported SSIs. A quality improvement methodology was used to test and introduce changes, and champions were identified in clinical areas to ensure these changes were embedded.

The five strands of work included:

1. Improve the SSI rate
2. Educate and engage with the clinical teams so that there was a better understanding of signs & symptoms of SSI and appropriate treatment when SSI detected
3. Engage with service users so women who have had a caesarean section were better informed of aftercare following caesarean section
4. Improve clinical practice within theatre environment
5. A systematic approach so that each report of a SSI is validated prior to submission

Progress made

- Training was provided in partnership with Infection Control and Tissue Viability teams to update the midwifery team on signs and symptoms of SSI and treatment of same
- This programme was commenced in 2014 and to date it has been attended by 60% of the midwifery team
- Audits are undertaken regularly by the maternity team
- An information leaflet was designed for all women who have a caesarean section on aftercare and signs of symptoms of infection.
- The Trust has reduced the SSI rate to 5.09%
- Priority has been given to ensure that there is compliance with all elements of the SSI care bundle by clinical teams



Figures subject to change as reporting continues

The Northern Trust's vision is that no one will acquire an avoidable health care associated infection while in our healthcare facilities. The Trust continues to work towards a reduction in the incidence of MRSA bacteraemia and Clostridium *difficile* infections by ensuring that we provide safe clean care for our patients. Preventing infection requires everyone to work together and we will to continue to reinforce the message that infection prevention and control is 'everybody's business.'

Dr Naomi Baldwin PhD, Lead Nurse Infection Prevention and Control

Inpatient falls

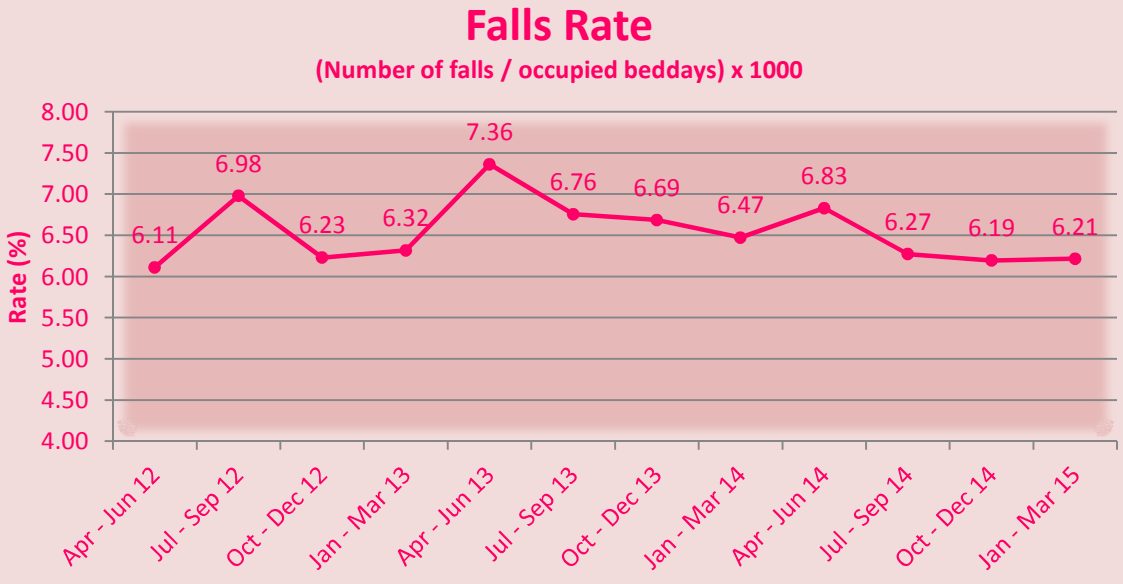
Patients of all ages may fall, but falls are most likely to occur in older people. Falls in hospital are among the most frequently reported incident, with approximately 450 reported each quarter. The causes are often complex and inpatients are particularly vulnerable to falling as a result of an acute illness, medication or mobility problems.

Some falls can cause injury, and therefore the Trust is actively trying to reduce them to the lowest level reasonably practicable. However, patient safety has to be balanced with the need for rehabilitation, which always involves a level of risk. A patient, who is not permitted to walk without staff, may become a patient who is *unable* to walk without staff.

Although the majority of falls are reported to result in no harm, even falls without physical injury can be upsetting and lead to potentially loss of confidence with increased length of stay and an increased likelihood of discharge to residential and nursing home care.

Facts and figures

- In 2014/15 the Trust recorded 1,925 inpatient falls, a reduction on the previous year which was 2,081
- Of the 1,925 falls reported, 46 resulted in injury requiring treatment. These falls accounted for 2% of the total reported



Figures above are subject to change as reporting continues

Progress made

- All patients in adult inpatient wards have a falls risk assessment completed when they are admitted to hospital, and reviewed throughout their stay as their condition changes
- All wards using the 'electronic white boards', will allocate a 'falling star' symbol beside the name of those patients deemed at high risk of falling. This ensures communication of those at high risk of falling, to all NHSCT staff working on the ward
- Roll out of the '*FallSafe'* bundle into 55% of inpatient wards. This bundle consists of different elements which have been shown through research to reduce the risk of falls and fall related injuries
    - On-going audits to ensure compliance with the elements of the '*FallSafe'* bundle
- Development / implementation of new post falls documentation:-
    - Medical post falls assessment form – implemented
    - Nursing post falls assessment form – developed
    - Multi-disciplinary post falls review forms, relating to falls that have resulted in a moderate to severe injury - developed
- Review of the '*intentional rounding'* process where patients are seen by a member of the nursing team, a minimum of every two hours
- Commencement of a new falls pathway for Northern Ireland Ambulance Service (for patients who are not taken on to an Emergency Department)
- Participation in the national audit of in-patient falls 2015
- On-going falls training to staff
- On-going support and advice provided by the Falls Prevention Team, to all staff members, and staff from the independent sector
- Development of a NHSCT Falls and Bone Health Strategy

Pressure Ulcers

A pressure ulcer or, “pressure sore” as they are sometimes referred to, is a localised injury to the skin and / or underlying tissue, usually over a bony area, as a result of pressure. Pressure ulcers are caused by multiple factors which increase the patient’s risk, such as, immobility, poor nutrition, weight loss, skin moisture, advanced age.

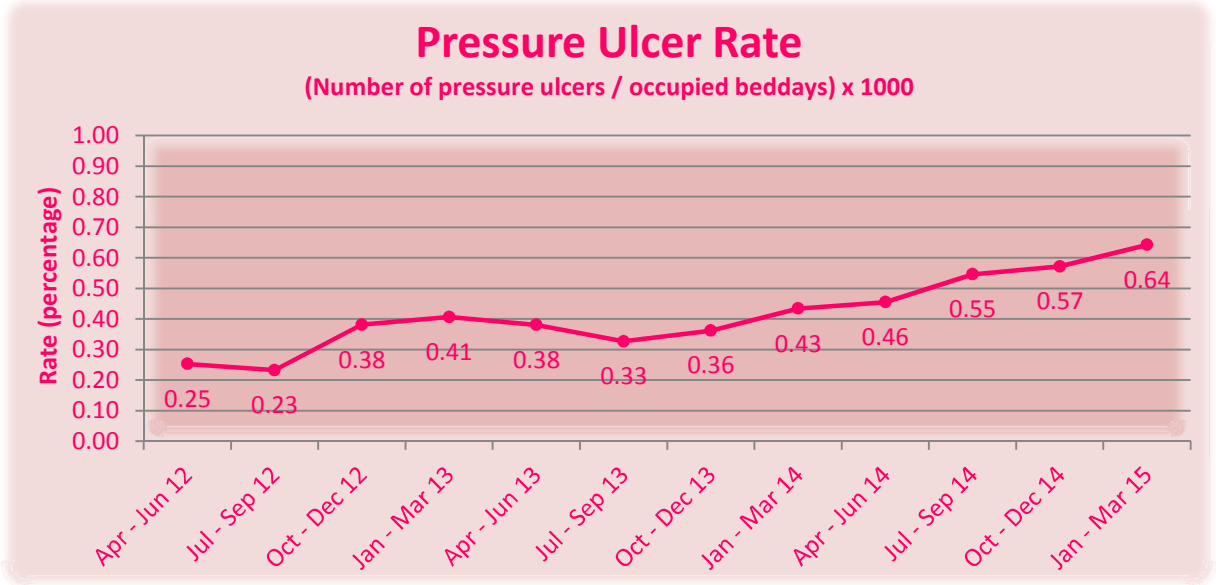
Not all pressure ulcers are avoidable, but certain techniques can reduce the risk such as frequently changing a patient’s position, providing special pressure relieving mattresses and chair cushions, as well as attention to fluid intake and good nutrition.

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP 2009) grading system to describe the severity of pressure ulcers.

The grades are from one to four – the higher the grade, the more severe the pressure ulcer.

Key Facts

- In 2014/15 there were a total of 167 pressure ulcers reported at grades 2, 3 & 4
- This was an increase on the 115 reported in 2013/14
- This increase is likely due to be further education and awareness training in relation to recognition and requirement to report all pressure ulcers from grade 2 and above



Figures are subject to change as reporting continues

We believe that the steps we are taking are having a positive impact due to increased reporting. This positive impact may not be seen in our statistics for some time, this emphasises the importance of recording safety data over a prolonged period.

Progress made

- Work continues with the Intentional Rounding process, Safety Cross and auditing of SKIN™ Bundle compliance
- Training continues in relation to Intentional Rounding, SKIN™ bundles and Safety Cross to help improve quality of care for patients with pressure ulcers
- Learning in relation to pressure ulcers is shared Trustwide
- The Pressure Ulcer policy for Adults has been developed
- A regional group was established to develop a risk assessment tool and care plan for children

Next steps

- Trust to participate in the next National Pressure Ulcer Prevention Day
- During 2015/16 Trusts will be required to monitor and report all pressure ulcers graded 3 & 4, and a Root Cause Analysis of these must be undertaken
- Develop an assessment form, which incorporates Root Cause Analysis, which will assist with the multidisciplinary investigation of all pressure ulcers graded 3 & 4
- Develop an IT system so that all Tissue Viability Nurses have quick access to information relating to patients with pressure damage
- Introduce the risk assessment tool and care plan for children when finalised
- An audit of documentation relating to pressure ulcers and wound care is planned to commence in August 2015
- Further training has been arranged for carers, managers and registered nurses within Northern Trust nursing homes in relation to skin care principles, skin assessment, repositioning, pressure ulcer prevention, grading of pressure ulcers and Braden risk assessment tool.
- Establish Nursing Home Wound Care Link Nurse meetings in each geographical area, to help drive the importance of prevention and management of pressure ulcers and skin assessment
- A Nursing Home Forum will be established in 2016

Medicines Management

Medicines Reconciliation

Medicines reconciliation is a process designed to ensure that the patient receives only those medications that are appropriate to their clinical needs.
The following steps are involved:

- a review of the medications the patient was taking at home before being admitted to hospital
- decisions are made on the appropriateness of each medication in the context of the patient's current clinical condition
- appropriate changes are then made to ensure the medication list is accurate

The National Institute for Health and Care Excellence (NICE) recommends that Pharmacists are involved in medicines reconciliation as soon as possible after admission. The majority of medicines reconciliation on admission to the Trust is carried out by the Clinical Pharmacist based on the ward.

A recent NICE review of the effectiveness and cost effectiveness of medicines reconciliation at hospital admission indicated that pharmacists leading the process would prevent medication errors.

Key Facts

Following the successful pilot in Antrim Area Hospital, a medication reconciliation process has been rolled to the whole Trust. All patients seen by the clinical pharmacy team have their admission medication reconciliation added to the Writemed system.

Progress made

- NHSCT, in conjunction with a local software company, have developed an electronic medicines reconciliation system – Writemed.
- Writemed is used by clinical pharmacists to help ensure medication list is accurate and appropriate.
- It is currently used by pharmacy team at admission and discharge
- A number of pharmacy technicians have been trained to undertake the first stage of the process.

Next steps

Aim to increase the rates of medication reconciliation by the pharmacy team by:

- continuing to extend the pharmacy opening hours i.e. weekday evenings and weekends
- continuing to train pharmacy technicians in medicines reconciliation

Omitted medicines

Medicine doses may be omitted or delayed in hospital for a variety of reasons. The National Patient Safety Agency (NPSA) has noted that whilst only a small percentage of these occurrences may cause harm or have the potential to cause harm, it is important to recognise that for some critical medicines* or conditions, delays or omissions can cause serious harm or death.

In recognising this as an on-going concern, in January 2015 the Trust carried out a random sample audit of the medication charts (kardexes) of 25 patients across 5 wards. The audit measured the number of times there was "a failure to record the reason for omitting or delaying the administration of a prescribed medication to a patient in hospital".

This indicator of quality has been agreed regionally and comprises one of the Northern Ireland Chief Nursing Officer's Key Performance Indicators.

Key Facts

Of the 25 kardexes audited, 6 patients were found to have had at least one omitted/delayed dose where there was no reason documented on the kardex for the omission/delay, with a total of 9 doses being omitted or delayed.

- Four patients had 1 dose of medication omitted or delayed without any reason recorded on the kardex
- One patient had 2 doses of medication omitted or delayed without any reason recorded on the kardex
- One patient had 3 doses of medication omitted or delayed without any reason recorded on the kardex

Of the 9 doses of omitted/delayed medication, only one of these was a "critical medicine".

Next steps

- Quality Improvement work on omitted medicines will continue during 2015/16 and audits will be undertaken on all wards across the Trust.
- A new software package has been introduced which will facilitate more efficient tracking of progress on the efforts made to reduce the number of times there was a failure to record the reason for omitting or delaying the administration of a prescribed medication to a patient in hospital.

*Critical medicines are described as those medications where timeliness of administration is crucial.

Social care indicators

Children's - Direct Payments

The provision of Direct Payments by a Health and Social Care Trust enables families to locally source the care they require, allowing the individual to choose how they are supported within their community. 61 is the number of children receiving Direct Payments, an increase of 16% on the 51 last year which exceeds the HSCB Commissioning Direction Target which states '*By March 15, increase the number of children receiving Direct Payments by 5% on Direct Payments paid out.'*

An analysis of parental perspectives regarding Direct Payments was undertaken in Children's Services July/August 2014. This audit combined both quantitative and qualitative data with a thematic analysis of parental views. Respondents highlighted the benefits of having a direct payment as:

- The satisfaction of being in control
- Having a choice
- Flexibility
- Quality and continuity of care
- Carer knew their child
- Reliability and dependability

Key Facts

- 7 of 25 (28%) respondents cited Direct Payments offered an enhanced service
- 16 of 25 (64%) respondents reported that it would be beneficial to talk to recipient of Direct Payments prior to choosing this option
- 61 children were in receipt of Direct Payments, compared to 51 children last year
- The Trust has exceeded regional targets in respect of children receiving Direct Payments

"As a single parent with no family support... Accessing Direct Payments gave me time to recharge my batteries. It gave me time to rest and do simple tasks... Direct Payments have helped me get my life back on track, just by having someone there to support me and give me respite."

"Direct Payments provide my family with an essential service that (a) enhances my disabled child's life experience (b) makes the demands and stresses of caring for a severely disabled child a little more manageable, (c) allows quality time and access to a wider range of activities for the disabled child's siblings"

Based on this feedback the NHSCT is aiming to support potential and existing Direct Payment recipients with support from an experienced Direct Payment recipient through Innovation Funding from the Social Work Strategy.

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 other young people in the community. The Trust is committed to improving opportunities for young people in our care. Since 2013/2014 the Northern Trust has consistently exceeded the Commissioning Plan target that 75% of Care Leavers should be in education, training and employment. Seventy-eight percent of young people known to the Leaving and Aftercare Service in the NHSCT are currently engaged in education, training or employment. Furthermore a number of these young people have progressed to University or have received, for example, Regional or National Arts or Sports Awards.

Transition planning

Transition Planning is the term which describes the process of young people moving from Children's services to Adult services. It is important that this transition is managed effectively as it involves significant change for the young person and their family, including a transfer of professional staff, services or long-term placement.

The transition from Children's to Adult Services for children and young people who have a disability is best assisted by a transition plan, developed in partnership with the child/young person, their family, relevant professionals and carers. The transition plan should ensure the young person's potential is maximised in terms of education, health, development and wellbeing.

Co-working between Children's and Adult services is essential to support effective and seamless transitions and promote positive outcomes for young people.

During 2014/2015 there were 51 service users with a Learning Disability who moved across (transitioned) to Adult Services, all of whom are provided with a range of on-going day services support from the Trust. Forty-nine were provided with Day Care Services which may include buildings-based centres and community-based day opportunities provision. For all young people who moved into Adult Services a combination of support was provided such as domiciliary care, direct payments, short breaks, supported living or placements to meet their care needs. The NHSCT Day Opportunities Trust-Wide Programme offers school leavers and adults with a learning disability options including: Supported Employment Provision; Volunteering; Accredited Further & Higher Educational Provision; Social Enterprise & Leisure Activities.

There were a total of 518 service users that availed of Day Opportunity Services during 2014/2015. Leanne, pictured with her Day Opportunities coordinator, obtained supported employment in a supermarket through partnership provision with Triangle Progression to Employment Services in partnership with the Trust; the Department for Employment and Learning; and European Social Funding through the Day Opportunities Programme. Additionally, Leanne was supported to complete a two year City and Guilds course with the Northern Regional College in partnership with the Day

Opportunities Programme to enhance her communication skills and prepare her for employment. An accredited Travel Awareness Course also empowered Leanne to travel independently.

Leanne says, *'For me, Day Opportunities has opened a lot of doors. The supermarket has recently decided that I should receive national minimum wage for my work'.*

Adults - Direct Payments

The NHSCT promotes Self-Directed Support as a means of enabling individuals to have choice and independence regarding the delivery of their care. Direct Payments is one element of Self Directed Support.

Direct Payments from Social Services are cash payments made to the carer or the person they are looking after so that the individual can buy care or services for themselves, to meet identified needs following assessment. Direct Payments offers individuals more flexibility, choice and control in terms of how their care is delivered.

A service user's husband highlights how Direct Payments have improved the quality of their lives:

"When my wife was discharged from hospital following the road traffic accident she needed assistance with absolutely everything. The Direct payment meant we could employ a personal assistant that we knew and trusted rather than a rota of carers. It provides great flexibility as the personal assistant is able to call at times that suit us. I can go to work happy and content, knowing that my wife is being well looked after."

The Northern Trust continues to promote Direct Payments as part of an on-going drive to move towards self-directed support for service users.

Key Fact

There were 624 Direct Payments in the NHSCT as at end March 2015, a 2.5% increase. The Trust continues to work towards a 5% increase in Direct Payments set in the commissioning Plan targets.

Learning Disability Health Checks

The Learning Disability Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check and these are carried out by Health Care Facilitators.

The Health Care Facilitators in the NHSCT maintain links with most of the GP practices in their locality with a view to assisting the person with a learning disability to understand and manage their health more effectively.

Within the Northern Trust there were 1926 learning disability service users within the community, of those 1400 (73%) had an annual health check.

Learning Disability Framework

The Learning Disability Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check and these are carried out by Health Care Facilitators.

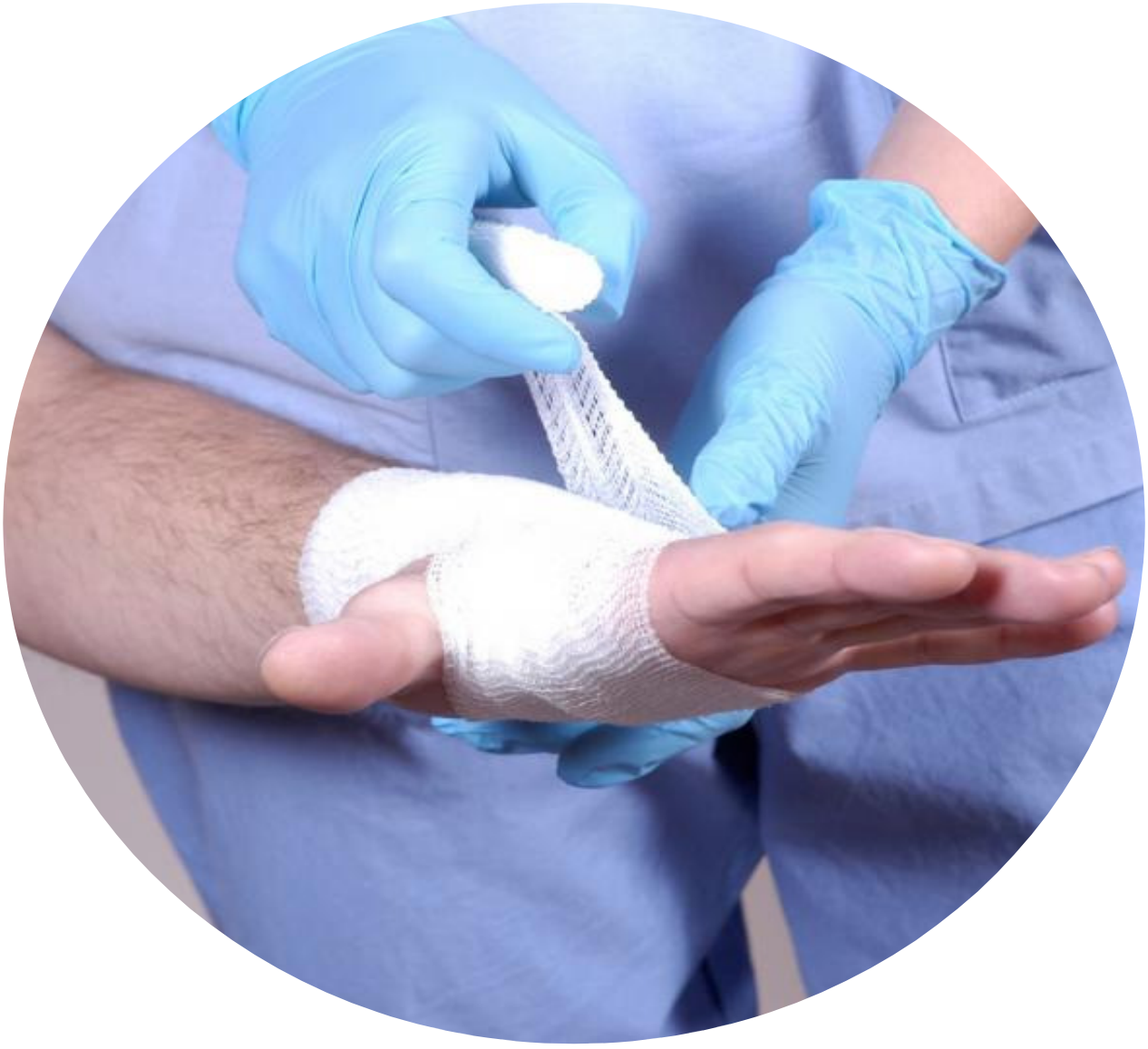
The Health Care Facilitators in the NHSCT maintain links with most of the GP practices in their locality with a view to assisting the person with a learning disability to understand and manage their health more effectively.

Approved Social Work

Sometimes it is necessary, for the protection of an individual, and to prevent harm to themselves or others, to detain people in hospital for assessment under the Mental Health Order.

Applications can be made by an Approved Social Worker (ASW) or by the person's nearest relative. Good practice says that it is preferable that applications for assessment should not be borne from families, in order to maintain on-going relationships and to ensure necessary support during and after detention in hospital. The Trust will continue to ensure that NHSCT Approved Social Workers complete applications for assessment, to reduce the burden on families and nearest relatives. These actions are always carefully considered alongside the individual's human rights, particularly Article 5 and Article 8 of the European Convention of Human Rights.

Theme 3: Protecting people from avoidable harm



Incidents and reduction of harm

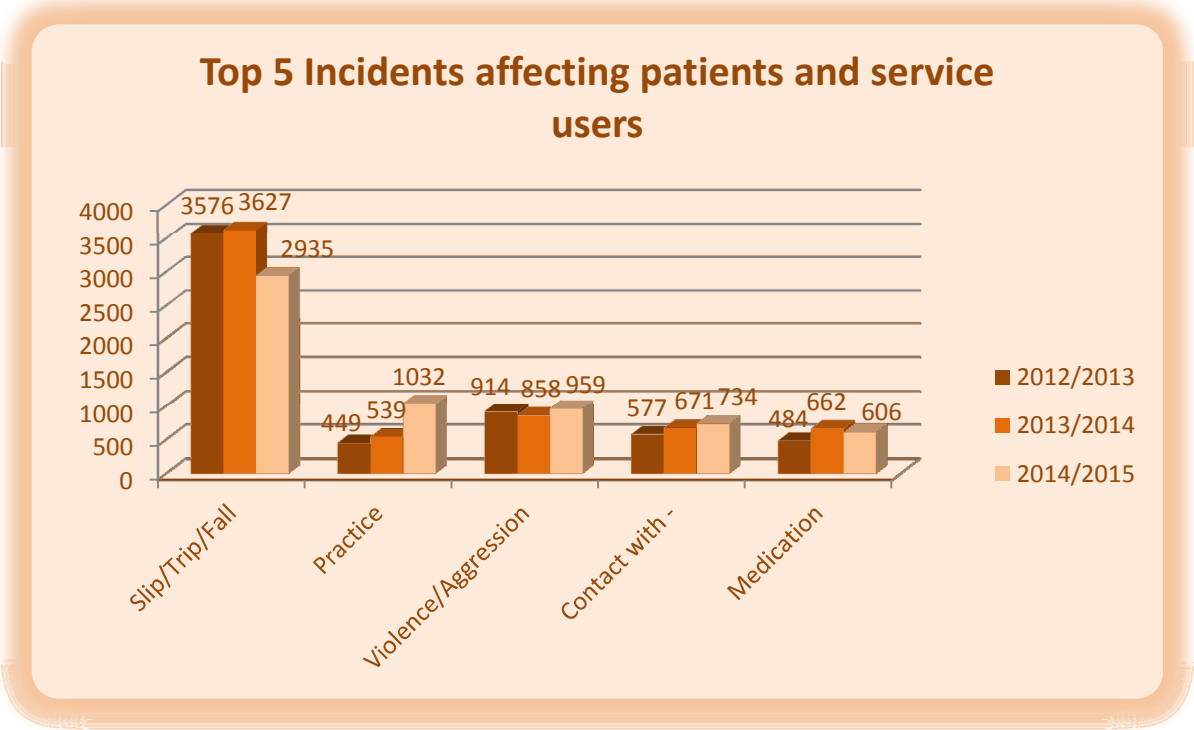
An incident is described as 'any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation, or a breach of security or confidentiality'.

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

Key Fact

A total of 11,680 incidents were reported in 2014/15

Top 5 incident types 2014/15	Key actions taken to reduce harm
Slips, trips and falls	The Trust has implemented the FallSafe bundle to assist in reducing the number of slips/trips/falls.
Incidents that relate to the practice of staff such as communication, procedure or knowledge and understanding	The Trust has established regular meetings with the Northern Ireland Adverse Incident Centre looking at both Trust and regional incidents relating to medical devices to enable improved sharing of learning and communication with staff. Learning was issued following an incident which involved the unauthorised modification of a device. The Trust is also committed to promoting the #Hello my name is… Campaign to reinforce key messages and learning to improve the patient experience.
Violence/Aggression including physical or verbal abuse, intimidation and behavioural issues towards patients/service users	Each incident is reviewed and action plans put in place as appropriate.
Incidents that involve a service user accidentally coming into contact with an object	When learning is identified from an incident such as incidents with hoists or when transferring clients from the chair to bed in their home, the learning is shared with the relevant directorates. Learning from a small number of incidents focused on ensuring the equipment being used is appropriate for the patient's weight.
Incidents involving drugs or medications	Medication incidents are routinely reviewed either by specific medication review groups or within local governance groups. They are also overseen by the Medicines Governance Committee. A project has commenced to interface the pharmacy clinical intervention system with the Trust's risk management system to enable the analysis of all clinical interventions alongside medication incidents.



Figures are subject to change as investigation continues

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is an event which may have caused unexpected serious harm or death. There were 146 SAIs identified from Trust-provided services in 2014/15 with a further 42 identified within care commissioned by the Trust. The table below outlines the breakdown of SAIs reported across the programmes of care:

Programme of Care	Trust	Non-Trust
Acute Services	52	0
Corporate Business	7	0
Elderly	22	40
Family & Childcare (including CAMHS)	12	0
Learning Disability	4	1
Maternity & Child Health	11	0
Mental Health	35	1
Physical Disability & Sensory Impairment	1	0
Primary Health & Adult Community	2	0

Excludes de-escalated incidents
Figures are subject to change as investigation continues

Key Facts

- 188 incidents were investigated through the SAI process
- The SAI investigation provides significant potential for learning to increase safety
- SAIs represent a very small proportion (1.61%) of the total number of incidents reported in the Trust

Improvements made in relation to these incidents

Learning is an essential part of the investigation of any incident to ensure that improvements are made to reduce the risk of it happening again. This learning is then communicated to all relevant services. Recommended learning has been identified from many of these SAIs. Examples of which are shown below:

Learning

- Guidance relating to bladder irrigation was distributed to staff
- The importance of timely pathology specimens and the follow-up of results in the management of ectopic pregnancies was communicated to staff
- Staff have been reminded never to use abbreviations such as 'U' or 'IU' when transcribing prescriptions in order to minimise risk of error
- A memo was disseminated to staff regarding the adherence to Dysphagia Guidelines and the staff's role in implementing SALT care plans. Training on Dysphagia Guidelines and information on SALT care plans are to be included in all new staff inductions

Patient / Family / Carer Engagement in SAIs

The Trust has embraced the Regional guidance published Engagement/Communication with the Service User / Family / Carers which guides the engagement and involvement of service users, families and their carers in the reporting and investigation of SAIs. The Trust is committed to ensuring that meaningful engagement takes place during the reporting and investigation of SAIs. A new SAI information leaflet was developed which is given to all patients / families / carers as appropriate should they be involved in an SAI, and gives the contact details of the person responsible for liaising with them through the process.

In all cases where it was appropriate to do so the patient/service user/family were told that their situation was reported as a Serious Adverse Incident. In 17 cases this did not occur for accepted reasons, for example, no identified next of kin or the incident did not involve an individual.

Some of these cases are on-going. To date 130 investigation reports have been shared. There are a number of situations where sharing the report would not be necessary or appropriate for reasons as above.

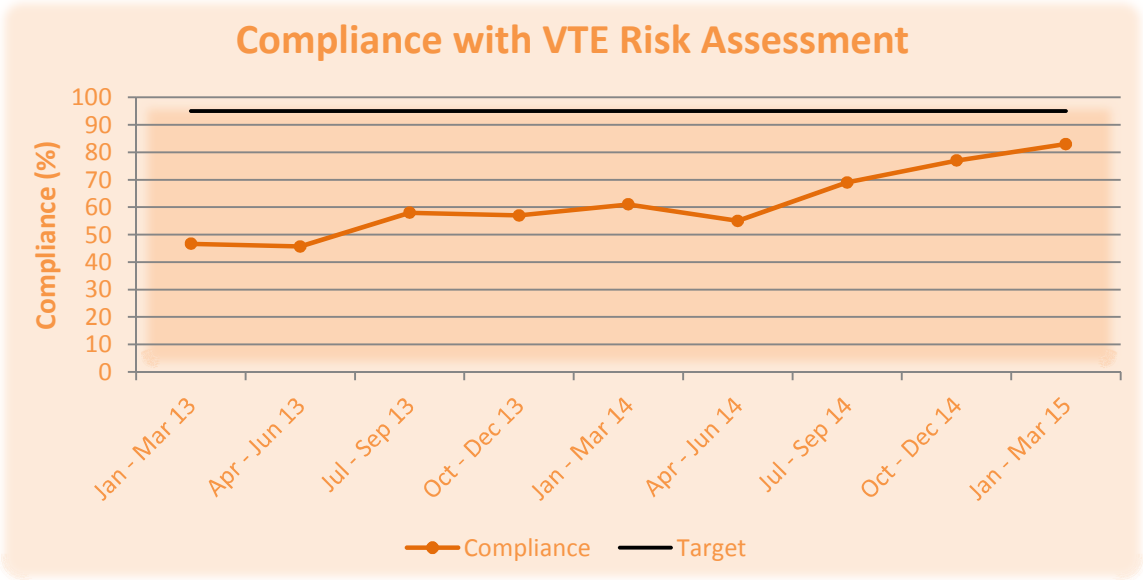
Preventing Venous Thromboembolism (VTE)

Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called venous thromboembolism and can cause complications which are occasionally serious.

To help prevent such clots we assess patients for risk of developing a clot, and where appropriate provide anti-clotting medicines (thromboprophylaxis). Completing this risk assessment and subsequent preventative action reduces the risk of patients developing a clot.

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

The chart below shows the percentage of patients who had a VTE risk assessment carried out within 24 hours of admission to hospital.



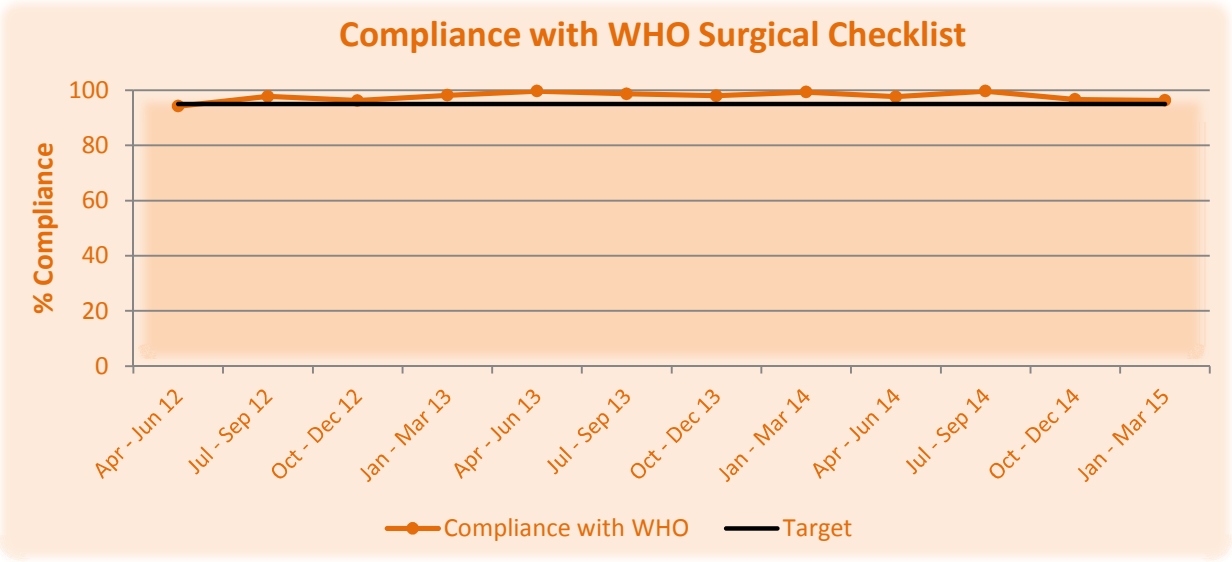
Progress Made

- During 2014/15 the Trust has achieved 83% compliance with completion of VTE risk assessment within 24 hours of admission
- A new policy on thromboprophylaxis and VTE prevention is at final draft stage and will be operational in July 2015
- The VTE risk assessment has been incorporated into the Medicines Kardex

Improving safety in Surgery

WHO Surgical Checklist

The World Health Organisation (WHO) Surgical Safety Checklist was introduced into all Theatre departments in Northern Trust to improve safety for surgical patients. The Checklist ensures that each surgical team has taken all the right steps before, during and after surgery to ensure patient safety. A WHO checklist should be completed for every patient and each unit submits monthly audit data for analysis.



Progress made

- The WHO Surgical Safety Checklist has been introduced into all Theatre Departments
- Specialty-specific version of the Checklist has been introduced in maternity theatres in February 2015
- Compliance is measured by monthly audits, and shared with Theatre teams
- A WHO Surgical Safety Checklist procedure has been introduced to provide guidance and consistency of the WHO Surgical Checklist
- As at 31st March 2015, 95% compliance has been achieved with the WHO Surgical Checklist
- WHO Surgical Safety Checklist has been included in the Theatre, Anaesthetic and Recovery course for staff

Hand hygiene

The Trust continues to participate in the World Health Organisation's "Clean your hands" hand hygiene campaign. Posters and signage which promote hand washing and the use of hand rub are displayed throughout our hospitals.

Additionally, to mark World Hand Hygiene Day on 5 May 2014, the Infection Prevention and Control Team held awareness sessions at Antrim and Causeway Hospitals. Visitors to the hospitals were invited to take part in the simple hand washing test using ultra violet light boxes. World Hand Hygiene Day is promoted by the Trust every year to underline just how vital proper hand cleanliness is, particularly in healthcare settings and in helping to prevent the spread of infection.

Hand hygiene audits

The Trust's Infection Prevention and Control Team (IPCT) carry out regular independent audits across the Trust, which monitors compliance against a number of hygiene and cleanliness standards.

Key fact

During 2014/15, the Trust's average compliance with the hand hygiene policy was 91%

Infection control is everyone's business

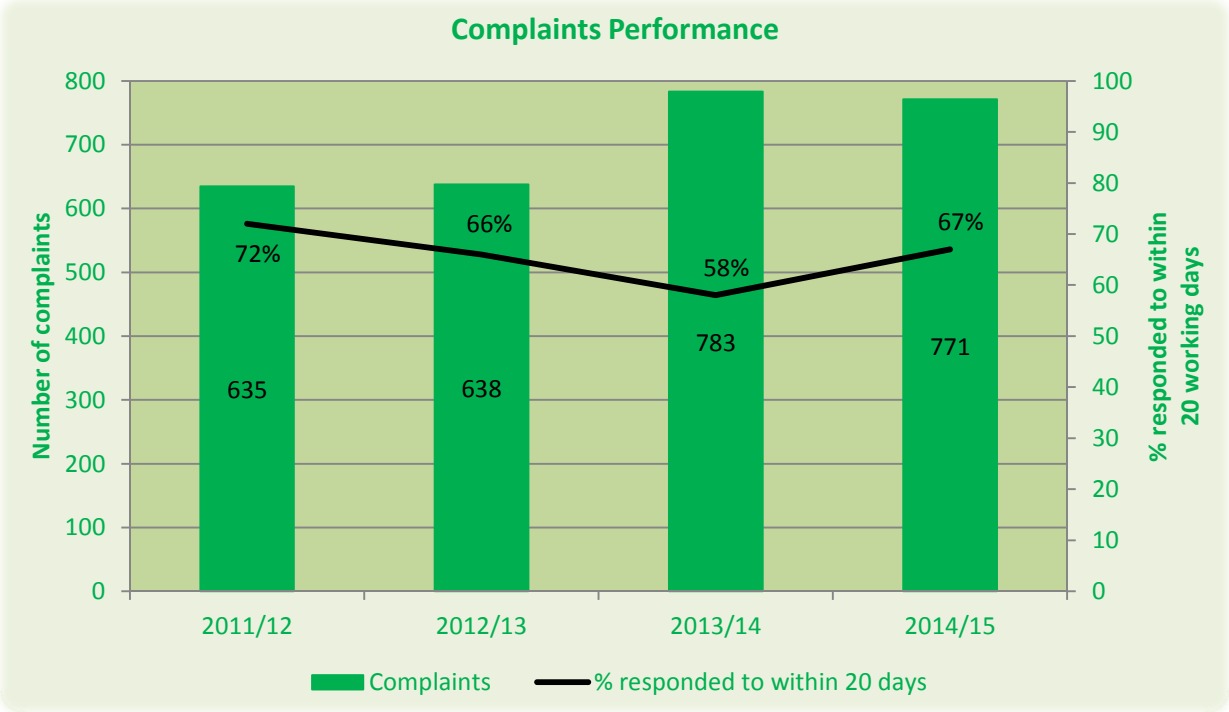
Patients, clients and visitors are encouraged to challenge staff regarding their hand hygiene compliance

Theme 4: Ensuring people have positive experience of service

Complaints and Compliments

The Northern Trust welcomes and actively encourages complaints and compliments about our services. The Trust recognises the importance of working with patients, clients, their families, carers and others to deliver, develop and improve our services. It is important to listen and take their views seriously.

The Trust strives to ensure good complaints management, with staff in the complaints department working closely with colleagues in the service directorates to ensure that, where possible, complaints are satisfactorily resolved at an early stage. Where complaints cannot be resolved using these processes, they are referred to the Ombudsman.



Facts

- 771 formal complaints were received into the Trust
- 100% of complaints acknowledged within 2 days
- 67% of complaints were responded to within 20 working days
- 780 compliments were received through the Chief Executive's office, which is an increase from last year

Patient and Client Experience

Since 2009, a comprehensive work programme has progressed within the Trust in relation to the 5 core regional Patient and Client Experience Standards: Respect; Attitude; Behaviour; Communication; and Privacy and Dignity.

Compliance with many of the indicators contained within the standards has been high and areas where compliance when reported to the Public Health Agency dipped below 90% have been the foci for improvement work.

Patients and clients' experiences continue to be measured within the Trust through use of service user surveys, observations of practice and patient stories. Complaints and compliments have also continued to be reviewed.

During 2014/15, patients and clients' experiences were sought using service user surveys within a wide range of different service areas; for example:

- OT Wheelchair Services
- Maternity Wards in Antrim and Causeway Hospitals
- Emergency Department, Causeway Hospital
- Trust Residential Care Homes
- Trust Domiciliary Homecare Service
- Trust Day Centres
- Parkinson's Nurse Led Clinic
- Endoscopy Patients' Views, Trust-wide
- Physical Disability Team, Causeway area
- Catering and Domestic Services

The Department of Health, Social Services and Public Safety in Northern Ireland, working in conjunction with all Health & Social Care Trusts, carried out the Inpatient Patient Experience Survey during 2014/15 and 1,355 surveys were completed by Northern Health and Social Care Trust patients.

Of 1,355 respondents:

- 90% of inpatients were very satisfied or satisfied with their care and treatment during their hospital stay, 5% of inpatients were neither satisfied or dissatisfied and 5% of inpatients were dissatisfied or very dissatisfied
- 91% of inpatients were very satisfied or satisfied with all the staff they came into contact with during their hospital stay, 6% of inpatients were neither satisfied or dissatisfied and 3% of inpatients were dissatisfied or very dissatisfied
- 87% of inpatients were satisfied or very satisfied with their overall experience in hospital, 7% of inpatients were neither satisfied or dissatisfied and 6% of inpatients were dissatisfied or very dissatisfied

Improvement work occurred in relation to patient and client experience in various areas; for example:

- **Provision of written information to supplement verbal information given –** *Nursing teams have developed ward information leaflets for patients and their families*
- **Spending time with/being available for patients/clients/carers** *– Ward Sisters conduct a ward round during afternoon visiting to engage with patients and their families*
- **Name badges for all staff** *– work is continuing to ensure all staff have a name badges and that these are worn*
- **The importance of an introduction when engaging with patients and service users** *– introduction of the 'Hello my name is ...' campaign (further details below)*

hello my name is…

The Trust has been supporting the "Hello, my name is ...." campaign, which was founded by Dr Kate Granger, a hospital consultant from Yorkshire to improve the patient experience not only in the UK, but across the world. Dr Granger became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital. Dr Granger has terminal cancer and has made it her mission in whatever time she has left to get as many members of NHS staff as possible pledging to introduce themselves to their patients.

All Trust staff, regardless of their role, are asked to introduce themselves to patients, clients and service users when they first meet them. This is not only a sign of basic courtesy and respect but also should help patients and service users feel confident and safe while receiving care and build therapeutic relationships and trust.

The #Hello my name is...Campaign was launched in Northern Ireland in September 2014.

The Trust fully recognises that the messages from this campaign run much deeper, than an initial introduction. The Trust is committed to integrating on-going programmes to reinforce key messages and learning to improve the patient experience.

10,000 Voices

Patients, service users and their families continue to tell us that their experience of healthcare is as important to them as clinical quality, safety and effectiveness.

The Trust's recognition of this has aligned many work streams, using a variety of methods to 'capture' patient experiences – one of these is 10,000 Voices.

10,000 Voices is a regional project funded by the Public Health Agency (PHA). It gives patients, service users, and their families an opportunity to tell **'their story – their way'.**

10,000 Voices continues to progress using a phased approach and provides a variety of methods for patients, services users, families and carers to share their stories:

- Face to face story collection by project facilitator or trust staff
- Completion of survey in paper format
- Online completion at www.10000voices.info

The survey questions are based on the five Patient and Client Experience standards:

- Attitude
- Behaviour
- Communication
- Privacy and Dignity
- Respect

Trustwide engagement includes a wide and varied scope. Stories are collected across all Trust sites, including independent, voluntary and community sectors.

Areas of Engagement for 2014/2015

- Nursing and Midwifery
- Northern Ireland Ambulance Service
- Care in your own Home
- Unscheduled Care – Emergency Department, GP out of Hours, Minor Injury Units
- Staff experience

Key Facts

Over **6,500** stories have been returned regionally in Northern Ireland.

- Almost **1,300** stories relate to **NHSCT**.
- A high volume of stories illustrate public recognition of staff compliance with the Patient and Client Experience Standards.
- Up to 90% of experiences have been rated by patients, service users, or families as either strongly positive or positive.

What patients say we do well

- Working in a caring, compassionate and respectful manner
- Have confidence in our knowledge, skills and professional expertise
- Feel safe, secure and comfortable
- Providing reassurance
- Explain care and gaining consent

"Staff have compassion for patients, skill for treatment and care, and provide comfort in dark moments."

"I felt comfortable and reassured that the nurses knew what they were doing."

"She brought me a blanket to keep me warm, and covered up…the nurse stayed with me…I felt safe."

What patients say we could do better

- Continue to reinforce the importance of Introductions and first impressions. - #Hello my name is campaign
- Increase awareness and learning regarding how attitudes and behaviours can impact on patient experiences
- Need to ensure we continue to listen to patients and involve them in decisions about their care
- Continue to support staff opportunities for learning and development to improve patient care and experiences
- Further strengthen patient centred care - remembering the importance of the 'little things', patient preferences and choices
- Improve processes to keep patients, service users, families and carers updated on care, and provide better opportunities to answer questions

"Staff didn't speak…No introductions"

"They forget the small things"

Next steps

We will continue to give people the best opportunities to share their story

Story collection continues in the following areas:

- Northern Ireland Ambulance Service
- Care in your own home
- Unscheduled Care
- Staff experience

We will provide regular feedback to our staff

Processes are in place to provide timely feedback from patient stories to staff and managers, for actions, learning and service improvement work**.**

We will improve our introductions

Patients have told us that they don't always know, or remember, who is caring for them. The Trust will continue to implement the #Hello, my name is… campaign.

Service user consultant

On 7th April 2014, Marlyn Grant took up post of Service User Consultant within the Northern Trust Mental Health Directorate.

Marlyn is a member of the Senior Management Team and is responsible for ensuring the perspective of the Service User is fully represented in the quality and performance of services. As someone who had used the services from 8 years of age, Marlyn has had a very positive experience of them, and especially Mental Health Services. She states she wouldn't be here today, neither physically on in this post, if it wasn't for the help and support she has received.

The establishment of a Service User Consultant post in the Mental Health Directorate is, Marlyn considers, an important and relevant development. She clearly believes that "it reinforces commitment to prioritising service user participation in decisions relating to service development and strategic direction. Moreover, it fundamentally puts the voice of the service user at all levels of service delivery, in a consistent way, and therefore impacts on staff's own understanding of service user experience. This affects attitudes and behaviour, and thus promotes a more recovery focused service and improved patient / client experience". Marlyn believes that service user involvement should not only be an integral part of service delivery, but also that it can be achieved in a way that provides benefits for all.

Personal and Public Involvement

User Forum for people with learning disability

The Learning Disability Service User Forum was developed by the Trust in 2013 along with Compass Advocacy New Work (CAN). The forum is co-chaired between the Trust's Head of Equality and a service user, and continues to go from strength to strength. Members have been involved in discussing a number of issues at the meetings, including the proposed closure days for Adult Centres and the development of easy read

information. Members have been directly involved in the development of the Trust's Personal and Sexual Relationship Policy for Adults with a Learning Disability and four members have been trained to sit as voting members on interview panels for staff in learning disability services.

The forum's current focus is on people with learning disabilities' experiences in the emergency department, and hospital admissions.

The Trust feels that including people who use our services in recruitment is the pinnacle of user involvement and can fundamentally change the power dynamics and culture of the interview process. We believe involving service users in interview panels makes a clear statement about the significance we attach to involve people who use our services and sends a strong message to candidates about our values.

The Trust would like to thank the members of the panel for their involvement and support, and look forward to working with them over the coming year.

Food Matters Forum

The Trust's Food Matters Forum was established in 2014 and the specific focus for members of the Forum is ensuring that the menu and beverage quality and choice meets the needs of all patient groups in the Trust.

It is well recognised that the delivery of food services for patients in the NHS has a high public profile and is often used as a benchmark against which patients judge the quality of health services in their local area. Whilst it is evident that wholesome and nutritious food aids the patients' recovery, there is also a need to focus on the core issue of delivering food that patients like and want to eat. Therefore Trusts have a responsibility to ensure that the menu and beverage quality and choice meets the needs, and are suitable for, the patient groups they serve as well as being flexible in both menu offering and adaptability. It should also be acknowledged that in a hospital setting in relation to patient care catering, the focus should be on "Eating for Good Health" to ensure patients recover more quickly.

The Forum is chaired by the Assistant Director of Corporate Support Services, and members of the Forum include managers with responsibility for catering services, nursing and dietetic managers, and public representatives with a particular interest in hospital catering services.

A review of the patient menu and beverage choice has already been completed and changes implemented, including the incorporation of more seasonal produce, and a review of the different menu formats being used throughout the Trust is currently underway to ensure these are as user friendly as possible. Plans are also in progress for the introduction of an enhanced supper option for patients.

The key pieces of work being taken forward by the Forum are as follows:

- Ensuring that the current menu and beverage quality and choice are suitable for all patient groups and meet the requirements of "Eating for Good Health" in hospital
- Ensuring that menu and beverage choices are reviewed at least twice yearly
- Ensuring that there are suitable menu options available for ethnic minority patients
- Ensuring that, where possible, the menu choice incorporates seasonal and organic produce
- Ensuring that a daily snack menu is available that meets the needs of all patient groups
- Developing plans for the introduction of a supper menu that meets the needs of all patient groups
- Ensuring that the presentation and layout of menu formats are suitable for all patient groups
- Ensuring that a standard is in place for food presentation to all patient groups
- Ensuring that there is a Trust standard in place for ward food services
- Ensuring User Forums are in place and are working effectively for all patient groups
- Reviewing the level of adherence to Protected Meal Times in the Trust
- Ensuring that, where appropriate, care plans include Catering Manager input
- Ensuring effective performance management arrangements are in place for the delivery of food and beverages to patient groups
- Ensuring budgets for patient food are adequate to meet the needs of all patient groups

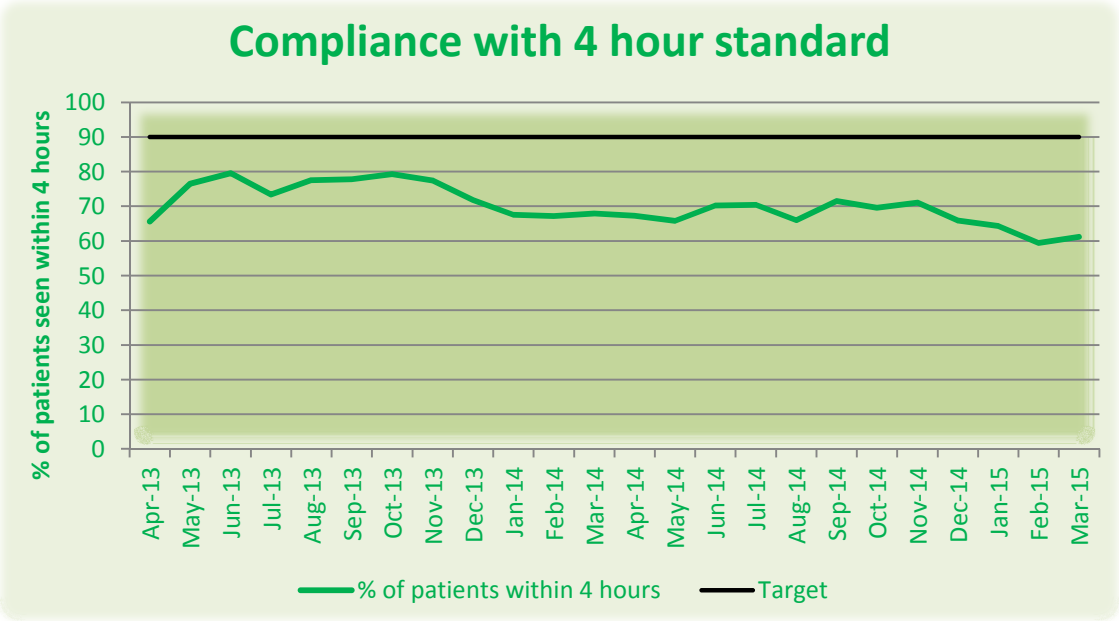
Emergency Department

4 hour standard

It is Ministerial priority that patients attending the Emergency Department (ED) are admitted to hospital or discharged within four hours. The length of time people wait in Emergency Department profoundly affects patients and families' experience and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes. The chart overleaf shows the percentage of ED patients seen, treated and discharged or admitted within 4 hours.

Key facts

- An average of 206 patients per day attended Antrim Hospital ED in 2014/15, which is an increase of 4% on 2013/14
- An average of 117 patients per day attended Causeway Hospital ED in 2014/15, which is an increase of 2% on 2013/14
- The number of patients over the age of 75 attending ED increased by 7% in Antrim and 6% in Causeway compared to 2013/14



Please note figures do not include Minor Injury Units

12 hour standard

It is a Ministerial priority that no patient attending the Emergency Department (ED) should wait more than 12 hours before being admitted to hospital or discharged. Performance against this target is not simply a measure of how the Emergency Department is functioning but a reflection of how well the whole system works, including access to primary and community care as well as activity within the hospital.

A total of 663 patients breached this target in 2014/15, compared to 1,041 in 2013/14, and 2,537 in 2012/13, giving an overall improvement of 74% since 2012/13. In Causeway Hospital there were no breaches during 2014/15.

The Trust is continuing to build on this improving picture through the development and implementation of an Unscheduled Care Action Plan.

The focus in the Trust during 2014/15 was on improving 12 hour performance, and this was successfully achieved. During 2015/16 we will be building on this achievement to deliver further improvements in 12 hour performance as well as a renewed focus on the 6 hour and 4 hour targets.

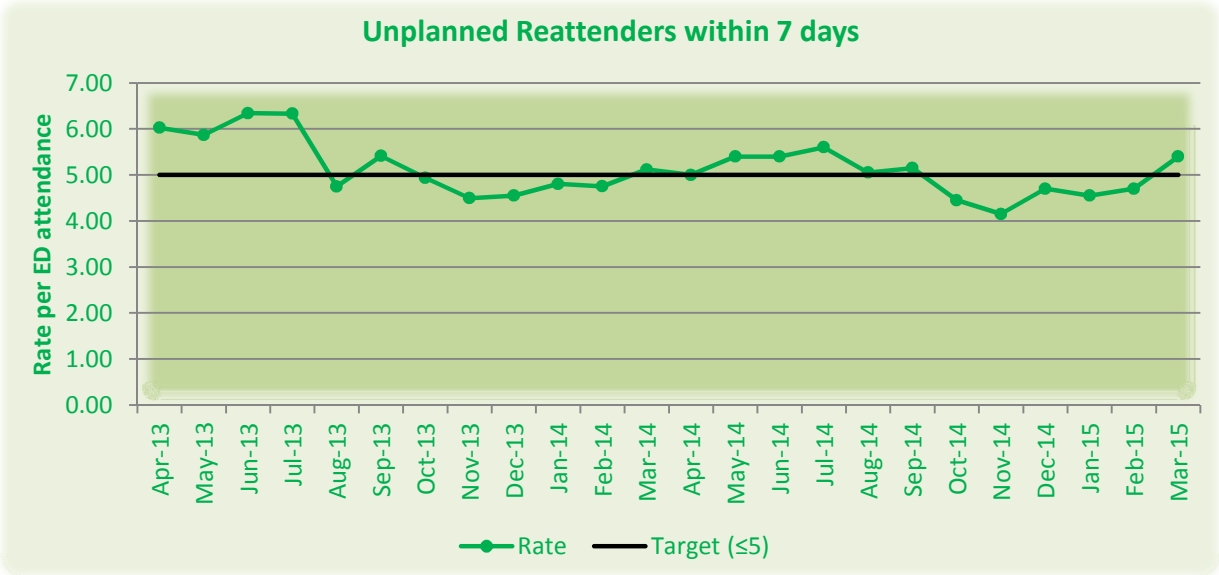
Other Emergency Department standards

- During 2014/15, approximately 4% of patients left the Emergency Department without being seen, or before their treatment was complete.
- The average time to be seen by an emergency doctor was 1 hour and 50 minutes
- The average time to be seen by an Emergency Nurse Practitioner was 1 hour

Unplanned re-attenders

This indicator measures what proportion of patients attending an Emergency Department (ED) return to the same ED with the same complaint within 7 days, without this having been planned in advance.

It is important for patients to know that their condition has been appropriately managed and to understand what to do if the condition doesn't improve as expected. While this indicator will be affected by access to other services such as primary care, a high rate of unplanned re-attendance could also indicate potential to improve the care and communication delivered during the first attendance at the ED. The chart below shows a re-attendance rate within the target of 5% for the second half of the year 2014/15.



Access targets

It is a ministerial priority that 80% of patients should have their first outpatient appointment within 9 weeks, and their inpatient or daycase treatment within 13 weeks.

The length of time patients wait for their consultation or treatment has an effect on their experience of the health service and public confidence in the system as a whole.

Key Facts

During 2014/15:

- 51% of patients had their first outpatient appointment within 9 weeks of referral
- 74% of inpatients and daycases were treated within 13 weeks
- 95% of non-complex discharges took place within 6 hours of the decision to discharge; and 87% of complex discharges took place within 48 hours of the decision to discharge

Cancer targets

The table below shows the percentage of patients meeting cancer targets, as at 31st March 2015:

	% patients (as at 31st March 2015)
All urgent breast cancer referrals to be seen within 14 days	100%
Patients commencing treatment within 31 days of decision to treat	100%

The Trust continues to strive to ensure patients referred as suspect cancer or diagnosed with a cancer are supported throughout their journey with the majority of patients across all tumour sites receiving their treatment within 31 days of diagnosis and agreement on treatment with their consultant. The Trust also offers support following treatment with the introduction of health and well-being clinics to patients across a number of tumour sites, and an information and support service available to both patients and carers.

Patients referred to the breast service as suspect cancer are all seen within 14 days from date of referral, and once diagnosed the team strive to ensure they receive their treatment as soon as possible and are supported during and after treatment. The specialist breast care nurses and medical team, run an 8-week programme for patients following treatment, and also health and well-being sessions are provided to equip patients with the necessary knowledge to manage their care and reduce the number of hospital visits, and continue to provide support and rapid access to the clinical team when required.

With the appointment of cancer nurse specialists across a number of tumour sites work has commenced to provide similar services to all other patients.

Theme 5: Supporting staff
(Strengthening the Workforce)

Looking after our staff

The Northern Trust employs approximately 11,700 staff. We are committed to doing as much as we can to support our staff to enable them to feel good and function well both physically and mentally, be motivated and committed to their work and to reach their full potential. This is achieved through staff engagement, employee support mechanisms including the provision of occupational health services, training and development opportunities, wellbeing initiatives, and joint working with staff and their representatives to identify and address areas for improvement.

Progress made

- Directorate Case Conference meetings which provide a forum for managers to discuss complex sickness absence cases have been further rolled out within the Trust
- Guidance for managers on staff health and well-being and attendance management has been further developed including the implementation of a new Managing Attendance protocol, guidance for managers on cancer, mental health, reasonable adjustments, stress, bereavement, staff who are carers. Development of Guidance for Managers on musculoskeletal conditions and Health and Wellbeing in appraisals has also been progressed
- The Health and Wellbeing Steering Group which is a multidisciplinary group with representation from directorates, health improvement, dietetics, clinical psychology and Trade Unions continues to meet to provide direction and oversight for the health and wellbeing activities in the Trust
- Work in partnership with other organisations such as Carers NI and have begun working in partnership with Clinical Psychology in the development of Guidance for Managers supporting staff involved in potentially traumatic incidents at work
- Development of manager capability in Health & Wellbeing /Attendance Management through the provision of a suite of leadership and management programmes with a focus on people management skills ,resilience and dealing with conflict
- Provision of a programme of health and wellbeing campaigns such as women's and men's health, smoking cessation, healthy eating, mental wellbeing, physical activity
- Ongoing promotion and awareness of Occupational Health and Employee Assistance programme

Sickness rate

Managing sickness absence within Health and Social Care is challenging and the Trust has continued to strive to achieve the DHSSPS absence target of 5%. The sickness absence rate for 2014/15 was 7.54%. The two main reasons for sickness absence continues to be psychosocial and musculoskeletal conditions.

The Trust acknowledges the need to improve performance against target and has adopted a Health & Wellbeing action plan with a focus on reducing the level of sickness absence within the organisation.

A total of 164 managers attended training on attendance management during the year.

Next steps

In the coming year we will focus on delivering against the Health & Wellbeing action plan agreed for 2015/16 to support staff health &wellbeing and staff engagement and with a view to improving the quality of care delivered to our patients and service users and enhancing the patient experience.

Vision and values

Our success is down to our people. We can only achieve our vision through the dedication and professionalism of the people who work for us, and so it was really important for us to refresh our values and to make sure all our staff understand the standards of behaviour expected of them.

Therefore developing a new shared vision and values was a key priority for our organisation during the last year. As part of our approach to engaging our staff, we asked our staff across all directorates and professions to come up with a new set of values for our Trust through a large scale exercise which involved focus groups and team meetings as well as opportunity for individual feedback. Our Executive Team also worked together to devise a new Vision Statement.

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

Our new vision describes what we aspire to achieve in terms of our future direction. The new '*CORE*' values created by our staff – *Compassion, Openness, Respect and Excellence* – will support the vision, shape the culture and reflect the beliefs, behaviours and philosophy of our organisation. We launched our new vision and values at Trust Board in March 2015.

Next steps

To work on embedding our values into our culture as our new corporate values will underpin everything we do as we move forward together in our teams.

Staff flu vaccination rate

Protecting health care workers against winter Flu is an important programme which ensures that our employees do not suffer the effects of winter Flu. Equally so it prevents staff who may have developed Flu passing this condition on to patients and clients who may have a vulnerable health status. Flu vaccination is also an element in a range of measures designed to avert preventable staff absence. Unfortunately in the HSC uptake has been low.

Although we did meet the 30% vaccination target set by the Public Health Agency last winter we think this is still too low. We continue to encourage employees to have this vaccination. Key elements in improving uptake have been:

- Leadership by example from senior Trust staff
- Proximity clinics in wards and departments
- Introduction of a Real time database to monitor areas of low uptake
- Flu champions such as lead nurses and medical consultants who encourage others

Smoke free

The Northern Trust recognises that smoking is the single most preventable cause of illness, premature death and health inequality throughout the United Kingdom. Approximately 2300 people die each year from smoking related diseases in Northern Ireland.

The introduction of Smoke free legislation in April 2007 was a major step forward in protecting people at work, and the general public, from second hand exposure to the numerous harmful chemicals in tobacco smoke. This clearly demonstrates that health improvement is a key aim of the Department of Health Social Services and Public Safety (DHSSPS) and a reduction in smoking prevalence and exposure will contribute greatly towards this goal.

Health and Social Care organisations clearly acknowledge that breathing other people's smoke is a public health concern. The DHSSPS Tobacco Control Strategy for Northern Ireland (2012) aspires by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco-free society.

The Northern Trust is committed to positively influencing the health and wellbeing of our staff, patients and visitors. Preventing people smoking or protecting them from passive smoking is one way we hope to positively impact health. A range of specialist smoking cessation services including individual and/or group support is available for patients and staff who wish to stop smoking. The Trust plans to introduce 'smoke-free' across all sites from April 2016.

Staff Recognition and Awards

Staff appraisal

We are totally committed to annual review/appraisal meetings, as we believe it is a vital feedback process for both our managers and staff. Through the discussion staff are able to understand what is expected of them in their personal contribution to the vision of the Trust. It is also critical to staff engagement, so that staff are heard and their development and training needs identified and addressed. The Knowledge and Skills Framework is as essential aspect of this review and is also used to establish that staff have the knowledge and skills required for their specific post.

In 2014/2015 75% of our staff had an annual review/ appraisal and agreed Personal Development Plan. During the year managers and staff received support and training and related forms and guidance documents were updated. This was a good improvement on the previous year where 54% of staff had an annual review/appraisal.

Next steps

- We will continue to monitor progress to achieve our 90% compliance target as set by the DHSSPS.
- We will continue to provide training and support to directorates and individual service areas to ensure that staff and managers have the relevant knowledge and skills to conduct appraisals, with the aim of increasing compliance across all Directorates.
- Targeted assistance will be available in service areas where compliance is low.

Revalidation of medical staff

Revalidation of doctors is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise. Doctors are linked though employment to a "designated body" and a senior doctor in that organisation, the "responsible officer". The responsible officer makes a recommendation about the doctor's fitness to practise to the GMC. The recommendation will be based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the organisational clinical governance systems. Following the responsible officer's recommendation, the GMC decides whether to renew the doctor's licence.

The NHSCT is a "designated body" with 306 linked doctors (31/03/15), doctors in training being linked to NIMDTA. The "responsible officer" for NHSCT is the Medical Director. One hundred and fourteen recommendations were made during 2014/15 of which ninety nine (87%) were positive recommendations to revalidate. The remaining fifteen were for deferral due to either ill health or a need to gather further supporting information to support revalidation. No recommendations were late and no recommendations of non-engagement were made.

Learning and Development

As part of the on-going learning and development programme of work, we have continued to offer development programmes for all levels of leadership in the Trust. This included our new Ward Sister/Charge Nurse support and enablement programme 'Breaking Barriers, Driving Standards'.

We also worked on developing a leadership programme for our Top Leaders in the organisation. The purpose of this programme is to continually improve the leadership capabilities and skills of our top leaders to drive and support organisational transformation, modernisation and cultural change in an organisation which is clinically and professionally led and managerially supported.

Last year 117 of our staff received their NVQ/QCF certificates from the areas of Domiciliary Care, Social Care and Healthcare. This was the last group of staff to receive NVQ qualifications as they have now been replaced by Quality Credit Framework Qualifications (QCFQ's). Staff received certificates for Diplomas Level's 2 and 3. This was the also the first time some of our staff achieved a Diploma Level 5 in Leadership for Health and Social Care.

Further activity in vocational learning includes the achievement of many of our staff, of essential skills qualifications in literacy and numeracy. We have also continued to support our domestic services staff to acquire the British Institute of Cleaning Sciences (BICSc) qualifications. During the year the Trust became a provider of World Host qualifications which have been specially contextualised into the field of health and social care. The Trust, in partnership with UNISON, continued to support staff to access the Open University Course K101.

We also facilitated the development of staff through professional and corporate training interventions which included our "lunch and learn" master-classes. These initiatives also supported our health and well-being agenda by providing training to both managers and staff in areas such as stress management, effective teamwork and people management.

Quality Developments in Social Work

Staff Engagement

Social Work Business Area on Trust Staff-net intranet has been established to share information and engage with staff regarding innovative practice and quality developments linked to the Social Work Strategy.

Assessed Year in Employment (AYE)

Qualified Social Workers must complete an Assessed Year in Employment. AYE staff must demonstrate to their professional supervisor that they have met required standards which are set by The Northern Ireland Social Care Council. Feedback from AYE staff and their professional supervisors supported a quality project to enhance the AYE experience. AYE guidance was revised and questionnaires introduced to gain feedback in order to foster on-going quality improvement for staff. At their Final Appraisal AYE staff are to supported to identify future learning and development needs.
In addition, after completion of the AYE, the social worker is supported to complete two requirements (one module of study) of the Initial Professional Development programme in order meet full registration on the Northern Ireland Social Care Register.

Next steps

During the period 2014/2015 in NHSCT 100% of AYE social workers met the training requirements for registration on the Northern Ireland Social Care Register

Social work awards

Social Work Practitioners within the NHSCT evidenced their commitment to quality within the Regional Social work awards. The NHSCT received the following awards:

- Children's Services Team & Overall Winner: Sharing the Care Team
- Adult Services Team Physical Health and Disability: Incorporating Person-Centred Practice
- Partnership Dementia Friendly Communities / Mental Health Services for Older People

Forensic Mental Health Team Win at Advancing Healthcare Awards

Jane Reynolds, Occupational Therapist / Forensic Practitioner and Terry McCabe, Team Leader from the Forensic Mental Health Team, were named overall winners at Northern Ireland's first Advancing Healthcare Awards. They also won the Award for achievement in Promoting Person Centred Practice. The Advancing Healthcare Awards celebrate the contribution of Allied Health Professional (AHP) staff.

Jane and Terry's work called 'Including the excluded – a creative journey' helps offenders with mental disorders, a marginalised group, to meet their potential through enjoyable purposeful activity, improving self-worth and social inclusion. These individuals are often

stigmatised, isolated and have poor experience of services. The Team have developed a programme of creative activities aimed at engaging these patients including a film-making project, a shared reading project, a digital art group and creative writing classes. Participants develop a sense of community, where they can try enjoyable activities that they can gain a sense of achievement from and above all address issues with loneliness and risks to others.

Pharmacy Technician of the Year

Warren Francis, a Specialist Pharmacy Technician (IT Support) from the Northern Trust has been awarded the Pharmacy Technician of the Year Award 2014 (sponsored by AAH Pharmaceuticals) for innovation by the Association of Pharmacy Technicians UK.

The award recognised the design of an automated pharmacy daily ward ordering solution by novel application of elements of the existing pharmacy computer system. This ordering solution has been successfully implemented across wards and departments within the Trust during the past six months. Warren was appointed to his post in November 2013, following the implementation of a significant number of IT based systems within the Pharmacy Department.

RCN Nurse of the Year Awards

Florence Hand, Community Resuscitation Co-ordinator/Project Manager in the Northern Trust's Health Improvement Team, was Runner Up in the Public Health Award at the RCN Nurse of the Year Awards. These Awards recognise excellence in the nursing profession and Florence was acknowledged for her work on the pilot project 'Enhanced Healthcare for the Homeless (ECHO)'.