Annual Quality Report
2015/16

HSC Northern Health and Social Care Trust
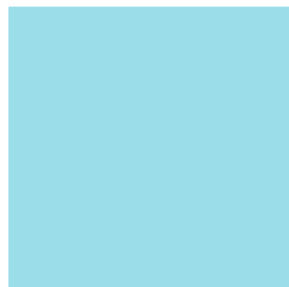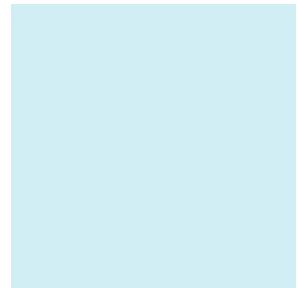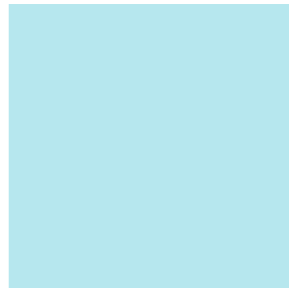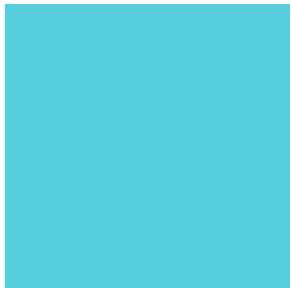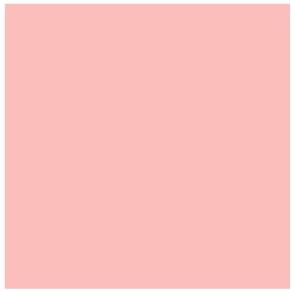
Chief Executive's Message

The Northern Health and Social Care Trust (NHSCT) provides health and social care services to a population of approximately 471,000, which is the largest resident population in Northern Ireland. The Trust employs approximately 11,800 staff across a range of disciplines.

As Chief Executive, I am pleased to share the Trust's fourth 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 2015/16. I can report that, over 2015/16, we have made real progress against key objectives, as set out in last year's report.

In the past year we have developed a Reform and Modernisation Programme (RAMP), which brings together in one document a clear plan for the on-going development of services, our staff and our facilities. Our Reform and Modernisation Programme (RAMP) includes a strong People strand aimed at harnessing, engaging and developing staff at all levels to deliver our ambitious plans for the next five years. This year we have focused on developing a five year staff engagement plan which will drive organisational development through a culture of high employee engagement, great leadership and learning and development. 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.

I am also delighted to announce the official launch of the Medicines Optimisation Innovation Centre (MOIC) on 15th October 2015. The MOIC is one of the key components of the DoH Medicines Optimisation Quality Framework, and its activities are described on four key headings: Research and Development, Quality Improvement, Innovation, and Knowledge Transfer.

Finally, The Trust has been recognised on a number of occasions for exceptional performance or individual achievement. I congratulate all concerned. I would wish to highlight our success in winning the Caspe Healthcare Knowledge Systems (CHKS) Patient Safety Award for Outstanding Performance. This reflects the exceptional work and dedication of all our staff.

I look forward to continuing to work with the thousands of staff in our organisation who demonstrate our values on a day to day basis in their commitment to ensuring that we deliver excellent services to wide range of people we serve.

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

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Introduction

In 2011, the Department of Health, Social Services and Public Safety (now renamed to Department of Health (DoH) launched Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'.

The Strategy defines quality under 3 main headings:

Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
Effectiveness – the degree to which each patient and client received the right care, at the right time, in the right place, with the best outcome
Patient and Client Focus – all patients and clients are entitled to be treated with dignity and respect, and should be fully involved in decisions affecting their treatment, care and support

The Trust Annual Quality Report is set out in line with the 5 strategic goals within the Quality 2020 Strategy. These are:

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

The Annual Quality Report aims to increase public accountability and drive quality improvement within the Northern Trust. It reviews past annual performance against corporate priorities and the goals that were set, and identifies areas for further improvement over the coming year.

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

About the Northern Trust

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

- 75,197 inpatients
- 425,681 outpatients
- 134,086 emergency department attendances
- 28,043 day case patients
- 642 children looked after by Trust
- 521 children on child protection register
- 3,948 domiciliary care packages for older people provided in the community

Goal 1: Transforming the culture
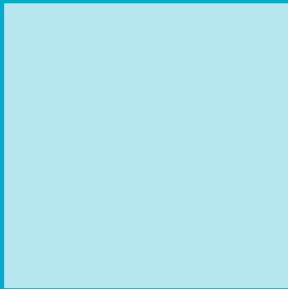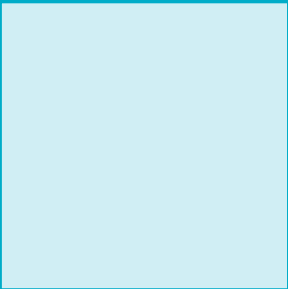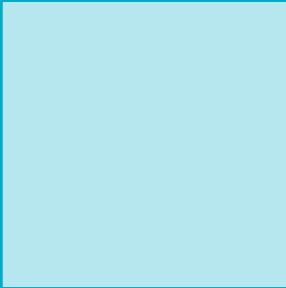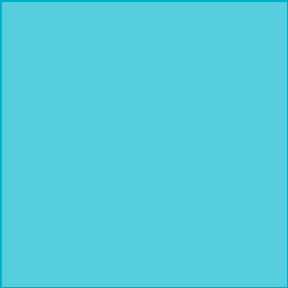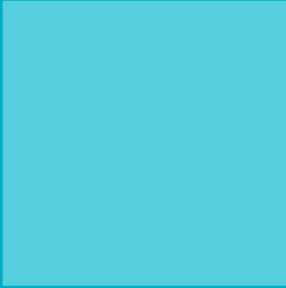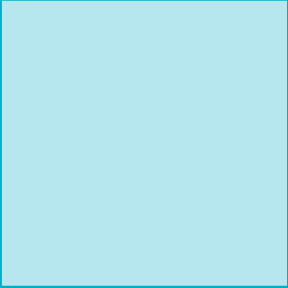
Goal 1: Transforming the culture

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 and reflect the beliefs, behaviours and philosophy of our organisation, in transforming the culture.

Patient and client experience

Patient and client experience continues to be recognised as a significant measurement of health and social care quality, safety and effectiveness. Patient and client experiences continue to be 'captured' using a variety of methods including service user surveys, observations and patient stories, and as part of the 10,000 Voices project. Complaints and compliments have also continued to be reviewed. The Trust recognises the importance of receiving patient and client feedback, as it can help to develop and improve our services.

During 2015/16, patients and clients' experiences were sought using service user surveys within a wide range of different service areas; for example:

- Trust Residential Care Homes
- Trust Domiciliary Homecare Service
- Trust Day Centres
- Endoscopy Patients' Views, Trust-wide
- Catering and Domestic Services
- Macmillan Unit, Antrim Hospital
- ICATS Ophthalmology Outpatients Clinics, Causeway and Mid Ulster Hospitals

10,000 Voices

10,000 Voices is a valuable tool that provides a variety of methods for patients, service users, their families and carers to share their stories:

- Face to face story collection
- Completion of survey in appropriate paper format (Available in translated languages)
- Online completion at www.10000voices. info

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

1. Respect
2. Attitude
3. Behaviour
4. Communication
5. Privacy and Dignity

We are collecting stories on a phased approach across Trust sites and in community settings:

Current live phases - 2015/2016

- Unscheduled Care – Phase two: Emergency Departments, GP out of Hours, Minor Injury Units.

- Staff experience

- Care in your own home

- Northern Ireland Ambulance Service

- Paediatric Autism and CAMHS – Specialist programme – commenced January 2016 - 30 June 2016

Staff Feedback

Processes are in place to provide timely feedback from patient stories and managers, for actions, learning and service improvement work. Several workshop events have been held throughout 2015/2016, which included a Community Care feedback event and an Unscheduled Care feedback event. A variety of staff across all disciplines attended.

Key Facts

- Almost 2,000 stories received

- A high volume of stories continue to illustrate public recognition of staff compliance with the Patient and Client Experience standards.

- Up to 90% of experiences continue to be rated as either strongly positive or positive by patients, service users, carers or families

Improvements made:

- **Hello my name is Campaign –** the number of staff introductions improved from 65% in 2014/15 to 94% in 2015/16 within unscheduled care

- **Snack Bags -** Implementation of out of hours snack bags and provision of hot and cold beverages for Emergency Departments

- **Key Learning:** Messages and themes from 10,000 voices stories are fed into on-going training programmes

"Supportive to our practice and learning – useful for practice related feedback and reflection"

Things we could do better

Things we did well
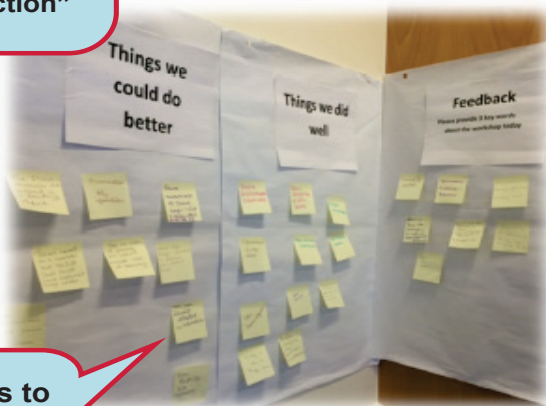
Feedback

"Helps us to improve services"

"Good to feel free to discuss stories in a relaxed way"

Feedback workshops were well received and supported by staff. Patient stories were shared and discussed at these events, which allowed staff to identify key themes and learning, which guided and informed action plans going forward.

> **Next steps**
>
> Actions identified will be progressed as part of on-going quality and monitoring improvement work during 2016/17, and these will include:
>
> - **Communication**
>
>   - Keep our patients and their families up to date and informed.
>
> - **Monitor and improve patient comfort**
>
> - **Monitor and improve staff attitudes and behaviours**
>
> - **Remember the importance of the 'little things'**
>
>   **-** What is most important to the patient?

Personal & Public Involvement (PPI)

The views of services users, patients, carers and the public, matter to us. We believe that, by working with service users, patients, carers, patient organisations and the public, we are able to develop services for all our communities. We engage in a number of different ways, tailoring our methods to meet the needs of those we are involving and supporting people to be able to participate effectively. When there are decisions to be made which affect how we will provide our services, we make sure we talk to service users and carers who will be most affected, and the general public are made aware of proposals so they too have the chance to have their say.

RAMP – the Trust's Reform and Modernisation Programme sets out our approach to effecting change so that people can access excellent, responsive and appropriate services that provide the best possible outcomes. The Trust is committed to ensuring PPI is the foundation for any considered change process.

We carry out one off pieces of work as well as involving service users and carers on an on-going basis through the partnership arrangements we have in place. This year has been a busy one for all our staff and we hope that the examples provided help to inform you of the wide range of work that service users, carers and the public have had the opportunity to be involved in.

The Trust has a number of Service User Panels, which include the Disability Consultation Panel, The Older Peoples Panel and The Forum. These panels ensure that feedback from service users and carers is embedded in our everyday business.

The Forum is a user group for adults who use learning disability services. This year the Chair of the Forum, Ursula Campbell, spoke at the Trust's Leadership Conference, reflecting on what the Trust's CORE values mean to people using our services.

On Monday 14 March 2016, the Trust held an event for service users who access learning disability services to examine how service user experience can help us to improve things and how we can best enable service users to get involved. Over 60 service users

attended the "Have Your Say" event and the feedback we received will help us to shape our future engagement with adults who use learning disability services.

The Rowan is the regional Sexual Assault Referral Centre (SARC) jointly funded by the Department of Health (DoH) and the Police Service for Northern Ireland (PSNI). The Rowan employed a number of methods to engage with victims and carers to both establish and develop the Centre and the service provided. For the purpose of contributing to the design of the Centre, individuals shared their experience face to face. Focus groups were used to develop the Rowan's Communication Strategy and since opening surveys have been issued to all those who have attended. A Victims and Care-givers Group has been established and members choose how they will be involved either through group meetings, individual meetings or through letters or email.

"I was treated with the greatest dignity and respect"
(service user)

The Equality Unit, Capital Development Team and the Trust's Disability Consultation Panel and Older People's Panel have worked in partnership to ensure that disabled people and older people have been successfully involved in the design and accessibility of the Trust's new Ballymena Health and Care Centre. The involvement of Panel members from 'concept to completion' has ensured that the building, furniture and signage are accessible. The partnership approach has also extended to the co-production and co-delivery of disability equality training for all Health and Care Centre staff. As result of the engagement from the earliest stage of this project a range of accessibility issues were addressed prior to the building opening. This partnership initiative has resulted in a good practice model of accessibility and disability equality.
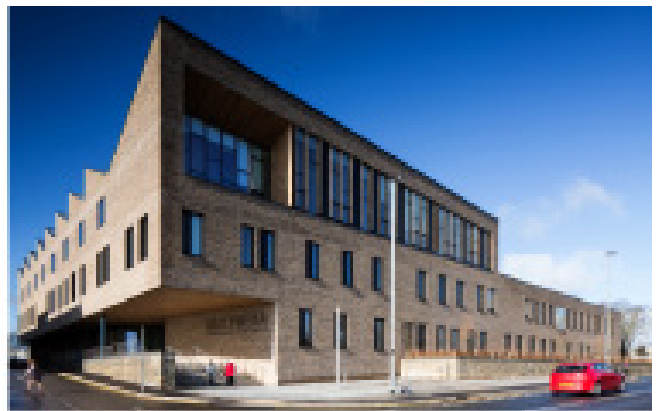
Complaints and compliments

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 divisions 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

- 764 formal complaints were received into the Trust

- 100% of complaints acknowledged within 2 days

- 69% of complaints were responded to within 20 working days

- 741 compliments were received through the Chief Executive's office

Complaints Performance
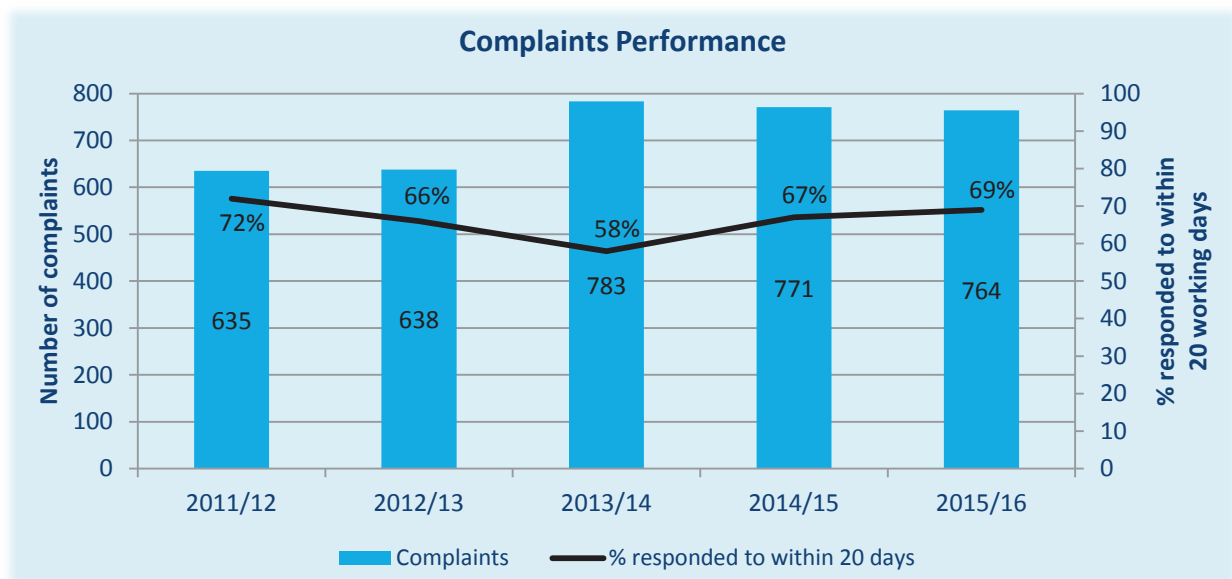
The top 5 categories of complaints related to:

1. Quality, Treatment & Care

2. Staff Attitude/Behaviour

3. Communication/Information to patients

4. Policy/Commercial Decisions

5. Waiting list, delay/cancellation for Community based appointments

Learning from complaints

In order to record and monitor complaints activity, the complaints department is required to maintain a database of complaints and provide regular reports to senior management, divisions, and various committees within the Assurance Framework, including the User Feedback and Involvement Committee. These reports highlight themes and trends across the Trust to ensure learning takes place. The Trust continues to provide monthly monitoring returns to the Health and Social Care Board (HSCB) regarding lessons learned from all complaints closed each month.

A number of improvements have been introduced during 2015/16 following complaints. Listed below are some examples of learning across divisions:

• A complaint was received in relation to the lack of food allergen information being provided to patients at ward level. As a result of this complaint catering services have worked with ward staff and now provides a daily allergen awareness report. This report will assist nursing staff to ensure the correct information is provided when dealing with the individual dietary needs of patients/clients.

• A complainant raised concerns about both the outpatient waiting room and accommodation for Psychological Therapies Service (PTS) appointments in Whiteabbey Hospital. The complaint also highlighted an issue about communication and staff attitude. Action taken: improvements were made to the waiting area and accommodation for this service; guidance and training was developed for administrative staff to provide appropriate communication via voicemail when cancelling appointments; and feedback has been provided to staff about reflecting a positive attitude with their clients.

• Since the implementation of the 10,000 voices project in 2013/14, there has been significant progress made within the Trust to address **staff attitude and behaviour and communication**, including, the "Hello my name is …" campaign, led nationally by the late Dr Kate Grainger. We have held learning events and workshops. We have integrated patient experience information into induction and training programmes. The Trust will continue to build upon this work programme by engaging with staff and patients in developing "listening events" which incorporate patients/clients feedback, the 10,000 voices programme and complaints.

NI Ombudsman cases

Sometimes people are not happy with the outcome of the investigation into their complaint. We would encourage people to let us know if they are unhappy, and we will consider other options to attempt to resolve their concerns. We routinely offer to meet complainants, as this allows the opportunity for more detailed discussions, on a face to face basis. For those who remain dissatisfied they may approach the NI Public Services Ombudsman (Ombudsman's Office) directly.

In 2015/16, there were five requests for information received from the Ombudsman. Three cases were closed following initial contact, one was referred back to the Trust for further local resolution and one is still on-going.

Four cases which were opened in previous years were closed during 2015/16, and apologies were issued. One of these was from a relative of a service user who made a complaint to the Ombudsman that the service user's care needs were not fully taken into consideration when determining their future care plans.

Following receipt of the Ombudsman's report during 2015/16, the following actions were taken to ensure lessons are learnt from this case:

- a Learning Alert was disseminated to all staff detailing the learning from this complaint
- refresher training has been provided to relevant staff on completion of the Northern Ireland Single Assessment Tool (NISAT) Core Assessment, in accordance with the NISAT Procedural Guidance and the relevant Social Care Standards
- a review of staff induction programmes has been carried out, to ensure the NISAT process is fully understood by all new staff
- an audit of existing NISAT documentation has been undertaken to ensure we achieve compliance with best practice

Any learning from Ombudsman cases is disseminated across the Trust.

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'.

Key Facts

- A total of 11,956 incidents were reported in 2015/16, compared to 11,680 the previous year

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

The Trust has purchased the web-based version of the current Datix risk management system for incidents with implementation to commence in April 2016. This web-based system will replace the paper-based incident form and will streamline the process, ensure increased accuracy of the information recorded and make the information much more timely and accessible ultimately leading to more timely learning.

Top 5 Incidents affecting patients and service users over the last 3 years

Legend: 2013/2014, 2014/2015, 2015/2016

Categories: Slip/Trip/Fall, Violence/Aggr…, Practice, Contact with -, Medication
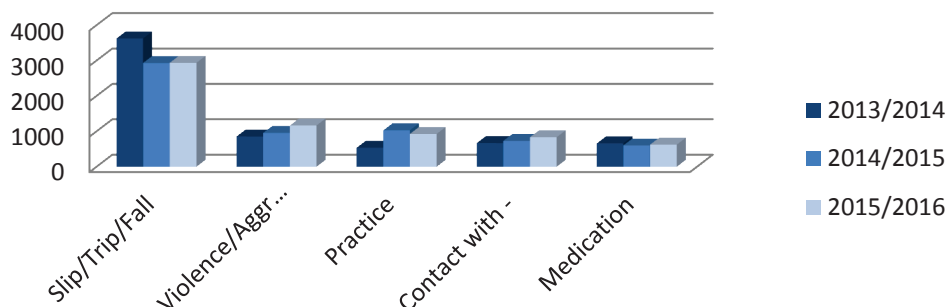
Figures are subject to change as investigation continues

Top 5 Incident types affecting service users	Key actions taken to reduce harm
Slips, Trips and Falls	Over 95 % of falls reported in 2015/2016 related to service users. The "*FallSafe*" bundle which consists of different elements which have been shown through research to reduce the risk of falls and falls-related injuries has now been fully implemented within adult inpatient facilities. Two further projects have been implemented to help reduce falls. These include: 1. the use of Velcro slippers for those patients who come into hospital with no footwear 2. the provision of mobility aids for those who are admitted outside the normal physiotherapy service working hours.
Violence and Aggression	Service users were the persons affected in almost half of the violence and aggression incidents reported in 2015/2016. Over 40% of these incidents relate to physical and verbal aggression to other service users with a further 40% relating to self-harm. The remainder of these incidents relate to behaviours. In order to try and minimise such incidents the Trust has introduced a protocol enabling wards to secure enhanced security support to assist with individual service users. A RAID (Rapid Assessment Interface Discharge) service has also been established. This is a multi-disciplinary service based in the acute general hospital to work alongside clinical staff to improve the mental health and well-being of patients who present to the acute hospital for care and treatment. RAID provides advice and support to wards within AAH and Causeway for patients who suffer from delirium depression and dementia. Early detection and advice in how to deal with challenging behaviour and clinical interventions has a positive impact in the management of those who may display aggressive or potentially violent behaviour. They also provide input to support the management of those who present with harmful use of alcohol and drugs which can reduce and support people through positive detoxification regimes reducing the number potentially aggressive episodes.
Practice	The incidents reported under this category relate primarily to issues around communication (76 %) or the lack thereof. They also relate to the failure to follow procedure or a lack of knowledge / understanding. The regional 10,000 Voices project is one of the on-going methods used to capture service users experiences.
Contact with-	Over 80% of 'Contact with – ' incidents relate to the service user accidentally coming into contact with equipment or furniture with a small number relating to hazardous substances, hot liquids or sharps. Manual handling plays a factor in many of these incidents. Following a manual handling incident the relevant moving and handling risk assessment is reviewed, investigation of any medical devices involved completed and if required recommendations made. Examples of post incident recommendations implemented throughout the year include: the dissemination of a Learning Alert outlining the process of transferring clients into and out of wheelchairs, focused training on the completion of Individual Client Risk Assessment for community staff and practical training for staff groups, an equipment evaluation to manage the fallen person in Mental Health in-patient facilities and literature reviews to ensure any recommendations made are current. For example; not applying the brakes on a hoist (unless specified) enables the hoist to move within its own centre of gravity and reduce the risk of the hoist tipping.
Medication	Over half of medication incidents relate to '*near misses'* where the error is identified prior to administering the medication to the service user. All medication incidents continue to be routinely reviewed through divisional multidisciplinary working groups and analysed by the Medicines Governance Committee to identify common trends.

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is an event which may have caused unexpected serious harm or death.

A total of 96 SAIs were identified during 2015/16, with 94 of these affecting service users. The table below outlines the breakdown of SAIs relating to service users reported across the programmes of care:

Programme of Care	No. SAIs
Acute Services	19
Elderly	6
Family & Childcare (including CAMHS)	12
Learning Disability	6
Maternity & Child Health	15
Mental Health	35
Primary Health & Adult Community	1

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

There has been a marked reduction (51%) in the number of SAIs reported by the Trust in 2015/2016. This is due, in the most part, to no longer routinely reporting falls resulting in moderate or severe harm as SAIs. It was agreed regionally that in order to ensure consistent, high quality investigations of these falls, they should be treated as an adverse incident with a standardised investigation in the form of a post falls review carried out by multi-disciplinary front-line staff. Following this review, only those incidents where there are particular issues or where there is identified learning are now reported as SAIs.

Following recommendations contained within Sir Liam Donaldson's Review (The Right Time, The Right Place, December 2014) regional procedural changes were implemented in relation to the reporting of deaths of children in receipt of HSC services. It was acknowledged that the SAI process was difficult for parents and families who were bereaved therefore, from February 2016, a regional child death notification system pilot commenced with Trusts, and is subject to on-going review by DoH and the Public Health Agency. As with falls, only those deaths where there are particular issues or identified learning are reported as SAIs.

Learning

Learning is an essential component of the investigation process for any incident to ensure that improvements are made to reduce the risk of it happening again. This learning is then disseminated to all relevant services. Recommended learning has been identified from many of these SAIs.

Below are examples where improvements have been made as a result of learning from SAIs:

- A gap in control was identified and the introduction of the Paediatric Regional Early Warning System was expedited. This is now in place, with the necessary supporting training

- A formal handover system has been implemented within maternity units at 1700 hours and a system has been introduced to ensure that no women are missed during these reviews, and that a record of the agreed plan is recorded in the maternity Hand Held Record as well as the handover sheet

- All products used by Estates Services are now subject to a COSHH (Control of Substances Hazardous to Health) assessment, and a system of quarterly audits were introduced. During 2015/16 the number of COSHH assessments completed increased significantly, and the Trust's COSHH policy was reviewed.

The Trust recognises the importance of learning from incidents and SAIs. We acknowledge that lessons need to be shared to improve safety and apply best practice in managing risks. Incident reports are provided to a number of specialist groups, teams and across the organisation.

In September 2015 the Trust introduced Safety Panels to ensure that:

- a robust investigation has been undertaken
- appropriate recommendations are made, that will improve safety
- learning is shared within the Trust, and regionally where appropriate
- involvement of service user / family engagement is a key part of every investigation

In addition to the purchase of DatixWeb for incidents, the Trust has also purchased the Safety Alert Management module. Historically safety alerts which include learning alerts and medical device alerts were disseminated through a separate safety alert broadcast system however the purchase of this module through DatixWeb will enable dissemination and assurances to be recorded in one system and the alert to be linked to relevant incidents/risks. The Dashboard module can be designed to meet individual user requirements and provides automated reporting on all incidents in real time.

Quality Improvement

The Trust's Quality & Safety Group plays a key role in cultural change. Its main purpose is to ensure that **Quality, Safety and Patient Experience** are essential components in reducing harm and providing patient-centred care.

The Trust has a Quality & Safety Improvement Plan which is reviewed and updated on an annual basis.

This plan provided the focus during the 15/16 year for driving further and sustained improvements in quality and safety for all the users of our services. The plan builds on previous and on-going work and incorporates regional Public Health Agency targets. Progress against the Quality & Safety Improvement Plan is monitored by the Assurance & Improvement Group on a regular basis.

The Trust promotes the use of the Institute for Healthcare Improvement (IHI) Improvement science for quality improvement projects. The Trust provides training on Quality Improvement techniques for staff who are involved in quality improvement projects.

During 2015/16, one of our consultants was successful in obtaining a place on the **HSC Safety Forum's Scottish Quality & Safety Fellowship,** which is an internationally recognised training programme on Patient Safety, Quality and Improvement Science.

In addition, the Trust selected two members of staff to participate in the **Q Initiative** (Quality), which connects people with improvement expertise across the UK.

Audit & Service Evaluation Symposium

The Trust held a half-day Audit and Service Evaluation Symposium on 19 June 2015 to raise awareness of audit and quality improvement activity, share good practice and learn from others' experiences. In addition to an invited keynote speaker, a number of Trust staff delivered oral presentations or had poster presentations on display regarding projects they had been involved in which have improved service quality, treatment and care or patient/client safety.

The symposium was well attended by Trust staff who had an opportunity to listen to, view and learn from audit and quality improvement projects undertaken within a wide range of service areas. Awards were presented at the end of the symposium for the:

• **Best Clinical Audit** which was awarded to Dr Gavin Smith from anaesthetics and intensive care for his chest x-ray audit. Dr Smith outlined how documentation of chest x-ray findings and interpretation by doctors was improved through the introduction of a pre-printed sticker placed in patients' notes. Re-audit evidenced improvements in the audit standards and the sticker has been introduced into routine use within intensive care in Antrim Hospital

• **Best Service Evaluation** which was awarded to Dr Kevin Dyer for the Northern Trust Psychological Therapies Service clinical outcomes framework evaluation. Dr Dyer outlined how a feasible, sustainable and high quality outcomes framework provides data on service access, acceptability and effectiveness/efficacy. The importance of annual evaluation of clinical outcomes was emphasised as being essential for safe and effective care provision as well as informing improvements

• **Best Poster** which was awarded to Claire Chambers and Dr Joanne Ilsley for their work in relation to service user satisfaction within the Child and Adolescent Mental Health Service (CAMHS). The poster highlighted the importance of using patient satisfaction measures as indicators of service quality and performance. Improvements were introduced as a result of feedback received ensuring appropriate on-going service development

Next Steps

The Trust has made a commitment to make Innovation and Quality Improvement (iQi) a top priority for the organization during 2016/17. It plans to launch our new iQi branding for the Trust, with its first event planned for June 2016.

iQi innovation Quality improvement

Award Winners, Presenters and Event Organisers at the 2015 Audit and Service Evaluation Symposium

Goal 2: Strengthening the workforce
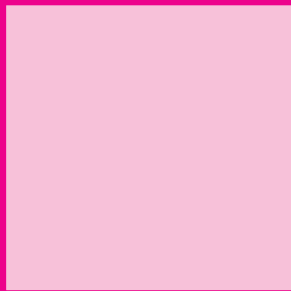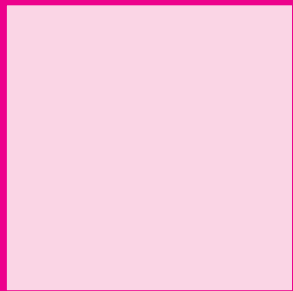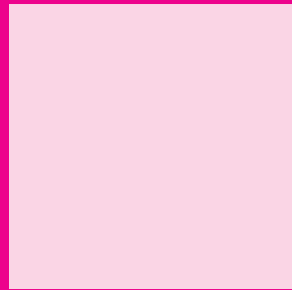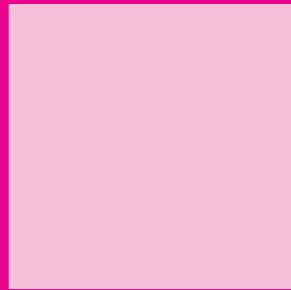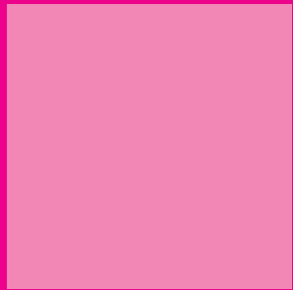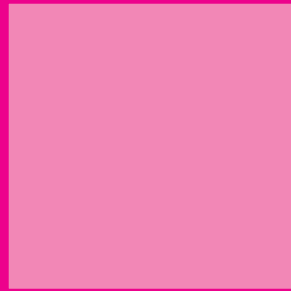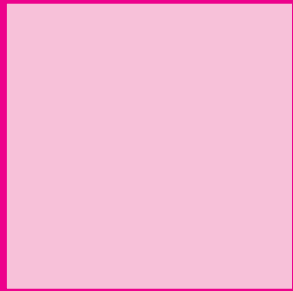
Goal 2: Strengthening the workforce

Induction

The Trust runs a Corporate Induction Programme which welcomes new staff into the organisation and provides them with the necessary foundation for a career within the Trust, in terms of vision, values and strategic direction. It also sets the scene in terms of how the Trust operates on a daily basis and provides important information on statutory and mandatory training and necessary sign-posting for the early stages of employment.

The Trust is currently reviewing its management and departmental induction in recognition of the importance of both to effective employee engagement and 'Creating a great place to work'.

Mandatory training

The Trust has a comprehensive Statutory and Mandatory training policy which includes a training matrix outlining the corporate statutory and mandatory training requirements as defined by the Trust. It specifies the type of training that is considered to be mandatory for all staff or mandatory across broad groups of staff. The corporate statutory and mandatory matrix sets out the training required, delivery method, duration, frequency/updates required, staff who must attend, training provider and lead contact.

Management & leadership development

The Trust is reviewing its management and leadership development pathway to ensure that it adequately reflects and best meets requirements at all levels/Bands over the five year-period covered by its Reform and Modernisation Programme (RAMP) and beyond. The outcome will be a core pathway which clearly identifies the required development and learning at each stage along that pathway and how it will be facilitated.

During the year 2015/16 24 members of nursing staff attended the 'Breaking Barriers, Driving Standards' programme, 40 Managers attended the 'High Performance Middle Managers' programme and 33 Senior Managers completed the 'Leading to Succeed' Programme.

194 clinicians, managers and other staff attended the Leadership Conference 'Seizing the moment: Delivering the future' in November 2015 which was addressed by Minister for Health, Simon Hamilton MLA.

Staff appraisal / Knowledge & Skills Framework

We are 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 appreciate 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 (KSF) is an essential aspect of this review and is also used to establish that staff have the knowledge and skills required for specific posts.

In 2015/2016, 79% of 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 an improvement on the previous year where 75% of staff had an annual review/appraisal. The target for the 2016/17 year is 80%.

Qualification & Credit Framework achievements

Over 90 candidates were recognised at the Trust's annual presentation of QCF certificates, organised by the Trust's Northern Assessment Centre. The Centre offers staff access to a range of accredited qualifications through the Qualification and Credit Framework (QCF).

Candidates who received certificates have worked over many months to build portfolios of evidence to demonstrate their ability to practice to national occupational standards of care. They have successfully attained their QCF qualification whilst meeting the demands of their day to day jobs and other challenges from outside work.

Chairman's Awards

The Chairman's Awards were introduced in 2015 with the aim of showcasing and recognising the excellent work done by staff. The five award categories were based on the Trust Vision and underpinned by the CORE Values. The categories were:

- Partnership Award was awarded to The Rowan, Sexual Assault Referral Centre for NI
- Integrated Services Award was awarded to the Physiotherapy Service in Antrim Hospital
- Quality Improvement Initiative Award was awarded to the Electronic Triage Project Team
- Effective Team Award was awarded to the Psychological Therapies Service
- Special Recognition (Individual) Award was awarded to Pat McClelland, General Manager for Cancer Services

A total of 96 applications were received and reflected the diverse nature of the services provided by the Trust. The judging panel was comprised of the Chairman, two Non-Executive Directors, the Deputy Chief Executive and a representative from the Patient Client Council. The panel shortlisted the entries and agreed a winner and two runners up in each category.

The awards were announced at the Leadership Conference and presented by Mr Richard Pengelly, Permanent Secretary, Department of Health (DoH).

Looking after our staff

Smoke-free

Smoking continues to be the single greatest cause of preventable illness and premature death, with approximately 2300 people dying of smoking related illnesses each year in Northern Ireland. The Trust recognises the serious health risk that smoking poses with 20% of the Northern Trust population smoking (22% of the population across NI are smokers). As such, the Northern Trust, in line with all Trusts across the region, introduced a new Smoke free Policy on 9th March 2016. This Smoke free policy means that 'smoking (including electronic cigarettes) will not be permitted in **any** areas of the Northern Trust, including all buildings, doorways, grounds, cars and car parks'.

This policy is viewed as a positive step towards improving the health and wellbeing of all service users and staff, including protecting them from the dangers of second-hand smoke. Stopping smoking is widely acknowledged as the single most important thing that a person can do to improve their health and the health of those around them.

A range of specialist stop smoking services are promoted and encouraged for both service users and staff.

Staff have been made aware of the Smoke free policy and their responsibility in the compliance and implementation of the policy. The Trust's Smoke free Steering Group, chaired by Medical Director, will continue to monitor the policy implementation.

Staff flu vaccination rate

Healthcare Workers are more likely to be exposed to the influenza virus (flu) than the general population and therefore the staff flu vaccination programme is an important measure in protecting staff health. Should staff become ill their absence has a direct impact on the delivery of patient care and on vulnerable patients, as well as having the potential to spread infection.

The Trust exceeded the 30% vaccination target set by the Public Health Agency, achieving 33% uptake in front line workers.

FIT testing

When caring for patients with suspected or confirmed infectious respiratory diseases, all healthcare workers need to wear the appropriate personal protective equipment (PPE) to minimise the risk of spread of infection. FFP3 face masks are a form of respiratory protective equipment (RPE) which provides protection for healthcare staff when carrying out aerosol-generating procedures on patients with confirmed or suspected aerosol-borne disease. Anyone who might be required to wear an FFP3 respiratory face mask should be fit tested, in order to check that an adequate seal can be achieved to provide full protection when in use.

Occupational Health are currently responsible for the provision and maintenance of fit testing kits and 'training the trainers' by arranging training sessions for nominated fit testers at departmental and ward level.

Revalidation of staff

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. The NHSCT is a "designated body" with 328 linked doctors (at 31/03/16), doctors in training being linked to the Northern Ireland Medical and Dental Training Agency (NIMDTA).

One hundred and sixteen recommendations were made by the Trust during 2015/16, of which 107 (92%) were positive recommendations to revalidate. The remaining 9 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.

Social care staff

The Northern Ireland Social Care Council (NISCC) was set up in 2001 with the aim of protecting the public by regulating the social care workforce in Northern Ireland

This is achieved through:
- Maintaining an up to date register of the social care workforce including Social Workers and Social Care Managers who must re-register every 3 years and Social Care Support Staff who must re-register every 5 years.
- Setting standards for their training and practice including meeting Post Registration Training Learning Requirements for each three/five year registration period
- Taking appropriate action where workers do not meet expected standards of Conduct

It is already compulsory for all Social Workers and some Social Care job roles to be registered with NISCC. The remainder of the workforce which includes Domiciliary Care, Day Care and those working in Supported Living are now in the process of becoming registered by March 2017.

Nursing staff

Nursing and Midwifery Council (NMC) will be introducing a 3 yearly revalidation process from 1 April 2016. Its introduction will be led by the Assistant Director, Corporate Nursing on behalf of the Executive Director of Nursing. During 2015/16, all divisions have contributed ensuring readiness for the introduction of revalidation in nursing and midwifery. This process will enhance the protection of the public by ensuring nurses and midwives are registered with the NMC and fit to practice. Systems have been developed which will provide assurance to the Trust that nurses are revalidated and registered to practice.

Allied Health Professional staff

All AHPs are required to maintain registration with the Health and Care Professions Council (HCPC). Each AHP profession has a 2-yearly cycle for re-registration where the registrant must make a professional declaration to confirm that he/she continues to meet the HCPC's standards of proficiency for safe and effective care. The registrant confirms there has been no change in good character (this includes convictions or cautions); there has been no change to health which could affect ability to practice safely and effectively; that he/she continues to meet the HCPC's standards for continuing professional development.

Professional AHP Heads of Service have systems in place which confirm live registration on a six monthly basis. This is formally reported through the NHSCT Lead for Allied Health Professions to the Executive Director of Nursing with professional governance responsibility for AHPs. This assurance is also provided biannually to the Department of Health (DoH).

Sickness Rate

The Trust continues to focus on proactively managing sickness absence with a view to improving the quality and standard of care it delivers to patients and service users, and the cost effectiveness of the services it provides.

The DoH target set for the Northern Trust for 2015/16 was 7.35%. The Trust met this target with a year-end position of 7.35%.
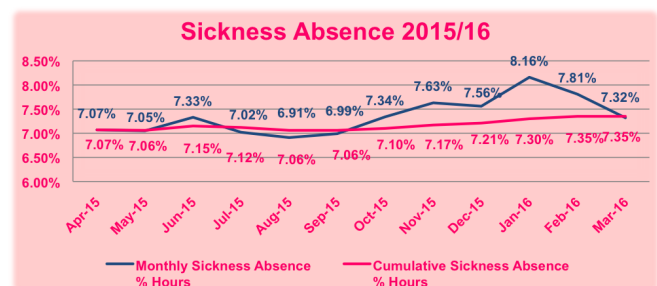
Moving forward a Trust Absence Action Group will be established to develop a coherent plan to support an organised and focussed approach to the management of sickness absence to reduce absence levels to at least the level required by the Trust's 2016/17 target of 6.9%.

Staff achievements

The Northern Trust has had great success at award ceremonies both here in Northern Ireland and the UK. These awards signify the dedication of our staff in driving improvement and engendering a culture of excellence. The achievements demonstrate that we have the quality and expertise within our organisation to deliver the excellent services we wish for the patients and service users.

CHKS

The Northern Trust has won the CHKS Top Hospitals Patient Safety Award 2015. The CHKS Top Hospitals awards celebrate excellence throughout the UK and are given to acute sector organisations for their achievements in healthcare quality and improvement. The Patient Safety Award recognises outstanding performance in providing a safe hospital environment for patients and is based on a range of indicators, including rates of hospital-acquired infections and mortality.

Jason Harries, managing director, CHKS said: "Every hospital is accountable to its patients, their families and carers as well as the local community to provide a safe environment. Our patient safety award winner has shown a commitment to driving improvement and engendering a culture of excellence and it is a credit to the staff at Northern Health and Social Care Trust that it has won this award." Pictured below, with their CHKS award, are Antrim staff and Causeway staff.

QNI

Audrey Harris received the Queen Elizabeth The Queen Mother's Award for outstanding service awarded by the Queen's National Institute. The award is given in recognition of an exceptional contribution made to the individual care of patients in the community through teaching and personal example through dedicated practice and shared experience.

Annual Placement Employer of the Year Award

The Northern Trust was a finalist in the Ulster Placement Employer of the Year Awards 2016 which celebrate the invaluable contribution placement employers make to the employability of Ulster University students.

Heather Graham, Frankie McMaster and Ciara Duffin received a Highly Commended Certificate in the Employer of the Year Awards

IHM Award

Karen Harvey, Head of Service Mental Health and Older People was runner up in the Institute of Healthcare Management (IHM) Social Care Manager of the Year Award, January 2016. Marc Harvey Team Leader Dementia Home Support Team was successful in obtaining the IHM New to Management Award.

Both are pictured left with NHSCT Directors (left to right Marie Roulston, Executive Director in Social Work, Oscar Donnelly Director of Mental Health, Learning Disability and Community Care, Marc Harvey, Karen Harvey and Gerry Lynch, Clinical Director, Mental Health).

RCN Nurse of the Year Awards

Karen Todd and Michael Moreland won the Health Care Support Worker Award. Karen and Michael are nursing auxiliaries on a busy surgical ward at Antrim Area Hospital. They were awarded for developing a new approach to staff shift handovers that has improved patient safety and experience.

Brenda McIlmurray, Karen Todd, Michael Moreland and Janice Smyth

Ann Lywood and Patricia Laverty won the Public Health Award sponsored by the Public Health Agency and HSC Board. Ann and Patricia are District Nurses on Rathlin Island and won the award for their work to provide a comprehensive nursing service to the people of Rathlin, Northern Ireland's only inhabited island. With no GP, Health Centre, pharmacy or other dedicated base, Ann and Patricia have built close relationships with members of the community to deliver a unique and holistic district nursing service.

Janice Smyth with Patricia Laverty, Ann Lywood and Eddie Rooney

Virginia Fahy was runner-up in the Public Health Award. Virginia is a Specialist Nurse working in the field of addictions in the Northern Trust. Based at Railway Street Community Addiction Service in Ballymena she was awarded for developing and improving services for drug users.

Eddie Rooney, Virginia Fahy and Janice Smyth

HSC Safety Forum Awards

Caroline Keown, Interim Head of Midwifery was awarded the Reliable Care Award at the first Regional Quality Awards, announced by the Public Health Agency HSC Safety Forum for Innovation in Care, Integrated care, Reliable care and Teamwork.

Mangar Award

The Mangar award was presented to Karen Walls (Occupational Therapist) for her project which encourages service users to live independently. The project was developed to issue global positioning systems (GPS) to individuals who enjoy going for walks on a regular basis but, because of their dementia, either the client or the carer had raised some concerns about safety. All service users and carers issued with GPS benefited from it.

Finally, the Trust's Senior Management Team are proud of the staff that have been recognised and would like to congratulate them, and the others who have been awarded this year, on their success. We also have a number of staff shortlisted for awards in the future so the Trust would like to take the opportunity to wish them good luck in their endeavours and to thank them all for the work they do each day to make our vision a reality.

Goal 3: Measuring the improvement
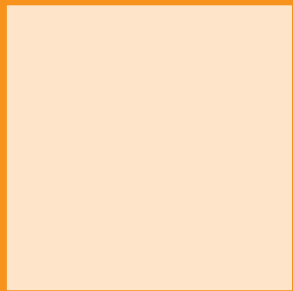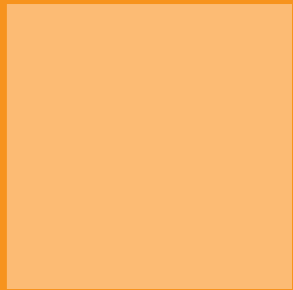
Goal 3: Measuring the improvement

Reducing Healthcare Associated Infections

Infection prevention is one of the biggest challenges we face, despite this challenge we have continued to achieve significant improvement in the control of Health Care Associated Infections. 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 *difficle* 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.'

MRSA

MRSA bacteraemia is a type of bacterial infection that is resistant to a number of common and widely used antibiotics. Due to this resistance to common antibiotics, it can be more difficult to treat than other bacterial infections. In some patients 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 MRSA bacteraemia cases remains an important priority for the Trust. In order to reduce and prevent cases of MRSA bacteraemia the Trust will continue to focus on delivering high standards of medical and nursing care that include infection control practices such as hand hygiene and aseptic technique, environmental and equipment cleanliness and appropriate use of antibiotics.

Key Facts

- In 2015/16 the total number of MRSA cases was 21, against a ministerial target of 10 cases. Following Post Infection Reviews and Root Cause Analysis of all cases identified, the Trust found a significant number of these cases were community associated

- The Trust has reviewed and updated the MRSA policy in line with Best Practice Guidelines from Department of Health

- Going forward the Trust is focusing on working with Public Health Agency and community colleagues in nursing and residential care to increase action to decolonise patients and residents and improve management of long term medical devices where there is a risk of MRSA colonisation

Number of MRSA Bacteraemia Cases
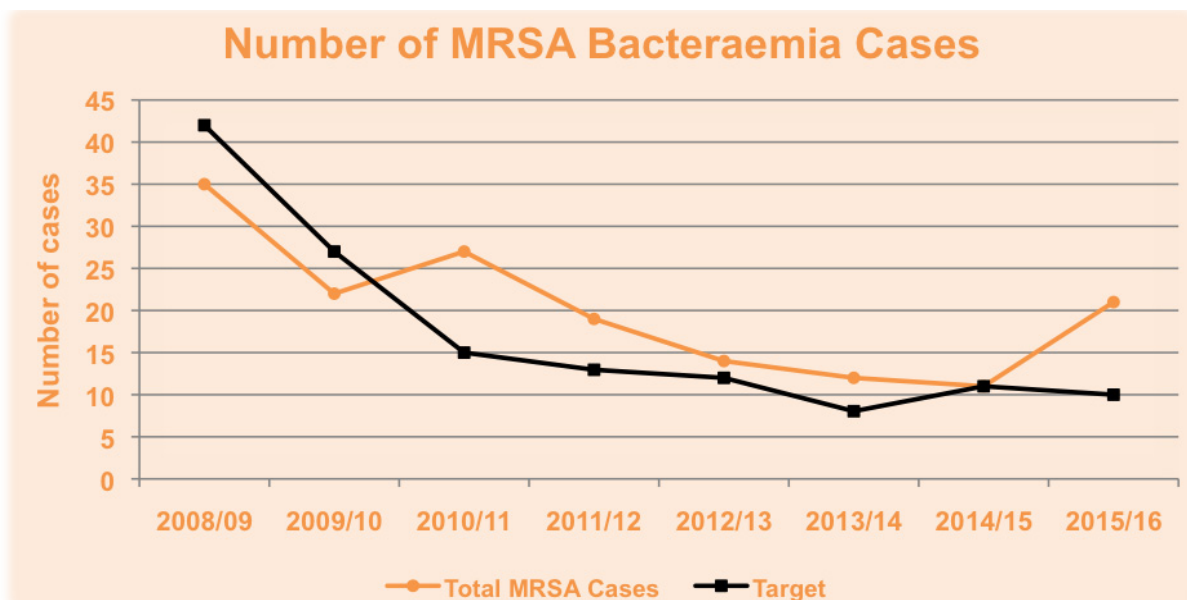
Clostridium *difficile*

As with MRSA bacteraemia infections, not all cases of C *diff* (Clostridium *difficile*) are preventable, and a proportion is acquired in the community. However, reducing the number of patients who develop C *diff* is an important priority. The number of cases of C *diff* 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 *diff* cases since 2007

- The Trust successfully met the proposed ministerial target of 59 cases for 2015/16

- Ongoing audits of hand hygiene, clinical practices and environmental cleanliness across all Trust wards, departments and community facilities

- Independent hand hygiene audits are carried out in all wards/departments twice a year by the Infection Prevention & Control Team. The average compliance, based on these audits was 93% for 2015/16.

Key Facts

- Post Infection Review (PIR) of each case of C *diff* and MRSA by a multi-disciplinary team, to ensure each case is managed appropriately and how the infection may have occurred and what learning is available

- Learning from audits and PIR outcomes are shared with staff across the Trust

- Mandatory training continues to be provided for all Trust staff on Infection Prevention and Control (IPC)

- Continued monitoring of peripheral cannula and urinary catheter practice and heightened awareness through IPC training of best clinical practices

- Trust Strategy for Infection Prevention and Control in place

- Monitoring of appropriate antimicrobial prescribing and usage

- Training, support and advice provided by the Infection Prevention and Control Team to all Trust staff

Number of C *Diff* cases (Inpatients >2 years old)

Total number of cases — Total C Difficile Cases — Target
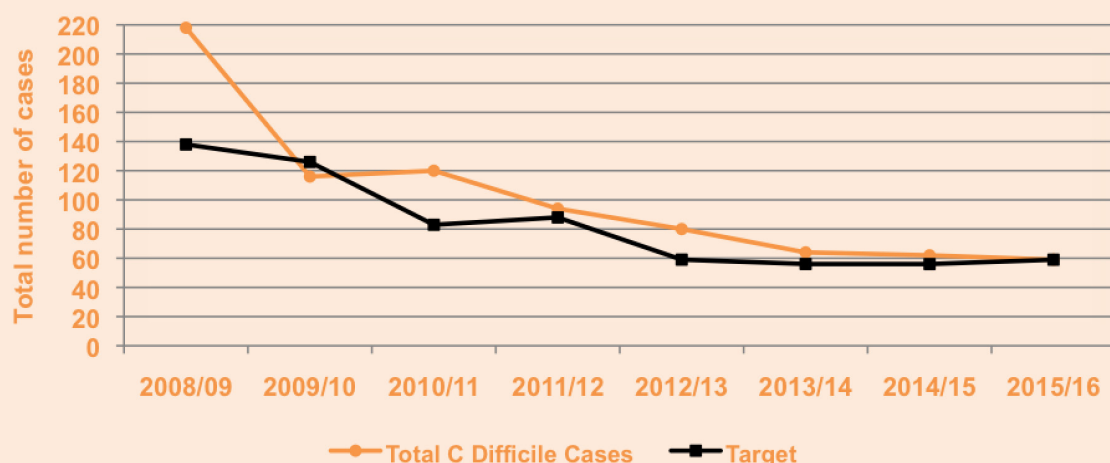
Safer surgery

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.

Compliance is measured by monthly audits of charts to check that all sections of the WHO checklist list have been fully completed, as well as three monthly observational audits carried out by the Band 6 sisters in each other's areas to check that in practice all steps of the WHO checklist are being completed properly.

On-going training is cascaded to all disciplines working within the Theatre/Day Surgery Departments.

Our compliance with the WHO Surgical Checklist has been consistently above 95% for the past 4 years.

Surgical Site Infection (SSI) rate – Maternity

A regional surveillance tool was implemented to report surgical site infection rates among women who have had a caesarean section. The chart below clearly shows the Trust SSI rate compared with the regional SSI rate. As a consequence a quality improvement team was established within maternity to make improvements in an effort to reduce our SSI rate for caesarean sections.

Improvements achieved:

- Sustained reduction in SSI rates over the past 2 years
- Positive change in theatre environment and clinical practice
- Information leaflet available for all women who have a caesarean section on aftercare and signs of symptoms of infection
- Midwifery staff have obtained further training in relation to identification of SSIs

SSI Rate for caesarean section
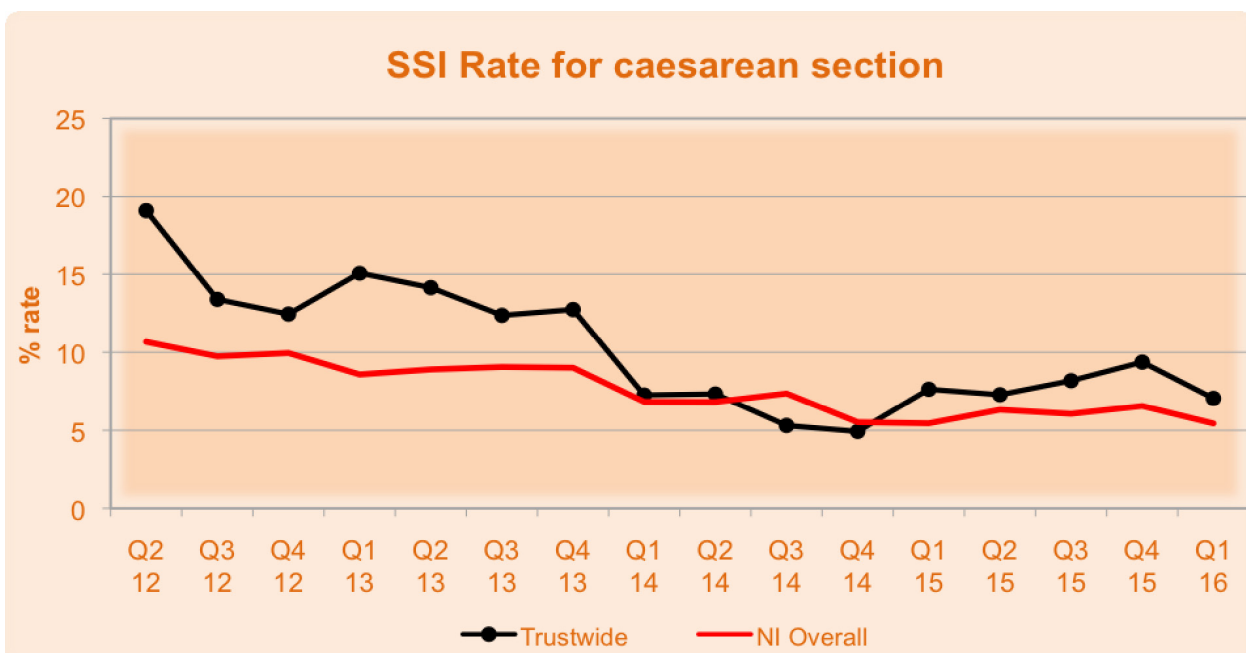
Falls prevention

It is estimated that 30% of people over the age of 65 and 50% of people older than 80 fall at least once per year. (Falls: NICE Guideline 161 – June 2013) Once an older person has fallen, they have a 60% chance of falling again within the next year. Following a fall that results in a hip fracture, 50% will never live independently again. Even falls that result in no outward physical injury, can result in an increased fear of falling leading to restriction of activities, reduced functional ability, and increased dependence on families, carers and services.

The Trust is actively implementing processes, procedures and services in partnership with service users, to identify the cause of the fall and put actions in place to help reduce the risk of future falls where possible. However, falls will never be eliminated, as patient safety must always be balanced with the need for rehabilitation and individual choice which may involve a level of risk.

Inpatient falls

A number of initiatives have been introduced to help prevent falls:

➢ Mobility aid project - It was noted that patients often come to hospital without their walking aids, therefore mobility aids have been made available for patients who are admitted to hospital outside the normal physiotherapy working hours. The mobility aids can be used in the following circumstances:-
  • Patients who are admitted and leave their mobility aid at home
  • Patients whose mobility has deteriorated and they require interim use of an aid for transfers, until assessed by the Physiotherapist the next day
➢ Pilot project in Antrim Area Hospital regarding provision of Velcro slippers for use with patients who come into hospital with no footwear, and are at risk of falls
➢ Continued use of the 'falling star' symbol for those identified at risk
➢ Training for staff that come in contact with older people is provided
➢ Telephone support is provided for Trust and independent sector staff

Falls Rate
(Number of falls / occupied beddays) x 1000
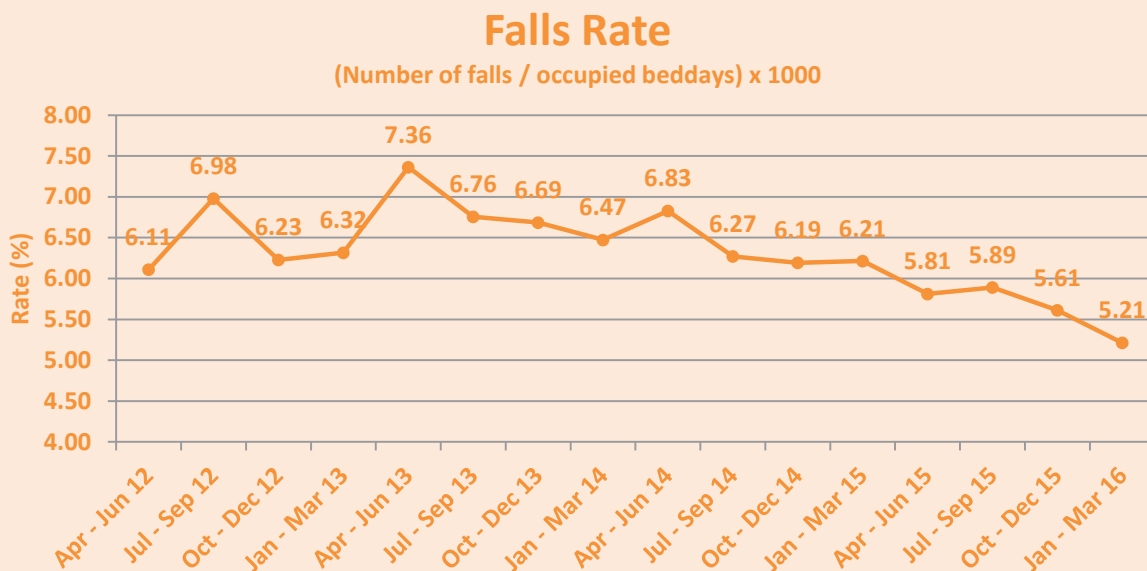
Figures are subject to change as reporting continues

Community falls

In June 2015 the falls referral pathway commenced with the Northern Ireland Ambulance Service (NIAS) and the Northern Trust's Emergency Departments. This is a new and innovative way of working. It provides an alternative pathway for the management of falls occurring in the community. Previously people who fell at home would have gone to the Emergency Department for assessment. By working in partnership with NIAS and commissioners, a referral pathway was introduced to allow patients to remain at home with follow up contact/assessment by the falls team Since June 15 to March 16 we have received 188 referrals.

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.

S Support the surface

K Keep the patient moving

I Increased moisture management (ensure skin is kept dry and well cared for)

N Nutrition (ensure patient is well fed and hydrated)

Progress Made

- Audits and training continue in relation to Intentional Rounding, SKIN™ bundle, Safety Cross and documentation in relation to pressure ulcer prevention and management, to help improve quality of care for patients with pressure ulcers

- Learning in relation to pressure ulcers is shared Trust wide

- Following establishment of a regional group the Glamorgan risk assessment tool has been implemented for children, and a revised risk assessment tool for infants has been developed

- A pressure ulcer assessment form has been developed, which incorporates Root Cause Analysis, and assists with the multidisciplinary investigation of all pressure ulcers graded 3 & 4

- As a result of the pressure ulcer assessment form, further education and training is being provided to improve the standard of documentation. This training has increased awareness of pressure ulcers, and may have contributed to an increase in the number of pressure ulcers reported

- 90% of nursing homes within the Northern Trust area have received training in relation to skin assessment and pressure ulcer prevention, and each nursing home has nominated a Tissue Viability Champion

Key Facts
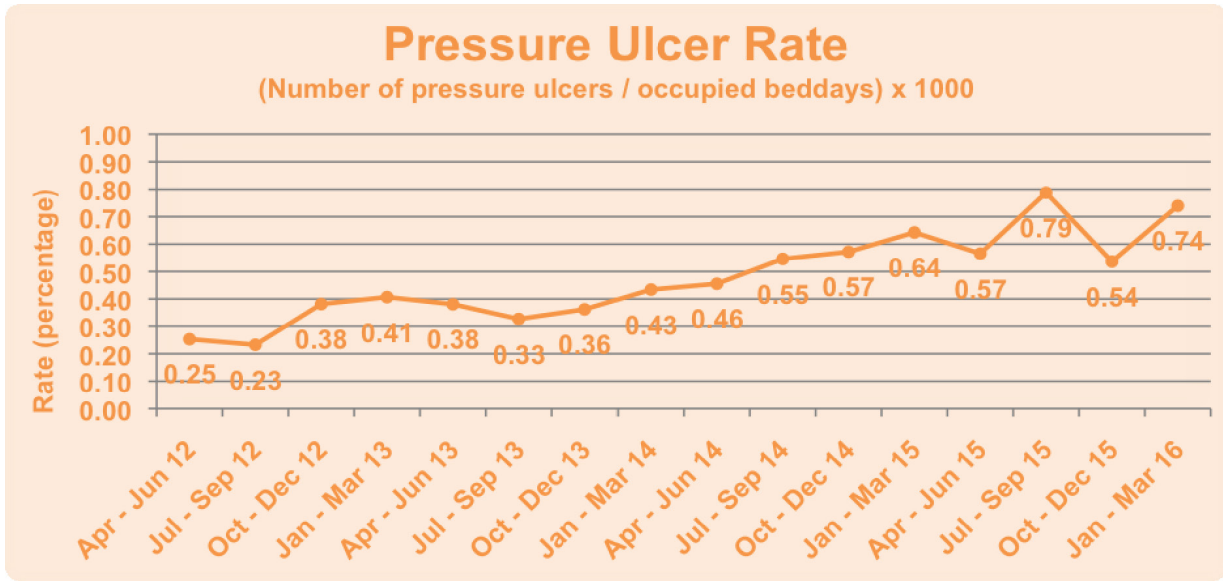
- In 2015/16 there were a total of 48 pressure ulcers reported at grades 3 & 4

- Of these, 29 were deemed to be unavoidable.

Pressure Ulcer Rate
(Number of pressure ulcers / occupied beddays) x 1000

Rate (percentage)

Values shown on chart: 0.25, 0.23, 0.38, 0.41, 0.38, 0.33, 0.36, 0.43, 0.46, 0.55, 0.57, 0.64, 0.57, 0.79, 0.54, 0.74

X-axis: Apr - Jun 12, Jul - Sep 12, Oct - Dec 12, Jan - Mar 13, Apr - Jun 13, Jul - Sep 13, Oct - Dec 13, Jan - Mar 14, Apr - Jun 14, Jul - Sep 14, Oct - Dec 14, Jan - Mar 15, Apr - Jun 15, Jul - Sep 15, Oct - Dec 15, Jan - Mar 16

Figures are subject to change as reporting continues

Next steps

- The Trust will continue to monitor grade 3 & 4 pressure ulcers, and report whether they were avoidable or unavoidable
- Education and training will continue to be provided to Trust staff, to highlight the importance of pressure ulcer documentation
- Review pressure ulcer documentation for homecare workers within the Northern Trust area, e.g. repositioning, skin assessment and equipment checks, with a programme of planned audits

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 acute and community hospitals.

Progress Made

- During 2015/16 the Trust achieved 90% compliance with completion of VTE risk assessment within 24 hours of admission. This is an improvement from 83% in the previous year

- A new policy on thromboprophylaxis and VTE prevention was implemented in July 2015

- VTE audits are now carried out in all Community Hospitals within the Trust, in addition to all acute sites

Compliance with VTE Risk Assessment

Chart: Compliance (%) y-axis from 0 to 100. X-axis quarters: Jan - Mar 13, Apr - Jun 13, Jul - Sep 13, Oct - Dec 13, Jan - Mar 14, Apr - Jun 14, Jul - Sep 14, Oct - Dec 14, Jan - Mar 15, Apr - Jun 15, Jul - Sep 15, Oct - Dec 15, Jan - Mar 16. Legend: Compliance, Target.
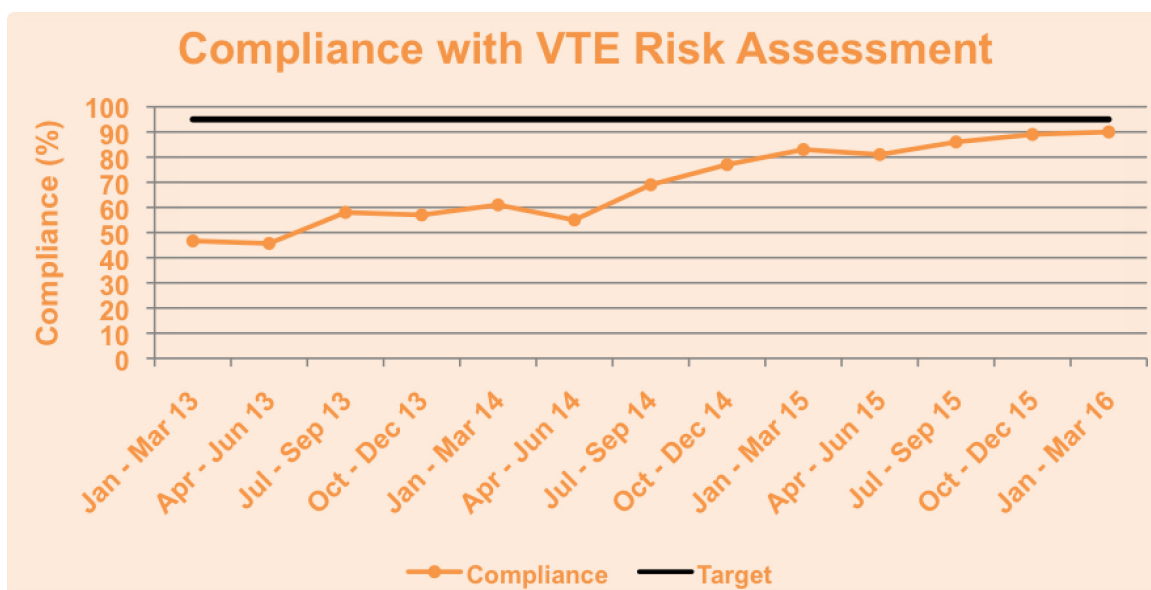
Medicines management

Omitted and delayed doses

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.

The Trust has introduced regular monitoring of medicine charts across acute adult wards from the beginning of 2016. This daily monitoring by nursing staff observes if there has been 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 for evidencing nursing care standards.

Progress Made

- During 2015/16 there were a total of 1187 kardexes audited

- Of these, 101 (8%) kardexes were found to have had at least one omitted/delayed dose where there was no reason documented on the kardex for the omission/delay

- Information is also recorded if the medicine is a critical medicine

- 9 wards are currently auditing this quality indicator, using a new software package to enable staff to input data quickly and easily, and makes interpretation of the data more meaningful

- The Critical Medicines list has been updated to include desmopressin and new lists have been circulated and are displayed in all adult inpatient wards

Next Steps

A sustained focus will be maintained on reducing omitted medicines during 2016/17.

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.

Key Facts

Following the successful pilot in Antrim Area Hospital, a medication reconciliation process has been rolled across the Trust. During 2015/16 the Trust achieved 63% with medicines reconciliation. All patients seen by the clinical pharmacy team have their admission medication reconciliation added to the Writemed® system.

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

Progress Made

- Pharmacists are now rostered to complete medication reconciliation on admission during Saturdays and Sundays in the admissions ward at Antrim Hospital in addition to existing Monday to Friday arrangements

- Intermediate Care patients have a medication reconciliation completed on admission to community hospitals by a pharmacist

- Writemed® software has enabled the identification of high risk patients such as those at risk of Acute Kidney Injury

- Pharmacists now work 12 hour shifts within Antrim Emergency Department, taking part in medical ward rounds and completing medication reconciliation on admission to improve patient flow

Next Steps

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

- Extending the medication reconciliation process at admission and discharge for the acute mental health wards

- Introducing pre-admission medication reconciliation for Day Surgery patients prescribed high risk medicines

Roll out of the NI Medicines Optimisation Quality Framework within the Trust continues during 2016-2017 including work streams such as:

- Extension of the high risk patient pilot is underway within Writemed® to identify patients on oral anticoagulants

- Post Discharge follow-up of patients prescribed 10 or more medicines

Northern Ireland Medicines Optimisation Quality Framework
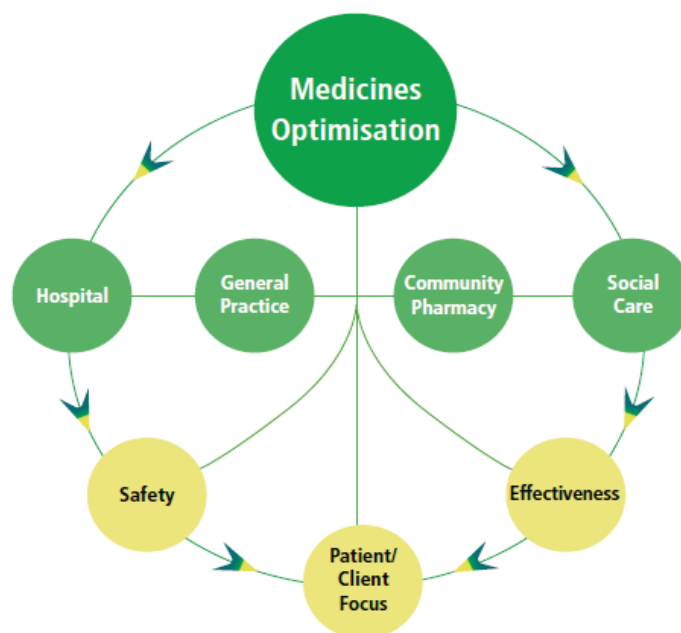
Insulin safety

Insulin is a high risk medicine which requires additional attention in respect of the potential for patient harm when used incorrectly. One of the most common types of error found with insulin use has been associated with the abbreviation of the term 'units' when prescribing the dose.

At the end of 2014 the Trust commenced a pilot of a new sub-cutaneous insulin chart for use in adults which has the word 'units' pre-printed in the dose section of the chart so that the prescriber only has to enter the number of units of insulin required.

Next Steps

- Make amendments to the new chart based on feedback from the pilot phase

- Introduce the new chart to all acute areas for use in adults

Prescribe at 9am for next 24 hours including 0800 dose					Mandatory second check of insulin by a registered nurse or doctor required					
Date	CBG (mmol/L)	Insulin (brand name)		Dose	Signature		Initials			
					Prescriber	Prof. reg. No.	Nurse	2nd check	Time of admin	
Pre breakfast	0800			Units						
				Units						
				Units						
Pre lunch	1200			Units						
				Units						

Reducing hospital cardiac arrests

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the hospital resuscitation team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating.

The compassionate care of those patients acknowledged to be nearing the end of their lives may also help to reduce the number of patients treated for cardiac arrests.
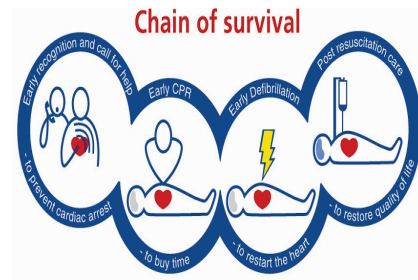
The chart below shows the yearly average of reported cardiac arrests for Antrim and Causeway Hospitals (excluding Emergency Department, Intensive Care Unit, Coronary Care Units and Paediatrics).

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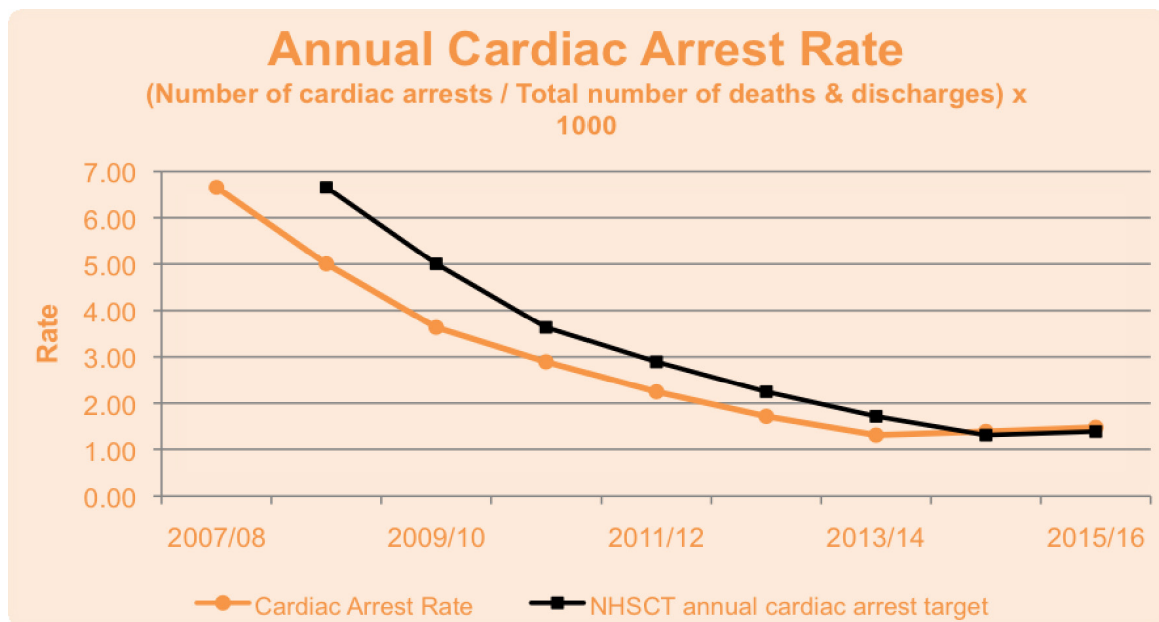
Progress made

- Audit of Compliance with NEWS Chart documentation in the clinical setting

- Continued training of staff to achieve more effective monitoring of patients, specifically recognising the early signs of deterioration.

- Improving communication between staff to ensure cases are escalated appropriately using SBAR tool.

- Audit of compliance with DNACPR policy

- Registration to National Cardiac Arrest Audit (NCAA)

Next Steps

- Continued participation in NCAA

- Implement any learning outcomes from the above reviews

Goal 4: Raising the standards
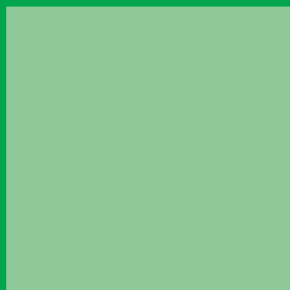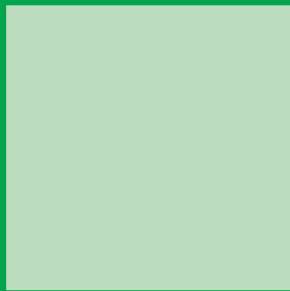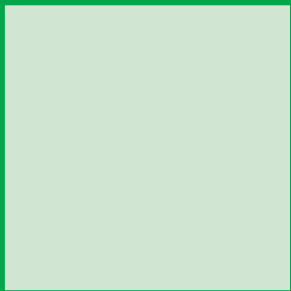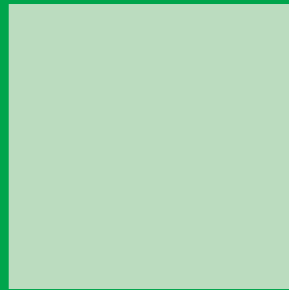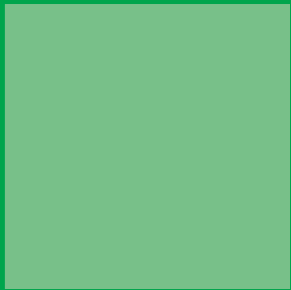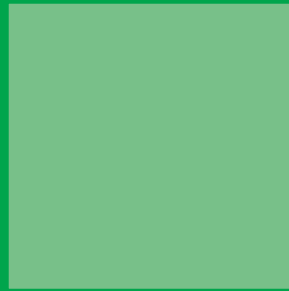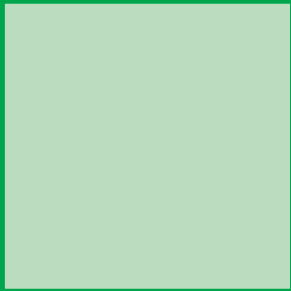
Goal 4: Raising the standards

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.

Next Steps

Our RAMI for the Trust is 75, 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 75 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 2015 Plot
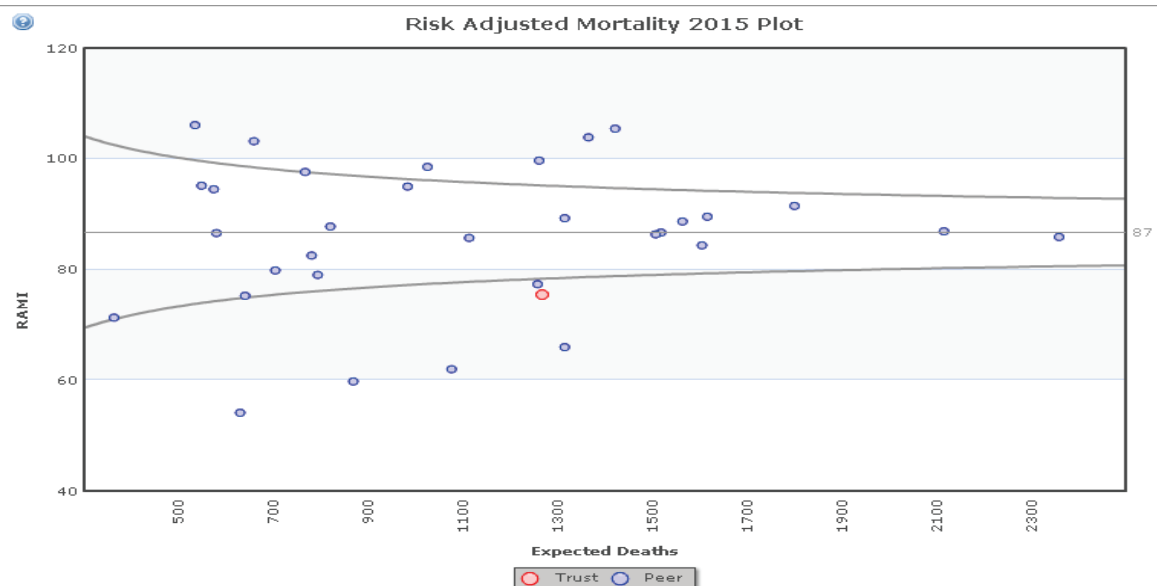
Emergency readmission rate

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 reduced from 8.0% last year to 7.5% for 2015/16. The average emergency readmission rate for Northern Ireland in 15/16 was 7.1%.

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.

The chart below displays our emergency readmission rate over the last two years.

Emergency readmissions within 30 days

Legend: NHSCT emergency readmissions
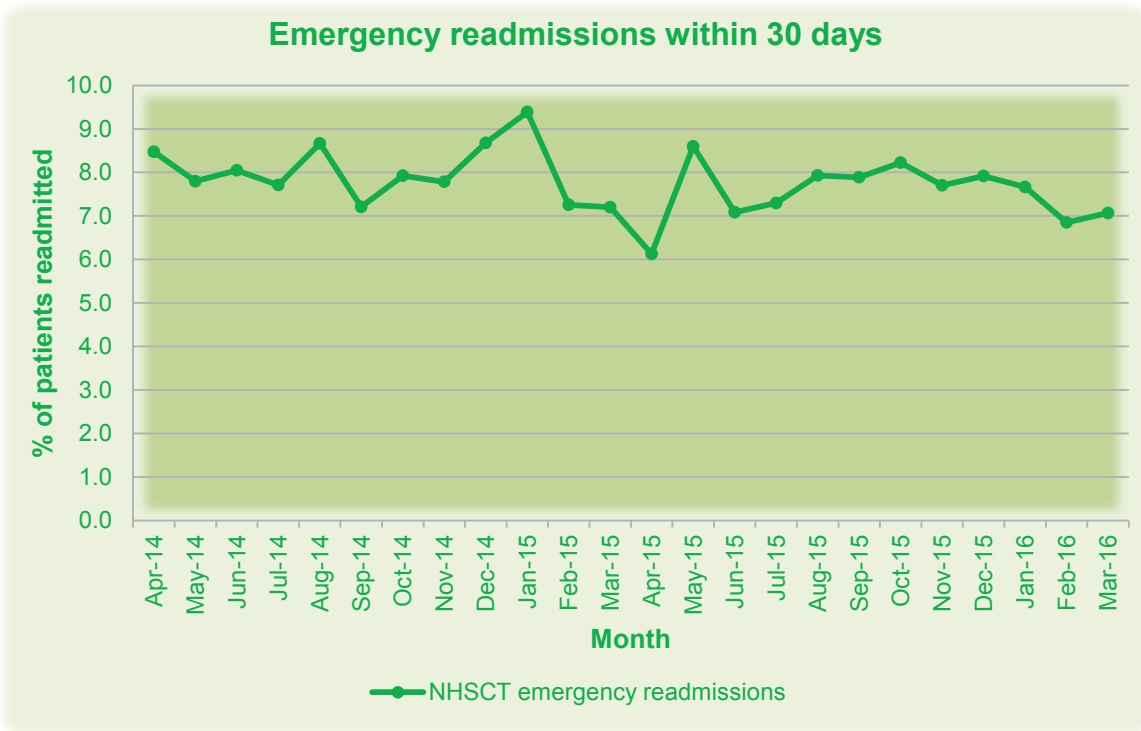
Emergency Department

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 below shows the percentage of ED patients seen, treated and discharged or admitted within 4 hours.

Despite increased pressure on its Emergency Departments, the Trust continues to have excellent ambulance turnaround times, with 73% of ambulance arrivals in 2015/16 turned around in under 30 minutes, compared to the Northern Ireland average of 63%.

Key Facts

- An average of 214 patients per day attended Antrim Hospital ED in 2015/16, compared to an average of 206 in 2014/15

- An average of 121 patients per day attended Causeway Hospital ED in 2015/16, compared to an average of 117 in 2014/15

- The number of patients over the age of 75 attending ED increased by 7% in Antrim and 4% in Causeway between 2015/16 and 2014/15

- The number of patients arriving by ambulance also increased, by 6% in Antrim and 1% in Causeway
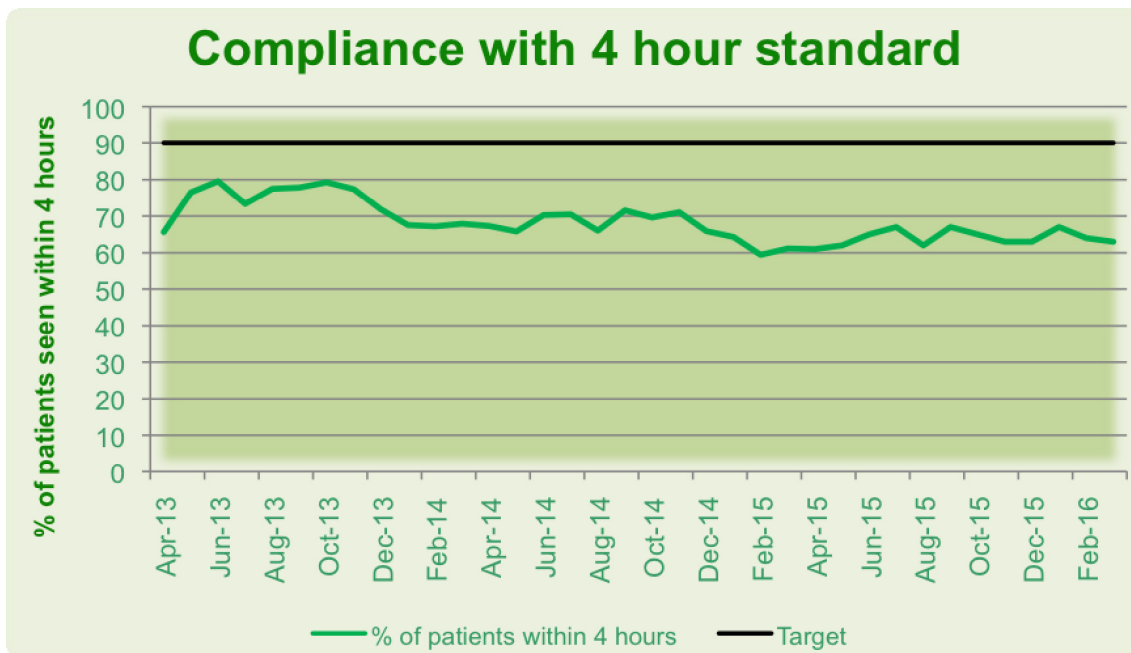
Please note figures do not include Minor Injury Units

In an attempt to improve the numbers of patients accessing care within four hours of arrival, the Trust have recently introduced a self-select pathway offering patients the opportunity to be seen directly by an Emergency Nurse Practitioner.

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.

In 2015/16, 1,087 patients breached the 12 hour standard: 1,058 from Antrim Hospital and 29 from Causeway Hospital. This is in comparison to 663 patient breaches in 2014/15, 1,041 in 2013/14, and 2,537 in 2012/13. More than half of the 12-hour breaches in Antrim in 2015/16 occurred in the last three months of the year, between January and March. ED attendances were 7% higher during these months than the same period the previous year, equivalent to an additional 15 patients per day.

The Trust recognises the need to improve its 12 hour performance and, through its Reform and Modernisation Programme, a number of initiatives are being developed that are directly designed to ease ED pressure and ensure that patients have access to care that is safe, streamlined and quality driven.

As part of this process, at its Antrim site, the Trust has substantially expanded the capacity of its Direct Assessment Unit; ensuring that increasing numbers of GP and NIAS referred patients can undergo rapid same day assessment, treatment and onward care without the need to attend the ED. The Trust has also embedded a multi-disciplinary led Early Intervention Team across Antrim's unscheduled care service to provide patients with rapid access to physiotherapy, occupational therapy and social work assessment, each of which being an enabler of patient flow.

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 overleaf shows a re-attendance rate within the target of 5% for the second half of the year 2015/16.

Unplanned Reattenders within 7 days

Chart showing Rate per ED attendance from Apr-13 to Feb-16, with Rate line and Target (≤5) line.

Legend: Rate — Target (≤5)
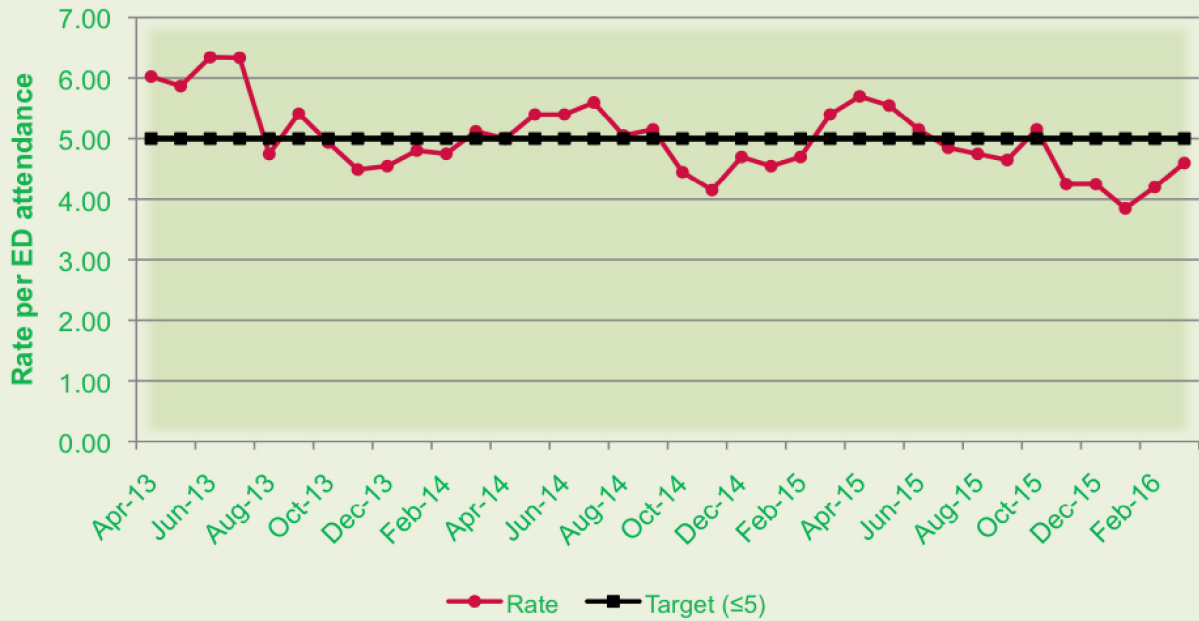
Other Emergency Department standards

- During 2015/16, 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

- The average time from arrival to triage was 11 minutes

Sepsis 6 within Antrim Emergency Department

Sepsis can be triggered by an infection in any part of the body.

The Trust participated in the regional Sepsis collaborative, arranged by the HSC Safety Forum. The aim was around improving the management of sepsis within the Emergency Department (ED). The objective of this initiative was to improve compliance with all elements of the sepsis care bundle. **The sepsis care bundle includes 6 elements,** which must be undertaken within 1 hour following identification of sepsis. The elements are:

- High flow **oxygen** is administered
- Serum **lactate** measurement is obtained
- **Blood cultures** are taken
- **IV fluids** given
- **Antibiotics** administered
- **Urinary output** recorded
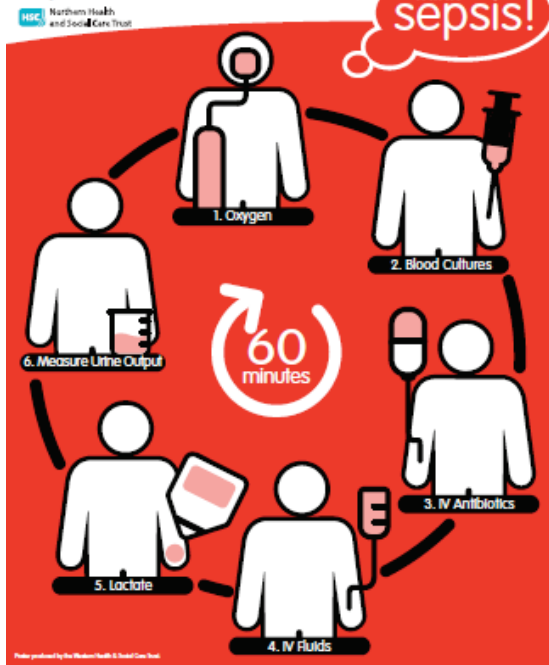
Key Facts

- A sample audit of 10 charts was undertaken each month within Antrim ED from September 2015 to February 2016 and the average compliance was 62%

Next Steps

- Improve compliance with the sepsis care bundle within Antrim ED, specifically around the oxygen and blood culture elements

- Further training for medical and nursing staff

- Plan to roll out to all other clinical areas across the Trust

- Incorporate the sepsis flow diagram into the revised regionally agreed NEWS (National Early Warning Score) chart

NICE Guidance

The National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations that guide decisions in health, public health and social care. Their guidance takes a number of forms including:

- **NICE guidelines** which make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions to planning broader services and interventions to improve the health of communities. They aim to promote integrated care where appropriate;
- **Technology appraisals** assess the clinical and cost effectiveness of health technologies such as new pharmaceutical and biopharmaceutical products. This ensures that all patients have equitable access to the most clinically and cost-effective treatments that are available; and
- **Interventional procedures** recommend whether interventional procedures such as laser treatments for eye problems or deep brain stimulation for chronic pain are effective and safe enough for use in the National Health Service.

The Department of Health established formal links with NICE whereby guidance published by NICE would be locally reviewed for applicability to Northern Ireland and, where appropriate, endorsed for implementation in Health and Social Care (HSC). This link has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence-based guidance on the value of health care interventions.

When NICE guidance endorsed by the Department of Health is received into the Northern Health and Social Care Trust this is disseminated to relevant clinical and social care staff and managers for initial review and implementation planning, where appropriate with the aim of ensuring the delivery of high quality, effective and safe services to Trust patients and service users. When it is not possible to fully implement the guidance without additional investment this is highlighted and discussed with the HSC Board.

National audits

What is 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 what is not working (and changing it). This allows quality improvement to take place where it is most needed and as a result improve treatment, care, safety and service quality for service users.

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.

Trust participation in national/regional audit projects

Trust clinical and social care services and departments participated in a number of national and regional audit projects during 2015/16. 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 and in Northern Ireland. Necessary improvements to service quality are identified and required actions considered, as appropriate.

National audit of inpatient falls

The Trust participated in the national audit of inpatient falls during 2015/16 which was commissioned by the Healthcare Quality Improvement Partnership and managed by the Royal College of Physicians. The audit was created to measure against the National Institute for Health and Care Excellence's (NICE) guidance on falls assessment and prevention (NICE clinical guidance 161 (CG161) and other patient safety guidance on preventing falls in hospital.

The audit consisted of an organisational audit completed at Trust Board level and a clinical audit which was a snapshot of the care provided to a sample of patients aged over 65 years, who were in hospital for over 48 hours.

Following analysis of the data collected a report was produced which highlighted 12 key recommendations. Each Health and Social Care Trust received a copy of their site results compared to the national/overall position. Whilst these demonstrated Trust organisational arrangements and clinical practice were in line with a number of the audit standards some actions are required.

Improvement work has commenced, for example, in the following areas: assessment for fear of falling has been included in the regional nursing assessment booklet alongside other aspects of patient risk assessment, wards that did not have access to mobility aids 7 days per week have been provided with these to ensure availability for patient use, and the Trust Falls Policy is currently being updated for dissemination to Trust staff to ensure GPs are informed regarding inpatient falls and risk of falls.

GAIN Re-Audit: Death, Dying and Bereavement

During 2015/16 the Trust co-ordinated and participated in a regional re-audit on Death, Dying and Bereavement and involving all 5 Health and Social Care Trusts. This re-audit was funded by the Guidelines and Audit Implementation Network (GAIN) and measured progress against the 12 audit recommendations from phase 1 of the initial audit (published in 2009).

As part of the re-audit each Trust completed an organisational audit proforma and a survey of Trust staff to measure implementation of the recommendations including staff awareness and progress made.

The majority of the recommendations from phase 1 of the original audit have been met fully, with the remaining small number at least partially met. An action plan containing 9 recommendations has been produced following consideration of the re-audit results and details further work and actions required by, for example, the Health and Social Care (HSC) Bereavement Network Board, Department of Health, education providers and Health and Social Care Trusts.

These recommendations are in the process of being implemented and include actions such as ensuring all staff working in health and social care, who are responsible for providing care, have the necessary knowledge and skills and awareness of the resources available to them to enhance the standard of bereavement care.

Cancer targets

The table below shows the percentage of patients meeting cancer targets, as at 31st March 2016:

> ## Key Facts
>
> During 2015/16:
>
> - 94.5% of breast cancer referrals were seen within 14 days (target 100%)
>
> - 99% of patients commenced treatment within 31 days of decision to treat (target 98%)
>
> - **69% of urgent referrals with a suspected cancer began their first definitive treatment within 62 days (target 95%)**

The Trust continues to strive to ensure patients referred as suspect breast cancer are seen within 14 days. Due to an increased level of referrals, following a regional breast care awareness campaign, the Trust was unable to see all patients within 14 days during October 15 to March 16.

The Trust also continues to strive to ensure patients 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 continues to offer support to patients and families/carers following treatment of cancer through tumour specific tailored health and well-being clinics sites, and their information and support service available to all.

The specialist breast care and uro-oncology nurses and medical teams, run an 8-week programme to support patients following treatment 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.

The Trust has, with Macmillan support, appointed 2 colorectal cancer nurse specialists, a specialist dietitian and support worker who support colorectal patients throughout their cancer journey, and is in the process of appointing a number of cancer nurse specialists across several tumour sites to ensure that support and information is offered to any patient with a cancer diagnosis.

Goal 5: Integrating the care

Goal 5: Integrating the care
Community Care

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 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, renal impairment and stroke. In the past year the service has developed to include areas such as nutritional support by dieticians; learning disability and working closely with private nursing homes to pilot the service.

Telecare provides an effective means of managing risk, 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 leak. Not only has the service been beneficial to staff within our reablement teams but invaluable for carers.

The lady on the left is 86 and was recently diagnosed with Alzheimer's disease. Through the Telecare service, a falls detector and a door exit alert were issued. She also wears a pendant around her neck which alerts a central agent if she falls. Feedback from this lady's family state that the Telecare package has given them reassurance and peace of mind and allows their family member to live independently at her own home

Key Facts

- Telecare Target for 2015/2016 was set at 232,557 monitored patient days. The Trust achieved 282,657 (21% over achieved) with 602 clients benefiting from the service.

- Telehealth Target for 2015/2016 was set at 130,000 monitored days. The Trust achieved 118,658 (91%) monitored days with 243 clients benefiting from the service.

NIAS interface with district nursing

Community nurses offer a number of services that enable patients to be treated in the community and avoid unnecessary visits to the Emergency Department. NIAS paramedics are now able to refer appropriate patients directly to the community nursing teams. This new referral process means the patient is likely to receive more timely treatment, be less inconvenienced and have a better patient experience. NIAS crews will also avoid potentially long handover times at ED departments and therefore improve availability for subsequent emergency calls. Patients who may benefit from this interface include those with End of life Care needs, wound care, catheter problems, syringe pump management, care of HICC /PICC lines.

Attending crews adhere to an agreed inclusion/exclusion criteria and referral guidance to determine if a patient is suitable for referral to a community nursing team. This interface with district nursing services is underpinned by Transforming Your Care Principles of providing care at home and in doing so aims to improve service user experience and encourage improved efficiency of District Nursing and NIAS services. The NIAS community nursing referral pathway is a regional pathway available in all Trust areas.

Reducing the waiting time for Community Occupational Therapy

Community Occupational Therapy is an essential service currently providing intervention for over 2500 individuals experiencing reduced occupational performance, often due to a long-term medical condition.

Following a person-centred assessment, the Service endeavours to help each individual address functional difficulties experienced in their daily lives. Interventions include professional advice and enabling through teaching of adapted techniques, provision of equipment and recommendations for housing adaptations to meet the most complex of needs. In an effort to reduce access times to this service, an action plan was implemented over the past twelve months to actively reduce both the number of people waiting and the overall waiting time for an assessment.

Methods utilised included:
- Targeted deployment of clinicians
- Pro-active professional management
- Effective triage
- Implementation of assessment by phone, prior to visit, to aid planning for visit, thus reducing unnecessary additional visits e.g., for equipment provision.
- Use of community clinic facilities
- Validation of waiting lists across the Trust

- Empowerment of technical staff to complete basic assessment
- Recruitment of additional temporary staff

Improvements noted include:

- 25% reduction of average waiting times across the Trust (reduced from 322 days to 241 days)
- 25% reduction in the number of people waiting for an assessment
- 50% improvement in teams achieving the 13 week access target
- Improved service user satisfaction: reduction in complaints relating to access times

Using GPS to improve quality of life for people with early stage dementia

Occupational Therapists working in dementia care aim to promote the independence of service users with dementia. A core aim is empowering healthy living and the prescription and provision of GPS enables people with a diagnosis of early stage dementia to maintain their values, roles and hobbies and to live safely and independently. Over the past year, the Dementia Occupational Therapy team led on the prescription of GPS to improve the quality of lives for persons with early stage dementia. GPS is prescribed within an ethical framework and contributes to active aging by promoting self-confidence, mental and physical wellbeing.

The benefit of this work was recognised regionally and won first prize in both the Northern Ireland AHP Advancing Healthcare Awards and the Dementia Design Project of the Year.

Wheelchair Services – move to the Ballymena Health and Care Centre

Wheelchair Services provide assessment and review of complex wheelchair needs across all programs of care. In early 2016 the service relocated from leased premises in Antrim to the purpose built Ballymena Health and Care Centre. This change in premises has proven highly beneficial for our service users. For example:

- The assessment area is much improved and there has been a significant increase in service user satisfaction regarding assessment facilities.
- The assessment area now includes an outdoor space where wheelchair users are trained to use their wheelchair at different gradients and with different heights of kerbs.
- A new route has been established in the local area for training wheelchair users to use their powered wheelchair. This has resulted in a 25% increase in the numbers of training sessions being facilitated.
- There has been a 20% increase in service user attendance at clinics

Using Telecare in reablement

Reablement Occupational Therapists work in a person-centred way to help maximise an individual's ability to function and carry out activities and occupations which are meaningful and purposeful to them.

Over the past year, Reablement Occupational Therapists have been prescribing and providing Telecare to promote client safety and independence within the home environment. Telecare packages are tailored to the specific needs of the client.

Clients may benefit from a single item such as a helpline or a range of devices. Examples include, falls detectors, bed and chair sensors, epilepsy sensors, flood, heat and carbon monoxide monitors, door exit alerts and bogus caller alerts.

A number of recent service user experience stories showed that service user satisfaction was extremely high following installation of a Telecare package.

How does Telecare work?

Response from keyholder or emergency services

Personal trigger or telecare sensor raises alert

Operator decides appropriate course of action

Lifeline Vi home unit

Alert received at monitoring centre
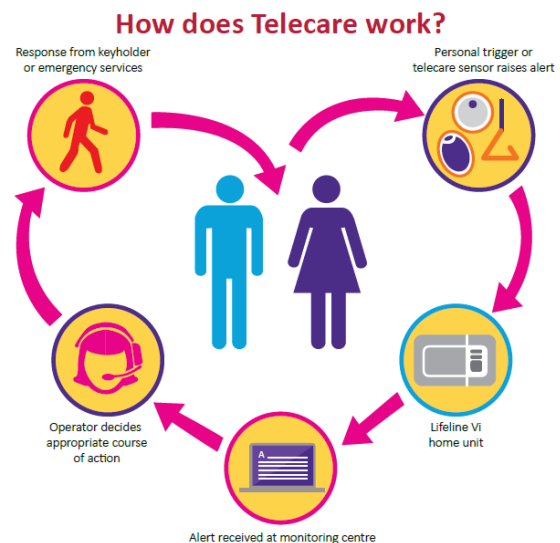
'The Reablement Occupational Therapist helped me to set goals and recommended something called a falls detector. I wear a little pendent around my neck and if I fall, the Telecare Staff will know and they will contact me to check if I am alright. If I don't answer, they will contact my family. This won't stop me from falling but I know that if I do fall, help is at hand and this makes me feel much more content and safe and also gives my family reassurance so they don't worry as much.'

Community Sensory Teams

There are currently four community teams across four locations within the Northern Trust – Causeway, Ballymena / Antrim, Magherafelt / Cookstown and East Antrim who provide a social work / care service to adults with a sensory disability between the age of 18 and 65 and a sensory rehabilitation service to adults from the age of 18.

The Sensory Support Team provides social work, technical aid and rehabilitation for service users with hearing loss, sight loss or dual sensory loss. To best meet the needs of our service users, the Sensory Support Team work alongside a range of voluntary agencies and other services in the Northern Trust.

All of the above services can be facilitated in service user's home, school or in the service user's workplace.

At the end of 2015 the Sensory team recognised that a specific group of service users were at risk of financial exploitation. A number of profoundly Deaf service users had been targeted by internet scammers and had lost considerable sums of money. Deaf people are a potentially vulnerable and disadvantaged community who have limited access to information about the nature of scamming and the risks associated with internet use.

The team, in collaboration with service users, adopted a community development approach and developed a leaflet called **'Being Scam Aware'** to engage effectively with people who use 'visual' rather than 'spoken' language. The team's specialist knowledge and communication skills enabled them to continue to work in partnership with Deaf service users. The content of the letter was designed by Deaf people for Deaf people.

This was piloted and the design was further refined as a direct result of their feedback. Families impacted by scamming received information and education about the systems

that they were required to negotiate. Support was provided to access GP services, banking, police, employment and voluntary agencies e.g. Victim Support. There was evidence of improved emotional and mental health, no recurring thoughts of self-harm, positive plans for the future, strengthened families and communities.

Disability action

The Physical Disability Program has developed a partnership agreement with Disability Action to establish and maintain Resource Centre facilities, and through these, offer specialist information, advice, support and advocacy services to those with disability.

Key Facts

- to provide a centre with comprehensive and up-to-date information which can be accessed by disabled persons, their relatives, friends and/or carers, other voluntary groups and organisations and statutory and professional staff

- to provide appropriate, relevant and up-to-date advice to individuals and/or organisations seeking same

- to provide an independent and appropriate advocacy service when required

- to provide a contact point for voluntary groups with an interest in or working with clients with disability

- to participate in a range of disability related statutory or voluntary networks and groups

Mental Health

In early 2014 the Mental Health Safety Collaborative asked Trusts to explore how they could improve the physical health of our clients with severe and enduring mental health problems. Evidence has shown us that people with these problems have a higher mortality rate, and are more likely to smoke and gain weight.

In patients with schizophrenia, cigarette smoking is probably the single most important risk factor for developing pulmonary disease, including asthma... and lung cancer" stated Clinical Psychiatry journal (April, 2005). Experts estimate that smoking kills 200,000 mentally ill people per year.

Among patients with severe mental illness, obesity can be attributed to an unhealthy lifestyle, personal genetic profile, as well as the effects of psychotropic medications, above all antipsychotic drugs (Schizophrenia Research and Treatment Volume 2011 (2011), Article ID 459284).

Therefore we decided to look at smoking cessation and a weight reduction programme in two supported living units, one unit would have staff trained in smoking cessation and the other unit, guided by the occupational therapist, would look at a healthy eating programme. We gathered baseline data to establish the tenants' weight and lung function. Over the course of 12 months there were positive outcomes for some tenants:

Outcomes

- Reduced the number of cigarettes smoked by tenants
- Educated tenants about health eating choices
- Improved menu plans for those attending the healthy eating group
- Staff trained in smoking cessation have now delivered the programme to other supported living hostels

Rapid Assessment Interface Discharge (RAID)

RAID is a partnership initiative between the acute and mental health directorates. It is the development of a mental health team that works in and is based in the Antrim Area and Causeway Hospitals.

The unique features of the team are (a) its assimilation into the acute service and (b) how it works as part of the acute hospital system. The team works in partnership with acute colleagues to deliver holistic care. It is a multidisciplinary team that works across boundaries to harvest expertise of team members to ensure best outcomes for patients. The RAID team works in the wards and in the Emergency Department (ED) alongside acute colleagues, and demonstrates that it is possible to work in a truly integrated way with the Acute Directorate, demolishing the boundary between physical and mental health for the benefit of patients.

The concept originated in Birmingham and is an enhanced 24 hour 7 day per week liaison model. Prior to the implementation of RAID there were multiple referral systems and lengthy waits for mental health assessments. It was developed as a joint project between Mental Health and Acute Directorates and was delivered over a 12 month period. RAID pulls the strands of individual practitioners into a cohesive and multi-skilled team delivering a seamless and timely high quality service for patients.

- Referrals are responded to within 2 hours in the ED and within 24 hours in the ward improving waiting time for assessment
- The Team has developed strong links with community services (voluntary and statutory)
- This supports effective signposting to the most appropriate support service on discharge
- Health promotion activity is paramount to the work of the team, promoting health and wellbeing.

Outcomes

- Reduction in the number of patients admitted to the observation bay in the ED with a mental health diagnosis. This means that patients are receiving a more timely service and also that the observation bay can be utilised for medical and surgical assessments
- Referrals have increased month on month from 250 referrals to 500 referrals per month. This shows a spread of referrals throughout the five domains of the service and reflects the successful process of assimilation of RAID and awareness amongst staff
- New care pathways have led to a significant improvement in working relationships between CAMHS, Learning Disability and Mental Health services, with an enhanced service for these previously excluded groups
- Discharge planning from acute hospital beds has been enhanced by the presence of RAID, and there is a significant improvement in the working relationships between mental health and acute care practitioners
- Survey monkey questionnaire completed by acute hospital staff shows a high level of staff satisfaction with the RAID service

The project has been well received regionally, with plans to extend the model to other Trusts. A number of key objectives have been identified for 2016-2017 as part of RAMP.

Recovery College

A number of quality improvement projects commenced in 2013 within Mental Health services. This improvement work led to the development of Steps to Recovery (Recovery Stories) for people who had lived experience of mental ill health. This progressed to development of:

- a Recovery College
- comprehensive user-led education and training programmes
- a Facebook page
- apps for mobile devices

This development was seen as a very important part of further developing recovery focused services within Mental Health. Recognising that individuals are experts in their own health is really important and shifting the balance of power from professionals to service users is crucial. This supports a redefinition of the purpose of services from reducing symptoms to rebuilding lives. Everything that we do must be judged in terms of the extent to which it helps people in their recovery journey. The Recovery College also supports a change in the role of mental health professionals and professional expertise, moving from being 'on top' to being 'on tap': not defining problems and prescribing treatments, but rather making their expertise and understandings available to those who may find them useful. The College enables both individuals and communities to recognise their own resources and resourcefulness and recreate communities. This educational approach helps people recognise and make use of their talents and resources; assists people in exploring their possibilities and developing their skills; supports people to achieve their goals and ambitions; and staff become coaches who help people find their own solutions.

Working together with service users and professionals has led to staff adopting different approaches / methods. The Recovery College operates from September – June each year, and has a student charter. The Northern Health and Social Care Trust covers such a large geographical area, therefore the college is delivered in a 'hub and spoke' approach, with satellite courses in different locations, to ensure access for all those who want it. The College is not a substitute for traditional assessment and treatment, rather a Recovery College complements specialist, assessment and treatment by helping people to understand their problems and learn how to manage these better in order to pursue their aspirations. It is not a substitute for mainstream colleges. It must reflect recovery principles in all aspects of its culture and operation.

The Trust continues to support individuals who have been involved in the process, to find employment as Peer Trainers, Peer Support Workers, and others continue to volunteer within the Trust. Staff have discovered a new approach to delivering services and are actively involved in the Recovery College.

Key Facts

There were 45 courses designed for 2015/16 which were 2 hour introductory courses.

- 550 people registered for the courses

- 70% course attendance

Next Steps

The courses for 2016/17 were developed following the feedback from evaluation forms. There are 29 courses which range from 2 hour introductory courses to 10 week courses and they are delivered throughout the Trust areas.

Social Care

Children

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.

Target

'From April 15, all (100%) Child Protection Referrals to be allocated to Social Worker within 24 hours'. In this reporting period 653 (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 826 LAC reviews during 2015/16

- 98% of Looked After Children within NHSCT were reviewed within regionally agreed timescales

- 2% (15) 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.

A Trust Permanency Panel oversees these 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

Key Facts

During 2015/2016, 642 (100%) of all Looked After Children in care for more than 3 months have a Permanence Plan recommendation in place.

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.

Key Facts

66 children received Direct Payments, an increase of 8% on the 61 last year. The HSCB Commissioning Direction Target states 'By March 16, increase the number of children receiving Direct Payments by 10%'

Parents in receipt of Direct Payments continue to cite the benefits of having a Direct Payment in terms of:

- Choice
- Quality
- Reliability and dependability
- Flexibility
- Trust

The development of a Peer Mentor (a parent who has used Direct Payments) within the NHSCT has increased the support for parents considering Direct Payments as a service option. The following feedback from parents and children evidences the positive impact Direct Payments has made to their lives.

- "I wish I'd known about Direct Payments earlier".

- "My child is severely disabled with complex needs and therefore very vulnerable and needs continuity of care. I know and trust their carer to provide the required quality of care."

- "Direct Payments gives me and my child flexible, reliable, dependable and consistent one to one support."

- "Direct Payments allows my child's needs to be safely and appropriately met

Leaving and aftercare

Research tells us that young people who leave care do not always achieve the same levels in education, training and the employment as other young people in the community. 76% of young people known to the Leaving and Aftercare Service in the NHSCT are engaged in education, training and employment. Two young people have successfully completed degrees at University including one who is commencing Social Work training in 2016.

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.

The Northern Health and Social Care Trust recently celebrated a decade of its "Day Opportunities Programme" for adults with a learning disability at an event to mark the occasion at Involve House in Magherafelt.

The Day Opportunities Programme connects and coordinates individualised packages of community-based day opportunities for 542 individuals with a learning disability across a range of Community-Based Day Opportunities in educational; vocational; volunteering and recreational opportunities with an additional 157 individuals attending Community-Based Satellite Services, totalling 699.

Adults with a learning disability within the NHSCT are enabled to be active citizens, valued within their own communities through the continuum of opportunities matched to individual aptitudes and aspirations.

Francis Maynes (37 Years old) pictured, outlines the positive outcomes the Day Opportunities Programme has made to his quality of life. Francis feels his, "confidence and communication has increased greatly as a result of the different opportunities he has availed of through the Day Opportunities Programme" adding that he "has a good balance between work life and social life and is looking forward to many more years with Day Opportunities."

Pictured below are Day Opportunities Providers who provide a continuum of Day Opportunities for Adults with a learning Disability within the NHSCT.

Adults

Adult safeguarding

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

There is on-going publicity to highlight the importance of vulnerable adult referrals. The Trust continues to ensure vulnerable people in our community are protected

Key Facts

In 2015/2016, 1642 referrals were made and 1559 Care and Protection Plans were implemented, therefore 95% of adults referred for investigation during the year had an Adult Protection Plan in place as at 31st March 2016.

Carers' assessment

There are a significant population of carers both regionally and within the NHSCT. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities. All staff that have contact with carers should provide carers assessment information to generally promote a carers right to be offered or to ask for an assessment. During 2015/16 a total of 3750 adult carers in the Northern Health and Social Care Trust were offered individual carer assessments.

By March 2016 Trusts must secure a 10% increase in the number of carer's assessments offered. The Trust continues to offer carers assessments to individuals with caring responsibilities within Children's and Adult Services.

Key Facts

- 1841 (49%) had a carers' assessment carried out.

- 51% declined their assessment

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. The Northern Trust has developed a range of carer support resources which staff can utilise to address the needs identified through Carers Assessments (Resources available on Staff-Net). The high level of Carer Re-assessments recently noted within the NHSCT suggests carers value Carers Assessments and associated supports and services.

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.

Learning disability - resettlement

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; moving 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 HSCTs. 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 advocate to complete a comprehensive assessment of need and co-ordinate the individual's discharge from hospital to an appropriate community placement.

Key Facts

During the period 2015/2016, 8 individuals with a learning disability were resettled.

None were readmitted during the period.

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:

Key Facts

"This is my home"

"I like going on bus runs"

"It is all going well"

"I am loving life"

"We are very satisfied with our son's placement and the level of care he receives from staff"

"Our daughter is unrecognisable"

"Our son is happy, we are happy, staff are welcoming. We can come and go as we like"

"Staff are nice to my brother and to the family"

The NHSCT will continue to proactively progress the resettlement of individuals with a learning disability to promote their social inclusion, greater independence and improved quality of life.

Mental health – resettlement

The NHSCT continues to progress the resettlement of long stay patients from Holywell. During 2015/16 work was actively under way to resettle a further 8 patients in partnership with the independent sector.

To support transition, staff from Holywell have been deployed to work directly with the new provider, the aim being to help the provider care for and manage patients effectively by learning from and shadowing staff who know the patients best. This offers a high degree of continuity and additional support for the patients being resettled.

Comprehensive Transition Plans have been developed by the Multidisciplinary Team at Holywell. These are individually tailored to meet the needs of this vulnerable group of patients some of whom have been in Holywell for over 30 years and present with challenging behaviours.

Building upon the success of the Resettlement Programme to date includes on-going full engagement and consultation with families to involve them in all aspects of planning for the transition of their loved ones.

Service users commenced an art project facilitated by Arts Care Council called "Pursuit of Happiness" to support them on their resettlement journey. The project was developed to enable the service users to consider the broader issues surrounding their transition from hospital to Church Lane Mews where they could enjoy a greater level of independence and control of their own lives.

Comments from the service users:
- "I have my own freedom"
- "I have support to adapt to my new surroundings"
- "I have become self-sufficient, something I could not have become in hospital"
- "I am building my own confidence"
- "I am maintaining MY OWN HOME"
- "I have hope"

A comment from a family member:
"I cannot get over how well she is; all the staff are great and really understand her. I am impressed by the care and support she is provided with and that she has stayed in supported living for so long without relapse in her mental health or needing hospital admission".

"My 20 year old son Caolan has very complex needs and requires assistance with all aspects of daily living. His daily routine can fluctuate from day to day, he needed the support provided to be as flexible as possible.

Direct Payment enables me to employ carers who are flexible, adaptable and, most importantly, age and gender appropriate for a young man. As Caolan's mum, I can go to work each day, knowing that he is safe, secure and is being provided with the highest standard of care possible.

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 provide service users and their family an element of choice in determining the care they receive. The Northern Trust continues to promote Direct Payments as part of an on-going drive to move towards self-directed support for service users.

A mother highlights the benefits she and her son have experienced with a Direct Payment. Caolan is pictured below with his carer.

Key Facts

During the period 2015/2016, 549 adults were in receipt of Direct Payments. This is an increase of 34, (6%) on last year.

The NHSCT continues to promote Self Directed Support, so that by 2019 all service users and carers will be assessed or re-assessed at review under the Self Directed Support approach and will be offered the choice to access Direct Payments, a Managed Budget, Trust arranged services or a mixture of those options to meet eligible needs identified.

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 present on-going relationships and not to threaten necessary support during and after detention in hospital. These actions are always carefully considered alongside an individual's human rights, particularly Article 5 and Article 8 of the European Convention of Human Rights. In the Northern Trust 95% applications for assessment were made by ASWs. The remaining 5% of applications involving the nearest relative, occurred outside of normal working hours and were managed by the Regional Emergency Social Work Service (RESWS).

The Trust will continue to ensure that NHSCT Approved Social Workers complete applications for assessment, to reduce the burden on families and nearest relatives. The Trust has emphasised the importance this approach to the RESWS.

Newly qualified social workers

Qualified Social Workers must complete an Assessed Year in Employment (AYE). AYE staff must demonstrate to their Professional Supervisor that they have met required standards which are set by The Northern Ireland Social Care Council. Questionnaires introduced to gain feedback from AYE staff and their Professional Supervisors assists on-going quality improvement of AYE processes. At their Final Appraisal, AYE staff are facilitated 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.

Key Facts

During the period 2015/2016 in NHSCT, 100% of AYE social workers met the training requirements for registration on the Northern Ireland Social Care Register

To deliver excellent integrated services in partnership with our community