

ANNUAL QUALITY REPORT

2016/17



Northern Health
and Social Care Trust

The Northern Health and Social Care Trust (NHSCT) provides health and social care services to a population of approximately 470,000, 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 fifth 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 2016/17. I can report that, over 2016/17, we have made real progress against key objectives, as set out in last year's report.

Innovation and quality improvement have been top of our agenda this year. The Trust Innovation and Quality Improvement (IQI) Strategy was launched in March 2017. We recognise that continuous improvement in the way we do things and meaningful partnership between the communities we serve and all our staff, are essential if we are to meet the challenges health and social care faces. IQI provides a vehicle for pulling together the best ideas and initiatives and driving meaningful change.

Central to the IQI Strategy for the NHSCT is staff working in true partnership with our patients. The IQI Strategy is also a key enabler for our Reform and Modernisation Programme (RAMP). We are working in partnership with Integrated Care Partnerships (ICPs), Councils, Community and Voluntary Sector organisations and Service Users and Carers with regard to the newly implemented locality based services.

During March 2017 the Trust participated in the Institute for Healthcare Improvement (IHI) facilitated "Breaking the Rules" week. This provided an opportunity for junior nursing, medical and social work staff to tell us about the 'rules' that sometimes get in the way of delivering care. Action plans have been developed and these are being progressed within the context of the IQI Strategy delivery.

The Trust has been recognised on a number of occasions for exceptional performance or individual achievement. The Northern Trust won the CHKS (Caspé Healthcare Knowledge Systems) Patient Safety Award in May 2016, which recognises outstanding performance in providing a safe hospital environment for patients, based on a range of indicators, including rates of hospital acquired infections and mortality.

I would like to take this opportunity to thank all our staff for their hard work and continued dedication to providing the highest quality of care. I would also wish to acknowledge the centrality of our patients and service users in everything we do.

A handwritten signature in blue ink that reads "Tony Stevens". The signature is written in a cursive, slightly stylized font.

Dr Anthony Stevens
Chief Executive

In 2011, the Department of Health, Social Services and Public Safety (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 service users from the care, treatment and support that is intended to help them
- **Effectiveness** – the degree to which each patient and service user received the right care, at the right time, in the right place, with the best outcome
- **Patient and Client Focus** – all patients and service users 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.

ABOUT THE NORTHERN TRUST

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



74,651
inpatients

(this figure includes acute, community and mental health)

267,376

acute outpatients



171,044

mental health outpatients



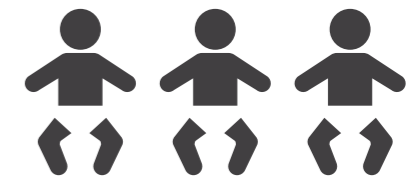
138,884

emergency department attendances

29,189
day case patients



4,053
BIRTHS



647
children looked after by Trust



459
children on child protection register



4,245

domiciliary care packages for older people provided in the community

GOAL 1: Transforming the culture



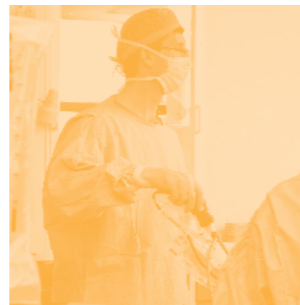
GOAL 2: Strengthening the workforce



GOAL 3: Measuring the improvement



GOAL 4: Raising the standards



GOAL 5: Integrating the care

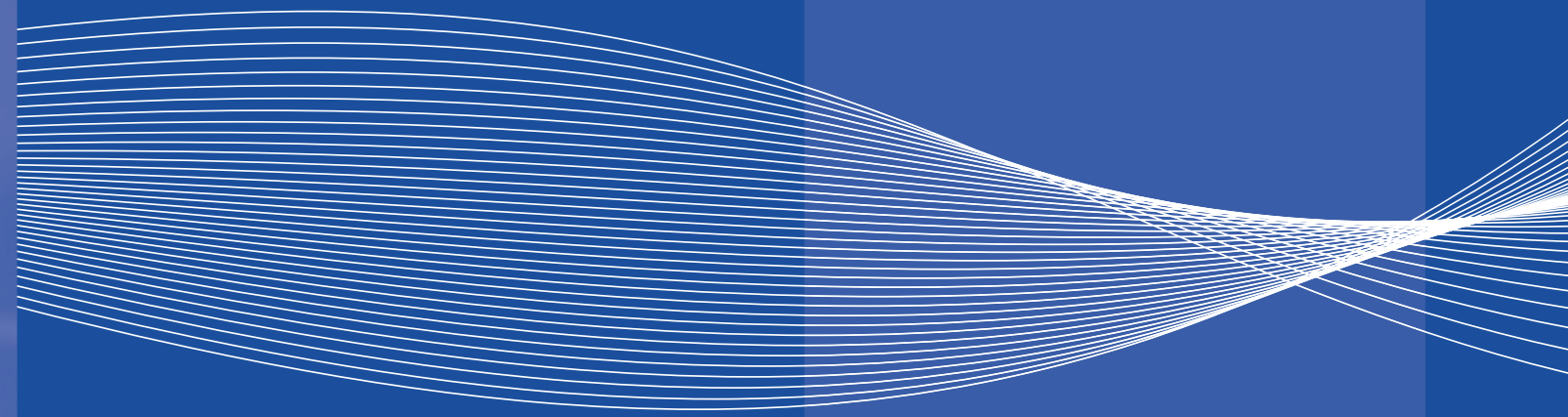


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GOAL 1:

Transforming the culture



The Trust's culture is defined by its CORE values of Compassion, Openness, Respect and Excellence. The Trust's quality improvement strategy, IQI, builds on these values to encourage innovation and new thinking and embrace change. We truly believe in a community of leaders where everyone has the chance to change and improve services, to "lead from the edge".



PATIENT & SERVICE USER EXPERIENCE

The Trust has in place a programme of active engagement with service users (often using the 10,000 voices approach) in the design of new models of care for outpatients, domiciliary care, reform of Child Development and Emotional Health and Wellbeing services, breast care surgery and unscheduled care.

10,000 VOICES

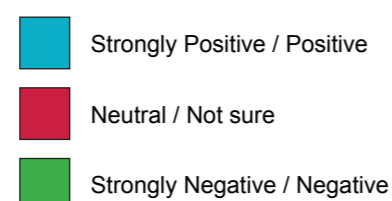
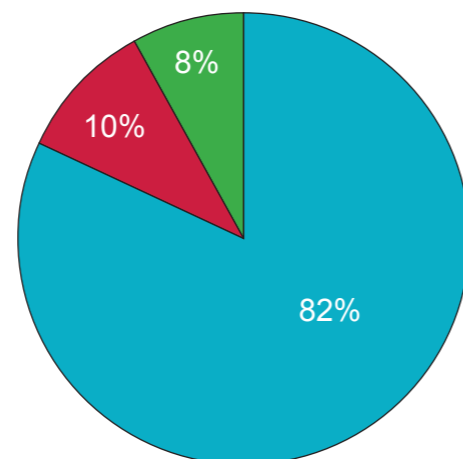
In March 2017 regionally 10,000 Stories were recorded and 10,000 Voices were Heard!

Within the Northern Health and Social Care Trust we recorded 22% of these stories. We now look forward to recording 10,000 More Voices during 2017/18.

The 10,000 Voices initiative uses a partnership approach in improving care and the design of services. It provides the opportunity for patients, service users, family members, carers and staff to share their personal experience of providing and receiving healthcare recording 'Their story - Their way'. This information demonstrates 'What Matters' to our patients, service users and staff indicating 'What we do well' and 'What we could do better'.

The patient's voice should be heard and heeded at all levels within the organisation, even when the voice is just a whisper (Berwick, 2013)

Overall rate of experience as recorded by NHSCT patients/ service users 2016/17



Regional Projects: Apr 2016- Mar 2017

- Experience of Unscheduled Care Phase 2
- Experience of CAMHS and Autism Services
- Experience of Adult Safeguarding
- Experience of Eye care Services

Local Projects (NHSCT): Apr 2016- Mar 2017

- Experience of Care in Ward A1
- Experience of Care from District Nurses
- Experience of Care from Occupational Therapist
- Experience of Care from Community Social Workers
- Experience of Care from Podiatry
- Experience of Choosing a Nursing Home within NHSCT

Next Steps:

The NHSCT have been and will continue in 2017/2018 to be committed to using the information from 10,000 More Voices as a reliable indicator of Safety and Quality of care from a patient/client perspective. This information is listened to, reflected upon, learnt from and acted upon to improve the patient client experience at both a Trust level and collectively providing themes and trends to influence improvements at a Regional level as well as the way services are commissioned.

2017/2018 Projects include experience of discharge from hospital and care of patients with delirium.

REGIONAL PRIORITIES FOR 2016/2017:

- Promotion of 'Hello My Name Is' campaign – continues at Mandatory Training and throughout the Trust.
- To monitor the availability of Meals and Drinks in ED – a scoping exercise was completed in ED in February and March 2017 and 100% of service users were satisfied with the meals available
- Mixed Gender Accommodation – continues to be monitored through 10,000 Voices Generic Survey
- Process to reduce Noise at Night: Noise at Night audit was carried out in February 2017.

The Patient/Client Voice is a key element influencing quality improvement initiatives, such as:

REGIONAL PROJECT – AUTISM AND CAMHS

- The development of autism mandatory training
- The recruitment of a specific Occupational Therapist within the Autistic Spectrum Disorder (ASD) service

TRUST PROJECTS

- Patients' positive experience of the Renal Virtual Clinic reducing waiting time and car park pressure
- Staff education and training – listening events for reflection

PERSONAL & PUBLIC INVOLVEMENT

The views of services users, patients, carers and the public, matter to us. We want to involve them, as well as our staff in the decisions we make. We believe that by working with service users, patients, carers, patient organisations and the public, we are able to develop and improve 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. Our User Fora are established groups of individuals and representative organisations who have a keen interest in the standard and quality of our services. They work in partnership with Trust staff to ensure their views are part of the planning, delivery and monitoring of services. For example members of our Disability Consultation Panel have personally delivered disability equality training to all the front line staff in the Ballymena Health and Care Centre.

In March 2017 the Trust held a PPI and Co-Design Masterclass to develop knowledge and skills and to celebrate the great engagement work across the Trust by showcasing four examples of PPI at its best within The Rowan, Dalriada Pathfinder, the Recovery College and Cancer Services. During the event participants took part in a workshop that explored developing a strength based mindset to personal and public involvement and co-design – focusing on what is strong rather than what is wrong.

During the year the Trust was selected for 2 Regional Awards for our PPI work at the Public Health Agency and Queens University Personal and Public Involvement Regional Conference. The Trust's engagement with service users on the development of Ballymena Health and Care Centre came runner up in the quality and safety category and the Rowan Sexual Assault Referral Centre won the "Making a Difference Award" presented by the Patient and Client Council.

The Trust has worked with the Northern Ireland Human Rights Commission and Newcastle University worked to test a ground-breaking method of public engagement that gives people time to think together about how community care, such as home care and support for carers, is best delivered. Participants were involved in group discussions to look at these areas and had the opportunity to put their views to an 'Expert Panel' which consisted of Trust senior managers and representatives from other statutory and voluntary organisations as well as Trade Union. The outcome of this deliberative democracy model will be used, tested and evaluated to establish an effective method of ongoing engagement through locality engagement forums. This will develop a robust and regular mechanism to engage with communities by locality in a meaningful and consistent manner. We are committed to having equality and fairness as guiding principles for all of our engagement and partnership work.



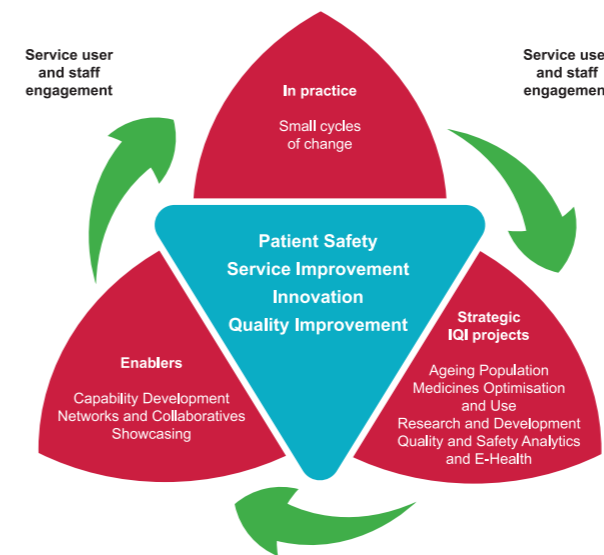
QUALITY IMPROVEMENT

The IQI Strategy, its associated training programmes and virtual hub were launched in March 2017.



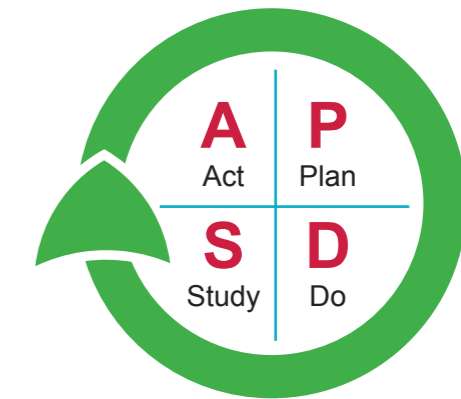
During the last year, there have been 140 new quality improvement ideas from Trust staff that are being taken forward. Staff are being supported through the delivery of the Trust's new

IQI training and 'ideas' sessions. At the end of March 2017 16% of staff had undertaken Level 1 training. The NHSCT has recently developed excellent simulation facilities (simulation in healthcare is similar to that which pilots use in aviation) - to help our staff train for 'real life' events in healthcare. To make the most of these facilities the Trust has just appointed a lead for Simulated Learning.



The Trust is focussing on 'small cycles of change' using an approach called Plan, Do, Study Act. These small cycles of change can quickly build momentum and spread change. As well as this, the Trust has 4 priority areas for IQI:

- Ageing Population - we want to ensure we are shaping services to meet the needs of our older people and support healthy ageing
- Medicines Optimisation and Innovation Centre (MOIC) for N. Ireland is hosted by the NHSCT. One of MOIC's priorities is enabling appropriate use of medicines to help people live longer, healthier lives and avoid getting admitted to hospital
- Research & Development can help support and shape thinking about new ways to provide services and care
- Quality & Safety Analytics and E-Health can help explore and direct new ideas for service models and interventions



COMPLAINTS & COMPLIMENTS

The Trust values all feedback received from patients and service users, including complaints, compliments and suggestions. The Trust is committed to listening to and learning from all of its patients and service users, so that we can continually improve the quality of its services; particularly when the care provided may not have been of the standard that we ourselves would expect.

FACTS/FIGURES

- 817 formal complaints were received into the Trust (an increase from 764 last year)
- 100% of complaints acknowledged within 2 days
- 78% of complaints were responded to within 20 working days (increased from 69% last year)
- 1061 compliments were received through the Chief Executive's office (compared to 741 last year)

The top 5 categories of complaints related to:

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

LEARNING FROM COMPLAINTS

The Trust continues to investigate complaints in an open and transparent way and we consider complaints to be an important source of learning. Discussing and sharing the outcome of complaints investigations is one of the ways we improve the experience for people using our services. The 10,000 Voices initiative is another method through which we listen and learn from our patients, and by doing so improve the quality of care we provide for our service users.

NI OMBUDSMAN CASES

Sometimes people remain unhappy with the outcome of the investigation into their complaint. In these situations the Trust offers to meet complainants, as this can allow 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 (NIPSO) directly.

During 2016/17, there were 4 requests for information received from the Ombudsman. One case was closed following initial contact and two are still on-going. However the fourth complaint case was considered by the NIPSO and an apology was provided to the complainant by the Trust. Any learning from Ombudsman cases is disseminated across the Trust.

INCIDENTS

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

The aim of the 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 implemented DatixWeb for incident reporting in April 2016. This web-based system has replaced the paper-based incident form and has made reporting more timely and information more accessible. This leads to more timely learning for the organisation.

A total of 12,273 incidents were reported in 2016/17, compared to 12,217 the previous year.

SERIOUS ADVERSE INCIDENTS

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. A total of 76 SAIs were identified during 2016/17, with 74 of these affecting service users.






This has reduced by 21% since last year. The reduction in SAIs has occurred within the Women's, Children's and Families Division and is attributable to the revised reporting arrangements put in place in 2016 for the reporting of child deaths. Child deaths that have particular issues or identified learning are still reported as SAIs.

In terms of wider risk management within the Trust, the SAI process will be incorporated into DatixWeb with the following modules also planned for implementation; Risk Registers, Safety Alerts and Complaints.

HOW THE ORGANISATION LEARNS

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.

Specific to SAIs, a Review Group meets within the Trust on a quarterly basis and ensures that learning has been fully implemented and shared appropriately.

Top 5 Incident Types In 2016/17	Actions for improvement
Slips, Trips and Falls 	The total number of slips, trips and falls that occurred in 2016/17 was 3113 compared to 3062 the previous year. Investigations are completed following an injurious fall, with learning identified, action plans compiled and implemented.
Violence and Aggression 	The total number of incidents occurring in 2016/17 due to violence and aggression was 1881, compared to 2031 the previous year. Over half of these incidents occurred within Mental Health and Disability Services. Learning from incidents continues to be shared via the Trust's Governance processes.
Medication 	The total number of medication incidents occurring in 2016/17 was 702 compared to 656 in 2015/16. All medication incidents continue to be routinely reviewed through divisional multidisciplinary working groups and analysed by the Medicines Optimisation Committee to identify common trends.
Left ward without agreement 	The total number of incidents relating to absconding in 2016/17 was 649 compared to 600 in 2015/16. As part of the Trust's patient safety work, there is an Anti-absconding Care Bundle Key Performance Indicator (KPI). The target is to achieve 85% compliance with Anti-absconding Care Bundle by 31 March 2018 within appropriate wards and an overall 10% reduction in the number of absconders by 31st March 2018.
Contact with equipment/ machinery 	The total number of incidents occurring in this category in 2016/17 was 494 compared to 936 in 2015/16.

Safety Panel Meetings were established in September 2015 and the Trust continues to use this innovative approach 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

LEADERSHIP WALKROUNDS

Leadership Walkrounds provide the opportunity for senior leaders to walk the floor and talk to frontline staff about issues and concerns relating to patient safety. During 2016/17 a total of 34 walkrounds were carried out across the Trust.



GOAL 2:

Strengthening the workforce

The Trust is committed to creating a great place to work, an environment in which every member of staff has access to the support, training and resources they need to ensure that they can undertake their roles to the best of their abilities.

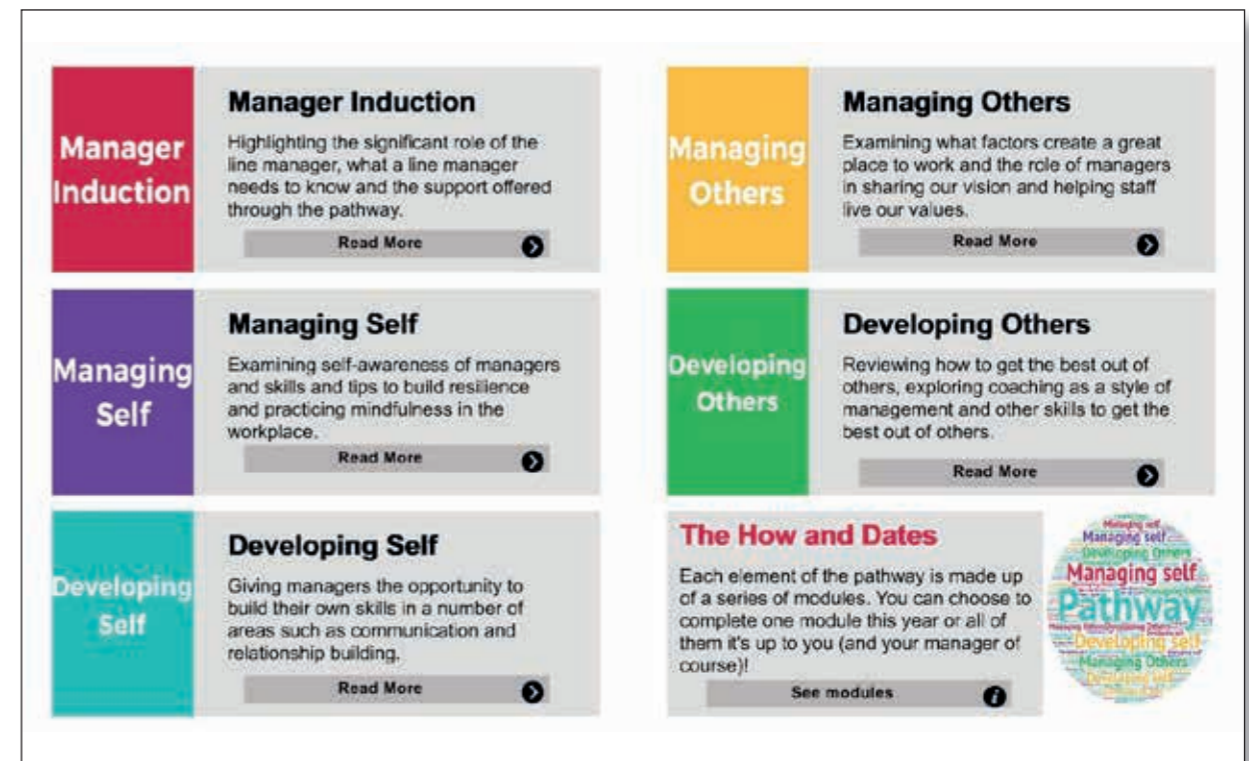
INDUCTION

The Trust welcomes all new staff to the organisation through a half-day Corporate Induction Session, which staff attend within six months of joining the organisation. The Induction Session introduces staff to the Trust's vision and the CORE values that each member of staff is expected to embody.

The Induction Session also provides staff with an overview of the Trust's objectives, structures, core business and the range of key policies and procedures that the new member of staff needs to understand. The Corporate Induction Session is supplemented by a programme of Departmental Inductions offering staff enhanced learning based around their specific area of employment.

TRAINING STAFF

The Trust recognises the importance of statutory and mandatory training for the provision of safe and quality services to our patients/service users, effective risk management and the maintenance of required standards.



DEVELOPING STAFF

As part of the Trust's wider suite of development tools, a new leadership and management pathway was launched. The pathway was accessible from early 2017 and is based around five elements.

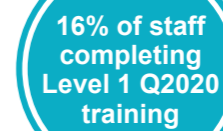
EFFECTIVE TEAMS

The Trust rolled out a 'Values in Action' workshop as a tool through which staff could gain a better understanding of the CORE values of Compassion, Openness, Respect and Excellence and the behaviours associated with them. The Trust also developed a team effectiveness diagnostic tool which was used to enhance the performance and productivity of 23 teams from across the organisation.



ATTRIBUTES FRAMEWORK

The Quality 2020 Attributes Framework has been developed as a tool through which staff can develop their knowledge, skills and



attitudes around the need for continuous service improvement as a means to enhance service provision.

STAFF APPRAISAL / KNOWLEDGE & SKILLS FRAMEWORK

The Trust remains committed to ensuring that every member of staff has the opportunity to undertake an annual review/appraisal with their manager.



QUALIFICATION AND CREDIT FRAMEWORK ACHIEVEMENTS (QCF)

During the year over 70 members of Trust staff successfully gained a qualification on the QCF Framework. Through the completion of their QCF qualification, and whilst still meeting the demands of their day jobs, candidates were required to build portfolios of evidence to demonstrate their ability to practice to national occupational standards of care.

OPENNESS

Working in conjunction with the Trade Unions, the Trust successfully developed and launched its Whistleblowing (Right to raise concerns in the public interest) Policy. The Policy recognises the fact that individual members of staff have both a right and a duty to raise any concerns that they may have.

238 Managers given Transparency & Openness training

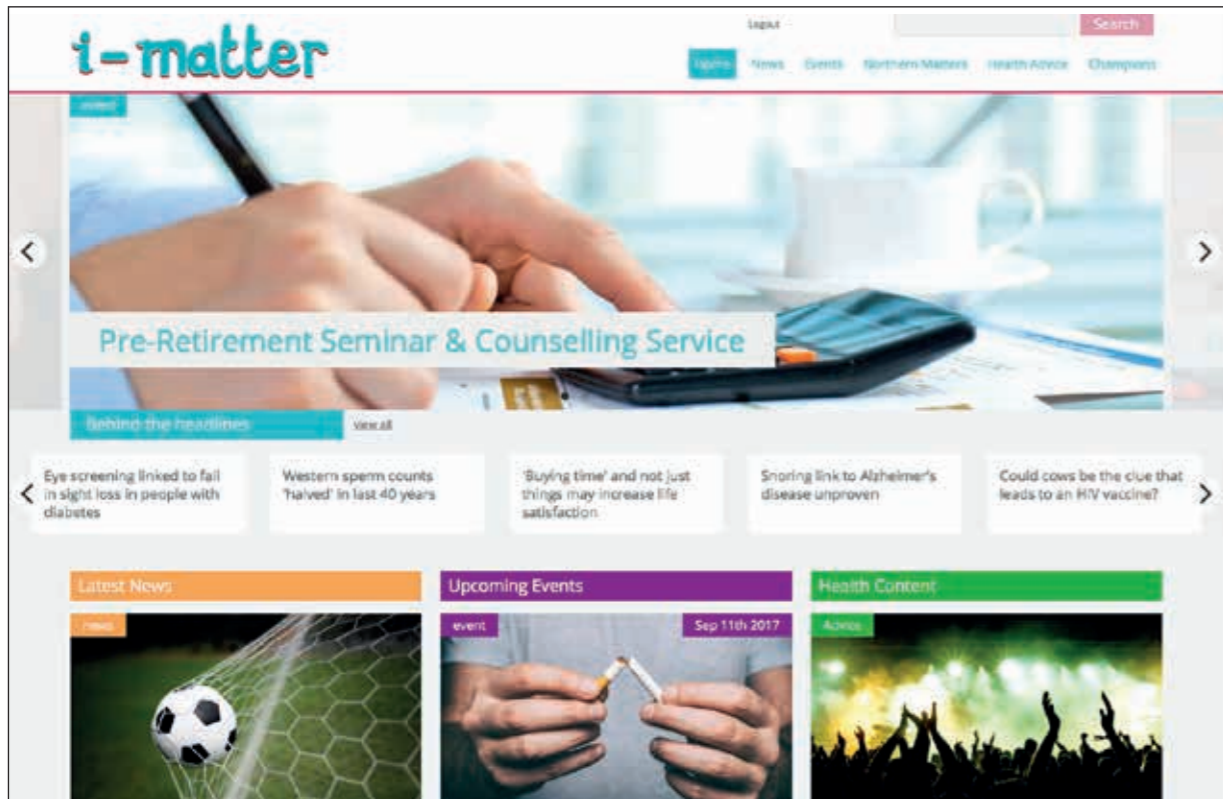
The Trust also developed Transparency and Openness training that was rolled out to managers from across the organisation. Moving into 2017, and in accordance with the recommendations contained in the RQIA Whistleblowing Report, the Trust plans to develop a bespoke learning package on Raising Concerns that will be accessible for all members of staff.

LEADERSHIP CONFERENCE AND CHAIRMAN'S AWARDS

On Tuesday 8th November 2016 the Trust held its annual Leadership Conference and Chairman's Awards ceremony. The theme was 'Compassionate leadership for truly compassionate care – Let's get to the CORE'.

Over 200 members of staff attended the Trust Leadership Conference

At the event there was a 'Celebration of Success' as the Trust recognised 5 teams and staff who go the extra mile to deliver high quality, effective and innovative services for the benefit of our patients and service users.



Looking after our staff

STAFF HEALTH AND WELL-BEING

Work has taken place across the Trust's to promote the Health and Wellbeing Strategy which focusses on four key areas of development: Healthy Lifestyle, Psychological Wellbeing, Musculoskeletal Care and Supporting an Ageing Workforce.

The Trust successfully launched i-matter, a new staff health and well-being hub to look after our staff.

to pilot a peer vaccination programme and undertake work to dispel the common myths and misconceptions surrounding flu vaccination.

PROTECTING STAFF

All healthcare workers need to wear appropriate personal protective equipment when caring for patients with suspected or confirmed infectious respiratory diseases. From November 2016, the Trust's Occupational Health team have provided increased 'training the trainers' sessions using the new FFP3 respiratory face mask and fit testing is currently being rolled out at departmental and ward level.

STAFF FLU VACCINATION RATE

Through the use of 'Flu Champions', prize draws and increased managerial support the Trust was able to vaccinate 36% of frontline staff - the highest percentage uptake from across the five Health Trusts. Moving into 17/18, and in an effort to increase the update of the flu vaccination, the Trust intends

36% of frontline staff receiving the annual flu vaccination

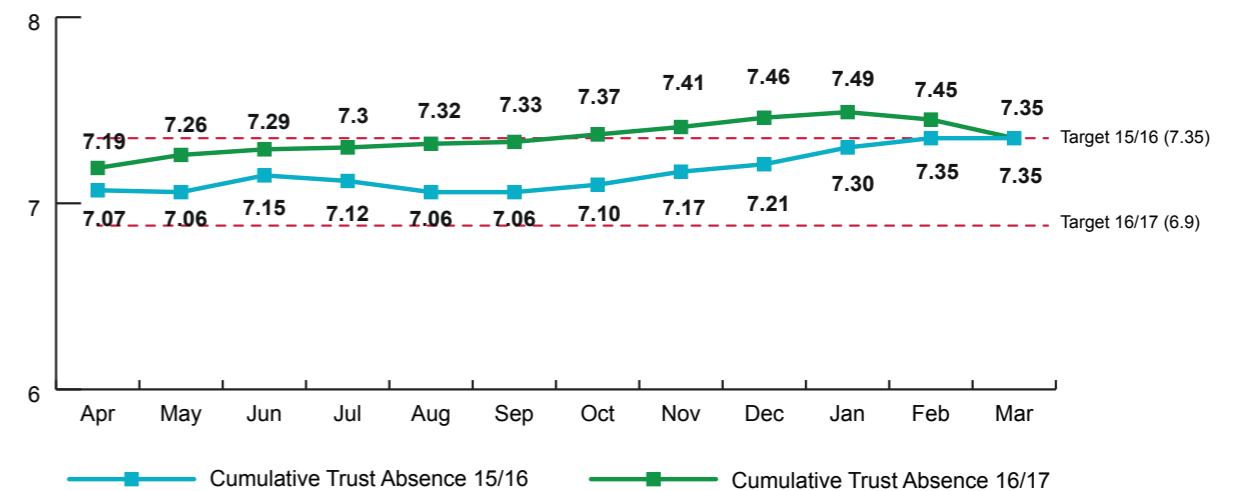
SICKNESS RATE

Through the work of the Absence Action Group the Trust was able to ensure that staff absence was maintained at 7.35% at the end of 2016/17.

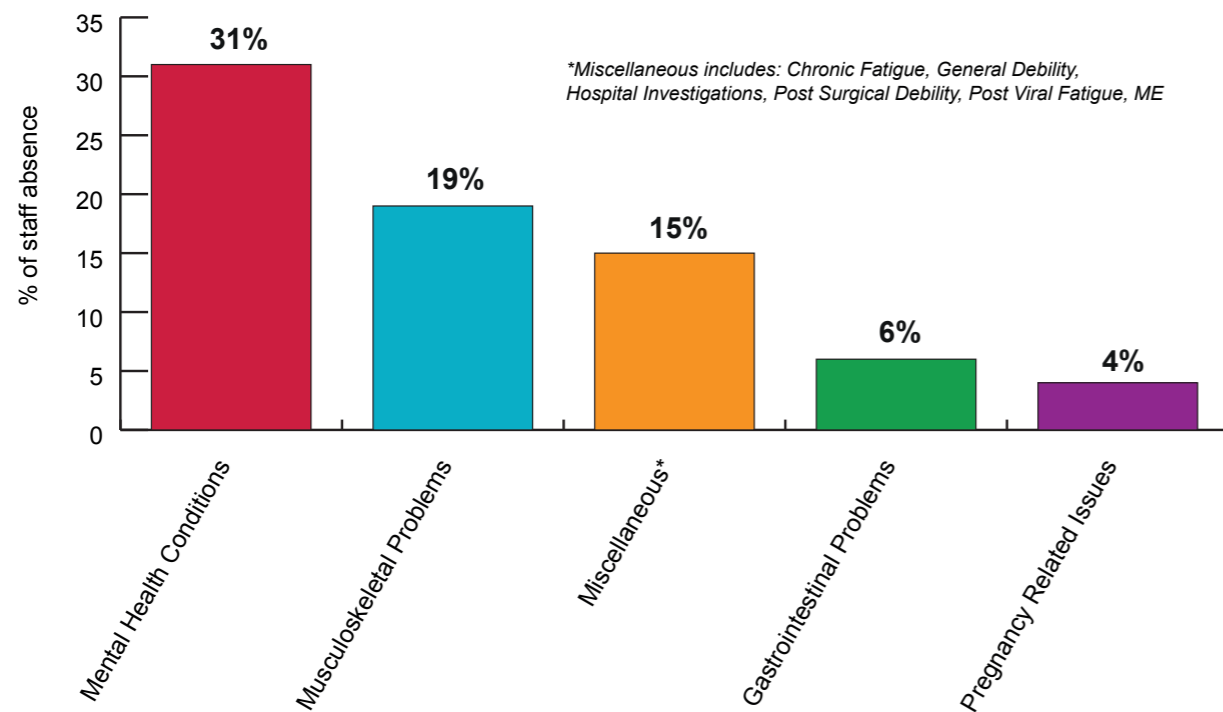
In an effort to better understand staff absence the Trust undertook a number of diagnostic exercises to identify the top reasons for staff absence.

As a step to address the top absence reason, the Trust appointed both a consultant psychologist and a specialist musculoskeletal physiotherapist.

Percentage Staff Absence 15/16 & 16/17



Top Five Reasons for Staff Absence 16/17



REVALIDATION OF STAFF

Revalidation is a mechanism for doctors, nurses and midwives practicing in the United Kingdom to prove their skills are up-to-date and they remain fit to practise. The Trust is responsible for ensuring that all relevant staff are revalidated.

STAFF ACHIEVEMENTS

During 2016/17 the Northern Trust has received a number of awards, both regionally and nationally, for achievements in driving improvement and engendering a culture of excellence across health and social care. Listed below are only a few examples of awards won by our staff.

RCN NURSE OF THE YEAR AWARDS

The Trust had three winners and three runners up, including runner up in the prestigious Nurse of the Year Award at the RCN Awards in Hillsborough in May 2016:

- Pat McClelland, General Manager for Cancer Services won the Brownlee-Silverdale Leadership Award which recognises those who, through good leadership, have improved services for patients or service users
- Kirsty McKay, won the Cancer Nurse Award for her work with prostate cancer patients and Lillian McClelland won the Learning in Practice Award for her work in the endoscopy unit
- District Nurses Marysia Graffin and Sarah Arthur were runners up in the RCN Nurse of the Year Award. This was an incredible achievement and recognised their vision and creativity by designing and implementing a sterile dressing pack in district nursing. Staff and patient's evaluations state it has revolutionised care delivery and shows a true ethos of patient centred care
- Lorraine Crymble and Jean Gilmour, Infection Control Nurses were runners up in the Learning in Practice Award while David Olphert, Bereaved by Suicide Liaison Officer, was the runner up in the Public Health Award



Roberta Brownlee, Pat McClelland and Janice Smyth



Roy Spence, Kirsty McKay, Heather Monteverde and Janice Smyth



Jeremy Roache, Lillian McClelland and Janice Smyth



Charlotte McArdle, Marysia Graffin, Sarah Arthur and Janet Davies



Jeremy Roache, Jean Gilmour, Lorraine Crymble and Janice Smyth



Eddie Rooney, David Olphert and Janice Smyth.



Chair of the Community Hospital Association Dr Phil Moore who presented the CHA Innovation and Best Practice Award to: Marie McKillop, Staff Nurse, Mikela Mulholland, Healthcare Assistant, Jane Leighton, Ward Manager and Siobhan Shannon, Project lead.

COMMUNITY HOSPITAL ASSOCIATION INNOVATION AND BEST PRACTICE AWARD

Dalriada Community Hospital staff won an innovation and best practice award for their work to improve nutrition and patients' experience at meal times. The award was presented at the Community Hospital Association Conference in Bristol in May 2016. The creation and implementation of a newly devised person-centred care plan, a food chart, feedback sessions and additional training specific to nutrition, enabled the nursing staff to focus on improving the overall nutritional status of the patients. There has been increase in knowledge and understanding by the nursing staff of nutrition and the needs of patients in hospital as well as the importance of these being tailored to their needs. This project has resulted in a 100 percent increase in accurate completion of the Malnutrition Universal Screening Tool (MUST) and improved feedback from patient satisfaction surveys. It has been supported by the Foundation of Nursing Studies Patients First Programme in partnership with the Burdett Trust for Nursing.

SOCIAL WORK AWARDS

In 2016, the Trust's social workers swept the board at the Social Work Awards, winning four of the nine categories.



Partnership Team Award Winners: Regional Adult Safeguarding Programme

Theresa Nixon, Chair of the Partnership Team Award panel presents the Partnership Team Award to the Regional Adult Safeguarding Programme (Belfast, Northern and South Eastern Health and Social Care Trusts and Ulster University).



Adult Services Team Award: Dementia Home Support Team

(Back row) Dementia Home Support Team staff: Clair Shaw, Lead Practitioner, Heather Taylor, Support Worker; Sara Quinn, Support Worker; Alison Forde, Social Worker; Anne Marie Stewart, Occupational Therapist.
(Front Row) Marc Harvey Team Leader; Jo Marley, Chair of the Adult Services Team Award Panel; Karen Harvey, Head of Service; Simon Hillditch, Dementia Navigator, Memory Service.

NORTHERN TRUST SWEEPS THE BOARD IN PHARMACY AWARDS

Professor Mike Scott, Head of Pharmacy and Medicines Management for NHSCT was given a prestigious Lifetime Achievement Award by the UK Clinical Pharmacy Association (UKPCA) in November 2016. This is a clear acknowledgement of Professor Scott's outstanding contribution to clinical pharmacy practice over a long and distinguished career. His commitment to his subject is well known and Professor Scott has influenced the development of medicines management and clinical pharmacy services across the United Kingdom and Europe.



NORTHERN TRUST WINS BUILDING BETTER HEALTHCARE AWARD

Northern Health and Social Care Trust (NHSCT), in collaboration with Business Services Organisation (BSO), recently received a national award for an innovative electronic solution for processing hospital referrals sent from GPs to consultants, which has speeded up the decision making process when assessing or triaging the patient. The Trust won the Building Better Healthcare (BBH) award for this year's "best

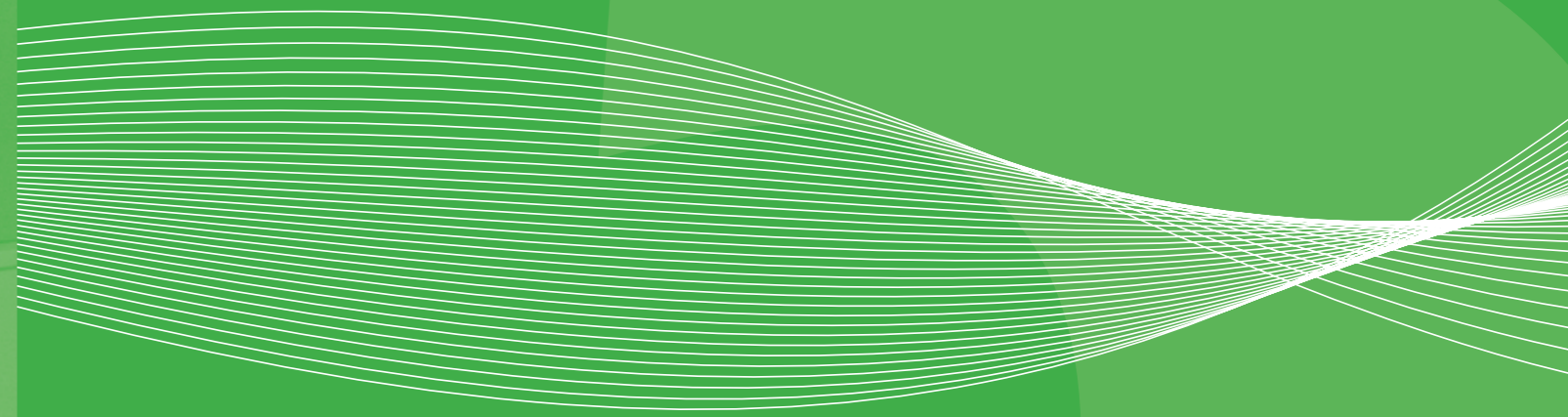
administration, information or data solution" in the UK with its successful e-Referrals Triage management product. This new approach to referrals saves time and can speed up diagnosis and treatment. The BBH judges described the results as "splendid".





GOAL 3:

Measuring the improvement



What does measuring the improvement mean for the Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2016/17, each Trust is required to measure a number of quality improvement indicators, and listed below are some examples of measuring the improvement.

C DIFFICILE

Clostridium difficile (C difficile) is a bacteria that some people may carry in their bowel and is normally kept under control by good bacteria in the bowel. Certain antibiotics can disrupt the natural balance of bacteria in the bowel, enabling C difficile to multiply and produce toxins that may cause mild to severe illness, including symptoms of diarrhoea. C difficile bacteria are able to survive on surfaces for long periods of time and are easily transmitted via contaminated hands, equipment and environmental surfaces.

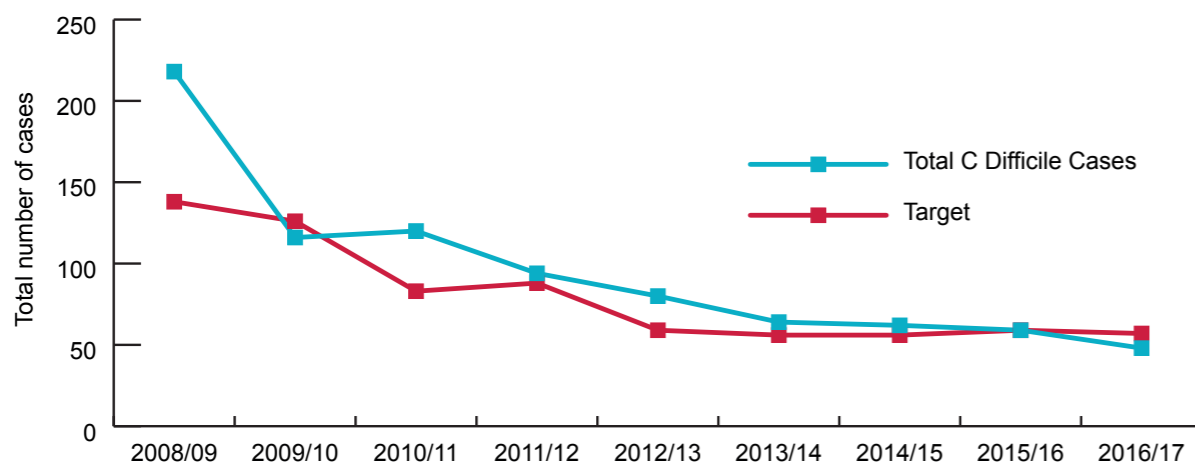
Despite a significant rise in our inpatient activity, the Trust was one of only two healthcare Trusts in the region to achieve the target set by the Department of Health for reduction of C difficile numbers in NI. At the end of March 2017 the Trust reported 48 cases of C difficile infection

which was lower than the Public Health Agency target set at 57 cases. This reduction was achieved despite an overall rise in the number of cases of C difficile across Northern Ireland again this year.

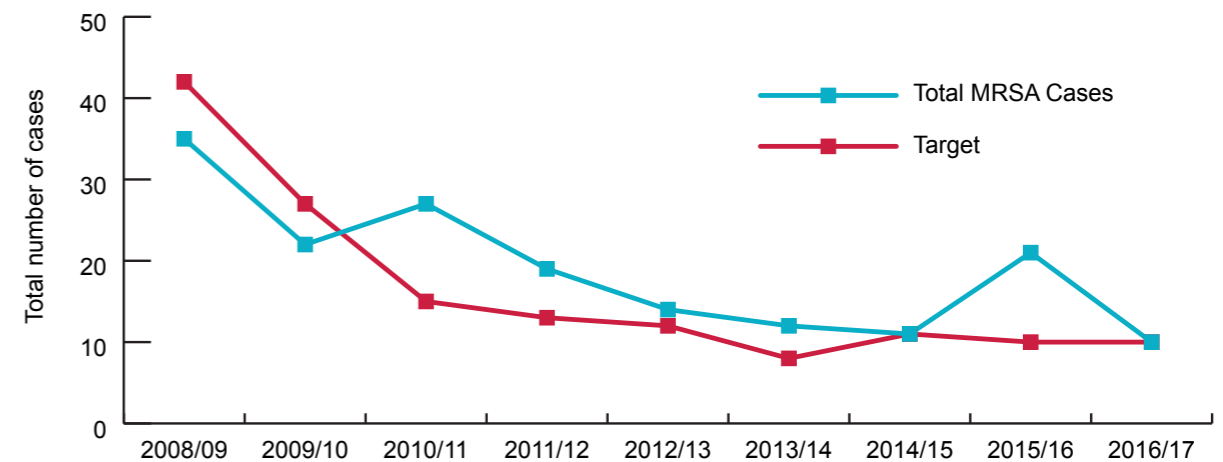
MRSA

Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia is a type of bacterial infection that is resistant to a number of widely used antibiotics. As a result, it can be more difficult to treat than other bacterial infections. Despite a rise in the number of cases of MRSA bacteraemia in 2015/16 the Northern Trust is proud to have achieved such a strong reduction in patient cases for MRSA bacteraemia during 2016/17, a great achievement for all Trust staff.

Number of C difficile cases (Inpatients >2 years old)



Number of MRSA Bacteraemia Cases



HAND HYGIENE

World Hand Hygiene Day is promoted by the Trust every year to underline the importance of hand hygiene in health care in helping to prevent the spread of infection and reduce an avoidable burden on healthcare systems. To mark the World Health Organisation (WHO) World Hand Hygiene Day in May 2016 the Infection Prevention and Control Nurses (IPCN's) raised the profile of hand hygiene through promotional posters, staff photographs and awareness sessions throughout the Trust hospitals. IPCN's invited staff and visitors to watch a video clip which demonstrated the correct hand washing technique and take part in a simple hand washing test using ultra-violet light boxes.

SAFER SURGERY / WORLD HEALTH ORGANISATION (WHO) CHECKLIST

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

MATERNITY SERVICES

During 2016 the Trust's Infant feeding co-ordinator launched the first midwifery led "Tongue Tie" clinic in Northern Ireland. Mothers can experience problems such as latching and poor infant weight gain. The clinic commenced in 5th April 2016 and has received 239 referrals resulting in 225 tongue ties being divided.

Feedback from Mothers:

- Baby much more settled
- Good weight gain now
- So much better, so glad I got it done
- A changed baby, feeding so well
- Absolutely fantastic, amazing, 100% improvement
- Fantastic- he has gone from 8.1 to 9.2 in 10 days
- Back to fully breastfeeding. Everything great

Next steps

- Continue to collate data in relation to attendance of the clinic and to audit the data to ensure that the service provided meets the needs of the service users.

- A plan is in place to train an additional midwife to enable them to support the existing clinic and to ensure development of the skills this clinic requires.

PAEDIATRIC SEPSIS

During 2016 acute paediatrics staff has been highlighting the importance of having the knowledge and skills required for early recognition of a child with sepsis. Febrile illness in childhood is a common reason for presentation to a health professional. However, not all children with sepsis will present with fever. Signs and symptoms can be subtle and interpretation is dependent on a culture of awareness and suspicion of the condition. Paediatrics have developed a policy which includes screening tools and pathways for use in assessing and initiating treatment in children from birth to 16 years with suspected sepsis who are cared for in the Emergency Department or an acute paediatric ward. These tools and pathways will be implemented within each paediatric area and the processes within the policy audited and reported on.

IDENTIFICATION OF THE DETERIORATING CHILD

The NHSCT on the recommendation of the Regional Health & Social Care (HSC) Safety Forum adopted and implemented the regional Paediatric Early Warning Score (PEWS) observation chart in August 2015. This is a specialised tool that measures the child's clinical status and recommends an appropriate response. Paediatrics have developed a PEWS policy which provides guidance and direction for all clinical staff to achieve a consistent standard of care for recording and scoring clinical observations using PEWS, on all children admitted or assessed within an acute facility across the NHSCT.

A PEWS audit tool and dashboard was developed in January 2017 which facilitates overall

compliance to be measured and monitored in all acute paediatric wards as well as other departments such as Emergency Department. This robust tool has helped identify areas for improvement and plan a targeted series of actions to address these.

PREVENTION OF FALLS

Slips trips and falls remain the number one reported incident within the Trust.



The National Institute for Health and Care Excellence (NICE) - Assessment and prevention of falls in older people, states that all patients admitted to hospital over the age of 65 are at risk of falls. Compliance with the evidence based FallSafe bundle continues to be monitored and reported. We continue to complete post fall investigations, with learning discussed with managers, action plans compiled and implemented to address gaps in practice. Education regarding falls prevention and management continues to be shared with nursing staff. The Trust continues to offer falls follow up screening, or advice forwarded, to patients referred from Northern Ireland Ambulance Services (NIAS) or the Trusts Emergency Department (ED).

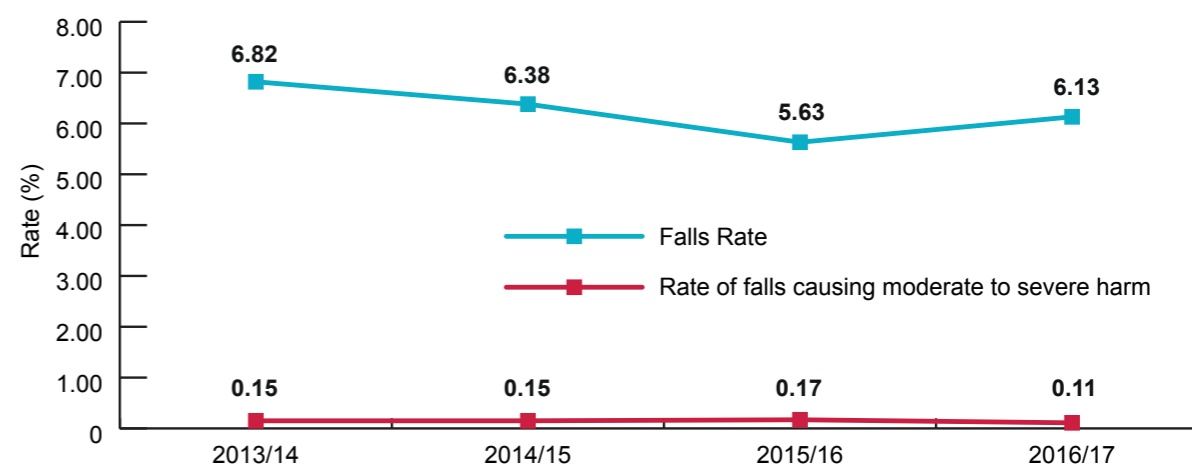
Falls rate per 1000 bed days

The falls rate across all adult inpatient areas is 6.13% over the period 2016/17. There has been a significant reduction in the number of falls that resulted in moderate to severe harm. The rate for moderate to severe harm is 0.11% compared to 15/16 which was 0.17%.

Next steps

- Continue to share learning and provide awareness sessions to staff to reduce the number of falls and falls resulting in moderate to severe injury
- Continue to measure and monitor compliance with the FallSafe bundle
- Complete FallSafe validation audits along with reports. Work with wards to increase

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



- compliance with the FallSafe bundle elements
- With possible expansion of the falls referral pathway team, we aim to introduce home visits



PREVENTION OF PRESSURE ULCERS

A pressure ulcer is a localised injury to the skin and /or underlying tissue, usually over a bony area, as a result of prolonged pressure. Pressure ulcers are caused by multiple factors which increase the patient's risk such as, immobility, poor nutrition, weight loss, skin moisture, advanced age. In order to reduce the risk of pressure ulcers from developing, nursing staff assess patients on admission to hospital to identify if they are at particular risk of

developing a pressure ulcer. Pressure ulcers are graded by their severity. The grades range from one to four - the higher the grade, the more severe the pressure ulcer. The Trust, in line with the remainder of the region have a focus on prevention of grade 3 and 4 avoidable pressure ulcers as these are the type of pressure ulcers that create the deeper wounds that can be the cause of more pain and suffering to patients.

Key Facts

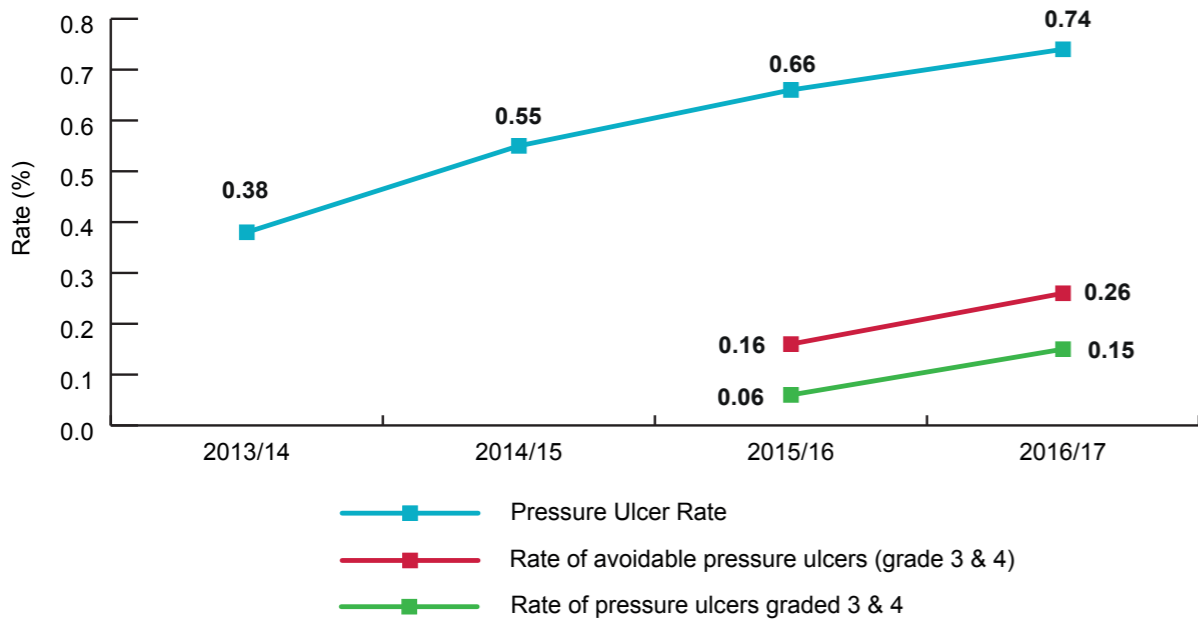
Due to the implementation of a new reporting system and change in process commencing in April 2016, the number of reported grade 3 & 4 avoidable pressure ulcers has increased in 2016/17:

- In 2016/17 there were a total of 79 pressure ulcers reported at grades 3 & 4, of these, 45 were deemed to be avoidable

Action the Trust is taking

- An in-depth validation exercise to review the reporting and analysis of grade 3 and 4 pressure ulcers has been undertaken. Learning points identified during this exercise will form the basis of the Trusts improvement plan in relation to pressure area care during 2017/18
- Audits and training continue in relation to use of the SKIN bundle and the use of the Safety Cross. Documentation in relation to

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



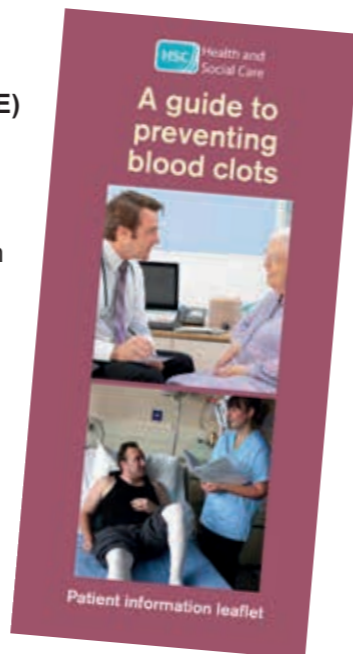
pressure ulcer prevention and management has been reviewed by the Tissue Viability Team, to help improve prevention and early detection of tissue damage.

- Multidisciplinary investigation of all pressure ulcers graded 3 & 4 has been enhanced and learning in relation to pressure ulcers is shared Trust wide
- Nursing homes within the Northern Trust area continue to work closely with the Trust in relation to skin assessment and pressure ulcer prevention, and each nursing home has nominated a Tissue Viability Champion (specialist nurse for wound care management)
- In March 2017 the Trust purchased and replaced a large proportion of new patient mattresses with a higher grade of mattress technology designed for effective prevention and treatment of up to grade 2 pressure damage
- Additionally in March 2017 the Trust also purchased and replaced a large number of electric profiling beds to assist with better

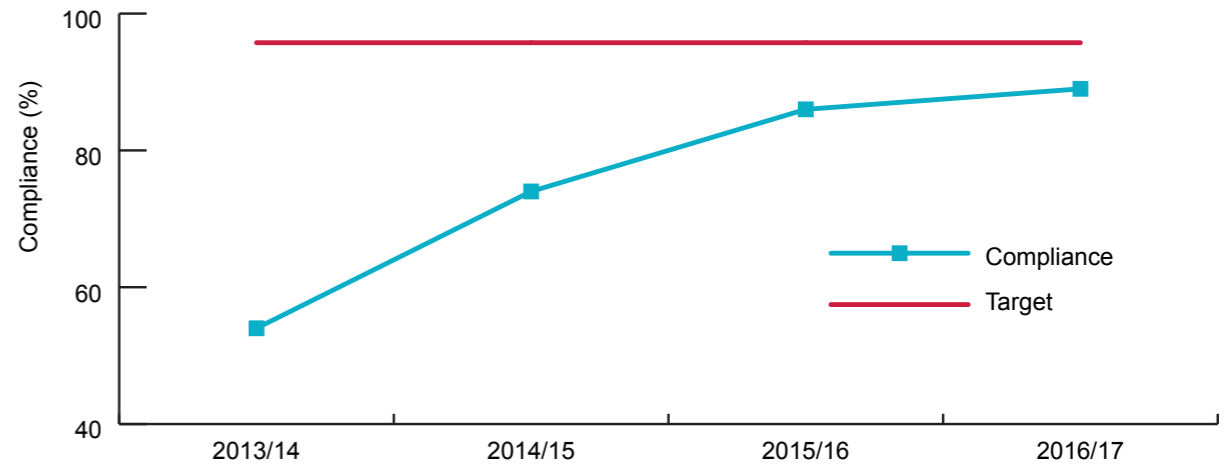
- and more effective repositioning of patients.
- Recurrent themes and trends from investigations of pressure ulcer cases to be shared quarterly with nursing teams Trustwide
- Ensure there is strong leadership to embed any learning from investigation processes and provide nursing teams with the opportunity to reflect on areas for improvement

PREVENTION OF 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



Compliance with VTE Risk Assessment



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.

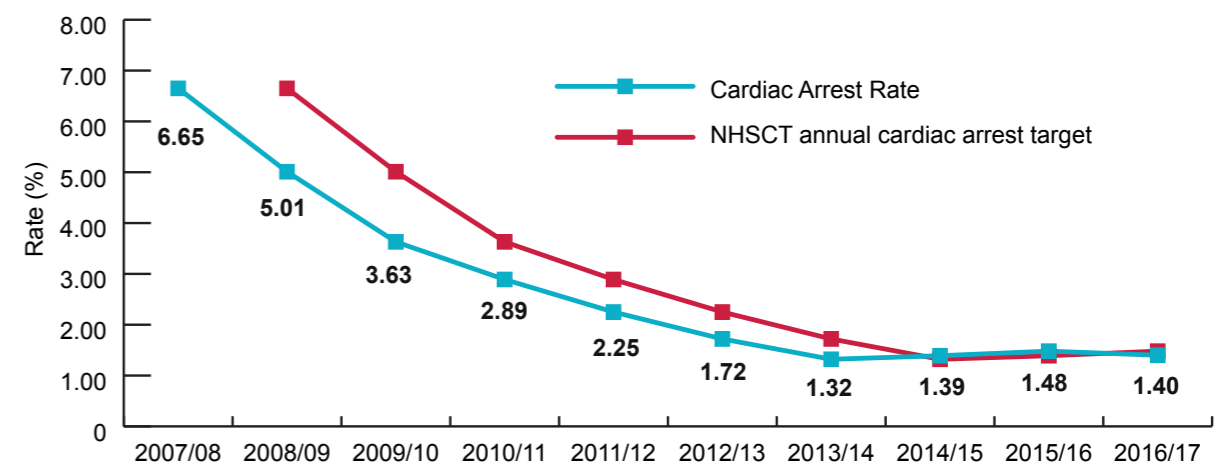
Patients are also given written advice on how they can reduce any likelihood of developing a VTE after they have left hospital.

The Trust achieved 89% compliance with the completion of a VTE risk assessment which was carried out within 24 hours of admission for patients to acute and community hospitals.

CARDIAC ARREST RATES

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the hospital resuscitation team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating. The chart below shows the annual rate of reported cardiac arrests for Antrim and Causeway Hospitals (excluding Emergency Department, Intensive Care Unit, Coronary Care Units and Paediatrics).

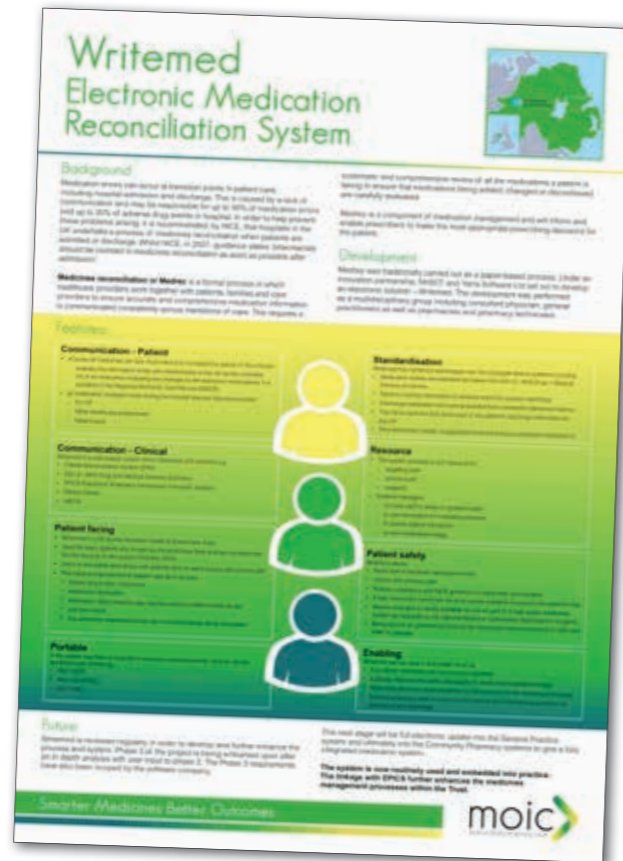
Annual Cardiac Arrest Rate (Number of cardiac arrests / Total number of deaths & discharges) x 1000



OMITTED AND DELAYED MEDICINES

Medicine doses may be omitted or delayed in hospital for a variety of reasons. A new improved audit process was introduced in 2016 which has raised awareness amongst staff and resulted in better data on omitted and delayed doses. Monthly feedback to ward staff is leading to quality improvements on reducing omitted or delayed medicines.

- During 2016/17 a total of 7,367 medicine kardexes audited, an increase of 6180 charts
- 250 of these kardexes (3.39%) were found to have at least one omitted/delayed dose where there was no reason for the omission/delay documented on the kardex
- Data is also collated on whether the medicine is a Critical Medicine
- The Critical Medicines list is displayed in every inpatient ward area
- The Critical Medicines list is displayed in every inpatient ward area
- 29 wards are currently auditing this quality indicator, which is an increase of 20 wards



MEDICINES RECONCILIATION

Medicines Reconciliation on admission continues to improve. During 2016/17 the overall medicines reconciliation rate across the Trust was 66%.

A new warfarin discharge prescription has been developed and is now fully integrated into the patient's electronic discharge to improve the reconciliation of warfarin at discharge. This has already demonstrated improvements in the quality of discharge information to the GP. In a recent audit by GAIN* the Trust achieved 100% in terms of having a standardised template for all warfarin discharges. During 2017/18, the Trust plans to complete an audit of the new warfarin discharge form, and to develop an improved in-patient warfarin chart.

*Regional Audit of Medicines Reconciliation on the Immediate Discharge Document, GAIN, April 2017

DR LIGHT DISCHARGE SCHEME

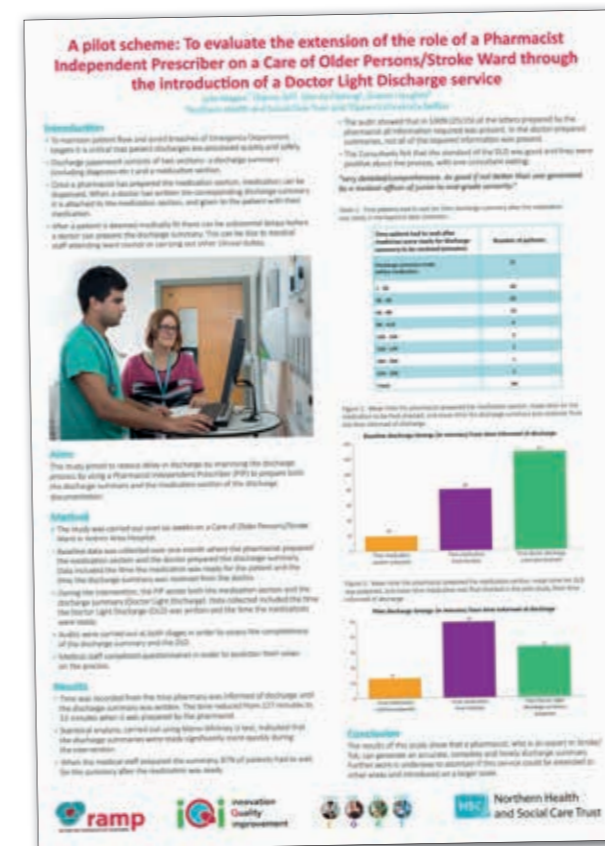
After a patient is deemed medically fit for discharge from hospital there can be substantial delays before a doctor can prepare the discharge summary. This can be due to medical staff attending ward rounds or carrying out other clinical duties. A study aimed at reducing delays in discharge by improving the discharge process was undertaken during 2016/17 on the Care of the Elderly/Stroke ward at Antrim Area Hospital. By using a Pharmacist Independent Prescriber (PIP) to prepare both the discharge summary and the medication section of the discharge documentation, time to prepare the discharge summary was reduced from 127 minutes to 33 minutes and the accuracy and completeness of information was 100%. During 2017/18, the Trust plans to pilot the model in the respiratory setting, whilst another Trust has secured funding to test the model in a designated clinical area in that Trust.

MAGNESIUM SULFATE READY-MADE INFUSIONS IN MATERNITY

The Trust introduced ready-made magnesium sulfate infusions into the two maternity units for the treatment of eclampsia/severe pre-eclampsia. The use of ready-made injectable medicines greatly reduces the risks associated with the incorrect preparation of such and ready-made magnesium sulfate is being introduced into the maternity units in all 5 Trusts. During 2017/18, the Trust plans to switch to using ready-made magnesium sulfate in all other relevant clinical areas across the Trust.

CONTINUOUS BLADDER IRRIGATION CHART

The Trust identified a need to improve on existing prescription and administration documentation of continuous bladder irrigation. A new dedicated chart was developed that would help reduce a number of risks associated with the use of bladder irrigation fluids.





GOAL 4:

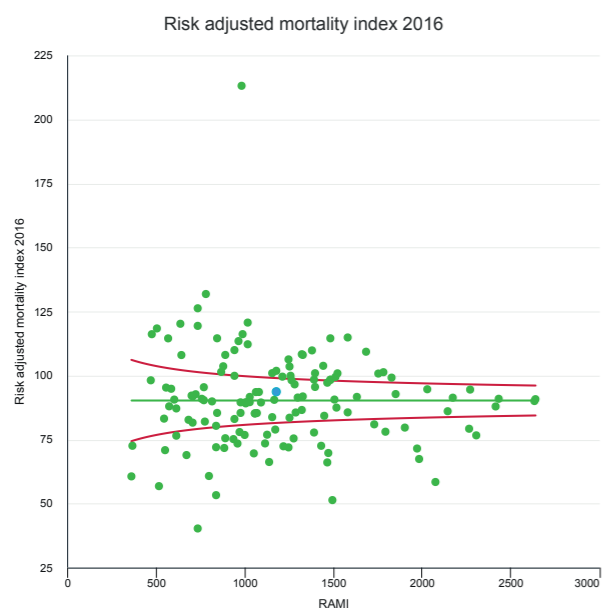
Raising the standards



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

RISK ADJUSTED MORTALITY INDEX

The Risk-Adjusted Mortality Index (RAMI) is calculated by CHKS, an independent healthcare benchmarking company. Based on the age and condition of patients in the Trust's hospitals, it works out how many patients died compared to how many would have been expected to die. A RAMI of 100 means that mortality was exactly in line with expectations, over 100 means more deaths than would be expected, and below 100 means fewer than expected deaths. The Trust's RAMI for 2016/17 was **93.8**. The chart shows the Northern Trust's RAMI (blue dot) compared to all English acute Trusts (one green dot per Trust). The further a dot is to the right the more patients the Trust treated during the year, and the higher up the chart the higher the RAMI. Dots within the funnel are inside the normal limits of variation. The Trust's RAMI is below 100 and within the normal limits of variation, which gives assurance that the Trust is providing safe care to its patients.



EMERGENCY READMISSION RATE

Despite increased demand, the Trust has maintained its performance for 2016/17, and the

readmission rate has remained steady at around 11.9% for the past three years.

EMERGENCY DEPARTMENT

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

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

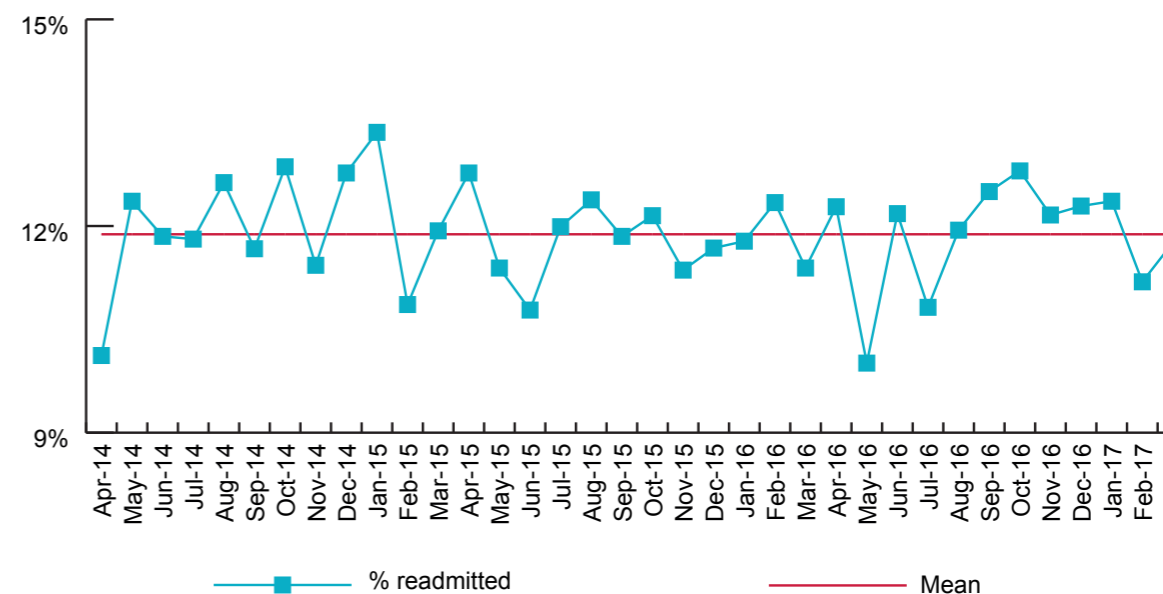
The chart shows the percentage of patients who re-attended within 7 days (Trust total).

ACTIONS TAKEN TO IMPROVE STANDARDS

As part of the ongoing work to improve the flow of patients through the hospital, Antrim Area Hospital staff participated in a 100% Challenge to exceed the Trust's accomplishment of the regional four hour target. The Trust achieved 94% with patients presenting within the 24 hour period of the challenge being seen, treated, admitted or discharged within 4 hours of arrival.

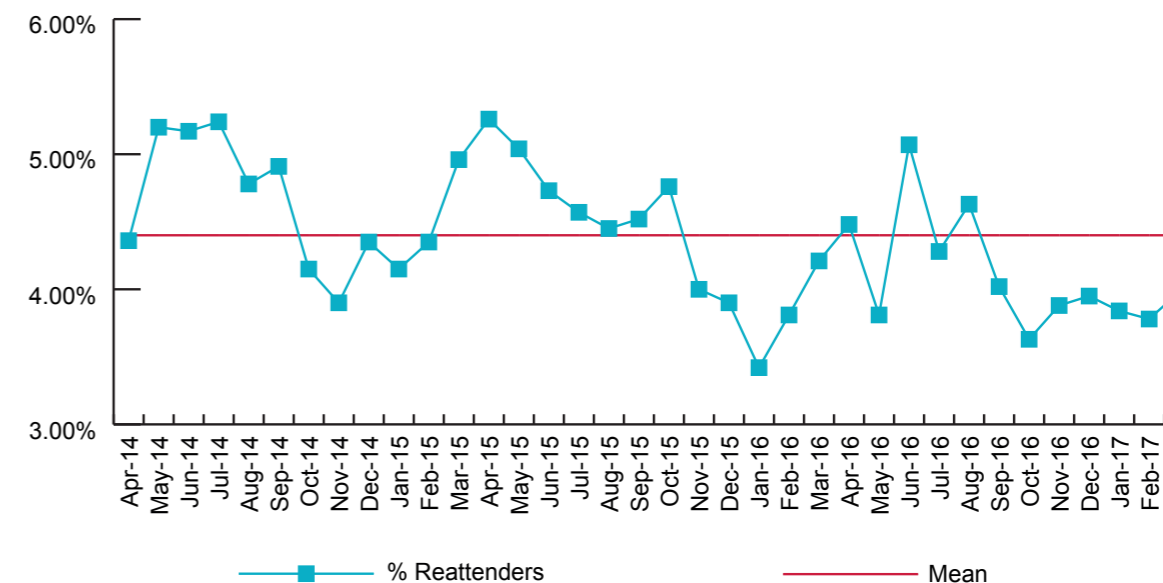
Following this challenge the Trust put in place a new site management model for Antrim Hospital. Working out of a site coordination hub, the site manager has an overall view of the flow of patients through the hospital, and provides a central point for coordination between the Emergency Department, wards and community services. This new model has had a very significant impact on the Trust's performance against the 4-hour target, increasing from 63% in Oct-Dec 2016 to 75% in Jan-Mar 2017.

Emergency Readmissions within 30 days



Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	2014/15	75,213	64%	659	39%	3.2%	3.8%
	2015/16	78,425	62%	1,058	41%	3.2%	3.4%
	2016/17	82,438	67%	1,586	46%	2.5%	3.1%
Causeway	2014/15	42,671	73%	0	55%	5.3%	6.1%
	2015/16	44,293	67%	29	54%	6.2%	6.1%
	2016/17	44,302	63%	306	51%	7.0%	6.0%

Unplanned Reattenders within 7 days



IDENTIFICATION AND MANAGEMENT OF SEPSIS

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



The Trust participated in the regional Sepsis collaborative, arranged by the regional HSC Safety Forum. The aim was to improve the management of sepsis within the Emergency Department (ED), with the introduction of the Sepsis 6 bundle, which consists of 6 elements: high flow oxygen, serum lactate measurement, blood cultures, IV fluids, antibiotics and urinary output.

During 2016/17 monthly audits on compliance with the Sepsis 6 bundle were spread to Causeway ED. The Trust's average compliance with the Sepsis 6 bundle across Antrim and Causeway Emergency Departments was 39%. An electronic audit tool was developed to assist clinical staff with the auditing process, and provide real-time results.

In an effort to improve our compliance, the Trust established a Sepsis Working Group, chaired by the Medical Director, to develop a Trust standardised Sepsis Care Pathway and Sepsis Policy in March 2017. In addition, a Trust Sepsis Lead, and Sepsis Champions were identified for each specialty across the Trust.

Next steps 2017/18

The Trust plans to:

- implement and officially launch the Sepsis Policy and Pathway
- develop posters and a patient information leaflet to help raise awareness of Sepsis
- continue to audit compliance with the Sepsis 6 bundle, and work with Sepsis Champions to improve compliance
- provide further training for medical and nursing staff
- spread to other clinical areas across the Trust

CANCER TARGETS

The table below shows performance against the three cancer targets:

- Urgent suspected breast cancer referrals seen within 14 days
- Patients diagnosed with cancer who receive their first definitive treatment within 31 days of a decision to treat
- Patients urgently referred with a suspected cancer who begin their first definitive treatment within 62 days

	2014/15	2015/16	2016/17
14 days	71%	78%	97%
31 days	99%	98%	90%
62 days	68%	72%	72%

NICE GUIDANCE

The National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations that guide decisions in health, public health and social care. During 2016/17, 26 clinical guidelines endorsed by Department of Health were received into the Trust and initial review and implementation planning commenced. Implementation of a further 24 clinical guidelines endorsed in 2015/16 has continued to progress, except in those instances where the guidance is not applicable to the Trust or regional co-ordination and/or additional resources are required to fully implement the guidelines.

REGIONAL AND NATIONAL AUDITS

Audit is a way to find out if health and social care and professional practice is in line with standards and let's 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.

During 2016/17 Trust staff either co-ordinated or were involved in 17 regional audit projects with most funded by the Guidelines and Audit Implementation Network (GAIN), and participated in more than 20 national audit projects.

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. Below is an example of the Trust's participation in a regional audit.

A REGIONAL PODIATRY-LED AUDIT OF MULTIDISCIPLINARY DIABETES FOOT ULCER MANAGEMENT IN COMMUNITY AND HOSPITAL SITES IN NORTHERN IRELAND

The regional audit of Diabetic Foot Ulcer (DFU) management funded by the Guidelines and Audit Implementation Network (GAIN) mapped against national standards and provided baseline information on the assessment, clinical management, healing times and amputation rates in 100 patients presenting with a new DFU.

Results reported that the assessment of neuropathy, pulses, risk and appropriate review fell below the expected national targets. However, all patients had agreed management plans and at 12 and 24 weeks 57% and 74% of DFUs had healed. All patients with peripheral arterial disease had access to and intervention if appropriate by vascular services. The report recommends that diabetes foot assessments, risk assessment, risk assignment and review should be standardised within the region and completed in a timely way. The audit findings also showed the importance of having robust Information & Technology systems that interface with each other to provide reliable, timely and specific information on the management of people with diabetes. It was also felt that Podiatry Supervision and Competency Frameworks should be developed and implemented regionally. These recommendations are being considered and will be taken forward both regionally and within the Trust during 2017/18. A re-audit has been recommended in 3-5 years' time.



GOAL 5:

Integrating the care

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

LIVING WELL MOYLE

Living Well Moyle forms part of a Dalriada Pathfinder Project which represents excellent co-production, where a range of individuals in the Moyle area came together to create true equal partnerships, finding very real and practical solutions to help people live well in their own community. The solutions were shaped by everyone involved and focussed on personal outcomes, helping people to take control of their own lives supported by and ultimately contributing to strong local networks.



School children participated in the 'Logo Design competition for Living Well Moyle' and were presented with prizes kindly supplied by local business man, Brian McLister.

BED BASED DELIRIUM SUPPORT SERVICE

The Trust in partnership with an Independent Sector Nursing Home has developed an innovative model for supporting people with resolving delirium. Previously these people would have remained for long periods of time in an Acute hospital setting and by the nature of delirium a chaotic noisy ward environment merely exacerbated problems. By working with the Independent Sector Home we have created a calm comfortable environment conducive to supporting recovery. The service is enhanced by support from staff from Delirium Support Service

who work closely with service users and Nursing Home staff. We have had excellent outcomes with a large number of people returning to their own homes.

INVOLVING MANY TO PRESCRIBE ALTERNATIVE CARE TOGETHER - (IMPACT)

IMPACT through person centred services seeks to support, improve and meet the health and wellbeing outcomes that matter most to older people in the Mid & East Antrim area now and in the future. Wellbeing is placed on a par with medical needs using an integrated healthcare model, thereby reducing dependency on the unscheduled use of primary & secondary health and social care services.

Over a three year period from April 2017 to March 2020, IMPACT will support a minimum of 1,100 older people with identified long term health conditions, drawn from 6 IMPACT Locality Hubs (3 Full Time & 3 Part Time) based in 6 GP practices, to maintain and develop independent living, social inclusion and self-care.

SOCIAL INCLUSION WITH CEDAR

In Partnership with Cedar the Trust has developed an initiative that promotes the development of Social Networking opportunities and heightens the community engagement of disabled people. This initiative seeks to improve the lives of people with physical disabilities and sensory impairments with a range of activities available in their local community, supporting them to live independently, safely and with confidence, to enjoy the benefits and quality of life that come with positive physical and mental well-being. The services are focussed on building the capacity of people with disabilities to encourage peer support and social networking to

help participants become more involved in social, leisure and recreational opportunities within their local area.

FACILITATING EARLY DISCHARGE – THE RECOVERY SERVICE

During 2016/17 the Trust witnessed the amalgamation of Intermediate Rehabilitation and Stroke with Reablement to form the Recovery Service closely supported by the Domiciliary Care Service, providing short term intervention for service users who experience difficulty carrying out functional tasks following illness, injury or due to the ageing process. Within the Recovery Service there are a number of different service options or pathways, including Bed-based rehabilitation, Home-based rehabilitation/reablement and Community stroke rehabilitation. The service is accessed on discharge from NHSCT Acute/Sub-acute Hospitals, on discharge from Regional Hospitals, or from a community setting such as the service user's own home.

COMMUNITY DISCHARGE CO-ORDINATORS

The community discharge co-ordinator role has evolved to provide the function of enhancing effective, early and safe discharge from acute hospitals for those individuals who require additional community support. This function includes step down to a range of community bed based services as well as signposting to a wide range of other community services both statutory and voluntary. This service is delivered over 7 days and includes input to supporting early discharge from ED in Antrim Hospital via the Early Intervention Team and Causeway Hospital sites. The community discharge co-ordinator is also responsible for repatriation of patients from the regional orthopaedic units to bed based services and signposting to other available community services as required. An integral aspect of the community discharge co-ordinator's role is to assist in the discharge planning of complex cases to the relevant community services in a safe and

timely way from the acute hospital. In addition the co-ordinator supports community teams and GP colleagues in signposting to appropriate services to maintain individuals in the community and avoid referral to ED departments.

TELEMONITORING

Telecare has provided 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. The service has been rolled out and is proving invaluable to carers. Stakeholder engagement will take place to harness technology as the service develops in an integrated, person-centred way.

DESIGNATED ADULT PROTECTION OFFICERS

With the Locality Structure the Community Care Division introduced four new Band 7 Designated Adult Protection Officers (DAPOs). DAPOs have been trained in carrying out Mental Capacity Assessments with regard to domicile which has already proved beneficial and will continue to do so as Mental Health legislation progresses.

Mental Health

SUICIDE - MENTAL HEALTH QUALITY & SAFETY COLLABORATIVE

The high number of serious adverse incidents (SAI's) reported in the Mental Health, Learning Disability and Community Wellbeing division is sadly attributable to the high prevalence of suicide in Northern Ireland and the regional requirement to report all incidents of suicide of individuals who have been in contact with mental health services in the 12 months prior to their death. Suicide is recognised as a significant societal issue that is always devastating for the families and communities of the deceased. It is also widely recognised that significant investment is required to develop Mental Health Services to support and increase mental health wellbeing in our population.

A regional review of the learning gained from Trust SAI reviews was concluded earlier this year and there are plans to increase the focus on quality improvement to better contribute to the multi-dimensional factors that are recognised as contributing to reducing the likelihood of suicide being an option for people experiencing mental distress/illness. The Trust welcomes this and looks forward to the Department of Health progressing the findings of the review soon.

Mental Health Services have continued to use every opportunity to increase the quality of care we deliver by developing a reflective culture to learn and strengthen practice in relation to suicide. Two pilot teams have been involved over the past 18 months in introducing safety briefings, reflective practice groups and the use of a communication tool to support co-ordination of care (SBARD – Situation, Background, Assessment, Recommendation, Decision) to shape and strengthen a team culture of safety that is focussed on the day to day risks that can impact on safe care. A global measure has been used regionally to measure the impact of this work and in the last year these teams

have improved their safety climate team rating from 66% to 76%, and are making progress in transforming their team culture. Safety briefings are now being rolled out across all community mental health teams and further work will be undertaken in the coming year to continue to transform culture at team, service, divisional and Trust levels.

PATIENT & CLIENT EXPERIENCE – MENTAL HEALTH 'YOU IN MIND' SENSEMAKER RE-AUDIT

Using the Sensemaker survey audit we asked service users, carers and informal carer's to share their experiences of mental health services with us in 2012 and we then repeated this survey in 2016 to understand how we were doing in relation to the valuable feedback we received to improve the quality of our services. From this feedback we have focussed on ways of increasing access to our services by introducing more choice in appointments, making care journeys through different services smoother, improving the type of information available regarding different conditions and involving service users in planning their care. We saw an overall improvement in service user experience between the two surveys and we have developed a further action plan that will focus on increasing the experience of people using our services further.

MENTAL HEALTH RECOVERY COLLEGE

Following on from last year, the NHSCT Recovery College continues to complement specialist, assessment and treatment by helping people to understand their problems and learn how to manage these better. The table below outlines the increasing success of this empowering approach to recovery.

	2016/17
Students registered	984
Number of courses delivered	32
Location uptake of courses provided:	
• Coleraine/Ballymena	90%
• Magherfelt/Cookstown	75%
• Antrim/Ballymena	65%
• Larne/Carrick/N'Abbey	45%



RAPID ASSESSMENT INTERFACE DISCHARGE (RAID)

RAID continues to develop and progress since its implementation. The service continues to operate on non-recurrent funding that has been secured for one further year.

One of the key objectives of the service is to ensure that patients with mental health problems do not wait unnecessarily for mental health assessment in the emergency department. During the last year, the Trust has achieved its target of 90% of assessing patients within 2 hours of referral from the Emergency Department (ED).

RAID has also embarked in 2 main projects in collaboration with acute services and these form part of the modernisation programme:

1. 30 day project for repeat attenders to the ED. This project seeks to identify patients who attend the ED more than once in a 30 day period with a mental health issue. These people are offered specialist input from RAID to try to offer alternatives to assist them in their current difficulties.
2. Introduction of Delirium screening and intervention in the Direct Assessment Unit (DAU). This project has introduced screening for delirium into the DAU and those that are screened positive are referred to RAID earlier.

Next steps

RAID will continue to work to support Antrim and Causeway hospitals in delivery of the 5 domains of the service and will continue to delivery on the two existing projects.

RAID will also:

1. Engage with a pilot ward to assist in the detection and management of alcohol and substances misuse in the ward. The outcome of this work will assist in the implementation of the regional care pathway for the management of alcohol in the general hospital.
2. Work collaboratively with ED staff to provide a care pathway for those patients who present to the ED with medically unexplained symptoms.
3. Introduce alcohol screening within the Trust EDs.

Social Care

CHILD PROTECTION

Regional Child Protection procedures require children identified as being at risk to be seen within 24 hours.

703 (100%) of children or young persons in the Northern Trust were seen by a Social Worker within 24 hours of a Child Protection referral being made.

LOOKED AFTER CHILDREN (LAC)

Children 'looked after' by Health and Social Care Trusts must have their Care Plan reviewed to ensure the care provided meets their needs.

96% of "Looked After Children" within the NHSCT had reviews within regionally agreed timescales.

PERMANENCY PLANNING

Every 'Looked After Child' needs certainty about their future living arrangements and must have a Permanence Plan that supports this.

647 (100%) of Looked After Children in care more than 3 months during 2016/2017 have a Permanence Plan.

LEAVING AND AFTERCARE

Research tells us young people who leave care do not always achieve the same levels in education, training and employment as others in the community.

83% of young people leaving care in the NHSCT are in education training and employment.

DIRECT PAYMENTS

The NHSCT promotes Self-Directed Support (SDS) to give people choice and independence about how their care is provided. Direct Payments is one method of SDS.

During the period 2016/2017, **91 children received Direct Payments, an increase of 23%**
583 adults were also in receipt of Direct Payments, an increase of 6%



Claire Taggart (pictured) says - "SDS is a new found freedom, meaning I have the independence to make decisions about MY life, such as when I want to go to bed, where I want to go. Without that you are very much stuck in that parent and child role. SDS has been such a benefit to the relationship between my mum and I, without time apart for respite we were both getting frustrated and going round in circles. Now we can both do what we individually like to do, knowing that my care needs will be met".

CARERS ASSESSMENTS

Carers must be offered individual assessments to support them in their role.

During 2016/17 a total of 4273 adult carers were offered individual carer assessments.

APPROVED SOCIAL WORK

Sometimes people must be detained in hospital for assessment under legislation to prevent them causing harm to themselves or others. Good practice says applications should be made by an Approved Social Worker (ASW) where possible, to reduce stress to families.

99% of applications were made by ASWs.

LEARNING DISABILITY

7 adults with a learning disability were integrated from hospital back into their community during 2016/17, none were readmitted to hospital.

Resettlement has improved their quality of life.

"I love the independence that living in my new home gives me. It is brilliant having a home of my own. Getting the keys for the first time was really exciting".

NHSCT Health Care Facilitators link with GP practices to support adults with a learning disability to manage their own health more effectively.

73% of adults with a learning disability had Annual Health Checks completed during 2016/2017.

ADULT SAFEGUARDING

The Trust responded to 1351 Adult Safeguarding referrals this year, 81% of these adults required an Adult Protection Plan.

The "Keeping You Safe" Programme delivered with service users provides a partnership forum to help service users make life choices to minimise opportunities for abuse or exploitation.

