



Northern Health
and Social Care Trust



ANNUAL QUALITY REPORT

2023/24



Working together



Excellence



Openness & Honesty



Compassion



CHIEF EXECUTIVE MESSAGE

As Chief Executive of the Northern Health and Social Care Trust, I am delighted to share the Annual Quality Report with you. The report covers the period 1 April 2023 to 31 March 2024 and shows that despite the increased demand and pressure on our services, our staff are always working to improve our services and provide the best care possible with the resources that we have.

Our health and social care system is under mounting pressure and sustained investment is vital if we are to address the long-term needs of our population and fully recover our services from the setbacks caused by the impact of the pandemic. We are hopeful that after years of talking about the need for transformation in health and social care, real progress can now be made, and that there is a will and a determination to move forward together, with strong political leadership.

The effects of the changing demographic of our population are acutely felt across primary care, emergency and unscheduled care, and particularly on community care. A redesign of how we deliver these services is now critical and I am pleased that within the Northern Trust, we are making our own progress around transformation. In 2023/24 for example we centralised inpatient births on the Antrim site, ensuring that we have a sustainable model of maternity care for many years to come.

We also published our Strategic Vision for Causeway Hospital, setting out how we intend to enhance and develop our service provisions from Causeway as part of our acute hospital network.

Our commitment is, and always will be, to delivering for our community, our patients, service users and our people. We recognise that each of us has a part to play and it is only as we move forward together that we can make real progress as we try to fulfil our aim of *providing compassionate care with our community, in our community*.



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

The Strategy defines quality under 3 main headings:

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

The Northern Health and Social Care Trust Annual Quality Report is set out in line with the 5 strategic themes within the Quality 2020 Strategy. These are:

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

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

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

ABOUT THE NORTHERN HEALTH & SOCIAL CARE TRUST

It was a busy year for the Trust with increased demand for services, and this is reflected in the Trust's activity:

- 79,191 inpatients, inclusive of elective inpatients (compared to 83,275 in 2022/23)
- 596,279 acute outpatients across all specialties (compared to 523,842 in 2022/23)
- 158,070 attendances at Emergency Department and Minor Injury Units (increase from 150,557)
- 40,565 day case patients across all specialties (increase from 36,039)
- 3,442 births (decrease from 3,650)
- 815 children looked after by Trust (increase from 774)
- 502 children on child protection register (increase from 464)
- 4,166 domiciliary care packages for older people provided in the community (decrease from 4,982)



THEME 1: TRANSFORMING THE CULTURE 5

Open, just and learning culture	6
Personal & Public Involvement	8
Quality Improvement	9
Complaints & Compliments	12
Incidents	13
Leadership Safety Huddles	15

THEME 2: STRENGTHENING THE WORKFORCE 16

People and Culture Plan	17
Learning Management System	17
Training	17
Staff communications	18
Developing leadership capability	19
Leadership Conference	19
Induction	19
Quality 2020 Attributes Framework	20
Promoting Openness	20
Supporting staff	20
Improving staff health and wellbeing	20
Revalidation	21
Flu and COVID-19 vaccination	21
Fit testing	21
Appraisal	22
Recruitment/Resourcing	22
Registration of professional staff	23
Staff absenteeism	23
Investors in People	24
Staff achievements	25

THEME 3: MEASURING THE IMPROVEMENTS 26

Reducing Healthcare Associated Infections	27
Safer Surgery	28
Maternity Services	29
Prevention of Falls	34
Prevention of Pressure Ulcers	35
Prevention of Venous Thromboembolism	38
Cardiac arrest rates	39
Omitted and delayed medicines	39
Enhanced Patient Care and Observation	40
Insulin	40
Medicines reconciliation	42
Regional pharmaceutical procurement	42

Trust Pharmacy Training Group	43
Safer self-administration of medicines	43
Centralisation of Clozapine Service	44
Testing a model of anticipatory care for people living in a Residential Care Home	44
Specialist Services Pharmacy Team	45
Improving the process for ordering of medical gas cylinders	47
Consolidation of stock holding of medical and surgical products	47

THEME 4: RAISING THE STANDARDS 48

Risk Adjusted Mortality Index	49
Emergency readmission rate	50
Emergency Department	50
Reducing the risk of Hyponatraemia	51
Single registrant pre-administration checks of a blood component	52
Blood component Transfusion Record	52
Identification and management of sepsis	54
Cancer targets	54
NICE Guidance	55
International, national and regional audits	56

THEME 5: INTEGRATING THE CARE 57

Reform North	58
Integrated Care System	61
Trust/GP Partnership	61
No More Silos	61
Population health	61
Mental Health	63
Social Work and Social Care	67



THEME 1:

TRANSFORMING THE CULTURE



THEME 1: TRANSFORMING THE CULTURE

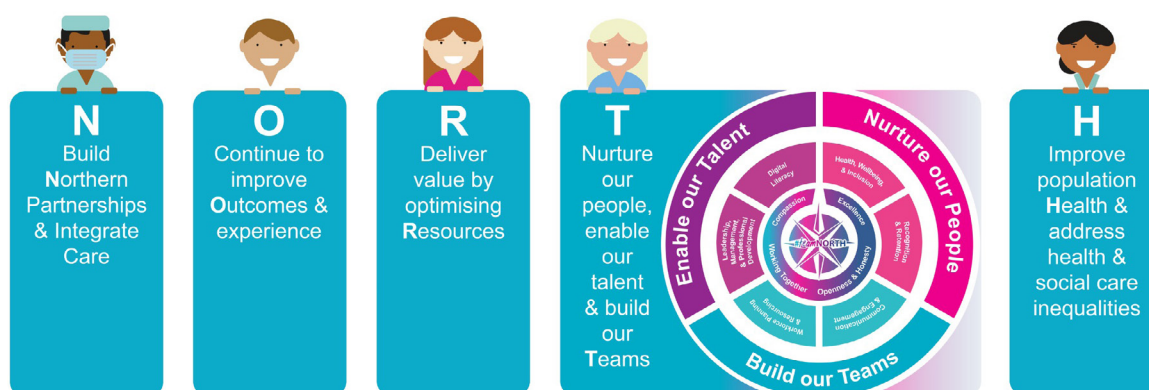
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ANNUAL QUALITY
REPORT 2023/24

2023/24 was another challenging year for the Northern Health and Social Care Trust with significant pressures on all services. The Trust again needed incredible resilience and resourcefulness from staff – and throughout continued to provide compassionate and person-centred care. The challenges of the past number of years have shown that through the tremendous collective team spirit of all staff, they continue to show they are the Trust's greatest asset!

A key component to achieving the Trust's vision of *providing compassionate care with our community, in our community* is a commitment to the HSC shared values. These values, practices and behaviours are at the heart of Trust culture and how the Trust does things is as important as what it does. The Trust's values and behaviours are the golden thread embedded within people management, development, policies and practices.



The Trust #teamNORTH Corporate Objectives are:



The Trust's vision, values and corporate objectives are three core pillars of the Team North culture. The Trust defines culture as simply 'the way we do things around here' and it needs constant cultivation and leadership across all levels of the organisation.

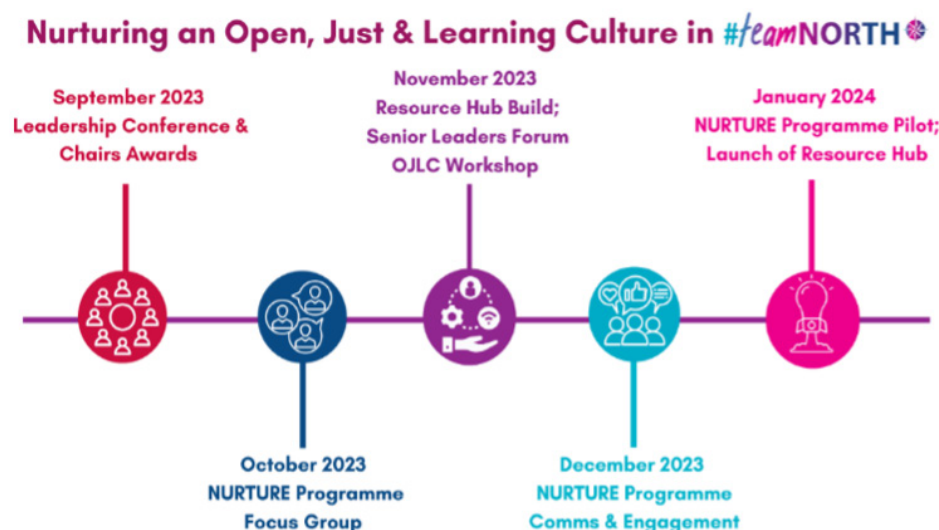
Therefore, the Trust is committed to:

- Building an open, just and learning culture
- Nurturing an environment where staff health and wellbeing is protected, and diversity is embraced
- Recognising and valuing staff for their contributions, and enabling them to experience Team North as 'more than a workplace'
- Enhancing leadership capability at all levels, developing stronger teams and the next generation of Team North leaders
- Developing the skills and confidence to ensure the workforce is digitally literate
- Ensuring that staff understand the Trust's vision, and feel informed, engaged and listened to, and work in safe and flexible teams that meet the needs of the population
- Putting plans in place to attract the best talent to join Team North



OPEN JUST & LEARNING CULTURE

During 2023/24, the Trust continued to embed Team North's Open, Just and Learning Culture (OJLC).



OJLC underpinned the 2023 Leadership Conference, where over 200 delegates, both clinical and non-clinical, attended. The keynote speakers focussed on the hallmarks of psychologically safe teams, and what we can expect to see, hear and feel in teams where there is an OJLC.



OJLC was also the theme of Senior Leaders' Forum (SLF) and a Shared Team North Leadership Pathways Event (December 2023).

The 60 leaders across all levels of the organisation, who participated in one of the Trust's three Team North Leadership Pathways programmes, also attended a joint workshop where they were introduced to the concepts of an OJLC, and challenged to think about how this can be brought to life within their own teams and leadership styles.

In January 2024, the Trust launched 'Team North Welcome' as a new approach to Corporate Induction. All new staff now attend the '**NURTURE**' programme, which introduces them to the concept of an OJLC, and sets out the reciprocal expectations for all of Team North through seven sessions:



- Welcome to Team **N**orth
- **U**nderstanding Our Values
- '**R**espect' EDI Training
- **T**eams in Team North
- **U**nderstanding Human Factors and QI
- **R**aising Concerns in the Workplace
- **E**xperiences Matter

The OD team has also worked alongside colleagues in Governance to include an OJLC element to the proforma used at Leadership Safety Huddles, and a resource hub has also been developed with information and guidance on Team North's OJLC.



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

INVOLVING SERVICE USERS, CARERS AND COMMUNITIES

The Northern Health and Social Care Trust believes that service users and carers have unique expertise, which should be used to influence and redesign services.

Understanding what matters most to service users, carers and local communities helps to provide services that are accessible and responsive to all. Through strong leadership, the Trust continues to embed Personal and Public Involvement (PPI) and Patient and Client Experience (PCE) into its work and do all it can to make sure that our services improve as a result of the feedback received. The Trust's [Involvement Plan](#) sets out its vision, commitment and integrated approach to PCE, PPI and Co-production activities.

Working in partnership with people and communities results in better decisions about service changes. The Trust's Engagement Advisory Board is an advisory body that supports the Trust to engage in a way that meets the needs and interests of all communities. Members include service users and carers, who have demonstrated links with local communities. The Engagement Advisory Board has supported the Trust to think about how it provides quality services and to prepare for the introduction of Encompass in the Trust in November 2024.

The Trust's Involvement Network is made up of over 300 service users, carers and representative organisations who work in partnership with the Trust to shape and design services. During the year, members have received 90 involvement opportunities

and 423 members have taken part in more than 42 engagement events.

Over the last year, service users and carers have helped to shape and develop a number of service improvements - 154 projects have led to service improvements, an increase of 72% from the previous year. The Trust's [Involvement Annual Report](#) includes many examples of how service users and carers have worked with the Trust to drive change and improvement.

Care Opinion is a two-way feedback mechanism that provides the opportunity for open, honest conversations with service users and is the foundation to build and develop trusting relationships. Across the Trust, Care Opinion has become more widely recognised as supporting evidence for quality improvement initiatives, and ward or department story reports inform Leadership Safety Huddles.

Over the last year, the Trust has received 743 stories, which is an increase of 48% from the previous year. Patient experience has been a key element of the regular reviews of the Trust's new model for acute maternity services. The feedback has helped to refine processes, and inform planned developments and service improvements.

Health and social care faces many challenges and the Trust must fully engage service users, carers and the public in improving services. The Trust will continue to develop the methods used to engage and make sure they are both flexible and robust, with patient experience at the centre.



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ANNUAL QUALITY
REPORT 2023/24



Northern Health
and Social Care Trust



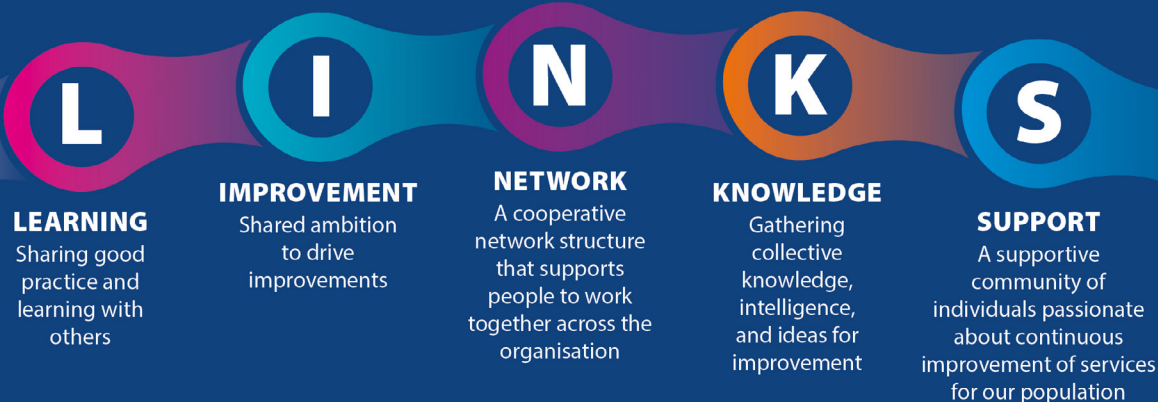
Quality Improvement Network

The Quality Improvement Network is a trust-wide network of colleagues trained in Quality Improvement skills with the aim of using Quality Improvement methods to tackle small, medium-sized and system wide challenges together.

The Network is our way of providing increased scale and reach, enhancing knowledge exchange, supporting innovation and creating meaningful relationships. The Network has a cooperative infrastructure across the organisation to support us to continually improve services for the people we serve.



The core principles of the network are:



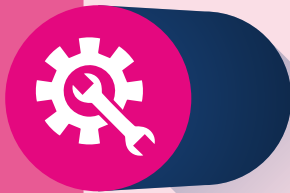
#teamNORTH



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ANNUAL QUALITY
REPORT 2023/24

SKILLS TO IMPROVE



8,881 staff
have completed
level 1 Quality
Improvement training



42 staff
trained in Quality
Improvement
Fundamentals



92 staff
graduated from
Safety Quality North
cohorts 5 and 6



**30 Senior
Leaders**
trained in Leading
Quality Improvement



**105
registered**
for Quality Coach
pilot programme



388 staff
attended the Quality
Improvement
Masterclass Series



**Trust Quality Improvement
Capability Framework**
developed to support staff build confidence,
knowledge and skills to improve

QUALITY MANAGEMENT & IMPROVEMENT PROJECTS



**188 improvement
projects**
aimed at improving
services and outcomes
supported through QI
clinics and QI mentoring



**5 Trust
projects**
took part in year
2 of the HSCQI
Timely Access to
Safe Care



**2 Trust
projects**
took part
in HSCQI
Delivering Value
programme



1 Trust project
took part in HSCQI Opioid
Improvement Collaborative



5 high level projects
identified for improvement in the Trust's
Safety and Quality Improvement Plan



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ANNUAL QUALITY
REPORT 2023/24



186 staff trained

in Understanding Human Factors and Quality Improvement as part of the NUTURE programme



59 staff trained

in Introduction to Human Factors



5 poster presentations

showcased at the International Forum for Quality and Safety in Healthcare



CULTURE & LEARNING



12 projects

supported via My Journey with 10,430 podcast listens and 3,727 video views



Northern Trust

led the regional Q Exchange project in leveraging capacity for improvement with the HSCNI workforce



INNOVATION



329 nominations

for staff to recognise excellence as part of the Greatix initiative



92 staff achievements

and success recognised as part of Safety Quality North graduation celebrations



Staff took part in **World Quality Day**

to recognise the efforts and contributions from staff and service users



CELEBRATION & RECOGNITION



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 the Trust can continually improve the quality of services, particularly when the care provided may not have been of the standard that would be expected.

Facts/Figures

- 854 formal complaints received (an increase from 840 in 2022/23)
- 100% of complaints acknowledged within 2 days
- 59% of complaints were responded to within 20 working days
- 5,827 compliments were received through the Chief Executive's office (compared to 3,404 in 2022/23)
- The two main categories of compliments that were received relate to professional behaviour/attitudes of staff and quality of treatment and care

The top 5 categories of complaints related to:

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

Learning from complaints

The Trust continues to review complaints in an open and transparent way and considers complaints to be an important source of learning. Discussing and sharing the outcome of complaint investigations is one of the ways it improves the experience for people using Trust services and ensures that staff take the learning on board.

Learning is shared and discussed in various forums, including Quarterly Complaints Review meetings with Operational Directors, Quadruple E Steering Group, which forms part of the Trust's Integrated Governance and Assurance Framework, and which feeds into the Risk & Assurance Group, and at monthly Divisional Governance meetings.

To ensure staff are aware of their responsibilities in respect of complaints, the Complaints Team provides training via e-learning and offers face-to-face training when required. Within 2023/24, a total of 654 staff completed Level 1 Complaints & Service User Experience Training. Level 2 Complaint Reviewer Training is offered to specific service groups of 10 or more via Microsoft Teams. Within 2023/24, a total of 199 staff completed Level 2 Reviewer Training.



NI Public Services Ombudsman (NIPSO) Cases

In instances where people are not satisfied with the outcome of an investigation into their complaint, there is an opportunity for them to approach the NIPSO Office directly.

The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office.

Where the ASSIST team conclude that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2023/24, there were 23 requests for information from the NIPSO Office:

- 7 cases were not accepted for investigation
- 3 cases went to alternative resolution
- 13 are on-going

INCIDENTS

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

The aim of the incident reporting system is to encourage an open reporting and learning culture within departments, divisions and Trust-wide, acknowledging that lessons learned need to be shared to improve safety, and apply best practice in managing risks.

The Trust uses DATIXWeb, an electronic risk management system. This web-based system facilitates the reporting of incidents in a timely manner; information regarding incidents is more accessible via dashboard reporting; and incident details are held in one single place. This supports timelier reporting, more efficient analysis and learning for the organisation, and facilitates the ownership and management of risk. Data and information on incidents also contributes to the identification and establishment of quality improvement projects within the Trust.

In terms of the wider Risk Management agenda, a number of other modules are available within the DATIXWeb system in the Trust; these are Risk Registers, Safety Alerts, Complaints, Serious Adverse Incidents (within the Incident module), Coroner's and Claims. This holistic risk management system for the Trust supports more timely learning and identification of themes and supports decision-making.

A total of 26,295 incidents were reported in 2023/24, which is an increase of nearly 12% from the previous year. This increase is reflective of the ongoing training and awareness that has taken place around incident reporting and the continued use of Trigger Lists for incident reporting. Trigger Lists outline the types of incidents the Trust would expect to be reported should they occur.



Total Number of Incidents and Top 5 reported Incident Types

Financial year	Total Incidents	Slip/Trip/Fall	Violence/Aggression	Medication	Absconded	Self-Harm
2023/24	26,295	7,031	4,573	1,859	864	719

Note: Figures are correct at the time of publication, therefore figures may be subject to change

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. During the period 2023/24, a total of 86 SAIs were identified and notified to the Strategic Planning and Performance Group (SPPG). In the previous financial year, 113 SAIs were notified, representing a 24% decrease in SAIs notified.

The table below outlines the number of SAIs involving death for the period 2023/24 at the time of reporting:

Division	Total SAIs notified to the SPPG involving death
Mental Health and Learning Disability Services (MHLDCW)	32
Children and Young People (CYP)	3
Medicine and Emergency Medicine (MEM)	2
Paediatrics, Women's and Corporate Support Services	1
Total	38

One of the criteria for determining if an incident is a SAI, is 'Suspected suicide of a service user who has a mental illness or disorder and is known to/referred to mental health or learning disability services in the 12 months prior to the incident'. Sadly, the significant number of suicide related deaths means the number of SAI notifications from Mental Health and Learning Disability, involving a death, are higher than other Divisions.

Learning from Serious Adverse Incidents

Each SAI report is presented at a Safety Panel, chaired by an Executive Director, which considers the quality and robustness of the review and examines the recommendations to ensure the learning from the SAI is reflected in the outcomes and disseminated internally to staff and/or shared regionally. The Learning for Improvement Group (which is a sub-group, reporting to the Safety and Care Quality Steering Group, within the Trust's overarching Assurance Framework) provides oversight of those recommendations and ensures that learning has been shared appropriately and trends identified.



Learning can be indicated for sharing regionally, which can be achieved through the issuing of an immediate alert, a learning letter, a reminder of best practice letter or through the regional newsletter 'Learning Matters' which can be accessed via [Learning Matters Newsletters | HSC Public Health Agency \(hscni.net\)](https://hscni.net/learning-matters-newsletters)

LEADERSHIP SAFETY HUDDLES

There are numerous informal and formal opportunities for senior leaders to engage with frontline staff and services to demonstrate that their contribution to safe service delivery is valued, and to strengthen collaboration between leaders and frontline staff. Leadership Safety Huddles is one of the formal opportunities for senior leaders to talk to and listen to frontline staff about issues and concerns relating to service user safety, and encourage participation in quality and safety improvement at all levels of the Trust.

During 2023/24, a total of 40 Leadership Safety Huddles were held, which is an increase from the 35 held during the previous year.



THEME 2:

STRENGTHENING THE WORKFORCE



THEME 2: STRENGTHENING THE WORKFORCE

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ANNUAL QUALITY
REPORT 2023/24

PEOPLE AND CULTURE PLAN 2023-26

The Northern Health and Social Care Trust launched its People and Culture Plan 2023-26 in May 2023. The Plan was informed by engagement with our people, insight and learning from Investors in People, regional staff surveys and engagement data, as well as benchmarking, and is aligned to the Trust's current and future challenges and ambitions.



The three-year Plan sets out the Trust's priorities and commitments to our people, and how we will all work together to build a future where Team North is more than a workplace.

LEARNING MANAGEMENT SYSTEM

The new Regional Learning Management system, LearnHSCNI went live in May 2023. Communications were issued via corporate channels, and a comprehensive resource hub created on Staffnet to assist staff to access and navigate the system.



AS AT 31 MARCH 2024:



76% of staff trained at level 1 of the Quality 2020 training attributes framework



78% of managers trained in Openness



65% of agenda for change staff undertaking an in-year appraisal



99% appraisal rate for medical staff



34.33% of frontline workers received the flu vaccination



87% of staff trained in Information Governance Awareness



85% of staff trained in Cyber Security



72% of staff trained in Fire Safety Awareness



STAFF COMMUNICATIONS



Staffnet was re-launched in January 2023 and during 2023/24, this was further developed with the online corporate calendar for events and campaigns, and improved mini-sub sites for 'Working Here' and 'Your Health' becoming available. The 'Latest news' section was added and a designated 'Encompass' row for the planned 'Go Live' in November 2024. A 'Health, Wellbeing and Inclusion' row has been introduced to highlight the resources and support available to staff, aligned to the People and Culture Plan, and the Staff Health, Wellbeing and Inclusion Strategy. A 'Watch/Listen' row has also recently been added to share video and audio content which has improved the variety and accessibility of communications, and allows creation of more engaging content for staff.

The Team North Brief format was reviewed during 2023/24, and a refreshed Team North News monthly newsletter was launched in April 2024.

The newsletter has a particular focus on staff recognition, telling the story of Team North through celebrating the success and achievements of teams and services, and highlighting the positive impact on patients and service users.

The Trust worked closely with Trade Union colleagues around industrial action by their members, and communicated with staff and service users around the impact to services.



'People Pulse' is issued on a monthly basis, distributed through email to all staff, and made available through the Trust's intranet page. This provides a consolidated Human Resource information in one place, highlighting Health & Wellbeing initiatives, directing new staff to corporate welcome events, upcoming training events and promoting Equality, Diversity and Inclusion activity, amongst many others.



DEVELOPING LEADERSHIP CAPABILITY

The inaugural Team North Leadership Programmes Shared Recognition event was held on Tuesday 4th July 2023 and attendees were delighted to be joined by the Trust Chief Executive and other members of SMT to celebrate Team North Leaders: The Class of 2023.



The second cohort of the Team North Leadership Pathways programmes: Aquilo, Shimal and Boreas launched in October 2023. A new programme, *Management Matters* was also launched for newly appointed managers and those managers wishing to refresh their managerial skills.

LEADERSHIP CONFERENCE

The 2023 Team North Leadership Conference and Chair's Awards took place in September 2023. The theme was **Team North: Nurture, Enable, Build**. The full day event was delivered through a lens of shared learning, inspiration and celebration.



The programme focused on:

- Nurturing an open, just and learning culture;
- Enabling leadership at all levels to lead healthy teams, inspire continuous improvement and deliver effective change;
- Building on success, celebrating the talent, achievement and innovation thriving in Team North.

The annual *Chair's Team NORTH Awards* were held in September 2023. Eight awards were presented in a range of categories, which collectively showcased the values that embody the everyday work in the Trust.

STAFF INDUCTION AND CORPORATE WELCOME

The new Team North Welcome launched in January 2024, replacing the online Corporate Welcome. The two-part program comprises:

- Part One: (in person) featuring the new **NURTURE** program, introducing new starts to the Team North Open, Just and Learning Culture
- Part Two (online) enables new staff to complete their core mandatory training via the LearnHSCNI platform.





THEME 2: STRENGTHENING THE WORKFORCE

NHSCT
ANNUAL QUALITY
REPORT 2023/24

QUALITY 2020 ATTRIBUTES FRAMEWORK

Overall, 76% of Trust staff have now successfully undertaken level 1 of the Quality 2020 training attributes framework. The Level 1 training programme provides staff with an introduction to Quality Improvement and the critical role that it plays in the provision of care for patients, clients and service users.

PROMOTING OPENNESS

As at 31st March 2024, a total of 994 (78%) of Trust managers have now successfully completed Openness training.



The Trust is anticipating that the launch of the Regional HSC Raising Concerns in the Public Interest (Whistleblowing) Framework will take place in April 2024.

SUPPORTING EQUALITY, DIVERSITY & INCLUSION (EDI)



In May 2023, the Trust launched the Equality Monitoring Campaign with the message that "Equality, Diversity and Inclusion is about each and every one of us!" Staff were encouraged to update their data, to address employment inequalities and to promote diversity through the reporting of equality monitoring data.

The Trust once again showed its support for PRIDE in 2023 and in February 2024, celebrated National Race Equality Week launching the Trust's annual Race Equality News Bulletin. The Bulletin highlighted the UK Wide movement theme of #ListenActChange...



IMPROVING STAFF HEALTH AND WELLBEING



The Trust takes a stepped approach to staff health, wellbeing and inclusion, with a focus on prevention and early intervention as demonstrated in the 'Promotion' element of the triangle model. The Trust also has the infrastructure in place to offer more tailored interventions to support and respond to specific employee wellbeing needs, through the like of the Occupational Health and Wellbeing Service.

Work commenced in May 2023 on a new 3-year Staff Health, Wellbeing and Inclusion Strategy. The new strategy will be launched in the Summer of 2024.



In March 2024, the Trust launched its new Workplace Support Strategy following approval at Trust Board. The Strategy includes the new policy, a support pack for staff and managers, a comprehensive training programme and the development of a network of experienced advisors across the Trust.

REVALIDATION OF MEDICAL AND NURSING STAFF

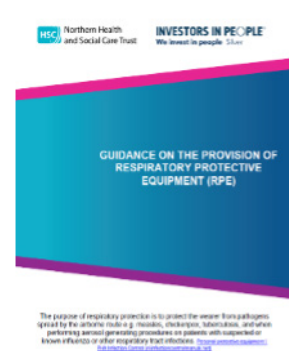
Revalidation is a mechanism for doctors, nurses and midwives practicing in the United Kingdom to prove their skills are up to date and they remain fit to practise. The Trust continues to ensure that all relevant staff are revalidated.

STAFF FLU VACCINATION RATE

The Staff Autumn Vaccination Programme commenced in September 2023 and staff were able to avail of one or both vaccines at pop up clinics across Trust locations from September through to January 2024. The final uptake figures for frontline staff for the COVID booster was 1,256 (14.95%) and the Flu vaccine was 1,692 (20.14%), including agency staff.

FIT TESTING

During 2023/24, a Guidance document on the Provision of Respiratory Protective Equipment (RPE) was developed and disseminated to managers working in those areas identified as requiring fit testing.



Current compliance rates for those staff who require fit testing is 44% as of the 31st March 2024, which is reported on a quarterly basis through the corporate dashboard. Work has commenced on targeted fit testing in key areas, which includes ICU, Theatres, Endoscopy and Emergency Department across both Causeway and Antrim sites. Further communication is planned in relation to the roll out of the internal fit testing programme with identified key performance targets over the next two years.



APPRAISAL

The Appraisal Conversation

The new Trust TeamNORTH Appraisal Paperwork was launched in early April 2023.

As at 31 March 2024, 68% of Trust staff were given the opportunity to undertake an in-year annual appraisal conversation and agreed Personal Development Plan and a wellbeing appraisal.

The HR Helpdesk and the Organisation Development Support Team continued to provide support to line managers to by recording appraisals on their behalf.

RECRUITMENT/RESOURCING

The Resourcing team saw a decrease in requisitions in 2023/24 as a result of the introduction of a Corporate Scrutiny process in December 2023. The activity data is shown below.

	Total Requisitions received	Lead Requisitions created	Requisitions Created for Manager	Total
2021/22	2864	155	87	3106
2022/23	2945	193	35	3173
2023/24	2435	147	35	2617*

**Student social work streamlining sat outside of process above, with the team supporting the recruitment of 48 students into the Trust.*

Support for the International Nurse recruitment programme has decreased with 31 applications for Certificates of Sponsorship processed. There has been an increase in the requirement for Certificates of Sponsorship for applicants appointed through Medical Resourcing and Business Services Organisation (BSO) Recruitment & Selection Shared Service Centre; from 7 in 2022/23 to 12 in 2023/24.

The introduction of a number of initiatives to reduce average days taken from conditional offer to final offer has resulted in a reduction of 50% - from 16 days in March 2023, to 9 days in March 2024. The Trust continues to work on improving the average days taken when a decision is required either from a manager or from Occupational Health.



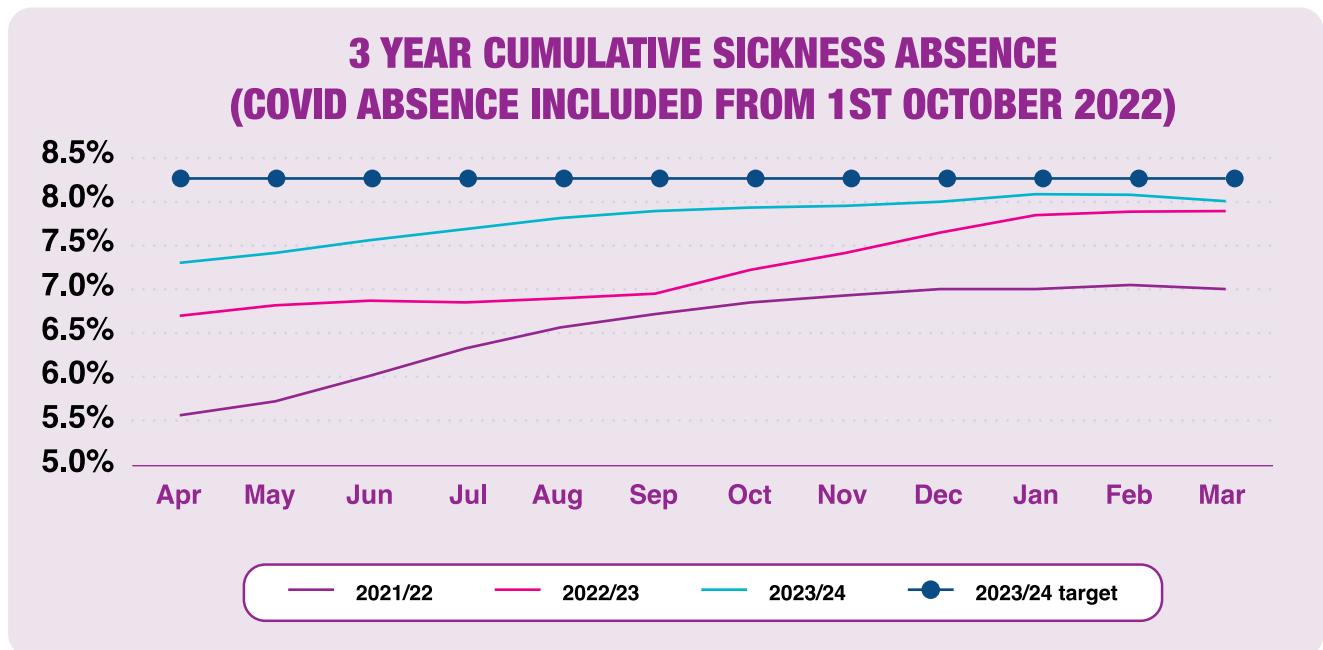
REGISTRATION OF PROFESSIONAL STAFF

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

STAFF ABSENTEEISM

The Trust cumulative sickness absence percentage for 2023/24 was 8.0% (including COVID-19), against the 2023/24 target of 8.26%.

The chart below compares the cumulative absence position over the past 3 years from 2021/22 to 2023/24.



During 2022/23, COVID-19 related sickness was recorded as 'sickness absence' and is evident with the overall increase from this date.

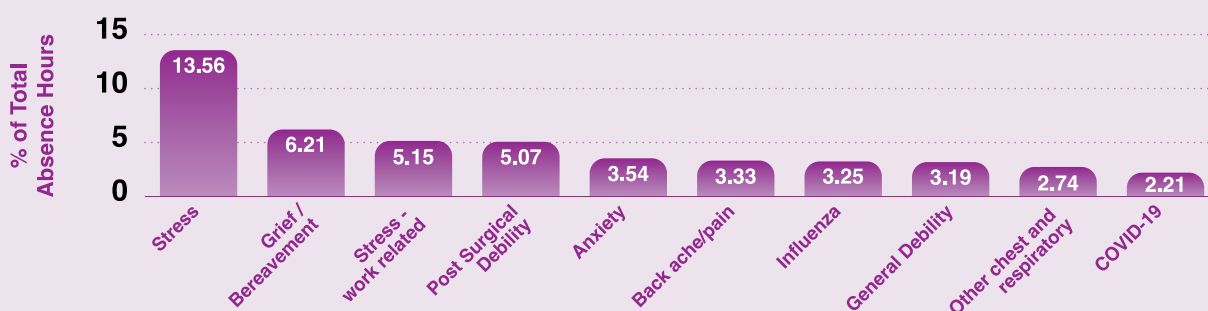


THEME 2: STRENGTHENING THE WORKFORCE

NHSCT
ANNUAL QUALITY
REPORT 2023/24

The chart below details the top 10 reasons for absence during 2023/24.

TOP 10 ABSENCE REASONS (1ST APRIL 2023 - 31ST MARCH 2024)



A Supporting Attendance Toolkit was produced in May 2023 to assist Line Managers in the management of sickness absence. HR clinics were also provided as an introduction to the Toolkit.



INVESTORS IN PEOPLE (IIP) - 12 MONTH INTERIM REVIEW

Having achieved IIP Silver status in January 2023, the Trust had its 12-month interim Review meeting on 20th December 2023. This interim meeting provided an opportunity for the Trust to check in with the IIP Team to provide an update on:

- its people progress since reaccreditation in early 2023;
- outline plans, priorities, challenges and context over the next 12 months.





STAFF ACHIEVEMENTS

During 2023/24 the Trust received a number of awards, both regionally and nationally, for achievements in driving improvement and engendering a culture of excellence across health and social care. Listed below are only a few examples of the external awards received by Trust staff.

RCN NURSE OF THE YEAR AWARDS



Vicky Burns was named RCN Northern Ireland Nurse of the Year in June 2023. As a pioneer in her field, Vicky is the first and only nurse Hysteroscopist in Northern Ireland, who has been praised for her unwavering determination, dynamism and positive attitude, as well as her strong motivation to develop a new service that has significantly improved the experiences of women.

'CAUSEWAY HEALTHY KIDS' PROGRAMME



The 'Causeway Healthy Kids' programme received two awards at the Advancing Healthcare Awards in October 2023.

The project won the Partnership Working in Public Health Award and was also named the Overall Winner between Causeway Coast and Glens Council and the Trust.

INVESTORS IN PEOPLE AWARD



In November 2023, Maternity Services and HR Team won the Best Pivot Award in London. The team were recognised for the exceptional work that was undertaken supporting the staff and the community as part of the transformation of maternity services, which saw the transfer of all hospital births to Antrim Area Hospital in July 2023.

HONORARY PROFESSORSHIP

In May 2023, Michele Kavanagh (Consultant Clinical Psychologist) from the Perinatal Mental Health Team was awarded an honorary professorship from the Queen's University School of Nursing and Midwifery.



THEME 3:

MEASURING THE IMPROVEMENTS



THEME 3: MEASURING THE IMPROVEMENTS

What does measuring the improvement mean for the Northern Health and Social Care Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2023/24, each Trust was required to measure a number of quality improvement indicators, and listed below are some examples of measuring the improvement.

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

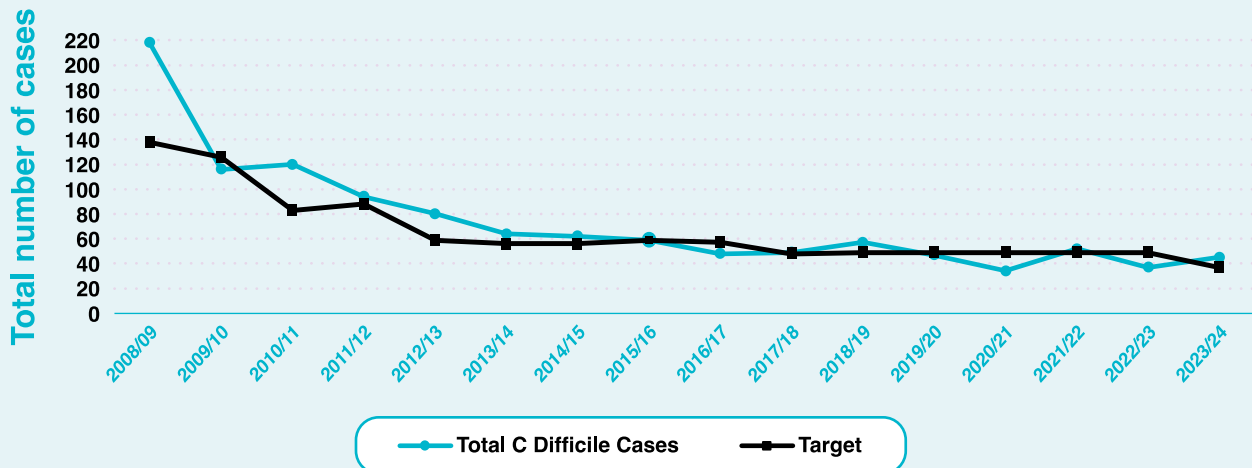
Clostridioides difficile

Clostridioides difficile, formerly known as *Clostridium difficile* (*C. difficile*), is a bacterium that some people may carry in their bowel and is normally kept under control by good normal gut bacteria. Certain antibiotics can disrupt the natural balance of bacteria in the bowel, enabling *C. difficile* to multiply and produce toxins that may cause mild to severe illness, including symptoms of diarrhoea.

C. difficile bacteria are able to survive on surfaces for long periods and are easily transmitted via contaminated hands, equipment and environmental surfaces.

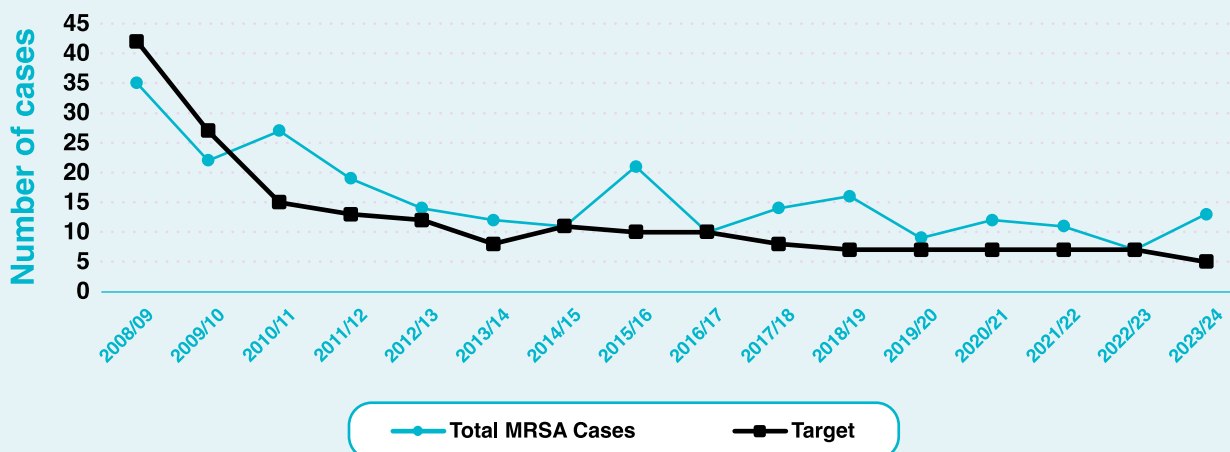
The Trust performance on *C. difficile* infections at the end of March 2024 was 45 cases against a target of 37; at year-end this was above the target set by the Public Health Agency (PHA).

NUMBER OF C DIFF CASES





NUMBER OF MRSA BACTERAEMIA CASES



MRSA

Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia is a type of bacterial blood stream infection that is resistant to a number of widely used antibiotics. As a result, it can be more difficult to treat than other bacterial infections.

The Trust performance on MRSA bloodstream infections at the end of March 2024 was 13 cases against a target of 5; at year-end this was above the target set by PHA.

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 was designed to reduce the number of errors and complications resulting from surgical procedures by improving team communication and checking essential care interventions. During 2023/24 the Trust achieved 92% compliance with the WHO Surgical Checklist.

The Band 6 Clinical Sister in each area completes WHO audits monthly. There are also three-monthly observational audits carried out where the Clinical Sister will observe all practices within the theatre environment. Each department manager also conducts an audit in another theatre department to assess compliance. Compliance with these three-monthly observational audits for 2023/24 was 97%.



MATERNITY SERVICES

Within the Trust, a new model of care was introduced in July 2023, where all inpatient and birth provision was relocated to the Antrim site. The Trust is committed to enhancing the Causeway Maternity Hub by improving local access to antenatal and postnatal services for women within the Causeway locality. Complex antenatal clinics have been moved to Causeway so as to mitigate the distance women have historically been asked to travel to receive this care.

PERINATAL MENTAL HEALTH/SOCIAL COMPLEXITIES

Alongside previous obstetric led antenatal clinics, there is a dedicated perinatal obstetric clinic. Since the reconfiguration of services, the community perinatal mental team commenced two weekly clinics in the hub. This has facilitated an improved pathway and increased co-ordination in care between the multidisciplinary teams.

The Trust has established various complex antenatal care pathways to facilitate increased access to services, these include:

- Third trimester Midwifery Led Scanning
- Weigh to Health Pregnancy for women with an increased BMI in pregnancy
- Social complexity clinic
- Specialist infant feeding clinic
- Maternity Care Clinic

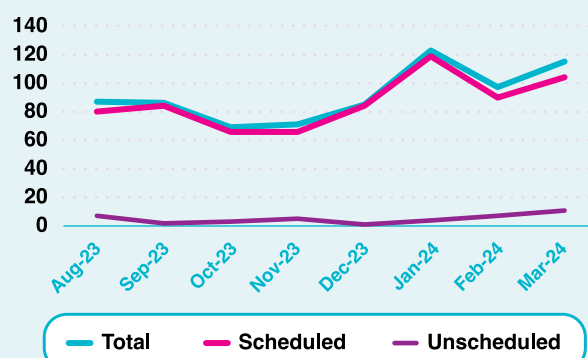
Pathways are currently being developed and will be launched in the coming few months to provide a cohort of risk-assessed women to receive follow up antenatal care who present with gestational diabetes; further increasing perinatal services to the women in the locality of Causeway without the need to travel to the Antrim site.

MATERNITY CARE CLINIC

The Maternity Care clinic is a dedicated provision for scheduled care and a limited number of unscheduled care provision. Since the opening of this unit, 733 women, until end of March, have benefited from the utilisation of this service. The table below highlights the encounter types which have been completed in the woman's local area without the need to travel to the Antrim hospital site.

Scheduled care includes iron infusions, caesarean section pre-operative care, screening tests, including those for diabetes and fetal and maternity wellbeing checks to name a few. Unscheduled care can include assessments of blood pressure and assessment if spontaneous rupture of membranes may have occurred.

MATERNITY CARE CLINIC ACTIVITY





MATERNITY, CONTINUITY OF MIDWIFERY CARER

Continuity of Midwifery Carer (CoMC) is a regional transformation service change aiming to build professional relationships between women and their care providers. Care is provided by a small team of known midwives through the antenatal, intrapartum and the early parenting period. The Lead midwife for continuity of midwifery carer is working in partnership with the regional leads to ensure safe, robust implementation and contingency planning is undertaken within the Trust. A phased accountability approach will be utilised for the transformational service change with the development of small teams eventually leading to CoMC being the 'default' model of care. The Trust were the only Trust in the region who had an established CoMC team from 2020, the Lotus Team. The Team has since aligned with the regional model in 2023 and can demonstrate improved clinical outcomes, for example breastfeeding initiation rates are increased from the traditional model of care. The Care Opinion platform is a testament to the positive impact the Lotus Team have had on the experience of maternity care within the Trust. Some excerpts from Care Opinion:

"My anxiety and stress levels were so high until I met with the Lotus Team. They made me feel at ease and were always there at the other end of the phone if I needed extra support"

"...can honestly say if it wasn't for the help from lotus my pregnancy would have been very different"

"I feel happy to have had such a great team. I would say to anyone expecting a baby please, please consider the Lotus team"

"The Lotus team were beyond amazing during my pregnancy and labour! They had made me feel so comfortable and at ease throughout the whole thing!"

"My lotus midwife was an amazing support all through my pregnancy, labour and after my daughter's arrival. Longer appointment helped to provide excellent person centred care. She has helped me be more confident and supported me in every single thing"



SUCCESSION PLANNING



Succession planning in the field of midwifery is essential to ensure a skilled and capable workforce for the future. There is no recognised model for midwifery succession planning. The Trust implemented the first succession planning programme for midwives in Northern Ireland in 2018. This programme was evaluated positively by attendees with clear outcomes, notably 63% of participants progressing into band 7, 8 or specialist midwifery roles. The clear outcomes provided the impetus to continue with another programme and to expand this initiative to enable all midwives to avail of this opportunity.

In total 22 participants have participated in the programme in 2023 which used a hybrid model, combining face-to-face and virtual sessions over Microsoft Teams in order to overcome any delays or uncertainties relating to COVID-19.

The programme is set to conclude with all participants being offered shadowing opportunities with the Senior Midwifery Team.

Following this, key achievements will be evaluated fully, however feedback from participants has been overwhelmingly positive; acknowledging the inspiration and insight gained from guest speakers, and also insight into other roles and an understanding of potential career pathways, previously not considered.

Lessons learned from this programme include recognising the importance of face-to-face sessions amongst participants to create opportunities for further engagement. Plans are in place to review the programme and develop a generic model that can be used in future programmes.

Recommendations include the establishment of a permanent succession planning programme to be included within training and leadership. This model could also be considered within other areas of our service, including gynaecology nurses, to ensure and prioritise a consistent and sustainable approach to succession planning for both nurses and midwives.



ANIMATING NEW MOTHERS FOR DISCHARGE



Animating New Mothers for Discharge

Sauna Mc Peake Antenatal Education Coordinator Midwife NHSCT

Aim of the project

To reduce the time spent providing routine discharge advice by 45mins, within 3 months whilst improving service user satisfaction.

We plan to innovate and improve our provision of discharge advice within Maternity Services from both the hospital and community settings by developing two educational videos.

Fig. 1



Rationale

Approximately 3700 births are facilitated in the NHSCT maternity services each year. So that's approx. 10 women and babies discharged each day.

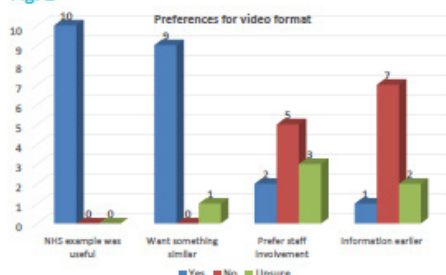
This advice takes approx. 30 minutes in hospital and 30 minutes in the community setting. A total of 1 hour, per woman discharged.

There is no provision for the advice in video format – which can be watched again and again.

Scoping exercise and PPI

An audit of 10 women on the postnatal ward found that 90% of them preferred their information/education in an animated video format.

Fig. 2



Comments from scoping exercise

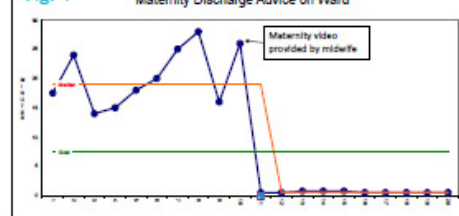
Fig. 3



Findings

Following the introduction of the animated video in the hospital the average time taken by a midwife to give standard discharge advice to women on the ward decreased on average from 20 minutes 21 secs to only 34 secs per woman. Increasing productivity by saving 3hrs 17mins on average per day.

Fig. 4



Time taken for 10 women to be given standard discharge advice by midwife and 10 women after being given animated video by midwife for discharge advice.

Fig. 5 Title Screen of Animated Video



Learning and next steps

- We plan to make any changes or amendments and scale up with each PDSA cycle.
- After roll out to all routine discharges, we hope to focus on adaption of the video animation for those with complexities or different languages.



THEME 3: MEASURING THE IMPROVEMENTS

NHSCT
ANNUAL QUALITY
REPORT 2023/24

PRACTICAL OBSTETRIC MULTI-PROFESSIONAL TRAINING (PROMPT)

Enhanced Maternal Care: Introducing a new course designed around maternal critical care for midwifery staff

C. Hamilton, E. Gorman, G. Doogan, C. McDonnell, Antrim Area Hospital, NHSCT

INTRODUCTION

- Critical illness in the pregnant and postnatal population is becoming increasingly common, due to factors including advanced maternal age, obesity, and other associated comorbidities.
- Recommendations for standard of care of critically ill parturients are outlined in the 2018 Report 'Care of the critically ill woman in childbirth: enhanced maternal care.' [1]
- Our maternity unit provides Level 2 care for many of these patients on delivery suite.
- The PROMPT course provided by NHSCT does not include the CIPP course [2]
- The midwifery staff highlighted the need for additional training in providing enhanced maternal care.

COURSE DESIGN

- Half day pilot course
- Multidisciplinary team including:**
 - Practice Development Midwife
 - Midwifery Sister
 - Senior Gynaecology Nurse
 - Simulation Fellow
 - Consultant Obstetrician
 - Anaesthesia Specialist Doctor
 - Anaesthesia and ICM Trainee
 - Consultant Anaesthetist

DISCUSSION

Given the extremely positive feedback from candidates and faculty, we plan to progress by running this course bi-annually in the NHSCT.

We plan to develop this as a full day course with further workshops and simulated scenarios.

We are considering making it a multidisciplinary course, available to all team members.

OBJECTIVES

- Meet the local needs of training, particularly for newly qualified midwives.
- Extend the training provided by the PROMPT course.
- Improve confidence in identification of the sick parturient and delivering high level of care.

FEEDBACK

- 15 midwives attended. They completed a pre- and post-course evaluation to assess their own knowledge, skills and confidence.
- There was 100% improvement in self-assessed knowledge and confidence.
- 100% rated the course as "Excellent".

"Very well organised and useful in practice"

"A really safe learning environment"

"All midwives should complete this course"

REFERENCES

- Royal College of Anaesthetists. Care of the critically ill woman in childbirth: Enhanced Maternal Care. 2018
- The PROMPT CIPP Editorial Team 2019. Critical Care PROMPT Course Handbook. Cambridge University Press

The multi-disciplinary PROMPT team have recently expanded their portfolio to include Maternal Critical Care modules and Outside of hospital PROMPT training with Northern Ireland Ambulance Service (NIAS). Both of these new additions focus on the quality and safety of women and families, whilst increasing the confidence of teams to provide enhanced care within the maternity service.

Prompt

The implementation of a Pre-hospital PROMPT training programme

Louise Shingleton – Practice Development Midwife, Northern Health and Social Care Trust – Contact 07442238206

Background-Why is the quality improvement needed?

The Royal College of Midwives (RCM 2023) have called for a new regional maternity strategy that provides 'Maternity care women require, where they require it' placing a woman's choice of birth as an integral part of maternity care. The RCM paper also acknowledges the challenges maternity services face with changing demographics, multiple complexities in pregnancy and increase in requests for homebirth outside of guidance.

In 2021 the NHSCT delivered 5166 babies, the largest number of live births in all 5 trusts regionally. (NHSRA). NHSCT have also completed 183 home births to date, which accounts for 50% of all home births within Northern Ireland (RCM 2023). As is reflected in the RCM paper, many of these requests were outside of guidance, increasing the risk of complications arising.

Evidence

Practical Obstetric Multi-professional training (PROMPT) is a validated training programme designed to prepare staff to recognise and manage obstetric emergencies using a structured approach. The training principle is that 'teams that work together should train together' The training focuses on enhancing communication and situational awareness to reduce the impact of human factors. With the number of home births in NHSCT increasing year on year, staff recognised the need for PROMPT training in the pre-hospital environment. A multi-professional team was created to design and deliver a pre-hospital training programme in the first instance for community midwives & NIAS.

Aim

Implement a Pre-hospital PROMPT programme co-produced by NHSCT & NIAS

Method

A training needs survey was used to capture previous training staff had attended and requests for future training. Previous training ranged from attending annual updates to minimal training throughout an entire professional career. Requests for training were listed under specific emergencies and ranged from 95-100% request rate for future training. Staff were also asked to share their concerns and challenges when managing an obstetric emergency in the home.

Challenges & Concerns

First Pilot

A shortened programme was agreed and our first pilot was limited to a small number of attendees with a mix of maternity and NIAS staff. Programme evaluations were then held.

Following review of the training needs analysis and the programme evaluations, the MDT decided to extend the programme to a full day and to open up the number of available places to full capacity.

Improvement Themes

- More MDT training
- More integrated training with NIAS
- Yearly training made available
- More availability of training dates

Second Pilot

18 staff were invited to attend the full pre-hospital PROMPT training day with attendees numbers split equally between NIAS and community midwives.

Programme evaluations

100% of the attendees evaluations strongly agreed that the course content was useful and met their needs.

Pre & Post training self evaluations

Attendees were asked to complete their individual confidence and competence levels in managing specific Obstetric emergencies pre and post training. There was a 100% increase in both confidence and competence levels following the training.

Moving Forward

Attendee feedback was themed to inform future sessions.

Lessons Learnt and Key Recommendations

- Understand staff anxieties around managing obstetric emergencies in the home.
- Effective MDT work to ensure programme continues to meet staff training needs
- Ensure programme changes are co-produced to provide multi-disciplinary training assurances
- There & share programme evaluations to provide assurance
- Continue to explore future training dates and capacity

Acknowledgements

Thank you goes to all the Maternity & NIAS staff who have contributed to the development of this MDT Training Programme.

Contact:
Louise Shingleton
Practice Development Midwife
Antrim Area Hospital
louise.shingleton@nhs.uk



PREVENTION OF FALLS

‘Slips, Trips & Falls’ remain one of the most common incident types within the Trust during 2023/24.

The National Institute for Clinical Excellence (NICE) Clinical Guideline (CG) 161 states that people aged 65 and older have the highest risk of falling, with 30% of people over 65 and 50% of people older than 80 falling at least once a year.

The number of falls during 2023/24 has reduced to 1,698. The following reasons continue to contribute to these rates:

- Increasing ageing population
- Increasing prevalence of multi-morbidity, polypharmacy and frailty
- Deconditioning of the elderly population as a result of COVID-19 and associated social isolation

The Trust continues to see the importance of falls prevention as a key component to healthy ageing. To facilitate this, the Trust has established a Falls Steering Group focusing on a multi-disciplinary and agency approach to the prevention and management of falls.

Falls Awareness training sessions covering multi-factorial risk factors, continued to be delivered to Trust and Care Home staff by the Falls Prevention team. A number of Regional Falls Awareness e learning modules have also been launched focusing on specific locations for clinical facing staff.

The Regional Falls pathway for care homes has been launched, this includes a guideline for the immediate management of a resident who has fallen. The Trust is continuing to support staff to embed this in practice and continue to offer a falls prevention screening and advisory service to Trust and Care Home staff via the telephone, offering further advice and guidance regarding falls and injury prevention.

The established Falls Screening Service continues to accept referrals via Northern Ireland Ambulance Service (NIAS), the Trust Emergency Departments (ED), Minor Injury Units and Fracture Liaison Service. The service also accepts self-referrals direct from service users. After completion of a multi-factorial falls screening, onward appropriate referrals are made to internal and external services, to help reduce the risk of falls and subsequent injuries.

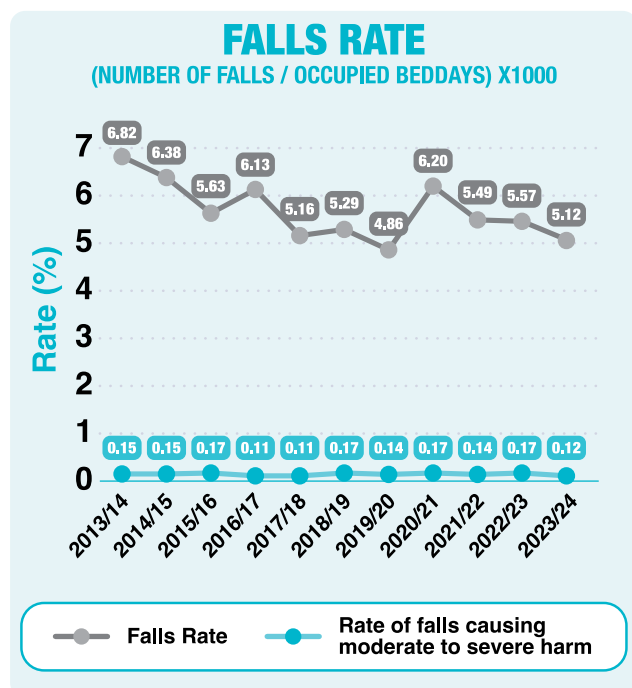
Within the Trust’s inpatient settings, the FallSafe bundle is embedded into practice, with participating wards completing monthly compliance audits, identifying areas for learning and developing improvement plans.

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



Falls rate per 1000 beddays

The 2023/24 falls rate across all adult inpatient areas was 5.12%, and the rate for moderate to catastrophic harm was 0.12%.



Next steps

- Ongoing Regional Falls collaboration to standardise assessments post-fall within the inpatient setting
- Reduction in inpatient falls will be one of the top 5 key improvement priorities for the Trust in 2024/25

PREVENTION OF PRESSURE ULCERS

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

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



Surface



Skin
Assessment



Keep
Moving



Increased moisture
Management



Nutrition



THEME 3: MEASURING THE IMPROVEMENTS

The Trust have implemented **Pressure Ulcer Primary or Secondary Evaluation Tool** (PURPOSE T) into all adult inpatient and community settings. The Regional Pressure Ulcer Prevention SSKIN Bundles for adult inpatient and community settings were launched alongside PURPOSE T in July 2023. This implementation has resulted in changes to the Nursing Assessment booklet and education tools such as the Pressure Ulcer e-learning programme.

Key facts

During 2023/24, the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2023/24 the Trust reported 483 hospital acquired pressure ulcers which were graded stage 2 and above. Of these, 152 were stages 3 and 4. Of the total number of Stage 3 and 4 pressure ulcers, 75 were deemed avoidable.

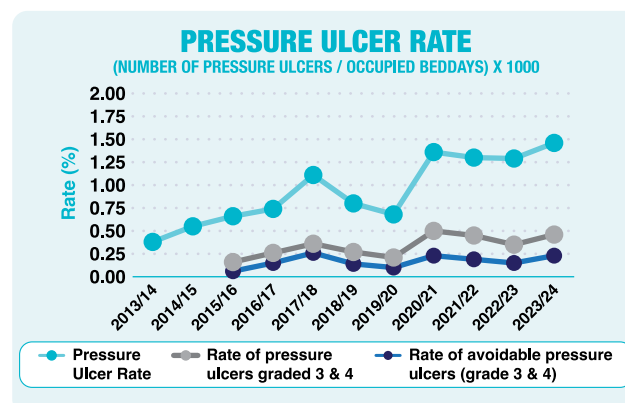
Overall the rate of all hospital acquired grade 3 and above pressure ulcers has increased from 0.35 to 0.46. The rate of avoidable pressure ulcers has increased from 0.15% to 0.23%. This increase may be reflective of an improved, more robust post-incident review process.

The Wabalogic Medical Photography App has been implemented in hospital settings since April 2023. Staff have embraced the use of medical photography; in Quarter 4, 2023, 71% of hospital Tissue Viability referrals had a supporting Wabalogic image taken at the time of referral. These images support the Tissue Viability Nurse (TVN) to appropriately triage referrals and improve the timeliness of TVN patient advice.

In addition to this, the scope of this project now includes the opportunity for staff to capture the condition of patient's skin throughout their inpatient journey. Over 1000 users have been added to Tissue Viability Active Directory group to date.

Using the Department of Health (DoH) Link Nurse Framework, a total of 70 Tissue Viability Link Nurses have been recruited to support the TVN and the inpatient/outpatient departments in all acute and community hospitals to achieve safe, effective, person-centred wound care. The TVN team hosted a successful link nurse away day in April 2023. A total of 64 Tissue Viability Link Nurses attended on the day from the acute and community hospitals and most of the divisions were represented.

The TVN team have facilitated practical learning sessions in Antrim Area Hospital. Hospital Tissue Viability link nurses and healthcare staff were given the opportunity to practice the fundamental skills of wound care, pressure ulcer prevention and management and subsequently address the key learning themes from pressure ulcer post-incident reviews.





ACTION THE TRUST IS TAKING

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

- The contract with Wabalogic is due to end in December 2024. An action plan and a regional consent policy is being discussed at regional illustrative recording meeting in preparation for NIPACs +. The Trust's TVN lead is working with this group
- All registered nursing staff and non-registered staff working in hospital and community settings should complete the regional e-learning programme for Prevention of Pressure Ulcers in Adults for Registered Practitioners, every 2 years. All non-registered staff including nursing assistants, Health and Social Care (HSC) employed domiciliary care workers and Allied Health Professionals (AHP) support workers can access this HSC e-learning programme
- There are plans to develop a community Tissue Viability Link Nurse group to offer the same opportunity for learning and networking

ACTION THE REGION IS TAKING

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

- It is recognised now that healthy women whose labours are prolonged or require caesarean sections are at increased risk of pressure ulcers. Within the Trust, 9 pressure ulcer incidents from July 2020 - December 2022 were recorded. Quality improvement work is ongoing to address this risk. The TVN and maternity department have developed and implemented the Trust Maternity SSKIN bundle including the PURPOSE T risk assessment tool. On worldwide STOP pressure ulcer day 2023, the TVN team and the maternity department celebrated achieving 353 days without a pressure ulcer in the maternity department. Regional collaboration began in 2023 and plans are in place to implement the final version of the Trust Maternity SSKIN bundle regionally, once supporting education has been delivered
- Safeguarding criteria is being developed regionally to assist staff with decision-making in relation to appropriate referral to the adult protection team following a pressure ulcer incident
- The TVN team lead collaborated with the regional TVN leads to develop a pressure ulcer definition document. The recommendations in this document are designed to support a more consistent approach to the definition and measurement of pressure ulcers at both local and national levels across all trusts.



PREVENTION OF VENOUS THROMBOEMBOLISM

Venous Thromboembolism (VTE) is a condition in which blood clots form (most often) in the deep veins of the legs. This is known as deep vein thrombosis (DVT) and sometimes the clot can travel through the blood circulation and lodge in the lungs causing a pulmonary embolism (PE).

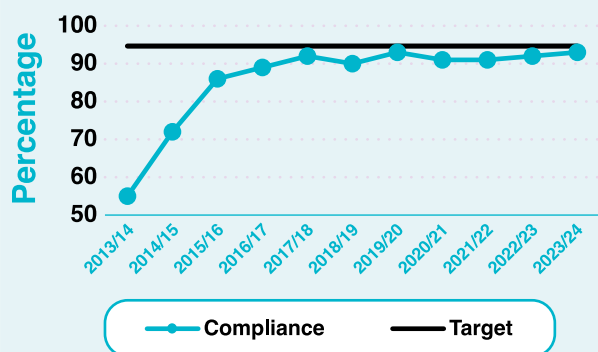
Admission to hospital increases the risk of blood clots (DVT, PE); however, VTE can be preventable. To help prevent VTE in patients admitted to hospitals, a risk assessment is carried out at admission to determine the level of risk of developing VTE, and anti-clotting medicines are prescribed if appropriate.

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

During 2023/24 the Trust achieved:

- 93% compliance with the completion of a VTE risk assessment within 24 hours of admission for patients to acute and community hospitals;
- 96% compliance with prescription of appropriate VTE prophylaxis

COMPLIANCE WITH COMPLETION OF VTE RISK ASSESSMENT



COMPLIANCE WITH PRESCRIPTION OF APPROPRIATE VTE PROPHYLAXIS



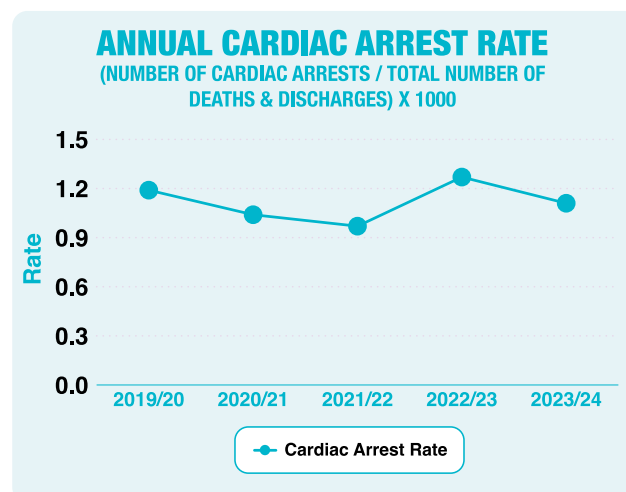


CARDIAC ARREST RATES

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

Number of cardiac arrests, divided by the Number of deaths and discharges, and then multiplied by 1000.



OMITTED AND DELAYED MEDICINES

Transforming Medication Safety Strategy Northern Ireland

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

One of the domains relates to HSC staff and is committed to ensuring that staff in our health service have the skills to be medication wise. Omission or delay of medicine doses can lead to harm for patients, particularly when critical medicines are involved such as antimicrobials, drugs for control of Parkinson's Disease or diabetes.

A monthly KPI, which monitors the number of omitted or delayed medication without a documented reason within inpatient settings, was stood down by the Trust in February 2023. This was following regional guidance from the PHA that it was no longer required. A regional collaboration group was established with nursing and pharmacy to redesign this KPI. Locally, omitted dose medication data was collected weekly for 6 months (January - June 2023) in two acute wards in Antrim Area Hospital. Since then, the omitted medication work has been paused during the regional roll out of the Encompass digital care record. Encompass will change the way that data is gathered and analysed, with significant improvements expected in relation to medication administration. The introduction of the digital Medication Administration Record (MAR) will improve the Trust's understanding of omitted medication and help to improve care and safety.



ENHANCED PATIENT CARE AND OBSERVATION (EPCO)

For a number of years the Trust has been testing different approaches to improve the care of patients in hospital who experience distress. Within 2023/24, the Trust developed the EPCO model of care. The model ensures that any patient experiencing distress, for any reason, is assessed using a standardised approach, guiding the appropriate level of observation and supporting treatment to alleviate the symptoms of distress (if possible).

Part of this model ensures that there is detailed recording of patient behaviour and staff interventions over a 24 hour period, which allows identification of any trends in distressed behaviour, and interventions that help. This is particularly useful when discharge planning as it helps staff to make informed decisions around discharge destinations most appropriate for our patient's needs.

INSULIN

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

The Trust participated in Insulin Safety Week (ISW) which took place in May 2023. ISW is a national campaign to raise awareness of insulin safety, and this year, the Trust Insulin Safety Group emphasised the need for staff to *Know, Check, Ask* about insulin before prescribing, dispensing or administering the insulin to a patient.


Know, Check, Ask is a regional campaign which aims to increase public awareness of the importance of using medication safely, and also to raise awareness among health and social care staff that medication safety is everyone's responsibility.


[Know Check Ask - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#)

HSC Northern Health and Social Care Trust Issue 7, May 2023

Insulin Safety Bulletin

NHSCT Insulin Safety Week 2023
National Insulin Safety Week is 15th—21st May 2023
The aim of the campaign is to raise awareness of insulin safety via a series of events and materials issued across the Trust, highlighting insulin safety issues, and how we can improve the safety of insulin use.

 **INSULIN SAFETY WEEK 2023**



 **#teamNORTH**

THINKINSULIN

Know Check Ask about insulin!

A regional campaign to support medication safety was launched in 2022. The 'Know, Check, Ask' medication safety campaign* aims to increase public awareness of the importance of using medication safely, and raise awareness among health and social care staff that medication safety is everyone's responsibility.

So how does the 'Know Check Ask' campaign support insulin safety?

Campaign message	What to think about
Know the insulin that you are prescribing, supplying or administering	A new Insulin Safety Card is now available to all health and social care staff looking after adult patients. The card provides information on the frequency of administration and when to give the insulin around food for many different insulin types. Order via JAC using the description 'Insulin Safety Card Adults'.
Check is it the: Right person Right insulin Right dose Right device Right way Right time Use the 6 Rights of Insulin Safety!	Check with all diabetes patients if they are prescribed regular insulin. For all insulin users, find out which insulin they use; prescribe it clearly on the relevant prescription documentation; ensure there is a supply on the ward for the next dose; ensure the 6 Rights of Insulin Safety are followed through.  Did you know, omitted and delayed doses of medication account for the majority of medication incidents reported in the Trust? Insulin is a 'critical medicine', it needs to be given on time every time.
Ask a colleague if you need to clarify anything about the patient's insulin or condition Ask the patient do they understand the information you have given them	If a written prescription for insulin is unclear on the kardex, do not administer it to the patient without first seeking clarification from the prescriber as to what exactly is required. Where possible, check the insulin type with the patient before administration. 

*Know Check Ask - DOH/HSCNI Strategic Planning and Performance Group (SPPG) - formerly HSCB
Know Check Ask - NHSCT Staffnet (know-check-ask)



THEME 3: MEASURING THE IMPROVEMENTS

Insulin Safety Week

An Insulin Safety Bulletin was developed and issued by the Insulin Safety Group with the aim of raising awareness of insulin-related safer practice. Other resources issued during Insulin Safety Week included a quiz, links to insulin safety educational material, and an insulin safety quiz. The Trust Insulin Safety Card was also distributed to staff during Insulin Safety Week, to provide guidance on dosing schedules for the majority of insulin types available.



The Trust also participated in Hypo Awareness Week, which took place in September 2023.



Hypo Awareness Week (HAW) is a national campaign to raise awareness of hypoglycaemia. According to the 2019 National Diabetes Inpatient Audit, 1 in 4 patients with Type 1 Diabetes admitted to hospital experience an episode of hypoglycaemia during their inpatient stay.

For HAW, the Diabetes Team developed a learning bulletin which was issued to staff across the Trust.

Pharmacy staff delivered a training presentation to pharmacists and pharmacy technicians during HAW.

The Trust issued a number of educational resources to staff to mark Hypo-awareness week 2023:

- *Hospital Hypos* e-learning module (developed by Cambridge Diabetes Education Partnership).
- a hypoglycaemia educational video on preventing hypos in hospital
- updated training/educational materials were uploaded to the Diabetes Section on Staffnet for staff to access readily.
- wards were encouraged to audit the contents of their 'Hypo box' to ensure all the necessary treatments are contained within.



MEDICINES RECONCILIATION

In line with the DoH Medicines Optimisation Quality Framework, 'Medicines reconciliation, as defined by the Institute for Healthcare Improvement, is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. The term 'medicines' also includes over the counter or complementary medicines, and any discrepancies should be resolved.'

The Framework also states that 'patients should have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist'; this should occur within 24 hours of admission. This has been shown to reduce omitted medicines and the patient's length of hospital stay. During 2023/24, 70% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation completed on admission.

REGIONAL PHARMACEUTICAL PROCUREMENT

The Regional Pharmaceutical Procurement Service (RPhPS) assist the Business Services Organisation Procurement and Logistics Service (BSOPaLS) in the tendering of pharmaceutical products for Health and Social Care Northern Ireland, including undertaking contract management activities and the management of shortages. When contracts are tendered, estimated usage data is provided to those bidding for the contract. This data is based on the most recent data at the time of tender advertisement, and is advertised as an estimate that can change. As contracts can remain in place for up to 6 years, the currency of this data is limited, and as suppliers will often plan logistics around the data, it has the potential to lead to short-term shortages.

The RPhPS introduced In-Contract Validation during 2023/24. In-Contract validation was introduced to be an annual process that facilitates a review of usage data for products that have been on contract for at least 2

years and are not going to be reviewed during normal cyclical processes that year, for instance during contract extension or renewal. This process provides data with which we can inform suppliers of significant changes that could impact on the supply chain. Following stakeholder engagement in development of the process, it was agreed that a deviation over 9% could impact the supply chain and therefore should be reported upon. Impacts on the supply chain could result in shortages, which in turn could potentially affect ongoing supply of medicines to patients and introduce new or additional risks, such as administration errors.

In the first annual review (316 product lines from 53 companies), 280 products (88.6%) had usage which deviated from the advertised usage by more than 9%, ranging from -100% to +2660%. All affected suppliers were notified of these changes in annual use, to allow improved planning and supply.



TRUST PHARMACY TRAINING GROUP

The Pharmacy Education & Training Co-ordination working group was convened to organise monthly training sessions for all pharmacy staff to address gaps in knowledge and learning self-identified by the staff. A survey was shared with all staff and over 50 responses were received. The times suggested by staff and the request for video recordings/training materials to be made available after the sessions to accommodate annual leave and part-time working were incorporated into the programme.

The Pharmacy Education & Training Co-ordination working group has so far provided training sessions on:

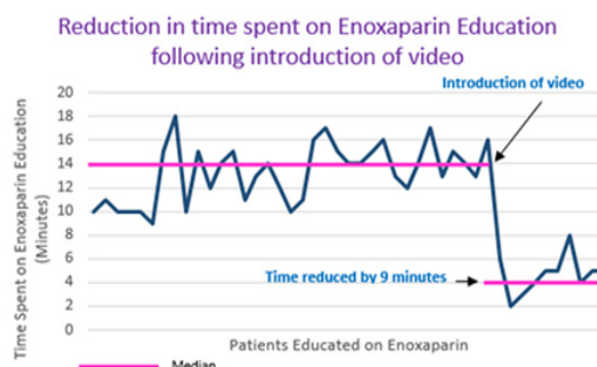
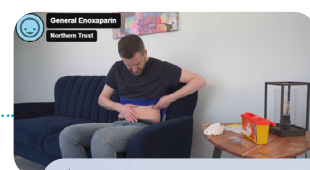
- Out Of Hours/Weekend Procurement of Wholesale Items, Cold Chain and Dalriada Urgent Care
- Specialist/Cancer Services Update
- Intravenous Immunoglobulin Update - Prescription, Dispensing and Checking
- Registration of Pharmacy Premises & Role of Responsible Pharmacist
- Supporting De-prescribing In GP Practice
- Opioid Substitution Treatment
- Enoxaparin Video Update
- Registered Pharmacy Premises
- Pharmacogenomics
- Managing Drug Overdose and Illicit Substance

SAFER SELF-ADMINISTRATION OF MEDICINES

A new education video explaining how to administer an injectable anticoagulant medicine (Enoxaparin) was developed as part of a quality improvement project to help improve patient safety. The aim is to encourage patients to take an active role in managing their medication safely, improve knowledge of their medicines, support healthcare teams in practice and reduce discharge wait times.

The video explains how to self-inject Enoxaparin, why patients are on this medicine and the potential side effects that they may experience. It was initially piloted in the Emergency Department (ED) in Antrim Area Hospital and then rolled out to the Surgery and Maternity units before full roll-out across the Trust.

Results indicate that introduction of the video reduced the time spent by clinical pharmacists by an average of 9 minutes per education session. This time saved has been re-invested into more critical patient-facing clinical activities, including medicines reconciliation on admission, inpatient kardex reviews and participation in ward rounds. A reduction in discharge wait time and re-attendance rate to ED was also observed.





CENTRALISATION OF CLOZAPINE SERVICE

Pharmacy staff within the Trust Mental Health services worked in partnership with Causeway Pharmacy staff, Mental Health Teams, Transport and the clozapine monitoring company to centralise the dispensing of clozapine across Trust sites to support introduction of Point of Care testing at community clinics using a point of care analyser, supplied by the monitoring company. The process also involved transferring prescription information into electronic format to ensure consistency across the Trust and agreement of suitable delivery dates for each patient depending on clinic set up and capacity of the clozapine dispensing service.

At the clozapine clinic, once a satisfactory result is received, the patient is supplied with their clozapine medication before they go home. This is beneficial for both patients and staff as it is a much more efficient way of managing patients requiring intensive blood monitoring for clozapine; testing may be weekly, fortnightly or monthly. Patients now make a single visit to clinic for bloods and receipt of medication instead of two separate clinic appointments. There are currently around 315 patients receiving this service.

TESTING A MODEL OF ANTICIPATORY CARE FOR PEOPLE LIVING IN A RESIDENTIAL CARE HOME SETTING, THE PHARMACY CONTRIBUTION

In winter 2023/24, the Trust's REACH (Responsive support, Education and Anticipatory care with Care Homes) team tested an 'anticipatory care model' for people living in residential care homes. The model included a medication review and education element, carried out by a Medicines Optimisation in Older People (MOOP) pharmacist.

In total 92 residents had their medications reviewed by the pharmacist. Average clinical frailty scale (CFS) was 5.56, indicating residents were mild to moderately frail. The MOOP pharmacist made a total of 322 medicine optimisation interventions, an average of 3.5 per resident. Of the 322 medicine optimisation interventions, 115

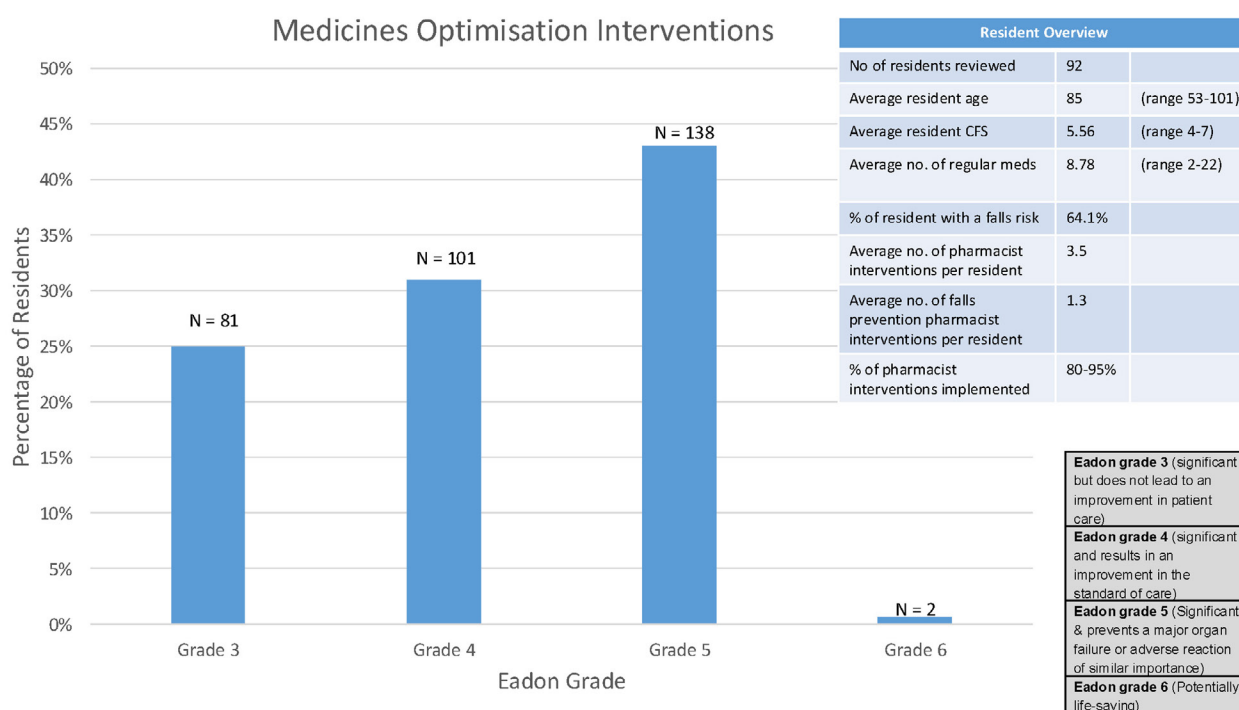
(36%) were in relation to falls prevention, an average of 1.3 per resident. The majority of interventions, 43% were graded significant using Eadon¹. The total cost avoidance for the pharmacy element, using the ScHARR model², equated to an average of £182,000.

The views of capable residents, relevant next of kin and senior care staff involved in medication reviews, were sought via questionnaire; the responses were all positive.

The outcomes of this service evaluation demonstrate the positive impact and value of medicines optimisation for residents with mild to moderate frailty, in a residential care home setting.



1. Eadon, H. (1992). Assessing the quality of ward pharmacists' interventions. *International Journal of Pharmacy Practice*, 1(3), pp. 145-147. <https://doi.org/10.1111/j.2042-7174.1992.tb00556.x>.
2. Karnon, J., McIntosh, A., Dean, J., Bath, P., Hutchinson, A., Oakley, J., Thomas, N., Pratt, P., Freeman-Parry, L., Karsh, B. T., Gandhi, T., & Tappenden, P. (2008). Modelling the expected net benefits of interventions to reduce the burden of medication errors. *Journal of Health Services Research and Policy*, 13(2), pp. 85-91. <https://doi.org/10.1258/jhsrp.2007.007011>.



SPECIALIST SERVICES PHARMACY TEAM – REVIEW OF PATIENT STOCKS OF ORAL ANTI-CANCER TREATMENTS

Patients who attend Laurel House are provided with supply of oral anti-cancer medications including support medications at prescriber discretion, linked with their next appointment review date. Unfortunately, patients' appointments and supply can run out of sync. Patients who are admitted to hospital or have treatment doses changed can have insufficient supply to last until their next appointment or conversely have too much medication leading to stock piling or medications waste.

It was decided to review the patients to see the level of stock they had at home, to quantify the level of excess stock holding and ensure the stock holding was in line with the National Patient Safety Agency (NPSA) rapid response document on Oral Chemotherapy (2008) and National Health Service (NHS) standards on prescribing of chemotherapy (2014).



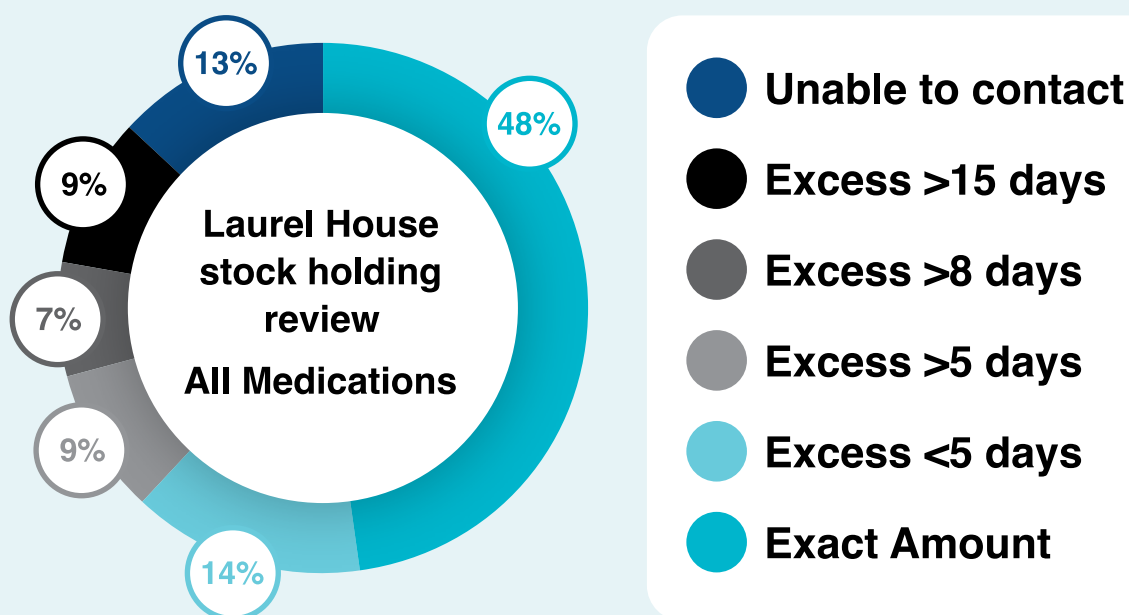
THEME 3: MEASURING THE IMPROVEMENTS

In total, 206 patients had their stock holding reviewed; of these, 48% had the exact amount of stock they required, a further 15% had less than 5 days excess amount. This was usually attributed to the patient preference to have a small excess stock to allow for issues with appointment dates not matching their stock holding, and to manage patient fears of running out of medications.

9% had excess of >5 days' supply, 7% had an excess of 8 days' supply and 9% had an excess of 15 days' supply.

Each of these patients were asked to bring their excess stock to their next appointment and their next prescription was adjusted to take account of the excess stock.

The excess stock held by patients and therefore the reduction in the quantity supplied at their next prescription was equivalent to an expected cost saving of £31,619.95. An estimated 25 hours of pharmacist time was dedicated to this project.





IMPROVING THE PROCESS FOR ORDERING OF MEDICAL GAS CYLINDERS

The established process for ordering medical gas cylinders relied on paper records and verbal orders between nursing, portering and pharmacy staff. The process lacked the robust audit trail required for the ordering and supply of a medicine and poor manual record keeping caused significant difficulties for pharmacy to accurately charge gas cylinders to the clinical areas that received them. A change in the legal classification of Nitrous Oxide and Entonox to Schedule 5 Controlled Drug status meant that traceability improvements were required to comply with regulatory and legal obligations. Corporate nursing, pharmacy, Information Technology and portering staff collaborated to develop an electronic method to order medical gases using the pharmacy stock management system. The order placed on the system by nursing staff in the clinical area prints automatically in the porter's office, records the details of the requestor, identifies the clinical area and the details of the medical gas cylinder(s) and quantity(s) required. Portering staff deliver the medical gas cylinder to the clinical area and obtain a signature for receipt by an authorised healthcare professional. The orders are sent to pharmacy for charging. This gives traceability through the supply and receipt process. Pharmacy can also see the electronic record of the gas cylinder being requested and can reconcile the paper copies with the orders placed. This ensures the correct clinical area is charged for the medical gas cylinder(s) received and enables

timely and accurate charging of cylinders allowing for greater efficiency in stock management of cylinder stocks. The new process has identified the optimum numbers of each type of medical gas cylinders that should be kept on site enabling a cost saving by reducing the number of cylinders ordered by the Trust from the supplier.

CONSOLIDATION OF STOCK HOLDING OF MEDICAL AND SURGICAL PRODUCTS

Consolidation of stock of medical and surgical products from each pharmacy department to Tardree House (Holywell Hospital site) has reduced total stock holding and minimised shortages by enabling prompt action in the event of shortages. Phone calls to pharmacy dispensaries and to the procurement team from nursing and ward staff has greatly reduced since the project commenced. Suppliers have a single point of contact thereby reducing delivery delays/invoice queries. The project has optimised stock rotation and achieved a reduction in expired stock. Triplication of work (checking/receipting/invoicing/distributing/purchasing) has reduced across all sites.

Product consolidation has led to the removal of 439 items across the trust (10.1% of the dressings and medical/surgical consumables listed on JAC).

The project achieved an in-year saving of £47,085 (Full Year saving equivalent to £65,757) by consolidation of stock holding and identification of alternative cost effective products.



THEME 4:

RAISING THE STANDARDS



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

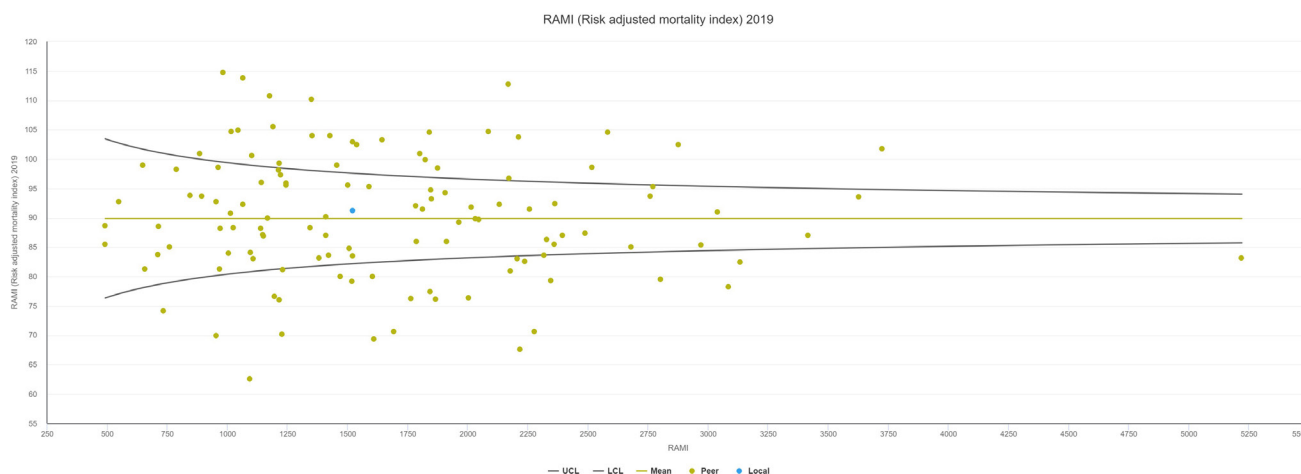
RISK ADJUSTED MORTALITY INDEX

The Risk-Adjusted Mortality Index (RAMI) is calculated by an independent healthcare benchmarking company called Caspe Healthcare Knowledge Systems, Ltd. Based on the age and condition of patients in the Trust's hospitals, it calculates how many patients died compared to how many would be expected to die. The expected number of deaths is calculated using National Health Service (NHS) digital data which is based on the 2019 RAMI Model. A RAMI of 100 means that mortality was exactly in line with expectations; over 100 means more deaths occurred than would be expected, and below 100 means fewer than expected deaths.

The Trust's RAMI for 2023/24 (excluding palliative care patients) was 91.27. Note - Trust COVID-19 related deaths are excluded as no COVID-19 related deaths were included in the baseline used to create the index.

The chart shows the Trust's RAMI (blue dot) compared to a cohort of English acute Trusts (one green dot per Trust). The further a dot is to the right, the more patients the Trust treated during the year, and the higher up the chart, the higher the RAMI. Dots within the funnel are inside the normal limits of variation. The Trust's RAMI is below 100 and within the normal limits of variation, providing assurance the Trust is providing safe care to its patients.

Northern Trust RAMI 2023/24 (excluding palliative medicine and COVID-19)

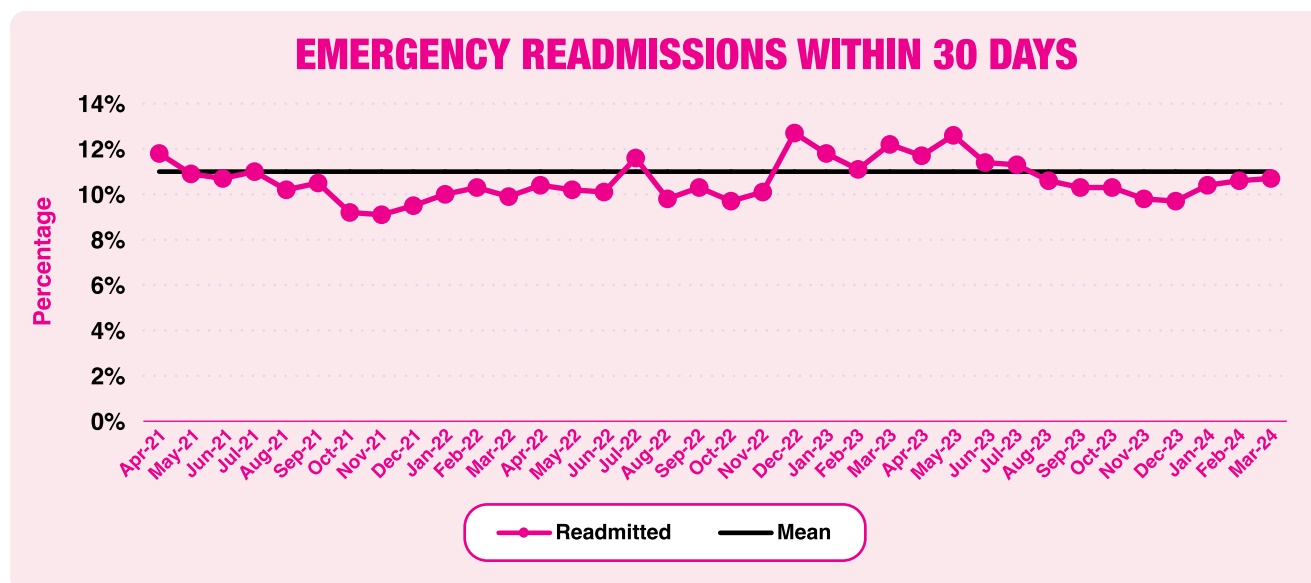




THEME 4: RAISING THE STANDARDS

EMERGENCY READMISSION RATE

The 30 day readmission rate is a healthcare quality metric that measures the percentage of patients who are readmitted to a hospital within 30 days of being discharged from an initial hospital stay. The average readmission rate in 2023/24 remained the same as the previous year.



EMERGENCY DEPARTMENT (ED)

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

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

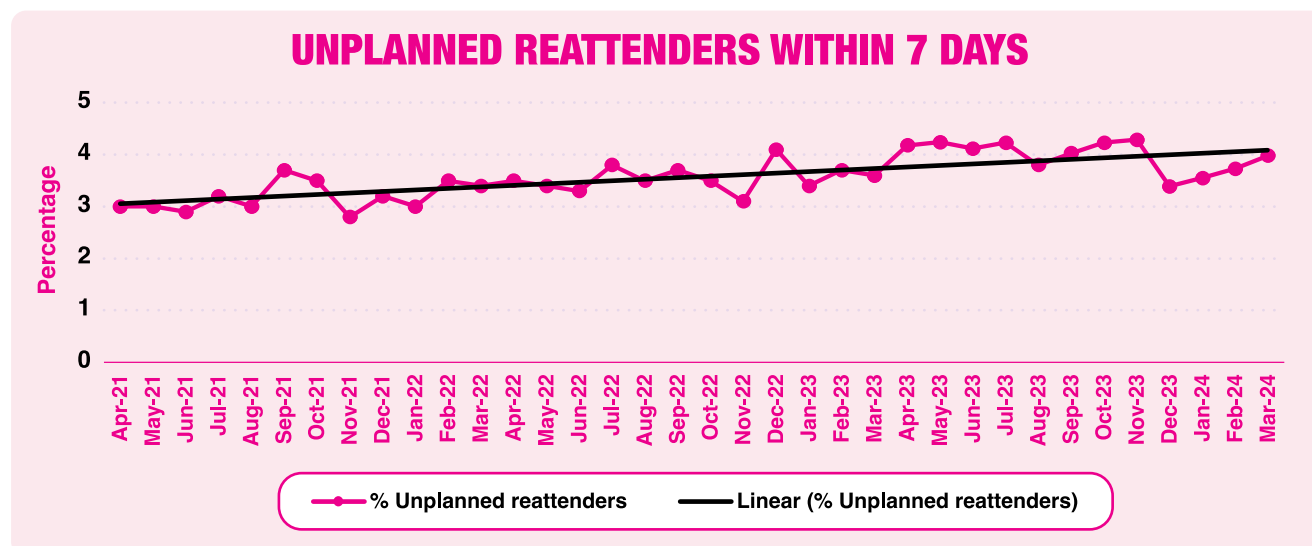
Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	2021/22	91,041	54.30%	10,157	30.24%	3.77%	3.25%
	2022/23	94,900	45.69%	14,568	20.44%	5.78%	3.14%
	2023/24	100,163	40.02%	17,078	16.70%	6.92%	3.63%
Causeway	2021/22	45,434	60.31%	3,764	22.19%	5.16%	3.05%
	2022/23	46,997	54.13%	5,911	21.96%	6.16%	4.39%
	2023/24	49,694	51.72%	6,164	21.88%	6.11%	4.70%



THEME 4: RAISING THE STANDARDS

NHSCT
ANNUAL QUALITY
REPORT 2023/24

The following chart shows the percentage of patients who re-attended within 7 days.



ACTIONS TAKEN TO IMPROVE STANDARDS

Both Emergency Departments have remained challenges over 2023/24 with high decisions to admit remaining in both EDs for a prolonged period. An increased footprint has been provided on Antrim site to mitigate and maintain the 4-hour target but despite this increased space, the targets remained challenged due to demand. Work is ongoing with NIAS colleagues to maximise the ambulance turnaround while new pathways to avoid ED attendance are being launched across a number of specialties.

NO MORE SILOS

An expansion of the urgent care pathways on both sites has been undertaken with a new Acute Ambulatory Hub opening on Causeway Site which has provided the acute medical team the space to ambulate suitable patients, reducing the need for inpatient stay.

REDUCING THE RISK OF HYPONATRAEMIA

The Trust continues to participate in the regional implementation programme in response to the 2018 Inquiry into Hyponatraemia-related Deaths (IHRD). Following the closure of phase 1 of the programme in December 2022, the Trust IHRD task and finish group has worked towards implementation of phase 2a and 2b of the programme, with 27 of the 37 actions relating to the Trust complete, and the majority of the remainder paused whilst awaiting further regional guidance on Duty of Candour/Being Open.

The Trust has fully implemented updated regional intravenous (IV) fluid prescribing guidance and documentation for children up to their 16th birthday and adults, and will monitor issues relating to IV fluid prescribing and training as the Trust prepares for transition to Encompass in November 2024.



In the meantime, IV fluid prescribing incidents are regularly reviewed by the group to ensure system learning, and the Trust monitors ongoing compliance with corporate mandatory training for all IV fluid prescribers as one of its key patient safety markers.

SINGLE REGISTRANT PRE-ADMINISTRATION CHECKS OF A BLOOD COMPONENT

Research carried out in the field of Transfusion has shown that a single person check before administration of a blood component is as safe as two people carrying out the check. It is considered that when a single person carries out the pre-administration check they are more focused, less likely to be interrupted and distracted and more likely to contact blood bank if there are any discrepancies during the checking procedure. In addition, single checking could be viewed as a time-saving measure and be more of a help to staff than having to locate someone else to check patient details with. Furthermore, the second staff member is not interrupted from their care of other patients to carry out the check.

Evidence from the Regional Haemovigilance Team has revealed that Western Health and Social Care Trust and Belfast Health and Social Care Trust are both using this in a number of areas and feedback has been very positive. Community Transfusion teams within Northern Health and Social Care Trust are also well used to this process and have been successfully carrying out single pre-administration checks for several years.

As per Trust policy, pre-administration checks of a blood component can now be carried out by one registrant. This practice continues to be rolled out across Antrim and Causeway sites by Haemovigilance, although further progress has been paused until Encompass has been rolled out. All areas within the medical division (with the exception of ED) are carrying out single registrant pre-administration checks of a blood component. Work has commenced with the surgical division with successful pilots underway in Wards C3 and C4, Wards Surgical One and Two in Causeway and the Surgical Elective Unit in Antrim. If all continues to go well, the plan is to move to Theatre, Day Procedure Units and Day Surgery Units.

Haemovigilance have been providing ward educational support sessions to staff who are feeling anxious about the changes with continued success and offer weekly check-in sessions with ward managers and deputy ward managers. To date no issues have been identified and progress continues with reported benefits for patients and staff. Monitoring of single pre-administration checks of blood components by Haemovigilance, has not shown any increase in incidents reported, and there is reported increasing staff satisfaction and competence.

BLOOD COMPONENT TRANSFUSION RECORD

During the past year the Northern Ireland Transfusion Committee (NITC) has been reconvened with a new Chair, David Millar (Consultant Neonatologist, Royal Maternity Hospital).



NITC have confirmed that the National Institute for Health and Care Excellence (NICE) guideline NG24 should now be implemented throughout the region although the current Northern Ireland (NI) transfusion request form does not follow the new guidance. Due to the planned introduction of Encompass, no changes to the current NI transfusion form are planned by the Committee.

It was agreed that in the interim period, the Trust, in order to reflect NG24 guidance, will incorporate the guidance into the Blood Transfusion Manual Policy. The Trust transfusion authorisation record has also been amended with guidance notes reflective of NG24 triggers and thresholds for blood component usage.

The Trust Transfusion Authorisation Record booklet was introduced in November 2018. The aim was to promote awareness regarding risk assessment for Transfusion Associated Circulatory Overload (TACO) and the completion of a bedside checklist prior to administration of a blood component. The booklet was updated in 2022/23 with updated illustrations regarding TACO awareness. In addition, a discharge information leaflet was attached to the booklet (the page is perforated allowing tear-off by the user). This was in keeping with recent updated guidance from Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent for blood transfusion. "All patients who have received a transfusion have details of the transfusion (type[s] of component), together with any adverse events associated with the transfusion,

included in their hospital discharge summary to ensure both the patient and their family doctor are aware. The patient should also be informed that they are no longer eligible to donate blood (with the exception of individuals who have received Convalescent Plasma from donating Convalescent Plasma to treat individuals with SARS-CoV-2)."

Haemovigilance have audited use of the Transfusion Authorisation Record following these adaptations within the Trust and specific mention was given to the Programmed Treatment Unit and Direct Assessment Unit for their excellent compliance with the completion of documentation. Deficiencies were noted from all other areas including omission of patient weight documentation on the record and very poor use of the detachable discharge patient information sheet. Haemovigilance continue to emphasise the importance of giving patients discharge information following administration of a blood component at training and education sessions. A further audit of the Trust transfusion authorisation record was planned for 2024, however due to the participation of the Haemovigilance team in a regional audit in relation to documentation regarding consent for transfusion and patient discharge information, this was paused locally. Data has been sent to the NI Transfusion Committee Audit Lead; a report will be prepared and shared with the Trust Transfusion committee in due course. As plans for digitalisation continue regionally with the implementation of Encompass, the information on the authorisation record will become accessible digitally; further audits and reports will be undertaken using data from the Encompass system.



IDENTIFICATION AND MANAGEMENT OF SEPSIS WITHIN EMERGENCY DEPARTMENTS

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

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

Within the Trust Emergency Departments, during 2023/24, overall compliance with the Sepsis 6 bundle was 13%, a decrease from 22% in 2022/23.

However, when the key treatment elements of Sepsis are separated out from this the audits show that 73% of patients received antibiotics within 1 hour of identification of Sepsis, and 77% received IV fluids within 1 hour of identification of Sepsis.

In order to increase awareness, compliance and performance against Sepsis 6 markers, a champion has been assigned on each site for audit and quality improvement work, which has started to increase audit activity.

During 2024/25 the Trust will continue to audit compliance with the Sepsis 6 bundle, and work with Sepsis Champions to improve compliance.

CANCER TARGETS

The table below shows performance against the three cancer targets:

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

	Target	2021/22	2022/23	2023/24
14 days	100%	39%	29%	31%
31 days	98%	83%	93%	93%
62 days	95%	40%	35%	36%

The 14 day target continues to be a challenge due to an ongoing capacity gap within the Breast Service. Support to meet this demand was provided at the beginning of the year from another Trust however, this support was withdrawn mid-year due to other regional pressures. Suspect Cancer referrals for Breast increased by 14% in 2023/24 compared to the previous year.

The 31 & 62 day performance improved slightly on the previous year, however 62 day performance remains far below the target of 95%. Factors impacting 62 day performance have been continually increasing suspect cancer referrals, up 7% on previous year and 25% on 2019/20. Also delays in pathology and diagnostics, which are due to unprecedented Emergency and Red Flag demand, combined with reduced waiting list initiative funding in 2023/24.



NICE GUIDANCE

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

A wide range of different resources published by NICE are used by the Trust in the development and review of policies and guidelines. Examples include clinical guidelines, public health guidelines, antimicrobial guidelines, technology appraisals and clinical knowledge summaries, which are utilised by Trust staff in the development and review of Trust policies and guidelines. Once the Trust policies are approved, they are disseminated for reference by staff and are available within the Trust Policy Library.

The Department of Health (DoH) endorse the implementation, monitoring and assurance of NICE Clinical Guidelines and Public Health Guidelines. A total of 10 newly endorsed NICE Clinical Guidelines and 36 updates to previously published Clinical Guidelines were received during 2023/24. 74 NICE Technology Appraisals and 10 NICE Technology Appraisals not recommended were issued during 2023/24. No new Public health guidelines were endorsed in 2023/24.

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

No NICE COVID-19 Rapid Guidelines were published during the 2023/24 financial year. A total of 4 updates or minor changes were received in relation to previously issued NICE COVID-19 Rapid Guidelines, as new and updated evidence, policy and practice emerged.

All such guidelines and related updates published to date have been issued to divisions within the Trust and confirmation sought regarding dissemination and implementation being taken forward, where applicable. Services identified any implementation issues.

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



INTERNATIONAL, NATIONAL AND REGIONAL AUDITS

Clinical and social care audit is a way to find out if care and professional practice is in line with standards, and informs care providers and service users where a service is doing well and identifies what is not working with the aim of changing it. This allows quality improvement to take place where it is most needed and as a result improve treatment, care, safety and service quality for service users.

Trust staff have continued to engage in clinical and social care audit work, including international, national and regional audit projects.

International and national clinical or social care audit projects provide an opportunity to measure practice and services against evidence-based standards, using validated tools enabling comparison and benchmarking with other HSC Trusts and Hospitals elsewhere in the UK.

Such audits are managed or led by another organisation, with the Trust, along with other organisations, contributing to the audit. The lead organisation is responsible for reporting on the audit outcomes, however, the Trust recognises the importance of identifying learning and introducing any necessary improvements within the Trust.

During the 2023/24 financial year clinical teams contributed to a number of specific audit projects and service evaluations including:

- Acute Pharmacy and Medicines Optimisation NHS Benchmarking
- Anesthesia PraCtice for Cesarean DElivery Snapshot Study (ACCESS)
- Assessing Antibacterial and Antifungal use in ICU
- Children and Young People's Mental Health Benchmarking
- CLAMP (Characterising leak of air in medical pneumothorax – Inspire study)
- INDEX (Interstitial Lung Disease Exacerbation – Inspire study) Managing Frailty in The Acute Setting NHS Benchmarking Network –
- Management of Bullous Pemphigoid - British Association of Dermatologists –
- Mismatch Repair in Endometrial Cancer
- PINEAPPLE Paediatric caNcellation ratEs And PerioPerative clinical Evaluation
- SABRE-IBD - Exploring the SAfety of perioperative Biologics for patients undeRgoing Elective surgery with Inflammatory Bowel Disease
- The Global Evaluation of Cholecystectomy Knowledge and Outcomes (GECKO) study (GlobalSurg - 4)

The Trust also contributes to National Confidential Enquiry into Patient Outcome and Death (NCEPOD) audits. NCEPOD completed during 2023/24 include:

- Testicular Torsion
- Endometriosis
- End of Life Care



These have provided an opportunity to review patient management, outcomes, safety and clinical effectiveness. A number of these audit projects are ongoing. The results generated from these audits will help inform clinical practice and improve patient care. For example, the Children and Young People's Mental Health Benchmarking audit measures the quality of care provided against a range of evidence-based guidance. The audit engages services within mental health to measure the quality of their practice, within their model of care provision, and to trigger service improvement plans.

REGIONAL AUDITS

Whilst the Regulation and Quality Improvement Authority (RQIA) has stepped down its annual clinical audit programme, the Trust continues to participate in regional audits with fellow Trusts and other lead organisations. Regional audits participated in during 2023/24 include:

- Patient Discharge Information
- Consent
- The Effectiveness of the follow up pathway in children with hearing impairments with cleft palate

ADDITIONAL AUDIT PROGRAMMES

In addition to participation in international, national and regional audit programmes, the Trust also has a mandatory clinical and social care audit assurance programme. The programme content is directed by audit assurances or monitoring required by external organisations and internal Trust obligations for example, learning from serious adverse incidents, complaints, litigation or to provide assurance over new policy or guidance. Clinical and social care professionals are also involved in a range of audits at service/departmental level.

The Trust's Clinical and Social Care Audit and NICE Implementation Committee monitors' progress with projects and the implementation of recommendations and learning following project completion. An annual clinical and social care audit report for the 2023/24 year will be produced in late 2024.



THEME 5:

INTEGRATING THE CARE



REFORM NORTH

The Reform North programme previously known as Renewing Our Vision was given a fresh brand in 2023 reflecting the importance of staff and service users being at the heart of Reform.

The Reform North Programme comprises ambitious plans for reform and transformation for the Trust. The programme is divided over 7 workstreams with associated distinct and interdependent projects. All are focused on how we improve the services we deliver, ensuring that we are adapting to the changing needs of our population.

In 2023, the Trust saw the successful reconfiguration of maternity services on the Antrim site.

Work was also commenced to review emergency and general surgery services, engaging widely with stakeholders to prepare options for public consultation on the future of the service.

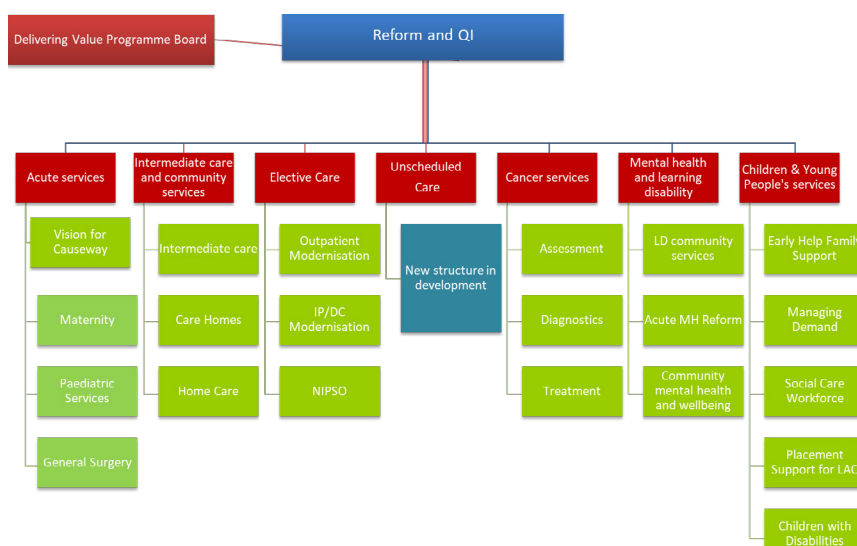
A vision for Causeway hospital was delivered. This was developed through engagement with staff, which was formally launched in March 24.

Work on an intermediate care model has continued throughout 2023/24, with a range of options to be considered to optimise provision of services for assessment and rehabilitation and enhanced care across all of the Trust's community hospitals and care facilities, as well as developing our plans to strengthen home care (formerly known as domiciliary care).

Through the Elective Reform group steps are being taken to address the growing demand and long backlogs in Trust waiting lists by exploring alternative pathways for service users and looking at innovative ways of modernising outpatients and inpatient/daycase provision.

The Cancer Strategic Board has been re-established, focusing on specialist areas and tumour sites to understand the challenges and opportunities for reform to improve outcomes.

Further work continues in the areas of Unscheduled Care, Mental Health and Learning Disability and Children's Services aligned with regional strategies and local action plans.





Vision for Causeway

In March 24, the Trust publically launched its [Vision for Causeway hospital](#). The vision document was developed following a series of staff engagement workshops where the Trust outlined their ambitions and aspirations for the future of the hospital. Causeway hospital has so much to be proud of, with over 500 people benefiting from its services on a daily basis and the Trust wanted to ensure that this was reflected in the document.

The vision reiterates the Trust's commitment to a 24/7 Emergency Department and acute inpatient services. It is acknowledged that Causeway is, and will remain, an acute hospital with services for both adult and children. The vision explains the Trust's intention to build and strengthen the services that are provided there.

The Trust recognises that Causeway will continue to thrive by working in partnership - with primary and community care, with the community, voluntary and independent sectors, with the NI Ambulance Service and others.

The Trust's ambition for the hospital covers a number of areas where the Trust believes it can build services and attract investment.

- **Same Day Emergency Care** - In Causeway, the Trust has recently received an investment of £1.8m to develop urgent and ambulatory pathways. Ambulatory or same day emergency care means getting patients who need senior medical assessment, diagnostics and/or treatment to that care without going through an Emergency Department or spending a night in hospital
- **Integrated care** - The Causeway locality can lead the way in providing integrated care as part of the regional development of the Integrated Care System. As services are developed in the hospital the Trust will work with its partners in primary and community care, and the community, voluntary and independent sectors, to provide joined-up care to the Trust's population
- **Elective Care** - Alongside its focus on unscheduled acute care, Causeway is well positioned to deliver elective services. The Trust's ambition is to see Causeway operate as an elective and diagnostic hub for the northwest, delivering services to patients from well outside its natural catchment area
- **Mental Health** - The development of Birch Hill, the new inpatient mental health unit in Antrim, gives the Trust an opportunity to rethink and reshape how it provides mental health services in Causeway, in line with the Regional Mental Health Strategy

The Trust firmly believes that Causeway has a bright future as part of its acute hospital network and as a key player in health and social care provision for the local area. By focusing on the right things, attracting investment and building the workforce, the Trust is confident that Causeway can continue to serve its population for many years to come.



INTEGRATED CARE SYSTEM

The Integrated Care System (ICS) is a new framework for how health and care services in Northern Ireland is planned. It is a single, joined-up system, based on the different parts of health and social care, and others who have a role in the wellbeing of the population of Northern Ireland, coming together to understand what it is that is needed, and how this can best be delivered with the resources available. At the heart of the ICS are five Area Integrated Partnership Boards (AIPBs), each covering an HSC Trust area. The Southern AIPB ran as a test throughout 2023/24, with plans in place to establish the other four areas during 2024/25.

TRUST/GP PARTNERSHIP

The Trust/GP Provider Partnership continued to meet regularly throughout 2023/24 and has progressed with its agreed work plan. This has included the rollout of Direct Access Physiotherapy across the Trust area, and developing a role for Trust clinicians in GP Federations' educational meetings. The Trust's elective care reform programme has benefited greatly from GP involvement, including the development of waiting list guidance for patients in response to a recommendation from the Northern Ireland Public Services Ombudsman (NIPSO). The Partnership's focus during 2024/25 will increasingly move to the rollout of the encompass system, and how this can improve communication between primary and secondary care.

NO MORE SILOS

During 2023/24, the Trust secured significant investment from the No More Silos (NMS) Programme. Aimed at integrating Urgent and Emergency Care, the funding prioritised three key areas: Rapid Access Pathways, Urgent Care Services, and Phone First. As a result, new services have been established, including the Acute Ambulatory Unit and Surgical Assessment Unit at Causeway Hospital, which provide same-day acute care for medical and surgical patients.

Additionally, rapid access Respiratory and Cardiology pathways have been developed at Antrim Hospital. Clinical Communication Gateway (CCG) Hubs have also been implemented at both acute sites, facilitating streaming for CCG referrals. Increased efforts to promote the Phone First service have led to higher call volumes. Moving forward, these services will continue to be embedded and optimised in 2024/25.

POPULATION HEALTH

Population health tackles the underlying causes of poor health and health inequalities. Initiatives such as the Healthy Lifestyle Partnership's Causeway Healthy Kids Project are delivered through partnership, bringing together a wide range of expertise and resources. The project involves education and activities on nutrition, mental and physical health, and has reached over 1,000 children. Winning the population health and overall categories in the Advanced Health Care Awards has energised roll out across the Northern Area.



THEME 5: INTEGRATING THE CARE

NHSCT
ANNUAL QUALITY
REPORT 2023/24

Partnership working is key to success in population health and the Trust was recently involved in sharing learning on the Thrive project, which it Co-Chairs. Thrive is a multi-agency and cross sector initiative focused on the wellbeing and educational attainment of children and young people experiencing health inequalities in the Newtownabbey area. Population health initiatives often involve the sharing of resources across Government boundaries. Thrive is funded through an innovative Collaborative Investment model where 7 Government Departments and agencies pool funding, achieving much more than we could separately. Together with the Trust's Learning Partner, Stranmillis University College, a 2-day conference event explained why the place based approach for Thrive has been a success. The event included a session on the partnership funding model, with input from the Minister of Finance and Auditor General for NI, and a panel discussion on how the Collaborative funding model works to deliver better outcomes for local children.

Population health involves building understanding of our population and consideration of how our services are geared to meet the needs of specific populations. Our Rurality Framework focussed on the needs of rural dwellers and assessed how our services were delivered in ways that met their particular needs. There are many examples of services which focus on rural needs and this is being enhanced as we further develop our understanding of rural needs. The launch of the Trust's Rural Framework celebrated its successes to date and challenges us all to consider how our services can be adapted to work for the 42% of our population who live rurally.

The Trust's commitment to work in partnership with others to achieve better outcomes for shared populations is necessary to achieve quality improvements where complex and underlying factors result in health inequalities. Through involvement in a range of initiatives like these examples above, the Trust is building its learning and success providing a strong foundation as it moves forward with establishing a Population Health Committee of Trust Board to oversee and further develop population health approaches as essential elements of service delivery across the Northern Area.





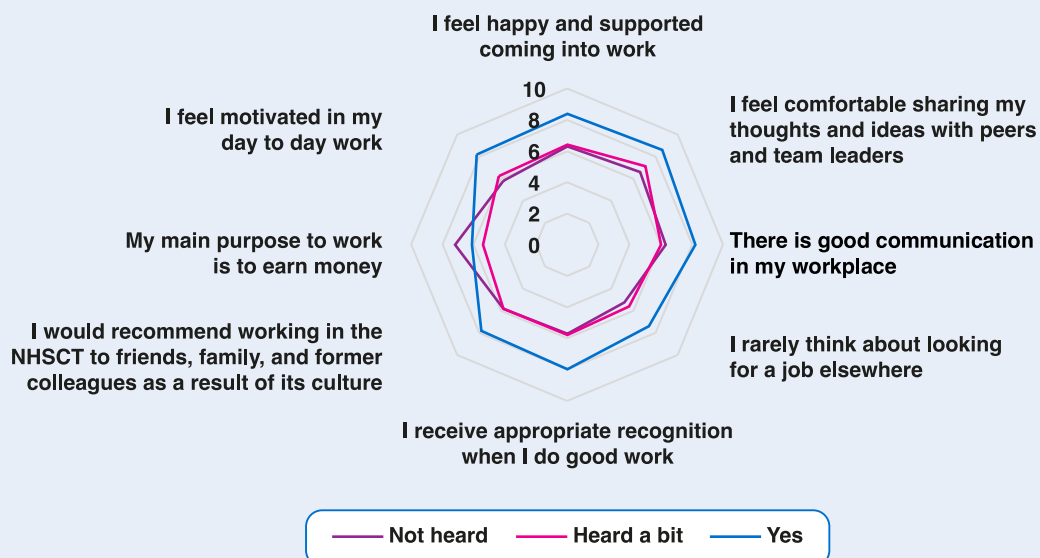
MENTAL HEALTH

GREATIX

Over the last year the Mental Health, Learning Disability and Community Wellbeing (MHLDCW) Division have placed a focus on GREATix (born from the Learning from Excellence movement) as a way of saying Thank You when staff go above and beyond what is required from their role. The aim is to value, recognise and perpetuate excellence in recognition of these deeds. Following the successful introduction of this staff feedback tool in the Psychiatric Intensive Care Unit in 2021, its potential to support staff morale has been extended across the entire Division through ongoing promotion and responding to nominations in a way that matters to staff. “I think the fact that the certificates are signed by a director shows staff that what they have achieved is being heard about by Senior Management Team, which is positive”. Analysis of staff feedback indicates that many staff have changed, or intend to change, their practice having seen how they have directly contributed to excellence in patient care, and to the supportive Team North ethos: “I feel that it has encouraged me to consider others for nominations but also to elevate how I work to try to continue to work to that standard”.



CULTURE DEPENDING ON LEVEL OF GREATIX KNOWLEDGE





COMMUNITY WELLBEING SERVICE

Providing financial wellbeing support for staff required a significant culture shift given the stigma around the matter and many staff and managers did not necessarily recognise this as a critical part of staff wellbeing which impacts on care delivery. If they did, they were often unsure about what to do about it. A commitment to bring about a culture change was included in our Financial Wellbeing Action Plan and significant progress in what is always a challenging objective has been achieved. Initiatives such as Talk Money week and Northern Saver newsletter, have helped create a culture of openness with lot of practical advice and staff sharing their top saving tips. The Trust's food bank referral scheme provides immediate practical support for staff in crisis with food and follow up debt management support. This ensures a more confident culture as managers know that they can offer practical support when staff approach them. Culture change involves educating staff on the importance of taking care of their finances and acting on it, including planning ahead. The demand for the free wills service has grown from 100 last year to 800 this year, showing a depth of culture change. A recent survey of staff on their financial issues received a greater response than our original baseline survey, with almost 1,000 responses. The Trust has led regionally on Financial Wellbeing and have recently been recognised as one of the first Financial Wellbeing Champions in the national scheme awarded by the UK Government arm's length body dedicated to expanding financial wellbeing.

HEALTH & WELLBEING

The Trust recognises that mental health and wellbeing of staff is a key concern for managers and staff colleagues alike. The Health and Wellbeing service received funding from NHS Charities Together to deliver a programme where we strengthened understanding on both prevention, utilising Take 5 as a tool for good mental wellbeing and building resilience, and on early intervention, through learning on mental health first aid and similar training programmes. Teaching self-care is a key component of this programme; by looking after yourself, you are better able to look after others, both colleagues and service users. To ensure this provides a more capable workforce and to achieve maximum reach, we adopted cascade approach to sharing learning. Amongst the almost 2,000 staff upskilled, the Trust now has Take 5 Ambassadors and Mental Health Connectors amongst our workforce, bringing shared knowledge and skills to service teams across the Trust. Staff are supported with both virtual and physical resources to help them bring this strengthened capability to their colleague.



THEME 5: INTEGRATING THE CARE

PSYCHOLOGICAL SERVICES OUTCOMES FRAMEWORK

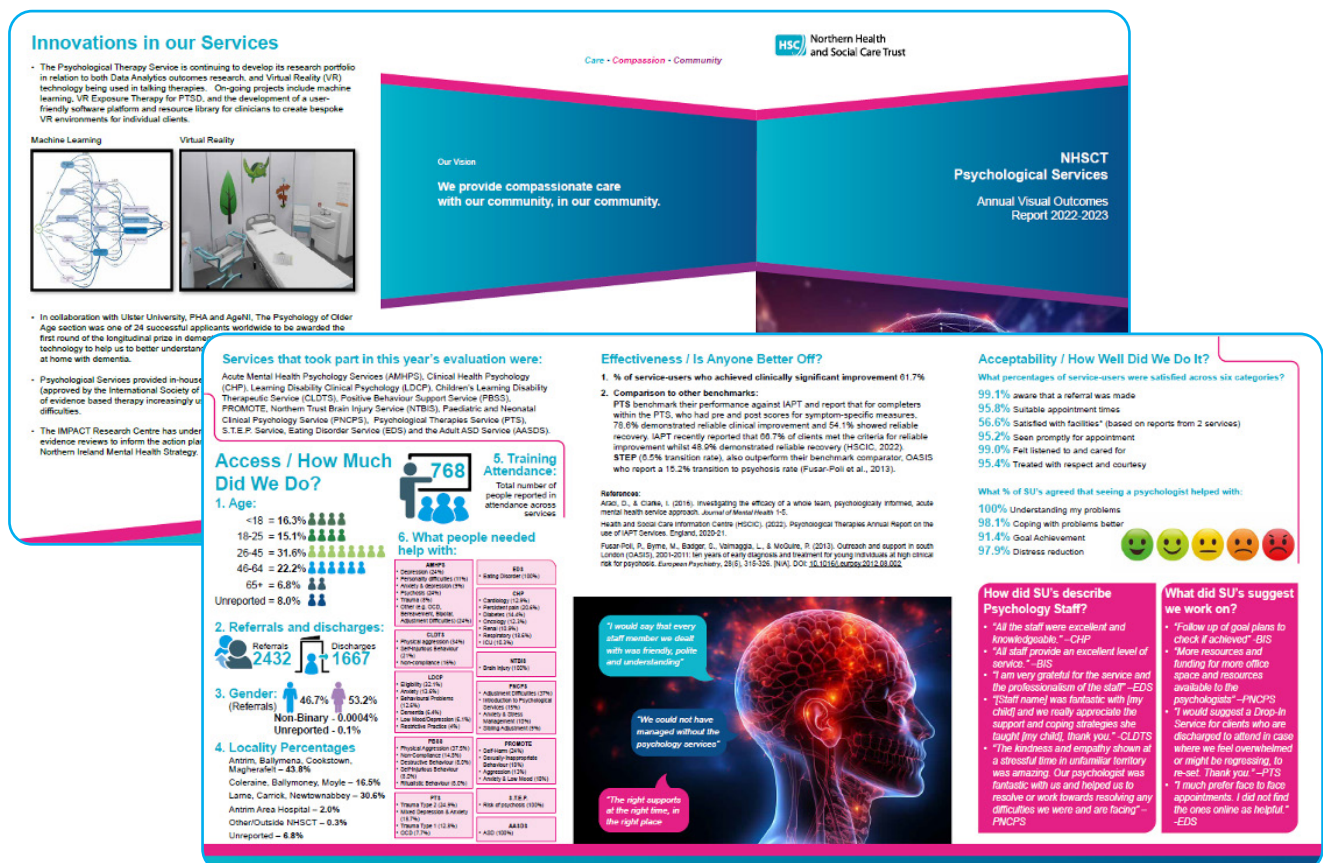
Psychological Services routinely gather and analyse outcome measures. This allows services to monitor the safety, effectiveness and appropriateness of interventions and also helps identify any gaps in service provision and performance. The data also permits services to gather practice-based evidence for the interventions offered and evaluate the effectiveness of treatments.

Since 2016, the agreed framework used across Psychological Services in NHSCT is McCusker's (2014) "Three Pillars Model". This evaluates clinical outcomes across three areas: 1) *Access*; 2) *Acceptability*; and 3) *Effectiveness*.

Access evaluates whether the profile of clients within the service matches the intended population of the service.

Acceptability is a measure of service-user and clinicians experience of the service. It measures perceptions on how treatment impacts on overall wellbeing and social/psychological functioning. *Effectiveness* measures the impact of treatments on recovery for individual service users, which is measured through symptom reduction and clinical outcomes including quality of life, work and social functioning, and improvement in well-being.

During 2023/24, outcomes gathered during 2022/23 were analysed and a visual report was developed.





DIABETIC PREVENTION PROGRAMME

The Trust Diabetic Prevention Programme is an evidence based and NICE compliant programme, which provides 18 group sessions over 9 months where health coaches inform and motivate high-risk pre-diabetic service users to change their lifestyle and reduce their risk. With over 1,200 people completing this programme, 1 year later, evidence outcomes show 80% of people with reduced haemoglobin blood test levels, over half of which are no longer at risk of diabetes. 74% of people show weight loss within a year of starting the programme.

The evidence of the impact of health coaching has been used to pilot a Weight Reduction programme with Health and Wellbeing Team with the Trust respiratory Team, particularly the Sleep Apnoea service. Outcomes were positive with 82% retention rate on the 12-week programme and 80% of participants experiencing weight loss.

Given the strong outcomes achieved, the Trust intends to continue working with the Respiratory/Sleep Apnoea team to run another Weight Management group and also pilot this service with referrals from primary care in the Causeway area through primary care.

As with our experience with Diabetic Prevention Programme, there will be learning from each group and adaptations to make, which strengthens the programme and potentially this innovative health coaching model could be rolled out to other areas including staff working within the Trust.

LEARNING DISABILITY DAY SERVICES

The Trust's Learning Disability programme has recently gained the licence to work in partnership with the Duke of Edinburgh's Award scheme. This is an excellent opportunity to open this award to young people with learning disabilities by supporting service users to build confidence and realise their potential, all while gaining recognition for their wonderful and unique skills. This scheme will be piloted in the Ballycastle area in the first instance with the hope that its success will widen this opportunity for all young people with learning disabilities in the Northern Trust area.

Learning Disability Services Day Opportunities have also unveiled the new Ballycastle Base, which moved closer to the seafront. This move is designed to enhance independence for the service users by providing easier access to their local community. To celebrate this exciting development, a special open day for staff, service users and carers was held and it was an honour to welcome Councillor Ciaran McQuillan, the Mayor of Causeway Coast and Glens, as a special guest.



COMMUNITY WELLBEING

Integrated care involves strengthening how service users can play their role in looking after themselves. The Trust's service users significantly benefit from many health and care interventions. The Trust also recognises the role that enhanced self-help can offer to many in navigating both services and community supports. Empowering people, carers and their family to manage their conditions alongside the services the Trust provides is an important way of ensuring service users are fully involved in their own care and recovery. It requires accessible and reliable information made widely available and easy to use. Population Plus provides a publically accessible and live directory of local services, searchable by condition and by postcode, containing details on over 850 interventions. People can use Population Plus to identify what supports they can access locally. Within the first quarter of 2024, this directory has been accessed by 1,103 users, viewing 51,934 pages between them. 19% of users to Population Plus are returning users. 80% of people sampled stated the directory was easy to use and 100% found the information useful. Service pathways have been developed which integrate use of these local supports into care provision by the Trust. Where needed, Connect North Link Workers can help individuals develop and enact their support plan through an integrated and holistic assessment. Within the first 20 months almost 1,600 clients have been referred for one-to-one support and Trust link workers have delivered more than 18,000 interactions with clients including 2,682 signposts and 1,070 social prescriptions.

The top reasons for referral include dementia, groups and activities, befriending, loneliness and isolation and mental health.

SOCIAL WORK AND SOCIAL CARE

During this reporting period the Trust has maintained its responsibilities for exercising, on behalf of the Department of Health (DoH), the statutory functions which are directed by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order). The Trust has continued to meet its statutory obligation to put and keep in place arrangements for monitoring and improving the quality of social work services, which it provides to individuals and the environment in which it provides them.

Reports are presented twice yearly to Trust Board regarding the Trust's Annual and Interim Statutory Function compliance this includes the 6 monthly Corporate Parenting Report. There are mechanisms in place within the Trust to assure that professional leadership and the control and management of professional and regulatory issues pertaining to the statutory functions are reviewed at regular intervals. The Trust has a Social Care Governance forum which takes place 8 months of the year, specifically focusing on the delivery of statutory functions, areas of development, improvement and risk relating to statutory functions are progressed at this forum.



In addition to the above and in compliance with the Trust's arrangements for monitoring Directed Statutory Functions (DSF), the Executive Director of Social Work provides overview reports and presentations to Governance Committees and Trust Board on any new or emerging risks that impact detrimentally on the delivery of statutory functions. Divisional and Corporate risk

registers are also utilised to capture specific issues pertaining to the delivery of statutory functions. This process is utilised in order to identify the regional and local challenges, the mitigations and monitoring in place to address these challenges and to notify Trust Board on how these challenges have been appropriately escalated to the Strategic Planning and Performance Group (SPPG).

ASSESSMENT OF THE TRUST'S PERFORMANCE IN EFFECTIVELY AND EFFICIENTLY DELIVERING DIRECTED STATUTORY FUNCTIONS

This reporting period has continued to be a very challenging one where demand has increased at the same time as an unprecedented staffing shortfall. Emerging pressures and risks that continue to affect our statutory functions are outlined below:

Themes crossing all programmes of care:

There are 2 core themes impacting all areas of Social Work:

1. Inappropriate Placements in Adults and Children's Services

The continued and growing pressure on the looked after children system and in particular on the availability of placements has resulted in an increase in the number of children in inappropriate placements. On occasions the Trust is unable to meet the demands for specialist bed based placements within our Adult Services programmes, this results in bespoke placements being designed within a community setting, trackers are in place within Children's and Adults services to monitor these arrangements closely.

2. Workforce Challenges

Social services have experienced significant workforce pressures during this DSF reporting period, which have impacted on the capacity of the Trust to discharge statutory duties. The current workforce arrangements present a significant challenge. This is also in the context of increasing demand for services. Recruitment of social work staff in particular areas of social services is difficult. Where teams are staffed well there is a disproportionate number of newly qualified staff. The Trust has put in place strategies to recruit and retain staff including introducing new recruitment pathways, different skill mixes, additional administrative support, and mentoring/coaching networks for frontline social workers.



STATUTORY FUNCTION CHALLENGES WITHIN ADULT SERVICES

APPROVED SOCIAL WORK

Despite there being no increase in Approved Social Work (ASW) assessments compared to last year, the service remains under considerable pressure due to lack of inpatient beds, delays in ambulance and PSNI attending, and the emergence of issues relating to the Regional Emergency Social Work Service (RESWS), including difficulties with handovers to and between the daytime service and the RESWS. The Trust ASW service has remained under pressure during the reporting period. Whilst the number of local referrals has not increased significantly, the number of admissions has increased by around 20%. The ASW lead in the Trust is continuing to work alongside SPPG and DoH to explore solutions to these issues.

UNMET NEED FOR DOMICILIARY CARE

The report indicates that the Trust continues to have a significant level of unmet need for Domiciliary Care. This level of unmet need spans all programmes of care with older people being the largest group affected making up 80%. Maximising capacity in domiciliary care is a core focus for the Trust Community Care Division and reform work continues to take place within one of the new DoH Social Care Reform Collaborative work streams.

ADULT SAFEGUARDING

The quarterly data submitted to SPPG provides detail that adult safeguarding services has seen a significant increase of referrals during this reporting period. The greatest number of referrals received relates to people with mental ill health, with older

people being the second largest grouping followed by people with learning disabilities. The Trust does not currently face any challenges with their delivery of statutory functions with respect to adult safeguarding. The Trust has a governance structure and reform board in place to monitor adult safeguarding arrangements and deliver improvements.

CARERS ASSESSMENTS

Carers play an important role in the provision of care and support they provide to a family member or someone close to them. The Trust remains committed to the promotion and uptake of carers assessments, using a standardisation of approach of the Northern Ireland Single Assessment Tool (NISAT) and Carer's Conversation Wheel, across all Programmes of Care.

UNALLOCATED CASES IN OLDER PEOPLE AND PHYSICAL/SENSORY DISABILITY SERVICES

Due to increased demand, the Trust's Community Care Division has experienced a new challenge around unallocated cases. Presently these unallocated cases are managed through the duty Social Work (SW) system. The Trust continues to engage in regional discussions surrounding the definition of unallocated cases in Adult Services; in addition to this, the Trust continues to develop an improvement plan and a governance assurance system to effectively monitor unallocated case activity. This issue has been added to the Divisional Risk Register.



ANNUAL CARE REVIEWS

This area continues to be an issue, particularly across older people and learning disability services. The cause is largely related due to increased workloads, increased referral levels along with the prioritisation of adult safeguarding, hospital discharge and Mental Capacity Act work.

INTERFACE WITH SERVICE DELIVERY PROCESS

A number of DSF challenges are also included in the Trust's Service Delivery Plan (SDP). These services relate to:

- Adult Day Care
- Adult Short Breaks
- Domiciliary Care Hours
- Mental Health Services (Adult Mental Health, Psychological Therapies, Dementia)
- Mental Health Acute Bed Pressures

STATUTORY FUNCTION CHALLENGES WITHIN CHILDREN AND YOUNG PEOPLE'S SERVICES

UNALLOCATED CASES

Trust reporting procedures for unallocated cases indicate an improved position in our Gateway services, a continued challenging position in our Family Support Teams and an unprecedented position in our Looked After Children's Services. An improvement plan is in place for all unallocated case activity within the Trust. The Trust continues to report Gateway and Family Support unallocated case activity via the agreed SDP reporting procedures.

INCREASE IN LOOKED AFTER CHILDREN

Since 2021 statutory functions reports for the Trust highlight a very significant increase in its looked after children (LAC) population. As at the end of March 2024 there were 807 within the Trust, an increase of 43 young people since the submission of our Interim Corporate Parenting data in October 2023. The Trust's LAC service has now experienced an increase of 118 children since the end of

March 2020. Inevitably the increase in looked after children has resulted in increased demand for suitable placements, and challenges in completing statutory reviews/visits.

The increase in kinship placements is positive and in line with legislation, policy and research findings. The Trust continues to support children to remain with family or friends. This trend has changed the face of foster care as kinship carers often need different and/or more intensive support. The arrival of increased numbers of separated and unaccompanied asylum children into the looked after system has added challenges for the corporate parenting system within the Trust.



CHILDREN WITH DISABILITY, SHORT BREAKS

The Trust continues to record pressures in this area, and notes that services have had to be re-purposed to provide residential accommodation for children with a disability who become looked after. There have been improvements in the Trust's short break performance with the 2022/23 action surrounding Children with a Disability being closed by SPPG in October 23. In this reporting period, the Trust has placed significant focus on the transfer of operational ownership of a residential short breaks facility in one area of the Trust whilst also profiling and expanding other types of short breaks.

INTERFACE WITH CHILDREN'S STRATEGIC REFORM BOARD

The Children's Strategic Reform Board under the leadership of DoH has been set up to tackle many of the key issues for children services by working creatively and collaboratively with Trusts and other stakeholders to assess the issues, underlying causes, and develop robust and creative plans to tackle them. Associated work streams under the Reform Board will be focussing on a number of areas that are also included in the Trust's DSF action plan; these include unallocated cases and placement pressures.

SUMMARY OF AREAS WHERE THE TRUST HAS NOT ADEQUATELY DISCHARGED THEIR DIRECTED STATUTORY FUNCTIONS

Following end year accountability with SPPG, the 2023/24 DSF Action Plan for Northern Trust was closed. Of the 22 actions, 4 were completed and the remaining 18 actions have been carried across to the 2024/25 DSF Action Plan. Commissioning leads within SPPG, having reviewed the DSF reports and following discussion with Trust leads, agreed that one new action would be included in the 2024/25 Action Plan - unallocated cases in Older Peoples Service.

The 19 actions in the 2024/25 DSF Action Plan forms the basis of ongoing quarterly accountability meetings between SPPG and Trust SW Assistant Directors. As noted above these actions are crosscutting with a focus on placement pressures, unallocated cases/unmet need, care management reviews and workforce.

SOCIAL WORK SAFETY AND QUALITY IMPROVEMENT PRIORITIES (SQIP)

There are formal mechanisms in place within the Trust to provide assurance that professional leadership and the control and management of professional and regulatory issues pertaining to the social work are reviewed at regular intervals. The Trust has a Social Care Governance Forum which takes place 8 months of the year specifically focusing on professional governance. Areas of development, improvement and risk relating to Social Work are progressed here.



THEME 5: INTEGRATING THE CARE

Emerging pressures and risks associated with Social Work services are escalated regularly through the Trust's integrated assurance framework via the Assurance Committee, which is a standing committee of the Board of Directors & Trust Board. The purpose of the Committee is to review the effectiveness and reliability of the Trust's assurances regarding governance arrangements, risk management and the control environment. The Social Work SQIP was introduced in 2023/24 with an aim to confirm the comprehensiveness of the six priorities identified below to the Assurance Committee.

The Assurance Committee will provide a third line of assurance on the Social Work SQIP within the Trust's Integrated Governance and Assurance Framework.

It can ensure that robust governance, risk management and assurance processes are in place across for the SW SQIP to promote the delivery of key objectives.

Within Social Work services we understand that many high performing organisations are now moving away from standalone Safety/Quality/Governance/Improvement functions to a more integrated whole systems approach to quality. Whole system quality comprises integrated quality planning, quality control, and quality improvement activities that inform an organisation-wide, interlinked, and strategic approach to improving the quality of services provided by an organisation. The Trust is embarking on a design process to determine how different functions within the organisation can be woven together in a more integrated manner with this aim in mind.

The Social Work SQIP has been designed, with a focus on six key priorities for improvement over 2024/25. This will contribute to the strengthening of the social work functions of quality planning, quality control and quality improvement within the Trust, with targeted focus on these six key areas in the first year of this approach.

Six Social Work Pillars for Safety and Quality

1. Effective Safeguarding Arrangements	2. Safe Corporate Parenting	3. Managing Unmet Social Care Need	4. Assessing Carers	5. Responsive ASW & MCA Service	6. Professional Training, Support and Wellbeing
Child protection case conferences Initial Family Support Assessments Gateway / FSIT Unallocated Activity ASG repeated referral (perpetrator / environment) ASG Protection Plans and Risk Assessments ASG Reform ASG Alternative Care Plans	LAC Population Named Worker Allocation Statutory Visits and Reviews Adequate Supply of Placements RQIA Inspections Foster Care Leaving Care Act RQIA Inspections (Children's Homes)	Care Management and Level 1 Reviews Unmet Domiciliary Care Need Return Unallocated Case Activity Domiciliary Care (Unmet Need)	Young Carers Assessments Offered New Assessments and Completed Assessments Carer Conversation Wheel	Protracted Waits Management of Delays Assessments & Alternate Care Plans MCA (Live Cases and Panel Activity)	Professional Audits & Reviews Mandatory Professional Training Practice Learning PiP Pathways & AYE Compliance Workforce Research and Development Practice Teaching and ASW Growth



WORLD SOCIAL WORK DAY CELEBRATIONS

The Trust was delighted to host a conference to celebrate World Social Work Day in March 2024. Executive Director for Social Work in the Trust, Maura Dargan, opened the event and welcomed Social Workers and colleagues from across the Trust and partner organisations.

Speakers for the day included Professor Deirdre Heenan, Professor of Social Policy, Ulster University and Alex Kane, newspaper columnist and political commentator.

Delegates welcomed the opportunity to hear from a range of inspirational speakers and visit the many exhibitions and information stands from organisations such as the Regulation and Quality Improvement Authority, Northern Ireland Social Care Council, British Association of Social Workers and others. The event was brought to a close by Executive Director Maura Dargan who reflected on the challenges faced by Social Workers over the previous few years and thanked them for their significant contribution.





ANNUAL HEALTH CHECKS

Enhanced services by GPs, which includes annual health checks for people with learning disability, were reintroduced in April 2022, but then suspended from December 2022 until March 2023.

Trust Healthcare Facilitators (HCFs) have continued to engage with GP practices and by doing so they have ensured that the GP registers for people with learning disability are kept up-to-date.

The HCFs completed some health checks across the Trust, either in service users' own homes or in a clinic setting. Other settings are considered depending on the service users' needs and wishes.

During the reporting period, 947 health checks were completed by GPs and 125 were completed by HCFs.

The HCFs continue to liaise with GP practices and work closely with them to ensure that annual health checks are completed in a timely fashion.