HSC Public Health Agency

AGENDA

77th Meeting of the Public Health Agency board to be held on Thursday 20 August 2015, at 1:30pm, Conference Rooms 3 and 4, 12/22 Linenhall Street Belfast, BT2 8BS

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of previous Meetings: • Special Meeting of 10 June 2015 • Meeting of 18 June 2015		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update • PHA Financial Performance Report	**PHA/01/08/15 (for Noting)**	Mr Cummings
8.	1.55	PHA Annual Business Plan 2015/16	**PHA/02/08/15 (for Approval)**	Mr McClean
9.	2.05	Update from Corporate Strategy Project Board		Chair
10.	2.15	Lifeline Strategic Outline Business Case	**PHA/03/08/15 (for Approval)**	Dr Harper
11.	2.35	Human Resources Report	**PHA/05/08/15 (for Noting)**	Mr McPoland

12.	2.45	Local Supervising Authority (LSA) Report	**PHA/06/08/15 (for Noting)**	Mrs Hinds
13.	3.00	Serious Adverse Incidents Learning Report	**PHA/07/08/15 (for Noting)**	Mrs Hinds
14.	3.10	PHA and HSCB Annual Quality Report 2014/15	**PHA/08/08/15 (for Approval)**	Mrs Hinds
15.	3.25	Any Other Business		

16. **Date, Time and Venue of Next Meeting**
    Thursday 15 October 2015
    1:30pm
    Conference Rooms 3+4, 2nd Floor
    12/22 Linenhall Street
    Belfast
    BT2 8BS

HSC Public Health Agency

MINUTES

Minutes of a Special Meeting of the Public Health Agency board held on Wednesday 10 June at 11:00am, in Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

PRESENT:

Mr Andrew Dougal	-	Chair
Dr Eddie Rooney	-	Chief Executive
Mrs Mary Hinds	-	Director of Nursing and Allied Health Professionals
Mr Edmond McClean	-	Director of Operations
Mrs Julie Erskine	-	Non-Executive Director
Mr Brian Coulter	-	Non-Executive Director
Mrs Judena Leslie	-	Non-Executive Director
Alderman Paul Porter	-	Non-Executive Director

IN ATTENDANCE:

Mr Simon Christie	-	Assistant Director of Finance, HSCB
Mr Paul Cummings	-	Director of Finance, HSCB
Mrs Fionnuala McAndrew	-	Director of Social Care and Children, HSCB
Mr Robert Graham	-	Secretariat

APOLOGIES:

Dr Carolyn Harper	-	Director of Public Health/Medical Director
Councillor William Ashe	-	Non-Executive Director
Mr Thomas Mahaffy	-	Non-Executive Director

		Action
	Item 1 – Welcome and Apologies	
1.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Carolyn Harper, Councillor William Ashe and Mr Thomas Mahaffy.	
	Item 2 - Declaration of Interests	
2.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

Item 3 – PHA Annual Report and Accounts 2014/15

3.1 The Director of Finance explained that the purpose of this meeting was to consider the Annual Report, Annual Accounts and Governance Statement. He said that the external audit had been completed and that no issues of concern had been raised.

3.2 The Director of Operations presented the Annual Report, and noted that members would already have seen an early draft of the report. He said that the Report began with the Chair's forward which paid tribute to the contribution of Mary McMahon who had been Chair from the inception of the Agency in 2009, and also to Julie Erskine who had covered as Acting Chair for a period during 2014/15. He went on to say that the rest of the Report contained updates from each of the directorates within the Agency – health protection, health and social wellbeing improvement, service development and screening, research and development, nursing, allied health professions, quality and safety, connected health, and operational and business areas.

3.3 Mr McClean noted that the number of FOI requests had increased during 2014/15 to 37 and that there were 123 written AQs and 14 oral AQs.

3.4 Mr McClean drew members' attention to the Governance Statement and said that one of the governance divergences related to accommodation and the need to complete SOCs for Alexander House and Anderson House. Another divergence related to community and voluntary sector contracts and a lot of work had been undertaken in this area, given new procurement guidelines. Mr McClean noted the progress that had been made in relation to BSTP.

3.5 Mr Coulter said that the Governance and Audit Committee had considered the draft Annual Report and Accounts on two occasions, and would recommend the final version to the Board for approval. He added that he was pleased to see a clean audit report and noted the improvements that had been made. Alderman Porter said that this was due to the direction of the Chair and previous Chair and he paid tribute to the work of staff in achieving this outcome.

3.6 Mr Christie presented the Annual Accounts. He explained that

PHA had received just under £102m of income, and that it had spent £101.7m, with a surplus of £143k, which was within the threshold of ±0.025%. He added that the current liabilities had reduced greatly, which was as a result of an improvement within Shared Services, and being able to make payments faster.

3.7 Mr Christie moved onto the sections on expenditure, and noted that there had only been a marginal increase in staff costs, which was due to pay awards and inflation. He said that there had been an improvement in prompt payment performance with 93.5% of the value of invoices being paid within 30 days and that 68% of invoices had been paid within the 10-day target.

3.8 The Chair sought clarity on the PHA revenue resource limit. Mr Cummings explained that PHA receives an RRL, but it is allocated to Trusts, on PHA's behalf, by DHSSPS.

3.9 Mr Coulter said that the Governance and Audit Committee had considered the Report to those Charged with Governance, which provides assurance with regard to the application of financial assets. He added that the Committee had acknowledged the effort that had gone into the preparation of the accounts and the performance against budget. On behalf of the Committee, he thanked the staff for this outcome. Mrs Erskine expressed her thanks to the operational and finance staff.

3.10 The Chief Executive thanked both HSCB and BSO staff for their support throughout the year which has resulted in this improvement in financial performance.

3.11 The Chair proposed that the Annual Report and Accounts for 2014/15 be approved, this was **approved** by members.

Item 4 – Any Other Business

4.1 There was no other business.

Date and Time of Next Meeting

Date: Thursday 18 June 2015
Time: 1:30pm
Venue: Fifth Floor Meeting Room
12/22 Linenhall Street

Belfast
BT2 8BS

Signed by Chair: _____

Date: _____

HSC Public Health Agency

MINUTES

Minutes of the 76th Meeting of the Public Health Agency board held on Thursday 18 June at 1:30pm, in Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

PRESENT:

Mr Andrew Dougal	-	Chair
Dr Eddie Rooney	-	Chief Executive
Dr Carolyn Harper	-	Director of Public Health/Medical Director
Mrs Mary Hinds	-	Director of Nursing and Allied Health Professionals
Mr Edmond McClean	-	Director of Operations
Councillor William Ashe	-	Non-Executive Director
Mr Brian Coulter	-	Non-Executive Director
Mrs Julie Erskine	-	Non-Executive Director
Mrs Judena Leslie	-	Non-Executive Director

IN ATTENDANCE:

Mr Robert Graham	-	Secretariat
Mr Paul Cummings	-	Director of Finance, HSCB
Mrs Fionnuala McAndrew	-	Director of Social Care and Children, HSCB
Mrs Joanne McKissick	-	External Relations Manager, Patient Client Council

APOLOGIES:

Mr Thomas Mahaffy	-	Non-Executive Director
Alderman Paul Porter	-	Non-Executive Director

		Action
60/15	**Item 1 – Welcome and Apologies**	
60/15.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Thomas Mahaffy and Alderman Paul Porter.	
61/15	**Item 2 - Declaration of Interests**	
61/15.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

62/15	**Item 3 – Minutes of the PHA Board Meeting held on 21 May 2015**
62/15.1	The minutes of the previous meeting, held on 21 May 2015, were approved as an accurate record of the meeting and were duly signed by the Chair.
63/15	**Item 4 – Matters Arising**
	53/13.7 Making Life Better
63/15.1	Mr Coulter asked for an update on Making Life Better. The Chief Executive said that the first ministerial meeting was due to take place but was postponed. He said that a constructive session had taken place with a range of stakeholders to gather their views. He said that there were varying opinions on how existing Investing for Health partnerships should evolve and this will be the subject of ongoing deliberations.
63/15.2	Mr Coulter said he wanted to know if the new local councils were taking ownership of the public health agenda, as was beginning to be the case in Scotland. Mr McClean said that the new councils had been given an extension in terms of the deadline of the completion for their community planning. The Chief Executive said that through Making Life Better there was more engagement with the councils and this was being undertaken in the right spirit.
64/15	**Item 5 – Chair's Business**
64/15.1	The Chair expressed his thanks to Mrs Erskine for her guidance during his first few weeks as Chair. He said that he had met with the Chief Executive, the Chair of HSCB and would be meeting with the Chair of NICON and the Chair of Public Health England in the coming weeks.
64/15.2	The Chair said that he had attended the launch of PHA's sexual health campaign and was impressed with the effort that had been put into the development of the campaign.
64/15.3	The Chair advised that he had addressed the Irish Cardiology Conference and had given a brief outline of the role of PHA.

65/15	**Item 6 – Chief Executive's Business**
65/15.1	The Chief Executive said that he had attended a joint workshop with Safefood and the Food Standards Agency, from which emanated some ideas for future joint working.
65/15.2	The Chief Executive said that he had visited some community garden projects in East Belfast as part of a "meanwhile use" scheme. He added that under the scheme, derelict areas of land would be put to better use and what is grown can be eaten.
66/15	**Item 7 – Commissioning Plan 2015/16 (PHA/01/06/15)**
66/15.1	The Chair welcomed Mr Dean Sullivan and Ms Lisa McWilliams to the meeting.
66/15.2	The Chief Executive began by outlining the PHA's role in the approval of the Commissioning Plan. He said that it is a key legislative function, and an area of interest to PHA Board members, and that before the Plan can be approved, PHA must be satisfied that the Plan is as effective as it can be in terms of its outcomes and tackling health inequalities.
66/15.3	The Chief Executive said that the HSCB must take regard of PHA's advice when drawing up the Plan. He noted that PHA members had had the opportunity to hear first-hand from PHA commissioning leads in terms of their input in the development of the Plan, and overall the view was that the Commissioning Plan was a reasonable reflection of the information and advice given, and given the financial constraints. The Chief Executive said that due to the complexities of the commissioning process, it is difficult to see that all of PHA's advice has been incorporated into the draft Plan. He noted that there remain issues within the Plan which may be the outcome of a bid at the June monitoring round, and that these may be subject to a degree of prioritisation. However, although some of the issues may appear of small scale, they could be issues of strategic significance. Therefore there should be a continuous review of the prioritisation.
66/15.4	The Chief Executive outlined three possible options that the PHA Board might contemplate: to reject, approve or approve conditionally the draft Plan. He added that if conditional approval was given, a letter would be issued to HSCB and DHSSPS

	outlining PHA's concerns.
66/15.5	Mr Sullivan thanked PHA Board members for the opportunity to present the draft Plan. He explained that the Plan had been drafted as a response to the Commissioning Direction and had been produced as a joint effort between HSCB and PHA and that it represented the best use of the available resources. He highlighted that there are service developments and need which at this point will either not commence at all or proceed at a reduced pace, due to the financial constraints. He pointed out that the Plan is not currently in balance as there is still a £31m shortfall, which he hoped could be addressed as part of June monitoring. He finished by saying that the draft Plan was approved by the HSCB at its meeting last week and must be approved by the PHA Board to enable publication by DHSSPS.
66/15.6	Mrs Erskine asked whether the HSCB Board had given full approval of the Plan and added that she was more in favour of giving the Plan conditional approval. She expressed concerns regarding the uncertainty around the outcome of the June monitoring round. She said that if this was unsuccessful, the priorities should be reviewed. Mr Sullivan said that the Plan had been given full approval by HSCB and that it represented the best Plan to respond to the current pressures and needs.
66/15.7	Mrs Erskine pointed out that the Plan does not balance. Mr Cummings explained that the Plan is in balance, as the £31m had been clearly identified and certain initiatives would not be commenced until the outcome of June monitoring is known. Mrs Erskine asked Mrs Hinds and Dr Harper if they were content with the Plan. Mrs Hinds said that she felt that the Plan was a honest one and clearly articulated what could and could not be achieved, and while she acknowledged that certain elements were subject to financial uncertainties, she was assured that these would be kept continuously under review. She said that in her view, the plan was reasonable and there had been engagement with staff in its development.
66/15.8	Mrs Leslie asked about potential patient safety issues. Dr Harper said that she still has some concerns about some areas she wished to see taken forward. Mr Cummings advised that he was aware of the areas Dr Harper is referring to, and he hoped that these would be reviewed following the outcome of June

	monitoring. Mr Sullivan referred members to the summary of unfunded service pressures outlined in Appendix 3 of the draft Plan, and acknowledged that there are risks in not taking forward each of these areas.
66/15.9	Mr Coulter said that the Plan was highly complex and wanted to acknowledge the work of staff in preparing the draft Plan. He welcomed the further analysis of the impact of the decision-making process within the Plan and the list of pressures at Appendix 3. He expressed concerns about the June monitoring round and said that in his view that the Plan is not balanced. He said that he was concerned about the £22m, and its potential impact on elderly and vulnerable people. He said that the outcome of the wider discussions on welfare reform could have a negative impact from a health inequality point of view.
66/15.10	Mrs McKissick said that the Patient Client Council welcomed the improved foundation of involvement which clearly underpins a number of strategic priorities within the Plan. She said that based on the evidence base coming from the voices of service users in Northern Ireland through their work, the PCC would wish to make some comments.
66/15.11	Mrs McKissick welcomed that priority was being given to addressing staffing levels. However this only appeared to be for nursing staff. She said that PCC would wish to see the implementation of “Living Matters, Dying Matters”, but expressed concern at the number of services that are under threat due to funding pressures, specifically noting that no funding had been identified to support future planning for elderly carers caring for dependent adults in the community.
66/15.12	Mrs McKissick was pleased to note the rollout of the Meningitis B vaccine and the establishment of a urology network. However, she was concerned that there were further setbacks to achieving the implementation of the Bamford Review, but welcomed the commissioning priority to increase Child and Adolescent Mental Health Services.
66/15.13	Mrs McKissick thanked the work of Dr Christine McMaster and Maria Wright with regard to the introduction of the Pain Management Programme.

66/15.14	Mrs McKissick noted that the draft Plan outlined services that are under threat which will be of concern to service users. She suggested that there should be a more engagement with the public about the future of direction and delivery of health and social care.
66/15.15	The Chief Executive agreed that the outcome of the June monitoring is critical. He felt that the main issue of concern for non-executives was around the prioritisation and how those areas will be taken forward.
66/15.16	Mrs McAndrew noted that her area of responsibility is most impacted by the outcome of the discussions on welfare reform. She assured non-executives that there has been ongoing dialogue between HSCB and PHA regarding the important decisions that have to be made.
66/15.17	Mrs Erskine suggested in future there should be an update on Commissioning brought to the PHA Board two or three times a year.
66/15.18	The Chair sought a proposal from members. He suggested that the Plan should be approved, but that the concerns of members should be flagged up. The Chief Executive said that there are issues that members will want to consider carefully, and articulate clearly to HSCB how these should be taken forward. Mr Coulter added that there should be clarity on the prioritisation, and that what is finally funded has been “equity-proofed”.
66/15.19	The Chief Executive summarised the discussion by proposing that the Plan is to be approved to go forward to HSCB for publication, but will be accompanied by correspondence setting out PHA’s reservations, particularly with regard to prioritisation of safety and quality issues, and addressing health inequalities.
66/15.20	The Chair advised that he had received comments from non-executive member Thomas Mahaffy who wished to have his dissent to the draft Plan recorded in the minutes as follows: “The Commissioning Plan rests on an unsound and unstable financial platform. It is not predicated on a proper and objective assessment of need within the HSC. It will do nothing to tackle the fundamental and increasing health inequalities facing the people. It leaves the door open to the increased privatisation

	of our health and social care services (e.g. in the areas of domiciliary care and through unaccountable and opaque LCG activity). Of particular concern is the absence of measures to control what is clearly going to be a spectacular inflation in waiting times with profound adverse clinical consequences".
66/15.21	Members approved the draft Commissioning Plan, subject to reservations which will be outlined in correspondence to HSCB, with the exception of Mr Mahaffy.
66/15.22	The Chair sought clarity from Mr Sullivan on the £83m being transferred into the community, as outlined in the Commissioning Direction. Mr Sullivan said that this did represent a challenge, and that models are being put in place. Mr Cummings added that this target emanated from Transforming Your Care. Mr Sullivan said that this related to attempting to reduce the number of bed days and to avoid people going into hospital when not required to do so. Dr Harper said that the transfer needed to be a safe transfer into the community and that the appropriate medical staff needed to be in place. Mr Sullivan informed the Board that resources were not being transferred from secondary to primary care, but that any new money would be directed to primary care.
67/15	**Item 8 – Draft PHA Budget 2015/16 (PHA/02/06/15)**
67/15.1	Mr Cummings explained that under Standing Financial Instructions, the PHA Board is required to approve a draft annual budget. He presented members with the draft budget and explained how PHA would use the £101.7m of funding allocated for 2015/16.
67/15.2	Mr McClean gave members an overview of the proposed programme expenditure for 2015/16, pointing out that £1.5m of the £2.8m savings that PHA is required to make in 2015/16 will come from programme expenditure. He outlined how these savings could be made, but also explained how £500k of funding for other developments had yet to be allocated.
67/15.3	Mrs Erskine asked if staff had been kept informed of the financial situation. The Chief Executive said that a further e-mail would be issued to all staff in the coming days once there is clarification regarding the Voluntary Exit Scheme.

67/15.4	Mr Coulter commended the work of staff in compiling this draft budget. He queried why it appeared that the South Eastern Trust were receiving a more reduced allocation in terms of service development and screening. Dr Harper explained that screening programmes are commissioned regionally, and she assured members that irrespective of where you live, there is equal access to the programmes.
67/15.5	Mr Coulter asked about the reduction in the management and administration budget. The Chief Executive advised that there remain some elements of this which have to be dealt with strategically. Mr Coulter noted that this issue is on the Corporate Risk Register.
67/15.6	The Chairman said that he had found the format of the draft budget useful and easy to follow.
67/15.7	Members approved the draft budget.
68/15	**Item 9 – PEMS Report 2014/15 (PHA/03/06/15)**
68/15.1	Mr McClean explained that this PEMS Report was a look back at how expenditure was allocated in the previous year. He noted the importance of the community sector in PHA's health improvement work and he pointed out the increased spending in areas such as drugs and alcohol, suicide prevention, smoking cessation and vaccinations.
68/15.2	Mrs Erskine said she wished to express her thanks to staff for their work during 2014/15 in these areas.
68/15.3	Members noted the PEMS Report for 2014/15.
69/15	**Item 10 – Governance and Audit Committee Update (PHA/04/06/15)**
69/15.1	Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 15 April were available for members for noting. He said that he hoped the Chair would take the opportunity to review the membership of Committees given the issue with regard to the quorum of the Governance and Audit Committee.

69/15.2	Mr Coulter gave an overview of the meeting of 10 June where the Annual Report and Accounts and Governance Statement were considered. He said that the Committee also considered the Corporate Risk Register as well as its self-assessment checklist. He added that the Committee also received a report on Single Tender Actions.
69/15.3	Members noted the update from the Governance and Audit Committee Chair.
70/15	**Item 11 – Corporate Risk Register (PHA/05/06/15)**
70/15.1	The Chair asked whether members had any queries with regard to the Corporate Risk Register which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.
70/15.2	Members noted the Corporate Risk Register.
71/15	**Item 12 – Data Protection/Confidentiality Policy (PHA/06/06/15)**
71/15.1	The Chair asked whether members had any queries with regard to the Data Protection/Confidentiality Policy which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.
71/15.2	Members approved the Data Protection/Confidentiality Policy.
72/15	**Item 13 – Gifts and Hospitality Policy (PHA/07/06/15)**
72/15.1	The Chair asked whether members had any queries with regard to the Gifts and Hospitality Policy which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.
72/15.2	Members approved the Gifts and Hospitality Policy.

73/15	**Item 14 – Annual Report 2014/15 to the Equality Commission (PHA/08/06/15)**
73/15.1	The Chair welcomed Anne Basten from the Equality Unit at BSO to the meeting and asked Mr McClean to introduce the report.
73/15.2	Mr McClean said that members will be familiar with the requirement for PHA to submit an annual report to the Equality Commission. He said that this year's report follows a different format. He drew members' attention to the work being undertaken in equality, specifically with regard to procurement. He said that the nature of this work would now suggest that there may be a greater number of EQIAs required to be undertaken. He added that for the year 2014/15 PHA undertook one EQIA and that the Equality Commission may choose to focus on this area. However, he assured members that PHA staff do comply with the requirements of the legislation.
73/15.3	Mrs Erskine thanked the staff who had been involved in the compilation of the Report.
73/15.4	The Chair asked why there could be increased scrutiny by the Equality Commission. Ms Basten suggested that this could be due to the amount of funding that PHA receives. The Chair sought clarity that the Equality Commission are not concerned with potential poor practice. Mr McClean indicated he thought the Equality Commission had focused on HSCB last year and to some extent, it was expected they would focus on PHA this year given that the work of the PHA has an impact on the entire population and a lot of its activities cover many of the Section 75 groups.
73/15.5	Mr Coulter asked about the outstanding cancer screening report. Dr Harper confirmed that although there was a slight delay due to staff sickness, that it would be included in the final report submitted to the Equality Commission.
73/15.6	Members approved the Annual Report to the Equality Commission.

74/15	**Item 15 – Personal and Public Involvement Update (PHA/09/06/15)**
74/15.1	Mrs Hinds explained that PHA has a leadership role in regard to PPI, and that a branding has now been developed. She said that a team had been set up which had developed a set of standards which have now been approved by DHSSPS, and that a monitoring process is now in place which includes both self-assessment and verification. She added that within each Trust there is now internal self-assessment.
74/15.2	Mrs Hinds said that work has not yet taken place to take forward the Engage website.
74/15.3	Mrs Erskine said that she had attended the launch of the PPI Standards and said that it was a very positive event.
74/15.4	The Chair asked how PHA receives information with regard to PPI. Mrs Hinds said that she chairs a User Forum and that information can also be obtained from the returns submitted by the Trusts. The Chief Executive also noted that there is the 10,000 Voices project which obtain views from service users.
74/15.5	Dr Harper said that PPI is referenced in the Equality Plan as PHA is working harder to get to the "harder to reach" groups. She said it is very satisfying for staff to be involved in the redesign of a service, and they can see the value that this brings. Mrs McKissick added that the co-design work is excellent.
74/15.6	Members noted the PPI update.
75/15	**Item 16 – Management Statement / Financial Memorandum (PHA/10/06/15)**
75/15.1	Mr McClean explained that the Management Statement and Financial Memorandum outlines PHA's relationship with its sponsor branch and is required to be brought to the Board annually. Mr Coulter noted the need for Board members to ensure compliance with the Code of Conduct. The Chair said that he would wish to take time to consider the training requirements of the Board.
75/15.2	Members noted the Management Statement and Financial

Memorandum.

76/15 **Item 17 – Any Other Business**

76/15.1 The Chief Executive informed members that two PHA staff, Eleanor Ross and Dr Tim Wyatt, had received honours in the recent Queen's birthday honours. He offered his congratulations to them on behalf of the Board.

77/15 **Item 18 – Date and Time of Next Meeting**

Date: Thursday 20 August 2015
Time: 1:30pm
Venue: Fifth Floor Meeting Room
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair: _____

Date: _____

Public Health Agency

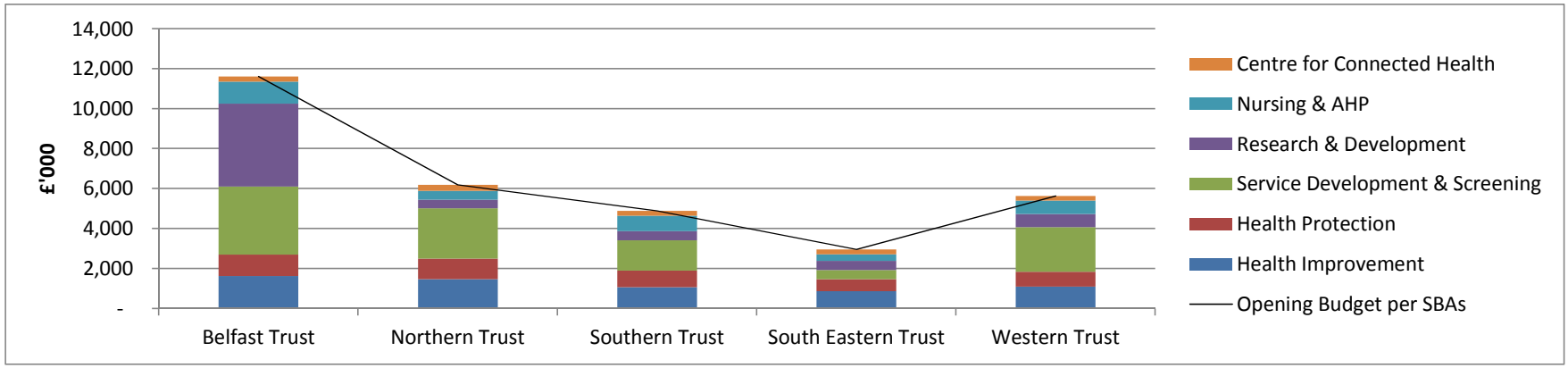
2015-16 Board Report - Month 3

Public Health Agency
2015-16 Summary Position - June 2015

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	Non-Trust			Trust	Non-Trust		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
Adjusted Departmental Allocation	31,250	50,684	19,298	**101,231**	7,812	5,796	4,815	**18,424**
Income from Other Sources	-	503	371	**875**	-	438	86	**525**
Total Available Resources	31,250	51,187	19,669	**102,106**	7,812	6,235	4,902	**18,949**
Expenditure								
Trusts	31,250	-	-	**31,250**	7,812	-	-	**7,812**
Non-Trust Programme	-	51,187	-	**51,187**	-	6,046	-	**6,046**
PHA Administration	-	-	19,669	**19,669**	-	-	4,876	**4,876**
Total Proposed Budgets	31,250	51,187	19,669	**102,106**	7,812	6,046	4,876	**18,734**
Surplus/(Deficit)	-	-	-	-	-	189	26	215

The year to date financial position for the PHA shows an underspend against profiled budget of £215k. This is mainly due to lower than anticipated expenditure in the Health Improvement area (including Lifeline), offset by expenditure ahead of profile in Health Protection, Nursing and Campaigns, as detailed on page 3. It is currently anticipated that the PHA will breakeven on its full year budget.

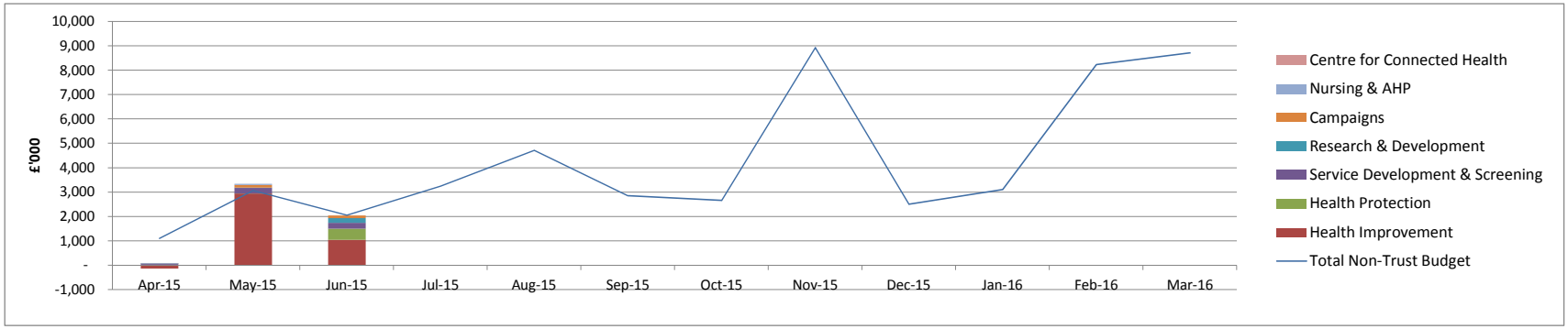
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	Southern Trust £'000	South Eastern Trust £'000	Western Trust £'000	Total Current Budget £'000
Health Improvement	1,626	1,461	1,074	869	1,098	**6,127**
Health Protection	1,074	1,040	820	602	742	**4,279**
Service Development & Screening	3,404	2,520	1,520	460	2,227	**10,130**
Research & Development	4,147	427	464	458	657	**6,153**
Nursing & AHP	1,099	445	765	327	677	**3,312**
Centre for Connected Health	254	290	244	233	226	**1,248**
Total current RRLs	**11,604**	**6,183**	**4,887**	**2,950**	**5,626**	**31,250**
Opening Budget per SBAs	**11,604**	**6,183**	**4,887**	**2,950**	**5,626**	**31,250**

As part of a service improvement project the Finance Directorate has coded the opening Service & Budgetary Agreements (SBAs) to their budget area, a high level summary of which is shown above. Budget holders will now be provided with all PHA commitments coded to their budget area, instead of Trust commitments being held in a central line.

Non-Trust Programme Expenditure



	Apr-15 £'000	May-15 £'000	Jun-15 £'000	Jul-15 £'000	Aug-15 £'000	Sep-15 £'000	Oct-15 £'000	Nov-15 £'000	Dec-15 £'000	Jan-16 £'000	Feb-16 £'000	Mar-16 £'000	Total £'000
Total Non-Trust Budget	**1,106**	**3,068**	**2,061**	**3,246**	**4,719**	**2,844**	**2,657**	**8,933**	**2,506**	**3,100**	**8,237**	**8,709**	**51,186**
Actual Expenditure	**233**	**3,506**	**2,306**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**6,046**

Variance - Year to Date	**Budget (YTD) £'000**	**Expenditure (YTD) £'000**	**Variance (YTD) £'000**
Health Improvement - Belfast LCG	1,239	1,151	88
Health Improvement - West LCG	575	598	(23)
Health Improvement - South LCG	885	929	(44)
Health Improvement - South East LCG	640	521	119
Health Improvement - North LCG	678	652	25
Lifeline	875	710	165
Health Protection	433	480	(47)
Service Development & Screening	535	512	23
Research & Development	237	214	23
Campaigns	132	222	(90)
Nursing & AHP	6	57	(51)
Centre for Connected Health	-	-	-
Total	**6,235**	**6,046**	**189**

The PHA expects that, due to unanticipated events, in-year slippage will accrue from these budgets during 2015-16, as this has historically been the case. To ensure timely reinvestment of these resources into key programme activities, a prioritised list of non-recurrent service developments has been developed.

The financial position to date shows an underspend of £0.2m which relates to lower than anticipated expenditure in the Health Improvement area (including Lifeline), offset by expenditure ahead of profile in Health Protection, Nursing and Campaigns. However, a breakeven position is forecast at the end of the financial year.

PHA Administration

2015-16 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,630	3,443	10,071	272	301	462	**17,178**
Goods & Services	204	1,402	532	(121)	79	395	**2,491**
Total Budget	**2,833**	**4,845**	**10,603**	**152**	**379**	**857**	**19,669**
Budget profiled to date							
Salaries	657	860	2,511	67	75	135	**4,306**
Goods & Services	51	360	125	(30)	20	70	**596**
Total	**709**	**1,221**	**2,635**	**37**	**95**	**205**	**4,902**
Actual expenditure to date							
Salaries	678	886	2,509	58	80	135	**4,347**
Goods & Services	32	338	81	4	4	70	**529**
Total	**710**	**1,224**	**2,591**	**62**	**84**	**205**	**4,876**
Surplus/(Deficit)	**(2)**	**(4)**	**45**	**(24)**	**11**	**(0)**	**26**

The Management & Administration (M&A) budget for the PHA was reduced by the DHSSPS in 2015-16 by 15%, or £2.8m. However, after discussion and liaison with the DHSSPS, it was agreed that in year a total of £1.3m will be generated from within M&A budgets and the balance of £1.5m will be managed across the total PHA budget. This process will allow a more strategic review to be completed in order to deliver a recurrent 15% reduction in future years.

Total recurrent budgets allocated to Directorates have been reduced by the actual 2014-15 surplus and a 20% travel saving, totalling £1.1m. A further £0.151m saving remains to be identified against the £1.3m target. This balance has currently been charged to the PHA Board cost centre and will require to be managed across all PHA M&A budgets. PHA must continue to manage discretionary expenditure and savings plans to ensure a breakeven position at the end of the financial year.

PHA Prompt Payment

Prompt Payment Statistics

	June 2015 Value	June 2015 Volume	Cumulative position as at 30 June 2015 Value	Cumulative position as at 30 June 2015 Volume
Total bills paid (relating to Prompt Payment target)	£1,903,283	408	£5,970,856	1,455
Total bills paid on time (within 30 days or under other agreed terms)	£1,827,635	372	£5,372,722	1,327
Percentage of bills paid on time	**96.0%**	**91.2%**	**90.0%**	**91.2%**

The BSO has not yet been able to provide a comprehensive prompt payment report which is accurate for PHA. In the interim HSCB finance, on behalf of PHA, continue to generate a prompt payment report based on the audited method which was used to provide the Annual Accounts figures. This will ensure consistency of information reported to PHA on a monthly basis, while BSO works to produce a meaningful report.

Prompt Payment performance for PHA for the first three months of the year is 90% on the value paid within 30 days which is slightly below the 30 day target of 95%. However, the performance in June (96.0%) shows a marked improvement on the equivalent figure last month (77.3%) and efforts are being made to sustain this good performance. The volume figures are in line with the same period in the previous year.

The overall 10 day performance was 83.9% by value for the year, which exceeds the 10 day DHSSPS target for 2015-16 of 60%.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 August 2015
Title of Paper	PHA Annual Business Plan
Agenda Item	8
Reference	PHA/02/08/15

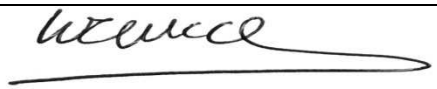
Summary

The PHA is required to develop an Annual Business Plan, as specified in the Management Statement and in line with DHSSPS requirements. As in previous years, the Plan has been developed with input from each Directorate and Division.

The initial draft Annual Business Plan was discussed by the Board on 19 March, but was subsequently held and reviewed in light of the 15% budget reductions.

The attached revised version of the PHA Annual Business Plan for 2015/16 has been reviewed by each Directorate and amended accordingly.

The Board is asked to approve the Plan for submission to the DHSSPS.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The Business Plan was approved by AMT on 28 July.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	28 July 2015

ANNUAL BUSINESS PLAN

HSC Public Health Agency

2015–2016

Approved by the **PHA Board xxxxxx**

Approved by DHSSPS xxxxxx

Purpose, vision and values

During 2015/16 the PHA will continue to work and be guided by our purpose, vision and values.

Our purpose

To protect and improve the health and social wellbeing of the people of Northern Ireland and to reduce health inequalities through strong partnerships with individuals, communities and key public, private and voluntary organisations.

Our vision

That all people in Northern Ireland can achieve their full health and wellbeing potential.

Our values

- Improving the health and social wellbeing of the community we serve will be at the heart of everything we do.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect.
- We will work in partnership to improve the quality of life of those we serve.
- We will value and develop our staff and strive for excellence in all we do.

Contents

Introduction

The Public Health Agency (PHA) *Annual Business Plan 2015–2016* details how we will make best use of our resources to achieve our core goals, as set out in our *Corporate Strategy 2011–2015*. These are:

- Protecting health
- Improving health and wellbeing and tackling health inequalities
- Improving the quality of health and social care services
- Improving early detection of illness

It also details how we plan to improve how we work by:

- Using evidence, fostering innovation and reform
- Developing our staff and ensuring effective processes

This plan focuses on significant new initiatives for 2015/16, incorporating Departmental requirements, and is not intended to cover every aspect of the PHA's planned work.

It will provide a basis for staff objectives and training and is a core accountability tool for the Department of Health, Social Services and Public Safety (DHSSPS).

Strategic context

The PHA has been in operation since April 2009 and over this time we have moved from establishment, to consolidating our position, developing our work and its impact, as well as strengthening the partnerships and the links we have with communities, groups and organisations.

There have been significant developments in recent years in terms of interventions and programmes to improve and protect health and well-being, reducing health inequalities, as well as in modernising and developing the range and quality of care services. This provides no basis for complacency as there are, for example, currently 4,000 premature deaths per year and 61,000 potential years of life lost through preventable illnesses. Loss to the local economy as a result of obesity alone is estimated at over £400 million, with 61% of the population being either overweight or obese and the impact of the misuse of alcohol on the health and social care system is estimated at some £250 million.

We recognise that reducing health inequalities is also central to ensuring economic and social progress. Reducing entrenched health inequalities is not something that the PHA alone can achieve, nor will it be easily measured on an annual basis. Accordingly working effectively with communities, organisations and groups is at the heart of what we do. The new strategic Public Health framework "Making Life Better", published in 2014 provides a renewed drive and direction for working better together, including with other Departments and public Agencies on the root causes of health inequalities.

The PHA, like all other HSC organisations and the wider public sector, faces financial challenges as we enter 2015/16. The NI public budget is constrained and tough choices will have to be made. This will have implications on how we do our business, as we take steps to work within a reduced management and administration budget. It will also impact on how we use our budget to achieve our core goals. The PHA will however continue to closely monitor and review its expenditure to ensure that it is used to maximum effect to help improve the health and wellbeing of the people of Northern Ireland and maintain the safety and quality of the services we commission.

Our last Annual Business Plan (2014/15) contained approximately 85 targets including those set for it in the DHSSPS Commissioning Plan Directions and Departmental Objectives. These targets covered every facet of our work with the vast majority, *78%,* completed on time and a further *18%* on track for completion, albeit slightly delayed. These stretching targets reflected areas identified as having the biggest potential impact on improving levels of health and social wellbeing, protecting the health of the community, and ensuring patients continue to receive high quality and safe treatment and care services.

In planning our work for 2015/16 the PHA must take account of the regulatory and strategic environment in which we operate, including:

- Programme for Government 2011–2015
- 'Making Life Better'
- DHSSPS policy priorities
- Partnership working
- Personal and public involvement

Our actions will therefore reflect these. We will also seek to embed prevention and early intervention across the services we commission and, where appropriate, in relevant sections of the HSCB/PHA commissioning plan.

Programme for Government 2011–2015

Through the Programme for Government (PfG) 2011–2015, the fundamental importance of reducing health inequalities and improving long-term public health was recognised by a commitment to invest an additional £10m in public health initiatives over the lifetime of the programme. Specifically PFG set out the importance of tackling obesity. During 2014/15 the PHA continued to invest the additional budget in key public health areas, including specific programmes to tackle obesity, as set out in the 2014/15 Annual Business Plan.

The PHA also continued to work with the HSCB and other Health and Social Care (HSC) bodies during 2014/15 to achieve other relevant PfG targets, including those relating to chronic condition management, measures aimed at improving safeguarding for children and vulnerable adults, improving outcomes and access to new treatments and services, as well as reconfiguring, reforming and modernising the delivery of HSC services to improve the quality of patient care.

As the life of the current NI Executive has been extended for a further year, these PFG targets will also remain for a further year. The PHA will continue to work to address the priorities set out in the PFG 2011-15.

Making Life Better

A key priority for 2015/16 is the implementation of 'Making Life Better – A Whole System Strategic Framework for Public Health 2013-2023', which sets out an updated strategic direction for improving the health and wellbeing of the public and reducing health inequalities over the next ten years. The PHA has a lead role in the implementation of 'Making Life Better', supporting the DHSSPS and working with partners through existing and recently established structures. The PHA Chief Executive chairs the Regional Project Board for Making Life Better. The Project Board is comprised of Chief Officers of relevant statutory agencies including representation from health and social care, local government, community and voluntary sector and the private sector; it reports to the All Departments Officials Group (ADOG). The Project Board will also be informed by local partnerships with an initial focus on strengthening collaboration and alignment to deliver on the following strategic priorities across sectors at regional and local levels:

- Caring Connected Communities
- Active Travel/Space and Place
- Neighbourhood Renewal

Other DHSSPS policy priorities

During 2015/16, the PHA will also support DHSSPS on implementation of Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland. The goals of the strategy are the delivery of high quality services and for Northern Ireland to be recognised locally and internationally as a leader for excellence in health and social care.

We will also continue to work with the HSCB to implement Transforming Your Care: A Review of Health and Social Care, published by the Minister in December 2011.

Partnership working

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care, local government and the statutory sector. We will continue to do this in 2015/16, building on and consolidating relationships.

Much of our partnership working will continue to be through providing funding and professional leadership to implement specific programmes and initiatives. In other instances it will be through influencing and shaping the priorities, processes and budgets of partners to improve longer-term health outcomes.

We will continue to work closely and build on our relationships with local government, as they transition through significant reform, working collaboratively with the newly established councils to develop shared approaches and arrangements for improving and protecting our communities' health.

Personal and public involvement

Personal and Public Involvement (PPI) is a term used to describe the active and meaningful involvement of service users, carers and the public in the commissioning, design, delivery and evaluation of health and social care services.

PPI is a statutory responsibility for HSC organisations. It is also an integral component of the drive to achieve improvements in safety, quality and effectiveness, helping to ensure that services are truly person centred.

In keeping with our PPI strategy and action plan, "Valuing People, Valuing their Participation", the PHA will continue to work to embed PPI into the culture and practice of the organisation. The PHA also has regional leadership responsibilities for PPI across the HSC system. This includes:

- Leading the implementation of PPI policy across HSC;
- Ensuring Trusts meet their PPI responsibilities;
- Chairing the Regional HSC PPI Forum;
- Sharing of PPI best practice and promoting consistency of approach;
- Establishment of robust PPI monitoring arrangements;
- Raising awareness of and understanding PPI through capacity building and commissioning of training.

Beyond 2015

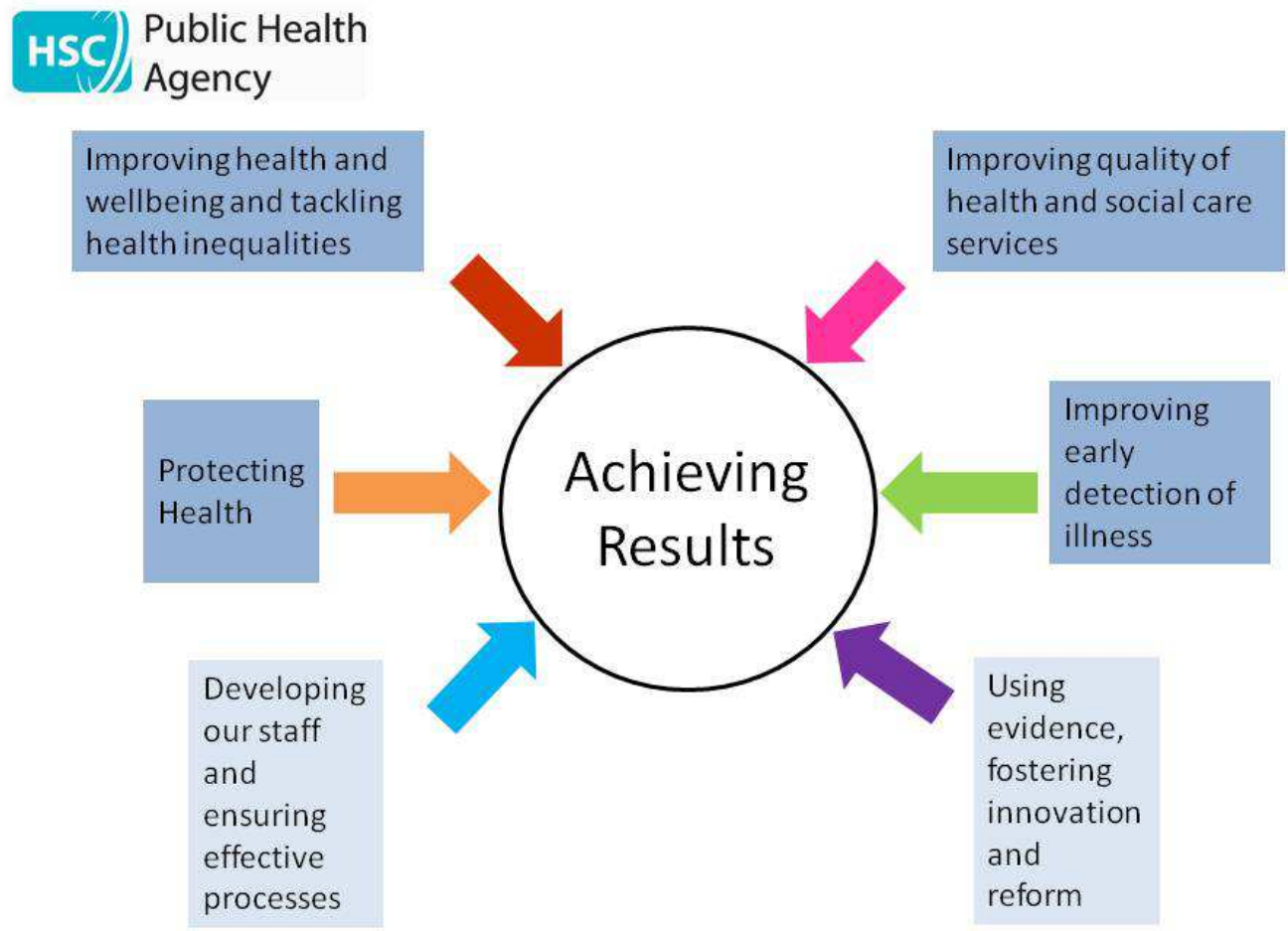
As set out in the PHA Annual Business Plan for 2014/15 the PHA commenced work in 2014 to develop a new corporate strategy, including both external and internal engagement. While our existing Corporate Strategy 2011 – 2015 will be extended for a further year (reflecting the extension of the NI Executive) covering this Annual Business Plan for 2015/16, the development of our new Corporate Strategy will be a key priority for the coming year. The new Corporate Strategy will be based on what we learn from listening to our partners, stakeholders and staff, scanning the future environment as well as reflecting our statutory responsibilities.

2015/16 will also see further changes to the PHA board. Mary McMahon our inaugural Chair completed her term in November 2014, with Julie Erskine taking on the role of Acting Chair until May 2015. Andrew Dougal was appointed as the new PHA Chair, taking up post 1 June 2015. As well as a new Chair, two Non-Executive Directors (Jeremy Harbison and Miriam Karp) also completed their terms in April 2015, with two new Non-Executive Directors, Judena Leslie and Leslie Drew appointed early 2015.

The forthcoming year will be a challenging one as we work within budget constraints and reductions. This will have implications for what we do and how we do it. However we remain committed to working to achieve improvements in the health and wellbeing of the population of Northern Ireland, making best use of our resources to do so in 2015/16 as well as plan for the future.

Our work in 2015/16

In 2015/16 we will continue to focus on our six core areas of work, as illustrated in the diagram below:



The following sections of this business plan break each of these areas down into key actions to be led by specific PHA executive directors, recognizing that many of them will involve input and work across several Directorates.

Reports on the progress against each of these actions will be submitted on a regular basis to the PHA board. This will be supplemented by in-depth reporting on progress on specific issues as summarised in Appendix 1.

More detailed implementation plans for key actions will be presented to and considered by the PHA board. These will form the basis of monitoring and reporting of progress and achievements.

Following the introductory narrative in the following sections of this Plan, a table is presented setting out Key Actions to be taken forward in 2015/16.

Protecting health

The Health Protection Service within the PHA is responsible for the prevention and control of communicable disease and environmental hazards and provides the acute response function to major issues in these areas, such as outbreaks of infectious disease. The PHA Health Protection Duty Room, located in Linenhall Street at PHA headquarters, is the first point of call for all acute issues in relation to infectious disease incidents and for notifications of infectious diseases.

The Health Protection Service has a number of work programmes in key areas with regional consultant leads for each area. These include healthcare associated infections, immunisation, health protection emergency preparedness, gastrointestinal infections, sexually transmitted infections, influenza, and tuberculosis. Immunisation programmes are one of the most successful public health programmes in existence, protecting the population of Northern Ireland against serious diseases.

During 2015/16, the PHA will continue to lead and provide the acute health protection response to incidents, outbreaks and the wide range of issues reported to the Health Protection Duty Room. We will ensure our protocols are fully up to date and further strengthen our service through continuous learning and development.

Priority actions for 2015/16 are:

- continue the flu immunisation programmes;
- undertake preparatory work relating to the introduction of the meningitis B vaccine;
- ensure PHA is fully prepared to respond effectively to a range of health protection threats, including Ebola Virus Disease.

Key actions for 2015/16

	Action	Lead director	Timescale for completion
1.	Work with the HSC Trusts to secure a further reduction of x% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection.	Medical Director/Director of Public Health	31st March 2016
2.	Develop PHA resilience to maintain a prolonged response to a major incident.	Medical Director/Director of Public Health	31st March 2016
3.	During 2015/16 have emergency response plans in place to respond to a case of Ebola Virus Disease (EVD) in Northern Ireland.	Medical Director/Director of Public Health	31st March 2016
4.	Continue and enhance proactive communications of health protection issues, including vaccination, hand hygiene, observance days, etc.	Director of Operations	On-going throughout 2015/16

Improving health and wellbeing and tackling health inequalities

Our work to improve health and wellbeing and to reduce health inequalities across the population, including with particular communities and groups known to be at increased risk of poorer health, reflects four key objectives:

- to give every child the best start in life;
- to ensure a decent standard of living for all;
- to build sustainable communities;
- to make healthier choices easier.

During 2015/16 the PHA will advance these objectives through implementation of Making Life Better, the new public health framework for Northern Ireland, which seeks to ensure strengthened collaboration across society, improve health and wellbeing and reduce inequalities. We will also seek to strengthen our joint working with the eleven new councils and ensure close alignment with community planning processes to improve health and wellbeing.

The PHA will continue to progress the early years intervention agenda, in particular through the workstreams of the Early Intervention Transformation Programme, sponsored by a consortium including Government Departments. We will continue to work with communities and organisations to reduce some of the structural barriers to health, aiming to reduce poverty and improve employability, social and economic development. We will work to ensure the active engagement of communities wherever possible.

In addition, we will focus on a number of specific public health issues:

- breastfeeding;
- obesity prevention;
- tobacco control;
- alcohol and drugs;
- sexual health;
- skin cancer;
- home accidents;
- mental health and wellbeing;
- suicide prevention;
- child health promotion.
- active travel

We will also be taking forward a programme to support the active engagement of older people to improve their health and wellbeing and building ‘caring communities’. Four key areas of action will include: promoting active citizenship and positive ageing environments; improving access to and uptake of health and wellbeing programmes; supporting local approaches to include older people in issues that affect their health and wellbeing; and promoting befriending and support for older people and their carers.

A significant area of work this year will be the procurement of services including mental health promotion and suicide prevention as well as alcohol and drug misuse. Preparation for this has included extensive engagement with community and voluntary sector partners in developing agreed standards for services. These processes aim to secure the best possible outcomes for the public.

Work will also continue during 2015/16, with the HSCB and others as appropriate, to ensure that the e-health and care strategy is implemented and reflects the objectives of the PHA and ‘Making Life Better’.

Improving health and wellbeing and tackling health inequalities Key actions for 2015/16

	Action	Lead director	Timescale for completion
	Giving Every Child the Best Start – Theme 1 Making Life Better		
1.	Implement Phase One of Early Intervention Transformation Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).	Director of Nursing/AHP	31st March 2016
2.	Implement Phase One of the Early Intervention service and family support hubs. (Work stream two)	Medical Director/Director of Public Health	31st March 2016
3.	Lead the expansion of Family Nurse Partnership to two further Trusts (funding permitting)	Director of Nursing/AHP	On-going throughout 2015/16
4.	Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.	Medical Director/Director of Public Health	31st March 2016
5.	Implement the Action Plan for the Breastfeeding Strategy for Northern Ireland.	Medical Director/Director of Public Health	31st March 2016
	Equipped Throughout Life – Theme 2 Making Life Better		
6.	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	Director of Nursing/AHP Medical Director/ Director of Public Health	31st March 2016
	Empowering Healthy Living – Theme 3 Making Life Better		
7.	Continue and enhance proactive communications on health improvement to reflect PHA programmes, campaigns, observance days and partnerships.	Director of Operations	On-going throughout 2015/16
8.	Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	Programme Director CCHSC	31st March 2016
9.	Embed the new drug and alcohol services tendered under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-16 and the PHA/HSCB Drug and Alcohol Commissioning Framework 2013-16.	Medical Director/ Director of Public Health	31st March 2016
10.	Implement the Tobacco Control Implementation Plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information.	Medical Director/ Director of Public Health	31st March 2016

11.	Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies such as the regional Bamford structures and local Protecting Life Implementation Groups' Action Plans.	Medical Director/ Director of Public Health	31st March 2016
12.	Implement the obesity prevention action plan including: weight management programmes for children, adults, and pregnant women; development of a common regional Physical Activity Referral programme; implementation of Active Travel programme in schools; implementation of Active Travel Plan Belfast and public information and awareness.	Medical Director/ Director of Public Health	31st March 2016
13.	Take forward recommendations of the RQIA 'Review of specialist Sexual Health services in Northern Ireland' in partnership with DHSSPSNI, HSCB and HSC Trusts.	Medical Director/ Director of Public Health	31st March 2016
	Creating the Conditions – Theme 4 Making Life Better		
14.	Develop and implement programmes which tackle poverty (including fuel, food and finance poverty) and maximise access to benefits, grants and a range of services for vulnerable groups e.g. Home Safety check schemes.	Medical Director/Director of Public Health	31st March 2016
15.	Further develop the Travelers Health and Wellbeing Forum and delivery of the regional Action Plan.	Medical Director/Director of Public Health	31st March 2016
	Empowering Communities – Theme 5 Making Life Better		
16.	Work with local government to align community planning and regeneration with support for community development and public health goals.	Director of Operations and Medical Director/Director of Public Health	31st March 2016
	Developing Collaboration – Theme 6 Making Life Better		
17.	Continue to work with key stakeholders (including local partnerships) to take forward the implementation of Making Life Better	Chief Executive	On-going throughout 2015/16

Improving the quality of HSC services

The Quality 2020 Strategy defines quality as having three core elements:

- Safety
- Effectiveness
- Patient and Client Focus

The PHA is committed to ensuring safe, effective and high quality care for the population of Northern Ireland and to continually improving services by horizon scanning and developing learning systems to maximise the potential within organisations.

The PHA will continue to lead the Quality 2020 Implementation Team, working with the HSCB, HSC Trusts and the post graduate training bodies for medicine, nursing and social work. We will also continue to support and progress the Quality agenda through a number of work streams.

The PHA will monitor the implementation of the DHSSPS Patient Client Experience Standards and implement the 10,000 Voices initiative to enable patients, carers and their families to affect and inform how services are delivered and commissioned. We will also work with the Leadership Centre to develop the 3 year PCE strategy and support the DHSSPS to deliver regional patient surveys. In addition, the PHA as the LSA will ensure adherence to statutory midwifery supervision.

The PHA will lead, or contribute to, workforce reviews as required by the HSC Regional Workforce Planning Group and, when agreeing models of service delivery, will seek to be assured that HSC Trusts and independent practitioners have considered and identified the workforce needs, exercising a challenge function where appropriate in this process and identifying to the Department areas where intervention is required.

PHA will review its input to commissioning structures and processes.

During 2015/16 we will progress work to implement service frameworks and improve management of longterm conditions to improve quality of services for patients and clients. We will also continue to engage with the range of clinical networks and other clinical fora.

The PHA will also continue to lead on a number of strategies including, but not limited to, the Mental Health Nursing Framework, Developing Excellence Promoting Recovery, AHP Strategy, Dementia and Maternity Strategy.

	Action	Lead director	Timescale for completion
1.	Oversee and lead on the regional implementation of Phase 1 and pilot phase 4 of the electronic caseload analysis tool (ECATS) for district nursing and HV.	Director of Nursing/AHP	31st March 2016
2.	Continue to implement phases 2-4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and agree monitoring arrangements with HSCB for implementation of Phase 1	Director of Nursing/AHP	31st March 2016
3.	Agree SBA volumes for CNS activity in acute settings and identify, develop and agree job plans with associated SBA volumes for CNS roles in acute/community and community settings.	Director of Nursing/AHP	31st March 2016
4.	Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017). Including the following key areas: • Information, support and advice including media campaign • Training including dedicated work with HSC Safety Forum, using a QI approach, to develop and implement a localized care bundle to prevent or treat patients with delirium • Innovative respite and short breaks • Regional review of memory OP services	Director of Nursing/AHP	On-going throughout 2015/16
5.	Ensure adherence to statutory midwifery supervision	Director of Nursing/AHP	31st March 2016
6.	Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	Director of Nursing/AHP	30th September 2015
7.	Take forward recommendations on the DHSSPS Regional Learning System (RLS).	Director of Nursing/AHP	31st March 2016
8.	Working with HSCB continue to lead a programme of work to drive the reform of AHP services including • Improving data quality • Development of minimum staff activity levels • Capacity and demand analysis	Director of Nursing/AHP	31st March 2016
9.	Continue the Regional Medicines management Dietitian Initiative	Director of Nursing/AHP	31st March 2016
10.	Continue to take forward the implementation of the AHP Strategy, providing strategic direction, collaborating with HSC Trusts and other relevant partners regarding implementation of actions and the production of bi-annual progress reports.	Director of Nursing/AHP	31st March 2016

	Action	Lead director	Timescale for completion
11.	Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.	Director of Nursing/AHP	31st March 2016
12.	On behalf of PHA work alongside DoJ, DHSSPSNI & HSCB to consider / explore the potential issues surrounding the transfer of health care from Juvenile Justice System and PSNI	Director of Nursing/AHP	On-going throughout 2015/16
13.	Lead, co-ordinate and monitor on behalf of the Department the implementation of the mental health nursing strategy 'Developing Excellence, Supporting Recovery'.	Director of Nursing/AHP	31st March 2016
14.	Lead on the sustainability phase of developing recovery services across the region working with key stakeholders both locally, nationally and internationally. Undertake an evaluation of recovery services using quality indicators.	Director of Nursing/AHP	31st March 2016
15.	The HSC Safety Forum will work with Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Director of Nursing/AHP	31st March 2016
16.	The HSC Safety Forum will work with Mental Health teams to • Improve the physical health and well-being of mental health patients and • Improve approaches to crisis prevention and response.	Director of Nursing/AHP	31st March 2016
17.	Work with the HSCB to take forward the review of the Cancer Services Framework.	Medical Director/ Director of Public Health	On-going throughout 2015/16
18.	Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	Medical Director/ Director of Public Health	On-going throughout 2015/16
19.	Develop an Implementation Plan for the Respiratory Service Framework, following consultation.	Medical Director/ Director of Public Health	On-going throughout 2015/16
20.	Commission patient and self-management programmes as outlined in PFG, subject to funding.	Medical Director/Director of Public Health	31st March 2016
21.	Lead on the Implementation of PPI Policy in HSC, including roll out of PPI Standards, Monitoring and Training in order to help improve quality, safety and effectiveness of services.	Director of Nursing/AHP	On-going throughout 2015/16

	Action	Lead director	Timescale for completion
22	In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives from 31 December 2015.	Director of Nursing/AHP	31st December 2015

Improving the early detection of illness

Early detection and treatment can result in better outcomes for some conditions. Screening involves inviting people who have no symptoms of a particular disease, to be tested to see if they have the disease, or are at risk of getting it. As a result they can then be offered appropriate further investigation and treatment. It is recognised that screening programmes can do harm as well as good, so it is important that all those invited for further screening make a fully informed decision as to whether they wish to participate. The PHA is working to promote informed choice for those invited for cancer screening.

During 2015/16 the PHA will continue to commission and quality assure screening programmes for breast, bowel and cervical cancers as well as non-cancer screening programmes including: antenatal infections screening; newborn bloodspot and hearing screening; diabetic retinopathy screening; and screening for abdominal aortic aneurysm (AAA.)

The Diabetic Retinopathy Screening Programme has been under significant pressure to deliver screening at the required intervals and to the agreed standards. A Modernisation Board from Diabetic Retinopathy Screening was established in the latter half of 2014 to oversee a number of elements of service modernisation. During 2014, RQIA undertook a review of the service and the Programme Board will be overseeing the implementations of the recommendations during 2015/16.

Other important areas of work during 2015/16 will include:

- Implementing agreed actions from the Community Resuscitation Strategy for Northern Ireland;
- Take forward the review of the Cancer Services Framework.
- Take forward the Cardiovascular Services Framework Implementation Plan.
- Develop an Implementation Plan for the Respiratory Service Framework, following consultation.
- Complete roll out of the bowel cancer screening in line with the Commissioning Direction.

Improving the early detection of illness
Key actions for 2015/16

	Action	Lead director	Timescale for completion
1.	Complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group by inviting 50% of all eligible men and women with an uptake of at least 55% of those invited.	Medical Director/ Director of Public Health	31st Match 2016
2.	Implement actions to address the recommendations in the RQIA review of the Diabetic Retinopathy Screening Programme	Medical Director/Director of Public Health	Throughout 2015/16

Using evidence, fostering innovation and reform

The PHA is committed to using and promoting, whenever possible, the latest guidance and good practice when developing or delivering programmes to improve and protect health and wellbeing. The promotion of and investment in research and development is fundamental to this.

The PHA continues to support health and social care research in its widest sense throughout the HSC and the wider HSC R&D community, as a means of securing lasting improvements in the health and wellbeing of the population of Northern Ireland. The PHA will continually explore mechanisms to enhance research activity in Northern Ireland via the Northern Ireland Public Health Network (NIPHRN), the Northern Ireland Clinical Research Network (NICRN) and Northern Ireland Cancer Trials Network (NICTN).

During 2015/16, we will continue to build on these and other previous successes in securing external funding for HSC R&D and work with the HSC R&D community to facilitate access to UK and international funding, including the NETS programmes, Horizon 2020 and other EU initiatives.

During 2015/16 the PHA will work to support high quality health and social care research, using evidence and fostering innovation & reform by:

- Maximising opportunities to enrich the HSC R&D fund by supporting researchers to access funding from external sources
- Facilitating the development of evidence-based health & social care, through effective knowledge exchange.

We will also continue to develop and improve our health intelligence function during 2015/16, providing support across all PHA directorates through supplying and assisting in the use of health intelligence particularly in the form of research, evidence reviews, data analysis and evaluations.

Key actions for 2015/16

	Actions	Lead director	Timescale for completion
1.	Carry out a regional Review of school nursing service	Director of Nursing/AHP	31st March 2016
2.	Ensure the delivery of commissioned research to evaluate Telemonitoring NI	Programme Director CCHSC	31st December 2015
3.	Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	Medical Director/Director of Public Health	On-going throughout 2015/16
4.	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	Medical Director/Director of Public Health	On-going throughout 2015/16
5.	Commission Research and Produce a Best Practice Report on PPI.	Director of Nursing/AHP	31st October 2015

Developing our staff and ensuring effective processes

The PHA recognises that its staff are the organisation's greatest resource and the promotion of a safe, productive and fair work environment where all staff are respected and also understand their personal responsibilities and accountability is paramount. During 2015/16 the Organisational Workforce Development Group will continue to take forward this work, including the further roll out of learning and development opportunities, to enhance and expand the knowledge base and skillset of individual staff and the organisation as a whole, as well as supporting the work of the Health and Wellbeing and Communication subgroups.

It is recognized that the current financial environment, with budget reductions, puts more pressure on staff and can have negative impact on staff morale. The PHA will seek to manage the budget reductions and continue to communicate with and support staff throughout the year.

The development of our new Corporate Strategy will be a priority during 2015/16; we will take the opportunity during 2015/16 to review our purpose, vision and values along with our core goals and objectives, reflecting the experience of the early years of the PHA and looking to the future, learning from and building on both the initial internal and external engagement events held during 2014/15.

The Nursing and Midwifery Council (NMC) is introducing Revalidation for Nurses and Midwives, a new process with new requirements, to strengthen the current renewal process. The Director of Nursing/AHP is leading the organizational readiness by establishing a professional forum and has also developed a communication pathway to share information across the PHA and HSCB. Revalidation champions within the PHA have been identified and will provide on-going support to registrants and managers across the PHA, HSCB as well as engaging with GP employed nurses.

During 2015/16 the PHA will build on its existing good governance arrangements, continuing to ensure that these are embedded within the organisation and further developed in line with best practice, and Departmental guidance. This will include meeting key Departmental requirements including preparing a Governance Statement and Mid-Year Assurance Statement, compliance with the NAO Audit Committee Checklist, completing ALB board self-assessment tool, mid and end year accountability meetings, meeting Controls Assurance Standards and associated self-assessments, preparing our Annual Business Plan within the specified timescales and requirements and complying with procurement and financial regulations.

The PHA will continue to provide the Department with information pertaining to its performance management and reporting requirements in an accurate and timely manner.

The PHA is committed to the objectives of the NI Executive approved Asset Management Strategy and will continue to manage its facilities in line with this.

Developing our staff and ensuring effective processes

Key actions for 2015/16

	Actions	Lead director	Timescale for Completion
1.	Provide Professional Leadership, Advice and Guidance on PPI.	Director of Nursing/AHP	On-going throughout 2015/16
2.	Develop a new PHA 3 Year Action Plan for PPI	Director of Nursing/AHP	31st December 2015
3.	Ensure that by 30th June 2015 90% of staff will have had an annual appraisal of their performance during 2014/15.	All Directors	30th June 2015
4.	Ensure that by 31 March 2016 100% of doctors working in PHA have been subject to an annual appraisal.	Medical Director/Director of Public Health	31st March 2016
5.	Continue to take forward implementation of the PHA Procurement Plan.	Director of Operations, with all Directors	On-going throughout 2015/16
6.	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency	Director of Operations	31st March 2016
7.	Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Director of Operations	31st March 2016
8.	Explore the introduction and feasibility of EDRMS in PHA and depending on the outcome of this commence development of a business case.	Director of Operations	31st March 2016
9.	Finalise the new PHA Corporate Strategy- building on the engagement carried out in 2014/15 and taking account of the 15% budget reduction.	Director of Operations	31st March 2016
10.	Meet DHSSPS financial, budget and reporting requirements	Director of Finance	31st March 2016
11.	Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Director of Operations	On-going throughout 2015/16
12.	Review and Revise PHA digital assets including PHA Corporate and Intranet sites	Director of Operations	30th June 2015
13.	Continue and enhance social media activity to extend the reach and expand the types of content used	Director of Operations	On-going throughout 2015/16
14.	Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses	Director of Nursing/AHP	31st December 2015
15.	Establish a professional forum	Director of Nursing/AHP	30th September 2015
16.	Develop and implement the Nurses and Midwives verification of NMC policy	Director of Nursing/AHP	31st March 2016

Appendix 1

PHA board Framework for Monitoring Performance

	Proposed Timelines for Monitoring			
Area of focus	**Monthly**	**Quarterly**	**Biannual**	**Annual**
General				
Corporate Strategy / Outcomes Framework				
Commissioning Development Plan targets				
Corporate Business Plan Targets				
PHA Annual Report				
DPH Annual Report				
Financial Performance Report				
Health Improvement / Inequalities*				
Obesity (inc Physical Activity / Food and Nutrition / Breastfeeding				
Smoking Cessation				
Suicide/Mental Health Promotion incl Self harm /OneStopShops/Lifeline				
Marginalised Groups (inc Travellers / Prisoners / ethnic				
Poverty (inc MARA / Fuel Poverty)				
Building Sustainable Communities				
Teenage Pregnancy / Sexual Health				
Drugs and Alcohol				
Early Years Interventions - Roots of Empathy				
Screening and Service Development				
Bowel Cancer Screening				
Abdominal Aortic Aneurysm Screening				
Breast Screening				
Cervical Screening				
New Born Screening				
Diabetic Retinopathy Screening				
Health Protection				
Immunisation and vaccination Programmes				
HCAI				
HIV				
Seasonal Flu				
Nursing and AHP				
Family Nurse Partnerships				
Connected Health				
Ward Sister Initiative				
Quality and Safety (in line with assurance framework schedule)				
PPI				
Research and Development				
Campaign evaluations				

*Performance review also considered monthly by Health Improvement and Inequalities Monitoring Group (HIIMG)

Appendix 2

Table of directors

	Director title	Name
1.	Chief Executive	Dr Eddie Rooney, Public Health Agency
2.	Director of Nursing and Allied Health Professions (AHP)	Mary Hinds, Public Health Agency
3.	Director of Operations	Ed McClean, Public Health Agency
4.	Medical Director/ Director of Public Health	Dr Carolyn Harper, Public Health Agency
5.	Director of Finance	Paul Cummings, Health and Social Care Board
6.	Director of Human Resources	Hugh McPoland, Business Services Organisation
7.	Director of Social Care and Children's Services	Fionnuala McAndrew, Health and Social Care Board

Abbreviations

AAA	Abdominal Aortic Aneurysm
ADOG	All Departments Officials Group
AHP	Allied Health Professions
ALB	Arms-Length Body
AMR	Anti-microbial resistance
BSO	Business Services Organisation
CCHSC	Centre for Connected Health and Social Care
CNS	Clinical Nurse Specialist
DHSSPS	Department of Health, Social Services and Public Safety
DN	District Nurse
DoJ	Department of Justice
DRO	Designated Review Officers (for SAIs)
DRSP	Diabetic Retinopathy Screening Programme
DSD	Department of Social Development
EDRMS	Electronic document and records management system
EITP	Early Intervention Training Programme
EU	European Union
EVD	Ebola Virus Disease
HCAI	Health Care Associated Infections
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSC R&D	Health and Social Care Research and Development Division
HSCT	Health and Social Care Trust
HSWI	Health and Social Wellbeing Improvement
HV	Health Visitor
KPI	Key Performance Indicator
LGB&T	Lesbian, Gay, Bi-Sexual & Transgender
LSA	Local Supervising Authority
MARA	Maximising Access in Rural Areas
MPD	Monitored Patient Days
MRSA	Methicillin resistant staphylococcus aureus; a bacterium with antibiotic resistance
NAO	National Audit Office
NETS	NIHR, Evaluation, Trials and Studies
NIBTS	Northern Ireland Blood Transfusion Service
NICE	National Institute for Health and Clinical Excellence
NICRN	Northern Ireland Clinical Research Network
NICTN	Northern Ireland Cancer Trial Network
NIPHRN	Northern Ireland Public Health Research Network
NSDAD	New Strategic Direction on Alcohol and Drugs
OFMDFM	Office of the First Minister and deputy First Minister
PCE	Patient and Client Experience
PfG	Programme for Government
PH	Public Health
PHA	Public Health Agency
PPI	Personal and Public Involvement
RCGP	Royal College of General Practitioners
RLS	Regional Learning System
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
SQAT	Safety Quality Alerts Team

Alternative formats

The PHA is committed to making information as accessible as possible and to promoting meaningful engagement with those who use our services.

This document can be made available on request and where reasonably practicable in an alternative format.

Should you wish to request a copy of this document in an alternative format please contact:

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BT2 8BS
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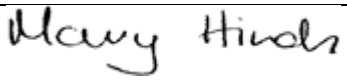
PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 August 2015
Title of Paper	Local Supervising Authority (LSA) Report
Agenda Item	12
Reference	PHA/06/08/15

Summary

Attached is the completed LSA Annual Report to the NMC. The NMC has changed its requirement for the annual report and each year send out a different template in a Word version that reflects the NMC Mott MacDonald portal, onto which the report is entered.

The report will be loaded onto the Mott MacDonald/NMC portal with a word version for dissemination.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 28 July 2015.
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Nursing and AHPs
Date	28 July 2015

[To PHA Board in August 2015]

Supervision, support and safety: Annual report of the quality assurance of the Local Supervising Authorities

1 April 2014 - 31 March 2015

Local Supervising Authority (LSA)	Public Health Agency
Provider hospitals and/or trusts	**Belfast Health and Social Care Trust** • Mater Infirmorum - freestanding Midwifery Led Unit) (MLU) • Royal Jubilee Maternity Service **Northern Health and Social Care Trust** • Antrim Hospital • Causeway Hospital **South Eastern Health and Social Care Trust** • Lagan Valley (freestanding MLU) • Downe (freestanding MLU) • Ulster Hospital (alongside MLU) **Southern Health and Social Care Trust** • Craigavon Maternity Unit (with alongside MLU) • Daisy Hill Hospital (alongside MLU*) ***** New – Nov 2014; officially opened by the President of the Royal College of Midwives in January 2015 **Western Trust** • Altnagelvin Hospital (with alongside MLU) • South West Acute Hospital (with alongside MLU)
Date of report	31 July 2015

Part 1

Section 1

Report the numerical figure in each of the following tables on 31 March 2015. Report on the direct impact of the delivery of effective statutory supervision of midwives, as well as in the protection of women and their babies for the year being reported:

Total number of midwives practising in the LSA	1431 (as of 31 March 2015)
Total number of Supervisor of Midwives (SoMs) practising in your LSA	107 (as of 31 March 2015)
Ratio of supervisor of midwives to midwives	1:13 (at 31 March 2015)
New SoM appointments	10 during 2014-2015 6 midwives are due to complete the 2014-2015 PoSoM course in June 2015. 1 midwife on the PoSoM course withdrew following the NMC Council decision re supervision of midwives.
SoM resignation(s)	4
SoM retirement(s)	4
SoM removal(s) **(please state reasons for leave of absence for example personal or LSA initiated)**	0

Please provide examples of notable or noteworthy practice that is worthy of dissemination:

Please include occasions when you have worked collaboratively with other LSAs.

Midwives and Medicines (NI) 2014 The rationale behind this proactive initiative was to provide clarity and updating for midwives around midwives exemptions, patient group directions (PGDs) and midwife supply orders (MSOs). Midwives at the point of registration may supply and/or administer, on their own initiative, any of the substances specified under ‘midwives exemptions’, provided it is in the

course of their midwifery practice. Midwives Exemptions allow midwives to supply and administer medication from an agreed list (NMC 2011). It is important to note that in this context midwives are not prescribing medication and must fully appreciate their professional responsibility in ensuring they keep themselves up to date with current medicines legislation, relevant to their sphere of practice. One of the reasons leading to this initiative was a NMC case (conduct and competence committee substantive hearing in 2013/2014) where issues for the midwife included medicines management.

This collaborative, multidisciplinary development was co-chaired by a senior professional office in NIPEC and the LSAMO. There was input from lay member, pharmacists, supervisors of midwives, midwives, midwifery educationalists and researchers and the regional medicines kardex group. Supported by the CNO, the aim of the steering and working groups was to develop evidence based guidance, communication and education support arrangements that will be of benefit and provide clarity to midwives around Northern Ireland's medicine's legislation.

This project has successfully concluded with the products being launched at NIPEC's Annual Conference on 22 Oct 2014 and presented at the LSA conference on 30 January 2015 as well as being available via the internet. The products listed below will be reviewed annually.

Midwives and Medicines (NI) 2014) - an interactive pdf providing midwives with up to date information on medicines management including a suite of detailed monographs for commonly used Midwives Exemptions in NI.

The Clinical Education Centre (CEC) provided update awareness sessions in all Trusts in Northern Ireland. When midwives have completed the background reading, quizzes and scenario testing in the interactive workbook, a 100% correct final test generates a certificate which can become part of a midwife's portfolio.

Websites:

http://www.nipec.hscni.net/MidwivesandMedicines/NIMidwives&Medicines.pdf

http://www.nipec.hscni.net/midwivesandmedicines/Commonly-Used-Medicines.pdf

This work includes UK as well as Northern Ireland specific medicines legislation and drew on the work produced in Scotland (http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/maternity-care/about-us/previous-projects/midwives-and-medicines.aspx) and highlighted via the LSAMO Forum UK by Scotland's LSAMOs..

Examples of proactive models of supervision:

Please include the impact of the proactive model indicating how this has enhanced supervision of midwives and supported women's choice.

Supervision of Midwives identified the need for this proactive Midwives and Medicines work.

This detailed workbook provides the legislative background and clarity around using midwives exemptions and midwife supply orders as well as providing monographs for commonly used medicines. It updates midwives knowledge of supply and administration of medicines in maternity units, midwife led units and homebirths. This, in turn, informs midwives support of women's choice of place of birth.

If a supervisor of midwives identifies a training need at a midwife's annual review, or as part of improving the midwife's practice, this interactive toolkit is a comprehensive way to update using clinical scenarios, quizzes and a robust assessment of the midwife's knowledge at the end of the learning.

In addition, as part of the agreed Professional Mandatory Training Template for Midwives within clinical practice (updated in March 2015), all midwives should complete this midwives and medicines e-learning two-yearly.

http://www.nipec.hscni.net/supervisionofmidwives/docs/Professional%20midwifery%20mandatory%20training%20March%202015.pdf%20professional%20mandatory%20training%20template%20for%20midwives,%20i

What mechanisms are in place to ensure midwives have continuous access to a SoM?

Midwives can contact their named SoM via email, land line or mobile telephone. All midwives practising within Northern Ireland have a named Supervisor of Midwives and midwives are able to choose their named Supervisor of Midwives.

Midwives new to organisations are allocated a Supervisor of Midwives (SoM) when they start work. The newly appointed midwives are advised of the names of all the Supervisors of Midwives within that organisation and that they may change their Supervisor when they have had an opportunity to familiarise themselves with the new post and the supervisors.

Each individual SoM informs their supervisees of how they can be contacted and how they can contact other Supervisors at any time. Maternity units keep a copy of the SoMs on call rota or other method of continuous access to a SoM, on the delivery suite and in the midwives' office or staff room at the antenatal clinic, ward and community office level. Depending on the local arrangements at Trust level, enquiries to switchboards about Supervisors of Midwives will either transferred to the Supervisor of Midwives on call or to delivery suite.

The Maternity Hand Held Record (used throughout NI) has a section for the SoM contact number and notices about Supervision of Midwives are available in public areas of Trusts giving information about Supervision and Supervisors of Midwives.

At least once a year a meeting takes place between Supervisor and supervisee for an annual review to provide an opportunity for discussion on professional issues and to identify any learning needs. In the LSA the web based annual review toolkit is available on the LSA website and via the NIPEC website

Supervision of Midwives Or: Midwives and Supervision - Resources

Contacting a Supervisor of Midwives in an Emergency

Each Trust provides a 24 hour access to a Supervisor of Midwives. There are local arrangements as to how this may be achieved. Most SoMs choose to do seven nights on call in a row. One unit always has a senior midwife who is a SoM in the unit on both day and night duty so 24 hour access to a SoM is provided through the senior midwife mechanism rather than through a separate SoM on call rota. There are on call rotas with numbers

displayed in maternity areas about the on call 24/7. Contact details for SoMs and the LSAMO are also available on information noticeboards in Trusts and on Trust and the LSA websites.

In 2014/2015 the LSA Midwifery Officer has not been advised that any woman or midwife has been unable to contact a Supervisor of Midwives.

Section 2

Provide an evaluative overview of how the LSA has actively involved maternity service users and lay auditors in monitoring supervision of midwives and assisting the LSA Midwifery Officer with annual LSA audits and the impact this had on the LSA function. (Include information on outcomes of recruitment, training and future initiatives to improve participation.)

There is regional guidance for Maternity Service Liaison Committees (DHSSPS 2009) and all Trusts have a MSLC to work effectively and contribute to improving maternity services in line with the needs and wishes of local women.

10,000 Voices, a Public Health Agency (PHA) initiative which gives the people of Northern Ireland an opportunity to provide feedback on their experiences of accessing Health and Social Care services, passed a key milestone in April 2014 with over 3,000 patients, clients and families telling their story. The 10,000 Voices project reflects the ethos of Transforming Your Care, which presents a significant opportunity to fundamentally improve the quality of care for everyone in Northern Ireland and places patient experience at the heart of these reforms. Patient and client contribution is fundamental to ensuring that services are commissioned to deliver better outcomes for patients, their family and carers. The key points of the project are listening to patients (through patient stories), learning from patients, improving experience by involving patients and influencing how services are commissioned. (http://www.publichealth.hscni.net/publications/10000-voices-annual-report).

Over 500 women (n = 527) contributed to the collection of experiences of maternity care collected across all 5 Trusts and all areas of maternity care. The women's experiences of Midwife Led Units (MLUs) are also being used to inform regional guidelines for Midwife Led care being developed by Guidelines and Audit Implementation Network (GAIN), which is part of the Regulation & Quality Improvements Authority (RQIA). Stories were collected in a variety of settings, for example: clinical settings, community groups and road shows. The key themes were: feeling of safety, confidence in the skills of midwives, communication with women and their partners, providing compassionate care and staff attitude.

92% of the women rated their experience of maternity care as strongly positive. Women said that midwives did the following well: provide a sense of safety for women and their partners, understanding anxiety of first time mothers, providing reassurance, showing high levels of professionalism, providing excellent clinical knowledge, keeping women and their partners informed, showing respect to mothers for choices in delivery plan, providing compassionate care and working well as a team. Women said midwives could do better: avoid "mixed messages" to women and their partners, provide more information, for example in relation to miscarriage, consent for theatre, listen to women and their partners when they feel there is a problem and be aware of behaviour and attitude to mothers and their partners.

The presentation on the maternity care results from 10,000 Voices has been presented at Trust level and regionally at the LSA Conference in January 2015, the joint RCM/RCOG/PHA/DHSSPS/LSA/NIPEC Conference in March 2015. The project is a powerful way of making sure that the voices of women and their partners are heard and that improvement of services is centred on their needs.

Following the NMC endorsement of the King's Fund recommendation in January 2015, a review of supervision of midwives was commissioned from NIPEC by the CNO in NI (http://www.nipec.hscni.net/ReviewofMidwiferySupervisionNI.aspx). This review will inform the UK-wide work on midwifery supervision. Women (mothers and doulas) took part in the review both as part of the expert review group of women, midwives and supervisors of midwives, and also via a online survey (survey monkey). Women were informed of the link to the survey via ERG networks, HSC Maternity Services Liaison Committees (MSLCs) and social media sites such as facebook and twitter.

Almost half of the respondents stated that they were aware that there was a framework of supervision for midwives in place in NI. This was especially evident by those women who had been in contact with a Supervisor of Midwives. Of the women who responded to the survey, over half of them would wish to receive information on supervision of midwives when they book for their maternity care. Respondents stated they would like this information in a leaflet format or included in the maternity hand held record (MHHR). In NI, women carry their own (MHHR) where there is already a designated section for the recording of the contact details of the name of the midwife and their supervisor of midwives as well as a brief explanation of 'Supervisor of Midwives'. However, only a third of women who responded to the survey were aware that this section on supervision of midwives exists in the MHHR. It was also acknowledged that improved communication could be explored in this area in terms of relevant information and sign posting for women.

In March 2014, Mott Macdonald had found that, "Services users' representatives were positive about their engagement with the LSA and were able to describe involvement in LSA audits, the recruitment of SoMs, and interactions with student midwives and student SoMs in academic settings, albeit on an ad hoc basis. They had a clear understanding of how the role of the SoM could support women's choice but evidence of this taking place is limited in their experience. Service users explained that they were active in signposting women to SoMs; however most women have little or no knowledge of the role of the SoM and more could be done to explain this and make it more visible to them.

Lay auditors have been involved in the panel for the interviews of midwives prior to doing the Preparation of Supervisor of Midwives (PoSoM) course at QUB during 2014-2015.

LSA information for lay reviewers, including a training pack and job descriptions has been prepared. The LSAMO will work with Patient and Public Involvement (PPI) at the PHA to make best use of resources for the formal recruitment of lay reviewers during 2015.

The MHHR is being updated to include more prominent information about Supervisors of Midwives.

Provide an evaluative overview of the outcomes of the year's LSA audit activity highlighting the LSA's appraisal of both risks that require actions and benefit realisation.

From the review of the LSA of the audits from 2014-2015:

The LSA audits for 2014-2015 were carried out during Spring 2015. The audit tools had been updated and prepared based on the rationalised London LSA audit documentation.

The four domains covered by the audit were:

1. The interface of statutory supervision with midwives and clinical governance
2. The profile and effectiveness of statutory supervision of midwives
3. Team working, leadership and development
4. Supervision of midwives and the interface with users

All the Trusts prepared documentation, moving towards paperless (email) preparatory work with the aim of allowing documentation to be read and considered in advance of the visit.

Examples include:

- Benchmarking tool based on Morecambe Bay
- Benchmarking tool based on Guernsey
- Maternity Dashboard
- Telephone log sheet for SoM calls
- Minutes of joint SoMs meetings
- Review of SoM workshop
- SoM networking meeting with DoN
- SoM meeting notes
- Labour Ward Forum notes
- Controlled Drug audits
- Complaint responses
- Data protection SoM roadshow
- Home Birth Policy
- Multidisciplinary team (MDT) meeting notes
- MSLC meeting minutes
- Normal birth workshop
- Governance meeting
- Learning set - maternity quality imporvment collaborative
- Practice, Evidence and Toolkits study day / conference
- Daily fluid balance and prescription chart audit
- Re-audit of timeliness of women seen at the emergency obstetric unit

The LSAMO reviewed in advance information available from the LSA database such as:

- LSA database information on percentage of completed annual reviews
- LSA database information on caseload of midwives per supervisor of midwives

- LSA database information on Intentions to Practice
- LSA database information on Trust midwife and SoM demographics
- LSA database information on SoM PREP/CPD activity

SoMs meetings, consultation workshops, master classes, conferences and annual reviews by a Supervisor of Midwives are part of SoM' diary commitments and supported by employers. Protected time for supervisory investigations is an ongoing issue for the LSA and Trusts to negotiate.

Notable Practice

Midwives and Medicines (NI) 2014) - an interactive pdf providing midwives with up to date information on medicines management including a suite of detailed monographs for commonly used Midwives Exemptions in NI.

The Clinical Education Centre (CEC) provided update awareness sessions in all Trusts in Northern Ireland. When midwives have completed the background reading, quizzes and scenario testing in the interactive workbook, a 100% correct final test generates a certificate which can become part of a midwife's portfolio.

Websites:

http://www.nipec.hscni.net/MidwivesandMedicines/NIMidwives&Medicines.pdf

http://www.nipec.hscni.net/midwivesandmedicines/Commonly-Used-Medicines.pdf

The Mott MacDonald review team in 2014 considered the LSA annual review for Supervision of Midwives toolkit to be an excellent resource. It has been updated and is now available to be completed online (http://nipecportfolio.hscni.net/registrationUpdate.asp) from 2015-2016 and can be used to contribute to the NMC requirements for revalidation.

Within Trusts, SoMs are involved in leading, developing and supporting practice in many initiatives. Examples are:

- Normal Birth workshops
- Facilitating Midwives and Medicines updates for midwives with CEC
- Facilitating PROMPT training
- Producing in–house communication newssheets
- Supporting midwives – SoM master classes
- Developing useful information for Maternity Services website

Supervisors of Midwives are involved in the multidisciplinary workgroups on maternity care that are part of the HSC Safety Forum and the on-going work around the implementation of the Maternity Strategy for NI (a Strategy for Maternity Care 2013-2018 (DHSSPS (2012)).

The multidisciplinary Maternity Strategy Implementation Group leads on improving and developing practice in maternity care. The Northern Ireland Maternity Information System (NIMATS) continues to modernise and improve and SoMs both lead and are involved in the MSIG, the multidisciplinary NIMATS regional steering group, the operational group and the business objects group.

The perinatal collaborative within the HSC Safety Forum lead on evidence based safety initiatives and its working groups and learning sets have produced for example, antenatal and intrapartum CTG interpretation stickers (based on NICE guidance), VE stickers (for best practice) and MEWS charts (adapted for pregnant women) for use in clinical care settings**.**

Benefits realisation

The PHA Benefits Realisation plan is contained within the Performance management and performance monitoring report. The LSA informs the development of the annual business plan that is in place for delivering on the long term objectives of reducing health inequalities and improving long term health and wellbeing. Robust processes are in place for monitoring the impact actions being taken by the PHA are having in delivering on the targets that have been agreed.

Appraise the engagement between the LSA and the approved education institutions in relation to supervisory input into midwifery education at both pre and post registration levels (Include information on what has worked well and where challenges remain).

The LSA and SoMs contribute to curriculum development for both pre-registration midwifery courses and also to the preparation of supervisors of midwives module. The LSAMO presents on supervision of midwives and the roles of the LSA and LSAMO to students during their 18 month course and during the direct entry, 3 year midwifery course. The LSAMO is also involved in the development of the PoSoM module.

The LSAMO meets six monthly with the midwifery educators to discuss and update on supervision of midwives and midwifery lecturers contribute to LSA practice programmes as required.

The involvement of the LSAMO and supervisors works well as it has informed student midwives about the supervisory framework. From the Mott MacDonald review in 2014, “Student midwives described to us how to access a SoM. They demonstrated a good knowledge and understanding of the role of the SoM appropriate with their level of pre-registration midwifery training.

Challenges remain in the recruitment lay reviewers, but as noted in the LSA review, service users had been able to describe their interactions with student midwives and student SoMs in academic settings, albeit on an ad hoc basis.

Please report on any actions and progress made following a ‘requires improvement’ outcome from an LSA monitoring review visit.

Improvement needed	Action
LSA annual audit process.	Move timings of the LSA annual audits to autumn 2015.
Lay/service user involvement in all areas of supervision particularly in relation to how the supervision process can support women's choices.	Invoke PPI for formal recruitment, training and involvement of lay service users in LSA supervision processes.
The effectiveness and efficiency of supervisory investigations.	Rolling programme to update supervisors of midwives on the revised polices and templates for supervisory investigation. Strengthen the interface with statutory supervision following adverse incidents and trust governance processes
Monitor protected time for SoMs	Monitor though the SoM activity sheets, the LSA audit visits and meetings with SoMs.
Resources to support the role of the LSA MO.	Develop the use of resources within the PHA such as PPI, audit and health intelligence to support the role of the LSAMO.

Section 3

Please identify any issues or trends that are currently impacting, or may impact in the future, the practice of midwives in the LSA. For example this may be increasing birth rates, increasing LSCS and changes to service delivery. Please rate the risk of these issues or trends on effective supervision of midwives using a RAG rating (Red, amber, green)

The key findings about births in NI in 2014 are: (http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2014/Births.pdfNISRA 2014

In 2014, there were 24,394 births registered in Northern Ireland

- 12,543 were boys and 11,851 were girls

- The average age of mothers was 30.4 compared to 30.3 in 2013
- 21% of all live births were to mothers aged 35 years and over, up from 11% 30 years ago.
- Teenage live births reached a new record low of 839, down from 1,486 a decade ago.
- First time mothers accounted for 39% of all births, a slight decrease from 40 per cent in 2013.
- 43% of live births occurred outside of marriage, a trend that has been gradually increasing over the years.
- Of the 24,120 maternities, 1.5% resulted in multiple births; 347 sets of twins and 4 sets of triplets were born.
- 10 % of live births were to mothers who were born outside the UK and Ireland. This compares with 5.2% 10 years ago.

The key findings represent continuing trends in NI. There has been a slight decrease in 2014 births from the plateau of around 25,000 births that occurred 2008-2012, but the number of births in 2014 (24,394) is similar to 2013.

This equates to approximately 67 babies born every day in Northern Ireland. The number of births registered in 2014 continues to be much lower than the corresponding figure from 30 years ago when 27,477 births were registered.

Following the rise in births to teenage mothers in the mid 1990s, which peaked at 1,791 in 1999, the Department of Health, Social Services and Public Safety (DHSSPS) launched the regional teenage pregnancy and parenthood strategy and action plan 5. This policy aimed to reduce the number of births to teenage parents. Since 2002, the number of teenage births has seen a notable decline which may, in part, be due to the DHSSPS actions. In 2014 the number of births to mothers aged less than 20 years old continued to fall, reaching a new record low of 839. This is 10% lower than in 2013 and nearly 44% lower than in 2004 when there were 1,486 births to teenage mothers. In addition, the DHSSPS strategy aimed to reduce the number of births to younger teenage mothers (i.e. those aged less than 17 years old). Over the last decade, births to younger teenage mothers has more than halved from 172 to 84 births (http://www.nisra.gov.uk/demography/default.asp22.htm).

In 2014:

81 stillbirths were registered, 26 fewer than in 2013 and the lowest number ever recorded in Northern Ireland.

The 118 infant deaths (i.e. deaths in the first year of life) represent a slight increase on the previous year (112 infant deaths) and equate to 4.8 deaths per 1,000 live births. More than two-thirds of infant deaths occurred in the first week of life.

In Northern Ireland major congenital anomaly (MCA) as the main cause of death remains a significant cause of mortality, accounting for approximately 20% of all stillbirths. Chromosomal disorders account for over 50% of stillbirths associated with MCAs.

Northern Ireland generally has a higher proportion of stillbirths and neonatal deaths due to major congenital abnormality (MCA) than other UK countries. This is largely due to differences in the law relating to termination of pregnancy in Northern Ireland (Perinatal Mortality Northern Ireland 2012; Health & Social Care (HSC) & Northern Ireland Maternal & Child Health (NIMACH); HSC/NIMACH 2015).

Whilst there is no significant difference in rates between UK administrations, a significant body of research and surveillance clearly links increased risk of perinatal mortality with deprivation, maternal smoking, obesity and older maternal age. It is important that current work highlights the importance of high quality information and collaborative working in the delivery of initiatives to improve services and develop public health initiatives to further improve maternal and infant health.

The Director of Public Health's report (http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2014-and-core-tables-2013 covers the main public health challenges in Northern Ireland. It also provides information on the wide variety of work undertaken by the PHA and its partners during 2014 to improve the health and social wellbeing of the population.

This year's report reflects the main areas of public health action:

•improving health and reducing inequalities;

•improving health through early detection;

•improving health through high quality services;

•improving health through research;

•protecting health.

The report gives details of some initiatives in Northern Ireland that aim to address some of the risks associated with pregnancy and birth:

- Improving the outcomes from diabetes in pregnancy
- 'Weigh to a Healthy Pregnancy' programme
- Breastfeeding Welcome Heare scheme
- Improving quality and safety during the birth process
- SSI surveillance improving the safety of caesarean sections.

There are now three freestanding MLUs in NI - the Downe and Lagan Valley in the SEHSCT and the Mater in BHSCT, plus alongside MLUs in Altnagelvin and SWAH (WHSCT), the Ulster (SEHSCT), Craigavon (SHSCT) and Daisy Hill (SHSCT). The NHSCT is reviewing its service delivery as it currently has no MLU in either of its consultant led maternity units.

A multidisciplinary group including SoMs, midwives, obstetricians, the LSAMO and midwife researchers have developed 'GAIN guidelines for admission to, and transfer from MLUs' as well as a Northern Ireland Normal Birth Care Pathway. This evidence based work is being launched later in 2015

The key driver for Maternity services in Northern Ireland is the Maternity Strategy whose key themes are:

- Prevention – healthier lifestyle, preconception care
- Antenatal education & postnatal support
- Shift from hospital to community
- Shift from medical to midwifery care
- Normalising birth and reducing inappropriate interventions
- Review profile of maternity units

Some examples of the ongoing maternity strategy implementation are:

- Development of community maternity care led by the PHA in conjunction with the

Northern Ireland Practice Education Council (NIPEC).

- Development of a regional parenting education programme
- Maternity collaborative on promoting normality and reducing interventions led by the Safety Forum
- Upgrade of NIMATs to ensure better data collection

In particular the work of the multidisciplinary Safety Forum, the work around 'maternity dashboards', run charts and a range of quality and safety initiatives continues to have a positive impact on practice. Maternity & Child Health Statistics workshops in 2015 are working to maximise timely information about maternity services from a range of sources. Supervisors of Midwives are an integral part of these practice developments, initiatives, improvements and key to their implementation.

LSA issue or trend and RAG rating for the risk on effective supervision

	Issue or Trend	Comment	Impact	LSA action	Mitigation	RAG rating
1	SoM ratios	LSA meets the standard	None yet - new SoMs being appointed will balance retirements	Appointment of PoSoM course midwives 2014/15. Further recruitment to 2015/2016 module	Midwives on the PoSoM course	
2	Supervisory investigations	Need to further develop work with clinical governance processes (see 5).	Can be delay in process at times	Action in 2015	Ability to 'freeze' timeline Needs rolling programme and updating on processes	
3	Service user involvement in LSA	Contributed to PPI work at PHA in 2014/2015	Already take part in LSA processes on an informal basis	Action in 2015.	Work with PHA PPI and other colleagues to maximise PHA resource use of lay reviewers	
4	LSA annual audits	Documentation updated 2014/2015.	To enable relevant action points to be fully understood	Change timings of LSA audits for 2015/2016	Rolling development of online approach	
5	Improve interface with clinical governance and supervision	Links in with predicted changes to statutory supervision	Maximise skill set of supervisors of midwives	Action in 2014/15	There are stringent clinical governance processes in place which protect the	

					public	
6	Resources for LSAMO	Identified in review	Collaborate with colleagues to get best use of resources available within PHA	Action in 2014/15	With line manager support, make best of use of resources available in the PHA	
7	Midwife demographics	Reviewed regularly; workforce, RCM, DHSSPS, AEIs and Trusts all aware	None yet - new midwives balance retirements	Review regularly with other stakeholders	Midwife demographics known; LSA database helpful.	
8	New role for midwives	(Private) Independent Midwives provide care in NI	Unknown in NI	Contact established LSAMO, HoMs & SOMs have met with IMs. IMs pursuing RQIA registration	Previously unavailable option for women in NI. Parent company well-established in England.	
9	Birth rate	Stable	SoMs and multidisciplinary work	Review	Review	
10	Complex pregnancies	On-going work with multidisciplinary team and SoMs	Increase in normal birth rate	Work with key stakeholders	Lots of good work already in place and more developments.	
11	BME women	Increase in numbers; developing work	Improve communication	SoMs involved	Continue improvements; include developments to address maternity care around FGM	
12	Teenage Mothers	Decreasing	None on supervision	SoMs involved	Multidisciplinary approach	

Detail any new policies, national or local, related to the supervision of midwives and how the LSA has applied them and what success measures or challenges have emerged

- **National policies:**

Following publication in January 2015 of the NMC's new Code (The Code; Professional standards of practice and behaviour for nurses and midwives), the LSAMO Forum UK updated all the LSA policies and guidelines. This updating took place during 2015 and the updated policies and guidelines are listed below.

SoMs are advised to download guidance as needed from the LSAMO Forum UK website (http://www.lsamoforumuk.scot.nhs.uk/), so that they use the most up to date guidance. Any comments or suggestions for improvement are used as feedback to the author of the policy or guideline to inform the next update.

The investigation guidance has been updated in 2014/2015, taking into account the Parliamentary and Health Service Ombudsman's report into Midwifery supervision and regulation: recommendations for change (PHSO 2013), as well as feedback from SoMs of their experience of using the guidance and templates.

Feedback from Mott MacDonald and the NMC following the LSA reviews in 2013/2014, meant that the 'Transfer of midwifery records for self-employed midwives' policy was reviewed and updated first, followed by all the other guidance to ensure that any changes to The Code or other NMC standards or guidance affecting supervision of midwives are incorporated.

Policies

Annual review of practice by a supervisor of midwives

Complaints against a supervisor of midwives or LSA Midwifery Officer

Confirming a midwife's eligibility to practise

Contacting a supervisor of midwives: 24 hour access

Guideline development

Local Supervising Authority Supervisory Investigation Decision Tool

Local Supervising Authority Review and Investigation Processes

Templates in relation to the outcome of the investigation

- Local Action Plan
- LSA Practice Programme

Proficiencies - April 2014

- Accountability
- Communication
- Medicines Management
- Professional Practice - monitoring maternal & fetal wellbeing
- Record Keeping

Nomination, selection and appointment of supervisors of midwives

Policy Development

Reviewing the ability of a supervisor of midwives to undertake the role

Suspension of midwives from practice by a LSA

Transfer of midwifery records for self-employed midwives

Guidelines

Guidance for clinical mentors and academic assessors supporting a midwife undertaking a LSA Practice Programme

Guidance for: Programme Lead Supervisors and Supporting Supervisors of Midwives leading a LSA Practice Programme

Information governance

Maternal Death

Providing midwifery care to a relative, friend or colleague

Provision of Supervisory Support in Challenging Situations

Role of the contact supervisor of midwives

Social Networking

Supervising self-employed/ independent midwives

Supervising midwives practising in specialist roles

Unassisted/free birthing

Voluntary resignation from the role of supervisor of midwives

Working collaboratively with women and their birth supporters

Working with doulas

Available: http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx

- **Local policies:**

The LSAMO, working with NIPEC has updated and put into on-line format, the Northern Ireland toolkit for the annual review of supervision of midwives. This update links into the development framework and preparing for revalidation later in 2015/2016.

- **Any related maternity policies or initiatives**:

Two Trusts updated and have subsequently developed comprehensive home birth guidance for midwives with input from supervisors of midwives

A multidisciplinary group including SoMs, midwives, obstetricians, the LSAMO and midwife researchers have developed 'GAIN guidelines for admission to, and transfer from MLUs' as well as a Northern Ireland Normal Birth Care Pathway. This evidence based work is being launched later in 2015.

The guidance predominately relates to women with a straightforward singleton pregnancy at the point of labour and has had significant contribution from user representatives.

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Section 4

Detail the number of complaints regarding the discharge of the supervisory function and, if so, how the LSA ensured that the complaints were responded to in a fair and impartial manner. Please provide lessons learned from the complaints received.

There were no complaints to the LSA regarding the discharge of the supervisory function During the reporting year, the LSA database has been improved and the noting of LSA investigations adjusted.

During 2014/2015, SoMs used the revised national guidance for supervisory investigation (updated following the new Code NMC 2015). Via the Contact SoMs network there was dissemination of information about NMC changes to the statutory aspects of supervision and revalidation. As part of on-going CPD of Supervisors of Midwives, the LSA conference in January 2015 had the theme 'Practice, Evidence and Toolkits.

In the year to come the LSAMO will update all SoMs on the LSA database improvements as well as the updated supervisory investigation guidance, templates and reports.

The sharing of best practice happens trough the LSA conference, especialy the critical analysis sessions, action learning sets with the Contact SoMs, the network of contact SoMs new SoMs, LSA stakeholder, educationalist and senior team meetings. Also the LSA regularly reviews all supervisory investigations to check compliance with the NMC and LSA standards and guidance.

There is an opportunity in 2015 for sharing best practice and learning with other LSAs and the LSAMO will pursue this option during 2015/2016.

On-going training on the new templates and supervisory investigations will involve supervisors using the full potential of the LSA database and improve the fairness and equity of the process as well as the compliance with the standards set down by the NMC and LSAs.

Report the year's numerical figure in each of the following tables.

(1 April 2014 – 31 March 2015)

Total number of investigations	9
Total number of investigations completed within the best practice guidelines of 45 working days	4
Total number of midwives placed on local action under the supervision of a named SoM	5
Total number of midwives placed on a local supervising	3

authority practice programme	
Total number of midwives referred to the NMC	0 None by the LSA
Total number of suspensions	0 There were no suspensions from practice of a midwife by the LSA during 2014/2015

Describe how the LSA has monitored supervisory investigations and ensured that they act fairly and equitably and comply with the standards and guidance set by the NMC, as well as the local guidelines set by the LSA.

This has been reported as an issue in quarterly returns. The main reason behind delays is sick leave of midwives. During the year the ability to 'freeze a timeline' was initiated on this basis. The impact is delayed implementation of local action plans or practice programmes.

During the year, the LSA has moved towards ensuring that SoMs do not carry out investigations in the unit where they work. This is to address the possibility of a conflict of interest identified as possible with a supervisory investigation in the Parliamentary and Health Service Ombudsman's report. (Midwifery supervision and regulation: recommendations for change; PHSO 2013)

The LSAMO presents this report to the PHA Board. The LSAMO can add issues to the risk register under Supervision of Midwives. Issues are discussed and ideas and support to address them sought from the LSA.

As part of the action plan and to improve the links with clinical governance, the risks identified around investigations will be addressed by the LSAMO and SoMs during 2015/2016.

Other LSAs have indicated willingness to share information and investigatory best practice for a rolling programme of learning, updating and training for supervisors.

Discuss any lessons learnt from supervisory investigations that have been and/or will be acted upon and implemented into future investigations.

SoMs have benchmarked against Morecambe Bay and Guernsey in 2015 and the key points around supervisory investigations will be implemented into future investigations.

Lessons have been learned from the Coroner's inquest and subsequent NMC hearing of a midwife referred to the NMC by the LSA previously. Issues in this particular case included police and judicial procedures and the time delay inevitably imposed on the NMC investigation..

The review of supervision of midwives in NOrther Ireland consider aspects of Wales' model of Supervision, especially the model of a full time supervisor of midwives and her inout into the management and process around sueprviory investigations.

The Welsh LSA has been asked to present the evaluation of the new model in NI later in 2015 and this will inform the approach to supervisory investigation in the future.

Section 5

Has a system regulator reviewed or directly commented on an area within this LSA?

The system regulator (RQIA) has not reviewed maternity services during 2014-2015.
The system regulator (RQIA) is due to review maternity services during 2015-2016 as part of its three year review programme 2015-2018 http://www.rqia.org.uk/cms_resources/Three_Year_Review_Programme_2015-18.pdf

If yes, detail the number of system regulator reviews this year and how it has impacted on maternity care, midwifery care and supervision, actions taken and outcomes following those actions.

N/A

If originally the answer was no however after the event the LSA became aware that a system regulator had reviewed or directly commented on an area within this LSA please indicate how this review has impacted on maternity care and supervision, actions taken and outcomes following those actions.

N/A

Report the year's reporting numerical figure in the following table:

(1 April 2014 – 31 March 2015)

Total number of exceptional reporting that the LSA submitted to the NMC	0 - but NMC external liaison informed by the LSAMO of Coroner's inquest with previous police investigation involvement and the subsequent NMC hearing.

Have there been any additional issues which occurred outside of routine reporting time that has impacted on the LSA and its ability to deliver statutory supervision (For example resource internal or structural changes). Please summarise the issue together with the risks and actions in place.

During 2014-2015, issues at devolved government level, such as the budget, the Donaldson Report into overall health service provision in NI (http://www.dhsspsni.gov.uk/donaldsonreport270115.pdf), and the impending new NI Minister for Health, Social Services and Public Safety were all commented on during routine reporting times.

To date, there has been no impact on the LSA and its ability to deliver statutory supervision.

Identify key issues for the LSA in 2014-2015 not highlighted elsewhere.

The historic NMC Council decision in January 2015 to accept the King's Fund recommendation that statutory supervision should no longer be part of its legal framework, has had an impact on Supervisors of Midwives.

It was noted at the time that it has been over a year since the Ombudsman's report highlighting possible conflict of interest in midwifery supervision and regulation.

The positive aspects of the wider role of supervision were identified by the King's Fund and part of the way forward after this announcement was to consider what is good in current practice and the options to carry it forward. The four Chief Nursing Officers have agreed to play a leadership role in this transition, working with other key stakeholders. This process is ongoing.

The CNO commissioned review of Midwifery Supervision in NI is timely and once completed, will inform the way forward for midwifery supervision in the UK.

Themes selected for 2014-15:

Annual theme one: Indicate the levels of	In 10,000 Voices, a Public Health Agency (PHA) initiative over 500 women (n = 527) contributed to the collection of experiences of maternity care collected across all 5 Trusts and all areas of

service user and lay auditor participation in LSA audit activity. Specifically provide an evaluation of the involvement of recent service users of maternity services and lay auditors in assuring the effectiveness of supervision.	maternity care. The women's experiences of Midwife Led Units (MLUs) are also being used to inform regional guidelines for Midwife Led care being developed by Guidelines and Audit Implementation Network (GAIN), which is part of the Regulation & Quality Improvements Authority (RQIA) . Stories were collected in a variety of settings, for example: clinical settings, community groups and roadshows. The key themes were: feeling of safety, confidence in the skills of midwives, communication with women and their partners, providing compassionate care and staff attitude. 92% of the women rated their experience of maternity care as strongly positive. Women said that midwives did the following well: provide a sense of safety for women and their partners, understanding anxiety of first time mothers, providing reassurance, showing high levels of professionalism, providing excellent clinical knowledge, keeping women and their partners informed,showing respect to mothers for choices in delivery plan, providing compassionate care and working well as a team. Women said midwives could do better: avoid "mixed messages" to women and their partners, provide more information, for example in relation to miscarriage, consent for theatre, listen to women and their partners when they feel there is a problem and be aware of behaviour and attitude to mothers and their partners. The presentation on the maternity care results from 10,000 Voices has been presented at Trust level and regionally at the LSA Conference in January 2015, the joint RCM/RCOG/PHA/DHSSPS/LSA/NIPEC Conference in March 2015. The project is a powerful way of making sure that the voices of women and their partners are heard and that improvement of services is centred on their needs. Following the NMC endorsement of the King's Fund recommendation in January 2015, a review of supervision of midwives was commissioned from NIPEC by the CNO in NI (http://www.nipec.hscni.net/ReviewofMidwiferySupervisionNI.aspx). This review will inform the UK-wide work on midwifery supervision. Women (mothers and doulas) took part in the review both as part of the expert review group of women, midwives and supervisors of midwives, and also via a online survey (survey monkey). Women were informed of the link to the survey via ERG networks, HSC Maternity Services Liaison Committees (MSLCs) and social media sites such as facebook and twitter. Almost half of the respondents stated that they were aware that there was a framework of supervision for midwives in place in NI. This was especially evident by those women who had been in contact with a Supervisor of Midwives. Of the women who responded to the survey, over half of them would wish to receive information on supervision of midwives when they book for their maternity care. Respondents stated they would like this information in a leaflet format or included in the maternity hand held record (MHHR). In NI, women carry their own (MHHR) where there is already a designated section for the recording of the contact details of the name of the midwife and their supervisor of midwives as well

	as a brief explanation of 'Supervisor of Midwives'. However, only a third of women who responded to the survey were aware that this section on supervision of midwives exists in the MHHR. It was also acknowledged that improved communication could be explored in this area in terms of relevant information and sign posting for women. In March 2014, Mott Macdonald had found that, "Services users' representatives were positive about their engagement with the LSA and were able to describe involvement in LSA audits, the recruitment of SoMs, and interactions with student midwives and student SoMs in academic settings, albeit on an ad hoc basis. They had a clear understanding of how the role of the SoM could support women's choice but evidence of this taking place is limited in their experience. Service users explained that they were active in signposting women to SoMs; however most women have little or no knowledge of the role of the SoM and more could be done to explain this and make it more visible to them. Lay auditors have been involved in the panel for the interviews of midwives prior to doing the Preparation of Supervisor of Midwives (PoSoM) course at QUB during 2014-2015. LSA information for lay reviewers, including a training pack and job descriptions has been prepared. The LSAMO will work with Patient and Public Involvement (PPI) at the PHA to make best use of resources for the formal recruitment of lay reviewers during 2015.
Annual theme two: Report on what the impact or risks to the delivery of supervision are within the LSA both prior to and since Council's policy decision, following the recommendations within the King's Fund report on midwifery regulation. Please outline what mitigation or planned action the LSA has put in place as a result of those identified risks	The historic NMC Council decision in January 2015 to accept the King's Fund recommendation that statutory supervision should no longer be part of its legal framework, has had an impact on Supervisors of Midwives. It was noted at the time that it has been over a year since the Ombudsman's report highlighting possible conflict of interest in midwifery supervision and regulation. The positive aspects of the wider role of supervision were identified by the King's Fund and part of the way forward after this announcement was to consider what is good in current practice and the options to carry it forward. The four Chief Nursing Officers have agreed to play a leadership role in this transition, working with other key stakeholders. This process is ongoing. The CNO commissioned review of Midwifery Supervision in NI is timely and once completed, will inform the way forward for midwifery supervision in the UK.
Annual theme three: Provide an evaluative report against the LSA's ability to meet Rule 4 particularly in ensuring that the annual review and	This year there was successful upload to the NMC of the ItPs in time for the annual uploads to the NMC. In January each year the LSA sends out, via the Supervisors of Midwives, information about the annual upload to all midwives. Example from 2 January 2015: **"Dear Supervisors of Midwives in Northern Ireland**

intention to practise notifications can be completed in preparation for annual submission to the NMC.	This is to confirm that the LSAdb is ready to accept ITPs for 2015/2016 from Monday 5 January 2015. This email and the attachments will be useful when you are entering your supervisees' ItPs. Attached are: • Two powerpoint slides that should be printed off for your SoM notice boards and your midwives. (1) Has the date midwives need to get their completed ITP to you is 14 February - St Valentine's day; this allows you time to enter it onto the LSA database. (2) 'Key points' for SoMs Entering ItPs in the LSAdb I would ask that you have **all your midwives' ITP details entered onto the LSA database by 1 March 2015**, so that any errors can be corrected before the NMC deadline. **1. Introduction** All midwives are required to submit notice of their intention to practise to their respective LSA before they start to practise (Rules 3 & 4 of Midwives rules and standards (NMC 2012)). This ensures the LSA is aware of all midwives practising in the area so that they can support the midwives and monitor their practice. This information is linked to the midwife's registration at the NMC so that a midwife's eligibility to practise can be confirmed by the public or by employers. Please note that midwives are allowed to practise within their LSA provided that they have already submitted their ItP form to the LSA (via their SoM and the LSAdb) directly. Should they be required to practise prior to the NMC successfully receiving the upload file, employers can seek confirmation directly from the LSA, hence the importance of timely input of the ItP details onto the LSA database. **2. Newly Registered** or R**eturn to Practice (RtP) Midwives** Please bear in mind that **newly registered midwives** and those who have recently completed the **return to practice course** and have re - registered this year will be receiving two ItP forms, one for the current practice year 1 April 2014 to 31 March 2015 and another one for the incoming practice year 1 April 2015 to 31 March 2016. **3. Midwives with Midwifery Registration due to expire on or before March 2015** Please remind midwives whose midwifery registrations are due to expire on or before 31 March 2015 to make sure that they re-register before 1 April 2015 as their ItP uploads would be rejected if they have lapsed registration on that day. 4. **Amendments to ItPs**

If you get any 'ItP check needed' emails from the LSA office please amend quickly as **delays in correcting the ItP record on the LSA database can impact a midwife's status on the NMC register and consequently her/his ability to practise as a midwife.**

Key points:

- PIN numbers follow the formula: NNLNNNNL where N is a number and L is a letter.
- SoMs enter the ITP onto the LSA database; no ITP forms are to be sent to the LSA (PHA)
- **Midwives keep the original ITP**; **SoMs must enter details onto the LSAdb**, only keeping a paper copy of the ItP if still keeping paper records of supervisees' annual review etc.
- Double check that all your midwives for the current year (2014/2015) are on the LSA database/adopted before starting on ITPs for 2015-2016
- **Address or name changes on the LSA database are not currently uploaded to the NMC - the midwife herself still needs to inform the NMC of either of these occurrences**
- On accessing the ITP history, a SoM user is requested to select the year to which the ITP relates i.e. 2015/16.
- A short summary of the Annual Review may be noted on the LSAdb (recommended) and documents attached to the LSAdb (see the Knowledge Base on the LSAdb; in the top menu bar click 'Support' and then 'Knowledge Base'. Topics covered in the Knowledge Base include:

The Midwife ITP
How to Enter an ITP
Registration & Fee Expiry Dates
Understanding Practice Years
Understanding Regions
Regional Codes
Cross Border Working
Common Problems with ITPs
ITP Rejections & Queries by the NMC
How to Enter ITPs for 2015-2016 (Download PDF Document)

Annual Reviews
Entering an Annual Review
Emailing an Annual Review
The Annual Review Cycle
The Annual Review Schedule

	Making Changes Making Changes to an ITP How to Change a Midwife's PIN When a Midwife's Name is Changed How to Change a Midwife's Address When a Midwife Changes Trust When a Midwife Moves On: The Basics When a Midwife Moves On: What To Do How To Reactivate A Deactivated Midwife • Policies and guidance that may be of use to you are LSAMO Forum UK policy Confirming a midwife's eligibility to practise and Annual review of practice by a supervisor of midwives plus the guideline Supervising midwives practising in specialist roles. All are available on http://www.lsamoforumuk.scot.nhs.uk/ If you have any queries regarding the above, please let me know." Many thanks [LSAMO name, address and contact details]' ~~~~~ The information about the timings for the upload to the NMC. the worked examples, PowerPoint poster slides for SoMs, midwives, and noticeboards as well as being publicised in the LSA briefings, all noticeboards and the LSA briefing all poster Each LSA briefing (in the LSA diary section) reminds SoMs that the Annual Review can take place at any point during the year. The annual reviews are noted by SoMs on the LSA database. The toolkit for the annual reviews is regional. It has been paper based, then partially on line and following updating to allow integration with revalidation requirements will be an on-line annual review for 2015-2016.

Part 2

Annual report declaration form

I confirm that:

- the LSA continues to meet the NMC's Midwives rules and standards (2012);
- all key risks identified in the NMC annual report 2014-2015 are controlled

Key risk	Confirm the risks that are currently controlled. Please provide an explanation where they are not being controlled and what steps are being taken to mitigate this. Please indicate the date that it is anticipated that risks will be successfully under the LSA's control.
Resources	Making best use of resources within the PHA (LSA)
Service user/lay auditor involvement	Vital involvement in the future development of midwifery supervision in Northern Ireland through the Review of Mdiwifery Supervision. Making dynamic contributions to regional guidance around improving practice, such as the GAIN Guidelines for MLUs and the Normal birth care pathway.
Ratio of midwives to SoM	The LSA (PHA) meets the NMC standards for ratios of SoMs to Midwives. To date in this LSA, the NMC decision to remove supervision of midwives from statue has not had a negative impact on the ratio
Supervisory investigations (Rule 10)	There are plans in place to improve supervisory investigation's, moving to work more closely with clinical governance and building on good practice from other LSAs as well as the lessons learned from Morecambe Bay and Guernsey.

I confirm the information given on this annual report form is correct and failure to disclose relevant information could result in further action by the NMC.

LSA Midwifery Officer (Print name and signature) Verena Wallace
Date Xx July 2015
Telephone number: (028) 9536 2888

Email address: Verena.wallace@hscni.net

Director of Nursing/CEO of Organisation where LSA sits (Print name and signature) Mrs Mary Hinds Dr Eddie Rooney
Date: xx July 2015
Telephone number: 0300 555 0114
Email address Mary Hinds: Mary.Hinds@hscni.net Eddie Rooney: Eddie.Rooney@hscni.net

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 August 2015
Title of Paper	Serious Adverse Incidents Learning Report
Agenda Item	13
Reference	PHA/07/08/15

Summary

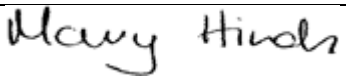
Responsibility for management of Serious Adverse Incident (SAI) reporting transferred from the DHSSPS (Department) to the Health and Social Care Board (HSCB) working jointly with the Public Health Agency (PHA) from 1 May 2010. In April 2010 the HSCB issued the 'Procedure for the Reporting and Follow up of SAIs for implementation on 1 May 2010.

During 2012/13 the HSCB, working with the PHA, undertook a review of the 2010 Procedure and issued revised guidance in September 2013 for implementation on 1 October 2013 and with full operational implementation by 1 April 2014.

The process

The aim of the procedure is to provide a system whereby the wider HSC not only report SAIs, but that learning from these incidents can be shared both locally and regionally. This provides a mechanism to improve the care and treatment of patients and clients, to improve safety and ensure respectful management of the incident.
The attached bi-annual report provides details of the key regional learning identified, action taken and proposed from SAIs reported to the HSCB during the period October 2014 – March 2015. Some of these initiatives may relate to learning identified and reported in previous learning reports as part of on-going work. This is the eighth bi-annual SAI Learning Report and following approval will be shared with the wider HSC.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was brought to the HSCB Governance Committee on 4 June 2015 and the HSCB Board on 11 June 2015.
Recommendation / Resolution	For Noting

Director's Signature	
Title	Director of Nursing and AHPs
Date	30 June 2015

Health and Social Care Board

Public Health Agency

Learning Report

Serious Adverse Incidents

October 2014 – March 2015

June 2015

CONTENTS

SECTION 1

1.0 BACKGROUND AND INTRODUCTION

From 1 May 2010 the responsibility for the management and follow up of Serious Adverse Incidents (SAIs) transferred from Department of Health, Social Services and Public Safety (DHSSPS) to the Health and Social Care Board (HSCB) working jointly with Public Health Agency (PHA) and collaboratively with Regulation Quality Improvement Authority (RQIA). In response, the HSCB issued the Procedure for the Reporting and Follow up of SAIs (the Procedure) to all HSC organisations and Special Agencies.

During 2012/3 the HSCB, working with the PHA, undertook a review of the Procedure, issued in 2010, and issued revised guidance in September 2013 for implementation on 1 October 2013 and with full operational implementation on 1 April 2014.

2.0 MANAGING SERIOUS ADVERSE INCIDENTS REPORTED

The current arrangements for managing SAIs reported to the HSCB/PHA are:

- Regional reporting system for all SAIs;
- SAIs are reviewed by senior professional officers; in addition, the HSCB senior management team receives and considers all SAIs on a weekly basis;
- SAIs are allocated to a nominated professional officer, who is the Designated Review Officer (DRO) responsible for reviewing and scrutinising reports;
- SAI Review Sub Group (SAIRSG) meetings to consider reports, identify themes and learning;
- Overarching HSCB-PHA Quality Safety and Experience (QSE) Group to consider the issues identified by the SAIRSG and agree actions and assurance arrangements;
- The Safety and Quality Alerts (SQA) Team provide an assurance mechanism for any actions to be taken forward as a result of regional learning;
- Escalation if required in respect of:
  - timescales for receipt of SAI and Investigation reports
  - assurances for action being taken forward by reporting organisations following the investigation.

3.0 WORK TAKEN FORWARD IN 2014- 2015

SERVICE USER AND FAMILY INVOLVEMENT IN SAIS

The HSCB and PHA SAI procedure makes clear the need for appropriate communication and involvement of service users, relatives and carers and from 1 April 2014, all SAI Investigation reports submitted to HSCB/PHA have a Service User/Family Carer Engagement Checklist attached.

APPENDIX C provides an analysis of service user/family/carer engagement for the period 1 April 2014 to 23 February 2015 for HSC Trusts. A further update to this information will be provided in the next edition.

In addition, and in line with DHSSPS communication, the HSCB and PHA have worked with the Patient Client Council, RQIA, and Trust Governance Leads to develop guidance for HSC organisations when involving service users/families throughout the relevant stages of the SAI process (issued in February 2015).

The purpose of the guidance is to ensure that communication with service users/families/carers, following a SAI, is undertaken in an open, transparent, informed, consistent and timely manner; thereby promoting a culture that effectively leads to improved service user and staff acceptance of the event. The guidance should be read in conjunction with the revised SAI Procedure in order ensure the engagement process is closely aligned to the required timescales, documentation, investigation levels etc. A leaflet has also developed to provide information for patients/families on the process.

DRO PROFESSIONAL GROUPS

During 2014/15 a pilot exercise was undertaken in relation to the process undertaken by DROs when reviewing SAI investigation reports. The pilot involved the following Programmes of Care (POC):

- Paediatrics and Child Health
- Maternity
- Mental Health (including Prison Health)
- Acute

A number of DROs from each of the above groups have met on a monthly basis to review SAI investigation reports, in order to close and/or identify any issue that requires consideration by the SAI Review Sub Group. The DRO professional groups benefit from:

- Multi-professional input / wider circle of experience,
- Group sign off , decisions not focused on one individual
- More complete understanding of the range of SAI issues within these service areas leading to the identification of regional trends

Consideration to extending this process to other POCs will be reviewed during 2015/16.

MEETINGS WITH HSC TRUSTS

During the reporting period the Chair and Co-chair of the RSAISG conducted a round of meetings with each of the HSC Trust Governance Leads to discuss issues relating to the Procedure for the Reporting and Follow up of SAIs and the more recent inclusion of the process for engaging with service user/ family and carers.

LAY PERSONS

In line with the current Complaints Procedure, the HSCB have established and continue to maintain of a list of lay persons for use by the HSC in the resolution of complaints. During the investigation of a complaint, a layperson can be used by an HSC organisation to provide an independent perspective and can, therefore, be adopted as one of the methods where HSC organisations could achieve 'enhanced' local resolution as part of the new single tier approach.

During 2014/15, and following consultation Trust Governance leads, it was agreed the current remit of lay persons could be extended to include their involvement in the SAI review process. This would provide support to HSC organisations who are routinely involved in the review of more complex SAIs, particularly when a degree of independence is required.

A number of lay persons expressed an interest in taking forward this role and attended a training event in March 2015 which provided an overview of the SAI process and included a session from a Trust Governance lead on the role of a Layperson in a Trust SAI Review.

Training on Root Cause Analysis for lay persons is scheduled for April and May 2015, after which, Trusts and HSCB Directorate of Integrated Care (HSCB) will be notified on the process to access lay persons to participate in SAI Reviews.

TRAINING

During the reporting period, a number of regional training programmes were undertaken to support staff in the implementation of the SAI procedure:

- Regional root cause analysis training (April and May 2014)
- Lay Persons training (March 2015)

4.0 SAIs REPORTED DURING PERIOD OCT 2014 – MAR 2015

During the period 1 October 2014 to 31 March 2015, the HSCB received 366 SAI notifications. This represents a decrease on the previous six months (April 2014 – September 2014) when 434 SAIs notifications were reported to HSCB.

A breakdown of these SAIs by reporting organisation and programme of care is detailed at Appendix B.

5.0 DE-ESCALATION OF SAIs

HSC organisations/Special Agencies or Commissioned Service Providers are encouraged to report SAIs, however, it is recognised that SAI reports can be based on limited information at the time of reporting and further investigation may identify that the incident no longer meets the criteria of a SAI.

In such instances a request can be submitted, by the reporting organization, to de-escalate the SAI, however, the decision to approve the de-escalation will be made by the HSCB/PHA Designated Review Officer.

During the reporting period six (6) SAI notifications received were de-escalated.

6.0 DUPLICATE SAI REPORTING

On occasions a notification may be received from one or more organisations relating to the same incident. In such instances, a lead organisation will be identified to take forward the investigation and follow and the duplicate notification will be closed.

During the reporting period one duplicate SAI notification was received.

SECTION 2

1.0 LEARNING FROM SERIOUS ADVERSE INCIDENTS

HSCB/PHA STRUCTURE FOR LEARNING FROM SAIS

It is important that when a serious event or incident occurs, that there is a systematic process for investigating and learning from incidents. The key aim from this process is to improve patient safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC as a whole.

The HSCB, working closely with the PHA, is responsible for identifying and disseminating regional learning from its monitoring role in relation to SAIs, complaints and patient client and experience.

- **Quality Safety and Experience (QSE) Group**

  The HSCB and PHA recently established a jointly chaired QSE Group to provide an overarching, streamlined approach in relation to how the HSCB and PHA meet their statutory duty of Quality. This multi-disciplinary group meet on a monthly basis to consider learning, patterns/trends, themes or areas of concern, and agree appropriate actions to be taken, from all sources of safety and quality information received by the HSCB and PHA.

  A Regional SAI Review Subgroup reports to, and supports the work of the QSE Group.

- **Safety Quality and Alerts Team (SQAT)**

  The work of the QSE group is closely aligned to SQAT, which is responsible for overseeing the implementation and assurance of Regional Learning Letters/Guidance issued by HSCB/PHA in respect of SAIs

SAI LEARNING MECHANISMS

Learning opportunities from SAIs can be identified by the reporting organisation, DROs the Regional SAI Review and QSE Sub Groups and learning can take the form of:

- Local organisation actions;

- Formal learning letter;

- Thematic Reviews: Commissioned by the Regional SAI Sub Review Group and the QSE Group, to review trends, patterns and provide an in-depth analysis. Key learning points are disseminated across the HSC;

- Learning Matters Newsletter: HSCB-PHA have developed a newsletter to ensure that local incidents are shared regionally to drive improvements for patients and services across the HSC.

- The SAI Bi-annual Learning Report provides an overview on all learning letters / thematic reviews carried out and/or reported on during the period of reporting.

2.0 DISSEMINATION OF LEARNING INITIATIVES

Learning from SAIs is a significant element to improving practice. However the HSCB and PHA are cognisant that each and every SAI has an impact on individuals and families. Therefore, whilst for the purposes of this report patient identifiable information has been removed, this is not intended to diminish the personal impact that these incidents have had on the individuals involved.

The following initiatives were identified as part of the SAI review process and relate to learning from trends, reviews and individuals cases. Some of these initiatives may relate to learning identified and reported in the previous report as part of on-going work.

2.1. MONITORING FOR TWIN-TO-TWIN TRANSFUSION SYNDROME (TTTS) – (Update from previous report)

Review of the antenatal care of some twin pregnancies has shown that:

- The mothers of these babies were not monitored during pregnancy for TTTS in line with the schedule recommended by NICE Clinical Guideline 129 'Multiple Pregnancy: the management of twin and triplet pregnancies in the antenatal period'. The NICE guideline recommends that in monochorionic twin pregnancies diagnostic monitoring with ultrasound for feto-fetal transfusion syndrome (including to identify membrane folding) should start from 16 weeks and be repeated fortnightly until 24 weeks;

- There was a lack of clarity as to whether monitoring for TTTS was done at the same time as the ultrasonographer carried out the fetal anomaly ultrasound scan at 20 weeks; or whether a separate appointment with an obstetrician should have been arranged at that time to ensure that the mother was monitored for TTTS fortnightly between 16-24 weeks in addition to having a fetal anomaly ultrasound scan;

- The respective roles and responsibilities of obstetricians and ultrasonographers for monitoring TTTS were unclear;

- Obstetric staff of varying levels of seniority were involved in monitoring for TTTS.

A Safety and Quality Learning Letter LL/SAI/2014/027 was issued on 17 June 2014 setting out transferable learning and identified the following actions for HSC Trusts:

- Development of a clear policy that sets out the local arrangements for monitoring multiple pregnancies in line with the schedule recommended by

NICE (including a fetal anomaly scan). The NICE CG 129 is available at: http://publications.nice.org.uk/multiple-pregnancy-cg129);

- The Trust policy should be developed by a multidisciplinary team, including ultrasonographers, and must make it clear whose responsibility it is to monitor for TTTS fortnightly from 16-24 weeks in monochorionic multiple pregnancies, and remove all ambiguity regarding the respective roles of obstetricians and ultrasonographers;

- Trusts should ensure that those carrying out monitoring for TTTS are appropriately trained to do so. As far as possible, there should be continuity of staff who carry out the scans. Junior doctors should not be carrying out monitoring scans in multiple pregnancies unless directly supervised by an experienced consultant as part of their training;

- Trust policy should be reviewed and updated once the regional service model/care pathway is in place.

Trusts were asked to provide a response by the 30 September 2014 that the identified learning was actioned. They were asked to confirm the following:

1. The Learning Letter is shared with obstetricians, ultrasonographers, midwives, service managers, and other relevant staff;

2. A clear policy is developed that sets out the local arrangements for monitoring multiple pregnancies in line with the schedule recommended by NICE;

HSC Trust responses have been reviewed by the Safety and Quality Alerts team and all HSC Trusts have provided satisfactory responses indicating substantive action.

2.2. PRESCRIBING AND DISPENSING INCIDENTS INVOLVING BUCCAL MIDAZOLAM PRODUCTS – (Update from previous report)

Buccal midazolam may be considered as an alternative to rectal diazepam for the treatment of prolonged seizures. Several buccal midazolam products are available, as prefilled syringes (PFS) and a multi-dose bottle, with a range of strengths and volumes, which leads to increased risk. A number of adverse incidents have been reported where patients have received the incorrect buccal midazolam product. Whilst no harm has been reported in these cases, there was potential for serious harm to occur. HSCB previously issued a Medicines Safety Alert to GPs and Community Pharmacist in June 2012 highlighting 'Actions to Minimise the Risks with Buccal Midazolam Preparations'[1].

Contributory factors to the incidents included:

- Change in buccal midazolam product prescribed

[1] http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-alerts/

- Poor communication between GP, Community Pharmacist and Trust Specialist Epilepsy Nurse/Consultant
- Lack of knowledge of the range and strengths of products available and how these are administered
- Generic prescribing, which is contrary to HSCB generic exemptions list
- Insufficient patient/carer education and counselling.

A Safety and Quality Learning Letter LL/AI/2014/028 was issued on 20 June 2014 and identified the following actions that:

HSC Trusts should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing buccal midazolam products;

2. Review and as necessary, update processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.

3. Review all patients currently receiving buccal midazolam to ensure the recommendations included in the learning letter are implemented.

4. Confirm by 15 September 2014 to alerts.hscb@hscni.net that actions 1 and 2 have been completed and action 3 is underway.

GP practices should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing (dispensing practices only) buccal midazolam products;

2. Review and as necessary, update your processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.
3. Review all patients currently receiving buccal midazolam to ensure the recommendations included in the learning letter are implemented.

Community Pharmacies should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing buccal midazolam products;

2. Review and as necessary, update your processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.

All HSC Trusts have confirmed that they are implementing the actions required. Further work is being taken forward regionally in relation to a pathway for epilepsy and by the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) Regional work

2.3. SYSTEMS TO CHECK THE INTEGRITY AND STERILITY OF PACKS OR INSTRUMENTS PRIOR TO USE – (Update from previous report)

Several Serious Adverse Incidents across different HSC Trusts have highlighted process failures within Sterile Services, resulting in instruments / packs being available for clinical use when they had not completed the full sterilization process.

The instruments / packs were used even though the indicator tape, which changes colour to show sterilization is complete, had NOT changed colour. Adequate processes to check the sterility of the instruments / packs prior to leaving Sterile Services and at point of use had not been implemented**.**

A Safety and Quality Learning Letter LL/SAI/2014/029 was issued on 1 October 2014 and identified transferrable learning:

HSC Trusts were asked to:

- Discuss this Learning Letter with acute and community medical and nursing staff who use sterile instruments/packs, service managers for those areas, and other relevant staff;

- Review and update their systems for checking the integrity and sterility of instruments/packs prior to use to minimize the risk of individual error.

All HSC Trust have confirmed actions are complete or processes are underway to achieve actions.

THE FOLLOWING ITEMS ARE NEW LEARNING ISSUED SINCE LAST REPORT

2.4. EMERGENCY CALL ARRANGEMENTS IN OBSTETRIC UNITS

Two serious adverse incidents involving neonatal deaths have highlighted the need for Trusts to ensure that they have robust arrangements to summon the appropriate staff to be present at delivery in a timely way.

In one case, the Trust's investigation report highlighted that on-site staff were bleeped individually to attend the emergency incident at delivery. The investigating team recommended that to ensure there are no delays in accessing appropriate staff; consideration should be given to a baton bleep emergency system to include all team members necessary for the delivery and resuscitation of the mother and baby.

In the other case, there was a delay in calling the paediatric registrar to a preterm baby who required neonatal resuscitation after delivery. The bleep system was not used to contact the paediatric registrar, but rather, a verbal message was conveyed to the registrar who was working on a ward. The investigating team recommended that consideration is given to the grade of paediatric staff called in emergencies, particularly when there are known risk factors.

A Safety and Quality Learning Letter LL/SAI/2015/030 was issued on 12 January 2015 setting out the following transferrable learning for Trust Service Directors responsible for Maternity Services:

- In an emergency situation at delivery in an obstetric unit, all relevant members of staff should be called through the equivalent of the 'crash-call' system in cardiology services (sometimes referred to as a 'baton system'). A baton system simultaneously calls all team members necessary for the delivery and resuscitation of the baby/mother rather than bleeping or ringing individual members of staff to attend.

- In cases where it is anticipated in advance that neonatal resuscitation is likely to be required after delivery, an appropriately senior member of the neonatal/paediatric team should be called to attend as soon as it is apparent that delivery is imminent.

The reminder of best practice guidance letter identified the following actions for HSC Trusts:

- Share this Learning Letter with relevant staff;
- Take account of this Learning Letter and ensure that emergency-call arrangements in maternity units in your Trust are:
  - The functional equivalent of a crash-call system
  - Explained to new and existing staff
  - Tested/rehearsed regularly;

NIMDTA were asked to action the following:

- Disseminate this letter to doctors in training in relevant specialties.

HSC Trusts were asked to provide a response by 27 February 2015 to confirm actions have been completed. All HSC Trusts have confirmed actions are complete.

2.5. DISCHARGE PLANNING AND RECORDING LEGAL STATUS UNDER THE MENTAL HEALTH ORDER - Reminder of best practice

This incident related to the discharge of a patient detained under the Mental Health legislation. Trust findings emphasized the importance of discharge planning in respect of all young people admitted to mental health inpatient provision which should commence at the time of admission as required under Trusts' current Admission and Discharge Protocol & Procedures for mental health services (CAMHS & AMHS).

The incident also highlighted the need to ensure that care plans are documented fully, and reasons for decisions (including any revisions to the care plan and changes in legal status under the mental health legislation) recorded clearly in keeping with best practice and current protocol and procedures.

A Safety and Quality Best Practice Reminder letter SQR/SAI/2015/001, was issued on 14 January, highlighting the following requirements under current guidance:

For care professionals working in mental health services:

- You are responsible for documenting your assessment of a patient and the rationale for your care decisions including those relating to a patient's legal status under mental health legislation.

For HSC Trust Directors of Mental Health Services:

- Trusts are reminded to ensure that:
  - Current admission and discharge protocols and procedures are adhered to and any updates or revisions are highlighted and discussed at staff meetings, and circulated to all relevant staff
  - File records should be audited quarterly to ensure compliance with requirements to document mental health status and the reasons for any changes fully and clearly. The audit results should be communicated to all staff.

The reminder of best practice guidance letter identified the following actions for

HSC Trusts:

- Please share this reminder letter with all relevant staff, including discussing it in appropriate team meetings and professional forums;
- Please review and as necessary, update relevant training and procedures to incorporate requirements in this letter.
- Ensure file audits are conducted quarterly to quality assure practice against the issues highlighted in this letter.

NIMDTA was asked to action the following:

- Please disseminate this reminder letter to doctors in training in relevant specialties.

Director of Integrated Care, HSCB was asked to action the following:

- Please disseminate this reminder letter to all General Practitioners.

RQIA was asked to action the following:

- Please disseminate this reminder letter to all relevant Independent Sector providers.

HSC Trusts were asked to confirm by 28 February 2015, that actions 1-2 have been completed, and that the date of the last quarterly audit, or the date the next audit will begin. All HSC Trusts confirmed they have completed the required actions.

2.6. AVOIDANCE, RECGONITION AND MANAGEMENT OF ANAPHYLAXIS Reminder of best practice

A pregnant woman was prescribed intravenous co-amoxiclav even though the patient was known to have an allergy to penicillin and she was wearing an alert wristband. A midwife questioned the decision to prescribe co-amoxiclav in light of the known allergy, but was instructed to go ahead and administer the co-amoxiclav. The patient developed an anaphylactic reaction which was not immediately recognised. She eventually recovered after several days in ICU.
The Trust's investigation report also found that the Trust did not have a protocol for the management of anaphylaxis in the hospital setting.

A Safety and Quality Best Practice Reminder letter SQR/SAI/2015/002, was issued on 3 February 2015, highlighting the following requirements under current guidance:

For medical midwifery, nursing, pharmacy and equivalent staff in primary care:

- If you feel that a patient is being put at risk by another member of staff, and you remain concerned after speaking to that staff member, you should contact a more senior member of the team or organisation.

- Regarding this specific incident, you should not supply or administer medication to a patient who is known to be allergic to that medication.

- You should be prepared to listen to colleagues who question your treatment decisions, and reconsider them, as necessary – to err is human and it may protect you and your patients.

For Trust Service Directors responsible for any health care staff involved in prescribing, supplying or administering medication

- Trusts should have an open organisational culture which emphasizes the safety benefits of teamwork and encourages staff to give and accept respectful challenge, particularly of decisions of more senior staff. Staff should feel able to escalate concerns to a more senior member of staff when necessary.

- Trusts should have a protocol for the management of anaphylaxis in both hospital and community settings, and should ensure that staff have immediate access to the protocol. Suitable algorithms for the management of anaphylaxis are available from many bodies including the UK Resuscitation Council, Royal College of Physicians (London) and the Association of Anaesthetists of Great Britain &Ireland.

- Trusts should ensure that all staff have up-to-date training in the identification and management of anaphylaxis.

The reminder of best practice guidance letter identified the following actions that:

HSC Trusts should:

1. Share this letter with relevant staff, and discuss it at team meetings/safety briefings;

2. Ensure that you have a protocol for anaphylaxis in both hospital and community settings and that staff have immediate access to the protocol;

3. Ensure that all staff are provided with regular update training in the management and treatment of anaphylaxis.

HSC Trusts were asked to confirm by 13 April 2015, that actions 1-2 have been completed, and that training under action 3 is available. An update will be provided in the next report.

Director of Integrated Care, HSCB should:

- Disseminate this letter to GPs, dentists and community pharmacists.

NIMDTA should:

- Disseminate this letter to doctors in training in relevant specialties.

RQIA should:

- Disseminate this letter to relevant Independent Sector Providers.

2.7. RESIDUAL ANAESTHETIC DRUGS IN CANNULAE AND INTRAVENOUS LINES – Reminder of best practice

A woman who had an emergency caesarean section under general anaesthetic experienced a sudden respiratory arrest two hours later. The patient had 3 intravenous lines in place, two of which had 'octopus' (2 line) extensions. The respiratory arrest occurred minutes after intravenous fluids were started on one of the lines. The likely cause was that a residual amount of muscle relaxant drug, present in the line, had been administered inadvertently to the patient when intravenous fluids were run through on that line, causing muscle paralysis.
A neuromuscular blocking reversal agent was administered and the patient recovered quickly.

The staff, who were involved in this case, are to be commended for their prompt recognition of the cause of the respiratory arrest and taking the appropriate action.

A Safety and Quality Best Practice Reminder letter SQR/SAI/2015/003, was issued on 13 March 2015, highlighting the following requirements under current guidance:

On 24 July 2014, a Patient Safety Alert from NHS England (NHS/PSA/W/2014/008 attached) was issued to Trusts, RQIA and NIMDTA for dissemination to relevant staff.
This local case reinforces the need to implement the actions set out in the Patient Safety Alert.

For anaesthetists and all other theatre and recovery staff

- For each patient under your care, you need to ensure that all cannulae and extensions have been flushed through with saline, or another solution that does not contain anaesthetic drugs, before the patient leaves recovery or the department where the procedure/investigation was undertaken.

- You also need to ensure that any intravenous lines or extensions that are no longer required are removed before the patient leaves your care.

For Directors with responsibility for anaesthetic/theatre services

- You must have robust systems in your Trust that help staff to ensure that before the patient leaves recovery or the department where the procedure/investigation was undertaken:
    - All cannulae and extensions have been flushed through with saline, or another solution that does not contain anaesthetic drugs, and
    - Any intravenous lines or extensions that are no longer required are removed.

You should consider using the post-operative 'sign out' section of the WHO surgical safety checklist as part of your system.

The reminder of best practice guidance letter identified the following actions that:

HSC Trusts should:

- Share this Reminder of Best Practice Letter and attached Patient Safety Alert with all relevant staff;

- Review and as necessary, update your Trust's systems in light of the information in the Requirements under Current Guidance section;

Trusts were asked to confirm by 29 May 2015, that the actions above have been completed. An update will be provided in the next report.

NIMDTA should:

- Disseminate this letter to doctors in training in relevant specialties.

RQIA should:

- Disseminate this letter to relevant Independent Sector Providers.

2.8. REDUCED FETAL MOVEMENTS - Reminder of best practice

A woman who was 35 weeks pregnant attended a GP out-of-hours service as she was concerned she had not felt fetal movements for the previous 36 hours. The GP listened to the fetal heart with a sonicaid, reassured the mother, and she went home. The next day she contacted the maternity ward as she still felt no fetal movement. She was asked to attend the maternity unit immediately and an intrauterine death (stillbirth) was diagnosed.

In another case, a pregnant woman who was past her due date contacted the maternity assessment unit on two successive days with concern about reduced fetal movements. She was given telephone advice by a midwife on each occasion. There was no access to the patient's records during the telephone consultations, a full risk assessment was not performed and details of the advice given were not documented. During the first telephone contact the woman was asked to count fetal movements over a period of time, but despite having a lower than expected number of fetal movements, she was given inappropriate reassurance. On the second occasion the midwife was unaware that the mother had contacted the assessment unit the previous day, and the mother was again advised to count fetal movements over a period of time. The mother reported feeling no fetal movements and was asked to attend the hospital where an intrauterine death (stillbirth) was diagnosed.

A Safety and Quality Best Practice Reminder letter SQR/SAI/2015/004, was issued on 16 March 2015, highlighting the following requirements under current guidance:

The Royal College of Obstetricians & Gynaecologists has produced good practice guidance on reduced fetal movements. This is available at:

https://www.rcog.org.uk/en/guidelines-research services/guidelines/gtg57

Key points from the RCOG guidance will be incorporated to the Pregnancy Book and the next version of the Maternity Hand Held Record.

A patient information leaflet is also available at:

https://www.rcog.org.uk/en/patients/patient-leaflets/your-babys-movements-in-pregnancy

For general practitioners, community midwives, practice nurses and GP out of hours services

- If a pregnant woman contacts you with concern about fetal movements you should refer her to a maternity unit without delay.

For Emergency Department staff

- If a pregnant woman has concern about fetal movements you should contact the maternity team and arrange for them to assess her without delay.

For midwifery and obstetric staff

- In line with the RCOG guidance, you should advise women of the need to be aware of fetal movements up to and including the onset of labour, and you should tell them to contact their maternity unit without delay if they notice any decrease or cessation of fetal movements.

- You should follow the RCOG guideline on the risk assessment, investigation and management of women who have reduced fetal movements.

- You should ensure that you have sufficient information on the mother's history to make an informed judgment on the appropriate course of action.

- You should clearly document your assessment and management decisions.

For Trust Maternity Service Directors

- You should ensure that robust arrangements are in place in your Trust so that women with concerns about fetal movements are assessed appropriately.

The reminder of best practice guidance letter identified the following actions that:

HSC Trusts should:

1. Share this Reminder of Best Practice Letter with relevant staff.

2. Review and as necessary, revise your Trust's protocols to ensure that they are in line with the RCOG guideline on reduced fetal movements.

3. Send your local GPs and GP out of hours services details of how to refer women for assessment of reduced fetal movements, including the relevant contact telephone numbers.

4. Have in place an agreed referral pathway from ED to the maternity service. Ensure ED and maternity staff know that pathway, including how to access the relevant contact telephone numbers.

5. Review telephone triage protocols within maternity units to ensure that the relevant history is obtained from women who contact the unit with concern about fetal movements, and the appropriate advice is given, in line with the RCOG guideline.

6. Put in place a system for recording previous contacts/attendances at maternity assessment (day obstetric) units and ensure that this information is readily available to relevant staff.

Trusts were asked to confirm by 17 July 2015, that all actions above have been completed. An update will be provided in the next report.

OTHER LEARNING INITIATIVES TAKEN FORWARD

There are a range of other initiatives across the HSC where learning from SAIs changes practice to reduce the risk of recurrence. There has been a range of learning communications issued to family practitioner services relating to:

- Adverse incidents involving Rivaroxaban dosing
- Security of prescription pads
- Newer Oral Anticoagulant dosing
- Transdermal Fentanyl Patches

The following is a link to the Medicines Governance Website where these resources are available: http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-advice-letters/

Other examples of learning include:

Establishment of a Multi-agency Regional Practice Network - following Learning relating to a SAI involving a young female, with Portuguese citizenship, who came to the attention of Social Services following a referral from health professionals. The young person subsequently disappeared and was located in Wales.

Learning emerging from the SAI included the need for timely age assessment, active and robust information sharing between PSNI and other lead agencies throughout case management, escalation of any concerns about the effectiveness of multi-agency working and information sharing, analysis of the legal powers available to Trusts where a separated young person refuses a voluntary care arrangement and the inclusion of separated children within the revision of the Runaway and Missing from Home or Care Guidance.

To support the integration of learning to practice a regional practice learning network has been established comprising of representation from PSNI, Border Force, UKVI, VOYPIC, Trusts, RESWS, DHSSPS and HSCB to provide a vehicle for sharing learning and harnessing collaborative multi-agency working.

Regional Healthcare Associated Infection (HCAI) Forum - following learning from a SAI where a patient who had Carbapenemase Producing Organism (CPO) isolated, substantial regional work was carried out. The guidance, case summary and risk assessment relating to CPO was highlighted at a recent HCAI Learning Event.

In addition the Chief Medical Officer (CMO) issued a Carbapenemase Producing Enterobacteriaceae (CPE) Tool kit for Acute Trusts HSS(MD)11/2914. The PHA currently maintain a core dataset for CPE cases, reported through the Health Protection Duty Room, as part of routine case assessment and risk management.

SECTION 3

NEXT STEPS

1.0 REVIEW OF COMPLAINTS AND SAIs REPORTED IN RELATION TO CARE AND TREATMENT OF OLDER PEOPLE

Following a thematic review of SAIs and complaints relating to the care and treatment of older people, a workshop was held on 17 May 2013 to agree actions in response to regional learning identified. *(An Older Person is defined as someone 65 years and over).*

The workshop was attended by lead clinicians and managers of older people services across Northern Ireland. Expert speakers from across health and social care N.I., as well as other agencies interfacing with older peoples services, led the discussions and action planning.

An action plan was developed, to ensure that learning from this review and the workshop is used to inform the improvement of services for older people by identifying existing streams of work or establishing where a new focus of work is required. A report giving an overview of both pieces of work has been finalised and issued to relevant parties.

Five main themes were identified and as a result, the action plan outlines on-going work streams in which the themes will be addressed and will be taken account of in future work.

2.0 THEMATIC REVIEWS

Thematic Reviews are commissioned by the HSCB/PHA Quality Safety and Experience (QSE) Group, to review trends and patterns. These in-depth reviews ensure that local patterns are considered within the regional and national context and ensuing recommendations and key learning points are disseminated across the HSC.

Following an in-depth review of SAI reports, the following thematic reviews were undertaken:

- ***PATIENT MIS-IDENTIFICATION IN HOSPITALS***

‘Misidentification of Patients/ Clients’ in HSC services was identified as a theme through SAI analysis, following several reported incidents. The aim of this thematic review was to identify recurrent themes found within reported SAIs and to consider any regional actions that could be implemented to reduce the incidence of “Misidentification of Patients and Clients”.

This review has been finalised and will be issued in the coming weeks to the HSC along with the regional poster (designed in partnership with the five HSC Trusts) for display throughout Trust wards and departments to raise staff awareness of the importance of patient verification processes at every stage of care.

3.0 NEWSLETTER – "LEARNING MATTERS"

An essential element of improving services is the dissemination of information and a variety of methods are used to ensure learning is shared such as learning letters, alerts and reports. In addition the PHA/HSCB has developed a newsletter to compliment the other methods and to provide a forum where local learning from SAIs, reviews and complaints can be shared regionally.

Learning Matters Newsletter provides a new method of sharing learning relating to serious adverse incidents, complaints, reviews and patient experience across Northern Ireland. The **third edition was issued in December 2014** and covers the following topics:

- Avoiding Computer Confusion: Log In, Check And Log Out.
- National Patient Safety Alerts
- Masking Challenging Behaviours
- Share to Learn: Lesson of the Week
- Wrong Site/Wrong Procedure

This edition of the newsletter can be viewed at:

http://www.hscboard.hscni.net/publications/Learning%20Matters/08%20Learning_Matters_Issue_3-December_2014.pdf#search="learning matters"

http://www.publichealth.hscni.net/sites/default/files/Issue%203%20final.pdf

The Learning Matters Newsletter editorial team are currently developing a **'Special Maternity Edition'** of the Learning Matters Newsletter and will cover the following topics:

- Care of pregnant women who have had a previous caesarean section
- Antenatal fetal growth monitoring
- Maternity Early Warning Scores
- Operative vaginal delivery
- Human Factors

This special edition of the newsletter will be issued in the coming weeks.

4.0 SAI LEARNING EVENT

The HSC Safety Forum will be hosting a Regional SAI Learning Workshop on the 14 April 2015 at Mossley Mill, Newtownabbey.

The aim of the event is to provide an opportunity to share learning from Serious Adverse Incidents regionally. To facilitate this, HSC Trusts have agreed to present a number of case studies for discussion and a relative of a patient involved in a SAI will share their experience of the process and the impact it had on their family.

5.0 IMPACT OF DONALDSON REPORT RECOMMENDATIONS

A number of recommendations contained within the Donaldson Report 'The Right Time, The Right Place' refer to the current system of incident reporting and some that are specific to the current SAI process.

Following its publication, the Department launched a consultation on 24 February 2015. The HSCB/PHA are preparing a response to the consultation questionnaire which will be approved by HSCB Board prior to submission to DHSSPS on 22 May 2015.

SECTION 4

CONCLUSION

The HSCB and PHA want patients, carers and their families to feel confident about the quality and safety of health and social care services in Northern Ireland. There is a continued commitment to learn from SAIs, to improve services and to reduce the risks of recurrence, both within the reporting organisations and across the HSC as a whole. The dissemination of learning following SAIs and ensuring that quality improvements are embedded into practice remains a key priority for the HSCB/PHA.

To support this, the Safety Forum is hosting a workshop in April 2015 which will provide an opportunity to share the learning from SAIs and to gain the patient/family experience by listening to a relative of a patient involved in an SAI and the impact it had on their lives.

This report demonstrates actions planned and achieved in the period from October 2014 – March 2015. It also highlights the broad range of work that is routinely undertaken and reaffirms our commitment to safety, effectiveness and patient and client focus.

Since the last report, five learning letters/reminders of best practice have been disseminated to the relevant HSC organisations. Additionally the "Learning Matters" newsletter was published in December 2014, to compliment the other methods of learning and to provide a forum where local learning from SAIs, reviews and complaints can be shared regionally.

HSCB/PHA has continued to work with HSC Trust Colleagues in relation to enhancing service users/families involvement in the SAI process.

Quality, Safety and Patient Experience are a significant focus for the HSCB and PHA and both organisations will work in partnership with the HSC to improve the quality of care by learning from incidents and improving standards regionally.

APPENDIX A

REVISED CRITERIA FROM 1 OCTOBER 2013

DEFINITION OF AN ADVERSE INCIDENT AND SAI CRITERIA

'Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation'.[2] arising during the course of the business of a HSC organisation / Special Agency or commissioned service

The following criteria will determine whether or not an adverse incident constitutes a SAI.

SAI criteria

- serious injury to, or the unexpected/unexplained death of:
  - a service user (including those events which should be reviewed through a significant event audit)
  - a staff member in the course of their work
  - a member of the public whilst visiting a HSC facility;

- any death of a child in receipt of HSC services (up to eighteenth birthday). This includes hospital and community services, a Looked After Child or a child whose name is on the Child Protection Register;

- unexpected serious risk to a service user and/or staff member and/or member of the public;

- unexpected or significant threat to provide service and/or maintain business continuity;

- serious self-harm or serious assault (*including attempted suicide, homicide and sexual assaults*) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service;

- serious self-harm or serious assault *(including homicide and sexual assaults*)
  - on other service users,
  - on staff or
  - on members of the public

  by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services *(including CAMHS,*

[2] Source: DHSSPS How to classify adverse incidents and risk guidance 2006
www.dhsspsni.gov.uk/ph_how_to_classify_adverse_incidents_and_risk_-_guidance.pdf

psychiatry of old age or leaving and aftercare services) and/or learning disability services, in the 12 months prior to the incident;

- suspected suicide of a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services *(including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;

- serious incidents of public interest or concern relating to:
    - any of the criteria above
    - theft, fraud, information breaches or data losses
    - a member of HSC staff or independent practitioner.

ANY ADVERSE INCIDENT WHICH MEETS ONE OR MORE OF THE ABOVE CRITERIA SHOULD BE REPORTED AS A SAI.

APPENDIX B

ANALYSIS OF SAI ACTIVITY OCTOBER 2014 – MARCH 2015

The HSCB has **received 366 SAI Notifications** from across Health and Social Care (HSC) for the above period. The information[3] below has been aggregated into summary tables with commentary to prevent the identification of individuals.

Table 1 below provides an overview of all SAIs reported by organisation and includes **year on year comparison** of activity for the same **reporting period 1 October 2014 to 31 March 2015.**

Total Activity	Oct 13 - Mar 14	Oct 14 – Mar 15
BHSCT	70	84
BSO	0	2
HSCB	0	1
NHSCT	98	71
NIAS	1	2
NIBTS	1	0
PCARE	14	13
PHA	0	1
SEHSCT	38	59
SHSCT	47	86
WHSCT	31	47
Totals:	**300**	**366**

SAI DE-ESCALATION

SAI reports submitted can be based on limited information at the time of reporting. If on further investigation the incident does not meet the criteria of an SAI, a request can be submitted by the reporting organisation to de-escalate.

In line with the HSCB Procedure for the reporting and follow up of SAIs the reporting organisation provides information on why the incident does not warrant further investigation under the SAI process. This information is considered by the HSCB/PHA Designated Review Officer prior to approving any de-escalation. During the reporting period **six (6) SAI notifications** received were subsequently **de-escalated**.

TOTAL DE-ESCALATED	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	4	0
NHSCT	3	3
PCARE	0	2
SEHSCT	2	0
SHSCT	1	0
WHSCT	0	1
Totals:	**10**	**6**

[3] Source- HSCB DATIX Information System

DUPLICATE SAI NOTIFICATIONS

A notification may be received from one or more organisation but relating to the same incident. During the reporting period there was one duplicate notification received.

TOTAL DUPLICATE	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	0	1
Totals:	0	1

SAI ANALYSIS BY PROGRAMME OF CARE

SAIs are categorised by Programmes of Care as follows:

- Mental Health
- Acute Services
- Family and Child Care
- Learning Disability
- Corporate Business / other
- Maternity and Child Health
- Primary Health and Adult Community (Including General Practice)
- Elderly
- Physical Disability and Sensory Impairment
- Health Promotion and Disease Prevention

De-escalated and duplicate SAI notifications have been **excluded** from the analysis in the remainder of this report.

ACUTE SERVICES

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	17	23
NHSCT	36	18
NIAS	1	2
NIBTS	1	0
SEHSCT	7	16
SHSCT	7	26
WHSCT	8	14
Totals:	**77**	**99**

Current period: Ninety nine (99) SAIs were reported. The top five groups related to the following classifications/categories. Twenty-two (22) incidents being the most reported in any one category.

Classification/category

- Diagnosis failed or delayed
- Treatment, procedure
- Accident that may result in personal injury
- Implementation of care or on-going monitoring/review
- Medication

Since the revised SAI criteria (see Appendix A) were introduced (October 2013), there has been an increase in the number of reported incidents relating to falls; within the above classification/ catergory: accident that may result in personal injury, 15% of the reported SAIs (n=15) for this programme of care relate to slip, trips, falls and collisions in an acute setting.

MATERNITY & CHILD HEALTH

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	37	40
HSCB	0	1
NHSCT	8	6
SEHSCT	8	10
SHSCT	12	14
WHSCT	7	16
Totals:	**72**	**87**

Current period: Eighty seven (87) SAIs relating to maternity and child health were reported. The revised criteria (Appendix A) included an additional requirement to report 'any death of a child in receipt of HSC services (up to eighteenth birthday)'. 84% of the reported SAIs (n=73) for this programme of care relate to HSC Child Death Notifications.

FAMILY & CHILD CARE

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	3	3
NHSCT	4	8
SEHSCT	5	5
SHSCT	1	1
WHSCT	0	2
Totals:	**13**	**19**

Current period: Nineteen (19) SAIs relating to family and childcare were reported. The largest classification/category group (n=14) related to 'Abusive, violent, disruptive or self-harming behaviour'.

OLDER PEOPLE SERVICES

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	0	0
NHSCT	22	18
SEHSCT	3	1
SHSCT	12	32
WHSCT	2	4
Totals:	**39**	**55**

Current period: Fifty five (55) SAIs reported related to older people services. The largest classification/category group (n=44) related to slips, trips, falls and collisions.

MENTAL HEALTH

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	8	11
NHSCT	17	13
PHA	0	1
SEHSCT	10	26
SHSCT	13	12
WHSCT	10	9
Totals:	**58**	**72**

Current period: Seventy two (72) SAIs relating to adult mental health services were reported. 63% (n=46) related to suspected / attempted suicides* or unexpected deaths.

**Suspected suicide – suicide (completed) whether suspected or proven. It should be noted that in the absence of knowledge of the inquest verdict, all of these cases have been classified as "suspected suicides" regardless of the circumstances in which the individual was reported to have been found.*

LEARNING DISABILITY SERVICES

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	0	4
NHSCT	4	2
SEHSCT	2	0
SHSCT	0	0
WHSCT	1	0
Totals:	**7**	**6**

Current period: Six (6) SAIs relating to learning disability services were reported.

PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	0	0
NHSCT	1	0
SEHSCT	0	0
Totals:	**1**	**0**

Current period: No incidents relating to physical disability and sensory impairment services were reported.

PRIMARY HEALTH AND ADULT COMMUNITY (INCLUDING GENERAL PRACTICE)

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
PCARE	14	11
Totals:	**14**	**11**

Current period: Eleven (11) SAIs relating to Primary Health and Adult Community were reported. The largest classification/category group (n=7) was 'Medication'.

CORPORATE BUSINESS

ORGANISATION	Oct 13 - Mar 14	Oct 14 - Mar 15
BHSCT	1	2
BSO	0	2
NHSCT	3	3
SEHSCT	1	1
SHSCT	1	1
WHSCT	3	1
Totals:	**9**	**10**

Current period: Ten (10) SAIs were reported relating to corporate business. The largest classification/category group (n=3) related to 'Consent, Confidentiality or Communication'.

HEALTH PROMOTION AND DISEASE PREVENTION

No reported incidents

APPENDIX C

Analysis of Checklist received 1 April 2014 to 23 February 2015

Table 1 a- Analysis of Engagement with patient /family/carer	BHSCT		NHSCT		SEHSCT		SHSCT		WHSCT		TOTAL	
Checklists received	**61**	**100%**	**167**	**100%**	**80**	**100%**	**88**	**100%**	**78**	**100%**	**474**	**100%**
Patient / Service User / Family Notified not informed incident was being investigated as an SAI	6	9.8%	6	4%	10	12.5%	5	5.7%	13	16.7%	**40**	8.4%
Patient / Service User / Family informed incident was being investigated as an SAI	55	90.2%	161	96%	70	87.5%	83	94.3%	65	83.3%	**434**	91.6%

Table 1b - Analysis of Rationale for patient /family/carer not informed that incident was being investigated as an SAI	BHSCT		NHSCT		SEHSCT		SHSCT		WHSCT		TOTAL	
Not Informed	**6**	**100%**	**6**	**100%**	**10**	**100%**	**5**	**100%**	**13**	**100%**	**40**	**100%**
No Contact details or NOK	1	16.7%	3	50.0%	3	30.0%	1	20.0%	1	7.7%	**9**	22.5%
Not applicable	3	50.0%	1	16.7%	1	10.0%	0	0.0%	1	7.7%	**6**	15.0%
Other rationale provided	2	33.3%	1	16.7%	6	60.0%	4	80.0%	11	84.6%	**24**	60.0%
Declined involvement	0	0.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	**1**	2.5%

Table 2 - Analysis of Investigation Reports shared/not shared	BHSCT		NHSCT		SEHSCT		SHSCT		WHSCT		Total	
Checklists received	**61**	**100%**	**167**	**100%**	**80**	**100%**	**88**	**100%**	**78**	**100%**	**474**	100%
Investigation Report shared	32	52.5%	121	72.5%	33	41.3%	70	79.5%	32	41.0%	**288**	60.8%
Report not shared	29	47.5%	46	27.5%	47	58.8%	18	20.5%	46	59.0%	**186**	39.2%

Table 2b - Analysis of Investigation Reports not shared	BHSCT		NHSCT		SEHSCT		SHSCT		WHSCT		Total	
Report not shared	**29**	**100%**	**46**	**100%**	**47**	**100%**	**18**	**100%**	**46**	**100%**	**186**	**100%**
Plan to share report	4	13.8%	8	17.4%	9	19.1%	2	11.1%	9	19.6%	**32**	17.2%
Withdrew from process prior to finalisation of report	6	20.7%	10	21.7%	4	8.5%	0	0.0%	4	8.7%	**24**	12.9%
Declined report	3	10.3%	2	4.3%	14	29.8%	0	0.0%	3	6.5%	**22**	11.8%
No response to correspondence	3	10.3%	16	34.8%	5	10.6%	6	33.3%	13	28.3%	**43**	23.1%
Other rationale provided	11	37.9%	6	13.0%	10	21.3%	9	50.0%	15	32.6%	**51**	27.4%
No rationale provided	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.2%	**1**	0.5%
No contact details or NOK	2	6.9%	3	6.5%	5	10.6%	1	5.6%	1	2.2%	**12**	6.5%
Not applicable	0	0.0%	1	2.2%	0	0.0%	0	0.0%	0	0.0%	**1**	0.5%

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 August 2015
Title of Paper	PHA and HSCB Annual Quality Report
Agenda Item	14
Reference	PHA/08/08/15

Summary

The PHA and HSCB are required by the DHSSPS to produce an Annual Quality report in line with the implementation of the Q2020 Strategy.

This is the PHA and HSCBs second annual Quality report. The aim of the report is to share information and demonstrate improvements both to those who use health care services and those who deliver them.

The DHSSPS issued guidance on the content of the Second Annual Report and the expected timescales for completion and submission has been confirmed as September 2015 for formal publication in November 'World Quality Day' in conjunction with all HSC Trust and ALB Annual Quality reports.

The report has been written under the following 5 strategic goals:

- Transforming the Culture
- Strengthening the workforce
- Measuring the improvement
- Raising the standards
- Integrating the care

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 11 August 2015.
Recommendation / Resolution	For Approval
Director's Signature	Mary Hinds
Title	Director of Nursing and AHPs
Date	11 August 2015

Health and Social Care Board and Public Health Agency

Annual Quality Report

2014/2015

Health and Social Care Board

Public Health Agency

QUALITY 2020

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Chief Executives' foreword

This is the second *Annual Quality Report* of the Health and Social Care Board (HSCB) and PHA (PHA).

Annual quality reports are a recommendation of the Department of Health, Social Services and Public Safety's (DHSSPS) *Quality 2020: a 10 year strategy to protect and improve quality in Health and Social Care in Northern Ireland*.

The HSCB and PHA want patients, carers and their families to feel confident about the quality of health and social care services in Northern Ireland. This report sets out actions we have taken to achieve this in the last year. It also highlights the broad range of work that we routinely undertake and reaffirms our commitment to safety, effectiveness and patient and client focus.

This report has been structured around the core Quality 2020 themes: **Transforming the culture, Strengthening the workforce, Measuring improvements, Raising the standards and Integrating the care.**

The HSCB and PHA remain committed to creating a modern and sustainable health and social care system which meets the changing needs of our population. The DHSSPS has announced a review of commissioning and we are currently undertaking our own stocktake as part of our continual drive for improvement and excellence against a background of increasing demands and a challenging financial position. The DHSSPS also announced a review of health and administrative structures with a key focus on the roles and relationships between the regional organisations, aimed at ensuring effective and efficient commissioning and delivery of services.

These reviews together with the recommendations arising from the Sir Liam Donaldson report *The Right Time, The Right Place* will provide a valuable opportunity for us to refocus and strengthen commissioning as we drive forward the reform programme at scale and pace and in partnership with health and social care professionals working across primary, secondary and community care and the statutory, voluntary and community sectors.

There is, however, no room for complacency. Therefore the HSCB and PHA will continue their efforts to ensure and improve good practice, and to address areas of concern. The coming years will present a very challenging financial environment, but it is essential that efforts to improve the quality of care are maintained.

Finally, we would like to thank all the staff for their continuing efforts over the past year to improve the quality of our services. There will always be areas for improvement and we will continue to aim for the highest quality in the care we provide and put our patients at the heart of everything we do.

What is Quality 2020?

Quality 2020 is a 10 year strategy to protect and improve the quality of health and social care in Northern Ireland. The aim of Quality 2020 is for the HSC *"to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care"*.

Quality 2020's five strategic goals are:

- Transforming the culture;
- Strengthening the workforce;
- Measuring the improvement;
- Raising the standards;
- Integrating the care.

To achieve these goals in 2014/15, the Quality 2020 implementation team have been working in a number of task groups. Each task group is led by key senior stakeholders from across the HSC family and a number of key outcomes have been achieved during 2014/15. These outcomes have been detailed throughout this report.

Next steps

In the incoming year the work of the task groups will continue to expand and evolve as they move into new phases of development and delivery.

Theme one:

Transforming the culture

It is widely agreed that the culture of an organisation is an indication of the quality of its output. The HSCB and PHA recognise that, in order for the quality of care and services to be of the highest level, the culture of the organisation must be open, honest, transparent and, above all, client focussed. The HSCB and PHA senior management are committed to ensuring that any negative behaviours or attitudes will be dealt with and not accepted as common practice. Both organisations will continue to promote and encourage partnerships between staff, patients, clients and carers to support the decision making process.

How we measure and report on our work

The HSCB and PHA have established two joint strategic groups to monitor and report on safety, effectiveness and patient client focus: The **quality, safety and experience group** and the **safety and quality alerts (SQA)** team.

Quality, safety and experience group

The QSE was established in November 2013 to oversee all issues relating to safety, effectiveness and patient client focus within the HSCB and PHA. This group allows senior staff to share information, approve policy and identify areas of concern.

The group meets monthly and is chaired by the PHA Executive Director of Nursing, Midwifery and Allied Health Professionals.

An overview of the QSE governance and assurance structure is outlined in the Appendix. The serious adverse incident review sub-group and regional complaints sub-group report to and support the work of the QSE.

Regional serious adverse incident review sub-group

The regional serious adverse incident review sub-group (RSAIRSG) provides assurances that appropriate structures, systems and processes are in place within the HSCB and PHA for the management and follow up of serious adverse incidents arising during the course of the business of an HSC organisation or commissioned service.

The RSAIRSG also has responsibility (in conjunction with the QSE and SQA team) to ensure that trends, examples of best practice and learning are identified and disseminated in a timely manner.

The group is co-chaired by the HSCB governance manager and the PHA senior manager for safety, quality and patient experience.

SAI professional groups

During 2014/15 a pilot was undertaken in relation to the process followed by designated review officers when reviewing SAI investigation reports. The pilot involved the following programmes of care (POC):

- paediatrics and child health;
- mental health (including prison health);
- acute.

A number of designated responsible officers (DROs) from each of the above groups have met on a monthly basis to review SAI investigation reports in order to close and/or identify any issue that requires consideration by the RSAIRSG. Consideration to extending this process to other POCs will be reviewed during 2015/16.

During the reporting period the Chairs of the RSAIRSG conducted a round of meetings with each of the HSCT governance leads to discuss issues relating to the procedure for the reporting and follow-up of SAIs – this included the more recent inclusion of the process for engaging with service user/family and carers.

Regional governance leads group

The regional governance leads group meets on a quarterly basis. Membership includes a range of relevant HSC managers and professionals from across the six HSCTs, the HSCB and PHA who engage in open discussion and debate on relevant HSC governance issues. The group is chaired by the HSCB governance manager.

Regional complaints sub-group

The regional complaints sub-group (RCSG) is chaired by the HSCB complaints and litigation manager and membership comprises professional representatives from the HSCB, the PHA and Patient Client Council (PCC).

Since the implementation of 'Complaints in HSC' in 2009, the number of complaints received by HSCTs and FPS each year has increased from just under 5,000 in 2009 to approximately 7,400 in 2014/15. The top three categories of complaint remain: staff attitude/behaviour, treatment and care, and the quality of communication/information provided to patients and relatives.

The RCSG reviews complaints information received from HSCTs and family practitioner services, as well as complaints received by the HSCB and PHA. Areas of concern, patterns, trends and information from complaints is shared with established professional groups to ensure that issues of complaint inform key areas of work in relation to the quality of patient experience and safety, including thematic reviews and strategy and policy development including the food and nutrition strategy, falls strategy, development of pathways for bereavement from stillbirths, transforming your palliative and end of life care programme, miscarriages and neonatal deaths.

This RCSG considers whether there is any regional learning and/or makes recommendation(s) to QSE on suggested courses of action as a result of an individual complaint or pattern/trend.

Safety and quality alerts team

The safety and quality alerts (SQA) team was formed in April 2012 to coordinate the implementation of regional safety and quality alerts, letters and guidance issued by the DHSSPS, HSCB, PHA and other organisations.

This team meets fortnightly and is chaired by the PHA Medical Director/Director of Public Health. This provides a mechanism for gaining regional assurance that alerts and guidance have been implemented or that there is an existing robust system in place to ensure implementation.

Table 1: Breakdown of all category 1 alerts and status as of 31 March 2015

Alert type	Alert status		Overall No. of alerts
	Closed	Open	
DHSSPS safety and quality alerts/circulars	176	8	**184**
RQIA reports and independent inquiries	19	29	**48**
NCEPOD report and other confidential enquiries	4	13	**17**
National patient safety alerting system alerts (NPSAs)	19	1	**20**
Learning letters	28	2	**30**
Reminder letters	1	3	**4**
Safety or quality related professional letters	10	0	**10**
GAIN reports	3	2	**5**
Total	**260**	**58**	**318**

Last year the SQA team oversaw a number of key quality improvements, including:

- Development of an agreed regional service model and management of multiple pregnancies, including adherence to NICE Guidance CG129 multiple pregnancy;

- Continue to work through the Critical Care Network NI (CCaNNI) to standardise pre-operative risk assessment in response to the NCEPOD report *Knowing the risk*. An audit was carried out by CCaNNI of all high-risk patients having general, urology or orthopaedic surgery in Northern Ireland between 10-14 February 2014;

- Development and issue of a poster to raise awareness about the prescribing characteristics and properties of the newer oral anticoagulant agents;

- Development of an implementation plan in relation to the NCEPOD report *Managing the Flow* for the recommendations that are applicable to Northern Ireland;

- A regional approach to the use of National Early Warning Scores (NEWS) through the Safety Forum. A re-audit was undertaken to review HSCT compliance of the roll out of NEWS. The Safety Forum continues to work with HSCTs on quality improvement in this area.

Table 2: Audit results (2014-2015) headline results

The main results from each HSCT from cycle 1 and 2 are summarised in Table 1.

Please note that in 2014, Data from Trust E was unable to be analysed alongside other data.

Trust	% Compliance with NEWS Chart		% NEWS charts with some form of "trigger reset"		% Observations recorded according to policy		% Correct grade of doctor assessing patient	
Year	2014	2015	2014	2015	2014	2015	2014	2015
A	72	82	19	9	35	45	35	52
B	74	79	5	16	40	81	50	75
C	47	87	5	10	27	88	58	88
D	90	86	13	13	95	94	95	71
E	-	91	-	17	-	90	-	90
Overall % (A-D inclusive)	71	84	11	12	49	77	60	72
Overall % (A-E inclusive)	-	85	-	13	-	80	-	75

Review of 2014 and 2015 templates for Trust D indentified an error of measurement. Please note the revised result for 2014 (underlined in Table1).

- Worked with HSCTs to ensure policies/procedures are in place for the digital removal of faeces that reflect Royal College of Nursing guidelines;

- Continued with work through the Medicines Safety Sub-group to ensure a regional approach to preventing fatalities from medication loading doses. Regional HSCT clinical pharmacy leads led on the work associated with this. Each HSCT carried out a risk assessment and has a list of critical medicines. Each HSCT's outputs have been shared with all HSCTs to allow a standard regional approach to this issue, but it is recognised that it will be an ongoing area of work.

- Worked with HSCTs to ensure standard operating procedures and arrangements for managing beta blockers are reviewed and updated as necessary. In response to the issue of a safety and quality learning letter *Dispensing beta blockers - selection errors*, assurances were sought from all HSCTs that they had reviewed their arrangements for the management of beta blockers, taking into account the learning and recommendations that were included in the letter. Assurances have now been provided by all HSCTs that the actions have been completed.

- The serious adverse incident learning letter *Safe use of Intravenous Magnesium Sulphate LL/SAI/2013/023 (AS)* recommended that there should be a regional approach to obtaining pre-prepared magnesium sulphate. To date the regional medicines governance team has worked with their respective HSCT colleagues to obtain regional agreement on the strengths and volumes needed to determine suitable pre-prepared products and potential suppliers have been identified. Work is underway by each HSCT to determine the financial impact of their introduction.

- Worked with HSCTs to ensure adherence to guidance on minimising the transmission of CJD and vCJD; ensured protocols are in place for risk assessing patients preoperatively for CJD and notifying other staff of a patient's CJD 'at-risk' status; and ensured audits of compliance with CJD risk assessments in relevant specialties are undertaken;

- Worked with HSCTs to ensure amendments to HSCT protocols and emergency department escalation plans in relation to the management of head injury;

- The competency framework document (to reduce the risk of hyponatraemia when administering intravenous infusions to children) updated to take account of recent revisions to the regional IV fluid prescription charts, fluid balance charts and associated training packages for adults and children.

- Shared and confirmed adoption of good practice by all HSCTs in relation to the discharge planning and recording of legal status under the *The Mental Health (Northern Ireland) Order 1986*;

- Worked with HSCTs to ensure they review and as necessary update processes for managing patients who require buccal midazolam products and that plans are in place to review all patients currently receiving buccal midazolam;

- Ensured that emergency call arrangements in maternity units are the functional equivalent of a crash call system and that training is provided to new and existing staff, and tested and rehearsed regularly;

- Worked with HSCTs to ensure systems are reviewed and updated to check the integrity and sterility of instruments/packs prior to use to minimise the risk of individual error;

- Shared Neonatal Network Northern Ireland guidance to support the implementation in Northern Ireland of *NICE CG 149: Antibiotics for early onset neonatal sepsis*;

Implementing the findings of national audits

National audits are designed to improve patient outcomes across a wide range of medical, surgical and mental health conditions. Their purpose is to engage all healthcare professionals in systematic evaluation of their clinical practice against standards and to support and encourage improvement in the quality of treatment and care.

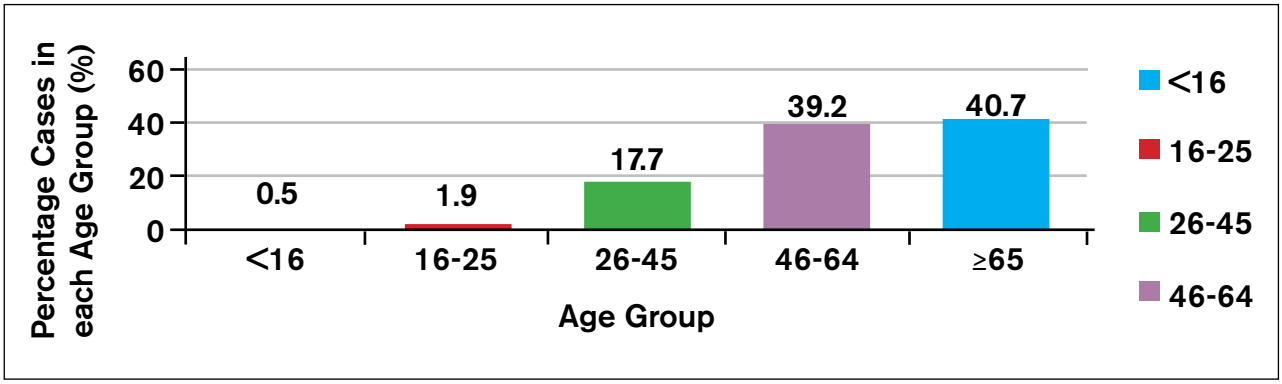
The purpose of a confidential enquiry is to detect areas of deficiency in clinical practice and devise recommendations to resolve them. Enquiries can also make suggestions for future research programmes. Most confidential enquiries to date (at both national and local level) are related to investigating deaths, to establish whether anything could have been done to prevent the deaths through better clinical care.

Most national clinical audits have been developed because they are in an area of healthcare that is highly important and where it is felt that national results are essential to improve practice and standards. In all cases they form part of a broader approach to improve quality and are backed by the relevant Royal College. They also usually have the support and engagement of the relevant national voluntary organisation which represents patient interests

National Audits collect a large volume of data about local service delivery and achievement of compliance with standards, and about attainment of outcomes. These audits are undertaken in various clinical specialties for the purposes of improving service quality, monitoring need and assessing new processes and interventions. Data are collected by clinical departments in each trust and submitted directly to the organisation responsible for the audit. This data are then analysed, interpreted and reflected back to the services as well as being presented in national publications.

Northern Ireland participates in a number of national clinical audits to benchmark performance of local services with those in other countries in the UK. An important step in improving the quality of services is to implement the recommendations and findings from audits locally. As a result, national audits can be drivers for quality improvement. The two examples below illustrate how this has been done in Northern Ireland.

Figure 1: % aSAH Cases by Age Northern Ireland 2010/11 - 2012/13



Source: Patient Administration System (PAS). Individual patients admitted as an emergency with ICD 10 Codes: I60.0/I60.1/I60.2/I60.3/I60.4/I60.5/I60.6/I60.7/I60.8/I60.9 as primary and secondary diagnoses (up to secondary diagnosis 5), by age group.

Improving the care of people who suffer an aneurysmal subarachnoid haemorrhage

Subarachnoid haemorrhage (bleeding into the subarachnoid space in the brain) has a number of causes, but a bleed caused by rupture of an aneurysm (a swelling in the wall of an artery) accounts for more than 8 out of 10 cases.

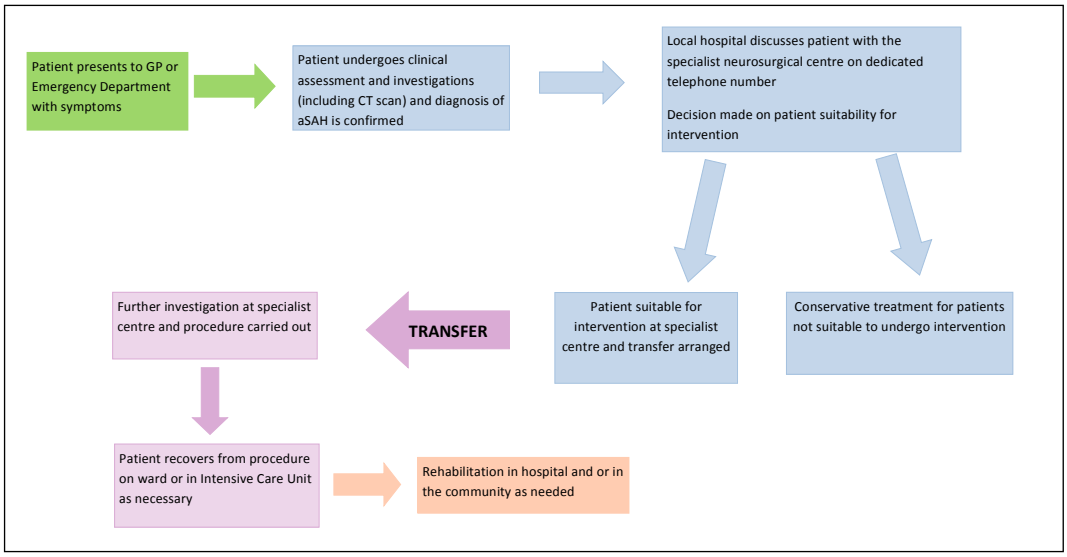
Aneurysmal subarachnoid haemorrhage (aSAH) occurs at a relatively young age compared with other forms of stroke: half of the patients are under the age of 60 years. People are frequently left with disability and rehabilitation is often required. The main treatment aim is to control the aneurysm to prevent it bleeding again, which may be performed by placing a coil into the aneurysm, or less often by clipping the aneurysm. Most patients are treated with coils by neuroradiologists, which is a less invasive procedure than surgical clipping.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report *Managing the flow?* published in 2013, reviewed the care of 427 cases of aSAH in the United Kingdom between July and November 2011. The review team looked at the care these patients received and made recommendations about how care for people suffering aSAH might be improved. One of the main issues the team identified was that a delay at any stage in the patient journey can have a negative effect on outcomes, and should be reduced and avoided where possible.

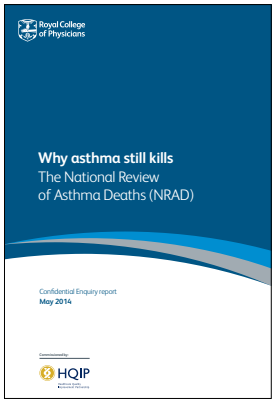
The PHA convened a multidisciplinary group to review the recommendations in the report and consider how the findings could be applied to Northern Ireland. Overall, it was agreed that care in Northern Ireland was already in line with some of the recommendations from the report, but that there were areas for improvement.

The group developed a care pathway, which describes the steps a patient with this condition will move through in their diagnosis and treatment. This process generated consensus on key steps including investigation, and communication between the specialist centre and referring hospitals. It is hoped that this care pathway will reduce delays in the patient journey and will be used by all HSCTs. Additional changes to services are required to meet the recommendations of NCEPOD. These will be taken forward with the HSCB.

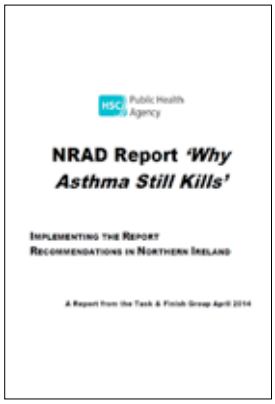
Figure 2: Northern Ireland care pathway for patients with aneurysmal subarachnoid haemorrhage (simplified)



Improving the care of people who suffer from asthma



Asthma is a common, multifactorial and often chronic (long-term) respiratory illness that can result in episodic or persistent symptoms and in episodes of suddenly worsening wheezing (asthma attacks, or exacerbations) that can prove fatal. The underlying pathological process resulting in the features of asthma vary between individuals. Hence, each person's asthma has different characteristics and patterns of triggers and their response to treatment may also vary. People with asthma also experience uncontrolled episodes or attacks that too can vary between and within individuals.



In order to ensure that people with asthma are free from symptoms and attacks and are able to lead a normal, active life, each patient should have their asthma triggers identified and treatment tailored to their needs.

The National Review of Asthma Deaths (NRAD) Confidential Enquiry *Why asthma still kills* was published in May 2014. The primary aim of the NRAD was to understand the circumstances surrounding asthma deaths in the UK in order to identify avoidable factors and make recommendations to improve care and reduce the number of deaths.

A number of important recommendations for improvement in asthma care have been identified though this review. To facilitate the implementation of these recommendations in Northern Ireland, a Regional Respiratory Forum NRAD subgroup led by the PHA was established. The subgroup worked closely with relevant stakeholders and developed a detailed implementation plan including the development of local asthma pathways, guidance, templates and education resources.

The subgroup first established the current baseline practice in both children and adult services across HSCTs against the NRAD recommendations. It was agreed that care in Northern Ireland was already in line with the recommendations from the report, but that there were areas for improvement. The subgroup then compiled a local action plan and reviewed the Asthma Key Performance Indicators in the Revised Respiratory Service Framework to facilitate and measure the local implemented actions. The implementation plan built on the key themes and priorities already promoted by the Respiratory Forum including 'smoking cessation, responsible respiratory prescribing and prioritising and empowering self-management. The action plan covers the complete patient pathway from prevention to diagnosis and management of difficult to treat asthma. Additional resources will be required in both paeds and adult services to support the implementation process. The identification of funding streams and allocation of resources is currently under consideration within the HSCB.

Reducing the risk of hyponatraemia when administering intravenous infusions to children

In order to harmonise practice and to ensure training is consistent across HSCTs, the Chief Medical Officer asked the PHA to form a task and finish group to provide advice, support and share regional learning across HSCTs in Northern Ireland. This group had representation from

the PHA and a number of nominated representatives from the five of the six Northern Ireland HSCTs.

During 2014/15 the PHA worked with HSCT colleagues and other internal and external stakeholders to update the 'Competency Framework' document (to reduce the risk of hyponatraemia when administering intravenous infusions to children) to take account of recent revisions to the regional IV fluid prescription charts, fluid balance charts and associated training packages for adults and children.

The framework has been developed to ensure consistency of approach in the implementation of RQIA recommendations across HSCTs in the following areas:

- The development of a competency assessment tool on the administration of intravenous fluids;
- Training and assessment of staff in the administration of intravenous fluids to children.

A central repository for HSC resources relating to hyponatraemia is now hosted on the PHA website at www.publichealth.hscni.net/directorate-nursing-and-allied-health- professions/nursing/central-repository-hsc-resources-relating

Next steps

- Implementation of a regional e-learning module for assessment of competency;
- Development of regional guidelines on the use of paediatric IV fluids.

Serious adverse incidents

The management of serious adverse incidents (SAIs)

The aim of the SAI process is to:

- provide a mechanism to share learning, focusing on quality and leading to service improvement for service users;
- provide guidance on the SAI criteria, responsibilities and the process for reporting, investigation, dissemination and implementation of learning arising from SAIs;
- ensure the process works simultaneously with all other statutory and regulatory organisations;
- provide a culture of openness and transparency that encourages the reporting of SAIs;
- ensure trends, best practice and learning are identified, disseminated and implemented in a timely manner, in order to reduce recurrence;
- maintain a high quality of information and documentation within a time-bound process.

The current operational arrangements for managing SAIs reported to the HSCB or PHA are:

- SAIs are reviewed by senior professional officers; in addition, the HSCB senior management team receives and considers all SAIs on a weekly basis.

- Each SAI has a nominated professional who is the designated review officer (DRO).

- Reports, themes and learning are shared with the SAI review sub-group (SAIRSG) and the quality safety and experience (QSE) group to agree actions. The safety and quality alerts (SQA) team provide an assurance mechanism for any actions to be taken forward as a result of regional learning.

The current SAI procedure will be reviewed in light of the recommendations made within the Donaldson Report, *The Right Time, The Right Place*, after the consultation process on the report has been completed.

Service user and family involvement in SAIs

The HSCB and PHA SAI procedure makes clear the need for appropriate communication and involvement of service users, relatives and carers.

In addition, and in line with DHSSPS communication, the HSCB and PHA have worked with the Patient and Client Council, RQIA and HSCT governance leads to develop guidance for HSC organisations when involving service users/families throughout the relevant stages of the SAI process (issued in February 2015).

The purpose of the guidance is to ensure that communication with service users/families/carers, following on SAI, is undertaken in an open, transparent, informed, consistent and timely manner, thereby promoting a culture that effectively leads to improved service user and staff acceptance of the event. The guidance should be read in conjunction with the revised SAI procedure in order to ensure the engagement process is closely aligned to the required timescales, documentation, investigation levels etc. A leaflet was also developed to provide information for patients/families on the process.

Table 3: Serious adverse incident activity 1 April 2014 – 31 March 2015

The HSCB received **801 SAI notifications** from across the HSC for the above period, of which 13 were subsequently de-escalated/withdrawn and four transferred. The table below provides an overview of all SAIs reported by organisation and programme of care (POC) for 2014/15.

Organisation	2014/15												
	SAI Notifications Received	SAI De-escalated/ withdrawn	SAI Transferred	Total SAIs excluding De-escalated & Transferred SAIs	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 9	POC NA
BHSCT	185	1	3	181	46	99	3	1	22	10	0	0	4
BSO	5	0	0	5	0	0	0	0	0	0	0	0	5
HSCB	2	0	0	2	0	2	0	0	0	0	0	0	0
NHSCT	189	5	0	184	46	17	12	55	38	6	2	2	11
NIAS	4	0	0	4	2	2	0	0	0	0	0	0	0
PCARE	25	2	0	23	0	1	0	0	0	0	0	20	4
PHA	2	1	0	1	0	0	0	0	2	0	0	0	0
SEHSCT	120	0	0	119	26	15	7	2	67	0	0	0	3
SHSCT	159	1	1	157	37	21	5	58	35	0	1	0	2
WHSCT	110	3	0	107	41	28	4	12	21	1	0	0	3
Totals	**801**	**13**	**4**	**783**	**198**	**185**	**31**	**128**	**185**	**17**	**3**	**22**	**32**

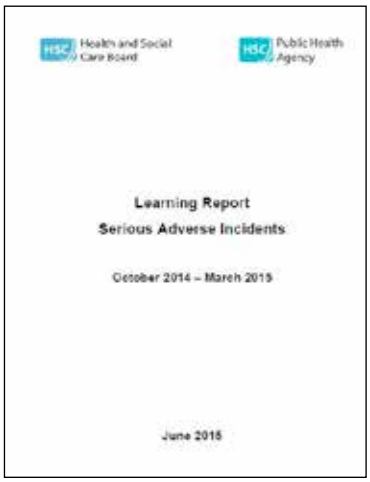
Key

POC1 Acute services
POC2 Maternity and child health
POC3 Family and childcare (inc CAMHS)
POC4 Elderly
POC5 Mental health
POC6 Learning disability
POC7 Physical disability and sensory impairment
POC8 Health promotion and disease prevention
OC9 Primary health and adult community (includes GP's)
POCNA POC - Corporate business / Other

Learning from SAIs

The key aim of our SAI and AI processes is to reduce the risk of recurrence and improve patient safety by learning from incidents, not only within the reporting organisation, but across the HSC as a whole.

The HSCB and PHA use a variety of mechanisms to share learning in a timely manner for implementation, including:



- Learning letters;
- Reminder of good practice letters;
- Newsletters;
- Thematic reviews;
- Training;
- Audits, guidelines and resources.

Learning letters/reminder of good practice letters

Last year the following learning letters and reminder letters of good practice were issued:

Table 4: Learning letters

Learning letters	Date published	Open/closed to SQA
LL/SAI/2014/ (AS&PHC) - Systems to check the integrity and sterility of packs or instruments prior to use	01/10/14	Closed
LL/SAI/2015/030 (MCH) - Emergency Call Arrangements in Obstetric Units	12/01/15	Closed

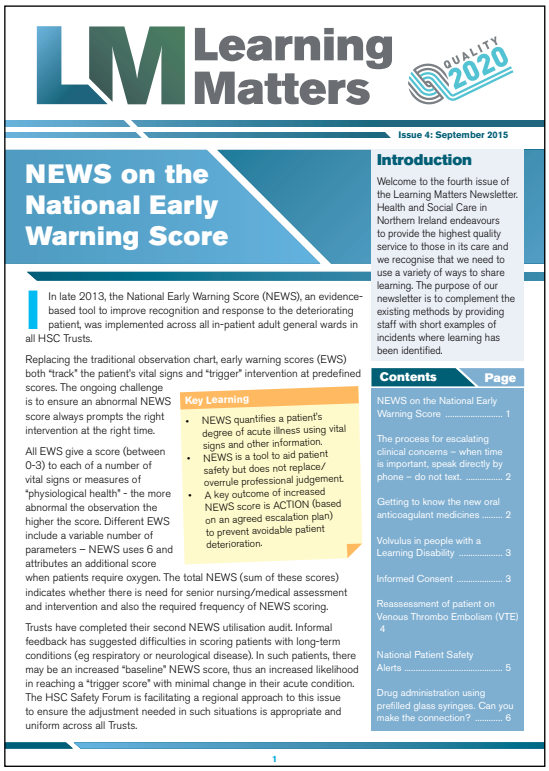
Table 5: Reminder letters of good practice

Reminder letters of good practice	Date published	Open/closed to SQA
SQR/SAI/2015/001 (CAHMS, MH and LD) - Discharge Planning and Recording Legal Status under the Mental Health Order	14/01/2015	Closed
SQR/SAI/2015/002 (AS and MCH) - Avoidance, recognition and management of anaphylaxis	03/02/2015	Open
SQR/SAI/2015/003 (AS and MCH) - Residual anaesthetic drugs in cannulae and intravenous lines	13/03//2015	Open
SQR/SAI/2015/004 (MCH) - Reduced Fetal Movements	16/03/2015	Open

Newsletters

A number of newsletters have been developed to share learning from Complaints, SAIs and AIs with the HSC. These include:

- Learning matters
- Optometric practice
- Medicines safety matters
- Prescribing matters
- General practice
- Medicines management



LM Learning Matters

QUALITY 2020

Issue 4: September 2015

NEWS on the National Early Warning Score

In late 2013, the National Early Warning Score (NEWS), an evidence-based tool to improve recognition and response to the deteriorating patient, was implemented across all in-patient adult general wards in all HSC Trusts.

Replacing the traditional observation chart, early warning scores (EWS) both "track" the patient's vital signs and "trigger" intervention at predefined scores. The ongoing challenge is to ensure an abnormal NEWS score always prompts the right intervention at the right time.

All EWS give a score (between 0-3) to each of a number of vital signs or measures of "physiological health" - the more abnormal the observation the higher the score. Different EWS include a variable number of parameters – NEWS uses 6 and attributes an additional score when patients require oxygen. The total NEWS (sum of these scores) indicates whether there is need for senior nursing/medical assessment and intervention and also the required frequency of NEWS scoring.

Trusts have completed their second NEWS utilisation audit. Informal feedback has suggested difficulties in scoring patients with long-term conditions (eg respiratory or neurological disease). In such patients, there may be an increased "baseline" NEWS score, thus an increased likelihood in reaching a "trigger score" with minimal change in their acute condition. The HSC Safety Forum is facilitating a regional approach to this issue to ensure the adjustment needed in such situations is appropriate and uniform across all Trusts.

Key Learning

- NEWS quantifies a patient's degree of acute illness using vital signs and other information.
- NEWS is a tool to aid patient safety but does not replace/ overrule professional judgement.
- A key outcome of increased NEWS score is ACTION (based on an agreed escalation plan) to prevent avoidable patient deterioration.

Introduction

Welcome to the fourth issue of the Learning Matters Newsletter. Health and Social Care in Northern Ireland endeavours to provide the highest quality service to those in its care and we recognise that we need to use a variety of ways to share learning. The purpose of our newsletter is to complement the existing methods by providing staff with short examples of incidents where learning has been identified.

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Thematic reviews

Thematic reviews are commissioned by the QSE group to focus on specific areas to identify themes or trends. Recommendations are disseminated across the HSC.

The following thematic review has been completed and issued during 2014/15:

- Thematic review of mental health SAIs relating to patient suicides.

Other thematic reviews approved by QSE to be undertaken during 2014/15 are:

- Thematic review of independent sector SAIs;
- Thematic review of adverse incidents relating to the prescribing, supply and administration of insulin.

Governance arrangements in primary care

The Directorate of Integrated Care comprises four contractor services - **Medical, Dental, Ophthalmic** and **Community Pharmacy** - who provide primary care to patients in Northern Ireland. The Directorate continues to drive and improve quality, safety and service delivery for patients during 2014-15 within each contractor service.

All contractors are independent organisations and operate within the framework of their own regulatory and professional codes of conduct.

General medical services (GMS)

There were 350 GP practices in Northern Ireland in 2014-2015. GPs play a key role in ensuring that health service provision in Northern Ireland is effective and efficient. GPs provide:

- The main point of entry to the healthcare system;
- Person-centred, ongoing care covering whole episodes of ill health;
- Delivery of the majority of care for all but the most uncommon conditions;
- Coordination of care provided by others.

Since the introduction of the 2004 contract, the Directorate of Integrated Care has undertaken a schedule of review practice visits incorporating assessment, support and development to all general medical practices.

Each visit covers the following key contractual areas:

1. Quality and outcomes framework
2. Enhanced service provision
3. Clinical and social care governance
4. Statutory and mandatory contractual requirements

The new GMS contract introduced a range of improvements across the UK. These include:

- improved access to services for patients;
- better management of chronic diseases;
- higher standards of record-keeping;
- a range of nationally agreed enhanced services and the ability to develop local enhanced services in response to local need.

General dental services (GDS)

As of April 2014, there were 380 dental surgeries in Northern Ireland with 1,126 dentists working in them. Most practices offer general dental care and treatment but a small number provide specialist dental services, particularly orthodontics and oral surgery. Quality of care provided by dental practitioners is monitored through the Referral Dental Service (RDS), a small group of dental advisers based within the Directorate.

The dental team in the directorate also works collaboratively with other organisations to undertake a range of monitoring activities which help assure and improve the quality of care that patients receive.

Quality assurance is a vital part of good governance for all primary care professions. Under GDS terms of service, all dentists are required to work under a quality assurance scheme and every practice must submit a declaration to the HSCB by June each year, providing details of the scheme and listing any improvements that have been made to working arrangements.

In order to provide all relevant practice governance information for the year in a single document, annual quality assurance declarations now contain sections on practice complaints and adverse incidents. Previously this information was supposed to be sent to the HSCB by dental practices as and when these issues arose but reporting levels were lower than expected.

In the 2014/15 year the quality assurance returns from practices also included:

- a declaration on the handling, management and use of controlled drugs;
- a declaration as to the receipt and implementation of the content of alerts;
- a memoranda of dental services;
- a business continuity plan for dental practices.

To assist practices in the fulfilment of business continuity planning the HSCB produced guidance and a template which practices may find useful in addressing the issue of business continuity planning.

In the 2014/15 year declarations were also included relating to:

- General Dental Council standards for the dental team;
- Training in medical emergencies;
- IV sedation.

The HSCB developed a reporting system to collate, analyse and report on all of the component parts of the quality assurance returns from each practice carrying out health service dentistry in Northern Ireland. This was implemented through local HSCB offices.

General ophthalmic services (GOS)

Optometrists are an integral part of the system-wide approach to improving care provision, being ideally placed to deliver essential information to patients about eye care - not only in relation to their specific eye care needs, but also on the broader, but equally important, public health messages.

Optometrists can provide advice to patients about lifestyle choices and nutrition which can help reduce the risk of eye disease and visual impairment. Many eye diseases have preventable components – AMD, ocular surface disease and diabetic eye disease - and in their day-to-day engagement with patients, optometrists are well placed to **"make every contact count"** and educate patients on the importance of good diet, physical exercise, UV protection and smoking cessation.

In 2014/15 there were 265 optometry practices in Northern Ireland with approximately 570 optometrists providing or assisting in the provision of General Ophthalmic Services (GOS). The ophthalmic services provided in these practices under the NHS are eye examinations, spectacle and contact lens fitting and local enhanced eye services. The latter services relate to additional or 'enhanced' care, outside general ophthalmic services, for certain patients who present with an ophthalmic problem which requires additional investigation. The HSCB optometry team monitor the activity and quality of eye care services on an ongoing basis and undertake checks which seek feedback from patients on the quality of eye care services. The HSCB is actively working with service users and other organisations to develop better patient-centred eye care services.

In 2014/15 the annual quality assurance process for optometry practices included the following assurances:

- Declaration in respect of complaints and adverse incidents;
- Declaration in respect of receipt and implementation of Memoranda of Ophthalmic Services, HSCB Optometric Guidance and safety and quality guidance and alerts;
- A business continuity plan for optometry practices. To assist practices in the fulfilment of business continuity planning the HSCB produced guidance/information and a template for practices which could be adopted for their individual practice business continuity planning;
- Information in respect of Independent Prescribing Optometrists working in the Optometry practice.

The HSCB continues to undertake clinical audit checks which provide information on the quality of service provision. The HSCB has developed an optometry database held by the Directorate of Integrated Care which draws together information on statutory ophthalmic listing, quality assurance and local enhanced service provision for all optometric contractors. This will be utilised as a central point of reference for HSCB staff involved in governance, probity, and enhanced service provision.

Pharmaceutical services

The most common primary care medical service is the prescribing of medication. Community pharmacies are responsible for dispensing and advising on these medicines and providing advice on a range of wider health issues. Currently there are 535 community pharmacies across Northern Ireland.

HSCB staff work closely with community pharmacies to ensure that appropriate governance arrangements are in place and that the services they provide are consistently delivered to a high standard.

A system has been developed around the management of adverse incidents and complaints that occur in community pharmacies, and work on the governance arrangements for the full range of services that are provided in community pharmacies is ongoing.

Collaborative working

The HSC Safety Forum provides leadership in transforming the culture through collaborative working with HSCTs and organisations to bring about sustainable improvements in safety and quality. During 2014-15 the HSC Safety Forum led on a number of quality improvement collaboratives including:

Paediatrics

The paediatric collaborative aims to facilitate the provision of high quality, safe care to ensure the best outcomes for children in Northern Ireland. The collaborative has worked on improving both multi-professional communication and communication between parents and staff. Teams have used structured tools such as SBAR (Situation, Background, Assessment, and Recommendation) and introduced safety briefings and enhanced handovers. The collaborative has worked with parent representatives to co-design a parent/child safety poster *You know your child best.* This poster is aimed at empowering parents to take a partnership role in ensuring their child has a safe hospital experience.

Maternity

In line with the challenges and the ambitions of the NI Maternity Strategy, the HSC Safety Forum established a maternity quality improvement breakthrough collaborative. All HSCTs, commissioners and the DHSSPS actively contribute to the collaborative.

An advisory group to the collaborative, chaired by a frontline senior obstetrician, guides the strategy and direction of the collaborative. Learning sessions provide focused events at which frontline teams share learning, best practice and develop a plan for further actions focused on improving quality and safety for mothers and babies. Teams test and implement changes in their own settings and collect local data to measure whether or not improvement is occurring. In 2015/16 the collaborative plans to expand its work to include a care bundle for the reduction of stillbirths.

Primary care

A primary care collaborative was established in 2014. A number of practices participated and received training in basic quality improvement skills. The focus in year one was on diabetes care and optimising implementation and monitoring of a care bundle for diabetes care. A diabetes nudge chart was developed to assist with personalised diabetes care for patients.

In partnership with NIMDTA, a symposium was held on quality improvement in general practice in September 2014. This brought together those in leadership roles within training and appraisal for general practice in Northern Ireland to shape and develop a shared vision for quality improvement in the local health service.

In September 2014 a web-based resource for the management of lower tract symptoms (LUTs) for men was made available (www.luts4gp.org). This was developed using quality improvement principles and the involvement of primary and secondary care clinicians. The aim of this resource is to demonstrate what better care looks like for LUTs in general practice and to raise awareness of quality improvement in the wider GP community.

Nursing homes

The Nursing Home Quality and Safety Improvement Collaborative, established in 2012, expanded in 2014 from 12 members to 18 members.

A falls prevention toolkit has been made available across Northern Ireland and one very large group of nursing homes has spread the intervention to over 60% of its homes and plans to extend this to the entire group.

Improvement is now aligned to the RQIA Inspection Themes and in 2014-15, nursing homes are applying QI methodology to improving nutrition and preventing pressure ulcers. In 2015-16 the focus will be on palliative and end of life care.

Mental health

The mental health improvement collaborative, established in April 2014, has progressed and secured full engagement with all HSCTs. Improvements being developed and tested include; a mental health safety plan and health passport; better management of out-of-hours crisis presentations; monitoring of patients' physical health especially those on antipsychotic medication; cessation of smoking and weight reduction within a supported living environment.

Review of Allied Health Professions (AHP) support for children/young people with statements of special educational needs

The PHA is leading on a review of AHP support for children with statements of special educational needs (SEN) in special and mainstream schools.

The ultimate aim of this child-centred review is to agree a proposed regional model and implementation plan in order to best meet the AHP assessed needs of these children. The proposed model should represent value for money, ensure the most effective use of resources and ensure that the AHP assessed needs of children with statements of SEN are met, irrespective of where they live and what school they attend.

The project board is chaired by the Chief Executive of the PHA and is responsible for the overall management of the project. A professional stakeholder reference group has also been developed with representation from relevant health and education professionals in order to ensure that professional opinion informs the process and to help facilitate the implementation of the review.

There has been significant stakeholder engagement and data collection in order to hear views and establish the current levels and models of AHP support for children with statements of SEN. Common themes have been identified and principles have been agreed. These common themes will be integral to the proposed regional model. Many of these themes aim to strengthen the culture of partnership working. Within the professional stakeholder reference group, communication guidelines and operating principles are being agreed between AHPs and teachers. The aim of these is to help improve outcomes for children by strengthening collaborative working and is one example of how this work is transforming the culture.

Key themes also include the need for strengthening joint working with parents and children; the need to make the most effective and efficient use of current resources and the need for regional consistency in relation to services so that the child's needs are met, regardless of where they live or go to school.

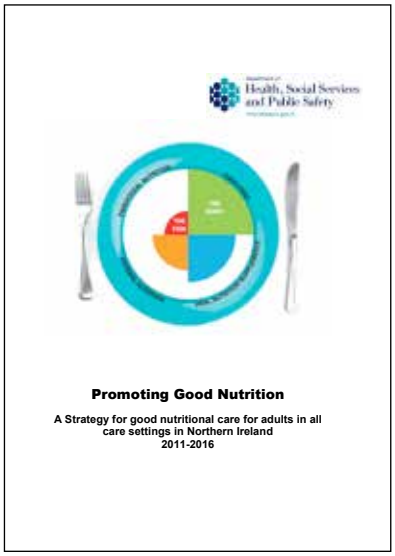
Promoting good nutrition

Malnutrition is a condition that occurs when a person's diet does not contain the right amount of nourishment. It means 'poor nutrition' and can refer to:

under nutrition – when you don't get enough nutrients;

over nutrition – when you get more nutrients than you need.

The *Promoting Good Nutrition (PGN) Strategy in Northern Ireland* aims to improve the quality of nutritional care of adults who are at risk of or who are malnourished. The implementation



of the strategy is overseen by the promoting good nutrition steering group, chaired by the Director of Nursing, BHSCT. Most people at risk of malnutrition or who are malnourished have their needs met by the 'food first' approach, a smaller number require oral nutrition supplements, fewer still need enteral (tube feeding) nutrition and a small minority require parenteral (via vein) nutrition.

The 'food first' approach is the term used for general dietary guidance to improve food intake. It includes approaches such as:

- increasing food frequency;
- modifying food intake;
- fortifying foods to increase the consumption of energy and nutrient-dense foods.

Cost of malnutrition:

- £13 billion to the UK in 2007;
- this is double the amount spent on overweight and obesity;
- 29% of patients admitted to hospital in Northern Ireland are at risk of malnutrition.

'Food first' advice has been developed to support the implementation of the PGN Strategy and is available through the link below:

www.dhsspsni.gov.uk/pgn-must-cs-food-first-leaflet.pdf

There have been key pieces of work which aim to improve the nutrition of our population.

The PHA has worked with HSCTs and the DHSSPS to develop and agree a Key Performance Indicator (KPI) as part of the Regional KPI nursing group. This will identify the percentage of patients who have nutritional screening undertaken within 24 hours of admission to hospital across all HSCTs.

In 2014/15, the HSCB and PHA developed and implemented a pilot service which saw the establishment of the medicines management dietetic team. The team consists of registered dietitians and these staff have provided sessions within a number of GP practices to assess the nutritional needs of adult patients receiving nutritional supplements registered with GP practices.

To date 115 GP practices across the region have availed of the initiative. 2633 patients have been offered an appointment for nutritional assessment and advice with the medicines management dietitian. As part of the assessment the dietitian calculates a nutritional screening score to identify the individual's current nutritional status. Subsequently a nutritional care plan is developed with the patient, which outlines recommendations and dietary goals. The recommendations within the plan are designed to improve or maintain the nutritional status of individual patients and are agreed with the GP. In total, 92% of patients surveyed reported comparable or improved wellbeing.

The PHA in partnership with dietitians, RQIA and relevant health professionals recently updated the nutritional guidelines and menu checklist for nursing and residential homes which were published in March 2014. Since then the PHA has been working with dietitians to develop awareness and training sessions for relevant care home providers and caterers. This training includes:

- Residential and nursing home awareness training (to include nurse manager and one other nurse/care assistant).

- Catering staff training (to include head cook and nursing home manager). Training will provide practical advice on menu planning, snack provision and food fortification. It includes practical skills training on texture modification and food fortification.

In total the training will be offered to 720 care home staff and caterers. It is envisaged that this training will be required in 2015/16 as well.

Strengthening families - family support hub

A family support hub is a multi-agency network of statutory, community and voluntary organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local service providers and the family support database to signpost families with specific needs to appropriate services. The hub concept is based on the idea that early intervention services can be delivered more effectively if existing providers are encouraged to work more closely together and form a supportive network. The family support hubs offer a new way of enabling cultural change through:

- Promoting partnership working between families, children, professionals and community agencies;

- Creating a collaborative family support network which improves the coordination of family support services across community, voluntary and statutory providers;

- Improved understanding of local needs.

- More effective allocation of resources achieved through pooling resources/expertise and matching these with the needs of families.

- Development of consistent early intervention approaches which strengthen personal, family and social reliance.

- Improved access to flexible family supports, reducing the need for families to navigate/ negotiate their way around complex systems.

Across Northern Ireland 15 hubs are fully developed and nine more are in the process of being developed and established.

From a recent evaluation of family support hubs, hub partners report a:

- 90% increased focus on early intervention;

- 83% increased use of all the resources;

- 48% increased demand on their own agency;

- 90% increased identification of service gaps;

- 75% reduced likelihood of duplication;

- 58% increased demand services to work collaboratively;

- 92% enhanced knowledge and understanding of others' roles;

- 91% increased knowledge of what is available in the area;

- 90% improved information sharing , communication and trust;

- 91% increased cooperation.

Between April – December 2014 **1,896** families were referred to family support hubs and out of these **1,822** were accepted and signposted.

Key reasons for referral included: emotional and behavioural difficulty support for post-primary school children, emotional and behavioural difficulty support for primary school children, parenting programmes/parenting support, emotional and behavioural difficulty support for parents, adult mental health issues, financial support, child care support, emotional and behavioural difficulty support for pre-school children.

Providing intensive family support services

Commissioning of an intensive family support service was piloted in the Belfast HSCT as part of a cross five government department investment initiative. This was an innovative response to providing an effective service for families presenting with complex/highly complex needs, often inter-generational. Year one of the pilot has been completed and initial outcomes with families engaged in the project showed very positive changes and improvements in family lives as viewed by both families and the statutory agencies and professionals involved. Rigorous systems are in place to capture outcomes and user experience. The HSCB has also commissioned a further external evaluation which will run until September 2016. Report cards are submitted to Project Board on a quarterly basis which is available for 2014/15.

Protecting adults at risk: improving the safety of adults at risk of harm and adults in need of protection

Recognising the importance of all agencies involved in adult safeguarding working in an integrated and co-ordinated way to improve the safety of adults at risk of harm and in need of protection, an Information Sharing Agreement (ISA) for the Northern Ireland Adult Safeguarding Partnership (NIASP) was developed. This agreement enables agencies to share appropriate information and improve partnership working.

The ISA has resulted in improved levels of communication between organisations and facilitated the harmonisation of procedures across health, social care and law enforcement agencies. In doing so, it has ensured a more timely response to adults at risk and has greatly improved the quality of decision-making.

Transforming cancer follow-up

Transforming cancer follow-up (TCFU) programme has been a partnership between the HSCB and PHA in partnership with Macmillan Cancer Support and the five HSCTs to implement risk stratified models of cancer follow-up.

The programme's aims for post-treatment follow-up for the two regional tumour sites - breast and prostate cancer were to:

- Improve the patient experience and promote health and wellbeing;
- Enhance communication and coordination of care;
- Maximise use of resources.

Despite this being a large and complex change process, significant progress has been made and this has been due to the collegiate, collaborative and resilient approach from professionals at all levels across organisations and sectors engaging with the programme. A final evaluation report produced recently by PriceWaterhouseCoopers details the progress and an achievement worthy of particular note is that 58% of women with a new breast cancer are now on the self-directed

pathway. Learning from the programme has been harnessed with extensive pathway redesign taking place in other cancer tumour groups.

Quality 2020 Task 6 ward level review of the quality of clinical and social care

The leads for this task group have carried out a literature review around random safety audits and a weekly ward level review of patient experience and quality clinical care toolkit has been developed and tested.

A report has been collated to provide an overview of both the regional and local work that has been initiated and implemented between July 2014 and March 2015 throughout each of the HSCTs in relation to safety, quality and patient experience, in order to demonstrate that safety and quality is a key priority when delivering health and social care and provide a platform for sharing information throughout Northern Ireland. The report gives a brief summary of the quality, safety and patient experience initiatives that are progressing both regionally and within HSCTs and is available on the DHSSPS website.

Managed clinical networks

Northern Ireland pathology network

The Northern Ireland pathology network has enabled HSC laboratory services across the region to work in a more joined up manner and provides a single umbrella under which regional laboratory service activities can be planned and facilitated in partnership with stakeholders through a regional network board and 10 discipline specific specialty fora.

The network has developed a culture of team working and integration to achieve specific objectives with input from five HSCTs, the Northern Ireland Blood Transfusion Service, the HSCB, PHA, primary and secondary care services, universities, Northern Ireland HSC Research, DHSSPS, the Patient and Client Council and the Royal College of Pathologists.

Key achievements during 2014/15

- Successfully ensured that HSC laboratories participate in recognised benchmarking to demonstrate equity of performance alongside other parts of the UK. All Northern Ireland HSC laboratories now participate in the Keele University Benchmarking Scheme (KUBS) which includes measures of workload, staffing, productivity and finance data.

- Initiated a process to explore Northern Ireland's engagement in the UK 100,000 Genomes Project.

- Developed a single agreed process for the introduction of new commissioned molecular diagnostic tests.

- Coordinated the development of a business case which has ensured the Regional Paediatric Pathology service workforce was appropriately matched to the workload requirement.

- In partnership with primary care representatives and gastroenterologists, a business case for the introduction of H-Pylori Testing for adults with dyspepsia in the primary care setting was developed by the network and has recently been approved by commissioners.

- Biochemistry specialty forum has standardised a number of high volume tests and profiles across the region including U&E, lipid, and liver.

- Microbiology and virology specialty forum has implemented a change to all Group B Streptococcus (GBS) test request forms to indicate whether a woman is pregnant, which has critical implications for the safe treatment and care of pregnant women, and implemented a standard laboratory reporting format for positive GBS results.

- Microbiology and virology specialty forum has agreed a regional standard turnaround time of 72 hours for a Teicoplanin test to assist clinical service users.

- Implemented a regional electronic alert designed to help in the effective management of acute kidney injury (AKI). Laboratory test reports relevant to AKI that are viewed on the Northern Ireland Electronic Care Record will include a link to AKI clinical guidelines.

- Supported the successful establishment of a regional familial hypercholesterolaemia (FH) cascade screening service, which has resulted in an increase in the detection rate, with 28.7% of the estimated FH population now identified.

Neonatal Network Northern Ireland (NNNI)

In 2013, following inclusion in the 2012/13 HSCB/PHA Commissioning Plan as a recommendation of a 2012 RQIA independent review of incidents of pseudomonas aeruginosa infection in neonatal units in Northern Ireland, the Neonatal Network NI (NNNI) was formally established as a managed clinical network.

In 2014 a HSCB/PHA review of neonatal services commenced with the aim of informing the commissioning of safe and sustainable neonatal services in Northern Ireland. Supported by the network the review will focus on:

A. Developing an optimum service model for the provision and location of neonatal cots in Northern Ireland.
B. Outlining the neonatal workforce required for the provision of a high quality, sustainable neonatal service.
C. Developing a service specification for neonatal services across all levels of care.
D. Identifying priorities for action/implementation by the Neonatal Network as a result of the review.

The review is expected to complete in 2015 with a service model for the future of neonatal services in Northern Ireland.

Key achievements during 2014/15:

1. The NNNI has worked collaboratively to achieve consistency in care and drive quality improvement within the network and beyond with a family centred approach. By hosting quarterly quality improvement events focusing on key network priorities, using a PDSA cycle approach, wider network and interfacing service engagement is achieved to raise standards and outcomes for patients and families. This approach has and continues to promote consistency and communication across the network and beyond reaching regional agreement, eg the development of a Neonatal Network guidance to support the early onset of sepsis (EoS) across neonatal care. Furthermore a cohesive network culture enables the effective management of network cot capacity at times of significant challenge via the facilitation of weekly regional network teleconferences reducing the risk of out of region transfers.
2. The ongoing neonatal service review has assessed national evidence supporting multi-disciplinary team working to secure positive outcomes for staff and families and in hand with a neonatal workforce analysis will identify requirements to strengthen the neonatal workforce and raise outcomes in specific areas/professions/grades.
3. The network has provided peer and professional support through continuous engagement and collaborative working to the wider network through attendance and involvement in service improvement events and projects. Outputs from these projects has secured increased regional consistency in service delivery in areas of infection control, neonatal transfer and prescribing and is currently working on a regional multi-professional basis on infection control agreement in relation to the testing, transfer and isolation of neonates.
4. The network's priorities are influenced by parental feedback on the neonatal care pathway and its engagement with Tiny Life, SANDS and other user representatives is key to this. This has been achieved through the development and implementation of a regional parental discharge questionnaire in 2014 across all units. This together with parental focus groups has provided positive feedback for staff and families while identifying key areas within and beyond neonatal for improvement to drive up quality and consistency in parental experience.
5. With a PDSA cycle approach to key issues audit measure the quality improvement in areas targeted by the network with focus in 2015 on improving the repatriation of neonates across the network, measuring the impact of neonatal pressures on interfacing services (Post Natal Wards) and currently focusing on improving breast feeding rates in neonatal units across Northern Ireland.
6. The network have utilised time specific task and finish groups to progress the work plan to improve consistency and drive up quality across the region in service delivery, eg working with paediatricians, obstetricians, and user representatives across Northern Ireland to improve the in utero transfer process for patients and staff through the provision of regional guidance for staff in the form of a counselling leaflet for parents to ensure consistency in information and support informed decision making.

Critical Care Network in Northern Ireland (CCaNNI)

The Critical Care Network in Northern Ireland (CCaNNI) was established in March 2007 to improve access, experience and outcome for patients with potential or actual need for critical care. This is achieved by providing a service that is high quality, coordinated, timely and unrestricted by traditional clinical or organisational boundaries.

There are currently 11 units in the Network, including paediatric critical care services, treating more than 5,000 critical care patients a year.

Key achievements during 2014/15:

- Developed a suite of reports which inform clinical practice and assist organisational and clinical decisions on activity and resources.
- Key role in collecting, monitoring and reporting incidents of influenza within critical care, which form the basis of a local and national report.
- Undertake quarterly regional patient flow exercises in adult and cardiac surgical intensive care, together with an ongoing collection of data from PICU. Units/HSCTs are supplied with individual reports.
- Undertook workforce analysis to identify issues within critical care and in particular the consultant medical workforce.
- Facilitating the regional medical workforce survey on behalf of DHSSPS Regional Workforce Planning Group in conjunction with PHA.
- Developed and delivered a lead assessor study day in support of mentors to the critical care course.
- Continue to develop regional policies and guidelines.
- Standardised definitions within critical care.
- Review of discharge and admission policy / transfer guidelines / central venous catherisation guidelines.
- Implementation and roll out of regional dedicated Critical Care Transfer (CCT) Trolleys, standardising practice across 14 sites and five HSCTs and in partnership with NIAS.
- Developed a suite of SOP in support of the CCT Trolley roll out.
- Provide training in support of the CCT Trolley both locally and regionally.

- Collect, review and report on all critical care transfer within Northern Ireland and all air transfer outside Northern Ireland.

Paediatric networks in Northern Ireland

The Royal Belfast Hospital for Sick Children is the major children's hospital in Northern Ireland and has provision for 84 beds, providing a comprehensive range of regional specialist services, as well as acute care to children within the Greater Belfast area.

The HSCB, PHA, Belfast HSCT and DHSSPS are committed to maintaining specialist paediatric services in Northern Ireland within a high quality, safe and sustainable framework of care.

The strategic intention for specialist paediatric services is, where it is safe and sustainable to do so, offer as much specialist care as possible within Northern Ireland. This may not always be possible and other options may need explored including the establishment of clinical networks with tertiary centres either in GB or ROI, optimising the use of specialist interest areas of paediatricians across Northern Ireland, securing 'in reach' from larger providers, and/or commissioning some service elements outside Northern Ireland.

In 2012 a paediatric network manager was appointed to work within the Royal Belfast Hospital for Sick Children (RBHSC) at BHSCT to lead the establishment of both informal and formal clinical networks across specialist service areas, provide leadership for change, develop and maintain effective relationships with internal and external stakeholders and actively engage key stakeholders in service delivery.

In line with this, three main objectives were set:

1. formalise selected paediatric networks within Northern Ireland;
2. formalise networks with other UK-based tertiary and quaternary services;
3. improve the patient and family experience for families that require access to very specialist care not available in Northern Ireland.

(1) Formalise selected paediatric networks in Northern Ireland

In 2014/15 the Northern Ireland paediatric gastroenterology network, the Northern Ireland paediatric epilepsy network and the Northern Ireland paediatric respiratory and allergy network have continued a process of formalisation to build on excellent working and partnership arrangements of clinicians throughout Northern Ireland.

The networks are linked groups of health professionals and organisations from secondary and tertiary care, working in a coordinated manner, unconstrained by existing professional and Trust boundaries, there to support equitable provision of high quality clinically effective care to children residing in Northern Ireland.

Each network has now agreed terms of reference including plans to improve patient and family engagement and annual objectives. Both the Northern Ireland paediatric gastroenterology network and the Northern Ireland paediatric epilepsy network have produced annual reports for the first time. In addition, the networks have continued to deliver a programme of education and training for all interested clinicians at least four times annually.

This year the BHSCT has begun planning to deliver a Northern Ireland paediatric neurodisability and Northern Ireland paediatric endocrine network in 2015/16.

(2) Formalise networks with other UK-based tertiary and quaternary services

In 2014/15 the BHSCT continued to formalise networks with UK providers to provide 'in-reach' services. These include very specialist clinicians coming to Northern Ireland to deliver clinics or operating theatre sessions that would otherwise be unavailable in Northern Ireland. The following specialist in-reach clinics were delivered in 2014/15:

- Urology by Mr Cuckow from Great Ormond Street Hospital for Children NHS Foundation Trust
- Gastroenterology by Mr McKiernan from Birmingham Children's Hospital NHS Foundation Trust
- Metabolic bone by Professor Bishop from Sheffield Children's NHS Foundation Trust
- Metabolic lysosomla storage disorders by Dr Jones from Royal Manchester Children's Hospital NHS Foundation Trust.
- Endocrine by Professor Butler from Great Ormond Street Hospital for Children NHS Foundation Trust.
- Bone marrow transplant failure clinic by Dr Steward – Bristol Royal Hospital for Children NHS Foundation Trust.

This year, the BHSCT has agreement in principle to deliver a specialist in-reach services for spasticity assessment and other services from Alder Hey Children's Hospital NHS Foundation Trust in 2015/16.

In 2014/15 the BHSCT cemented formal arrangements with Great Ormond Street Hospital for delivery of a 24/7 specialist telephone clinical advice service for Northern Ireland paediatricians treating paediatric patients with suspected or confirmed endocrine and metabolic conditions when the consultant team based in RBHSC is unavailable.

Northern Ireland has also strengthened formal links with the Northern Children's Epilepsy Surgery Service (NorCESS), which is a joint service between Alder Hey Children's Hospital NHS Foundation Trust and Royal Manchester Children's Hospital NHS Foundation Trust to deliver an epilepsy surgery and rehabilitation service. This is one of only four designated units in the UK. BHSCT and NorCESS colleagues have visited each other's units and agreed a specific patient pathway for families in Northern Ireland.

(3) Improve the patient and family experience for families that require access to very specialist care not available in Northern Ireland

In 2013, following focus groups involving families that travelled for care outside Northern Ireland, it was identified that the following improvements could be made in this service:

- There should be a single contact point where families can speak to a member of staff for queries related to all travel, accommodation, expenses and care with relation to receiving care outside of Northern Ireland.

- There should be a patient information resource detailing the process for receiving care outside Northern Ireland including travel, accommodation and expenses.

- There should be a patient information resource regarding the specific hospital outside Northern Ireland that the family have been referred to.

- There should be a contact number for this service 24/7.

In October 2014, the paediatric patient experience office began work from RBHSC to manage all arrangements for families that travel outside Northern Ireland for care. The paediatric patient experience office delivers all the service improvements, as requested by families, which are listed above.

In addition, the service is working with colleagues in the Northern Ireland bereavement network and the HSCB to provide an information pack in 2015/16 for families that suffer bereavement when their child receives care outside Northern Ireland. This work includes improving processes and arrangements for families to return home during this very difficult time.

Theme two:

Strengthening the workforce

The HSCB and PHA are determined to invest in the development of our staff and the creation of a working environment that enables everyone to make their best contribution. The HSCB and PHA employ over 900 staff (612 in HSCB and 331 in PHA as of March 2015) throughout Northern Ireland and recognise that their employees are their greatest resource.

The cumulative percentage absence in respect of staff sickness for 2014/15 was 2.81% for the HSCB and 2.55% for the PHA; this was a reduction for both organisations from 2013/14. Sickness absences have an impact on quality and productivity, affect service delivery and are therefore an important factor when measuring an organisation's culture of quality.

The PHA and HSCB have taken a number of steps in order to reduce staff sickness rates and increase productivity by promoting a healthier organisational culture. These include:

Staff health fairs

During 2014/15, HSCB and PHA staff in each of the four main offices were provided with an opportunity to participate in an annual health fair which had been organised by occupational health and human resources, BSO. This provided staff with a range of information on how to improve their health and wellbeing.

There was a wide range of exhibitors including alcohol and nutrition advice, information on cycle to work, physiotherapy and staff services. In addition, occupational health nurses carried out cholesterol and blood pressure checks.

Staff information

Information sessions

As part of the HSCB's commitment to supporting staff in their roles and keeping staff informed on developments across the Health and Social Care system, staff information sessions are organised across the HSCB offices on a regular basis. The staff information sessions are led by the HSCB's Chief Executive and Chairman and provide an opportunity for discussion and engagement at a local level. In addition, information relevant to staff is made available on the HSCB staff intranet.

HSCB bulletin

The HSCB produces a regular HSCB magazine which is distributed to all staff across the HSCB and is available on the HSCB intranet site. The magazine aims to keep staff informed and updated on developments across the HSCB and the wider Health and Social Care service. Staff are encouraged to submit articles and to share information with their colleagues.

Internal communications working group

The PHA has established an internal communications working group which reports to the Organisational Workforce Development Group to take forward the development and improvement of internal communication systems within the organisation. During 2014/15 the group led on the development of an internal communications audit which attracted 214 responses – almost two thirds of all PHA staff – underlining the importance of effective internal communication. An action plan has been developed which will address the key findings of the audit and help improve internal communication channels within the PHA.

Active travel

The HSCB and PHA continue to participate in the 'Bike to work' initiative, which helps staff buy new bicycles at a discounted rate and aims to improve rates of physical activity.

The PHA has commissioned Sustrans to run a three-year 'Leading the way with active travel' programme. This programme aims to encourage more staff in Belfast to walk or cycle to work, and is being delivered in PHA, Belfast City Council, BHSCT (Royal site), HSCB and BSO. The programme is important in helping shift the norm and encourage greater physical activity. Accredited cycle training was offered to all staff (and the general population) from February – March 2015, to help increase confidence and safety on the road.

The PHA and HSCB have participated in the 'Active Belfast Challenge' (ABC) which encourages people in Belfast workplaces to get more active and travel more sustainably. Through logging journeys, staff can be in with a chance of winning some great prizes. Personal and workplace targets have been set including calories burned, CO2 saved, miles travelled and money saved. All journeys except single person car journeys are included.

Staff health and wellbeing group

The staff health and wellbeing working group (SHWWG) was established in July 2014 under the auspices of the organisational workforce development group (OWDG). The purpose of SHWWG is to act as a focus for the promotion of the health and wellbeing of all staff in the PHA and the work of the group reinforces the PHA's commitment to this goal. The process of working together across all divisions has been important, building understanding and sharing perspectives. The group has recently developed an action plan entitled 'Promoting Health and Wellbeing in the PHA as a Workplace: An Action Plan for the PHA' which recognises the importance of the workplace as a setting to promote health and wellbeing. A regular newsletter is produced to update staff on the progress of initiatives and future developments. During 2014-15 the group led the implementation of a number of initiatives/programmes to assist in promoting health and wellbeing for staff such as:

Lesbian, gay, bisexual and/or transgender forum

A forum for lesbian, gay, bisexual and/or transgender (LGB&/T) staff in the PHA, HSCB and wider HSC organisations has been established, providing confidential support for LGB&/T staff and students in the health and social care workplace. An e-learning facility has been developed and widely promoted within HSC settings and a website to support LGB&/T staff in the HSC has been recently launched. The PHA also hopes to be the first HSC organisation to launch the diversity champion programme in 2015-16 which will build upon existing good practice to promote inclusive work environments. It is hoped that by participating in the programme, the PHA will demonstrate leadership to other HSC organisations that may be encouraged to take part in the programme.

Weight loss programme

In January 2015, a pilot weight loss initiative called the '£ for 1lb' challenge was offered in partnership with Business in the Community with the aim of supporting staff who wanted to lose weight over a 12 week period, with the support of a designated 'champion' and expertise from community dieticians. As part of the challenge, employees pledged a donation to local charities. A total of 69 participants took part in the '£ for lb' challenge in January 2015.

My Mood Matters/Living Life to the Full

A range of courses have been made available to staff in the PHA in relation to 'My Mood Matters' and 'Living Life to the Full: Life Skills'; both of which have evaluated very positively. The courses have been offered to each locality and have been well attended in each area.

Physical activity

PHA staff have been encouraged to increase physical activity during the working day by using stairs and on site gym facilities in each PHA site. During 2014/15 the SHWWG also negotiated a concessionary rate for staff who wish to join Pure Gym. A Corporate Code (without an expiry date) has been secured for PHA staff for Pure Gym situated in Adelaide Street, Belfast. The code removes the £25 joining fee.

Professional assurance, revalidation and supervision

The PHA/HSCB has in place an appraisal scheme which all professional staff participate in.

Medical Staff

Since December 2012 all medical staff are subject to revalidation through the GMC. The PHA has a responsible officer and deputy who support staff through annual appraisals to progress to revalidation. An appraisal policy has been developed. In 2014/13 medical staff were put forward to revalidate. The process is ongoing and is in a five year cycle. Doctors in training are also subject to revalidation and an annual review of their progression in training. This was completed successfully in May 2014. In addition regular one-to-one contact offers support and supervision to medical and nursing staff and provides the opportunity through discussion to identify solutions to issues, improve practice and work together to support individuals to achieve their maximum potential as well enabling staff to take care of themselves and become more self-aware and skilled in their roles.

Midwifery

The PHA has appointed a Local Supervising Authority Midwifery Officer (LSAMO) to ensure that statutory supervision of all midwives practicing in Northern Ireland is exercised to a satisfactory standard as per legislation (The Nursing and Midwifery Order 2001). The LSAMO ensures the implementation of a system for regulation of the midwifery profession and the development of practice to deliver and maintain adequate professional standards, through supervision of midwives in the HSC, private, independent and prison sectors. The LSAMO provides advice on issues relating to midwifery and the maternity service and contributes to the wider HSC agenda by supporting public health and inter-professional activities at strategic level.

Social care

The social care workforce in Northern Ireland is regulated by the Northern Ireland Social Care Council (NISCC) which works closely with employers across the sector to ensure that workers are appropriately registered and supported to meet the required standards in their conduct, training and practice.

It is an offence for an individual to call themselves a 'social worker' or carry out a social work job role if they are not registered with the NISCC. It is also an offence to employ an unregistered person as a care worker in an adult residential home, nursing home or children's home, or as a manager in a residential care home, day care setting or domiciliary care setting. Social work students are also required to be registered with NISCC.

Registration for social care workers and social workers is granted for three or five years depending on the job role. All registrants must maintain their registration for as long as they are in practice. This includes renewing it at the end of each three/five year registration period.

The NISCC code of practice for employers places a responsibility on employers to manage and supervise staff to promote effective practice and good conduct as well as supporting staff to address any deficiencies in their performance.

Compliance with both regulatory and supervision requirements are monitored by the HSCB through the annual Trust reports on their discharge of delegated statutory functions.

Training for HSCB, PHA and HSC staff

The HSCB and PHA firmly believe that 'Quality training will produce quality staff who, in turn, will produce a quality service'. Through a multi-dimensional approach in terms of interventions, training and support to deliver high quality service, the HSCB and PHA have developed leadership skills at all levels to empower staff to take decisions, improve services and influence change.

Training for staff in the management of SAIs

During 2014/15 the PHA and HSCB commissioned a number of regional training programmes to support PHA and HSCB staff as well as HSCT staff and independent lay persons in the implementation of the SAI procedure. These courses included:

- Regional root cause analysis training (April and May 2014) which provides the tools to support staff when conducting or reviewing an SAI investigation.
- Lay persons training (March 2015).
- Significant event audit training.

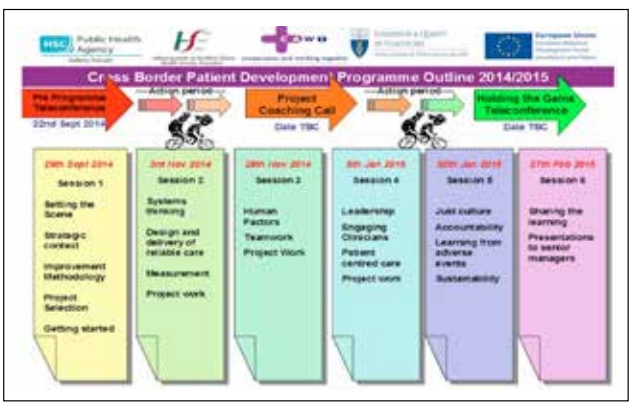
Next steps

- A Regional SAI Learning Workshop is scheduled for 14 April 2015.
- Further Root Cause Analysis Training for DROs and Lay Persons is scheduled for April and May 2015.

Training for staff in the management of complaints

During 2014/15, HSCB complaints staff received training from Hayes Healthcare Consulting in relation to complaints management. This workshop focused on report and letter writing techniques and recognising alternative methods of complaint resolution. The aim of the workshop was to improve the overall experience for complainants and HSCB staff in the handling of complaints.

The HSCB has continued to promote the use of independent lay persons in the local resolution of complaints and they have again been involved in complaints both within FPS and HSC Trusts this year. During 2014/15, their training focused on sharing experiences of cases they have been involved in, on the Serious Adverse Incident Procedure and what their job role would entail if they are involved in this process.



Quality improvement training commissioned by HSC Safety Forum

A key objective of the HSC Safety Forum is building and developing quality improvement capability amongst the HSC workforce in Northern Ireland in all aspects of quality improvement and safety for patients/service users.

As well as contributing a patient safety/improvement element at a number of events and programmes during 2014/15 the Safety Forum has:

- Recruited and funded an additional four safety forum Scottish fellows, who have completed a 10 month high-level training programme on Improvement and Leadership. This brings the total number of Safety Forum Scottish Fellows funded and trained since 2010 to 18.

- Completed cohorts 2 and 3 two of the (CAWT-funded) Cross Border Patient Safety Programme.

- Commissioned and hosted a fourth wave of human factors training for over 40 HSC staff nominated by HSCTs.

- Designed and delivered a patient safety module to senior nursing staff in collaboration with the Royal College of Nursing.

- Facilitated a 12 week module for first year medical students on patient safety.

- Berwick Series – To maintain the momentum for QI learning following the success of the Delivering Safer Care Conference (2014), the HSC Safety Forum, in partnership with the HSC Leadership Centre, designed and hosted an eight session masterclass series inspired by the recommendations of the Berwick Report *A Promise to Learn – a Commitment to Act*.

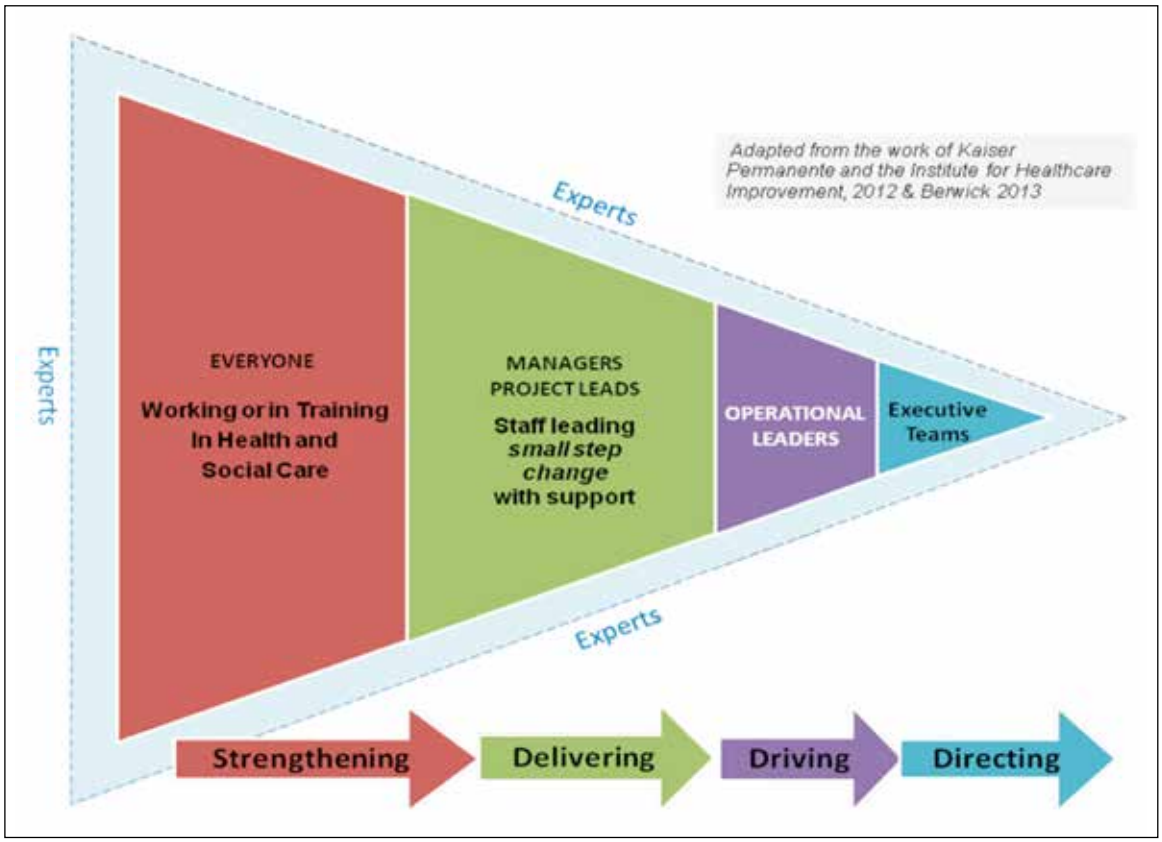

Lessons from Berwick
A Promise to Learn – A Commitment to Act
A series of events and workshops to help HSC grow as a learning organisation.
Dates for your Diary
Lessons from Berwick
A Promise to Learn – A Commitment to Act
These events have been built around a core theme from Berwick – Delivering Safer Care through growing HSC organisations as learning organisations
Speakers and dates now confirmed
Dr David Vaughan
Paul Rafferty
Thursday 3rd October.
Thursday 13th November.
Dave Evans, Medical Director NHS Northampton – Clinical Leadership and 7/7 working
MORE DETAILS WILL FOLLOW SOON BUT WE WANTED YOU TO HAVE AN EARLY OPPORTUNITY TO PUT THESE DATES IN YOUR DIARY
Please get these dates into your diary now.

- Successfully bid for an Improvement & Leadership Fellowship funded by the Northern Ireland Medical and Dental Training Agency (NIMDTA). This post, running from August 2015, will provide the Fellow with Improvement Science and Leadership Training. The Fellow will complete a project to enhance the communication skills of staff working in Health and Social Care.

Attributes framework to support leadership in quality improvement and safety

As part of Q2020 Task Group 4, the HSC Safety Forum led a multi-professional group, chaired by the Chief Nursing Officer, in developing this framework. The attributes framework is informed by the principles and values within Quality 2020. It is designed to enable HSC staff to fulfill the requirements of their role and, as a result, put patients and service users where they are entitled – at the centre of care and services.

The framework is designed to assist HSC staff (including those in training) and their organisation in identifying current or future training needs for improving skills and safety. It will also assist providers of education and training in this area to harmonise the approaches used and content of training programmes.



Professional accountancy qualification

The HSCB Finance Directorate encourages the development of its staff through promoting the achievement of a professional accountancy qualification. In addition to passing examinations, students must also demonstrate they have gained the necessary work experience to fulfil the competency requirements. This is facilitated within the directorate by line managers and mentors.

In 2014/15, six staff passed their final stage of accountancy exams or have been admitted to their professional body, with a further three achieving success at their stage of study.

This enhances the financial skills and technical competence of the Finance Department, equipping them to manage the financial challenge the HSCB faces.

Protecting adults at risk: training for voluntary and independent sector in adult safeguarding

Given the high levels of care and support delivered to adults through the voluntary, independent and faith sectors, it is vital that staff in those sectors are able to prevent, identify and deal appropriately with issues of abuse of adults. Volunteer Now were commissioned to provide training to volunteers and employees. As result, 1,155 people have received training and accreditation in safeguarding. This has significantly improved the quality of life for adults at risk of harm or in need of protection.

In addition the HSCB have commissioned the recruitment of eight dedicated nursing staff to act as Investigating Officers in each HSCT area. These staff bring expertise in complex adult safeguarding investigations. This has resulted in:

- improved responses to adult safeguarding concerns in clinical settings;
- improved safety for service users.

Deliver better outcomes in mental health care

The HSCB developed a new *Working Together Learning Together Framework*. This framework provides HSCTs with guidance on those NICE approved therapies which should underpin continuing professional development for those professionals working in mental health services. The *Working Together Learning Together Framework* ensures a coherent and evidence based approach is adopted across all HSCTs and ensures service users receive care in line with best available evidence. The HSCB has invested £300,000 annually and this has resulted in over 100 staff being trained in both modular and specialist psychological therapies programmes.

eLearning assessment tool

The HSCB/PHA have commissioned an eLearning Assessment Tool to assist with the ongoing assessment of health and social care staff across Northern Ireland. The objectives of the initiative are:

- To improve the standard of care given to patients through better training and skills assessment tools based on Northern Ireland content.
- To test the feasibility and effect of eLearning tools in improving healthcare professional skills in interpretation of a) X-rays and b) CTGs.
- To inform the value of taking forward future phases, including eLearning modules in other areas, and the development of a system to support a HSC eLearning system more widely.

There are three workstreams to test the objectives and each involves different groups of clinicians. Each workstream will evaluate different aspects of the eLearning Assessment Tool. The workstreams are:

- **plain film reporting** – assessment of competency for radiology trainees.
- **plain film reporting** – assessment of competency for emergency mMedicine doctors
- **CTG interpretation** – competency assessment for obstetricians and midwives.

The concept is being developed with Experior, a Belfast based ICT company, supported by Dr Tom Lynch, radiologist, providing clinical expertise. The approach centres around the Experior app containing considerable numbers of digital images, for example plain films and CTGs, which each have a clear statement of pathology if not normal or no abnormality detected. These images and reports can be configured into a test module or series of modules for an individual.

Staff in all HSCTs have taken part in the plain film interpretation in the spring of 2015, with the CTG phase going ahead as planned over the summer of 2015. An evaluation report to the project board is planned by December 2015.

Advanced communications skills training (ACST)

The Cancer Control Programme (2006), and DHSSPS Framework for Cancer Prevention *Treatment and Care* (2010) recognise the need for health and social care professionals to be skilled in communicating effectively and sensitively with people. The model utilised in Northern Ireland is a quality assured course, designed and led by Dr Susie Wilkinson. It includes a variety of experiential learning approaches. Evaluation has shown it to change behaviours and enhance communication between professional and patients. To date, almost 500 staff have been trained. Agreement was secured through NICaN Board that ACST will be devolved from January 2015 to become the responsibility of HSCTs and approved partner organisations and significant progress has been made. Clinical Education Centre (CEC) have agreed to provide one course per HSCT / per year through their service level agreements which would bolster the HSCTs provision. Oversight of the ACST quality assurance function is the remit of the Regional Advanced Communications Facilitators Forum through the PHA Nurse Consultant (Cancer & Palliative), NICaN and Macmillan. A cadre of facilitators across HSCTs has been established (14 completed training, 8 still in training). Facilitators are trained through a planned programme, supported on an informal basis by the National Co-Leads (from WHSCT and CEC).

Quality 2020 Task 5 minimum mandatory training

In 2014 the leads for nursing across the HSC completed a scoping exercise on the eLearning minimum mandatory training content for nursing. The leads for social care have also been working on taking a similar piece of work forward for social care staff. The Q2020 steering group agreed that this work would move forward in 2015 to now include all training (face to face, eLearning). A scoping exercise is being carried out that will give a baseline of minimum mandatory training that will be expected within each HSCT for nursing and social care staff.

Quality 2020 Task 13 WHO curriculum on patient safety in undergraduate training

This was a new task for 2014/15 and the work of this group has been led by NIMDTA (Northern Ireland Medical and Dental Training Association) and is focused on establishing a common Patient Safety Curriculum for Health and Social Care.

In September 2014 this task group held a workshop with key training providers from undergraduate and post graduate bodies. An action plan has been developed to:

- Document the components of the patient safety curriculum which are included in undergraduate and postgraduate teaching/training programmes and identify the gaps (for nursing, pharmacy, medicine).
- Identify/create examples of patient safety interventions through HSCT Governance Leads. Staff with the skills to support undergraduate/postgraduate education/training providers to deliver patient safety curriculum.
- Gather local anonymised examples of patient safety interventions in each category through HSCT Governance Leads with HSCT permission.

Quality 2020 Task 14 harmonising logistics

This was a new task for 2014/15 and has been led by Queens Centre for Public Health. The aim of the 'harmonising logistics' task group is to examine the variations that junior doctors face when moving between HSCTs. The main objectives are:

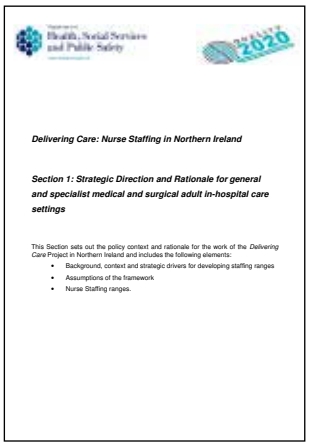
- Identify the core variations that junior doctors face when moving in and between HSCTs.
- Meet with junior doctors to gather information on variation.
- Develop strategies to minimise variations.

During 2014 a number of workshops were carried out with F2 Doctors at NIMDTA to facilitate discussion around the issues that they would face when moving within and between HSCTs in Northern Ireland. Approximately 150 F2 Doctors took part in the focus groups and provided their views. Some of the variations that were noted by the F2 Doctors were around induction, protocols, equipment and hospital at night handover. All the information gathered from these workshops was collated and has been drawn into an action plan for going forward in 2015.

'Delivering Care' nurse staffing in Northern Ireland

'Delivering Care' nurse staffing in Northern Ireland is the outcome of a commission undertaken by the PHA Executive Director of Nursing with the support of NIPEC from the DHSSPS Chief Nursing Officer and approved by the Minister of Health for Northern Ireland in 2014.

The implementation of the delivering care workforce projects is led by the PHA and HSCB.



Delivering Care: Nurse Staffing in Northern Ireland

Section 1: Strategic Direction and Rationale for general and specialist medical and surgical adult in-hospital care settings

This Section sets out the policy context and rationale for the work of the *Delivering Care* Project in Northern Ireland and includes the following elements:

- Background, context and strategic drivers for developing staffing ranges
- Assumptions of the framework
- Nurse Staffing ranges.

The aim of the Delivering Care project is to support the provision of quality care which is safe and effective in hospital and community settings.

The outcome of the project will see the delivery of a robust framework to determine nurse staffing ranges for the nursing and midwifery workforce in a range of specialities across the nursing and midwifery workforce in Northern Ireland.

- Phase one: acute medical and surgical units in each of the HSCTs.
- Phase two: emergency departments.
- Phase three: district nursing.
- Phase four: health visiting.

The workplan to date has included a number of engagement events and meetings with HSC organisations and staff.

In addition a process is underway to scope and test the implications of implementing the recommendations set out in Delivering Care as they relate to the specific phases of the project.

Progress to March 2015

1. To date a number of meetings have been held with HSCB and PHA staff to agree the matrix and metrics of information to be included for each phase of the project including KPIs.
2. The summary information on the current position against the agreed normative range within each HSCT has been developed for phase 1 and is ongoing for the other phases. This process has been discussed and agreed with HSC organisations.
3. The implementation plans for phase 1 from each HSCT are now in place. A monitoring process has been agreed following the financial allocation for the requirements for phase 1. This process is ongoing with the DHSSPS/HSCB/PHA and HSCTs to ensure the targets set for the implementation of phase 1 are completed by March 2016.

Surveillance of surgical site infections – refresher training

In June 2014, the PHA delivered refresher training on surveillance of surgical site infections (SSI) for HSCT staff with responsibility for identification, management and reporting of SSIs occurring in their services. In total 66 multi-disciplinary staff from a variety of surgical and infection services across all HSCTs participated in this training. A number of independent sector healthcare providers also participated. The aims of the training were to:

- Update front line colleagues on the methodology used to identify and gather information on SSIs occurring in post-operative patients.
- Enable colleagues to understand and become familiar with changes to definitions and protocols underpinning our regional SSI programmes.

- Enable colleagues to see and access the PHA's web-based results portal, which is used to facilitate timely reporting of SSI rates and comparison of infection rates across and between services and sites.

Particular emphasis was placed on small-group working during this training, with participants availing of the opportunity to work through case studies aimed at increasing understanding of surveillance definitions and their application in the clinical context. The concluding session was used to introduce HSCT colleagues to future changes in our regional approach to SSI surveillance and inform them of our intention to move to electronic data capturing and reporting.

HSC staff influenza vaccine uptake rates March 2015

Seasonal flu vaccine protects against the three most common types of flu each year. Health professionals and other HSC staff are encouraged to receive the flu vaccination annually. The PHA vaccination programme runs annually from October to March.

The table on flu vaccine uptake is divided into 'frontline' and 'other' staff. Frontline staff are those who have direct patient contact and the vaccine is recommended for them for this reason. While it is not specifically recommended for 'other' staff we have nevertheless offered it to all staff for a number of years now for their own protection. Uptake is shown for winter 2014/15 and for the previous year for comparison purposes.

Table 6: Occupational health seasonal flu vaccine data 1 October to 31 March 2015

	Belfast HSCT	South Eastern HSCT	Northern HSCT	Southern HSCT	Western HSCT	Northern HSCT
HSCT frontline staff population	14141	6411	7240	7414	5462	40668
Frontline staff receiving vaccine 1 October to 31 March	3201	1550	2177	1346	909	9183
Uptake rate frontline staff 1 October to 31 March 2015	22.6%	24.2%	30.1%	18.2%	16.6%	22.6%
Uptake rate frontline staff 1October to 31 March 2014	27.2%	19.0%	30.7%	17.6%	22.6%	24.0%
HSCT other staff population	5891	4970	4153	4128	4215	23357
HSCT other staff receiving vaccine 1 October to 31 March 2015	1208	810	1047	859	726	4650
Uptake rate other staff 1 October to 31 March 2015	20.5%	16.3%	28.0%	20.8%	17.2%	19.9%
Uptake rate other staff 1 October to 31 March 2014	22.8%	22.6%	28.0%	25.1%	21.7%	24.0%

Theme three:

Measuring improvements

The HSCB and PHA appreciate that gathering information and examining data is important in identifying the performance of an area of work. However, in doing so it also recognises that it is vital that lessons from the information are learned, areas of high performance are duplicated and areas of lower performance are supported to improve. During 2014/15 the HSCB and PHA have continued to promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively. The HSCB and PHA have worked with HSCTs and other HSC bodies to provide support to improve outcome measurements in a range of quality improvement initiatives.

Performance against standards and targets

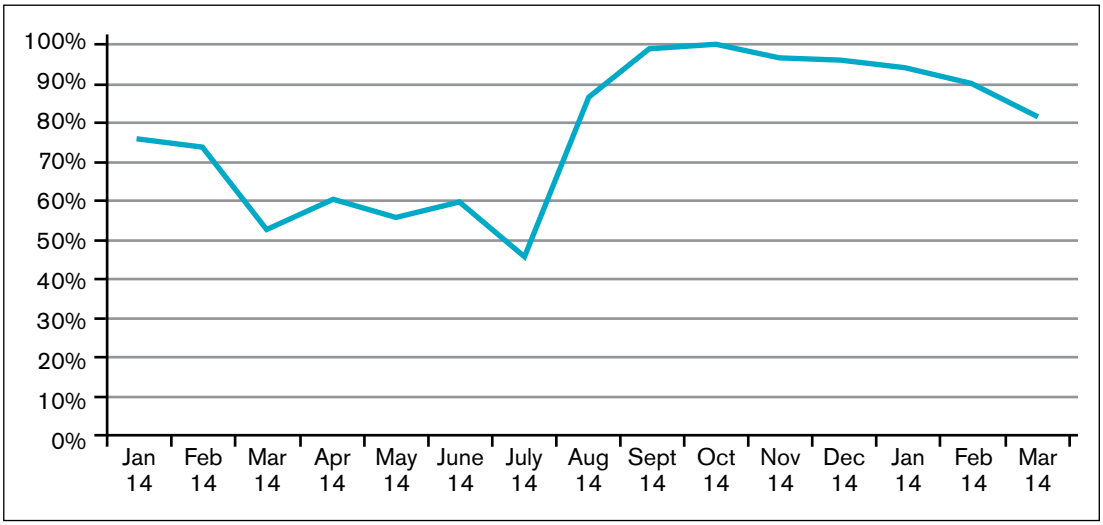
On an annual basis the Health Minister sets out Commissioning Plan Direction (CPD) targets and standards which represent particular areas of focus for the coming year. The Minister's vision for the integrated Health and Social Care system is to drive up the quality of health and social care for patients, clients and carers, to improve outcomes, to safeguard the vulnerable, and to ensure that patients, clients and carers have the best possible experience in every aspect of their treatment care and support. Performance against these standards and targets is reported on monthly basis to the public HSCB meeting. During 2014/15 a number of these areas have represented a significant performance challenge and the HSCB and PHA have worked closely with HSCTs to improve performance by using accredited improvement techniques and ensuring that best practice resulting in high performance in some HSCTs is shared and implemented in others. Examples of this work are outlined below.

Cancer

Between January and July 2014 the percentage of urgent breast cancer referrals seen within 14 days deteriorated steeply. In order to address this issue, the HSCB worked closely with all HSCTs to apply the models of best practice that exist within Northern Ireland across all HSCTs to ensure a consistent approach to delivery of the 14 day standard. This included ensuring that existing triple assessment capacity was maximised through using the most appropriate pathways for routine and review patients and in the implementation of effective triage practice in line with good practice. Additional clinics were also undertaken and recurrent investment has been put in place in South Eastern and Northern HSCTs.

As a result of this collaboration, performance has significantly improved since August 2014 and while it has declined slightly in the latter part of the year, this is primarily in one HSCT. Actions to address this have been agreed and performance is expected to improve during the first quarter of 2015/16.

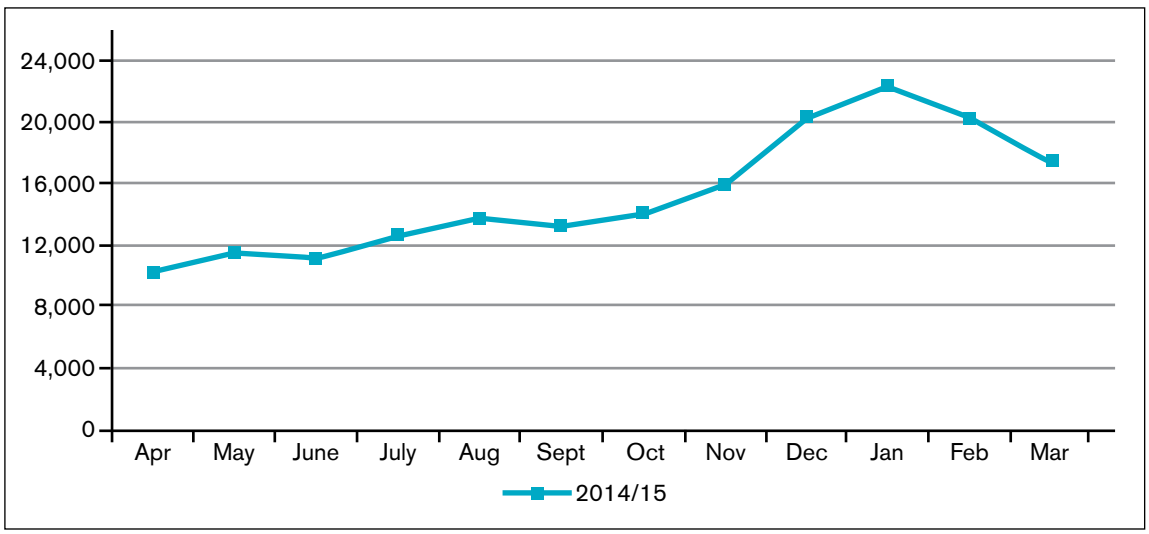
Figure 3: % of patients seen within 14 days of an urgent referral for breast cancer



Diagnostics

Given that diagnostics are essential in diagnosing patient conditions and enabling a treatment plan to be put in place for patients, the HSCB has prioritised the allocation of the limited funding available for elective care in the latter part of 2014/15 for diagnostics. As a result, the length of time patients have waited for a diagnostic test has improved during the final quarter of 2014/15. At the end of March 2015, 17,807 patients were waiting longer than nine weeks and it is expected that waiting times will improve further during 2015/16. Furthermore, the HSCB has undertaken a range of service improvement work with HSCTs to understand the demand and capacity across key diagnostic modalities and plans are in place to enhance and expand the current capacity resulting in improved diagnostic waiting times for patients.

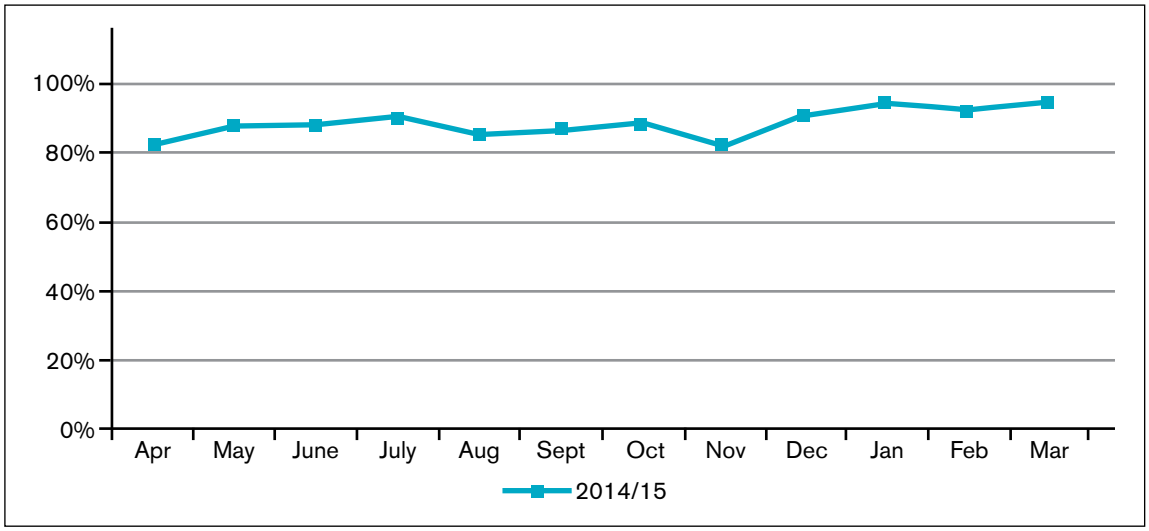
Figure 4: Diagnostics waiting times



Hip fractures

Regionally during 2014/15, 89% of patients, where clinically appropriate, received inpatient treatment for hip fractures within 48 hours (CPD standard: 95%). This represents an improved position from 2013/14 when 86% of patients were treated within 48 hours. It should be noted that significant improvements were made in the latter part of 2014/15 and this position is expected to further improve in 2015/16.

Figure 5: Percentage of patients receiving treatment for hip fractures within 48 hours



Furthermore, to improve the quality of access for the residents in the Newry and Mourne area of the Southern LCG, the HSCB has made significant investment in the trauma and orthopaedic team in the Southern HSCT. As a result of this investment, it is expected that from May 2015, all hip fracture patients will be treated locally rather than being transferred to Belfast.

Quality assurance and quality improvements for screening programmes

Screening actively seeks to identify a disease or pre-disease condition in people who are presumed and presume themselves to be healthy. These people can then be offered information, further tests and appropriate treatment to reduce their risk, and or any complications, arising from the disease or condition screened for.

Population screening programmes are complex systems of care, often involving a wide range of services, such as call and recall services, highly specialised laboratories and provision of assessment and treatment in HSCTs and primary care.

The PHA is responsible for commissioning and for the quality assurance (QA) of the following screening programmes:

Adult screening programmes:

- Abdominal aortic aneurysm
- Bowel cancer
- Breast cancer
- Cervical cancer
- Diabetic eye
- Surveillance screening for women at higher risk of breast cancer

Antenatal and newborn screening programmes:

- Antenatal infection screening
- Newborn bloodspot
- Newborn hearing

QA is an integral part of screening because screening can cause harm as well as good. It helps to maximise benefits and minimise harms. QA aims to monitor, maintain and improve upon set minimum standards of service, performance and quality across all elements of a screening programme. Each screening programme has a QA structure to ensure standards and quality of service and provide advice and recommendations for service improvement. This usually takes the form of a QA committee, coordinating group or regional quality improvement group chaired by a Consultant in Public Health. Examples of QA activity include audit, performance monitoring, quality improvement activities, QA visits, QA follow-up meetings, shared learning and training.

QA visits undertaken by cancer screening programmes in 2014/15

Bowel screening:

- Belfast HSCT September 2014

Cervical screening:

- Southern HSCT May 2014
- Belfast HSCT March 2015

Breast screening (also covering surveillance screening for women at higher risk):

- Northern HSCT November 2014

Screening programme performance

The following tables indicate that for the majority of screening programmes, the standards and targets are being met or exceeded. Work to promote informed choice about population screening programmes has been taken forward at HSCT level and regionally. This work has focused on those groups who find services harder to reach.

Table 7: AAA screening data for 2014/15

Measure	Standard/target/ comparative data	Outcome
Uptake (initial)	≥ 60% (acceptable) ≥ 85% (achievable)	83%*
Minimise harm (minimal rupture between detection and referral to vascular specialist)	≥ 3% (acceptable) ≤ 1% (achievable)	0%
Timely intervention (% of subjects with AAA > 5.5cm seen by vascular specialist within eight weeks)	≥ 95% (acceptable) 100% (achievable)	100%

NB: Episodes for the 14/15 screening cohort do not officially close until the end of June 2015

Table 8: Diabetic retinopathy data for 2013/14 (most recent data available)

	Total invited	Total attended	
Northern Ireland	71,233	54,613	77%

Table 9: Antenatal screening data for 2013/14

Measure	Standard/target/ comparative data	Outcome
90% uptake of all four screening tests	NSC IDPS 2010 standards	> 99%

Table 10: Newborn bloodspot screening data 2013/14 (most recent data available)

Measure	Standard/target/comparative data	Outcome
Timely sample collection	95% of first samples taken 5-8 days after birth	98.3%
Timely processing of screen positive samples (PKU, CHT and MCADD only)	100% of positive screening results available and clinical referral initiated within four working days of sample receipt by screening laboratory.	PKU – 100% CHT – 100% MCADD – 100%
Coverage (% of babies, born in and still resident, who have a conclusive test result recorded on CHS by 17 days of age)	Greater than or equal to 95% for all tests	PKU – 99.1% CHT – 98.3% MCADD – 99.2% CF – 99.1% SCD – 99.1%

Table 11: Newborn hearing screening data for 2014/15 (quarter 3)

Measure	Standard/target/ comparative data	Northern Ireland
Coverage by 4 weeks of age (the proportion of babies eligible for newborn hearing screening for whom the screening process is complete)	Minimum 95.0% Achievable 99.5%	95.7%
Coverage by 3 months of age (the proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 3 months of age)	99.0%	98.8%

Quality improvement plans

The HSCB and PHA are committed to driving improvements through monitoring a range of indicators which enhance the quality of services.

The Quality Improvement Plans are focused on key priority areas to improve the outcomes for patients/clients. HSCTs report on a number of indicators each quarter to the PHA/HSCB.

Last year the focus was on:

1. Pressure ulcer prevention
2. Falls prevention
3. Preventing harm from VTE
4. Sepsis6

Regional pressure ulcer prevention

Pressure ulcers (often called pressure sores or bed sores) are areas of localised damage to the skin and underlying tissues caused by pressure or friction. Not all pressure ulcers are avoidable, but in the majority of cases they can be prevented by frequently changing a patient's position, using special mattresses or chair cushions and attention to hydration and nutrition.

The SKIN Bundle is an evidence-based collection of interventions proven to prevent pressure ulcers. The PHA supports HSCTs through The Regional Prevention of Pressure Ulcer Quality Improvement Collaborative to implement SKIN in all hospitals in Northern Ireland. Reliably delivering all elements of the care bundle at every care opportunity will improve the pressure area care that a person receives. This in turn will have an impact on improving care outcomes.

The four elements of the SKIN bundle are:

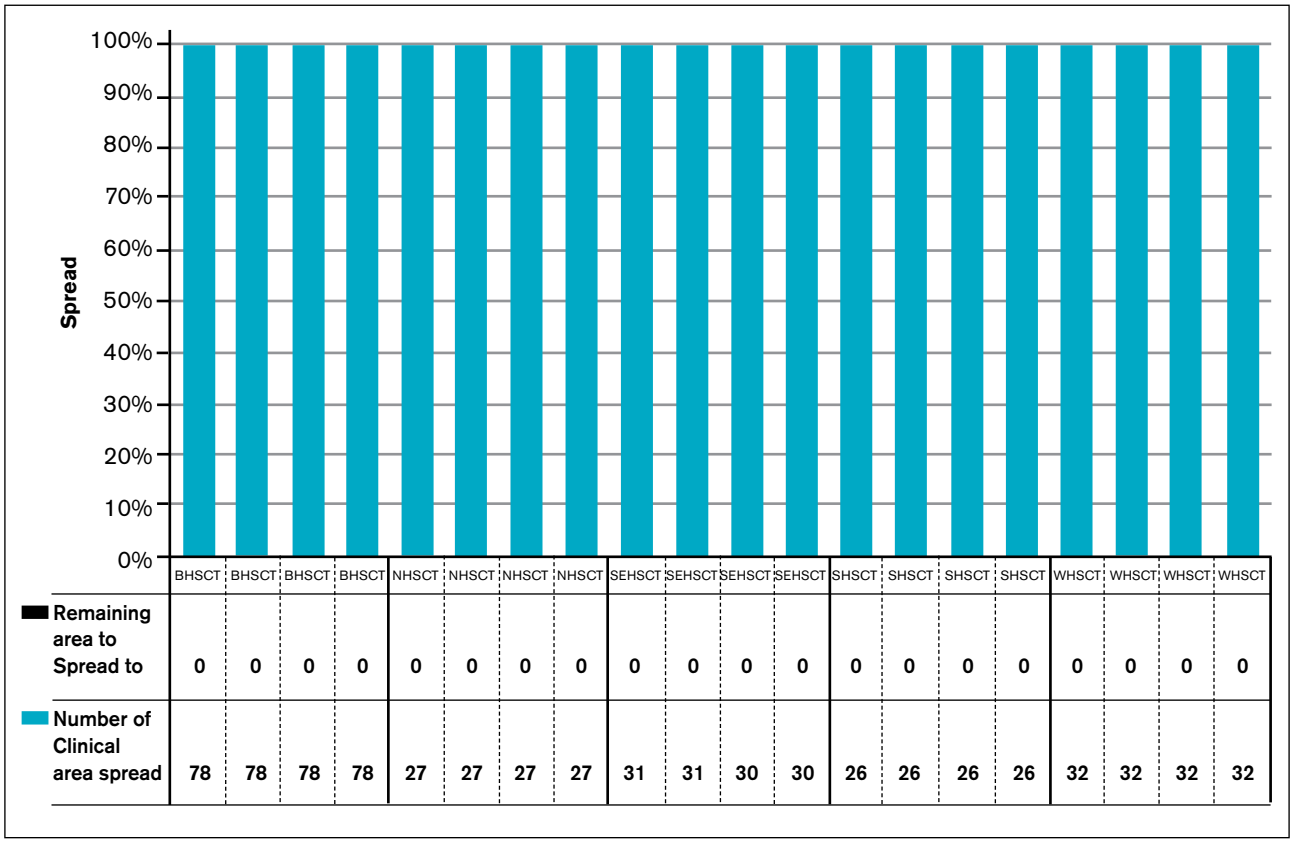
- Surface
- Keep moving
- Incontinence
- Nutrition

During 2014/15 the HSCTs were tasked with:

- securing a 10% reduction in pressure ulcers and sustaining spread to all adult inpatient areas/wards.
- monitoring and providing reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.

A 10% reduction in reported pressure ulcers has not been achieved and an increased number of total pressure ulcers reported regionally has been seen at the end of Q4 2014/15. The initial increase in the incidence of pressure ulcers may be a result of the spread of the SKIN bundle and the resulting expected increase in awareness and reporting.

Figure 6: SKIN bundle spread

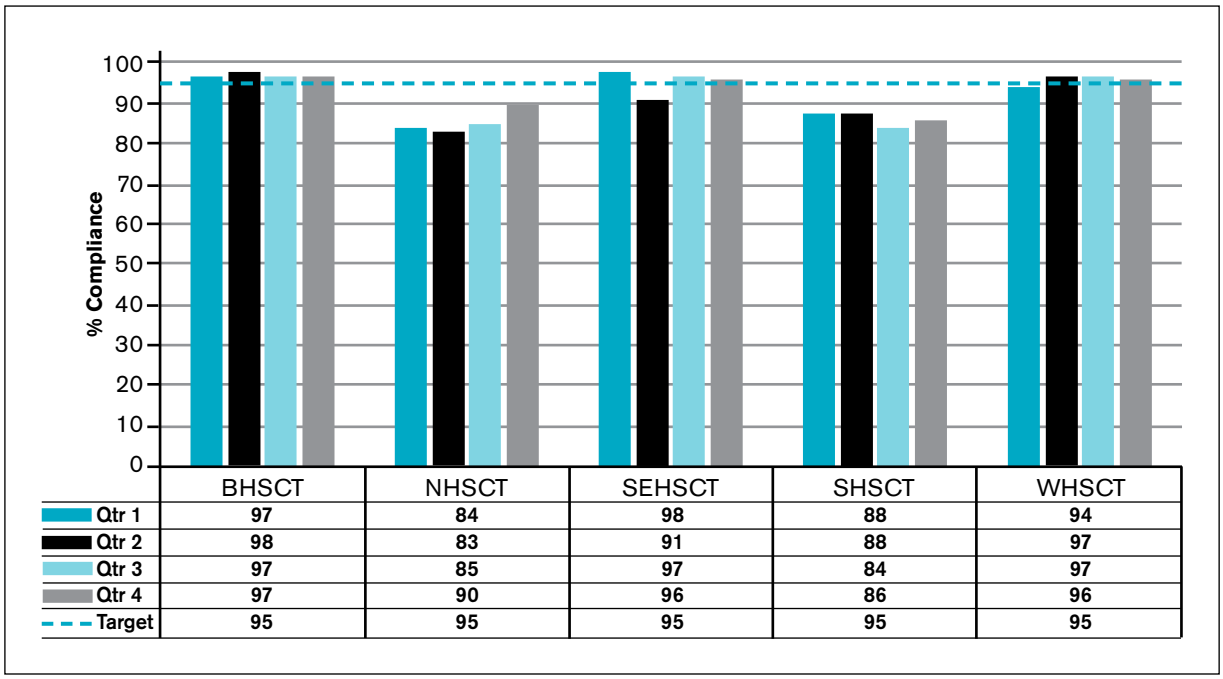


	BHSCT	BHSCT	BHSCT	BHSCT	NHSCT	NHSCT	NHSCT	NHSCT	SEHSCT	SEHSCT	SEHSCT	SEHSCT	SHSCT	SHSCT	SHSCT	SHSCT	WHSCT	WHSCT	WHSCT	WHSCT
Remaining area to Spread to	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Clinical area spread	78	78	78	78	27	27	27	27	31	31	30	30	26	26	26	26	32	32	32	32

At the end of Q4 2014/15 the reported regional pressure ulcer incidence rate ranges between 0.3% and 0.6% per 1,000 bed days. There are a number of individual hospital HSCTs in England that report pressure ulcer incidence rates per 1,000 bed days as part of the NHS England open and honest care driving improvement initiative. In February 2015 the reported pressure ulcer incidence rates for these HSCTs range between 0 - 2.12% per 1,000 bed days. It should be noted that direct comparisons with Trusts in England cannot be made due to variations in the way data is collected and different patient cohorts.

At the end of March 2015 all HSCTs had reached 100% compliance with spread/ implementation of the SKIN bundle across all hospital inpatient wards, and the compliance with the SKIN bundle ranges from 86-97% (see Figure 6 and 7).

Figure 7: SKIN bundle compliance



	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Qtr 1	97	84	98	88	94
Qtr 2	98	83	91	88	97
Qtr 3	97	85	97	84	97
Qtr 4	97	90	96	86	96
Target	95	95	95	95	95

Regional falls prevention

There is evidence that falls are a significant cause of harm to patients in receipt of health and social care in Northern Ireland. Falls are among the top five most frequent adverse incidents reported within HSCTs.

All falls cannot be prevented without unacceptable restrictions to patients' independence, dignity and privacy, although research has shown that falls can be reduced by 20-30% through multifactorial assessments and interventions.

The PHA leads a project to implement The Royal College of Physicians 'Fallsafe' bundle in hospitals in Northern Ireland. This is an evidence-based bundle of interventions for falls reduction which has been separated into two parts, part A and part B.

Table 12: Fallsafe bundle

Part A	Part B
Asked about a history of falling in the past 12 months	Cognitive screning
Asked about a fear of falling	Lying and standing blood pressure
Urinalysis performed	Full medication review
Call bell in sight and reach	Bedrails risk assessment
Safe footwear on feet	
Personal items within reach	
No slips or trips hazards	

During 2014/15 the HSCTs were tasked with:

- Continuing to improve compliance with elements of 'Fallsafe' bundle parts A and B in identified pilot clinical areas.

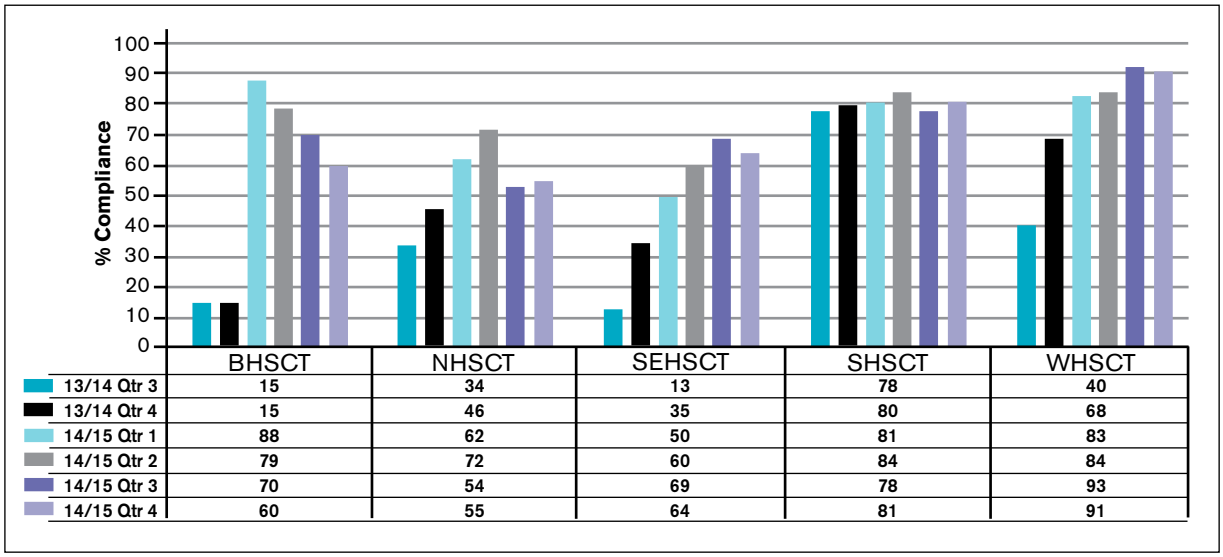
- Spread part A of the 'Fallsafe' bundle and demonstrate an increase each quarter in the percentage of adult inpatient ward/areas in which the 'Fallsafe' bundle has been implemented.

The process measures that HSCTs will demonstrate improvement in compliance with the nursing elements of the overall Fallsafe bundle (parts A and B). This has provided a challenge for achieving the falls bundle and requires some time to ensure the practice is embedded in the new inpatients area where the bundle has been spread.

All HSCTs demonstrated an increase in spread of the falls bundle

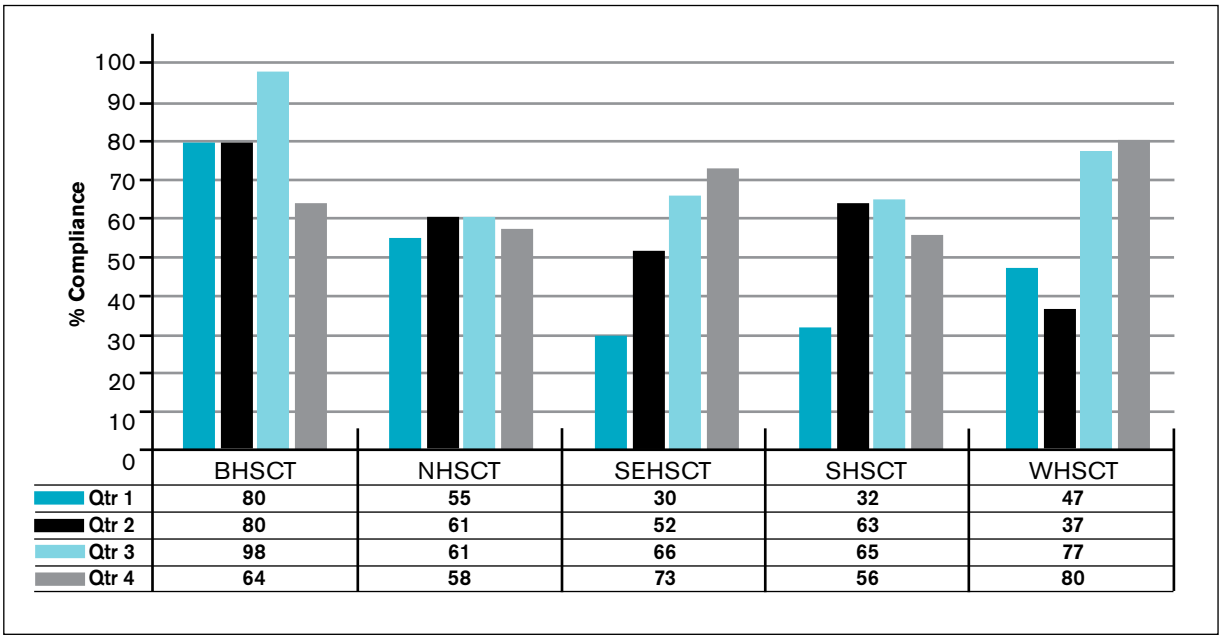
At the end of Q4 2014/15 the reported regional falls rate from falls resulting in moderate to serious harm are 0.11 to 0.37 per 1,000 bed days. There are a number of individual hospital HSCTs in England that report falls resulting in moderate to severe harm rates per 1,000 bed days as part of the NHS England open and honest care driving improvement initiative. In March 2015 the reported moderate to severe harm for falls incidence rates for these HSCTs range between 0 – 0.36% per 1,000 bed days. It should be noted that direct comparisons with Trusts in England cannot be made due to variations in the way data is collected and different patient cohorts.

Figure 8: Fallsafe bundle compliance 2013/14



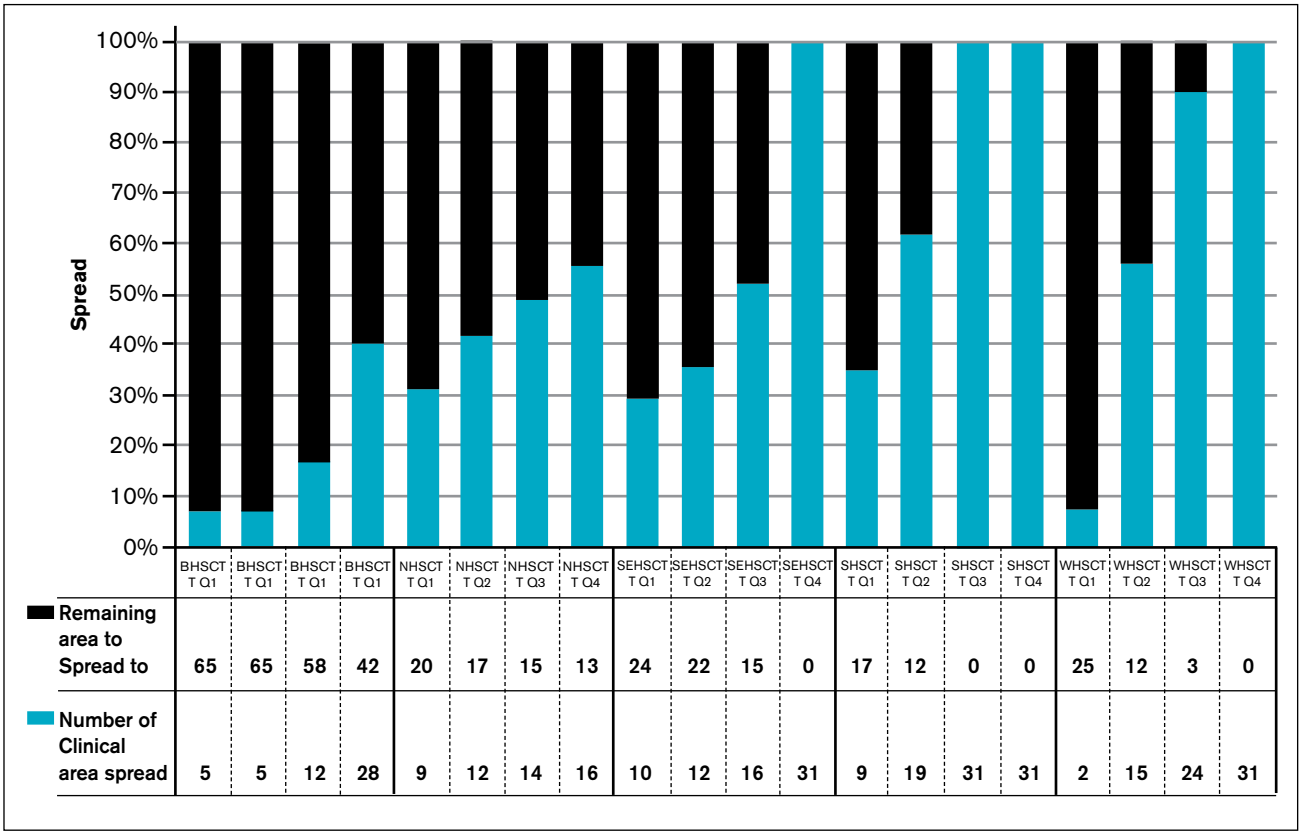
	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
13/14 Qtr 3	15	34	13	78	40
13/14 Qtr 4	15	46	35	80	68
14/15 Qtr 1	88	62	50	81	83
14/15 Qtr 2	79	72	60	84	84
14/15 Qtr 3	70	54	69	78	93
14/15 Qtr 4	60	55	64	81	91

Figure 9: Fallsafe bundle compliance 2015



	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Qtr 1	80	55	30	32	47
Qtr 2	80	61	52	63	37
Qtr 3	98	61	66	65	77
Qtr 4	64	58	73	56	80

Figure 10: Fallsafe bundle spread



	BHSCT TQ1	BHSCT TQ1	BHSCT TQ1	BHSCT TQ1	NHSCT TQ1	NHSCT TQ2	NHSCT TQ3	NHSCT TQ4	SEHSCT TQ1	SEHSCT TQ2	SEHSCT TQ3	SEHSCT TQ4	SHSCT TQ1	SHSCT TQ2	SHSCT TQ3	SHSCT TQ4	WHSCT TQ1	WHSCT TQ2	WHSCT TQ3	WHSCT TQ4
Remaining area to Spread to	65	65	58	42	20	17	15	13	24	22	15	0	17	12	0	0	25	12	3	0
Number of Clinical area spread	5	5	12	28	9	12	14	16	10	12	16	31	9	19	31	31	2	15	24	31

Preventing harm from VTE

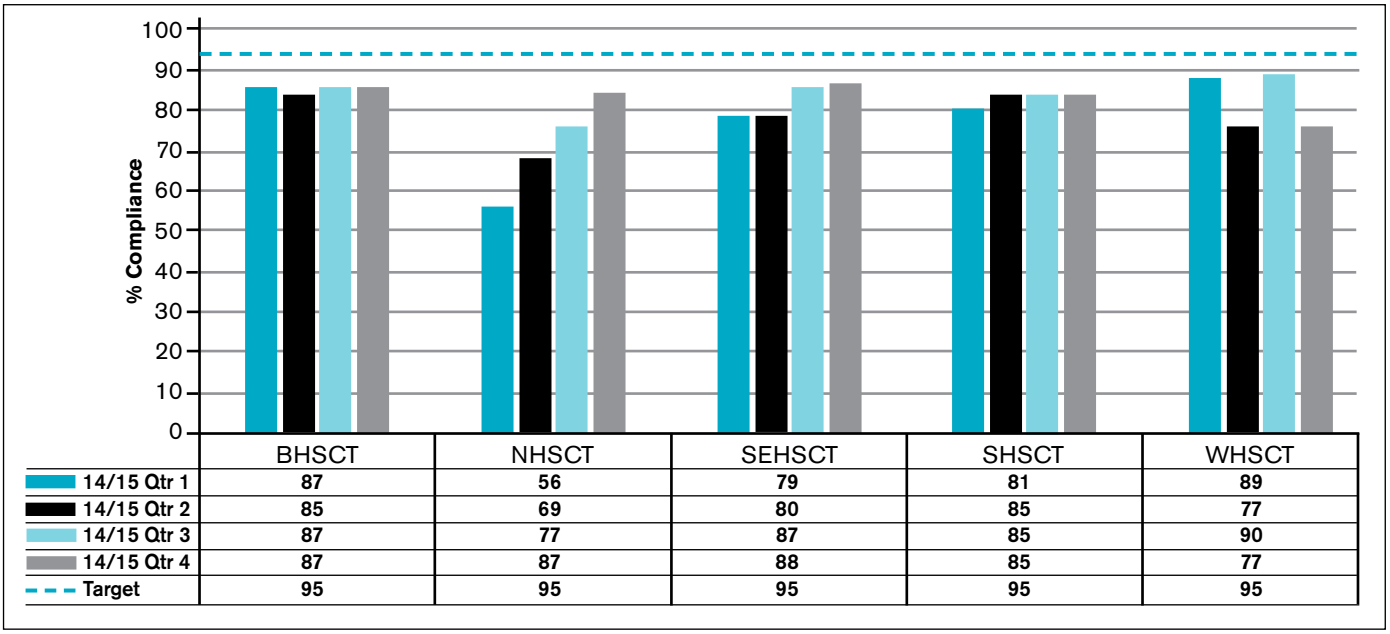
Venous thromboembolism (VTE) is a term that covers both deep vein thrombosis and its possible consequence: pulmonary embolism (PE). VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. NICE guidance has been endorsed by the DHSSPS and implemented in Northern Ireland. Assessing the risks of VTE and bleeding is a key priority for implementation of the guidelines.

During 2014/15 the HSCTs were tasked with:

- achieving 95% compliance with VTE risk assessment across all adult inpatient hospital wards by March 2015.

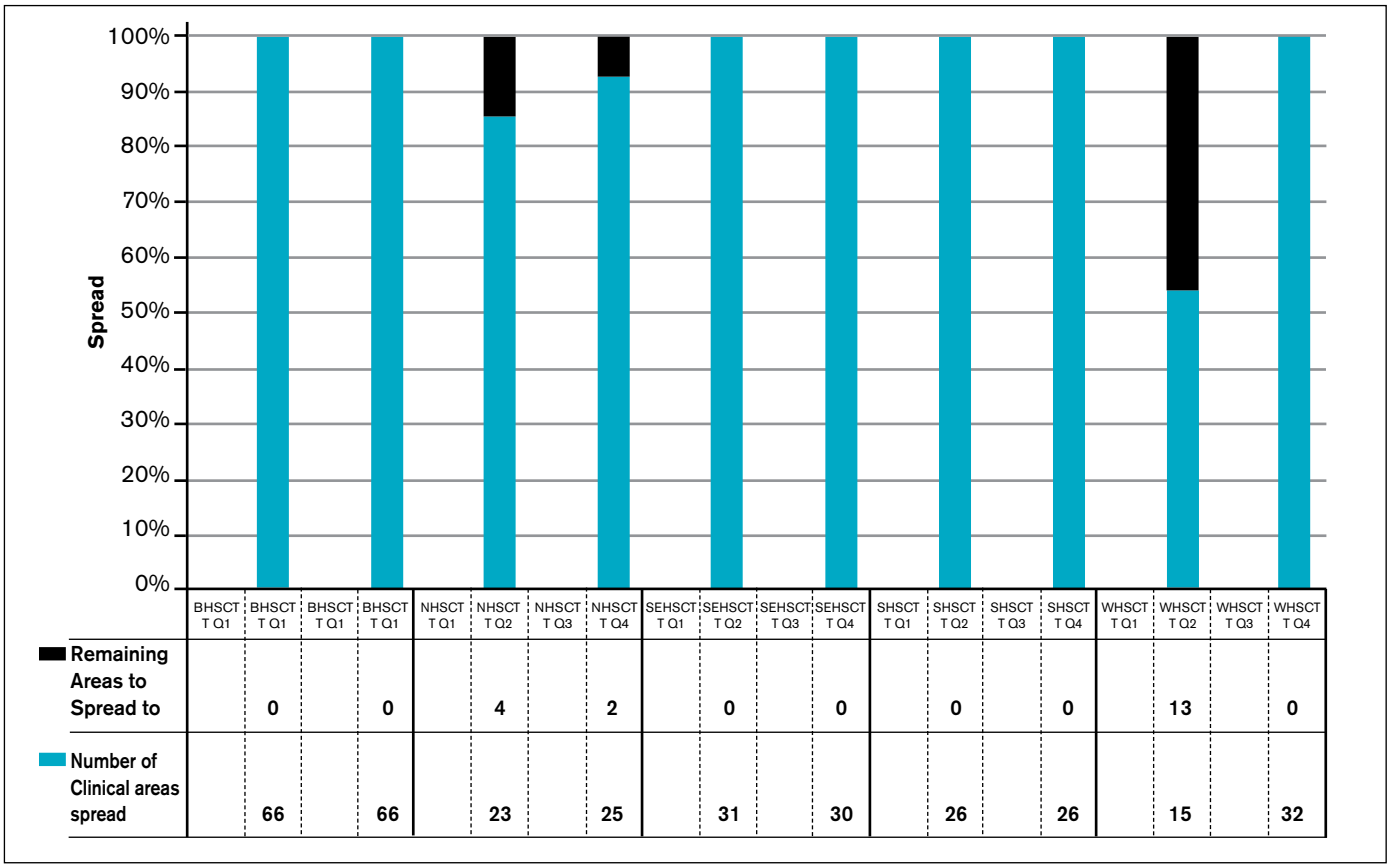
At end March 2015 all HSCTs have reached between 92-100% compliance with spread of the VTE bundle across all hospital inpatient wards, and the compliance with the VTE bundle ranges from 77-88% (see Figure 11 and 12).

Figure 11: VTE bundle compliance



	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
14/15 Qtr 1	87	56	79	81	89
14/15 Qtr 2	85	69	80	85	77
14/15 Qtr 3	87	77	87	85	90
14/15 Qtr 4	87	87	88	85	77
Target	95	95	95	95	95

Figure 12: VTE spread



	BHSCT TQ1	BHSCT TQ1	BHSCT TQ1	BHSCT TQ1	NHSCT TQ1	NHSCT TQ2	NHSCT TQ3	NHSCT TQ4	SEHSCT TQ1	SEHSCT TQ2	SEHSCT TQ3	SEHSCT TQ4	SHSCT TQ1	SHSCT TQ2	SHSCT TQ3	SHSCT TQ4	WHSCT TQ1	WHSCT TQ2	WHSCT TQ3	WHSCT TQ4
Remaining Areas to Spread to		0		0		4		2		0		0		0		0		13		0
Number of Clinical areas spread		66		66		23		25		31		30		26		26		15		32

Sepsis6

It is estimated that around 37,000 people die of Sepsis in the UK each year – many of these deaths could be prevented by optimal care. The Sepsis6 are a set of interventions (bundle) which, when delivered promptly by a clinical team, are known to significantly improve outcomes for patients with severe sepsis.

The Sepsis6 intervention, which should be completed within one hour, is as follows:

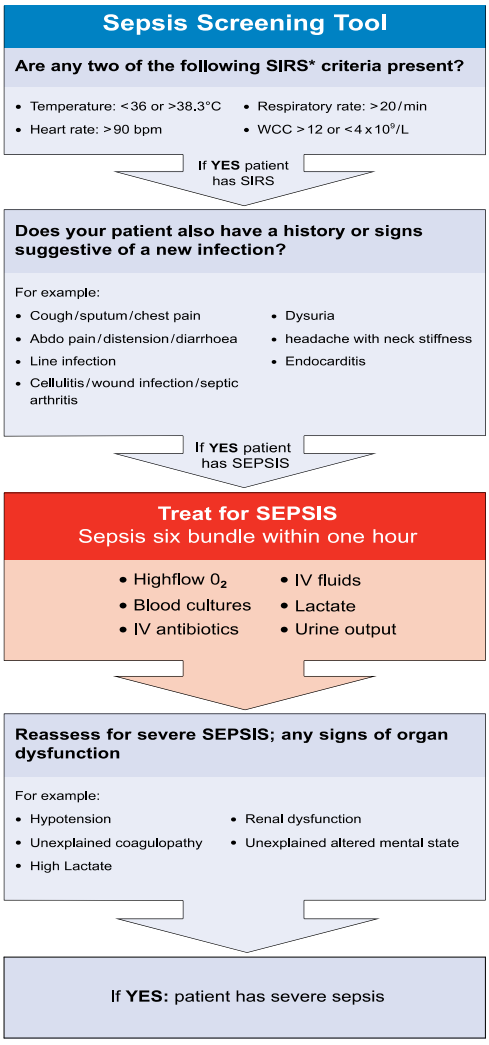
1. Administer high flow oxygen.
2. Take blood cultures.
3. Give appropriate antibiotics.
4. Give intravenous fluid challenges.
5. Measure serum lactate.
6. Measure accurate hourly urine output:

"Work with HSC Safety Forum to implement and spread quality improvement in the early management of sepsis (eg use of Sepsis6) in medical assessment units (or in other pilot wards by agreement) by March 2015".

In order to assist HSCTs in implementation of the Sepsis6 Care Bundle, the HSC Safety Forum distributed training and supportive materials prior to hosting a half day workshop on severe Sepsis in October 2014. This included input from HSCT emergency department teams who had already successfully completed similar work. Following the event the following were agreed:

- pilot areas in each HSCT to spread use of the Sepsis6 Care Bundle;
- a strategy to gather baseline information and monthly sampling of compliance.

Since the workshop support, the Safety Forum has, on request, delivered further support via teleconference (x1) and local workshop (x1).



Next steps

1. HSC Safety Forum to discuss with HSCTs the best way to progress this work.
2. If appropriate, Safety Forum will bring HSCT teams together for a further event in Autumn 2015 focused on Sepsis6 Care Bundle implementation.

Measuring improvements from complaints

As outlined previously, The Regional Complaints Sub-Group (RCSG) meets on a monthly basis and is chaired by the HSCB Complaints and Litigation Manager. Membership comprises professional representatives from the HSCB, the PHA and Patient and Client Council (PCC).

Through the work of the RCSG, the following examples of changes implemented as a result of complaints have been highlighted:

Do not resuscitate (DNR)

A number of complaints were received concerning this matter and communication with families in these instances. It was recommended by professionals on the RCSG that a look back exercise was undertaken covering the past year. The resulting information was shared with the Living Matters/ Dying Matters Implementation Group, which undertook work surrounding DNR/CPR and will provide support to families.

Pain relief and nutrition

Following a recommendation to QSE a thematic review of complaints concerning the administration of pain relief and issues relating to nutrition was instigated. This was submitted to QSE in March 2015.

Maternity and gynaecology

A patient was recommended a hysterectomy by her consultant as it was felt that the symptoms she was experiencing could be caused by recurring endometriosis. The surgery took place with a different consultant, however no abnormalities were found. The patient was of childbearing age and felt that the surgery should not have progressed due to lack of clinical requirement.

Upon review of the complaint and HSC Trust response, the RCSG asked the HSCT to provide further detail and to confirm if the consent process had been reviewed in light of this complaint, as indicated. The HSCT provided details of amended stickers introduced for consent forms, which include specific information relating to 'loss of fertility' and 'family must be complete'. However the HSCT has confirmed that it has no current policy document relating to consent for hysterectomies. Following discussion at QSE it was agreed that a short article on consent will be included in the Learning Matters newsletter.

HSCTs, the developed a 'butterfly scheme' with a carer whose mother had dementia. Its purpose is to improve patient safety and wellbeing in hospitals. The scheme enables staff to respond appropriately and positively not only to people who have dementia but also to those with memory impairment or temporary confusion.

In respect of FPS practitioners

A patient was with a GP Practice as a temporary resident when they were placed in a nursing home for a period of respite. The GP Practice obtained a summary of the patient's medication from the family rather than the patients 'parent' GP Practice. As a result of a complaint, the Practice undertook a Significant Event Analysis to ensure that in future, more information is obtained from the 'parent' GP Practice and all acute medication requests are scanned onto the temporary GP records. Thus the GP records will be commensurate with the nursing home records.

Health and Social Care Complaints Awareness Month

Service user feedback has demonstrated that further work is required to promote the visibility and accessibility of the Complaints Process. As part of the continued implementation of the recommendations arising from the Evaluation of 'Complaints in Health and Social Care' and in response to clear messages from service users, the HSCB led on a complaints awareness campaign during June 2014, which was designated as 'Complaints Awareness Month'. A variety of activities were conducted during the month with the dual aims of promoting the existence of the Complaints Procedure and enhancing its accessibility, and, equally importantly, to gauge the views of service users who had made use of this.

A Complaints 'Signposting' leaflet was created to raise and enhance awareness of the public/service users of their right to complain and also to which HSC organisation this should be addressed.

The campaign involved staffing awareness posts in public places across Northern Ireland, distributing the 'Signposting' leaflet and engaging with service users regarding the Complaints Procedure and listening to their experiences of this - both positive and negative. The leaflet was also shared with MLAs, political representatives, the Citizen's Advice Bureau, members of the Pensioners Parliament and provided to libraries and leisure centres across Northern Ireland.

A publicly advertised focus group was also conducted with service users in the Western HSCT area, at which members of the public were again invited to express their views and opinions on the Complaints Procedure, to include: what works well, what does not and how the procedure can be improved.

In addition the first HSC Complaints Learning Event took place in Mossley Mill, Newtownabbey. This will be an annual event and over 90 persons were in attendance on 16 June 2014, with representation from the HSCB, DHSSPS, PHA, PCC, HSCTs, community and voluntary groups, complainants and service users. The aim of the event was to highlight how the complaints procedure has developed and evolved since it was implemented in April 2009 and how it has become integrated into health and social care.

The keynote speaker for the event was the Director of Nursingat the PHA whose presentation focused on implications of complaints handling arrangements and learning arising from the Public Inquiry into the Mid-Staffordshire NHS Foundation Trust. The audience also heard and reflected on some very powerful messages from a number of service users who were present, who detailed their experience of the complaints arrangements.

Feedback from this event, the service user focus groups, and the monitoring of Trust and FPS complaints has identified that the quality of communication and information provided to patients and families, is at times sub-optimal, which subsequently leads to further upset and distress of service users. It is therefore planned that the second Annual Complaints Learning Event will focus on this theme.

A further two workshops will be organised for 2015/16. These workshops will be targeted at Section 75 groups, to include 'senior' service users and those with a disability. The outcomes from these workshops will help inform the HSCB how the public perceive their experiences of health and social care services, how to improve the complaints process and how to address the reluctance on the part of some service users to raise a complaint, possibly due to fear of impact on their, or relatives ongoing treatment and care.

Measuring improvements in mental health services

Pilot: Testing of an anti-absconding intervention in an acute psychiatric inpatient ward

Unauthorised absence or more commonly referred to as 'absent without leave' (AWOL) from a psychiatric hospital has potentially serious negative consequences for patients including suicide, homicide, self-harm and physical health problems.

The aim of this study, supported by the PHA as part of a regional project, was to evaluate the implementation of the East London and City Mental Health NHS Trust 'Anti-Absconding Work Book' (Bowers et al 2003), as an intervention to reduce patient absconding rates within an acute in-patient mental health ward.

The elements of the intervention include:

- Rule clarity: use of a signing-in and out book
- Identification of those at high risk of absconding
- Targeted nursing time for those at high risk
- Dealing with home worries
- Promotion of controlled access to home
- Promoting contact with family and friends
- Careful breaking of bad news
- Post-incident debriefing
- Multi-disciplinary team (MDT) review following two absconds

The results from this pilot showed a reduction in absconding rates of 70% compared to the baseline audit. As a result Regional Guidelines for the Management of Service Users Absent Without Leave (AWOL) have been developed and include the requirement for all HSCTs to use an evidence based anti-absconding intervention

Special observations

Special observation is a therapeutic nursing intervention with the aim of reducing the factors which contribute to an individual patient's risk to themselves and/or others and promoting recovery.

In October 2011 regional guidance was issued by the PHA and HSCB on the use of observation within mental health inpatient settings and it was agreed that an audit would be carried out following implementation in order to ensure compliance.

All adult acute admission mental health inpatient units in Northern Ireland were included in the audit to assess compliance with the guidelines in relation to continuous observations.

It was agreed with each HSCT that a random sample of five sets of notes from patients on continuous observation per ward per month would be audited. The audit was carried out prospectively from September 2013 until February 2014 inclusive.

Compliance with the guidance in relation to continuous observation was found to be variable within and across HSCTs, with areas of good practice identified as well as significant areas for improvement.

Good practice was noted in the following areas: reason for special observations recorded; recording observation planning on the patient care plan; good evidence was demonstrated that all patients on special observations were receiving some form of therapeutic intervention.

Need for improvement was identified in relation to: patient involvement; review by MDT; duration of observations; qualification of staff involved in observations; overall assessment of outcome.

The following recommendations were issued:

HSCTs should ensure that in all cases:

1. Patients should be involved in the planning of continuous observation, both in understanding the therapeutic need and the level of observation required;
2. Patients should sign the care/management plan;
3. The level of observation should be reviewed daily by the multidisciplinary team;
4. Evaluation of continuous observation should be carried out by the multidisciplinary team in partnership with the patient and the outcome should be recorded on the patient's file/care plan;
5. There should be robust review for those patients on continuous observation for more than 72 hours;
6. The multidisciplinary team must ensure there is an appropriate rationale for commencing a patient on continuous observation in keeping with the guidelines;
7. Consideration should be given to a specific electronic data set for ease of keeping up to date.

Next steps

HSCTs will continue to be monitored in relation to compliance with the guidance.

Using data to measure improvements in primary care

Information about individual patients' care and outcomes is held at GP practice level. The Health and Social Care Board has access to higher level data about patient numbers, payments and outcomes at GP practice level. We use this data to encourage and measure improvement in primary care.

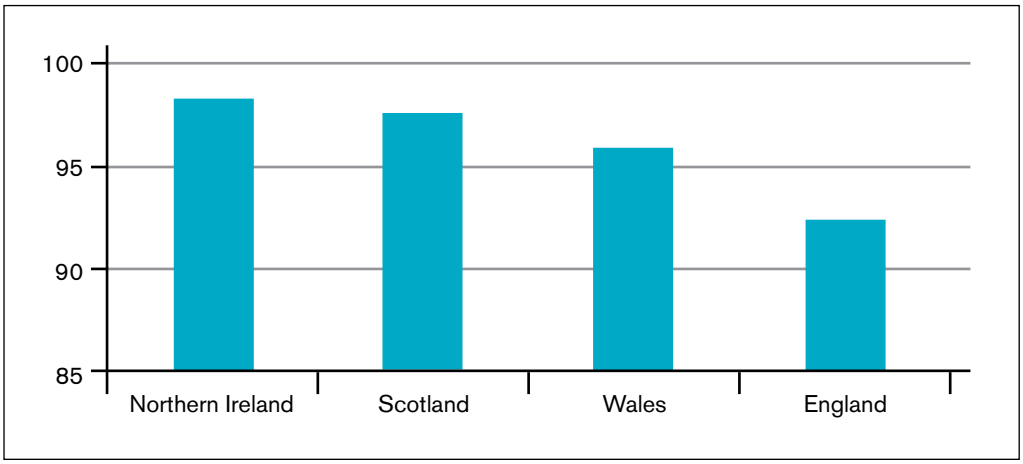
Quality and outcomes framework

There is growing evidence that if people with long-term conditions can be supported to manage their condition, they will have less risk of complications. For example, people with high blood pressure (hypertension) who can keep their blood pressure in a safe range through a combination of lifestyle choices and medication are less likely to have strokes and heart attacks.

Based on this evidence, the Quality and Outcomes Framework (QOF) was introduced for GPs across the UK in 2004 to measure achievement against a range of clinical indicators, with points and payments awarded according to the level of achievement. Although participation is voluntary, all GP practices in Northern Ireland have chosen to participate.

GP practices in Northern Ireland have always achieved high QOF outcomes compared to their colleagues in other countries. The latest UK figures are for 2013/14, but provisional data for 2014/15 indicate GPs in Northern Ireland will again achieve 98% of available points.

Figure 13: GP QOF outcomes



Even though our GPs perform well compared to the rest of the UK, we are still working hard to improve. Within DOIC, the QOF data are further analysed to provide a picture of the overall clinical outcomes for patients with a range of long-term conditions including high blood pressure, diabetes, stroke, asthma, COPD and heart disease.

Each practice is provided with an annual report allowing them to compare each clinical outcome with other practices across Northern Ireland. Medical advisors and practice support staff from the Directorate visit each practice every three years to discuss their achievements and share good practice to improve outcomes.

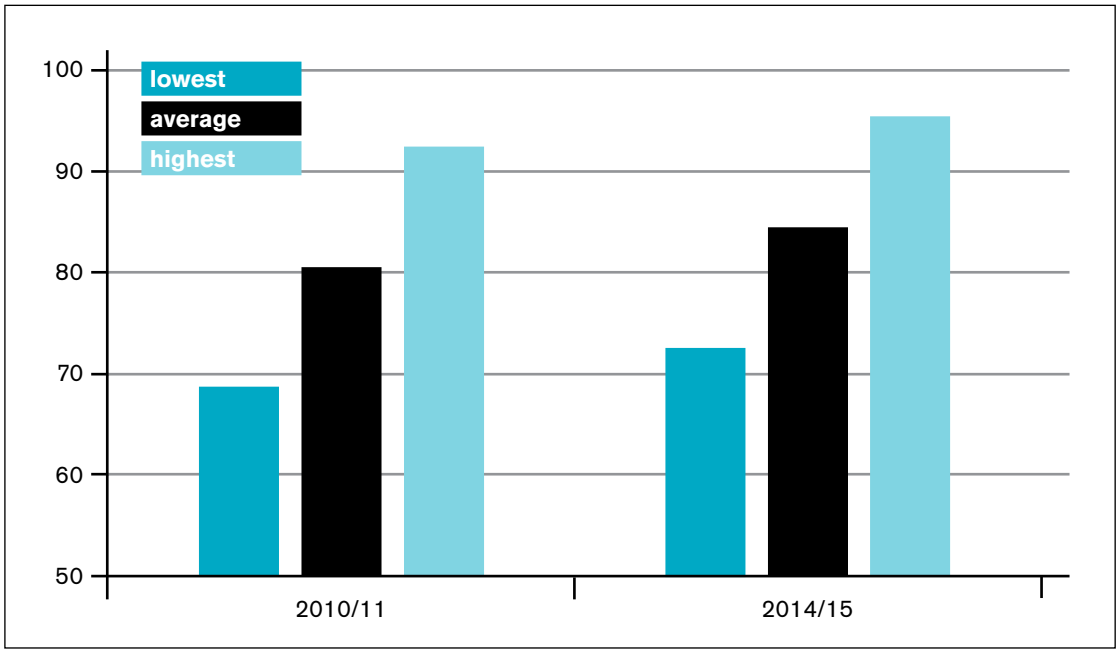
This focus on measurement and improvement by individual GP practices and the Directorate has resulted in gradual improvement in the control of some long-term conditions, for example in April 2015, 25,192 more people had good control of their blood pressure than in April 2011.

It is really important that everyone has the best possible control of their long-term condition, regardless of where they live.

If a practice shows lower than average outcomes for management of several conditions they will have a focused visit by Directorate staff who will agree an action plan with the practice to improve their outcomes. The practice will then have annual visits until their outcomes have significantly improved. This focus helps to reduce any inequality between practices.

The graph below shows practice outcome data for the control of high blood pressure to less than 150/90 (In 2010/11 this was based on QoF indicator BP5 , in 2014/15 this was based on QoF indicator HYP002NI). As well as overall improvement, the lowest performing practices have improved the most, therefore making the difference between lowest and average performance less.

Figure 14: High blood pressure practice outcome data



Cataract referrals

Cataract is one of the main eye conditions referred to hospital for assessment by an eye specialist. Patients are referred to the hospital in most cases by their optometrist. The HSCB has introduced a referral pathway which allows the optometrist to consider in more detail the needs of the patient. It encourages fuller discussion between the patient and the optometrist in the decision about the referral and when is the best time for referral. Patients are assessed on when they are willing and ready to undergo cataract surgery to help their vision and the process from the point of referral to actual surgery is improved.

Next steps

In 2015/16 this pathway will be further helped by the introduction of electronic referrals by optometrists directly into the hospital eye service, providing better communication between those providing the eye care services. This electronic referral will streamline the process, avoid duplication, and contribute to improved patient safety.

Project - Home Oxygen Services

The new contract for the HSCB Home Oxygen Service has now been in place since January 2013 and it is providing long-term oxygen therapy and ambulatory oxygen to over **3,500 patients** in Northern Ireland. A patient requiring long-term oxygen will use their oxygen for more than 16 hours a day and the most cost-effective way to provide the oxygen is a concentrator situated in their home. For patients who need to be able to go out of their home and still use oxygen, there are a variety of devices that can deliver the oxygen but small portable cylinders are most commonly used. The contract delivers **an annual efficiency of £850,000** as a result of competitive pricing and the use of more energy efficient oxygen concentrators that use less electricity.

The contract has enabled patients to:

- Access more flexible equipment to meet their ambulatory oxygen needs.
- Have more freedom to spend time away from their homes by taking their oxygen with them.

Respiratory nurses and physiotherapists will assess the oxygen needs of an individual and their lifestyle and select the most suitable device to meet their needs. The numbers of patients using the newer equipment is currently small but is expected to grow as HSCT clinics for oxygen assessment and review are being set up.

In March 2015:

- 161 patients were using conserver devices with their portable cylinders;
- 61 patients had Homefill systems which allow them to fill their own small cylinders as they need them;
- 37 patients had liquid oxygen systems;
- 100 had portable concentrators;
- 125 had transportable concentrators which are on wheels.

Each system has its own unique features so it is important that the assessment process is used to select the equipment that best meets each individual's needs. This has made a big impact on the lives of individuals who have been able to use their oxygen and still continue with their

hobbies, exercise and social activities which help to maintain positive health and well-being. So far, feedback from patients receiving the service has been very positive:

"The transportable machine is great and now I am able to go and stay with my family overnight and go to the park with my grandchildren."

Patient, Ballymena

"Oxygen has made a great difference to me. Before I got ambulatory oxygen I did not want to go out because I had no puff. Now I have an oxygen tank and a conserver and I am able to get out and about more and do a little house work, which my husband had to do before. I go to the weekly maintenance classes now after attending pulmonary rehabilitation. My quality of life is much better."

Patient, Northern HSCT

"Using liquid oxygen has meant that I can go out for longer without worrying if the cylinders are going to run down and how long I am out for. Overall I feel better. I am now able to attend a weekly exercise class in the local leisure centre."

Patient, South Eastern HSCT

There is also greater integration between the healthcare professionals and BOC, the company that is providing the Home Oxygen Service and, as a result, there has been a greater awareness and reporting of the safety aspects of using home oxygen. The risks of fire with oxygen and smoking have been highlighted and a risk assessment has been developed for use by the healthcare professionals that are prescribing oxygen. The risk of falls from trips involving oxygen tubing has also been identified. During the six month period July to December 2014, there were nine incidents reported in the home oxygen service and of these, two were smoking-related and three involved trips or falls. All of these incidents were investigated and appropriate actions have been taken.

Measuring improvements with healthcare associated infections

Part 1: Device associated infection (DAI) surveillance

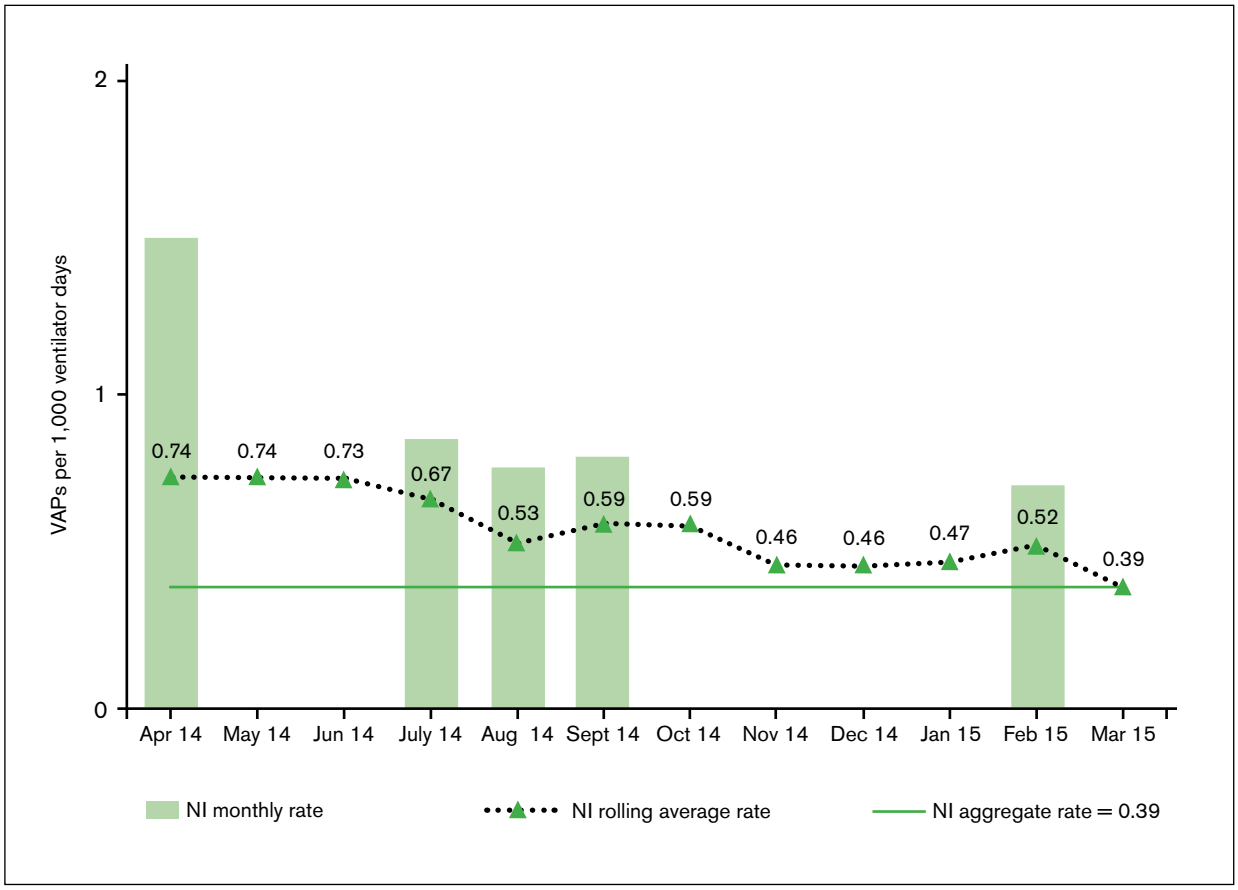
The PHA's regional surveillance programmes monitor three infections associated with invasive medical devices (an identified risk for HCAI) among patients receiving care in all critical care units in acute hospitals in Northern Ireland. This paperless surveillance programme is delivered through electronic data capture and sharing. Outputs from this surveillance programme are used to drive local improvement in critical care units.

Ventilator associated pneumoniae (VAPs)

The regional VAP rate for March 2015 was 0.39 per 1,000 ventilator days. This represents a continuing reduction in the regional 12-month rolling average VAP rate from 0.74 per 1,000 ventilator days in April 2014.

VAP rate = [Number of VAP / Number of ventilator days] x1,000

Figure 15: Regional VAP rate April 2014 to March 2015

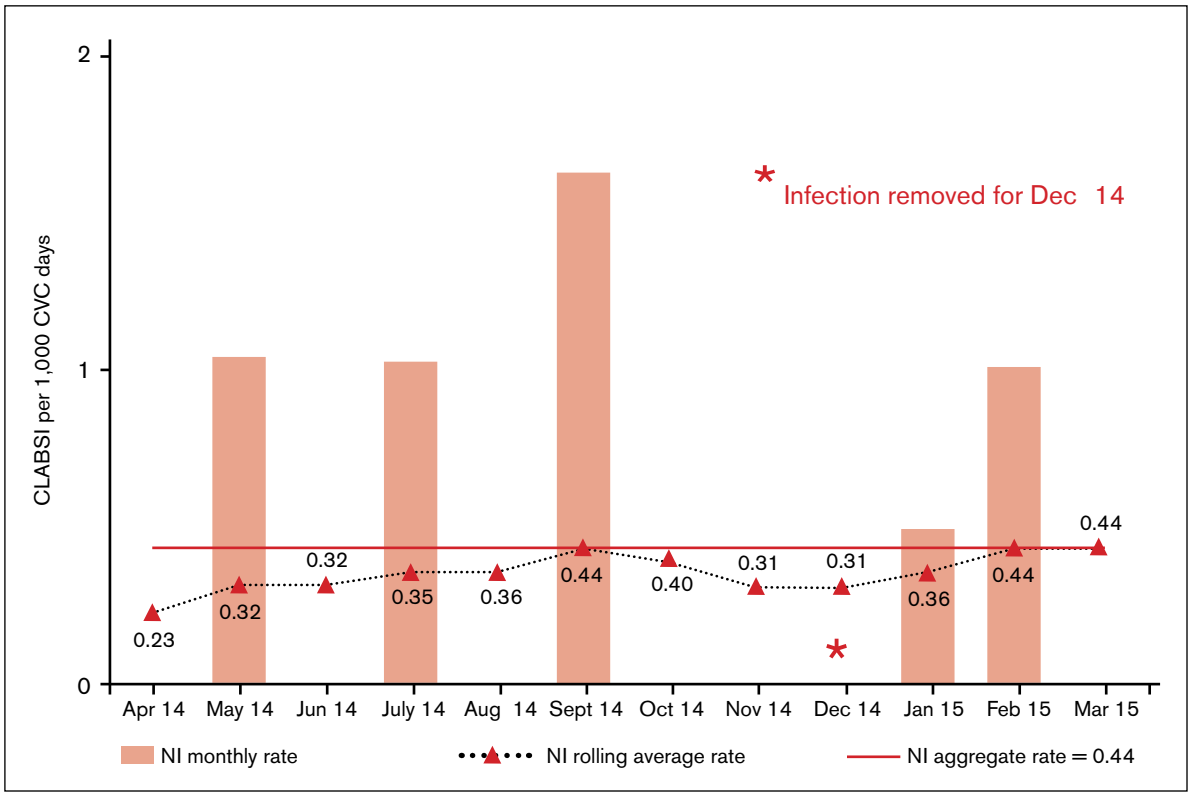


Central line associated infections (CLABSIs)

The regional CLABSI rate for March 2015 was 0.44 per 1,000 central venous catheter days. This represents an increase in the regional 12-month rolling average CLABSI rate from 0.23 per 1,000 central venous catheter days in April 2014. During 2014 work commenced on a project to examine and validate CLABSI data reported from critical care units through our regional DAI surveillance programme. It is anticipated that findings of this validation project will be available in early 2016.

CLABSI rate = [Number of CLABSI / Number of central venous catheter days] x1,000

Figure 16: Regional CLABSI rate April 2014 to March 2015

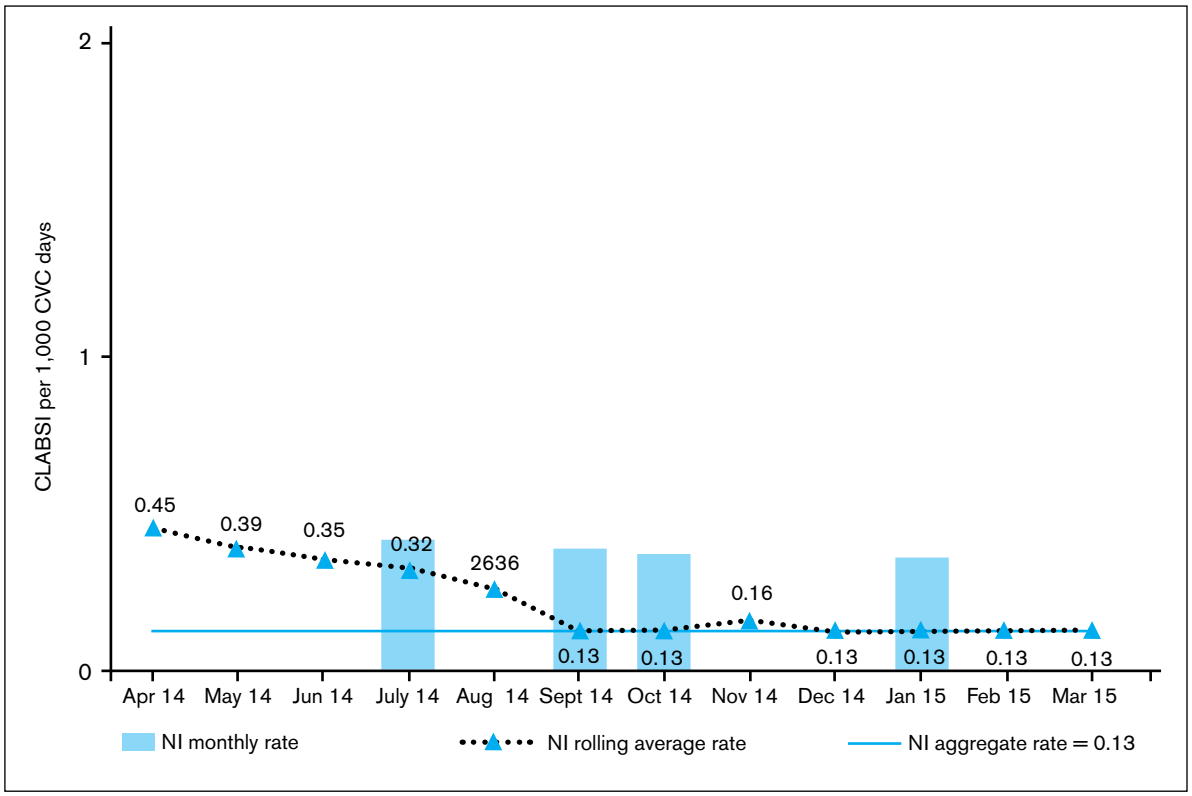


Catheter associated urinary tract infections (CAUTIs)

The regional CAUTI rate for March 2015 was 0.13 per 1,000 urinary catheter days. This represents an overall reduction and steadying of the regional 12-month rolling average CAUTI rate from 0.45 per 1,000 ventilator days in April 2014.

CAUTI rate = [Number of CAUTI / Number of urinary catheter days] x1,000

Figure 17: Regional CAUTI rate April 2012 to March 2013



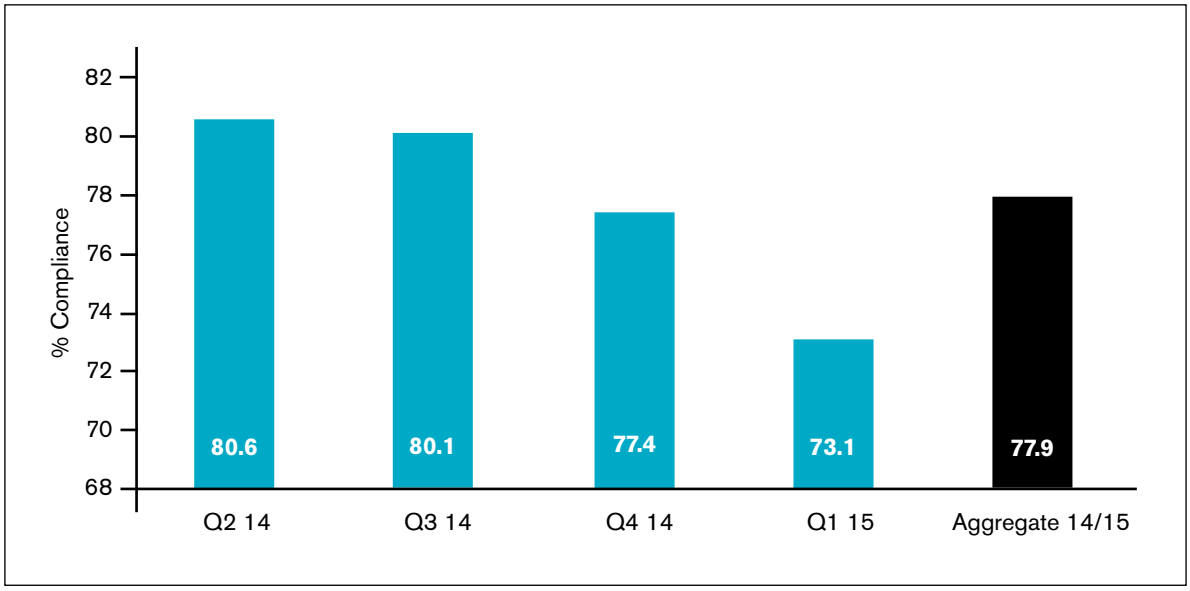
Part 2: Surveillance of surgical site infections

Surveillance of surgical site infections (SSI) following caesarean section

All HSCTs in Northern Ireland have established programmes for surveillance of post-operative surgical site infections (SSIs) occurring in women who have delivered by C-section. The health protection team in the PHA supports all HSCTs in operational delivery of this programme. The PHA team is responsible for delivering all regional aspects of this important surveillance programme.

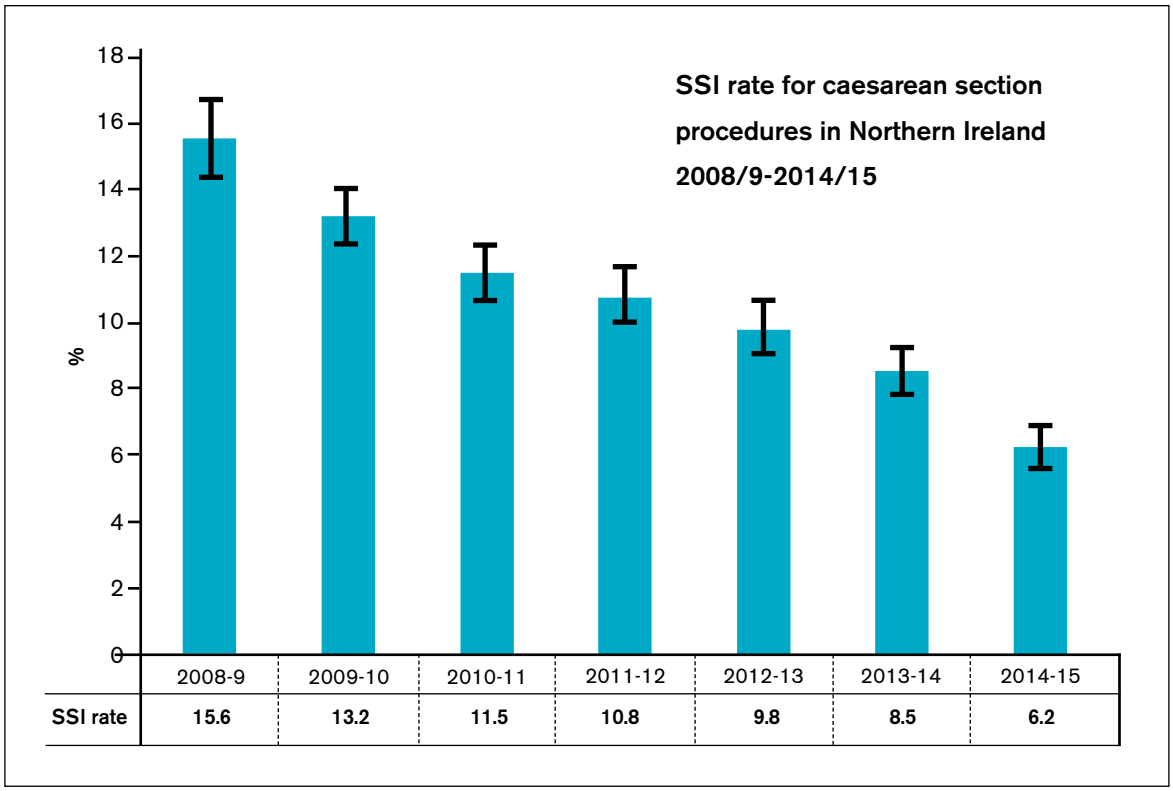
Compliance for C-section SSI surveillance is based on the number of C-section procedures for which data are reported to the PHA compared to the number of C-sections actually performed. Compliance in C-section SSI surveillance has increased from 44% in 2008/09 to 80% in 2013/14. For two of four quarters in 2014/15 compliance with C-section SSI surveillance was 80%. The overall compliance rate for 2014/15 across all HSCTs was 78%.

Figure 18: Compliance with C-section SSI surveillance 2014/15



During 2014/15 the regional SSI rate for C-sections was 6.2 per 100 C-section procedures. This represents a continuing reduction from an SSI rate of 8.5 per 100 C-section procedures in 2013/14 and an initial rate of 15.6 in 2008/09 when this regional surveillance programme was first introduced.

Figure 19: Regional Caesarean section SSI rate 2008/09 to 2014/15



	2008-9	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
SSI rate	15.6	13.2	11.5	10.8	9.8	8.5	6.2

Measuring improvements in social care

Improving information for CAMHS and Autism Services

The Health and Social Care Board have established CAMHS and Autism Minimum Data sets. These data sets have improved understanding of the needs of children and young people. Both data sets are being revised to include all elements of CAMHS provision and capture children and young people's experience and their outcomes. The data have been used to reshape and refine service delivery so that care is more attuned to the needs of children, young people and their families across all steps of care in the service model for CAMHS.

Service frameworks

Respiratory

The Regulation and Quality Improvement Authority (RQIA) completed an independent review of the implementation of the original (2009) framework and gave a positive report on progress achieved. In this review, the stakeholders considered that the implementation process has been a success that shaped the way services are being taken forward and that the framework contributed significantly to improvements in these services.

The original framework then underwent a formal revision process in 2014. The revision was conducted by the Regional Respiratory Forum, supported by the Long Term Conditions Service Team, and led by the PHA.

Subsequently, the draft revised *Service Framework for Respiratory Health and Wellbeing* went through public consultation process early this year. The consultation responses were broadly supportive of the service framework and relevant comments relating to the standards and KPIs in the framework document were considered by the Respiratory Forum Project Team (led by the PHA), and the framework has been updated as appropriate.

The final document includes stretching standards and KPIs, which are vital for improving the overall care of people with the respiratory diseases. Essentially, all standards reflect the patient care journey and are focused on addresing issues in relation to the quality and safety of the respiratory services across Northern Ireland.

The final document is with the DHSSPS for formal approval and launch.

Cancer

The *Service Framework for Cancer Prevention, Treatment and Care* (abbreviated to Cancer Service Framework) sets standards for cancer that specifically focus on prevention, diagnosis, treatment, care, rehabilitation and palliative care. The Cancer Service Framework (CSF) was published in 2011 and set out anticipated levels of performance against standards over a three year period.

The CSF comprises 52 standards, of which nine are generic, a further three refer to palliative care and the balance (40) are cancer specific standards. The cancer specific standards

include screening, awareness and early diagnosis, surgical management, chemotherapy and radiotherapy treatment and follow-up.

The CSF is currently under review – the following are some of the key achievements relating to the 2011 framework.

- HPV programme achieved targe.t
- Uptake of Bowel Cancer Screening Programme by both males and females continues to increase.
- Funding for commencement of roll-out of acute oncology services has been secured.
- Workforce plans for therapeutic radiography and medical physics associated with the expansion of radiotherapy services have been agreed by HSCB.
- NICaN Cancer Survivorship website has been developed and is live, allowing patients and families to identify statutory, voluntary and community services in their area. There has been a steady increase in traffic.

Cardiovascular

The Cardiovascular Service Framework sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation and palliative care of the individuals and communities who currently have or are at greater risk of developing cardiovascular disease. Given that several diseases can co-exist, share common factors and can adversely impact on prognosis, the framework includes consideration of coronary heart disease, cerebrovascular disease, peripheral vascular disease and renal disease.

The framework specified that the GAIN evidence-based consensus guidance on the prevention and management of acute kidney injury (AKI) should be implemented and that all FY2 doctors in Northern Ireland should have access to training on AKI recognition, which will improve patient outcomes. All FY2s receive the training through mandatory training sessions.

Atrial fibrillation (AF) is a cardiac arrhythmia occurring in 1-2% of the general population, with increased prevalence associated with increasing age. AF confers a five-fold risk of stroke. The framework specified that patients over the age of 65 years should have an opportunistic assessment of AF. In total, 98% of eligible patients over the age of 65 years have been assessed for AF in primary care.

Mental health

A new Mental Health and Wellbeing Service Framework for Northern Ireland is currently being drafted. The aim of the new framework is to evidence implementation of the regional mental health care pathway 'You in Mind', which was launched in October 2014. Key features of the

Framework will include a number of high level service standards along with key quality indicators and performance measures.

The draft Framework will be subject to a period of consultation, to be undertaken by DHSSPS, later in 2015/16. Thereafter, the aim is to implement the new Framework from 2016/17.

Learning disability

The aim of the Learning Disability Service Framework (LDSFW) is to improve the health and wellbeing of people with a learning disability, their carers and their families by promoting social inclusion and reducing inequalities in health and improving the quality of care.

2014 – 2015 (Year 1) has focused on establishing baseline information, to provide robust qualitative measures that can be monitored and reviewed to ensure standards improve over an agreed timescale delivered against key performance indicators.

Essentially many of the KPIs have not previously been measured and while some information systems were available, these were limited and provided only a fraction of the quantitative data required. There are relatively little data collected routinely within the HSC that reflect the largely qualitative data required by the Framework's standards.

The audit for the Learning Disability Service Framework is now complete, having used a range of audit tools such as Organisational Audit, Case Note Review and Online Survey, as well as available data sets. An Excel sheet has been populated outlining the baseline position as of 31 March 2015 for each of the five HSCTs, HSCB and PHA, identifying the data source and frequency of monitoring. The baselines will allow performance levels for 2015-2016 to be agreed with the HSCTs, HSCB and PHA. The audit has also identified areas where change in practice is required.

Older people

The older people service framework has benefitted from a range of initiatives in relation to person-centred care, safeguarding, carers, transitions of care and self-directed support. These have all lead to the provision of more person-centred, individualised support to older people and their carers.

A range of activities to seek older people's views on the effectiveness of improvements are in place, including short break development groups, short break evaluation and use of 10,000 Voices.

Children and young people

A draft service framework for children and young people has been developed by the HSCB and PHA. The framework sets standards aimed at improving birth outcomes, supporting child development across the life course; improving the management of short and long-term medical conditions' promoting positive mental health and emotional wellbeing, and improving the care provided to children with disability and children and young people in special circumstances.

The draft framework was issued for public consultation which closed in January. The HSCB and PHA have reviewed and approved the consultation responses and are waiting for it to be launched by the Minister for Health. The framework will be implemented over three years.

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) is an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produce different types of guidance, including Technology Appraisals (new drugs, medical treatments and therapies) and Clinical Guidelines (recommendations on the appropriate treatment and care of people with specific diseases and conditions) and Public Health Guidance (recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health).

The HSCB have put in place processes to ensure that all Technology Appraisals, Clinical Guidelines and Public Health Guidance approved by NICE and endorsed by the DHSSPS are implemented within Northern Ireland. During 2014/15, the HSCB issued 24 Technology Appraisals to HSCTs and it continues to monitor the implementation of 100 CGs and 2 PHGs which have been issued to the service.

More information about the Technology Appraisals and Clinical Guidelines that are being implemented can be found at www.hscboard.hscni.net/NICE

Improving the care of multiple pregnancies

Multiple pregnancies (twins, triplets etc.) have a higher risk of complications, particularly if the babies share the same placenta which happens in around 20-25% of twin pregnancies. Multiple pregnancies have increased, mainly due to increased use of fertility treatments such as IVF. Nowadays around 1 in 60 pregnancies is a multiple pregnancy, compared to around 1 in 80 pregnancies 30 years ago.

NICE has published a clinical guideline on the management of multiple pregnancies which has been endorsed by the DHSSPS for implementation in Northern Ireland. This NICE guideline clarifies the expected national clinical standards for the care and management of women expecting multiple pregnancies, and is therefore the standard that women in Northern Ireland should expect to receive for themselves and for their babies.

Over the past 18 months the PHA and HSCB have worked with the HSCTs and with the voluntary organisation TAMBA (the Twins and Multiple Births Association) to facilitate the implementation of the NICE guideline. A regional care pathway has been developed and also a multiple pregnancy commissioner specification which sets out the expected standards of care. Funding has been provided for the development of specialist twin antenatal clinics at the five larger hospitals (the Royal, Ulster, Craigavon, Altnagelvin and Antrim Hospitals). These developments should help to ensure that women with multiple pregnancies receive the standard of care recommended by NICE.

Developing HSCT annual quality reports

Following the initial publication of the Annual Quality Reports by the five HSCTs in 2013/14, the reports were reviewed by the Task Group. This review examined how the reports could be standardised across the region. Recommendations were made by the Task Group through the further development of the core indicators for the reports. These core indicators act as a baseline to monitor quality improvement year on year. 2014/15 also saw the arm's length Bodies produce their Annual Quality Reports.

HSCTs have produced their Annual Quality Reports for 2013/14 and have included information on outcome measures and quality indicators with a distinct focus on safety, effectiveness and patient/client experience. The core indicators in the reports focus on five themes:

1. Effective Health and Social Care;
2. Delivering Best Practice in Safe Health and Social Care Settings;
3. Protecting People from Avoidable Harm (Putting Learning into Practice);
4. Ensuring People have Positive Experiences of Service;
5. Resilient Staff (Staff Health and Wellbeing).

The Annual Quality Reports were launched in November 2014 on World Quality Day. This will be the annual date that future Annual Quality Reports will be released on.

Theme four:

Raising the standards

The HSCB and PHA have established a framework of clear evidence-based standards and best practice guidance which are used in the planning, commissioning and delivery of services in Northern Ireland. The HSCB and PHA recognise that the importance of the voice of the service user cannot be underestimated and their contribution to policy and procedures is essential to building a service user-based health and social care system. As a result, the HSCB and PHA have established dynamic partnerships between service users, commissioners and providers.

Setting the standards for personal and public involvement in care

Personal and Public Involvement (PPI) is a process that facilitates the active and meaningful involvement of service users, carers and the public, enabling them to inform and influence the commissioning, planning, delivery and evaluation of health and social care services. PPI is underpinned by a core set of values and principles, with a clear acknowledgement and recognition of the insights and expertise that services users and carers have. There is a clear and growing evidence base for the benefits of involvement, from the tailoring of services to need, thereby increasing efficiency, to improvements in quality and safety.

The PHA as part of its leadership role in this policy area, works closely with the Regional HSC PPI Forum take forward the concept and practice of involvement through a wide range of initiatives. One of the key developments undertaken in 2014/15 has been the co-production of a set of standards for engagement and involvement between HSC organisations and staff, on the one hand, and service users, carers and members of the public on the other.

The five PPI Standards support the key principle of people being involved and consulted on decisions which affect their health and social care. The five standards are:

1. **Leadership** – HSC organisations will have in place clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.
2. **Governance** – HSC organisations will have in place clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.
3. **Opportunities and support for involvement** – HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.
4. **Knowledge and skills** – HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver their statutory PPI obligations.
5. **Measuring outcomes** – HSC organisations will measure the impact and evaluate outcomes of PPI activity.

The PPI Standards will help to embed involvement into HSC culture and practice and clearly set out what is expected of HSC organisations and staff. The Standards are now being disseminated across the HSC system and these will help to standardise practice and support the drive towards a truly person-centred system.

Members of the Regional HSC PPI Forum at the launch of the PPI Standards, March 2015

PPI training

The need for staff to be aware of how to engage well and enhance their PPI skills is recognised. The Personal and Public Involvement and Leadership training programme which was developed in 2009 continued to be commissioned and funded by HSCB during 2014/15. The 'Involving People' Programme is open to staff in all HSC Trusts, other agencies, and the community and voluntary sectors. It is anticipated that by the end of 2015/16, 100 candidates will have obtained a Level 5 award in Leadership. In addition the HSCB during 2014/15 commissioned a Level 3 accredited training programme aimed at service users and carers. "Finding Your Voice" is due to commence in September 2015.

Annual HSCB recognition event

The second HSCB Annual Service User Recognition Event was held in December 2014. Building on the success of the previous year's event, the importance and value of engaging with service users was acknowledged by the Chairman and Chief Executive, who also thanked and recognised the contribution of those who work with the Board. The event was not only an opportunity for networking amongst service users and carers, but enabled service users to contribute directly to the development of the Health and Social Care Board's new Personal and Public Involvement Strategy and to engage with Directors of the Health and Social Care Board.

Improving patient and client experience

Within Northern Ireland we want to ensure that throughout the entire patient/client journey in healthcare, people are treated with compassion, dignity and respect. In April 2009, the DHSSPS published the "Improving the Patient and Client Experience Standards".

This highlighted five core standards:

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

The PHA is responsible for monitoring the implementation of these Standards. Since the implementation of the Patient and Client Experience Standards, the PHA and HSCB worked collaboratively with the HSCTs to develop an annual comprehensive Patient and Client Experience work programme which uses a range of methodologies to gain the 'patient' experience of health and social care and drive quality improvements to enhance the patient and client experience. A triangulated methodology is used which includes patient stories, patient satisfaction surveys and observations of practice. The most appropriate methodology is used depending on the individual settings.

10,000 Voices initiative

The PHA and HSCB commissioned '10,000 Voices' to provide a vehicle which listens to patient, client and staff experience using story methodology to affect, inform and influence rapid changes in the way services are commissioned and delivered. The 10,000 Voices initiative has focused on a range of areas throughout 2014/15, which include the following:

- Care received in unscheduled care services including ED, GP OOH, MIU
- Care received by patients / clients in their own home
- Nursing and midwifery care
- Care delivered by Northern Ireland Ambulance Service

The 10,000 Voices initiative offers patients and clients the opportunity to provide real time feedback on the services they have received. The stories are read on a weekly basis by senior staff within the PHA and HSCTs. Immediate action is taken when appropriate. It facilitates 'real time' improvements, demonstrating a learning culture and engaged organisations. Stories are fed back to wards and departments on a weekly basis which provides a real-time response for staff, enabling them to implement 'quick fixes' and change practice appropriately. The information is then analysed for themes and trends which are then shared with relevant staff and action plans are developed for more longer-term improvement.

Impact

To date 6,741 patient, client and staff stories have been received. The findings from the information received provides a rich source of evidence from which local and quality improvements can be identified and implemented as outlined below:

Unscheduled care areas

Based on the information received from the first period of story collection (September 2013 – June 2014) and through the monitoring of the Patient and Client Experience Standards, a number quality improvements have been implemented, including:

- Improved information for patients
- Improvement in patient comfort while waiting
- Review of cleaning schedules
- Refurbishment of waiting areas
- Review of pain management in EDs

Story collection from patients in unscheduled care was recommenced in January 2015 and alongside this the collection of staff stories in unscheduled care areas was commenced. Early analysis of the information shows that the majority of patients are satisfied with the level of care they have received. Patient experience is being further integrated within the HSCTs with the inclusion of patient stories at daily safety briefs.

Experience of nursing and midwifery care

Analysis of the information received through 10,000 Voices and monitoring of the patient and client experience standards indicates a high level of satisfaction with the standard of nursing and midwifery care throughout Northern Ireland. However there is also some areas for learning and development. The following improvements have been progressed:

- Experience of women/partners who have been cared for in midwifery led units (MLUs) have been used to inform the development of regional guidelines for MLUs

- Teaching session for student nurses and midwives
- Learning events across HSCTs to provide feedback and allow reflection on patient stories
- Programme developed for Band 2/3 staff
- Integration of patient experience information into induction programmes
- Production of patient experience DVD for staff training

Care in your own home

A high proportion of stories indicate that people who receive care in their own home in all Trusts are very satisfied with the care they receive. This is demonstrated in many of the stories which describe the compassionate care, help and support which carers deliver. Patients and clients are very grateful for the opportunity to remain in their own home and to have their independence maintained. For residents in supported living accommodation, they are very appreciative of the security and company that this type of housing offers.

Regional and HSCT findings have been collated and the key messages from people who receive care in their own home include the following:

- staff do not always have enough time to spend with the person;
- the timing of calls at home do not always meet with individual requirements;
- people who receive care at home report that they have feelings of isolation and loneliness;
- staff do not always have the appropriate skills to care for patients with dementia.

These findings are currently being shared with the appropriate staff who will identify any actions which can be progressed.

Care delivered by the Northern Ireland Ambulance Service

The collection of stories in relation to care delivered by the Northern Ireland Ambulance Service is ongoing, with the majority of patients reporting positive experience with this service.

Cancer patient experience survey

During 2014-15 the PHA and Macmillan funded the first National Cancer Patient Experience Survey (CPES) undertaken in Northern Ireland. It has been based on the CPES surveys used in England, Wales, the Isle of Man and Australia, with the first survey being undertaken in England in 2010. The survey has been designed to monitor progress on cancer care, to provide information that can be used to drive local quality improvements, to assist Multi-Disciplinary Teams, Commissioners and HSCTs in improving services for patients, and to inform the work of the charities supporting cancer patients.

The survey covered all adult patients in active treatment for cancer in Northern Ireland during the period December 2013 - May 2014. The number of respondents was 3,217 from all five HSCTs in Northern Ireland, from an initial sample of 5,388 (62% response rate).

Cancer patients tend to give positive responses about their treatment and care, and also give higher scores than hospital inpatients in the UK context. Scores of 80% and over have been achieved in Northern Ireland on questions such as: information on tests; being told sensitively they had cancer; verbal information on operations; privacy when being examined, treated and when discussing their condition; confidence and trust in doctors; pain control; being treated with respect and dignity; controlling the side effects of chemotherapy and radiotherapy; and the GP being given the right amount of information in order to care for the patient. These high scores on these types of questions are congruent with the results of the CPES in England and in Wales and in some cases are even more positive.

92% of respondents in Northern Ireland (89% England in 2014) said that their overall care was excellent or very good.

Improving dementia services in Northern Ireland

The 2011 regional dementia strategy focused largely on improving the quality of life, care and treatment for people living with dementia, their carers and staff working in the field of dementia.

In September 2014 an investment was made through the 'Delivering Social Change Project' which will contribute significantly to the implementation of recommendations across three broad thematic areas of the strategy i.e. (i) awareness raising, information and support, (ii) training including delirium and (iii) short breaks, respite and support for carers. This programme will aim to transform the commissioning, design and delivery of dementia services in order to improve the quality of care and support for people living with dementia, promote better awareness, reduce stigma attached to the condition and improve the skills and competency of those working in dementia care services.

Review of releasing time to care (RTTC)

On 3 September 2009 the regional launch of the Productive Mental Health Ward programme 'Releasing Time to Care' took place in Northern Ireland. The programme set out structured methods designed to improve ward environment, systems and processes. The ethos was that the time released by making processes more efficient could then be used for patient care, with a subsequent improvement in the safety, quality and reliability of both patient care and the patient experience. Eleven modules were rolled out as follows:

It was introduced across all acute mental health inpatient admission wards and has been operational for the last six years. A Joint HSCB/PHA Review was commissioned to evaluate the current benefit and impact in relation to Releasing Time to Care through provision of evidence of improvement/ quality in the areas of safety, effectiveness and efficiency of care, and service user experience.

The Review found evidence which demonstrated that the principles of Releasing Time to Care were embedded in practice across the majority of the region, underlining the success of the programme in Northern Ireland. The model was instrumental in fostering empowerment, creativity and leadership and each HSCT demonstrated safety, effectiveness and patient experience through a plethora of initiatives which emerged. It was also evident, however, that the ability to sustain the momentum needed to continue Releasing Time to Care requires protected time for reflective practice and time to repeat the modules on an ongoing basis.

A number of recommendations have been identified in the Review and reflect the key priorities set out in Quality 2020 in relation to transforming culture, strengthening workforce, measuring improvement, raising standards and integrating care across the health and social care system in Northern Ireland.

Raising the standards with Transforming Your Care

TYC-led work with the Consultation Institute

As part of the HSCB led regional Statutory Residential homes for older people project the TYC Directorate engaged the services of the Consultation Institute - a UK-based, not-for-profit organisation who promote the highest standards of public, stakeholder and employee consultation by initiating research, publications and specialist events in order to disseminate best practice and improve subsequent decision-making. During 2014/15 the Institute undertook a retrospective review of the pre-consultation engagement processes which the Statutory Homes Project team undertook. As well as endorsing the pre-consultation approach adopted, the Institute also provided advice to the project team in respect of the next stages of the project – formal consultation and post-consultation analysis and reporting. Engagement of the Institute ensured that lessons learned from other public sector consultation exercises and best practice in respect of stakeholder engagement where deployed to the project.

Partnership working with Age NI

As part of the HSCB led regional Statutory Residential homes for older people project the TYC Directorate engaged the services of Age NI to provide peer facilitators to engage directly with residents of statutory residential homes. The HSCB and Age NI facilitated a joint training programme for the peer facilitators, prior to facilitators visiting each of the residential homes affected by proposed changes to engage directly with residents and seek their views on the criteria proposed to help assess the future role and function of each home. The use of peer facilitators was complementary to a range of other consultation processes deployed during the project to engage with residents of homes, their families and carers, and was acknowledged by the Consultation Institute as innovative practice to secure the views of key group of stakeholders.

A human rights-based approach

The HSCB and PHA are committed to fulfilling their obligations with regards to equality and human rights, as well as integrating an equality and human rights-based approach into the design of services. This commitment and close cooperation with human rights organisations was strongly endorsed in the Vision to Action Consultation.

For example, during 2014/15 the HSCB commissioned expertise in the area of human rights in respect of the statutory residential homes project. The Northern Ireland Human Rights Commission was able to develop a human rights-based approach to the project. This involved mapping potential human rights issues against proposed mitigation actions in the management of the project. This allowed the HSCB to ensure that any proposals for change to statutory residential home provision and the undertakings associated with same comply with human rights law.

Monitoring and reducing healthcare associated infections

Healthcare associated infections (HCAIs) are an important and preventable cause of mortality (death) and morbidity (illness). Older patients and patients with co-existing illness are at increased risk of developing infections either as part of, or as a result of, their healthcare.

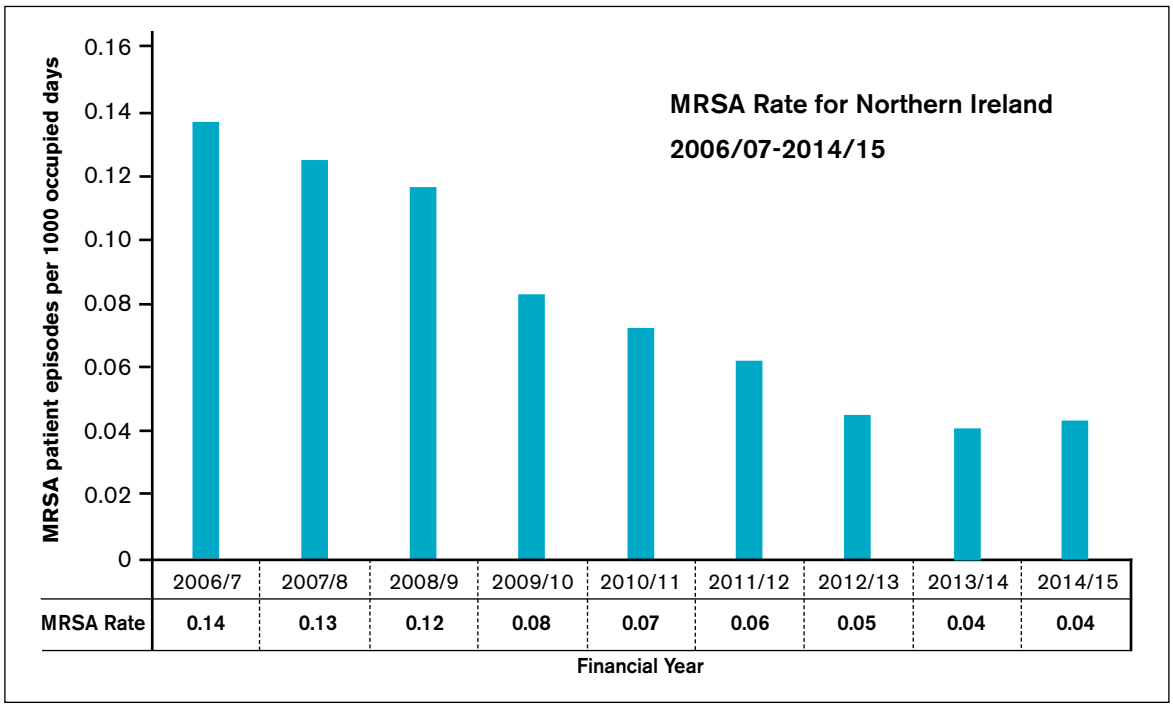
The PHA oversees and delivers a number of regional HCAI surveillance programmes. Partners across health and social care (Trust, primary and community services) use the information reported through our regional surveillance programmes to monitor the impact of infection prevention and control programmes and service improvements.

Meticillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections

The regional rate for MRSA bacteraemia has decreased considerably from 2006/07. In 2014/15 the regional MRSA rate was 0.04 per 1,000 occupied bed days, remaining unchanged from the rate reported for the previous year and representing one quarter of the regional MRSA rate reported in 2006/07.

Five more MRSA bacteraemias were reported by HSCTs during 2014/15 than in the previous year. The regional ministerial target of 50 MRSA bacteraemias was exceeded by 17 infections, with two HSCTs meeting their individual MRSA reduction targets.

Figure 20: Regional MRSA bacteraemia rate per 1,000 occupied bed days 2006/07 to 2014/15



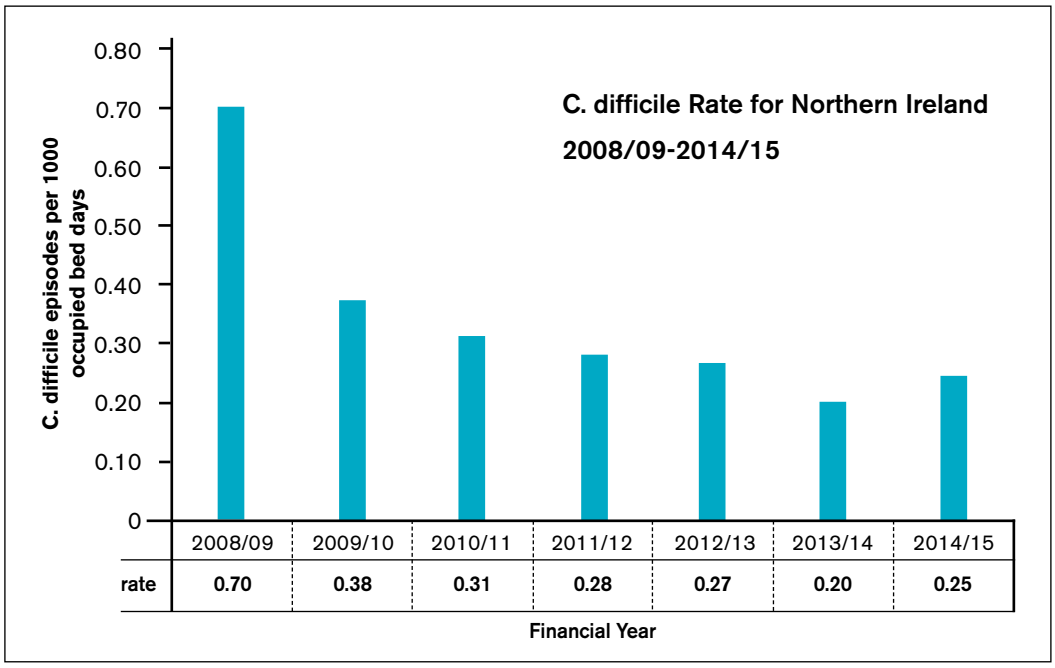
Clostridium difficile infections (CDI)

The regional rate for CDI among hospital in-patients aged two years and over has decreased considerably from 2007/08 onwards. In 2014/15 the regional CDI rate was 0.25 per 1,000 occupied bed days, representing approximately one third of the regional CDI rate reported in 2008/09.

The CDI rate for 2014/15 has increased slightly from the rate reported for the previous year (0.20 per 1,000 occupied bed days). This is the first occasion that an increase has been reported for CDI rates among this group of hospitalised patients.

Sixty nine more CDI cases were reported by HSCTs during 2014/15 than in the previous year. The regional ministerial target of 288 cases among patients in acute hospitals was exceeded.

Figure 21: Regional CDI rate per 1,000 occupied bed days, in-patients aged 2 years and over, 2008/09 to 2014/15



Peer review of cancer multidisciplinary teams

During 2014-15 the HSCB's Cancer Network coordinated the peer review of Breast, Colorectal, Gynae and Lung Multidisciplinary Team Meetings (MDTs) by the NHS National Peer Review Team. This enabled MDTs from the 5 HSCTs to be assessed against the Manual of Cancer Service Standards for benchmarking purposes both within Northern Ireland and across England and Wales. Lay reviewers were recruited from the Cancer Network Patient and Public Involvement Forum for all Northern Ireland visits. These lay reviewers were trained by the National Peer Review Team alongside the Clinical Reviewers on the process – in addition a separate lay reviewer development programme was developed to include active listening, report writing, critical questioning and confidence building.

Many examples of good practice were identified by the clinical and lay reviewers and action plans have been agreed for areas where the reviews indicated improvements were required.
Five further disease areas are to be peer reviewed in 2015-16, namely Head and Neck, Urology,

Skin, HPB, and Brain and CNS. Preparatory work was undertaken during to standardise the management of patients treated for these five disease areas.

Regional information system for oncology and haematology (RISOH)

Work via the Regional Information System for Oncology and Haematology Programme (RISOH) has resulted in development of standardised clinical management guidelines and associated systemic therapies protocols for all oncology regimens. Work is ongoing to agree clinical management guidelines and to rationalise haematology regimens. The system will during 2015 enable electronic prescribing of oncology and haematology regimens in line with National Chemotherapy Advisory Group (NCAG) safety guidelines.

Raising the standards in primary care

GP practices have a contract to provide core services to patients registered with their practice who are unwell. To build on this core work the Health and Social Care Board also offer additional payments to practices providing additional services such as vaccinations and structured reviews and care plans for groups of patients.

Enhanced services

Enhanced services are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services which are designed around the needs of the local population. Enhanced services provide the HSCB with opportunities to develop more local and integrated services across primary and secondary care.

Provision of enhanced services is optional and those GP practices who agree to provide each enhanced service have a contract individually with HSCB.

Below are three examples of enhanced services that have been well received by patients, their carers and GPs in 2014-15. All services offer a holistic approach to improving patient care and involve patients, families, carers and healthcare staff in decisions about future care.

(1) Healthcare for adults with a learning disability

Following the Northern Ireland Review of Mental Health and Learning Disability (Bamford), it was clear that people with a learning disability have higher mortality rates and live with greater levels of ill health than the general population. They are more likely to have general health problems, sensory impairments, mental health problems, epilepsy, cerebral palsy and other physical disabilities. Specifically:

- Uptake of breast and cervical screening by women with a learning disability is poor.

- People with a learning disability tend to access primary care much less than they need to.

- Many people with a learning disability have undetected conditions that cause unnecessary suffering or reduce the quality or length of their lives. HSCB ophthalmic services have worked with medical services staff to highlight how visual impairments may be flagged up and detected in persons with a learning disability.

- Often not easily identified on patient lists as having a learning disability.

In an effort to improve the health and wellbeing of people with a learning disability the Directorate has put in place an enhanced service for HealthCare for Adults (aged 18 years +) with a learning disability.

One of the keys to success is joint working between local HSCTs, primary care, voluntary bodies, users and carers. This service is intended to assist local partnerships to use enhanced services to deliver better healthcare to patients with a learning disability. As a result it is aiming to enhance the life and independence of those patients and is achieved by:

- Partnership working between GP practices and the local HSCTs.

- Providing a detailed patient health assessment and liaising with other organisations to provide further care and appropriate screening - for example community and learning disability health professionals, social services and educational support services in order to provide seamless care for patients and their carers.

- Providing a patient / carer health action plan that is reviewed on an annual basis with the outcomes updated. The health check is then integrated into the patient's personal health record.

- Promotion of a team-based approach to care, with improved liaison with carers and health care professionals.

Table 13: Learning disabled 2014/15

LCG Area	Total number of Practices	Contracting Practices	Percentage signup	Nos of Health Checks carried out
Belfast	85	76	89%	845
South Eastern	54	53	98%	1047
Northern	78	77	99%	1400
Southern	76	67	88%	1309
Western	57	54	95%	1169
Regional Total	**350**	**327**	**93%**	**5770**

(2) Multiple sclerosis/Parkinson's Disease local enhanced services (LES)

This local enhanced service was developed in 2014-15 by Directorate staff and has 329 of Northern Ireland's 350 (94%) GP practices contracting to provide this new service.

It has been reported as a useful and helpful service by GPs, their patients and carers as the service enables the proactive management of patients with multiple sclerosis/ Parksinon's Disease through a detailed annual review.

Multiple sclerosis and Parkinson's Disease are common neurological conditions affecting patients. The prevalence of multiple sclerosis in Northern Ireland is around 170 per 100,000. For Parkinson's Disease, prevalence is estimated between 100 -180 per 100,000. Incidence increases with age. Although hospital doctors will treat these diseases, GPs have a role in the identification and management of both new and unmet healthcare needs of their patients.

Due to the chronic, progressive nature of both these neurological conditions, this service includes the early identification of palliative care (end of life) needs and planning ahead may be required in the advanced stages of both diseases.

Patients receiving care under this service can now expect their practices to:

- Develop a register of patients with multiple sclerosis
- Develop a register of patients with Parkinson's Disease
- Proactively manage their healthcare needs through annual review. This is a holistic review which should identify any new or unmet needs and is recorded in their medical notes and includes for example:
    - A review of daily living, social support and carer involvement activities
    - Health promotion including review of uptake of health checks in practice (eg blood pressure monitoring, cholesterol checks), vaccination programmes and national screening programmes (eg cervical/breast/bowel screening)
    - Review of any co-morbidities
    - Review of current specialist support including any planned hospital reviews and any recent hospital attendances
    - Review of all current medication, including side effects (eg use of steroids, analgesia, anti-depressants) and recording of Red List Drugs
    - Symptoms review

Common symptoms of chronic multiple sclerosis include: fatigue, pain, spasticity, bladder / bowel dysfunction, visual problems, mood disorders, cognitive problems, sexual dysfunction, speech and swallowing problem.

Common symptoms of Parkinson's Disease include: mental health problems, cognitive changes, sleep disturbance, falls, constipation, bladder dysfunction, orthostatic hypotension, swallowing problems, sweating, sexual dysfunction, excessive saliva.

- Referral to other health professionals depends on the outcome of review

Table 14: Multiple Sclerosis and Parkinson's Disease 2014/15 as of March 2015

LCG Area	Total Number of Practices	Contracting Practices	Percentage signup	Multiple Sclerosis No of Annual Reviews of Patients to date	Parkinsons No No of Annual Reviews of Patients to date
Belfast	85	79	95%	459	436
South Eastern	54	50	93%	478	344
Northern	78	78	100%	763	592
Southern	76	66	87%	550	435
Western	57	56	98%	404	451
Regional Total	**350**	**329**	**94%**	**2654**	**2258**

(3) Optometry local enhanced service (glaucoma service)

In late 2013 the HSCB introduced the first optometry local enhanced service in response to the implementation of NICE Clinical Guideline 85 (CG85). This guideline required patients with eye pressures over a certain limit to be referred to the hospital eye service for assessment for ocular hypertension (OHT) and glaucoma. Eye pressures can fluctuate for many reasons and as a result many patients were being referred to the eye clinic unnecessarily, causing worry and concern when the eye pressure reading was recorded as being over the limit advised in CG85.

HSCB worked to redesign the glaucoma pathway, funding a new first class glaucoma service in the Shankill Wellbeing and Treatment Centre and also introducing a new service for primary care optometrists. Over 350 optometrists across Northern Ireland underwent additional training and assessment to provide an enhanced service. This service allows patients whose eye pressures were above the stated limit at first measurement to return to their optometrist for an additional test which would help determine if referral to the eye clinic was necessary.

Since the introduction of the service in December 2013 over 2,000 patients have accessed it and 65% of them have not required referral. This means that now there is less pressure on the glaucoma clinic and also that patients are not subject to undue worry because of an unnecessary referral. Quality and patient experience are therefore improved, and demand better managed.

When referral from the optometrist is indicated, investment in the new glaucoma service at the Shankill Wellbeing and Treatment Centre means that patients attend a one-stop clinic where all the necessary tests are conducted and the patient is seen by a doctor or optometrist about their eye problem and any other advice they made need in regard to their eye condition and support services.

The optometrist who referred the patient will also receive feedback on the patient and hence the patient's eye care is integrated. The HSCB monitors the activity and quality of the local enhanced service and is engaged with the hospital eye service to ensure audit and evaluation of quality and safety.

In 2015/16 the HSCB will progress plans to further develop the enhanced service available in community optometry practices.

Developments in oral medicine referral criteria/oral cancer

Oral medicine is the specialty of dentistry which is concerned with the oral healthcare of patients with chronic, recurrent and medically-related disorders of the mouth and with their diagnosis and non-surgical management.

General dental and medical practitioners refer patients to specialist services at the various HSCTs.

Referral criteria and guidelines were issued in 2013 to all dentists and doctors. The referring practitioner is required to indicate the urgency of the referral using the three recognised categories: Red Flag (suspected cancer), Urgent or Routine. They are also required to provide a provisional diagnosis and sufficient information to allow the referral to be appropriately triaged by the receiving consultant.

The HSCB has also worked with the HSCTs to develop guidelines for other dental specialist services including restorative dentistry, orthodontics and oral surgery. These guidelines can be downloaded at: www.hscbusiness.hscni.net/services/2470.htm

The need for referral criteria and guidelines was a key finding of the Dental Inquiry Report and action from the Dental Inquiry Action Plan (July 2013). The implementation of these guidelines will ensure the best use of hospital-based specialist dental services, improve clinical outcomes for patients and reduce waiting times for these services.

In November 2014, the HSCB, PHA and Cancer Focus Northern Ireland (CFNI) joined forces to develop a new patient information leaflet and posters to raise awareness of mouth cancer, stress the importance of early detection and add emphasis on prevention. Smoking, regular alcohol intake, the human papilloma virus (HPV) and over exposure to sunshine or sunbeds are the main risk factors for developing mouth cancer. It is more common in men than women and is rare in people under the age of 40. These resources can be downloaded at www.hscbusiness.hscni.net/services/2626.htm

HSCB practice inspections of wholly health service practices

The HSCB, in conjunction with the Regulation Quality and Improvement Authority (RQIA) inspected seven practices in 2014/15 that declared themselves to be wholly NHS practices and would have otherwise fallen outside the remit of RQIA. RQIA is responsible for the monitoring and inspection of private dentistry.

These inspections were based on the RQIA forms and protocols for 2014/15 to ensure parity between private and NHS facilities. The inspection process has been set up to mirror RQIA's system as closely as possible. The report is written by RQIA, with a copy of the report along with a Quality Improvement Plan (QIP) forwarded to the practice. A completed QIP is also returned to HSCB.

As a result of the inspections, issues related to decontamination and radiography were identified in three of the practices. A Board dental adviser worked with the practices, RQIA and the Health and Safety Executive to successfully implement the recommendations contained in these practices' QIPs. This meant that all wholly Health Service dental practices met the required dental standards in 2014/15.

Domiciliary eye care

In 2014 the HSCB Optometry team undertook a regional audit of the Guidelines and Audit Implementation Network (GAIN) Best Practice Guidance for Domiciliary Eye Care Provision. In 2013/14 there were over 14,000 domiciliary eye examinations provided to people in care homes and to people who could not leave their own home to access eye care from the community optometrist. The audit provided information on many aspects of how eye care is provided. This will help HSCB to further raise the standard and quality of domiciliary eye care to ensure that it is of the highest standard and gives the best outcomes for patients at all times. The HSCB is currently engaging with care home providers, optometrists and to implement the recommendations of the audit.

HSCB electronic prescribing eligibility system (EPES) prescribing safety indicators project of five safety searches

The EPES was established in March 2013 to explore the possibility of using data already contained within the 2D barcode of scanned prescriptions in order to identify prescribing of medicines with potential safety issues or prescribing that is not in line with current recommendations.

The aim was that the indicators would assist GPs in identifying patients who are at risk (before they have come to harm) due to potentially unsafe prescribing. Five indicators were developed and the information fed back to GP practices are listed below:

1. Patients taking both verapamil plus a beta blocker.
2. Patients taking warfarin who have had two or more issues of an NSAIS over the three month period (as a marker of long-term NSAID use).
3. Aspirin (300mg or more) prescribed to a child under16 years of age.
4. Pregabalin prescribed (or taken) at a higher than maximum dose.
5. Protopic® ointment (tacrolimus)
    a. In children under the age of two years (either strength, ie 0.03% or 0.1%)
    b. 0.1% strength in children aged between 2 and 16 years.

Source of indicators

Indicators 1, 2 and 3 are validated prescribing safety indicators taken from the King's Fund Research Paper on The Quality of GP Prescribing. The King's Fund prescribing indicators were devised by a panel of 12 GPs for use in assessing the safety of GP prescribing for the purposes of revalidation.

Indicator 4 was developed following local incidents where patients have taken high doses of pregabalin resulting in hospital admissions.

Indicator 5 was developed following MHRA advice on new age restrictions due to the risk of malignancies.

Method

Patients were identified from prescriptions issued by GP practices during March - May 2013. GP practices were provided with the Health and Care numbers of their patients who were identified in the searches.

GPs were given information on the evidence/guidance to support the rationale for the indicators along with advice on review of patients.

The searches were repeated for October - December 2013, to estimate percentage uptake of advice (calculated as % patients in baseline search not appearing in follow-up search).

Table 15: Potential benefits of identifying patients within each indicator

Indicator	Potential Risk to Patients	Advice to GPs	Estimated Uptake of Advice (% of patients identified in baseline search but not in follow up search)
Verapamil plus beta blocker combination	Additive negative inotropic effects on the heart. Risk of marked bradycardia & asystole, severe hypotension or heart failure. Increase risk of Torsades de Pointes if another drug that prolongs the QT interval added at a later date – e.g. erythromycin, citalopram	Review affected patients For uncomplicated hypertension or angina it may be appropriate for GP to change from verapamil to e.g. amlodipine If started by a cardiologist, ensure they are reviewed and monitored by a cardiologist – e.g. once a year	47%
Warfarin plus NSAID (2 or more issues of NSAID in the 3 month period as an indicator of long term use)	Increased risk of life threatening upper GI bleeding	Review affected patients Review need for NSAID, signs of bleeding, consider PPI etc	82%
Aspirin 300mg t a child less than 16 years of age	Risk of Reye's Syndrome	Review patients & prescribe a safer analgesic if required – e.g. paracetamol or ibuprofen	100%
Higher than maximum dose of pregabalin. Max licensed dose is 600mg daily. Search has identified those on an average dose of 800mg or more daily	Patients have been admitted to hospital with pregabalin overdoses (drowsiness, confusion, agitation, restlessness). See Medicines Safety Alert for more details	Review pateints for appropriate dose & review prescribing systems if patients are overusing by ordering early	89%
Protopic® Ointment < 2 years	Risk of malignancies. MHRA recommend to no longer give any strength of Protopic ointment to children <2 & only the lower strength (0.03%) to 2-16 year olds	Review patients Consult with dermatology	100%
Protopic® Ointment 2-16 years			92%

There is no direct evidence that correcting the patterns of prescribing leads to a reduction in harm; however, the potential risks associated with each pattern of prescribing are well documented and subsequent correlation of this is likely to improve patient safety.

The potential risks for patients are documented in Table 15, along with the rationale for the indicator and a summary of the advice given to GP practices where patients have been identified. For example, the combination of warfarin and oral NSAI increases the risk of upper GI bleeding. Acute upper GI bleeding is a potentially life threatening condition and accounts for an estimated 50,000-70,000 hospital admissions per year in the UK.

Results and conclusions:

- GPs and community pharmacists are in an ideal position to work together to identify unsafe prescribing.

- Uptake of advice was high (>82%) for all indicators, except for the verapamil/beta-blocker indicator (47%), which may have reflected patients being continued on this combination under the supervision of secondary care.

  The initial email was only sent to practices who had patients appearing in the baseline searches. Since there were new patients and new practices appearing in every indicator at the second time period, it was decided to share advice around each indicator with all practices and community pharmacies via the Medicines Safety Matters newsletter for prescribers and community pharmacists.

Raising the standards with social care

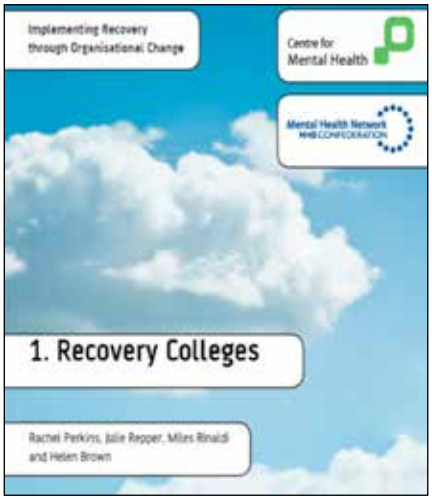
Improving the involvement of experts by experience in mental health care

The Implementing Recovery through Organisational Change (IMROC) programme offers a way of working that draws on the experiences and skills of people who have used mental health services and the staff who work in them. 'Recovery' in the mental health context means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition. The outworking of IMROC has two key benefits. Firstly it assists individuals in their personal and collective journeys of recovery by promoting hope that it is possible to pursue personal goals and ambitions, maintain a sense of control over one's life and have the opportunity to build a life 'beyond illness'. Secondly, they assist services to become more recovery-focused through true partnership working. The programme has resulted in:

- Improved co-working between people with lived experience and professionals delivering care.

- Establishment of recovery colleges in every HSCT area with over 100 co-produced education and training programmes and a transformed workforce.

- 18 peer support workers across all the HSCTs in Northern Ireland.



In recognition that psychological recovery also requires social and occupational recovery the Health and Social Care Board alongside the PHA is establishing recovery colleges in each HSCT. Recovery Colleges offer a fresh way of working that draws on the experiences and skills of people who have mental health needs. The power of Recovery Colleges is two-fold. Firstly, they assist the individuals whom they serve in their personal and collective journeys of recovery. Secondly, they will assist Health and Social Care services to become more recovery-focused. The colleges will create opportunities for people with mental health problems during and post-treatment to discover personal talents and develop new skills for life and can help people enter the labour market, engage in volunteering or enter formal education. Deciding to use education as the model for approaching recovery, rather than a more traditional model, has been based on the body of knowledge that reinforcing and developing people's strengths rather focusing on what is wrong with them enables recovery. The Recovery Colleges follow an adult education model, offering focused workshops and courses designed to re-skill and assist students to grow in the way they want.

Through this initiative the Health and Social Care system is now proactively seeking to create supported employment opportunities. ***Over the last year, 18 peer support worker posts have been created for people with mental health needs. These posts represent an investment of £360,000 annually.*** This work is creating real employment opportunities and the Health and Social Care Board will be working with its partner organisation to expand these initiatives with a view to creating additional employment opportunities for people with mental health needs.

Older people

The Northern Ireland Single Assessment Tool (NISAT) is a person-centred, holistic assessment tool designed for multi-disciplinary use. The NISAT delivers a better experience for the service user and assessor,and decisions based on the service user's perspective, professional opinion and the views of others (eg carer). It also reduces duplication, multiple assessments and inappropriate referrals. Following the Review of Community Care in 2002 and its recommendations including the development of a single assessment tool for Northern Ireland, the NISAT was commissioned by the DHSSPS and endorsed by the Health Minister in 2005. Following academic research, tool design and validation, a paper version of NISAT was rolled out regionally in 2011. It was recognised that to deliver the benefits both in terms of service user experience as well as addressing issues around duplication and multiple assessments, an electronic version (eNISAT) was required. The eNISAT implementation project commenced in April 2013. As at the 31 March 2015, 84% of integrated care teams in the community sector have eNISAT and by 31 May 2015 all teams will have eNISAT. There are currently 28,000 service users on eNISAT with over 47,000 assessments. Information is being shared both locally and regionally where appropriate. eNISAT has also been piloted in an acute admissions setting.

Learning disability resettlement

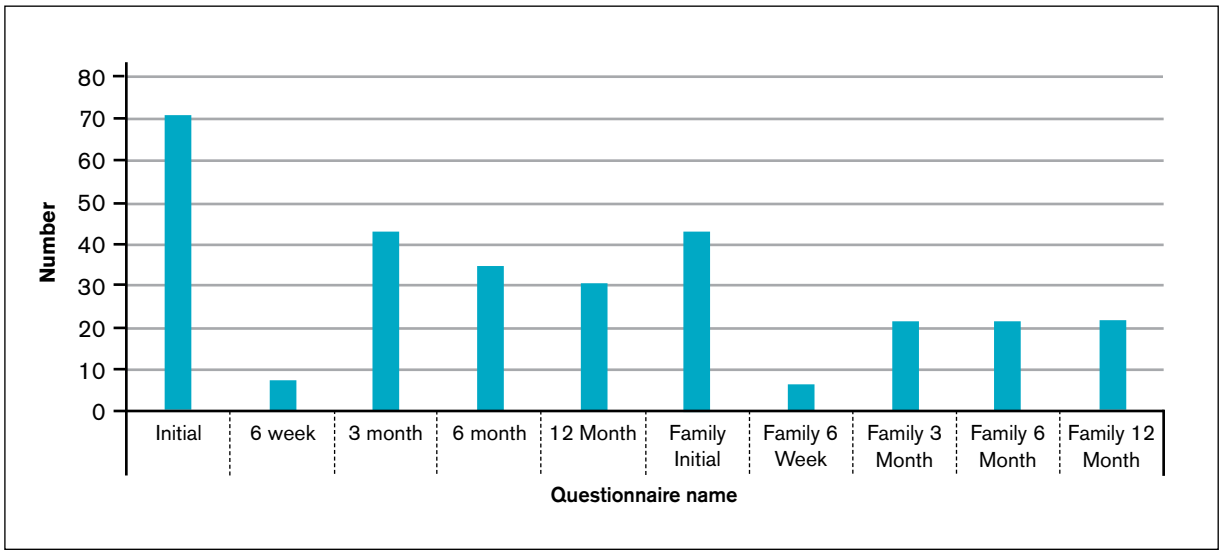
Quality of life measurement pre- and post-resettlement by independent advocates was commissioned by the HSCB during 2014/15.

This overview report will provide the initial findings from the quality of life questionnaires completed to date by residents of Muckamore Abbey Hospital who have been resettled into the community.

A Quality of Life Assessment is an overall assessment of a person's wellbeing, which may include physical, emotional and social dimensions, and which goes on to measure the degree of satisfaction an individual has regarding a particular style of life. The purpose of these questionnaires is to see if betterment (an improvement in their life) has been met during the process of moving from long stay hospital to their own home.

So far the HSCB has received quality of life information on 84 individuals. Of these, 60 were from Bryson Advocacy Service and 24 from Mencap. Below is a breakdown of how many of the questionnaires had been completed, starting from the initial questionnaire which was completed before the residents had been resettled up until 12 months after their resettlement and the same for Family and Carer questionnaires.

Figure 22: Number of questionnaires returned



There are various reasons for the discrepancy in numbers. Some reasons given on the questionnaires were that Quality of Life Assessment was started after the individual had been resettled so in some cases there are no initial questionnaires completed, although in several instances a note has been included that initial questionnaires will be sought. There are also a very small number of completed six week assessments which seems to be because only a small number of individuals received these. It was always thought that the settling-in period would go beyond this first six week period. The low number of family questionnaires compared with individuals is mostly due to the individual not having any family, having no family contact or the family requesting not to be contacted. Questionnaires are still being received so these gaps in numbers may get smaller as more questionnaires come in.

Main points and themes

At a glance, the overall opinion is an extremely positive one. In almost all assessments a major theme has been the feeling from individuals and their families that betterment has been met through the move to the community. It should be noted that in the initial questionnaires almost all families and carers were very pessimistic and negative about moving their family member out of the hospital setting where they felt they were well cared for and safe, and there were worries that medical care would not be as good outside the hospital setting. These feelings change dramatically in the follow-up questionnaires where family members noted how they had seen vast improvements in their loved one's quality of life and communication with other residents and staff. This view was mirrored by the individuals and the multi-disciplinary teams. A very small number of residents found it hard to settle in and get used to their surroundings but within six months this issue seems to resolve itself. One issue that families and multi-disciplinary teams have found is that essential equipment such as power packs for wheelchairs took a long time to be fitted and delivered. Another positive trend that has come out of these questionnaires is that individuals have a lot more choice in the community than they did in the hospital with regards to the food they want to eat, clothes they want to wear and things they like to do. The individuals have also indicated that they have much more opportunity to get out and socialise with others in the community and pursue interests and activities which has improved their overall quality of life.

The next stage will involve an evaluation of the responses to each of the questions on the questionnaires to ascertain individual's attitudes to the resettlement process through key views and themes. The initial questionnaires will be analysed first and then compared with the 12 month review after resettlement has taken place.

Quality 2020 task 3 review the policy framework for safety and quality

This task group has collated a catalogue of standards across Northern Ireland and has completed their work. The catalogue is available on the Quality 2020 page on the DHSSPS website - www.dhsspsni.gov.uk/quality_strategy_2020

Theme five:

Integrating the care

In order to provide the best possible service, the HSCB and PHA have developed integrated pathways of care for individuals, making better use of multidisciplinary team working and shared opportunities for learning and development within the HSC and external providers.

HSC Safety Forum

Early warning score systems - maternity

The early detection of severe illness in pregnant women remains a challenge for all clinicians involved in their care. The relative rarity of such events, combined with the normal changes in physiology associated with pregnancy and childbirth, compounds the problem. The Northern Ireland Regional Obstetric Early Warning Score chart and escalation protocol was developed by the Health and Social Care Safety Forum in collaboration with frontline staff for use antenatally, post-natally and in early pregnancy in maternity and gynaecology wards. This regionally agreed single integrated early warning score system for all maternity units in Northern Ireland has standardised the approach of clinicians to patient deterioration, reduced the variation of care and eased the movement of patients, staff and students through all of our units.

Early warning score systems - paediatrics

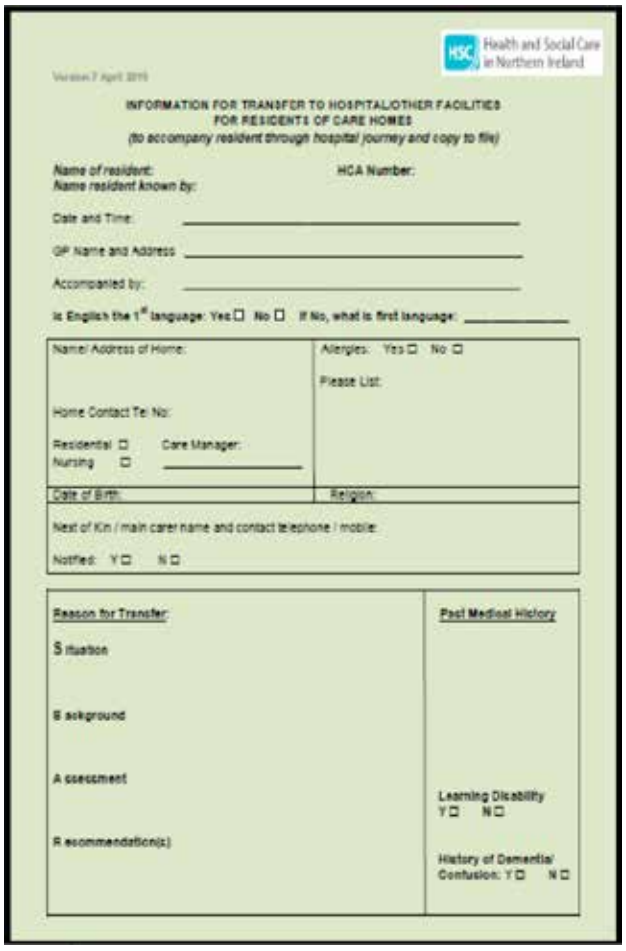
Paediatric early warning score systems have been established for use in acutely unwell children in order to identify the physiological and behavioural signs of deterioration prior to collapse. In Northern Ireland four out of the five HSCTs were using a range of early warning score charts for children in the acute care setting. It was agreed that as part of the HSC Safety Forum Paediatric Collaborative, a subgroup would develop and agree a single chart(s) for use in all units to standardise the process and to facilitate the movement of both patients and staff between HSCTs. It was agreed that four standardised age bracketed charts would be required: under 1 year, 1 – 5 years, 6 – 12 years and 13 – 16 years. In addition a regional escalation protocol was also agreed, supported by the use of the SBAR structured communication tool.

Regional NEWS

Led by the HSC Safety Forum, the National Early Warning Score is now fully implemented across all HSCTs (since November 2013). This tool helps professional staff identify early deterioration in a patient's condition. NEWS utilisation audits were performed by all HSCTs during March 2014 and 2015 and the information was used to improve practice. The HSC Safety Forum will be facilitating further work to develop a regional approach to difficulties in the scoring of patients with long-term conditions.

Nursing homes – transfer form

In order to improve communication and flow when residents are transferred to hospital from a care home setting, the Nursing Home Collaborative developed and tested a Transfer Form "Information for Transfer to Hospital/Other Facilities for Residents of Care Homes" . This will be disseminated to all Care Homes and is contained in the recently launched Revised Minimum Care Standards for Nursing Homes.



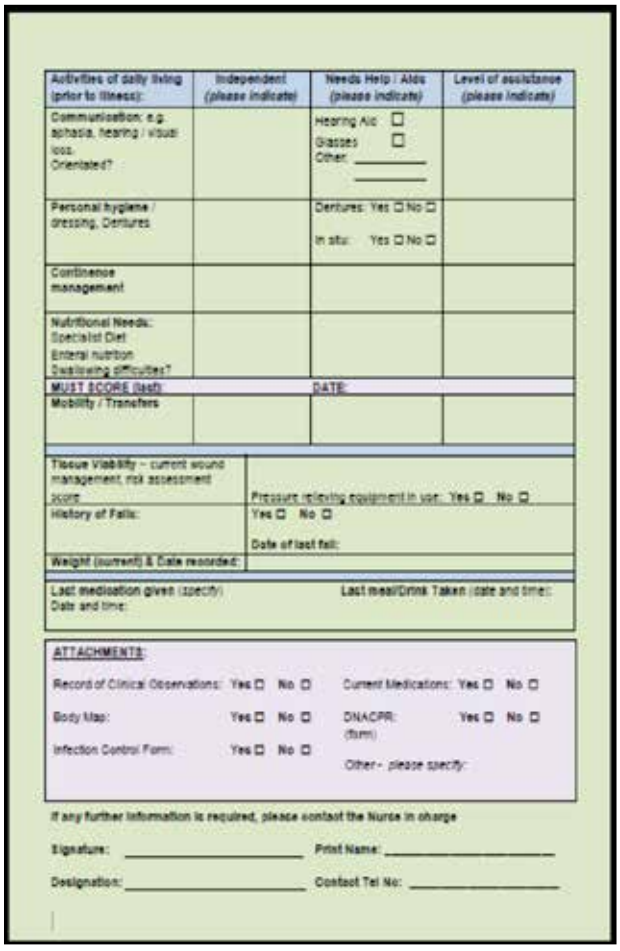
INFORMATION FOR TRANSFER TO HOSPITAL/OTHER FACILITIES
FOR RESIDENTS OF CARE HOMES
(to accompany resident through hospital journey and copy to file)

Name of resident: HCA Number:
Name resident known by:
Date and Time:
GP Name and Address
Accompanied by:
Is English the 1st language: Yes ☐ No ☐ If No, what is first language:

Name/ Address of Home: | Allergies: Yes ☐ No ☐ Please List:
Home Contact Tel No:
Residential ☐ Nursing ☐ Care Manager:
Date of Birth: | Religion:
Next of Kin / main carer name and contact telephone / mobile:
Notified: Y ☐ N ☐

Reason for Transfer:
S ituation
B ackground
A ssessment
R ecommendation(s)

Past Medical History
Learning Disability Y ☐ N ☐
History of Dementia/ Confusion: Y ☐ N ☐



Activities of daily living (prior to illness):	Independent (please indicate)	Needs Help / Aids (please indicate)	Level of assistance (please indicate)
Communication: e.g. aphasia, hearing / visual loss. Orientated?		Hearing Aid: ☐ Glasses ☐ Other:	
Personal hygiene / dressing, Dentures		Dentures: Yes ☐ No ☐ In situ: Yes ☐ No ☐	
Continence management			
Nutritional Needs: Specialist Diet Enteral nutrition Swallowing difficulties?			
MUST SCORE (last):		DATE:	
Mobility / Transfers			

Tissue Viability – current wound management, risk assessment score: Pressure relieving equipment in use: Yes ☐ No ☐
History of Falls: Yes ☐ No ☐ Date of last fall:
Weight (current) & Date recorded:
Last medication given (specify) Date and time: Last meal/Drink Taken (date and time):

ATTACHMENTS:
Record of Clinical Observations: Yes ☐ No ☐ Current Medications: Yes ☐ No ☐
Body Map: Yes ☐ No ☐ DNACPR: (form) Yes ☐ No ☐
Infection Control Form: Yes ☐ No ☐ Other - please specify:

If any further information is required, please contact the Nurse in charge
Signature: Print Name:
Designation: Contact Tel No:

The Northern Ireland Electronic Care Record (NIECR)

The Northern Ireland Electronic Care Record (NIECR) continues to go from strength to strength and in 2014/15, won two prestigious national awards - the EHI award for 'Best use of IT to support integrated healthcare services' and the HSJ award for 'Enhancing Care by Sharing Data and Information'. The Health Service Journal Awards judges said: "Judges were impressed by this pragmatic initiative and with the way clinicians from all areas can access a whole range of information about patient care."

In June 2015 over 11,500 unique, active users accessed NIECR which, in 2 years, already exceeds business case targets of having 10,000 users within 7 years.

The NIECR has been used by Health and Social Care professionals for better access to more than 670,000 service user records (~40% of total Northern Ireland population).

The NIECR project team has continued to enrich the system through integration of more health and social care systems with the following key systems added in 2014/15:

- Cardiology investigation reports
- Diamond diabetes letters
- GP referrals
- RVH, MIH, RBHSC ED systems
- LCID community system in NHSCT and SEHSCT
- SosCare social care in NHSCT
- OOH GP letters
- Sectra liteview (allows viewing of radiology images)

In September 2014 NIECR was integrated into the OOH systems in all HSC locations and has already been used to access over 65,000 patient records.

Over 100 GP practices can access NIECR at the click of a button which will launch NIECR in the context of the patient being viewed in the GP system.

In collaboration with the NHSCT the NIECR team have developed and implemented an eReferrals Triage Management tool. After a pilot in General Surgery in Causeway Hospital it will be rolled out to all specialities in the NHSCT by October 2015. BCH nephrology and Altnagelvin endocrinology and respiratory will be using this functionality in BHSCT and WHSCT respectively in the near future. This solution removes paper from the GP and the hospital referral process and, using a function developed by BSO ITS integration team, registers the referral directly onto PAS. Since going live on 16 December 2014, evaluation has found that 30% of GP electronic referrals are added to PAS waiting list or appointed on the same day.

A Diabetes Care Pathway has been developed within NIECR with input from health and social care professionals across the spectrum of those providing diabetes care. The aim of the pathway is to develop a first step towards a truly integrated shared care pathway for those patients with long-term conditions. The pathway is complemented by the clinically rich NIECR patient record. This will allow an integrated, multi-disciplinary approach where health and social care professionals can update the patient record in relation to their diabetes treatment and make this information immediately available via NIECR to all health and social care professionals who have an interest in the patient's care.

Finally, in collaboration with Cardiology/Cardiac surgery the NIECR team implemented a MDM module which has, according to the regional cardiology group, "been working unbelievably well and has integrated seamlessly into clinical practice".

Marie Curie out-of-hours rapid response nursing service

As part of USC reform, the HSCB and PHA have worked with Marie Curie to appoint new nursing staff to pilot an out-of-hour's Rapid Response palliative care nursing service. These skilled nurses work with GPs to help provide support and comfort, particularly to those identified as being in the last year of life. The emphasis is on supporting patients to stay in their home, through the provision of expert advice and care in areas such as pain management or relief of symptoms such as nausea.

The initiative also involves NIAS by providing a protocol enabling direct referrals from NIAS to Marie Curie, therefore avoiding unnecessary attendances at emergency departments. The pilot is being expanded in the Northern and Southern HSCTs and implemented in areas within the Western HSCT.

It complements services already available in the other HSCTs. The service has been running since 1 January with positive feedback from staff and service users.

Since its introduction on 1 January, there have been approximately 650 out-of-hours activities recorded. These have beena combination of telephone advice calls and house visits, which have included symptom management, catheter care and patient and family support.

Integrated care partnerships (ICPs) in primary care

A key area for driving quality improvement within Primary Care in 2014/15 has been work undertaken by the newly established ICPs

Seventeen ICPs have been established as collaborative provider networks and facilitate:

- Front line staff to address system-wide issues
- Delivery of integration of care
- Focus on quality improvement, local decision making and problem solving/ innovation

A range of development support has been delivered to facilitate multidisciplinary and collaborative working:

- A clinical leadership programme
- Organisational development sessions
- Service user and carer development support
- A regional workshop
- Regional sharing events for clinical condition areas
- Quarterly meetings for ICP Chairpersons

As a result an effective mechanism was established to allow collaboration and local service change to deliver integration:

- Clinical leaders were put in position and supported to understand the wider context in which they are working so that they can be effective change agents

- Pathways of care reviewed, discussed and improved based on local on the ground knowledge and based around the patient experience

- Service change initiatives developed and resourced for local implementation with measures in place to allow impact to be evaluated

Some comments from ICP Members at the ICP Regional Workshop held on 4 June 2014:

'ICPs are important because they allow improved communication and understanding of all the players so that you can see the bigger picture outside your own part'.

'The leadership and partnership development support provided has been vital to me in my role and to the committee overall, has helped us to work together and be persistent when things got tough'.

Joining up health and social care provision across organisations though ICPs

The two Integrated Care Partnerships in the West established a multi-disciplinary group to review services and care pathways for frail elderly people. An integrated falls prevention and management pathway was identified by the group as a priority to improve outcomes for older people in the locality.

Research has shown that one third of people aged over 65 will have one fall each year rising to a prevalence of 50% among the over 80s population. Up to 60% of all falls result in physical injury of some degree, ranging from minor cuts, bruising and fractures to major head trauma and hip fractures. In addition, about one third of elderly people who have previously fallen will suffer emotional distress and develop a fear of further falling. Those with a fear of falling have been shown to have an increased risk of falling again, reduced activities of daily living, social

isolation, depression and increased admission to institutional care. The elderly population in institutional care, and who have previously fallen, are at the highest risk category of falling again, with up to 70% having a fall every year.

The community sector representative on the group highlighted the 'Stepping On Programme' as a key part of the pathway for frail older people. It was recognised that there was an opportunity to improve access and outcomes by better integrating this service within the pathway of care.

The 'Stepping On Programme' offers older people a way of reducing falls and at the same time increasing self confidence in situations where they are at risk of falling.

This evidence based programme was commissioned by the PHA and is delivered across the Western area by the five Healthy Living Centres.

The 10 week programme is as follows:

Week 1	Pre-assessment - Physiotherapist Pharmacist medication review WHEAP – Home safety visit, information and packs BMI Check (BP and Pulse postural drop)
Weeks 2 - 8	Otago - 17 different exercises - Leg strengthening exercises - Balance retraining exercises Walking programme Moderate intensity Exercises are progressed, 4 levels- resistance increased, support given reduced, etc. Assessments and Information talk provided by ophthalmology – Looking after your eyes Podiatry – Looking after your feet Information talk O.T. – Preventing a fall Health improvement – Fall messages Dietitian - Nutrition information related to falls
Week 9	Post assessment physiotherapist Pharmacist Medication Review WHEAP – Home safety visit, Information and packs BMI Check (BP and pulse postural drop)
Week 10	Health fair

Through the ICP, awareness of this programme was raised among GPs across the locality. Using the quality and productivity aspect of the GP Contract, greement was reached to refer as appropriate to the scheme.

In the three months since 1 January 2015, 83 older people who have had a fall were referred to this programme to support them in their recovery, to rebuild their confidence and to prevent further falls.

Co-production with service users and carers through the Southern ICPs in development of an integrated diabetes care pathway

In delivering on the commissioning specification for paediatric diabetes, the Southern ICPs established a multidisciplinary working group including patients with diabetes and the parents of children with diabetes.

This group worked together to review the current diabetes services in the locality and to co-design how a more integrated and community based service could be delivered.

One of the key proposals from the service user and carers involved was the need for 24/7 access to diabetic specialist nursing as referenced in the quote below from the parent of a child with diabetes.

'Without the help and support of her Diabetic Specialist Nurse (DSN) my daughter would have endured countless visits to either her GP or Emergency Department and admissions. If it had not been for the support of my DSN not only in hours when she was paid, but when she gave me her personal telephone number for contact in the Out-of-hours (OOH) period.

While reluctantly I often called my daughters DSN in the OOH period, her help, support, advice, and on occasion, home visit prevented a number of admissions for my daughter.'

It has long been recognised that direct access to specialist nursing services for parents of children with diabetes reduces the rate of calls to GPs, emergency department and admissions.

To this end, the multidisciplinary working group supported the need to formalise the establishment of an out-of-hours DSN On-Call Service - Monday to Friday 5pm – 9am and for 24 hours on Saturday and Sunday.

The ICP put together a business case for a pilot service which was approved by the Local Commissioning Group.

This service is now in place and enables 24 hour telephone access for specialist diabetes advice to patients, GPs and professionals seeking advice.

In the first six months:

- **79 calls** were made to the service by parents of children with diabetes seeking advice and support in managing their child's condition.

- **5 of the 79 patients** required admission and this was subsequently managed by the DSN directly in discussion with the paediatric ward thus reducing adverse reactions and need for subsequent lengthy admissions.

The partnership with patients with diabetes and the parents of children with diabetes provided a valuable insight into the experience of those affected by diabetes and highlighted that often parents feel vulnerable and afraid of adverse outcomes, particularly soon after diagnosis.

The support of the service in helping children and parents in managing insulin pumps, the insulin regimen, carbohydrate counting and high and low blood sugar readings has been valuable.

The pilot services continues to operate and will formally report its overall findings in August 2015, including patient experience reports, which will help inform its sustainability and support commissioning decisions in relation to a regional approach to 24/7 diabetes services.

Transforming your palliative and end of life care

The Transforming your palliative and end of life care programme supports the redesign and delivery of coordinated services to enable people across Northern Ireland with palliative and end of life care needs to have choice in their preferred place of care.

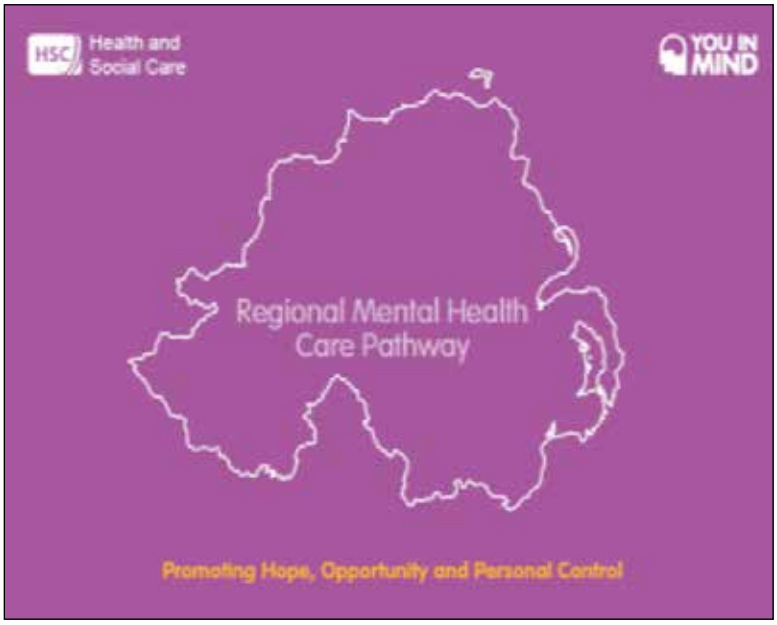
The programme is being delivered by the Health and Social Care Board and PHA in partnership with Marie Curie working with statutory, voluntary and independent sector providers.

The programme is based on the Delivering Choice Programme approach developed by Marie Curie which has been used in 19 sites across the UK where it has contributed to improved experiences for people with palliative and end of life care needs and their families.

Transforming your palliative and end of life care is supporting the implementation of some of the recommendations in the *Living Matters: Dying Matters - A Palliative and End of Life Care Strategy for Adults in Northern Ireland* (2010).

Eight initiatives are being taken forward under the programme with the support of a design group for each initiative. The initiatives have been developed following on from a significant engagement exercise in spring 2014 including seven workshops held across the region and involving many people with an interest in palliative care, including patients and carers. Engagement with carers and service users is continuing throughout the programme.

Mental health: putting evidence and people's experience at the heart and design of mental health care systems



The GAIN Sense Maker Report - *Your Story Can Change Lives: a Regional audit of the experience of users and carers within mental health services* published in 2013 highlight the need to improve peoples' experience of care and to ensure regional consistency of approach across all HSCTs. In addition NICE CG 136 *Improving the experience of people using adult mental health service* required the embedding of user led quality standards in new and emerging care pathways.

The Regional **"You in Mind"** Mental Health Care Pathway was co-produced with experts and carers with experience and sets out the key standards and service model for the delivery of mental health care across Northern Ireland. The pathway has been developed using the best available evidence and marks a new phase in the delivery models for mental health care and in changing the narrative associated with mental health care practice. The Regional Mental Health Care Pathway will be the foundation on which all other mental health care pathways will be developed. The care pathway was launched by the minister in October 2014 and 376 staff have been trained. In addition the pathway is supporting the redesign of mental health service documentation and has been used as the foundation for the development of the new DHSSPS mental health service framework due to be launched later this year.

Promoting mental and emotional wellbeing

It is estimated that mental health problems in Northern Ireland are 20–25% higher than in the rest of the UK. Therefore one in four adults (about 25%) will experience a diagnosable mental health problem at any given time. This makes mental ill health the largest cause of disability in Northern Ireland. Currently over 40% of people claiming Employment and Support Allowance, Incapacity and Severe Incapacity Benefit have identified mental health problems as their primary condition. In addition Northern Ireland has the highest prescribing rates of anti-depressants in the UK and currently we spend £16 million on such drugs.

In addressing this the evidence clearly shows that organising mental health care around primary care is not only more effective, but is also more efficient. Addressing common mental health problems in primary care also creates the opportunity for secondary mental health care resources to be directed towards those most likely to benefit from more intensive care. Whilst mental health services have traditionally focused on responding to the needs of people as they develop, one of the key objectives of the stepped care model is the development of services which enables earlier and more effective intervention for people with common mental health care needs. In delivering this objective,

The HSCB has established Primary Care Talking Therapy Hubs across each HSCT area. These hubs will focus on providing a range of psychological therapies such as counselling, cognitive behavioural therapy, psychotherapy and lifestyle support for those people who are experiencing common mental health problems. The hubs provide low intensity talking therapies and lifestyle mentoring for people with common mental health problems in line with NICE CG 123. They have been developed around general practice and when fully implemented will improve access to earlier support, and in time, reduce the numbers of people with common mental health needs being referred to secondary care mental health services.

The hubs not only create a single gateway for psychological and wellbeing services but also offer a real alternative to drug therapies, and help improve governance across all sectors. These innovative hubs bring together GPs, community, voluntary and statutory services into a wellbeing consortium. The HSCB has invested £1.8 million in establishing these hubs and, early indications show that not only are the hubs improving partnership working but are improving access to early intervention with the average waiting time of only four weeks. In addition the hubs are also reducing referrals into secondary mental health services. The HSCB plans to further strengthen the range and scope of service provision within these hubs. Indeed it is our intention to strengthen the links between these developing primary care talking therapy hubs and our family support hubs creating real opportunities to strengthen both a family and community based approach to good mental health and wellbeing.

Regional care pathway for personality disorder (PD)

The regional care pathway for personality disorders was issued in October 2014. It ensures consistency and equity of access to specialist PD services in line with best practice (NICE Guideline). The care pathway provides a framework for reviewing and prioritising the functions of specialist PD services, and a platform for addressing the stigma and exclusion that people with PD have historically experienced when trying to access services.

An audit of compliance with specialist team functions described in NICE (2009) has been completed and improvement planning within current resources commenced. The awareness and training strategy aimed at reducing stigma and exclusion is currently being reviewed and refreshed.

Assessment of patients with mental health problems in emergency departments and the 'Card before you leave' scheme

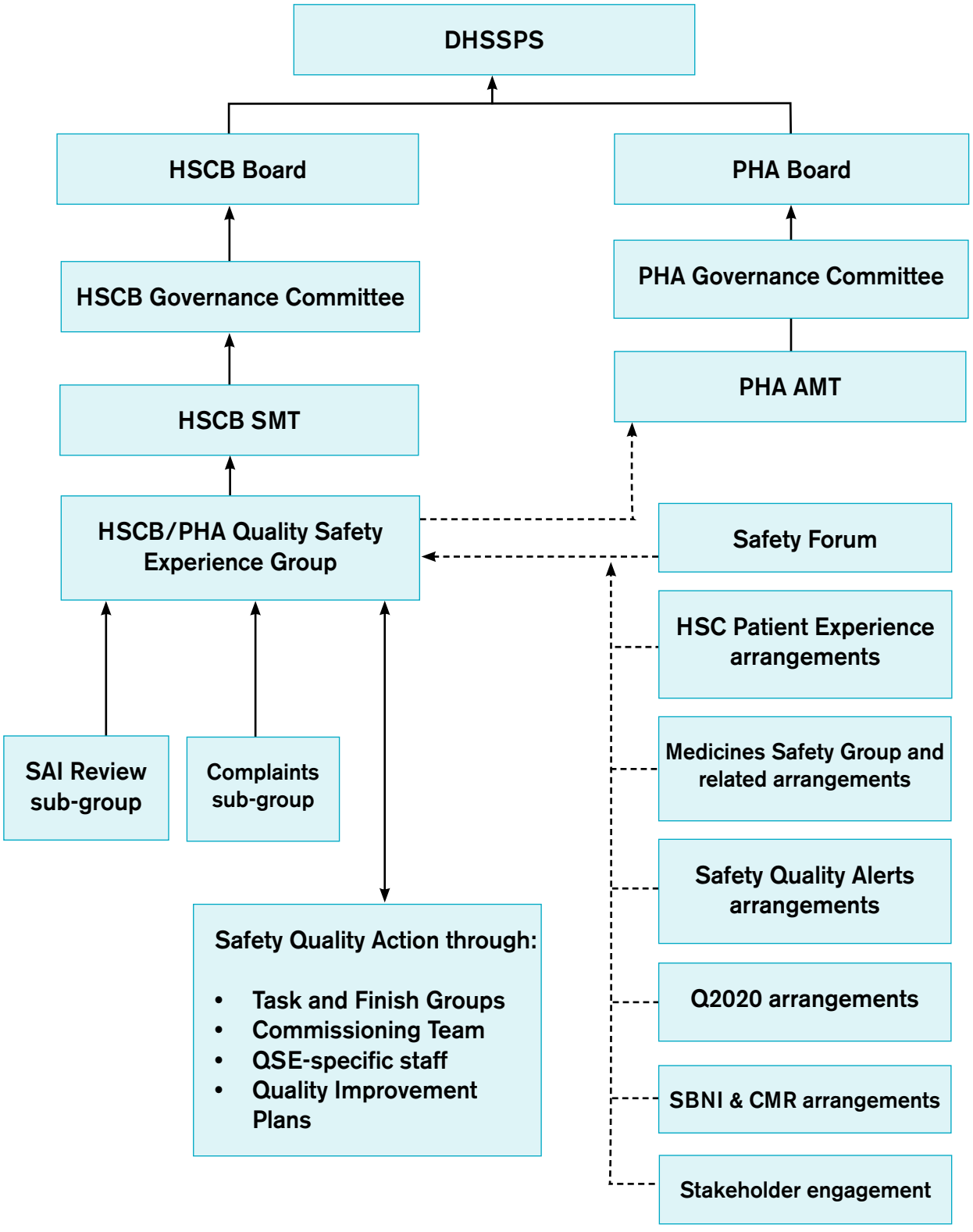
Due to the continued efforts of HSCT staff and recent investment the majority of patients who attend hospital with self-harm or thoughts of suicide are now seen by a specialist mental health practitioner before they leave hospital. A smaller group of patients are not seen prior to discharge and this varies across the HSCTs. In 2010 the 'Card before you leave' (CBYL) scheme was introduced to ensure that such patients who are not seen at the time of attendance have the opportunity to have an assessment by a specialist mental health practitioner the following day. The CBYL scheme is specifically aimed at patients where it has been assessed that the patient poses no immediate risk to themselves or others. While this service works well for people who engage there have been concerns from the outset about the numbers of people who do not attend the next day appointments.

Quality improvement work has been ongoing through the regional self-harm steering group to facilitate improvements in how these patients are managed. This has included improvements to consistency and also work to facilitate timely assessment of patients with mental health issues in the ED. There was investment, by the HSCB during 2013-14, in extra mental health staff to provide mental health liaison services into EDs and the need for further investment is being examined pending resources. A training programme for ED staff has been developed by the Clinical Education Centre and PHA. Trainers were trained in each of the HSCT areas during 2014-15 and they will roll out the programme within each of the EDs during 2015-16. A range of literature was also produced for self harm patients attending the ED and this is available in each HSCT.

The Northern HSCT has secured funds to carry out a pilot which will commence in autumn 2015. A mental health team will be on site 24/7 at the ED, to provide a rapid response. This will further reduce the need for a next day appointment (CBYL) to be issued. The learning from this pilot will help shape future service provision for this group of patients across the region.

Appendix

Overview of HSCB and PHA quality safety experience internal coordination arrangements



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