

Health and Social Care Board and Public Health Agency

Annual Quality Report 2018/19





Chief Executive's foreword



Welcome to the sixth Annual Quality Report of the Health and Social Care Board (HSCB) and Public Health Agency (PHA). As Chief Executive I am pleased to share this report which outlines our journey in relation to improving the quality of services across each of our directorates during the year 2018/19.

The publication of annual quality reports are a recommendation of the Department of Health Quality 2020: a 10 year strategy to protect and improve quality in Health and Social Care in Northern Ireland. While it is impossible to include information about every service the HSCB and PHA provide, this report seeks to demonstrate, using the Q2020 strategy as the driver, our commitment to delivering improvements in safety, outcomes, access, efficiency and patient satisfaction throughout health and social care.

During 2018/19 there was an important focus on collaboration and partnership working and I am delighted to share a variety of examples within the report, such as the growth of the Q community within Northern Ireland and the impact this has had on providing opportunities for learning. In addition, projects such as Social Prescribing and Belfast Safer Homes have highlighted inter-agency collaboration and the benefits of working across boundaries have proven to be successful towards the integration of care.

Regionally, we have continued to provide support to measure and identify learning in relation to the key quality improvement indicators such as pressure ulcers and falls. I am particularly pleased to share some examples of new innovative ways of working through, for example the primary care infrastructure project, a hub and spoke approach to delivering primary and community care services.

Our commitment to the co-production of services has been evident through various improvements implemented as a result of, for example, the implementation of the regional hospital passport for people with a learning disability. In addition, through the 10,000 More Voices initiative we have continued to listen and improve our services based on the experience of service users.

Finally, I would like to thank all the staff for their continuing efforts over the past year and I am proud of what we have achieved together. This report demonstrates not only how far we have come, but also our continuing collective drive to achieving the vision of Quality 2020 against a background of increasing demands and a challenging financial position. There will always be areas for improvement and going forward we will continue to aim for the highest quality in the care and services we provide and put our patients and clients at the heart of everything we do.

Valerie Watts
Chief Executive

Transforming the culture



247
 Serious Adverse
 Incident Reviews
 closed

Regional learning methods approved:

- 7 reminder of best practice guidance letters
- 2 learning letters
- 2 professional letters
- 23 newsletter articles
- 14 specialist group referrals



2,035
 Stories Collected

Overall total number
 of stories collected
14,755

Last year the
 top 3 categories
 of HSC
 complaints were

- 1 treatment and care
- 2 staff attitude and behaviour
- 3 communication

Stenghtening the workforce

The HSCB and
 PHA collectively
 employ over

800
 people

By March **56%**
 2019
 of HSC staff have completed
 level 1 Q2020 attributes framework
 training

66% reduction in
 vacant nursing
 posts in care
 of older people
 settings
 Project **Retain**

Multidisciplinary team
 programme in place within
57 GP practices
 across Northern
 Ireland

Last
 year **1,694**
 of children's services social workers
 have been trained to implement the
 Signs of Safety model

Measuring improvements

Last year the Quality
 Improvement Plan
 priority areas
 focused on

- 1 Falls prevention
- 2 Pressure Ulcer Prevention
- 3 National Early Warning Scores
- 4 Reducing mixed gender accommodation

26 participating
 units
 across HSC
 focusing
 on improving the
 recognition of sepsis

NICE National Institute for
 Health and Care Excellence

45 technological
 appraisals issued
 / Monitor the
 implementation of 190
 clinical guidelines

8 antenatal, newborn
 and adult screening
 programmes
 commissioned and
 quality assured:

1. Antenatal infection
2. Newborn blood spot
3. Newborn hearing
4. Abdominal aortic aneurysm
5. Bowel cancer
6. Breast cancer
7. Cervical cancer
8. Diabetic eye



Establishment of

Northern
Ireland
Frailty
Network



Regional
trauma
network

new networks

Q community

has up to **180** members from Northern Ireland. (Q is an initiative which connects people who have quality improvement expertise across the United Kingdom).



Practice based pharmacist evaluation showed savings of approximately

12 hours

per week of other practice staff time (relates to participating practices).

Newly updated parenting resources including:

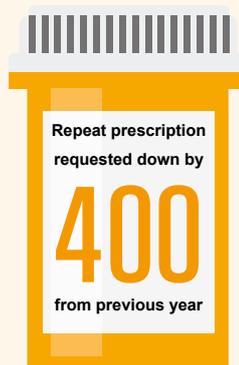
- Maternity handheld record
- Pregnancy book
- Birth to five book
- Personal child health record

Following the stay well this winter campaign:

Calls to GP out of hours providers were down



from previous year



70%

uptake of flu vaccine among those 65 years and older

Integrating the care



A-Z Conditions

– total 152,000 page views (Platform was developed providing a suite of health information, supporting people to make decisions in relation to their personal illness & chronic conditions)

New ways of working resulting in reduced DNA rates, reduced waiting lists and increased capacity through:

- Virtual fracture clinic
- Scoliosis mega clinic
- ‘Spoke’ premises within primary and community care



Interagency working



24 hour

nurse led custody pathfinder operational in Musgrave PSNI custody suite.



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Theme one



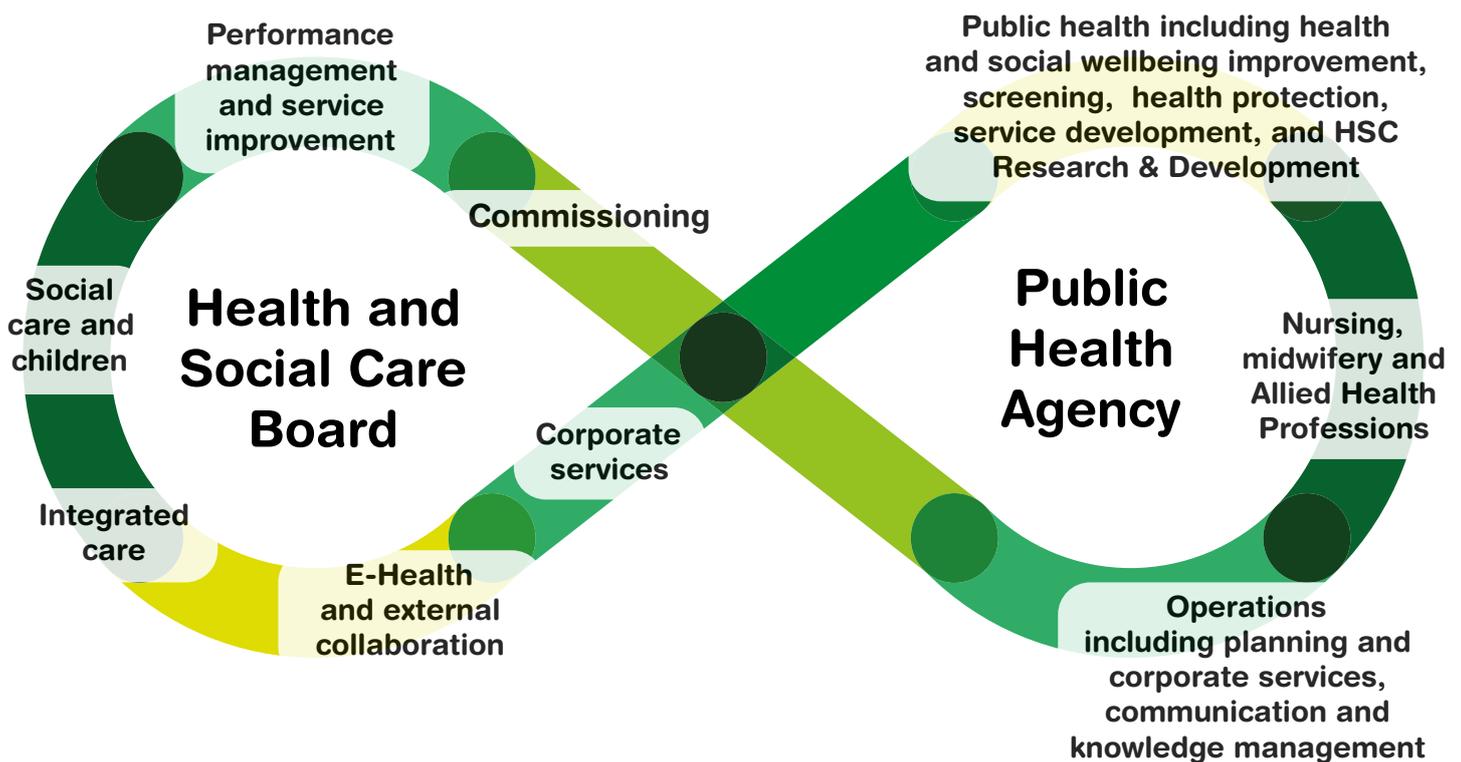
**Transforming
the culture**

1.1 Introduction

The HSCB and PHA both recognise that for the quality of care and services to be of the highest standard, the culture of an organisation must be open, honest, transparent and, in particular, patient and client focused. Key to transforming organisational culture is the willingness of the senior team to lead from the front in motivating staff and, prioritising patient and client care, while embracing change in the rapid moving climate of Health and Social Care (HSC).

1.2 Who we are

The HSCB and PHA are considered arm's-length bodies within HSC. Ensuring that services are safe, high quality, effective and meet people's needs is a core function of both the organisations. They continue to work collaboratively and focus on improving the quality of services delivered.



For further information relating to the HSCB and PHA's role, governance structure and the work that we do is available at:

- <http://www.hscboard.hscni.net/>
- <https://www.publichealth.hscni.net/>



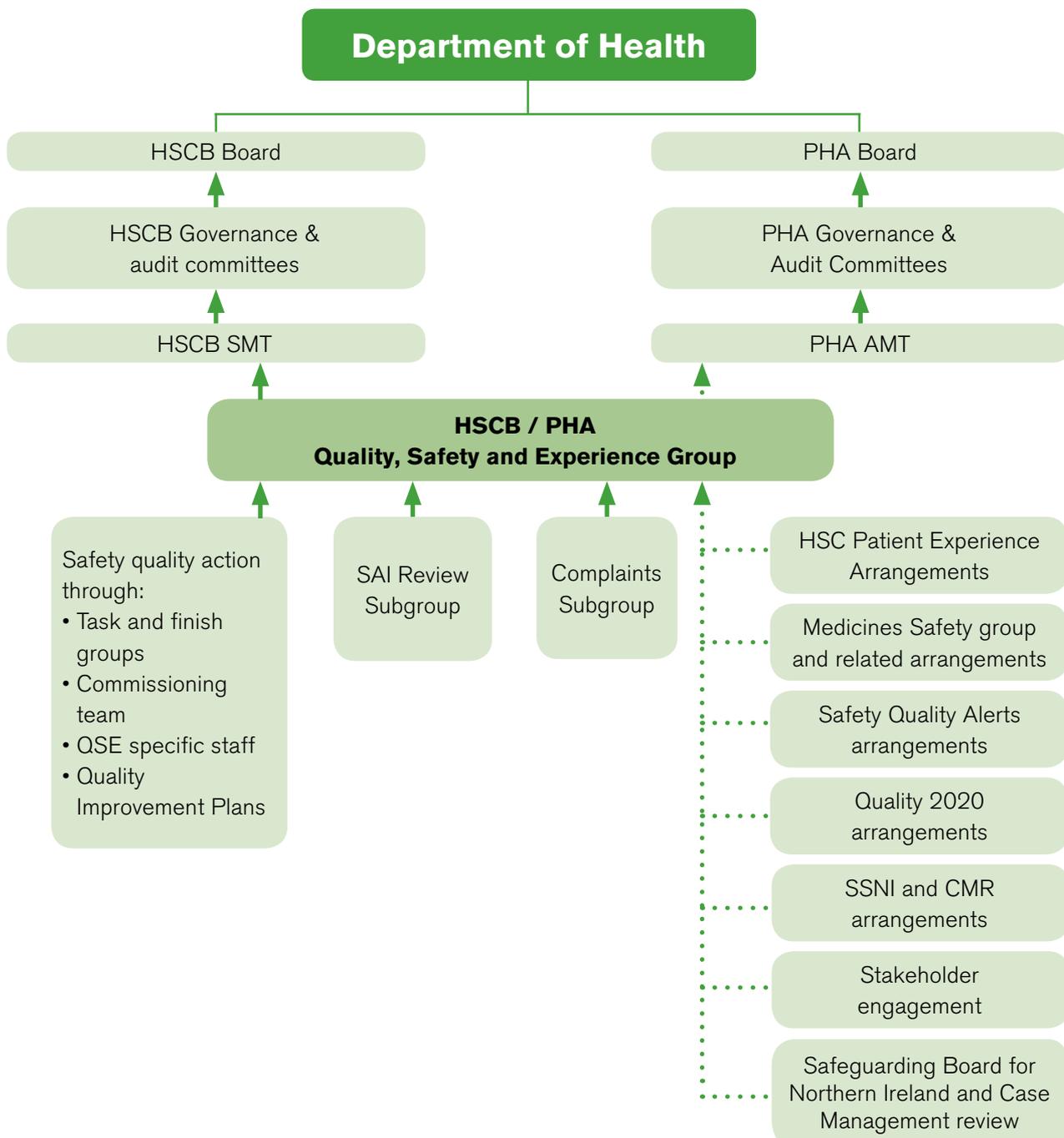


1.3 Leadership and governance

There are a number of core groups which oversee and provide governance on the quality of services commissioned or delivered by HSCB and PHA, outlined within the diagram.

The **Quality, Safety and Experience (QSE) Group** provides an overarching structure

whereby the HSCB and PHA can monitor and report on safety, effectiveness and the patient client experience to the respective Boards and committees. A range of groups such as the Safety Quality Alerts Team, Regional Complaints Group, Serious Adverse Incident (SAI) Group, Designated Review Officer (DRO) professional groups, patient experience team, report to, and support the work of QSE.



Establishment of HSCQI

HSCQI (Health and Social Care Quality Improvement) is a 'movement' in health and social care services in Northern Ireland. It focuses on working together to improve the quality of the services we provide or use, and sharing good practice so that we can all learn from each other and spread improvements.



With the anticipated appointment of a new Director for quality improvement, HSCQI will form a new directorate within the PHA known as the HSCQI hub. During 2018/19, as part of the design phase for HSCQI, five communities of practice (COP), reflecting common areas of interest across the HSC, were established. They COP, which are led by a range of convenors from across the HSC, and during the year they considered areas such as ICT and communication, workforce, PPI engagement in quality improvement, innovation and evaluation of QI training.

The COP carried out a range of activity during 2018/19:

- In April 2018, the ICT COP formally launched the HSCQI website. The website was identified as a core resource required by the HSC to enable the sharing of quality improvement learning, projects, news and events across the region.
- In October 2018, the PPI COP launched the GREAT checklist, a tool designed for engaging service users in quality improvement. The comprehensive tool



was co-produced with service users and practitioners, and funded by the PHA.

W Further information relating to HSCQI, its activities and resources is available at qi.hscni.net/about-qi

1.4 Learning

Regional learning from serious adverse incidents

The key aim of the SAI process is to improve patient and client safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC as a whole. For the majority of SAIs reported, local learning will be identified and actioned by the reporting organisation. However as the HSCB and PHA has a role in reviewing all SAIs they may also identify regional learning for dissemination across the wider HSC through a number of mechanisms.

During the reporting period 247 SAIs were closed by the HSCB and PHA following review. The following methods of regional learning were approved from SAIs closed in 2018/19:



- **7** reminders of best practice guidance letters
- **2** professional letters
- **23** newsletter articles
- **14** specialist group referrals
- **2** learning letters
- **11** linked to ongoing work



Listed below are two examples of regional learning identified last year:

- **Management of risk for patients with mental health conditions in the general hospital setting** This case involved a patient who died following a non-accidental fall within an acute hospital facility. The patient attended the emergency department and was admitted to the acute medical admission ward. The patient left the ward following which, the tragic incident occurred. The patient was also known to the Trust mental health services.

As a result a Reminder of Best Practice Guidance letter was issued to the wider HSC. The PHA and HSCB worked with Trusts to ensure:

- the letter was brought to the attention of relevant staff;
 - developed and shared guidelines for the management of people with mental health conditions in general hospital settings. This also included an agreed risk assessment form and PSNI liaison form.
- **Milligram and microgram: 1000 times intended dose error at hospital-GP interface**
In this case a young patient received 1000 times the intended dose of a drug used to bring on puberty (Ethinylestradiol). This would be regarded as a relatively uncommonly encountered indication for the medication in primary care.

A recommendation was made to start the drug at a dose of 2 micrograms by the hospital specialist, but the GP could not find this dose on their computer system and made an assumption the dose was 2 milligrams.

Over a period of approximately 2 years the dose was raised incrementally by the hospital to what should have been 10 micrograms, but at the GP surgery the corresponding dose was raised to 10 milligrams on prescriptions, maintaining the 1000 times dosing error. A HSCB Pharmacy Adviser picked up on the error during a routine prescribing review.

A Reminder of Best Practice Guidance letter was issued to secondary and primary care providers. Secondary care was asked to develop prescribing information to be issued when this regimen is used. The importance of good medicines reconciliation at the hospital-GP interface was reinforced. This includes encouraging patients to bring their medications to outpatient appointments, providing an opportunity to confirm medications they are taking are as intended.



For further information on learning from SAIs please see following link www.hscboard.hscni.net/publications/sai-learning-reports/



Regional Learning System (RLS) Project

A regional project commenced in September 2018 to develop a regional system for allowing the HSCB and PHA to have oversight of Adverse Incidents. A Regional Project Board and Project Team were established to take this forward. Last year the HSCB and PHA worked closely with HSC Trusts, DoH and other key stakeholders to:

- upgrade HSCT Datix systems to Datix web, with HSCB upgrade due to be completed by the end of June 2019;
- improve the consistency of reporting across the region through the use of CCS 2 codes:
- deliver Regional DATIX Certified Practitioner training for all Trusts;
- ensure regional Datix searching, reporting and document template training was completed by all Trusts with further training scheduled;
- work towards an agreed means by which Adverse Incident data can be provided to the HSCB and PHA using CSS2 codes using a regional minimum dataset.

The work of the project will continue into 2019/20 to take forward the DoH outline business case.

Regional learning from complaints

The HSCB and PHA review complaints received directly and those from HSCTs and family practitioners (FPS). For the majority of complaints, local learning will be identified and actioned by the reporting organisation. In some instances, the HSCB or PHA may also identify regional learning.

During 2018/19:

- HSCTs received 6,049 complaints.
- HSCB received 177 complaints regarding Family Practitioner Services.
- HSCB acted as 'honest broker' in 115 complaints regarding Family Practitioner Services*.



The top three categories of complaints are:

1. Treatment and care.
2. Staff attitude and behaviour.
3. Communication.

*Of note this year is a significant increase in the number of complaints where the HSCB has acted in the role of 'honest broker', that is in an intermediary capacity between the patient and the FPS practice in an effort to resolve the complaint, or at least to reach an understanding or agreed position on the issues.

Areas of concern, patterns and trends from complaints are shared with relevant professional groups. This ensures that issues raised by complaints inform key areas of work on the quality of patient experience and safety including thematic reviews and strategy and policy development.

Some examples include:

- **Atypical presentation of stroke**

Following a number of complaints regarding patients who had presented to out-of-hours services and emergency departments with atypical symptoms of stroke, it was agreed that to supplement the FAST campaign, an



article would be included in the Learning Matters newsletter, Issue 8 which was published in September 2018.

Atypical Presentation of stroke

Stroke occurs around 7 times every day in Northern Ireland. Early arrival at hospital enables people to be assessed for suitability for treatment using Thrombolysis (clot busting therapy) a time critical intervention. This treatment is estimated to be suitable for up to 20% of stroke patients who have suffered an ischaemic stroke.

It has been highlighted in a number of complaints that a number of stroke events will present with atypical symptoms (not in line with the FAST campaign see picture).

In some cases patients may not arrive by ambulance and may self-present to the Emergency Department or be referred by primary care. In particular patients with posterior circulation strokes may present with symptoms of impaired balance and co-ordination or fluctuating symptoms which would not be typically recognised as signs of stroke.

Key Learning

- It is important that all treating physicians consider stroke in the differential diagnosis of patients with acute onset neurological symptoms until a firm diagnosis is confirmed. It is also important that healthcare professionals recognise that in the early stages of stroke, brain imaging may be normal.

Some symptoms of atypical stroke	
Neuropsychiatric symptoms	Acute confusional state
Altered level of consciousness	Abnormal movements
Limbs-drooping transient ischaemic attacks	Seizures
Alien hand syndrome	Localized asterixes (flapping tremor)
Isolated hemi-facial spasms	Disappearance of previous essential tremor
Acute vestibular syndrome	Other cranial nerve palsies (especially third and seventh cranial nerves)
Tongue numbness or tingling	Acute mono-paresis
Cortical hand syndrome	Cortical foot syndrome
Isolated sensory symptoms	Isolated dysarthria
Isolated dysarthria-facial paresis syndrome	Isolated visual symptoms
Arlow's syndrome (cortical blindness with denial of deficit)	Balint's syndrome (type of visual-spatial deficit)
Isolated visual field disturbances	Foreign accent syndrome
Isolated dysphagia or stridor	Isolated headache

improvement, informing “Always events” and quality improvement programmes with HSCTs. Stories from each project are reviewed on a weekly basis to support trusts to highlight areas of good practice and consider timely learning to inform service improvement.

Stories are used to inform pre and post registration education for medical, nursing and allied health professional students. The stories are also used in the development of local training programmes within each trust such as organisational induction or local in-house programmes.

In 2018/2019 the 10,000 More Voices team supported a regional roadshow called ‘An important piece of the puzzle’ exploring the skill of communication, and delivering training to over 600 attendees of all disciplines across all trusts.

Since 2014, over 14,000 stories have been collected over a broad range of service areas. In 2018/2019 projects included the experience of discharge from hospital, the experience of bereavement, the experience of children’s audiology services and the experience of mental health services.

The full article is available at https://www.publichealth.hscni.net/sites/default/files/2018-11/Learning%20matters%20issue%208_0.pdf

For further information relating to complaints can be accessed at www.hscboard.hscni.net/publications/complaints-publications

Learning from experience: 10,000 More Voices

The 10,000 More Voices initiative seeks to understand the patient client experience across Health and Social Care. Through bespoke tailored surveys the driver for each project is to integrate key learning from patient experience into local service improvement and to further inform commissioning. Under the auspices of co-production each project ensures the patient experience can shape our services from the design of the survey to the analysis and the delivery of the recommendations. 10,000 More Voices is an integral part of quality



Further information and completed project reports can be accessed at www.10000morevoices.hscni.net

1.5 Involvement and co-production

Personal and Public Involvement (PPI)



Involving you, improving care

Personal and public involvement (PPI)

PPI is the active and effective involvement of service users, carers and the public in the commissioning, development and delivery of HSC services. Co-production is considered to be the pinnacle of such involvement. The PHA leads on the implementation of PPI in Health and Social Care. Recognising that core to quality improvement work is the involvement of service users and carers, a number of initiatives have been progressed in 2018/19. These include:

Improving involvement in transformation

- Working closely with a number of the transformation workstreams, the PHA has provided guidance to ensure service users and carers are effectively and meaningfully involved in transforming HSC at all levels.

- **Improving service delivery – Partnership Working Fund** - The PHA has lead the distribution of Partnership Working funding across HSC Trusts and agencies. This has been allocated to support the recruitment of a partnership working officer in each HSC Trust, and to pilot a service user and carer consultant programme. Funding has also been awarded to progress an involvement and innovation programme. The Patient and Client Council (PCC) were also commissioned to produce a model of service user and carer recruitment to support regional transformation.

- **Improving access to information to improve involvement practices** - The PHA lead the Co-production of the Engage website and e-learning resource for service users and carers. This has led to a significant improvement in the quality, availability and consistency of PPI information available.
- **Improving knowledge and skills** – The PHA continues to promote and deliver the Engage and Involve training programme, elements of which are now being delivered as part of quality improvement training in some HSC Trusts.
- **Improving HSC performance for PPI** - The PHA continue to undertake performance monitoring for PPI across HSC Trusts which focuses on what is working well and what can be improved. The HSCB and the PHA were also subject to external PPI monitoring during this period.
- **Improving evidence base for Involvement and Co-production** – The PHA has commissioned a range of research to further develop evidence that will enable high quality practice in Involvement and Co-production, this included research into the concept of citizen hubs and the reimbursement and remuneration of service users and carers.
- **Improving involvement standards – leading the way** - The PPI standards, developed by the PHA, have been used as the pathfinder for National Research Standards. The PHA has been working with the National Institute of Health Research (NIHR) and



PPI leads from England, Scotland, Wales on this initiative. The standards have been piloted across the UK in 2018/19 and will be launched officially in 2019/20.

Meaningful involvement across our services remains critical to improving safety and quality. The PHA will continue to advance these core areas of responsibility in partnership with providers and service users and carers.

W Further information on PPI is available
W at engage.hscni.net
W

Implementation of Always Events® in Northern Ireland

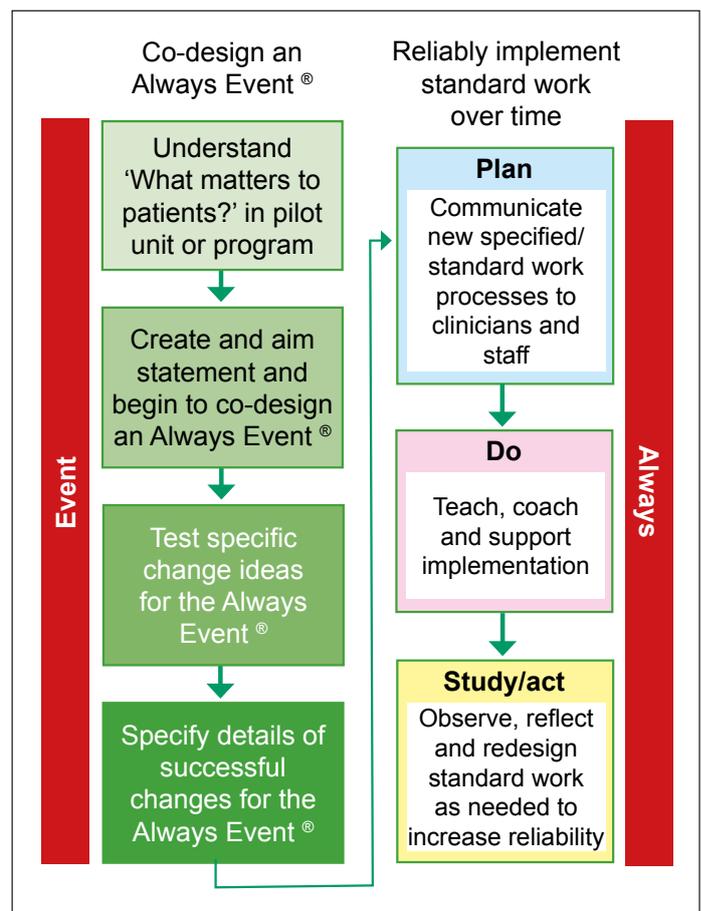
Always Events are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health and social care delivery system.

During 2018/19, the HSCB and PHA, through the regional Patient Client Experience Steering Group, have supported HSCTs to begin to implement, scale and spread plans for two identified Always Events – ‘family presence’ and ‘mealtimes matter’.

Family presence allows family caregivers to be active participants in the patient’s care and welcomed at the patient’s side, regardless of the time of day. During 2018/19 a regional group was established which focused on building on the Western HSCT family presence model and testing the approach in two wards within each HSCT.

Additionally, each HSCT developed plans to review and standardise their core information relating to family presence using Always Event methodology. These include:

- information on how to best support patients and clients;
- information relating to illnesses;
- helping with meals, food and drink;
- operating a no smoking policy;
- ensuring proper hand washing.



Mealtimes matter - putting patients first at mealtimes. Last year, each organisation developed plans, building on the Northern HSCT tried and tested model, to agree and test the core components of what should **always** happen at mealtimes. The broad themes include:

- menu ordering;
- before mealtime;
- during mealtime;
- after mealtime.

Recovery college evaluation

The PHA and HSCTs are committed to embedding recovery-focused practice into mental health services using the ImROC (implementing recovery through organisational change) programme. A core aim is to ensure focus remains on supporting individuals in their recovery.

Recovery colleges were established in Northern Ireland in 2012. Five recovery colleges are in operation in each of the HSCT areas: Belfast, Northern, South Eastern, Southern and Western.

In 2018/19 PHA commissioned qualitative research to:

- evaluate the processes by which recovery colleges are implemented in HSCTs across Northern Ireland;
- explore stakeholders' requirements for a wider evaluation framework that will measure the impact of recovery colleges.

The evaluation report highlights the passion and commitment of the recovery college teams, students, peer trainers and mental health professionals involved and their belief in the positive impact the colleges have. Key strengths, consistencies and variations across the region, were also identified in the evaluation report.

Regional recommendations include taking steps towards a robust evaluation framework for recovery colleges in Northern Ireland. The development of an evaluation framework would be three-fold:

- the data can be used internally to inform the development of recovery college courses;
- the data can be used to widen student targeting and reach and to inform best practice;
- the data can be used externally to demonstrate to key stakeholders and funders the value and impact of the recovery colleges to strengthen the 'business case' for future investment in recovery colleges.

Recovery
Promoting hope, choice and opportunity
Issue 8, Summer 2019

Transforming minds

In this issue we focus on how the recovery colleges play a key role in transforming the minds of not only people using mental health services and their carers, but also the minds of staff and providers of services.

Belfast recovery college wins Aontas award

Belfast recovery college has won a prestigious all-Ireland award for adult learning. Coordinator Helen Anderson said: "We are delighted to get this recognition as it shows that people are engaging in the concept of recovery from mental health issues, and that the journey through recovery is something in which we can all participate."

The Award, presented in Dublin and called The All Ireland Aontas Adult Learning Award 2019 for Health and Wellbeing – Large Organisation, recognises outstanding contributions in the field of adult learning.

The Aontas award convener said at the presentation: "adult and community education is about more than receiving a qualification. From improved confidence to better health, the wider benefits are far-reaching and can have a hugely positive impact on a person's life, family and wider community. That's why our award categories for 2019 reflect the diversity of adult learning initiatives taking place across the country."

Since starting in 2015, more than 1,800 people have enrolled as individual students in the Belfast recovery college. John Morgan, Senior Peer Educator at the college, said: "Recovery education empowers me. Why not give people hope? Schizophrenia no longer defines me thanks to the recovery colleges."

In this issue:

- Belfast recovery college wins Aontas award
- Transformation in Belfast HSCT
- Creative Conversations workshop in SHSCT
- How SEHSCT recovery college changes lives
- Training for Trainers in SHSCT
- Making recovery a reality in NWSCT
- Co-production and co-delivery in the SHSCT recovery college
- 10,000 More voices and World Mental Health Day 2019

You can view the Regional Mental Health Care Pathway at www.hscboard.hscni.net/mentalhealth/Regional_Care_Pathway_Mental_Health.pdf



HSC Hospital Passport



For people with a learning disability in contact with a general hospital



Your Hospital Passport will help to let hospital staff know all about your abilities and needs.

This will help them give you better care when you are in hospital.

Please ensure that your information is up to date.

To staff:

Please read this regional Hospital Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.

Try to make this passport easily available to all staff involved in care.



Regional Hospital Passport

The award winning Regional Hospital Passport was designed to help improve the quality of communication between people with learning disabilities, their carers and staff in general hospital settings. During 2018/19 the HSCB, in cooperation with the Southern HSCT, the SHSCT LCG and the SHSCT Carers Forum developed a co-produced animation to support the awareness and possible uptake of the passport. This resource should assist with the regional roll out of the passport.



The resource is available at <https://vimeo.com/323802613/8f46a34a30>

Regional Dementia Care Pathway: supporting each person's individual journey:-

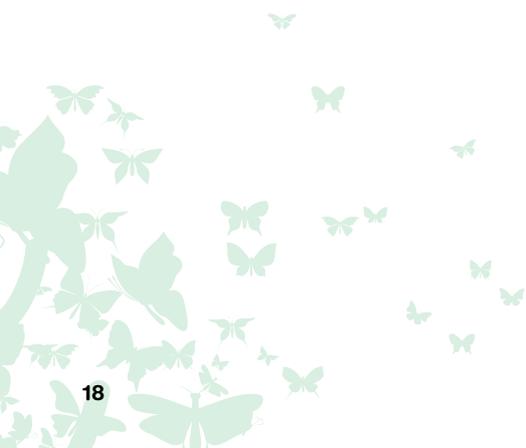
The Care Pathway will assist practitioners in the delivery of high quality dementia care services from initial engagement to the end of life stage of the dementia journey.

This Care Pathway was jointly developed using the expertise of people working in dementia care, the views of people living with a dementia, Dementia NI and the family and carers of people living with a dementia. The HSCB and PHA recognises that engaging with people with a dementia about their experiences is essential when determining service need and helping shape future dementia services in Northern Ireland.

The needs of younger people with a dementia and persons with a learning disability are recognised and addressed in the Regional Dementia Care Pathway. During 2018/19, the HSCB and PHA collaborated with Trust staff and service users from learning disability services in co-designing 5 easy read booklets, complemented by a series of animations. These resources are aimed at raising awareness of dementia for people with a learning disability, building their understanding and informing them of their care and treatment options.



For more information relating to dementia services www.nidirect.gov.uk/campaigns/dementia



Theme two



**Strengthening the
workforce**



2.1 Introduction

The HSCB and PHA, who collectively employ over 800 staff, are determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution. The organisations' diverse range of responsibilities, coupled with current demographic changes and economic climate, requires a sustained focus on improving quality.



2.2 Supporting our staff within HSCB and PHA

Promoting health and wellbeing in the HSCB and PHA as a workplace

During 2018/19 the PHA and HSCB have led the implementation of a number of programmes to assist in promoting health and wellbeing for staff such as:



(a) Lesbian, Gay, Bisexual and Transgender (LGBT) Forum

A forum for lesbian, gay, bisexual and transgender staff continues to provide confidential support for LGBT staff and students in the HSC workplace.

An e-learning module has been developed and widely promoted within HSC settings, The dedicated website to support LGBT staff in HSC now includes an online gallery of staff who are 'out at work'. Staff also participated in a number of the annual PRIDE events and information stalls within HSC settings.



To find out more visit
www.lgbtstaff.hscni.net

(b) My Mood Matters/Living Life to the Full

Staff in the HSCB and PHA have been offered the opportunity to attend the My Mood Matters and Living Life to the Full programmes. Staff evaluation of both programmes has been very positive.

(c) Physical activity

Staff are encouraged to increase their physical activity during the working day by promoting the use of stairs, lunchtime walks and gym facilities. An upgrade to the gym facilities in Linenhall Street, Belfast and the introduction of the 'take the stairs' initiative also helped boost opportunities for physical activity. This was further rolled out to other HSCB and PHA sites. A toolkit has now been developed that can help other workplaces introduce this simple, effective and low cost measure. A short video was developed to raise awareness of the scheme.



For further information and access to the materials see
www.choosetolivebetter.com/content/getting-active



Sustrans delivers a workplace programme called Leading the Way, funded by the PHA, across a number of public sector organisations in Belfast and Derry/Londonderry to encourage staff to travel actively on their commute. The Active Travel Challenge also commissioned by the PHA took place from 7 May – 3 June to encourage and support employees to travel actively as part of their working day.

(d) HSC Healthier Workplaces Network

The PHA in conjunction with the HSCB has established a HSC Healthier Workplaces Network. This Network aims to develop improved and consistent workplace health programmes aligned to HR and other policies and which bring increased focus to valuing staff and the advantages that a diverse workforce can bring to organisations. The Network's four subgroups are now addressing the following areas: common measures and indicators; ageing workforce; a healthy workplaces charter; and online tools and apps.

(e) Reflective practice supervision pilot

The PHA introduced a new reflective practice programme for non-clinical staff who work in the challenging areas of suicide and self-harm prevention, mental health promotion and drugs and alcohol. Many of these staff deal with often complex issues around the sudden loss of life, engaging with bereaved families and dealing with challenging media queries.

A new programme was launched in April in collaboration with BSO and Inspire at Work to offer staff a reflective 1-2-1 supervision programme with a qualified clinical supervisor.

Update and outcomes will be assessed over the coming year before rolling the opportunity out to other topic areas of work.

NHS@70 Celebrations

To coincide with the National Health Service's 70th birthday, the HSCB and PHA joined in the celebrations highlighting the improvement in the health of the population in Northern Ireland over the past seven decades. A very special birthday event was held for Board members and staff to mark this important milestone.

As part of the celebrations, the campaign 'NHS Standout stars' searching for and awarding staff who had made an exceptional contribution to patient care, services and local communities over the last 70 years. The award was voted by patients, staff and the public. Mary Hinds, the PHA Director of Nursing and Allied Health Professions, PHA was named one of the national health service's standout stars.





2.3 Quality improvement capacity and capability building within the HSC

Developing leadership

Last year the Q2020 Developing Professional Leadership group, supported by the HSCQI Workforce Community of Practice carried out a range of activity focused on implementing the Q2020 Attributes Framework and building capacity and capability for QI across the HSC. This included:

- Revising the level 1 Q2020 e-learning programme to include further information on human factors or situational awareness and person centred framework. The level 1 programme continues to be promoted throughout the HSC and training uptake is monitored by the PHA.

- The group held a number of workshops in order to standardise the HSC approach to level 2 and level 3 programmes through developing core principles guide for the design, content and delivery of QI training programmes.
- Based on the IHI dosing formula, the group have mapped the current training programmes available, with the numbers of people trained in order to contextualise the QI capacity and capability gap in Northern Ireland.

WWW

More information relating to the Attributes Framework and core principles guide is available at <https://www.health-ni.gov.uk/publications/quality-2020-ten-year-strategy-protect-and-improve-quality-health-and-social-care>



Key principles for the **design, content and delivery** of **learning and development programmes relating to the Q2020 Attributes Framework for Health and Social Care.**

PPI leadership programme

In 2018/19 the PHA Co-produced the 'Leading in Partnership' leadership programme for HSC staff, service users, carers and members of the community and voluntary sector. The aim of this unique programme was to develop the necessary leadership skills to enable continuous and effective involvement of service users and carers across all levels of the HSC whilst supporting the principles of involvement and co-production, collective leadership and partnership working.

A total of 25 people actively participated in the programme. They included a diverse range of HSC staff from across the region such as assistant directors, commissioners, clinical



Personal and Public Involvement (PPI)

professionals, senior managers, support staff. There were also service users, carers and community and voluntary sector representatives.

Regional quality improvement programmes Scottish Improvement Leader Programme (ScIL)

In order to build capacity and capability in quality improvement science, in line with the attributes framework, HSCQI commissioned the first Northern Ireland regional cohort of the Scottish Improvement Leader Programme. The 30 local participants were nominated from across a range of HSC organisations and came from both clinical and non-clinical backgrounds. The aim of the ScIL Programme is to enable individuals to:

- design, develop and lead improvement projects;
- lead and generate support for change;
- provide expert QI support and advice in their organisations.

The programme commenced in October 2018 and will run over a ten month period.



ScIL
Scottish Improvement Leader

Community Midwives QI Programme – Level 2

To build on the work of the existing maternity collaborative the HSC Safety Forum designed a QI training programme for community midwives. The programme commenced in January 2019 with 24 participants and ran over a six month period including five face-to-face learning sessions. In addition, participants were required to undertake a QI project either as teams or individually. Primary facilitation was led by the HSC Safety Forum with training experts co-opted in on specific topic areas such as data analysis and human factors. The programme was supported by members of the existing maternity collaborative to act as mentors for participants and to assist with a clinical specialty day.



2.4 Sharing quality improvement

PHA Safety Forum Awards 2018

The PHA, through the HSC Safety Forum, invited organisations to nominate individuals or teams for the 4th Northern Ireland Safety Forum Awards. The annual awards recognise and showcase the excellent work undertaken across the HSC system to drive improvement in quality of care and to strengthen patient safety. From the initial 32 applications, 13 were shortlisted and invited to attend for a final interview.

There are four category awards. The winners covered a great breadth of subjects, showed clear evidence of teamwork and tangible improvements to care.



Overall winner (and winner of Partnership working/co-production category) - This work focused on the reduction in the use of oral psychotropic prn medication in young people and also the reduction of incidents and the use of intra-muscular medication.

Building reliable care category - This team were able to demonstrate a reduction in incidents relating to nasal high flow oxygen therapy within three medical wards.

Integrated care category - This team demonstrated an improvement in access to carer events and a reduction in paperwork with increased carer support plans.

Innovation/transformation in care category - The winner of this award demonstrated that 100% of children attending the out-patient clinic had their BMI calculated and plotted in order to identify and address obesity in children.

Cross-border work

During 2018/19 the HSC Safety Forum has continued to build on relationships with HSE Quality Improvement teams in the Republic of Ireland. This included regular cross-border meetings and collaborating with colleagues on microsystem learning events, frameworks and curricula for improvement. We also established a working subgroup to plan the design and delivery of a cross border exhibition stand at the Institute for Healthcare Improvement International Forum held in Glasgow in March 2019. The focus of the stand was on connecting and networking staff who have a passion for improvement.





2.5 Education and training for HSC

Primary care nursing

Last year the HSCB and PHA funded a number of different training initiatives delivered by the HSC Clinical Education Centre (CEC) and the Royal College of Nursing (RCN), in line with the GP Nursing Framework, for general practice nurses (GPN) and nursing assistants. The training was designed to meet the complex and changing service needs of patients in primary care settings.

The uptake of this training has been positive with high levels of satisfaction; there were over 400 attendees across 32 courses. These courses focused on areas to improve the clinical skills of nurses in general practice settings as this will ultimately enhance patient quality, safety and experience. The nursing assistants and general practice nurses have provided examples of how they will use their learning to improve practice and have made suggestions for future programmes.

These initiatives provide a consistent regional education plan as part of a regional network system offering access to accredited education, therapeutic clinical updates on core topics and bespoke education programmes for general practice.

A pilot project is underway to implement a phased approach to provide two selected GP Federations with additional registered GPN and unregistered Nursing Assistant posts. The allocations to enable this project are based on

the staffing principles and assumptions set out in the General Practice Framework for Northern Ireland 2016. These nurses will be employed by the Federations and the recruitment will be phased in over a number of years as recommended in Phase 7 of Delivering Care.

Signs of safety training

Signs of Safety is an innovative, strengths-based, safety-organised approach to child protection casework. It expands the investigation of risk in child protection work to encompass strengths and 'Signs of Safety' that can be built upon to stabilise and improve a child's and family's situation. It provides a format for undertaking comprehensive risk assessment – assessing both danger and the existing strengths, safety and goals of the family or extended family that can contribute to better planning and achievement of safety for the child or young person.

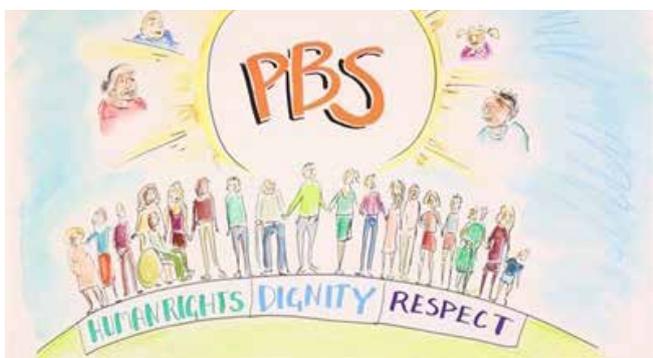


Within the last year, 1,694 of children's services social workers have been trained to implement the model across the region with support from designated specialist practitioners based within each Trust's Implementation Team. A further 725 staff will be trained by March 2020 and partner agencies are also being offered bespoke training in conjunction with the Safeguarding Board for Northern Ireland (SBNI).



Support programme for staff working in learning disability

Positive behavioural support (PBS) is an ethical and effective way of supporting individuals with learning disabilities who present with behaviours of concern. PBS uses the techniques of applied behaviour analysis, guided by a strong values base, delivered in a person-centred way to meet the needs of individuals who present with behaviours of concern.



In 2018/19 the PHA secured funding to enable staff working in learning disability to avail of the British Institute of Learning Disability (BILD) PBS training. The coaches training involved staff attending three consecutive days and a follow up day held six months later where participants had to present on a project they had implemented to imbed PBS within their area of practice and an action plan to take forward PBS within their workplace. The three day BILD training was delivered in two cohorts. Twelve of the staff who attended the three day coaches programme successfully completed this training and are now accredited British Institute of Learning Disability PBS coaches.

The PBS coaches programme's aim is to develop practice leaders within an organisation. Practice leaders are an essential part of developing PBS culture within services and

Feedback received from participants who completed the PBS coaches programme:

Developing services that lead to a better quality of care and a better quality of life for service users.

It will clearly define what is expected of myself and others therefore creating a better working environment.

Useful tools for helping others learn and better understand rationale for PBS.

Having an action plan and assignment will help me focus and prioritise service development projects.

I have been motivated to begin. I will become a strong advocate for Positive Behaviour Support.

organisations. They have a direct and positive influence on workplace culture and are able to coach staff and become a role model for PBS approaches. Attendance on the PBS coaches programme and the follow-up support coaches can access will help to drive an action plan that will have a direct impact on the quality of life for the people that your organisation supports.

Following the success of the programme in 2018–2019 and the positive feedback received from participants who completed the coaches programme, funding has been secured to enable a further 20 staff to be trained as BILD coaches.





Human factors and simulation-based education



As part of the ongoing implementation of Quality 2020, which is led by the PHA and HSCB, the multi-disciplinary Northern Ireland Simulation and Human Factors Network (NISHFN) has been established focusing on promoting and standardising human factors and simulation-based education within Northern Ireland. Last year, the network carried out a range of activity which included:

- Meeting regularly to provide advisory support to human factors and simulation work throughout the region. The network held a successful annual event in October 2018 which enabled sharing of learning relating to human factors with a wide multi-disciplinary audience.
- Developing an 'introduction to human factors' training course, linking closely with the Oxford Nuffield Patient Safety Academy. The course, funded by the PHA, will be customised for Northern Ireland and will be designed to standardise human factors language to ensure consistency of terminology.
- Developing a storyboard or electronic learning resource using learning from SAIs.

2.6 New ways of working to support staff

Delivering Care: A policy framework for nursing and midwifery workforce planning

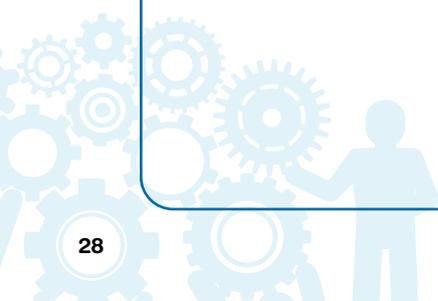
Delivering Care is a policy framework aimed to support the provision of high quality care which is safe and effective in hospital and community settings. Initiated in 2012, it has used a phased approach to determine staffing ranges for the nursing and midwifery workforce in a range of major specialities. Currently, there are eight phases underway.



Further information is available at www.nishfn.org



Workforce phase	Staffing model	Status
Phase 1: Acute medical and surgical wards	Staffing range	Funding for this phase has been secured and is in the process of phased implementation and monitoring across designated wards in all HSCTs.
Phase 1A: Elective care treatment care environments	Recommended range for 24/7 wards including day and short stay wards	Paper issued for guidance.
Phase 2: Type 1 emergency departments	Nurse to annual attendance ratio	Ongoing.; Portion of recurring funding received to initiate phased implementation
Phase 3: District nursing	Population-based model	Ongoing. Portion of recurring funding received to initiate phased implementation
Phase 4: Health visiting	Population-based model – caseload weighting	Ongoing. Portion of recurring funding received to initiate phased implementation
Phase 5: Mental health	Acute – nurse/bed ratio Community – caseload and population based model	Phase 5a sent to CNO for endorsement. Phase 5b final proposals presented to the working group in early 2019 for approval
Phase 6: Neonatal nursing	Based on level of activity	Final proposals for endorsement with CNO 2019
Phase 7: Primary care nursing	Population-based model from the GPN framework 2016	Endorsed by the CNO – Feb 2019
Phase 8	Independent sector nursing homes	Ongoing. Five HSCT stakeholder workshops have taken place UK Four Country plus Ireland teleconference took place with a commitment to establish a national network relating to nurse staffing in care homes Five Country Care Home Workforce Seminar held 6 March 2019





Project Retain – Improving recruitment and retention of nursing staff in older people’s wards

Northern Ireland has experienced significant attrition of nursing staff and over reliance on bank and agency staff which has presented many challenges for us around nurse retention particularly in care of older people settings. The PHA were delighted to secure funding provided by the Burdett Trust to initiate Project Retain which aimed to increase nurse recruitment and retention across 10 hospital wards in five HSCTs across Northern Ireland.



This programme delivered and offered a wide range of activities, programmes, coaching, leadership development and reflective sessions designed to support nurses and nursing assistants in their place of work.

One of the key factors that contributed to the tremendous success of the project was using a co-production model, which ensured that the voice and experience of older people was central to the future of nursing this was achieved in partnership with Age NI.

The project ran for 18 months. On completion of the project we saw a significant reduction (66%) in vacant posts. The culture within the ward and patient-centred environments have seen immense improvements. Staff satisfaction improved uptake of post registration education and collective team working has been highlighted as one of the most positive outcomes of the project. The outcomes of the project have also influenced regional workforce initiatives including an increase of funding senior posts in these wards. The project ethos and approach will now be replicated in other areas in Northern Ireland.



Further information is available at https://nipec.hscni.net/download/projects/previous_work/professionaldevelopment/career_pathway_for_older_peoples_nursing/documents/Retain-Report-Report-Final-Publication.pdf





Establishment of multi-disciplinary teams (MDT) programme in primary care

The Multi-Disciplinary Team programme started in September 2018 with the initial GP Federation areas of Derry (28 GP practices), Down (13 GP practices) and West Belfast (16 GP practices) commissioned to recruit the required staff. The aim of the MDT programme in primary care is to establish new ways of working for existing GP practice teams, working alongside newly appointed physiotherapists, social workers, social work assistants and mental health professionals. These professions will be embedded in GP practices to provide a practice based response to patient need.

The recruitment of MDT professional teams, embedded in general practice will enhance the practice skills available to better meet the needs of the practice population. This additional staffing capacity is designed to manage patients as an additional option to the traditional GP appointment. This service will support practices and enable GPs to focus on the more complex patients within the practice. It is anticipated that strengthening the workforce within GP practices will make the profession more attractive to enhance recruitment into the profession and primary care.

NI Project ECHO®

Quality Improvement ECHO

The HSC Safety Forum hosted a second



Regional Quality Improvement ECHO building on the success of the first QI programme held in

2017. This gave the opportunity to over 54 staff

from across HSC Trusts to develop knowledge and skills in quality improvement to drive forward improvements in patient or client care.

From staff feedback, it was demonstrated that staff increased their knowledge of quality improvement methodologies and that they were able to apply them in the frontline setting to demonstrate improvements in care.

There were a total of 13 teams from HSCTs involved and the quality improvement work ranged across a diverse range of themes such as:

- Mental health bed occupancy.
- Increasing mobility of patients in hospital.
- Child and adolescent mental health and improving the flow of young people from referral.
- Reducing times to process complaints in a contracts department and improve the information distributed to staff.
- Increasing the amount of assessments for looked after children.

Social Care ECHO

The first Social Care Project Echo established in Europe was held in early 2019. The 'spoke and hub' design of Project Echo provided the opportunity for a community of learning network to grow for Social Care Managers, with subject specific inputs as well as peer learning and sharing on specific cases or issues.



The Social Care Echo met on a monthly basis between January and March 2019. The programme included inputs and case discussion on: Project Echo introduction; decision making and risk; and, what is domiciliary care? The network will build over time, with 39 participants already registered at the end of March 2019.

Positive Behaviour Support ECHO

The PHA has been successful in securing support from ECHO for a project to support the development of a community of practice for PBS in Northern Ireland. It is anticipated that the ECHO model will be an effective way of ensuring that the PBS coaches are supported to further develop and embed their new skills in their local areas and form the basis of a community of practice across HSC in Northern Ireland.

Clinical staff who involved in the ECHO spokes are from all HSCT areas. The PBS ECHO provides an opportunity to be involved in a network of learning and support which

is accessible from their own workplace thus reducing the need for staff to be released for long periods of time from frontline clinical duties.

It also provides a relatively inexpensive way to support and engage specialist expertise and knowledge relating to PBS so that staff can enhance their skills, knowledge and experience and share best practice relating to PBS across the region. It is hoped that participants will take the opportunity to share learning and experience with other likeminded people in a safe and supportive environment, with a view to developing a community of practice across five HSC services in Northern Ireland to further embed this approach regionally.

In December 2018, a group of twenty five staff working in both children and adult learning disability services came together to agree the ECHO programme for the coming year. The first PBS ECHO session started in February 2019 and will continue until January 2020.





Children and Families Programme

The HSCB concluded on the Review of Regional Services for Children and Young people in March 2018. The report's findings and recommendations, endorsed by DoH and DoJ, established a transformation programme of improvement for Children's Services. A primary recommendation was the introduction of an integrated care and justice campus comprising the current standalone secure care and juvenile justice centres.

In collaboration with the respective Departments and key partner agencies the HSCB has embarked on building foundations to support the implementation of the primary recommendations.

Building blocks being progressed include:

- Funding proposals secured to assist with creating more conducive conditions that will enable change for example the delivery of an accredited coaching programme for frontline managers across residential childcare to strengthen capacity and leadership.
- Appointment of an independent Chair to lead on the establishment of a Regional Multi-Agency Decision Making Panel for applications, in the first instance, to secure care.
- Testing a bespoke peripatetic residential support model for residential childcare which seeks to enhance and strengthen mainstream children's homes. This will introduce a skills

mix service comprising of youth workers, sensory support specialisms and psychology. It will provide young people with high level diversionary strengths based interventions which are intended to better support their integration into local communities, build resilience and enable stable and enduring care placements.

- Introduction and testing of new housing and support solutions for vulnerable young people in a Trust area intended to better meet the complex needs of young people transitioning from care to the community. Underpinned by a partnership with others from the statutory and voluntary sector, the investment proposal is transformational in that it is integrated within a newly innovative housing led service; it eliminates silo working and duplication of effort; provides a rapid person centred support service; and will afford the opportunity to explore the feasibility of redesign of existing homeless provision and resources to better respond to need.



Further information is available at <https://www.health-ni.gov.uk/publications/review-regional-facilities-children-and-young-people-review-report>



Theme three



**Measuring
improvements**



3.1 Introduction

The HSCB and PHA recognise the importance of measuring progress for safety effectiveness and the patient/client experience in order to improve. We promote the use of accredited improvement techniques when gathering information or examining data, and recognise the importance of ensuring that lessons from the information and data are learned.

3.2 Quality improvement plans

The quality improvement plans (QIPs) focus on key priority areas to improve outcomes for patients and service users. The HSCB and PHA support HSCTs on a range of initiatives to assist with the achievement of the QIP targets and facilitate a regional platform to enable good practice to be shared throughout Northern Ireland.

Last year the QIP target areas were:

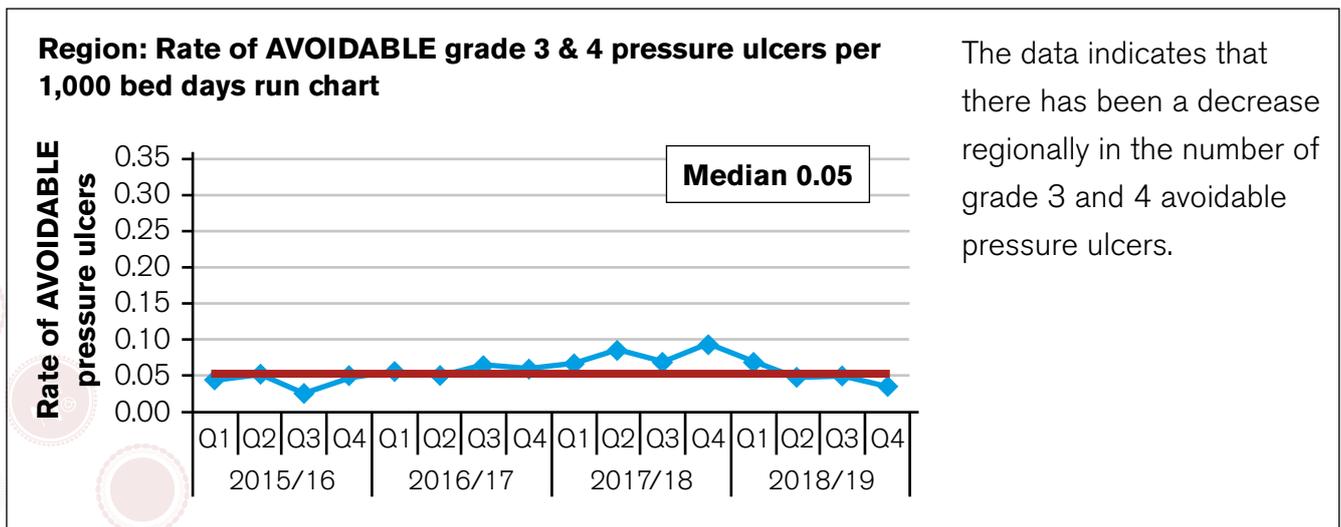
- Pressure ulcer prevention;
- Falls prevention;
- National Early Warning Scores (NEWS);
- Mixed gender accommodation.

Pressure ulcer prevention

The PHA along with the HSCB supports HSCTs through the Regional Pressure Ulcer Prevention Group to implement SSKIN (an evidenced-based collection of interventions proven to prevent pressure ulcers) in all hospitals in Northern Ireland. This group provides advice and support and shares regional learning across Northern Ireland. It focuses on strategies for pressure ulcer prevention and management across the HSCTs.

A basic principle of quality measurement is: if it can't be measured, it can't be improved. Therefore we recognise that pressure ulcer performance must be counted and tracked as a core component of our quality improvement programme.

At the Regional Pressure Ulcer Prevention Group, HSCTs agreed to focus on reduction of avoidable grade 3 and 4 pressure ulcers, as these create deeper cavity wounds which can result in more pain and suffering to patients. The following graph shows the total regional **rates** of pressure ulcers grade 3 and 4 from April 2015 –March 2019.





Shared learning

Last year a number of regional workshops were held, focused on learning and prevention of pressure ulcers. These included:

Regional Pressure Ulcer Prevention workshop – held 10 August 2018 to:

- Consider the international and national guidance.
- Consider current practice in Northern Ireland.
- Review current definitions/categories/ reporting and escalation and gain regional agreement on these.

Pressure Ulcers and Safeguarding Event - held 10 October 2018 to:

- Consider current practice in Northern Ireland.
- Consider *Pressure Ulcers & the interface with a safeguarding enquiry* (Department of Health, England, January 2018) for use in Northern Ireland.
- Contribute to a short proposal relating to adult safeguarding protocol in Northern Ireland.

- Gain regional agreement on the way forward.

Regional Pressure Ulcer Learning Event - held October 2018 to:

- Update on agreed definitions.
- Focus on repositioning.
- Share learning across HSCTs.
- Agree a way forward for the next two years.

Falls prevention

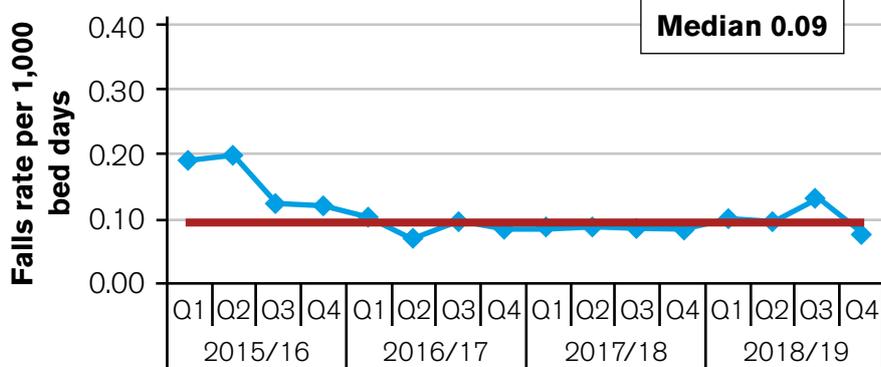
During 2018/19 the PHA and HSCB, through the Regional Falls Prevention Group, have supported HSCTs to implement and spread the Royal College of Physicians 'Fallsafe' bundle, an evidence-based collection of interventions proven to reduce falls in inpatient settings. HSCTs measure compliance against the fallsafe bundle and report to the PHA and HSCB on a quarterly basis. The Regional Falls Prevention Group provides advice, support and shares regional learning across Northern Ireland and focuses on strategies for falls prevention and management across the HSCTs.

Part A Element	Part B Elements
<ul style="list-style-type: none"> • Asked about history of falls in past 12 months • Asked about fear of falls • Urinalysis performed • Call bell in sight and reach • Safe footwear on feet • Personal items within reach • No slips or trips hazards 	<ul style="list-style-type: none"> • Cognitive screening • Lying and standing Blood pressure record • Full medication review requested • Bedrails risk assessment

During 2018/19 the focus was on prevention of the number and rates of falls incidents classified as causing moderate to major or catastrophic harm.



Region: Rate of moderate to major/catastrophic falls per 1,000 bed days run chart



Regionally, there has been no significant trend in the falls rates over the past year.

Shared learning

In addition to the ongoing support relating to falls prevention through the regional falls prevention group, the PHA held a Regional Falls Inpatient Learning Event in March 2019. The purpose of this workshop was to share the regional and local work that has been carried out over the past three years relating to the falls prevention including testing, spread and implementation of the Royal College of Physicians Fallsafe Bundles across all adult inpatient HSC areas in Northern Ireland. A summary of the introduction of a new process for reporting and reviewing all incidents resulting in moderate to severe/catastrophic harm and the results of the evaluation of this process, was presented. This event was positively evaluated with feedback on the benefits of the shared learning being highlighted. The PHA and HSCTs are working with the Clinical Education Centre (CEC) to develop a falls prevention programme, to ensure it is suitable for regional delivery and have a programme plan for roll out.

NEWS (National Early Warning Scores)

As part of its leadership role, the HSC Safety Forum has led the regional implementation of National Early Warning Scores (NEWS) in HSCTs, including appropriate escalation arrangements to improve care of the deteriorating patient. This tool helps professional staff identify early deterioration in a patient's condition. Abnormal scores prompt specific actions and/or referral to greater expertise. Part of this work involved facilitating HSCTs to define their expectations regarding intervention when NEWS are abnormal. During 2018/19 the HSC Safety Forum/HSCQI hub have worked with HSCTs to:

NEWS Key	FULL NAME	DATE OF BIRTH	DATE OF ADMISSION	NEWS	DATE
A+B	Respirations	18-24	18-24	2	18-24
A+B	SpO2, Scale 1	93-95	93-95	1	93-95
A+B	SpO2, Scale 2	93-95	93-95	2	93-95
A+B	SpO2, Scale 3	93-95	93-95	3	93-95
A+B	SpO2, Scale 4	93-95	93-95	4	93-95
A+B	SpO2, Scale 5	93-95	93-95	5	93-95
A+B	SpO2, Scale 6	93-95	93-95	6	93-95
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A+B	SpO2, Scale 38	93-95	93-95	38	93-95
A+B	SpO2, Scale 39	93-95	93-95	39	93-95
A+B	SpO2, Scale 40	93-95	93-95	40	93-95
A+B	SpO2, Scale 41	93-95	93-95	41	93-95
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A+B	SpO2, Scale 71	93-95	93-95	71	93-95
A+B	SpO2, Scale 72	93-95	93-95	72	93-95
A+B	SpO2, Scale 73	93-95	93-95	73	93-95
A+B	SpO2, Scale 74	93-95	93-95	74	93-95
A+B	SpO2, Scale 75	93-95	93-95	75	93-95
A+B	SpO2, Scale 76	93-95	93-95	76	93-95
A+B	SpO2, Scale 77	93-95	93-95	77	93-95
A+B	SpO2, Scale 78	93-95	93-95	78	93-95
A+B	SpO2, Scale 79	93-95	93-95	79	93-95
A+B	SpO2, Scale 80	93-95	93-95	80	93-95
A+B	SpO2, Scale 81	93-95	93-95	81	93-95
A+B	SpO2, Scale 82	93-95	93-95	82	93-95
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A+B	SpO2, Scale 85	93-95	93-95	85	93-95
A+B	SpO2, Scale 86	93-95	93-95	86	93-95
A+B	SpO2, Scale 87	93-95	93-95	87	93-95
A+B	SpO2, Scale 88	93-95	93-95	88	93-95
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A+B	SpO2, Scale 111	93-95	93-95	111	93-95
A+B	SpO2, Scale 112	93-95	93-95	112	93-95
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A+B	SpO2, Scale 148	93-95	93-95	148	93-95
A+B	SpO2, Scale 149	93-95	93-95	149	93-95
A+B	SpO2, Scale 150	93-95	93-95	150	93-95
A+B	SpO2, Scale 151	93-95	93-95	151	93-95
A+B	SpO2, Scale 152	93-95	93-95	152	93-95
A+B	SpO2, Scale 153	93-95	93-95	153	93-95
A+B	SpO2, Scale 154	93-95	93-95	154	93-95
A+B	SpO2, Scale 155	93-95	93-95	155	93-95
A+B	SpO2, Scale 156	93-95	93-95	156	93-95
A+B	SpO2, Scale 157	93-95	93-95	157	



- Liaised with the copyright holder the Royal College of Physicians to ensure the integrity and effectiveness of the NEWS chart was maintained whilst allowing for local and regional modifications.

A number of regional meetings have been held with PHA/HSCB and HSCTs to help support the scale and spread of NEWS2 across all clinical areas. The region as a whole has continued to maintain an average percentage compliance of NEWS throughout the 2018/19 years of 92-95%. All HSC Trusts have maintained over 80% compliance during 2018/19.

Mixed gender accommodation

HSC is committed to the delivery of person-centred care. International and national evidence has highlighted that the provision of single gender accommodation has been identified by patients and relatives/carers as having significant impact on maintaining privacy and dignity while in hospital. There is therefore an expectation that men and women will not be required to sleep in the same area.

In line with the DoH Guiding Principles for Mixed Gender Accommodation, each HSCT has developed a policy for the management of mixed gender accommodation in hospital. During 2018/19 the PHA and HSCB supported HSCTs to:

- put in place effective arrangements to adhere to their policy for the provision of safe and effective care and treatment in mixed gender accommodation;
- undertake in a thematic review of mixed gender accommodation in inpatient adult wards, which will help to inform the progression of further improvement in mixed gender accommodation for 2019/20;
- measure and report compliance with their policy for mixed gender accommodation in 100% of inpatient areas.

3.3 Core regional priorities

During 2018/19 the HSCB and PHA worked collaboratively with HSCTs and the wider HSC system on a number of key priorities which impact on the safety, quality and experience of care. Below is an example of two key areas which identify measurement as a key component of improvement:

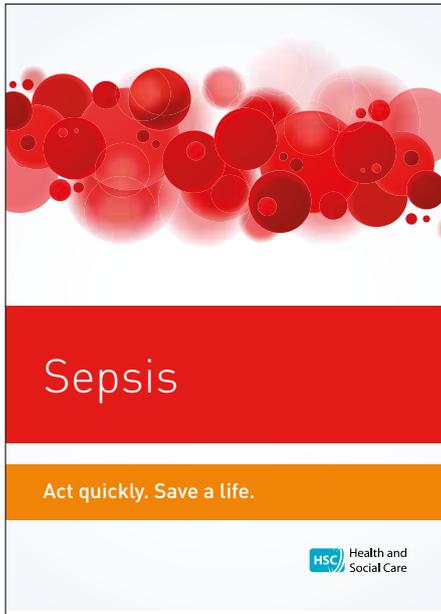
Improving the recognition of sepsis

Sepsis is a life threatening, severe form of infection which leads to organ failure and critical illness. Survival and recovery are heavily dependent on early recognition and treatment, which includes effective antibiotics. Symptoms and signs however are not always straightforward but there are a number of decision tools designed to support frontline clinicians to make the best possible decisions – neither to overtreat (and contribute in part to the growing problem of resistance to antibiotics) nor to undertreat and miss opportunities for effective management.

The Sepsis Regional Steering group is a multi-professional group hosted by the HSC Safety Forum/HSCQI hub at the PHA to guide and support improvement efforts in sepsis



recognition and care. Notable milestones achieved to date include establishing 26 participating units across Northern Ireland's acute hospital network, universally agreed measures to assess progress, a screening



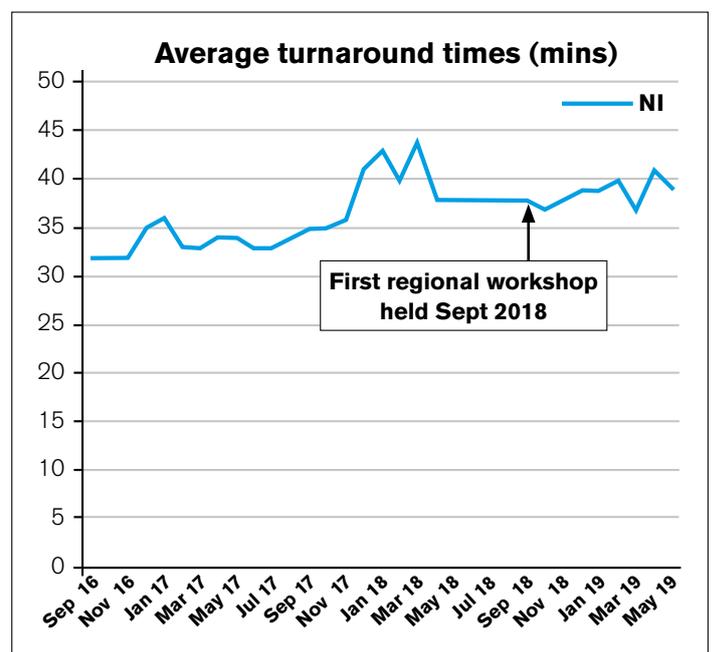
tool and patient information leaflets. The group hosts quarterly learning sessions with clinical and support staff working in Northern Ireland's emergency departments, acute medical and surgical units and

critical care units. Participants share progress and challenges in improving sepsis care and invited speakers – to date from England and the Republic of Ireland – share their insights to accelerate our learning.

We are currently establishing a network of support staff to collect key measures to aid our collective improvement efforts in a psychologically safe environment that promotes learning rather than judgement. Links have also been established with Antimicrobial Stewardship efforts across Northern Ireland to collaborate on safe and effective use of antibiotics. Sepsis management in the medium and long-term requires effective stewardship of antibiotics, as well as links with the UK Sepsis Trust to raise public awareness of the symptoms and signs to prompt them to ask the question 'could it be sepsis?'

Improving Community Emergency Response

Prompt turnaround times for Northern Ireland Ambulance Service (NIAS) ambulances and crew are an important element of maintaining an effective emergency community response. Over the last 3 years turnaround times have gradually increased from their target time of 30 minutes, in part due to challenges with congestion in our Emergency Departments at times of peak pressure. The HSCB and HSC HSC Safety Forum/HSCQI hub have been involved in providing a neutral, credible platform for Emergency Department and NIAS staff to explore solutions to improving the turnaround times together. Innovations include refreshing the pathway to the ED Reception area, standardising handover processes, improved understanding of the needs of frail older patients and developing a shared aim to improving turnaround times. These efforts are complementary to existing Trust and NIAS initiatives and together with a focus on these metrics it is hoped improvements can be made.





3.4 Implementation of National Institute for Health and Care Excellence (NICE) guidance

NICE is a non-departmental public body responsible for providing national guidance and advice to improve health and social care.

NICE produces different types of guidance, including:

- technology appraisals (new drugs, medical treatments and therapies);
- clinical guidelines (recommendations on the appropriate treatment and care of people with specific diseases and conditions);
- public health guidance (recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health).

NICE National Institute for Health and Care Excellence

The HSCB and PHA have put in place processes to implement technology appraisals, clinical guidelines and public health guidance published by NICE and endorsed by the DoH.

During 2018/19, the HSCB and PHA issued 45 technology appraisals to the HSC and continues to monitor the implementation of 190 clinical guidelines which have been issued to the service.

The implementation of NICE guidance can often be the driver for change in a wide range of areas, as it provides commissioners, clinicians and other health care professionals with evidence based methodologies to improve and sustain higher quality outcomes for patients and clients.

WWW

More information about the technology appraisals and clinical guidelines that are being implemented can be found at www.hscboard.hscni.net/nice

3.5 Measuring improvement within mental health and learning disability services

The Outcomes Star™

The Outcomes Star™ is an evidence-based tool for both supporting and measuring change. The values that inform the Outcomes Star™ are similar to those of person-centred, strengths-based and co-production approaches. As a result, implementing the Outcomes Star™ can provide an effective way of putting these approaches and values into practice in a service. It is envisaged that use of the Outcome Star™ will empower individuals to take responsibility for their own recovery journey and help demonstrate real tangible outcomes for the individual and the organisations involved in providing the care and support for people with mental health conditions.





Last year the PHA commissioned training for over 100 staff working within mental health services on the use of three Outcome Stars™.

These include:

The Wellbeing Star works by encouraging people with long-term health conditions to consider a range of factors that impact on their quality of life. The overall aim is for the service user to do as much as they can so that the long-term condition impacts on their life as little as possible.

The Recovery Star is a tool for supporting and measuring change when working with adults who experience mental health problems. The Recovery Star focuses on ten core areas that have been found to be critical to recovery; managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem and trust and hope.

The Drug and Alcohol Star is designed for use with adults in substance or alcohol misuse services. The Drug and Alcohol Star focuses on areas that have been found to be critical in supporting people to progress towards and maintain a life free from drug misuse and problem drinking.

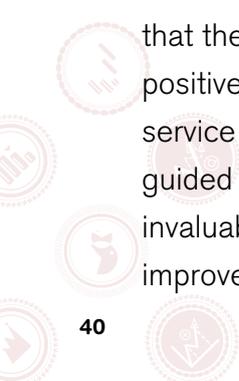
Feedback received to date from staff working within mental health services has demonstrated that the use of the Outcomes Star™ has a positive impact on their engagement with service users as it provides a tool to help guided conversations about recovery and is an invaluable resource for measuring progress to improve.

Phase one evaluation of the Regional Hospital Passport for People with Learning Disabilities

The Regional Hospital Passport for People with Learning Disabilities (RHPLD) was developed to provide vital information about a person with a learning disability which will help hospital staff to make reasonable adjustments to provide safe and effective care and improve the care experience for the person with learning disability.

The regional learning disability health care and improvement steering group, which includes representation from PHA, HSCB and HSCTs, oversees the implementation of the RHPLD and last year the PHA health intelligence team was commissioned to carry out an evaluation of the implementation of the passport in order to measure its effectiveness and identify improvements which can be taken into consideration for the future. The evaluation methodology included conducting interviews regarding distribution processes and experiences of using the RHPLD, completion of surveys regarding awareness of the RHPLD among the community and voluntary sector, and desktop analysis of downloads of the RHPLD and guidance notes from the PHA website.

In addition, the 'telling it like it is' (TILII) group designed an evaluation form using the 'appreciative inquiry method' which looks at leading with the positives. Members of the





TILII group engaged with 150 people with learning disabilities and their carers across Northern Ireland and asked positive questions to find out the strengths of the passport. By encouraging conversations, TILII identified areas for improvement to help to move towards the dream phase of having the passport embedded into every day practice. This would make sure that each individual gets the care and support they need when going into hospital and that it is not only of a high standard but actually fitting to their individual needs.

As a result of the evaluation the PHA working closely with HSCB and HSCTs have been able to accurately measure the effectiveness of the hospital passport implementation and use this information to learn for the future.

3.6 Population screening in Northern Ireland

Early diagnosis through screening is associated with improved outcomes for a number of health conditions. Population screening programmes in Northern Ireland aim to detect disease at an early stage, usually before they become symptomatic. The PHA is responsible for the commissioning and quality assurance (QA) of eight screening programmes.

These screening programmes must reflect the highest level of service quality as set out within the respective national guidance and service specifications (associated within the individual programmes). This is verified through ongoing monitoring and benchmarking exercises undertaken within each programme. An example of the work of some of the screening

Antenatal and newborn screening programmes

- Antenatal infection
- Newborn blood spot
- Newborn hearing

Young person and adult screening programmes

- Diabetic eye
- Bowel cancer
- Breast cancer
- Cervical cancer
- Abdominal aortic aneurysm

programmes to increase the uptake of services in order to improve outcomes for patients is outlined below.

Cervical screening

During 2018/19, the PHA worked with Cancer Research UK (CRUK) to support their primary care engagement programme in Northern Ireland. This included the development of an audit tool for primary care practices in relation to the delivery of cervical screening at practice level. The audit tool can be used by practices to self-assess their service and processes against best practice and regional guidance. It can assist practices to identify potential areas for improvement.



The audit tool was launched in March 2019 at a training update event for cervical sample takers, jointly hosted by PHA and CRUK. Over 170 nurse sample takers and GPs attended the event, which was used to promote best practice in cervical screening.



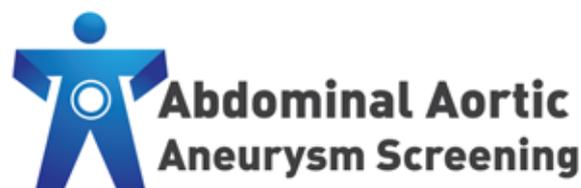
The information provided to women on the cervical screening programme is regularly reviewed and updated. In 2018/19, the PHA collaborated with voluntary organisations to develop a new resource for women following the diagnosis of a cervical cancer. The leaflet and additional fact sheet aim to provide women with information on how their previous screening results may be reviewed and to assure them that they will be able to see the findings of this review if they wish. This group, along with HSC clinical staff, also contributed to the development of a framework document for audit of cervical cancers. This has been distributed to all HSCTs and aims to standardise the approach used across Northern Ireland.

Abdominal aortic aneurysm screening

Since the programme's successful implementation in 2012, it has worked with service users and key stakeholders to ensure ongoing programme development and continuous improvement. A key element in achieving this has been the introduction of service user events (beginning with the first in 2013). The sixth of these annual events was held on 26 April 2018, bringing together over

seventy participants. This included men who have benefitted from screening, their wives and members of the programme team at the Belfast HSCT, the service provider.

The PHA, along with Belfast HSCT colleagues, presented updates regarding recent service developments, previously suggested by service users; this included viewing a new video (to help men better understand what screening involves). Discussion during the event generated ideas to guide future service development. Potential candidates for the role of Patient Representative were also identified, with three individuals subsequently appointed to the programme's commissioning group (reflecting the programme's ongoing efforts to support Personal and Public Involvement (PPI) and co-production).



In March 2019, to help validate the quality of the screening programme, colleagues from Public Health England and the English NHS AAA Screening Programme undertook an 'External Quality Assurance' assessment. The team identified that the programme is generally performing well: recommendations to guide the future operation of the service were identified – these will be pro-actively taken forward by the programme over the coming year.

Promoting uptake of cancer screening

People from areas of higher socio-economic deprivation, and also specific population sub-



groups, are generally less likely to attend for screening. To help address this, the PHA have been working with the Women's Resource and Development Agency (WRDA) to raise awareness and promote informed choice in uptake of the cancer screening programmes. In 2018/19, peer facilitators continued to deliver educational awareness sessions to participants from disadvantaged, diverse and sometimes remote or rural backgrounds.

The PHA also worked with a range of voluntary and community group representatives to develop and run a social media campaign to promote cervical screening to younger women. The successful campaign focused on overcoming the key barriers and concerns that women may have that prevents them from attending screening for the first time.



Theme four



**Raising the
standards**



4.1 Introduction

The HSCB and PHA have established a framework of clear evidence-based standards and best practice guidance which is used in the planning, commissioning and delivery of services in Northern Ireland. The HSCB and PHA are continuously striving for excellence and raising the standards of care and the quality of services delivered.

4.2 Establishment of new networks

Northern Ireland Frailty Network

Frailty is noticed when the body loses its ability to recover, from a fall for example. It affects more than a quarter of our population aged 85 and over and can be prevented and even, in some cases, reversed.

During 2018/19 the PHA identified frailty as a key priority area of focus in line with its



corporate outcome 'all older adults are enabled to live healthier and more fulfilling lives'. In response to this priority, the Northern Ireland

Frailty Network was launched in March 2018. The Network, which is led by the PHA linking closely with the HSCB was established using transformation funding secured through the DoH and has brought together a wide range of people and organisations all with a part to play in caring for our population living with frailty, as well as having a strong focus on prevention. The frailty programme adopts a co-production approach,

with Age NI's consultative forum central to the development of our frailty structure.

The ambition of the Network for Northern Ireland is that frailty will be seen as everyone's business and we all should know what to do when presented with a person living with frailty. Last year the network commissioned a literature review which considered current local, national and international evidence and best practice around frailty. This information will be used to inform the key messages, specifically focusing on prevention and early intervention techniques such as diet, exercise, keeping mobile, and remaining socially active.



For further information or to join the NI Frailty Network, email frailtynetwork@hscni.net

Regional Trauma Network: enhancing mental health services in Northern Ireland

The Regional Trauma Network (RTN) involves the design, co-production, and implementation of an integrated service model to respond to the needs of adults and children with trauma-related psychological and psychosocial difficulties in Northern Ireland.

As part of the Stormont House Agreement (2014), the Northern Ireland Executive made a commitment to establish a "world class trauma service" to respond to the psychological impact of the troubles/conflict. Consequently, during 2018/19 the Regional Trauma Network was established. In partnership with the Victims and Survivors Service the HSCB lead the implementation of the network which aims to



deliver a comprehensive regional trauma service, drawing and building on existing resources and expertise in the statutory and community and voluntary sector. The HSC element of the RTN, to provide specialist therapies for complex Post Traumatic Stress Disorder, has been under development over the past year, along with work to build the partnership with community, and voluntary agencies funded to provide support to people that have experienced troubles/conflict related trauma. The network has also developed a Partnership Alliance for Learning from Lived Experience (PALLE) to ensure the RTN is a highly accessible, acceptable, and effective service for those who need it.

The RTN will assist individual service-users to access the level of support that matches their clinical needs. Psychological therapies provided in RTN Local Trauma Teams have been informed by the most authoritative international evidence-based guidelines on the effective management of trauma.

The implementation of the specialist trauma service will be a phased approach. When the service is fully implemented it will offer specialist psychological therapies for any child, young person or adult in the population who is experiencing complex psychological trauma.

4.3 Collaborative working

Regional Mental Health Quality Improvement Collaborative

Growing in strength year by year, the Regional Mental Health Quality Improvement Collaborative is led by HSC Safety Forum/HSCQI hub. The main focus of work has been on communication with patients, families and carers. Last year a workshop was held with HSCT staff, service users and carers to identify key areas of focus. Key themes emerged such as support and information for carers and carers' assessments.

Each of the five HSCTs identified areas to progress and, through quality improvement methodologies and working with carers and service users, are working on a variety of key areas:

- development of a conversation and listening meeting with carers;
- obtaining carers' feedback to improve services;
- increasing involvement of family, carers, and friends in a patient's treatment;
- availability of improved information carers;
- training for carers;
- development of wellness groups for carers.

Through the collaborative, HSCTs have the opportunity to share and learn from each other.

W For further information on the
W Regional Trauma Network email
W regionaltraumanetwork@hscni.net





Dysphagia Project

The regional dysphagia project is led by the PHA working closely with HSCB, HSCT and community and voluntary organisations to take forward a core area of work relating to improving the quality of services for people living with dysphagia. Last year these included:

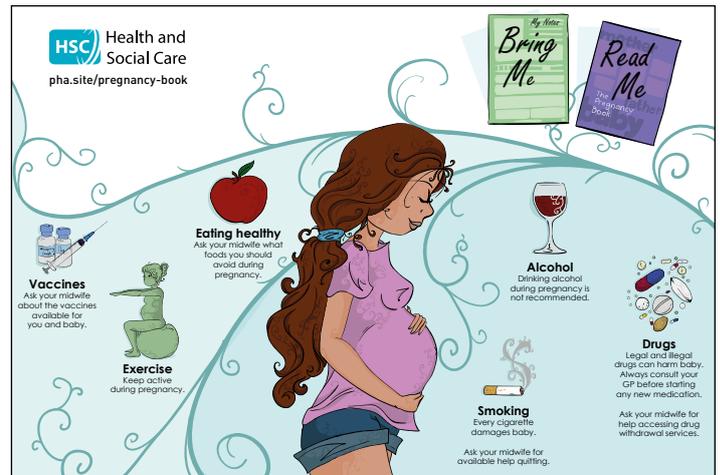




Collaborative working through the Q community

Q is an initiative connecting people who have health and care improvement expertise across the UK. In Northern Ireland the Q community is made of up a diverse range of people including those at the front line of health and social care, patient leaders, managers, commissioners, researchers, policymakers, and others. The HSC Safety Forum/HSCQI hub are the lead partner for Q in Northern Ireland. Through a range of recruitment drives there are currently around 180 members who have had access to the

Q online resources provided by the core Q team. Members have the opportunity to participate in a range of activities coordinated locally by HSC Safety Forum/HSCQI hub including data masterclasses, national and local Q events, training on coaching and a cross-border collaboration on liberating structures. In 2018, Q members were also successful in attaining a Q exchange award to explore the impact of advanced quality improvement training on practice. It is anticipated that the local and national network will continue to expand and be supported during 2019/20.



hub worked in partnership with a design student from the Ulster University, the regional maternity quality improvement collaborative and service users to develop a protective safety wallet. In addition to the maternity notes the wallet will hold the *Pregnancy Book* and *Birth to Five*, plus any other information sheets.

The messages on the outside of the wallet, using evidence-based guidelines, are focused on public health, maternal mental health, bonding with baby and actions to take if the mum has reduced fetal movement.

The weigh to a healthy pregnancy

Maternal obesity is an ongoing concern for maternity services as it is associated with significant risks to both mother and baby. Such risks include miscarriage and stillbirth, gestational diabetes, hypertension and premature birth. In Northern Ireland, over 22% of mothers giving birth during 2017/18 were obese at the booking appointment and this proportion has increased year on year since 2011/12.

In response to this need, a programme of support was developed known as the Weigh to

W For further information on how to get
W involved with Q Community
W <https://q.health.org.uk/join-q/>

4.4 Maternity and children's services

Maternity safety wallet

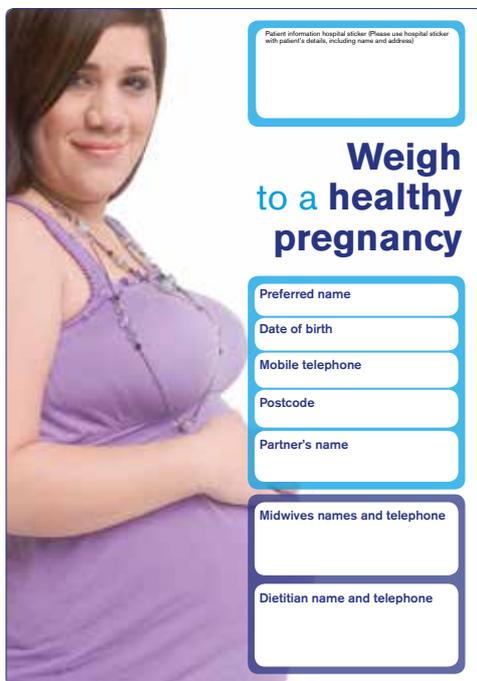
As part of the redesign of the maternity handheld record, the HSC Safety Forum/HSCQI





a healthy pregnancy programme (WTHP). The programme is in place across all five HSCTs and funded by the PHA.

The programme initially targeted pregnant women with a body mass index (BMI) $\geq 40\text{kg}/\text{m}^2$, and after evaluation was expanded to reach women with a (BMI) $\geq 38\text{kg}/\text{m}^2$. WTHP aims to help women make healthy lifestyle changes



and limit their gestational weight gain. In 2018/19 a total of 1,082 pregnant women in Northern Ireland had a (BMI) $\geq 38\text{kg}/\text{m}^2$ at booking and eligible women were offered extra support from

a WTHP dietitian, midwife and physiotherapist. Support is available throughout pregnancy and up to 10 weeks after the birth. A key component of the programme is weight recording and participants are encouraged to self-monitor their weight, alongside weight recording by the WTHP teams at various times throughout the pregnancy.

New parenting resources

Each year, there are 23,500 births in Northern Ireland.

Last year a new version of the maternity hand-held record was tested which aims to enhance safe, high quality maternity care for all mothers and babies. Both mothers and health professionals were involved in the development of the record. There is a new section for mothers or fathers to record any concerns or issues that they would like to discuss with the midwife or doctor at the next appointment.



Two other health books are given to all mothers in Northern Ireland. The Pregnancy Book is given at the booking clinic at the first appointment and the Birth to Five Book is given to the new parents following delivery. Each April, the PHA updates these books with the latest maternal, child health and parenting information, research and evidence. In 2019, the PHA rebranded and refreshed the books to take account of the latest evidence, modernise the layout and update photographs.

W
W
W

For further information in relation to this programme
<https://www.publichealth.hscni.net/publications/weigh-healthy-pregnancy-0>



The Pregnancy Book is the complete guide to:

- a health pregnancy;
- labour and childbirth;
- the first few weeks with a new baby.

The Birth to Five Book provides information on:

- becoming a parent;
- taking care of mother and child;
- finding practical help and support.

The Personal Child Health Record (the 'red book') has also been updated this year and will be available to all new parents. It is a record of the child's health, growth and development. Parents bring the book with them to all health and medical appointments.

As part of the 3+ review, parents are given a booklet containing useful health and parenting tips to help prepare their child for going to school. The booklet 3+ review: additional information contains information on the child's social and emotional development, as well as information on safety, physical activity, nutrition and dental health.

Paediatric audiology

The HSCB working with the PHA, Department of Health, HSCTs, the National Deaf Children's Society (NDCS) and user representatives from the Regional Audiology Forum developed an agreed set of quality standards for paediatric audiology services in Northern Ireland. Newborn Hearing Screening services were excluded from this exercise.



A paediatric audiology quality standards scoring tool was developed to test the quality of paediatric audiology quality services across Northern Ireland and to ensure the standards were fit for purpose. The assessment covered such areas as accessing the service, assessment and hearing aid management, selection, verification and evaluation of outcomes.

The results of this exercise, which was carried out between November 2018 and March 2019, showed that HSCTs achieved an average level of 78% performance across all the standards. HSCTs have also taken learning from this exercise to identify areas of improvement in the paediatric services pathway and waiting times.

The results of this baseline exercise were then used by the Regional Audiology Forum to further develop and finalise the draft quality standards which are currently being equality impact assessed.



For further information relating or to access these resources see <https://www.publichealth.hscni.net/publications>





4.5 Raising the standards with primary care

Practice-based pharmacists' evaluation

Each GP Practice in Northern Ireland now has its own Practice Based Pharmacist (PBP) who works in the practice, alongside GPs, nurses and other practice based staff as part of a multidisciplinary team. Five waves of recruitment for PBPs have been completed, with wave six recruitment expected to take place next year. This will see all GP practices in Northern Ireland at their full allocated PBP capacity.

The investment in PBPs has been made to support GP practices and federations to improve patient care, to promote safer, more rational and cost-effective prescribing and to deliver better health and wellbeing outcomes for patients. Strategic drivers for this initiative include a need to focus on chronic disease management in general practice, and the requirement for increased capacity and capability in primary care, with the initiative helping to increase the workforce in primary care against a background of a shortage of GPs.



One of the key objectives of the initiative was to release GP time spent on prescribing activities to increase overall GP capacity and improve patient outcomes. Evaluation of this aspect of PBP work after the first two waves of recruitment (across 229 practices) demonstrated that PBPs saved an average of approximately 12 hours per week per practice of other staff's time, with an associated total cost saving of around £516,955. The majority of this was GP time, meaning that GPs could focus on other activities which required their specific expertise.

PBPs have been given a key role in reviewing the prescribing systems that operate in general practice and they carry out an annual audit of these in each practice, making recommendations each year that will continue to improve the quality of practice systems, and ultimately improve patient care. They also have an important role in reviewing the medicines that are prescribed for patients in the practices that they work in. They work alongside GPs to ensure that regular medication reviews are undertaken for patients in the practice who are most vulnerable, for example elderly patients, patients on multiple and/or high risk medicines, those residing in care homes and patients who have recently been discharged from hospital. Many PBPs are qualified to prescribe for patients and will run disease-specific clinics for particular patient groups such as diabetic or asthmatic patients.

There has been widespread acceptance of the PBP service and feedback from practices has been extremely positive.



4.6 Campaigns

Delivering improvements in the quality of care for service users requires a holistic approach which places the service user and their needs at the centre of the design process. A key part of this involves giving due consideration to the communication needs of current or potential service users ranging from general awareness to tailored communications. The communication solutions can take many forms depending on the target audience, the messaging to be delivered and the communication channels available. Below is just one example of communication programmes that were developed jointly by the HSCB and the PHA during the year to help bring about improvements in the care offered by services.

Stay Well This Winter

Stay Well This Winter is a multi-channel campaign aimed at easing seasonal pressure on urgent care and emergency services by highlighting different ways people can keep themselves healthy and signposting to alternative health services. The joint campaign by the HSCB and the PHA was to help ensure people, who are most at risk of preventable emergency admission to hospital, were aware of, and motivated to take, key actions to help them stay well.

We used a digital first approach for this campaign, supplemented by traditional (unpaid) PR efforts.

To complement the digital reach, we created graphics to accompany press

releases for each local newspaper area, detailing localised, useful health service numbers as well as opening times over the holiday period. We



also facilitated a number of broadcast interviews with spokespersons from HSC and partner organisations.

We produced five versions of an information leaflet (tailored for each Trust). A total of 116,000 copies were distributed through councils, HSCTs, pharmacies, libraries, GPs and Age NI as well as having the leaflet available as a PDF on nidirect and the PHA website.

We worked with stakeholders including HSCTs, AgeNI, BMA, Surestart and ParentingNI to amplify the messages on social media using #StayWellNI. To create a unifying theme for the campaign across the health service, all Trusts and partner organisations used the same online web and social media banners.





Key facts and figures

Stay Well Facebook organic posts performance:

- 4% – 14% average engagement on Facebook posts (median engagement rate across all industries 2018 is 0.16% - source: www.rivaliq.com/blog/2018-social-media-industry-benchmark-report)
- Organic Facebook posts reach between 11K to 38K (HSCB Facebook followers – 8400)

Stay Well Twitter (#StayWellNI)

- 642 tweets using the hashtag between 1 Nov 2018 to 18 Jan 2019
- 2.6 million impressions (how many times tweets with the hashtag were potentially seen)

Facebook Ads performance (Paid to reach an audience of non-followers)

- 162,272 people reached
- 652,155 impressions (number of times the ad was seen)
- Ad spend over 2 months - £983.77
- Cost per result £0.03 to £0.07

Traditional (unpaid PR)

- 96 press articles and radio interviews



For further information relating to Stay Well this Winter campaign <https://www.publichealth.hscni.net/publications/stay-well-winter>

Following the stay well this winter campaign:

Calls to GP OOH providers were down



from previous year

Repeat prescription requested down by

400

from previous year

70%

uptake of flu vaccine among those 65 years and older

Theme five



**Integrating
the care**

5.1 Introduction

The HSCB and PHA are committed to supporting an integrated HSC system in Northern Ireland which will enable the seamless movement across all professional boundaries and sectors of care. A number of key improvements were led by the HSCB and PHA last year which contributed to raising the quality of care and outcomes experienced by patients, clients and their families.

5.2 Centre for Connected Health and Social Care

The Centre for Connected Health and Social Care (CCHSC), located within the PHA, promotes the use of technology and innovation in the HSC system in Northern Ireland in partnership with HSCB. The primary purpose of

CCHSC is to improve patient/client experience and to provide better quality and more effective care through the use of enabling digital technologies.

During the year the CCHSC continued to contribute to improving health and wellbeing through a number of partnership activities including:

HSC online

The A-Z platform of health conditions now provides a comprehensive suite of health information, supporting people to make decisions in relation to their personal illness and chronic conditions. Hosted by nidirect, the HSCB eHealth initiative developed in conjunction with the PHA will promote self-management where appropriate, and help people decide whether their condition has

The screenshot shows the nidirect website interface. At the top, there are logos for 'nidirect government services' and 'tédíreach seirbhísí rialtais'. A search bar contains the text 'Search nidirect' and a magnifying glass icon. Below the logos is a navigation bar with links for 'Home', 'News', 'Contacts', 'Help', and 'Feedback', along with social media icons for Twitter, Facebook, YouTube, and RSS. The main content area features a breadcrumb trail: 'Home > Health and wellbeing > Illnesses and conditions'. The title 'Health conditions A to Z' is prominently displayed. Below the title, there is a search prompt: 'Search by health condition or symptoms' with an input field containing 'eg asthma, or cough, wheeze' and a search button. To the right of the input field, there is a text box that reads: 'To search health conditions, insert a health condition or symptom. Alternatively select a letter from the A to Z.' Below this, there is a prompt: 'Or find conditions beginning with ...' followed by a grid of letters from A to Z.

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

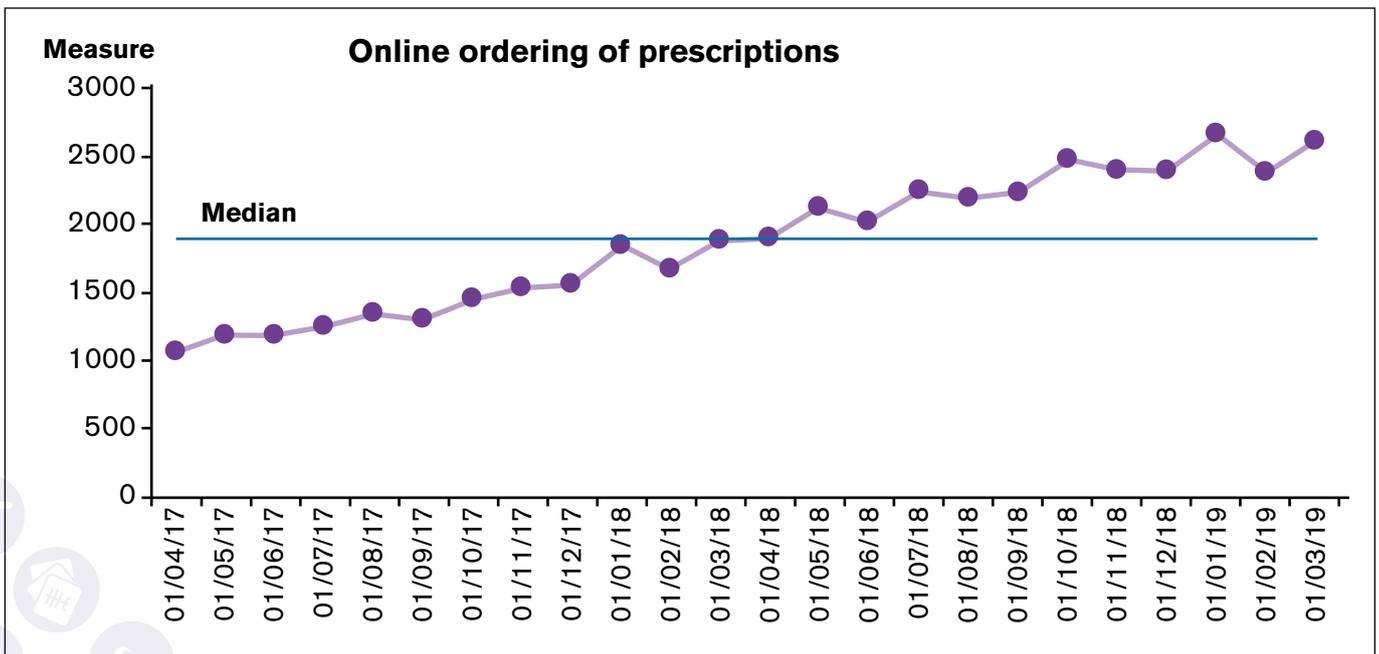
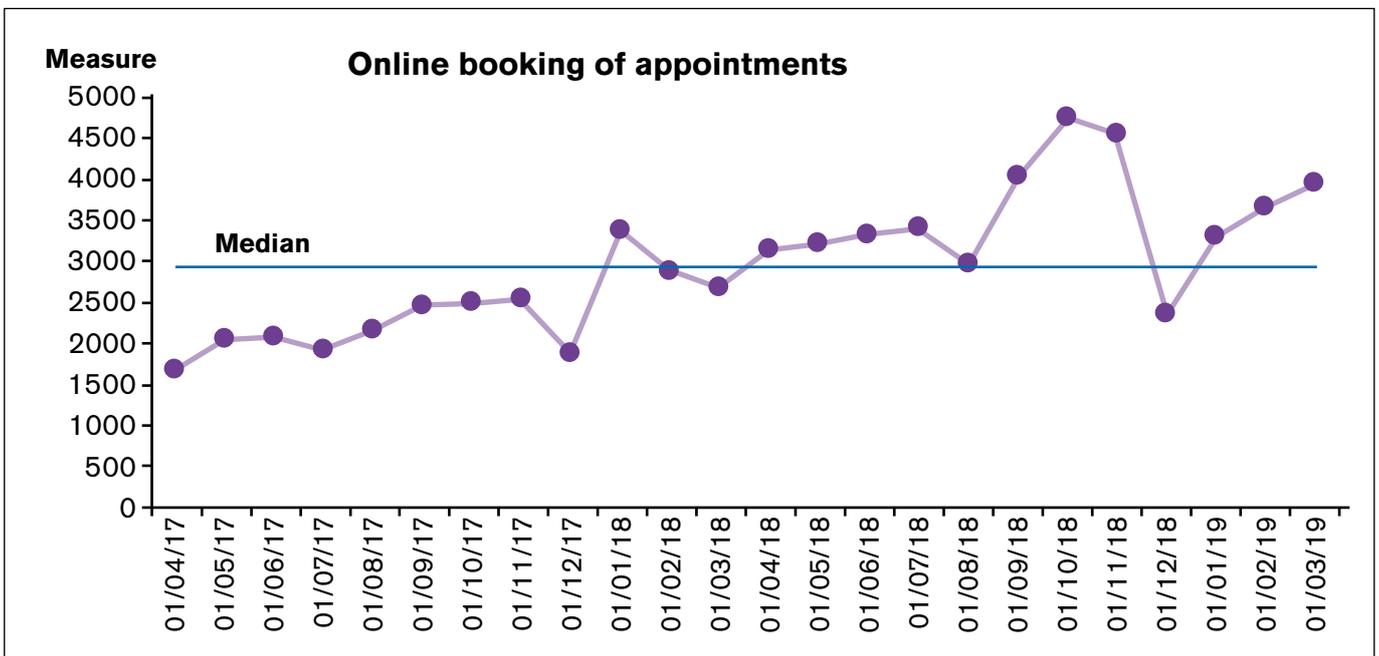


reached the threshold where advice or clinical assessment is required. It will link to signposting of appropriate services, assisting people in accessing services they require.



For further information on HSC online tools
www.nidirect.gov.uk/health-conditions

Links also provide access to GP practices to book appointments online and order prescriptions, where these services have been made available by practices.

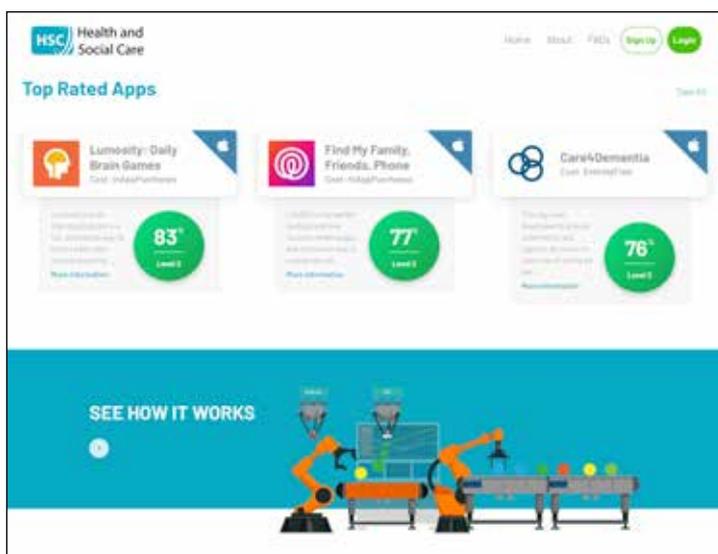




eHealth and Data Analytics Dementia Pathfinder Programme

Through the eHealth and Data Analytics Dementia Pathfinder programme a number of key components have been designed and implemented which provide a platform for integration of health and social care services particularly relating to dementia services.

- **A patient portal** has been designed in partnership with people living with dementia and their carers. Linked to the Northern Ireland Electronic Care Record (NIECR), those living with dementia can log in and access their hospital appointments as well as all their hospital letters and educational material. Phase 2 and 3 of the project are now being designed. CCHSC are also working with other service groups such as diabetes, neurology and mental health to scope the use of “My Care Record” for these groups of service users.



- **Key Information Summary (KIS)** in the NIECR are now operational for a number of dementia patients. This means that the

patients will be recognised and flagged as having dementia across the electronic system.

- **12 Dementia Analytics and Research Projects** were awarded £100K each to use data to inform better services and support for people with dementia in order to assist in service development and design.

WWW

For more information see:
<http://www.hscboard.hscni.net/our-work/ehealth-and-external-collaboration/darug-round-01/>

- **The apps4dementia library is a** new digital service offering support for people living with dementia and their carers that has been launched by the HSCB. It provides a place for users to find safe, trusted apps to provide information and guidance on the condition, support self-care of symptoms and enable users to carry on with their day-to-day activities for as long as possible. The library has been developed alongside people living with dementia and their carers who have provided feedback on design and content. To help with the ongoing development of the library, a number of roadshows will be held across NI during the summer to showcase the apps library for people living with dementia, carers and healthcare professionals.

WWW

For further information relating to the library see
<https://apps4dementia.orchs.co.uk>



5.3 Encompass

The transition from the current situation of multiple, aging digital systems and a large reliance on the paper record to 'encompass' will improve outcomes for our patients and service users by making it easier for our HSC professionals to deliver sustainable, high quality care, improved efficiencies and greater collaboration across all care settings. The Transformation Implementation Group oversee initiatives such as elective care centres, reform of services and regional roll outs of new social work models; all of which can be better supported when underpinned by encompass's single integrated digital care record. This will allow the record to follow the patient, enabling HSC-wide scheduling, multi-disciplinary, multi-location team working, rapid scaling of revised assessments and using everyday smartphone technology to let patients and service users do more for themselves, such as booking their own appointments and more easily communicating with the people looking after them in the HSC.



HSC care and non-care professional staff and a number of patients, service users and carers have been engaged throughout, from pre-procurement activity such as the Discovery Days held in early 2017, development of demonstration scenarios and preparation of the Output Based Specification, through to evaluation of the bids during 2018/19.

The involvement of patients, service users and carers in the selection of the supplier for encompass was particularly novel, and this involvement will continue to be developed and embedded in governance structures throughout the implementation phases of encompass.

5.4 New ways of working

Virtual Fracture Clinic

Western Trust Fracture clinics are carried out across 4 sites in the Western HSCT and Northern HSCT by the Trauma and orthopedics (T&O) service. In order to improve 'did not attend' (DNA) rates, staffing and increase flow through the service, the HSCB and PHA agreed to support the development of new virtual fracture triage clinics in the Western Trust. The HSCB provided £100,000 recurrent investment to ensure that the necessary clinical staff were available to deliver this new service. These clinics provide a mechanism whereby all fracture referrals from the 4 EDs are triaged and discharged where appropriate. The use of virtual clinics has meant that patients do not attend fracture clinics unnecessarily and this helps free up capacity for other patients. Figures to date have shown that 33% of patients referred do not require a consultant outpatient appointment, with the patient either discharged by a nurse over telephone or transferred to an alternative pathway (eg physio).

This equates approximately to 1,300 new appointments each year not being required. Further pathways are being developed which will result in less demand for fracture outpatient new appointments. All clinics now have consultant or trust grade presence, DNA rates are reducing



and a small number of fracture clinics have been remodelled to cover urgent new Elective Orthopaedic cases instead.

Scoliosis Mega Clinic

In order to improve the time for new outpatient assessments relating to scoliosis, the HSCB worked with Belfast HSCT to establish dedicated scoliosis mega clinics. The clinics followed the same model as the spinal mega clinics which have been operational for the last 18 months. These clinics utilise the capacity and clinical expertise of specialist staff, who run multiple clinics simultaneously to maximise the throughput of patients.

To ensure that the scoliosis mega clinics delivered maximum throughput, it was agreed that additional evening x-ray slots would be run which would ensure that the patient's essential preparation was complete in advance of the assessment. Consultants were therefore able to agree a definitive treatment plan on the day of clinic ie place on a review list or list for surgery.

The use of non-recurrent funding to clear the backlog, coupled with the appointment of two new spinal consultants will ensure that this waiting list reduction is sustainable, with patients now seen as soon as they are referred. The backlog clearance of the new outpatient backlog has meant that there are now no new scoliosis patients waiting longer than nine weeks for an outpatients assessment.

Primary Care Infrastructure Project

The HSCB continues to support the roll out of the Primary Care Infrastructure Development Programme, aimed at delivering a hub and

spoke approach to the delivery of primary and community care services. Primary and community care is considered to be the appropriate setting to meet the majority of the health and social care needs of the population. The services and resources available within this setting have the potential to prevent the development of conditions which might later require hospitalisation as well as facilitating earlier discharge from hospital. The hub facilities will essentially encompass those services which do not require a hospital bed but which are too complex or specialised to be provided in a local GP surgery (a spoke).



Last year, a milestone was reached with the handover of the site at Lagan Valley Hospital to the successful contractor for the development of a new Primary and Community Care Hub. The new Hub is due to be completed in 2021. It will facilitate the co-location of primary and community care and complementary secondary care services, grouped within a single facility for the purposes of delivering integrated care services and patient care.

Significant investment in spoke premises has allowed for increased capacity within primary



and community care making services more accessible to patients as well as facilitating the roll out of multi-disciplinary working within GP premises and an increase in the number of practices who can provide GP training.

Last year the HSCB invested £2.2m in transforming GP premises to support new ways of working and providing more services closer to people's homes

assessment and treatment within HSC Trust Hospitals and thereby reducing pressure on the service and reducing the amount of police time required to escort detained persons out of custody. The pathfinder has also reduced considerably the Forensic health medical officer budget as one rota now exists for the Belfast area as opposed to two rotas. PSNI have accrued savings of £766K from December 2018 to 31 March 2019. Part of these monies has been reinvested in extending the pathfinder.

5.5 Inter-agency working

Joint PHA and PSNI Custody Pathfinder

The PHA in conjunction with DoH, DoJ and PSNI and the Belfast HSCT has lead work to develop a Trust-led model for healthcare in custody. Since 1 December 2018, the 24 hour nurse-led custody pathfinder has been operated in Musgrave PSNI custody suite. This transformative service has showed evidence that the service is becoming embedded with custody nurse practitioners assessing approximately 90% of detained persons. This pathfinder has been extended to the end of September 2019.

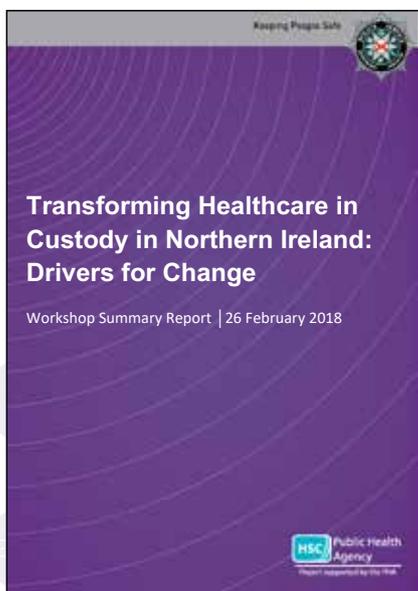
Social Prescribing

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker. This provides them with a face-to-face conversation during which they can learn about opportunities to improve their health and wellbeing. People with social, emotional or practical needs are empowered to find and design their own personal solutions, such as, co-produce their 'social prescription', often using services provided by the voluntary and community sector.

A bid has been submitted to DoJ and DoH to secure funding for the roll out of the service across eight further PSNI custody suites. The pathfinder has reduced the number of detained persons requiring



A number of social prescribing projects have been established over the last number of years due to the hard work of a range of partners primarily the community and voluntary sector supported by HSCB, PHA, Integrated Care Partnerships(ICPs) and local commissioning groups.





The potential for social prescribing to provide more integrated and person centred care and support has been recognised. In January 2019 a workshop was hosted by ICPs to explore the range of social prescribing work underway locally, learn from the UK Social Prescribing Network and to identify the steps that need to be taken to support the social prescribing agenda in Northern Ireland.

Work is underway to address these key messages to help ensure that quality improvement is central to the development of social prescribing and that its potential as a tool for health improvement is optimised.

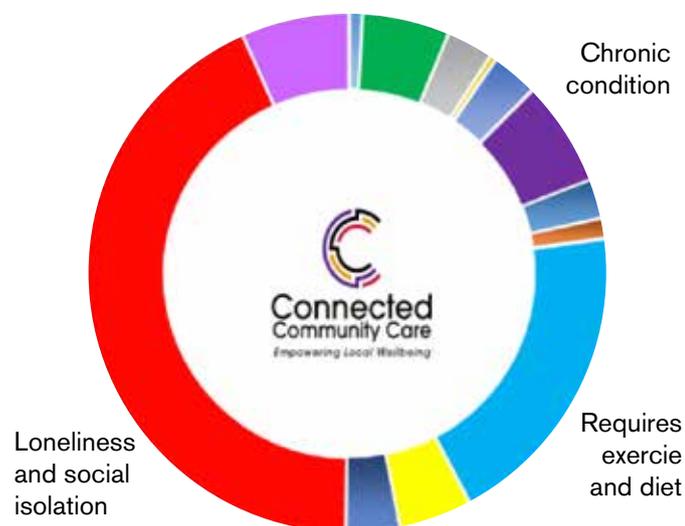
CASE 1

An 89-year-old lady, who had lived since her husband passed away 3 years ago, was referred to the IMPACTAgewell® Project due to Diabetes and Hypertension by her GP.

During the home visits, the lady talked a lot about loneliness, dying and not having her husband around to talk about these concerns. The IMPACTAgewell® project officer devoted time to build a trusting relationship so that they could talk about 'What if' and these conversations led to supporting the lady to create a funeral plan and help appoint an executor to her will.

These conversations may be difficult for a family to have with loved ones, but the older lady was able to express her worries in a safe place and receive the relevant support with assistance from the community advice services.

Reason for referral



Key messages emerged from the workshop including;

- the importance of having a common approach to evaluating the work;
- the need for mechanisms for shared learning across the projects to support quality improvement;
- the importance of establishing a more co-ordinated and strategic approach to the growth of social prescribing;
- sustainable investment into the voluntary and community sector.

Belfast Safer Homes

Belfast Safer Homes is a multi-agency partnership (PHA, BHSCT, Belfast City Council & Bryson Energy) providing services to older people who have had a fall, are at risk of falling, or have a fear of falling: These services include a free home hazard assessment, free accident prevention equipment and subsidised handyman service to fit equipment and undertake repairs that will remove slip, trip or fall hazards.



Since its establishment the service has continued to evolve to meet the needs of older people. Last year this included:

- Supporting older people to stay warm and well during winter. The service has been able to avail of additional resources to support older people to operate their home heating controls effectively and fit simple equipment to stay warm (for example draught excluders, radiator foils).
- Engaging with health professionals to better target the service. The service is now part of the Belfast HSCT Falls Care Pathway. Thus, patients presenting to any part of the health service because of a fall (for example ED, ambulance service, GP clinic) will be referred to this service as part of a multi-factorial intervention, in line with NICE guidance.

- Engaging with Belfast Policing & Community Safety Partnership to add value by providing a new function which enables older people who are victims of crime; and have been provided with crime prevention equipment by a PSNI Crime Prevention Officer; to get the Belfast Safer Home service to fit the equipment for free.

“Very good service which will enable me to remain safe within my home. The jobs I couldn’t do were making me feel down so thanks for doing these”

“It’s a brilliant service that helps identify hazards that I wouldn’t have guessed could be potentially dangerous to my father.”

To find out more or to arrange a visit call 0800 1422 865 (calls are free from a BT landline).





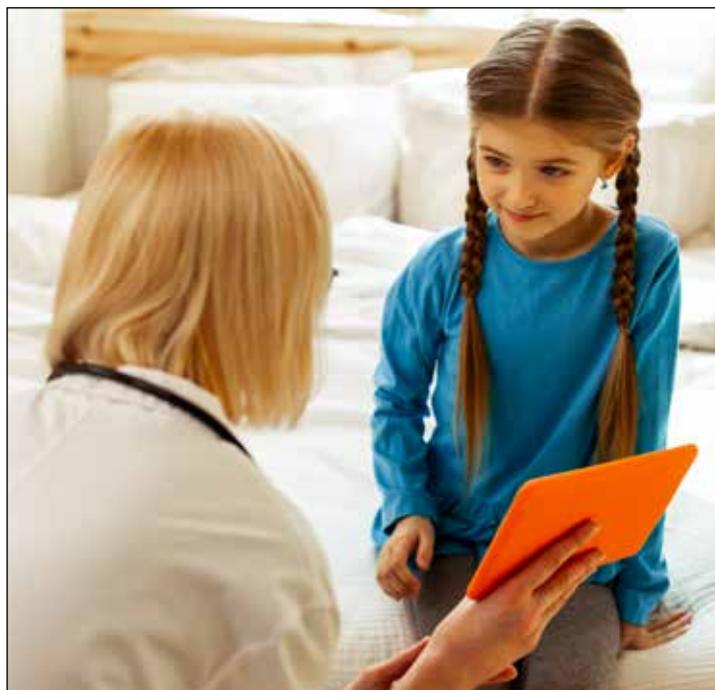
Children and Families Programme

The HSCB concluded on the Review of Regional Services for Children and Young people in March 2018. The report's findings and recommendations, endorsed by DoH and DoJ, established a transformation programme of improvement for children's services. A primary recommendation was the introduction of an Integrated Care and Justice Campus comprising the current standalone Secure Care and Juvenile Justice Centres.

In collaboration with the respective Departments and key partner agencies the HSCB has embarked on building foundations to support the implementation of the primary recommendations.

Building blocks being progressed include:

- funding proposals secured to assist with creating more conducive conditions that will enable change for example the delivery of an accredited coaching programme for frontline managers across residential childcare to strengthen capacity and leadership;
- appointment of an Independent Chair to lead on the establishment of a Regional Multi-Agency Decision Making Panel for applications, in the first instance, to Secure Care;
- testing a bespoke peripatetic residential support model for residential childcare which seeks to enhance and strengthen mainstream children's homes. This will introduce a skills mix service comprising of youth workers, sensory support specialisms and psychology. It will provide young people with high level diversionary strengths based interventions which are intended to



better support their integration into local communities, build resilience and enable stable and enduring care placements;

- introduction and testing of new housing and support solutions for vulnerable young people in a Trust area intended to better meet the complex needs of young people transitioning from care to the community. Underpinned by a partnership with other statutory and voluntary sector partners the investment proposal is transformational in that it is integrated within a newly innovative housing led service; it eliminates silo working and duplication of effort; provides a rapid person centred support service; and will afford the opportunity to explore the feasibility of redesign of existing homeless provision and resources to better respond to need.



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