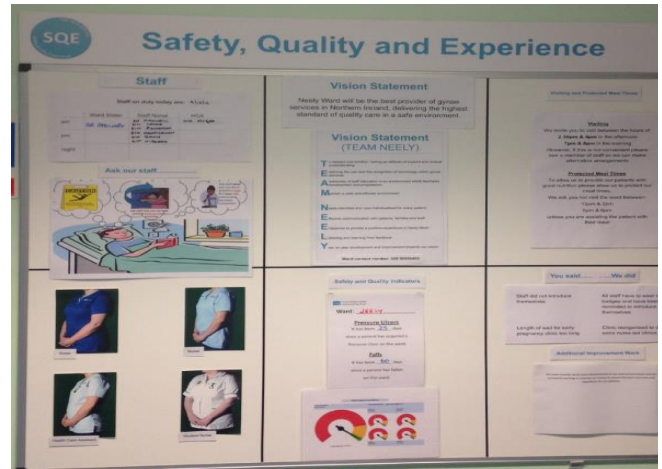




South Eastern Health
and Social Care Trust



NURSING & MIDWIFERY ANNUAL REPORT 2014/15

  Like & Follow Set Nursing & Midwifery

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Director of Nursing

Foreword



It is my pleasure to present to you the first South Eastern Health and Social Care Trust (SEHSCT) Nursing and Midwifery Annual Report. As Executive Director of Nursing I feel honoured to be working with Nurses, Midwives & Health Care Support Workers who, alongside the multidisciplinary team, are committed to ensuring safe, high quality care and providing a positive experience for patients and their families

In many situations Nurses & Midwives are with patients and clients 24 hours per day, 7 days per week. They are there when people are at their most vulnerable, at key points in their lives and often at the point of death. The care & compassion they demonstrate is fundamentally important to those who use our services having a positive experience.

This is a celebration report which shares a small selection of our achievements over the 2014/15 year, and provides an update on our progress towards implementation of our three year Nursing and Midwifery Strategy 2013 – 16 which set out our priorities and vision for the family of Nursing & Midwifery in the Trust.

I recognise that our staff are our most important resource and over the past year they have continued to deliver compassionate and effective care, in often challenging circumstances and very busy environments. I would like to express my sincere thanks to the Nursing and Midwifery staff for their dedication and commitment demonstrated throughout the year which has resulted in better outcomes for patients and their families.

I hope you enjoy reading this report and reflecting on our many success stories. The report also describes our priorities for the 15/16 year, the final year of our current Strategy.

A handwritten signature in blue ink that reads "NHAPatterson".

Nicki Patterson
Director of Primary Care, Older People & Executive Director of Nursing

August 2015



Nursing & Midwifery Strategy 2013-16

Assuring Safety, Improving Quality and Testing the Patient Experience (SQE) is a corporate priority for the Trust. In 2013 we launched our three year Nursing and Midwifery Strategy and, through implementation, the nursing and midwifery professions continue to be central to the successful realisation of this objective. This strategy has enabled us challenge our practice, with a continuous commitment to quality improvement, in working towards 'Getting it Right Every Time'.

We are delighted to report that two years following the launch of the strategy, we can demonstrate the following:

1. The unique voice of nursing and midwifery in provision of better patient outcomes
2. Our commitment to person-centred practice
3. How teams strive to ensure safety, improve quality and test the patient experience
4. The development of a workforce of: competent and satisfied staff, role models committed to leadership development and innovation.

Our strategy places great importance on ensuring 'the person' is at the centre of every decision about their health and care. Through on-going implementation of the strategy we aim to deliver the following four person-centred outcomes, as displayed in the centre of the strategy:

1. People feel involved in their care
2. The existence of therapeutic relationships
3. Those receiving care and the providers of care have a feeling of well-being
4. Patients and service users are satisfied with their care

Through the identification of a series of key performance indicators (KPIs), to enable staff and the wider public to understand the standards and performance of the profession, we have delivered improved measurement and monitoring systems and delivered better outcomes. A bottom up approach has enabled frontline staff to take accountability for quality improvement within local areas.

In addition, we recognise Our Staff are the most important asset in ensuring patients have a safe, high quality and positive journey through our care and treatment system. Therefore we have focussed on supporting a skilled, knowledgeable and compassionate workforce.

The following Safety, Quality, Experience and Our Staff sections provide detail of the excellent work progressed through implementation of the Nursing, Midwifery Strategy over the 2014/15 reporting period.

SAFETY

Nursing & Midwifery KPI Reporting

What are KPIs? (Key performance indicators):

KPIs are the process used for collecting, analysing and/or reporting information regarding the performance of a specific indicator. It involves studying the results to see whether compliance is in line with what was intended or should have been achieved.

Choosing the right KPIs relies upon a good understanding of what is important to ward/department/service. 'What is important' often depends on the local needs of the department measuring the performance - e.g. the KPIs useful to a treatment room may be significantly different from the KPIs measured in an Emergency Department. The following report includes examples of the performance against KPIs and objectives identified as important to meeting the required standards of nursing and midwifery care and treatment. Some of the examples in this report are reflective of those most commonly measured across the professions, however this is not an exhaustive list as every area is encouraged to challenge their local performance and strive to improve through measurement and monitoring of standards.

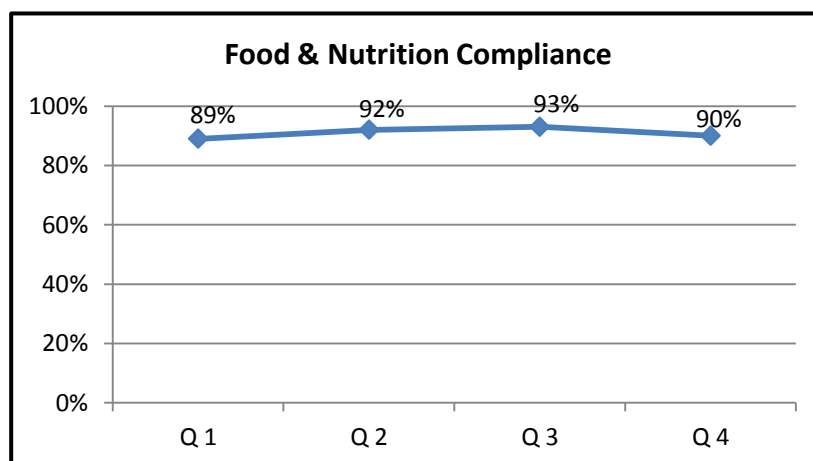
Food & Nutrition (MUST)

Good nutrition is fundamental for health, healing and recovery from illness and injury.

Nutritional screening by nursing staff is a first-line process of identifying patients who are already malnourished, or at risk of becoming so, and should be undertaken by the nurses on patient admission to hospital.

The graph illustrates compliance with completion of the elements of the Malnutrition Universal

Screening Tool (MUST) across all ward areas. In the fourth quarter, the Trust wide level of compliance with the MUST tool was 90%.



We continue to monitor compliance with the MUST screening tool. The next step in the prevention and management of malnutrition will be to ascertain if patients get the appropriate intervention for their screening results – i.e. care plan and/or dietetic referral. This is to be included in the plan of work for 2015/16 and will be monitored through the work of the Clinical Nutrition Sub-Committee.

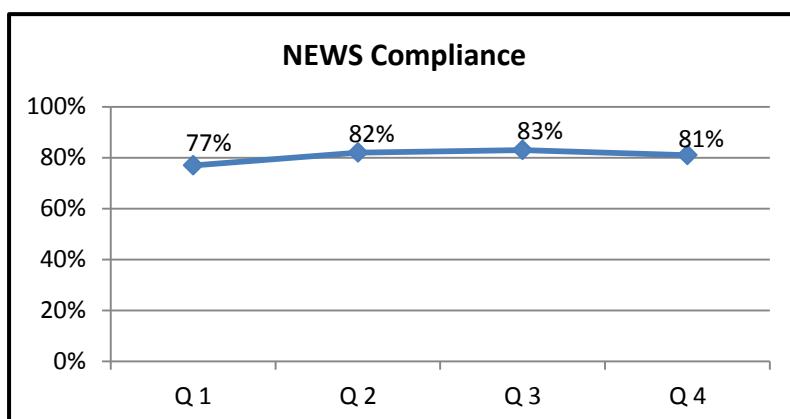
Next Steps

Ensuring good nutrition screening and support remains a priority for the Nursing and Midwifery Profession. Going forward the Trust aim is to ensure 100% compliance of the completed MUST tool within 24 hours admission to hospital in all Adult Inpatient Wards (except Maternity). We will continue to focus on improvement activity and measurement and monitoring to achieve this objective.

Compliance with the NEWS

NATIONAL EARLY WARNING SCORE (NEWS)

Early warning scores (EWS) undertaken by nursing staff rate individual patients' risk of serious deterioration and alerts staff that further action is required, often the need for escalation and/or to seek assistance from the critical care outreach team or medical staff. The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 5 patient charts in each area. The target is for all wards to reach 90%+ compliance with the bundle in a quarter.

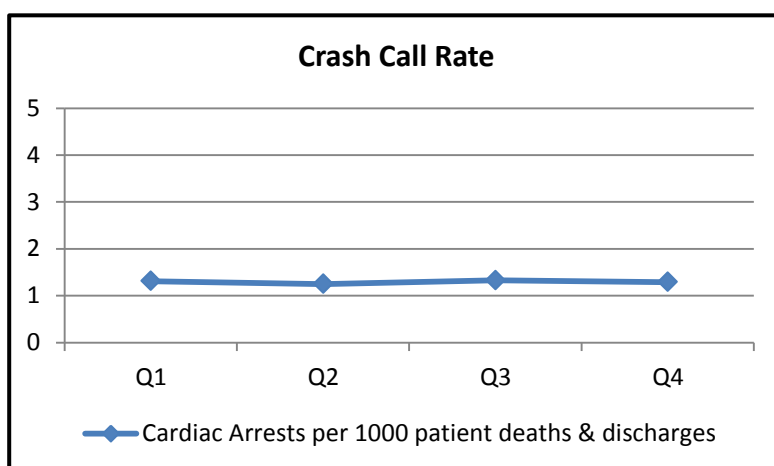


The level of compliance for 2014/15 with NEWS bundle has ranged from 77% in quarter 1 to 81% in quarter 4. This demonstrates improved compliance with the NEWS bundle over the year. Carrying out observation monitoring to the frequency recorded on the chart is the area of lowest compliance within the NEWS bundle. This is an area that we are focusing on in improvement plans.

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CARDIAC ARRESTS

Evidence would suggest that effective recognition and management of the deteriorating patient will reduce preventable cardiac arrests in medical and surgical wards. Nursing staff are critical to this. The Trust set an aim to maintain the crash call rate at 1.2 or less by March 2015. The mean crash call rate at the end of March 2015 is 1.29 which is just above the target for the Trust.



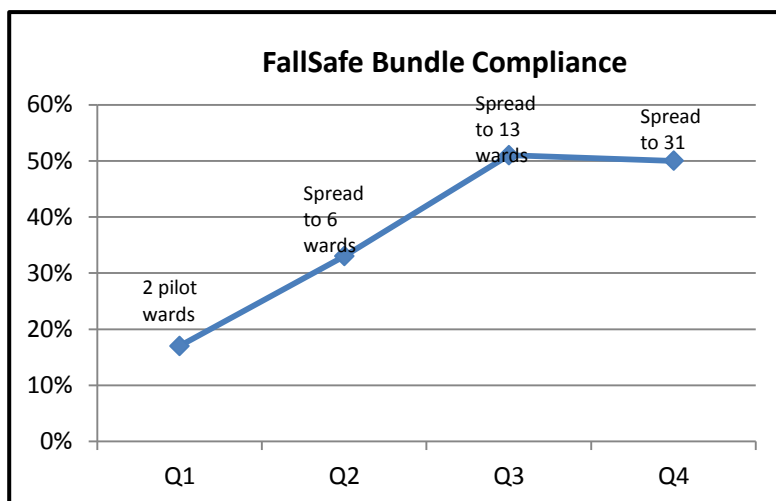
Next Steps

Timely recognition of the deteriorating patient remains a priority for the nursing and midwifery profession and through ongoing focus on improvement, monitoring and measurement we aim to improve to 95% compliance with accurately completed NEWS Charts in all Adult Inpatient Wards.

Patient Falls

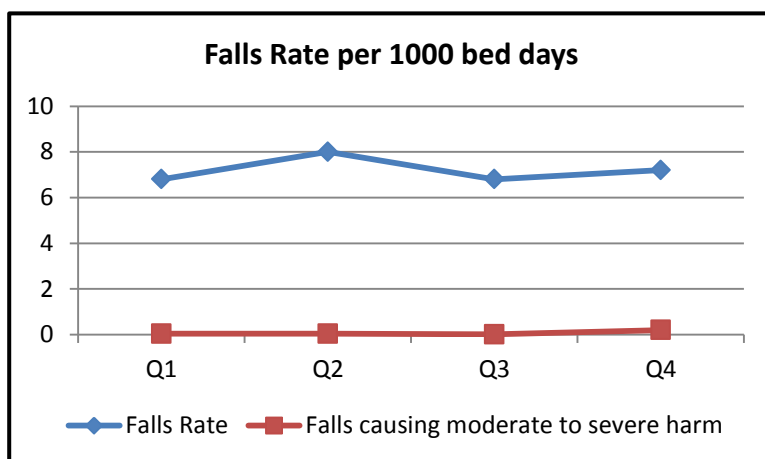
Falls prevention requires a wide range of interventions and the FallSafe Bundle aims to help hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based, measures to prevent falls in future.

Over the past year the nursing staff focused on preventing falls in hospital by increasing staff awareness and introducing the FallSafe Bundle. We have been successful in rolling out the bundle to 31 wards across the Trust.



FALLS RATE PER 1000 BED DAYS

Falls in hospital inpatient wards are common and can cause physical and psychological harm associated with impaired rehabilitation and increased length of stay. The mean falls rate across all adult inpatient areas is 7.2 over the period April 2014 – March 2015 with a falls rate for moderate to severe harm of 0.07. The implementation of the FallSafe Bundle will continue with the aim of a reduction in inpatient falls, however evidence has shown an increase in



reporting of falls following the introduction of the FallsSafe Bundle therefore reduction of number of falls may be difficult to evidence for the first one/two years.

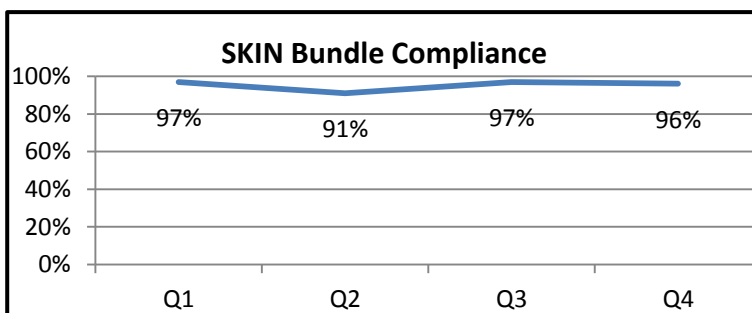
Next Steps

Prevention of falls in hospital is a priority for the nursing and midwifery profession. Going forward we will continue to monitor and support the roll out of the FallSafe bundle to aim to reduce the number of inpatient falls.

Pressure Ulcer Prevention and Management

Pressure ulcers are areas of tissue damage that occur in people who cannot reposition themselves, the acutely ill, and the malnourished. Some pressure ulcers can be prevented, therefore effective prevention and management is essential.

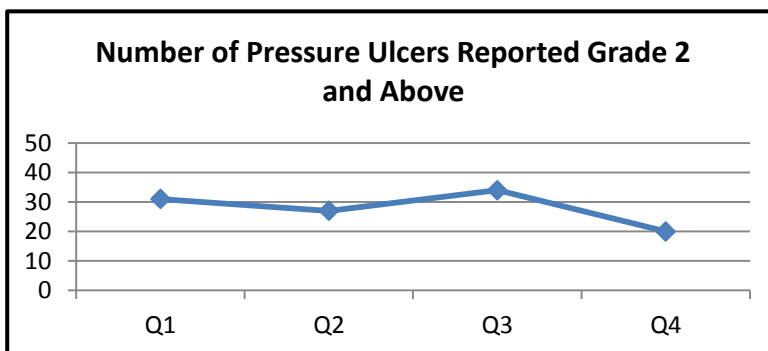
Nursing interventions are key to pressure ulcer prevention and management. The Trust aims to ensure that all acute adult inpatients have a nursing risk assessment for pressure ulcers and the correct management plan through the use of the SKIN bundle. In order to support improvement we audit 15 charts a quarter per ward against compliance with the SKIN Bundle. The chart above demonstrates consistently high compliance over the reporting period 2014/15.



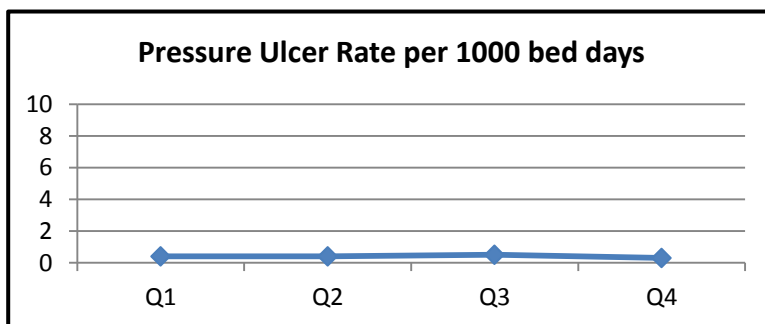
PRESSURE ULCERS

With the correct risk assessment and care planning we would expect to prevent the development of pressure ulcers. There are a number of methods used to monitor pressure ulcers within the Trust and for the purpose of this report we have included two of those;

the total number of hospital acquired pressure ulcers and the rate per 1000 bed days (use of a rate measure enables comparison between different areas).



The chart shows the number of acquired pressure ulcers reported for Q1-Q4 for 2014/15. We are pleased to report that the mean rate for the Trust is low at 0.4 for the time period April 2014 – March 2015.



All acquired pressure ulcers Grade 2 and above are recorded through an Incident Report (IR1) and a detailed analysis is then undertaken by the Ward Sister/Charge Nurse to ensure learning if appropriate.

Next Steps

Prevention of the development of pressure ulcers remains a priority for the profession of nursing to ensure the best possible outcomes and experience for our patients. Going forward, we will continue to monitor and report the number of pressure ulcer incidents grade 3 & 4, including the number which were considered unavoidable with the aim of eliminating all avoidable pressure ulcers.

World-wide 'STOP Pressure Ulcer Day' 20th November 2014



In recognition of the importance of prevention of pressure ulcers the Trust embraced the world-wide campaign to demonstrate on-going commitment to improving quality of care.

On the 20th November the SEHSCT Tissue Viability Team visited every ward, department and district nursing team to share achievements in reducing the incidence of pressure ulcers in SEHSCT.

The team in **Ward 11, LVH** were deservedly pleased with their achievement of **612** days since their last facility acquired pressure ulcer.



Infection Prevention & Control

Ebola preparation

This year the World Health Organisation (WHO) confirmed an outbreak of Ebola virus disease (EVD) in West Africa.

Efforts were focused on working collaboratively with clinical teams across the organisation, colleagues from other Trusts and the Department of Health Social Services and Public Safety Northern Ireland (DHSSPSNI) to reduce potential risks. Simulation exercises in all the Trust's Emergency Departments (ED) were carried out in order to assist staff to identify promptly any individuals returning from affected areas and presenting to the ED for treatment. Protocols and patient pathways were produced for ED staff and health centres to ensure that such individuals would be managed effectively to maintain the safety of other patients and staff. Training on the application and removal of personnel protective equipment was provided for 433 frontline staff.



Some members of the team represented the Trust at a regional workshop hosted by the Public Health Agency (PHA) and DHSSPSNI in order to collectively establish how such an event would be managed and develop a standard plan across the region.

Nursing staff were important contributors to all of this work and led on many aspects of it.

Initiatives to reduce healthcare-associated infection

The Infection Prevention Control (IPC) Team have continued to support clinical teams in initiatives to further reduce *Staphylococcus aureus* blood stream infections. This work has included:

- methods to further improve the management of invasive devices
- a review of policies and guidelines
- the implementation of an improvement programme to audit practice within clinical areas to support the Ward Sister in ensuring patient care remained at a high standard.

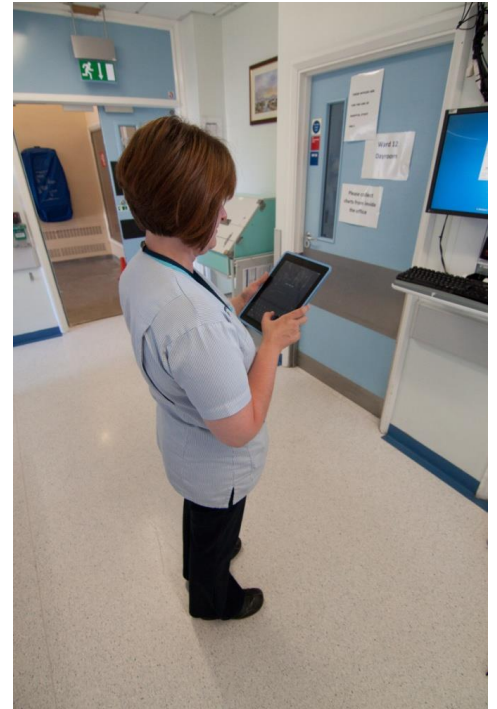
This work has contributed to a reduction in the number of Meticillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections. This year there were seven MRSA blood stream infections in total which was below the target of 11 set by the DHSSPSNI. This was the lowest figure reported across the Trust since 2007.

A post infection review (Root cause analysis) was undertaken in a timely manner following *Staphylococcus aureus* blood stream and *Clostridium difficile* infections to identify any areas for learning. Details were shared across Directorates at Governance meetings and via newsletters to further enhance practice. Efforts have also been focused on reducing blood culture contamination rates. This initiative has been integrated into a quality improvement programme which is addressing sepsis management. Methods of improving blood culture collection are being reviewed. An eLearning training tool will be introduced in the near future.

IPC Training/Education and Improvement Programmes

An extensive training programme was initiated throughout the year with further development of eLearning methods covering infection control topics to complement face to face education. It is positive to note that a total of 1232 non clinical staff completed the eLearning hand hygiene module in 2014- 2015. This enabled the staff to undertake training in the work place without the inconvenience of having to attend another venue.

The introduction of ipads has facilitated a more efficient roll out of the IPC improvement programme using the Infection Prevention Society Standards and audit tools. The technology has been beneficial in enabling timely feedback to managers and staff.



Next Steps

- To prioritise and monitor the implementation of initiatives from the Trust's Infection Prevention & Control Strategy 2015 – 2018.
- To continue to support improvement in the management of invasive devices and reduce the rates of false-positive blood cultures.
- Support clinical staff with the introduction of the Regional Public Health Agency's Electronic Surveillance systems for orthopaedic and caesarean section surgery.
- Continue to support teams with the on-going planning and construction of new buildings and renovations across the Trust.

QUALITY

Nursing Workforce

Electronic Rostering

Given the compelling evidence of a link between registered nurse (RN) numbers and quality of care ensuring there are sufficient nurses, in all areas of service provision, is a priority. The electronic rostering system supports the most efficient use of available nursing staff.

Healthroster continues to develop across the Trust with approximately 2400 timesheets processed directly from Healthroster to HRPTS every month, and a further 400 weekly bank timesheets. This eliminates the need for timesheets to be input into HRPTS by individual staff or manager and reduces the potential for data inputting errors. Work is ongoing to process sickness directly from Healthroster in the same way and it is anticipated this will 'go live' in summer 2015.

All nursing, midwifery and health visiting staff in SET now have staff records on Healthroster allowing easy access to reports to assure compliance with NMC regulations in terms of valid registration. NMC Revalidation data collection is well underway and details of confirmers and revalidation dates are also being recorded on Healthroster allowing easy access to reports to identify any gaps in information.

The mentor database has also been migrated to Healthroster with details of all mentors and their competencies updated and verified by Line Managers. This allows the Trust to report on the level of compliance with the NMC Standards to Support Learning and Assessment in Practice and also to roster students with mentors to demonstrate that students are being allocated a variety of shifts and protected time.

Delivering Care (Normative Staffing)

The Chief Nursing Officer through the strategy "*A Partnership for Care, Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015*", commissioned the Director of Nursing at the PHA to build a workforce toolkit, to ensure appropriate staffing levels to support safe, effective, person-centred care. The output of that commission was a report '*Delivering Care: A Framework for Nursing and Midwifery Workforce Planning to support Person Centred Care in Northern Ireland*', which outlined the principles for normative staffing. The report set out the principles for commissioners and providers of Health and Social Care services to plan nursing and midwifery workforce requirements.

Normative staffing focused phase one on general and acute medical and surgical wards, with the normative staffing set at the minimum of 1.25 nurses per bed for general surgery and 1.3 nurses per bed for general medicine. The range for these wards is from 1.2 to 1.8 depending on the acuity of patients and the clinical speciality of the ward. The Trust received the funding of 2.4million in 2015 to recruit the additional nurses into the wards and is currently putting these staff into post. This funding releases the Ward Sisters and Charge Nurses to be 100% supervisory to focus on their leadership role.

The second phased is focused on the Emergency Departments and this work is currently underway with significant progress achieved regionally. Phase three is Community Nursing

and the Trust is actively participating in the regional work with a view to complete Phases two and three by March 2016.

Productive Ward



In 2014 Ward 22, Care of the Elderly, Ulster Hospital, became the 21st ward in SEHSCT to embark on the 'Productive Ward' (PW) initiative. The Productive Ward is an improvement initiative that aims to increase the amount of direct care time that staff spend with patients and is facilitated by the Trust's lead for Person Centred Practice.

Ward 22 already had high standards of care but due to the increasing dependency and complexity of patients, maintaining standards of care using established processes became increasingly difficult. The focus of PW is person-centred care, that is, care that benefits both patients and those providing the care. The ward team realised that they could not continue to work as they had always done so they

were facilitated to reflect on their current and past practice, valuing their dedication and care whilst acknowledging their need to change.

The wider multidisciplinary team were involved in creating a 'vision' for care on the ward which set the standards to be achieved through the PW work. All staff were encouraged to contribute to the 'Grrr..' board, which encouraged everyone to make suggestion on how the ward environment and care processes could be improved. This board became a real-time and dynamic focus for change. The ward used PW to focus on the elements of RQIA inspections and by using the Lean '5s' technique the ward became less cluttered, easier to work in and easier to clean.

Staff also looked at their care rounds process with a view to making them more individualised and person-centred. New work processes freed up staff time in the evening and this allowed them spend dedicated time with patients relatives. Changes were also made to the shift handover to make it more efficient – also freeing up staff time.

The team hosted an open afternoon for colleagues, patients and relatives and were delighted to welcome the Director of Nursing to hear their stories.

Developing Practice in Healthcare Programme (DPHC)

The DPHC offers practitioners the opportunity to obtain academic credit for their practice-based learning linked to KSF appraisal. In 2014/15 there were a total of 11 students registered on BSc, PG Dip and MSc programmes of study. Clare Marie Dickson was the first student from SE Trust to complete her MSc, graduating with distinction in December 2014. Another two students, currently completing their research studies, will hopefully graduate this coming December. Geraldine Gilmore from Gynae OPD in the Ulster is only one module away from gaining her BSc Hons. Despite the level of study, all students are making clear developments

in their practice, with improvements noted for users and staff alike. Well done to all concerned, the students and their practice-based facilitators.

Role of the practitioner as student?

All practitioners registered on the DPHC are registered students of the University and are required to adhere to the rules and regulations as stated in the student handbook. Induction is provided for all new practitioners at registration and follow-up support is available. In the case of the practice based modules, learning is self-directed and practitioners have the support of a facilitator who they are required to meet for 6 hours / module.

Role of the facilitator?

The facilitator role is pivotal in delivery of the DPHC, it is the contact or 'teaching' time for the practitioners, equating to a total of 6 hours / practitioner / module. Facilitators must be recognised teachers with University of Ulster and have a good working knowledge of the DPHC, its links with appraisal, academic portfolio development and marking/assessment (as a means of enabling practitioners). As recognised teachers with University of Ulster, facilitators will have training and development in relation to the role within the DPHC context and have access to staff development opportunities through the University.

What do the modules look like?

Practitioners can access 10 modules at level 6 (degree) and 9 modules at level 7 (PG Dip/MSc). There are compulsory and optional modules in all programmes. As the DPHC is designed for practitioners working anywhere within the Trust the practice based modules are written in such a way as to embrace the diversity of practice (e.g. clinical speciality or management). However, the practice based nature means that the learning always links back to practice and it is the practitioners decision which areas of practice to develop (linked to appraisal). All practice based modules are assessed through a reflective portfolio demonstrating the transfer of learning into the development of practice.

What benefits does the programme offer practitioners, practice and organisations?

Outcomes within the DPHC link closely with personal and professional practice based objectives identified through appraisal. Therefore it provides the opportunity to simultaneously achieve personal growth, reward and achievement while contributing to organisational and practice development. Through its philosophical base, participation in the DPHC enables practitioners to achieve learning objectives focused on the development of person-centred practice. It also allows practitioners to develop their expertise and achieve academic credit for this while also contributing to the achievement of Trust strategic objectives. Additionally, practice based learning provides stimulation for transformation of individuals, teams and practice. Practitioners are studying in their practice context and practice outcomes, in the form of developments, must be explicit in portfolios of evidence. The DPHC is flexible and learner-centred, e.g. it facilitates completion of a programme of study over a longer period of time (up to 7yrs); fits around personal life thereby helping work-life (and study) balance; practice based modules may be undertaken over 1-3 semesters within an academic year.

Example of a BSc student Journey:

Had previously completed her Diploma (240 credits)

Year 1 Developing Expertise in Practice (20) – the practitioner linked this to a clinical module undertaken at induction within her clinical speciality (but had no credit attached).

Year 2 Understanding Practice Development (20) – the practitioner linked this to a Trust training programme (Appraiser/reviewer training).
Becoming a Mentor (20) – had undertaken the regional mentorship preparation programme (no credit attached) and subsequently completed the necessary reflective element and application to practice to achieve credit.

Year 3 Facilitation and Leadership (20) – undertaken in-house within the Trust.
Practitioner as Researcher (20) – during which the practitioner enhanced their practitioner inquiry and research knowledge and outlined the evaluative project to be undertaken within the practitioner research module.

Year 4 Practitioner Research Project (20) – a project where the practitioner evaluated a learning initiative she had implemented in her unit.

University of ULSTER

HSC Health and Social Care

Developing Practice in Healthcare Programme (DPHC)

frequently asked questions



Are you interested in getting your learning accredited? Then this may be the course for you!

www.science.ulster.ac.uk/nursing/

For further information on contact:

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E. j.mulholland@ulster.ac.uk

www.science.ulster.ac.uk/nursing/

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Revalidation

The NMC has introduced a new process for all nurses and midwives to demonstrate that they remain fit to practice. The new process is called 'Revalidation' and it will replace the current PREP standards. Revalidation seeks to promote professionalism among nurses and midwives and encourage reflection on The Code (NMC, 2015).

As previously, all nurses and midwives are required to revalidate every three years, however, there have been some significant additions to the previous requirements. As well as practice hours, registrants must provide evidence of 40 hours of CPD, half of which must be participatory. Also included is the collection of feedback from a variety of sources, written reflections and professional discussions. All of the evidence must be 'confirmed' by a third party.

Next Steps

In order to ensure that all the SEHSCT registrants are prepared for revalidation, systems and processes must be put in place:

- Engagement with staff to raise awareness of revalidation requirements including information sessions and regular updates through social media, hard copy mailing and the trust iConnect site
- Collation of all revalidation dates on a Trust register (eRoster)
- Promotion of existing Trust processes to support revalidation such as KSF appraisals and supervision
- Training for the 'confirmers'

Nursing & Midwifery driving Improvement



HSC Change Day

The South Eastern Trust embraced the social media-based innovation HSC Change Day on 11th March 2015. This day followed the success of the NHS in England, which hosted its first NHS Change Day in 2012. The event allowed all interested parties to make their own pledge to improve care within the service.

Fionnuala Gallagher, Tissue Viability Nurse Lead pictured above, shares her pledge 'To provide support and education to nursing teams, to reduce incidence of avoidable pressure ulcers' with the NI Health Committee and Chief Nursing Officer at Stormont on HSC change day.

Nursing & Midwifery across the Trust made pledges to improve care and treatment. Some are included below:

We pledge to continue to reform prison healthcare involving our service users and staff to ensure improvement to all.

Prison Health Care Team

I pledge to always respect and acknowledge the voice of patients, families and colleagues and to regard care and compassion as a core value of my job.

Martina O'Neill, Operations Manager

I pledge to support and inspire a culture of patient safety, quality care and positive patient experience.

Jane Patterson, Patient Safety Officer

I pledge to drive and support quality improvement within our trust by listening to the "voices" of patients and staff about their experience.

Chris Kelly, 10,000 Voices Facilitator

I pledge to focus on what matters TO the user and staff rather than what IS the matter with them!

Linda Kelly, AD: S&E Care

I pledge to continually work towards quality care.

Liz Campbell, S&E Manager

#hellomynameis

In August 2014 Nursing and Midwifery staff joined other staff across the South Eastern Trust in supporting the #hellomynameis



campaign. This campaign was launched by Dr Kate Granger, 31, a medical registrar from Yorkshire, who has terminal cancer. Dr Granger noted that staff were often so busy caring for patients that

they often forgot to introduce themselves before beginning to administer the care. She stated a simple introduction can go a long way to putting patients at ease with the member of staff who is administering their care.

It is the tiny acts of kindness or unfriendliness that completely change your experience as a patient (Kate Granger)



hello my name is...

Nicki Patterson
Director of Nursing, Older People & Primary Care

I work as part of the Trust's Senior Management Team aiming to assure safety, improve quality, test the patient experience and trying to, in the words of our Nursing & Midwifery Strategy, "get it right every time." Feedback is always welcome – if I am free please come on in!

The first step in providing compassionate care is to introduce ourselves to the service users and carers, and telling them what we are going to do. Within the South Eastern Health and Social Care Trust we want to put service users and carers at ease, making them feel more confident and relaxed.

HSC South Eastern Health and Social Care Trust

The South Eastern Trust staff pledged their commitment to the campaign 'hello my name is' by:

- ✓ Always introducing yourself to the patient/client/family member
- ✓ Tell the patient what you are about to do
- ✓ Ask the patient what name they prefer to be known as
- ✓ Ask the patient ... "is there anything else I can do for you..."

An event was held in the Quality Improvement and Innovation Centre to mark the occasion:





Nursing & Midwifery participation in SQE Programme

The Leading in Safety, Quality & Experience (SQE) Programme is open for all staff across both Health and Social Care and runs over 9 months (Oct - June). Skills and knowledge are developed by using a range of learning techniques and the programme consists of three compulsory components:

- 1. Completion of the IHI Open School modules**
- 2. Attendance at a Monthly Tutorial/Learning Session**
- 3. Participation in a Service Improvement Project**

The programme has also been designed to create mentored projects that equip and empower staff to identify aims, measures and changes to guide an improvement journey that would result in better outcomes for patients and clients. Prior to the start of the programme each individual is asked to choose a project that would improve the service in which they work. They can work as an individual or part of a team with others from similar service areas. Through immediate application of training provided to locally-owned improvement projects, the participants gain practical experience in use of the key quality improvement methodologies and as a result are in a position to replicate this learning to future projects without further mentoring.

A total of 20 Nursing and Midwifery staff completed the programme during 2104/15, below are the Quality Improvement Projects carried out by Nursing and Midwifery Staff.

- Improving Care in Maternal Sepsis: Targeting the 'Golden Hour'
- Improving Patient Safety - by increasing staff awareness of the management of all stages of Hypoglycaemia
- Food & Nutrition for Dementia Patients
- Improving Handovers (Nursing)
- Improving Door to Needle Times in Stroke Thrombolysis
- Nurse Led Ward Round in Stroke Care
- Omitted & Delayed Medications
- Evolving a Culture of Priority Blood Sample Ordering to Better Improve Service for Patients & Staff
- Improving Knowledge and Confidence in Prescribing for Acute Pain Management
- Single Unit Transfusions
- Reducing Pill Burden
- Right patient, Right Sample.

The project which won the Acute section was Single Unit Transfusion, presented by Seamus Reid Charge Nurse, Mona Behravesh and Karen Jackson, mentored by Damien Carson and Patricia Mackey



EXPERIENCE

Practice Development

Two sites from the Ulster Hospital have been participating in a practice development programme aimed at creating the conditions for person-centred practice. This programme of work is linked to the centre 'target' of the Nursing and Midwifery strategy. The teams have developed strong foundations for person-centredness through the development of shared visions for practice in their respective units. Staff completed a survey which illustrated how person-centred their practice was and this is being used alongside other data sources (patient stories, observations, audits etc.) to give the teams an accurate understanding of their current practice to inform development activities.

Participating staff have expressed a greater understanding of person-centredness in relation to their own practice settings. They have also used the visioning work as a way to seek feedback and involvement of users to inform a truly shared vision for practice. Lots of quick wins within busy units are helping staff to value and understand their contribution to the patient experience. Well done to all the teams for their hard work and dedication to developing person-centred outcomes for all.



Patient Client Experience KPI Standards

Patient & Client Satisfaction

Listening to what our patients and clients tell us about our services is a corporate priority, we realise that the experience of the patient is a key measurement of the quality of our services. We have concentrated great effort in developing the most effective methodologies to measure the patient/client experience and to ensure that information is available to staff at all levels from the frontline to the Board. Many professions and staff contribute to patients & clients experience. However, we recognise that because of the size of the nursing & midwifery workforce, the amount of direct patient care we deliver and nature of that care, we have a particular and significant contribution to make.

<u>Acute Inpatient Care Rolling Programme</u>	Number of Wards Included in Quarter	Number of Questionnaires Returned
April – June 2014	11	175
July – September 2014*	6	99
October – December 2014	10	486
January – March 2015	6	111

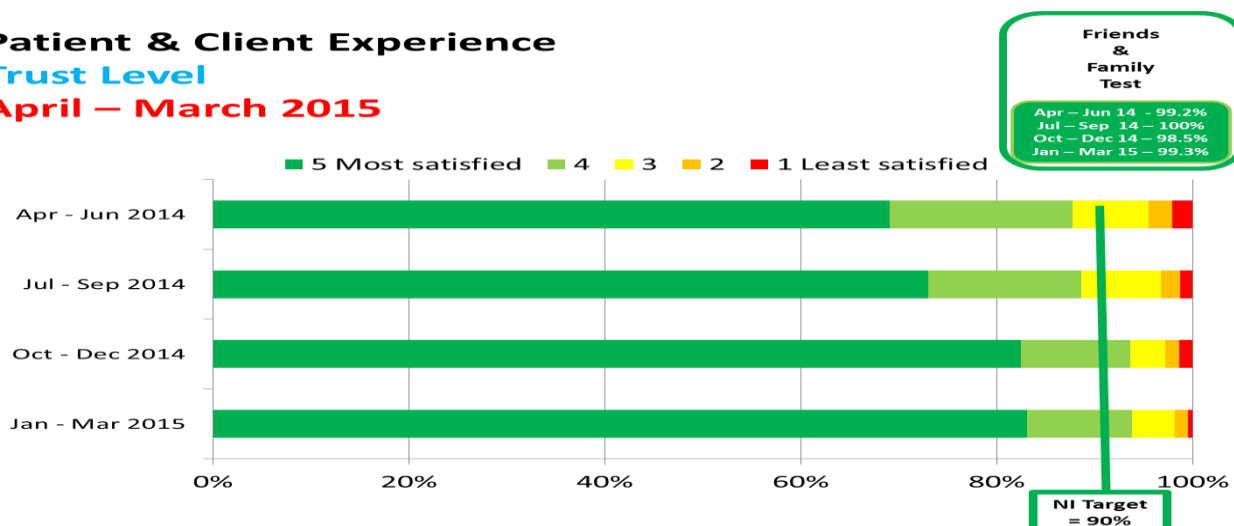
*Volunteers carried out surveys on wards

The inpatient survey results show high levels of satisfaction as demonstrated in the graph below. The table below details the aspects of the care and service provided by rating each aspect on a scale of 1 (Least satisfied) to 5 (Most satisfied).

Overall the number of patients rating a '4' or '5' has increased in each quarter during 2014 – 2015.

Quarter	Number of Patients Rating a '5'	Number of Patients rating a '4' or '5'
April – June 2014	69.1%	87.7%
July – September 2014	73.0%	88.6%
October – December 2014	82.4%	93.5%
January – March 2015	83.2%	93.8%

Patient & Client Experience Trust Level April – March 2015



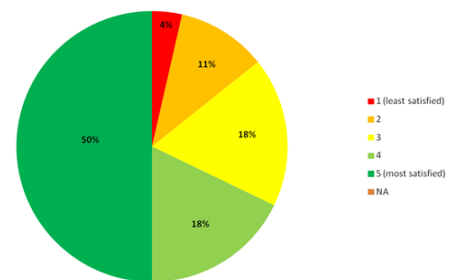
During January 2015, a pilot electronic inpatient survey took place via the bedside entertainment system on 17 wards on the Ulster Hospital site. This survey included questions relating to Staff Attitude & Behaviour, Communication and Respect, Privacy & Dignity. A selection of the results are shown below.

Patient Experience Survey

When you first arrived for treatment/care, did you feel the staff were welcoming?

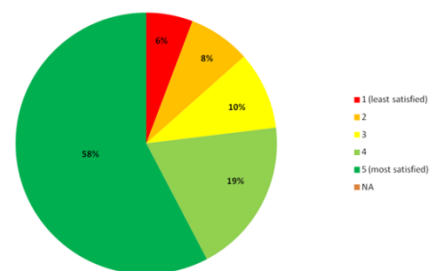
Date: 01/03/15 - 31/03/15 Hospital Overview. n=56

Hospital Overview



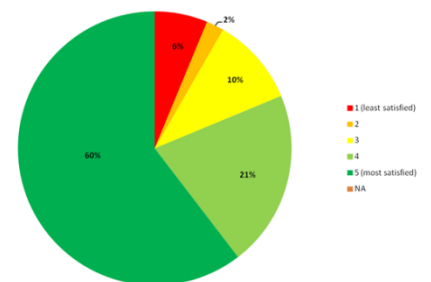
How satisfied were you that staff delivering your treatment / care considered and respected your wishes?

Date: 01/03/15 - 31/03/15 n=52



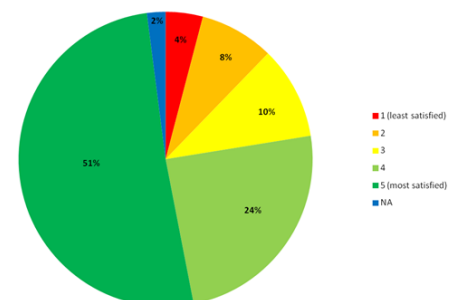
How satisfied were you that staff delivering your treatment / care treated you as an individual? N=48

Date: 01/03/15 - 31/03/15



During your treatment/care, were staff willing to take time to listen to your questions or concerns? n=48

Date: 01/03/15 - 31/03/15



The pilot evidences the benefits and learning opportunities at local and corporate level through timely enhanced patient reporting experience systems. The system operation is labour light, enables immediate reporting and highly flexible to allow focus on local priorities.

Primary & Community Care Surveys

The Primary & Community Care Survey is based satisfaction measured against the five patient/client experience standards.

Quarter	Number of Service Areas Included in Quarter	Number of questionnaires returned
April – June 2014	6	127
July – September 2014	5	69
October – December 2014	4	81
January – March 2015	5	97

All questions answered, achieved a score of 98.7% or above and all of the standards are therefore fully compliant.

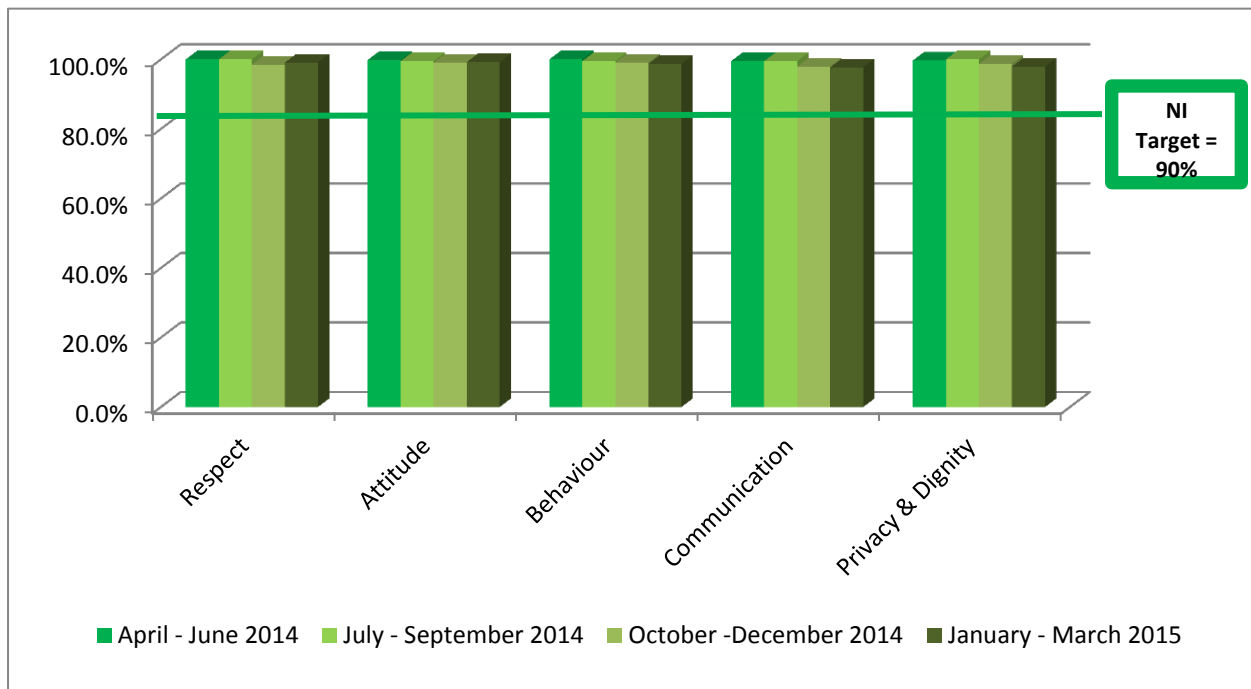
The chart below shows the composite scores for the five Patient & Client Experience Standards demonstrating scores exceeding the Northern Ireland target of 90.0%.

Q1 Range 99.5% - 100%

Q2 Range 99.5% - 100%

Q3 Range 98.6% - 100%

Q4 Range 98.7% - 99.1%

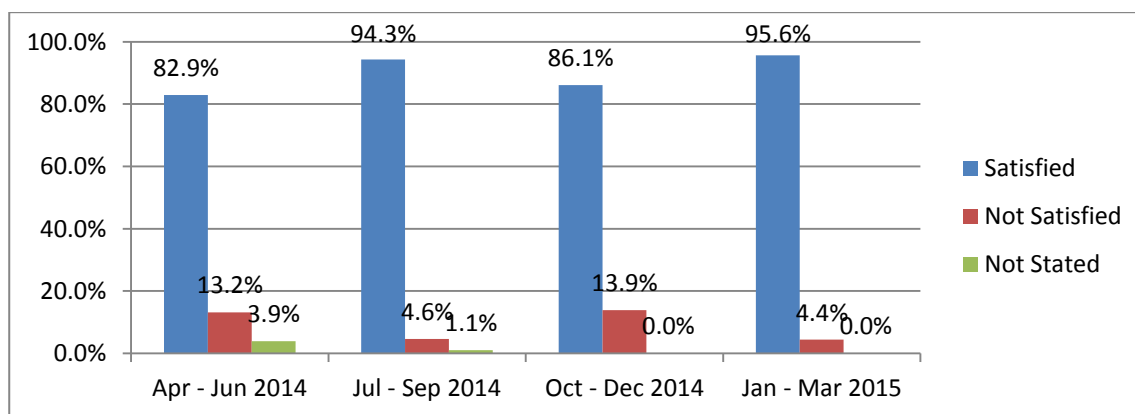


Ward and Outpatient Comments Leaflets

Comments Leaflets are available for patients, clients, relatives and visitors to complete.

Quarter	Number of Comment Leaflets Received	Number of positive comments	Number of negative comments	Negative comments relating to patient experience standards
April – June 2014	77	128	45	37/45
July – September 2014	87	167	25	3/25
October – December 2014	39	77	21	9/21
January – March 2015	45	121	21	8/21

The table and graph below show the % of respondents who stated that overall they were satisfied with their experience.



The negative comments/suggestions include environmental factors such as noise and general dissatisfaction of TV systems and food.

Next Steps

Patient & Client Experience Monitoring enhancements currently in under consideration and/or development include:

- Electronic bedside feedback facility
- Development of patient experience app
- Partnership Approaches to Patient & Client Experience Monitoring (Patients, Service User Forum, Service Leads)
 - New Primary Care Approach to include Telesurvey and Focus Groups.

10,000 Voices

Experience of Nursing and Midwifery Care

Patient experience of nursing and midwifery care is an integral work stream in the 10,000 Voices initiative and uses the regionally agreed experience Key Performance Indicators (KPIs) for nursing and midwifery. These KPIs are also a central component of our Nursing and Midwifery Strategy, *Getting it Right Every Time* (SEHSCT 2013-2016). The SEHSCT report on Experience of Nursing and Midwifery Care was completed in January 2015.

Experience of nursing care

The table below presents the overall results in how patients have rated the experience of nursing care in SEHSCT.

Overall feelings about nursing care	Number of stories (567)
Strongly positive/positive	538 (95%)
Neutral/not sure	28 (4%)
Strongly negative/negative	7 (1%)

Areas of good practice

- Nurses in SEHSCT have a good understanding of the care their patients need and in the majority of cases care is focused on the needs and preferences of the patient
- Patients feel safe while being cared for by nursing staff and confidence in their skills
- Nurses respond to patients needs in a timely way
- Many patients stories describe our nurses as being caring, friendly and attentive
- Nurses work in a professional manner, work co-operatively within their teams, deliver a very high standard of care and display a high level of clinical expertise.

Areas for learning and development

- Patients observe that nurses are very busy and on occasions feel that there are not enough staff on the wards
- Management of patients with confusion/dementia
- Staff attitude – patients report that on occasions staff can be abrupt/rude
- Staff introductions



MAKE YOUR VOICE HEARD AND IMPROVE HEALTH CARE

EXPERIENCE OF NURSING CARE IN SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

LISTENING TO PATIENTS, FAMILIES AND CARERS

KEY PERFORMANCE INDICATORS FOR NURSING CARE

- ◆ Nursing staff having the same understanding of the care needed
- ◆ Having confidence in the knowledge and skills of the nurse
- ◆ Feeling safe while being cared for by the nurse
- ◆ Being involved in decisions about care
- ◆ The time nurses spend with the patient
- ◆ Respect from the nurse for the patients preferences and choice
- ◆ Supporting the patient to care for themselves
- ◆ The nurses' understanding of what is important to the patient

(Reference: McGee, TV; Telford, L; Wilson, J; MacLeod, G; Dowd, A (2012) Identifying key performance indicators for nursing and midwifery care using a consensus approach. Journal of Clinical Nursing, 21(7 & 8): 1149-1154)

Overall feeling about nurse/care	Number of stories (547)
Strongly positive/positive	338 (60%)
Neutral/not sure	28 (4%)
Strongly negative/negative	7 (1%)



WHAT MATTERS TO OUR PATIENTS

COMPASSIONATE CARE

- > Staff "going the extra mile"
- > Dedication of staff
- > Helpful and friendly staff
- > Made to feel welcome
- > "Nurses have been so caring, kind and supportive."

FEELING SAFE

- > Providing reassurance
- > "Care was consistent and made me feel safe"
- > "I felt safe at all times"
- > Well cared for.

CONFIDENCE IN SKILLS AND KNOWLEDGE OF NURSES

- > Professionalism of staff
- > Expert clinical knowledge
- > Clinical skills and expertise displayed by nurses

COMMUNICATION

- > Introductions and explanations
- > Answering questions
- > Keeping patient and relatives informed
- > No mixed messages
- > "Information was given in a manner I understood"

AREAS FOR LEARNING AND DEVELOPMENT

- Be mindful with our attitude
- Listening to concerns
- Management of patients with confusion / dementia
- Delivering care with COMPASSION
- First impressions count
- Introductions



Midwifery Care – 10,000 Voices

The table below presents the overall results in how experience has been rated patient experience of midwifery care.

Overall feelings about midwifery care	Number of stories (n=214)
Strongly positive/positive	94% (n= 202)
Neutral/not sure	4% (n=10)
Strongly negative/negative	2% (n=2)

Areas of good practice

- Stories provide evidence that in the majority of cases, midwives provide a very high standard of care which is often described as “excellent” / “first class”
- Many women would recommend midwifery services in SEHSCT to their friends and would use the services in future pregnancies
- Women and their partners feel safe whilst being cared for by midwives and are very confident in their skills
- Midwives provide a high standard of care, are supportive, knowledgeable and friendly.
- Midwives respond well in crisis /emergency situations by providing reassurance and support which gives a sense of safety to women and their partners
- Midwives provide good explanations of care, answering any questions and addressing concerns which women and their partners may have

Areas identified for further learning /development

- Staffing levels
- Staff attitude

OUR STAFF

Celebration of Nursing & Midwifery



The South Eastern Trust celebrated International Nurses Day on Florence Nightingale's birthday by hosting an event for the family of Nursing & Midwifery in the Quality Improvement and Innovation Centre, Ulster Hospital. The Director of Nursing donned a 1930's Nurse's uniform reminding us all of the proud history of the profession. The aim of the day was to show appreciation for the many achievements and improvements in care that have been made by Trust Nurses, Midwives and Health Care Support Workers in our hospitals and within the local community.

The celebration event was opened by the Health Minister, Simon Hamilton who said, *"Our health service in Northern Ireland is fortunate to have nurses who make such a wonderful difference to the lives of those in need of health and social care."*

"Their compassion, kindness, dedication, caring and knowledge is second to none and I take great pleasure on this, International Nurses Day, in thanking them unreservedly for their continuing commitment."

Key note speakers included Mary Hinds, Executive Director of Nursing, Midwifery and Allied Health Professionals at the Public Health Agency and Charlotte McArdle, Chief Nursing Officer. Julian Simmons from UTV attended as a surprise guest speaker and had the audience quickly laughing with anecdotes of his time in hospital.

The day was particularly special for those who were nominated for the Director of Nursing Award and the Lorna Telford Care & Compassion Award. The Director of Nursing Award was given to Karen Hull, Ward Sister, Ward 22 (Care of the Elderly), in the Ulster Hospital. Karen embarked on the 'Productive Ward' initiative in which the focus was Person-Centred care - that is, care that not only benefitted patients but also those providing the care.

The Lorna Telford Care & Compassion Award was named in memory of Lorna Telford who sadly lost her battle with cancer last year. Lorna was Assistant Director for Safe and Effective Care in the South Eastern Trust and was known by all for caring and encouraging colleagues and being focused on excellent patient care. Angela Patterson was presented with this award for her work as Lead Clinical Nurse Specialist for bladder and bowel dysfunction in Bangor Hospital. Angela was credited for her passion and dedication as a nurse, encouraging patients to take control of an embarrassing condition with 'self-help.'

The event was videoconferenced to Trust sites in Lisburn and Downpatrick.

One nurse commented, *"A wonderful morning reflecting on what makes us, as nurses, special. The challenge will be to hold that thought for the next 364 days!"*

Director of Nursing Award



Winner - Karen Hull, Ward Sister, Ward 22, Ulster Hospital

Runner-up: Martina Finn, Colorectal Clinical Nurse Specialist, Cancer Services, Ulster Hospital

Nominees:

Claire Marie Dickson, Sure Start Co-ordinator, Downpatrick

Catherine Gilmore, Ward Sister, Ward 27, Ulster Hospital

Julie Johnston-McKee, Ward Sister, Maternity Unit, Ulster Hospital

Karen Orr, Ward Sister, Maternity Unit, Ulster Hospital

Clockwise - Karen Hull, Martina Finn, Julie Johnston-McKee, Catherine Gilmore

Lorna Telford Care & Compassion Award



Winner - Angela Patterson, Lead Clinical Nurse Specialist for bladder and bowel dysfunction in Bangor Hospital

Runner-up: Karan Boyd, Staff Nurse, HMP Magilligan

Nominees:

Sam Johnson, Health Care Assistant, Ward 25, Ulster Hospital

Sharon Kirkwood, Midwife, Maternity Outpatients, Ulster Hospital

Harry McRandal, Staff Nurse, Hydebank Prison Healthcare

Audrey Montgomery, Peer Support Worker, Ward 12, Lagan Valley Hospital

Dawn O'Donnell, Midwife, Maternity Outpatients, Ulster Hospital

Dawn Stephens, Ward Sister, Ward 20, Ulster Hospital

Kelly Walker, Mental Health/Addictions Nurse, HMP Magilligan

L-R: Angela Patterson, Karan Boyd, Dawn O'Donnell



L-R: Audrey Montgomery, Dawn Stephens, Harry McRandal



L-R: Kelly Walker, Sam Johnson, Sharon Kirkwood

All above pictured with Nicki Patterson, Director of Nursing, Older People & Primary Care

Nurse of the Year Awards

South Eastern Health & Social Care Trust nurses received recognition at the RCN Northern Ireland Nurse of the Year Awards 2015. Organised by the Royal College of Nursing, this is the nineteenth year of the awards, which took place at the Culloden Hotel, Holywood. It was a successful night for the South Eastern Health and Social Care Trust as our nurses won a total of four award categories!

Cherith Semple won the RCN Northern Ireland Nurse of the Year Award 2015

Cherith, who is a Macmillan Cancer Nurse Specialist, received the award for leading a series of initiatives which have resulted in significant improvements for patients living with head and neck cancer at a local, national and international level. As a result of feedback received from patients, Cherith introduced a follow-up telephone aftercare service. This was in response to patients reporting that they felt most vulnerable following discharge from hospital. Through patient and carer education and support, Cherith has helped patients to develop skills and confidence for self-surveillance, and enabled fast-track referral to follow-up clinics. This has created a patient-led follow-up service.



Health Minister, Simon Hamilton presenting Cherith with her award

Liz Campbell won the Chief Nursing Officer's Award

Liz is Safe and Effective Care Manager and was nominated for her exceptional leadership and pursuit of patient safety in developing a regional policy for the identification and labelling of invasive lines and tubes. Having recognised the patient safety risks from the absence of such a policy, Liz also saw the need to ensure uniformity of practice not just within the South Eastern Trust but across Northern Ireland. Through her research, staff education and what her nominator describes as “perseverance and excellent negotiation skills”, Liz developed a standard regional policy.



L/R: Colm McKenna, Carmel Kelly, Liz Campbell, Cherith Semple, Lisa Dullaghan & Nicki Patterson

Lisa Dullaghan won the Team Manager Award

Lisa is Manager of the Cardiac Catheterisation Laboratory and was awarded for improving the care of cardiology patients through her leadership, development of team members and inter-professional team approach. Formed in 2013, the team includes nursing, medicine, radiology, cardiac physiology and patient experience. Lisa has led the team to significant service improvements including enhanced diagnosis and treatment strategies, improved patient flow and reduced length of stay. Over 1000 bed days have been saved and out-patient waiting times have been reduced from nine months to just two or three.



L/R: Colette Goldrick, Lisa Dullaghan & Janice Smyth (RCN NI Director)

Carmel Kelly won the Nursing Research Award

Carmel is Nurse Consultant in Sexual Health in the Trust and won the award for developing an eLearning resource that aims to improve knowledge and understanding of pregnancy in the context of HIV infection. The resource is now used as part of continuing professional development for staff across all five HSC trusts in Northern Ireland and has been endorsed and promoted by the Royal College of Midwives and National HIV Nurses Association. It has also been accessed online from 56 countries around the world.



L/R: Owen Barr, Carmel Kelly & Janice Smyth (RCN NI Director)

Northern Ireland Healthcare Awards



The South Eastern Trust Tissue Viability Team were recognised in reaching the final Health Care Awards, with the multi functioning tool for pressure ulcer assessment. Pictured below, the team were delighted to represent the SEHSCT at the Awards Ceremony on 16 March 2015.

L-R Fionnuala Gallagher, Leea Walsh and Robert Moore

The Innovations Ophthalmology Award.



Dolores Boyle and the Cataract Surgical Unit, Downe Hospital

L-R- S/N Mc Kelvey, Sister Dolores Boyle, Dr Olivia Earley Consultant Ophthalmologist, S/N Mary Mulgrew, Sister Ann McKerrin

Nursing Standard Awards



The Transforming Cancer Follow Up Programme (TCFU) has been implemented by Northern Ireland's five Health and Social Care Trusts as the new model for breast cancer follow up and progress is being made in remodeling cancer aftercare for other tumour groups. Caroline Lynas, as one of the project managers for this programme, has been awarded a prestigious Nursing Standard Award in cancer nursing. Patient care has begun to move away from a traditional "one size fits all" approach to cancer aftercare, which traditionally was based around routine follow up appointments. Instead TCFU has developed individualised tailored aftercare.

As part of the new 'recovery package', every patient within the new breast programme has access to a clinical nurse specialist (CNS), who discusses their needs during a Holistic Needs Assessment and a written 'care plan' is then developed, Health and wellbeing' events have also been developed, whereby people can hear about all the practical things they can do to keep well and find out about local support services on their doorstep.

Supporting an Honest, Open and Transparent Culture



Pictured above is Safe and Effective Care staff member Karen Brannigan outside the Oasis Restaurant in the Ulster Hospital, offering information and guidance.

The new process, launched in 2014/15, supports the Trust extant process to raise concerns by establishing a HOT line and electronic system. This information is managed through the HR Department and escalated to relevant operational and/or professional Director for response.

The Trust seeks to foster a climate of openness and a culture where it is safe and acceptable to raise concerns about inappropriate behaviour at any level of the organisation. To achieve this aim, the Trust encourages employees to report genuine concerns without fear of reprisal or victimisation, through the normal management processes in the first instance. However, if staff believe their concerns have not been dealt with sufficiently there are other avenues to raise concerns.

- Speak to your line manager
- Telephone the 'Raising Concerns number' 24 hours/day (attended 10.00am - 4.00pm) (028) 9263 3700
- For further information refer to the guidance on iconnect
- Through completion and submission of the paper copy 'Raising Concerns' form.

The slogan H.O.T. reminds staff to be **Honest, Open and Transparent.**

As part of the Trust initiative to be honest, open & transparent (HOT) we commenced the roll out HOT boards throughout the hospitals. These boards provide a one-stop shop for all information displayed in wards that are relevant for patients and visitors coming into the ward. This includes information such as:

- Ward contact number
- Safety & Quality Indicators
- Pictures of staff uniforms to help members of the public distinguish
- Ward initiatives

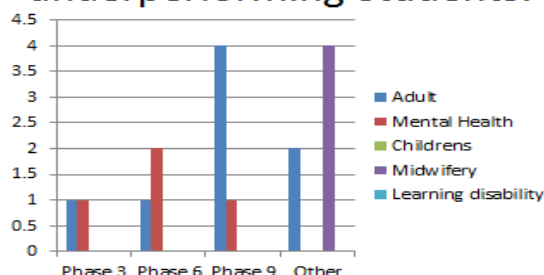


Each ward, through their Ward Sister/Charge Nurse, has the opportunity to provide input on what should be included on their board ensuring that it meets their patient needs. This will also bring together a lot of information that is currently displayed throughout wards to an area where it is visible and can be viewed easily by patients and visitors.

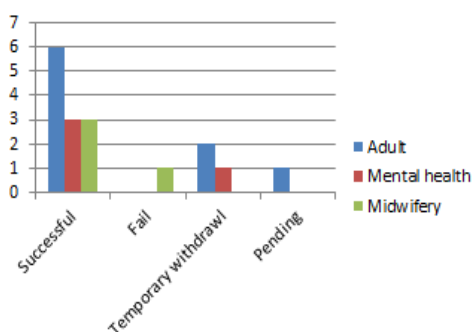
Practice Education Team

One of the key priorities of the Practice Education Team is to support mentors to identify and manage underperforming students. The graph to the right is reflective of the current situation with regards to identifying and managing underperformance

April 2014 – July 2015
underperforming students.



Outcomes of students supported on action plans April 2014 – July 2015.



In comparison to the previous year the numbers for adult and midwifery students on action plans has decreased. There were no action plans required within the fields of children's or learning disability, and mental health saw an increase from none to three.

Overall many students succeed when supported by mentors to achieve their action plans. However, it is recognised that some students do need to fail. The role of the Practice Education Team is to support mentors and managers through this challenging time.

The pre-registration student midwives information pack was launched in the Spring 2014. This document was created by a group of midwives with the help of Patricia Cosgrove (Practice Education Facilitator) to identify potential learning experiences for students across all areas of midwifery practice. This framework has been evaluated positively and has proved to be transferable to other fields of practice. Not only is it working very well within midwifery but it is also currently being evaluated within learning disability.



L To R Evelyn Mooney (PEC), DR Carolyn Bryson, Dr Elaine Madden, Sister Katherine Robinson, Patricia Cosgrove (PEF), Staff Midwife Annemarie McKinley.

From Brunei to Belfast 2014 -2015



In December 2014 the Trust agreed in principle with their partner organisation Queens University Belfast (QUB) to facilitate eight students from Brunei. Five of these students were studying Midwifery, three Mental Health and one Adult Nursing. This was a very exciting time from a Practice Education point of view as we were now broadening our horizons with our ability to facilitate International students. All but three of the students were facilitated within the Midwifery and Mental Health facilities in Lagan Valley Hospital, the others were within Cardiology and Midwifery

in the Ulster Hospital. It is anticipated that this will be the first of many students from Brunei that the South Eastern Trust will facilitate.

Brunei Students with Eilish McConville (QUB), Nicki Patterson (Director of Nursing), Sharon McRoberts (Assistant Director of Nursing), Patricia Cosgrove (PEF), Siobhan Ross (PEF), Sister Katherine Robinson, Karen Murray (QUB).

Erasmus Students

The Ulster Hospital first facilitated two Erasmus students from Nancy, France in September 2010. This year that number has grown to 12 students and from four different Schools of Nursing across France. The final three students for 2015 are being facilitated from September to December 2015. The facilitation of these students is very much a team effort and could not be possible without the nursing teams of wards 4, 5, 10, 11, 17, 18, 19, 20, ICU and Maynard Sinclair ward. This year for the first time ward 27



(MHIPU) facilitated an Erasmus student for eight weeks. This has been evaluated very positively both from staff and the student. At some point each year during the Erasmus programme French tutors will visit students, mentors and teams within the learning environment. This time is used as an opportunity to celebrate the contributions and achievements of individuals and teams associated with the Erasmus programme. We believe that celebrating the success of the Erasmus programme once per year and giving regular feedback fosters pride, self-esteem and commitment.

In March 2015 Evelyn Mooney, Practice Education Coordinator and Siobhan Ross, Practice Education Facilitator were awarded a travel scholarship from the School of Nursing in Nancy, to explore, compare and share good practice with respect to the Erasmus programme.

Supporting Work Experience Students

Within the South Eastern Health and Social Care Trust a number of Schools, Further Education Colleges and Training organisations regularly request work experience and work shadowing experiences within nursing for their pupils. At the end of September 2014 the Practice Education Team launched the Process for the Allocation of Work Experience Students. Each practice learning environment has been reviewed by the Practice Education Team for its suitability to facilitate school aged work experience pupils. Those wards and areas identified as suitable have been included in a schedule which allows the pupil to gain an insight into “A day in the life of a nurse”.



DIRECTORATE ACHIEVEMENTS

Surgery

Achievements 2014/15

Pre- Assessment Unit – Ulster Hospital

(Pictured L-R Representatives of the team: Fiona Morris, Specialist Screening Practitioner for Bowel Screening; Jacqui McClune, Staff nurse; Rufus Daniyan, Nursing Auxiliary; Mary McClure, Deputy Ward Manager for Pre-Assessment)



In July 2014 the new Pre Assessment unit opened to provide a dedicated unit for patients coming in for surgery so that they can be worked up to ensure that they are fit for surgery. The new unit has dedicated areas for nurse led services such as nurse led iron infusion and shuttle walk tests to assess patients' baseline fitness and their requirement for HDU or ICU post operatively. The new unit has allowed for dedicated specialty clinics, improved patient experience and throughput and integrated the bowel screening service.

Chronic Pain Unit – Ulster Hospital

(Pictured L-R Representatives of the team in the new recovery unit: Caroline Mayne; Pain Clinic Secretary; Marie Hughes, Staff Nurse; Tracy Strange, Staff Nurse; Joyce Hutton, Staff Nurse)



A new purpose designed pre assessment and chronic pain department was opened in July 2014. This will allow an increase in nurse led and consultant led pre-operative assessment. Which will make the patients theatre journey safer and more efficient. The chronic pain department now has more space to allow nurse led clinics and a purpose designed procedure room for complex procedures under X-ray control.

Endoscopy Patient Satisfaction Survey

(Pictured L-R representatives of the team: Anne McKeown, Ward Manager; Barabra Simpson, Lead Nurse for Endoscopy; Shirely Stirling, Endoscopy Nurse; Nigel Brownlee, Nursing Auxillary)



The Endoscopy patient satisfaction survey was carried out in September 2014 by the Nurse Lead for Endoscopy. 101 responses were received for the trust wide survey; 100% of all patients we very satisfied with the service. Almost 100% experienced staff being approachable and good at communicating and 95% of people felt this was as or better than expected. The results were presented to the Trust endoscopy user group and all result are displayed in the waiting rooms as pictured above.

Plastics Trauma Service – Ward 10 & 11

(Pictured L-R: Rebecca Coey, Trauma Aide and Andrea Cook, Lead Plastic Trauma Co-ordinator)



Plastic trauma patients bypass our Emergency department, being generally referred directly from other Emergency Departments within the province, and attend the daily nurse led trauma clinic for assessment and treatment. If admission is required, this is coordinated by Andrea and her nursing team. A patient will be admitted directly if required or discharged from the clinic with a date for surgery. A recent patient satisfaction survey showed that 76% were very satisfied and 24% were satisfied with the service

Virtual Fracture Clinic

(Pictured L-R representatives of the team: Karen Kendall, Deputy Sister for Fracture Clinic and Virtual Fracture Clinic Nurse, Mr J McConway, Orthopaedic Consultant, Mr L Ogonda, Orthopaedic Consultant)



Nurse Karen Kendall is the coordinator of the Virtual Fracture Clinic (VFC) which commenced in January 2015. VFC, the first of its kind in Northern Ireland, is a pilot introducing an alternative way of managing fracture patients who do not need an operation. It is a protocol driven, evidence based, multidisciplinary service where patients with the 5 most common minor fractures can be discharged directly from ED. The remaining patients are viewed virtually at the VFC coordinated by Virtual Fracture Clinic Nurse, Karen Kendall, where the clinical decision is made.

Following the VFC Nurse Kendall contacts all of the patients for follow up advice and arrangement of appointments. Karen documents electronically all of the information, and securely communicates this to medical records/ secretaries. There is also a dedicated nurse led hotline for patients to phone in with any queries in relation to their fracture.

Next Steps

- To introduce pre-assessment nurse led telephone reviews for patients who have been assessed >13 weeks ago for their fitness for surgery.
- Chronic Pain will introduce telephone reviews for patients following intervention. They also plan to introduce nurse led education sessions for patients.
- Endoscopy plan for nurses to teach Entonox use for patients during endoscopy as it reduces the need for sedation and impact post-surgery.
- VFC will no longer review the five minor fractures for quality assurance once 95% appropriate referral rate is reached. The aim is to run VFC 5 days a week and a service user satisfaction survey will be completed in 15/16.
- ICU will introduce patient diary stories. The nursing staff will fill out a diary for the patient during their ICU stay to improve their experience and understanding of their experience.

Medicine

Achievements 2014/15

Downe Cardiac Rehabilitation Nurse Roisin Dorrian was the winner of Belfast Telegraph Woman of the Year in the Health Sector 2015.



In November 2014 Mr Sean McLaughlin almost died from a heart attack in a boxing ring, only for his life to be saved by off-duty nurse Roisin Dorrian. Sean said: "I can't remember what happened on Saturday night, I can just remember seeing the ceiling. I owe my life to Roisin, and I can't thank her enough."

Ward Sister, Karen Hull in Ward 22 at the Ulster Hospital won the Director of Nursing Leadership Award on 12 May 2015.



Karen used the 'Productive Ward' initiative; the focus was Person-centred care– that is, care that not only benefited patients but also those providing the care.

'Single Unit Transfusion' project team, winners of SQE Acute Sector Award!



A multidisciplinary team led by Seamus Reid, Charge Nurse in Ward 12, has revolutionised blood transfusion procedures at ward level, resulting in improved patient safety and clinical outcomes and reduction in unnecessary workload for staff.

Care of the Elderly Improvement Workshop



The aim of the Care of the Elderly (COE) improvement project was to provide an opportunity for the 4 wards to share best practice, diagnose areas for improvement and work towards generating improvement ideas.

Future projects include: Creating a forum for MDT's focused on Quality, re-launch of falls prevention, standardising the use of the e-whiteboards, reviewing physical space, store, IT issues etc. and creating a small group to focus on stroke direct admission.

E-whiteboards



The Trust launched the e-whiteboards project in April 2013 with the aim to extend the use of the Openward Patient Flow Management System currently used within Mental Health to the 14 Medical Wards in the Ulster Hospital. The live roll-out of the e-whiteboards has been a huge success which commenced in January 2015 and has rolled out to all wards.

Best Practice in Dementia Care Course



The course was facilitated by the Dementia Services Development Centre in partnership with the University of Sterling. The course helps provided staff with the knowledge and skill to better care for a patient with a diagnosis of dementia.

The Urgent Care Centre (UCC)



The Urgent Care Centre (UCC) is part of the Ulster Hospital Emergency Department (ED) and provides a range of services for those who have minor injuries or illnesses across 7 days, 9am to 9pm. It was opened in December 2014 and to date over 3500 patients have been treated, with upwards of 50 patients seen on a busy day.

The Urgent Care Centre will continue to develop in the coming months with the aim to see and treat up to 25% of all the patients that attend the Emergency Department on a daily basis, substantially reducing the demand on the main Ulster Hospital ED.

Learning and Sharing Nursing Workshop



The Learning and Sharing Workshop was hosted by Mrs Barbara McDowell Anderson, Clinical Manager, where the Ward Managers and Specialist Nurses (Downe & Lagan Valley) and Outpatient Managers (from across SEHSCT) showcased the Safety, Quality and Experience improvement work ongoing within their respective areas.

The workshop was delivered around five core topics including: Palliative Care, Delirium, Deteriorating Patient, Hot boards and Learning from complaints. The workshop was a resounding success which motivated and rejuvenated everyone who attended. It is hoped that this will become an annual event.

Next Steps

- To continue to ensure that the focus of all our working within the Directorate is reflective of the SQE approach.
- To ensure that staff are supported appropriately in order to ensure that patients receive the best possible care and staff feel valued, every day

Woman & Acute Child Health

Achievements 2014/15



Maternity has had great success this year winning the chairman's award with a collaborative venture with estates and our bereaved parents user group, the Forget Me Not group, to create a bereavement suite which provides a dedicated, purpose built facility for this very vulnerable group of women and their families.

We were also very successful at this year's RCM awards in London coming away with two awards, one for Zoe Menelly for her work around supervision of midwives and Jackie McClean won the Northern Ireland Mum's Midwife of the year award.

In January we hosted a Regional Midwifery conference with speakers from across the UK, Germany and the Czech Republic. Over 200 delegates attended a very successful day debating subjects such as human trafficking and surrogacy.

The midwifery led services in Lisburn and Downpatrick continue to beat the forefront of midwifery practice by implementing the key messages within the NI Regional strategy.

Gynaecology across the Trust continue to improve services with 7 day access to early pregnancy in line with the National Bereavement guidance and the treatment room in Neely Ward at the Ulster.

Transforming Care at the Bedside (TCAB) has been introduced into Neely ward. This innovative framework provides more focus on patient safety, better communication and involvement of patients and improvement in efficiencies of the care processes.



Craig Ward, our Paediatric Surgical ward, has been participating in the PINS Project (**P**aediatric **I**nternational **N**ursing **S**tudy) to evaluate Patient Experience KPIs for Nursing.

Staff Nurse Jill Holland from Maynard Sinclair Ward participated in the SQE Programme this year to develop a new nursing handover including a bedside safety scan.

The Neonatal Unit underwent a successful RQIA Review of the Augmented Care Infection Control Tool.

The team from the Paediatric Rapid Response Unit are participating in the Person centred Practice Development Programme and are currently working on improving the referral pathway for GPs.

We said goodbye to Dr Elaine Madden MBE Head of Midwifery after over 35 years' service as a midwife. In her place we welcomed Zoe Boreland back from secondment at the DHSSPSNI.

Next Steps

- Progressing our SQE projects – Sepsis and Hybernemia
- Promotion of Normality within Delivery Suite
- Developing Midwifery led services within the community
- Expansion of nurse led gynae / early pregnancy service
- Embedding PINS in Practice

Primary Care and Older People

Achievements 2014/15

Innovative Neuro-modular Treatment for Bladder and Bowel Dysfunction

PTNS (Percutaneous Tibial Nerve Stimulation) delivers stimulation to the sacral nerve plexus (the neural tissue affecting bladder and bowel activity) by temporarily applying electrical impulses to the posterior tibial nerve which is easily accessed in the lower leg, near the medial malleolus with the use of an acupuncture needle and stimulator.

Neuro-modulation using PTNS, has a similar therapeutic effect as the implantable sacral nerve stimulator, but requires no surgery, and offers huge cost savings in comparison. PTNS is minimally invasive, has a low risk of complication, and can be easily delivered within a nurse led clinic setting.

PTNS therapy can be used to treat both bladder and bowel dysfunction and incontinence. Empirical evidence suggests that PTNS has high levels of user satisfaction with 60 – 80 % of patients choosing to continue treatment (Vandoninck et al, 2004). In relation to faecal incontinence “PTNS provides a treatment that frees the patient from the physical and social limitations imposed by their condition and treatment associated restrictions” Allison et al, 2009.

PTNS can now be offered to patients who have previously tried and failed other therapies, and could be considered before progressing onto Botox or surgery which offers cost savings to the Trust. PTNS would not be normally considered as a first line option, but would be reserved for patients where other treatment modalities have failed.

- Since September 2014 a total of 6 patients have completed PTNS therapy, with a further 4 patients mid-way through their treatment programmes.
- 100% of patients completed the treatment.
- Using a simple questionnaire on completion of treatment, 50% of patients have reported an 85% improvement in their symptoms and the remaining 50% reporting 100% resolution of symptoms.

Next Steps

- Although still in its infancy, this pilot study has shown some exciting results for patients who otherwise would have required more expensive and invasive options.
- All patients found the treatment to be a pleasant experience and no patients dropped out of the pilot once treatment was initiated.
- However, to continue with this project, the Continence Service would require to attract recurrent funding to ensure more patients have the opportunity to access this new treatment option.

Telehealth and Telecare



Telemonitoring NI was established in 2011, working in conjunction with all five Health & Social Care Trusts in Northern Ireland to provide technology enabled care services that put individuals at the centre of their care and promote better outcomes for the user, carer and family members. The service is delivered by TF3 Consortium, which comprises Tunstall, Fold and S3 Group, working in partnership with the Public Health Agency (Centre for Connected Health and Social Care). Telehealth is the consistent and accurate monitoring of a patient's vital signs and symptoms via easy to use technology in their home. Patients take their readings and answer a

series of health questions each day and the information is transmitted to a monitoring centre where technical triage personnel will verify the results and only alert a clinician if the data is outside of the parameters set for that individual patient. Track and Trend monitoring is also available in addition to clinical triage where clinicians with relevant permissions can log in remotely to review the information collected at any time, helping to identify trends and informing the ongoing care plan. Telecare is support and assistance provided at a distance using information and communication technology. Telecare monitoring covers a wide range of needs, and is intended to support people and enable them to continue living in their own home, independently or with the assistance of carers, for as long as possible. It also supports carers and families by providing additional help and support with caring responsibilities and all-important peace of mind.



Within Telehealth during the 2014/15, the South Eastern Trust achieved 96% of its target delivering 75,260 Monitored Patients Days (MPDs) of its overall target of 78,000 MPD, falling short of the target by 2740 MPDs. This is a 25% improvement on the previous year when the South Eastern Trust achieved 71% of its target delivering 63,991 MPD. Patients with diabetes, COPD, heart failure, stroke and weight management issues have benefitted from the service.

Within Telecare, a target of 73241 MPDs was established with an end of year position of 57,233 MPDs - a shortfall of 16,008 days (22%). However, in April 2014, the Trust had 121 clients utilising Telecare and ended in March 2015 with 180, an increase of 59 clients and a 33% increase in the number of people benefitting from the service.

Next Steps

- Increase the usage of telehealth to reach the 78,000 MPD target and to increase the number of clinical staff currently utilising telehealth in supporting their patients to manage their condition.
- Increase the usage of telecare as a means of supporting clients in their own homes across Primary Care and Older People and Adult Services (Learning Disability and Physical Disability), which will also enhance the support available to carers.
- Populate a suite of case studies to illustrate the benefits of telemonitoring to both professional staff and patients.

Community Nursing IV Diuretics Pilot



The Community Nursing Rapid Response Service have been working in partnership with the Heart Failure Service at the Ulster hospital to develop a service for the administration of IV diuretics for patients with chronic heart failure in the community. Following a scoping exercise to establish where to test this service development, the Ulster Hospital site has been selected.

The Heart Failure Specialist Nurses and Cardiologists are supporting CNRRS with additional training and developing a care pathway. Additional support has also been given by the Trust Transport and Pharmacy departments. The first patient commenced treatment with twice daily IV diuretics on 6th July and completed their treatment on 15th July 2015 preventing a 9 day hospital admission. The patient and their family were delighted with the care they received at home. It is planned that a pilot will run for one year and will complement the Enhanced Care At Home services soon to be implemented in Ards and North Down localities.

Next Steps

There are on-going plans to extend this IV diuretics service pilot to the Lagan Valley Hospital again in collaboration with the Heart Failure Service.

Child Health

Achievements 2014/15

Flu Immunisation Programme 2014-15

Between October and December 2014 South Eastern Trust school nursing team successfully delivered the flu programme to 29,000 children in 141 primary schools across the trust area. This exceeded the regional target and was achieved through successful collaboration with Education and Health ensuring effective partnership working. The teams liaised seamlessly with regional vaccine distributors, co-ordinating direct delivery to schools. There was also timely and effective communication with children and parents to ensure optimum uptake based on informed choice resulting in greater protection for the community. The school nursing team were committed to achieving best outcomes for children, family and community to promote health and prevent ill health and the programme was pronounced a success by the Public Health Agency.

Introduction of an ADHD Clinical Specialist Nurse to the Behaviour Service within Child Health



Carol Sibbald ADHD Clinical Nurse Specialist

This post has been developed and implemented to improve the quality of intervention provided to children and families. As an independent prescriber Carol Sibbald is not only able to provide the medical input but her background in Health Visiting and Behavioural Therapy brings an added dimension to this service. Carol's vision for the future in respect of delivering this service has already resulted in significant improvements to the service for example:

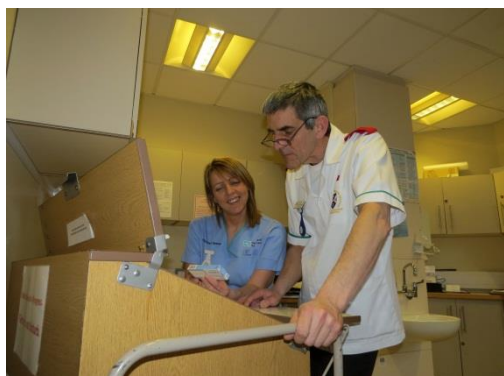
- Completion of an audit against the ADHD NICE Guidance which was subsequently published on the NICE website and has resulted in a number of improvements being implemented within the Service
- The introduction of a transition clinic in partnership with Adult Mental Health for young people moving from Paediatrics to Adult Mental Health for management of ADHD.

Next Steps

The development and introduction of ADHD information and education sessions for parents and young people and is now considering how Social media can be used to further support and inform parents throughout the Trust.

Adult (Disability Services)

Thompson House Hospital



L-R Deputy Ward Sister Gillian McConvey
with Student Nurse Phillip Patterson



Members of Thompson House Nursing
team at the launch of SQE Project
2014/15.

Achievements 2014/15

A Patient stories project was commenced in partnership with the Social Work Governance Team in 2014. Five families were interviewed and asked about their experiences of transfer from acute hospital to Thompson House Hospital (THH) and of their care within THH. Key themes were identified and an improvement plan agreed. The improvement plan continues to be implemented and this project has been shortlisted for the 2015 Chairman's prize awards in the Stakeholder Engagement category.

A Communication forum was established in 2014 to examine ways of improving communication within the nursing team. A daily safety briefing and an improved patient handover have been developed with positive feedback from staff and managers.

Food & Nutrition and Pressure Ulcer reduction KPI's were implemented in THH in 2014/15. Results are reviewed and demonstrate a high level of compliance and in some instances achieving 100%.

In 2014 two members of the nursing team undertook the SQE programme, their project was focused on reducing the un-necessary prescription of anti-biotics for urinary tract infections. A UTI pathway was developed and continues to be used within the hospital. From early initiation staff reported greater compliance with measures to detect UTIs and subsequent reduction in the inappropriate prescription of anti-biotics.

In March 2015 THH participated in the RQIA review of the Implementation of the Regional Acquired Brain Injury Standards and Quality Indicators. We await the final report from this review and will take forward any actions identified from the review.

Dr Josephine Hillan has been appointed to provide two weekly sessions of rehabilitation medicine at THH. This has proved positive to patients and the staff team.

THH is recognised within the Trust as a centre of excellence for the care and management of individuals with established tracheostomies. Key staff within THH have also provided learning and development in this area of care to other facilities and teams.

THH continue to facilitate QUB and OU student placements and in 2014/15 provided placement opportunities for eight students. Feedback from students continues to be positive and THH continues to provide diverse and enriched learning opportunities for student nurses. There are currently 11 staff nurses who are trained mentors and three of these are sign off mentors.

THH encouraged and supported patients and carers to participate in the 10,000 voices campaign.

Next Steps

- Release two further staff to undertake SQE programme and undertake SQE project in relation to the care of patients with swallowing difficulties.
- Roll out of additional KPIs including falls safe bundle and omission of medication
- Further learning and development in the area of pain management for patients with an acquired brain injury and neurological conditions.
- Develop a local working group to implement any actions from the RQIA Review of Regional Acquired Brain Injury Standards and Quality Indicators. Participate in any regional group established to take forward regional actions.
- Further explore with medical personnel the option of providing IV treatments within THH.
- Continue implementing the THH Patient Stories Improvement Plan
- To implement the introduction of the NMC revalidation process

Community Learning Disability Nursing

Achievements 2014/15

Direct Enhanced Service

The Trust has established a Direct Enhanced Service (DES) implementation steering group with membership from the Regional GP unit.

The Nurse Health Facilitator led the implementation of the DES for annual health checks for adults with a learning disability successfully with increasing numbers of people screened annually. The number of people offered an annual health check during 2014/15 was 1352, with 1074 (reported to date) taking up the offer of an annual health check. 53 out of 54 GP practices are signed up to delivering this service within SEHSCT. A positive working relationship has been achieved between GP's and the DES Nurse Health Facilitator to provide a very valued service. An information resource pack for GP's has been developed and implemented.

Links have been established with breast screening and angiogram services to promote screening for people with a learning disability and information in an easy read format. The person with a learning disability and their carer are given an evaluation questionnaire to complete after the health screen which is then return to the HSCB GP Unit. The evaluation questionnaires returned show evidence that people are very happy with the services provided. The Health Facilitator has been supported to successfully complete the Clinical Skills in Health Assessment, involving others and Leadership courses to promote the development of the DES service alongside GP's and people with a learning disability.

Improving the quality experience for people with a learning disability using acute hospital services

Learning Disability nursing services have implemented the GAIN Guidelines for improving the quality experience for people with a learning disability using Acute hospital services in partnership with acute hospital nursing services.

A working group oversees the implementation process and continues to meet to implement the recommendations resulting from the Regional RQIA review of the GAIN Guidelines. A distinct training programme has been developed and delivered to hospital staff. A hospital passport has been introduced and used with people with a learning disability when using hospital services. Service contact details have been shared between services. Work is progressing to pilot the use of white boards to identify people with a learning disability being admitted onto hospital wards with a pathway of guidance available to support their quality experience during admission.

Epilepsy Nurse Specialist Service

The Epilepsy Nurse Specialist service promotes the epilepsy needs for people with a learning disability through

- i) Independent and supplementary prescribing
- ii) Delivering specialist nurse led clinics
- iii) Supporting a Specialist Neurological and Psychiatry review clinic
- iv) Developing a general awareness and emergency management training programmes for statutory and independent sector providers
- v) Developing and delivering education programmes to people with a learning disability about epilepsy

Additional Achievements

Internal audits have identified that Community learning Disability Nurses have very good uptake in supervision opportunities attended and 100% uptake of KSF appraisals.

Two nurses have attended the learning disability nurse leadership training programme developed by the RCN following this being identified as a key regional priority.

The nursing service is represented on the Regional Strengthening the Commitment steering group which is implementing the regional learning disability nursing action plan. A recent report of the 4 countries response to the action plan included two examples of good practice from the SEHSCT nursing service which were the implementation of GAIN Guidelines for improving the quality experience for people with a learning disability using Acute hospital services and the development of the specialist epilepsy nursing service.

Next Steps

- To continue to support the implementation of the Strengthening the commitment Action Plan
- To support participation in the newly established learning disability nursing network through the RCN
- To identify a nomination who will represent the Trust on the Regional Practice Development Forum
- To promote further attendance at leadership programmes
- To further review and plan for workforce succession planning
- To implement the introduction of the NMC revalidation process

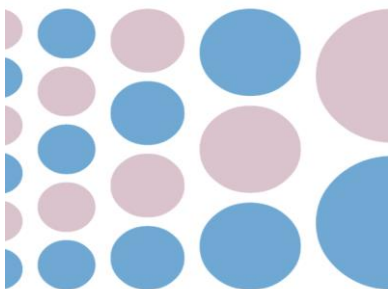
Mental Health

Achievements 2014/15

Mental health hospital services launched a professional band 5 registered nursing forum which was launched by the Executive Director of Nursing Nicki Patterson and Assistant Director of Nursing Sharon McRoberts. The forum is chaired by Victor Robinson, joint appointment with the University of Ulster and South Eastern Trust. The aim of the forum is to develop a "bottom up" approach adopted by band 5 mental health nurses to enable them to enhance their clinical practise through evidenced based practise and reflective learning.

Under the transforming the work force challenge, one of the 10 keys challenges under the IMROC umbrella, which challenges organisations to implement recovery through organisational change, Mental health hospitals services have employed 8 Peer Support Workers across all of our inpatient wards. The principle of Peer Support Workers is that they promote the journey of recovery for individuals who have experienced mental health difficulties. Historically individuals who experienced severe mental health difficulties were previously considered disabled and would not have considered achieving employment are now employed as an integral part of nursing teams within our mental health wards. The benefits of Peer Support Workers is that they bring a unique empathy and understanding to service users and families, which was reflected through Audrey who was new to permanent employment being nominated for the Lorna Telford Compassion award.

Mental health inpatient wards and nursing standards and practice had been subject to intensive scrutiny by the regulator RQIA. The outcome has been positive recognition from RQIA of significant work in achieving all previous outstanding recommendations.



Ward 27 Ulster Hospital piloted the East London and City Mental Health Trust anti-absconding workbook in May 2014 for a 6 month period. This is an evidenced based tool, which when piloted displayed a statistically significant reduction in AWOLs from ward 27 Ulster Hospital of 70%. In 2012, the Public Health Agency on behalf of the Bamford Taskforce recommended that in relation to recommendations from the National Confidential Enquiry that "mental health inpatient services are to adapt or strengthen protocols for preventing and responding to absconding". The outcome of this successful research based pilot was presented to the Bamford Vision group and the annual RQIA road show and also led to South Eastern Trust leading on the development of new Regional AWOL guidance for Northern Ireland.

Next Steps

- Continuation of anti-absconding work across all inpatient wards
- The development of mental health specific KPIs around psychological interventions and carer involvement

Prison Healthcare

Achievements 2014/15

Prison Healthcare has gone through a period of planning for reform in 2014/15 relating to the key areas below:

Key Areas of Reform



A Prison Healthcare Reform project has now been agreed incorporating changes to encompass patient safety and putting compassion at the heart of practice.

Working within a Prison setting brings many challenges for nurses. Many patients have feelings of worthlessness, have little confidence and have low self-esteem and no belief that they can change. Unfortunately, these patients may have been subjected many times in their life to negative views and perceptions, society perceiving 'it is your own fault, you made the choice...you will never change.' It is nurses' hope within their practice that they can try to change this. Nurses working within prison healthcare support patients to believe that they should never give up and everyone has the ability to change with the right support, treatment and encouragement. Nurses encourage people to go on to live the life they want.

Patients in prison need to feel valued, respected and feel their life is important, so nurses have helped them find work within the prison, advocate for them on a daily basis, encourage, reassure, empathise and support them in all aspects of their life. Even the simplest of things such as getting them a list of the latest music albums, or printing off tips on how to get to a next level of a play-station game encourages them. This all contributes to the patient continuing to engage and building a strong therapeutic relationship.



Three nurses from Prison Healthcare were nominated for the inaugural Lorna Telford Care and Compassion Award in 2014/15. Staff Nurse Karan Boyd won the runner –up award for demonstrating compassionate care to a critically ill patient who had taken an illicit drugs overdose, while she was working alone in a remote location.

Also in 2014/15 three healthcare assistants in HMP Magilligan have implemented a new process to assist in the ordering and preparation of medication that is held by prisoners to release nurses' time to facilitate them to carry out chronic disease clinics and reviews in their residential areas. This was an innovative and inventive idea, amidst constant pressure and cuts within the service; this forward thinking has provided a change in practice for the better. The scheme provides a continuous process which has patient care and satisfaction at its core. It provides a continuity of care to the individual patient and improves patient satisfaction. The Nursing assistants feel valued and are contributing to assisting the rest of the team.

Service User Engagement is being actively promoted to ensure the voices of the people who use our service are heard and utilised in the reform of the service and shape how we deliver our service. This work began in 2014 by engaging prisoners in Serious Adverse Incident Reviews. A Service User Engagement Project is also underway in respect of ascertaining what matters to our service users as opposed to only hearing about what is the matter with them. As part of this initiative we are hearing prisoners' views and stories- hearing previously unheard voices. The project also incorporates searching for the views of hard to reach prisoners- those who do not ordinarily engage with healthcare services, those who do not complete questionnaires and those for whom English may not be a first language. This will be done by going to meet prisoners face to face at visits, the gym, forums etc. using an interpreter if necessary.

Next Steps

- On-going implementation of the Prison Healthcare Reform Project
- Development of SQE work with nursing staff to improve patient safety
- Further development of service user engagement
- Nursing Workforce development
- Implementation of NMC nurse revalidation scheme