



South Eastern Health  
and Social Care Trust



# Annual Quality Report 2021/2022



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**Roisin Coulter**  
**Chief Executive**

# About the South Eastern Health & Social Care Trust

The Trust provides integrated health and social care services to the communities of Ards and North Down, Lisburn and Castlereagh and Newry, Mourne and Down Council areas, serving a resident population of **364,191**. This accounts for **19%** of Northern Ireland's population.

Acute Services at the Ulster Hospital serve a wider population, including East Belfast, of approximately **440,000**.

The Trust manages an annual budget of approximately **£850 million** and employs in the region of **11,000** staff across a range of disciplines as follows:

- Admin & Clerical
- Maintenance
- Nurses & Midwives
- Social Work
- Ancillary & General
- Professional & Technical
- Medical & Dental

We work in partnership with our local community to deliver services to our older people, children and families, to those living with disability and those with mental health needs.

We put our patients, service users and families at the heart of everything we do and we have created a culture where everyone is valued and our priority is to ensure the provision of safe, high quality and compassionate care for those we serve.



Information from Trust  
Corporate Plan 2022 / 2023



## A typical week in the South Eastern HSC Trust

The following reflects some examples of our activity in an average week in 2019. Activity subsequently reduced due to the COVID-19 pandemic and is anticipated to return to pre-COVID-19 levels in 2022 / 2023.

On average each week we see:



Information from Trust  
Corporate Plan 2022 / 2023

In November 2021 the Trust launched Quality4All with the ultimate aim to deliver the highest quality health and social care services to people in South Eastern Trust. Quality4All reflects the Quadruple Aim by focusing on improving the health and well-being of the population; delivering safe, high quality care with the best service user experience; improving value; and attracting, retaining and developing our staff. This strategy does not sit in isolation but works together with, and alongside, other approaches designed to support our organisations approach to adopting quality at a system level.

To be truly effective at putting quality at the heart of what we do we are changing the trust framework to create a coordinated and consistent approach to managing the quality of our services. Adopting a Quality Management System in Healthcare requires long-term commitment and a shared determination to succeed in achieving our vision. Aligning this approach will support the development of a shared understanding of the organisational priorities and how to address them.

We are committed to working with the entire health and social care system to continuously improve and transform our services, and working in partnership with our service users and staff, ensuring their voices are listened to.



## Overview of Quality Strategy

Fundamental to a quality approach is becoming a learning organisation - creating space, even in a time of acute pressure, to reflect and understand what works well and what are the conditions for agile innovation.






## COVID-19 Learning Framework

As part of understanding the immense effort being made across the organisation, the Executive Management Team (EMT) commissioned a COVID-19 Learning Framework to hear the stories and verify the impact of change.

At the time, over **300** submissions were made across all directorates in the Trust, a testimony to the ingenuity of teams facing the pandemic. An inductive thematic analysis was conducted on all the submissions and data weighting applied concluding in key organisational learning.

From the in-depth study there were **5** key organisational learning domains identified:

### Our Culture – People – Wellbeing – Systems – Information

CULTURE	PEOPLE	WELLBEING	SYSTEMS	INFORMATION
				
<p><b>POSITIVE CULTURE</b></p> <p><i>Positive Culture Enables Exceptional Service Delivery and Staff Wellbeing</i></p> <p>Recognition of importance of credible inclusive leadership</p> <p>Support of senior management enabled rapid decision making</p> <p>'No Blame Culture' enabled decision making and necessary risk taking</p> <p>Willingness and motivation of teams promotes change</p>	<p><b>SERVICE USERS</b></p> <p><i>Service Users, Patients and Carers are Central to Service Design</i></p> <p>Should be involved in verification of service changes.</p> <p>Give vital input into future design iterations</p> <p>Consider Equity of service accessibility for all people</p>	<p><b>PSYCHOLOGICAL SUPPORT</b></p> <p><i>Responding to Rapidity of Change Requires Flexible, Compassionate Support</i></p> <p>Recognition of personal and professional burden on staff</p> <p>Importance of communication, relationships and support for redeployed staff</p> <p>Empowerment of all staff through equity of access to timely support</p>	<p><b>PATHWAYS</b></p> <p><i>Systems Thinking Needed to Connect Across Organisational Silos</i></p> <p>Coordinating pathways across primary, secondary &amp; community care</p> <p>Virtual Consultations standardisation of approach across organisation</p> <p>Governance is essential in service design</p>	<p><b>DATA</b></p> <p><i>Use of Data to Inform Service Change Reflects Level of Organisational Maturity</i></p> <p>Iterative data driven methodology resulted in successful design</p> <p>Systems/ Roles needed within services to plan, capture, analyse and respond to data</p> <p>Real time data and learning loops enable responsive service delivery</p>

These domains are grounded in the **300+** submissions and applicable beyond the surges of COVID-19, supporting us in the reflection of how do we work well. These domains were revisited in 2022 to further understand the service improvements and innovations across the Trust.



## Culture / Leadership

The first domain is culture and it focuses on leadership and team working. The importance of a shared vision was evident in successful change initiatives.



### CULTURE



### POSITIVE CULTURE

*Positive Culture Enables Exceptional Service Delivery and Staff Wellbeing*

Recognition of importance of credible inclusive leadership

Support of senior management enabled rapid decision making

'No Blame Culture' enabled decision making and necessary risk taking

Willingness and motivation of teams promotes change

## Leadership

- **Shared Vision** - enabled services to respond by rapidly changing methods of delivery and re-distributing resource.
- **Communication** - emerged as central. The importance of method, tone and frequency was highlighted.
- **Decision-making** - Supportive senior management enabled rapid decision making.
- **No Blame Culture** - added psychological safety.
- **Credible Inclusive Leadership** - cited as an enabler
- **Willingness and Motivation** of teams promoted change

## COVID Learning Examples

Urgent Bookable Lists  
Care Home Support Hub  
CSSD across the Organisation  
Single Point of Entry – Children's Services



Examples of visionary leadership include:

The Urgent Bookable Lists initiative across Theatre Services, in which credible leadership was cited in enabling specialities to prioritise and work together. The important attributes of the leader reported that they had an inclusive and motivating style and that they were well respected, fostering willing working relationships. The theatre and surgical teams highlighted the importance of senior management support as a sense of a no blame culture enabled making complex decisions at pace.

The Care Home Response Hub is a shining example of the importance of communication in leadership, creating a single point of contact for coordinating care homes, enhanced care at home, vaccine teams, AHPS, and patient experience teams.

Leadership across teams was exemplified by the work of our CSSD and estates teams, responsive clear decision making in partnership with teams across the whole organisations. Quickly understanding the increased needs of services and problem solving together.


The Single Point of Entry Team in Children's Services has carried out value stream mapping to understand the complexity of demand and different service needs. The multidisciplinary team are co-producing new pathways for triage and to provide a timely response.

## People

The core tenant of the Trust Quality Strategy is 'People at the Heart of What We Do'. The learning across the Trust during the pandemic was the importance of inclusion of service users, patients, carers and families being involved in service change.



### PEOPLE



#### SERVICE USERS

*Service Users, Patients and Carers are Central to Service Design*

Should be involved in verification of service changes.

Give vital input into future design iterations


Consider Equity of service accessibility for all people

## People At the Heart Of What We Do

- **Service Users-** give vital input into service design
- **Improved Quality-** through a focus on patient wellbeing
- **Consideration of Outcomes-** of new service designs
- **Equity-** consider service accessibility for all people
- **Feedback Loops – are essential to service design**
- **Teams that had Service User input-** continued during surges

### COVID Learning Examples

Autism Assessment Clinic  
Recovery College  
Head and Neck Cancer Services  
Health Engagement – Healthcare in Prison



We found that teams and services that had service user input and feedback as part of their core function maintained this practice throughout the surges of the pandemic even under acute pressure. Examples of this included:

Head and Neck Cancer Services incorporated user experience into their design, as they developed the virtual consultations integrated service.

The Recovery College are deeply rooted in co-design with service users and quickly recognised the increased challenges people were facing. They established peer mentor support calls to students.

The Autism Assessment Clinic developed online assessment tools for children. They brought creativity and imagination to their project as they innovated closely with service users leaning on feedback loops as they iterated designs.

The Healthcare in Prison team conducted weekly in-depth interviews with over 200 people experiencing COVID-19 committal isolation. These interviews were thematically analysed and, working in partnership with NI Prisons, used for iterative service improvement of the isolation experience.



## Wellbeing

The Learning Framework highlighted the importance of teams feeling the need for acknowledgment and recognition of the effort in response to COVID-19. The timing of the Trust's People Plan is significant to this.



### WELLBEING

**PSYCHOLOGICAL SUPPORT**

*Responding to Rapidity of Change Requires Flexible, Compassionate Support*

Recognition of personal and professional burden on staff

Importance of communication, relationships and support for redeployed staff

Empowerment of all staff through equity of access to timely support

## Wellbeing

- **Recognition** - of personal & professional burden on staff
- **Communication** – key to wellbeing
- **Empowerment of all staff** -through timely support
- **Competence** – developing new skill sets **Working Environment** –importance of safe practices
- **Service Working Patterns**- changing location, altered rotas and shift patterns.

### COVID Learning Examples

Social Work Virtual Induction  
ICT & HR Remote Working  
Infection Prevention Control Team  
Hospitals Services Team – AHP Supporting Staff Teams

Examples of exceptional work conducted by teams to support others, wellbeing comes in many guises:

Teams across the organisations recognised the positive impact of the massive behind-the-scenes effort of HR and ICT enabling remote and flexible working.

The importance of the working environment of feeling safe and supported was a major driver for the IPC who inputted across the organisation providing wisdom and expertise.

Social work responded quickly recognising the loss of peer and informal support due to increased remote working for new social workers and developed a virtual induction which created a space for reflection and camaraderie recognising, alongside developing new skills, there needs to be space for connection.


The AHP leads in Hospital Services recognised the importance of promoting team wellbeing by supporting good communication, check-ins and support.

## Systems Thinking

Many new services and pathways have evolved over the last two years as teams have innovated and responded to the changing landscape.



**SYSTEMS**



**PATHWAYS**

*Systems Thinking Needed to Connect Across Organisational Silos*

Coordinating pathways across primary, secondary & community care

Virtual Consultations standardisation of approach across organisation


Governance is essential in service design

### System Thinking

- **Coordinating Pathways-** across primary secondary and community care
- **Collaboration-** Innovation centred around partnership and connection across disciplines.
- **Virtual Consultations-** standardisation & equity
- **Governance-** is essential in service design
- **Virtually Enabled-** ICT infrastructure/ virtual delivery/ virtual training

### COVID Learning Examples

Enhanced Care at Home  
Ambulatory Hubs  
Diabetes Virtual Consultation Savience Pilot  
The Post COVID Syndrome Service



The importance of understanding the impact of change on the whole system was recognised in many service improvements including:

The Enhanced Care at Home Team has explored the best models for GPs, care homes and Trust Partnership working. The importance of service design including primary care interface was key.

Ambulatory Hubs are exploring new patient pathways diverting away from overburdened Emergency Departments. These pathways involve intense strategic design, understanding demand across the population and hospital flow.

Virtual consultations were established by over 50 services across the Trust. The governance practices of these innovations have been standardised by the governance teams Virtual Consultations Framework. The Savience pilot, including diabetes services, was focused on learning from the patient and staff experience to hone the fundamental design principles for quality Virtual consultations including understanding the equity of access.

The Post COVID-19 Syndrome Service is an example of development of a new service designed in partnership across multiple services and specialities, planning timely assessment and holistic care.




## Information and Data

The Quality Approach of the new Trust Strategy has a foundation of data driven learning to support decision making.



### INFORMATION



### DATA

*Use of Data to Inform Service Change Reflects Level of Organisational Maturity*

Iterative data driven methodology resulted in successful design

Systems/ Roles needed within services to plan, capture, analyse and respond to data


Real time data and Learning loops enable responsive service delivery

## Data

- **Iterative Data Driven Methodology** resulted in success design
- **Systems and Roles** embedded within services to plan, capture analyse and respond to data.
- **Real time data** and learning loops enabled responsive service design
- **Capacity**- consideration of the impact of innovations.
- **Evaluation**- of the impact of changes.

### COVID Learning Examples

IV Drug Prep Service  
Drive Through Ambulatory Monitoring  
SSE Vaccination Centre  
4E Community Unit Evaluation- Performance and Planning / NPCOP



Services throughout the pandemic used data to shape their innovations including:

The importance of real time data shaped the design of the Cardiac Drive-Through Ambulatory Monitoring service. The team understood the increased capacity with design iterations and the quality of the monitoring supporting patient outcomes.

The Intravenous Drug Prep Service was developed to pre-prepare IV medicines to support the ward staff workload. The multidisciplinary team used data to quality assure the new service and effectively redesign services and establish good practices for antimicrobial stewardship.

The SSE Vaccination Centre team used real time data to design flow throughout the centre and link staffing levels and pathways to the data. An evaluation of the SSE Vaccine Centre has been published, celebrating the effort and the impact but also critiquing as an organisation what lessons can be learnt from the overall experience.

The Community Unit in 4E in the Ulster Hospital was a new initiative to support Hospital services during winter pressures, developing a new supportive pathway for discharge for patients. Evaluation was embedded in the initiative learning including the experience of 4E staff, hospital and community teams and patient experience. The team worked closely with the discharge hub and performance teams to understand the flow of the discharge process and intends to use this learning for future preparedness planning.

As a Trust we endeavour to take a Quality Approach to our planning, assuring and improving services.

We will use the quadruple aim framework to understand impact when we consider changes - how does it affect population health, what value does it bring, how does it impact outcomes and patient experience and how is our staff permanence.

Striving to be a learning organisation calls us to be reflective to create space in our teams and services, to question and learn from each other and then apply and adapt that learning to their locality.



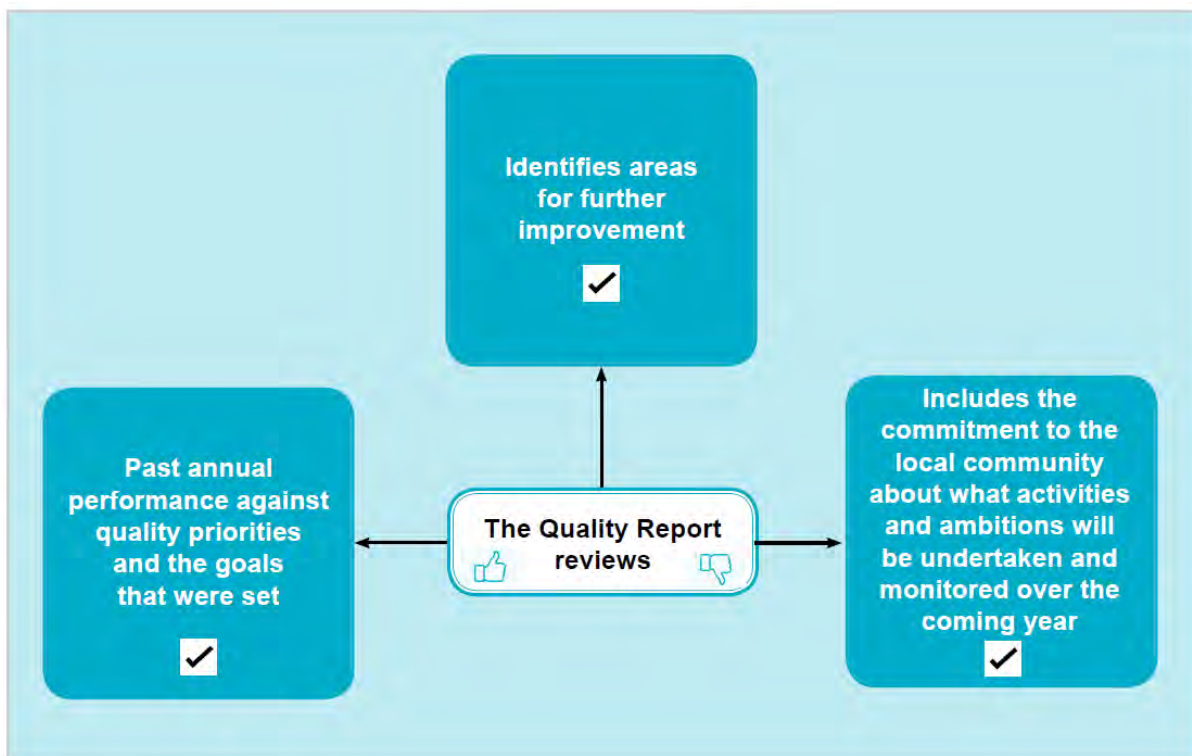
# What is the Annual Quality Report?

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

One of the priority work streams within this strategy was to agree a standard set of indicators for Health and Social Care (HSC) Trusts across the region on safety, quality and experience and detail compliance in an Annual Quality Report.

In addition to regionally agreed indicators, each Trust is invited to include a compliance summary against their local priorities for safety, quality and experience, ensuring they reflect staff wellbeing.

The Annual Quality Report aims to increase public accountability and drive quality improvement within HSC organisations. It reviews the past annual performance against quality priorities and the goals that were set, identifies areas for further improvement, and includes the commitment to the local community about what activities and ambitions will be undertaken and monitored over the coming year.



This report includes feedback from those who use our service and is shared with the local HSC Organisations and the public.

# Goal 1



## Transforming the Culture

Next Steps Update  
from 2020 / 2021



# Trust Values

## HSC Values

Ensuring our People feel valued for who they are and the contribution they make is fundamental to creating a positive experience for our People.

In August 2021, the Trust launched Our People Plan setting out our commitment to each other and how we can work together to deliver the best possible experience and outcomes for our patients, clients and carers. Our People Plan replaced previous HR and OD Strategies.



Built on a platform of our HSC Values, Our People Plan encompasses the innovation and learning from COVID-19 and, from what our People have told us through various surveys such as Culture Assessment, (Regional) Staff Survey and Investors in People, will ensure that we will continue to embed our collective leadership culture through our personal actions, words and behaviours.

The recent COVID-19 pandemic has shown the great collective leadership practice that already exists in so many places across the Health and Social Care system. As we move towards “Rebuild” the need for embedding collective leadership is greater than ever to support all who use our services and work within them.

During 2021 / 2022, the Trust continued to engage with various third level education providers to instil a collective leadership ethos and share the HSC Values and Behaviours with prospective HSC staff of the future. It also acted as an opportunity to promote the HSC as an employer of choice thus encouraging students to pursue a career in our services and sustaining them into the future.

## Facts & Figures

Approximately **340** students attended virtual workshops which were facilitated in conjunction with HSC Regional colleagues to introduce the components of the Collective Leadership Framework, why it matters, our HSC Values and Behaviours and the expectation of them as leaders entering the workplace.

### Next Steps



- Regular specific engagement and learning events for our People on ‘HSC Values’ detailing the cultural values and leadership behaviours we expect from our People at every level
- To introduce and embed a “Just Culture” based on the HSC Values and Behaviours.

**Personal and Public  
Involvement (PPI)**



**Involving you,  
improving care**

## User Involvement and Patient & Client Experience

Listening to what our patients and clients tell us about our services is a corporate priority. We realise that service user experience is a key measurement of the quality of our services. The Trust is committed to involving service users in Trust business and seeks to add value across services through partnership-working. We have developed arrangements for involving service users as partners and for testing and responding to the service user voice with attached reporting arrangements in place.

## Involvement & Experience Leadership Committee

During October 2021 – March 2022, the Trust developed a new Involvement and Experience Leadership Committee that will launch May 2022 to drive forward both the user involvement and user experience agendas using an integrated approach. The committee includes representation across operational directorates, from corporate functions, includes user representatives and is chaired by the Trust Deputy Chief Executive Officer and Executive Director of Nursing.

## Acute Inpatient Care User Experience Programme

A redesigned programme that integrates with the regional Online User Feedback System has been rolled out across the Trust. Each inpatient ward receives a public display results poster and proposed action plan per reporting interval. Programme promotion seeks to increase response volume and plans are in place to support expanded programme access.

Feedback volumes have begun to increase during 2021 / 2022 and our Key Performance Indicators of Unit Average Satisfaction and Friends and Family Recommendation sit comfortably above the NI user satisfaction target of **90%** across our inpatient settings.

## Primary & Community Care User Experience Programme

Primary and Community Care User Experience Programme measures satisfaction against regional user experience standards. A full suite of fresh questionnaire designs has been developed across these services. Reporting volumes are growing and key user experience indicators are scoring above **90%**.

## Outpatient Department User Experience Programme

Satisfaction ratings have been maintained at a high level during 2021 / 2022 with Key Performance Indicators exceeding the Northern Ireland **90%** target.

## Bespoke Projects

The Trust offers a bespoke survey design service and supports many user experience projects with questionnaire design, data input, data analysis and report production. Action plans developed are based on project findings.



## Regional Online User Feedback System



The Care Opinion system easily connects service users with the organisation to respond directly to patient stories and to drive service improvement.

The Trust has delivered a responder training programme with over **400** system responders currently trained and active.

Responders are assigned per service and the Trust responsiveness rating for 2021 / 2022 is **100%**.

Care Opinion quote templates are prepared and supplied to services for public display in order that both service users and staff can see what our service users have been telling us about their experience.

By end of 2021 / 2022 year, service user story submissions have passed the **800** mark in terms of total volume since August 2020 system launch. The Trust integrates this feedback tool effectively with our user experience arrangements to optimise the platform for effective listening to and responding to the service user voice. A Care Opinion feedback section is now included within our inpatient user satisfaction surveys.

## 10,000 More Voices Programme

The 10,000 More Voices initiative continues to provide opportunities for patients, family members, carers and staff to share their experiences through projects delivered across a range of health and social care settings.



The flagship project during 2021 / 2022 period has focused on experience of social care across a range of programmes of care. The project continues and we look forward to making good use of service user feedback gathered to produce improvement action plans.

As Public Health Agency arrangements continue to normalise, we look forward to release of a new programme of work packed with new projects to be launched.

## Always Events Programme

The Trust continues to embed the Always Event priorities to improve user experience in terms of:

- Family Presence
- Mealtimes
- Night-time Experience
- Communication
- Pain Management.



**Family Presence:** Virtual Visiting Service continues to keep inpatients and families connected locally and across the globe with very high family satisfaction feedback recorded.

**Mealtimes Matter:** Mealtimes User Experience Programme Phase 2 has been conducted across 4 hospitals and 30 wards and has captured the views of 288 inpatients through bedside interviews. Programme reporting will be presented to Clinical Nutrition Sub Committee through which an associated action plan will be progressed. This work dovetails with Trust focus on regional priority actions for implementation to prevent choking in Northern Ireland.

**Night-time:** A Phase 2 bedside interview programme has been planned to take place across all inpatient wards. Findings will be presented to Involvement and Experience Leadership Committee with a proposed action plan. The Trust's "10 Top Tips for a Good Night's Sleep" – developed during Phase 1 - will be promoted in tandem with the feedback programme.

**Communication:** The hard copy Trust Inpatient Ward Directories have been in operation and evolution of same translates into rolling information presentations on electronic screens. User representatives have contributed to early planning for the incoming Quality Screens to be positioned across the Trust and will continue to work in partnership with staff on this priority through the new Trust Involvement Programme.

**Pain Management:** The Trust led a regional improvement focus resulting in production of a quality improvement plan set to implement and further develop a range of key features to support improved pain management. The work to be taken forward focuses on the primary drivers of education / training, Prioritise Pain model, assessment / scoring tools, recording / documentation and harnessing technology. This work informed a new regional education and training programme.

## Involvement Programme

The Trust has developed arrangements to lead service user involvement through:

- Population of a user representative involvement database
- Implementation of a centrally-led calendar of involvement events, and
- Matching user representatives to a register of involvement activities within services.

Along with additional features, this programme will be bringing user representatives and service leads together to grow and deliver an effective involvement culture.



- **Governance**

The Trust will drive the direction of the integrated Involvement and Experience agenda through the launch of our new Involvement and Experience Leadership Committee. Through this committee, our Trust programmes will be led and supported with the help of service leads, corporate partners and user representatives.

The leadership committee will meet quarterly to scrutinise the Involvement and Experience journey to date, to pave pathways to success and to ensure that the organisation meets its responsibilities as an Involvement and Experience leader.

- **Assurance**

Accountability arrangements will be implemented to assure leadership regarding Involvement and Experience performance across services, to monitor compliance against standards and to monitor improvement over time as we aspire to deliver continually improving care and experience.

Involvement and experience activity will inform the content of local service action plans whose progress will be subject to high-level monitoring arrangements. Enhanced 6-monthly Trust-level review arrangements will oversee the comprehensive local monitoring arrangements in place.

- **Improvement**

Through monitoring of performance against priorities, action plans will be drawn up for progression to improve compliance and to strive for excellence. Improvement focus will be informed by deficits against standards and programmes will be established to respond to improvement need.

Direction will be taken to work cohesively with Trust quality improvement resources to embed Involvement and Experience improvement as a priority and within the culture of the organisation.

Hospital visiting arrangements is one key area for improvement focus to be taken forward within the 2022 /2023 year given the unprecedented experience and learning from the COVID-19 journey.

- **Learning**

In order to widen and accelerate improvement, the Trust will generate learning content that supports the workforce to change and improve as a connected learning organisation rather than in isolated pockets. *All Teach, All Learn* culture will be adopted whereby each service may contribute to and access from Trust learning to support improved Involvement and Experience.

Aligned to the planned development of an Involvement and Experience Information / Communications Hub, it is envisaged that learning arrangements will launch with features such as a Learning Library and Shared Learning Newsletter.

# Complaints and Compliments

## Facts & Figures

- In 2021 / 2022 the Trust had **3,221** compliments compared with **2,682** in 2020/2021
- There were **702** complaints received by the Trust in 2021 / 2022 compared with **525** in 2020 / 2021
- In 2021 / 2022 **98%** of complaints were acknowledged within **2** working days which is the same as 2020 / 2021
- There were **36%** of complaints responded to within the target of **20** working days, which is an increase of **6%** from the previous year (**30%**).



**HSC South Eastern Health and Social Care Trust**  
**Compliments & Complaints Annual Report 2021 - 2022**

**Foreword**  
 As the Director responsible for the feedback received into the South Eastern Health and Social Care Trust, I am very pleased to present the Compliments & Complaints Annual Report for 2021/2022.

It has been a challenging 2 years due to the COVID-19 pandemic, the biggest challenge we have ever faced in health and social care. Staff and services in the Trust have risen to this challenge in such an incredible way.

I am delighted to report that the Trust received 3,221 compliments throughout the year and I appreciate the time that people have taken to acknowledge the services provided by our staff and teams.

As a Trust, we welcome the complaints received as this information is used to learn lessons and improve our services. We are committed to achieving the best outcomes for all of our patients and clients, and when things do not go well, we wish to know so that the appropriate remedial action can be taken to prevent it happening again.

I would like to take this opportunity to thank all our staff for their continued dedication to the resolution of complaints and for their sensitive handling of issues that are important to complainants.

Claire Smyth  
 Interim Director of Human Resources & Corporate Affairs

**Facts & Figures**  
 In the year 2021/2022:

- 3,221 compliments were received
- 702 complaints were received
- 98% of complaints were acknowledged within 2 working days
- 36% of complaints were responded to within 20 working days
- The top 3 issues of complaint were Quality of Treatment & Care, Staff Attitude / Behaviour, Communication / Information.

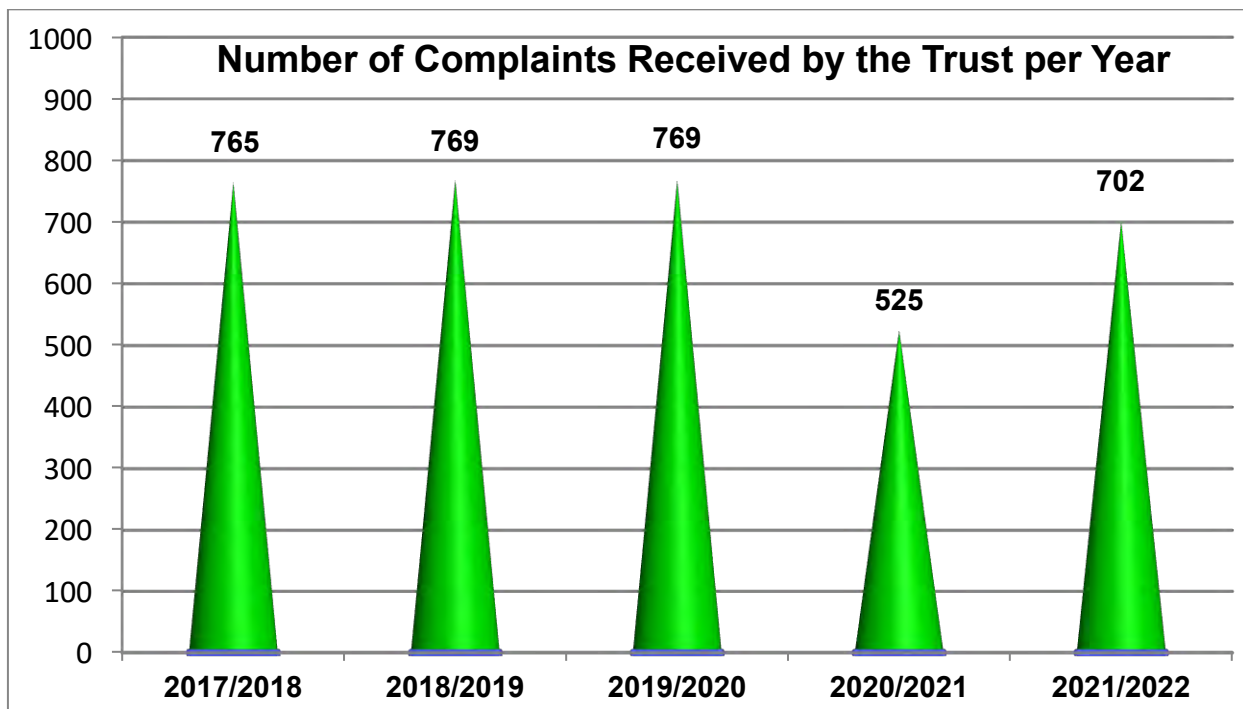
**How did we do this year?**  
 During the past year (2021/2022), the Trust received 3,221 compliments and 702 (includes COVID-19 related) complaints, which is an increase from the previous year (2,682 compliments / 525 complaints), as shown in the graph below.

**Number of Compliments & Complaints Received by the Trust**

Year	Compliments	Complaints
2017/2018	4518	765
2018/2019	4882	769
2019/2020	4517	769
2020/2021	2882	525
2021/2022	3221	702

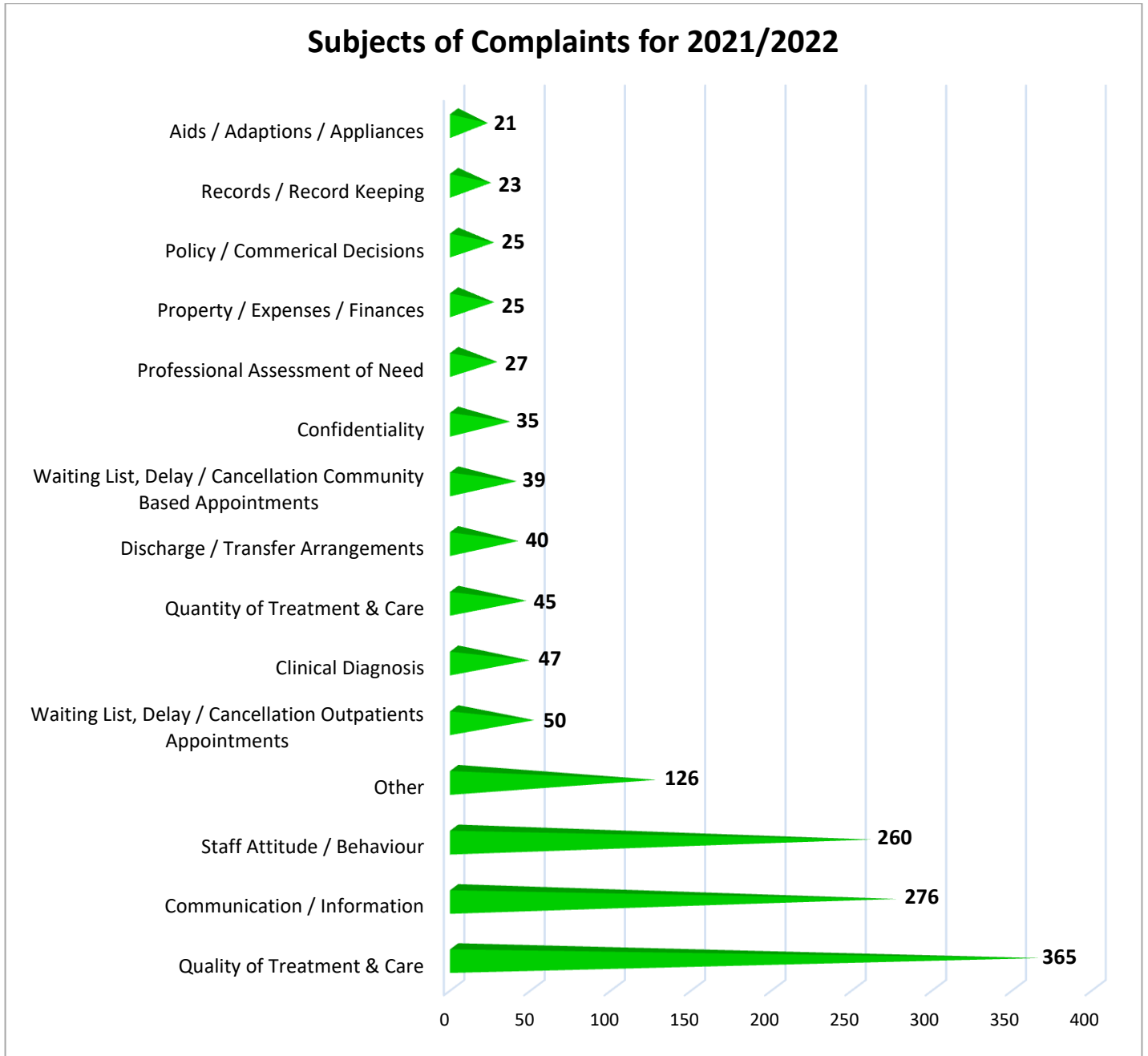
## Complaints

During the past year 2021 / 2022, the Trust received **702** complaints, which is an increase from the previous year (**525**). There had been a reduction in complaints received at the start of the COVID-19 pandemic, which accounts for the lower numbers in 2020 / 2021, however, numbers have increased in the past year, as shown in the graph below.



## Subjects of Complaints

The chart below shows the number of complaints by subject for the past year (2021 / 2022). The figures are per issue of complaint, as a complaint can have more than one issue, i.e. we had complaints made by **702** complainants and these raised **1,404** issues (compared with 2020 / 2021 figures of **525** complainants and **1302** issues).



The top 3 subjects of complaint during the past year were

- Quality of Treatment and Care
- Communication / Information
- Staff Attitude / Behaviour.

These are the same top subjects as previous years, and this is similar across other Health and Social Care Trusts.

## Lessons Learnt from Complaints

There are many examples of service improvements as a result of complaints and a few examples are listed below:

**You Said** Patient's personal belongings lost whilst in hospital.

**We Did** A quality improvement project has started to improve the documentation and labelling of patient property. Patient experiences have been shared with staff in safety briefings and lost property procedure reiterated to staff.

**You Said** Lack of mouth care to patients.

**We Did** Ward procedure changed and each bay has now dedicated staff. Mouth care was made 'Focus of the Month' topic. Extra training provided to staff on oral hygiene and importance of placing dentures.

**You Said** Received one dose of medication that was higher than should have been.

**We Did** Learning identified, including the time that drug levels are taken, to give a more accurate result. Level of clinical pharmacy cover for the ward has been reviewed and teaching on treatment updated and provided to teams. Case was also shared with the wider Medical Team, for learning.

**You Said** Information shared with client's family member.

**We Did** Guidance document developed to aid teams, to ensure that all requests from clients for information to be withheld from relative is recorded. A record of any discussion or decision made in relation to withholding information will be maintained and shared with manager.

**You Said** Issues about communication and updates to families.

**We Did** A schedule has been established where one nurse or doctor will have responsibility for contacting next of kin on a regular basis to provide updates.



## Learning from Ombudsman Cases

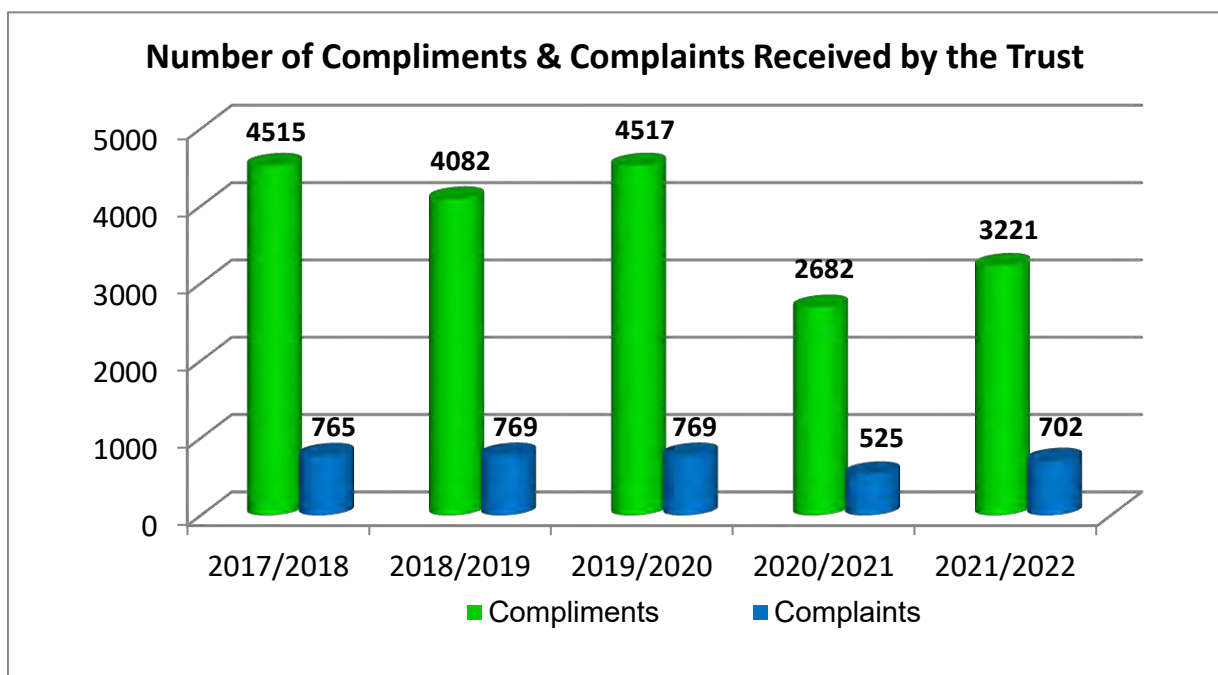
During the past year, **19** complaints were closed, that had been considered by the Ombudsman.

- 7 of these were not accepted by the Ombudsman for investigation
- 1 case, a settlement was reached without investigation
- 2 cases were not upheld by the Ombudsman
- 9 were upheld or partially upheld and below are some examples of wider learning from the Ombudsman's findings and recommendations:
  - ✓ Trust to provide training to relevant staff to incorporate the importance of creating and retaining contemporaneous records of care and treatment provided to patients
  - ✓ Trust to review the Falls Prevention Management Plan to ensure it includes consideration of the patient's individual risk factors, and review Bedrails risk assessment to ensure it records consent has been sought of a mentally competent patient
  - ✓ Trust to provide training to relevant nursing staff to incorporate obtaining sterile urine specimens from patients and the importance of monitoring patients' fluid levels
  - ✓ The Trust to carry out a random sample audit of social care files of residents transitioning to permanent placements, commissioned by the Trust.

## Compliments



In 2021 / 2022 the Trust received **3,221** compliments – expressions of appreciation and thanks to staff for the excellent services provided. The graph below shows the number of compliments received per year in comparison to the number of complaints.



We are proud of our staff and ensure that positive feedback is shared and celebrated. Our staff certainly appreciate feedback from their patients and clients and knowing when things go well.

*“Sadly, on my mum passed away. But I wanted to thank the entire team that were involved in caring for my mum - they were exceptional and treated her, and my family, with the utmost respect, professional at all times and showing nothing but kindness and dignity to my Mum, right up to the last breath. While we will grieve for a long time, it was truly comforting to know she was in such good hands and I would like to thank the entire team for everything they did.”*

*“Social Worker made a referral to crisis team on behalf of a young person. Her high levels of skills meant she was able to assess an extremely risky situation with someone she had met on only a few occasions, with limited interaction from the child. She displayed respect, courtesy and positive support for this young person throughout a crisis assessment, and remained with her throughout the day until an inpatient bed for the young person in order to manage the risks. The young person felt listened to.”*

*“I wanted to express my sincere gratitude for the professional and compassionate service you both showed me and my husband. Not only did you both show excellent knowledge, skills and experience, you went out of your way to help to relax my husband, and gave us privacy to reduce the impact of his challenging behaviour. His dementia is advanced and he can no longer communicate and has little control over his actions, but he does understand and responds to kindness and respect.”*

*“I’ve just been for my anomaly scan. We spoke with Midwife after and she was absolutely wonderful. She was very friendly from the beginning and easy to chat to about any concerns we had. I had a list of questions and she seemed happy to answer them all and didn’t make me feel rushed which was really great especially as she has other patients and I know we will only have a certain amount of time allocated. Everything was answered in detail showing her knowledge and experience which was so reassuring and helpful.”*

*“I spent around 7 hours in A&E yesterday and was amazed by the conduct of your staff. During that time, I witnessed abusive patients, a very busy A&E and yet every single staff member I came into contact with was lovely ... incredibly professional and kind during my treatment and an absolute credit to your staff.”*

## Next Steps

- In the incoming year, we will complete a staff survey to audit staff’s knowledge and compliance with the Trust’s Complaints Procedures
- We also have an on-going user survey asking people who have complained to tell us about their experiences of using the complaints process. The results will be shared with staff for any learning and used as part of our training programme.

# Adverse Incidents (AIs) / Serious Adverse Incidents (SAIs)

During 2021 / 2022, the Trust continued to experience the pressures of the COVID-19 pandemic. The impact was felt across all areas and within Risk Management & Governance some staff were redeployed, stepping into alternative roles and teams reprioritising key areas of work to ensure patient safety remained the focus. In addition, Winter Pressures proved challenging as the Trust aimed to maintain patient flow. Despite this we continued to support staff in reporting incidents and near misses with the aim of ensuring safety for those in contact with our services, staff and visitors to the Trust.

## Adverse Incidents (AIs)

An **Adverse Incident** is defined as:

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

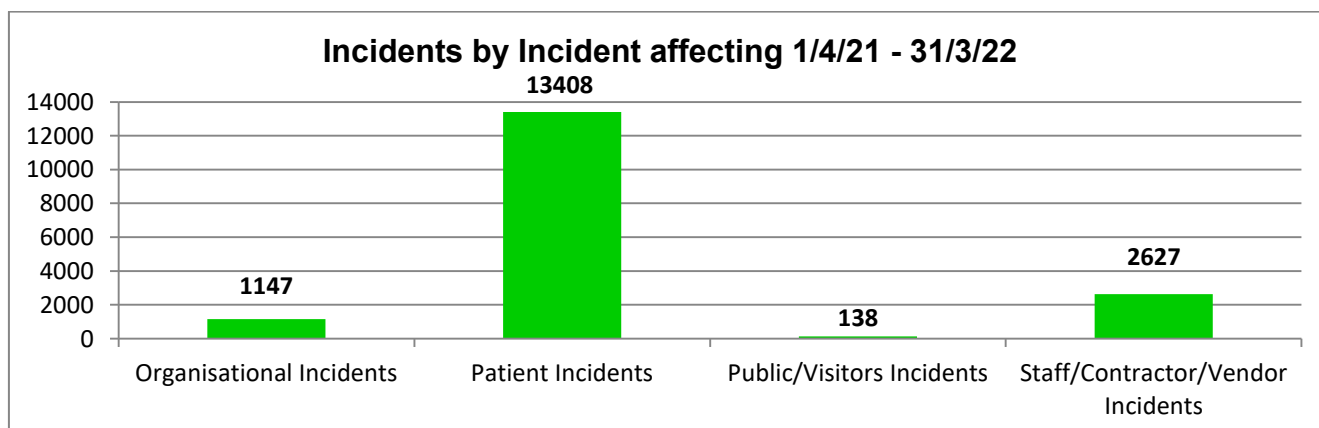
The Trust is committed to providing the best possible services for its patients, clients, visitors and staff, although it is recognised that adverse incidents will occur. It is essential that a responsive and effective incident recording, reporting and management system is in place to identify causes and ensure that lessons are learnt to prevent recurrence. We encourage this by providing an open, no blame, learning culture where, when learning is identified, the necessary changes are put in place to improve practice. Learning and sharing from adverse incidents can only take place when they are reported and investigated in a positive, open and structured manner, enabling the Trust to reduce risk and proactively improve services.

## Facts & Figures

Graph 1 below shows the types of incidents that were reported in 2021 / 2022 which were categorised as organisational, those affecting patients, public/visitors or staff/contractors/vendors.

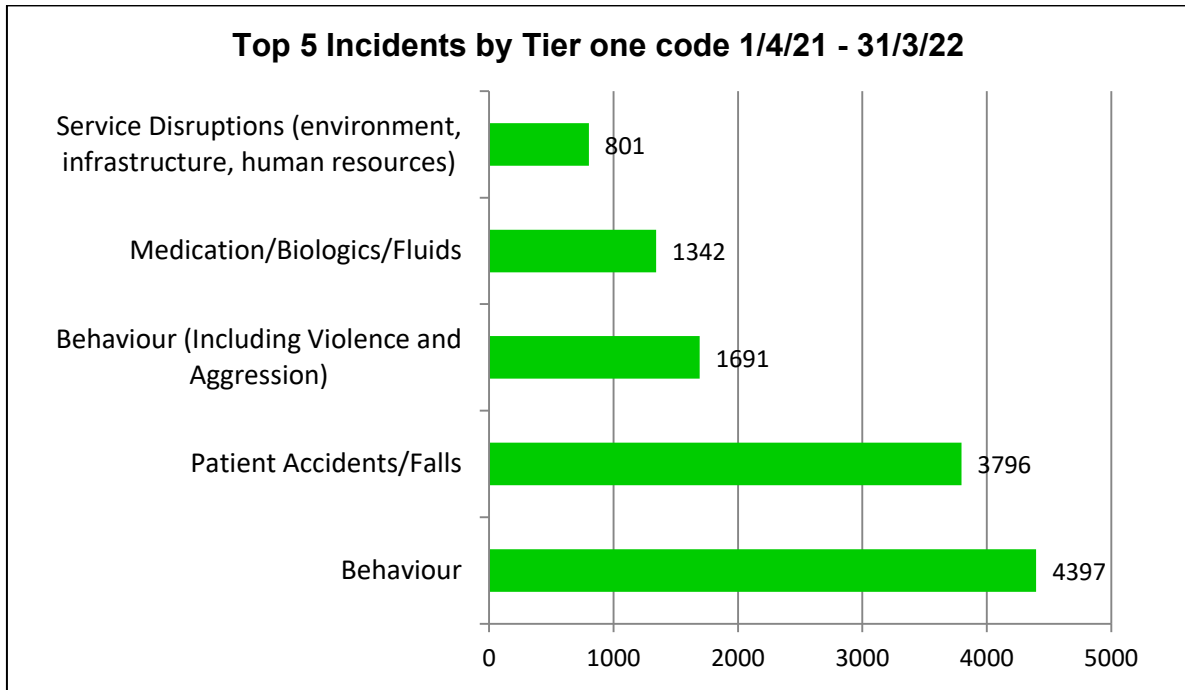
During 2021 / 2022 there were **17,320** incidents reported. Of these, **13,408** were patient related incidents. This represents a **13%** increase in incidents reported during this period and a **17%** increase of these as patient related compared to 2020 / 2021. This in itself should not be viewed negatively as it can demonstrate a positive reporting culture in an organisation that is committed to learn.

Graph 1.



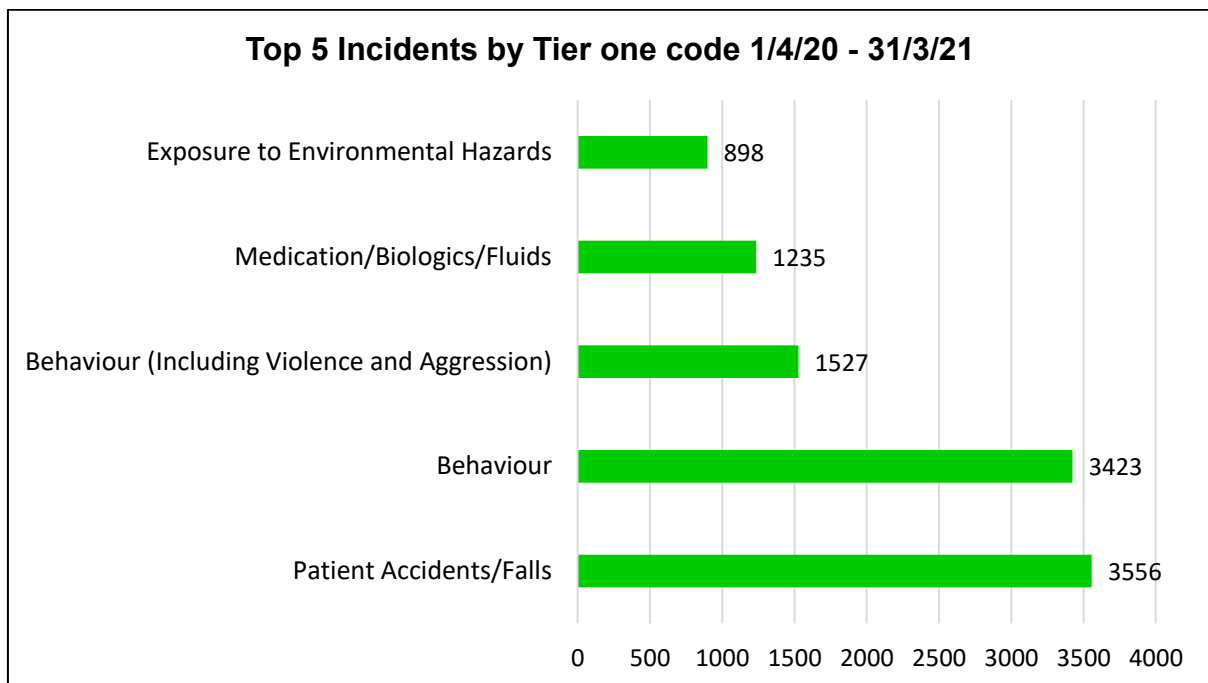
The top 5 most reported incident types in 2021 / 2022 are shown in Graph 2 below in comparison with 2020 / 2021 in Graph 3.

Graph 2.



N.B. Behaviour (Including Violence and Aggression) is Behaviour against staff

Graph 3.



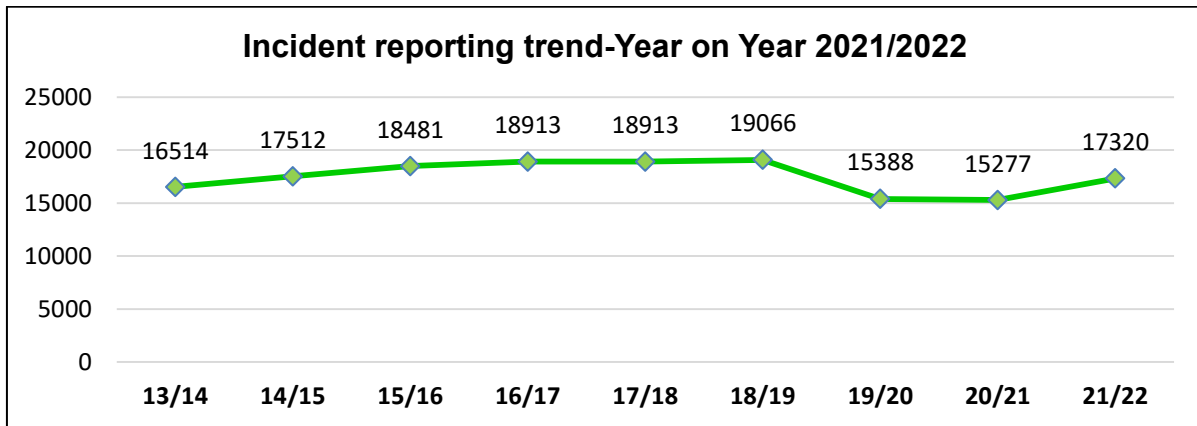
N.B. Behaviour (Including Violence and Aggression) is Behaviour against staff



Graph 4 below shows the trends in incident reporting from 2013 to 2022. The reduction in 2019 was thought to be attributed to the introduction of the Datix Web system and the adjustment required for staff to adapt to the new process of reporting incidents.

The impact of the pandemic initially may also have had an impact but it is evident the number of incidents reported appears to be in line with previous years.

Graph 4.



Training for staff continues to be available via a page tiger format or virtually and is available on the Trust’s intranet and on the Datix landing page for all staff to access. There is also a dedicated email address where staff can direct any queries.

It is hoped that face to face training will resume when appropriate, in line with social distancing guidance during 2022 / 2023.

## Serious Adverse Incidents (SAIs)

It is a fact of life that avoidable serious adverse incidents occur in many healthcare facilities. These are defined as:

**‘An incident where there was risk of serious harm or actual serious harm to one or more service users, the public or staff’.**

Many of these do not result in long-term harm to patients and service users. However, from time to time measurable harm is caused. These incidents are low in number when compared to the total number of incidents reported annually.

Of the **13,408** patient related incidents reported in 2021 / 2022, **97** met the criteria for reporting as serious adverse incidents. This equates to **0.7%** of the total patient related incidents reported throughout the Trust.

Of the **70** SAI reviews completed in 2021 / 2022, **190** recommendations were made (of which **132** are complete) to reduce recurrence of similar incidents or to improve patient outcome. In comparison, during 2020 / 2021 there were **63** SAI investigations completed with **129** recommendations identified.

These included:

- Systems and Processes
- Review Policies/Procedures
- Communication
- Training

Engagement with service users and families in the SAI process remains a high priority for Trust staff.

The Trust continues to ensure that it engages appropriately with service users and/or families and they are kept updated throughout the review process.

Unfortunately some of the SAIs conducted concern incidents that resulted in a patient death. Table 5 below shows a breakdown of these cases by Directorate in 2021 / 2022.

Table 5.

	Adult Services & Healthcare in Prison	Children's Service & Social Work	Hospital Services	Nursing, Primary Care & Older People	Total
Level 1 SEA	18	0	7	7	32
Level 2 RCA	0	0	0	0	0
Level 3 RCA	0	0	1	0	1
<b>Total</b>	18	0	8	7	33

## Governance around SAIs

Increased engagement between Trusts and the SPPG, (formerly the HSCB) has provided an increased focus on completion of SAI reviews with the aim of ensuring any learning is identified in a timely manner and recommendations implemented. Training was also arranged by the SPPG and provided by CLS Educate for those staff who may be involved in undertaking SAI reviews as panel members or Chairpersons. It is hoped that further training will be arranged during 2022 / 2023 by SPPG.

## Learning Lessons from Serious Adverse Incidents Reviews

Examples of SAIs Reviews completed in 2021 / 2022 and the learning from them are as follows:

### Example 1

A 91 year old lady resident in a dementia residential care home began to deteriorate. Assessments indicated a decrease in mobility and difficulty weight bearing requiring a transfer to a nursing home. She also had a wound to her leg and would require an ambulance to transfer. The lady's family and the residential care home agreed to arrange transport via a wheelchair accessible vehicle. There was no communication relayed to the nursing home or her keyworker in respect of this and when the lady arrived at the nursing home her leg was bleeding badly requiring a transfer to hospital.

## Learning from the review

- Any concerns regarding a resident's condition should be reported to the keyworker in a timely manner
- All significant changes in a resident's condition should be relayed to families by the care home in a timely manner and be clear in how this affects their ability to meet resident's needs
- Original transfer plan arranged by professionals should meet the residents care needs to ensure a safe transfer between homes and this was not adhered to
- There was a lack of recognition and/or delay in escalation of issues/ concerns by residential home staff and District Nursing Services to relevant Health Care Professional in relation to the lady's condition
- A lack of appropriate holistic District Nursing assessment was evident; District Nursing assessment and care planning were not person-centred including accurate, timely risk assessment, care planning review and recommendations; there was a lack of evidence of knowledge/application in Wound Assessment and dressing choice and Lower Limb Management.

## Recommendations

- Trust processes for supporting transfer of clients between care homes to be reviewed. A procedure for this is to be developed, inclusive of the need for appropriate lines of communication between all stakeholders (keyworker, Care Home Managers, District nurse, GP and family) to ensure that all details of transfers are finalised and shared
- The Residential Home to review their policies and procedures to include clear lines of communication within the home and with relevant Trust professionals in regard to deterioration in resident's conditions
- Establishment of a District Nursing documentation working group to review and update current documentation, including implementation of training videos on the completion of core risk assessments such as 'Community Manual Handling Assessment'
- Evening Service Nursing staff should attend all residential home referrals to make a baseline assessment and advise the home on management of the wound as the home have non-registered staff. Update to be shared with all evening /night teams for unscheduled care at team meetings.

### Example 2

An Independent Sector PPE Stock Order spreadsheet was emailed to 29 independent sector providers in error – the email was intended for internal circulation to PPE stores.

The spreadsheet contained details of all PPE orders received and distributed to Nursing and Residential Homes, Domiciliary Care Providers, Service Users in receipt of direct payments Supported Living Schemes and Day Care Services – 2,386 entries in total.

The spreadsheet contained Provider/Service User name, address, contact name, email and telephone number and details of the volume of PPE requested – masks, gloves, aprons, FFP3 masks and gowns.

An attempt was made to recall the original email but this was later discovered to be unsuccessful.

## Learning from the review

- The importance of taking time to review information in email before sending
- Checking the correct recipients have been selected and are blind copied in if appropriate, particularly when sending to multiple recipients eg. independent sector providers
- Ensuring any attachments are correct and relevant to the email and information being sent. Documents should also be converted to PDF format where applicable
- Check if the email needs to be sent with encryption – eg. where service user information is included and emails are being sent to recipients outside of the Trust
- Minimise distractions where possible, focusing on one task at a time. Seek support from colleagues if required, eg. to assist with answering the phone while a task is completed. Making use of quieter places in the office or making colleagues aware if focus is required on a particular task
- Protecting information being shared where appropriate, using passwords to protect any sensitive information (eg. spreadsheets or word documents) and only share the password with those that need it. A member of senior management within the team is to be made aware of any emails that are recalled to ensure correct process has been followed and any risks are appropriately escalated.

## Recommendations/Actions

- Department PPE spreadsheet has been password protected with the password shared with only those that require access in the team and in central stores
- The daily reminder email sent to Independent Sector Providers is now sent at a later time in the day to limit any confusion when selecting who the emails are to be sent to
- Contracts Administrator takes time to review emails before sending, checking recipients and attachments are correct and if the information needs to be sent with encryption
- All staff in the team have included a disclaimer on their email signature which reminds recipients of emails that if they are not the intended recipient they should inform the sender by return email and destroy all copies
- An ISO process for the department has been developed around the recall of emails. This includes the need for staff to notify their line manager of any recalled emails, the reason for the recall and any required escalation if applicable. Information Governance refresher training to be undertaken by key staff.

### Next Steps

- Continue to promote and further embed an open, learning and just culture that supports reporting of adverse incidents including those identified as Serious Adverse incidents
- Develop Risk Management training. This will assist in the identification of learning from incidents in order to close the loop.



# How the Organisation Learns

## SSE Mass Vaccination Centre Evaluation



A mass vaccination centre was established in the SSE Arena Belfast, led by the South Eastern Health and Social Care Trust, to facilitate the vaccination of up to **6,000** people a day as part of the COVID-19 response.

Nursing, pharmacy, medical, dental, Allied Health Professionals and support staff from across the Trust supported the programme either through temporary redeployment or undertaking additional hours.

As a learning organisation our Quality Improvement Team conducted an evaluation of the Vaccine Team's effort.

### Methodology of Evaluation

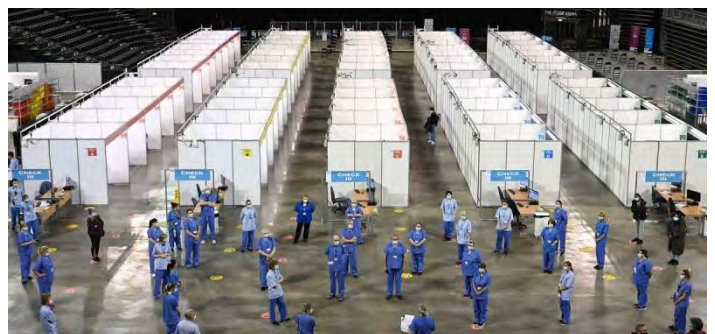
The focus of the evaluation was to collate experiences of the team working in the vaccination centre located at the arena to conduct narrative analysis and apply learning back to the organisation.

The methodology had a twofold approach:

- 1) a structured online questionnaire that was circulated to all working in the vaccination centre with a response rate of **43%** (**382** people) responding to this questionnaire, and
- 2) in-depth interviews conducted with **25** people.

To capture as rich a picture as possible in the evaluation, face to face interviews were conducted with members of staff from a diverse range of roles within the vaccine team. Content conceptual analysis was used to quantify and analyse the themes of the experience of the vaccine programme effort. This information has been collated to shape organisational learning.

One of the most striking themes that emerged from the interview with staff was their motivation to help, a view that was expressed by all those who were interviewed. The staff wanted to help colleagues, protect family and friends and play a part in getting the population vaccinated.

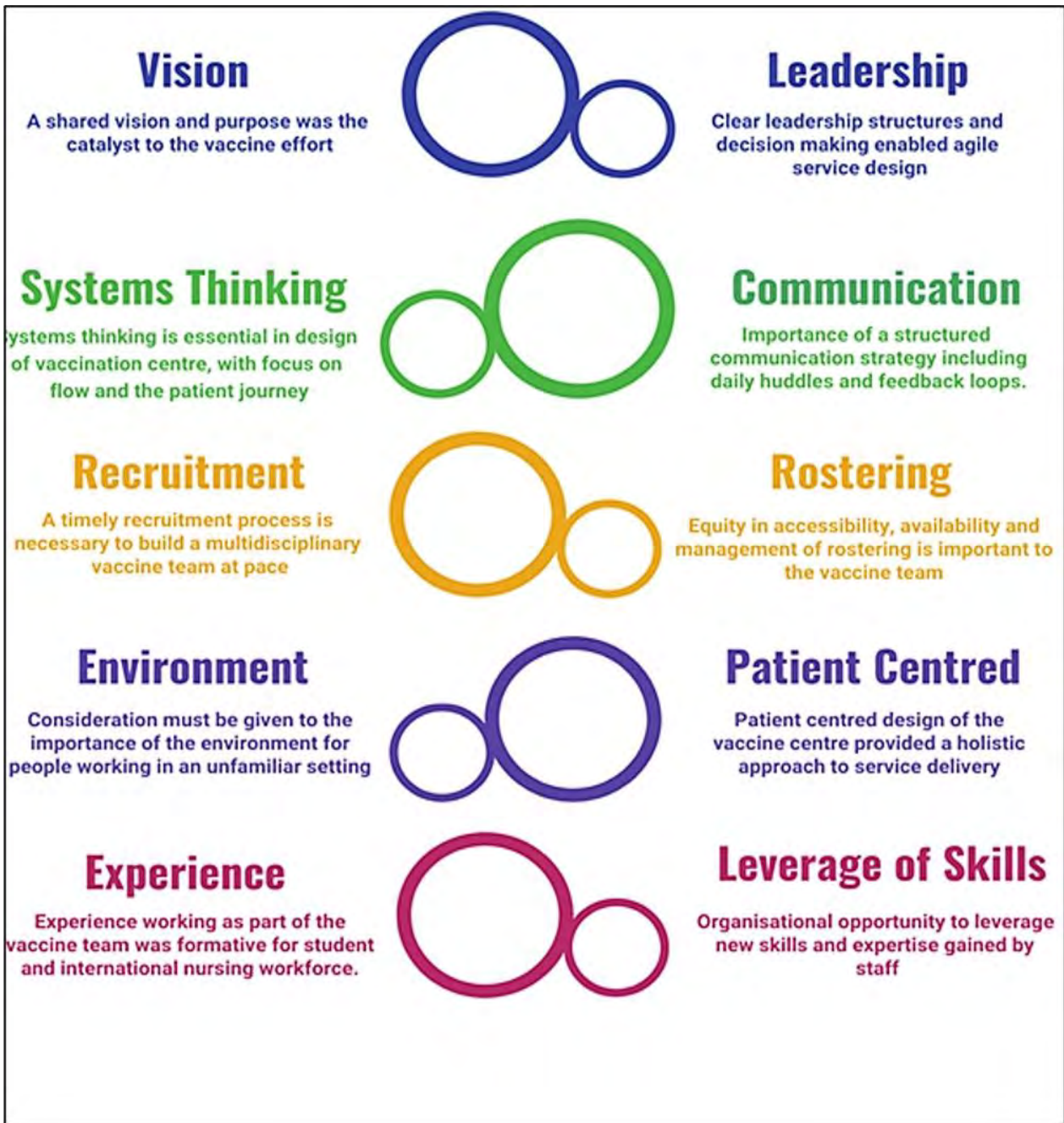


### Overview of Organisational Learning

The effort made by the team planning, managing and delivering the vaccine centre was immense and it is crucial that learning is captured for the on-going vaccine effort but also to influence service design and delivery across all healthcare settings.

## Ten Key Lessons

Ten key lessons were highlighted as a result of the impact evaluation.



The full evaluation report is available on our Trust website.

(<https://setrust.hscni.net/wp-content/uploads/2022/06/SSE-vaccination-report-Q-EDIT-MAY22.pdf> )



# Quality Improvement

## Quality Improvement Academy

Quality Improvement training and support for staff has continued to grow and further develop over the past year. Through the range of programmes available, staff at all levels within the organisation have had the opportunity to gain skills in Quality Improvement and have been supported to carry out a range of Quality Improvement projects across the organisation.



### Facts & Figures



**8746**\*

Total number of staff trained in Quality Improvement since 2011

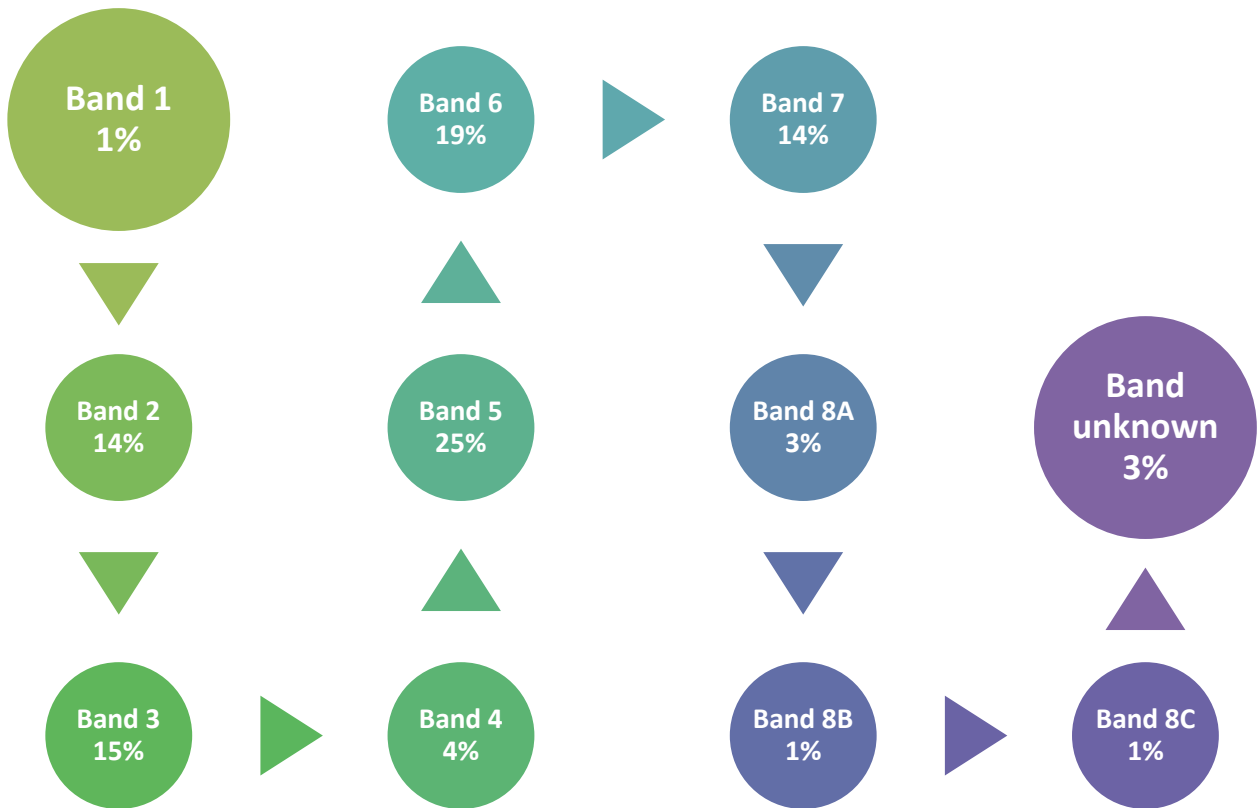
*\* Included in this figure are staff who have undertaken more than one level of QI Training.*



**48**

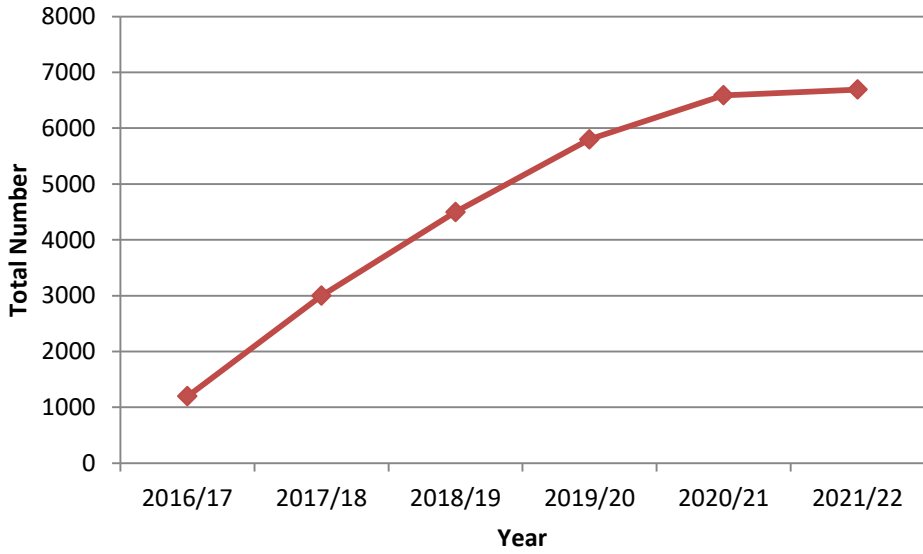
Total number of projects supported during 2021 / 2022

Of the **8746** staff trained, below is the breakdown by job band:





## Cumulative Total Level 1 Training



**LEVEL 1**

**During 2021 / 2022  
933 staff  
completed  
Level 1 training**

**832**



**Q2020 E-Learning &  
Face to face**

**An introduction to Patient Safety  
and Quality Improvement**

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**101**

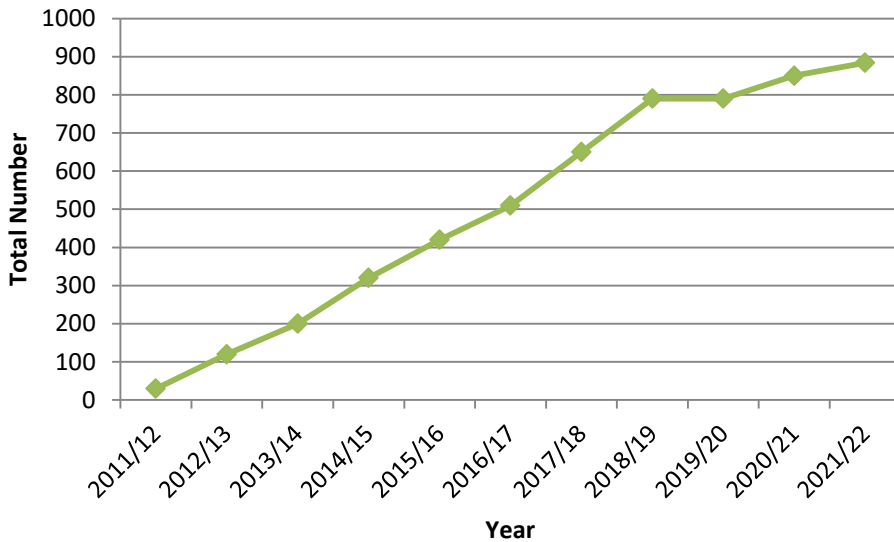


**SQE Lite**

**1 day interactive workshop  
introducing Improvement Science**

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## Cumulative Total Level 2 Training



**LEVEL 2**

**During 2021 / 2022  
34 people  
attended  
Level 2 Training**

**19**

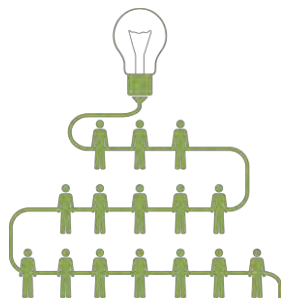


## SQE Programme

**This 9 Month programme includes:  
9 monthly sessions  
Completion of 8 IHI Open School  
modules *and* application of learning  
to a project.**

**This programme is open to all staff.**

**7**



## Regional Quality Improvement in Social Work, Nursing and Midwifery Programme

**This 9 Month programme includes nine  
monthly sessions, completion of eight  
IHI Open School modules and  
application of learning to a project.**

**SEHSCT supports this programme to  
deliver a regional learning community of  
Social Workers, Nursing & Midwifery.**

5



### SQE for Junior Doctors

This programme is delivered over four months and is available for all Foundation Doctors. Application of learning into practice is included through a project.

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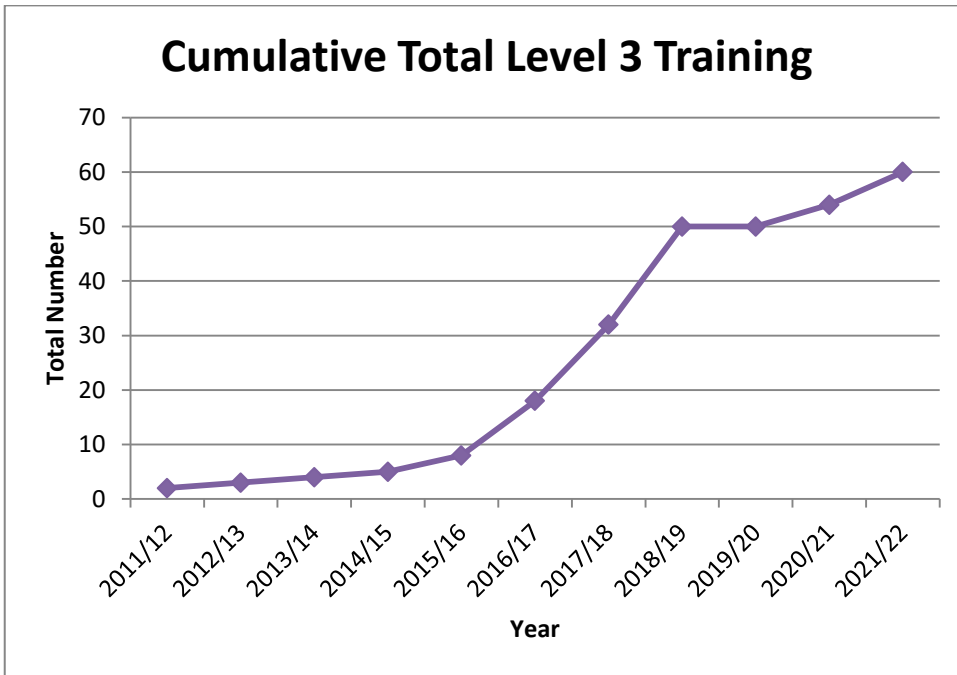
3



### IHI Improvement Coaching

This 6 month professional development programme aims to further develop your improvement knowledge and skills in order to coach and facilitate improvement teams.

---



**LEVEL 3**

**During 2021 / 2022  
6 staff  
completed  
Level 3 training**

**2**



### **MSc Business Improvement**

This 3 year part time programme equips practicing and aspiring managers to design and implement business improvement strategies to have a positive impact on their organisation.

**2**



### **Scottish Improvement Leader Programme (ScIL)**

This 10 month programme delivers an innovative approach to address increasing demands across our public services by developing QI capacity and capability.

**2**



### **Scottish Quality and Safety Fellowship Programme**

This 10 month programme is aimed to strengthen leadership skills, learning from global experts within and outside healthcare



## Next Steps



- Launch new Quality programmes as part of the Quality Academy:
  - Quality Fundamentals – Quality Improvement Development programme primarily for non-clinical staff and staff that support our clinical services
  - Quality 4 Service Users – An introduction to Quality Improvement for people with lived experience
  - Quality 4 Managers – Bite-size lunchtime information session incorporated in the Trust Practical Managers Programme
- Redesign current Quality Academy offerings based on current need to include a range of new QI development programmes during 2022 / 2023
- Develop and deliver a number of new master classes and short programmes eg. Human Factors, Data for Improvement.

# Goal 2



## Strengthening the Workforce

Next Steps Update  
from 2020 / 2021

# Induction



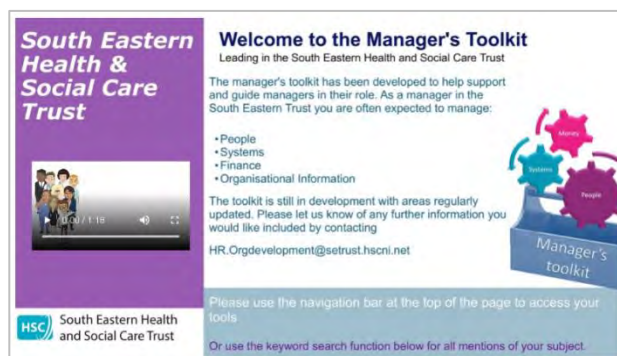
Strategically integrated with Our People Plan, and with a strong connection to our People Priority of 'Belonging', 'Corporate Welcome' and 'Local Welcome and Induction' are central and interconnected parts of the Trust's overall value-focused induction process in which People:

- Are welcomed and integrated into their role as smoothly and as quickly as possible
- Understand expectations of our HSC Values (and related behaviours) and performance
- Understand their wellbeing and their safety (and that of others) is placed at the heart of conversations.

## Facts & Figures

Facilitated virtually, our Corporate Welcome sessions (in which we are joined by CEO and/or Directors/Assistant Directors, Health and Wellbeing Lead, ICT and Trade Union Colleagues) continue to offer popular, energetic and informative opportunities in which our People enjoy and appreciate attending.

- Over the period we had **640** People who attended Corporate Welcome
- Carried out by Managers, 'Local Welcome and Induction' is also an integral feature of welcoming and integrating People into the Trust. To assist Managers undertake this important aspect of their role, a refreshed 'Managers Toolkit' has been introduced. As part of a range of interventions, the aim of the 'Managers Toolkit' is to ensure all Managers provide a consistent, reliable and effective experience for People taking up posts within our Trust.



“What did you find most beneficial and why?”

Presented below are extracts from comments our People shared regarding their experience of attending a virtual Corporate Welcome session:

- “I enjoyed today. Speakers were great and lovely to see new faces and colleagues.”
- “A little apprehensive about this morning but had a very positive experience!”
- “Very useful to help with getting to know a new Trust.”
- “Very enjoyable, useful information”.
- “Enjoyed today. The speakers were good and it was nice to meet new people and learn a bit about their roles. Thank you!”

- “Enjoyed today, good mix of staff in different breakout rooms.”
- “Nice to meet new people and learn about the variety of roles. Enjoyed the guest speakers also”
- “It was very interesting, happy to meet other new starts. It was beneficial, thank you!”
- “Helpful and engaging session.”
- “Lovely session. Was nice to make connections with other staff! Thanks very much!”
- “Lovely to meet everyone and see that all professionals find SET to be as friendly and welcoming as I did.”
- “It has been a great opportunity to meet the wider team and hearing from the new starts such as myself. Throughout my career I have never had a corporate welcome, so this was lovely. Thanks very much.”
- “Very helpful and engaging. Nice to put faces to senior staff members and to learn of their roles.”

### Next Steps

- By continuing to champion Our People Plan, and, through interconnectedness with our refreshed Corporate Plan and our Quality4All strategy, next step plans include a deeper dive evaluation of our ‘Corporate Welcome’. Our aim is to gain a greater understanding of our approach and the ways in which this has shaped our People’s experiences and how we can make their experiences even better

## Vocational Team- Nursing Assistant Induction & ProQual Vocational Qualifications

Throughout the year April 2021 to March 2022 the primary aim of the Vocational Team was to continue to develop our Nursing Assistant workforce through facilitating the ProQual Level 2/3 Certificates in Healthcare Support.

There have been **47** Nursing Assistants registered with the ProQual Awarding Body to undertake their Level 2/3 Certificate. This year, **36** candidates have successfully completed and received their certificates, with a further **56** Band 2 and 3 staff actively working towards their qualifications and a number on the Trust waiting list. As well as this, there are **9** registered nurses due to complete their work-based Assessor/Internal Quality Assessor (IQA) qualifications.

### INDUCTION AND DEVELOPMENT PATHWAY FOR NURSING ASSISTANTS EMPLOYED BY HSC TRUSTS IN NORTHERN IRELAND

The team would like to take this opportunity to thank all our Nursing Assistants who continue to deliver person centred, safe, effective and compassionate care to our service users and also to the Nursing Staff that continue to support the vital training and development of our Nursing Assistants.



# Investors in People

In February 2020 the Trust was awarded 'We invest in people, Silver accreditation' and following an evaluation exercise a new assessment cycle was planned for 2020/2023.

Like many things, Investors in People (IiP) assessments were delayed during this period as a result of COVID-19. The Corporate Directorates were scheduled first and were undertaken in October and November 2021: Finance & Estates, Planning, Performance & Informatics and Human Resources & Corporate Affairs.

For the first time, IiP assessments were aligned to the Trust's *People Plan* as well as the IiP Framework.



**INVESTORS IN PEOPLE™**  
We invest in people Silver

## Facts & Figures

The IiP online survey is one of the main sources of feedback from our people that informs the feedback reports produced at Directorate and Sub-directorate levels. It provides quantitative data split by indicator and theme. All Corporate Directorate staff were invited to take part and we attained a **34%** response rate; **604** out of a possible **1778**.

A series of presentations were hosted in preparation for the on-site assessment. Each Directorate/ Sub-directorate provided context for the Internal Reviewers.

Staff discussions were then held on-site/via zoom by a team of **12** Internal Reviewers. **138** staff members were engaged in these discussions. They were chosen independently to represent the various service areas. They were able to talk about their role, the way they work with colleagues, their experience of working in the Trust and what they would like to see improved.

**11** Directors/Assistant Directors also participated in discussions with the IiP Lead Practitioner (external to the Trust).

### Next Steps →

- Stage 2 IiP Assessment in the Hospital Services Directorate: July & August 2022
- Stage 3 IiP Assessment in the Adult Services Directorate: October & November 2022.

# Leadership & Management Development Programmes

## Leadership & Management Development

As with all development activity, Leadership programmes were curtailed last year due to COVID-19. **78** staff participated in Leadership and Management courses this year (2021 / 2022) in comparison to **87** in 2020/2021.

### Facts & Figures

In total, **78** staff completed the following Leadership and Management courses all of which made the switch to online delivery:

- ILM 2 = **19** Staff (none in 2020 / 2021)
- ILM 5 = **19** Staff (compared to **33** in 2020 / 2021)
- Patient Experience Supervisor's Programme = **19** staff (none in 2020 / 2021)
- MSc in Business Improvement = **4** Staff (same as 2020 / 2021)
- Aspire = **7** Staff (compared to **11** in 2020 / 2021)
- Proteus = **7** Staff (compared to **6** in 2020 / 2021)
- Acumen = **3** Staff (compared to **4** in 2020 / 2021).



### Next Steps →

- Redesign and re-launch the Succession Planning Initiative
- Mainstream our leadership development focus via a new approach framed as the Practical Manager. This will offer modular content to all managers throughout the Trust covering both functional management content as well as the qualities & skills required for leadership roles in the Trust
- Support other training providers within the Trust (notably SWLIT) with their professional leadership development plans
- Continue to offer the full suite of ILM programmes as well as the Patient Experience Supervisor development programme
- Continue to support programmes that are run in partnership with the HSC Leadership Centre
- Return to face to face delivery where possible and essential, but support this with online delivery where suitable.

# Supervision, Coaching & Mentoring

## Coaching

Throughout the 'Volatile, Uncertain, Complex and Ambiguous' (VUCA) world created by COVID-19, coaching has been central in supporting our people individually and collectively within teams and across directorates. Coaching has also been a significant enabler in supporting people's health and wellbeing throughout this difficult time.

Continuing to respond to our people's needs, while ensuring we continued to meet COVID-19 guidelines, using the Zoom platform our entire coaching offer seamlessly moved online and here we have been facilitating highly effective coaching experiential development and 1 to 1 coaching support sessions.

Placing attention and energy on the wellbeing of our people, our coaching offer included; '1 to 1 Coaching Support', 'Coaching for Collective Leaders' development programme and 'Coaches partnering with Teams', assisting them with holding compassionate coaching conversations.

Throughout this period we connected back in with people who had taken up our coaching offer and below are some of the themed positive differences coaching has made. It:

- Created a safe space for rest and reflection
- Enabled and empowered people to have honest conversations regarding their emotional and mental wellbeing
- Provided opportunity for people to have confidential, compassionate and empowering conversations on matters important to them
- Helped people to navigate disruption and change
- Assisted leaders/managers to utilise a coach approach, increase their coaching skills and to hold compassionate coaching conversations with people within their teams
- Provided opportunity to raise awareness of the issues that were affecting people individually and within teams while working through a pandemic
- Provided people with support to discuss, explore and to take up refreshed or new opportunities.



## Facts & Figures

- **218** Leaders/managers (multi-disciplinary and across Directorates) took part in 'Coaching for Collective Leaders' development programme
- **68** People from a diverse range of roles, professions, occupations and from a variety of directorates took up the offer of '1 to 1 Coaching Support'
- By offering and utilising a 'compassionate coaching conversations' approach within teams, an emergent ripple effect took place. Within team settings, and, by using coach facilitators and/or leaders/managers, this approach created an ambiance of compassion, created space for pause and reflection and it empowered people to share what was important to them.

## Next Steps

- Championing Our People Plan, our related five People Priorities and connecting our refreshed themed coaching offer of; 'Coaching for YOUR Wellbeing', 'Coaching for YOUR Career', 'Coaching for YOUR Performance' and 'Coaching for YOUR Leadership', we are well placed to further embed, nurture and uphold an inspiring coach approach culture throughout our Trust.

## School Outreach and Engagement

### Work Experience Placements

In March 2020, as a result of the COVID-19 pandemic and its associated challenges on the Trust and its staff, there was a regional agreement to stand down all non-essential training, education and conferences. Included in this were all 'in-person' Work Experience Placements (WEP's) for post-primary school students (16 – 19 years old, including students at college on Level 2 or 3 qualifications).

Between October 2020 and March 2022, this position was reviewed several times, with agreements to continue the suspension until August 2022. Taking into account related pressures on the Trust and its services, there was a regional decision that WEP's will not be considered again until July 2022, when there is hope that the stand down position will be lifted in readiness for the new academic year starting September 2022.

In the absence of 'in-person' work experience placements, several of the Trust's departments designed and delivered virtual experiences, including: Nursing, Medicine and Allied Health Professionals.

Stood down in 2020, regional work in relation to the HSCNI Memorandum of Understanding recommenced in February 2021, with the regional group reconnecting in September 2021. This work continues to progress towards its outcome.

### Facts & Figures

- 'How to Design & Deliver a Digital Work Experience' Info Session delivered in September 2021 for key Trust staff
- Medical Work Experience delivered in September 2021 via Zoom
- Nursing Q&A Session delivered in June 2022 via Zoom
- Physiotherapy (HSCNI) Work Experience delivered in April 2022 via Zoom
- Nursing Information Session delivered in March 2021 via Zoom.

## Next Steps

- Continue with HSCNI Memorandum of Understanding regional work, producing a working draft of the digital Memorandum of Understanding by July 2022, with a view to it being accepted by the regional collective, including: HSCNI Bodies, Work Inspirations, Education Authority, and Education Providers
- Support Trust staff with the reintroduction of 'in-person' Work Experience Placements should they re-open September 2022.



## Practice Education Team

A primary focus for the Practice Education Team (PET) in 2021/2022 has been to work in partnership with Nominated Persons, Practice Supervisors and Practice Assessors to support both pre and post-registration nursing & midwifery students to meet the new NMC Future Nurse & Midwifery Proficiencies. In partnership with managers, the PET has increased both practice learning placement and student capacity across all fields of practice.



The Trust currently have capacity to accommodate over **531** nursing and midwifery pre-registration students at any one time across **148** approved practice Learning placements. Within this number are over **128** of our own staff from across a wide range of health related roles within the Trust who are undertaking the Open University (OU) 'Pre Registration' BSc (Hons) programme, with a further **33** applicants this year for the September 2022 OU Cohort.

The team continue to prepare our NMC registrants who support and supervise student nurses/midwives in practice in line with the NMC Standards for Student Supervision and Assessment (SSSA) which commenced in April 2020 using a blended approach of face-to-face, e-Learning and zoom sessions. There have been **2235** nurses and midwives prepared for the roles of practice supervisor and practice assessor as of March 2022.

The Practice Education Team would like to thank all NMC registrants, managers, nominated persons, practice supervisors and assessors for the immense support you have shown to enable the team and Trust to successfully implement the NMC Education Standards (2018) and support all students in practice.



## Staff Achievements

### Celebration of Achievement Awards

The Celebration of Achievement Awards event is held once every other year. The last event was held in 2018. As a result of the COVID-19 pandemic and its associated challenges on the Trust and its staff, there was no event in 2020.

#### Next Steps

- Taking into account the nature of the awards ceremony, discussions were on-going about the importance of an 'in-person' event, and how it would offer staff the greatest recognition experience. A decision was made to hold the event in September 2022 to coincide with the Trust's Leadership /Recognition Week. A Task & Finish Group has been established to oversee the work and bring the event to fruition.

# Looking After Our Staff

## Staff Health & Wellbeing

Throughout the significant challenges our staff faced during the COVID-19 pandemic it was essential that Staff were reminded of the importance of self-care and taking time out. The Staff Health and Wellbeing (H&WB) Steering Group increased the frequency of their meetings and established task and finish groups to ensure that our staff felt supported in relation to their own wellbeing.



COVID-19 restrictions impacted on the provision of classes and awareness sessions and how they could be delivered. Using a zoom platform ensured that, where possible, classes and awareness sessions were still able to go ahead. Our 1 day SMART programme was divided into three bite-sized 90 minute sessions, again delivered virtually, to ensure our people could continue to avail of this vital programme.

Wellbeing is one of the 5 People Priorities within the Trust's People Plan and there is a staff wellbeing session included in "Keeping Everyone in the Loop" awareness sessions which have included Take 5, Psychological Support, Staff Wellbeing Awareness and Livewell. These are fantastic opportunities for staff to recognise that Wellbeing is a priority which is supported by our senior management team.

The results from the COVID-19 survey helped direct the support we have provided within the Trust as outlined below:

- Encouraging and supporting wards and departments to have Wellbeing information within their staff rooms
- Attend staff meetings to raise awareness of what Wellbeing support is available within the Trust
- Collective working with Psychology and HR/OWD to work with teams to provide support and develop team working
- Opportunities to raise awareness with managers in relation to what they can do to support their teams
- Opportunities to discuss and explore with staff and managers what Wellbeing means to them.



## Facts & Figures

- **74** staff attended the 90 minute session on Self Care
- **9** Wellbeing sessions delivered to team meetings
- **1500** visited the Self Compassion series on Livewell and YouTube sites
- Inclusion of Wellbeing in Team Development programmes.

## Next Steps

- Develop our links to Coaching for Wellbeing and having Wellbeing Conversations with our staff
- Continue to support managers and staff to take time out as individuals and teams in relation to Wellbeing
- Regional Wellbeing events and Marketplaces to provide information and opportunities for self-care.

## Health & Wellbeing Initiatives- Livewell

Throughout the COVID-19 pandemic, Livewell has been a central source of Health & Wellbeing information and support for our staff. To ensure that they are provided with opportunities to avail of physical classes these were provided via zoom, and then, following feedback, the classes were recorded so that people could avail of them at a time suitable to them around both work and personal commitments. Other information available on Livewell, includes eg. Nutritional sessions, Financial Wellbeing and Emotional and Psychological support.



### Promotion of Livewell site

Livewell is promoted through our Corporate Welcome to ensure that new staff, as well as existing staff, are aware of the importance placed on self-care within the Trust. We acknowledge that our people have been through a challenging time in the past 18-24 months and to remind them about the importance of looking after their Wellbeing we provided information and promotional material at team meetings. This resulted in an increase in the number of hits and the length of time staff remained on Livewell.

Currently there is a staff survey to help identify if the Livewell platform is meeting the needs of our staff and what topics they would like included as we aim to move towards more face to face classes from September 2022.

### Facts & Figures

A series of Self-Compassion Webinars in conjunction with Psychology Services and Health Development were promoted through our Livewell platform and the series of webinars achieved over **1500** hits and feedback was excellent.

Livewell hits are recorded each month and feedback to the Staff H&WB steering group to identify the needs and wishes of our staff.

*"It is important that we take time out to look after ourselves"*

*"Delighted these were recorded as I don't normally get to attend these sessions"*

*"These short 25 minute webinars are a great reminder to stop and reflect on how I am"*

- 18 programmes delivered via Zoom
- 337 sessions delivered
- 1,852 staff participated in the 18 programmes
- Staff Health & Wellbeing information and advice was accessible via the Livewell site and the SET Connect App.

LIVEWELL SUMMARY
March 2022

**Hits:**  
Highest hits ever recorded for March (2,552) and 1,000 more than last year.

**Access from home and work:**  
Access from home has decreased slightly and sits at around 22%.

**Average pages viewed/time spent per visit:**  
3.81 / 3:04 (both increased on last month)

**A selection of other topics viewed:**

- 1:1 Coaching Support (130)
- Mindful March Calendar (117)
- Financial Health – energy bills (101)

### Livewell Hits

Month	2017/18	2018/19	2019/20	2020/21	2021/22
April	2800	700	2200	3400	2000
May	2000	2000	2000	3100	2000
June	2500	2000	2000	2900	2500
July	1900	2300	3200	2300	2500
August	1200	2400	2800	2300	2100
September	1800	2600	900	2700	2000
October	1300	3100	2100	2400	2100
November	800	1800	2500	2600	1600
December	400	3200	1900	2600	1500
January	1800	3800	3400	3800	1800
February	700	2400	3100	1900	1500
March	600	1800	1800	1600	2500

#### Most Viewed Pages

- 1 SH&WB Activities (335)
- 2 Monthly Staff Puzzles (292)
- 3 Sleep Webinar - chs (282)
- 4 Menopause Facts (254)
- 5 Online Pilates (167)

[www.setlivewell.net](http://www.setlivewell.net)

Username: setrust

Password: livewell

#### Accessed by Staff

10 icons

3 icons

Access from work still outweighs access from home.  
N.B. Staff who have been working from home will still show as accessed via work as this will likely have been through Trust networks/equipment.

## Move More Lose More

The Move More Lose More initiative was offered to our staff. This is a 12 week health initiative that encourages a practical approach to being more active and staying healthy.

Strengthening the Workforce

Page 52

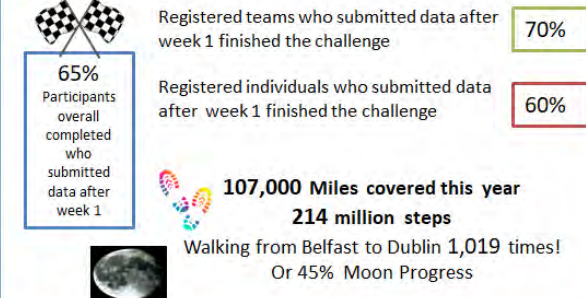


*'Move More Lose More'*

How much did we do?



How well did we do it?



Is Anyone Better Off?

"Brilliant challenge which has inspired me to start couch to 5k so that is my next challenge."

"I enjoyed it and it made you think about how sedentary your life can be."

"I enjoyed the motivational emails....thank you very much for all the input the wellbeing team have put in"

"Enjoyed the feedback from others on Facebook"

"Loved it, I thought it was a really excellent initiative."

"This was a fantastic programme! It really helped to motivate me to keep up my steps. I've lost nearly 2 stone and I've started my couch to 5k as a result of joining this initiative. I enjoyed the Facebook group and was a good way to interact with others and feel encouraged. Well done on a fantastic programme."

"I have really enjoyed it and find I can fit in clothes that I could not before I started!"

"I made time to meet up with friends and go for walks, it was great to connect with those you had lost touch with during COVID"

Next Steps →

- Continue to develop new & existing staff health and wellbeing initiatives
- Increase staff awareness of the "Livewell" site and monitor monthly visits to the site
- Carry out a staff survey to ensure that health & wellbeing programmes/initiatives that are planned meet the needs of staff
- Coordinate Move More Lose More and offer Adult Weight Management 12 week programme to enhance the Move More Lose More initiative
- Reintroduce face-to-face sessions as appropriate.

# Revalidation of Medical & Nursing Staff

## Appraisal and Revalidation of Medical Staff

Medical Revalidation was launched by the General Medical Council (GMC) in 2012 to strengthen the way doctors are regulated, with the aim of improving the quality of patient care, patient safety and increasing public trust and confidence in the medical profession.

The process involves a **5** year cycle of annual appraisals, with both patient and peer feedback, to support the Responsible Officer, Mr Charlie Martyn, in making a recommendation to the GMC in relation to an individual's fitness to retain a licence to practice.

All doctors with a licence to practice are required to participate in the process and the GMC allocates each doctor to a designated body which oversees the local appraisal process. The number of doctors for whom the Trust acts as a designated body is circa **350 - 400**, although this varies throughout the year.

## Facts & Figures - Appraisal

Table 1: Appraisal Period – January to December 2019

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	247	245	2	0
SAS Doctors	96	95	1	0
Other Doctors	3	3	0	0
<b>TOTAL</b>	<b>346</b>	<b>343 (99%)</b>	<b>3 (1%)</b>	<b>0</b>

Table 2: Appraisal Period January to December 2020

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	272	261	4	7
SAS Doctors	101	94	4	3
Other Doctors	5	3	1	1
<b>TOTAL</b>	<b>378</b>	<b>358 (94.7)</b>	<b>9 (2.4%)</b>	<b>11 (2.9%)</b>

## Facts & figures - Revalidation

Table 3: Summary of Revalidation Recommendations

	2019	2020	2021
Revalidated	89 (92.71%)	35 (100%)	89 (89.9%)
Deferral Requested	7 (7.29%)	0	10 (10.1%)
Non-Engagement Indicated	0	0	0
Recommendations Remaining in Year	0	0	0
<b>TOTAL</b>	<b>96</b>	<b>35</b>	<b>99</b>

The Trust deferral rates are generally consistent with regional and national patterns. It is recognised that there has been an increase over the last **24** months in regards to the deferral rates and anecdotal evidence from the GMC also suggests that was a result of the pandemic. The GMC are keen to point out that a deferral should not automatically be viewed negatively.

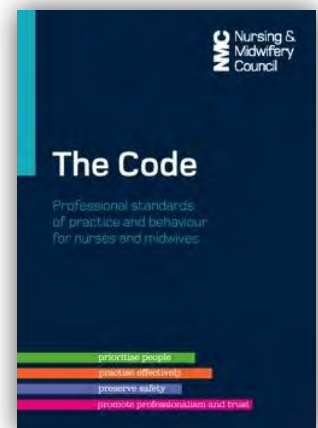
Notwithstanding this, the Trust does not want to encourage a culture of unnecessary deferrals. Therefore, in circumstances where it has been deemed that a doctor's deferral is avoidable, they are now invited to a meeting with the Head of the Office of the Medical Director and the Associate Medical Director. The purpose of this meeting is to agree an action plan.

### Next Steps →

- The Trust has completed the consultation process with external stakeholders in regards to its new Appraisal and Revalidation Policy, incorporating an engagement protocol. This will now be submitted to the Trust Policy Committee for approval/ final sign off.

## Nursing and Midwifery Council (NMC) Revalidation

- In 2021 / 2022 the recorded registrant lapses across the nursing and midwifery workforce was **0.24%**. This is a slight decrease from 2020 / 2021 which reported **100%** compliance rate
- Staff who were scheduled to work when a lapse was identified were suspended from practice until NMC re-registration was achieved, as per Trust policy
- The process for revalidation and identification of potential lapses is well embedded and there is on-going support for managers and staff when required.

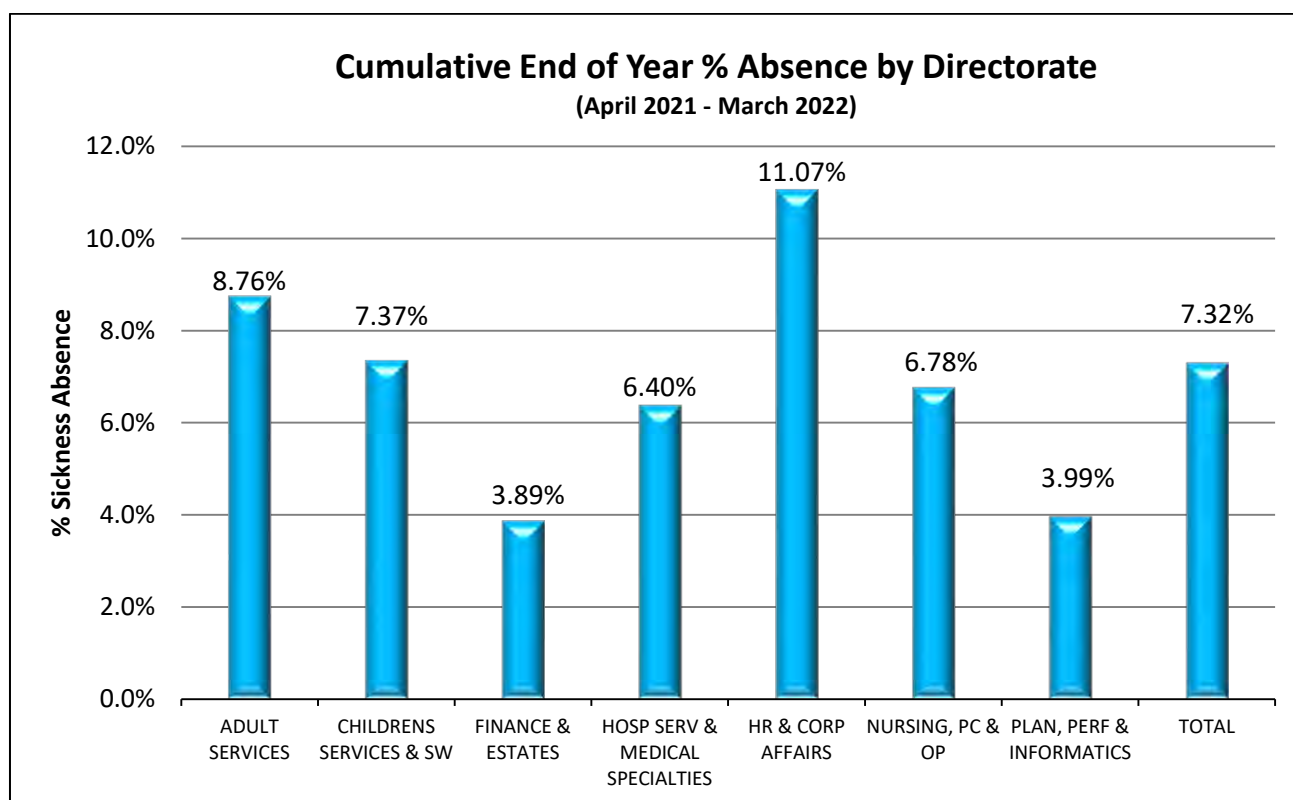


### Next Steps →

- Continue to provide support for registered nurses and midwives with the revalidation process as required
- Training and support for line managers to carry out confirmation of revalidation
- Monitoring and compliance with NMC standards.

## Staff Absenteeism

The overall Trust absence rate due to sickness was **7.32%** for 2021 / 2022, which was an increase on the previous year (2020/2021: **6.65%**). Each Directorate's performance is outlined below:



In addition to the above there was also a further **1.35%** staff absence rate across the year related specifically to COVID-19 absence. This figure includes those who tested positive for COVID-19 and also those required to self-isolate during the year.

### Next Steps



Work will continue to build on the pre-pandemic activity which will include:

- The Regional Attendance Framework will be launched in the coming months and this will trigger a subsequent review of the Trust's Management of Attendance Protocol
- Review of the Trust's Attendance Management Training for Line Managers and associated documentation to equip them to better manage both short term and long term absence of their employees. This will include the management of COVID-19 related absence moving forward using the COVID-19/Long COVID Absence Support Process guidance, which has been rolled out across the Trust
- Continuation of work done since the launch of the Trust People Plan including further development and embedding of the 'Wellbeing' Priority within the plan through the Trust's Health and Wellbeing steering group

- Provision of absence infographics to inform Trust OBA Score Cards and Directorate Reports
- Continued management and support offered to those staff suffering from Long COVID through the Trusts Occupational Health Department and the Post COVID Syndrome Service the Trust provides
- Continued coordination of COVID-19/Flu Vaccination programmes in order to protect staff and service users
- Implementation of the Trust's Mental Health Policy with a view to targeting Mental Health related absence through providing effective support to affected staff including building on our staff psychological services
- Participation in the evaluation and roll out of the Thrive pilot project when launched in order to put in place additional and focused support for relevant front line staff.



# Goal 3



## Measuring the Improvement

Next Steps Update  
from 2020 / 2021

# Infection Rates

## Preventing Avoidable Healthcare-Associated Infection

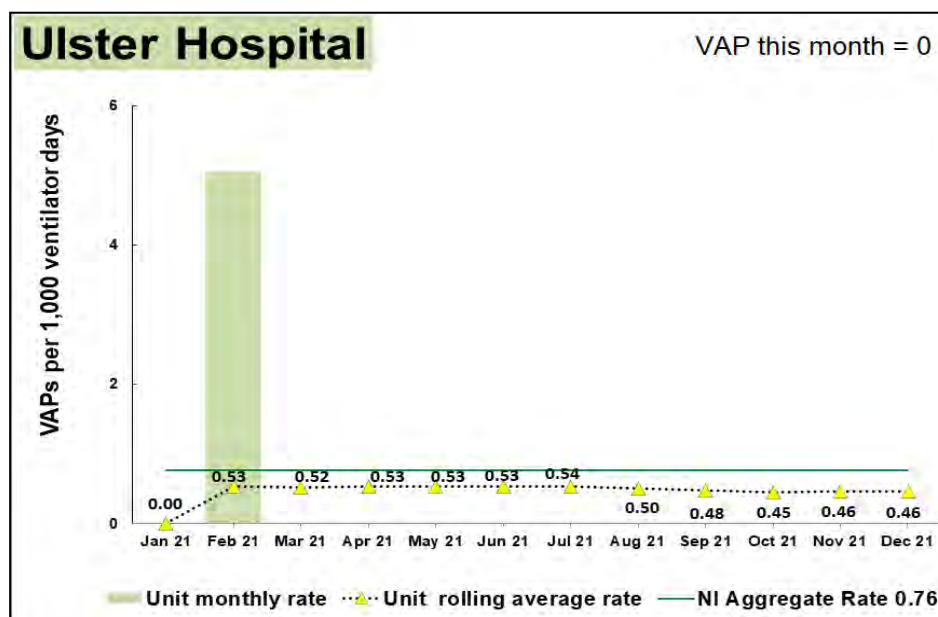
### Device-associated Infections in the Critical Care Unit

The Critical Care Unit continues to take part in the Public Health Agency's Regional Surveillance Programme and closely monitors device-associated infections within the Unit. Overall infection rates reported remain low.

#### Facts & Figures

From 1 January 2021 – 31 December 2021 the Trust's Critical Care Unit reported:

- No urinary catheter-associated infections. Regional aggregate **0.37**. There have been no catheter-associated urinary tract infections (CAUTI) reported in the Trust since the surveillance programme commenced in 2011
- No Central line-associated bloodstream infections (CLABSI). Regional aggregate **0.74**. The Trust reported no central line-associated blood stream infections since July 2019
- In relation to ventilator-associated pneumonia (VAP), the Trust rate in 2021 was **0.46%**, compared to the regional average which equated to **0.76%**. The last recorded VAP in the Trust was reported in February 2021.



#### Next Steps →

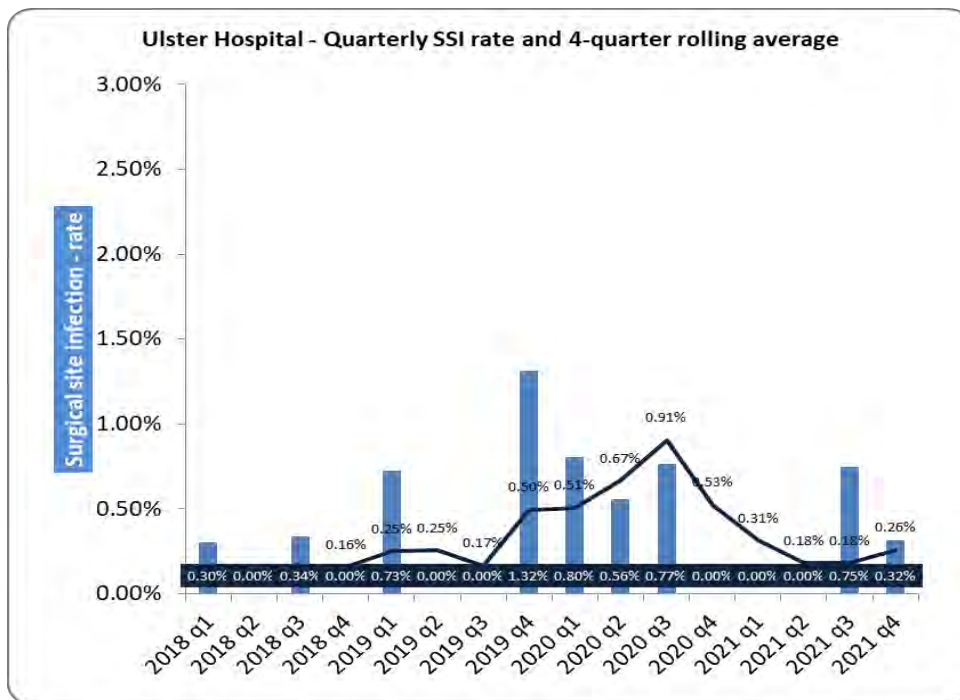
- We will continue to monitor device-associated bloodstream infections
- We will continue to implement care bundles, elements of care which are known to reduce these infections
- Work with PHA to review reporting mechanisms going forward, as the regional CCU patient information system is to be updated.

# Orthopaedic Surgical Site Infection Surveillance

This year we continued to monitor orthopaedic surgical site infections.

## Facts & Figures

- From 1 January 2021 to the end of December 2021 the Trust rolling average orthopaedic wound infection rate was **0.26%**, compared to the Northern Ireland regional average of 0.57%. This shows a marked decrease on the **0.53%** rate in 2020 for the Trust. Of these there were no identifiable links to transmission in hospital
- The Trust overall procedure numbers in 2021 also showed an **18%** increase from that of 2020. However, given the on-going COVID-19 Pandemic the number of elective orthopaedic procedures being undertaken was still less than pre-COVID-19.



### Next Steps →

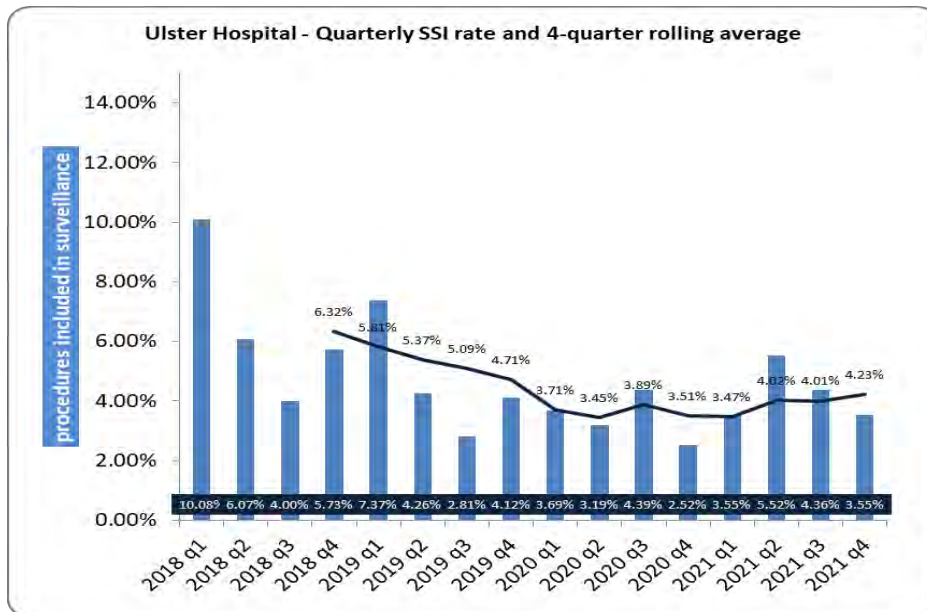
- We will continue to monitor orthopaedic surgical site infections both trustwide and benchmark regionally
- Ensure data collection is completed and reported to PHA in a timely and accurate fashion
- Ensure clinician feedback is sought on infections to identify and share any learning.

# Caesarean Section (C-section) Wound Infection Surveillance

The number of Caesarean section inpatient wound infections and community (post discharge) infections are closely monitored.

## Facts & Figures

- From the 1 January 2021 - 31 December 2021 overall Trust C-section surgical site infections reported as occurring post-discharge or re-admissions has increased from **3.51%** in 2020 to **4.23%** in 2021
- This is lower than the regional average of **4.6%**.



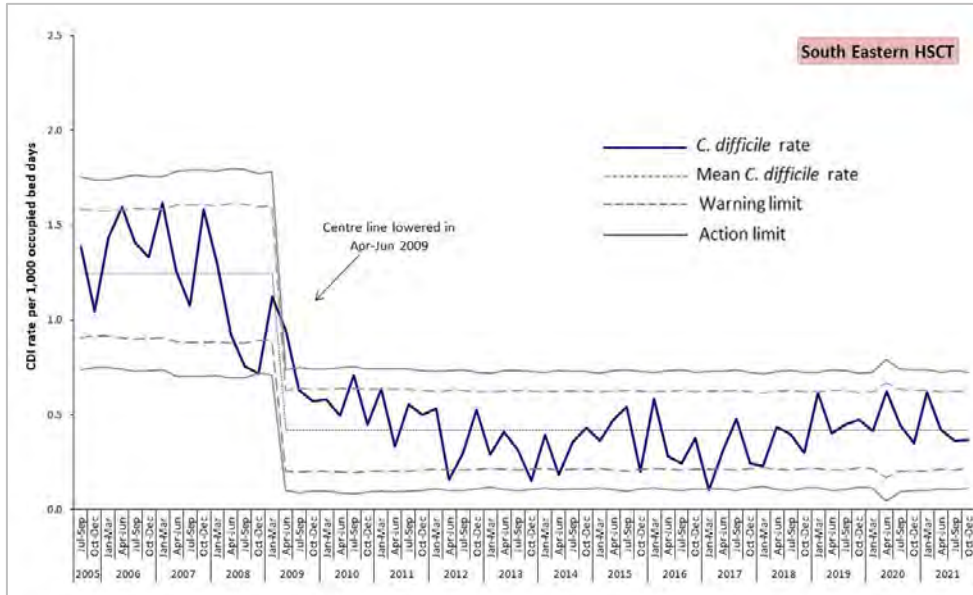
The Trust is continuing to scope the feasibility of collecting the wound infection surveillance information electronically in conjunction with PHA. A pilot in conjunction with PHA was undertaken this year. This was difficult due to pressures relating to the COVID-19 pandemic and staffing issues. This initiative will be re-visited in mid-2022.

### Next Steps →

- We will continue to monitor C-Section surgical site infections both trustwide and regionally
- Ensure all clinician / midwife review of infections and any identified learning is shared
- Revisit and implement in conjunction with PHA the collection of wound infection surveillance information using an electronic system.

# Reducing *Clostridioides difficile* (C.difficile), Infections

No annual Trust target, usually set by the Northern Ireland Department of Health (DoH), has been implemented from those targets set in 2019 / 2020. The Trust continued to monitor *Clostridioides difficile* Infections. The graph below (produced by the Public Health Agency), illustrates the number of infections per 1,000 occupied bed days.



## Facts & Figures

- From case reviews and ribotyping results none were linked to transmission within the Trust healthcare facilities
- Overall the number of *C. difficile* infections reported across the Trust was down by **9.2%** from 2020-2021.

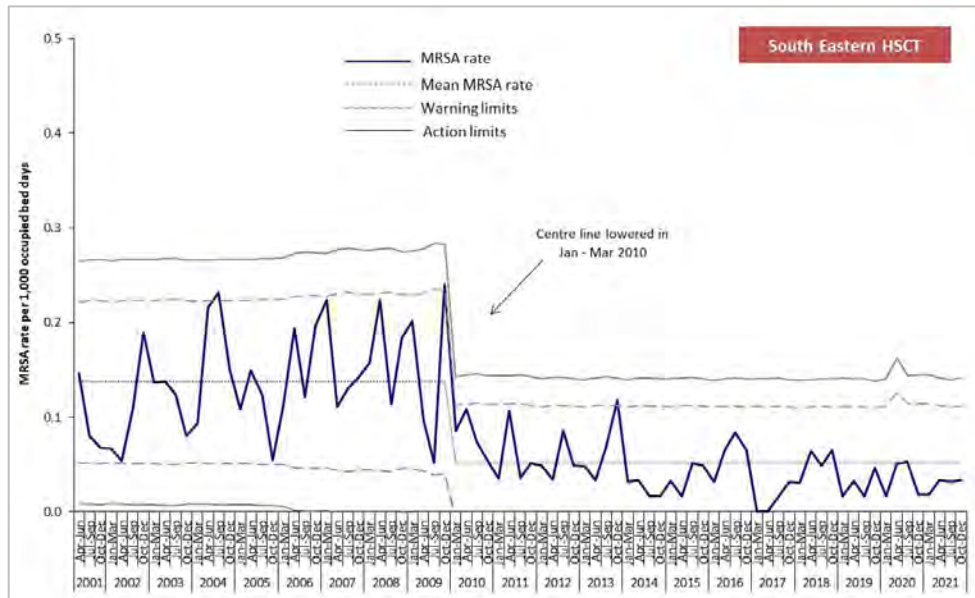
### Next Steps →

- We will continue to monitor the adherence to the Trust's *Clostridioides difficile* Best practice guidelines
- Provide support and guidance in the form of audits / training and advice in the application of Hand Hygiene / PPE practice
- Ensure timely cleaning/disinfection of spaces vacated by any patient with diarrhoea including the use of a UV light disinfection system
- Continue to actively promote prudent antimicrobial prescribing in conjunction with the Antimicrobial pharmacists and Antimicrobial Stewardship Group.



# Meticillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infections

The graph below (produced by the Public Health Agency), shows the number of MRSA infections occurring in patients admitted to our hospitals per 1000 occupied bed days.



## Facts & Figures

- No annual target was set by the Northern Ireland Department of Health (DoH), for 2021 / 2022
- The Trust aimed to have less than or comparable infection rates similar to the previous year 2020 / 2021 and achieved this as the overall episode numbers reduced from **7** to **6**
- There was no indication that any infections were linked due to transmission in hospital.

### Next Steps →

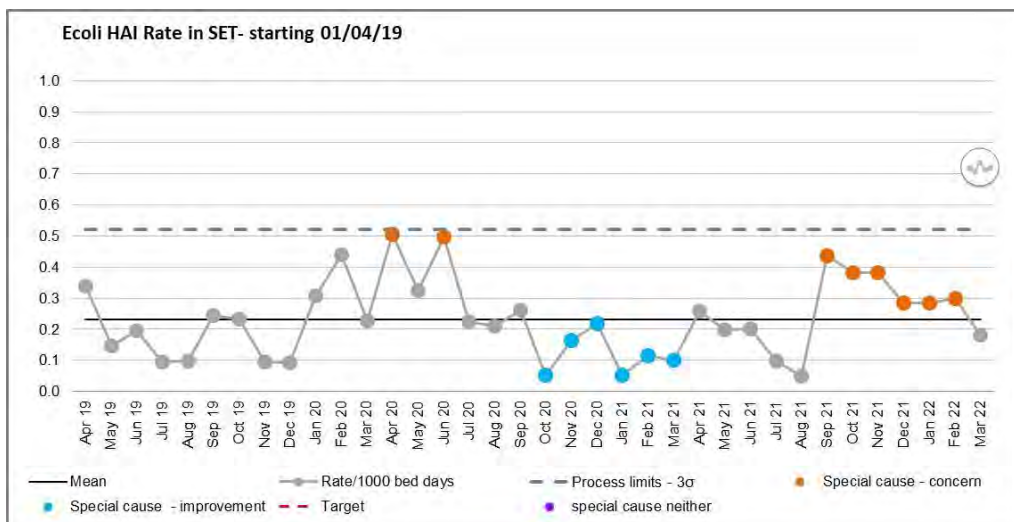
- Continue to work towards reducing further the number of infections occurring more than 48 hours after admission to hospital
- Ensure the practice of timely screening of hospital admissions for MRSA is sustained as outlined in the Trust's MRSA screening policy
- Work to maintain good aseptic practices in the care and management of invasive devices and associated equipment through audits and training.

## Gram-negative bloodstream infections (GNB)

The Trust continues to report all cases of *E.coli*, *Pseudomonas aeruginosa* and *Klebsiella* species (GNBs), to the Public Health Agency. The majority of these infections usually develop in the community, caused by urinary tract or bowel-related infections. However, with the development of resistant strains and learning and understanding of such trends, it is important to monitor them closely.

### Facts & Figures

- No annual target was set by the Northern Ireland Department of Health (DoH), for 2021 / 2022
- **78** reportable GNB cases were recorded, **16** more than the previous year (which only includes those occurring >48hrs from admission)
- None were associated with outbreaks or clusters in Trust hospitals
- There was a **20%** increase in total GNB cases over the previous year but it must also be recognised that this could have been attributed to the increased number of COVID-19 patients being treated. A similar increase was seen regionally across the Trusts
- *E.coli* bloodstream infections continue to account for **80%** of all GNBs.



### Next Steps →

- Continue to monitor Gram-Negative Bloodstream infections
- Continue to implement best practice principles around the management of urinary catheters
- Investigate other contributory causes or changes in practice to assist in the reduction of Gram-Negative Bloodstream infections.

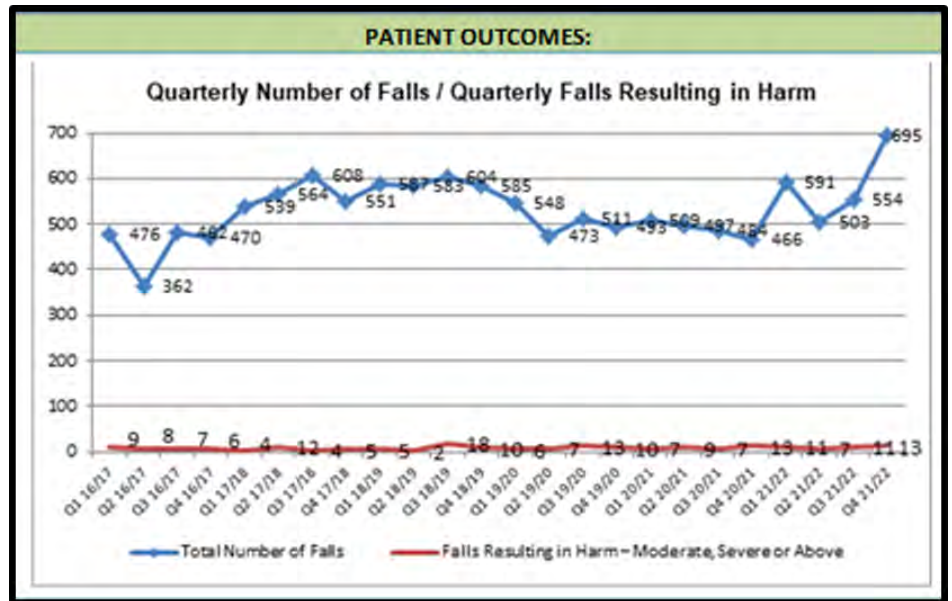
# Falls

## SET Against Falls Everywhere (SAFE)

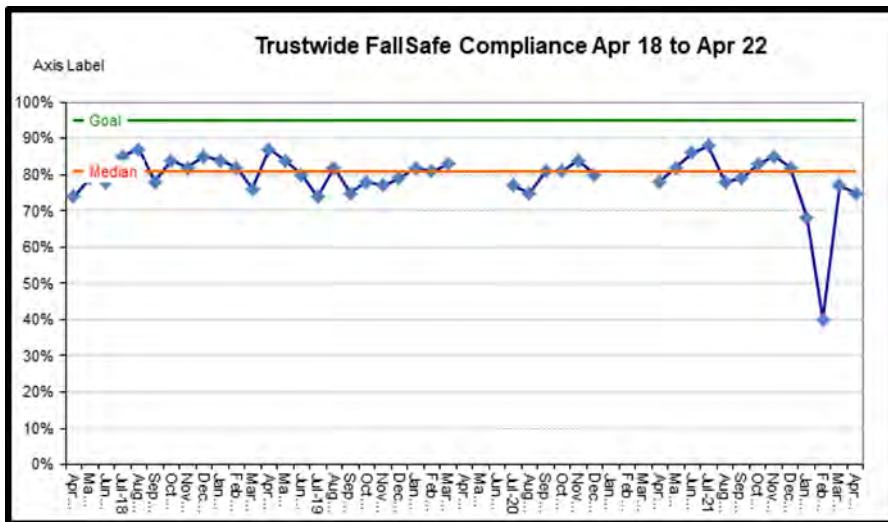
### Falls in Hospital

From April 2020 – March 2021, **3312** falls occurred across **ALL** Trust settings. Similarly, **3438** falls occurred during the year 2021 / 2022.

COVID-19 continues to impact on the number of falls occurring in hospital settings due to deconditioning in the community setting, worsening of on-going clinical conditions and because more citizens are presenting to Emergency Department (ED) with falls.



To help address this, the ED Team worked alongside the Falls Prevention and Management Service (Falls P&M Service) to plan a QI project in the department called 'Up the Walls with Falls.' The overall aim is to reduce falls incidents in certain areas of the department where people are most likely waiting to be admitted to hospital. This project is on-going.



The adult inpatient FallSafe audit compliance results were addressed primarily through education and working alongside staff to ensure the correct falls resources are in place to reduce falls incidents. The targeting of certain elements to improve the overall compliance continues.

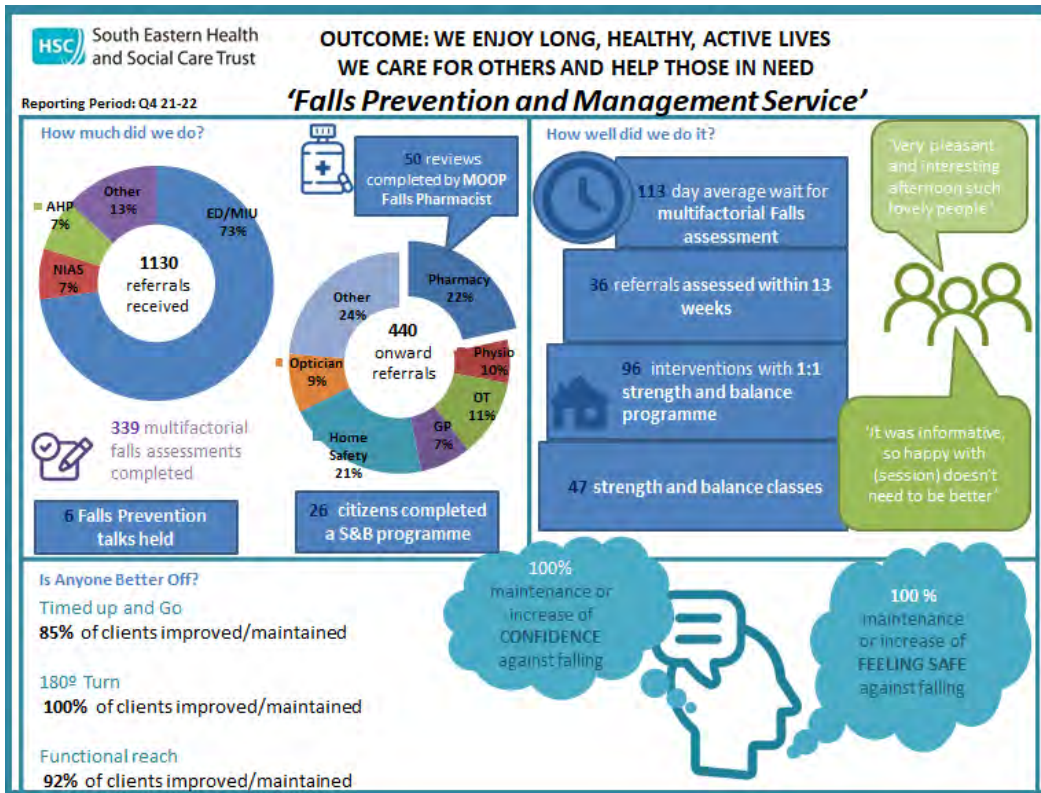
(Falls awareness session was)  
**“so good and useful”**

Useful shared learning session?  
 24/27 attendees self-scored  
**8 or 9/9**

(Learning Lunch was)  
**“concise and informative”**

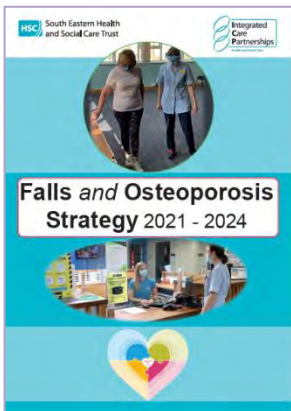
**Falls Awareness Session (nurse induction)**  
 Increased knowledge post session?  
**94%** of attendees self-scored **8 or 9/9**

## Falls in Community



The Falls P&M Service continues to engage with all citizens through assessment, strength and balance support in class and 1:1 settings and education. To the left is a sample Outcomes Based Analysis (OBA) report from January to March 2022.

## The Strategy and the Service



The Trust Falls P&M Service continues to work with care partners to achieve the priorities of the Trust and ICP Falls and Osteoporosis Strategy. Within it, assessment and education are highlighted as crucial, ultimately in the reduction of falls across **ALL** care settings.

Falls staff have completed education in acute, community and care homes. During sessions, we ensure all staff are aware of the need to complete robust holistic and person centred assessments, inclusive of elements of the FallSafe bundles. Bespoke sessions have been held to review learning from incidents in acute settings and scope how to share learning eg. via QR code poster production and falls champion networking.

The Falls Team remain committed to high levels of service, shown through for example being the **FIRST FALL SERVICE IN NI** to be successfully accredited to the ISO 9001:2015 standard in Acute Settings.



### Next Steps →

- Enhance the care continuum for those who require falls services/support in the Trust
- Help achieve a falls health record for all citizens in all care settings via the encompass programme
- Support the achievement of a regional care home pathway via the Enhanced Clinical Care Framework, facilitated by the Public Health Agency.



# Pressure Ulcers

A pressure ulcer is damage that occurs on the skin and underlying tissues due to lack of blood and oxygen supply resulting from sustained pressure.

A number of contributing factors are also associated with the development of pressure ulcers; the primary of which are impaired mobility and impaired sensory perception. Typically they occur in a person confined to bed or chair by an illness. Pressure ulcers often result in significant pain and distress and can lead to other complications. (NICE 2014)



Incidence of Pressure Ulcers is considered to be an indicator of safety and quality and as such is a Key priority for the HSCB and PHA. Since 2016 / 2017 each acute health and social care Trust was required to:

**‘Measure the Incidents of pressure ulcers (grade 3 & 4 & above) occurring in all adult inpatient wards & the number of those which were avoidable & monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000**

The PHA introduced new reporting guidelines in 2018 which now includes ED and all medical device related damage.

## Facts & Figures

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) staging system to describe the severity of pressure ulcers. Staging is from one to four, with categories for both unstageable and suspected deep tissue injury.

2021 / 2022 saw an increase in reporting of all categories of pressure ulceration, alongside an increase in general referrals for all wounds to the team. **257** incidents of pressure ulcers were reported within the Trust. This equates to a **0.8** incidence rate per 1000 Occupied Bed Days.

Whilst this has been an increase on previous recent years it can be attributed, in part, to the increased reporting of Medical device related pressure damage in ICU in October during a COVID-19 surge. Nursing patients prone to improve respiratory effort, had a negative impact on the person, with increase facial pressure ulceration due to oedema.

Also, the Emergency Department has seen an increase in reporting of facility acquired ulceration this year. This is due to an awareness of importance of reporting, unprecedented increased trolley waits and pressures within the department. Both areas were identified as a national issue.

	Stage 3 / 4 & above
<b>2017 / 2018 (n=128)</b>	<b>50 (39%)</b>
<b>2018 / 2019 (n=209)</b>	<b>77 (37%)</b>
<b>2019 / 2020 (n=169)</b>	<b>60 (36%)</b>
<b>2020 / 2021 (n=181)</b>	<b>69 (38%)</b>
<b>2021 / 2022 (n=257)</b>	<b>118 (45%)</b>

Many patients have co-existing conditions and factors that increase their risk and, despite best care, pressure damage cannot be prevented. Should a post incidence review following report of a *Measuring the Improvement*



facility acquired stage 3 and above pressure ulcer show that there are gaps in documented care, or no evidence of preventative interventions, this can contribute to a judgement that the ulcer may have been avoidable.

	Avoidable Pressure Ulcers
<b>2017 / 2018 (n=128)</b>	<b>6 (3%)</b>
<b>2018 / 2019 (n=209)</b>	<b>7 (7%)</b>
<b>2019 / 2020 (n=169)</b>	<b>3 (2%)</b>
<b>2020 / 2021 (n=181)</b>	<b>4 (2%)</b>
<b>2021 / 2022 (n=257)</b>	<b>12 (4.6%)</b>

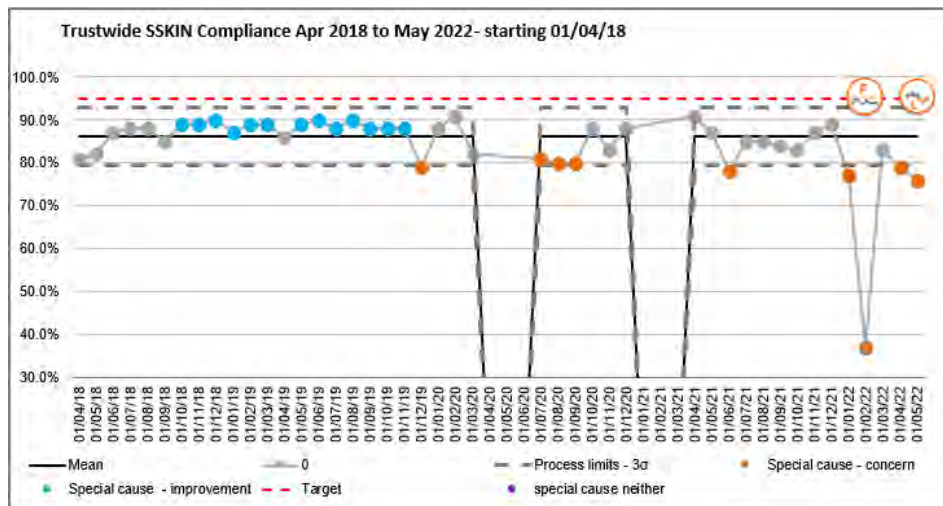
In response to a Pressure Ulcer Incident review, key themes for learning are identified and learning shared, at both ward level and trust-wide.

## Monitoring Standards in Pressure Ulcer Prevention

The Trust aims to ensure that all acute adult inpatients have a pressure ulcer risk assessment and an individualised management plan including implementation of the SSKIN bundle, which incorporates preventative measures.

The SSKIN Bundle is a tool used to promote timely, reliable care being triggered and delivered using a care bundle approach for individuals identified to be ‘at risk’ of developing pressure ulcers.

To monitor consistency in standards and support improvement, **30** charts/ Quarter per ward are audited against compliance with the SKIN Bundle. The following chart demonstrates compliance over the reporting period 2021 / 2022:



Variation in compliance has been identified, and a validation audit for assurance of data completed in February 2022 concurred with that information seen during post incident reviews. Whilst the data reflects poor compliance, individual elements are generally completed well. Identifying ways to assist with improved documentation has led to the regional development of a new Risk assessment Care plan and SSKIN bundle booklet due for implantation regionally before Autumn 2022.

This work will re-engage with staff to help raise the profile of data collection and improving patient care and SSKIN Bundle compliance.

## Maximising opportunities for learning

The Tissue Viability Team has continued to work hard throughout the pandemic and beyond to provide face to face/ zoom education. Being creative and innovative we continue to develop and deliver robust evidence based education to staff.

A regional E- learning training package has been designed which provides staff with extensive information incorporating all the key elements of pressure ulcer prevention.

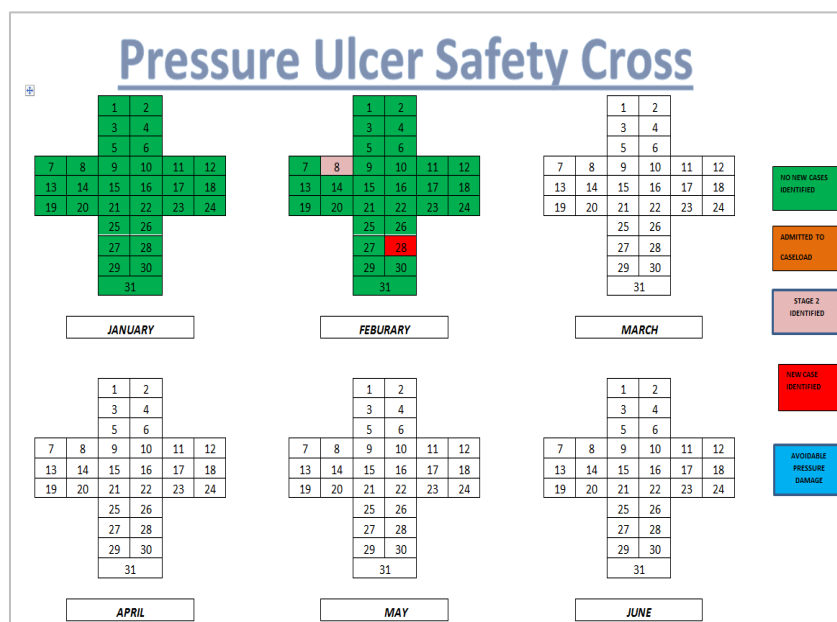
In addition to this, short remote educational sessions via zoom have been introduced to help promote local polices and procedures as well as shared learning. All of which has helped to continue to inspire staff to provide high quality safe effective care whilst bringing the learning back to the workplace. Using digital apps, we have worked with Trust educators to develop bite-sized learning to our ED colleagues.



Sharing learning from an increase in avoidable ulcers in primary care, and adapting our education for bespoke sessions for community staff has ensured pressure ulcer prevention and management remains a key priority for all. For our registered nurses, a regional document is in development to ensure seamless transfer of information across Trusts, and we are working towards its inclusion in the Encompass framework.

Working with the PHA, the lead Tissue Viability nurses are collating individual trust documentation to develop a consensus care plan/ SSKIN bundle for Primary Care nurses for implementation later this year.

Poor compliance with Domiciliary Care Workers in completing the pilot SSKIN bundle, in spite of education being revisited and a newsletter, has prevented further scale and spread at this time. It is hoped that this can be revisited when face-to face learning can be recommenced. The Safety Cross Collaborative has been introduced within Primary care encouraging teams to take ownership and sense of achievement in regards to pressure ulcer incidence.



## Next Steps →

- Continue to monitor compliance with the 'SSKIN Bundle'
- Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (grade 3 & 4) which were considered avoidable
- Work towards sustaining a reduction in the number of severe avoidable facility acquired pressure ulcers
- Review the Trust Acquired Pressure Ulcer Incident Reporting and Investigation process
- Continue to maximise learning from each incident of severe pressure damage
- Continue to provide mandatory pressure ulcer education and bespoke training in specific clinical areas as determined through analysis of incident reports and KPI data
- Continue to monitor primary care pressure ulcer prevention strategy & monitor regional KPI for this patient population
- Continue to recognise ward staff for their achievements in providing pressure ulcer free care
- Recognise Primary Care for their achievements in providing pressure ulcer free care. Implement regional documentation for SSKIN Bundle in Acute and Primary Care following collaboration with TVN leads regionally.



# Venous Thromboembolism (VTE)

Venous thromboembolism (VTE) is a disorder that includes deep vein thrombosis and pulmonary embolism. A deep vein thrombosis (DVT) occurs when a blood clot forms in a deep vein, usually in the lower leg, thigh, or pelvis. A pulmonary embolism (PE) occurs when a clot breaks loose and travels through the bloodstream to the lungs.

Hospital acquired VTE is a preventable cause of death and the long term effects of non-fatal VTE is associated with considerable cost to both the patient and the NHS. Assessing patients when they are admitted to hospital for their individual risk of developing VTE is an important action and enables medical staff to choose the most suitable method of preventing blood clots for each patient.

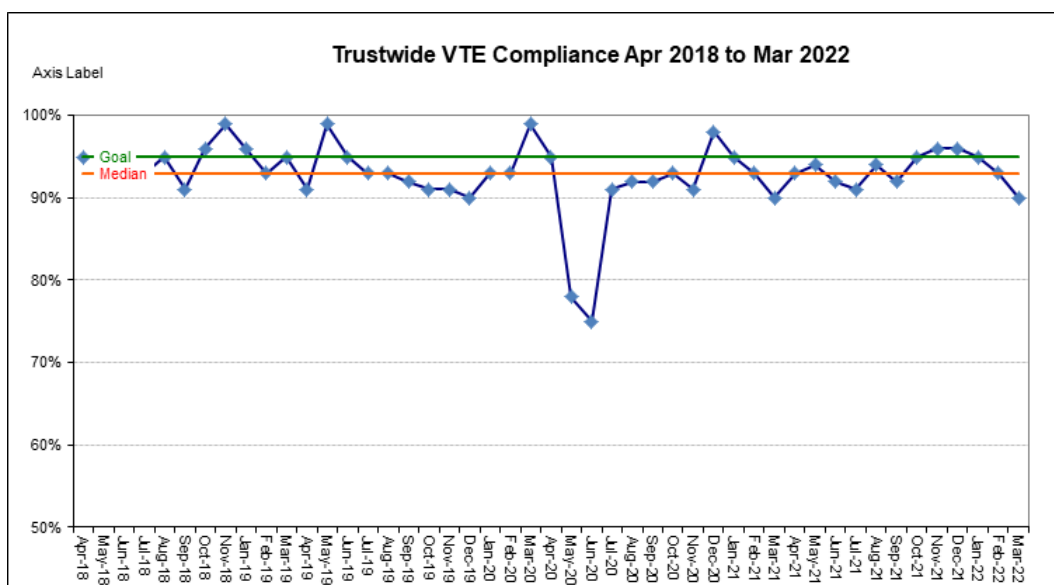
The Trust continues to aim to achieve **95%** compliance with VTE Risk Assessment across all adult inpatients.

The graph below illustrates compliance with the risk assessment

- Average compliance for VTE in 2019 / 2020 was **93%**
- Average compliance for VTE in 2020 / 2021 was **90%**
- Average compliance for VTE in 2021 / 2022 was **95%**

The reporting of the data to the PHA has been reduced to quarterly.

## Facts & Figures



## Next Steps

- VTE risk assessment data will continue to be collected Trust wide and reported back quarterly to the Public Health Authority (PHA)
- The Trust will work towards compliance with current NICE guidance to include VTE risk assessment in acute psychiatry
- The trust will engage with the Encompass team to ensure that target VTE risk assessment rates continue to be achieved once the switch to EPMA occurs.

# Reducing the Risk of Hyponatraemia

A Trust policy on Age Appropriate Care is available for staff to access on iConnect which:

- Provides guidance on safe and effective care for children and young people (up to the sixteenth birthday<sup>[1]</sup>) admitted to the cohort wards<sup>[2]</sup> in acute medical, surgical, gynaecological or maternity inpatient care settings (**Ulster Hospital only**) within the Trust
- Provides guidance on safe and effective care for children and young people (up to the sixteenth birthday) attending the Emergency Department (ED), or admitted to day procedure units and theatre/recovery in the Trust
- Aims to ensure that there is a standardised approach across directorates where children and young people are cared for
- Aims to ensure that staff work in partnership across directorates to facilitate delivery of safe and effective care ensuring a positive experience for children, young people and their family
- Ensures staff are aware of the systems and processes in place to safeguard the child or young person. Where there are concerns that the child or young person is suffering, or may suffer from significant harm, staff must adhere to the guidance in the related policies.

Activity processes:

- Clinical Educator and Liaison Nurse in post, works with cohort wards if a child admitted
- Daily report - Ward entries ie. Admissions and Transfers in to adult wards age under 16 years
- The Trust has an established group for Management of Children in Acute Settings Working Group
- All staff caring for young people up to the age of 16 years must complete the BMJ module on Hyponatraemia and the relevant case studies.

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[1] Children and young people aged 16 and 17 who are receiving care in an adult care setting should also receive the same consideration with regard to their rights and safety. Guidance for Diabetic Ketone Acidosis (DKA) and safeguarding applies up to the age of eighteen years.

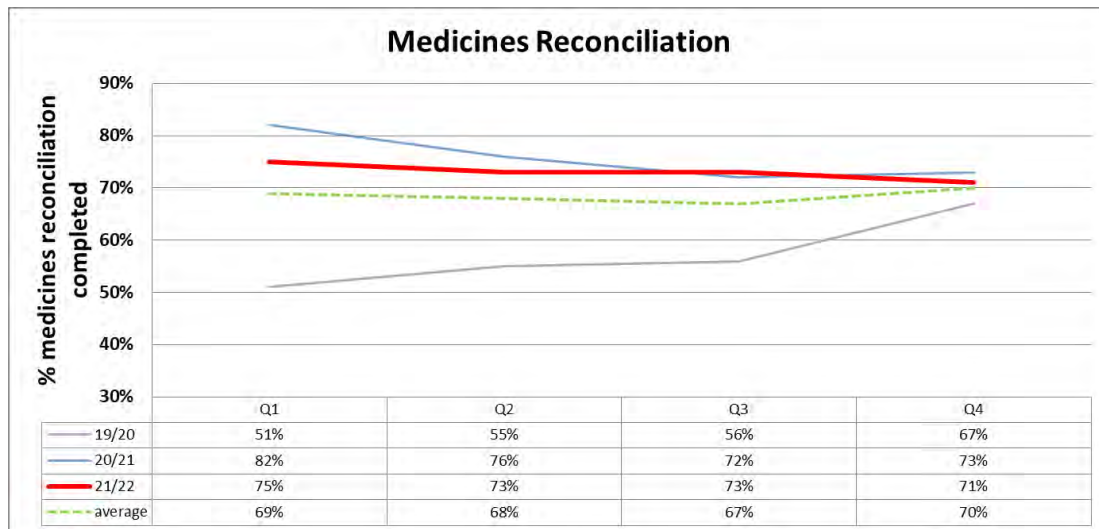
[2] Cohort ward is an identified adult inpatient ward in the **Ulster Hospital only** where a child or young person up to their sixteenth birthday may be placed.



# Medicines Management

## Medicines Reconciliation

Medical staff and pharmacists work together to ensure that patients' medicines are reconciled at admission and at discharge. Medicines reconciliation is an essential part of making transitions of care safer for patients in the healthcare systems. Undertaking promptly and in line with NICE guidance enables us to take action when discrepancies are identified and to reduce avoidable harm to our patients. An increase in the number of wards with a clinical pharmacist funded to complete the medicines reconciliation process has correlated to an above 3 year average being maintained.



### Next Steps →

- To sustain the improvement by all clinical areas having a pharmacist funded.

## Omitted Doses

A recent validation audit of the regional KPI for omitted medicines was conducted by nursing colleagues. The results of this audit supported the need for ongoing development of this regional KPI. Following this audit a local working group involving both pharmacy and nursing colleagues was set up to identify the reasons why medicines are omitted and to pursue quality improvement in this area. The initial project will involve an audit of two wards on the Ulster site. The issue of omitted medicines was also highlighted through a presentation at the You Said We Did Study day.

### Next Steps →

- The Trust will continue to contribute to the regional work to further develop the omitted dose KPI
- Continued contribution to the Trust working group on omitted medicines.

## Insulin Safety

Insulin is one of the top five high risk medications world-wide and as the number of patients diagnosed with diabetes and requiring insulin treatment increases, the Trust Diabetes Team is committed to initiatives that help keep our patients safe.

In 2021 / 2022 we re-established the insulin safety group quarterly meetings and extended the membership of the group across all Trust sites and other members of the Multi-Disciplinary Team. The aim of the group is to review all incidents, identify suitable learning and key themes from these incidents and to act collectively on all matters relating to insulin safety.

Other insulin safety activity:

- Finalising regional insulin policies has been delayed due to the COVID-19 pandemic
- Making Insulin Treatment Safer (MITS) has been rebranded as Act Wisely
- We continue to promote insulin reflections for medical students, junior doctors, dentists and Non-Medical Prescribers across the Trust. These reflections are offered Face to Face or virtually
- We have plans to re-audit the 'Good Diabetes Days patient satisfaction survey'. This will be carried out by pharmacy team. Patient experience has been contacted regarding the appropriateness of involving a service user to conduct this audit
- Diabetes pharmacists are engaging with Encompass team to support the build of processes for the provision of diabetic care. This includes the prescribing and administration of insulin, and embedding diabetes policies and guidelines within the Encompass build
- In collaboration with regional diabetes teams a draft Diabetes Multi-Disciplinary Inpatient Service Model to the Diabetes Network Board
- Diabetes pharmacists and Pharmacy governance team continue to work in partnership to ensure insulin safety issues are addressed in a timely manner
- Inpatient diabetes pharmacist appointed in the Trust. Inpatient pharmacist working with medical team to provide a diabetes in-reach ward round to Emergency Department to identify and address insulin safety issues.

# #ThinkInsulin

### Next Steps

- Training and implementation of new regional diabetes policies
- Development of inpatient insulin kardex for SET to prepare for Encompass
- Collaborate with SET diabetes inpatient team to develop insulin safety education package to support insulin safety on wards which will address themes identified by SET insulin safety group
- Re-engage with National Insulin Safety campaigns.

# Resuscitation Services

## Reducing Hospital Cardiac Arrests

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the hospital resuscitation team.

Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating.



## Facts & Figures

There were **51** cardiac arrests reported within 2021 / 2022. This is a marginal increase of **7.8%** from 2020 / 2021. This measure is important because it reflects the effectiveness of the organisation in managing patients in hospital, whose condition is deteriorating. Timely recognition of deteriorating patients remains a priority for the Trust.

We recognise that engaging and empowering frontline staff to take appropriate action is known to be an influential way of generating long term improvement.

Crash calls	2019/2020	2020/2021	2021/2022
Cardiac Arrests	51	47	51
Peri-Arrests	33	26	30

The above table excludes cardiac arrests in Coronary Care, Intensive Care and Emergency Departments.

A Peri-arrest is defined as a moment just prior to a cardiac arrest.

Many In-hospital cardiac arrests are preceded by recognisable physiological changes, many of which are evident with routine monitoring of vital signs.

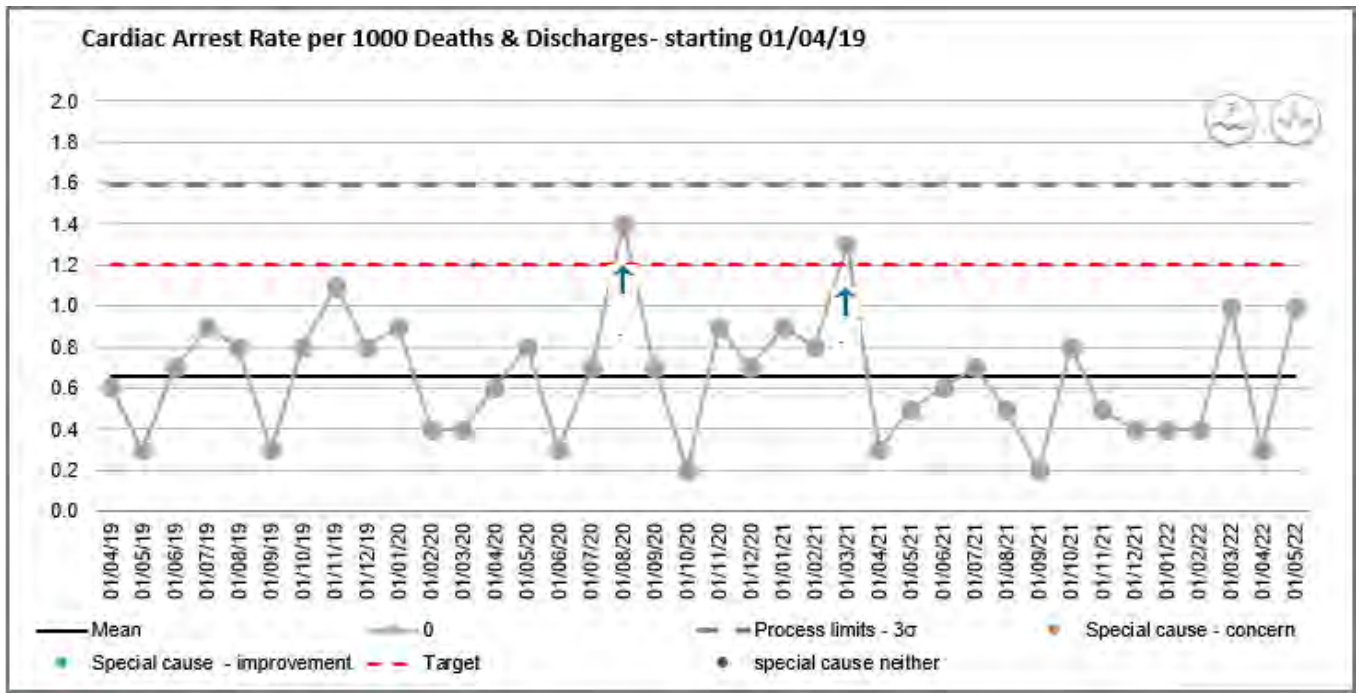
### Chain of Prevention



The above table shows the number of calls made to the crash team for patients in Peri Arrest. This indicates that nursing staff are recognising the deteriorating patient and appropriately escalating.

There are a number of contributing factors involved when recognising the deteriorating patient, such as resuscitation training, early warning scores (track and trigger systems) and effective communication tools which can all help improve patient outcomes and prevent cardiac arrests and inappropriate admissions to ICU.

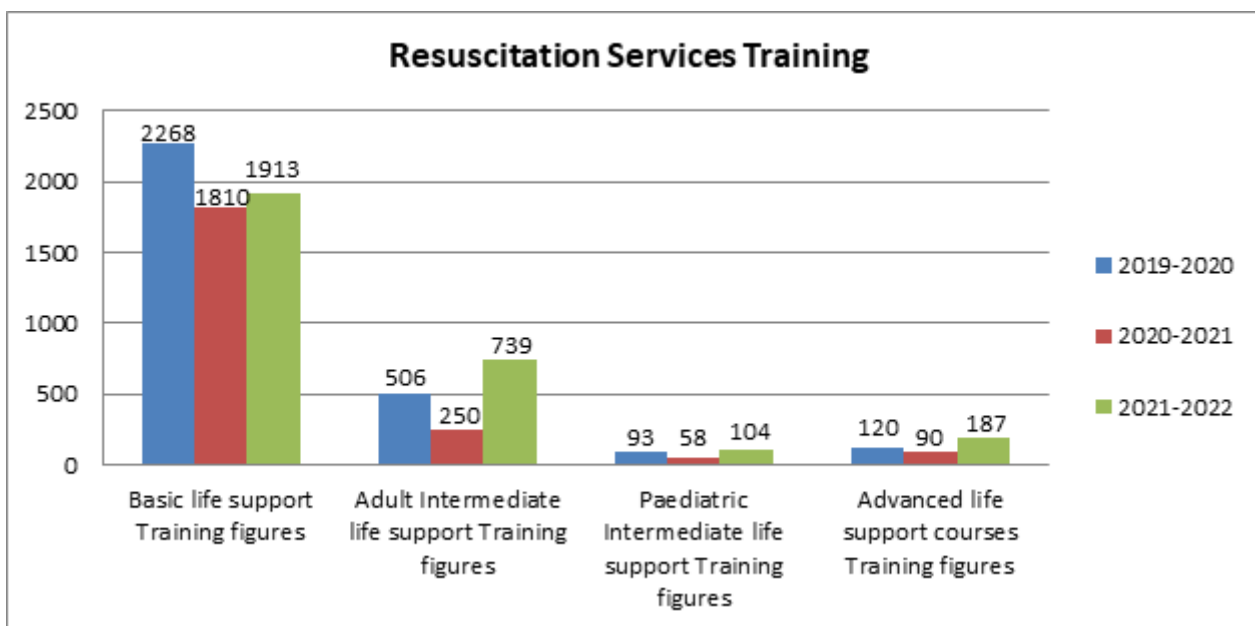
The chart below represents the Trust target of a cardiac arrest rate of **1.2 per 1000 Deaths & Discharges**. The Trust has an average Cardiac Arrest Rate of **0.7**.



This chart indicates common cause and normal variation. There are 2 data points above the target rate of 1.2. The arrest audit forms for these months were reviewed and there was nothing significant to report, there were 8 cardiac arrests and of these 8 incidents, 2 patients were alive on discharge, which is a 25% survival rate in September 2020 and April 2021.

## Resuscitation Training

The graph below represents the range of Resuscitation training provided to staff within the Trust over the last three years.



During the second year of the COVID-19 pandemic 2021 / 2022, the Resuscitation team continued to provide a vital training service to all staff within the Trust ensuring that basic life support training was up to date and any staff redeployed into a ward area were given adequate skills to ensure patient safety.



Resuscitation training ranges from Basic to Intermediate and Advanced Life Support.

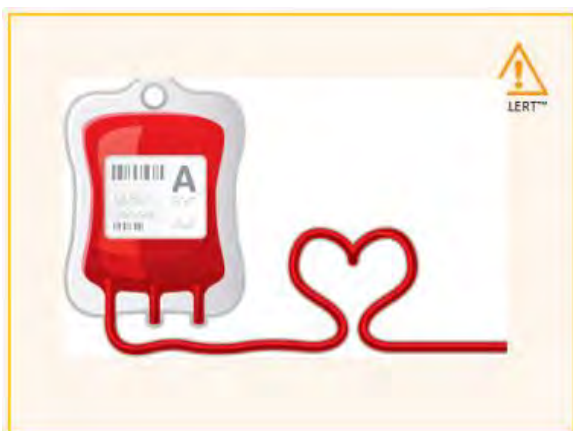
In total, **3059** staff attended resuscitation training from April 2021-March 2022.

Despite staffing challenges in the Resuscitation Services Department, there has been a steady increase in the number of staff (particulary Nurses and Doctors) trained in Intermediate and Advanced Life support within the last **12** months.

The Resuscitation Services department also offered training on Saturdays to meet the increase in demand. This resulted in:

- An increase of **52%** more staff trained in Advanced Life support
- An increase of **66%** in Adult Intermediate Life support (eILS)
- An increase of **44%** in Paediatric Intermediate Life support (PILS)
- An increase of **5%** in Basic Life support (BLS).

BLS Instructors and a New Resuscitation Services Assistant were vital in supporting and delivering Basic Life Support training to our staff.

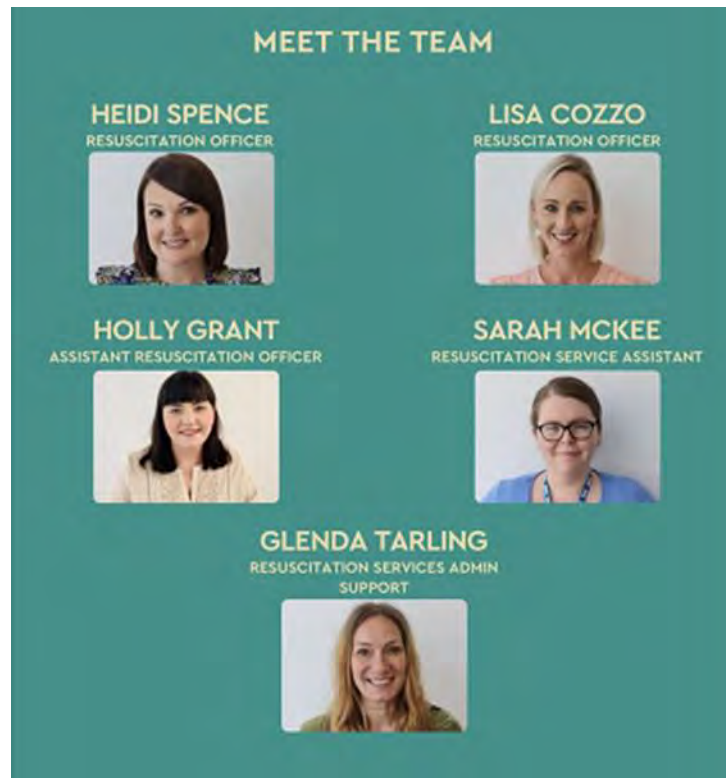


In response to an increase in the triggering of the Massive Transfusion Protocol (MTP) in the past year, the resuscitation team have collaborated with the Haemovigilance service to modify Immediate Life Support training by incorporating simulation training involving the MTP.

From December 2021 to March 2022 **142** staff have attended this training.



Below is the new Resuscitation Team for the Trust.



### Next Steps →

- To provide simulation training in the clinical area in relation to the deteriorating patient as well as simulating cardiac arrests. The aim of which is to incorporate the learning from these scenarios to improve the timely recognition and management of deteriorating patients
- Develop a Route Cause Analysis (RCA) tool which will provide an in-depth examination of the care of each patient who has suffered a cardiac arrest. This will not only be important for identifying any problems or issues in the lead up to a cardiac arrest but can also highlight good practice within the Hospital. Lessons learnt are vital for maintaining patient safety and improving patient outcomes
- The Resuscitation Services Department will be offering CPR training for all staff within the Trust on 'Restart a Heart' day. This is a worldwide annual event that helps raise awareness about cardiac arrests and provides people with the confidence to perform CPR. The event will be held in the Trust on Friday 14 October 2022.



**#RestartAHeart**

## Early Treatment Centre

### Diabetes Remission Programmes

In 2019, approximately **92,000** people in Northern Ireland had diabetes. This has increased by **62.5%** in the last decade. The dramatic increase in the prevalence of Type 2 Diabetes is primarily due to lifestyle factors such as very low levels of physical activity, high levels of sedentary behaviour, and diets that are high in fat and sugar and low in fibre, fruit and vegetables.

**DIABETES**



These lifestyle factors are themselves driven by the broader social, economic and political changes that make it difficult for people to live the healthiest possible lifestyle, for example, longer working hours and the reliance on, and easy availability of, highly processed food.

Type 2 diabetes is a serious, progressive condition. Across the UK every year, over **20,000** people with diabetes die earlier than they should due to complications of the condition. Diabetes is responsible for more than **100** amputations a week and is a leading cause of preventable sight loss in people of working age. It is a major contributor to kidney failure, heart attack and stroke.

**One in six** of all people in hospital have diabetes – while diabetes is often not the reason for admission, they often need a longer stay in hospital, are more likely to be re-admitted and their risk of dying is higher.

### Facts & Figures

The Trust has developed in partnership with Primary Care Standard Operating procedures for Diabetes Remission Programme to support the remission of diabetes and its associated complications within the South Eastern Trust population.

The Diabetes Remission Programme is developed based on a ground breaking DiRECT Study which results in **50%** remission for Type 2 diabetes mellitus patients. The cost of the programme is **£1,000** per patient versus annual treatment cost for life of **£2,500** (& complications). This is the first reversal Service in Northern Ireland and is an innovative partnership between primary and secondary care. This programme is for those with diabetes.

To date this year **31** people have completed the programme and reached the **6** month stage. **61%** (19/31) are now in diabetes remission with a further ten people having a lowering of HbA1c levels (Indicative of 3 month blood sugar level).

#### Next Steps →

- To develop in partnership peer support groups to provide support for those who have completed the programme
- To secure funding to continue with the programme.

## Diabetes Remission Programme

### OUTCOME 4: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

The Diabetes Remission Programme in SET is developed based on a ground breaking DIRECT Study which results in 50% remission for T2DM patients. The cost of the programme is £1k per patient versus annual treatment cost for life of £2.5k (& complications). This is the first reversal Service in NI and is an innovative partnership between primary and secondary care. Programme start date April 21. Results shown are for whole programme period unless otherwise specified.

#### How much did we do?



**64** Recruited to programme



**53%** females (n=34),  
**47%** males (n=30)

Average age: **49** years (Range 27-68)

#### How well did we do it?



**6** groups started- **62** people

#### Attendance:

Overall **81%** (including withdrawals)  
**91%** (excluding withdrawals)



**9** drop outs (15%):

Reasons:  
unable to tolerate the products, change in work pattern and circumstances, mental health reasons

Provisional data only

## Diabetes Remission Programme

### OUTCOME 4: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

#### Is Anyone Better Off?

##### Session 2-15

Session 2-10 shakes only;  
Session 10-13: re-introduction of solid foods  
Session 13 onwards: return to full diet

**32%** glucose ↓

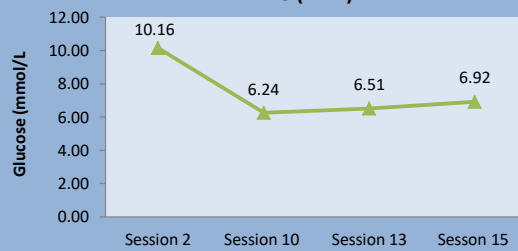
**13.9%** weight ↓

Systolic blood pressure  
Average decrease of  
15 mmHG (n=16)

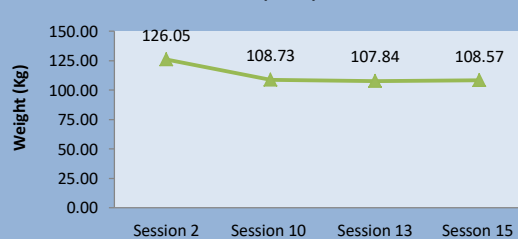
Diastolic blood pressure  
Average decrease of  
7 mmHG (n=16)

Session 2-10 shakes only;  
Session 10-13: re-introduction of solid foods  
Session 13 onwards: Full solid food diet

Average glucose (mmol/L) at Session 2, 10, 13 & 15 (n=27)



Average weight (kg) at Session 2, 10, 13 & 15 (n=41)



#### At 6 months

**61% (19/31)**  
in Diabetes remission  
(HbA1c <48 mmol/L)  
Range(31-46)  
A further 10 showed  
decreased HbA1c levels  
(p=0.001)



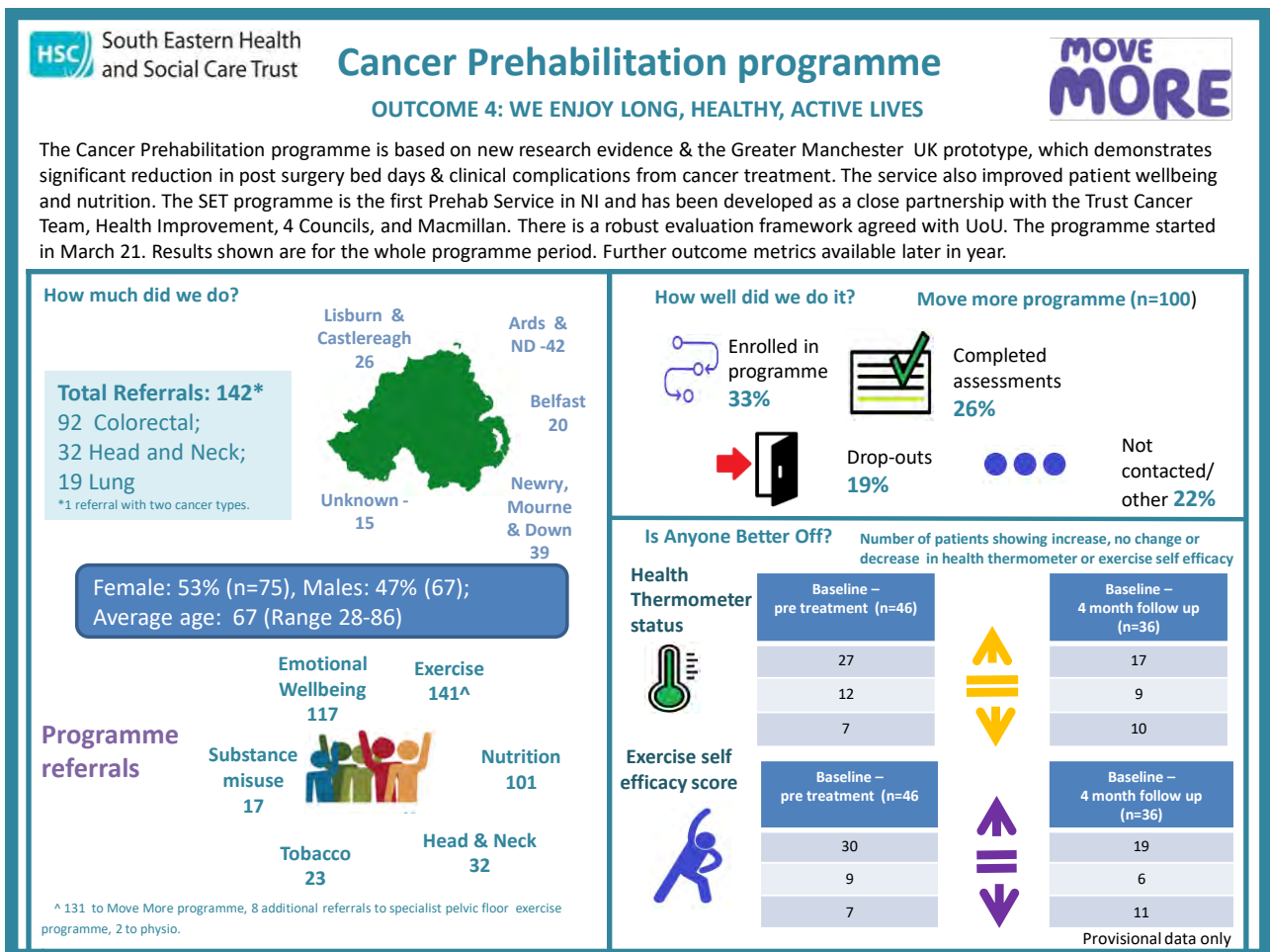
**Triglyceride: 38%** ↓  
Baseline: 2.36 (n=27)  
6 months: 1.45 (n=27)  
(p<0.05)

NB: Provisional data only. Not all participants had a valid blood result at each time point. Only participants with a valid result at each time point are compared. Weight is assessed using last known reported weight.

# Cancer Rehabilitation Programme

The Cancer Prehabilitation programme is based on new research evidence and the Greater Manchester UK prototype, which demonstrates significant reduction in post-surgery bed days and clinical complications from cancer treatment. The service also improved patient wellbeing and nutrition.

The Trust programme is the first Cancer Prehabilitation Service in Northern Ireland and has been developed as a close partnership between Trust services, Health Improvement, 4 District Councils, and Macmillan. There is a robust evaluation framework agreement in place with the University Of Ulster.



## Next Steps →

- The team will continue to work in partnership to deliver the initiative
- Findings and recommendations from the on-going evaluation will be used to reshape the service delivery going forward.

# Goal 4



## Raising the Standards

Next Steps Update  
from 2020 / 2021



# Healthcare in Prison

## Designing Person Centred Services

The Healthcare in Prison (HiP) Team has been improving and developing new services in partnership with people in custody. Starting with the foundation of population health need and what is important to people in custody. Examples of person centred design include:

- **A New Mental Health Triage Pathway**

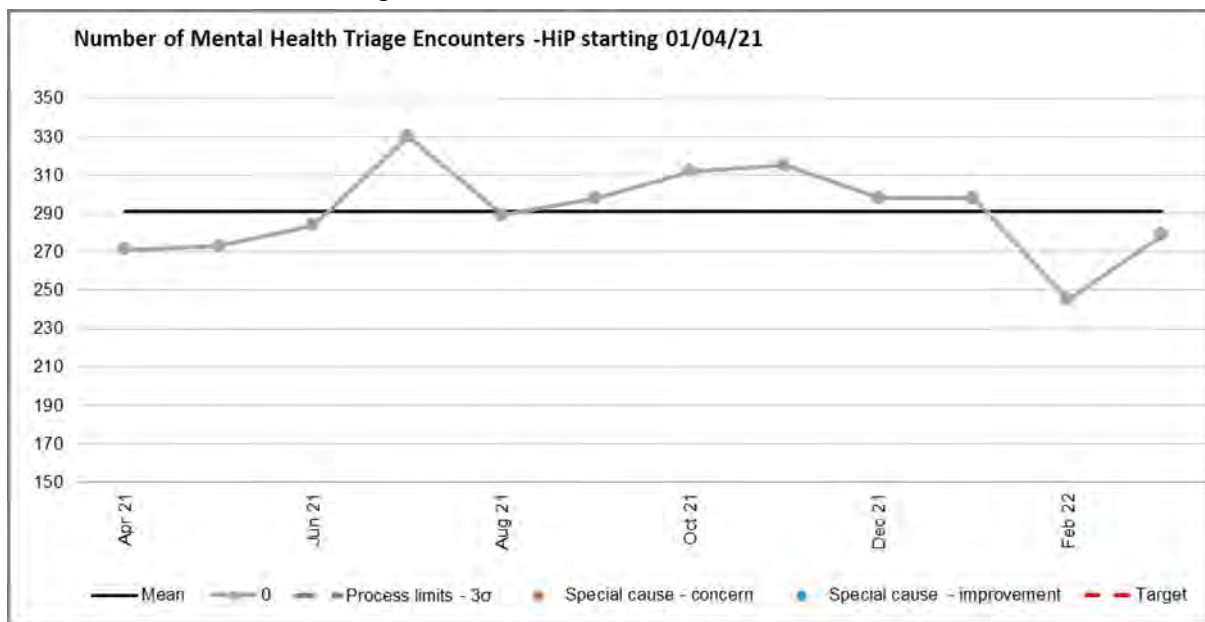


The project was to change the mental health information screening process for all new committals to a face to face triage.

The rationale was that face to face triage would build the therapeutic relationships, enhance participation and understanding of the healthcare services.

Working with people in custody, the triage process was designed and piloted. The aim of the initiative was that **100%** of individuals newly committed to prison receive face to face mental health triage.

The outcome of the new process included care outcomes which were improved with earlier identification of mental ill health, relevant referrals made to the correct services and a reduction in inappropriate referrals. There was evidence of improved staff morale, across all teams. Staff are more confident in decision making.



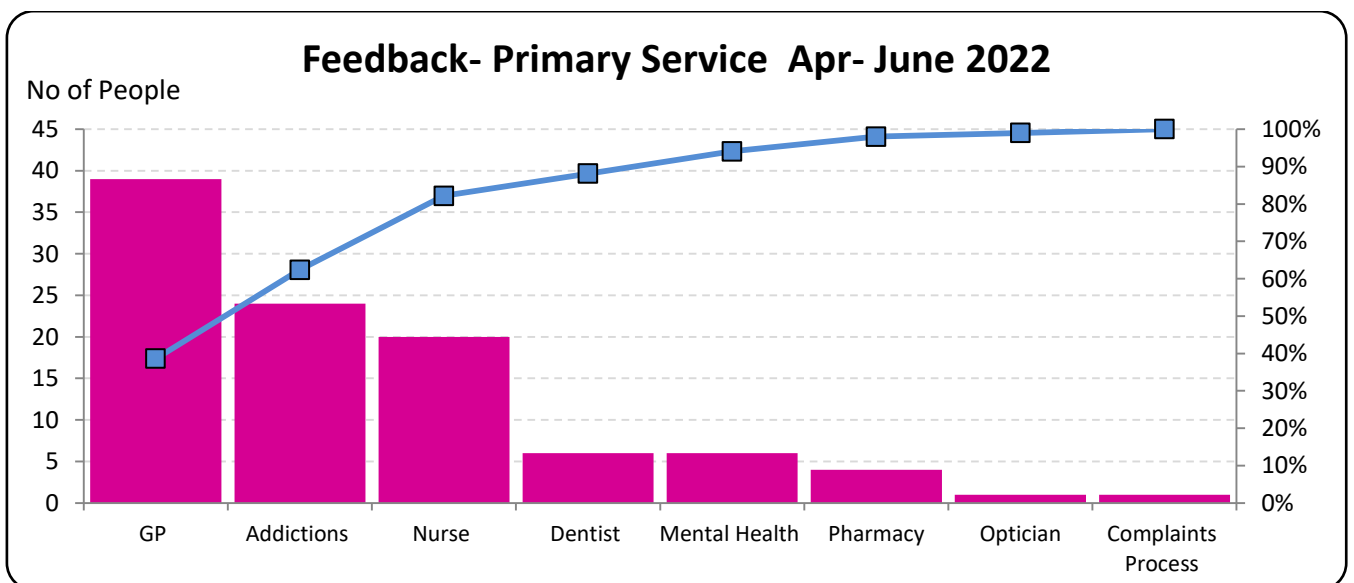
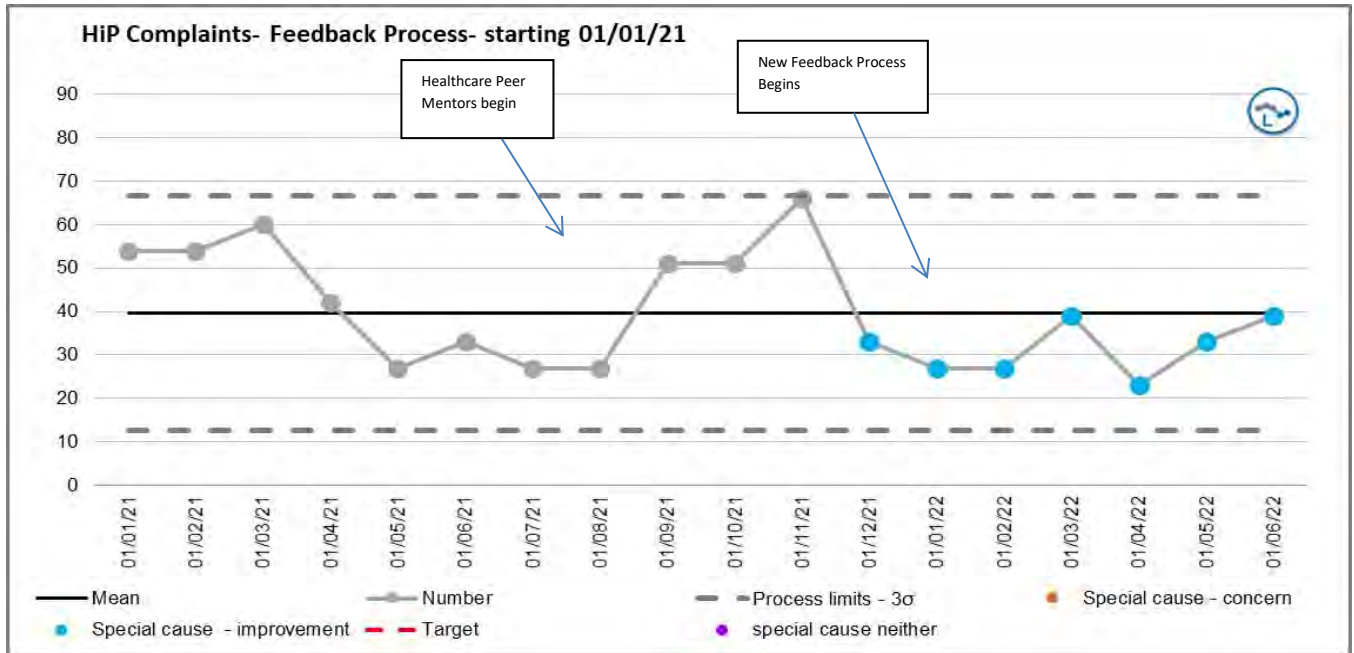
- **New Feedback Process**

Applying the new Quality Strategy Approach to service delivery includes the application of assurance information such as complaints and feedback into feedback loops to focus areas of improvement.



Working closely with people in custody, the Health Engagement Team has designed a new feedback pathway, which improves connection and the timeliness of service response. Feedback

Champions have been nominated by each service area who take time to meet with people and discuss their ideas and concerns. Monthly thematic analysis of the feedback forms enables HiP to conduct a deeper understanding of these issues and design service improvements. The outcome of this new process is an improved service user experience, timely person centred conversations and service wide accountability and improvement.



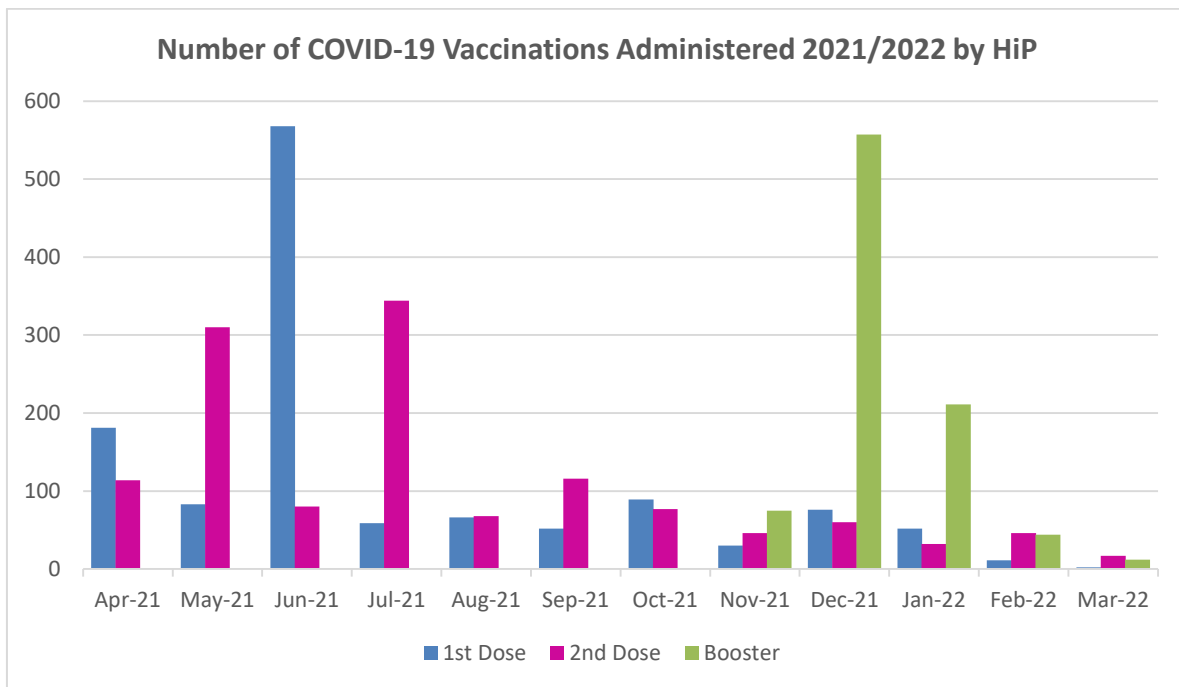
• **Vaccine Service**



The HiP team have used a multidisciplinary approach to establish a comprehensive vaccine programme across the prison sites. The Business Support Team have worked closely with the Northern Ireland Prison Service (NIPS) to coordinate and schedule those needing vaccinated.

Vaccinators from nursing, AHP, medical and dental teams contributed to the effort. Vaccine hesitancy was recognised amongst the prison population and was addressed by the team having individual conversations with people,

listening to concerns and encouraging uptake. This resulted in **78%** positive uptake which is favourable against community uptake and other UK prisons.



**The HiP team have been developing and improving services including:**

### Medicines adherence

The pharmacy team have developed a new Medicine Adherence check which has commenced across the prison sites. This is enabling supportive conversations with the pharmacy or nursing team about the compliance of medication use.



Since the new process began in 2021 / 2022, **157** people have had a medicine adherence check conversation with **99%** of these checks being compliant.

### Smoking cessation



Respiratory Physiotherapist Team has been providing screening and specialist support for people over the age of 35 who smoke. In 2021 / 2022, **134** people were screened.

The Trust Health Development Team have had their smoking cessation specialist working in Hydebank Wood to support cessation in 2021 / 2022. **76** people have attended for support and the smoking cessation specialists have developed a prison specific 12 week support programme for smoking cessation.

## Peer Mentor Hub

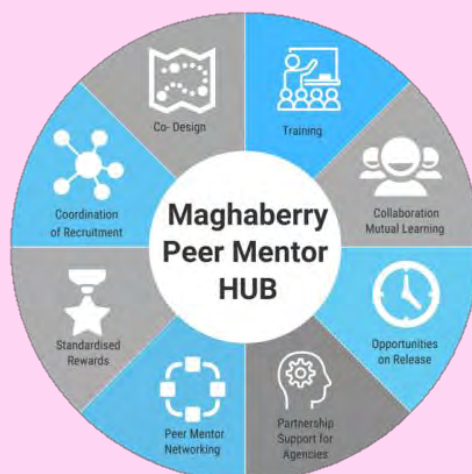


The Health Engagement Team has been establishing Healthcare Peer Mentors to support and navigate towards people in healthcare services and how to live well in prison.

In 2021 / 2022, **781** people had conversations with Ask HIM mentors which had the outcome of improved information exchange, quality of life and access to care.

The importance of creating a network of peer mentors across the prison is a driver for development of the interagency Peer Mentor Hub.

This will standardise the recruitment, supervision and reward of mentors and in partnership with Belfast Met transferable qualifications in advocacy and citizen advice.



## Blood Borne Virus (BBV)



The committal team have changed process for BBV screening to opt out. This has enabled people to undergo screening for BBVs as they enter custody with a **97%** uptake rate. A new Hep C assessment pathway has been developed alongside the BBV regional team.

Nurse led BBV clinics are being established to provide holistic care. The Health Engagement Team is linking with the Hepatitis C Trust to support peer mentor and staff training.

## Standardised Mortality Rate (SMR)

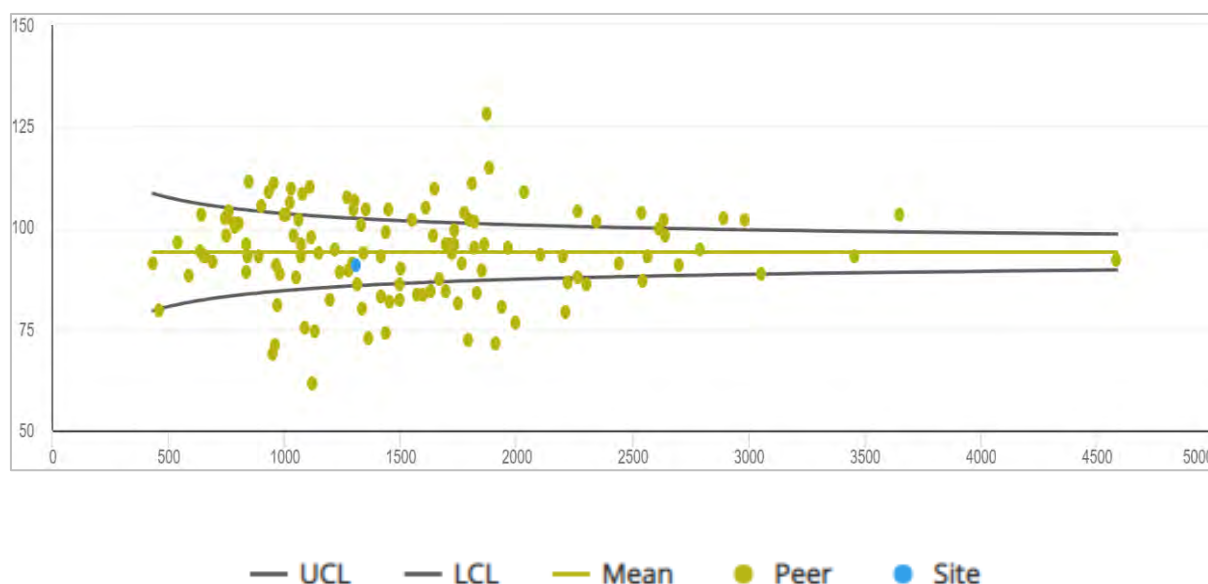
CHKS provide quarterly and annual reports for the Trust that comprise a review of the risk adjusted and crude (average) mortality for all admissions. This analysis identifies a monthly risk adjusted mortality rate for the Trust over a 12 month period, allowing the Trust to review trend changes on a monthly basis.

The report includes a number of methods and tools to analyse and present the information, one of which is a funnel plot.

The funnel plot\* below shows where we as an organisation sit in comparison to the UK peer (based on Hospital Episode Statistics acute hospitals) for the period April 2021 to March 2022.

The funnel plot (RAMI 2019) illustrates that the RAMI is lower compared to the mean UK peer values and within the upper and lower confidence limits for the Trust.

### Funnel Plot – RAMI, UK peer, April 2021 – March 2022



\* Risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2021 / 2022. This is because this activity is not recorded in the reference data to which RAMI makes its adjustments. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with COVID-19 coding using the present methodology. Risk adjusted analysis in this chart therefore excludes any activity with COVID-19 diagnoses codes.



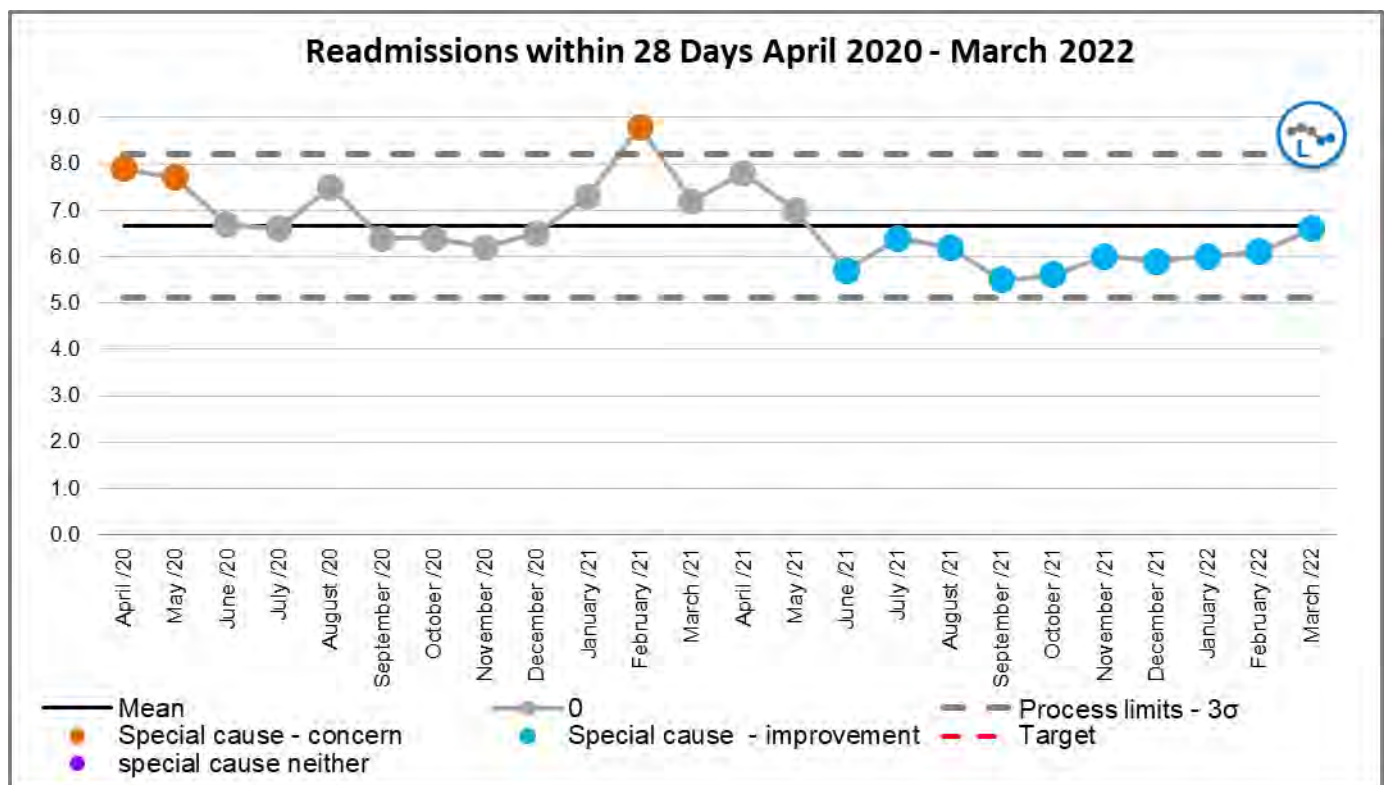
## Emergency Re-Admission Rate

This indicator looks at patients who are readmitted to hospital in an emergency within 28 days of discharge. Emergency readmissions rates are a potentially valuable indicator of quality of care; a measure of patient outcomes, but it is not that simple.

Some emergency readmissions may be due to relapses of existing long term conditions or new and unrelated illness. Others may be due to unrelated or unforeseen causes such as the patient's home conditions or community support.

It is also important to consider the ageing population and the increase in the number of people living with multiple chronic conditions.

The graph below shows the percentage of recorded emergency readmissions (%) to the Trust April 2020 – March 2022:

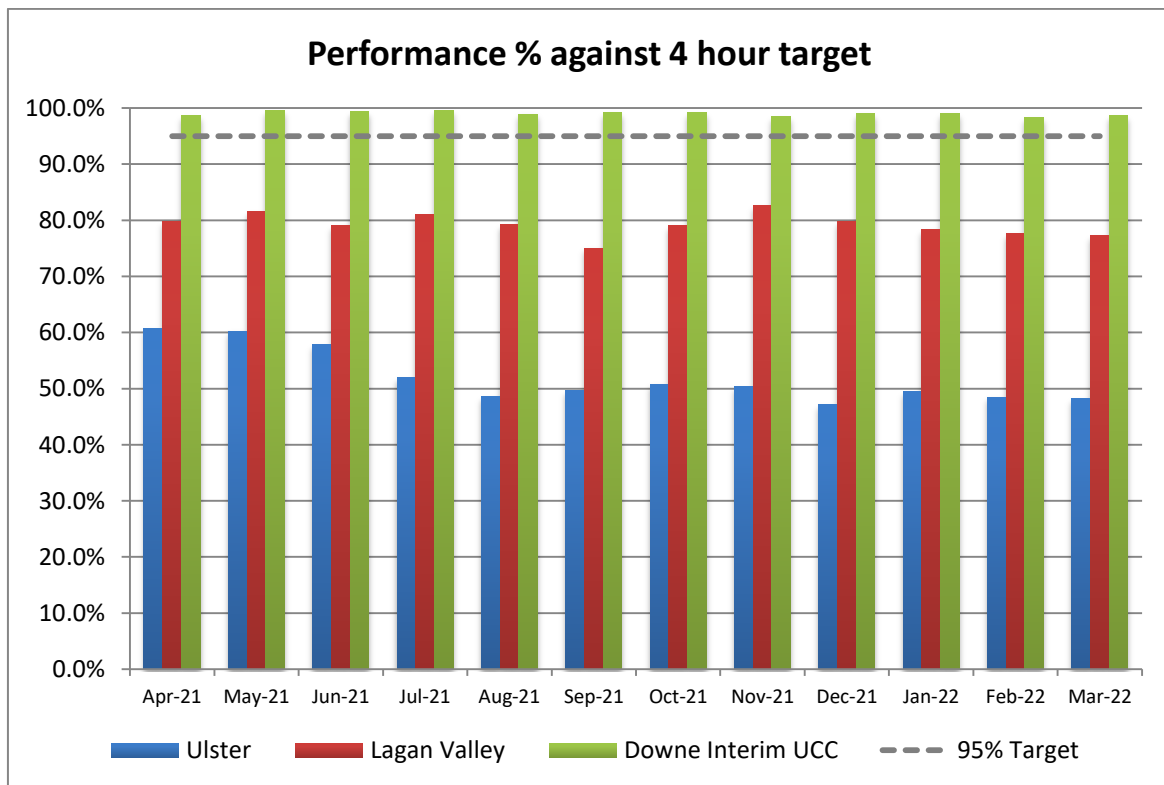


# Emergency Department

## 4 and 12 Hour Standards

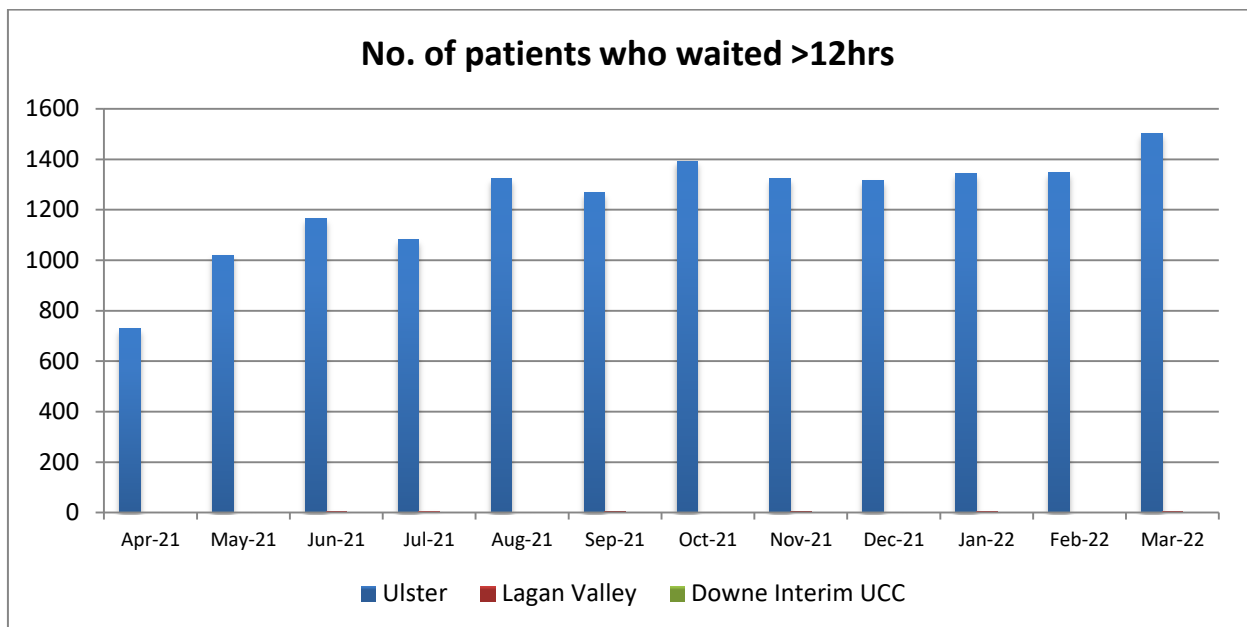
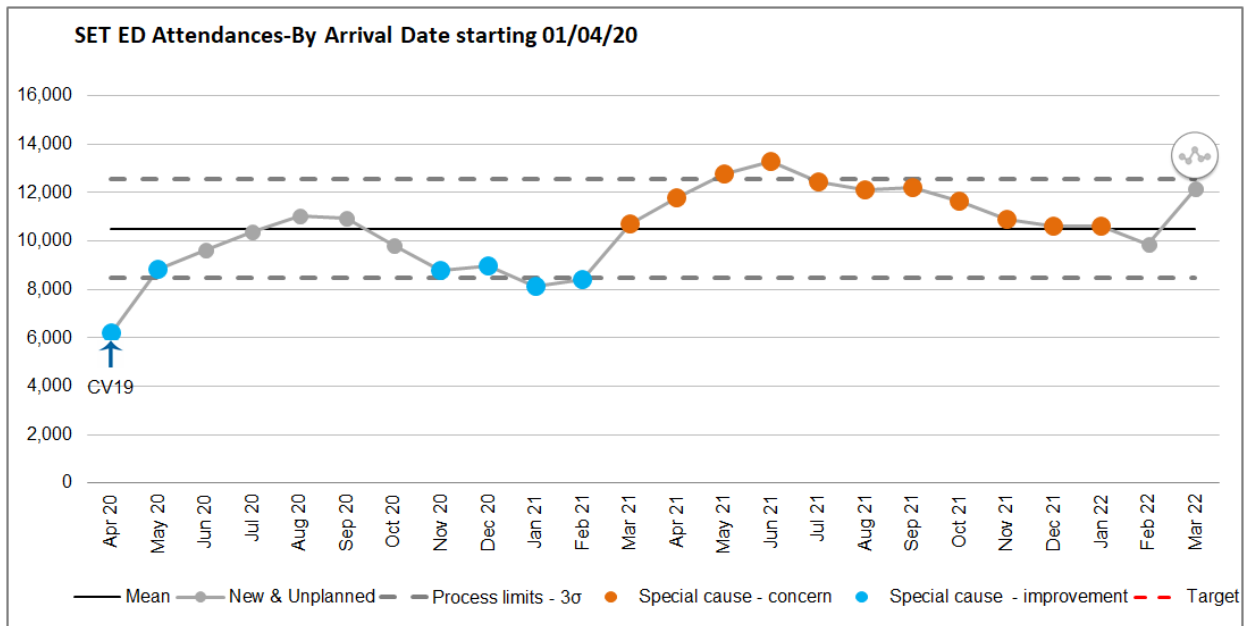
Demand for emergency care continues to grow and people should only attend an Emergency Department (ED) when they have a condition which requires immediate urgent care so that staff are able to use their time to treat those who are most ill.

Performance against this target is only one measure and ED's have developed dashboards to monitor additional measures that reflect the quality of care provided to patients. There have been additional challenges this year as we continue to deal with the COVID-19 pandemic.



## Facts & Figures

- During 2021 / 2022, there were **140,388** attendances to ED's, an increase of **28,583** (or a **25.6%** increase) attendances from 2020/2021. *This does not include those who 'Phoned First' and were triaged with advice only or sent to another location*
- In 2021 / 2022, an average of **385** patients attended Trust ED's each day
- In 2021 / 2022, **14,838** patients waited more than **12** hours. This represents **10.6%** of all ED attendances.



## Actions to Improve

It is important to note that patient waits in ED are often a sign of delays in the whole hospital flow system. Significant work has been undertaken to improve waiting times in ED's by focusing on more effective discharge and management of patients in medical wards.

Ambulatory Hubs continue to be utilised, to help prevent hospital admission and/or facilitate earlier discharge from inpatient wards.

The Discharge lounge has also had a significant impact on flow in the ED as it allows patients to be transferred to another area to whilst waiting for transfer, medications etc.

Enhanced care pathways have been developed for paediatrics and our dedicated paediatric area continues to see children between 08:00-00:30, as well as growth with our children's Short Stay Paediatric Assessment Unit.

We have continued to develop our nursing team and have seen a significant increase in our Band 7 senior nursing team. This has allowed an increase of senior cover during the day, with now having 2 x Band 7 senior nurses on each day, which has positive impact on patient care, but also ensures on-going development of our team, assisting with staff retention.

We have increased the provision of senior nurses in our acute medical team, who now provide 7 day support to the medical take, ensuring effective flow to alternative pathways and expedite actions to reduce delays in care treatments.

Whilst we see prolonged waits for beds, which is outside of the control of ED, we will continue to focus on delivery of safe and effective care for patients in the department, ensuring appropriate review of admissions by senior doctors, and to continue to triage, assess and treat all patients in a timely manner. The Trust continues to perform best in region in relation to how quickly people are seen and assessed in ED, but Type 1 EDs require improvement in terms of long waits for admission to hospital.

With increasing frailty and complexity of those being admitted, we have seen length of stay increase, which is impacted by challenges in discharging from hospital those with onward care needs. This has directly impacted the length of time people wait for admission from ED.

## **Sepsis 6 within the Emergency Department**

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly. ED's aim is that **95%** of adult patients receive all elements of the sepsis bundle within the ED.

Management of sepsis within the ED has previously been audited on a monthly basis against the elements of the Sepsis bundle: high flow oxygen, serum lactate measurement, blood cultures, IV fluids, IV antibiotics and urinary output.

The sepsis working group will be re-established within ED in August 2022 following the start of new medical staff and will be composed of senior nursing and medical staff, who will audit and encourage best practice within our ED Teams across all sites. Focus over the past 2 years has been early recognition of Red Flag Sepsis, IV Antibiotics within an hour of arrival and encouraging staff to use the Sepsis Sticker and Proforma.

All nursing/medical staff receive teaching at Induction which highlights the department pathway and use of stickers and proforma's to prompt early recognition and treatment.

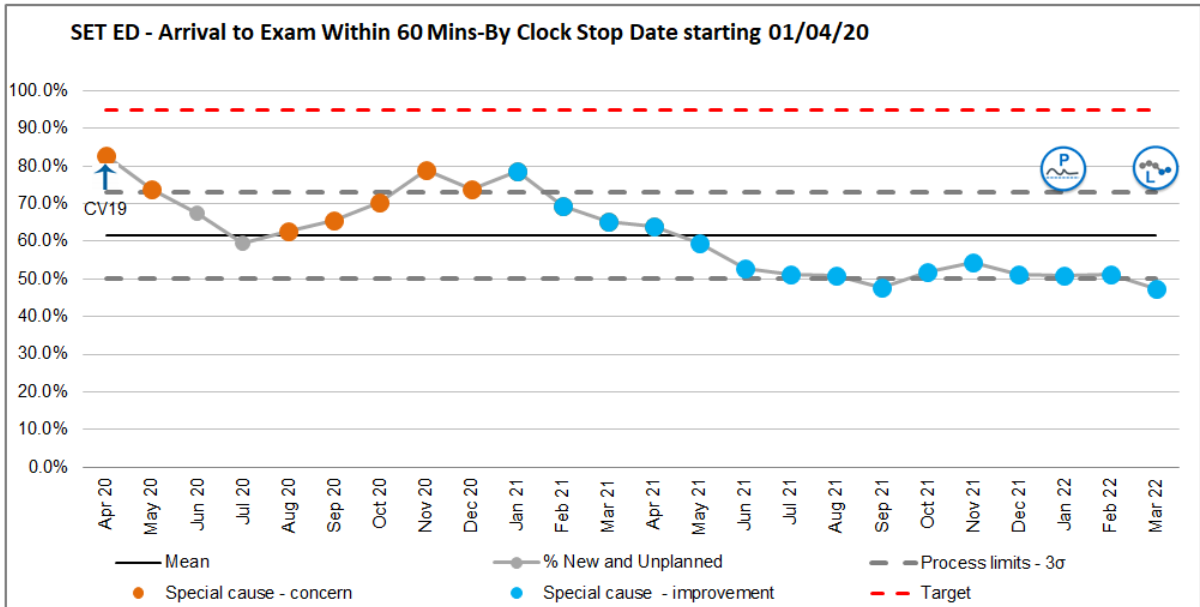
**Due to COVID-19 pandemic no data was collated from March 20 - August 2022.**

## **Time to be seen by an ED Doctor/Emergency Nurse Practitioner (ENP)**

This quality indicator records the time between arrival in the ED and the time when the patient is seen by a decision making clinician, and defines that **50%** of patients will be seen by a clinician within **60** minutes. This indicator reflects that early intervention improves clinical outcomes and patient experience. The department remains heavily reliant on locums at junior doctor level, though we are in the middle of a second round of recruitment for additional specialty doctors, as well as adding to our Emergency Nurse Practitioner team.

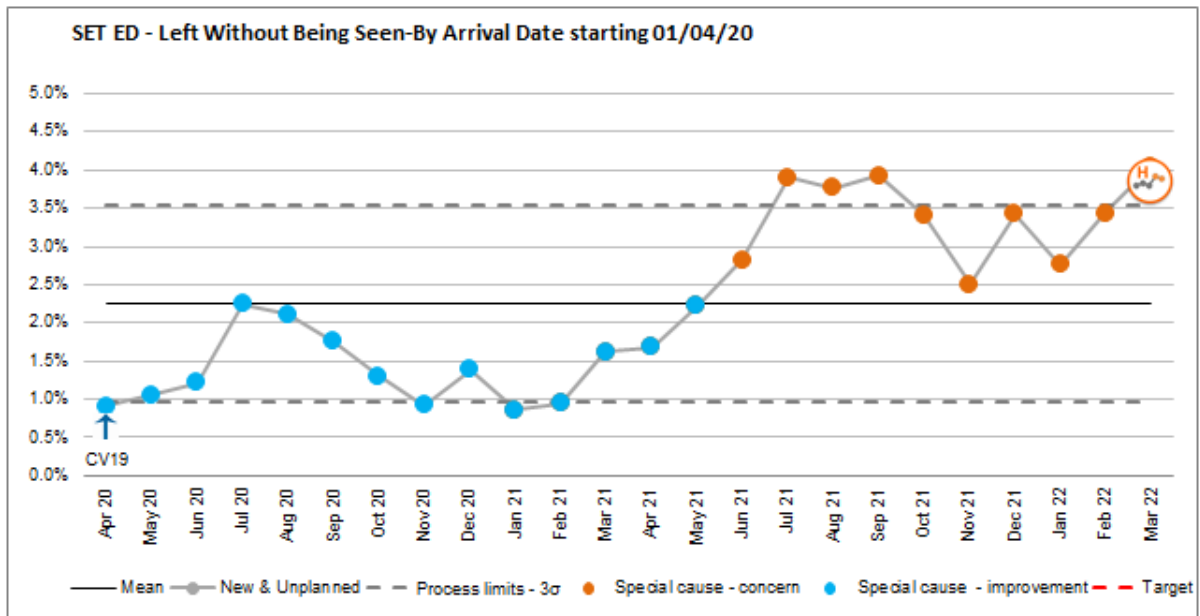
There is a direct correlation between increased attendance, trolley waits and examination within 60mins, when the department is under pressure there is often an increased waiting time to be seen.

Whilst we are not where we want to be in relation to the measure, it compares favourably to other Type 1 EDs across Northern Ireland.



## Patients Who Leave before Being Seen

This measure looks at the number of patients who leave the ED before a proper and thorough clinical assessment has been undertaken. The standard for this target is 5%, which we have achieved. We do remain worried about the increase in the number of people who have left without being seen, as this relates specifically to those who have waited too long to be seen by the appropriate clinician.

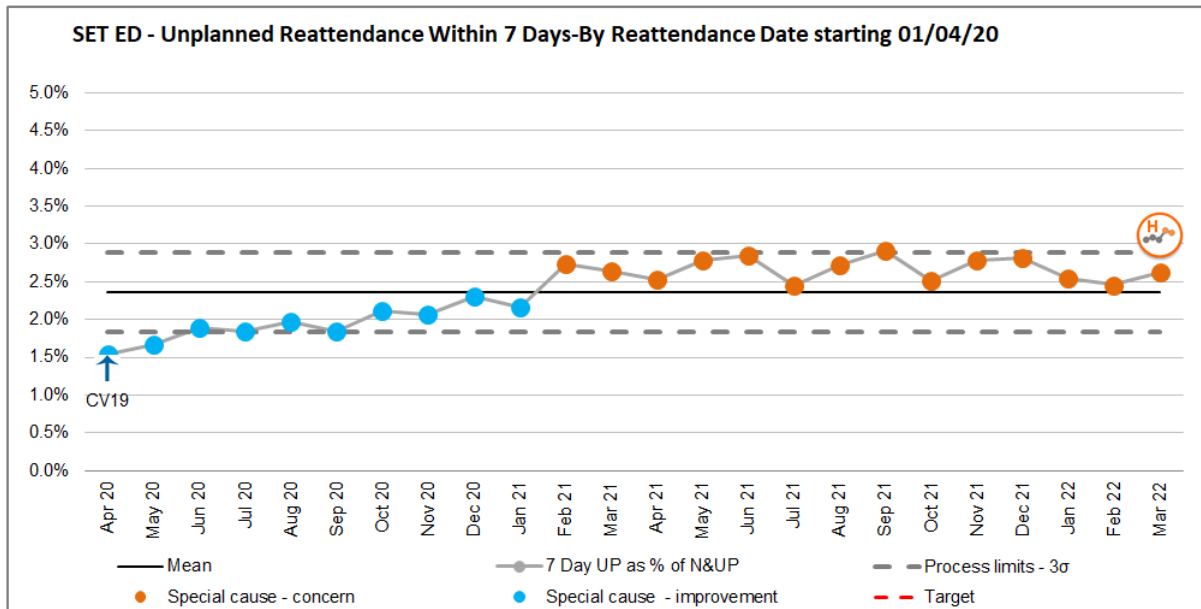


Left before seen includes those who left before triage and who left before treatment



## Unplanned re-attendance within 7 days

The Unplanned Re-Attendance Rate indicator looks at unplanned follow-up attendances to the ED within 7 days of the original attendance. The target for this is **less than 5%** and focuses on avoidable re-attendances to make sure that the patient gets the best possible care at first attendance and that issues related to their care are clearly communicated to them. The standard for this measure, whilst it has increased compared to 2020 / 2021, remains within acceptable limits.



Unplanned 7 day re-attendances is calculated as the % of new and unplanned review attendances by arrival date which are unplanned review 7 days (to the minute) after previous attendance – i.e. against date of re-attendance.

### Next Steps →

- Move from planning to implementation of the move to Acute Services Block (ASB) Emergency Department in Autumn 2022 on the basis that flow out of the department is sufficient to prevent further overcrowding in ED
- Continue to provide safe and effective care of those with and without COVID-19
- Protect staff – both psychologically, physically, and emotionally as we continue to see pressure on the teams increase with overcrowding in ED
- Grow and develop our staff to give opportunities for professional development and focus on recruitment to open ASB safely and sustainably
- Respond to the changing needs of the community by ensuring our team are trained and equipped to manage all those who require Emergency Care
- Focusing on our service as a whole, continue to ensure all sites deliver safe, sustainable care.

## NICE Guidelines

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

NICE guidelines provide expert direction to assist health and social care professionals to:

- prevent ill health
- promote and protect good health
- improve the quality of care and services
- adapt and provide health and social care services.

**NICE** National Institute for  
Health and Care Excellence

Clinical Guidelines (CG's) cover broad aspects of clinical practice and service delivery and, as such, application can often be complex and have financial and wider strategic implications. HSC Trusts have a **3** month planning period from the date the DoH issue the guideline, with a further 9 month timeframe to implementation of the Clinical Guidelines.

The Trust continues with a robust programme of activity to ensure compliance as far as possible with all Clinical Guidelines by the required target dates. Those not on target will be reported as requested by the board at the bi-monthly reviews to enable concerns to be addressed.

We are also working closely with all Directorates across the Trust to review and, where appropriate, bring closure to any older guidelines. The response rate in 2021/2022 has been lower than expected due to COVID-19 pressures; however as the Trust is emerging from the pandemic we are finding that there is an overall increase in responses and we have plans in place to address any outstanding guidelines.

We have also introduced changes in how we manage our database, allowing staff to access Individual Directorate Reports using dedicated links which are supporting an increase in responses.

NICE have been developing a series of rapid guidelines on the active management of patients with suspected and confirmed COVID-19 in a number of clinical areas.

The process by which the Department endorses these will change from individual endorsement to automatic endorsement from the date of publication by NICE.

### Next Steps →

- Going forward the Trust will work with the SPPG to implement the new policy for the process of managing NICE guidelines when launched
- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Trust will work closely with SPPG and the Directorates to facilitate implementation of the outstanding NICE guidelines.

# Audit & Improvement Data Department

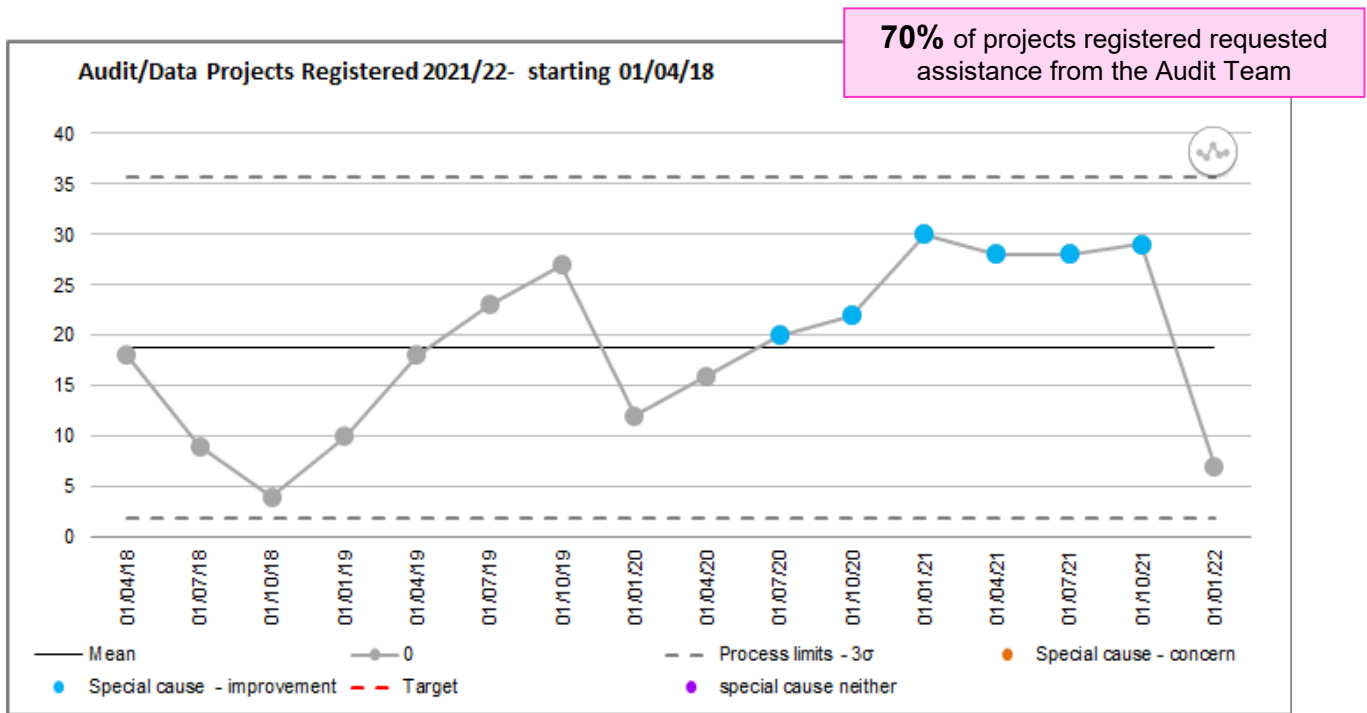
The Audit & Improvement Data Department continue to promote audit and provide a support service to all multi-professional staff across the Trust to carry out audit and improve their services by seeking assurance of performance against service specific standards and measures.

The following are some of the ways we can have helped:

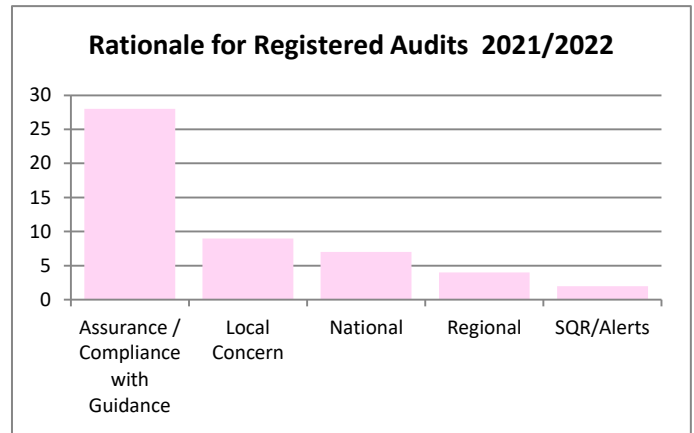
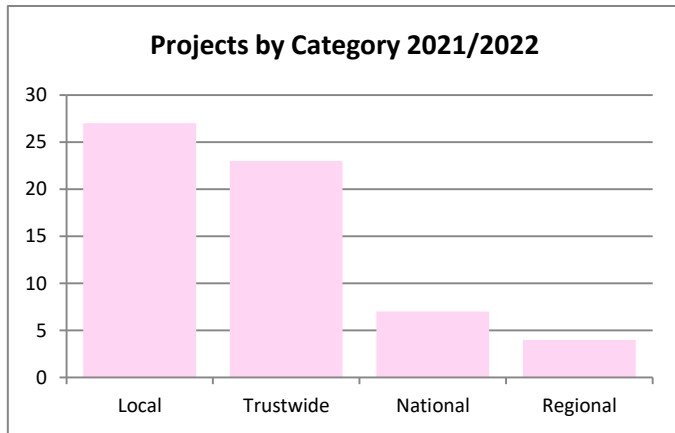
- Guidance and advice on the audit process
- Assistance in identifying measures and standards
- Design of data and collection
- Online tools for data capture
- Assistance with data collection (where appropriate)
- Analysis of data collected
- Report writing
- Assistance with action plans and links to QI Clinics
- Assistance with presentation material and measurement tools
- Sharing learning Trust-wide through quarterly SQE Newsletter.



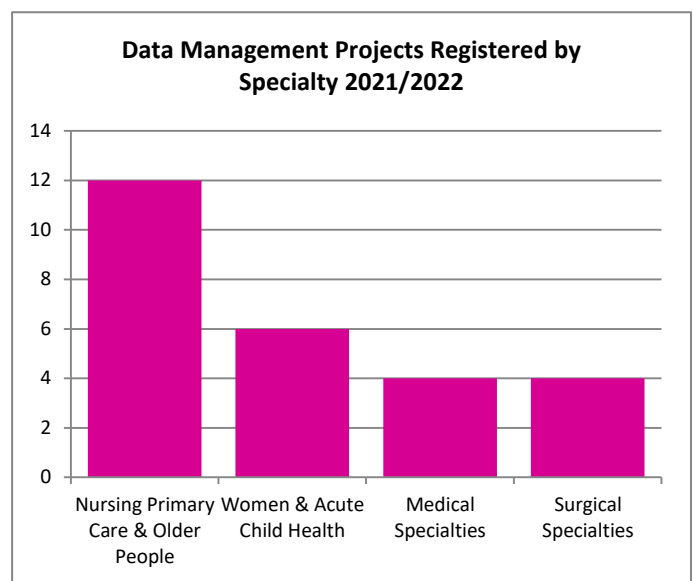
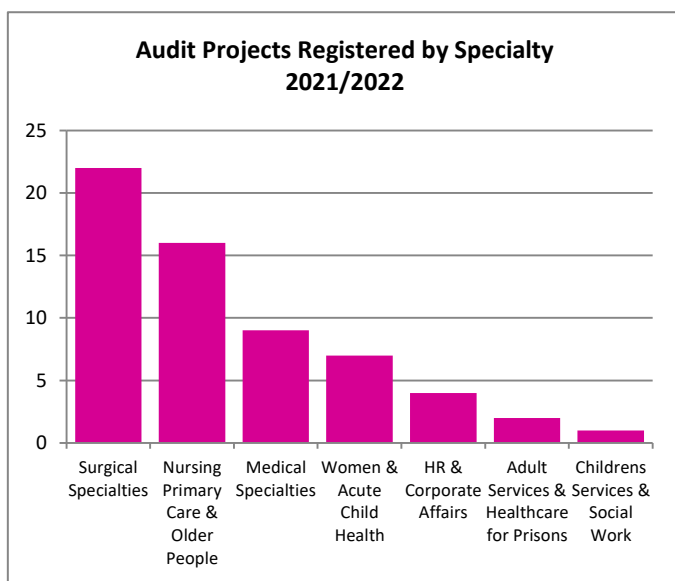
The following is an overview of the Audit Activity registered up to 2021 / 2022:



The chart details common variance in the number of projects registered, however from Quarter 2 2020 / 2021 the chart indicates improvement in the number of projects registered with a decrease in Quarter 4 2021 / 2022 due to the Audit Department being partially stood down due to COVID-19. It can be expected that the number of projects registered each quarter will range between **2** and **35**.



The following graphs give a breakdown of projects registered by Specialty. Due to COVID-19 there has been a delay in completion of some of the projects due to redeployments of staff and re-prioritisation due to the pandemic.



## 2021 / 2022 Registered Projects:

Specialty	Project Title
Nursing Primary Care & Older People	Emergency Management of Hyperkalaemia
Nursing Primary Care & Older People	Compliance with policy on use of Plastic Bags within Mental Health Wards
Women & Acute Child Health	CTG Fresh eyes audit (EFM)
Nursing Primary Care & Older People	IV Fluid Audit Tool / Reporting
Surgical Specialties	Acute Orthoplastic Referrals - is there a delay in transfer?
Nursing Primary Care & Older People	Use of Mental Capacity Act for discharge from Ward 11
Nursing Primary Care & Older People	Regional Mattress Audit
Nursing Primary Care & Older People	National Audit of End of Life Care

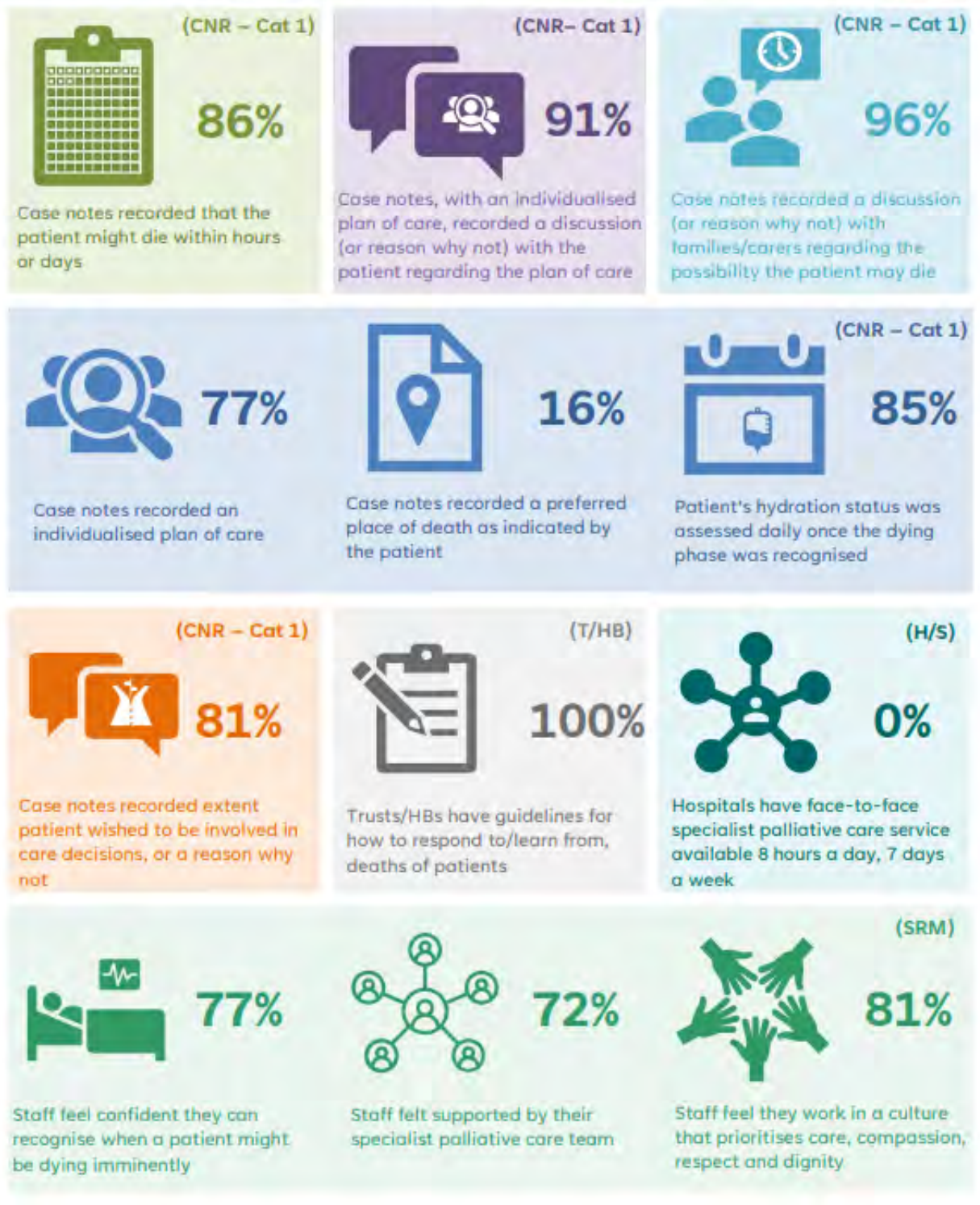
Specialty	Project Title
Surgical Specialties	National Retrospective Review of Femoral Peri-prosthetic Fracture Management - is there variance in practice?
Medical Specialties	BTS Smoking Cessation Audit
Nursing Primary Care & Older People	National PS Alert - Nasal Oxygen during transfer
Surgical Specialties	PPF Study - A National Retrospective View of Femoral Peri-prosthetic Fracture Management
Women & Acute Child Health	Vaginal Birth after 2 or more C sections
Women & Acute Child Health	ARCOG Intrapartum glycaemic control for women in labour
Surgical Specialties	CASCADE - National Audit on Cardiovascular Outcomes after Abdominal Surgery
Surgical Specialties	Outcomes of Hiatal Surgery during COVID-19
Surgical Specialties	Urgent / Emergency MRI studies to access Cauda Equina Syndrome
Surgical Specialties	Baseline Audit on New Procedure re Lymphoedema
Medical Specialties	Management of BCC in SET and Follow UP
Surgical Specialties	Improving Day-Case Rates following 'Ambulatory' Foot and Ankle Surgery
Surgical Specialties	Improving perioperative fasting times in adult elective surgical patients
Women & Acute Child Health	Antenatal Corticosteroids: are we administering appropriately
Medical Specialties	Occupational Health Dermatology Service
Women & Acute Child Health	Documentation of Nature of Allergy to Antimicrobials on Patient Records in UH-3E
Medical Specialties	Audit of the delivery of Intra-pulmonary Lysis for empyema during April to October 2021
Children's Services & Social Work	Audit of new service - Community infant feeding specialist support service
Surgical Specialties	Antibiotic treatment of sore throats within the ED - adherence to anti-biotic guideline
Adult Services & Prison Healthcare	Adherence to Current Department of Health Visitation Guidelines
Nursing Primary Care & Older People	Compliance with NICE Guidance CG123 Urinary Incontinence
Women & Acute Child Health	Meeting the BSSVD Standards for a vulval clinic
Surgical Specialties	CT Dose Audit
Surgical Specialties	AP Chest Projection
Nursing Primary Care & Older People	Audit of SSKIN Bundle Documentation used across sites
Nursing Primary Care & Older People	Social Distancing Audit
Human Resources & Corporate Affairs	Controls Assurance - Decontamination



Specialty	Project Title
Medical Specialties	Management of new patients with Melanoma (NICE NG14)
Nursing Primary Care & Older People	Compliance with NICE QS178 - patients referred to Sexual Health should receive an appointment within 2 working days.
Surgical Specialties	Meeting Flexor Tendon Repair Standards of Care
Nursing Primary Care & Older People	Compliance with completion of DNACPR forms
Nursing Primary Care & Older People	Audit of Occupational Therapy Clinical Notes - Ulster Hospital
Surgical Specialties	Re-audit Medicines Management
Human Resources & Corporate Affairs	DATIX - Incident Approval Timeframe
Nursing Primary Care & Older People	Benchmarking against National Frailty Audit
Human Resources & Corporate Affairs	Compliance with Fire Safety Manual / Fire Drills
Nursing Primary Care & Older People	How patients with Idiopathic Pulmonary Fibrosis benefit from a Joint Nurse Led ILD/Palliative clinic
Surgical Specialties	Documentation of neuromuscular monitoring and reversal of NMB on the anaesthetic record
Nursing Primary Care & Older People	Compliance with prescribing of Combined Pill
Surgical Specialties	Capnography in Recovery Wards
Human Resources & Corporate Affairs	Survey on the ease of using the Datix reporting system
Adult Services & Prison Healthcare	National Early Warning Score (NEWS) 2, - The Measuring & Recording of Vital Signs on Adult Inpatients
Surgical Specialties	Investigating the complications following internal fixation of intracapsular neck of femur fractures
Medical Specialties	Audit of management of patients receiving treatment with dupilumab for atopic dermatitis (AD)
Medical Specialties	Audit of melanoma patient reviews during COVID-19
Surgical Specialties	Pre-habilitation and Enhanced Recovery in Colorectal Surgery
Women & Acute Child Health	Management of Anaemia in Pregnancy - Re-audit from 2019
Women & Acute Child Health	Audit of Results of Stereotactic Breast Biopsies
Medical Specialties	Audit of Chest X-ray Documentation
Adult Services & Prison Healthcare	Re-audit Mental Health Supervision
Surgical Specialties	Introduction of patient bracelets for neurological injury

**National Audit of Care at the End of Life 2021**  
**Northern Ireland**  
**Key findings at a glance**

5 Trust/Health Board overviews (T/HB)    20 Hospital/site overviews (H/S)    319 Case Note Reviews (CNR)    640 Staff Reported Measures (SRM)



## Next Steps →

- Continue to work with Clinical Risk Director to re-establish Clinical Audit Leads
- Continue to work towards the production of an Annual Audit Programme
- Re-establish Audit Steering Group to drive Audit Trust-wide
- Robust National/Regional Audit central database
- Re-establish National/Regional Audit Assurance Programme
- Promote use of QI rapid cycle audits as an alternative to traditional re-audit
- Continue to provide data clinics to support multi-professional colleagues
- Develop Audit & Improvement Data Evaluation
- Development of new online audit capture and performance dashboards.

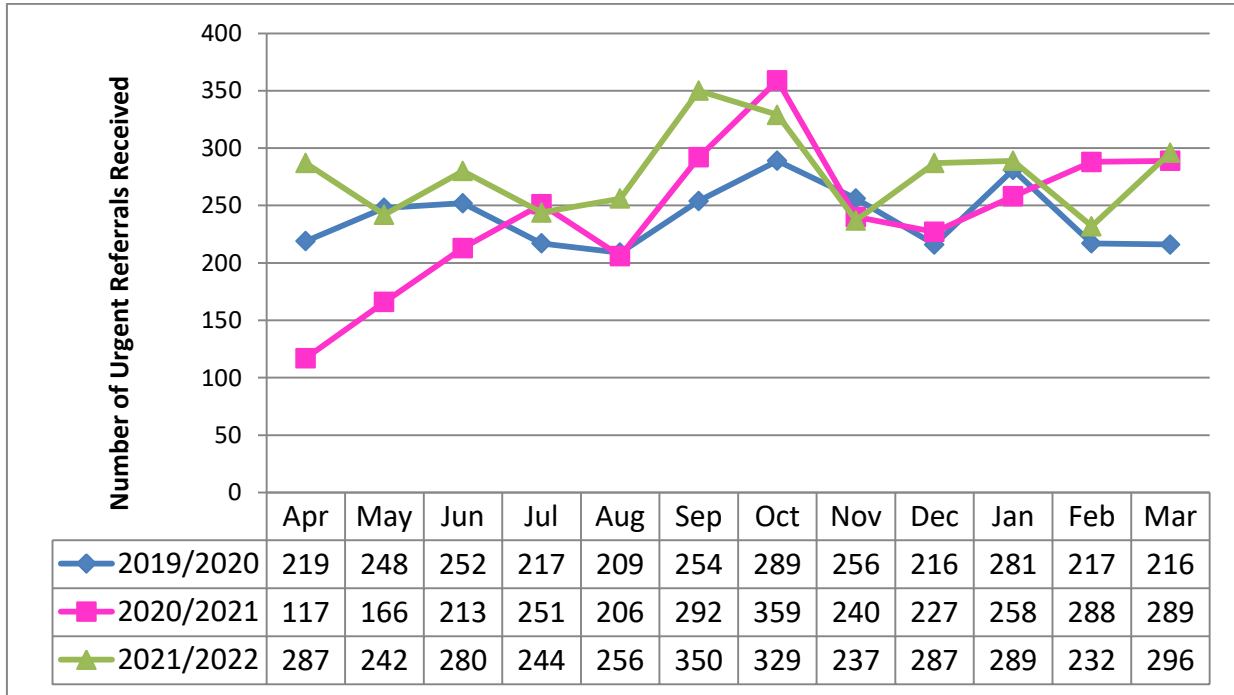


# Cancer Access Standards

## 14 Day Breast

The average number of referrals increased from **239** in 2019 / 2020 to **277** in 2021 / 2022.

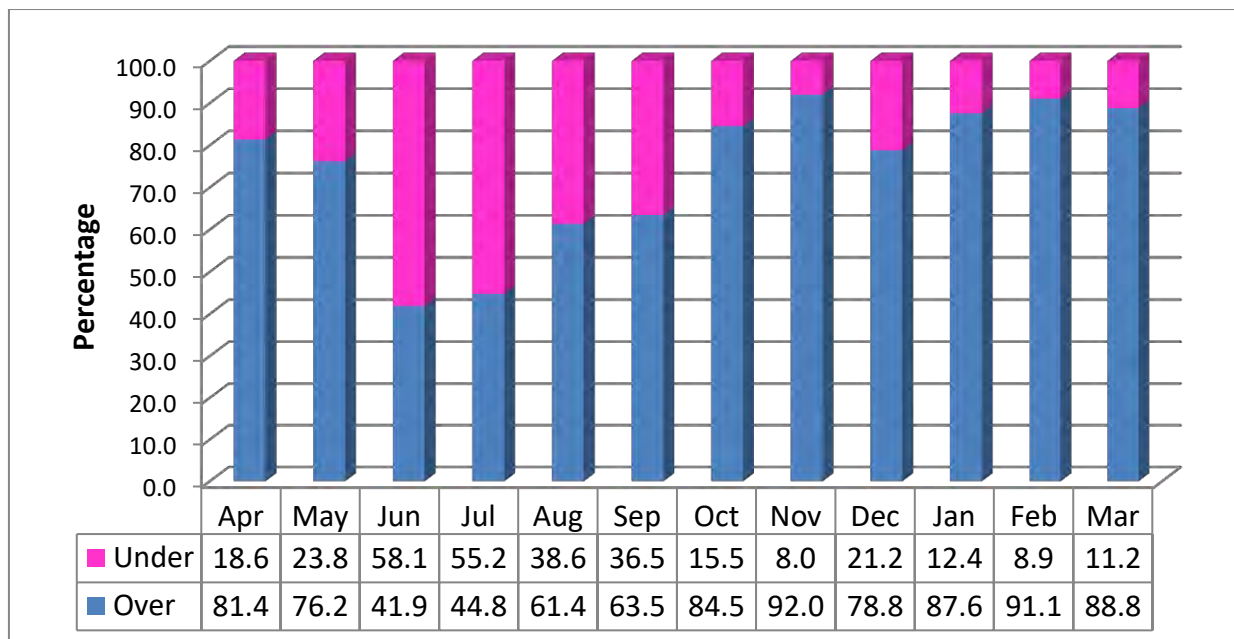
Referrals received by year



The average number seen each month increased from **231** in 2019/2020 to **244** in 2021/2022. This was despite unplanned leave within the clinical teams.

## Facts & Figures

14 Day Performance





- Unplanned leave in the clinical teams (surgery and radiology) capped the number of urgent new patients which could be booked
- Routines were converted to urgent new from April to September 21
- Significant increase in referrals.

### Next Steps

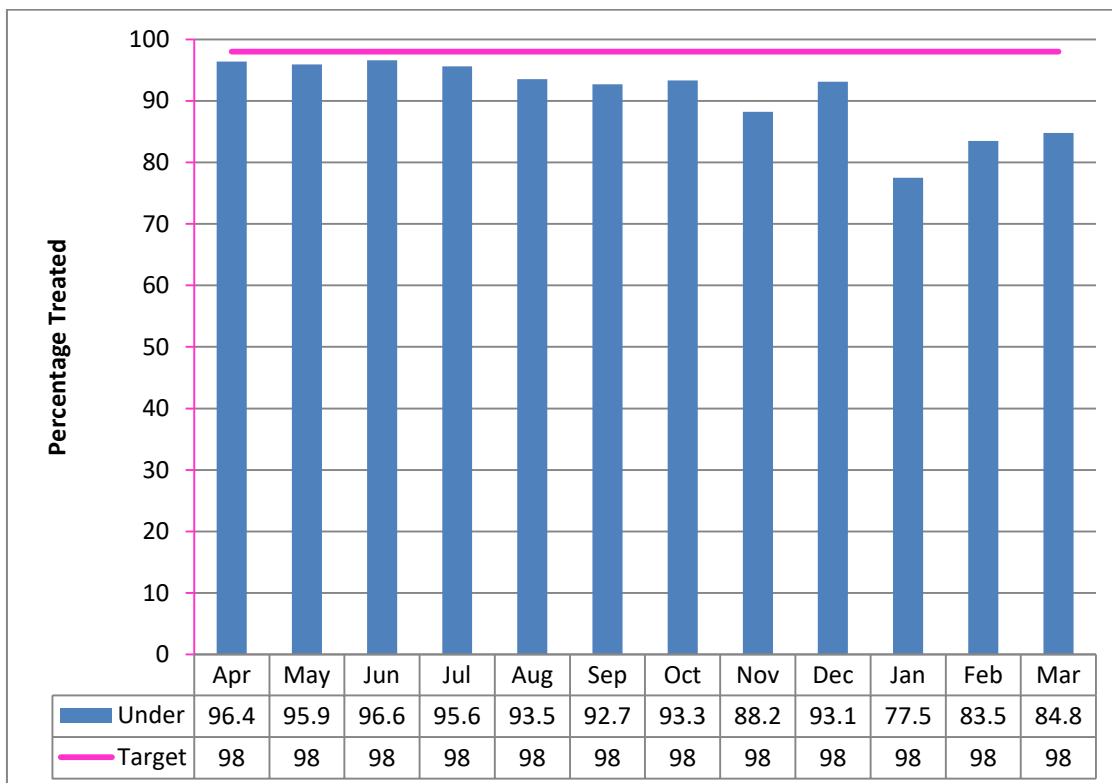
- Continue to work towards implementing 4<sup>th</sup> triple assessment clinic
- Monitor capacity and demand on a monthly basis to ensure urgent capacity is maximised
- Prepare monitoring reports to identify potential breaches by examining the number of patients on the urgent waiting list on a weekly basis.

## 31 Day Target

The overall position for 2020 / 2021 was **95%**. This decreased to **90%** in 2021 / 2022. Performance against this target will remain challenging in 2022 / 2023.

## Facts & Figures

31 Day Performance





## 62 Day Target

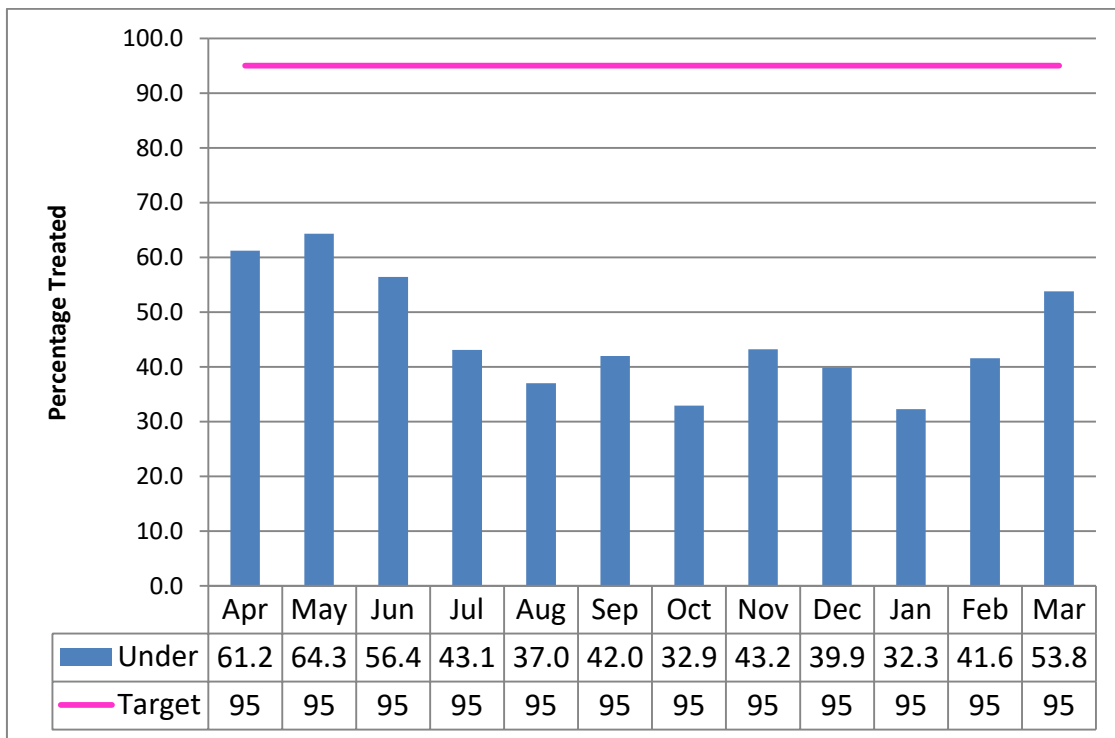
The Trust continues to aim to treat **95%** of GP Suspect Cancer Referrals and Consultant upgrades within **62** days.

There was a **24%** increase in GP Red Flag referrals when comparing 2021 / 2022 with 2020 / 2021. There has been a **14%** increase when comparing to pre-COVID-19 levels.

The increase in referrals has resulted in increased waiting times for outpatient appointments and diagnostic investigations. .

## Facts & Figures

62 Day Performance



### Next Steps →

- Work with directorates to reduce waiting times for first outpatient appointment
- Achieve and maintain pre-COVID-19 levels of activity
- Develop monitoring reports to ensure the Trust is maintaining pre-COVID-19 activity levels
- Work with tracking team on a monthly basis to target the 50 longest waiting patients.

# Goal 5



## Integrating the Care

Next Steps Update  
from 2020 / 2021

## Enhanced Care at Home

*"Transforming care...Improving lives...people matter!"*

The Enhanced Care at Home (ECAH) Service has been developed through an Integrated Care Partnership (ICP) to provide person-centred care for individuals with acute illnesses in their own home as an alternative to hospitalisation, additionally facilitating early discharge.

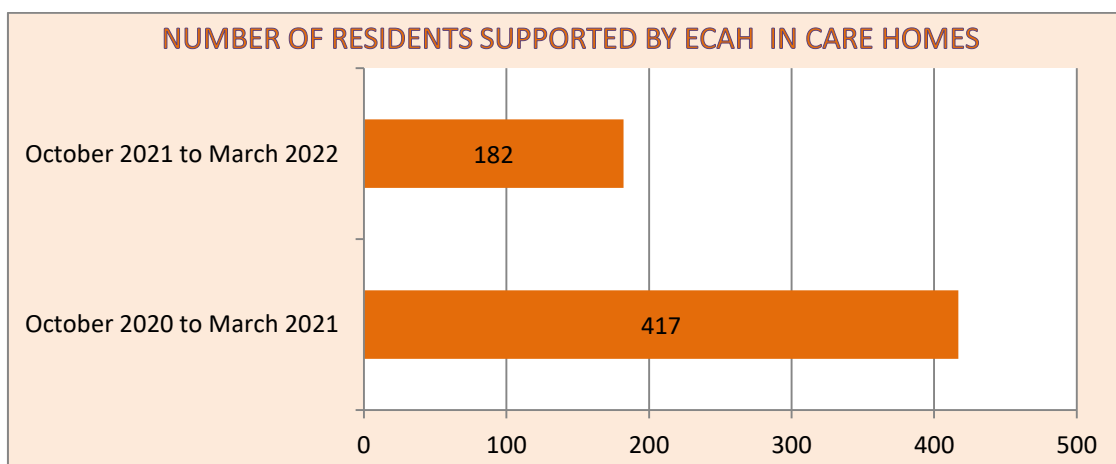
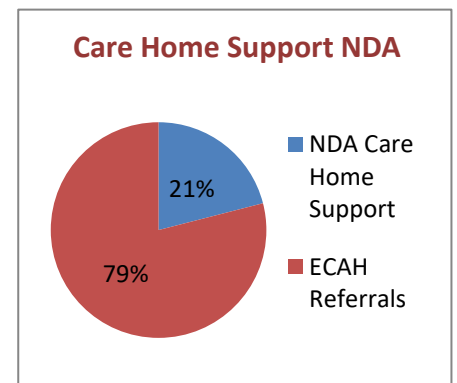
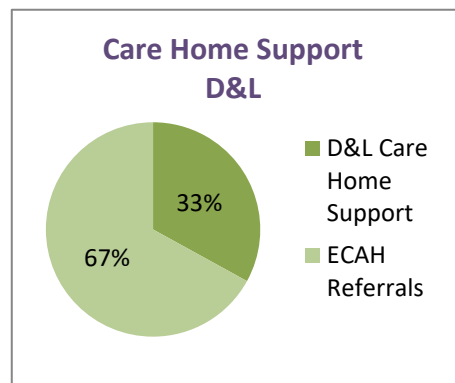


This past year has continued to be very challenging. As a team, we have continued to rise to the challenge and evolve by supporting the Trust Care Homes to maintain COVID-19 positive residents in their own homes throughout this time.

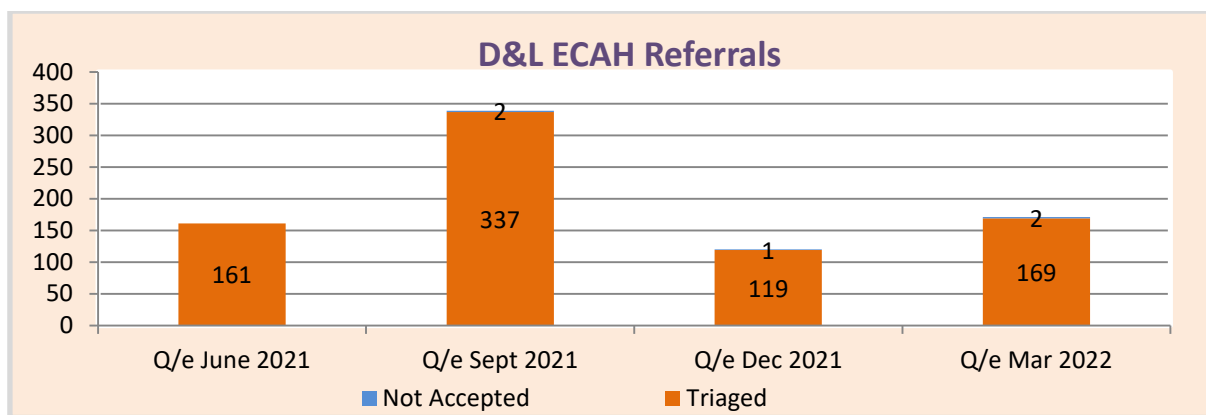
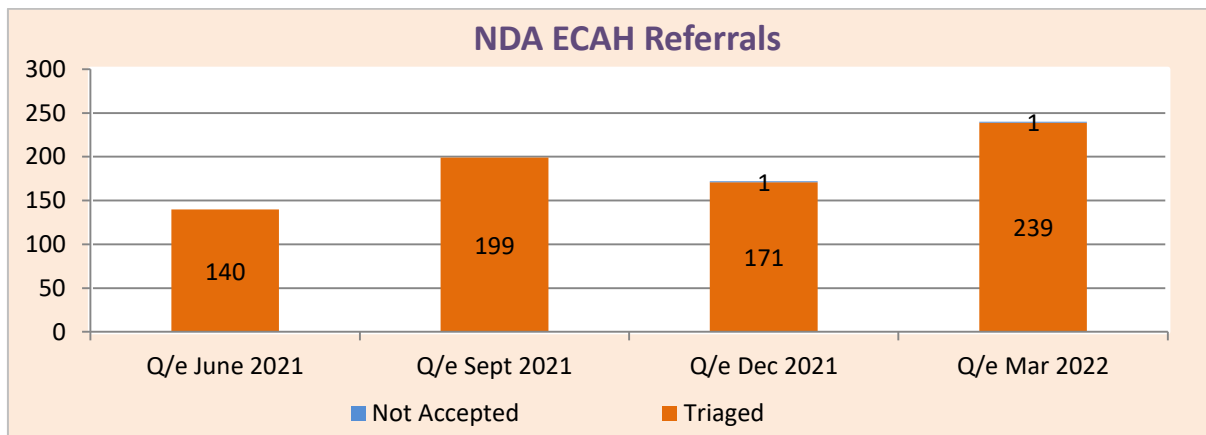
The Team has continued to triage and prioritise residents for escalation through clinical reviews and assessments, both face to face and via telephone.

For the 6 months from October 2020 to March 2021, the Team supported **417** residents in Care Homes. This figure decreased by **56%** for the similar 6 months from October 2021 to March 2022 i.e. the Team supported **182** residents in Care Homes throughout the Trust. This decrease highlights the positive effect of the vaccination programme delivered to residents in the care homes.

The two graphs show the percentage of Enhanced Care at Home referrals which related to Care Home COVID-19 Support for North Down & Ards (NDA) and Down/Lisburn (D&L) areas for the period April 2021 to March 2022.



Below shows the volume of quarterly ECAH interventions, in the two areas for the period April 2021 to March 2022:



During 2021 to 2022, Enhanced Care at Home continued to deliver treatments and care to deteriorating patients in their own home.

88% of completed interventions, avoided Hospital admission April 2021 to March 2022

**As a result of ECAH Intervention**

**13,363**

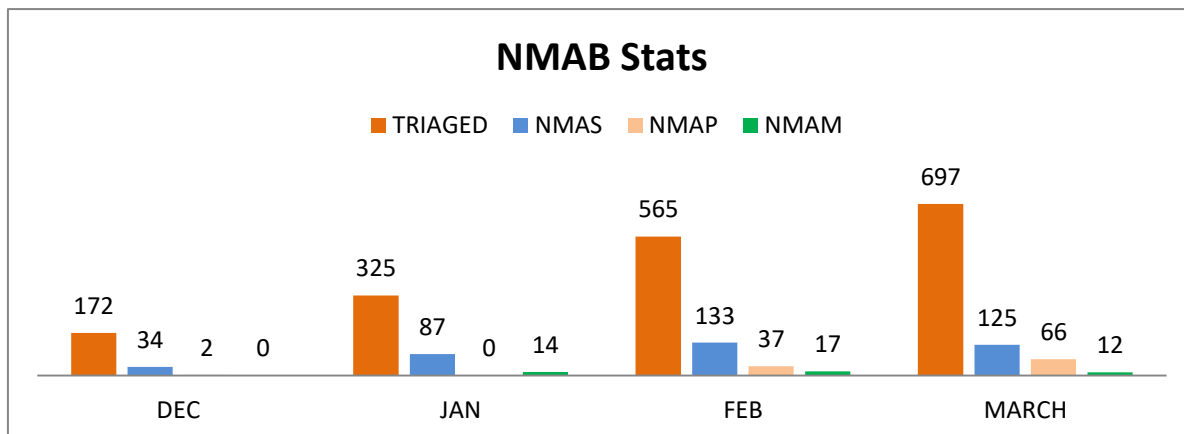
**Bed days saved between April 2021 to March 2022\***

(\*calculated using formula from Oct 2021)

### Introduction of the Non Monoclonal Antibody Service in Primary Care – Outpatient COVID-19 Treatment Centre (OCTC)

Our final quarter of the year introduced the Outpatient COVID-19 Treatment Centre for Non-Hospitalised Extremely Clinically Vulnerable Patients, who met the criteria for Non Monoclonal Antibodies. This went live on 16 December 2021, with 6 days’ notice from go live to the first patient receiving treatment.

Setting up the Treatment Centre, required securing accommodation, training and providing medicine supplies. The Service was safely delivered in an aseptic clinical area and was operational over Christmas and bank holidays. The speed of implementation for all the patient pathways and emerging treatments influenced changes in our practice. This was very challenging, particularly with no additional resources provided to support the multiple pathways and teams involved. Demand has proved difficult as it exceeded planning assumptions.



## Positive Patient Feedback

There has been positive feedback from the patients who have received treatment through the OCTC. In a UTV news piece on 24 January 2022, patients described the positive experience of the Service. Having felt vulnerable for the past two years, they expressed their gratitude and relief when the OCTC medical staff contacted them to offer treatments which would reduce their risk of severe illness and possible death.

### Next Steps →

- Working in partnership with Primary Care colleagues to mainstream access to treatments in Community.

## Move Towards Hospital at Home Service Regionally

Throughout the year, a regional approach has been agreed regarding the Enhanced Care at Home Service. ECAH will move towards a new model, Hospital at Home (HAH).

This will provide an intensive hospital level of care led by consultant geriatricians for acute conditions, which would normally require an acute hospital bed. The Service can take place in a patient's home, whether domiciliary or care home setting, for a short episode, with the involvement of multi-disciplinary healthcare teams. It is a secondary care service and does not replace primary care services. This model will support the Team in providing care to more acutely, deteriorating, older people in their own homes.

In preparation, we are undertaking a quality improvement project to prepare staff, increase capacity and increase our referrals from GPs.



Going forward the model is still evolving as we strive to improve our service. Two Senior Nurses are undertaking their final year of the Advanced Nurse Practitioner, completing in September 2022, in preparation for the new challenges ahead.

### *Is anyone better off?*



“I have found this service invaluable and the nurses coming into my home have been very pleasant, helpful and informative”

“Better for my partner that everything was done professionally and had no worries. Patient felt better as well.”

“District Nursing and ECAH became involved with his treatment. I was so impressed with the communication and co-ordination between the different services. As a result, Granda received the care he needed at home without delay and avoided a lengthy hospital admission. I am very grateful to all the staff and services involved.”

## **Children and Young People Speech and Language Therapy Team celebrate at the Northern Ireland Health & Social Care Awards 2022**



The Team was selected as a finalist for their project **“Who Said it was Virtually Impossible?”** This project was supported by an existing culture for embracing digital progress.

Delivery of virtual training sessions increased overall capacity and ensured efficient use of staff resource. Waiting times to access training reduced from on average **4 – 6 months** to no longer than **4 weeks**. Time required to deliver one training package alone reduced by two thirds.

A number of diverse training packages were designed and delivered through live and recorded webinars and accessed by a range of service users and stakeholders within Trust and across the region.

Learning has been recognised and showcased within Trust and shared regionally through professional networks.

## SureStart Speech and Language Therapists working in new ways

Once SureStart face to face programmes returned in 2021 / 2022, the Speech and Language Therapy team in Colin SureStart decided to work a little differently. They linked with SureStart staff and agreed to join an established baby group of parents and their babies, who were ready to receive information to support their baby's early speech language and communication development.

By joining in with the Baby Time group to complete the Baby Event, parents were able to learn all about the things they can do during their everyday interactions to support their child's development and get them ready to learn. Being part of the group also allowed the team to reach a significantly larger audience so they could share their Key Messages.

Parent feedback has been really positive! We asked:

**“What tips have you learned today that you will try out at home with your baby?”**

**“Singing when changing and bathing. Turning baby towards me when singing. Different ways to play with toys.”**

**“More rhymes, about how to structure the play to have it really fun for them and to engage more.”**

**“Changing tone of voice. Reduce noise in house. Adding props to stories.”**

### Next Steps →

- We explore how we could utilise baby groups already running in the other Sure Starts in order to cascade our information more widely
- Regular 'mop-up' sessions are planned to capture parents/carers who may have engaged previously. We aim to advertise via our Sure Start websites and Facebook.

# SureStart

Kind words and gentle touch  
.....help me explore and learn so much



@helpkidstalk

Play your part right from  
the start...I need you to talk and  
play everyday



@helpkidstalk

Take your place face to face...  
I learn the most when you are close



@helpkidstalk

# Allied Health Professional (AHP) Children & Young People (CYP) Safeguarding Advice Clinics 2022

**Facilitator:** Debbie Williamson AHP CYP Safeguarding Lead (South Eastern HSC Trust)

## What is Safeguarding?

Safeguarding children and young people is everyone's business. Safeguarding is more than child protection. Safeguarding begins with preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. (SBNI)



## Purpose of Safeguarding Advice clinics for AHPs working with CYP

To help improve and support AHPs with decision making, learning and enhance practice with regard to safeguarding ensuring that children's voices are at the centre of all that we do.

## Aims of Advice Clinics

- Protect the allocated time and maintain an environment conducive to discussing the queries/issues raised
- Appropriate exploration of the queries/issues raised
- Provide clear constructive advice and feedback
- Identify agreed action plans and onward referrals if appropriate
- Evaluate the perceived benefit of the clinic session.

## What can be discussed?

The clinics are to provide AHP staff with the opportunity to discuss a safeguarding concern and/or have other queries regarding safeguarding eg. completion of reports for case conferences, LAC reviews, contacting social services, training opportunities.

## Who can attend?

The AHP CYP Safeguarding Advice Clinics are open to all AHP staff within the Trust working with children and young people.

## How do I book a time slot?

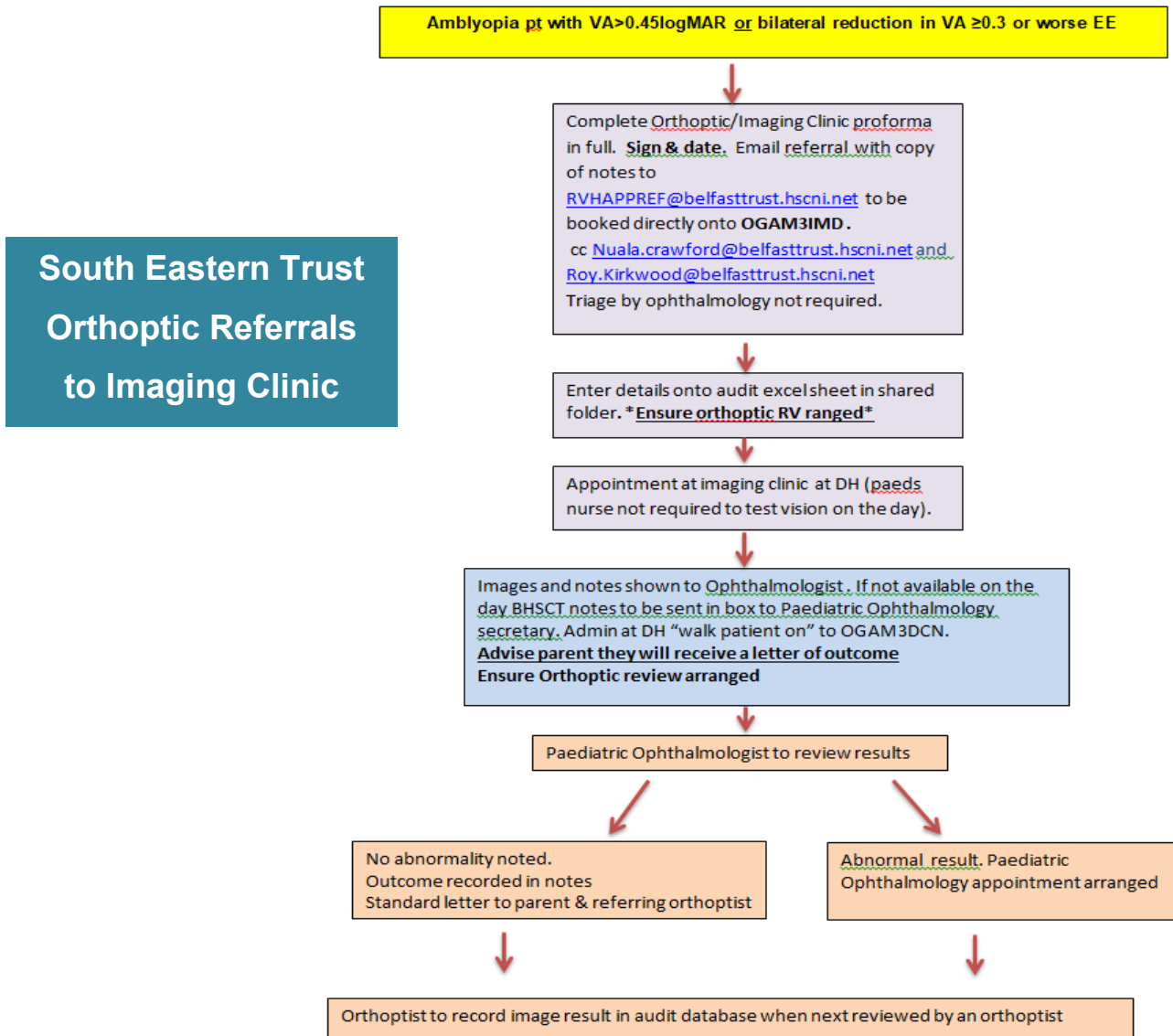
All clinics can be offered either face-face or virtually. Bookable 30- 45 minute slots are available.

Alternatively contact Debbie Williamson via email: [Debbie.williamson@setrust.hscni.net](mailto:Debbie.williamson@setrust.hscni.net) or telephone (07855169612)

# Orthoptic Led Optical Coherence Tomography (OCT) Imaging Clinic

## Development of imaging clinic for children with suboptimal vision

- Orthoptic led clinic creating a local pathway for children whose vision failed to improve with Orthoptic treatment , removing need for them to be referred to Belfast HSC Trust
- Multidisciplinary Team working with Belfast Trust Ophthalmology/Optometry
- Referral proforma developed to allow children to be referred directly to imaging clinic
- Pathway guidelines for referral has reduced the time children have to wait for imaging and speed up access to ophthalmology.



### Next Steps →

- On-going Patient questionnaire collecting feedback
- Audit to prove effectiveness of clinic/speed of access
- Investigate improved visual outcomes for children.



## Occupational Therapy (OT) – Community Care

### OT Wheelchair Resource Team - Sharing our success

- **Highlight the positive changes to the Specialist seating service**

The Specialist Seating Service continues to be developed within the region to ensure equity and timely interventions for wheelchair users.

- **Provision of staff training for product and postural management**



A new process for wheelchair case discussion process is now in place so that cases can be discussed with Advanced Practitioners within the wheelchair resource team. This has contributed to a better knowledge of wheelchair products and more awareness of the postural management process. Training is being developed to be rolled out September 2022.

- **To identify the cost effectiveness through using the stock file**

At the end of the period 2021/2022 the wheelchair budget for OT in the Trust was underspent. This was as a result of processes implemented to ensure that the wheelchair stock file was utilised where possible and also with the implementation of a new wheelchair scrutiny process that took place weekly.

### OT Use of Technology during COVID-19

- **To review the benefits for OT and service users of the use of technology**



Telephone initial assessments have been implemented within the Adult Community Occupational Therapy Service for routine referrals. This process has allowed for information to be gathered over the phone prior to a domicillary visit taking place.

This has resulted in staff being able to bring out the correct equipment on the first visit and has reduced the need for review visits. It has also been beneficial to the service users as they arrange a suitable time for a face to face visit to take place with the Occupational Therapist.

Video calls have been used on occasion to review specialist seating provision.

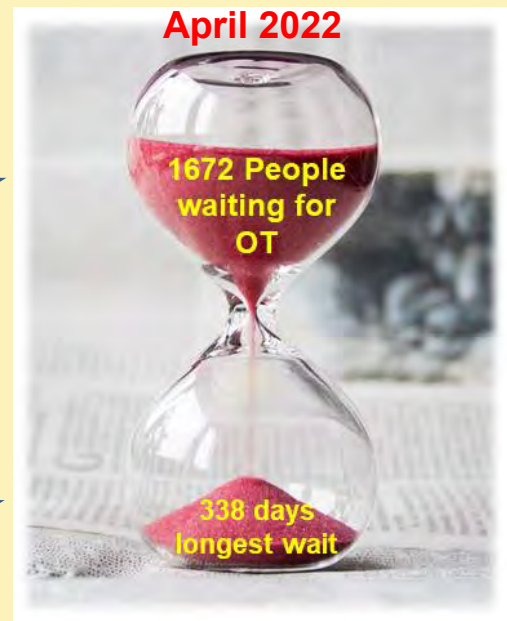
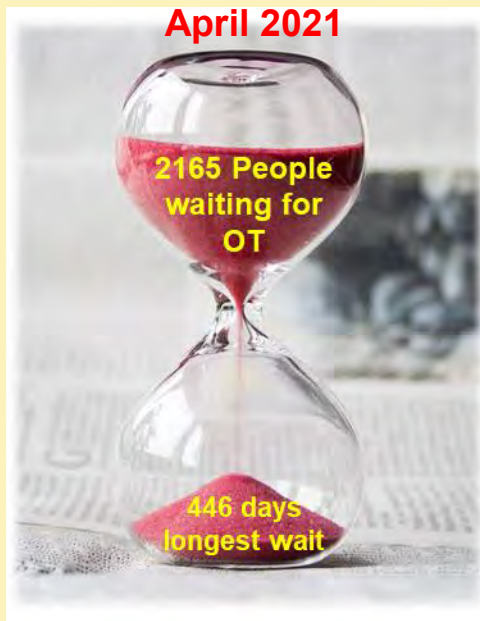
- **To evaluate satisfaction levels**

A service user feedback questionnaire has been developed and has been trialed at Community assessment clinics on Downpatrick. It is planned that this will be rolled out more widely in the coming months.





## Facts & Figures



### Next Steps →

#### OT Wheelchair Resource Team

- Successful implementation of outpatient based clinic model to maximise staff resource
- Roll out of In-trust training model to improve product knowledge and skills in wheelchair prescription.

#### Occupational Therapy

- Successful rollout and evaluation of service user satisfaction questionnaire
- Implementation of score cards across the service.



## Social Care

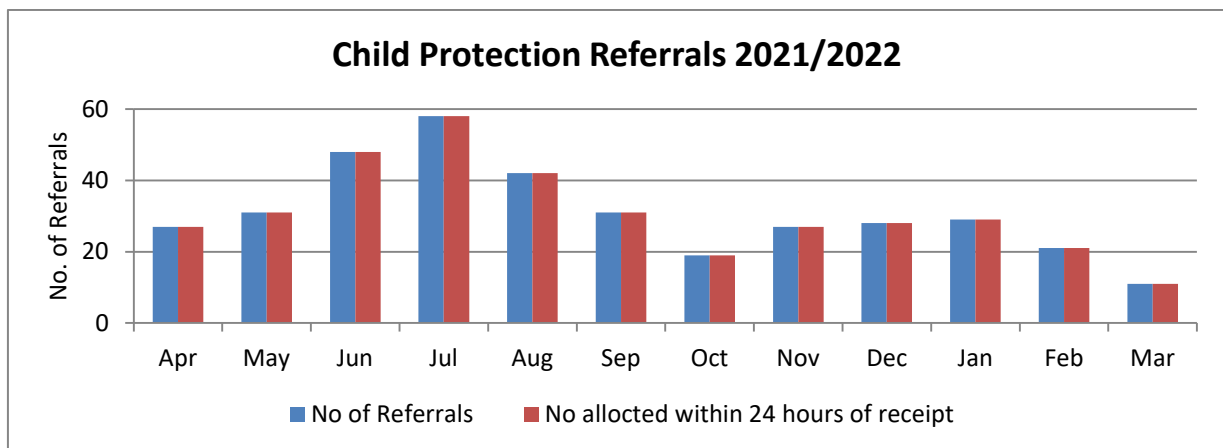
### Protecting Children at Risk

It is essential that children and young people identified as 'potentially at risk' are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen within **24** hours.

Within the Trust the Single Point of Entry (SPOE) team triage all referrals for children who are potentially at risk. This process ensures that all children who require a service from the Trust receive this in a timely manner and guarantees that children identified as being at risk are seen within **24** hours by social work staff to assess the level of risk to children.

### Facts & Figures

In this reporting period **100%** of children or young people were seen within **24** hours of a child protection referral being made.



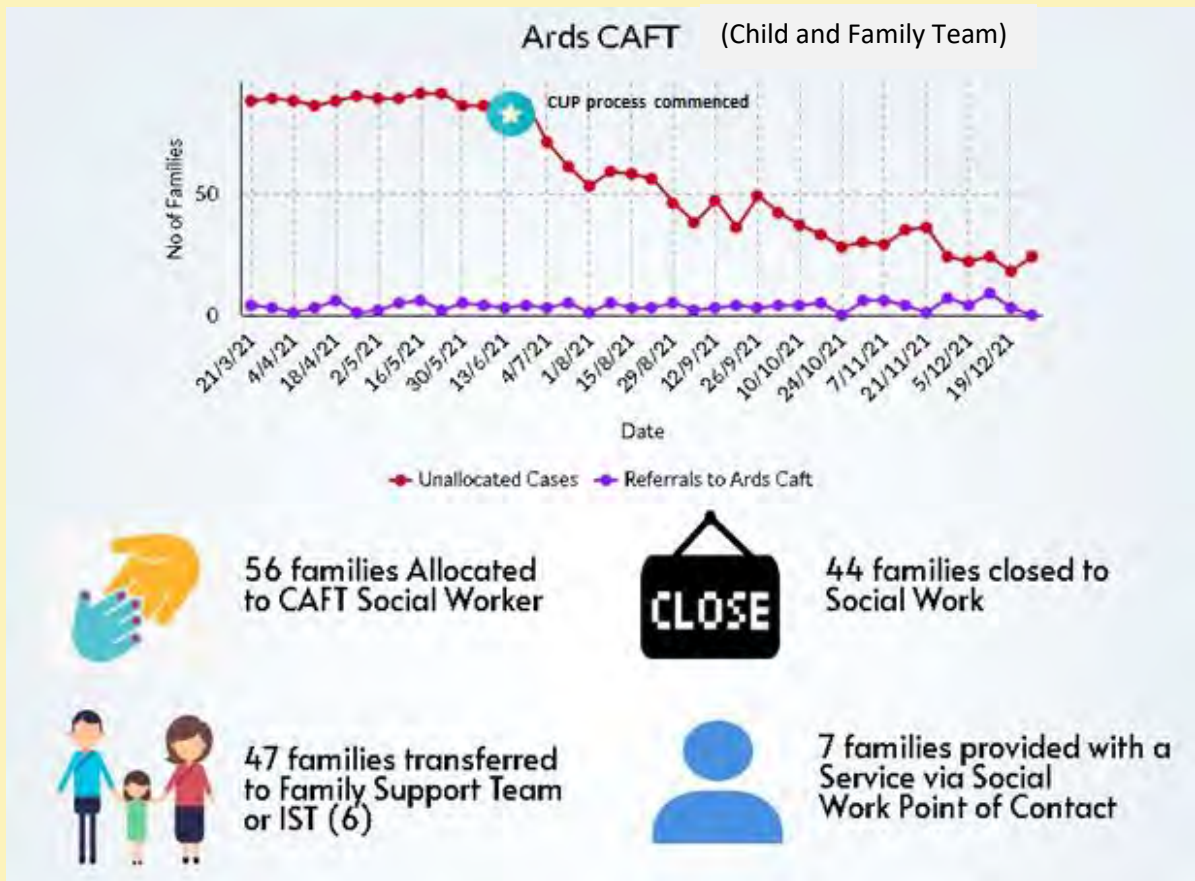
### Collaborative Unallocated Progress (CUP) Group

Social work teams in the Ards sector are using a collaborative team approach to address unallocated cases in children's services. This is in response to workforce pressures and increased numbers of unallocated cases. The CUP group meet every month to triage and review every unallocated case.

The group have developed a simple tracker to record actions such as referral to family support, community or voluntary groups. The results have shown improved governance and accountability; families receiving support earlier through the most appropriate services and waiting times have reduced.

#### Next Steps →

- Roll out to other locality areas.



## Children's Services Family Support Hubs

Early intervention family support services are provided to families with children (age 0-17 years).

Short term interventions are offered to parents, including behavioural support and establishing routines as well as direct work with children around issues such as anxiety.

The Hub also provides signposting to voluntary and community services who will support families in their local area.

In 2021/2022 there were **1099** children supported through the Family Support Hub. The main reason for referral continues to be Emotional and Behaviour Difficulty for primary school children at **473** referrals. This is followed by Emotional and Behavioural Difficulty for post primary children at **236** referrals.

An increase has also been noted in the number of parents requesting parenting support at **133**.



### Next Steps →

- The next step for the Family Support Hub is to continue to develop and improve Hub services to help meet the increased demand caused by COVID-19 and reduce waiting times.

## Looked After Children

Children who become looked after by Health and Social Care Trust's must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements.

In this reporting period **81%** of children who are cared for by the Trust were reviewed within regionally agreed timescales. This is a decrease from **90%** in the previous period. An exploration of the causes of the increase in the amount of reviews not completed within timescale has highlighted staff vacancies as the main cause.

## Ensuring Permanence Plans for Looked after Children

Every child who is cared for by the Trust needs certainty about their future living arrangements. Trusts are required to ensure that plans for the child's permanent long term care are in place at the earliest point following a child's reception into care. This is called 'Permanency Planning'.



This Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home. Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved. Achieving permanence for children in care in a timely fashion is overseen by the Trust permanence panel which is held twice per month.



In this reporting period **100%** of all looked after children in care for more than **3** months have a Permanence plan. The provision of the concurrent care adoption pathway continues to support children through the achievement of early permanence; this enables children to be placed with prospective adoptive carers whilst rehabilitation to birth families continues to be assessed.

Specific training is available for applicants considering concurrent care and assessing social workers continue to promote the use of concurrent care in the course of assessment. The adoption service continues to work in partnership with the Family Assessment and Intervention Service regarding referrals to the concurrent care service.

The Trust has continued to develop post adoption support services in line with transformation funding and in anticipation of the Adoption & Children's Bill.

The Trust provided on-going support to **82** adoptive families, an increase of **5%** from last year. **309** direct contacts were provided during the year for children placed with prospective adopters but not yet adopted and **138** direct contacts were facilitated post adoption order.

The Trust also utilised other services such as a freelance counsellor for families who required additional assistance, delivered an attachment swimming course and facilitated two groups to engage with SET Outdoors.

### Next Steps →

- Post adoption service delivery will continue with the development of groups for adoptive families working in collaboration with other local agencies and build on our existing support services in anticipation of the implementation of the Adoption & Children's Bill.



## Adult Safeguarding and Adult Protection

The Trust has a lead role in protecting adults who are at risk of harm and also those who cannot protect themselves. We do this in partnership with others and it remains everyone's responsibility to make a referral should concerns arise.



The Trust continues to contribute and respond to consultations in the development of the new Adult Protection Bill, review of policy and the development of adult protection guidelines.

The Trust secured HSCB funding to develop 'Challenging Poor Practice' training material to support staff to challenge poor practice when they see it. Upon completion a programme of training will be developed and delivered to Trust domiciliary care workers before roll out within the Trust.

This year an information card was produced by the Local Adult Safeguarding Partnership to provide information and resources to people concerned about adult safeguarding.

**HSC** South Eastern Health and Social Care Trust

### You have the right to live life safe from harm

Do people pick on you in a way that scares you?  
Have you been hurt or felt frightened by someone?  
Do you think your money or possessions are going missing or someone is using your cash without your consent?  
Has anyone touched you in a way you don't want or like?  
Has anyone made you do or look at something that you don't want to?

**You can take actions to keep yourself safer**

When we have worries it is important to have people who will give us support. Talking about your challenges and worries can be an excellent way to get them in perspective, look for new solutions, or simply express how you feel. So, why not:

- Speak to a trusted friend who can help you, tell them what you are worried about
- Stay connected with sources of support - family / friends / clubs / faith leaders / support worker.

## Facts & Figures

The Adult Protection Gateway Team saw an increase of **13% (828)** in the number of referrals received into the team.

There are many vulnerable people in the community and those who are most at risk of abuse, neglect or exploitation should have in place adult protection plans following investigation. In the Trust, **40%** of adults referred for investigation and identified as at risk of abuse, neglect or exploitation, during the year had an adult protection plan in place at 31 March 2022.

### Next Steps →

- There has been a significant increase in the number of domestic violence referrals in the Trust and this trend is reflected regionally and nationally. Adult safeguarding will provide development opportunities for staff to raise their awareness of domestic violence
- Review of the systems and process within the Adult Protection Gateway Team to ensure continued service improvement and delivery of an efficient professional response to adult protection concerns.



## Carer Support Service

The Carer Support Service is a central point of contact for carers to receive advice, information, signposting and referral to other relevant services within the Trust, voluntary and community sector. The Carer Support Service in the Trust continues to support carers through a number of initiatives including carer information sessions, wellbeing events, activities and short break programmes.



The Carer Conversation tool continues to be used in adult services to assess carer need. During this period **3196** carers were offered individual care assessments an increase of **29%** on the previous reported figures.

The Carer Counselling Service established in February 2021 in partnership with Lifeline continues to provide a specialist responsive service to carers who require additional support. **149** carers were offered counselling sessions during this reporting period. Carer evaluations returned noted **8** out of **10** carers felt more able to cope with their caring role since attending the counselling sessions with **90%** stating they were very satisfied with the service and the quality of the counsellor.

“My counsellor was fabulous and listened to my varying degrees of needs. She really helped me understand myself and how to respond to the many situations I face. I feel stronger now than I have felt in so long. For me, it was amazing!”

“Feeling of not being alone is an emotional benefit for me. It helped me when I was at my most vulnerable.”

The Carer Support Service has continued to provide information, advice and support to carers of all ages throughout the reporting period. There have been **704** newly identified carers added to the Carer Register and mailing list in 2021/2022 with a total of **2,984** carers now receiving weekly carer support information by email. This includes support information from the Trust, voluntary sector and community partners. Any carer registered with the Trust will receive a carer ID card.



**HSC** South Eastern Health and Social Care Trust

**Are you a deaf carer?**

Do you help someone with medication?  
OR

Do you help someone get washed and dressed?  
OR

Do you shop for someone?  
OR

Do you help someone prepare meals?  
OR

Do you make appointments for other people or go with them?

If you think this is you, you would be a carer.  
The carer support service in the Trust would like to support you.

To reach out to carers in local communities, Carer Support has established two monthly Carer Hubs in Bangor and in Lisburn. These Hubs have been advertised widely and carers are encouraged to call in for information, advice and support. The service has seen steady numbers calling at the Hubs each month and there are plans to introduce these Hubs to other Trust areas in 2022/2023.

In partnership with the Sensory Support Team the group worked to create a deaf carer leaflet. These leaflets have been distributed to Trust and community facilities in an attempt to reach out to ‘hidden’ carers in order for carer supports to be offered to the deaf carer group.

The group designed a deaf carer information booklet. The leaflet contains information on how to get support, who to contact and details about a carer conversation and how to request one.



The service has continued to strengthen links with the local colleges and has progressed initiatives to reach younger carers. There has been involvement in face to face open days and information sessions for students. The service has continued to offer information sessions and events throughout the reporting period including weekly health and wellbeing sessions. Activities have been varied, for example pottery, craft, art, baking, essential oils, crochet, soap making and cooking.

Information sessions have included dementia information sessions, cancer awareness, money management, carer 1<sup>st</sup> Aid and self-directed support.

As lockdown eased, the service organised outdoor walks and carer family days to encourage carers and to build up their confidence in venturing out again. Over **50** families attended the family day in Delamont during Carers Week with the same numbers attending a family day in the Ulster Folk Museum in September 2021. These support events have been very beneficial for carers. Some of the feedback from carers includes:

“The imaginative programme of activities via zoom and more recently actual events have brightened the gloom, given me something to look forward to and a distraction away from the home caring role. Zoom activities enabled me to take part, get involved, yet still have my daughter with me in the same room.”

“I’ve had several classes in the past few weeks and have thoroughly enjoyed them all. I’m sure the rest of the carers would agree with me saying how wonderful it is to have these events.”

The Carer Support Service will continue to connect with carers to evaluate the service and seek feedback about how the service can be improved or adapted to meet carer needs.

## Transition for Children with a Disability

Children and young people with a disability are supported in their transition to adult service provision through a transition plan. Transition planning is undertaken in partnership with young people and parents/carers.

There are a wide range of stakeholders involved to ensure the plan meets the individual needs of the young person and reflects their wishes in regard to education, employment, social relationships and home life. This includes staff from adult services and education, as well as other identified partner agencies and statutory organisations.

### Facts & Figures

**100%** of young people with a disability, who were in receipt of special education, had a transition plan in place for leaving school in 2021/2022.



## Re-settlement of Adults with a Learning Disability

The resettlement of people from Muckamore Abbey Hospital continues to be a key focus of the Trust so that the quality of life for those with learning disabilities is improved; therefore a range of services to support personal choice is essential. The individual's potential to become an integral and valued member of their community is a priority.

The Trust has adopted an outcomes based approach for individuals who are resettling from the hospital to a community placement through positive behaviour support and person centred planning. This has been facilitated by the completion of an essential lifestyle plan (ELP) for each individual to facilitate a seamless transition to a community based living option.

The ELP has been followed up post discharge with the completion of a Life Star which is an outcome measurement tool to demonstrate an improved quality of life. To date completed Life Stars have evidenced improved outcomes for the individuals resettled.

The move to community from a hospital setting has provided service users with more choice and opportunity to socialise, pursue interests and activities and play an active role in the local community if desired.



### Facts & Figures

In 2021 / 2022 **2** patients remain to be resettled from the hospital and the Trust has successfully discharged **1** patient from 2020.

#### Next Steps →

- The Trust has partnered with other Trusts to achieve the best community options and this partnership will be extended into 2022 / 2023 with the opportunity to develop existing and new schemes for all patients.





## Direct Payments for Children

Direct payments are an important support to the parents and families of children with disabilities.

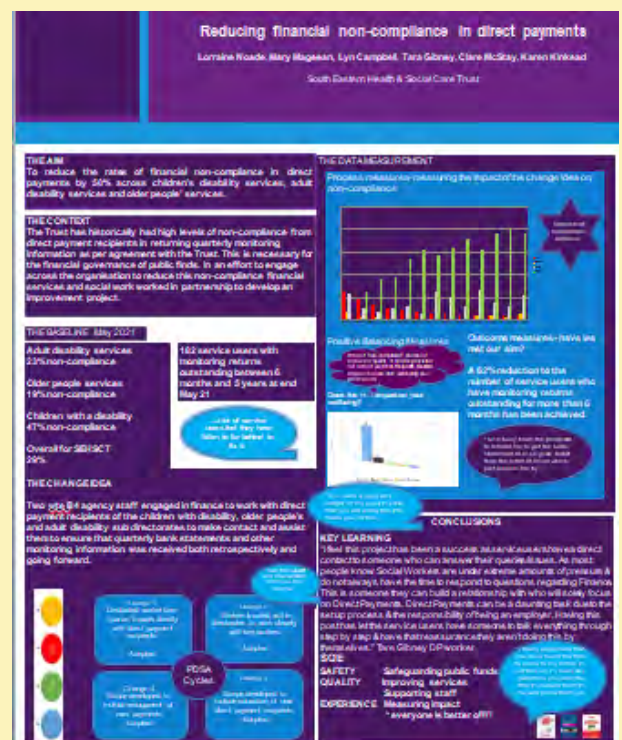
Direct payment support has not been without its difficulties during COVID-19 with parents struggling at times to recruit personal assistants. It does however remain first choice for many parents due to the flexibility and control it provides within the self-directed support model of care.



The team for children with disabilities beds and resource panel continues to ensure access to direct payments in line with the assessed need of children and within the self-directed supported model of service provision; continuing to ensure choice, flexibility and control.

Non-compliance in regard to direct payment paperwork has seen a significant reduction with the introduction of a finance officer, working with the social work teams.

The pilot of this has been so successful that it is now embedded permanently in the children's disability team and is also used in other programmes of care. This has been a fantastic project that has improved safety quality and experience for direct payments recipients and for social work staff.



## Facts & Figures

In 2021 / 2022 the number of children and families receiving direct payments increased from **288** to **307**. This is a continued trend from the last reporting period.

### Next Steps →

- To embed the permanent finance role in children's disability services
- To further develop role of finance officer within a skills mix team to ensure direct payment recipients continue to be supported.



## Education, Training and Employment for Young People Leaving Care

The H.O.P.E (Holistic Outcomes through Positive Experiences for Children and Young People) Service is an education and employment support service for children and young people in care or on the edge of care.

### H.O.P.E. Education

HOPE Education has **3** Education Support Co-ordinators, **2** who support the completion of the Personal Education Plans for Children Looked After and **1** who co-ordinates the Transition Academy.



The service has supported the completion of **59** Personal Education Plans in 2021/2022.

- **11** young people have completed Maths and English Tuition
- **11** young people have graduated from QUB's "Reading Together" programme.

HOPE Education ran a Forest School in the summer for **8** children, on the edge of care.

### H.O.P.E. Works – Employment Support Service

Our employability service provides many of our young people with access to long term, sustainable employment through the completion of our apprenticeship programme. In this period, **2** young people completed an Apprenticeship Programme and moved into employment.

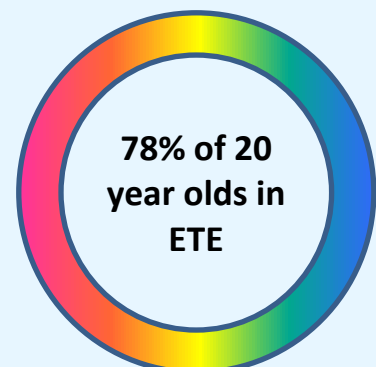
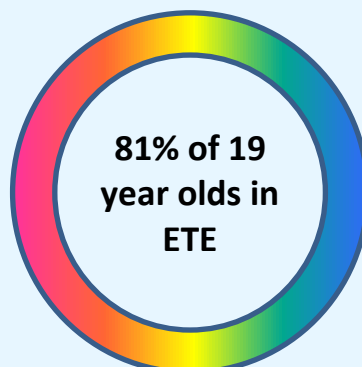
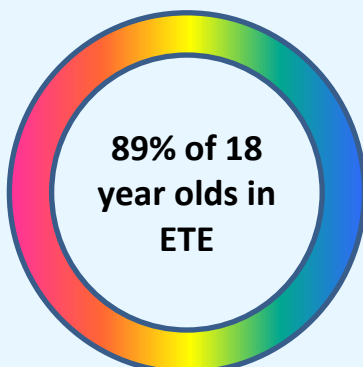
**90%** of the young people who completed our apprenticeship programmes have moved into employment.

**9** young people commenced a paid Job Start Programme that is due to complete in September.

**20** young people took part in Include Youth's Give and Take Programme gaining Level 2 in Literacy, Numeracy and/or ICT qualifications.

### Facts & Figures

In 2021 / 2022, the majority of young people known to the Trust's leaving and aftercare service were engaged in education, training, and employment (ETE).





## Next Steps →

- HOPE Education will develop innovative methods to support social work teams in increasing the level of personal education plans completed
- HOPE Education plan to deliver a Summer Scheme for 10 children
- HOPE Works is exploring the option of a befriending scheme for young people moving from residential or foster care into independent living
- HOPE Works will develop a Care Leavers Employment Support Pledge and have signed agreement from all Trust Directorates to offer employment support to our young people.

## Direct Payments and Self-Directed Support in Adult Services

Self-Directed Support (SDS), which includes Direct Payments, continues to be the model of care provision for adults living in our community.

Informed by an assessment of need, SDS will provide flexibility, autonomy and choice for adults to design how care is delivered into their home.

New professionals starting with the Trust are trained to deliver SDS Model for care at home supported by our Learning and Improvement Team and SDS champions.

Trust staff continue to develop their knowledge and skills to promote SDS with adults and their carers to support people living at home for better outcomes.

### Facts & Figures

This year the Trust can report a total of **8002** people in receipt of a SDS service which is an increase from last year (**6970**).

A managed budget or direct payment has been chosen by over **15%** of those in receipt of self-directed support.



**Self Directed Support**  
choice • control • independence

## Digitalisation of Domiciliary Care Services

The Trust's domiciliary care service experienced unprecedented demands and challenges during the COVID-19 pandemic.

The crisis brought to the fore the importance of domiciliary care service being adequately equipped to ensure:

- Effective communication across the workforce
- Maximisation of resources
- Responsiveness in the identification and communication of domiciliary care capacity across the whole system.



To do this, the Trust implemented software and technology, including iPads for **350** care workers in the North Down and Ards area.

The digitalisation project has had benefits for staff and carers. Staff have positively evaluated communication, information sharing in relation to rotas and care plans.



A family portal facilitates instant access to care plans enhancing communication. At the end of the reporting period, **312** service users and carers were accessing the portal.

**87.5%** of families stating it improved communication regarding delivery of care and **91%** felt it improved access to timely information about the care provided.

“Hands on information is reassuring to the family”

“This is a fabulous development for me. I worry about mum when I am not there. I can now log in and see that the girls have been in and reassure my mum.”

### Next Steps →

- The Trust will spread the implementation into the Down and Lisburn areas in 2022 / 2023.

## Annual Health Checks for Adults with Learning Disabilities

A major risk for individuals with a learning disability is not having their annual health check, as underlying physical and mental health issues are not detected or treated.

The Trust's health facilitator works closely with GP practices to ensure early detection and treatment can be provided.

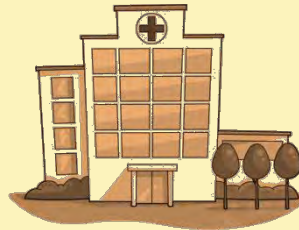
In this reporting period, as a result of the COVID-19 pandemic, annual health checks continued to be stood down as they are categorised as a direct enhanced service within primary care.

Other services were provided to adults with a learning disability during this time including COVID-19 swabbing, vaccinations and on-going support to GP practices who continued to complete their health checks independently.



### Facts & Figures

For this reporting period a total of **209** health checks were completed by the health facilitator nurse, an increase of **86%** on the previous figures. This included a mixture of both home visits and clinics.



### Next Steps →

- Re-commence annual health checks once directed. This service is to resume fully within the primary care setting
- Further development of the Health Facilitation service in line with the rest of the region to help improve the uptake of the annual health check within the Trust
- Resume and continue to develop evidence based groups addressing obesity and sedentary lifestyles
- Provision and joint working with other professionals to provide services on physical and mental well-being within day care settings and within community settings
- Continue to look at reasons for clients not availing of the annual health check within their surgery

## Promoting Continuous Professional Development in Social Work Practitioners Retention and Recruitment

The Social Work and Social Care Learning & Improvement Team (LIT) continued to support retention and recruitment into social work and social care posts through the workforce hub. Support has focussed on recruiting to student bank, supporting regional recruitment and responding to workforce appeals.

The Hub secured **34** posts for final year social work students on placement in the Trust and in doing so got great feedback from managers and students.

The hub's focus is now on supporting newly qualified social work staff coming into the Trust and supporting to improve retention rates.

*"Thank you so much for offering us all a speedy way into the Trust, I am looking forward to joining the Trust as a fully qualified social worker."*

**160 people attended virtual recruitment events**

**63 offers for permanent social work roles**

**300 offers for temporary social work and social care roles**

### Induction

The Learning and Improvement Team have developed a *Social Work and Social Care 2 day Induction* that will run twice a year. In January, **52** social work and social care staff attended the induction, and in addition the LIT continue to develop induction resources across all programmes of care providing new social work and social care staff with core role specific information.

The Children's Safeguarding Services Induction page-tiger was completed and circulated in summer 2021, the information is available here: <https://view.pagetiger.com/childrens-safeguarding-services/induction>



### Leadership

#### Collective Leadership

Following the Social Work and Social Care Learning and Improvement Team's '*What Works Best to Embed a Collective Style of Leadership in Social Work?*' service evaluation, initial planning conversations were undertaken during 2021 between Organisation Workforce Development and the Learning and Improvement Team to develop a Social Work Collective Leadership Programme in the aim of enhancing leadership across the profession. There are plans in place to develop this programme in 2022 / 2023.



## Leadership E learning

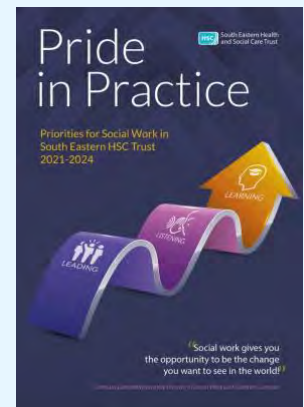
Funded by the Department of Health Social Work Strategy, content for the *'Leading Self'* online leadership module for front line social work staff was developed in 2021 / 2022. The aim of the module is to develop knowledge, confidence and skills in demonstrating leadership within the social work profession and across organisational and professional boundaries. The Learning and Improvement Team are now working in partnership with SCIE to digitally develop the content with plans to launch by late summer 2022. Further funding from the Department of Health has also been secured to develop a second module *'Leading the Profession'*.



## Pride in Practice: Strategy for Social Workers in the Trust

The Pride in Practice Social Work Strategy was launched by the Trust in 2021 with the vision of supporting and developing a highly skilled, capable and confident social work workforce.

The strategy has 3 key priorities, and below are some of the key achievements in the first year of the strategy.



### Building Leadership Capacity

1. value the workforce
2. strengthen collective leadership capacity
3. strengthen approaches to succession planning
4. Create conditions where leadership is visible and accessible and staff feel heard.

- ★ Increase in ASW recruitment - SW's across all programmes undertaking ASW training.
- ★ Succession planning: Leadership programme opened to Band 7 staff.
- ★ Review of Band 7 Team Leader role - collaboration across services
- ★ Leadership programme for managers in children's residential
- ★ 100 Signs of Safety Practice leads are in place across all Childrens SW Services
- ★ Signs of Safety Practice Lead workshops developing practice based learning within an open and supportive learning culture .
- ★ Engagement with staff via monthly staff briefings
- ★ Children's Disability - Monthly Team meetings - psychology input re wellbeing
- ★ Piloting new models of supervision across services
- ★ Adult Disability – Staff care sessions by operations manager supported by psychology Wellbeing questionnaire to staff and plans to develop care spaces
- ★ Dissemination of 2,400 Comfort Packs to SW/SC staff



# Pride in Care: Strategy for the Social Care Workforce in the Trust

In 2021 a significant engagement process took place with social care staff across the Trust to consult on 'what matters' to them. The result will be the launch of a Pride in Care Strategy in late summer 2022 but the poster below outlines the key outcomes from that consultation.

The social care workforce carry out an invaluable role in this organisation working with individuals, families and communities, helping to protect and promote people's wellbeing so that they can enjoy a better quality of life. They are being recognised through this Pride in Care strategy and that it focusses on valuing their role, promoting career opportunities and enhancing leadership.



## Local Engagement Partnership

In December 2021, the South Eastern Trust Local Engagement Partnership launched their co-produced resource *Hot Tips for Engagement*. The resource was developed as a result of conversations within the Local Engagement Partnership of the importance and impact of how professionals communicate.

**Hot Tips for Engagement**

- We are not tick boxes**  
"Have conversations with me about what matters to me."  
"We are more than headings in an assessment."
- There is so much more going on than you know...**  
"Remember what you see on the surface may not be what is going on with me."  
"Always think about how I might be feeling."
- We are all individuals - find the balance**  
"What works for me will not work for someone else."  
"One size does not fit all."  
"Get to know us."
- Never forget how valuable feedback is for you and for us**  
"Our stories help make services better."  
"We need our voices to be heard."  
"Honest feedback is not complaining, it's tomorrow universal teaching."
- Listen with intent to understand**  
"Do not be afraid to ask me questions."  
"Listen and learn from me."  
"Always think about what could be better."
- Caring is a journey travelled alone. With your kindness we can navigate the journey together.**  
"Remember we can feel frightened and overwhelmed."  
"We can't be strong all the time."
- 'Rock the boat'**  
"Act on what you hear."  
"Do not be afraid to challenge the status quo."  
"Change can be a really good thing."
- You are the service we all rely on**  
"Our relationship with you is important to us."  
"Let's get it right together."  
"Let me know if you are going to be late."
- Do not expect us to tell you bravely what we think**  
"We need your support to be honest with you."  
"Build my confidence so I can give you honest feedback."
- Calling me back means more than you will ever know**  
"Remember I am waiting for you to call."  
"Putting me first means keeping me informed."

The leaflet has been developed in both electronic and hard copies with the intention that the voices of those who use our services guide practitioners in how they engage with individuals. The messages within the resource are now incorporated into the Social Work and Social Care induction for new staff and students. *Hot Tips for Engagement* is the first in a series of Hot Tips resources that the Local Engagement Partnership are developing with the next one due to launch early July 2022.

## Quality Improvement

The regional quality improvement in social work and nursing programme continues to be coordinated and delivered by Trust staff. The overall aim of this programme is to develop and strengthen social work practitioners and nursing staff to become leaders by utilising quality improvement techniques and contributing to the regional development of quality improvement.

During this reporting period the sixth cohort completed the programme.

Their posters are available to view here: <https://view.pagetiger.com/quality-improvement-in-social-work-nursing-and-midwifery-regional-programme-poster-presentations/qi-regional-posters>

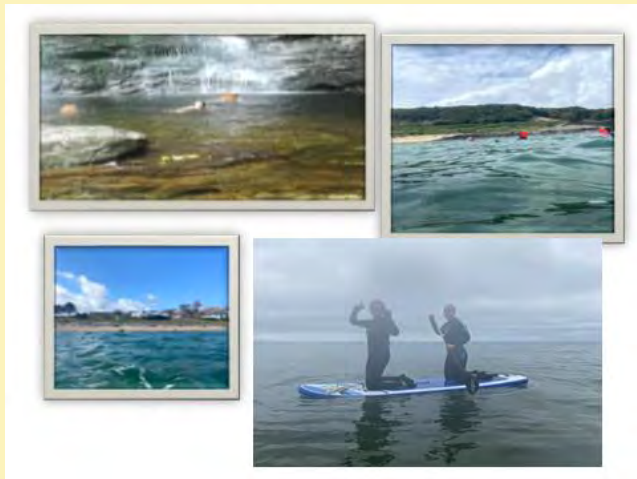


## Staying Connected

Staying Connected is a regional forum for social workers who are involved in improvement work across Northern Ireland and we are excited to see positive change for people with lived experience of our service provision.

The Staying Connected Dragon's Den event is a regional competition for social workers with great improvement ideas. Social workers from all across Northern Ireland apply to take part in the event, where they are able to 'pitch' for funding from the Department of Health social work strategy to support their improvement initiatives. This year there were 8 finalists from across the region representing all different areas of social work practice- this included pitches from children's services, hospital social work, older people's services and multi-disciplinary team social work.

The dragons are independent of the all the Trusts and include people with lived experience of service provision. We are delighted to be involved in the planning and delivery of Dragons' Den working with colleagues from Staying Connected forum and even more delighted that we are winners this year!



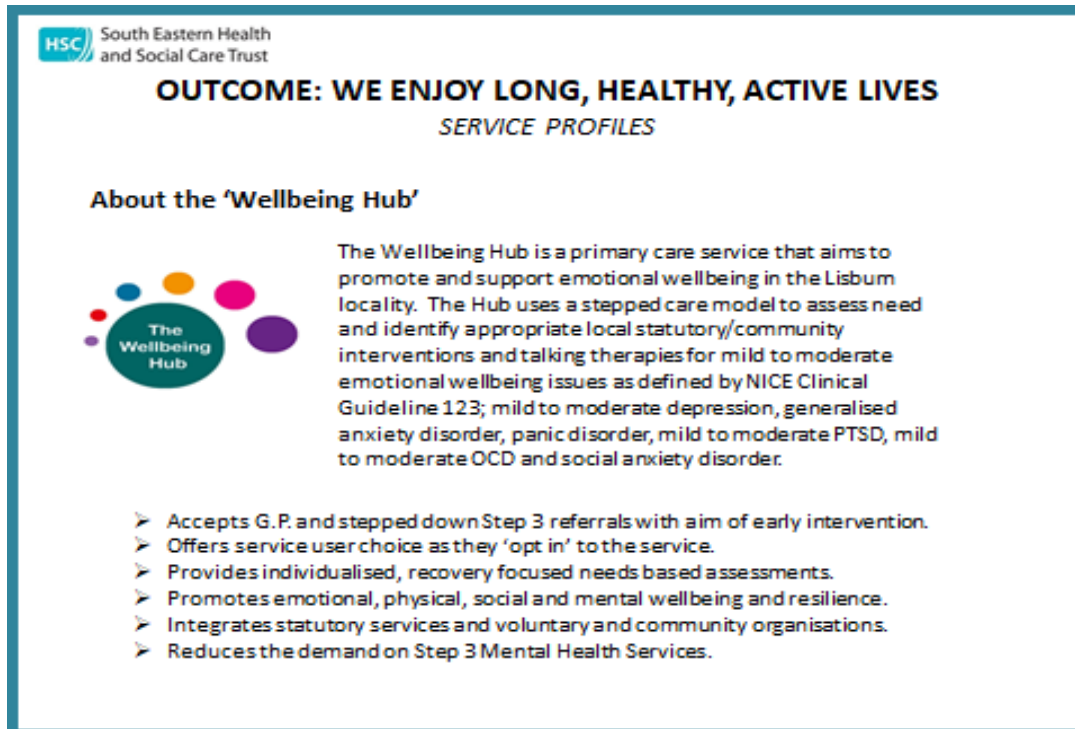
Sea Swimming Project from Child and Young People Care Services (CYPCS) peripatetic team who won **£3,000** to buy equipment and train staff.

The peripatetic team have been introducing sea swimming for the young people from our children's homes and the benefits for them have been outstanding!

## FEEDBACK FROM OUR YOUNG PEOPLE




## Lisburn Wellbeing Hub



**HSC** South Eastern Health and Social Care Trust

**OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES**  
*SERVICE PROFILES*

**About the 'Wellbeing Hub'**



The Wellbeing Hub is a primary care service that aims to promote and support emotional wellbeing in the Lisburn locality. The Hub uses a stepped care model to assess need and identify appropriate local statutory/community interventions and talking therapies for mild to moderate emotional wellbeing issues as defined by NICE Clinical Guideline 123; mild to moderate depression, generalised anxiety disorder, panic disorder, mild to moderate PTSD, mild to moderate OCD and social anxiety disorder.

- Accepts G.P. and stepped down Step 3 referrals with aim of early intervention.
- Offers service user choice as they 'opt in' to the service.
- Provides individualised, recovery focused needs based assessments.
- Promotes emotional, physical, social and mental wellbeing and resilience.
- Integrates statutory services and voluntary and community organisations.
- Reduces the demand on Step 3 Mental Health Services.

### Facts & Figures

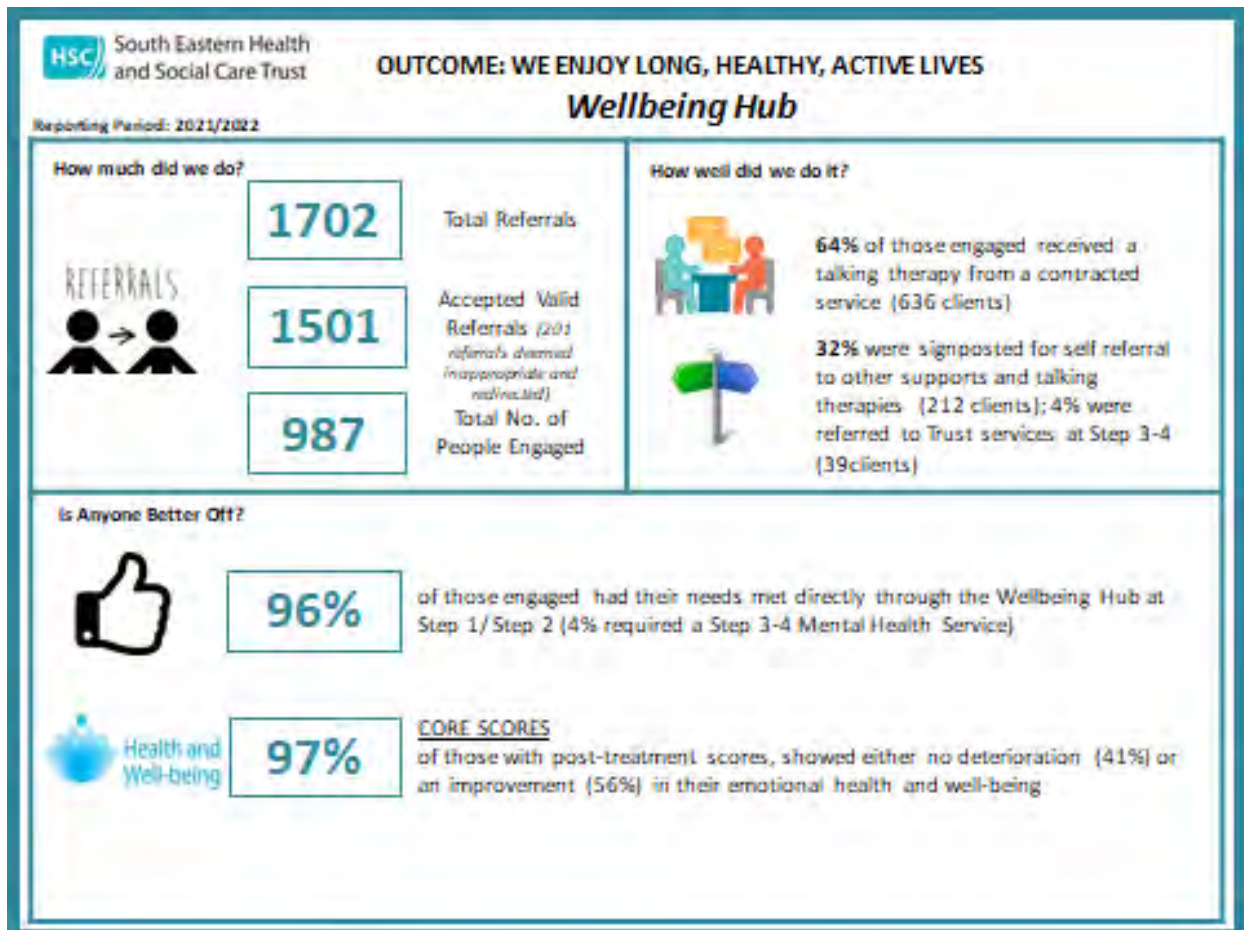
- Of note, there was an approximate **9.1%** increase in valid referrals to the Hub in 2021/2022 compared with 2020/2021. There was a **40%** increase in engagements year on year, indicating an appetite for help-seeking during this period
- **64%** of those engaged received a talking therapy from a contracted service (**636** clients)
- **32%** were signposted for self-referral to other supports and talking therapies (**212** clients); **4%** were referred to Trust services at Step 3-4 (**39** clients)
- **96%** of those engaged had their needs met directly through the Wellbeing Hub at Step 1/ Step 2 (**4%** required a Step 3-4 Mental Health Service)

#### CORE SCORES

- 97% of those with post-treatment scores, showed either no deterioration (41%) or an improvement (56%) in their emotional health and well-being.

#### Next Steps →

- In light of the reported 40% increase in engagements and 32% of those engaged being signposted to other supports, the Wellbeing Hub will work collaboratively with key stakeholders, including locality GPs and community partners to ensure that pathways to alternative supports are flexible and accessible
- The Wellbeing Hub will continue to monitor for non-engagement and attempt to identify any trends and attempt to address same to reduce non engagement.



## Towards Zero Suicide (TZS)

Towards Zero Suicide (TZS) continues to work with all teams within the Trust, combining the lived experience of those we serve with the most relevant evidence based research and practice. The aim is to improve the experience of those who come into contact with Trust services experiencing suicidal ideation and improving journeys through and exiting mental health care.



## Minimising Restrictive Practice (MRP)

This workstream has been focusing on working with our partners in acute mental health care to reduce the use of restrictive practice. We have been monitoring our progress against three regionally agreed data collection markers: use of physical intervention, rapid tranquilisation and use of seclusion.

Quality Improvement (QI) work continues in all inpatient ward meetings- our primary and secondary drivers actioned via collectively agreed change ideas including:

- Introduction of safety crosses
- Trauma informed practice training for all staff
- Safety planning in acute wards
- Introduction of therapeutic garden space and therapy room.



## Minimising Restrictive Practice

PRE-IMPLEMENTATION SUMMARIES FROM 24 QUESTIONNAIRES HANDED OUT ON 6.10.21.  
(WE HAD 19 RETURNS)  
Reducing Restrictive Practice on Ward 27, Ulster Hospital Mental Health Inpatients Unit – Ward environment Questionnaire.

	STRONGLY DISAGREE (-2)	DISAGREE (-1)	NEUTRAL (0)	AGREE (1)	STRONGLY AGREE (2)
The ward has enough outdoor space.	11	3	2	3	0
The garden is spacious, and helpful for my mental health.	9	2	4	3	1
There is somewhere inside the ward where I can go to try and relax, unwind or calm down.	6	3	4	4	2
Being a patient on Ward 27 provides me with a feeling of safety and security.	2	1	5	6	5

	STRONGLY DISAGREE (-2)	DISAGREE (-1)	NEUTRAL (0)	AGREE (1)	STRONGLY AGREE (2)
The ward has enough outdoor space.	18.7%	10.5%	15.8%		
The garden is spacious, and helpful for my mental health.	57.8%	21.1%	21%		
There is somewhere inside the ward where I can go to try and relax, unwind or calm down.	47.4%	21%	31.6%		
Being a patient on Ward 27 provides me with a feeling of safety and security.	15.8%	26.3%	57.9%		

Trauma support  
Do things I enjoy/hobbies  
Coping strategies  
Talking/sharing experiences  
Family/friends  
Colleagues  
Walk dog/exercise/sports  
Mindfulness/More positive/self care  
Time off/work less overtime  
Supervision/debrief  
Relaxation/Yoga  
Resilience/Keep going



## Suicide Prevention Care Pathway (SPCP)

Our SPCP was launched in September 2021. This person centred evidence based pathway aims to support a person experiencing suicidal ideation and the staff that provide assessment, intervention and sign posting.

Despite initial challenges with up-skilling the workforce to undertake the evidence based assessment and interventions with on-going organisation support and team perseverance, the pilot site has continued to build and develop this pathway in partnership with our lived experience carers and supporters. As of March 2022, **142** service users have entered the pathway.

## SPCP

- Launched 10<sup>th</sup> Sept 2021
- Co produced / co delivered training
- Patient centred model at all steps
- Staff support central to pathway
- Development of warm handovers
- Trauma informed



## Early Post Discharge Appointment

Evidence continues to inform us that there is a heightened risk period for those who transition from acute mental health care to lower level support based in the community setting. Currently all those discharged from acute care are offered a follow up appointment within 7 days; however, evidence shows the risk occurs at or around day three for a person transitioned.

Therefore this work stream has been scoping how to offer an appointment earlier and this work is focused around two themes: **How we can structurally support teams to increase capacity to offer the appointment earlier** and, most importantly, **how we can ensure a holistic and consistent approach is applied to the follow up appointment that is person centred and collaboratively linking up inpatients care and onward support requirements?**

## Safety Planning

Safety planning continues to be rolled out across all mental health teams:

- To date over **300** safety plans have been developed in collaboration with service users, carer's supports and staff
- We have hosted **30** training sessions
- We have committed to a spread and scale plan of all teams being in the position to offer safety plans by September 2022
- Safety planning has been added to the Maxims recording system
- Lifeline, SHIP, Healthy Living Centres and Mental Health Services for Older People are all undertaking this safety planning training.

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### Safety planning

Of 24 Stanley & Brown Safety Plans completed, 10 (42%) had 72 hour therapeutic follow-up completed

- Liked that it was very suited specifically for me
- It gave me something to hold on to and help me know what to do
- I liked having it in front of me when I needed it
- Knowing that someone was going to follow up
- It was simple and perfect
- Good to have it black and white, reassures me
- Just that I had it for me to look at
- Found it helpful - it encouraged me to utilise distraction
- Reminder of supports
- Nothing bad about it at all

I like everything. Targeted, handy, liked the worksheet, fold down into pocket size

Handy to carry round

Easy to use

It's all beneficial

It reminds me to stay busy

My life experiences/ difficulties summed up in a small card. Oversimplified

Reminds you of things because it's written /recorded

Puts it all into context

I like the whole thing. I carry it with me. It's reassuring knowing I have it

We did it all together, it was on my terms and it suited my needs

I like knowing that there was a plan in place

I didn't particularly like the personal questions

Of the 20 patients reviewed, 18 (90%) stated they would feel comfortable that they could refer to their Safety Plan in the future

Suggested change to Western Safety Plan: "Goal setting would be good, self evaluation to assess if you've met goal, would empower to be independent"

Dr Gerry Lynch @DrGMLynch

SETrust leading the way with safety planning! Great learning session facilitated by Project Echo

Co delivered safety planning training to over 170 staff

Over 300 safety plans co produced with service users and supporters /careers

TOWARDS ZERO SUICIDE



## Lived Experience Lead Work

Lived experience is central to all the TZS work streams and lived experience representation from volunteers and our lived experience work force is evident in every stream. Our lived experience group has also led some amazing projects including the development of support booklets to be provided in the Emergency Department (ED) at point of referral, co-production and co-delivery of training and learning events.

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### Lived Experience lead Learning events



**Engage with You**

**Journey to Recovery**

An initial, open, honest and hopeful conversation about where we have come from and where we are going on our journey of recovery together with mental health/substance misuse services and those with lived experiences.

There is recognition that multiple factors, including our social circumstances and significant life events can impact on our mental health (including vulnerability to suicide and self-harm). Substance use is for many an attempt to manage these difficulties, with some also coming into contact with the justice system and prison. This event aims to highlight these issues and raise awareness of how people came to be on their respective journeys.

This event aims to facilitate open and informative conversations between those working in mental health/substance misuse services and people with lived experience on how we can journey closer together in supporting people towards and through recovery, about work on-going and how we can work better together to prevent suicide.

This event has co-production at its heart, with stories from people who are on the journey meaningfully involved in its planning and delivery. It is hoped that these experiences will offer others hope and inspiration on the day, and facilitate the development of an achievable, targeted and realistic action plan that can be used to enhance future service delivery.

You are cordially invited to the  
**Journey to Recovery**

on  
**Tuesday 26 April 2022**

**9.30am - 4.00pm**

Burrendale Hotel  
51 Castlewellan Road  
Newcastle  
BT33 0JY

RSVP by: **Tuesday 19 April 2022**

Karen McMillan  
t: 07929 856 325  
e: karen.mcmillan@setrust.hscni.net

TOWARDS ZERO SUICIDE

## Work Force Development

The Trust has been engaged in the development of a training framework. The Trust is currently working on a baseline staff questionnaire on achieved training within the work force. The aim is to maximise opportunities for up-skilling the workforce. To date over **170** staff have been trained in safety planning. A total of **35** staff have been trained in the evidence based SPCP training and **395** have undertaken the TZS online training.

### Next Steps →

- Continue to up-skill professional staff to allow for growth of the SPCP in the pilot site
- Trust wide roll out of safety planning
- Building our lived experience voice: recruitment of volunteers, co-produced and co-delivered events and training
- Development of a Crisis Café
- Development of peer led bereaved by suicide support for careers, supported loved ones
- Development of peer led bereaved by suicide for Trust, voluntary and community sector partners.

## Learning from Incidents and Near Misses

### Improving Use of Datix within Mental Health Services

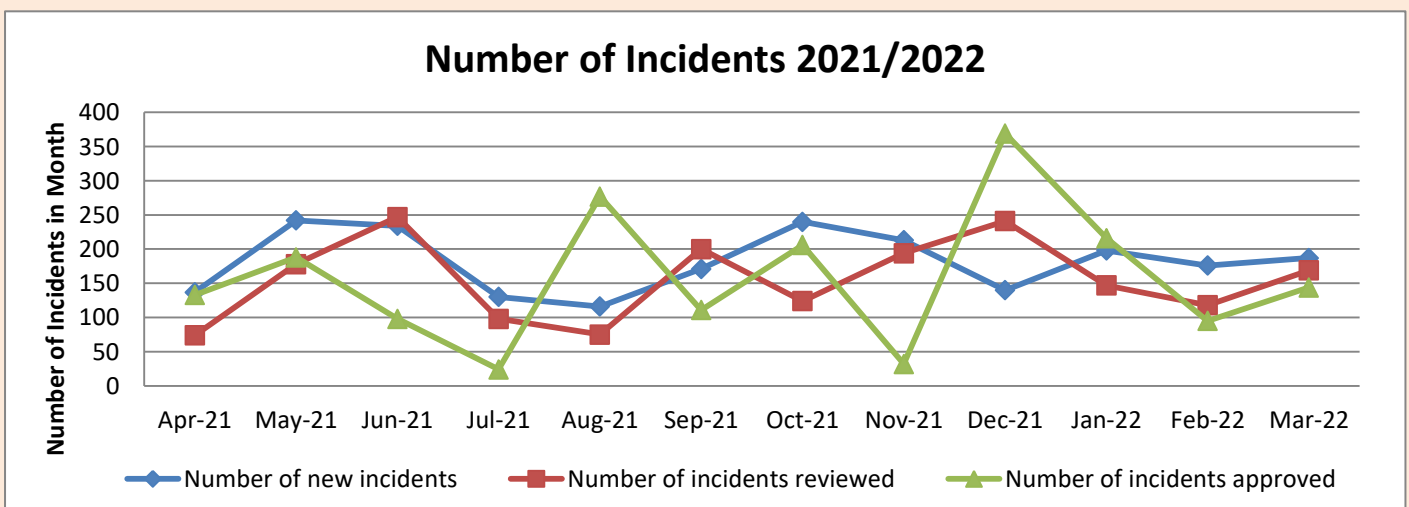
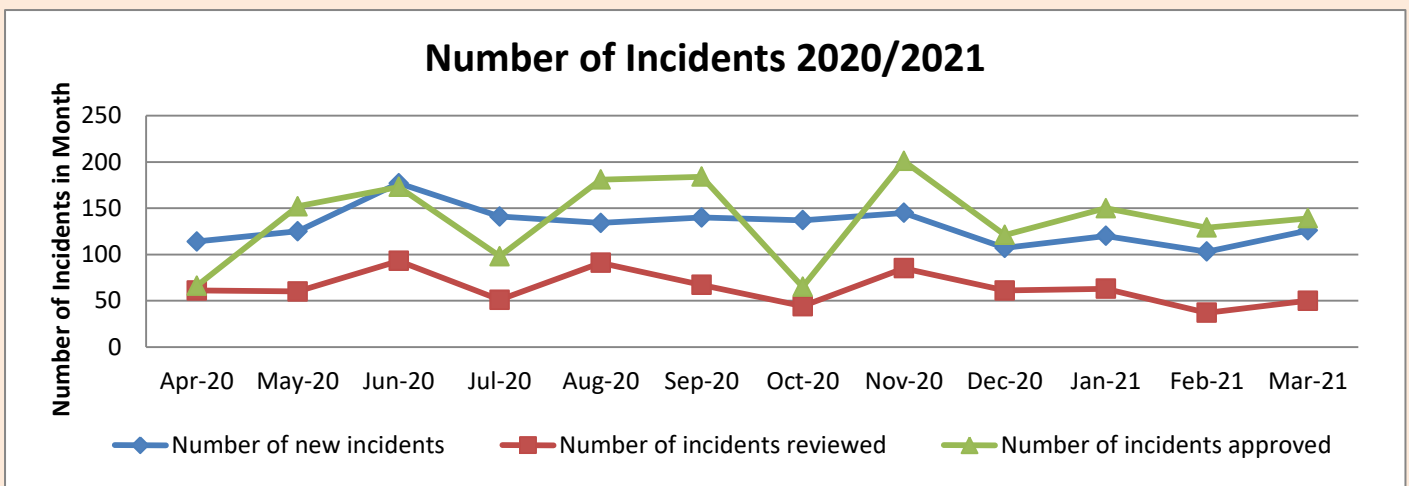


It was previously identified that there were often delays in the review and approval of incidents and therefore learning from the incident was not shared in a timely manner. A Datix sub-group had been established. Due to the restructuring of Clinical & Social Care Governance (CSCG) Meetings, this group amalgamated into a monthly CSCG Forum for each Service Manager to discuss themes and action being taken in respect of same.

A monthly monitoring report would be issued in advance of the meeting including status overview of incidents in each service. Unfortunately the CSCG facilitator had been on maternity therefore assurance audit of learning has been delayed.

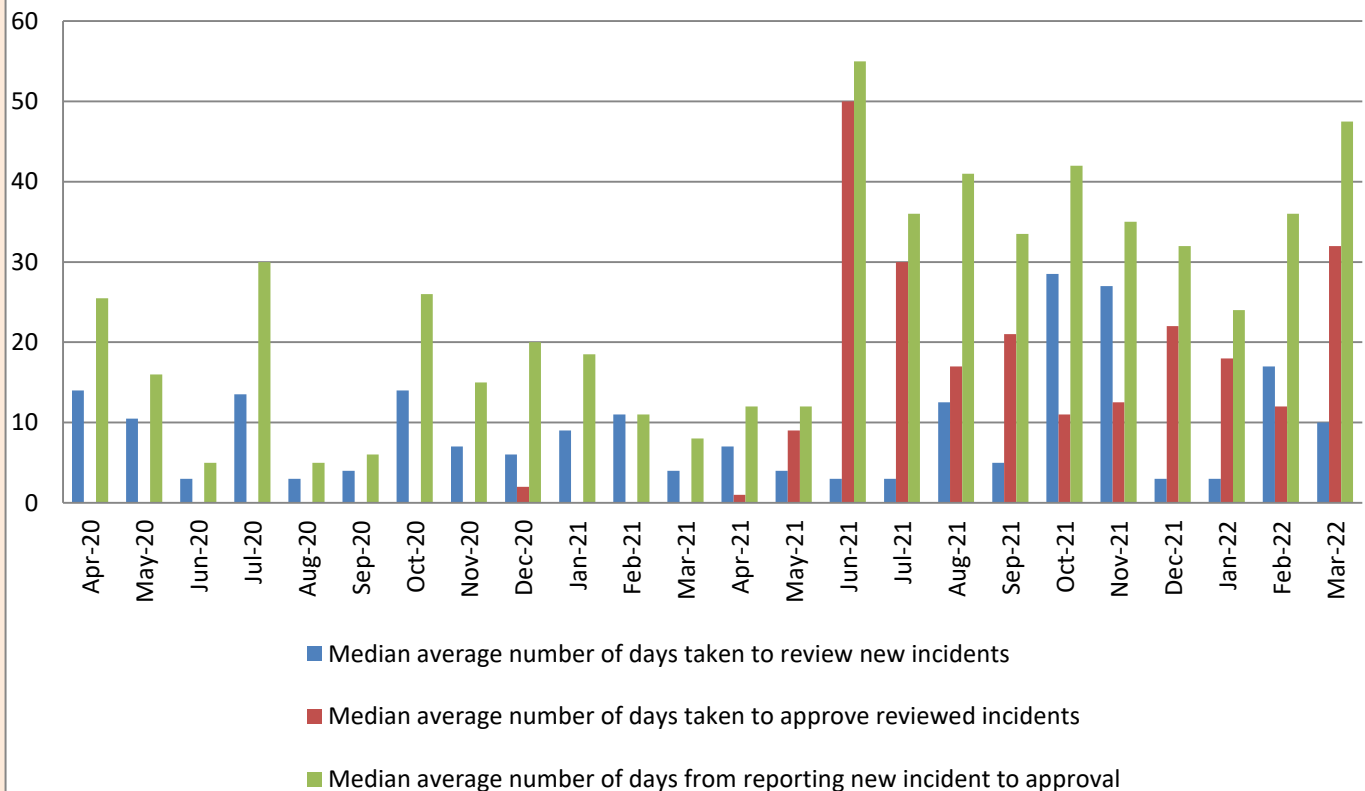
Unfortunately due to COVID-19 and winter pressures impacting staff availability, overdue approvals have been high throughout this reporting period. Within the return of designated staff to focus on reminders for approving, this number is reducing again.

### Facts & Figures



## Average Days Taken to Review and Approve New Incidents

Note: This data refers to the number days taken to review and approve new incidents reported that month



Datix activity has increased this year, with an increase in the amount of incidents reported and therefore, subsequently an increase in the number of incidents being reviewed and approved. To put these figures into context, data has been collated on the length of time taken for incidents to be reviewed and/or approved.

This provides explanation for some of the dramatic increases in review or approval of incidents. Incidents approved or reviewed in a given month are often from a backlog of incidents reported in previous months. There appears to be a trend in an increasing amount of days taken to review and approve incidents in 2021 / 2022.

### Next Steps →

- Development and establishment of local CSCG meetings for Inpatient Wards, Supported living facilities & Community Teams
- Focused discussions on themes drawn out of associated datix reports for these groups and action agreed to be taken
- Assurance audit/improvement monitoring that implementing the learning and making a difference to patients & staff eg. reduction in number of associated incidents or level of harm that had been caused in similar incidents previously
- Increased staff feedback on how using the data provided from the datix reports within their teams.



# Recovery College

The Recovery College currently offers a blended approach of both face to face and online course engagement sessions. Courses range from anxiety management, emotional regulation courses to newer areas of development, including: Living Life to the Full; Talking to Young People about Parental Mental Health and Suicide intervention programmes.



## Facts & Figures

**South Eastern Health and Social Care Trust**

**OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES**  
SERVICE PROFILES

**About the Online South Eastern HSCT Recovery College:**

From 1<sup>st</sup> July 2021 – 30<sup>th</sup> September 2021, the Recovery College has continued to run some Summer provision of online courses and commenced some face to face courses, as we and our students adapt to post lockdown life. The Recovery College is currently staffed by **1 wte band 7, 2 wte band 4's and 0.6 wte band 3.**

**Some of our main achievements, this quarter:**  
 The Growth of the Recovery College Marketing Tools:  
 -Piger tiger launched  
 -Vyond videos launched  
 A successful summer timetable, including 2 WRAP courses covering Downpatrick and Ards.  
 The Recovery College ran a session for students who wished to get more involved in the College  
 Recovery College information and support session for staff

**What's to come?**  
 A packed course timetable to take students from September right through to December.  
 An increase in marketing and advertising of the College within Trust areas

**RECOVERY COLLEGE**  
 Phone: (028)90413872 Email: recovery.college@sestrust.hscni.net

**VISION**  
 To be an educational centre of excellence that nurtures recovery.

**MISSION**  
 To inspire hope and contribute to well-being by providing innovative, engaging and skills based training. We strive to create a learning environment that is free from stigma, strengths based and focusses on the person, not the illness.

**TIMETABLE**      **PRESPECTUS**  
**FEEDBACK FOR US**      **STUDENT UNION**  
**STUDENT ENROLMENT**      **POSITIVE AFFIRMATIONS**  
**SHARE YOUR STORY**      **GET INVOLVED**  
**SELF-HELP VIDEOS**      **SEND THIS PAGE TO A FRIEND**  
**MAKING LIFE**      **COVID SAFETY**

HOW TO USE THIS GUIDE

The chart above shows captured data at enrolment for us to get a better idea of the age groups attending our courses.

**South Eastern Health and Social Care Trust**

**OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES**  
SEHSCT Recovery College Online

Reporting Period: 1<sup>st</sup> July 21 to 30<sup>th</sup> September 2021

**How much did we do?**

8	Courses
18	Sessions
116	Students Registered
62	Student Attendance

\*some students attended multiple courses

**How well did we do it? Student Engagement**

We made **34** posts  
**38,340** reaches  
**1,757** engagements

**To feel the fear and face it anyway**

**More hopeful about my recovery. Enjoyed and felt relaxed**

**Is Anyone Better Off?**

**It enhanced learning - lived experience vital! and increased knowledge of the topic - felt real! Not playing lip service!**

**Self discovery. I can now apply what I have learned to my own personal life**

**I now feel more aware of the difference when I "am well" and "am not well" also the importance to "feel the fear and face it anyway" :)**

This course has highlighted strategies that I can use when I'm feeling anxious or distressed	I felt more confident	More knowledgeable about other opportunities in the RC & local area	This course has improved my knowledge and understanding about mental health & recovery
100%	83%	83%	100%

\*Based on information from feedback forms 1/7/21-30/9/21

This course has highlighted strategies that I can use when I'm feeling anxious or distressed	I found this course helpful	This course has highlighted strategies that I can use when I'm feeling anxious or distressed	I enjoy attending online Recovery College courses	I believe that the sharing of lived experience helped me to understand more about my recovery
83%	83%	100%	83%	83%

\*Based on information from online poll 15/7/21-30/9/21

## OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

### SERVICE PROFILES



### About the South Eastern HSCT Recovery College:

#### POSITIVE AFFIRMATIONS BANK



From 1<sup>st</sup> September 2022 – 30<sup>th</sup> December 2022, the Recovery College has continued to run the Autumn provision of both face to face and online, as we and our students adapt to post lockdown life.



#### Identified areas of improvement for 2022

- Making online learning more accessible and interactive using a range of different platforms
- Rolling out evidence-based courses in a timely and consistent manner
- Continue to reduce the DNA rate for courses using quality improvement methodology
- Capturing demographics & evaluative data using an online system
- To promote, increase and develop Co-Production and partnership working with our MH teams, partners and community
- Re-publishing prospectus and other promotional materials
- Providing students with resources and supports to make home learning easier



## OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

### SEHSCT Recovery College



Reporting Period: 1<sup>st</sup> September to 30<sup>th</sup> December 2021

#### How much did we do?

14	Courses
49	Sessions
163	Individual Registrations
155	Overall Attendances



\*some students attended multiple courses

#### How well did we do it from 1<sup>st</sup> September- 31<sup>st</sup> December ?



2182 likes  
6005 reaches  
1,757 engagements



11 students per course  
69% increase in attendance with student follow up support

Would recommend course to family & friends	Would be interested in attending other courses in the future
97.5%	100%

#### Is Anyone Better Off?

I felt welcomed and my thoughts were valued and Trainers were able to relate from their own experience which made me feel safer to share and not be judged.

I am so grateful for the courses- they get me out of bed in the morning and give me a structure and purpose to my day and week

Trainers gently encouraged me to give mini presentations and participating happily and guess what, day 3 I gave a presentation I was very proud of.



This course has highlighted strategies that I can use when I'm feeling anxious or distressed	I felt my contribution was valued	This course has improved my knowledge and understanding about mental health & recovery
100%	100%	100%

\*Based on information from feedback forms 1/9/21-31/12/21

I found this course helpful	I felt supported by the online Recovery College	I believe that the sharing of lived experience helped me to understand more about my recovery
94%	83%	90%



## OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

### SERVICE PROFILES



#### About the South Eastern HSCT Recovery College:

##### POSITIVE AFFIRMATIONS BANK



From 1<sup>st</sup> January 2022 – 15<sup>th</sup> April 2022, the Recovery College has continued to run the Autumn provision of both face to face and online, as we and our students adapt to post lockdown life.



- Identified areas of improvement for 2022**
- Making online learning more accessible and interactive using a range of different platforms
  - Rolling out evidence-based courses in a timely and consistent manner
  - Continue to reduce the DNA rate for courses using quality improvement methodology
  - Capturing demographics & evaluative data using an online system
  - To promote, increase and develop Co-Production and partnership working with our MH teams, partners and community
  - Re-publishing prospectus and other promotional materials
  - Providing students with resources and supports to make home learning easier



## OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

### SEHSCT Recovery College



Reporting Period: 1<sup>st</sup> January to 15<sup>th</sup> April 2022

#### How much did we do?

19	Courses
60	Sessions
332	Individual Registrations
206	Overall Attendances



#### How well did we do it from 1<sup>st</sup> September- 31<sup>st</sup> December ?

**f** 2290 likes  
5360 reaches  
1,010 engagements



20% students have attended an accredited or involvement training course with the Recovery College

Would recommend course to family & friends	Would be interested in attending other courses in the future
98%	100%

#### How do you feel about QI now?



#### Is Anyone Better Off?

It was a joy to attend this course. The Recovery College is such an understated service/resource. I would certainly become an ambassador for the college.

Thanks for listening and sharing :)

"Dealing with an illness and managing to inspire someone who has it is a lifetime achievement. You have really made a difference to me and my attitude to my condition and how to manage it. Thank you to you and your team."



This course has highlighted strategies that I can use when I'm feeling anxious or distressed	I felt my contribution was valued	This course has improved my knowledge and understanding about mental health & recovery
96%	100%	96%
I found this course helpful	I felt supported by the online Recovery College	I believe that the sharing of lived experience helped me to understand more about my recovery
100%	94%	92%

\*Based on information from feedback forms 1/01/22-15/04/22

## Next Steps →

The Recovery College will continue to provide a blended approach to user engagement opportunities. The Recovery College also aims to offer more courses within rural areas of the Trust (Ards Peninsula and Newcastle). The Recovery College has introduced a Champions diagram to drive service priorities forward for the next year.



# Ards Adult Mental Health Outpatients

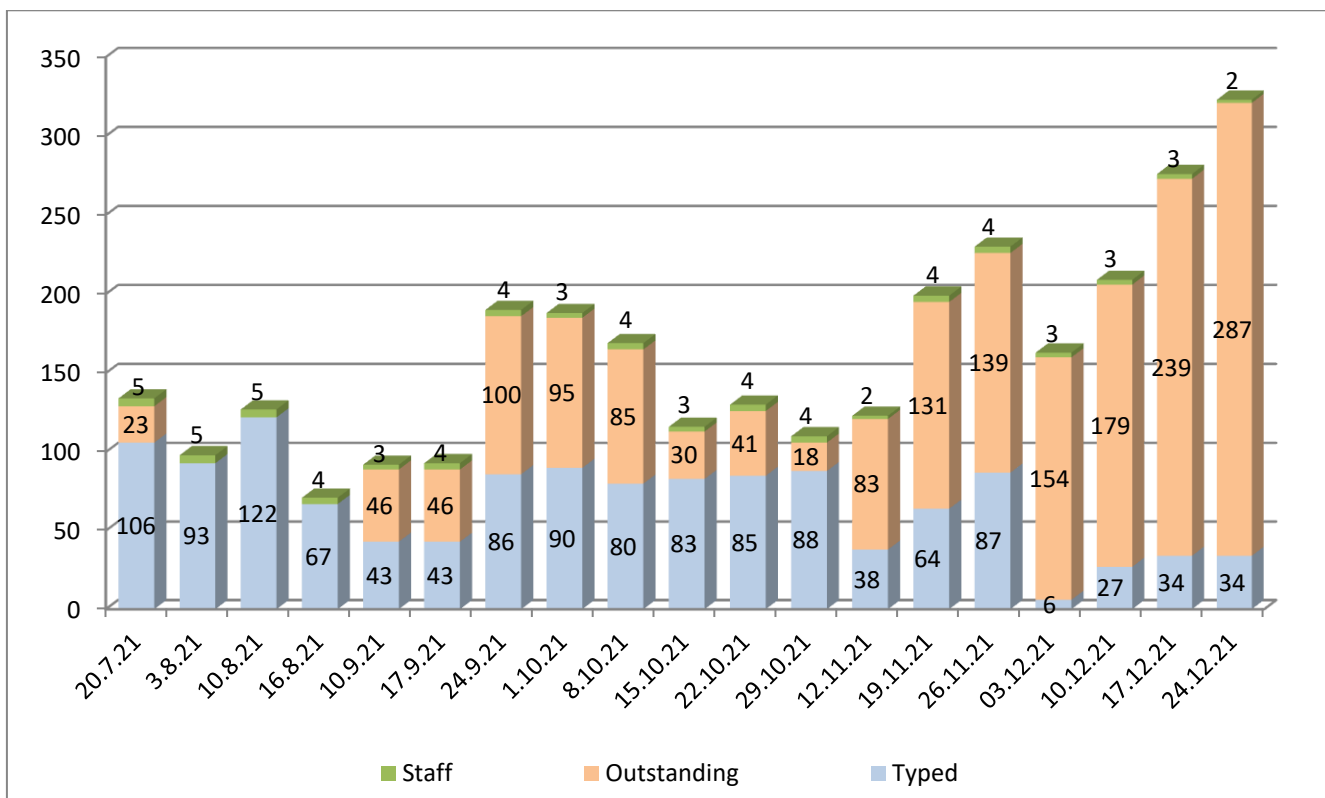
## Improvements of Typing Completion Rate

MH Outpatients continued to face absenteeism and vacancies throughout this reporting period. The figures below evidence the fluctuations in staffing levels – those designated to complete typing tasks. Overall the backlog reduced and volume of typing each month began to stabilise. To note, December typing was under performing, which is consistent with sickness and working well together issues.

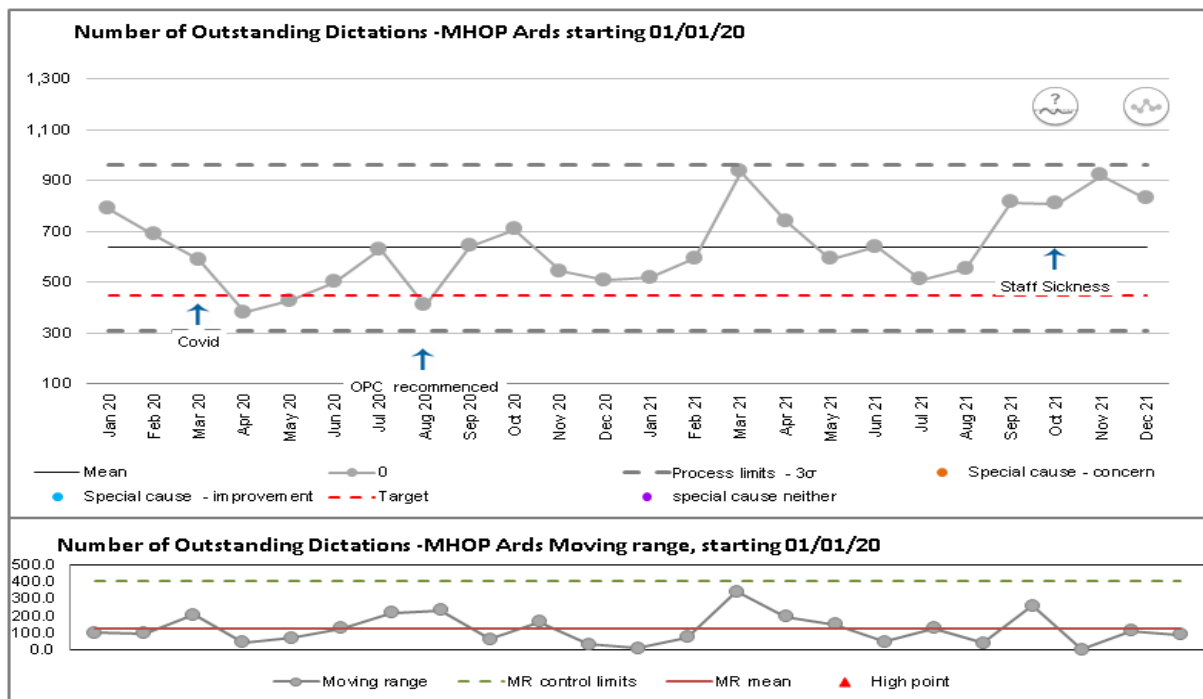


## Facts & Figures

Apr - Jun 2021	Jul - Sep 2021	Oct - Dec 2021	Jan to Mar 2022	Apr - Jun 2022
<b>1,325</b>	<b>927</b>	<b>716</b>	<b>1092</b>	<b>822</b>



- This graph shows the levels of typing achieved along with outstanding typing and number of staff that given week and staff available
- Typing was measured weekly and gradually improved, despite serious staffing shortages and Working Well Together issues
- Below breakdowns significance factors impacting performance
- All back log typing has been readdressed and working only on typing tasks within the 4 week period of being assigned. Overall typing completed will be lower in comparison to last year as there is no longer a back log that was being completed via OT in 2020 / 2021
- As a result of this improvement, the team now have more confidence as their efforts are being positively reinforced with their achievement being recognised and appreciated by the stability of a team lead.



## Next Steps →

- Weekly monitoring to continue to identify trends and concerns so can be escalated sooner to management for action plan to mitigate
- Further analysis of the data – to begin benchmarking expected timeframes for typing to be completed as the figures above reflect typing to be completed in totality but not in chronological order or priority
- Clearer expectation on expected timescales which will inform on-going OBA work
- Stabilised workforce and recruit in to 2 x Band 3 medical secretary posts
- Longest wait to be reported on, in order to establish on how long it takes for letter to be typed and sent to GP. Target set for all sectors as 2 weeks from date of outpatient clinic appointment.