



South Eastern Health
and Social Care Trust



ANNUAL QUALITY REPORT 2016/2017

Chief Executive's Foreword

In May 2017 The South Eastern Health and Social Care (HSC) Trust launched our 4 year Corporate Plan, stating that we want the area of the South Eastern HSC Trust to be a good place to live, because of the priority given to promoting better health and wellbeing for you. In addition, we want it to be a place that when you need support or care, you experience high quality services delivered in a caring and compassionate way.



In 2016/2017 the rise in demand for services has continued and the limited availability of staff, particularly nursing staff, has presented an additional pressure for the South Eastern HSC Trust. In community services, an increase in the number of children being received into care, together with a lack of foster care placements has increased the challenge in assuring the availability of the best placement for children at a time of crisis. Moreover, an ageing population and increase demand for domiciliary care services continues to place significant pressure on the Trust ability to support frail elderly in their home and community setting. This challenge is not unique to us; it is faced by many health and social care providers nationally and internationally. Nevertheless, we continue to implement a strong recruitment and retention strategy and remain committed to delivering a sustainable and affordable model of health and social care. As the Minister states in Delivering Together:

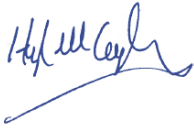
“Change is quite simply essential to deliver the world class system ...that is our collective commitment”. We all have a role to play in making these changes.

Over the spring and summer of 2017 we were delighted to move into our new Inpatient Ward Block at the Ulster Hospital. The seven storey building provides 12 inpatient wards comprising 288 en-suite bedrooms, a new Day Procedure Unit including 4 Operating Theatres, an Endoscopy suite and a new Pharmacy Department. The New Build provides state of the art facilities, adding to many excellent facilities across the Trust and creating an environment where our staff can deliver safe, person centred care. We look forward to the next phase: the Acute Services Block, with building work progressing well expected completion date will be in 2019.

The Trust employs over 10,000 staff who work relentlessly to deliver safe, high quality and compassionate care for a population of approximately 354,500 people. We have a strong track record of delivering improvements in outcomes and patient experience and continued high performance in 2016/2017. However, whilst we strive on a daily basis to deliver excellence, it is important to recognise the pressure associated with growing demand and the gaps in staffing and reaffirm our support for staff. Through a culture which empowers staff to actively drive local improvement, we have developed new ways of working to seek to address these challenges. Over 2016/2017, staff have worked with our patients/clients/carers to gain valuable insight into how we can improve and delivered on many exemplars of transformation. I am incredibly proud of the hard work and dedication of all our staff in delivering safe,

high quality care and treatments which results in a positive experience for those who use our service.

Our 2016/2017 Annual Quality Report gives the South Eastern HSC Trust the opportunity to provide you (the Public) with assurance that we are delivering high standards of care/services, in a culture that fosters quality improvement. This report details what we do, how our systems drive continuous improvement and highlights a number of our significant achievements and improved outcomes for patients/clients and staff.

A handwritten signature in blue ink, appearing to read 'Hugh McCaughey', with a long horizontal flourish extending to the left.

Hugh McCaughey, Chief Executive

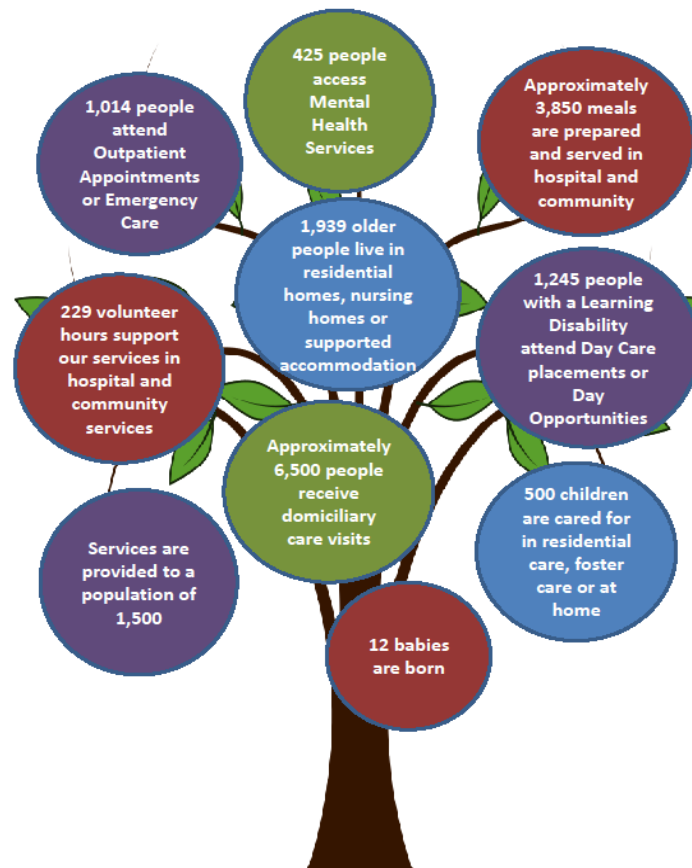
Contents

Chief Executive's Foreword.....	3
Contents.....	5
About the South Eastern Health & Social Care Trust.....	7
Annual Quality Report.....	8
Quality Improvement & Innovation (QII) Approach Supporting SQE.....	9
GOAL 1: Transforming the Culture	11
The Trust's Vision.....	12
Survey & Trust Values.....	14
Patient & Client Experience.....	15
10,000 Voices.....	19
Personal & Public Involvement (PPI).....	21
Complaints & Compliments.....	23
Incidents / SAls.....	28
Quality Improvement.....	32
How the Organisation Learns.....	34
GOAL 2: Strengthening the Workforce.....	35
Induction.....	36
Investors in People.....	38
Money for Staff Development.....	39
Leadership Programmes.....	40
Supervision, Coaching & Mentoring.....	40
Staff Achievements.....	45
Looking After Your Staff.....	47
Volunteering.....	50
Revalidation of Medical & Nursing Staff.....	51
Staff Absenteeism.....	52
Staff Training – knowledge, skills, framework, PCFS, Mandatory Equality.....	53

GOAL 3: Measuring the Improvement.....	54
Infection Rates.....	55
Surgical Safety Checklist.....	61
Patient Falls.....	63
Pressure Ulcers.....	64
Venous Thromboembolism (VTE).....	69
Reducing the Risk of Hyponatraemia, infection prevention, RPRB.....	70
Medicines Management.....	71
Malnutrition Universal Screening Tool (MUST).....	73
Cardiac Arrests.....	75
GOAL 4: Raising the Standards.....	76
Standardised Mortality Ratio (SMR).....	77
Emergency Re-Admission Rate.....	78
Emergency Department.....	79
NICE Guidelines.....	81
Audit.....	82
Cancer Access Standards.....	84
GOAL 5: Integrating the Care.....	87
Community Care.....	88
Mental Health.....	96
Social Care.....	104

About The South Eastern Health & Social Care Trust

A typical day in the South Eastern HSC Trust:



The Trust is an integrated organisation, incorporating acute hospital services, community health and social services and serves a population of approximately 354,500 people with a budget of almost £600 million. The Trust covers an area of 425 square miles and incorporates the local government districts of Ards & North Down, Lisburn & Castlereagh and Newry, Mourne & Down.

The main hospital bases are: Ards Community Hospital, Bangor Community Hospital, Downe Hospital, Downshire Hospital, Lagan Valley Hospital and the Ulster Hospital. Acute Services at the Ulster Hospital serve a wider population, including East Belfast, of approximately 440,000. Community bases are located in many local towns and villages from Moira in the West to Portaferry in the East and from Bangor in the North to Newcastle in the South.

In addition to its geographical spread, there is also a noticeable diversity in its population characteristics, embracing areas of relative wealth and prosperity as well as pockets of considerable deprivation and need.

The Trust employs in the region of 10,000 staff across a range of disciplines as follows:

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

Annual Quality Report

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. This is the Trusts fifth quality report.

The 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. For the purpose of this report the South Eastern HSC Trust will be referred to as 'the Trust'.



Quality Improvement and Innovation (QII) Approach supporting SQE

Safety, Quality & Experience (SQE)

The focus of the QII Approach is to provide a framework to support staff to continue to provide services that are safe, of a high quality and create a positive experience through improvement, innovation and the growth of knowledge. Through this work it is hoped that we can develop a culture of commitment to continuous improvement at all levels within the organisation.

The QII Approach brings together, and highlights the QII focus and support of four organisational departments through their related strategies to ensure a co-ordinated approach to QII:

- Organisation and Workforce Development
- Safe and Effective Care
- Planning and Service Improvement
- Innovation, Research and Development

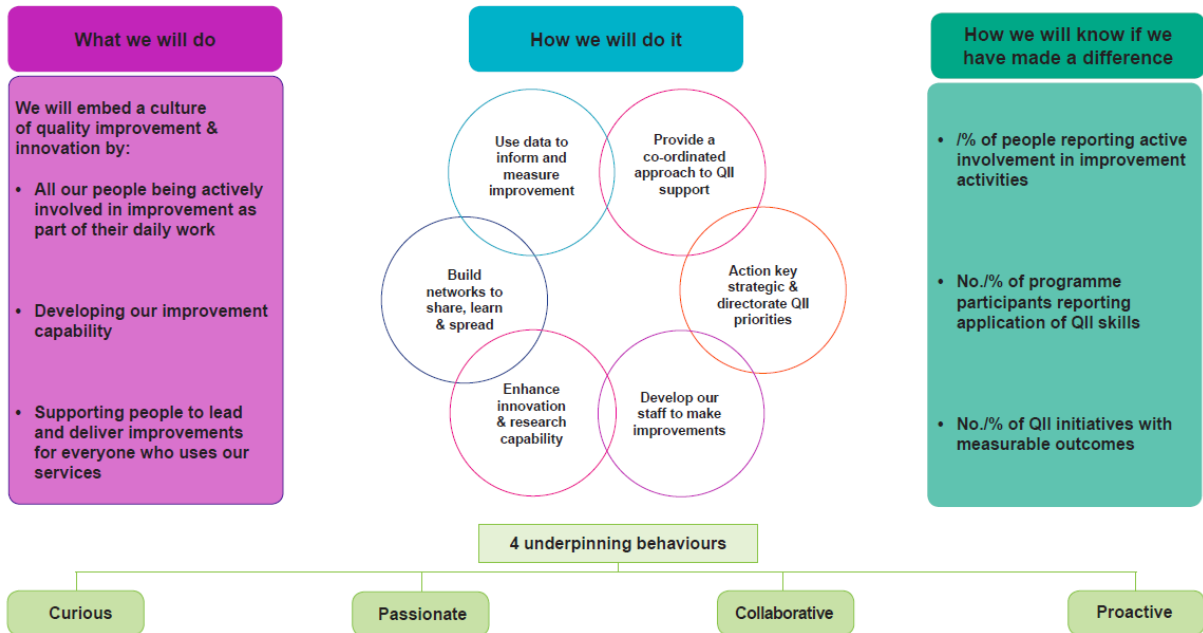
There are three main themes within the Approach:

- **Improving Care** - We will commit to work in collaboration to improve safety, quality & experience for service users and staff
- **Increasing Improvement & Innovation Capability** - We will develop all staff to inspire them to continue to think differently & seek opportunities to improve & innovate
- **Improving Organisation Performance** - We will demonstrate evidence of improvement through promoting strategic, planned approaches to service delivery

Over 2016/2017 we have carried out an evaluation of our QII Approach and agreed our framework going forward over the next 3 years: This sets out our commitment to ensure Quality Improvement is aligned to Trust corporate and local priorities for safety, quality and experience, supporting staff to continually improve services, but also ensure that they are aware of what central support can be provided to them.

QII Framework 2017 - 2021

People will experience high quality health & social care services



Goal 1:
**Transforming
the Culture**

The Trust's Vision

The Corporate Plan 2017-2021 was developed with the input of staff, service users and carers. As part of this process, over the past year, we have worked with staff groups, including porters, district nursing staff, prison health care staff, domiciliary care and senior managers to ensure staff at all levels had an opportunity to refresh the values.

We have stated that we want the Trust area to be:

- A great place to live
- A great place to work
- A great place for care and support

We want the area of the South Eastern HSC Trust to be a good place to live, because of the priority given to promoting better health and wellbeing for you.

We want it to be a good place to work; because our staff feel empowered to improve services and enjoy working in a caring and compassionate culture. We also want it to be a place where the public experience high quality services, delivered in a caring and compassionate way.

We believe our underpinning values of integrity, compassion, excellence and trust are central to achieving this.

Our Values

Values are the guiding principles which shape our behaviour and influence everything we do.

Compassion: We aspire to be compassionate and caring, as human connection and empathy are the basis for good quality care and support. We will listen and learn from you, our service users, carers and our staff.

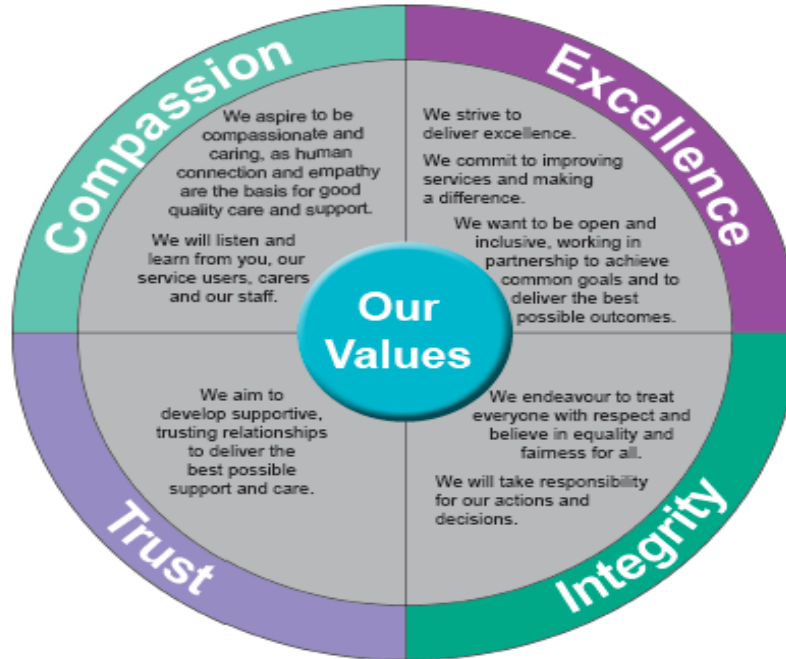
Excellence: We strive to deliver excellence. We commit to improving services and making a difference. We want to be open and inclusive, working in partnership to achieve common goals and to deliver the best possible outcomes.

Integrity: We endeavour to treat everyone with respect and believe in equality and fairness for all. We will take responsibility for our actions and decisions.

Trust: We aim to develop supportive, trusting relationships to deliver the best possible support and care.

Our Values

Values are the guiding principles which shape our behaviour and influence everything we do.



Our Commitments to You (the Public)

Our Trust's outcomes are ambitious and will require energy, commitment and creativity against a backdrop of increasing demand and financial constraints.

We will support our staff to grow and flourish, to build resilience, to take ownership and be empowered to contribute to the achievement of our shared outcomes.

We will continue to work in partnership with you to ensure that we create a vibrant, healthy society where we support you to live well, and lead full lives for as long as possible, so that this is:

- A great place to live
- A great place to work
- A great place for support and care.

We hope you will join us on this journey.

Survey & Trust Values

Following the 2015 Regional Staff Survey the Trust has developed and commenced implementation of a Corporate Action Plan which is further supported through Directorate Continuous Improvement Plans.

Engagement

Engagement is a key theme identified within the Survey and was the approach used with identified staff groups (Domiciliary Care, Patient Experience and Prison Healthcare) to facilitate feedback and gather staff opinions on survey results at sub-directorate level. One notable area of engagement was the corporate review of Trust Values.

In 2016 the Trust conducted a series of engagement exercises with staff to refresh its values which were originally designed in 2014. The aim was to ensure that the Trust's values remained applicable to every role in the Trust and that people felt connected to them.



Next Steps

The revised values are to be incorporated into the Trust's Corporate Plan 2017-21: Integrity, Compassion, Excellence and Trust, and will be the guiding principles which shape our behaviour and influence what we do.

Patient and Client Experience

Listening to what our patients and clients tell us about our services is a corporate priority, we realise that the experience of the patient is a key measurement of the quality of our services. We have concentrated great effort in developing the most effective methodologies to measure the user experience and to ensure that information is available to staff at all levels from the frontline to the Board. The methodologies include surveys, tele-interviews, focus groups, electronic / online responses, home visits and collection of patient stories.

Acute Inpatient Care Rolling Programme

The inpatient survey results show high levels of satisfaction as demonstrated below, a local report is compiled per sample of 20 respondents. From Q2 forward, only completed local reports (samples of 20) were reported. Where the local sample is less than 20 within the quarter, returns run over into the next quarter's reporting.

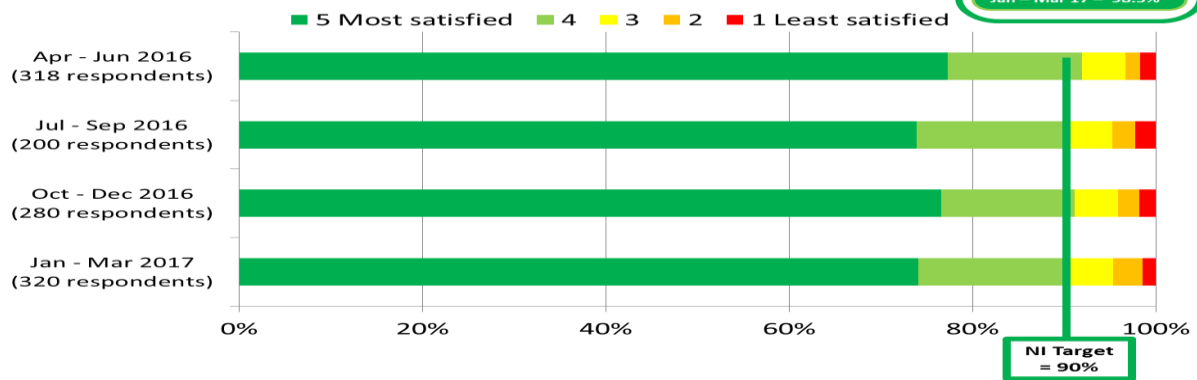
Quarter	Q1			Q2			Q3			Q4		
	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17
No. of respondents	175	62*	318	99	224	200	486	293	280	111	138	320
% of patients rating as 5 or 4 (NI Target = 90.0%)	87.7%	93.7%	91.9%	88.6%	89.9%	90.0%	93.5%	89.3%	91.1%	93.8%	94.1%	90.4%

Overall	2014-15	2015-16	2016-17
No. of respondents	871	717	1118
% of patients rating as 5 or 4 (NI Target = 90.0%)	90.0%	90.8%	90.9%

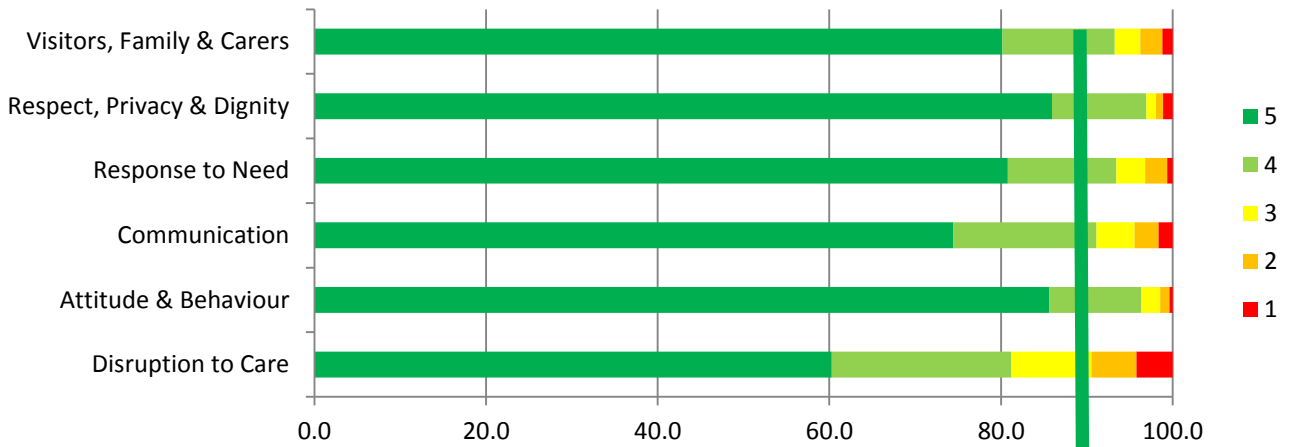
Overall satisfaction remained above the 90.0% NI target and the number of questionnaires received has increased by 55.9% during 2016-17.

The graphs below details satisfaction levels with care and service provided by using a ratings scale of 1 (Least satisfied) to 5 (Most satisfied). Target = 90% satisfaction (taken from ratings of 5 or 4). During 2016/2017 continuous reporting across the inpatient setting has taken over from the previous programme of rotational quarterly reporting. Through learning from patient/client feedback, the Trust plans to achieve satisfaction levels of > 90% per key theme across all clinical areas. Compliance by patient experience theme has improved during 2016/2017, in particular there was a 11.9% increase in '5' or '4' ratings relating to the Disruption to Care theme.

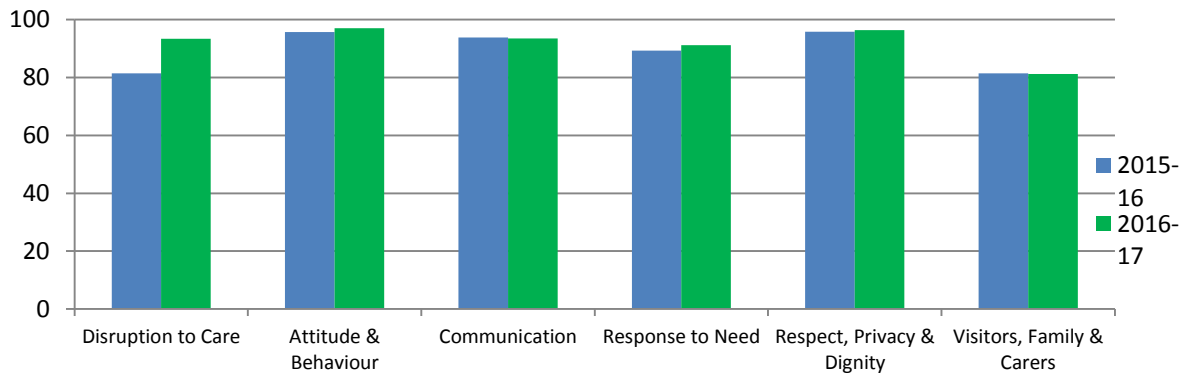
**Patient & Client Experience
Trust Level
April 2016 – March 2017**



2016-17 Compliance by Patient Experience Theme



**Compliance by Patient Experience Theme '5' and '4' Ratings
2015-16/2016-17**



Primary & Community Care Surveys

The Primary & Community Care Survey measures satisfaction against the key regional user experience standards.

Quarter	Q1			Q2			Q3			Q4		
	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17
No. reps	127	82	105	69	102	60	81	135	39	97	97	0
% of pts rating 'Always'	99.8%	98.9%	99.7%	99.7%	98.8%	98.8%	98.7%	99.1%	98.7%	98.5%	99.6%	-*

*Quarter 1 data collection period continues into Quarter 2.

All individual questions answered achieved a score of 94.6% or greater. Therefore, all standards are therefore fully compliant.

	Overall		
	2014-15	2015-16	2016-17
No. of respondents	374	416	204
% of patients rating as 5 or 4 (NI Target = 90.0%)	99.2%	99.1%	99.1%

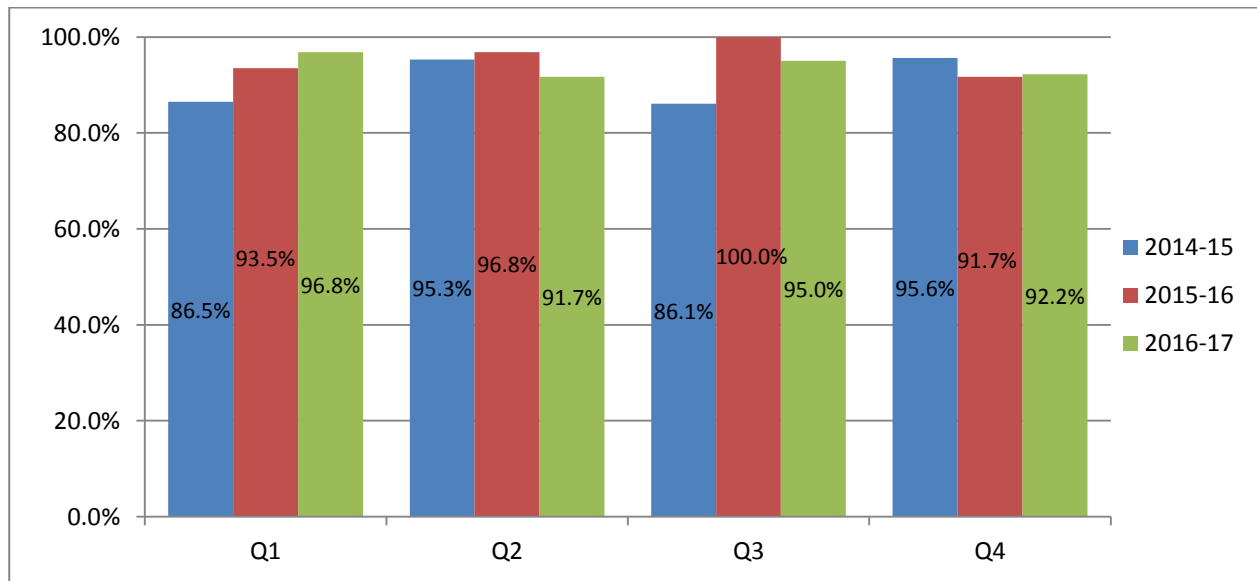
Ward and Outpatient Comments Leaflets

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

Qtr	No. of comment leaflets received			No. of positive comments			No. of negative comments relating to environment			No. of negative comments relating to treatment/care		
	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17	2014 -15	2015 -16	2016 -17
1	77	50	31	128	106	63	8	17	11	37	12	4
2	87	31	13	167	86	39	22	5	1	3	1	0
3	39	55	21	77	162	55	12	15	7	9	3	4
4	45	25	53	121	61	105	13	7	20	8	4	5

The number of negative comments received relating to treatment and care has decreased significantly from 57 in 2014/2015 to 13 in 2016/2017, a 77.2% decrease.

The information below illustrates overall satisfaction ratings based on Ward and Outpatient Comment Leaflets.



Negative comments/suggestions recorded include environmental factors (such as noise) and general dissatisfaction of TV systems and food.

Next Steps

Patient & Client Experience Monitoring recently introduced and planned enhancements include:

- Electronic and web-based facilities – development and pilot work has taken place - now subject to regional developments and direction
- Improved analysis and report production arrangements in place
- Approaches to Patient & Client Experience Monitoring (Patients, Service User Forum, Service Leads)
- CONNECT Workshop Event Programme in place
- Active integration of Patient & Client Experience Standards monitoring resources with 10,000 Voices Programme resources to deliver upon Trust Patient Experience Framework with appropriate alignment to regional priorities / programme / framework

10,000 Voices



Improving Experience Through 10,000 Voices

As we continue with the reform of Health and Social Care and the associated challenges and opportunities that this will bring, it is now more important than ever that we have systems in place to listen to the voices of those who use and deliver our services. 10,000 Voices is one of the ways we can do this and has not only provided the platform for people to have their voice heard but has also helped to inform quality improvements within the Trust and to influence the regional planning of services.

The Trust remains fully committed to implementing the 10,000 Voices regional work plan, recognising that the voices of those who use and deliver our services are key indicators of the quality and safety of the care we provide. In addition the appointment of a permanent Patient/Client Experience/10,000 Voices Facilitator in December 2016 has enabled a number of local projects using the 10,000 Voices methodology to be planned and delivered.

Throughout the period April 2016 – March 2017 the Trust has been participating in the following 10,000 Voices Projects:

Unscheduled Care (Patient and Staff Experience)

This project remains live and to date 151 stories have been collected from patients and 101 from staff. Many of the stories reflect positive experience in our unscheduled care areas. Staff continue to use the stories as a tool for reflection and learning.



Staff from Lagan Valley Hospital Emergency Department

Paediatric Autism and Child and Adolescent Mental Health Services (CAMHS)

The South Eastern HSC Trust has contributed to the regional project in relation to the experience of children/ young people/ parents/ carers/ staff accessing and delivering paediatric autism and Child and Adolescent Mental Health Services (CAMHS). The overall themes and messages from the analysis of this information are being integrated into and will help to inform the Regional Framework for Children and Young People's Developmental and Emotional Well Being Services (2016), ensuring that the voices of children, young people and their parents are being used to influence the future delivery of services. The key messages identified were:

- Having access to consistent, reliable and timely information
- Having personalised and holistic support
- Having access to wider support, including during out of hours periods
- Having consistency in approaches to care
- Having regional equity of services (in particular in relation to autism services)



Adult Safeguarding

Story collection has commenced in relation to the process of Adult Safeguarding. The overall aim of this work is to identify how the adult safeguarding process can be improved to ensure the service users experience is rights based, empowering, consent driven and as person centred as possible.

Eye care services

Experience of eye care services in outpatient and ophthalmology day surgery concluded in May 2017

Lymphoedema services

Initiative took place between July 2016–January 2017. Of the 35 stories received, all patients said they would recommend the service to a friend or family member.

“Living with Lymphoedema”

I have attended the Lymphoedema clinic for approximately the past 18 months. This has been an excellent service. The girls at the clinic have given me first class treatment and taken care of me. They have helped me manage my condition, explained things and I only have to phone them if I have a problem.

Next Steps

- The 10,000 Voices methodology will continue to be integrated into Safety Quality & Experience (SQE) programmes
- Implement the regional work streams 2017/2018 workplan, experience in:
 - Hospital discharge
 - Delirium
 - Bereavement
 - Neurology services

Personal and Public Involvement (PPI)

Personal and Public Involvement (PPI) describes the process of involving all those who are affected by our services in the development and delivery of these services, whether as a service user, carer, patient, client, staff member or someone from the wider community. PPI is a commitment made by the Trust to ensure that people are involved in the decisions which affect their care.

The PPI Leads Group promotes PPI activity and shares good practice and learning. This year the PPI Leads supported the development of a number of projects to improve involvement in the Trust, including improving training materials to enhance involvement and worked with the Patient Client Council to assess information available at ward entrances. Involvement is an integral part of delivering health and social care in the Trust, and was a key part of the Minister's Vision on Delivering Together: Health and Wellbeing 2026.

In 2016/2017, the Trust contributed actively to the PPI Regional Forum, with one of our Service Users, and Corporate Planning and Consultation Manager, representing the Trust. In June 2016, the Public Health Agency and Queen's University Belfast hosted a conference, 'Involving You, Improving Care: Our Involvement Story'. The conference provided a platform to showcase good practice and progress thinking on Personal and Public Involvement (PPI). The conference was co-designed with other Health and Social Care organisations alongside service users and carers. The Trust's PPI Lead was a speaker at the event.

At the conference, poster presentations were assessed by a panel of Health and Social care staff and service user/carers and judged to have made a contribution to progressing involvement in health and social care. The Trust won two awards:

Service improvement - Winner - South Eastern Health and Social Care Trust - Introduction of a co-produced course "being me again - life after brain injury".

Innovation in involvement - Runner up - South Eastern Health and Social Care Trust - Introduction of a co-produced course "being me again - life after brain injury".

PPI Strategy

The Trust's new PPI Strategy was endorsed by Trust Board in October 2016. As the core aims of involvement remain the same, the new strategy includes the same aims as the previous strategy. This Strategy has been produced collaboratively with the operational PPI Leads Group and the PPI Sub-committee, including service users and carers. This strategy now incorporates the five Personal and Public Involvement Standards, drafted through the PPI Regional Forum and endorsed by the Department of Health in 2015, and builds on all PPI work to date. The Trust will continue to incorporate good involvement practice across the organisation and to share the learning with other organisations as well as across the Trust.

Schools Engagement

As part of our commitment to engaging with the wider public, patients, clients and families, the Trust visited seven schools within its geographical area in 2016/2017. Conversations took place with pupils regarding the services we provide, how health and social care is organised and how young people can contribute to their local health service. A key feature of the programme is an interactive exercise to help develop the pupils' understanding of health and social care.

Next Steps

The Trust will:

- Produce an updated Consultation Scheme
- Promote e-learning opportunities for staff and service users
- Produce an updated register of opportunities for involvement for the Trust
- Work in collaboration regionally to develop models of co-production and share with Trust colleagues and service users

Complaints and Compliments

Complaints

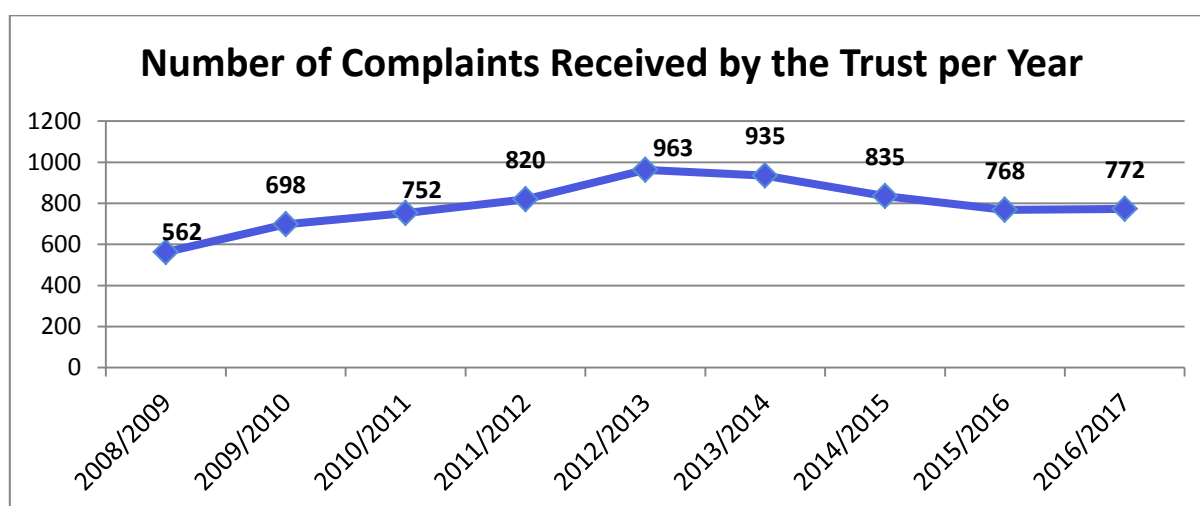
We welcome complaints and the opportunities they provide us with to learn lessons and improve our services. Whilst we aim to give the best service to all our patients and clients, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

In 2016/2017:

- 772 complaints were received
- 99% of complaints were acknowledged within 2 working days
- 50% were responded to within 20 working days
- The top three issues of complaint were Quality of Treatment & Care; Staff Attitude / Behaviour; Communication / Information
- 6603 compliments were received.

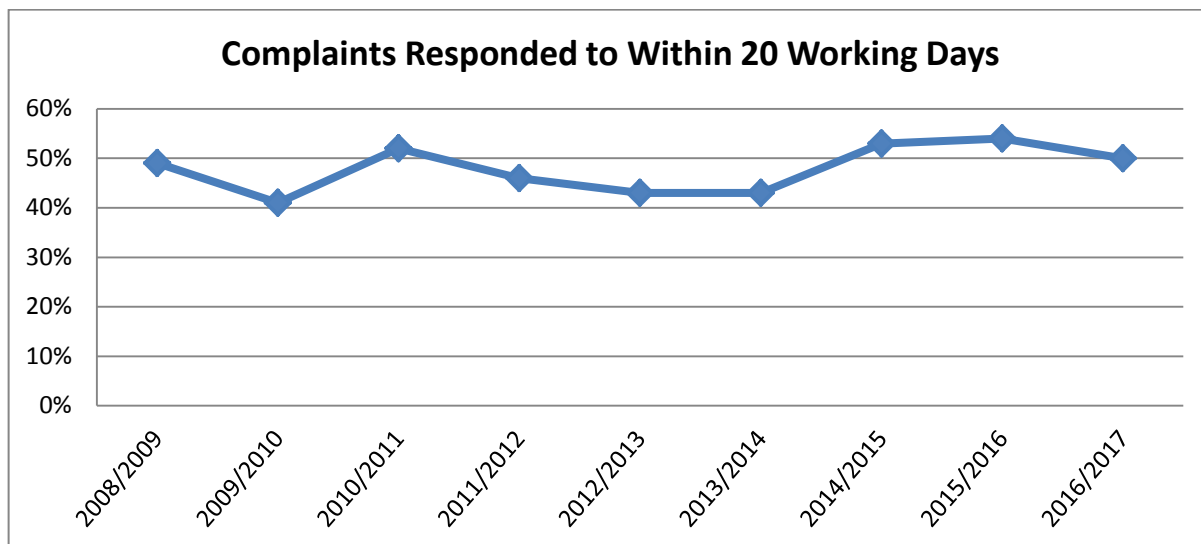
Number of Complaints

During the past year (2016/2017), the Trust received **772** complaints, which is similar to last year (768), as shown in the graph below. The number of complaints continues to be low considering the large geographical area the Trust covers and the number of contacts Trust staff have with patients and clients.



Response Times to Complaints

In the past year, 99% of complaints were acknowledged within the target of two working days which is the same as last year. A total of 50% of complaints were responded to within the target of 20 working days, which is a decrease of 4% from the previous year (54%), as shown in the graph below. The Trust continues to monitor timescales to ensure complainants are provided with timely responses. However our emphasis is on the quality of the responses and ensuring resolution for the complainants is relevant to the issues raised.



Subjects of Complaints

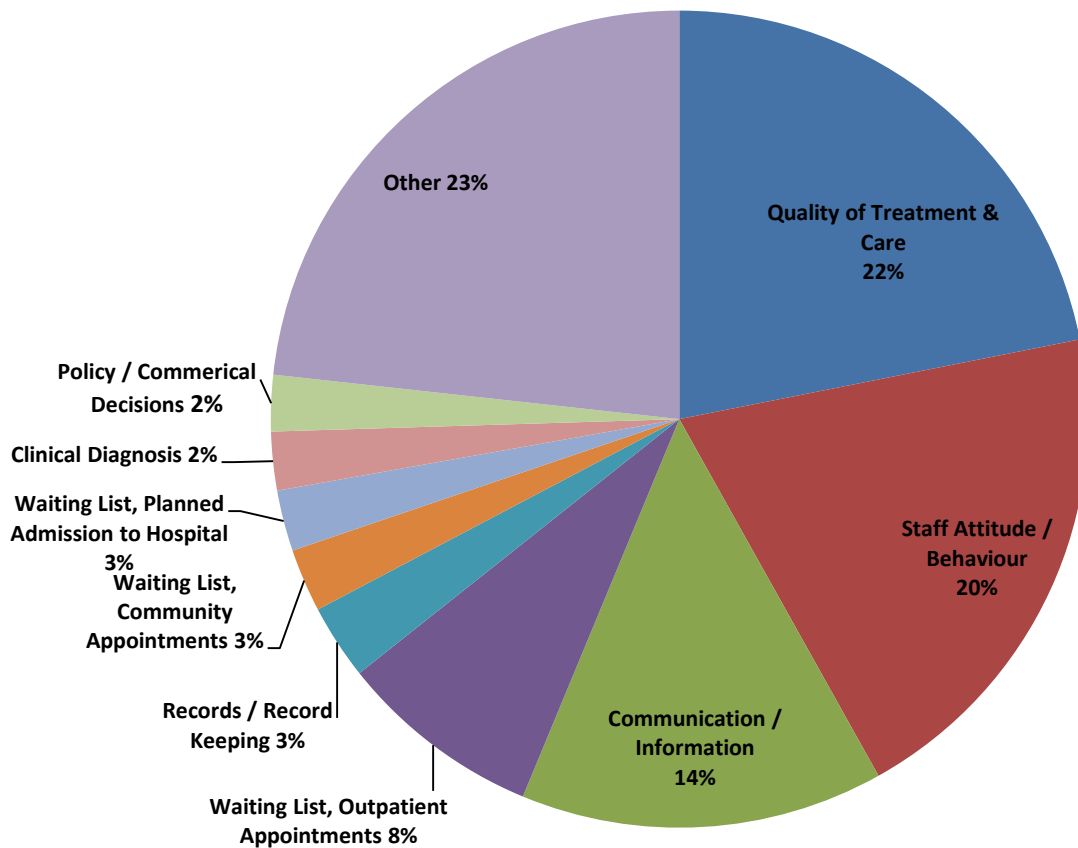
The chart below shows the number of complaints by subject for the past year (2016/2017) in comparison to the previous year (2015/2016). The figures are per issue of complaint, as a complaint can have more than one issue. For 2016/2017 we had complaints made by 772 complainants and these raised 1079 issues, compared with 2015/2016 figures of 768 complainants and 1160 issues.

The top three subjects of complaint in the past year were:

1. Quality of Treatment and Care
2. Staff Attitude / Behaviour
3. Communication / Information

These are the same top subjects as last year and this is similar across other Health & Social Care Trusts.

Subjects of Complaints for 2016/2017

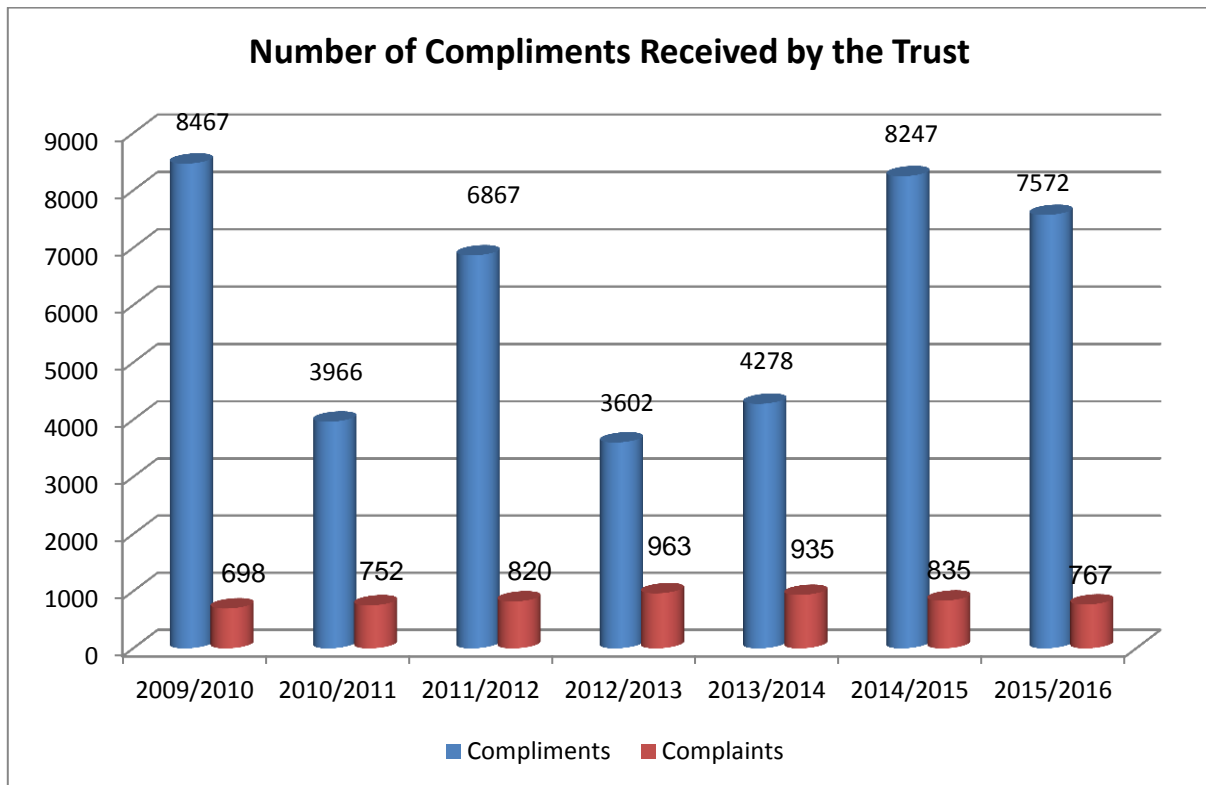


Compliments

Whilst the Trust accepts that sometimes things go wrong, each year the Trust receives thousands of letters of appreciation and expressions of thanks to acknowledge the excellent services provided.

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. In 2016/2017 the Trust received 6603 compliments.

The graph below shows the number of compliments received per year in comparison to the number of complaints.



Lessons Learnt from Complaints

The Trust is committed to an open and honest culture to ensure that lessons are learnt from issues raised through complaints from those who have used our services.

During the past year, the Trust's Lessons Learnt Sub Committee, which reports to the Corporate Control Committee, and is chaired by the Chief Executive, met on a quarterly basis. The role of the Sub Committee is to ensure that the Trust has in place the necessary controls to manage its risk in relation to complaints, incidents and litigation claims. Its role is also to ensure that the lessons learnt have been put into practice on an organisational wide basis.

There are many examples of service improvements put in place throughout the Trust following complaints and a few examples are listed below.

You Said: Issues getting information in relation to children.

We Did: Developed an information leaflet for parents to explain the boundaries of confidentiality and the importance of information sharing between professionals where there may be child protection concerns.

- You Said:** Difficulty finding staff to get information or discuss concerns with.
We Did: Member of medical team now dedicated to the ward every weekday morning; nursing staff actively available during visiting; improved information notices for patients and relatives.
- You Said:** Timing of care provided.
We Did: Introduced a new system to ensure staff are provided with clearer information, including task allocation cards detailing times that care has to be given to individual residents.
- You Said:** Measures required for learning disabled patients having elective procedures.
We Did: Project undertaken to improve the knowledge of staff on caring for a person with a learning disability. The plan is to continue the learning across each ward team in the Surgery Directorate and roll out to the Medical Directorate.

Next Steps

We have revised our user survey which asks people who have complained to tell us about their experiences of using the complaints process, and we will use a number of methods for collecting the information during the incoming year.

We plan to review our Complaints Policy and Procedure, and will undertake a staff survey to audit staff's knowledge of our complaints process.

Incidents / SAIs

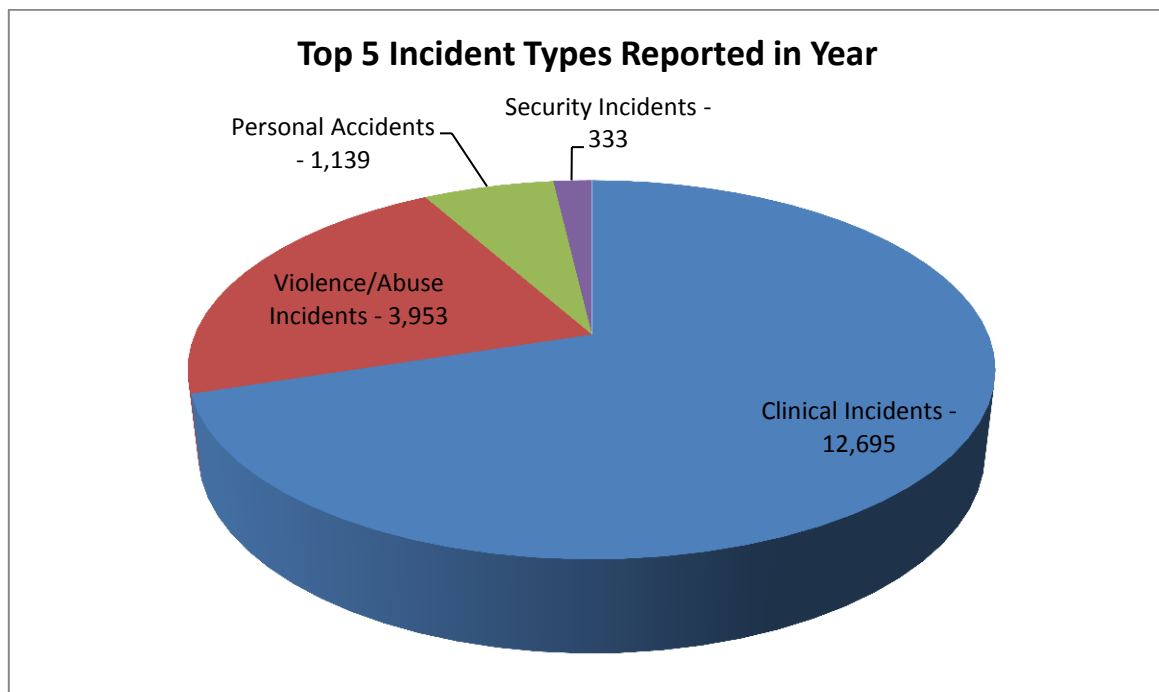
Adverse Incidents

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 an HSC organisation / special agency or commissioned service”.

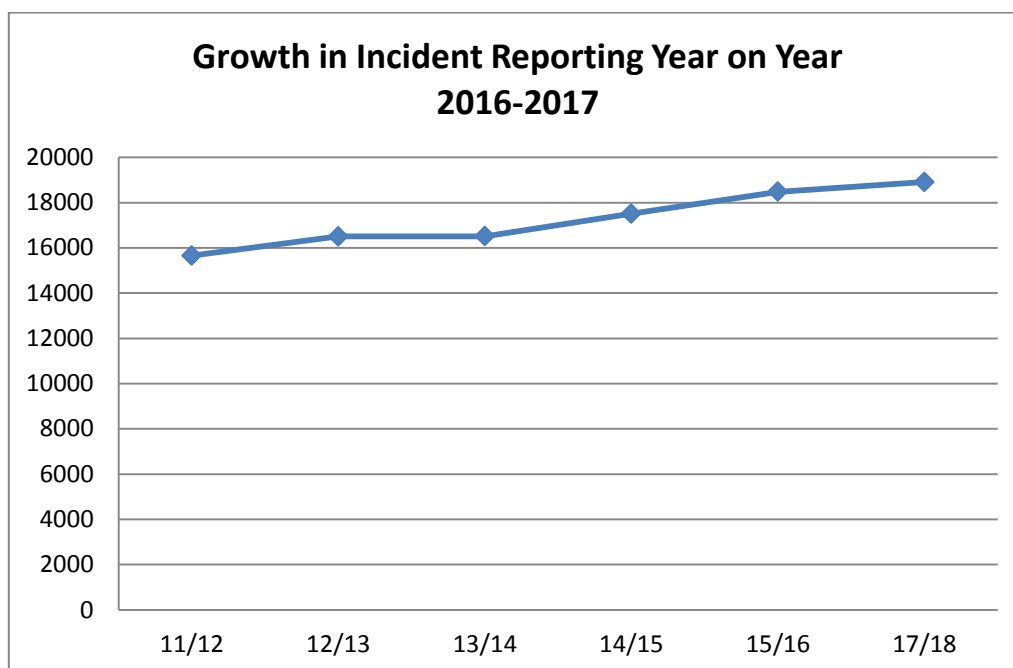
The Trust is committed to providing the best possible services for its patients, clients, visitors and staff. It recognises that while adverse incidents will occur, it is important to identify causes to ensure that lessons are learnt to prevent recurrence. To this end, it is essential that a responsive and effective incident recording, reporting and management system is in place.

We encourage this by providing an open, no blame, learning culture where, when learning from such adverse incidents 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.

During 2016/2017 there were 18,913 incidents reported, 12,695 of which were patient related (clinical incidents). The figures reported are similar to 2015/2016. The top five most reported incident types are shown in the graph below.



Staff within the Trust have embraced this ethos as shown by the year on year increase in the number of incidents reported since 2011/2012, as evidenced by the following graph.



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 to staff”*. Mostly 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 12,695 patient related incidents reported in 2016/2017, 73 met the criteria for reporting as serious adverse incidents. This equates to 0.6% of the total incidents reported throughout the Trust. This is a 34% decrease on last year.

Of the 81 SAI investigations completed during this year, 263 recommendations were made to reduce re-occurrence of similar incidents or to improve patient outcomes. These included:

- revised systems of work or processes/procedures
- re-enforcement or revision of existing policies
- additional and on-going training for staff

In November 2016 the Health & Social Care Board revised its procedure for the reporting of serious adverse incidents in order to streamline the process and to strengthen Trust engagement with service users and families in the SAI process. The Trust continues to ensure that service users and/or families are involved in the serious adverse incidents process, as appropriate.

In response to the revised guidance, the Trust hosted bespoke Level 1 Significant Event Audit (SEA) Training (circa 180 attendees) in September/October 2016 as well as Level 2 Root Cause Analysis (RCA) Training (circa 35 attendees) in March 2017.

Learning Lessons

Examples of SAIs and the learning from them in 2016/2017 are as follows:

- *Patient suffered an acute kidney injury which occurred due to Tobramycin toxicity*

This incident led to a review of the Trust's aminoglycoside guidelines and prescription charges, along with hands on training workshops in small groups for junior doctors to highlight best practice in prescribing and monitoring these medications. It also led to a regional discussion to ensure all areas are reporting levels using the same units to help prevent future misinterpretation.

- *There was a Chlordiazepoxide administration error due to unclear documentation on the medicine kardex*

Regional guidelines have been introduced which include the use of the Glasgow Modified Alcohol Withdrawal Scale (GMAWS) along with guidance. An agreed dosing regime is provided along with regimes and advice for dose reduction in special circumstances such as chronic liver disease, elderly, pregnancy etc. It also provides a new prescribing sheet for Chlordiazepoxide for use at ward level and a clerk-in pack for managing patients with alcohol related disorders. An Alcohol Use Disorders Care Pathway has also been introduced in the acute hospital setting. Education sessions are underway which include the remit of the Alcohol Care Team and relevant issues such as management of alcohol withdrawal.

- *A patient feigned a faint to access the treatment room for medication in a Prison Healthcare setting. While the nurse was assisting the patient, others pushed past to access the medication.*

Staff were reminded that:

- Medication must be appropriately secured prior to staff responding to an incident
- Healthcare staff must always carry a personal alarm or radio when on duty
- *During an admission to Labour Ward for an Elective Caesarean Section a patient sustained a ureteric injury due to incorrect choice of catheter being selected.*

This has resulted in male catheters being removed from the Maternity Unit and replaced with appropriate Size 14 FG female catheters. Staff training has been reviewed and updated. Post-surgery output should be documented prior to transfer of patients from theatre to recovery. For any unexpected complex cases review should be by the appropriate professional at the six week appointment and Patient Controlled Analgesia should be available for post op management. A review of anaesthetic cover is being undertaken in the Maternity Unit of the Ulster Hospital. This learning has been shared with other areas of the Trust and across Northern Ireland.

Next Steps

- Continue to promote and further embed an open, no blame, learning culture that supports reporting of adverse incidents including Serious Adverse Incidents to include the implementation of the DatixWeb Incident Module Trust-wide
- Continue to learn from all types of adverse incident and ensure that when changes to policy, procedures and/or practice are recommended following an incident, these are fully implemented within the organisation
- Review on an on-going basis the extant incident policies and procedures in light of reviews of existing systems both internal to the Trust and any new regional guidance

Quality Improvement

Quality Improvement Academy:

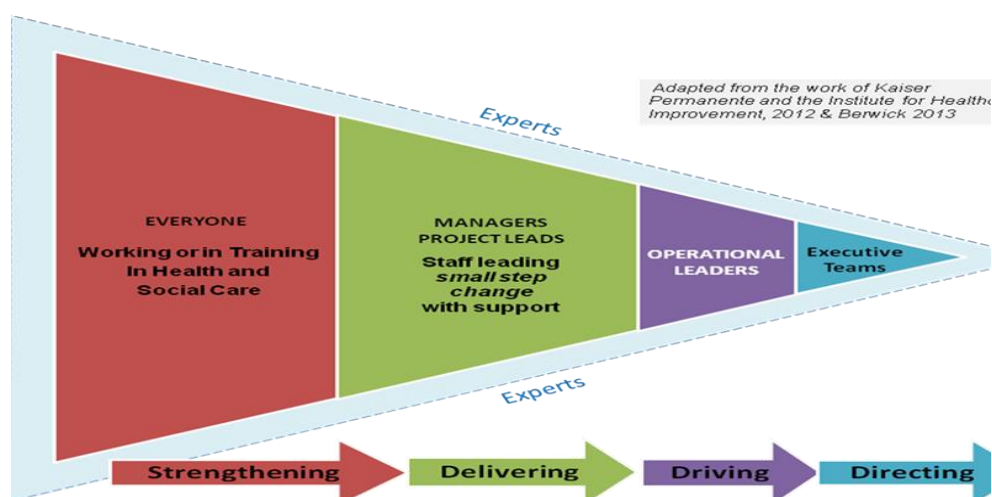
South Eastern HSC Trust is committed to increasing the focus on improving health and social care in order to ensure higher quality and improved experience for both staff and service users. Recognising that quality improvement happens best when led by the people actually delivering care, the Trust wanted to establish a range of development programmes that would build skills and knowledge in improvement science. In 2016 the Trust established a Quality Improvement Academy to educate and support staff to combine data, knowledge, tools and experience to test and develop solutions to enhance care and services.

All of the programmes within the Academy have been designed and structured around the Q2020 Attributes Framework: Supporting Leadership for Quality Improvement and Safety. The purpose of this framework is to:

- Assist individuals in assessing:
 - their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety

and

 - their learning and development needs for their current role or for future roles
- Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services.



Learning and Development Journey for Quality Improvement and Safety

The programmes currently on offer are listed in the table below:

Level (attributes Framework)	Programme	Audience	Duration	Total No of staff trained
LEVEL 1	Regional E-Learning or face to face	ALL	Approx 1 hr duration	1602
	IHI Open School Access	ALL	8 modules delivered online so time is self-directed	250 purchased each year
	SQE Lite	ALL	2 x half day interactive classroom based sessions	300
LEVEL 2	Leading in Safety, Quality and Experience(SQE) Programme	ALL	9 month programme combining IHI Open School, classroom learning and project application	507
	Foundation SQE	F1 & F2 Doctors	1 year programme delivered on a 4 month rotational basis with project application	21 in first 2 rotations
	Regional QI in Social Work Programme	Social Work Band 7 and above	9 month programme combining IHI Open School, classroom learning and project application	22
LEVEL 3	QI Fellowship	1 per Directorate	12 month 2 day release theory and practice based programme with project application at Directorate Level	9
	MSc in Business Improvement	6 places annually open to all applicants	3 year modular based university programme with transformation project	5

Each of the programmes at Level 2 and above comprises of a series of learning modules, mentoring and facilitated brain storming clinic sessions. The modules include sessions on improvement science, leadership, change, self-development, personal impact, innovation and sustaining and spreading learning. All participants are required to implement their own quality improvement projects developing and applying their learning from each of the programmes.



How the Organisation Learns

Safety Quality & Experience (SQE) Leadership Walkrounds

The South Eastern HSC Trust is committed to ensuring the Safety, Quality and Experience of our patients and clients. To do this we must all understand the processes we carry out that could lead to preventing harm and securing a positive experience. SQE Leadership Walkrounds provide the opportunity to connect the executive team to the frontline. Central to the success of these Walkrounds is a collaborative open approach which has been shown to improve the culture of organisations. They provide a venue for discussing concerns and are a means of finding solutions for everyday issues relating to the Safety, Quality and Experience of our patients and service users without disempowering the line manager. SQE Leadership Walkrounds are conducted across all teams and services across the organisation. We have an open culture and, where safety or poor experience concerns arise, we need to focus on the systems and not the individuals.

The SQE Leadership Walkrounds are for learning how we can improve and are designed to accomplish the following goals:

- Increase awareness of SQE issues among all Clinicians and Leaders
- Establish SQE as a high priority for Senior Leadership
- Educate staff about changing the focus for quality from target driven to outcome driven indicators putting SQE at the core of how we deliver care
- Provide a forum for staff to discuss patient safety and quality issues
- Act, after careful analysis, on information collected from staff and provide feedback
- Determine action items and distribute to an assigned person responsible for action

We strive for continued recognition of Safety, Quality and Experience across the Trust, with SQE Leadership Walkrounds providing an opportunity for communication, learning and development.

Total number of walkrounds completed April 2016 to March 2017 = 31

Total number of actions raised April 2016 to March 2017 = 49

Location	No of Visits
Ards Hospital	2
Bangor Hospital	0
Community/Residential or Day Centre's	10
Downe Hospital	1
Downshire Hospital	1
Lagan Valley Hospital	3
Ulster Hospital	14

Action Category	No of Times Recorded
Communication	19
Environmental and Estates	9
Equipment	7
Medication	1
Security	0
Staffing	4
Systems and Processes	8
Training	6

Next Steps

Establish Out of Hours SQE Walkrounds

Goal 2:
**Strengthening
the
Workforce**

Induction

Corporate Induction & Mandatory Training

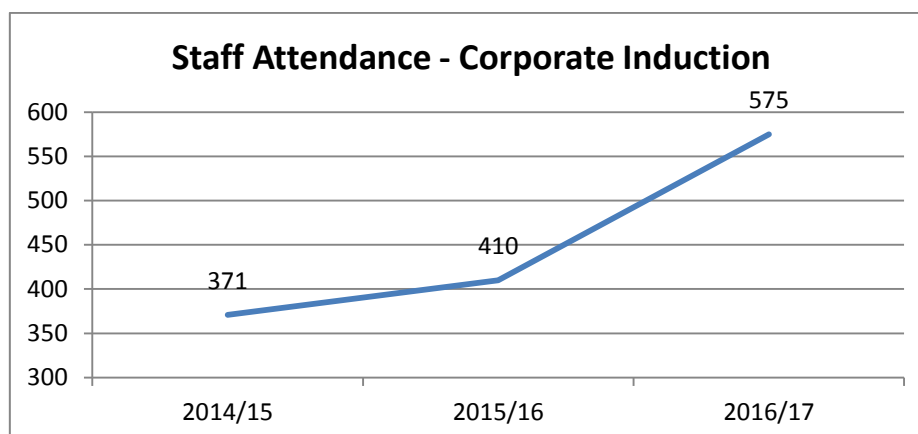
The Trust is committed to providing a robust Corporate Induction programme in order to welcome new staff to the organisation and provide an orientation which ensures that individuals feel confident and competent regarding the expectations placed on them in delivering high quality care and experience for patients and clients. As Induction is part of the mandatory training programme an equal aim is to ensure that risk is minimised for all those who come into contact with the Trust.

We strive to provide a Corporate Induction to all new staff within 3 months of employment through a blended learning approach. This allows staff to undertake parts of corporate mandatory training through an eLearning module followed by face to face training.

Mandatory Training Course 16/17	Requirement	Completion
Complaints & Improving Service User Experience	3 Yearly	2077
Equality & Human Rights	3 Yearly	2363
Manual Handling	2 Yearly	2990

Corporate Induction	No. of new Staff	Completion
2016/2017	860	67%
2015/16	565	73%

Although Corporate Induction completion percentage fell in 2016/2017, capacity increased by 40% delivering induction to 155 additional staff.



In May 2016 the Trust fully implemented a new eLearning platform to allow easier access to the online training aspects of Corporate Induction. As a result our capacity to provide Corporate Induction has increased with over 150 additional staff completing Corporate Induction. Corporate Induction content has been reviewed by all training providers involved in its delivery, ensuring it provides relevant material, meets professional standards and ensuring it is fit for purpose.

Next Steps

Over the next year the Trust will review and evaluate the blended learning approach of Corporate Induction.

Induction training for Nursing Assistants

Prior to November 2016 the Trust delivered joint monthly induction training for Registered Nurses and Nursing Assistants. This training was not fully meeting the requirements for Nursing Assistants as it was not specific to their role requirements and mainly focused on Registered Nurse requirements. As a result of the feedback it was agreed to design a separate specific induction training programme to focus on the Nursing Assistant role and which would include all their mandatory training.

The first pilot programme was delivered in December 2015 and this was very successful with 12 attendees. The feedback from this pilot programme indicated that the Nursing Assistants gained more knowledge and skills specific to their role.

These 8 day Nursing Assistant Induction programmes now are run 2 – 3 monthly depending on numbers recruited.

In 2016/2017 there were 35 new Nursing Assistants completing Nursing Assistant Induction. In 2015/2016 there were 20 Nursing Assistants who attended 3 day combined induction and 12 who attended the 8 day Nursing Assistant Induction.

This will equip our new Nursing Assistants with the knowledge and skills they require to fulfil their role safely and effectively, so providing a high standard of person-centred care to our patients and service users.

Next Steps

The plan is to continue to deliver the 8 day induction programme specifically for Nursing Assistants every 2 – 3 months with approximately 16 participants in each programme, depending on the numbers recruited.

Investors in People

The Trust has been recognised as an Investors in People (IIP) organisation since 2011 and is still the only Health & Social Care Trust in Northern Ireland to adopt an Internal Review approach to revalidation against the IIP Standard. Trust-wide recognition was maintained in May 2014 and again in March 2017 using a rolling programme of assessment against the Standard which reflects the continuous improvement culture within the Organisation.

Quotes from staff include:

“I really feel I can add value to the post.”

“Managers are really supportive and they are making positive changes”

“I have a lot of autonomy and can help decide how we deliver the service”

“I feel listened to and that my opinion is valued”

“It is good to be involved in different initiatives and activities as it gives me a sense of achievement and keeps me interested in what is going on

Next Steps

The Trust will move to the new IIP Generation 6 Standard. An Assessment Plan is being developed and 2017-20 implementation will be using an Internal Review Staged Approach.



Money for Staff Development

The Trust recognises the importance of staff development and demonstrates this through resourcing (people, money, venues, and equipment) and supporting the following teams:

- Trust Professional Learning & Development teams:
 - Social services
 - Nursing & midwifery
 - Medical
 - I.T.
 - Patient Experience
- Trust Organisation and Workforce Development team
- Trust Internal Training Providers Group
- HSC Leadership Centre

Learning and development budgets are managed locally and, on occasions, are supplemented by bidding for monies from the DHSSPS for identified development areas and there are dedicated training facilities, including IT suites, across all geographical areas.



Leadership Programmes

The Organisation and Workforce Development Department offer courses to staff which are part of the Trust's Leadership & Management Development suite of programmes.

During 2016/2017, 525 staff completed the following Leadership & Management courses.

- ILM Level 2 Leadership & Team Skills (Band 2&3) - 47 people
- ILM Level 3 Developing Manager (Band 4&5) - 40 people
- ILM3 Coaching - 7 people
- ILM Level 5 Effective Manager (Band 6&7) - 25 people
- ILM Level 5 Coaching - 8 people
- PG Diploma in Health & Social Care Management - 7 people
- Nursing & Midwifery Development Programme - 4 people
- Succession Planning (Band 8) - 10 people
- Introduction to Coaching - 42 people
- Practical Manager - 128 people.
- Finance for non-financial managers - 1 person
- Aspire - 1 person
- Leading in Social Work - 1 person
- Managing Effective Practice (NISCC Accredited) - 4 people
- Essential Skills for Middle Managers - 1 person
- The Training Leader - 3 people
- The Mindful Leader - 3 people
- Healthcare Leadership Model - 193 people

Supervision, Coaching and Mentoring

As an Investor in People (IiP) organisation the Trust has always placed high importance on the Health and Wellbeing of its most important resource – its staff. Figures, however, from the Trust’s Human Resources (HR) system showed that stress featured in the top 10 reasons for absence demonstrating the continued need to provide staff and managers with support, information, guidance and “takeaway” tools through two training programmes:

- “Stress Managing And Resilience Training” (SMART) for all staff;
- “Build Resilience & Manage Work-Related Stress in your Team” for Managers

In 2014/2015 there was a total of 29436 days lost to stress in the Trust compared to 25644 days in 2015/2016, demonstrating a noteworthy 14% reduction since the introduction of the above programmes. In addition we compared sickness absence reported incidences at two specific points in time; June 2015 and April 2016 which demonstrated a significant reduction in stress absence (26.5%) and work related stress (6.5%)

Both programmes are now embedded into the Trust Learning & Development portfolio and uptake for both programmes has been exceptional with 538 staff attending SMART and 270 attending the manager programme to date. All levels of staff have attended the courses and managers have reported that they have introduced the learning into their teams using staff meetings (82%), one2ones (57%) and the Stress Toolkit (23%). Additionally, to provide authority and to support the training, a Stress Policy has been developed.

Feedback from staff has included:

- “Felt like you cared about how we felt”
- “Very beneficial and I appreciate the Trust investing in staff wellbeing”
- “The most interesting and beneficial course I’ve attended in 18 years”
- “Feel uplifted and positive thank you so much”



The team who deliver the training were recognised in 2016/2017 at the following awards:
Chairman’s Recognition Awards 2016 – Our Staff Category finalist

- HPMA NI Awards 2016 – HR Team of the Year, winner
- CIPD NI Awards 2017 – Health & Wellbeing Category finalist

Next Steps

To further develop support mechanisms for staff e.g. Live Well hub, Directory of Services.

The 'Coach Approach'

Coaching is a powerful approach and can have a profound impact on both Individual and Organisational success. It exemplifies values and ethics and a systemic perspective that embraces a belief in potential and focus on strengths, aspiration and positive intent enabling people to create change through learning. The Trust adopted Coaching in 2011, and, through ongoing strategic alignment, has developed and strengthened a culture which uses a 'Coach Approach'.



Embedding a 'Coach Approach' culture supports people throughout the Trust by providing opportunities for Individuals, Leaders & Managers, Teams and Wellness & Recovery.

Leaders & managers have the opportunity to develop their coaching skills and style and to introduce coaching conversations into their everyday interactions with Staff, empowering and encouraging them to find solutions, manage change and develop in their roles. This culture also supports the implementation and operation of a Trust-wide 'Coaching Pool' which offers Staff the opportunity to avail of confidential one to one coaching provided by Coaches outside of their 'Line Management' chain

Success Factors

Facts & Figures

- 30 people have attended a 1-day 'Introduction to Coaching' Workshop.
- 34 people have accessed coaching sessions via the Coaching Pool.
- 7 people have embarked on the ILM Level 3 Coaching Development Programme.
- 3 people have qualified as ILM Level 5 Coaches and have joined the Coaching Pool, with a further 8 people embarking on the Development Programme.

Next Steps – Development of a Coaching for Senior Leaders Development Programme for Directors and Assistant Directors and further opportunities to engage with and implement Team Coaching.

Schools Outreach & Engagement

As part of our commitment to engage with our future workforce, the Trust has offered a variety of outreach programmes to all schools within its geographical area and throughout the whole of Northern Ireland during 2016/2017 and in doing so has assisted pupils from 101 schools in the following initiatives:

- Work Placements: 490 students attended
- Internal information sessions 55 students attended
- Job/Careers Fairs 8 fairs attended by trust staff
- Interview Practice 12 schools requested and facilitated

Lisburn Business Education Partnership (LBEP)

The Trust is also represented on the Lisburn Business Education Partnership Committee as a local employer. This group is made up of all local schools and a variety of employers who help and support pupils in their transition from school life to working life.

Medical Work Experience Programme:

The Striving for Excellence report stated:

'....doctors have a duty to encourage people from all backgrounds to join the profession;.....'

In the light of this report it was apparent that our approach to medical work experience required changing as traditional work experience in medicine was unstructured, ad hoc and favoured young people with "connections".

As a result three senior consultants and the Trust's OWD team designed a unique 2-day work experience programme providing the appropriate information that prospective medical students required to make an informed decision regarding a career in medicine. Additionally it was delivered in a safe environment with no risk of breaching patient confidentiality or detriment to patient care. Doctors stated:

"This was a safer approach to work experience as there was no distraction when dealing with patients directly in the clinical arena."

During the programme students met with doctors practicing in 28 different areas of medicine, medical students and patients and gained insights into the varied roles and responsibilities of a doctor encouraging them to appreciate the challenges and rewards that a career in medicine offers. Following

evaluation of the programmes in 16/17, 96% of students now better understand what being a doctor involves, 96% of students felt they now have more knowledge to make an informed decision on medicine as a career and 65% of students are now more likely to apply for medicine as a result of the programme.



Student feedback: "This was much better than shadowing a doctor. I learnt more and was able to ask questions and meet other students considering medicine"

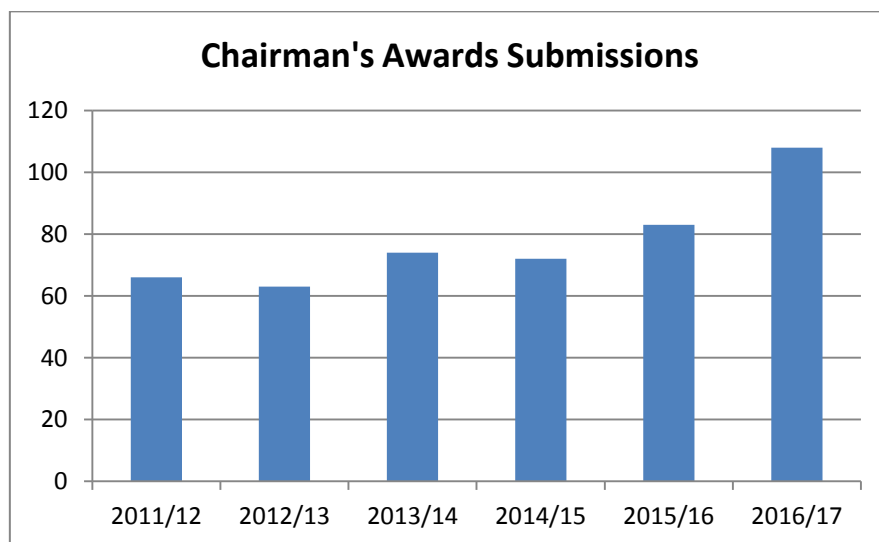
We believe this innovative course provides a significantly improved “work experience programme”, has increased the places available to students by 60% and has received critical acclaim from students, teachers, parents, patients, NHS staff and Charter and enthusiastic endorsement from QUB.

Next Steps

To streamline the approach to work experience placements and ensuring equality of opportunity.

Staff Achievements

In October 2016 the Trust celebrated the seventh annual Chairman's Recognition Awards which recognise, reward and celebrate the exceptional achievement of staff, individuals and teams. There were seven categories with six reflecting the Trust corporate themes and one reflecting outstanding commitment of an individual. The standard of entries was again exceptionally high which demonstrates staffs' commitment to providing quality service for patients and clients. The overall winner in 2016 was South Eastern HSC Trust Recovery College. The figures below demonstrate the continuous energy for the Chairman's Awards which increased in 2016 by a tremendous 30% on the previous year.

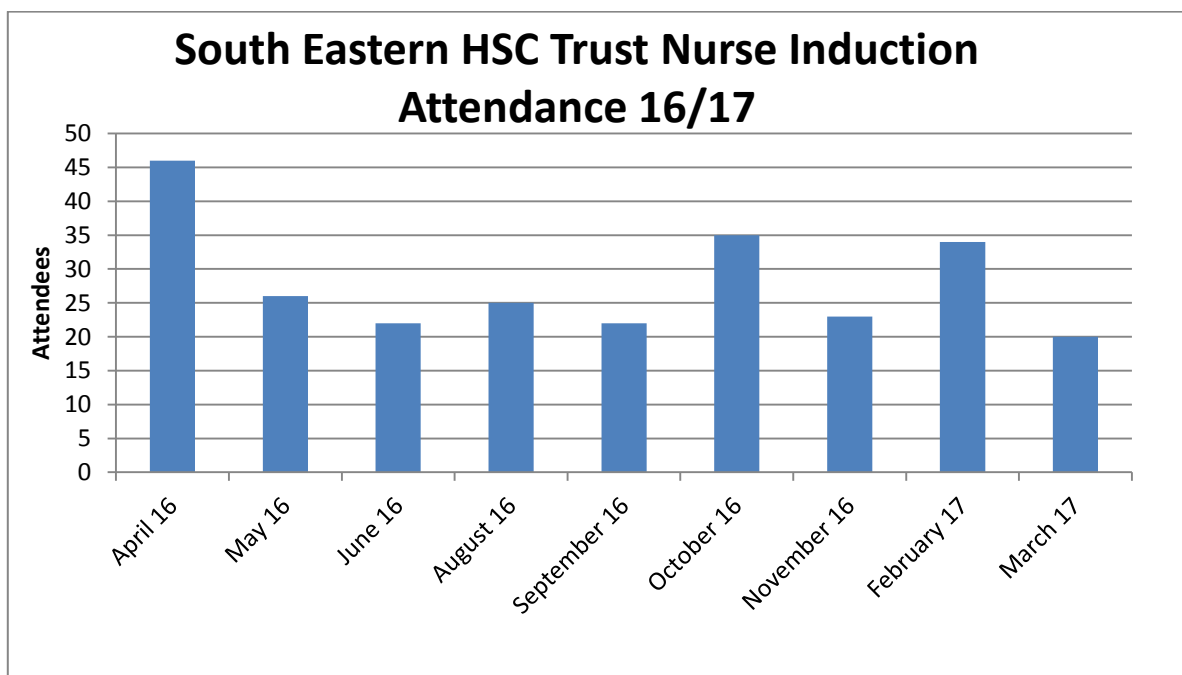


Category	Winner
Safety, Quality & Experience	Community Occupational Therapists
Access	Virtual Fracture Clinic
Health & Well-being	Magilligan Prison Healthcare Team
Efficiency & Service Reform	Downe Rapid Assessment Centre
Our Staff	Home from Home Midwifery led Unit
Stakeholder Engagement	SET Recovery College
Going the Extra Mile	Winnie Chambers

Nursing

The Trust endeavours to run 9 to 10 nurse induction programmes per year. This programme provides new staff with an introduction to the Trust and provides fundamental information to assist them during their orientation into the service areas. The Trust aims for all new staff nurses to attend nurse induction within 3 months of employment.

There were 253 registered nurses that attended Nurse induction during 2016 /2017 (See below breakdown of numbers per month). Our records show that all registered nurses are allocated a place on nurse induction within three months of commencing employment in the Trust.



Building upon nurse induction and feedback from service areas there had been an identified challenge in new staff nurses to the Trust attaining mandatory training and skills to aid them in their nursing roles i.e. intravenous drug administration, venepuncture and intravenous cannulation, safeguarding adults / children etc. To maximise uptake of attaining these skills a new compressed training programme was commenced in April 2017. This five day programme will run 4 times per year, delivered by staff from CEC.

Next Steps

To monitor the number of staff attending training and evaluate programme content to assess if new induction is meeting the needs of service and staff.

Looking After Your Staff

Smoke Free HSC Sites

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, killing round 2,300 people each year. It is also one of the primary causes of health inequalities, with smoking prevalence rates higher among people living in areas of social and economic deprivation.

In 2016 /2017 Brief Intervention Training was delivered to 419 members of staff. Four Stop Smoking Clinics offering group sessions or 1:1 support is available to all staff across three acute sites and in three prison settings.

Illnesses for which smoking is a major risk factor include cancer, coronary heart disease, strokes and other diseases of the respiratory and circulatory systems. The harm caused by tobacco smoke also extends to non-smokers through exposure to second hand smoke, with children and unborn babies being particularly vulnerable. In February 2012, DoH published the '10 Year Tobacco Control Strategy for Northern Ireland' the overall aim of which is to create a tobacco free society. While the strategy targets the entire population, it focuses on three priority groups:

- Children and young people
- Pregnant women, and their partners, who smoke
- Disadvantaged people who smoke

The strategy has three key objectives:

- Fewer people smoking
- More smokers quitting
- Protection from all second hand smoke

Strengthening the Workforce

On the 11th March 2015 the Minister for Health announced smoking will not be permitted in the grounds of any HSC Trust facility from 9th March 2016. A Smoke Free Policy Group monitors and promotes the implementation of Smoke Free Sites. In 2015/2016 1,440 prescriptions were written for Nicotine Replacement Therapy within the Trust and two Smoke Free Wardens have been appointed. A total of 60 staff have been identified as Smoke Free champions.

Next Steps

- Continue to embed the culture of Smoke Free HSC Sites across the organisation with our users, clients, visitors and volunteers
- Repeat the survey monkey consultation with staff, visitors, users, clients, patients & volunteers on Smoke Free Site
- Promote Brief Intervention Training with staff and continue to provide Stop Smoking Clinics which are tailored to the needs of staff and patients

Health and Wellbeing

Introduction of new initiatives to support the health and wellbeing of our staff. This will initially be focused at the Ulster Site before roll out across the rest of the Trust.

There is increasing evidence that a key determinant of Safety, Quality and Experience related patient outcomes is the health and wellbeing of the staff who care for them. Hospital staff who feel cared for and valued by the Trust are more likely to be able to sustain a compassionate approach in their delivery of care. This is particularly important in the context of staff being under increasing pressure in managing the operational reality of reduced budgets and increasing demand. It is also important to note that, by far the biggest reason for staff absence is stress related. Some of the activities undertaken include:

Activities & Actions Taken	
 <p>Quarterly calendar of event circulated</p>	 <p>PA Coordinator appointed</p>
 <p>9 + different types of Physical Activity classes</p>	 <p>Off site - Sports massage - SERC Lisburn & Bangor – 2 sessions @ each site 15 staff attended each.</p>
 <p>11 relay teams /5 staff 7 Full marathon runners 6 walkers x 8 miles All staff fundraising for Kiwoko</p>	 <p>Stormont Pavilion, Aurora-Bangor - 100 FREE Gym Day Passes & Lisburn LeisurePlex for staff in Lisburn, Bangor & NDA Council areas. Reduction of 33% on rates. New memberships taken out: 6 in Stormont, 24 in Lisburn & 8 in Ards.</p>
<p>432 staff attended a staff health check</p>	

Next Steps

Seek the views of staff on how to further improve their health and wellbeing using survey monkey and questionnaires.

Appoint a permanent staff health and wellbeing coordinator to coordinate delivery of programmes / initiatives across the Trust area

Monitor effectiveness through:

- Attendance at physical activity sessions
- Development of bi – annual surveys for staff
- Responses to survey
- Analysis of % of staff reporting improved health and well being
- % reduction in trust staff sickness absence (Ulster Hospital site)

Livewell Hub



The livewell Hub provides the ability to consolidate all the Trusts wellbeing initiatives and resources in a way that makes them easily accessible by managers and staff. The Hub promotes healthier lifestyles and will provide staff and their families with a wealth of information and advice at a touch of a button, on areas such as healthy eating, sexual health, mental wellbeing, increasing physical activity, specialist support services such as stop smoking and weight management. The Hub will also signpost staff and their families to where they can get emotional support and counselling if needed. It will mean that more staff will be able to access the resource from home thus providing equality of opportunity of access to this invaluable resource. Not only does the Hub provide internal news and information on internal events, health resources, policies and useful contacts, it also provides the latest health news, a health encyclopaedia, health information on an extensive list of lifestyle topics, interactive health checks, wellbeing tools and videos.



The system will also allow staff to electronically book into the large number of staff activity and wellbeing classes available across the Trust in advance.

Progress Made

- Launch of the hub
- 15 Hub Champions identified
- Staff are able to access news and information from one single point

Next Steps

- Identify more Hub Champions & provide training for champions and Hub Managers
- Promote the Hub to all staff
- Carry out a staff survey to monitor usage and identify gaps

Volunteering

Volunteering has always been an important part of the delivery of the statutory health and social care provision in Northern Ireland. Volunteers make a unique and valuable contribution to patients, clients, visitors and staff of the South Eastern HSC Trust.



Volunteers are welcomed within our hospitals and community facilities. Volunteers bring something special to the services we provide; complementing the work we do, helping us improve the quality of services and making life better for our patients/clients. Volunteers are involved with a range of patients/clients of all ages. Directorates across the Trust are fully supportive of volunteer involvement and recognise how volunteer input can help improve outcomes for patients/clients.

In 2016/2017 we developed a volunteer programme to support older people within our Emergency Department (ED) at the Ulster Hospital. Many older patients spend long periods of time alone within ED, some feeling anxious, isolated and frightened. Volunteers engage with these patients, offering much needed companionship, talking and listening to them and providing fun activities to occupy them, helping to pass the time. This engagement improves the patients experience whilst in the department and also helps to alleviate pressures on staff.

Many older clients living in their own homes are reported to be socially isolated and at risk. Loneliness and social isolation is reported to be damaging to our health. In 2016/2017 a volunteer befriender programme 'Caring Communities' was developed to reduce social isolation in clients aged over 65 years. The volunteer befrienders visit clients in their homes, providing social interaction and support to enable clients to reengage within the community.

It has also been recognised that volunteering has real benefits for volunteers. Younger volunteers have reported that experience gained through volunteering with us has helped them get into university or gain employment. Other volunteers have reported that volunteering with us helps them stay engaged within the community, stay active and stay focused.

We want to offer these benefits to our service users, by developing a programme to provide service users with the opportunity to volunteer with us as a pathway to help them develop and improve their health and wellbeing.



The Trust has developed a Volunteering Strategy for 2017-2022 to provide direction on volunteer development that will focus on improved quality and outcomes for patients/clients. We are committed to continuing to engage volunteers in activities that improve outcomes for our patients/clients; however, we are also fully committed to enriching the lives of our volunteers.

Revalidation of Medical and Nursing Staff

Revalidation of Medical Staff

The Trust continues to meet with the GMC, quarterly, on a Regional and National level. As part of this the Trust contributed to the UK wide Sir Keith Pearson review. The Trust also received a positive report following the GMC inspection in March 2017. The Medical Director's Office continue to increase the number of newly trained appraisers and in conjunction with the HSC Leadership Centre has delivered several appraisal sessions in the last 12 months.

- Newly appointed Business Partner and Business Administrator to manage key functions within the Medical Director's Office
- 97.3% of Appraisals carried out in 2016 were achieved in the designated time frame
- 19 new Appraisers were trained in the past 12 months
- We completed a paper based survey of Trust Appraisal process

Next Steps

- Over the next year the Office of the Medical Director will work with Clinical Managers to review and update Trust Guidance and Policies in regards to Revalidation and Appraisal to ensure they are robust, informative and efficiently meet the needs of clinical staff to support them through the process
- The Trust will run Appraiser refresher training and conduct an on-line quality assurance survey

NMC Revalidation

The NMC Code

In October 2015 the Nursing and Midwifery Council introduced Revalidation, a new process which would be used by registered nurses and midwives to demonstrate that they remain fit to practice.

In 2015/2016 there was widespread engagement with nurses and midwives across the Trust to ensure that all registrants had the necessary information and support to both understand the new requirements and complete their revalidation portfolios. Since April 2016 registrants have been successfully revalidating with the Nursing and Midwifery Council using feedback from patients/clients and colleagues, continuing professional development and reflections on practice.



Next Steps

- On-going support for registered nurses and midwives with the revalidation process
- Training and support for line managers to carry out confirmation of revalidation
- Monitoring of compliance with NMC standards

Staff Absenteeism

Improving Attendance At Work:

The Department of Health (DOH) continues to monitor the Trust's performance in relation to staff absence. In response, the Trust put in place a number of initiatives which included:

- The design of a Health and Wellbeing site called "Livewell" which will go live in Spring 17.
- The development of a Stress Policy which has been designed to support staff.
- The Cycle to Work Scheme which continued to be promoted in the Trust and by end March 2017, 120 additional bicycles had been purchased.
- Resilience Training for managers and staff was delivered as a priority. By the end of March 2017, 281 managers and 636 staff had accessed SMART and Resilience Training.
- The Trust's stress tool kit was widely used which has supported staff at work.
- A significant Staff Engagement programme of work has also been undertaken in partnership with local Trade Unions.
- In response to the regional Staff Survey, action plans were developed for each Directorate within the Trust
- The Trust continued to deliver a bespoke Influenza Vaccination programme for staff. During 2016/2017 1695 front line staff were vaccinated- approximately 26%. 2015/16 rate was 19% which was an increase of 7%.
- Directorate Reports containing information on sickness trends continued to be refined and issued to Senior Teams within the Trust.

The Trust absence figure at the end of March 17 was 6.71% which fell short of the DOH improvement target, although it was an improvement on 2015/2016 when the sickness rate was 6.77%. In response, the Trust will continue during 2017/2018 to work in partnership with trade unions to improve the Health and Wellbeing of staff, which should in turn have a positive impact on attendance.

Staff Training - Knowledge, Skills, Framework, PCFS, Mandatory Equality

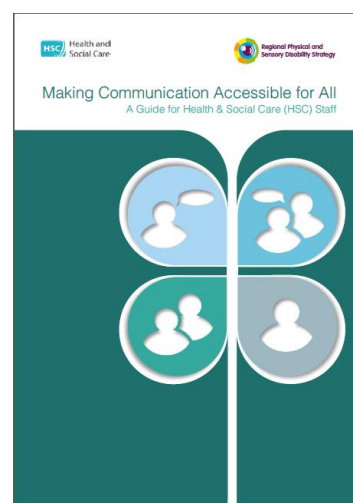
Making Communication Accessible for All

'Making Communication Accessible for All' is a regional guide for health and social care staff. It is aimed at assisting staff and practitioners in the provision of responsive and sensitive communication for service users, patients and carers who have a disability or a communication need. The guide was produced in recognition of the very tangible barriers that people with communication support needs experience and the importance of effective and mutual communication in health and social care. The guide has been co-designed with colleagues from disability representative groups.

The South Eastern HSC Trust was fully involved in the launch of the Guide in June 2016, and a case study of best practice work entitled "Thompson House Hospital Patient Stories – A Quality Improvement Project" was presented by the Neurodisability and Complex Needs Manager.

Following the launch, the Guide was promoted on the Trust i-Connect site. It is highlighted and promoted to staff in the Trust mandatory Equality and Human Rights face to face and e-learning training.

It is available in hard copy and online on the i-Connect intranet site and has been circulated widely throughout the Trust.



Next Steps

Over the next year the Trust will:

- Evaluate how the document has been disseminated and utilised by staff through surveying a random sample of staff from client facing roles throughout the Trust

Goal 3:
**Measuring the
Improvement**

INFECTION RATES

Care management of Peripheral Venous Cannulae (PVCs)

Appropriate management of peripheral cannulae (used to administer intravenous medication) is an important element of reducing the incidences of infection associated with the use of the device and blood stream infection.

Within our hospital wards, ongoing monitoring of care is undertaken and information is fed back to clinical teams on a regular basis. This is complemented by training and awareness on the care of these devices. In 2016 a two week prevalence survey was undertaken to measure observations of phlebitis and infection rates in PVCs in four wards.

- A total of 238 PVCs (inserted in 138 patients) were surveyed each day during this time period.
- This was carried out across two medical and two surgical wards
- This was comparable to the 221 devices surveyed (in 136 patients), using the same audit methodology in 2015.
- No incidences of a phlebitis scores of Grade Two or above and no line infections were observed during the study. These results were comparable to the findings in 2015/2016 and illustrates that care of these devices is of a high standard.

Next Steps

- Review the method used to monitor the management of peripheral cannulae
- Promote ongoing review devices and ensure prompt removal when no longer needed

Reducing MRSA blood stream infections

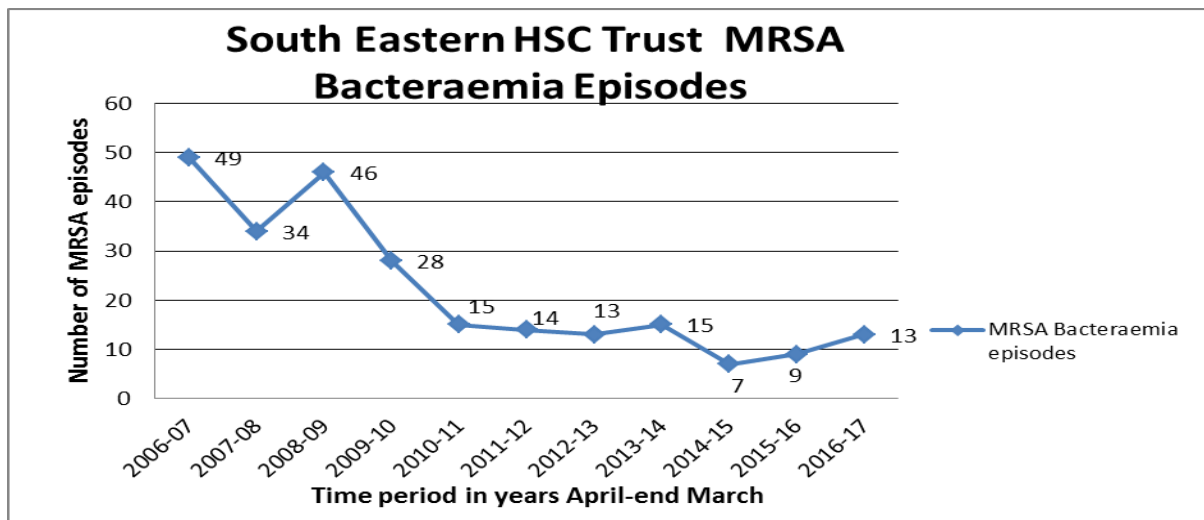
The annual target (set by the Northern Ireland Department of Health (DOH) for 2016/2017), was to have no more than 6 MRSA bacteraemia infection and 55 *Clostridium difficile* infections reported across the Trust acute care facilities. Unfortunately the target for MRSA bloodstream infections was not met, a total of 13 MRSA bloodstream infections were reported.

In relation to MRSA bloodstream infection the Trust aims were to:

- Continue to ensure the application of aseptic principles when managing invasive devices,
- Reduce by two, the infections associated with invasive devices

A post-infection review (Root Cause Analysis (RCA)) was undertaken on each MRSA bloodstream infection. None of the cases were judged to be attributed to invasive medical devices. All of the infections except one occurred before or within the first 24 hours of admission to hospital. Thus the majority of patients presented to hospital for treatment of sepsis.

South Eastern Trust's MRSA Bloodstream Infections 1st April 2007- 31st March 2017



Next Steps

- Continue to promote good aseptic principles around device management across the Trust's healthcare settings
- Review the Trust's MRSA screening and management guidelines

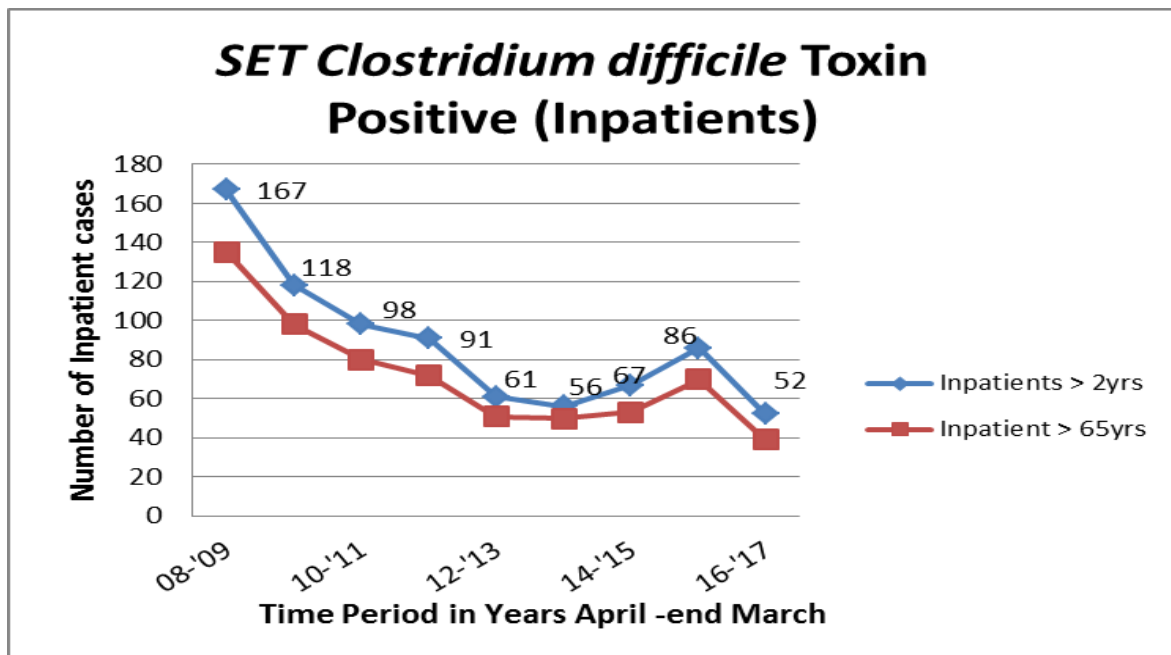
Reducing *Clostridium difficile* infection (CDI)

In relation to *Clostridium difficile* infections the DOH target was met with 52 cases reported against a target of 55 (in patients aged 2 years or above). There is a growing aging population with complex medical needs who require admission to our hospitals. Most have received multiple courses of antibiotic treatment for infection both in hospital and in community; hence this is a trigger for antibiotic-related diarrhoea and CDI. Systems within our hospitals are in place to ensure that antibiotics are prescribed appropriately in line with the Trust guidelines. Patients who developed diarrhoea were prioritised for side room isolation and tested for *C. difficile* infection or for carriage of this germ in the gut.

Case reviews have provided assurance that there is a high level of compliance with the Trust's first line empirical antibiotic prescribing guidelines and IPC related practice when managing patients in hospital who present with diarrhoea.

The Trust's IPC team has continued to forge links with General Practitioner colleagues working in community to support prudent antibiotic prescribing. For example, The Trust has introduced a system whereby an advisory letter on future antibiotic prescribing and other relevant medication is sent to all GP's when their patient is identified as having *Clostridium difficile* infection or carriage whilst in hospital. Patients are also given written advice on what to do should their diarrhoea return or they require another course of antibiotics at some stage in the future.

Clostridium difficile infections reported across the Trust from 1st April 2008 to the end of March 2017.



Next Steps

- Work in collaboration with Public Health Agency colleagues to roll out working with GPs and patients across the region
- Continue to promote Antimicrobial Stewardship across the Trust

Hand Hygiene Compliance

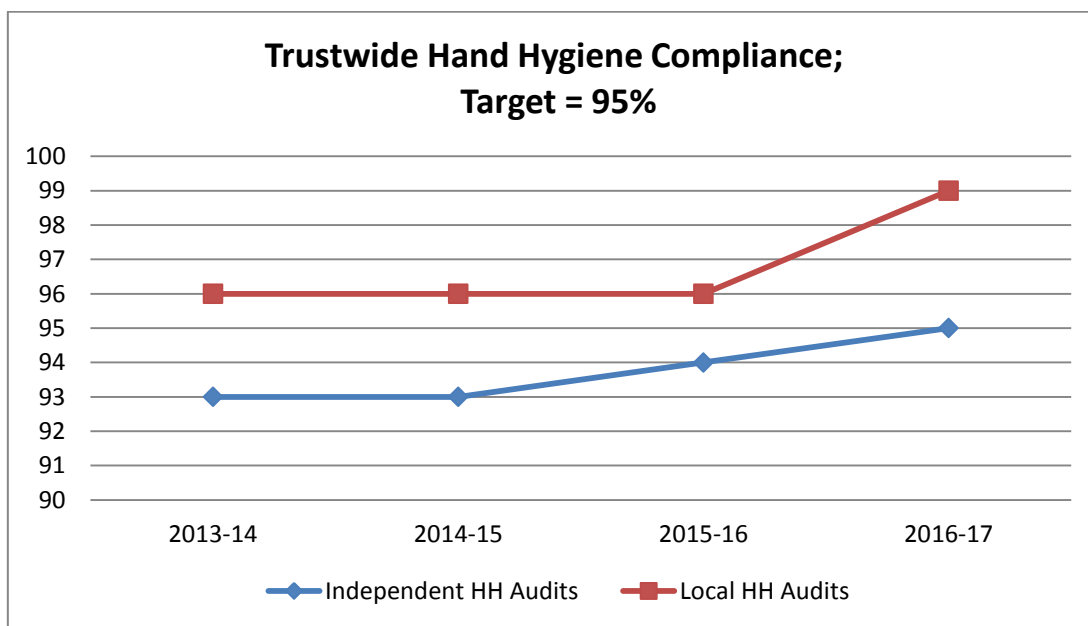
Hand hygiene is a fundamental method of reducing the spread of infection. Hand hygiene practice is monitored by clinical teams and independent audits are carried out by the infection prevention & control team.

Hand hygiene data is processed through computer software programme which easily facilitates review of findings and comparison of scores by ward sisters, clinical managers etc. to give assurance of practice, and undertake remedial action where required.

Independent auditing of hand hygiene compliance is a way of validating the accuracy of local audits within clinical teams. It also provides opportunities to reflect on practice with staff if hand hygiene is being under taken at appropriate times. All disciplines are included in the hand hygiene audits.

The Trust's average Hand Hygiene compliance scores over the past four years are shown in Figure 1 below. In relation to 2016/2017 this information is based on 161,456 local observations of hand hygiene practice and 3032 independent observations of practice. This demonstrates that both local and independent audits identify overall compliant with the standard set of 95% compliance.

Figure 1. South Eastern Trust Annual Hand Hygiene Compliance Dashboard 1st April 2013 to 31st March 2017



Next Steps

- Continue validation audits and work with staff to maintain the focus on the importance of good hand hygiene practice when caring for our patients
- Continue with initiatives to improve hand hygiene awareness for staff, visitors and the public
- Continue to feed back hand hygiene improvements to staff, patients and the public

Hospital Services: Caesarean Section wound infection surveillance

The Trust contributes to the Public Health Agency's regional surgical site infection surveillance programme. This involves the follow up of mothers with caesarean wounds during hospital stay and following discharge.

From 1st January 2016- 31st December 2016 the number of caesarean section wound infections occurring during inpatient stay in the Trust was 0.4% compared with the NI average 5.0%.

The number of infections which occurred post-discharge has fallen to 5.8% (compared with our figure 7.5% in 2015).

The higher post-discharge rates reported in 2015 were considered to be due to over-reporting of red wounds not meeting the PHA standard definition for C-section surgical site infection (SSI). Our community midwives have been working hard to address this.

The Northern Ireland picture for the same time frame is as follows;

Infections occurring during inpatient stay across hospitals in Northern Ireland and post-discharge = 5.0 %. The number of SSIs reported in community = 4.8%.

Next Steps

- Revision of a wound care information leaflet for mothers will be undertaken to give practical advice on how they can help care for their wound post-surgery
- Work with the Public Health Agency to pilot a method of collecting the data electronically to reduce the workload for clinical staff

Orthopaedic wound infection surveillance

From 1st January 2016 – 31st December 2016) the overall average surgical site infection (SSI) rate remains low = 0.36%. A slight increase in infections was noted at the beginning of 2016. Investigations concluded that all of the cases were very complex with medical conditions that can predispose the patients to infection. None were considered to be linked to transmission. This was presented for discussion and to share any learning at multidisciplinary meeting.

The Northern Ireland SSI rate for the same time frame was SSI rate = 0.33%.

The method of contributing to this surveillance has been enhanced since the introduction of an electronic method of reporting last year. Staff no longer have to submit the information on a paper form.

Next Steps

- Continue to monitor orthopaedic wound infection
- Ensure timely feedback on wound infection rates to staff

Monitoring infection within the Critical Care Unit

The Critical Care Unit at the Ulster Hospital provides intensive nursing and medical care for patients requiring essential lifesaving support. Lots of skills are required and the multidisciplinary team (including support, physiotherapy and dietetics staff) strive to work to very high standards. Many of the patients being managed within the unit have multiple tubes and lines going into their body which are an essential part of their treatment. Unfortunately sometimes with all the best care and attention infection can develop and this can require additional intervention.

The Critical Care Unit contributes to a regional surveillance programme which was introduced in June 2011. This includes the monitoring of central venous catheter, urinary catheter infection and ventilator-associated pneumonia. The information is sent to the Public Health Agency for collation enabling the unit to benchmark against other centres in the province. We are delighted to report that to date there have been no device-associated

infections reported since the programme commenced and only one ventilator-associated pneumonia has occurred during this time frame.

Next Steps

- Continue to maintain all good practice within the unit and ensure compliance with the implementation of “care bundles” (check lists which help focus adherence on ensuring that practices linked to reducing infection are in place) are maintained
- Feedback results to clinical staff

Surgical Safety Checklist

Many studies from around the world have confirmed that the use of a surgical checklist can improve safety for patients undergoing surgery. The Trust's Surgical Safety Checklist (SSC) was launched in June 2009 and has three main goals:

- To capture common or serious preventable errors pertaining to the operating theatre
- To encourage and improve communication and team working amongst the theatre team
- To increase team vigilance and awareness of threats to patient safety.

The Trust SSC is applied at three points during an operation:

- The first check is completed immediately before the patient undergoes anaesthesia or sedation
- The second check is performed immediately prior to the start of the procedure or surgery
- The final check is conducted upon completion of surgery and prior to the patient leaving the procedural area.

The Trust has been committed to the goal of achieving 95% checklist completion for all surgical procedures in Trust theatre areas since March 2014. The excellent year-on-year progress continued into 2016/2017 and completion scores, for the six consecutive months prior to May 2016, were a recurring 100%. In light of such sustained compliance, the decision was taken to end the paper-based record of completion and switch to recording via the computerized Theatre Management System (TMS).

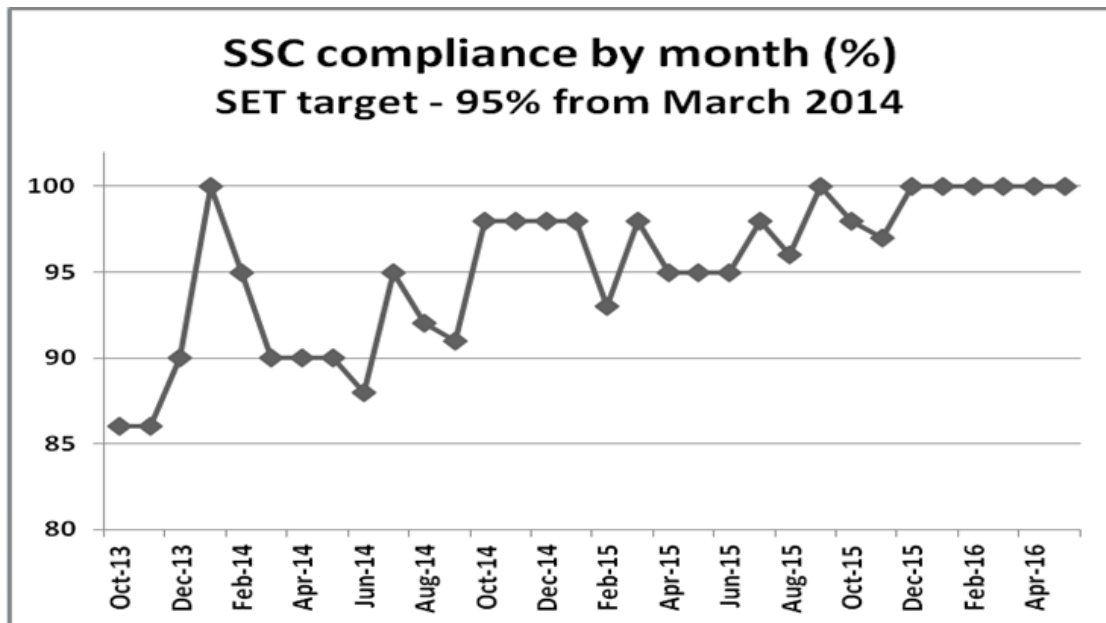


With the routine of the checklist firmly established, our efforts in 2016/2017 have been directed at ensuring excellence in the performance of the SSC:

- Several re-designed checklists, launched in early 2016, are now well-established in their respective clinical areas
- A policy detailing expected standards in SSC performance became operational in June 2016
- Building on the work of two SQE projects in 2015/2016, there is an ongoing audit project looking at SSC performance against the audit standards dictated by the policy– this project has been focused on Ulster Hospital Main Theatres in the first instance

Monthly data was collected from each theatre specialty and facility, including endoscopic and day case procedures. Checklist compliance was determined by a completed and signed checklist being present in the medical notes for each case sampled. Following sustained 100% compliance, the decision was taken in April 2016 to end the paper-based recording of checklist completion and switch to recording via the computerised TMS.

Data collection commenced in 2011/2012 when the annual mean compliance was 66.5%. In 2012/2013, compliance improved by 14.5% to an annual mean figure of 81%. Further improvement was seen in 2013/2014 with a mean annual compliance of 89% and then to 94% in 2014/2015. By 2015/2016, quarterly compliance universally met or exceeded the 95% target and mean annual compliance was 97%. A score of 100% compliance was recorded for the six consecutive months up to May 2016 when the decision was taken to end the paper-based audit.



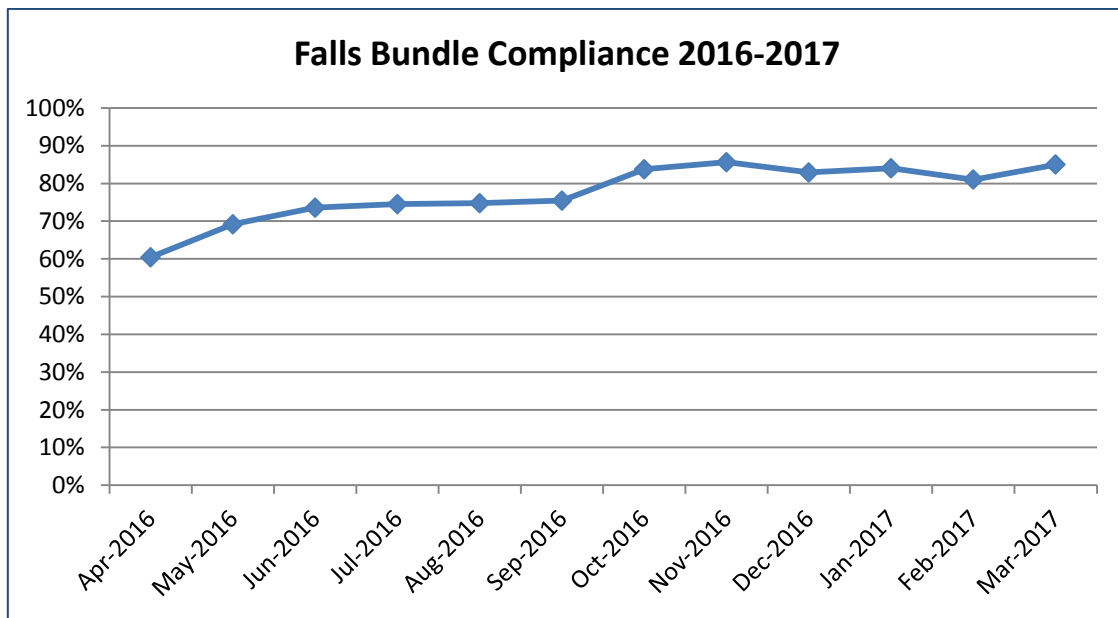
Next Steps

In 2017/2018:

- Ongoing education and dissemination of the Trust SSC Policy
- Extend ongoing audit project of SSC performance to include Trust Day Procedure Units

Patient Falls

Falls prevention continues to be a focus for the South Eastern HSC Trust as falls in hospital remain one of the most reported incidents. The evidence based falls prevention bundle of care is included in the regional nursing Person-Centred Assessment and Plan of Care document and the compliance with the bundle is monitored on a monthly basis for all adult acute inpatient wards throughout the Trust. As a Trust we continue to improve our compliance with the bundle.



All adult inpatients are assessed for the risk of falls and those who are found to be 'at risk' have a personalised plan of care developed to support them in reducing the risk of a falling.

Next Steps

- The use of the falls prevention bundle of care aims to continue to reduce the risk of inpatient falls across the adult inpatient wards
- The Trust will continue to share learning and provide awareness for staff to reduce the number of inpatient falls
- The development of a group of falls prevention champions from the wards who will be supported centrally and who will be able to disseminate information and training to support falls prevention in each of their areas

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).

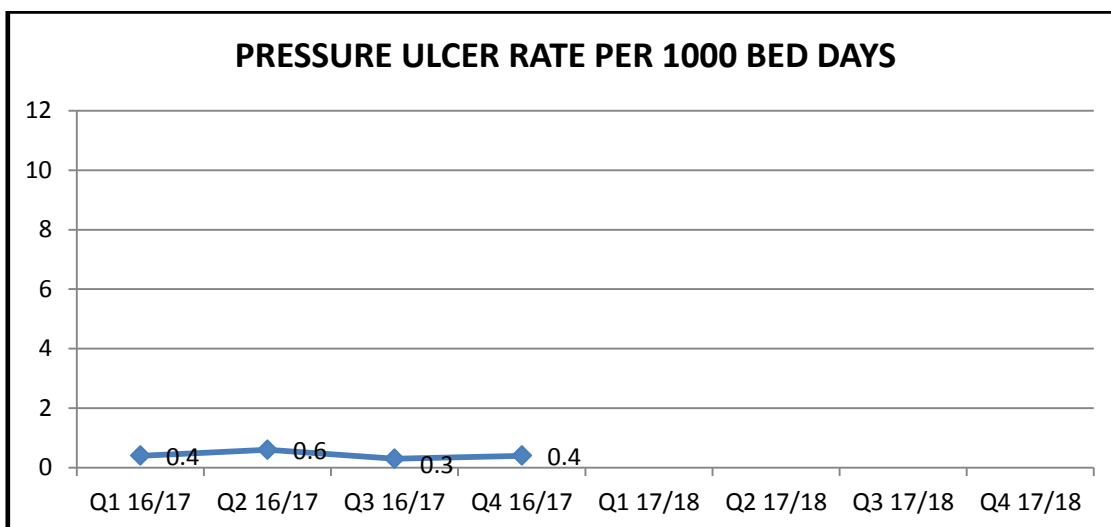


Incidence of Pressure Ulcers is considered to be an indicator of safety and quality and as such is a Key priority for the Health & Social Care Board and the Public Health Agency. In 2016/2017 each acute health and social care Trust was required to: 'Measure the Incidents of pressure ulcers (grade 3 & 4) 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 bed days'

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, the higher the stage, the more severe the pressure damage.

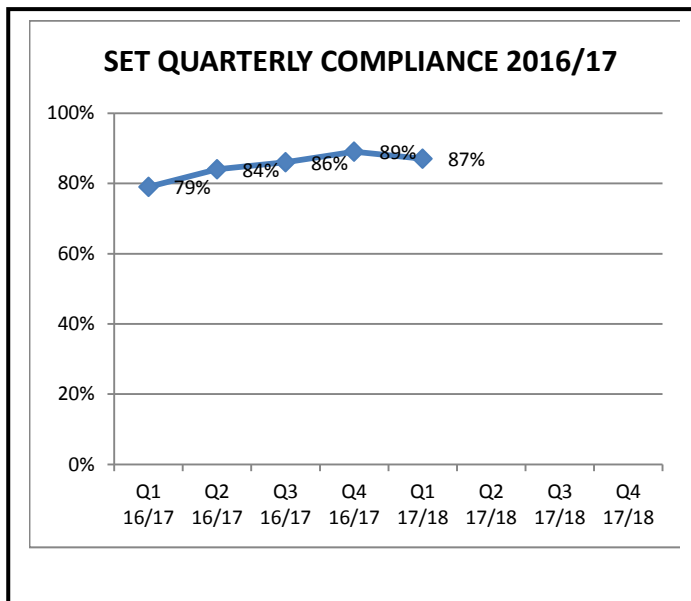
In 2016/2017 there were 132 incidents of pressure ulcers reported within the Trust. This equates to a 0.4 incidence rate per 1000 Occupied Bed Days.

- 2012/13 N = 87, Stage 3 / 4 = 21 (24%)**
- 2013/14 N = 118, Stage 3 / 4 = 29 (25%)**
- 2014/15 N = 111, Stage 3 / 4 = 35 (32%)**
- 2015/16 N = 107, Stage 3 / 4 = 35 (32%)**
- 2016/17 N = 132, Stage 3 / 4 = 64 (48%)**



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 SKIN bundle, which incorporates preventative measures. 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 2016/2017:



The **SKIN Bundle** is an evidence based collection of interventions proven to prevent pressure ulcers



Significant work continues within the Trust to improve SKIN Bundle compliance including: further revision of the audit format and SKIN Bundle/care rounding bed end documentation from which the data is collected; monthly feedback of data analysis to frontline staff as well as workshops to raise awareness and provide practical assistance to nursing staff delivering care.

Maximising opportunities for learning

Not all pressure ulcers are avoidable. Many patients have coexisting conditions and factors that increase their risk and despite best care, pressure damage cannot be prevented. There are however many pressure ulcers that are preventable. The Trust have developed processes to determine how and why every incident of hospital acquired pressure damage has occurred. For incidents of severe pressure damage (stage 3 and above) a review (Root Cause Analysis) is undertaken and regional guidance is followed to determine if it was avoidable or unavoidable. This level of review provides opportunity to identify learning which is shared with clinical teams, across directorates, at mandatory pressure ulcer training, governance meetings and via newsletters to further enhance practice and patient care.

The following table shows rate and numbers of stage 3 and 4 pressure ulcers, alongside the number of avoidable pressure ulcers (stage 3 and 4) in 2016/2017:

Rate of Stage 3 & 4 Pressure Ulcers per 1,000 Occupied Bed days	0.1
Number of Stage 3 & 4 Pressure Ulcers	64
No. of Unavoidable stage 3 & 4 Pressure Ulcers	47
No. of Avoidable stage 3 & 4 Pressure Ulcers	17

Collaborating to Improve Pressure Ulcer Prevention Strategies

Prevention of pressure ulcers is one of the greatest health care challenges in terms of reducing patient harm. The literature reflects a focus on prevention in hospital settings but there appears to be little documented, specific to patients in their own homes, despite the unique and complex challenges that arise within this patient population. The Trust has therefore undertaken a significant piece of work to develop a pressure ulcer prevention strategy for primary care through collaboration with patients, carers and health and social care professionals.

A pilot completed by the tissue viability team, district nursing and intermediate domiciliary care service (IDCS) in Lisburn, demonstrated the benefits of the SSKIN Bundle for this patient population. A SSKIN Bundle specifically for use by domiciliary carers was developed and implemented by a small team of carers providing care for patients with palliative care needs, in their own homes. The implementation of this tool assures the safety of patients through the provision of evidence based care, while empowering staff to improve quality of care and documentation of the care given. The positive outcomes for patient care were:

- Domiciliary carers in IDCS educated in pressure ulcer prevention
- 100% compliance with all elements of the SSKIN Bundle
- Prevention of pressure damage for this patient population in their own homes

The Trust are currently working with private domiciliary care providers to develop an education package to ensure all domiciliary carers have access to education and training on pressure ulcer prevention and use of the SSKIN Bundle. We have collaborated regionally to develop a Key Performance Indicator that will determine the standard of pressure ulcer prevention care plans devised by district nurses which is a key priority for the HSCB and PHA.

South Eastern HSC Trust reach a milestone in pressure ulcer prevention

All facilities openly display their individual standard of pressure ulcer prevention in the form of a safety cross and the number of days between the development of pressure ulcers. These tools enable each ward to benchmark their own progress and provide easy access of this information to all staff, patients and the public. In the reporting time period, four wards have reached **1000 plus pressure ulcer free days**.

1000+ Pressure Ulcer Free Days

Ward 12, Medicine, Ulster Hospital



Ward 10, Surgical, Ulster Hospital



Ards GP ward



Ward 8, Surgical, Ulster Hospital



To date seven wards across three hospital sites that have achieved 1,000 plus pressure ulcer free days!

Next Steps

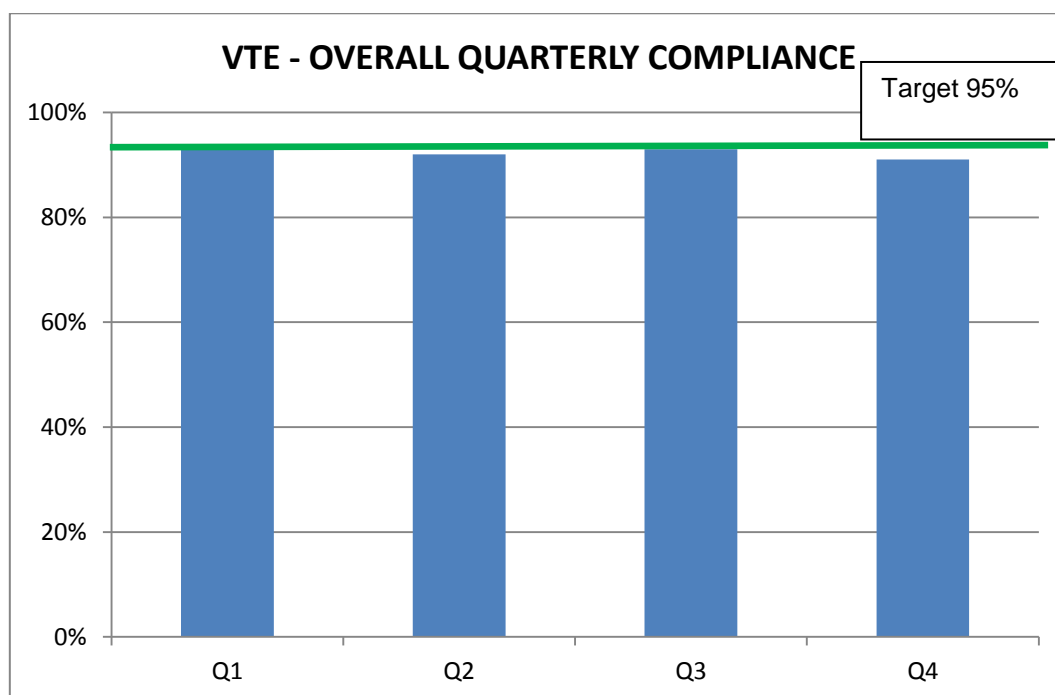
- Work towards obtaining consistency in compliance with the 'SKIN Bundle'
- Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (grade 3 & 4) which were considered avoidable
- Work towards reducing the number of severe avoidable facility acquired pressure ulcers
- Maximize 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 Key Performance Indicator (KPI) data
- Implement primary care pressure ulcer prevention strategy & monitor regional KPI for this patient population

Venous Thromboembolism (VTE)

'Venous thromboembolism' (VTE) is a collective term for both 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE). A DVT is a blood clot in the deep veins of the leg. A PE is when all or part of the DVT breaks off, travels through the body and blocks the pulmonary arteries in the lungs. Every year, an estimated 25,000 people in the UK could die from VTE associated with hospitalisation (www.rcn.org.uk). VTE is the single, most common, preventable cause of death in hospital patients (Lifeblood - The Thrombosis Charity; NICE) and VTE risk assessment and appropriate preventative measures (thromboprophylaxis) can reduce this risk.

'Pharmacological prophylaxis' refers to a drug-related preventative measure, whereas 'mechanical prophylaxis' refers to a preventative measure that involves a physical device. Patients who are at risk of bleeding, are unlikely to be prescribed anticoagulants but instead, alternative preventative measures such as anti-embolism stockings will be prescribed in addition to keeping well hydrated and being as mobile as possible.

The Trust continues to aim to achieve 95% compliance with VTE Risk Assessment across all adult inpatients and where appropriate prescribe prophylaxis treatment to prevent blood clots from developing. On a monthly basis data is collected from a random selection of ten patient notes on all inpatient hospital wards across all three acute sites in the Trust.



Next Steps

- Patient awareness is high on the agenda to tackle the risk of DVTs. A patient welcome pack is currently being developed which will include information for patients on how to prevent the development of a VTE
- The Trust will continue to focus on monitoring and measurement of VTE in all Adult Inpatient Wards

Reducing the Risk of Hyponatraemia, Infection Prevention, RPRB

- The South Eastern HSC Trust continues to audit children and young people who receive intravenous fluids.
- Staff are encouraged to attend Fluid Management in Children and Young People (from 1 month of age up to 16 years), a total number of 33 Trust staff attended from April 2016 – March 2017.
- If an incident occurs it is discussed at the Children in the Adult Ward Group and shared in the Directorate for learning and actions taken as required.

Next Steps

- Work towards implementation of the NICE guidance, NG 29 Intravenous fluid therapy in children and young people in hospital
- Support the implementation of the Regional changes with the updated Fluid Balance Chart

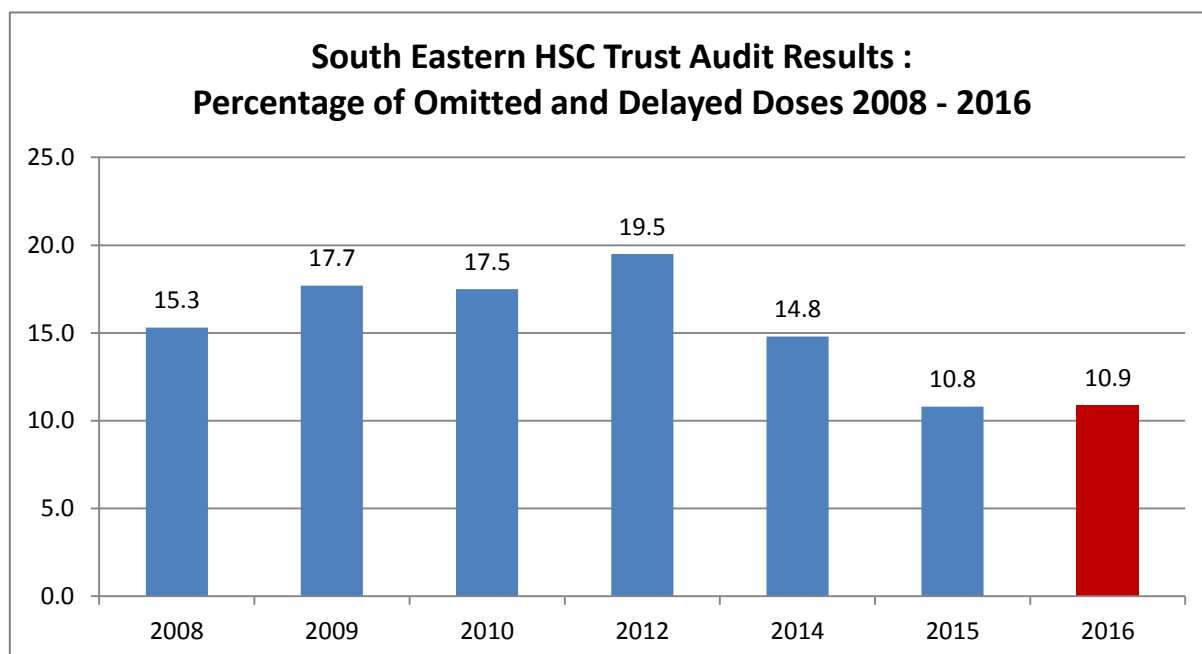
Medicines Management

Omitted and Delayed Doses

An increasing number and variety of medicines are prescribed year on year. A missed dose is the most common medication incident reported in Northern Ireland hospitals (source : Northern Ireland Medicines Governance Team 2017). On some occasions there may be valid reason *not* to give a medicine to a patient and in this instance the reason for the omission should be recorded on the medicine chart. The reduction of medicines that are *inappropriately* omitted or delayed continues to be a priority for South Eastern HSC Trust.

An audit undertaken in December 2016 to assess the number of omitted and delayed doses in 40 wards in the Trust demonstrated:

- The reduction in omitted doses seen in recent years was maintained
- The percentage of critical medicines omitted remained similar to previous years
- Documentation of omitted doses on the medicine chart still required improvement with less blank spaces where a dose omission code/administration signature should be recorded



Next Steps

- Process for accessing medicines out of hours to be updated and disseminated Trust-wide
- Location and content of emergency medicine cupboards to be reviewed
- Work with regional colleagues on updating the regional omitted doses KPI

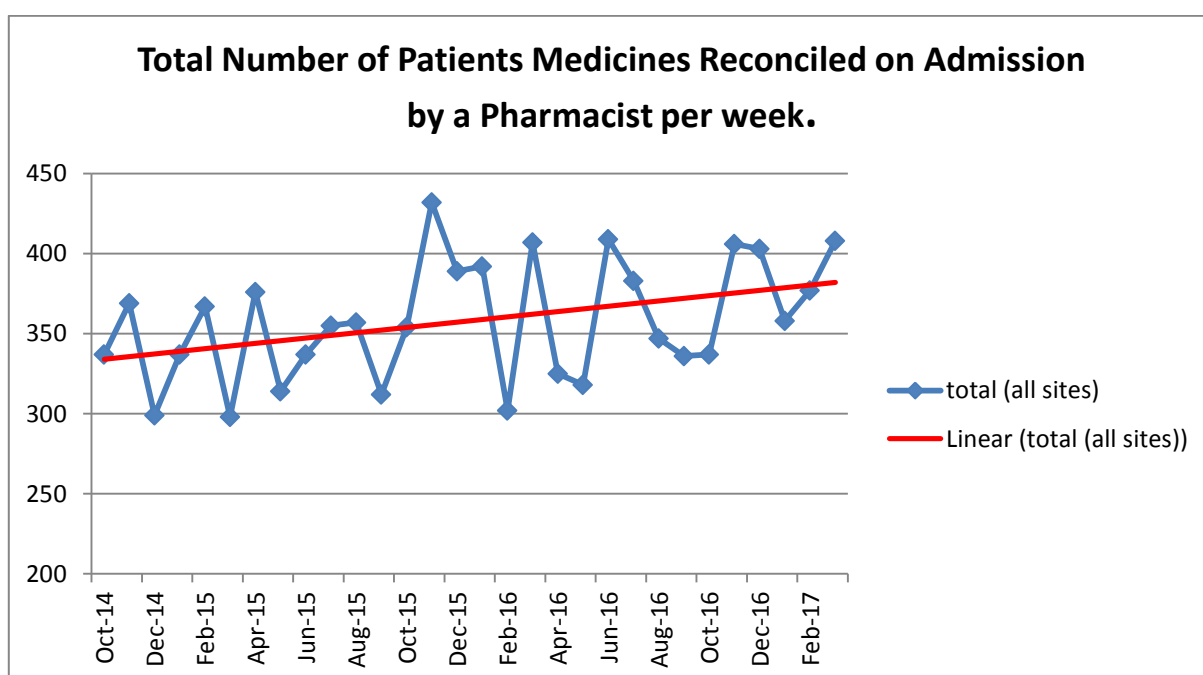
Medicines Reconciliation

When a patient is admitted to hospital it is vital that an accurate medication history is obtained. Research has shown that when patients move between care settings unintentional changes to medication may cause patient harm.

Pharmacists work alongside medical staff on the wards to ensure accurate medicines reconciliation at admission and also at discharge. Undertaking medicines reconciliation within 24 hours of admission to an acute setting (or sooner if clinically necessary) enables early action to be taken when discrepancies between lists of medicines are identified.

Reconciliation within 24 hours is a key performance indicator for Pharmacists. Dashboards containing weekly figures track performance and are reported on a monthly basis to the Head of Pharmacy and Medicines Management at HSC Board NI.

- Pharmacists in South Eastern HSC Trust are completing approximately 15% more medicines reconciliation on admission compared to 3 years ago.
- Quality improvement initiatives including use of ipads and 7 day working in the Emergency Department are helping improve the service provided.



Next Steps

- Use of the electronic whiteboards will be developed further to prioritise patients to be reviewed by a clinical pharmacist based on selected criteria such as high risk medicines and patient counselling referrals
- The role of prescribing pharmacists will be expanded within the multidisciplinary team to improve patient flow and minimise medication errors

Malnutrition Universal Screening Tool (MUST)

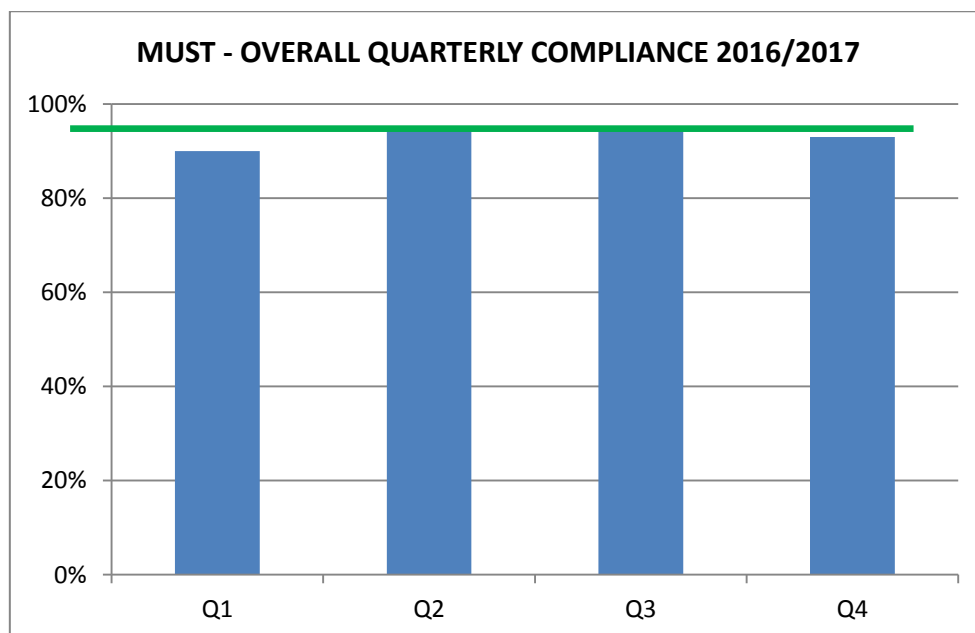
The overall vision of the regional 'Promoting Good Nutrition' strategy (DHSSPSNI 2011) is to improve the quality of nutritional care of adults in Northern Ireland, in all Health and Social Care settings. This can be achieved through the prevention, identification, and management of malnutrition in all Health and Social Care settings including people's own homes. The strategy has been extended for a further two years with a focus on community settings.

The adverse effects of malnutrition are well documented – it can increase hospital stay, delay healing and reduce strength and mobility.

MUST is a five step screening tool which is used to help to identify adults who are malnourished or at risk of malnutrition, allowing Healthcare Staff to put in place a plan of care to promote their nutritional wellbeing.

The Trust has set a target that all inpatients are screened for malnutrition on admission and throughout their stay.

The graph illustrates compliance with the elements of the MUST across all ward areas. In 2016/2017 the average trust wide compliance was 93%.



Our progress

Through the work of the trust-wide multidisciplinary Clinical Nutrition Sub-committee, chaired by the Director of Nursing, progress has continued to ensure that malnutrition is identified, treated or prevented.

Compliance levels with MUST screening continue to be excellent and this good practice is supported by MUST validation and accuracy audits, with training offered to all staff.

A 'Next Steps' audit was carried out for a second year, to determine if patients were receiving the correct intervention after they are screened for malnutrition. Again there was evidence of good practice and working across professional groups to support nutrition. Speech and Language therapy and catering continue to work together to ensure that patients who have swallowing difficulties and are at risk of choking receive the appropriate type and consistency of food to ensure safe optimum nutrition.

Members of the Acute Nutrition work stream worked with staff in the new Inpatient Ward Block (IWB) to ensure new processes around patient mealtimes

Next Steps

- Observational mealtime audit in line with RQIA requirements
- Work on menus with Speech and Language therapy, Dietetics and Catering staff to ensure that patients receive the correct textures of food to ensure that those with swallowing difficulties have their nutritional needs met
- Establishment of internal volunteer system for mealtime assistance with eating to be started in Care of the Elderly wards in the IWB

Cardiac Arrests

Current evidence suggests that effective recognition and management of the acutely unwell patient will reduce cardiac arrests and subsequent deaths in hospital wards. Morbidity from cardiac arrest remains high with only 1:10 surviving the event; however data continues to suggest that 80% of patients show signs of deterioration on the 6-8 hours preceding a cardiac arrest.

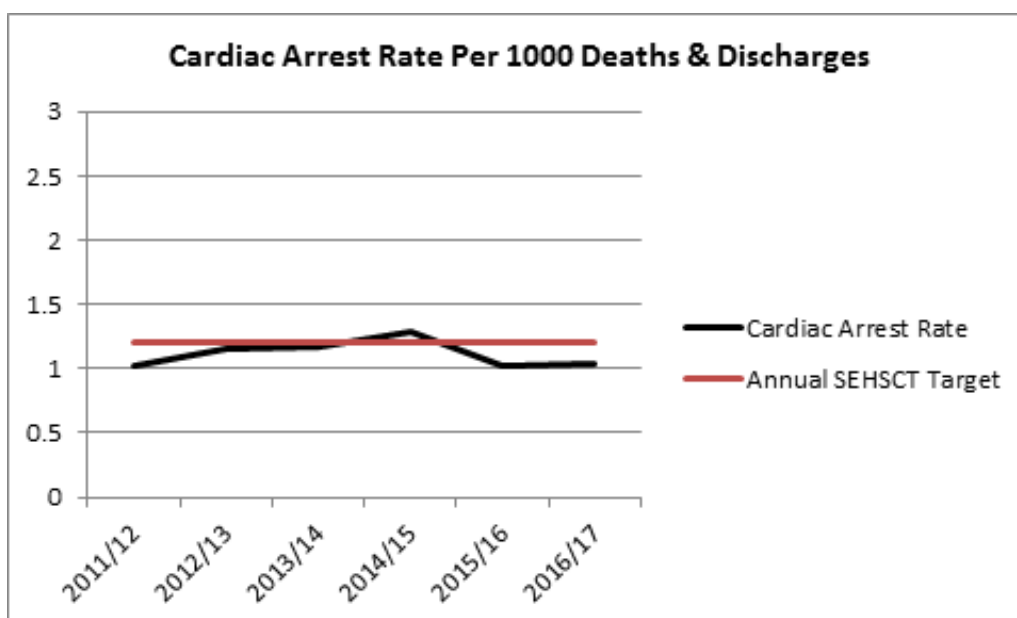
As an organisation it is our objective to ensure that we reduce the cardiac arrest rate by timely management and treatment of the sick patient, but also, just as importantly, by recognising those patients who are at the end of their natural life and ensuring they experience as peaceful and dignified death as possible.



This measure is important, therefore, as it reflects the effectiveness of the organisation in managing deteriorating patients in hospital as well as those for whom cardiopulmonary resuscitation may not be appropriate.

We recognise that by engaging a robust multi-disciplinary approach and empowering frontline staff to take appropriate action is known to be an influential way of generating long term improvement.

The chart below shows the yearly average of reported cardiac arrests per 1000 deaths and discharges. The Trust set an aim to maintain the crash call rate at 1.2 or less by March 2017. On-going work has seen an overall reduction in cardiac arrests in the Trust since 2007/2008; the mean crash call rate at the end of March 2016 is 1.04 which is below the target for the Trust.

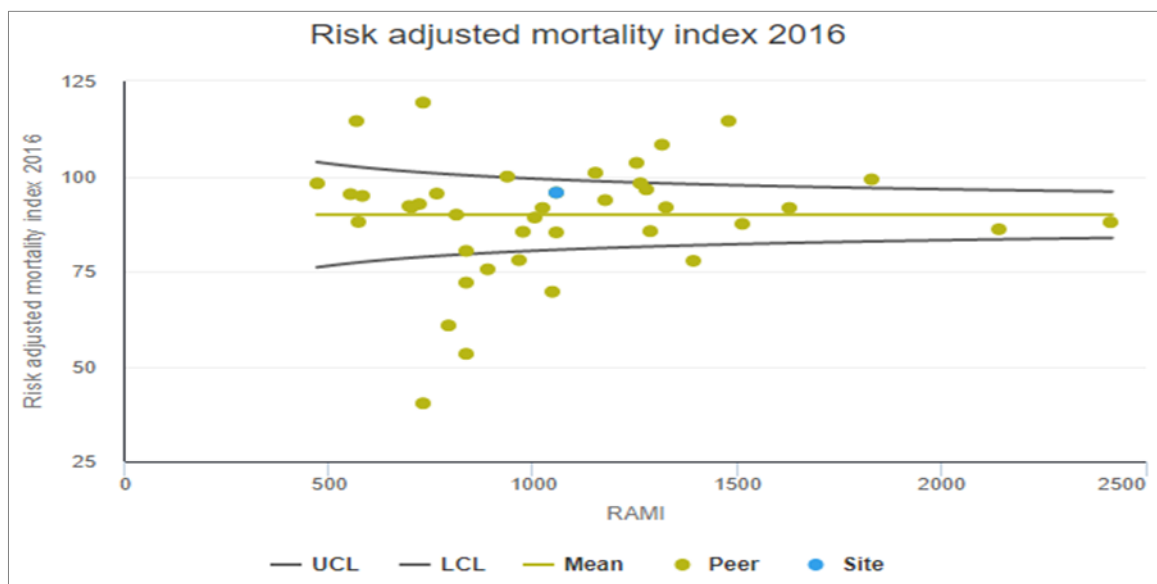


Goal 4:
**Raising the
Standards**

Standardised Mortality Ratio (SMR)

Each month CHKS provide a report for the Trust that comprises of 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 shows where we, as an organisation, sit in comparison to our external UK peers of the top 40 GB hospitals (from the CHKS top 40 identified in the 2017 CHKS analysis). The funnel plot (RAMI 2016) shows that the trust was below the upper confidence limit of the peer population. This is because the peer will be influenced by the change in activity over time.

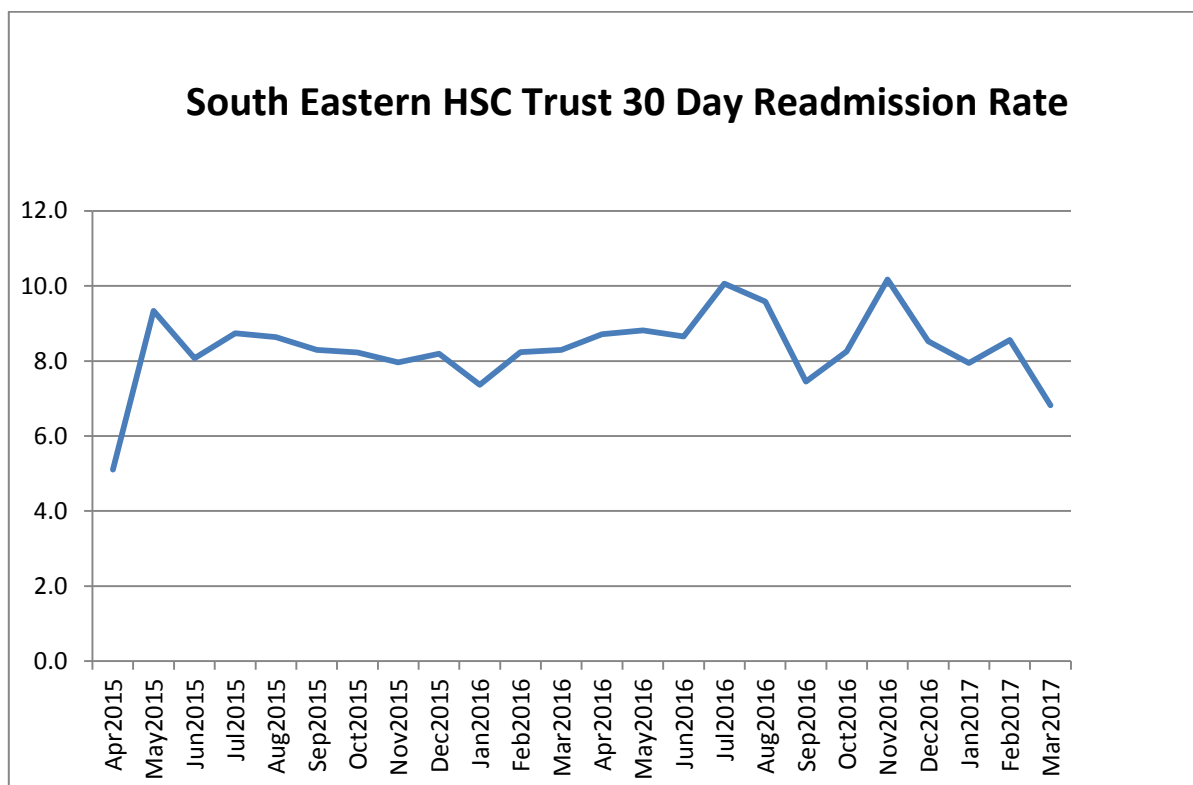


Emergency Re-Admission Rate

To ensure we measure as appropriately as possible, readmissions are counted as those patients readmitted as an emergency within 30 days of any previous admission to the Trust.

Readmission rates can provide an indicator of quality of care, but must be interpreted carefully and in the context of other activity. There is no specific recommended rate of readmissions however observation of our hospital rates against similar hospitals can be useful in providing an indication of performance. It is also helpful to look at readmission rates over time to assess changes. Reasons for readmission can be due to many factors and hospital care and treatment is only one, e.g. other factors include the patient's home environment and access to community services.

The graph below shows the recorded readmissions to the Trust:

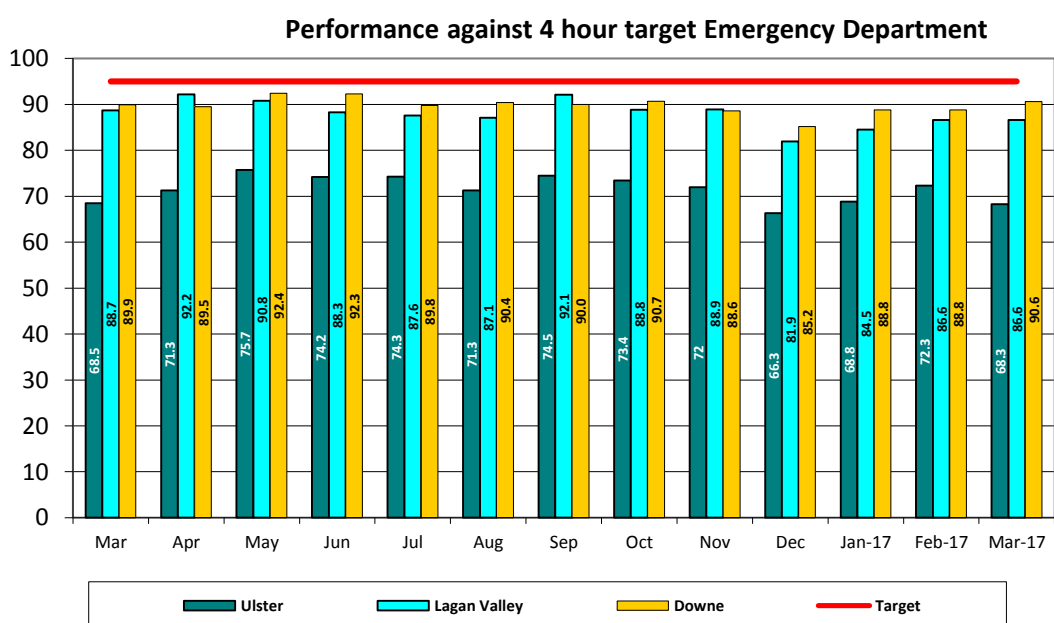


Emergency Department

4 & 12 Hour Standard

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.

TARGET: 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted within 4 hours of their arrival in the department.

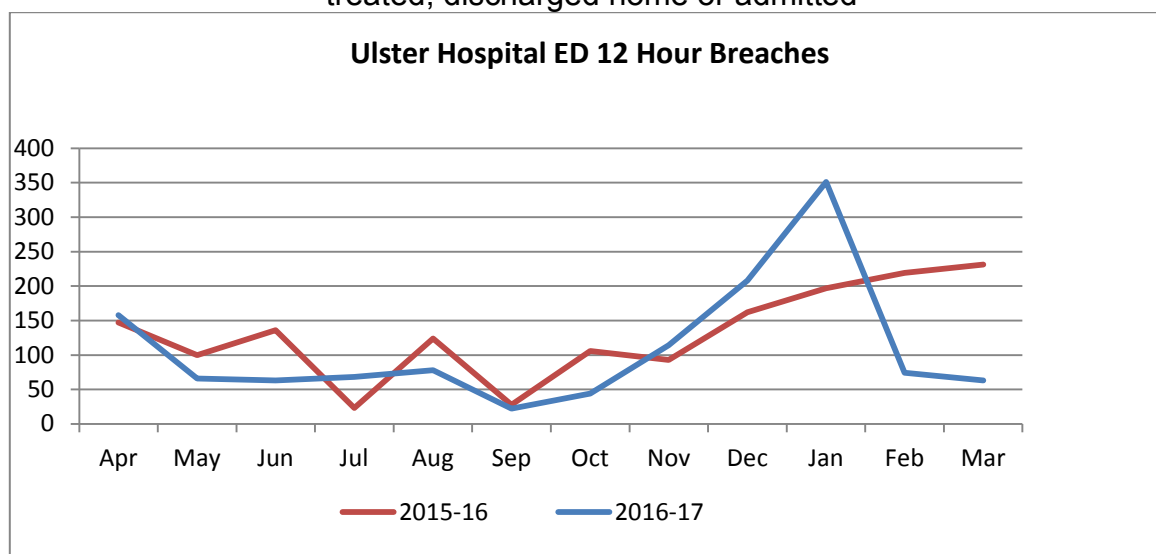


Key Points

New and Unplanned Review attendances are monitored against the 4 hour target. The Trust's greatest demand is focused on the Ulster Hospital site.

- 8108 attendances to the Ulster Hospital ED in March 17 – highest ever
- Ulster Hospital ED average attendances 2015/2016 - 7515 attendances per month; 7744 this financial year (2016/2017)
- Ulster Hospital ED conversion rate last 12 months - 26.4%. The Trust 4 hour compliance Mar 2017- 78.6%
- 82.9% of attendances to the Ulster Hospital ED who did not require admission met the 4 hour target
- Trust performance best in region 2016/2017 – 80%

Target: No patient should wait longer than 12 hours in the Emergency Department to be treated, discharged home or admitted



Key Points

New and unplanned attendances are monitored against the 12 hour target.

- 82 patients breached the target during March – 0.7% of attendances
- 73 (89%) of these patients required admission
- South Eastern HSC Trust is the only Trust reducing breaches 2016/2017

We also measure the number of patients who leave the Emergency Department (ED) before a proper and thorough clinical assessment has been undertaken. In principle, a rate greater than 5% of ED attendances leaving before full clinical assessment should be considered to be an area of risk.

Service Area	Indicator – 2016/2017	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Emergency Departments South Eastern Trust	% NEW attendances who left without being seen (Target < 5%)	2.5%	2.5%	2.6%	3.1%	3%	2.8%	2.7%	2.5%	3.4%	2.3%	2.1%	2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	55.9%	59.8%	54.4%	51.7%	57.9%	53.3%	56%	58.3%	49.4%	56.3%	59.3%	49.7%

Next Steps

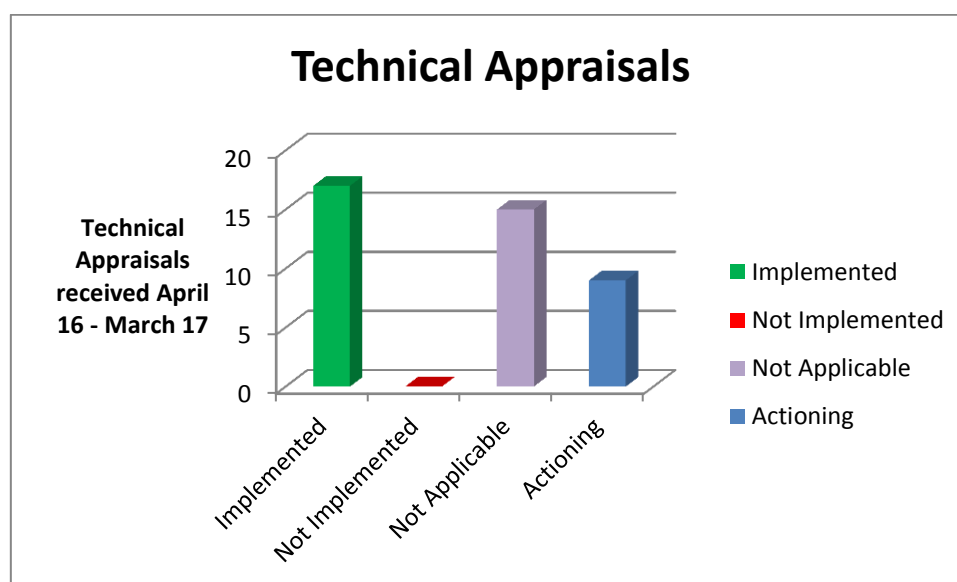
- Further development of the Urgent Care Work Stream to improve 4 hour performance; improve patient experience and clinical outcomes
- Further optimise/integrate the delivery of ambulatory care across other specialties

NICE Guidelines

Clinical Guidelines (CGs) cover broad aspects of clinical practice and service delivery. Application of such guidelines can often be complex, have financial and wider strategic implications. Where non-compliance is indicated in the chart below risks associated have been considered and addressed with through action or escalation. It is recommended that HSC Trusts have a 3 month planning period from the date the DOH issue the guideline and then implement the Clinical Guideline within a further 9 months. The Trust is continuing a programme of activity to ensure compliance as far as possible with all by the target dates, those not on target have been reported to the board at the bi-monthly reviews. Over the period from April 2016 to March 2017 we received 25 NICE guidelines for dissemination and implementation within operational areas and work in on-going to achieve compliance. A regional NICE Manager's Forum meets on a quarterly basis and receives updates on regional compliance, thus enabling sharing and learning across Trusts.

Technology Appraisals

It is expected that HSC Trusts will have plans in place to implement Technology Appraisals within 3 months of receiving the Service Notification from the HSC Board and that these plans are fully implemented within a further 6 months in the vast majority of cases. The precise timescale, which may be shorter, or longer in exceptional cases, will be specified in the Service Notification. The HSC Board will seek positive assurance that the required timescales have been met at bi-monthly director level meetings with HSC Trusts.



Next Steps

- Continue to liaise with the regional managers NICE forum
- Submit reports as requested
- Work with Directorates to identify any audits required

Audit

The Trust continues to strive towards a position of Safety, high Quality service and a positive Patient Experience at local level. In the quest to achieve this, it is important that staff are enabled to demonstrate their impact and outcomes through audit.

The development of Key Performance Indicators (KPIs) across the Trust has been one way of demonstrating the standard of care we are achieving and the elements of care we need to focus on. Staff have fully embraced the online electronic data entry tool and appreciate being able to access results via the Qlikview system in a timely fashion enabling real-time improvements to be identified.



A number of NICE guidelines have been audited to confirm compliance; we invite the Directorates to identify NICE guidelines or Safety Quality letters that they feel would prove valuable to audit.

National Audit

During the period 2016/2017, one of the many national audits that the Trust contributed to was the Sentinel Stroke National Audit Programme (SSNAP) run by the Royal College of Physicians (RCP). This is a national audit that records all stroke and TIA patients. The audit covers all aspects of the stroke pathway including thrombolysis rates, direct admission to a stroke bed, discharge and 6 month follow up. Multidisciplinary team meetings take place every 6 weeks to review progress, analyse results and develop action plans. As a result of this audit an SQE project last year looked at improving direct admission to stroke unit scores with further work having an ED focus.

Next Steps

- On the Ulster Hospital site all strokes and TIAs are entered onto the database. Multidisciplinary team meetings are held within the Ulster Hospital every 6 weeks to review progress, analyse results and develop action plans
- An SQE project last year looked at improving direct admission to stroke unit scores; this project will continue on this year with an Emergency Department focus
- Ambulatory assessment project to improve pathway therefore improve scores
- Lagan Valley Hospital are to register as a non-acute site and commence audit participation
- All 3 community stroke teams are enrolled and using Sentinel Stroke National Audit Programme (SSNAP) on a daily basis
- Patients are transferred from the acute sites onto the community stroke team database

Regional Audit

The Trust also contributed to numerous GAIN funded audits. The Medicines Reconciliation on the Immediate Discharge Document audit was published on the RQIA website in April 2017.



The transfer of information regarding medicines from Secondary to Primary Care is sub-optimal with significant problems concerning correspondence about medications noted by a number of studies particularly at the time of hospital discharge. The aim of this audit was to evaluate the current processes in place for accurate medicines reconciliation on the Immediate Discharge Document (IDD) issued by Health and Social Care (HSC) Trusts in Northern Ireland. The audit's key findings are that receipt of IDD by Primary Care is often delayed, information relating to new, changed and stopped medicines falls well below optimum standards and documentation about anticoagulation is poor.

The areas for immediate attention include the time between discharge and receipt of the IDD by the General Practitioner (GP), the noting and rationale for medicines that are started, changed or stopped, an improvement of detail around allergy status and adherence to best practice in respect of the high risk area of anticoagulation.

Next Steps

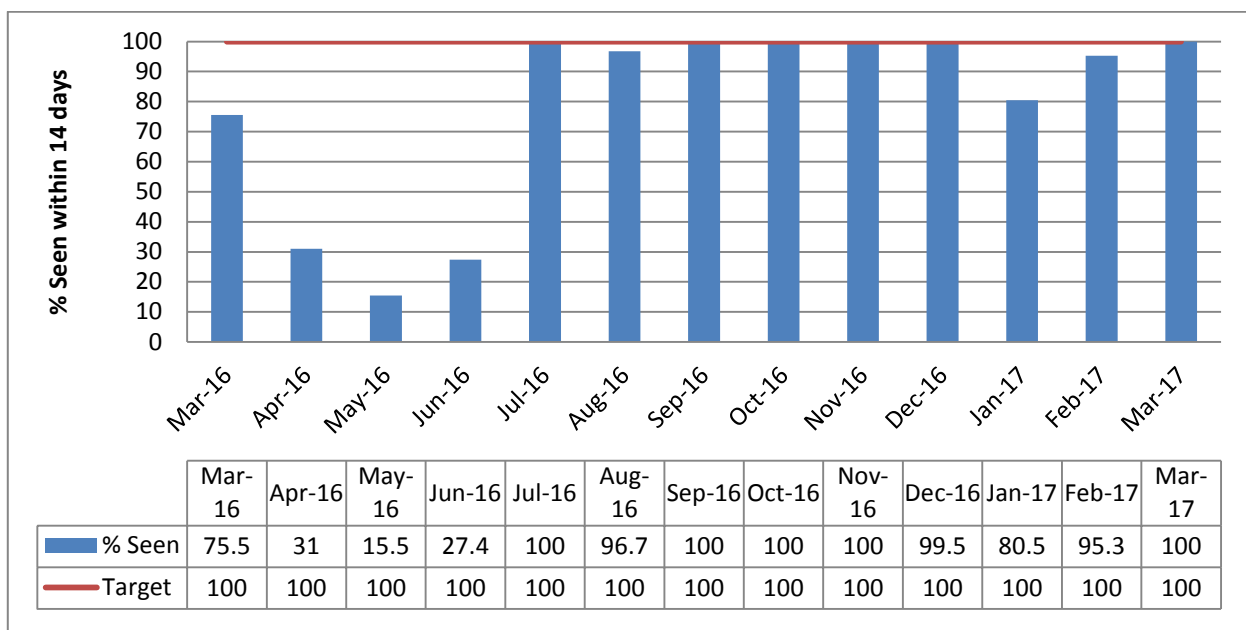
- A regional quality improvement project involving representatives from all Trusts and Primary Care should be established aimed at improving the quality and safety of IDDs
- An agreed template for the IDD should be developed in conjunction with Primary Care and adopted by all HSC Trusts. This should include mandatory fields to ensure that all quality indicators are completed appropriately
- Initiatives aimed at timeliness of delivery of the IDD should be implemented across all Trusts. Where possible the IDD should be generated and delivered electronically
- A regional anticoagulation template within the IDD should be developed as a means to communicate all necessary information on all anticoagulants (including warfarin, direct oral anticoagulants (DOACs) and injectable anticoagulants)
- Development of a standardised process for local escalation of queries related to the IDD should be pursued
- A multidisciplinary educational programme at both undergraduate and postgraduate level should be developed to support best practice and ensure medicines reconciliation is undertaken at all transitions of care
- A three yearly full re-audit with an annual interim audit as a learning exercise for medical students in the pre-Foundation Assistantship should be completed

Cancer Access Standards

From April 2016, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

14 Day Breast Cancer Referrals

The number of referrals to the Symptomatic Breast Service has continued to increase throughout 2016/2017. The number of suspect cancer referrals has continued to rise. In 2016/2017 the average number of referrals received each month rose to 319 from 308 in the previous year. This represents a 4% increase in monthly referrals. It is anticipated that the increase in referrals will continue into 2017/18. This will cause significant problems in achieving and maintaining 100% of referrals being seen within 14 days.

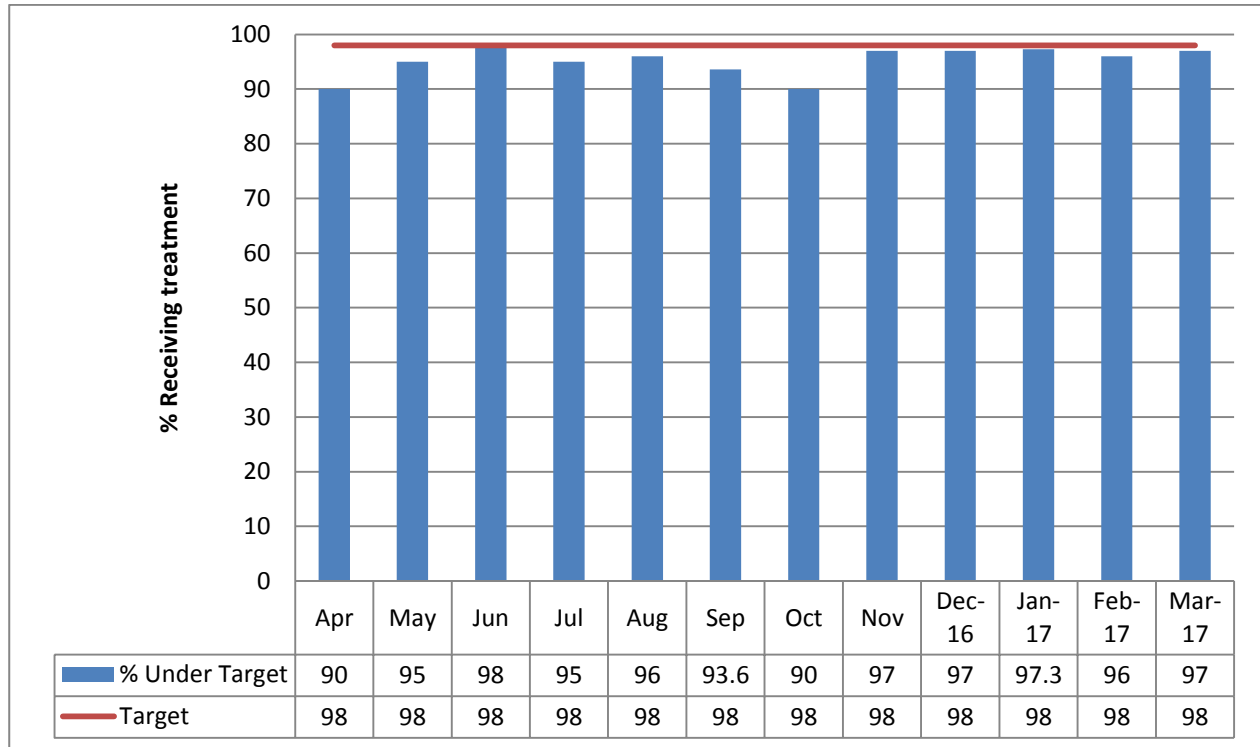


Next Steps

- Routine slots have been converted to urgent. Clinic templates have been amended to reflect the change in referral rates
- Slots can be converted by partial booking team as and when required.
- Detailed capacity and demand exercise underway. Report to be discussed September 2018

31 Day Target

The overall position for 2016/2017 was 95%. The majority of breaches were caused by insufficient theatre capacity for Urology and Skin. Performance against this target will remain challenging in 2016/2017.



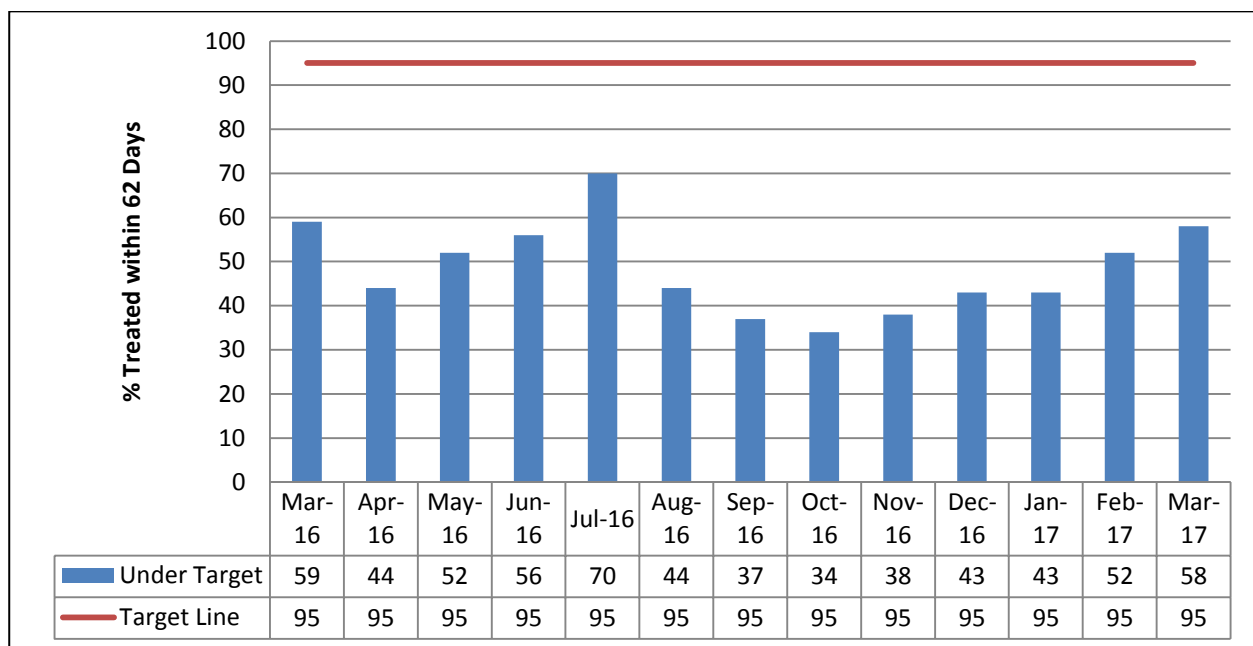
Next Steps

- Dermatology minor ops clinic has been converted to red flag in August to increase capacity
- Lap Nephros being transferred to Southern HSC Trust to free up theatre capacity

62 Day Target

The Trust continues to aim to treat 95% of GP Suspect Cancer Referrals and Consultant upgrades within 62 days. However, the volume of GP Red Flag referrals continues to increase significantly on an annual basis. The average number of GP Red Flag referrals received each month has increased from 958 in 2015/2016 to 1034 in 2016/2017. 8% rise on previous year. The increase in referrals received is expected to continue to rise through 2017/2018 and will have a significant impact on the number of patients on the suspect cancer pathway.

The number of new cancers diagnosed in 2016/2017 increased slightly from 2159 in 2015/2016 to 2196.



Next Steps

- Dermatology minor ops clinic has been converted to red flag in August to increase capacity
- Additional WLI ENT clinics being run throughout July and August
- Additional WLI OP Clinics organised for July and August
- Additional WLI Cystoscopy lists being organised for August and September
Further additional CTU list will be organised as required
- One week of June, July and August to be designated as red flag weeks
- Discussion ongoing to setup local Urology MDT
- Extensive Capacity and Demand analysis currently being carried out

Goal 5:
Integrating
the Care

Community Care

'My Journey, My Voice' Exhibition Roadshow

The Trust Speech & Language Therapy (SLT) department had the wonderful opportunity in participating in the '**My Journey My Voice exhibition road show**' during its NI tour. It is a collaborative project which has been commissioned by the Royal College of Speech and Language Therapy (RCSLT) as part of its Giving Voice Campaign.



Downpatrick Library Manager Margaret McArdle; Mrs. Walsh; SLT Attracta Bennett; Mr. Walsh; Ryan Walsh (Seated); South Down MLA Colin McGrath

My Journey My Voice puts communication in the frame and it aims to raise awareness of communication disability. It features nine portraits and audio recordings of individuals with a communication disability. Each of the participants got to meet local MLAs. This was a fantastic opportunity for MLAs to gain a greater insight into the nature and impact of communication disability and how it can impact on their constituents. The Trust had a 35 year old service user, who has a learning disability which affects his ability to speak and understand language, participate in the road show.

Next Steps

- The My Journey My Voice exhibition road show continues to travel around local libraries. It can also be viewed online at www.myjourneymyvoice.org
- SLT will continue to engage with local, Regional and National Initiatives which help raise the awareness of issues around Disability Communication

Regional Launch of RISE NI



Photo-Alison McCarroll Coordinator of RISENI in the Trust along with AHP professional Leads and Michelle Tennyson PHA Assistant Director

Trust Allied Health Professionals (AHPs) attended the Regional Launch of RISE NI (Regional Integrated Support in Education) on the 18th May 2017. Our school based teams which were formerly known as ASCET and are soon to be known as RISENI. This is an exciting time as all teams across Northern Ireland will now try to stream line their services and draw on the excellent work that all the teams provide.

Next Steps

The Trusts Speech and Language Therapy, Physiotherapy, Dieticians and Occupational Therapy will continue to monitor and develop their multi-disciplinary work to provide seamless care and support to children in the school environment.
#strongertogether

Reporting Radiographers now in place



Julie Cleland, Diane Crowe, Chris Dickey

There are now a team of 3 reporting radiographers based on the Ulster Hospital site. They all studied Clinical Skeletal Reporting as part of the MSc Advanced Medical Imaging Programme at Salford University in Manchester.

On a daily basis the reporting radiographers provide a range of clinical reports on axial and appendicular skeletal images from both the Emergency Departments and Minor Injury Units across the Trust. They also facilitate training for newly-qualified radiographers and the undergraduate students on placement.

Next Steps

Radiology will continue to develop these services which will help to reduce the waiting times for reports in these areas and provides opportunities for Consultant Radiologists to focus on more specialised imaging.

Occupational Therapy Participation at Open Night for People Newly Diagnosed Multiple Sclerosis

The Clinical Lead Occupational Therapist at the Ulster Hospital participated in an event at the Quality Improvement & Innovation Centre (QIIC) for people newly-diagnosed with Multiple Sclerosis. The event was organised by the Trust in conjunction with the MS Society. She presented on Fatigue Management. Fatigue is widely acknowledged as one of the most disabling symptoms of MS, cited in many studies as the most significant limitation to all aspects of function and the fulfilment of roles. Fatigue management is indicated for people with Multiple Sclerosis following a comprehensive assessment of occupational performance, when 'fatigue' is identified as a major barrier to function.



*Anna O'Loughlin
Clinical Lead Occupational Therapist*

Next Steps

To continue developing this service through co-partnership with the MS Society and service users

Dementia Champion

This year, we have a number of staff successfully graduating as **Dementia Champions**. This is Northern Ireland's second cohort of Dementia Champions to celebrate their graduation at a ceremony held in their honour recently in Antrim with graduates from the South Eastern HSC Trust attending. Health and social care staff from across NI, who work in HSC Trusts and in non-statutory health organisations, were successful in completing this innovative training programme in professional dementia care.

The programme enables students to gain knowledge and skills on all aspects of dementia care including receiving a dementia diagnosis, research and evidence-based practice, communication and designing enabling environments.

As part of the course staff designed a communication tool for Podiatry to give patients with dementia and their families /carers a better understanding of their treatment, ongoing care and to enable them to access the service when required. This leaflet was piloted in Bayview Resource Centre and is now in use trust-wide.



Michelle Monaghan, SET Senior Podiatrist

Next Steps

To monitor and review the effectiveness of this communication tool and see if this can be of benefit to other Trust Services

The “Milk Allergy (MOO) Clinic”

In 2015, the Paediatric Allergy services were inundated with GP referrals for infants with suspected cow's milk allergy. Babies and their families were struggling during the long wait for assessment and Paediatric Dietary advice. Fortunately, our staff had a vision to tackle the problem. They successfully secured funding from the Health Foundation *Innovation for Change* initiative – a first for an N.I project!



The “Moo Clinic” Project set out to offer early intervention and accurate diagnosis for babies experiencing symptoms of delayed cow's milk allergy. During the next year of our pilot project, the team (Paediatrician, Allergy Nurse and Dieticians) devised screening tools and education materials for the diagnosis and management of milk allergy and delivered group sessions in the Community. Feedback from parents was highly positive; babies were seen earlier; those with mild milk allergy were managed in the Community and anyone who needed specialist help was referred into the Hospital Children's Allergy Clinic. Infants were meeting 90% of the clinical outcomes set.



Rosemary Martin (Clinical Specialist Dietitian Allergy), Anne Fitzpatrick (Specialist Allergy Nurse), Suzanne Beattie (Specialist Paediatric Dietitian)

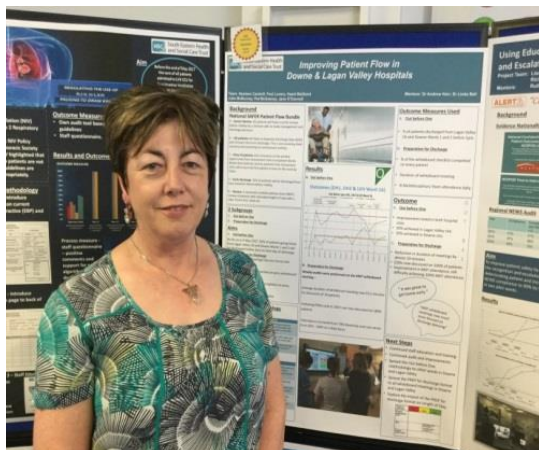
Next Steps

Temporary funding has been secured to continue “Moo” as a Specialist Dietetic Led Service, taking referrals from GPs and Health Visitors. Weekly group milk allergy clinics continue to run across the South Eastern HSC Trust

SQE Success: Acute Occupational Therapy Participate at Final SQE Event

In May, we shared the learning from over 40 quality improvement initiatives. The winner of best poster competition: Head Occupational Therapist at Lagan Valley Hospital was part of an MDT Project to Improve Patient-Flow at Lagan Valley & Downe Hospitals.

Other examples included, Senior Occupational Therapist and Team Lead Occupational Therapist shortlisted Poster. Their SQE project focussed on Improving Assessment of Patients with Self Feeding Difficulties.



Patricia McGeeney



Ruth Pollarolo, Ursula McErlean and Margaret Moorehead AD of AHP Services

Next Steps

They are keen to progress the project further over the next number of months to optimise the potential for improved assessment processes and streamlining the application of assistive technologies to enhance independence in self-feeding for acute hospital in-patients.

Lymphoedema - SQE Finalist

Lymphoedema Specialist Physiotherapist was one of the finalists in this year's SQE programme. She worked jointly with tissue viability nursing to perform a scoping project designed to highlight the need for improved management of simple chronic oedema patients in primary care.

The project incorporated a number of methods to demonstrate these needs including an audit of GP systems, questionnaires to treatment room nurses, telephone interviews with patients and engagement with community pharmacists. The multidisciplinary approach, demonstrated potential cost savings and improvement to patient care with proactive treatment.

Outcomes of the project included the development of a care pathway, patient information leaflet and ongoing multidisciplinary education sessions through GP federation practice-based learning.

Next Steps

The results of the project have also been presented to local commissioners in a bid to secure funding to address the needs highlighted through the project.

Prison Healthcare Update - SQE Joint winners SQE 2017

Prison Healthcare was a joint winner of the 2017 SQE Awards in the non-acute section for the implementation of a Pain Clinic and Pain Management Programme at Maghaberry Prison.

Physiotherapy was the project lead for the programme and has worked to bring multiple disciplines and partner organisations together to deliver the programme.



Next Steps

Work is on-going to see how the programme can be adapted and further improved over the coming months.

7th International Conference on Integrated Care #ICIC17

Our Trust Falls Coordinator, together with GP Lead Down ICP, and NIAS, were successful in having their abstract and poster for work on falls prevention accepted for the 17th International Conference on Integrated Care, Dublin in May 2017.

This conference was attended by over 1000 delegates from over 50 countries around the world and provided a fantastic opportunity to learn about integrated care from speakers from academic, clinical and 3rd sector organisations. It was also reassuring to discover that across the world we are often facing the same challenges e.g. navigation of complex systems, communication between services/organisations/with the service user, an ageing population and what was described as our “obsession” with hospitals.

Some of the key themes throughout the conference were:

- The need for a truly holistic approach to patient centred care.
- Ask the patient “What matters to you?”
- Services need to be co-produced with service users. Co-production meaning that all partners have equal power.
- Need to work on prevention and empowerment of people to self-manage.

There were many thought provoking innovative solutions, one being a community who had recruited their own GP when the “normal” processes had failed to attract any interest!

Next Steps

To further explore developments on falls prevention, build professional relationships with GP and NIAS. This can only be positive for integrating care and delivering better outcomes for our service users.

Advancing Healthcare Awards Winners

The Ulster Hospital Plastic Surgery Therapist Led Clinic won their award category “Maximising Resources for Success” at the Advancing Healthcare Awards in London and was “runners-up” at the “café conversations” of the NICON conference

The Regional Plastic Surgery Service in Northern Ireland had a growing caseload of trauma and elective patients experiencing difficulties in providing timely consultation and intervention allowing the surgical team to utilise their time most effectively.

Utilising highly specialised AHPs to perform the reviews of up to 80% of patients following hand injury or surgery has released time in consultant surgeons' outpatient clinics to reduce overbooking, reduce overdue review waiting lists and reduce the need for use of the independent sector.

Hand therapists have an in-depth knowledge of anatomy, pathology and surgical procedures, as well as being highly educated and trained in the post-operative therapy regimes required to maximise outcome. This project has improved patient choice and continuity of care for patients after hand surgery. We have created a multidisciplinary, purpose designed clinic which ensures that patients are seen by the most appropriate professional to their condition.



*Janey Milligan and Fiona Talbot
Consultant Hand Therapists*

Next Steps

To continue to develop this AHP led multi-disciplinary service in conjunction with the consultant surgeons and patient involvement.

Prison choir project scoops UK healthcare award for 'choral cure'

There was dancing to the Jailhouse Rock when The Voice of Release, a community choir formed in a prison in Northern Ireland, was named overall winner of the 2017 Advancing Healthcare Awards, held at Chelsea Harbour in London.

The Voice of Release was founded in 2014 by occupational therapists from South Eastern HSC Trust working within Hydebank Wood women's prison in south Belfast as a way of trying to engage prisoners who were vulnerable or at risk of suicide or self-harm. Regular monitoring of those taking part has shown a decrease in stress levels, improvement of mood and a greater sense of hope thanks to the "choral cure". The scheme, run jointly with The Right Key, a Lisburn based community Interest Company, won the mental health category of the awards before scooping the overall prize. The mental health award was sponsored by The Guardian newspaper who wrote an article about the service. You can read more at theguardian.com



Foetal Alcohol Spectrum Disorder

On the 16th March 2016, as part of an SQE project, a breakFASD event was held in Ards Community Hospital to increase awareness of FASD among Allied Health Professionals. FASD is an umbrella term for a range of diagnoses all related to prenatal alcohol exposure. FASD is vastly under-diagnosed and often misdiagnosed, leading to secondary disabilities. The presentation to ten AHP staff (including: Podiatrists, Speech and Language Therapists, Occupational Therapists and Physiotherapists) was used to highlight how prevalent the condition is and the signs and symptoms that children with FASD may present with.



Andy Creighton, Melanie Armour, Elaine Rea

Next Steps

A Special Interest Group was formed which hopes to meet 4 times per year and a Trust representative has been asked to go along to the Northern Ireland FASD Support Group's June meeting. This will be a wonderful opportunity to engage with parents and carers of children living with the condition. Anyone interested in becoming part of the FASD Special Interest Group can contact elaine.rea@setrust.hscni.net.

ICATS SQE Project 2017

Advanced Practitioner Physiotherapy and Regional Lead 10,000 Voices decided to implement the Orthopaedic ICATS passport in keeping with results from patient research, professional experience and linking in with recent standards / guidelines. As patients can be overwhelmed when given lots of information, the Trust developed a passport containing relevant basic information that is easy to carry to appointments. The passport is A6 sized card and fits in the back pocket or purse. This is similar to their own passport which confirms their identity, unique to the individual, shows where they have been and goes with them to new places. Results showed that patients retained the information for up to 2 months post ICATS assessment. Patient feedback was positive.

Next Steps

Future plans are to:

- review evaluation from staff
- roll out to include other body parts within Orthopaedic ICATS
- possible roll out to other ICATS services within the Trust
- possible roll out to regional orthopaedic ICATS teams including ICATS web address for access to further information

Mental Health

Recovery College

South Eastern HSC Trust Recovery College offers educational courses about mental health and recovery which are designed to increase a person's knowledge and skills and promote self-management. Each course is co-produced and co-facilitated by Recovery College Tutors. At least one tutor will have lived experience of mental health recovery and the other will have learned experience of the subject area.

The Trust Recovery College is for everyone. The main campus is located in the Quality Improvement & Innovation Centre (QIIC) in the Ulster Hospital. There are a number of mini-campus's located in community venues in other areas of the Trust: Lisburn; Downpatrick; Bangor. The College is staffed by the following: wte Recovery College Co-ordinator; 1x wte Peer Trainer (divided into two part-time roles); 18x hour permanent administrator; 13x bank Peer Trainers (0.5 wte).

The Recovery College's year typically follows an academic year's structure: September to June. There are 3 semesters each year and each semester includes twelve weeks of courses. There is a prospectus released at the beginning of each semester (3 x prospectuses per year) and there are student enrolment workshops rolled out at the beginning of each semester in each area of the Trust for new and existing students. However, students can enrol at any time into the Recovery College.

On average, up to 26 unique courses run throughout the College per semester. This equates to 47 full courses delivered per semester. Based on these figures, a further breakdown (courses divided into individual sessions) conveys 78 individual Recovery College sessions per semester. There have been over 500 attendances at Recovery College courses. Over 65% of our students are service users, 15% carers, 15% staff and 5% do not equate to a role description.



South Eastern HSC Trust Recovery College Graduation 2016

On 1st July 2016 the Trust Recovery College held its 1st Graduation ceremony celebrating the achievements of all our students, volunteers and tutors involved in the Recovery College. Our guest of honour, Mr Colm McKenna (Chairman of the South Eastern HSC Trust) presented each student and Tutor with their graduate certificate and gift. The day was filled with inspirational stories, connecting with others and reflecting on experiences, goals and achievements made through the College.

Time was taken to reflect on the success of co-production in the South Eastern HSC Trust and throughout the partner organisations. Recognition and thanks was given to staff teams in mental health, addictions and beyond for their support in pioneering co-production and thus embracing a new culture dedicated to the principles of recovery. Recognition and thanks was also given to the Recovery College Service Delivery Board for overseeing the quality and management of the College and steering the College forward.

The event was a huge success with many discussions involving what is next for students, volunteers and tutors. One student described their experience of the Recovery College as “turning on the light” in relation to the College helping her to find hope for the future. Another student described the College as the catalyst for helping him rediscover his skills and talents and in helping him build his sense of self-worth and confidence through giving him a purpose in life. Another student commented: “I have many qualifications but the best qualification I have is my lived experience-understanding mental health, learning about wellness and sharing recovery with others”.

Chairman’s Awards

On 13 October 2016 the South Eastern HSC Trust Leadership Conference and Chairman’s Recognition Awards were held at La Mon Hotel. Two Tutors from the Recovery College: Specialist Lead in O.T and Recovery College Tutor presented on their experience of co-production during a very successful breakout session at the conference. That evening, the Trust Recovery College continued to celebrate great success at the Chairman’s Recognition Awards. The Recovery College not only won in its category ‘Stakeholder Engagement’ but were delighted to be announced the winner of the ‘Overall Chairman’s Recognition Award.’ This award recognised the exceptional work that has been achieved in developing the Recovery College in the South Eastern HSC Trust. Winning the Chairman’s Award has also provided recognition to the practice of Co-production as a result of demonstrating that by putting people’s experiences at the heart and design of mental health services we are improving the overall quality of our services.



Implementing Recovery through Organisational Change (ImROC) Workshop

On 27 October 2016 the Trust Recovery College in partnership with ImROC and Central & North West London (CNWL) hosted a workshop on celebrating the work of ImROC over the last 3 years and planning for the next phase of ImROC in the South Eastern HSC Trust.

The workshop was led by Dr Rachel Perkins (Senior Consultant for ImROC) and Jane Rennison (Central & North West London Recovery Lead). Jane and Rachel guided discussions around the work of ImROC thus far in the South Eastern HSC Trust. Both Jane and Rachel congratulated the Trust mental health services on their progress to date in embedding ImROC in the South Eastern HSC Trust. Discussions continued in relation to planning the future aspirations for ImROC within the Trust.

Overall feedback from the workshop suggests that ImROC has had huge success in the Trust to date. Furthermore, feedback highlighted the eagerness from mental health and addictions services to continue to support the work of ImROC.

Feedback from service users and carers involved in ImROC suggest that there is valid evidence of a positive shift in mental health and addiction services- in that they are becoming more recovery focussed and that the Recovery College has been inspirational in driving this movement forward.

Next Steps

- Plan to present at the local ICP partnership meeting to discuss the Recovery College with GPs working in the South Eastern HSC Trust area
- The Spring/Summer courses will be advertised on HRPTS so that staff have easier access to the courses offered by the College
- We have begun work on a business case for the Recovery College
- The Recovery College annual report 2016/2017 will contain a summary of the quality measures currently used in the College (including an analysis of the quality of the courses and the impact that the College has had on students, volunteers, tutors and staff)

Improving Access to Psychological Therapies

The initial success of the provision of low intensity psychological therapies within Ward 12 Lagan Valley Hospital as part of a SQE Project 2015/2016 has now been spread and embedded across Acute Mental Health. The four mental health inpatient wards and the three Acute Community Services encompassing Home Treatment and Acute Day Treatment and the and the Condition Management Programme have completed training and commenced providing cognitive behaviour interventions.

- A full time psychological wellbeing practitioner within the inpatient wards provides CBT and supports ward staff to utilise cognitive behavioural approaches in the acute setting
- 54 staff from Mental Health Acute Services and the Condition Management Programme have completed the evidence based SPIRIT training created and developed. The training has enabled staff to provide low intensity psychological therapy to patients within the Mental Health Inpatient Wards, Home Treatment, Acute Day Treatment and participants of the Condition Management Programme.
- Trust staff are now able to provide evidence based therapy supported by booklets and worksheets to provide cognitive behavioural approaches to be used throughout services. This ensures consistency of service provision across acute mental health services/CMP and enables patients to access the most appropriate acute service and have access to the same evidence based treatment in all acute environments. This has supported transitions from inpatient to home treatment or acute day treatment where therapy can continue without interruption.

- To ensure training and the materials are used and provided consistently, 21 staff are trained to deliver clinical supervision both within groups and individually. Low intensity psychological interventions within acute services and CMP support our patients recovery through improving mood, motivation, participation in treatment and building hope.

Next Steps

- Provision of low intensity psychological therapies throughout Community Mental Health Teams
- Outcome measurement to demonstrate the impact of the therapies for our patients

Outcomes Measurement in Mental Health

There is ongoing need in Mental Health regionally for evidence based service provision that supports recovery and outcome measurements that demonstrate that our services users are better off as a result of the services they receive. This shift is demonstrated in the emphasis on person centred, individualised goal setting with baseline and ongoing standardised outcome measurement.

The Mental Health Quality, Evaluation and Outcome Group was established in the South Eastern HSC Trust to take forward the use of outcome measurement in Adult Mental Health and oversee this change management process. Key steps that are taking place:

- Identification of standardised clinical and recovery patient rated outcome measures such as CORE, WSAS, QPR. Mental Health services are currently consulting on the use of these measures across services; final approval awaited.
- Phased implementation plan for CORENET throughout mental health services in the Trust; this system uses specialist software to analyse the outcome measure data both at an individual, caseload, team and service level with the potential to be used regionally if embedded into new regional documentation.
- Outcomes Based Accountability looking at how much we have done, how well we have done it and how people are better off from using our services is being used as an approach to address key service priorities within mental health. Current work includes addressing self-harm and repeat attendees presenting at ED.
- The Recovery College is using recovery outcome measures to demonstrate student outcomes.
- Evidence based self-management using Wellness Recovery Action Planning (WRAP) is being rolled out throughout the trust from March 2017; outcome measures will be used to demonstrate the WRAP strategy's impact on participants.
- Patient and carer rated experience measures currently under development for adult Mental Health services to be completed and rolled out by April 17.

Regionally:

- Regional outcome initiatives includes the development of the Mental Health Framework, the launch of the Regional Care Pathway and the current co-design of the Regional Care Pathway documentation which places the individual's outcomes at the centre of the process.
- Safety collaborative participation - attention is placed on measuring and demonstrating safety focused outcomes within clinical practice and service provision including the recent introduction of safety briefs within acute community services. This follows the establishment of them in the acute inpatient wards.

Benefits of using outcome measures going forward:

- Greater focus on evidence based practice – with CORENET able to demonstrate outcomes of new approaches.
- Ability to demonstrate effectiveness of treatment, practitioners and teams both within trust and regionally if the regional documentation embeds specific outcome measures.
- Data that demonstrates how service users are better off after intervention.
- Quality Improvement methodologies and Audit being used to monitor, measure and address service improvements

Benefits of using outcome measures for patients:

- Person centred treatment planning and provision
- Collaboration and a transparent way of working
- Evidence based treatment reflecting NICE guidelines

Next Steps

Phased introduction into Community services and Condition Management Programme of clinical outcome measures and CORENET.

Mental Health Safety Collaborative

The Regional Mental Health Safety Collaborative aims to improve the quality of Acute Mental Health Services by encouraging a culture of learning and reflective practice throughout the region.

Development and Implementation of a Safety Brief for use within the area of Acute Day Treatment and Home Treatment Team has been a key outcome of collaborative participation.

Safety Briefs were introduced to improve communication and ensure that all risks or any potential safety issues are been effectively communicated to all staff and no one was being missed out.

The referrals being received by the Acute Day Treat were becoming more acute in nature and in some cases the risks/safety issues were changing daily.

Spread to Home Treatment:

The Lisburn Home Treatment Team moved to seven day working in January 2017. Home Treatment with teams in Lisburn, Newtownards and Downpatrick, now operates throughout the trust 7 days a week, 365 days a year between 0900-2000 providing an alternative to inpatient admission or enabling early discharge. Lisburn Home Treatment changed from case load management to team management of patients. The need for greater emphasis on safety focused communication was recognised due to the increase in patient acuity that could be treated by the team within the patients home.

- Started with small, local tests and several PDSA cycles in Acute Day Treatment (ADT)
- Created a reliable process in ADT before spread to Home Treatment
- Allowed some customisation, which was controlled and elements that were core to the improvements were clear
- Recorded daily on safety cross and monthly on dashboard assisted in adapting the spread process

Staff outcomes:

“I think the Safety Brief has proven to be a very quick and effective way of communicating a range of safety issues and it has been really good to have a system in place for knowing where staff are and who is available within the department at a given point in time.”

“I feel the Safety Brief has improved communication within the team and aids to keep staff and patients safe through the knowledge of knowing the patient issues/risks and identifying individuals responsible for actions to be taken.”

“As a manager I am reassured that both teams are communicating effectively in a safe manner. Communication overall has improved in the time we have been using the Briefing.”

“The introduction of the safety briefing has allowed for a concise method to identify the salient points for managing patients safely.”

Next Steps

- Spread Safety Briefs across Mental Health Acute Community Services (Home Treatment and Acute Day Treatment) in the Trust
- SBARD communication system to be introduced within Inpatient, Acute Day Treatment, Home Treatment
- Reflective practice: training arranged for May and June for acute community: rolling six weekly sessions for each team commencing in September facilitated by Psychology

Alcohol Related Brain Damage (ARBD) Pilot

Patients with ARBD find it difficult to engage in services due to their limited cognition. Often acute general wards is where the most severe cases are found. Other ARBD services in the UK have targeted specific wards, such as gastroenterology and hepatology in order to remove these patients from an environment not best suited to their needs and also to improve cost effectiveness.

Following the development of an alcohol care team working group in the Trust, discussions around the significant pressure being placed on gastroenterology wards and within community addiction teams due to ARBD, a proposal was suggested to pilot a service model from these wards directly to designated beds in Shimna House, a sub-regional addiction treatment facility based at Downshire Hospital.

The main purpose of the pilot is to examine outcomes as well as cost effectiveness of such a model. Two Beds from Shimna House have been designated for ARBD patients from January 2017. It is important to note that ARBD patients already utilise beds in this ward and this is a growing problem. This process simply adds more structure to an already existent dynamic and we have had a number of patients availing of the specialist treatment provision and being successfully discharged and integrated back into the community.

Launch of the Substance Misuse Liaison Team (SMLT)

The Substance Misuse Liaison Service model comprises of a team of four specialist nurses providing a range of brief addiction treatment interventions to a defined client group across adult acute general hospitals. The Substance Misuse Liaison Team match the patient's presenting need with the most appropriate intervention to achieve an effective patient-centred outcome.

An increasing part of this teams role is to provide liaison, training and advice on the management of patients who present with a myriad of issues related to their substance misuse in addition to the main reason for their physical presentation. The suite of brief interventions, liaison, onward referral and link-working is in keeping with self-directed/recovery approaches.

- The SMLT commenced 7-day working from January 2017 within the Ulster Hospital, Dundonald.
- The SMLT have begun to address the inequity of service provision across the Trust through their re-engagement with the Downe and Lagan Valley Hospitals.

Next Steps

Extension of SMLT across the trust hospitals to include the Downe and Lagan Valley Hospitals.

QI Echo Project focusing on increasing Carer Support in Mental Health

The Echo project 16/17 was an excellent opportunity to apply quality improvement methodology and techniques to increase the uptake and offer of carers assessments within the Community Mental Health services.

The aim was to increase the uptake by 20% overall in 16/17, however the project lasted 6 months.

The work focussed on 3 key areas including the review carers documentation, improved recording system for carers information and improve communication with carers.

There was a series of mini tests by using PDSA cycles. There has been a significant improvement to the carers assessment documentation reducing to 3 pages.

- A mental health carers project worker temporary post was created to promote this new documentation
- The numbers of carers assessments offered and completed has increased and the target of 20% has been met.

Next Steps

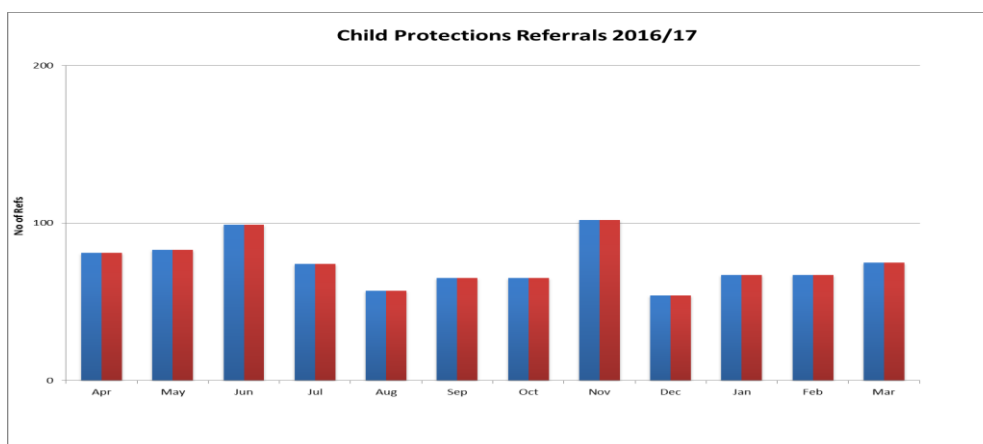
- Ongoing increase in carer assessments being provided within Mental Health
- Continuation of carers project worker position

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. All child protection referrals are made to the Trust gateway team. This access point of contact makes it easy for other professionals and members of the public to make a referral with skilled staff who assess risk to children.

During this year 99.6% of children or young people were seen within 24 hours of a child protection referral being made. The four children not seen within this period, were unavailable when the social work visit was made, but were subsequently spoken to at the first available opportunity.



Next Steps

Develop innovative approaches to hear the experiences of children and families.

Children's Services Family Support Hubs

Often family members find themselves under stress as a result of life's events and are in need of support to help them cope.

The family support hub provides early intervention family support services to vulnerable families and children/young persons aged 0 to 17 years. This year the Trust provided support to 948 families through the three family support hubs.



Next Steps

- Continue promoting the benefits of this service with professionals across the Trust
- Produce improved promotional materials
- Encourage more self-referrals

Looked After Children

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

Social workers engage with children and young people prior to their review meeting to ensure that their views are sought and presented. The use of the MOMO (Mind of My Own) App has continued to encourage the young people's engagement in discussions about their care.

This year we have seen a 50% increase in the use of the MOMO App across teams who provide support to looked after children.



Service User Stories

Service user stories were gathered from 10 young people in care. Understanding their experience of visits with their families has resulted in a greater emphasis on making the experience for the young person or their family more positive. Improvement work has aimed to increase parental confidence when being with their children by testing an education and support programme: 'Everyone Matters' with parents.

Parent's confidence rose from a baseline of 27.5% to 85% of parents feeling much more confident interacting with their children. This project was a joint winner in the recent Safety Quality & Experience Awards in the Trust.



Next Steps

- To continue to improve children's participation in their looked after reviews
- Spread 'Everyone Matters' to other parents whose children are in care and establish support groups for parents

Ensuring Permanence Plans for Looked after Children

Every looked after child 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.



In this reporting period of all children looked after for more than 3 months 100% had a permanency plan in place. The Trust will continue to focus on ensuring that all children have a permanency plan.

Next Steps

From January – December 2016 the Trust was involved in a pilot looking at care proceedings. These aim to reduce delay in court systems and achieve permanence for children at the earliest point. An evaluation has been undertaken and findings will be available later this year.

The “Home on Time” Programme

Home on Time (HOT) is an innovative concurrent care programme which aims to improve the process for young looked after children to either return home to their parents or be adopted by their carers. The programme aims to reduce the amount of time children spend in care before a final decision is made about their future. In order to achieve this, the programme involves;

- Placing children with concurrent carers, i.e. foster carers who are approved to adopt, while options for return to birth parents are explored. If rehabilitation to birth family cannot be achieved, the child is adopted by the foster carers.
- Ensuring the child has a single placement while care planning is determined.

Within the Trust the HOT programme has been operational since March 2016. So far 3 children have been placed with concurrent carers, while an intensive parenting assessment was completed with their parents. For the first child their care plan was changed to adoption, the second child has been successfully rehabilitated home to their birth parents and for the third child, adoption has been recommended, thus improving stability for children.



Next Steps

- Concurrent care is to be promoted across the Trust adoption and foster care recruitment
- Intensive parenting assessment model will be promoted across all social work teams

Adult Safeguarding

The Trust has a lead role in safeguarding vulnerable people, we do so in partnership with others. It remains everyone's responsibility to make a referral should concerns arise. The adult safeguarding 10,000 voices, a service user survey, is recognised as a very welcome and much needed source of feedback for learning and service improvement. The intention is to continue to promote



and implement the 10,000 Voices routinely. Consequently this work will continue to be progressed in the 2017/2018 action plan.

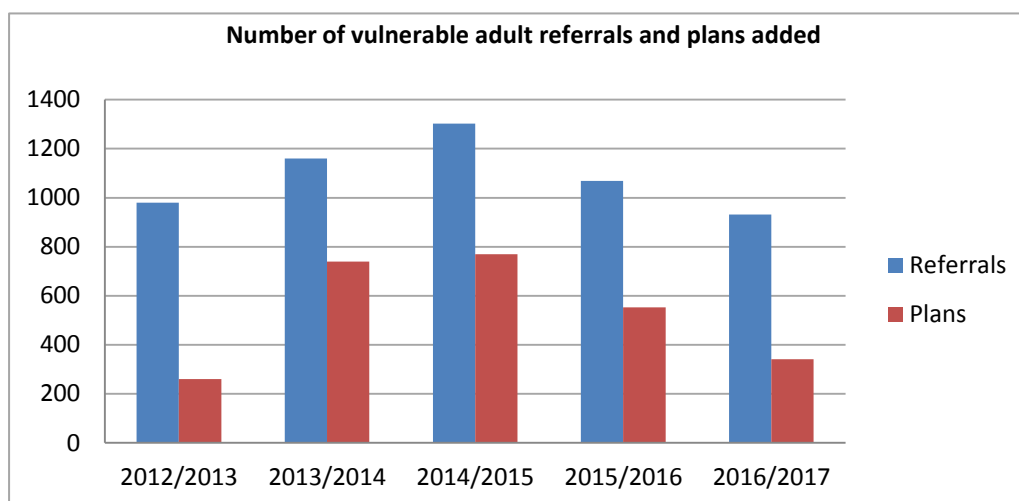
An adult protection gateway team has been established with specialist adult protection social work and nurse senior practitioners recruited. The adult protection gateway will be fully operationalised in October 2017.

The well-established Local Adult Safeguarding Partnership (LASP) held a total of four meetings in 2016/2017 and saw several LASP partners take the lead in progressing the LASP prevention strategy. The commitment and enthusiasm of the Trust partners in engaging in this work is to be commended.

The referral rate decreased this year and last from a peak in 2014/2015 when 1144 adult safeguarding referrals were made to the Trust. In 2016/2017 the Trust saw a total of 931 referrals made which represents a 13% reduction on last year's figures.

This reduction may be due to the introduction of the new policy, new language and new threshold criteria into adult protection work.

Adult protection plans are important to help eliminate or significantly reduce the likelihood of harm occurring again. Of the 931 referrals this year, 341 protection plans were put in place.



Next Steps

- Development of an adult protection gateway team
- Recording of information onto CDs and USB sticks completed in March 2017 will be distributed through the talking newspapers network and Trust sensory services
- Collaborative working with the Ulster Bank and other financial agencies to increase detection of financial abuse
- Development of an Adult Safeguarding Champion Network to support private/voluntary/faith groups to meet the requirements of the new regional policy (2015)

Carer Support

The Trust is committed to supporting carers through a number of services including wellbeing events and personal development programmes; as well as the provision of services to the people they care for within children's and adult programmes. A number of wellbeing events for carers were held during June 2016, October 2016 and February 2017 and were well attended. In addition, a number of personal development programmes and consultation events for carers were held during the Autumn of 2016 and Spring 2017.

The Trust and community pharmacists have an initiative whereby local pharmacies are identifying carers who are not known to services. The aim is to promote carer wellbeing by highlighting carer support services available in the statutory, community and voluntary sectors locally e.g. short breaks for carers, carer assessments and pharmacy services. This initiative is in the early stages but going well to date.

Carers of people with long term/progressive/palliative illnesses were invited to take part in online regional training. The training took place over 8 weekly sessions during February and March 2017 whereby carers linked into a central 'hub' from their home computer. It covered a range of aspects of caring including: self-care; condition and medicines management; finances/benefits; services and supports for the carer as well as the person they care for.

During the period 2016/2017, 2,224 adult carers were offered individual carer assessments, with 899 carers engaging with Trust staff in this process. The number of offers of carer assessments has decreased from last year but the uptake has increased considerably.

Carer Assessments 2016/2017	Mental Health	Learning Disability	Physical Disability	Older People	Children Family & Child Care Disability	Total 2016/2017
Number of adult carers offered individual carers assessments during the year	320	259	286	1,414	104	2,383
Number of adult carers assessments undertaken during the year	155	180	177	377	101	990

In 2016/2017, carers assessments/re-assessments were completed, resulting in 879 individual payments being made to carers to promote the carers' own health and wellbeing by getting a short break from caring. This represents a significant increase from the previous year.

Next Steps

- Trust staff to continue to continue to promote the benefits of carer assessment
- Continue to extend the short breaks initiative developed in partnership with local community pharmacists across the Trust
- Continue to offer carers a range of wellbeing events

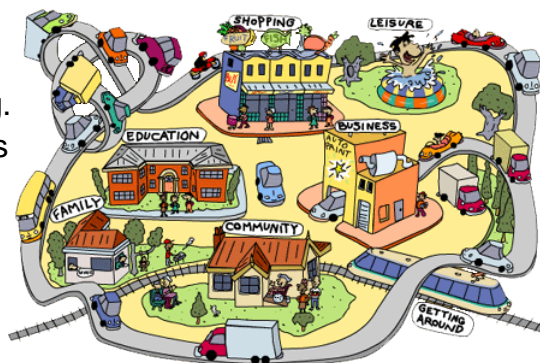
Re-settlement of Adults with a Learning Disability

The resettlement of people from Muckamore Abbey 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.

A person centred approach is promoted, with supported living arrangements for smaller groups having been shown to offer a better quality of life. Hence, the development of individualised person centred support plans, which identify the person's preferred living arrangements.

Understandably, families and carers initially expressed concern about such moves. Their families relate now that advancement of care needs and social integration has been met through the move to the community from the hospital setting. Interim evaluation reports suggest that there is furtherance in quality of life.

The experience tells us there is more choice and opportunity to socialise, pursue interests and activities and play an active role in the local community if desired.



The Trust has continued to focus on resettlement of people from Muckamore Abbey Hospital. Three people remain to be resettled, all of whom have plans in place for discharge.

Next Steps

- The Trust will continue to focus on the resettlement of the remaining three people in hospital who will require bespoke services in the community
- We will continue to extend living options and schemes based on identified needs in partnership with other private and voluntary providers, housing associations, the Housing Executive and Supporting People to meet these challenges

Direct Payments for Children

Direct payments are cash payments given to families who have been assessed as needing personal social services. Families use the payments to arrange the service they require for themselves.

Direct payments now form part of a new initiative from the Health and Social Care Board, known as Self Directed Support (SDS). This will offer more control, flexibility and independence to families as they choose the support they want to meet their assessed need and agreed outcomes. SDS is now well established in children's disability services and there has been a focus to ensure that all existing service users are afforded the opportunity to have their services delivered through a SDS model and framework.



In 2016/2017, 115 direct payments within the Trust were made in respect of children (particularly children with disabilities). While this is a decrease on last year, the number of SDS plans in place for children with a disability has increased to 88. Currently children's services have 88 SDS plans in place which includes 3 managed budgets and 16 direct payment plans. There is a steady increase in the uptake of SDS for families and the benefits of a range of options which provides a more flexible way of providing support and services to families.

Positive Feedback: One mum who has a 10 year old child with complex health needs, has an SDS package in place. This is used to employ personal assistants to provide support at night time so mum can get a rest from her caring duties. "As a single parent life can be tough and this support helps me to recharge my batteries. I feel that I would not be able to manage without this invaluable support and that this improves the quality of life for the whole family".

Next Steps

To continue to promote SDS in children's disability services and to increase the number of families who have their care needs met through this model.

Education and Training for Young People Leaving Care

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community. The Trust has established an employment scheme to support the training and employment for these young people, coordinating services for them and ensuring they have a personal education plan.

In 2016/2017, the majority of young people known to the Trust's leaving and aftercare service were engaged in education, training, and employment, as demonstrated in the table below.

The Trust continues to provide a range of support for young people leaving care to reach their full potential. Of the six employment opportunities through the inclusion of a social clause in the new Ulster Hospital build, one of these posts has been filled. Two appointments have also been made within children's services to help develop co-production i.e. increasing partnership working with service users.



Two apprentices, Hamish & Martha are pictured with the Chief Executive.

There has been an increase in care leavers in education, training and employment. The average for 2016/2017 for care leavers in education, training and employment was 78.4% compared to the average of 67% in 2015/2016.

No. of Care Leavers who are in Education, Training or Employment on Last Day of Month

(Performance against Target of 75%)

	No. of Care Leavers who are in education, training or employment on last day of month											
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total No. of Care Leavers who are aged 19 at month end;	40	38	40	43	43	43	46	47	47	45	44	40
Total No. of these Care Leavers who are in education, training or employment	30	27	32	34	33	35	35	36	40	37	34	32
Performance against target	75%	71%	80%	79%	77%	81%	76%	77%	85%	82%	77%	80%

Next Steps

- The Trust will continue to provide a comprehensive person-centred employability service offering increased opportunities for traineeships, apprenticeships, work placements and in-education work experience schemes
- Young people will be supported by specialist mentors and 16 plus teams to progress into a range of employability programmes and to attain the appropriate support

Transition for Children with a Disability

Effective planning at an early stage is vital if young people are to move successfully from school towards fuller adult lives.

This is a statutory requirement under special education legislation and a recommendation of the Bamford Review. These arrangements should be made in partnership with the young person, their family/carers and adult learning disability services for transition to appropriate adult services. The objective of this transition planning is to support people to have the same life chances as other non-disabled young people e.g. a job, relevant education, positive relationships and start, living independently.

Planning for transition is a complex process that can cause additional stress for families. A Trust working group was established in 2014/2015 to consider the needs of young people going through the transition process and this group have successfully matched the needs of all young people into adult facilities. This monthly group is well attended by all professionals who have a role with the young person. This early planning helps smooth the process and identifies options as well as arising needs in a timely way for all concerned.

The Trust has embedded the new intensive support service across children's and adult disability. This service contributes to the early support plans for children and young people who are transitioning into adulthood. The children's disability team also contribute to day care panels to identify the most suitable placement post education for young people.



In the year 2016/2017 100% of young people with a disability, who were in receipt of special education, had a transition plan in place for when they leave school.

Next Steps

- The Trust continues to work in partnership with parents, carers, schools and specialist voluntary sector organisations to enhance transition planning and opportunities for meaningful engagement in their communities and workplace
- A Trust working group has been established to improve early identification and information sharing to enable a creative transition process for young people. A children's school liaison social worker and an adult transition social worker will be identified
- The children and adult teams will continue to work together to ensure early plans are in place for young people post education

Direct Payments and Self-Directed Support in Adult Services

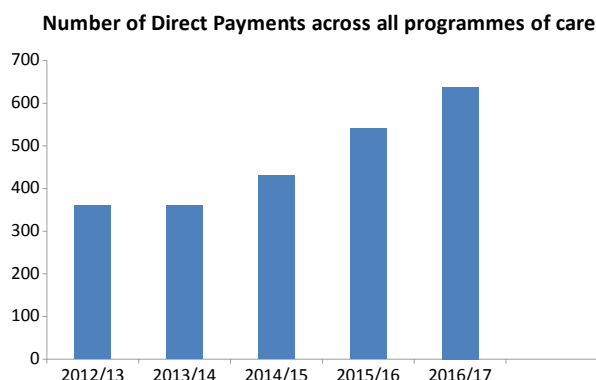


Self Directed Support (SDS) offers more control, flexibility and independence to people as they choose the support they want to meet their assessed need and agreed outcomes. Throughout this year we have continued to embed SDS as the new model of social care. There are four options of managing a personal budget under the umbrella of SDS. A direct payment is one of these options, offering individuals the greatest control over how their budget is spent



SDS has made a difference in the lives of many people and the impact has been captured through a series of podcasts available on the Trust's internet and intranet sites. In November 2016 the Adult Social Care Outcomes toolkit (ASCOT) was introduced with the view to measure and monitor the effectiveness of SDS.

- The Trust is delighted to report that the number of service users using SDS has increased from 27 to 259.
- The number of carers using this option has increased from 5 to 128.
- All these individuals have support plans in place.
- The last year has seen a 17.9% increase in the number of people who received Direct Payments from the Trust.



Next Steps

To measure and report the outcomes of SDS for both the individual receiving support and the Trust's perspective using the ASCOT tool.

Annual Health Checks for Adults with Learning Disabilities

Research shows people with learning disability are less likely to access health checks and the treatments they need and continue to face significant barriers within health services. Throughout the past year the focus has been on raising awareness of staff supporting people with a learning disability gain access to general hospital settings, through the introduction of the Trust 'Hospital Passport' (All about Me). This was augmented with an information poster called "Getting it right together".



The development of healthy eating booklets which the PHA liked so much that they published them regionally have been short listed for the chairman's award (alongside community dieticians & HDA). Moreover additional work around nutrition was achieved through the development of numerous easy read health documents for use locally.

Effective screening and regular health checks help to identify unmet need and prevent health problems arising. People with learning disabilities participate less in regular health checks than the rest of the population. To improve the uptake of annual health checks for people with learning disabilities, the Trust employs a health facilitator to encourage health promotion, promote health screening and the uptake of annual health checks.

The Direct Enhanced Services (DES) for providing an annual health checks for people with learning disabilities has continued to develop over the past year. The Trust Health Facilitator has worked with GP's across the Trust to encourage attendance at health screening.

- We are delighted to report that 100% (54) of GP practices in the Trust are now engaged in the health check process.
- A small increase from last year sees 75% of people with a Learning Disability receive an annual health check.
- There has been an increase in the number of wellbeing plans implemented following screening.



Next Steps

- The Trust will continue to work with health development agencies to encourage health promotion for people with learning disabilities
- The Trust will continue to provide healthy options training and information for staff/carers & people with learning disability
- The Trust plans to introduce health & well-being plans for people with learning disability who have had a health screen which is in line with regional plans

Approved Social Work

Sometimes it is necessary, to detain people in hospital for assessment under the Mental Health Order. This may be for the protection of an individual and to prevent harm to themselves or others. Such applications can be made by either an Approved Social Worker (ASW) or by the persons nearest relative. There has once again been an increase in the number of assessments being completed by Trust and regional emergency social work service (RESW) ASW staff. Alongside this the Trust ASWs continue to make appropriate efforts to consult with the nearest relative following assessments and prior to completing any necessary forms.



- This year in 2016/2017 the number of applications for assessment of an ASW in the Trust was 433: a rise of 24%.
- Of these 97% (115 of 118) applications were completed within 5 day timescale.

Success continues in ensuring there is unnecessary delay in completing the ASW assessment process with 115 of 118 assessments being completed within the 5 day timescale. This year we are pleased to report that we have employed a member of staff to focus on carer assessment and involving the Nearest Relative.

Next Steps

- Continue to monitor the involvement of the Nearest Relative in the assessment and detention or alternative care plan to support the service user and their family
- Continue involvement with inter-agency collaborative working to help produce a more effective service
- Enhance and strengthen the ASW peer group forum to promote reflective practice in support of ASW staff

Leading Social Work

Priorities for the social work profession have been developed for 2016-2019 and is linked to the regional Social Work Strategy “Improving and Safeguarding Social Wellbeing” 2012-2022.



Professional Social Work – Staff Support and Development

Professional Supervision

During this reporting year 74% of social workers received professional supervision within their work place. In those areas where regularity of supervision was not to the standard required, local improvement plans have been implemented and are subject to monitoring by the Executive Director of Social Work.

Assessed Year in Employment

Newly qualified social workers spend their first year in an “Assessed Year in Employment” (AYE). The 2016/2017 AYE audit of the Trust’s compliance with the Northern Ireland Social Care Council (NISCC) standards highlighted that social workers in their assessed year in employment within the Trust are well supported. One has stated “I have really enjoyed my AYE in the Trust and believe that I have been supported throughout the process”.

Continuous Professional Development

When social workers have completed their Assessed Year in Employment, they are required to complete further professional development achieving; two requirements of the “Social Work Consolidation Award”. Social workers are achieving their consolidation award within three years thus achieving 100% compliance with the NISCC standard for professional development. The Trust continues to support social workers to complete the Initial Professional Development programme and other approved programmes.

Professional in Practice Award Achievements

Congratulations to the 24 successful social workers from the Trust who achieved their Professional in Practice (PIP) social work Awards from the NISCC. The PIP Award ceremony took place on the 15th June 2017 at the Silverbirch Hotel, Omagh awards presented by Sean Holland, Chief Social Services Officer.



A junior social work executive was established in 2017, comprising of social workers across all programmes of care. Its purpose is to ensure that the voice of social work practitioners can be heard and shared directly with the social work executive: chaired by the Director of Children’s Services and Social Work.



Implementing Quality Improvement

The past year has seen social work staff continue to engage in quality improvement through skilling its workforce in the use of a range of improvement tools.



The regional Quality Improvement in Social Work programme co-ordinated and delivered by the Trust staff commenced in January 2016 and ended in October 2016.

A regional final presentation event celebrated completion of the programme with twenty two participants from all five Trusts and a voluntary organisation. They shared their improvement initiatives and learning in quality improvement. One of the Trust improvement initiatives has been nominated for the chairman's award. Participants were also awarded three credits towards their professional social work leadership and strategic award.



Final Award Event 2016

It was an exciting beginning to 2017 as a second year of the programme was approved and another twenty one social work staff from across the five Trusts came together to develop their skills in quality improvement.

It was a great bonus to see a number of participants from the previous year volunteer to become mentors and continue to develop their skills. To support new mentors, regular mentor meetings have been offered to develop and support staff in their new mentoring role.



Participants and mentors 2017

Based on evaluation of 2016 programme, many speakers have returned to teach participants and support them on their quality improvement journey. We look forward to hearing about more improved outcomes for service users at the final event this year in October 2017.



Building a Resilient Workforce

The Trust is committed to strengthening the capacity of staff to cope with the demands of the role. In January this year workshops for managers and staff were provided to increase awareness of managing stress and self-care. Further to the workshops a scoping exercise has begun to establish what works well in promoting resilience among social work staff.

Resilience



Social Work Research

The Trust continues to support staff in line with the regional Social Work Research and Continuous Improvement Strategy and its own **Research in Practice 2014 – 2017** strategy. In the last year, 3 staff completed training in literature reviews and are currently developing their literature reviews into projects to improve practice. The project themes are:

- Staff attitudes in residential care
- Team resilience
- Young people's experience of fostering

The Trust was well represented at the 4th Annual Social Care and Social Work Research in Practice conference with staff presenting posters and talks. This event was well received and allowed participants to share research learning from around the region.



In the last year the Trust initiated a social work book group providing an opportunity for reflection and discussion about key social work themes. Jenny Molloy – Author of Hackney Child launched the 1st book group.



The Regional Social Work Awards

Pictured below are the Regional Social Work Award winners – November 2016.



*Learning, Development & Training: Adult Safeguarding
Kate Doyle & Karen Howell.*



Individual Jane McCullough

World Social Work Day

On world social work day an award ceremony was held to celebrate achievement across all facets of social work and social care.



The Trust were also very proud of recently retired staff member Sarah Browne who received the Order of the British Empire (OBE) for her many years of services to the social care sector in Northern Ireland.



