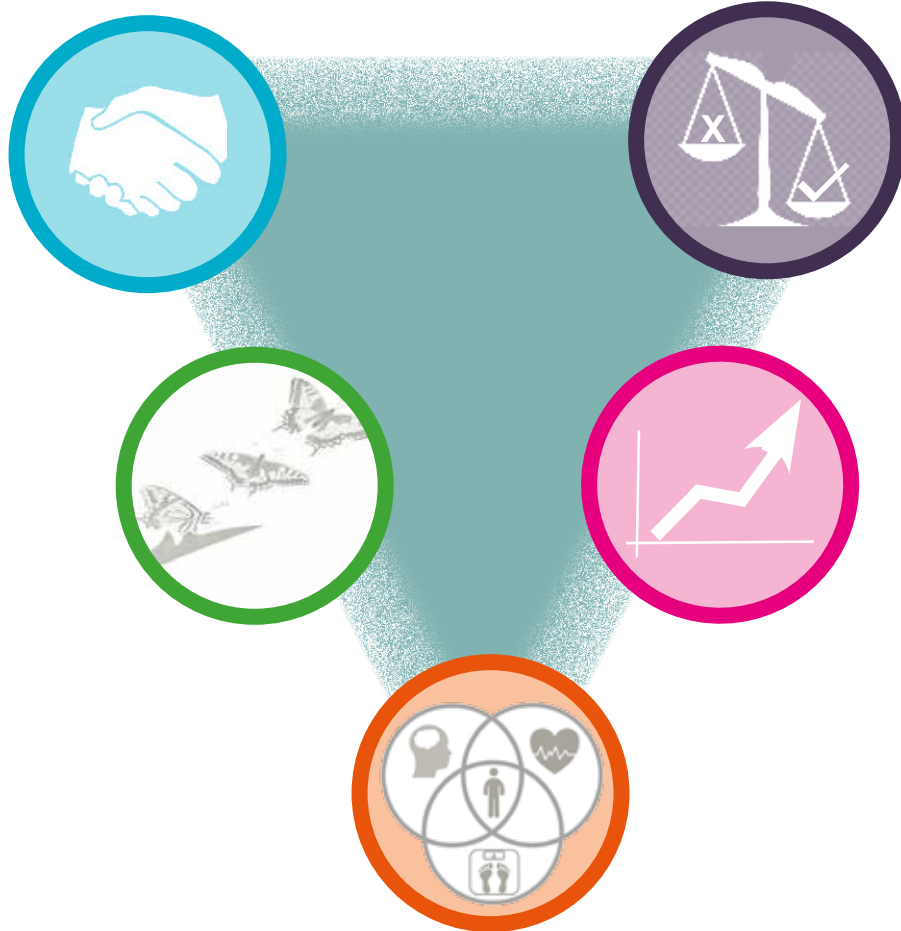




South Eastern Health
and Social Care Trust

Annual Quality Report

2017/18



*Explore * Create * Innovate*

South Eastern Health and Social Care Trust

Contents

Chief Executive's Foreword	1
About the South Eastern Health and Social Care Trust	3
What is the Annual Quality Report	4
Goal 1 - Transforming the Culture	5
Next Steps 2016/2017 Update	6
Trust Values	8
Patient and Client Experience	9
10,000 More Voices	11
Complaints and Compliments	13
Incidents/SAI's	18
Goal 2 - Strengthening the Workforce	27
Induction	30
Investors in People	32
Leadership Programmes	34
Supervision, Coaching and Mentoring	35
Staff Achievements	39
Looking After Our Staff	41
Revalidation of Medical and Nursing Staff	44
Staff Absenteeism	46
Staff Training	47
Goal 3 - Measuring the Improvement	49
Infection Rates	53
Patients Falls	59
Pressure Ulcers	60
Venous Thromboembolism (VTE)	63
Reducing the Risk of Hyponatraemia	64
Medicines Management	65
Cardiac Arrests	66

Goal 4 - Raising the Standards **67**

Standardised Mortality Ratio	71
Emergency Re-Admission Rate	72
Emergency Department	73
NICE Guidelines	77
Audit	78
Cancer Access Standards	80

Goal 5 - Integrating the Care **85**

Community Care	92
Social Care	105
Mental Health	122

Chief Executive's Foreword

At the South Eastern Health and Social Care Trust (SEHSCT) we are proud of our track record of providing safe and high quality care and our successes in promoting a culture of continuous improvement.

I realise how important it is that patients and their families are confident in the services provided by their local Trust, and that care they receive will be delivered by professional and compassionate staff. We must also use the occasions when we don't deliver care to the standards we want, to learn and improve.

During the last 12 months we have continued to work closely with those who use our services (patient, clients, carers and the public), implementing changes based on the feedback we received. In addition to seeking feedback on personal experiences, we also worked in partnership with 'Users' in the design, development and the delivery of our services.

Last year the demand on Health and Social Care Services continued to increase and the limited availability of certain groups of professional staff, particularly nursing staff, presented additional pressures for the Trust. However, our staff coped admirably with the increased pressures and I want to pay tribute to their continued strive for excellence 24 hours/day, 7 days/week.

I believe it is important to recognise the staffing challenge experienced over the past year(s), whilst it is not unique to the South Eastern Health and Social Care Trust, it remains a Trust priority, which we must address through the implementation of an effective recruitment and retention strategy.

According to a recent report by the Care Quality Commission (CQC, 2018), the demand on Health and Social Care Services is increasing year-on year, putting quality of care at risk. However, Trusts that put a focus on embedding continuous quality improvement are better able to manage these pressures and continue to deliver high quality care.

In 2017/18, the South Eastern Health and Social Care Trust continued to drive continuous quality improvement, investing in our staff capability and capacity to transform and improve our services.

Our 2017/18 Annual Quality Report gives the South Eastern Health and Social Care 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, highlights a number of our significant achievements and improved outcomes for patients/clients and staff and details our priorities looking forward to 2018/19.

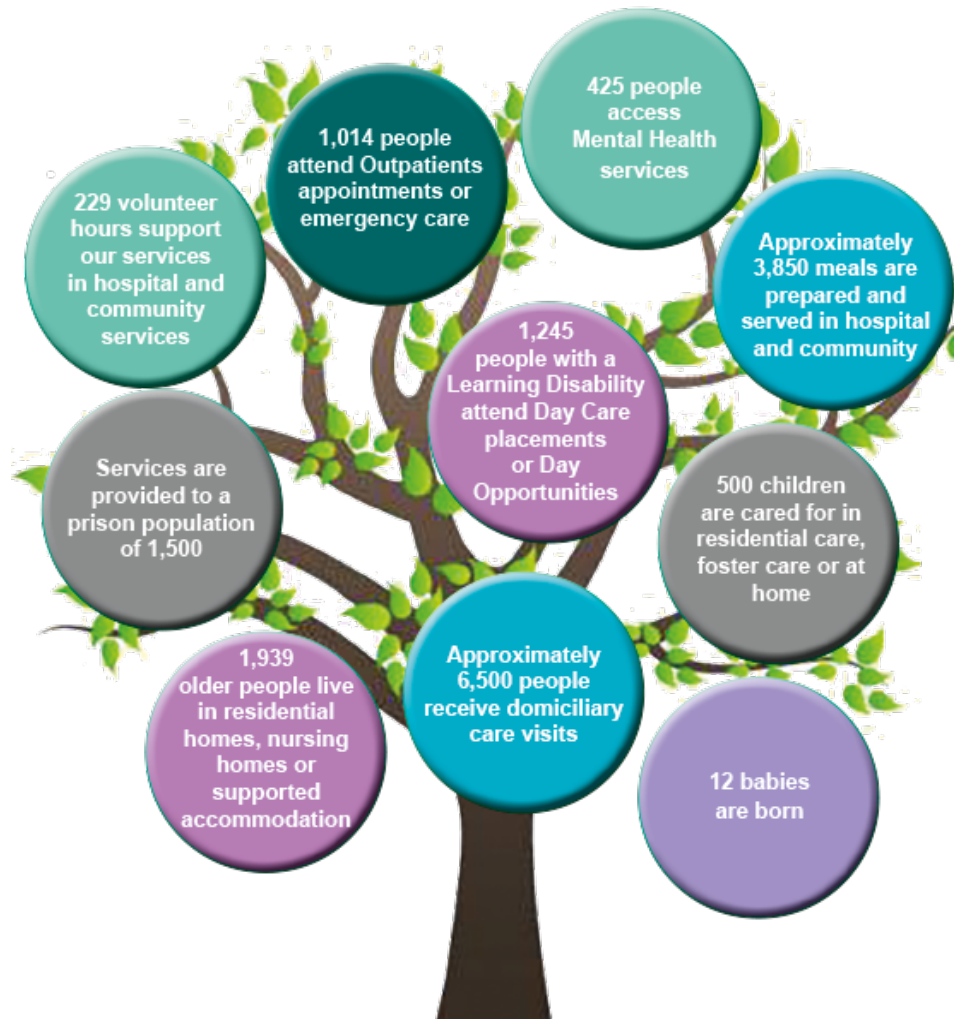


Hugh McCaughey
Chief Executive



About the South Eastern Health And 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 **354,651** people with a budget of over **£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 **12,500** staff across a range of disciplines as follows:

- Administration and Clerical
- Maintenance
- Nurses and Midwives
- Social Work
- Professional and Technical
- Medical and Dental
- Ancillary and General

Annual Quality Report

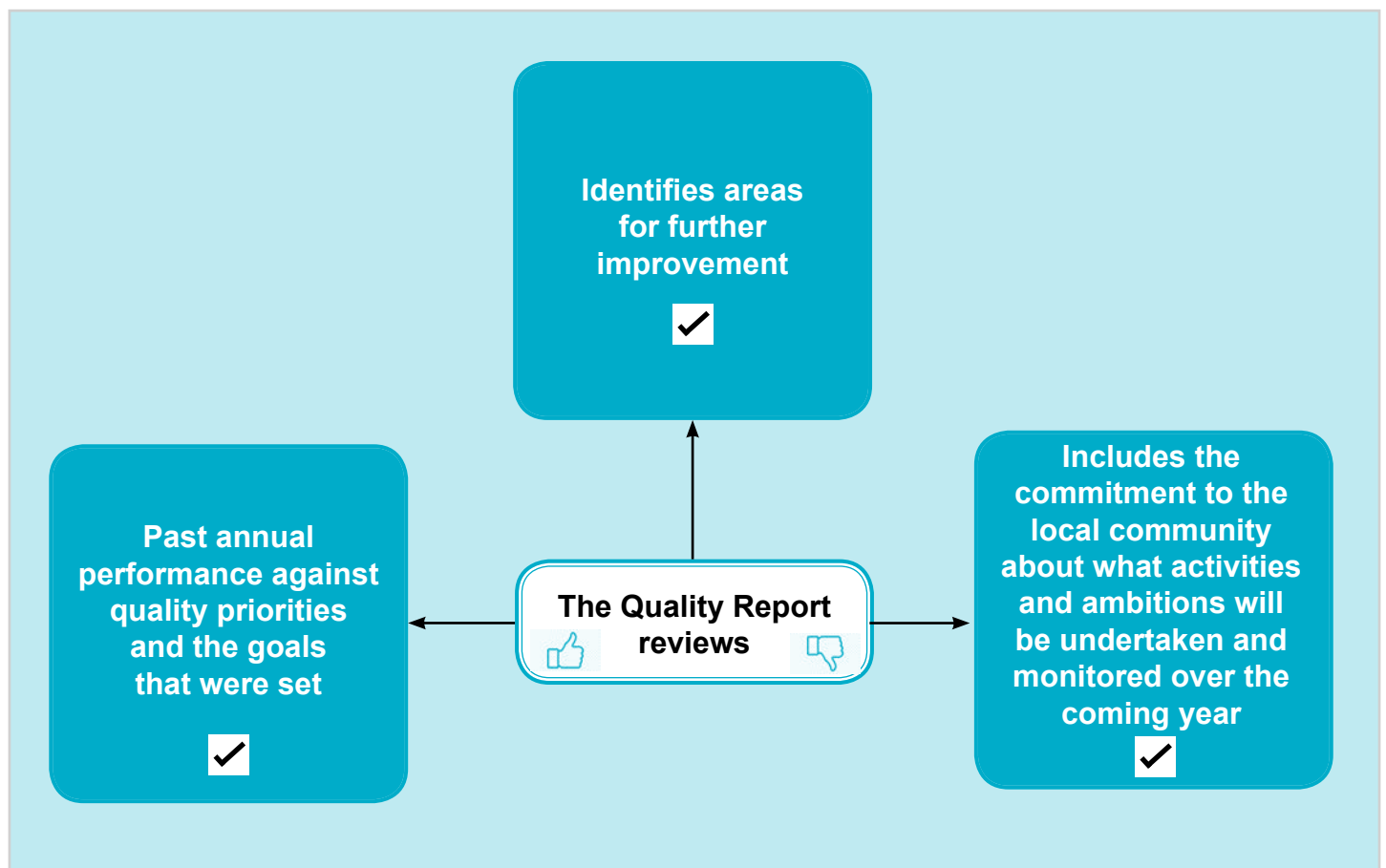
What is the Annual Quality Report?

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.

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.

Goal 1



Transforming the Culture

	<i>(Continued)</i>		
	Complaints and Compliments	<ul style="list-style-type: none"> 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. 	  Trust has reviewed policy but awaiting DoH amended HSC Procedure to enable Trust policy to be published - BF to 2018/2019
	Incidents / SAIs	<ul style="list-style-type: none"> 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. 	   
	How the organisation learns	<ul style="list-style-type: none"> Establish Out of Hours SQE Walkrounds. 	

Trust Values

Revised Trust Values have been incorporated into the Trust's Corporate Plan 2017 - 2021: **Integrity**, **Compassion**, **Excellence** and **Trust**, and are the guiding principles which shape our behaviour and influence what we do.

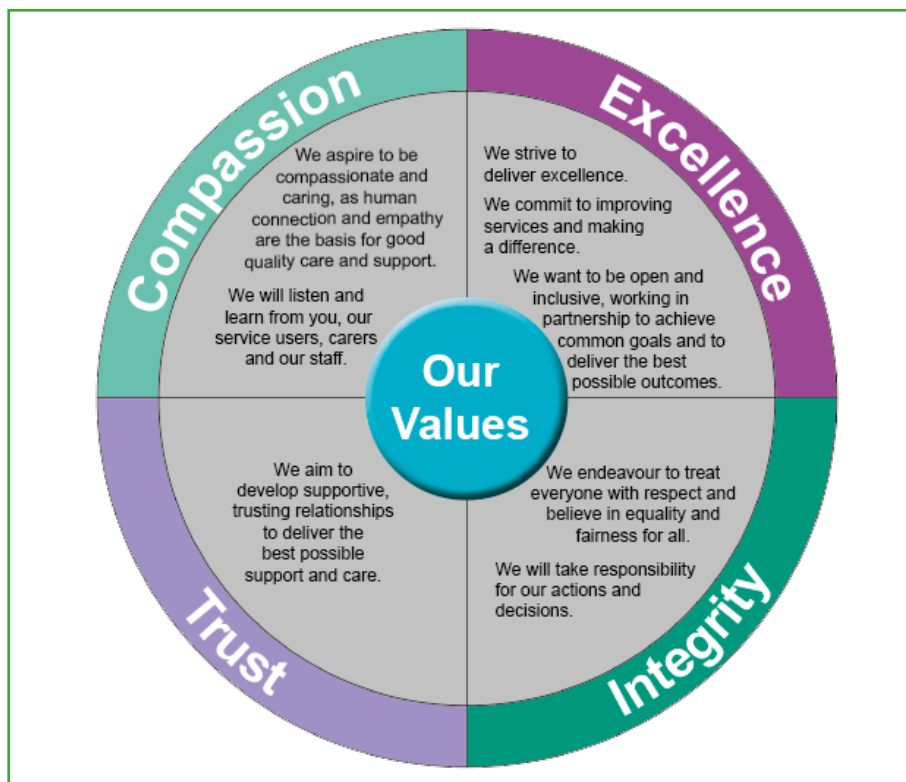
The Trust Values are also a component of the new liP Generation 6 Standard (Indicator 2: Living the Organisation's Values and Behaviours) and are measured as part of the online assessment.

Feedback from the first assessments undertaken in 2017 - 2018 within the Corporate Directorates showed the following results: **78%** of people responded positively, **11%** were neutral and **11%** responded negatively.

In addition, there was regional engagement during 2017 - 2018 to develop the HSC Collective Leadership Strategy. Over **400** people participated in this and one of the actions identified was to establish and embed a regional set of leadership values and behaviours. This work will be undertaken in 2018 - 2019.

NEXT STEPS →

- The Trust will consult on proposed Regional Values and Behaviours and then, once endorsed, align to Trust Values and Behaviours.
- Values will also continue to be a component of liP assessments, the next Regional Staff Survey (March 2019) and the Trust's Cultural Assessment Tool.



Patient and Client Experience

Patient and Client Satisfaction

Listening to what our patients and clients tell us about our services is a corporate priority. We realise that the experience of the patient is a key measurement of the quality of our services. We have concentrated great effort in developing the most effective methodologies to measure the user experience and to ensure that information is available to staff at all levels from the frontline to the Board.

The methodologies used 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. Local report is now compiled per sample of **20** respondents. Reporting below demonstrates the number of responders per quarter and associated satisfaction score per quarter over the last four years.

The NI target for user satisfaction is **90%**.

2017/18 overall satisfaction exceeded the 90% NI user satisfaction and demonstrated a satisfaction increase of 4.1% over 2016/17

	2014/15		2015/16		2016/17		2017/18	
	No.	% Satis	No.	% Satis	No.	% Satis	No.	% Satis
Q1	175	87.7%	62	93.7%	318	91.9%	200	94.0%
Q2	99	88.6%	224	89.9%	200	90.0%	120	93.6%
Q3	486	93.5%	293	89.3%	280	91.1%	140	92.8%
Q4	111	93.8%	138	94.1%	320	90.4%	80	95.0%
Yr Total	871	90.0%	717	90.8%	1118	90.9%	540	95.0%

2017/18 Acute Inpatient Satisfaction by Key Experience Theme (percentage)

	Disruption to care	Attitude & behaviour	Communication	Response to need	Respect, Privacy & Dignity	Visitors, Family & Care	KPI	KPI
Q1	87.3	97.5	92.6	96.0	97.3	96.1	94.0	100
Q2	82.0	94.9	90.8	94.6	95.1	91.6	93.0	100
Q3	84.0	96.5	91.2	93.7	97.3	93.0	93.7	98.4
Q4	88.2	97.0	90.2	96.4	98.8	98.0	94.5	100
Yr Total	85.4	96.5	91.2	95.2	97.1	94.7	93.8	99.6

Primary & Community Care Surveys

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

The table below provides quarterly summary covering the last four years.

	2014/15		2015/16		2016/17		2017/18	
	No.	% Satis	No.	% Satis	No.	% Satis	No.	% Satis
Q1	127	99.8%	82	98.9%	105	99.7%	0	-
Q2	69	99.7%	102	98.8%	60	98.8%	100	100%
Q3	81	98.7%	135	99.1%	39	98.7%	10	100%
Q4	97	98.5%	97	99.6%	0	-	0	-
Yr Total	374	99.2%	416	99.1%	204	99.1%	110	100%

Ward and Outpatient Comments Leaflets

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

The table below provides quarterly summary covering the last three years.

	2015/16				2016/17				2017/18			
	Cards		Comments		Cards		Comments		Cards		Comments	
	No.	Pos	All	Satis	No.	Pos	All	Satis	No.	Pos	All	Satis
Q1	50	106	118	89.8%	31	63	69	91.3%	28	58	62	93.5%
Q2	31	86	87	98.9%	13	39	39	100%	32	85	91	93.4%
Q3	55	162	165	98.2%	21	55	59	93.2%	48	107	117	91.5%
Q4	25	61	65	93.8%	53	105	110	95.5%	57	107	118	90.7%
Yr	161	415	435	95.4%	118	262	277	94.6%	165	357	388	92.0%

NEXT STEPS

- Plans are in place to develop a User Experience Leadership Committee to drive quality and improvement across the organisation
- User Experience and Personal and Public Involvement functions are working to closely to optimise and integrated approach in alignment to regional direction
- The Trust is preparing for a regionally-led Home Care Survey to be implemented during Quarter 4
- The Trust awaits information to support preparations for the incoming regional Real Time User Feedback Solution - expected to launch 01.04.2019
- The Trust continues to develop an Always Event Approach to improving the quality and experience of pain management
- The DoH 2017 NI Inpatient Satisfaction Survey has been published and reviewed within the Trust.

10,000 More Voices

The 10,000 More Voices initiative continues to provide opportunities for patients, family members, carers and staff to share their experiences across a range of health and social care settings. This initiative asks people to tell us what was important to them in their experience and to describe their overall feelings by 'telling their story', using the Sensemaker® methodology.

The Trust remains committed to using the information obtained from 10,000 More Voices as a reliable indicator of the safety and quality of care from a patient/client perspective. Key to the success of the 10,000 More Voices initiative has been the partnership approach whereby service users and staff work together to ensure that positive change can occur.

Hospital Eye Care Services

The Hospital Eye Care Services Report has been published and an associated action plan produced. The report relates to the period December 2016 to May 2017 and is drawn from **531** patient stories and **30** staff stories. Overall, **89%** of people rated their experience as positive or strongly positive.

In keeping with co-production principles, workshops were facilitated for key stakeholders to design the survey tools and to assist with analysis and interpretation of information.

The Project Team worked collaboratively with Royal National Institute for the Blind (RNIB) to ensure that the survey and supporting materials were available in a range of formats to accommodate the needs of people with visual impairment.

The key messages emerging from feedback as key to a positive experience were noted as follows:

- Being treated with courtesy and respect and in a professional manner
- Having access to local services
- Receiving information about what will happen during the care journey and knowing what to expect at clinic appointments
- Receiving treatment which is effective with good outcomes and successful treatments for the patient
- Having consistency in care and being seen and treated by staff with whom patients and their families have developed a relationship.

Actions / recommendations have been set out under the themes of:

- Overall care of people who have visual impairments or registered blind
- Receiving the right information and support at the right time and in the right format
- Access to services and waiting times
- Environmental issues in clinics.

Based on the information received, it is encouraging to note that for many patients their experience of hospital eyecare services has been a positive one.

The analysis of the information helps us to identify what really matters to people and to highlight areas for reflection and improvement. The overall themes and messages will be integrated into and will help to inform future planning of hospital eyecare services to ensure that they are patient-centred.

NEXT STEPS →

- The Trust has hosted a successful Sensemaker Workshop led by Cognitive Edge
- The Trust continues to integrate Patient & Client Experience and 10,000 More Voices approaches to optimise improvement of user experience
- The regional Discharge project is currently at report-writing stage
- The regional Delirium project remains open following pilot stage
- The regional Adult Safeguarding project remains open
- The regional Bereavement project has been put on hold.



Complaints and Compliments

Facts and Figures

In 2017/2018:

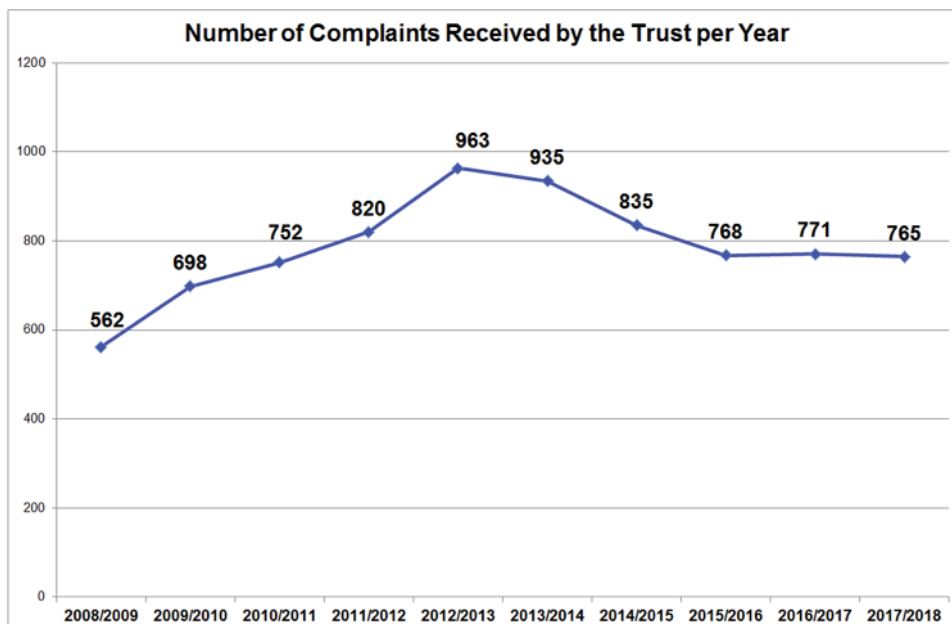
- **765** complaints were received
- **99%** of complaints were acknowledged within 2 working days
- **50%** were responded to within 20 working days
- The top **three** issues of complaint were:
 - Quality of Treatment and Care
 - Staff Attitude/Behaviour
 - Communication/Information
- **3680** compliments were received.



Complaints

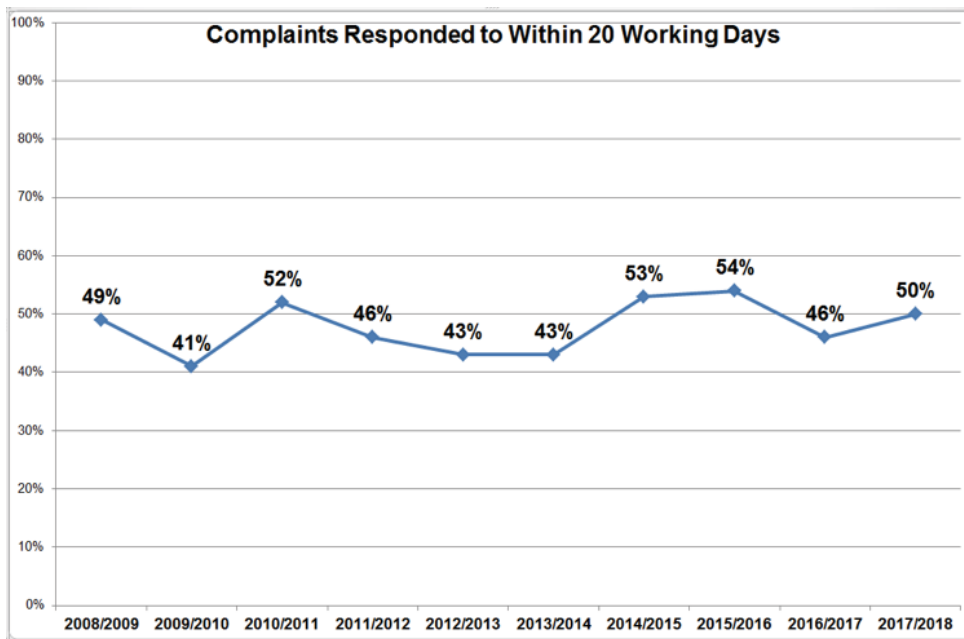
During the past year (2017/2018), the Trust received **765** complaints, which is similar to last year (**771**), as shown in the graph below.

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.



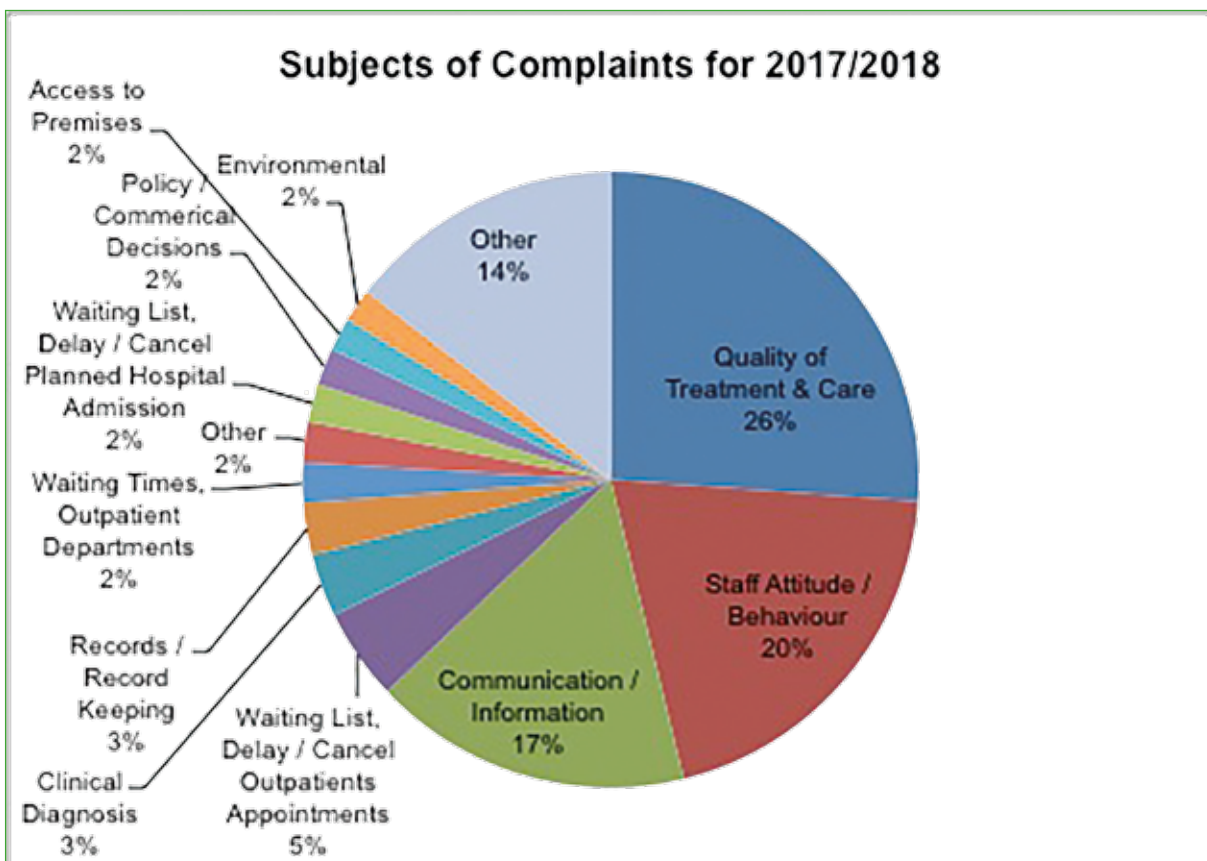
Response Times to Complaints

In the past year, **99%** of complaints were acknowledged within the target of **2** 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 an improvement of **4%** from the previous year (**46%**), as shown in the graph below.



Subjects of Complaints

The chart below shows the number of complaints by subject for the past year (2017/2018). The figures are per issue of complaint, as a complaint can have more than one issue, i.e. we had complaints made by **765** complainants and these raised **1141** issues (compared with 2016/2017 figures of **771** complainants and **1078** issues).



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



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

Lessons Learnt from Complaints

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

You Said	Newly referred patients potentially lost to follow up when the practitioner goes on an unexpected period of absence.
We Did	The Team Leader now updates the information system at the point of allocation to the practitioner, thereby ensuring oversight of progress with each case.

You Said	Turnover of health visitors leading to confusion for parents.
We Did	We have increased the number of health visitors to provide better service cover across the Trust and will continue to monitor and review the continuity of care to individual families.

You Said	A referral letter was delayed as sent through the post system.
We Did	We have finalised and shared department generic email addresses with other Trusts to streamline this process and ensure referrals are emailed to the relevant departments which will significantly speed receipt of referrals.

You Said The accessibility of Pay and Display pay stations for those with mobility difficulties/disabilities was unreasonable.

We Did We have ordered 2 further Pay and Display pay stations and further disabled bays. We have realigned the roadway to accommodate a drive through drop off/pick up.

You Said Poor carer experience.

We Did The complainant co-produced the new Mental Health Regional Carer Experience Form with the Trust, HSC Board, Public Health Authority and Cause regional representatives as part of the development of regional mental health documentation and outcome measures. Monthly and annual reports will now be issued to monitor carer experience on an ongoing basis.

You Said People smoking at the hospital with disregard to the Smoke Free signage.

We Did Informed Smoke Free Wardens of the areas of concern. Recruited additional Smoke Free Wardens. Reviewed signage. Purchased an interactive public address system. Reminded all staff to challenge smokers.

Learning from Ombudsman Cases

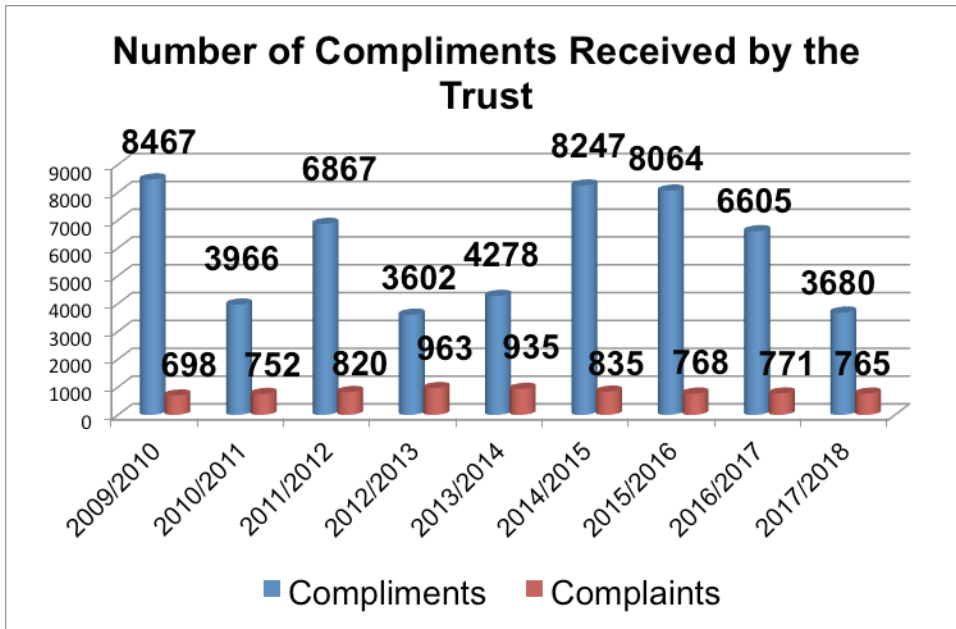
During the past year, 7 complaints were completed that had been to the Ombudsman for investigation. Below are some examples of wider learning from the Ombudsman findings and recommendations:

- The NICE Guideline regarding diagnostic investigations for DVT (clot) and Pulmonary Embolus and associated treatment has been included in the relevant Medical Staff Induction Programme
- A new template was introduced, which prompts medical staff to review patients at hand over between consultants, which includes re-appraising previous diagnoses of a patient and considering alternative diagnoses
- An alert is now placed on the complaint file, to ensure complaints staff are aware of sensitive dates (eg. anniversary of a death) before issuing correspondence to complainants.

Compliments

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.



HSC South Eastern Health and Social Care Trust

Complaints & Compliments Annual Report 2017 - 2018

Foreword

As the Director responsible for complaints and compliments, I am pleased to present the Complaints & Compliments Annual Report for the South Eastern Health & Social Care Trust for the year 1 April 2017 to 31 March 2018.

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.

Myra Weir
Director of Human Resources & Corporate Affairs

The Trust has a Lessons Learnt Sub Committee, which is part of the Governance and Risk Management infrastructure. The role of this committee is to ensure that lessons learnt have been put into practice on an organisation wide basis.

I would like to take this opportunity to thank Trust staff for their continued dedication to the resolution of complaints and for their sensitive handling of issues that are important to complainants. The Trust appreciates the many compliments received that acknowledge the excellent services provided by our staff.

Facts & Figures

In the year 2017/2018:

- 765 complaints were received
- 99% of complaints were acknowledged within 2 working days
- 50% of complaints were responded to within 20 working days
- The top 3 issues of complaint were Quality of Treatment & Care; Staff Attitude / Behaviour; Communication / Information
- 3680 compliments were received.

Complaints this year

During the past year (2017/2018), the Trust received 765 complaints, which is similar to the previous year (771), as shown in the graph below.

Year	Complaints
2009/2010	698
2010/2011	752
2011/2012	820
2012/2013	963
2013/2014	935
2014/2015	835
2015/2016	768
2016/2017	771
2017/2018	765

Complaints & Compliments Annual Report 2017 - 2018

Adverse Incidents/Serious Adverse Incidents (SAIs)

Adverse Incident

An **Adverse Incident** is defined as:

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

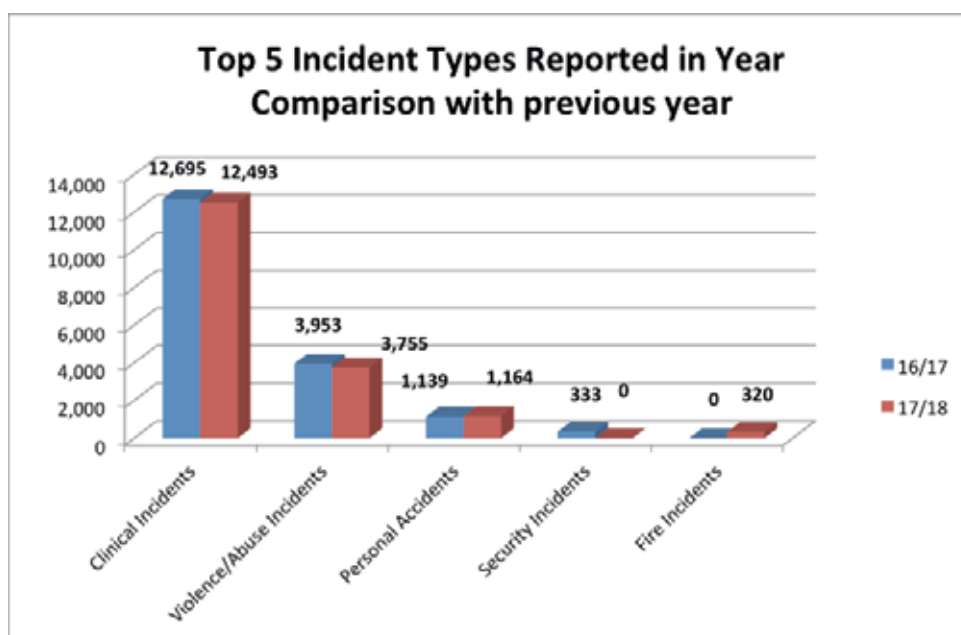
The Trust is committed to providing the best possible services for its patients, clients, visitors and staff. It recognises that while adverse incidents will occur, it is important to identify causes to ensure that lessons are learnt to prevent recurrence. To this end, it is essential that a responsive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

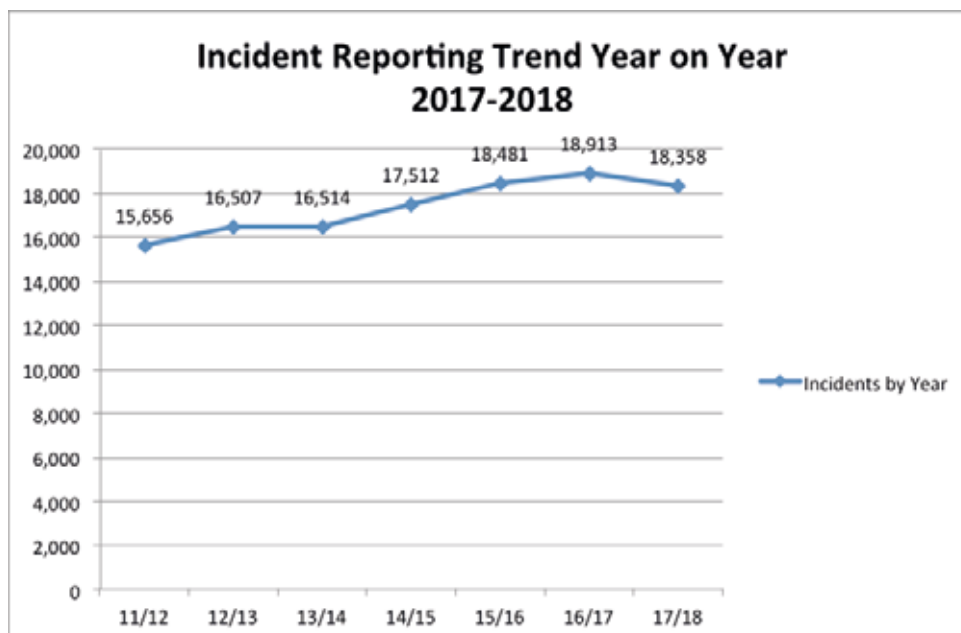
Facts and Figures

During **2017/2018** there were **18,358** incidents reported, **12,493** of which were patient related (clinical incidents - patient related).

The Top 5 most reported incident types are shown in the graph below in comparison with 2016/2017.



Staff within the Trust have embraced this ethos and continue to report incidents as well as near misses to ensure learning throughout the organisation.



Electronic Incident Reporting (DatixWeb)

The Trust is moving toward electronic incident recording, reporting and investigation. A project group was set up in 2017/2018 to prepare for the Trust-wide roll out of the new system post completion of the pilot in 2018/2019.

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 of 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 **12,493** patient related incidents reported in 2017/2018, **71** met the criteria for reporting as serious adverse incidents. This equates to **0.5%** of the total patient related incidents reported throughout the Trust.

Of the **70** SAI investigations completed during this year, **195** 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
- Processes for dissemination of learning from SAIs throughout the Trust
- Linkages between paper and electronic records.

Engagement with service users and families in the SAI process remains a high priority for Trust staff. The Trust continues to ensure that service users and/or families are involved in the Serious Adverse Incidents process, as appropriate.

Regular audits are carried out to ensure that service user engagement takes place and work is ongoing to develop a Trust-wide policy for the management of SAIs to ensure a consistent approach to both the review process and family engagement.

Incorporating reflection in the Serious Adverse Incident (SAI) Investigation Process

Trust quality Improvement and Governance Facilitators for Primary Care presented their reflective practice approach at the recent regional SAI learning workshop. The rationale for incorporating reflective practice into this process is to enable those involved to examine their own role and actions in events using the Nursing and Midwifery reflective account template or a modified version for other professions. This is followed by group discussion for all involved and offers a supportive, open and transparent environment where everyone has the opportunity to share their personal reflection.

As a team of professionals, however, the opportunity is provided to examine the systems and processes that did or did not work in a specific incident. Clear learning points are identified and a collective plan, including time frames is developed and agreed to address the issues.

The service area received positive feedback from both patients/clients, and families who particularly like the focus of learning from their situation or event. From participating professions the feedback has been equally positive, specifically in relation to the supportive environment created at group discussion and the collective approach to learning and changing practice.

Learning Lessons

Examples of SAIs and the learning from them in 2017/2018 are as follows:

- **Unexpected death of a patient receiving palliative care for colorectal cancer.**

The patient was receiving palliative care and chemotherapy for bowel cancer. The exact cause of the death is unknown as no post mortem was carried out. However, the Coroner suggested that the patient suffered a bowel perforation.

The Trust has adopted the regional Northern Ireland Cancer Network guidelines – ‘Acute Oncology Clinical Guidelines (NICaN) including Neutropenic Sepsis’ and these advise that anti-diarrhoeal should be prescribed for all patients with post chemotherapy diarrhoea.

Unfortunately, the patient did not receive these in the initial two days post chemotherapy. It was not possible to say if this contributed to the death.

It was further noted that ward staff in the main hospital wards, did not have access to the patient’s oncology records out of hours.

Learning

On review it was agreed that staff are not aware of the NICaN acute oncology guidelines. Due to the fledgling nature of the Acute Oncology Team in the Trust not all teams were aware of the support and advice this service could offer. This learning has been extended to cover all staff on receiving wards from the Emergency Department and the MacDermott Unit (Cancer unit).

All oncology records are now available out of hours due to the introduction of the Regional Oncology and Haematology System (RISOH) available via the Trust intranet.

• **Detained patient absconded through air lock doors in Unit sustaining injury**

A patient gained access to the first part of airlock doors but was unable to exit the ward through the second set of doors. Nursing staff were alerted by other staff that patient was inside the airlock. Nursing staff approached him and encouraged him to exit the airlock and return to the main ward. Simultaneously another individual was entering the ward and the patient was able to exit the second set of doors by pushing that person who was entering.

The patient absconded from the ward and ran through the double doors at the front of the building causing the doors to break and him to sustaining a laceration to his head.

Learning

Patient was able to exit the ward due to doors being opened by others. Personal factors include acute psychiatric presentation and paranoid ideas.

Actions

- Vinyl panel has been removed from glass on main front doors into unit to increase visibility for personnel using the door from other side
- The Mental Health Programme-wide Entry and Exit Policy has been sent to Patient Experience Manager for dissemination to relevant Patient Experience staff
- The existing General Risk Assessment has been updated to reflect further control measures for access and egress to the Ward and shared with relevant staff.

Recommendations

- The non-functioning alarm was added to the Directorate Risk Register. Estates have appointed a consultant to review the alarm system. Consideration is being given to replacing existing alarm system
- The Mental Health Service Manager had previously submitted a number of business cases to install a new personal alarm system and to create a new reception area between the airlock doors under the Capital Resource Limit (CRL) process. In response to this incident, the previously identified priorities are to be reviewed to consider the above works.

NEXT STEPS

- Continue to promote and further embed an open, learning and just culture that supports reporting of adverse incidents including those identified as Serious Adverse incidents
- Move forward with the implementation of the DatixWeb on line incident management system
- Move to the use of the updated Central Classification System version 2 (CCS2) list for coding of incidents
- 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.

Quality Improvement

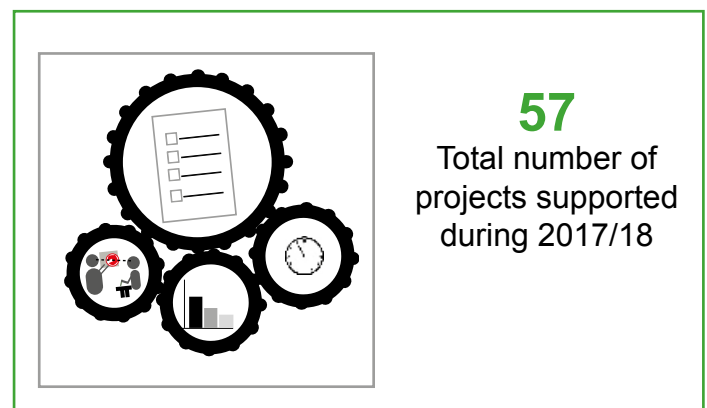
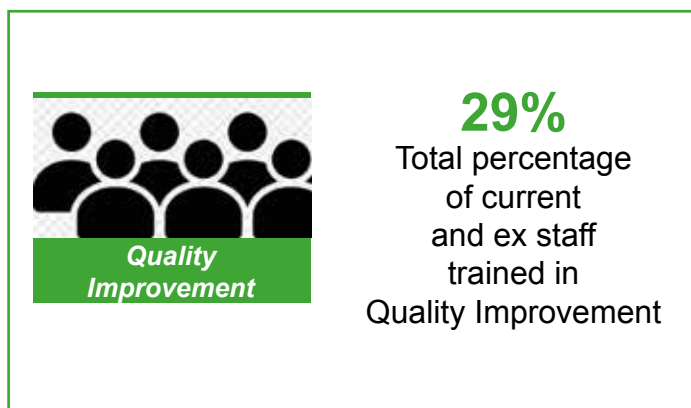
Quality Improvement Academy

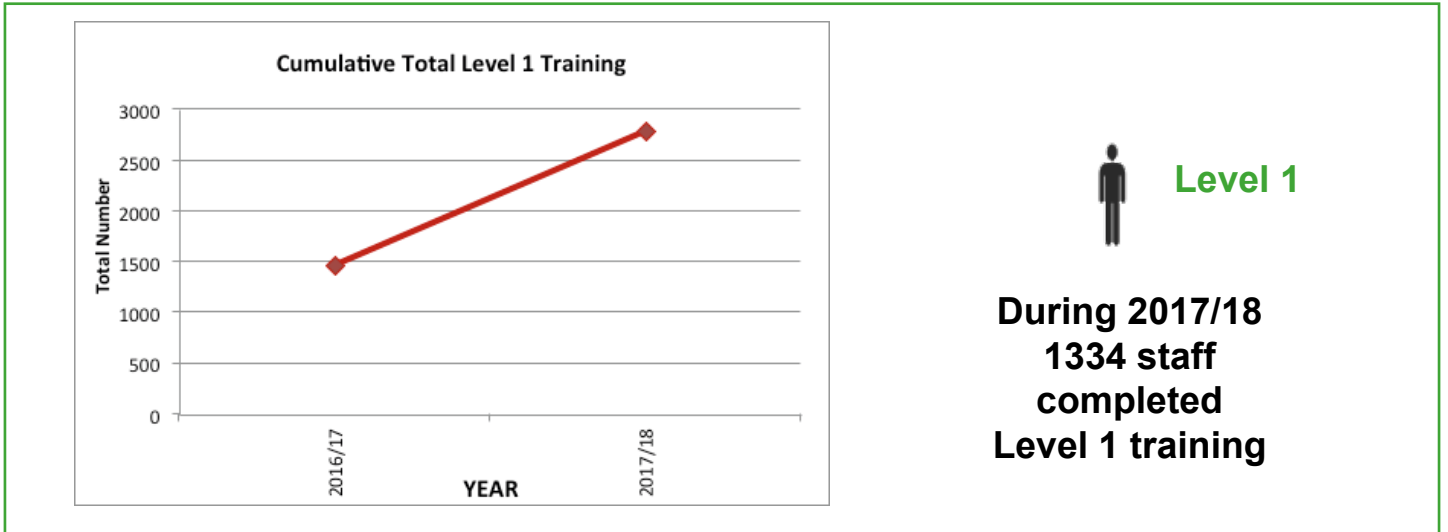
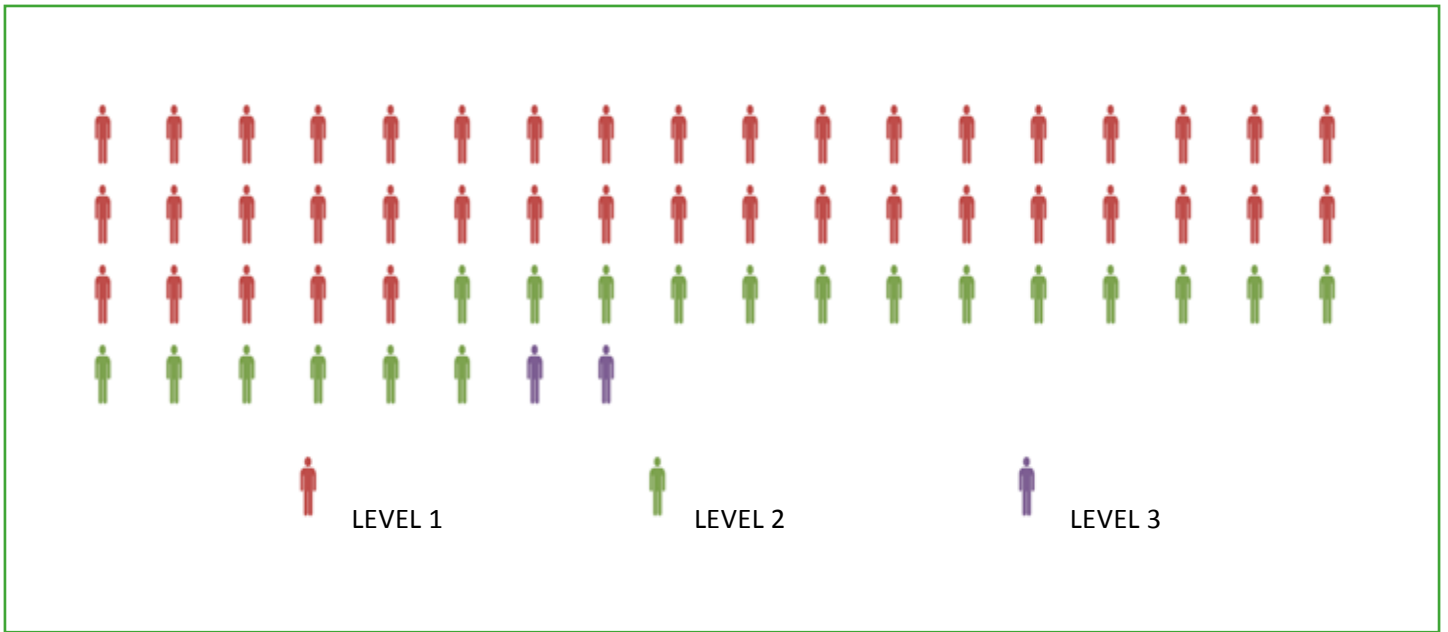
Enabling frontline staff to take ownership of complex wicked problems is challenging but the QI Academy offers a range of programmes based around the Q2020 Attributes framework to teach and support staff in adaptive and continuous learning based approaches more suited to their multi-perspective problems.



Improvement science is a key ingredient going forward if we are going to resolve the tensions between cost, quality and patient and staff experiences.

Facts and Figures





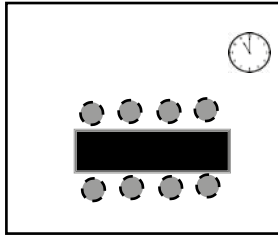
739

Q2020 E-Learning
An introduction to Patient Safety and Quality Improvement via e-learning

125

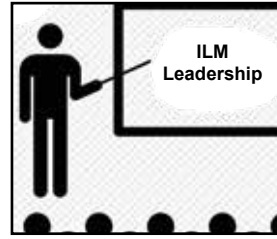
Q2020 Face to Face
An introduction to Patient Safety and Quality Improvement via classroom sessions

410



SQE Lite
1 day interactive workshop introducing Improvement Science

80



ILM Leadership
Face to Face content Integrated into existing ILM Programmes

Cumulative Total Level 2 Training



Level 2

During 2017/18
119 staff completed Level 2 training

81



SQE Programme

This 9 Month programme includes 9 monthly sessions, completion of 8 IHI Open School modules and application of learning to a project. This programme is open to all staff

20



Regional Social Work Programme

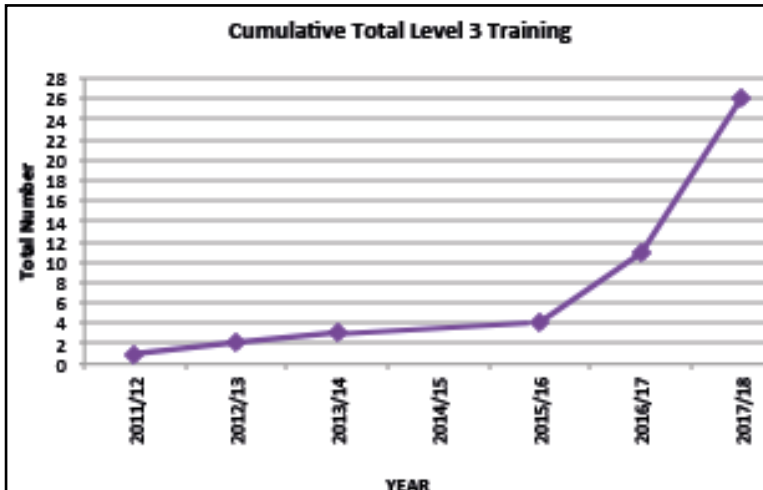
This 9 Month programme includes 9 monthly sessions, completion of 8 IHI Open School modules and application of learning to a project. This programme supports the development of a regional learning community of social workers

18



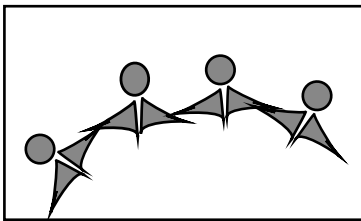
Foundation SQE

This programme is delivered over 4 months and is available for all Foundation Doctors. Application of learning into practice is included through a project



During 2017/18
15 staff
completed
Level 3 training

8



SQE QI Fellowship

This 12 month programme is delivered internally and sets out to develop leaders to drive improvements in safety, quality and service user experience.

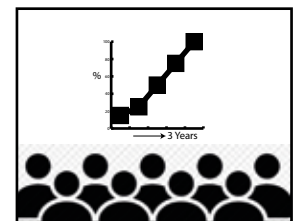
2



IHI Improvement Advisor

This year long programme sets out to develop QI experts to enable to execution of Improvement Projects throughout the organisation

5



MSc Business Improvement

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

NEXT STEPS →









- To develop accessible Level 1 programmes for Band 1 - 3 staff
- To develop a Level 4 programme for executives and non executives
- To connect with BHSCT to deliver SET STEP for Registrar Doctors.





Goal 2



Strengthening the Workforce

Annual Quality Report - Next Steps Update From 2016/2017

Theme	Title	Next Steps	Status
Goal 2: Strengthening the Workforce	Induction	<p>Corporate Induction & Mandatory Training</p> <ul style="list-style-type: none"> Over the next year the Trust will review and evaluate the blended learning approach of Corporate Induction. <p>Induction Training for Nursing Assistants</p> <ul style="list-style-type: none"> 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. 	<p>Achieved </p> <p>On plan </p> <p>Behind plan </p>
	Investors in People	<ul style="list-style-type: none"> The Trust will move to the new iIP Generation 6 Standard. An Assessment Plan is being developed and 2017 - 2020 implementation will be using an Internal Review Staged Approach. 	<p></p>
	Supervision, Coaching and Mentoring	<ul style="list-style-type: none"> To further develop support mechanisms for staff eg. Live Well Hub, Directory of Services. <p>Medical Work Experience programme</p> <ul style="list-style-type: none"> To streamline the approach to work experience placements and ensuring equality of opportunity. 	<p></p> <p></p>
	Staff Achievements	<ul style="list-style-type: none"> 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. 	<p></p>
	Looking After Your Staff	<p>Strengthening the Workforce</p> <ul style="list-style-type: none"> 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 and 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. 	<p></p>

	(Continued)	<p>Health & Wellbeing</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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). <p>Livewell Hub</p> <ul style="list-style-type: none"> • 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. <p>Revalidation of Medical Staff</p> <ul style="list-style-type: none"> • 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. <p>NMC Revalidation</p> <ul style="list-style-type: none"> • 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. 	 
	Revalidation of Medical and Nursing Staff	<ul style="list-style-type: none"> • 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 Absenteeism		

Induction

Corporate Induction and 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.

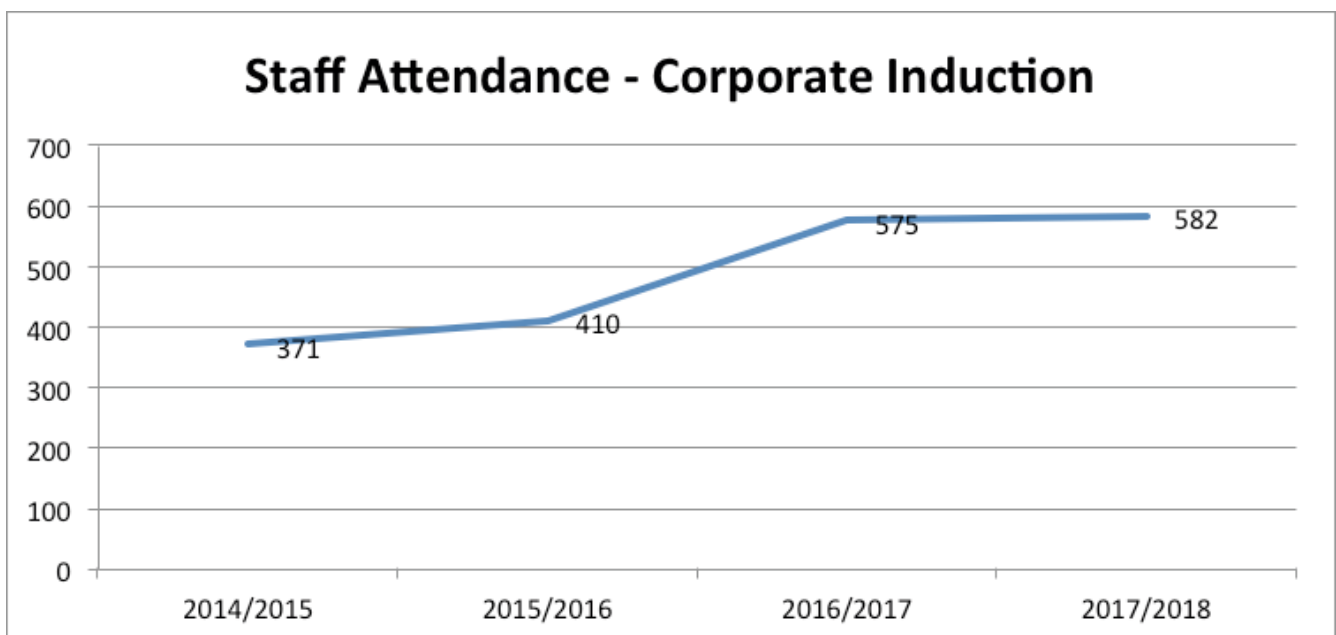
We strive to provide Corporate Induction to all new staff within 3 months of employment through a blended learning approach. This allows staff to undertake parts of corporate mandatory training through an eLearning module followed by face to face training.

As a result staff spend less time away from delivering services and in December 2017 a new eLearning platform was launched to support this approach.

Facts and Figures

There was a **7%** improvement in the percentage of new staff attending Corporate Induction with **582** attendees at the various sessions held across the Trust locations.

Corporate Induction	No. of new Staff	Completion
2017/2018	774	75%
2016/2017	860	67%
2015/2016	565	73%



NEXT STEPS ➔

- Over the next year the Trust will complete a review of Corporate Induction with a specific focus on the use of Digital Learning tools.

Induction Training

Induction Training for Nursing Assistants

- During 2017/2018 there were **5** Nursing Assistant Induction Training Programmes delivered. In total **91** new Nursing Assistants were trained compared to **35** who attended this training the previous year. During this time the programme was condensed from **8** days to **7** based on feedback from managers and staff.



December 2017 Nursing Assistant Induction Programme

NEXT STEPS ➔

- There are plans for a 3 monthly Regional Nursing Assistant Induction Programme to be facilitated by the HSC Clinical Education Centre commencing later this year. Until then a local 5 day programme will continue.

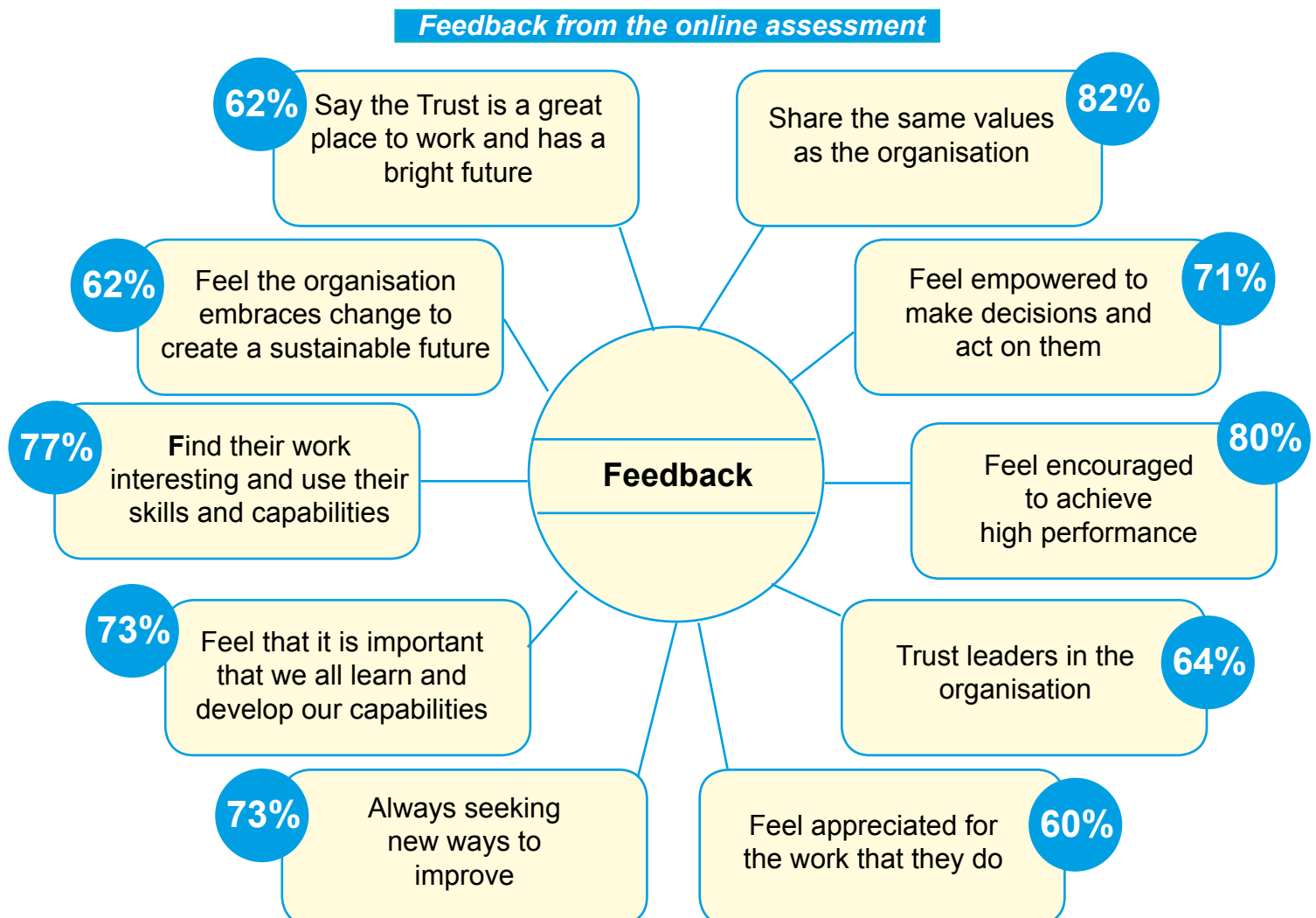
Investors in People

The Trust has been recognised as an Investors in People (IIP) organisation since 2011 and is still the only Health and Social Care Trust in Northern Ireland to adopt an Internal Review approach to revalidation against the IIP Standard.

In 2017- 2018 the Trust adopted the new IIP Generation 6 Standard and assessment commenced within the Corporate Directorates (Human Resources and Corporate Affairs, Finance & Estates and Planning, Performance & Informatics) in January 2018.

Feedback from the online assessment component provided the following feedback:

- **64%** of people trust leaders in the organisation
- **82%** of people share the same values as the organisation
- **71%** of people feel empowered to make decisions and act on them
- **80%** of people feel encouraged to achieve high performance
- **60%** of people feel appreciated for the work that they do
- **77%** of people find their work interesting and use their skills and capabilities
- **73%** feel that it is important that we all learn and develop our capabilities
- **73%** of people are always seeking new ways to improve
- **65%** of people feel the organisation embraces change to create a sustainable future
- **62%** of people say the Trust is a great place to work and has a bright future.



Feedback from staff

“Great access to training, Manager asks for development needs and they support it”.

“I enjoy the 1:1 time with my manager during my appraisal as I receive feedback and have time to ask questions”.

“I like the challenge of new things and new ways of working”.

Quotes from staff

“ ”

“Trust behaviours influence the job, being respectful to colleagues and patients, always try and help them if you can”.

“I feel that I have a voice as I am the one who knows if it will work”.

NEXT STEPS →

- The Trust will continue to implement the Internal Review Staged Approach and an Implementation Plan is in place for all Directorates. Trust-wide accreditation is expected 2019 - 2020.



Leadership Programmes

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

Facts & Figures

During 2017/2018, **373** staff completed the following Leadership and Management courses:

- Practical Manager - **135** people
- ILM Level 2 Leadership and Team skills (Band 2 & 3) - **19** people
- ILM Level 3 Developing Manager (Band 4 & 5) - **15** people
- ILM Level 5 Effective Manager (Band 6 & 7) - **26** people
- Coaching ILM Level 5 - **3** people
- ILM Level 3 Coaching - **21** people
- I-Day Introduction to Coaching - **60** people
- Coaching for QI Practitioners - **10** people
- Coaching for Senior Leaders - **17** people
- Succession Planning for Band 7 managers - **23** people
- Nursing & Midwifery Development Programme - **9** people
- Leading Social Work - **4** people
- Managing Effective Practice - **1** person
- PG Dip in Health and Social Care Management - **10** people
- MSc in Business Improvement - **9** people
- Healthcare Leadership Model - **5** people
- Proteus - **4** people
- Getting Governance - Practical Insights for Senior Managers - **2** people.



Supervision, Coaching and Mentoring

Resilience Training Programmes

As an Investor in People Organisation, the Trust recognises the importance of maintaining a healthy happy workforce. The Trust aims to support, educate and inform staff on stress management and building resilience through the Health and Wellbeing programmes provided.

Statistics demonstrate that Stress remains to be one of the top ten reasons for staff absenteeism. With this in mind the Trust continues to deliver two training programmes aimed at:

- Addressing stress
- Maintaining staff in post through increased knowledge of the whole system approach *and*
- Exploring how to address the topic of stress with staff aiming to reduce work related stress absence.

Facts and Figures

Stress Managing and Resilience Training (SMART) and Building Resilience and Manage Work Related Stress in your Team (BRMST) programmes continue to be oversubscribed.

362 places were offered for the SMART programme with **299** staff taking up this opportunity. **97** places were offered for Building Resilience and Managing Stress in your Team, **80** managers availed of this training.

There has been an increase in the number of staff attending SMART, however there has been a small decrease on the number of managers who have attended the BRMST course on reviewing 2016 - 2017 figures.

The Trust Livewell Health and Wellbeing Hub was launched in June 2017 and is a one-stop shop for information, advice and specialist support services.

As the number of staff visiting the site continues to increase, the Trust is for the first time able to monitor 'hits' to key stress tools and related information.

Recent statistics show the top three pages viewed are in relation to stress management:

1. Directory of Information to support staff (Manage Stress and Build Resilience) - **115** page views
2. Workplace Stress Toolkit for Employees - **140** page views
3. Workplace Stress Toolkit for Managers - **92** page views.

Current figures show that there has been an increase in the number of days absent due to stress related conditions; however, there has been a significant decrease in the length of time that staff are absent from the workplace.

In 2016/2017 the average length of time absent from work with stress related conditions was **88** days, compared to **61** days in 2017/2018. That is a significant reduction of **27** days.

NEXT STEPS →

- Work in collaboration with internal and external stakeholders to explore those underlying triggers that may increase individual stress and impact on staff performance and health wellbeing in the workplace eg. menopause, financial wellbeing and the 'sandwich' carer status.

Feedback from staff

"Stress toolkit is now included in my team meetings".

"Superb, thanks. Tools are useful for life".

"The course was amazing the way it was presented; totally and utterly outstanding".

Quotes from staff

“ ”

"Appreciate guidance on how to make contact with staff who are off sick with stress".

"I was not convinced this course was going to be of value BUT it was really well delivered, and I found great logical 'tools' to look at how I deal with stress".

Coaching

Coaching is a method of developing an individual's capabilities in order to facilitate the achievement of personal and organisational success.

Through one to one supportive, encouraging and focused relationships, coaching can provide essential support and growth helping individuals to develop flexibility, resilience and agility which are progressively important in times of transformation and change. Coaching is also one of the key approaches through which collective leadership can be developed.

Over the past 12 months coaching has evolved considerably with channelled energy focusing on the implementation of a coaching strategy (and related delivery plan) aimed at aligning the coach approach vision as well as ongoing implementation levelled at enhancing and embedding a coaching culture.

Work has concentrated on:

- Defining and setting direction
- Promoting and enhancing standards of service
- Developing an infrastructure that supports all users and partners including -
 - Awareness and promotion (staff)
 - Support
 - Building local capacity and capability (leaders, managers, practitioners and coaches within the coaching pool)
 - Sharing good practice.

The intention of all of this work is to improve awareness, engagement and commitment to coaching conversations and coaching practice at all levels throughout South Eastern HSC Trust.

Curiosity, connections and creativity have been leading enablers.

Facts and Figures



NEXT STEPS →

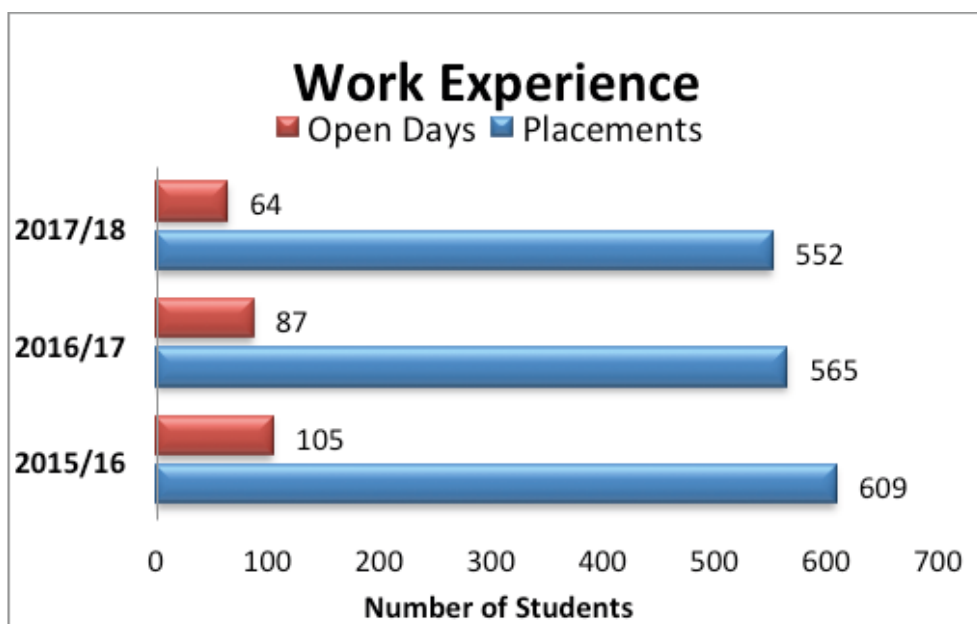
- Build on existing opportunities to engage with and increase staffs' awareness of Coaching
- Consider models and the development of a Pathway approach for Team Coaching.
- Promotion and roll-out of the Senior Leaders Development Programme for Band 8 Staff.

School Outreach and Engagement

As part of our commitment to engage with and inspire our future workforce, the Trust continues to offer a variety of outreach programmes to all schools within its geographical area and throughout the whole of Northern Ireland.

In 2017/2018, the Trust assisted pupils from **92** schools through work experience placements and open days.

With demands on Trust services increasing, and the complexity of client needs and competing priorities and pressures at ward level a reality, the offer of work experience has been a challenge the Trust is keen to meet through innovation and optimised provision.



The withdrawal of funding for Business Education Partnerships (BEPs) has had a dramatic impact on arranged careers days for all schools in our partnership areas seeing a **50%** decline in invitations for Trust staff to operate a careers stand.

In 2017/2018, the Trust supported **3** out of **4** events. Compared to 2016/2017 not one school made a request for internal information sessions or interview practice.

In partnership with Work Inspiration (Business in the Community), the Trust has further developed its careers support activities.

Following feedback from students, parents, staff and schools, the Trust launched its first Midwifery Careers Day in November 2017, which was a huge success with **67** students having attended to date.

Understanding the value of digital technology, the Trust proceeded to enhance the Midwifery Careers package by designing and launching its very first careers e-magazine which has already had over **1,400** individual 'hits' from public viewing.



NEXT STEPS →

- Continue to work in collaboration with internal and external stakeholders to develop a Trust Model for Work Experience.

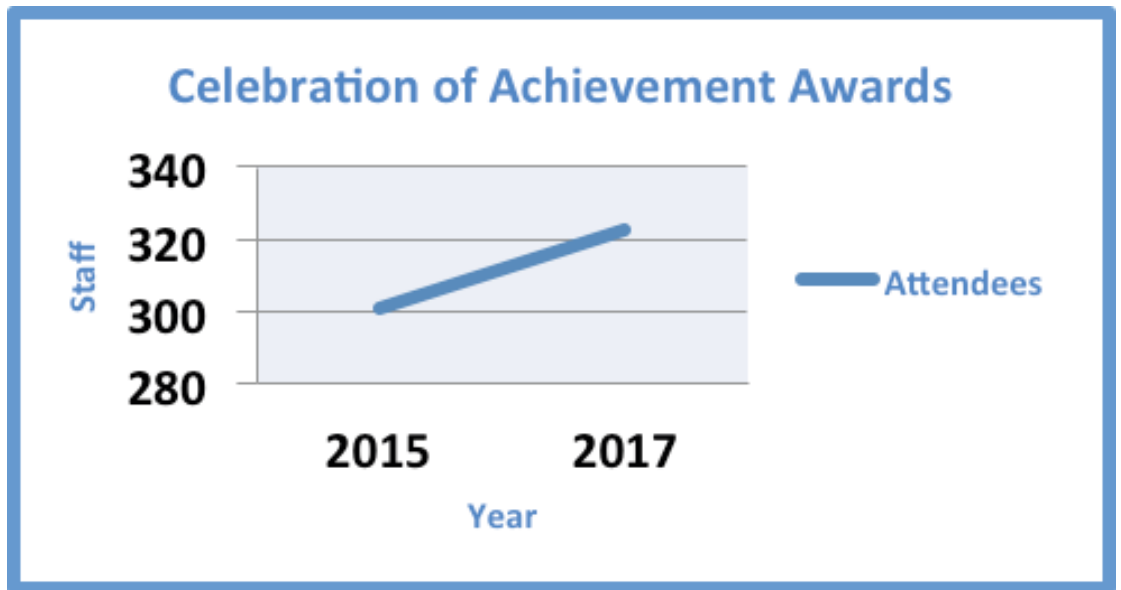
Staff Achievements

Celebration of Achievement Awards

In November 2017, the South Eastern Health and Social Care Trust hosted its biennial Celebration of Achievement Awards event to recognise and congratulate over **320** staff who achieved an accredited qualification over the previous 2 years.

The ceremony was held in Bangor Elim

Church and was officiated by Assistant Director HR - Organisation and Workforce Development, Claire Smyth, and addressed by the Chief Executive, Hugh McCaughey and Chairman, Colm McKenna, who also presented the awards.



The ceremony was a great success and celebrated the dedication and effort each member of staff made to their learning and development while still working within their roles in the Trust.

Qualifications were wide ranging and included: ILM Level 2 Leadership and Team Skills, ILM Level 5 Coaching and Mentoring, ProQual Level 4 and Level 3 Diploma in Health and Social care.

Both the Chief Executive and Chairman took time within their address to the audience to praise each member of staff personally and thank them for undertaking further study to enhance their knowledge, skills and understanding, enabling them to provide continued good practice and services to patients and clients of the Trust.

NEXT STEPS →

- Following the success of 2017's event and to meet the volume of staff undertaking and completing accredited qualifications, it has been agreed that an additional event be held in November 2018.

“ ”

Compliment

“We enjoyed the event and the opportunity to share this with colleagues and others”.

Chairman's Recognition Awards 2017

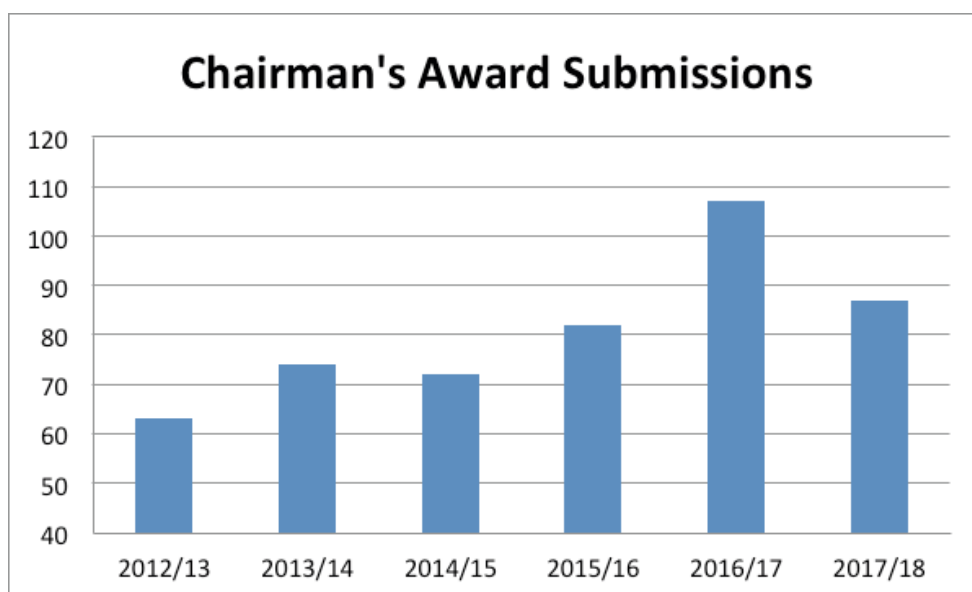
In October 2017 the Trust celebrated the eighth annual Chairman's Recognition Awards which recognise, reward and celebrate the exceptional achievement of staff, individuals and teams.


There were seven categories with five reflecting the Trust corporate themes and two reflecting outstanding commitment of a team or 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 2017 was South Eastern HSC Trust Fostering Service.



The figures below demonstrate the continuous energy for the Chairman's Awards with 87 nominations received from staff across every directorate.



Category	Winner
Ensure Safety, Improve Quality and Test Experience	Multi-Disciplinary Quality Improvement Team
Help you to stay healthy and well	Caring Communities - Safe and Well 
Engage with you	Fostering Service
Empower our staff	Rowan Day Centre Team
Continue to improve	Plastic Surgery Therapist-Led Clinic
Going the Extra Mile	Robert Spence
Outstanding Team	Inpatient Ward Block Project Team

Looking After Our Staff

Smoke Free HSC Sites

The aim of going smoke free is to provide a healthier environment for everyone who uses health and social care premises, whether they are giving care or receiving it.



Two years from the introduction of Smoke Sites **100%** of Trust staff who completed a recent survey agreed that it was a good idea to be smoke free and **46%** of those surveyed thought that there was a reduction on the number of people smoking on site.

In 2016/17 there were **2,302** Nicotine Replacement Therapies prescribed compared to **1,440** in 2015/16.



NEXT STEPS →

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

HSC South Eastern Health and Social Care Trust

Smoking Cessation Service

The smoking cessation service provides:-

- support to patients/clients who wish to quit smoking
- information to patients/clients thinking about quitting
- brief intervention training for all staff - enabling staff to discuss smoking habits with patients/clients and refer to appropriate services

For more information contact:

Health Development
(028) 9250 1373

Staff Health and Wellbeing

There is increasing evidence that a key determinant of **S**afety, **Q**uality and **E**xperience 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.

Facts & Figures

- We had **1096** responses to our latest Staff Health and Wellbeing Survey - **16.7%** of respondents were male and **83.3%** female
- **50.3%** of respondents consider themselves to be moderately healthy, **26.96%** very healthy and **4.10%** extremely healthy.
- **19.82%** of respondents took the recommended 150+ minutes of exercise per week, with **21.93%** taking less than 60 minutes per week.

There has been an increase in the number and variety of health and wellbeing programmes/ initiatives that are being delivered:

- In 2016/17 there were **5,142** participants at physical activity sessions this has increased in 2017/18 to **6,278**
- In 2017/18 **484** staff had health checks compared to **422** in 2016/17.

NEXT STEPS

- Continue to improve by seeking the views of staff via Survey Monkey bi-annually
- Ensure staff have feedback on issues raised by the surveys.



HSC South Eastern Health and Social Care Trust

New online Health & Wellbeing Hub for staff

livewell

www.setlivewell.net

Accessible at home or at work

Livewell Website Site

The 'Livewell' site was launched in June 2017 and is an innovative multi-level health and wellbeing initiative available to all South Eastern HSC Trust employees (who are service users) based on a Central Health Information Hub.

The 'Livewell' site has consolidated all the Trust's wellbeing initiatives and resources in a way that makes them easily accessible by managers and staff.

Facts & Figures

From July 2017 to March 2018 there have been **10,851** visits to the 'Livewell' site and **6,607** have been unique visits.

There have been **59,795** page views and the average visit duration is **6 minutes and 21 seconds**.

The most visited pages are Support 4 You, Events, Staff Health and Wellbeing (Events) and the Health Advice page.

The screenshot displays the Livewell website interface. At the top left is the 'livewell' logo. To the right are links for 'What is Livewell?', 'Contact us', and 'Logout', along with a search bar. A navigation menu includes 'Home', 'News', 'Events', 'Support 4U', 'Health Advice', and 'Champions'. The main banner features a photograph of two men, one holding a camera, with the text 'October is Positive Ageing Month'. Below this is a 'Behind the headlines' section with a 'view all' link. A row of five news snippets follows: 'Half of airport security trays' have traces of cold or flu viruses; People conceived by IVF 'may have greater risk of high blood pressure'; Smoking and alcohol affect teenagers' artery health; Nearly a quarter of 14-year-old girls in UK 'self-harming', charity reports; US weight-loss drug lorcaserin 'safe' but only modestly effective. The 'Latest News' section highlights 'parkrun' with the text 'Castlewellan is celebrating it's 50th Parkrun this Saturday'. The 'Upcoming Events' section lists 'SE Trust trekking group summer walks' on 'Jul 28th 2018'. The 'Health Content' section features 'Advice' on 'Top 10 tips to help protect your hearing'.

NEXT STEPS →

- Promotion of the site
- Increase the number of staff accessing the site
- Increase the number of champions
- Continue to improve the site by seeking the views of staff via Survey Monkey bi-annually.



Revalidation of Medical and Nursing Staff

Medical Staff Revalidation

- The Trust continues to meet with the GMC quarterly, on a Regional and National level. The Medical Directors Office has appointed two new members of staff, a business administrator and Associate Medical Director.

Facts & Figures

- **98%** of Appraisals carried out in 2017 were achieved in the designated time frame
- **13** new Appraisers were trained in the past 12 months.

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 is currently working with BSO, 4 Trusts and other organisations developing a Regional Electronic Appraisal System to support the Appraisal and Revalidation process.

Nursing and Midwifery Council (NMC) Revalidation

- In 2017/18 there was **100%** compliance with NMC Revalidation across the Nursing and Midwifery workforce within South Eastern HSC Trust
- The process is well embedded, however there is on-going support for managers and staff where required.

NEXT STEPS →

- Programme well established.



Compressed Programme for Development (CPD) for Band 5 and Band 6 Nurses and Midwives

- Programme introduced in September 2016 to meet training needs requirement of new staff to the Trust
- The Compressed Programme is delivered over 8 days and covers a wide range of skills and topics relevant to new staff in post. The format allows for flexibility in that the manager and the staff member can identify which training requirements are needed specific to the needs of staff and service.

Facts & Figures

The programme runs four times a year.

179 staff attended this programme between February 2017 and February 2018. The majority of staff have attended this course within 6 months of commencing employment with the Trust.

- Programme content is monitored and amended to reflect the needs of service and is in line with the current NIPEC regional induction pathway recommendations for CPD within the first 6 months of commencing employment within Trust.

NEXT STEPS →

- Monitor and evaluate programme and amend content on recommendations from on-going NIPEC regional group recommendations.

Staff Absenteeism

Improving Attendance at Work

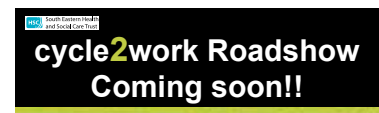
The Department of Health (DOH) continues to monitor the Trust's performance in relation to staff absence. In response, the Trust put in place a number of initiatives to improve the health and wellbeing of staff:

- The development of a Trust Health and Wellbeing Model and the creation of **5** work streams
- The design and implementation of the Trust's Livewell Hub
- An Improved uptake of front line staff availing of flu vaccine to meet Department of Health target of **40%**
- The continued roll out of the Trust's Stress Management Programmes and the Trust's Stress Tool kit
- The promotion of the Trust Cycle to Work Scheme
- The use of infographics/Analytics to inform reporting on attendance across the Trust.

The image displays three infographics for different locations: Ards, Lisburn, and the Ulster Hospital. Each infographic is titled 'Staff Health and Wellbeing Initiatives' and is 'FREE to Trust staff'. They list various activities such as Mindful Movement, Zumba, 5-a-side football, Pilates, and training sessions, along with their respective times and locations. Contact information for Brien Frazer, Health & Wellbeing Coordinator (07715 807 198) is provided at the bottom of each infographic.

Facts & Figures

- Absence levels remained a challenge for HSC and the Trust during 2017/18. The Trust absence rate was **6.91%** at the end of March 2018. Only **3** Directorates within the Trust met the Department of Health target **6.37%** - Hospital Services, Planning and Performance and Finance/Estates
- The Livewell Hub was launched in June 2017 and on average there were **1205** hits per month. There has been an increase in average time spent on the site from **5.12 - 6.21** minutes per employee - a **22%** increase
- Recorded stress related absence reduced from **1.39%** to **1.22%**
- The 2017/18 Flu Campaign has been the most successful to date. **2760** flu vaccines were administered to front line staff compared to **1695** in 2016/17 which equates to **12%** improvement. **33.70%** of the front line workforce were vaccinated compared to **24.58%**
- **74** additional staff signed up to the 'Cycle at Work' Scheme
- **362** employees attended SMART training - **36%** increase on previous year. **97** Managers attended Resilience Training for Managers - a **24%** decrease compared to 2017/18.



NEXT STEPS ➔

In response to the 2018/19 '5% Department of Health Improvement Target' the Trust will:

- Actively participate in the regional review of the Regional Attendance Framework
- Roll out the Trust Health and Wellbeing Model and associated work streams
- Commence a CBT pilot within Patient Experience Department to target a high level of mental health related absences
- Continue to provide absence infographics to inform Trust OBA Score Cards and Directorate Reports
- Continue to promote Resilience Training for Managers.

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

'Making Communication Accessible for All' Guide

The 'Making Communication Accessible to All' Guide was co-produced with the community and voluntary sector and launched regionally and locally in 2016.

The guide provides practical tips, advice and guidelines to enable staff to communicate more effectively with people who are disabled or have a communication support need including face-to-face communication, telephone communication, written communication or information on the web.

It also builds on supporting people with a disability in becoming well informed and expert in their own needs.

Facts & Figures

The Trust audited the Guide in 2017 via a Survey Monkey questionnaire with staff chosen randomly from the following areas - Adults, Children's and Hospital Services and Nursing, Primary Care and Elderly.

Some findings from the responses were:

- Of the respondents who had read the guide **100%** felt it was very, quite or somewhat useful with no one feeling that it was not at all or not very useful
- Over **90%** of replies felt the guide was useful to their service area and clients
- **100%** of staff felt the information in the guide was just right and no-one felt the document could be improved and no suggestions were offered to improve it.



NEXT STEPS

Although the findings from the audit were positive, staff feedback would indicate that we would benefit from re-issuing the guide to ensure as many staff, at all levels, are aware of it.

This should be undertaken via:

- Trust announcement
- Hard copies issued to each Trust facility and wards
- Include slides about the guide in all equality training presentations and produce a one page takeaway handout
- Promote the guide via the desktop background
- Promoting at meetings attended by equality staff
- Ensure inclusion of guide in Local Induction Checklist as part of new staff induction to the Trust.




Goal 3






Measuring the Improvement

Annual Quality Report - Next Steps Update From 2016/2017

Theme	Title	Next Steps	Status
<p>Goal 3: Measuring the Improvement</p>	<p>Infection Rates</p>	<p>Care Management of Peripheral Venous Cannulae (PVCs)</p> <ul style="list-style-type: none"> Review the method used to monitor the management of peripheral cannulae Promote ongoing review devices and ensure prompt removal when no longer needed. <p>Reducing MRSA Blood Stream Infections</p> <ul style="list-style-type: none"> Continue to promote good aseptic principles around device management across the Trust's healthcare settings Review the Trust's MRSA screening and management guidelines. <p>Reducing Clostridium difficile Infection (CDI)</p> <ul style="list-style-type: none"> 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. <p>Hand Hygiene Compliance</p> <ul style="list-style-type: none"> 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. <p>Hospital Services: Caesarean Section Wound Infection Surveillance</p> <ul style="list-style-type: none"> 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. <p>Orthopaedic Wound Infection Surveillance</p> <ul style="list-style-type: none"> Continue to monitor orthopaedic wound infection Ensure timely feedback on wound infection rates to staff. <p>Monitoring infection within the Critical Care Unit</p> <ul style="list-style-type: none"> 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. 	<p>Achieved </p> <p>On plan </p> <p>Behind plan </p> <p> </p> <p> </p> <p> </p> <p> </p> <p></p> <p> </p> <p> </p> <p> </p>

Goal 3: Measuring the Improvement	Surgical Safety Checklist	<ul style="list-style-type: none"> • Ongoing education and dissemination of the Trust SSC Policy • Extend ongoing audit project of SSC performance to include Trust Day Procedure Units . 	
Patient Falls	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 Thrombo- embolism (VTE)	<ul style="list-style-type: none"> • 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. 		

	<p>Reducing the Risk of Hyponatraemia, Infection Prevention, RPRB</p>	<ul style="list-style-type: none"> • 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. 	
	<p>Medicines Management</p>	<p>Omitted and Delayed Doses</p> <ul style="list-style-type: none"> • 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. <p>Medicines Reconciliation</p> <ul style="list-style-type: none"> • 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. 	 

Infection Rates

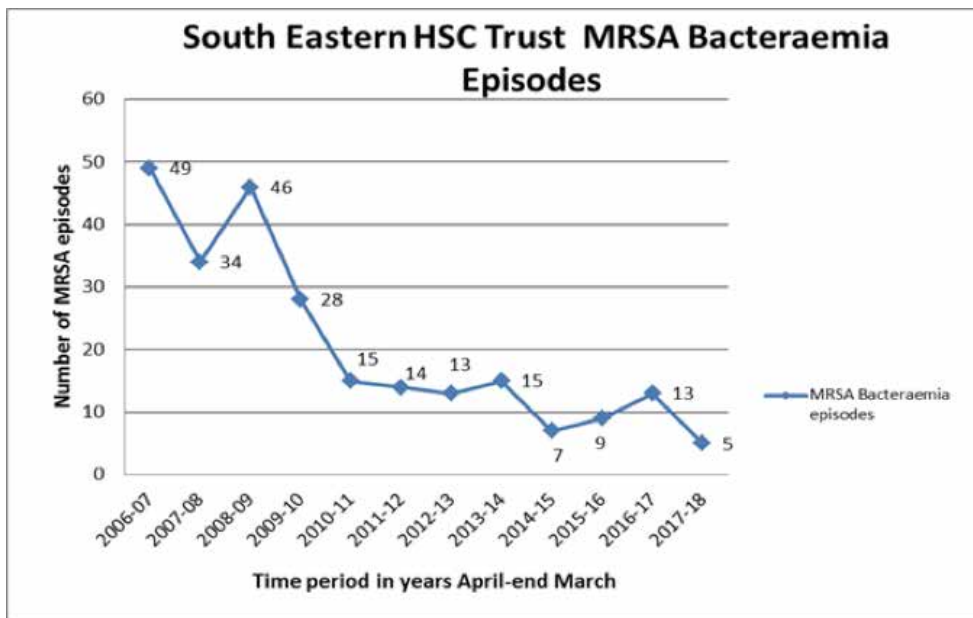
MRSA blood stream infection

The annual target, set by the Northern Ireland Department of Health (DOH) for 2017 - 2018), was to have no more than **6** MRSA blood stream infections reported across the Trust's acute hospitals.

In relation to MRSA bloodstream infection the Trust's aim was to:

- Continue to embed the application of aseptic principles when managing invasive devices to reduce blood stream infections.

The graph below shows the steady decline in cases since the formation of the Trust in 2007 amidst the overall increase in acute care activity and pressures for acute beds.



**Graph One: South Eastern HSC Trust's MRSA Bloodstream Infections
1 April 2007 - 31 March 2018**

Facts & Figures

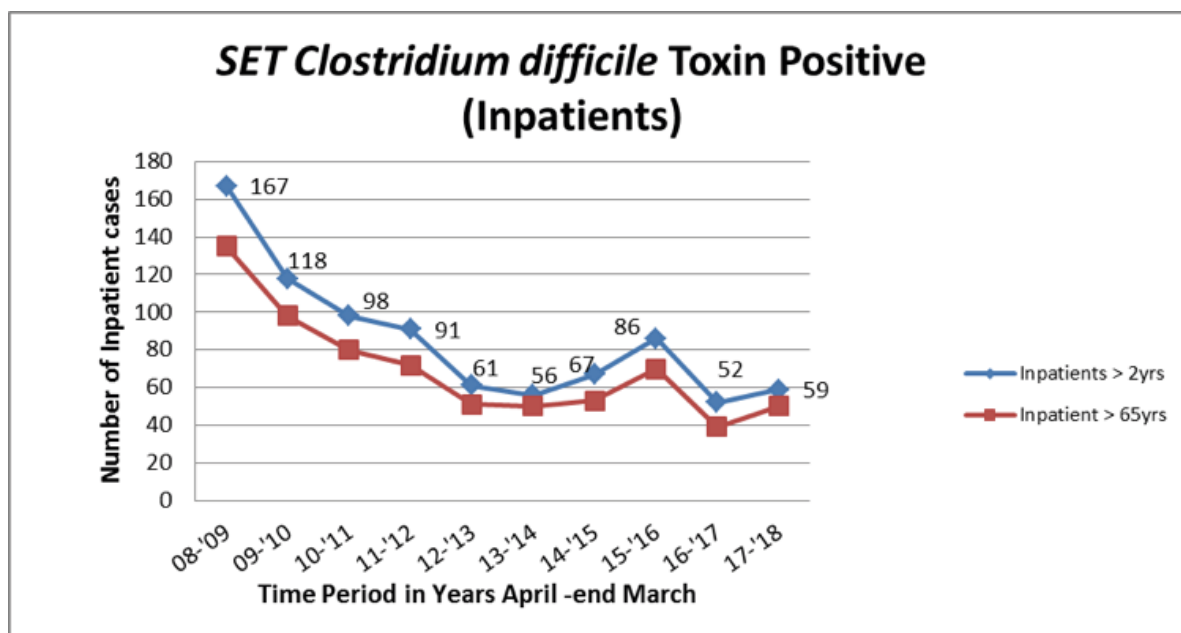
- In 2017/2018 5 MRSA blood stream infections were reported against the target of **6**
- This was eight less than 2016 - 2017.

NEXT STEPS →

- Review MRSA screening guidelines
- Work to meet targets for 2018 - 2019.

Reducing *Clostridium difficile* infection

The annual target set by the Northern Ireland Department of Health (DOH) for 2017 - 2018, was to have **49** *Clostridium difficile* infections reported across the Trust's acute hospitals. **59** cases were reported - as such the target was not met.



Facts & Figures

- This was an increase of seven cases from 2016 - 2017
- Ten over target for the year 2017 - 18.

Review of cases

- Post infection reviews continue for *Clostridium difficile* infection cases that have had no recent healthcare. These have provided assurance that there is a high level of compliance with the Trust's first line empirical Antibiotic Prescribing Guidelines and Infection Prevention and Control Related Practices when managing patients in hospital who present with diarrhoea
- With regard to review of prescribing in Primary Care - 8 cases were referred via the Public Health Agency to the Health and Social Care Board Medicines Management Advisers (MMA) for review of the antibiotic prescribing in primary care
- There were no considered episodes of transmission through the year
- Communication has continued with patients and their GPs through consultant microbiology advice letters that are sent out after they are discharged from hospital.

NEXT STEPS →

- Work to reduce antimicrobial use in 2018 - 2019
- An Antimicrobial Improvement Plan has been developed to progress this work and Quality Improvement methods will be used to implement this work.

Northern Ireland and Global Survey of Healthcare-Associated Infection, Antibiotic Use and Antimicrobial Resistant Bacteria

The Trust participated in the 2017 Regional/Global Prevalence Survey on Hospital-Associated Infections (HAIs), antimicrobial use and antibiotic resistant bacteria in June 2017. This was carried out over two weeks in acute wards across the Trust and the information was validated by the Public Health Agency and sent for analysis to the European Centre for Disease Control.

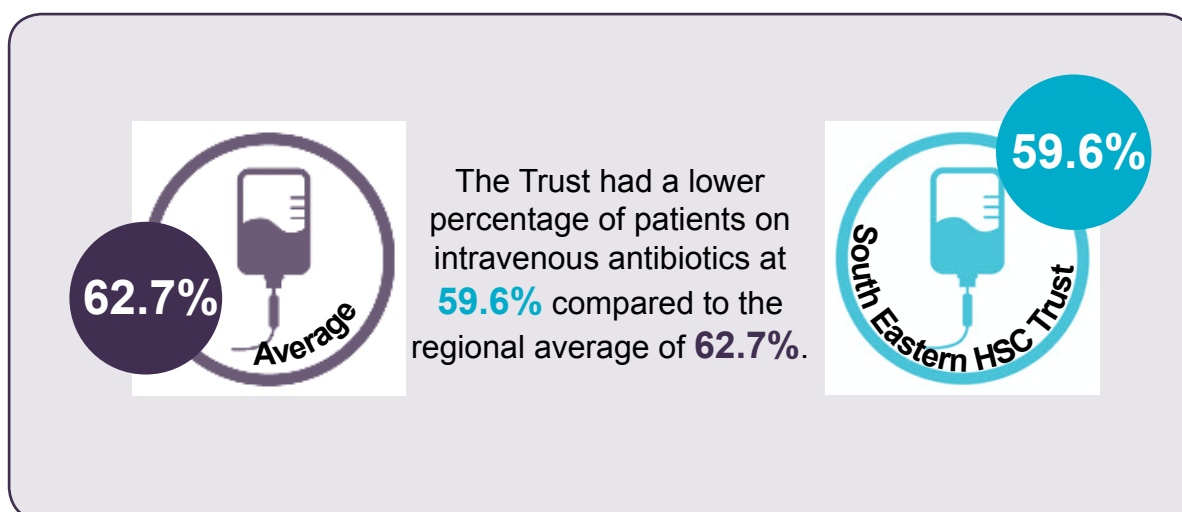
Other countries across Europe, the United Kingdom and Republic of Ireland participated in this study also. The last survey was carried out in 2012.

Facts & Figures

The HAI rate across the South Eastern HSC Trust was **3.5%** (compared to **3.6%** in the 2012 survey). An overall Northern Ireland level of **6.1%** HAI was reported.

In relation to antibiotic use **38.39%** of patients were prescribed an antibiotic which was higher than the regional prevalence (**NI 36.3%**) of total patients receiving this medication.

The Trust had a lower percentage of patients on intravenous antibiotics at **59.6%** compared to the regional average of **62.7%**.



NEXT STEPS

1. Continue to embed IPC practice around device care and other measures to prevent HAI and manage resistance
2. Develop an Antibiotic Improvement Plan to help reduce antibiotic use, where possible.

Hand hygiene, peripheral cannulae and urinary catheter management

Monitoring hand hygiene practice and care management of invasive devices (peripheral cannulae and urinary catheters), is undertaken on a regular basis and the information is placed on an electronic dashboard. This is then shared across wards/departments and Directorates so that good practice and methods of improvement can be shared.

Facts and Figures

Compliance at 31st March 2018 is set out in the table below:

Compliance Measures (March 2018)	%
Hand hygiene	95.9%
Peripheral Cannula Insertion	93.1%
Peripheral Cannula on-going care	93.8%
Urinary Catheter Insertion	90.8%
Urinary Catheter on-going care	88.3%

The table above illustrates the Trust wide compliance with hand hygiene practice, peripheral and urinary catheter management (during insertion and the ongoing care), elements as defined by National Care Bundles.

NEXT STEPS →

- Develop systems for monitoring the outcome of these invasive devices (namely that they caused no infection), using electronic recording systems and thus assist and inform staff at ward level if specific aspects of care require any improvement.



Caesarean section wound infection

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.

Facts & Figures

From 1 January 2017 - 31 December 2017 the number of Caesarean section wound infections occurring during inpatient stay was **0.19%**. The number of infections which occurred post discharge has reduced slightly to **5.4%** (compared with our figure **5.8%** in 2016).

This compared favourably with the Northern Ireland figures for the same time frame as follows:

Infections occurring during inpatient stay across hospitals in Northern Ireland = **0.17%**.
The number of SSIs reported in community = **5.3%**.

The higher post-discharge rates reported in 2015 was considered to be due to over-reporting of red wounds not meeting the Public Health Agency (PHA), standard definition for C-section Surgical Site Infection (SSI). Our community midwives have worked hard to address this. In addition an information leaflet has been published for mothers to provide advice on how to manage their Caesarean section wound.

The Trust has been working closely with the PHA to look at ways of collecting the surgical site infection information electronically. This would reduce the workload for clinical teams working in the maternity units and across community as the current method used to collect the information is on a paper form.

NEXT STEPS

- Continue to work with PHA to introduce an electronic data collection system to monitor trends in caesarean section wound infection and reduce staff workload
- Evaluate a wound dressing as a method to reduce wound infection post discharge.

Orthopaedic wound infection

From 1 January 2017 - 31 December 2017 the overall average wound infection rate following orthopaedic surgical operations = **0.6%**.

A slight increase in infections was noted at the beginning of 2017. 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.

The Northern Ireland SSI rate for the same time frame was SSI rate = **0.28%**.

A new dressing has been introduced to promote wound healing following surgery and we will continue to keep this under review.

NEXT STEPS

- Continue to monitor wound infections following orthopaedic surgery
- Provide timely feedback to staff.

Monitoring infection in the Critical Care Unit

The Critical Care Unit at the Ulster Hospital provides intensive nursing and medical care for patients requiring essential lifesaving support. All of the multidisciplinary team (including doctors, nurses along with 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.

Facts & Figures

The Critical Care Unit contribute 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 analysis enabling the unit to compare how well they are doing against other units in the province.

We are delighted to report that to date there have been no device-associated infections reported since the programme commenced. One ventilator-associated pneumonia has occurred during this time frame.

Recently one of the nursing staff has been given protected time to support this surveillance initiative and they will work closely with the Infection Prevention and Control Team and Public Health Agency to validate the information.

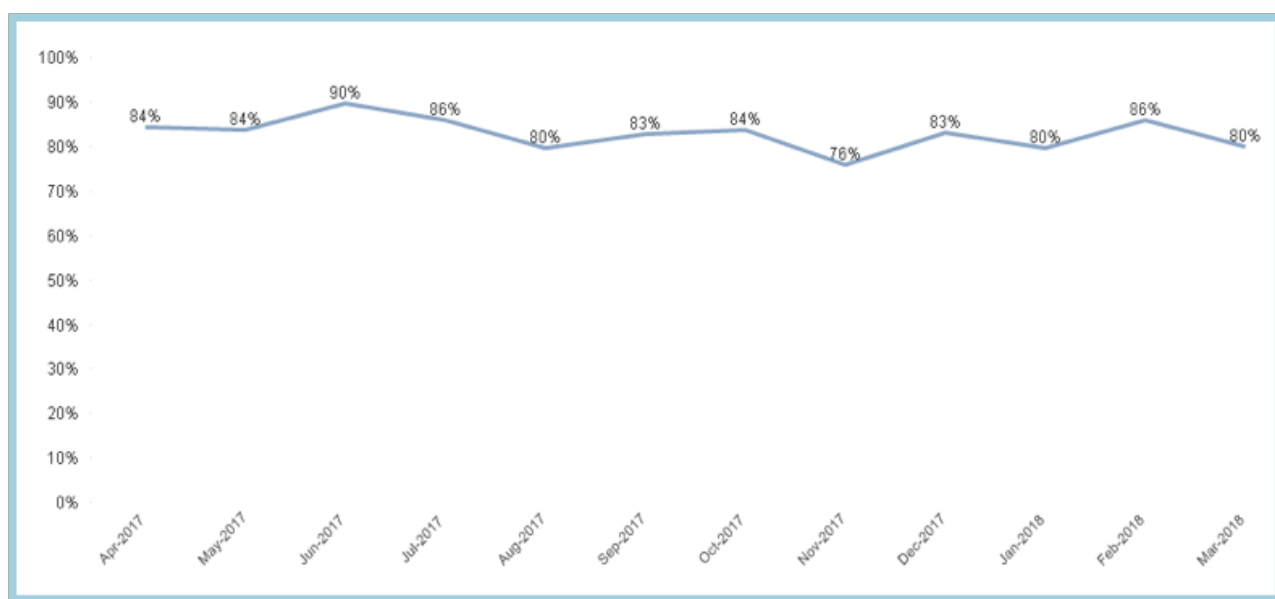
NEXT STEPS

- Continue to maintain all good practice within the Unit and ensure compliance with the implementation and maintenance of 'Care Bundles' (check lists which help focus adherence on ensuring that practices linked to reducing infection are in place)
- Feedback results to clinical staff.

Patient Falls

Within the South Eastern HSC Trust the focus on falls prevention continues to be a priority in upholding patient safety.

The evidence based falls prevention bundle of care, which is included in the Regional Nursing Person-Centred Assessment and Plan of Care document, has been incorporated into our electronic recording care system and continues to effect best practice and promote personalised care in falls prevention. Monthly monitoring of its compliance continues in all adult acute inpatient wards throughout the Trust.



Falls Bundle Compliance 2017 - 2018

NEXT STEPS

- Communicating with those patients at risk of falling, through the use of the regionally recognised 'falling star' symbol, to promote multidisciplinary personalised care for them
- The development of a Falls Prevention and Management Resource Pack as a local resource for each ward
- A Trust wide focus on falls prevention to highlight the risks and the power of evidence based preventative interventions.



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 is impaired mobility and impaired sensory perception. Typically they occur in a person confined to bed or chair by an illness. Pressure ulcers often result in significant pain and distress and can lead to other complications.

(NICE 2014).



Incidence of Pressure Ulcers is considered to be an indicator of safety and quality and as such is a Key priority for the HSCB and PHA. In 2016/17 each Acute Health and Social Care Trust was required to:

‘Measure the Incidents of pressure ulcers (Grade 3 and 4) occurring in all adult inpatient wards and the number of those which were avoidable and monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days’.

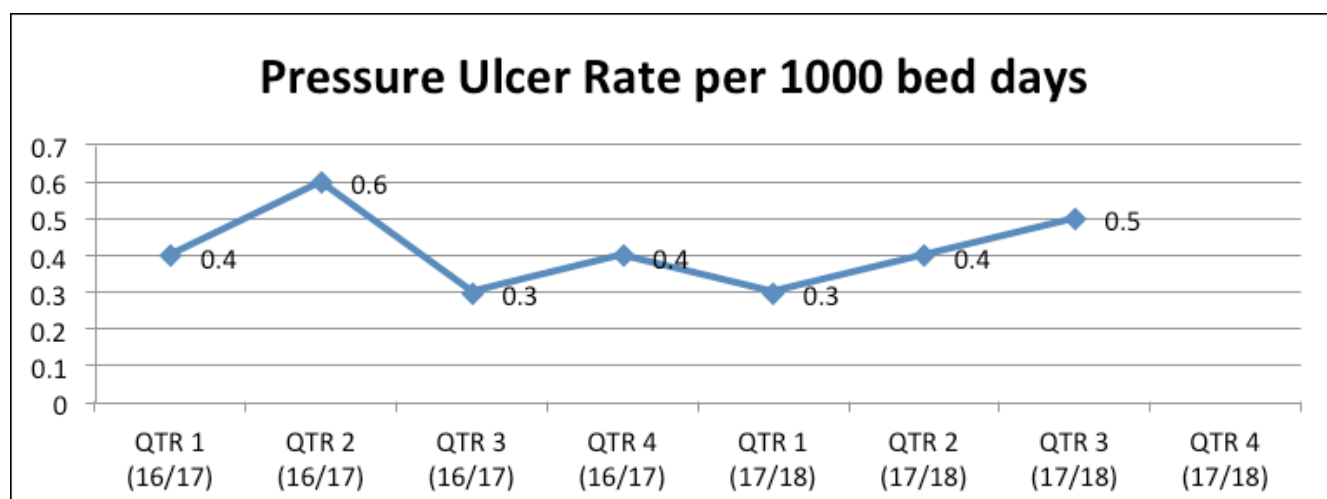
Facts & Figures

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) Staging System to describe the severity of pressure ulcers. Staging is from 1 to 4, the higher the stage, the more severe the pressure damage.

In 2017/18 there were **128** incidents of pressure ulcers reported within the Trust. This equates to a **0.4** incidence rate per **1000**

2013/2014	N = 118	Stage 3/4	= 29 (25%)
2014/2015	N = 111	Stage 3/4	= 35 (32%)
2015/2016	N = 107	Stage 3/4	= 35 (32%)
2016/2017	N = 132	Stage 3/4	= 64 (48%)
2017/2018	N = 128	Stage 3/4	= 50 (39%)

NB: Pressure Ulcers Rate will be updated for Q4 in next report - awaiting figures from PHA

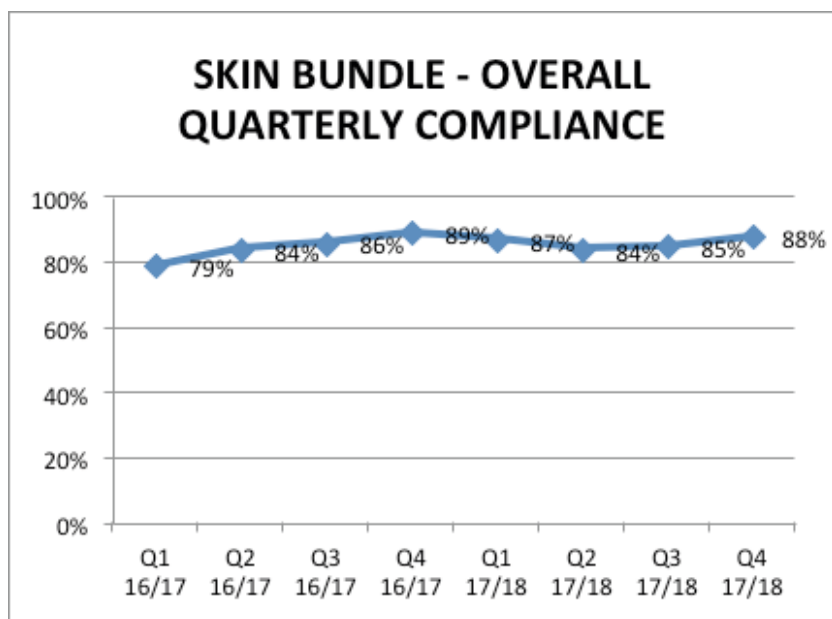


Monitoring Standards in Pressure Ulcer Prevention

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 2017/18:



The **SKIN Bundle** is 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 co-existing 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.

1000+ Pressure Ulcer Free Days



1113 days Pressure Ulcer Free

Ward 20
Pressure Ulcer



Cake to mark
2,000 Pressure Ulcer Free days
Ward 20

Venous Thromboembolism (VTE)

What is a Venous thromboembolism?

'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.

There are a number of risk factors which increase a patient's risk of VTE, and all patients should be assessed on admission to hospital for both their risk of developing a blood clot and also the risk of bleeding if given blood thinning medication.

The risk of VTE can be reduced if patients are assessed and offered and advised of the appropriate risk reduction measures. Currently all acute adult inpatients are risk assessed on admission to hospital and the Trust is in the process of widening this to include all day case attenders.

Recent NICE guidance (March 2018) advises acute psychiatry and intensive care patients should also now be risk assessed.

Treatment after assessment

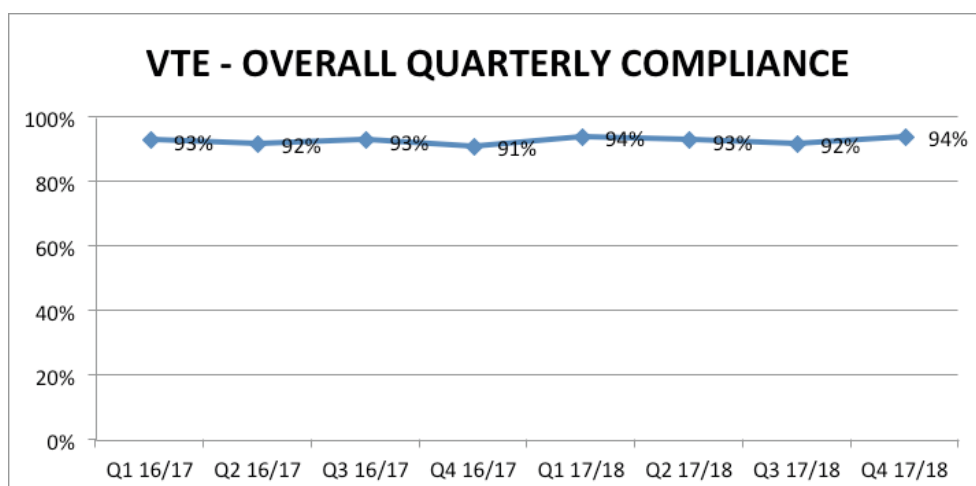
'Pharmacological Prophylaxis' uses a medicine to thin the blood, whereas 'Mechanical Prophylaxis' is a preventative measure that involves a physical device eg. anti-embolic stockings.

If a patient is assessed as high risk but is at risk of bleeding, alternative preventative measures such as anti-embolism stockings will be prescribed in addition to keeping well hydrated and being as mobile as possible.

Facts and Figures

The Trust continues to aim to achieve **95%** compliance with VTE Risk Assessment for all acute adult patients on admission to hospital.

On a monthly basis data is collected from a random selection of **10** patient medicines kardexes on all inpatient hospital wards across all three acute sites in the Trust.



NEXT STEPS

- Improving patient awareness remains a priority. A Patient Welcome Pack is currently being tested 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 the risk assessment for the prevention of VTE in all acute Adult Inpatient Wards
- The Trust aims to complete a Root Cause Analysis on random DVT's
- The Trust will work toward compliance with the updated NICE guideline (March 2018) to include VTE risk assessment in acute psychiatry and Intensive Care.

Reducing the risk of Hyponatraemia

- The Trust has an established group for Management of Children in Acute Settings Working Group
- When inpatients aged 14 - 18 years cannot be admitted to the paediatric wards they are cared for in specific 'cohort' wards
- All staff caring for young people up to the age of 16 years must complete the BMJ module on hyponatraemia and the relevant case studies
- Trust policy: Care of Young People being managed by Acute Adult Services policy includes guidance for the 'Children in Adult Ward Resource Pack'.

NEXT STEPS

- It is proposed that all patients aged between 14 and their 16th birthday should be admitted to Paediatric Ward
- No patients aged between 14 and their 16th birthday should be admitted to Lagan Valley Hospital
- Patients aged between 14 and their 16th birthdays are Medical or Surgical. It is proposed that medical patients should be under the care of paediatric consultants. It is essential that timely expert clinical advice on these patients is given by Adult Teams when requested by Paediatric Teams. This advice must be at an appropriate level of seniority eg. consultant to consultant. The Paediatric Team will be responsible for the management of patients
- The Trust and the HSCB will work towards achieving this.

Medicines Management

Omitted and Delayed Doses

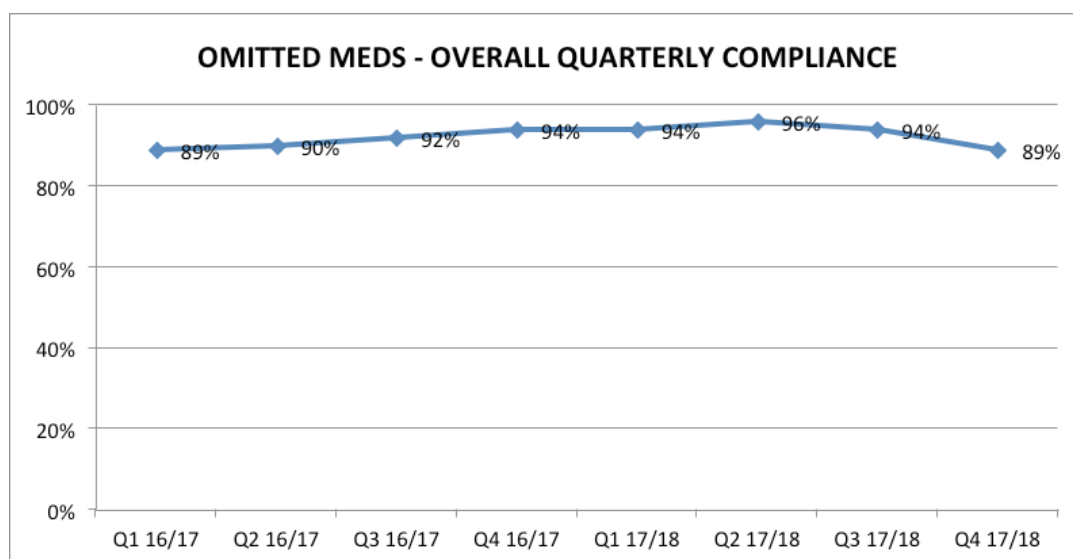
An increasing number and variety of medicines are prescribed year on year. A missed dose is the most common medication incident reported in Northern Ireland hospitals (Source: *Northern Ireland Medicines Governance Team 2017*).

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.

- The nursing Key Performance Indicator (KPI) measures the number of occasions when there is a 'failure to record' the reason for a dose omission
- During the year 2017/18:
 - **37** wards were included in the KPI audit
 - **3589** medicine kardexes were audited
 - **297** kardexes had no reason for omission recorded

Of these - **48** related to a critical medication.



NEXT STEPS →

- Continue to work with regional colleagues on updating the regional omitted doses KPI
- Completion of a Trust-wide audit planned for Summer 2018.

Cardiac Arrests



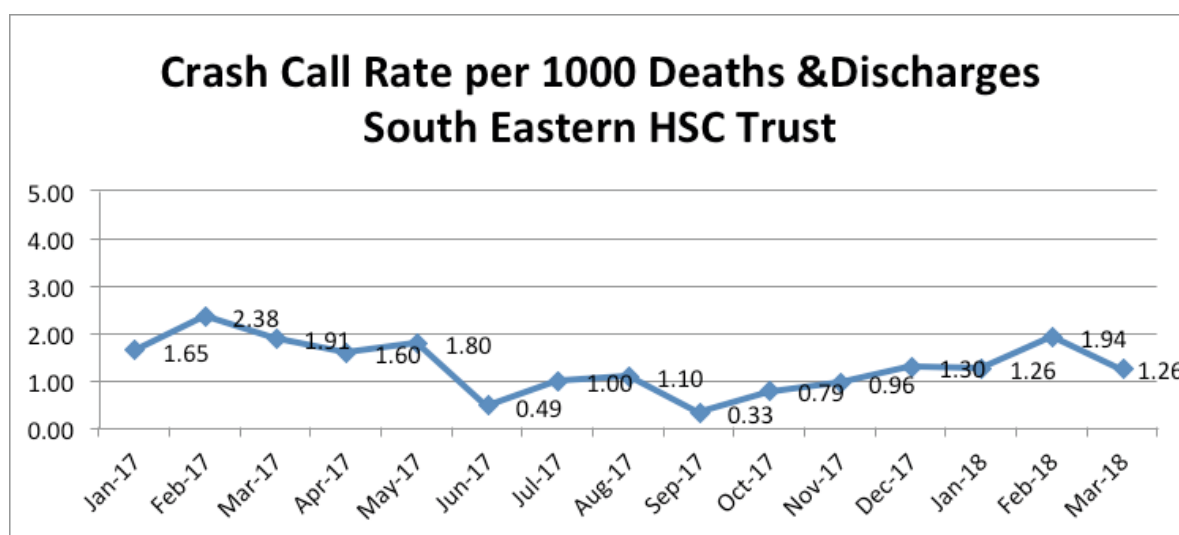
Once cardiac arrest occurs less than **20%** of the patients will survive to discharge.

Prevention of in hospital cardiac arrest requires:

- Staff education
- Monitoring of patients
- Recognition of patient deterioration
- Systems to call for help and effective responses.

It is the Trust's objective to ensure the continuation of rate reduction for cardiac arrest and to ensure timely and effective management of the deteriorating patient which also helps in the identification of those for whom CPR may not be appropriate and perhaps against the patient's wishes.

The chart below shows the yearly average of reported cardiac arrests (excluding ICU and ED) per 1,000 discharges.



The Trust continues its target of crash call rates at **1.2** or less.

On-going work eg. NEWS compliance training, increase in Life support training and increase usage of DNACPR orders has helped with the overall reduction of arrests since 2010.














Also we have increased, by **100%**, the peri arrest calls which have also resulted in cardiac arrest reduction.





Goal 4




Raising the Standards

Annual Quality Report - Next Steps Update From 2016/2017

Theme	Title	Next Steps	Status
Goal 4: Raising the Standards	Emergency Department	<ul style="list-style-type: none"> • 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 specialities. 	<p>Achieved </p> <p>On plan </p> <p>Behind plan </p> <p>Behind plan </p> <p>Urgent Care Work Stream continues to develop small improvements in 4 hour performance, and ultimately patient experience. Further development of this work stream is restricted by physical capacity workstream.</p>
	NICE Guidelines	<p>Technology Appraisals</p> <ul style="list-style-type: none"> • Continue to liaise with the regional managers NICE forum • Submit reports as requested • Work with Directorates to identify any audits required. 	  
	Audit	<p>National Audit - Sentinel Stroke National Audit programme (SSNAP)</p> <ul style="list-style-type: none"> • 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 three 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. 	     

	(Continued)	<p>Regional Audit - Medicine Reconciliation on the Immediate Discharge Document Audit</p> <ul style="list-style-type: none"> • A Regional Quality Improvement project involving representatives from all Trusts and Primary Care should be established aimed at improving the quality and safety of IDD's • 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. 	      
<p>Cancer Access Standards</p>		<p>14 Day Breast Cancer Referrals</p> <ul style="list-style-type: none"> • 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 <p>31 Day Target</p> <ul style="list-style-type: none"> • Dermatology Minor Operations 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. 	    

	<p>(Continued)</p>	<p>62 Day Target</p> <ul style="list-style-type: none">• 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.	
--	--------------------	---	---

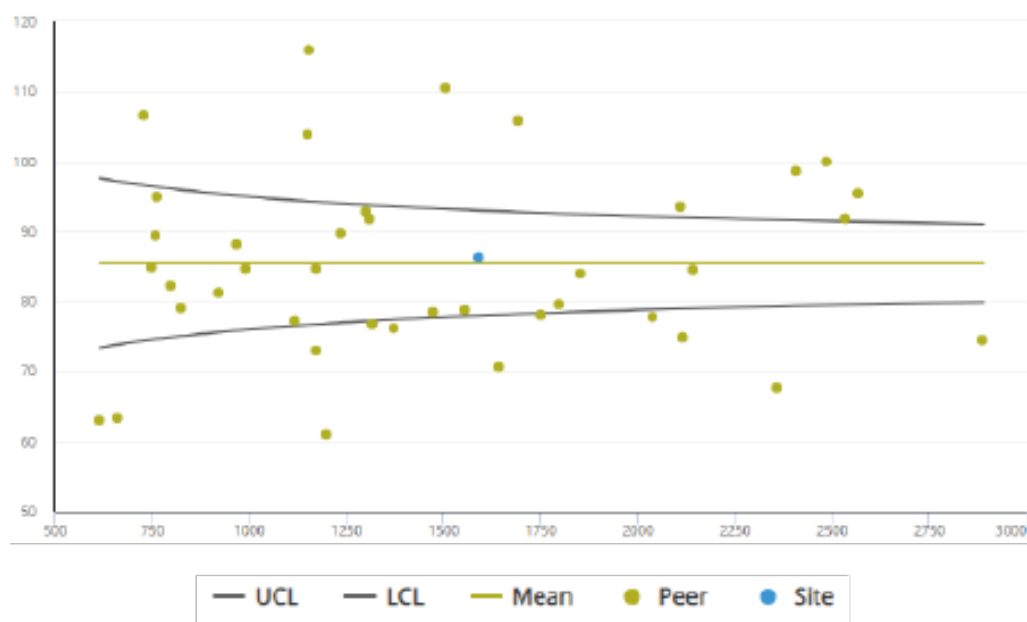
Standardised Mortality Ratio (SMR)

CHKS provide a regular report for the Trust that comprises a review of the risk adjusted and crude (average) mortality for all admissions. This analysis identifies a monthly risk adjusted mortality rate for the Trust over a 12 month period, allowing the Trust to review trend changes on a monthly basis. The report includes a number of methods and tools to analyse and present the information one of which is a funnel plot.

The funnel plot below shows where we, as an organisation, sit in comparison to our external UK peers of the top 40 GB hospitals (from the CHKS top 40 identified in the 2017 CHKS analysis) for the period April 2017 - March 2018.

The funnel plot (RAMI 2017) shows that the Trust is similar to the mean UK peer values and within the upper and lower confidence limits for the Trust.

Risk Adjusted Mortality Index



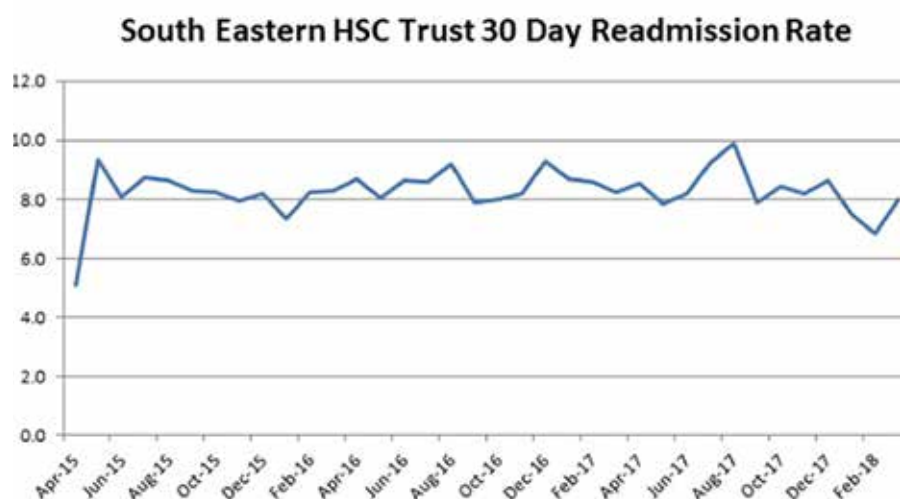
Emergency Re-Admission Rate

To ensure we measure as appropriately as possible, emergency readmissions are classified as patients who are readmitted as an emergency within 30 days of discharge from the Trust.

Readmission rates can provide an indicator of quality of care but must be interpreted carefully. There is no specific recommended rate of readmissions however observation of our hospitals rates against similar hospitals can be useful.

Reasons for readmission can be due to many factors and hospital care is only one. Other factors include patient's home environment and access to community services.

The graph below shows the percentage of recorded emergency readmissions to the Trust:

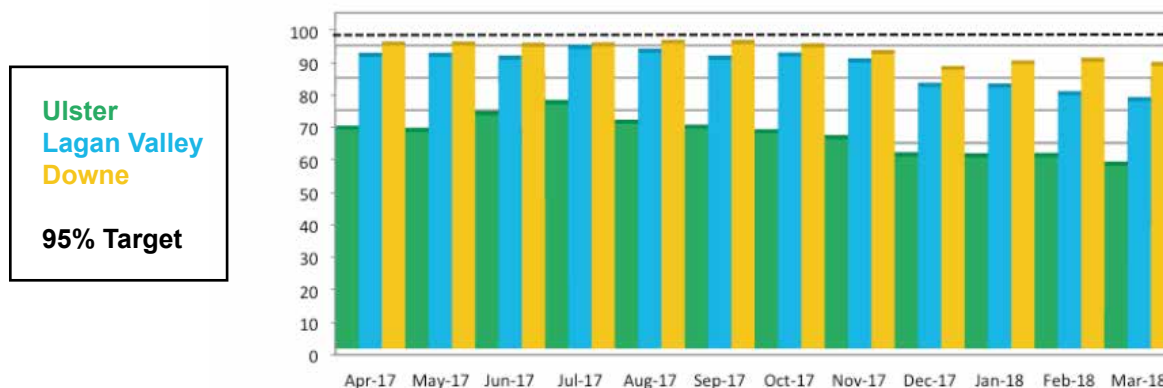


Emergency Department

4 and 12 Hour Standards

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

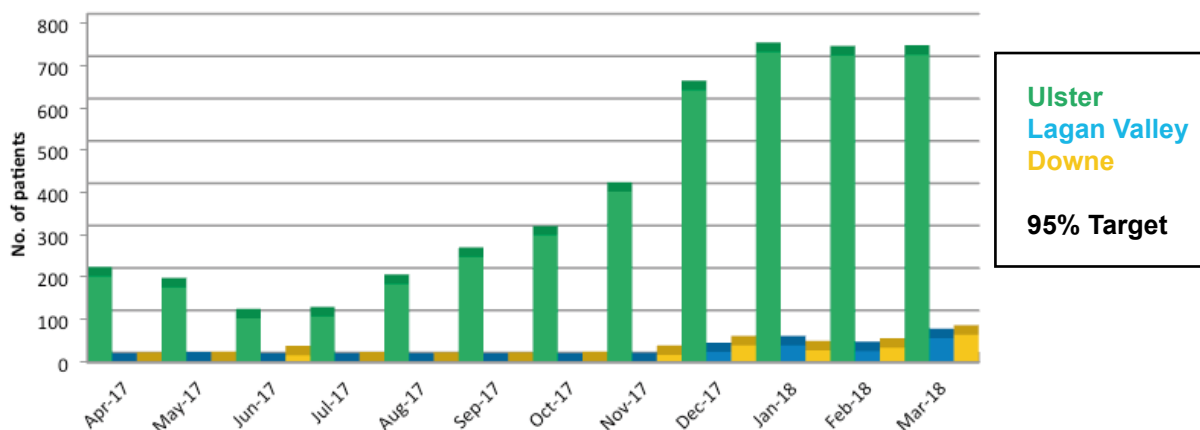
NB: Pressure Ulcers Rate will be updated for Q4 in next report - awaiting figures from PHA



Facts and Figures

- During 2017/18 there were **141,982** attendances to ED's an increase of **4118** or **3%** rise in attendances from 2016/17 and **10,240** or **7.2%** from 2015/16
- Every day in 2017/18, an average of **389** patients attended Trust ED's with **260** or **67%** of those attendances to the Ulster Hospital ED
- In 2017/18, **4914** patients waited more than **12 hours**. This represents **3.5%** of all patients who attended the ED's.

Number of patients who waited longer than 12 hours



Actions to Improve

It is important to note that patient waits in ED is often a sign of delays in the whole hospital flow system.

Significant work has been undertaken to improve waiting times in ED's by focusing on more effective discharge and management of patients in medical wards. This work includes the development of Ambulatory Hubs, in the first instance Respiratory and in doing so may prevent hospital admission and/or facilitate earlier discharge from inpatient wards.

The development of the Control Room, with the appointment of Senior Managers (8A & 8B) who have specific responsibility for unscheduled care, supports in-house medical and surgical directorates with regard to unscheduled pressures on a daily basis.

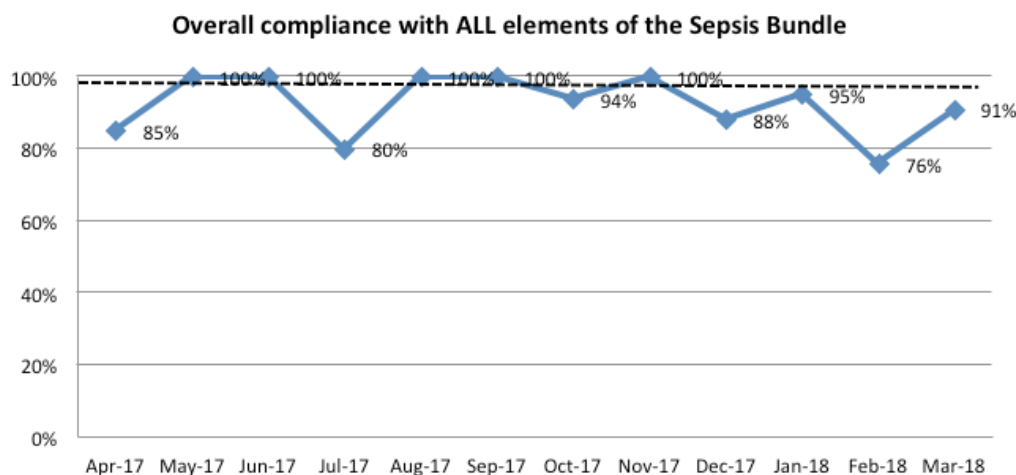
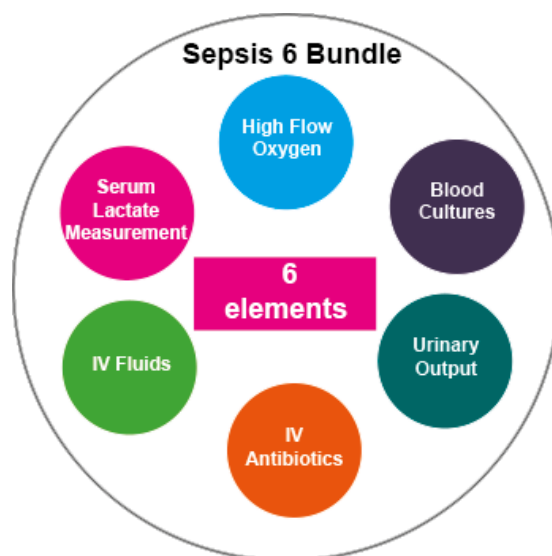
Sepsis 6 within the Emergency Department

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

The Trust participated in the regional Sepsis collaborative, arranged by the regional HSC Safety Forum. EDs are vital to the success of collaborative care pathways for the seamless management of patients with sepsis.

The aim of the regional collaborative was to improve the management of sepsis within the Emergency Department (ED), with the introduction of the Sepsis 6 bundle, which consists of 6 elements:

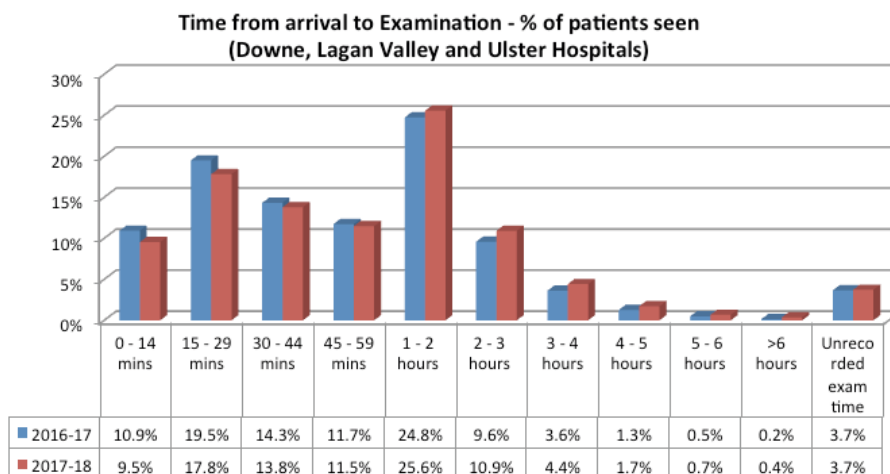
- High Flow Oxygen
- Serum Lactate Measurement
- Blood Cultures
- IV Fluids
- IV Antibiotics
- Urinary Output.



Time to be seen by Emergency Department Doctor/Emergency Nurse Practitioner (ENP)

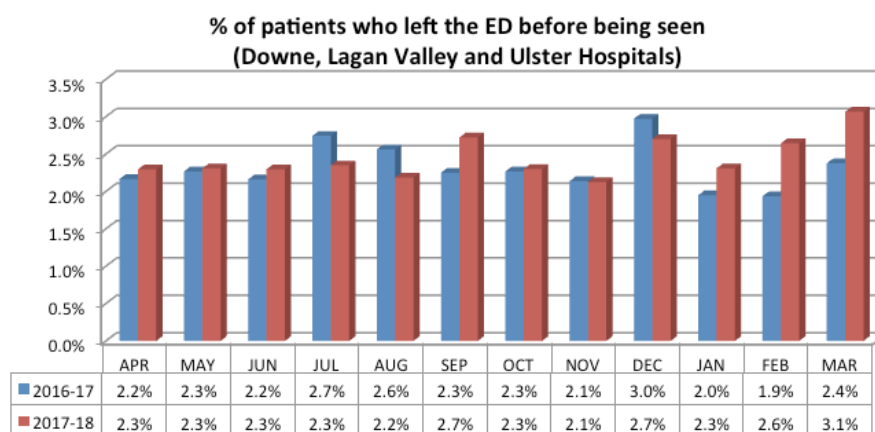
This quality indicator records the time between arrival in the ED and the time when the patient is seen by a decision making clinician and defines that **50%** of patients will be seen by a clinician within 60 minutes.

This indicator reflects that earlier intervention improves clinical outcomes and patient experience.



Patients Who Leave before Being Seen

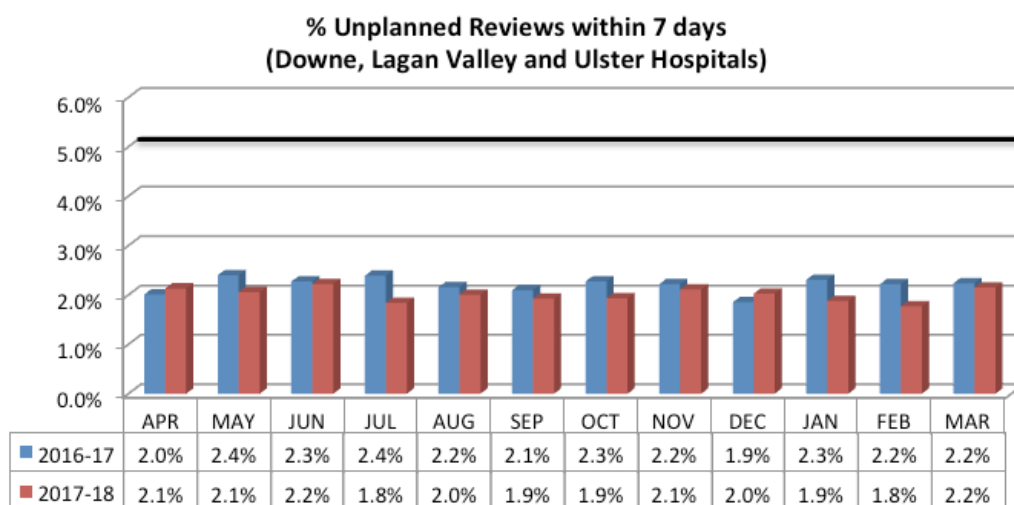
This measure is designed to capture the number of patients who leave the ED before a proper and thorough clinical assessment has been undertaken. In principle, a rate greater than **5%** of ED attendances leaving before full clinical assessment should be considered to be an area of risk.



Unscheduled re-attenders rate within 7 days

This indicator describes the unplanned re-attendance rate to the ED within 7 days of the original attendance. The aim is to make sure that the patient gets the best possible care at first attendance and that issues related to their care are clearly communicated to them.

The College of Emergency Medicine (CEM) quality indicators is that unscheduled re-attendances rate is that the percentage of unscheduled re-attendance rate should not be zero, but ideally would fall within a range of **1 - 5%**.



NEXT STEPS ➔

- Continue to work alongside the Capital Development Team to influence the development of the new Emergency Department - on schedule for completion 2020
- The development of the Advanced Nurse Practitioner role will support existing medical teams and raise standards of care provided to those attending the ED. First cohort of staff due to complete September 2019
- Continue to develop partnership arrangements as other speciality Hubs are developed including GI, Cardiology and in doing so potentially reduce admissions and support earlier discharge and as a result increase hospital capacity.

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.

During 2017/18 the Trust received **15** NICE Guidelines for implementation.

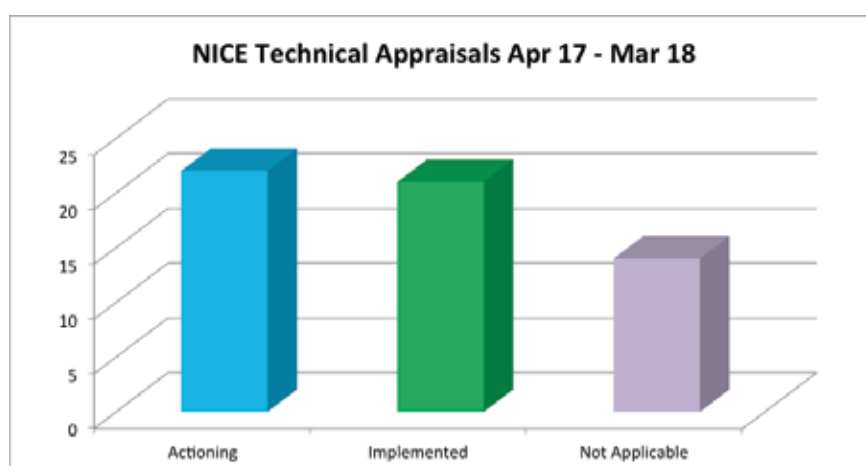
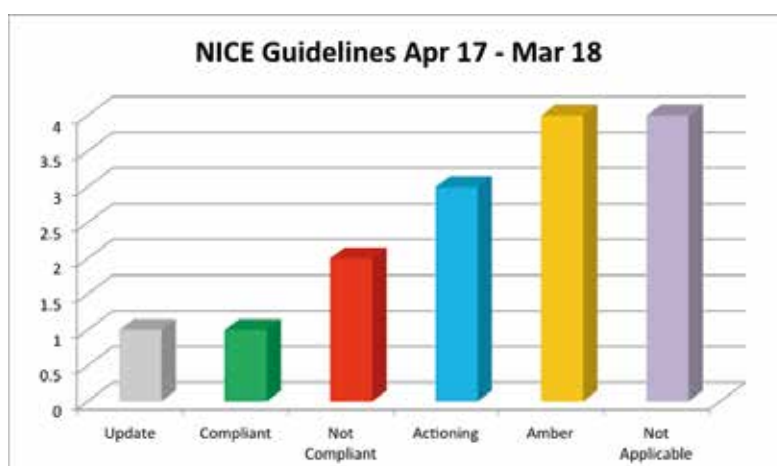
Technology Appraisals

NICE Technology Appraisals look at particular drugs and devices when availability varies across the country. This may be because of different local prescribing or funding policies, or because there is confusion or uncertainty over its value.

During 2017/18 the Trust received **57** Technical Appraisals to action.

Monitoring and reporting is completed with the individual Directorates quarterly, there is an overarching committee that meets to provide assurance to Trust Board.

The Trust provides assurance bi-monthly to the HSCB on the progress of implementation.



NEXT STEPS ➔

- Fully implement a SharePoint System to monitor progress of all NICE guideline/appraisals
- Continue to report to the HSCB as requested.

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, outcomes and close the loop 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 2017/2018, one of the many national audits that the Trust contributed to was the National Audit of Inpatient Falls run by the Fragility Fracture Audit Programme (FFFAP) which is a national clinical audit run by the Royal College of Physicians (RCP) designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital and to facilitate quality improvement initiatives.

NEXT STEPS

Recommendations/information from NAIF to be fed back to South Eastern HSC Trust Falls and Osteoporosis Steering Group for them to review action plan. Areas for the Steering Group to consider:

1. South Eastern HSC Trust to report all in-patient falls that result in hip fracture as severe. As per guidance of NRLS (National Reporting and Learning)
2. South Eastern HSC Trust to report the gap between reported falls and actual falls. This helps with interpretation of falls rates and gives an indication of reporting culture (ie. the smaller the gap the better)
3. South Eastern HSC Trust to consider appointing a non-executive director with a specific role in falls prevention as per recommendations

4. The patient safety forum within South Eastern HSC Trust (this may not be the right name) should routinely review the Trust data on falls, moderate/severe and deaths/1000 OBDs and assess the success of practice on these figures
5. South Eastern HSC Trust should have a delirium policy
6. Ongoing audit/QIP re assessment of quality standards. Suggest in particular to focus on areas where performed poorly - assessment for delirium, dementia, postural BP, medication review, visual assessment and information given re falls risk/prevention.

The Trust also contributed to numerous RQIA funded audits. Regional Audit of the Use of Mid-Urethral Tapes for Stress Urinary Incontinence in Northern Ireland audit was published on the RQIA website in May 2018.



The aim of the audit was to assess the quality of care provided for patients who have had mid-urethral tape surgery for the management of stress urinary incontinence (SUI) carried out in Northern Ireland (NI) during the calendar year of 2013. This includes the use of conservative measures before surgery, consent, surgical technique/workload, and complications of the procedure.

The overall conclusion of the audit was that the use of mid-urethral tape appeared to be effective and safe in the short term for the management of SUI in Northern Ireland.

The full report for this audit can be accessed via:

<https://rqia.org.uk/RQIA/files/41/4102a2bb-d835-426a-9b6f-cefdebb9c5c3.pdf>

NEXT STEPS

- It should be mandatory for Trust multidisciplinary teams to implement pre-operative care in line with NICE CG171. Consent should be primarily a detailed one to one discussion with a patient about a procedure and should be supplemented with appropriate information documents eg. a patient leaflet or/and 'sticker' for the consent form which outlines the risks, benefits and potential complications
- Only practitioners with appropriate training and who undertake an agreed number of cases annually (NICE CG40, 2006 states 'at least 20') should undertake midurethral tape surgery
- Repeat surgery for stress urinary incontinence following a mid-urethral tape procedure should only be undertaken within a setting that provides specialised Consultant care in urogynaecology

- All practitioners who undertake mid-urethral tape surgery should submit data to a recognised audit national database to facilitate monitoring of results (eg. BSUG or BAUS)
- Formal post-operative follow up in an outpatient setting by staff with clinical expertise in the management of mid-urethral tape surgery is important to identify deleterious effects of mid-urethral tape surgery. Women require advice on possible long term sequelae and how to seek assistance
- Review of OPCS-4 codes is required to easily facilitate audit of repeat mid-urethral tape surgical procedures and surgical operations undertaken in response to tape complications (eg. tape division, trimming, partial or complete excision)
- An audit of long term outcomes (eg. five years) should be undertaken.

Cancer Access Standards

“During 2018/19, all urgent 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; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days”.

2018/19 Ministerial Target for Cancer Care Services

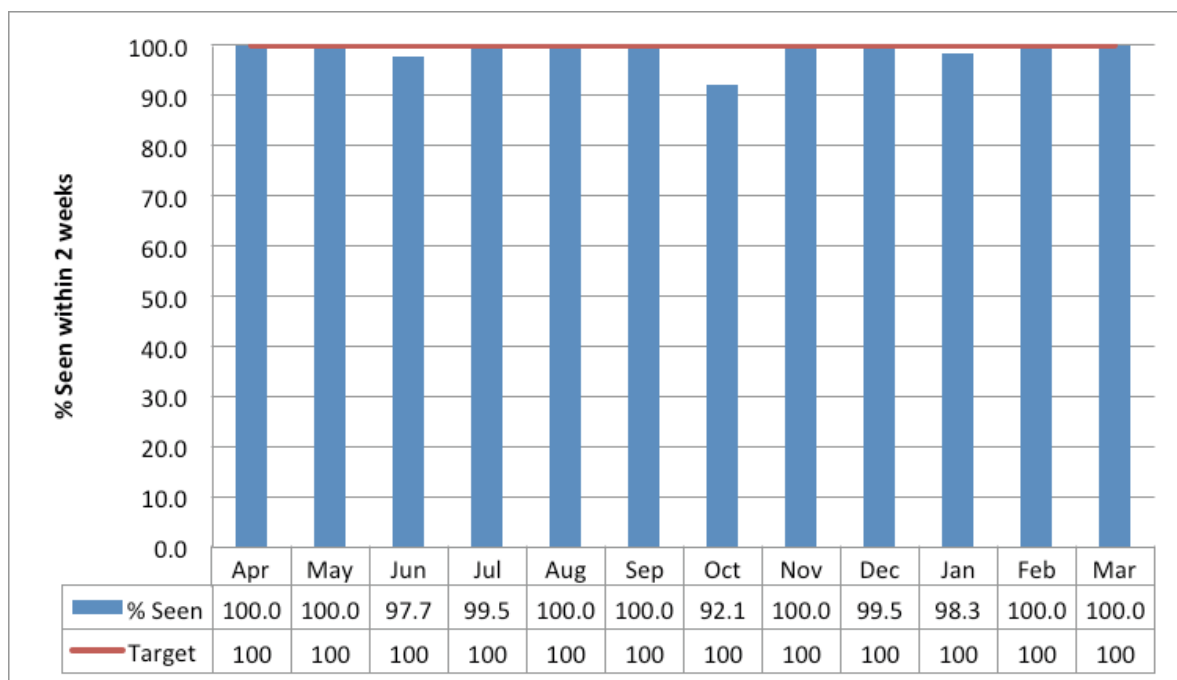
14 Day Breast Cancer Referrals

In 2017/18 the average number of referrals received each month remained static when compared to the previous year.

During 2017/18 long waiting patients were transferred to South Eastern HSC Trust from the Southern Trust.

Facts and Figures

14 Day Breast Cancer Referrals



Overall compliance was **98.9%** for 2017/18.

Overall compliance excluding Southern Trust patients was **99.8%**

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.

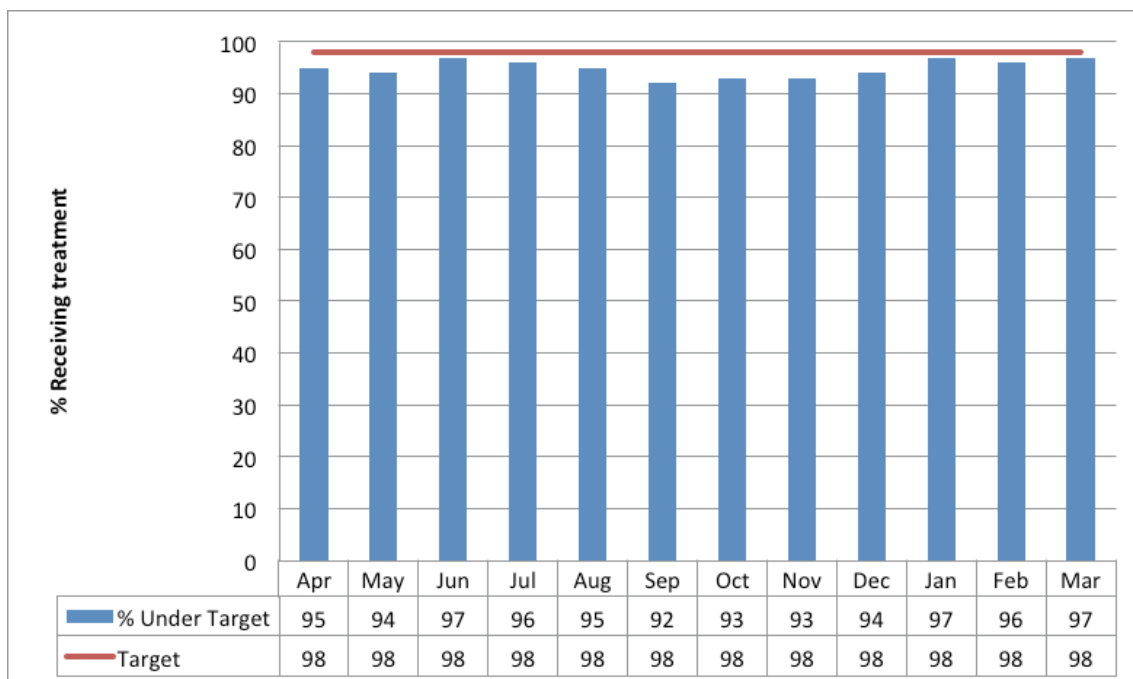
31 Day Target

The overall position for 2017/18 was **95%**. The majority of breaches were caused by insufficient theatre capacity for Urology and Skin.

Performance against this target will remain challenging in 2018/19.

Facts and Figures

31 Day Target



NEXT STEPS →

- Routine slots have been converted to urgent. Clinic templates have been amended to reflect the change in referral rates
- Detailed capacity and demand exercise underway. Report to be discussed September 2018.

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.

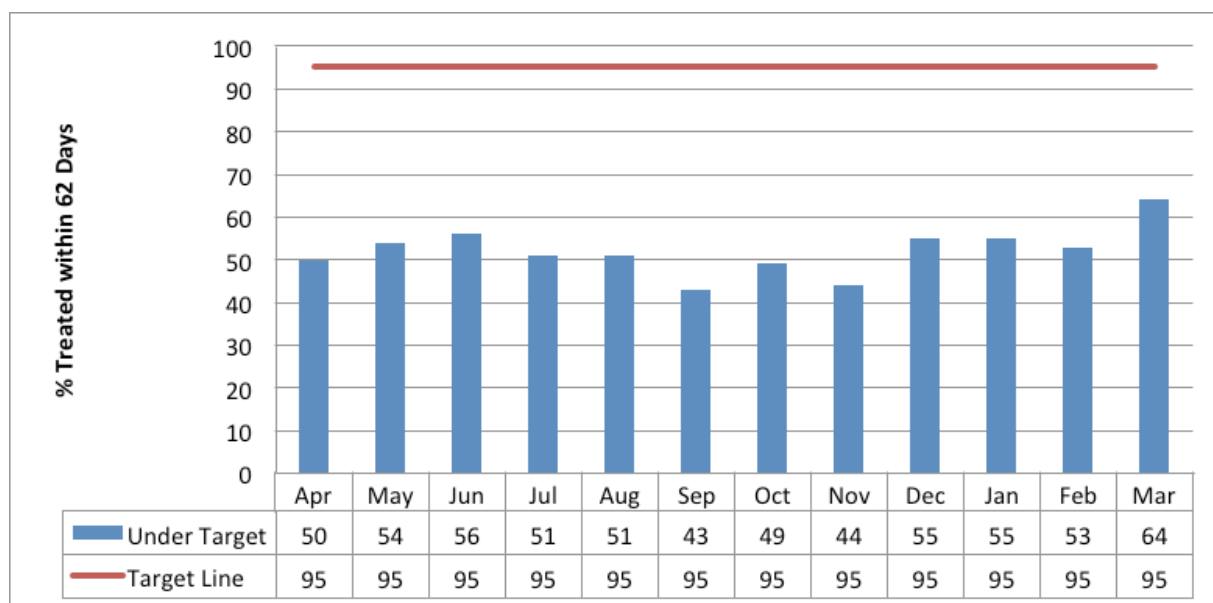
The average number of GP Red Flag referrals received each month has increased from **1212** in 2016/17 to 1294 in 2017/18 ie. **7%** rise on previous year.

The increase in referrals received is expected to continue to rise through 2018/19 and will have a significant impact on the number of patients on the suspect cancer pathway.

The number of new cancers diagnosed in 2017/18 increased from **2228** in 2016/17 to **2327**.

Facts and Figures

62 Day Target



NEXT STEPS →










- WLI continues for both outpatients and investigations for red flags
- Monthly Cancer Access Meeting in operation with representation from general surgery, medicine and woman and child health
- Red flag only endoscopy weeks held monthly to address endoscopy demand
- 'Super' Saturdays for ENT has been setup August and September
- A consultant of the week model is setup in Plastics. This will ensure referrals are triaged on a daily basis
- Plans are underway for outsourcing of CTs to reduce waiting times
- Access to CT Pet currently 4+ weeks and this remains the same despite Belfast HSC Trust securing additional capacity in Dublin
- Targeted work in lung, urology and colorectal are planned to interrogate the routes of referrals for those diagnosed with cancer (red flag, emergency, other referral routine including routine).

Goal 5



Integrating the Care

Annual Quality Report - Next Steps Update From 2016/2017



Theme	Title	Next Steps	Status Achieved On plan Behind plan
Goal 5: Integrating the Care	Community Care	<p>'My Journey, My Voice' Exhibition Roadshow</p> <ul style="list-style-type: none"> 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. <p>Regional Launch of RISE NI</p> <ul style="list-style-type: none"> The Trust's Speech and Language Therapy, Physiotherapy, Dietitians 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 <p>Reporting by radiographers now in place</p> <ul style="list-style-type: none"> 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. <p>Occupational Therapy participation at open night for people newly diagnosed with Multiple Sclerosis</p> <ul style="list-style-type: none"> To continue developing this service through co-partnership with the MS Society and service users. <p>Dementia Champion</p> <ul style="list-style-type: none"> To monitor and review the effectiveness of this communication tool and see if this can be of benefit to other Trust Services. <p>The 'Milk Allergy (MOO) Clinic'</p> <ul style="list-style-type: none"> 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. 	        

<p>Community Care (Continued)</p>	<p>SQE Success: Acute Occupational Therapy Participate at Final SQE Event</p> <ul style="list-style-type: none"> • 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. <p>Lymphoedema - SQE Finalist</p> <ul style="list-style-type: none"> • 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. <p>Prison Healthcare Update - SQE Joint Winners SQE 2017</p> <ul style="list-style-type: none"> • Work is on-going to see how the programme can be adapted and further improved over the coming months. <p>7th International Conference on Integrated Care #ICIC17</p> <ul style="list-style-type: none"> • 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. <p>Advancing Healthcare Awards Winners</p> <ul style="list-style-type: none"> • To continue to develop this AHP led multi-disciplinary service in conjunction with the consultant surgeons and patient involvement. <p>Foetal Alcohol Spectrum Disorder</p> <ul style="list-style-type: none"> • 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 <p>ICATS SQE Project 2017</p> <p>Future plans are to:</p> <ul style="list-style-type: none"> • 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.
--	---

	<p>Mental Health</p>	<p>Recovery College</p> <ul style="list-style-type: none"> • 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). <p>Improving Access to Psychological Therapies</p> <ul style="list-style-type: none"> • Provision of low intensity psychological therapies throughout Community Mental Health Teams • Outcome measurement to demonstrate the impact of the therapies for our patients. <p>Outcomes Measurement in Mental Health</p> <ul style="list-style-type: none"> • Phased introduction into Community services and Condition Management Programme of clinical outcome measures and CORENET. <p>Mental Health Safety Collaborative</p> <ul style="list-style-type: none"> • 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. <p>Launch of the Substance Misuse Liaison Team (SMLT)</p> <ul style="list-style-type: none"> • Extension of SMLT across the trust hospitals to include the Downe Hospital and Lagan Valley Hospital. <p>QI Echo Project focusing on increasing Carer Support in Mental Health</p> <ul style="list-style-type: none"> • Ongoing increase in carer assessments being provided within Mental Health • Continuation of carers project worker position.
--	-----------------------------	---

	<p>Social Care</p> <p>Protecting Children at Risk</p> <ul style="list-style-type: none"> • Develop innovative approaches to hear the experiences of children and families. <p>Children’s Services Family Support Hubs</p> <ul style="list-style-type: none"> • Continue promoting the benefits of this service with professionals across the Trust • Produce improved promotional materials • Encourage more self-referrals. <p>Service User Stories</p> <ul style="list-style-type: none"> • 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. <p>Ensuring Permanence Plans for Looked After Children</p> <ul style="list-style-type: none"> • 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. <p>The ‘Home on Time’ Programme</p> <ul style="list-style-type: none"> • Concurrent care is to being promoted across the Trust adoption and foster care recruitment • Intensive parenting assessment model will be promoted across all social work teams. <p>Adult Safeguarding</p> <ul style="list-style-type: none"> • 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). <p>Carer Support</p> <ul style="list-style-type: none"> • 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. 	
--	--	--

	<p>Social Care (Continued)</p>	<p>Re-Settlement of Adults with a Learning Disability</p> <ul style="list-style-type: none"> • 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. <p>Direct Payments for Children</p> <ul style="list-style-type: none"> • 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. <p>Education and Training for Young People Leaving Care</p> <ul style="list-style-type: none"> • 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. <p>Transition for Children with a Disability</p> <ul style="list-style-type: none"> • 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. <p>Direct Payments and Self-Directed Support in Adult Services</p> <ul style="list-style-type: none"> • To measure and report the outcomes of SDS for both the individual receiving support and the Trust's perspective using the ASCOT tool. 	<p>↑</p> <p>↑</p> <p>↑</p> <p>✓</p> <p>↑</p> <p>✓</p> <p>↑</p> <p>↑</p>
--	---	--	---

	<p>Social Care (Continued)</p>	<p>Annual Health Checks for Adults with Learning Disabilities</p> <ul style="list-style-type: none"> • 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 and people with learning disability • The Trust plans to introduce health and well-being plans for people with learning disability who have had a health screen which is in line with regional plans. <p>Approved Social Work</p> <ul style="list-style-type: none"> • 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. 	 
--	---	---	--

AHP Superheroes - The Movie

An AHP Leadership course team from the South Eastern HSC Trust comprising Lorraine Ringland (OT), Joanne Sheehan (Physiotherapist), Alison Warwick (Radiographer), Linda Hyde (SLT) and Pete Turner (Dietitian), evaluated the evidence from major reports on health and social care within Northern Ireland.

The Health and Wellbeing 2026 strategy suggested that AHPs would play a key role in bringing about this change as they are highly skilled, innovative, autonomous practitioners.

To get this message out there they decided to make a promotional film that could be used as a commissioning tool for AHP services.



They decided to focus on AHPs in extended scope practice roles as there was good evidence that these had the potential to reduce waiting times, free up consultant time



Trust Team (L to R) Linda Hyde, Lorraine Ringland, Joanne Sheehan, Alison Warwick, Margaret Moorehead, Pete Turner

and lead to improved stakeholder experience. They set about filming short segments on four existing therapy based clinics that were already delivering major benefits.

The Respiratory Hub has significantly saved bed days by preventing hospital admissions and the sonographer led proximal Doppler DVT examination has allowed the Trust to comply with NICE guidelines by reducing waiting times.

The dietetic led coeliac clinic and hand therapy clinic have freed up considerable consultant time allowing them to focus on more complex cases.

NEXT STEPS

- The team plan to use the film to promote AHP led clinics and extended scope practitioners to commissioners as part of the Elective Care and Unscheduled Care solutions. They will seek permission to present the promotional tool to the 2026 transformation implementation group (TIG) and transformation advisory group (TAG) as well as posting it on Trust and HSCB Social Media Platforms. However the tool is there for the wider AHP family to use in commissioning new services.

Rising star



(L to R) Patricia Dolan, Lead Orthoptist, Jessica and Nicki Patterson, Director of Older People and Primary Care & Executive Director of Nursing

Jessica Beacom was nominated in the category "Rising star-Leaders in the Making at our NI Advancing Health Care Awards for her work in editing the Trust AHP newsletter.

Her design included a new vibrant layout, changing format, and the end result was a very professional edition, which has now been adopted as the new template for future editions.

Jessica joined SET as a new graduate Orthoptist in September 2015 and is a valued member of the team.

Congratulations Jessica!!

Stroke Service Improvement Event

In October 2017 the Trust held a Stroke Service Improvement Event. The event included presentations from Dr Dynan, Dr Power, Dr Wilson, Maureen Matthews, Pauline Glenfield and CST staff. A service user also shared her story, which was very powerful. The day clearly highlighted the advances in acute stroke care and the seamless pathway for service users between acute and community services. Thank you to everyone involved.



NEXT STEPS →

To continue to work towards continuous improvements across both Acute and Community settings, with the help of user involvement.

Chairman's Awards The Plastic Surgery Therapist Led Clinic

The Plastic Surgery Therapist Led Clinic won their award category 'Continue to Improve' at the Chairman's Awards on 27 October.

The clinic, part of the Regional Plastic Surgery service in Northern Ireland, is a new AHP service designed to help address the growing caseload of trauma and elective patients being referred to the regional unit. Based in the Ulster Hospital, highly specialised AHPs carry out complete patient management of up to **80%** of patients following hand injury or surgery.



Fiona Talbot (Consultant Hand Therapist), Janey Milligan (Consultant Hand Therapist), Harry Lewis (Consultant Plastic Surgeon), Karen Canning (Occupational Therapy Service Lead)

This releases 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.

NEXT STEPS →

- 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.

Chairman's Awards

Development of an Early Supported Discharge Service

Evidence has shown that ESD has the potential to reduce hospital length of stay (LOS), save bed days, improve patient outcomes, and reduce long term dependency and admission to institutional care.

The multi-disciplinary team comprises Occupational Therapists, Speech and language Therapist, Physiotherapists, nurses, social workers; a psychologist, orthoptist and a dietician who are supported by generic therapy assistants.

An in-reach Social work model provides discharge planning supporting patients and carers to ensure continuity of care from hospital to home.

Therapy in reach supports management and discharge of complex patients over 6 days. Technology allows the virtual presence of the CST at the daily whiteboard meeting of the acute stroke unit facilitating safe and effective discharge and timely follow up.

To ensure a whole-systems approach and create lasting change, all staff within the team are trained in an evidenced based self management programme shown to have an impact on confidence, quality of life and functional ability.



Trust Team (L to R) Linda Hyde, Lorraine Ringland, Joanne Sheehan, Alison Warwick, Margaret Moorehead, Pete Turner

The aim is to build on resources held by the patient and family and reduce dependence on professional skills by creating more ownership of their therapy.

Patients and carers have been consulted on how best to effectively integrate this into the service. This has led to the co-production of an access friendly personal questionnaire which enables clients to identify personal targets and strategies to support their rehabilitation.

All staff use iPad which not only facilitates quick and easy access to information and communication systems but also enhances treatment approaches in the form of apps and assist with exercise programmes.

NEXT STEPS →

- Continuous monitoring and review with regular patient and carer focus groups, experience stories and satisfaction questionnaires will help to ensure we are continuing to meet patient and carer need.
- Partnership working is key to ensure appropriate timely community reintegration.
- This style of working with NICHS delivers a local physiotherapy led community based Post Rehabilitation exercise programme weekly in 2 community venues, enhancing patient confidence to move on from the Health care setting.

Chairman's Awards

New Healthy Eating Resource for Learning Disability Clients



(L to R) Colm McKenna, Trudy Brown, Elizabeth McKnight, Kieran McCormick, Gail M Cormack, Linda Convery

Linda Convery, Lead Health Development Dietitian, was delighted to attend the Awards ceremony.

The new healthy eating resources for learning disability clients were shortlisted in the 'Help You to Stay Healthy and Well' category.

Unfortunately, from the team that developed the resources, neither Pat Cuming, Health Facilitator for LD nor Colette Mc Ginnity Disability Physical Activity Co-ordinator could attend but colleagues gladly represented them.

NEXT STEPS

See our video on the link: www.youtube.com/watch?v=3_-BEtcGjsM

Chairman's Awards Minimising the risk of choking in Nursing Homes

- A multi-disciplinary team worked in partnership with Bangor Care Home on a project to Minimise the Risk of Choking in Nursing Home Residents with Dysphagia (eating, drinking and swallowing difficulties)
- A project team included representatives from, Speech and Language Therapy, Dietetics, Social Care Governance and Bangor Care Home. The team reviewed the current Swallow Awareness training package and how swallowing recommendations were being communicated within the Care Home. Mealtimes were observed and focus groups were set up within the Care Home for staff and resident's families to help highlight which areas needed improvement
- The project was shortlisted for the annual South Eastern HSC Trust Chairman's Award under the 'Ensure Safety, Improve Quality and Test Experience' category and were delighted to be announced as the category winners.



(L to R) Pauline Thompson, Project Lead, Social Care Governance Facilitator, Mauro Magbitang, Bangor Care Home Manager, Ashleigh Bannister, Dietitian Rachael Booth, Speech and Language Therapist

Facts & Figures

- Feedback from care home staff led to practical, experiential training sessions being developed and delivered. Using this model **100%** of the care home staff were trained and they reported an increase in confidence with managing mealtimes
- The outcome of the project was measured by carrying out observational audits of mealtimes. Initial audit results showed **78%** compliance with swallow recommendations, which reduced to **52%**. The project then achieved an overall compliance of **93%** after changes were implemented.

NEXT STEPS

- The next challenge is to extend the learning from this work into other Care Homes in the Trust.
- The approach is now being rolled out within 6 other Nursing Homes across the Trust using an Outcomes Based Accountability Approach.

Childrens Physiotherapy Service Partnership Working

Following completion of a survey (parents and education staff), the Childrens Physiotherapy Service focused on two areas:

1. Enhancing engagement of parents and education staff
2. Providing training to education staff in the use of specialist equipment

Parents attend a physiotherapy review appointment in school during which parental concerns and expectations are discussed and any goals agreed. Following this a written therapy plan is completed identifying the roles and responsibilities for parents, physiotherapy staff and education staff. Parents receive a written home exercise programme which has been demonstrated and practised during the physiotherapy review.

Three training programmes - 'Why Stand', Hydrotherapy, The use of orthotics - were developed and are delivered by physiotherapy staff at the end of August in the three special schools to education staff. Dates are arranged with the school principals in advance.



(L to R) Paediatric Physiotherapists. Finalist in the category of ensure safety, improve quality and test experience.

During September staff receive further specific training regarding delegated tasks for individual children. This includes positioning in specialised equipment such as standing frames and gait trainers.

NEXT STEPS →

- By providing this training, education staff have reported improved confidence and understanding while physiotherapy staff have noted improved compliance with the use of the equipment. In addition physiotherapy time has been redirected to specific therapeutic handing and intervention.

South Eastern HSC Trust Dietetic Led IBS Pathway Pilot



Irritable bowel syndrome (IBS) is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation.

The symptoms severity can vary between individuals. It is a chronic debilitating disorder that is often very difficult to treat.

A new regional pathway for management of IBS has been developed in the last 12 months. The aim of the pathway is to reform referrals. The management path changed from consultant referral to one that is dietitian led, with referral to consultant only for patients who remain with outstanding clinical concerns at the end of clinical specialist dietetic intervention.

For this short pilot, patients were identified from the gastroenterology new patient waiting list supervised by Dr Tony Tham. Monitoring metrics were established. Those patients who were accepted to the dietetic led intervention were offered an initial and review appointments with the dietitian. For the purpose of this pilot the patients remained on the gastroenterology new patient waiting list.

*** From the referrals triaged and assessed, 91% met their dietetic outcomes ***

Foetal Alcohol Spectrum Disorder and NDPAE

What Podiatrists Need To Know

Congratulations to Elaine Rea for her publication in Podiatry Now.

"I was very fortunate to be asked to the Scottish Government's training event for paediatricians in Stirling in March 2017.

The ethos behind the event was to ensure that all paediatricians in Scotland were trained in making a diagnosis of FASD.

Clinical expertise was provided by Ana Hanlon Dearman who is Medical Director of the Manitoba FASD Centre. She emphasised the important role that AHPs have in the diagnosis and management of the condition, with SLTs and OTs being part of the diagnostic team.

Scotland currently leads the UK with the development of a FASD diagnostic pathway, which aims to improve the identification and diagnosis of affected children.

In July 2017, I wrote an article with Dr Kieran O'Malley entitled:

'What Podiatrists need to know about FASD/NDPAE'.



It was published in the July edition of Podiatry Now with the aim of explaining to podiatrists what FASD is and how it can affect the feet.

It highlighted a study by Dr O'Malley and Dr Gill which showed that approximately half of the children surveyed had sensory problems.

It also stressed the importance of health professionals asking parents or carers about prenatal alcohol exposure.

I am a founding member of the Northern Ireland FASD Support Group. Parents and carers at the group really appreciate a health professional coming along and they are very open about their struggles in getting help and support for their children.

On the 16 December I carried out a pilot study of sensory assessment of children affected by FASD.

I hope to complete my PhD proposal in in the New Year".



Elaine Rea pictured with Ally McNamara who is the coordinator of the Northern Ireland FASD support group.

Improving the sexual health of men in Northern Ireland's prisons

This Queen's University led project, funded by the Burdett Trust for Nursing, was developed in collaboration with the sexual health and prison healthcare teams in the South Eastern Health and Social Care Trust.

The project had two strands:

Firstly, a nurse led initiative was introduced to provide asymptomatic sexual health check-ups for patients.

This is the first time nurses have provided this service, as previously, medical consultants saw patients who were mostly showing symptoms.

Secondly, a participatory methodology was used with young men from Hydebank Wood College, resulting in the coproduction of a short animation video, encouraging a positive approach to looking after one's sexual health by attending check-ups.

30 nurses have completed **9** e-Learning modules and attended half day training, provided by the Trust's Sexual Health Team.

A further **8** nurses attended a bespoke **3** training on sexual health education, enabling them to deliver health promotion sessions with the men.

The inclusion of young men from Hydebank Wood College, as co-producers in developing the animation, ensured that their voices were heard and that they could relate to the final version.

Through their direct involvement, the young men have helped develop a video which will be credible to users, fit for purpose and thereby effective.

Dick Luvs Doot can be viewed on You Tube at:

<https://goo.gl/iZf4qJ>

NEXT STEPS →

1. The nurse led initiative will continue to be supported within the Trust by the specialist Sexual Health Service and Prison Health Teams
2. Currently, we are in the process of strengthening the service in Maghaberry, the busiest establishment, with a high turnover of remand prisoners
3. The Consultant Nurse for Sexual Health has committed to a monthly clinic, alongside the Medical Consultant Clinic, for a period of six months. The purpose of this will be to work alongside prison nursing staff to develop their skills and the organisation of the service.

Launch of Improving sexual health of men in NI prisons at Hydebank Wood College (March 2018)



Included from (L - R) Catherine Baxter, Jaqueline Magennis (Nurses at HBW), Dr Michael Mc Bride (Chief Medical Officer), Professor Maria Lohan (School of Nursing and Midwifery QUB), Dr Carmel Kelly Consultant Nurse Lead in sexual health SET, QUB), Dr Michelle Templeton (Research Fellow QUB), Professor Donna Fitzsimons (Head of School), Rachel Gibbs (Assistant Director Prison Health SET), Tracey Heasley (Clinical Nurse Lead for prison healthcare SET), Governors Richard Taylor and Austin Treacy (NIPS) and William Halligan (Nurse - Maghaberry prison)

Enhanced Care at Home

The Enhanced Care at Home (ECAH) service has been developed through an Integrated Care Partnership (ICP) to provide person centred care for individuals for acute illness in their own home as an alternative to hospitalisation.



The person's needs for therapeutics, assessment and monitoring are provided in their own home, with agreed goals and interventions.

As a result of ECAH interventions **5,845** bed days have been saved between February 2017 - April 2018.

- **84%** were nursed in their own home
- **37%** of referrals have a respiratory condition
- **100%** of patients who responded said they felt safe with the level of care they received.

Feedback from clients

"Hospital care excellent but Care at Home same with regular monitoring and feedback, liaising with patients GP and a home visit by the team's consultant. Tremendous backup for patient and family in own home".

"The standard of care surpassed Hospital care".

NEXT STEPS

- In partnership with Four Seasons Healthcare, the ECAH team are undertaking a Quality Improvement Project in the use of a Community Early Warning Score (CEWS) to aid timely identification, monitoring and standardised communication about the deteriorating patient
- Development of an information technology infrastructure to facilitate responsive, safer and contemporaneous care and documentation
- Continue involvement with inter-agency collaborative working to help produce a more effective service
- Enhance and strengthen the medical support to enhance Community support.

Supporting private nursing homes to improve the quality of end of life care for their residents

The ageing demographic in Northern Ireland suggests that people are living longer with increasing needs of care.

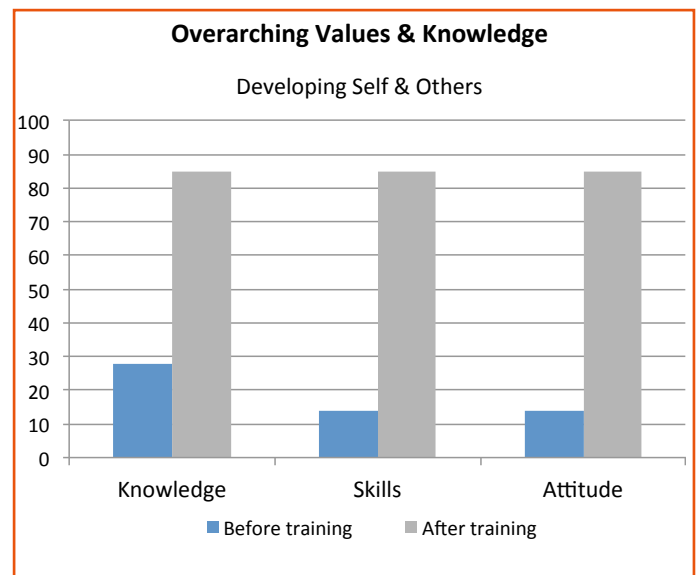
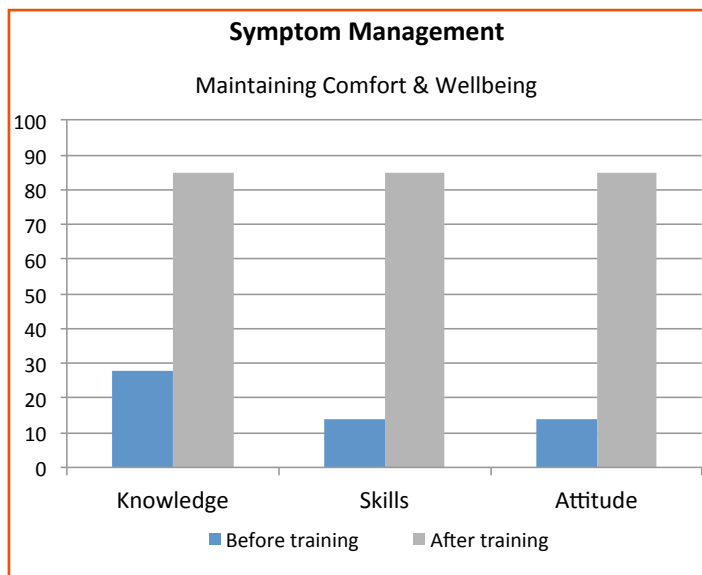
Nursing and residential homes are increasingly the place where people nearing the end of life will live and be cared for until their death. Many of these residents are living with multiple chronic conditions and therefore require more complex interventions.

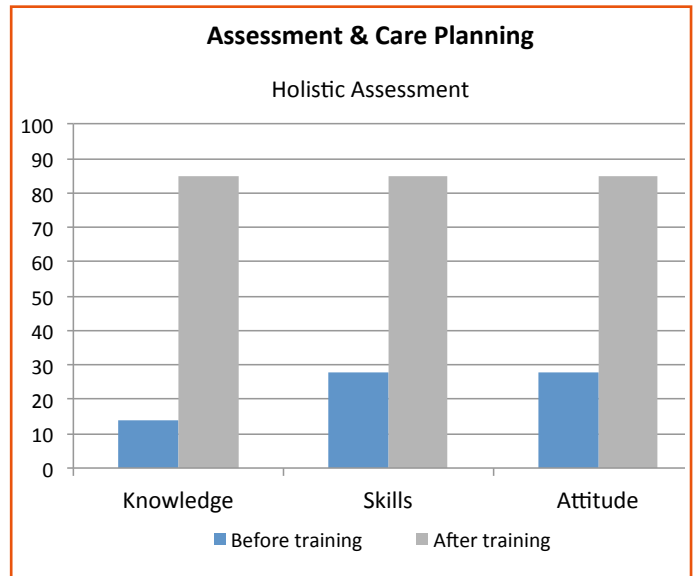
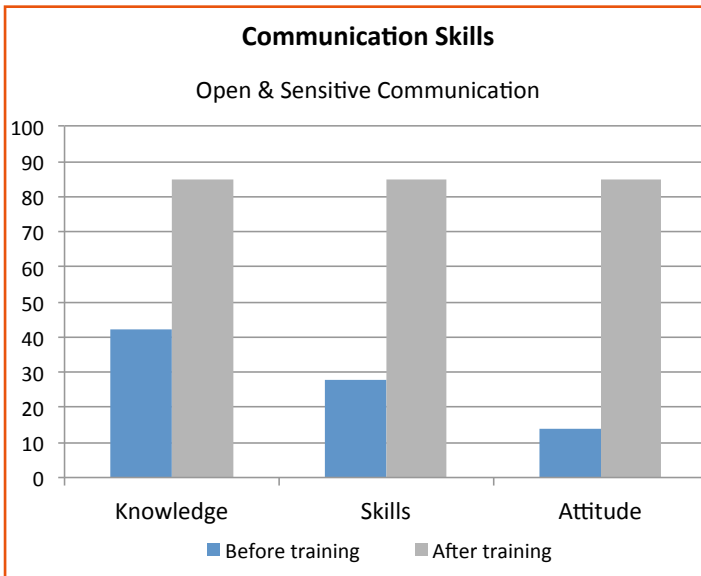
Policy highlights the need for care providers to have up to date knowledge and skills in providing symptom control and comfort to these residents - Department of Health Social Services and Public Safety (DHSSP) 2013.

However research suggests there are knowledge gaps and a need for training - *Whittaker et al 2006; Brazil et al 2012*. The evidence would also suggest that traditional training alone does not change practice or cultures - *McCormack et al 2013*.

The palliative care education facilitators in the Trust undertook a research study to explore if a Practice Development (PD) Programme would enhanced person centred end of life care and improved the experience of the caregivers in terms of acquired knowledge, skills and confidence in caring for residents at the end of their life.

The results of the study were very encouraging, enhancing the caregiver's confidence to care in many aspects of palliative care.





NEXT STEPS →

- Spread education programme to other private nursing homes
- Test the model in other care settings across the Trust
- Continue to evaluate the effectiveness of the education programme.



Participating staff from Kingsway Private Nursing Home, Dunmurry and Kingsland Care Centre, care home, Bangor

Healthy Legs Project

Following successful completion of an SQE project in 2016 - 2017 Lymphoedema and Tissue Viability Teams have collaborated to secure funding from the Trust and Local Commissioning Group to fund a 12 month pilot 'Healthy Legs' project.

The aim of the project is to skill-up practise based nursing staff in the management of patients with simple leg swelling, educate GP's (using a pathway developed through SQE) and set up robust review processes and data collection for improved long term preventative management.

Recent research shows the annual cost to the NHS of managing non-healing wounds is estimated to be up to **£5.4 billion**.



Simple leg swelling is a pre-cursor to leg ulcers and lower limb cellulitis, these conditions, if managed early, can be prevented and antibiotic and diuretic drug therapy reduced. Leg conditions have also been shown to lead to loneliness and depression if people do not get the correct care.

The project is still in early implementation but **3** GP surgeries are currently participating, with another **4** willing and ready to come on board.

To date, **42** patients have been assessed and received a treatment plan. Every patient's leg swelling has improved objectively, with one patient reporting that he is:

"Finally pain free after 25 years and able to wear a smaller shoe size".

There have been pharmacy cost savings of up to **55%** in one GP surgery where elastic stockings were being ordered too frequently.

With an aging population and growing level of obesity it is likely that the numbers of patients requiring this service will continue to rise. The potential reduction in the incidence of cellulitis and leg ulcerations will require long term data collection, but in the short term patient outcomes are clearly demonstrated:

"I have had troublesome legs for a long time. I didn't think anything would help...I've had creams, and antibiotics, and more creams. For the first time in years my legs are lovely - they aren't big and heavy and...after...getting these socks on, my day is great!"

NEXT STEPS

- Facilitate the introduction of Healthy Leg Clinics in all willing GP surgeries in North Down and Ards
- Improve GP coding of lower leg conditions to help get a real measurement of the extent of the problem and plan for the future
- Gather patient stories, to determine the impact of this initiative on their lives and what we can do better
- Continue to improve and innovate in this area.

What Matters to you - What matters to primary care patients/clients & staff



Lisburn Podiatry Team



Moir District Nurses



Nicki Patterson, Director of Nursing with Assistant Directors for Primary Care and Older Peoples Services, Brenda Arthurs, Margaret Moorehead and Linda Johnston



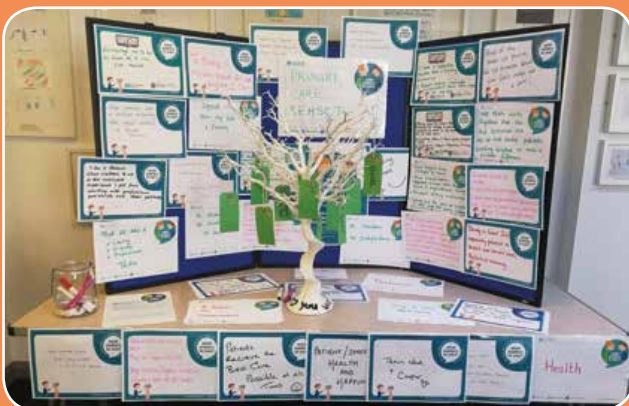
Lead Dental Nurse Group



Lisburn District Nurses



Fionnuala Gallagher and Claire Robinson



Display of patient and staff WMTY feedback



Downpatrick Dental Nurses

Rapid Response Nursing Service

Rapid Response Nursing Co-ordinator Tracey Steenson wins RCN Chief Nursing Officers Award 2018

Tracey's nomination and award exemplifies how nurses are taking the lead in delivering health service transformation in Northern Ireland, avoiding unnecessary hospital admission, bringing the service closer to the patient and most importantly, promoting improved outcomes for patients.

The Iron Deficiency Anaemia Clinic established by the South Eastern Health and Social Care Trust Rapid Response Nursing Service provides a new care pathway where patients are treated in community clinics closer to home, therefore avoiding repetitive blood transfusions which can take up to five hours each.

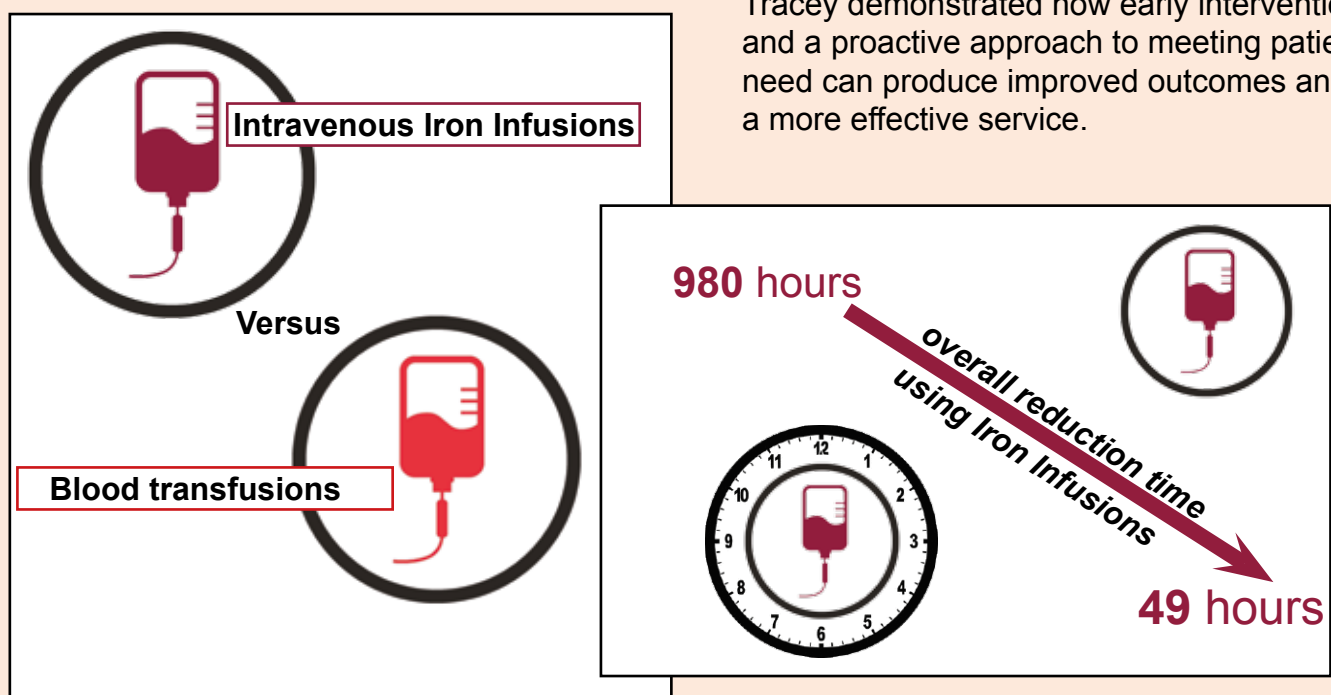
Following discussions with medical, nursing and pharmacist colleagues, the service was piloted in the Down locality clinic. Suitable patients now receive intravenous iron infusions rather than blood transfusions, an overall reduction in treatment time from **980** hours to **49** (in relation to **64** patients treated, **98** iron infusions instead of blood transfusions).



This has reduced the need for Emergency Department and Outpatient attendance as well as hospital admission and created additional team capacity to treat more patients.

The risk to patients is reduced, iron levels are more stable under the new care pathway, valuable blood resources can be targeted where they are urgently required, and significant financial savings have been made.

The judging panel recognised the innovative and patient-centred approach by the team and were impressed with the ways in which Tracey demonstrated how early intervention and a proactive approach to meeting patient need can produce improved outcomes and a more effective service.



Effective Health and Social Care Social Care Indicators

Children's

Protecting Children at Risk

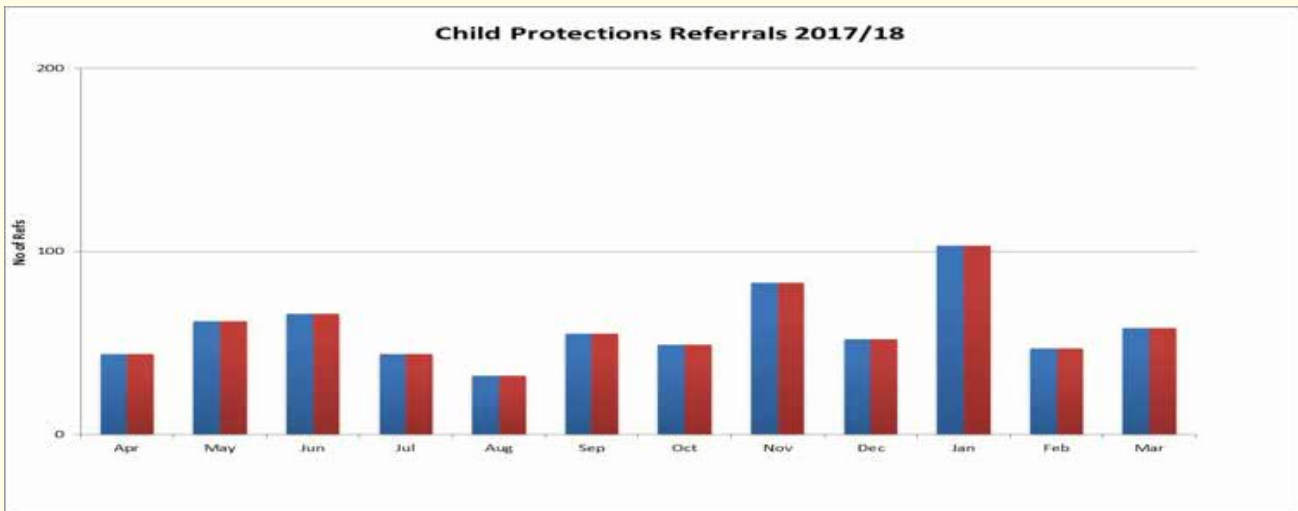
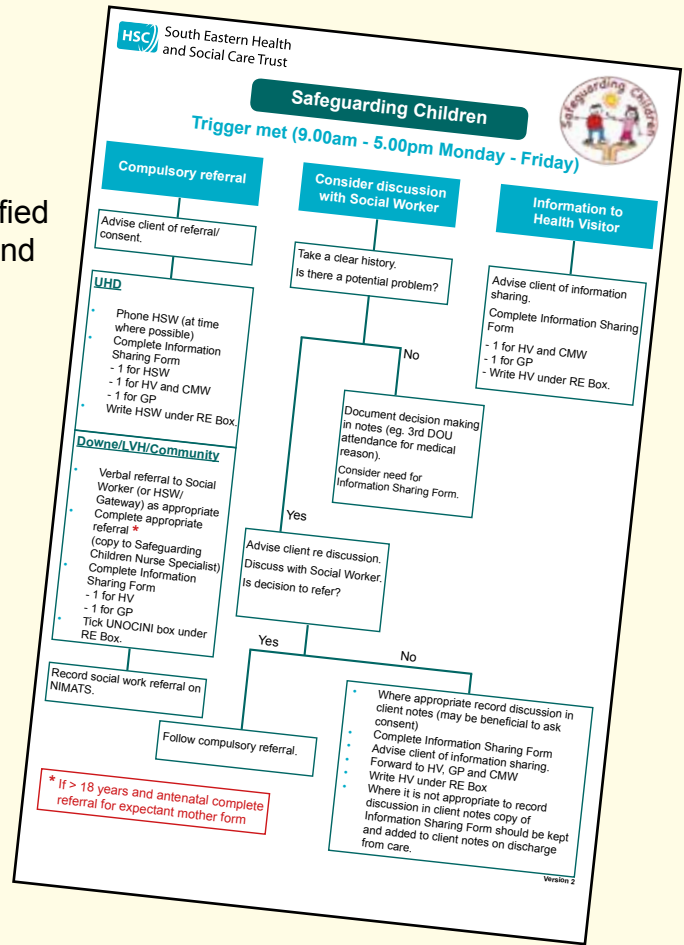
It is essential that children and young people identified as 'potentially at risk' are seen by a social worker and receive a timely response for assessment.

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.

Facts & Figures

During this year **100%** of children or young people were seen within **24 hours** of a child protection referral being made. The **4** 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 →

- An innovative approach called 'My Story Framework' has been developed to increase the engagement of children in developing their child protection plans in one sector
 - **92%** of children have reported feeling listened to and feeling involved in their assessment.
 - **90%** stated that they were aware of their safety plan
- To be scaled across to another sector within the Trust.

Children's Services Family Support Hubs

The Family Support Hub provides early intervention family support services to families with children/ young people aged 0 to 17 years.

Support is offered to families who require a short term intervention such as behavioural support for children, direct work where there are issues of anxiety, helping parents establish routines.

The Hub also signposts families to supports in their local area.

This year the Trust provided support to **890** families through the **3** Family Support Hub.



NEXT STEPS →

- Continue to promote and inform professionals across the Trust about the Family Support Hubs
- To further develop the Family Support Hubs to increase capacity to address the waiting lists.

Looked After Children

Children who become looked after by Health and Social Care Trusts 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.

Facts & Figures

This year the **MOMO** App continues to be used across teams who provide support to looked after children.

NEXT STEPS →

- To spread the use of the app to one of the child and family teams as one tool of engaging children in their meetings.

Everyone Matters

The 'Everyone Matters' project aims to increase parental confidence when being with their children who are in care by implementing an Education and Support Programme developed as a quality improvement initiative in 2016/17.



The programme is established and another 6 week programme will take place in 2018. Parents will be involved in delivering this programme.

An Everyone Matters Programme has been delivered with a child and their father and a very positive outcome for the child was achieved.

Facts & Figures

Baseline data for the 2018 programme shows parents have a low confidence engaging with their children who are in care.

NEXT STEPS →

- Deliver a further 6 week programme in July 2018
- Continue to carry out one to one work with birth fathers
- Co-production with birth parents in delivering the 'Everyone Matters' programme
- Test a tool to measure the child's experience.

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.

Facts & Figures

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 →

- The Care Proceedings Pilot, aimed at promoting good decision making and minimising unnecessary delay for children subject to care proceedings took place in the Trust in 2016. Following the recommendations from the evaluation of the pilot, the length of time for applications to the Court has been reduced from 57 weeks to 38 weeks. The Trust will continue to maintain a focus on avoiding delay.

The 'Home on Time' Programme (HOT)

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 ie. 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.



Facts & Figures

During 2017 - 2018, the Home on Time (HOT) programme received **30** enquiries.

From these **30** enquiries referrals were requested from **11** that fully met the HOT criteria.

During this period due to change of circumstances **3** cases did not progress:

5 full HOT/Intensive Community Based Assessments were completed and a further **3** cases are currently in the preliminary assessment stage.

NEXT STEPS →

- The Trust to continue to recruit concurrent carers
- The Intensive Community Based Assessment Model for cases in the court process will be sustained across all social work teams.

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.



Facts & Figures

In 2017/18, **125** direct payments within the Trust were made in respect of children (particularly children with disabilities) this is an increase on last year. Currently Childrens Services have **166** SDS plans in place which includes **5** managed budgets and **3** Trust arranged 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. One mum recently said: **"SDS allows me to be a mummy as well as a carer"**.

NEXT STEPS →

- To continue to promote SDS in Childrens 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 and developed 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 2017/18, 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.

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;	45	41	41	44	44	42	42	41	37	40	37	36
Total No. of these Care Leavers who are in education, training or employment	36	32	31	34	33	32	30	29	28	31	28	29
Performance against target	80%	78%	76%	77%	75%	76%	71%	71%	76%	78%	76%	81%

The Trust continues to provide a range of support for young people leaving care to reach their full potential and offers a number of apprenticeships and employment opportunities across a range of Departments. Two successful interns have been established in childrens services, to develop co-production opportunities with service users and have been extended with an additional appointment made in 2018.

Through the development of a Health and Social Care Academy, traineeships have been offered which have supported young people to gain a qualification 'Training for Success'.

Facts & Figures

There has been a slight decrease in care leavers in education, training and employment. The average for 2017/18 for care leavers in education, training and employment was **76.3%** compared to the average of **78.4%** in 2016/17.

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
- Development of a Peer Mentoring Initiative to provide young people with the opportunity to meet up with 'care experienced' mentors who have successfully transitioned into education, training and employment.



Pictured above are the Trusts interns, Hamish, Martha and Lucianne.

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 eg. 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 has been established and considers the needs of young people going through the transition process. This monthly group continues to match the needs of all young people moving into adult facilities. 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.

Facts & Figures

In the year 2017/18 **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
- The children and adult teams will continue to work together to ensure early plans are in place for young people post education.



Adult Safeguarding



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

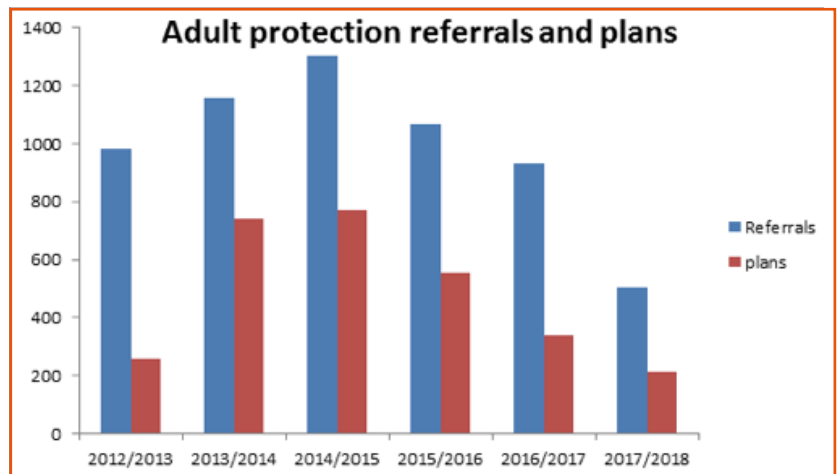
The Trust Adult Protection Gateway Team went live in October 2017 and while in its infancy, is responding to the challenges that any new service faces. The remit of the team is to investigate the complex cases into adult abuse exploitation or neglect and serves as a single point of contact for partner agencies and the public, in raising a concern.

The well-established Local Adult Safeguarding Partnership (LASP) held a total of four meetings in 2017/18 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.

Facts & Figures

In 2017 - 2018 a total of **503** Adult Safeguarding referrals were made which represents a **46%** reduction on last year's figures. This reduction is due to new threshold criteria being established in adult protection work.

Adult protection plans are important to help eliminate or significantly reduce the likelihood of harm occurring again. Of the investigations completed this year, **88%** of these saw protection plans being put in place.



NEXT STEPS →

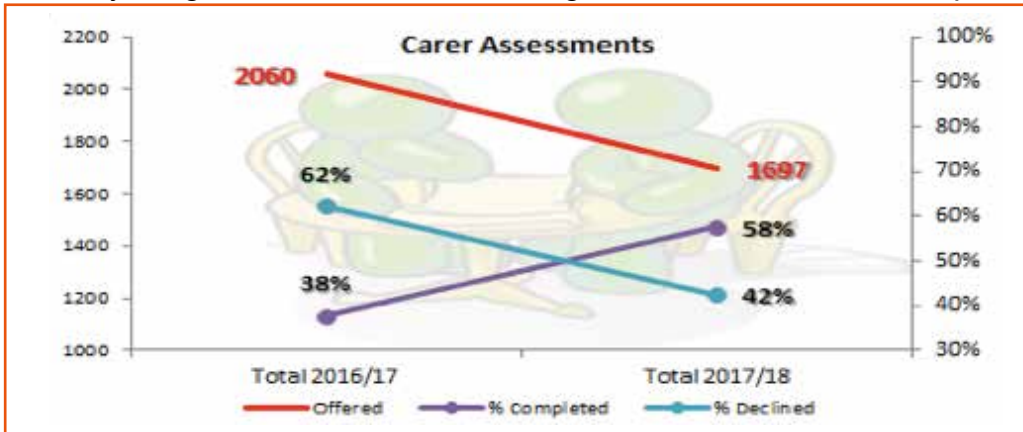
- Ongoing review of thresholds and activity of the Trust Adult Protection Gateway Team
- Continue to support Trust partner organisations to meet the requirements set out in the *Adult Safeguarding: Prevention and Protection in Partnership (July 2015)* and further develop training opportunities
- Develop a local awareness raising plan to raise awareness of elder abuse.
- The 10,000 Voices Adult Safeguarding Service User Survey to continue to be used as source of feedback and service improvement.

Carer Support

The Trust continues to be committed to supporting carers through a number of services. These include wellbeing events and short break payments; as well as the provision of services provided directly to the people they care for in Children's and Adult Programmes.



During the period 2017 - 2018, **1,697** adult carers were offered individual carer assessments. While the number of offers of carer assessments has decreased from last year, uptake has increased considerably. This is partly due to the introduction of a new way of talking to carers about their support needs called Carers Conversation in Adult Mental health and Adult Disability Programmes. This is now being introduced into Older People's Service.



During 2017 - 2018, **945** individual payments were made to carers across all Programmes of Care to promote the carers' own health and wellbeing by getting a short break from caring. This represents a significant increase from the previous year when **849** payments were made.

A number of wellbeing events for carers were held during June and October 2017 and March 2018 and these were well attended. Carers were asked about their views on these events. 100% of carers attending said that the events helped their wellbeing and that they felt less isolated. In addition, there were 2 sessions to alert carers about how to spot scams which proved to be very informative.

The Trust Carer Database/List has been increasing year on year. There has been a greater increase in entries over the last year with **508** new carers added (**300** previous year). This is partly due to the success of the Carers Conversation.

Trust Carers Development Officer has been involved in an ongoing initiative with Community Pharmacists to identify carers not already known to services. The project aims to promote the wellbeing of carers and promote supports available through the community, voluntary and statutory sectors. A project evaluation highlighted very positive outcomes for carers who were unaware that support was available. Most carers who engaged with the initiative agreed to ongoing support from the Carer Support Service as well as the local team to provide ongoing services.

NEXT STEPS →

- Trust staff to continue to continue to promote the benefits of Carers Conversation
- Continue to promote short breaks for carers through the Short Breaks Initiative developed in partnership with local community pharmacists across the Trust
- Continue to offer carers a range of wellbeing events which clearly benefit carers.

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.

The Trust has embarked on a new Outcomes Framework that will demonstrate the improved outcomes for individuals who are resettling from the hospital to a community placement through person centred planning.

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 and the new outcomes star model which will 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 further 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.

Facts & Figures

- The Trust has continued to focus on resettlement of people from Muckamore Abbey Hospital. Three people remain to be resettled, one of whom remains in active treatment and plans are in place for discharge in respect of the remaining two individuals.

NEXT STEPS →

- The Trust will continue to focus on the resettlement of the remaining two 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 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 progress SDS as the personalised model of social care.



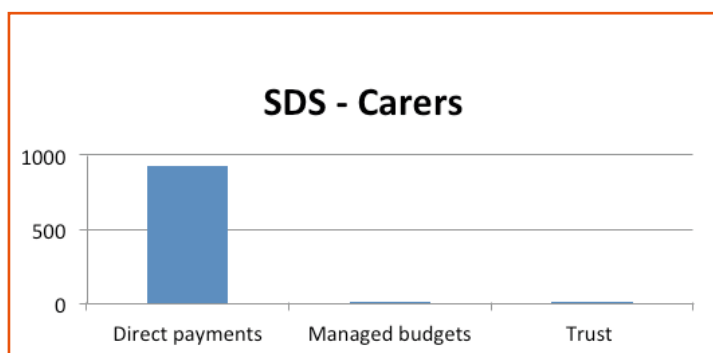
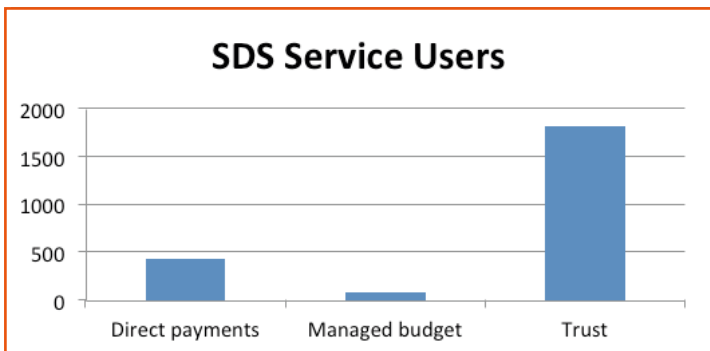
Facts & Figures

The Trust is delighted to report that a total of **3365** service users have been in receipt of an SDS service.

22% have chosen some form of self-directed option ie. a managed budget or direct payment.

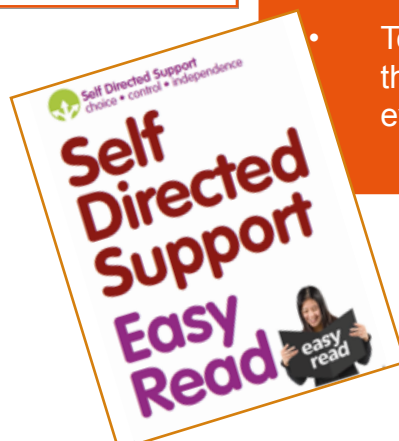
There have been a number of key events held throughout the year to help embed the SDS model across the Trust.

Some of these include on-going staff training, developing resources to enable service users easy access to information regarding SDS and developing an eLearning site for personal assistants employed through direct payments.



NEXT STEPS →

- To continue to embed SDS to ensure all service users are offered the choice to access Direct Payments, a Managed Budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified
- To review SDS training to include development of an eLearning module
- To continue to support staff through development of a practitioners forum and through updated website communication
- To take staff feedback on board and streamline processes where possible to ensure SDS is as easy to deliver as possible for staff and service users
- To monitor the effectiveness of SDS through the use of the ASCOT evaluation tool.



Annual Health Checks for Adults with Learning Disabilities

People with a learning disability, as a group have much greater health needs than the general population. They are more likely to have general health problems, sensory impairments, mental health problems, epilepsy and physical disabilities.

The uptake of breast and cervical screening by women with a learning disability is poor. The 'Confidential Inquiry into Premature Deaths of People with Learning Disability (2013)', found that the deaths from causes that may have been avoided by good health care, were nearly three times more common in people with a learning disability than the general population

Research shows that regular health checks for people with a learning disability often uncover treatable health conditions.

The Annual Health Check is a chance for the individual to get used to the GP practice, which reduces their fear and reduces barriers due to lack of understanding or diagnostic overshadowing.

Effective screening and regular health checks help to identify unmet need and prevent health problems arising.

The Learning Disabilities Mortality Review's first annual report (May 2018) highlighted that women with a learning disability are still dying 29 years earlier than women in the general population and men some 23 years.

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) provides an annual health check for people with learning disabilities. The Trust Health Facilitator has worked with GP's across the Trust to encourage attendance at health screening and ensure individuals with a learning disability have an equal right of access to primary health care services.

Facts & Figures

- **100% (54)** of GP practices in the Trust remain engaged in the health check process
- **75%** of people with a learning disability receive an annual health check
- Health and wellbeing plans have been piloted within the Trust and once agreed regionally will be launched and rolled out following screening.

Mencap (2018) has highlighted health as a priority.

Through their three-year campaign focusing on reasonable adjustments 'Treat Me Well' aims to promote partnership working with all five Health and Social Care Trusts.

Hospital passports need to be actively rolled out to ensure reasonable adjustments are made and the client is fully informed about procedures in order to help with the experience.

**** 'Simple adjustments make a difference'. ****

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 and well-being plans for people with learning disability who have had a health screen, which is in line with regional plans
- Continue to roll out healthy eating booklets and continue through joint multi- disciplinary working provide additional material
- To continue to develop promotional and educational material on a range of health conditions which are in easy read format and distribute to each GP practice as a resource
- Pilot health, nutrition and exercise group for identified group within Downpatrick sector to help minimise risk of obesity through health promotion and health education
- Focus on reasons for individuals not attending their Health check.



Continued roll out of the hospital passport

Approved Social Work

Sometimes it is necessary, to assess and detain people to hospital for assessment under the Mental Health (NI) '86.

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 person's nearest relative.

There has been a reduction (2017 - 2018) in the number of assessments being requested of the Regional Emergency Social Work Service (RESW) ASW staff. Alongside this the Trust ASWs continue to seek alternatives to admission to hospital while making use of available supports and services, along with appropriate efforts to consult with the nearest relative following assessments and prior to completing any necessary forms.

Facts & Figures

- This year in 2017/2018 the number of applications for assessment of an ASW in the Trust was **353**, a reduction of **18%** on the previous year
- Of these **94%** of application reports were completed within the **5** day timescale.

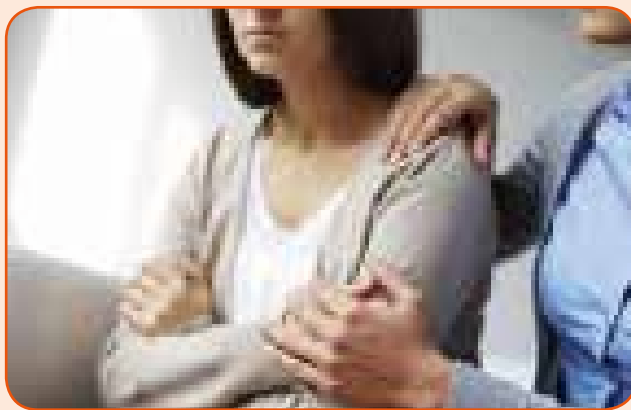
Success continues in ensuring there is unnecessary delay in completing the ASW assessment process with a response time of one hour being maintained.

A new initiative, 'Street Triage', is being piloted. This is focused on providing support to those service users who may be diverted away from having to attend Emergency Departments and also ultimately reduce the number of unnecessary assessments required under the Mental Health Order.

The service is proving effective to date in helping Ambulance, PSNI and Mental-Health-at-Night provide early intervention and sign-post to appropriate services.

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
- Inter-agency collaborative working to help produce a more effective service to continue
- Continue to promote reflective practice to support ASW staff and to enhance and strengthen service provision.



Resilient Staff - Promoting Continuous Professional Development in Social Work Practitioners



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'. In the last year four senior managers completed the Leading Social Work Programme.

Professional Social Work - Staff Support and Development

Professional Supervision

During this reporting year overall **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 2017/18 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 continue to be well supported. This year, newly qualified Social workers stated that they were well supported during their 'Assessed Year in Employment'.



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 **19** 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 19 June 2018 at the La Mon Hotel and Country Club. Awards were presented by Paul Martin, Chair of the Northern Ireland Social Care Council (NISCC).

A Social Work Advocacy Team 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.

"In my view, I believe the social work advocacy team also is a great way of finding out about social work practice in other areas of work and giving each other insights of what is working and what is not working well within teams and ideas for improvement".

Implementing Quality Improvement



The Regional Quality Improvement in Social Work Programme co-ordinated and delivered by the South Eastern HSC Trust staff first commenced in January 2016.

The past year has seen the second cohort of social workers complete the programme in October 2017 and the third programme commencing in January 2018.

In 2017, a total of twenty one social workers from across the five HSC Trusts participated with **100%** successfully completing and attending the final awards event where they shared their improvement initiatives and learning from the programme. Along with their certificate of completion, participants were also awarded three credits towards their professional social work leadership and strategic award.

It has been an exciting beginning to 2018 as the third year of the programme included ten nurses from across the five HSC Trusts alongside twenty four social work staff, all coming on the programme together to develop their skills in quality improvement. The inclusion of staff from Guardian ad Litem service and RQIA has been a further welcome addition.

As the programme progresses, an increasing number of participants from the previous years are becoming mentors and continue to develop their skills in quality improvement. Crucial to their ongoing development is the provision of regular mentor support meetings to encourage and assist them in their new mentoring role, and thus build increasing capacity in quality improvement across the region.



Shaun Maher in conversation about a project



Participants and mentors discussing learning



2nd Regional Quality Improvement in Social Work Programme

Based on evaluation of 2016 and 2017 programmes, 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 2018.

Building a Resilient Workforce

Resilience



The Trust are committed to strengthening the capacity of staff to cope with the demands of the role. Workshops for managers and staff have been provided to increase awareness of managing stress and self-care.

Further to the workshops staff from the Social Services Development Team are working directly with managers to develop resilience and strengthen supervision in Children's Services.

This year a new 'Strengthening Leadership Capacity' programme was developed for managers in social care. The programme was developed in partnership with the Social Services Development Team, the Organisational Workforce Development Team and the HSC Leadership Centre.

A coach approach was used to engage participants in exploring their personal leadership goals and the goals for their service.

A key factor in building resilience is recognising and celebrating staff achievement

Social work and social care achievements were recognised at the Chairman's Awards in October 2017. Staff in the winning projects have all contributed to significant improvements activity, some of which is now being spread regionally.

Chairman's Awards Winner Empower Our Staff



Rowan Day Centre for their work in creating one page profiles enhancing approaches to person centred care



Strengthening Leadership programme participants with their managers, course co-ordinators and Chief Executive Hugh McCaughey



(An improvement project to minimise the risk of choking at meal times in nursing home care were winners in the SQE category of the Chairman's award



Chairman's award overall winners - Fostering Team for developing an app which provides carers and ✓ social workers access to fast, efficient and relevant resources, that enable them to relate to the digital world of the children they care for.



Staff working in social care celebrated achievements in a range of vocational qualifications.

Promoting Health & Wellbeing in the Workplace

Since the introduction of the Sanctuary Model into childrens residential care we have begun to see the importance of both the individuals commitment to self-care and the agency's commitment to empower team members, through good health and wellbeing.



This project has positively engaged team members and motivated them to be involved in improving our services. There have been many initiatives designed to improve motivation, including a focus on connecting. We have established a monthly coffee and connect that has helped team members from different disciplines and locations come together to connect with each other and some have showcased their culinary skills bringing in tray bakes.

Within Lakewood we have begun 5 a side football matches - this promotes a healthy rivalry and a sense of wellbeing with many participants in their 50's. Where possible we have included the service users with great success.

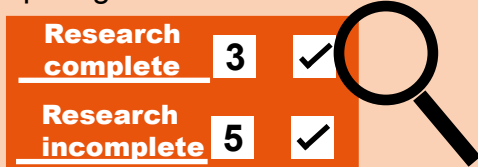
Our efforts to promote connectedness will continue with our second annual Family Fun Day. Feedback from last year was very positive and we hope to increase participants this year in an effort to 'walk the walk' regarding our commitment to support a workforce who feel valued and empowered.

Social Work Research

The Trust continues to support staff in line with the regional Social Work Research and Continuous Improvement Strategy.

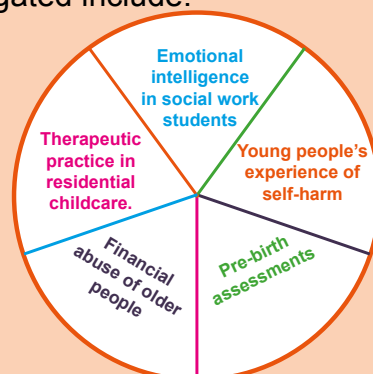
In the last year social work staff have been actively involved in research training and activity.

3 staff have completed research projects and a further **5** are currently participating in research.



Themes currently being investigated include:

- Emotional intelligence in social work students
- Pre-birth assessments
- Young people's experience of self-harm
- Financial abuse of older people
- Therapeutic practice in residential childcare.



It was pleasing to see research practitioners present their findings at the annual Social Care and Social Work Research in Practice Conference and also submitting articles to appropriate journals.

World Social Work Day

On World Social Work Day events were held across the Trust to celebrate all facets of social work and social care and to promote a sense of pride in the profession.

Newly qualified social workers had an opportunity to talk to senior leaders of the organisation and reflect on the changes the profession has seen over the years.



Acute Community Mental Health Services

Acute Community Mental Health Services comprises the Home Treatment Team (HTT) and Acute Day Services.

HTT is aimed at, but not limited to, providing care and treatment to patients with serious mental illness. HTT provides intensive support at home to people who would otherwise be admitted to hospital.

Essentially a 'Hospital At Home' Service, HTT is targeted at people who are acutely unwell and offers an alternative to hospital admission by providing treatment and support at home. HTT can reduce disruption experienced as a result of an unnecessary hospital admission; provide rapid response and early intervention; facilitate earlier discharge from inpatient care and; provide support to carers in a critical situation.

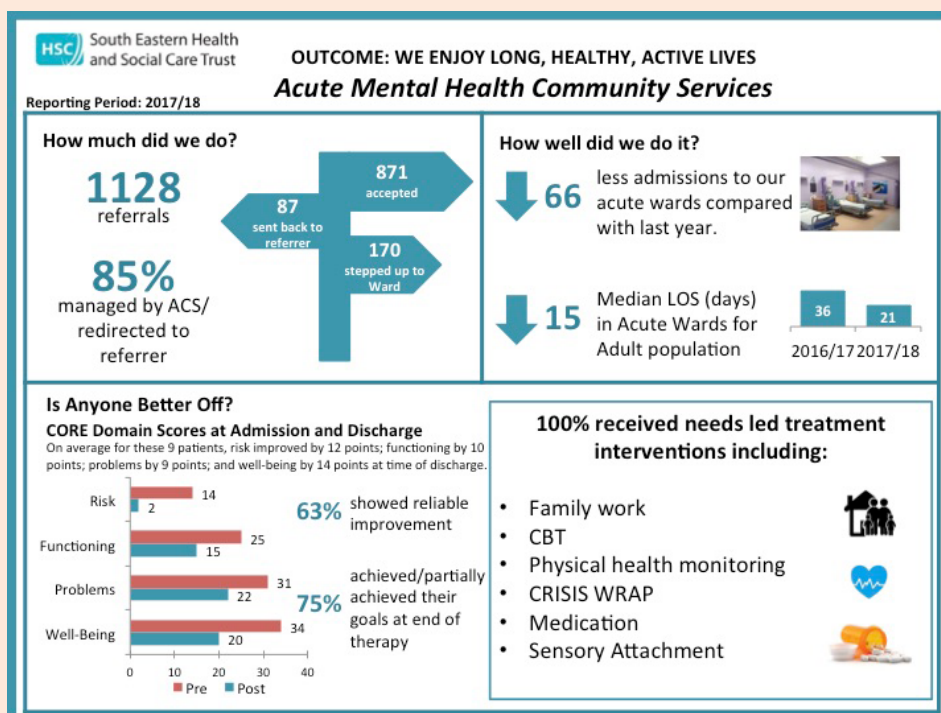
HTT operates alongside the Inpatient Wards and Acute Day Treatment (ADT) Services.

ADT also provides intensive support to people who would otherwise be admitted to hospital.

The ADT facilitate earlier discharge from inpatient care, augmenting Home Treatment provision, and providing physical health monitoring, including Lithium, Clozapine and ADHD clinics. ADT'S are part of the Acute Mental Health Services, working closely with the inpatient wards and Home Treatment Teams. Acute wards provide care and treatment to people who cannot be cared for safely at home. Admission is usually determined by the HTT.

Acute Community Services received **1128** referrals during 2017 - 2018 of which **85%** were successfully managed in the community, resulting in fewer admissions to hospital and a reduction in the length of stay.

Through the provision of a range of needs led treatment interventions, including Family Work, Cognitive Behavioural Therapy and Sensory Attachment, the Service demonstrated improvements in clinical outcomes, as illustrated below.



NEXT STEPS

- Further roll out Behaviour Family Therapy Training
- Develop pathways for monitoring the physical health of patients with serious mental illness
- Enhance the uptake of WRAP and Wellbeing planning.

The Recovery College

The Recovery College Vision is to be an educational centre of excellence that nurtures recovery. The College aims to communicate that mental health recovery can be a reality for all. We strive to develop a College that is free from stigma, is strengths-based and always seeks to realise the person, not the illness.

The Recovery College offers educational courses about mental health and recovery which are designed to increase your knowledge and skills and promote self-management.

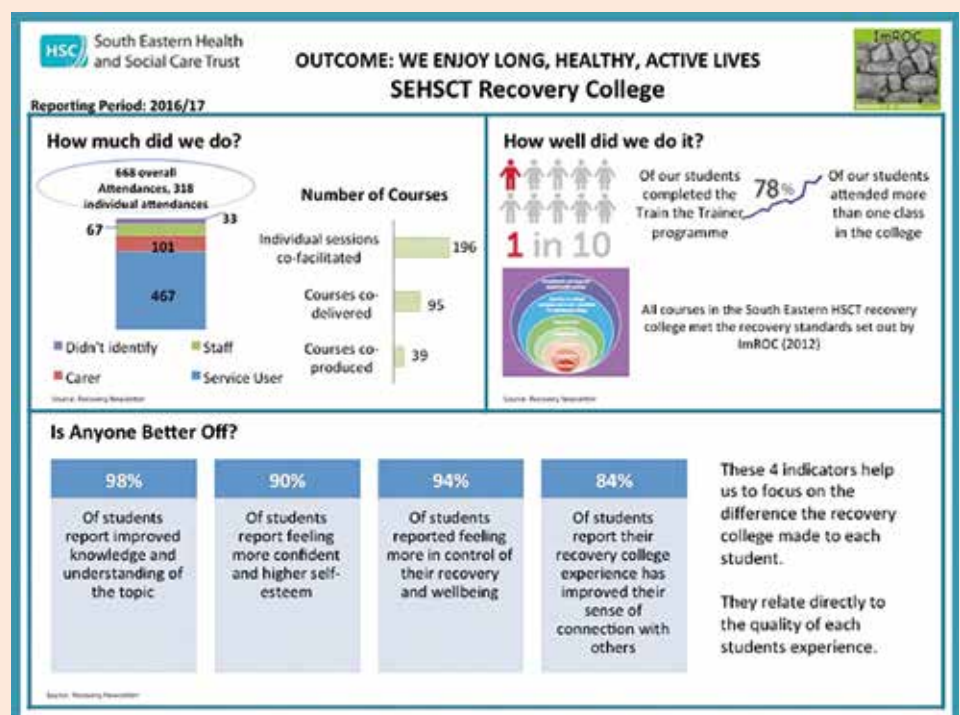
Each course is co-produced and co-facilitated by Recovery College tutors. At least one tutor will have lived experience of mental health recovery and the other will have learned experience of the subject area.

Co-production is a culture and a way of working in the Recovery College. It combines lived and learned experiences of mental health and recovery to expand and enrich perspectives - bringing a sense of reality and hope to each course.

During 2017 - 2018 the Recovery College had **668** attendances, almost **70%** of which were attendances by service users.

All of the courses delivered by the Recovery College met the Recovery Standards set out by ImROC (2012). Outcomes have included:

- **98%** of students report improved knowledge and understanding of the topic
- **90%** of students report feeling more confident and higher self-esteem
- **94%** of students reported feeling more in control of their recovery and wellbeing
- **84%** of students report their recovery college experience has improved their sense of connection with others.



NEXT STEPS

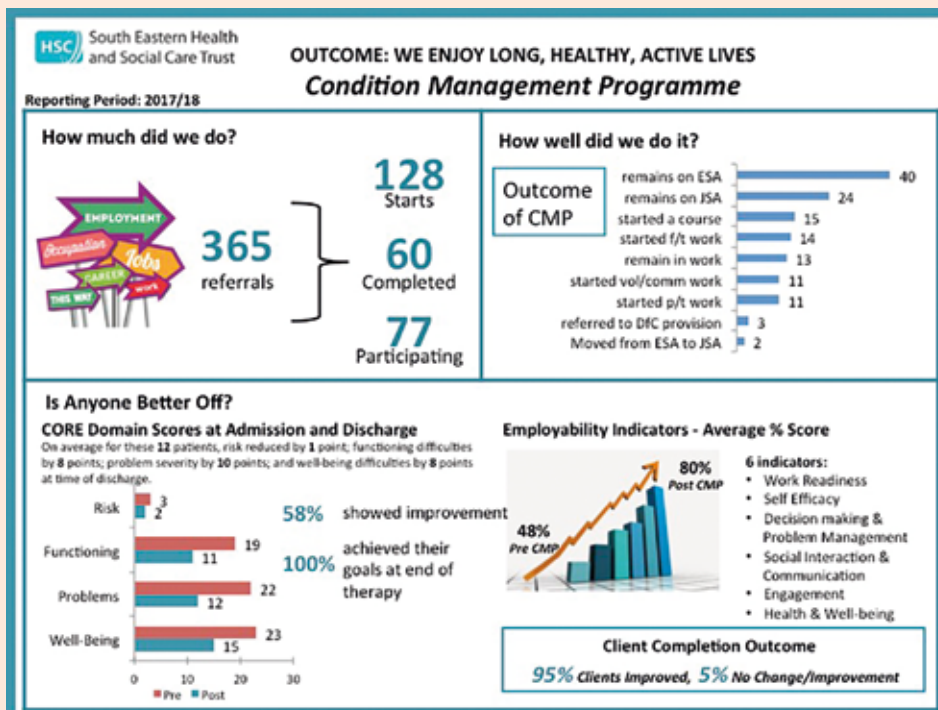
- To secure permanent accommodation for the Recovery College
- To continue to expand and develop in other Trust areas, including enhancing the number of courses and student attendance
- To develop a 'Students Union' opportunity for students of the College
- To increase the number of staff involved in co-production
- To maximise student engagement with the College through 1x1 enrolments and follow-up phone-calls.

The Condition Management Programme

The Condition Management Programme's (CMP) aim is to help people on benefits to manage their health conditions to enable them to progress towards, move into and stay in employment.

CMP primarily serves participants who meet the criteria of being in receipt of JSA and ESA living within the Trust and are served by the Jobs and Benefits Offices in Lisburn, Ballynahinch, Downpatrick, Newcastle, Bangor and Newtownards who report a health related barrier to work.

In addition, those participating in Workable or Access to Work who are at risk of not being able to remain in work due to their health conditions may access the programme.



The CMP works with people who report at the JBO, Health and Social Care Professional or through self-referral that they have health conditions that impact on their ability to work.

The three main categories which the programme addresses are mild to moderate mental health, musculoskeletal and cardio-respiratory conditions as well as a wide range of other long term conditions.

NEXT STEPS

- Further development and imbedding of Corenet
- Enhance uptake of service and engagement rates.

Mental Health Nursing

The South Eastern Health and Social Care Trust Mental Health Nursing Team received national recognition at the Burdett Trust Nursing Awards for their work in implementing Cognitive Behavioural Therapy (CBT) interventions through Mental Health Practitioners.

The Burdett Trust for Nursing was established to:

- Promote and advance education, research and training within nursing and other healthcare professions for the benefit of the public
- Promote public awareness of nursing and health issues
- Provide for the relief of hardship and mental or physical ill-health among nurses and other health-care professionals and their dependants
- Promote and advance the provision of nursing and other health services for the benefit of the public.

The purpose of the award scheme is to bring a fresh dimension to the Burdett Trust, to open it up to new people and to promote innovation and best practice in health care worldwide. The Team were successful in winning the award in the Mental Health Nursing category and in doing so, collected a £20,000 grant.

Having recognised the deficit in the provision of psychological approaches in acute mental health settings, the Team have demonstrated improvements in treatment outcomes and the patient's experience by improving access to evidence based CBT interventions.

Following the initial training of a cohort of staff, quality improvement methodologies, learned through the Trust's SQE project, were employed to measure the impact on nursing practice. In doing so, they reviewed the records of patients and demonstrated that psychological therapy skills were much more significantly evidenced in the cohort of staff trained in key CBT interventions than in the records of staff who were yet to undertake the training programme.

This illustrated that nurses who had received the training were deploying their newly learned skills to deliver more effective mental health care and treatment.

Given this initial success, the programme has now been extended to all of the Trust's Mental Health Teams and other Trusts are seeking to replicate the model.

NEXT STEPS →

- Develop technological approaches to the deployment of psychological therapies to support greater numbers of people
- Streamline Training Programme
- Support the roll out of the programme to practitioners across the region.



*Colette Reynolds And Anne Gordon
at the Burdett Trust Nursing Awards
receiving the award in the
Mental Health Nursing category.*

The Wellbeing Hub

The Wellbeing Hub is a Primary Care Service that aims to promote and support emotional wellbeing in the Lisburn locality.

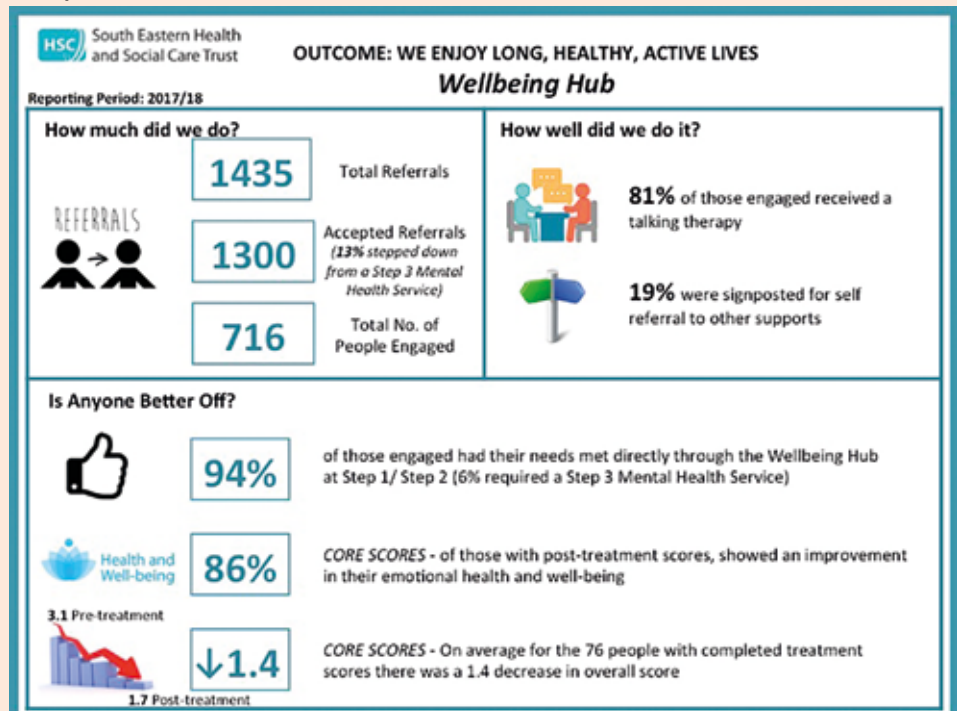
The Hub uses a Stepped Care Model to assess need and identify appropriate local statutory/ community interventions and talking therapies for mild to moderate emotional wellbeing issues as defined by NICE Clinical Guideline 123 - mild to moderate depression, generalised anxiety disorder, panic disorder, mild to moderate PTSD, mild to moderate OCD and social anxiety disorder.

The Wellbeing Hub:

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

The Wellbeing Hub received **1435** referrals in 2017 - 2018 with **716** people becoming engaged in services, of which **94%** had their needs directly met through the Hub's Step 1 and Step 2 Services.

Using the CORE Clinical Outcomes Scale, **84%** of people with post-treatment scores, showed an improvement in their emotional health and wellbeing.



NEXT STEPS

- Expansion of the Wellbeing Hub into the Down locality
- Ensure staffing levels are adequate for service delivery - Permanent Band 6 Mental Health Practitioner appointed for the Lisburn locality and currently completing induction to the service. Band 2 Administrator to be appointed to support the work of the Wellbeing Hub
- Engage with Patient Client Council to engage with service users to obtain feedback of Wellbeing Hub Services to inform service development
- Complete SQE Project - service mapping and future planning
- Secure permanent accommodation for the Wellbeing Hub.

Addictions Services

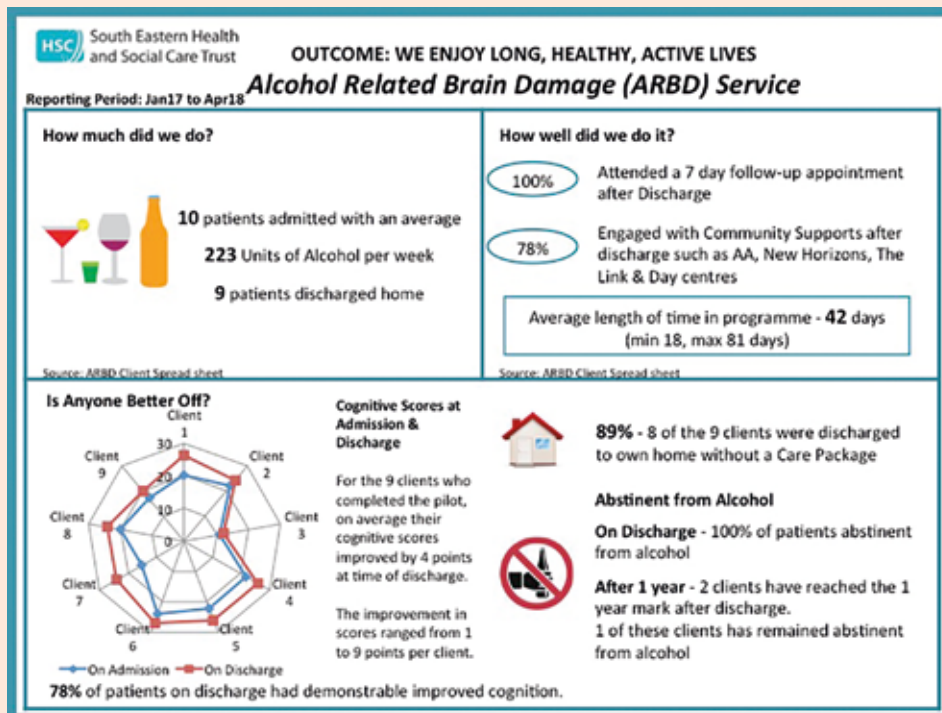
In 2016 the Trust's Addictions Service embarked on a pilot project utilising two inpatient addiction beds, to improve the care and treatment available for patients with Alcohol Related Brain Damage (ARBD), with the aim of improving clinical outcomes and deliver better value for money services.

ARBD describes the effects of changes to the structure and function of the brain due to long-term heavy alcohol consumption and poor nutrition (principally thiamine).

Although ARBD has similarities in presentation to dementia, it is potentially reversible with abstinence and treatment.

Of the **10** patients admitted in 2017 - 2018, **9** individuals were discharged home and all of these people were abstinent from alcohol.

Using the MOCA Scale, the cognitive scores of patients improved, by on average **4** points, at the point of discharge.



NEXT STEPS →

- To increase identification of those suffering from ARBD via education
- To promote the concept of 'treatment not just care' within our Trust and regionally.

