



ANNUAL QUALITY REPORT 2020/2021



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Chief Executive's Foreword

Welcome to the South Eastern Health and Social Care Trust Annual Quality Report 2020/2021. As Chief Executive I am delighted to showcase our staff's achievements, leadership and commitment, particularly given the unprecedented challenges we have faced this year.

COVID-19 has been, and continues to be, the biggest challenge we have ever faced in health and social care. Throughout it, our staff have stepped up to the challenge in the most extraordinary way, showing dedication, flexibility and resilience in very difficult circumstances. New and improved ways of working have been adopted and it is vitally important that we as an organisation take great learning from the challenges that COVID-19 has presented in order to make our health and social care services more resilient and fit for purpose for the future. I have no doubt it will help us deliver better care for our patients and clients.



Over the year 2020/2021 the Trust, despite the pressures, continued to deliver safe, high quality care with improved experience and outcomes for our patients and clients. In addition, we have taken the opportunity to transform how we deliver our services in many areas such as:

- Carer Support Service - information and events moved to virtual format to help continue to provide support for carers across the Trust throughout the pandemic, with additional 'Carer Take Care' packs distributed to carers to help maintain their own health and wellbeing
- Multidisciplinary Paediatric Eye Clinic in Downe Hospital - new clinic enables delivery of a comprehensive one-stop-shop for children requiring eye investigation, diagnosis and treatment
- Early Treatment Centre - establishment of Northern Ireland's first Cancer Prehabilitation Programme with an aim of reducing post-surgery bed days, clinical complications and improved patient wellbeing and nutrition
- Mental Health and Addictions Services - redesigned service delivery shifting from face-to-face consultations to the rapid introduction and on-going provision of phone and virtual consultations.

This Annual Quality Report enables us to reflect on the past year's many successes and our commitment to learn and improve. The report helpfully demonstrates how our teams have developed innovative solutions at pace to meet the significant challenges faced. Many staff achievements have been included and I would like to congratulate our staff for all they have achieved during 2020/2021 and their continued commitment to improving care for our patients and clients.

I am proud to also note that we continue to perform highly in our acute inpatient satisfaction with care indicators. However, we want to achieve more and this report highlights not only what we have delivered in the past year but also our future direction for 2021/2022.

We remain committed to improving the care we deliver and to support the recovery of our system; ultimately we will continue to strive to improve the health and wellbeing outcomes of our local population beyond COVID-19 and into the future.

Chief Executive's Foreword continued

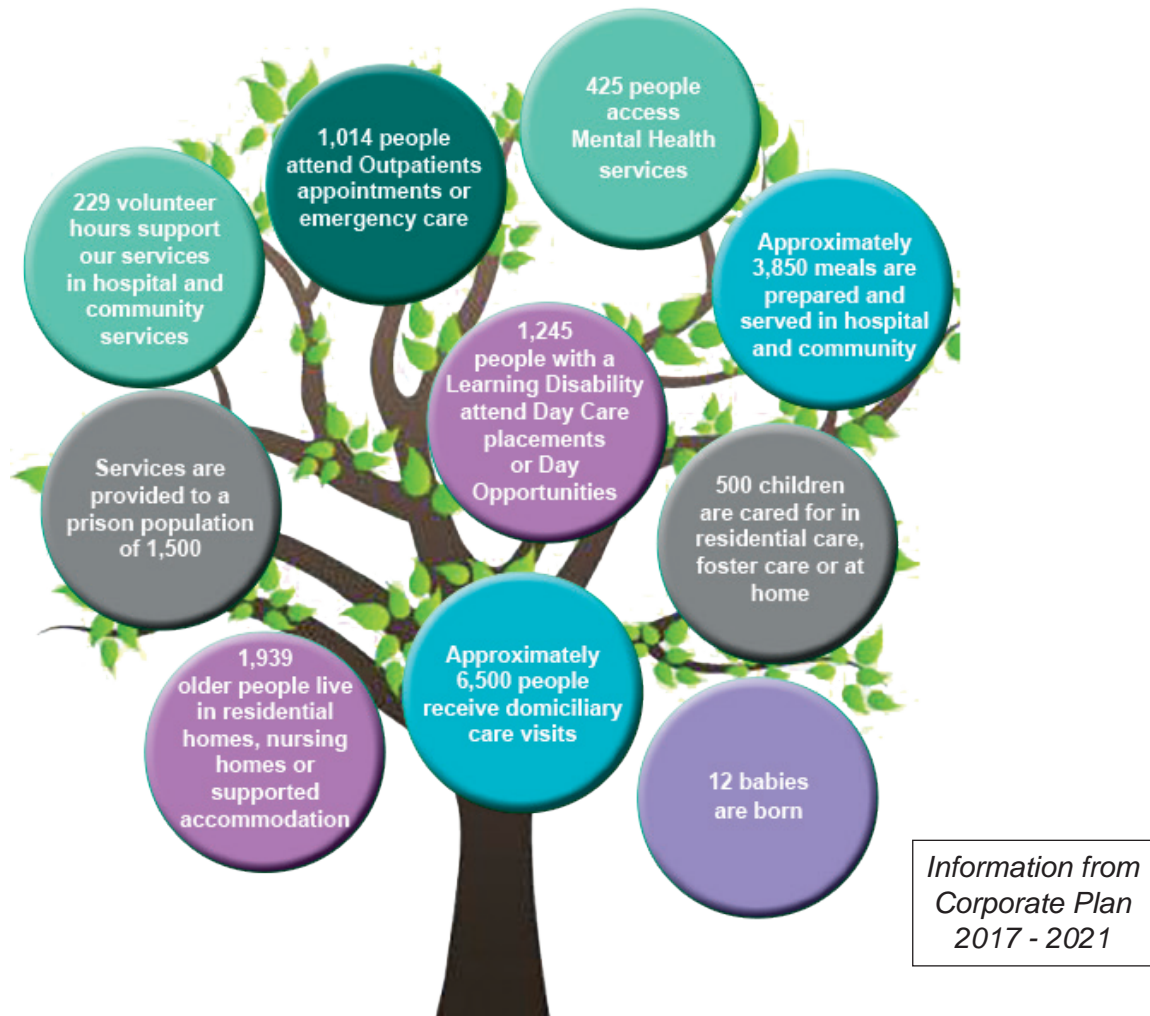
Looking forward we will continue to working collectively with our health and social care partners to transform and reform our services to provide the best possible outcomes for the people we serve. We want to deliver our vision of making the South Eastern HSC Trust area a great place to **Live**, a great place to **Work** and a great place for **Care and Support**.

We are committed to delivering the highest standard of services, designed and implemented in partnership with those who use and work in our services. We can only achieve these important goals by working with our service users, our local community and our staff.

Roisin Coulter
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, Thompson House 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
- Ancillary and General
- Professional and Technical
- Medical and Dental

Evaluation of the Trust COVID-19 Learning Framework



The COVID-19 Learning Framework was formally launched in early November 2020 via PageTiger within the Trust and through virtual media. As of May 2021 the COVID-19 Learning Framework had been viewed 2810 times.

A series of Trust-wide virtual workshops and meetings with senior management teams consisted of three sections focusing on the framework methodology, change initiatives and key learning.

The main learning from the Trust COVID-19 Framework has been acknowledged as significant in evolving a learning system within the organisation.

The positive culture in the Trust manifested credible inclusive leadership, enabling rapid collaborative decision making. Understanding how teams worked collectively to respond and adapt to change can be used by the Trust's Quality Improvement (QI) Academy and Organisational Workforce Development (OWD) in leadership and building team capacity



The importance of service user involvement in innovation and change is well recognised. During the initial COVID-19 response many changes were made to services without the integration of service users. This was highlighted through the Framework Weighting Tool that there were gaps in service user involvement and equity. The Framework has amplified the call for service user involvement and design.



The organisation is currently developing a new Quality Strategy and central to this is the service user. The challenge to place co-design from the Framework has influenced this person-centred approach.

Evaluation of the Use of Learning Leads

The Framework harvesting methodology was supported by 17 Learning Leads from disciplines across the Trust. They volunteered to support the data collection, including in-depth interviews with change owners and teams, data analysis and service user feedback.

When asked what was the reason for people to volunteer as Learning Leads the culture of the organisation was cited as the main motivator. The culture of QI is embedded in how people work and there was a great interest in understanding how services adapted quickly in a crisis. There is hope that the Trust would capitalise on this learning.

The data was collected by each Learning Lead and there was varied experience of this exercise. Some of the projects had analysed data available which enabled quick collation and assessment of impact; they had shown their data and drawn conclusions. Some teams have a culture of reflective data, which they used in their service improvements.

Other teams needed support to recognise what data was available and how to analyse it. Some teams reflected on ‘the ask’ and returned with data at a later stage.



The reported impact that the Framework process had on the change owner was positive with a greater understanding of the use of data in improvement efforts. There was also a benefit to the team of positive recognition of the work conducted with an aspiration for the Trust to be a learning organisation in the time of crisis.

Transfer of learning from the Framework within the first 5 months was challenging. Despite efforts to engage with staff, there has not yet been opportunity to fully understand the challenges due to a second surge of COVID-19 soon after the launch.

Transfer of Framework Learning

It is too early to report on sustained, robust outcomes, however, in the short time frame of this evaluation case studies have been collated to examine how learning has been adapted.

Application of Framework Learning Case Studies

Patient Centred Iterative Design

Drive-through Ambulatory Monitoring



The cardiac and respiratory teams developed an innovative approach to the provision and expansion of high quality essential heart and respiratory physiological investigations during the COVID-19 pandemic. A drive-through solution has facilitated increased efficiency, allowing expansion of service provision and reduced waiting times for patients.

The key drivers were maintaining and improving upon patient capacity through the service, while maintaining reporting times of results, acceptance of service by patients and providers and most importantly, maintaining service quality.

The team used iterative design focusing on co-design. During the initial implementation of the pathway, patient questionnaires provided vital feedback which facilitated process development. This was repeated at multiple learning cycles during the service development. Patient experience data shaped the service improvements; at a time of high paced change, the patient was core. The team had a culture of patient involvement in all service developments. The co-production and willingness of patients to embrace change was the key to success of this process.

Applying Learning During Subsequent Surge Pressures

Hospital Services Redeployment Hub

The Hospital Services Redeployment Hub was established to lead a programme that liaises with staff for redeployment and works with managers to best place staff in response to COVID-19 surge pressures.

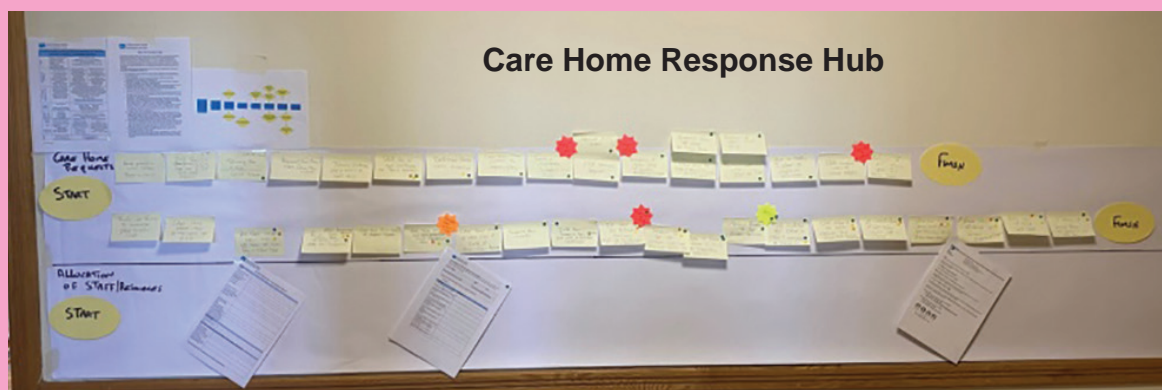
Learning gained through early COVID-19 experience informed key elements to support redeployment management including:

- Establishment of a redeployment co-ordination hub
- Development of an information management resource to support redeployment operations
- Delivery of a communications service that receives and responds to all offers of support
- Individual connection with all staff redeployed through the hub plus 'keep in touch' contacts
- Partnership with ward managers/team to best place available staff tailored to requirement

Implementation of these arrangements during COVID-19 Surge 3 supported redeployment operations with **252** staff redeployed.



Planning for the Next Surge



The Care Home Response Hub offered a co-ordinated, emergency crisis response based on emerging needs across the care home sector to maintain services and protect the most vulnerable in society.

There were many challenges in establishing the Care Home Response Hub, the systems learning that was established in the first surge was used to shape the response in the subsequent waves. The staff redeployment teams changed between the first and second wave, but the partnership established with care homes between the district nursing teams, GPs and Enhanced Care at Home teams with the care homes was foundational.

The learning that the Care Home Response Hub gained from their testing teams and from outbreak management was utilised to develop a responsive vaccination programme within the care homes.

Applying Learning to Develop Relevant Outcome Metrics

Mental Health and Addictions Services

During COVID-19 Mental Health and Addiction Services were redesigned with service delivery shifting from face-to-face consultations to the rapid introduction and ongoing provision of phone and virtual consultations.

The redesign of service delivery throughout community services incorporated both individual and group virtual consultations using Zoom.



The senior managers and Service Improvement Lead reflected on the Trust COVID-19 Learning Framework summary findings with particular focus on virtual consultations as a key area of learning with quality indicators identified using the 6 domains of Health Care Quality (IOM 2005).

The need to standardise virtual consultations across the Mental Health and Addiction Services was recognised prompting a re-establishment of the directorate Quality and Outcomes Group, with the overarching aim being to introduce a systematic process within Mental Health and Addiction Services in relation to virtual consultations.

Realising Organisational QI Capability and Capacity

South Eastern HSC Trust QI Alumni

Consideration had been given pre-COVID to supporting and utilising staff within the organisation trained to Level 3 on the Quality Attributes Framework with work already commenced on developing a QI Alumni.

The involvement of Level 3 trained Learning Leads was instrumental during Learning Framework development and reflected the importance of realising QI capability and capacity within the organisation.



A focus on QI capability and capacity has now become an important aspect in the development and delivery of the Trust QI Strategy through a renewed, co-ordinated approach to aligning QI trained staff within the organisation.

The QI Alumni is developing to consolidate skills and offer further development opportunities and support to Level 3 trained staff within the Trust.

Recommendations from the Evaluation of the COVID-19 Framework Impact



Within the Trust there is a culture of positivity and goodwill for people to contribute, learn and share from each other. A platform for best practice, storytelling and innovation should be developed.



The change owners highlighted that in addition to learning from good practice, it is important to learn from the barriers.



Learning Leads gave a glimpse of the untapped potential of using people trained in Quality Improvement to influence service innovations. Opportunities for the use of QI expertise should be embedded in directorate function.



The Importance of maintaining and developing QI and Leadership skills was witnessed through the harvesting exercise. An alumni should be established within the trust to enable people to learn, network and mature in their expertise and influence.



The Framework has enabled an opportunity for reflection for teams and should be used as part of an organisational pause before the surge to rebuild.



Great organisational resource is needed to embed evidenced based improvement efforts across services including investment in data analytics, communication and evaluation.



The learning framework should be used by senior decision makers as a vehicle to improve and shape how to deliver corporate priorities. A learning system approach should be conducted when devising the new Trust Quality Strategy.



Lessons from the Learning Framework including key enablers should be integrated into future service planning and decision making in the organisation, and considered in rebuild decisions in directorates.

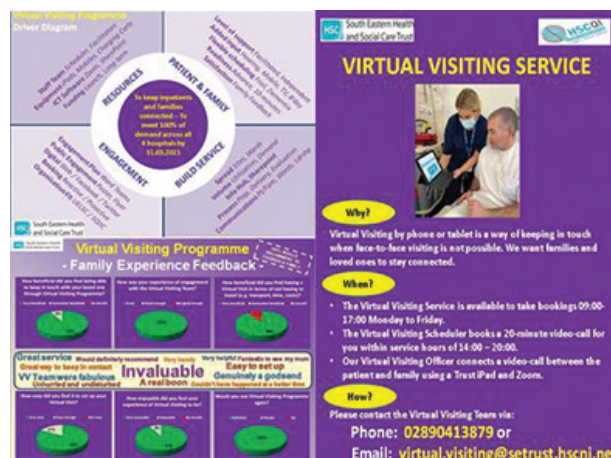


Findings highlighted the effort made by staff and the pressures felt by teams, the Learning Framework's key understanding of how to support staff health and wellbeing should be integrated into organisational structure and strategy.

Virtual Visiting Programme

In response to inpatient visiting restrictions, the Trust launched its Virtual Visiting Programme. To date, the programme is active across **4** hospital sites and **25** wards.

The initiative is going from strength to strength and receives extremely positive feedback from patients and families. The initiative uses QI direction to deliver an enhanced patient and family experience.



Psychological Wellbeing

The COVID-19 pandemic created a very specific challenge to staff health and wellbeing. It has generated an unprecedented psychological impact on individuals and staff teams. Some of our staff have experienced a sense of increased work satisfaction, pride and post-traumatic growth, while for others their resilience will have been significantly challenged and they may experience psychological distress.

The majority of staff will receive support from their managers and colleagues which will help ameliorate this psychological distress. However 20 - 30% of staff may experience psychological difficulties which require moderate intensity psychological support (which can be delivered in either individual or group based sessions) and 10% of staff will likely require high intensity, individualised psychological therapy.

In order to provide support for staff during the pandemic, the Trust has established:

- Staff Confidential Wellbeing Helpline
- Staff Drop-in Centre (within the main acute hospital)
- Staff Teams-based bespoke support sessions
- Access to individual Psychological therapy for staff
- 1:1 Coaching opportunities
- Team coaching/listening exercises
- Mindfulness sessions weekly and available on Livewell as a recording
- Webinars 'Stressbusters', 'Self-Care when we need it most', 'COVID Clapping and Caring for each other'
- Bespoke self-care sessions for teams
- Engagement with staff to identify what support they feel they need
- Multi-Cultural Forum for staff and supporters
- Promotion of Inspire Workplaces.



NEXT STEPS →

- Continue to consolidate resources to build a whole system approach to provide support for our staff in relation to their Health and Wellbeing
- Further engagement with staff to identify support requirements and how these can be implemented
- Discussions at Health and Wellbeing Steering group to submit charitable fund bids to Rest Reconnect and Reflect.

Virtual Consultations Development South Eastern HSC Trust

In response to COVID-19, services across all disciplines developed remote service delivery using telephone and online consultations. Over **40** Services submitted virtual development to the COVID-19 Learning Framework, representing many new approaches to service delivery.

Services worked closely with the ICT and Governance Teams to develop virtual consultations, train staff and provide access to care for service users.

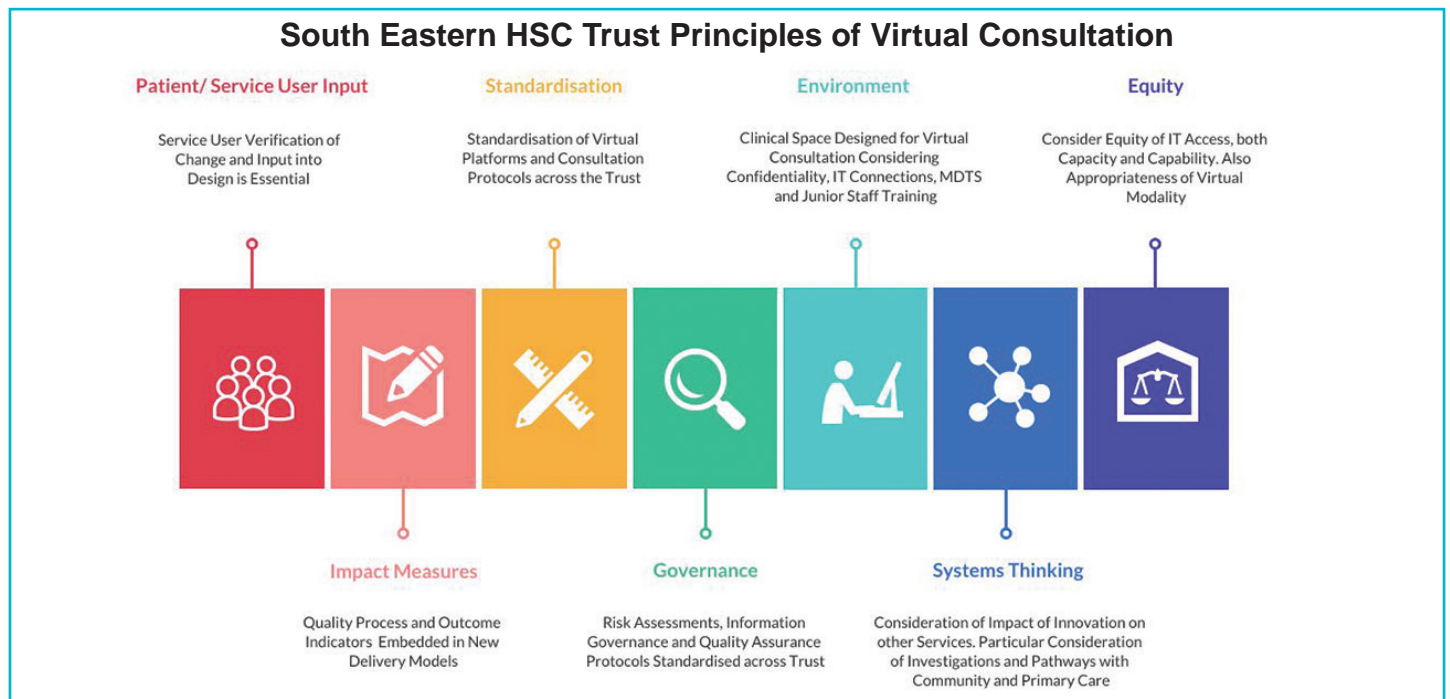
Services Developing Remote Consultations Submitted to COVID-19 Learning Framework

Cardiology Clinical Advice	Autism Services	Physiotherapy	Comm Mental Health
Care of Elderly	Community Stroke Team	Occupational Therapy	Addiction Services
Neurovascular Service	Children's SALT	Community Respiratory	Clinical Health Psychology
Endocrine Virtual Visits	MSK Physio	1 st Contact Physiotherapy	Adult Autism Service
Physiological Services	Prison Dentistry	Psychological Therapies	Disability Services
Respiratory Virtual Clinics	Diabetes Dietetic Service	Comm Addiction Services	Paediatric Outpatients
Palliative Care Triage	Sexual Health	Disability Day Service	Podiatry
Surgery Virtual Clinics	Bereavement Service	Comm Dental Services	Adult Learning Disability
Rheumatology Clinics	OT Hand Therapy	DBT Services	Comm Brain Injury Team
Public Health Nursing	Paediatric Clinical Psychology	Prison GP Service	Recovery College
Health Visiting	Minor Injuries Unit	Gynae Services	Plastic Surgery
Children's Physiotherapy	Adult Service's SALT	Paediatric Diabetes	Cancer Services

Principles for developing Virtual Consultations have been established from experience and learning from the framework submissions

The principles are multifactorial and at the heart of standardisation:

- Service User Verification - patient input is needed to verify changes conducted and shape future developments. Co-ordination is necessary with the PPI team and development of feedback tools to be used across the services
- Governance - tangible application of Trust Governance protocols regarding, risk assessments, quality assurance, confidentiality and record keeping is necessary. A package of appropriate protocols should be adapted by each service
- Standardisation of service delivery protocols is crucial to enable accessibility for service users. This should include information of how to access service and be coproduced to service user's needs
- ICT Platforms usage to be explored and coordinated regionally as appropriate
- A written procedure/framework for the new process and appropriate training for staff. Standardisation of consultation processes and training to be developed across the Trust and then adapted to speciality. The procedure must include the roles and responsibilities of all staff involved
- Impact Measures to be standardised as appropriate and embedded into the service delivery models
- Systems Thinking is needed across the Trust to coordinate investigations conducted in primary care/community and create clear pathways focusing on timeliness, quality assurance and reporting. Systems Thinking extends to inter-organisational connection in social care across IT platforms
- Mapping of environmental considerations is needed to conduct virtual consultations including clinical space, confidentiality and junior staff training.



The Governance Team have developed a suite of supporting documents and guidance for services establishing virtual delivery on the Trust iConnect site.

To enable co-ordination of the development of evidenced based Trust-wide remote delivery, a pilot is being established with consideration to the principles above. This involves mapping of the evolution of virtual service developments and exploration of best practice, internally and external to the Trust including HSCQI regional learning, to enable a standardised approach to service delivery.

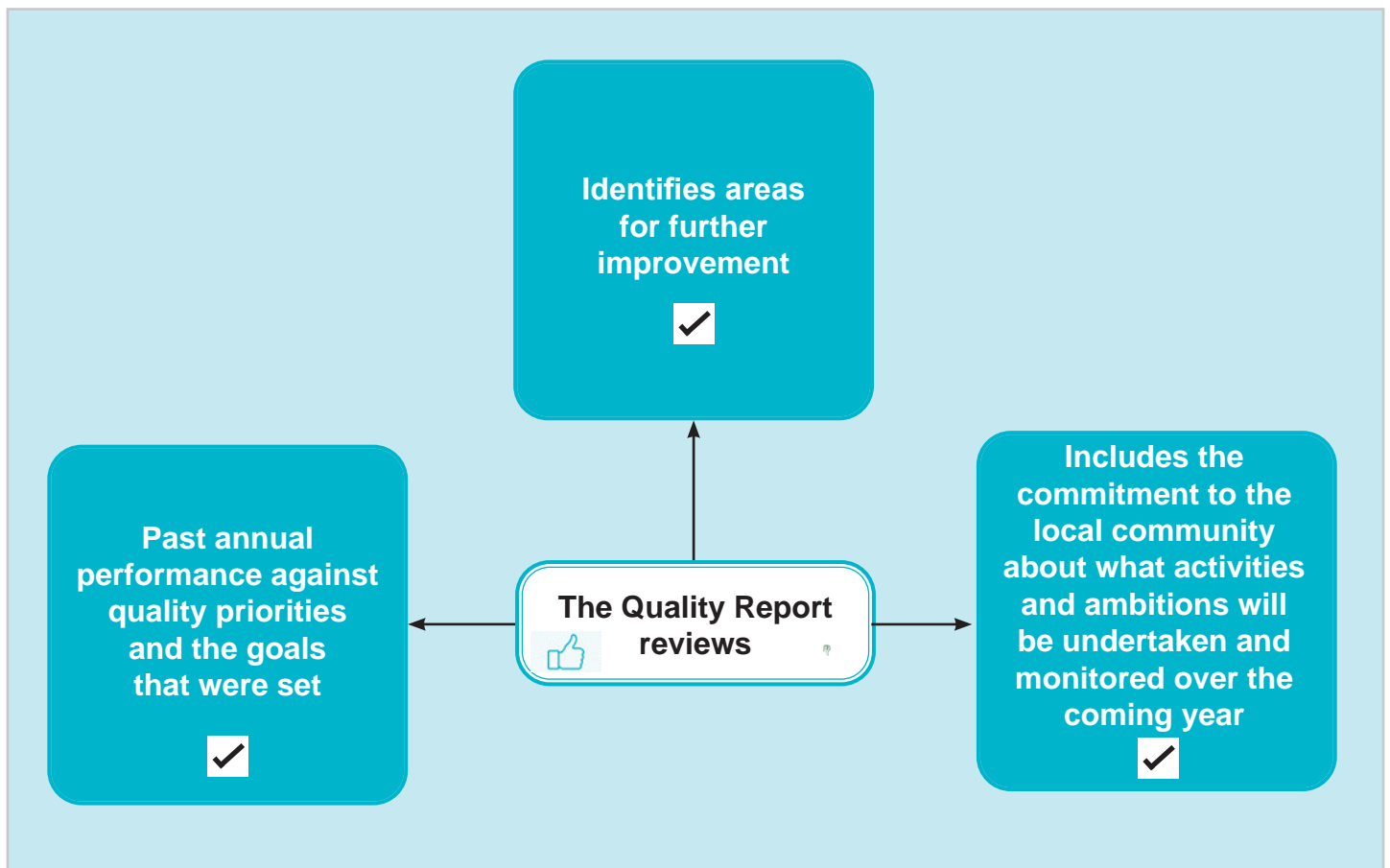
What is the Annual Quality Report?

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

Annual Quality Report - Next Steps Update From 2019/2020

Theme	Title	Next Steps	Status
Goal 1: Transforming the Culture	Trust Values	<ul style="list-style-type: none"> The Trust will undertake a Cultural Assessment Tool to gather staff feedback and to provide valuable insight into the culture within the Trust as well as establishing a baseline to monitor the impact of collective leadership. 	<p>Achieved On Plan Behind Plan</p> <p>Achieved</p>
	Patient and Client Experience	<ul style="list-style-type: none"> The User Experience Leadership Sub-committee has embedded strongly throughout its first year of operation and is driving quality and improvement across the organisation. This sub-committee reports to the Safety, Quality Improvement and Innovation Committee (SQIIC) User Experience and Personal and Public Involvement functions are actively developing integrated working arrangements to strengthen the impact of the user voice across Trust business Having responded to priorities highlighted through the regionally-led Home Care Survey, the Trust is currently focusing on day case user experience in alignment to latest DoH Regional User Experience Survey topic The regional Online User Feedback System has launched following an in-depth planning process and implementation moves forward with sound arrangements in place. Following early implementation, Care Opinion has commended the Trust's commitment to user experience The Trust continues to take forward the priorities of the regional Always Event programme which seeks to generate improvement in relation to key topics such as pain management, communications, family presence, noise at night and mealtime matters The Trust continues to monitor appropriate patient placement through work streams such as PHA Mixed Gender Accommodation Programme The Trust has established a User Experience Implementation Group to take priorities forward across a range of key partners. 	<p>Achieved</p> <p>On Plan</p> <p>Withdrawn by DoH due to COVID pressures</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p>

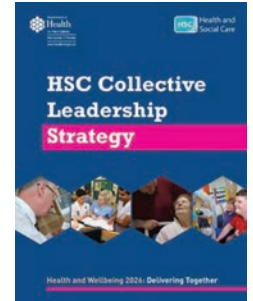
Theme	Title	Next Steps	Status
Goal 1: Transforming the Culture <i>(Continued)</i>	10,000 More Voices	<ul style="list-style-type: none"> The Trust consistently meets and will continue to support the range of projects within the current Regional Work Plan Aligned to a Trust User Experience Framework, the Trust will utilise a range of tools to include the 10,000 More Voices format to strategically support the user experience quality improvement agenda implementation of internal user experience improvement work The Trust will use QI methodology to take forward a Frailty User Experience project in partnership with key Trust leaders. 	<p>Achieved</p> <p>On Plan</p> <p>Regionally on hold</p>
Complaints and Compliments		<ul style="list-style-type: none"> In the incoming year, we will complete a staff survey to audit staff's knowledge and compliance with the Trust's Complaints Procedures Update: - This has been deferred to 2021 as there was a delay in DoH policy issue which had a knock-on effect to Trust policy issue. The survey was ready to be issued in Feb/Mar 2020 but held back due to COVID-19 pandemic. This will be progressed during 2021/2022 We also have an on-going survey asking people, who have complained, to tell us about their experiences of using the complaints process. The results will be shared with staff for any learning and used as part of our training programme. 	<p>Behind Plan</p> <p>On Plan</p>
Adverse Incidents/ Serious Adverse Incidents (SAIs)		<ul style="list-style-type: none"> 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 Roll out of reports and dashboards via DatixWeb providing 'live' incident reporting information Introduce monitoring of incident management at Director level Continue to learn from all types of adverse incidents and ensure that when changes to policy, procedures and/or practice are recommended following an incident, these are fully implemented within the organisation Implementation of the new suite of regional Adverse Incident policies when released by the Department of Health. 	<p>On Plan</p> <p>On Plan</p> <p>Achieved</p> <p>On Plan</p> <p>Achieved</p>
Quality Improvement		<ul style="list-style-type: none"> Develop Quality Improvement Programme for Senior Managers Development of QI Alumni / QI Alumni Master Classes Develop and deliver Human Factors Master Class Redesign current QI Academy offerings to be delivered virtually due to COVID-19 response. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p>

Trust Values

During 2020/2021, limited training facilitation took place due to COVID-19. However, staff were encouraged to embed and roll model the HSC Values and Behaviours at every opportunity.

The Trust continued to engage with third level education providers promoting our HSC Collective Leadership Framework and our Values and Behaviours. Our ambition of this was, and remains, to:

- Deliver world class health and social care services across Northern Ireland by creating the correct leadership culture even before people take up employment
- Develop leaders at all levels to take responsibility for nurturing cultures of high quality continually improving, compassionate care and support
- Develop a Collective approach at all levels.



In September 2020, the Trust completed its first Culture Assessment Survey, acknowledging the impact of the pandemic on staff and services. It measured the aspects of culture that are outlined in our ambition above. It also provided insight into how our staff felt it was to work in the Trust and provided a baseline measurement for the implementation of our Collective Leadership Strategy. It highlighted areas that were working well and those that need more attention or focus.

Facts & Figures

- Virtual webinars and workshops were delivered in conjunction with the Regional Collective Leadership Project Team to over **300** third level students
- **19.6%** of our staff completed the Culture Assessment Tool (CAT).

NEXT STEPS →

- Re-run the Culture Assessment Survey and benchmark against baseline results
- Continue to strengthen relationships with education providers and seek opportunities within additional clinical/ professional areas.



HSC Values

Patient and Client Experience

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

Work is underway across the Trust to develop integrated User Experience and Personal and Public Involvement arrangements in collaboration with a range of key partners.

Acute Inpatient Care User Experience Programme

A redesign programme has taken place during 2020/2021 with a new Inpatient Survey introduced. The new model incorporates a Care Opinion segment that will work in partnership with the Online User Feedback System.

Feedback volumes have decreased during 2020/2021, however our Key Performance Indicators of Unit Average Satisfaction and Friends and Family Recommendation sit comfortably above the NI user satisfaction target of **90%** across our inpatient settings.

Primary and Community Care User Experience Programme

Primary and Community Care User Experience Programme measures satisfaction against regional user experience standards. A redesign programme has resulted in many services launching new model user experience questionnaires.

Whilst reporting volumes have been limited during 2020/2021, the Trust report is comfortably above target regarding satisfaction ratings, with each of our Key Performance Indicators scoring above **90%**.

Outpatient Department User Experience Programme

Outpatients User Experience Programme measures satisfaction against regional user experience standards.

Satisfaction ratings continue to be very high throughout 2020/2021 with all Key Performance Indicators exceeding the NI **90%** target.

Bespoke Projects

The Trust continues to design and deliver a range of bespoke user experience projects with action plans attached to each.



Regional Online User Feedback System

The Public Health Agency launched the system during August 2020 in alignment to Programme for Government priorities. Care Opinion is the selected platform. The system connects service users with the organisation easily to respond directly to patient stories and to drive service improvement.

The Trust has delivered a Responder Training Programme with **329** system responders trained - which puts us **3rd** in UK in this regard. Responders are assigned per service and the Trust responsiveness rating for 2020/2021 is **98%**.

During 2020/2021, service user story submissions have reached a volume of **300**. The Trust is integrating this feedback tool effectively into our user experience arrangements to optimise the platform for effect recording of the service user voice.

A Care Opinion section is now included within our inpatient user feedback surveys.



10,000 More Voices Programme



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

The projects from our 2020/2021 work plan have provided an invaluable insight into the experiences of those who have engaged with our services alongside those who work within our services. A regional and local report have been generated for each of these projects, where appropriate and not already in place.

Key projects completed during 2020/2021 include:

- You and Your Experience of Mental Health Services during COVID-19 Pandemic
- Your Experience of Personal Protective Equipment during COVID-19
- Your Experience of Children's Audiology Services
- You and Your Experience of Working during COVID-19.

The Trust will focus strongly on optimisation of improvement and learning benefits coming from completed projects.

A collaborative approach will remain a key element in the delivery of the 2021/2022 10,000 More Voices work plan. We will continue to work alongside our partners to ensure learning is shared widely and appropriately across all of our projects. To ensure learning and improvements, there will be the introduction of a new 10,000 More Voices progress tracker to promote positive change.

Key projects for progression during 2021/2022 include:

- You and Your Experience of Social Care
- Exploring Frailty in Older People.

Always Events Programme

The Trust continues to embed a series of Always Event priority workstreams to improve user experience in terms of:

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

#hello my name is...



Communication: Ward Information Directories are in place for every inpatient. Communication campaigns such as #hellomynameis and **What Matters to You?** are in action.

Family Presence: The Trust's Virtual Visiting Programme has been launched and is highly valued by the patients and families who have benefitted from the service to date.



Mealtimes: A programme of bedside surveys has taken place with **150** inpatients to ascertain user satisfaction and needs regarding meals/nutrition support. The Trust's Clinical Nutrition Sub Committee is progressing actions arising from survey report findings.

Night-time Experience: The Trust has developed a one-page Top Tips for a Good Night's Sleep Guide to support a good night-time experience for inpatients.

Pain Management: A comprehensive QI project to investigate and set an improvement pathway for pain management is now being further progressed through a two-year Quality Improvement Action Plan. NI Trusts have the Trust's model for taking pain management forward.

NEXT STEPS

- Moving into 2021/2022 year, the Trust looks forward to benefitting from new learning from user experience through our newly-designed feedback programmes and in light of the new experiences due to COVID-19
- With launches of new designs and increasing activity levels, we look forward to delivering the high-volume user feedback functions that we are accustomed to
- We look forward to development of an integrated model for delivery of both User Experience and PPI agendas.
- We seek to develop the successful components of our user experience feedback arrangements into a cohesive, integrated solution that best supports our services and service users.

Complaints and Compliments

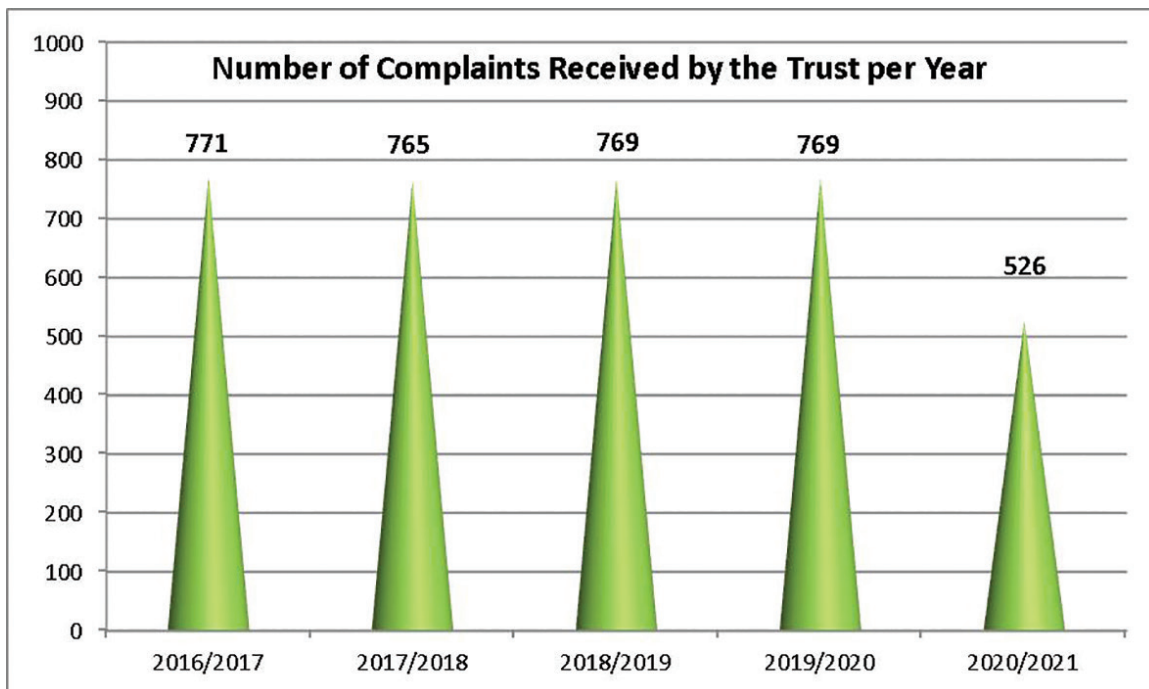
Facts & Figures

- In 2020/2021 the Trust had **2,842** compliments compared with **4,517** in 2019/2020
- There were **526** complaints reported to the Trust in 2020/21 compared with **769** in 2019/2020
- In 2020/2021 **99%** of complaints were acknowledged within **2** working days which is the same as 2019/2020
- There were **31%** of complaints responded to within the target of **20** working days, which is a decrease of **12%** from the previous year (**43%**). This is likely due to a number of reasons such as the period of industrial action in the early part of the year and the pressures on services during the COVID-19 pandemic.



Complaints

During the past year 2020/2021, the Trust received **526** complaints, which is a reduction from last year (**769**), as shown in the graph below.



HSC South Eastern Health and Social Care Trust

Compliments & Complaints Annual Report 2020 - 2021

Foreword

As the interim Director responsible for the positive and negative feedback received into the South Eastern Health and Social Care Trust, I am very pleased to present the Compliments & Complaints Annual Report for 2020/2021. It has been an enormously challenging year due to the COVID-19 pandemic, the biggest challenge we have ever faced in health and social care. Staff and services in the Trust have risen to this challenge in such an incredible way. I would like to take this opportunity to thank all our staff for their continued dedication to the resolution of complaints and for their sensitive handling of issues that are important to complainants. I am delighted to report that the Trust received 2,842 compliments throughout the year and I appreciate the time that people have taken to acknowledge the services provided by our staff and teams.

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

Claire Smyth
Interim Director of Human Resources & Corporate Affairs

Facts & Figures

In the year 2020/2021:

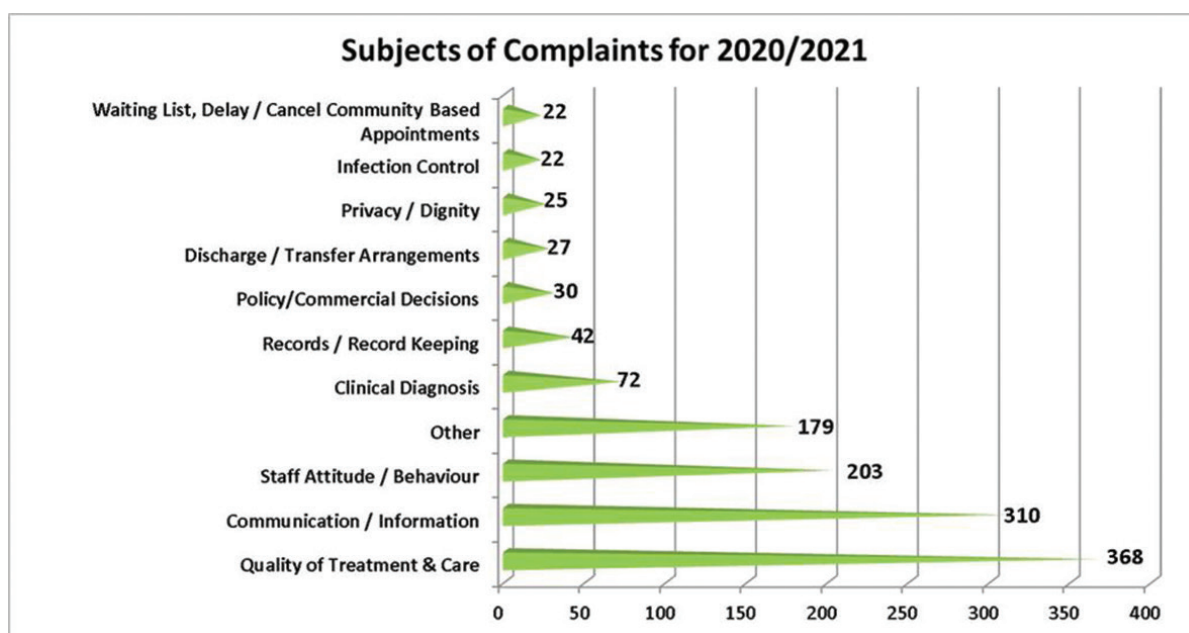
- 2,842 compliments were received
- 526 complaints were received
- 99% of complaints were acknowledged within 2 working days
- 31% of complaints were responded to within 20 working days
- The top 3 issues of complaint were Quality of Treatment & Care, Staff Attitude / Behaviour, Communication / Information

How did we do this year?

During the past year (2020/2021), the Trust received 2,842 compliments and 526 (includes COVID-19 related) complaints, which is a reduction from the previous year (4,517 compliments / 769 complaints), as shown in the graph below.

Subjects of Complaints

The chart below shows the number of complaints by subject for the past year (2020/2021). The figures are per issue of complaint, as a complaint can have more than one issue ie. we had complaints made by **526** complainants and these raised **1300** issues (compared with 2019/2020 figures of **769** complainants and **1392** issues).



The top 3 subjects of complaint in the past year were:

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

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

Lessons Learnt from Complaints

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

You Said	A number of complaints around communication care and behaviour.
We Did	A number of areas now include learning in their daily safety briefing with staff eg. reminders around communication, professionalism, interactions, compassionate care.

You Said Patient developed pressure sore; delay in receiving appropriate air mattress.

We Did Staff have undertaken further training in relation to pressure management; a bespoke pathway for prevention and management of pressure sore development is being designed.

You Said Medication incorrectly labelled.

We Did Introduced a two stage check to ensure names on prescription match the medication chart. Reinforced to wider teams via huddles, team meetings the importance of identity confirmation check.

You Said Method of payment for car parking.

We Did Trust to move to have contactless card as means of payment made available.

You Said Issues regarding communication and explanations provided.

We Did Staff reminder of **'Hello my name is...'** initiative. Teams reminded of gaining informed consent regarding all aspects of care. Ongoing training was delivered in relation to verbal and written communication styles.

Learning from Ombudsman Cases

During the past year, **16** complaints were completed, that had been considered by the Ombudsman. Of these, **7** were not accepted by the Ombudsman for investigation, in **1** case a settlement was reached without investigation and in **2** cases the Ombudsman did not uphold any of the complaint.

For the remaining **6** cases, below are some examples of wider learning from the Ombudsman's findings and recommendations:

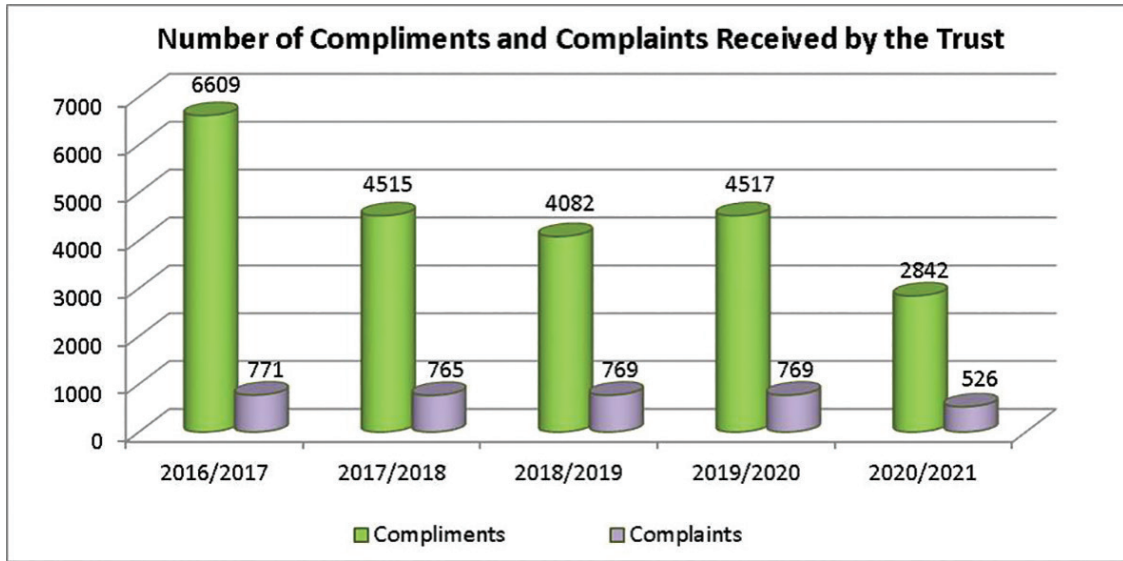
- Trust to carry out a random sampling audit of patients' nursing records, with a particular emphasis on compliance with the Trust's Falls Policy and take action to rectify any identified trends or shortcomings
- Trust to develop and implement a Fluid Balance Record Keeping Policy
- Communicate to social work staff the importance of commencing the NISAT assessment early in the process and remind staff of the importance of keeping records of decisions made in accordance with NISCC standards.

Compliments



In 2020/2021 the Trust received **2,842** compliments - expressions of appreciation and thanks to staff for the excellent services provided.

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



We are proud of our staff and ensure that positive feedback is shared and celebrated. Our staff certainly appreciate feedback from their patients and clients and knowing when things go well (see below for some examples).

“A massive thank you to my physio. I never thought I would feel this strong again!! Even through the 1st lockdown, she contacted me with advice & support. She is such an asset to the NHS. Her dedication & expertise are outstanding. Thank you so much.”

“I would like to pass on my deepest and sincerest gratitude to the doctors and nurses who in the most difficult of circumstances looked after my welfare in the knowledge that I was a very infectious COVID patient. Their professionalism was admirable, always courteous and attentive to the ongoing situation, they made me feel safe and in good hands.”

“I would like to thank each and everyone from the top ranking to the cleaners for making my month long stay as comfortable, peaceful, caring and as happy as was possible. You are all an incredible bunch of people I have ever met in my life - you are amazing.”

“Right from the beginning all of the staff encountered were so helpful; a member of the domestic staff stopped her work to find a wheelchair and the receptionist was very friendly and welcoming. Even though my mother is 90 years old, they demonstrated patient centred care by directing their conversation to her rather than to me, as her carer.”

“
Pass my thanks on to the trainee.
I appreciated not only her technical
skill, but also her empathetic approach
and her excellent communication skills,
which put me at ease and ensured
I was well informed.”

“
It was reassuring they took the time
to explain in simple terms my problem.
I thank them for their kindness and
patience and the undoubted friendliness
of all the hospital staff I met.
It's nice to be met by a pleasant word
and a cheery face.”

“
My health visitor has literally
gone above and beyond for me after
my birth. Both myself and my husband
are amazed at how much she has
cared and she really has gone the
extra mile.”

NEXT STEPS →

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

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

During 2020/2021, Health and Social Care faced the most difficult year battling the pressures of the COVID-19 Pandemic. The impact was felt across all areas. Within Risk Management and Governance some staff redeployed, stepping into alternative roles and teams reprioritising key areas of work to ensure patient safety remained the focus. As a result some of our core work was stood down for a period of time. It is hoped that as we emerge from the pandemic we will be able to refocus our efforts to again deliver a high quality service on behalf of the Trust.

Adverse Incidents

An **Adverse Incident** is defined as:

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

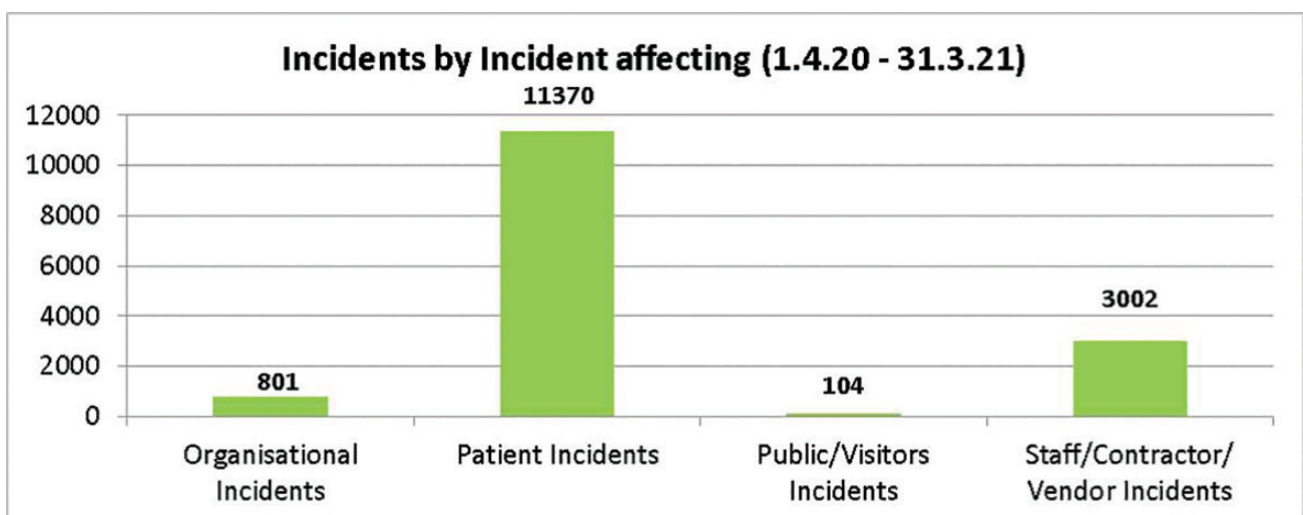
The Trust is committed to providing the best possible services for its patients, clients, visitors and staff, although it is recognised that adverse incidents will occur. It is essential that a responsive and effective incident recording, reporting and management system is in place to identify causes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

Facts & Figures

Graph 1 below shows the types of incidents that were reported in 2020/2021 which were categorised as organisational, those affecting patients, public/visitors or staff/contractors/ vendors.

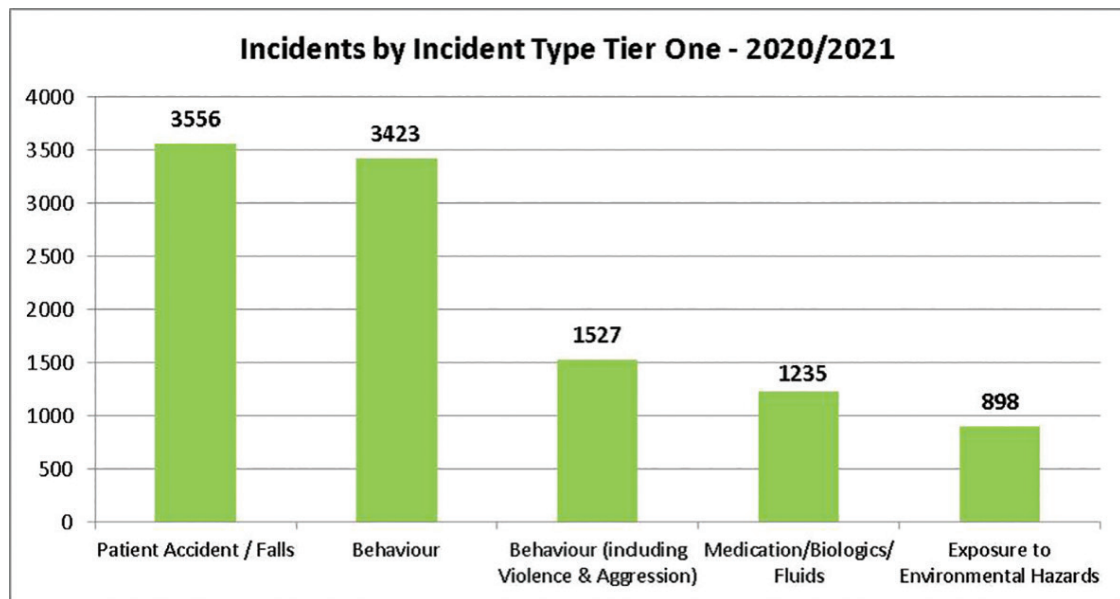
During 2020/2021 there were **15,277** incidents reported, of which **11,370** were patient related incidents.

Graph 1.



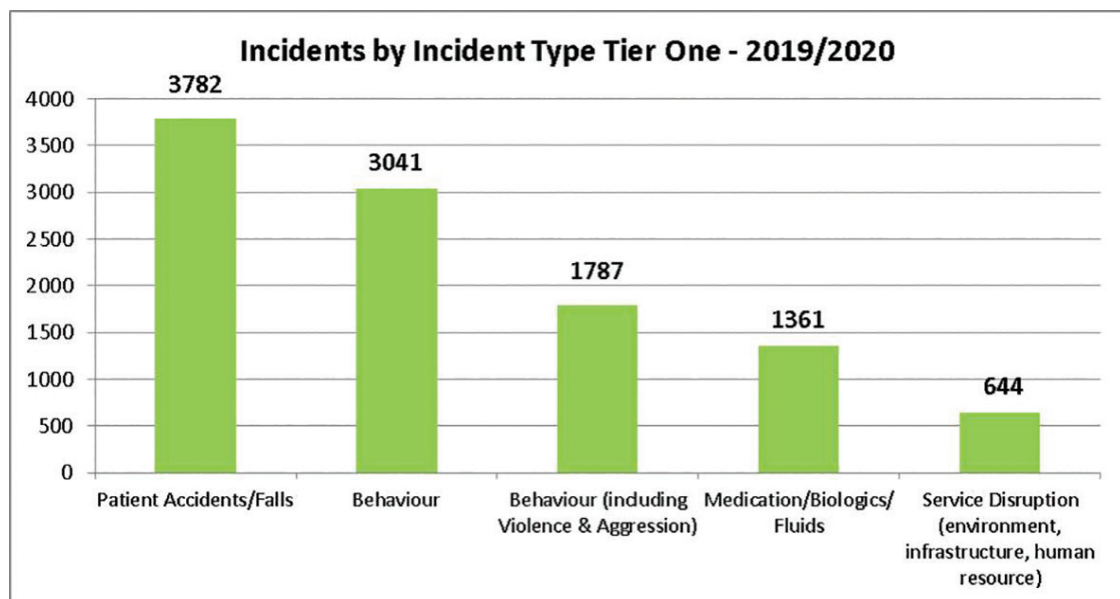
The top 5 most reported incident types in 2020/2021 are shown in Graph 2 below in comparison with 2019/2020 in Graph 3.

Graph 2.



NB: Behaviour (Including Violence and Aggression) is behaviour against staff

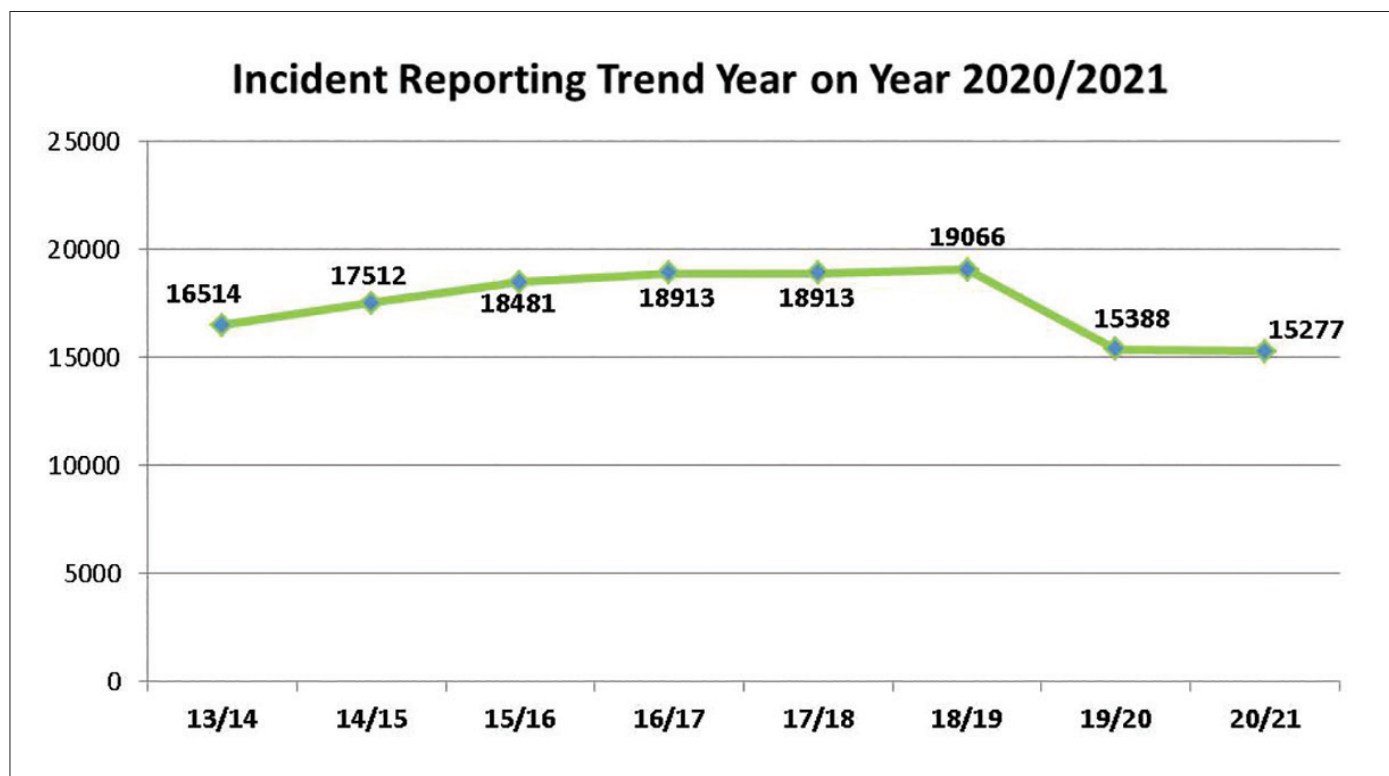
Graph 3.



NB: Behaviour (Including Violence and Aggression) is behaviour against staff

Graph 4 below shows the trends in incident reporting from 2013 to 2021. The reduction in 2019 was thought to be attributed to the introduction of the Datix Web system and the adjustment required for staff to adapt to the new process of reporting incidents.

Graph 4.



Following the introduction of Datix Web, an extensive training programme was rolled out to support staff in both reporting and those reviewing and approving incidents.

Due to the COVID-19 pandemic, training methods were adapted and a PageTiger format was developed and is available on iConnect and on the Datix landing page for all staff to access.

There is also a dedicated email address to which staff can direct any queries.

Serious Adverse Incidents (SAIs)

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

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

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 **11,370** patient related incidents reported in 2020/2021, **69** met the criteria for reporting as serious adverse incidents. This equates to **0.6%** of the total patient related incidents reported throughout the Trust.

Of the **63** SAI investigations completed in 2020/2021, **129** recommendations were made (of which **80** are complete) to reduce recurrence of similar incidents or to improve patient outcome.

In comparison, during 2019/2020 there were **36** SAI investigations completed with **125** recommendations identified (of which **30** [recorded on DatixWeb] were completed) to reduce recurrence of similar incidents or to improve patient outcome. An additional **69** recommendations relating to SAIs reported pre April 2019 were recorded on Datix Rich Client System (legacy system).

(NB: Datix Rich Client does not have a function to report on completed recommendations. It would require a manual trawl to determine actual number, therefore this data is unable to be collated due to being recorded on a legacy database).

These included:

- Communication (**25**)
- Develop safe system of work or processes (**24**)
- Implement or review communication (**13**)
- Re-enforcement or revision of existing policies (**11**).

(NB: Number per category in brackets).

Engagement with service users and families in the SAI process remains a high priority for Trust staff. The Trust continues to ensure that it engages appropriately with service users and/or families and they are kept updated throughout the review process.

Unfortunately some of the SAIs conducted concerned incidents that resulted in a patient death. Table 5 below shows a breakdown of these cases by Directorate in 2020/2021.

Table 5

	Adult Services & Healthcare in Prison	Children's Service & Social Work	Hospital Services	Nursing, Primary Care & Older People	Total
Level 1 SEA	15	2	1	6	24
Level 2 RCA	0	0	1	1	2
Level 3 RCA	1	0	0	0	1
Total	16	2	2	7	27

Learning Lessons from Serious Adverse Incidents Reviews

Examples of SAIs and the learning from them in in 2020/2021 are as follows:

Example 1

Mr X lived at home and was receiving calls from the District Nursing Service in his own home. On a planned visit the nurse was unable to gain access. A phone call was made to the house but when no response a calling card was put through the door. Mr X was visited by his sister a short time later who called for emergency services but Mr X was found to be deceased.

Learning from the Review

- No Access Visit Protocol developed and shared within district nursing Trustwide
- Introduction of daily safety huddles within nursing teams
- Raised awareness of raising concerns policy with all staff
- Ensure partnership working with patients particularly when there are issues regarding access. Develop Person Centred Plan of Care that the individual will agree to and one that meets the clinical needs of the individual
- Raised awareness of timely completion of the Multidisciplinary Risk Assessment Form
- Escalation to MDT where concerns are raised about no access visits.

Recommendations

- The Trust ISO Lead to work in partnership with nursing team to develop and share ISO protocol on No Access Visits
- District nursing to validate a framework on safety huddles and share learning across all teams within district nursing
- The Trust district nursing staff will complete 'Person Centred Care Planning and Documentation' training
- Escalation Policy Awareness training should be part of an induction programme to district nursing staff within the Trust.

Background

Example 2

Mr X had a history of transitional cell carcinoma bladder. He was reviewed at intervals as part of a bladder surveillance program. Mr X attended hospital in 2016 where a flexible cystoscopy was carried out by a Clinical Nurse Specialist.

The procedure identified no abnormalities and it was recommended that the flexible cystoscopy should be repeated in 12 months. Unfortunately this recommendation was not followed up.

Learning from the Review

- The processes for arranging patient follow up should be reviewed to ensure that there is a streamlined system in place that does not rely on one person. The follow-up process should have a validation structure in place to confirm that patient outcomes are checked
- All staff working with the new process should have a formal induction and complete training
- There are too many patient episodes registered as 'open' in the system. This makes it difficult to check that follow up arrangements have been made for those patients who require them
- A formal written process should be in place to review open episodes of patient care and close episodes where the patient has completed their planned treatment
- Documentation from significant episodes of patient care such as operation or procedure notes should be uploaded onto the ECR system
- Individual patients should be informed about the plans for their follow-up care and empowered to question delays or deviations from these arrangements.

Recommendations/Actions

- Development of an induction module for new staff, a training module for all relevant staff and the appointment of a team leader to support staff and assist with the validation process
- Written procedures concerning the booking of planned patient follow up care and the monitoring of open episodes of patient care will be reviewed
- The operation notes from day procedures that take place in the Trust are now uploaded onto the ECR system
- Patients will be provided with clear information about their follow up care which will include a timescale and details about who to contact if there are delays or concerns.

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
- Introduce additional modules to Datix Web, including SABS (Medical Device Alerts), Risk Registers, for 2021/2022 and Complaints and Claims in 2022
- Further develop Datix Dashboards in order to provide a more strategic oversight of live data
- Expand on quality assurance work and trend analysis of incidents.

How the Organisation Learns

Quality Improvement Training Evaluation

The need for system transformation and innovation is widely recognised in Health and Social Care in Northern Ireland. Health and Social Care organisations have been investing significantly in training staff to support and drive Quality Improvement (QI) in practice. A collaboration between the Trust, HSCQI, QUB and University of Ulster, applied for funding through Health Foundation's Q Exchange, focusing on the transfer of learning from QI training for better impact on care.

The objectives of the evaluation were three-fold:

1. To develop an evaluative framework for QI training delivered across Northern Ireland with a specific focus on post programme impact.

For many of the QI training programmes delivered, there is evidence of excellent evaluation results at Levels 1 and 2 of Kirkpatrick's Model (Reaction and Learnings). We sought to develop an evaluative framework for QI programmes that focused on post programme impact i.e. Level 3 and 4 of Kirkpatrick's Model (Behaviour and Results.) The framework developed was based on Brinkerhoff's (2003) Success Case Method (SCM) involving an online survey followed by in-depth interviews. The approach is based on comparing successful and unsuccessful cases through story-telling.

2. To identify the enablers and barriers experienced by participants when driving QI from which resources can be developed to guide future programmes to support participants apply their QI learning post programme.

Results revealed the main barriers and enablers to training impact.



3. Create Transfer Tools for Health and Social Care Organisations, including evaluation tool and organisational transfer checklist.

QI Training Transfer Organisational Checklist

To enhance the impact of training transfer on service delivery and outcomes in Health and Social Care Organisations consideration should be given to the following domains:

Organisational Accountability

Quality Improvement is integral to Positive Organisational Culture

- The value of QI recognised by Senior Management Teams and incorporated into Organisational Strategy.

Accountability of Trainee and Organisation

- Consideration of a joint learning agreement with the trainee and management prior to and post training.

Expectation of Outcome for Investment

- Outcomes to be considered in relation to the domains of Quadruple Aim.

Organisational Support

Senior Management Sponsorship

- Trainee and Quality Improvement initiatives have tangible senior manageable support.

Importance of a Visual Sponsor

- Building will for improvement is enhanced by recognisable support.

Line- Management Support

- Local understanding and resource to enable trainee to propagate improvement.

Trust Strategy Alignment

Projects Aligned to Organisational Strategy

- QI initiatives with most long term impact are aligned to Organisational Strategy.

Senior Managers use QI Skilled Staff to Deliver on Organisational Priorities

- Recognition of the value added to Trust initiatives by staff skilled in QI approach

Resources

Resources to enable improvement impact include:

- Protected Time
- Job Planning
- Career Pathways in QI
- Admin Support
- Data Analytics for Initiatives
- IT systems to support QI initiatives
- QI Expertise In Organisation to support projects
- Mentors

Support for Scale and Spread

Recognition of effort to facilitate interdisciplinary/ interorganisational coordination necessary to enable scale and embed positive improvements.

Recognition of the Value Added to the Organisation by QI

Recognition of Effort and Impact

- Celebration of success.
- Organisational sponsored assessment of impact.

Incentive/ Reward

- Individuals and teams have incentive to improve quality and bring value adding initiatives to the organisation.

Evaluation

Evaluation embedded into QI investment

- Resources are allocated for evaluation of QI effort.

Overall accountability and impact with regards to Quality Improvement

- Essential organisation expectation and scrutiny of QI effort.

Organisational Metrics to evidence impact of service improvements and innovations

- Partnership with performance and governance teams in planning organisational QI strategy.

Networks

Establishment of QI Networks

- Organisational establishment of QI Networks supporting people trained in QI.

Connecting and Building a QI Community

- Resource and facilitate participation of staff and teams in local, regional and international networks.

Quality Improvement

Quality Improvement Academy

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



Facts & Figures

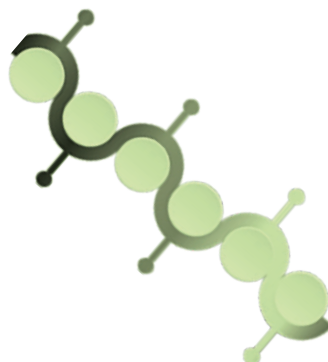
7929*



Total number of staff trained in Quality Improvement.

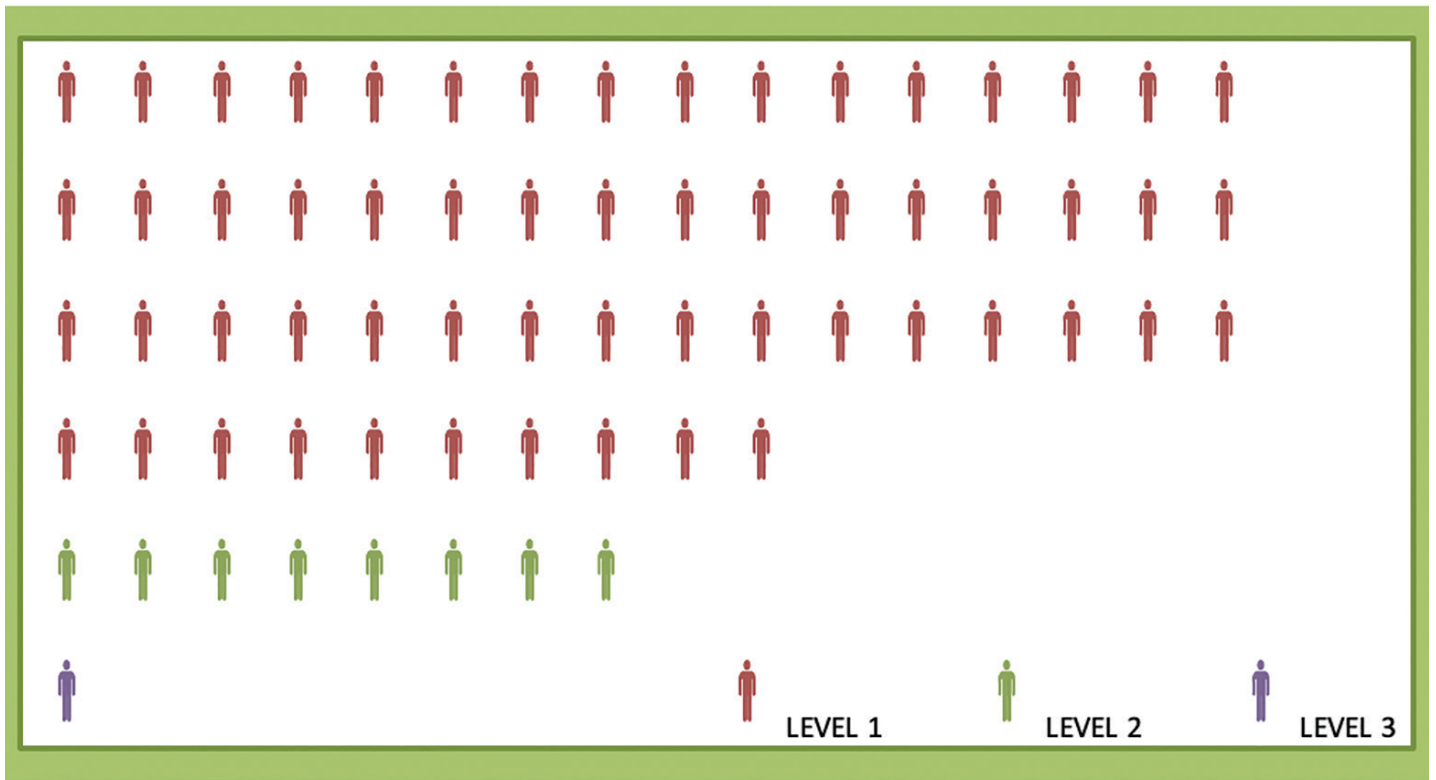
**Included in this figure are staff who have undertaken more than one level of QI Training based on the Q2020 Attributes Framework.*

77

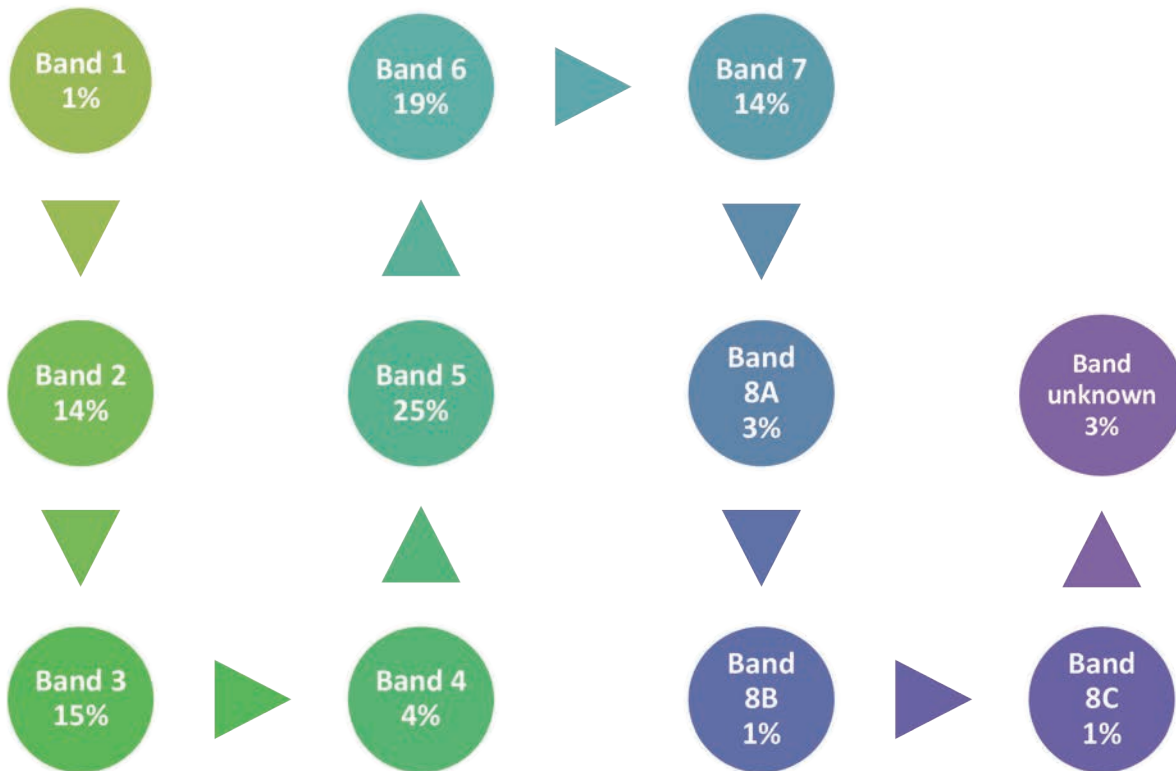


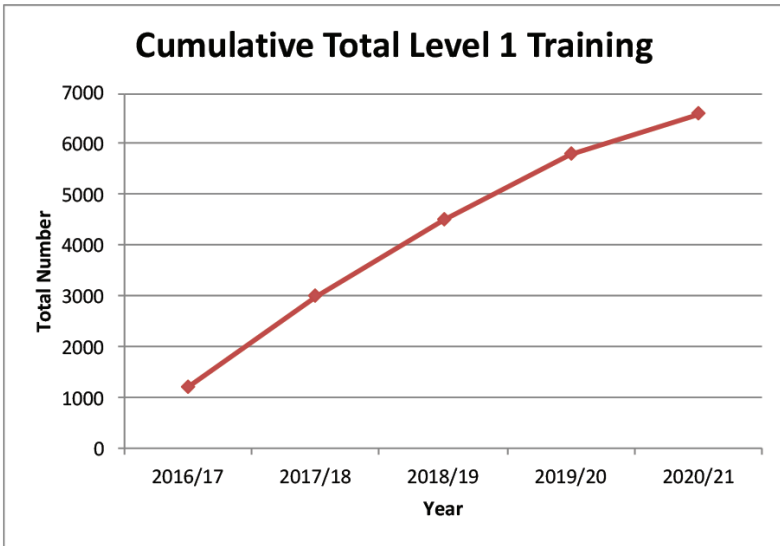
Total number of projects supported during 2020/2021.

Of those **7929** below is the breakdown of what level on the attributes framework they are trained:



Of the **7929** staff trained, below is the breakdown by job band:





Level 1

During 2020/2021
790 staff
completed
Level 1 training.

702



Q2020 E-Learning *and*
face to face

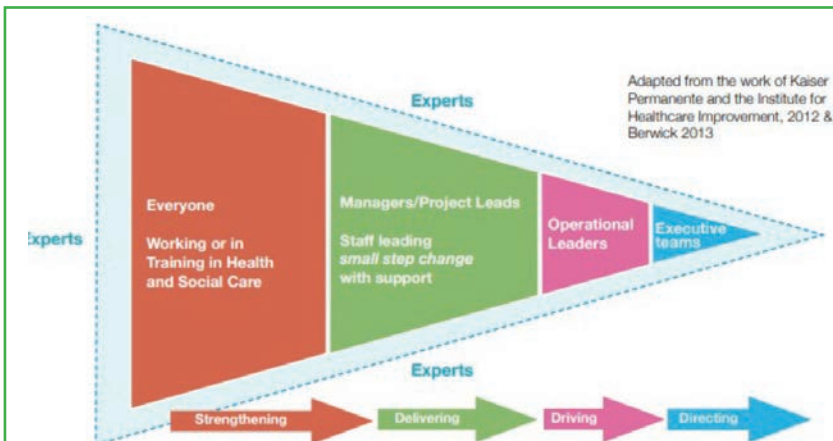
An introduction to
Patient Safety and
Quality Improvement.

88



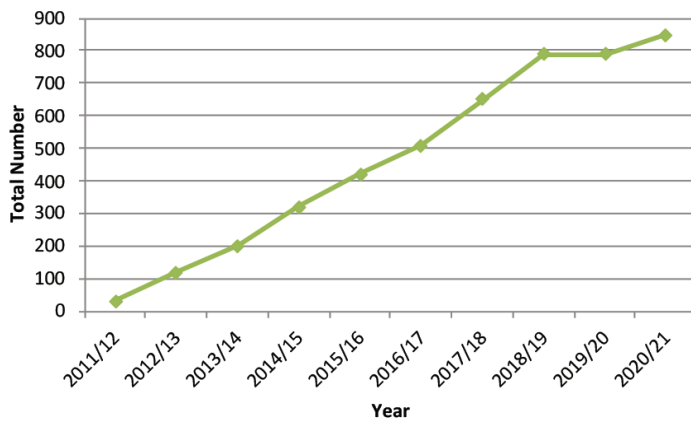
SQE Lite

1 day interactive
workshop introducing
Improvement Science.



Attributes Framework

Cumulative Total Level 2 Training



Level 2

**During 2020/2021
49 people
attended
Level 2 Training**

40



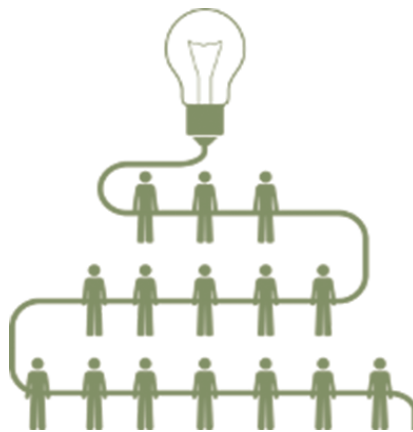
SQE Programme

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.

3



Regional Quality Improvement in Social Work, Nursing and Midwifery Programme

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

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

4



SQE for Junior Doctors

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

STEP-UP

1



This 8 month programme aims to develop doctor's skills in medical leadership, and provides basic training in quality improvement. This programme is led by the Belfast Health & Social Care Trust.

1

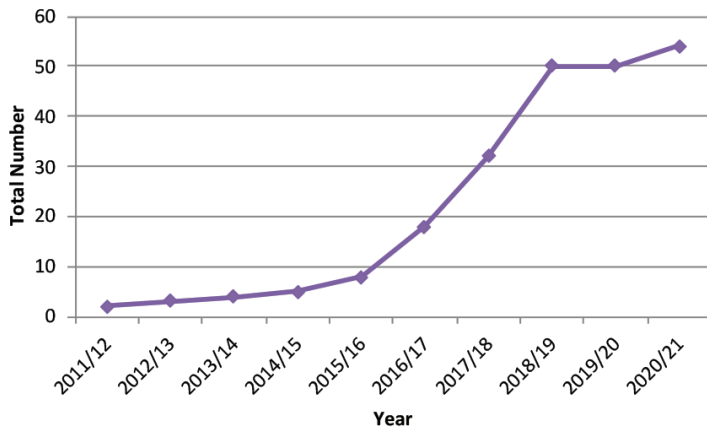


IHI Improvement Coaching

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



Cumulative Total Level 3 Training



Level 3

During 2020/2021
6 staff
completed
Level 3 training

2



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.

4



Scottish Improvement Leader Programme (SCIL)

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



NEXT STEPS

- Develop Quality Improvement Programme for Senior Managers
- Further development of QI Alumni / QI Alumni Master Classes
- Develop and deliver Human Factors Master Class
- Continue to redesign current / develop new QI Academy offerings to be delivered virtually due to COVID-19 response.

Goal 2



Strengthening the Workforce

Annual Quality Report - Next Steps Update From 2019/2020

Theme	Title	Next Steps	Status
Goal 2: Strengthening the Workforce	Induction	<p>Corporate Induction and Mandatory training</p> <ul style="list-style-type: none"> • Pilot half day welcome event. <p>Induction Training for Nursing Assistants</p> <ul style="list-style-type: none"> • Due to COVID-19 restrictions, the Nursing Assistant Induction is planned to be delivered virtually, using a combination of Zoom, videos and e-learning. • The Trust will evaluate the impact of Investors in People as a business improvement tool and develop an Assessment Plan for 2020/2023. 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
	Investors in People	<p>Staff Health & Wellbeing</p> <ul style="list-style-type: none"> • The Trust will continue its review of staff stress and resilience learning and development and support provision while remaining responsive to staff needs and ongoing feedback. 	<p>Behind Plan</p>
	Supervision, Coaching and Mentoring	<p>Coaching</p> <ul style="list-style-type: none"> • Further develop opportunities to integrate Coaching into Team-Based Working. • Build on existing opportunities to develop blended and bite-size Coaching Awareness and Coaching Skills development • Build on existing opportunities to utilise Executive peer coaching for personal and professional development. 	<p>On Plan</p>
		<p>School Outreach & Engagement</p> <ul style="list-style-type: none"> • The HSCNI Regional Work Experience Group will continue their work in relation to Indemnity with being replaced by a Memorandum of Understanding and supporting documentation for post-primary schools. 	<p>Behind Plan</p>
	Looking After Our Staff	<p>Staff Health & Wellbeing Initiatives</p> <ul style="list-style-type: none"> • Launch new updated 'liverwell' website • Launch new champions model • Complete staff satisfaction survey • 'Move More Lose More' commencing in September 2020 • Develop the use of Zoom for programme delivery • Develop and support new initiatives that will improve the health and wellbeing of staff. 	<p>Achieved</p>

Theme	Title	Next Steps	Status
Goal 2: Strengthening the Workforce <i>(Continued)</i>	Looking After Our Staff <i>(Continued)</i>	<p>Stop Smoking Service</p> <ul style="list-style-type: none"> To complete a client satisfaction survey To source/design Brief Intervention Training that can be delivered on line To increase the number of referrals into the service To increase the prescribing of Nicotine Replacement Therapy. 	Achieved
	Revalidation of Medical and Nursing Staff	<p>Revalidation of Medical Staff</p> <ul style="list-style-type: none"> The new Appraisal and Revalidation Policy incorporating an engagement protocol will be completed Work will continue in regards to quality assurance process and will continue with the GMC and ultimately the Trusts medical staff. This will include training and support for the clinical leaders in making revalidation recommendations. <p>Nursing and Midwifery Council (NMC) Revalidation</p> <ul style="list-style-type: none"> Ongoing 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. <p>Compressed Programme for Development (CPD) for Band 5 and Band 6 Nurses and Midwives</p> <ul style="list-style-type: none"> Continue to monitor and evaluate the programme and amend content to meet future service needs. 	<p>On Plan</p> <p>Achieved</p> <p>On Plan</p>
	Staff Absenteeism	<ul style="list-style-type: none"> Completion of the regional review of the Regional Attendance Framework Implementation of the Trust Health and Wellbeing Model and associated work streams Embedding the HSC Values and Behaviours Framework across the Trust Enhancement of the 2020/2021 Flu Vaccination programme to include Peer Vaccination, Flu Centres and mobile approach Targeting mental health related absences and putting in place a staff psychological service to support staff Supporting managers and staff in dealing with COVID-19 absence via the Workforce Help Line and Occupational Health and Wellbeing Service 	<p>Behind Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p>

Theme	Title	Next Steps	Status
Goal 2: Strengthening the Workforce <i>(Continued)</i>	Staff Absenteeism <i>(Continued)</i>	<ul style="list-style-type: none"> Provision of absence infographics to inform Trust OBA Score Cards and Directorate Reports. <p><i>Due to changing priorities and pressures caused by COVID-19 both within the Trust and across the region a number of targets have been delayed and not achieved as had been planned. As the service rebuilds and returns to normal in the next number of months, it is hoped these will be progressed and completed.</i></p>	On Plan
	Equality	<ul style="list-style-type: none"> The 'Promoting Equity, Good Relations and Human Rights' document will be launched during autumn 2020 to all HSC Board members across the region by individual organisations. <p>Equality Team win NI HPMA Organisational Development, Learning and Development Award</p> <ul style="list-style-type: none"> By using the method of collaborative working with our directorates and offering tailored solutions alongside the traditional delivery methods, we plan to increase the percentage of staff undertaking training and thereby raising the awareness and confidence of staff and ensure they meet the relevant legislative requirements for their role. 	Behind Plan

Induction

Local Welcome, Induction and Corporate Welcome

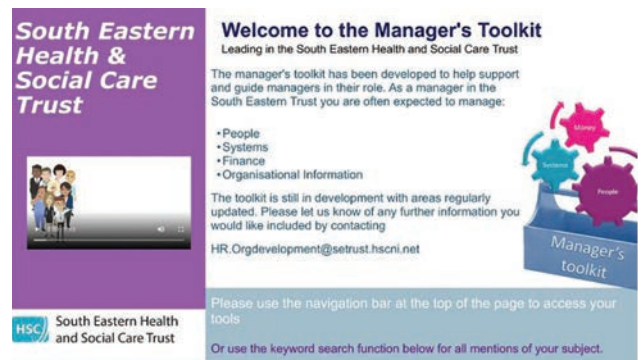
Local Welcome, Induction and Corporate Welcome are central and connected parts of the Trust's overall value-focused induction process the aim of which is to:

- Welcome Staff and to help them integrate into their role as smoothly as possible.
- Provide Staff with a broader understanding of the Trust.
- Consistently communicate the Trust's vision, values and behavioural expectations.

A refreshed approach to the above was implemented with a half day virtual Corporate Welcome (attended by CEO and/or Directors/Assistant Directors and Trade Union Colleagues) launched.

Over the period we had **310** staff who attended a half day virtual Corporate Welcome Session.

At local level, the above was supported by a revitalised Managers Local Welcome and Induction Guide aimed at assisting managers to ensure the smooth transition of staff into the workplace. Integrated within the interactive publication is the 'Managers Toolkit'. The guide will help to ensure that all managers provide a consistent, reliable and effective experience for staff (new and existing) taking up new posts throughout the Trust.



Facts & Figures

When we asked....

What did you find most beneficial and why?

Presented below are some of the comments our Staff shared regarding their experience of attending a virtual Corporate Welcome event.

- ***“Values and behaviours - Good to know what the Trusts believe in and what we and our co-workers should follow”***
- ***“Networking and getting to know others within the breakout groups”, “gaining knowledge of the different people to contact regarding different queries”***
- ***“The ‘Ask an Expert’ was very informative and good to meet the various people”***
- ***“The Welcome magazine is helpful as it gives lots of specific information, answering lots of questions that I have as a new employee of the Trust”***
- ***“It was nice to see other staff across the Trust in different roles and levels and interesting to hear their experiences past and present”***
- ***“Meeting some of the Assistant Directors. It’s nice when managers make an effort to make you feel welcome to a new organisation”***
- ***“I found it beneficial to talk to others as it is hard to connect with others during COVID-19”***
- ***“I really got a good sense of team from meeting so many different staff members and hearing their stories. Also learned some information that will be helpful eg. when to expect my contract by etc”.***

NEXT STEPS →

- To evaluate our new Induction approach and identify any areas for improvement

Nursing Assistant Induction and ProQual Vocational Qualifications

Over the year April 2020 - March 2021 the Vocational Team facilitated a number of two day Nursing Assistant Induction Training Programmes in which **40** Band 2 and 3 Nursing Assistants attended.

Due to the initial impact of COVID-19 the number of face to face programmes provided was greatly reduced. Programmes were then adapted to meet COVID-19 regulations and delivered via zoom and e-learning.

In response to the Department of Health requirements for all Band 2 and **3** Nursing Assistants to undertake ProQual Level 2/3 Certificate in Healthcare and Social Care Support, an additional **2** Peripatetic Assessors were employed to assist the Trust to meet these statutory requirements.

There have been **47** Nursing Assistants registered with the ProQual Awarding Body to undertake their Level 2/3 Certificate. This year **42** candidates have successfully completed and received their certificates. A further **50** Band 2 and 3 staff are actively working towards their certificate and a number are on the Trust waiting list.

NEXT STEPS →

- The team look forward to welcoming a third peripatetic assessor who will be replacing a valued member of the team who is due to retire later this year and whose knowledge and skills will be greatly missed. We have approximately **12** registered nurses due to complete their work-based assessor qualification who will help support the Vocational Team.



Vocational Team

Investors in People

Evaluation



In February 2020 the Trust was awarded ‘**We invest in people, Silver accreditation**’ and during the 2020/2021 year an evaluation was undertaken to ascertain the impact.

We engaged with a number of key stakeholders in the form of attendance at meetings, surveys, focus groups and one-to-ones. Their feedback is outlined below:

INVESTORS IN PEOPLE (IIP) EVALUATION AREA	MEAN RATING (1 - 5)
Greater ownership and control of the IIP process than when we used an External Assessment process	4
Increased commitment to effective development and performance management	4
Accelerated best practice sharing and organisational development (using an external framework and high-performance working model)	4
More immediate understanding of internal culture and climate	4
Improved cross-boundary co-operation	4
Enhanced key transferable skills of Internal Reviewers	3.7
Customised assessment and reviews	4
Greater understanding of the Investors in People philosophy	3
Overall how would you rate your experience of the IR Process?	5 x Quite Positive 2 x OK

Assessment Plan

Evaluation feedback was used to inform the next assessment cycle schedule 2021 - 2023:

- **Stage 1:** Corporate Directorates (Finance & Estates, Planning, Performance and Informatics and Human Resources & Corporate Affairs)
- October and November 2021
- **Stage 2:** Adult Services Directorate - February and March 2022
- **Stage 3:** Hospital Services Directorate - June and July 2022
- **Stage 4:** Nursing, Primary Care and Older People Directorate
- October and November 2022
- **Stage 5:** Children’s Services Directorate - February and March 2023
- **Stage 6:** Accreditation Assessment - May 2023.

NEXT STEPS

- Complete IIP Assessments in the Corporate Directorates and Adult Services Directorate.

Leadership and Management Development Programmes

As with all development activity, Leadership programmes were curtailed last year due to COVID-19. Some planned programmes never took place.

Only **87** staff participated in Leadership and Management courses during 2020/2021 in comparison to **543** in 2019/2020.

Facts & Figures

In total, **87** staff completed the following Leadership and Management courses, all of which made the switch to online delivery:

- Succession Planning, Band 6 = **8** Staff
- ILM 5 - Effective Manager = **33** Staff
- Regulated Services Leadership Programme = **21** Staff
- MSc in Business Improvement = **4** Staff
- Aspire = **11** Staff
- Proteus = **6** Staff
- Acumen = **4** Staff.



NEXT STEPS →

- A new focus on Leadership and Management development as part of the Rebuild agenda
- Re-introduce ILM Level 2 & 3 programmes allowing for a blend of online and face to face delivery where regulations permit it
- Continue to offer the ILM Level 5 Effective Manager Programme
- Continue to offer Patient Experience Supervisor Development Programme
- Continue to offer programmes that are run in partnership with the HSC Leadership Centre
- Review and update our suite of Leadership and Management Initiatives. These will be designed for both face to face and online delivery, in a range of time formats from bite-size short sessions to half and full day workshops.

Supervision, Coaching & Mentoring

School Outreach and Engagement

Work Experience Placements

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

In late 2020, this position was reviewed and a decision was made to continue the suspension. Taking into account related pressures on the Trust as it moved towards rebuilding services, there was a regional agreement that the re-opening for WEP's will not be considered again until September 2021.

The COVID-19 Pandemic also impacted the work in relation to the HSCNI Memorandum of Understanding, which was stood down in March 2020. Moving into early 2021, work recommenced and as connections with stakeholders are re-established, the work will continue to progress towards its outcome.

Facts & Figures

- None to report.



NEXT STEPS →

- Reconnect with WEP's stakeholders to recommence HSCNI Memorandum of Understanding work. Group includes: HSCNI Bodies, Work Inspirations, Education Authority, and Education Providers
- Reconnect with the Trust's key staff and Work Inspiration to review and plan the re-opening and marketing strategy for WEP's.

Practice Education Team - Nursing Workforce and Education

Achievements: April 2020 - March 2021

The main focus for the Practice Education Team (PET) for 2020/2021 was to ensure smooth implementation of the NMC Education Standards (2018) within the Trust. A Trust Implementation Group was established to agree consistency of required outcomes via a Trust Future Nurse Future Midwife (FNFM) Implementation Action Plan.

Due to the COVID-19 Pandemic, the timelines for these outcomes were extended slightly. The priorities for the PET were to increase student capacity and to prepare registered nurses to become practice supervisors and assessors to support student nurses in practice in line with the NMC Standards for Student Supervision and Assessment (2018).

Within 2020/2021 there has been a significant challenge with facilitating students in practice due to the pandemic however the managers have been working in partnership with PET to return student capacity to **456** students at any one time.

A total of **2075** registered nurses have been prepared for the roles of practice supervisor and practice assessor:

- **1025** mentors have completed eLearning via hsclearning and **340** face to face (zoom) - to transition to role of practice assessor
- **100** midwifery sign off mentors have transitioned to role of practice assessor
- **610** registered nurses and midwives have completed FNFM new to role practice supervisor/ assessor - nursing via hsclearning.

There is a deadline of 31 August 2021 for the existing **98** mentors to transition into the role of practice assessor and the expectation for those registered nurses (post preceptorship) who have not yet completed the appropriate preparation programme to complete, linked with their CPD by December 2021.

NEXT STEPS →

- Following implementation of Future Midwife in September 2021, full implementation of the FNFM project is expected by December 2021. PET will continue to source new practice learning environments and increase student capacity within the Trust.



Staff Achievements

Celebration of Achievement event and the annual Chairman's Awards

In March 2020, as a result of the COVID-19 Pandemic and its associated challenges on the Trust and its staff, there was a regional agreement to stand down all non-essential training and conferences. Included in this were the Celebration of Achievement event and the annual Chairman's Awards.

In late 2020, this position was reviewed and a decision was made to continue the suspension.

Facts & Figures

None to report as both events did not take place.

NEXT STEPS →

- It is anticipated that the Chairman's Awards will take place around November 2021 with limited numbers attending the final event
- In July 2021, exploratory work will commence to consider how we might recognise and celebrate staff achievements in 2021/2022.

Looking After Our Staff

Staff Health and Wellbeing - Staff Support

In March 2020 it was agreed that all non-essential training was to be stood down due to the on-going challenges associated with COVID-19 Pandemic. This included the Stress Management and Building Resilience Programmes.

A Wellbeing Survey was launched to help identify what support our staff required and how this could be delivered within the current COVID-19 environment.

In line with the results, Task and Finish groups were set up within the Health and Well-being Steering Group to review and deliver staff support interventions, psychological support, pastoral support and one-to-one coaching opportunities.



Webinars and zoom sessions were then developed and advertised, rather than the normal classroom style responses. This enabled people to avail of support at a time, and in a way, that was in line with current COVID-19 restrictions and at least time away from frontline service delivery.

Facts & Figures

- **43** Staff attended Stressbusters webinars
- **61** Staff attended “Self-care when we need it most” and 933 viewed it online
- **245** Staff viewed the “COVID Clapping and Caring for each other” webinar
- **476** views Mindfulness Sessions
- **125** Comfort boxes were delivered to our wards and departments.

Feedback from some of our staff from these sessions include:



NEXT STEPS →

- Continue to consolidate resources to build a whole system approach to provide support for our staff in relation to their health and wellbeing
- Further develop opportunities to integrate health and wellbeing conversations into management and leadership programmes
- Build on existing opportunities to further develop regional programmes and support mechanisms for staff.

Health and Wellbeing Initiatives- Live well

During 2020/2021, due to COVID-19 all group delivery of staff health and wellbeing programmes ceased.

- 18 programmes were delivered via Zoom
- 1,852 staff participated in programmes /initiatives
- 150 staff completed a digital well check
- 132 staff attended the well webinars
- Staff health and wellbeing information and advice was provided via the Livewell site.



LIVEWELL SUMMARY

April 2021

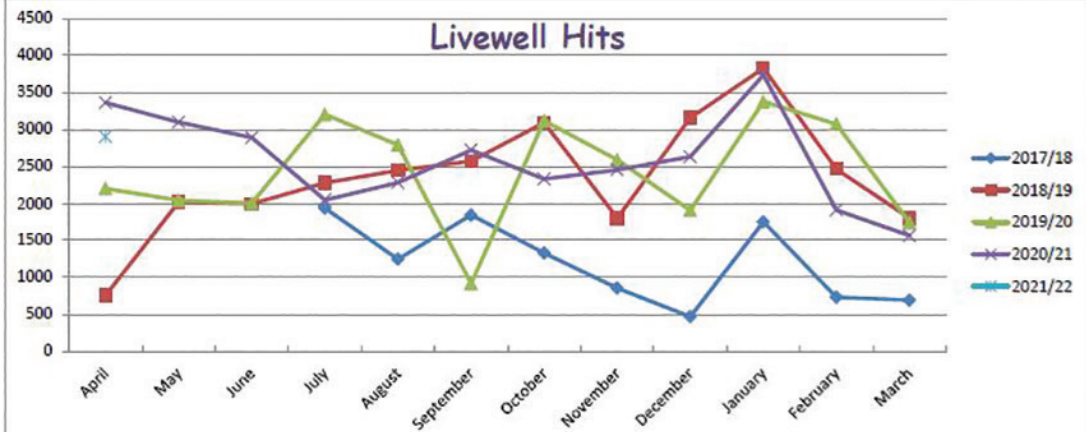
Hits:
This month saw a huge leap from 1,564 to 2,900.

Access:
The current ratio is around 1:5.

Average pages viewed/time spent per visit:
4.15 / 3:15

A selection of other topics viewed:

- Livewell exercise videos (249)
- Yoga (223)
- Pilates (141)
- Best spring walks (126)



Most Viewed Pages

- 1 Mindfulness - Sessions (442)
- 2 Making Most - Your slow cooker wednesday sessions (339)
- 3 Celebrate international nurses & midwives day (336)
- 4 Active April calendar (316)
- 5 Gambling awareness session (315)



www.setlivewell.net

Username: setrust

Password: livewell

Accessed by Staff



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

NEXT STEPS

- Continue to develop new and existing staff Health and Wellbeing Initiatives/Programmes and promote these on 'livewell' and via other platforms
- Increase staff awareness of the 'livewell' site and monitor monthly visits to the site
- Ensure that staff are involved in the design and delivery of initiatives/programmes .

Revalidation of Medical and Nursing Staff

Revalidation of Medical Staff

The maintenance of professional standards for doctors remains a cornerstone of good clinical practice and this is facilitated by a regular robust appraisal process. However, in order to respond to the pandemic, the General Medical Council (GMC) afforded greater flexibility by deferring those with revalidation dates between 16 March 2020 and 16 March 2021 for one year. This provided doctors with more time to complete appraisals and alleviated the pressure on Responsible Officers in regards to making revalidation recommendations during this time.

Facts & Figures

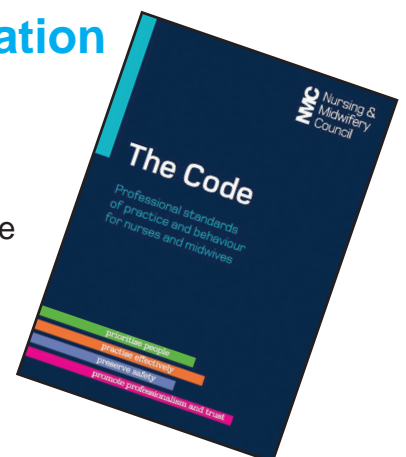
- The appraisal completion rate for the 2018 year conducted in 2019 was **99%**
- The 2019 Appraisal closing date was extended due to the pandemic. The completion rate is currently **94.2%**
- **91** doctors had their revalidation date moved twelve months by the GMC, although **41** proceeded with their revalidation
- **1** doctor had their revalidation deferred
- The Trust continued to hold training sessions for new appraisers. There are now **64** appraisers (a ratio of 1:6).

NEXT STEPS

- The internal consultation process in regards to the new Appraisal and Revalidation Policy has been completed and is now with external stakeholders (BMA and GMC). Once completed this will be implemented.

Nursing and Midwifery Council (NMC) Revalidation

In 2020/2021 there was **100%** compliance with NMC Revalidation across the Nursing and Midwifery workforce within the Trust. The process is well embedded, however there is ongoing support for managers and staff where required.

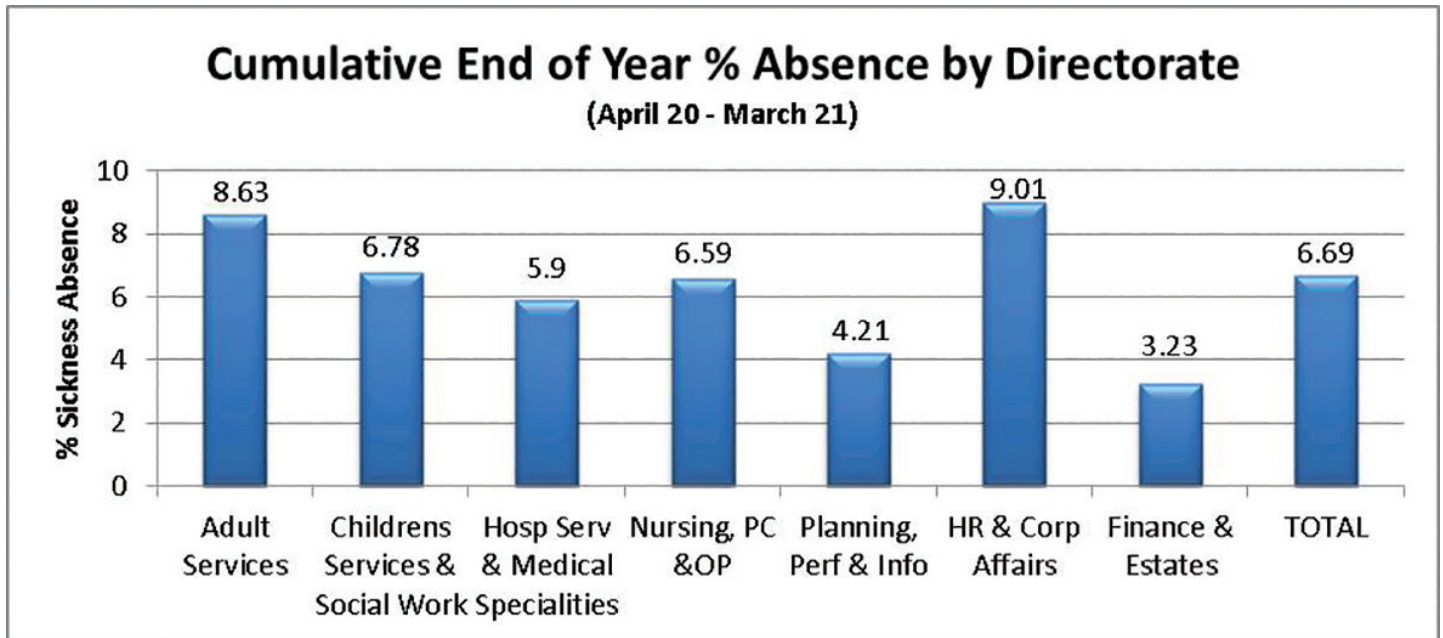


NEXT STEPS

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

Staff Absenteeism

The Overall Trust absence rate due to sickness was **6.69%** (target set by the Department of Health was **6.44%**) which was an improvement on the previous year at **6.78%**. Each Directorate's performance is outlined below:



NEXT STEPS →

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

- Completion of the Regional Attendance Framework and subsequent review of the Trust's Management of Attendance Protocol
- Implementation of the Trust Health and Wellbeing Model and associated work streams
- Launch of the new Trust's People Plan which will set out a number of ambitions to support staff post COVID-19
- Continued enhancement of the Trust's Flu Vaccination Programme to include peer vaccination, flu centres and mobile approach
- Development of a Mental Health Policy for the Trust with a view to targeting mental health related absence through providing effective support to affected staff including building on our staff psychological services
- Participation in the evaluation and roll out of the Thrive Pilot Project in order to put in place additional and focused support for relevant front line staff
- Supporting managers and staff in effectively managing COVID-19 related absence through developing appropriate guidance in conjunction with regional colleagues and the Trust's Occupational Health and Wellbeing Service
- Provision of absence infographics to inform Trust OBA Score Cards and Directorate Reports.

Goal 3



Measuring the Improvement

Annual Quality Report - Next Steps Update From 2019/2020

Theme	Title	Next Steps	Status Achieved On Plan Behind Plan
Goal 3: Measuring the Improvement	Infection Rates	<p>MRSA (methicillin-resistant <i>Staphylococcus aureus</i>) blood stream infection</p> <ul style="list-style-type: none"> • Work to continue to reduce the number of infections occurring more than 48hrs after admission to hospital • Maintain timely screening of hospital admissions for MRSA as described in the Trust's MRSA Screening policy • Work to maintain good aseptic practice in the care and management of invasive devices and associated equipment. <p><i>Clostridium difficile</i> infection</p> <ul style="list-style-type: none"> • Continue to implement the Trust's CDI best practice guidelines and the prompt isolation of all patients with diarrhoea; the timely application of hand hygiene and the disinfection of spaces vacated by any patient with diarrhoea • Continue to promote prudent antimicrobial prescribing through an antimicrobial improvement plan overseen by the Antimicrobial Stewardship Group. <p><i>Gram-negative bloodstream (GNB) infections</i></p> <ul style="list-style-type: none"> • Progress with incorporating relevant aspects of the catheter management into the Electronic Care Record of the long term catheterised patient was hampered by the COVID-19 pandemic and this will be progressed into 2020/2021 • Roll out Public Health Agency's Urinary Infection Tool Kit for >65 years which was piloted in two of the Trust's Residential Care Homes • Pilot the use of a patient information booklet (both materially and digitally) with a number of patients with long term catheters. The aim is to seek user engagement and comment to enhance the quality of information and understanding of the device and its care by the patient, their family and healthcare workers involved in their care. <p>Orthopaedic Wound Infection</p> <ul style="list-style-type: none"> • Continue to monitor wound infections occurring following orthopaedic surgery • Provide timely feedback to clinical teams so that any learning can be identified and implemented. 	<p>Achieved and ongoing</p> <p>Achieved and ongoing</p> <p>Behind Plan</p> <p>Achieved and ongoing</p>

Theme	Title	Next Steps	Status
Goal 3: Measuring the Improvement <i>(Continued)</i>	Infection Rates <i>(Continued)</i>	<p>Caesarean section Wound infection</p> <ul style="list-style-type: none"> Clinical teams will continue to review infections to ensure any learning is shared Work with Public Health Agency to introduce an electronic method of reporting infections which will reduce workload for clinical staff as they are required to report infection using a paper form. This was not progressed last year due to the COVID-19 Pandemic. <p>Critical Device-associated infection rates</p> <ul style="list-style-type: none"> Maintain all good practice within the unit and to continue with the implementation of 'Care Bundles' (check lists which help focus adherence on evidence-based practice known to reduce infection) Review all cases to establish any learning to share with clinical teams. 	<p>Achieved and ongoing</p> <p>Achieved</p>
	Patient Falls	<p>Appointments</p> <ul style="list-style-type: none"> An Acute Falls Lead will be appointed to facilitate work within acute care A Community Falls Lead will be appointed to rebuild the Community Service and renew focus on work within care homes. <p>Strategy</p> <ul style="list-style-type: none"> Due to the restructuring of the Falls Service, the Trust 2021 Falls Strategy will take on an innovative direction, incorporating the appointment of the Falls Co-ordinator and the Leads for Acute and Community Services. <p>QI Initiatives</p> <ul style="list-style-type: none"> Previous falls QI initiatives in Ward 3A and 3B are to be re-ignited along with work focusing on clients who live with a cognitive impairment and who are at risk of falls. The person's journey from ED to residence has been forwarded as an SQE project. This will focus on the repeat presentation of people to ED from home and their journey through the hospital. 	<p>Achieved</p> <p>On Plan</p> <p>Achieved</p>
Pressure Ulcers		<ul style="list-style-type: none"> Continue to monitor compliance with the 'SSKIN Bundle' Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (grade 3 & 4) that were considered avoidable Work towards sustaining a reduction in the number of severe avoidable facility acquired pressure ulcers Review the Trust Acquired Pressure Ulcer Incident Reporting and Investigation process Continue to maximize learning from each incident of severe pressure damage 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>

Theme	Title	Next Steps	Status
Goal 3: Measuring the Improvement <i>(Continued)</i>	Pressure Ulcers	<ul style="list-style-type: none"> Continue to provide mandatory pressure ulcer education and bespoke training in specific clinical areas as determined through analysis of incident reports and KPI data Continue to monitor primary care pressure ulcer prevention strategy and monitor regional KPI for this patient population Continue to recognise ward staff for their achievements in providing pressure ulcer free care Recognise Primary Care for their achievements in providing pressure ulcer free care Redesign the community SSKIN bundle. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p> <p>On Plan</p>
	Venous Thrombo-embolism (VTE)	<p>Venous Thrombo-embolism (VTE)</p> <ul style="list-style-type: none"> VTE risk assessment data will continue to be collected Trust wide and reported back to the SQE Leadership Committee. Figures are also submitted monthly to the Public Health Authority (PHA). The Trust will work towards compliance with current NICE guidance to include VTE risk assessment in acute psychiatry and Intensive Care. 	<p>Achieved</p>
	Medicines Management	<p>Medicines Reconciliation</p> <ul style="list-style-type: none"> Pharmacy will provide a permanently funded 7 day service Regular review of the weekend activity will occur with the aim to allocate more staff to ward based activities where possible. 	<p>Achieved</p>
	Insulin Safety	<p>Insulin Safety</p> <ul style="list-style-type: none"> To develop an Inpatient Insulin Safety Group within the Trust to identify and spread learning from insulin safety events (group established but unable to meet due to COVID-19) Diabetes UK is supporting a clinical champion leadership role for the diabetes pharmacist to continue to promote MITS reflections for junior doctors and other prescribers in partnership with patients To continue to offer MITS reflections either face to face or virtually To subscribe to the Trust's Co-production Charter and involve a service user to assist in collating the data from the Good Diabetes Days Patient Satisfaction Survey Regional insulin policies will be implemented across the Trust once finalised by the Diabetes Inpatients Network. 	<p>On Plan</p> <p>Achieved</p> <p>On Plan (continuous)</p> <p>On Plan</p>

Infection Rates

Preventing Avoidable Healthcare-Associated Infection

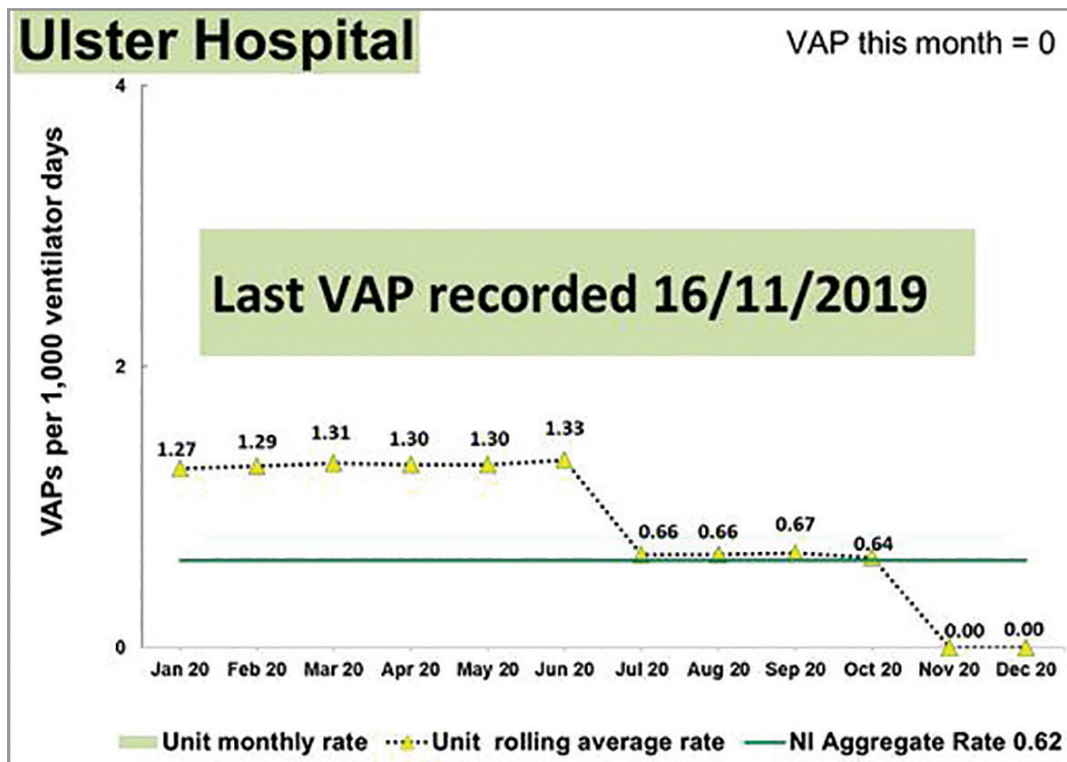
Device-associated Infections in the Critical Care Unit

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

Facts & Figures

From 1 January 2020 - 31 December 2021 the Trust's Critical Care Unit reported:

- No urinary catheter-related blood stream infections. Regional aggregate = **0.16**
- No central line- associated blood stream infections. Regional aggregate = **1.26**
- No Ventilator Associated Pneumonia (VAP) was reported. The last VAP occurred in 2019. The regional aggregate = **0.26**



NEXT STEPS →

- We will continue to monitor device-associated infections
- We will continue to implement care bundle elements of care which are known to reduce these infections.

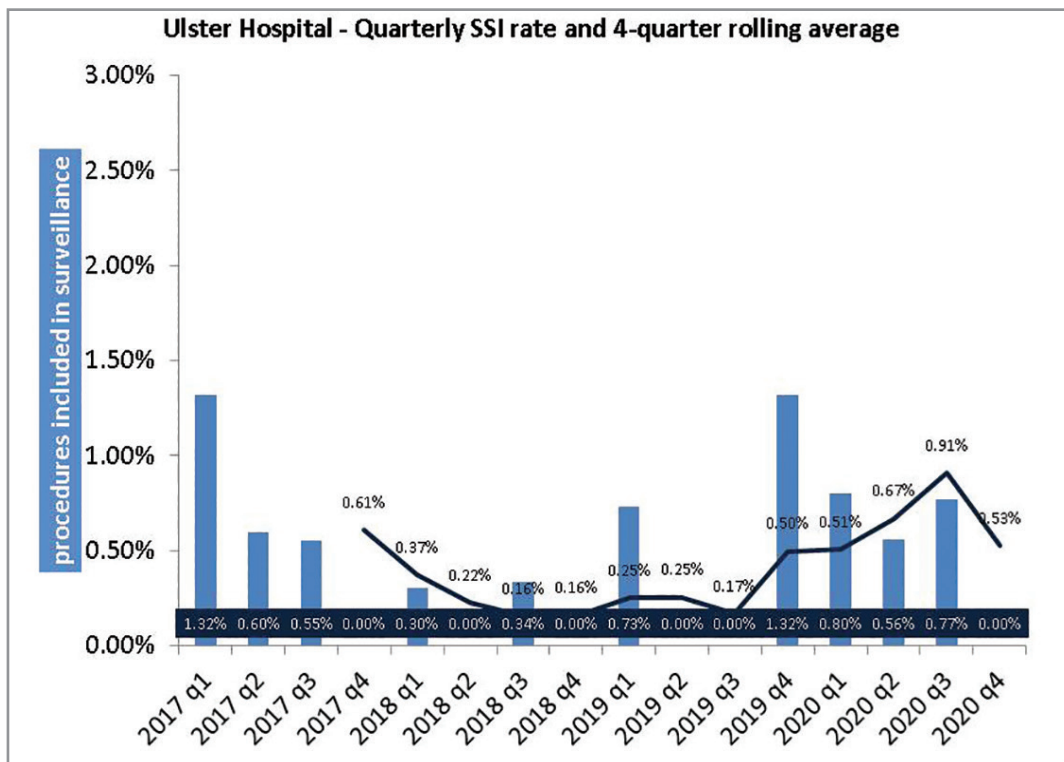
Orthopaedic Surgical Site Infection

This year we continued to monitor orthopaedic surgical site infections.

Facts & Figures

From 1 January 2020 to the end of December 2020 the Trust rolling average orthopaedic wound infection rate was **0.53%**, compared to the Northern Ireland average of **0.38%**. Although this was higher than the regional average there was no increase in infections from the previous year and no infections linked to transmission in hospital.

As a result of the COVID-19 Pandemic the number of elective orthopaedic procedures being undertaken was less than the previous year, hence accounting for the increase in the Trust average rate.



NEXT STEPS

- Continue to monitor orthopaedic surgical site infections
- Increase access to the Public Health Agency Dashboard to enable clinical teams to review how we are doing compared to the region.

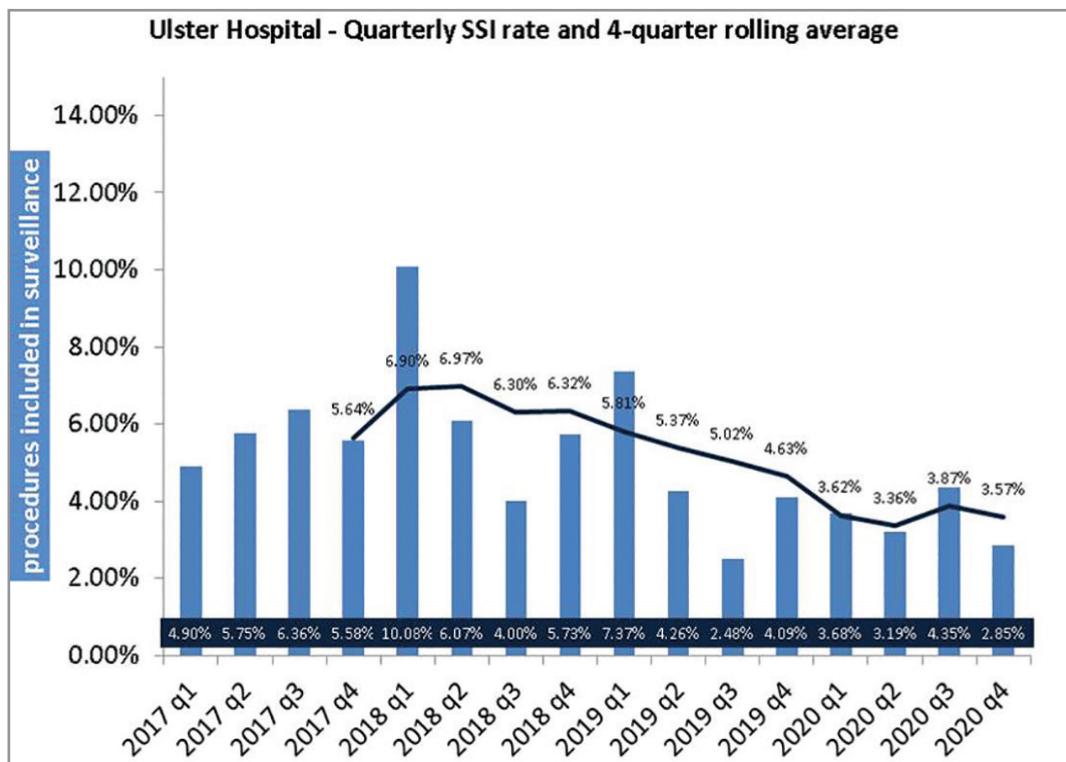
Caesarean Section (C-section) Wound Infections

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

Facts & Figures

Overall C-section surgical site infections reported by the Trust as occurring post-discharge or women readmitted for treatment for a C-section wound infection has fallen from the previous year.

This is lower than the regional average and quarterly rolling average.

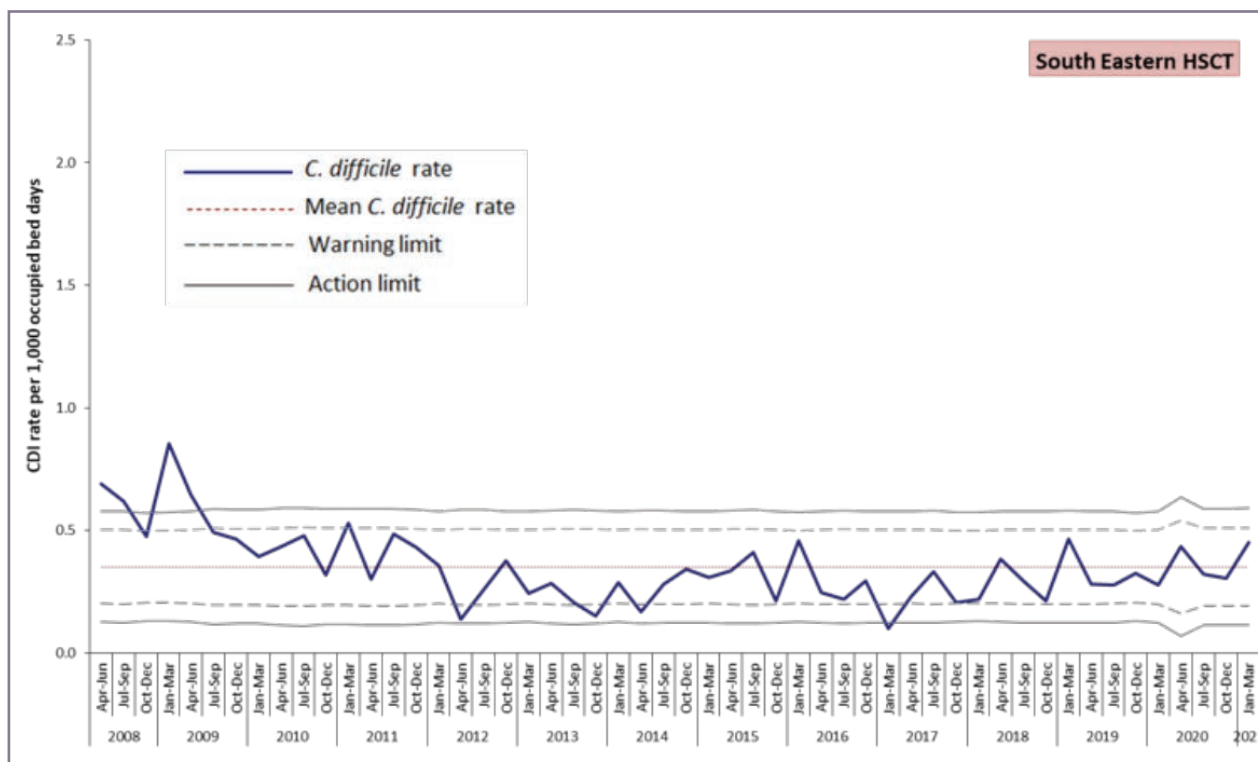


NEXT STEPS →

- Work with PHA to introduce an electronic system of reporting C-section wound infections
- Work with PHA to increase access to the PHA C-section Wound Infection Dashboard to enable clinical teams to review how we are doing compared to the region.

Reducing *Clostridium difficile* Infections

The annual target was set by the Northern Ireland Department of Health (DoH) for 2020/2021. The Trust continued to monitor *Clostridium difficile* infections. The graph below (produced by the Public Health Agency), illustrates the number of infections per 1,000 occupied bed days.



Facts & Figures

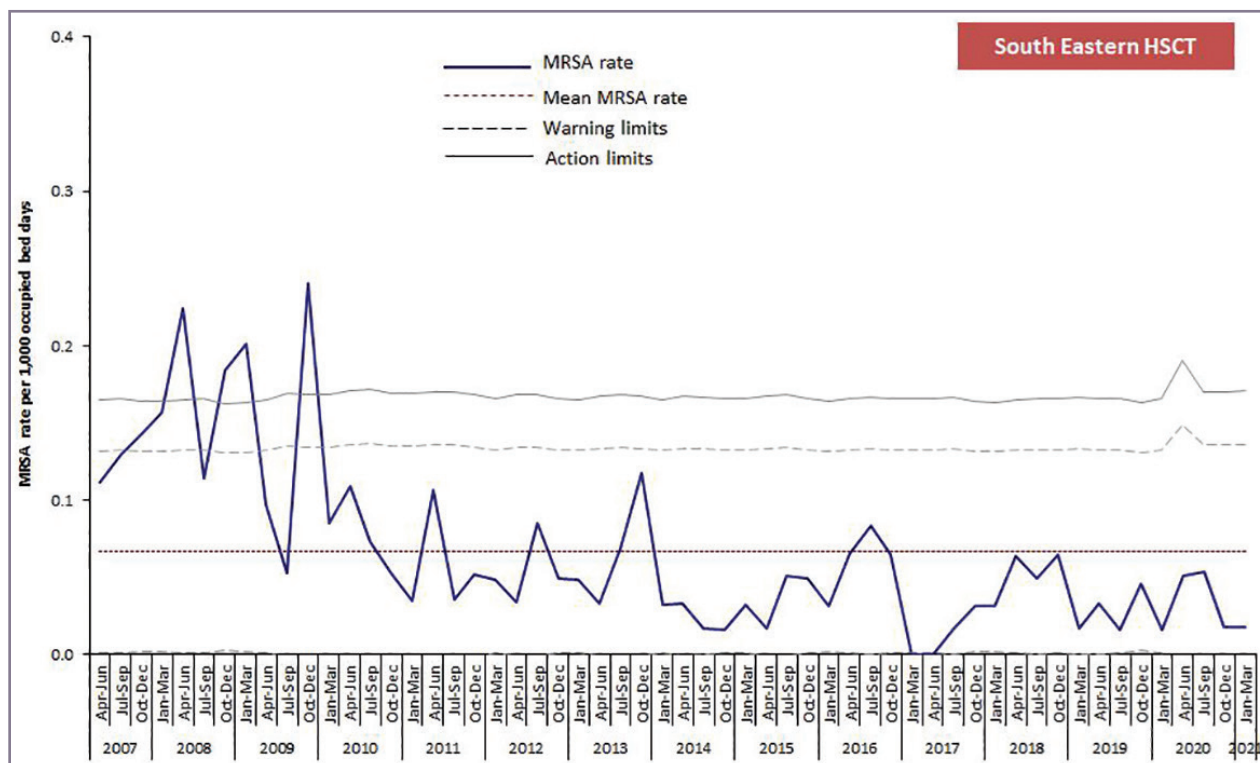
- During this period there were **3** more infections reported than the previous year
- None linked to transmission within the Trust healthcare facilities.

NEXT STEPS →

- Continue to implement the Trust's *Clostridium difficile* Best Practice Guidelines and the prompt isolation of all patients with diarrhoea; the timely application of hand hygiene and the disinfection of spaces vacated by any patient with diarrhoea
- Continue to promote prudent antimicrobial prescribing through an Antimicrobial Improvement Plan overseen by the Antimicrobial Stewardship Group.

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

The graph below (produced by the Public Health Agency), shows the number of MRSA infections occurring in patients admitted to our hospitals per **1,000** occupied bed days.



Facts & Figures

- There was no target set for *Meticillin-Resistant Staphylococcus aureus* (MRSA) bacteraemia for 2020/2021
- The number of cases reported was the same as the previous year
- None were linked to transmission in hospital.

NEXT STEPS

- Work to continue to reduce the number of infections occurring more than 48 hours after admission to hospital
- Maintain timely screening of hospital admissions for MRSA as outlined in the Trust's MRSA Screening policy
- Work to maintain good aseptic practices in the care and management of invasive devices and associated equipment.

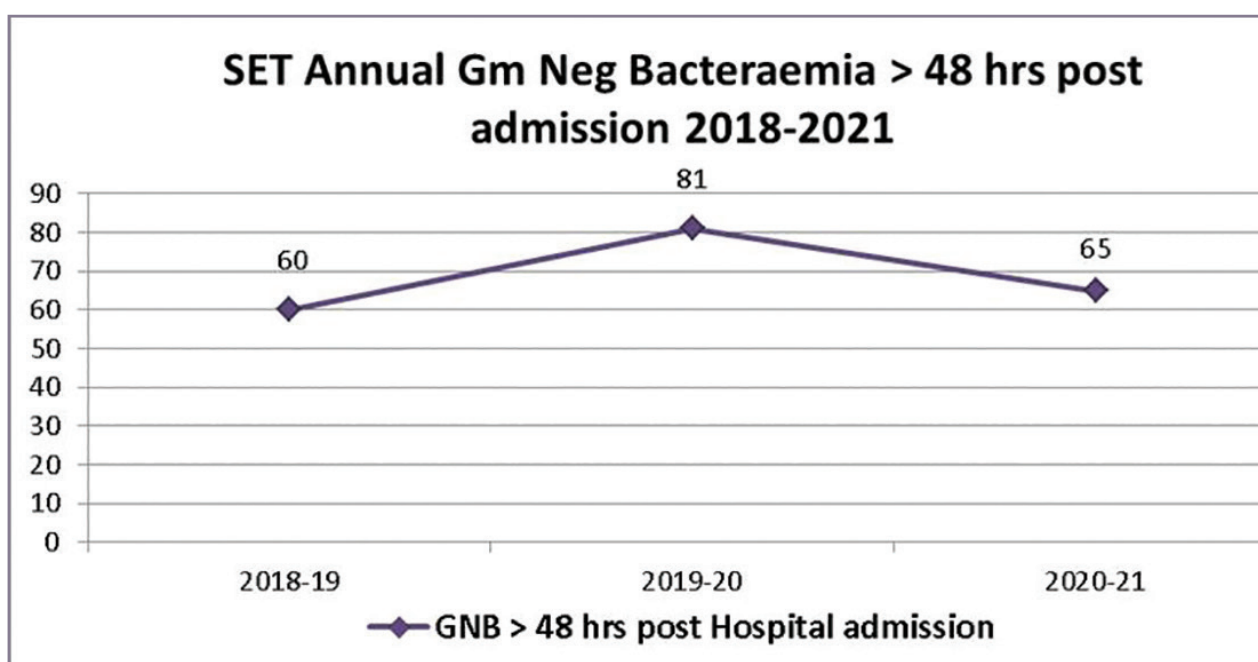
Gram-negative Blood Stream Infections

The Trust continues to report all cases of *E.coli*, *Pseudomonas aeruginosa* and *Klebsiella* species (gram-negative bloodstream infections) to the Public Health Agency using an electronic web system known as Hi-Surv. This also includes the collection of a data set of risk factor information for gram-negative bloodstream infections. The majority of these infections develop in the community.

With the development of resistant strains we continue to monitor trends closely.

Facts & Figures

- No annual target was set by the Department of Health for the year 2020/2021. The Trust reported **65** gram-negative blood stream infections identified >48 hours from admission
- This was **16** less than in the previous year, none associated with transmission in our hospitals.



NEXT STEPS →

- Continue to monitor Gram-negative Blood Stream infections
- Continue to implement best practice principles around the management of urinary catheters.

Falls

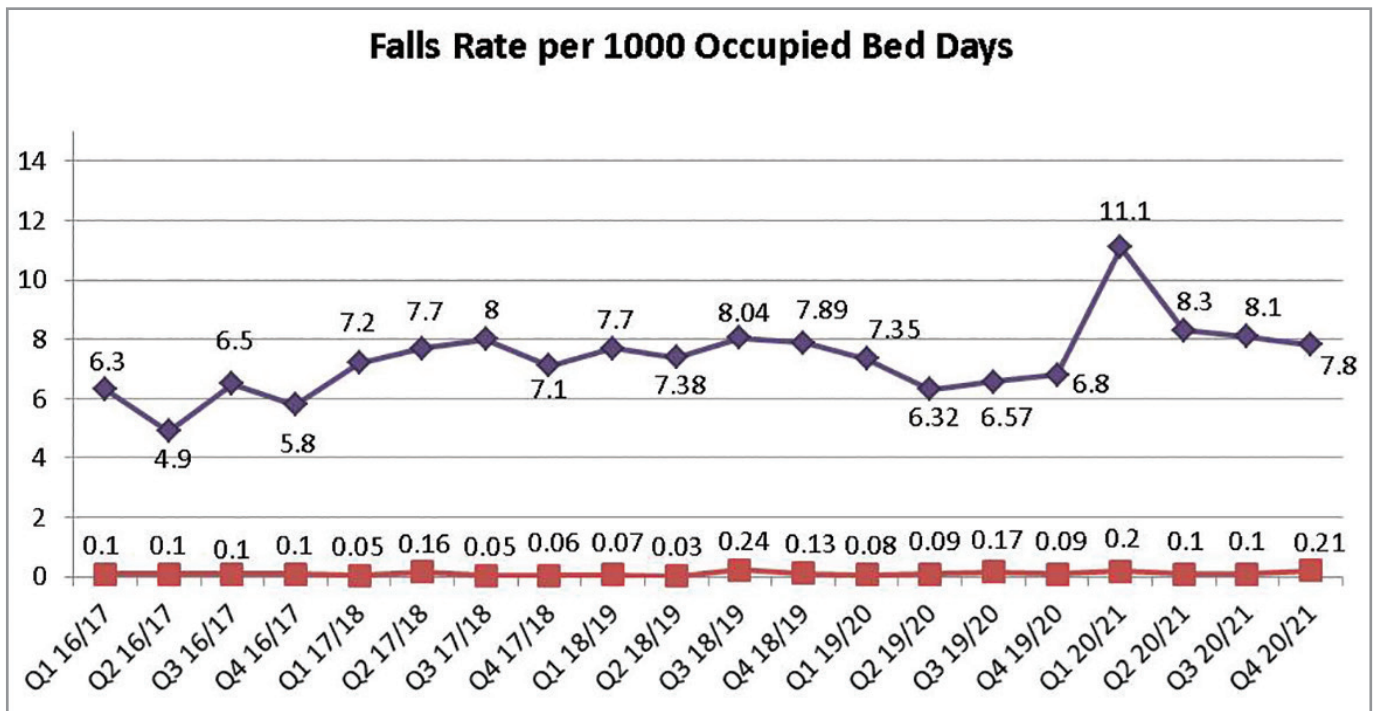
Facts & Figures

Hospital Service

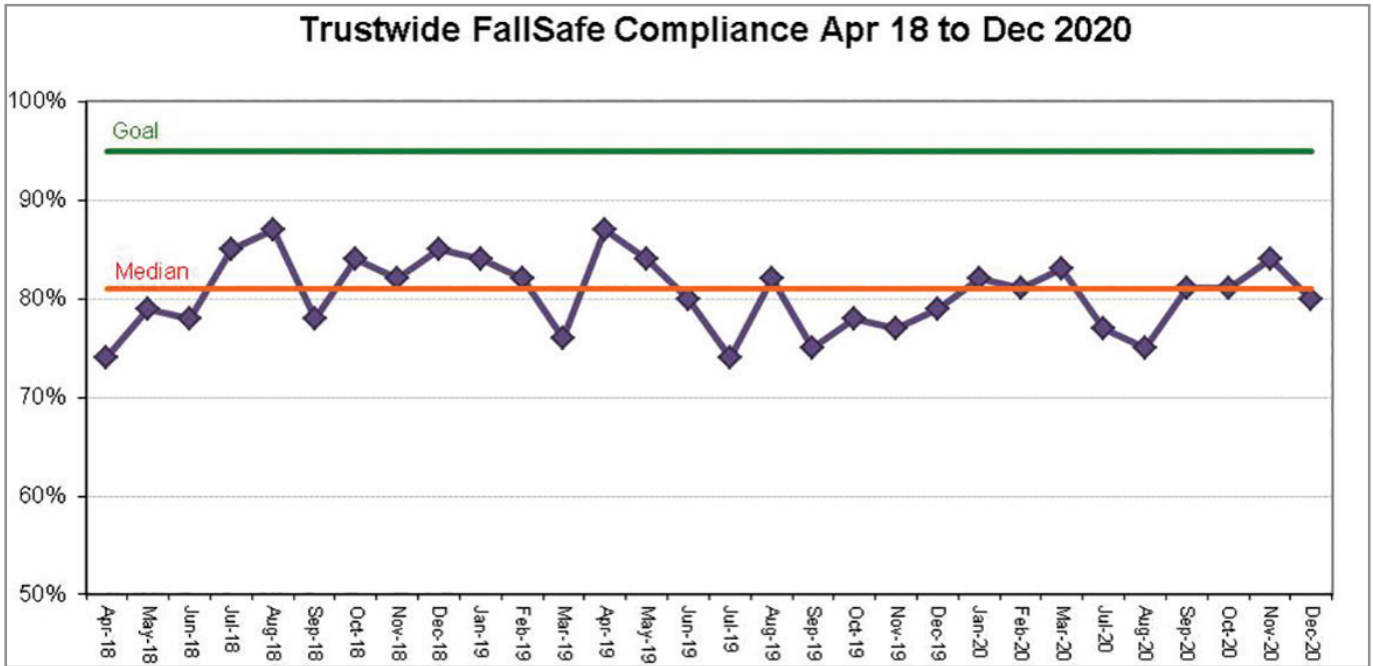
- Number of falls during 2020/2021:

TRUSTWIDE FALLS FIGURES 2020/2021		
Falls	Total Number of Falls	Falls Resulting in Harm - Moderate, Severe or Above
Q1 (April 2020 to June 2020)	509	7
Q2 (July 2020 to September 2020)	497	8
Q3 (October 2020 to December 2020)	484	7
Q4 (January 2021 to March 2021)	466	13

- Falls rate with associated bed days:



- FallSafe compliance in Trust hospital settings:



TRUSTWIDE FALLSAFE	Total Number of Surveys Performed	2020/2021 % Compliance	OVERALL FALLS ACTION POINTS/UPDATE Trust-wide average compliance with the FallSafe bundle remains consistent around 80% but below the expected 95% compliance. There has been a recent appointment to the Falls Prevention Team which will provide support for front-line staff in falls prevention going forward.
2020/2021 OVERALL			
Q1 (April 2020 to June 2020)	KPI Reporting Stood Down		
Q2 (July 2020 to September 2020)	723	78%	
Q3 (October 2020 to December 2020)	847	81%	
Q4 (January 2021 to March 2021)	KPI Reporting Stood Down		

- Staff education:

As part of the SQE project commenced in 2020 and the wider team priorities, the Falls Service commenced education sessions with hospital staff. Going forward, this teaching will be part of a bespoke, rolling education programme for staff in all care settings.

Community Service

- Falls Prevention and Management Service Patient Survey (April 2021).

Falls Prevention and Management Service Patient Survey (April 2021)



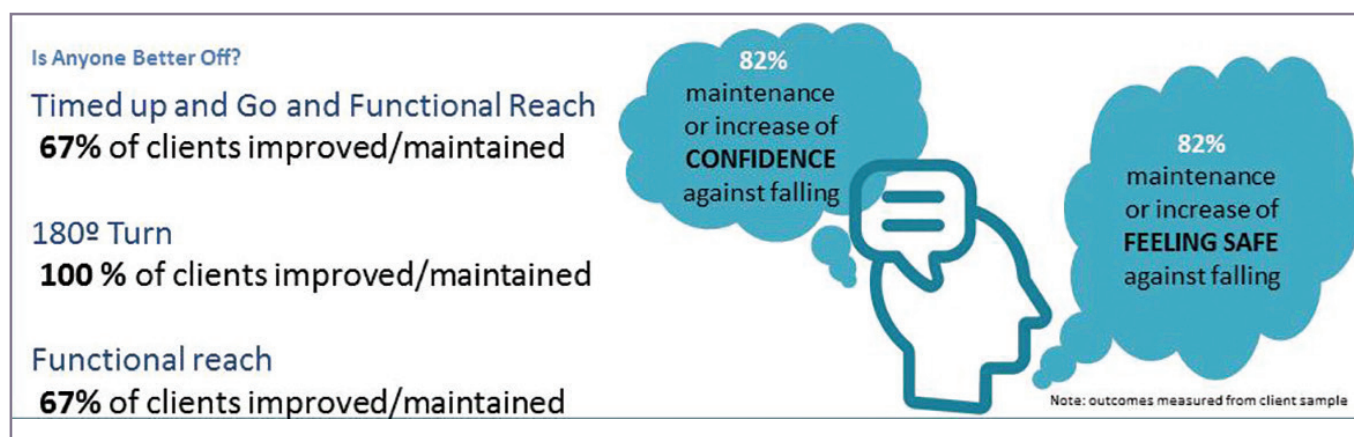
100% of clients surveyed reported

"Good/excellent communication with the service".

"Being satisfied/very satisfied with the service and would recommend the Trust to friends or family".

"The assessment process to be good/excellent".

- Community Service Pathway OBA Report Card for updated Community Dwelling Pathway - Quarter 4 2020/2021 (January 2021 - March 2021)



- The Trust Falls Prevention and Management Service Care Home Pilot:

The pilot commenced in March 2021, in support of a regional pathway. A Care Home Workshop is scheduled for August 2021 to finalise a Trust tool for use in care homes.

NEXT STEPS →

Hospital Service:

- A priority focus on sharing learning post fall incidents in hospital settings as a continuation of SQE and as highlighted in the updated Falls and Osteoporosis Strategy
- Commencement of the Patient's Pathway from Hospital to Community Falls Services.

NEXT STEPS →

Community Service:

- Increase the knowledge of clients, carers and care providers, via education and awareness, in relation to falls prevention and management
- Ensure the new pathways developed in 2020/2021 for Community Services continue to be satisfactory in relation to outcomes for clients, and satisfaction for service users. This is a continuation of the COVID-19 Learning Framework that the service was part of
- Through partnership working, help design and support a regional, streamlined pathway for care home residents and staff, as directed by the Department of Health.

NEXT STEPS →

Falls Prevention and Management Service:

- The updated Falls Policy for Adult Care across all settings will be finalised
- Launch of the Trust new Falls and Osteoporosis Strategy
- The rollout of an education programme for all staff, specific to the care setting.

Pressure Ulcers

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

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



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

‘Measure the Incidents of pressure ulcers (Grade 3 and 4 and above) 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’.

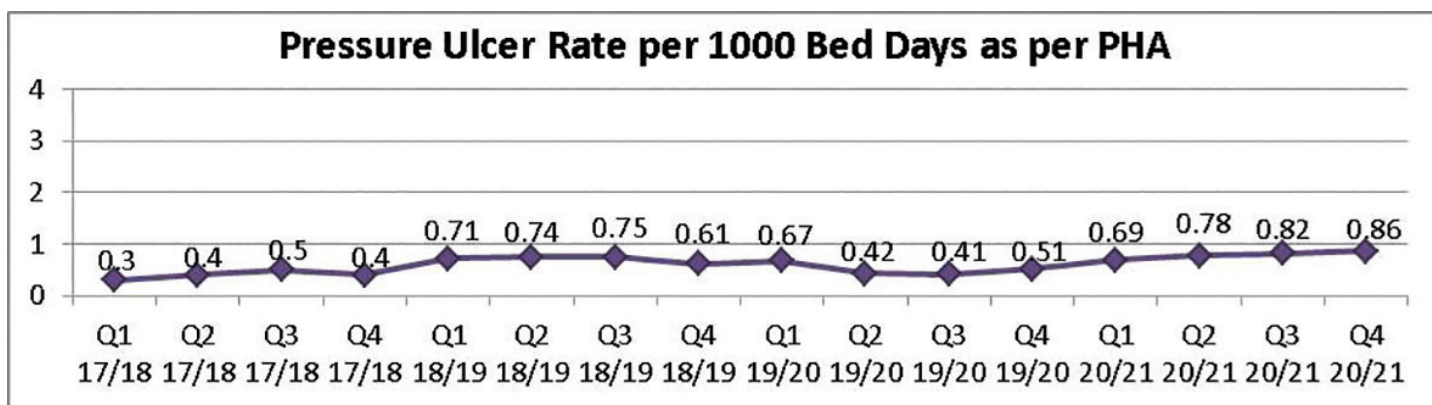
The PHA introduced new reporting guidelines in 2018 which now includes ED and all medical device related damage.

Facts & Figures

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

In 2020/2021 there were **181** incidents of pressure ulcers reported within the Trust. This equates to a **0.7** incidence rate per **1000** Occupied Bed Days.

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



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 has made significant progress in pressure ulcer prevention and management over the past few years.

	Avoidable Pressure Ulcers
2017/2018 (n=128)	6 (3%)
2018/2019 (n=209)	7 (7%)
2019/2020 (n=169)	3 (2%)
2020/2021 (n=181)	4 (2%)

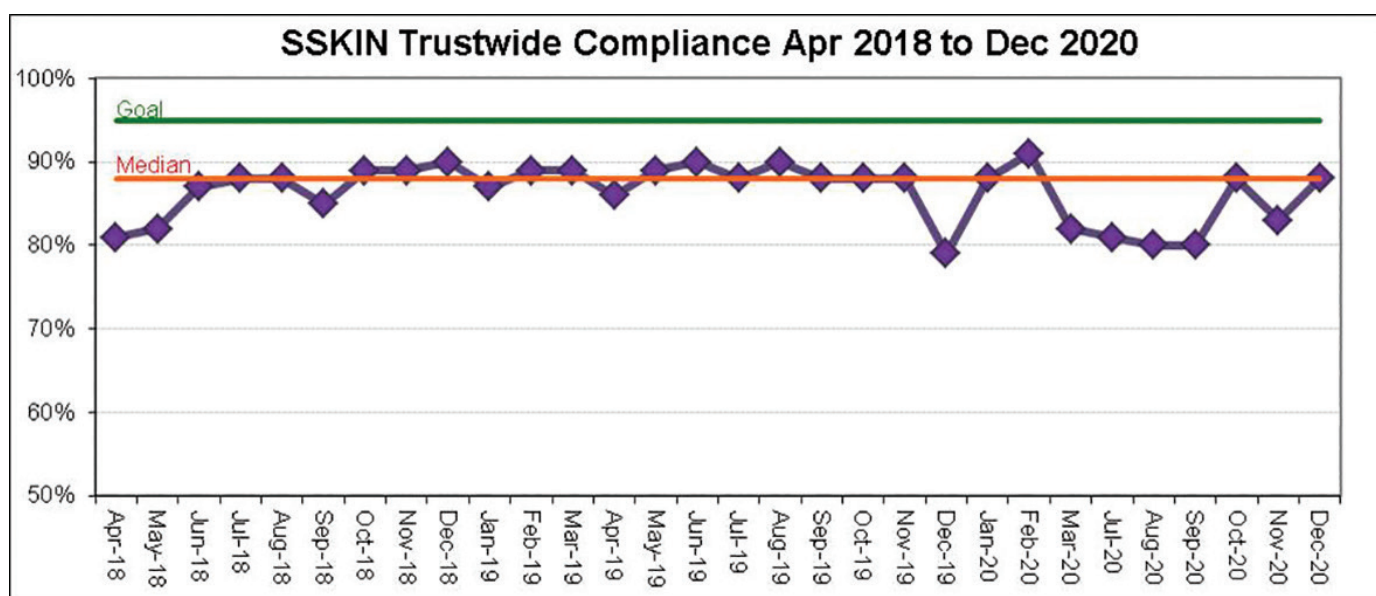
Processes have been developed to determine how and why every facility acquired pressure incident has occurred. In response, a Pressure Ulcer Incident Review is undertaken for all Stage 3 and above incidents which helps to identify key themes for learning.

Monitoring Standards in Pressure Ulcer Prevention

The Trust aims to ensure that all acute adult inpatients have a Pressure Ulcer Risk Assessment and an individualised management plan including implementation of the **SSKIN Bundle**, which incorporates preventative measures.

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

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



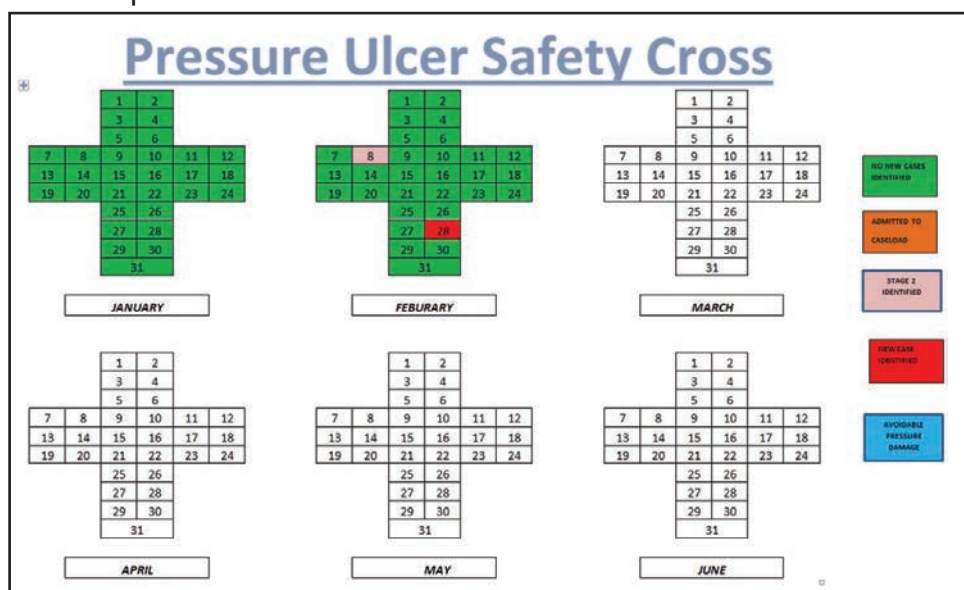
Due to the Pandemic, KPIs were stood down for the last quarter of 2020/2021.

Significant work is underway to re-engage with staff to help raise the profile of data collection and improving patient care and **SSKIN Bundle** compliance. This will include revision of the audit format and interactive workshops.

Maximising opportunities for learning

Having faced an unprecedented year like no other, the Tissue Viability Team has continued to work hard throughout the pandemic. We have been unable to provide face to face education therefore have had to be innovative in the way we continue to deliver robust education to staff.

A regional E-learning training package has been designed which provides staff with extensive information incorporating all the key elements of pressure ulcer prevention. In addition to this, short remote educational sessions via zoom have been introduced to help promote local policies and procedures as well as shared learning. All of which has helped to continue to inspire staff to provide high quality safe effective care whilst bringing the learning back to the workplace.



In response to recent incidents within primary care we have embraced all opportunities to share learning and raise the profile of pressure ulcer prevention. As part of this process the team, in collaboration with District Nursing, have educated and empowered staff to adopt new ways of working ensuring pressure ulcer prevention and management remains a key priority for all.

In addition we hope to imbed the Safety Cross Collaborative across Primary Care encouraging teams to take ownership and a sense of achievement in regards to pressure ulcer incidence.

NEXT STEPS →

- Continue to monitor compliance with the 'SSKIN Bundle'
- Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (Grade 3 & 4) which were considered avoidable
- Work towards sustaining a reduction in the number of severe avoidable facility acquired pressure ulcers
- Review the Trust Acquired Pressure Ulcer Incident Reporting and Investigation process
- Continue to 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 KPI data
- Continue to monitor Primary Care Pressure Ulcer Prevention Strategy and monitor regional KPI for this patient population
- Continue to recognise ward staff for their achievements in providing pressure ulcer free care
- Recognise Primary Care for their achievements in providing pressure ulcer free care
- Pilot the community 'SSKIN bundle' in one locality in view of scale and spread thereafter.

Venous Thromboembolism (VTE)

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

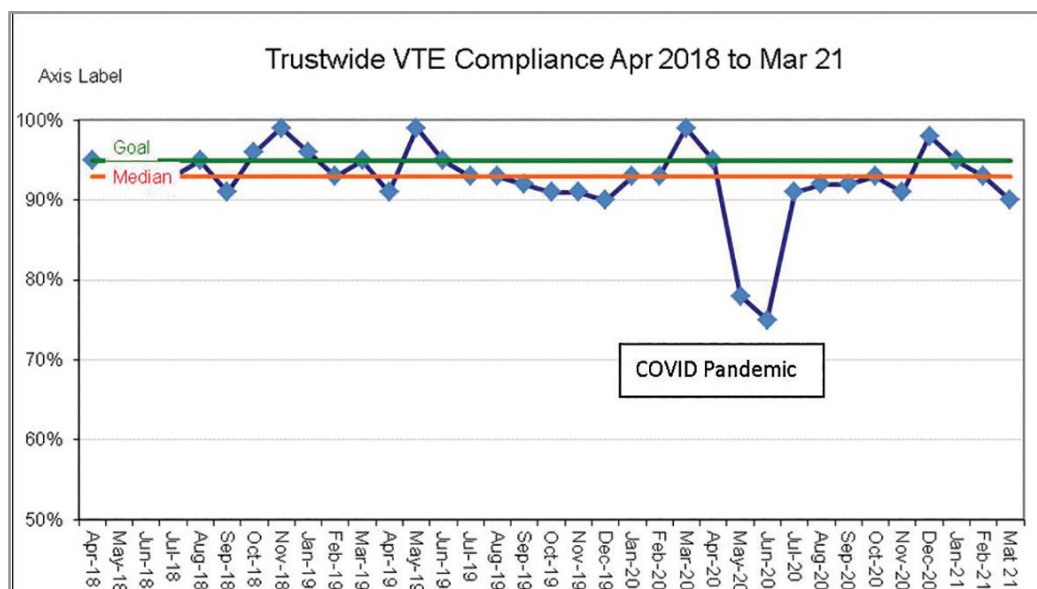
Hospital acquired VTE is a preventable cause of death and the long term effects of non-fatal VTE is associated with considerable cost to both the patient and the NHS. Assessing patients when they are admitted to hospital for their individual risk of developing VTE is an important action and enables medical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

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

A review of **10** patients across each ward takes place every month and the graph below illustrates compliance with the risk assessment.

- **Average compliance for VTE in 2018/19 was 94%**
- **Average compliance for VTE in 2019/20 was 93%**
- **Average compliance for VTE in 2020/2021 was 90%.**

Facts & Figures



NEXT STEPS

- VTE risk assessment data will continue to be collected Trust wide and reported back to the SQE Leadership Committee. Figures are also submitted monthly to the Public Health Authority (PHA)
- The Trust will work towards compliance with current NICE guidance to include VTE risk assessment in acute psychiatry and Intensive Care.

Reducing the risk of Hyponatraemia

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

- Provides guidance on a safe environment for children and young people (up to the age of eighteen years) admitted to an acute care setting in the Trust
- Ensures that there is a standardised approach for the admission of children and young people requiring obstetric care to Trust Maternity and Gynae Units
- Provides staff with key information essential to ensure a positive and safe experience for young people and their family.

Activity monitoring processes:

- Daily report - Ward entries ie. Admissions and Transfers in to adult wards age under 16 years
- Children in Adult Wards Tracker Tool
- Weekly report - 14 and 15 year old admission/discharge by Ward
- From 1 August 2018 all patients aged between their 14th and 16th birthday are admitted to a Paediatric Ward in the Ulster Hospital
- If deemed more clinically appropriate, admission to an identified cohort ward in the Ulster Hospital will be arranged with support provided by the Acute Paediatric Team as required
- No patients aged between their 14th and their 16th birthday are admitted to Lagan Valley Hospital or Downe Hospital as inpatients
- The Trust has an established group for Management of Children in Acute Settings Working Group
- All staff caring for young people up to the age of 16 years must complete the BMJ module on Hyponatraemia and the relevant case studies.

Number of Young People Admitted to an Acute Paediatric Ward April 2020 - March 2021

Ward Name	Age at date of ward entry	Number of Direct Admissions excluding day cases	Number of Transfers In excluding day cases	Number of Ward entries
Craig Ward	14	47	1	48
	15	71	8	79
	16	37	32	69
Craig Ward	TOTAL	155	41	196
Maynard Sinclair Ward	14	29	1	30
	15	28	1	29
	16	3	0	3
Maynard Sinclair Ward	TOTAL	60	2	62
	TOTAL	215	43	258

Month	Number of Young People Aged 14 th -16 th Birthday Admitted to Cohort Ward
Apr 2020	1
May 2020	0
Jun 2020	0
Jul 2020	0
Aug 2020	0
Sep 2020	0
Oct 2020	0
Nov 2020	1
Dec 2020	1
Jan 2021	1
Feb 2021	0
Mar 2021	1
TOTAL	5

Number of Young People admitted to a Cohort Ward April 2020 - March 2021

Medicines Management

Medicines Reconciliation

COVID-19 presented the unexpected opportunity in April 2020 to reconfigure the Pharmacy Ward Clinical Service and provide all wards with a clinical pharmacist. This was a welcome addition to some surgical wards that historically did not have a pharmacist funded as part of their team.

Following favourable feedback from ward staff (see Figure 1 below) along with a review of workload data, permanent funding was made available in 2021 to increase the number of surgical ward pharmacists from 3 to 7 in line with traditional clinical pharmacist staffing models.



Figure 1: Staff survey - some of benefits of pharmacists on surgical wards

Facts & Figures

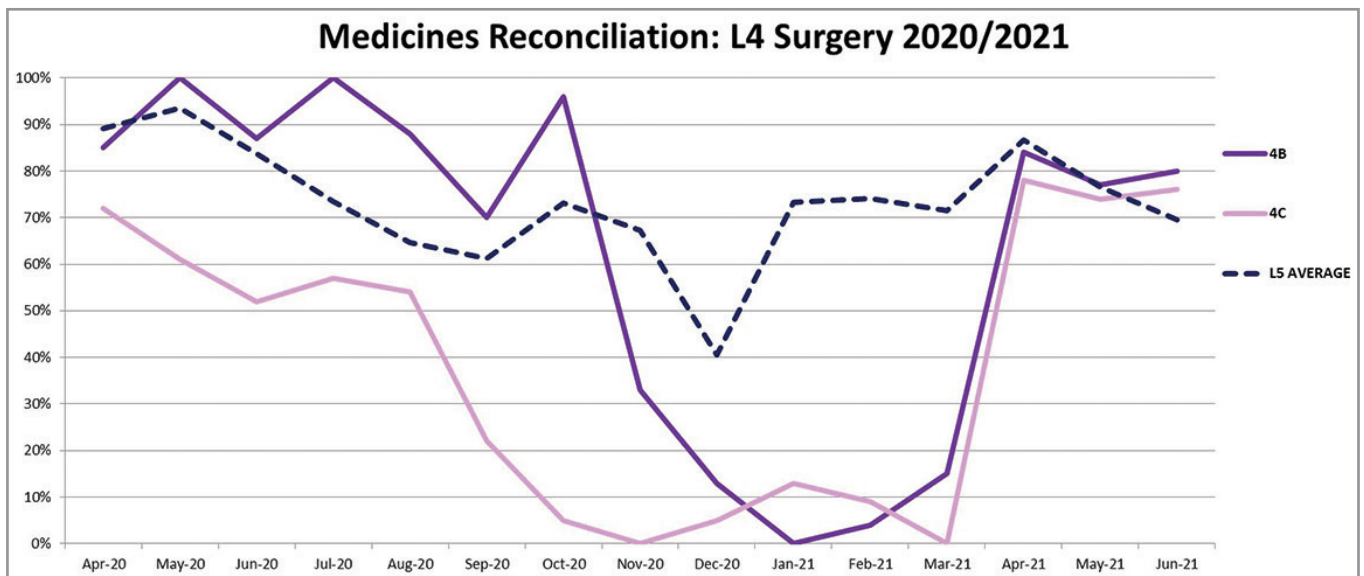


Figure 2: Rate of medicines reconciliation undertaken in Ulster Hospital Level 4 & 5 surgical wards

- April 2020: Pharmacists on all Level 4 & 5 surgical wards as part of COVID-19 surge planning
- October 2020: Pharmacists on surgical wards reverts to pre-surge staffing levels
- March 2021: Pharmacists for all 6 surgical wards recruited and in post.

Benefits of ward clinical pharmacists in surgery:

- Pharmacists can check prescriptions on the ward before they are sent to Pharmacy
- Communication with ward teams allows prioritisation of workload including prescriptions requiring a clinical check
- Prescription checks at ward level are more thorough and queries are resolved in a timelier manner
- Turnaround time for prescriptions within dispensary is reduced facilitating better patient flow.

NEXT STEPS →

- Pharmacy will continue to work to review the amount of medicines reconciliation undertaken within services across the Trust.

Omitted Doses

The work of the Regional Multidisciplinary Working Group reviewing the Key Performance Indicator (KPI) for omitted doses has been interrupted due to the COVID-19 Pandemic and no change to the KPI has yet been agreed.

NEXT STEPS →

- The Trust will continue to contribute to the regional work to further develop the omitted dose KPI.

Insulin Safety

Insulin is one of the top 5 high risk medications world-wide and as the number of patients diagnosed with diabetes and requiring insulin treatment increases, the Trust Diabetes Team is committed to initiatives that help keep our patients safe.

During 2020/2021, the COVID-19 Pandemic unfortunately restricted the number of insulin safety initiatives the team were able to become involved in.

Making Insulin Treatment Safer (MITS)

- The Diabetes UK Clinical Champion Leadership Programme was completed by Rosemary Donnelly (Diabetes Pharmacist)

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

The aim of this work is to:

- Continue to promote MITS insulin reflections for junior doctors and dentists across the Trust
 - Encourage other prescribers; nurses, pharmacists, dietitians, podiatrist etc. to reflect on their prescribing and clinical management decisions
 - Involve patients in these important decisions.
- The MITS Team, which includes trained health care professionals and service users, offered and arranged reflections face to face or via zoom
 - National Insulin Safety campaigns took place across the UK in 2020. The Trust Team were aware of and delivered messages from these campaigns during routine activities
 - Due to the COVID-19 Pandemic, plans to conduct a 'Good Diabetes Days Patient Satisfaction Survey' by a service user remains on hold.



NEXT STEPS →

- Going forward the Trust Diabetes Team members will continue to offer case based discussions using both virtual platforms and face-to-face
- Regional insulin policies are in the final stages of development by the Diabetes Inpatients Network. Implementation across the Trust will begin when this work is completed
- In collaboration with regional diabetes teams, the Trust has submitted a proposal to the Diabetes Inpatient Network to fund a dedicated multi-professional Diabetes Inpatient Team.

Cardiac Arrests



Reducing Hospital Cardiac Arrests

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the hospital Resuscitation Team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating.

Facts & Figures

There was a decrease in the number of cardiac arrests* from **51** in 2019/2020 to **47** in 2020/2021. This measure is important because it reflects the effectiveness of the organisation in managing patients in hospital whose condition is deteriorating. It also helps us measure how we recognise those patients who are at the end of their natural lives. Timely recognition of deteriorating patients remains a priority for the Trust.

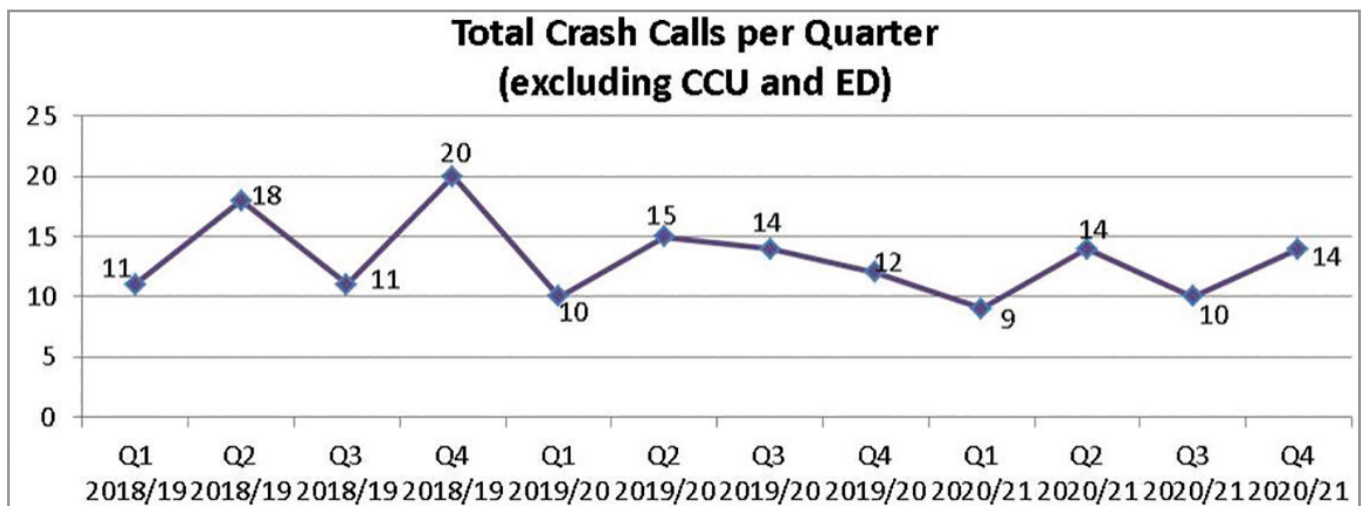
We recognise that engaging and empowering frontline staff to take appropriate action is known to be an influential way of generating long term improvement.

Crash calls	2019-2020	2020-2021
Cardiac	51	47
ED	8	8
ICU	1	2
CCU	15	8
Cath Lab	2	1
Respiratory	7	1
Peri Arrests	33	26
False Calls	32	18
TOTAL CALLS	149	111

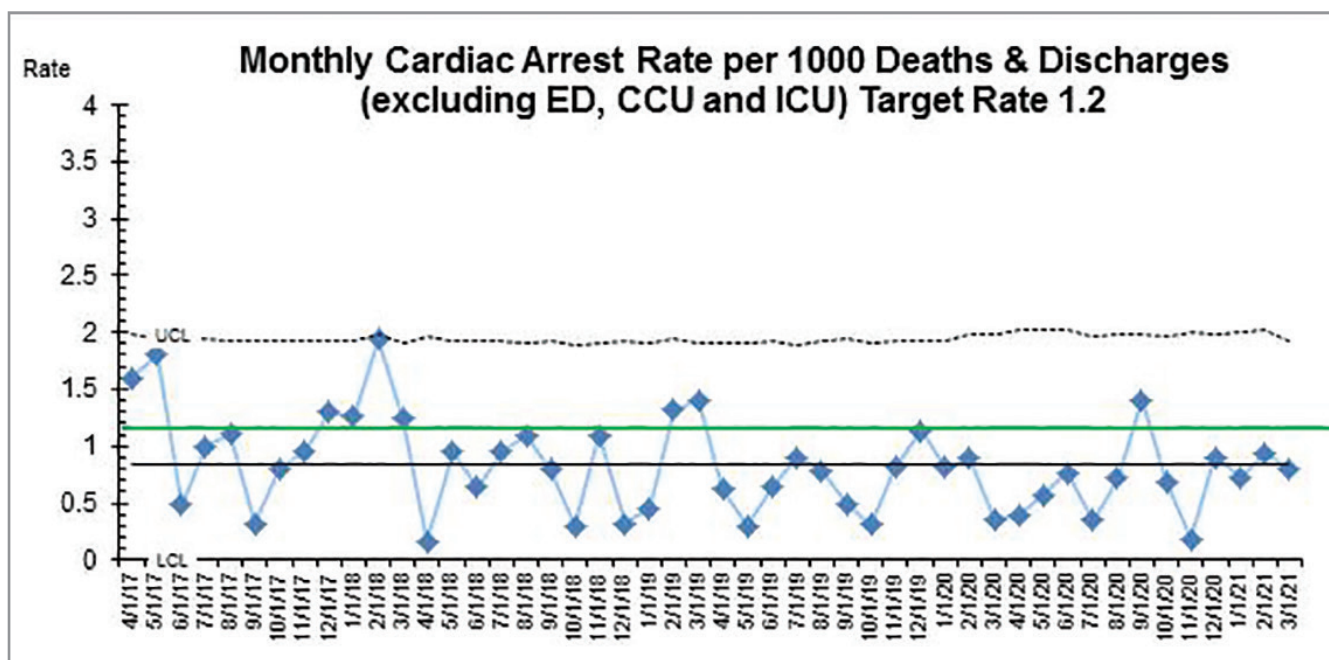
*Cardiac arrest calls from CCU, ED and ICU are excluded from the cardiac arrest number when reporting to NME.



Reduction in crash calls in 2020/2021



The chart below represents the regional target of a Cardiac Arrest Rate of **1.2 per 1000** Deaths and Discharges. The Trust has an average Cardiac Arrest Rate of **0.8**.



Resuscitation Training

During the COVID Pandemic the Resuscitation Team continued to provide a vital training service to all staff within the Trust ensuring that basic life support training was up to date and that any staff redeployed into a ward area were given adequate skills to ensure patient safety.



2416 staff attended resuscitation training from April 2020 - March 2021.

This included over **160** vaccinators working in the COVID Vaccine Centre!

NEXT STEPS →

- Provide deteriorating patient in situ simulation and mock cardiac arrests to aim to improve the timely recognition and management of deteriorating patients.

Early Treatment Centre



A quarterly Early Treatment/Early Help Outcomes Based Accountability Report Card will be produced for each service (Cardiac Prevention, Diabetes Prevention, Cancer Pre-habilitation, Diabetes Remission, Maternity and Acute Stop Smoking Service) linking these to specific Programme for Government Outcomes such as:

- Our children have the best start in life
- We all enjoy healthy, long, active lives
- Physical Health
- Tackling disadvantage
- Mental Health
- Older People.

Each Early Treatment/Early Help Service will use standardised pre and post clinical measures to quantify their contribution to these Programmes for Government Outcomes, which will be detailed in an OBA Report Card (reporting period 1 January 2021 - 31 March 2021 detailed below).

HSC South Eastern Health and Social Care Trust

early treatment CENTRE

NHS Opportunities for Reducing Preventable Early Death through Supporting Behaviour Change in High Risk Patients

NI has one of the highest premature death rates in the UK due to preventable heart disease, diabetes, cancer and respiratory disease.

Only 54% of premature deaths across the UK could be prevented by more effective and timely healthcare.

Tackling this is a key requirement to being able to deliver the Programme for Government Outcome

Programme for Government Draft Outcomes Framework

84% However 84% of deaths could be prevented through supporting high risk patients to make sustained change to their behaviour and lifestyle.

There is now clear evidence that targeting high risk patients as soon as they are diagnosed delivers better preventative outcomes than population wide approaches.

'We enjoy long, healthy, active lives'

The evidence base for action

Type 2 diabetes (T2D)

Costs **10%** of NHS budget to treat (£2.5k per patient per year) with diagnosis rates rising by **5%** each year

10%

T2D Reduces life expectancy by **10 years**

However

The progression from pre-diabetes to T2D can be prevented in **70%** of patients if weight loss of **5%** is maintained

In 2019, the **DIRECT** study also demonstrated that **50%** of existing T2D patients (who have been diagnosed within **6 years**) can put their diabetes into remission via a Ultra Low Calorie Diet for **12 weeks**

Cardiovascular Disease (CVD)

Greatest cause of premature death and health inequalities in NI

Reduction of 10mmHG in BP

Leads to

- Reduction in heart attacks: **17%** Reduction in heart attacks
- Reduction in strokes: **27%** Reduction in strokes

ETC programmes linked to diagnosis of early disease/elevated risk

Henry Healthy Starts, Brighter Future
Ages 5 and 12 Childhood obesity - identified by SET health check in school at P.1

Diabetes Prevention Programme (NI)
Age 50 Diagnosed with pre-diabetes or T2DM (Remission)

smoke-free
Age 60 Smoking and admitted to hospital

smoke-free womb

Cardio Prevention Programme (NI)

MOVE MORE

Age 18 - 45 The Age of Invincibility and Ambivalence

Age 45 Diagnosed as hypertensive or with early stage coronary heart disease via CT. CVD is biggest preventative cause of premature death

Age 50 Diagnosed with pre-diabetes or T2DM (Remission)

Age 55 Cancer Diagnosis - prevention of future disease and improved recovery via new PreHab programme

Age 5 - 12

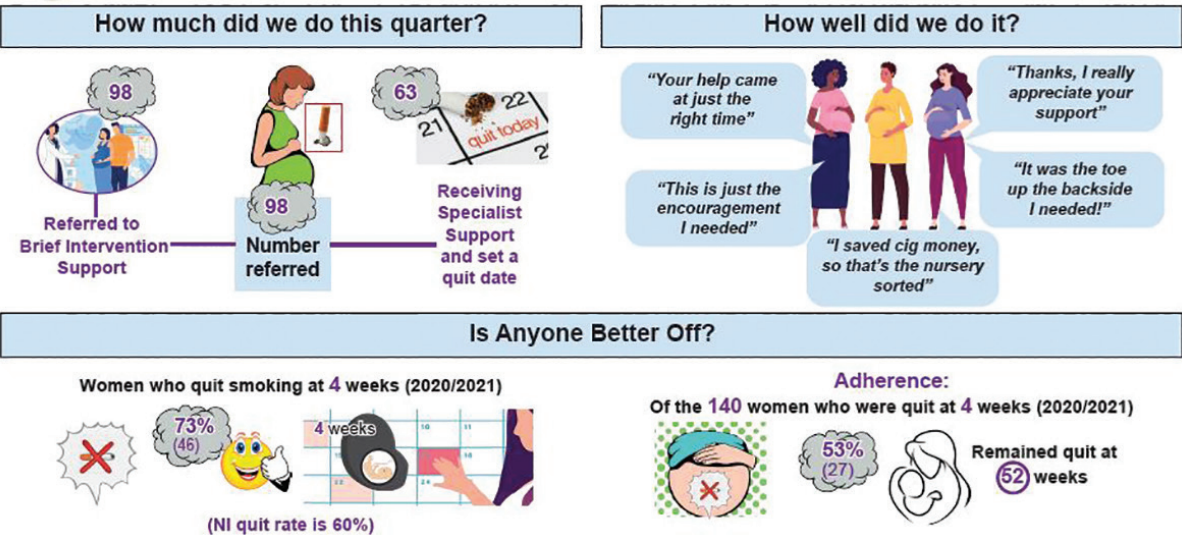
Age 60

Prenatal Smoking in Pregnancy - identified by CO test in maternity. Smoking in Pregnancy biggest modifiable contributor to infant mortality

Maternity Stop Smoking Service PFG Outcome 4: ~ We enjoy long, healthy, active lives ~

Maternal smoking is one of the most important, modifiable risk factors for still births. Smoking Cessation Programmes in pregnancy are effective and should be implemented as part of routine care.

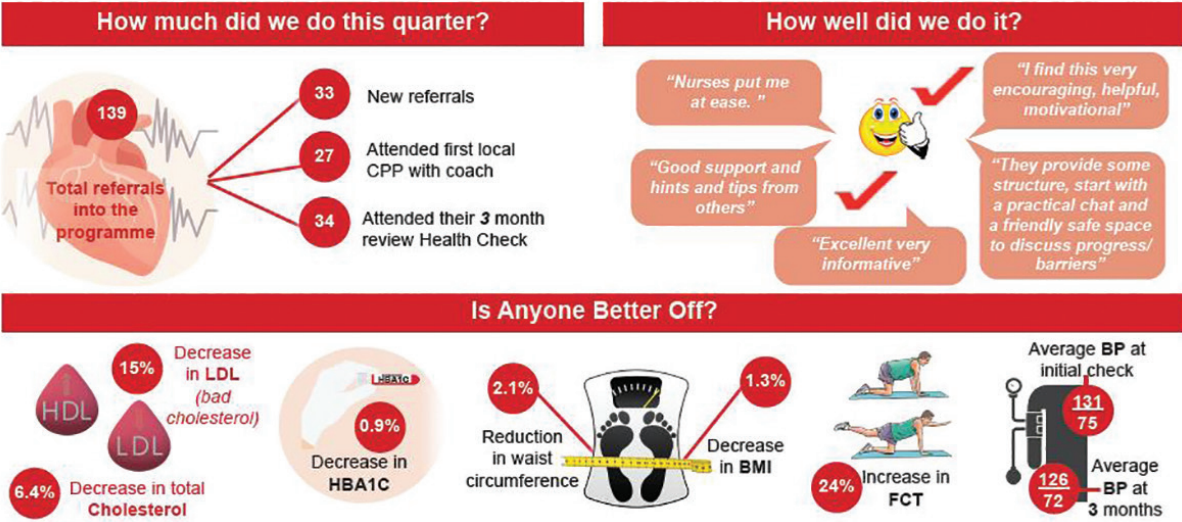
In South Eastern HSC Trust, every woman who smokes in pregnancy is offered a bespoke one-to-one service to enable them to quit via the innovative 'Smokefree Wombs Programme'.



Cardiovascular Disease Prevention Programme PFG OUTCOME 4: ~ We Enjoy Long, Healthy, Active Lives ~

The Cardiovascular Disease Prevention Programme is a 9 Month Pilot Programme developed for patients diagnosed with either early stage coronary heart disease at chest pain clinic (via CT) or with hypertension in primary care (these patients are at higher risk of a first heart attack within T5 -10 years).

Programme participants are assessed by Cardiac Rehab at entry, 3 months and 9 months in the Ulster Hospital. New research demonstrates that a 5 mmHg reduction in BP reduces risk of a first heart attack or stroke by 10% - even for those with low BP.



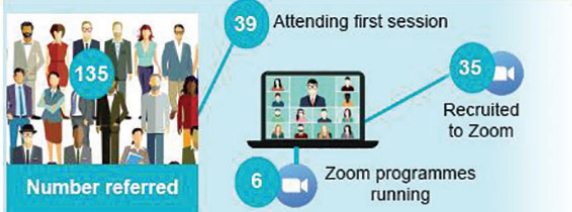
Diabetes Prevention Programme PFG OUTCOME 4: ~ We enjoy long, healthy, active lives ~



The Diabetes Prevention Programme is based on a 10 year randomised controlled trial. The 9 month research programme resulted in a 70% reduction in progression from pre-diabetes to T2DM, which meant that 20% of participants will develop T2DM within 5 years rather than 50% in the control group. The cost of the programme c.£250 compares to T2DM treatment cost of £2.5k per annum for life.

The first DPP service started in South Eastern HSC Trust but is now scaled regionally via the PHA and all Trusts. 5000 GP referrals were received in first 9 months of NI programme.

How much did we do this quarter?

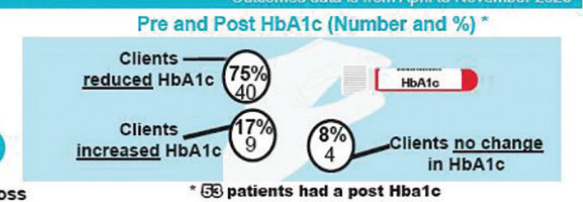


How well did we do it?



Is Anyone Better Off?

* Outcomes data is from April to November 2020

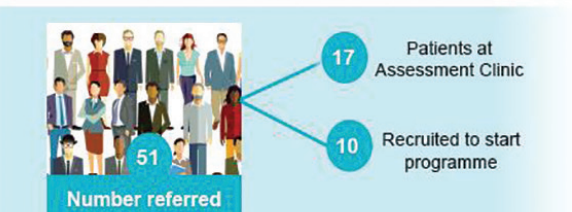


Diabetes Remission Programme OUTCOME 4: ~ We enjoy long, healthy, active lives ~

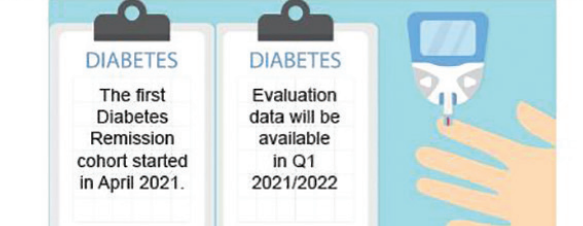
The Diabetes Remission Programme in SET is developed based on a ground breaking DIRECT Study which results in 50% remission for T2DM patients. The cost of the programme is £1k per patient versus annual treatment cost for life of £2.5k and complications.

This is the first Remission Service in NI and is an innovative partnership between primary and secondary care. Programme start date April 2021.

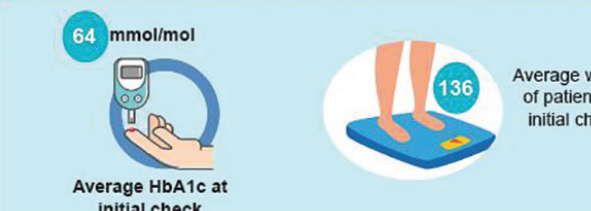
How much did we do this quarter?



How well did we do it?



Is Anyone Better Off?

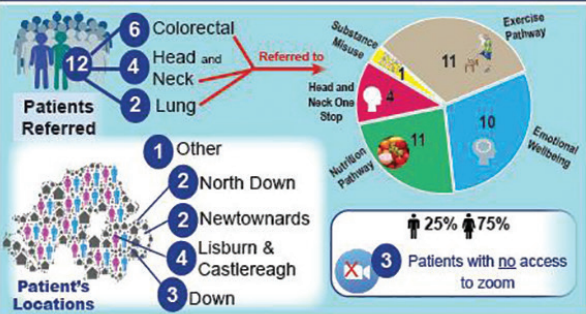


Cancer Prehabilitation programme OUTCOME 4: ~ We enjoy long, healthy, active lives ~

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

The SET programme is the first Prehab Service in NI and has been developed as a close partnership with the Trust Cancer Team, Health Improvement, 4 Councils, and Macmillan. There is a robust evaluation framework agreed with UoU. The programme started in March 2021.

How much did we do in the first 3 weeks? | How well did we do it?



The Cancer Prehabilitation Programme

Started in March 2021 and no evaluations have taken place.

The Cancer Prehabilitation Programme

Evaluation data will be available in Q1 2021/2022

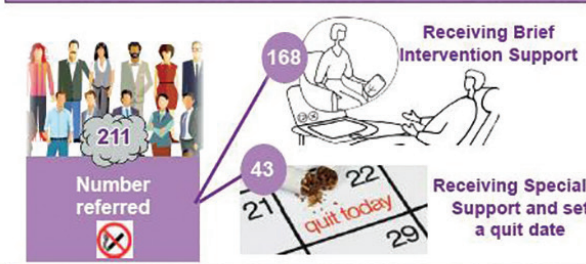
Is Anyone Better Off?

The Cancer Prehab Programme started in March 2021 and no outcome data is available. This will be available in Q1 2021/2022.

Acute Stop Smoking Service PFG Outcome 4: ~ We enjoy long, healthy, active lives ~

smoke free The South Eastern HSC Trust Stop Smoking Team aim to provide specialist support to smokers in hospital to increase long term success. Stop smoking is the single biggest behavioural change that a patient can make to reduce their risk of premature death. Currently in Northern Ireland, at least 2,300 people die prematurely each year due to a smoking related sickness.

How much did we do this quarter? | How well did we do it?



"Quitting makes life better and thank you!"

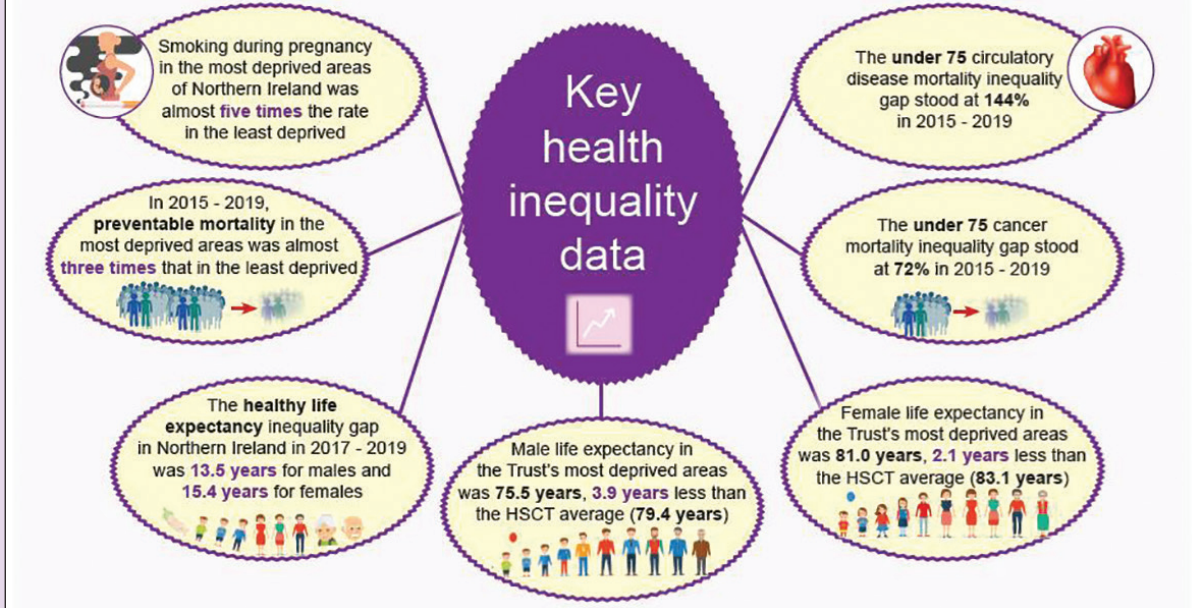
"If I was having urges I knew I could ring the team which was reassuring!"

Is Anyone Better Off?



Health Inequalities

The Early Treatment Centre aims to reduce health inequalities (especially differences in life expectancy in different geographical parts of the South Eastern Trust area) by ensuring parity of access to the ETC programmes.



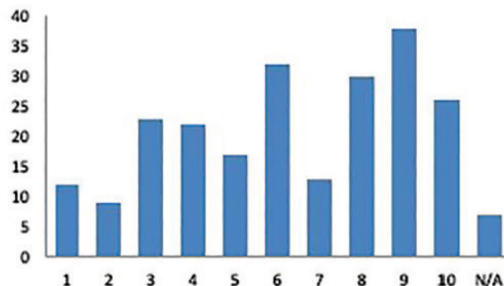
Health Inequalities

Deprivation groupings are calculated using the NIMDM 2017, the official measure of deprivation in Northern Ireland, produced by NISRA. This ranks the **890** Super Output areas (SOAs) in Northern Ireland from the most deprived (**Rank 1**) to the least deprived (**Rank 890**). These ranks are then divided equally into **10** groupings from **1** (most deprived) to **10** (least deprived).

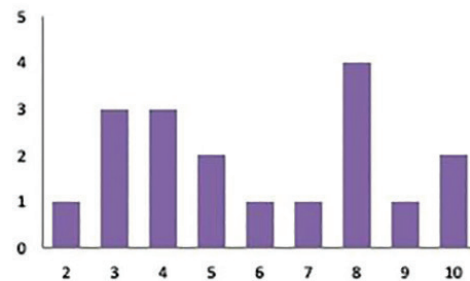
Addressing Health Inequality in the Early Treatment Centre



Diabetes Prevention Programme has had referrals from all of the deprivation groupings. The average demographic group of patients referred to, and seen by the programme was **Group 6**.



The Cancer Pre-Hab Programme has had referrals from the majority of the deprivation groupings. The average demographic group of patients referred to the programme was **Group 6**.



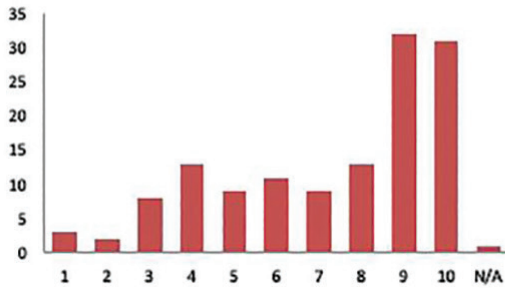
Health Inequalities

Addressing Health Inequality in the Early Treatment Centre



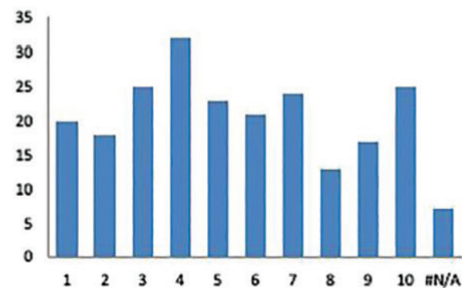
The Cardiovascular Disease Prevention Programme has had referrals from all of the deprivation groupings. The average demographic group of patients referred to the programme and those who attended their second health check was **Group 7**.

The average deprivation index for attendees of the second Health Check is **612** compared to an average of **607** for referrals.



Both the Maternity and Acute Stop Smoking Service has had referrals from all of the deprivation groupings. The average deprivation group of patients referred to both of these programme was **Group 5**.

The average deprivation index of referrals into the acute service was **428**, however the average for 4 week quitters was **416** therefore quitters were on average from slightly less deprived areas.



Upcoming new Early Treatment Centre Services in Q1 2021/22

Primary School Obesity Pathway/Programme



Paediatrics, Child Health, Dietetics and Health Improvement have developed a new pathway where the parents of all children identified as obese or overweight in Primary 1 (via a universal school nurse led health check) will be referred to a new doctor led Paediatric Group Clinic at the Ulster Hospital where the serious health impact of obesity will be outlined.



Following this, families will be booked into an 8 week HENRY Healthy Families Programme delivered in their local community.

ED Navigator Programme



The Navigator Programme is an innovative NHS Scotland Initiative that supports ED attenders (including those who attend regularly) with complex social and wellbeing issues, including those who have been impacted by violence.

Navigators are based in the ED Department in the evening and at the weekend and engage with attenders in distress/presenting with social complexity.

Navigators arrange to meet with the patient within a few days in their local community and then support them to access community based help.



CURE Initiative

The CURE Project is a comprehensive secondary care treatment programme for tobacco addiction.

At its heart is systematically identifying all active smokers admitted to secondary care and immediately offering nicotine replacement therapy and other medications, as well as specialist support, for the duration of their admission and after discharge.

Similar to the Cancer Prehabilitation Service, South Eastern HSC Trust will replicate this innovative service that has been successfully tested across NHS Greater Manchester.



NEXT STEPS →

To develop and deliver:

- Primary School Obesity Programme
- Emergency Department Navigators
- CURE Initiative.

Goal 4



Raising the Standards

Annual Quality Report - Next Steps Update From 2019/2020

Theme	Title	Next Steps	Status Achieved On Plan Behind Plan
Goal 4: Raising the Standards	Emergency Department	<ul style="list-style-type: none"> • Continue to work alongside the Capital Development Team to influence the development of the new Emergency Department which is on schedule for completion 2021 (delays with Covid-19 and conversion of ASB Level 6) • Provide safe and effective care during COVID-19 • Protect staff - both psychologically, physically, and emotionally as we manage the pandemic • Introduce regular Multi-Disciplinary Team Directorate meetings • Fully engage and support development regional programme of No More Silos work in relation to: <ul style="list-style-type: none"> - Emergency only EDs - Ambulance offload areas - Urgent Care Centres - Scheduling Unscheduled Care. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>
	NICE Guidelines	<ul style="list-style-type: none"> • The Trust will continue to work with the NICE Implementation Facilitator for Northern Ireland. 	<p>Achieved</p>
	Audit	<ul style="list-style-type: none"> • The Audit Department is working on the 2020/2021 Action Plan with some of the main priorities being: <ul style="list-style-type: none"> - Encouragement of rapid cycle data collection for audit - Promoting user involvement within audit - Incorporating the model for improvement into audit action planning - Electronic audit registration - National/Regional Audit Reports - Audit Convenor Workshops - Quarterly Newsletter sharing learning and outcomes - Annual Audit Award. 	<p>Achieved</p> <p>Behind Plan</p> <p>On Plan</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p>

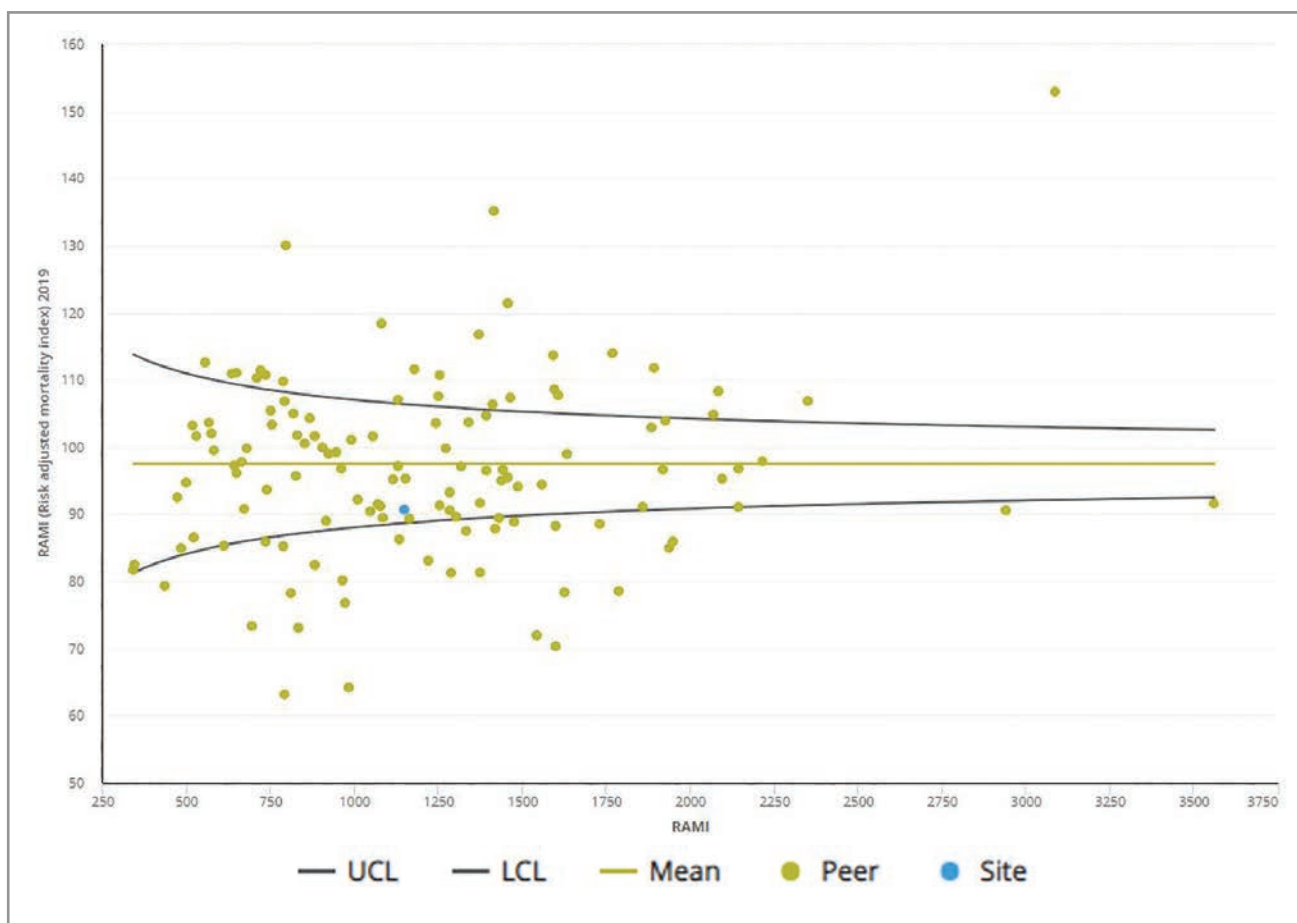
Theme	Title <i>(Continued)</i>	Next Steps	Status
Goal 4: Raising the Standards <i>(Continued)</i>	Cancer Access Targets	<p>14 Day Breast Cancer Referrals</p> <ul style="list-style-type: none"> • Weekly monitoring of referral rate • Weekly monitoring of performance against target • Monthly feedback at Cancer Access Meeting. <p>62 Day Target</p> <ul style="list-style-type: none"> • Monthly Cancer Access Meeting in operation with representation from General Surgery, Medicine and Woman and Child Health • Access to CT Pet is improving. A second scanner will be installed and become operational in August 2020 • Introduction of QFIT in March 2020. This was implemented to prioritise the patients requiring endoscopy. This will be implemented by all Trusts in Northern Ireland • Continue to engage with Regional Restart Groups for cancer, surgery, diagnostic investigations and endoscopy. 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>

Standardised Mortality Ratio (SMR)

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

The funnel plot* below shows where we, as an organisation, sit in comparison to the UK peer (based on Hospital Episode Statistics acute hospitals) for the period April 2020 to March 2021. The funnel plot (RAMI 2019) illustrates that the RAMI is lower compared to the mean UK peer values and within the upper and lower confidence limits for the Trust.

Funnel Plot – RAMI, UK peer, April 2020 – March 2021



* Risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020 and 2021. This is because this activity is not recorded in the reference data to which RAMI makes its adjustments. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with COVID-19 coding using the present methodology. Risk adjusted analysis in this report therefore excludes any activity with COVID-19 diagnoses codes.

Emergency Re-Admission Rate

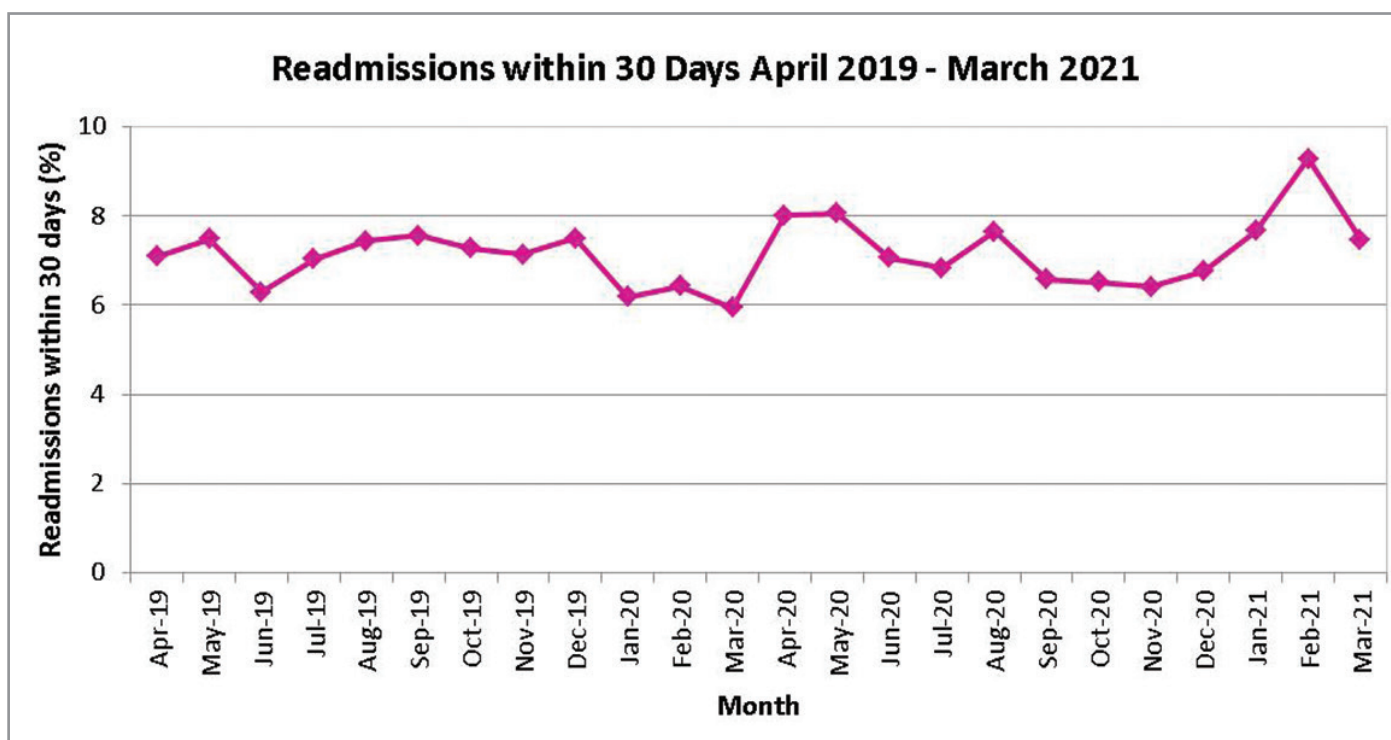
This indicator looks at patients who are readmitted to hospital in an emergency within **30** days of discharge. Emergency readmissions rates are a potentially valuable indicator of quality of care; a measure of patient outcomes, but it is not that simple.

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

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

The graph below shows the percentage of recorded emergency readmissions (%) to the Trust April 2019 - March 2021.

South Eastern HSC Trust 30 day Readmission Rate



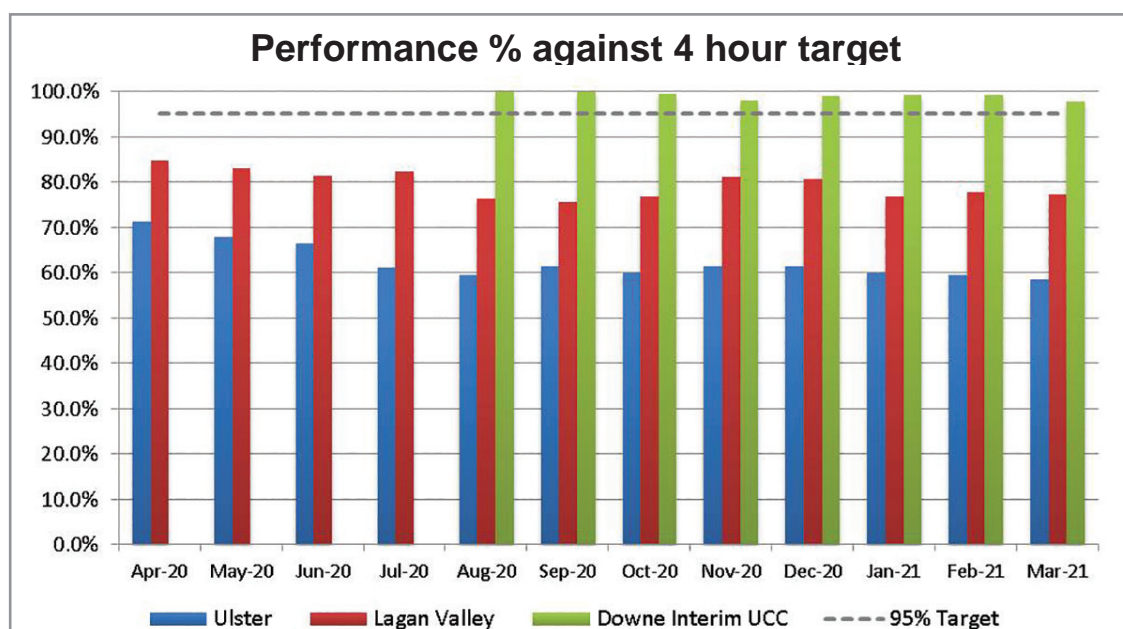
Emergency Department (ED)

4 and 12 Hour Standards

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

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

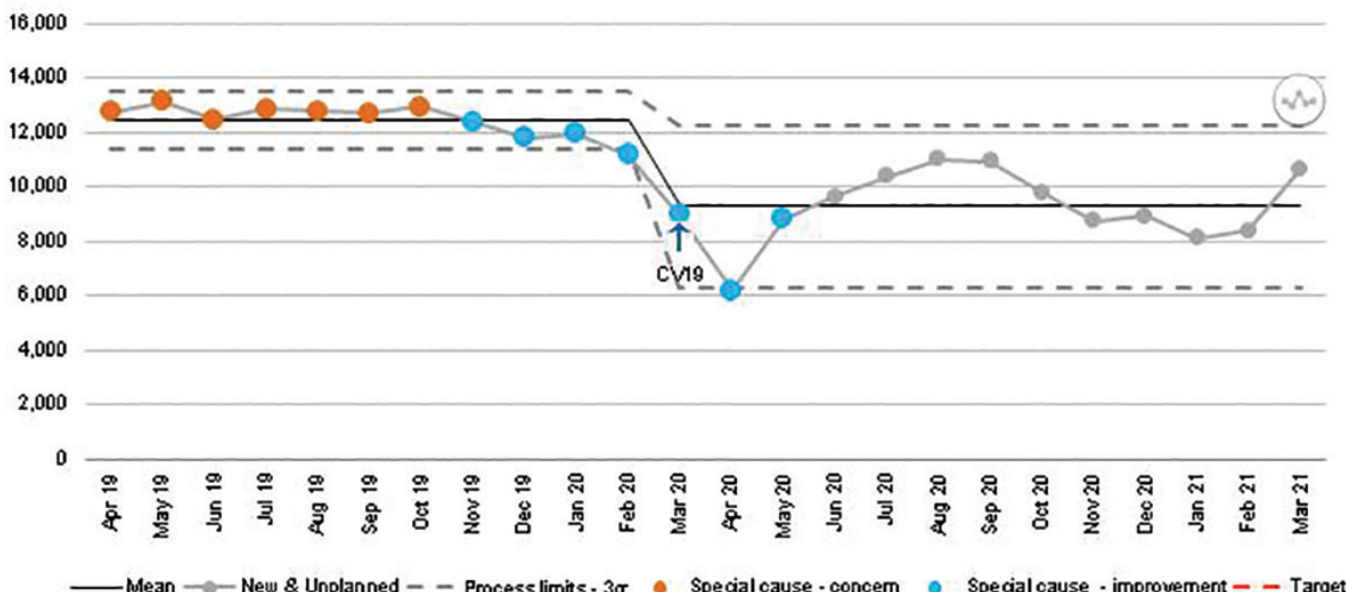
Ulster Hospital, Lagan Valley Hospital and Downe Hospital included - Downe Hospital closed during March 20 with the Minor Injuries Unit (MIU) section (included) recommencing in August 20 and the interim Unscheduled Care Centre October 20. This now operates a phone first model, only those which go on to attend on-site are included here.



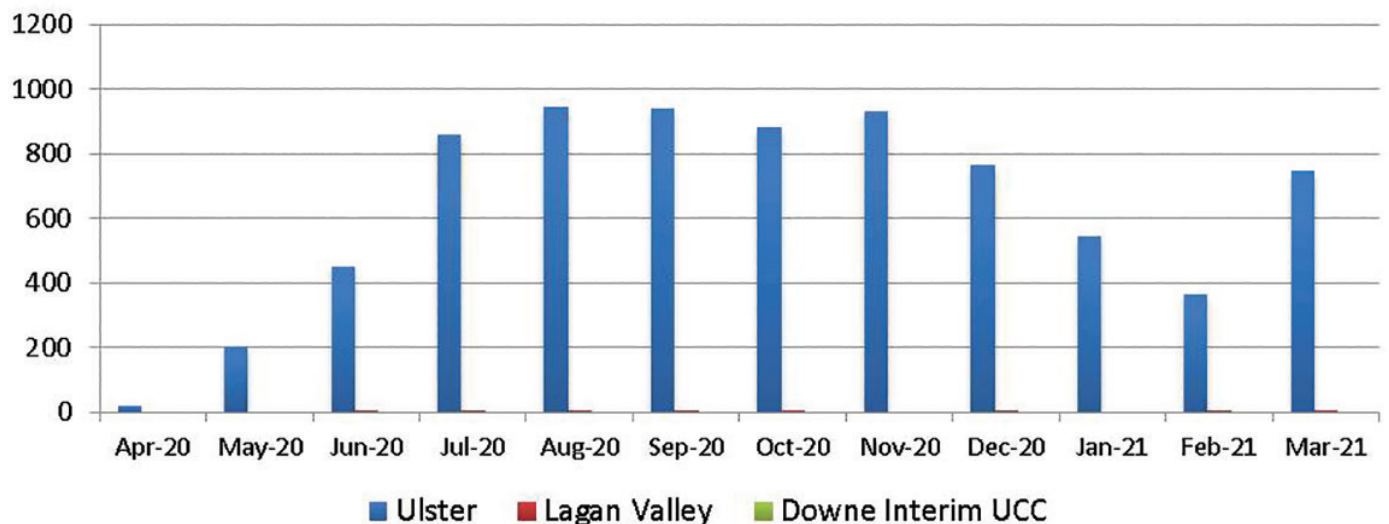
Facts & Figures

- During 2020/2021, there were **111,806** attendances to ED's, a decrease of **34,341** (or a **23%** fall in) attendances from 2019/2020
- In 2020/2021, an average of **306** patients attended Trust ED's each day
- In 2020/2021, **7670** patients waited more than **12** hours. This represents **6.9%** of all ED attendances.

South Eastern HSC Trust ED Attendances - starting 1/04/2019



Number of patients who waited >12hrs



Actions to Improve

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

Ambulatory Hubs have been set up to help prevent hospital admission and/or facilitate earlier discharge from inpatient wards.

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

Enhanced care pathways have been developed for paediatrics and our dedicated paediatric area continues to see children between 8.00am - 12.30am.

We have continued to develop our nursing team and have seen a significant increase in our Band 6 team. This has allowed an increase of senior cover at night which can only have a positive impact on patient care, but also ensures on-going development of our team, assisting with staff retention.

Goal 4: Raising the Standard

Medical cover in the past year has increased on average by a minimum of **50** hours daily. In particular this has been focused into the out of hours period, increasing night cover from 4.00pm to 7.00am when able. We also recruited an additional consultant in December 2020.

Whilst we see prolonged waits for beds, which is outside of the control of ED, we will continue to focus on delivery of safe and effective care for patients in the department, ensuring appropriate review of admissions by senior doctors and to continue to triage, assess and treat all patients in a timely manner.

Sepsis 6 within the Emergency Department

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

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

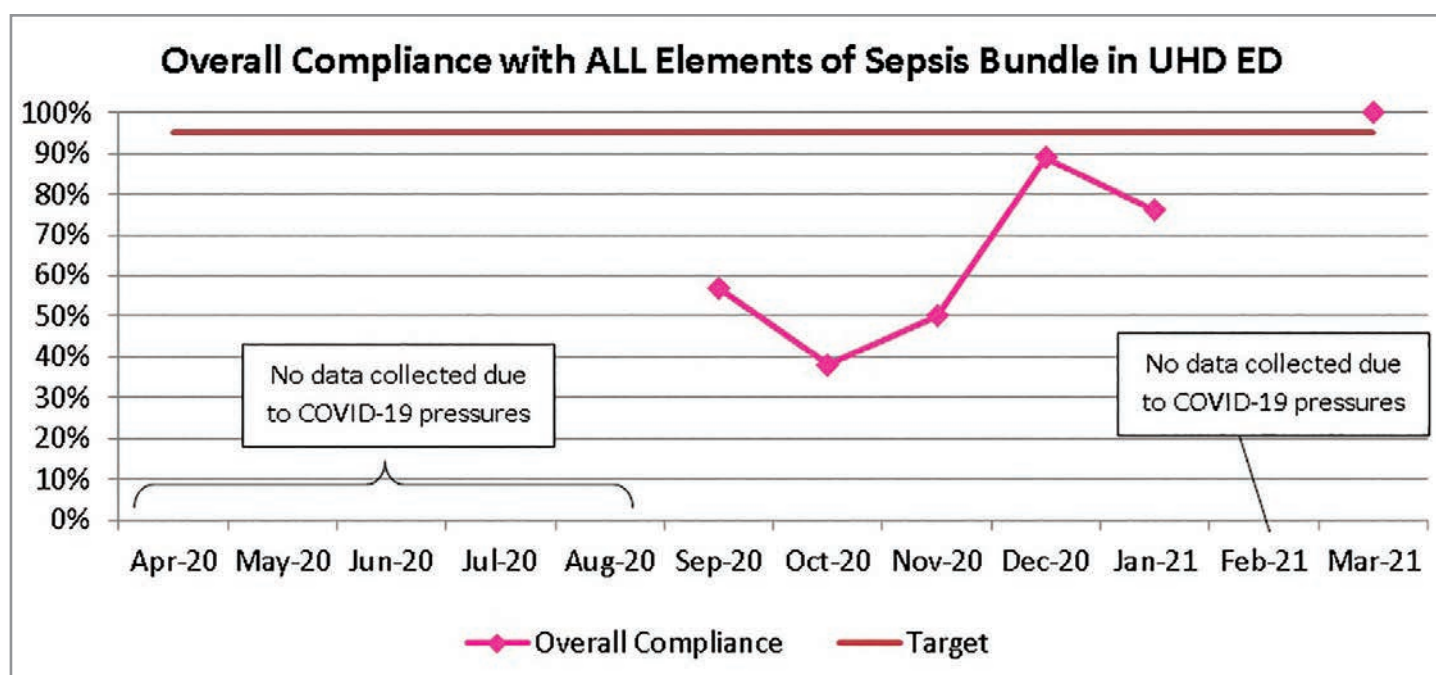
The Sepsis Working Group within ED, composed of senior nursing and medical staff, continues to audit and encourage best practice within our ED Teams across all sites.

The overall compliance record shown is for the Ulster Hospital ED. Particular areas of focus over the past year have been early recognition of Red Flag Sepsis, IV antibiotics within an hour of arrival and encouraging staff to use the Sepsis Sticker and Proforma.

Due to COVID Pandemic no data was collated from March 20 - August 20 and February 2021.

We have also carried out a chart review to ensure that we are capturing all sepsis patients, this is due to be repeated in August 2021.

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

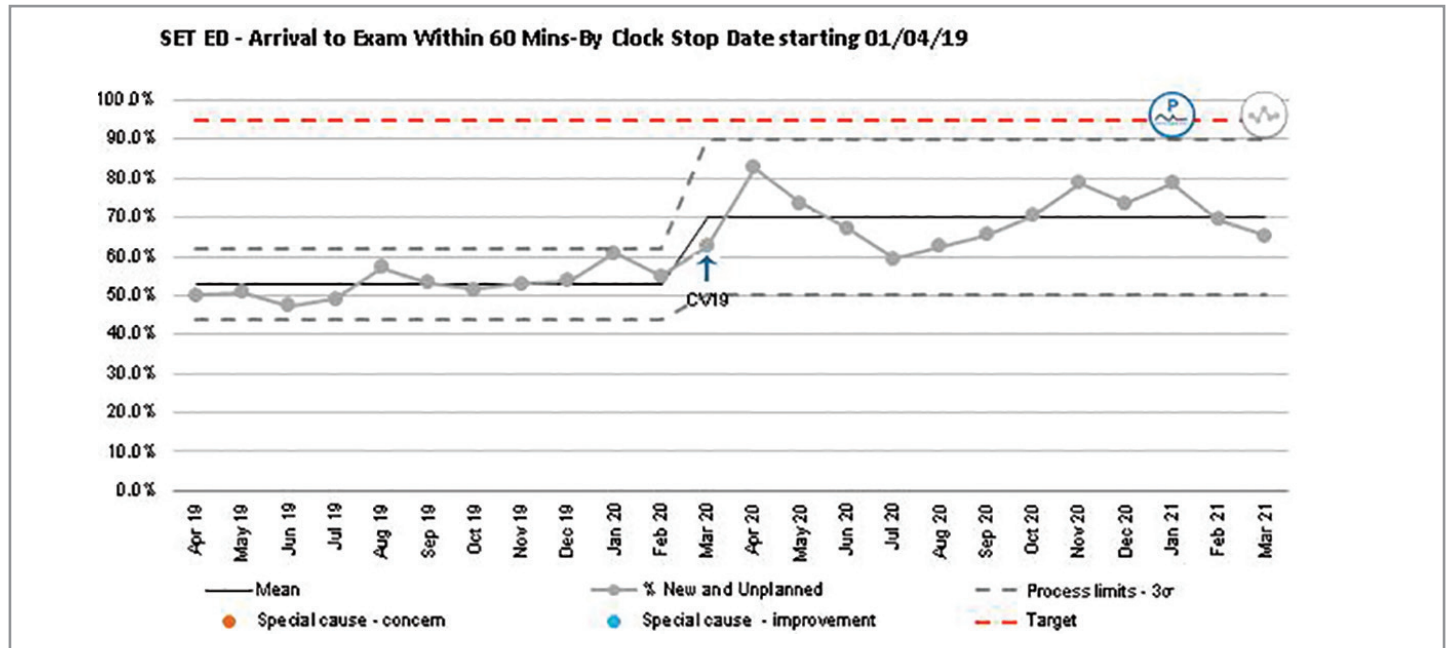


Time to be seen by ED Doctor/Emergency Nurse Practitioner (ENP)

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

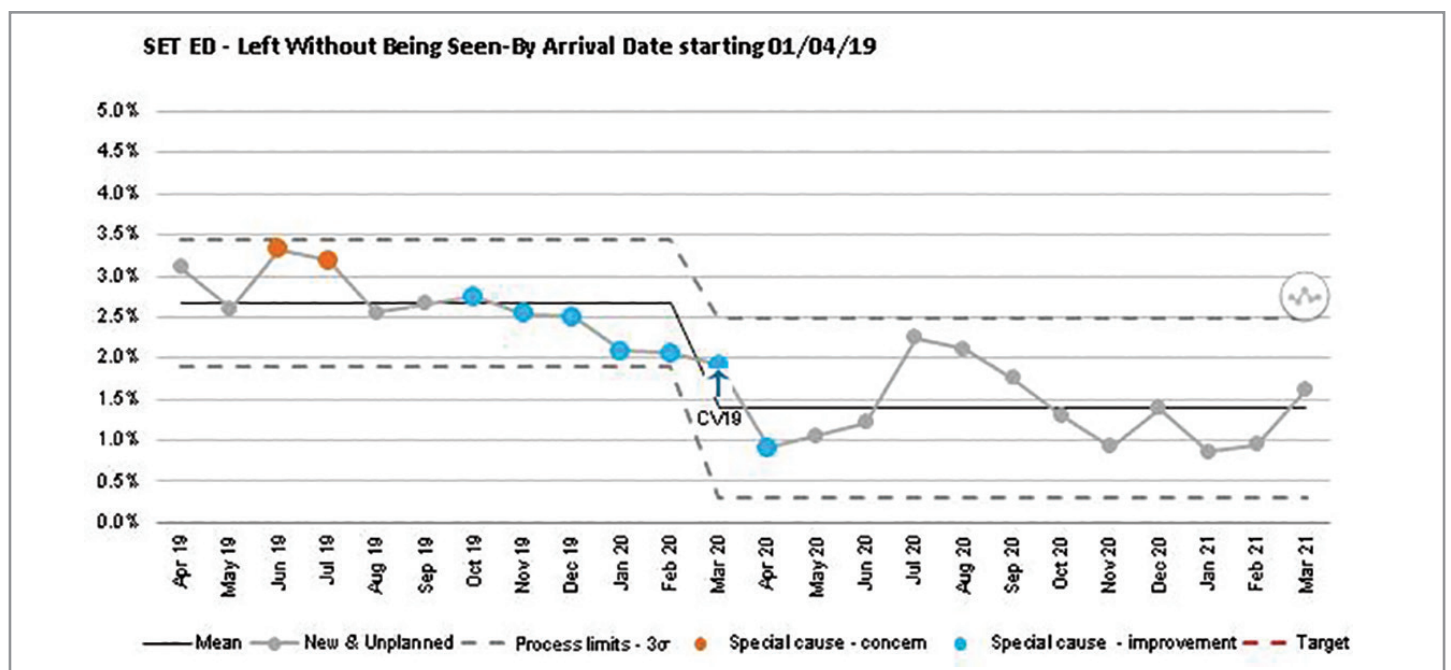
This indicator reflects that early intervention improves clinical outcomes and patient experience. Ongoing efforts to increase senior medical cover coupled with downturn in activity due to Coronavirus created a significant improvement in 2020.

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



Patients who leave before being seen

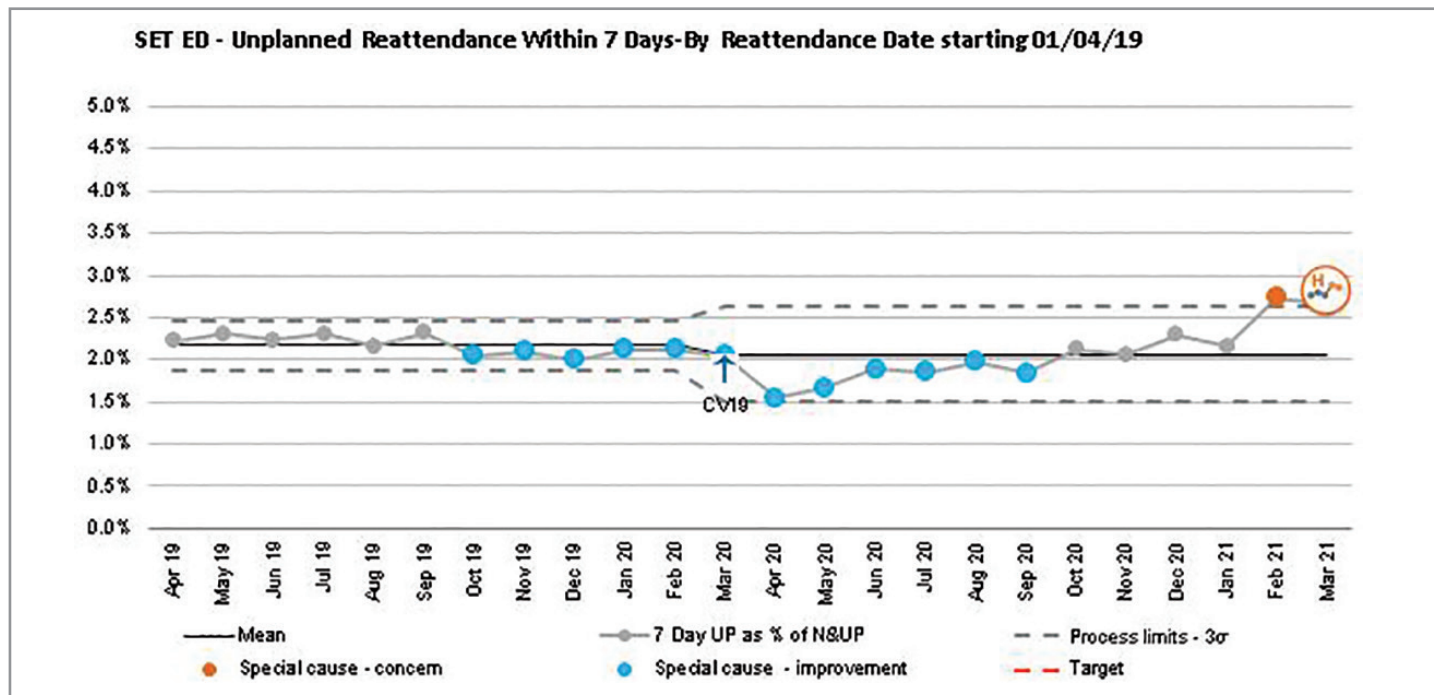
This measure looks at the number of patients who leave the ED before a proper and thorough clinical assessment has been undertaken.



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

Unplanned re-attendance rate within 7 days

The Unplanned Re-Attendance Rate Indicator looks at unplanned follow-up attendances to the ED within 7 days of the original attendance. The target for this is less than 5% and focuses on avoidable re-attendances to make sure that the patient gets the best possible care at first attendance and that issues related to their care are clearly communicated to them.



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

NEXT STEPS →

- Move from planning to implementation of the move to Acute Services Block (ASB) Emergency Department in Autumn 2021
- Provide safe and effective care during COVID-19
- Protect staff - both psychologically, physically and emotionally as we continue manage the pandemic
- Grow and develop our staff to give opportunities for professional development and focus on recruitment to open ASB safely and sustainably
- Respond to the changing needs of the community by ensuring our team are trained and equipped to manage all those who require Emergency Care
- Focusing on our service as a whole, continue to ensure all sites deliver safe, sustainable care.

National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations. The recommendations in the guidelines represent the view of NICE, arrived at after careful consideration of the evidence available.

When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users.

On 31 March 2020, the Department issued circular HSC (SQSD) (NICE COVID-19 Procedures) 12/20, which suspended until further notice, the following circulars.

- **HSC (SQSD) 3/13** - NICE Clinical Guidelines Process for the Endorsement, Implementation, Assurance in Northern Ireland
- **HSC (SQSD) 37/15** - NICE Public Health Guidance process for Endorsement, Implementation, monitoring and assurance in Northern Ireland
- **HSC (SQSD) 2/13** - NICE Technology Appraisals process for the endorsement, implementation, monitoring and assurance of NICE Technology Appraisals.

The Department reinstated the process for NICE Technology Appraisals (TA's) in June 2020. The Trust received **36** TA's up to March 2021.

Whilst NICE indicated their publications in the current situation will be limited to those relevant to patients with COVID-19, should they publish 'routine' material these would not be processed by the Department until further notice.

NICE COVID-19 Rapid Guidelines are automatically endorsed for use in Northern Ireland from the date of their publication by NICE, this remains the extant position.

NEXT STEPS

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Trust will work closely with DoH and the Directorates to facilitate implementation of the back log of NICE Guidelines
- The Trust will support the roll out of the updated **HSC (SQSD) 3/13**; this has been delayed due to the pandemic
- The Trust will continue to provide bi-monthly reports as requested by the DoH.

Audit & Improvement Data Department

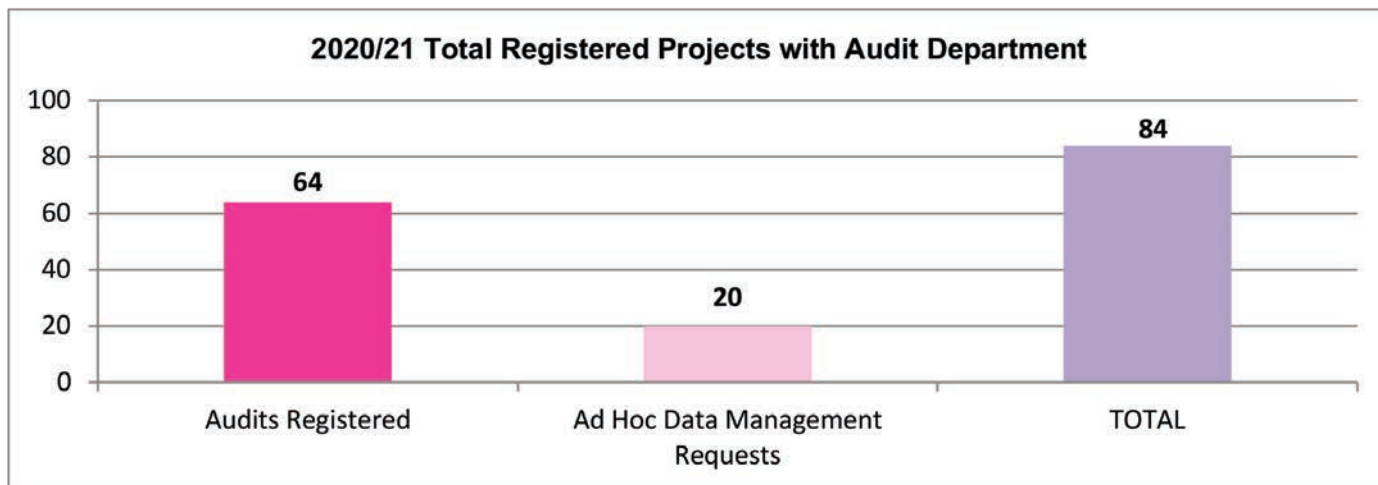
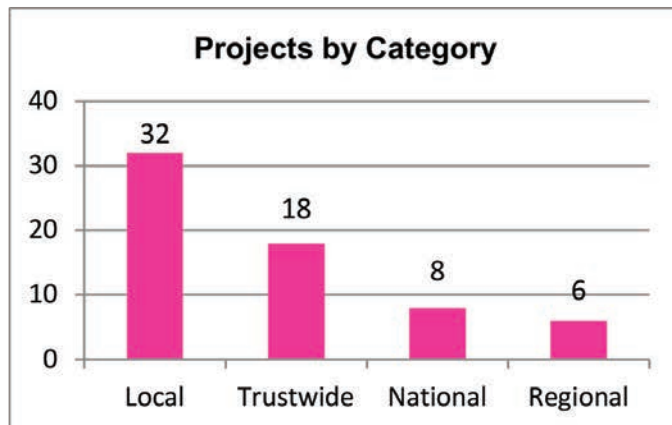
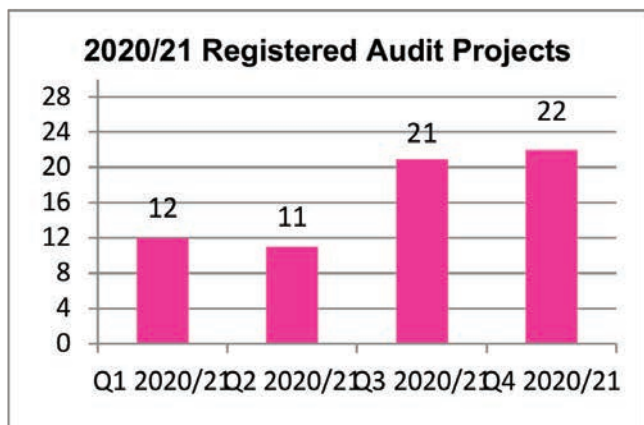
The Audit & Improvement Data Department continue to promote audit and provide a support service to all multi-professional staff across the Trust to carry out audit and improve their services by seeking assurance of performance against service specific standards and measures.

The following are some of the functions of the Department:

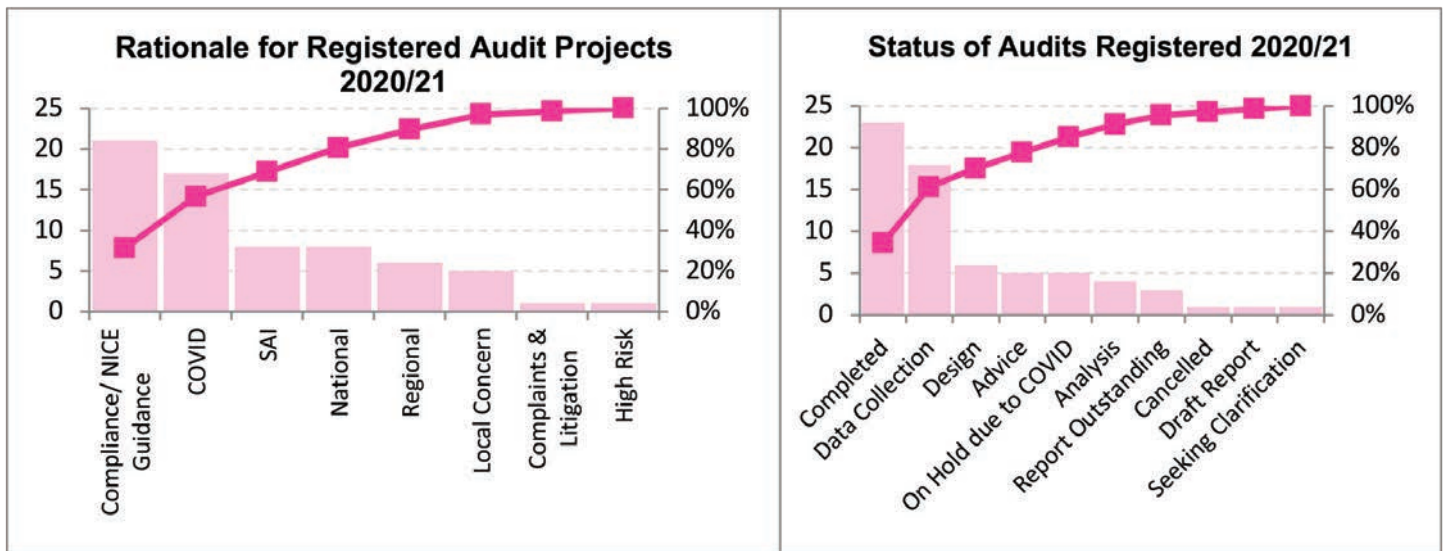
- Guidance and advice on the audit process
- Assistance in identifying measures and standards
- Design of data and collection
- Online tools for data capture
- Assistance with data collection (where appropriate)
- Analysis of data collected
- Report writing
- Assistance with action plans and links to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



The following is an overview of the Audit Activity registered in 2020/2021:



The following graphs give a breakdown of the rationale for audit projects registered in 2020/21 and the status of the projects registered. Due to COVID there has been a delay in completion of some of the projects due to redeployments of staff and re-prioritisation due to the pandemic.



2020/2021 Registered Projects Completed to date:

Specialty	Project Title
Mental Health	Management of Absconding Policy and Entry and Exit to Ward (Assurance)
Cancer Services	Survey of patients re telephone appointment during COVID 19 - (Head and Neck) (COVID Related)
Orthoptics	Outcome of Delay in Adult Appointments due to COVID 19 (COVID Related)
General Surgery	Fasting times and IV Fluid Prescription (Assurance)
Maternity	Management of pregnancies of Unknown Location (SAI)
Radiology	Respiratory follow up of patients with radiologically confirmed mild- moderate COVID-19 pneumonia (Assurance)
Trauma & Ortho	Corona Hand (National)
Maternity	Audit of Antenatal Steroids in Maternity (Assurance)
Adult Safeguarding	Covid-19 Care Home Response Hub (COVID Related)
Gastroenterology	Upper GI 2WW Pathway (National)
Cancer Services	Survey of patients re telephone appointment during COVID 19 (Initial appointment) (COVID Related)
Cancer Services	Survey of patients re telephone appointment during COVID 19 - (followup appointment) (COVID Related)
Radiology	Re-audit Medicines Management within the Department of Radiology is under review in preparation for accreditation (Assurance / Accreditation)
Radiology	Foreign body indicator on Plain Film X-Rays (Assurance)
Maternity	Audit of Home Birth Requests and Midwife / User feedback (Local Concern)
Elderly Medicine	Psychiatry of Old Age Lithium Re-audit (Assurance)
Mental Health	Policy Audit - MAXIMS documentation (SAI)
Safe & Effective Care	Medical Gas Re-audit (SAI / Safety Alerts)
Pharmacy	IV Vancomycin policy medical staff (Assurance)
Trauma & Orthopaedics	Multi-centre Audit on Virtual Fracture Clinic pre and post COVID (COVID Related)
AHP - SLT	5 Communication Standards (Assurance)
Mental Health	Adherence to process of swabbing patients and checking results in MHIPU (Assurance)
Mental Health	Mental Health Supervision 2021 (Assurance)

Clinical Audit Awareness Week 2020



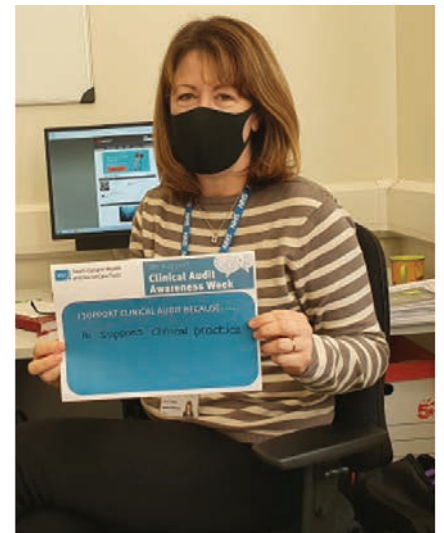
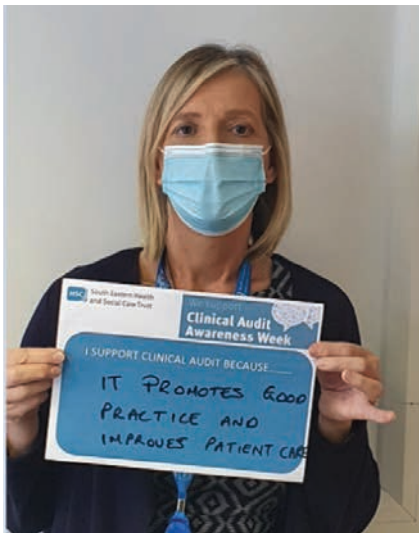
24 to 27 November 2020 was Clinical Audit Awareness Week. Audit Awareness was carried out in a different way due to the COVID Pandemic. The Audit Department raised awareness through daily Trustwide emails and the use of social media including Facebook and Twitter. [#CAAW20](#)

Awareness was raised by sharing:

- Who We Are and How We Can Help
- The History of Audit
- The Audit Cycle
- The 5 Stage of Audit
- Shared Learning Templates
- Useful links and information.



Staff from the Safe & Effective Care Department showing support for Audit Awareness Week:



AUDIT AWARD 2020

NOMINATION FOR AUDIT HERO'S

As part of Clinical Audit Awareness Week we re-introduced the Audit Award. The award was open to any member of staff or team within the Trust that had carried out an audit project and could demonstrate audit methodology had been used and that the project showed best practice or recommendations leading to service improvement.

The Healthcare Quality Improvement Partnership invited all NHS Trusts across the UK to submit nominations for Audit Hero's.

There were **10** submissions received for the Award which were then judged using set criteria centred around the following:

The South Eastern HSC Trust submitted **4** nominations in total for the 2019/20 awards, the categories were:

- Aim/Objectives
- Methodology and Measures
- Analysis and Findings
- Recommendation and Ideas for Improvement.

- Clinical Audit Professional of the Year
- Clinical Practitioner of the Year
- Student of the Year
- Volunteer of the Year
- Florence Nightingale Award
- Team of the Year.



2020 SET AUDIT AWARD WINNER

HQIP JOINT LOCAL CLINICAL AUDIT PROFESSIONAL OF THE YEAR

Joanne Matthews and Speech & Language Adult Learning Disability Team

Catherine Truesdale, Quality Manager

'5 GOOD COMMUNICATION STANDARDS'



The team increased compliance in all **5** set standards, increasing staff and patient wellbeing by **53%** and setting a standard for further RQIA inspections.

Catherine was nominated by her colleagues in Ardvarragh Resource Centre for the amazing support and guiding them for ISO audits and inspections and helping them understand the value and importance of improving services.

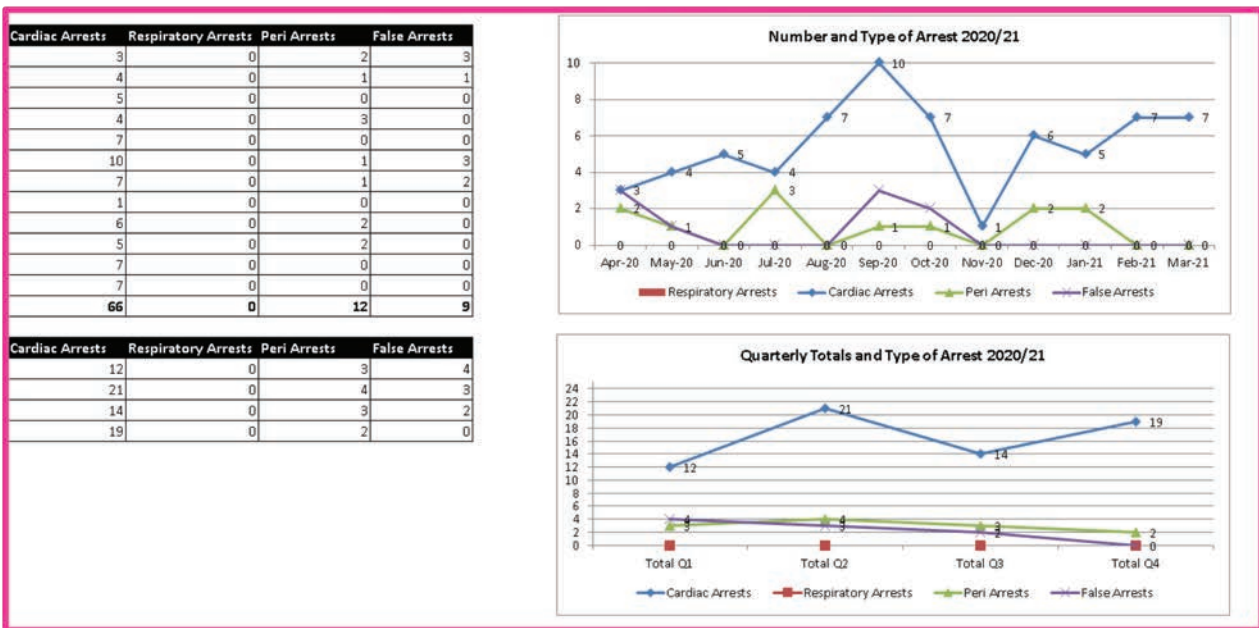
Data Management Support Service

This year the Audit & Improvement Data Department widened their remit of support. As part of the Quality Improvement Team within the Trust we wanted to provide support to those colleagues who were undertaking a QI project and needed a little extra support in managing their data. We also have provided additional data support to other projects that are aligned to service evaluation and governance reporting.

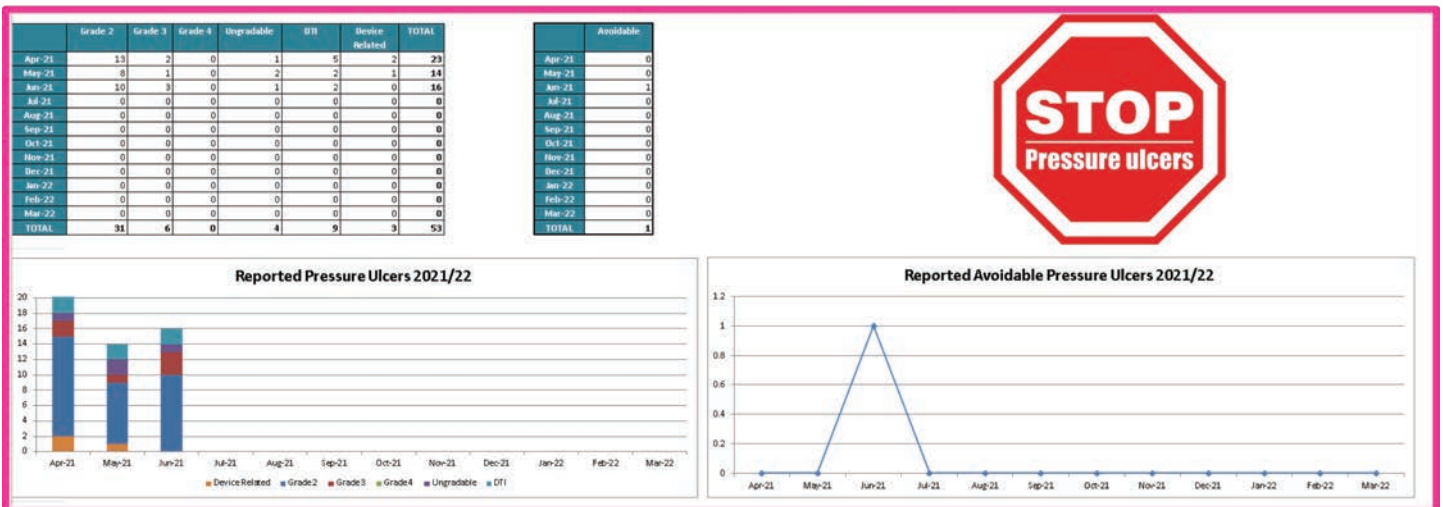
We can provide support by:

- Instant results dashboards for tracking performance
- Assistance in creation of online surveys (eg. for service evaluation)
- Support with managing and displaying data from QI Projects
- Assistance with learning how to displaying data in the right format for maximum impact
- Poster and presentation design.

CARDIAC ARREST DASHBOARD



PRESSURE ULCER REPORTING DASHBOARD



Support with Nursing Governance KPIs and QLIKVIEW

The Audit & Improvement Data Department continue to support Nursing Governance with the reporting of KPI Audits by producing the following reports:

- Monthly KPI Reports for Acute/Paediatric/Mental Health and Primary Care & Older People
- Monthly preparation and submission of KPI and Patient Outcome Scorecard
- Preparation and collation of Quarterly Nursing & Midwifery Executive Report
- Collation of Submission of QIPs to Commissioners.



We continue to provide a support service to Nursing Staff in the Acute Hospital setting and have in 2020/2021 rolled out use of this system to Primary Care & Older People and have trained staff within:

- Enhanced Care at Home
- Specialist Community Nurses
- District Nursing
- Mental Health Services for Older People.

The Trust has purchased an upgrade to Qlik-View - Qlik-Sense and plans are in place to have the Nursing KPIs transferred to the new system by the end of 2021.

The new system will communicate and link information from a wide range of different systems including DATIX and provide a more user friendly platform for areas to look at their performance with audits against patient outcomes.



NEXT STEPS →

- Continue to work with Clinical Risk Director to re-establish Clinical Audit Leads
- Continue to work towards the production of an Annual Audit Programme
- Re-establish Audit Steering Group to drive Audit Trustwide
- Encourage user participation in Audit activity
- Robust National/Regional Audit central database
- Re-establish National/Regional Audit Assurance Programme
- Promote use of QI rapid cycle audits as an alternative to traditional re-audit
- Establish data clinics to support multi-professional colleagues
- Develop Audit & Improvement Data Evaluation
- Re-design of Qlik-View to Qlik-Sense for Nursing KPI Audits.

Trust National Audit Participation

Mortality and pulmonary complications in patients undergoing upper extremity surgery at the peak of the SARS-CoV-2 pandemic in the UK: A National Cohort Study

The Ulster Hospital took part in the Corona Hand National Audit in 2020 to determine complication rates at the peak of SARS-CoV-2.

BMJ Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Audit Lead: Gavin McAlinden, Consultant, Trauma & Orthopaedics.

Background and Methodology

This study reports the **30**-day mortality, SARS-CoV-2 complication rate and SARS-CoV-2-related hospital processes at the peak of the first wave of the pandemic in the UK. This national, multicentre, cohort study at **74** centres in the UK included all patients undergoing any surgery below the elbow at the peak of the UK pandemic. The primary outcome measure was **30**-day postoperative mortality and was assessed in all enrolled patients. The secondary outcomes were SARS-CoV-2 complication rates and overall complication rates. A clinician survey relating to SARS-CoV-2 safety processes was carried out for each participating centre.

Results

This analysis includes **1093** patients who underwent upper limb surgery from the **1** to 14 April 2020 inclusively. The overall **30**-day mortality was **0.09%** (1 pre-existing SARS-CoV-2 pneumonia) and the mortality of day case surgery was **zero**. Most centres (**96%**) screened patients for symptoms prior to admission, only **22%** routinely tested for SARS-CoV-2 prior to admission.

The SARS-CoV-2 complication rate was **0.18%** (2 pneumonias) and the overall complication rate was **6.6%** (72 patients). Both SARS-CoV-2-related complications occurred in patients who had been hospitalised for a prolonged period before their surgery and a total of **19** patients (**1.7%**) were SARS-CoV-2 positive.

Conclusions

The SARS-CoV-2-related complication rate for upper limb surgery even at the peak of the UK pandemic was low at **0.18%** and the mortality was **zero** for patients admitted on the day of surgery. Urgent surgery should not be delayed pending the results of SARS-CoV-2 testing. Routine SARS-CoV-2 testing for day case upper limb surgery not requiring general anaesthesia may be excessive and have unintended negative impacts.

To read the full BMJ article please click on the link below:

<https://qualitysafety.bmj.com/content/qhc/early/2020/11/04/bmjqs-2020-012156.full.pdf>

Trust Regional Audit Participation



The Regulation and
Quality Improvement
Authority

**Regional Infection Prevention and Control Audit
of NICE Clinical Guideline CG139 and Healthcare
Providers in Community and Primary Care.**

In 2019 the South Eastern HSC Trust secured funding from RQIA to lead on a Regional Audit on Infection Prevention and Control of NICE Guidance CG139 within care home settings throughout Northern Ireland.

Regional Audit Lead: Monica Merron, IPC Lead Nurse, South Eastern HSC Trust.

Background

Many patients receiving care in their own homes, or in a care home environment, have this care provided by both Health and Social Care (HSC) Trusts and contracted Independent Service Providers (ISPs). Consequently it is incumbent that commissioners and HSC Trusts are assured that best practice in Infection Prevention and Control (IPC) is being delivered to their patients in the community by the entire healthcare team. This includes those who provide care in HSC Trusts and those contracted to support the delivery of this care through regional or local contracts.

The IPC Lead Nurse Forum (IPC-LNF) developed this audit to obtain assurance of the standard of practice and knowledge relating to IPC within the community and primary care workforce across the region.

It was proposed the **NICE Clinical Guideline 139; Prevention and Control of Healthcare-associated infections in Primary care and Community (2017)2** would be used to measure the systems and processes that all healthcare providers use to ensure that IPC practice is integrated into patient care in community settings across the region.

A proposal was submitted to the Regulation and Quality Improvement Authority (RQIA) for resources to support this regional audit. RQIA considered it important and recognised the significant input from independent service providers as well as HSC Trusts, and the proposal was approved.

Aim

The aim was to establish if there is a robust and comprehensive regional system in place to support the application of **NICE CG139, Standard 1.1.1. 2**

- Education and training for healthcare providers
- Healthcare providers have appropriate supplies for personal protection, safe disposal of sharps and hand hygiene
- Provision of education on hand hygiene to patients and carers.

Findings/Recommendations

In total there were **5** regional recommendations made.

Recommendation 1 - Policies and Standards:

The Regional Infection Prevention and Control (IPC) Lead Nurse Forum recommends that the DoH adopt as regional policy, the IPC standards as set out by **NICE CG1392 Healthcare-associated infections: prevention and control in primary and community care**.

Recommendation 2 - Training:

The Regional IPC Lead Nurse Forum recommends that the DoH and the Health and Social Care Board (HSCB) supports the production of a Regional eLearning system for Community and Primary care covering, but not limited to, **NICE CG1392**.

Recommendation 3 - Supplies:

It is recommended that the Business Services Organisation's Procurement and Logistics Service (PaLS) assess the feasibility of all ISPs having access to the regional supply chain. Providing open access to a regional standard of sharps containers, PPE and hand hygiene materials will support compliance with IPC standards in the delivery of patient care, irrespective of care provider, and maintain the health and safety of staff.

Recommendation 4 - Education of Family and Carers:

The NI Policy for the application of **NICE CG1392 for the prevention and control of healthcare-associated infections in primary care and community** should be available and accessible to carers and their families who are directly involved in the delivery of care.

Recommendation 5 - Assurance:

Each HSC Trust should review all their related policies and guidelines to assure themselves that they are compliant with the Standards within the NI Policy for the application of **NICE CG1392** and thus ensuring best practice in the delivery of care across the region.

Learning Points:

The original methodology was to undertake this audit by individual structured interview with the designated organisations and managers. This option had to be replaced by the use of an on-line Survey Monkey as there were some difficulties with undertaking the interviews within the designated audit time period.

It is highly probable that a better quality of data would have been obtained by the individual structured interview method. However, the audit process utilising an on-line survey provided sufficient data to identify the key themes to be considered regionally to provide and build a mechanism for robust delivery of IPC into the care provided in community and primary care across Northern Ireland.

As with any survey questionnaire, the data analysis always identifies where some changes in question structure and response options would have provided a clearer understanding of findings. This is especially applicable for the question relating to what policies and guidelines were available to staff, allowing broad reference in the answer options to the regional IPC manual impinged on the clarity of what guidelines staff were actually following.

The question relating specifically to which IPC Policies and Guidelines were available to direct care staff was complicated by the inclusion in the answer options to this question reference to a general IPC manual choice.

The use of the regional IPC manual only for staff should also have been a separate question.

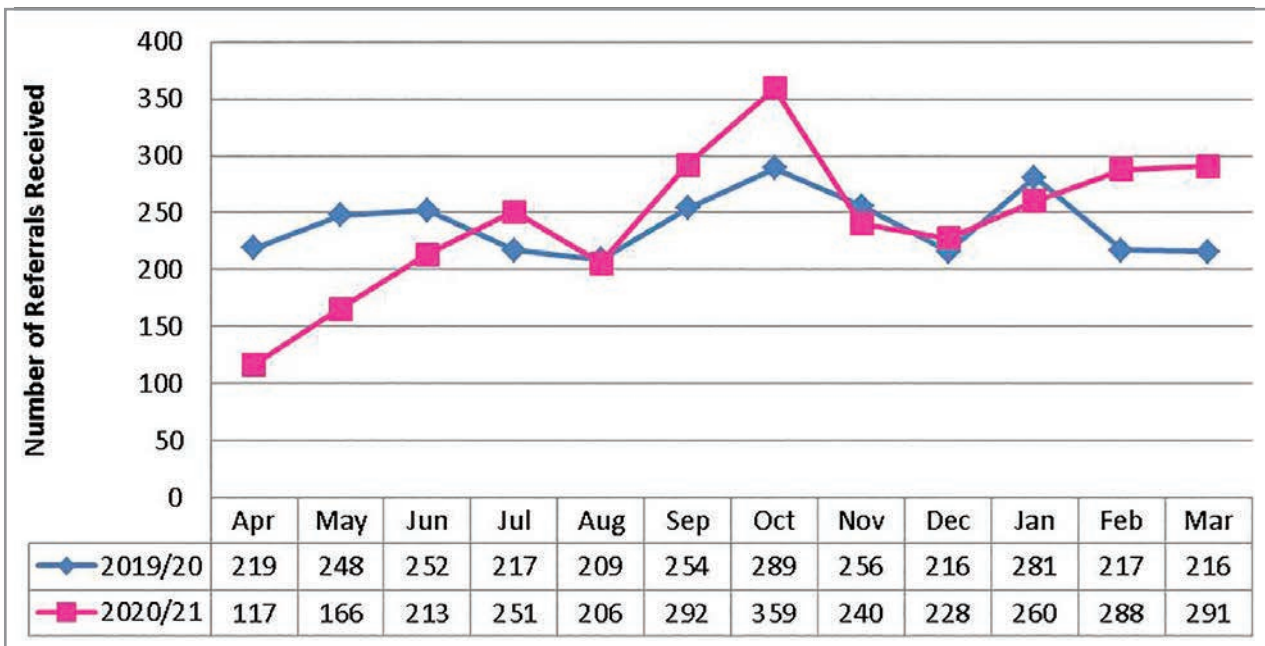
To read the report and recommendations in full you can access the report by clicking on the following link: [0d1df19c-9897-4966-8226-b5f916be0811.pdf \(rqia.org.uk\)](#)

Cancer Access Standards

'During 2020/21, 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'. (2020/2021 Ministerial Target for Cancer Care Services).

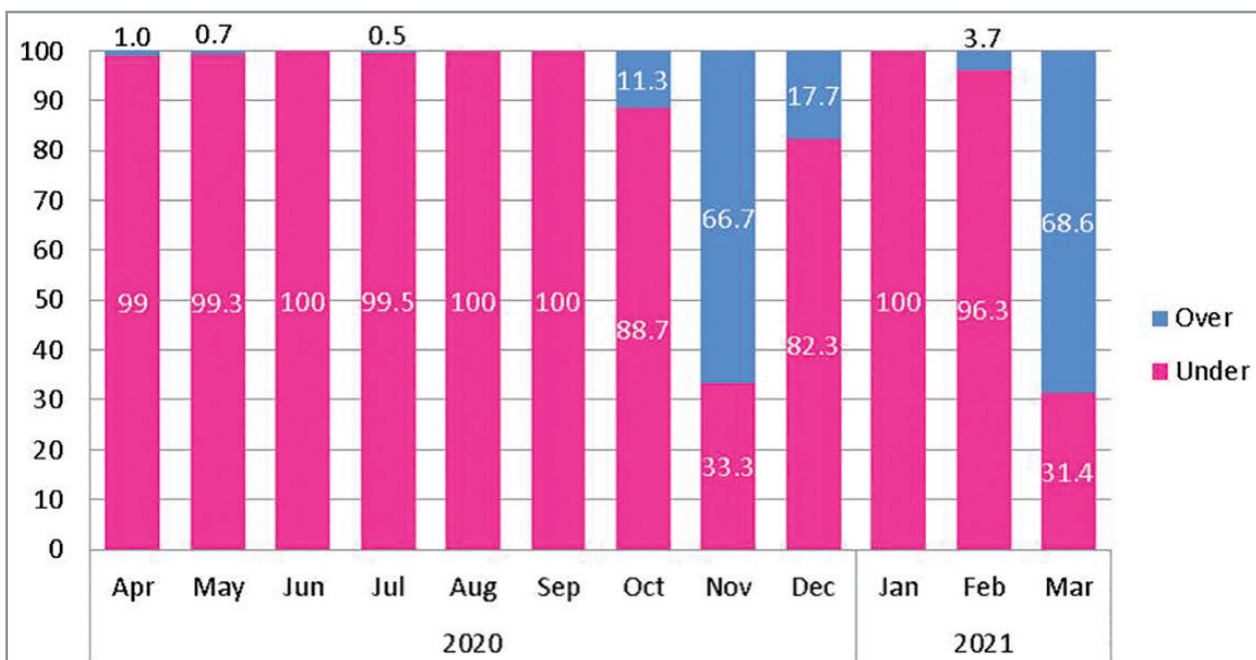
14 Day Breast Cancer Referrals

The average number of referrals received each month increased from **239** in 2019/2020 to **243** in 2020/2021.



The average number seen each month reduced from **231** in 2019/2020 to **218** in 2020/2021. This was because of unplanned leave and social distancing measures.

Facts & Figures



- Significant drop in referrals in April and May 2020 due to COVID-19. However this was offset in October. October is Breast Cancer Awareness Month and the region would usually see an increase in referrals
- Unplanned leave in the clinical teams (surgery and radiology) capped the number of urgent new patients which could be booked
- Routines were converted to urgent new from November.

NEXT STEPS ➔

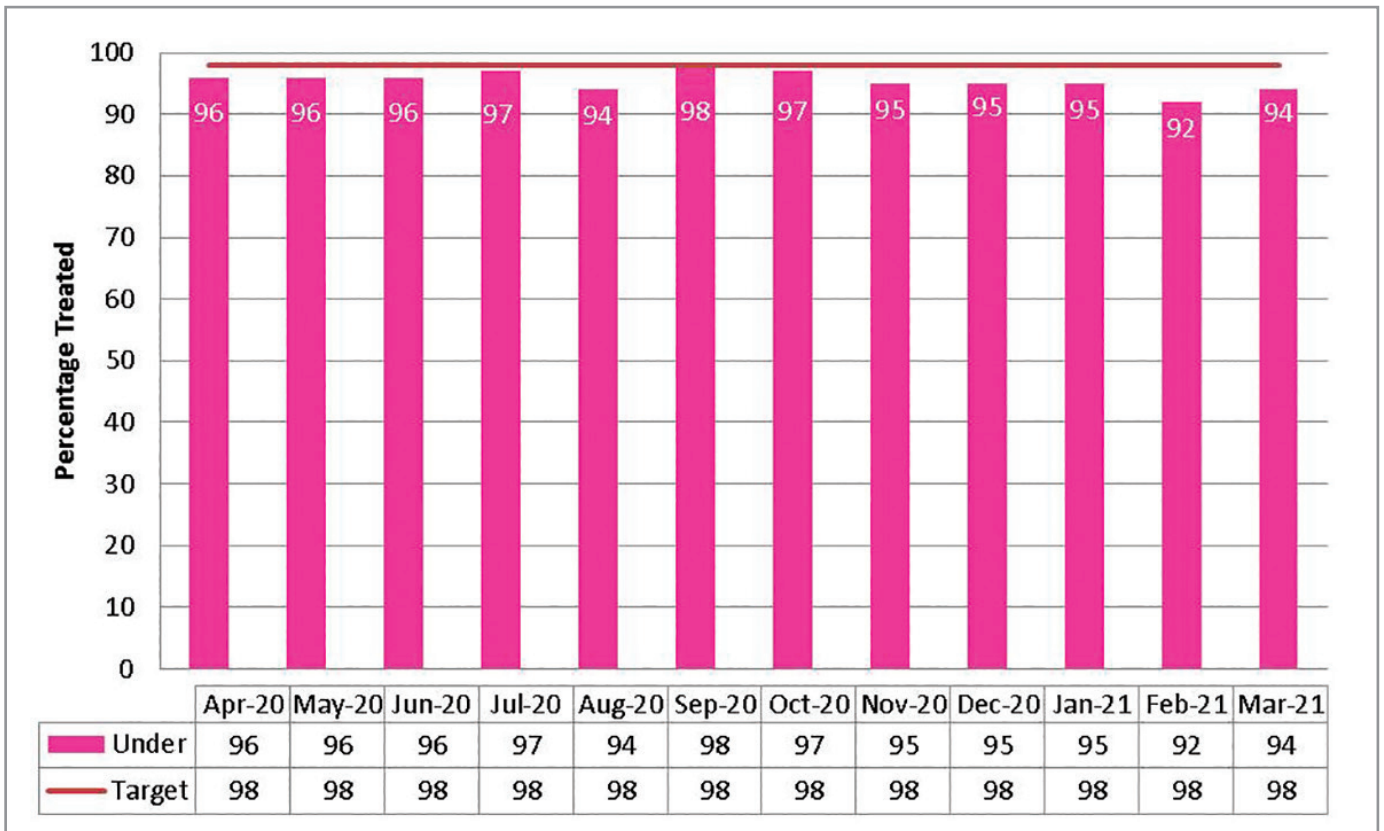
- Engage with regional task and finish breast assessment group
- Investigate funding opportunities for 4th triple assessment clinic.

31 Day Target

The overall position for 2019/2020 was **92%**. This increased to **95%** in 2020/2021.

During the COVID-19 pandemic, cancer surgery was given priority and was managed through a Surgical Prioritisation Group led by the clinicians.

Performance against this target will remain challenging in 2021/2022.

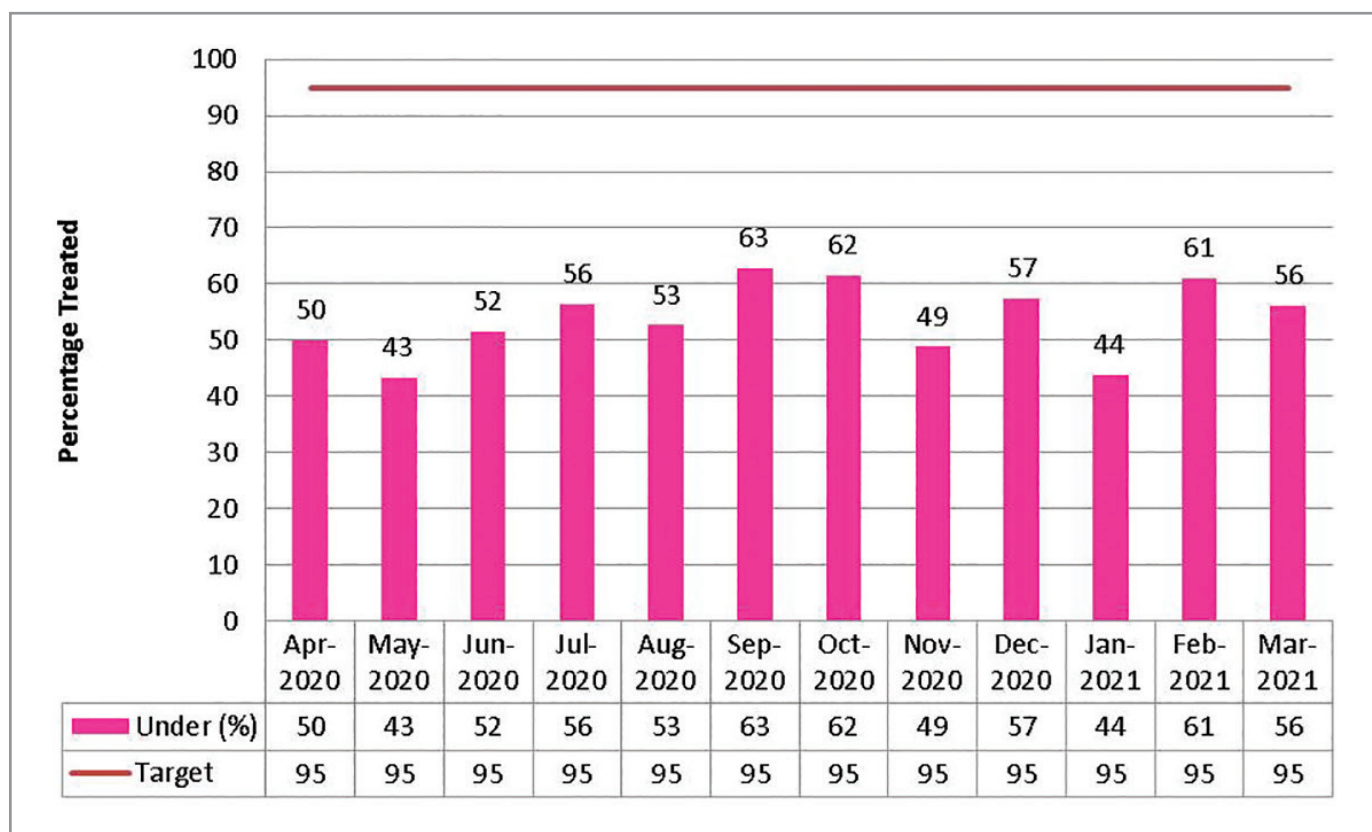


62 Day Target

The Trust continues to aim to treat **95%** of GP Suspect Cancer Referrals and Consultant upgrades within **62** days. There was an **8%** increase in referrals when comparing 2019/2020 with 2018/2019. However there was a **10%** decrease when comparing 2020/2021 with 2019/2020. The reduction in referrals was due to the COVID-19 Pandemic.

Overall in Northern Ireland there was a **15%** decrease in referrals. The number of referrals rose sharply in quarter 3 and quarter 4 and this increase in referrals received is expected to continue to rise through 2021/2022. COVID-19 has also led to a reduction in capacity to see and treat red flag patients.

Facts & Figures



NEXT STEPS →

- Monthly Cancer Access Meeting in operation with representation from General Surgery, Medicine and Woman and Child Health
- QFIT will move to primary care resulting in a high quality of referral for suspect colorectal patients
- Continue to engage with regional restart groups for cancer, surgery, diagnostic investigations and endoscopy.

Goal 5



Integrating the Care

Annual Quality Report - Next Steps Update From 2019/2020

Theme	Title	Next Steps	Status Achieved On Plan Behind Plan
<p>Goal 5: Integrating the Care</p>	<p>Community Care</p>	<p>Podiatry helps to put the best foot forward’ - Implementation of Diabetes Foot Pathway in South Eastern HSC Trust Recruitment delays and the need to provide a training course for the podiatry assistants to deliver the Tier 1 Screening Model has led to delays in the implementation of this tier of the model. Examinations were cancelled due to COVID-19, delaying implementation further.</p> <p>The launch of the model has been shared in a national podiatry journal and was featured across local news outlets. The continued development and continued funding of the model is paramount as more and more people are being diagnosed with diabetes and subsequently require access to the pathway.</p> <p>Development of the New SLT Led Parallel Clinic, ENT The success of this project has led to it being shortlisted for the ‘AHP Advanced Healthcare Awards’, ‘NI Maximising Resources for Success’ category. https://setrust.box.com/s/9n8l59kdlx47e0ffraav9t1f66r75v67</p> <p>There is also a plan for re-start in line with COVID-19 guidelines, increase awareness and showcase work completed to look for permanent funding for this service and develop further user-involvement strategies.</p> <p>Speech & Language Therapy in the Emergency Department (ED) Further refinement of the triage criteria will be on-going and it has been agreed to explore use of SLTA to screen for dysphagia using an agreed tool. It is also hoped to make a business case for a permanent member of staff to take the lead in ED and implement this new Model of Service Delivery.</p> <p>Building Communication through Lego Based Intervention The next step is to develop a Lego Based Intervention using a remote platform such as Zoom.</p>	<p>On Plan</p>

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care <i>(Continued)</i>	Community Care <i>(Continued)</i>	<p>‘Provide with PRIDE’ The wider SLT regional developments must remain central, specifically:</p> <ul style="list-style-type: none"> • Work on improved identification to ensure timely and accurate referral • Training within the wider workforce to EDSCF Level 2 to allow for better/safer management of the dysphasic clients and to ensure that clients are safely kept at the pre-referral stage for longer • Training in screening - Level 4 EDSCF practitioner. Inherent in this will be careful onward referral with identification of the signs and symptoms to allow for more accurate triage thereby allowing those with significant issues to be seen within the agreed urgent time frames. 	On Plan
		<p>Nutrition and Diet Therapy - Gastro Transformation Irritable Bowel Syndrome (IBS Service)</p> <p>IBS referrals will continue to be managed from the Dietetic Waiting List. There will be a longer waiting time for appointments to the IBS Gastro Dietetic Services because unfortunately this transformation funding has not been made recurrent, therefore resulting in a subsequent reduction in the number of clinics that can be run.</p> <p>Continuation of ‘First Contact Dietitian’ pilot in 1 GP Practice will continue. This should identify IBS patients that can be given first line dietary advice in Primary Care setting.</p>	On Plan
		<p>Help Kids Talk</p> <ul style="list-style-type: none"> • The next steps are to develop the training strategy and develop the role of the project co-ordinator so the project can extend its reach into the community • With the forthcoming introduction of ‘Encompass’ the referral form will require further development to allow cross Trust referrals to be made electronically. 	On Plan
		<p>Development of a Mood Screening Pathway</p> <p>An audit of the pathway is to be carried out.</p>	On Plan

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care <i>(Continued)</i>	Community Care <i>(Continued)</i>	<p>First Contact Dietitian</p> <p>It is clear that this dietetic post can provide a first contact for cow's milk allergies babies and manage the onward referral releasing GP clinic time.</p> <p>There is also a role to review prescriptions of specialist formulas and feeds and their appropriateness for prescribing which will help towards reducing prescribing costs.</p> <p>There is a potential to develop this role with the health visitors to include a public health aspect in particular for addressing early nutrition and childhood obesity. Other pieces of work within adults would include:</p> <ul style="list-style-type: none"> • Anticipatory management of nutritional conditions to help prevent admission to hospital • Scoping exercise to review eg. patients on PERT to ensure compliance and correct dose with view to improving symptoms • Appropriate prescribing of ONS/ medications for long term condition management. 	On Plan
		<p>RCSLT Good Communication Standards: Development of Communication Passports</p> <p>It is vital that we ensure the communication passports are relevant and are a useful and practical tool for educational staff and parents. Feedback is always valuable. So we need to continue monitoring the use of the Observation Checklists completed by the educational staff and ensure they are used by the SLTs in planning appropriate and timely intervention.</p>	On Plan
		<p>Implementation of a Virtual Spinal Clinic in South Eastern HSC Trust Orthopaedic ICATS</p> <ul style="list-style-type: none"> • To embed this practice to all referrals to the Spinal Team • To increase the frequency of the clinics as required • To share the learning both within the team, at a regional level and to use this process change to encourage change in other clinical areas. 	On Plan

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care <i>(Continued)</i>	Community Care <i>(Continued)</i>	<p>Multidisciplinary Approach to the Management of Chronic Oedema in Primary Care</p> <ul style="list-style-type: none"> The service will continue to recruit interested practices to further expand the use of the Model Of Care it promotes, providing education through formal channels through the GP Federation Pbl Days, and locally within the Practices The role of the Chronic Oedema Liaison Nurse has developed, and an awareness of the Practice Based Clinics has been spread to community nursing and podiatry colleagues, who make appropriate referrals to the clinics. However, there are a sizeable number of house bound patients who are not able to avail of the service and are currently being referred through the Lymphoedema. Possible further development would be to support the Lymphoedema Team by providing a service to these patients Dissemination of the learning and achievements of the project continues including presentations shared regionally within the Lymphoedema Network, Northern Ireland; the Leg Ulcer Forum NI and a Public Health Consultant in PHA, and are to be discussed at the Tissue Viability Nurse Network meeting early 2021. The Team have been selected to offer oral presentations at regional, national and international conferences, sharing the results of the project at Tissue Viability, Leg Ulcer Forum, RCN Research and Development, Lymphoedema and Pharmacy conferences. 	<p>On Plan</p> <p>Behind Plan</p>
		<p>Community Stroke Team eDAMS Online Acute Referral Form</p> <p>With the forth coming introduction of 'Encompass' the referral form will require further development to allow cross Trust referrals to be made electronically.</p>	<p>On Plan</p>
		<p>Design of Bridges Self-Management App for Stroke Survivors</p> <p>Trial of prototype once COVID-19 restrictions are relaxed sufficiently.</p>	<p>On Plan</p>
		<p>Enhanced Care at Home</p> <ul style="list-style-type: none"> Nursing staff continue to be developed to the level of Advanced Nurse Practitioner. Two Band 7 Senior Nurses will commence their Advanced Nurse Practitioner Course in September 2020 Focusing on increasing collaboration with Care Homes, with the support of GPs and the Multidisciplinary Team. 	<p>On Plan</p>

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care <i>(Continued)</i>	Community Care <i>(Continued)</i>	<p>Tissue Viability and Lymphoedema Collaboration: Healthy Legs Initiative</p> <ul style="list-style-type: none"> Restart clinics, and continue to recruit practices within the Trust where local capacity permits Continue to seek permanent funding options to permit continued running of this cost-effective and innovative service. 	On Plan
		<p>Mental Health Services Older People (MHSOP)</p> <p>Quality Care</p> <ul style="list-style-type: none"> To secure funding for further experiential learning opportunities in order to build on the relationships made across the partners within this initiative Continue to work closely together to increase the education and understanding of care givers for people living with dementia across our Trust Area. 	On Plan
		<p>Introducing Trust Service Improvement Leads for Dementia</p> <p>The Dementia Service Improvement Leads will take forward new initiatives across the Trust, such as defining and developing a training programme for staff to ensure we have a skilled and knowledgeable workforce when working with people living with dementia; developing and further expanding the Dementia Companion Service; assisting in the development of Dementia Services within the Dementia Care Pathway.</p>	Achieved
		<p>Cognitive Behavioural Therapy Prototype Team</p> <p>To fully establish the new CBT practitioner across the Trust to provide timelier CBT to older people</p>	Achieved
	Social Care	<p>Improving Culture and Morale</p> <ul style="list-style-type: none"> Staff engagement model to be further developed as part of embedding a culture of safety and improvement, outcome and process measures to be established Virtual induction for new staff in Children's Services will be enhanced and developed. This will be planned and delivered in partnership with the Learning and Improvement Team Staff evaluation to support improvement. 	Achieved Achieved Achieved

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Children's Services Family Support Hubs</p> <ul style="list-style-type: none"> Continue to promote and inform professionals and the community across the Trust about the Family Support Hubs To further develop the Family Support Hubs to increase capacity to address the waiting-lists To identify needs and trends, and attempt to meet these needs with suitable services. <p>Looked After Children</p> <ul style="list-style-type: none"> The Trust is planning that all staff in leaving care and aftercare will be trained in the use of MOMO following restructuring of the workforce Robust workforce planning will continue to support staff engagement and the recruitment/ retention of social workers. 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
		<p>Ensuring Permanence Plans for Looked after Children</p> <ul style="list-style-type: none"> The Trust will continue to develop provision of concurrent care placements to enable the placement of children with prospective adoptive carers at an earlier stage of care planning Embed the development of post adoption support services within the Trust. 	<p>On Plan</p> <p>Achieved</p>
		<p>Adult Safeguarding and Adult Protection</p> <ul style="list-style-type: none"> The Trust Adult Protection Gateway Team (APGT) currently operates a hybrid model in the protection of adults at risk from abuse, exploitation or neglect. The Trust will move to a phased implementation of a single point of contact for all adult protection referrals via the Adult Protection Gateway Team Improve internal communication and sharing of information in respect to care homes and domiciliary care providers The Trust welcomes the opportunity to learn from the Domestic Homicide Reviews to Northern Ireland during 2020. 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p>

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Carer Support</p> <ul style="list-style-type: none"> To continue to encourage the uptake of the Carer's Conversation To continue to promote short breaks for carers To enhance communication systems with carers through production of regular newsletters and exploring other digital methods such as use of zoom to connect with carers To explore new initiatives in order to identify carers not known to the service so that supports can be accessed To organise wellbeing events that will benefit carers To continue to work in partnership with stakeholders in order for carers to receive all supports afforded to them To develop co-production work with carers so that future services and supports are relevant, appropriate and have good outcomes for carers. <p>Re-settlement of Adults with a Learning Disability</p> <p>Three people continue to remain to be resettled from the hospital, and the Trust is continuing to explore the most suitable placement options to meet the specialist needs for all patients. The Trust is working in partnership with the Belfast Trust and the Northern Trust to develop options that will meet the needs of the patients who present with a forensic history.</p> <p>Direct Payments for Children</p> <ul style="list-style-type: none"> To undertake an evaluation of the provision of SDS in children's services using a co-production approach To assist staff in their training and development to ensure they are able to support children and families in SDS, ensuring greater choice, independence, flexibility and individuality. <p>Transition for Children with a Disability</p> <p>This pilot will now be evaluated with young people and their families to measure outcomes and to inform the transition protocol across the Trust.</p>	<p>On Plan</p> <p>On Plan</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>On Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Behind Plan</p>

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Education and Training for Young People Leaving Care</p> <ul style="list-style-type: none"> Working with RISE NI to provide school provision to those on the Child Protection Register over the summer months A Transition Academy, open to 12 children who have had adverse childhood experiences in Primary 6 or 7 which provides tutoring, financial support, ICT equipment and a summer scheme programme Developing a university programme for care leavers who move into 3rd level education to provide vital information and continued support to the end of their studies HR developing three new apprenticeships which will commence in September 2020 and continuing to develop relevant apprenticeships within the Trust to suit the needs of our young people The Trust continuing to employ co-production interns HOPE working collaboratively with leaving and aftercare teams, as well as key stake holders to increase the education, training and employment outcomes of young people in care. <p>Direct Payments and Self-Directed Support in Adult Services</p> <ul style="list-style-type: none"> To continue to support staff to ensure that 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 eligible needs identified To roll-out the elearning SDS training module to all staff To continue to support staff in their role as Champions of SDS through the Practitioners Forum <p>Annual Health Checks for Adults with Learning Disabilities</p> <ul style="list-style-type: none"> To continue to work with the Public Health Agency to understand reasons for the poor uptake of screening for adults with a learning disability On-going promotion of the Hospital Passport for adults with learning disabilities. <p>Approved Social Work</p> <p>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.</p>	<p>Achieved</p> <p>Achieved</p> <p>Behind Plan</p> <p>Achieved</p> <p>Achieved</p> <p>On Plan</p> <p>Achieved</p> <p>Behind Plan</p> <p>On Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>Achieved</p>

Theme	Title	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Mental Health	<p>The Recovery College</p> <ul style="list-style-type: none"> • Secure accommodation for Recovery College • Re-start Students' Union • Re-commence face to face classes • Extend availability of online classes. <p>Approved Social Work</p> <ul style="list-style-type: none"> • Contribute to the development of regional Approved Social Work Quality Standards and a Model of Delivery, based on best evidence relating to Approved Social Work requirements and taking into consideration the implementation of Mental Capacity Legislation. <p>Serious Adverse Incident (SAI) Review</p> <ul style="list-style-type: none"> • Set a target timescale for screening, allocating and triaging new SAIs • Remove all cases listed on the backlog which is 11 from 1 April 2020 • Improve the average number of weeks to complete a Level 1 SAI Review to 14 weeks • Develop ISOs for the SAI process within Mental Health • Enhance training and coaching opportunities for staff who are acting in the facilitator role. <p>Toward Zero Suicide</p> <ul style="list-style-type: none"> • A Regional Action Plan has been developed embedding Quality Improvement to strategically embed TZS across Trusts • Continued testing of the Safety Planning Programme of Work • Virtual learning event in relation to minimising restrictive practice • Development of Lived Experience Network and embedding co-production in to all areas of the work • Scoping exercise to be completed reviewing the effectiveness of 3 day and 7 day follow up post discharge from an acute hospital admission • Scoping of work force skills and availability of educational opportunities to develop skills. 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>

Speech and Language Therapists (SLT) Raise Awareness of Developmental Language Disorder (DLD)



Friday 16 October 2020 was Developmental Language Disorder Awareness Day and the Speech and Language Therapy Department in the Trust joined the international campaign to raise awareness of Developmental Language Disorder (DLD).

DLD refers to difficulties learning language and affects approximately **7%** of the population. This makes it **7** times more common than autism and **46** times more common than childhood hearing impairment. Children with DLD may need instructions and questions repeated or simplified. They may find it difficult to get their message across, because they may have a smaller than average vocabulary and struggle to put together grammatical sentences. This can make it difficult for them to join in conversations with others and fully participate in classroom discussions.

DLD causes difficulties with speaking, understanding and reading - with high risk of dyslexia. The complexity of DLD means that it can have a serious and long-term impact on development. People with DLD are **6** times more likely to suffer from anxiety and **3** times more likely to have clinical depression. They are also at significant risk of struggling with reading, spelling and mathematics. DLD has also been the focus of significantly less research than other conditions.

Limited awareness of DLD amongst educators and the general public means these children are being overlooked and the lifelong impact can be devastating.

This is tragic because with the right support people with DLD can thrive!

The Speech and Language Therapy Department in the Trust work in Castle Gardens Primary School in Newtownards and Knockmore Primary School in Lisburn. Both have dedicated classes for supporting children with speech and language difficulties and dedicated speech and language services on site.

This year, to raise awareness of DLD, the schools took part in a 'Silent Snack'. The children used pictures, signs and gestures to communicate over break-times. It aimed to help children understand a little of what it is like to live with a communication difficulty, such as DLD every day and the frustration and challenges it can create.

To publicise DLD and these events, articles were written by the Trust SLT Team in:

- The autumn edition of ni4kids (see ni4kids.com)
- The 5-11-2020 edition of the Newtownards Chronicle (see ardschronicle.co.uk)
- The 6-11-2020 edition of the Ulster Star (see lisburntoday.co.uk)

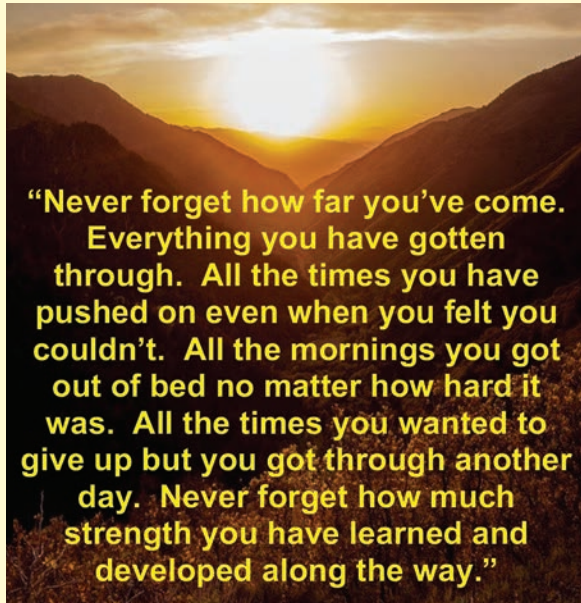
If you would like more information on DLD contact the Raising Awareness DLD Team Shaun Zeigenfusz at hello@radld.or.au. [#DLDSeeMe](https://twitter.com/DLDSeeMe)



NEXT STEPS ➔

- To evaluate the effectiveness of raising the awareness of DLD.

OT Wheelchair Resource Team - Sharing our success



This quote by an unknown author certainly sums up 2020. A year to be remembered for many reasons as our own personal lives have been turned upside down, families have been separated, loss has been experienced, social interaction has been curtailed, but we have gotten through it however hard it has been.

Working as an Occupational Therapist through a global pandemic has certainly been challenging and perhaps the hardest thing we have had to face in our careers. The wheelchair team felt it is important to provide a short update on the key achievements of the year.

Regionally, the ‘Wheelchair Service’ has completed an updated version of criteria for provision for manual wheelchairs. The lightweight pilot project continues to be

in the pilot stage with the hope that more lightweight manual wheelchairs will be coming onto our Northern Ireland contract. We have been evaluating Bariatric wheelchairs and buggies to extend the Northern Ireland range.

We have met collectively in the region to refine wheelchair classification and made changes to current classifications to ensure that there is a wheelchair available for every service user. Invacare are rolling out a new more effective way to prescribe wheelchairs, which will avoid non-compatibilities. This will make the process more time efficient and easier for therapists to prescribe wheelchairs. In 2021 the main focus of the regional group will be looking at our current powered document and updating this.

The Wheelchair Resource Team are now working in a shared space with the Community Occupational Therapists. This is proving to be very effective and a positive move. It is important to note that staff are making good use of the stock file which is proving to be cost efficient with the service user receiving their wheelchair in a timely fashion. There have also been changes with regards to the Specialist Seating Service, where we now locally organise the domiciliary visits and SOS clinics. The Rea Azalea Clinics are now organised locally and we continue to support the prison service.

The Wheelchair Resource Team have been reflecting upon the service looking at how we can further support our colleagues and have developed a supervision procedure. It has been identified that staff would benefit from both product and postural management training and we have planned how this can be achieved.

We have looked at triaging process for the service and interface which will be rolled out in due course.



NEXT STEPS →

- To identify the cost effectiveness through using the stock file
- Highlight the positive changes to the Specialist Seating Service
- Provision of staff training for product and postural management.

New Orthoptic Provision for SEN Schools in the Trust

A new Advanced Practitioner Orthoptist is now in place. Gemma Patterson took up the new post of Advanced Practitioner Orthoptist in September 2020 for SEN Schools and will be working across Special school sites in the Trust area. This is a new and exciting opportunity for both the Orthoptic Service and their patients who attend SEN schools as well as their care givers and school staff.



The SEN Schools Orthoptic Service is in development but will endeavour to provide improved access to eye care provision for these children and young people in a more familiar environment whilst all the while seeking to achieve the best outcome for our patients, satisfaction for parent(s)/guardian(s) and, where appropriate, providing school with pertinent information regarding visual function to aid access to the curriculum.

The position also comprises of a RISE (Regional Integrated Support for Education NI) advisory component where Gemma looks forward to further multi-disciplinary working and as well as further collaboration between Health and Education. Gemma is looking forward to establishing and developing this new and innovative service.

NEXT STEPS →

- Identify service improvements in service access to eye care for children
- Show improved patient/parent/guardian satisfaction
- Show improved visual function information to the school.

Occupational Therapy (OT) Use of Technology during COVID-19



Representing the Community OT Team in Downpatrick, Marie McAteer, Team Lead Occupational Therapist, co-presented at the Royal College of Occupational Therapists Housing Conference in November 2020.

Marie was asked to present on the use of technology in a pandemic. This included virtual meetings, use of emails and the use of locked documents with form filling options. With social distancing and more staff working from home, alternative ways are required for moving the service forwards.

One example of work presented was a huge piece of work carried out on a regional document used to make housing recommendations which stood us in great stead for the pandemic.

Marie used developer in word to create a document that had drop down boxes where you could select the housing solution required. The content of the document is locked and only certain areas can be edited. No free text required except for bespoke recommendations. Hyperlinks were created on the recommendation form to specifications for ease of access.

It was a great honour to have our team lead chosen to present the work that was carried out, which ultimately will be shared by the team and prove very useful for the preparation and roll out of Encompass.

Well done Marie from all the Community OT Team in Downpatrick, we are very proud!

NEXT STEPS →

- To review the benefits for OT and its users of the use of technology
- To evaluate satisfaction levels.

Paediatric SLT digital journey: Who said it was 'virtually impossible'?

This project commenced September 2019 as part of the Trust's SQE programme. A team of SLT's explored the potential for delivering training online. This work gathered pace in March 2020 as face to face services were stepped down due to COVID-19 and we had to prioritise the need to identify digital solutions to ensure safe, high quality delivery of intervention services.

This project was supported by an existing culture for embracing digital progress. This is evidenced by our SLT Service being the first in Northern Ireland to ensure all clinicians had access to an iPad.



Our Children's and Young People Speech and Language Therapy (CYPSLT) Team were proactive in developing a digital response to COVID-19 which had two strands - these were **training** and **consultations**.

A number of diverse **training** packages were designed and delivered through live and recorded webinars and accessed by a range of service users and stakeholders within Trust and across the region. Delivery of virtual consultations including initial, review and therapy interventions replaced face to face appointments as appropriate. These were supported by utilising a range of resources including digital assessments and therapeutic apps.

Delivery of virtual training sessions enabled us to increase overall capacity and ensured efficient use of staff resource. Waiting times to access some of our training packages reduced from on average **4 - 6 months** to no longer than **4 weeks**. Virtual **consultations** have enabled service delivery to continue during the pandemic, avoiding increasing waiting times and ensuring access to the right care at the right time in the right place. Within one area of service delivery waiting time for intervention reduced from **15 weeks** to **2 weeks**.

Investing in our workforce is paramount to sustainability of our virtual services. We have achieved this through the development of support structures for our staff, including lunch and learn sessions, digital champions and tech buddies, alongside continued investment in technology and training.

On-going engagement with service users supports decision making regarding continuation of a blended approach to service delivery. **80%** reported they were happy engaging with teletherapy.

Prior to the project all areas of service delivery were face to face. Moving to a blended approach has supported us to maintain service users direct access to services, alongside managing waiting times.

Other benefits for our service users have included no travel, balancing health appointments alongside remote school learning and protecting those shielding.

90% of parents who attended their child's first appointment using zoom reported the appointment was helpful.

"I was able to discuss concerns regarding my child quicker than expected".

Throughout the project all innovative practice was evaluated and revised using QI methodology using PDSA cycles. Learning has been shared regionally through professional networks. The reciprocal sharing of innovative practice across regional SLT and AHP networks has led to further advancements within our digital journey.

Dietitians help identify nutritional issues affecting communities during COVID-19

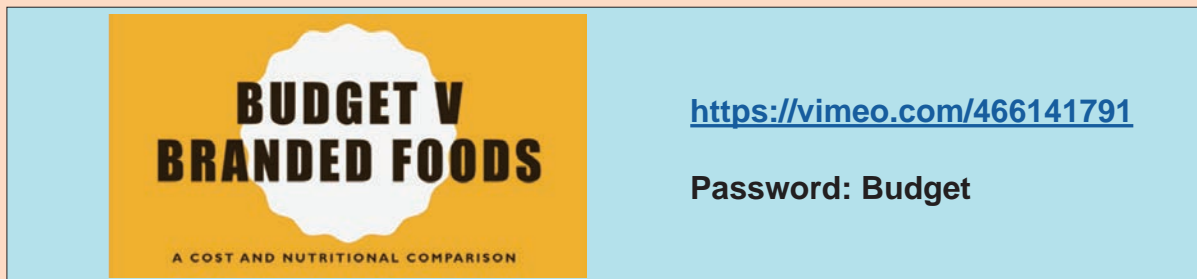
COVID-19 has impacted people's lives significantly, putting additional pressures on food choices, shopping and eating habits. As Public Health Dietitians we train tutors from statutory, community and voluntary organisations in a range of community nutrition education programmes (CNEP) and wanted to know what impact COVID-19 had on food choices and how best to support tutors and promote low cost food choices.

A Citizen Space Survey was designed and distributed during July 2020. It targeted organisations and tutors who had previously been trained in a range of CNEP from statutory, community and voluntary organisations. Respondents were asked to rank their nutrition education needs, if they had an interest in receiving support and interest in delivering a newly developed online version of CNEP's. Confidence in using technology was also explored.

122 responses were received. Tutors expressed a need for information on how to run online CNEP's for service users and support to facilitate these.

From October, 35 tutors from the Trust have been trained in the new virtual programmes and a suite of resources and recipes have been developed to support the delivery.

Our '**Budget vs Branded Food**' video can be viewed below:



BUDGET V BRANDED FOODS
A COST AND NUTRITIONAL COMPARISON

<https://vimeo.com/466141791>
Password: Budget



Regional Nutrition Webinars - December

Introduction to solids
Perfect for parents who are thinking about or have recently started introducing solids to their baby.
Wed 2nd Dec 9.30-11am
Sign up required. Register using the link below.
Link: <https://hkh-introsolids-dec.eventbrite.co.uk>

Top Tips for a Healthier Weight
Learn about healthy eating and lifestyle habits if you are overweight and want to lose weight or if you are looking to support someone in losing weight. We will discuss portion control, snacking, alcohol and takeaways.
Thurs 10th Dec 1-2pm
Link: <https://tinyurl.com/TTFHW-Dec>

Eating Well As You Age
This webinar is for anyone who is interested in finding out how to eat well in later life. This could be for yourself, a relative or friend.
Thurs 17th Dec 11-12noon
Link: <https://tinyurl.com/nutrition-olderadults>
Passcode: 531965

Mealtime and fussy eating tips
Tips from a dietitian on how to create healthier meal habits for the whole family, dealing with fussy eating and portion sizes for kids.
Wed 16th Dec 12-1pm
Link: <https://tinyurl.com/hkh-family>
Passcode: 531965

Other nutrition gaps identified were healthy eating and ideas for low cost family meals.

With an abundance of online information it's vital that evidence based nutrition information is provided and public health dietitians are ideally placed to do this.

A suite of free webinars have been developed to support the issues identified by the survey changing monthly and promoted through Public Health Agency and South Eastern HSC Trust social media channels. So far 375 people have connected.

NEXT STEPS →

- To evaluate the effectiveness of the online dietetic information
- To identify the uptake of the information available
- To identify the satisfaction levels of the organisations and tutors who had previously been trained in a range of CNEP from statutory, community and voluntary organisations.

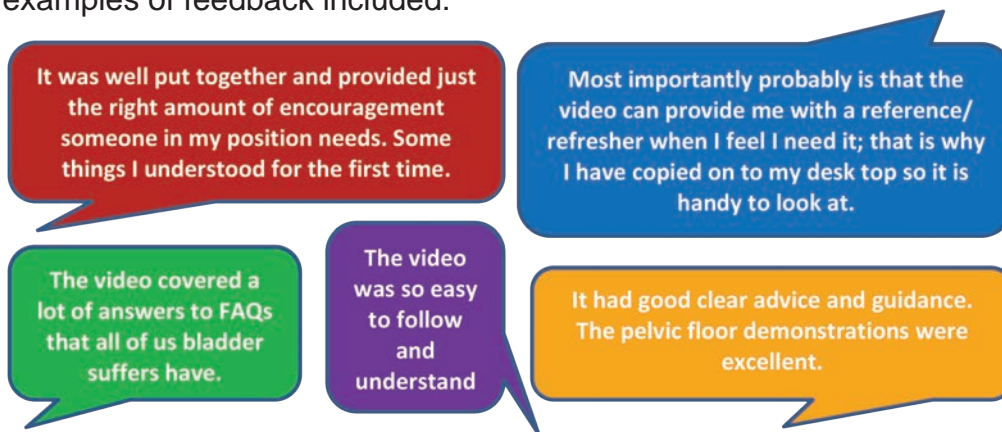
Pelvic Health Information Video

Information for women with bladder and prolapse symptoms made available in video format to supplement clinic appointments.

Initially all routine pelvic health physiotherapy appointments were via telephone due to the impact of the COVID-19 virus. There was increasing need for more online resources for our service users in the absence of routine face-to-face clinic appointments. Over the past months the team have been involved in creating an information video specifically for patients with urinary and/or prolapse symptoms. The first draft of the video was sent out to both staff and a small group of service users in the Autumn of 2020 for initial feedback.

Facts & Figures

- Feedback from service users was extremely positive. They felt the opportunity to avail of a resource they could replay in their own time and at their own pace was invaluable. It helped to improve retention of advice given and overall symptom improvement.
- Some examples of feedback included:



NEXT STEPS →

- Final editing to the video is being completed. Following this, the video can be rolled out to all new patients with the intention that eventually it could be uploaded to the Trust website.

Community Rehab Team Physiotherapy Exercise Library

A resource of exercise sheets has been developed for physiotherapists in the Community Rehabilitation Team to use with clients. The most frequently used exercises were added to the library with larger font, one exercise per sheet and clear pictures/instructions to be more user friendly for service users.

Facts & Figures



This is more efficient use of time for staff as they do not need to adapt all exercise sheets for individual use on the computer programme. The standardised sheet can then be referenced in the client records to accurately record home exercise programmes prescribed.

NEXT STEPS →

- To gain service user feedback on the exercise library
- To add further exercises to the library as identified by staff.

CYPSLT: Listen, Play & Talk - Parent Training Sessions via Zoom

Learning to talk is one of the most important and challenging things we learn to do as human beings. Many children under 3 years attending initial speech and language therapy appointments in community clinics present as 'late talkers'.

A 'late talker' is a child who is late to talk despite what seems to be otherwise typical development.

Late talkers may be at risk of:

- Poor academic achievement
- Lower self esteem
- Mental health issues.

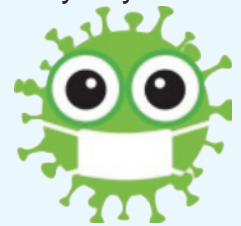


It is vital that these children receive timely intervention to minimise these risks.

The most appropriate and effective intervention for 'late talkers' is when parents are given strategies to support their child to develop their speech and language skills.

'Listen, Play & Talk' was designed for parent coaching, to provide concrete strategies that are easy for parents to understand and to put into practice, to support them to encourage the development of their child's speech, language and communication skills during every day activities.

From May 2019 this training was delivered face-to-face to parents across the 3 sectors of the Trust. However, in March 2020, the training had to be stepped down due to the global pandemic.



Despite lockdown, many children continued to attend for initial Speech and Language Therapy assessment through the use of virtual platforms, and as a result, our service needed to ensure we continued to deliver timely support and intervention for their parents.



To meet this need, the 'Listen Play Talk' coaching session was adapted so that it could be delivered virtually and by July 2020, our first parent coaching sessions were being offered via Zoom. These sessions continue to be delivered 2 - 3 times weekly.

Not only have we seen waiting times to access this training significantly reduce, but we have also seen a significant increase in the number of parents attending. Attendance has increased from between **52 - 67%** for face-to-face sessions to **88 - 100%** for zoom sessions.

To date, feedback received from our service users has been very positive.

NEXT STEPS →

- To evaluate satisfaction levels for the children, parents/guardians/carers and staff
- To consider if this form of service delivery should continue post COVID-19.

Podiatry Assistants Graduate with Distinctions

In December the two podiatry assistant students Danielle McCartan and Cathy Kelly graduated with distinctions following a long and arduous training programme which was consistently interrupted by COVID-19, lockdowns and redeployments. The whole Podiatry Team was thrilled to see Danielle and Cathy, under the expert tutelage of podiatry team lead Anne Macartney who is responsible for the Podiatry Assistant Practitioner Training Programme, get the recognition for all their hard work and pass their exams with flying colours.

Exam Success in Podiatry



We all know and appreciate the contribution our assistant practitioners make to each of our disciplines. They allow us to deliver patient centred care which is both responsive and adaptable and they make AHP's well placed to meet the current challenges of healthcare provision.

The training programme started in May 2019 and the exams were to take place 20 March 2020 but unfortunately had to be cancelled due to COVID-19. A revised examination date of 11 December 2020 was set when Cathy and Danielle rose to the challenge and did themselves and the Podiatry Team proud.

My name is Danielle McCartan



"I started my training in May 2019. I was nervous as I didn't know what to expect and the other podiatry assistant practitioners had started just before me.

I was overwhelmed by the in-depth content within the manual and what was expected from me. Unfortunately in March 2020 COVID-19 hit and my training was put on hold and I was redeployed and during this time it showed me how the podiatry assistant practitioner training offered transferable skills which showed me they were valuable within other areas of health care".

My name is Cathy Kelly

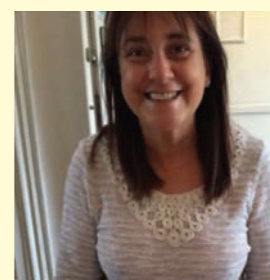
"I have worked in the Health service for the past 16 years. I started in the Ulster Hospital as a Nursing Auxiliary in Care of the Elderly where I learned many skills. Two years later I moved to the Delivery Suite to look after mothers in labour and helped them to care for their new-born babies. I was then transferred to the maternity ward where I worked until 2019.



I started my training as a podiatry assistant in January of the same year in the Diabetic Hub in the Ulster hospital. I spent lots of time observing in the Podiatry Clinic where most of the patients were diabetic. I really enjoyed the clinics. I learned a whole new computer system which included making appointments and looking up information for the podiatrist including x-rays and blood results.

In March 2020 I transferred over to Newtownards Hospital and Bangor Hospital, assisting in nail surgery and routine clinics and really enjoyed this. When the Coronavirus hit, like Danielle, I was redeployed and found that my skills were invaluable in other areas of health care".

Following their well deserved exam results both Danielle and Cathy want to thank Anne MacCartney the other podiatry assistants and podiatrists for their support.



Anne MacCartney

NEXT STEPS →

- Increase the role and the numbers of the PAPs so as to improve the skill mix and help address the workforce challenges faced by Podiatry.

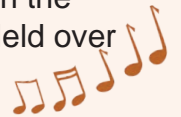
Pulmonary Rehabilitation News

The Trust has continued to expand their Pulmonary Rehabilitation Service, delivering exercise, education and self-management programmes for patients with COPD, Bronchiectasis as well as ILD specific rehabilitation. The team ran a pilot of Singing Rehabilitation in March and April. We have also rolled out our Post COVID-19 Syndrome (Long COVID) Programme.

What physio service do we provide?

We have continued to deliver online pulmonary rehabilitation for our clients, with over **300** referrals Trust wide across Down, Lisburn and North Down and Ards areas.

In March and April we ran a pilot in conjunction with the charity Everyday Harmony for 'Singing Rehab', a **6** week programme aimed at patients who had completed rehabilitation within the previous **6** months. The course was aimed at improving breathing control and mood. Held over zoom, with liberal use of the mute function, the class was universally well received.



This year, in response to patient need and waiting list pressures, we developed a Trust wide ILD specific rehabilitation, delivering tailored exercise and education pertinent to this patient group along with input from our Trust's ILD Specialist Nurse.

Our Long Covid Programme has utilised our core skills in helping patients dealing with the post viral complications of the disease. Education is aimed at self-management of breathlessness, fatigue, anxiety, cough and exercise, again offering tailored exercise programmes to take the steps towards increased activity and balancing the potential relapse of symptoms. So far we have had upwards of **35** referrals since inception.

Our physio service is offering programmes digitally.

Live pulmonary rehabilitation classes have run on the zoom communication platform since June 2020. These zoom classes can be complemented by educational videos which have been produced by Trusts across NI. The videos have been collated into a digital library which can be accessed and used by rehabilitation therapists in any Trust.



The 'new normal' - A Trust physiotherapist leads an online rehabilitation class.

Have these services replaced face to face contact?

To this point they have, however relaxing of restrictions have allowed our assessment clinics to return to face to face (F2F).

Relevant risk assessments and bookings are in place to see the imminent resumption of F2F classes, this will add to the menu of options available to patients, offering the best chance to optimise patient engagement and completion rates of this proven intervention and thereby patient outcomes as a result.

F2F, zoom and individual home exercise programmes will continue from summer 2021.

A patient testimonial from our Post COVID Syndrome Rehab

"This has been absolutely worthwhile doing. We have all felt that there was nothing out there for us; we'd been left to our own devices. The fear of what I'm experiencing and not knowing what to expect has been crippling, but the exercise here and what we learn in the education sessions has been brilliant and is helping me deal with it and feel positive again".

Mr. C (second cohort of PCS rehab)

NEXT STEPS →

- Completing a menu of the Pulmonary Rehab service options for patients
- Continue to engage with staff and user satisfaction.

New multi-disciplinary Paediatric Eye Clinic at the Downe Hospital



Meet the team:

Rebecca, Michael, Anne, Sonia, Susan, Grace and Gemma
New cross Trust Ophthalmologist Led MDT
Paediatric Eye Clinic at the Downe Hospital.

Wednesday 6 January 2021 saw the dawning of a new and exciting cross-trust Multi-Disciplinary Team commencing an Ophthalmologist Led MDT Paediatric Eye Clinic at the Downe Hospital.

The team includes a paediatric ophthalmologist, orthoptist, optometrist, nurse and OCT Optom/technician from the South Eastern and Belfast HSC Trusts enabling the delivery of a comprehensive one stop shop for children requiring specialist eye investigation, diagnosis and treatment.

The clinic also includes slots to deal with more urgent eye conditions organised through the Belfast Trust Paediatric Ophthalmology Priority Consultation Clinic (POPCC).

As with all new ventures, there will be some learning along the way but the feedback from parents was very encouraging.

NEXT STEPS →

To identify service improvements in:

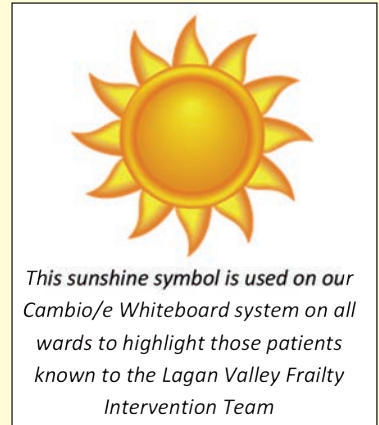
- Service access/refine the care pathway for multi-disciplinary eye care for children
- Show improved patient/parent/guardian satisfaction
- Further training and development of the team.

Lagan Valley Hospital Frailty Intervention Team

A newly established team looking after patients living with frailty in our acute hospital.

Why the need?

As highlighted by Professor Brian Dolan in the Last 1000 days campaign, it is a sad reality that despite the hard work of caring staff, patients, in particular our older patients, get stuck in hospitals. It would be fair to say that a significant number of these patients are in the last **1000** days of their life and these people and their loved ones do not have this precious time to waste. It is important that we minimise wasted time and prioritise our patients time.



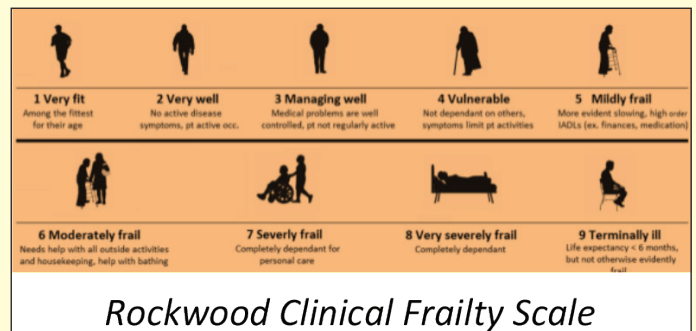
“As nurses, doctors, therapists or other people involved in the patient’s journey through the health system, we strive to do the best by patients on a daily basis. Sometimes we fall short because we are paying attention to the wrong thing - the system and processes we are used to, the way things are currently done and the time scales we have come to accept”.

(Professor B Dolan: Last 1000 days)

The Lagan Valley Hospital Frailty team is a small multidisciplinary team consisting of specialists from medicine; nursing; physiotherapy and occupational therapy that have advanced clinical skills in elderly care medicine. We strive to make our systems and processes work for our patients living with frailty so that their precious remaining days are not spent in hospital. Our aim is to proactively identify those patients who are aged over **75** years and living with frailty who have been admitted to our acute wards in Lagan Valley Hospital. We support our non elderly care trained colleagues managing the complex needs of this patient group.

How?

Staff who admit patients have been trained to use the Rockwood Clinical Frailty Scale (CFS) which is a **9** point scale to reflect the degree of frailty an individual is living with. Those patients who are scored **6** and above means they are moderately/severely frail or terminally ill and would benefit from input by the Frailty Team.



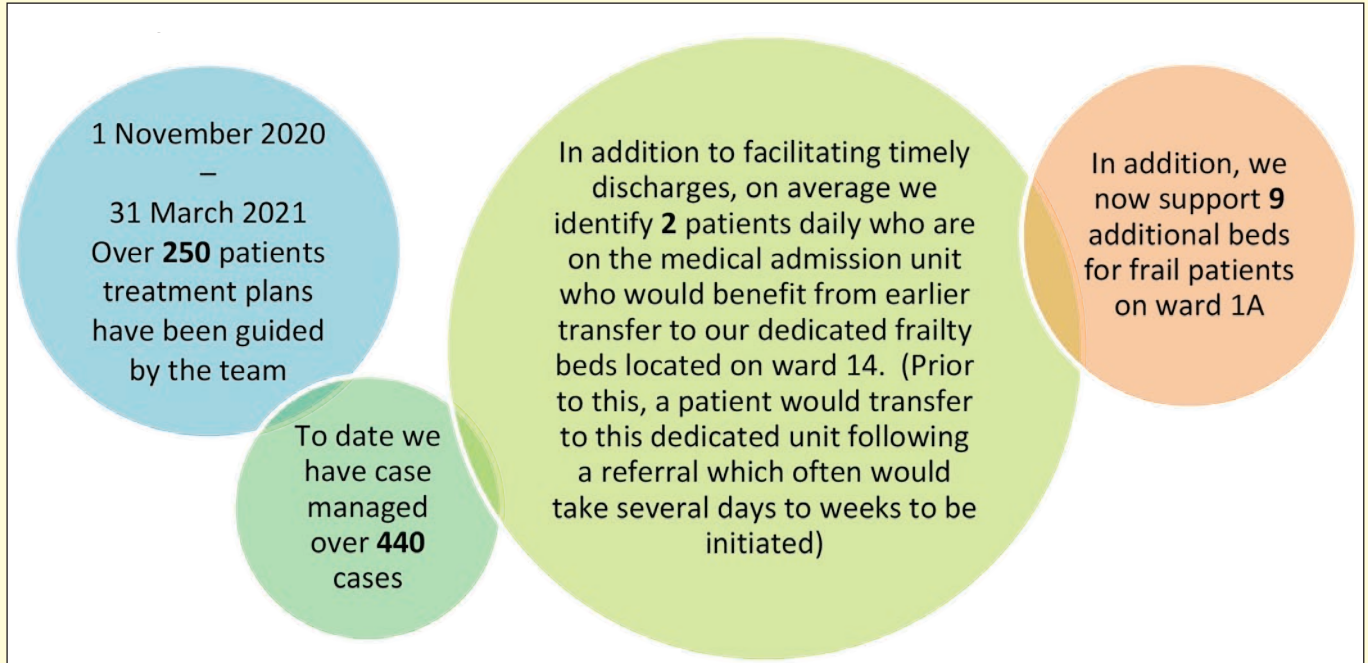
Usually these patients have been admitted with an acute presenting problem such as an infection, but their hospital stay often becomes quite convoluted because they often have complicated social care needs alongside multiple comorbidities and frailty syndromes.

Examples of frailty syndromes would be delirium, falls or taking multiple medications, which if left unaddressed put them at risk of adverse incidents, having poor outcomes and increased lengths of stay.

We undertake a Comprehensive Geriatric Assessment of these patients in order to formulate a person centred long-term plan to manage their needs; which, as per the NICE quality standards, could reduce the length of hospital stay and help people regain their independence sooner and maintain it for longer. (Quality standard [QS136], 2016)

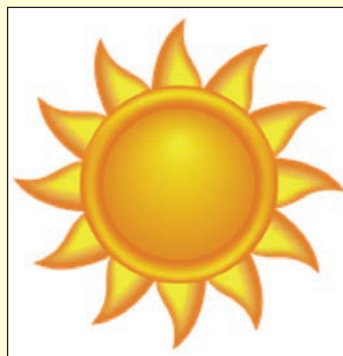
We identify and address issues very early on in the admission that may cause difficulties for that individual being able to return home in a timely fashion when their medical treatment has been completed. The ultimate aims are to reduce length of stay without sacrificing quality of care and most importantly respect our patient's wishes.

Facts & Figures



NEXT STEPS →

- Increase awareness of how to recognise frailty and improve all staff knowledge around this condition
- To establish efficient processes to further improve our patients' length and quality of stay in the hospital
- Establish our service and working relationships in all acute wards in Lagan Valley Hospital
- Expand our Frailty Service to provide direct access from primary care for Comprehensive Geriatric Assessment. This will be provided by our Clinical Specialist Multi-Disciplinary Team by increasing our existing Ambulatory Service (Frailty Hub).



Ambulatory Respiratory Hub Service – Physiotherapy Update

The first Ambulatory Respiratory Hub was established in the Ulster Hospital in 2017 and now offers a **5** day service.

In August 2020 a second Ambulatory Respiratory Hub was established in Lagan Valley Hospital which currently provides a **3** day service.

The primary aim of these Ambulatory Respiratory Hubs is to provide rapid assessment, diagnostics and treatment in an ambulatory setting preventing overnight admission and facilitating early discharge for acute respiratory patients. These hubs offer a rapid and flexible one stop MDT service for patients ensuring they receive the right treatment at the right time by the right person. Referrals are accepted from ED, wards, community Respiratory Teams and recently the service has opened up to Direct GP Access through CCG.

The Team:

The Ambulatory Respiratory Hubs are consultant led Multidisciplinary Teams which include advanced practitioner physiotherapists, specialist respiratory nurses, middle grade doctors and pharmacists. Currently we have **2** advanced practitioner physiotherapists working in the Ulster Respiratory Hub and **1** advanced practitioner physiotherapist working in Lagan Valley Respiratory Hub.



The advanced practitioner physiotherapists are non-medical prescribers and work independently within these hubs assessing, diagnosing and managing respiratory conditions, a role traditionally performed by middle grade doctors. Despite the impact and challenges of COVID-19, the Respiratory Hub remained open throughout the year providing access to specialist respiratory care for the most urgent patients.

All physiotherapists working in the team have participated in the recent New Models of Prescribing Project which involved using the HS21 Prescribing Pad for prescribing. This provided more timely access to urgent medications for patients as they can take the prescription direct to their local pharmacy.

Activity

- Of the **1700** new patients who attended the UHD Respiratory Hub between April 2020 - March 2021, approximately **800** were reviewed by physiotherapist rather than specialty doctor.
- Of the **521** patients who attended the LVH Respiratory Hub between August 2020 - March 2021 approximately **220** were reviewed by physiotherapist rather than specialty doctor.

How well did we do?



Is anyone better off?

- ED readmission rates reduced for asthma
- Patients receive rapid access to medical assessment when needed
- All patients attending HUB have access to MD assessment and/or treatment in one session so reducing need for multiple clinic attendances.
- Patient's reported they had a ***“better understanding of how to manage their condition”***.

NEXT STEPS →

- Expand Lagan Valley Hub to a **5** day service and recruitment of permanent advanced practitioner physiotherapist
- Currently piloting the use of EDAMS for hub referrals and data collection on service activity
- Establish direct GP referrals via the CCG system
- Treatment Bay for higher acuity patients with exacerbations of COPD, fibrosis, bronchiectasis once additional nursing and pharmacy support available.

Orthopaedic Integrated Clinical Assessment and Treatment Service (ICATS)

Waiting List Initiatives in partnership with Orthopaedic Services (December 2020 - March 2021)

Orthopaedic Integrated Clinical Assessment and Treatment Service (ICATS) allows seamless patient care through the ability to order, interpret and act quickly on investigation results, maximise conservative management, review and monitor complex and potentially deteriorating conditions with rapid access to secondary care services at the appropriate time.



Optimisation of non-operative care and utilisation specialist radiology imaging as part of the orthopaedic pathway within Orthopaedic ICATS by right person, right place, and right time maximises patient outcomes, increases consultant outpatient capacity, improves surgical conversion rates and leads to a major impact on waiting times.

Service developments working in partnership with Orthopaedics include co-located and virtual ICATS/Consultant Clinics allowing rapid access to surgical opinion with direct boarding of patients that have been fully worked up. Pre-surgical work-up through ICATS ensures correct identification of appropriate surgical candidates.

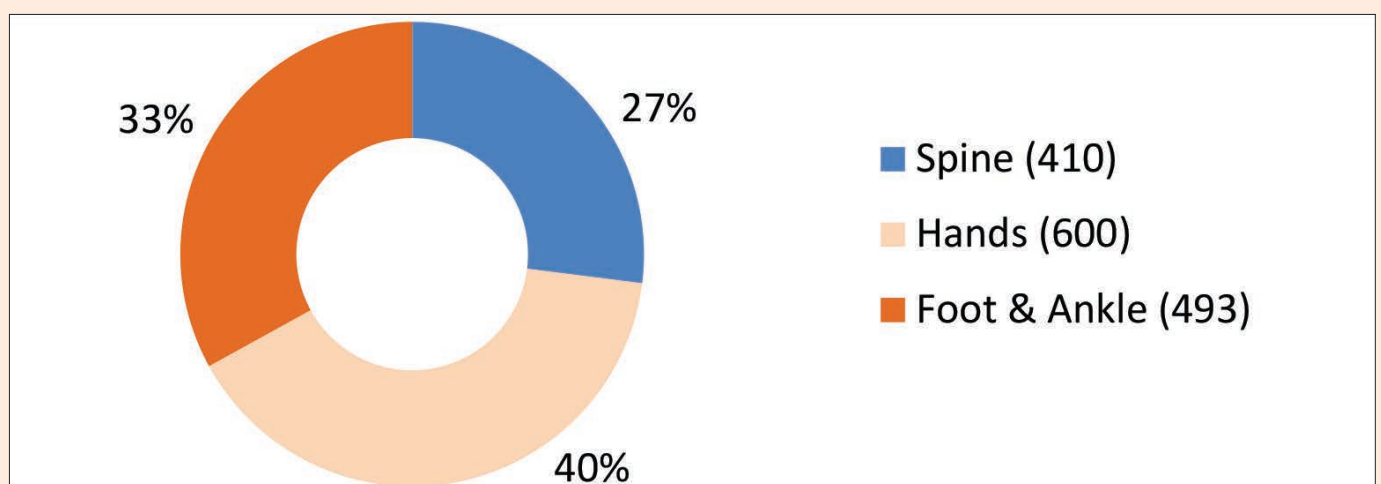
The Trust MSK Pathway works to ensure that referrals through the pathway are made at the appropriate time and ICATS are an integral part of this.

Waiting List Initiatives involving shoulders, elbows, hands, foot, ankle and spine following assessment, diagnosis and appropriate conservative management has led to a further reduction in the number patients awaiting surgical intervention.

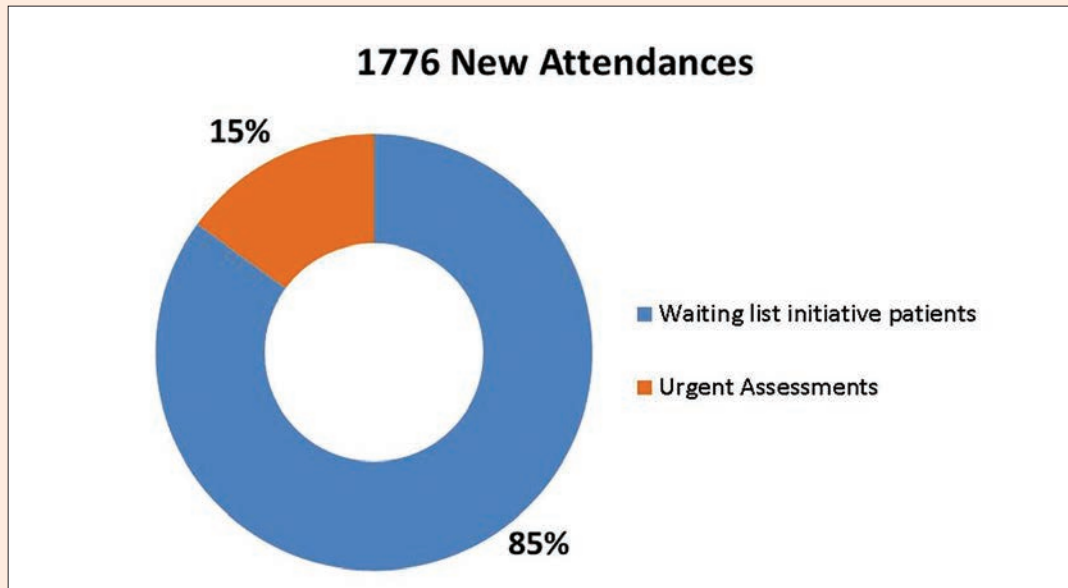
During 2021 a number of waiting list initiatives were undertaken between December 2020 and March 2021.

Facts & Figures

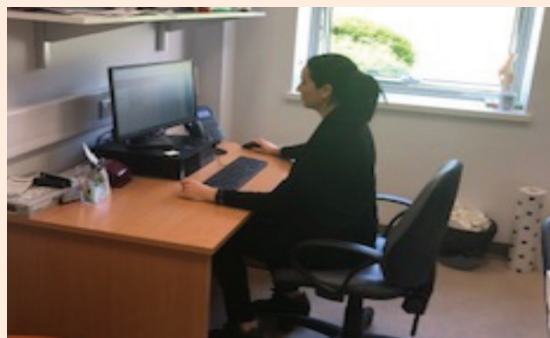
Waiting List Initiatives for Hands, Spine, Foot and Ankle Referrals (December 2020 - March 2021)



New Attendances (December 2020 - March 2021)



- **212** Virtual Spinal Clinic Attendances also occurred during the same timeframe
- **63%** of Waiting List Initiative was conservatively managed within ICATS
- Only **37%** of Waiting List Initiative referred to Orthopaedic Surgeons
- **100%** offered first appointment by end of March 2021
- **84%** Attendance Rate
- **62%** of hand referrals were not added to a Surgical Waiting list
- **56%** of Foot & Ankle referrals were not added to a Surgical Waiting list
- **84%** of Spinal referrals were not added to a Surgical Waiting list.



NEXT STEPS →

- Further waiting list initiative work will continue to concentrate on the current Orthopaedic Hand Waiting List to further decrease waiting times and will include enhanced partnership working with the Orthopaedic Hand Consultant and Occupational Therapy Hand Therapist
- Further evaluation of patient and staff satisfaction.

Enhanced Care at Home



'Transforming care...Improving lives...
People matter!'

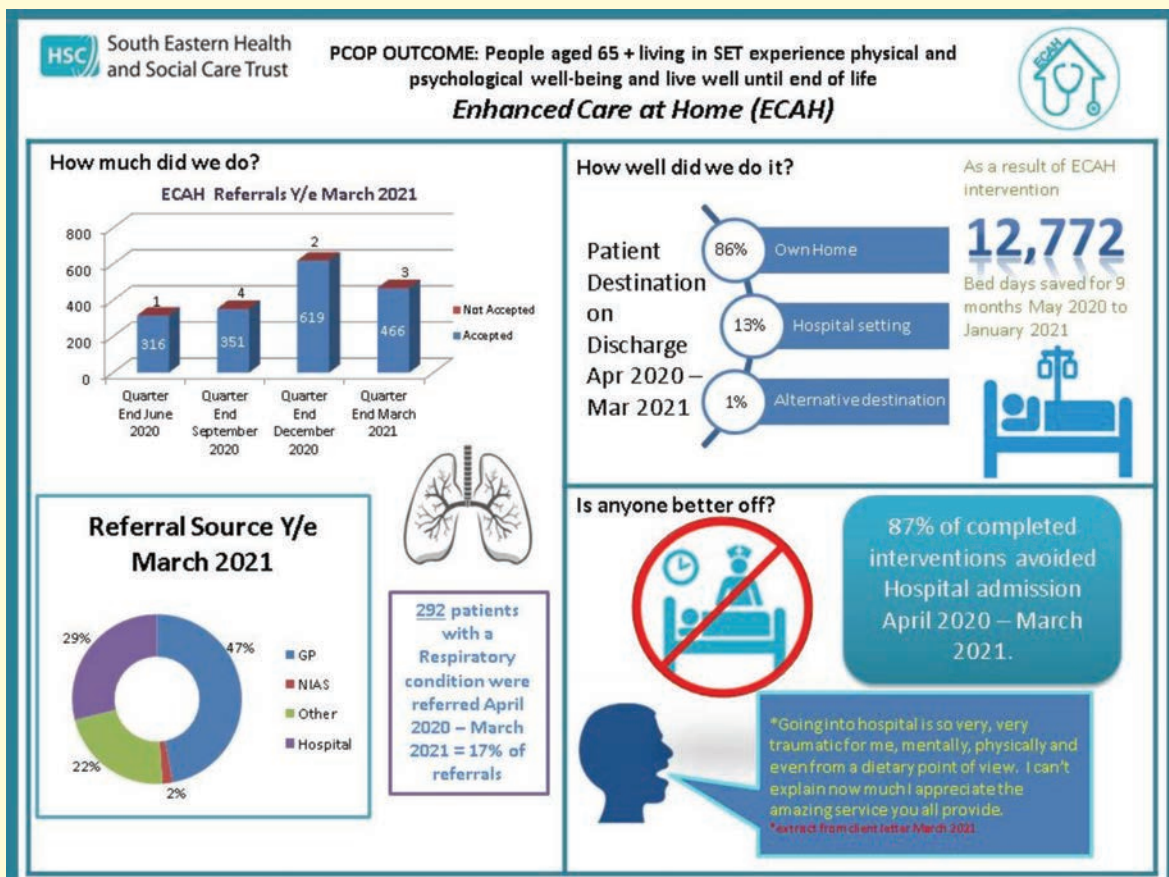


The Enhanced Care at Home Service (ECAH) has been developed through an Integrated Care Partnership (ICP) to provide person-centred care for acutely unwell individuals. It allows people to stay at home as an alternative to hospitalisation.

Additionally, it can facilitate an early hospital discharge. A person's need for therapeutics, assessments and monitoring are provided in the comfort of their own home with agreed goals and interventions.

Service Developments:

- The ECAH Service Delivery Model has been refined to reflect the different levels/tiers of care required; from GP (Tier 1) Care at Home; to consultant support (Tier 2 geriatrician, Tier 3 hospital consultant), all within a distinct team
- As a Multi-Disciplinary Team we now have two Band 7 physiotherapists, access to occupational therapists and a pharmacist working alongside our nursing teams.



NEXT STEPS

- We are continuing to develop our nursing staff to the level of Advanced Nurse Practitioner. We have two Band 7 Senior Nurses who commenced their Advanced Nurse Practitioner Course in September 2020
- Focusing on increasing our collaboration with Care Homes, with the support of GPs and the Multidisciplinary Team.

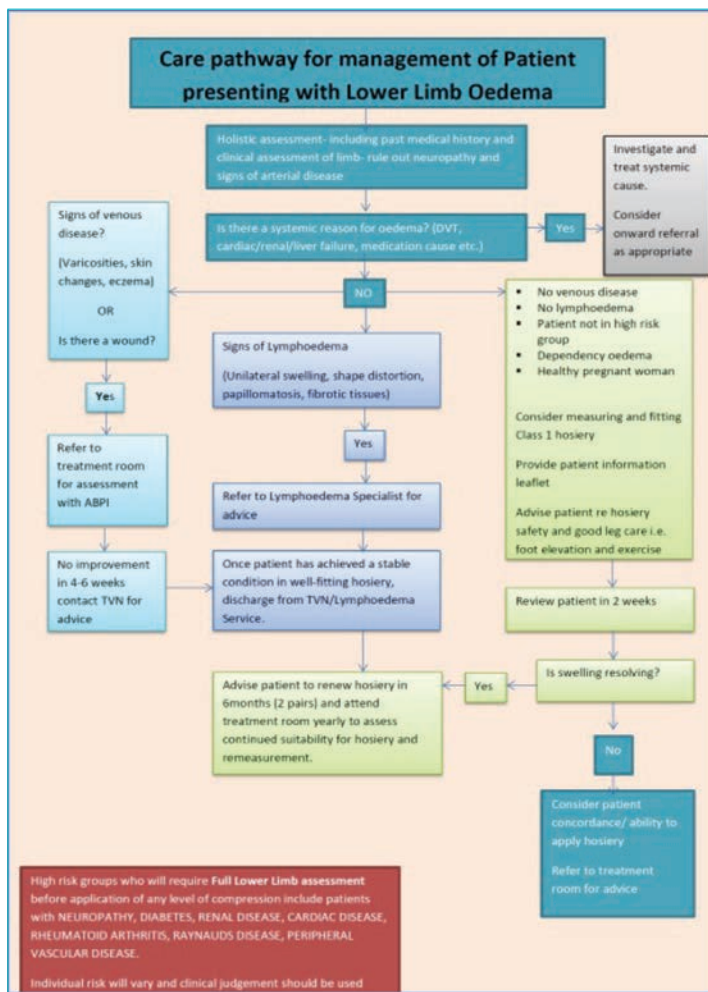
Healthy Legs Initiative - Tissue Viability and Lymphoedema Collaboration

The Healthy Legs Initiative is now in its fourth year, continuing to provide education and support to our colleagues in Primary Care.

Our aim is to promote early identification and management of lower leg oedema, to reduce symptom deterioration preventing hospital admissions due to cellulitis, development of leg ulceration or lymphoedema, as well as preventing the unnecessary use of diuretic and antibiotic therapy.

Facts & Figures

- 2020 saw staff in TVN and Lymphoedema Teams redeployed for several months. COVID-19 restrictions in all GP practices, aiming to reduce foot fall, prevented the running of any Healthy Legs Clinics. However, working alongside the GP's in the COVID-19 Assessment Centre in Ards allowed the Chronic Oedema Nurse, Vivienne Murdoch, to continue education and gain support from those not currently involved in the initiative
- Prior to the unfortunate halt in clinic delivery, **29** GP Practices had commenced Healthy Legs Clinics. Funding to utilise Trust treatment room staff to run the clinics, where practice nurses were unavailable, had delivered an increase of **17** more practices participating
- More than **370** patients have been offered appointments and have been assessed, educated and provided compression hosiery to prevent deterioration of leg oedema or venous disease
- Feedback from GPs in several areas has been very positive, and has been used to secure funding through Local Enhanced Service again for 2021/2022
- The Chronic Oedema Liaison Nurse role provides ongoing support to the nursing and practice staff involved in the Healthy Legs Clinics beyond the initial set up. As a point of support, the practices can contact her with more complex queries. She has revisited several clinics recently, supporting new staff employed through the Federation Practice Nurse initiative who will be delivering Healthy Legs clinics as part of their remit.



NEXT STEPS

- Restart clinics, and continue to recruit practices within the Trust where local capacity permits
- Audit Chronic Oedema Liaison Nurse input past initial clinic set up and continue links with AHP colleagues to promote service
- Continue to seek permanent funding options to permit continued running of this cost-effective and innovative service that delivers quality, preventative care to our patients/clients.

Mental Health Services for Older People (MHSOP)

Nightingale Challenge Northern Ireland, Global Leadership Development Programme

Ward 11, Lagan Valley Hospital Sister Katie Niblock is a current participant in this prestigious programme, designed to build and develop a cadre of strong, politically astute young nursing and midwifery leaders well positioned to play a full part in strengthening nursing and midwifery in Northern Ireland and beyond.

The current pandemic may have thwarted Katie's plans to travel to Canada to gain a deeper insight into global health perspectives on making a difference, but Katie has not let this hold her back. She has recently completed the United Nations Certificate on the 'Sustainable Development Goals', along with Institute of Healthcare Improvement modules on Quality Improvement and with the ongoing support of local and global mentors, is fully utilising her learning to make service improvements in her ward.



*Katie Niblock
Sister, Ward 11, Lagan Valley Hospital*



The benefits of this are already being felt, as the number of compliments on Care Opinion (Ward 11 being a pilot Trust site) regarding care and treatment is testament to.

We look forward to hearing *'What Katie will do next!'*

MHSOP Community and Hospital Teams

All the Community Teams across the service are to be commended for their flexibility, professionalism and willingness to go the extra mile. From nurses committing to training to allow them to deliver vaccinations to care homes, to all grades and roles of staff working tirelessly to support the Dementia Assessment Unit in Downpatrick and Ward 11 Lagan Valley Hospital at the very start of the pandemic, the ethos of collective leadership in action has been very evident.

Dawn McCullough
Cognitive Behavioural
Therapist



Brenda Arthurs,
Assistant Director,
assisted with
the community
vaccination
programme



MHSOP appointed a new Cognitive Behavioural Therapist to the team. Dawn McCullough joins the team improving access to improve Psychological Therapies for older adults. Dawn took up post in Newtownards in July 2020 having previously worked as a Community Mental Health Nurse within MHSOP. She obtained a PG Diploma in Cognitive Behavioural Therapy from Queens University in 2018.

Throughout MHSOP all the Community Teams are working on enhancing and developing their professional skill bases. This has ranged from SPIRIT training, which focuses on cognitive-behavioural therapeutic outcomes, to Northern Ireland Social Care Council post-qualifying Initial Professional Development Consolidation and Leadership and Strategic Awards.

MHSOP Early Psychological Interventions Prototype

This partnership with the Down Multidisciplinary Team (MDT) Implementation programme aimed to support people living with dementia and older people with mental ill health to receive timely, appropriate, evidence-based support and interventions.

CLEAR©

One small team consisting of a Community Psychiatric Nurse (CPN), Speciality Doctor (PT), administration support and a steering group, tested the **CLEAR©** Dementia Care Model within **3** private nursing homes in the area.

Bespoke training was provided for all staff in the homes and also offered to all visiting professionals. Relationships were built with on-site support, information, leaflets and advice.

Referred residents underwent a comprehensive and holistic person-centred assessment to help understand behaviours in the context of their own home.

South Eastern Health and Social Care Trust

OUTCOME 4: We enjoy long healthy active lives
 OUTCOME 8: We care for others and help those in need
 PCOP OUTCOME: People aged 65+ living in SET experience physical and psychological health and live well until end of life

MDT Down Interface with Secondary Care - MSHSOP Report Card:

The MHSOP Early Psychological Interventions prototype aims to support both people living with dementia and older people with mental ill health, to receive timely, appropriate, evidenced based support and interventions.

Dementia Care
 Using the CLEAR methodology for people living with dementia in three care facilities, we aim to bring about the most positive outcome for residents, families and care staff through person centred assessment and interventions. The three facilities in the prototype are from across the MDT clusters; Oakridge in Ballynahinch, Greenvale in Castlewellsan and Ringdufferin in Killyleagh.

- work with families and carers there to develop their understanding of dementia and find effective ways of working with behaviours that challenge.
- collaborate with the care home staff and other professional colleagues involved through support, consultation and training in the assessment of behaviours that challenge to use CLEAR methodology to formulate recommendations for interventions together.
- Individual assessment, interventions and review should take place where the person resides and reduce the need for hospital appointments or hospital admissions.

Mental Health and Older People
 To improve access to psychological therapies for older people by working closely with the MDT mental health practitioners and other professionals to standardise the service model and integrate the delivery of psychological therapy for older people across primary and secondary care.

- improve access to evidence based psychological therapies for older people matched to the persons need at an early point in time and at the right level of intervention.
- improve and develop a standardised pathway for older people based on a stepped care model.
- Measure and capture outcomes throughout using validated outcomes tools.

South Eastern Health and Social Care Trust

OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES
 OUTCOME: WE CARE FOR OTHERS AND HELP THOSE IN NEED

Reporting Period: Nov-Dec 2019

'Dementia Awareness and CLEAR Training'

How much did we do?

Dementia Awareness Training sessions delivered

RingdufferinNH	4
Greenvale NH	3

CLEAR Training sessions delivered

RingdufferinNH	2
Oakridge NH	6

How well did we do it?

Training uptake

Dementia Awareness	CLEAR Training
RingdufferinNH 65%	RingdufferinNH 23%
Greenvale NH 19%	Oakridge NH 95%

Training scheduled for March 2020 for DOWN Social Care staff following interest after presentation

Is Anyone Better Off?

Participants in CLEAR Training (77 participants) and Dementia Awareness Training (66 participants) were asked the same 5 questions pre and post training to gauge their knowledge and awareness of Dementia. They rated their knowledge on a scale of 1 (no knowledge) to 5 (A lot of knowledge)

Question	Pre Training	Post Training
Awareness of different types of Dementia	3.4	4.9
Awareness of different symptoms of Dementia	3.3	4.9
Knowledge of ways to effectively communicate with a person with Dementia	3.5	4.9
Knowledge of what may cause behavioural symptoms of Dementia	3.3	4.9
OVERALL knowledge of behavioural and psychological symptoms of Dementia	3.2	4.8

Cognitive Behavioural Therapy

Research shows that older people commonly suffer from depression or anxiety but are less likely to be referred for talking therapy, even though they are more likely to benefit than younger adults.

Cognitive Behavioural Therapy (CBT) is an evidenced based talking therapy recommended by National Institute Clinical Excellence (NICE) for treating depression and anxiety disorders which involves the client and therapist working together towards an agreed plan to get well and stay well for the future.

A dedicated CBT therapist worked with this client group taking into account the difficulties this group can have accessing psychological therapy for a variety of reasons including co-morbidities and transport issues.

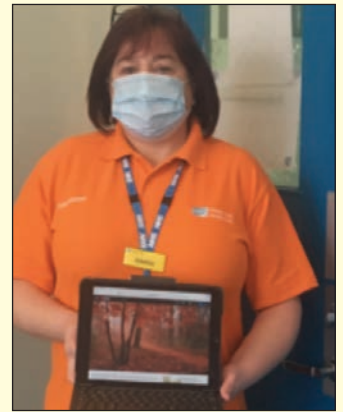
The prototypes were both shortened due to the pandemic however excellent work was achieved and partnerships made ready to build upon further.

Dementia Companion Service

The overall purpose of the dementia companion role is to enhance the safety and experience of patients living with dementia who are admitted to an Acute Care Ward.

COVID-19 has been especially challenging for our elderly patients admitted to hospital with acute confusion, delirium or dementia. Restricted visiting has meant our patients do not have the comfort and support from loved ones.

In 2020 the Trust purchased iPad devices for all dementia companions to assist with meaningful activity, reduce isolation and facilitate virtual visiting.



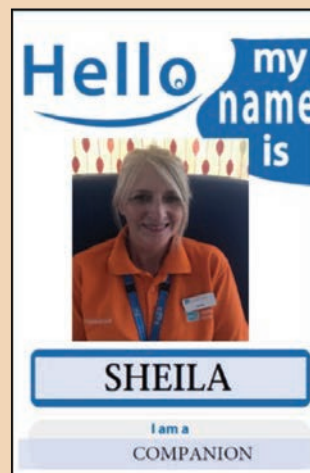
During the pandemic, staff have been wearing protective equipment. This can be frightening for the person living with dementia. These images were created to support effective communication and reduce anxiety with our hospital dementia patients.



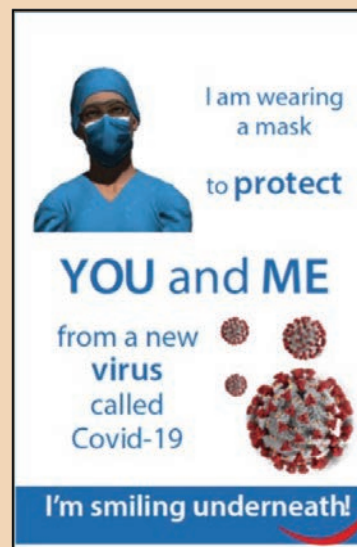
©KathyCann



www.aphasiafriendly.co



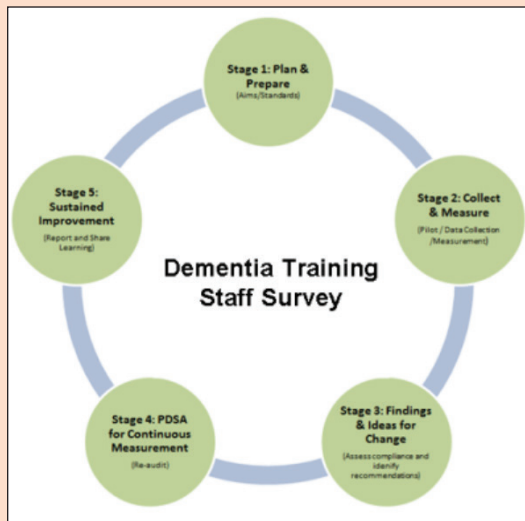
Sheila (Ward 14)
Dementia Companion
Lagan Valley Hospital has gone over and above in helping us liaise with a patient in your care. Face Timing, washing hair and talking to the patient making their stay so much more bearable.



Dementia Learning and Development Framework



Dementia Training and Awareness



The NI Dementia strategy (2011) and the values and principles which underpin it have been informed by the views of people with dementia and their families.

A key message is that there needs to be better awareness of dementia among the general population, those who provide services to the public and in particular, those who provide health and care services.

The knowledge and skills of the staff involved in caring for people with dementia, whether in services specifically designed for people with dementia or in more general services, are a key element in improving services.

Action on staff training and development is included in the strategy action plan.

A key priority within the Trust is to provide high quality, compassionate, person centred dementia care.

As part of developing Trust Dementia services, a Trustwide staff questionnaire was developed by the Dementia Service Improvement Leads and conducted in November 2020. The aim of the survey was to identify staff training needs and inform the direction of a Dementia Training Action Plan incorporating the tiers of the Dementia Learning and Development Framework.

The Dementia Learning and Development Framework (2016) outlines the core themes in terms of the knowledge and skills that health and social care staff require in order to interact and respond sensitively to the needs of people living with a dementia their families and carers.

- **612** Trust wide staff responded
- **86%** of staff felt that dementia training/awareness was important within their role
- **82%** of staff strongly felt they would benefit from more education/information/support on caring for patients with dementia
- **24%** of staff were aware of the Dementia Learning and Development Framework
- **70** Trust staff expressed an interest in taking part in a staff dementia training focus group.



Level 2 Certificate in Dementia Care

Trust staff currently working within acute dementia care, including the dementia companions, commenced Level 2 award in Awareness and Certificate in Dementia Care City and Guilds.

City & Guilds is the UK's leading provider of vocational qualifications. Our **8** Trust staff will complete their training in 2021.

This course will equip them to deliver high quality person centred dementia care within the hospital setting.



ECHO Project

Project **ECHO** is a successful initiative to offer sharing of information, training and support networks throughout the Trust.

As part of the Trust COVID-19 Community Nurses/Nursing Home **ECHO** Programme April - June 2020, Fiona Rooney and Tracy Kane (Dementia Service Improvement Leads), in partnership with MHSOP medical and liaison colleagues, delivered information sessions to support care staff in understanding and responding to changes in behaviour in people with dementia during the COVID-19 Pandemic.

Website: <https://echonorthernireland.co.uk>



Digital Technology within Dementia care - Apps4dementia

The Apps in the apps4dementia library are grouped according to the different categories seen below.

Icons	Categories	Applications
	Information & Guidance	
	Carer Support	
	Active Minds	
	Communication & Memories	
	Staying Well & Keeping Calm	

Digital health is transforming health and care services to be more efficient and patient centred.

Health Apps can make a practical difference to people living with dementia and their carers.

Apps4Dementia have been approved and launched by Northern Ireland's Health and Social Care Board and in 2020 they were added to the Trust Apps Catalogue.

The Apps are currently promoted by our Trust Dementia Navigators and Companions.

The majority of the Apps included in the library are free to use and available for staff on the Trust iconnect site.

Apps4Dementia library: <https://apps4dementia.orchs.co.uk>

Digital RITA (Rehabilitation and Interactive Therapy Activities) in Acute Hospitals



Research has shown that patients living with dementia or other similar cognitive impairments, need an opportunity to engage with meaningful activities and entertainment and this is difficult to provide within an acute/community hospital setting.

Digital Reminiscence Software will enhance staff/ relative engagement of elderly patients, particularly those with Dementia. The Digital **RITA** System provides libraries of music, videos and photographs that are familiar to the current generation of patients.

This approach to stimulation and engagement helps improve health, wellbeing and the quality of care received and provides a positive patient experience.

There is a significant challenge for people with dementia who need to be isolated from others because they have COVID-19 or because others are infected. The person may not understand that they need to stay in their room which will add to their distress and anxiety.

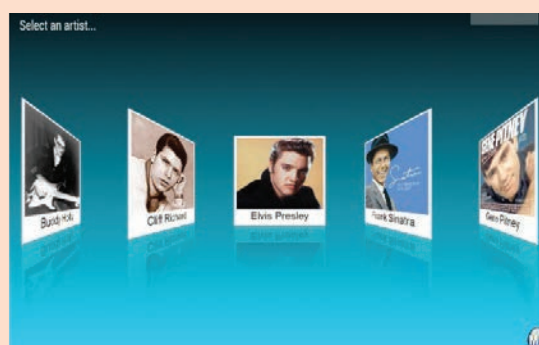
RITA can assist with reduced isolation and meaningful activity.

Patient/carer/staff benefits of **RITA** system.

- Reduces isolation through activities
- Increased hydration and nutrition
- Reduction in medication
- Reduction in fall rates
- Collage and Life Story Building - aids person centred care
- Relatives can become involved and learn more about the person through the collage and life story
- Infection control compliant - ward activity resources have been reduced due to COVID-19 restrictions
- The system also assists with freeing up ward storage
- Promotes interaction with staff and family/friends, during visiting restrictions use of online
- Interaction with relatives will maintain communication and enhance patient/staff and family experience.



In response to the challenge of COVID-19, the Trust has invested in the purchase of **6** Digital **RITA** systems in acute hospitals.



Advanced Nurse Practitioner MHSOP

Congratulations to Emma McCay who successfully completed her MSc Advanced Nurse Practitioner (ANP) - Older Adult Pathway/ MHSOP.

The commissioned course is full time study at Ulster University and includes **3** clinical days and **2** study days over **2** years to achieve ANP competencies alongside Clinical Practice Supervisor Prescribing course is required to be eligible.

This is an exciting opportunity for nurses who wish to progress clinically rather than follow management pathway.

Trainees and ANPs wear grey scrubs in the acute hospitals - stop and ask us more about the course if you see us!



South Eastern HSC Trust Partnership working with Alzheimer's Society

Alzheimer's Society Carer Information and Support Programme (CrISP) aims to improve the knowledge, skills and understanding of people caring for someone living with dementia by providing effective support and up to date and relevant information.

The programme is delivered over **4** sessions - topics covered include:

- Understanding dementia
- Providing support and care
- Legal and financial matters
- Coping day to day.

A follow-up programme, CrISP 2, is available for carers who have been caring for a person with dementia for some time.

The programme is open to anyone caring for someone with dementia within the South Eastern HSC Trust area. Due to Coronavirus restrictions, the programmes are currently delivered by Zoom.

Alzheimer's Society dementia support workers continue to provide support within the Trust area to those who would have accessed group services and dementia support visits, providing person-centred support through phone, email and video conferencing.



The Side By Side coordinator and volunteers are in regular contact with service users, providing on-going support, and signposting and referrals to other services where appropriate.

During 2020/2021 Trust wide referrals:

- **38** Carer Information and Support Programme (CrISP)
- **124** Dementia Support.

Dementia Friendly Status

A key priority within the Trust is to provide high quality, compassionate, person centred dementia care.

All 3 Trust acute hospitals are working towards achieving dementia friendly status.

There are significant areas of good practice in dementia care throughout the Trust to improve the patient experience examples of dementia friendly initiatives. These include:

- Dementia friendly design use of colour and contrast, signage/way finding, flooring, use of artwork, sensory gardens. The principles of the Stirling Design for Dementia guidance has been applied to all signage throughout the buildings and going forward incorporated in all new builds Trustwide
- Kings Fund Ward Environmental Audits to inform improvements/orientation
- Dementia Companion Service
- Use of assisted technology/meaningful activity/Digital Reminiscence Therapy/RITA
- Butterfly Scheme
- Johns Campaign/virtual visiting
- What Matters to You/Reach/All About Me Person Centred Care
- Yellow staff name badges
- Staff training/awareness/e learning/virtual dementia bus/Dementia Learning and Development Framework
- Dementia Champions
- Carers support/CRISP Alzheimer's Society information sessions/Dementia Advocate Service
- Easy read information/service feedback evaluations
- Quality Improvement Projects Falls/Delirium
- Protected mealtimes/coloured crockery
- Co-production with Dementia NI to Develop Dementia Companion Leaflet
- Partnership working with people living with dementia, voluntary sector and carers to develop future dementia services.



Collaborative Working to establish COVID-19 GP Assessment Centres



COVID-19 GP Assessment Centres were established in response to GP's not being able to open their surgeries to patients suspected of having COVID-19 viral infections.

Initially, Specialist Nursing Teams were redeployed into **3** COVID-19 GP Assessment Centres established in Ards, Downe and Lagan Valley Hospitals.

Team leads of each of the specialist nursing services continued to monitor any urgent patients' calls while all other staff transferred into the COVID-19 Centres.

By 1 April 2020 the centres were fully functioning seven days per week from 8.00am - 10.00pm, staffed by GP's, nurses, administration staff and paramedics.

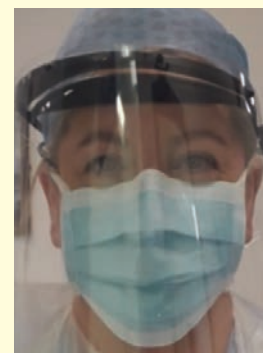


Table 1 outlines the number of referrals throughout the year to the **3** COVID-19 GP Assessment Centres.

From April 2020 to March 2021, the Trust Centres managed a throughput of **6641** referrals:

- Ards Hospital - **4,094**
- Downe Hospital - **744**
- Lagan Valley Hospital - **1,803**.

Table 1 **COVID-19 Hubs April 2020 to March 2021**

Month	Ards	Downe	Lagan Valley	Total
Apr – 20	228	51	140	419
May – 20	352	59	94	505
Jun – 20	242	32	54	328
Jul – 20	213	24	54	291
Aug – 20	266	54	105	425
Sep – 20	430	68	202	700
Oct – 20	460	69	217	746
Nov – 20	413	76	189	678
Dec – 20	419	74	188	681
Jan – 21	502	109	198	809
Feb – 21	289	50	184	523
Mar - 21	280	78	178	536
Total	4094	744	1803	6641

Table 2 outlines the breakdown of acute, urgent and routine patients attending the centres.

There were **845** patients that required onward referral to Emergency Departments or admission to secondary care.

The remaining patients returned home, some with onward referrals to other community services and some requiring no further intervention.

Table 2 **COVID-19 Hubs April 2020 to March 2021**

Latest Priority	Total
Acute	97
Routine	5384
Routine (Triage Within 1 hour)	15
Routine (Triage Within 6 hours)	7
Urgent	1132
Urgent (Triage Within 20 minutes)	5
Urgent (Within 2 hours)	1
Grand Total	6641

NEXT STEPS →

- Accommodation- requires decision for long term arrangements to be taken as current premises borrowed from other departments
- Specialist nurses have returned to their own teams and the service is now staffed through the Nursing Bank.



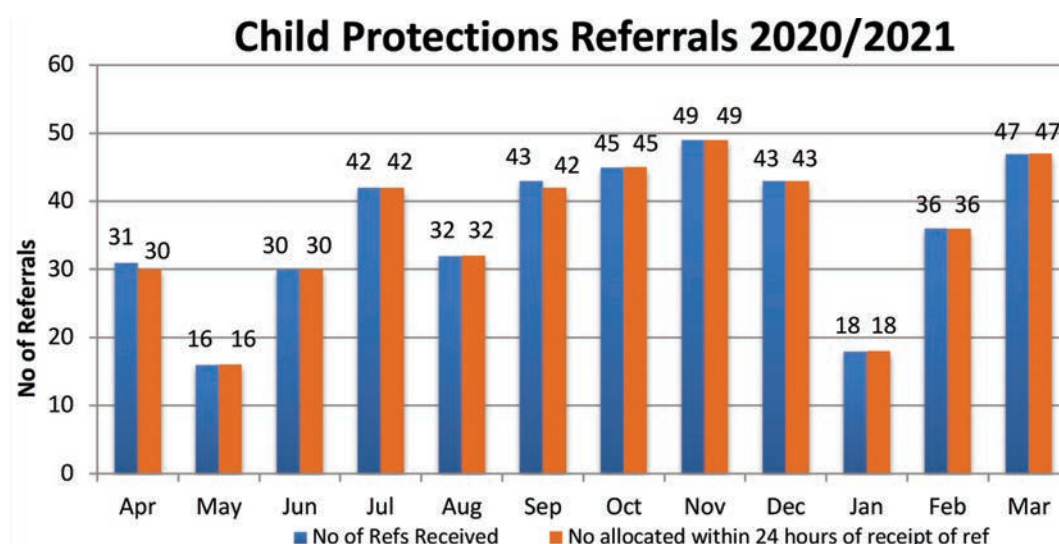
Protecting Children at Risk

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’s Single Point of Entry (SPOE) Team for triage before being allocated to the Gateway Service. This process makes it easy for professionals or public to make a referral and ensure a timely response by social work staff who assess the level of risk to children.

Facts & Figures

In this reporting period **99.5%** of children or young people were seen within **24** hours of a child protection referral being made. This target was reached during the COVID-19 Pandemic.



Children’s Services Family Support Hubs

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

Short term interventions are offered to parents, including behavioural support and establishing routines as well as direct work with children around issues such as anxiety. The Hub also provides signposting to voluntary and community services (including YMCA, Barnardo’s, Action for Children) that support families in their local area.



Support was offered throughout the pandemic on a remote basis.

In 2020/2021 the Trust provided support to **1249** children and families through the **3** Family Support Hubs. This is a slight increase of **61** on the previous period.

In 2020/2021 emotional behaviour difficulty for primary school children was the **main** reason for referrals at **377**, which has been the trend over recent years.

Emotional and behavioural difficulty for post primary children was the **second** highest reason for referral at **207**. An increase in those referrals has been noted since lockdown lifted.

NEXT STEPS

- The next step for the Family Support Hub is to continue to rebuild services following COVID-19. This will involve increasing face to face contacts. Learning from the COVID-19 experience will be developed to improve and streamline supports to families.

Looked After Children

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

In this reporting period **90.4%** of children who are cared for by the Trust were reviewed within regionally agreed timescales. This is a decrease from **93.9%** in the previous period. An exploration of the causes of the increase in the amount of reviews **not** completed within timescale has highlighted COVID-19 as the main cause.

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.



Staff in Leaving and Aftercare Teams, residential homes and Child and Family Teams have been trained in the use of the MOMO App this year.

14 young people have used MOMO in preparation for their review meetings.



NEXT STEPS

- Build on the use of MOMO within the Leaving Care Teams to include pathway reviews for young people aged 18 - 21 years
- Integrating MOMO usage as part of a participation strategy for children and young people in residential care and Leaving Care and Aftercare, learning from the experience of other jurisdictions / local authorities in GB
- Establish real time feedback from young people using the app.

Ensuring Permanence Plans for Looked after Children

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

This Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.



Permanency Planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved. Achieving permanence for children in care in a timely fashion is overseen by the Trust Permanence Panel which is held **twice** per month.

The provision of concurrent care continues to support children through the achievement of early permanence; this enables children to be placed with prospective adoptive carers whilst rehabilitation to birth families continues to be assessed.

In this reporting period **100%** of all looked after children in care for more than **3** months have a Permanency Panel Recommendation.

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

The Trust has continued to develop Post Adoption Support Services in line with transformation funding.

During the reporting period the Trust provided post adoption social work support to **79** adoptive families, an increase of **18%** on the last reporting period. The Trust has also supported adoptive families in 2020/2021 through the provision of training with adoptive parents all availing of online training places due to COVID-19 restrictions. The level of contact post adoption, facilitated by the service, increased by **20%**.

There have been **no** adoptive placement disruptions during this reporting period, again highlighting the benefit of the on-going support and interventions from the Adoption Service, including the clinical psychologist, whose role is now embedded within the service.

NEXT STEPS

- The Adoption Service will continue to promote positive adoption assessment through the integration of Clinical Psychology Advice Clinics for social workers
- Post Adoption Service Delivery will continue with the development of groups for adoptive families working in collaboration with other local agencies.

Adult Safeguarding & Adult Protection



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

There are many vulnerable people in the community and those who are most at risk of abuse, neglect or exploitation should have in place adult protection plans following investigation.

Facts & Figures

In 2020/2021 **43%** of adults referred for investigation and identified as at risk of abuse, neglect or exploitation, during the year had an Adult Protection Plan in place at 31 March 2021.

The Trust had a total of **465** referrals which was an **8%** decrease on the previous year. While the number of referrals decreased the Trust increased the number of adult protection investigations completing **259**, which represented an **11%** increase from the previous year.

Physical abuse remains most prevalent form of abuse reported with **207** (**4%** increase), followed by sexual with **105** (**31%** decrease) and then financial with **58** (**28%** decrease) on the previous year.

Following a relaxing of restrictions the Trust saw an increase in the number of domestic violence referrals which accounted for the increase in the number of physical abuse cases managed by the Adult Protection Service.

NEXT STEPS

- The newly established HSCB Interim Adult Protection Board plan to review current adult protection arrangements and develop new multi-agency adult protection procedures. The Trust will contribute to and implement the transformation changes as directed by the Regional Interim Adult Protection Board
- Department of Justice introduced Domestic Homicide Reviews (DHRs) to Northern Ireland during 2020. The Trust will participate in multi-agency DHR panels, when required, to help prevent future deaths and is currently developing internal processes for management of DHRs should a domestic homicide occur in the Trust area
- The Trust secured HSCB funding to develop 'Challenging Poor Practice' training material to support staff to challenge poor practice when they see it. Upon completion a programme of training will be developed.

Carer Support



The Carer Support Service is a central point of contact for carers to receive advice, information, signposting and referral to other relevant services within the Trust, voluntary and community sector.

The Carer Support Service in the Trust continues to support carers through a number of initiatives including carer information sessions, wellbeing events, activities and short break programmes.

The Carer Conversation Tool continues to be used in Adult Services to assess carer need. Many of these conversations have taken place by telephone or by online zoom during the COVID-19 crisis and carers have noted appreciation of the ongoing support.

During this period **1470** carers were offered individual care assessments, a decrease of **9%** in offered assessments and a slight decrease of **3%** in completed assessments. This can be attributed to the effects of the pandemic with no staff visiting homes and some carers declining formal assessments by phone. There are still challenges with the numbers of assessments declined and these figures remain high.



The Carer Support Service continued to provide support for carers of all ages throughout the Trust area during this pandemic. Support emails have been sent out on a regular basis to those on the Carer Register and information, wellbeing and various support events have been facilitated by zoom and have included activities such as cookery, craft, yoga, boxercise, sketching, historical talks. Materials and kits were delivered to carers before sessions. The Service also organised information and support sessions exploring anxiety, coping skills, resilience, carer rights and self-advocacy.

Quotes from our carers

Loving the class and delighted with all the art materials, grateful for all your effort in providing these wonderful classes and helping to keep us sane and trying new things

It's been an opportunity to meet new people through a new adventure

Really enjoyed the Chi Me, for someone who doesn't exercise I thought this was a great way to start to move; the mindfulness side of it was really beneficial

It's nice to know someone cares for the carers

Thank you for the wonderful quiz, we really enjoyed it and the whole family was able to join in

These sessions are a good reminder that we need to look after ourselves in order to carry on

I did my first yoga session yesterday and it was life changing for me! Can't wait until next week

What a great lift the whole experience was in the tedium of lockdown

Huge thanks for setting these sessions up, they have been a bright spot in a very long year of lockdown

Many thanks for the gardening and zoom classes, I really enjoyed them

Initiatives



The Service has distributed approximately **1,300** Carer Take Care Bags to carers throughout the Trust area. This contained up to date information on supports for carers and items to encourage carers to take time out to maintain their own health and wellbeing.

Feedback from carers included:  Carer Support



“What a lovely surprise this morning to find the ‘Take Care Kit’ at the front door. Thank you very much for this. I know how much work goes into organising this and I really appreciate it. I never cease to be amazed at what you two women do for the whole of the Trust. These wonderful gestures make coping in this pandemic that bit easier”.

“Just wanted to thank you for my ‘Take Care Kit’ that arrived this morning, I was so thrilled to receive it, it brought a tear to my eye to think that someone had thought about me, it means so much. I will make good use of the goodies”.



- Carer Packs were distributed to carers via service users attending or known to day care facilities. These packs provided information about carer supports and included items to encourage good health and wellbeing
- Carer ID cards were distributed to all carers on the Trust Carer Register and carers known to community teams
- A flexible and responsive Carer Counselling Service has been established in conjunction with Lifeline counsellors to respond to carer needs
- Carer information cards were rolled out to all hospital settings and were made available in Vaccination Centres
- New connections with local colleges have been established with supports being offered to young carers. There is also ongoing work with Action for Children and financial support has been provided to assist in supporting young carers throughout the pandemic
- Carer Support referred carers for vaccination. This has been a huge task but has helped to identify carers not known to the Service. The Carer Support Service has been able to respond to the vaccination task as well as maintaining the ongoing everyday work that is expected from the Service
- Carer groups have been supported through zoom contact with specific activities offered tailored to their needs. Financial assistance has also been available to carer groups.

Re-settlement of Adults with a Learning Disability



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

The Trust has adopted an outcomes based approach for individuals who are resettling from the hospital to a community placement through positive behaviour support and person centred planning.

This has been facilitated by the completion of an Essential Lifestyle Plan (ELP) for each individual to facilitate a seamless transition to a community based living option.

The ELP has been followed up post discharge with the completion of a Life Star which is an outcome measurement tool to demonstrate an improved quality of life.

To date, completed Life Stars have evidenced improved outcomes for the individuals resettled.

Families relate 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

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

NEXT STEPS →

- The Trust has partnered with other Trusts to achieve the best community options and this partnership will be extended into 2021/2022 with the opportunity to develop existing and new schemes for all patients.



Direct Payments for Children



In 2020/2021 the number of children and families receiving direct payments increased from **267** to **288**. This is a continued trend from the last reporting period.

Direct payments have been an important support to the parents and families of children with disabilities throughout COVID-19 and one that many of them have valued.

Direct payment support has not been without its difficulties as many parents struggled to identify and maintain good carers during this reporting period; through the first part of lockdown many of these carers were furloughed in their substantive posts which meant they could not undertake personal assistant roles.

Parents and carers have also managed ill health and shielding with regard to their personal assistants, bringing with this a number of unfamiliar challenges.

The team for children with a disability have utilised a co-production approach in service planning and undertook a consultation with parents in March 2021 to consider the future strategy for the service.

Many identified the positives in respect of the allocation of direct payments as well as highlighting challenges.

Non-compliance with direct payments paperwork being received in a timely way continues to be an issue for the service. We have employed a Band 4 finance officer as part of a pilot to address this. This has only been in place a few weeks and there will be more opportunity to update on development in this in the next reporting period.

To ensure the ongoing professional development of staff in regard to self-directed support, new and current staff are signposted to training which is undertaken by the Learning and Improvement Team (LIT).

The most recent guidance has also been re-circulated again.

NEXT STEPS

- To continue to conclusion the Direct Payments Compliance Pilot and gather and evaluate the outcomes
- To advocate on behalf of the parents the need to consider an enhanced level of direct payment support for those highly complex and challenging children and young people who require a higher level of support.



Education and Training for Young People Leaving Care

The **HOPE** (Holistic Outcomes through Positive Experiences for Children and Young People) Service incorporates **4** key service delivery areas:

- Education
- Learning and Development
- Works.
- Co-production.



HOPE Education

- **HOPE** Education was funded for **2** education co-ordinators from September 2020 until March 2022 to develop a programme to support the completion of Personal Education Plans (PEPs) for our Children who are cared for by the Trust. The programme commenced with P7 Transition PEPs and Key Stage 1 PEPs
- **12** children completed the Reading Together Project HOPE Education's Transition Academy
- **12** children completed a Maths Support Programme
- School bags and stationery kits given to each child on Transition Academy
- **12** book packages delivered to children on the academy for Christmas.

HOPE Learning and Development

Within this reporting period **HOPE** Learning and Development have provided individual support to **92** young people supporting **85%** into apprenticeships, internships, employment, training, further and higher education.

In addition we have also developed a number of partnerships to enhance our group work provision including outdoor adventure, equine groups, young leaders, jobs club and young mums.

During COVID-19 the service adapted to provide invaluable support to young people over the phone, zoom and email and regularly worked in partnership with the community and voluntary sector to ensure vulnerable young people felt connected socially and to reduce the risk of poverty. We directly helped young people with the funding for IT equipment, furniture, food and wellbeing packs.

HOPE Works

Our Employability Service provides many of our young people with access to long term, sustainable employment through the completion of our apprenticeship programme.

In the year 2020/2021, **4** young people commenced apprenticeship programmes in various directorates within the Trust.

100% of the young people who completed our apprenticeship programmes have moved into employment.

HOPE Co-Production

The **HOPE** Team has employed **3** co-production interns within this period. They provide advice from a service user perspective to various projects within Children's Services, informing improvement projects within.

We have recently established a Service User Group of 'young leaders' who recently took part in a QI Strategy meeting at Head Quarters. We will use this model of co-production under the guidance of **HOPE** Learning and Development Team going forward.

Facts & Figures

In 2020/2021, the majority of young people known to the Trust's Leaving and Aftercare Service were engaged in Education, Training, and Employment (ETE).

- 18 Years olds - **95%** in ETE
- 19 Years olds - **83%** in ETE
- 20 years olds - **76%** in ETE.

There has been an overall increase in the annual average of care leavers in education, training and employment from **74.2%** to **80%**.

NEXT STEPS

- **HOPE** Education will complete the PEP programme for Key Stage 1 and move onto the next cohort (to be confirmed by the HSCB and EA)
- **HOPE** Education will work with Social Work Teams to ensure completion of all CLA1s for children who are cared for by the Trust
- **HOPE** Education is completing a quality improvement project to develop a method to support social work staff in understanding their role and responsibilities for the education of their children and provide support for them to know when and what they need to do
- **HOPE** Education delivering a Forest School: this will be delivered over July and August for **6** weeks to **8** children
- The current **4** apprentices on **HOPE** Works will have moved into permanent employment.



Transition for Children with a Disability

The transition from Children's to Adult Services for those children and young people who have a disability is best assisted by a Transition Plan.

This supports young people with their life chances and equitable access to life choices such as employment, education, positive relationships and living independently.

Transition planning is completed in partnership with young people, parents/carers, Adult Disability Services, as well as our partner agencies and other statutory organisations.

COVID-19 has added an additional stressor to those moving from Children's to Adult Services in this reporting period.

Facts & Figures

- **100%** of young people with a disability, who were in receipt of special education, had a transition plan in place for leaving school in 2020/2021.



Direct Payments and Self-Directed Support (SDS) in Adult Services

Self-Directed Support (SDS) which includes Direct Payments, continues to be the Model of Care Provision for Adults Living in our Community.

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

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

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

This year the Trust can report a total of **6970** people in receipt of a SDS Service which is an increase from last year (**6630**).

A managed budget or Direct Payment has been chosen by over **15%** of those in receipt of Self-Directed Support.



Annual Health Checks for Adults with Learning Disabilities



'Bamford: Delivering the Vision' (2012 - 2015) and 'Transforming Your Care' recommended early interventions and health promotion to enable people with learning disability maintain physical and mental health through continued implementation of enhanced services such as health facilitation.

A major risk for individuals with a learning disability is not having their Annual Health Check as underlying physical and mental health issues are not detected or treated. However, with the health facilitator working closely with GP Practices early detection and treatment can be provided.

The last year has been extremely different and worrying for everyone due to the COVID-19 Pandemic, not least for adults with learning disability who struggle to access services for various reasons in 'normal times'.

As the Annual Health Check falls under Direct Enhanced Services within Primary Care from April 2020 - March 2021, this service was stood down. **28** Annual Health Checks were undertaken in this reporting period, a reduction from **1170** in the previous period.

COVID-19 Services were provided to adults with a learning disability by providing easy read information about infection control, COVID-19 testing, swabbing and vaccinations. Adults with a learning disability were offered vaccines in a timely manner and in a place that they were familiar with.

Ongoing support was offered to GP Practices for those who choose to complete their health checks independently and for those adults not using services provided by the Learning Disability Team.

NEXT STEPS →

- Re-commence Annual Health Checks
- Further development of the Health Facilitation Service in line with the rest of the region to help improve the uptake of the Annual Health Check within the Trust
- Developing and continuing with evidence based groups addressing obesity and sedentary lifestyles. Provision and joint working with other professionals to provide same within day care settings and within community settings
- Continue to look at reasons for clients not availing of services or the health check within the Trust
- Continue to develop and devise 'Easy Read' resources and social stories to enhance understanding of the service being provided to the individuals with learning disability.



Approved Social Work (ASW)

Sometimes it is necessary for the protection of an individual and to prevent harm to themselves or others, to detain people in hospital for assessment under the Mental Health Order.

Applications can be made by an approved social worker or by the persons nearest relative. Good practice says that it is preferable that applications for assessment should not be a burden born by families in order to preserve ongoing relationships and not to threaten necessary support during and after detention in hospital.

Facts & Figures

In this reporting period **99.6%** of applications for assessment were made by ASWs. **1** application was made by the nearest relative, a **50%** reduction from the previous reporting period.

Promoting Continuous Professional Development in Social Work Practitioners

Leadership

Bespoke social work leadership programmes have continued to be developed during 2020/2021 with a collaborative approach between the Learning and Improvement Team (LIT) and Organisational Workforce Development.

21 registered managers of children's residential facilities have had the opportunity to engage in '**Developing Your Collective Leadership Presence**' - a bespoke leadership programme developed specifically for registered managers within Children's Residential Services with the aim of enhancing their leadership confidence and develop functional knowledge in respect of quality improvement, governance and team management.

Professional Supervision

Efforts continue to develop further relevant supervision training opportunities for social work and social care staff with recent work undertaken to develop a '**Trauma Informed Reflective Spaces**' module which will be piloted with social work staff in 2021.

Person Centred Practices

The LIT invested in a further **2** team members to train as person centred thinking trainers in order to promote relationship based practice. An engagement workshop with managers in Adult Services has taken place in preparation for a planned roll-out across social work in Adult Services in 2021.

Enhanced AYE support during COVID-19

Following a successful quality improvement project in 2019 that focussed on confidence in role and resilience of staff in their Assessed Year in Employment (AYE), the learning from the project formed the foundation of enhanced AYE support to provide support to newly qualified staff who graduated early from university during COVID-19.

This was a regional initiative developed by all Trusts and the qualitative feedback underlined the importance of self-care and peer support. This enhanced support has resulted in a regional nomination for the 2021 Social Work Awards.

Recruitment and retention of staff continues to be a focus for the Trust to ensure that we can meet the needs of our service users and fulfil our statutory functions. Staff engagement meetings within Children's Safeguarding Services highlighted 'induction for new staff' as an area for development.

Prior to May 2020 operational staff within Children's Social Work Services and the Learning and Improvement Team had been collaborating in the aim of developing a robust induction programme for new workers within Children's Services.

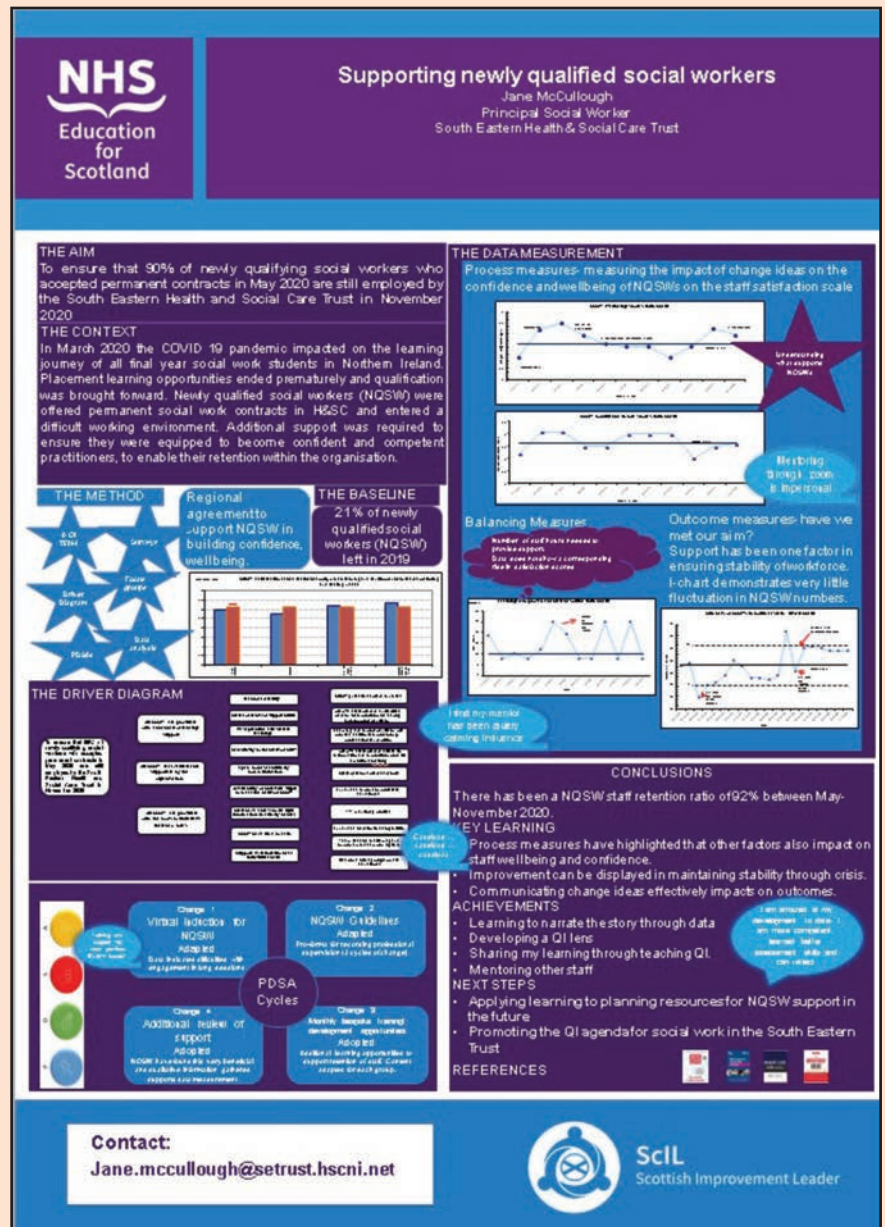
COVID-19 led to a rapid shift from face to face training to online delivery and provided the opportunity to pilot the delivery of an online induction.

In May 2020, **30** newly qualified social workers were recruited to begin their professional careers in the Trust.

Children's safeguarding and the LIT worked in partnership to develop and pilot a **5 day** remote induction focusing on providing new staff with the information, training and support to enable them to develop as confident and competent social workers.

The induction was developed as a blended approach of local induction, online teaching, guided study and online support groups.

Outcomes from the induction were positive with all participants reporting increased knowledge, confidence and resilience as a result of the induction.



Professional in Practice Award Achievements

This year we had **27** successful social workers from the Trust who achieved their Professional in Practice (PIP) social work awards. Staff continue to engage well with PIP awards in the Trust and we have helped operations meet their targets across community development, adult safeguarding and approved social work programmes, as well as seeing significant numbers achieved through the IPD award.

Contributing to a research culture in Social Work and Social Care

The 8th Annual Social Work and Social Care Research in Practice Conference was held in March 2021 at Belfast Castle. Staff from the Trust presented their research as well as a number sitting on the Conference Panel. This was well received by the large audience with positive feedback returned.

Implementing Quality Improvement

The Regional Quality Improvement in Social Work and Nursing Programme continues to be co-ordinated and delivered by Trust staff.

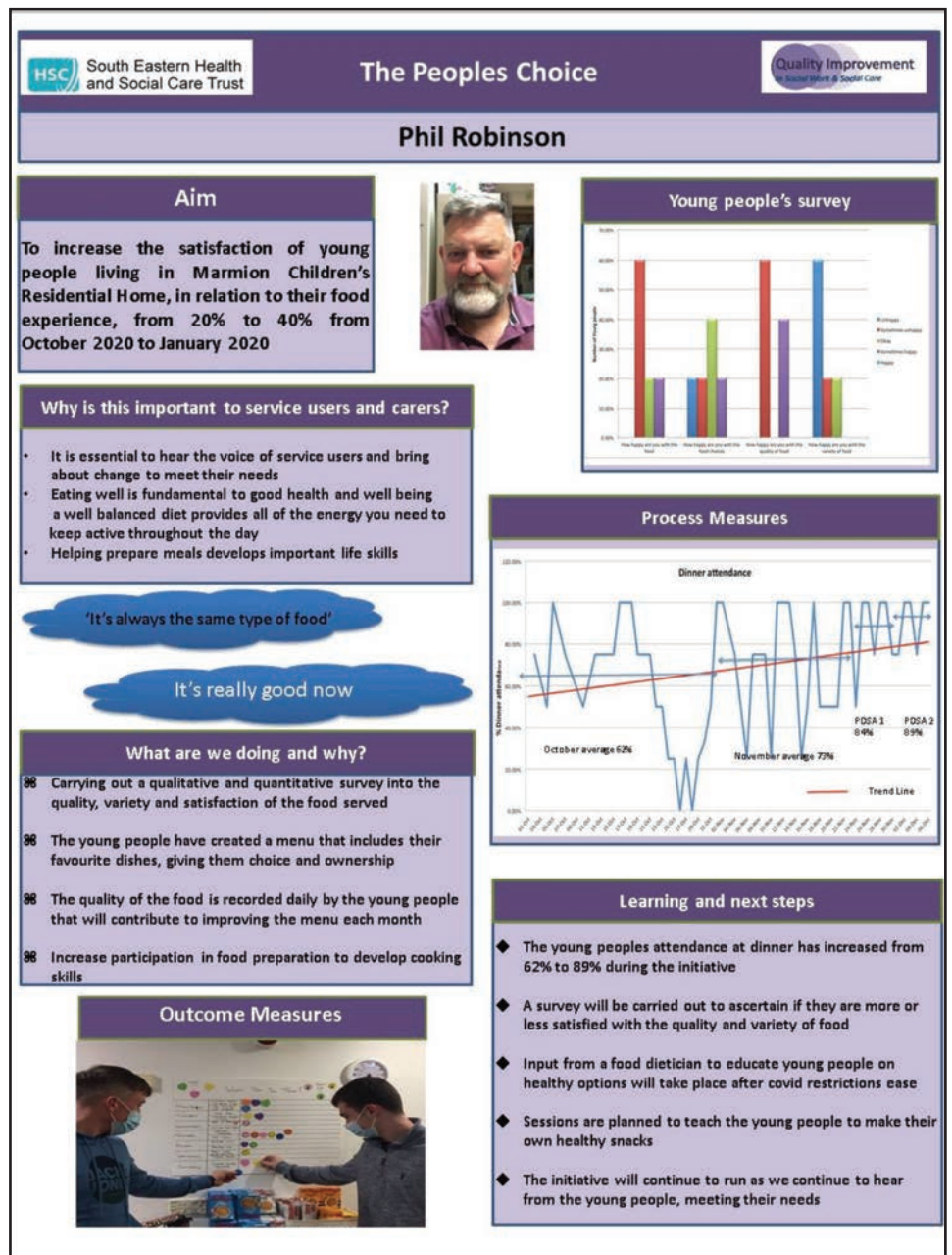
The overall aim of this programme is to develop and strengthen social work practitioners and nursing staff to become leaders by utilising quality improvement techniques and contributing to the regional development of quality improvement.

During this reporting period the fifth cohort of social workers completed the programme in January 2021.

Of note is the project completed by Phil Robinson which focussed on increasing young people's satisfaction with food choice within a residential home.

Phil brought together the young people, staff and chef to develop a menu.

This project is going to be spread to other areas of the service.



Local Engagement Partnership (LEP)

The advent of COVID-19 has changed the way in which the Local Engagement Partnership has worked over the last year, responding to the changing environment that impacted on everyone, people who use services and workers alike. The main focus of the partnership has been maintaining relationships and supporting each other through regular virtual meetings when we could not meet face to face.

The Local Engagement Partnerships have continued to support sharing co-production information to strengthen social work and were delighted to support teaching on co-production at the Regional Community Development In Social Work Course.

The Local Engagement Partnership has continued to support service improvement and secured funding to support community development projects in partnership with the GP MDT social workers. Staff are busy compiling wellbeing packs for members of the local community who have been impacted by COVID-19.

The local engagement partnership has been spreading the word about our work with social media videos and conversations. These are **stills from the latest co-produced video.**

“SET Local Engagement Partnership is one heart that beats in unison with each of its members, we share the same vision and use the one voice yet the body is made up of many different parts. Together we have made an impact on providing a better future by working together.”

(Carer)



The Local Engagement Partnership explored ways to strengthen social work and has been busy designing a 'Hot Tips for Communication' leaflet.



Mental Health (MH)

Ards Adult Mental Health Outpatients: Improvements of Typing Completion Rate

On the appointment of the new temporary administration team lead for MH Outpatients in September 2020, she was faced with a high turnover of staff and absenteeism. As a consequence the team were performing at a lower rate in comparison to their counterparts in other areas which meant they had a large backlog in typing.

This was detrimental for the patients as it meant that both the patient and relevant professionals were not getting the information within reasonable timescales.

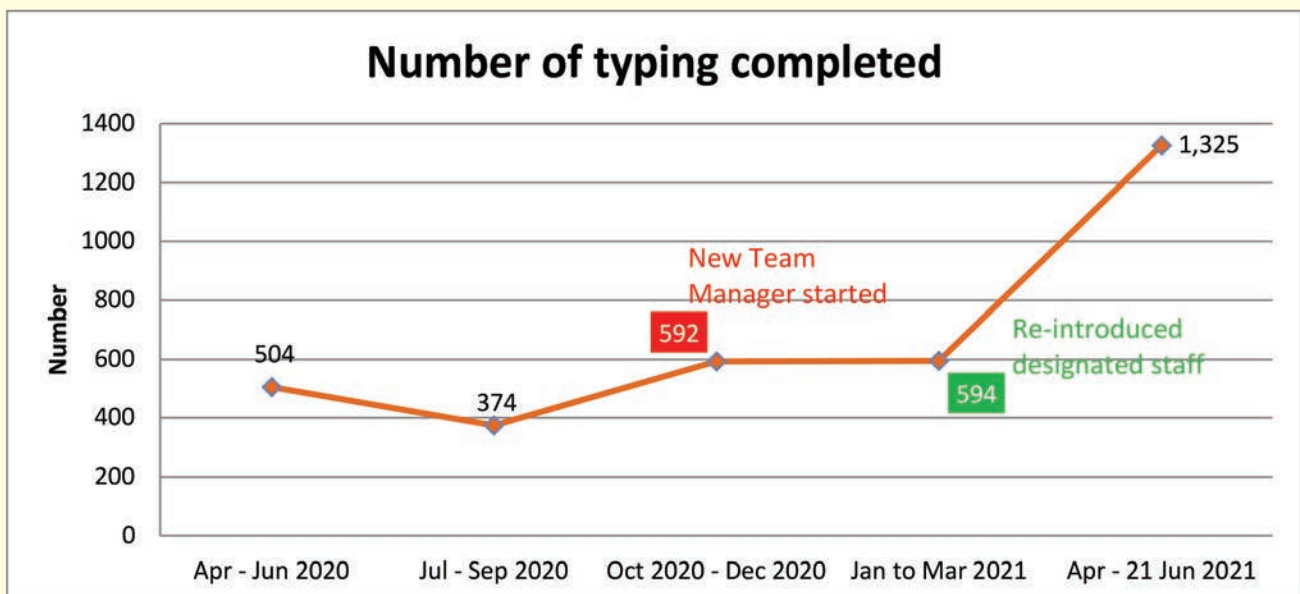
This also added pressure to staff that were in post to prioritise a variety of different demanding tasks as they were not just typing.

Aim

1. To increase the typing completion rate by **20%** within **3** months
2. To reduce the backlog of typing so working with generated work within a **4** week period of dictation
3. Produce **weekly** data return to administration service manager
4. Stabilise workforce and increase number of designated hours to typing per week.

Facts & Figures

Apr - Jun 2020	Jul - Sep 2020	Oct 2020 - Dec 2020	Jan to Mar 2021	Apr - 21 Jun 2021
504	374	592	594	1,325



- Typing was measured weekly and gradually improved, despite serious staffing shortages and **Working Well Together** issues
- The new way of working creatively re-assigning bespoke roles within the limited staff promoted consistency and structure to the administration tasks so service ran more efficiently
- Noted increase of **36%** in the first quarter of the new manager in post
- All back-log typing has been readdressed and working only on typing tasks within the **4** week period of being assigned
- As a result of this improvement, the team now have more confidence as their efforts are being positively reinforced with their achievement being recognised and appreciated by the stability of a team lead
- The team are happier and more productive ensuring they are meeting the needs of the service.

NEXT STEPS

- Weekly monitoring to continue
- Continue with team work, support and praise for achievements
- A happy team with high staff morale is evidencing better performance rates
- Team reflection to identify specifically what change had contributed to this positive change
- The team anticipate that the figures will continue to increase when we have a full supportive team.


Carers Conversations

Completion of Carers Conversations in Adult Mental Health Services continues to increase. The appointment of a second part time carer project worker in October 2020, has enabled the service to be more immediate and responsive to carers' needs. With additional focus on carers during lockdown and the use of virtual and telephone appointments, it has enabled the Carers Service to continue.


To support their mental health, funding was secured through the innovation fund to provide Mindfulness daily sessions for **6** weeks.

The sessions were accessed by almost **300** carers and feedback was very positive.

All staff in all services have increased the contacts with carers and on average **350 - 400** had contact in a month.




South Eastern Health
and Social Care Trust



OUTCOME:

Every Carer is offered a Carer Conversation

About the South Eastern HSCT Mental Health Carers Project :



The Carer's Project aims to offer every carer in mental health the opportunity for their own 'assessment' via the Carer's Conversation. Carers have a legal right to their own assessment separate from the person they care for. The carer conversation allows the carer to talk about their caring role and discuss how they manage with their own health needs and the role of caring. It is a guided conversation allowing the carer to talk frankly about their own needs.

The carer has the opportunity to score from 1-5 how they feel they are managing, as the conversation unfolds the carer project worker will consider actions that may help the carer in their caring role. Often it is the opportunity to talk about their caring role that gives the most satisfaction. The Carer Project Worker can provide information on conditions, medication, accessing support groups, education groups and carers support etc.

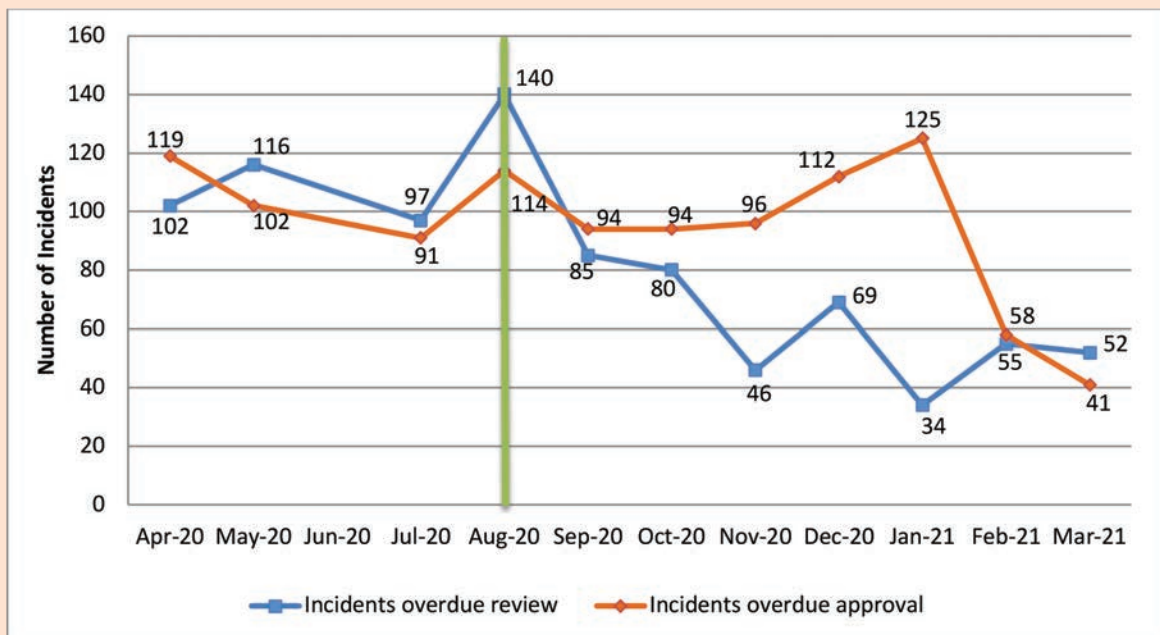
The carer one off payment is discussed and carers are made aware of how this payment may support them to focus on their own needs. In collaboration with the Recovery College, the Carers Project workers delivered co-produced educational programmes. Following completion of the Recovery conversation carers have direct contact to the Carer Project Worker.

The Report card shows activity for February 2021.

Learning from Incidents and Near Misses: Improving Use of Datix within Mental Health Services

In 2020, Mental Health Services undertook a review of use of Datix to record incidents and near misses. There was a particular focus on how learning from incidents and near misses could be effectively shared and if required, improvements or changes made in a timely manner.

From the review, it was identified that there were often delays in the review and approval of incidents, therefore learning from the incident was not shared in a timely manner. It was agreed that a staff member would have responsibility to remind reviewers and approvers on a monthly basis to review or approve outstanding incidents and offer further support if required to complete reviews appropriately. The reminder system commenced in August 2020 indicated by green line on chart below.



In April 2020, Mental Health Services had **102** incidents overdue review and a further **119** incidents overdue approval. In March 2021, there were **52** incidents overdue review, equating to **49%** decrease. In addition, there was a **66%** decrease in the number of incidents overdue approval.

As a result of this change the learning recorded on incident reports can be collated in a timely manner to when incidents occur so the learning guides more effective and well-timed responses.

A Datix sub-group has also been established. This is a multi-professional meeting with representatives from all services within Mental Health.

NEXT STEPS →

- Datix sub-group will meet on a quarterly basis. A staff member representing each of the services within Mental Health will provide a summary report of incidents within their area. These reports will be used to further discuss and share learning from incidents, reflect on practice, share examples of good practice and consider where improvements could be made. Overall, this will support a model of continuous learning and improvement within Mental Health Services.

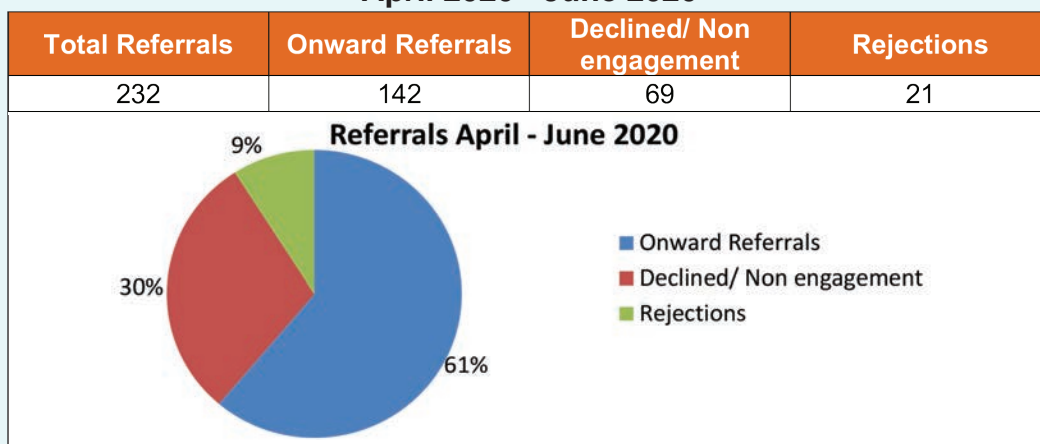
Wellbeing Hub, Lisburn

The Wellbeing Hub has experienced a significant increase in the volume of referrals from the first quarter of the year to the last quarter of the year.

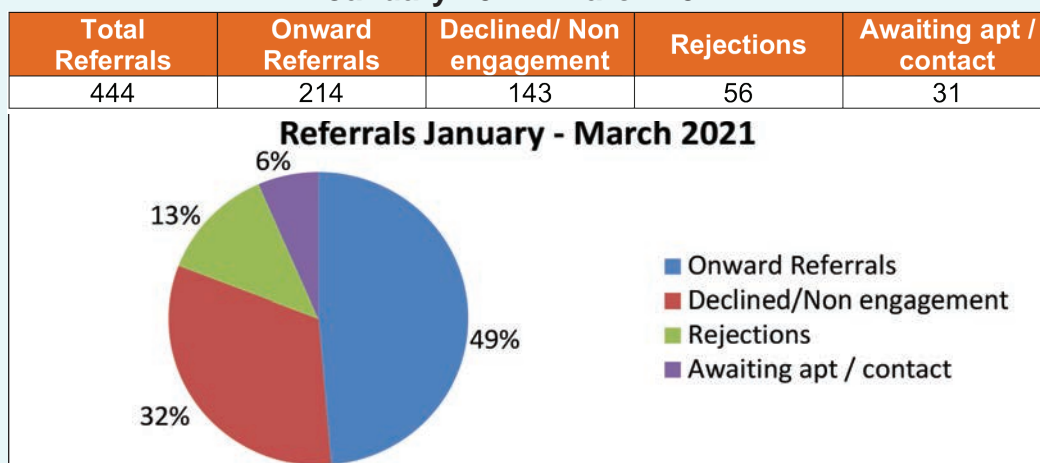
Facts & Figures

- In the first quarter **232** referrals were made and in the last quarter **444** referrals were made
- Within the first quarter **142** referrals accepted a wellbeing consultation and were referred for further support with their mental health and emotional wellbeing. In the last quarter **214** consultations and onward referrals were completed
- The Wellbeing Hub experienced an increase in rejected referrals from the first quarter (**21** referrals) to the last quarter (**56** referrals)
- The Wellbeing Hub noted an increase in non-engagement with the service; either service declined, unattended appointments or no response to request to opt in to the service. **69** referrals did not engage within the first quarter compared to **143** in the last quarter.

April 2020 - June 2020



January 2021 - March 2021



NEXT STEPS →

- The Wellbeing Hub will continue to monitor the volume of referrals, attempt to identify any trends in rejected referrals and attempt to address this appropriately to reduce the volume of rejected referrals
- The Wellbeing Hub will continue to monitor for non-engagement and decline of service and attempt to identify any trends and attempt to address same to reduce non engagement. With increased referrals anticipated due to COVID-19 we are working to provide the best service for people needing access to Psychological Talking Therapies in the Trust.

Recovery College

The Trust Recovery College has taken many years to grow from the seed of IMROC in 2013. Our co-produced and co-delivered courses have been providing face to face Mental Health and Wellbeing training in Bangor, Ards, Lisburn and Downpatrick for many years and had begun to deliver in Saintfield.

Our expansions were steady, our success was acknowledged and our team of professional and peer staff continued to grow.

At the start of 2020, if you had asked us to consider how we could develop the Recovery College to meet the needs of a wider population of our students in all areas of our community, we would have organised meetings, discussed strategies and over many months worked towards a change through a Service Development Plan.

2020 did not allow us the time or opportunity that we usually apply to change and development. It dropped us right in the middle of a pandemic and very quickly our world changed.

In the Recovery College we cancelled our room bookings, we put a hold on our timetable of planned courses for the upcoming semester, we contacted students to let them know we could not run the courses they had registered for.

We paused!

In that pause we decided to embrace the opportunity we had been given to try something new. By the end of April we had a plan. We were going 'on-line'!

We started a weekly newsletter to keep students informed of what was coming up, we offered support for students to link in and learn how to use online training platforms, we started a social 'coffee and connect' meeting weekly to keep our students connected.

Whilst making an action plan for continued support of our students, colleagues, and community partners, we offered one to one contact to our existing and new students wanting to engage with this online world.



On the 5 May we advertised our first online course and welcomed our first online students on 11 May. Although we were unsure of how online learning would be received by our students or how long it would last, we knew that we wanted something to engage our students.

The South Eastern HSC Trust Recovery College was the first in Northern Ireland to take courses online. Things went better than planned, we learnt from our experiences, updated more courses and by June we were ready to run a new timetable of courses with more focus on the mental health challenges our students were facing in lockdown.

We also commenced a service of peer support calls for clients referred in from the community teams and Recovery College staff provided social support and updates to them weekly.




Facts & Figures




OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

SERVICE PROFILES

About the Online South Eastern HSCT Recovery College:



From 1st April 2020 - 31st March 2021, the Recovery College has continued to run an online service during lock down maintaining our connection and training to students in SE Trust. The Recovery College is currently staffed by 1 wte band 7, 2 wte band 4's and 0.6 wte band 3.



Some of our main achievements, during Covid, include:

- An established Physical Base: a tangible representation of the commitment to the Imroc model of a Recovery College.
- A mental health library available within the Recovery College
- Partnerships between other Recovery Colleges and other organisations
- Development of a Students Union
- Online adherence to the 4 defining principles of a Recovery College: Co-production; Education; Inclusion; and Recovery focus
- Online Celebration Events

Identified areas of improvement for 2021

- Making online learning more accessible to people with technical difficulties
- Reducing the DNA rate for courses
- Capturing demographics & evaluations using an online system

Now, almost a year later, we have embraced, learnt from and enjoyed our new way of working. Since September 2020 we have had a full timetable of our courses available online, the platform has changed to make it more accessible and we have taken on board our learning and feedback. We have met new students who would never have taken the step into a training room for face to face training, we have maintained our contact with many who did. We have also linked in with students who would not have required support until the pandemic changed their lives.

We have increased, enhanced and extended our presence on social media resulting in a **150%** increase in followers on Facebook.

During the pandemic, our staff worked to create a substantial collection of self-help videos aimed at strategies to support mental health management and wellbeing to include mindfulness.

We have been able to offer hope, connection and opportunities at a difficult time. We have changed. We value our online training and know it is valued.

NEXT STEPS

- We plan to keep online training as an integral part of our service delivery going forward. We are excited for the phased return to face to face training and delighted to be able to continue this much needed service online as well. The plan is to keep moving forward... growing and learning together. We will have a range of online and face to face classes for students. We also have a new and exciting programme of classes due to be launched in September 2021.

Toward Zero Suicide (TZS)



The **5** Health and Social Care Trusts in Northern Ireland have committed to a Regional Towards Zero Suicide (TZS) approach focusing on patient safety to reduce suicides within Adult Mental Health Service. It is both a concept and a practice.

Currently each Trust has a TZS Service Improvement Manager with their role being to lead on the work within Mental Health. There is also a Regional TZS Collaborative Lead who coordinates the programme of work across Northern Ireland.

There is a lot of interest in this approach as we are the first community to implement the programme across a region.

What have we done?

Suicide data analysis to inform the development of a Regional Suicide Care Pathway informed by Quality Improvement Methodology Collaborative Safety Planning:

- **2** Safety Planning tools have been introduced to teams across the Trust
- Stanley and Brown Safety Plan has undergone its first PDSA cycle with **5** safety plans being completed by the Mental Health Assessment Centre
- Collaborative safety plans have been introduced across our Home Treatment Team, Community Mental Health Team and Community Addictions Team - to date **65** safety plans have been offered
- The Trust presented its findings to a regional ECHO group of peers providing an overview of all data obtained including the view of our clients on the relevance and benefit of safety planning.



Minimising Restrictive Practice Quality Improvement Project

- A local driver diagram has been completed in partnership with our Acute Inpatient Service, lived experience and stakeholders. Change ideas have been identified along with embedding the overarching regional aim of reducing the use of restrictive practice by **30%** by end of year 2021
- **4** Quality Improvement Projects have been devised using these change ideas, with each ward participating
- The introduction of Safety Crosses has commenced across all inpatient wards
- The Trust has engaged in the development of regional guidance in relation to the use of restrictive practice
- Review of our recording system for incidents has been undertaken and adjustments to our system made
- We have recruited lived experience engagement both via our peer support employed members and volunteers who have used or are currently using our service.

Post-discharge follow up

- Scoping is under way in relation to current practice
- Data has been obtained in relation to follow up against the guidance of 7 days and 3 days.

Learning

- Over **65** staff have been trained to deliver safety plans
- Minimising Restrictive Practice Learning event and Safety Planning ECHO events have been provided with large numbers of staff engaging in all these events
- Series of Staff Awareness sessions aimed at increasing knowledge of the Towards Zero Suicide Approach and how staff can become involved - we have trained over **800** staff in the Zero Suicide Alliance training.



NEXT STEPS

- A Regional Action Plan has been developed embedding quality improvement to strategically embed TZS across Trusts
- Continued testing of the Safety Planning Programme of Work, rolling out testing to acute care and further testing with change to the services engaged in development of awareness. Safety Planning video is being developed to be shared with all teams throughout the Trust including GPs, ED Ulster Hospital staff. Safety Planning Training video is also being created with staff, lived experience and volunteers
- Planning is underway for another virtual learning event in relation to minimising restrictive practice
- Commencement of Quality Improvement Project in all 4 Acute Care Inpatient Wards to commence
- Trauma Informed Scoping and Learning event is planned for later in 2021/2022 year
- Development of a Suicide Prevention Care Pathway will commence this year
- Go live date for the 10 September has been identified for the launch of the Trust Suicide Prevention Care Pathway
- Development of lived experience network and embedding co-production in all areas of the work.



ANNUAL QUALITY REPORT 2020 - 2021