



South Eastern Health
and Social Care Trust



ANNUAL QUALITY REPORT 2014/15

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Chief Executive's Foreword

Quality of care is vital to achieving desired outcomes and a positive patient/client experience. Thanks to the dedication and professionalism of our staff, we have an excellent track record in this area. However, we recognise the need to continually strive to improve in order to provide the highest possible standards of care. Our priority is to do all we can to continually implement a quality improvement approach that assures safety, improves the quality of our services and enhances the overall patient/client experience.

Throughout 2014/15 we have operated within a very tough financial climate and our Trust is also seeing unprecedented increases in demand for both emergency and planned care. This translates itself into additional pressure on both our services, and critically, the staff who deliver them. Against this we can demonstrate that right across our services we are seeing outcomes and standards being sustained and improved. We need to find ways to meet the rise in future demand, but equally important, we need to find ways to assure ourselves and the public that the quality of what we do is being maintained and improved. The purpose of the Annual Quality report is to provide assurance that our systems assess the quality of our services and what our staff do, rather than judging the overall state of our services purely on the level of access. It should also give us a better overall feel for the experiences of our user and demonstrate our commitment to learn from the small minority who have poor experience.

We continue to face challenges by adopting new ways of working and engaging our staff by actively pursuing a culture of quality improvement. The Trust recognises that our staff are our most important resource and over the past year we have continued to:- support them to test the quality of care they deliver; provide them with the skills to improve; and support them through a systematic process for measuring and monitoring the improvement outcomes. In April 2014, we opened our Quality Improvement and Innovation Centre (QIIC), which has been successful in providing a focused environment for staff to formulate ideas, work collaboratively and find solutions, supported by a range of expertise, leading to significant and sustainable improvement in Trust services.

Within this report, I am pleased to share with you some of the achievements across a wide spectrum of services over the 2014/15 year. We have also included next steps for 2015/16 and highlighted some examples of improvement initiatives which staff have undertaken. We have made significant progress against the wide-ranging objectives we set out in last year's quality report. Although we are not complacent, looking forward to next year, we will continue to endeavour to ensure that patients/clients and their families achieve the best possible outcomes and are treated with the utmost dignity and respect.

A handwritten signature in blue ink, appearing to read 'Hugh McCaughey', with a long, sweeping underline.

Hugh McCaughey, Chief Executive

Annual Quality Report

What is the Annual Quality Report?

In 2011, the Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'. One of the priority work streams within this strategy was to agree a standard set of indicators for HSC Trusts across the region on safety, quality and experience and detail compliance in an Annual Quality Report. In addition to regionally agreed indicators, each Trust is invited to include a compliance summary against their local priorities for safety, quality and experience, ensuring they reflect staff wellbeing. This is the Trusts third quality report.

The Quality Report aims to increase public accountability and drive quality improvement within Health and Social Care (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 Health and Social Care Organisations and the public. For the purpose of this report the SEHSCT will be referred to as the Trust.

About The South Eastern Health and Social Care Trust

Established on the 1st April 2007, The South Eastern Health and Social Care Trust provides integrated care. This means that we provide both acute services (hospital based) and community services (in your own home or local health centre) in a joined up way. In order to deliver these services in the best way they have been grouped into eight Directorates:

- Children's Services & Social Work
- Medical
- Adult Services
- Primary Care, Elderly & Nursing
- Hospital Services
- Human Resources & Corporate Affairs
- Finance & Estates
- Planning, Performance Improvement

The Trust serves a population of approximately 440,000 people with a budget of almost £540 million and covers the local government districts of Ards, North Down, Down and Lisburn. The main hospital bases are: Ards Community Hospital, Bangor Community Hospital, Downe Hospital, Downshire Hospital, Lagan Valley Hospital and the Ulster Hospital. 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:

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



Quality Improvement and Innovation (QII) Approach supporting SQE

Safety, Quality & Experience (SQE)

Our Corporate strategy, 2012-15 clearly placed assuring safety, improving quality and testing the experience (SQE) of patient, clients and carers above all other objectives. We support a 'bottom up' approach to Quality Improvement, by empowering frontline staff to articulate and measure their own, service specific indicators of performance, implement action planning and embed reporting of quality indicators within the performance of the organisation. Presentation of results through reports can provide the required assurance by way of analysis, monitoring level of compliance, and initiating action planning to improve outcomes.

QII Approach

We realise that staff need the appropriate skills and knowledge to seek opportunities to improve/innovate and support the SQE agenda. Through building knowledge and skills in quality improvement for staff, at all levels of the organisation, and utilising a wide range of quality improvement methodologies, we have established a systematic approach to develop a workforce that focuses on outcomes for patients and clients and continuously challenges how we perform and drive improvement where needed.

It has been recognised that to support the Trust Quality Improvement and Innovation agenda, a co-ordinated, cross directorate approach needs to be taken. As a result the Trust has developed a Quality Improvement and Innovation (QII) Approach to provide strategic leadership: this highlights three key priorities for the Trust in relation to progressing and embedding quality improvement and innovation as core business within the Trust.

These are:

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

An action plan has been drawn up setting out key priorities for Quality Improvement and Innovation within the Trust over the next three years, taking into consideration regional and national priorities. This work will be supported by the Quality Improvement and Innovation Centre.

Quality Improvement and Innovation Centre (QIIC)

Within its first year open the QIIC has been working to identify how best to support staff with quality improvement and also to provide a multipurpose facility that supports staff development and learning. The four key aspects to the centre are:

- **Training (QI Academy)** – Within the organisation there is an emphasis on developing the skills of our staff to be able to carry out quality improvement within their own areas of work. We have initiated a programme of activity to utilise a range of training programmes to develop staff. These include our Safety, Quality & Experience (SQE) Training Programme, support for EdX training and FY0 Quality Improvement Training. Over the next year this will be further developed in line with the Regional QI Attributes Framework.
- **Support/Facilitation** – As well as providing support for the Regional Quality Improvement Collaboratives, the centre provides support internally for any staff in relation to quality improvement. This includes support project development, grant applications and signposting to services within the Trust. This year we also piloted ‘drop-in clinics’ for staff carrying out projects that need additional support. These will be rolled out further over the coming year.
- **Network** – The centre also strives to provide a network within the organisation for those with an interest in Quality Improvement. Our programme of work includes bi-monthly ‘Curry Clubs’ which provide an opportunity for those interested in quality improvement to meet for a curry and discussion around a range of topical issues. Over the year we have also provided links to a range of quality improvement webinars and hosted speakers within the centre.
- **Physical Space** – The physical space within the centre provides a flexible environment for staff to utilise. Over the past year we have seen an increase in the range of events that have taken place within the centre and the flexibility means that it can be used for meetings, workshops, training and conferences. This year Maternity hosted their first Regional Midwifery Conference to provide teaching and training for staff from throughout the region. Over the coming year this will be further utilised as the Institute for Healthcare Improvement will be hosting their first European Improvement Advisor Course in the QIIC.



Regional Maternity Conference, January 2015

The state of the art simulation suite has also been a fantastic addition to the Trust, being able to provide learning for staff and students in safety and human factors.

Next Steps

- Further development of the QI Academy and associated programme of work
- Embedding of Regional QI Attributes Framework within the organisation
- Development of QII Recognition Award for teams in relation to their quality improvement work
- Support for Regional Social Work Quality Improvement Training Programme.

Theme 1: Effective Health & Social Care

Standardised Mortality Ratio (SMR)

The Trust provides care and treatment for many patients and sadly some of the very acutely ill die in hospital.

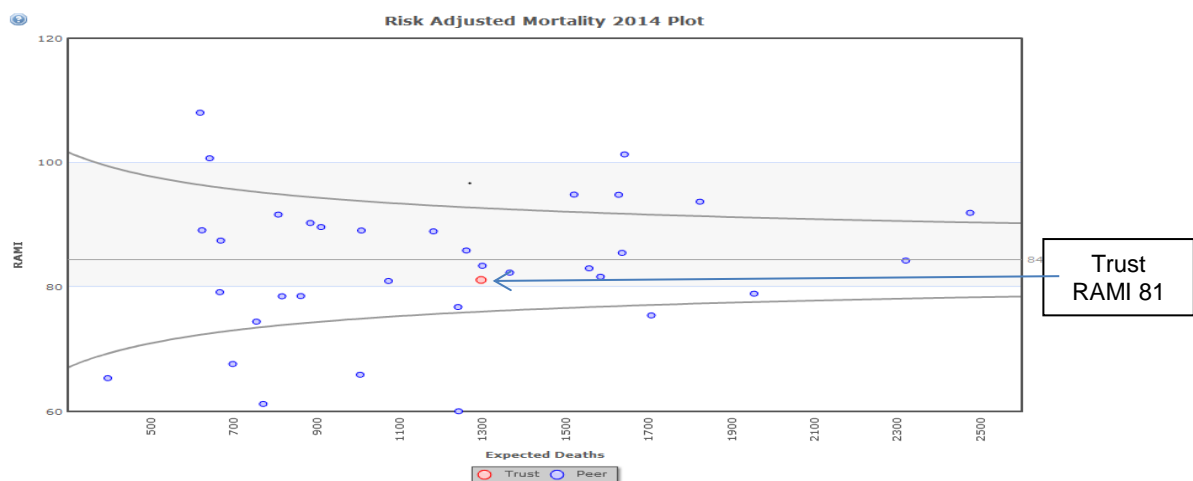
The Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the death rate is higher or lower than you would expect. Like all statistics, SMRs are not a perfect indicator of safety; if a hospital has a high SMR, it cannot be said for certain that this reflects failings in the care provided by the hospital. However, it can be a warning sign (smoke alarm) that things are going wrong and an indicator for further investigation.

The Risk Adjusted Mortality Index (RAMI) is an SMR which takes case complexity into account, by comparing the actual number of deaths, with the predicted number, based on outcomes with similar characteristics, i.e. age, sex, primary diagnosis, procedures performed, and comorbid conditions. A RAMI index value of 100 means that the number of patients who actually died in hospital matches the number predicted. A RAMI value lower than 100 means fewer people than expected died. It is useful to compare the trust mortality rate against a selection of UK peer top hospitals and against other Northern Ireland Trusts.

Facts & Figures

- The monthly RAMI for the Trust was lower than or equal to both the UK and NI peer for eight of the twelve months, the exceptions being July, December, February and March. The lowest RAMI value was recorded in September 2014 (68) and the highest value was recorded for March 2015 (99).
- Resubmissions of data for both the Trust and the Peer Trusts will improve the accuracy of these figures which are influenced by the timeliness of clinical coding.

The funnel plot (RAMI 2014) shows that the trust with an average of 81 was within the mid-range of the peer population as outlined by the funnel plot lines and below 100 ie fewer deaths than expected. The UK peer group average was 84.



Theme 1: Effective Health & Social Care

Next Steps

- Over the period 2015/16 the Trust will continue the process of validation to review cases which would indicate an unexpected death based on diagnosis or prognosis. This information is considered at Governance Committees and investigated further or learning shared as appropriate.

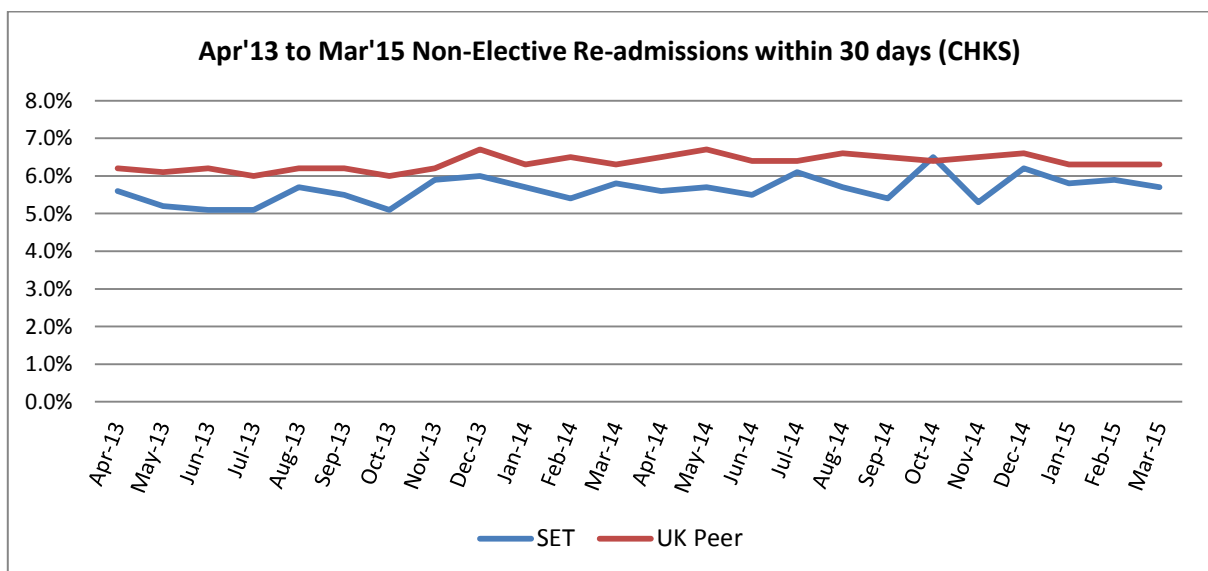
Rate of Emergency Readmission within 30 Days of Discharge

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

Facts & Figures

- To ensure we measure as appropriately as possible, readmissions are counted as those patients readmitted as an emergency within 30 days of any previous admission to the Trust. The Trust has seen an increase in the readmission rate from 5.5% in 2013/14 to 5.8% in 2014/15. In 2014/15, 6.5% of all UK peer group admissions were emergency readmissions within 30 days therefore the trust remains in a positive position. With the exception of October 2014 the trust readmission rate was lower than the peer over the two year period.

The graph below shows the recorded readmissions to the Trust but does not include readmissions to other hospitals outside the Trust geographical boundary.



Theme 1: Effective Health & Social Care

Research / Audit

Innovation Research and Development (IRD) continues to contribute to the Trusts on-going commitment to improving Safety, Quality and Experience (SQE). The department continues to be actively involved in the Quality Improvement and Innovation Approach (QIIA), working closely with the key stake-holding departments in the development and implementation of the outputs from QIIA.

The department is diverse in regards to its activity having a presence in: Cardiovascular, Renal, Critical Care, Stroke, Technology, Diabetes, Gastroenterology and this year will lead to the development of respiratory medicine in the Trust.

IRD is professionally agnostic, working with a wide variety of professional groups and across multiple sites including: Occupational Health, Podiatry, Nursing, Medicine, Laboratories, Imaging, Medical photography, Pharmacy and Physiotherapy

We continue to be involved at a regional, national and international level, with representation on a number of key groups and project teams, including:

| | |
|---|--|
| <ul style="list-style-type: none">• Discharge (FP7)• Magic (H2020)• Cleanward (FP7)• IRAS• HRA• Research Managers Forum• R&D Operational Management Group• NICRN• NICTN• OU• QUB• UU | <ul style="list-style-type: none">• Appattic• GE• Intelesens• Primary Care providers• Honest Brokers Service• NICHE• CHIC• Hygeia• Pharma: GSK, Novo Nortis etc• University of Louisiana• Yale• HSC Innovations |
|---|--|

Moving forward there is a need to consider how our structure sustains the increasing portfolio of IRD, as it performs three key functions, that whilst achievable in the short term, will become more difficult to deliver outputs on, as the scope and complexity of service grows. These three areas:

- Liaison
- Governance and
- Project Management.

As we continue to develop there needs to be clear boundaries between these strands to minimise risk and ensure productive operations. The IRD will continue to support and develop QIIA, fund IRD, partner and collaborate, encourage and develop projects and most importantly actively participate in delivering SQE for all clients and staff.

Theme 1: Effective Health & Social Care

Audit

The Trust continues to strive towards a position of guaranteed safety, high quality services and a positive patient/client experience. Audit is an important tool to utilise in the quest to achieve this and the Multiprofessional Audit Team provides advice, support and assistance to all health and social care staff within the Trust. Assistance provided includes data collection, analysis, report writing and presentation material production, action planning and continuous monitoring. The audit team have been crucial in supporting the monitoring and improvement of the Nursing and Midwifery KPI's (Key Performance Indicators) across the Trust, demonstrating through monthly rapid cycle audit, compliance with standards and identification of areas to focus improvement. Staff have fully embraced the online electronic data entry tool and appreciate easy access to results via the Qlikview system, in a timely fashion enabling real-time improvements to be identified.

Another process of ensuring that best standards of care are delivered is through the implementation and audit of compliance against NICE guidelines. This audit programme provides the Trust with a mechanism of assurance that key guidance is embedded within departments and effectively implemented producing required outcomes.

During the period 2014-2015 the reports of National Audit studies were published in which the South Eastern Trust had contributed including the National Audit of Inflammatory Bowel Disease (IBD) Round 4 and the Sentinel Stroke National Audit Programme Report of Acute Organisational Audit Results.



Facts & Figures

- During the 2014/15 period, the Audit Team supported the SQE agenda through developing annual audit plans in every Directorate
- Each service area annual audit plan included traditional and rapid cycle audit approaches
- The most common reasons for selecting an audit project included the need to assess current practice against new guidelines and a re-audit topic.

Next Steps

- Building on the success of previous years, the Trust plan to hold the 3rd Annual Multiprofessional Audit Conference in May 2015 in the Quality Improvement & Innovation Centre (QIIC).
- The Trust participated in the data collection phase of the Northern Ireland Audit of Dementia led by University College Cork. The anticipated report from this audit is due to be published early in the 2015/2016 year.
- Work will continue in the development of Trustwide and bespoke KPIs. For example, the KPI looking at Omitted Medications currently in its pilot phase will be rolled out to all Trust wards in September 2015
- Audit staff will support Audit Convenors to develop and maintain their bespoke audit plans for their area of work to support SQE plans through QI approach.

Social Care Indicators

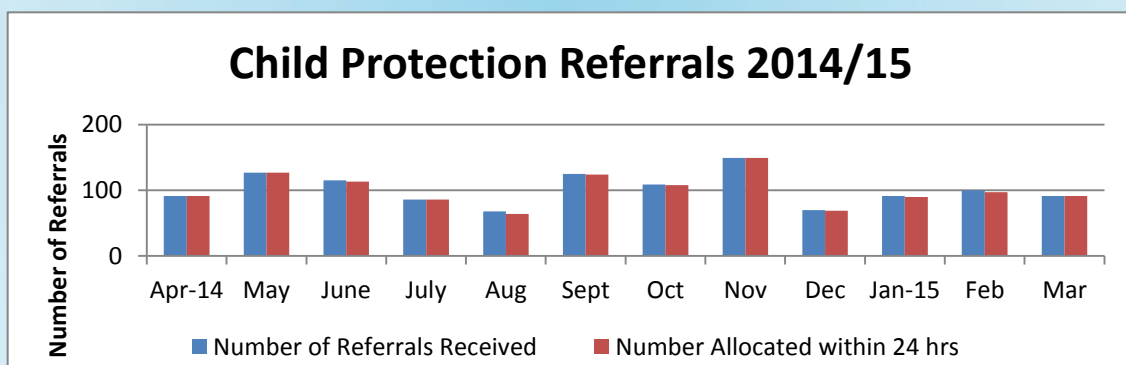
Children's

Protecting Children at Risk

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

Facts & Figures

During this year 99% of children or young people were seen within 24 hours of a child protection referral being made. The Gateway team responds to all child protection referrals within 24 hours; 12 children were not seen within this period as they were not available when the social work visit was made. In these situations the children were seen and spoken to at the first available opportunity.



All child protection referrals are made to the Trust Gateway Team. This is the single point of contact which makes it easy for other professionals and members of the public to make direct contact with skilled staff who assess risk to children. In this year the Trust has reviewed how the service is working and is satisfied that children who are identified as potentially at risk by others are prioritised and assessed within an appropriate timescale.

Next Steps

- The Trust would like to develop opportunities to hear from children and their parents about their experiences of working with child protection professionals. In this forthcoming year the Trust is collecting data from service users on their experience of the child protection processes in which they were involved.

Children's Services Family Support Hubs

Often family members find themselves under stress as a result of life's events and are in need of support to help them cope. The Family Support Hub provides early intervention family support services to vulnerable families and children/young persons aged up to 18 years. This year the Trust provided support to 800 families through this hub.

Next Steps

- Promoting the benefits of this service with professionals across the Trust
- During this year outcome measures will be developed.

Theme 1: Effective Health & Social Care

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. The Trust must ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements, preserving and maintaining their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

Facts & Figures

During this year, there were 464 children in the care of the Trust. 97.3% of the Looked After Children had reviews of their care undertaken within regionally agreed timescales, which is a slight decrease on last year's figure. The timing of these reviews is closely monitored to ensure the care they receive meets the needs of the child/young person.

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 increase the young people's engagement in discussions about their care.

Following the success of using the App a target of 80% engagement of those presented with the App was set, which we have exceeded this year. The use of MOMO is being consolidated across the three social work teams that provide support to Looked After Children before planned spread across other teams in Children's services.

This year Social Work Staff and young people were consulted regarding their experience of LAC reviews. Based on their feedback, a number of improvements are being tested.

- Young person involved in planning their review meeting and having a say in who is there
- Young people talk about "What's important to me"
- Sweets and pages to draw on.



Next Steps

- The use of the Momo App will be extended to other teams within the Trust. This will ensure that review meetings listen to the voice of the child
- An improved format of review meetings will be tested to encourage attendance and participation of young people.

Theme 1: Effective Health & Social Care

Ensuring Permanence Plans for Looked after Children

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

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

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved.

Facts & Figures

In this reporting period 99.5% of all Looked After Children in care for more than 3 months had a permanency plan in place.

"Home on Time" Project

This year a new project called "Home on Time" will be introduced in the Trust which has been commissioned by the Health and Social Care Board. This is a concurrent care scheme which aims to speed up the process for young Looked After Children to either return home to their parents or be adopted by their carers. Concurrent care planning is for young children in care, often under the age of two, who are likely to need adoption, but who still have a chance of being reunited with their birth family.

The "Home on Time" project will seek to offer a range of options for young children to achieve an early permanence plan. These include:

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



Next Steps

- Staff have been appointed to lead this project
- Information on this new project will be shared across all Social Work teams in the Trust.

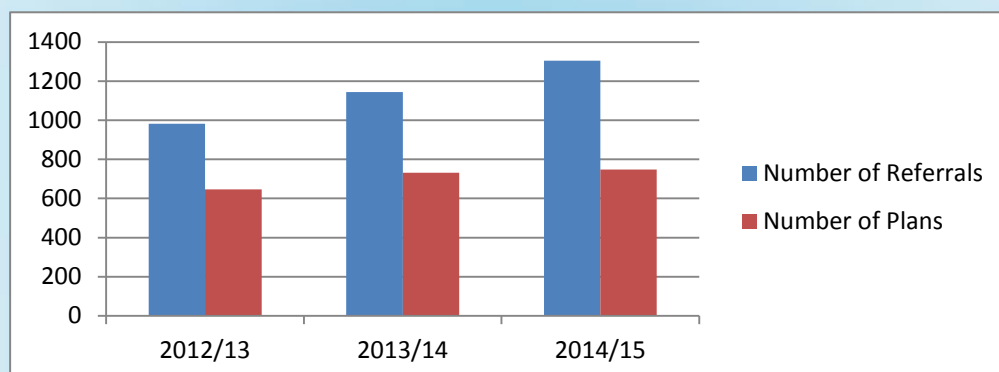
Adults

Adult Safeguarding

The Trust promotes a culture of zero-tolerance of adult harm and emphasises that this is everyone's responsibility. There are many vulnerable people in the community and those most at risk should have in place adult protection plans if an investigation identifies harm or risk.

Adult safeguarding targets set a requirement of a 5% increase in referral rates each year. The Trust has exceeded this target figure with a 14% increase in the total number of referrals compared to 2013/14.

Facts & Figures



Adult protection plans are important in that they help eliminate or significantly reduce the likelihood of abuse occurring again. The Trust noted a 2% increase in the number of adult protection plans in place for adults referred for investigation and identified as a risk of harm.



The Trust and the Local Adult Safeguarding Partnerships (LASP) have continued to offer awareness raising sessions across all faith communities sharing information in respect of adult abuse. Work is also progressing to establish a dedicated Adult Protection Gateway Team with one single point of contact of adult safeguarding referrals.

Funding from the Social Work Strategy Innovation fund has allowed the Trust to pilot the use of a family group conferencing model. This is a process led by family members to plan and make decisions to support the person who is vulnerable. This model will be fully evaluated in September 2015.

Next Steps

- The Trust has developed a checklist to alert staff and services to potential increased risk of abuse among vulnerable adults. This is being evaluated and it is hoped to be shared regionally
- The Trust is exploring the use of 10,000 Voices Project to seek service user feedback through their stories. A questionnaire is being developed in consultation with service users which will be tested
- The Trust has developed an accredited training programme on Adult Safeguarding for social workers which will be piloted in 2015/16.



Theme 1: Effective Health & Social Care

Carers Assessments

There is a significant population of carers within the region providing an invaluable service for relatives and their loved ones. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities, in order to support them in their caring role.



Facts & Figures

During the period 2014-15, 2064 adult carers were offered individual Carer Assessments. 776 carers engaged with Trust staff in this process, compared to 957 in 2013-14. Further work will be undertaken to fully understand the reason why carers did not engage in this process.

| Carers And Direct Payments Act 2002 | Mental Health | Learning Disability | Physical Disability | Older People | Children Family & Child Care Disability | Total 2014-15 |
|--|---------------|---------------------|---------------------|--------------|---|---------------|
| Number of adult carers offered individual carers assessments during the year | 452 | 229 | 314 | 930 | 139 | 2064 |
| Number of adult carers assessments undertaken during the year | 143 | 170 | 159 | 192 | 112 | 776 |

The Trust's Carers Development Officer continues to promote awareness of the needs of carers across the Trust and works alongside teams across Children's and Adults Services to support carers. An electronic tool has been developed to capture carer assessment activity and implemented across most Adult Programmes and Children's Disability Teams. This has facilitated staff to maintain up to date records with less time spent on paperwork.

In 2014/15 after a Carers Assessment was completed, 542 individual payments were made to carers across all programmes of care to enhance the carers own health and wellbeing.

The Trust Carer Network continues to grow and has now over 48 members. Events for carers were held during June 2014, October 2014 and February 2015.

Benefits of a Carer Assessment

"I was offered a carer assessment and it was explained to me that this was to look at my needs as a carer – aside from my mum's needs. The Social Worker was very supportive and listened to what I was saying about how caring was affecting me. She linked me in to a number of things locally. One was a programme for carers, which was really good. It was held over a number of weeks and gave me the chance to take care of myself for a change and meet other carers. After the programme finished the group continued to meet and still does. One other thing that made a huge difference to me was getting money to take a trip to see my son and his family abroad. This gave me a real boost as I hadn't seen them for some time. I would recommend to any carer to have an assessment as it made such a difference to me and helped to me to cope better".

Next Steps

- Trust staff to continue to promote the benefits of carer assessment
- Continue to raise awareness of the needs of carers from black and minority ethnic groups
- Extend the Short Breaks Initiative piloted by Mental Health in partnership with local community pharmacists across the Trust.

Theme 1: Effective Health & Social Care

Re-settlement of Adults with a Learning Disability

The goal of the Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice, moving away from a service-led to needs-led approach and challenging and changing mind-sets that may affect the individual's potential to become an integral and valued member of their community. Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for the Trust.



Small scale supported living arrangements have been shown to offer a better quality of life as compared to congregated living arrangements. Each person to be resettled has an individual person centred support plan developed, identifying the person's preferred living arrangements.

While some families and carers expressed concern about moving their family member from a hospital setting where they felt safe, interim evaluation reports indicate that the overall feeling now from individuals and their families is that betterment has been met through the move to the community and there are vast improvements in their loved one's quality of life.

Findings also indicate that people experience more choice in the community and much more opportunity to socialise, pursue interests and activities.



Facts & Figures

- The Trust has resettled forty-nine people from Muckamore Abbey Hospital
- Five remain to be resettled, all of whom have plans in place for discharge
- Only 2% of people with a learning disability who were resettled in community placements had to be readmitted to hospital as a result of irretrievable breakdown of their placement.

Next Steps

- The Trust will continue to focus on the resettlement of the remaining six people in hospital who will require bespoke services in the community. We will develop and extend living options and schemes based on identified needs in partnership with other providers and housing bodies to meet these challenges.

Theme 2: Delivering best practice in safe health & social care settings

Theme 2: Delivering best practice in safe health & social care settings

Cardiac Arrest

Reducing Hospital Cardiac Arrests

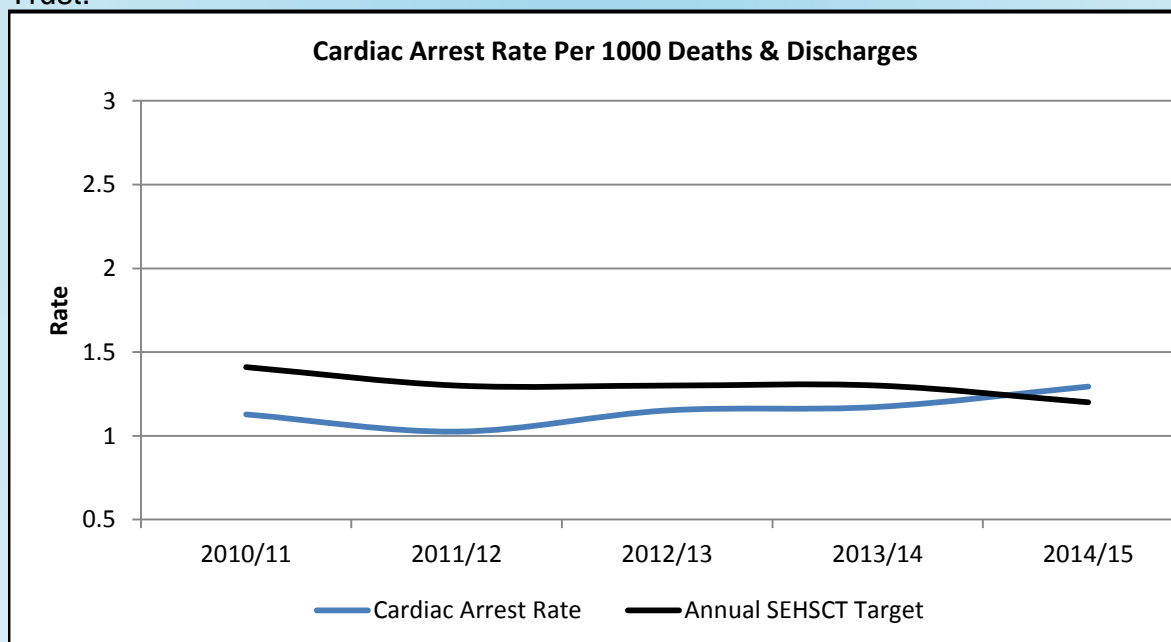
This measure is important because it reflects the effectiveness of the organisation in managing the patient in hospital whose condition is deteriorating and in compassionately managing those patients who are recognised as nearing the end of their lives. Evidence would suggest that effective recognition and management of the acutely unwell patient will reduce preventable cardiac arrests in hospital wards.

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

Facts & Figures

The chart below shows the yearly average of reported cardiac arrests per 1000 deaths and discharges. The Trust set an aim to maintain the crash call rate at 1.2 or less by March 2015. On-going work has seen an overall reduction in cardiac arrests in the Trust since 2007/08; however the mean crash call rate at the end of March 2015 is 1.29 which is just above the target for the Trust.

Whilst there is an increase in the cardiac arrest rate from 2013/14 (1.17), it is recognised that there is a growing aging population with multiple co-morbidities within the Trust's catchment area presenting for treatment and admission to our Trust.



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Next Steps

Timely recognition of the deteriorating patient remains a priority for Trust staff. During 2015/16 the Trust will continue to enhance staff skills in the recognition of the deteriorating patient and effective communication in escalating concerns appropriately through Sharing and Learning sessions, Improvement Workshops and bespoke initiatives with identified wards.

The Trust will continue to focus on monitoring and measurement of the Regional National Early Warning Scoring system (NEWS) Key Performance Indicator (KPI) in all Adult Inpatient Wards.



Reducing Healthcare Associated Infections

The DHSSPSNI set annual targets with each acute Health and Social Care Trust to achieve a regional reduction in Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* infections (CDI) in Northern Ireland (NI); this was based on those numbers reported in the previous year.

The annual target set for 2014-2015 for the South Eastern HSC Trust was no more than 12 MRSA bacteraemia and 50 *Clostridium difficile* infections.

Reduction of Preventable MRSA

Much work was undertaken to reduce *Staphylococcus aureus* bloodstream infections.

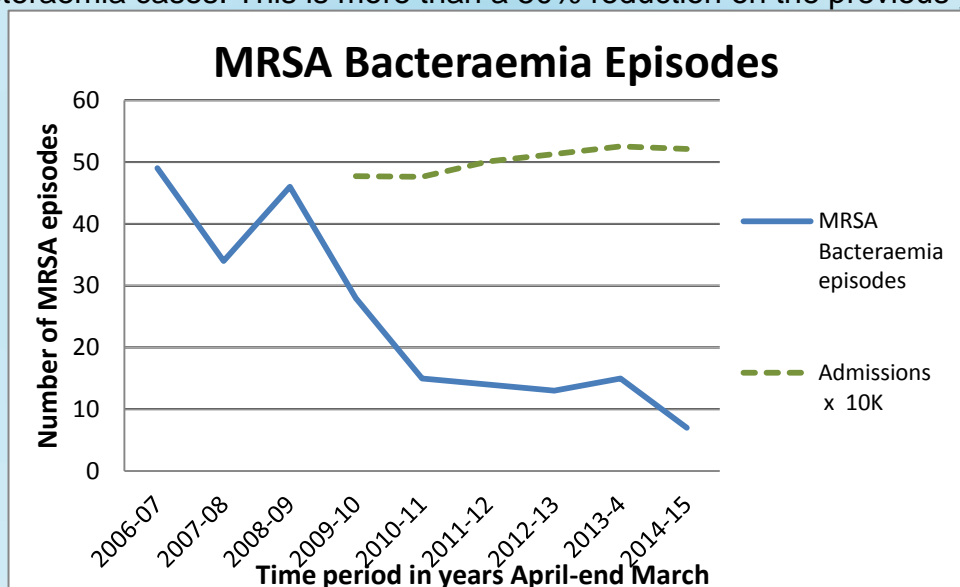
This included;

- A close review of vascular-access devices and prompt removal when no longer required
- A review and update of vascular-access management policies including MRSA screening guidelines
- The implementation of an improvement programme to audit practice within clinical areas to support the Ward Sister in ensuring patient care remained at a high standard.

This effort has contributed to a significant reduction in the number of MRSA blood stream infections. This year there were seven MRSA bloodstream infections recorded across the Trust which was below the target of 11 set by the DHSSPSNI. This was the lowest figure reported since this surveillance commenced.

Facts & Figures

- In 2014/15 the Trust had a significant reduction in the number of MRSA bacteraemia cases. This is more than a 50% reduction on the previous year.



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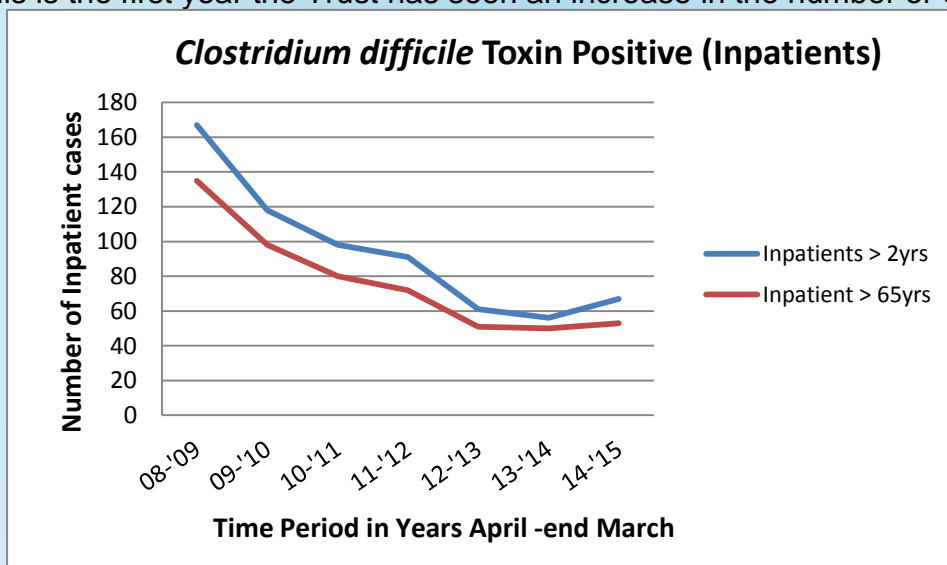
Reduction of Preventable *Clostridium difficile* Infection

In relation to *Clostridium difficile* infections (CDI), a total of 64 cases were reported. This was 14 cases over the target set and was the first year that the Trust did not maintain a continued reduction year on year since 2007. The graph below shows the increase in CDI this year compared with previous years.

It is not clear why this increase occurred. There is a growing aging population within the Trust's catchment area presenting for treatment and admission to our hospital with complex medical needs. Many require antibiotics to treat infection both in hospital and community hence this may trigger an antibiotic-related diarrhoea or CDI. Systems within our hospitals are in place to ensure that antimicrobials are prescribed appropriately in line with the Trust guidelines. Patients who develop diarrhoea are prioritised for side room isolation and testing for *C. difficile* infection or to check for carriage of this germ in the gut.

Facts & Figures

- In 2014/15 the Trust had an increase of 11 in the number of CDI cases. This is the first year the Trust has seen an increase in the number of CDI cases.

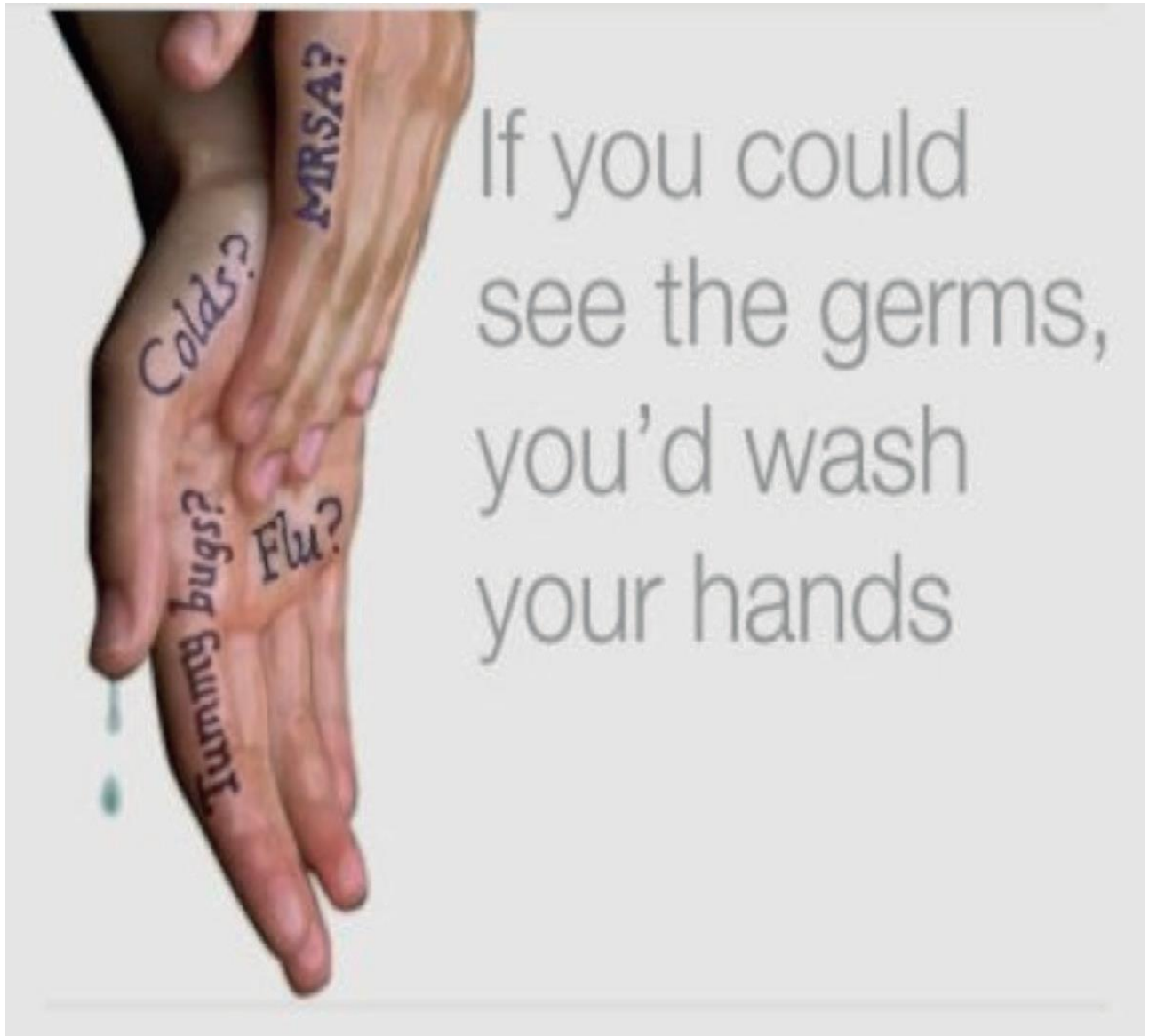


Next Steps

A post-infection review (Root Cause Analysis) is carried out following *Staphylococcus aureus* bloodstream and *Clostridium difficile* infections to identify any areas for learning. The outcome of the investigation is shared with Clinical Teams, across Directorates at Governance meetings and via newsletters to further enhance practice and patient care:

- To further embed the care management of vascular access and invasive devices and reduce the incidences of false-positive blood cultures
- To measure compliance with MRSA screening guidelines.

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If you could see the germs, you'd wash your hands

Surgical Site Infection Surveillance

Surgical Site Infection (SSI)

As part of a Regional Infection Surveillance programme Orthopaedic and Caesarean section surgical wound infection monitoring is undertaken in the Trust. In addition, within the Critical Care Unit the incidence of ventilator-associated pneumonia; central venous and urinary catheter device-related infections are kept under review. Data is sent routinely to the Public Health Agency for analysis. This enables clinical teams to monitor progress and benchmark against other centres within the region.

Facts & Figures

Critical Care

In relation to the surveillance programme within the Critical Care Unit there have been no device-associated infections reported since the programme commenced in 2011 and one ventilator-associated pneumonia reported in 2012.

Caesarean Section Surgical Wound Infection

From 1st January 2014 - 31st December 2015 a total of 903 caesarean procedures were undertaken. The number of infections occurring during inpatient stay or those mothers re-admitted with infection was 0.3%. The rate occurring post-discharge was around 10%. Much work has been undertaken as it was thought that some of the infections developing in the community were due to reporting of wounds which were inflamed (as part of the normal healing process), but did not meet the Public Health Agency's (PHA) and National Standard definition of wound infection.

This has involved:

- Updating midwives in the standard PHA definitions
- General wound management information
- Reviewing wound care information advice for mothers.
-

The number of post-discharge infections has fallen in the last quarter of 2014 and first quarter of 2015.

Orthopaedic Surgical Site Infection

The overall average rate of surgical wound infection from January 2014 - 31st December 2014 was 0.6%. This is a slight increase in the average reported in the previous year. It is not clear why this occurred but on investigation none of the infections were deemed to be linked to transmission. We continue to keep this under close review.

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Next Steps

Orthopaedic Surgical Site Infection

- The plan is to introduce a “light surveillance” system whereby much of the data is extrapolated from the Trust electronic theatre management system. Hence staff will no longer have to collect the data on each orthopaedic procedure in theatre and following the procedure on a paper survey form. Thus this would reduce the workload of staff within theatres and at ward level.

Caesarean Section Surgical Wound Infection

- Continue roll out to support midwives and explore the feasibility of moving to a “light surveillance” system as described for orthopaedics above. This would free up time for other tasks, as information would only need to be generated if the patient developed a surgical site infection.

Critical Care Infection Surveillance

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

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Patient Falls

A patient falling is one of the most reported incidents in hospital. Falls are not always preventable, especially when rehabilitating patients and encouraging independence. Falls can however set back a patient's recovery and may also add new and or serious complications.

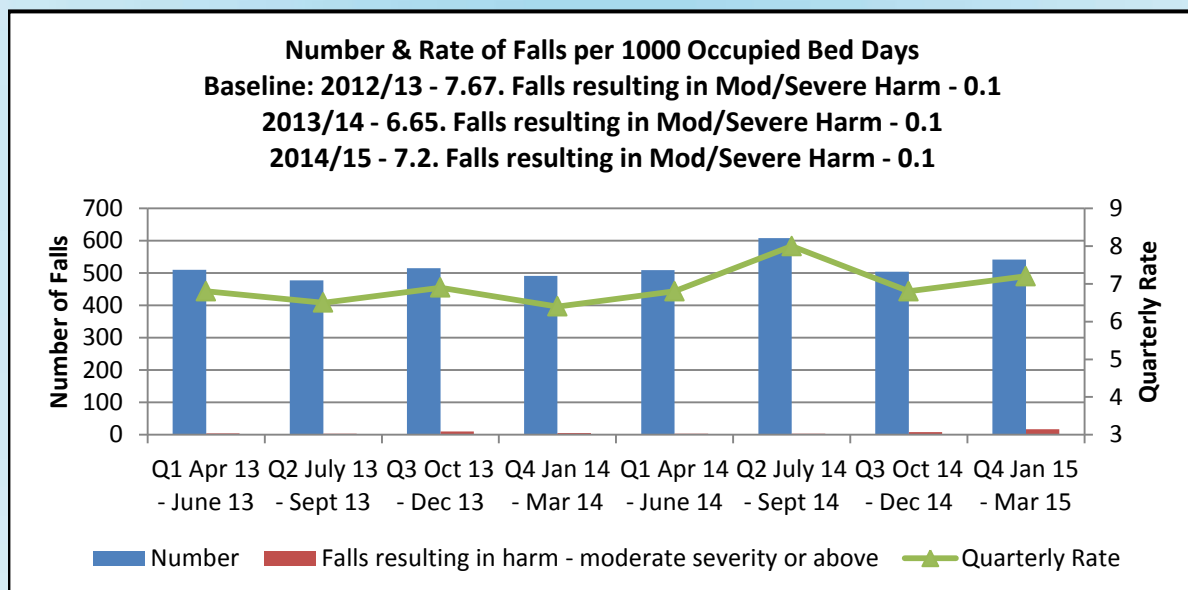


The Trust introduced the FallSafe Bundle to all adult acute inpatient wards which aims to help assess the patients' risk of falling, and introduce simple, but effective and evidence-based, measures to minimise falls. These measures include medication and nutrition management and walking aid and footwear reviews. Evidence has shown an increase in reporting of falls following the introduction of the FallsSafe Bundle therefore reduction of number of falls may be difficult to evidence for the first one/two years.

Facts & Figures

Over the year 2014/15 the number of falls has fluctuated from quarter to quarter but as the graph below clearly shows the number of falls resulting in moderate to severe harm has remained static.

In 2013/14 the Trust initially reported 2131 falls but following a review this number reduced to 1993, a reduction on the previous year of 138 falls. Of the 2163 falls recorded in 2014/15, 31 (0.1%) led to a fall resulting in moderate to severe harm.



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Next Steps

- The application of the FallSafe Bundle will continue with the aim of a reduction in inpatient falls supported by a member of the Safe & Effective Care Team
- During 2015/16 the Trust will continue to enhance staff skills in identifying patients who are at risk of falls through Sharing and Learning sessions and Improvement Workshops
- The Trust will continue to focus on monitoring and measurement of the FallSafe Bundle in all Adult Inpatient Wards.

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Pressure Ulcers

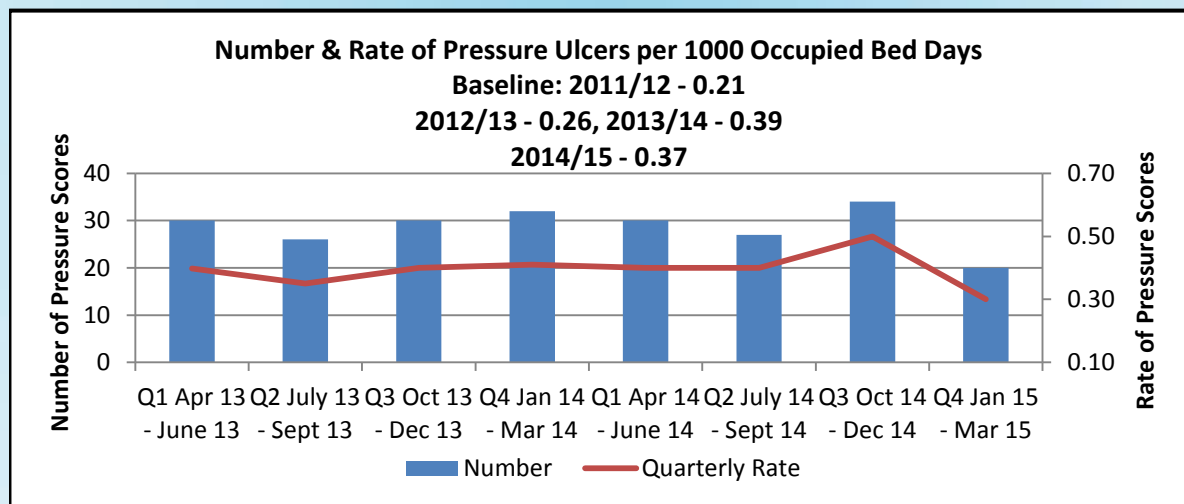
A pressure ulcer is damage that occurs on the skin and underlying tissues due to the lack of blood and oxygen supply. This is usually due to unrelieved pressure. Anyone can develop a pressure ulcer but some people are more likely than others e.g. people who: are unable to reposition themselves; are seriously ill; are undergoing surgery; cannot feel pain over part or all of their body.

Facts & Figures

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) grading system to describe the severity of pressure ulcers. The grades are from one to four, the higher the grade, the more severe the pressure ulcer is.

In 2014/15 there were 111 incidents of pressure ulcers reported within the Trust. This equates to 0.37% incidence rate per 1000 Occupied Bed Days. The Trust is proud to report that this is a reduction in the number of patients developing pressure ulcers from the previous year. This is significant given that National Pressure Ulcer rates range from 4.7% to 32% for hospital population (NICE, 2014).

2012/13 N = 87, Grade 3 / 4 = 21 (24%)
2013/14 N = 118, Grade 3 / 4 = 29 (25%)
2014/15 N = 111, Grade 3 / 4 = 35 (32%)



Not all pressure ulcers are avoidable, for those that are, there are a number of preventative measures that can be put in place to reduce the risk of patients developing them.

These measures constitute the SKIN bundle which is implemented for individuals who are 'at risk' of developing pressure ulcers. The use of the SKIN bundle is well established across all acute adult wards within the Trust and monthly audits reflect their compliance with it.

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The SKIN bundle is made up of a number of actions that when implemented will reduce the risk of pressure ulcers developing e.g.

S = Support the Surface

K = Keep the patient moving

I = Incontinence

N = Nutrition



Our progress

- Review of KPI reporting and amendment of the audit tool based on regional discussion and feedback from ward managers; (a) to improve accuracy of reporting; and (b) to produce more meaningful data that reflects standards of pressure area care in Trust hospitals
- Facility acquired pressure ulcer reporting is now established throughout adult acute and primary care, facilitating reliable reporting of pressure ulcer incidents and a means of highlighting areas of concern which can be addressed through reflection at local level and education
- Increase in availability of mandatory pressure ulcer education and bespoke training in specific clinical areas
- We developed a visual tool to help nurses accurately grade pressure ulcers
- Current pilot of amended Glamorgan Pressure Ulcer Risk Assessment Tool in Neonatal
- Introduction of Pressure ulcer prevention and management policy
- Involvement of the Tissue Viability Team in the development of a regional patient and carers pressure ulcer prevention booklet.

Investment

The Trust has made significant investment in pressure relieving equipment to enhance our preventative strategy. Examples of this are:

- The purchase of an additional 348 pressure relieving mattresses for the use of patients in their own homes and private nursing homes
- Tissue Viability and Occupational Therapy Teams developed a Cushion Library Service within the Ulster Hospital; 200 pressure relieving cushions were purchased to implement this service.

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Making Data Visible

The Trust successfully implemented two useful tools for all facilities to openly display their Pressure Ulcer Rate. These tools enable each ward to benchmark their own progress in pressure ulcer prevention standards.

- Safety cross
- Days between the development of pressure ulcers.

730 Days Pressure Ulcer Free

**Ward 20, Cardiology,
Ulster Hospital**

612 Days Pressure Ulcer Free

**Ward 11, Old Age Psychiatry,
Lagan Valley Hospital**

Next Steps

- Work towards consistency in obtaining compliance with the 'SKIN Bundle'
- Validation audits are planned for early 2016
- Trustwide distribution of locally developed pressure ulcer grading tool in accurately grading pressure ulcers

| GRADE 1 | GRADE 2 | GRADE 3 | GRADE 4 |
|--|--|---|--|
| INTACT SKIN: With non-blanchable redness of a localized area usually over a bony prominence. In individuals with darker skin, skin may not have visible blanching. The area may be painful, firm, soft, warmer or cooler compared to adjacent skin. | PARTIAL THICKNESS: Loss of dermis, presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. "Bruising" indicates suspected DTI. This grade should not be used to describe skin tear, tape burns, perianal dermatitis, maceration or excoriation. | FULL THICKNESS: Tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is NOT exposed. Slough may be present but does not obscure depth of tissue loss. May include undermining or tunneling. May present as a deep crater or shallow ulcer, depending on location. | UNGRADEABLE DEPTH UNKNOWN: Full thickness tissue loss in which the base of the ulcer is covered with slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage cannot be determined. Treat as a Grade 4. Stable eschar on the heels should not be removed. |
| | | | DTI (Deep Tissue Injury) DEPTH UNKNOWN: Suspected deep tissue injury; purple or maroon localized area of discoloured intact skin or blood filled blister. Due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared adjacent tissue. Treat as Grade 4 pressure ulcer. |

NPU/APU/PPPIA 2014 © South Eastern HSC Trust

- Trustwide questionnaire designed to evaluate the effectiveness of the pressure ulcer grading tool
- Evaluation of pilot
- Collaborate regionally to address pressure ulcer prevention in hospital Emergency Departments
- Introduce Skin Bundle to paediatrics.

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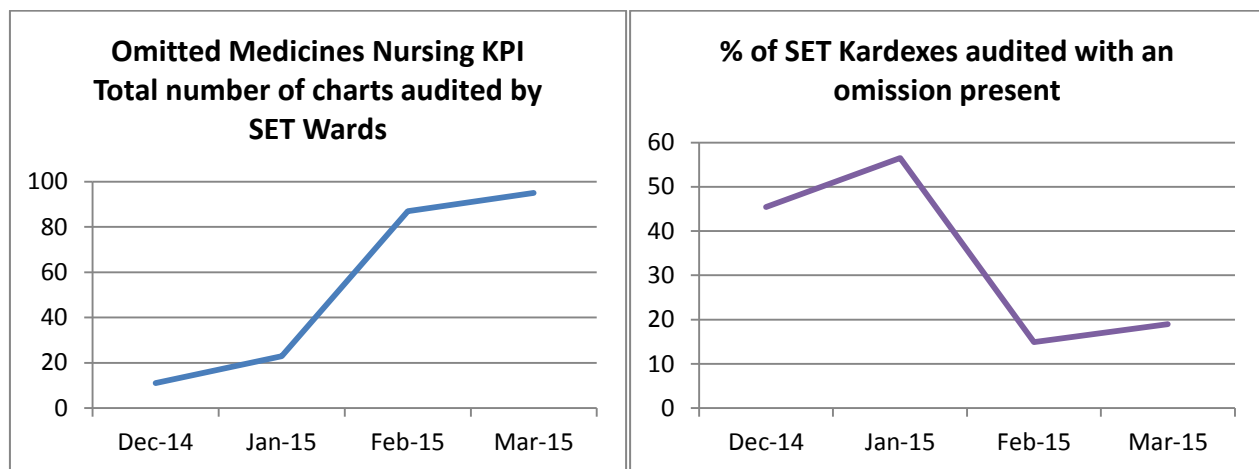
Medication Safety

Omitted Medicines

Reduction of inappropriate omitted and delayed doses of medicines remains a priority for the South Eastern HSC Trust. Audit data confirms that the number of omitted and delayed doses of medicines on our wards continues to fall.

Recent initiatives include:

- Enabling staff to locate medicines they need out of hours by:
 - development of a 'medicines finder' facility on the Trust computer system
 - creation of 'critical medicines cupboards' throughout the Trust to stock important medicines such as those for epilepsy, Parkinson's Disease and anti-coagulants. These can be accessed by any ward who needs medicines.
- Communication of audit results to all staff and education on the importance of avoiding missed doses through an 'Omitted Doses Road Show' (May 2014)
- Development and roll-out of a measuring tool (Nursing Key Performance Indicator) to allow nursing staff to measure omitted doses (see below).



Regional Medicine Chart.

Research by the Royal College of Physicians has shown having standardised prescription charts improves patient safety. Work to develop one adult acute prescription chart for use in all Northern Ireland Hospitals concluded in February 2014. Staff from the South Eastern HSC Trust have been involved in the development of this prescription chart and it has now been implemented in all Trusts in Northern Ireland.

Further work to develop medicine charts specifically for maternity, paediatrics and long stay facilities has also been undertaken and this is scheduled to conclude by the end of 2015.

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Medicines Reconciliation

The aim of medicines reconciliation is to ensure that medicines prescribed in hospital correspond to those that the patient was taking before admission. Clinical pharmacists work alongside medical staff on the wards to ensure accurate medicines reconciliation at admission and also at discharge. It is important that the patient's GP is informed of any changes made to a patient's medicines whilst they are in hospital.



Recent work to improve medicines reconciliation includes:

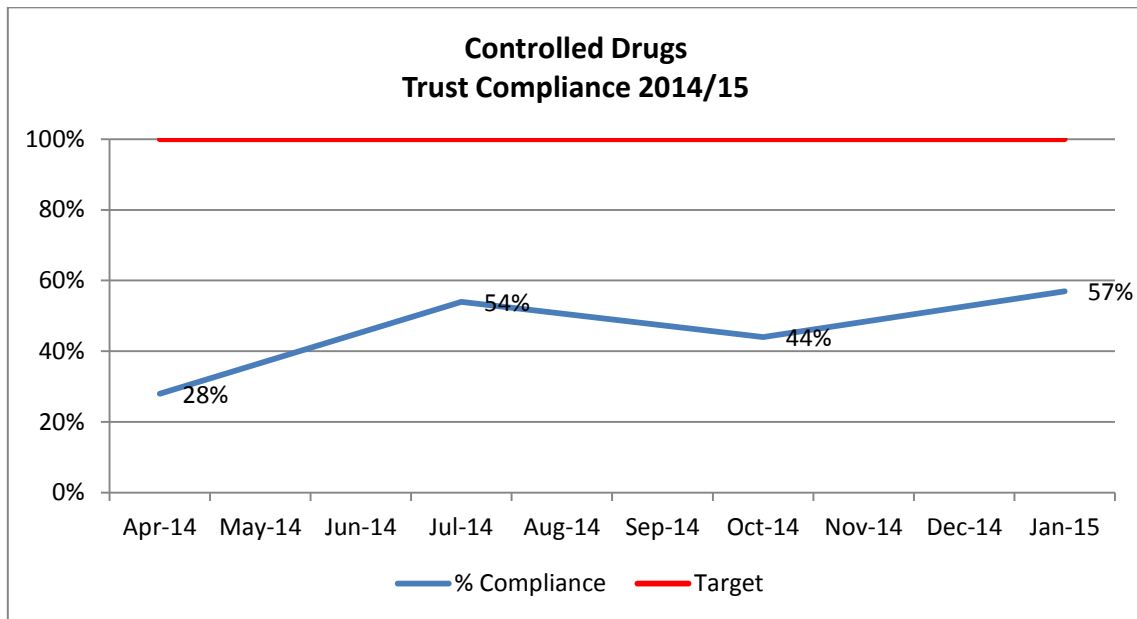
- Collaboration with the Business Services Organisation (BSO) Electronic Care Record (ECR) Team to develop the 'GP meds form' which now allows hospital staff to print out and review patient's pre-admission medications directly from GP systems. This reduces transcription errors and illegibility
- Increasing number of Pharmacist prescribers on the wards – this helps patients get the medicines they need in a more timely manner
- Use of IT to help us work and communicate more efficiently e.g. use of iPads, access to the medicines section of the Electronic Care Summary, use of electronic whiteboards on the ward
- Quality improvement projects involving the multidisciplinary team continue:
 - Medicines reconciliation on admission in Medical Admissions Unit
 - Audit of the quality of discharge information sent to GPs
- Development of key performance indicators for clinical pharmacy which are submitted to the Health and Social Care Board each month (see below).

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Safer Management of Controlled Drugs in Hospital

Controlled drugs are medicines which have stricter controls applied to them to prevent them being misused. It is extremely important that staff managing controlled drugs adhere to policy guidelines for the safe and appropriate use of these medicines. The Trusts Controls Assurance group monitors compliance with controlled drug legislation.

Compliance with regular controlled drug audits are monitored every 3 months (see below).



Extension of Services beyond Hospital

In line with Transforming Your Care work across hospital and community settings to ensure the use of medicines is optimised and health and wellbeing is promoted.

Intermediate Care (Domnall) - Fracture Rehab Pathway

Some patients may require rehab before returning home after a fracture. Domnall ICC has a multidisciplinary project team who deliver on-going care to fracture patients. Since the introduction of the project team in Dec 2014 the length of stay has reduced from 43 days to 33 days due to the intensive rehab input.

Medicines Optimisation in Domnall:

- Review of medicines on admission to assess and evaluate changes to made in hospital
- Counselling of patients on medication adherence
- Pharmacist prescribing under an approved treatment plan which frees up medical staff attend to other duties
- Timely supply of medicines to avoid missed doses
- Communication with the GP at the point of discharge to advise of medication changes

Theme 2: Delivering best practice in safe health & social care settings

Falls Reduction through medication review

Funding has been agreed to develop a referral pathway from Northern Ireland Ambulance Service (NIAS) to the Trust for older people (65 years and over) who reside within SEHSCT and are safe to remain at home. On receipt of referral a multidisciplinary team will assess the patient and complete a falls screening risk assessment.

As part of this team a pharmacist will complete a medication review and, in conjunction with the patients GP explore ways to reduce the number of medications which have the potential to cause falls.

Next Steps

Medication Safety

- Further work to spread the use of the nursing tool to measure omitted doses
- Collaboration with the regional IT team at BSO to improve communication around patients medicines between primary and secondary care
- New projects on improving the use of high risk medicines such as insulin and anti-coagulants.

Innovative Neuro-modular Treatment for Bladder and Bowel Dysfunction

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

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

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

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

Facts & Figures

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

Next Steps

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

Theme 2: Delivering best practice in safe health & social care settings

Social Care Indicators

Direct Payments for Children

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

They now form part of a new initiative from the Health and Social Care Board, known as Self Directed Support (SDS). This will offer more control, flexibility and independence to families as they choose the support they want to meet their assessed need and agreed outcomes.

Facts & Figures

In 2014/15, 31% of the total number of direct payments within the Trust is made in respect of children (particularly children with disabilities).

The number of direct payments increased from 354 in 2013/14 to 419 over 2014/15.

It is excellent to record an increase in the uptake of direct payments for children. The Trust support the provision of direct payments where appropriate, as it enables families to locally source the care they require, allowing the individual to choose how they are supported within their community.



Next Steps

- The Trust continues to promote direct payments in lieu of direct service delivery to develop sustainable flexible supports to carers. This will be further enhanced through the Trusts commitment to the development and roll out of Self Directed Support (SDS) in 2015/16
- The Trust has appointed an Implementation Officer and Practice Development Officers to promote and embed Self Directed Support
- Staff training and implementation will be a focus in 2015/16.

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Education and Training for Young People Leaving Care

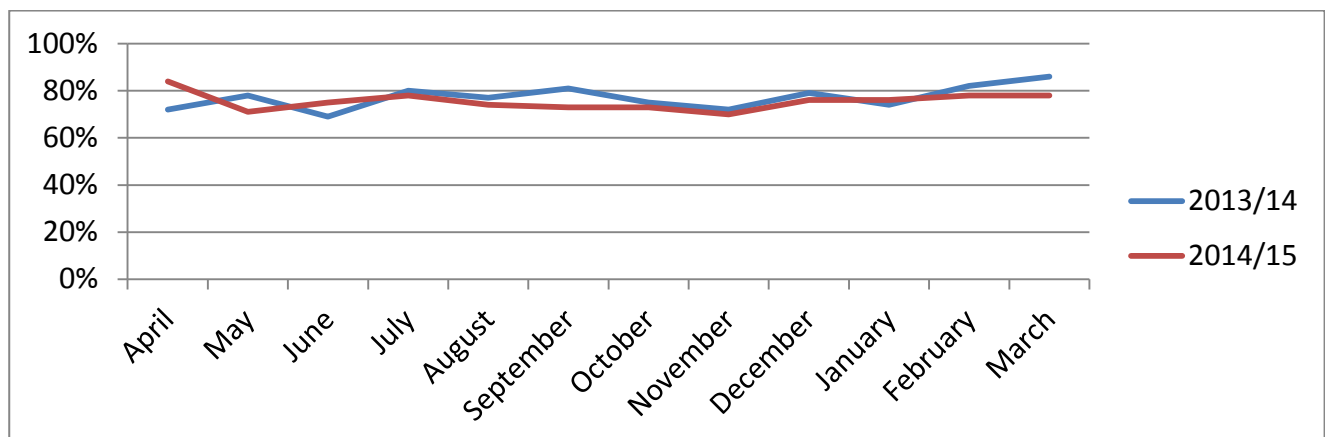
Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community. The Trust has established an employment scheme to support the training and employment for these young people, coordinating services for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

In 2014-15, the majority of young people known to the Trust's leaving and aftercare service were engaged in education, training, and employment, as demonstrated in the table below. A number of young people are sometimes unable or unwilling to participate or engage in education, training and employment.

Facts & Figures

The average for 2014/15 of care leavers in education, training and employment was 75.5% compared to the average of 77% in 2013/14. Although this shows a reduction, the Trust still exceeded the compliance target of 75% for 2014/15. This year a number of young people have been offered apprenticeships and employment within the Trust.

Care Leavers Aged 19. Source: Monthly Children's Return to HSCB
No. of Care Leavers who are in Education, Training or Employment on Last Day of Month
(Performance against Target of 75%)



The Trust continues to provide a range of support for young people leaving care to reach their full potential, for example one young person is currently studying law at University, her aim is to be a solicitor. She is being supported financially by the Trust to achieve this.

Next Steps

- The Trust will continue to provide a comprehensive person-centred Employability Service offering opportunities in traineeships, apprenticeships, work placements and in-education work experience schemes.
- Staff will continue to work on an outreach basis and deliver a structured personal development and employability scheme in the community.
- Young people will be supported by specialist mentors and 16 plus teams to progress into a range of employability programmes and to attain the appropriate support as and when required.

Theme 2: Delivering best practice in safe health & social care settings

Transition Planning for Children with a Disability

Effective planning at an early stage is vital if young people are to move successfully from school towards fuller adult lives. This is a statutory requirement under Special Education Legislation and a recommendation of the Bamford Review. These arrangements should be made in partnership with the young person, their family/carers and Adult Learning Disability Services for transition to appropriate adult services. The objective of this transition planning is to support people into the same life chances as other non-disabled young people e.g. a job, relevant education, positive relationships and the start of living independently.

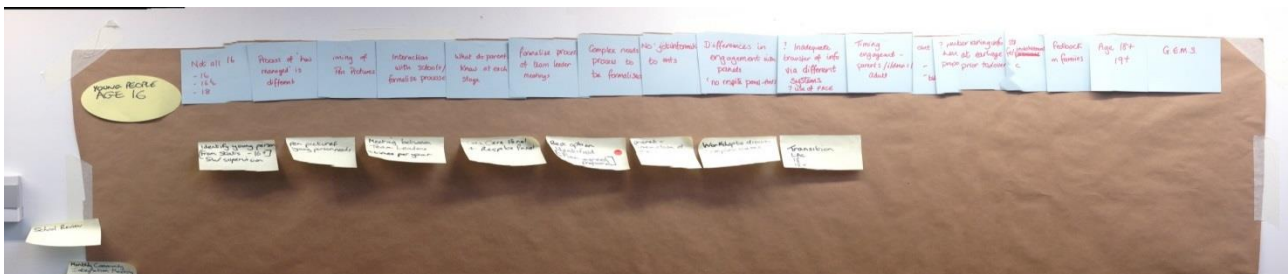
Facts & Figures

We can report that in the year 2014/15 100% of young people with a disability, who are in receipt of special education, have a transition plan in place when they leave school within the Trust.



It is regionally recognised that change for young people who have a disability is complex and can be a stressful time for them and their carers. The Trust has initiated a joint working group between Adult and Children's Services to explore new models which might smooth the transition process and create options that will reflect the needs of young people and their families.

Process Mapping Exercise between Children and Adult Services



"Everyone dreams that their child will have a full life, complete with meaningful activities, friendships, financial security and a home to live in, regardless of their ability". For parents who have children with disabilities, this requires extra planning and action.

Next Steps

- The Trust continues to work in partnership with parents, carers, schools and through service level agreements with specialist voluntary sector organisations to enhance transition planning and opportunities for meaningful engagement in their communities and workplace
- A Trust working group has been established to improve early identification and information sharing to enable a creative transition process for young people. A children's school liaison social worker and an adult transition social worker will be identified
- An evaluation of families' experience of transition will be undertaken in 2016.

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Adults

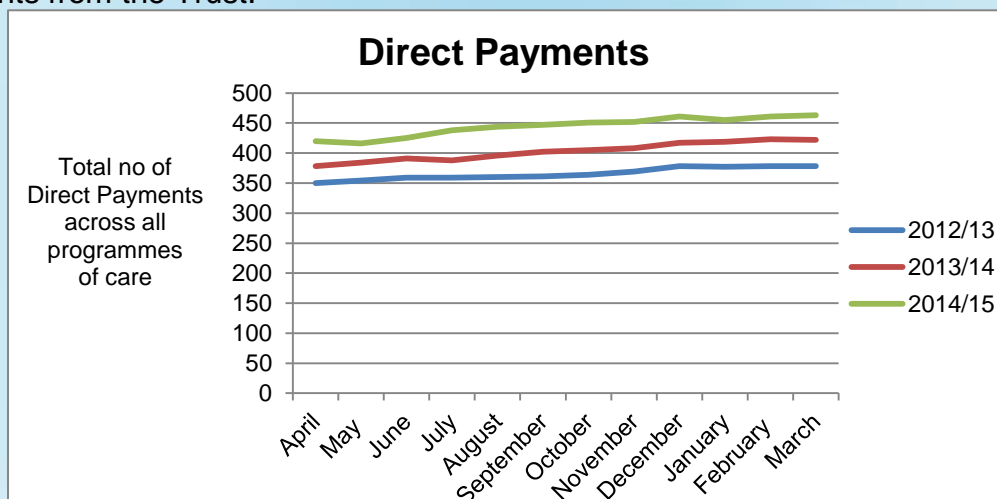
Direct Payments and Self-Directed Support in Adult Services

Changes to the way people receive Social Care Support are being introduced from June this year. The new initiative by the Health and Social Care Board, known as Self Directed Support (SDS), will offer more control, flexibility and independence to people as they choose the support they want to meet their assessed need and agreed outcomes.

A Direct Payment is one of four options of managing a personal budget under the umbrella of Self Directed Support (SDS). This option offers individuals the greatest control over how their budget is spent. In 2014 /15 in the Trust over 460 individuals utilised Direct Payments. It is expected that with the introduction of SDS and more flexibility in the utilisation of Direct Payments there will be an increased uptake in this option as we move forward.

Facts & Figures

The last year has seen a 10% increase in the number of people who received Direct Payments from the Trust.



Next Steps

- The Trust is committed to increasing the flexibility of Social Care Support to ensure that every person has choice and control of how their support is provided
- The Trust has appointed an Implementation Officer and Practice Development Officers to promote and embed Self Directed Support across all programmes of care
- To support staff teams, awareness sessions are ongoing and regional training programs are being established to ensure a consistent training program across all Trusts
- Management and practitioner forums have been established with representatives from all programmes of care in attendance to lead Self Directed Support.



A stakeholder event was held on 10th June 2015 and a number of users of services told their individual stories as why/how services needed to change.

Theme 2: Delivering best practice in safe health & social care settings

Annual Health Checks for Adults with Learning Disabilities

People with learning disabilities are more likely to experience major illnesses and develop them younger than the population as a whole. Research shows people with learning disability are less likely to access health checks and treatments they need and continue to face significant barriers within health services.

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



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

Facts & Figures

- 98% of GP's in the Trust are engaged in the health check process
- Over the past five years, there has been a steady increase from 16.3% in 2010 to 67.5% in 2015 of people with learning disabilities accessing G.P practices and receiving an annual health check.



Next Steps

- The Trust plans to continue to work with Health Development Agencies to encourage health promotion for people with learning disabilities
- The Trust plans to provide training for staff and carers on healthy options for people with learning disabilities
- The Trust plans to increase the number of health action plans for people who have been health screened.

Theme 2: Delivering best practice in safe health & social care settings

Approved Social Work

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 (ASW) or by the persons nearest relative. Good practice says that it is preferable that applications for assessment should not be a burden borne by families, in order to preserve on-going relationships and not to threaten necessary support during and after detention in hospital. These actions are always considered alongside an individual's human rights.

In the Trust 93% of applications for assessment were made by an Approved Social Worker.

Facts & Figures

- In 2014/15 applications for assessment were made by an ASW in the Trust in 99% (203) of occasions
- Only 2% (4) of all admissions were noted following an application by the nearest relative.



Next Steps

- The Trust will participate in a Regional GAIN audit from August – October 2015 to identify and examine any possible sources of delay in the process of assessment for compulsory admission under the Mental Health (Northern Ireland) Order 1986
- The Trust will implement any necessary actions from the audit findings to ensure that any delay in the assessment process is minimised and any other issues identified in the audit are addressed.

Theme 3: Protecting People from Avoidable Harm

Theme 3: Protecting people from avoidable harm

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 a HSC organisation / Special Agency or commissioned service”.

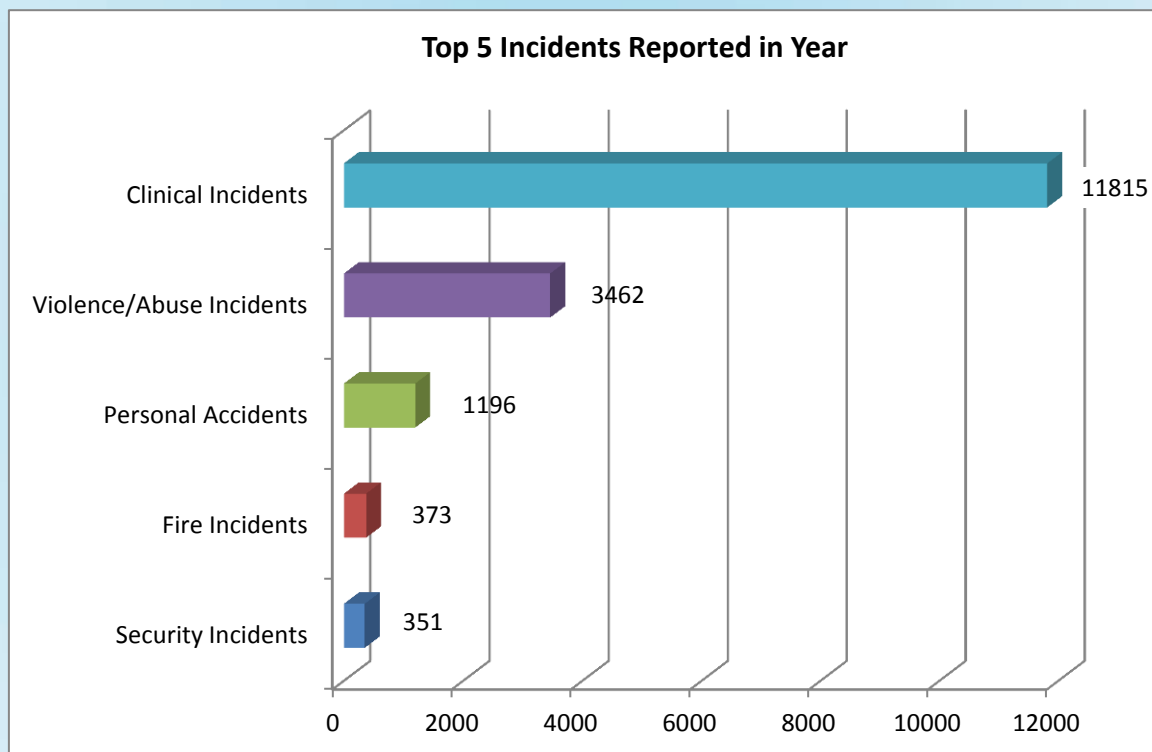
Adverse Incidents and Resulting Reduction in Harm

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

We encourage this by providing an open, no blame, learning culture and where learning from such adverse incidents is identified, the necessary changes are put in place to improve practice. Learning and sharing from adverse incidents can only take place when they are reported and investigated in a positive, open and structured manner, enabling the Trust to reduce risk and proactively improve services.

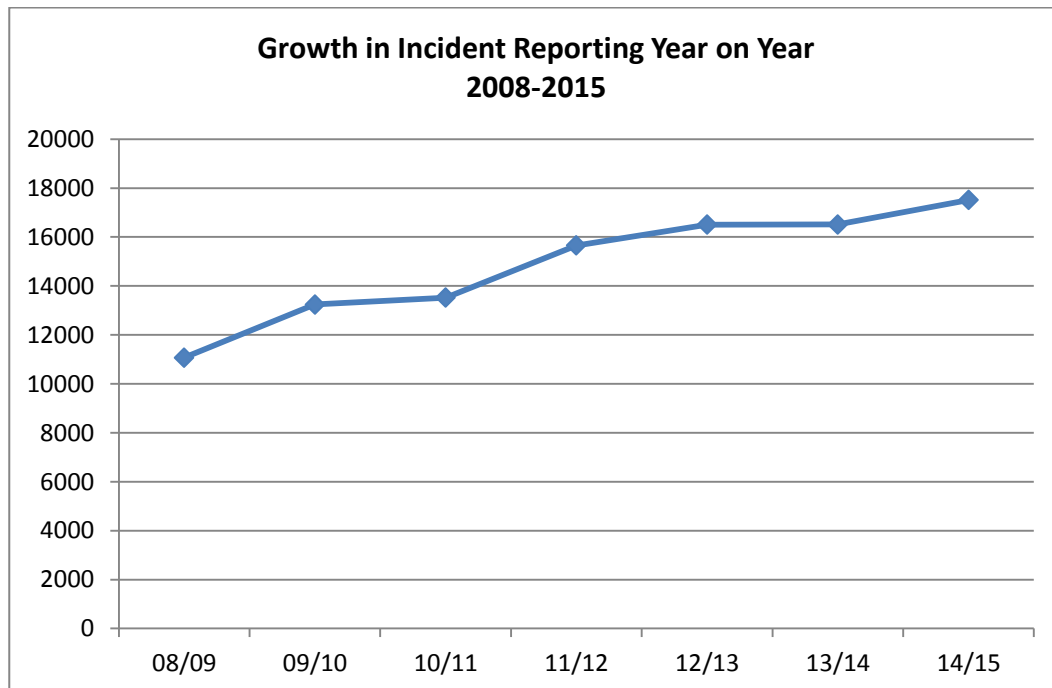
Facts & Figures

During 2014/15 there were 17,512 incidents reported, 11,815 of which were patient related (Clinical Incidents). The top 5 most reported incident types are shown in the graph below.



Theme 3: Protecting people from avoidable harm

Staff within the Trust have embraced this ethos as shown by the year on year increase in the number of incidents reported since 2008/09, as evidenced by the following information.



Serious Adverse Incidents (SAIs)

Serious Adverse Incidents are defined as “an incident where there was risk of serious harm or actual serious harm to one of more service users, the public or to staff” are low in number when compared to the total number of incidents reported annually. Of the 11,815 patient related incidents reported in 2014/15, 121 were serious adverse incidents. This equates to 0.7% of the total incidents reported throughout the Trust. This is a 0.2% increase on last year but reflects the ethos of the Trust, through its staff, for openness and transparency in a learning environment.

Each SAI is investigated fully at a level commensurate with the assessed level of harm or potential harm and of the 121 SAIs investigated during this year, 232 recommendations were made to reduce re-occurrence of similar incidents or improve patient outcomes. These included:

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

An important part of any investigation is the input received from service users, families and carers and where possible their views are sought and the outcome of investigations shared with both the service user and their family. Following a look back exercise undertaken by the Health & Social Care Board in 2014 (covered the period January 2009 to December 2013), the Trust demonstrated a high level of engagement with service users and/or families in terms of notifying that a Serious Adverse Investigation was taking place; there was a slightly lower level of compliance in terms of sharing a copy of the final report with the service user and/or their family. The latter was dependent on the wishes of the service user and/or family and other factors.

Theme 3: Protecting people from avoidable harm

Our investigations also highlight good practice within the services we provide and these are shared with staff throughout the Trust as an important part of the learning process.

In his report of an expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland which was undertaken in 2014, Sir Liam Donaldson said,

“The system of adverse incident reporting in Northern Ireland operates to highly-specified processes to which providers of health and social care must adhere. The main emphasis is on the serious adverse incidents. The requirements laid down for reporting, documenting and investigating such incidents, together with the rules for communicating about them and formulating action plans to prevent recurrence, have created an approach that has strengths and weaknesses. In general, the mandatory nature of reporting means that there is likely to be less under-reporting than in many other jurisdictions. However, staff in Trusts must exercise judgement on whether to classify occurrences of harm as serious adverse incidents. Whether they always make the right decision has not been formally evaluated. The Review did not find any evidence of suppression or cover-up of cases of serious harm.”

Source: *The Right Time, The Right Place*, December 2014

Next Steps

- Continue to promote and further embed an open, no blame, learning culture that supports reporting of adverse incidents including Serious Adverse Incidents
- Continue to learn from all types of incidents and ensure that when changes to policy, procedures and/or practice are recommended following an incident that these are fully implemented within the organisation; and
- Review, revise and update the extant incident policies and procedures in the light of the Donaldson Report, *The Right Time, The Right Place* (December 2014) and any subsequent DHSSPS and/or HSCB directives and/or guidance.

Venous Thromboembolism (VTE)

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

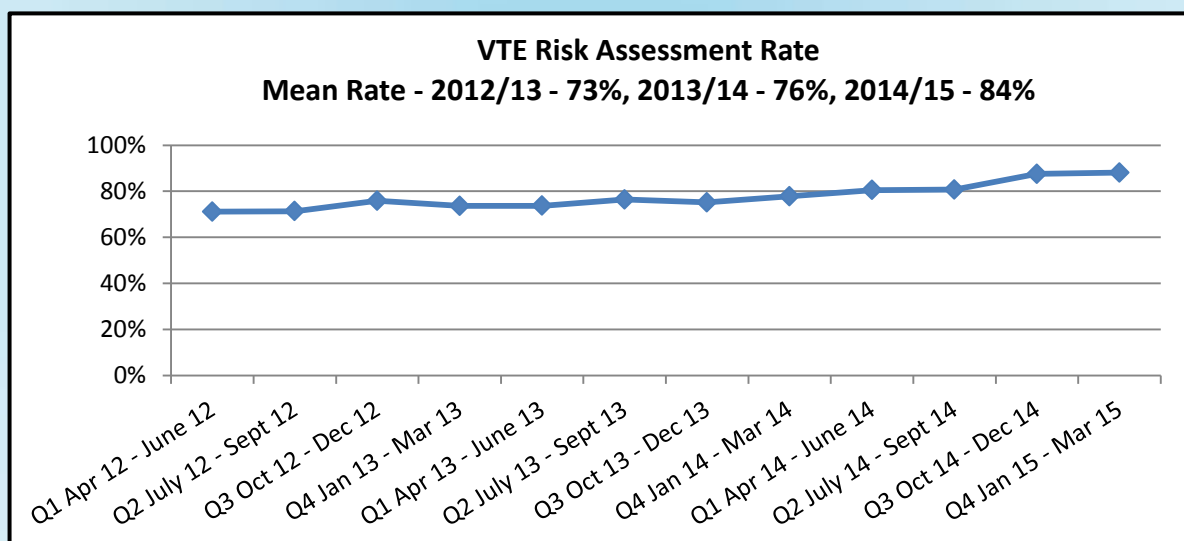
'Pharmacological prophylaxis' refers to a drug-related preventative measure, whereas 'mechanical prophylaxis' refers to a preventative measure that involves a physical device.

Patients who are at risk of bleeding, are unlikely to be prescribed anticoagulants but instead, alternative preventative measures such as anti-embolism stockings will be prescribed in addition to keeping well hydrated and being as mobile as possible.

The Trust continues to aim to achieve 95% compliance with VTE Risk Assessment across all adult inpatients and where appropriate prescribe prophylaxis treatment to prevent blood clots from developing. Alongside staff training patient awareness is high on the agenda to tackle the risk of DVTs.

Facts & Figures

To check how we perform against this target, data is collected on a monthly basis from a random selection of ten patient notes on all adult inpatient hospital wards across all three main acute sites of the Trust. The graph below illustrates quarterly compliance in completion of risk assessments and shows an increase in the overall yearly mean.



Theme 3: Protecting people from avoidable harm

Whilst compliance against VTE Risk Assessment target has shown improvement in 2014/15 when compared to the previous year, we recognise that further improvement is required to achieve the commissioning target of 95%.

Next Steps

- The Trust will continue to focus on monitoring and measurement of VTE in all Adult Inpatient Wards
- Regular audit schedule for compliance of risk assessment for Day Cases
- Development of Patient Education and Information Leaflet for use in Day Cases.

REDUCE YOUR RISK OF A CLOT (DVT)
DO INFORM DOCTOR OF PREVIOUS DVT OR ANY FAMILY HISTORY OF DVT
DO DRINK PLENTY OF FLUIDS+KEEP WELL HYDRATED
DO KEEP MOVING, WALKING, LEG EXERCISES+DEEP BREATHING
DO EAT A BALANCED DIET-MAINTAIN A HEALTHY WEIGHT
DO WEAR COMPRESSION STOCKINGS, IF ADVISED, OR ANY OTHER DEVICES OFFERED
DO TAKE ANTI-COAGULANT INJECTIONS IF PRESCRIBED
DO INFORM DOCTOR OF ALL MEDICATIONS TAKEN

REDUCE YOUR RISK OF A CLOT (DVT)
DON'T BECOME DEHYDRATED
DON'T REMAIN INACTIVE FOR LONG PERIODS OF TIME
DON'T CROSS YOUR LEGS
DON'T IGNORE ANY LEG PAIN OR SWELLING-INFORM MEDICAL STAFF IMMEDIATELY
DON'T WEAR RESTRICTIVE CLOTHING

Surgical Safety Checklist

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

- To capture common or serious preventable errors within the operating theatre
- To encourage and improve communication and team working amongst all members of the theatre team
- To increase team vigilance and awareness of patient safety issues.

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

- The first check is completed just before the patient is anaesthetized
- The second check is performed immediately prior to the start of the procedure
- The final check is conducted on completion of surgery and prior to the patient leaving the theatre.

A member of staff is required to complete and sign the checklist to acknowledge that the checks have been completed.

An active team within the Trust has been working for over two years on how to further improve both the compliance and conduct of the checklist within Trust operating theatres. The checklist has been re-designed as per World Health Organisation guidance and a number of pilot checklists have been trialled; a new updated checklist is due for launch mid-2015. The format of the SSC has also been extended to several novel Trust checklists to cover other procedures such as endoscopy, surgery under local anaesthesia and cataract surgery.

The Trust has been committed to the goal of achieving 95% checklist compliance for all surgical procedures in Trust theatre areas since March 2014.

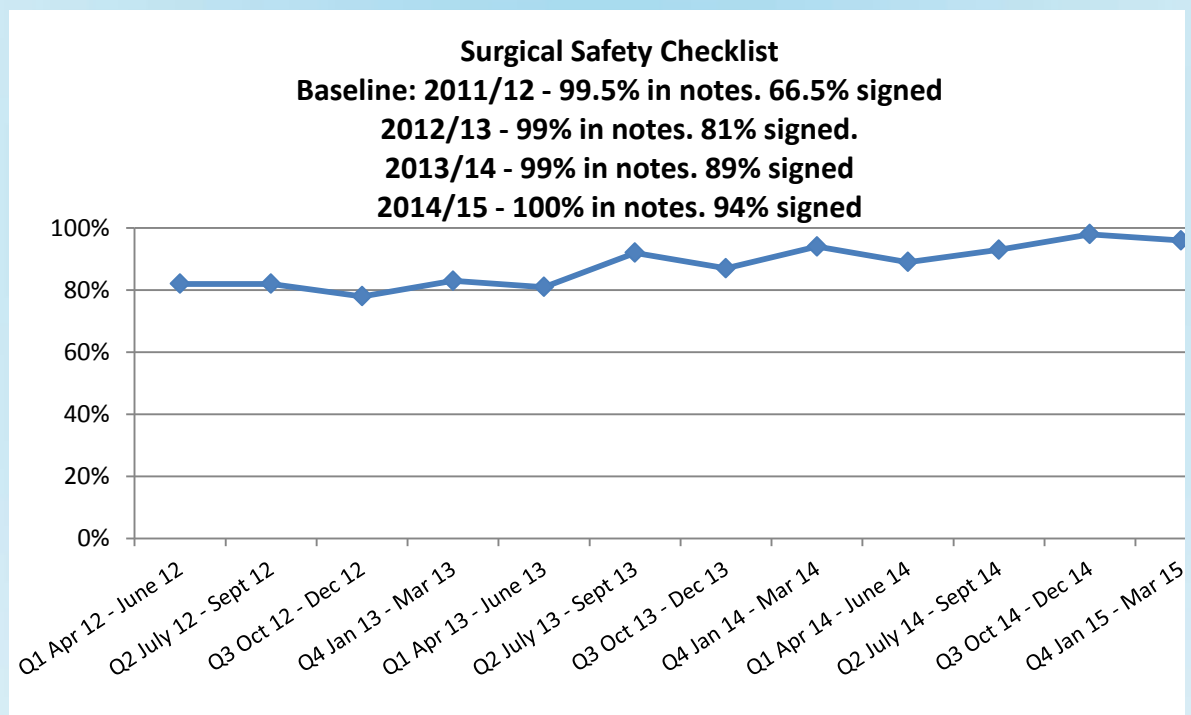


Theme 3: Protecting people from avoidable harm

Facts & Figures

Monthly data is collected from each theatre specialty and facility, including endoscopy procedures and day case surgery. Checklist compliance is determined by the completion of the final signature box on each sampled checklist.

Following baseline data in 2011/12 an increase of 14.5% was achieved in 2012/13. Further improvement is seen in 2013/14 with a mean compliance of 89% and a further increase of 5% achieved in 2014/15.



Next Steps

In 2015/16

- Launch of new policy and updated checklist in mid-2015.

Hand Hygiene

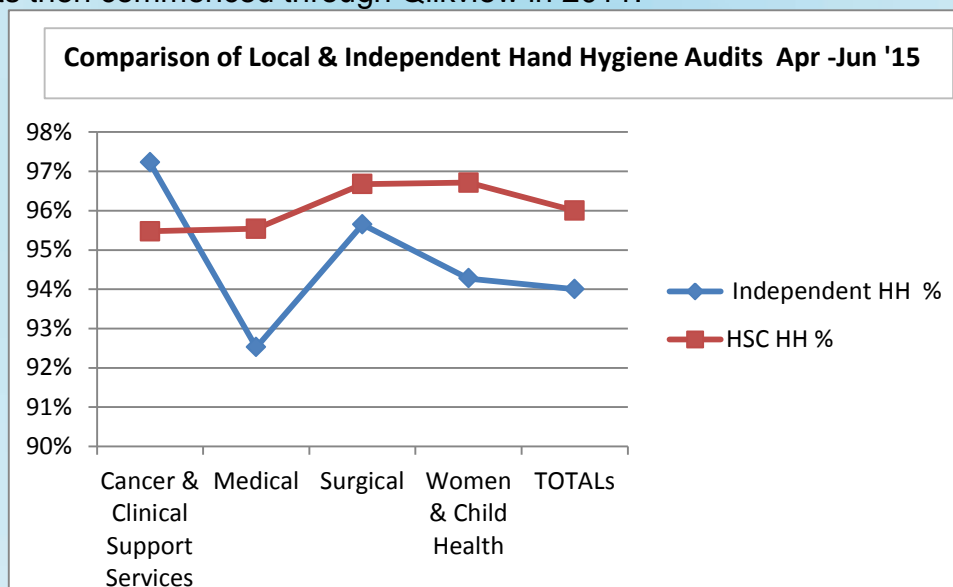
Independent Audits

The Infection Prevention and Control Team undertake independent validation audits of hand hygiene in practice in all inpatient wards as a means of validating local audits by Clinical Teams.

Hand Hygiene data is processed through the Trust's Qlikview software and allows review of finding and comparison of scores by ward and Clinical Managers to give assurance of practice.

Facts & Figures

- Hand Hygiene audits commence in the Trust in 2007/08 as part of the 'Cleaner Hospitals' initiative.
- The data was then processed through Qlikview in 2009/10 and independent audits then commenced through Qlikview in 2011.



The value of independent auditing:-

1. Is a way of validating the accuracy of local audits within clinical teams
2. Provides opportunities to consider if hand hygiene is being taken at appropriate times
3. To include all disciplines in the hand hygiene audits.

Next Steps

- To update the Qlikview systems to make this information readily available to ward and clinical managers as well as the IPC team.
- To create a renewed interest in hand hygiene compliance and by default the dress code compliance.
- Reinforce to staff that differences of more than -5% need to be addressed.
- Update Qlikview to include correct directorates and be inclusive of all inpatient wards across the Trust.

Malnutrition Universal Screening Tool (MUST)

The overall vision of the regional 'Promoting Good Nutrition' strategy (DHSSPSNI 2011) is to improve the quality of nutritional care of adults in Northern Ireland, in all Health and Social Care settings. This can be achieved through the prevention, identification, and management of malnutrition in all Health and Social Care settings including peoples own homes.

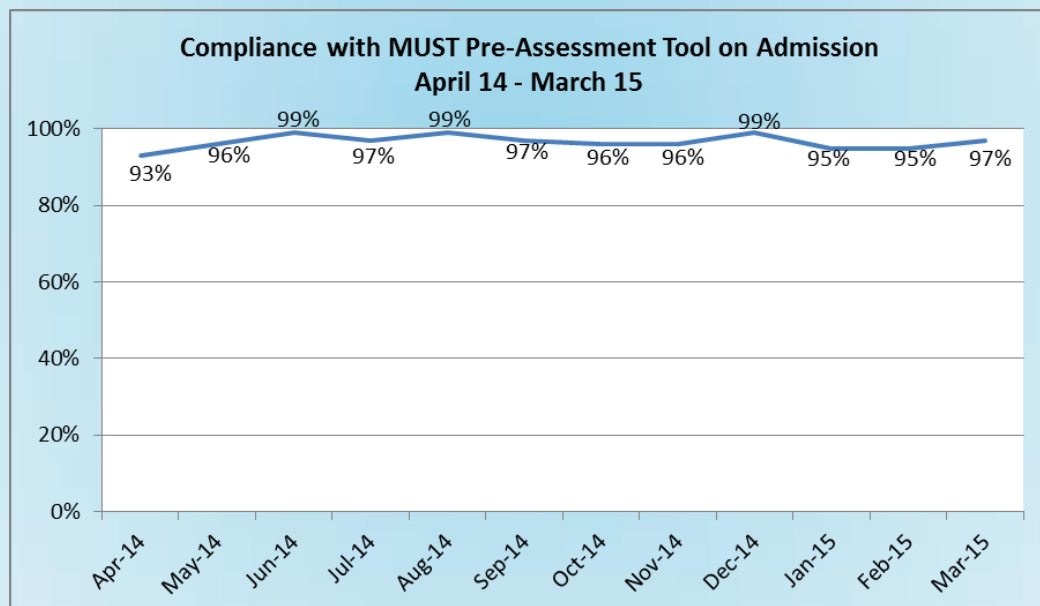
The adverse effects of malnutrition are well documented – it can increase hospital stays, delay healing and reduce strength and mobility.

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

In the South Eastern HSC Trust we have set a target that all inpatients are screened for malnutrition on admission and throughout their stay.

Facts & Figures

- In 2014/15 all acute wards, including mental health and dementia care wards continue to use the MUST screening tool. The mean rate of compliance was 97% for the period April 2014 to March 2015 which continues the high standard of compliance from the previous year.



In addition, screening has now become part of the toxicity screening tool for patients undergoing treatment in the Chemotherapy Unit. The roll out of the tool continues across community settings with District Nurse, Community Psychiatric Nurses, Care and Residential Home Staff and Community Care Staff being trained to use the tool.

Theme 3: Protecting people from avoidable harm

Our progress

Through the work of the Clinical Nutrition Sub-committee, chaired by the Director of Nursing, work has continued in conjunction with Dietetic, Speech and Language, Pharmacy, Catering Staff and User Representatives to monitor and improve all aspects of nutrition.

This year progress has been made in the provision of food 24/7, including snack boxes and menus in all areas including the Emergency Department in the Ulster Hospital, which has been a very welcome addition to the meals service provided there.

Progress to roll out screening across all settings has continued with great success and currently, in accordance with NICE Guidelines, two of our Out-patient Departments are piloting the use of the malnutrition screening tool for all of their new attenders; this is a regional first and will be evaluated in the autumn.

Two of the Trust User Representatives joined Safe and Effective Care staff to look at the journey of inpatient meals – from kitchen to bedside and were able to hear first-hand from patients about their mealtime experience.

A 'Next Steps' audit was conducted at the start of the summer to see if patients were receiving the appropriate intervention following screening. Initial results are positive and work will continue to ensure that care planning, dietetic referrals and the recording of nutritional intake are continued and improved.

In the community the PAAT Model (Prevent, Anticipate, Avoid and Treat) is about managing nutrition in care homes. There is a 'virtual ward round' carried out by Dietetic Staff using patient information supplied from homes. The initial pilot has been in North Down. Information on database includes height, weight, BMI, MUST, clinical condition, supplements, disease process and assistance needed. Work is on-going with nursing homes to train their own staff to work with Dieticians. Each care home gets a 'report/actin sheet' and a nutrition assistant will then visit the home. This innovative scheme allows large numbers of patients in nursing homes to have their nutritional status monitored and treatment can be targeted where appropriate.

Next Steps

In 2015/16

- Continue to train staff in the community, including domiciliary care staff and care managers to screen patients for malnutrition
- Continued emphasis on ensuring that patients receive all assistance required at mealtimes, without interruptions
- Ensuring that information about patients' nutritional care is shared with everyone involved in their care, whatever the setting.

Theme 4: Ensuring people have a positive experience of service

Theme 4: Ensuring people have a positive experience of service

Complaints & Compliments

Complaints

Your views on our services are important to us. We want to give the best service to all our service users. Usually we succeed but sometimes things can go wrong. When this happens, we want to hear about it so we can:

- Put things right
- Improve our services, and
- Make sure we do not repeat mistakes.

Whilst we endeavour to ensure that our services fully meet the expectations of our patients and clients at all times, we wish to know when they do not. In these circumstances we welcome complaints and the opportunities they provide us with to learn lessons, improve our services and to take the appropriate remedial action to prevent a reoccurrence.

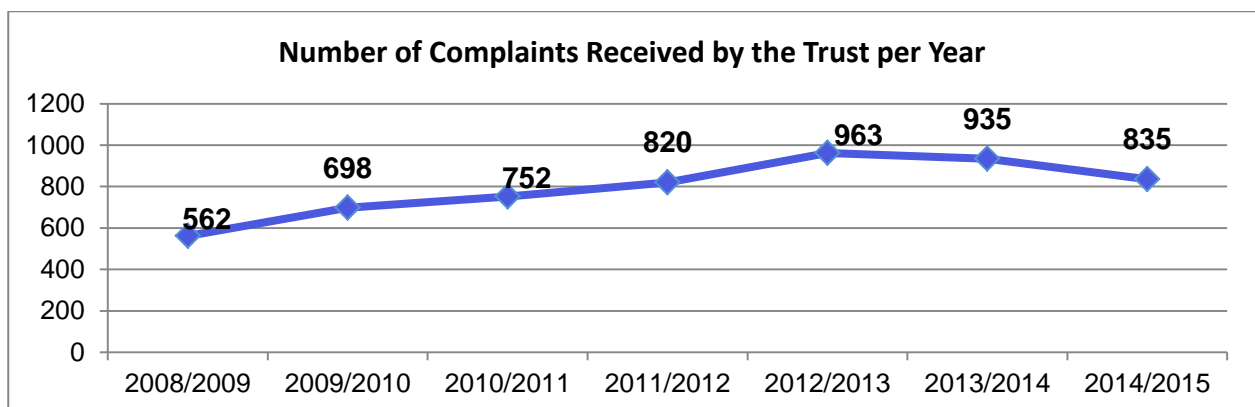
Facts & Figures

In 2014/2015:

- **825** formal complaints were received – this is an 11% decrease from the previous year
- **100%** of complaints were acknowledged within 2 working days
- **53%** of complaints were responded to within 20 working days, which is a 10% improvement from the previous year
- The top **three** issues of complaint were Quality of Treatment & Care; Staff Attitude / Behaviour; Communication / Information
- **8247** compliments were received.

Numbers of Complaints

The overall number of complaints received this year (2014/2015) was **835**. This is a reduction of 11% in comparison to last year (935) as shown in the graph below. The number of complaints continues to be low considering the large geographical area the Trust covers and the volume of contacts Trust staff have with patients and clients.

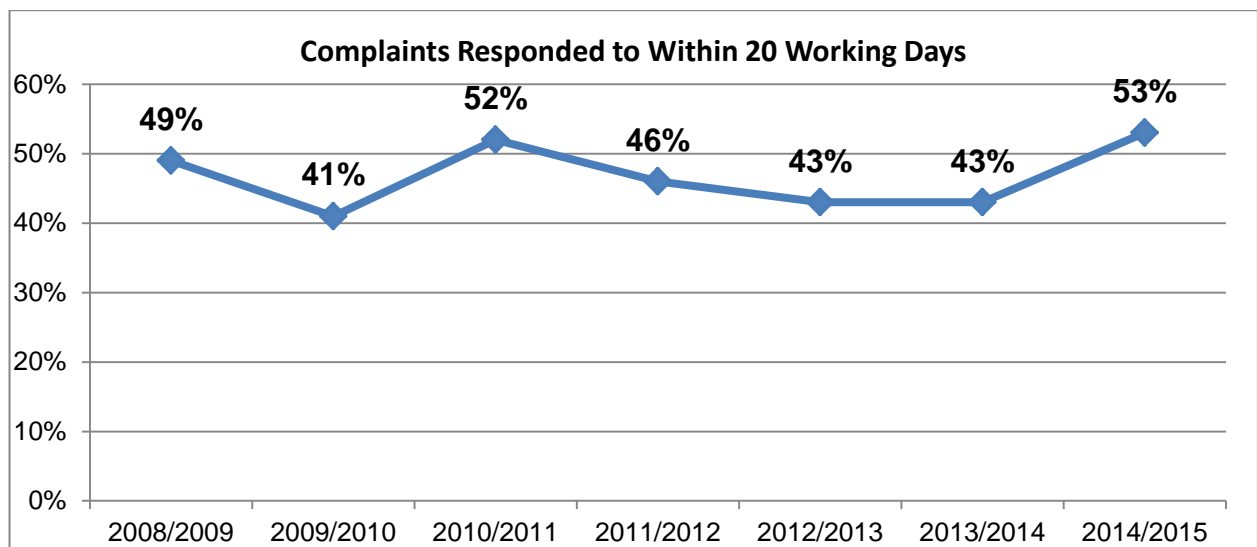


Theme 4: Ensuring people have a positive experience of service

Response Times to Complaints

In the past year 2014/2015, all complaints which we received were acknowledged within the target of 2 working days.

We have worked closely with Directorates throughout the past year to improve complaints handling performance and are pleased to report that **53%** of complaints were responded to within the target of 20 working days, which is an improvement of 10% from the previous year, as shown in the graph below.



The Trust does however continue to monitor timescales to ensure complainants are provided with timely responses. However our emphasis is on the quality of the response and ensuring resolution for the complainants, relevant to the issues raised.

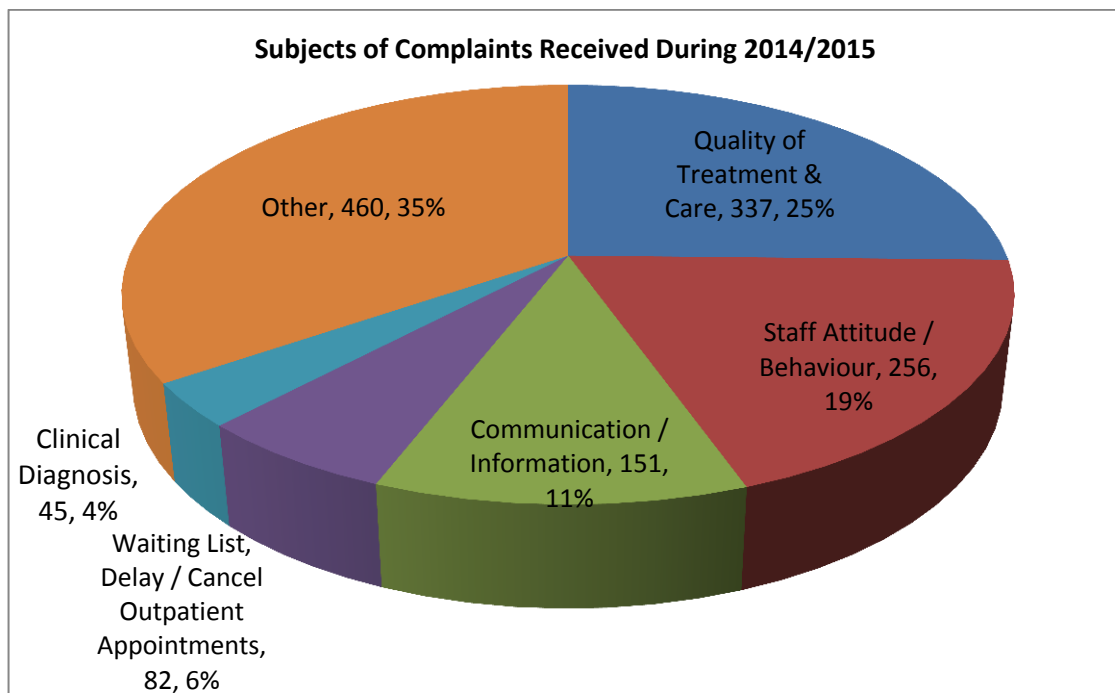
Theme 4: Ensuring people have a positive experience of service

Subjects of Complaints

The chart below shows the top five subjects of complaint received in 2014/2015 were:

1. Quality of Treatment & Care
2. Staff Attitude / Behaviour
3. Communication / Information
4. Waiting List, Delay / Cancel Outpatient Appointments
5. Clinical Diagnosis.

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



Lessons Learnt from Complaints

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

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

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

Hospital Services

- Following a complaint about palliative care on a ward, twice daily safety briefs were introduced, which are attended by both nursing and medical staff. Also the 'Productive Ward' programme was undertaken by the ward to identify improvements to the ways of working
- When a deaf patient highlighted to us that the only method noted on the letter for contacting the hospital to make an appointment was via phone, we amended our documentation to include a text phone option.

Adult Services

- When a patient told us they were unhappy with some general issues on the ward around communal areas and lack of privacy, office space was changed to allow it to be used as quiet or visitor rooms. We have changed the way checks are carried out, to help ensure privacy. We also introduced a new system for dispensing of medication to allow for patients' privacy
- A patient raised concern that their information was passed to an outside agency. Although appropriate information sharing was part of the admission and was to ensure patient's on-going safety, this was not explained clearly to the patient. As a result the content of the admission pathway and admission pack was reviewed and wording amended. Also a specific section was added to ensure it clearly explains about sharing of information and that confidentiality is provided to patients.

Primary Care & Older People Services

- A complainant raised concerns about care provided by domiciliary care. As a result, refresher training was provided for staff on reporting, including procedures to be followed when a message is received outside office hours and to ensure that follow up contact is made immediately with the service user's family when a report of an incident is made by staff
- When a patient highlighted to us about being given an injection into an area that caused skin staining, nursing staff were advised that in future treatment to be administered only as per manufacturer's guidelines and if a patient requests anything outside these guidelines, staff are not to proceed but refer the patient back to GP.

Theme 4: Ensuring people have a positive experience of service

Children's Services

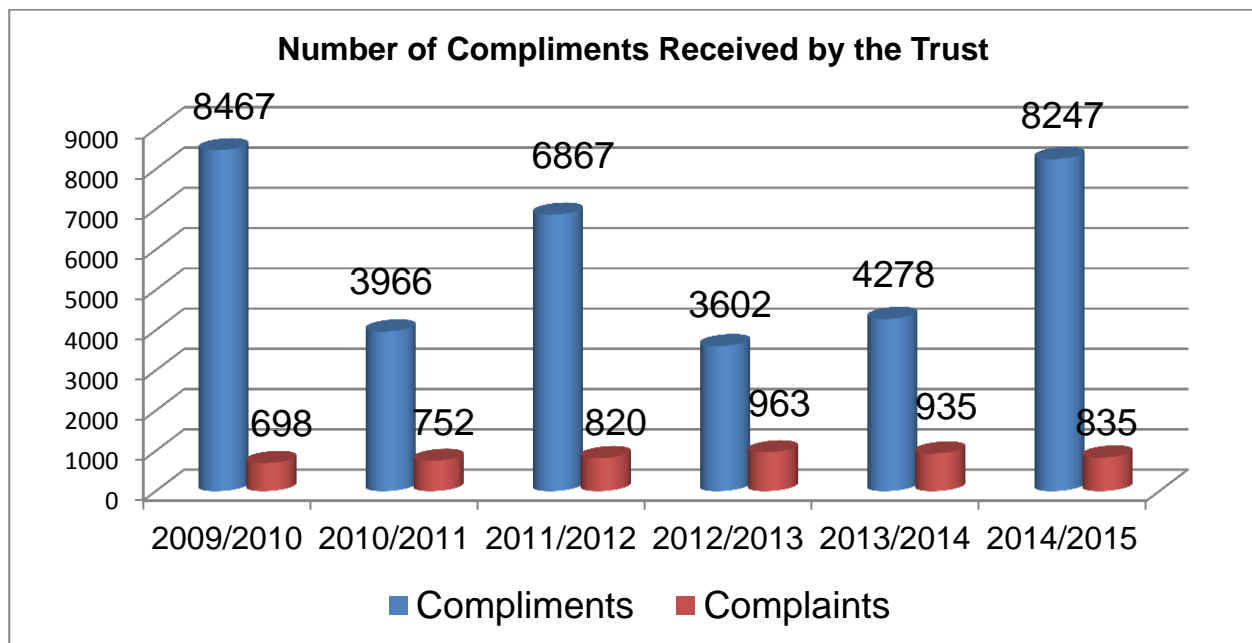
- Following a complaint about communication around the adoption processes, joint training between teams took place to include enhancing communication, greater understanding of each other's roles and responsibilities, and agreeing a clear process of how and who communicates statutory decisions to foster carers. Information leaflets for service users were developed to explain the different processes and each social work role within these.

Compliments

Whilst the Trust accepts that sometimes things go wrong and welcomes complaints to enable us to take the appropriate remedial action to prevent a recurrence, each year the Trust receives thousands of letters of appreciation and thanks to acknowledge the excellent services provided.

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

In 2014/2015 the Trust received **8247** formal compliments. The graph below shows the number of compliments received per year in comparison to the number of complaints.



Next Steps

- In the incoming year we plan to run a survey to ask our staff their views of our complaints process and how we may improve this service
- We also have an on-going user survey asking complainants to tell us about their experiences of using the complaints process. The results will be analysed to see where improvements can be made
- The Lessons Learnt Sub Committee will continue to meet quarterly to monitor learning from complaints.

Theme 4: Ensuring people have a positive experience of service

Patient Client Experience Standards

Patient & Client Satisfaction

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

Acute Inpatient Care Rolling Programme

| Quarter | Number of Wards Included in Quarter | Number of Questionnaires Returned |
|-------------------------|-------------------------------------|-----------------------------------|
| April – June 2014 | 11 | 175 |
| July – September 2014* | 6 | 99 |
| October – December 2014 | 10 | 486 |
| January – March 2015 | 6 | 111 |

*Volunteers carried out surveys on wards

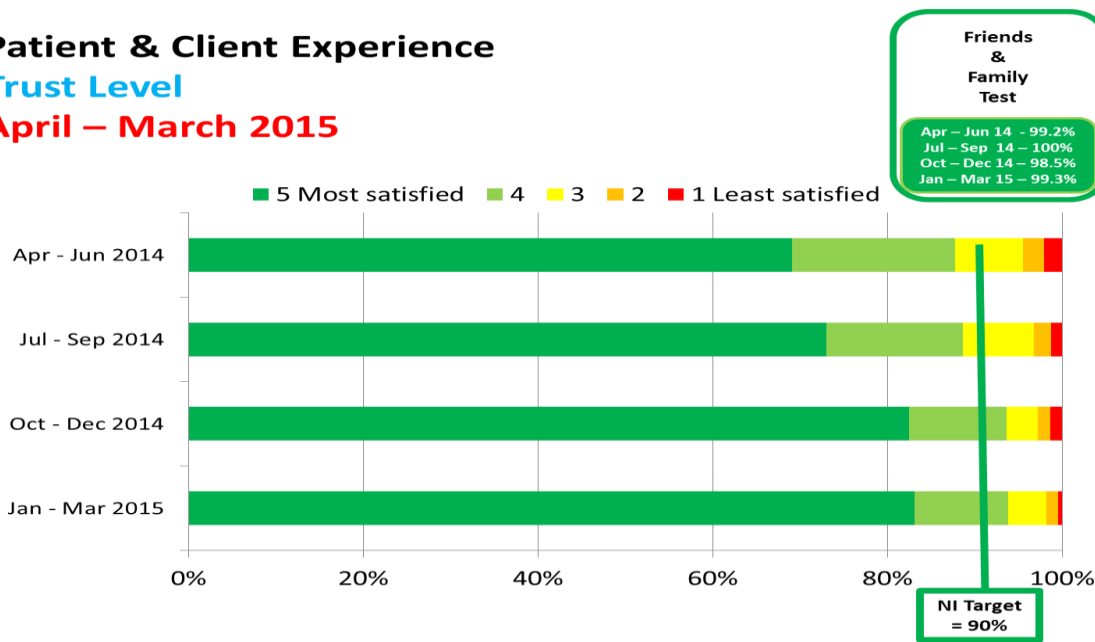
The inpatient survey results show high levels of satisfaction as demonstrated in the graph below. The graph details the aspects of the care and service provided by rating each aspect on a scale of 1 (Least satisfied) to 5 (Most satisfied).

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

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

Theme 4: Ensuring people have a positive experience of service

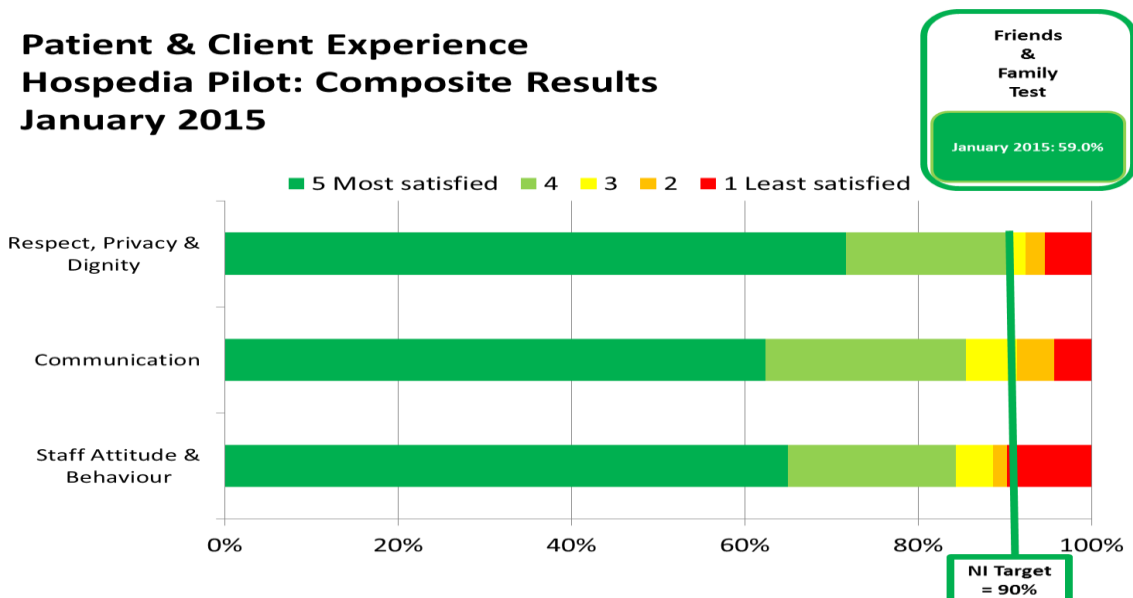
Patient & Client Experience Trust Level April – March 2015



During January 2015, a pilot electronic inpatient survey took place via the Hospedia bedside entertainment system on 17 wards in the Ulster Hospital site, which may have had an impact on the number of paper questionnaires returned. This pilot will inform an adjusted version of the questionnaire going forward. The adjusted version of the questionnaire will be launched by a promotional campaign to encourage enhanced volume of returns.

The pilot electronic inpatient survey included questions relating to Staff Attitude & Behaviour, Communication and Respect, Privacy & Dignity. A total of 662 patients answered the question as to whether they would recommend SEHSC to their family and friends. 59.0% of patients stated 'yes' and 41.0% stated 'no'. In relation to the 3 categories of questions below 58 patients responded. The composite results are as follows:

Patient & Client Experience Hospedia Pilot: Composite Results January 2015



Through learning from patient/client feedback, the Trust plans to achieve satisfaction levels of > 90% per key theme across all clinical areas.

Theme 4: Ensuring people have a positive experience of service

Primary & Community Care Surveys

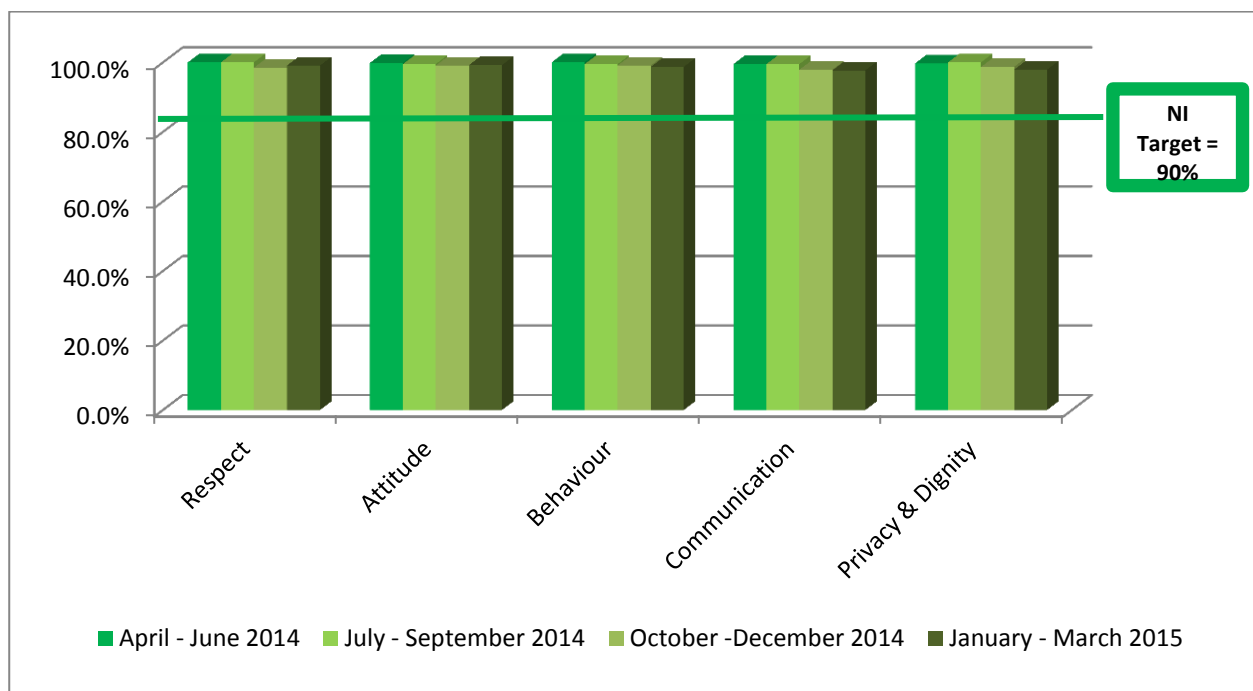
The Primary & Community Care Survey is based satisfaction measured against the five patient/client experience standards.

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

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

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

Q1 Range 99.5% - 100%
 Q2 Range 99.5% - 100%
 Q3 Range 98.6% - 100%
 Q4 Range 98.7% - 99.1%



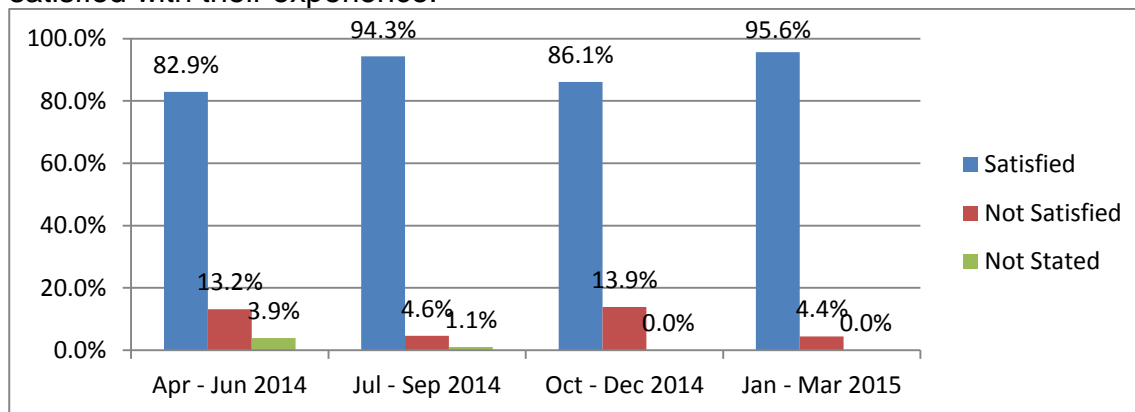
Theme 4: Ensuring people have a positive experience of service

Ward and Outpatient Comments Leaflets

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

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

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



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

Next Steps

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

- Electronic bedside feedback facility
- Development of patient experience app with three key feedback options
 - Your Important Patient Experience Message
 - Targeted Survey tailored to your current ward or service
 - Set of mini question sets (Mixed Gender, Night-time, Introductions)
- Partnership Approaches to Patient & Client Experience Monitoring (Patients, Service User Forum, Service Leads) – to commence with:
 - Meals Focus
 - Out of Hours Focus
- New Primary Care Approach to include:
 - Telesurvey
 - Focus Group

Theme 4: Ensuring people have a positive experience of service

10,000 Voices Project

The Trust continues to participate in the 10,000 Voices Initiative, which has now secured ongoing regional funding and over the next few years will provide opportunities for patients, family members, carers and staff to share their experiences across a range of health and social care settings. This initiative promotes a partnership approach to shaping future services and improving patient and client experience. 10,000 Voices provides real time information through which positive patient experience can be shared with staff and areas for improvement can be progressed. Through the information we receive we are able to identify **what matters to the patient** as well as what is the matter with them. From April 2014 – March 2015 over 1000 stories have been received in relation to patient experience in SEHSCT .

Phase 1 of 10,000 Voices focussed on the collection of stories relating to experience of unscheduled care areas (GP Out of Hours, Minor Injuries Units and Emergency Departments) until June 2014. The analysis of this information highlighted that a high proportion of people who used these services had a positive experience. The information was shared with frontline staff and service users at a series of workshops from September 2014 – December 2014 at which areas for learning and development were identified. One of the key areas for improvement was to ensure that patients know who is caring for them. This has been taken forward through the Hello my name is campaign, which is being rolled out across the Trust, many staff have pledged their commitment to this campaign.

The national **#hellomynameis** campaign was launched by Dr Kate Granger, a medical consultant from Yorkshire, who has terminal cancer. Dr Granger noted that staff were so busy caring for patients that they often forgot to introduce themselves before beginning to administer the care. She started the campaign as she felt that a simple introduction can go a long way to putting patients at ease with the member of staff who is administering their care and is the first step in providing compassionate care.



*Chief Executive, Mr Hugh McCaughey, Dr Kate Granger, Christine Armstrong Regional Lead 10,000 Voices and Chris Kelly, Trust Facilitator 10,000 Voices pictured at the regional launch of **Hello my Name is** in September 2014*

Theme 4: Ensuring people have a positive experience of service

Story collection from patients recommenced in unscheduled care areas in January 2015 and is ongoing, to further build on the partnership approach, story collection from staff commenced simultaneously.

Care in Your Own Home

Phase 2 of 10,000 Voices is collecting stories from people who receive Care in their own home. At the end of March 2015, 362 stories were collected, from the following areas

- Domiciliary care in clients own homes
- Supported living facilities
- Rehab and re-enablement
- Community Nursing Rapid Response Service

A high proportion of stories indicate that people who receive care in their own home within the SEHSCT are very satisfied with the care they receive. This is demonstrated in many of the stories which describe the compassionate care, help and support which carers deliver. People are very grateful for the opportunity to remain in their own home as this is the place of their choice to have their care delivered, which means they can maintain their independence. Many of the stories describe how people feel they could not manage to stay at home without the care package they are receiving and many people consider their carers to be like their family and friends. Some stories reflect the isolation and loneliness experienced by people who rely on carers coming into their own home and indicate that people are very appreciative of the service which is provided to them. For residents in supported living accommodation, they are very grateful for the security and company that this type of housing offers. The people who receive care from Community Nursing Rapid Response Service much prefer this option to having to stay in hospital for long periods.

Facts & Figures

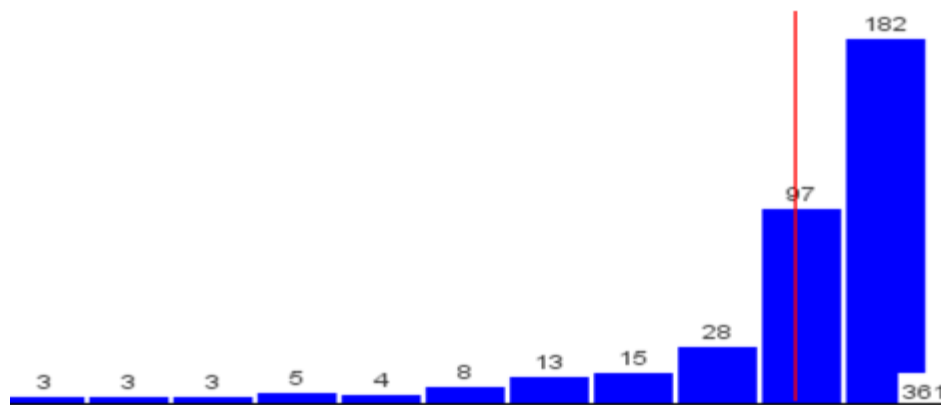
- 88% people said their overall experience of receiving care at home was strongly positive/positive
- 93% people said that the impact of receiving their care at home was strongly positive/positive.

My lifeline

.....I am 93 years of age and very reliant on the care I have received. ... The care has been outstanding and I value the relationships developed. Being previously very independent, I am very comfortable with the small team who have looked after me so well.

Theme 4: Ensuring people have a positive experience of service

Participants are asked to think about their story, using a scale with two extreme descriptions, and to place a mark on the scale where they feel their story sits in relation to the descriptions. As can be seen from the responses below the majority of patients consider staff to always be caring and compassionate.



Staff just see me as a number

Staff are always so caring and compassionate

Experience of Nursing and Midwifery Care

A total of **797** stories have been received from November 2013 – October 2014 from patients, families and carers who have had experience of nursing and midwifery care in SEHSCT. The breakdown of stories is shown below:

| Area | Number | Percentage |
|--------------|--------|------------|
| Nursing | 567 | 71% |
| Midwifery | 214 | 27% |
| Both | 16 | 2% |
| Missing data | 3 | |

The majority of stories relate to hospital settings (91%), with 7% patients stating their experience related to both hospital and community and 2% to community settings only. The table below presents the overall results in how experience has been rated for both nursing and midwifery stories combined.

Analysis of the information received indicates a high level of satisfaction with the standard of nursing and midwifery care, with many of the stories paying tribute to the care, compassion and professionalism displayed by nurses and midwives in SEHSCT. These stories clearly demonstrate a high level of respect, appreciation and public confidence in our nurses and midwives. The stories have been shared with the individual wards/departments and where necessary any areas for learning and development have been identified.

Theme 4: Ensuring people have a positive experience of service

Facts & Figures

| Overall feelings about nursing and midwifery care | Number of stories (797) |
|---|-------------------------|
| Strongly positive/positive | 746(94%) |
| Neutral/not sure | 40 (5%) |
| Strongly negative/negative | 11(1%) |

Wonderful nurses

I was extremely scared and nervous when I came in for surgery, however I was 100% assured of my safety! Made aware of what exactly was going to take place and received full support before and after surgery. I couldn't have asked any more from the nurses and staff. They were extremely friendly, kind and a wonderful asset to the hospital.

Next Steps

- The Trust remains committed to and will continue to participate in the 10,000 Voices Initiative
- The areas for inclusion in the regional work plan for 10,000 Voices will be confirmed during Autumn 2015.

Theme 4: Ensuring people have a positive experience of service



MAKE YOUR VOICE HEARD AND IMPROVE HEALTH CARE

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

LISTENING TO PATIENTS, FAMILIES AND CARERS

KEY PERFORMANCE INDICATORS FOR NURSING CARE

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

(Reference: McCance, J, Ty, Telford, L, Wilson, J, MacLeod, C, Dowd, A (2012) Identifying key performance indicators for nursing and midwifery care using a consensus approach. Journal of Clinical Nursing, 21(7 & 8): 1145-1154)

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



WHAT MATTERS TO OUR PATIENTS

COMPASSIONATE CARE

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

FEELING SAFE

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

CONFIDENCE IN SKILLS AND KNOWLEDGE OF NURSES

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

COMMUNICATION

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

AREAS FOR LEARNING AND DEVELOPMENT

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



HSC South Eastern Health and Social Care Trust

Theme 4: Ensuring people have a positive experience of service

Personal and Public Involvement (PPI)

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

PPI Leads

The PPI Leads Group promotes PPI activity and shares good practice and learning. This year the PPI Leads supported the development of a number of projects to improve involvement in the South Eastern Trust, including improving training materials to enhance involvement and worked with the Patient Client Council to assess information available at ward entrances.

PPI Regional Forum

In 2014/15, service user/carers representatives and staff from the South Eastern Trust contributed actively to the PPI Regional Forum.

The Trust contributed to branding Personal and Public Involvement to make PPI recognisable across the entire Health and Social Care Family. The Trust contributed to the development of standards. Every HSC organisation will be measured for effective PPI. Staff and service users from the Trust participated in a workshop to commence the development of outcomes standards for PPI. Five standards, were endorsed by the Department of Health, Social Services and Public Safety, which were formally launched in March 2015.

The Trust has also commenced the development of a new Personal and Public Involvement Strategy for the Trust, which will be a key focus for 2015/16.

Consultation and Engagement

The South Eastern Health and Social Care Trust presented its proposals for traffic management to the Trust Board meeting on 28 November 2014. Following this the Trust embarked on a formal consultation process which ran for 13 weeks, and concluded on 18 February 2015.

The Trust commenced a consultation on the review of Intermediate Care Services in the North Down and Ards area in January 2015. The consultation will conclude in April 2015.

The consultation process included engagement with staff and users, as well as the wider community and elected representatives.

The outcomes of both these consultations is anticipated to be published during Spring 2015.

The Trust has commenced engagement with new councils on the statutory community planning duty to enhance collaboration and partnership working to improve health outcomes. This work will be progressed with the new Councils during 2015/16.

Theme 4: Ensuring people have a positive experience of service

Schools Engagement

As part of our commitment to engaging with the wider public, patients, clients and families, the Trust visited six schools within its geographical area in 2014/2015, to talk to pupils about the services we provide, how health and social care is organised and how young people can contribute to their local health service. This year's programme included an interactive exercise to help develop the pupils' understanding of health and social care.

Theme 4: Ensuring people have a positive experience of service

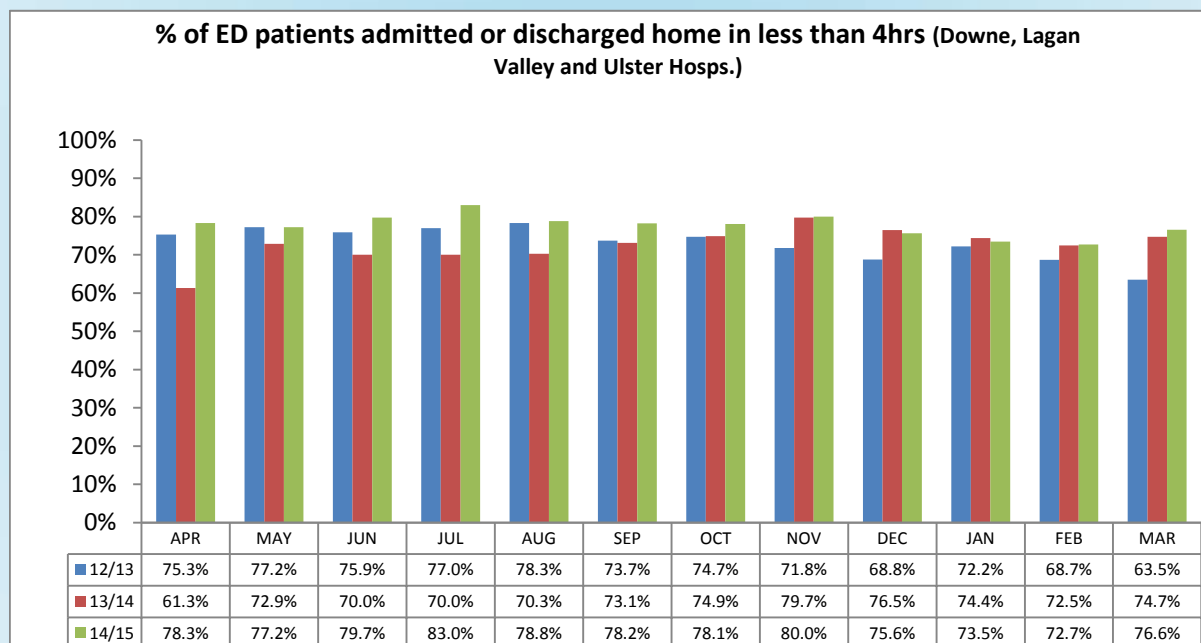
Emergency Department

4/12 Hour Standard

Demand for emergency care continues to grow and people should only attend an Emergency Department when they have a condition which requires immediate urgent care so that hospital staff are able to use their time to treat those who are most ill. Emergency Care reform targets were introduced in 2008 included the target that 95% of patients attending an Emergency Department should either be treated and discharged home or admitted within four hours of their arrival.

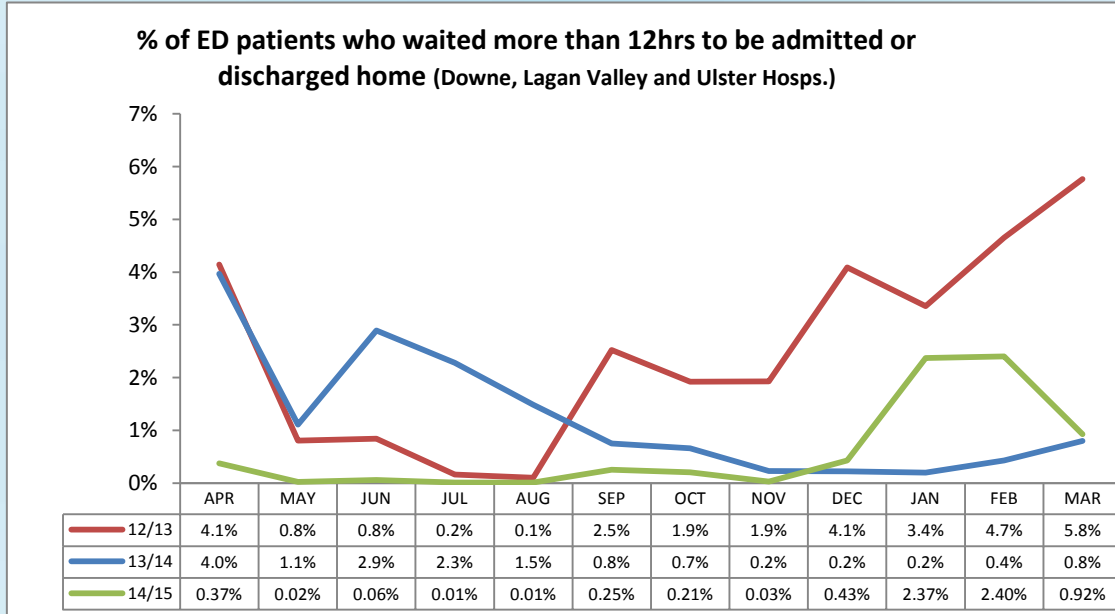
Facts & Figures

In 2014/15 77.6% of patients were admitted or discharged home in less than four hours compared to 72.5% in 2013/14.



Theme 4: Ensuring people have a positive experience of service

In 2014/15 0.59% of patients waited more than 12hrs compared to 1.3% in 2013/14.



Theme 4: Ensuring people have a positive experience of service

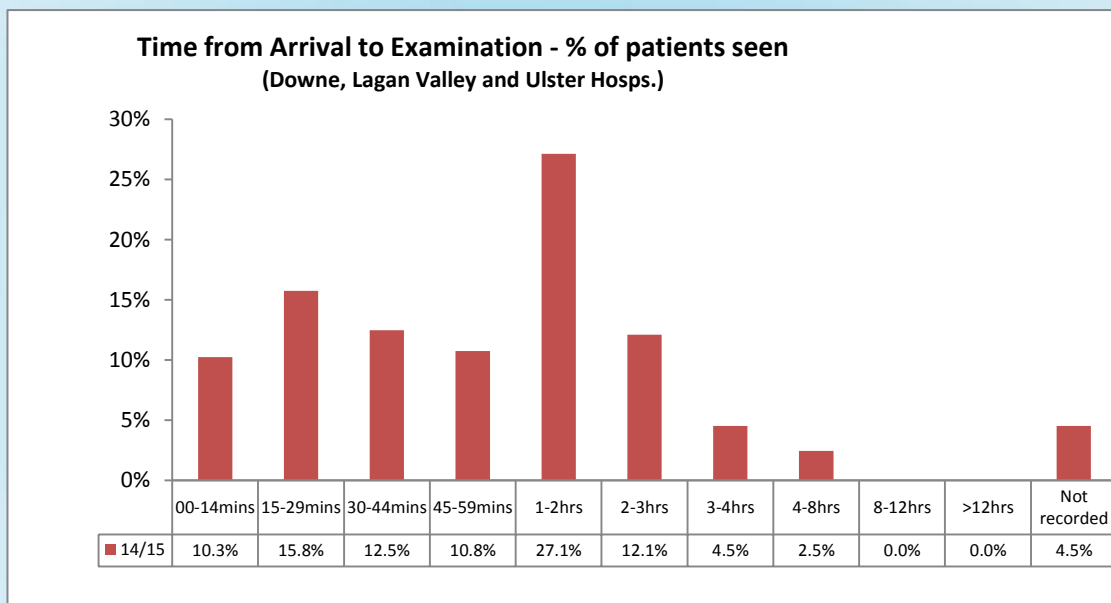
Time from Arrival to Examination

Time to be seen by Emergency Department (ED) Doctor/Emergency Nurse Practitioner (ENP). (All patients)

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 patient will be seen by a clinician within 60minutes. This indicator reflects that earlier intervention improves clinical outcomes and patient experience.

Facts & Figures

In 14/15 49.4% of patients were seen by a clinician within the standard of 60 minutes.



Theme 4: Ensuring people have a positive experience of service

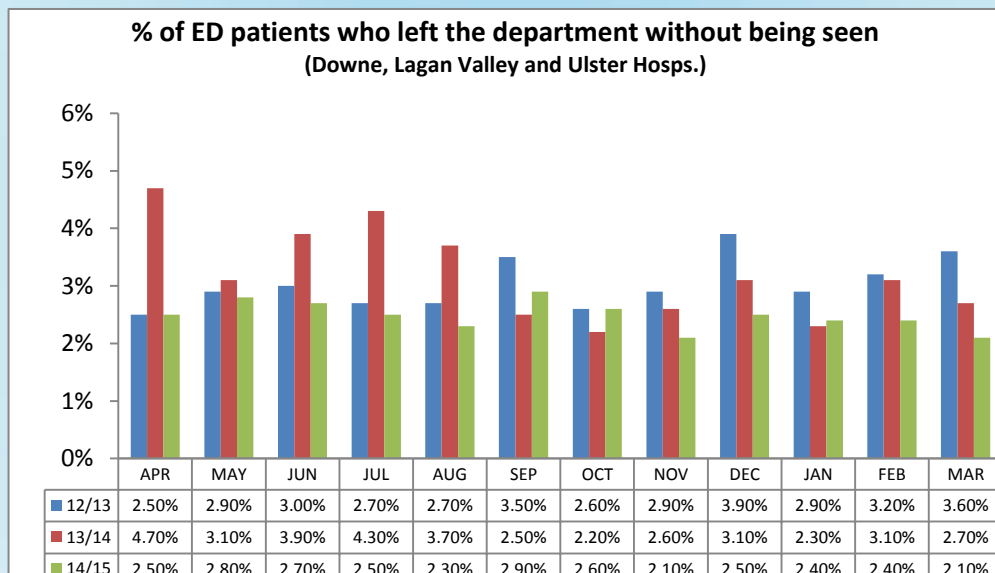
Left before Treatment

People Who Leave Without Being Seen

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

Facts & Figures

In 2014/15 2.4% of patients left the Department before being seen by a clinician, compared with 3.1% in 2013/14.



Theme 4: Ensuring people have a positive experience of service

Unplanned Re-attenders in the Emergency Department (ED)

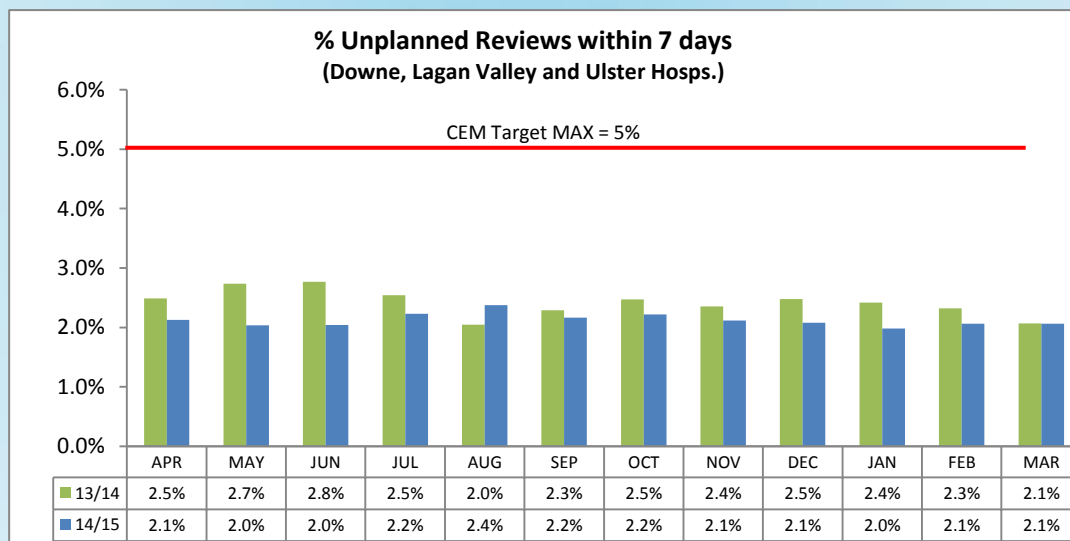
Unplanned Re-attendance Rate in Emergency Department (ED) in 7 days

One of the College of Emergency Medicine (CEM) quality indicators is that unscheduled re-attendances should lie between 1% and 5% of new ED attendances. This indicator is aimed at reducing the number of avoidable re-attendances at the Emergency Department by improving the care and communication delivered at the original attendance.

Facts & Figures

The unscheduled re-attendance percentage remains consistently within the quality indicator target range. Overall 2.1% of patients re-attended within seven days as an unplanned review. Compared to the previous year 2013/14 (2.4%) this is a slight reduction.

The graph below shows the percentage of patients who re-attended as an unplanned review in less than seven days of the initial attendance by arrival month.



This indicator reflects the care delivered by the Emergency Departments in the Trust, but it can also be affected by the provision and use of other emergency and urgent care services, and the incidence, case mix and severity of presenting conditions in the local population. These factors should be noted when comparisons are made across different Emergency Departments.

Next Steps

- Further development of the Urgent Care Work stream to improve 4 hour performance; improve patient experience and clinical outcomes
- Further explore the development of work around the Frail Elderly work stream.

Theme 4: Ensuring people have a positive experience of service

Elective Access

Elective Care is generally defined as care for those whose clinical condition requires a procedure or treatment that can be managed by placement on a waiting list. In an ideal scenario this will be scheduled at the convenience of both the patient and doctor or surgeon. Elective surgeries aim to improve quality of life either physically (for example cataract surgery, gallbladder removal) and/or psychologically (for example reconstructive surgery).

Within the Trust, the timeliness of elective care is measured in two ways:

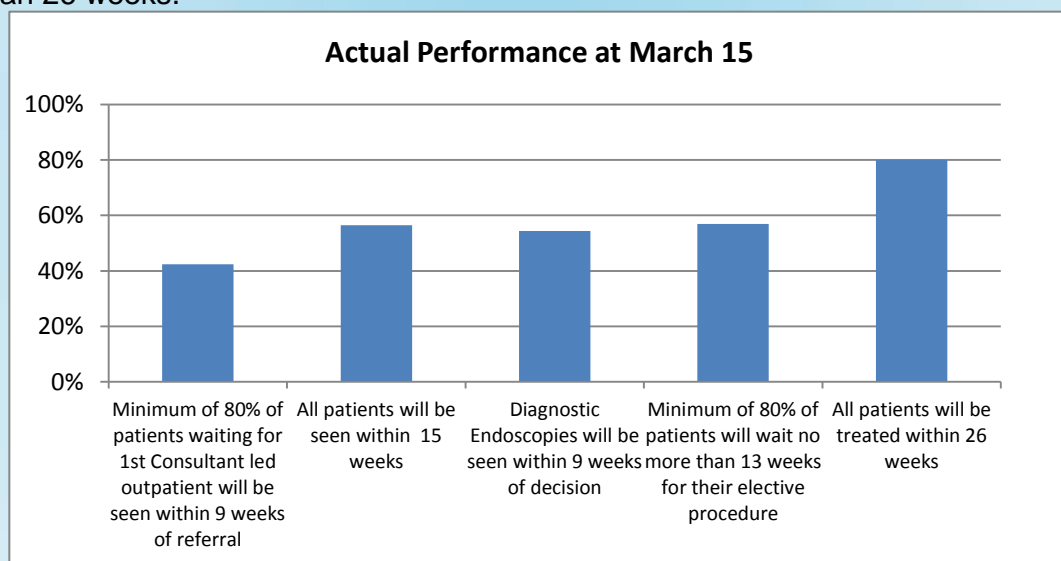
- From referral to seeing the Specialist
- From seeing the Specialist to date of treatment.

Facts & Figures

Measurements

The Trust is monitored against a number of Priorities for Action Targets namely:-

- Outpatient Waits – Minimum of 80% of patients waiting for a first consultant led outpatient appointment will wait 9 weeks or less, with no patients waiting more than 18 weeks
- Diagnostic endoscopies will be completed within 9 weeks of decision to scope
- Inpatient/Daycase waits – Minimum of 70% of patients will wait no longer than 13 weeks for their procedure from date of decision to list with no patient waiting more than 26 weeks.



Next Steps

Unfortunately due to an increase in cancer and urgent referrals the waiting time for routine referrals has increased substantially in the last year. The Trust continues to experience an increased demand for service and continue to work closely with the Health and Social Care Board to:

- Understand the increased demand
- Plan for funding – both recurrent and non-recurrent to address the gaps
- Use of the Independent Sector where appropriate.

Theme 5: Supporting Staff

Staff Achievements

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

During 2014-15, 299 staff have completed the following Leadership & Management courses.

Facts & Figures

- ILM Level 3 Developing Manager (Band 4&5) - 31 people
- ILM Level 5 Effective Manager (Band 6&7) - 27 people
- ILM Level 5 Coaching – 2 people
- ILM Level 5 Effective Leader – 2 people
- ILM Level 2 Team Leading (Band 2&3) – 35 people
- PG Diploma in Health & Social Care Management – 8 people
- MSC Inter-professional Health & Social Care Management – 4 people
- Nursing & Midwifery Development Programme – 5 people
- Succession Planning (Band 8) – 20 people
- Succession Planning (Band 7) – 24 people
- Transforming Leadership Programme (HSC Leadership Centre) – 4 people
- Introduction to Coaching – 49 people
- Practical Manager – 88 people.

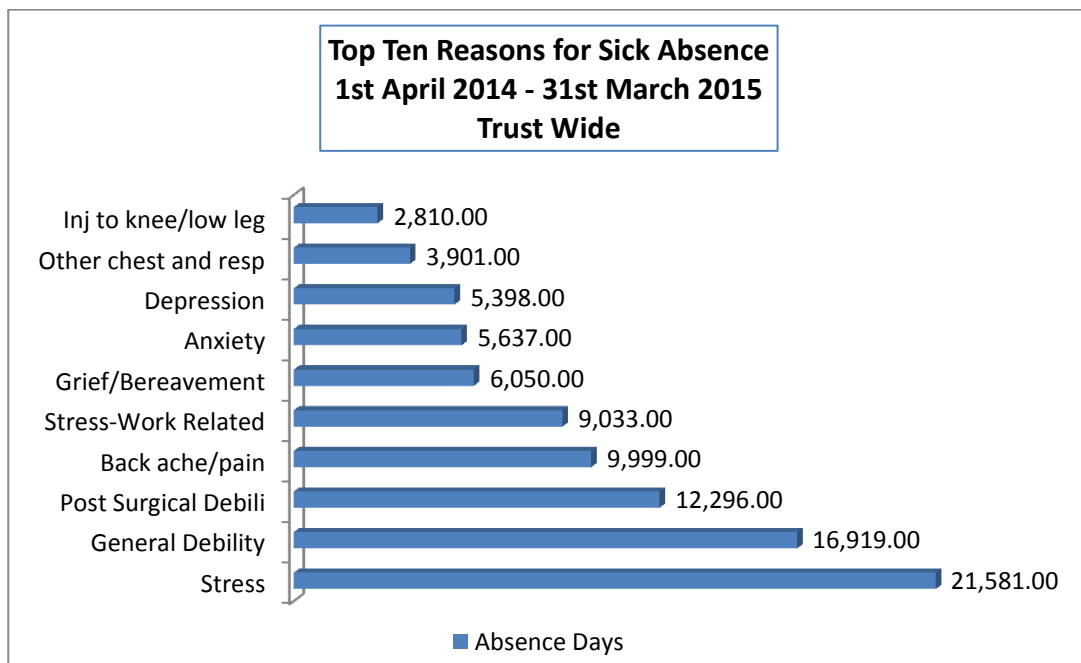


Staff Absenteeism

Improving Attendance at Work

The difficulties reporting absence due to the Human Resources Payroll and Travel and Subsistence (HRPTS) system were not resolved during 2014/15. However as part of the Trust's accountability framework the Trust has been able to publish retrospective absence performance data from April 2014 onwards.

| 1 April 14 – 31 March 15 | | Scheduled Hours | Absence Hours | % Hours |
|--------------------------|------------|-----------------|---------------|---------|
| Trust Total | Sick Leave | 15,788,046.42 | 1,050,714.63 | 6.66 |



In response to the DHSSPS's 5% absence target for 14/15 the Trust put in place a number of initiatives to respond to the challenges and to help meet the target.

In partnership with local Trade Union Representatives, the Trust's Staff Health and Wellbeing Committee continued to meet with the main focus to improve the working lives of staff. The Committee drafted a Staff Health and Wellbeing Strategy and action plan which will be launched at the Chairman's Award Celebrations in 2015. Planning for the Cycle to Work Scheme in conjunction with Halfords also took place and the Trust expects that this will be very popular when relaunched in June 2015.

During 2014/15 the Trust retendered for its Occupational Health Consultant medical provision. As a result, it has put in place a new contract to provide expertise to manage complex absence cases. The Trust continued to work closely with Carecall to provide a range of counselling services to staff who require additional support and dedicated physiotherapy services were also provided for staff who had muscular skeletal conditions.

Theme 5: Supporting Staff

The need for Resilience Training for managers and staff was clearly identified as a priority and will be delivered initially as a pilot and then rolled out during 2015/16. A stress tool kit was also developed which will help support staff at work. Preparations for a significant Staff Engagement Programme of work was also undertaken with an expectation that the initiative will be formally launched next year.

The Trust continued to deliver a bespoke Influenza Vaccination Programme for staff. During 2014/15 1559 front line Health Care staff were vaccinated against influenza - a 9% uplift from 2012/2013 season.

| Year | Number of Front Line HCWs Vaccinated | % Uptake of Vaccine among HCWs |
|---------|--------------------------------------|--------------------------------|
| 2012/13 | 1096 | 15.5% |
| 2013/14 | 1403 | 19% |
| 2014/15 | 1559 | 24.3% |



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

Vaccination

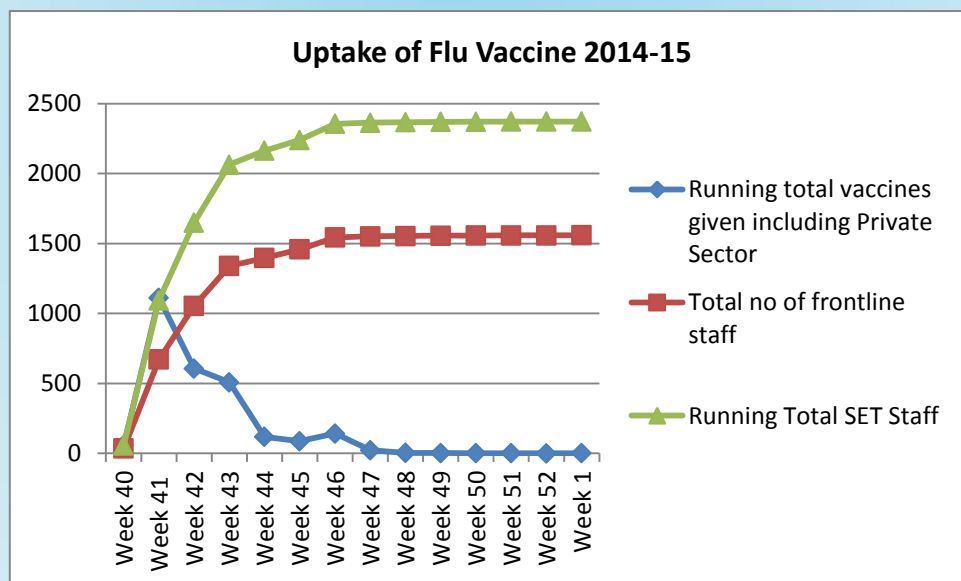
Seasonal Influenza Vaccination Programme

NHS staff and in particular frontline Health Care Workers (HCWs) who have direct contact with patients are encouraged to get vaccinated against Influenza each winter. Influenza vaccination helps to protect health professionals, their families and vulnerable patients from the risk of catching flu, as those HCWs who have been vaccinated are much less likely to be carrying the Influenza virus.

Facts & Figures

Public Health set a target of 30% of frontline Health Care Workers (HCWs) to be vaccinated for the winter programme (Oct 14 – Mar 15). The uptake was 24.3%, this percentage uptake among HCWs whilst not meeting the PHA target for 2014/15 shows a steady improvement in the uptake of Influenza vaccine since 2011 when the uptake was 16%.

The graph below shows the vaccination uptake during the Winter season period 2014 / 15.



Next Steps

- Staff attitude influences the uptake of Influenza vaccination. Education and encouragement regarding this subject needs to continue if Public Health targets for future winter Influenza vaccination programmes are to be met. We continue to strive to drive improvement in this area of Public Health.

Theme 5: Supporting Staff

Looking After Your Staff

Stop Smoking Service

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, killing around 2,300 people each year. Of these deaths, approximately 800 are as a result of lung cancer, which is now the most common cause of cancer death for both men and women. Further illnesses for which smoking is a major risk factor include coronary heart disease, strokes and other diseases of the circulatory system.

In a recent survey carried out in Northern Ireland, more than three-fifths of current smokers said they wanted to quit. However, as nicotine is a highly addictive substance, the desire to quit is very often not enough, and the majority of smokers will attempt to break the addiction several times before achieving their aim.

Supporting staff who smoke to quit is a key priority for the Health Development Department. A stop smoking service to Trust staff is available on a one-to-one basis or via stop smoking groups.

The two main forms of effective interventions available to support staff to quit are:

- Brief advice; and
- Specialist cessation interventions.

Nicotine Replacement Therapy can also be prescribed by the Stop Smoking Team to staff members who have set a quit date and attend for regular carbon monoxide readings.

Facts & Figures

To date the team have achieved a 81% quit rate at four weeks with those staff members who have availed of the service.

Next Steps

Implementation of Smoke Free Trust Sites by 31 March 2016

The South Eastern H&SC Trust is committed to positively influencing the health and wellbeing of our own staff, patients and visitors. The Trust is committed to eliminating smoking on Trust premises and grounds to assist staff, patients and visitors in order to improve their health and wellbeing.

The Smoke Free HSC Site objectives are to:

- Save lives over the next decade by reducing exposure to hazardous second-hand smoke
- Protect and improve the health of staff, patients/clients, visitors and contractor's by countering the health risks caused by tobacco smoke
- Assist both patients and staff who wish to stop smoking by ensuring Stop Smoking Services are widely available to staff, patients and clients
- Set an example of best practice
- Reduce the risks to health from exposure to second-hand smoke
- Increase the benefits of Smoke Free enclosed public places and workplaces for people trying to give up smoking so that they can succeed in an environment where social pressures to smoke are reduced recognise a person's right to be protected from harm and to enjoy smoke free air.

Revalidation of Medical Staff

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field. The ultimate aim is to provide confidence to patients that all doctors are regularly checked by their employer and the General Medical Council (GMC). This is an ongoing process underpinned by annual appraisal with doctors normally revalidating every five years. Therefore the Trust has continued to develop good relationships with the General Medical Council in order to ensure our doctors are appropriately revalidated within a robust process.

Facts & Figures

- In 2014/15 the Trust submitted just over 90 positive recommendations to the GMC for doctors to revalidate
- Approximately 8% of those due to revalidate requested a deferral of 6 to 12 months, and following assessment against established GMC criteria, these requests were supported. All doctors who received a deferred date within 2014/15 have subsequently received a positive recommendation
- There were no doctors reported to the GMC for non-engagement.



Next Steps

During the next year the Trust will continue to use a number of mechanisms to assure the quality of the revalidation process. These will include the random selection of a proportion of revalidation portfolios from each clinical leader, which will be audited by the Responsible Officer. In addition the Trust in conjunction with the HSC Leadership Centre, will deliver appraisal update training to ensure nominated appraisers remain suitably skilled and cognizant of their obligations.

Staff Support and Development

Staff Training

Hyponatraemia

To comply with competency framework for reducing the risk of hyponatraemia when administering intravenous infusions to children and young people staff receive Hyponatraemia training to ensure appropriate management of this condition.

Facts & Figures

- 716 nursing staff have been received IV Fluid training provided by Clinical Education Centre (CEC), (Fluid Management in Children and Young People from 1 month up to 16 years only)
- Medical staff training was provided by the Associate Specialist for Paediatrics in Children's Health, this training was attend by approximately 400 Medical Staff of all Grades
- There is also a requirement that all staff who care for a child up to 16 years of age complete the BMJ e-learning module – Reducing the risk of hyponatraemia when administering IV Fluids to children.

Next Steps

- CEC continue to roll out IV Fluid training for nursing staff.

The image shows a 'Daily Fluid Balance & Prescription Chart' form. It is a complex grid-based form used for tracking fluid intake and output for a child. The form includes sections for 'FLUID INPUT (ml)' and 'FLUID OUTPUT (ml)'. The 'FLUID INPUT' section is divided into 'ORAL FLUID' and 'INTRAVENOUS FLUID & MEDICATION'. The 'FLUID OUTPUT' section is divided into 'URINE', 'SWEAT', and 'OTHER'. The form also includes a '24 hour Fluid Balance (ml)' section at the bottom right. The form is titled 'Daily Fluid Balance & Prescription Chart' and includes a 'Child' icon and 'Use in both genders' text. The form is tilted and shows a grid for recording data over a 24-hour period.

Theme 5: Supporting Staff

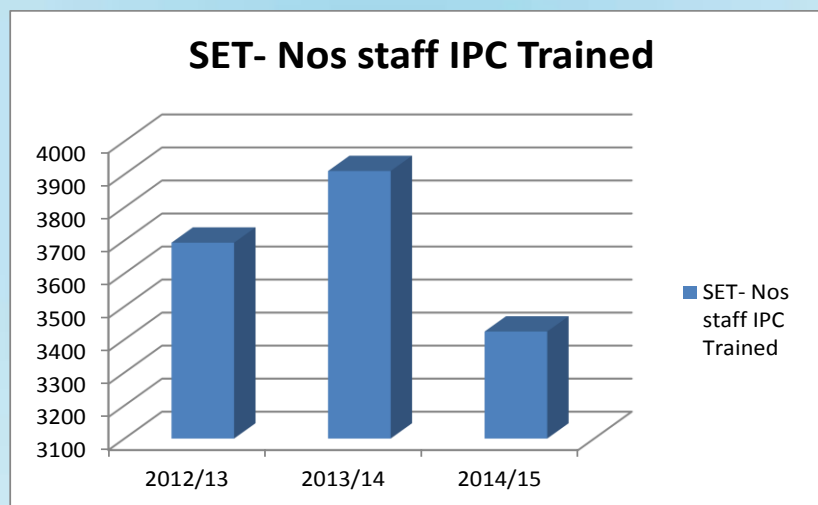
Infection Prevention & Control (IPC) Training & Education

Planning & Development

- The training and ongoing education of staff is highly prioritised within the IPC Team
- The team seeks innovative ways to meet demand through the use of eLearning and face to face sessions
- A variety of teaching methods are employed to maximise staff engagement e.g. practical work and the use of quizzes to test knowledge
- The team strives to provide a rapid training response to any new or emerging issues that present a challenge to clinical staff e.g. Ebola management
- There is also involvement in the Infection Prevention Society Educational Sub Group – looking at the standardisation of educational programmes for all clinical staff regionally.

Facts & Figures

- By the end of March 2015 – 1232 Administrative/Clerical Staff had completed hand hygiene on the new eLearning module – far exceeding figures that could have been achieved with face to face training
- 3424 staff attended IPC training/awareness updates in 2014-2015.



Next Steps

- Continue steps in the conversion from Training Administration Information System (TAS) to the new Learning Solution (LSO)
- Aim is to have a completely paper free system by the end of 2015
- Managers will be able to track and report on the grade and number of staff who have attended IPC training
- Reinforce that IPC training attendance need to be maintained.

Theme 5: Supporting Staff

Investors in People

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

Part of the continuous improvement process has been to train and develop a second cohort of Internal Reviewers representing all staff groups, including Trade Unions. This group has been involved in the 2014-17 rolling assessment programme which was undertaken across the Corporate Directorates in January 2015.

The Internal Review team have been recognised in separate awards: the Trust's Chairman's Recognition Awards and the HPMA NI Awards.



Following assessment each Directorate receives a feedback report detailing good practice and areas for improvement. Action plans are developed and reviewed as part of performance meetings throughout the year. This contributes to continuous improvement as action areas are reviewed as part of the re-assessment process.

Quotes from staff include:

- *"This is a very positive place to work".*
- *"As a team we work well and help each other".*
- *"I feel very appreciated; my manager makes a point of praising me when I've done*

Next Steps

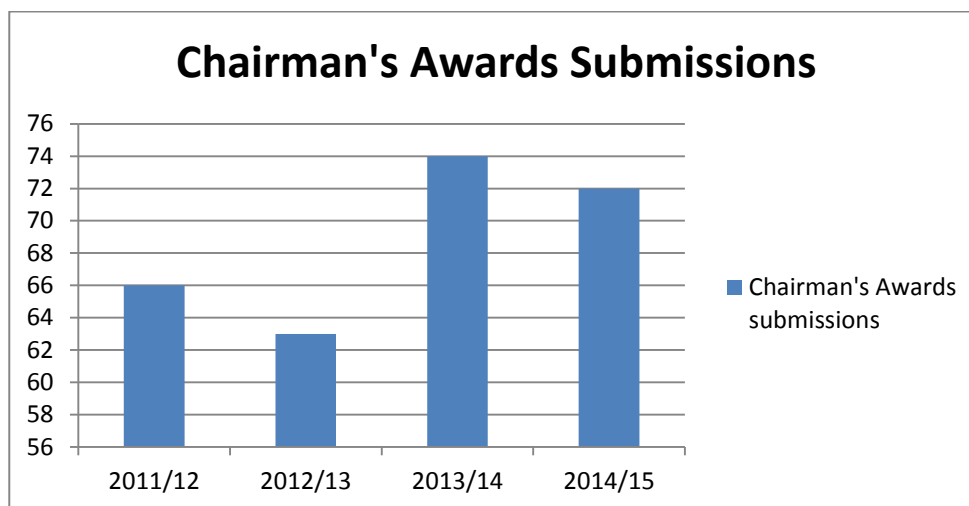
- The 2014-17 rolling programme will continue with two Directorates being assessed in May and October 2015
- A revised IIP Framework is being launched September 2015 and will be adopted by the Trust following completion of the 2014-17 assessment period.

Theme 5: Supporting Staff

Chairman's Recognition Awards 2014



In November 2014 the Trust celebrated the fifth year of the Chairman's Recognition Awards which recognise, reward and celebrate the exceptional achievement of staff, whether as an individual or a team. There were seven categories, six reflecting the Trust corporate themes and one reflecting outstanding commitment of an individual. The standard of all the entries was exceptionally high which demonstrates the commitment to providing quality service for patients and clients. The overall winner was Borderline Personality Disorder Service, Ards Mental Health Day Hospital. The figure below demonstrates the continuous energy for the chairman's awards, with 2014 continuing to achieve over 70 applications.



| Category | Winner |
|------------------------------|---|
| Safety, Quality & Experience | Borderline Personality Disorder Service, Ards Mental Health Day Hospital |
| Access | My Desktop Project Team |
| Health & Wellbeing | Blood borne virus screening & vaccination programme |
| Efficiency & Service Reform | The Daily Call Team, A&E Dept, Ulster Hospital |
| Our Staff | Bridging the Gap – The Workshop Effect, Warren Children's Centre |
| Stakeholder Engagement | Bertie's Gang, Ulster Hospital |
| Going the Extra Mile | William Walker, Cath Lab, Ulster Hospital Billy Walsh, Thompson House Hospital |

Theme 5: Supporting Staff

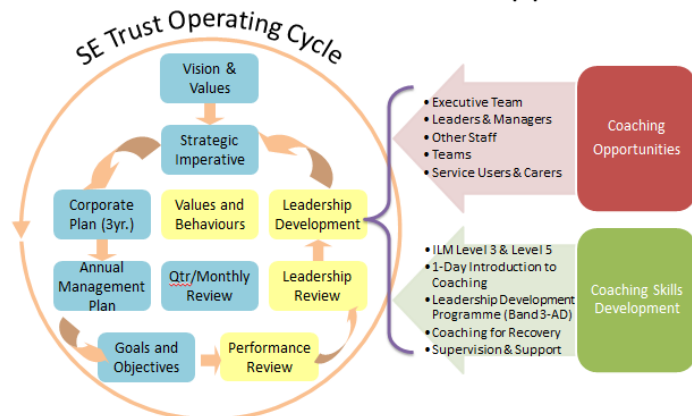
The Coach Approach

The Trust has adopted a Coach Approach since 2011. Rather than having a stand-alone strategy for Coaching, the vision has been to have coaching aligned with the organisational strategy and business operating cycle.

A key aspect of this coach approach is how leaders, managers and staff engage with each other and with patients and clients in ways that increase individual, team and organisational performance and shared values. The key aim is to create a culture in which not only formal coaching occurs, but also, where staff, at all levels in the organisation practice coaching behaviours as a means of relating to, supporting and influencing each other and the people they care for.

By developing coaching as a leadership style, managers and staff are better equipped to deal with the challenges they face and have an opportunity to develop a “solutions focus” that is future orientated and empowers them to deliver our business strategy. Historically coaching has been mostly targeted at management roles, however in response to the focus on increased self-care and shared decision-making with patients and clients, the training is also available to staff working in therapeutic settings including peer support workers and also to service users through the Recovery College.

South Eastern Trust Coach Approach



Facts & Figures

- 49 people have completed the 1 day 'Introduction to Coaching'
- 19 people have completed an 'ILM qualification in Coaching'
- 22 people - staff, service users and carers have attended 'Coaching for Recovery'
- 19 people have completed an accredited ILM Certificate in 'Coaching'.

Next Steps

- To increase the internal capacity for coaching by continuing to offer the current range of courses and by creating the opportunity to upgrade current qualifications to Diploma level.

Theme 5: Supporting Staff

Promoting Continuous Professional Development in Social Work Practitioners

Professional Social Work – Staff Support and Development

Social Work Leadership

The Trust strategy for Professional Social Work “*Pride in Practice 2012–15*” highlights the importance of ensuring support and development for Social Work Practitioners within the Trust.



Quality in Practice.

The Trust held a celebration of Quality in Social Work Practice on 8th December 2014, gathering Social Work and Social Care Staff to share quality improvement initiatives from across all directorates.

In order to measure the experience of Social Workers within the Trust annual audits of induction, supervision and training practices are undertaken.

Professional Supervision

During this reporting year 85% of Social Workers received professional supervision within their work place. In those areas where regularity of supervision was not to the standard required, local improvement plans are implemented and are subject to monitoring by the Executive Director of Social Work.

Workforce stability is a priority and much emphasis has been placed with staff to look at support through supervision and reflective practice. The pilot of a model for staff supervision in Children’s Residential Care with Queen’s University is an exciting development and being tested at present. It is anticipated that the Trust will develop a more effective model to meet the needs of residential staff.

Assessed Year in Employment

Newly qualified Social Workers spend their first year in an “Assessed Year in Employment” (AYE). The purpose of this year is to make sure that Social Workers are skilled appropriately to perform their job role within the work setting. The Northern Ireland Social Care Council (NISCC) sets standards on employing organisations to support and assess these Social Workers. The annual AYE audit of the Trust’s compliance with these standards highlighted that Social Workers in their assessed year in employment within the Trust demonstrated:

- 94% received full induction
- 100% have undertaken the required 10 developmental days
- 90% received professional supervision.

Theme 5: Supporting Staff

Continuous Professional Development

When Social Workers have completed their Assessed Year in Employment, they are required to complete further professional development achieving two requirements of the “Social Work Specific Award”. Since this requirement came into place the Trust has supported Social Workers to complete the Initial Professional Development Programme achieving 100% compliance with the NISCC standard for professional development.

Implementing Quality Improvement

Social work staff continue to engage in quality improvement through skilling its workforce in the use of a range of improvement tools which are applicable to social care settings and contribute to the effectiveness of Social Work Services.

SQE Programme 2014/15: Social Work Candidates and Mentors



PROJECT: Improving information sharing in Residential & Nursing Home Care.



PROJECT: Improving Looked After Children's experience of review meetings.

Safety Quality & Experience (SQE) Workbook

The Trust SQE Workbook has been successfully used to engage teams in improvement.



The Trust Rehabilitation Team

Theme 5: Supporting Staff

Social Work Research Strategy

The Trust Social Work Research strategy – *Research in Practice 2014 - 2017* was launched in April 2014 at a workshop in the Great Hall in Downshire Hospital, Downpatrick.

This will build on the existing profile of research as an important aspect of Professional Social Work Practice and Management within the Trust and compliments the Regional Strategy which was launched in 2015.



Social Work Finalists in Regional Social Work Awards

During 2014 there were a number of nominations as finalists in the Regional Social Work Awards.

Finalists were:

- Ed Sipler: Lifetime Achievement Award for his contribution to services in Addiction and Health Development.
- Sarah Browne: Adult Care Individual Award for her contribution to Social Work and Social Care
- Dialectic Behaviour Therapy Team: Adult Services Team Award
- Research, Learning & Development Team: Adult Services Team Award



Research, Learning & Development Team



Ed Sipler - Mental Health, Addiction Services

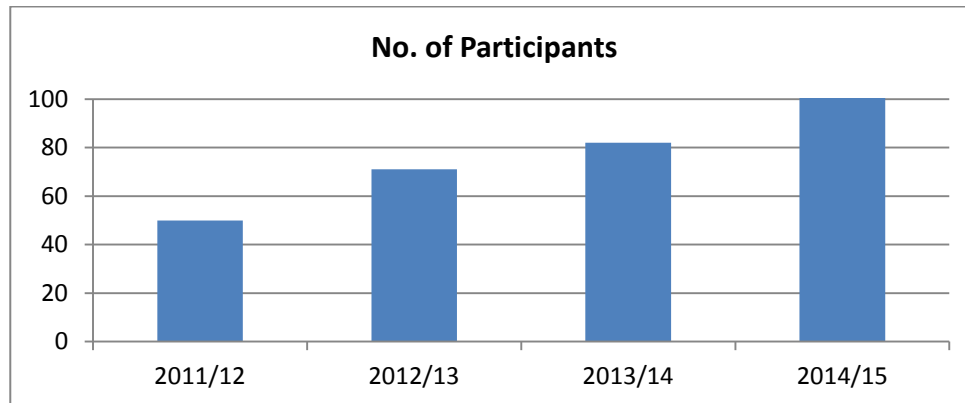


The Trust congratulates Sarah Browne who won the Adult Care Individual Award for her excellent contribution to Social Work and Social Care.

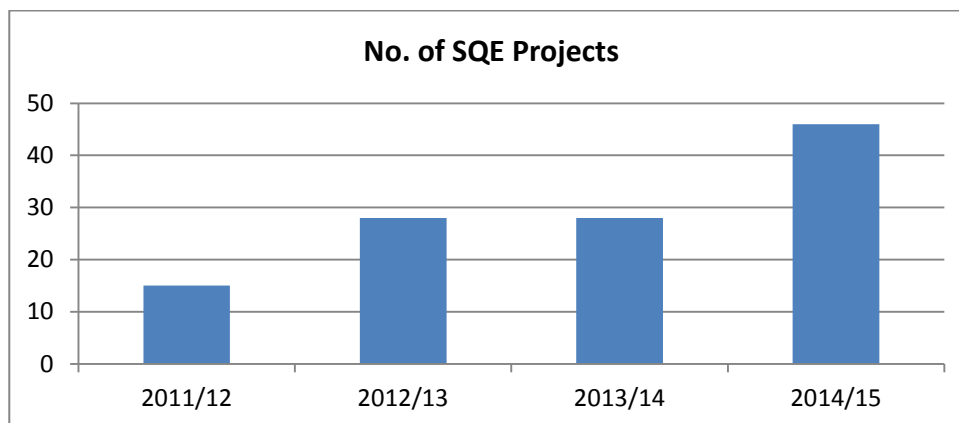
Theme 5: Supporting Staff

Leading in Safety, Quality and Experience (SQE) Programme

Since the development of the SQE Programme in 2011, 117 projects have been undertaken and approximately 329 staff and 94 mentors have been educated in Quality Improvement Methodology. The graph below shows the yearly increase in participants.



The project teams, having delivered successful projects, have committed to implementation, spread and embedment of their improvement work through their respective services. A number of the projects undertaken as part of the programme have demonstrated an improvement through service reform that has created efficiencies.



The success of the programme is evident through the positive evaluation responses with 95% of participants stating they would recommend it to a colleague.



Theme 5: Supporting Staff

Health Improvement: Building Capability

The Health Foundation is a charity who work to improve the quality of health care in the UK today. The Health Foundation have published their latest learning report, 'How five UK Trusts build quality improvement capability at scale within their organisations'. The Trust was selected to be part of a Health Foundation Study looking at how Trusts across the UK have looked to build staff expertise in quality improvement and capability building.



The Health Foundation has produced five short films celebrating successful innovative projects in health and social care across the UK. The aim of the films is to capture the imagination of other health and social care workers, to hopefully inspire them to innovate and to also showcase the films to a wider, general public.

The short film (4-5 mins) will tell the story of the SQE Programme at the South Eastern Health & Social Care Trust. It is a film that celebrates the creativity and problem-solving capability of front line staff, demonstrates how those innovations help the safety and quality of patient experience, and delivers an important message - the significance of managers engendering a culture which allows those ideas to flourish and develop. The tone of the film will be upbeat and authentic – capturing the reality of the working lives of those in it.

The film will be primarily published on the website of The Health Foundation. It will also be made sharable on the internet with the intention of raising awareness of the SQE Programme as widely as possible. The Health Foundation are launching the film at a premier event in a London cinema in October 2015.

Next Steps

- As the programme has demonstrated the ability to address local needs in terms of development of improved service delivery and creation of efficiencies the Trust will continue to deliver this programme annually
- Regional Social Work Quality Improvement Training Programme commencing January 2016
- Linkage of the SQE Programme to the Quality Improvement Academy.

Recognition for Improvement

Nurse of the Year Awards

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

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

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



Health Minister, Simon Hamilton presenting Cherith with her award

Liz Campbell won the Chief Nursing Officer's Award

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



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

Theme 5: Supporting Staff

Lisa Dullaghan won the Team Manager Award

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



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

Carmel Kelly won the Nursing Research Award

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



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

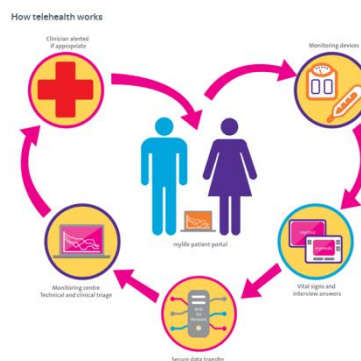
Community

Telemonitoring

Telehealth and Telecare

Telemonitoring NI was established in 2011, working in conjunction with all five Health & Social Care Trusts in Northern Ireland to provide technology enabled care services that put individuals at the centre of their care and promote better outcomes for the user, carer and family members. The service is delivered by TF3 Consortium, which comprises Tunstall, Fold and S3 Group, working in partnership with the Public Health Agency (Centre for Connected Health and Social Care).

Telehealth is the consistent and accurate monitoring of a patient's vital signs and symptoms via easy to use technology in their home. Patients take their readings and answer a series of health questions each day and the information is transmitted to a monitoring centre where technical triage personnel will verify the results and only alert a clinician if the data is outside of the parameters set for that individual patient. Track and Trend monitoring is also available in addition to clinical triage where clinicians with relevant permissions can log in remotely to review the information collected at any time, helping to identify trends and informing the ongoing care plan.



Telecare is support and assistance provided at a distance using information and communication technology. Telecare monitoring covers a wide range of needs, and is intended to support people and enable them to continue living in their own home, independently or with the assistance of carers, for as long as possible. It also supports carers and families by providing additional help and support with caring responsibilities and all-important peace of mind.



For further information: <http://www.telemonitoringni.info/>

Community: Supporting People in the Community

Facts & Figures

- Within Telehealth during 2014/15, the Trust achieved 96% of its target delivering 75,260 Monitored Patients Days (MPDs) of its overall target of 78,000 MPD falling short of the target by 2740 MPD. This is a 25% improvement on the previous year when the Trust achieved 71% of its target delivering 63,991 MPD. Patients with diabetes, COPD, heart failure, stroke and weight management issues have benefitted from the service.
- Within Telecare, a target of 73241 MPDs was established with an end of year position of 57,233 MPDs - a shortfall of 16008 days (22%). However, in April 2014, the Trust had 121 clients utilising Telecare and ended in March 2015 with 180, an increase of 59 clients and a 33% increase in the number of people benefitting from the service.



Next Steps

In 2015/16, it is the Trust's intention to:

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

Mental Health

Mental Health Safety Collaborative

Mental Health Safety Collaborative

Improving Crises Management

To enhance patient safety and reduce the number of crisis presentations by service users, the team undertook a project to implement a stepped approach to promoting personal safety.

The primary aims were to enhance communication, standardise approaches used, promote service user involvement and identify and manage risk.

Secondary aims included improving, access to services, improving the availability of information within the Trust, improving communication between services, standardising approaches across the Trust, enhancement of inter/intra agency working, enhancing family involvement, partnership working and review of risk assessment processes.

Planned Improvements

A number of planned improvement projects were identified by the project group; many of these linked with existing projects such as: ImROC, Think Family Projects, and the Regional Mental Health Care Pathway. Improvements were also supported by individual team quality improvement (SQE) projects.

- Produce prospectus of courses available through Recovery college
- Community Link worker scheme
- Gain feedback on think family pilot and implement across Trust
- Standardise/Consolidate information available across Trust
- Deliver Person Centred Awareness, care planning skills, coaching for service users/colleagues
- Raise awareness of recovery focussed care and self-directed support for service users through practitioner coaching
- Develop a leaflet on person centred planning for distribution to service users, carers and staff
- Interface meeting set up with PSNI to look at management of self-harm presenters/Article 130
- Roll out MAXIMS access to other relevant services
- Produce guidance on use of risk management tool
- Implement changes in core care pathway
- Set up working group to look at repeat attender's (evidence base NHS Forth Valley model).

Facts & Figures

The project team aimed to measure the number of North Down and Ards sector patients presenting for Emergency Assessment to the Ulster Hospital on a monthly basis. (Community Addictions Team Caseloads were excluded). Baseline figures were taken and predictions made. Baselines of service model and referral pathways were scoped prior to improvement planning.

Achievements Identified

- Recovery college prospectus has been developed and is available through the Trust website and in hard copy
- ImROC in South Eastern Trust facebook page now live and links to a range of resources for service users
- Recovery Awareness workshops have taken place throughout the Trust
- Team Recovery Implementation Plans (TRIPs) are available throughout the Trust
- Pilot Think Family project now live for one year – some changes implemented
- Standardised Assessment Documentation achieved
- Training for staff on managing emotional regulation is being developed
- Coaching for recovery course has been delivered and feedback was positive. Course ran at a variety of locations within the Trust
- All courses in the Recovery college are co-produced and co-delivered with service users and carers
- Job description for peer support workers in mental health workers is under development
- Co-ordinator is now in place to develop and lead work on self-directed support.
- Leaflet on person centred planning has been completed and is soon for pilot with Community Mental Health Teams
- Work on-going on the MAXIMS system. Maxims co-ordinator appointed.

Analysis

Overall a downward reduction was evident in Emergency Mental Health presentations for those on existing caseloads for populations within the Lisburn and North Down and Ards areas.

Next Steps

Future plans

- Community Link Worker – Partnering with Pharmacy aimed to work with hidden respite
- Improve systems in Down sector to support the project and data collection/ analysis
- Training on use of the risk management tool via MAXIMS
- Further improvement work taken from Serious Adverse Incidents/ Serious Early Alerts has been identified.

Mental Health

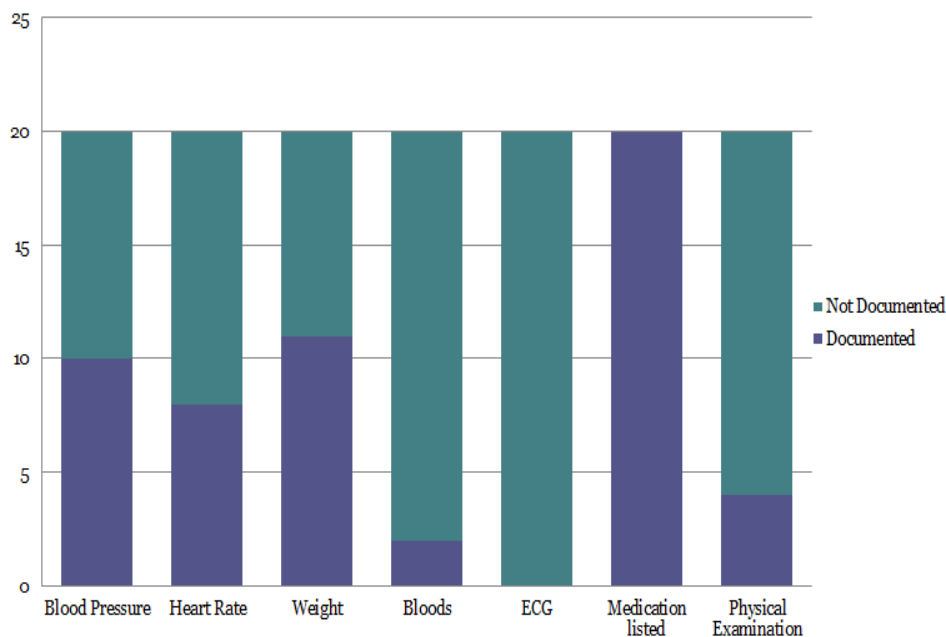
Chartering the Use of a Health Passport to Enhance the Provision of Physical Wellbeing for our Patients

There is an increased prevalence of physical health problems in people who have a mental illness. For example, people with a psychosis aged 25 to 44 years have 6.6 times higher cardiovascular mortality and die up to 25 years earlier; the highest being in the most developed countries” (Parks et al 2006; Saha et al 2007).

An audit of physical checks on patients in Home Treatment/Day Hospital was carried out in 2013.

This audit illustrated that there was no specific documentation to record physical health checks with the patient population, in particular, outlining which checks were carried out. It was clear that not everyone was having all checks completed as illustrated in the graph below.

Graphical representation of data for documentation of physical observations in patients admitted to Day Hospital & Home Treatment Team



Aims

The aims of the project is twofold to improve patients' awareness of health and wellbeing and improve practice and recording of physical health checks throughout the multidisciplinary team.

Facts & Figures

Following the introduction of a physical health record template, the team have been able to demonstrate:

- An enhanced level of awareness of the physical health needs of patients
- Improvements in evidencing that physical health assessments have been undertaken.

In the first audit conducted following the introduction of the physical health checks template, during which five charts were selected at random:

- Two patients had a physical health check completed on the new template
- One patient had a physical examination completed but not recorded on the new template
- Two patients had no physical health checks completed.

The second audit, which was carried out one month later and which again, involved the selection of five random charts:

- Four patients had a physical health check completed on the new template
- One patient had a physical examination completed but not the template (due to their recent transfer from inpatient care).

Mental Health Services for Older People (MHSOP)

Mental Health Services for Older People (MHSOP)

Improving the Treatment of Delirium in Nursing Homes

Mental health and emotional well-being are as important in older age as at any other time of life. Most older people have good mental health, but older people are more likely to experience events that affect emotional well-being, such as bereavement or disability. Assessing the mental health needs of older people requires an understanding of the complex interaction between specific medical conditions and social circumstances.

There are ever increasing pressures on Mental Health Services for Older People (MHSOP) to provide unscheduled care response in both community and acute setting within a timely manner that benefits the individual patient and reduces the potential of an acute hospital admission.

Delirium, sometimes called 'acute confusional state' is a common clinical syndrome characterised by disturbed consciousness and change in cognitive function or perception that develops over a short period of time (usually 1-2 days)." NICE, 2010.

Symptoms of delirium and progressing dementia can be difficult to distinguish between and this has led to inappropriate admissions to hospital or unnecessary patient transfers. For patients with dementia this will lead to an increase in confusion, further disorientation and distress. In the past these residents were often referred to the department of psychiatry for older people. Patients would have to wait long periods for psychiatric assessment when it was often a delirium that was causing the increase in distressed behaviour and medical treatment was required by the GP or General Hospital.

Traditionally care homes sought assistance from GPs for patients who had dementia and had developed unmanageable challenging behaviour. GPs would often refer the case onto psychiatry for older people without assessing delirium risk factors.

To improve the treatment of delirium in patients with dementia living in nursing and residential homes in Lisburn, a CPN in-reach service has been established. Specifically trained Community Psychiatric Nurses (CPN) has been aligned to care homes to assist staff and GPs to identify delirium and facilitate prompt appropriate medical treatment.

The CPNs assist with assessment, identification and early treatment of delirium. They offer advice on environmental issues pivotal to improving patient care and provide support and education to care home staff. This has enabled nursing/ residential home staff and GPs to become more aware of delirium and the impact that it can have on the level of distress and behaviour for patients with dementia, therefore improving the treatment for patients with delirium.

A delirium checklist has been developed to standardise approach and increase the likelihood of identifying and treating delirium quickly.

Mental Health Services for Older People

Facts & Figures

The outcomes have resulted in:

- Shorter waiting times for patients to be assessed in aligned care homes
- 26% reduction in referrals to MHSOP from those care homes involved in the scheme over a six month period (35 referrals from April – Sept 2014 down to 24 from Oct 2014 – March 2015).
- Improved working relationship between Care Home staff and MHSOP team
- Care home staff have reported that they feel more confident and supported with behaviours that challenge and the management of delirium when they have an allocated CPN.

Next Steps

- Next step is to submit an Investment Proposal Template (IPT) to enhance the MHSOP teams to enable this in-reach service to care homes to be extended to all localities across the Trust.

Mental Health Services for Older People

Introduction of a Memory Rehabilitation and Wellness Programme to Mental Health Services for Older People (MHSOP)

There are around 19,000 people living with dementia in Northern Ireland; this number is expected to rise to 23,000 by 2017. Currently there is limited support and intervention for people early in the dementia process. The Dementia Strategy NI (2011) emphasises the importance of early diagnosis in allowing people to receive treatment, care and support. Once diagnosed, people need the right support so they can stay independent for as long as possible.

Following diagnosis service users within the Trust have access to Occupational Therapy for initial assessment and have access to the Memory and Wellbeing Programme. The Safety, Quality and Experience Programme (SQE) has been the vehicle for using outcomes and quality improvement methodology to shape services through the introduction of a Memory and Wellbeing programme provided within groups to address people's needs and provide valuable peer support and shared lived experience. This program has been developed from Mary McGrath's evidence based individual memory rehabilitation and Occupation and Memory group work within Greater Glasgow and Clyde.

The focus is maintaining function and supporting occupational engagement through the use of practical strategies incorporated into daily routines and environments. The aim of the programme is to promote self-management and independence for as long as possible and also deliver a message of hope while living with memory impairment.

Facts & Figures

The outcomes have resulted in:


- Seven Sessions for participants and one carer/family/friend workshop provided throughout the Trust in Lisburn, Downpatrick, Ards and Bangor
- Referral from MHSOP Clinicians including the dementia navigators
- Programme includes initial home based assessment and follow up if required.

Appendix

ANNUAL QUALITY REPORT 2014/15

| Theme | Title | Next Steps |
|--|---|---|
| Theme 1 Effective Health & Social Care | Standardised Mortality Ratio (SMR) | <ul style="list-style-type: none"> Over the period 2015/16 the Trust will continue the process of validation to review cases which would indicate an unexpected death based on diagnosis or prognosis. This information is considered at Governance Committees and investigated further or learning shared as appropriate. |
| | Audit | <ul style="list-style-type: none"> Building on the success of previous years, the Trust plan to hold the 3rd Annual Multiprofessional Audit Conference in May 2015 in the Quality Improvement & Innovation Centre (QIIC). The Trust participated in the data collection phase of the Northern Ireland Audit of Dementia led by University College Cork. The anticipated report from this audit is due to be published early in the 2015/2016 year. Work will continue in the development of Trustwide and bespoke KPIs. For example, the KPI looking at Omitted Medications currently in its pilot phase will be rolled out to all Trust wards in September 2015 Audit staff will support Audit Convenors to develop and maintain their bespoke audit plans for their area of work to support SQE plans through QI approach. |
| | Social Care Indicators Protecting Children at Risk | <ul style="list-style-type: none"> The Trust would like to develop opportunities to hear from children and their parents about their experiences of working with child protection professionals. In this forthcoming year the Trust is collecting data from service users on their experience of the child protection processes in which they were involved. |
| | Children's Services Family Support Hubs | <ul style="list-style-type: none"> Promoting the benefits of this service with professionals across the Trust During this year outcome measures will be developed. |
| | Looked After Children | <ul style="list-style-type: none"> The use of the Momo App will be extended to other teams within the Trust. This will ensure that review meetings listen to the voice of the child An improved format of review meetings will be tested to encourage attendance and participation of young people. |
| | Ensuring Permanence Plans for Looked After Children | <ul style="list-style-type: none"> Staff have been appointed to lead this project Information on this new project will be shared across all Social Work teams in the Trust. |

| | | |
|--|--|--|
| | Adult Safeguarding | <ul style="list-style-type: none"> • The Trust has developed a checklist to alert staff and services to potential increased risk of abuse among vulnerable adults. This is being evaluated and it is hoped to be shared regionally • The Trust is exploring the use of 10,000 Voices Project to seek service user feedback through their stories. A questionnaire is being developed in consultation with service users which will be tested • The Trust has developed an accredited training programme on Adult Safeguarding for social workers which will be piloted in 2015/16. |
| | Carers Assessment | <ul style="list-style-type: none"> • Trust staff to continue to promote the benefits of carer assessment • Continue to raise awareness of the needs of carers from black and minority ethnic groups • Extend the Short Breaks Initiative piloted by Mental Health in partnership with local community pharmacists across the Trust. |
| | Re-settlement of Adults with a Learning Disability | <ul style="list-style-type: none"> • The Trust will continue to focus on the resettlement of the remaining six people in hospital who will require bespoke services in the community. We will develop and extend living options and schemes based on identified needs in partnership with other providers and housing bodies to meet these challenges. |
| Theme 2 Delivering Best Practice in Safe Health & Social Care Settings | Cardiac Arrest | <ul style="list-style-type: none"> • Timely recognition of the deteriorating patient remains a priority for Trust staff. During 2015/16 the Trust will continue to enhance staff skills in the recognition of the deteriorating patient and effective communication in escalating concerns appropriately through Sharing and Learning sessions, Improvement Workshops and bespoke initiatives with identified wards. • The Trust will continue to focus on monitoring and measurement of the Regional National Early Warning Scoring system (NEWS) Key Performance Indicator (KPI) in all Adult Inpatient Wards. |
| | Reducing Healthcare Associated Infections | <p>A post-infection review (Root Cause Analysis) is carried out following <i>Staphylococcus aureus</i> bloodstream and <i>Clostridium difficile</i> infections to identify any areas for learning. The outcome of the investigation is shared with Clinical Teams, across Directorates at Governance meetings and via newsletters to further enhance practice and patient care:</p> <ul style="list-style-type: none"> • To further embed the care management of vascular access and invasive devices and reduce the incidences of false-positive blood cultures • To measure compliance with MRSA screening guidelines. |

| | Surgical Site Infection Surveillance | <p>Orthopaedic Surgical Site Infection</p> <ul style="list-style-type: none"> The plan is to introduce a “light surveillance” system whereby much of the data is extrapolated from the Trust electronic theatre management system. Hence staff will no longer have to collect the data on each orthopaedic procedure in theatre and following the procedure on a paper survey form. Thus this would reduce the workload of staff within theatres and at ward level. <p>Caesarean Section Surgical Wound Infection</p> <ul style="list-style-type: none"> Continue roll out to support midwives and explore the feasibility of moving to a “light surveillance” system as described for orthopaedics above. This would free up time for other tasks, as information would only need to be generated if the patient developed a surgical site infection. <p>Critical Care Infection Surveillance</p> <ul style="list-style-type: none"> Continue to maintain all good practice within the unit and ensure compliance with the implementation of “care bundles” (check lists which help focus adherence on ensuring that practices linked to reducing infection are in place) are maintained. | | | | | | | | | | | | |
|---|--|--|---|---|---|---------|---------------------------|--|---|--|--|---|---|---|
| | Patient Falls | <ul style="list-style-type: none"> The application of the FallSafe Bundle will continue with the aim of a reduction in inpatient falls supported by a member of the Safe & Effective Care Team During 2015/16 the Trust will continue to enhance staff skills in identifying patients who are at risk of falls through Sharing and Learning sessions and Improvement Workshops The Trust will continue to focus on monitoring and measurement of the FallSafe Bundle in all Adult Inpatient Wards. | | | | | | | | | | | | |
| | Pressure Ulcers | <ul style="list-style-type: none"> Work towards consistency in obtaining compliance with the ‘SKIN Bundle’ Validation audits are planned for early 2016 Trustwide distribution of locally developed pressure ulcer grading tool in accurately grading pressure ulcers  <table border="1" data-bbox="790 1129 1955 1284"> <thead> <tr> <th data-bbox="790 1129 987 1150">GRADE 1</th> <th data-bbox="987 1129 1184 1150">GRADE 2</th> <th data-bbox="1184 1129 1382 1150">GRADE 3</th> <th data-bbox="1382 1129 1579 1150">GRADE 4</th> <th data-bbox="1579 1129 1776 1150">UNGRADEABLE DEPTH UNKNOWN</th> <th data-bbox="1776 1129 1955 1150">DTI (Deep Tissue Injury) DEPTH UNKNOWN</th> </tr> </thead> <tbody> <tr> <td data-bbox="790 1150 987 1284"> <p>INTACT SKIN: With non-blanchable redness of a localized area usually over a bony prominence. In individuals with darker skin, skin may not have visible blanching. The area may be painful, firm, soft, warmer or cooler compared to adjacent skin.</p> </td> <td data-bbox="987 1150 1184 1284"> <p>PARTIAL THICKNESS: Loss of dermis, presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. Shifting indicates suspected DTI. This grade should not be used to describe skin tear, lacerations, perianal dermatitis, maceration or exsiccation.</p> </td> <td data-bbox="1184 1150 1382 1284"> <p>FULL THICKNESS: Tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is NOT exposed. Slough may be present but does not obscure depth of tissue loss. May include undermining or tunnelling. May present as a deep crater or shallow ulcer, depending on location.</p> </td> <td data-bbox="1382 1150 1579 1284"> <p>FULL THICKNESS: Tissue loss WITH exposed bone, tendon or muscle. 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The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared adjacent tissue. Treat as Grade 4 pressure ulcer.</p> </td> </tr> </tbody> </table> <p><small>© South Eastern HSC Trust</small></p> <ul style="list-style-type: none"> Trustwide questionnaire designed to evaluate the effectiveness of the pressure ulcer grading tool Evaluation of pilot Collaborate regionally to address pressure ulcer prevention in hospital Emergency Departments Introduce Skin Bundle to paediatrics. | GRADE 1 | GRADE 2 | GRADE 3 | GRADE 4 | UNGRADEABLE DEPTH UNKNOWN | DTI (Deep Tissue Injury) DEPTH UNKNOWN | <p>INTACT SKIN: With non-blanchable redness of a localized area usually over a bony prominence. In individuals with darker skin, skin may not have visible blanching. The area may be painful, firm, soft, warmer or cooler compared to adjacent skin.</p> | <p>PARTIAL THICKNESS: Loss of dermis, presenting as a shallow open ulcer with a red pink wound bed, without slough. 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| | Medication Safety | <ul style="list-style-type: none"> • Further work to spread the use of the nursing tool to measure omitted doses • Collaboration with the regional IT team at BSO to improve communication around patients medicines between primary and secondary care • New projects on improving the use of high risk medicines such as insulin and anti-coagulants. |
| | Innovative Neuro-modular Treatment for Bladder and Bowel Dysfunction | <ul style="list-style-type: none"> • Although still in its infancy, this pilot study has shown some exciting results for patients who otherwise would have required more expensive and invasive options • All patients found the treatment to be a pleasant experience; and no patients dropped out of the pilot once treatment was initiated • However, to continue with this project, the Continence Service would require to attract recurrent funding to ensure more patients have the opportunity to access this new treatment option. |
| | <i>Social Care Indicators</i> <ul style="list-style-type: none"> • Direct Payments for Children | <ul style="list-style-type: none"> • The Trust continues to promote direct payments in lieu of direct service delivery to develop sustainable flexible supports to carers. This will be further enhanced through the Trusts commitment to the development and roll out of Self Directed Support (SDS) in 2015/16 • The Trust has appointed an Implementation Officer and Practice Development Officers to promote and embed Self Directed Support • Staff training and implementation will be a focus in 2015/16. |
| | <ul style="list-style-type: none"> • Educate and Training for Young People Leaving Care | <ul style="list-style-type: none"> • The Trust will continue to provide a comprehensive person-centred Employability Service offering opportunities in traineeships, apprenticeships, work placements and in-education work experience schemes. • Staff will continue to work on an outreach basis and deliver a structured personal development and employability scheme in the community. • Young people will be supported by specialist mentors and 16 plus teams to progress into a range of employability programmes and to attain the appropriate support as and when required. |
| | <ul style="list-style-type: none"> • Transition Planning for Children with a Disability | <ul style="list-style-type: none"> • The Trust continues to work in partnership with parents, carers, schools and through service level agreements with specialist voluntary sector organisations to enhance transition planning and opportunities for meaningful engagement in their communities and workplace • A Trust working group has been established to improve early identification and information sharing to enable a creative transition process for young people. A children's school liaison social worker and an adult transition social worker will be identified • An evaluation of families' experience of transition will be undertaken in 2016. |

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| | <ul style="list-style-type: none"> • Direct Payments and Self-Directed Support in Adult Services | <ul style="list-style-type: none"> • The Trust is committed to increasing the flexibility of Social Care Support to ensure that every person has choice and control of how their support is provided • The Trust has appointed an Implementation Officer and Practice Development Officers to promote and embed Self Directed Support across all programmes of care • To support staff teams, awareness sessions are on-going and regional training programs are being established to ensure a consistent training program across all Trusts • Management and practitioner forums have been established with representatives from all programmes of care in attendance to lead Self Directed Support. |
| | <ul style="list-style-type: none"> • Annual Health Checks for Adults with Learning Disabilities | <ul style="list-style-type: none"> • The Trust plans to continue to work with Health Development Agencies to encourage health promotion for people with learning disabilities • The Trust plans to provide training for staff and carers on healthy options for people with learning disabilities • The Trust plans to increase the number of health action plans for people who have been health screened. |
| | <ul style="list-style-type: none"> • Approved Social Work | <ul style="list-style-type: none"> • The Trust will participate in a Regional GAIN audit from August – October 2015 to identify and examine any possible sources of delay in the process of assessment for compulsory admission under the Mental Health (Northern Ireland) Order 1986 • The Trust will implement any necessary actions from the audit findings to ensure that any delay in the assessment process is minimised and any other issues identified in the audit are addressed. |
| Theme 3 Protecting People from Avoidable Harm | Adverse Incidents / Serious Adverse Incidents (SAIs) | <ul style="list-style-type: none"> • Continue to promote and further embed an open, no blame, learning culture that supports reporting of adverse incidents including Serious Adverse Incidents • Continue to learn from all types of incidents and ensure that when changes to policy, procedures and/or practice are recommended following an incident that these are fully implemented within the organisation; and • Review, revise and update the extant incident policies and procedures in the light of the Donaldson Report, The Right Time, The Right Place (December 2014) and any subsequent DHSSPS and/or HSCB directives and/or guidance. |
| | Venous Thromboembolism (VTE) | <ul style="list-style-type: none"> • The Trust will continue to focus on monitoring and measurement of VTE in all Adult Inpatient Wards • Regular audit schedule for compliance of risk assessment for Day Cases • Development of Patient Education and Information Leaflet for use in Day Cases. |

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| | Surgical Safety Checklist | <ul style="list-style-type: none"> • Launch of new policy and updated checklist in mid-2015. |
| | Hand Hygiene | <ul style="list-style-type: none"> • To update the Qlikview systems to make this information readily available to ward and clinical managers as well as the IPC team. • To create a renewed interest in hand hygiene compliance and by default the dress code compliance. • Reinforce to staff that differences of more than -5% need to be addressed. • Update Qlikview to include correct directorates and be inclusive of all inpatient wards across the Trust. |
| | Malnutrition Universal Screening Tool (MUST) | <ul style="list-style-type: none"> • Continue to train staff in the community, including domiciliary care staff and care managers to screen patients for malnutrition • Continued emphasis on ensuring that patients receive all assistance required at mealtimes, without interruptions • Ensuring that information about patients' nutritional care is shared with everyone involved in their care, whatever the setting. |
| Theme 4 Ensuring People Have a Positive Experience of Service | Complaints /Lessons Learnt from Complaints / Compliments | <ul style="list-style-type: none"> • In the incoming year we plan to run a survey to ask our staff their views of our complaints process and how we may improve this service • We also have an on-going user survey asking complainants to tell us about their experiences of using the complaints process. The results will be analysed to see where improvements can be made • The Lessons Learnt Sub Committee will continue to meet quarterly to monitor learning from complaints. |
| | <i>Patient Client Experience Standards</i> <ul style="list-style-type: none"> • Patient/Client Satisfaction | <p>Patient & Client Experience Monitoring enhancements currently under consideration and/or development include:</p> <ul style="list-style-type: none"> • Electronic bedside feedback facility • Development of patient experience app with three key feedback options <ul style="list-style-type: none"> ○ Your Important Patient Experience Message ○ Targeted Survey tailored to your current ward or service ○ Set of mini question sets (Mixed Gender, Night-time, Introductions) • Partnership Approaches to Patient & Client Experience Monitoring (Patients, Service User Forum, Service Leads) – to commence with: <ul style="list-style-type: none"> ○ Meals Focus ○ Out of Hours Focus • New Primary Care Approach to include: <ul style="list-style-type: none"> ○ Telesurvey ○ Focus Group. |

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| | <ul style="list-style-type: none"> • 10,000 Voices Project | <ul style="list-style-type: none"> • The Trust remains committed to and will continue to participate in the 10,000 Voices Initiative • The areas for inclusion in the regional work plan for 10,000 Voices will be confirmed during Autumn 2015. |
| | <p><i>Emergency Department</i></p> <ul style="list-style-type: none"> • Four/Twelve Hour Standard • Time from Arrival to Examination • Left before Treatment • Unplanned Re-attenders in the Emergency Department | <ul style="list-style-type: none"> • Further development of the Urgent Care Work stream to improve 4 hour performance; improve patient experience and clinical outcomes • Further explore the development of work around the Frail Elderly work stream. |
| | Elective Access | <p>Unfortunately due to an increase in cancer and urgent referrals the waiting time for routine referrals has increased substantially in the last year. The Trust continues to experience an increased demand for service and continue to work closely with the Health and Social Care Board to:</p> <ul style="list-style-type: none"> • Understand the increased demand • Plan for funding – both recurrent and non-recurrent to address the gaps • Use of the Independent Sector where appropriate. |
| Theme 5 Resilient Staff | Vaccinations | <ul style="list-style-type: none"> • Staff attitude influences the uptake of Influenza vaccination. Education and encouragement regarding this subject needs to continue if Public Health targets for future winter Influenza vaccination programmes are to be met. We continue to strive to drive improvement in this area of Public Health. |
| | Looking After Your Staff: Stop Smoking Service | <p>The South Eastern H&SC Trust is committed to positively influencing the health and wellbeing of our own staff, patients and visitors. The Trust is committed to eliminating smoking on Trust premises and grounds to assist staff, patients and visitors in order to improve their health and wellbeing. The Smoke Free HSC Site objectives are to:</p> <ul style="list-style-type: none"> • Save lives over the next decade by reducing exposure to hazardous second-hand smoke • Protect and improve the health of staff, patients/clients, visitors and contractor's by countering the health risks caused by tobacco smoke • Assist both patients and staff who wish to stop smoking by ensuring Stop Smoking Services are widely available to staff, patients and clients • Set an example of best practice • Reduce the risks to health from exposure to second-hand smoke |

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| | | <ul style="list-style-type: none"> • Increase the benefits of Smoke Free enclosed public places and workplaces for people trying to give up smoking so that they can succeed in an environment where social pressures to smoke are reduced recognise a person's right to be protected from harm and to enjoy smoke free air. |
| | Revalidation of Medical Staff | <ul style="list-style-type: none"> • During the next year the Trust will continue to use a number of mechanisms to assure the quality of the revalidation process. These will include the random selection of a proportion of revalidation portfolios from each clinical leader, which will be audited by the Responsible Officer. In addition the Trust in conjunction with the HSC Leadership Centre, will deliver appraisal update training to ensure nominated appraisers remain suitably skilled and cognizant of their obligations. |
| | <i>Staff Support and Development</i> <ul style="list-style-type: none"> • Staff Training – Hyponatraemia | <ul style="list-style-type: none"> • CEC continue to roll out IV Fluid training for nursing staff. |
| | <ul style="list-style-type: none"> • Infection Prevention & Control Training & Education | <ul style="list-style-type: none"> • Continue steps in the conversion from Training Administration Information System (TAS) to the new Learning Solution (LSO) • Aim is to have a completely paper free system by the end of 2015 • Managers will be able to track and report on the grade and number of staff who have attended IPC training • Reinforce that IPC training attendance need to be maintained. |
| | <ul style="list-style-type: none"> • Investors in People | <ul style="list-style-type: none"> • The 2014-17 rolling programme will continue with two Directorates being assessed in May and October 2015 • A revised liP Framework is being launched September 2015 and will be adopted by the Trust following completion of the 2014-17 assessment period. |
| | <ul style="list-style-type: none"> • The Coach Approach | <ul style="list-style-type: none"> • To increase the internal capacity for coaching by continuing to offer the current range of courses and by creating the opportunity to upgrade current qualifications to Diploma level. |
| | <ul style="list-style-type: none"> • Leading in Safety, Quality & Experience (SQE) Programme | <ul style="list-style-type: none"> • As the programme has demonstrated the ability to address local needs in terms of development of improved service delivery and creation of efficiencies the Trust will continue to deliver this programme annually • Regional Social Work Quality Improvement Training Programme commencing January 2016 • Linkage of the SQE Programme to the Quality Improvement Academy. |

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| Community Supporting People in the Community | Telemonitoring | <p>In 2015/16, it is the Trust's intention to:</p> <ol style="list-style-type: none"> 1. Increase the usage of telehealth to reach the 78,000 MPD target and to increase the number of clinical staff currently utilising telehealth in supporting their patients managing this condition 2. Increase the usage of telecare as a means of supporting clients in their own homes across Primary Care and Older People, and Adult Services (Learning Disability and Physical Disability), which will also enhance the support available to carers 3. Populate a suite of case studies to illustrate the benefits of telemonitoring to both professional staff and patients. |
| Mental Health | Improving Crises Management | <ul style="list-style-type: none"> • Community Link Worker – Partnering with Pharmacy aimed to work with hidden respite • Improve systems in Down sector to support the project and data collection/ analysis • Training on use of the risk management tool via MAXIMS • Further improvement work taken from Serious Adverse Incidents/ Serious Early Alerts has been identified. |
| Mental Health Services for Older People (MHSOP) | Improving the Treatment of Delirium in Nursing Homes | <ul style="list-style-type: none"> • Next step is to submit an Investment Proposal Template (IPT) to enhance the MHSOP teams to enable this in-reach service to care homes to be extended to all localities across the Trust. |