



Explore ~ Create ~ Innovate

ANNUAL QUALITY REPORT 2019/2020

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Interim Chief Executive's Foreword

Welcome to the South Eastern Health and Social Care Trust (SEHSCT) Annual Quality Report 2019/2020. As Interim Chief Executive I am delighted to showcase our staff's achievements, leadership and commitment, particularly given the unprecedented challenges we have faced this year, not only within the Trust but at a regional and global level.

The demand on Health and Social Care Services continues to increase further complicated by the global pandemic. COVID-19 has been, and continues to be, the biggest challenge we have ever faced in Health and Social Care.



I want to pay tribute to each and every member of the South Eastern Health and Social Care Trust for their courage and unwavering passion providing professional and compassionate care to every patient under such difficult circumstances.

Staff and services in SEHSCT have risen to this challenge in such an incredible way, changing at pace and with selfless flexibility to adapt to the crisis. As an organisation, we have been able to capture and understand key learning from the first phase of COVID-19 through the COVID-19 Learning Framework captured within this report. Recommendations from the Learning Framework are informing how we continue to rebuild and provide services throughout subsequent phases. I have no doubt it will help us deliver better care for our patients and clients.

This Annual Quality Report enables us to reflect on the past year's many successes and our commitment to learn and improve where we did not achieve the standards to which we aspired. Whilst the report is only a synopsis of the extensive work delivered across a wide range of services, I hope it demonstrates our commitment to:

- Patient Client Experience - listening to feedback, gathering information about their experience of care and using these comments to shape and inform service changes
- Collective Leadership - valuing both formal and informal leadership and celebrating our staff as leaders, regardless of hierarchy, experience, location or discipline
- Continuous improvement - focusing on making measurable improvement in the aspects of quality of care that our patients, carers and the wider community see as really important.

Over the year 2019/2020 the Trust, despite industrial action and the increased pressures on our staff, continued to deliver safe, high quality care with improved experience and outcomes for our patients and clients. In addition, we have taken the opportunity to transform how we deliver our services in many areas such as:

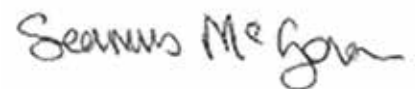
- Dementia Care - through the introduction of Trust Service Improvement Leads to drive transformation and change and Dementia Companions within our three acute hospitals
- Speech and language Therapy (SLT) - ENT Voice Service has developed an SLT-Led One Stop Clinic, to enable improvement from day one, a first for Northern Ireland
- District Nursing - Neighbourhood District Nursing Model being prototyped as an integral part of the enhanced Multi-disciplinary Team in Primary Care
- Looked After Children - Ensuring permanence plans and the development of Post-Adoption Support Services.

Interim Chief Executive's Foreword continued

In conclusion, I am proud to note that **98.5%** of people who used our Acute Services in 2019/2020 said they would recommend them to family and friends and the overall average acute inpatient satisfaction with care received was **93.8%**.

However, we want to achieve more and this report highlights not only what we have delivered in the past year but also our future direction for 2020/2021. We want to deliver our vision of making the South Eastern HSC Trust area a great place to Live, *a great place to Work and a great place for Care and Support*.

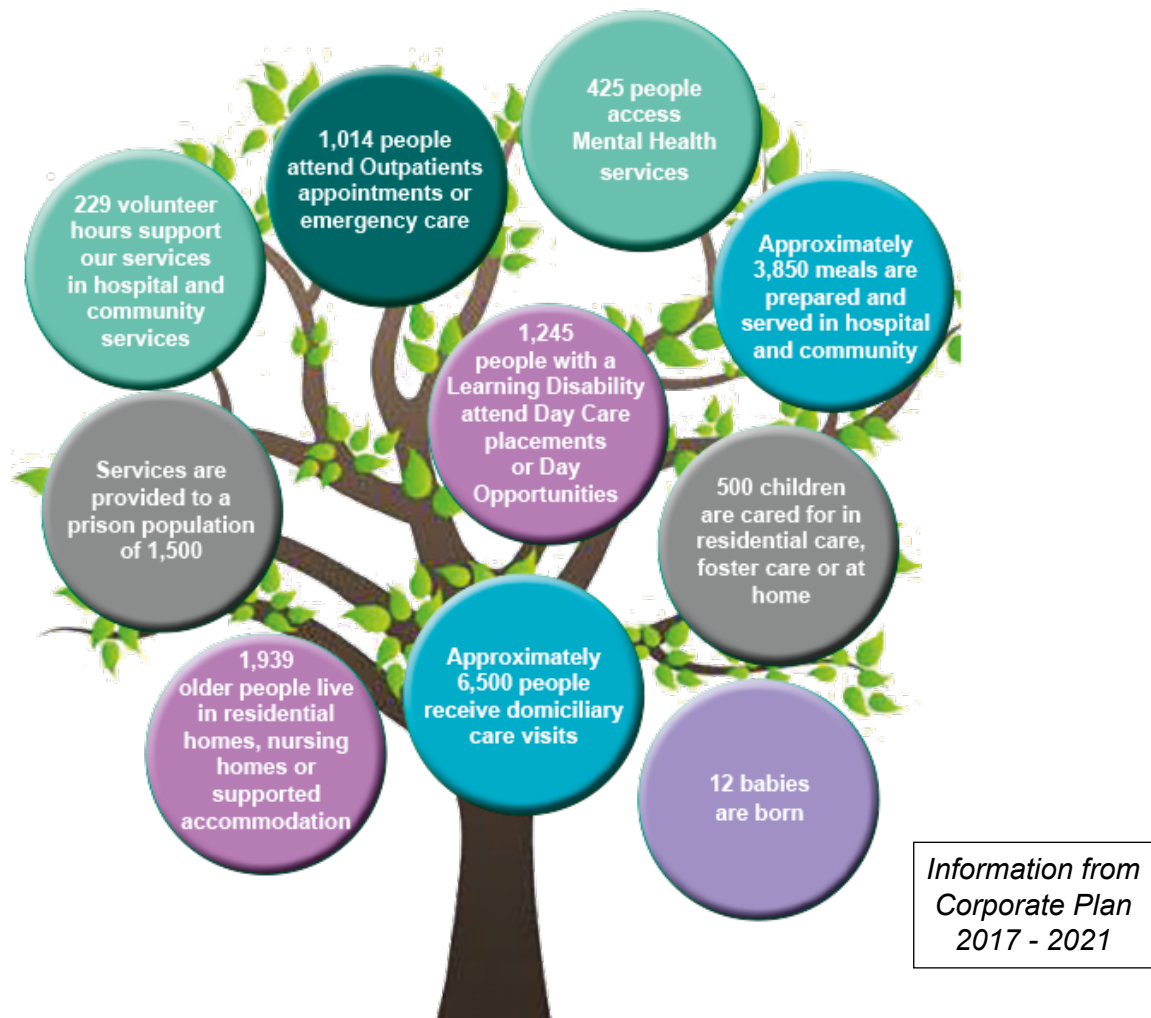
We can only achieve these important goals by working with you the users of our services, our local community and our staff.



Seamus McGoran
Interim Chief Executive

About the South Eastern Health And Social Care Trust

A typical day in the South Eastern HSC Trust



The Trust is an integrated organisation, incorporating acute hospital services, community health and social services and serves a population of approximately **354,651** people with a budget of over **£600** million. The Trust covers an area of **425** square miles and incorporates the local government districts of Ards & North Down, Lisburn & Castlereagh and Newry, Mourne & Down.

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

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

The Trust employs in the region of **12,500** staff across a range of disciplines as follows:

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

South Eastern HSC Trust COVID-19 Learning Framework

COVID-19 has posed many challenges to society and has demanded a rapid response from the Health & Social Care teams across South Eastern Health and Social Care Trust (the Trust). In response to the first surge of COVID-19, the Trust's Executive Management Team commissioned the development of an Organisational Learning System in order to understand the changes made to services and learn lessons relevant to the second surge of the pandemic.

A 90-day harvesting methodology was adopted involving three phases.

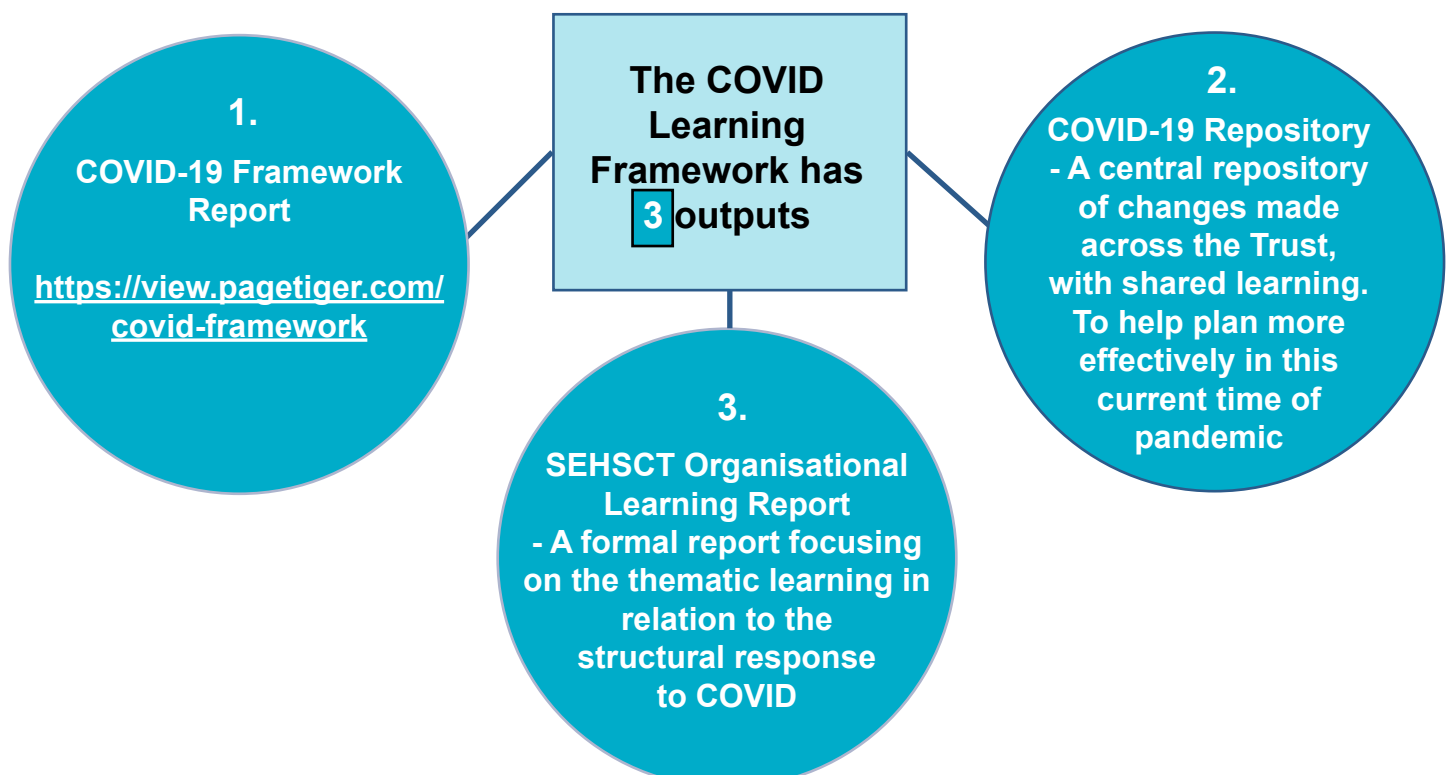
Phase one was a broad sweep across the Trust to collate the changes made. A system survey focused on changes made and reported impact of the **289** submissions.

Phase two focused on **23** change projects. This information was triangulated with Trust surveys and 10000 Voices Staff Stories. Methodology was developed for assessment of impact of submissions to the framework. This methodology has enabled a robust exploration of the changes made across the organisation. The COVID Framework is the first iteration for the Trust towards establishing an organisational learning system.

Key learning highlights the importance of positive culture and leadership in the organisation for creating the conditions for change. It also challenges service design focus at a systems level, coordinating pathways between different settings. Informatics and data analysis were key to successful innovation. There is a great need to reflect on the equity of service delivery and include service user verification and co-design of change.

The COVID Framework report is a celebration of the depth of creativity, adaptability and commitment demonstrated by the staff of the Trust. Their response has been remarkable, and learning has highlighted the importance of ongoing recognition and psychological support for teams across the organisation.

The COVID Learning Framework has three outputs.

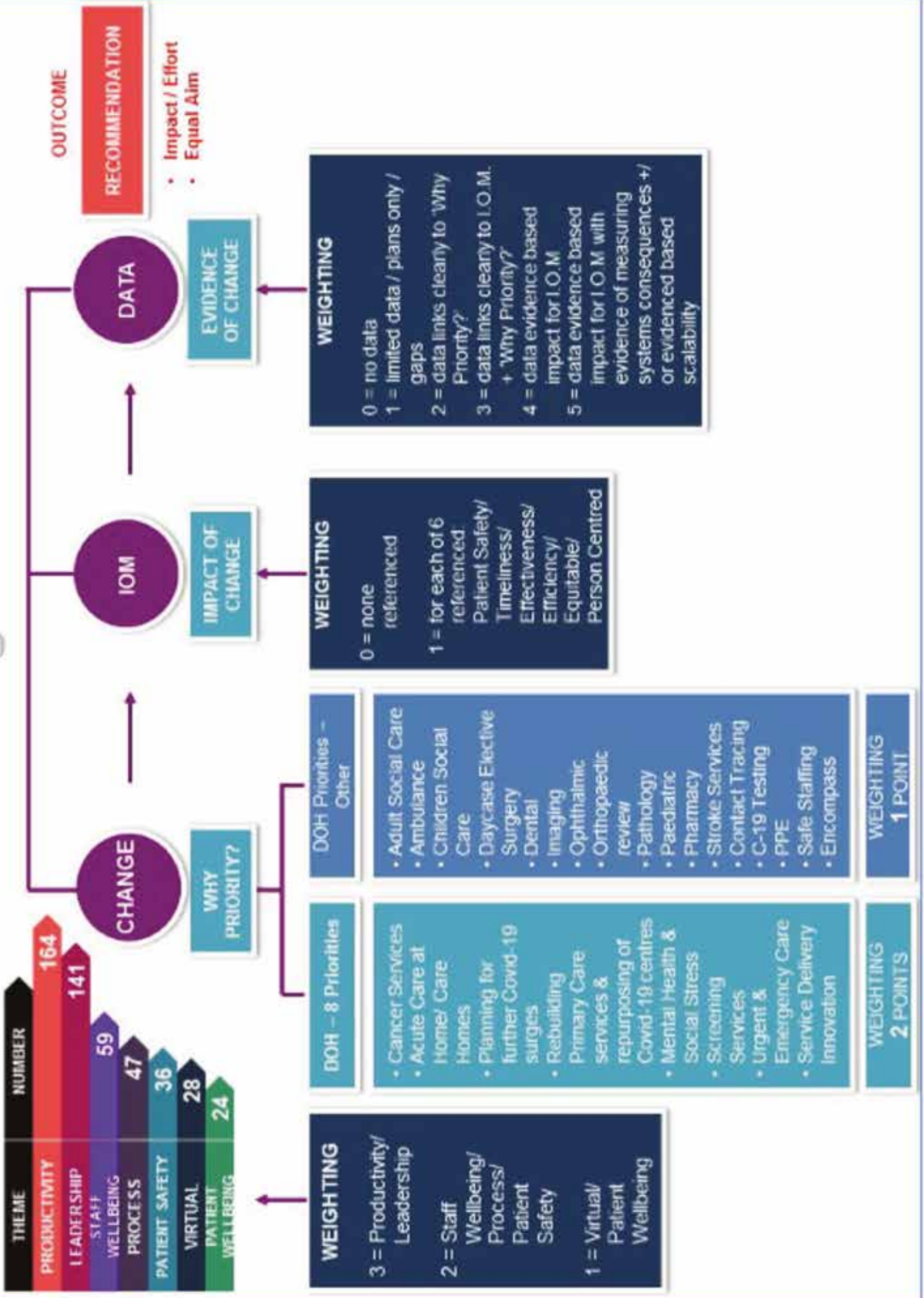




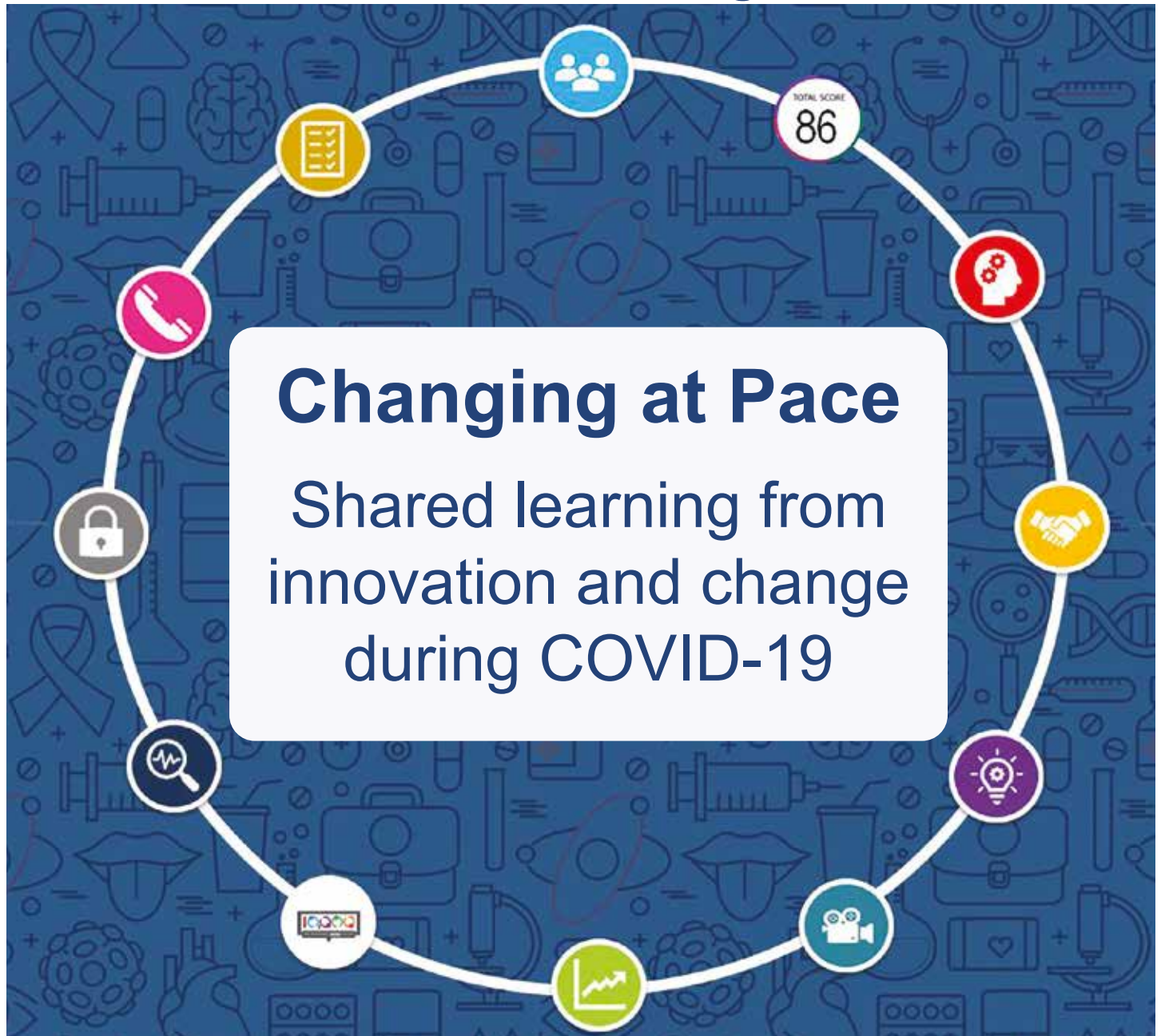
Key Learning from the COVID-19 Framework

1. Service Users, Patients and Carers should be involved in verification of service changes made at pace, and should have input into further design
2. The positive culture and willingness of the teams created the conditions for change
3. The importance of communication, relationships and support for redeployed staff not only within host team but also from home team
4. Recognition of the importance of credible and inclusive leadership, with clear channels of responsive communication
5. The tangible support of senior management enabled rapid decision making; key to this dynamic was the ethos of a 'no blame culture'
6. Governance and quality assurance were essential in design of new ways of working
7. Virtual Consultation has much potential but needs an organisational approach in relation to standardisation of protocols, platforms, training and clinical space
8. Equity of service delivery must be considered as it is dependent on both the capacity and capability of ICT access
9. Iterative data-driven methodology resulted in successful design of new services
10. Systems and personnel are needed within services to capture, analyse and respond to data
11. The organisation would benefit from developing integrated processes in relation to understanding data
12. Systems pathway design is essential, with a coordinated approach challenging silos
13. Recognition of the personal and professional burdens imposed on staff by the COVID-19 pandemic and by the rapidity of change requires flexible, compassionate support, including psychological support being prioritised in team structures.

SET Learning Framework



Key learning and recommendations from the creativity, adaptability and commitment of staff and services during COVID-19



To find out more visit the
SET COVID-19 Learning Framework

view.pagetiger.com/covid-framework



Scan here

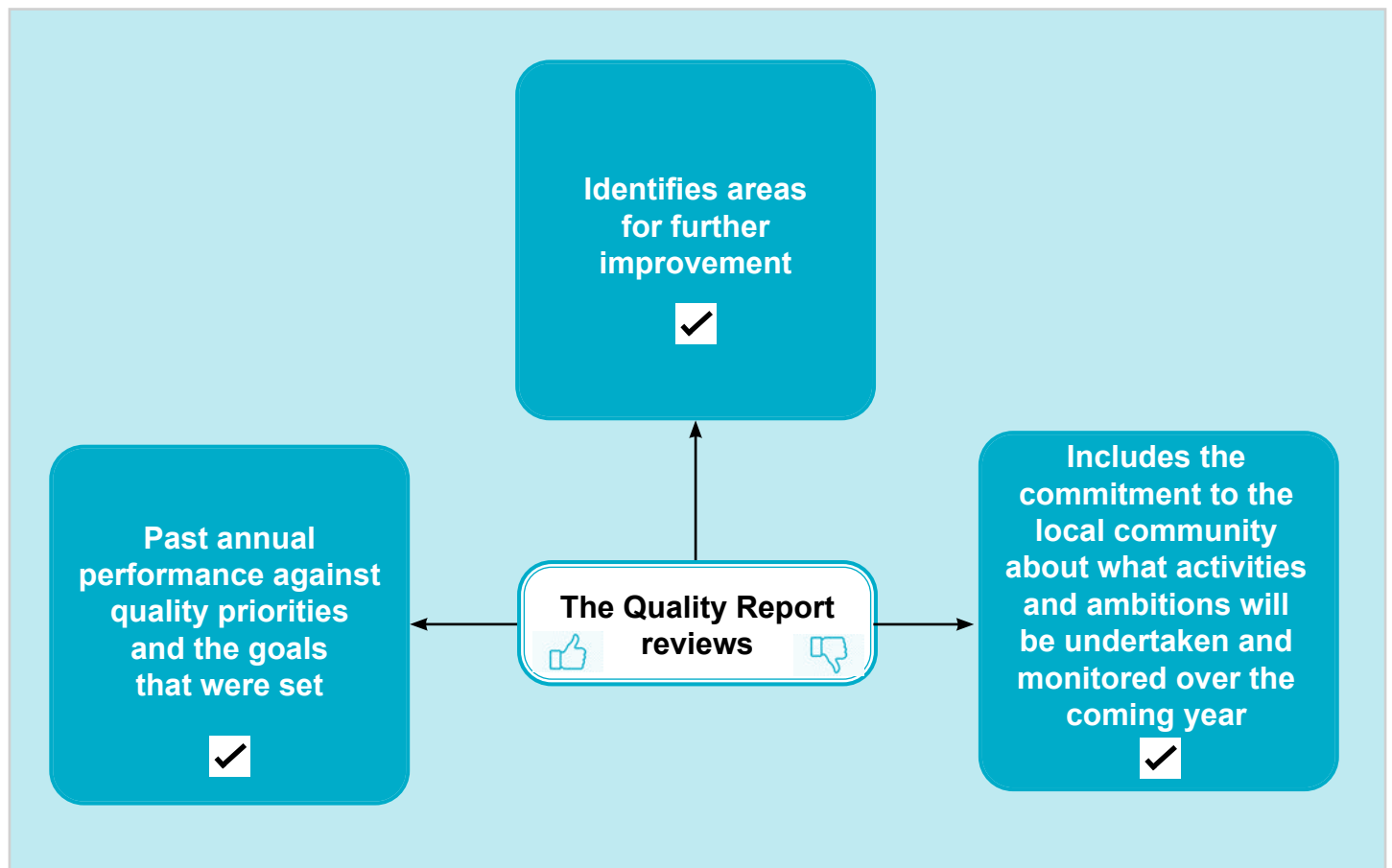
What is the Annual Quality Report?

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

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

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

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



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

Goal 1



Transforming the Culture

Annual Quality Report - Next Steps Update From 2018/2019

Theme	Title	Next Steps	Status
Goal 1: Transforming the Culture	Trust Values	<ul style="list-style-type: none"> During 2019/2020 the Trust will take action to align, transition, promote and embed the HSC Values and Behaviours. 	Achieved On Plan Behind Plan
	Patient and Client Experience	<ul style="list-style-type: none"> The newly-established User Experience Leadership Sub-committee will drive quality and improvement across the organisation. This sub-committee reports to the Safety, Quality Improvement and Innovation Committee (SQIIC) User Experience and Personal and Public Involvement functions are working closely to optimise and integrate an approach in alignment to regional direction The Trust will take forward actions in response to the regionally-led Home Care Survey The incoming regional Online User Feedback solution will be integrated into the Trust user experience framework The Trust will participate in the regional Always Event programme which seeks to generate improvement in relation to key topics such as pain management, family presence, noise at night and mealtime matters The Trust will work towards 100% monitoring of Mixed Gender Accommodation in alignment with regional direction The Trust plans to launch a volunteer-led network for gathering user feedback. 	Achieved On Plan Achieved On Plan Achieved On Plan On Plan
	10,000 More Voices	<ul style="list-style-type: none"> The Trust will continue to support the range of projects within the current Regional Work Plan The Trust will utilise 10,000 More Voices/Sensemaker® methodology to support implementation of internal user experience improvement work. 	Achieved Achieved
	Complaints and Compliments	<ul style="list-style-type: none"> In the incoming year, we plan to undertake a staff survey to audit staff's knowledge and compliance with the Trust's Complaints Procedures Update: - This has been deferred to 2020 as there was a delay in DoH policy issue which had a knock-on effect to Trust policy issue. The survey was ready to be issued in Feb/Mar 2020 but held back due to COVID-19 pandemic. This will be progressed during 2020/2021 	Behind Plan

Theme	<i>(Continued)</i>	Next Steps	Status
	Complaints and Compliments	<ul style="list-style-type: none"> We also have an ongoing survey asking people who have complained to tell us about their experiences of using the complaints process. The results will be shared with staff for any learning and used as part of our training programme. 	Achieved
	Adverse Incidents/ Serious Adverse Incidents (SAIs)	<ul style="list-style-type: none"> Continue to promote and further embed an open, learning and just culture that supports reporting of adverse incidents including those identified as Serious Adverse incidents Trust-wide roll out of DatixWeb on Line Incident Reporting System to include the use of the Central Classification System, version 2 to code incidents, to support regional benchmarking Roll out of reports and dashboards via DatixWeb providing 'live' incident reporting information Continue to learn from all types of adverse incidents and ensure that when changes to policy, procedures and/or practice are recommended following an incident, these are fully implemented within the organisation Implementation of the new suite of regional Adverse Incident policies when released by the Department of Health. 	<p>On Plan</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>
	Quality Improvement	<ul style="list-style-type: none"> To develop accessible Level 1 programmes for Band 1 - 3 staff To develop a Level 4 programme for executives and non-executives To develop a range of Quality Improvement Masterclasses. <p>Home for 1pm project</p> <p>The pilot wards are continuing with their Quality Improvement work and plan to spread the project to a further five wards commencing October 2019</p> <ul style="list-style-type: none"> We will be holding further learning sets for staff to share progress Dedicated QI support will continue for ward teams. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>

Trust Values

During 2019/2020 the Trust implemented regionally agreed Values and Behaviours across the organisation.

The Values were officially launched at the Trust Leadership Conference in October 2019 and a number of key actions have been undertaken:

- New values have been included in all Trust Job Descriptions and Personnel Specifications and new logos are visible on HSC Recruit website for potential staff to view
- Inclusion of values logo on internal and external communication
- Values have been incorporated into existing local skills training and embedded into Leadership & Management development programmes
- Values have been embedded into Induction and Appraisal for all new and developing Trust staff
- In addition the Trust has worked collaboratively with regional colleagues to introduce our future workforce to the values and behaviours through provision of awareness sessions for health care students at local universities.

Facts & Figures

In 2018/2019:

- **23** sessions on Values and Behaviours have been facilitated across the Trust with **1549** staff attending
- **6946** staff viewed the Human Resources Director's video promoting the HSC Values and Behaviours.

NEXT STEPS →

During 2020/2021, the Trust will undertake a Cultural Assessment Tool to gather staff feedback and to provide valuable insight into the culture within the Trust as well as establishing a baseline to monitor the impact of collective leadership.



Patient and Client Experience

Patient and Client Satisfaction

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

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

Acute Inpatient Care User Experience Programme

Inpatient survey results show high levels of satisfaction as demonstrated below. Local reporting is now compiled per sample of **20** respondents. Reporting below demonstrates the number of responders per quarter and associated satisfaction score per quarter over the last six years.

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

2019/2020 overall satisfaction exceeded the 90.0% NI user satisfaction target by 4.6%.

	2014/2015		2015/2016		2016/2017		2017/2018		2018/2019		2019/2020	
	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.
Q1	175	87.7%	62	93.7%	318	91.9%	200	94.0%	60	94.0%	180	94.7%
Q2	99	88.6%	224	89.9%	200	90.0%	120	93.6%	200	93.8%	140	92.7%
Q3	486	93.5%	293	89.3%	280	91.1%	140	92.8%	340	94.7%	140	93.1%
Q4	111	93.8%	138	94.1%	320	90.4%	80	95.0%	200	92.7%	20	98.0%
Yr	871	90.0%	717	90.8%	1118	90.9%	540	93.7%	800	93.8%	480	93.8%

2019/2020 Acute Inpatient Care Satisfaction by key experience theme (%)

	Disruption to Care	Attitude & Behaviour	Communication	What Matters To Me	Respect, Privacy & Dignity	Family Presence	KPI	KPI	PHA Priority
							Overall Average Satis.	Friends & Family Ref.	Mixed Gender Accom.
Q1	87.3	96.2	94.1	95.5	97.7	96.6	94.7	98.2	99.4
Q2	85.0	95.9	88.8	93.2	94.6	90.8	92.7	97.7	97.7
Q3	80.8	98.0	91.3	97.0	93.7	96.0	93.1	99.3	90.6
Q4	86.6	100	100	98.1	98.3	100	98.0	100	100
Yr	84.7	96.7	92.0	95.3	95.6	94.8	93.8	98.5	96.3

Primary and Community Care User Experience Programme

Primary & Community Care User Experience Programme measures satisfaction against regional user experience standards. The table below provides a quarterly summary of the last six years. The programme is set to relaunch having undergone a redesign phase.

	2014/2015		2015/2016		2016/2017		2017/2018		2018/2019		2019/2020	
	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.	No.	% Satis.
Q1	127	99.8%	82	98.9%	105	99.7%	-	NA	54	98.0%	-	NA
Q2	69	99.7%	102	98.8%	60	98.8%	100	100%	18	94.5%	-	NA
Q3	81	98.7%	135	99.1%	39	98.7%	10	100%	-	N / A	26	99.0%
Q4	97	98.5%	97	99.6%	-	NA	-	NA	63	95.7%	-	NA
Yr	374	99.2%	416	99.1%	204	99.1%	110	100%	135	96.5%	26	99.0%

Outpatient Department User Experience Programme

Outpatients' User Experience Programme measures satisfaction against regional user experience standards. The table below provides 2019/2020 quarterly summary.

	2019/2020			
	Reports	Voices	KPI Overall Satisfaction	KPI Friends & Family Rec.
Q1	15	250	98.4%	100%
Q2	9	169	96.9%	100%
Q3	4	60	95.2%	100%
Q4	3	57	95.3%	100%
Yr	122	536	97.2%	100%

Ward and Outpatient Comments Leaflets

Comments Leaflets are available for patients, clients, relatives and visitors to complete. The table below provides a quarterly summary of the last two years. Two KPI measures were added to monitoring at the start of 2018/2019 Q3.

	2018/2019				2019/2020			
	Cards No.	Satisfaction per comment	KPI Overall Satis.	KPI Friends & Family Rec.	Cards No.	Satisfaction per comment	KPI Overall Satis.	KPI Friends & Family Rec.
Q1	37	45 / 48 93.8%			57	125 / 131 95.4%	85 / 93 91.4%	83 / 88 94.3%
Q2	47	81 / 83 97.6%			22	46 / 52 88.5%	19 / 19 100%	14 / 14 100%
Q3	36	107 / 112 95.5%	97.1%	100%	38	77 / 82 93.9%	15 / 17 88.2%	15 / 17 88.2%
Q4	46	71 / 77 92.2%	88.1%	89.5%	5	16 / 16 100%	3 / 3 100%	3 / 3 100%
Yr	166	304 / 320 95.0%	92.1%	93.9%	122	264 / 281 93.4%	122 / 132 92.4%	115 / 122 94.3%

Bespoke Projects

A range of bespoke projects are designed and delivered to meet specific service need. Bespoke projects are one-off pieces of work - often serving as a baseline to guide QI follow-up. High-level reporting of bespoke projects over time should not be interpreted as chronological trend as each quarter's content is unique and unrelated to any other quarter. Results below the **90%** satisfaction target should be read as a starting point for QI. An action plan is created per project with all elements below **90%** satisfaction included for improvement focus.

The table below provides a quarterly summary of the last three years.

	2017/2018			2018/2019			2019/2020		
	No. Projects	No. Voices	% Satis.	No. Projects	No. Voices	% Satis.	No. Projects	No. Voices	% Satis.
Q1	15	825	82.0%	10	646	91.5%	10	339	92.7%
Q2	8	328	74.9%	6	388	91.0%	14	552	92.0%
Q3	9	682	91.1%	8	304	87.8%	11	328	95.3%
Q4	5	159	84.5%	12	555	96.0%	6	400	61.6%
Yr	37	1994	82.5%	36	1893	92.3%	36	1619	85.3%

Regional Online User Feedback System

Public Health Agency will launch the regional online user feedback system during the 2020/2021 year. Care Opinion has been selected as the system of choice. Use of the system aims to easily connect service users with the organisation, allowing direct responses to be made to patient stories and to drive service improvement. The system has been introduced in alignment to the Department of Health's Programme for Government.

The Trust has carried out a programme of preparatory work to support implementation and establish supporting arrangements. A responder framework has been developed with associated training being carried out. The Trust will develop story generation mechanisms to support learning, change and improvement. The Trust looks forward to integrating this feedback tool effectively into our user experience arrangements to optimise the platform for the service user voice.

Always Event Programme

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

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

NEXT STEPS

- The User Experience Leadership Sub-committee has embedded strongly throughout its first year of operation and is driving quality and improvement across the organisation. This sub-committee reports to the Safety, Quality Improvement and Innovation Committee (SQIIC)
- User Experience and Personal and Public Involvement functions are actively developing integrated working arrangements to strengthen the impact of the user voice across Trust business
- Having responded to priorities highlighted through the regionally-led Home Care Survey, the Trust is currently focusing on day case user experience in alignment to latest DoH Regional User Experience Survey topic
- The regional Online User Feedback System has launched following an in-depth planning process and implementation moves forward with sound arrangements in place. Following early implementation, Care Opinion has commended the Trust's commitment to user experience
- The Trust continues to take forward the priorities of the regional Always Event programme which seeks to generate improvement in relation to key topics such as pain management, communications, family presence, noise at night and mealtime matters
- The Trust continues to monitor appropriate patient placement through work streams such as PHA Mixed Gender Accommodation Programme
- The Trust has established a User Experience Implementation Group to take priorities forward across a range of key partners.

10,000 More Voices Programme



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

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

NEXT STEPS →

- The Trust consistently meets and will continue to support the range of projects within the current Regional Work Plan
- Aligned to a Trust User Experience Framework, The Trust will utilise a range of tools to include the 10,000 More Voices format to strategically support the user experience quality improvement agenda implementation of internal user experience improvement work
- The Trust will use QI methodology to take forward a Frailty User Experience project in partnership with key Trust leaders.



Complaints and Compliments

Facts & Figures

In 2019/2020:

- **4,517** compliments were received
- **769** complaints were received
- **99%** of complaints were acknowledged within 2 working days
- **43%** of complaints were responded to within 20 working days.

Complaints

During the past year (2019/2020), the Trust received **769** complaints, (the same number as last year - **769**), as shown in the graph below. The number of complaints continues to be low considering the large geographical area the Trust covers and the number of contacts Trust staff have with patients and clients.

Complaints & Compliments Annual Report 2019 - 2020

Foreword

As the Director responsible for the positive and negative feedback received into the South Eastern Health and Social Care Trust, I am very pleased to present the Complaints & Compliments Annual Report for 2019/2020. I am delighted to report that the Trust received 4,517 compliments throughout the year and I appreciate the time that people have taken to acknowledge the services provided by our staff and teams.

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

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

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

Myra Wior
Director of Human Resources & Corporate Affairs

Facts & Figures

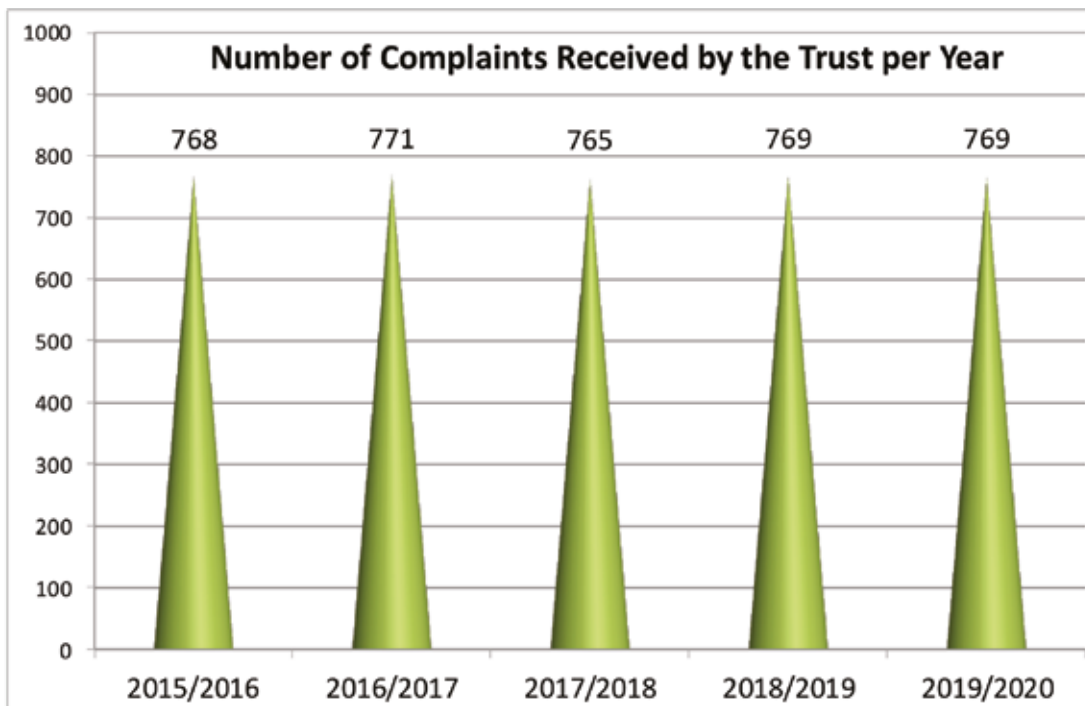
In the year 2019/2020:

- 4,517 compliments were received
- 769 complaints were received
- 99% of complaints were acknowledged within 2 working days
- 43% of complaints were responded to within 20 working days
- The top 3 issues of complaint were Quality of Treatment & Care, Staff Attitude / Behaviour, Communication / Information.

How did we do this year?

During the past year (2019/2020), the Trust received 4,517 compliments and 769 complaints, which is similar to the previous year (4,082 compliments / 769 complaints), as shown in the graph below.

Number of Compliments & Complaints Received by the Trust

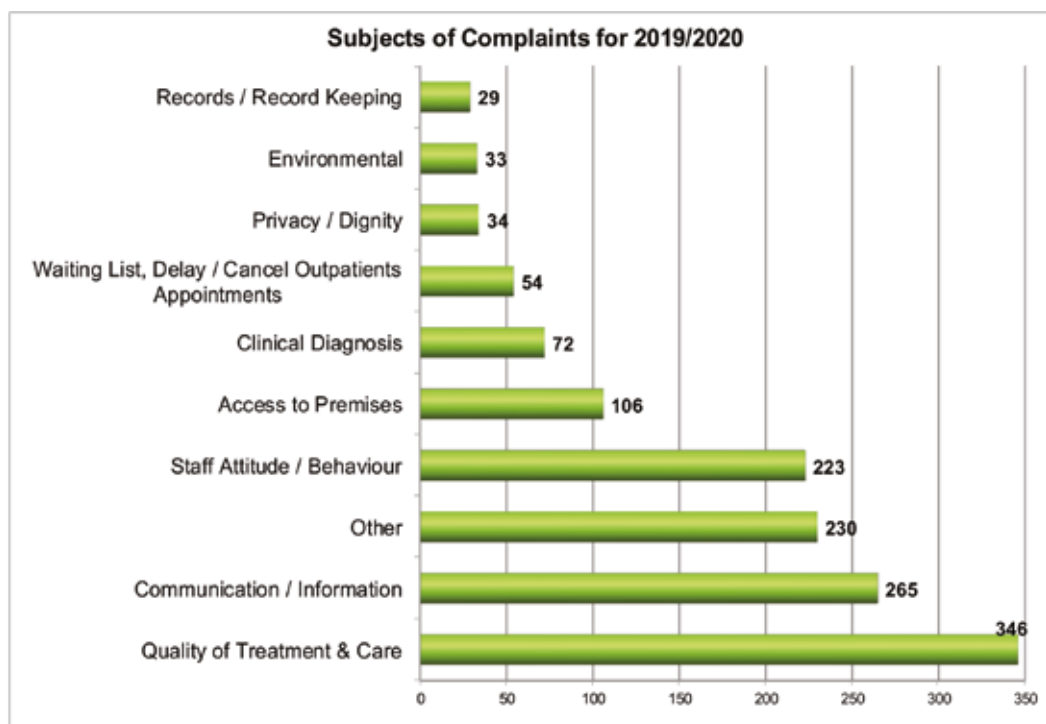


Response Times to Complaints

In the past year, **99%** of complaints were acknowledged within the target of **2** working days, which is the same as last year. A total of **43%** of complaints were responded to within the target of **20** working days, which is a decrease of **6%** from the previous year (**49%**).

Subjects of Complaints

The chart below shows the number of complaints by subject for the past year (2019/2020). The figures are per issue of complaint, as a complaint can have more than one issue ie. we had complaints made by **769** complainants and these raised **1392** issues (compared with 2018/2019 figures of **769** complainants and **1274** issues).



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

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

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

Lessons Learnt from Complaints

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

You Said	A number of service users raised concerns about the new car parking arrangements at one of our hospitals.
We Did	As a result, one parking area was re-designed, the internal road was re-aligned to prevent queueing onto the main road, we increased the number of Disabled parking spaces, and we increased directional signage.

You Said Some patients raised issues about staff attitude and care provided.

We Did The manager used the examples to develop a learning event for nursing staff to include staff attitude, care and compassion.

You Said Patient was not given medication that they were on at home.

We Did New ward pharmacist now in place and will update team on pharmacology use of drugs, including risks of withdrawal.

You Said The kerb on a pedestrian crossing is not suitable for wheelchairs.

We Did We undertook work to improve access and footpaths for those with mobility issues.

You Said Clinic name is visible through window of envelope on appointment letters.

We Did Format of template appointment letters have been amended to ensure only address details visible in windowed envelopes.

Learning from Ombudsman Cases

During the past year, **23** complaints were completed that had been considered by the Ombudsman. Of these, **9** were not accepted by the Ombudsman for investigation, in **4** cases a settlement was reached without investigation and in **1** case the Ombudsman did not uphold any of the complaint.

For the remaining **9** cases, below are some examples of wider learning from the Ombudsman's findings and recommendations:

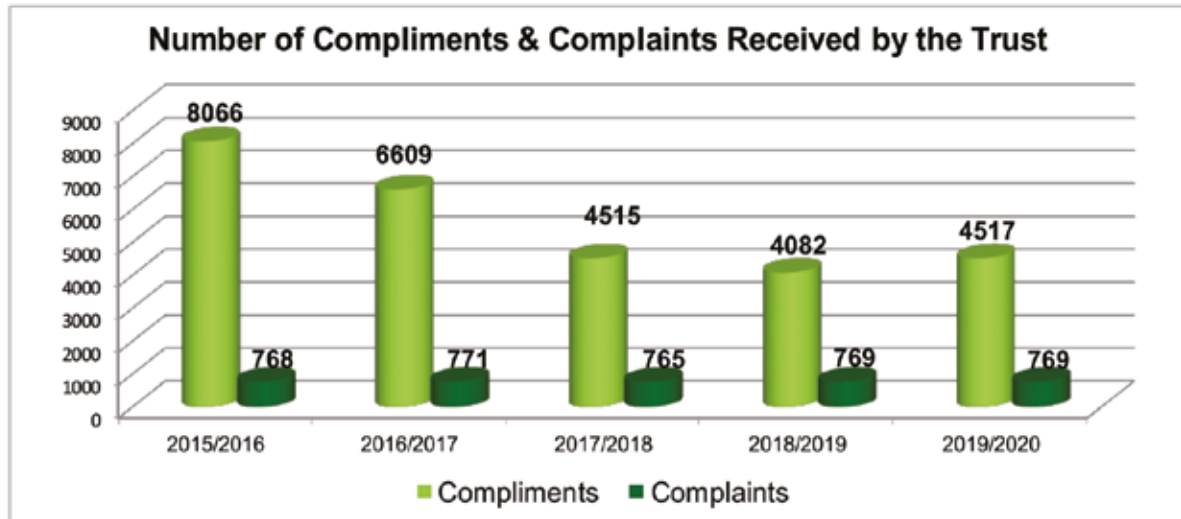
- Electronic records updated and cross-referenced with paper records - practice of ward clerks reviewed to ensure consistency across all wards
- Review of Psychiatry of Old Age Liaison Services
- Work with another Trust to review the working arrangements for Tissue Viability Nurse referrals.

Compliments



In 2019/2020 the Trust received **4,517** compliments - expressions of appreciation and thanks to staff for the excellent services provided. This is an increase from the previous year (**4,082**).

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



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

“ Everything was first class. The doctor, the nurses, the student nurses and the care assistants were professional, pleasant and efficient. The area was clean and tidy also free of obstacles. It was busy but overall showed a well-run Casualty. ”

“ I would like to highlight the outstanding care given by a health visitor during my recent postnatal period. I found her to be compassionate, supportive, knowledgeable and caring. It is clear that she has a real gift for her role and I and my family are incredibly grateful for all she has done for us over the past year. ”

“ I attended the Day Procedure Unit and I can honestly say that the staff made my experience a very positive one. Their friendliness and extreme professionalism was second to none! Thank you. ”

“ My CPN. I have now been seeing her for a while and she is just amazing. She is so talented in her line of work and has really helped me. She is so committed to her job and helping others and I'm so glad we have crossed paths and have connected. She definitely needs to be recognised for her hard work as she goes above and beyond. ”

“ Can I just say that the service and care that Sister and the District Nursing Team gave my relative during his illness and the support given after his death towards his wife had been first class. I could not praise these staff enough. ”

“ The way he has been treated and the professionalism was outstanding and to make things harder, he’s got Down’s syndrome. We couldn’t ask for anything more. A massive thank you to all, from the reception staff to the doctors. ”

“ The social worker has restored my faith in social services. She has been professional and is really good at her job and she needs to know how good she is at what she does. ”

“ Just want to give a massive thanks to a young girl who works in the restaurant at the hospital. She was so patient and helpful to my elderly parents who are hard of hearing and partially blind. ”

NEXT STEPS →

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

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

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'.

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

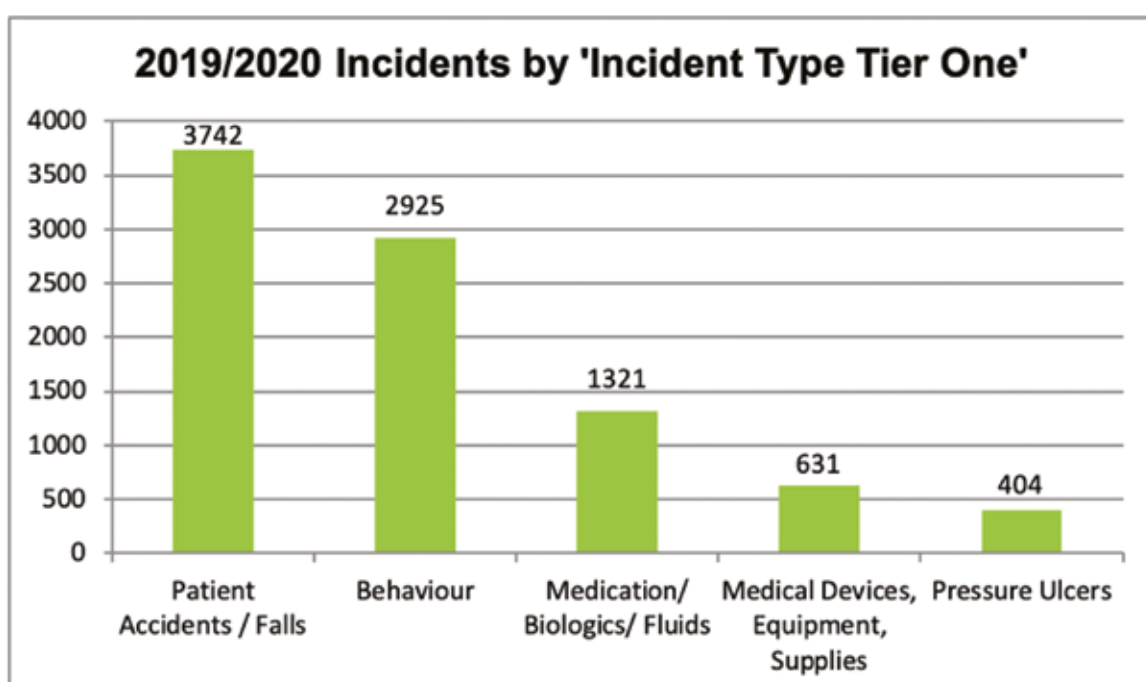
We encourage this by providing an open, no blame, learning culture where, when learning from such adverse incidents is identified, the necessary changes are put in place to improve practice. Learning and sharing from adverse incidents can only take place when they are reported and investigated in a positive,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

Facts & Figures

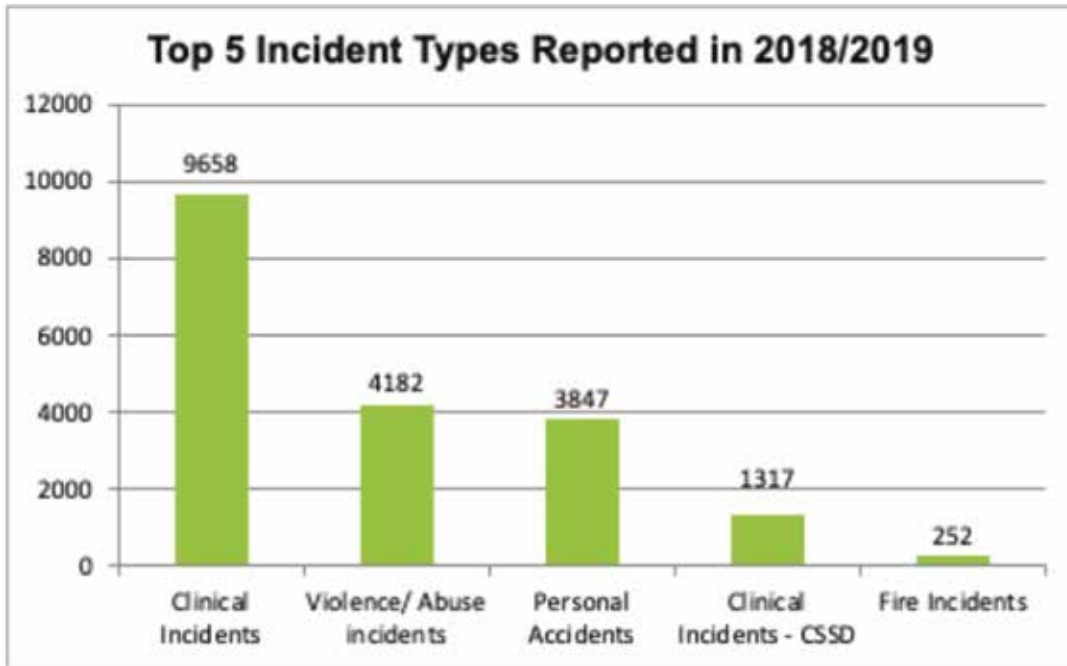
During **2019/2020** there were **15,388** incidents reported, **11,587** of which were patient related incidents.

The top 5 most reported incident types are shown in graph 1 below in comparison with 2018/2019 in graph 2.

Graph 1.

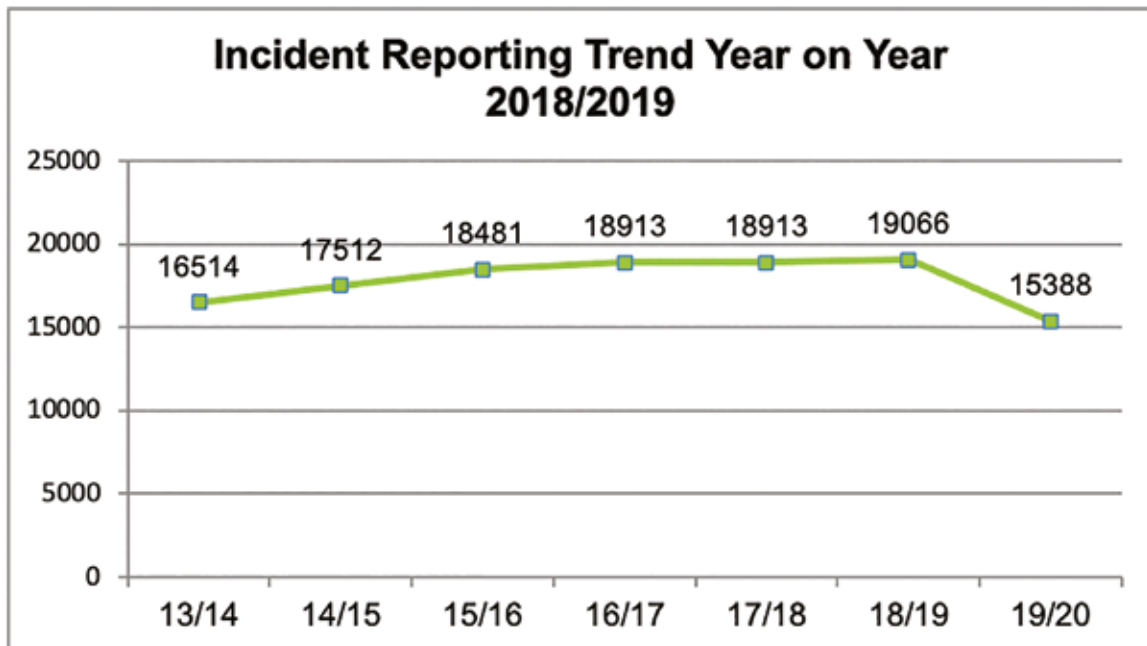


Graph 2.



**Due to the introduction of the new DatixWeb reporting system on 1 April 2019 (using the regional CCS2 codes) we are unable to compare 2018/2019 to 2019/2020.*

Graph 3.



Electronic Incident Reporting (DatixWeb)

The Trust implemented DatixWeb online incident reporting in April 2019. The pilot sites were very successful and provided useful feedback to allow the Trust to schedule Trust-wide roll-out of the system in April 2019. Following roll-out and a dedicated training programme, the Risk Management & Governance Department introduced Dashboards which have been set up for each Directorate area.

Serious Adverse Incidents (SAIs)

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

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

Mostly these do not result in long-term harm to patients and service users. However, from time to time measurable harm is caused.

These incidents are low in number when compared to the total number of incidents reported annually. Of the **15,388** patient related incidents reported in 2019/2020, **59** met the criteria for reporting as serious adverse incidents. This equates to **0.4%** of the total patient related incidents reported throughout the Trust.

Of the **16** SAI investigations completed during this year, **138** recommendations were made (of which **115** are complete) to reduce reoccurrence of similar incidents or to improve patient outcomes.

These included:

- Revised systems of work or processes/procedures
- Implementation/Review of documentation/communication
- Additional and on-going training for staff
- Re-enforcement or revision of existing policies

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

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

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

Trust Quality Improvement and Governance Facilitators for Nursing and Primary Care jointly presented the findings and learning from a Serious Adverse Incident (SAI) at an annual regional SAI & Complaints learning workshop (29 May 2019).

The rationale for incorporating reflective practice into this process is to enable those involved to examine their own role and actions in events using the Nursing and Midwifery reflective account template or a modified version for other professions.

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

Learning Lessons from Serious Adverse Incidents (SAI)

Examples of SAIs and the learning from them in 2019/2020 are as follows:

Example 1 - Inappropriate administration of Drug

Patient X presented to the Emergency Department (ED), following a fall. Patient X was administered Oramorph® (morphine sulfate 10mg/5ml oral solution) via the intravenous route (IV) instead of via the oral route (PO) for pain relief. Patient X was discharged the following day.

Learning from the Review

- Oramorph® is a controlled drug (CD). The standard operating procedure (SOP) for the management of controlled drugs for wards should be followed. Specifically, 'two practitioners, authorised to administer medicines should be present during the whole administration procedure and should witness the preparation of the CD, the CD being administered to the patient and the destruction of any surplus drug. One of these practitioners must be a registered nurse, midwife or operating department practitioner
- Oramorph® is an oral medication and should not be administered intravenously. Oral/enteral medication administered by any parenteral route is classified as a 'never-event' by the HSC revised never-event list published by the NI Department of Health
- ENFit® syringes used within the Trust can be connected to intravenous access devices used within the Trust, meaning it may be possible for this incident to happen again at present.

Recommendations and Actions

- Awareness of Policy for the management of CD for wards promoted, in particular, two practitioners, authorised to administer medicines should be present during the whole administration procedure and should witness the preparation of the CD, the CD being administered to the patient and the destruction of any surplus drug. One of these practitioners must be a registered nurse, midwife or operating department practitioner
- Learning shared regionally via Regional Medicines Governance Network
- Learning from this incident shared with undergraduate medical training program and Northern Ireland Medical and Dental Training Agency
- Information shared with relevant staff to promote the appropriate use of enteral syringes
- Suitable supplies of enteral syringes made available in and around all CD cupboards within the ED and all staff are aware of how to order further supplies
- Report and learning shared with necessary authorities (NIAIC and MHRA) as required, to assist in the development of enteral syringes so that the design can be advanced in preventing connection with intravenous devices.

Example 2 - Pressure Ulcer

Patient with complex medical history, decreased mobility and history of falls referred to District Nursing for urgent wound management - pressure ulcer on heel/shin and wound on a toe. Patient attended by District Nursing on 3 occasions however on the 2 final visits, only re-dressing heel and shin. Subsequent District Nursing visit found ungradable pressure damage to the heel.

Learning from the Review

- Need to undertake a full pressure ulcer risk assessment, including skin check and prevention care plan to be completed on first District Nursing visit
- Provide advice to patient, family, care staff on how to prevent pressure damage
- Need to treat patients with complex needs holistically
- Need to introduce safety briefings to District Nursing teams
- Need to make improvements to multi-disciplinary information sharing to promote a person centred, holistic approach in relation to care planning and delivery
- Need to provide training to locality nursing staff on pressure ulcer prevention and management.

Recommendations and Actions

- Pressure ulcer prevention and management care plan documentation and KPI has been built into nursing supervision
- Tissue Viability Team has reviewed training programme on Pressure Ulcer Prevention & Management in community
- District nursing to participate in SQE project – introducing safety huddles
- STOP Pressure Ulcer Day event to engage community nurses in developing knowledge and skills in pressure ulcer prevention.

NEXT STEPS

- Continue to promote and further embed an open, learning and just culture that supports reporting of adverse incidents including those identified as Serious Adverse incidents
- Roll out of reports and dashboards via DatixWeb providing 'live' incident reporting information
- Introduce monitoring of incident management at Director level
- Continue to learn from all types of adverse incidents and ensure that when changes to policy, procedures and/or practice are recommended following an incident, these are fully implemented within the organisation
- Implementation of the new suite of regional Adverse Incident policies when released by the Department of Health.

Quality Improvement

Quality Improvement Academy

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



Facts & Figures

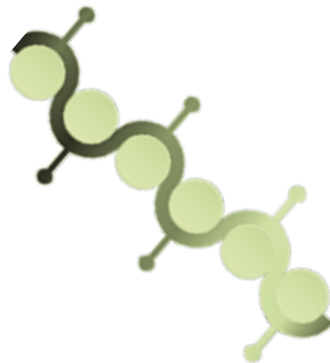
6993*



Total number of staff trained in Quality Improvement.

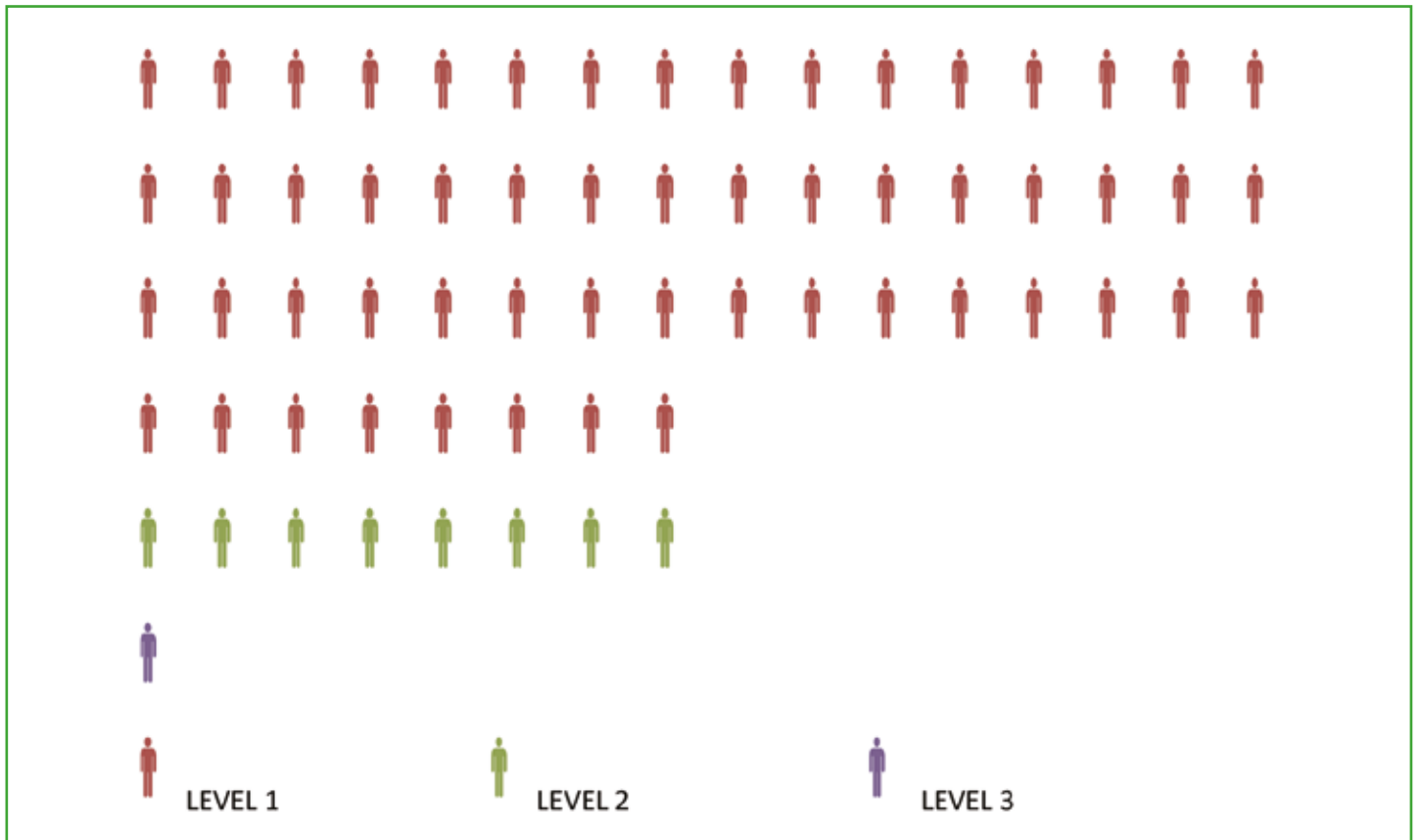
**Included in this figure are staff who have undertaken more than one level of QI Training based on the Q2020 Attributes Framework.*

90

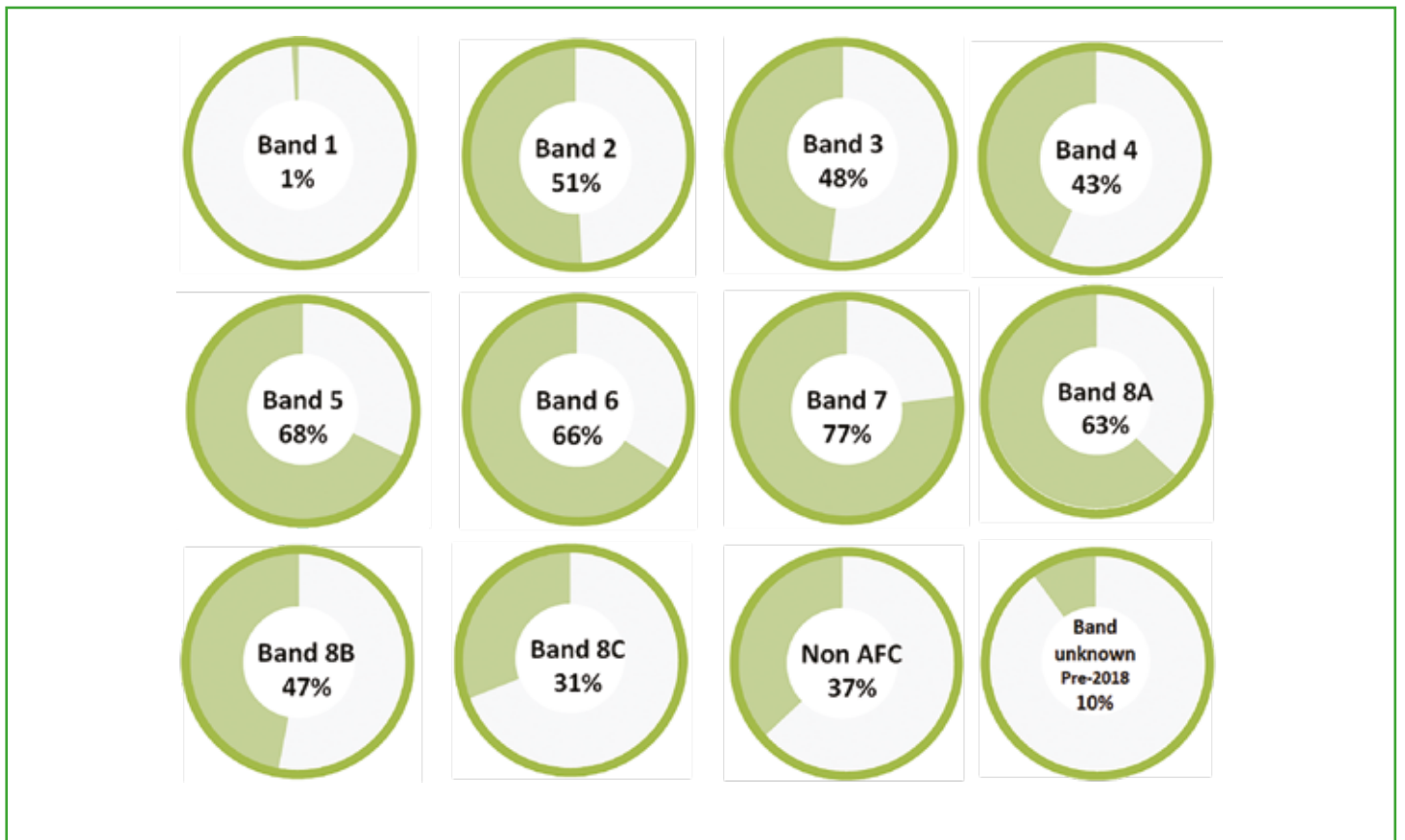


Total number of projects supported during 2019/2020.

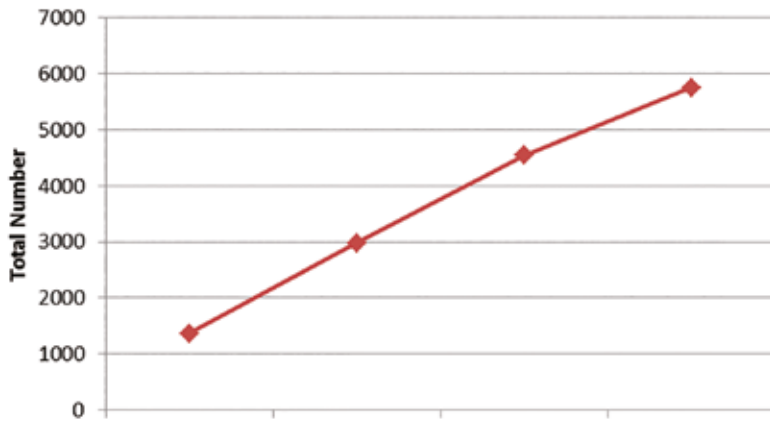
Of those **6993** below is the breakdown of what level on the attributes framework they are trained:



Of the **6993** staff trained, below is the breakdown by job band:



Cumulative Total Level 1 Training



Level 1

**During 2019/2020
1216 staff
completed
Level 1 training.**

924



**Q2020 E-Learning *and*
face to face**

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

216



SQE Lite

**1 day interactive
workshop introducing
Improvement Science.**

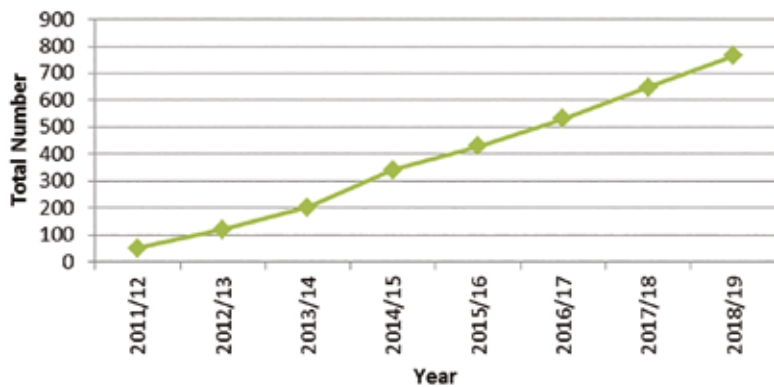
76



ILM Leadership

**Face to Face
content Integrated
into existing
ILM Programmes.**

Cumulative Total Level 2 Training



Level 2

During 2019/2020
115 people attended
Level 2 training.

81



SQE Programme

This 9 Month programme includes:

- 9 monthly sessions
- Completion of 8 IHI Open School modules *and*
- Application of learning to a project.

This programme is open to all staff.

5



Regional Quality Improvement in Social Work, Nursing and Midwifery Programme

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

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

20



SQE for Junior Doctors

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

2



Microsystem Coaching

This 8 month programme equips trainers to coach in the art of team coaching and the science of quality improvement to work with frontline teams to help them re-design the services they deliver.

4



STEP-UP

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

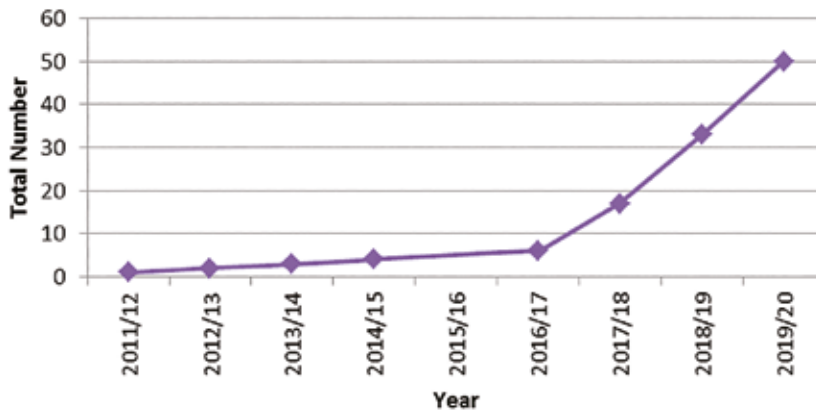
3



IHI Improvement Coaching

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

Cumulative Total Level 3 Training



Level 3

During 2019/2020
17 staff
completed
Level 3 training.

5



IHI Improvement Advisor

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

3



MSc Business Improvement

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

9



Scottish Improvement Leader Programme (SCIL)

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

NEXT STEPS

- Develop Quality Improvement Programme for Senior Managers
- Development of QI Alumni / QI Alumni Master Classes
- Develop and deliver Human Factors Master Class
- Redesign current QI Academy offerings to be delivered virtually due to COVID-19 response.

Goal 2



Strengthening the Workforce

Annual Quality Report - Next Steps Update From 2018/2019

Theme	Title	Next Steps	Status
<p>Goal 2: Strengthening the Workforce</p>	<p>Induction</p>	<p>Induction</p> <ul style="list-style-type: none"> Implement new approach to Corporate Induction. <p>Induction Training for Nursing Assistants</p> <ul style="list-style-type: none"> The Regional Nursing Assistant Induction programme being facilitated by HSC Clinical Education Centre is now planned to run 3 times a year, commencing in September 2019. <i>The Regional Nursing Assistant Induction Programme is no longer viable and therefore this has been taken over again by the Trust. There have been 3 Training programmes so far in 2020 and there are a further 3 planned November 2020, February & March 2021.</i> 	<p>On Plan</p>
	<p>Investors in People</p>	<ul style="list-style-type: none"> The Trust will complete its 3 year rolling assessment in 2019/2020 with assessments being undertaken in the Nursing, Primary Care & Older People's Directorate and the Children's Services Directorate. 	<p>Achieved</p>
	<p>Supervision, Coaching and Mentoring</p>	<p>Supervision & Mentoring</p> <ul style="list-style-type: none"> Work is currently underway with internal stakeholders to draw up a proposal to commission an evaluation of Organisation and Workforce Development (OWD) Department's stress and resilience provision. It is estimated this proposal and its recommendations will be submitted to the department's SMT for consideration early summer 2019. 	<p>On Plan</p>
		<p>Coaching</p> <ul style="list-style-type: none"> Look at new opportunities to introduce a systemic Team Coaching model Build on existing opportunities to use executive peer coaching for personal and professional development Build on existing and new opportunities to develop an outcome based reporting framework to visually demonstrate progress made and the benefits of the Trust's Coach Approach. <p>School Outreach & Engagement</p> <ul style="list-style-type: none"> To benchmark the Trust's Work Experience service against partner Trusts and introduce a regional approach to indemnity for post-primary schools. 	<p>Achieved</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 2: Strengthening the Workforce (Continued)	Staff Achievements	<ul style="list-style-type: none"> Following the success of 2018's event, the Trust will continue to assess the number of staff undertaking and completing accredited qualifications on a yearly basis so that achievers are recognised and rewarded. 	On Plan
	Looking After Our Staff	<p>Staff Health & Wellbeing</p> <ul style="list-style-type: none"> Promotion of the site Increase the number of staff accessing the site Increase the number of champions Continue to improve the site by seeking the views of staff via survey monkey bi-annually Organise a number of family events for staff and their families Repeat Move More Lose More. <p>Smoke Free HSC Sites</p> <ul style="list-style-type: none"> Actions have been put in place to address issues that arose in the online survey Continue to offer Brief Intervention Training to all staff Provide a Stop Smoking Service that is accessible for staff, patients, clients and volunteers. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
	Revalidation of Medical and Nursing Staff	<p>Revalidation of Medical Staff</p> <ul style="list-style-type: none"> The Trust will create a Quality Assurance committee comprised of senior clinicians and management. This will ensure Trust appraisals continue to adhere to the standards required by the General Medical Council (GMC) A revised Revalidation and Appraisal Policy will be introduced taking account of the latest GMC guidance. This will also include a new engagement protocol. The Trust training programme in regards to this will be refreshed The Trust will continue to work collaboratively with other HSC organisations to agree a reporting dashboard which will be incorporated into the electronic system. An on-line training tool will also be developed. <p>Nursing and Midwifery Council (NMC) Revalidation</p> <ul style="list-style-type: none"> On-going support for registered nurses and midwives with the revalidation process Training and support for line managers to carry out confirmation of revalidation Monitoring of compliance with NMC standards. 	<p>On Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 2: Strengthening the Workforce (Continued)	Revalidation of Medical and Nursing Staff (Continued)	<p>Compressed Programme for Development (CPD) for Band 5 and Band 6 Nurses and Midwives</p> <ul style="list-style-type: none"> Continue to monitor and evaluate programme and amend content on recommendations from on-going NIPEC regional group recommendations. 	On Plan
	Staff Absenteeism	<p>In response to the 2018/2019 5% DOH Improvement Target, the Trust will:</p> <ul style="list-style-type: none"> Continue to actively participate in the regional review of the Regional Attendance Framework Continue to roll out the Trust Health and Wellbeing model and associated work streams Launch and embed the HSC Values and Behaviours Framework across the Trust Implement the Peer Vaccination approach for the 2019/2020 programme Evaluate CBT pilot within Patient Experience to target a high level of mental health related absences Continue to provide absence infographics to inform Trust OBA Score Cards and Directorate Reports. 	<p>On Plan</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
	Staff Training	<p>Knowledge, Skills, Framework, PCFS, Mandatory Equality</p> <ul style="list-style-type: none"> Continue to increase the % of staff undertaking training thereby raising awareness of the Guide. 	On Plan

Induction

Corporate Induction and Mandatory Training

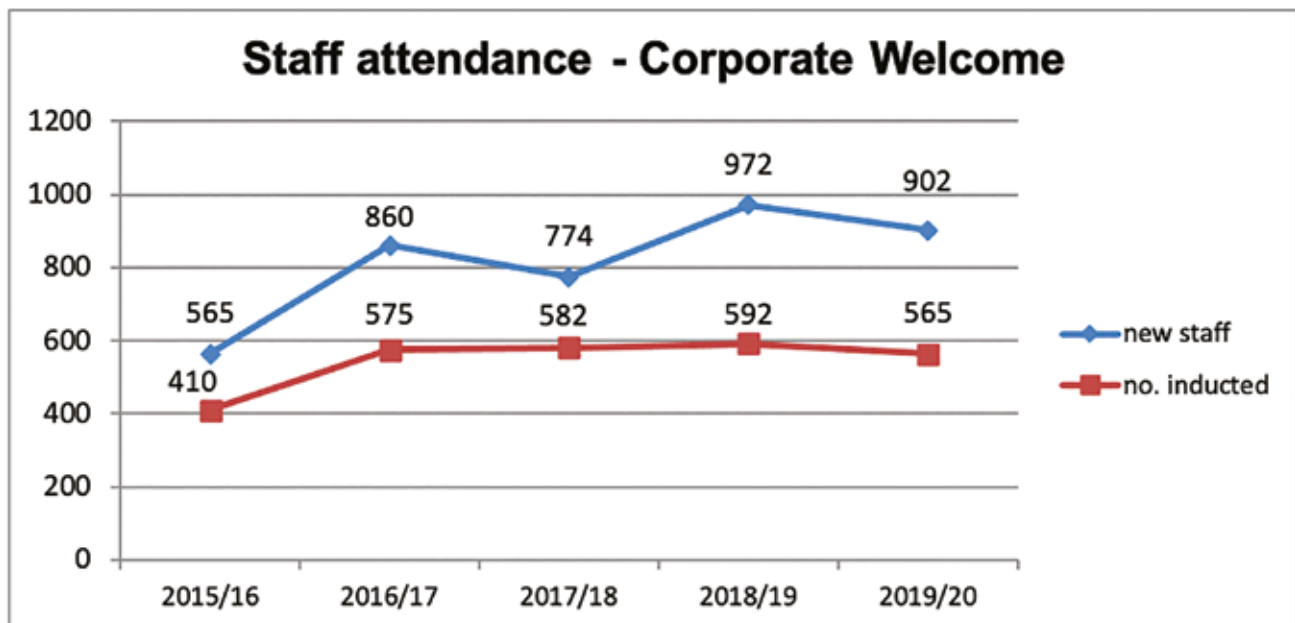
The Trust is committed to providing a robust Corporate Induction programme in order to welcome new staff to the organisation and provide an orientation which ensures that individuals feel confident and competent regarding the expectations placed on them in delivering high quality care and experience for patients and clients.

As Induction is part of the mandatory training programme an equal aim is to ensure that risk is minimised for all those who come into contact with the Trust.

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

Attendance and completion, however, continues to be a challenge:

Corporate Induction	No. of new Staff	Completion
2019/2020	902	63%
2018/2019	972	61%
2017/2018	774	75%
2016/2017	860	67%
2015/2016	565	73%



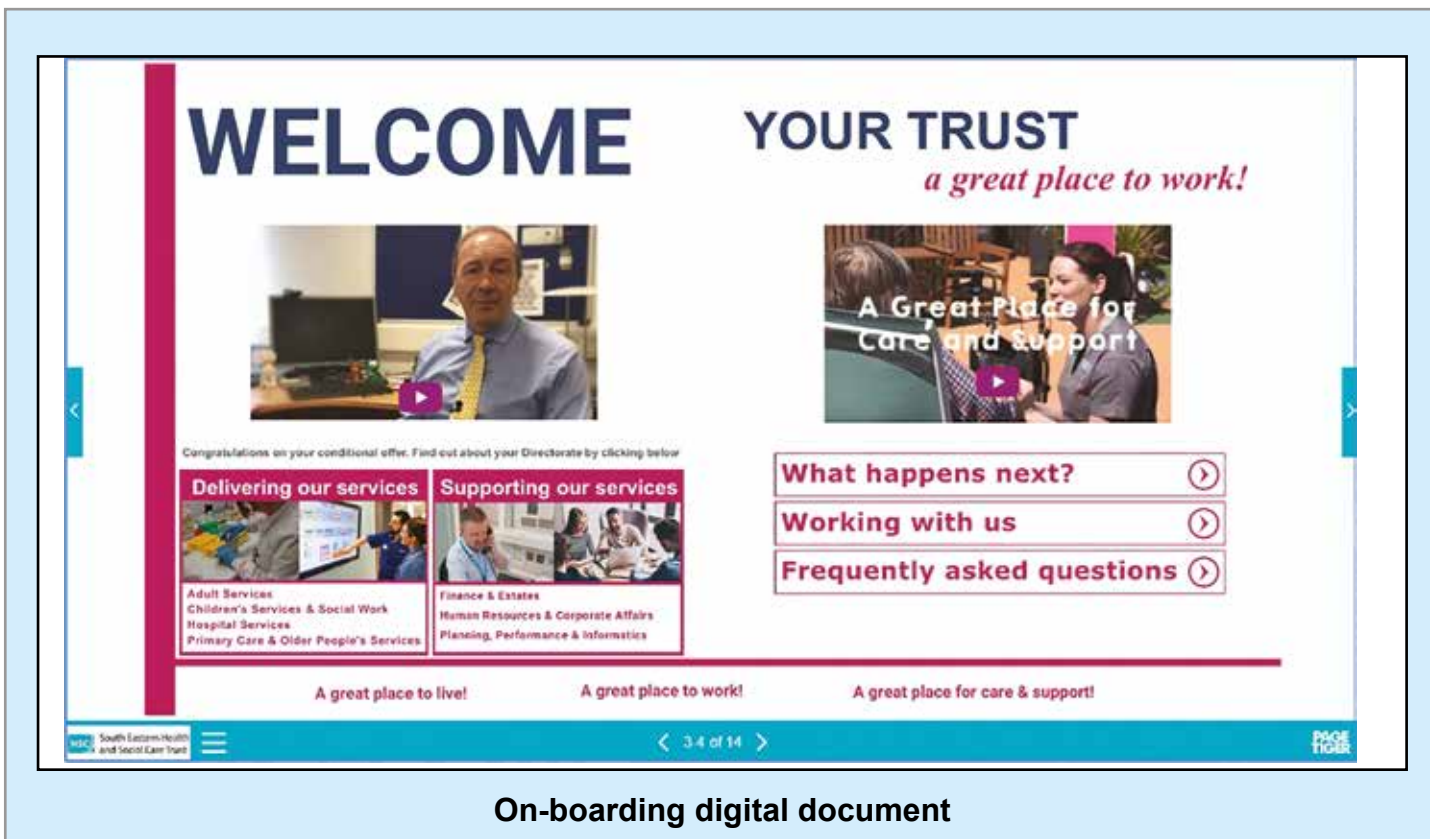
Additional events were added during 2019/2020 and all courses were fully booked but we had many staff who did not attend.

A review of Corporate Induction was completed during 2018/2019.

Based on feedback (quantitative and qualitative) from the review, and from engaging with a range of stakeholders, the following have been developed:

1. A pre-boarding (before taking up a post) digital document
2. An on-boarding (when employment starts) welcome event.

The pre-boarding digital document has been developed on a platform called PageTiger. Accessible before employment, the interactive document welcomes new staff to the organisation, outlines corporate and strategic information and answers frequently asked questions from new staff about their role.



On-boarding digital document

In addition, a half day welcome event has been developed to introduce new staff to HSC Values, Behaviours and Collective Leadership philosophy and to provide a marketplace to help signpost to relevant departments and network with other new staff.

This was scheduled to pilot in March 2020 but was postponed due to COVID-19.

NEXT STEPS

- Pilot half day welcome event.

Induction Training

Induction Training for Nursing Assistants

During 2019/2020 there were **4** Nursing Assistant Induction Training Programmes delivered. In total, **54** new Nursing Assistants were trained compared to **101** who attended this training the previous year. The programme has been run over 5 days.

The Regional Induction Programme which had been planned to be delivered by HSC Clinical Education Centre is no longer viable, due to unforeseen circumstances.



NEXT STEPS →

- Due to COVID restrictions, the Nursing Assistant Induction is planned to be delivered virtually, using a combination of Zoom, Videos and e-learning.

Investors in People

In February 2020 the Trust was awarded '**We invest in people, Silver accreditation**'. This was achieved by:

- A team of internal reviewers who approached each stage of the project with enthusiasm and hard work
- Staff in every Directorate who were responsible for co-ordinating the on-site activities, preparing the portfolios of information and ensuring that the site visits went smoothly.

The excellence of our staff delivers excellent care to our patients and clients. Our continued focus on creating the culture and opportunities for our staff to grow and be the best that they can be will serve the organisation well into the future and will deliver the best care to the people we serve.

Facts & Figures

This was an extensive project spanning 3 years (2017/2020) and some of the key facts include:

- Trained **25** Internal Reviewers
- Issued **9940** assessment surveys to our staff
- Received **2839** survey responses from our people
- Co-ordinated **20** internal review assessments
- Met with **555** people to gather their views
- Produced **25** reports
- Presented **20** feedback meetings to Directorate Senior Management Teams
- Conducted a Final Stage assessment; delivering **8** presentations and updates

We attained Established-Level in seven indicators and Developed-level in two indicators. The table below shows the levels attained by the Trust overall for each of the **27** themes within the framework following the 3 year assessment.

Indicator	Theme	Developed	Established	Advanced	High Performing
1. Leading and Inspiring people	Creating transparency and trust				
	Motivating people to deliver the organisation's objectives				
	Developing leadership capability				
2. Living the organisation's values and behaviours	Operating in line with the values				
	Adopting the values				
	Living the values				
3. Empowering and involving people	Empowering people				
	Participating and collaborating				
	Making decisions				
4. Managing performance	Setting objectives				
	Encouraging high performance				
	Measuring and assessing performance				
5. Recognising and rewarding high performance	Designing an approach to recognition and reward				
	Adopting a culture of recognition				
	Recognising and rewarding people				
6. Structuring work	Designing roles				
	Creating autonomy in roles				
	Enabling collaborative working				
7. Building capability	Understanding people's potential				
	Supporting learning and development				
	Deploying the right people at the right time				
8. Delivering continuous improvement	Improving through internal and external sources				
	Creating a culture of continuous improvement				
	Encouraging innovation				
9. Creating sustainable success	Focusing on the future				
	Embracing change				
	Understanding the external context				

Please note that the performance level for each indicator defaults to the lowest performing theme in that indicator.

NEXT STEPS

- The Trust will evaluate the impact of Investors in People as a business improvement tool and develop an Assessment Plan for 2020/2023.

INVESTORS IN PEOPLE™
We invest in people Silver

Leadership Programmes

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

Facts & Figures

During 2019/2020, there was a **41%** increase in uptake of Leadership and Management courses in comparison to 2018/2019.

In total, **543** staff completed the following Leadership and Management courses:

- Succession Planning, Band 7 = **18** Staff
- Succession Planning, Band 6 = **19** Staff
- Practical Manager = **139** Staff
- ILM 2 - Leadership & Team skills = **38** Staff
- ILM 3 - Team Leading = **29** Staff
- ILM 5 - Effective Manager = **28** Staff
- Patient Experience Supervisor's Leadership Program = **23** Staff
- Regulated Services Leadership Program = **24** staff
- ILM Level 5 Coaching = **3** Staff
- ILM Level 3 Coaching = **14** Staff
- Coaching for Senior Leaders = **30** Staff
- Coaching Awareness Warm up = **133** Staff
- Nursing & Midwifery Development Programme = **7** Staff
- Managing Success in ICT = **2** Staff
- Managing Effective Practice = **2** Staff
- MSc in Business Improvement = **4** Staff
- Aspire = **8** Staff
- Proteus = **4** Staff
- Mediation = **2** Staff
- Accelerated Management Programme = **16** Staff.



Supervision, Coaching & Mentoring

Staff Health & Wellbeing

As an Investor in People (Silver) Organisation, the Trust recognises that its workforce is its greatest asset. The Trust's Wellbeing model aims to help staff with different aspects of their lives by looking at five areas of wellbeing: Communication & Engagement, Health, Our Working Lives, Personal Development and Values & Principles, all of which are inter-linked and acknowledge not only the physical and psychological factors affecting health and wellbeing, but the wider cultural and societal contexts too.

In 2019/2020, with an ever-increasing demand placed on staff time and resources, the Trust recognised that supporting staff with work-related stress needed to be more than just the delivery of stress and resilience training programmes; in fact, the Trust acknowledged that there was a broader corporate agenda to be addressed: Staff Health and Wellbeing (H&WB). As a priority, and in direct response to staff feedback about their H&WB needs, essential engagement work with Trust-wide stakeholders led to the scrutiny of existing approaches - their relevance, limitations and provision gaps - our aim is now to devise a suite of training and to identify resources under the H&WB agenda.

By consolidating expertise and resources, the Trust will put down the foundations needed in order to build a whole systems approach for the benefit of all staff.

Continuous improvement and innovation lie at the heart of this work, along with preventative measures to improve the quality of wellbeing outcomes for those involved.



Facts & Figures

- A Trust Health and Wellbeing Lead was appointed to ensure collaboration between the five sub groups and the H&WB Steering Group, guaranteeing the staff voice was heard at the highest level and the H&WB strategy influenced accordingly
- Two training programmes continued to be offered: Stress Management and Resilience Training (SMART) and Building Resilience and Managing Stress in Your Team (BRMST) continue to be popular training with staff and managers:
 - **264** SMART places were offered (-**27%** decrease against last year) with **168** staff enrolment (**64%** of total places offered)
 - **112** BRMST places were offered (**16%** increase against last year), **55** staff enrolment (**49%** of total).

SMART and BRMST training places, attendance statistics and staff feedback continue to provide valuable quantitative and qualitative data and some examples are shared below.



“ *Fantastic training - lovely relaxed approach and pace; great delivery and communication style throughout, with very practical examples.* ”

January 2020

“ *The trainers delivered the course in a most enjoyable format. I can safely say that this has to be the best course I've attended in many years!* ”

March 2020

“ *Excellent presentation - informative, relevant and reassuring. Thank you.* ”

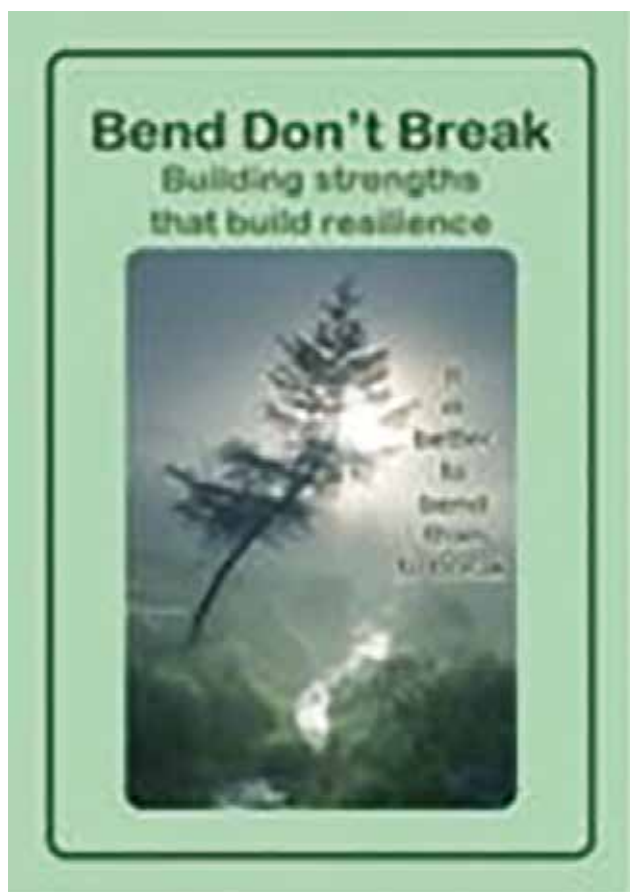
December 2019

“ *I found the interactivity most useful - meeting with and support from other managers.* ”

December 2019

NEXT STEPS

- The Trust will continue its review of staff stress and resilience learning and development and support provision while remaining responsive to staff needs and on-going feedback.



Coaching

Coaching is a development approach to working and interacting with others, enabling learning, development and change. The application of a coaching mind-set and key skills supports the development of individuals and teams by empowering, supporting and constructively challenging them, promoting self-motivated learning and growth.

Based on the ethos of empowerment, characterised by the principles of Collective Leadership and bound by the HSC Values, the Trust's Coach Approach promotes a culture where our Staff have space for reflective and pivotal thinking and a space to be heard. Coaching helps Staff to understand more about their own personal capabilities, interpersonal skills, opportunities and challenges, which in turn can help them to make more informed choices and actions.

Over the past 12 months the Trust's aligned Coach Approach has become stronger, further embedded and it is having a broader positive impact on service and organisational culture.

Our achievements include:

- Executive and Senior Management update sessions
- Staff Awareness & Coaching Opportunities Workshops
- Managers/Practitioners Awareness and Skills Development Workshops
- Increased capacity within the Trust's Coaching Pool offering 1 to 1 Coaching for Staff throughout the Trust
- Increasing coaching skills, capabilities and conversations - accredited and non-accredited coaching development opportunities and pathway programmes
- Attaining Corporate Membership of the Association for Coaching
- Further roll-out of the Coaching for Senior Leaders programme
- Coaching integrated within Collective Leadership development programmes
- Coaching integrated into development and succession planning programmes
- Coach Approach integrated within the refreshed appraisal conversations process
- Coaching metrics and measures - understanding the difference and impact coaching has made
- Coach Approach considered as a key enabler in assisting Staff to feel valued, empowered, inspired and motivated to see and take opportunities and to do things differently
- Trust's Coach Approach considered as an example of good practice; selected and hosted Association for Coaching Roundtable Event.



Facts & Figures

- **160** Staff took part in Coaching Warm-up Awareness Sessions
- **15** Staff embarked on the Accredited Level 5 Coaching Programme and are Coaches within the Trust's Coaching Pool
- **26** Staff took part in the Coaching for Senior Leaders Programme
- **25** Staff from Succession Planning and Collective Leadership Programmes were matched with a Coach
- **55** Staff entered into 1 to 1 coaching partnership with a Coach.

NEXT STEPS →

- Further develop opportunities to integrate Coaching into Team-Based Working
- Build on existing opportunities to develop blended and bite-size Coaching Awareness and Coaching Skills development
- Build on existing opportunities to utilise Executive peer coaching for personal and professional development.

School Outreach and Engagement

The Trust knows the positive impact work experience can have for students who are career planning. Working in partnership with Work Inspiration, the Trust continues to promote Trust wide work experience packages to schools and colleges within its geographical area and throughout the whole of Northern Ireland. During 2019/2020, the Trust assisted pupils from **103** schools, including Grammar and Secondary from the Integrated, Protestant and Catholic sectors.

With a Health and Care System under pressure and showing signs of strain, the Trust's ability to facilitate much needed work experience placements has been compromised. In conjunction with this, with reduction in funding, there has been a decline in the number of invitations to career events.

In response to these challenges, the Trust recognises that it must revolutionise its thinking to optimise its provision to ensure students have a great experience and that we continue to attract young people into careers within Health and Social Care.

Motivated to remove barriers that prevent students being able to avail of work experience placements, a review of work experience placements was a necessity. A first stage of this review was to find a more effective and efficient process to indemnity.

With the formation of a regional working group, HSCNI are now working with the Education Authority and Education Providers (NI) to agree an over-arching approach to indemnity in order to ensure equity of opportunity for students across the region.

Facts & Figures

The withdrawal of funding for Business Education Partnerships (BEPs) has had a dramatic impact on arranged careers days for all schools in our partnership areas seeing a reduction in events.

In 2019/2020, the Trust supported all careers events by invitation, meeting and supporting **786** students (**74%** decrease against 2018/2019).

Notwithstanding the pressures alluded to above, the Trust successfully facilitated **532** placements (**8%** increase against 2018/2019) within **17** occupational areas.



NEXT STEPS →

The HSCNI Regional Work Experience Group will continue their work in relation to Indemnity with being replaced by a Memorandum of Understanding and supporting documentation for post-primary schools.

Staff Achievements

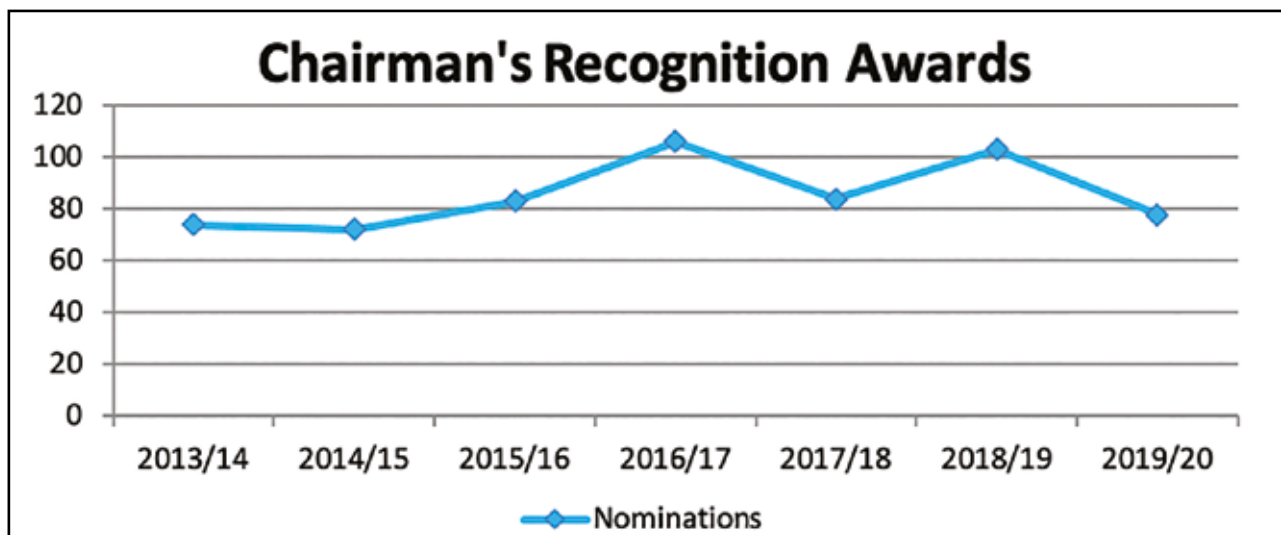
Chairman's Recognition Awards

In October 2019 the Trust celebrated the tenth annual Chairman's Recognition Awards which recognise, reward and celebrate the exceptional achievement of staff, individuals and teams.

There were seven categories with five reflecting the Trust corporate themes and two reflecting outstanding commitment of a team or an individual.

The standard of entries was again exceptionally high which demonstrates staffs' commitment to providing quality service for patients and clients. The overall winner in 2019 was the Ambulatory Heart Failure Diuretic Service based in Lagan Valley Hospital.

The figures below demonstrate the continuous energy for the Chairman's Awards with **78** nominations received from staff across every directorate.



Category	Winner
Ensure Safety, Improve Quality and Test Experience	Healing Hearts Helen Ong and Obstetric Sonographer team
Help you to stay healthy and well	Paediatric Physiotherapy Team Parkview School
Engage with you	Mindlock: A Mental Health Comic Drawing on the Experiences of Service Users
Empower our staff	The Ripple Effect Clinical Psychology ASD Service
Continue to improve	Ambulatory Heart Failure Diuretic Service Lagan Valley Hospital
Going the Extra Mile	Stephen Stewart
Outstanding Team	Multi Agency Triage Team Adult Services

Looking After Our Staff

Staff Health and Wellbeing



The livewell site is an innovative multi-level health and wellbeing initiative available to all Trust employees based on a central information Hub.

Promotion of the livewell site is via bi-weekly emails which inform staff of new and existing initiatives and programmes and also how to access the site. An app has been developed and launched which allows staff to access the site from personal mobile devices.

In February 2020, **3,072** staff members accessed the site with **10,173** pages viewed compared to **2,201** in April 2019 with **7,851** pages viewed.

Staff Health & Wellbeing Initiatives

We facilitated **12** health check sessions in partnership with NI Chest Heart & Stroke with **277** staff availing of a health check.

We provided group physical sessions which include yoga and pilates with **2,149** staff (not unique attendance) attending sessions.

NEXT STEPS

- Launch new updated 'livewell' website
- Launch new Champions Model
- Complete Staff Satisfaction Survey
- 'Move More Lose More' commencing in September 2020
- Develop the use of Zoom for programme delivery
- Develop and support new initiatives that will improve the health and wellbeing of staff.



Smoke Free HSC Sites

An action plan is in place and has been taken forward by the Trust Smoke Free Policy Group to address issues raised by staff from the online survey.



Maternity Stop Smoking Service 2019 - 2020



4195

women booking in the South Eastern HSC Trust to have their baby. (Ulster, Lagan Valley and Downpatrick Midwifery Led Units)

517

517 of which were smokers

208

women enrolled into Specialist Stop Smoking Service

70% of women stop smoking smoke-free wombs and remain successfully quit at 4 weeks

Stop Smoking Services

478 (92%)

were advised about Stop Smoking Services and signposted appropriately

75%

of partners referred quit smoking



40%

were given pharmacological support (patches, gum etc.) to aid quit

Stop Smoking Patches
Gum



Some quotes from service users:



"Thank you, I couldn't have managed this without your support".

"I am so grateful, thank you."

"You have changed my life".



If you need support to stop smoking please contact: Lisa Harper / Cathy Bell Tel: 07715 044 886

Stop Smoking Service

This service is delivered across patients/clients and three hospital sites to staff and offers advice and signposting to support those who wish to stop smoking.

In 2019/2020 - **833** people were referred to the service, **243** enrolled in this service and **170** had quit smoking at **4** weeks.

Adherence

Of **155** clients who were quit at **4** weeks during 2018/2019, **64 (41%)** were quit at **52** weeks.

Brief Intervention Training was delivered to **282** staff members.

Nicotine Replacement Therapy

In 2019/2020, **2,583** nicotine replacement therapy products were prescribed to patients and staff, compared to **2,484** products in 2018/2019.

NEXT STEPS →

- To complete a client satisfaction survey
- To source/ design Brief Intervention Training that can be delivered on line
- To increase the number of referrals into the service
- To increase the prescribing of Nicotine Replacement Therapy.



Revalidation of Medical and Nursing Staff

Revalidation of Medical Staff

The year culminated in the Trust suspending the Appraisal and Revalidation process following a directive from the CMO in response to the COVID-19 pandemic. Notwithstanding this, significant progress has been made. The Trust continues to contribute to the ongoing development of the Regional Electronic Appraisal System, which is now mandatory for all doctors when conducting their annual appraisal.

Facts & Figures

- The appraisal completion rate for the 2018 year conducted in 2019 was **99%**
- During 2019, **89** doctors were revalidated with the GMC, which included **5** who were initially deferred for a 6 month period
- Appraiser training for new and existing appraisers was conducted and the Trust has increased its number of appraisers to **69** (a ratio of circa **1:6**).

NEXT STEPS

- The new Appraisal & Revalidation Policy incorporating an engagement protocol will be completed
- Work will continue in regards to quality assurance process and will continue with the GMC and ultimately the Trusts medical staff. This will include training and support for the Clinical leaders in making revalidation recommendations.

Nursing and Midwifery Council (NMC) Revalidation

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

Facts & Figures

- In 2019/2020, all of the registrants in the Trust would have been through the new process at least once
- The processes are now fully embedded and integrated with the appraisal cycle. Registrants across the Trust have been successfully revalidating and there has been **100%** compliance with the requirements which include feedback from patients/clients and colleagues, continuing professional development and reflections on practice
- Training is provided as required for any staff new for either the revalidation process or the confirmation of revalidation role.



NEXT STEPS →

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

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

During April 2019 - March 2020 we maintained on plan for staff attending training. The flexible format allows staff to identify and create bespoke training programmes for their specific needs.

Facts & Figures

- In 2019/2020 there were **410** recorded attendances across the various sessions provided. This was an increase of **107** attendances on the previous year figures. In the 3 years since the programme commenced, the numbers of staff attending this training have continued to steadily increase year on year.

NEXT STEPS →

- Continue to monitor and evaluate the programme and amend content to meet future service needs.

2020 Nightingale Challenge Northern Ireland

Nurses and Midwives Global Leadership Development Programme



Nightingale Challenge Northern Ireland Global Leadership Development Programme was launched at the beginning of 2020, International Year of the Nurse and Midwife. The aim of the programme is to develop nurses and midwives leadership, policy making, quality improvement and partnership working skills in-line with the principles of both the global campaign Nursing Now and Nursing Now Northern Ireland.

As part of the global 2020 Nightingale Challenge, **6** young Registered Nurses and Midwives (under 35 years) within the Trust are registered on the programme. Through their participation, the aim is to build a cadre of strong, politically astute young nursing and midwifery leaders, well positioned to play a full part in strengthening nursing and midwifery in Northern Ireland and beyond.



Pictured at the Launch of Nightingale Challenge Northern Ireland Global Leadership Development Programme in the Stormont Hotel.

South Eastern HSC Trust Nightingale Leadership Programme

Positioned within the framework and principles of Nursing Now, this programme focuses on building the foundations of young nurses and midwives in systems leadership in Northern Ireland and beyond, understanding effective leadership skills, policy and influence, partnership working and how to learn from and share learning with others.

The programme is being delivered by the Leadership Centre and consists of a 3 module programme **'All about Me'**, **'All about us - Leading Teams'** and **'All about the world'**.

The programme was launched in February 2020. We are looking forward to great leadership and learning from our twenty inspirational nursing and midwifery leaders within 2020, the International Year of the Nurse and Midwife and into the future.



Exciting day for Trust Nurses and Midwives at the launch of the South Eastern HSC Trust Nightingale Challenge Programme in February 2020.

Post-Registration MSc Leading Care Project

The Department of Health has commissioned a project to test and deliver a prototype of a two year rotation, Post Registration, MSc level Registered Nurse Development Programme which commenced in Ulster University in September 2019.

The aim of the project is to support the nursing workforce's stability and retention and develop future nurse leaders who can deliver transformational change and improve outcomes for patients and service users.

The Trust is supporting 6 Registered nurses (MSc trainees) who are undertaking a two year programme which commenced in September 2019. There are four placements (1 medical ward, 1 surgical ward, 1 community placement and 1 independent/voluntary sector placement).

The placements supporting these MSc trainees are: Neely ward, Ward 4a and Ward 3b in the Ulster Hospital, Ward 14 in Lagan Valley Hospital, Enhanced Care at Home and District Nursing Teams. Preceptorship will be completed during the first placement.

The MSc trainees will be undertaking the following modules:

- Advanced Interpersonal skills
- Quality Improvement for transforming practice
- Leadership for person-centred care
- Quality Improvement dissertation.

The learning outcomes for the course reflect the Quality 2020 Level 2 attributes framework and therefore the MSc trainees will be accredited with Quality 2020 Level 2 qualifications on completion of the course.

This is a very exciting but challenging opportunity for the MSc trainees. It is anticipated that the evaluation of this prototype may lead to further opportunities to support nurse registrants through similar Master's level programmes whilst equipping students with the knowledge, skills and attributes to deliver person-centred, team-based, safe, effective care that is responsive to the needs of today's fast-paced, dynamic health and social care system.

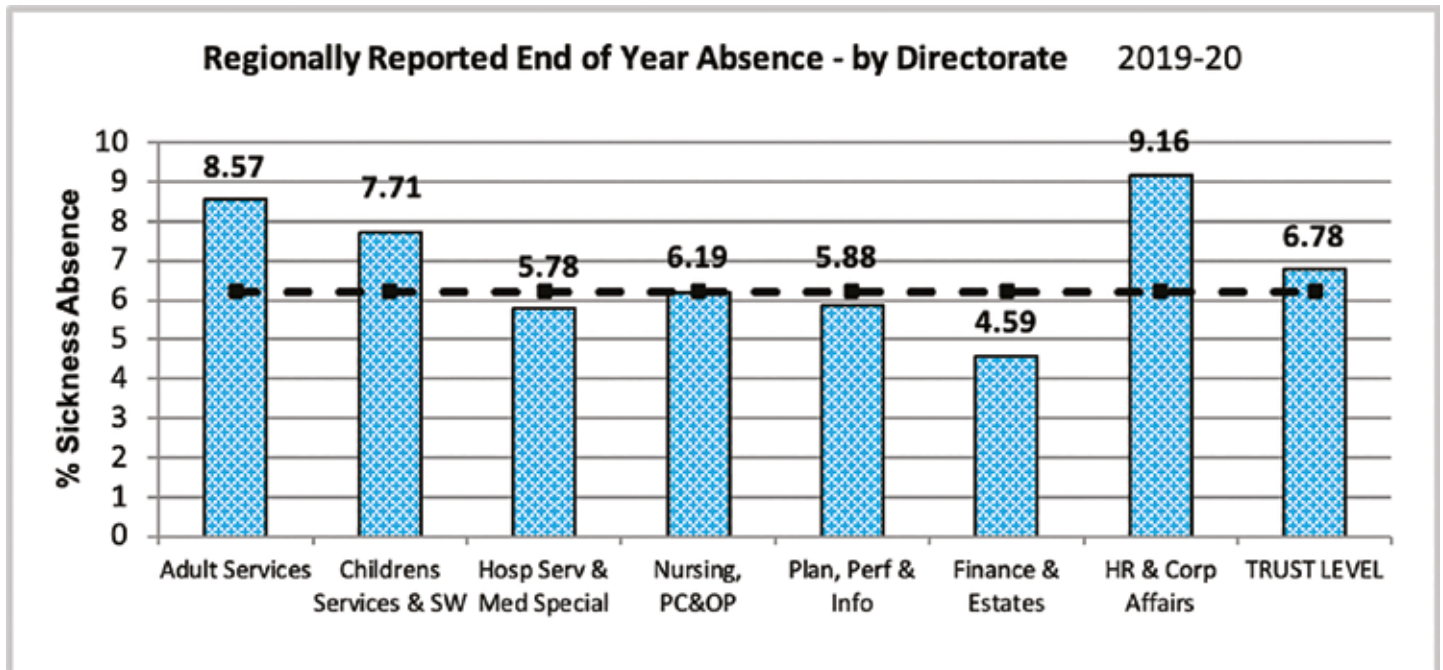


MSc students with Nicki Patterson, Director of Nursing and David Robinson, Interim Director of Hospital Services.

Staff Absenteeism

At the end of 2019/2020 the absence rate due to sickness was **6.78%** compared to **6.48%** for the previous year. Despite all the actions carried out to reduce the level of absence, the Trust did not meet the target set by the Department of Health which was **6.22%**.

The performance of each Directorate is described below:



NEXT STEPS →

Actions from 2019/2020 will be rolled over and will include:

- Completion of the regional review of the Regional Attendance Framework
- Implementation of the Trust Health and Wellbeing Model and associated work streams
- Embedding the HSC Values and Behaviours Framework across the Trust
- Enhancement of the 2020/2021 Flu Vaccination Programme to include Peer Vaccination, Flu Centres and Mobile Approach
- Targeting mental health related absences and putting in place a staff psychological service to support staff
- Supporting managers and staff in dealing with COVID-19 absence via the Workforce Help line and Occupational Health and Wellbeing Service
- Provision of absence infographics to inform Trust OBA Score Cards and Directorate Reports.

Equality

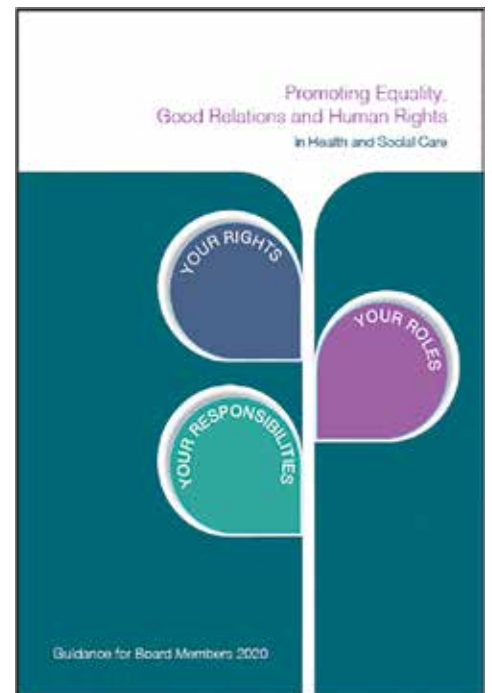
Guidance for Board Members

The Trust took the lead in the regional review of the Guidance for Non-Executive Trust Board members 2020. Consultation took place with key stakeholders including Equality Commission, NI Human Rights Commission and various Trust Board members from across the region. The final document was agreed in March 2020 with the launch planned for Autumn 2020.

The Guide is to ensure that all Board Members are aware of their roles and responsibilities in relation to equality, good relations and human rights and it reiterates the moral, ethical and business case for equality, good relations and human rights in our organisation.

Facts & Figures

- The Chair, Chief Executive, Directors and Non-Executive Directors are accountable for the overall performance of the organisation in which matters of equality, good relations and human rights are central to this accountability and also to the discharge of governance responsibilities
- Equality, good relations and human rights are everyone's business and the guide will assist Board Members and the Executive Team to support the effective implementation of their duties.



NEXT STEPS →

- The document will be launched during autumn 2020 to all HSC Board members across the region by individual organisations.

Equality Team win NI HPMA Organisational Development, Learning and Development Award



The HPMA (NI) awards are local awards which recognise, reward and share outstanding work in Human Resources in HSCNI, by individuals and teams who have made a real difference to their organisation or department.

Pictured are left to right: Julie-Anne Eccles, Equality Assistant, Sponsor - Andy Shettle, Chief Product Officer, Selenity, Kathey Neill, Equality Officer, Susan Thompson, Equality Manager and Claire Smyth, Assistant Director, HR OWD.

A new category in 2019 was ‘**OD, Learning and Development Award**’ which demonstrated the strong link between OD/L&D initiatives and key business objectives.

The Equality Team were delighted to be announced 2019 winners for their initiative which looked at how they addressed the need to creatively rethink how to best deliver Equality Diversity and Human Rights Training to all staff in the Trust.

Facts & Figures

Collaborative working with our directorates, and offering tailored solutions alongside the traditional delivery methods, improved the number of staff who completed mandatory Equality Training from **3200** in 2017/2018 to **3700** in 2018/2019, which equates to a year on year increase of **15%**.

This training has enhanced organisational performance through raising staff awareness of what they need to do to meet the needs of our service users. This may be via accessing an interpreter for service users who don't speak English as a first language, providing written information in alternative formats and considering accessibility for those with a physical disability. This can be demonstrated by the increase in the number of interpreting episodes during 2017/2018 which was a **27%** increase on the previous year.

The organisational benefits from ensuring that staff have completed their training include:

- We now have a regionally agreed e-learning module that is fully transferable across the HSC family
- Staff have more confidence of their role in ensuring they meet the relevant legislation
- Staff understand the potential adverse impact to our service users if Equality and Human Rights is not considered at all points of service delivery.

The benefits and impacts on patient and staff of this initiative can be demonstrated by:

- Increase in staff booking interpreters
- Increase in sign language requests
- Increase in compliments from patients regarding quality of service provided
- Very few complaints with an equality or human rights perspective.

Judges' comments included:

This application demonstrated how training could be refreshed and delivery tailored to suit remote groups of staff. Return on Investment already outlines 15% growth in staff trained. Impressive to see such a positive increase in uptake of attendance for what is often seen as a tick box exercise that needs to be achieved for a clear business and governance need.

NEXT STEPS

- Using these methods increase the % of staff undertaking training and thereby raising the awareness and confidence of staff and ensure they meet the relevant legislative requirements for their role.

Goal 3



Measuring the Improvement

Annual Quality Report - Next Steps Update From 2018/2019

Theme	Title	Next Steps	Status
<p>Goal 3: Measuring the Improvement</p>	<p>Infection Rates</p>	<p>MRSA Blood Stream Disorder</p> <ul style="list-style-type: none"> • Work to continue to reduce the number of infections occurring >48 hours of admission • Audit compliance of screening for MRSA in specific groups (as recommended in Trust Guidelines). <p>Reducing <i>Clostridium difficile</i> infection</p> <ul style="list-style-type: none"> • Work to reduce antimicrobial use in 2019/2020 as part of the Antimicrobial Improvement Plan. <p>Gram-negative bloodstream infections</p> <ul style="list-style-type: none"> • Pilot the use of the Regional Urinary Tract Infection Checklist in the over 65 years in some of our elderly residential care homes • Pilot the use of a national urinary catheter passport in a number of patients with long term catheters. This aims to provide more information and understanding of the device to the patient, their family and healthcare workers involved in their care. <p>Orthopaedic Wound Infection</p> <ul style="list-style-type: none"> • Continue to monitor wound infections following orthopaedic surgery • Provide timely feedback to staff and identify learning from any case reviews. <p>Caesarean Section Wound Infection</p> <ul style="list-style-type: none"> • Continue to work with the PHA to introduce an electronic data collection system to monitor trends in caesarean section wound infection and reduce staff workload and provide more timely surveillance data. <p>Monitoring Infection in the Critical Care Unit (CCU)</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 practices linked to reduce infection) is maintained • Feedback results to clinical staff. 	<p>Achieved On Plan Behind Plan</p> <p>On Plan On Plan</p> <p>Behind Plan <i>(To be carried forward)</i></p> <p>Achieved</p> <p>Behind Plan <i>(To be carried forward)</i></p> <p>Achieved Achieved</p> <p>Behind Plan</p> <p>Achieved</p> <p>Achieved</p>

Theme	<i>(Continued)</i>	Next Steps	Status
Goal 3: Measuring the Improvement <i>(Continued)</i>	Patient Falls	<ul style="list-style-type: none"> Quality Improvement Project using IHI Methodology will be undertaken in Ward 3a and Ward 3b Ulster Hospital with a focus on reducing falls within New Inpatient Ward Block where there is single room occupancy Staff Education Programme being developed in conjunction with Clinical Education Centre Further development in multiprofessional input to falls prevention within the community which includes introduction of a falls pharmacist to the Prevention Team to review patient medication Explore new pathways to identify clients at risk of falls for multifactorial falls assessment Introduction of new electronic Datixweb System of recording falls which will improve reporting and monitoring of falls. 	<p>Behind Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p>
	Pressure Ulcers	<ul style="list-style-type: none"> Continue to monitor compliance with the 'SKIN Bundle' Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (Grade 3 & 4) which were considered avoidable Work towards reducing the number of severe avoidable facility acquired pressure ulcers Review the Trust Acquired Pressure Ulcer Incident Reporting and Investigation process Maximize learning from each incident of severe pressure damage Continue to provide mandatory pressure ulcer education and bespoke training in specific clinical areas as determined through analysis of incident reports and KPI data Continue to monitor primary care pressure ulcer prevention strategy and monitor regional KPI for this patient population Continue to recognise ward staff for their achievements in providing pressure ulcer free care. 	<p>On Plan</p> <p>On Plan</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Behind Plan</p>
	Venous Thrombo-embolism (VTE)	<ul style="list-style-type: none"> The Trust aims to complete a Root Cause Analysis on random DVT's The Trust will work toward compliance with the updated NICE Guidelines (March 2018) to include VTE risk assessment in acute psychiatry and Intensive Care. 	<p>Behind Plan</p> <p>On Plan</p>
	Medicines Management	<ul style="list-style-type: none"> Pharmacy 7 day working will continue with regular review of activity at the weekends and allocation of more staff to ward based duties where possible. 	<p>Achieved</p>

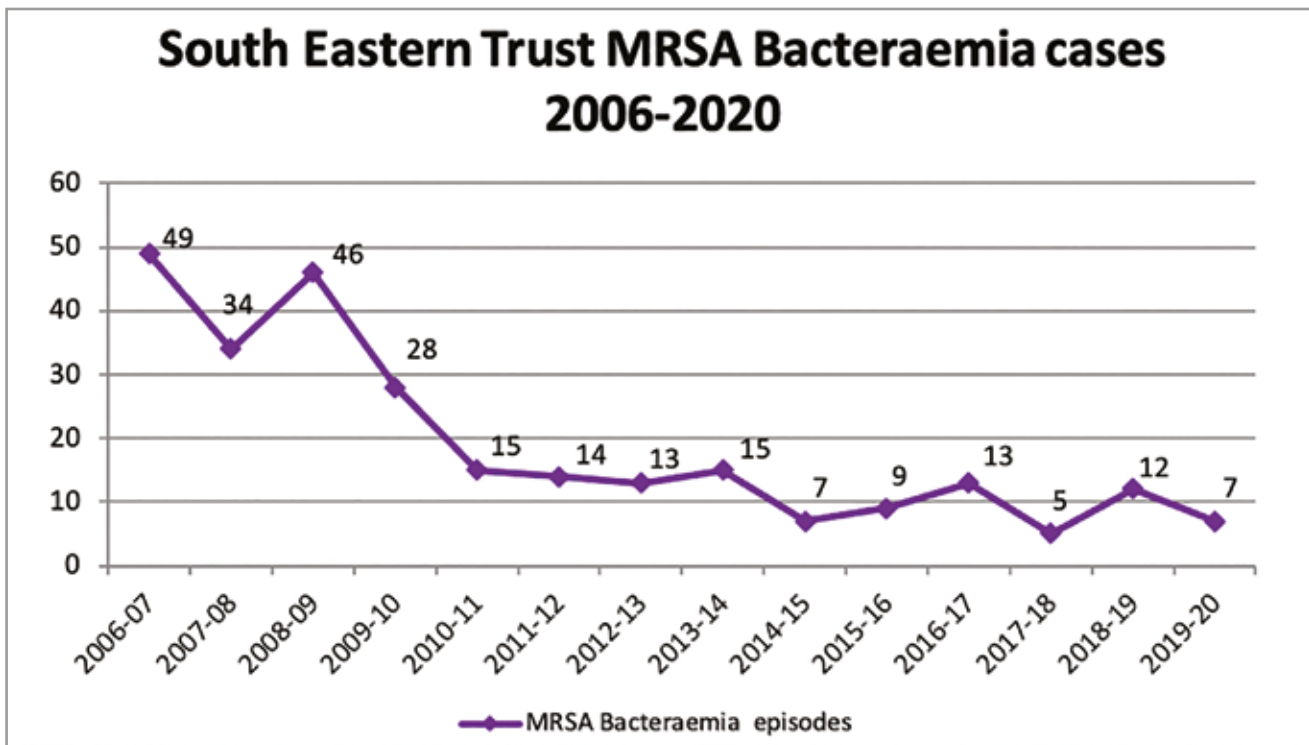
Infection Rates

Reducing Avoidable Healthcare-Associated Infection

MRSA (*Methicillin-Resistant Staphylococcus Aureus*) blood stream infection

The annual target set by the Northern Ireland Department of Health (DoH) for 2019/2020, was to have no more than five MRSA bloodstream infections occurring in patients admitted to our hospitals.

The graph below shows a reduction of five from the previous year.



Facts & Figures

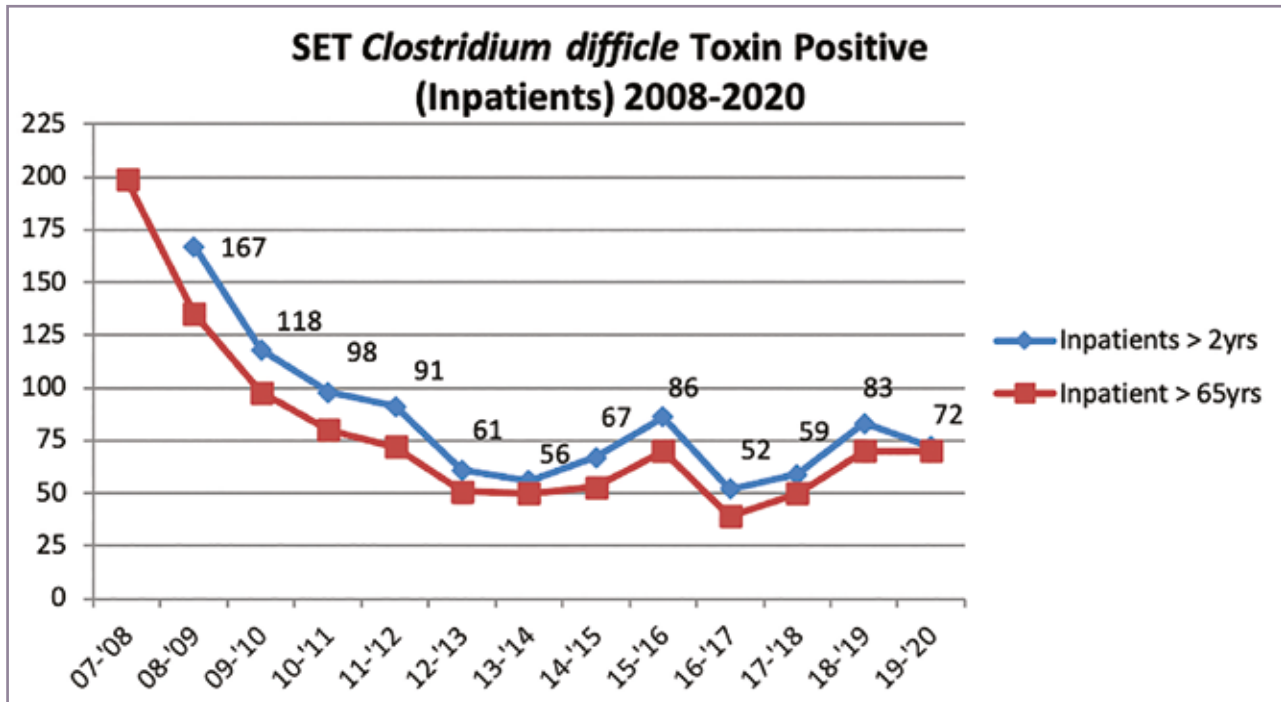
- The *Meticillin-Resistant Staphylococcus Aureus Bacteraemia* (MRSA) target for 2019/2020 was set as **5**; the same target as the previous year. During this year, the Trust reported **7** cases, five less than the previous year.

NEXT STEPS →

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

Clostridium difficile Infection

The annual target set by the DoH for 2019/2020 was to have no more than **55** *Clostridium difficile* infections (CDI) reported across the Trust's acute hospitals. A total of **72** cases were reported and, as such, the target was not met.



Facts & Figures

- The CDI target for 2019/2020 was **55**; this target was the same as the previous year. In 2019/2020 the Trust reported **72** hospital cases of CDI.

Review of cases

- None of the infections were linked to transmission within hospital
- There is a high level of compliance with the Trust's first line empirical antibiotic prescribing guidelines and infection prevention & control related practice when managing patients in hospital who present with diarrhoea.

NEXT STEPS →

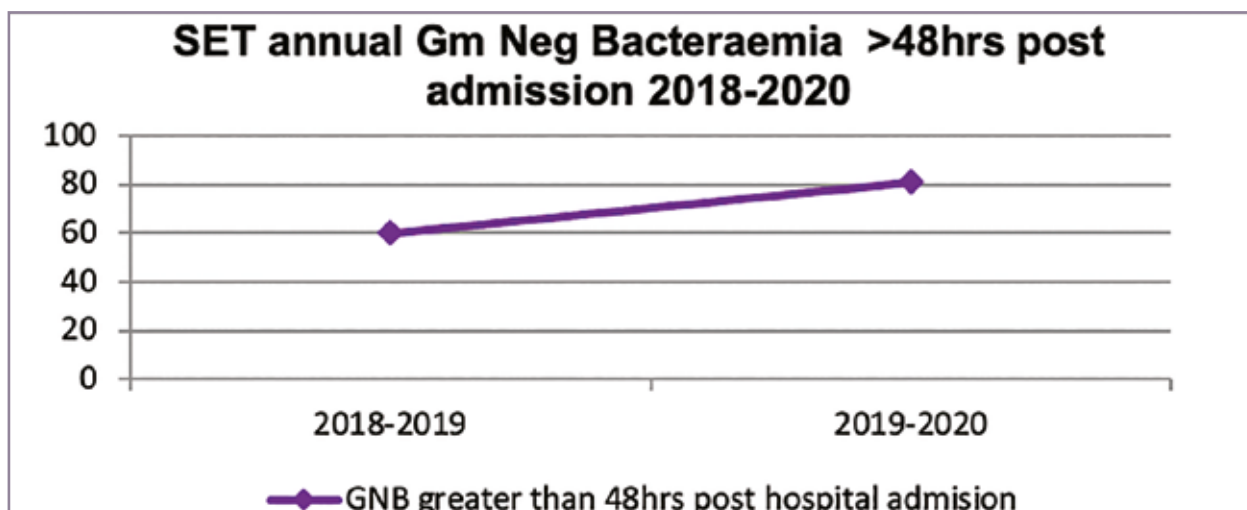
- This year the Trust has seen a reduction in CDI cases from the previous year (**11 less**). However, we were still over the DoH target (n=55) by **17** cases
- There were no cases of transmission in hospital and no clusters of cases indicated from the ribotype reports
- Continue to implement the Trust's CDI best practice guidelines and the prompt isolation of all patients with diarrhoea; the timely application of hand hygiene and the disinfection of spaces vacated by any patient with diarrhoea
- Continue to promote prudent antimicrobial prescribing through an antimicrobial improvement plan overseen by the Antimicrobial Stewardship Group.

Gram-negative bloodstream (GNB) infections

The DoH (NI) aims to reduce healthcare-associated gram-negative bacteraemia by **50%** by 2021.

As of 1 April 2018, all cases of *E.coli*, *Pseudomonas aeruginosa* and Klebsiella species (gram-negative bloodstream infections) were reported to Public Health Agency (PHA) using a live electronic web system known as HI-Surv. This also includes the collection of a data set of risk factor information for gram-negative bloodstream infections.

The majority of these infections develop in the community (<2days), however with the development of resistant strains, learning and understanding of such trends is important.



Facts & Figures

- The Trust had **81** Gram negative bacteraemia cases identified **>48hrs from admission** of the patient, which was **42** cases over the annual target set by the DoH. The annual target set by the DoH for the year was **39**. A total of **80%** of these cases were defined as being community acquired
- **21** more GNB cases than in the previous year
- Accounted for **20% of the total GNB cases in South Eastern Trust (81/404)**. The total number of GNBs in inpatient across the Trust hospitals was **404** this year.

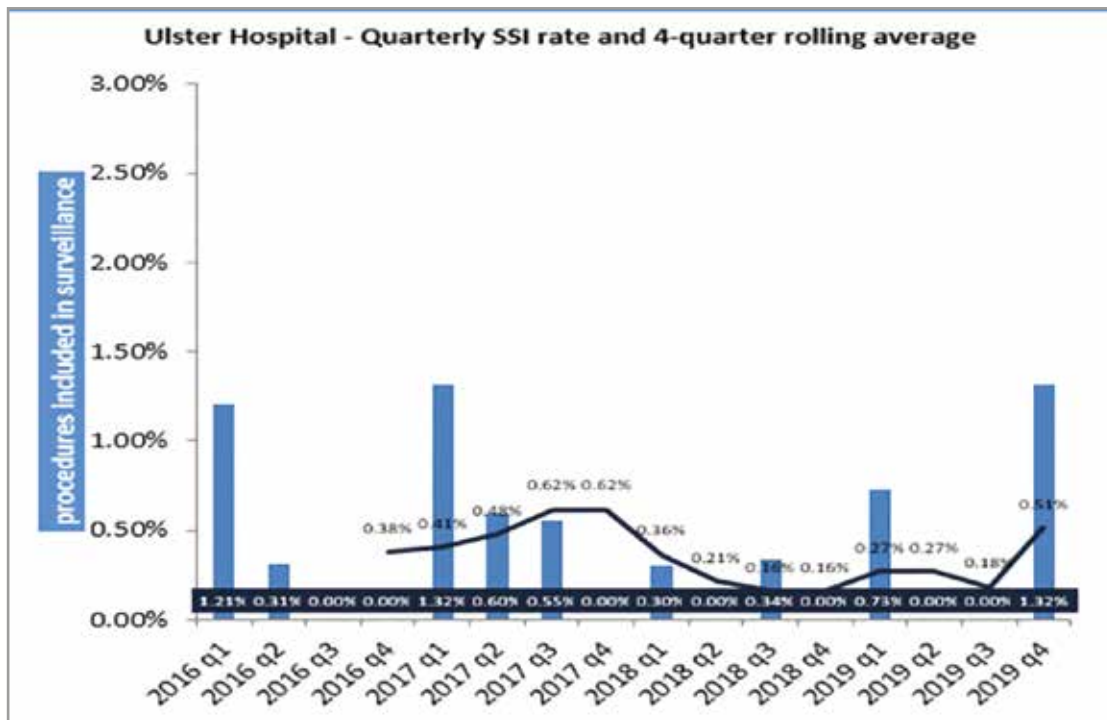
Of the **81** bacteraemia cases occurring in less than 48hrs from admission:

- **29** cases were diagnosed as being **Lower Upper Urinary Tract (L/UUT)** infections
- Of these **29** cases, **12** patients had a urinary catheter in situ **28** days prior to their positive sample.

NEXT STEPS →

- Progress with incorporating relevant aspects of the catheter management into the Electronic Care Record of the long term catheterised patient was hampered by the COVID-19 pandemic and this will be progressed into 2020/2021
- Roll out Public Health Agency's Urinary Infection Tool Kit for >65 years which was piloted in two of the Trust's Residential Care Homes
- Pilot the use of a patient information booklet (both materially and digitally) with a number of patients with long term catheters. The aim is to seek user engagement and comment to enhance the quality of information and understanding of the device and its care by the patient, their family and healthcare workers involved in their care.

Orthopaedic Wound Infection



Facts & Figures

- From 1 January 2019 to the end of December 2019 the rolling average orthopaedic wound infection rate was **0.51%** compared to the Northern Ireland average of **0.45%**. There was a slight increase in Trust figures than those reported in the previous year.

This spike in the number of surgical wound infections occurred in Quarter Four. It was positive to note that none of these were thought to be linked to transmission in hospital.

(Thanks to Public Health Agency colleagues for letting us use the above chart).

NEXT STEPS →

- Continue to monitor wound infections occurring following orthopaedic surgery
- Provide timely feedback to clinical teams so that any learning can be identified and implemented

Caesarean Section Wound Infection

The Trust contributes to the PHA Regional Caesarean Section (C-Section) Wound Infection Surveillance Programme. This involves the follow up of mothers with Caesarean section wounds including those who have been discharged from hospital.

The table below outlines the average infection rates in 2018 and 2019 (calendar years).

Facts & Figures

Table 1: Trust and Regional C-Section wound infections reported in 2018 and 2019

	2018	2019
Average Trust C-Section wound infection rate (inpatient)	0.4%	0.44%
Average Northern Ireland C-Section wound infection rate (inpatient)	0.2%	0.13%
Average Trust post-discharge C-Section infection rate	6.0%	4.2%
Average Northern Ireland post-discharge C-Section infection rate	6.0%	5.4%

Although there has been a fall in the number of mothers being readmitted with C-Section wound infection regionally, the Trust has noted a slight increase compared with last year. Review of cases would indicate that for the majority there were underlying risk factors. None were thought to be linked to transmission in hospital. On review of the overall Trust C-Section post-discharge infection rate, this has fallen from the previous year to below the Northern Ireland regional average.

(Thanks for PHA colleagues for helping with the validation of the figures which were correct at time of publication).

NEXT STEPS

- Clinical teams will continue to review infections to ensure any learning is shared
- Work with Public Health Agency to introduce an electronic method of reporting infections which will reduce workload for clinical staff as they are required to report infection using a paper form. This was not progressed last year due to the COVID-19 Pandemic.

Device-associated infection Critical Care Unit

Facts & Figures

The Critical Care Unit in the Ulster Hospital contributes to the Regional Public Health Agency Device-Associated Infection Surveillance Programme. All device-associated infections are reported on a monthly basis.

- Figures 1 - 6 outline the device-associated infections occurring within the Trust Critical Care Unit compared to the regional average in 2019. The incidences of infection occurring within our Critical Care Unit remain low
- There have been no urinary catheter-associated infections reported since the surveillance programme commenced in 2011 (Figure 3 & 4). The small number of ventilator-associated and central line-associated infections was not thought to be linked with transmission of infection in the Critical Care Unit. Figures 1, 2, 5 & 6.

(Thanks to the Public Health Agency Surveillance team for letting us use Figures 1 - 6 below).

Critical Device-associated infection rates

Figure 1: Regional Ventilator-associated infections in Critical Care units in 2019

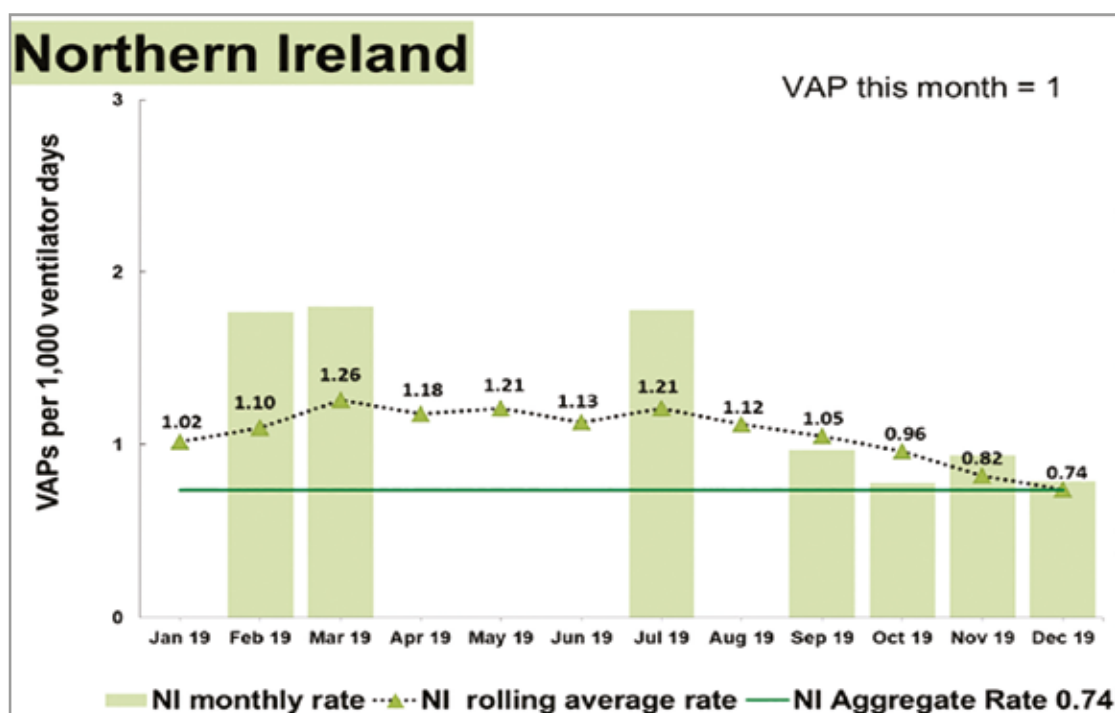


Figure 2: Trust ventilator-associated pneumonia infections 2019

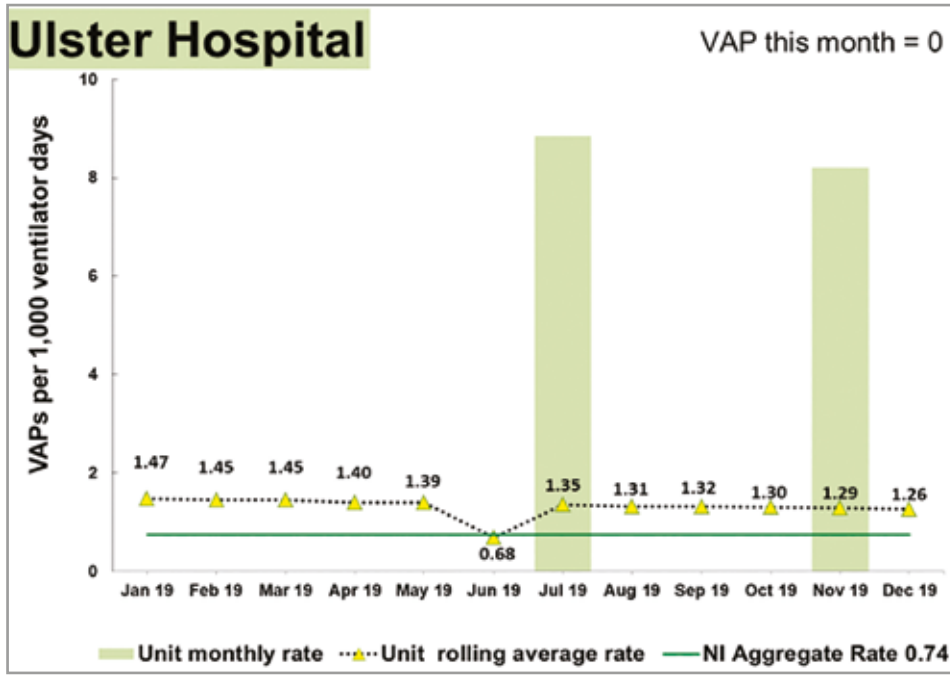


Figure 3: Regional Critical Care Unit Urinary catheter-associated infections 2019

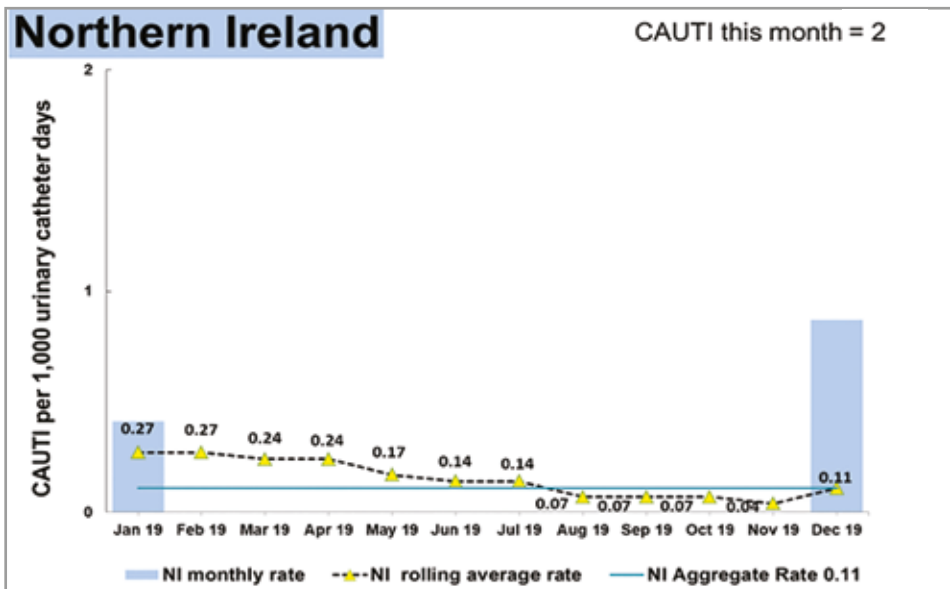


Figure 4: Trust Critical Care Unit Urinary catheter-associated infections 2019

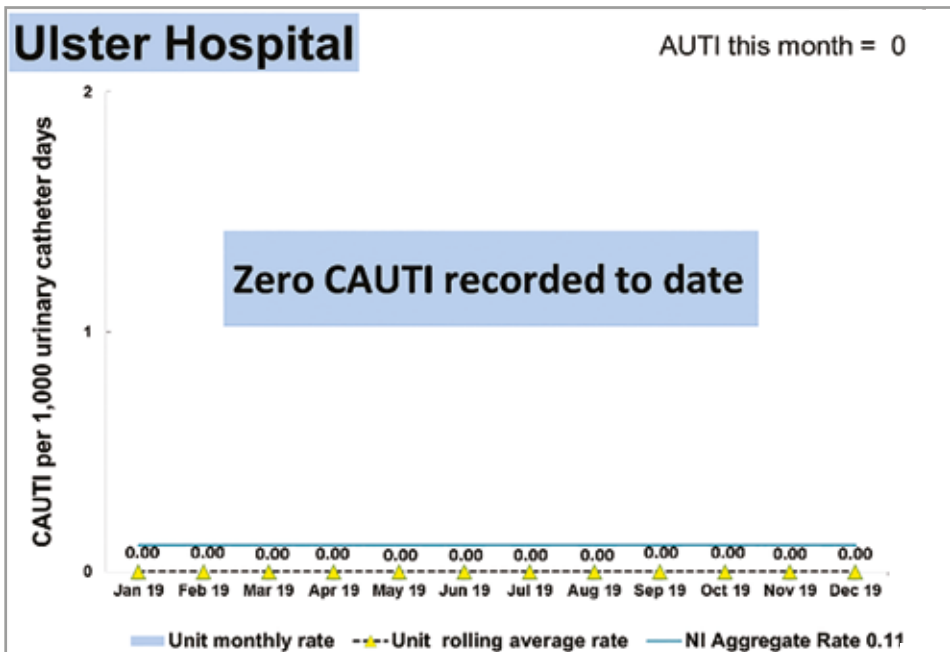


Figure 5: Regional Critical Care Central line-associated blood stream infections 2019

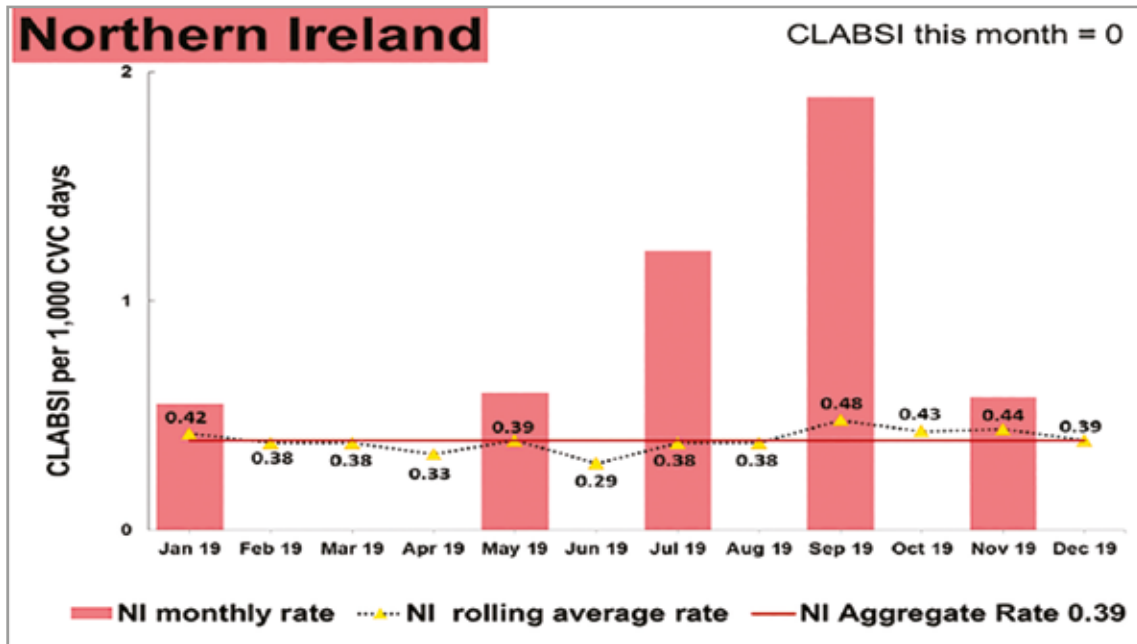
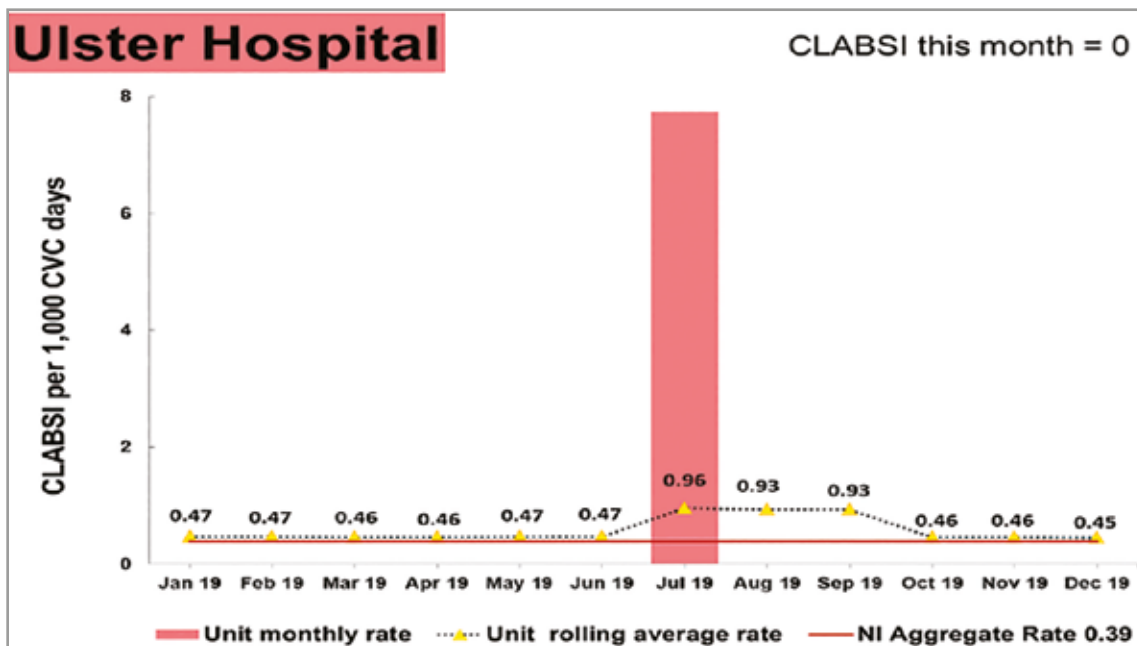


Figure 6: Trust Critical Care Unit Central line-associated blood stream infections 2019



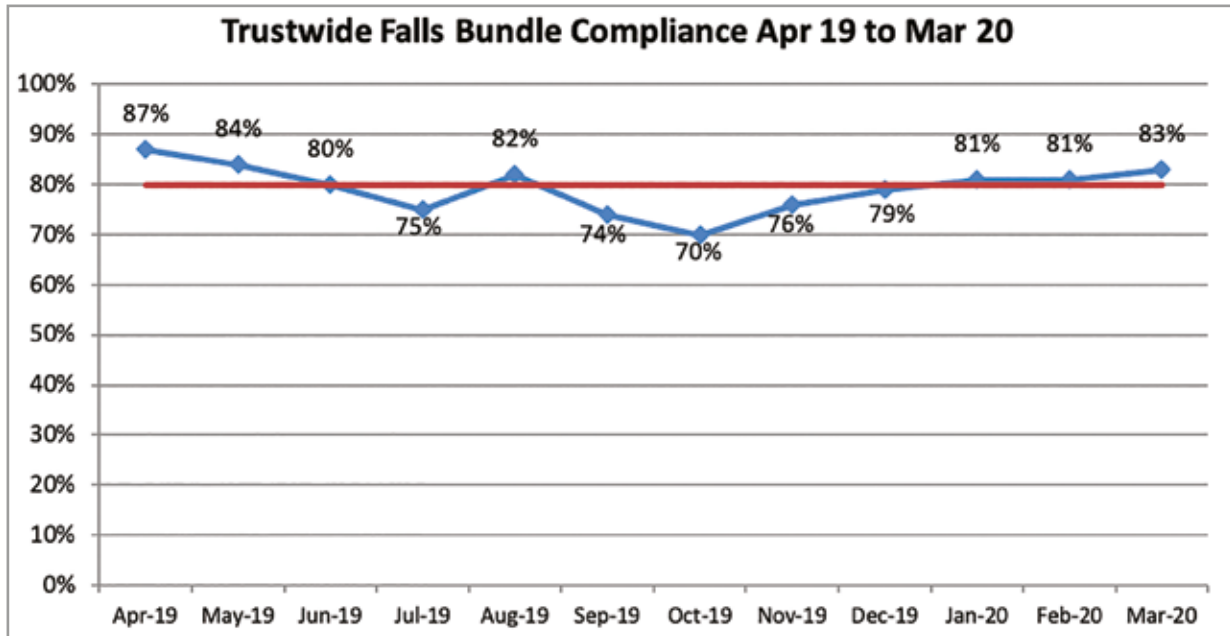
NEXT STEPS ➔

- Maintain all good practice within the unit and to continue with the implementation of 'care bundles' (check lists which help focus adherence on evidence-based practice known to reduce infection)
- Review all cases to establish any learning to share with clinical teams.

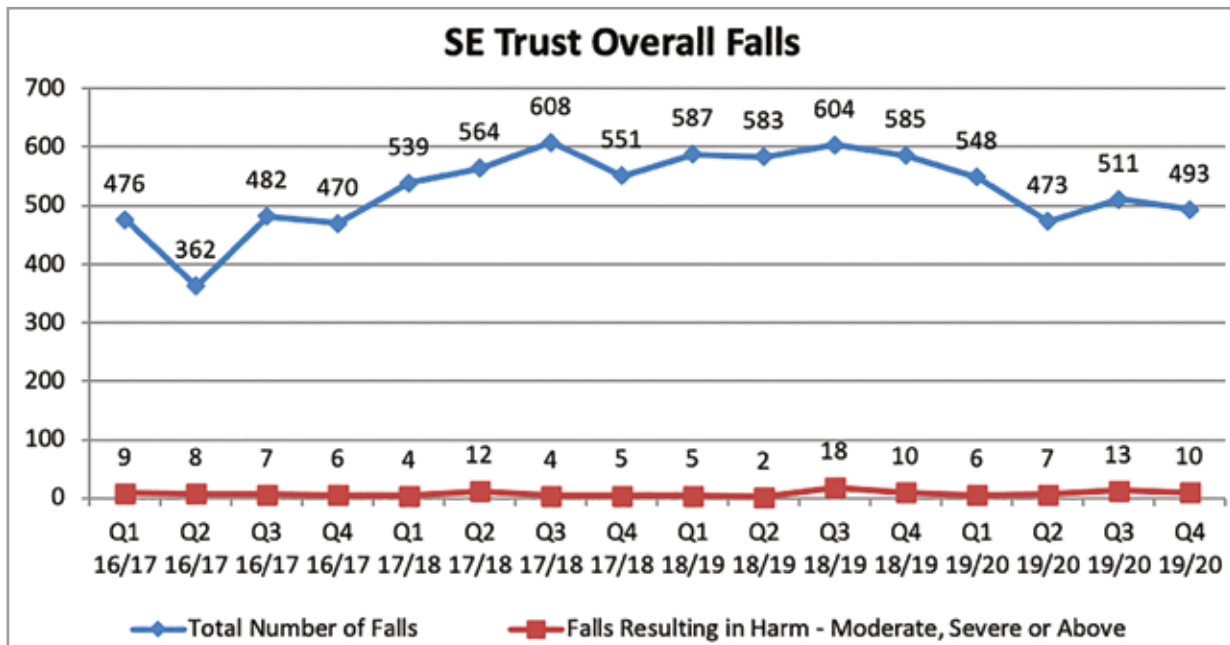
Falls

Facts & Figures

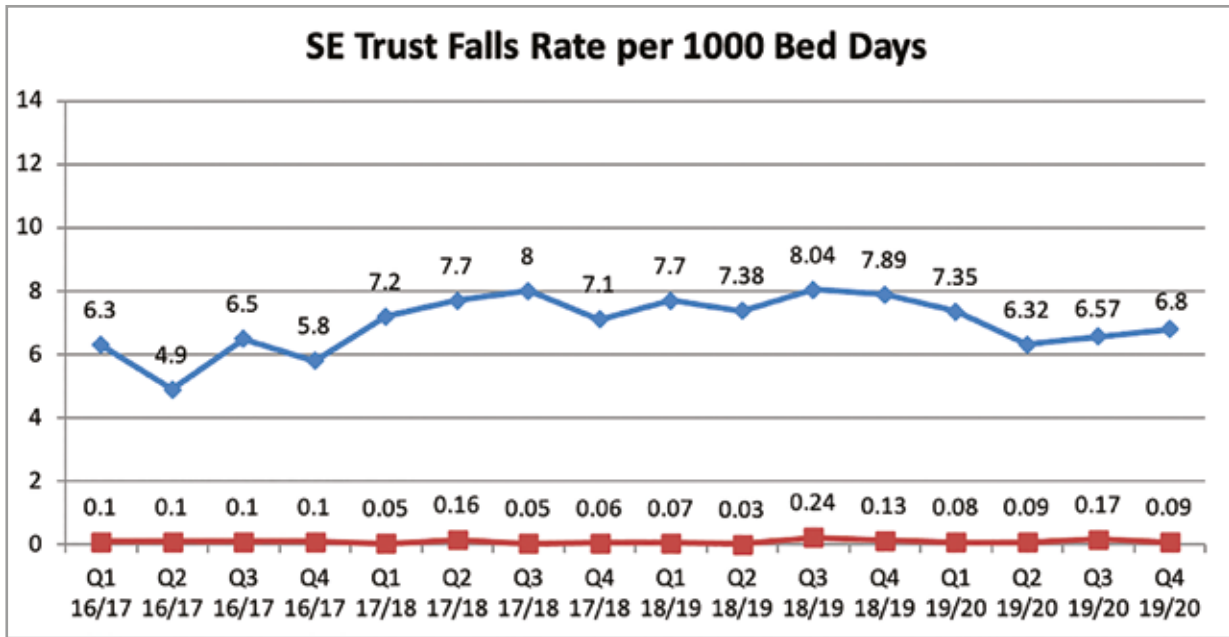
Graph 1: Trustwide Falls Bundle Compliance April 2019 to March 2020



Graph 2: South Eastern HCS Trust Overall Falls



Graph 3: South Eastern HCS Trust Falls Rate per 1000 Bed Days



The number of falls rose with the move to the Inpatient Ward Block in 2017 because of the 100% single occupancy rooms.

Over the past year there is evidence of a reduction in the number of falls which has been the result of improvement projects designed to reduce the number of falls

NEXT STEPS ➔

- **Appointments**

- A Trust Falls Co-ordinator has been appointed
- An Acute Falls Lead will be appointed to facilitate work within acute care
- A Community Falls Lead will be appointed to rebuild the community service and renew focus on work within care homes.

- **Strategy**

- Due to the restructuring of the falls service, the Trust 2021 Falls Strategy will take on an innovative direction, incorporating the appointment of the Falls Co-ordinator and the Leads for Acute and Community Services.

- **QI Initiatives**

- Previous falls QI initiatives in ward 3A and 3B are to be re-ignited along with work focusing on clients who live with a cognitive impairment and who are at risk of falls. The person's journey from ED to residence has been forwarded as a SQE project. This will focus on the repeat presentation of people to ED from home and their journey through the hospital.

Pressure Ulcers

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

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



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

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

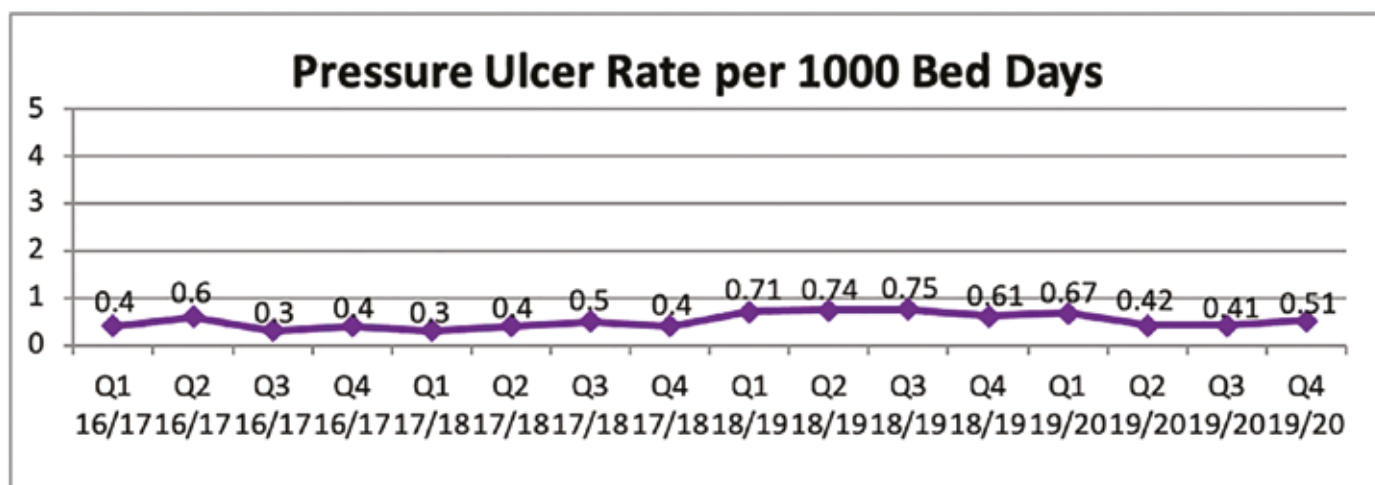
The PHA introduced new reporting guidelines in 2018 which now includes ED and all medical device related damage.

Facts & Figures

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

In 2019/2020 there were **169** incidents of pressure ulcers reported within the Trust. This equates to a **0.5** incidence rate per **1000** Occupied Bed Days.

	Stage 3 / 4 & above
2016/2017 (n=132)	64 (48%)
2017/2018 (n=128)	50 (39%)
2018/2019 (n=209)	77 (37%)
2019/2020 (n=169)	60 (36%)

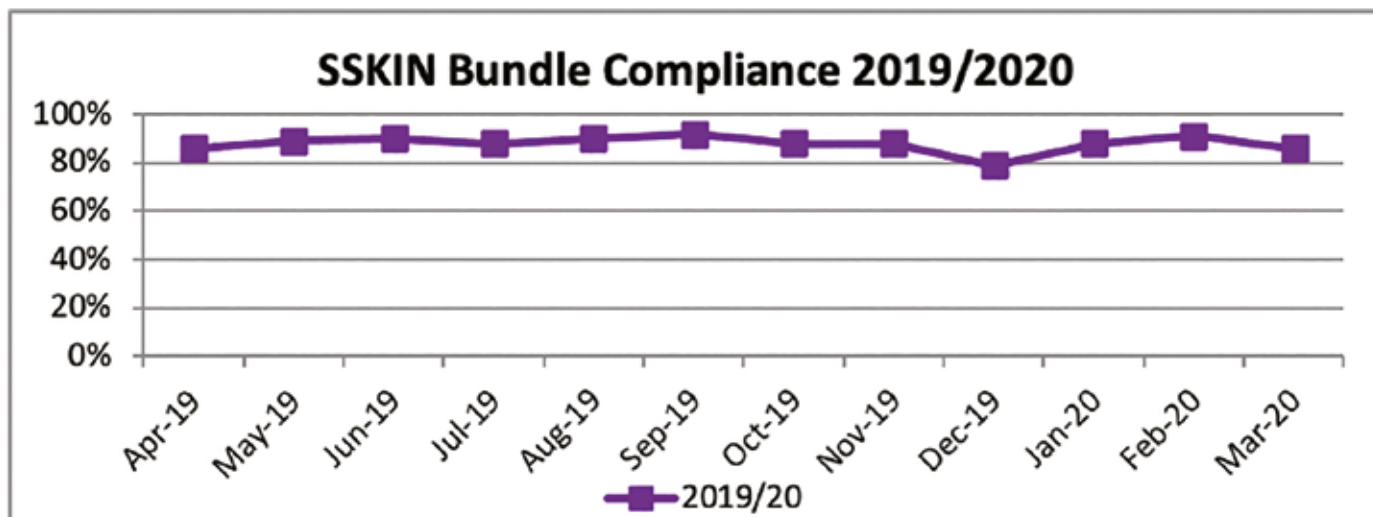


Monitoring Standards in Pressure Ulcer Prevention

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

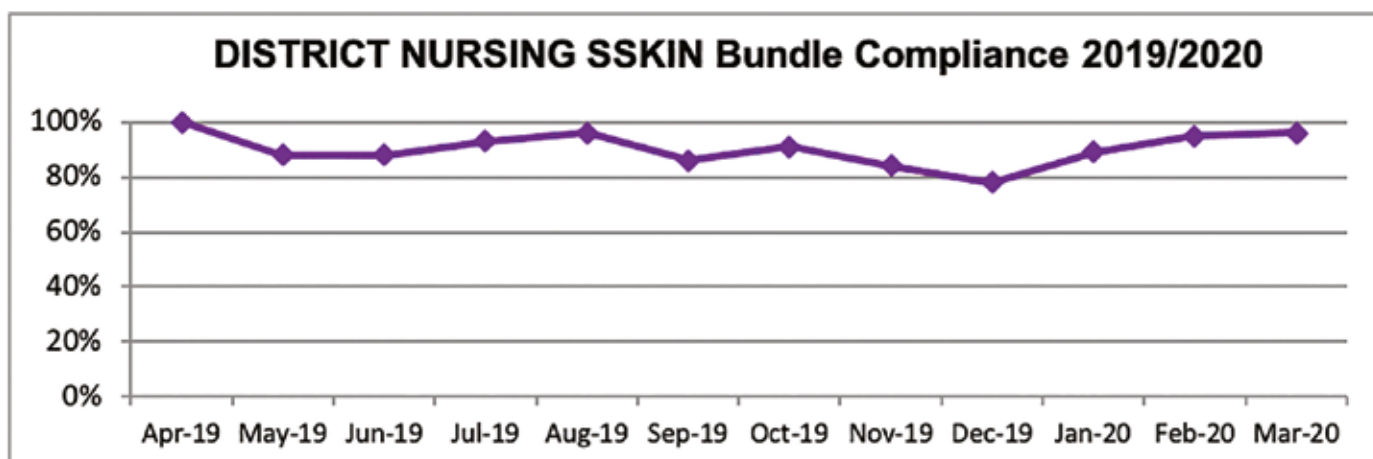
The **SSKIN Bundle** is a tool used to promote timely, reliable care being triggered and delivered using a care bundle approach for individuals identified to be 'at risk' of developing pressure ulcers.

To monitor consistency in standards and support improvement, **30** charts per quarter per ward are audited against compliance with the **SSKIN Bundle**. The following chart demonstrates compliance over the reporting period 2019/2020:



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

In addition, a regional Key Performance Indicator (KPI) has been developed in collaboration with the PHA to determine the standard of pressure ulcer prevention care plans devised by district nurses. This has now been scaled amongst all of our District Nursing teams.



Maximising opportunities for learning

Not all pressure ulcers are avoidable. Many patients have co-existing conditions and factors that increase their risk and despite best care, pressure damage cannot be prevented.

There are however many pressure ulcers that are preventable. The Trust has made significant progress in pressure ulcer prevention and management over the past few years.

Avoidable Pressure ulcers

	Avoidable
2016/2017 (n=132)	11 (8%)
2017/2018 (n=128)	6 (3%)
2018/2019 (n=209)	7 (3%)
2019/2020 (n=169)	3 (2%)

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

The Trust continues to provide robust mandatory face to face training for all clinical staff whereby learning from these incidents is shared, empowering and inspiring staff to provide high quality, safe and effective care by bringing the learning back to the workplace.



In addition, all facilities are encouraged to openly display their individual standard of pressure ulcer prevention in the form of a safety cross which indicates the number of days between the development of pressure ulcers in that facility. These tools enable each ward to benchmark their own progress and provide easy access of this information to all staff, patients and the public.



NEXT STEPS →

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

Venous Thromboembolism (VTE)

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

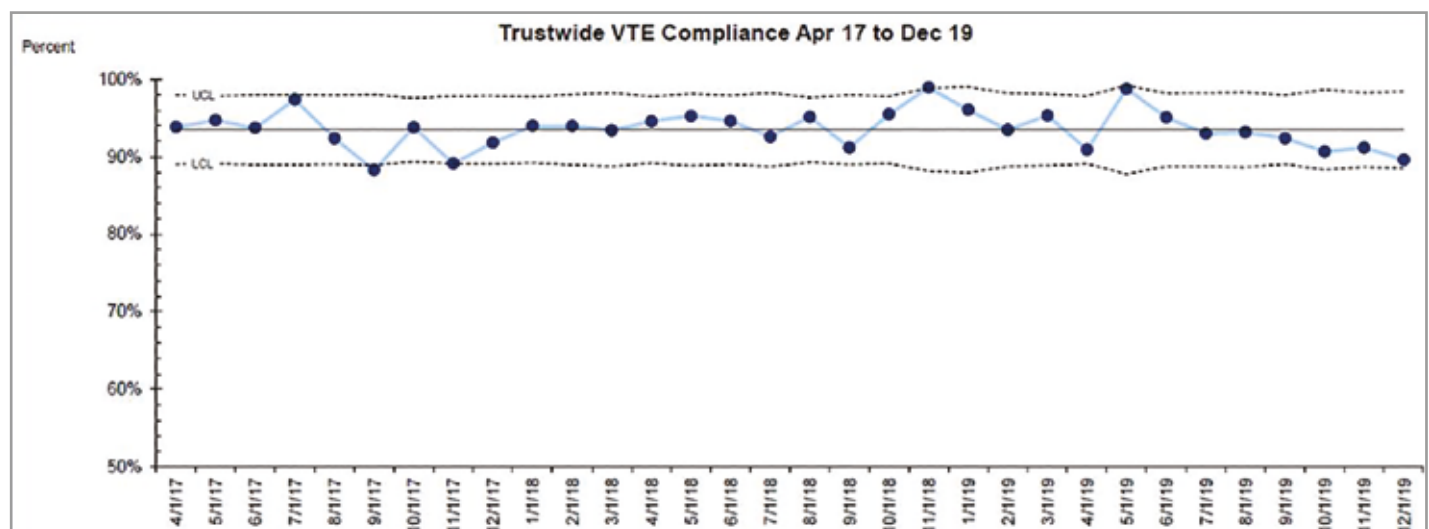
Hospital acquired VTE is a preventable cause of death and the long term effects of non-fatal VTE is associated with considerable cost to both the patient and the NHS. Assessing patients when they are admitted to hospital for their individual risk of developing VTE is an important action to prevent patients developing blood clots. Once a VTE risk assessment has been completed, medical staff can choose the most suitable method to prevent blood clots for each patient. This may include medicines to thin the blood or other methods such as anti-embolic stockings.

The Trust continues to aim to achieve **95%** compliance with VTE Risk Assessment across all adult inpatient wards and where appropriate prescribe preventative treatment to prevent blood clots from developing.

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

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

Facts & Figures



NEXT STEPS

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

Reducing the risk of Hyponatraemia

We must ensure that there is a standardised approach across directorates by all staff caring for children and young people in acute care settings supported by appropriate information systems to facilitate oncoming analysis and evaluation.

A Trust policy on Age Appropriate Care is finalised which will:

- Provide guidance on a safe environment for children and young people (up to the age of 18 years) admitted to an acute care setting in the Trust
- Ensure that there is a standardised approach for the admission of children and young people requiring obstetric care to Trust Maternity and Gynae Units
- Provide staff with key information essential to ensure a positive and safe experience for young people and their family.

Activity monitoring processes:

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

Number of Young People Admitted to an Acute Paediatric Ward April 2019 - March 2020

Ward Name	Age at date of ward entry	Number of Direct Admissions	Number of Transfers In	Total Ward Entries
Craig Ward	14	23	3	26
	15	27	5	32
	16	2	0	2
Craig Ward	TOTAL	52	8	60
Maynard Sinclair Ward	14	46	3	49
	15	36	5	41
	16	1	0	1
Maynard Sinclair Ward	TOTAL	83	8	91
	TOTAL	135	16	151

Number of Young People admitted to a Cohort Ward April 2019 - March 2020

Month	Number of Young People Aged 14-16 th Birthday Admitted to Cohort Ward
April 2019	0
May 2019	2
June 2019	1
July 2019	1
Aug 2019	2
Sept 2019	1
Oct 2019	0
Nov 2019	3
Dec 2019	2
Jan 2020	1
Feb 2020	2
Mar 2020	0
TOTAL	15

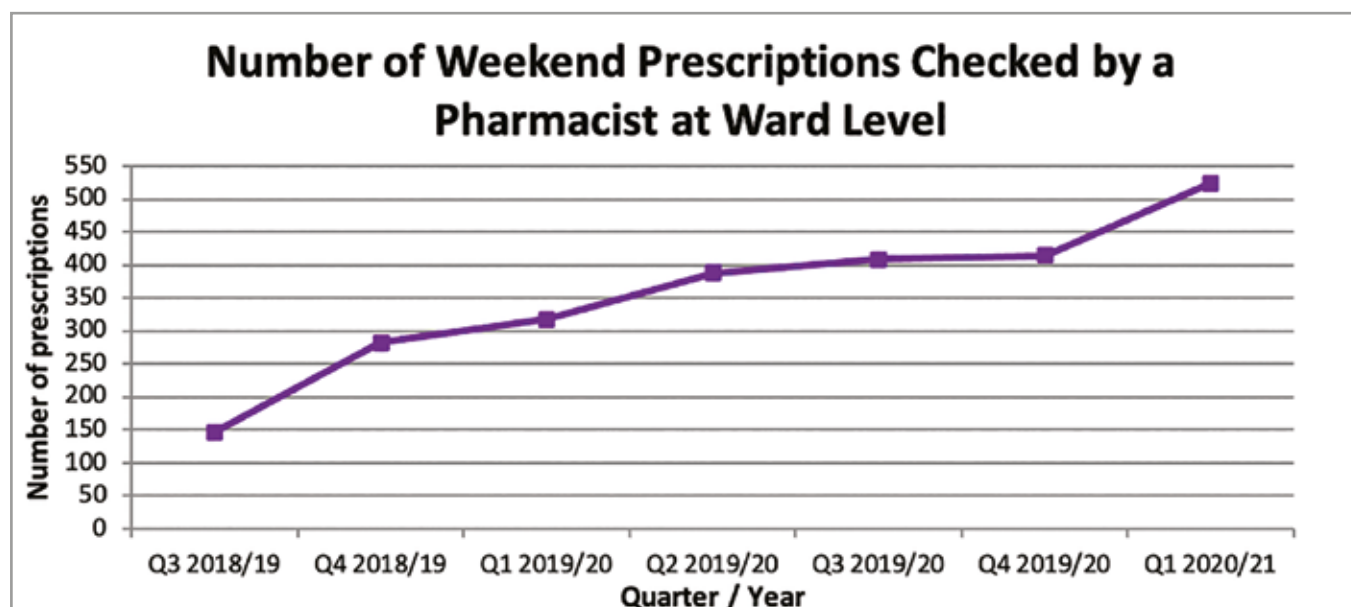
Medicines Management

Medicines Reconciliation

Pharmacy 7 day working began in September 2018 and during the period April 2019 - March 2020 the number of prescriptions checked at ward level has continued to steadily increase.

Clinical pharmacists are now available at weekends to check prescriptions on the ward before they are sent to Pharmacy and this has a number of important benefits:

- Communication with nurses and doctors on the ward enables pharmacists to prioritise workload including prescriptions requiring a clinical check
- Ward level prescription checks are more thorough & queries can be answered in a timelier manner
- Prescriptions then processed quicker within dispensary reducing turnaround time & facilitating better patient flow.



Facts & Figures

- Since Pharmacy 7 day working began there has been a **70%** increase in the number of prescriptions processed in the dispensary at the weekend
- The service provided before September 2018 was a supply function only and there were previously no prescriptions checked at ward level
- In the first quarter of 2020 there were **524** prescriptions checked at ward level representing **91%** of all weekend prescriptions processed.

NEXT STEPS

- Pharmacy will continue to provide a permanent 7 day service
- Regular review of the weekend activity will occur with the aim to allocate more staff to ward based activities where possible.

Insulin Safety

Insulin is one of the top **5** high risk medications world-wide. The number of patients diagnosed with diabetes and requiring treatment with insulin is increasing. There have been a number of different initiatives carried out in 2019/2020 to promote the safe use of insulin within the Trust.

Insulin safety week

- The Trust was one of **531** sites to participate in the first ever national insulin safety campaign 'Insulin Safety Week' in May 2019
- A seven-day awareness campaign was organised and activities included a daily quiz for staff with prizes such as free lunches for ward staff and drop in sessions in the Diabetes Centre.



Making Insulin Treatment Safer (MITS)

- MITS is a novel educational approach for junior doctors and aims to encourage them to partner with patients to ensure insulin treatment is appropriately prescribed
- Case based discussions enable prescribers to reflect on their experiences
- Trained HCPs from the diabetes team and Pharmacy department across the Trust facilitated foundation doctors (FDs), pre-registration doctors (FY0s) and dental trainees (DCTs) to reflect on their insulin prescribing and to make commitments to prescribe insulin safely.



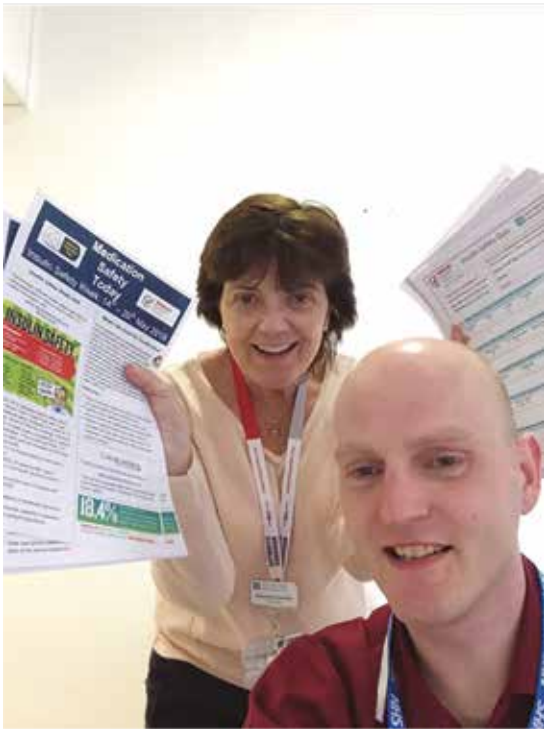
Good Diabetes Days

- The Trust, in conjunction with QUB, were awarded funding from the Health Foundation to further develop MITS with the aim of ensuring involvement in decisions about their insulin management becomes more sustainable
- Using parameters from The National Diabetes Inpatient audit and support from patient experience, a patient satisfaction survey on 'good diabetes days' was designed
- Clinical pharmacists working on adult wards in the Ulster Hospital are identifying patients to anonymously complete the survey. Results will be analysed and reported once available.



NEXT STEPS →

- To develop an Inpatient Insulin Safety Group within the Trust to identify and spread learning from insulin safety events
- Diabetes UK is supporting a Clinical Champion leadership role for the diabetes pharmacist to continue to promote MITS reflections for junior doctors & other prescribers in partnership with patients
- To continue offer MITS reflections either face to face or virtually
- To subscribe to the Trust's Co-production Charter and involve a service user to assist in collating the data from the Good Diabetes Days patient satisfaction survey
- Regional insulin policies will be implemented across the Trust once finalised by the Diabetes Inpatients Network.



*Medication Safety Today
Insulin Safety Week.*



Participants of Insulin Safety Week.

Cardiac Arrests



Ischaemic Heart Disease remains one of the leading causes of death globally alongside Sepsis.

In Europe, cardiac arrest is responsible for **60%** of adult deaths from coronary heart disease and Sepsis responsible for **40%**.

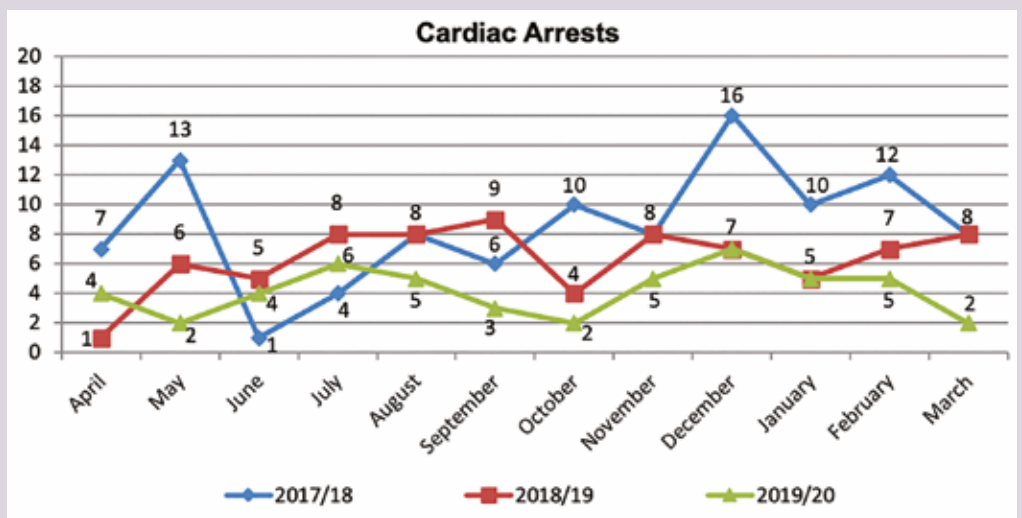
In response to this, the Trust has committed to ensuring that staff are trained to the highest standard possible. The Resuscitation Service is responsible for providing this education using a variety of classroom and blended methods, incorporating NEWS 2, Deteriorating Patient and Sepsis Management.

Within the Trust during 2019/2020, the survival to discharge from cardiac arrest rate was **19%**, which is aligned with the national average and **78%** of all **6666** calls made through switchboard were for cardiac arrests or deteriorating patients.

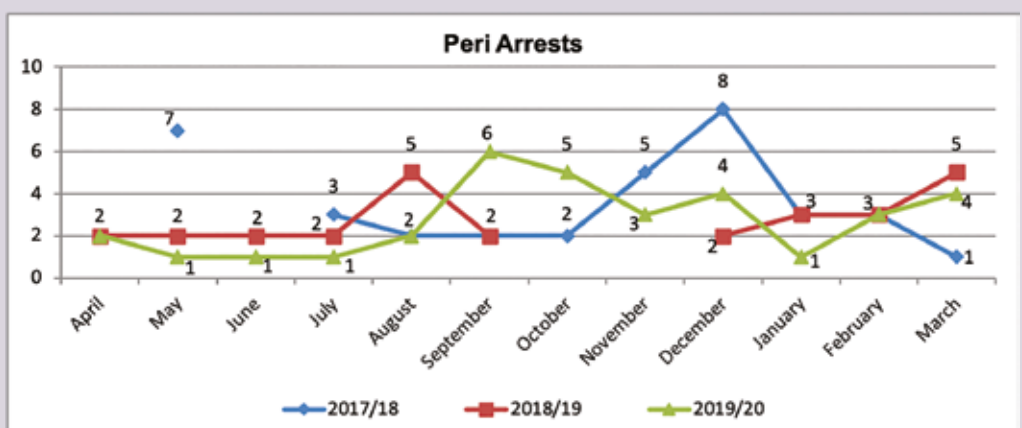
The table below shows the number of **6666** calls for cardiac arrest and peri-arrest:

	Cardiac Arrest Calls	Peri-Arrest calls
2017/2018	103	36
2018/2019	78	32
2019/2020	76	36

The graph shows an overall reduction in cardiac arrest calls for 2019/2020 from the previous year. Most notably the March calls in 2019/2020 were reduced by **75%** compared to the same month in 2018/2019. This may be attributed to education and improvement in recognising the deteriorating patient and appropriate escalation to senior clinicians.



The graph shows the number of peri-arrest calls made during the same periods:



It is the Trust's objective to ensure that we continue to improve in terms of recognising the deteriorating patient and escalating care appropriately and ensure the cardiac arrest rates remain low.

Goal 4



Raising the Standards

Annual Quality Report - Next Steps Update From 2018/2019

Theme	Title	Next Steps	Status
<p>Goal 4: Raising the Standards</p>	<p>Emergency Department</p>	<ul style="list-style-type: none"> • Continue to work alongside the Capital Development Team to influence the development of the new Emergency Department which is on schedule for completion 2020 • The development of the Advanced Nurse Practitioner role will support existing medical teams and raise standards of care provided to those attending the ED. First cohort of 3 staff are due to complete their training September 2019 • Continue to develop partnership arrangements as other Speciality Hubs are developed including Respiratory, GI and Cardiology and in doing so potentially reduce admissions and support earlier discharge from inpatient wards and as a result increase hospital capacity. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p>
	<p>NICE Guidelines</p>	<ul style="list-style-type: none"> • Continue to build on the SharePoint site for monitoring of compliance • Work with the NICE managers forum • Escalate any issues to the Standard, Policy and Guidelines Committee. 	<p>Achieved</p>
	<p>Audit</p>	<p>National Audit of Procedural Sedation in Adults</p> <p>The Key recommendations from the audit were:</p> <ul style="list-style-type: none"> • Procedural sedation should be undertaken in a resuscitation room or in one with dedicated resuscitation facilities immediately available. Departments not achieving this should work to remedy the situation. Although there were few adverse incidents in this audit, they serve as a clear reminder of associated risks • ED procedural sedation involves the allocation of three distinct roles. EDs should ensure the presence of a separate sedationist, proceduralist and nurse on all occasions • All elements of monitoring in Standard 5 should be used and recorded. Improvement activity for use of capnography needs to continue to meet this fundamental standard • Oxygen was routinely administered from the start of procedures. Individual departments should identify whether their practice is consistent with current guidance about ‘appropriate’ oxygen therapy and make improvements accordingly • Departments need to identify ways of providing and recording the issuance of written discharge advice. 	<p>Achieved</p>

Theme	(Continued)	Next Steps	Status
Goal 4: Raising the Standards <i>(Continued)</i>	Audit <i>(Continued)</i>	<p>Regional Audit: Where Does the Blood Go in Northern Ireland?</p> <p>The Key recommendations from the audit were:</p> <ul style="list-style-type: none"> • In non-emergency transfusions, the patient's haemoglobin level should be checked after every unit transfused and additional red cells should only be transfused if the required threshold has not yet been achieved • The cause of anaemia should be promptly investigated whenever possible. Any underlying haematinic deficiencies should be corrected without delay to reduce requirement for transfusion • Patient blood management should be fully implemented so that the requirement for red cell transfusion can be avoided in many patients undergoing elective surgery • Non-urgent transfusions should be transfused within daytime working hours whenever possible. 	<p>Achieved</p>
	Cancer Access Targets	<p>14 Day Breast Cancer Referrals</p> <ul style="list-style-type: none"> • Routine slots to be converted as required • Capacity and demand to be monitored on weekly basis. <p>62 Day Target</p> <ul style="list-style-type: none"> • WLI continues for both outpatients and investigations for red flags • Monthly Cancer Access Meeting in operation with representation from general surgery, medicine and woman and child health • Access to CT Pet currently 4+ weeks and this remains the same despite Belfast HSC Trust securing additional capacity in Dublin • Gynae performance improvement group meeting in September 2019. 	<p>Achieved</p> <p>On Plan</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Behind Plan</p>

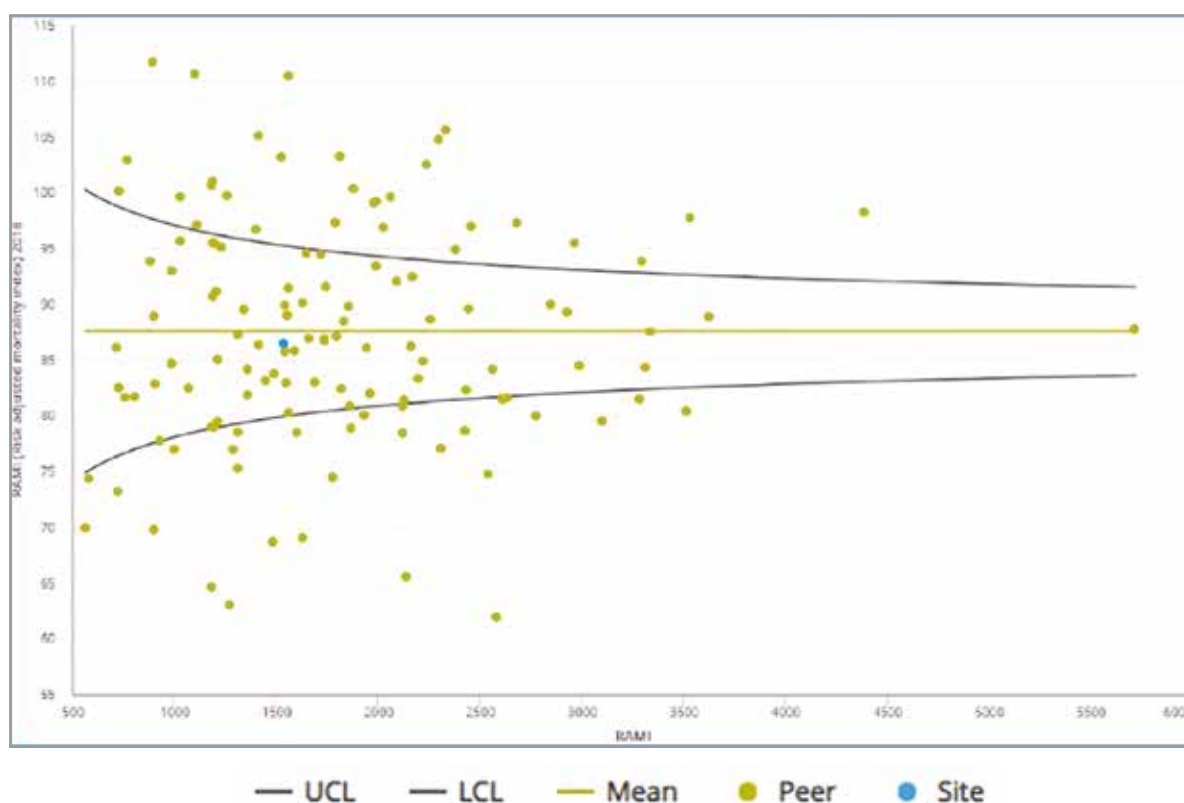
Standardised Mortality Ratio (SMR)

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

The funnel plot* below shows where the organisation sits in comparison to its external UK peers of the top 40 GB hospitals (from the CHKS top 40 identified in the 2018 CHKS analysis) for the period April 2019 to March 2020.

The funnel plot (RAMI 2018) illustrates that the RAMI is similar to the mean UK peer values and within the upper and lower confidence limits for the Trust

Funnel Plot – RAMI, UK peer, April 2019 - March 2020



* For the period there were a single digit number of cases with a confirmed COVID-19 diagnosis that have been excluded from the analysis. Risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020. This is because this activity is not recorded in the reference data to which RAMI makes its adjustments. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with COVID-19 coding using the present methodology. Risk adjusted reporting in the CHKS report therefore excludes any activity with COVID-19 diagnoses codes.

Emergency Re-Admission Rate

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

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

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

The graph below shows the percentage of recorded emergency readmissions (%) to the Trust April 2018 - March 2020.

South Eastern HSC Trust 30 day Readmission Rate

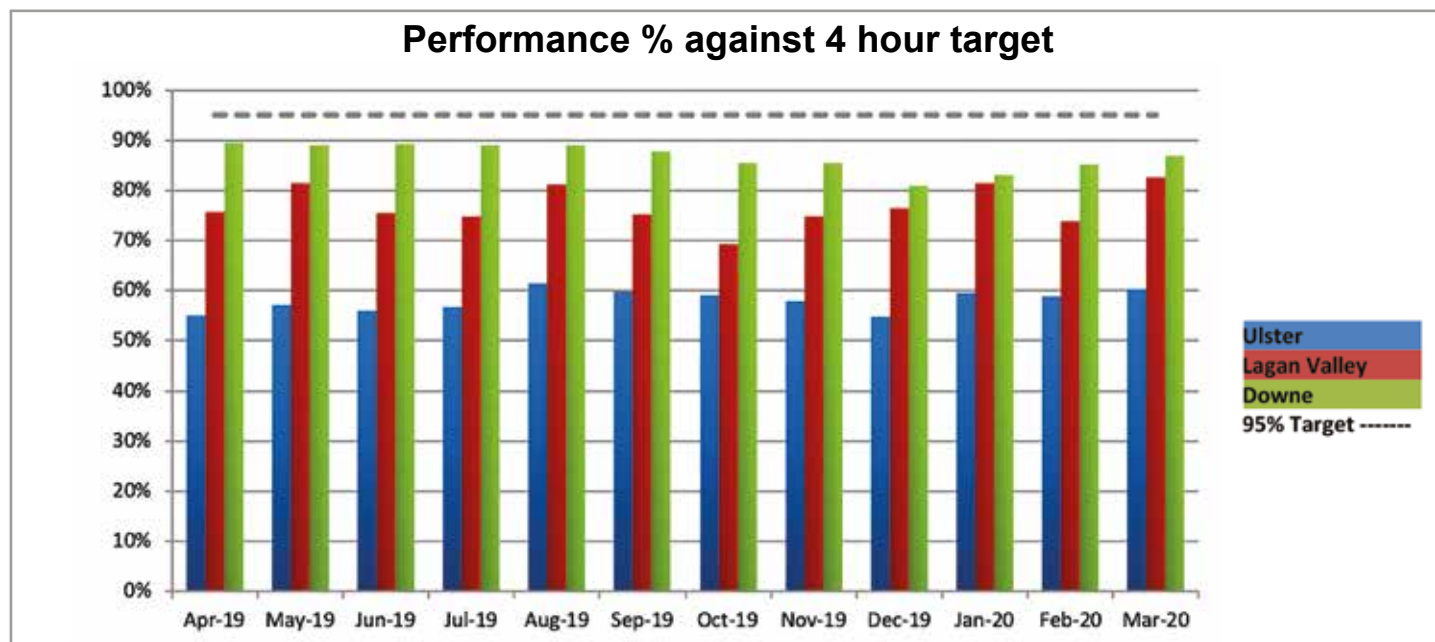


Emergency Department (ED)

4 and 12 Hour Standards

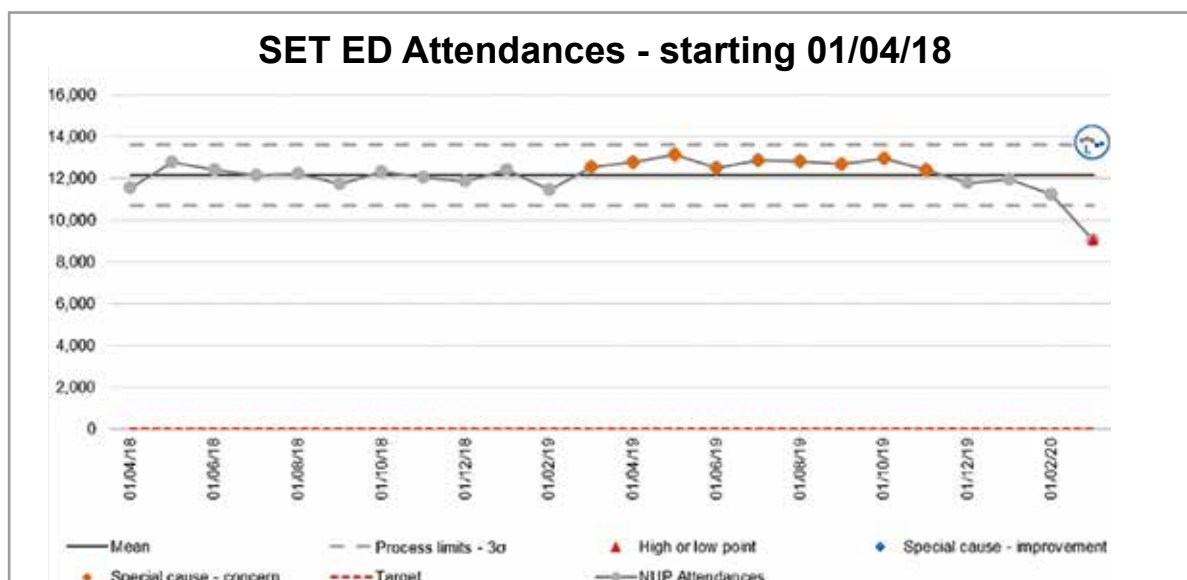
Demand for emergency care continues to grow and people should only attend an Emergency Department (ED) when they have a condition which requires immediate urgent care so that staff are able to use their time to treat those who are most ill.

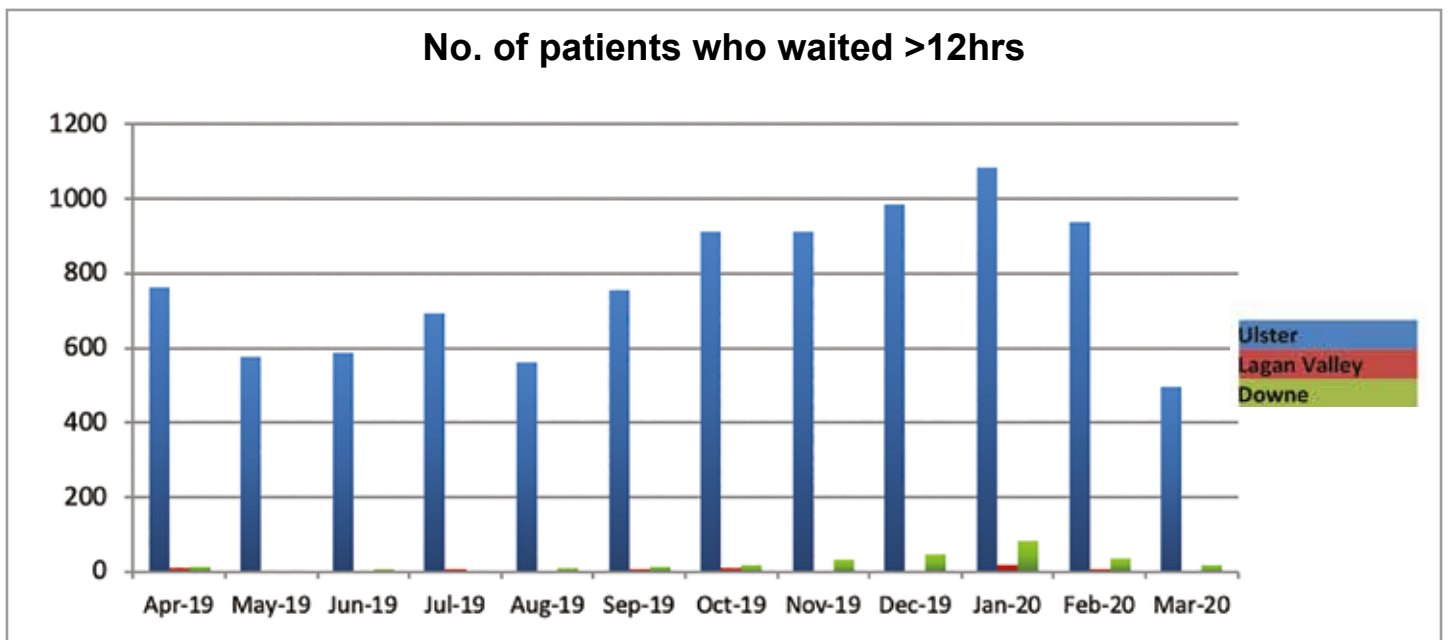
Performance against this target is only one measure and ED's have developed dashboards to monitor additional measures that reflect the quality of care provided to patients.



Facts & Figures

- During 2019/2020, there were **146,188** attendances to ED's, a slight increase of **617** (or a **0.4%** rise in) attendances from 2018/2019. However, this includes March 2020, which incorporates the beginning of COVID-19 and lockdown. March 2020 saw a reduction of **3528** patients compared to March 2019 (**28%**)
- Every day in 2019/2020, an average of **399** patients attended Trust ED's
- In 2019/2020, **9597** patients waited more than **12** hours. This represents **6.6%** of all ED attendances.





Actions to Improve

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

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

Enhanced care pathways have been developed for paediatrics with the Paediatric Assessment & Treatment Unit (PATU) fully established. We have increased our senior nurse and medical cover that have helped us to keep patients safe when in ED.

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

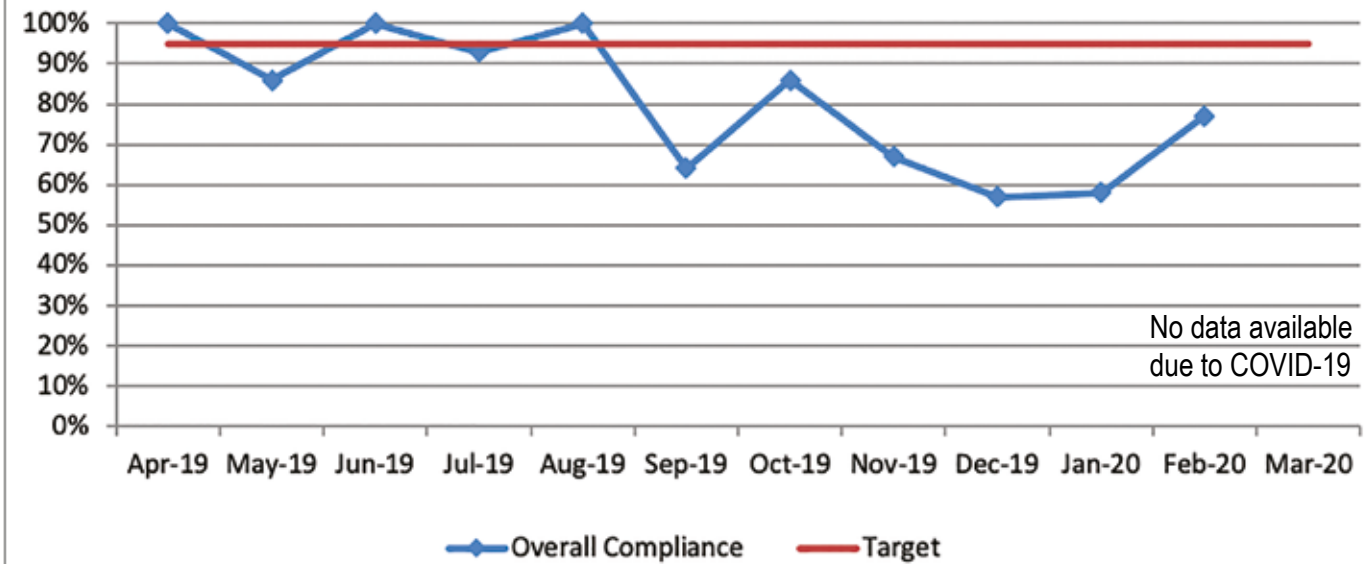
Sepsis 6 within the Emergency Department

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

With this in mind, there is a sepsis working group within ED composed of senior nursing and medical staff. Ongoing teaching continues for nursing and medical staff and was a recent focus at our daily safety brief. Within each area of the department sepsis folders are located which contain sepsis proforma and stickers for charts to prompt early initiation of treatment.

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

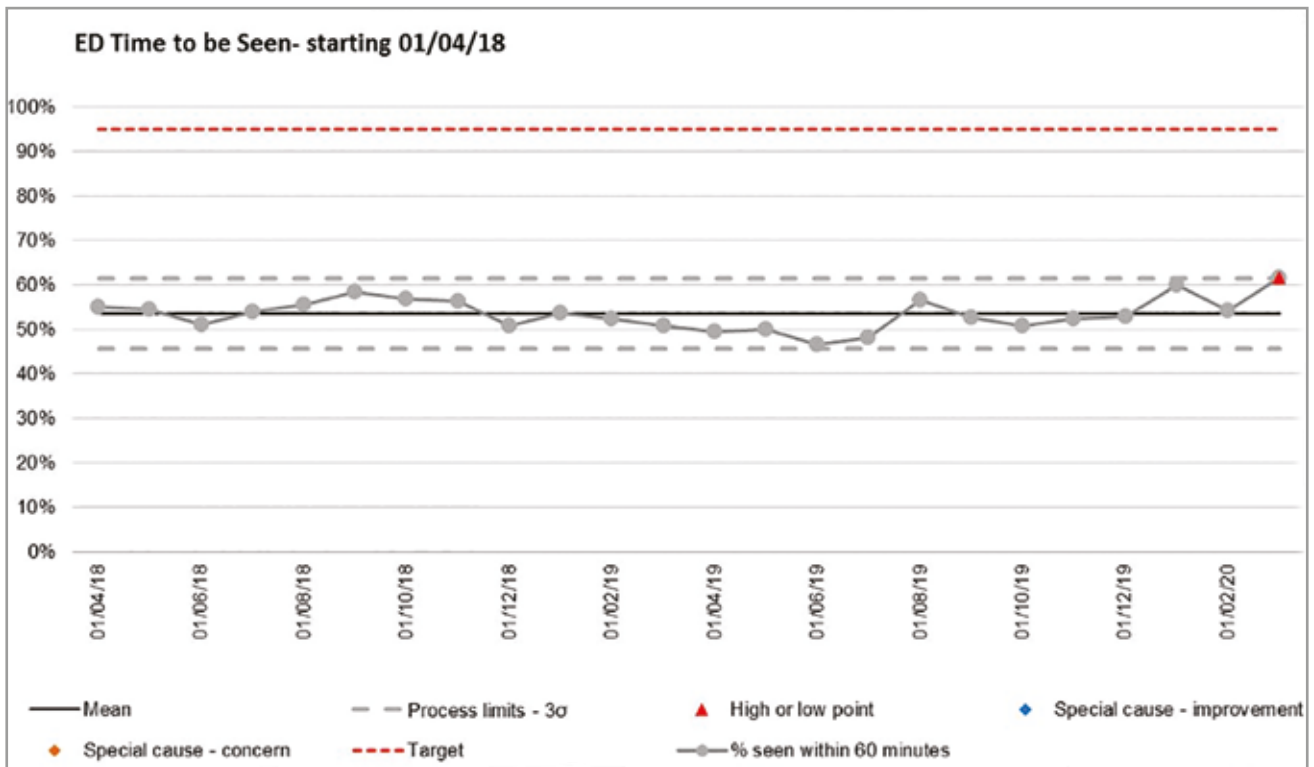
Overall Compliance with ALL Elements of Sepsis Bundle



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

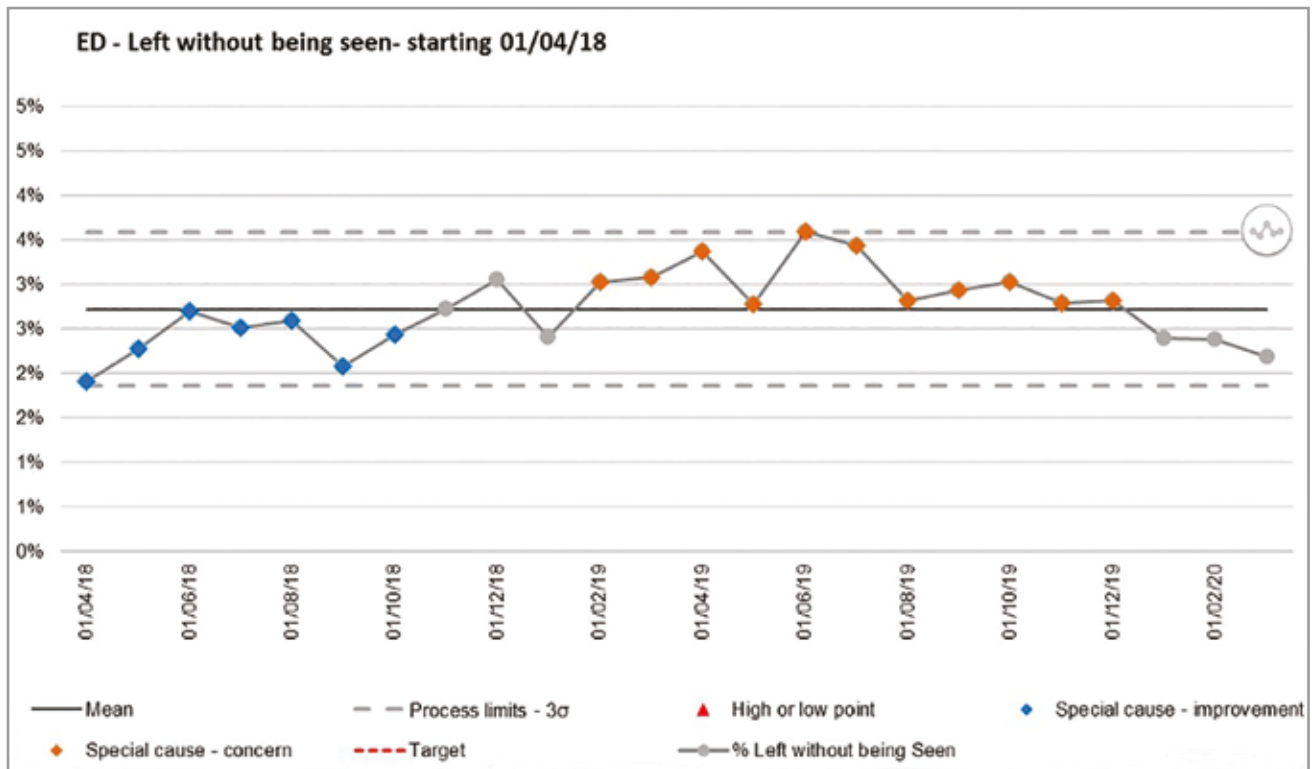
This quality indicator records the time between arrival in the ED and the time when the patient is seen by a decision making clinician and defines that **50%** of patients will be seen by a clinician within **60** minutes. This indicator reflects that early intervention improves clinical outcomes and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

In 2019/2020, we saw **53%** patients within 60 minutes, with the investments made in senior medical staff coming to fruition in late 2019/2020.



Patients Who Leave before Being Seen

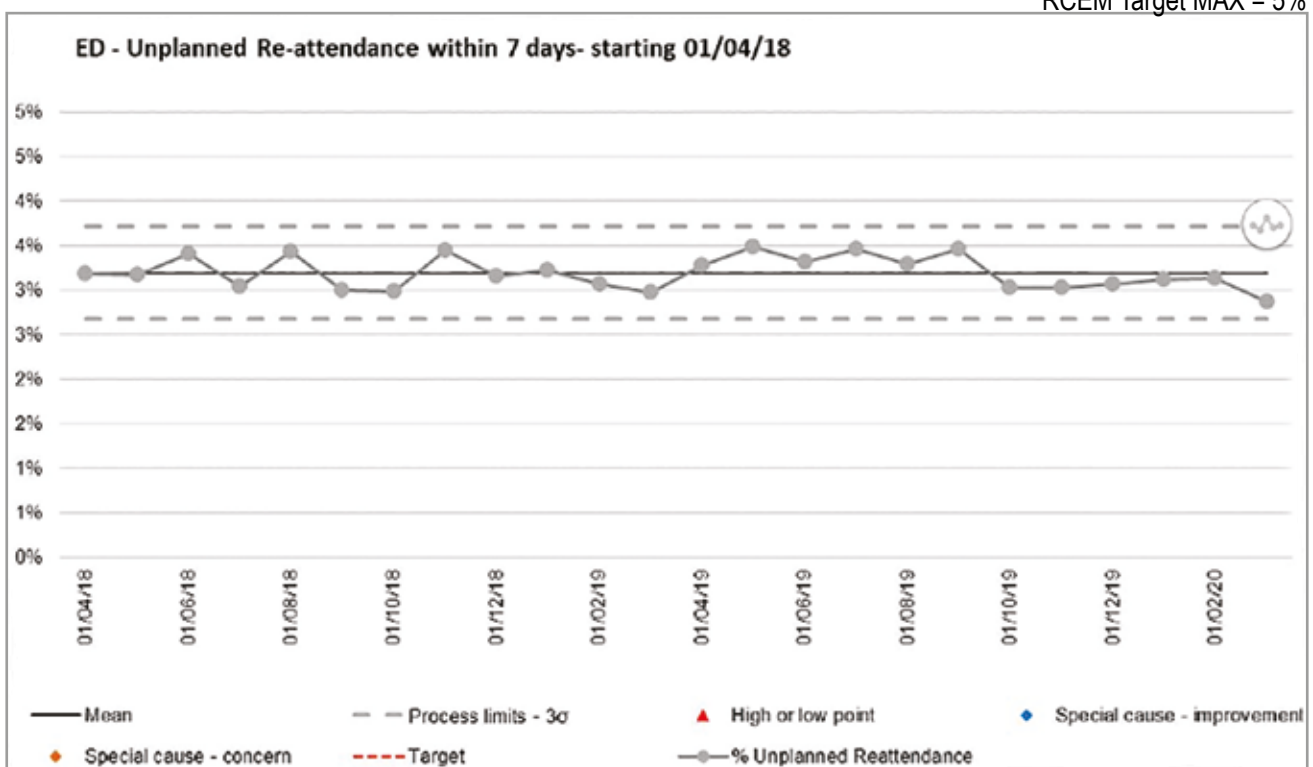
This measure looks at the number of patients who leave the ED before a proper and thorough clinical assessment has been undertaken. During 2019/2020, **2.9%** of patients left the ED before being seen, well below the **5%** standard.



Unplanned re-attendance rate within 7 days

The Unplanned Re-Attendance Rate indicator looks at unplanned follow-up attendances to the ED within 7 days of the original attendance. The target for this is less than **5%** and focuses on avoidable re-attendances to make sure that the patient gets the best possible care at first attendance and that issues related to their care are clearly communicated to them. Over the past 2 years, this has been consistent at **3.2%**.

RCEM Target MAX = 5%



NEXT STEPS

- Continue to work alongside the Capital Development team to influence the development of the new Emergency Department which is on schedule for completion in 2021 (delays with COVID-19 and conversion of ASB level 6)
- Provide safe and effective care during COVID-19
- Protect staff - both psychologically, physically, and emotionally as we manage the pandemic
- Introduce regular Multi-Disciplinary Team directorate meetings
- Fully engage and support development regional programme of No More Silos work in relation to:
 - Emergency only EDs
 - Ambulance offload areas
 - Urgent Care Centres
 - Scheduling Unscheduled Care.

NICE Guidelines

The National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations. The recommendations in the guidelines represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users.

During 2019/2020 via the Department of Health, the Trust received various NICE Guidelines for implementation that had been endorsed for implementation in Northern Ireland - these included Clinical Guidelines, Technology Appraisals and Public Health Guidance.

Implementation of these guidelines can be complex and include bringing together different service areas to develop and agree pathways. There are often financial and wider strategic implications which limit implementation of NICE guidelines.

The Trust has well established systems and processes in place for monitoring implementation of these NICE Guidelines along with an agreed internal process for their management. The Trust also provides assurance on a bi-monthly basis to PHA/HSCB on progress with implementation of Clinical Guidelines and Technology Appraisals in line with their reporting requirements.

Facts & Figures

- Technology Appraisals received - **41**
- NICE Guidelines received - **22**.

NEXT STEPS

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland.

Audit and Data Information Department

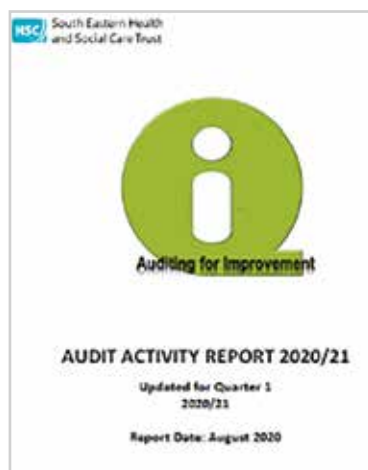
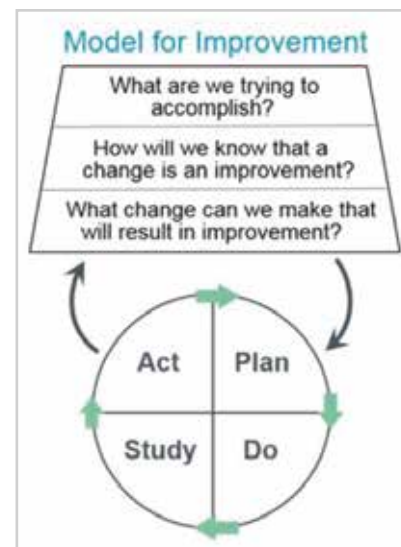


Trustwide Audit

The Trust continues to strive towards a position of safety, high quality service and a positive patient experience at local level. In the quest to achieve this, it is important that staff are enabled to demonstrate their impact, outcomes and close the loop through audit.

The Trust continue to development Key Performance Indicators (KPIs) which has been one way of demonstrating the standard of care we are achieving and the elements of care we need to focus on.

Audit is a tool within Quality Improvement and work is continuing to drive the audit cycle forward; continually measuring our progress from findings to show outcomes from the changes we make. The audit team are reinforcing and supporting project teams to think about using the Model for Improvement, where applicable, within their audit projects and have amended reporting formats to encourage this.



The Annual Audit Activity Report is now available for 2019/2020 and can be accessed via the Safe & Effective Care iconnect page. The report gives an indication of the activity and status of projects that were registered with the Safe & Effective Care Department. The report is updated on a quarterly basis and shared Trust wide, with the Audit Convenors and the SQE Leadership Committee.

All Directorates / Specialties are encouraged to complete and return their Annual Improvement Plans to the Audit Department to enable continued shared learning.

Audit Activity 2019 / 2020

There were **179** Audit Projects registered with the Audit Department in 2019/2020. The status of these audit projects are shown in the table below:

Row Labels	Cancelled	Closed with No Response from Lead	Completed	Data Collection	Draft Report	On Hold	Referred to Research	Report outstanding	Analysis	Design	Report Finalised	Grand Total
Adult Services & Prison Healthcare		1	4	7		1				1		14
Hospital Services	2	2	23	40	2	5	1	3	1		1	80
Human Resources & Corporate Affairs	2		3	2			1					8
Nursing Primary Care & Older People			16	54	2	3						75
Children's Services & Social Work			1		1							2
Grand Total	4	3	47	103	5	10	1	3	1	1	1	179

Clinical Audit Awareness Week

'Clinical Audit Awareness Week' was 25 to 29 November 2019. The Audit Team were available at Awareness Stands during this week to provide information on 'Who Are We?' and 'How Can We Help?'.

A Trust-wide Audit Booklet was also issued during this week to showcase some of the audit and improvement work that was carried out Trust wide over the year.



Sharing the Learning During Clinical Audit Awareness Week

HSC South Eastern Health and Social Care Trust **AUDIT AWARENESS WEEK**

DIRECTORATE: Nursing Primary Care & Older People PROJECT TEAM: Angela Patterson, Constance Service

PROJECT TITLE
An Audit into UTI Rates post Urodynamic Investigation

PROJECT AIM
To retrospectively audit infection rates of male and female patients that had UDS performed within a 12 month period

PROJECT FINDINGS
Of the 123 patients within the sample group, only one patient had a positive urine culture (UTI) on ECG, within two weeks. This represents a rate of 0.81%.

IMPROVEMENTS MADE
With these results we can now inform our patients with confidence that our infection rate is very low.

Moving forward the plan is to conduct regular (annual) audits to ensure that UTI rates stay within the department at an acceptable level.

This demonstrates that our infection control practices and techniques are excellent, and that our post UDS UTI rate is lower than published acceptable rates (3 - 13%).

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NEXT STEPS →

The Audit Department is working on the 2020/2021 Action Plan with some of the main priorities being:

- Encouragement of rapid cycle data collection for audit
- Promoting user involvement within audit
- Incorporating the model for improvement into audit action planning
- Electronic audit registration
- National/Regional Audit Reports
- Audit Convenor Workshops
- Quarterly Newsletter sharing learning and outcomes
- Annual Audit Award.

National and Regional Audit Participation

The Trust participates in a wide variety of National and Regional audits each year. There is a central database of all National audits the Trust have participated in maintained in conjunction with the Information Governance Department to ensure secure data protection. All published National and Regional reports are shared Trust wide for learning.

The Audit Department is working on an assurance programme to capture learning and improvements from National and Regional work the Trust has participated in and a report should be available in 2020/2021.

National 2019 UK Parkinson's Audit



The UK-wide clinical audit was originally developed to address the concerns of professionals, patients and their representatives about the quality of care provided to people with Parkinson's Disease. The audit uses evidence-based clinical guidelines as the basis for measuring the quality of care in the outpatient setting. In 2015, the PREM was introduced, offering patients and carers the opportunity to identify areas of good practice or highlight deficiencies in their own care.

The NHS continues to face unprecedented challenges. This makes it more important than ever to look closely at what Parkinson's services are delivering and how teams are being supported to help working together through the UK Parkinson's Excellence Network, to share evidence and best practice that can improve standards of care.

Key messages:

- There have been improvements in many areas since 2017
- There is still work to be done across all specialties in the following areas:
 - Specialised multidisciplinary working
 - Standardised practices
 - Communication and information sharing
 - Medicines management
 - Supporting the workforce.

Conclusion

This largest ever audit of Parkinson's services provides a powerful set of data for the UK Parkinson's Excellence Network to use as we continue to drive up the overall quality of Parkinson's services across the UK. The significant uplift in the numbers of services taking part in the 2019 audit is a reflection of the investment into audit development and of the commitment and dedication from all of the professionals involved.

In a challenging NHS environment, it's vital that we continue to work to close gaps in services and, in many cases, focusing on simple adjustments will enable more standardised, evidence based care that can improve life for people affected by the condition. Thank you to everyone who has been involved.

This set of audit results demonstrates where service improvement plans delivered developments in practice and services and offers learning and inspiration for others taking their next step in the improvement cycle.

The Excellence Network continues to provide a full range of support, tools, data and training to support services taking their next step along the improvement journey.

For the first time ever, investment into a UK wide multicentred service improvement approach is being made in order to ultimately support many more people affected by the condition.

PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.

UK PARKINSON'S EXCELLENCE NETWORK
excellence@parkinsons.co.uk



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



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

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

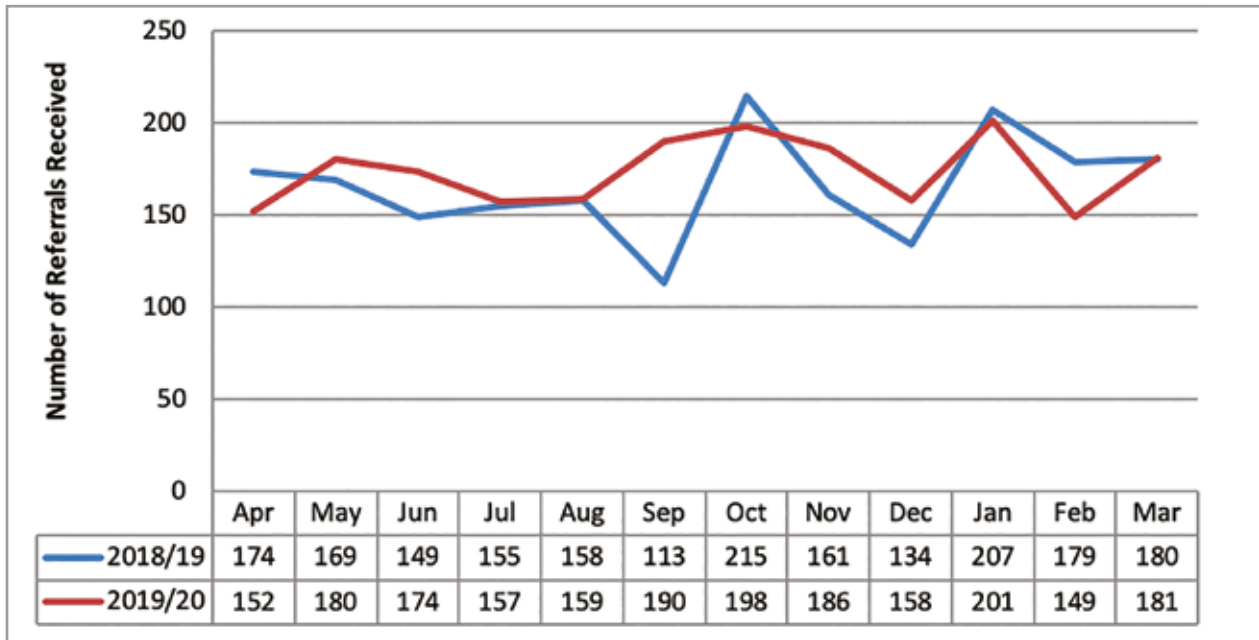
The Key recommendations from the audit were:

- The Regional Infection Prevention and Control (IPC) Lead Nurse Forum recommends that the DoH adopt as regional policy, the IPC standards as set out by **NICE CG139 Healthcare-associated infections: prevention and control in primary and community care**
- The Regional IPC Lead Nurse Forum recommends that the DoH and the Health and Social Care Board (HSCB) supports the production of a Regional eLearning system for Community and Primary care covering, but not limited to, **NICE CG139**
- It is recommended that the Business Services Organisation's Procurement and Logistics Service (PaLS) assess the feasibility of all ISPs having access to the regional supply chain. Providing open access to a regional standard of sharps containers, PPE and hand hygiene materials will support compliance with IPC standards in the delivery of patient care, irrespective of care provider, and maintain the health and safety of staff
- The **NI Policy for the application of NICE CG139** for the prevention and control of healthcare-associated infections in primary care and community should be available and accessible to carers and their families who are directly involved in the delivery of care
- The current suite of information leaflets available via PHA's NI Regional Infection Control Manual, when next reviewed, should be inclusive of the standards from the **NI Policy for the application of NICE CG139**. If required, additional information/ leaflets could be developed on any outstanding aspects of practice reflected in the standards(HSC Trusts and ISPs should incorporate information/leaflet links on their intranet websites and/or provide leaflets as appropriate to patients and their family/carers
- It is recommended that the Northern Ireland DoH 'Care Standards' for the provision of community and primary care are reviewed to incorporate comprehensive reference to the **NI Policy for the application of NICE CG139** and their implementation across the sector
- It is recommended that the Commissioners of care (both HSC Trusts and PHA/HSCB) should use the **NI Policy for the application of NICE CG139** to agree a regional assurance framework for IPC in community and primary care based on **NICE CG139**. Some of the assessment tools and pathways already provided within NICE may be easily adapted for this purpose. A Framework would provide assurance of practice to commissioners, providers, RQIA and to patients, clients and to the public
- The IPC Lead Nurse Forum should undertake a review of the implementation of the recommendations included in this Audit report in 3 years and provide an update on progress to key stakeholders including DoH, PHA/HSCB, RQIA, HSC Trusts and ISPs.

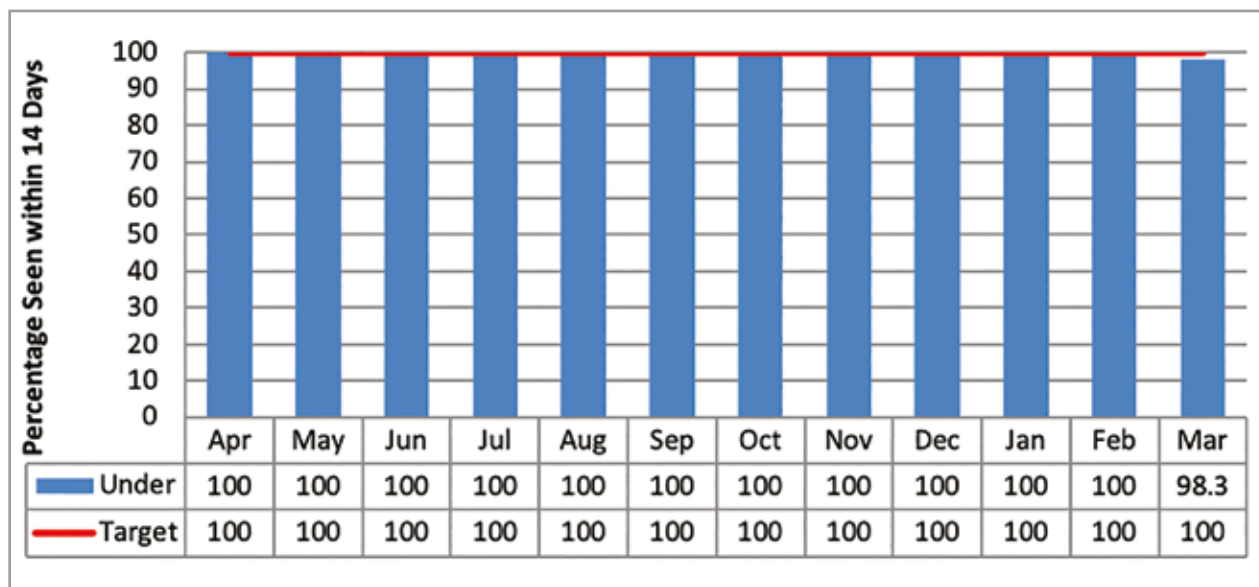
Cancer Access Standards

14 Day Breast Cancer Referrals

The average number of referrals received each month increased from **166** in 2018/2019 to **174** in 2019/2020.



Facts & Figures

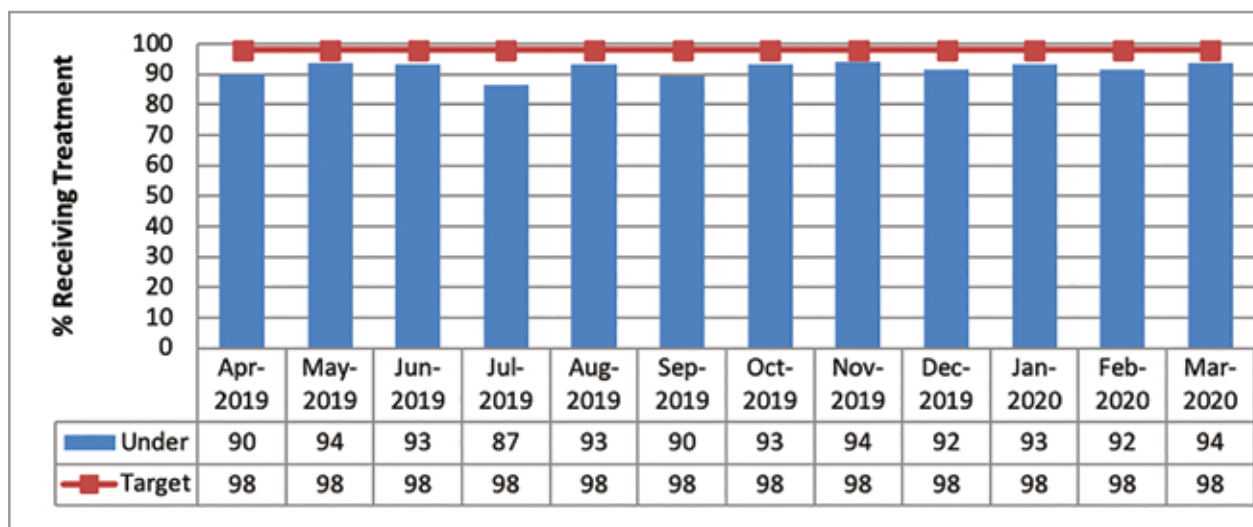


NEXT STEPS →

- Weekly monitoring of referral rate
- Weekly monitoring of performance against target
- Monthly feedback at Cancer Access Meeting.

31 Day Target

The overall position for 2019/2020 was **92%**. The majority of breaches were caused by insufficient capacity for Urology and Skin. Performance against this target will remain challenging in 2020/2021.

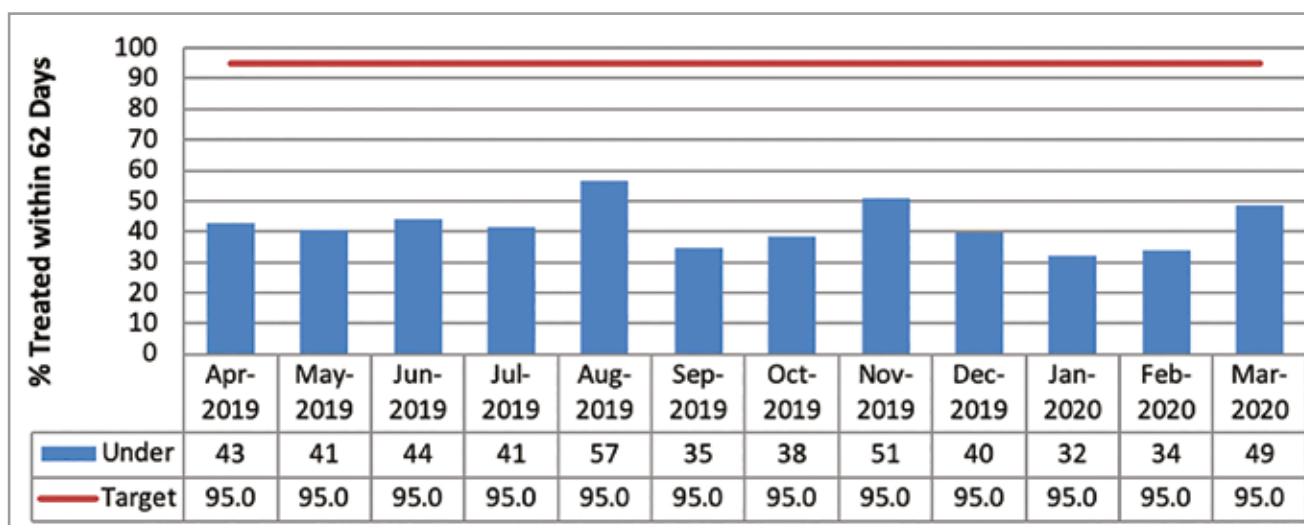


62 Day Target

The Trust continues to aim to treat **95%** of GP Suspect Cancer Referrals and Consultant upgrades within **62** days. However, the volume of GP Red Flag referrals continues to increase significantly on an annual basis. The average number of GP Red Flag referrals received each month has increased from **1375** in 2018/2019 to **1476** in 2019/2020, which is a **7.3%** rise on the previous year. The increase in referrals received is not expected to continue to rise through 2020/2021 due to COVID-19. COVID-19 has also led to a reduction in capacity to see and treat red flag patients.

The number of new cancers diagnosed, increased from **2516** in 2018/2019 to **2889** in 2019/2020.

Facts & Figures



NEXT STEPS

- Monthly Cancer Access Meeting in operation with representation from general surgery, medicine and woman and child health
- Access to CT Pet is improving. A second scanner will be installed and become operational in August 2020
- Introduction of QFIT in March 2020. This was implemented to prioritise the patients requiring endoscopy. This will be implemented by all trusts in Northern Ireland
- Continue to engage with regional restart groups for cancer, surgery, diagnostic investigations and endoscopy.

Goal 5



Integrating the Care

Annual Quality Report - Next Steps Update From 2018/2019

Theme	Title	Next Steps	Status Achieved On Plan Behind Plan
<p>Goal 5: Integrating the Care</p>	<p>Community Care</p>	<p>Healthy Leg Brief Report - Joint Lymphoedema</p> <ul style="list-style-type: none"> We hope to role this service out to as many more GP practices as possible with the LCG funding available to us in this financial year and look for permanent funding. <p>Development of an early Supported Discharge Service in Stroke Care</p> <ul style="list-style-type: none"> Development of self-management app to compliment 'Bridges' Self-Management Approach used within the team Feasibility study of technology to support/enhance participation in rehab at home (MAGIC project). <p>Orthoptics with 10,000 Voices 'Eye Care' Regional Survey</p> <ul style="list-style-type: none"> Bespoke Paediatric Orthoptic Questionnaire is being developed and will then be trialled As a result of patient feedback from 10,000 voices, it was highlighted that people with visual impairments have difficulty in reading staff name badges. Orthoptists in the Trust are currently piloting name badges with black print on a yellow background. RNIB has recommended black print on yellow background as the best contrast colours for patients with sight impairment and they are also known to be dementia friendly colours. Patients are definitely remarking that they can read staff names more clearly. These name badges are currently a pilot with the potential to be rolled out regionally. <p>Speech and Language Therapy (SLT) Led Parallel Clinic, SLT/ENT Service</p> <ul style="list-style-type: none"> The clinic plans to develop in terms of number of referrals from triage by ENT consultants and to roll out to a 3rd clinic across Trust as need arises. The clinic may well develop into a Review and Therapy Led Clinic also. Data collection hopes to look at reduction in re-entry into the ENT Service via the Red Flag Pathway and have faster throughput of patient recovery once in the SLT Voice Service. The Service also requires succession planning and assistant support and the possibility of a business case to increase sessions by another trained voice specialist for secured continued service into the future. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Community Care (Continued)	<p>Implementation of the International Dysphagia Diets Standardisation Initiative (IDDSI)</p> <ul style="list-style-type: none"> • Complete scoping exercise for individuals living in their own home • PHA is undertaking a regional evaluation of this implementation process. The Trust will contribute to same. <p>Development of the 'Safer Eating Drinking and Swallowing Training Programme' (SEDS)</p> <ul style="list-style-type: none"> • Launch of e-Learning in Autumn 2019 • Development of Protocol-Guided-Swallow-Screening • Scale up and spread to key nursing homes. <p>Implementation of new Diet Menus in Trust facilities to ensure Provision of Dysphagia Friendly Foods</p> <ul style="list-style-type: none"> • Complete roll out of menu • Engage with PHA 'Provision of Dysphagia Friendly Food' Project • Further development of menu to include IDDSI • Level 4: Pureed food <p>Weekend working in Speech and Language Therapy (SLT)</p> <ul style="list-style-type: none"> • Considerations to potentially move to a 7 day service. <p>SLT transformation in Emergency Department (ED) Project</p> <ul style="list-style-type: none"> • Gather further statistics and reflect on benefits of seeing patients in ED • Be part of toolkits/care pathways for specific patient groups coming into ED • Continuing to raise SLT profile in ED with the development of a focus board. <p>Promoting key messages in Children's Speech and Language Therapy (SLT): Empowering parents and carers by providing evidence based information relating to early interaction and communication skills</p> <ul style="list-style-type: none"> • The key messages have been developed into a calendar format which will be shared with colleagues in midwifery and health visiting to further increase the reach and allow the messages to be shared even earlier with parents. 	<p>Achieved On Plan</p> <p>Achieved Achieved On Plan</p> <p>Achieved Achieved On Plan On Plan On Plan</p> <p>On Plan</p> <p>On Plan On Plan On Plan</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Community Care (Continued)	<p>Implementation of AAC Regional Pathway within South Eastern HSC Trust</p> <ul style="list-style-type: none"> • Ensure that there is a means of continuing timely local provision of AAC in the absence of additional funds from the PHA • Ongoing evaluation of waits for local AAC provision • Evaluation of SLTs skills/competence in AAC in response to training and of their adherence to procedures relating to AAC to ensure safe and effective care. <p>SLT: Making Communication Accessible for All</p> <ul style="list-style-type: none"> • Complete the action plan in all 3 rooms • Collate data/findings in a Summary Score Card • Upscale and spread across Learning Disability Services • Baselines have been completed of the communication environment within each of the aforementioned areas using the 5GCS Audit Tool. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p>
		<p>Annual Health Checks for Adults with Learning Disabilities (ALD)</p> <ul style="list-style-type: none"> • May need to explore the development of easy read materials to encourage appropriate access to mainstream Health Care Services and Health Promotion information leaflets among individuals with a learning disability • Speech and Language Therapists will sign post the Health Facilitator to existing good practice examples to enable reasonable communication adjustments for accessing health care. 	<p>On Plan</p> <p>On Plan</p>
	Social Care	<p>Transition for Children with Disability</p> <ul style="list-style-type: none"> • A formal Transition Pathway will be developed for all services and there will be a clear procedure for SLT transitions from Children's to Adult Services. <p>Protecting Children at Risk</p> <ul style="list-style-type: none"> • Development of digital data platform to measure outcomes. <p>Children's Services Family Support Hubs</p> <ul style="list-style-type: none"> • Continue to promote and inform professionals across the Trust about the Family Support Hubs • To further develop the Family Support Hubs to increase capacity to address the waiting lists • To identify needs and trends and attempt to meet these needs with suitable services. 	<p>On Plan</p> <p>Behind Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Looked After Children</p> <ul style="list-style-type: none"> The next step will be to spread the use of the app to the Leaving Care and Aftercare Service. <p>Post Adoption Support</p> <ul style="list-style-type: none"> The ongoing development of the Family Assessment and Intervention Service The Trust will continue to recruit concurrent carers. <p>Direct Payments for Children</p> <ul style="list-style-type: none"> To continue to promote SDS in Childrens Disability Services and to increase the number of families who have their care needs met through this model. <p>Transition for Children with a Disability</p> <ul style="list-style-type: none"> The Trust continues to work in partnership with parents, carers, schools and specialist voluntary sector organisations to enhance transition planning The Children and Adult Teams will continue to work together to ensure early plans are in place for young people post education An improvement initiative aiming to improve the Transition Pathway between Children and Adult Disability Services has commenced in the North, Down and Ards sector. <p>Education and Training for Young People Leaving Care</p> <ul style="list-style-type: none"> The Trust will continue to provide a comprehensive Person-Centred Employability Service through H.O.P.E. Works, offering increased opportunities for traineeships, apprenticeships, work placements and in-education work experience schemes. <p>Adult Safeguarding & Adult Protection</p> <ul style="list-style-type: none"> In an effort to promote safe communities we will be focusing on: <ul style="list-style-type: none"> Raising awareness of financial abuse particularly in the over 60 age group Establishing a 'Moving into Care Citizens Hub' Reviewing recommendations of an Independent whole systems review following the COPNI report in respect of Dunmurry Manor for learning and any actions required. 	<p>Behind Plan</p> <p>On Plan On Plan</p> <p>On Plan</p> <p>On Plan On Plan Achieved</p> <p>On Plan</p> <p>Achieved Achieved Achieved</p>

Theme	(Continued)	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Carer Support</p> <ul style="list-style-type: none"> To continue to encourage uptake of the Carer's Conversation To enhance communication systems with carers; to produce quarterly newsletters and advance other channels of communication in order for carers to be regularly updated and informed about supports available to them To continue to promote short breaks for carers To provide on-going support to Pharmacists to identify unknown carers so that supports can be accessed To organise wellbeing events that will benefit carers To progress partnership working with the community and voluntary sector in order for carers to receive all supports afforded to them. <p>Re-settlement of Adults with a Learning Disability</p> <ul style="list-style-type: none"> To achieve discharge for two resettlement patients who have identified placements To work in partnership with other Trusts to develop community based options for patients, particularly those with a forensic history. voluntary providers, housing associations, the Housing Executive and supporting people to meet these challenges. <p>Direct Payments and Self Directed Support (SDS) in Adult Services</p> <ul style="list-style-type: none"> To continue to support staff to ensure that all service users are offered the choice to access Direct Payments, a Managed Budget, Trust arranged services, or a mix of those options, to meet eligible needs identified To complete the development of an SDS training eLearning module To continue to support the development of the practitioners forum To monitor the effectiveness of Self Directed Support through the use of the ASCOT Evaluation Tool. <p>Annual Health Checks for Adults with Learning Disabilities</p> <ul style="list-style-type: none"> The Trust will continue to work with Health Development Agencies to encourage health promotion for people with learning disabilities The Trust will continue to provide healthy options training and information for staff/carers and people with learning disabilities The Trust plans to introduce health and well-being plans for people with a learning disability who have had a health screen, which is in line with regional plans. 	<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>
			<p>On Plan</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan Achieved</p> <p>Achieved</p> <p>On Plan</p> <p>On Plan</p> <p>On Plan</p>

Theme	(Continued)	Next Steps	Status
Goal 5: Integrating the Care (Continued)	Social Care (Continued)	<p>Annual Health Checks for Adults with Learning Disabilities (continued)</p> <ul style="list-style-type: none"> To continue to develop promotional and educational material on a range of health conditions which are in easy read format and distribute to each GP practice as a resource Pilot health, nutrition and exercise group for identified group within Downpatrick sector to help minimise risk of obesity through health promotion and health education Focus on reasons for individuals not attending their health check. <p>Local Engagement Partnership</p> <ul style="list-style-type: none"> Increase the number of people involved in the local engagement partnership. 	<p>On Plan</p> <p>On Plan</p> <p>Achieved</p>
	Mental Health	<p>The Recovery College</p> <ul style="list-style-type: none"> Secure accommodation for Recovery College Roll out Students Union (subject to funding confirmation) Continue to deliver high quality educational courses to more students in more locations. <p>The Wellbeing Hub</p> <ul style="list-style-type: none"> Hub services to roll out into Down locality. <p>Approved Social Work</p> <ul style="list-style-type: none"> Continue to monitor the involvement of the nearest relative in the assessment and detention or alternative care plan to support the service user and their family Inter-agency collaborative working to help produce a more effective service to continue Continue to promote reflective practice to support ASW staff and to enhance and strengthen service provision. 	<p>Behind Plan Behind Plan Achieved</p> <p>Behind Plan</p> <p>Achieved Achieved Achieved</p>

'Podiatry helps to put the best foot forward'



- Implementation of the Diabetes Foot Pathway in South Eastern HSC Trust

The Regional Diabetes Foot Pathway creates a tiered system of specialist footcare for people living with diabetes in the region. The service covers all aspect of diabetic footcare from the Tier 1 Screening Model through to Tier 2 Foot Protection Team (FPT), the Tier 3 acute based Enhanced Foot Protection Team (EFPT) co-managing patients and the Tier 4 MDFPT in Belfast.

The Regional Diabetes Network drove the project forward and senior Podiatry staff from the Trust sat on the Regional Diabetes Network.

Establishing the EFPT and the FPT has improved access to services and enabled improved care pathways to be put in place for patients with diabetes.

Patients requiring enhanced intervention have benefitted from the dedicated resource in the EFPT who have been able to provide timely intervention to those patients most at risk and those patients with active ulceration. Patients have benefitted from the interface between the FPT, EFPT and MDFPT which has enabled enhanced communication and referral links between the three tiers and ability for immediate referral between the FPT and EFPT.

The EFPT have also been able to provide support to patients in the community, working with the FPT to assess patients and provide expert advice and access to enhanced intervention without the need for the patient to be seen in the acute setting. As a result of this over **16,000** patients were seen as part of the pathway in **2019/2020**.



Gail Thompson, Podiatry Team Lead Acute Services; Fred McElwaine, Consultant Diabetologist; Peter Burbidge, Head of Podiatry Services; Ann McBride, Principal Podiatrist.

NEXT STEPS →

Recruitment delays and the need to provide a training course for the Podiatry assistants to deliver the Tier 1 Screening Model has led to delays in the implementation of this tier of the model. Examinations were cancelled due to COVID-19, delaying implementation further. The launch of the model has been shared in a national podiatry journal and was featured across local news outlets. The continued development and continued funding of the model is paramount as more and more people are being diagnosed with diabetes and subsequently require access to the pathway.

Exemptions Module

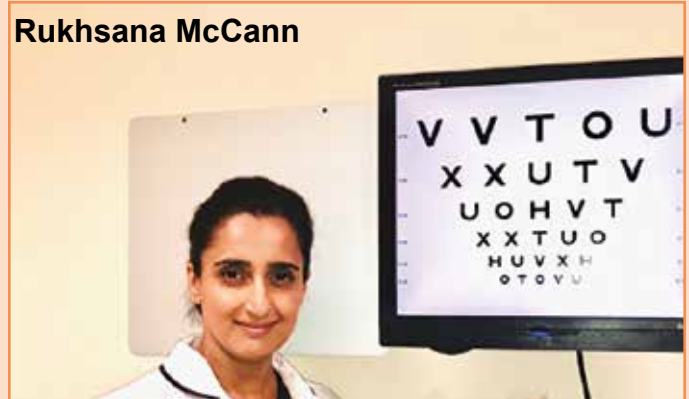
Orthoptists, Rukhsana McCann and Jessica Boyd have recently completed a post graduate module 'ORTH 408 Medical Exemptions for Orthoptists' through the University of Liverpool. This has provided them with a deeper understanding of the principles of ocular pharmacology, the use of particular medicines in the investigation and management of ocular conditions and knowledge of the legal and ethical context of exemptions and prescribing.



Jessica Boyd



Rukhsana McCann



Successful completion of this module will enable both Rukhsana and Jessica to apply to the HCPC in order to have the exemptions annotation added to their professional registration. It will remove the need for use of a Patient Group Direction (PGDs) in order for them to, for example, administer cycloplegia during refraction at individual clinical sites, supply atropine in the course of treatment for amblyopia and administer other drugs used within extended ophthalmology roles. Ultimately this will aim to enhance patient experience by improving access to care.

Development of the new Speech & Language Therapy (SLT) Led Parallel Clinic, ENT

The Speech and language Therapy (SLT) ENT Voice service has developed an SLT Led Parallel clinic, as a Transformations project initially. The SLT manages the patient in place of the ENT doctor. No further waits for treatment, a one stop clinic to enable improvement from day one, **a first for Northern Ireland.**

Extensive training was carried out during development phase, launched in January 2019. Data was collected to look at effectiveness, service and service user benefits through Outcomes Based Accountability (OBA) format.

Individuals involved in the development of this new clinic included the following:

- SLT 8a
- ENT consultants
- ENT team
- SLT administrative support
- Service users
- Medical Records staff
- Partial Booking team.

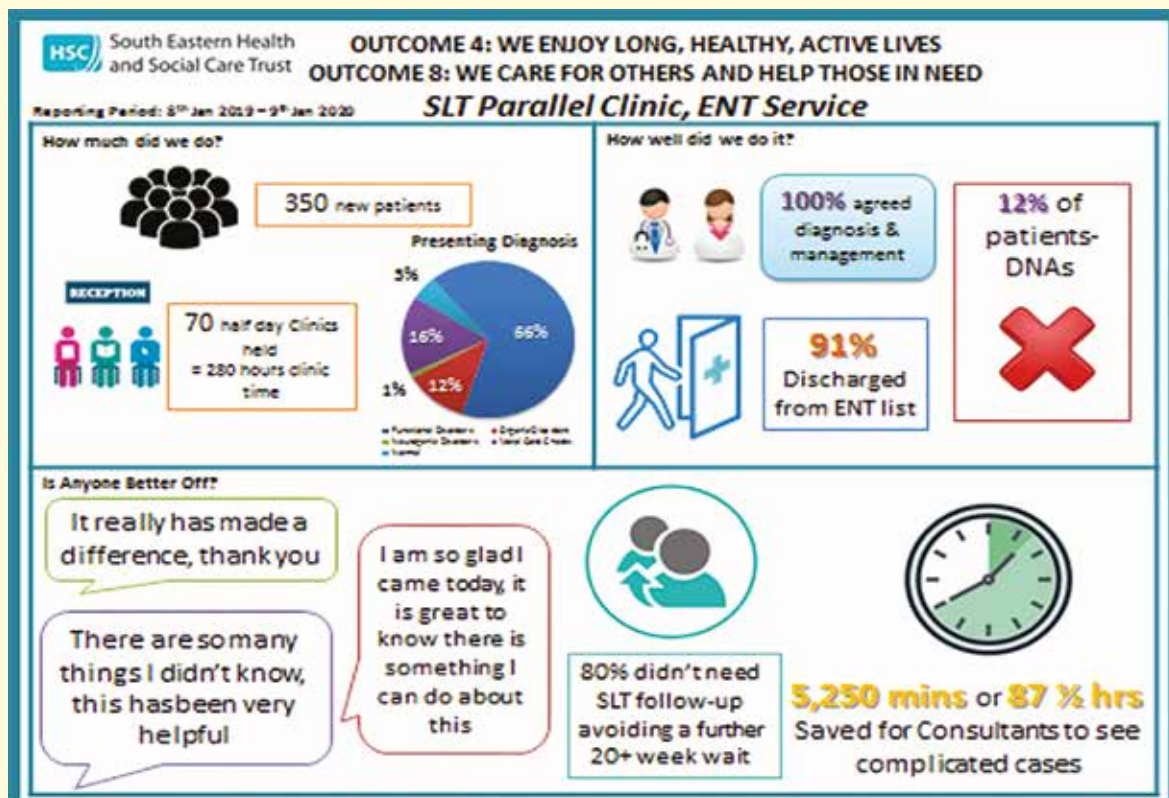


In the first year, we were able to discharge **90%** of those seen off the ENT waiting list. **80%** did not require further SLT follow up, we have given back 100 hours in time for the ENT consultants to see complex cases and we reduced the waiting time by **80%**.

We feel this collaborative project has had positive impact on patient care, sustainability and maximises the skill set of all involved.

Data has been collected and presented on an OBA report card and summarises:

- Number of patients seen
- Number of clinics carried out
- Amount of time given back to ENT doctors
- Clinical governance on diagnosis agreement
- Types of conditions of the voice and throat seen
- Number discharged from ENT list
- Number not requiring SLT follow up, see below as an example:



NEXT STEPS ➔

The success of this project has led to it being shortlisted for the 'AHP Advanced Healthcare Awards', 'NI Maximising Resources for success' category.

<https://setrust.box.com/s/9n8159kd1x47e0ftraav9t1f66r75v67>

There is also a plan for re-start in line with COVID Guidelines, increase awareness and showcase work completed to look for permanent funding for this service and develop further user-involvement strategies.

Speech & Language Therapy in the Emergency Department (ED)

Speech and Language Therapy (SLT) held a review of their acute services in October 2018. This helped identify that patients who required SLT intervention could wait more than 2 weeks before referral to SLT is made.

This raised concerns about the potential impact on these patients in terms of safety, prevention of medical complications, nutrition, hydration and access to essential medications. Data collected at this time confirmed that **88%** of SLT referrals enter the hospital from the Emergency Department (ED) but only **10%** of these patients are referred by ED at the start of their hospital journey.

A preliminary data collection exercise identified the medical conditions most likely to experience communication and swallow difficulties. Using information from ED, work commenced on identifying and analysing the journey of patients admitted who seemed to fit the criteria for SLT referral.



A two-pronged approach was taken:

1. SLT became a presence in ED during specific times over the course of the 6 month pilot project, totalling 25 days in ED. The role of the SLT was promoted through elevator pitch at safety brief, call card, focus board, Twitter, physical presence and aiming to encourage early SLT referral
2. SLT developed triage criteria for the patients. At present triage is **83%** accurate in predicting the SLT patients who start their journey in ED

The following results were achieved:

- **Reduced length of stay** - reduced LOS by **3**
- **Improvement in SLT service efficiency** - by reducing the number of contacts per patient. When seen in ED, there was a saving of 20 minutes per patient
- **Positive Impact on community Resources** - Several patients were removed from the community waiting
- **Reduced hospital admission** - The majority of patients appropriate for SLT had complex needs requiring admission however a small number of patients were turned around at the door, preventing admission
- **Improved Safety** - By using a proactive approach to Identifying patients, SLT ensured that those patients previously known to SLT with swallow problems were immediately commenced on the correct swallow recommendations
- **Improved compliance with National stroke standards for communication and swallowing.**

NEXT STEPS →

Further refinement of the triage criteria will be ongoing and it has been agreed to explore use of SLTA to screen for dysphagia using an agreed tool. It is also hoped to make a business case for a permanent member of staff to take the lead in ED and implement this new model of service delivery.

‘Provide with PRIDE’

Against a background of rising Serious Adverse Incidents (SAIs), growing waiting lists and workforce challenges, the SLT team were forced to review how services were delivered to clients referred for management of dysphagia and/or communication disorders across the entire service.

- Across the Trust there have been **6** choking related deaths in nursing homes since 2015
- Service users not seen within the regionally agreed timeframes
- Variation in triage and administration processes across the 4 Trust localities
- Context - NI Dysphagia Thematic Review, IDF, IDDSI, SET PNH Project and the SEDS programme development.

Aim

To initiate treatment for all urgent swallow referrals within 24 hours of receipt of referral and all others within 14 days and to deliver the best possible therapy outcomes and service user experience.

Objectives

- To refine data by ensuring accurate coding
- Implement operational definitions of urgent versus routine
- Improve understanding of the service profile for reporting.

Through co-production, information was gathered from patients, GP’s and other stakeholders and this helped identify ‘what matters to me’ in relation to the SLT service. This has led us to review how we deliver our services to our clients across the Trust area.

Issues were highlighted with how we collect and record data, which resulted in work being undertaken between SLT Department and the Information Team to improve the accuracy in recording data in the following areas:

1. Referral profiles
2. Waiting times
3. Caseload profiles across the South Eastern HSC Trust localities
4. Planned versus unplanned activity.

Work continues to ensure that as a department we can quickly, accurately and concisely report on:

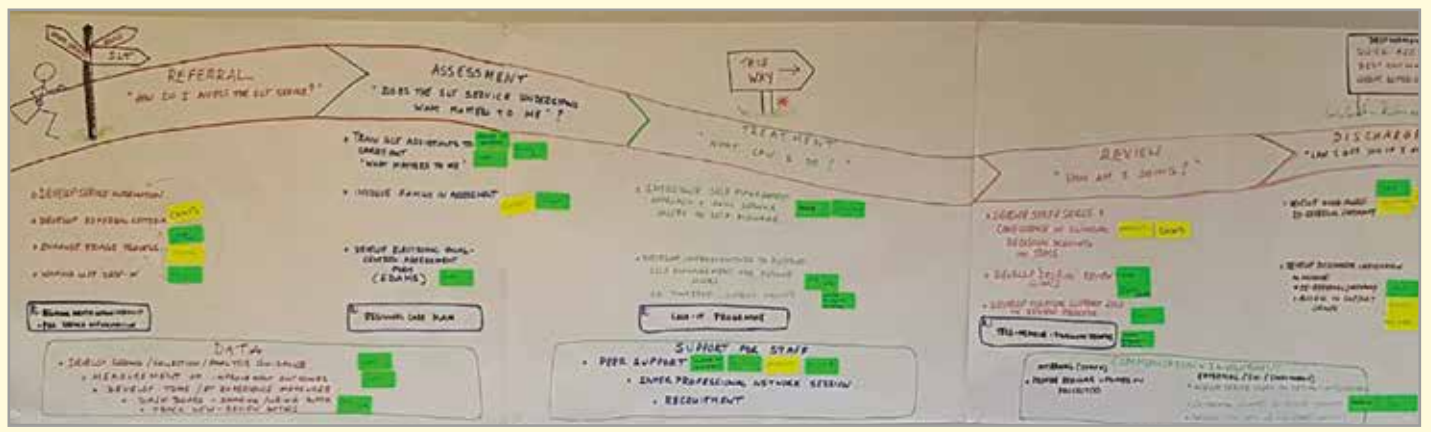
1. Numbers waiting
2. Urgent versus routine waiting times
3. % compliance with the regional waiting time targets.



NEXT STEPS →

The wider SLT regional developments must remain central, specifically:

- Work on improved identification to ensure timely and accurate referral
- Training within the wider workforce to EDSCF Level 2 to allow for better/safer management of the dysphasic clients and to ensure that clients are safely kept at the pre-referral stage for longer
- Training in screening - Level 4 EDSCF practitioner. Inherent in this will be careful onward referral with identification of the signs and symptoms to allow for more accurate triage thereby allowing those with significant issues to be seen within the agreed urgent time frames.



Nutrition and Diet Therapy - Gastro Transformation Irritable Bowel Syndrome (IBS Service)

Dietetics were successful in obtaining transformation funding for IBS and the aims were as follows:

- Support the new patient pathways for Gastroenterology
- Reduce demand for Consultant lead outpatient clinics
- Encourage effective patient self-management
- Prevent such referrals from being processed through the normal AHP elective care route.

Activity was recorded for attendance and non-attendance at clinics. While treatment goals and outcomes were measured using the Dietetic Model and Care Process.

554 new patient appointments and **269** review appointments were seen during this time, and there was an **89%** attendance rate for 2019/2020. The Gastroenterologists triaged **43** patients from their waiting list to go directly to Dietetic assessment and treatment.

NEXT STEPS →

IBS referrals will continue to be managed from the Dietetic waiting list. There will be a longer waiting time for appointments to the IBS Gastro Dietetic services because unfortunately this transformation funding has not been made recurrent, therefore resulting in a subsequent reduction in the number of clinics that can be run.

Continuation of 'First Contact Dietitian' pilot in 1 GP Practice will continue. This should identify IBS patients that can be given first line dietary advice in Primary Care setting.

First Contact Dietitian

First Contact Dietitian (FCD) is a Dietetic Led pilot working with GP's in Primary Care as part of a multi-disciplinary Team to enhance the patient journey, by providing timely access to nutritional diagnosis and dietary treatment in the GP Practice. This will be achieved by providing assessment and clinical dietetic treatment plans with thresholds for intervention. Where a patient requires more intense dietary treatment over a longer period of time following initial assessment and treatment, the FCD will refer the patient on to the relevant dietitian in local Trust for ongoing review. This will ensure the FCD has the capacity to pick up all newly identified patients in a timely manner.



FCDs can have a number of important impacts:

- Enable patients to self-manage their condition
- Reduce demand on GP time
- Make 'prevention' possible in community
- Manage medicines and ACBS products effectively and efficiently
- Reduce the need for referrals to secondary care and the need for hospitalisation
- Be part of the Multi-Disciplinary Primary Care Team.

The pilot ran from November 2019 to end February 2020. Staffing of the service comprised a Band 7 Paediatric Specialist Dietitian (0.01wte) and a Band 7 Specialist Dietitian (0.3wte).

- There were **21** referrals to the First Contact Paediatric Dietitian over **5** clinics and **50** referrals to the First Contact Specialist Dietitian over **11** clinics.

For the paediatric referrals:

- **12** had service completed by first contact dietitian, no further follow up
- **3** required onward referral to acute for follow up
- **5** required referral to the cow's milk allergy clinic.

For the adult referrals:

- Of the **7** IBS patients, **1** was referred on to acute for follow-up
- All diabetes and pre diabetes patients met **100%** outcomes set
- **12** other referrals had service completed by First Contact Dietitian with no dietetic follow-up.

NEXT STEPS

It is clear that this dietetic post can provide a first contact for cow's milk allergies babies and manage the onward referral releasing GP clinic time.

There is also a role to review prescriptions of specialist formulas and feeds and their appropriateness for prescribing which will help towards reducing prescribing costs.

There is a potential to develop this role with the health visitors to include a public health aspect in particular for addressing early nutrition and childhood obesity. Other pieces of work within adults would include:

- Anticipatory management of nutritional conditions to help prevent admission to hospital
- Scoping exercise to review eg. patients on PERT to ensure compliance and correct dose with view to improving symptoms
- Appropriate prescribing of ONS/ medications for long term condition management.

Building Communication through Lego Based Intervention



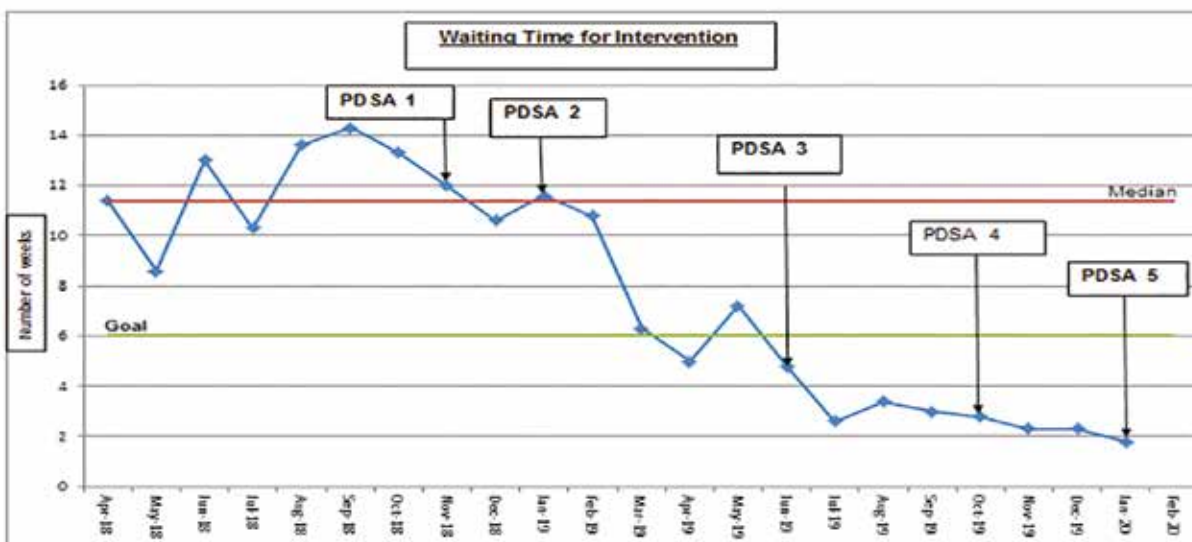
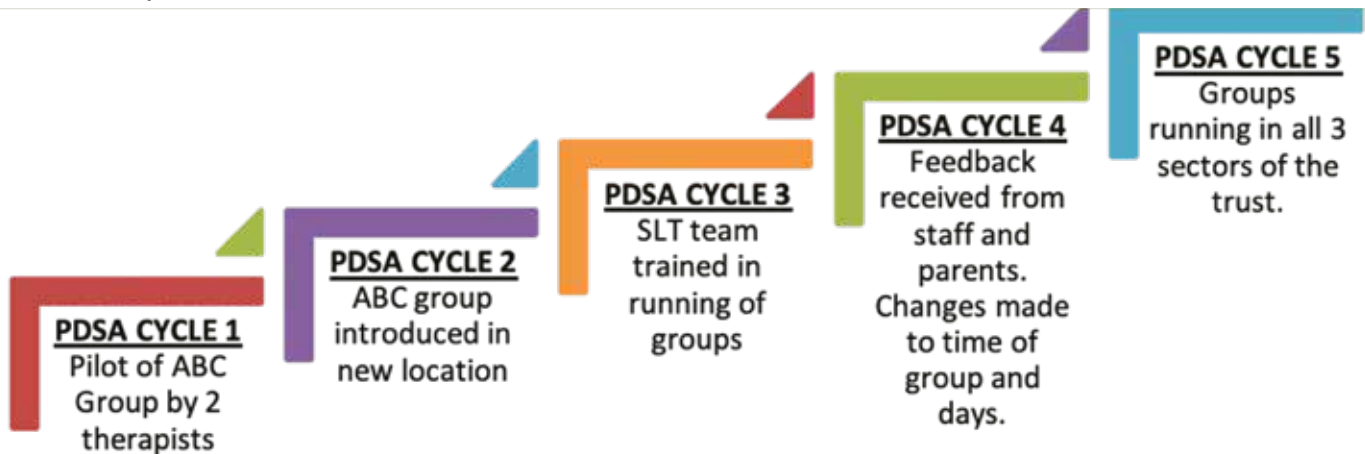
This project started off as an SQE Project which involved 6 SLT's working within Children's ASD service and their entire SLT caseload of approximately 200 children and their parents/ carers.

Aim

To reduce waiting times for speech and language intervention within the Autism Service by 50% within 12 months through the introduction of Lego Based group model of intervention.



The team agreed that individual therapy was not meeting the social communication needs of our ASD caseload and therefore looked at evidence based practice and brainstormed new intervention ideas. A new model of delivery was developed based on group intervention, utilising Lego, a known high interest activity for children on the autism spectrum.

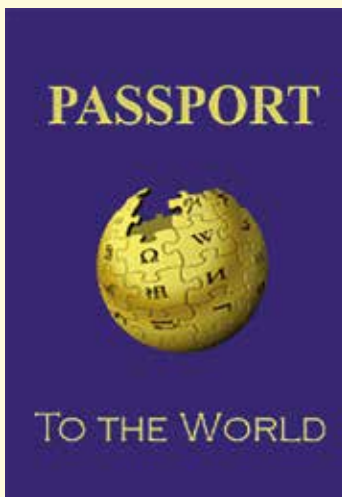


NEXT STEPS ➡

The next step is to develop a Lego based Intervention using a remote platform such as Zoom.



RCSLT Good Communication Standards: Development of Communication Passports



The aim of this initiative was to provide and share relevant information with regard to the child's communicative skills prior to commencing their educational placement, enabling them to transition and settle in more easily, and to enhance the partnership between parents, education staff and the Preschool Child Development (PCD) SLT Team.

Parents/carers worked closely with the Speech and Language Therapist in creating the individualised communication passport specifically for their child. This was achieved through the development and use of a questionnaire and face to face sessions. The parents/carers also received a personal copy to use in other areas which they felt would be useful eg. football, swimming activities.

The education staff were actively involved in determining the most appropriate timescale for the communication passports to be received. They also completed an Observation Checklist on each child highlighting any concerns they had within the educational environment and forwarding this to the SLT involved.

This Initiative involved **5** of the PCD Speech and Language Therapists, and **2** Speech and Language Therapy Assistants. There was a cluster group of Nurseries, involving **5** teachers, from which feedback was sought and a number of parents/carers provided verbal feedback.

Those involved in the initiative reported the following:

- Communication passports created more engagement between the therapists, parents and preschool staff
- Preschool staff felt more prepared for the children arriving into their facility and that they knew from the outset the children were receiving support from the Trust regarding their speech, language and communicative development
- Having the observation form at the beginning of the year allowed them to focus on the child's strengths as well as weaknesses in relation to their communicative skills
- Parents/carers reported that they felt empowered in the co-producing of the passport as it was very specific to their own child
- The initiative was time consuming for the therapists and assistants to initially implement, however it gave them an opportunity to share pertinent information in a joined up approach and in a timely manner
- Therapists reported that there was a significant reduction in 'Information Gathering' phone calls from the nurseries and playgroups in the first term of school.

Following the implementation of this initiative, feedback from the Nursery cluster group and parents, the Observation form has been further developed and is now in use by the wider speech and Language therapy Team within the Trust.

NEXT STEPS →

It is vital that we ensure the communication passports are relevant and are a useful and practical tool for educational staff and parents. Feedback is always valuable. So we need to continue monitoring the use of the observation checklists completed by the educational staff and ensure they are used by the SLTs in planning appropriate and timely intervention.

Help Kids Talk

Help Kids Talk is a community project based in Lisburn and funded by Lisburn & Castlereagh Council. Prevalence in Lisburn indicated that **32%** of children entering Primary 1 had a speech, language and communication delay, with **76%** of these being boys. This project aims to reduce the number and in turn tackle the long term effects of poor communication skills including mental health difficulties, low levels of academic attainment and employability an increased risk of young people entering the justice system.



The project is based in the community and aims to provide early intervention including advice to parents at the antenatal stage. It works to promote key speech, language and communication messages which have been co-designed with parents and other stakeholders. The key messages and a range of other resources are promoted on the Help Kids Talk Facebook page and twitter account ([@HelpKidsTalkNI](#)). A training strategy has been developed to provide training for Early Talk Boost and Talk Boost to nursery and primary schools across Lisburn as well as a Basic Awareness Training Package which has been delivered to stakeholders. Joint workshops have also been delivered in partnership with ABCPip. The project officially launched on 4 March 2020 in Lagan Valley Island Centre which was attended by a number of stakeholders including local elected representatives. The project forms part of the Council's community plan.



The project works in partnership with a wide range of stakeholders from the voluntary and statutory sector including local schools, churches, childminders, SureStart, ABCPip, community groups and parents. The logo for the project was designed by local students from Forthill Integrated College in Lisburn and the **12** key messages were co-produced by parents and other stakeholders including Lisburn SureStart. Funding has been secured for a project co-ordinator who will liaise with stakeholders to progress the strategic aims of the project.

Basic Awareness training has been delivered across Lisburn with **100%** of participants indicating that after the session they had better understanding and awareness of speech, language and communication development and were aware of strategies to use to support children to develop communication skills. **100%** of participants indicated that they could apply what they had learned to their workplace or own family setting.

116 children have availed of the Early Talk Boost Programme in nursery schools across Lisburn with **100%** of children showing an improvement in their communication skills prior to entering Primary one.

292 children in foundation stage in Primary schools across Lisburn engaged in the Talk Boost Programme with **96%** demonstrating improvements in their speech, language and communication skills.



The feedback from staff and parents has been overwhelmingly positive.

NEXT STEPS

- The next steps are to develop the training strategy and develop the role of the project co-ordinator so the project can extend its reach into the community
- With the forthcoming introduction of 'Encompass' the referral form will require further development to allow cross trust referrals to be made electronically.

Implementation of a Virtual Spinal Clinic in SET Orthopaedic ICATS

Virtual Spinal Clinic has been implemented in the Trust to increase numbers managed by Orthopaedic ICATS and reduce onward referral. Previously an email query accounted for **30 minutes** but with the introduction of the Virtual Spinal Clinic this was reduced to **2 - 3 minutes**.

The virtual query is answered within a **2 week** time frame and onward referral time frames are specified with the patient to be seen in MPH Urgent within **3 months**. At present **90%** of referrals are discussed virtually and **48%** of these did not require onward referral to the spinal service. No additional funding was required and the introduction of a virtual pathway fits with the Triple Aim Approach improving the experience of care, improving the health of population and reducing per-capita costs of health care.

This project involved the Orthopaedic ICATS Team and the regional spinal consultants. ICATS Team consists of Advanced Practitioner Physiotherapists and GP's with special interest in MSK & involved close collaboration with spinal surgeons to create and implement a spinal virtual clinic.

The client group involved patients with spinal pathology who require surgical opinion. **29%** absences in NI local authorities are due to MSK back/neck problems. The GIRFT (Getting It Right First Time) Report on Spinal Services 2019 outlines early intervention by specialist practitioners is central in transforming UK back care. Department of Health aims no-one should wait more than **1 year** for first outpatient appointment (2018). Regional initiatives reduced overall numbers waiting by **35%** which included Spinal Mega Clinics, Telephone Assessment clinics and Acute Nerve Root Injection Service within South Eastern HSC Trust.



Creating a virtual clinic has improved patient experience, clinician confidence, providing significant learning opportunities, led to a significant reduction in waiting times and improved selection of surgical candidates resulting in improved patient care. Staff and patients have given regular feedback via emails, telephone contact and questionnaires.

- **48%** discussed at the virtual spinal clinic did not require onward referral
- Initially **53%** of the spinal surgical service referrals from ICATS were discussed virtually and this has evolved to **90%**
- A survey of patient satisfaction was carried out and results indicated **100%** of respondents preferred the virtual clinic to an outpatient visit
- **100%** rated their experience as excellent
- **100%** understood what would happen next
- **90%** were clear on their progress in the pathway
- Feedback from spinal surgeon has indicated the pathway saves the patient and system further appointments
- Virtual clinics have been shown in other orthopaedic settings to enhance patient care by standardising treatment and reducing OPD attendances and are easily transferable to other organisations.

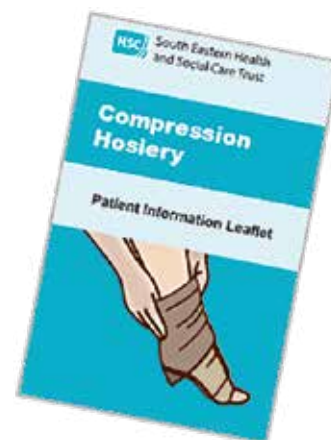
NEXT STEPS →

- To embed this practice to all referrals to the spinal team
- To increase the frequency of the clinics as required
- To share the learning both within the team, at a regional level & to use this process change to encourage change in other clinical areas.

Multidisciplinary Approach to the Management of Chronic Oedema in Primary Care

Leg oedema is often a precursor for developing venous leg ulcers, cellulitis and lymphoedema. Compression hosiery has an important role to play in the prevention of these conditions. This project aims to develop a community care model to manage patients in primary care through assessment and review aiming to:

- Reduce and/or address the variation in prescribing of compression hosiery
- Improve the care of patients in compression hosiery
- Prevent the development of venous ulceration and associated conditions
- Reduce hospital admissions and antibiotic prescribing costs due to cellulitis.



The project is now in its third year, offering to work with all GP Practices in the Trust to provide support and education in the early assessment and management of simple chronic oedema.

In a multidisciplinary collaborative approach, the Tissue Viability and Lymphoedema services jointly developed a model of care initiating practice-based clinics to identify and manage simple early oedema.

A Chronic Oedema Nurse has been appointed to further develop the model and implement its use throughout the practices, supporting the staff on an on-going basis. Over **350** service users have been assessed and educated in the clinics based in **29** GP Practices Trust wide.

The project has continued to develop and grow since its inception in 2017, using quality improvement methodology - PDSA cycles to review and adapt and improve systems and data collection. Adaptation of systems is required dependent upon each computer system used as there are variances within practices.

A comprehensive system and model is now easily implemented once a practice agrees to participate. More than **350** patients have been assessed through the project in **29** practices running clinics Trust wide.

The achievements to date are positive, with excellent patient feedback, patient and staff education and a reduction in ineffective diuretic and antibiotics the most notable.



Dissemination of the learning and achievements of the project has commenced with an oral presentation of the project delivered by Pippa McCabe in Chicago June 2019 at the International Lymphoedema Forum conference and was very well received. The project also reached the finals of SET Chairman's Awards 2019, placing runner up in a very strong category.

Vivienne Murdoch (Chronic Oedema Nurse) was runner-up in the British Journal of Nursing, Chronic Oedema Nurse of the Year, in London in March 2019, for her work in the implementation of the Practice-Based Healthy Leg Project. Her work has been published in the British Journal of Nursing and British Journal of Community Nursing in 2019, with further publication in the Journal of General Practice Nursing expected in September 2020.

NEXT STEPS →

- The service will continue to recruit interested Practices to further expand the use of the model of care it promotes, providing education through formal channels through the GP federation PBL days, and locally within the Practices
- The role of the Chronic Oedema Liaison Nurse has developed, and an awareness of the Practice based clinics has been spread to community nursing and podiatry colleagues, who make appropriate referrals to the clinics. However, there are a sizeable number of house bound patients who are not able to avail of the service and are currently being referred through the Lymphoedema Service. Possible further development would be to support the Lymphoedema team by providing a service to these patients
- Dissemination of the learning and achievements of the project continues including presentations shared regionally within the Lymphoedema Network, Northern Ireland, the Leg Ulcer Forum NI and a Public Health Consultant in PHA, and are to be discussed at the Tissue Viability Nurse Network meeting early 2021. The team have been selected to offer oral presentations at regional, national and international conferences, sharing the results of the project at Tissue Viability, Leg ulcer forum, RCN Research and Development, Lymphoedema and Pharmacy conferences.

Community Stroke Team eDAMS Online Acute Referral Form

Community Stroke Team had identified the need to streamline their referral process from acute settings in South Eastern HSC Trust to themselves. It was agreed to utilise the eDAMS system to auto populate form reducing staff time taken to send referral.

This was done through close liaison with acute staff in the development and design of this form. This would help ensure that the referral form would capture all of the relevant information to assist with triaging and prioritising referrals.

The referrals are to be sent through the central booking office for log on to referral manager in scheduler to provide electronic trail ensuring security of referrals and accountability.

The outcomes of this new referral form and process would ensure:

- Timely secure referrals
- Traceability for all referrals received
- Electronic accountability for all referrals received.

NEXT STEPS →

With the forth coming introduction of 'Encompass' the referral form will require further development to allow cross trust referrals to be made electronically.



Development of a Mood Screening Pathway

Community Stroke Team staff have worked together to develop a mood screening pathway that meets the NICE guidelines. Appropriate outcome measures were sourced and training regarding their usage was carried out for the entire team by a psychologist.

The main challenges faced during the improvement initiative included:

- Change in processes - team discussions were held and feedback was sought regarding current status
- Resistance to change in processes - working groups have been established. The need for change has been identified and shared with the whole team and feedback on processes sought during development
- Identified the need for training and raising awareness within the staff team - psychologist provided training and support to entire team.

NEXT STEPS →

An audit of the pathway is to be carried out.

Design of Bridges Self-Management App for Stroke Survivors

The Community Stroke Team (CST) staff have been involved with development of Bridges Self-Management programme since its inception. The CST was approached to assist with development of an online app version of the programme.

3 CST staff facilitated focus groups comprising of approximately **6** past and current patients/carers.

The main challenges facing the team have been communication difficulties inherent in this group of service users and working with private industry technology company in the development of the app.

Pre-COVID, the Bridges App was in the prototype stage, however the developmental work is suspended at present.

NEXT STEPS →

Trial of prototype once COVID restrictions are relaxed sufficiently.



Enhanced Care at Home

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



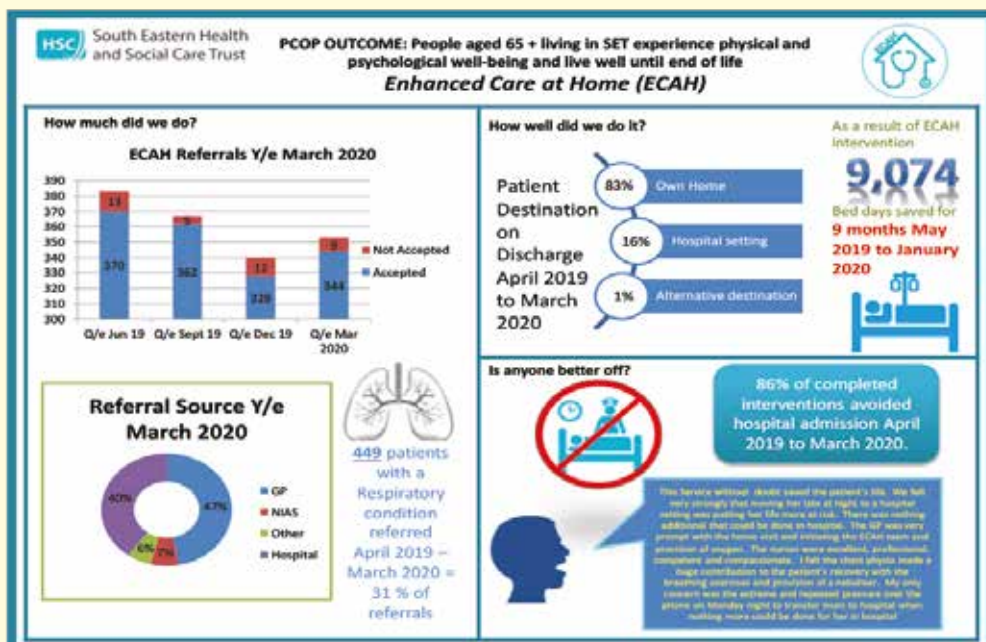
The Enhanced Care at Home Service (ECAH) has been developed through an Integrated Care Partnership (ICP) to provide person-centred care for acutely unwell individuals.

It allows people to stay at home as an alternative to hospitalisation. Additionally, it can facilitate an early hospital discharge.

A person's need for therapeutics, assessments and monitoring are provided in the comfort of their own home with agreed goals and interventions.

Service Developments:

- The ECAH service delivery model has been refined to reflect the different levels/tiers of care required; from GP (Tier 1) care at home; to Consultant support (Tier 2 geriatrician, Tier 3 hospital consultant), all within a distinct team



- The Multi-disciplinary team now has two Band 7 Physiotherapists, access to occupational therapists and a Pharmacist working alongside the nursing teams.

NEXT STEPS

- Nursing staff continue to be developed to the level of Advanced Nurse Practitioner. Two Band 7 Senior Nurses will commence their Advanced Nurse Practitioner Course in September 2020
- Focusing on increasing collaboration with Care Homes, with the support of GPs and the Multidisciplinary team.

Winner of Ulster University Poster Competition - Emma McCay Trainee Advanced Nurse Practitioner



Emma McCay, MHSOP Trainee Advanced Nurse Practitioner (ANP) continues to trail blaze to raise awareness of the complexities facing many of our older generation who have mental health conditions.

Emma's role includes bringing forward the latest research and evidence based treatment plans whilst helping to lead on service development which is fit for the future.

Emma presented her work in December 2019 at University of Ulster and won the top poster presentation award for the Trust.

Cognitive Behavioural Therapy Prototype Team

The Cognitive Behavioural Therapy (CBT) Prototype Team were first place winners of the Poster Presentation at the joint UU/SEHSCT Psychological Therapies Conference in June 2019 and Chairman's Award Finalists.

'The Ards MHSOP CBT team, showcasing their innovative CBT prototype at the joint UU/SEHSCT Psychological Therapies Conference in June 2019 and winning the first place poster presentation award'.

Dr Joanne Younge, Associate Specialist; Lynda Malcomson, CBT Nurse Therapist; Dawn McCullough CBT Nurse Therapist.



In the MHSOP CBT prototype, waiting times were reduced from **321** days to **29** days for a new patient assessment and demonstrated an **80%** recovery and **67%** reliable improvement rate in patients over 65 years, who often have difficulties accessing psychological therapy. Brilliant outcomes!

The MHSOP Service has now established the first CBT practitioner within the team specifically for older people, who will champion the needs of older people within mental health and people living with Dementia and help to develop services that are responsive and

fit for purpose. The team were also finalists for the Trust Chairman's Award, 2019, in the **'Ensure Safety, Improve Quality and Test Experience'** category.

NEXT STEPS

- To fully establish the new CBT practitioner across the Trust to provide timelier CBT to older people.

Mental Health Services Older People (MHSOP)

Quality Care

Quality care for people living with dementia begins with caregivers who are sensitive, patient and kind. The 'Virtual Dementia Tour training' is a scientifically proven method of helping others understand what people with dementia experience every day, and is 'a window into their world'.

In a nurse led innovative collaboration, the Trust facilitated provision of the Dementia Bus with the NIPS, PSNI, local carers, Trust staff and independent sector colleagues.

The feedback was exceptional from all areas prompting requests for more training of this valuable experiential style.

As a result, the further training sessions were provided within the Trust. The team were also Finalists in the 'Continuing to Improve' Category of the Chairman's Awards 2019.



Ivan Ferris (VDT Coordinator), Tracey Heasley (NIPS), Deep Sagar (Chairman), Inspector Mark Cavanagh (PSNI), Deirdre Lewis (PCOPS)



Chairman's awards Finalists - The Dementia Virtual Tour Bus

NEXT STEPS



- To secure funding for further experiential learning opportunities in order to build on the relationships made across the partners within this initiative
- Continue to work closely together to increase the education and understanding of care givers for people living with dementia across our Trust Area.

Dementia Services

The Trust was delighted to get through to the final of the Alzheimer's Society Dementia Friendly Awards 2019 Large Organisation of the Year category. This award recognises large organisations that have gone above and beyond normal business and regulatory standards to successfully implement dementia friendly initiatives.

There are significant areas of good practice in dementia care throughout the Trust including Butterfly Scheme, John's Campaign, adaptations to physical environments, signage, dementia training, dementia companions, dementia navigators and sensory gardens all creating a legacy and having a positive impact on people affected by dementia.





Brenda Arthurs, Assistant Director; Barry Smyth, Area Manager NI Alzheimer's Society; Deirdre Lewis Nurse, Consultant Mental Health Services for Older People; Ivan Ferris, VDT Coordinator; Tracy Kane, Service Improvement Lead Acute; Fiona Rooney, Service Improvement Lead Community.

Introducing Trust Service Improvement Leads for Dementia

In September 2019, the Trust Dementia Service Improvement Leads took up post - Fiona Rooney (Community Services) and Tracy Kane (Acute/Non Acute Services).

In line with the strategic direction for dementia care, the Service Improvement Leads work closely with management teams across all programmes of care identifying, implementing and project managing service improvement initiatives which will make significant contribution to transformation change for people with dementia.



Contact Details:

Tracy Kane (left):

email: tracy.kane@setrust.hscni.net

Fiona Rooney (right):

email: fiona.rooney@setrust.hscni.net

NEXT STEPS →

The Dementia Service Improvement Leads will take forward new initiatives across the Trust, such as defining and developing a training programme for staff to ensure we have a skilled and knowledgeable workforce when working with people living with dementia; developing and further expanding the Dementia Companion Service; assisting in the development of dementia services within the Dementia Care Pathway.

Dementia Companion Service:

Dragon's Den Finalist 2019



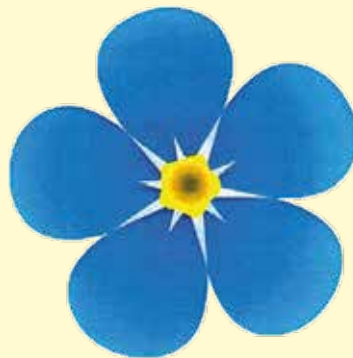
The overall purpose of the dementia companion role is to enhance the safety and experience of patients living with dementia who are admitted to an acute care ward by creating ward environments that are both person-centred and dementia friendly.

8 Dementia Companions have been recruited into the Trust and took up post in May 2019 to provide this valuable service to dementia patients across the **3** acute hospitals.

The service was proud to be finalists in the Trust SQE Dragon's Den competition.



Dementia Companions with Interim Chief Executive, Seamus McGoran.



GP Out of Hours Service

Dr. Colin Fitzpatrick, Dr. Lynn Donaghy, Dr. Eddie Harney, Roisin McCartan & Mark Armstrong

Thanks to all doctors, nurse practitioners, call handlers, receptionists and drivers for participating.

Background since Refocussing Keeping Our Eyes on KPIs

- There has been variable progress with KPI Standard for "Urgent" call response times within 20 minutes of being received.
- Re-audits identified recurrent issues with call prioritisation, "unanswered call back" function not used on our system (Call Back), KPI report does not reflect call back times if patient was contacted within target or doctors disregard call priority.
- Change of priority from routine to urgent if a patient rings back if their first call is delayed, creates a breach of the standard.
- Call Handler Audit – May 2018- 100% of calls prioritised matched the final outcome by the clinician.

Aim

- All URGENT calls must be contacted within 20 minutes. (95% Target)
- Patient "Call-back" feature used to record their attempts to contact a patient within 20 minutes.
- Clinician record actual call times allowing for retrospective recording of their triage consultation or script printing to meet the urgent target.
- Close off calls after three attempts to contact have been made.
- The ENTIRE WORKING TEAM is keeping their eyes on urgent calls in busy shifts.

Improvement Methodology

- New Ways of Working (NWOW) MDT forums to engage with workforce for ideas. (Oct-18)
- QI Project improving "GP Urgent" Response Times for all 3 sites.
- Safety Huddles pilots at weekends.
- Improving Team engagement / identity.
- Ongoing updates the key Adastra Features : Log Call Back facility, Case Tracking and using Instant Messaging to highlight urgent calls to doctors.



Results

The "Run Chart" confirms there are still periods where the target can improve for urgent calls.

The median benchmark was 82% and we have achieved 87% at times.

There is increasing pressure with reduced clinical cover but figures show performance can be improved.

The audit of urgent exceptions returned within 39 minutes (untrimmed median value) which is higher than previously.

There is no evidence of harm to patient from any reviews of the QR09 monthly exceptions.

Outcome Measures

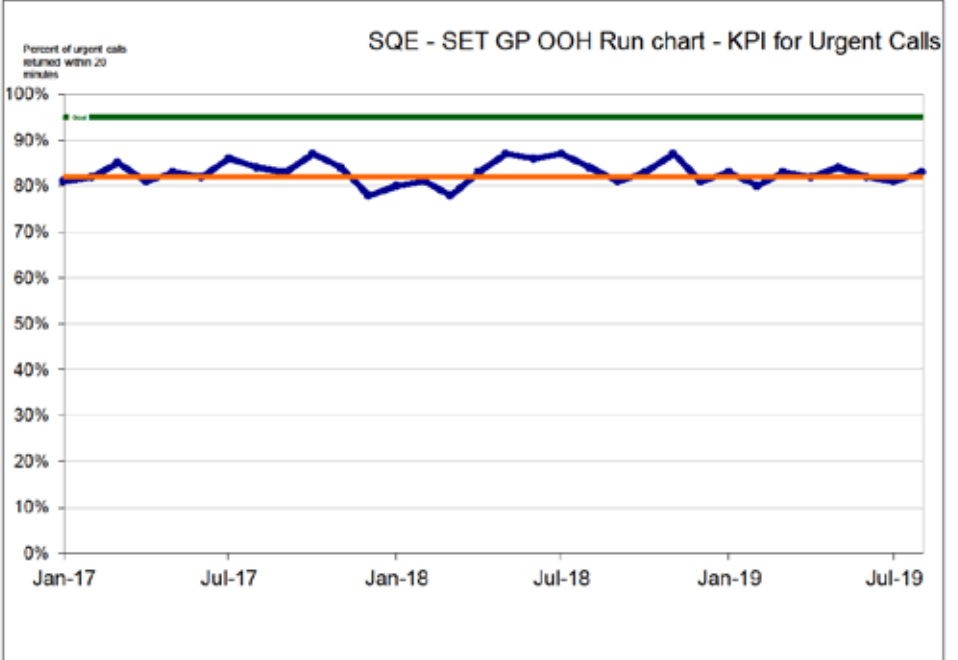
- Weekly / Monthly regional reports
- Receptionist / Call Handler Audit - Call Prioritisation (100%) - Audit against Final Outcome Priority
- Audit of exception reports – No contact. Log "Call Back" Function

Outcome

- Patient Benefit - Improved response times for patients presenting with Urgent conditions.
- Staff Benefit - Improved call management for urgent priorities with doctors and reduce variation on response times.
- Organisational Benefit - Improved compliance with Commissioner Performance Targets and Improved access for patients with urgent medical conditions.

New Ways of Working Next Steps

- All clinicians to take a proportion of urgent calls within 20 min. target.
- Improve safety huddle and team working approach to meeting KPIs.
- New Ways of Working Oct-19 MDT Forum to get new ideas to identify and action urgent calls on busy shifts
- Call Priority Training Jan 2020
- Call handler re-audit. Oct-19
- YouTube 1 Minute Training Videos



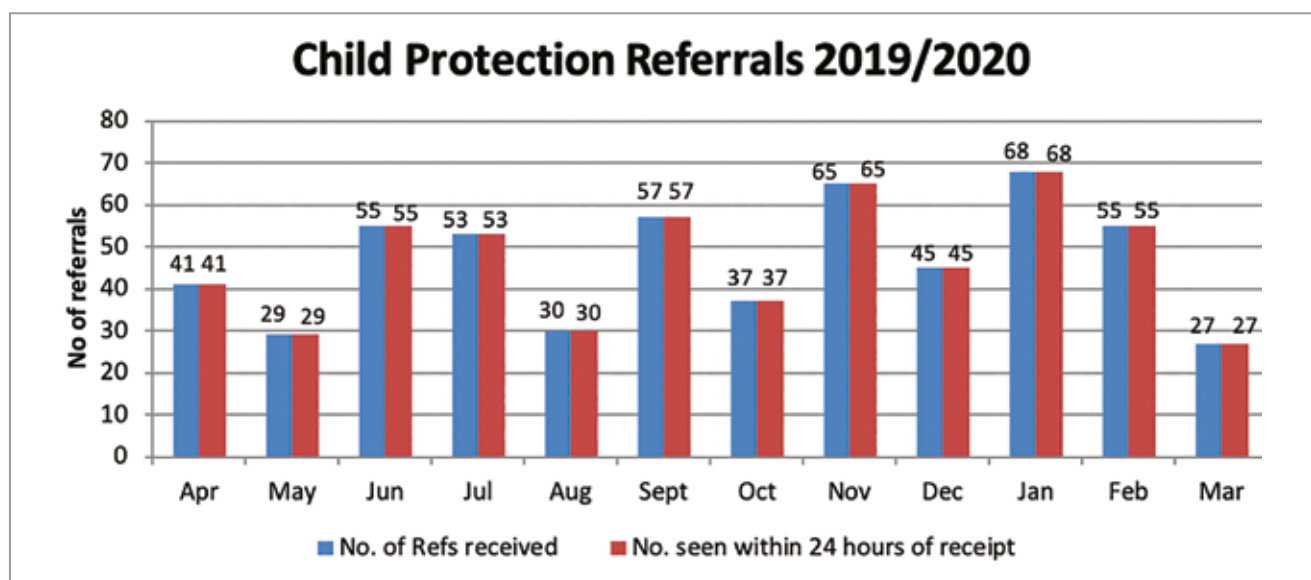
Protecting Children at Risk

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

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

Facts & Figures

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



Improving Culture and Morale

The work to improve culture and morale forms part of the EMOJI quality improvement project which focused on providing an outcome based framework to improving culture and morale and ensuring the voice of the child was central to the assessment process. The focus of EMOJI in this reporting year is around implementing a culture of safety as a foundation for improvement. With staff turnover and low morale being a consistent theme it was agreed that the work with the children would form part of the next phase of scale and spread.

Subsequently one of the senior managers developed a staff engagement partnership in one sector using a collective leadership approach and invited representation from staff at all levels across children's services in the Trust.

This group lead four work streams looking at:

- Public engagement and raising the profile of safeguarding
- Improving the recruitment process
- Improving the induction process for staff at all levels
- Celebration and appreciation.

Staff have been working hard in all these areas. For example, in order to improve the recruitment process staff have developed a recruitment brochure and a series of videos which will be used via social media during the external recruitment campaign.

NEXT STEPS ➔

- Staff engagement model to be further developed as part of embedding a culture of safety and improvement, outcome and process measures to be established
- Virtual induction for new staff in children's services will be enhanced and developed. This will be planned and delivered in partnership with the learning and improvement team
- Staff evaluation to support improvement.

Children's Services Family Support Hubs



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

This year the Trust provided support to **1188** families through the three Family Support Hubs. This is an increase from **974** families in the previous period. In 2019/2020 Emotional Behaviour Difficulty for primary school children was the main reason for referrals (**426** of all referrals), which has been the trend in the past few years.

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

A lone parent of a 13 year old with anger management issues was referred to the Hub. He received 10 pre-arranged sessions from the YMCA, with 10 sessions attended. His mother later informed staff:

“ *He seems more settled; he is able to express and communicate problems before they escalate further. I believe that he has grown with confidence by participating in this scheme. The biggest impact was he learnt how to deal with and recognise triggers associated with anger and how to resolve issues without resorting to using anger.* ”

Parents and their 10 year child were referred to the Hub by their GP as the child was suffering from anxiety. On receipt of therapeutic support parents reported:

“ *The Action for Children Family Support Worker is a wonderful, dedicated professional. Her compassion and commitment is second to none. Her work with my son has started to help him find ways to cope with his anxiety.* ”

NEXT STEPS ➔

- Continue to promote and inform professionals and the community across the Trust about the Family Support Hubs
- To further develop the Family Support Hubs to increase capacity to address the waiting lists
- To identify needs and trends and attempt to meet these needs with suitable services.

Local Engagement Partnership (LEP)

In the Trust there is a commitment to a culture that engages people who use the services to learn from their experiences and use the learning to inform high quality care.

Local Engagement Partnerships (LEPs) were introduced in 2016 to support the delivery of the Department of Health's Social Work Strategy with the aim of working together to improve social work in Trust areas. Membership includes carers and service user representatives, third sector organisations, social workers and managers. The focus of the LEP in the last year has been to see co-production in action in the Trust through supporting improvement to services and planning for change.



As a service user, being involved in the LEP helps me feel noticed and heard. It also makes me think practically and realistically about what improvements could be made to local services."



The LEP have co-produced a video **#askmyname** which promotes the principles of Person Centred Care and the importance of asking service users what they like to be called.

This video is being used to support induction for new staff as well as training for current trust staff and supports the social care council in their training of domiciliary care staff across Northern Ireland.

https://www.youtube.com/watch?v=t_wxXsd3oHg

The LEP have also been busy supporting service development through co-producing a summer scheme for teenagers with autism in August 2019. This was supported by the LEP and YMCA. Some of the feedback from young people and parents included:



It's been a very positive experience for XX - she has tried activities and opportunities that have really helped to boost her confidence.



During 2019 the LEP co-designed and co-delivered coproduction workshops to support social work staff in the Trust, talking through the journey of the LEP and what we can all learn from this.



The LEP were also delighted to be finalists in the Chairman's Recognition Awards 2019, in the category **Engage with You**, recognising the hard work and commitment of a vibrant group of people with lived experience of services, those with caring responsibilities and paid social work staff from the Trust and also voluntary agencies.

Looked After Children

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



To effectively support young people and children who are care experienced in the Trust, it is essential to ensure they have a voice about the service they receive and their wishes and feelings. To this end the MOMO (Mind of My Own) app continues to be used to encourage positive person centred engagement between social workers and young people. This informs the review process.

It was anticipated that MOMO would be scaled to leaving care and aftercare services. This has not been achieved within this reporting period due to planned changes in workforce structure. A plan is in place to take this forward.

Facts & Figures

In this reporting period **93.9%** of looked after children within the Trust were reviewed within regionally agreed timescales. This is a decrease from **98.2%** in the previous period.

An exploration of the causes of the decrease in the number of reviews completed within timescale has highlighted workforce pressures.



MOMO (Mind of My Own) app

NEXT STEPS

- The Trust is planning that all staff in leaving care and aftercare will be trained in the use of MOMO following restructuring of the workforce
- Robust workforce planning will continue to support staff engagement and the recruitment/retention of social workers.

Ensuring Permanence Plans for Looked after Children

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



Every child not in a permanent home deserves a consistent, stable environment that ensures the care they receive as they grow up is safe, effective and tailored to meet their individual needs. The Trust acknowledges that permanency planning for children who are cared for is essential at the earliest point following admission to a care placement.

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. A Trust Permanence Panel is held twice per month to ensure the processes for achieving permanence for children in care in a timely fashion remain effective.

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

Facts & Figures

In this reporting period, all children looked after for more than **3** months had a permanency plan in place, which is defined as having a twin track care plan in place by the **3** month looked after child review. The Trust Permanence Panel monitor the timely progression of achieving a final care plan thereafter.

In 2019/2020 the Trust had **12** Adoption Orders granted, **2** of which were via concurrent care. A further **3** children were placed concurrently but the process was delayed due to the impact of prolonged care and freeing order proceedings.

The Trust has been developing post adoption support services in line with transformation funding.

During the reporting period the Trust provided post adoption social work support to **67** adoptive families.

The Trust has also supported adoptive families through the provision of training, with adoptive parents availing of **113** training places during the report period.

NEXT STEPS

- The Trust will continue to develop provision of concurrent care placements to enable the placement of children with prospective adoptive carers at an earlier stage of care planning
- Embed the development of post adoption support services within the Trust.

Adult Safeguarding & Adult Protection

The Trust has a lead role in protecting adults who are at risk of harm and also those who cannot protect themselves. We do this in partnership with others and it remains everyone's responsibility to make a referral should concerns arise. The Trust provided support for partner organisations to comply with the relevant requirements set out in **Adult Safeguarding: Prevention and Protection in Partnership** (July 2015).

During 2019/2020 we focused on:

- Raising awareness of financial abuse particularly in the over 60 age group: Scam information was developed for inclusion in the NIHE Newsletter which was issued to **85,000** homes and published on their website. In addition the information was shared with partners for sharing within their organisations
- Dunmurry Manor Citizens Hub was established to co-design and co-deliver intergenerational activities and events with residents and staff of Dunmurry Manor Care home and partners in their community. This was in order to improve the lived experience of residents once having moved into a care home environment. A full calendar of events was achieved from Tea Parties with students from the catering department of Lisburn Further Education College to 'Knit and Knatter' sessions with local crafting groups. Runwood Director of Wellbeing & Dementia Services also delivered Dementia Friends training to a total of **161** SERC students and P6 & P7 primary school children involved with the hub
- Reviewing recommendations of an Independent whole systems review following the Commissioner for Older People in NI report in respect of Dunmurry Manor for learning and any actions required. The Trust continues to engage with Department of Health reference group to inform the whole systems review. The Trust have reviewed and implemented a range of internal policies and procedures in response to learning identified ahead of the DoH Review publication eg. strengthening of independent sector governance arrangements, escalation policy and adult protection practices.



Facts & Figures

There were **509** referrals made to Adult Protection Services in 2019/2020. This was a **12%** drop from last year. The highest number of referrals came from Mental Health Services, with **225** cases, followed by Older People Services with **146** cases. Of the referrals, **234** went through to investigation.

Physical abuse appeared as the most reported form of abuse with **199**, followed by sexual abuse with **153** cases of which mental health service users made up **85%** of the sexual abuse cases reported. **81** cases of financial abuse were reported in 2019/2020 which equated to an **8%** drop from the previous year.

In 2019/2020 **140** protection plans were implemented to keep service users safer with Older People requiring **47%** of plans in place.

While Mental Health had the highest number of referrals and investigations during 2019/2020, only **6%** of service users needed a protection plan.

NEXT STEPS

- The Trust Adult Protection Gateway Team (APGT) currently operates a hybrid model in the protection of adults at risk from abuse, exploitation or neglect. The Trust will move to a phased implementation of a single point of contact for all adult protection referrals via the adult protection gateway team
- Improve internal communication and sharing of information in respect to care homes and domiciliary care providers
- The Trust welcomes the opportunity to learn from the Domestic Homicide Reviews to Northern Ireland during 2020.

Carer Support



Carer Support



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

All Programmes of Care in Adult Services in the Trust are now using the Carers Conversation Wheel tool to complete assessments for carers. The rollout of the tool to the Older People's Service was completed in June 2019. Carers have continued to report the benefits of the therapeutic intervention and the time provided to them to talk about the impact of the caring role on their everyday lives. Staff have also been very positive about the tool and are actively involved in using the Carers Conversation with Carers.

As a result, completed carer assessments have increased by **38.4%** in Older People's Services and by **25.8%** across all Programmes of Care compared with last year's figures. The numbers of carer assessments offered has risen by **15.4%**. There are still challenges with the numbers of assessments declined and these figures remain high. The main reason reported for this is that carers feel they do not need any support or additional support.

Carer One Off Payments are payments provided to carers to promote health and wellbeing by having a short break from the caring role. There have been **1414** payments made and approved from April 2019 - March 2020 for carer short breaks. The requests from Older People's Services have increased by **71%** from this period last year and there has been an overall increase from all programmes of care of **24.7%** on last year's figures.

In relation to events, carer support has hosted **34** carer wellbeing events with **805** carers in attendance, up from **11** events last year. Events have been more regular and localised to meet carer needs; events have been varied and have appealed to all age groups. Carers have noted that attendance at events has resulted in decreased isolation and provided peer support and carers have reported improvements in their health and wellbeing.

One carer noted:



“Thank you for organising the excellent retreat day on Monday. It was relaxing and therapeutic - even the weather played ball! I am still feeling the effects of it and just have to imagine the lovely setting to make me feel relaxed. I am making new contacts and also as a result of various talks organised by you, I have reconnected with people that I knew from way back which has been lovely”.

In addition, there are weekly carer yoga classes in Lisburn and Newtownards with approximately **12** carers attending each class.

The Pharmacy Project is an ongoing initiative to identify unknown carers and the Trust is supporting this project by providing initial and refresher training regarding carers' issues to Pharmacists within the Trust area. The Trust is continuing to explore new initiatives to identify carers such as making links with other agencies and community sector organisations in order for support to be offered.

The Trust Carer Worker Network quarterly meetings are ongoing. These are effective forums where Trust, community and voluntary sector workers meet to share support information for carers. The Carer Implementation Group also meets quarterly and carers from all programmes of care are involved in this group. Carer subgroups have been exploring new ways of imparting support information to carers and have been working to revise the Carer Booklet and the information on the Trust website.

Carers continue to be actively involved in training and support sessions; one carer facilitates ongoing training titled 'Caring for Carers' which provides advice and guidance on needs, coping skills and maintaining good health and wellbeing while carrying out the caring role.

NEXT STEPS

- To continue to encourage the uptake of the Carer's Conversation
- To continue to promote short breaks for carers
- To enhance communication systems with carers through production of regular newsletters and exploring other digital methods such as use of zoom to connect with carers
- To explore new initiatives in order to identify carers not known to the service so that supports can be accessed
- To organise wellbeing events that will benefit carers
- To continue to work in partnership with stakeholders in order for carers to receive all supports afforded to them
- To develop co-production work with carers so that future services and supports are relevant, appropriate and have good outcomes for carers.

Re-settlement of Adults with a Learning Disability



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

The Trust has adopted an Outcomes Based Approach for individuals who are resettling from the hospital to a community placement through person centred planning. This has been facilitated by the completion of an Essential Lifestyle Plan (ELP) for each individual to facilitate a seamless transition to a community based living option.

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

Families relate that advancement of care needs and social integration has been met through the move to the community from the hospital setting. Interim evaluation reports further suggest that there is furtherance in quality of life.

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

Facts & Figures

In 2019/2020, **3** patients remained to be resettled from the hospital and the status of these three patients has not changed.

NEXT STEPS →

- **3** people continue to remain to be resettled from the hospital and the Trust is continuing to explore the most suitable placement options to meet the specialist needs for all patients. The Trust is working in partnership with the Belfast Trust and the Northern Trust to develop options that will meet the needs of the patients who present with a forensic history.



Direct Payments for Children

All staff continue to promote Self Directed Support (SDS), the person-centred model of service provision used in the Trust to promote greater choice, independence, flexibility and individuality for children who are disabled and their families.

Direct payments is one of the options used by children and families in receipt of SDS and continues to be the service that families choose when support planning. This is evident in the % of children and families who choose a direct payment and have lived experience of services.

Facts & Figures

In 2019/2020, the number of children and families choosing direct payments as their SDS option has increased from **202** direct payment packages to **267** direct payment packages.

In terms of provision of SDS package, families choosing Direct Payments in this reporting year has increased from **78.2%** to **92%**.



NEXT STEPS →

- To undertake an evaluation of the provision of SDS in children's services using a co-production approach
- To assist staff in their training and development to ensure they are able to support children and families in SDS, ensuring greater choice, independence, flexibility and individuality.

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 their peers. The Trust has created and developed the **HOPE** service to support the education, training and employment of these young people which aims to help them reach their full potential.



Facts and Figures

In 2019/2020, the majority of young people known to the Trust's leaving and aftercare service were engaged in education, training, and employment (ETE). There has been a slight decrease in care leavers in education, training and employment from **77.2%** to **74.2%** which can be attributed to the impact of COVID-19 prior to the end of this reporting period.

The **HOPE** (Holistic Outcomes through Positive Experiences for Children and Young People) service has operated for over 2 years replacing the previous employability service. This service incorporates **4** key service delivery areas:

- Education
- Learning & Development
- Works
- Co-production.

HOPE Education



HOPE Education is dedicated to improving the educational attainment of young people in care with the aim of ensuring that all Looked after Children are provided with the support to reach their full cognitive potential.

HOPE education co-ordinates personal education plans for looked after children to provide linked support in partnership with schools and social workers. **HOPE** Education and QUB have partnered to deliver a bespoke literacy programme to young people in care which has successfully improved literacy skills and nurtured a love of reading.



HOPE Learning and Development

HOPE Learning and Development works with young care leavers aged 15 - 21 years giving them the tools to move into and sustain their ETE goals by providing support and development opportunities, encouraging them to meet their full potential in life.

As a direct result of this engagement and pre-employment support we have seen an increase in applications for employment opportunities such as the apprenticeship and internship programmes. This year, **1** young person will be commencing employment as an Intern within the **HOPE** team and another has applied for a Childcare Apprenticeship with **HOPE** Works.

HOPE Works

Our employability service provides many of our young people with access to long term, sustainable employment through the completion of our apprenticeship programme. In the year 2019/2020 we had **16** young people who commenced apprenticeship programmes in various directorates within the Trust.

All of the young people who completed our apprenticeship programmes have moved into employment, either within the Trust or with external organisations.

HOPE Co-Production



The **HOPE** Team employs **3** co-production interns who provide advice from a service user perspective to various projects within children's services, informing improvement projects within the service.

In 2019/2020 our previous interns won the Social Work Award and the PHA Chairman's Award for this co-production model. **2** previous interns have moved to social work training and one is employed in the Trust's Patient Experience Management Team.



NEXT STEPS →

- Working with RISE NI to provide school provision to those on the child protection register over the summer months
- A Transition Academy, open to **12** children who have had adverse childhood experiences in Primary 6 or 7 which provides tutoring, financial support, ICT equipment and a summer scheme programme
- Developing a university programme for care leavers who move into 3rd level education to provide vital information and continued support to the end of their studies
- Human Resources developing **3** new apprenticeships which will commence in September 2020 and continuing to develop relevant apprenticeships within the Trust to suit the needs of our young people
- The Trust continuing to employ co-production interns
- HOPE working collaboratively with leaving and aftercare teams, as well as key stake holders to increase the education, training and employment outcomes of young people in care.

Transition for Children with a Disability

Transition from children's services to adult services for young adults with a disability is a significant milestone in their lives. This milestone is best assisted by a transition plan to support young people with their life chances and equitable access to life choices such as employment, education, positive relationships and living independently. Transition planning is completed in partnership with young people, parents/carers, adult disability services, as well as our partner agencies and other statutory organisations. As well as this, a working group meets monthly to ensure that the person-centred needs of young people direct decision making over service provision.

In 2019/2020 a pilot was completed in one locality of the Trust, which focussed on the development of link workers in children's services and in adult services to support positive transition for young people aged 16 years to 21 years. An evaluation of this pilot is to be undertaken to inform next steps.

Facts & Figures



100% of young people with a disability, who were in receipt of special education, had a transition plan in place for leaving school in 2019/2020.

NEXT STEPS →

- This pilot will now be evaluated with young people and their families to measure outcomes and to inform the transition protocol across the Trust.

Direct Payments and Self-Directed Support (SDS) in Adult Services

Self-Directed Support (SDS) offers more control, flexibility and independence to people as they choose the support they want to meet their assessed need and agreed outcomes.

Throughout 2019/2020, the Trust have continued to progress SDS as the personalised model of social care. The Trust has continued to make progress in transitioning service users to the SDS model and continue to work toward **100%** compliance.

Staff have been supported in their role by the provision of staff training and continued updating of resources and processes to enable the provision of an efficient and effective service. This has included the development of an SDS training eLearning module which is now ready to go live.

Staff are supported to be champions of SDS through a practitioners forum and this year received a bespoke coaching training session to further enable them in their roles.

The voice of the service user is central to the design and delivery of SDS training with the programme being co-designed and co-delivered with one service user and one carer and real-life stories of how SDS makes a difference continue to be shared with staff.

Please view Tina's story on using SDS at:

<https://www.youtube.com/watch?v=CGv4xmG8jEA>

Facts & Figures

This year the Trust can report a total of **6630** people in receipt of a SDS service which is almost a **20%** increase from last year. A managed budget or direct payment has been chosen by **15%** of those in receipt of Self-Directed Support.

Adult Disability achieved the **100%** target to transfer all direct payment recipients to an SDS support plan and all new referrals will have an SDS support plan in place.

NEXT STEPS

- To continue to support staff to ensure that all service users are offered the choice to access Direct Payments, a Managed Budget, Trust arranged services, or a mix of those options, to meet eligible needs identified
- To roll-out the elearning SDS training module to all staff
- To continue to support staff in their role as Champions of SDS through the practitioners forum.

Annual Health Checks for Adults with Learning Disabilities

The Direct Enhanced Services (DES) provides an annual health check for people with learning disabilities.

The Annual Health Check has identified obesity as one of the biggest areas of health promotion need. During the last reporting period, a quality improvement project was piloted in the Downpatrick area. The aim of the project was to enhance and improve the health of clients with learning disabilities by getting more active and helping reduce BMI through a co-produced twelve week weight loss programme. Weekly dance classes, weigh-ins and information sessions led to a weight loss total of **6.5 stone**.



Other positive outcomes included decrease in individual referrals and improved mental health outcomes. The pilot was positively evaluated by both the participants and carers. This has now spread and is in its third programme.



Facts & Figures

A total of **61% (1021)** of adults with a learning disability received an annual health check. **100%** of GP practices across the Trust offer this check.

NEXT STEPS →

- To continue to work with the Public Health Agency to understand reasons for the poor uptake of screening for adults with a learning disability
- Ongoing promotion of the Hospital passport for adults with learning disabilities.

Approved Social Work

Sometimes it is necessary to detain people in hospital for assessment under the Mental Health Order for the protection of an individual and to prevent harm to themselves or others.

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 born 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, particularly Article 5 and Article 8 of the ECHR.

Facts & Figures

In this reporting period 2 applications for assessment were made by ASWs. This equates to **0.5%** of the applications made.

NEXT STEPS →

- Continue to monitor the involvement of the nearest relative in the assessment and detention or alternative care plan to support the service user and their family.

Promoting Continuous Professional Development in Social Work Practitioners

Leading Social Work

A number of staff within the organisation have been given the opportunity to undertake new collective leadership programmes.

The Trust's first Collective Leadership programme for social care managers '**Developing Your Collective Leadership Presence**' ran between April 2019 and February 2020.

The programme is a collaboration between Organisation and Workforce Development and the Social Services Learning and Improvement Team, bringing together **26** Regulated Services Managers from across the Trust to develop the collective leadership culture of social care services by promoting collective leadership principles, values and behaviours through effective communication, collaboration and the sharing of knowledge, skills and experience.

Paul Rooney (Professional Advisor, NI Social Care Council) emphasised the key role that social care plays within service delivery and the importance for leaders within social care to encourage a collective leadership culture across the workforce.



In 2019/2020 **5** social workers completed the '**Stronger Together Leadership Programme**' delivered by the Leadership Centre.

The aim of Stronger Together is to maximize the contribution that experienced social work leaders can make to high performing, successful organisations. Stronger Together builds on existing leadership skills and challenges participants to become more agile, working across system boundaries and dealing with complexity.

Professional Supervision

A pilot course entitled '**Practical Supervision Skills for Social Work Managers**' was designed and delivered to **18** children's services social work team leads and residential managers in February 2020.

This course was developed to increase manager's confidence in helping practitioners reflect on their practice. It was positively evaluated and will continue to be delivered to social work managers.

Assessed Year in Employment

Newly qualified social workers spend their first year in an '**Assessed Year in Employment (AYE)**'.

The 2020 AYE audit of the AYE's experience of the Trust illustrated a high satisfaction rate amongst AYE staff. The audit considered supervision, continuous professional development and support of line management.

The survey found an **18%** increase in the compliance in the requirement to provide regular supervision to AYE staff.

A quality improvement project focussed on confidence in role and resilience of staff in their assessed year in employment. The initiative demonstrated improvements for staff in their confidence in role. Across the improvement period there was an upward trend in self-reported confidence by the AYE staff.

This work has directly informed the support provided to newly qualified staff who graduated early from university as social workers during COVID.

Some of the qualitative feedback underlined the importance of self-care and peer support:

"I feel well supported and the group has opened up more doors in terms of who I can and should seek support".

"I have learnt that self-care is important in order for us to complete our role effectively and to the best of our ability".



The South Eastern Trust hosted the 8th Regional Social Work Awards in November 2019. Ryan Maguire won **Newly Qualified Social Worker of the Year**.

Ryan completed his Assessed Year in Employment within Glenmore Cottage Children's Home. Ryan was praised for being child focused and keeping the young person central to all decision making.

Ryan's strong social work values were evidenced in how he promoted choice in young person's daily life.

Continuous Professional Development (CPD)

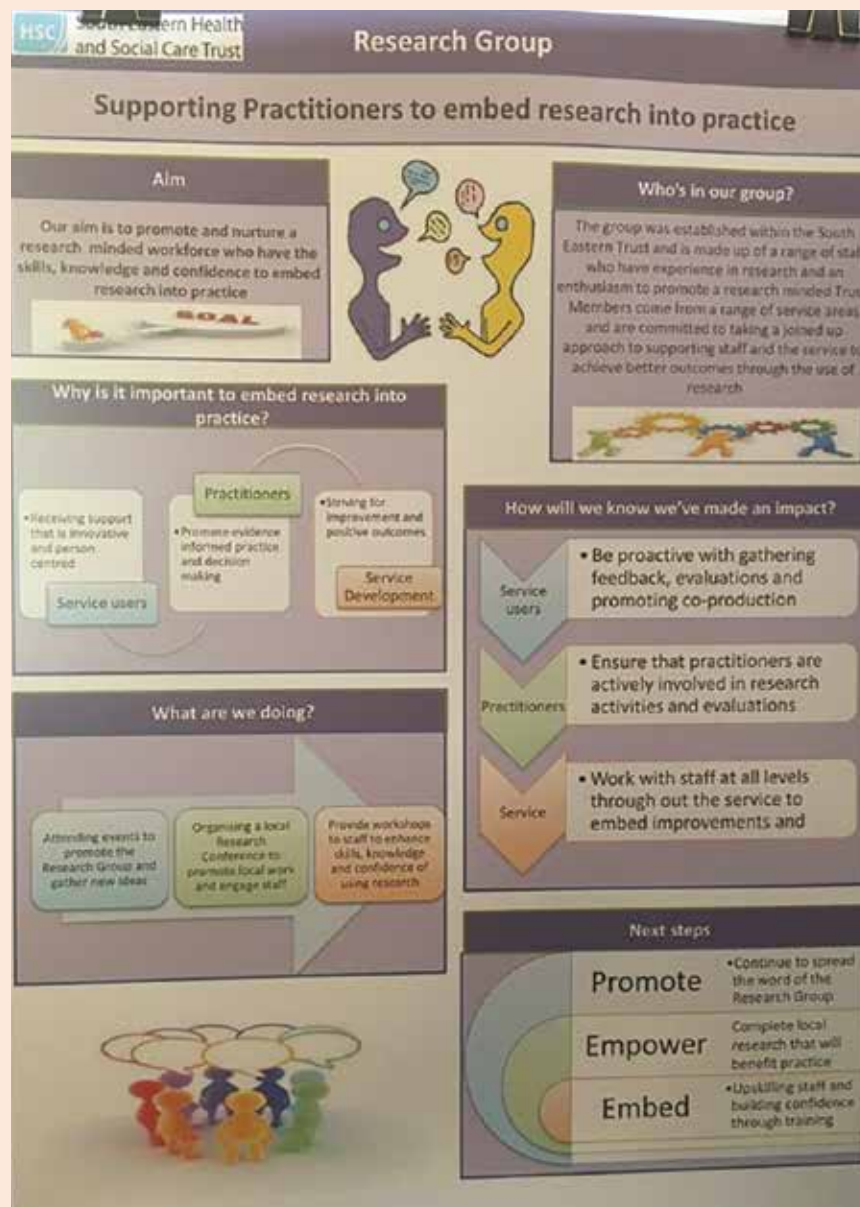
All Social workers are expected to engage in CPD once qualified. In the Trust, **100%** of newly qualified social workers achieve their **2** mandatory requirements, with many more achieving their consolidation award within three years.

The Trust is proactive in supporting social workers to complete the Initial Professional Development programme. This programme is approved by the Northern Ireland Social Care Council and is delivered in partnership by employers and Ulster University.

Contributing to a Research Culture in Social Work and Social Care

The 7th Annual Social Work and Social Care Research in Practice Conference was held on the 11 March 2020 at Belfast Castle.

Staff from the Learning and Improvement Team in partnership with staff from the NHSCCT won 1st place in the poster presentation to promote research in the Trust through a locally established research sub group made up of local practitioners and staff from Learning and Improvement Team.



Person Centred Practices

In 2019 4 staff had the opportunity to become accredited trainers in Person Centred Practices. This has enhanced training opportunities for social work and social care staff in the Trust.

The Learning and Improvement Team supported the implementation of the regional pilot in the reform of domiciliary care through provision of training in person centred thinking and support planning to trust staff and staff from our partner agencies. This incorporated support forums to embed person centred thinking in practice. A **'Training for Trainers' Course'** supported our domiciliary care managers to work with their staff teams in developing person centred thinking skills.

Social Work Advocacy Team (SWAT)

Established in 2017, the Social Work Advocacy Team, comprising of social workers across all programmes of care, continues to ensure that the voice of social work practitioners can be heard and shared directly with the social work executive, chaired by the Director of Children's Services and Social Work.



The team are committed to ensuring that practitioner perspectives influence decision making across social work in the Trust and have been making plans for raising the SWAT profile with their peers.

Members of the Social Work Advocacy Team were delighted to support the Annual Social Care Council Awards in November 2019 and the present appeal for children in need of additional support at Christmas.



Implementing Quality Improvement

The regional Quality Improvement in Social Work, Nursing and Midwifery Programme continues to be co-ordinated and delivered by Trust staff. The overall aim of this programme is to develop and strengthen social work practitioners and nursing staff to become leaders by utilising quality improvement techniques and contributing to the regional development of quality improvement.

During this reporting period the fourth cohort of social workers completed the programme in October 2019. A total of **18** social workers alongside **18** nurses from across the **5** HSC Trusts and partner agencies participated in the programme.

Trust quality improvement staff supported two successful projects undertaken by Trust social workers. Both of these projects had positive outcomes for staff and service users.



Improve workers' confidence in completing one-to-one work with service users by 30% through the use of a 6 week Working Together Series workbook by October 2019.

Improve strengths based information gathered at referral by Lisburn Gateway from 0% to 80% by October 2019.

It was a different approach from my previous experience with social services and it made us feel that we had some control in the decision making process.

(Family involved with Gateway)


Recovery College

HSC South Eastern Health and Social Care Trust

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

South Eastern Trust Recovery College

About the South Eastern HSCT Recovery College:



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

The SET Recovery College offers educational courses about Mental Health and Recovery which are designed to increase your knowledge and skills and promote self-management.

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

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

Aims for 2019/2020

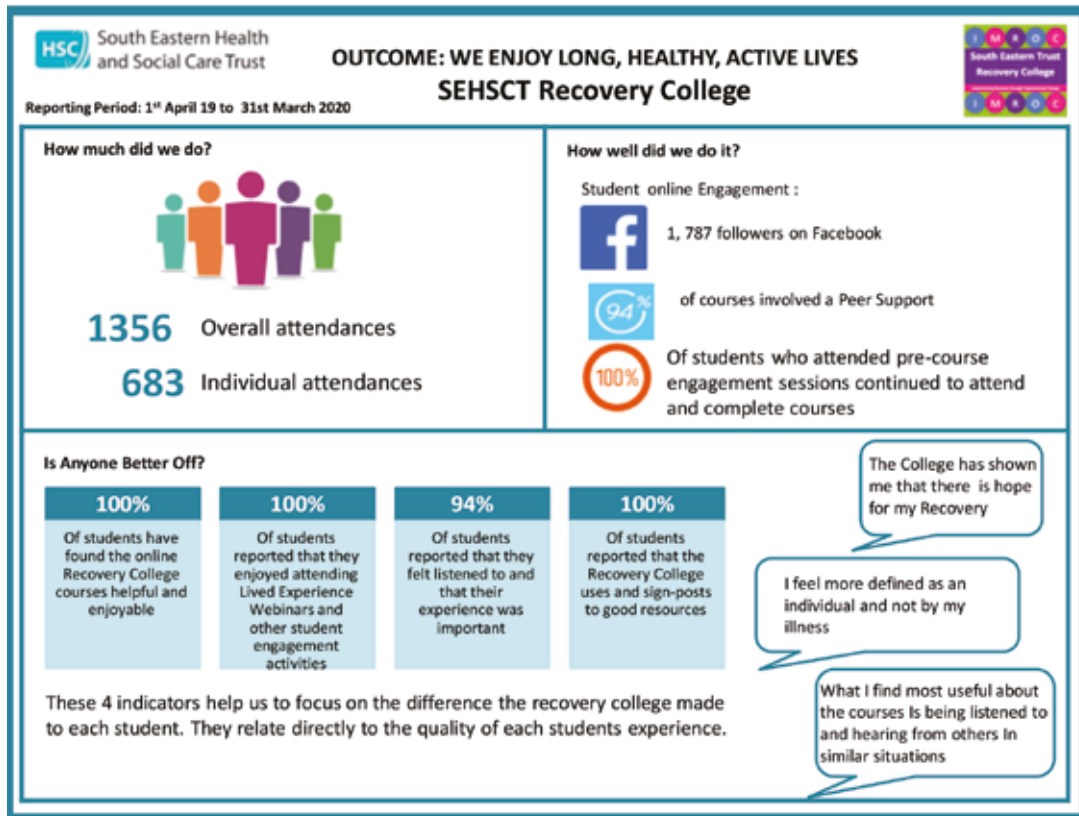
- Secure accommodation for Recovery College
- Roll out Students Union (subject to funding confirmation)
- Continue to deliver high quality educational courses to more students in more locations.

Update

- The Recovery College has been unable to secure accommodation during 2019/2020, but plans are in place for a move in September 2020
- The Student's Union commenced and ran successfully for a number of weeks before being stepped down due to COVID-19
- A wide range of courses were delivered in 2019/2020 including:
 - Mindfulness
 - Exploring Emotions
 - Understanding Depression
 - Anxiety Management.



Facts & Figures



NEXT STEPS →

- Secure accommodation for Recovery College
- Re-start Students' Union
- Re-commence face to face classes
- Extend availability of online classes.

The tutors took time to listen to everybody, and offer advice or help if needs be, without judgement, creating a calm+ relaxed environment.

The course was very inclusive of every-one that attended, I felt we were all equal, and helped one-another

Thoroughly enjoyed this journey, Its not over yet - its only just beginning.

Approved Social Work

Aims for 2019/2020

- Continue to monitor the involvement of the nearest relative in the assessment and detention or alternative care plan to support the service user and their family
- Inter-agency collaborative working to help produce a more effective service to continue
- Continue to promote reflective practice to support Approved Social Work staff and to enhance and strengthen service provision.

Update

- Demand for Approved Social Work continues to increase year on year
- Additional Approved Social Work placements are being sought each year
- Trust-wide rota implemented to promote additional support to Approved Social Workers.

Facts & Figures

- There has been a **15%** increase in demand for service in 2019/2020 from the previous year.

NEXT STEPS

- Contribute to the development of regional Approved Social Work Quality Standards and a Model of Delivery, based on best evidence relating to Approved Social Work requirements and taking into consideration the implementation of Mental Capacity Legislation.

Serious Adverse Incident (SAI) Review

Aims for 2019/2020

- Reduce the number of backlogged SAI Reviews
- Reduce the number of weeks it takes to complete a Level 1 SAI Report from date of notification (HSCB target **8 weeks**)
- Introduce a Screening and Triaging Process for incidents that meet the SAI criteria.

Update

32 SAIs Reviews were carried forward from previous year - **18** were ongoing from prior years (**56%**).

45 SD1s (suspected suicides) and **10** unexpected deaths were screened against the SAI Criteria for reporting onto HSCB.

This resulted in **21** new SAIs Reviews of which **16** were SD1s (**76%**).

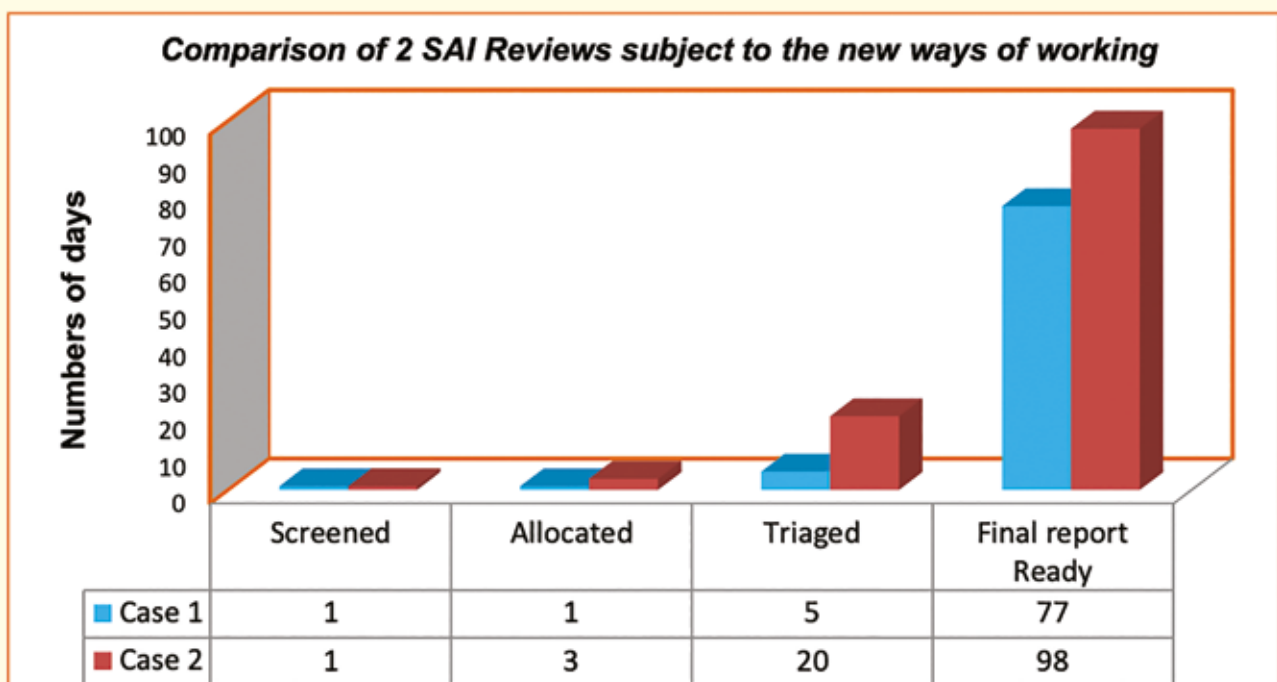
29 SAI Review Reports were submitted - **81%** from the cases that were carried forwarded from 2018/2019.

25% increase overall for SAI Reviews being completed – with a total of **24** being carried forwarded to 2020/2021 BUT **10** were at Final Report stage!

Facts & Figures

SAI Reviews	2018 - 2019	2019 - 2020
Level 1	19	17
Level 2	3	2
Level 3	1	2

Av. No. of Weeks for Submissions	Mean	Median	HSCB Target
Pre-triaged Nov 19 (3month period)	56	38	8
Post-triaged	29	31	8
% decrease	48	18	



NEXT STEPS →

- Set a target timescale for screening, allocating and triaging new SAIs
- Remove all cases listed on the backlog which is **11** from 1st April 2020
- Improve the average number of weeks to complete a Level 1 SAI Review to **14** weeks
- Develop ISOs for the SAI process within MH
- Enhance training and coaching opportunities for staff who are acting in the facilitator role.

Toward Zero Suicide (TZS)



The five Health and Social Care Trusts in Northern Ireland have committed to a Regional Towards Zero Suicide (TZS) approach focusing on patient safety to reduce suicides within Adult Mental Health Service. It is both a concept and a practice.

Currently each Trust has a TZS Service Improvement Manager with their role being to lead on the work within Mental Health. There is also a Regional TZS Collaborative Lead who coordinates the programme of work across Northern Ireland.

There is a lot of interest in this approach as we are the first community to implement the programme across a region.

What have we done?

1. **Self-assessments/audits have been completed with frontline staff and senior managers to:**

- Identify the position of Mental Health Services in relation to recommendations by the National Confidential Inquiry into Suicide and Self Harm for suicide safer services
- Identify the readiness of the organisation to implement a TZS Strategy
- Feedback from Staff and managers has been collected and analysed to inform the local TZS Implementation Plan and is also being used to share the development of a regional TZS Action plan and early priorities for activity.

2. **Suicide data analysis to inform the development of a Regional Suicide Care Pathway informed by Quality Improvement Methodology Collaborative Safety Planning**

- Safety Planning Tools have been introduced to teams
- Phase one testing completed by **2** teams in our Home Treatment Services with data gathered according to regionally identified measures. Review of findings completed and preparations started for Phase 2
- A further Safety Planning Tool is being reviewed for testing within services.

3. **Minimising Restrictive Practice Quality Improvement Project**

- A learning event has been arranged to review evidence for effective interventions to minimise the use of restrictive practices in Mental Health Inpatient Services
- Ongoing developmental and support work to agree safe practice
- Actively seeking to recruit people with lived experience of suicide/suicidality onto working groups at local and regional levels to advocate the Lived Experience perspective within the project.

Learning

- Staff have been trained to deliver ASIST (Applied Suicide Intervention Skills Training) 2-day suicide intervention skills training and are working to increase capacity of course delivery for workforce
- 2 regional learning events occurred in July and December 2019 aimed at sharing suicide specific data and learning from the National Confidential Inquiry Suicide information system's analysis of local suicide prevalence and looking at early work by TZS to introduce best practice
- Series of staff awareness sessions aimed at increasing knowledge of the Towards Zero Suicide approach and how staff can become involved - we have trained over **500** staff in the Zero Suicide Alliance training.



NEXT STEPS →

- A regional action plan has been developed embedding Quality Improvement to strategically embed TZS across Trusts
- Continued testing of the safety planning programme of work
- Virtual learning event in relation to minimising restrictive practice
- Development of lived experience network and embedding co-production in to all areas of the work
- Scoping exercise to be completed reviewing the effectiveness of 3 day and 7 day follow up post discharge from an acute hospital admission
- Scoping of work force skills and availability of educational opportunities to develop skills.



Explore ~ Create ~ Innovate