



South Eastern Health
and Social Care Trust



NURSING & MIDWIFERY ANNUAL REPORT 2015/16



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Contents

Director of Primary Care, Older People and Executive Director of Nursing Foreword	3
Nursing & Midwifery Strategy 2013-16	4

Safety

Nursing & Midwifery KPI Reporting.....	5
Food & Nutrition (MUST).....	6
Compliance with the NEWS	7
Patient Falls	8
Pressure Ulcer Prevention and Management.....	9
Infection Prevention & Control	16

Quality

Nursing Workforce Reporting.....	20
Revalidation	21
Driving improvement in Nursing & Midwifery Practice and Standards of Care : You Said We Did.....	22
Multiprofessional Audit Conference	23
Nursing & Midwifery Participation in SQE Programme	24

Experience

Patient Client Experience KPI Standards	27
10,000 Voices	30

Our Staff

Celebration of Nursing & Midwifery.....	32
ProQual QCF Qualifications 2015-2016	33
Nurse of the Year Awards.....	34
Practice Education Team.....	35

Directorate Achievements

Surgery	38
Medicine	42
Woman & Acute Child Health	46
Primary Care and Older People.....	48
Adult (Disability Services)	50
Community Learning Disability Nursing	53
Mental Health.....	55
Prison Health	57

Director of Primary Care, Older People and Executive Director of Nursing Foreword



Every day, more than 3,000 Nurses, Midwives and Health Care Assistants (The Nursing & Midwifery Family) at The South Eastern Health and Social Care Trust (The SEHSCT) strive to create safe, high quality and compassionate care for the patients and clients who we are privileged to serve. They are passionate in their desire to achieve positive experiences and the highest levels of excellence. As Executive Director of Nursing I am proud to recognise their achievements, their leadership and dedication.

The South Eastern Health and Social Care Trust is committed to driving high standards and our nurses and midwives are a driving force behind many of our quality initiatives. This year's annual report has built on previous years' strong foundations and provides a small illustration of the Nursing & Midwifery Staff's continuous aspiration for excellence and of their outstanding achievements.

During 2015/16 we have further consolidated implementation of our 3 year Nursing and Midwifery strategy and I am delighted to report many successful achievements of the objectives agreed in 2013. As we await the issue of the Northern Ireland Nursing and Midwifery strategy, the SEHSCT continues to ensure that 'the person' is at the centre of every decision about their health and care.

In 2017 we look forward to the opening of our new Generic Ward Block on the Ulster Hospital site which will add to our wide range of excellent facilities across the Trust and provide an environment that will further support delivery of person centred nursing care going into the future.

The Safety, Quality, Experience and Our Staff sections of this Annual Nursing & Midwifery Report provides detail of the professions' focus on standards and the continuous commitment to improvement through our strategy. This report also provides an opportunity to share a small selection of our achievements over the 2015/16 year, and our priorities moving forward. We recognise that moving forward these achievements are only possible by working as part of the multidisciplinary team.

Finally, I would like to express my sincere thanks to the Nursing, Midwifery Staff and Health Care Assistants in the Trust who have responded to ever increasing demands and yet continue to deliver ongoing outcomes and high quality care.

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



Nursing & Midwifery Strategy 2013-16

Assuring Safety, Improving Quality and Testing the Patient Experience (SQE) is a corporate priority for the Trust, and the Nursing and Midwifery Profession deliver this commitment through implementation of our Strategy. This strategy has enabled us to challenge our practice, and with a continuous commitment to quality improvement in working towards 'Getting it Right Every Time'.

We are now coming to the end of the 3 year strategy and we have promoted the unique voice of nursing and midwifery to deliver better outcomes for patients and clients. Over the 15/16 year the Nursing & Midwifery profession have continued our commitment to delivery of person-centred practice, by a competent and compassionate workforce.

While you are on my ward, my team and I will do everything we can to make sure you are comfortable and well cared for.

Here are the seven commitments we make to you:

1

You will receive individual, safe, uninterrupted and high-quality care that meets your personal needs and is given by competent members of staff.

2

We will treat you with dignity, respect and compassion on a ward that is clean and safe.

3

We will behave with courtesy and consideration to your visitors.

4

You will know who you are speaking to. We will communicate with you confidentially and in a way that best suits you and your needs.

5

You will feel respected and listened to. You will have the opportunity to share your opinions about the care we provide.

6

Our decisions about your care will be made with you and with the people you wish to include. You will receive the information you need to make informed choices about your care.

7

You will be cared for by a team who are inspired by these commitments and have the authority to fulfil them.



We recognise Our Staff are the most important asset in ensuring patients have a safe, high quality and positive journey through our care and treatment system. Therefore we have focussed on creating teams and environments that are conducive to person centred practice and supported our staff to develop skills and competence required to help the deliver the standard of care to which they aspire.

In May 2015, South Eastern Trust Nursing and Midwifery family welcomed the Chief Nursing Officer, Professor Charlotte McArdle to launch the regionally agreed Ward Commitments. These have been adopted across all Inpatient Wards and demonstrate the professions' leadership role in assuring positive experience for our patients and their families when they are in our care.

SAFETY

Nursing & Midwifery KPI Reporting

Through the identification of a series of professional key performance indicators (KPIs), we have improved measurement and monitoring systems to deliver better outcomes. A bottom up approach has enabled frontline staff to take accountability for standards and quality improvement within local areas.

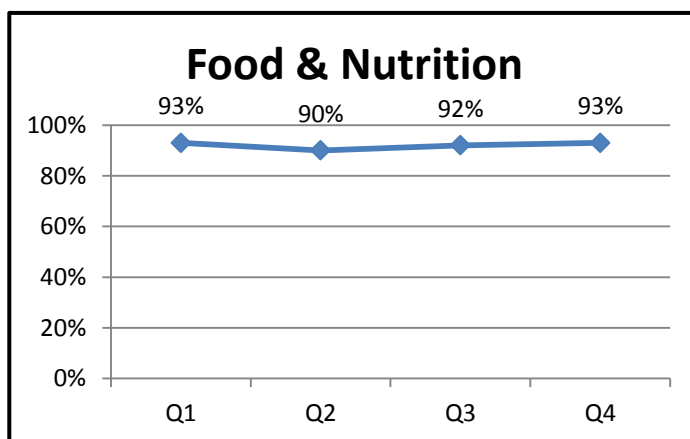
What is a KPI?

A KPI (or Key Performance Indicator) is a term used to measure or monitor performance against an agreed goal. Performance indicators can be agreed regionally or locally within Trusts/Depts. Choosing the right KPIs relies upon a good understanding of what is important to ward/department, what standard we expect to achieve and how we may achieve it. Through measurement and monitoring of indicators we can identify good practice or areas where improvement can be made. Performance indicators are routinely associated with 'performance improvement' initiatives and require changes in processes or systems (often over time) to deliver better outcomes for patients/staff.

Food & Nutrition (MUST)

Good nutrition is fundamental for health, healing and recovery and illness. Nutritional screening using the Malnutrition Universal Screening Tool (MUST) is a first line process to identify patients who are at risk of malnutrition, and is undertaken when an adult patient is admitted to hospital.

The graph illustrates compliance with the elements of the MUST across all ward areas. In 2015/16 the compliance remained consistently high with a Trustwide average of 92%.



Next Steps

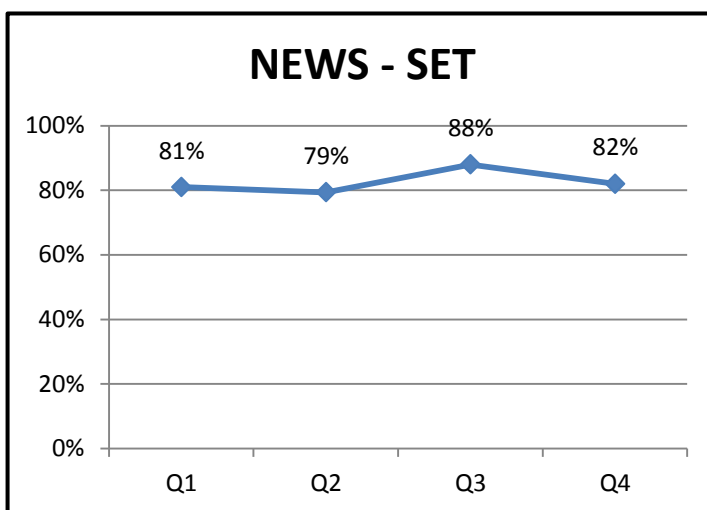
Compliance with MUST screening continues to be a priority across all adult acute areas. Monitoring compliance is part of the overall work plan of the Clinical Nutrition Subcommittee. In 2016/17 an audit of the 'Next Steps' following MUST screening will be carried out to ensure that patients are receiving the optimum nutritional care following screening for risk of malnutrition.

Compliance with the NEWS

NATIONAL EARLY WARNING SCORE (NEWS)

Early warning scores (EWS) rate individual patients' risk of serious deterioration and alerts staff that further action is required, often the need for escalation and/or to seek assistance from the critical care outreach team or medical staff. The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out.

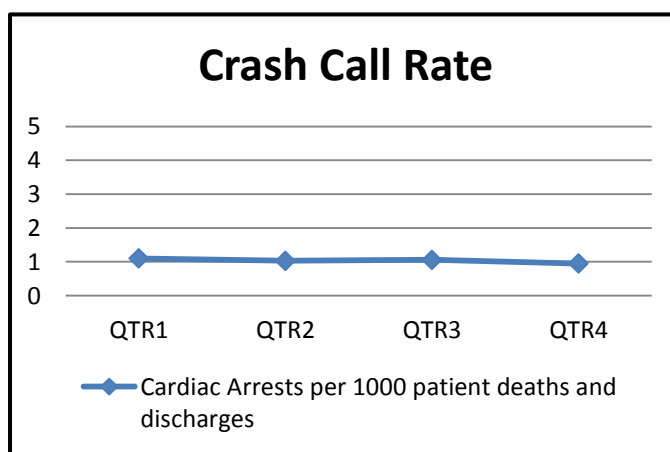
Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area. The target is for all wards to reach 95%+ compliance with the bundle in a quarter.



The level of compliance for 2015/16 with NEWS bundle has ranged from 79% in quarter 2 to 88% in quarter 3. Analysis of the data shows that the element of lowest compliance is – staff carrying out observation monitoring to the frequency recorded on the chart. There is currently further improvement work on-going to support staff to improve compliance in this area.

CARDIAC ARRESTS

Evidence suggests that effective recognition and management of the deteriorating patient will reduce preventable cardiac arrests in medical and surgical wards. The Trust set an aim to maintain the crash call rate at 1.2 or less by March 2016. The mean crash call rate at the end of March 2016 is 1.03 which is just below the target for the Trust.



Next Steps

Timely recognition of the deteriorating patient remains a priority for the nursing and midwifery profession and through ongoing focus on improvement, monitoring and measurement we aim to improve to 95% compliance with accurately completed NEWS Charts in all Adult Inpatient Wards.

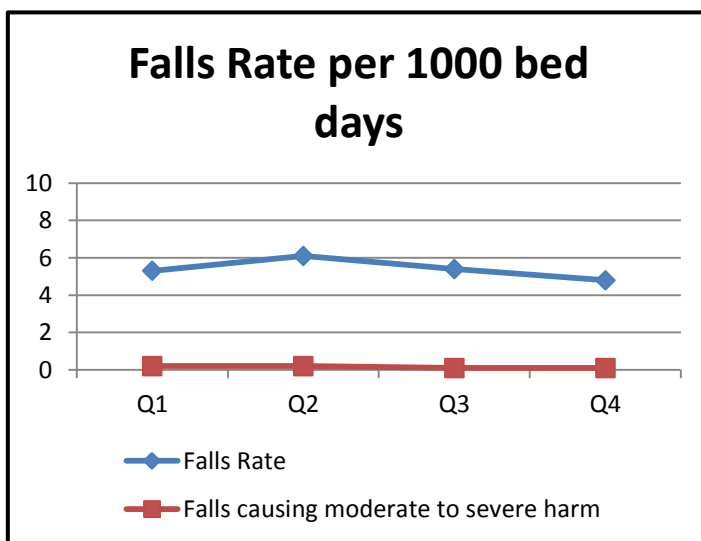
Patient Falls

Falls in hospital are one of the most reported incidents and putting in place measures to prevent falls continues to be an aim for the Trust and the Nursing profession. 'FallSafe', an evidence-based falls prevention bundle of care has been promoted in all acute inpatient wards throughout the Trust and included in the Regional Nursing Assessment and Plan of Care documentation. All adult inpatients are assessed for the risk of falls and those who are found to be 'at risk' have a personalised plan of care developed. Compliance with the falls prevention bundle of care continues to be monitored and improvement has been evident over the past year. Awareness of the risk of falls and the falls prevention interventions continue to be shared with nursing and midwifery staff.

Falls Rate per 1000 Bed days

Within hospital inpatient wards, falls occur that may cause physical and psychological harm which impacts on the length of stay for patients. The mean falls rate across all adult inpatient areas is 5.4 over the period April 2015 – March 2016 with a mean falls rate for moderate to severe harm of 0.15.

The use of the falls prevention bundle of care aims to continue to reduce the risk of inpatient falls across the adult inpatient wards.



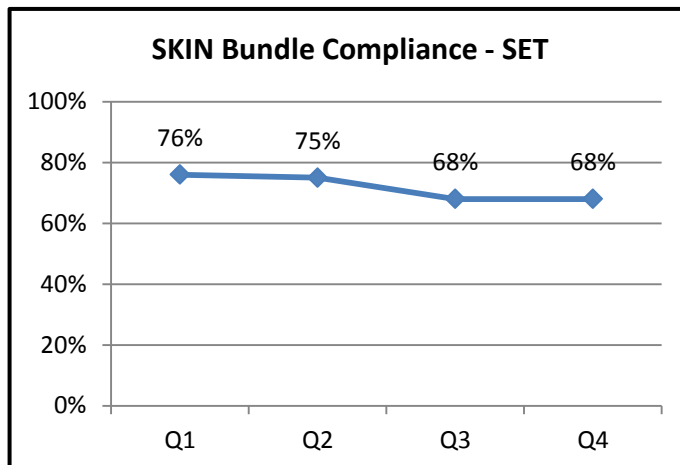
Next Steps

- Continue to share learning and provide awareness for staff to reduce the number of inpatient falls.
- To work with the regional colleagues to develop strategies to promote safety by reducing falls in hospital and community settings
- Continue to measure and monitor our compliance with best practice and implement improvement

Pressure Ulcer Prevention and Management

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 pressure ulcers; the primary of which are impaired mobility and impaired sensory perception.

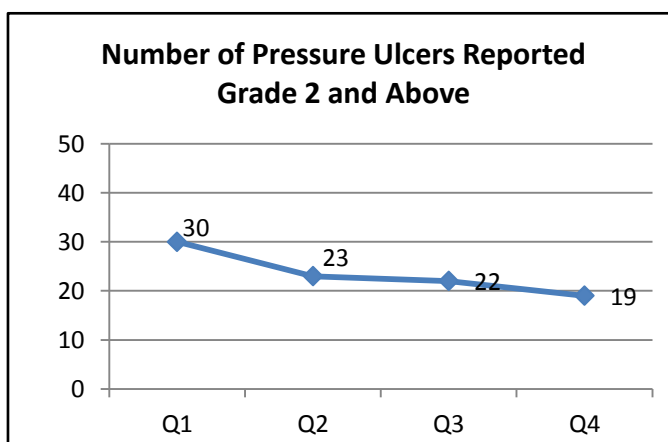
Some pressure ulcers can be prevented; therefore effective preventative nursing strategies are essential. The Trust aims to ensure that all acute adult inpatients have a pressure ulcer risk assessment and the correct management plan including implementation of the SKIN bundle which incorporates preventative measures. In order to support improvement we audit 30 charts/quarter per ward against compliance with the SKIN Bundle. The chart demonstrates compliance over the reporting period 2015/16. Feedback from staff led to a change in the elements of the SKIN Bundle in May 2016. Future compliance will reflect these changes.



PRESSURE ULCERS

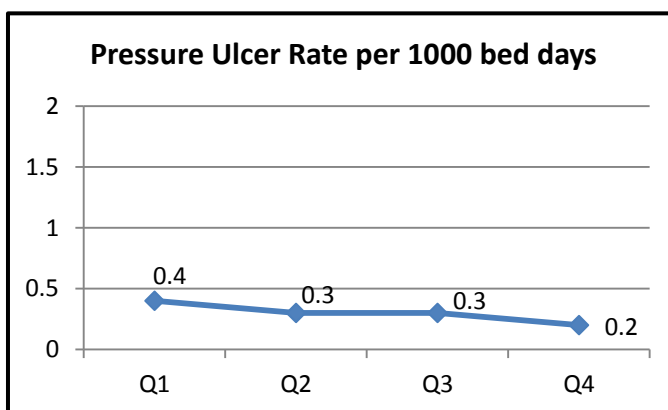
There are a number of methods used to monitor pressure ulcers within the Trust and for the purpose of this report we have included two of those; the total number of hospital acquired pressure ulcers and the rate per 1000 bed days (use of a rate measure enables comparison between different areas).

The chart shows the number of acquired pressure ulcers reported for Q1-Q4 for 2015/16.



We are pleased to report a 4.5% reduction in pressure ulcer incidents from the previous year. The mean rate for the Trust is low at 0.3 for the time period April 2015 – March 2016.

All acquired pressure ulcers Grade 2 and above are recorded through an Incident Report (IR1) and a detailed analysis is completed.



Developing preventative strategies using the Safety, Quality & Experience programme

The Emergency Department (ED) and Medical Assessment unit (MAU), Ulster hospital recognised a need to ignite a new focus on pressure ulcer prevention strategies within their departments. Their common aim was to reduce incidence of pressure ulcers by delivering timely, facility appropriate and consistent preventative measures that would ensure the safety of patients in their care.

The nature of each of these departments in terms of priority of care and volume of throughput presents practical challenges in providing consistently high standards of pressure ulcer prevention. Specific issues had been highlighted in MAU via the Pressure Ulcer incidence reporting process in relation to timely skin assessment and application of pressure relieving mattresses. ED struggled with an inconsistency in recognising those 'at risk' and therefore subsequent preventative measures and documentation was ad hoc. This is an issue that all ED's must overcome as there is currently no validated pressure ulcer risk assessment tool that accurately reflects risk in this patient population.

In sharing a common goal for their patients, these two departments worked together as a project team on the SQE programme to develop a strategy for providing a high standard of pressure ulcer prevention at the very onset of care in ED that perpetuated throughout the patients' stay in MAU.

An ED specific SKIN Bundle was developed and implemented which highlighted risk factors in this patient population and acted as a trigger to introduce patient specific preventative measures e.g. provision of pressure relieving mattresses, hospital beds and skin checks. The positive outcomes of this collaboration on patient care were:

- Significant increase in the number of 'at risk' patients with an individualised preventative care plan implemented & documented in ED
- 66% increase in the number of 'at risk' patients nursed on pressure relieving mattresses in ED.
- Implementation of a food trolley in ED, ensuring patients' access to nutrition after 6pm.
- 50% reduction in pressure ulcer incidents in MAU.



One year on from the Safety, Quality & Experience (SQE) programme, Leea Walsh TVN, with support from Safe and Effective Care Department and funding from Research Department introduced the multi-functioning pressure ulcer tool into primary care, acute, outpatients, allied health professional settings, prison services, mental health and learning disability settings. Adopting this tool into daily practice facilitates the accurate grading/staging, measuring and reporting of facility acquired pressure ulcers. It aids nurses in identifying early skin changes indicating the development of pressure damage, in turn triggering efficient implementation of preventative measures. A survey monkey carried out pre and post introduction of the tool determined:

- A marked increase in staff identifying steps for reporting facility acquired PU's,
- Clear rise in number of staff correctly identifying Grade 1 & 2, and Deep Tissue Injury Pressure Ulcer's when using the ruler in number of staff confident at grading pressure ulcers when using ruler



World STOP Pressure Ulcer Day - 19th November 2015

The Tissue viability team celebrated high standards of care in pressure ulcer prevention with ward staff Trust wide as demonstrated by their '**Pressure Ulcer FREE Days**'.



Ward 12 UHD
767 Pressure Ulcer FREE days



MAU LVH
615 Pressure Ulcer FREE days



Downe Hospital staff proudly display their safety crosses indicating their Pressure Ulcer FREE Days



Outstanding achievement – CONGRATULATIONS

Nicki Patterson and Linda Kelly congratulate ward staff on reaching a very impressive milestone of 1000 + pressure ulcer free days. The Trust was very proud to receive peer recognition for these achievements via social media.

**1000+ Pressure Ulcer Free Days
Ward 20, Cardiology, UHD**



**1000+ Pressure Ulcer Free Days
Ward 11, Old Age Psychiatry, LVH**



Salli Pilcher
@SalliPilcherNHS
@setrust @pauljebb1 Amazing achievement - you must be super proud
View conversation · ↩️ 🗨️ ❤️

Gavin Preston, M.D.
@GavinPrestonMD
Congrats on your 1000 days no patient with **pressure ulcer**. We lost our wonderful actor Chris Reeve to infected ulcer
twitter.com/setrust/status...
View details · ↩️ 🗨️ ⭐

Debra Dooley
@dooley_debra
@setrust congratulations, what's the secret ?
View conversation · ↩️ 🗨️ ❤️

Wendy McIntosh
@1wenmac
@setrust @AlamacKitBag fantastic result, what's the key to your success?
View conversation · ↩️ 🗨️ ❤️

Athanasios Papandron
@AthanasiosPapan
@setrust @woundmanuk Congratulations from Greece 🇬🇷
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**1500+ Pressure Ulcer Free Days
Ward 4, Oncology/
Haematology, UHD**



Pressure Ulcer Prevention in Primary Care

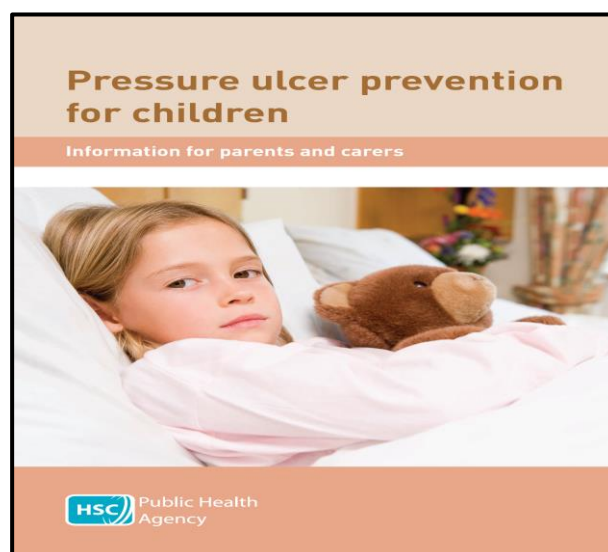
Tissue Viability and District Nursing have joined forces to develop a more robust approach to pressure ulcer prevention for patients in their own homes. Initially, the district nursing 'Pressure ulcer prevention and management care plan' was revised. Subsequently, a SKIN Bundle was developed to the specific needs of this patient population and their carers. Domiciliary carers are key to ensuring continuity in prevention for 'at risk' patients as they provide their every day care. It is essential therefore, to work in partnership with private providers to educate their staff on pressure ulcer prevention and use of the SKIN Bundle. Initially, we are working with one private provider in the Lisburn sector to pilot the SKIN Bundle. On completion of the pilot we will obtain feedback, revise the SKIN Bundle as required and begin roll out Trust wide. Although this is only one step in improving prevention of pressure ulcers in primary care, it is a significant one, which we can build upon.

Pressure Ulcer Prevention in Paediatrics/ Neonates

A newly validated Neonatal pressure ulcer risk assessment tool has been successfully implemented in the neonatal unit at the Ulster Hospital. This has been a long awaited development as previously there has been no such validated tool for vulnerable infants. This has been incorporated into a neonatal 'Pressure ulcer prevention & management care plan' with the aim of improving safety by reducing the variances in practice and standardising documentation.

Our paediatric trained Tissue viability nurse, Vivienne Murdoch is also working with the Trust paediatric nursing group to develop a SKIN Bundle and devices chart. Education and pilot are scheduled for September 2016.

Tissue viability has collaborated regionally to develop a paediatric pressure ulcer advice booklet, published in April 2016.



Next Steps

- Work towards obtaining consistency in compliance with the 'SKIN Bundle'
- Continue to monitor and report the number of pressure ulcer incidents, including the number of severe pressure ulcers (grade 3 & 4) which were considered unavoidable.
- Work towards reducing the number of severe facility acquired pressure ulcers.
- Implement a streamlined approach to investigating severe facility acquired pressure ulcers and maximizing learning from each incident.
- 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 the impact of ED specific SKIN bundle in UHD & Downe hospital & implement in LVH ED.
- Complete pilot of primary care SKIN Bundle & collaborate on regional KPI for this patient population.
- Continue to celebrate & congratulate ward staff on their achievements in providing pressure ulcer free care.

Infection Prevention & Control

Achievements 2015/16

Infection Prevention & Control (IPC) Training/Education Programmes

This year the IPC nursing team has worked with many multidisciplinary teams across acute and community services to deliver relevant IPC training and education. This involved taking part in “freeze” weeks (specific days were assigned and plans put in place to release staff for training) in areas such as Women and Child Health. This process has enabled large numbers of staff to receive education updates in one or two specifically tailored sessions.

The IPC nursing team continued to run community programmes for:

- Domiciliary Care workers,
- Community Nurses
- Disability and Rehabilitation teams.

It was recognised that relevant IPC knowledge and skills was a fundamental part of planning processes with an increase in healthcare provision being provided in the patient’s own home. With the increase of antimicrobial resistance it is essential that staff are aware and equipped with skills to manage complex patient care needs with infection prevention practice being integrated into patients’ care. The IPCT also actively participate in training on the care and management of peripherally inserted venous access devices (PICC) and Midlines with the District Nurse Infusion Service.

The methods, including face to face training and eLearning packages, have been developed for some of the professions to access. The face to face training is very well attended and post- evaluation feedback reports have been very good.

Table One: Numbers of Staff who attended face to face Infection Prevention & Control Education sessions 2015-2016. (this excludes eLearning and those arranged by other training providers)

PERIOD	STAFF ATTENDANCE AT IPC TRAINING/ AWARENESS UPDATES in 2015- 2016
April 2015 – March 2016	2391

In early May 2015, the electronic Training Administration system (TAS) became obsolete and the IPCT began to use the new Learning Solution (LSO), a regional electronic recording system. Staff in both community and the acute setting can now easily search the website and book onto mandatory IPC courses on offer. This system also allows for the recording of bespoke training sessions carried out by the IPCT to specific groups. There were a few initial teething problems as the system bedded in but on the whole the change has been positive and will assist many nursing staff and their managers with providing evidence for revalidation. It is hoped in the coming year that as data increases the IPCT will be able to produce informative reports from the LSO system.

Audit / Improvement

Urinary catheter management

Across the Trust urinary catheter bundles had been introduced to improve care. (These are “check lists” which when implemented contribute towards a reduction in urinary catheter-related infection.

During the year the team undertook an audit to establish whether evidence- based practice was consistently applied in the management of urinary catheters within the Trust acute hospitals. This involved 71 urinary catheters. The outcome of this survey yielded some very positive results. Assessments indicated that the number of patients who had a urinary catheter in place was low. The number of catheter-associated urinary tract infection (CAUTI) reported was also low. There was evidence of good adherence to the Trust antibiotic guidelines in the treatment of urinary infection. Overall this survey showed that the implementation and compliance with Trust guidelines by staff with regard to urinary catheter management in patients was of a high standard. This provides assurance for the Trust of quality of patient care. The findings were presented in poster format at the Trust’s Annual Multiprofessional Audit Conference and the team was awarded first prize.

Care of Peripheral Cannulae (PVCs)

One of the initiatives implemented to reduce healthcare-associated infection has been training/awareness in the management of PVCs. A recent audit was undertaken (over two weeks) to measure observations of phlebitis and infection rates in patients who had PVCs (in four wards) as part of their care. A total of 221 PVCs were surveyed. No line infections occurred during the time of study. A small number of patients who had developed phlebitis had their line promptly removed. Further improvement work is required to ensure that an assessment of the type of line is considered. A re-audit will be carried out and findings shared in order to further support good practice and shape future training.

Guidelines and Policies

A continuous process is in place to update the Trust's infection prevention control and related policies/guidelines. The guidelines are complimented by the regionally agreed guidance available online via the Northern Ireland Regional Infection Control Manual which is managed through an editorial group co-ordinated by the Public Health Agency. The Trust is currently supporting the PHA in the upgrade of this website which can be accessed via the Trust's internet systems.

Work has been undertaken to provide frontline staff with a "one page" guideline that is, the key points on one page for ease of access. A one page guide for the care management of peripheral cannula was launched in August 2015. The IPC team shared this with Trust Directors and Dr Geoghegan from the Public Health Agency.



Next Steps

- Work regionally to standardise training programmes and develop eLearning packages
- Further develop "one page" guidelines/policies and add infection prevention guidance to the Trust antimicrobial guidelines (available as an App, Microapp).
- Support the work of healthcare staff in the management of invasive devices
- Continue with multidisciplinary Improvement, Safety, Quality & Effectiveness programmes.

QUALITY

Nursing Workforce Reporting

Healthroster



Winner Allocate Outstanding Contribution by an individual

Given the compelling evidence of a link between registered nurse (RN) numbers and quality of care ensuring there are sufficient nurses, in all areas of service provision, is a priority. The electronic rostering system (Healthroster) supports the most efficient use of available nursing staff.

Healthroster continues to develop across the Trust with approximately 2900 timesheets processed directly from Healthroster to HRPTS every month, and a further 500 weekly bank timesheets. This eliminates the need for timesheets to be input into HRPTS by individual staff or manager and reduces the potential for data inputting errors.

Areas rostering staff using Healthroster also now have sickness absence processed directly from Healthroster in the same way eliminating duplication of data entry for managers.

All nursing, midwifery and health visiting staff in SET now have staff records on Healthroster allowing easy access to reports to assure compliance with NMC regulations in terms of valid registration and revalidation status. Details of confirmers and professional discussion partners and revalidation dates are also being recorded on Healthroster allowing easy access to reports to identify any gaps in information.

The mentor database has also been migrated to Healthroster with details of all mentors, sign off mentors and practice teachers and their competencies updated and verified by Line Managers. This allows the Trust to report on the level of compliance with the NMC Standards to Support Learning and Assessment in Practice and also to roster students with mentors to demonstrate that students are being allocated a variety of shifts and protected time.

The implementation of the SafeCare tool into all inpatient units has completed across the inpatient medical and surgical wards. Safecare will give a high level and local overview of nurse staffing levels across wards and departments, allowing the maintenance of safe staffing levels and ensures patient safety through care based on patient numbers, acuity and dependency, allowing Nurse Managers and Senior Managers to make evidence based decisions on staffing using real time information. SafeCare enables day-to-day operational changes to the roster in real time and facilitates the redeployment of staff across wards to avoid under or over-staffing. As a result, it allows more efficient use of temporary personnel by ensuring the optimum use of substantive staff.

This is a major step forward and allows SET to fully ensure that it has the right staff with the right skills in the right place at the right time as detailed within the Delivering Care Policy, using evidence based tools to inform decisions.

It will be possible using information from SafeCare, HealthRoster and RosterPerform to provide monthly reports to the Trust Board as to whether actual staffing levels were in line with planned, highlighting exceptions where levels fall below that required.

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.

There was widespread engagement with nurses and midwives across the Trust and over 1500 attended a face to face information session with others accessing information via iConnect, Facebook and Twitter.

Support and training was given for those line managers who would act as 'confirmers' for registrants, assessing their compliance with NMC requirements.

In April 2016 the first nurses and midwives successfully revalidated with the Nursing and Midwifery Council



(Confirmation meeting for Sharon McRoberts by Line Manager Nicki Patterson)

Driving improvement in Nursing & Midwifery Practice and Standards of Care : You Said We Did...

In June 2015 the Safe and Effective Care Department hosted a morning providing learning opportunities for staff in relation to Commissioning Priorities, Quality Improvement Plan, Key Performance Indicators and the Safety, Quality & Experience (SQE). The programme was developed alongside the frontline nursing and midwifery staff – focusing on what mattered to them.



The morning was aimed at Band 6 & 7 staff, the objective was to join all the dots for staff and explain the relationship between each of the topics and focusing on standards of nursing and midwifery care and development.

Feedback was very positive with requests for further sessions:

- ❖ Thank you for organising this
- ❖ Other staff would benefit from this session
- ❖ Lots of food for thought
- ❖ Band 5's may benefit
- ❖ Greater range of staff to attend

As a result of the feedback we held another day in 2016 that was open to all staff; the 'you said, we did' development days have been a great success with all staff. The 2016 agenda included a range of professional standards including: SBAR, NEWS, Pain, Dementia and feedback from 10,000 voices.

Feedback

All participants who returned the evaluation form found the workshop to be:

- Very Useful
- An appropriate length
- Would like the session to be repeated on a yearly basis

92% of the participants rated the workshop sessions as 'Excellent'

88% of the participants rated the workshop as 'Very Applicable' to their job role

Next Steps – 2016/17

- Workshops planned for April and September 2016 to focus on areas of development identified by frontline staff

Multiprofessional Audit Conference

On Thursday 21st May 2015 the Trust held its 3rd Audit conference in QIIC. The conference was another great success with 112 delegates in attendance, a range of audit presentations highlighting the impact on quality improvement and a display of posters of local audit projects within the Trust.

Many examples of audit for improvement from the Nursing and Midwifery Profession were profiled. Ms Nicki Patterson, Director of Primary Care, Older People & Executive Director of Nursing, opened the Conference by emphasising how audit is an important part of the toolkit to drive improvements in Safety, Quality and Experience within SET. The local picture of Audit within SET was highlighted by Mrs Linda Kelly, Assistant Director of Nursing, focussing on current bespoke development work, how staff can access directorate audit plans and plans currently underway for an audit programme to ensure compliance against NICE guidelines.

The Keynote speaker was Raymond Ellard, Director of Consumer Protection, Food Safety Authority of Ireland. He gave a great presentation on audit principles in all aspects of food safety and how these can be applied within healthcare.

After a breakout session for poster judging some examples were provided on how Nursing was driving quality improvement through audit within SET including:

- Presentation by Paul McCloskey, Bereavement Co-ordinator, on the patient and family experience in end of life and bereavement care
- The Audit Award 2015 was won by Infection Control Nurses Janet Porter & Julie Reid for their poster on Management of Urinary Catheters



l-r: Carol Lutton, Nicki Patterson, Linda Kelly, Ray Ellard, David Stewart, Ann Hamilton, Sharon Thompson

"Posters were of a very high standard"

"Good to see good practice in other areas that can be used in our own practice"

"Always a great day. Well done! Thoroughly"



Mr Charlie Martyn & Dr Ann Hamilton presenting Infection Control Nurses Janet Porter & Julie Reid, with their Audit Award

Nursing & Midwifery Participation in SQE Programme

The Leading in Safety, Quality & Experience (SQE) Programme is open for all staff across both Health and Social Care and runs over 9 months (Oct - June). Quality Improvement skills and knowledge are developed by using a range of learning techniques and the programme consists of three compulsory components:

- 1. Completion of the IHI Open School modules**
- 2. Attendance at a Monthly Tutorial/Learning Session**
- 3. Participation in a Service Improvement Project**

The programme has also been designed to create mentored projects that equip and empower staff to identify aims, measures and changes to guide an improvement journey that would result in better outcomes for patients and clients. Prior to the start of the programme each individual is asked to choose a project that would improve the service in which they work. Through immediate application of training provided to locally-owned improvement projects, the participants gain practical experience in use of the key quality improvement methodologies .

At this year's Final Event in The Key note speaker, Dr Aiden Fowler (centre), Director of NHS Quality Improvement and Patient Safety, Public Health Wales, related his journey from being a colorectal surgeon to working in quality improvement, and said if you have knowledge, you have a duty to share it.



Mr Martyn: Medical Director, Mr Colm McKenna: SEHSCT Chairman, Mr Hugh McCaughey: Chief Executive, Dr Aiden Fowler: Director of NHS Quality Improvement Wales, Mrs Brenda Carson: Quality Improvement Lead, Mr Seamus McGoran: Director of Hospital Services, Mrs Linda Kelly: Assistant Director of Nursing

A total of 35 Nursing and Midwifery staff completed the programme, below are the Quality Improvement Projects carried out by Nursing and Midwifery Staff.

- How Effective Are Our Treatments And Interventions From A Patient Perspective?
- Safer Sharps
- Advance Planning for Patients with Chronic Kidney Disease: What matters in the end
- Increase Breast Feeding Rates in Neonatal Units
- Let's Put Pressure on Prevention
- Oral Food Challenge Documentation

- Improving Palliative/Supportive Care for Patients Attending SEHSCT Heart Failure Services
- Improving Access to Psychological Therapies in an Acute Ward Setting
- Isn't Once Enough!
- Think Sepsis!
- Think Track to Trigger
- A Frailty Pathway
- Reducing Risks at Mealtimes
- Clearing the Pathway
- 'Righting Errors' Insulin Prescription in MAU
- Syntocinon Induced Hyponatraemia
- Introduction of a Tool to Improve Communication with the PSNI and Enhance Safety Within the Emergency Department
- Improving the Non-Urgent Healthcare Requests in Prison Healthcare.



The project which won the Acute section was 'A Frailty Pathway', presented by Sister June Cairns, Pauline Allen, Dr Rosemary Kelly and Dr Ryan Murray. Mentored by Staff Nurse Jane Patterson: Safe & Effective Care Dept

EXPERIENCE

Patient Client Experience KPI Standards

Nursing Leading Patient & Client Satisfaction

The Nursing and Midwifery Profession have taken the lead in gathering feedback from those who use our services.

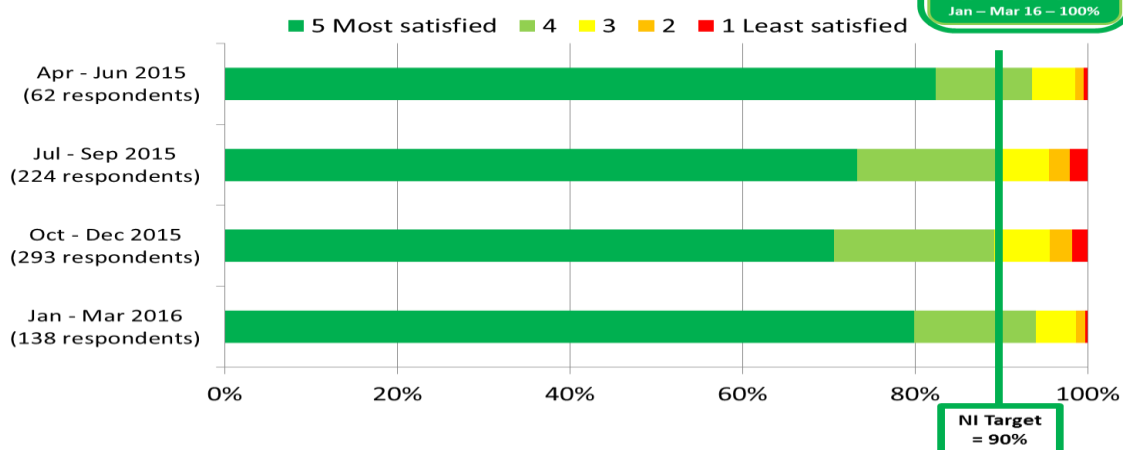
Listening to what our patients and clients tell us about our services is a corporate priority, we realise that the experience of the patient is a key measurement of the quality of our services. We have concentrated great effort in developing the most effective methodologies to measure the patient/client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

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

Quarter	Number of Patients Rating a '5'	Number of Patients rating a '4' or '5'
April – June 2015	82.6%	93.7%
July – September 2015	73.3%	89.9%
October – December 2015	70.7%	89.3%
January – March 2016	80.0%	94.1%

Patient & Client Experience Trust Level

April 2015 – March 2016



Primary & Community Care Surveys

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

Quarter	Number of Service Areas Included in Quarter	Number of questionnaires returned
April – June 2015	2	82
July – September 2015	3	102
October – December 2015	7	135
January – March 2016	4	97

Overall excellent feedback was received: all questions answered, achieved a score of 93.8% or above and all of the standards are therefore fully compliant.

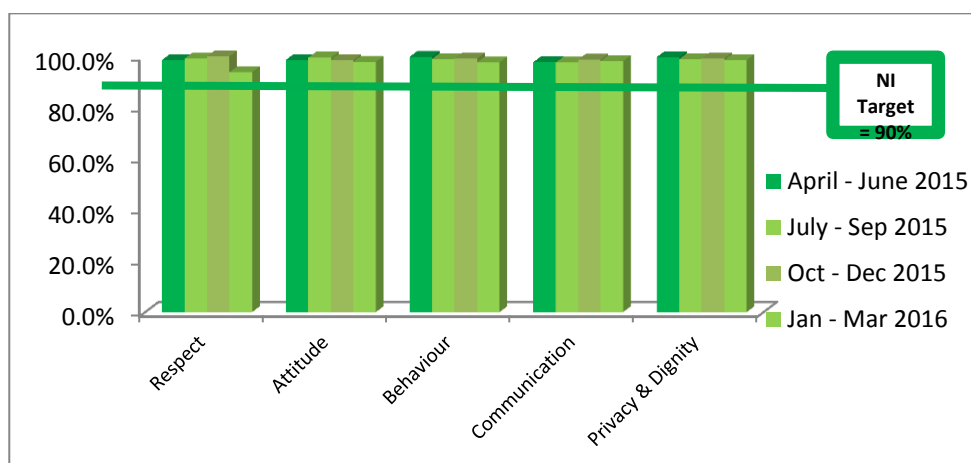
The chart below shows the composite scores for the five Patient & Client Experience Standards demonstrating scores exceeding the Northern Ireland target of 90.0%.

Q1 Range - 97.7% - 99.7%

Q2 Range - 97.6% - 99.5%

Q3 Range – 98.5% - 100%

Q4 Range – 93.8% – 98.5%



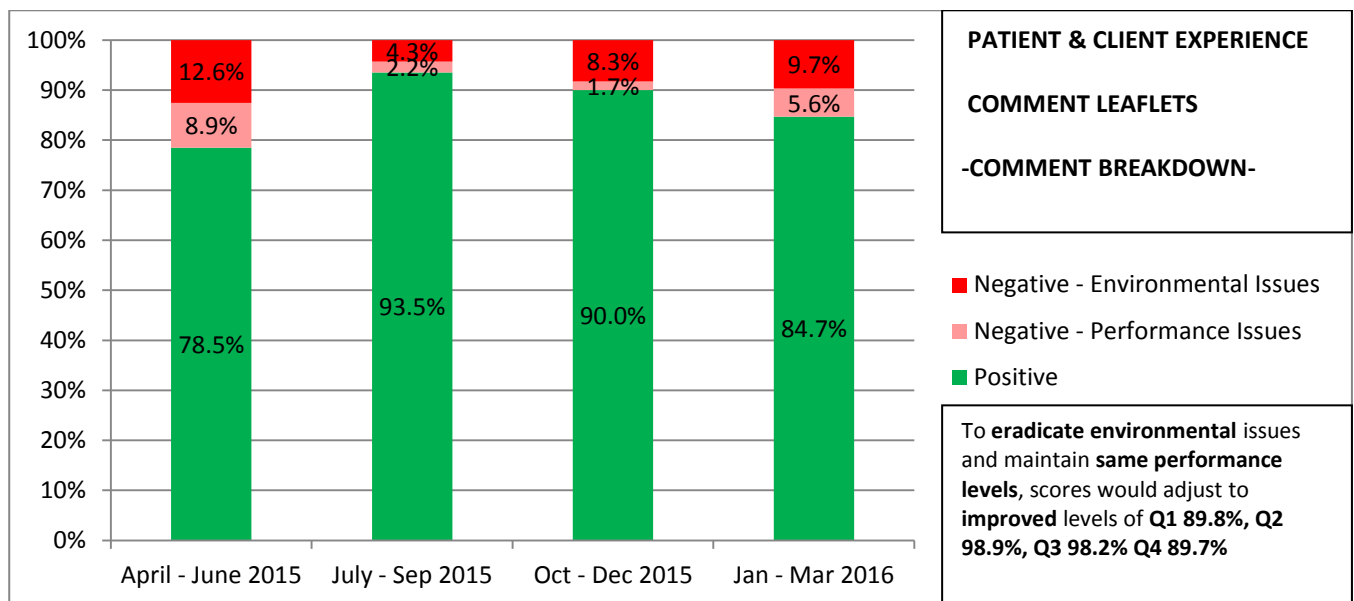
Comment Leaflets

In addition to use of surveys, nursing staff have made comment cards available on the Ward and Outpatient environment:

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

Quarter	Number of Comment Leaflets Received	Number of positive comments	Number of negative comments	Negative comments relating to patient experience standards
Apr – June 2015	50	106	29	12/29
July – Sept 2015	31	86	6	1/6
Oct – Dec 2015	55	162	18	3/18
Jan – Mar 2016	25	61	11	4/11

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



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

Next Steps – 2016/17

To continue to explore the best methodologies and approaches to enable partnership working between nursing and midwifery staff and those who use our services.

To continue to implement a systematic programme of activity to ensure patients and clients can make their voice heard.

To listen to the voices of patients and their loved ones to jointly design, develop and improve services in order to best meet their needs

10,000 Voices

The 10,000 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 Sensemaker® methodology.

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

As a result of the information received from patient/clients/family members/carers and staff in SEHSCT actions have been identified to address the following areas:

- Addressing overcrowding within Emergency Department
- Access to food /drinks while waiting
- Workforce plan
- Addressing increased waiting times
- Care of older people
- Management of patients with Dementia:
- Management of patients with pain score >7
- Management of Paediatric patients within the ED

The work streams on the current work plan of 10,000 Voices include the following:

- Unscheduled care
- Care in Your Home
- Experience of care with Northern Ireland Ambulance Service (NIAS)
- Experience of Paediatric Autism and Child and Adolescent Mental Health Services (CAMHS)
- Staff experience

Next Steps – 2016/17

- The Trust will continue its commitment to the 10,000 Voices Initiative and will deliver on the areas agreed in the regional work plan
- The Safe and Effective Care team will explore ways to integrate 10,000 Voices with the web based electronic reporting system and other sources of information in relation to patient and client experience

OUR STAFF

Celebration of Nursing & Midwifery


On the 12th May 2016, International Nurses Day the Director of Nursing thanked all our nursing staff across the Trust for the fantastic work they do every day.

A celebration event was held in the Quality Improvement & Innovation Centre, Ulster Hospital which was live streamed to Downpatrick and Lisburn sites. Nicki Patterson, Director of Primary Care, Older People & Executive Director of Nursing, opened the celebrations and thanked everyone who made the day happen. Professor Tanya McCance then discussed the importance of Person-Centred Care and the audience discuss opinions.



Professor Tanya McCance: Ulster University



 South Eastern Health and Social Care Trust

Happy International Nurses Day!

International Nurses Day is celebrated around the world every May 12th, the anniversary of Florence Nightingale's birth. Here in the South Eastern Trust I would like to take the opportunity to use this day to thank every nurse, midwife and health care support worker for the work that you do.

Working alongside your multidisciplinary team colleagues I know you are committed to ensuring safe, high quality care and providing a positive experience for patients and their families.

As I said in our Nursing & Midwifery Annual report, in many situations you are with patients and clients 24 hours per day, 7 days per week. You are there when people are at their most vulnerable, at key points in their lives and often at the point of death. The care & compassion you demonstrate is fundamentally important to those who use our services having a positive experience.

Each of us is part of an international, national, regional and local "family" of nurses and midwives. So on this International Nurses Day let's celebrate all that is good about being part of this family and all that you have achieved through your dedication and commitment in often challenging circumstances and very busy environments.

I'm proud to be a nurse but I'm even more proud of the work that all of you do day and daily. To quote our Nursing & Midwifery Strategy lets continue to work together as we aspire to "get it right every time."

Thank you.

NHAPatterson

Director of Nursing, Older People and Primary Care

We are celebrating International Nurses Day across the Trust – link in to the event in QIIC through the live twitter feed @SetNursing #SETNURSESDAY and send us photos of you and your team on the day to share on Facebook and Twitter.



ProQual QCF Qualifications 2015-2016

Band 2/3 Nursing Assistants throughout the Trust have the opportunity to undertake this qualification to develop their knowledge and skills, thereby contributing to the delivery of a high standard of safe, person-centred care to patients and service users. During the past year 3 ProQual Health Care Assistant (HCA) training programmes have been delivered, with 17 new candidates registered for the ProQual QCF Certificate in Healthcare Support Level 2/3.

To support candidates and develop capacity within practice, 8 new work-based assessors have been registered with ProQual to complete a QCF Level 3 Certificate in Assessing Vocational Achievement. Three have completed this qualification with the remainder due to complete in the near future. Additionally, 2 nurses who were assessors previously have started the ProQual QCF Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice.

All candidates are now using the Learning Assistant e-portfolio system. This is an on-line resource for candidates to record, upload and store evidence for their qualification. This easy to use package speeds up the assessment and verification process, enables candidates, assessors and verifiers to track progress at all times and removes the need for the management and storage of bulky, hard copy portfolios. It also reduces the need to print large quantities of documentation, thereby saving on resources.

Next Steps – 2016/17

- 3 more ProQual Health Care Assistant (HCA) training programmes planned with 12 places in each programme.
- To reduce the time taken for candidates to complete to 6 months.
- To increase number of qualified work-based assessors and internal quality assurers to support the candidates to complete in the recommended time frame (building capacity).

Nurse of the Year Awards

South Eastern Health & Social Care Trust Tissue Viability Nurse Fionnuala Gallagher received recognition at the RCN Northern Ireland Nurse of the Year Awards 2016. Organised by the Royal College of Nursing, this is the twentieth year of the awards, which took place at Hillsborough Castle.

Fionnuala developed criteria that enabled a standardised approach to categorising the effects of pressure ulcers. The tissue viability service now completes a root cause analysis for each patient, in collaboration with the ward manager or district nursing sister, to categorise each pressure ulcer and a robust process is in place to ensure learning from all pressure ulcer incidents. Under her leadership there has been a 7.6% reduction in incidents of hospital-acquired pressure ulcers. Through provision of bespoke pressure ulcer prevention education, she has increased attendance by 38%. Fionnuala has ensured that pressure ulcer prevention is a priority at all levels across the South Eastern Trust and a number of wards have achieved over 1000 pressure ulcer free days. The judging panel complimented Fionnuala for her capacity to demonstrate what can be achieved when nurses take ownership of patient care.



From left to right: Janet Davies, RCN Director of Nursing & Service Delivery, Fionnuala Gallagher, Tissue Viability Nurse & Nurse of the Year Finalist, Fiona Devlin, Chair of RCN Northern Ireland Board.

Practice Education Team

SETrust midwives were well represented at the recent QUB 2016 Mentors of the Year Awards on International Day of the Midwife. A great achievement to all the mentors and their contribution to developing the future midwifery workforce.



From left to right Linda Duggan - runner up ,Joanne Halpin - runner up ,Ruth McCahon - winner ,Freda Verner - runner up ,Claire Jones- runner up

To celebrate International Nurses Day five SET staff were nominated by their students for QUB Nurse Mentor of the Year Award 2016 .All the students completed a reflection on the impact that their mentor had on developing them to become competent nurses of the future.



From left to right :Anne Quail (DPU Downe), Anita Redmond (DPU Downe)Fiona Rooney (CPN Lisburn Locality) ,Evelyn Mooney Practice Education Coordinator ,Sharon Flanagan (Thompson House),Grainne Mc Quillian (ED LVH)

The focus of the Practice Education Team in 15/16 has been to implement the Regional Evaluation of the Learning Environment questionnaire. Mentors ask students to complete the questionnaire. Whilst it is early days with implementing the evaluation tool below is a flavour of what our students think of their placements and the valuable role their mentors play in developing them to become competent nurses

“I have particularly enjoyed this placement, the structured plan within the environment allowed me to experience all training opportunities available to me. I am grateful to all the staff at DPU for having taken the time to support me through my placement and my development as a student. All of the staff in DPU are a credit to the SET and have made both myself and the other student on placement feel like a respected member of the team. I have nothing but praise for all of the staff working in DPU and would like to make the PEF team aware that this is and has been one of the most beneficial placements so far in my development as a nursing student. I would particularly like to mention my mentor Anne Quail who has been so supportive and proactive in all of my learning opportunities.” Feb 16 student in DPU Downe

“Eleanor is a fantastic mentor and I cannot thank her enough for her time, knowledge and expertise over the past six weeks .I have enjoyed one to one patient contact and have learned to develop a therapeutic working relationship with the patient. I enjoyed the diverse needs of patients and the experience gained in dealing with their needs” Sept 14 student with the DN Team in Ballynahinch Community Services

“I have thoroughly enjoyed my 14 week management placement in Thompson House Hospital .Being part of a team in the Brain Injury unit has been one of the hardest, but rewarding thing that I have ever done so far in my 3 years, but it has allowed me to develop an everlasting connection with each of the patients and there and I will be sorry to leave everyone of them. I will always have fond memories of this placement with the hard working staff that never stop caring for their patients and their families”. Sept 13 Management student THH Lisburn

Accrediting and celebrating practice-based learning: the Developing Practice in HealthCare.

There are currently 17 Nurses and Midwives registered on both undergraduate and postgraduate programmes of study, with all clearly demonstrating personal, professional and practice development. Congratulations to two Nurses graduating with their MSc Developing Practice in Healthcare at Ulster University's winter graduations.



(L to R – Lesley Reid, Maggie Ross)

Developing facilitation and leadership capacity within nursing and midwifery with another successful module completed in April 2016



Christine Boomer is a member of a research team successful in attaining a HSC R&D office knowledge exchange grant for the iMPAKT project. SEHSCT will be the only UK site in this international research study implementing and measuring person-centredness using an App based on the Nursing and Midwifery KPI's.

Supporting clinical leaders to prepare for the 100% single room acute ward environment in the new generic ward block (GWB) through learning sets project commenced May 2016.

DIRECTORATE ACHIEVEMENTS

Surgery

Achievements: 2015/16 Northern Ireland Healthcare Awards

Virtual Fracture Clinic (VFC) was the winners of the innovation category at the Northern Ireland Healthcare awards (sponsored by Radox Health in aid of Marie Curie).

The innovation category set out to recognise innovation towards improving the quality of healthcare and the health of the region. This could be via service improvements, new ways of working, new treatments and/or technologies or effective research into service and/or products.

VFC, a protocol driven, evidence based multidisciplinary service, where patients with the 5 most common minor fractures can be discharged directly from Emergency Department. The remaining patients are viewed virtually at the VFC coordinated by Virtual Fracture Clinic Nurse, Karen Kendall, where the clinical decision is made. The introduction of the VFC has resulted in a safer, better managed fracture service where patients are seen within an appropriate timescale and receive uniform treatment irrespective of where they are seen within ED/MIU.



Pictured L-R: Mr Maginn, Clinical Lead, Karen Kendall, Virtual Fracture Nurse, Caroline Ferguson, and Fracture Nurse.

Congratulations

Congratulations to a number of staff who have successfully completed academic qualifications:

- Ward Sister Elaine Edwards,
- Deputy Ward Sister Niamh Kellet,
- Staff Nurse Catherine Morton,
- Zoe McCune,
- Staff Nurse Jason Young,
- Deputy Ward Sister Karen Dyer ,
- Staff Nurse Chelsea Meeke,
- Staff Nurse Carrie McDonald.

New build and new staff

The Ward Sisters in Surgery have been on a site visit to the new Generic Ward block in preparation for moving to their new wards in January 2017. The wards have been allocated and the visit generated much excitement as the move became more of a reality.

Six new band 6 deputy sisters have been appointed to Surgical Specialties in preparation for the move. Congratulations to those successful candidates who are expected to be in post July/ August to begin to help with operational planning.



Ward Sisters onsite visit to new build.

Endoscopy



The use of Entonox has been introduced into all the endoscopy units across the Trust. This gives the patients more choice of sedation modalities for lower GI procedures. Feedback from patients and staff has been very good to date reporting reduced level of discomfort experienced during the procedure and also that patients have less restrictions placed on them following procedure meaning they can get back to normal activities sooner.

Pictured left: Sister Tanya McKee administering Entonox

Acute Oncology Service

Acute Oncology is a new service to Northern Ireland which aims to improve patient outcomes and experience. Trust recruitment for Acute Oncologists and Acute Oncology Nurses commenced in spring 2015. This new service follows recommendations by the National Chemotherapy Advisory Group, guided by reports from National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and the National Patient Safety Agency requiring a more systematic approach to acute care for patients with cancer. Acute Oncology Services (AOS) provide a single point of hospital contact for advice/support and bring together expertise from many disciplines including oncology, palliative care, haematology, acute and emergency medicine and surgery, radiology, microbiology and pathology amongst others.



Pictured L-R Acute Oncology Team pictured left to right - Caitlin Finlay Macmillan Acute Oncology Clinical Nurse Specialist, Dr Lois Mulholland, Consultant Oncologist, Clair Quinn, Macmillan Acute Oncology Clinical Nurse Specialist)

Percutaneous Nerve Stimulation

The Colorectal nursing team, led by Sarah Christie and Specialist Registrar Cathy Magee have completed a pilot clinic to treat 8 patients with faecal incontinence. This is a unique treatment that is currently only offered in the South Eastern Trust. Patients were selected who had attended and failed Biofeedback (bowel re-training) at the nurse led bowel dysfunction clinic.

The treatment is 12, 30 minute treatments of neurostimulation. This involves stimulating the sacral nerve plexus through gentle electrical impulses. A needle is inserted at the medial malleolus, close to the ankle. This is then connected to a small stimulator device that transmits the impulse for 30 minutes.

The pilot study had 100% attendance. We have received positive feedback from the patients who attended and approximately 80 % have described improvements in their bowel function. We are currently collecting data from the study to be audited and the findings will be presented in the autumn.

It is hoped that this will prove an effective treatment for faecal incontinence that will further support the Colorectal service in the SE Trust.



Pictured left: Sarah Christie, Colorectal Nurse Specialist

hello my name is...

Alex – Radiology Nurse

Alex is a staff nurse in the Department of Radiology based in the Ulster Hospital and has been in post for just over two years. The role of a Radiology Nurse is crucial in ensuring patient safety specifically during interventional procedures. Alex's role is closely involved with the provision of Interventional Radiology (IR) to enhance the nursing care of patients attending the department and to ensure smooth progress through the patient pathway. The service currently facilitates procedures such as biopsies, drainages, line insertions, stenting, embolisations, filter insertions, to name but a few. Alex has further developed her role and is training to become a primary operator in a range of interventional procedures. Alex, with the help of the multi-disciplinary team developed an "Interventional Radiology Care Pathway" which is soon to be implemented across the Trust.



**Pictured: Alex Willis,
Radiology Nurse**

Next Steps – 2016/17

- Virtual Fracture Clinic – move from a 3 day service to a 4 day service. VFC will be entered into Trust Chairman's awards and PHA Safety Forum Awards.
- The directorate plans to increase the nursing service in Radiology moving forward.
- New Band 3 Senior Health Care Assistants and additional Band 5 Nurses are to be appointed for the new wards in the Generic Ward Block.
- Admission on the Day of Surgery Unit to open March 2017.

Medicine

Achievements 2015/16

Governance Workshop



On 22nd June 2015 the Medical Directorate held a Governance Workshop hosted by Karen McIlveen, Assistant Director.

The workshop included: The Conversation Project: “what matters to you?”, not “what’s the matter with you?”, Promoting an SQE ethos: identifying a quality improvement initiative, understanding Plan-Do-Study-Act (PDSA) cycles, Incident reporting in maintaining a safe hospital, Root Cause Analysis for Health Care Associated Infections, fostering good working relationships and effective team working. Presentations: RCN Team Manager of the year and Single Unit Transfusion, winner of SQE acute category. ‘Informative’, ‘helpful’ and ‘well presented: - the workshop was a resounding success.

SQE Acute Sector Award 2016 winners Frailty Pathway for Lagan Valley Hospital



A multidisciplinary team in Ward 14 has defined frailty and ensured our frail elderly inpatients receive treatment & care which conforms to 100% of our Frail Elderly best practice standards. Their aim when caring for frailty patients is that they can be discharged from hospital with the majority returning to their own homes. Frail Elderly standards = person centred care

Nursing Staff - SQE Award Finalists 2016

'Let's put pressure on prevention' – Ulster hospital Emergency Department and Medical Assessment Unit collaboration. The aim was for all medical admissions in ED identified at high risk of pressure damage; 30% will have assessment of risk and preventative measures initiated and documented by May 2016.

'Isn't once enough? Reducing re-cannulation' – Ward 1a Lagan Valley Hospital. The aim was that by the end of 2016 95% of patients would not be re-cannulated unnecessarily.

'Think sepsis' – Ward 12 UHD.

The aim was to improve recognition & timely management if patient identified with Sepsis on ward 12 and MAU. Achieve 95% compliance of SEPSIS 6 bundle by September 2016.

Winners of Poster Award: Cathy McCusker: Project Manager NIPEC, Erin Rosson: Staff Nurse, Liz Magee Staff Nurse, Colm McKenna: SEHSCT Chairman



Multidisciplinary Governance Workshop

'Accountability, the health care professional and the law'



16th December 2015 the Medical Directorate hosted a very successful Governance Workshop attended by our colleagues from other directorates. Seamus McGoran, Director for Hospital Services, in his opening address emphasised the importance of **'Safety, Quality and Experience'**. Speakers included:-Brenda Carson, Head of Patient Safety and Improvement; 'building a quality improvement infrastructure', Dawn Stephens, Ward manager ward 20 shared the success of the development of the heart failure pathway; improved services for heart failure patients and reduced re-admissions reduced. Michele Miller, Acting Deputy Sister, CCU, LVH, gave an overview of the SQE projects in Lagan Valley and Downe Hospitals.

The knowledge and enthusiasm of our guest speaker Rosemary Wilson, Qualified Nurse and Barrister captivated and challenged us all. The key legal and professional issues addressed were accountability, dealing with complaints, raising concerns, record keeping and documentation. Staff who attended reported finding the workshop informative, instructive and worthwhile in particular the legal aspect and record keeping.

Ward 4 celebrate 1500 days Pressure ulcer free



Ward 4 Ulster Hospital, a 12 bedded oncology and haematology ward, celebrate 1500 days pressure ulcer free. A fantastic achievement for Sister Lorraine Maxwell and her team.

1500 days = 49 months, 1 week, 1 day, 10 hours, 46 mins & 39 seconds!

Chairman's Awards 2015

The 'Safety, Quality & Experience' category was awarded to the Downe Ophthalmic Team for 'Delivering 20/20 vision for the future'.



The service provides a smooth patient journey utilising an individual care pathway from the patient's first assessment for cataract surgery at Outpatients' through to surgery in the Downe Hospital and at post op review. Previously patients have had to travel to Belfast Trust for cataract surgery however in the last year 450 people have used this pathway in the Downe Hospital.

Next Steps – 2016/17

- To accomplish the second phase of normative staffing within the Emergency Departments
- Successfully transfer 144 beds into the New Build (phase B) at the end of January 2017
- To drive, support and inspire our staff to continue in a culture of quality improvement and positive patient experience

Hospital Services

Achievements 2015/16



The Frail Elderly Rapid Assessment Centre was established in November 2015 with the aim of improving patient care for the frail and elderly population within the South Eastern Trust.

The FERA Centre provides:

- Reduced length of stay for frail and elderly patients in the Emergency Department (ED) thus creating more space in ED for other patients, whilst helping to alleviate pressure on a busy department.
- Timely access to specialist geriatric assessment and prompt onward referral to investigations/diagnostics.
- A calm, quieter environment which is more suited to the needs of a frail elderly patient, thus helping to reduce their anxiety and distress.
- Direct access to GPOOH and Specialist Nursing Teams by accepting direct referrals
- Opportunities for enhanced Primary and Secondary Care team integration and partnership working, thus improving the seamless transition for patients across the two programmes of care.

To date the FERA Centre has admitted/ assessed 838 patients; 52% of whom have been successfully treated and returned to their home/place of residence.

For those patients requiring in-patient admission/ treatment, the Centre has been able to expedite referrals to diagnostics and follow-up assessments by Consultant Geriatrician, Specialist Nurses and Allied Health Professional colleagues. It has been demonstrated that the current admission/ assessment pathway and protocols has helped reduce the length of stay of inpatient admissions.

The FERA Centre was shortlisted for the Chairman's Awards 2016 and was recently successful in winning the award within the Efficiency & Service Reform category. This award recognises the motivation, determination, enthusiasm and willingness of the staff associated within the Centre and within the wider Downe Hospital itself to redesign a service which not only offers another route of access to inpatient services but also meets the needs of the frail and elderly population with the local community.

Next Steps – 2016/17

- Secure a permanent Nursing & Medical workforce
- Extend the week-day opening hours
- Establish a Discharge Lounge facility to enhance patient flow throughout hospital
- Increase assessment/ bed capacity
- Open up referral access to further GP Practices

Woman & Acute Child Health

Achievements 2015/16



The Paediatric Allergy Team at the Ulster Hospital, has won an innovation award from The Health Foundation to fund the implementation of a 'Cow's Milk Allergy Clinic' which is a first in Northern Ireland.

The initiative aims to develop a new type of clinic for babies with cow's milk allergy, combining a group education and advice workshop, along with individual assessments for each child which aims to provide earlier access to advice and assessment. The clinic will be run by members of the Paediatric Allergy Team from the Ulster Hospital, who will travel to various sites around the South Eastern Trust area. Parents will be given a comprehensive information booklet for easy reference to take home that will include all the information they should need to guide them through their child's milk allergy journey and how to reintroduce cow's milk when the time is right.



Paediatric Diabetes Team are Chairman's Awards finalists.

Four midwives from SET won runner up QUB midwifery mentors of the year and Ruth McCahon won the overall Mentor of the Year award.



As part of our SQE action plan we have a project to improve our outcomes for women presenting with signs of Sepsis and using an evidence based care bundle have significantly improved our compliance over the last year with the Emergency Obstetric unit and Home from Home achieving 100% consistently and the maternity ward and labour ward showing marked improvement. The Sepsis Bundle for Paediatrics is also being rolled out currently.

Earlier this year GAIN chose to launch the Regional Guidelines for admission to Midwifery Led Unit at the Ulster in recognition of the significant work the Trust has taken in the implementation of midwifery led care as well as using the Trust's criteria and care pathway as the basis for the new regional version. Within the Trust we are continuing to increase the number of births within our MLUs with over 30% of our births within these units (NI average 15%). This year Lagan Valley celebrated its 1000 birth in the midwifery led unit and a poster outlining our achievements submitted to an international midwifery conference won first prize.

Next Steps – 2016/17

- We are due to be reassessed by UNICEF for our baby friendly status
- A birthing pool will be installed into main delivery suite to promote normality
- We hope to begin our early intervention transformation programme in the Autumn
- An Advanced Nursing Practice programme for Children's Nursing is being developed in NI and SET will be supporting staff to participate

Primary Care and Older People

Achievements 2015/16

Enhanced Care at Home has been developed on a patient centred basis and coordinated around the existing local community nursing / integrated care teams. The model has at its core, robust community nursing, medical and social services support 24/7, working in partnerships with GPs to identify those at risk and enables a more rapid response to those patients that may have an acute episode.



Initial use of Enhanced Care at Home will be limited to patients over 65 years with illnesses including community-acquired pneumonia, CCF, COPD, cellulitis, dehydration, chest infections and urinary tract infection. These conditions are treatable in the home, and typically account for a sizable portion of hospital admissions among older persons. Patients can be referred for Enhanced Care At Home by the primary and secondary care teams or other health care professionals, enabling them to remain at home while their condition is monitored and treatment administered.

From September 2015 - 31 May 2016, there were 205 admissions to ECAH - this equates to 154 avoided hospital admissions, bed days saved 1786 = £335,768

A questionnaire was given to every patient that availed of the ECAH service to capture their and their carer's views of the service. 18 questionnaires were returned, 6 telephone interviews and 1 patient story. Results show that patients value the service and 87.5% rated "the quality of care delivered as you would expect in hospital" to be excellent. 12.5% rated it as good. It provides long term improvement in working together in partnership to give the right care in the right place at the right time.

Recommendations

- Increase the number of GP ECAH Champions and GP input at an early stage of implementation to raise GP awareness, education and discuss concerns in a timely manner.
- Closer working with Secondary Care Hospital Services and increase number of ECAH Champions and Pathways.
- Promote ECAH within Nursing/Residential Homes to enable their clients to avail of the ECAH service rather than being admitted to the Hospital treatment.
- Raise Public and Third Sector awareness of ECAH service to promote home treatment and increase their choice services alternative to hospital admission.
- Develop use of Cayder white Board/Qlikview

Rapid Response Nursing Service

Intravenous Iron (Ferinject) Therapy for patients with Iron Deficiency Anaemia Administered in Community Nursing Clinics

Iron deficiency anaemia known as the condition that is “overlooked and under-treated” as reported by Nursing Times June 2015. The Rapid Response Nursing Service staff have been treating patients with iron deficiency anaemia for some years in the form of blood transfusions when oral medication hasn't been effective. The three main reasons for occurrence of iron deficiency anaemia are blood loss, systemic inflammation and malabsorption. The vast majority of patients with this condition are over 65 years.

In view of the drive to prevent unnecessary blood transfusion, and find a better alternative for patients, Rapid Response Nursing Teams started to administer intravenous Venofer given as a course in five divided doses over ten weeks and this regime may have been required to have been repeated a number of times. While this reduced the unnecessary use of blood products it continued to be a time consuming process for patients requiring numerous visits for treatment.

In a bid to further improve treatments Catriona Briers Lead Nurse for the Service and Tracey Steenson Co-ordinator for the Down Rapid Response Nursing Team met with Medical Consultants in the Downe Hospital to propose a pilot with the use of an alternate drug therapy. The drug of choice was Ferinject.



This meeting group has developed and led to other meetings with regional professionals from Northern Ireland and England who want to improve the patient experience. Down Locality Rapid Response Nursing Team are now administering Intravenous Ferinject for patients with this condition. For some patients this involves the administration of a one off 30 minute intravenous treatment and for others it might be twice yearly.

This has dramatically reduced treatments and visits for the patients resulting in a much improved quality of life; in addition there is also a marked reduction in the length of time previously spent by the nursing staff which is now spent with other patient treatments. Ultimately patients are being treated successfully with this drug resulting in positive outcomes for both patients and the Trust.

Rapid Response Nursing Service is an integral part of the South Eastern Trusts' District Nursing Service and it is the only Community Service in Northern Ireland currently providing this treatment.

Next Steps – 2016/17

- Pilot with the Down Team commenced in November 2015.
- A complete audit will be undertaken at the end of November 2016
- Present results at a conference in Birmingham in December 2016.
- It is hoped to develop the service into the Lisburn Locality next year and then Trust wide.

Adult (Disability Services)



Above left –Members of nursing and catering staff at the Swallowing Awareness Launch
Above right – Members of Thompson House Hospital support services team with Hello My Name Is cards.

Thompson House Hospital Achievements 2015/2016

Thompson House Hospital has undergone some changes in the staff structure over the last year. Gillian McConvey has taken up the post of ward sister following the retirement of Edna Elliott. Two new Deputy Ward Sisters Colette Kearney and Sarah McCallen have recently been appointed.

A Patient stories project which was initiated in partnership with the Social Work Governance Team is being fully embedded within the hospital service. Five families have been interviewed due to the complexity of the patients' injury and asked about their experiences of transfer from acute hospital to Thompson House Hospital and the care of their relative within the hospital. Things that we were told;

- Nursing care 100%,
- Treated him as a person,
- Genuine care for patients,
- Calm comfortable environment.

Key themes were identified and an improvement plan agreed. The improvement plan continues to be implemented and this project won the Chairman's prize award in the Stakeholder Engagement category in 2015.



Above – Stakeholder Engagement Category Winners 2015

Improvements resulting from the development of a Communication forum established have been noted by staff and include the establishment of improved patient handover. The daily safety briefing has been embedded in the daily hospital routine and is recognised by all as an important part of daily communication. Other improvements to communication include the development of a new pre-admission and discharge checklist for patients availing of short breaks. Communication is also enhanced by the development of a monthly staff meeting schedule to encourage more staff to attend.

An Honest Open and Transparent Board was established in 2015 to display key information about the hospital which includes information about the staff team, the hospital, trust themes and performance. We have also included a “you said we did” section to demonstrate our responsiveness to feedback from service users. This board located in the first floor and is clearly visible to all staff, patients and visitors.

Nursing staff are embracing the full implementation of nursing KPI's within Thompson House Hospital. A full range of KPI's inclusive of Food & Nutrition, Skin Bundle, falls, controlled drugs checks and missed and omitted medication doses have been implemented. Results are displayed on our HOT board and shared with staff at the daily safety briefings and also at team meetings. We continue to work closely with the Safe and Effective care team to promote greater compliance.

In 2015/16 two members of the nursing team undertook the SQE programme, their project was focused on improving compliance with swallowing recommendations. The team developed a number of initiatives including a more robust and user-friendly system of accessing swallowing recommendations. This project also worked in tandem with the catering department in the development of improved menu choices to ensure the availability of all texture types at all meal-times. A meal satisfaction survey was carried out over a three week period which demonstrated very positive results. The project was recognised at the SQE Awards by winning the overall poster presentation. This project was also presented at the Regional Hospital Caterers Association Conference as an example of quality improvement.

In 2015, Thompson House Hospital participated in the RQIA review of the Implementation of the Regional Acquired Brain Injury Standards and Quality Indicators. We continue to move towards implementing the actions and recommendations identified within this review.

Thompson House Hospital continues to support staff in learning and development. Two Healthcare Assistants have successfully completed their K101 and another is undergoing her Proqual level 3 and another staff member is currently undergoing her Proqual assessor training. One member of staff is undertaking the Neuroscience short course 2016/2017 at the University of Ulster to enhance a more specialist knowledge and skills base.

A number of nurses have successfully undergone the NMC Revalidation Process supported by their manager and peers. A Revalidation pack has been developed and shared with all staff to support them through this process.

Thompson House Hospital is recognised within the Trust as a centre of excellence for the care and management of patients with tracheostomies. Key staff within Thompson House Hospital have also provided learning and development in this area of care to other facilities and teams.

Thompson House Hospital continues to facilitate QUB and OU student placements and in 2015-16 provided placement opportunities for seven students. Feedback from students continues to be positive and the hospital continues to provide diverse and enriched learning opportunities for student nurses. There are currently eleven staff nurses who are trained mentors and three of these are sign off mentors. Thompson House Hospital participated as one of the adult nursing sites which underwent a review of the NMC standards during 2015/16 which identified no areas of recommendation or requirement for action.

Next Steps – 2016/17

- To release further staff to undertake the SQE programme and undertake a project relevant to the needs of the patients and service.
- Continue to improve compliance in KPI's and work in partnership with the safe and effective care team to achieve this.
- Identified staff member to undertake University of Ulster accredited neuroscience short course.
- Develop a local working group to implement any actions from the RQIA Review of Regional Acquired Brain Injury Standards and Quality Indicators. Participate in any regional group established to take forward regional actions.
- Further explore with medical personnel the option of providing IV treatments within Thompson House Hospital.
- Continue implementing the Thompson House Hospital Patient Stories Improvement Plan.
- Continue to support all remaining nursing staff to achieve successful NMC revalidation.
- Work in collaboration with Organisation and Workforce Development to promote team effectiveness within the staff group.

Community Learning Disability Nursing

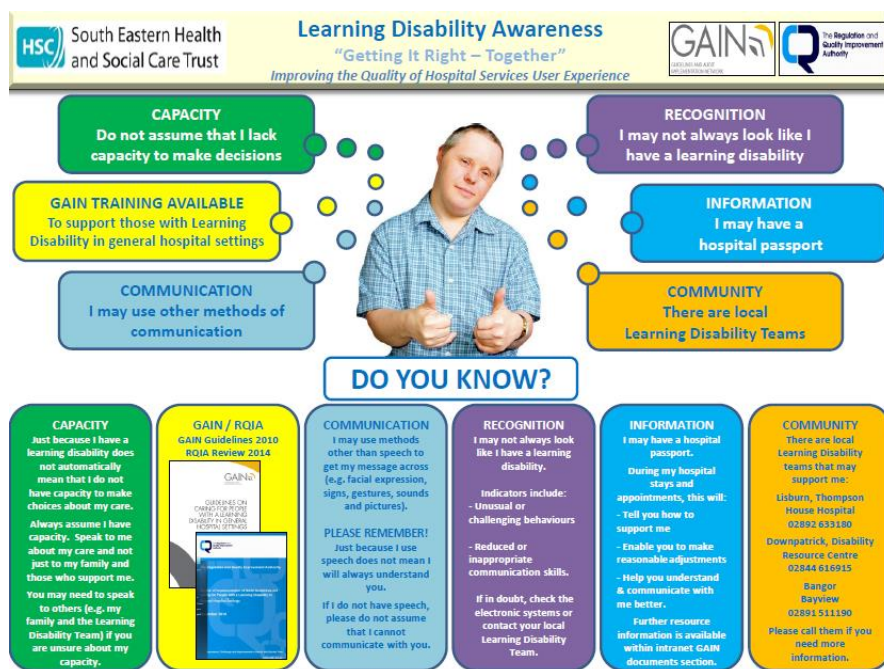
Achievements 2015/16

The Trust Direct Enhanced Service (DES) led by the Nurse Health Facilitator continues to implement the DES for annual health checks for adults with a learning disability which has successfully increased the numbers of people screened during 2015/16 to 1145 which was an increase of 9.2%. A positive working relationship continues between GP's and the DES Nurse Health Facilitator to provide a very valued service. The person with a learning disability and their carer are given an evaluation questionnaire to complete after the health screen which is then returned to the HSCB GP Unit. The evaluation questionnaires returned show evidence that people are very happy with the services provided.

The Health Facilitator attends a regional Health facilitators Forum which has developed an action plan to implement regional best practice standards for health facilitation with people who have a learning disability.

Learning Disability nursing services continue to implement the GAIN Guidelines for improving the quality experience for people with a learning disability using Acute Hospital services in partnership with acute hospital nursing services.

A working group oversees the implementation process and continues to meet to implement the recommendations resulting from the Regional RQIA review of the GAIN Guidelines. The Trust nursing services have representation on a Regional working group which is developing best practice standards for the use of a Health Passport, staff training and information resources. A recent Trust awareness campaign provided information for Trust staff on improving the quality experience for people with a learning disability.



The Epilepsy Nurse Specialist (ENS) has completed the development of a Trustwide Policy on the Emergency Management of epilepsy which has been ratified and recently circulated for information and guidance. The ENS has worked with the community learning disability nurses to develop a Trust database for the emergency management of epilepsy to ensure timely reviews and key responsibilities are identified.

Internal audits during 2015/16 have identified that Community Learning Disability Nurses have very good uptake in supervision opportunities attended and 100% uptake of KSF appraisals.

The nursing service continue to represent the Trust on the Regional Strengthening the Commitment steering group which is implementing the regional learning disability nursing action plan. The key focus of the regional group has been to complete a workforce review report which has been submitted to the CNO, develop thinking around the learning disability nursing KPI's, develop a 3 year training and development plan and to support the development of leadership potential in learning disability nurses in practice.

Learning Disability Nursing has represented the Trust at a regional review of the learning disability nursing documentation tool which is concluding work on the development of an agreed hospital and community recording tool which will be tested later this year to inform final content and launch of the new nursing documentation tool.

Further Learning Disability Nursing posts are being progressed within Adult Learning Disability Day Care services to meet the increasing complexities profile within these services.

All nurses within Adult Disability services have been supported to meet their NMC revalidation requirements through information awareness, training and the development of a local portfolio for evidence.

Next Steps – 2016/17

- To continue to support the implementation of the Strengthening the commitment Action Plan
- To promote further attendance at leadership programmes
- To further review and plan for workforce succession planning
- To continue to represent the Trust at various regional working forums in the development of best practice standards
- To develop and implement regionally agreed nursing KPI'

Mental Health



Achievements 2015/16

Think Family Pilot

The ethos of this pilot project is to encourage all staff to work within a family model and be mindful of the needs of the family unit. The pilot seeks to improve consultation and liaison between programmes of care within SET and also with the various voluntary agencies that may be able to offer support to the individual and the family as a whole. The plan is to develop outcome measures to help determine the impact of the Think Family support intervention for the family.

It is envisaged that this will support our efforts to improve and build upon our existing assessment, planning and treatment processes and service development based on the need of the individual and of the family

Student Open Day

To encourage those young people who would like to consider a career in Mental Health the staff in mental health linked in with Charter and voluntary organisations and organised a second Open Day in October 2015. Students (over 30) from a number of schools in the NDA, Lisburn and Downpatrick Areas came along and listened and interacted to short presentations from staff in the Multidisciplinary teams of mental health including Nursing, Social Work, Occupational Therapy and Psychology. Nursing staff in specialist areas eg CBT and Home Treatment gave an overview of the career development within mental health. Colleagues from the voluntary sector provided display information and the Trust Volunteer coordinator gave a short presentation on the role and value of volunteering.

Recovery College Co Production

Work continues within the Recovery College with regards to co-production of educational courses where a Service User with the lived experience works along with the professional who is an expert by learning delivering information sessions to groups. Courses include Spirituality, Wellness planning, understanding sleep for recovery.

Anti-absconding Work

Recognition of the work that has been ongoing within this area saw staff as finalists for the Chairman's Award. Work with regards to anti-absconding continues to progress across the inpatient wards and involves Service Users and their families.

KPI's

Following on from the work of last year with inpatient mental health wards developing psychological interventions and carer involvement, a new member of staff has been appointed. This person will start the process of treatment for inpatient Service Users. A number of KPI's are in place and reported on monthly.

Next Steps – 2016/17

- Recovery College Co Production work continuing with more courses.
- Student Open Days plan to have these twice a year
- KPI's work continuing to progress and be reviewed
- Think Family Model is to be shared and imbedded across all of mental health services and the pilot evaluation will be completed in 2017.

Prison Health

Achievements 2015/16



The Nursing workforce within the Prison Healthcare service is very proud of the achievements during this period.

Lunch and Learn Sessions

There have been monthly Lunch and Learn sessions established within the largest site. These have included such topics as Care of the deteriorating patient, SQE and Adverse Childhood experiences. A quarterly Lunch and Learn has also been established in the Magilligan site.

A big thanks to the Operational Nurse Managers on these sites for leading on these sessions for their teams.

Ring Fenced Training Week (Freeze Week)

A packed programme of mandatory and specialised training for our teams in Prison Health Healthcare was consolidated into 1 week in February 2016. Valuable feedback was reviewed.

Value Based Recruitment

Prison Healthcare Nursing has implemented VBR. Senior nurses within the service are very positive about the experience of using this approach in recruitment of nursing staff.

Be-Spoke 7 Day Development programme for Senior Staff in Prison Healthcare

A partnership between OWD, RCN and ICRC have created a special programme for the senior team within PHC. This programme recognises the uniqueness of leading and providing Healthcare within a Prison.

Next Steps – 2016/17

- September 2016 Second Freeze Week is planned using feedback received.
- Quality Improvement Initiative for Medicines Management in Maghaberry
- Implementation of a Recovery Model within the Mental Health Services in Prison Healthcare