



Southern Health  
and Social Care Trust  
*Quality Care - for you, with you*



# Annual Quality Report



2021/2022

# Chief Executive Foreword

## Message from the Chief Executive

Welcome to our Annual Quality Report 2021-22, as we write this report, the pandemic is still ongoing with sustained high numbers of daily cases of COVID-19 both regionally and in this local area. Whilst vaccination and new treatments are improving people's outcomes and restrictions in the community have relaxed, health and social care remains a high risk environment. For the safety of service users and staff, there are measures that we must continue to follow.

We never cease to be amazed by the resilience of our staff who even despite the challenges of the past year, have continued to strive for excellence and have been recognised locally, regionally and nationally.

The Craigavon catering team were finalists in the prestigious 2021 Public Sector Catering Awards. Our Trust wide radiology service received the Quality Standard for Imaging from the UK Accreditation Service. The Trauma and Orthopaedic team were named as a 'National Joint Registry Quality Data Provider' for the second year running. Our systems assurance team has been recognised at the national 2022 CHKS Awards for its use of quality data to improve patient safety.

We had an impressive seven finalists in the UK wide Health Service Journal (HSJ) Patient Safety Awards this year with the Acute Care at Home and the Dysphagia Support Teams winning their categories. Acute Care at Home and the Day Centre Vaccination programme also picked up highly commended awards.

We had three finalists in the prestigious RCN Nurse of the Year 2021 awards, Pauline Curran, Lead Outpatient Parenteral Antimicrobial Therapy nurse, Louise Gribben, Haematology Advanced Nurse Practitioner and the Mental Health Home Treatment Crisis Response and Integrated Liaison Team.

We are also very proud of our medical education team. A number of trainees from across a range of specialties had work published in national medical journals and received recognition for case presentations of their work. Several poster presentations have also been chosen from our Trust to showcase at international medical conferences.

This recognition is a true testament to our staff and just a few of many examples demonstrating their determination to improve services, even during one of the toughest years in health and social care.

Our research team has made a significant contribution to national COVID-19 research, with hugely successful recruitment to key studies and some of our Consultants leading a number of research projects.

We have also secured additional investment from The Health Foundation for a

Q Exchange Programme to support children with disabilities and their families at times of crisis. This pioneering initiative has been highly successful, offering support when needed most, to prevent children with disabilities entering the care system.

We are ambitious and of course want to be able to do even more and better, treat more patients and support more families. We continue to work across the organisation and with colleagues regionally to maintain and safely resume more services.

As we look to the future and hopefully begin to move out of the pandemic, we want to maximise the opportunities for collective leadership and are currently developing a new vision and objectives for our organisation as we aim to rebuild services to improve the lives of more local people.

Thank you

Dr Maria O’Kane

*Chief Executive, Southern Health and Social Care Trust*



# About the Trust

Against the backdrop of the COVID-19 pandemic, 2021/22 was an incredibly challenging year for the Southern Trust for both our staff and our population. It had an unprecedented impact on our services as demonstrated below.



**52,090**

**Inpatients**

increased from 44,993  
(a 15% increase)



**338,202**

**Acute Outpatients**

increased from 271,628 (a 25% increase)

**25,275**

**Day Cases**

increased from 17,218  
(a 48% increase)



**154,271**

**Emergency Department Attendances**

increased from 123,135  
(a 25% increase)

**49,427**

**Day Care Attendances**

increased from 22,473  
(a 120% increase)



**5,284**

**Births**

increased from 5,191 (a 2% increase)

**589**

**Children looked after by the Trust**

decreased from 591 (a 0.3% decrease)



**4,338**

**Domicilliary Care Packages provided to Older People**

decreased from 4,382 (a 1% decrease)

# Southern Trust Overview

In 2021/22 The Trust spent the equivalent of £2,474 per head of our population.



**383,541**

**Population of the  
Trust Area**  
(as of mid-2018)



**15,519**

**Staff**  
(11,872 Whole Time Equivalents)



**£317m**

**Estate under  
Management**

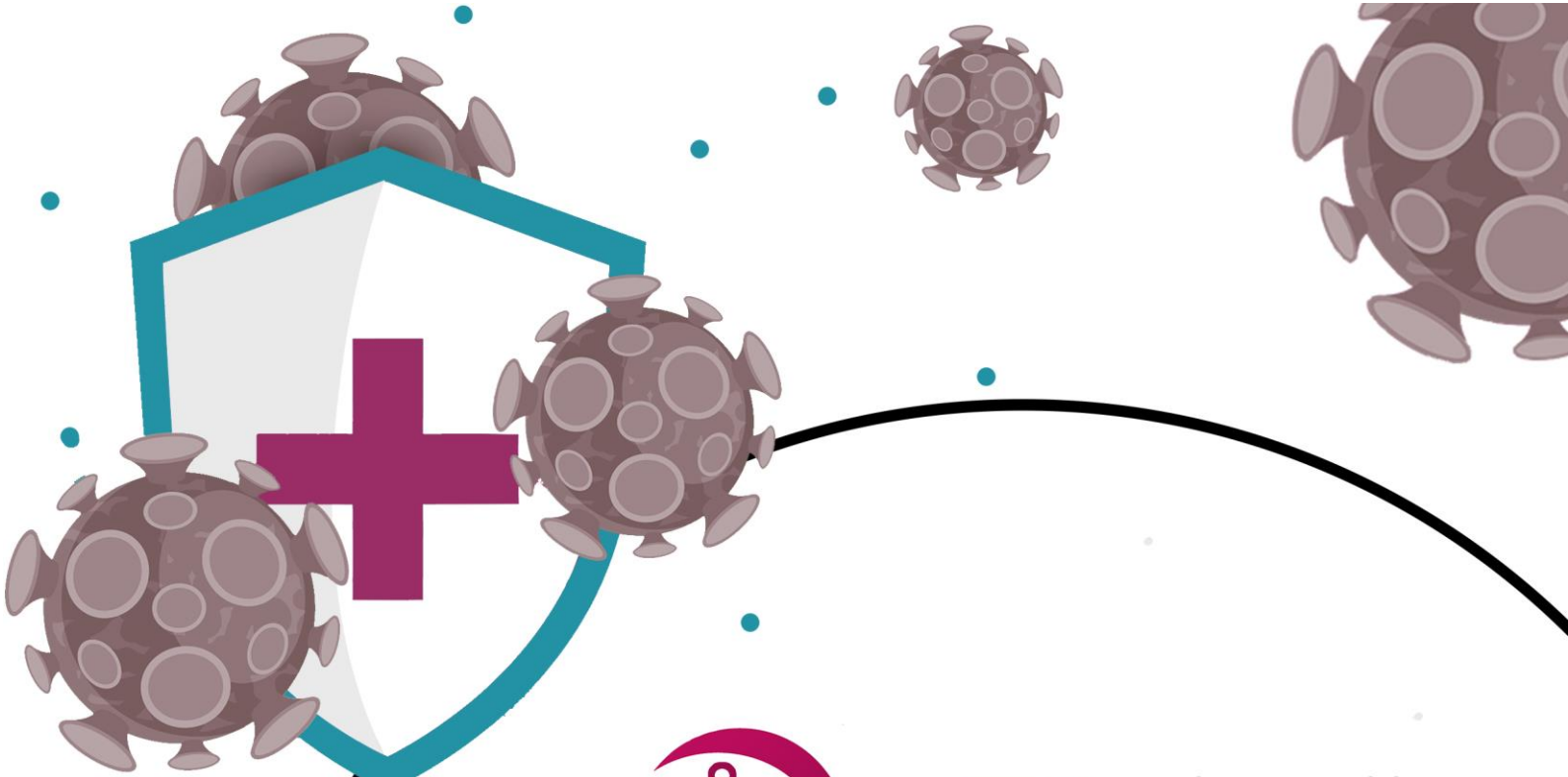


**£993m**

**Annual Budget**  
Increased from £934m (a 6%  
Increase)

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# COVID-19

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How the Trust  
Responded





# Introduction

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The COVID-19 pandemic has been the single most significant and challenging experience for Health and Social Care staff. The last two and a half years have been unprecedented and our staff have continued to adapt and respond to the greatest health crisis in a generation.

## Our Approach - Patient and Staff Safety

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### Emergency Redeployment of Staff

Processes put in place to support the internal redeployment of staff in 2020/21 continued in 2021/22. Suitable roles were identified and adjustments put in place to help boost staffing in areas of need. Our Human Resource team assisted Managers with risk assessments for staff who were identified as being more vulnerable to the effects of COVID e.g. support was provided to help facilitate placing Black and Minority Ethnic staff, pregnant staff and staff considered to be clinically extremely vulnerable in suitable working environments and ensuring that all measures were put in place to ensure that they felt safe to be in the workplace.

### Changing Job Roles in Response to COVID-19

Staff continued to be flexible and responsive and redeployed to other services throughout the year, especially during surges. Staff were redeployed to a variety of services (acute wards, swabbing team, occupational health and the vaccination centre). Staff welcomed the opportunity to work in different roles and meet new colleagues during this time.

### Phone First



Due to increasing concern about the volume of patients entering the ED a **Phone First** system was introduced in November 2020. Aimed at patients fit to “walk in” to ED, the **Phone First** service helped people get the most appropriate care as quickly and safely as possible.

The **Phone First** service was used by **38,940** patients during its first 12 months of operation (November 2020 – November 2021). Delivering on patient safety across health re facilities **Phone First** continues to minimise footfall, avoid busy waiting rooms, promote social distancing and ensure people get the right treatment, right place, first time.

## Virtual Visiting

The Trust's Virtual Visiting service is now embedded within the visiting culture of the Trust and continues to be seen as the ideal complement to face to face visiting. All patients in the following Trust's acute and non-acute hospitals can avail of a virtual visit:

- Craigavon Area Hospital
- Daisy Hill Hospital
- Lurgan Hospital
- South Tyrone Hospital



Relatives and friends of patients book a virtual visit by contacting the service's Virtual Visiting Schedulers, who will answer all questions regarding the service, talk through the use of technology and record any additional or supporting information e.g. communication issues. The service offers test calls to ensure that systems are connecting and/or working properly e.g. google duo or FaceTime, to help alleviate any fears that services user may have regarding the use of technology.



### Facts and Figures

- In December 2021 the Trust celebrated its **10,000<sup>th</sup>** virtual visit.
- By the end of March 2022 over **14,000** virtual visits had been facilitated.



The regional Care Opinion platform is used to capture feedback regarding the Trust's Virtual Visiting service. Stories received are reflected upon and changes made as required.

*"This is a truly wonderful service with truly wonderful staff"*

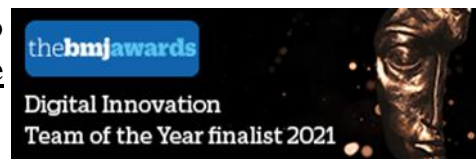
*"My 94-year-old Dad and 88-year-old Mum are in separate hospitals in the Southern Trust. Tara set up the first hospital-to-hospital virtual visit for them a couple of weeks ago and has arranged that they see and talk to each other every day since".*

*"Courteous staff of the virtual visiting service"*

*We have had the most positive experience of making virtual visiting appointments to elderly relatives who have unfortunately been in Craigavon Area Hospital. The ladies who take the bookings are very friendly and helpful.*

*“The service was efficient - called me back within a reasonable time - Sylvia was very friendly and helpful and I am looking forward to being in contact with my friend later today. Thank you very much.”*

During 2021, the Virtual Visiting service was also **shortlisted in the Digital Innovation Category of the BMJ awards**



The learning from the development and establishment of the Trust’s Virtual Visiting service has been shared as follows: -

- Cavan & Monaghan Hospital - Leads for the Virtual Visiting service met with staff from Cavan & Monaghan Hospital and the following is an abstract of feedback received: -

*“...we just want to express our sincere gratitude for all the support and guidance you have given us in relation to setting up and establishing our Virtual Visiting Service in Cavan & Monaghan Hospital....”*

- International Foundation for Integrated Care – During June 21 Virtual Visiting Leads submitted a poster and presented at the Ireland Internal Foundation for Integrated Care webinar.
- SHSCT QI Conference – Virtual Visiting Leads presented the Virtual Visiting project at the Trust QI conference.

## Virtual Spiritual Service



**Virtual Visiting Spiritual Services**

Virtual Visiting Service is delighted to extend its services to include a new pilot scheme in Daisy Hill Hospital to include bookings to view religious services for those who require assistance.

This can be for specific local church services that the patient wants connected to or the patient may wish to access the Southern Trust Chaplains YouTube channel that has some services on it. Our Virtual Visiting Officers/Chaplains will set up for each patient.

Patients/families can ring the VV Schedulers on 077 7651 6419 between 9am—5pm to book a visit.

Chaplaincy  
Caring with purpose

A virtual Spiritual Service pilot commenced on 1st October 2021 for a 3-month period in DHH. This included promotion and use of the Trust's Chaplains' YouTube channel.

Patients are able to view a live service of their choice, or view at a later time on the YouTube channel.

The following is one piece of recent feedback;

*"I was slightly agitated on ward but mood changed when the Virtual Visiting Officer offered to put a church service on for me to watch. This was a lovely service within the hospital as it is not great to miss mass when staying in hospital."*

Following the pilot this service is now an integral part of the Virtual Visiting service.

## Send a Message to a Loved One

There is no doubt that the pandemic and associated visiting restriction have been very difficult for both patient and families. Part of the Virtual Visiting service, is the opportunity for friends and family members to send their loved one a message / letter via e-mail while they are in hospital.

Messages are printed off daily and delivered to loved ones in hospital.



**Virtual Visiting Send a message to a loved one**

As part of our Virtual Visiting Service we are now introducing a new service enabling families to send patients letters directly to them. If you would like to send a message or a letter to a loved one who is currently an inpatient in one of our hospitals please do so by emailing [virtual.visiting@southerntrust.hscni.net](mailto:virtual.visiting@southerntrust.hscni.net) between 9am and 5pm.

'From me, with love'

## Addition to the Workforce

The **Regional HSC Workforce Appeal** remained in place during 2021/22 following its launch in March 2020 in response to the significant additional workforce requirements needed to respond to the pandemic. The Workforce Appeal has been utilised as the emergency mechanism to support the urgent recruitment and deployment of health and social care workers, administrative and support services staff on a temporary basis.

The appeal has been highly effective providing additional temporary cover for staff absences, to support the scaling up of the mass vaccination programme and to provide support within nursing and residential care homes.

We continued to utilise the skills of **nursing and medical students** in a variety of roles across teams and streamlined recruitment processes were implemented to enable swift employment of **newly qualified nursing graduates**.



## Facts and Figures

**Since its launch in March 2020, the Southern Trust have received in excess of:**

- **8,500** applications through the Workforce Appeal
- And have employed in excess of **1,600** staff in total.

**At end of March 2022:**

- **314** staff who commenced through the workforce appeal on a temporary basis are still employed.
- **123** of these are now successfully appointed into permanent roles.

## Staff Health Protection

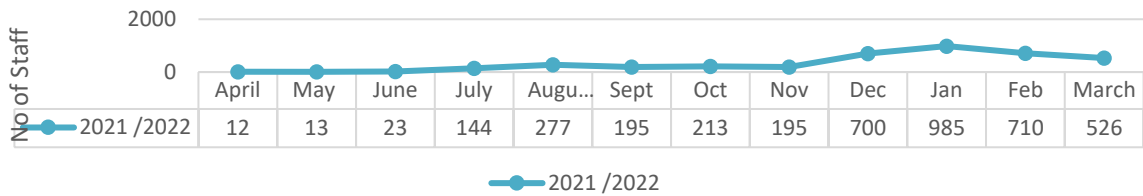
The dedicated **Occupational Health Staff Health Protection Service** co-ordinates the Trust response to Covid-19 queries from staff, polymerase chain reaction (PCR) testing and co-ordination of the roll out of lateral flow testing (LFT) twice weekly asymptomatic testing throughout the Trust, contact tracing of staff following a positive test result and input into Covid-19 outbreak management.

Some of the service's achievements included:

- **37,781 PCR tests** carried out and reported on from 1<sup>st</sup> April 21 – 10<sup>th</sup> March 22
- **9,198 staff enrolled in our asymptomatic Lateral Flow Testing (LFT) screening** programme which is 68% of our current workforce
- Contact tracing carried out for 3,993 members of staff who tested positive for COVID 19
- **863 COVID19 vaccinations** given at our dedicated on-site staff vaccination clinics (*this does not include staff who received their vaccine at a public venue*)

During 2021/22 there has been a total of 3,993 staff with a positive Covid-19 test result reported through to our Occupational Health Staff Health Protection Service and cases have been particularly high from November 2021- March 2022, which is reflective of the high levels of community transmission over that period.

### Number of Staff Tested Positive and Contact Traced April 2021 to March 2022

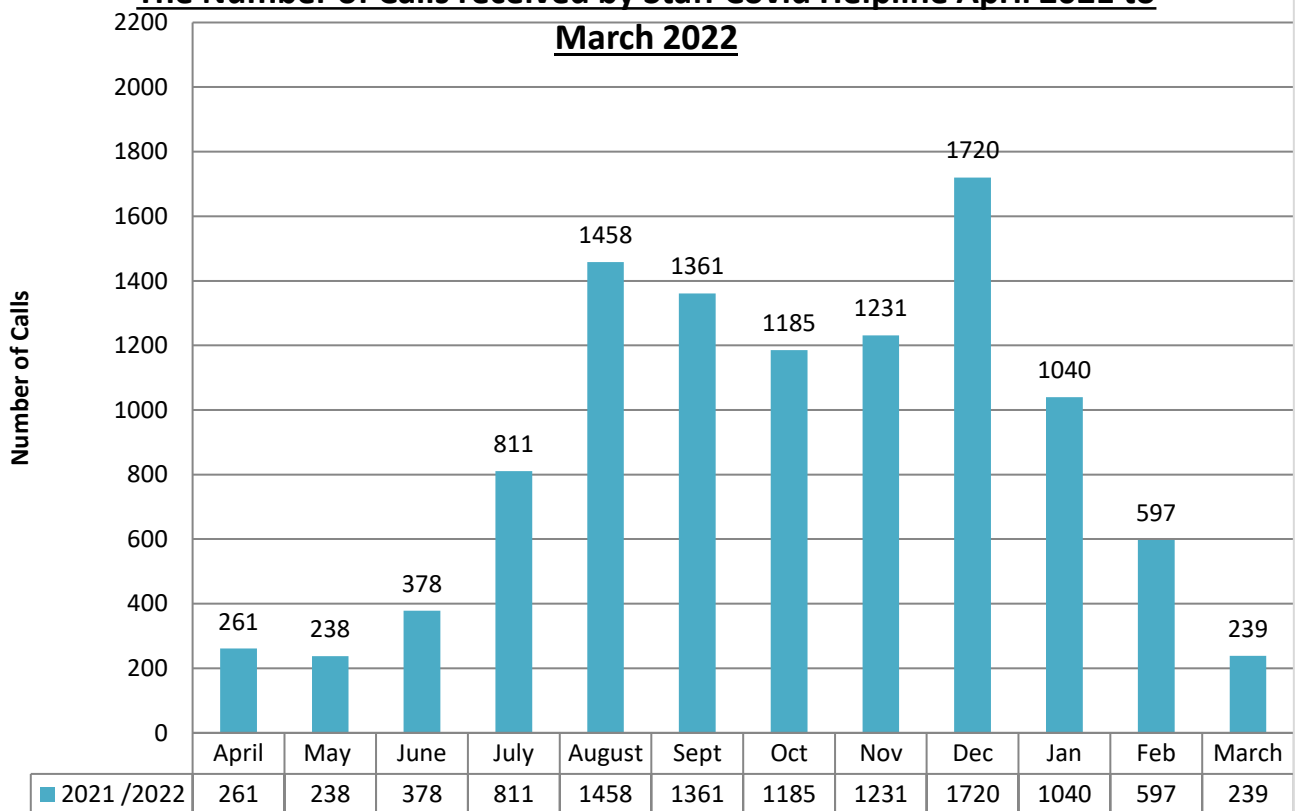


## Facts and Figures

The Occupational Health Staff Health Protection Service Covid-19 helpline responded to 10,509 calls from staff during 2021/22.

As reflected in the graph below the calls from staff increased considerably from August 2021–January 2022 but there has been a significant reduction in calls from late February 2022 and this corresponds to the development of a Covid-19 Toolkit for Managers and Staff, to provide detailed information for staff who are a close contact or who have tested positive for Covid-19 and includes process flowcharts and FAQs.

### The Number of Calls received by Staff Covid Helpline April 2021 to March 2022



## COVID-19 Vaccination Program

The roll out of the COVID-19 Vaccination programme has been an enormous task and continued into 2021/22 as part of the Department of Health's response to the pandemic.

In December 2020 the Trust opened its mass vaccination centre in South Lake Leisure Centre (SLLC), Craigavon and staff continued to deliver vaccines to as many people as possible, as quickly as possible during 2021. Vaccines were also delivered within a variety of other settings to both the public and Trust staff, including care homes, day centres, schools, workplaces, local community venues and in major shopping centres across local community.

The success of the programme to date is a result of collaborative working with outside stakeholders such as the Department of Health and the Public Health Agency and with teams across the Trust, including the large team of vaccinators, pharmacy, estates, and administrative and support staff available. Many of the staff supporting this significant vaccination programme worked additional hours or joined the team via redeployment, workforce appeal or returned from retirement. Whilst the mass vaccination centre closed in September 2021, the vaccination programme continued to evolve as eligibility for the vaccine expanded following regular updated guidance from the Joint Committee on Vaccination and Immunisation (JCVI). The Trust offered the COVID19 vaccine from 5 years of age and is delivered the spring booster campaign.

### Staff COVID Vaccinations figures

	Headcount	Received 1st Vaccine	% Received 1st Vaccine	Received dose of vaccine	% Received 2ndVaccine	Received BOOSTER	% that Received Booster
<b>Frontline HCW</b>							
Admin & Clerical	196	164	84%	163	83%	117	60%
Estates	132	114	86%	113	86%	94	71%
Medical & Dental	592	543	92%	543	92%	489	83%
Nursing & Midwifery	3688	3170	86%	3139	85%	2285	62%
Professional & Technical	1665	1483	89%	1473	88%	1175	71%
Support Services	757	607	80%	601	79%	416	55%
Support Services (Porters)	74	64	86%	64	86%	46	62%
<b>Total Frontline HCW</b>	<b>7104</b>	<b>6145</b>	<b>87%</b>	<b>6096</b>	<b>86%</b>	<b>4622</b>	<b>65%</b>
<b>Frontline SCW</b>							
Domiciliary Care Workers	1131	821	73%	811	72%	455	40%
Social Care (Exc DCW)	1708	1378	81%	1358	80%	974	57%
<b>Total Frontline SCW</b>	<b>2839</b>	<b>2199</b>	<b>77%</b>	<b>2169</b>	<b>76%</b>	<b>1429</b>	<b>50%</b>
<b>Non-Frontline</b>							
Admin & Clerical	1645	1412	86%	1402	85%	1034	63%
Nursing & Midwifery	35	32	91%	32	91%	24	69%
Professional & Technical	8	7	88%	7	88%	7	88%
Social Care (Exc DCW)	9	9	100%	9	100%	6	67%
Support Services	23	23	100%	23	100%	19	83%
<b>Total Non-Frontline</b>	<b>1720</b>	<b>1483</b>	<b>86%</b>	<b>1473</b>	<b>86%</b>	<b>1090</b>	<b>63%</b>
<b>Grand Total</b>	<b>11663</b>	<b>9827</b>	<b>84%</b>	<b>9738</b>	<b>83%</b>	<b>7141</b>	<b>61%</b>

## Occupational Health Psychology Service

Occupational Health Psychology interventions continued to be offered alongside other organisational supports and services delivered by our Occupational Health & Wellbeing service.

The **Staff Support phone line** was available during 2021-2022, allowing staff the opportunity to speak to and seek support from a psychologist within Occupational Health and Wellbeing.

**Training and team based inputs** were offered on request. These included specific tailored support to Trust teams that were negatively impacted by their experiences during the ongoing pandemic.

**In-reach support** to hospital settings which was provided throughout the acute phase of the Covid Pandemic also continued until March 2022.

A new pilot **Managers' Support Service** was launched in March 2022. This is a consultation service focused on supporting managers' wellbeing and their ability to support the emotional wellbeing of their teams and individual staff.

A dedicated SharePoint page has been developed to provide all the information our people need to know about what the service is and how to access it.

## Workplace Health and Wellbeing

In May 2021, a survey was sent out to staff to share their views on the 'UMatter' website and weekly 'Friday Focus' email. U Matter is our digital resource that provides staff with access to the latest information, advice and support needed to maintain and improve health and wellbeing. 802 responses were received which helped improve the content on the site and any communications shared globally with staff.

An updated U Matter Version 2 went live during June 2021 that included new zones, apps and tools linked to community partners, to enrich the information that staff can access.



Approximately 70 workplace Health Champions across all Directorates continue to influence and embed support for staff health and wellbeing in their own teams. Health Champions meet regularly to help develop their knowledge and awareness of health issues, campaigns, events and relevant training opportunities.



A new resource ‘**Supporting Staff Affected by Cancer, Guidance Notes**’ was introduced in May 2021 to support our staff who have personal experience of cancer or may be in contact with colleagues or a family member affected by cancer.

**Wellbeing @ the Library** launched in June 2021 in the Medical Education Centre, Craigavon Area Hospital and aims to promote the benefits of reading for health and wellbeing. It has 3 main objectives: (1) To support the health & wellbeing of our staff & placement students; (2) To inform & support the professional development of our staff & placement students and (3) To improve the aesthetics of the healthcare library for staff & its users. The library includes books on mental, emotional and physical health and wellbeing and art boxes.

During October 2021 we ran our Light, Bright Steps campaign and invited teams to avail of some free high Vis vests and head torches to encourage staff to get out for an evening walk.

During February and March 2022 a Mid-Career Review was delivered by Age NI and staff attended sessions which included Finance, Health & Wellbeing and Career Support (45 places).

Staff can get fit and save money by purchasing bicycle and cycling accessories through the Trust’s Cycle2work Scheme and during March 2022 our maximum value was increased so staff can now apply for anything between £100 and £1500.

Staff were able to participate in a range of free virtual Link & Learn sessions provided by Business in the Community NI on a range of topics including Financial Advice for Working Parents, Making the Most of your Money as well as Dementia Friends Training and a series of sessions on Conquering Imposter Syndrome.

As part of an annual action plan of activity to support physical health and wellbeing a significant number of events have been organised and promoted including physical activity classes and webinars on a range of topics. A free 12-week virtual weight loss programme for staff was introduced with a second programme commencing in January 2022. In addition, the Trust participated in Sustrans ‘Leading the Way Active Challenge’ for which the Trust picked up a Special Recognition Award, October 2021.

The Annual Quality Improvement week long virtual event held in November 2021 had a day themed on Health and Wellbeing. During this event we launched a virtual Couch to 5K, a Menopause Café, provided training on how to have a wellbeing conversation, offered staff the opportunity to attend virtual 20-minute Care and Support sessions which allowed them to have confidential coaching conversations on their health and wellbeing, alongside a wide range of health and wellbeing presentations, videos, activities and resources.

Our Workplace H&WB Steering Group commenced development of our new H&WB Framework for 2022–25 and identification of key objectives and priorities for our Year 1 Action Plan for 2022-23. We have focused on 3 priority pillars of integrated wellbeing: **Healthy Workplaces – supporting you; Healthy Relationships – staying connected and Healthy Body and Mind – being you.**

## Flexible Working

It is widely accepted that flexibility at work is key to attracting, retaining and supporting our skilled and valued workforce and assisting in the delivery of high quality services across Health and Social Care into the future.



During 2021-22 we worked on a comprehensive programme of work with regional colleagues to introduce enhanced flexible arrangements for Agenda for Change staff in Northern Ireland from 1 April 2022. A HSC Flexible Working Framework along with supporting resources were developed which sets out the new arrangements. As a result, the Trust's Work Life Balance Policy was updated and arrangements to continue to promote and support flexible working will continue into 2022. This will include further communications outlining awareness training and resources for managers and information on flexible working options for employees.

## Supporting Bereaved Families

**Since the global pandemic in 2019 the Trust Bereavement Service (TBS) has offered an outreach service to those whose loved ones died as an inpatient in the Trust. The outreach calls provide a level 1 listening, acknowledging and signposting service to support grieving people.**

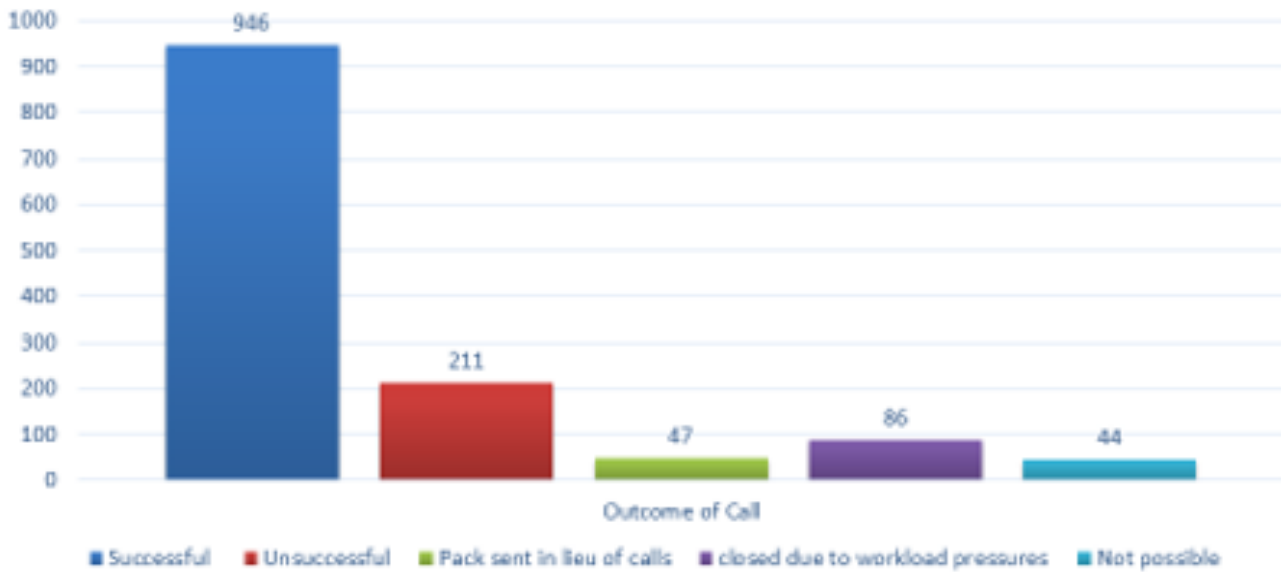
Each person's perceived experience is unique and as a Trust we wanted to capture this qualitative information and use this feedback for learning and improvement in line with our Trust core values.

A data base of information captured from these calls is kept in order to review the outcomes and action areas for learning. Compliments and complaints alike are important to understand but the main aim of this service is to offer compassionate support to people at a time that it is most needed.

The purpose of the review was:

1. To quantify data (while recognising that each person's perspective is unique and important)
2. To identify learning opportunities:
  - Positive feedback
  - Learning points to enhance care and support
  - Impact of COVID-19 on grieving and bereavement
  - Impact of bereavement support on grieving people
3. To inform policy, procedure and practices relating to the care of dying and bereaved people
4. To inform the future direction of bereavement care/support in The Trust/NI.

### Bereavement Outreach Call Activity April 2021 – March 2022



- **23 % of the calls needed 2 or more calls to offer bereavement support. Additional calls allowed the next of kin to be supported and appropriate onward referral made for additional support.**

#### **Value and impact on bereaved people**

The response from the outreach service is very positive and well received by bereaved people. The calls offer:

- Support and listening service
- Acknowledgment and validation of the grief they are experiencing
- Signposting-to other supportive resources
- Timely and appropriate onward referral for further psychological support
- The provision of a written bereavement pack that offers practical and emotional support.  
(Available in different translations)
- An opportunity to reflect on the bereaved person’s perceived experience
- Signposting to the formal complaints procedure if this is appropriate
- Awareness of Care opinion –where people’s voice can be heard

#### **QUOTE FROM BEREAVED PERSON**

*“Thank-you for your call it means a lot to me. This is a lovely service for people who are grieving”*

*“I appreciate the call and your very kind words; I enjoyed talking to you and look forward to reviewing the information pack”*

Grief is not linear nor does it have a time scale or correct process, it is unique and the reasons for the death, the relationship and the bereaved person's personal experiences will impact on how they grieve. Bereavement theory proposes that appropriate support at the bottom tiers normalises grief and can prevent people from needing support further up the pyramid. We know that what we say and do at the time of death profoundly impacts on the grief process. The more people are supported and communicated with at this time will help them through their journey with grief. It also enables the identification of need and onward timely referral when additional support is required.

Although it appears we are through the height of the pandemic the emerging themes are still evident. People find it hard to cope after the death if:

- They have not been aware the person is at End of Life and were not prepared
- They were not with their loved one when they died
- They felt they were poorly communicated with by the nurses/doctors
- They perceived the quality of care as poor
- Staff attitude was poor

Poor communication negatively impacts on the experience of care along with poor staff attitude and lack of empathy. Restricted family presence has been especially distressing however this is improving since restrictions have eased and the use of virtual visits has been beneficial to many. These remain areas of continuous improvement.

There has also been positive feedback where families are very pleased with the care received and many of these stories are due to excellent communication where the family felt fully informed and the patient was cared for compassionately.

### **Service Improvement:**

The bereavement calls are now made within one week of the death and it is encouraged that the bereavement pack is offered to the family at ward level at time of death. This will help signpost and support bereaved people both practically and emotionally. Ward staff are asked to inform the next of kin the bereavement service and to make a referral to the bereavement team at this time also.

The minimum data set has been reviewed and information on each call is collected in order to review the emerging themes in relation to death and bereavement. This will guide improving practice and outcomes for dying people and their grieving families. 2022/2023 report will be more comprehensive in relation to themes.

# Safely Managing COVID 19

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**Many of our services had to adapt during the pandemic to continue to provide safe effective and person centred care, to do this effectively they accessed technology and developed innovative approaches to manage their services safely for patients and staff.**

## **Forensic Learning Disability Service during Covid 19**

During the Pandemic the Community Forensic Learning Disability Service moved their face-to-face therapeutic groups to a virtual online platform. The Service delivers a wide range of therapeutic groups, ranging from offence focussed to psycho educational categories. To continue to meet the needs of the client group, the move to an online platform has required additional creative content.

This innovation has proved to be very therapeutically productive; feedback from several service users has been positive. In this changed therapeutic service environment, we have worked in close partnership with our service users to ensure that our virtual groups are responsive to their needs, individually and collectively.

Working virtually has been sustained, and has enhanced our professional relationships with some of our key partner agencies. There has been a positive commitment to ensure that the groups successfully continue through this necessary redesigned service delivery model.

Praxis, NI Prison Service, and others have assisted service users to constructively link into our virtual group(s). Notable additional benefits with cybernetic groups are the improved time efficiency and reduced cost due to less travel time and transport costs. Assuring client consent and confidentiality within online groups was considered and facilitated by using an "SHSCT Online Group Contract" translated into an easy read accessible format using photos, pictures and symbols.

## **Integrated Care Teams (ICTs) during Covid 19**

Integrated Care Teams (ICTs) have learned that due to the nature of the types of professional interventions, much of the work could not be stepped down and other than the diversion of some tasks for a short period of time and following a risk assessment; in the main all aspects of interventions in ICTs continued throughout the pandemic to ensure patient/Service User safety.

ICT staff continue to undertake community visits to Service User's own home or care home setting as this is an essential element of the role to allow a robust assessment and intervention. It would not be possible for Occupational Therapists, Physiotherapists, District Nurses or Social Workers to undertake the necessary professional intervention with Service Users via virtual mediums in most instances, however, whereby this can be effective the team are doing so.

Staff in ICT continue to work flexibly across the Service, where the need is greatest in the event of reduced staffing. Staff in ICTs have also implemented a hybrid approach in relation to working in the office and working from home when needed as accommodation remains an issue due to the 1-metre distancing recommendation. This hybrid approach provides flexibility to staff and ensures that IPC guidelines are adhered to in the office to keep staff safe.

The use of virtual meeting platforms has increased and ensures working relations are maintained and ensures staff feel supported in the absence of face to face team meetings. Staff within ICT have utilised and adapted to this new way of working and therefore ensuring effective and clear communication between management and staff.

Undertaking recruitment interviews via zoom when not able to undertake face to face has ensured timely Recruitment & Selection decisions and to ensure vacancies are managed as quickly as possible.

Designated Adult Protection Officers (DAPOs) are now undertaking virtual Safeguarding Strategy meetings when required and this ensures that Strategy meetings are undertaken timely and ensuring appropriate representatives are present.

Day centres have reopened but capacity has been reduced and therefore Social Work staff continue to work creatively to develop alternatives to Day Care such as sitting supports such as Trust Home Care Companions with planned activities to ensure that social isolation is reduced and promote social contacts.

The number of outstanding Domiciliary Packages of support have also increased and therefore ICT staff have been working collaboratively with service users, families and community services to ensure that service users' needs are met while waiting on a Domiciliary support and have also been considering alternative arrangements when required. Therefore, close partnership working with Trust Home Care and the Independent sector has been essential.

Examples include Social Workers undertaking an increased number of home visits due to pressures families are experiencing and to offer support to carers both practically and emotionally. District Nurses have stepped in on many occasions to provide basic and essential personal care support to those in need of domiciliary support that is outstanding.

Not only have ICTs continued with core business/intervention over the last 2 years, but they have also engaged significantly in other new Programmes of Care and Services as a direct result of the pandemic, such as the COVID-19 Vaccination programmes and the swabbing programme. The impact of the pandemic has resulted in increased waiting lists for OTs and in turn routine referrals have on occasions escalated to urgent and this has placed more pressure on the Service. Mobility Clinics were set-up by Community Physiotherapy to provide an adaptable approach, which supported home visits to Service Users that otherwise, would have attended outpatient departments that had to be stood-down at one point. This was to ensure timely assessment and to minimise deterioration.

## Physiotherapy Services during Covid 19

We have learned that staff and patients are very adaptable to change and provided resources including IT equipment and support are made available services can continue to be delivered to a degree remotely. However lack of knowledge with IT and poor access to home internet has disproportionate disadvantages to many of our older patients.

Our Physiotherapy staff working in Minor Injuries in CAH ED were accommodated to work in the department alongside the MIU staff which has improved the teamwork, learning from other Professions and ultimately improved outcomes for patients.

Outpatient Physiotherapy services adapted to virtual ways of working e.g. antenatal and pelvic girdle pain classes are delivered on zoom, many review appointments are now completed virtually or by telephone, online resource packs were developed which provide information and exercise programmes for patients and these are sent out either while patients are on a waiting list or when they attend via a generic email promoting self-management and Physical Activity which are both vital for patients health and well-being. These will all continue.


## Keeping Our Finger on the Pulse

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During 2021/22 the Trust's Emergency Planning Team have continued with COVID 19 SitReps to ensure our Senior Management Team was informed weekly on the implications of staff absence on specific service areas, with interventions as necessary, for example reprioritisation of services, and/or additional resources through the HSC Workforce Appeal or internal redeployment of staff.

### Childcare & other Caring Responsibilities

Our staff have continued to work hard throughout the pandemic to manage work and personal commitments. School closures and reduced health and social care services have impacted greatly on many of our staff, (a predominately female workforce), increasing their caring responsibly pressures. The Trust encouraged service areas and line-managers to be as flexible as possible,



*“Flexible working has been vital, particularly to overcome childcare challenges”*

taking into consideration needs of the service – where possible staff have been able to work more flexibly, for example working from home and/or working alternative work patterns/hours. This helped ease some of the burden around childcare arrangements and other off the job home responsibilities.

## **Supporting Care Homes**

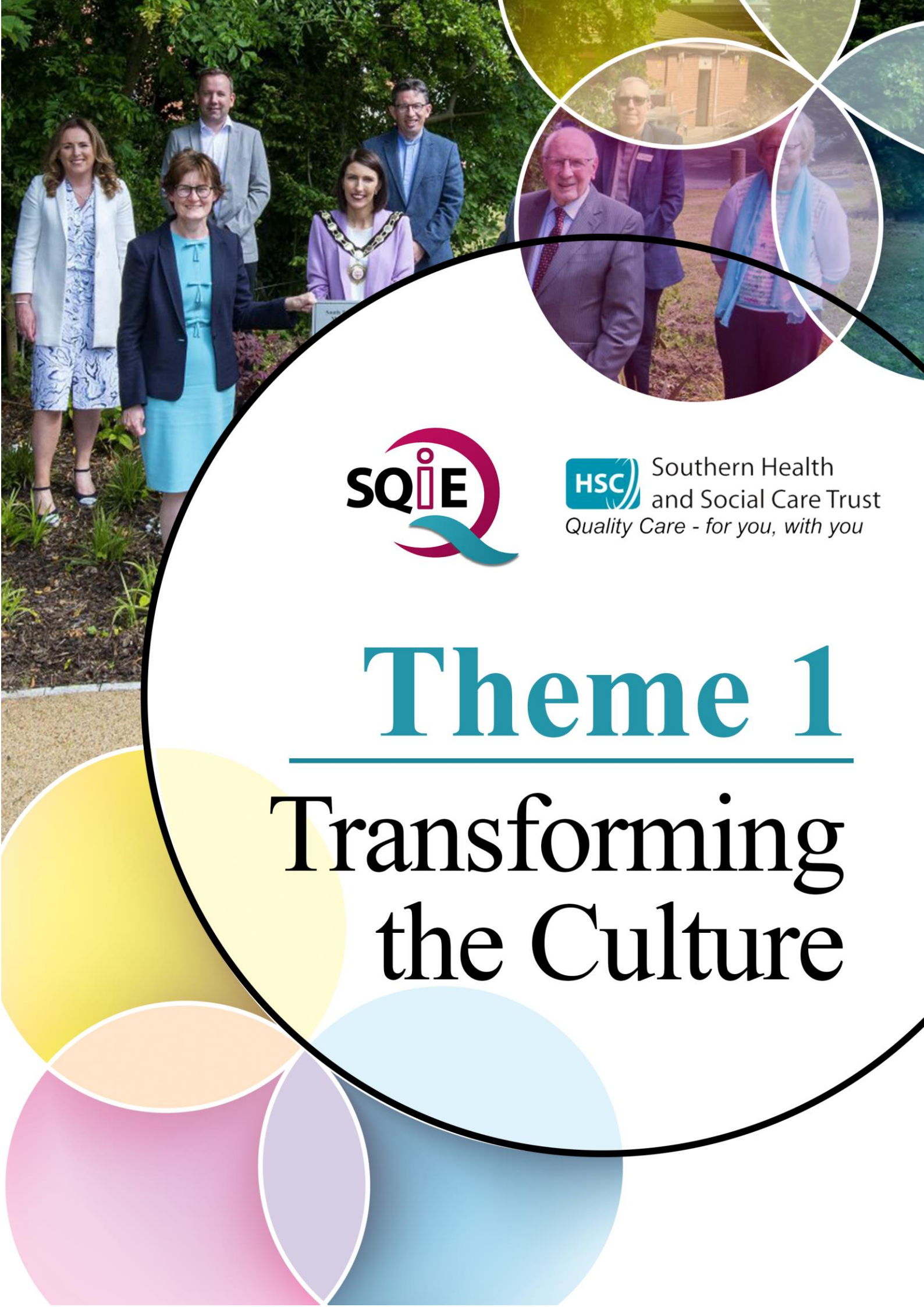
During 2021/22 the Trust worked closely with the Independent Care Providers to ensure safe and effective care during COVID 19. Care Home Hub Daily was established which was a multi-professional, cross directorate group with representatives from Older People & Primary Care, Mental Health and Disability services and Infection Prevention and Control, who met regularly (frequency dependent on the issues and the number of homes in outbreak) to support identification of risks and identify additional support or to manage this.

## **Managing COVID-19 Outbreaks**

It is important to acknowledge that COVID-19 outbreaks have occurred within the Trust during 2021/22. This continues to be very challenging for patients, family members/carers and also for the staff involved.

Any outbreaks have been subject to full investigation and it is important to learn from this moving forward. This was important learning for us and any opportunity to share learning across the system is to be welcomed. Our Infection, Prevention and Control colleagues continue to ensure that our Senior Management Team is kept up to date with any developments and key learning.





Southern Health  
and Social Care Trust  
*Quality Care - for you, with you*

# Theme 1

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# Transforming the Culture

# 1.1 Collective Leadership

## Health & Social Care Collective Leadership Strategy

The Health & Social Care (HSC) Collective Leadership Strategy, launched in October 2017, sets out the framework for creating a leadership culture based on the principles of quality, continuous improvement, compassionate care and support.

It clearly articulates an ambitious direction for leadership within HSC and consists of four distinct interconnected elements being present simultaneously: -

- Leadership is the responsibility of all
- Compassionate leadership
- Shared leadership in and across teams
- Interdependent and collaborative systems leadership.



To make this a reality a number of actions were required, all of which have been subsequently progressed both regionally and internally within the Trust. The Trust actively participated in the implementation of regional actions this year, including:-

- We continue to raise awareness and embed our HSC values & behaviours, through including them in all corporate development opportunities and on all recruitment documentation and training. Tailored workshops also delivered to Trust staff focusing on the values and behaviours. For example, bespoke professional leadership development sessions such as the **‘Lead Nurse Programme’ including a module on Collective Leadership in 2021/22.**
- Utilising the results of the Trust Wide Culture Assessment Survey carried out in 2020/21 to inform and enhance our **Creating A Great Place to Work** initiative, to review and pilot a new approach to Appraisal, the development of our approach to recognition and the further development of our coaching development pathway.
- The Trust continued to offer its **‘Getting Better Together – Every Team Matters’** team based initiative to teams across the Trust.
- The Trust carried out a series of stakeholder engagement sessions to review how effective the implementation of Collective Leadership has been in the Trust. The findings will be utilised to develop actions in 2022/23 and inform our People Framework 2022-2025.

## Equality, Diversity & Inclusion

Within the Equality, Diversity & Inclusion Unit, it is our aim to help create and support a culture that is inclusive at all levels and a sense of belonging, in line with the Trust's Vision, Values and Priorities. We strive to ensure the Trust is a '*great place to work*' and promote positive attitudes to diversity, both in relation to staff and service users.

Some key highlights during the 21/22 year included:

### Pride

From *Friday 23 July – Sunday 1<sup>st</sup> Aug 2021*, we showed support for our LGBTQ+ staff and service users and took the opportunity to join in the celebrations for *Pride 2021*. We hosted a sexual orientation and gender identity lunch & learn session, delivered by the Rainbow Project. The focus was on language and terminology, demographics, common challenges faced by the LGBTQ+ community and support services available. In addition, we promoted our support via Trust social media channels including a video by our Trust Chairperson Eileen Mullan.



### Good Relations Week

During *Good Relations Week* beginning *20 September 2021*, we took the opportunity to promote our good relations statement and highlight our commitment that our staff and service users should be treated with respect and dignity in line with the HSC Values.

Trust Board member and Chair of the Community Relations Council Martin McDonald supported the initiative by participating in promotional videos disseminated via social media, which included stories from some of our local community groups about their personal experiences.

### International Men's Day

In support of *International Men's Day* on *19 November 2021*, some of our male colleagues, including Chief Executive Shane Devlin, took the opportunity to highlight the importance of looking after their own health and wellbeing and how they practise self-care. We recorded a number of short videos and made available resources and useful links on both SHSCT Connect App and U\_Matter's Men's Health Zone.

## International Day of Persons with Disabilities

To help raise awareness of *International Day of Persons with Disabilities (IDPD)* on **3 December 2021**, we organised a number of events. On Thursday 2 December, we welcomed the British Deaf Association, who took some of our staff through a Deaf Awareness Session covering barriers to access, some communication tips and a few BSL signs. In addition, on Friday 3 December, we hosted a Disability Awareness Session for Managers with a focus on reasonable adjustment. This was in association with the launch of the regional Disability Equality Policy and Disability Toolkit, an online resource for staff, which houses a wealth of information for both managers and employees.



## International Women’s Day

On **8 March 2022**, the Trust helped in raising awareness of International Women’s Day 2022 with the theme of *#BreakTheBias*. With 85% of our workforce female, raising awareness of IWD helps to demonstrate our commitment to creating a diverse and inclusive workplace for everyone.

Some of our staff were pictured striking a pose to “*Break the bias*” and help raise awareness. In addition, we ran our second virtual menopause café event giving colleagues the opportunity to connect and take the time to have a chat about all things menopause. It was also an opportunity to remind staff about the SHSCT Menopause at Work Policy and Toolkit.



## Staff Networks

The Southern Trust is an inclusive organisation, inclusive of different races, ethnicity and cultural backgrounds. We believe that every employee should have the opportunity to flourish and reach their full potential without fear of discrimination or prejudice.

As part of this commitment to diversity and inclusion, we established a Staff Support Network to support our ethnic minorities' colleagues and encourage all staff who self-identify as a member of an ethnic minority group to join. We held our first meeting of the *Ethnic Minorities Staff Network* in June 2021 and had a further four meetings during the 21/22 year.

Such a network within the Trust provides an opportunity for individuals to come together in a safe, welcoming and shared working environment, to share ideas, raise awareness of challenges and provide support to each other.



## 1.2 Patient and Client Experience

### 10,000 MORE VOICES

During 2021/2022 work continued to capture the experience of our citizens (including our patients, clients, relatives and staff) through three 10,000 More Voices (10KMOV) surveys. Outlined below is an update on the regional projects – all projects have been facilitated by the SHSCT 10KMOV Facilitator.



### PPI Support for the new Working Together Strategy

The new Patient Client Experience strategy, Working Together, which incorporates Involvement, was submitted to the Trust Board in January 2022 for approval. The involvement of the service users and carers was highly visible, valuable and essential to formulate the alignment of collective resources into a strategy that will influence the culture and approach to Involvement and partnership working moving forward.

Strategy writing workshops took place in Spring 2021, and a number of Task & Finish groups (consisting of service users and Trust staff), had taken forward development of strategic objectives around the key themes of Integration, Working Together, Communication, Learning and Measuring outcomes.

Personal and Public Involvement (PPI) is a key component of the new combined strategy.

### Development of a User Involvement Framework

Proposals for a User Involvement Framework and structures to underpin and deliver the new Working Together strategy are under development through discussion with service users and carers. These are designed to effectively embed and ensure co-production and user involvement in all areas and all levels of the organisation in taking forward the action plan. Service users and carers trained and experienced in PPI will be integral at all levels of engagement and monitoring.



Supporting the Framework, the PPI Team have established a new process for registration, training and support for User Involvement Representatives, alongside an EOI process for linking those interested to involvement opportunities as they arise. This will support a widening of involvement at an early stage in any change process.

## **PPI Support and Training**

PPI team provided monthly and ad hoc PPI Clinics, supported by service users and carers, to provide advice and guidance to staff at all levels of the organization in developing involvement projects and initiatives.

Training has been a significant focus over the past year. A significant milestone was achieved with PPI Training now forming part of the corporate induction training. The team are co-delivering PPI Awareness training via Zoom with service users and carers to staff at all levels within the Trust, with 362 having completed training across the year.

### **PPI/User Involvement 3 STEP Training Programme**

In early 2021 it became apparent that there was no access to PPI training due to software issues with the e-learning package and lack of face to face contact during the COVID 19 restrictions.

To address this issue PPI training was co-developed and produced by the PPI/User Involvement team with Service users and Carers from the Trust and continues to be co-delivered via ZOOM across all directorates and programmes of care for staff, service users and carers.

The three step programme of training aims to meet the various levels of training need from basic awareness to more operational and practical support further developing the methods and skills necessary to provide meaningful engagement opportunity for service users and carers in the planning delivery and evaluation of our services.



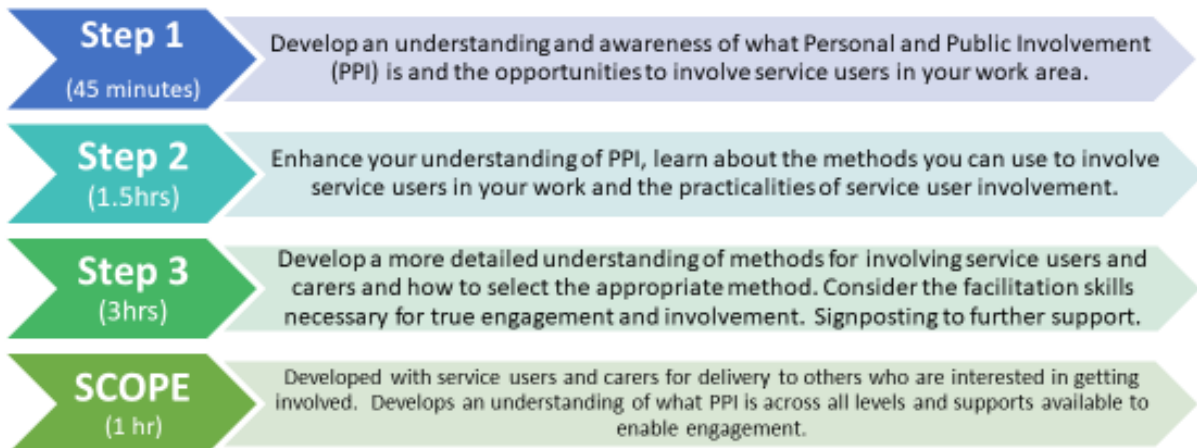
### **Facts and Figures**

The training sessions developed and delivered in 2021-2022 are as follows

- **Step 1 PPI / User Involvement awareness, for staff, 288 people trained.**
- **Step 2 PPI /User Involvement Training, for staff, 47 people trained.**
- **SCOPE Training for service users and carers, 27 people trained.**

Step 3 PPI training for staff is currently under review and will be delivered when review is complete.

# Involvement/PPI training



## Facts and Figures

### 2021-22 statistics

61 User Involvement Opportunities supported by PPI Team

27 Service User/Carer Groups active across the Trust

362 staff and service users/carers completed PPI Awareness training

## Training delivery 2021-22

	Q1	Q2	Q3	Q4	Total
SCOPE			20	7	27
Step 1 Awareness	140	4	109	35	288
Step 2			31	16	47
<b>TOTALS</b>	<b>140</b>	<b>4</b>	<b>160</b>	<b>58</b>	<b>362</b>

"Service user involvement in training is absolutely key to getting the message across. Participants engage best when the service user is delivering."  
*User Involvement Officer*

"I am really enjoying the training. It really is the community and voluntary sector bread and butter which the statutory sector is embracing"

"Training is really informative"

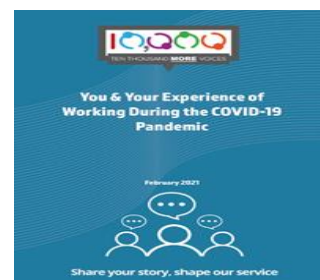
"We are conscious of using PPI now in our day to day work which is great"



## Experience of Working during COVID 19 Pandemic

This survey was to explore the experience of all staff who worked within a Health & Social Care setting during the first wave of the COVID-19 pandemic. 207 stories were received from staff working in the SHSCT.

The key messages were as follows:



- Support by management - Staff highlighted the importance of being supported by management so that they are prepared & safe; receive clear guidance and positive encouragement; have protected working conditions; and feel that managers are approachable and compassionate.
- Communication, information and guidance - The experience of staff showed that approach to communication and information sharing has an impact on staff morale and anxiety. To have a positive impact, the communication style needs to be useful and supportive, the message clear & consistent across organisations, the timing regular and adapting to the subject matter. When staff are faced with a change in job role, communication needs to include discussion, openness and assistance.
- Wellbeing of staff - The insight from the survey of working during a pandemic demonstrates there is a need to develop health and wellbeing strategies to support staff. This includes supporting staff to develop skills in self-care, resilience, psychological wellbeing and other personal coping mechanisms. This includes supporting staff through practical measures associated to working conditions have an impact on wellbeing, such as, breaks and Personal Protective Equipment (PPE). Compassionate leadership and teamwork are integral to supporting the wellbeing of staff within a stressful and changing working environment.
- Technology - Telecommunication within service delivery has potential to support the health and social care system where this form of consultation is appropriate. This requires training of staff, equipment & software provision, as well as an understanding of the needs and barriers from the perspective of the patient/client/carer.

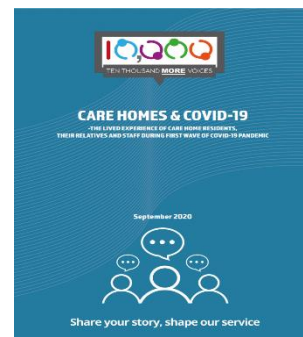
To date, this project has informed HSCQI on approaches to redeployment and telecommunications. It has also been integrated into the actions following the Rapid Learning Initiative of the Transmission of COVID-19 in Care Homes.

Through integration of the key messages from the regional study into future service planning, the voices of staff can challenge HSC organisations to make positive changes to support

working practices and the health & wellbeing of staff during the COVID-19 pandemic and in the rebuild of our services.

## 1. Experience of residents, relatives and staff of Care Homes during the first phase of COVID

At the request of the Minister of Health, the Chief Nursing Officer established a Task and Finish Group during the first wave of the COVID-19 pandemic to explore the Transmission of COVID-19 in Care Homes. This Rapid Learning Initiative (RLI) adopted a collaborative approach between HSC organisations, the independent sector and residents and their families to produce knowledge as quickly as possible over a defined 3 month period to identify recommendations for action. 10,000 More Voices was the core methodology embraced to collect the narrative from relatives and staff to inform the RLI report and influence change at a strategic level.



The key messages are as follows:-

- Technology - a valuable resource to support residents and relatives to stay connected. However, this was not a solution for all residents, particularly for residents with cognitive impairment or complex communication needs. A blended approach to staying connected is important and should be tailored to the needs of the resident.
- Channels of communication and flow of information - This was a challenge at all levels, from government communication with the sector, to Care Homes approach with residents and relatives. A balance is required on the volume and the design of information forwarded, to ensure it is accessible to everyone in the system and to support a culture of openness and transparency.
- Health and Wellbeing- An emphasis on the importance for residents to have a process to engage with external services to support acute illness, long term conditions and rehabilitation. It is also recognised the staff in Care Homes did not access opportunities to support their own health and wellbeing during a time of great need. There is a need to develop resources to build resilience and coping strategies within the workforce.
- Safe and Effective Care - Through the first wave there was an opportunity for staff to develop and enhance skills in the Care Home to support safe and effective care. It is important to further identify areas for development and continue to provide opportunities for staff.
- Working in Partnership – Compassionate leadership and teamwork were essential elements of the response to the pandemic, providing emotional support and practical

guidance in a challenging context. Positively, many Care Homes responded as a community to uphold each other, and developed a relation based approach with residents and relatives.

Many of the key messages have since been translated into actions, for example, as part of the Rapid Learning Initiative report. They are also reflected in the work of the Regional Surge Plan for the NI Care Home Sector Operational Group. Furthermore the Patient Client Experience team plan to develop and strengthen the channels of communication with Care Home residents and their relatives, and to further engage with Care Home staff. This is crucial to ensure the voices of residents and carers/relatives continue to influence and shape care in the years after the pandemic.

## 2. Your Experience of Social Work



The Social Work Strategy has made a commitment to hear the voices of people who use social work services and to use those experiences to help us to learn and improve practice. As agreed by the Outcomes Delivery Board, a 10,000 more voices survey was designed for all people who receive social work services across programmes of care and settings. This survey has been co-designed with service users and families who engage with social work teams. The survey will elicit qualitative feedback on how social work services have impacted on safeguarding and improving social well-being.

The feedback will be used to:

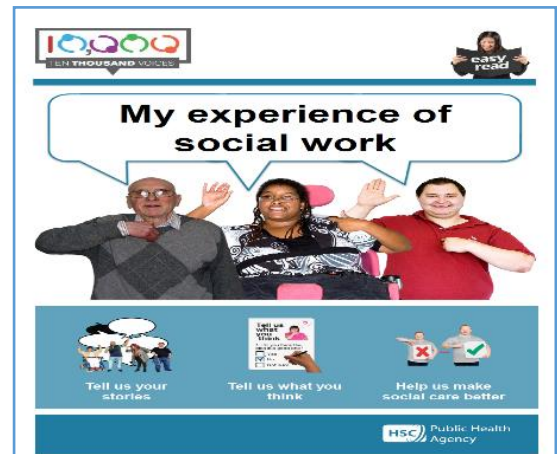
- inform a wider evaluation framework for the DOH Social Work Strategy
- influence practice developments
- inform learning and professional development of social workers
- influence further academic/research studies into social work practice
- promote positive stories of social work with the public.

This project was launched regionally on 13th September 2021, and remains ongoing.

Within the SHSCT, the 10,000 More Voices Facilitator has developed an extensive engagement plan throughout the Trust, engaging with all Directorates.

Lead staff have been identified and are currently working with frontline staff and teams to ensure that service users are made aware of the survey and offered the opportunity to participate.

This survey can be completed online or in hard copy, both include the option of an easy read version. Training has been undertaken by PCE staff and the Head of Social Work Governance to promote this survey with all social work students to support responses.



## CARE OPINION

The implementation of Care Opinion is continuing across all Directorates within the SHSCT.

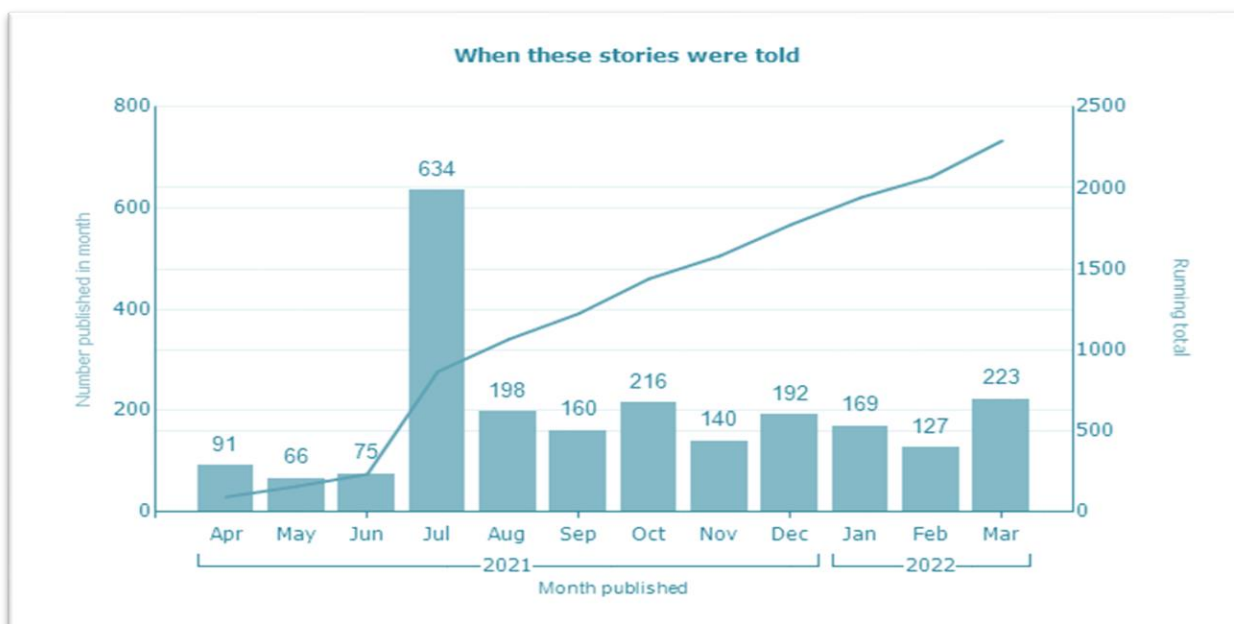


### Facts and Figures

During 2021 – 2022 a total of **2291** stories were received regarding the experience of our service users.

#### **Care Opinion SHSCT Story Summary: -**

The stories published during the reporting period were received as shown in the graph below. As can be seen, there was a substantial increase in the number of stories published from July 2021, when a Care Opinion pilot commenced within the Trust. This was initially in the Acute Directorate, to help promote Care Opinion and generate feedback from inpatients, and was later extended to other directorates. Patient Experience Feedback Assistants were recruited to assist with this pilot.



The findings of the stories published are as follows;

- Almost 40% of the stories published have been submitted by a staff member posting on behalf of a patient/service user/carer.
- The majority were submitted directly to the website.
- PCE Facilitators are encouraging all staff to promote all methods of feedback.

### Story activity by service

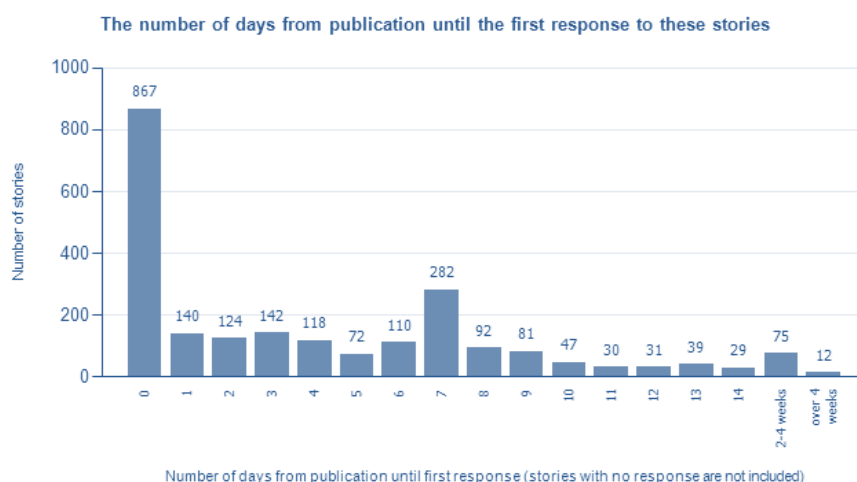
This table below shows which area these stories relate to, and the story activity for each service. It should be noted that for the overall story total (2291) refers to the number of stories submitted by story authors. However, one story can frequently cover a number of areas/services within the Trust, for example a patient could be in Emergency Department and then transferred to another 1 or 2 wards. This explains why the number of experiences below (2368) is greater than the number of stories submitted.

Service/area	Number of stories published
Armagh Community Hospital	4
Banbridge Health & Care Centre	1
Breast Screening Service	1
Children and Young People Services	13
Community Midwifery	14
COVID vaccination programme	97
Craigavon Area Hospital	1129

Daisy Hill Hospital	695
Dementia Companions	6
Disability Services	2
Enhanced Care	42
Kilkeel Primary Care Centre	2
Lurgan Hospital	37
Memory Services	2
Mental Health Support and Recovery Services	1
Mental health unscheduled care services	2
Mullinure Hospital	2
Older People Division	30
Portadown Health Centre	3
Primary Care	55
Primary Mental Health Care Services	8
Promoting Well Being	37
Social work service	1
South Tyrone Hospital	40
St Luke's Hospital	6
Virtual Visiting Service	138

### Response to stories

The agreed regional time frame for responding to stories is 7 days. The table below shows the number of days from publication of a story onto Care Opinion until the first response is received.



**Of the 2291 stories published:**

**\*1572 (69%) were responded within regionally agreed 7 day time frame.**

### Changes planned /made

The Care Opinion platform allows the SHSCT to identify any changes made/planned from feedback received. In response to the feedback received during the reporting period **28** changes were made and **35** changes were planned:

Some examples of changes made are as follows:

## *You Said*

*...The only thing that I can say that needed to be improved was when I first arrived and was brought into this room there was no bed only chairs and a cot, the only reason why I am bringing this up is because I have recently gave birth 2 weeks ago and having to sit in a chair was very uncomfortable and I needed something to lie down on...*

*...we discussed the issue you raised with our colleagues in DHH and for post-delivery mothers **we are now providing them with hospital beds and not using the pull out beds**, when these mothers arrive on the ward during admission it is asked and assessed whether they require a hospital bed – this is now ongoing practice within the ward.*

*..Our usual personal care has not been followed. There is a hoist in the room but I was not explained how to use it or offered any aid for using it. I feel if I was given assistance and shown the hoist under guidance and when in use, I would not have had to support my son's weight by myself, which was painful on my back. I feel this was not taken into account and perhaps going forward it would be something to consider for other children using mobility aids.*

*...I can advise that the learning points from your story will be shared at both managers and team meetings to improve patient experience and to optimise history taking at the point of admission to include **consideration to the environmental needs of the patient and parent.***

*....It would make things a lot easier if there was a small laminated chart somewhere in the room to show the different colours of uniform and the corresponding job- for families like us who need to be aware of the different roles. Due to PPE at the moment (which is very much necessary), you can't see the name tag or role!*

*...I wanted to let you know that we have designed a poster which I have attached below, it is now displayed in all our patient rooms showing the different uniforms you may come across on Blossom, this feedback has been really useful and I do think it will help patients and families throughout their journey in Blossom.*

## Our Staff Uniform - BLOSSOM, Children's Ward

HSBC Southern Health and Social Care Trust Quality Check - for you, with you



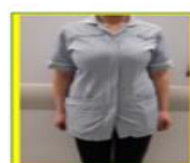
Ward Manager



Deputy Ward Sister/ Nurse



Staff Nurse



Nursing Assistant



Advanced Paediatric Nurse Practitioner



Ward Assistant



Specialist Nurse



Lead Nurse



Student Nurse



Admin



Dietitian/ Physio

*... I just wish a doctor or nurse told us roughly how long there is left to wait and what exactly were waiting on, maybe just a bit more information would be great*

*Knowing my Mum is very hard of hearing I did ask that someone stay with her to help convey what I said. That didn't happen with the first call but someone close by heard me shouting to try and get attention and we got help. It would have been really good if my request had been conveyed to the tablet*

*...I'm finding it hard to sleep due to the temperatures and think the other patients and I would benefit from a fan or some form of air-conditioning*

*...There has been a lack of communication during my stay....*

*....We have now an **updated information screen** within the waiting area that is updated regularly by the sister in charge in regards to the waiting times*

### Emergency Department

*.... All Virtual Visiting staff reminded of the importance of ensuring that details provided about the patients are included in the Virtual Visiting Schedulers note to the Virtual Visiting Officer so that they are aware of **any specific requests**.*

### Virtual Visiting

*...Fans are now permitted and this should make patients stay more comfortable*

### 4 North

*....and I have actioned a plan to ensure a **more robust communication pathway** is in place.*

### 2 South

*.....as a result of your feedback the ward sister has considered this issue again and has now been able to **access and order shatterproof mirrors**.*



### Examples of changes planned include the following:

- Improvements on the quality of food (Stroke/rehab DHH)
- Review of how test results are shared with patients (Stroke/rehab DHH)
- Information shared with patients regarding hospital Wi Fi (Female Surgical DHH)
- Updating patient information leaflets/ preparation for admission to residential care setting (Residential care homes)
- Monitoring ward temperatures (Female Surgical DHH)
- Needs of post-natal mothers with babies in acute paediatrics (Blossom ward)
- Reminding staff about name badges and introductions (Female Surgical DHH)
- Review of diabetic diets (Blossom ward)
- Review of noise at night (Female Medical DHH)
- Access to toilets for patients with disabilities (Emergency Department CAH)

### Care Opinion Training Strategy

Care Opinion Awareness session - PCE facilitators continue to facilitate awareness sessions as requested with teams across the Trust. The awareness session is now available on the SHSCT HSC e learning platform.

Responder training - Responder training continues monthly via zoom, with additional sessions added to the programme as required.



### Facts and Figures

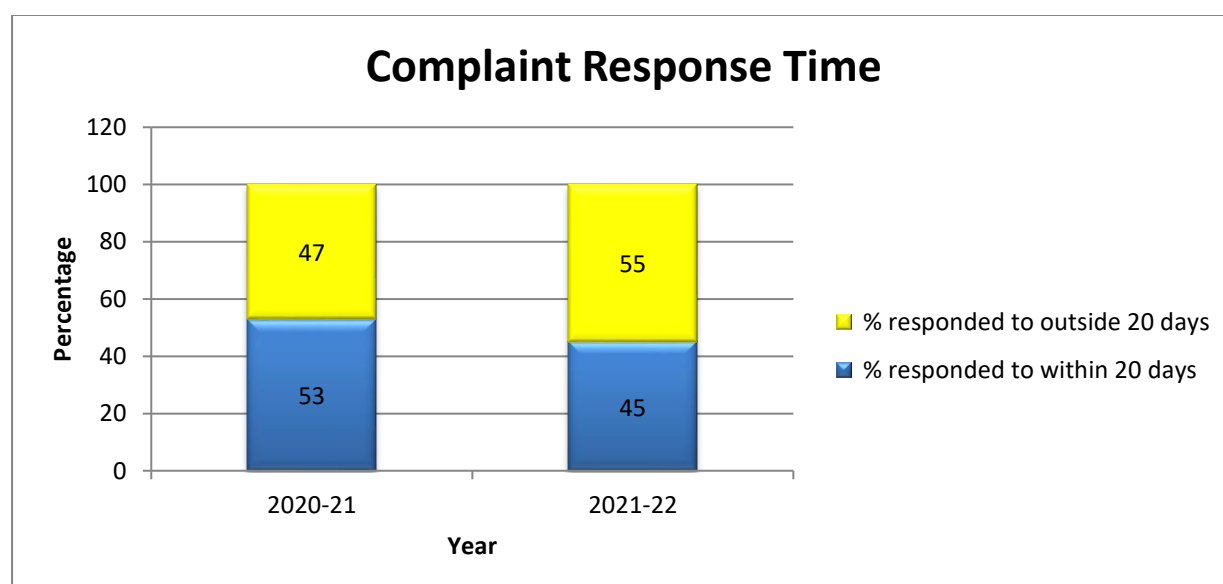
During the reporting period 2021/22 an additional **148** staff have attended responder training.

## 1.3 Compliments and Complaints

### Response Times

- Where possible, the Trust will seek to resolve complaint issues using local resolution. This can be less distressing for our service users and their families, providing a positive outcome. However, there will be times when local resolution is not possible and the formal complaints process is required.
- The HSC Complaints Policy requires Trusts to provide an acknowledgement within 2 working days and a formal response to the complainant within 20 working days of receipt of a complaint and confirmation of valid consent. If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay. The Trust often offers meetings with complainants and the relevant clinical teams to assist with resolution of their complaint. Throughout the complaints process the Trust aims to provide the complainant with a positive experience aiming to resolve the complaint. The Trust uses all service user feedback as an opportunity to learn, putting measures in place to improve services.

**99% Complaints Acknowledged within 2 Working Days**



**Below is a sample of complaints received and the learning from them:**

Complaint Background	Learning
Complaint Subject	Communication/Information
<p><b>Service user was dissatisfied that her son received the flu vaccine from the School Nursing Team following her withdrawing parental consent. Complainant made direct contact with her son’s school to withdraw consent and left a voice message with the School Nursing team, however parental consent was not amended on the required consent form.</b></p>	<p>The School Nursing Team Manager made direct contact with complainant and sincerely apologised that her son received the Flu vaccine in error following her withdrawal of parental consent.</p> <p>Learning has been identified in relation to the review and update of the communication processes when messages are received by the School Nursing Service and/or schools in relation to consent for vaccinations. School Nursing Staff will be reminded of the need to check voicemails/messages received while they are out in schools daily.</p> <p>Staff will be reminded of the actions to be completed by the School Nursing staff when additional information is documented on a child or young person's consent form, and the importance of sharing the information with other members of the School Nursing team.</p> <p>An update of School Nursing Operating Procedures has been undertaken to mitigate the risk of further incidents occurring due to breakdown in communication processes.</p>

**Complaints, Compliments & Suggestions**

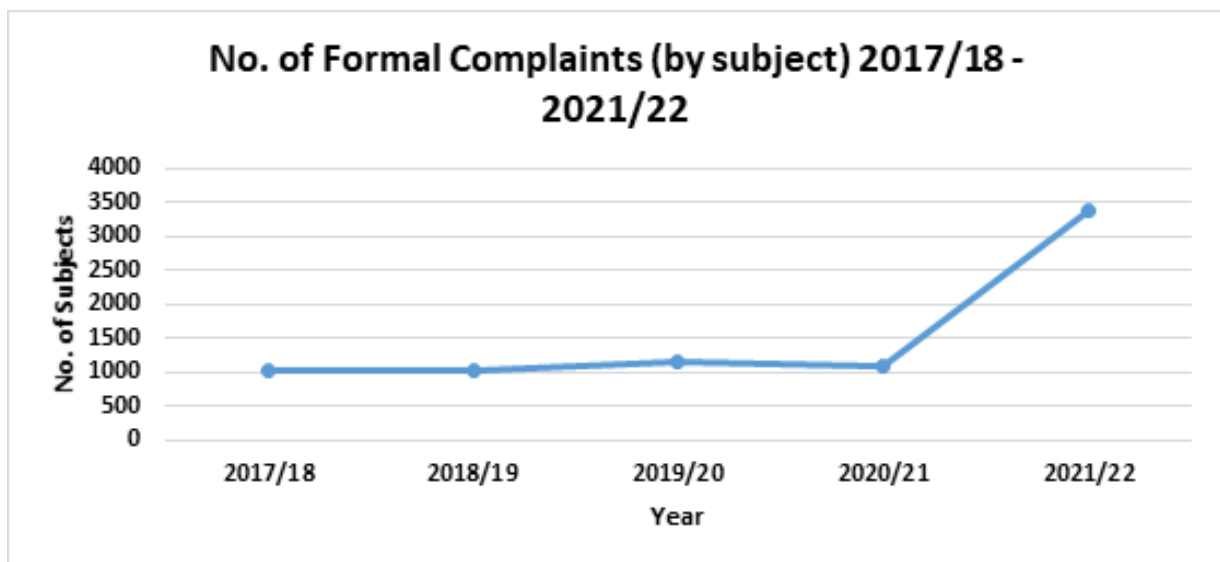
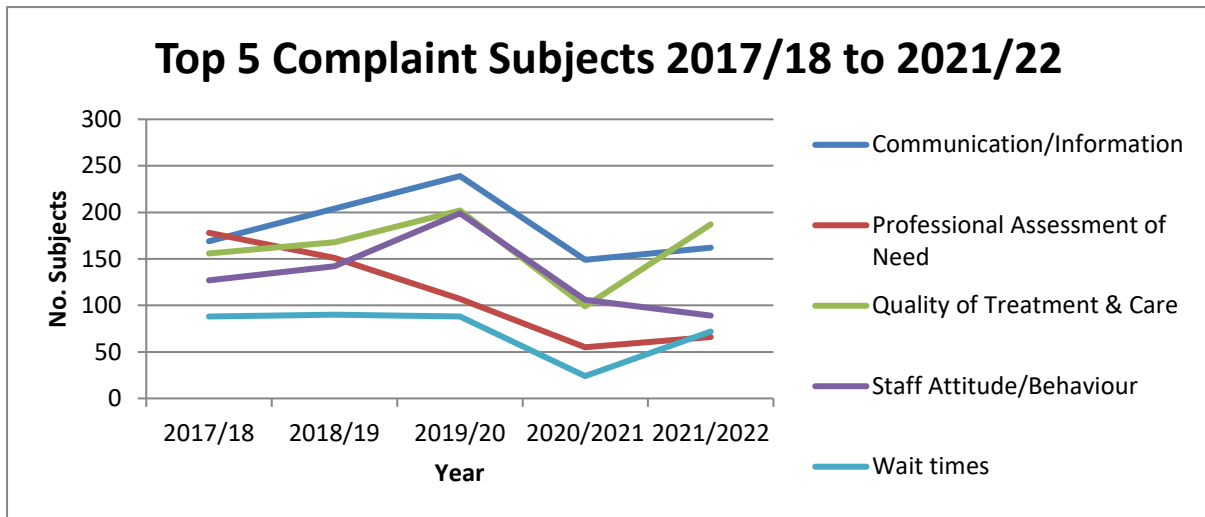
Each year a significant number of people receive services provided or commissioned by the Southern Health & Social Care Trust. The vast majority have a positive experience and are cared for by well trained professional and supportive service staff, all of whom are highly dedicated. However, like any organisation, things don’t always go as well as we would like and when this is the case we make it our goal to **listen, learn and improve**.

Patient Experience and involvement is an extremely important and valuable resource to us. The quality and type of services we provide are very important to us. We aim to continually improve. People who have experienced or observed our services can help us to learn and improve by sharing their experiences.

The number of formal complaints by subject received by the Southern Health & Social Care Trust has significantly increased this year as seen in the graph below.

The number of formal complaints by subject received by the Trust increased from 1080 in 2020/21 to 3383 in 2021/22.

Complaints about Communication, Quality of Treatment & Care, Staff Attitude, Professional Assessment of Need and Wait Times remain consistent as the top five areas of complaints across each reporting period. The top 5 complaint subjects over the last 5 years are shown below:



## 1.4 Adverse / Serious Adverse Incidents (SAIs)

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The Trust is committed to learning and encourages reporting of incidents and near misses to identify where interventions and improvements can be made to reduce the likelihood of incidents happening.

A **Serious Adverse Incident (SAI)** is “An incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or staff”. The SAI must also meet one or more SAI criteria as defined within the *Regional Procedures for the Reporting and Follow up of SAIs – November 2016*. SAI’s are reported to the Health and Social Care Board.

Learning from incidents can reduce the likelihood of similar events reoccurring. It is an important process to capture, promote and share learning. Adverse incidents happen in all organisations providing health and social care.

We encourage an open, and learning culture. Where learning from adverse incident is identified, the necessary changes are put in place to improve practice and avoid reoccurrence.

### Behaviour

Operational Directorates have taken a proactive approach to incidents of violence and aggression directed towards staff from service users. Staff have been actively encouraged to report incidents of this nature via the Datix system. These incidents are routinely reviewed and consideration given to the need to escalate to senior management, taking account of the nature of the abuse, the severity, frequency and impact on staff. Where appropriate, the service user is sent a letter advising of the Trust’s Zero Tolerance approach to violence and aggression to staff. Where necessary, consideration is given to involvement of PSNI and escalation to the relevant Risk Register.

### Medication

**Acute Directorate:** Medication incidents are reported and investigated by local teams to identify learning and changes to practice. A **multi-professional incident review group** meets monthly to review reported incidents, share learning and identify any additional actions to reduce the risk of medication incidents.

A learning bulletin is produced each month which is distributed to medical, nursing and pharmacy staff. This is also highlighted at Morbidity and Mortality meetings and Patient Safety Briefs. Audits were conducted on monitoring post hyperkalaemia treatment, omitted and delayed medicines in hospital and intravenous paracetamol. Procedures for palliative syringe pumps were updated and timing of replenishment on wards amended. The Trust participated in National Insulin Safety Week and Hypoglycaemia Awareness Week raising awareness among medical, nursing and pharmacy staff on insulin safety and recognition and treatment of hypoglycaemia. An updated Kardex was introduced to promote improved antimicrobial

stewardship and reduce co-prescription of anticoagulants and antiplatelets. Education and training for medical staff on high risk medicines and processes continued to be provided.

**Older People & Primary Care Directorate:** A Medicines Management Specialist Nurse was appointed in April 2021 to focus on Domiciliary Care workforce management of administration of medicines within the community. This role audits practice compliance with procedures, including the Medications Instruction Sheet, and sharing of learning across the service. The learning from medication incidents is discussed at team meetings and shared in a Team Newsletter. This is to ensure that the learning is shared and reaches the target audience who do not have access to global emails.

**Children & Young Peoples Services:** Medication Management is routinely reviewed by the Medicines Governance Pharmacist in partnership with clinical and community staff. A Lessons Learned bulletin is developed routinely and is shared across services within the Directorate.

## Falls

Like so many other areas, response to the COVID 19 pandemic has been the priority over the past 24 months. Falls however, remains the major incident category for OPPC given the epidemiology of the Service Users within the Directorate. The 'Trust Falls Steering Group' has recently been re-established. An audit of the submitted falls pro-formas explained falls causing moderate and above harm. This will inform the falls work stream going forward.

## Acute Directorate



### Facts and Figures

The Acute Directorate has seen:

- The falls rate per 1,000 occupied bed days decreased slightly from 5.77% in 2020/21 to 5.60% in 2021/22.
- This has led to the development and recruitment of 2 Quality Leads within the directorate who will reinstate the falls work plan.

The Acute Directorate continues to promote falls awareness, prevention and management among its staff. Falls Prevention education and training is delivered in partnership with the Clinical Education Centre and an e-learning module within the HSC learning platform. The directorate is committed to the implementation of the regionally agreed Fall Safe bundle in all identified adult in-patient areas. This bundle contains individual elements to help reduce the risk of falls. Monthly audits are carried out by all wards to ascertain bundle compliance and identify areas for improvement. Currently a Lead Nurse represents the Acute Directorate within the regional falls working group. However, it is important to note work on reducing falls since March 2020 has been affected by the increased need to focus on the COVID-19 pandemic.

## **Pressure Ulceration**

Preventing avoidable pressure ulceration within the Southern Trust remains an integral component of safe and effective quality care provision along with being a Department of Health directive and key Quality performance indicator. Pressure ulcers can have serious implications for our patients, their carer's and families negatively impacting their health and wellbeing and quality of life.

### **Pressure Ulceration Action Plan**

Over the previous 12 months there has been a decrease in the hospital acquired pressure ulcer rate from 1.22 in 2020-2021 to 1.15 in 2021-2022. An action plan has been developed within the Acute Directorate and is currently being implemented. The recent recruitment of 2 Quality Leads within the directorate will assist in implementation of this action plan and further quality improvement innovations to reduce hospital acquired pressure damage.

The action plan includes:

- The increase of pressure care education
- The introduction of a Datix Early Alert System
- A focus on timely structured review and identification of learning opportunities to prevent reoccurrence
- Verification by the Tissue Viability Nurse
- Increased education and monitoring of Emergency Departments
- The revision of the Pressure Ulcer and Management Policy

## 1.5 How the Organisation Learns

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As a Trust we recognise the benefits that can be had from sharing and cascading learning from incidents and good practice, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide.

The Trust seeks to learn continually from both good practices, which we wish to see replicated throughout the organisation, and from instances when the service we provide to our patients and clients is not as good as it should be. It is challenging to share learning in an organisation which employs nearly 15,000 staff in a range of hospital, community and primary care settings widely dispersed geographically. We are continually trying to make this more effective.

**We aim to share learning in a number of ways:**

- Patient Safety (Morbidity and Mortality) Review meetings which are monthly specialty meetings to review morbidity, mortality, learning from harm and patient safety issues.
- Weekly Governance meetings which include representatives from all Operational Directorates, Clinical and Social Care Governance, Medicines Management, Litigation, Safeguarding and Information Governance, at which the events of the previous week are discussed - Adverse Incidents, Serious Adverse incidents, Never Events, Medication incidents, Legal claims. Details are subsequently shared and discussed weekly at the Trust Senior Management Team meeting.
- Learning from Experience Forum which meets quarterly to provide a formal corporate cross directorate interface for the identification and sharing of lessons learned from adverse incidents, complaints, morbidity and mortality, litigation cases, learning through patient experience, nursing and other quality indicators and areas of good practice for service improvements, internal to the Trust, regional and national.
- Quarterly and Annual Complaints, Incidents and SAI Reports.
- Weekly circulation of Standards & Guidelines Circulars received.
- Operational Directorate Governance meetings.
- Completion of Directorate identified learning template.
- SAI training.
- Sharing of internal audit reports and outcomes of clinical audits.
- Email, newsletter and staff briefings eg. Pharmacy newsletter.



## 1.6 Quality Improvement

The Southern Trust recognises that quality and safety is everyone's responsibility, playing a key role in each and every job across our organisation. Supporting and developing an improvement culture within the Trust is central to the delivery of safe, effective and compassionate care. The Trust drives an improvement culture through a number of established programmes and channels of support.

### Building Quality Improvement Capacity and Capability

Building capacity and capability within the organisation to enable teams and individuals to embark on their own improvement journeys is key to this mission. The COVID-19 pandemic presented a range of challenges and opportunities in regards to the delivery of our capacity building training programmes and support. Face to face workshops and training were replaced with virtual alternatives that allowed distance learning and that adapted to the needs of the organisation at a time when quality improvement training and support was particularly in demand.

### Launch of Our Quality Improvement Prospectus

The Quality Improvement Team has developed an interactive Quality Improvement Training Prospectus. It is hosted online and accessible to all staff using the PageTiger platform.

It provides an overview of each training programme, draws on feedback from previous attendees and elaborates on the quality improvement support that is available to individuals and teams. Videos and taster content is included to offer staff an idea of what is available.

Careful consideration was given to the schedule of dates and the length of each workshop in order to offer staff maximum flexibility.

During 2021/22, an Autumn 2021 and Spring 2022 prospectus, was released.



### Quality Improvement: From Theory into Practice Training

From Theory into Practice is our core quality improvement training programme. It teaches staff the fundamentals to successfully managing or contributing to a quality improvement project or initiative. The contents of the programme builds on the foundations of quality improvement methodology and includes content that is practical and easy to understand and apply.

The programme is delivered over six virtual sessions:

Workshop 1: From Idea to Go

Workshop 2: Driver Diagram

Workshop 3: Measures for Improvement

Workshop 4: Process Mapping

Workshop 5: Model for Improvement

Workshop 6: Evaluation and Recognition

## Human Factors Training

The delivery of health and social care services is particularly vulnerable to human error. Human Factors provides an approach to human error that seeks to decrease the likelihood and consequences of human error, focusing on areas that are particularly pertinent to health and social care.

The Southern Trust Quality Improvement Team have delivered a Human Factors programme, comprised of six Human Factors Workshops that have sought to cover these key areas:

Session 1: Overview of Human Factors and the Role of Human Error

Session 2: The Importance of Communication in Human Factors

Session 3: Situational Awareness

Session 4: Decision Making

Session 5: Designing and Developing Standard Operating Procedures

Session 6: The Importance of Sleep and Vigilance



The maximum benefit from the workshops is typically derived from those working in environments that are particularly prone to human error. Our workshops have included staff from all pay grades.

## Joy in Work

As an organisation committed to being a safe and compassionate place to work, we recognise it is important to equip staff and management with the capacity and knowledge to create a workplace culture based on harmony, respect and acknowledgement.

The concept of Joy in Work was first introduced by the Institute for Healthcare Improvement (IHI) and was intended to service as a guide for healthcare organisations to engage staff in a process where leaders ask colleagues at all levels: ‘What Matters to You?’.



Building on these foundations through the delivery of Joy in Work training, the Southern Trust has sought to provide staff and leaders with training that delivers on:

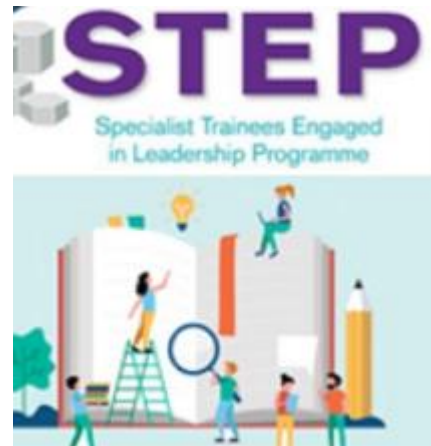
- The importance of joy in work (the ‘why’)
- Four steps leaders can take to improve joy in work (the “how”)
- The IHI Framework for Improving Joy in Work
- Key change ideas for improving joy in work, along with examples from organisations that helped test them

- Measurement and assessment tools for gauging efforts to improve joy in work

## STEP Programme

STEP (Specialist Trainees Engaged in Leadership Programme) is a quality improvement programme delivered specifically to medical trainees. It provides medical trainees (from levels FY1 to ST8) with the skills and knowledge to design a project that interests them, with support and mentoring from both the Quality Improvement Team and experienced faculty.

The participants are required to attend four virtual sessions and four virtual project surgeries, after which they will have completed and presented a quality improvement project at an end of year celebration event.



## Liberating Structures

One of the biggest challenges when completing a quality improvement project is creating and sustaining a consistent level of engagement with stakeholders and the project team. How we engage often dictates how successful our endeavours are. Liberating Structures are easy to learn interaction methods used to engage to confront challenges, increase productivity and to facilitate creativity within project teams.



Our Southern Trust Quality Improvement Team has created and delivered bespoke Liberating Structures workshops tailored to the individualised needs of project teams. The training has benefitted a wide array of teams and encourages attendance from all levels of staff.

## Measures for Improvement

Data and measures are fundamental to any improvement project, recognising this our quality improvement team launched a dedicated 3 hour virtual Measures for Improvement workshop.

The workshop delves deeper into the importance and practicalities of using measures to evidence and present improvements. It teaches staff how to use data to evidence both their problem and any potential improvements using a range of tools to aid with collection and analysis, including run charts, SPC charts and data collection plans.



## LifeQI

As an organisation, the Southern Trust has adopted the use of LifeQI to store, manage and report on quality improvement projects. LifeQI is a web based project management platform where the project content is available in one central location, allowing a greater amount of collaboration and project tracking.



Training on LifeQI is built-in to project facilitation support provided by the Southern Trust Quality Improvement team. For teams or individuals that have required more bespoke training, the QI Team have offered dedicated LifeQI training in house which has contributed to a smooth transition into this new platform.

## Annual Quality Improvement Event

Our 7<sup>th</sup> Annual Quality Improvement Event covered an ambitious 5 day programme, running from 8 – 12 November 2021. It was the first in the Southern Trust to be delivered virtually. The theme for this year's event was '*Safety, Quality and Experience – it's for you, it's for me, it's for everyone*'. Each day had a specific focus, making the event and contributions relevant to staff from across our organisation:

- Day 1: Quality
- Day 2: Staff Wellbeing
- Day 3: Experience
- Day 4: Safety
- Day 5: Staff Recognition

To embrace the opportunities and challenges presented by the virtual delivery of the event, the format and approach was completely redesigned. To make the event more accessible to staff from all backgrounds, attendees were able to select their session(s) of choice from our interactive Event Programme.

It was an opportunity to showcase the latest in quality improvement, host discussions on key issues facing the health and social care system and provide staff and attendees with an opportunity to stop, listen, learn and reflect.

Each day had a wide variety of live and interactive content, spanning from early morning to evening. This included:

The launch of a daily podcast, 'A Day in My Shoes' hearing from staff from across our system as to what a day in the life of their profession and/or job role looks like.

Senior management presentations to provide strategic context and reflections

Staff presentations reflecting on the outcomes and next steps of completed and in progress quality improvement projects

Staff wellbeing workshops delivered over zoom, including Tai Chi, Laughter Yoga and 'Get Off Your Chair Workout'.

'You Killed My Husband' a play delivered over zoom, courtesy of award winning playwright Brian Daniels.

'Communication at the Sharp End: Tactics from the World of Hostage Negotiation' a workshop delivered by Cathy MacDonald, a former Hostage and Crisis Negotiator with Police Scotland.

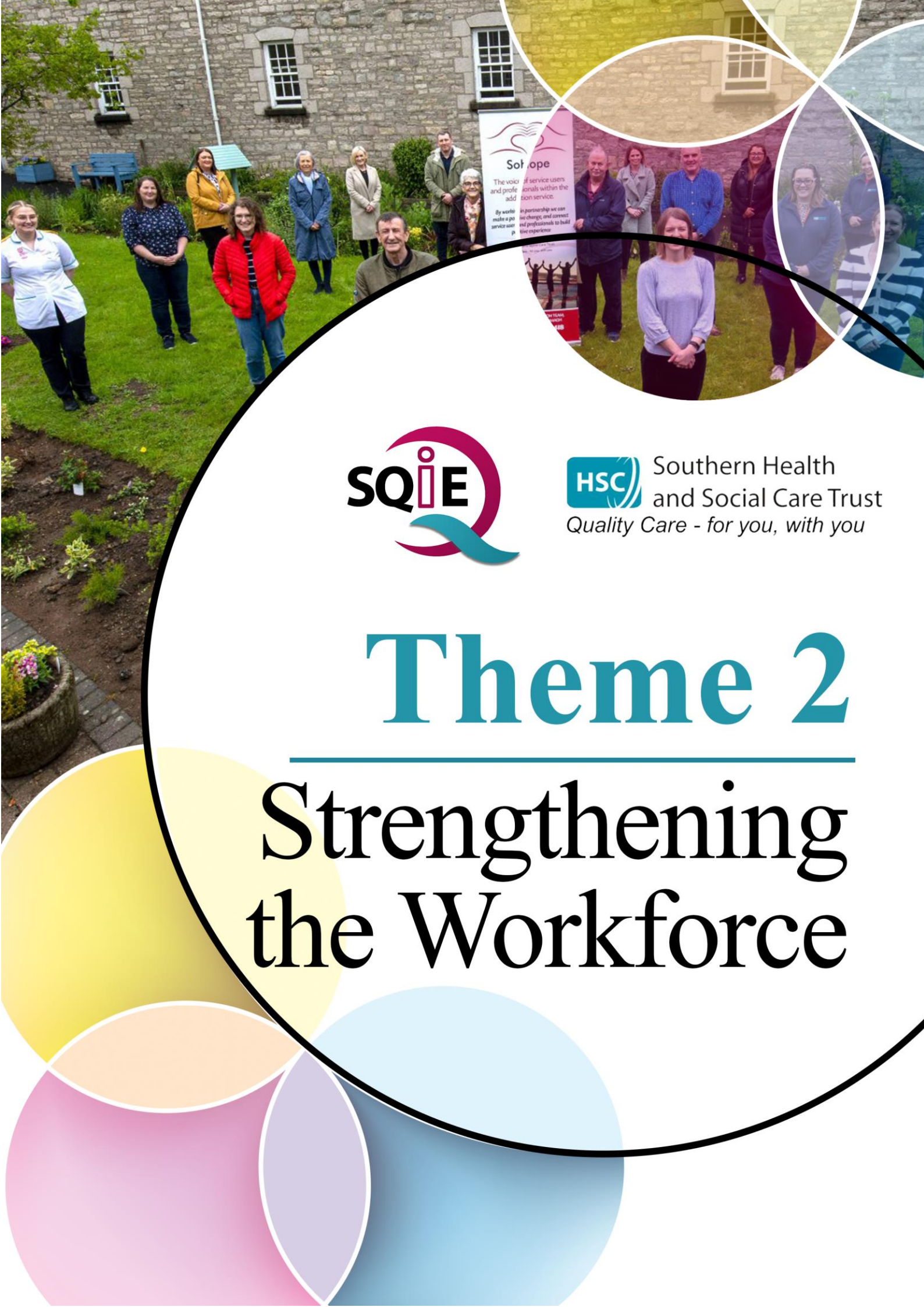
The ever-popular Dragons' Den segment was delivered via the digital format, with four teams winning the support and funding to bring their improvement ideas to fruition. The winning teams were:

*Children and Young Person's Services: From Contact Rooms to Family Spaces*

*Acute and Older People and Primary Care: Skinny Cows Get Patients Home for Lunch*

*Mental Health: Sensing Success*

*Older People and Primary Care: This is Me*



**Sol:ope**  
 The voice of service users and professionals within the addition service.  
 By working in partnership we can make a positive change, and connect service users and professionals to build their experience.



Southern Health  
 and Social Care Trust  
*Quality Care - for you, with you*

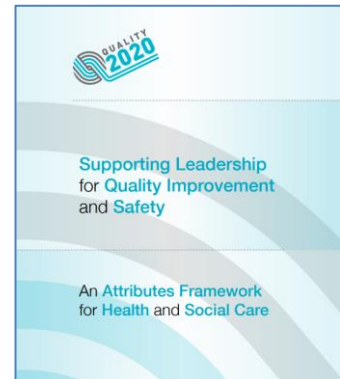
# Theme 2

# Strengthening the Workforce

## 2.1 Quality 2020 Attributes Framework

The Quality 2020 Attributes Framework was developed by the Health and Social Care Safety Forum and the Northern Ireland Practice and Education Council in conjunction with key stakeholders within Health and Social Care across a diverse range of professional backgrounds. It is designed to enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service.

It identifies the quality improvement and safety attributes staff require for their role and that are necessary and appropriate for the level at which they work. Through appraisal or supervision meetings or through mentorship (for those in training), staff are supported in assessing their existing attributes in relation to quality improvement and safety and, therefore, in planning the learning and development needed for them to progress in their given roles.



**Overall, the primary purpose of this framework is to:**

1. Assist individuals in assessing: their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety and their learning and development needs for their current role or for future roles.
2. Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services.

To learn more and to view the Attributes Framework in detail, please [click here](#). The linked document provides a breakdown of the skills and competencies required at each of the framework's 4 levels.

### **How are We Performing against the Attributes Framework?**

The current position against the Attributes Framework is as follows: as at QE 31 March 2022 **99%** of the workforce have completed Level 1 and **5%** of staff have achieved training at Level 2 of the Quality 2020 Attributes Framework.

## Looking after your staff

The Trust's Creating a Great Place to Work initiative continued to offer a range of support and development to all our people, our team leaders/managers and our teams during 2021/22.



The Trust recognises that an engaged, happy workforce who feel valued and work well together in a team, has a positive impact on the safe, high quality, compassionate care and support we provide to our patients and service users.

Therefore, the Trust wanted to ensure that our staff are provided with an environment and opportunities that recognises the value that each individual brings, and to encourage staff to make choices to enable them to feel well, be healthy and happy at work. We want to work together with staff to create a **great place to work** and through a variety of listening events we created the “**Creating a Great Place to Work**” initiative. In creating a great place to work, the Trust want to invest in our people, recognise and encourage leaders at all levels and provide opportunities to develop collective leadership capability.

Across the year a number of sessions were delivered under the three strands of:-



The sessions were focused on areas such as health and wellbeing, relationships and behaviours and uptake by staff across the year was as follows: -

Course Title	Number of Courses	Number of Attendees
A Guide to Personal Resilience	7	59
Being an Emotionally Intelligent Leader	10	63
Compassionate Conversations	3	14
Developing Strong Working Relationships Across The Team	6	37
Having a Wellbeing Conversation	5	18



How Do I Look After My People	5	24
It's Not What You Say, It's How to Say It	9	71
Leading Using a Coach Approach	4	21
Looking After Yourself	3	16
Making & Communicating Decisions	12	45
The Importance of Self Awareness	7	34
The Importance of Looking After Our People	8	27
Transitioning to be a People Manager	5	24
<i>Every Conversation Matters</i>	8	63
<i>How We Treat People Matters</i>	5	32
<b>Grand Total</b>	<b>97</b>	<b>548</b>

A range of resources were developed to support these sessions including videos which are available to watch via YouTube 24/7 – these were viewed over **1500** times during 2021/22.

### **Getting Better Together – Our Teams**

We wanted to support teams to work better together, creating a culture in which staff work together well in a team, recognise their role and value the contribution of all team members. As part of the Trust ‘Creating a great place to work’ initiative tailored organisational development interventions to support and respond to the needs of Directorate teams was available throughout 2021-22, as it is recognised a team based working approach in healthcare particularly increases the well-being of team members.



### **Preparing for a Positive Retirement**

We value the loyalty, dedication and contribution our people have made to Health & Social Care during throughout their career. We recognise that retirement is an important time in every employee's life. We want to help ensure that all employees who are approaching retirement are supported and given the opportunity to plan and prepare.

There are many things to consider as they approach retirement. Therefore, we developed a resource to highlight some of the advice and support available to our people. As part of this 'preparing for retirement' workshops were offered and attended by 47 Trust employees during the year.

### **Flu Vaccination Programme**

The 2021/2022 Flu programme was co-delivered alongside the COVID vaccination programme for HSC staff. We ran a number of bespoke dedicated staff clinics on all acute sites ensuring as many staff as possible had access to the vaccination programme.

As we had a number of Vaccination Hubs across the SHSCT, staff were also able to avail of vaccination at the public vaccination hubs, which allowed staff to avail of vaccine at a time and place which was convenient for them.

We note a reduction in uptake in flu vaccination in both Front Line and Non- Front Line staff compared to the previous year, this has been seen across all HSC Trusts and reflects the vaccination fatigue which has been seen in the public uptake of COVID booster. We are aware our figures may not have captured any staff who have availed of vaccination in primary care/pharmacy or in another HSC Trust.

For 2022/2023 we are planning to operate dedicated staff vaccination clinics in all areas (both acute and non-acute), we will be utilising our mobile "flu bus" as well as operating a vaccination drive thru in an attempt to increase our uptake of vaccination. Staff will be able to continue to avail of access to SHSCT public vaccination, ensuring we are able to make the vaccine as accessible as possible.

Personnel area	% of Headcount Vaccinated 2021/2022	% of Headcount Vaccinated 2020/2021	% of Headcount Vaccinated 2019/2020
Front Line Staff - Health Care Workers	40%	51%	40%
Front Line Staff - Social Care Workers	26%	37%	24%
Non-Front-Line Staff	43%	50%	40%
<b>Overall Total</b>	<b>37%</b>	<b>47%</b>	<b>36%</b>

Total Number of Flu **Vaccines given** as at COP 06/04/2022 (including bank, block booking, new starts and External Non-Trust staff): **4980**

*\*Headcount is a count of staff based on staff number with the greatest WTE and therefore a member of staff working in a number of positions, is only counted once. Bank and block booking staff are excluded from the headcount and vaccines given count.*

## Division: Promoting Wellbeing

### Survey and updating of U\_Matter Website

To mark the third anniversary of the launch of the staff health and wellbeing U\_Matter website, a staff survey was conducted in May 2021 to seek staff views on the use of U\_Matter, the Friday Focus health and wellbeing weekly email update and the Trust's Staff App SHSCT Connect.

A total of 802 responses were received with feedback across directorates and in particular staff working in Acute, Children and Young People and Older People and Primary Care directorates.



## Facts and Figures

### Key findings

- **73%** of staff respondents had used the U\_Matter website
- **35%** of all respondents felt that the U\_Matter site had been extremely or very effective at supporting their health and wellbeing
- Just over **46%** of respondents had recommended U\_Matter or content to colleagues

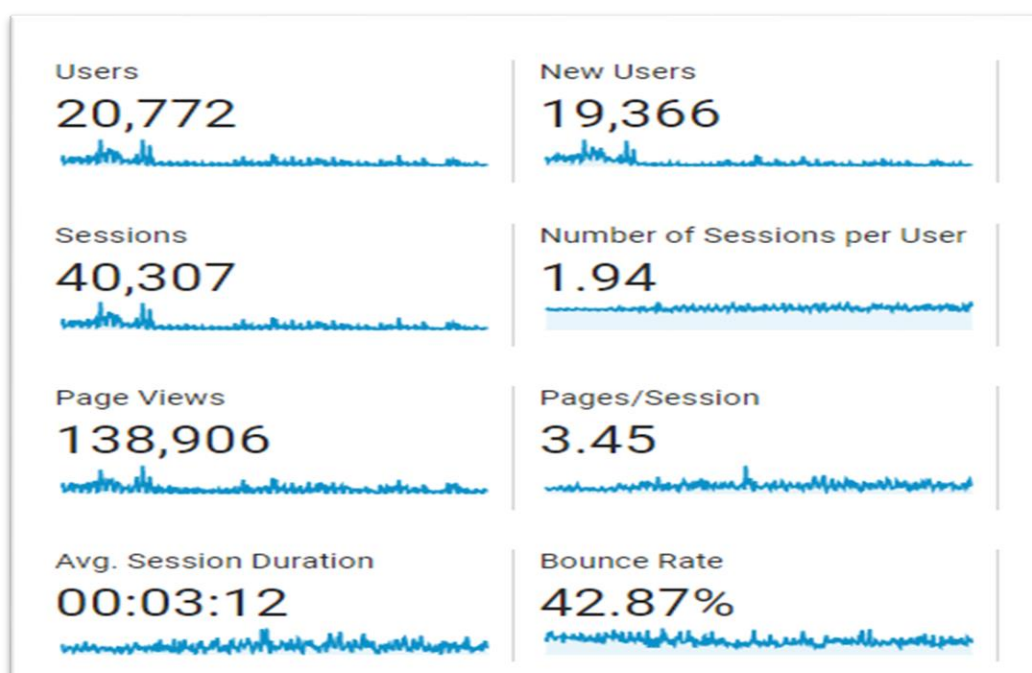
The key reasons staff used the U-Matter site were as follows:

- Health information and advice (n=339)
- Health and wellbeing resources (n=279)
- Staff supports available (274)
- Monthly features e.g. Recipe of the Month, Action for Happiness calendar (n=265),
- Covid related information (n=261)
- News (n=219)
- Events (n=204)
- Health and wellbeing tools (n=160)
- Contact details for support organisations/helplines (n=151)
- Policies related to health and wellbeing (n=146)
- Musculoskeletal information & support (n=71).

Staff respondents expressed interest in having more access to more information related to personal development, emotional health, physical health, health challenges and financial health via the U-Matter website.

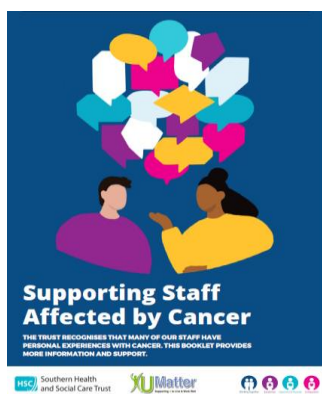
The survey highlighted that the weekly Friday Focus email is valued and read by approx. 78% of survey respondents. 40% of staff respondents agreed that the Friday Focus email prompted them to visit U-Matter. Friday was the preferred day that staff wanted to receive the email (approx. 64%). A weekly update was preferred by the majority of respondents (approx. 48%).

### Web stats for U-Matter (1 April 2021-31 March 2022)



## Cancer Guide Staff and Managers

The Trust recognise that with an aging population cancer incidence is increasing and many of our staff may have personal experience of cancer themselves or may be in contact with colleagues or a family member affected by cancer.



A Supporting Staff Affected by Cancer guide was developed in consultation with cancer services to provide useful advice and information for managers and staff.

Within this booklet there are details on who to contact should you need more information or support as well as a Top Tips for line managers supporting staff.

## Menopause at work

The trust continues to promote awareness of the menopause and impact on women at work. Two online Menopause Café events were hosted on 8<sup>th</sup> March, to mark International Women's Day and on 9 November as part of the wellbeing day held for the Trust's Quality Improvement Week.



The café events offered a shared safe space where staff could discuss the impact of the menopause on their health and work life and receive information on sources of support including the Trust's Menopause Policy and Toolkit. The virtual events featured virtual polls, open group chat and break out rooms to support conversation and encouraging to see from poll results that awareness is increasing:

**World Menopause Day October 2021** – to mark the theme of bone health the Trust held a bone health webinar for staff hosted by Jenny Gilbert from the Royal Osteoporosis Society.

The Presentation slides are available on U\_Matter. In addition a short audio presentation featuring Vanessa McMinn, Diabetes Specialist Dietitian was also produced on dietary advice relevant to menopause and bone health.

The staff flyer below was developed for staff and highlighted lifestyle supports available which can help with the management of menopause symptoms.

## World Menopause Day 18 October 2021:

### This year's theme is **Bone Health**

[www.imsociety.org/education/world-menopause-day/](http://www.imsociety.org/education/world-menopause-day/)

- Join Christine Woodnook a Volunteer with the **Royal Osteoporosis Society** (ROS) to learn more how to protect your bone health, what support is available from ROS - see U\_Matter for details and [to register](#).

- See the SHSCT's **Menopause at Work Policy** [here](#)

- Our **Staff Menopause Tool** will help you learn more about menopause, access sources of information on menopause including videos, apps, leaflets, websites and more.

- We have several **books on menopause, anxiety, sleep** - available to staff/students from the **Healthcare Library at Craigavon Area Hospital**.

- **Free Online Yoga** – access anytime, all levels, various practices, short or long, one-off sessions/programmes

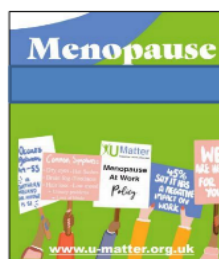
- Free Course '**Exercise and mental health**' – learn more about the links between mental health and exercise by signing up to this **Open University** course. (certificate of completion available).

- Sign up to **Flo** – The **Free 12 week weight loss programme** for staff

- Get better sleep – [apps, training, tips](#)

- Get support to [stop smoking](#)

- Reduce your [alcohol](#) and [caffeine](#)



Click on image above to open bone health leaflet



## Workplace health champions

The health champions' role is to help embed health and wellbeing within their teams by cascading information and encouraging participation in health promoting behaviours in and outside of work as well as signposting to services (Trust based and external).

Virtual Workplace Health Champion meetings continued throughout the year, with updates on new initiatives, resources, campaigns, policies led by the Trust's Staff Health and Wellbeing

Steering Group as well as local, regional and national developments. The meetings also give staff an opportunity to share their health and wellbeing needs and any challenges they are experiencing and gain support and advice.

During the year health champions helped to distribute free resources to staff including menopause and art boxes, head torches and high viz vests, lunch-bags and tape measures (with Body Mass Index information) and health and wellbeing journals. They set up and maintained health and wellbeing noticeboards, shared information via team meetings/email, created team newsletters with articles on health and wellbeing, took part in menopause café events, attended health and wellbeing webinars, supported various campaigns related to physical and mental health and encouraged colleagues to have walks and breaks.

Ranges of speakers were invited to the meetings to share information on very Brief Advice for Stopping Smoking, Equality, Diversity and Inclusion and the training opportunities available from the Innovation Recovery College.

### Arts for Health



During 2021/22 there were three evening online staff workshops on Wet Felting. The Trust's Artist in Residence, Ms Gwen Stevenson, provided guidance. The focus was on 'how to create a beautiful landscape using wet felting'. The materials necessary were provided free of charge and 43 staff attended these sessions. **Staff Feedback:**



I really enjoyed the wet felting session. Best part was getting the kit and having everything organised and ready to go. I wouldn't change anything except to have sessions more often

I have already recommended the craft sessions to other staff. Very happy with the activity, the materials and artist support was excellent. Very enjoyable and productive session. Thank you for organising this for staff. It was much appreciated.

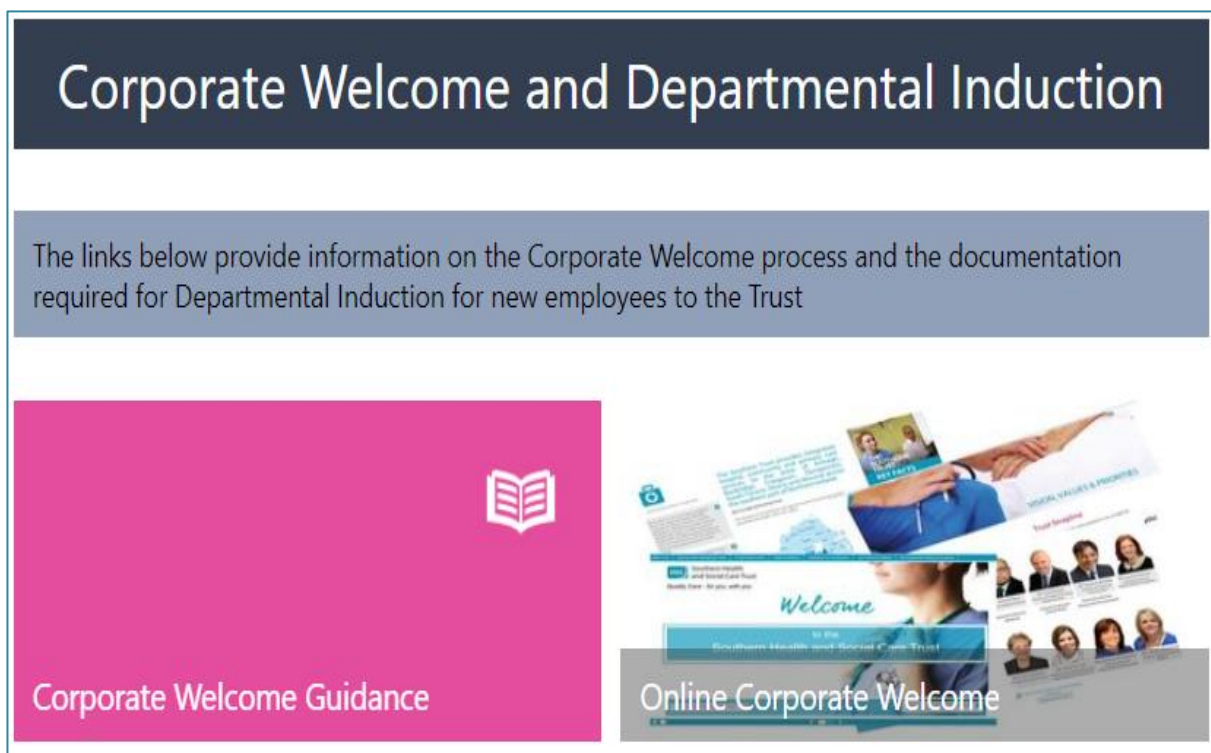
I feel the Trust is showing they value their staff by providing these activities

## 2.3 Induction

The Trust's Corporate Welcome continues to be delivered via an interactive, informative online publication. New starts also receive a departmental induction from their line manager as soon as possible after commencing employment.

Feedback continues to be positive with staff remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design. New starts must also receive a departmental induction from their line manager as soon as possible after commencing employment.

If viewing the digital version of the report, click on the image to access the Corporate Welcome Southern Trust SharePoint page (only accessible on Southern Trust systems).



### Corporate Induction

We believe that all new staff, including those transferring or promoted internally, must be given timely and appropriate induction to the organisation.

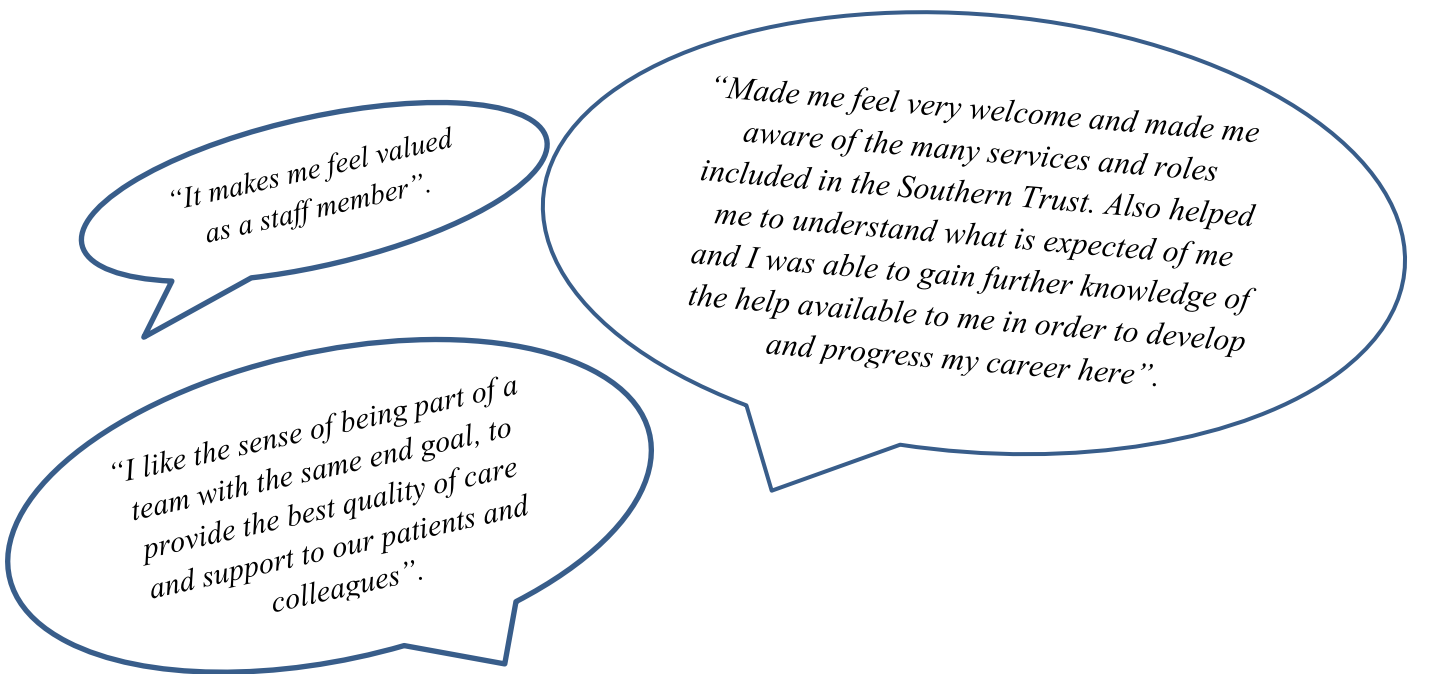
This process is regarded as a vital part of integration into the working environment.

The Trust's Corporate Welcome is mandatory training and therefore should be completed by all new staff, as soon as possible after commencing employment. The Corporate





Welcome continues to be delivered via an interactive and informative online resource which can be accessed by staff at any time. Feedback continues to be positive with staff remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design. Just some of the positive feedback we received from staff in 2021/22 is detailed below:



*“It makes me feel valued as a staff member”.*

*“Made me feel very welcome and made me aware of the many services and roles included in the Southern Trust. Also helped me to understand what is expected of me and I was able to gain further knowledge of the help available to me in order to develop and progress my career here”.*

*“I like the sense of being part of a team with the same end goal, to provide the best quality of care and support to our patients and colleagues”.*

New starts also receive a departmental induction from their line manager as soon as possible after commencing employment.

## 2.4 Corporate Mandatory Training

### Corporate Mandatory Training

We continue to work across the Trust to ensure that all staff and managers are aware of the importance of Corporate Mandatory Training in keeping both staff and our service users safe whilst delivering our services. We continue to promote CMT across a variety of platforms and meetings within the Trust, encourage managers to include CMT Compliance on Team Meeting agendas and we also continue to review the provision of, and reporting on, Corporate Mandatory Training (CMT). Quarter end compliance reports are provided to each Directorate for dissemination throughout their services, this information is also posted on the Trust SharePoint page to allow managers and staff to see their training compliance position and take action as appropriate in relation to keeping this training up to date.

We work closely with the Subject Matter Experts to ensure that all elements of training are provided in a timely manner and through a variety of methods relevant to all staff roles, to allow staff to maintain compliance as necessary. We have continued to deliver CMT elements via a number of accessible formats as appropriate, e.g. e-learning, virtual instructor lead sessions, on-line videos, face-to-face where necessary, as well as utilising a blend of training delivery methods to ensure that staff receive the information they require in an accessible format whilst keeping in mind Covid-19 restrictions.

The comparisons to the previous year's figures are outlined below:

Corporate Mandatory Training Element	% Compliance as at 31st March 2021	% Compliance as at 31st March 2022	Variance (%)
Information Governance Awareness	78	81	+3
Cyber Security	9	59	+50
Fire Safety	53	55	+2
Safeguarding	71	68	-3
Manual Handling	64	62	-2
Infection Prevention & Control	59	64	+5
Equality, Good Relations & Human Rights : Making a Difference	73	53	-20

## 2.5 Leadership Programmes

### Leadership Programmes

#### Succession planning

The Organisational Development team launched our new **Inspiring Leaders** succession planning initiative aimed at middle managers. We recognise succession planning is important in talent management and in supporting our organisation grow for the future. This initiative has been designed to support our middle managers across the Trust and develop the skills and behaviours required to work at a more senior level.



The “Inspiring Leaders” initiative ensured that participants would have:

- access to the right opportunities, exposure, stretch and development to reach their potential
- a bespoke leadership development plan outlining areas for development
- support and commitment from their Line Manager to complete the initiative

The programme was delivered over 9 months and included a range of development opportunities including:

- 360 appraisal feedback
- 2-day diagnostic assessment
- Coaching
- Career planning
- Stretch assignments
- Masterclasses
- Interview preparation



## Medical Leadership

In May 2021 we launched a development programme 'Navigator' aimed at Consultants and Specialty and Associate Specialist (SAS) doctors.

This presented a fantastic opportunity for our doctors to increase their confidence as a collective leader and navigate the wider system of the Trust. It also provided them with an opportunity to network with colleagues from across different services. The programme was delivered virtually as bite size workshops and covered many of the core fundamentals to help them in their role.



## Regional Leadership Development Programmes

In addition to the Creating a Great Place to Work initiative and internal bespoke Leadership Development sessions for individuals and teams, as part of the Trust's Service Level Agreement with the HSC Leadership Centre the Trust supported a number of individuals to undertake a range of leadership and management development programmes for example: -

Accelerated Management Development Programme - aimed at newly appointed managers or existing managers (Bands 4-7) who wish to further enhance their management capability - this programme included:

- Challenges of being a leader and manage.
- Leadership and Management Landscape - practical application of Collective Leadership, the Healthcare Leadership Model, HSC Values, in the volatile world that we work.
- Personal Leadership - awareness of self and others, resilient leader, why you need to manage yourself and your tasks more effectively.
- Leading People and Teams - how we can improve employee engagement and use influence and a coach approach to build and maintain more effective teams.
- Managing Complexity - how to deal with difficult situations and the associated conflict that can arise enabling you to have those conversations to resolve issues swiftly and efficiently with the best possible outcomes for all involved.

Aspire, Proteus and Acumen - These leadership programmes cover the 4 quadrants of collective leadership across a number of modules but are pitched at different levels. For example, while Acumen covers leading transformation, aspire covers managing change initiatives; or regarding systems leadership: Acumen would have a focus on the whole UK system, Proteus focuses regionally and Aspire focuses more on the individual organisation/Trust.

Aspire is for Senior Managers (Typically Band 7 to 8b) and clinicians (Consultants from across Health and Social Care) and SAS Doctors and Dentists.



## Facts and Figures

11 Trust employees undertook this programme in 2021/22.

Acumen is for Directors, Medical Directors and Associate Medical Directors from across health and social care and public services. 2 Trust employees undertook this programme in 2021/22.



## Facts and Figures

The Trust supported 15 individuals to undertake this programme in 2021/22.

Proteus is for Assistant Directors (8b to 8d) and Senior Clinicians (Clinical Directors and Clinical Leads) from across health and social care. The programme is also open to Specialty and Associate Specialist Doctors.



## Facts and Figures

2 Trust employees undertook this programme in 2021/22.

Acumen is for Directors, Medical Directors and Associate Medical Directors from across health and social care and public services.



## Facts and Figures

2 Trust employees undertook this programme in 2021/22.

### **Nursing and Midwifery Leadership Development Programmes.**

Nursing and Midwifery Leadership Development Programmes were devised and delivered by the Corporate Nursing and Midwifery Team using Practice Development methodology and principles of collective leadership.

Approximately 110 Band 6, 7 and 8a nurses and midwives who had managerial responsibility availed of a programme place where fun and camaraderie was in abundance during each session, giving everyone a chance to share learning and gain valuable peer support and a safe space for discussions.

Created and delivered by Practice Education Facilitators:



*Katherine Martin*



*Jacqueline Clarke*



*Emma Kane*

Core topics covered within the programme included:

Connecting staff	Reflection on role	Compassionate leadership	Engaging conversations
Evidence based decision making	Circle of influence De Bonos hats	Quality Improvement	Q&A session with senior nurses
Practice development tools that can be used in practice	Promoting confidence as a leader	Knowing self	Emotional Containment

To support learning to date and continue professional growth further educational interactive sessions were commissioned for Band 8a staff in May and June 2022 with Clive Hook author of *Six Questions for Leading Achievers* delivering 6 sessions. In addition, all cohorts will be provided with the opportunity to meet 3 times per year to maintain strong peer support and development. Staff feedback was as follows:

- Excellent programme - engaging, informative and really enjoyable – I cannot praise this programme highly enough
- Safe environment - felt able to speak freely and honestly.
- Genuinely looked forward to returning for next session.
- Lots of interaction, laughter and lively chats.

## 2.6 Supervision, Coaching and Mentoring

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During 2021/22 the Trust offered a number of coaching related programmes and services.

A range of individuals working at all levels across the Trust availed of the Trust's Coaching Service and also of external Coaches via the Trust's Service Level Agreement with the HSC Leadership Centre.

'Every Conversation Matters' sessions were offered to all staff which helped increase awareness of the impact coaching skills such as listening and use of open questions can have on everyday conversations.

The Coach as a Leader sessions were offered to our leaders to increase their awareness of what coaching is and how it can enable them to lead more effectively.

A number of Human Resources & Organisational Development staff undertook ILM Level 5 in Coaching to increase their awareness and develop the necessary skills to enable them to introduce a coaching approach when responding to requests for advice from employees and managers.

This programme was reviewed and a second cohort of individuals undertook four half day modules of our 'Engaging through Conversation' programme which is aimed at developing our leaders to utilise coaching as a style of leadership.

These offerings will be further reviewed during 2022/23 and a coaching pathway will be developed.

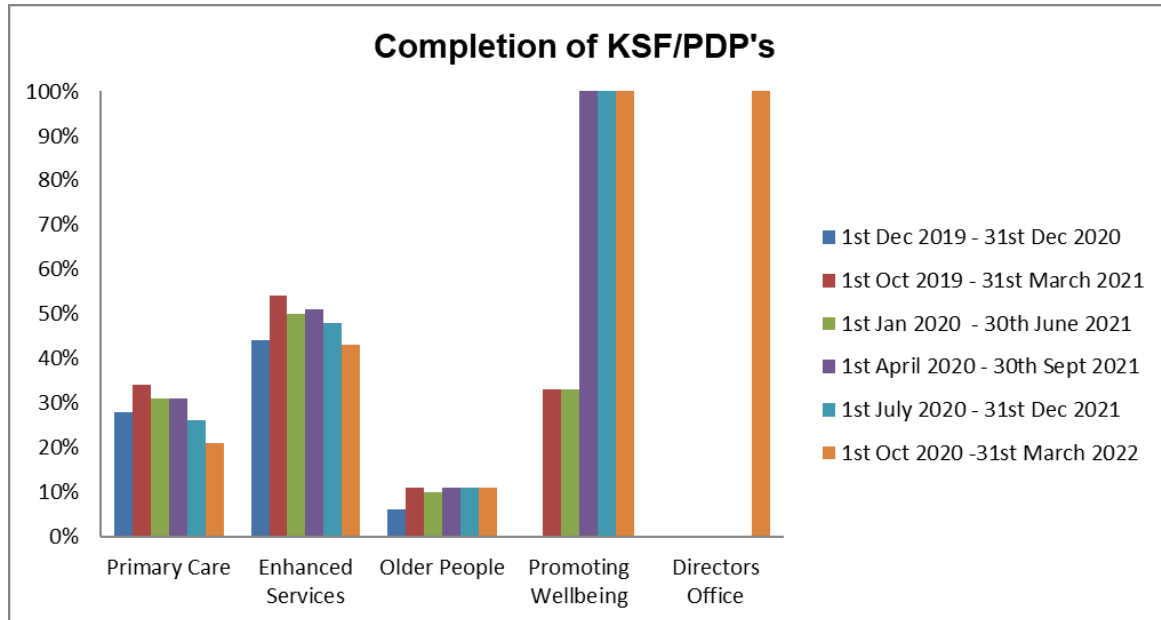
### **Knowledge & Skills Framework (KSF) & Personal Development Plans (PDP) – By Operational Directorate 1st October 2020 – 31st March 2022**

The Knowledge and Skills Framework (KSF) is a developmental tool which is designed to provide the basis for career and pay progression within Agenda for Change Pay Bands. The main purpose of the development review is to look at the way in which an individual member of staff is developing in relation to:

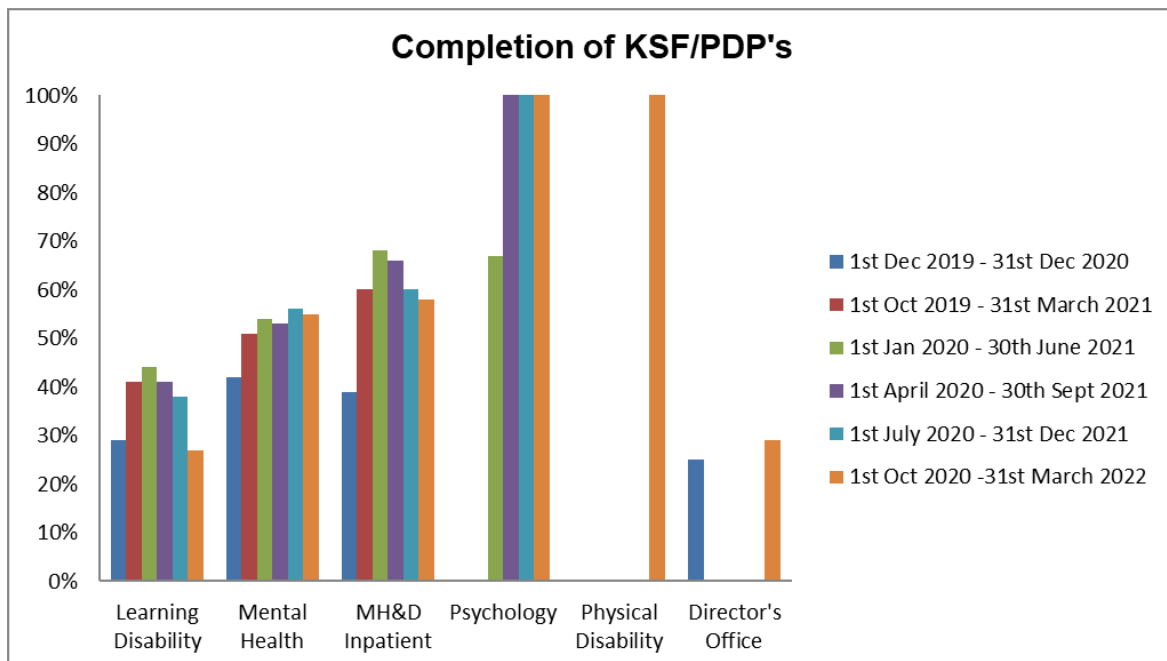
- The duties and responsibilities of their post and current agreed objectives
- The application of knowledge and skills within the workplace
- The consequent development needs of the individual member of staff

The Trust is committed to the Personal Development Review process and regards this as an important component of the Trust's governance process. It contributes towards organisation and service development and provides opportunities for each member of staff to develop their potential. The Trust will ensure that each member of staff knows what is expected of them to ensure that they are clear about their role and responsibilities, their Knowledge and Skills

Framework (KSF) Outline and the key aims of their ward/department and the Trust. Participation in an annual Personal Development Review meeting is mandatory under Agenda for Change. This takes the form of a face-to-face meeting between a manager or (person acting as their reviewer) and an employee (reviewer and reviewee). Normally the manager involved in the meeting will be the one who has most frequent managerial contact with the employee.

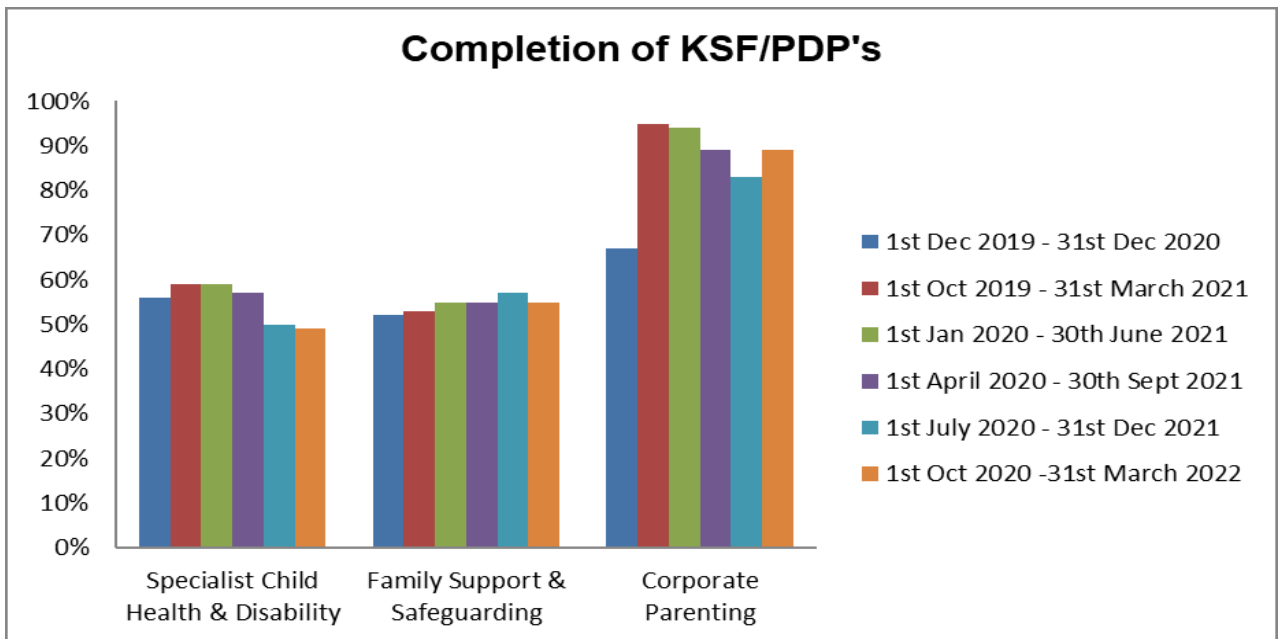


*OPCC Directorate*

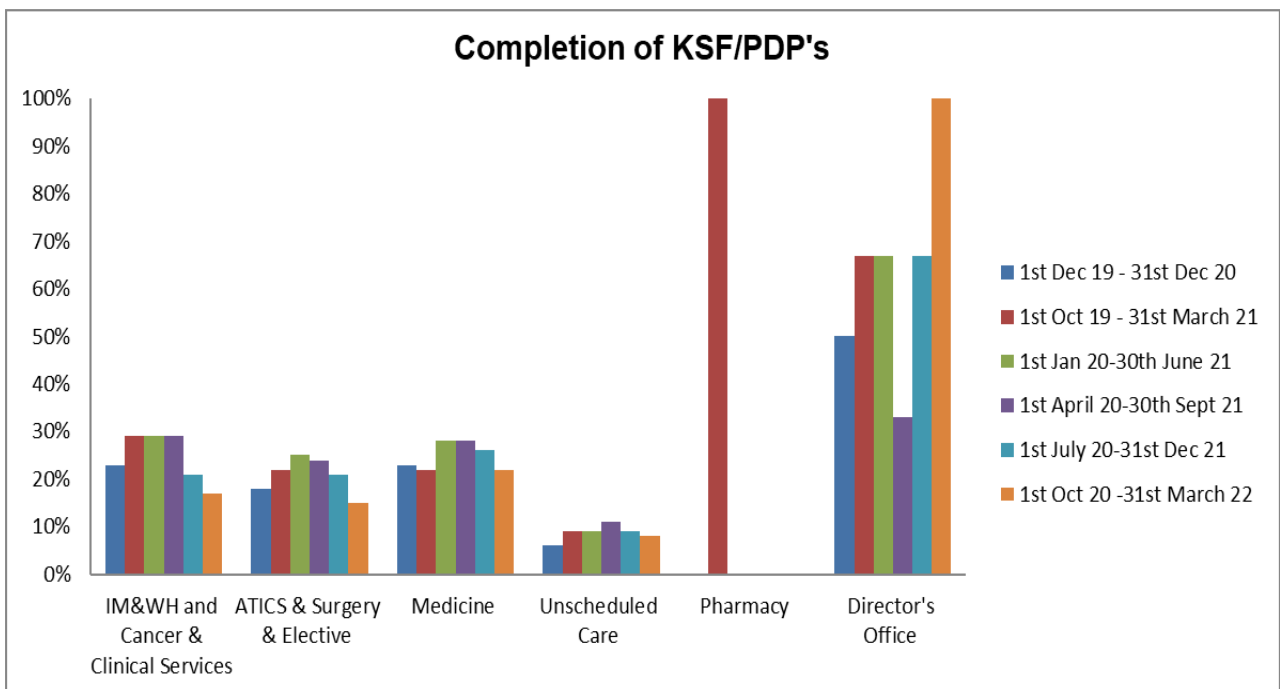


*MHLD Directorate*





*CYP Directorate*



*Acute Directorate*

## 2.7 Staff Achievements

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### Recognition

We are passionate about creating the right culture for our people to feel valued, proud and engaged. One of the ways we hope to achieve this, in addition to our other staff engagement activities is through our staff recognition programme. There is a wealth of evidence to suggest that one of the key influences affecting whether or not staff feel engaged is the degree to which people feel valued. Staff have told us this via: Staff Survey (2019), The ‘Big Coffee Conversations’ (2020), COVID19 Lessons Learned (2020) and Culture Assessment Survey (2020).

The purpose of our recognition programme is to support the continuing development of a culture whereby we all feel connected, cared for, respected, and valued for the work we do and recognised for the contribution we make.

Taking into consideration the circumstances we found ourselves working in during 2020/21, it was decided not to progress with the 2020 Trust Excellence Awards; however, we could not let these nominations go unrecognised. We acknowledged that we needed to show our appreciation and recognise the hard work and accomplishments of all our staff, particularly in light of the significant pressures and challenges faced by staff during this extraordinary time.

Therefore, we took a staged approach, dealing firstly with the nominations for the 2020 Excellence Awards and then developing an approach for staff recognition in line with our HSC values and behaviours.

### Closing off the 2020 Excellence Awards

The Trust in 2021/22 acknowledged the **104** nominations via a letter from the Chair & Chief Executive (53 individual nominations; 51 team nominations). Letters were sent via internal mail and also emailed to nominees and their nominator.

In recognition of the nomination, the letter referenced and was followed up by a small ‘goody bag’ as a token of our appreciation. The goody bags (plaque, pen, notebook, water bottle, lunch bag) were personally delivered to the nominated individuals and teams by their Director / Assistant Director.

## Thank You Thursday' campaign

12<sup>th</sup> November 2021 was dedicated as a day for 'recognition' at this year's virtual Quality Improvement Event and 'Thank You Thursday' was launched. 'Thank You Thursday' is an ongoing campaign to remind and encourage staff to say thank you in a variety of different and meaningful ways.

A visual communication campaign was developed with the slogan '*How do you say it?*' and is driven by staff. This small gesture of saying 'thank you' was fed back as important to staff as part of our listening journey, which included The Big Coffee Conversations and the COVID 19 Lessons Learned events.

A show of gratitude has been found to make a huge difference in the happiness and morale of those involved, even in the life of the one showing gratitude. 'Thank You Thursday' reminds us that there is always an opportunity to thank someone and that gratitude can happen on any day, for any reason.

By introducing 'Thank You Thursday' we want to inspire staff to take the opportunity to express gratitude each week thereby making it a habit; to embrace the power of positivity and to give our staff a well-deserved boost.

This campaign provides an opportunity for SMT, Trust Board and Directorate senior teams to use feedback and compliments about staff received for example through Care Opinion or GREATix to formally send a thank you on a Thursday to the staff member directly.

We will further enhance our recognition programme during 2022/23 with the establishment of a multi-disciplinary and cross-directorate Recognition Steering Group to implement a range of additional recognition initiatives.

### **Funding Success through Q Exchange Programme 2022**

Southern Trust are the only Trust in Northern Ireland who not only reached the final stage of the Q Exchange 2022 programme but were also successfully secured funding for three proposals from the Children and Young Persons Directorate!

Each project will receive circa £40,000 funding to bring their proposals to life and make a measurable difference to patient safety, quality and experience.

The successful projects are:

- Competence, Confidence and Complex Needs Children
- Getting Kids Hands on for their Heart
- Project B+: Reducing blood testing related distress in children



## 2.8 Staff Training

### KSF/Appraisal (Agenda for Change Staff)

#### Appraisal/KSF

As of March 2022, **32% of the workforce** have completed their Knowledge & Skills Framework personal development plan.

In January 2022 we piloted a new approach to appraisal within a small number of teams in various services. This was in response to feedback from employees and managers across the organisation. New documentation and guidance was drafted which aimed to improve the quality of the conversation, helping ensure staff felt cared for, supported and recognised in their role. This pilot ran until March 2022 and feedback from it will inform the Trust's approach to appraisal going forward.

#### Regulated Qualifications Framework (RQF)

The Trust continue in its efforts to ensure that we have the right staff, with the right skills, in the right place, at the right time to ensure consistent delivery of safe, high quality services. In order to achieve this the Vocational Workforce Assessment Centre (VWAC) team continue to deliver Regulated Qualification Framework (RQF) Qualifications to staff throughout the Trust. Over the past year the following groups of staff have completed an RQF Qualification:

12	Allied Health Professions have completed a Level 3 or Level 4 Diploma in Healthcare & Social Care Support Skills
76	Domiciliary Care Staff have completed a Level 2 Award in Healthcare & Social Care Support Skills
58	Domiciliary Care Staff have completed a Level 2 Certificate in Healthcare & Social Care Support Skills
4	Staff working in MHD Directorate completed a Level 2 Qualification in Healthcare & Social Care Support Skills
1	Staff working in Acute Directorate completed a Level 2 Qualification in Healthcare & Social Care Support Skills
40	Staff working in Acute Directorate completed a Level 3 Qualification in Healthcare & Social Care Support Skills (Sept 21- Mar 22)
25	Staff working in OPPC & MHD Day Care, Residential & community have completed an Level 3 Diploma in Healthcare & Social Care Support Skills
16	Supported Living staff have completed a Level 3 Certificate in Healthcare & Social Care Support Skills
5	Staff working in CYPS Directorate have completed a Level 3 Diploma in Healthcare & Social Care Support Skills
5	Staff who have completed the Level 5 supervision Unit in Healthcare & Social Care Support Skills

During 2021, the Centre recruited three new assessors to deliver the Department of health (DOH) Induction and development Pathway for Nursing Assistants. There has been positive feedback from the candidates, who have completed this programme to date.

The centre also recruited two new part time assessors to help with the delivery of RQF Qualification to Allied Health Professional (AHP) support staff.

The centre continues to receive positive External Quality Assurance reports from the Awarding body.

In 2022/23, we will continue to deliver current RQF qualifications and endeavour to support the development of new programmes within the Trust to meet the needs of the service.

The delivery of the Regional Maternity Support worker RQF programme is currently being reviewed in conjunction with Northern Ireland Practice and Education Council for Nursing and midwifery (NIPEC). This review will look at the model of training delivery and will consider a development pathway for Maternity Support workers moving forward.

### **Quality Improvement Training**

During 2020 Quality Improvement training was stood down as we faced the challenges of the pandemic. In 2021 the Trust's Quality Improvement team refreshed and redesigned their training programmes to enable them to be delivered virtually across the Trust.

We launched our virtual training programme in September 2021 and 259 staff registered and for our new virtually delivered programmes including:

- QI Methodology
- QI Theory into Practice
- Human Factors
- Liberating Structure

Plans for 2022/23 include continuing to offer the above opportunities to staff with the addition of OCN Level 5 Diploma in Leading Quality Improvement and OCN L3 Award and Certificate in Quality Improvement for staff and service users.

## 2.9 Revalidation of Medical and Nursing Staff

### Nursing and Midwifery

#### Nursing and Midwifery Registration and Revalidation

Nursing and Midwifery Registration and Revalidation information is held on HRPTS and a robust system is in place within the Trust to monitor Registrations and Revalidations.

Monthly monitoring reports are issued to Line Managers, Heads of Service and escalated to Assistant Directors and Directors where necessary. These reports provide managers with an opportunity to remind registrants whose annual registration fees have not been received within NMC deadlines for payment.

During the 21/22 year, as outlined in the table below, 94% of NMC registrants within the Trust fully met revalidation requirements:

	Number	Percentage
Expected Revalidations	1175	
Actual Revalidations	1102	94%
Non Revalidations	73	6%

Detail in relation to the 6% who did not revalidate are as outlined below (those granted extensions successfully revalidated at a later stage in the year):

	Number	Percentage
Non-Revalidations	73	
Extensions	39	53%
Resigned	22	30%
Employment Break	3	4%
Fail lapse*	9*	13%

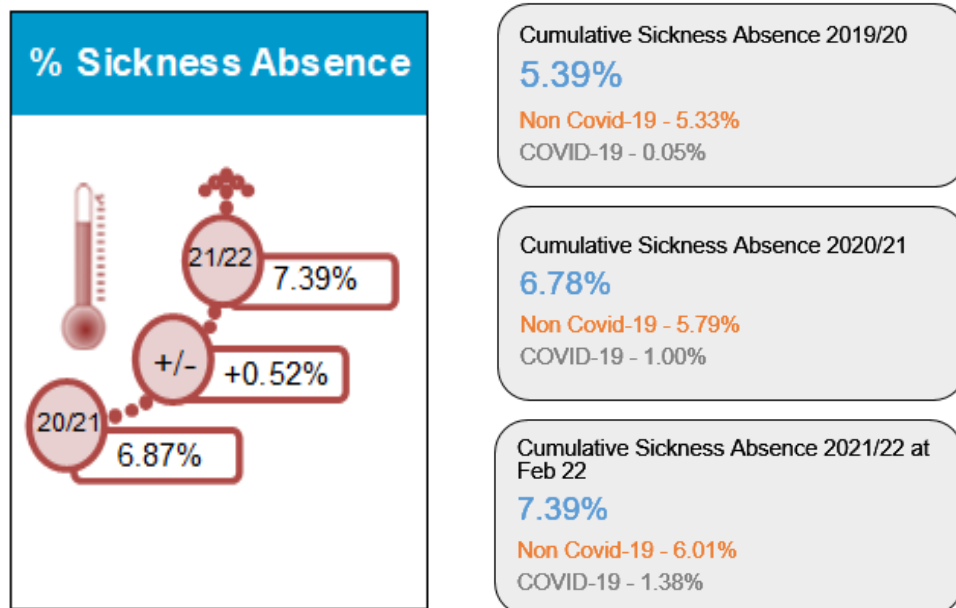
*\*includes 7 nurses who have retired (5 bank and 2 permanent), 1 Nurse moved to the EPR Covid list, and 1 nurse on long term sick leave did not revalidate but has since been re-registered.*

The revalidation team continued with enhanced lines of communication and support to all nurses and operational teams throughout the year in response to the ongoing challenges presented by COVID and this approach has remained effective in preventing breaches.

## 2.10 Staff Absenteeism

### Staff Absence

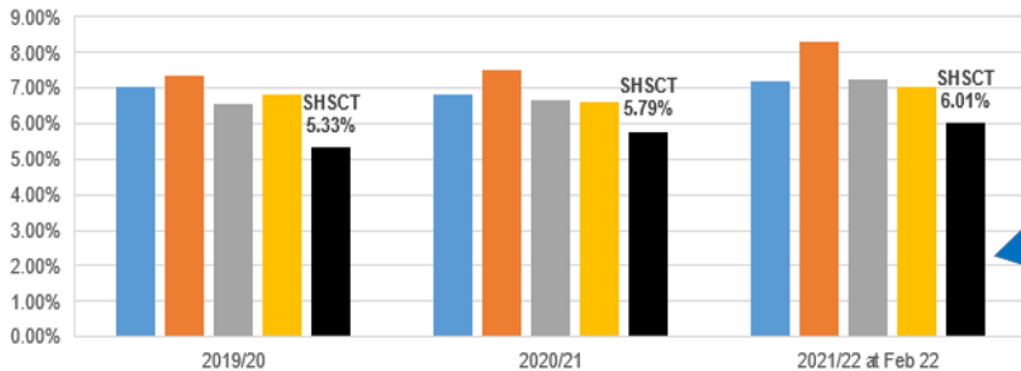
During 2021/22 the pandemic continued to impact service delivery due to **increased staff absenteeism levels**. Sickness absence rose from 5.39% in 2019/20 to 7.39% in 2021/22 (as at February 2022). Non-Covid sickness absence has been higher than Covid sickness absence. Spikes in sickness absence were noted in April 2020, October 2020, January 2021 and November/December 2021 correlating with Covid-19 pandemic surges.



**Mental health related sickness absence** was the main reason for long term absences and the second main reason for short term absences. Pandemic anxiety, lockdowns, school closures & home schooling, reduced childcare options, and exhaustion have impacted on staff mental health.

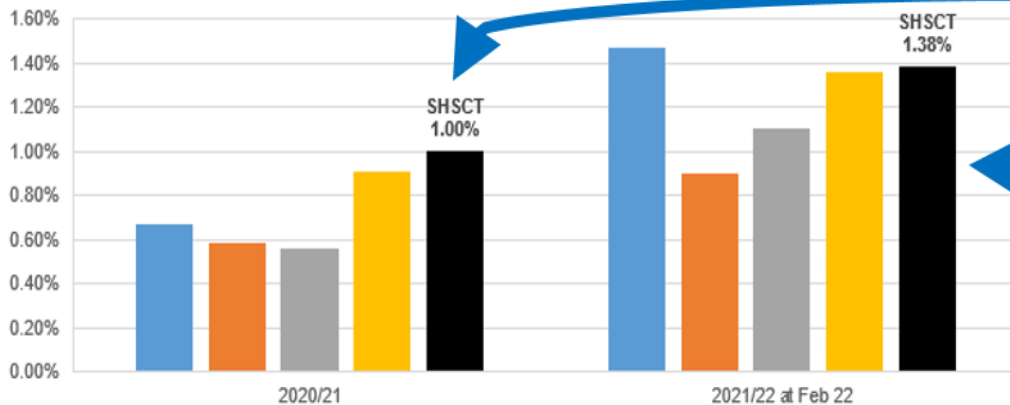
The Southern Trust area has had high levels of community transmission of Covid-19 and our levels of staff Covid related absence has reflected this.

### Regional Comparison Cumulative Non COVID Sickness Absence



Although SHSCT sickness absence levels have increased we have continued to have lower levels of non-COVID sickness absence in comparison to other HSCT Trusts

### Regional Comparison - COVID-19 Absences

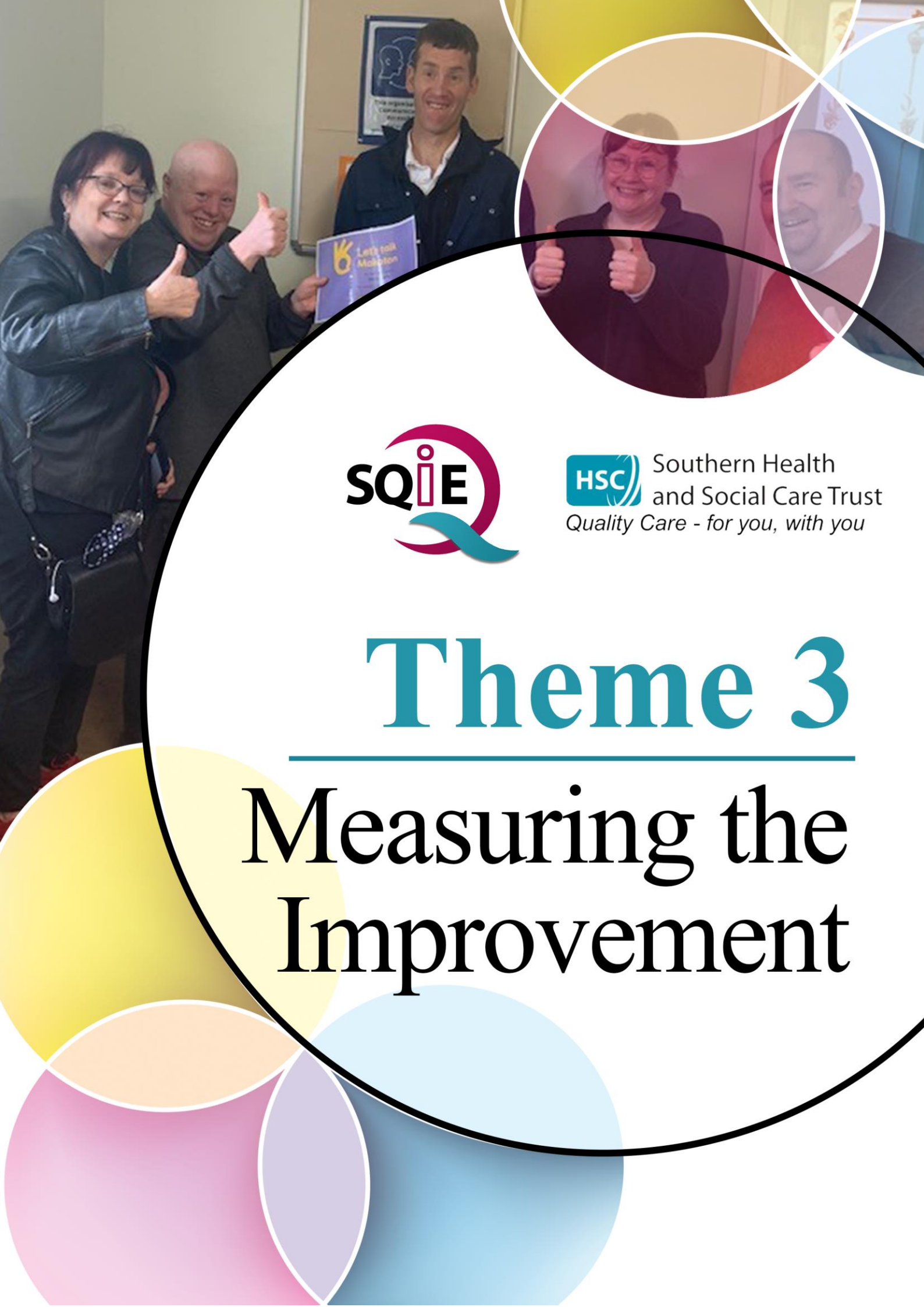


In 2020/21 Southern Trust had the highest level of COVID sickness absence - and in 2021/22 (as at Dec 21) the third highest level. This links to Southern Trust Council areas having the largest COVID 19 community transmission rates at certain times during the pandemic

Impacts of staff absence during 2021/22 on service delivery has included

- Temporary standing down / reduction of services
- Cancelled clinics / elective surgery and diagnostic procedures at short notice
- Increased waiting times for some services
- Increase in unallocated cases/care packages
- Restricted ability to forward plan operational rotas due to constantly fluctuating staffing levels
- Challenge of managing significantly reduced staff morale in teams impacted by high absence levels





**HSC** Southern Health  
and Social Care Trust  
*Quality Care - for you, with you*

# Theme 3

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# Measuring the Improvement

# 3.1 Reducing Healthcare Associated Infection

## Reducing Healthcare Associated Infection: MRSA

Methicillin-Resistant Staphylococcus Aureus or ‘MRSA’ is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is often carried on the skin and inside on the nostrils and throat and can cause mild infections of the skin, such as boils and impetigo.

If the bacteria enter through a break in the skin, they can cause life-threatening infections, such as blood poisoning.

The Southern Trust’s objective/goal for improvement (OGI) for MRSA bacteraemia in 2021/22 was 5 cases. There were 5 cases of MRSA bacteraemia in 2021/22.

The Infection Prevention and Control Team continue to promote peripheral vascular cannula insertion and care programme along with aseptic non-touch technique (ANTT) training with the aim that this will help reduce MRSA Bacteraemia rates. ANTT training is delivered by an external company and the focus within this training is to train the trainer. We have increased the frequency of training and have extended this to the non-augmented care areas.

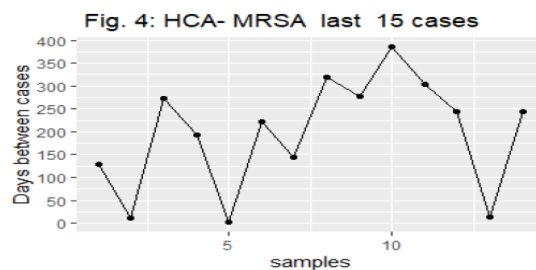
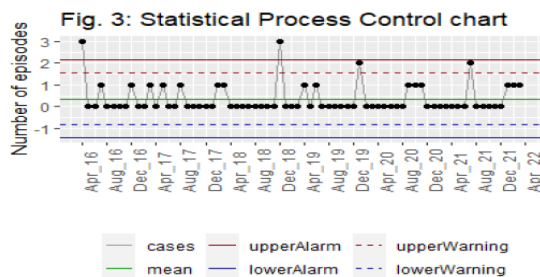
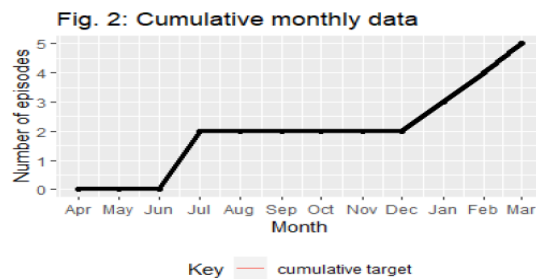
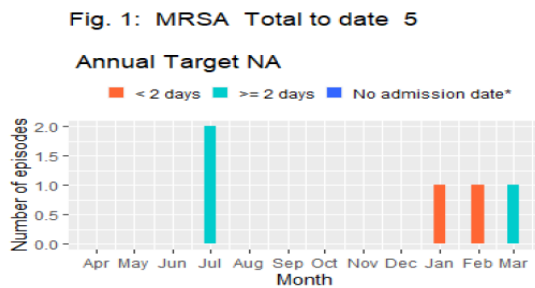


Figure 1. Bar chart showing monthly incidence this year

Figure 2. Line ‘trajectory’ chart showing cumulative monthly total of episodes this year

Figure 3. Statistical Process Control chart showing the number of episodes each month from April 2016

Figure 4. Run chart showing time between consecutive events for up to the last 30 healthcare associated cases.

A longer time between events is better

\*“No Admission Date” refers to cases where the admission date field was blank on Hi-Surv. These cases cannot be apportioned to < 2 or >= 2 days.

## Reducing Healthcare Associated Infection: Clostridium Difficile Infection (C Diff)

*Clostridioides difficile* (*C.difficile*) bacteria are found in the digestive system of about 1 in every 30 healthy adults. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control.

However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to multiply and produce toxins that make the person ill.

*Clostridioides difficile*, also known as *C. difficile* is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others. *C. difficile* infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

Many *C. difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of *C. difficile* infections now occur outside these settings.

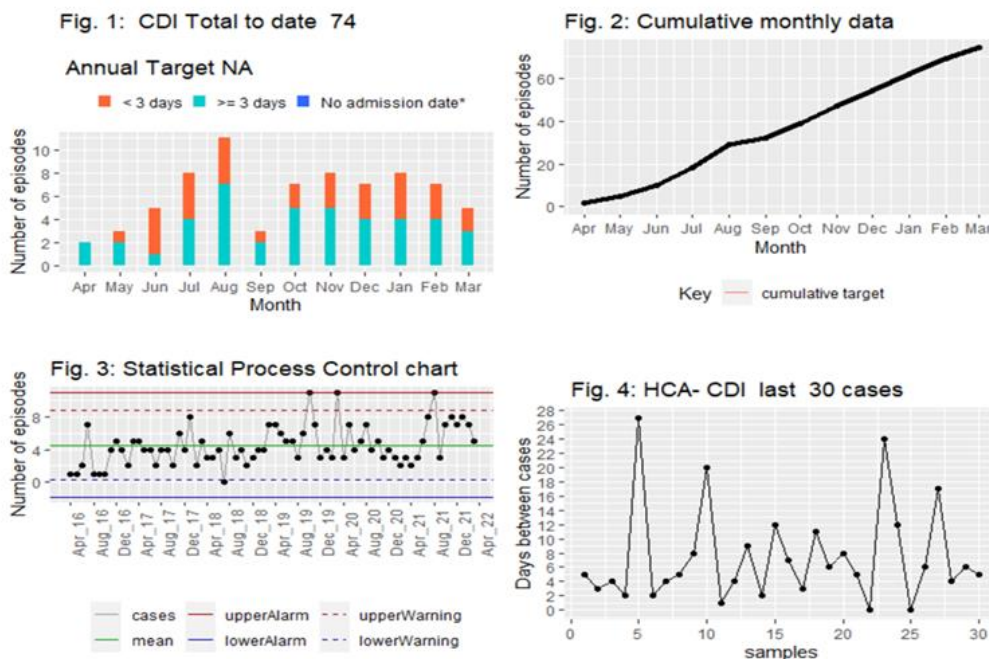


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A longer time between events is better.

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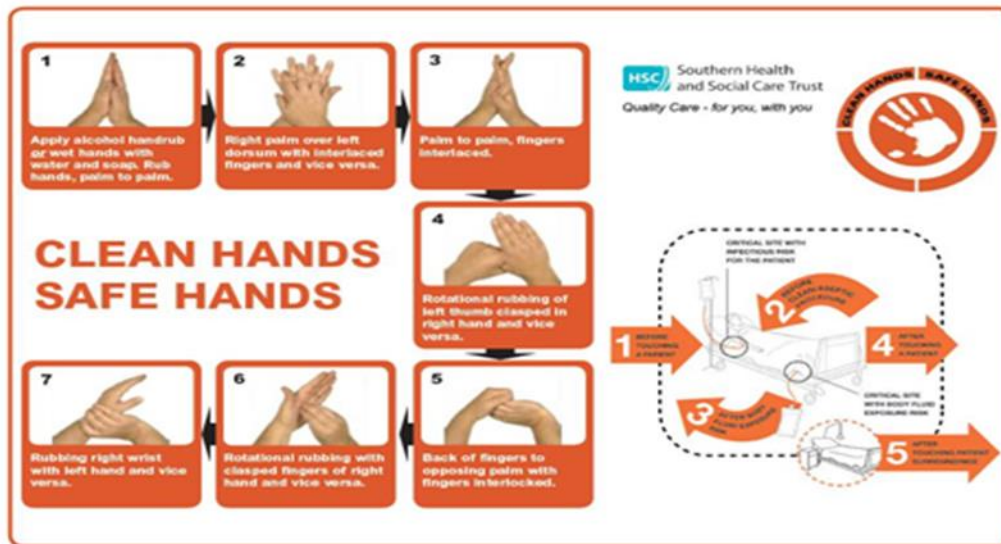
## Hand Hygiene

Hand hygiene is the single, most important infection prevention and control practice (IPC) to help reduce Healthcare Associated Infections (HCAIs). The Trust promotes and monitors compliance with good hand hygiene for everyone in the healthcare environment.

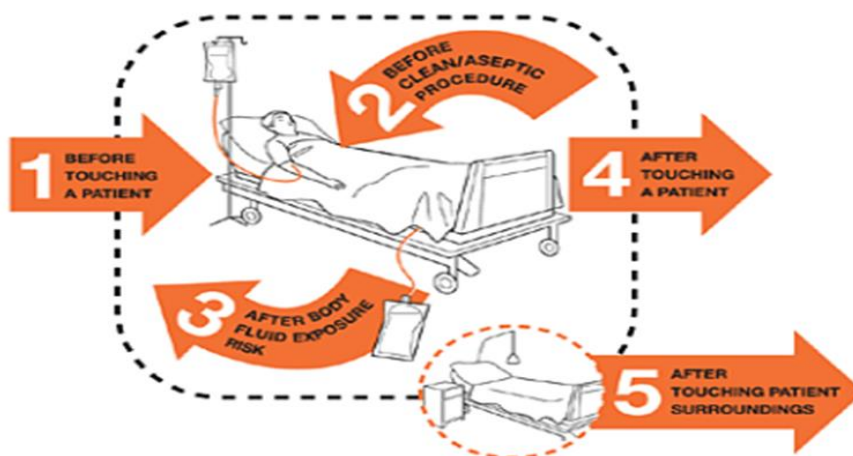
It is critical that everyone plays their part in hand hygiene - and this applies to - staff, patients, clients, carers and visitors. Whether it is soap and water used to wash hands, or an alcohol hand rub. Hand Hygiene is everyone's business.

### Best practice how to hand wash

The basic 7-step technique is applied for cleaning the hands whether using a liquid soap or a hand sanitiser.



The 5 moments of hand hygiene outline when a healthcare worker needs to be washing their hands in order to help reduce healthcare associated infections on their ward.

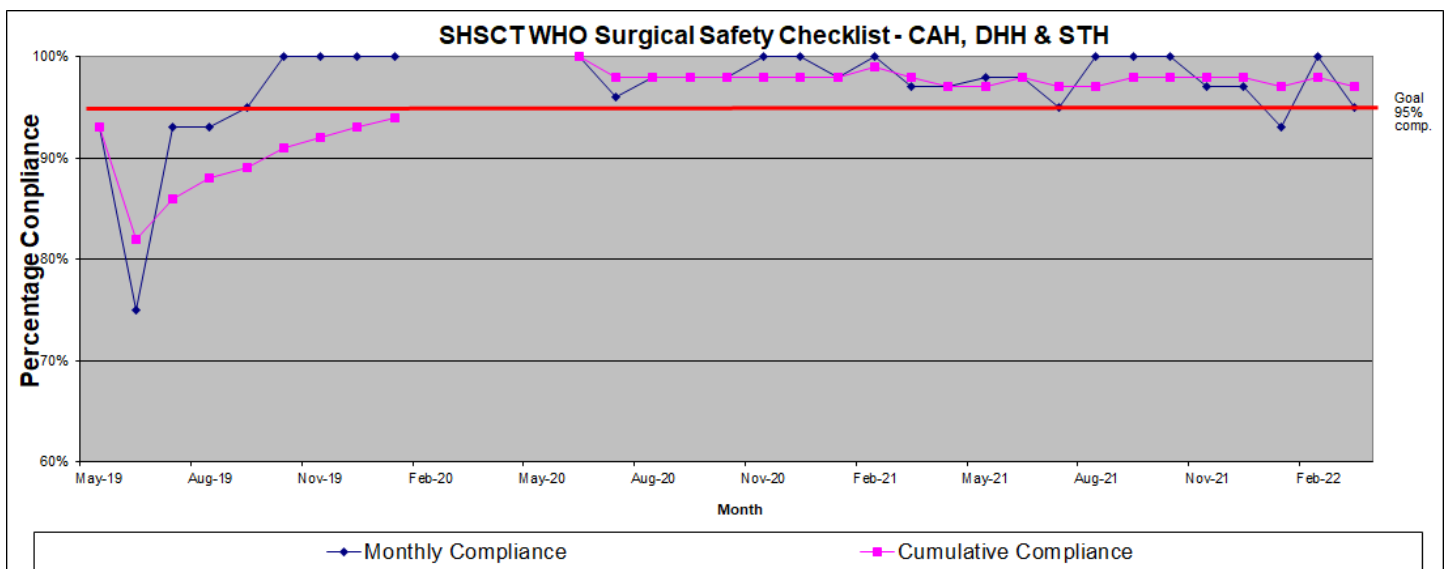


## 3.2 Safer Surgery / WHO Checklist

Evidence from the World Health Organisation (WHO) shows that patient safety is improved during surgical operations if a list of key safety checks are made before anaesthetic is administered and before the operation begins and after it is completed. In the Southern Trust the WHO checklist is being used in all theatre areas.

The checklist is required to be signed for each patient procedure to confirm that the team is assured that all the necessary checks have been undertaken during the pre-operative, operative and post-operative phases.

The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals. Changes and enhancements can be made if learning arises e.g. DATIX reporting.



### Facts and Figures

- Monthly Auditing was reintroduced in May 19
- Auditing was suspended Feb 20 → May 20 due to Covid-19
- 6 areas are included in the Audit i.e. Theatres 1-4, CAH & Theatres 5-8, CAH, Day Procedure Unit, CAH, Theatres, DHH, Day Procedure Unit DHH & Day Procedure Unit, STH, with each area auditing 10 charts per month
- Goal of 95% or greater was achieved every month of the Financial Year 21/22, with the exception of Jan 22
- Cumulative Rate 21/22 was 97.4% (662/680)

## 3.3 Paediatric Collaborative

### Measuring the improvement-Paediatric Collaborative SHSCT compliance with Assessment of Special Educational Needs

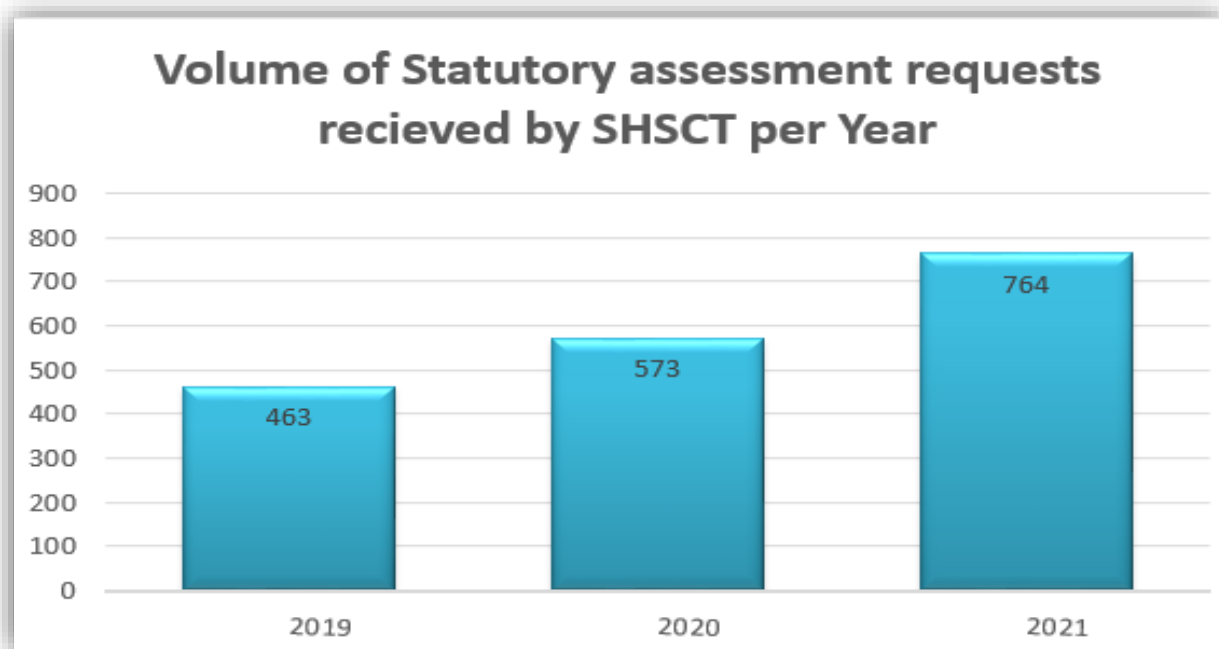


A collaborative approach between Health and Education promotes the best outcomes for children (Making Life better, DoH: 2013). The theme ‘Giving every child the best start’ includes actions and commitments outlining the need for identification and support of special educational needs, including: -

Identify and intervene early to support children and young people up to age 19 with special or additional educational needs through –

- Pilot approaches and building capacity in line with the Review of Special Education Needs (SEN) & Inclusion.
- Full roll out of Personal Education Plans (PEPs) process for all Looked After Children in school and training.
- Development of guidance for schools on promoting attendance  
Key Partners Department for Education / Department of Health/ Health & Social Care.

A key element of the partnership between Health & Social Care and Education Authority is the timely input from Health professionals to the SEN assessment pathway, ensuring that all needs impacting on access to education can be identified and appropriate support provided through a Statement of Educational Need. There has been a steady increase in volume of requests for statutory assessment over the past 3 years.



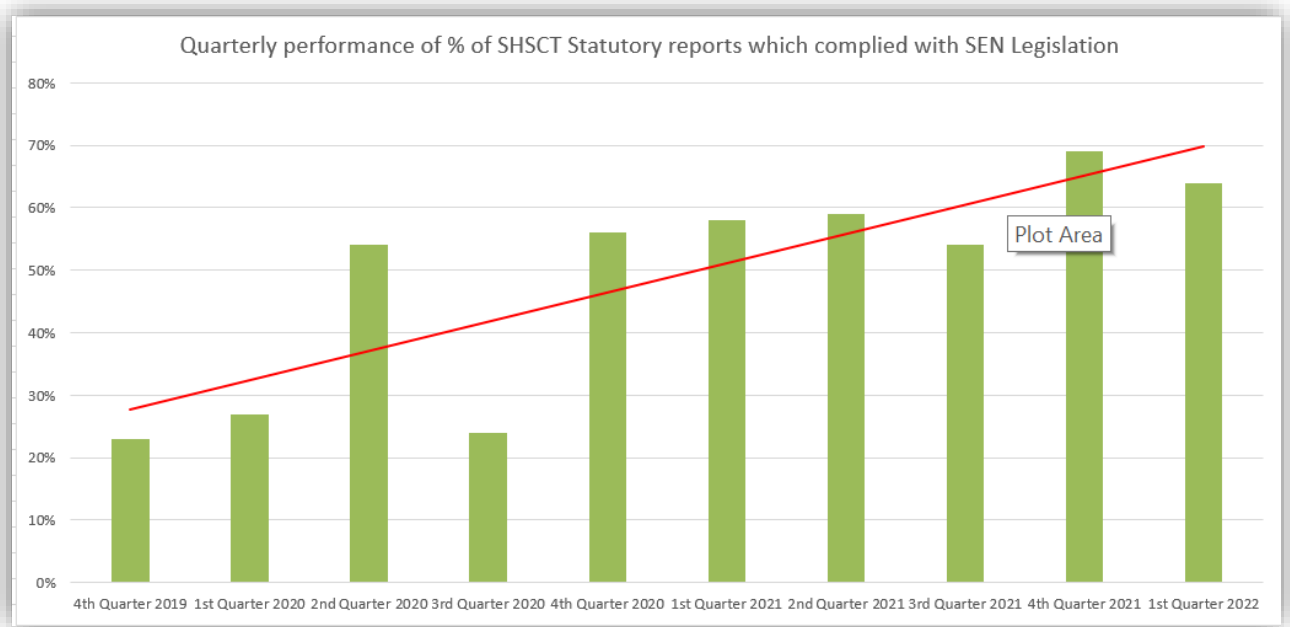
The Trust must respond to all requests from the Education Authority within a specified time period and under specified regulations. The Special Educational Needs framework outlines the timeframe and exceptions, which the Trust has been measured against for overall compliance.

Where the Education Authority has requested help from a Health and Social Services authority in the making of an assessment under Article 15, the Health and Social Services authority shall comply with that request within 6 weeks beginning with the date on which it receives it.  
A Health and Social Services authority need not comply with the time limit referred to if it is impractical to do so under prescribed circumstances.

The Trust's Special Educational Needs Coordination Team was commissioned to:

- Implement regional report Templates and Guidance.
- Provide Staff Training and support.
- Complete data collation, maintenance and reporting.
- Coordinate single point of entry to aid ICT interface.

This transformative work has improved SHSCT compliance with the SEN Legislative requirement with the outcome of providing timely support for children with special education needs, as demonstrated below:



### Children & Young Peoples Service - Choking Action Plan



A Directorate working group was established in June 2021 to mitigate against risk of choking in children and young people with Eating, Drinking and Swallowing difficulties following dissemination of recommendations from SAIs in adult directorates.

Actions completed to date include:

1. Awareness raising of risks and recommendations across all services
2. Inclusion of Eating, Drinking and Swallowing alert on Paris and NIECR for children and young people with active feeding plan in place.
3. Pilot of awareness training completed with view to roll out across directorate



## IMWH Maternity Collaborative



### **Self-Monitoring Blood Pressure and protein in Urine -**

The maternity collaborative co-ordinated the implementation of this programme which enabled a consistent approach throughout Northern Ireland. This guidance was produced by the Royal College of Obstetricians at the beginning of the pandemic and was adopted in 2021 by all Trusts. Funding for equipment was secured in collaboration with Public Health Authority and pathway introduced in Southern Trust in May 2021.

Information and training sessions were provided to staff on the agreed pathway. Patient information and guidance was developed specifically for Southern Trust using the agreed regional parameters.

**Physiological CTG Monitoring** – All Trusts agreed to adopt Physiological CTG Monitoring which would assist to standardise training, monitoring and interpretation of foetal heart rate. This method of monitoring foetal wellbeing had been shown to reduce HIE & improve neonatal outcomes by establishing if ‘baby is fit for labour’. The Southern Trust implemented this method of foetal monitoring in January 2021 and continue to monitor outcomes of foetal wellbeing.

**Saving Babies Lives Bundle Version 2 (SBLV2)** -This care bundle aims to reduce smoking in pregnancy, risk assessment for the prevention and surveillance of pregnancies of foetal growth restriction (FGR). The Maternity Collaborative have commenced the implementation of this by establishing a SBLV2 subgroup in early 2021. The maternity collaborative have developed an overarching regional action plan with the Southern Trust subgroup developing a subsequent local action plan. A regional pathway is in development for foetal growth surveillance and monitoring which will include the introduction of uterine artery Doppler. The implementation of these pathways will be dependent on adequate equipment and sufficiently trained staff.

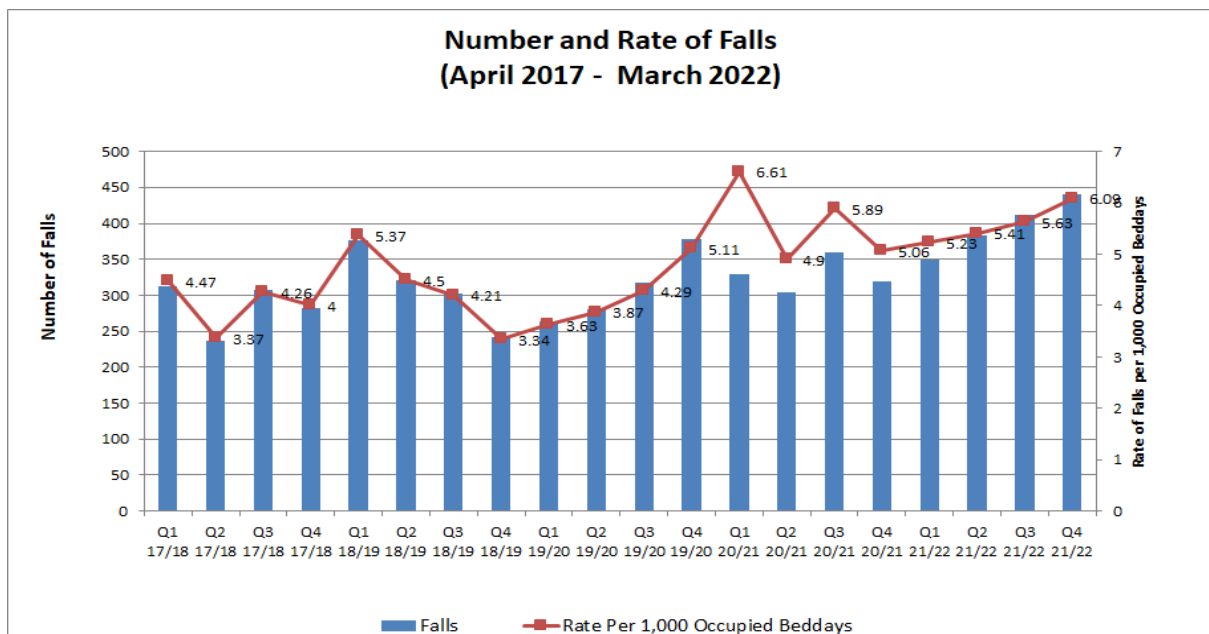
**Ockenden Report** – This report identified a number of recommendations required to provide assurance of maternity services following investigation into the care provision for Shrewsbury & Telford NHS trust. A subgroup has been established to identify Trust representatives to take recommendation forward regionally for implementation locally within each Trust. The Report identified key concerns to be considered within regional subgroup such as staffing ratios.

## 3.4 Falls

Patient falls are the most common safety incident in hospitals. They can set back the recovery of a patient and can cause complications.

Falls are not always preventable. The Trust aims to reduce the level and severity of falls in our hospitals as a measure of quality and ensure the risk of falls is being managed well. This is achieved by reviewing the nursing documentation and observing practice.

When a fall occurs at ward level, an Incident Report form is submitted and reviewed by the Ward Sister and the Head of Service. If a patient sustains an injury (such as fracture or head injury) due to a fall, a review of the case is carried out. The learning from this review is shared with staff in an attempt to reduce the level and severity of falls which may occur in the future.



### Facts and Figures

- This graph shows that the Trust recorded 1586 Patient Falls in 21/22, with a rate of 5.60 per 1,000 Occupied Bed Days compared to 1313 and 5.56 in 20/21
- 25 of the 1586 total Patient Falls were coded moderate or above falls, which equates to 1.6% of the total reported, compared to 30 & 2.3% in 20/21
- A review of these 25 patient falls is undertaken using the Regional Shared Learning Template

## 3.5 Pressure Ulcers

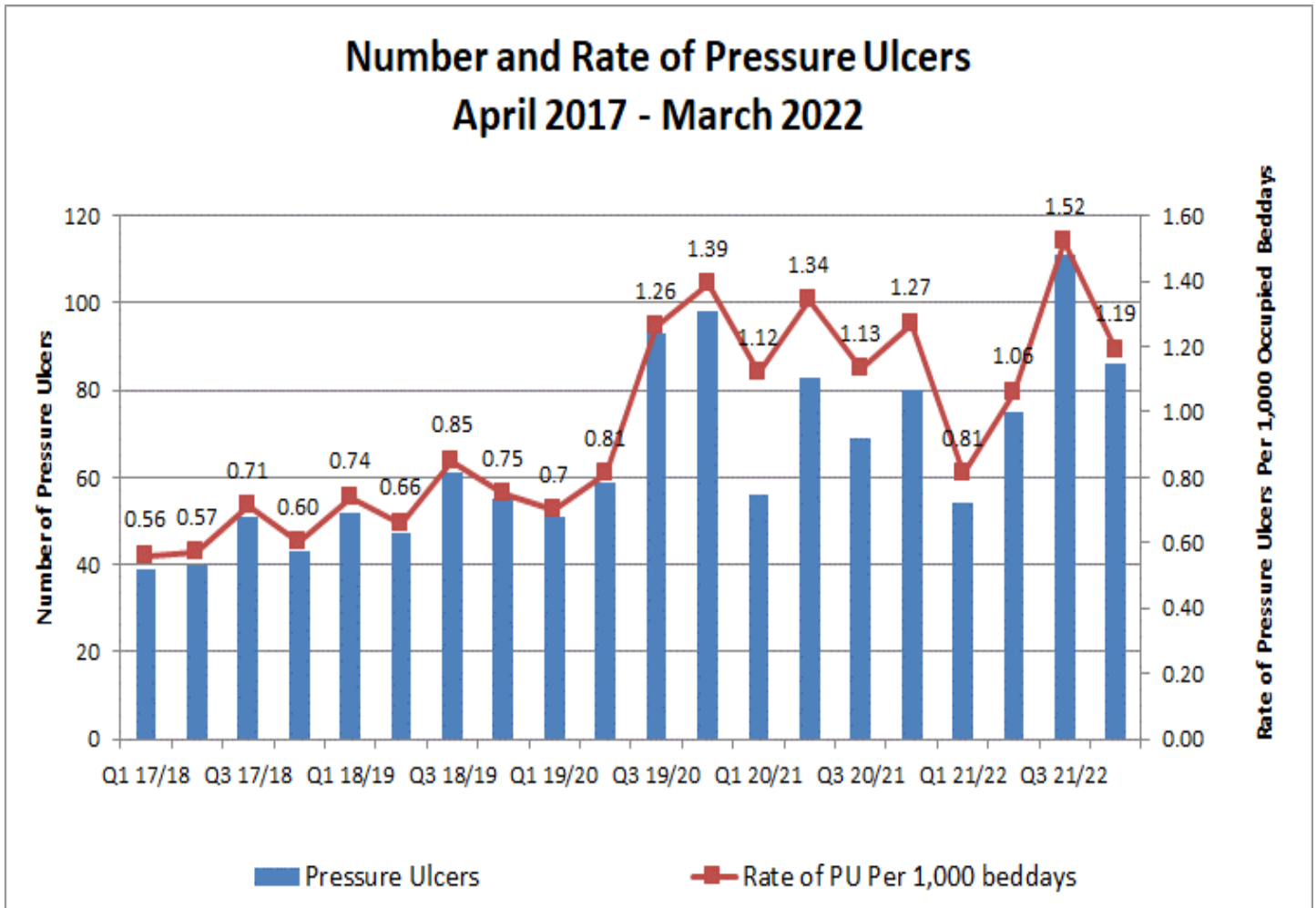
### Quality 2020 Hospital Acquired Pressure Ulcers:

Preventing Pressure Ulcers are an essential aspect of patient safety.

A Pressure Ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear.

The impact on patients can be considerable, due to increased pain, length of hospital stay and decreased quality of life; however it is acknowledged that a significant number of Pressure Ulcers are avoidable.

Anyone can develop a Pressure Ulcer but some people are more likely to develop them than others e.g. critically ill patients, patients who are immobile, the frail, wheelchair users and end of life patients. Pressure Ulcers are recorded as an incident by staff involved in the patient's care on the clinical information system (Datix) so that they can be monitored and analysed.



### **What does the data tell us?**

- The Trust recorded 326 “Hospital Acquired” Pressure Ulcers in 21/22, with a rate of 1.15 per 1,000 Occupied Bed Days compared to 288 and 1.22 in 20/21. This represents a 13% increase in the number compared to 20/21. However, the rate actually decreased in 21/22 compared to 20/21. This is due to the increase in Occupied Bed Days in 21/22 compared to 20/21 due to the Covid-19 Pandemic
- 70 of the 326 total of “Hospital Acquired” Pressure Ulcers were graded as a Stage 3/4/Deep Tissue Injury (deep wounds), which equates to 21% of the total reported. This represents a decrease of 3% compared to 20/21
- Post Incident Reviews have been carried out on all but 2 of these cases, with 34 cases deemed to have been “avoidable”. This represents 10% of all cases reported in 21/22, a decrease of 1% on 20/21.

### **Community Quality Improvement Work:**

- Quality Improvement Work on Pressure Ulcers is also ongoing in the Community, with the regionally agreed SKIN Bundle being introduced in all 7 Integrated Care/District Nursing Teams. The Audit was restored in 21/22, having been suspended in 20/21 due to the Covid-19 Pandemic. Compliance was 72% (370/514 cases audited)
- Data collected in 21/22 showed that there were 88 Stage 2 & above Community Acquired Pressure Ulcers of patients on the District Nursing Caseload. Of these 43 were graded as a Stage 3/4/Deep Tissue Injury (deep wounds), which equates to 49% of the total reported.
- Post Incident Reviews have been carried out on all but 4 cases, with 2 cases deemed to have been “avoidable”. This represents 2% of all cases reported in 21/22, down from 4% in 20/21.

### **What Next:**

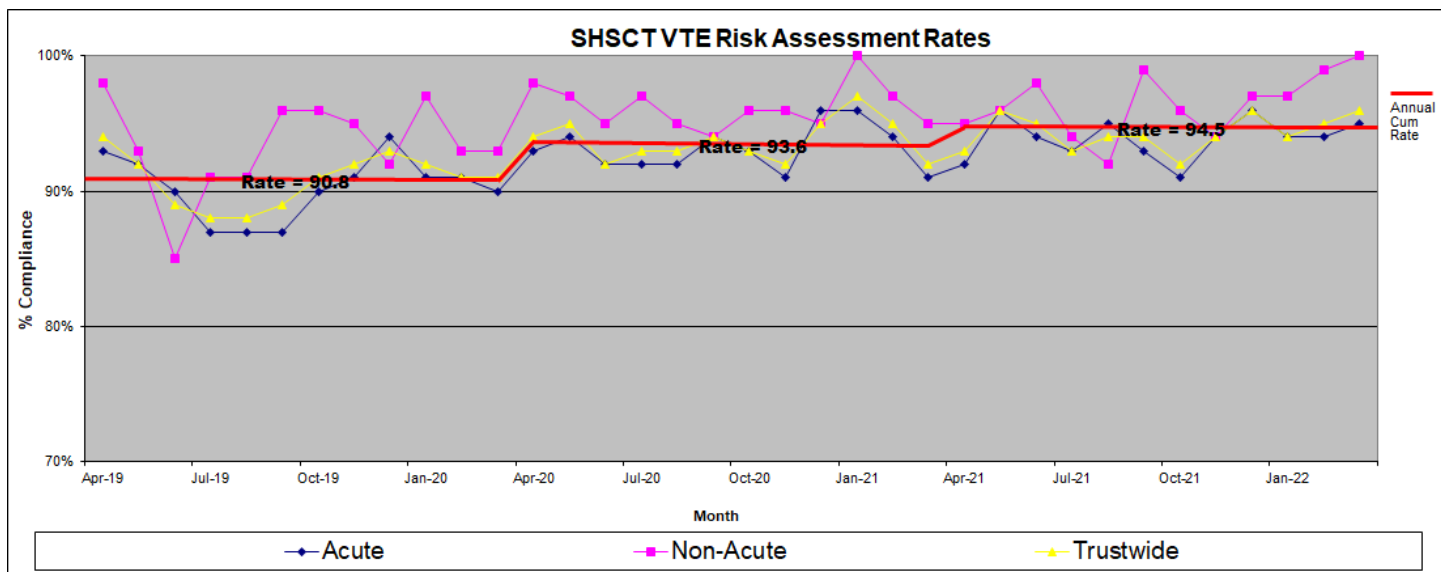
- Participation in Regional Workshop in May 22
- Introduce revised Regional NQI SKIN Bundle for Acute & Non-Acute Wards across the Trust
- Participation at Regional Learning Event in Sept 22
- Staff encouraged to enhance their knowledge of the Prevention and Management of patients with Pressure Ulcers via the Regional E-Learning Module, CEC Pressure Ulcer Training Programme & Trust face-to-face training (post pandemic)
- The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day (17<sup>th</sup> November 2022), to increase awareness for pressure injury prevention and to educate the public on this subject

## 3.6 Venous Thromboembolism (VTE)

Deep venous thrombosis (a clot in a patient's leg) and pulmonary embolism (which could be referred to as a clot in the lung) are recognised complications of medical care and treatment.

These complications, known as venous thromboembolism (VTE) can cause harm or death, as a consequence.

VTE is potentially preventable if patients are assessed and offered suitable preventable treatment. Therefore the Trust will seek to improve the numbers of patients who are risk assessed as an indicator of quality/safety processes.



### Facts and Figures

- Almost 5,500 charts were audited during 2021/22 across the Trust. Compliance was 94.5%. This represents an increase in the compliance rate from the 93.6% position in 2020/21 & narrowly under the Regional Target of 95%.
- Non-Acute Wards (Lurgan & South Tyrone Hospital) achieved a cumulative compliance of 96% in 21/22, exceeding the Regional Target of 95%

## 3.7 Medicines Management

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### Medicines Management

It is very important that we know what medicines a patient is taking and if these are appropriate for the patient. Medicines reconciliation is the process of identifying an accurate list of a person's medicines and comparing them with the current list in use, recognising any discrepancies and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.

In an acute setting, medicines reconciliation should be carried out:

- Within 24 hours of admission, or sooner if clinically necessary
- When the person moves from one care setting to another
- On discharge.

*Medicines reconciliation* by a pharmacist is conducted as above, however this is not always possible for all patients due to the number of patients and pharmacists available, which is a recognised service gap.

**Ongoing pharmacy investment will continue to support improved safety in medicines management, as well as improving management of patient flow in our hospitals.**

### Inpatient Optimisation Pharmacy Team (IOPT)

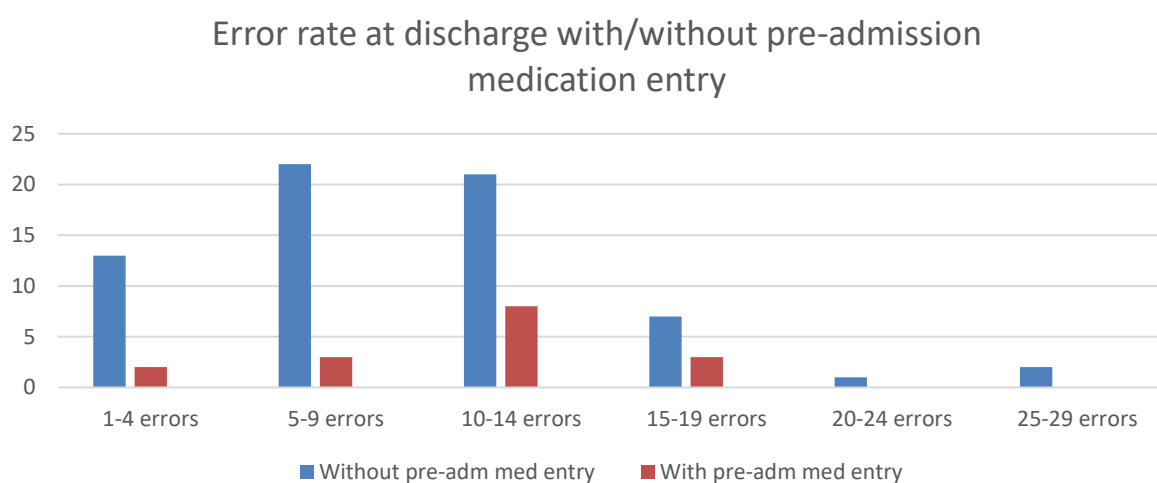
Clinical pharmacists identify numerous discrepancies in prescribed medications during the many stages of a patient journey from admission (medication history and reconciliation), medication review during their stay and particularly on discharge via a process known as a 'clinical check'. "Discrepancies" include; omissions, errors of dose, drug-drug interactions and adverse drug reactions, which could impact on patient safety and potentially delay discharge. With enough pharmacy staff, the aim would be to move pharmacists to areas where they are most needed- high number of patients without their medicines reconciled or area with lot of discharges.

Pharmacist Independent Prescribers (PIPs) were introduced in the Southern Trust in 2018 to complement the role of the junior doctors and improve patient experience through expedition of discharge, while ensuring safety and quality of discharge prescribing. This role has transformed into the Inpatient Optimisation Pharmacy Team (IOPT), who are now an established part of the pharmacy service and move to the area where they are most required. This model works towards a more fluid pharmacy team and breaks down barriers of hospital pharmacists working in silos.

## Pre-admission Medication

As of 2021, part of the medication reconciliation process by the pharmacist on admission includes entering all **pre-admission medication** for each patient onto the electronic discharge prescription in preparation for discharge. The aim is to improve the accuracy of the discharge letter and reduce error rate.

It has been shown that the addition of pre-admission medications significantly reduces the time taken to clinically check a discharge by an average of 7 minutes per prescription. It also significantly reduces the **error rate** at discharge (18% without pre-admission medication compared to 4.4% when pre-admission medications have been added).



Pharmacy continue to work together with the multi-professional team to shape a service to improve the quality of the patient discharge information and ultimately patient care, introducing a process which best meets the needs of the service and ultimately improves the patient experience particularly in relation to medication safety.

## Anticoagulation

Anticoagulation is an important means of reducing stroke or venous/arterial thromboembolism.

For many years' warfarin has been the mainstay of treatment. In recent years, other drugs have been developed that are often used first line; these are referred to as "Direct Oral Anticoagulants" or DOACs.

In the hospital setting, DOACs are used first line for patients with Atrial Fibrillation (AF), Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). However, for some patients, DOAC therapy is not suitable and they must receive treatment with warfarin or LMWH therapy.

Warfarin is unlike other medicines as there isn't a fixed dose. The dose that a patient takes will be individual to them, and may vary based on the results of blood tests that measure how long it takes for that patient's blood to clot.

Many patients on warfarin are looked after by their own doctor, however, for patients who are newly started on warfarin or where their dose is very variable, they attend an anticoagulant clinic at the hospital. These clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals and there have been many developments in these clinics over the years.

In addition to the hospital based clinics, there is also a virtual clinic, for patients on warfarin who are housebound. These patients have an INR check carried out by a district nurse and this result is followed up by a member of the anticoagulant team. The patient or their carer is contacted with the result and the patient is prescribed a warfarin dose and given a review date.

For patients who have a poor time in therapeutic range resulting in poor INR control, their notes are reviewed and if suitable they are switched onto DOAC therapy. There are currently four DOACs available. These agents do not require frequent monitoring.

Some patients are not suitable for DOAC therapy, however regular attendance at the warfarin clinic is difficult for them, these patients have been directed towards self-monitoring. They purchase their own point of care INR monitor. They are trained to self-test their INR and contact the clinic for advice on dosing. These patients link in with the anticoagulant clinic either in the hospital or at their GP practices every six months for review.

Finally, in November 2021 the trust moved to using the biosimilar enoxaparin product, Inhixa® first line. This is prescribed in all in/out patients who require VTE prophylaxis or treatment.

### **Insulin** (April 2021 – March 2022)

The incidence of diabetes in the general population continues to rise. One in every five inpatient beds in Northern Ireland is occupied by a patient with diabetes. For patients with Type 1 Diabetes, insulin is essential and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. Insulin is also a critical medicine where particular care is required to ensure it is used safely.

The Safe Use of Insulin Group continues to meet and develop guidelines and protocols to support the safe use of insulin in the trust. During 2021/22 guidelines were reviewed and updated for intravenous insulin and diabetes in labour and delivery incorporating learning from previous incidents. Inpatient reviews and ward rounds continued, providing specialist review and the opportunity to improve diabetes care, insulin safety and contribute to a better overall patient experience. This includes opportunities to educate patients and staff.



The Insulin Quality Improvement Program with clinical sisters continued, monitoring actions to reduce incidents involving omitted and delayed doses, incorrect insulin and incorrect doses. Additional work has been undertaken on a number wards to ensure timely prescribing of insulin with education sessions delivered which were evaluated positively.

The national ‘Insulin Safety Week’ took place in May 2021, ‘Diabetes Week’ in June 2021 and ‘Hypoglycaemia Week’ was held in October 2021. These events included signposting to trust guidelines and protocols and were supported at ward level by the Diabetes Team with conversations with staff to promote the material and raise awareness together with social media posts.

## **Omitted and Delayed Medicines**

Omitted and Delayed Medicines can be inadvertently omitted or delayed in hospital. This can be on admission, during the admission or on discharge and can occur during prescribing, administration or dispensing of medicines.

On admission to hospital, it can sometimes be difficult to determine what medicines a patient usually takes, which can lead to medicines not being prescribed. Access to information about GP prescribed medicines and previous discharge prescriptions through the Northern Ireland Electronic Care Record (NIECR) has greatly improved the information available to enable more accurate medicines reconciliation to occur. The work of pharmacists in Medicines Reconciliation on admission and at discharge identifies omitted and delayed medicines and is described earlier in this section.

Most medicines are administered as prescribed in hospital, with some doses withheld for valid clinical reasons. However, on occasion, some doses are inadvertently omitted. This is particularly important for certain critical medicines where omission or delay is more likely to result in harm. Nursing quality indicators are used to monitor this on an ongoing basis.

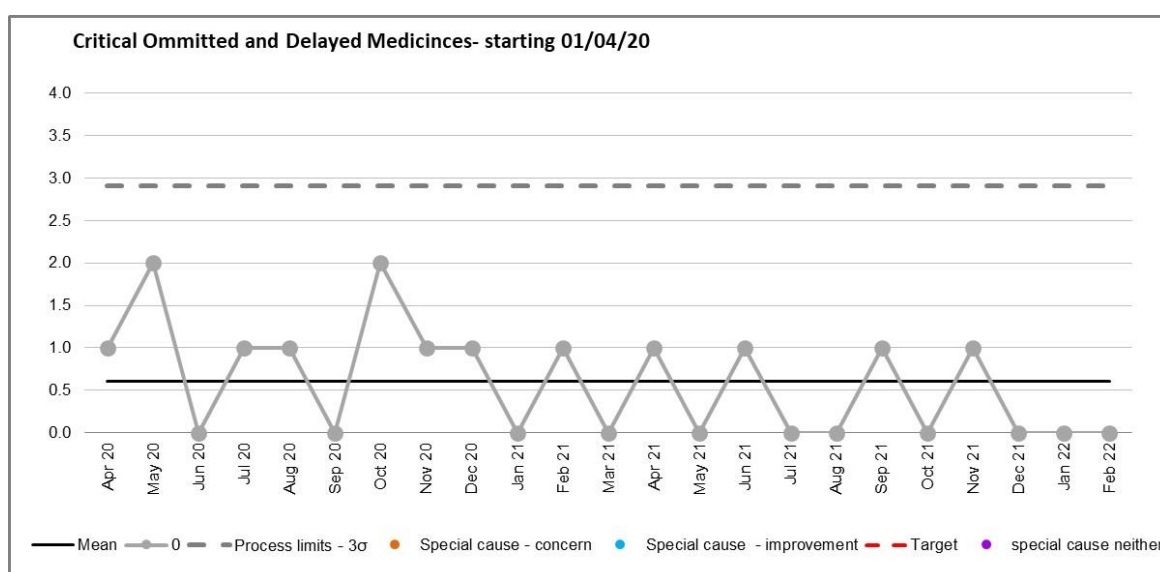
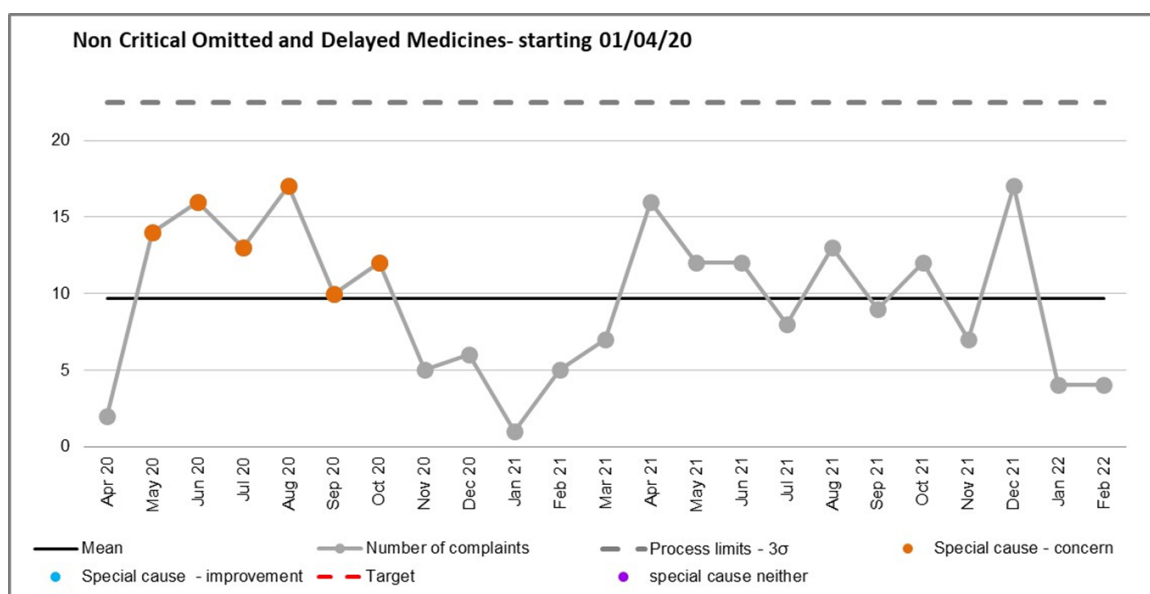
For some critical medicines, an omitted or delayed dose can lead to more serious harm. Particular attention should therefore be given to reducing inappropriately omitted and delayed doses of critical medicines.



## Facts and Figures

Figures below are based on NQI audit results from April 2021 – March 2022

- Based on the 42,408 doses prescribed across 2,772 charts audited, **0.29%** (n=123) were blank doses, a **decrease from 0.30%** in 2020/2021 audits results.
- Of the 42,408 doses prescribed, **0.009%** (n=4) were critical medicines, a **decrease from 0.02%** in 2020/2021 audits results.

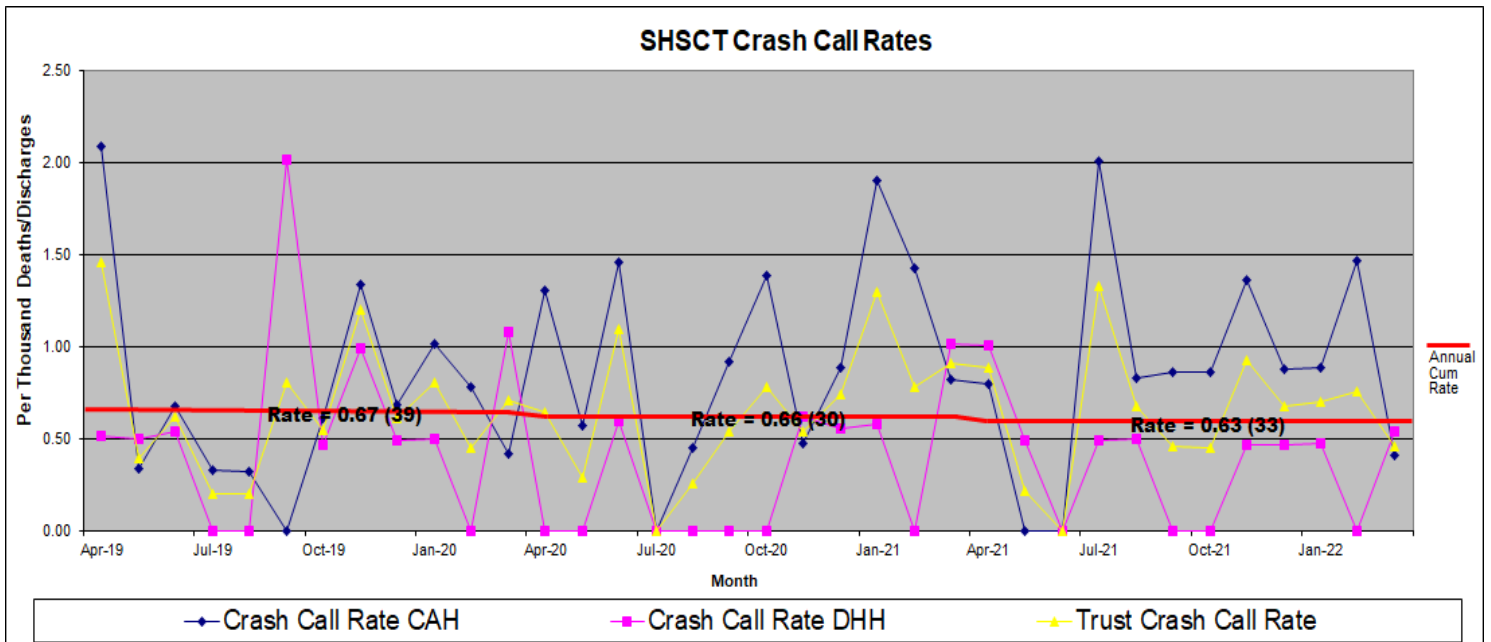


## 3.8 Cardiac Arrest Rates

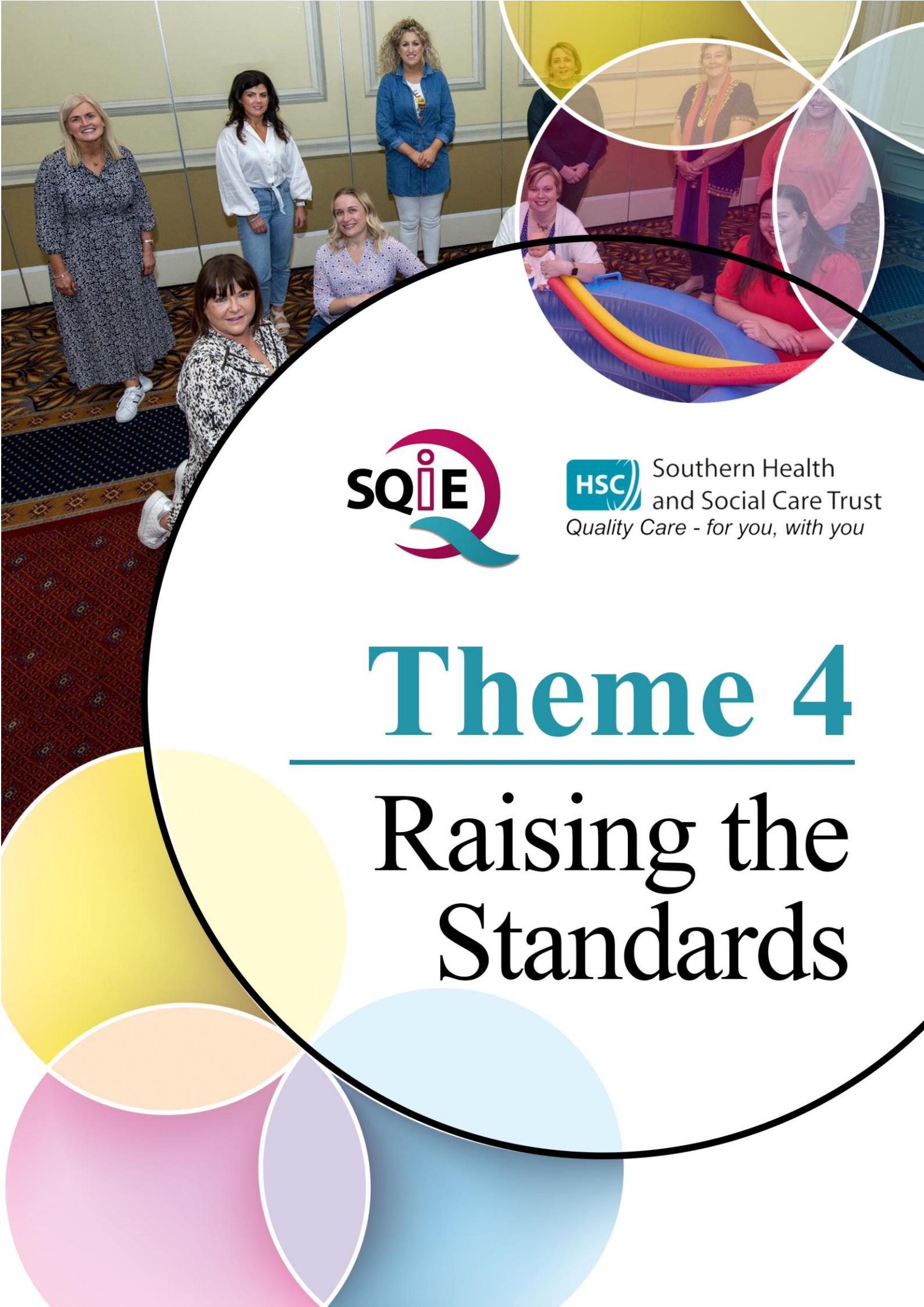


### Facts and Figures

Trust cumulative Crash Call rate for 21/22 was **0.63 (33 Crash Calls)** per 1,000 deaths/discharges, down from **0.67 (39 Crash Calls)** in 19/20.



- Trust cumulative Crash Call rate for 21/22 was **0.63 (33 Crash Calls)** per 1,000 deaths/discharges, compared to **0.66 (30 Crash Calls)** in 20/21
- Variation in the Rate & Number of Crash Calls due to the increase in deaths/discharges in 21/22 compared to 20/21



Southern Health  
and Social Care Trust  
*Quality Care - for you, with you*

# Theme 4

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# Raising the Standards

## 4.1 Standardized Mortality Ratio

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Hospital Standardised Mortality Ratios (SMRs) are indicators of healthcare quality that measure whether the number of deaths at a hospital are higher or lower than expected based on the risk derived from case mix, given the type of patients admitted to the hospital.

A high SMR does not necessarily mean that there is a quality of care issue, or that unsafe services are being provided. It is not always possible to distinguish between deaths which could potentially have been preventable and those which were not. Therefore, a high SMR is regarded as a trigger for further investigation.

SMRs and mortality rates vary between trusts and fluctuate over time. This is especially true if SMRs or mortality rates are monitored frequently over short periods of time. The degree of fluctuation will be higher with smaller numbers of deaths in shorter time periods, simply because the effect of change is greater when the numbers are smaller. Equally, a single figure cannot be looked at in isolation and must be examined in the context of a trend, and other sources of information on quality and safety. The two main mortality indicators used by CHKS in this report are as follows:

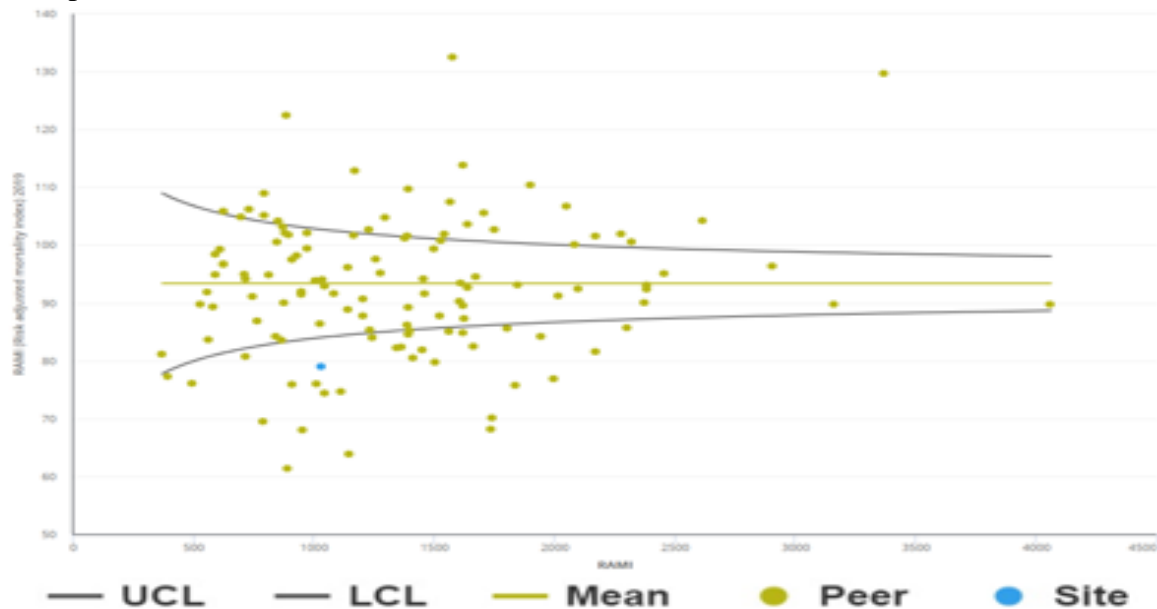
- Crude mortality – this is the proportion of patients treated in a hospital/site who died. It is calculated as  $\frac{\text{Total deaths} \times 100}{\text{Total discharges} + \text{deaths}}$  and
- Risk-Adjusted Mortality Index (RAMI) – this indicator uses the characteristics of the patients treated in hospital to calculate a number of expected deaths and then compares this to the number of actual (observed) deaths. RAMI is then calculated as  $\frac{\text{Observed deaths} \times 100}{\text{Expected deaths}}$  and expressed as an index, base 100 e.g. 210 observed deaths vs 200 expected = RAMI 105. If the number of observed deaths is higher than the number of expected deaths, RAMI will be greater than 100; if observed deaths are lower than expected, RAMI will be below 100.

The methodology behind the RAMI is limited to just six factors, each of which is known to have a significant and demonstrable impact on risk of death. They are:

- Age - six groups;
- Admission type - elective or non-elective;
- Primary clinical classification - 260 CCS groups;
- Sex - defaults to female if not known;
- Length of stay - specific groups only; and
- Most significant secondary diagnosis - list covers 90% of all diagnoses mentioned in patients who died.

The first five of these are defined as primary factors. Each is known with greater certainty and recorded with greater consistency than secondary diagnoses. For this reason, the methodology uses these factors first. Secondary diagnoses which most significantly and consistently increase risk of death are then also used in the model.

RAMI is rebased each year to address changes in data capture. The RAMI used in this report is RAMI 2019.



Funnel plot July 2020 – June 2021 analysis shows the trust position relative to individual UK peer sites. HSCB guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; this is not the case for the trust as it is sitting below the peer mean average and lower confidence limit. **This means that the Trust has a statistically lower than expected mortality rate**

**Note:**

*Risk Adjusted mortality (RAMI) is an indicator that uses patient characteristics treated in hospital to calculate the number of expected deaths and then compares this to the number of actual (observed) deaths. RAMI is rebased each year to address changes in data capture. The RAMI used in this report is RAMI 2019. Observed rates of death adjusted for age, admission, sex, diagnosis (primary and secondary), and length of stay (for chronic conditions only). Reference period latest 5 financial years across English, Welsh and Northern Ireland providers of acute and specialist NHS inpatient care. Six secondary diagnoses known to be inconsistently coded, or likely to be cause of death are ignored.*

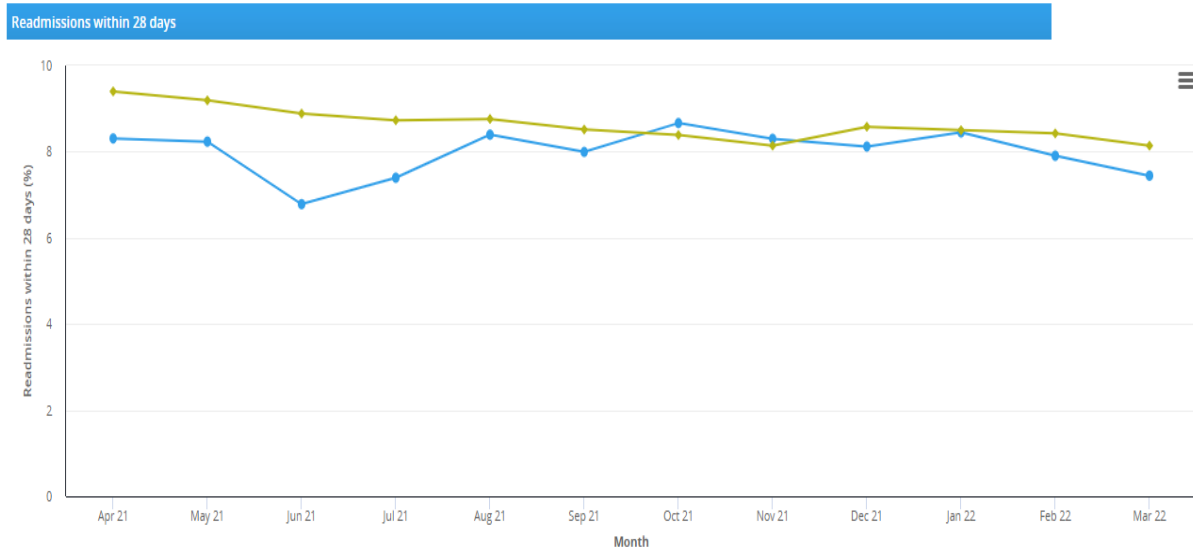
*It should also be noted that risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020. It is anticipated that at least 12 months' full year activity will be required for sufficient data to be available to begin considering the development of risk adjusted mortality relating to COVID-19. 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 this report therefore excludes any activity with COVID-19 diagnoses codes.*

## 4.2 Emergency Re-Admission Rate

### Rate of Emergency Re-admission within 28 days of Discharge

The rate of re-admission into hospital within 28 days for patients that have been discharged from hospital is a measure of quality of care.

Re-admission can occur for a number of reasons. We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge.

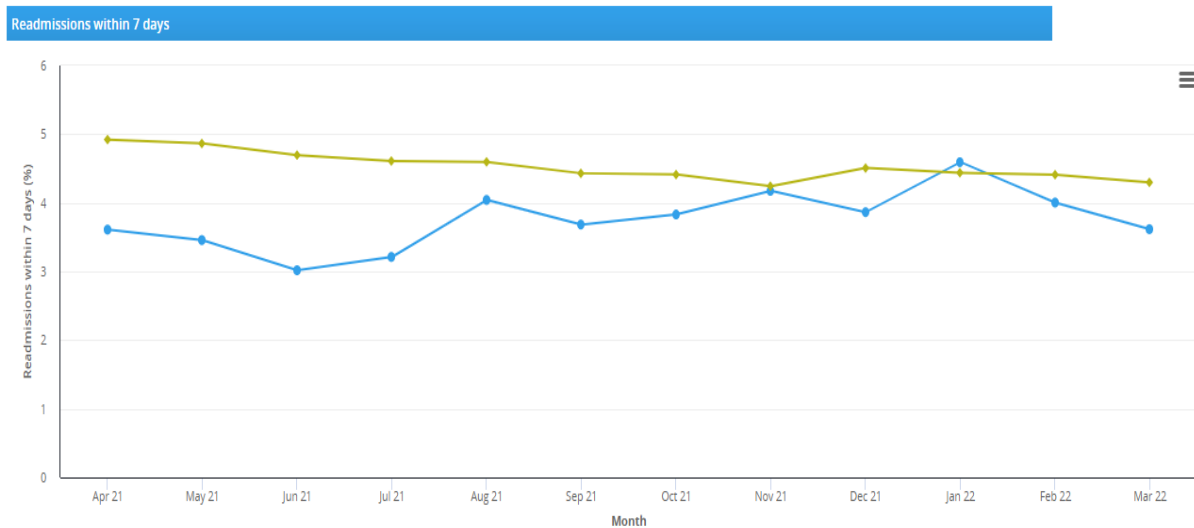


*Hospital readmissions within 28 days for 2021/22*

The graph above demonstrates the Southern Trust's readmission rate (in blue) vs the CHKS peer comparator. CHKS is a leading provider of healthcare intelligence, which includes hospital benchmarking that is supported by experienced NHS consultants. It converts data into actionable information that drives decision-making.

## Hospital Readmissions within 7 days

While it is very important to improve performance against the 4-hour Emergency Department targets, the Trust also seeks to reduce the number of patients who need to re-attend the Emergency Department within 7 days of their first visit, unless this is a planned part of their care. We believe this is one way of helping us to assess the quality of care given at the first attendance in the Emergency Department.



*Hospital readmissions within 7 days for 2021/22*



## 4.3 Emergency Department (ED)

The Southern Trust has two Emergency Departments (ED), Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in emergency departments affects patients and families experience of services and may have an impact on the timeliness of care and on clinical outcomes. The Trust aims to ensure that people are seen as soon as possible and by the most appropriate professional to meet their needs.



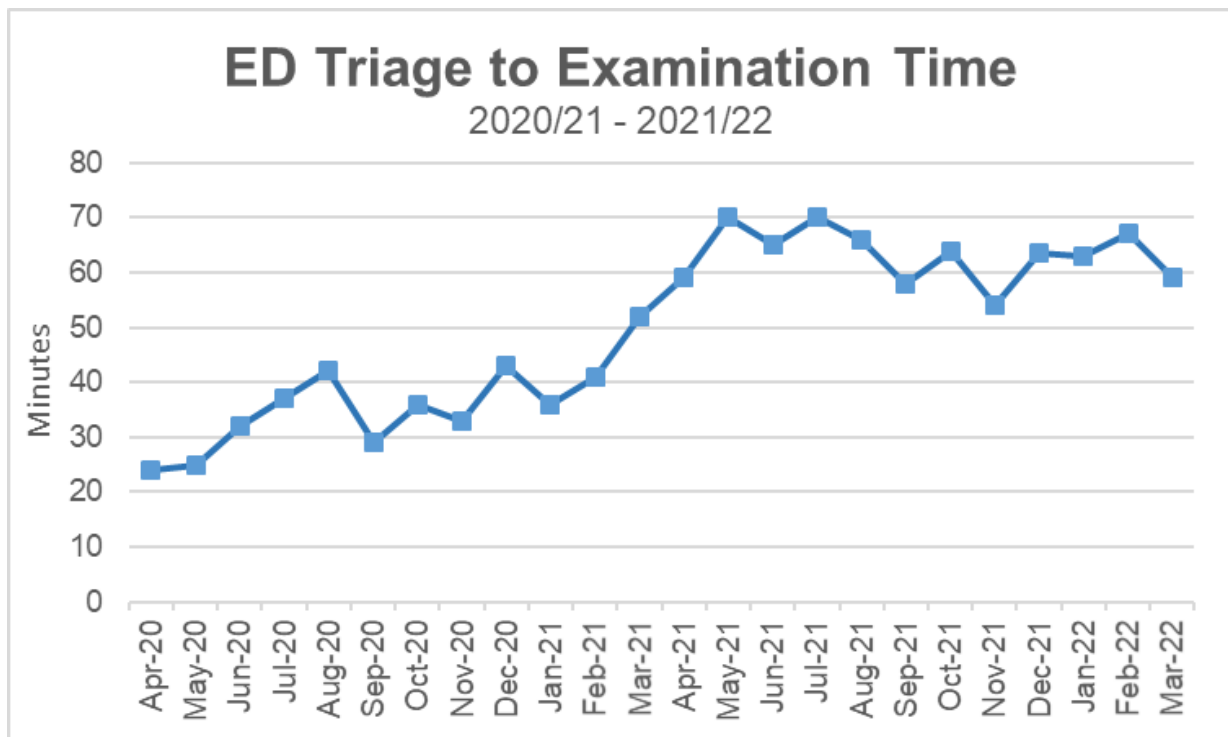
### Facts and Figures

During 2020/21 there were:

- **154,271 people** who attended Southern Trust Emergency Departments and Minor Injuries Units, a **25.3% decrease** from the figure of 123,135 in 2020/21.

### Triage to Examination Time

The Trust measures (in minutes) the time it takes from Triage (or Assessment) to the patient being examined.

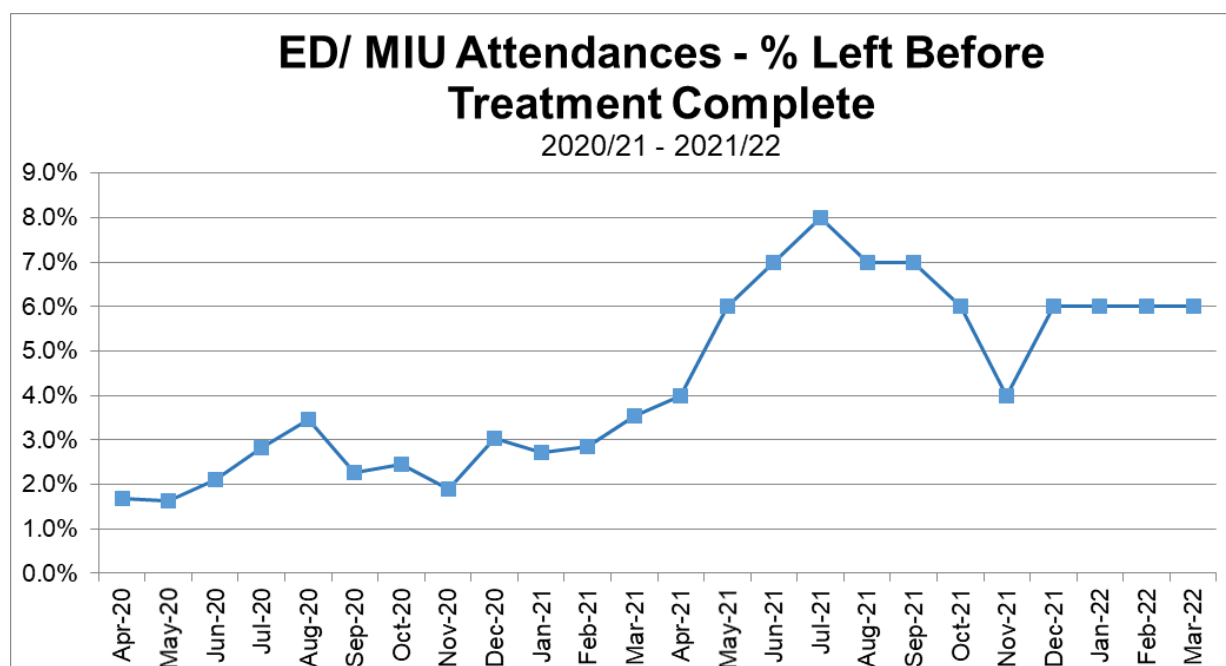


### Facts and Figures

- During 2021/22, the triage to examination time was a median of 63.2 minutes. This is an increase of 76.5% from 35.8 minutes in 2020/21.

## Patients that Leave before Treatment is Complete

Please see the following graph for the full picture.



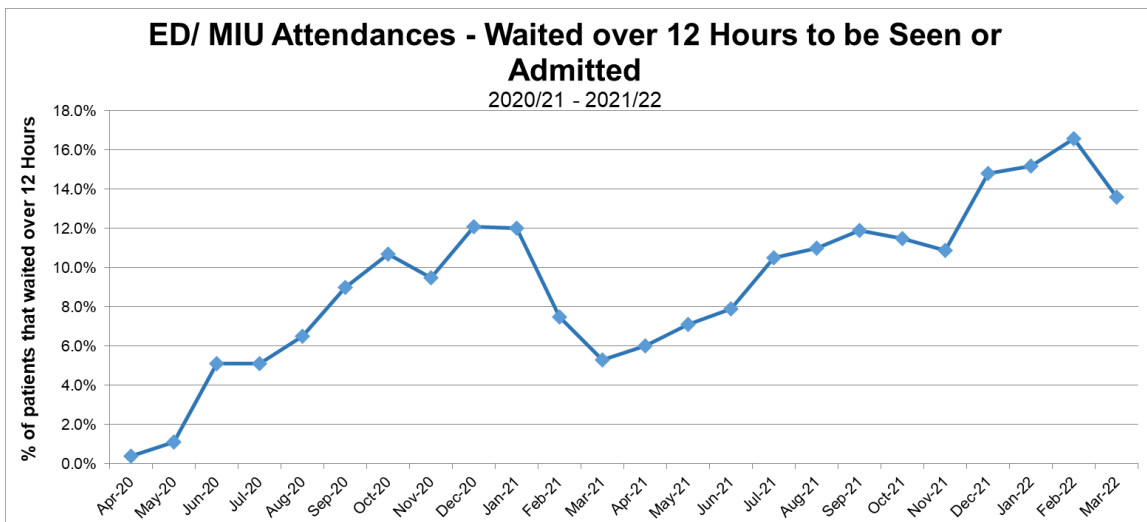
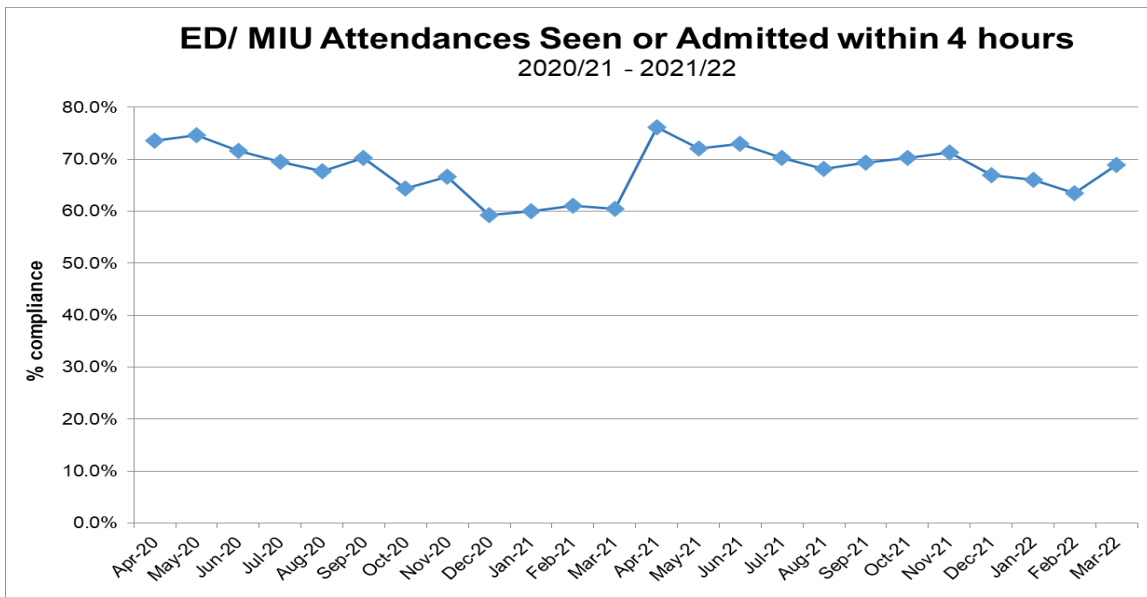
**Facts and Figures**

- During 2021/22, the average percentage of patients that left the Southern Trust's Emergency Departments before their treatment was complete was **6.1%**, down from **2.5%** during 2020/21.

## Emergency Department 4 Hour & 12 Hour Standards

The Trust wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED. The Trust's focus is to ensure patients are seen as soon as possible by the most appropriate medical professional.

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



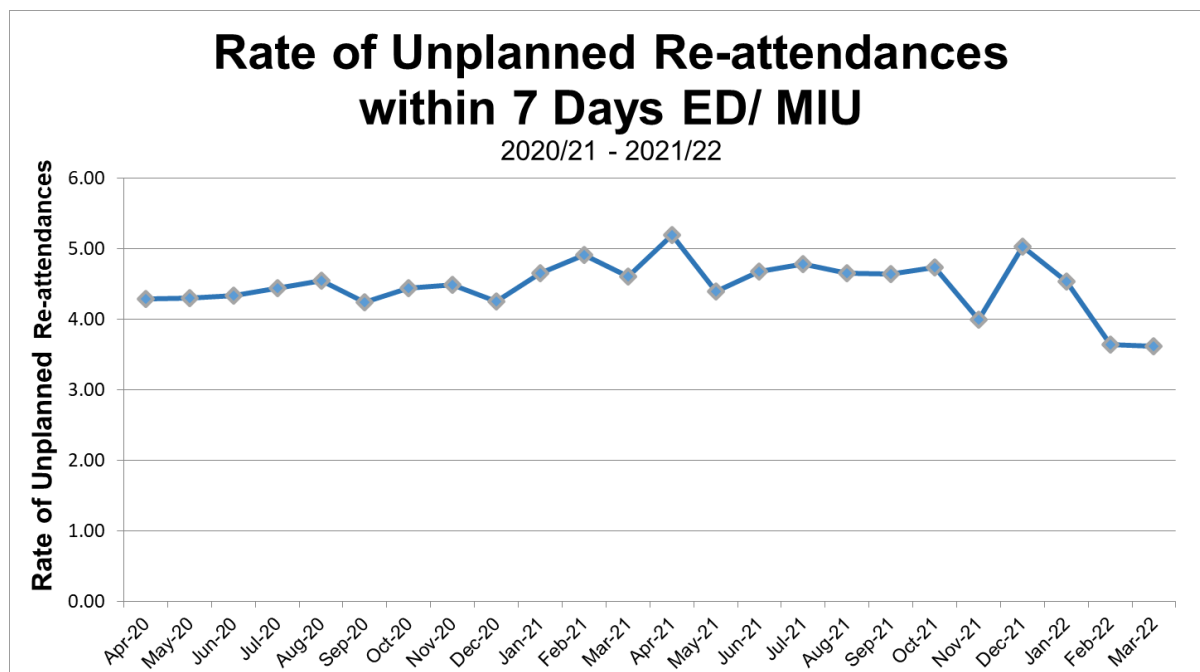
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## Facts and Figures

**During 2021/22:**

- 69.7% of patients were seen within **4 hours**, this is an increase from 66.6% in 2020/21.
- 11.4% of patients waited more than **12 hours**. This represents an increase upon the 7.0% figure for 2020/21.

## Emergency Department Unplanned Re-attendances within 7 Days



### Facts and Figures

**During 2021/22:**

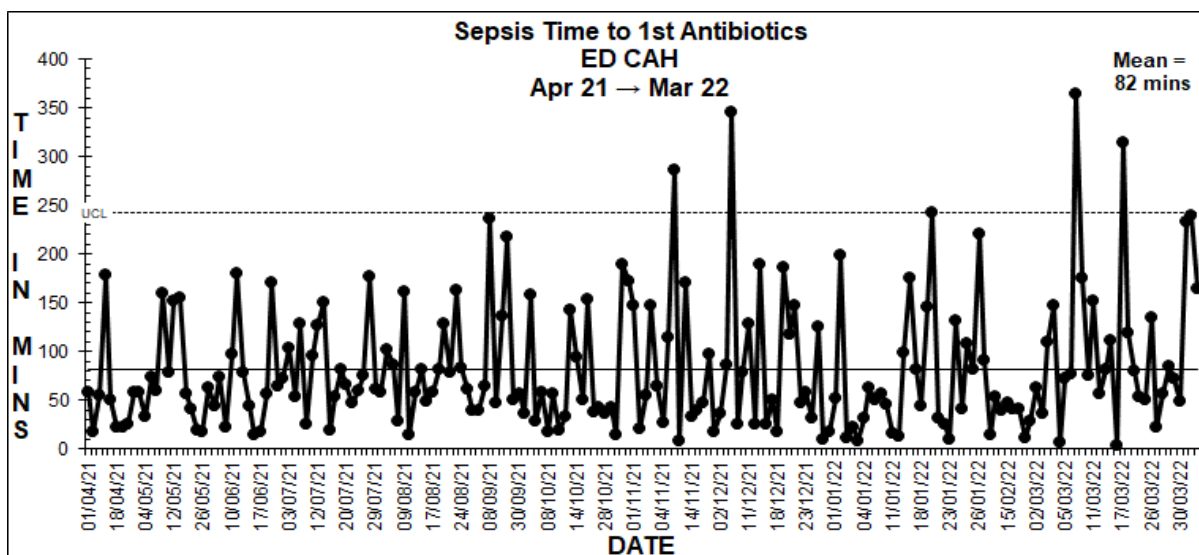
- 4.5% of patients re-attended our emergency care departments within 7 days of original attendance. The position is unchanged from 2020/21.

### Sepsis

The Trust Sepsis Quality Improvement Initiative continues to be affected by the Covid-19 Pandemic.

Work in 2 of the 3 Pilot areas, AMU, CAH & ED, DHH continues to be suspended, however auditing did continue in ED, CAH, under the Clinical Lead Dr. Susan Budd, with the weekly review of cases continuing online.

The Regionally agreed aim was to Improve the time to First Antibiotics of patients who present to ED with Sepsis “In Hours” i.e. Mon → Fri 9:00am → 5:00pm. The definition agreed upon was NEWS of  $\geq 5$  OR 3 in 1 category & suspected infection. However as Quality Improvement work on Sepsis was already underway it was felt that that we should audit all patients and not just those who presented “in-hours”. Progress is demonstrated in the below Control Chart.



## Facts and Figures

### During 2021/22:

The Mean time of the 194 cases audited during 21/22 was 82 minutes, outside the Regional Target of 60 minutes, up from 67 mins (90 cases) in 20/21. Significant pressures on the ED, CAH, which has been a problem encountered in all ED's throughout NI, have led to the mean time increasing in 21/22.

### Actions to improve compliance:

- Cases which are significantly outside the target timeframe or above the Upper Control Limited are presented by the Clinical Lead at the Emergency Department's M&M Meetings
- Clinical Lead also presented to colleagues highlighting the "main" delays in cases during the patients journey from admission to administration of antibiotics
- As part of the Trust's "Safetember" campaign the Clinical Lead sent out a communication to colleagues to raise the focus on sepsis entitled, "September for Sepsis Six"
- Cases where excellence is observed in patient care in the workplace, staff are presented with a GREATix certificate.

### Next Steps:

- Reintroduction of Auditing in Pilot Wards - AMU, CAH & ED, DHH
- Introduction of Regional Sepsis E-Learning Programme
- Spread of QI initiative across the Trust

## 4.4 Clinical & Social Care Governance Research

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During 2021/22 COVID-19 continued to have a significant impact on Research and Development in the Trust but participation continued in Priority COVID Studies accorded that status by the Chief Medical Officers of England, Scotland, Wales and Northern Ireland.

Recruitment to the following ten Urgent Priority COVID Studies was phenomenal with over 1,500 participants recruited:-

- RECOVERY (Respiratory)
- PRIEST (Children's)
- PRIEST (Adults – Emergency Department)
- MERMAIDS-ARI (Respiratory)
- Neonatal complications of Coronavirus Disease
- Pregnancy and Neonatal Outcomes in COVID-19
- Clinical Characterisation Protocol for Severe Emerging Infection (ISARIC) (Respiratory)
- GenOMICC (Critical Care)
- SIREN (Healthcare Staff) – first Trust opened in Northern Ireland and also to achieve and exceed the recruitment target of 250 set by the Chief Medical Officer and Chief Nursing Officer. Study extended for a further year to March 2023 and Trust agreed to participate in Year 2
- HEAL-COVID (Respiratory) – Tenth highest recruiter in the United Kingdom

Participation in these Urgent Priority COVID Studies resulted in enormous benefits and better outcomes for participants and increased the knowledge and understanding of the best possible treatment and care of COVID positive patients.

Other important achievements included:-

- The INTERREG VA Project entitled Eastern Corridor Medical Engineering Centre, led by Ulster University awarded €8.3 in January 2017 continued with two of the three PhD Students having completed, Dr Rob Brisk and Mrs Kathryn Owens; and Miss Xushuo having still to complete. Dr David McEneaney, Consultant Cardiologist was the clinical partner with academic partners from University College Dublin, Dublin City University, Dundalk Institute of Technology and the University of Highlands and Islands of Scotland. The PhD students were based at Craigavon Area Hospital under the supervision of Dr David McEneaney, Dr Ian Menown and Dr Peter Sharpe.
- Since July 2019, the Trust Research Office has been providing research governance support to the Northern Ireland Ambulance Service Trust and in February 2022, Mrs Julia Wolfe took up post as Research and Development Manager for that Trust.

- Discussions took place with the NI Medical and Dental Training Agency regarding the Academic Clinical Fellowship Scheme at Queen’s University. The Training Scheme was promoted amongst ST3 and ST4 staff.
- Armagh, Banbridge and Craigavon Borough Council, Health and Life Sciences advised of their acquisition of two premises in which the Trust could be offered accommodation – Cascades, former Leisure Centre, Portadown and the former Denny’s Factory near Portadown Train Station.
- The Trust was a partner in the Armagh, Banbridge and Craigavon Borough Council’s successful application to the UK Community Renewal Fund for an initiative entitled Southern Region Data Value Hub Demonstrator with £260,000 awarded for a one year pilot project to demonstrate the economic value which could be generated from the data.
- In 2021 the Taskforce for NI Clinical Research Recovery, Resilience and Growth chaired by Professor Mike Clarke, Queen’s University was established with funding allocated to Trusts to support COVID research. The Trust received funding for a full time Band 6 Clinical Research Nurse/AHP post and 2-4 PAs for Consultant/Principal Investigator time for 18 months with a possible extension to 24 months funded by Trust Research & Development.
- The outcome of the Review of HSC Funded Infrastructure and proposed centralisation of some research governance functions progressed with the advertisement of the Head of HSC Research & Development Governance, Band 8b post in February 2022. The post-holder would be responsible for overall leadership and delivery of research governance services for the HSC in Northern Ireland and would be located at one of the four PHA/BSO Offices in Belfast, Armagh, Ballymena or Derry/Londonderry.

## 4.5 Nice Guidelines

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NICE continues to play an essential role at the heart of the health and care system. During a year in which the NHS has continued to face extraordinary difficulties associated with the COVID pandemic, the evidence-based information provided by NICE, about what good care looks like and how it can best be delivered, has been more vital than ever.

The continued development / updating of the NICE COVID-19 Rapid Guidelines is reflective of and testament to the flexibility and responsiveness to the pace and scale of change at a national, regional and indeed local Trust level.

In turn, the guidance developed by NICE has provided local Trust health care professionals / clinical services with up to date evidence based guidance on how to effectively manage patients presenting with COVID symptoms, as well as manage those patients who continue to feel the impact of the virus many months following initial onset.

On 19<sup>th</sup> April 2021 NICE launched its ambitious and visionary 5 year strategy entitled '*Dynamic, Collaborative and Excellent*' (2021-2026). This document sets out a number of key objectives including the need to create and maintain up to date guidance that integrates the latest evidence, practice and technologies in a useful and useable format, making maximal impact across clinical and social care sectors.

### **Local Perspective – A Year in Numbers (2021/22)**

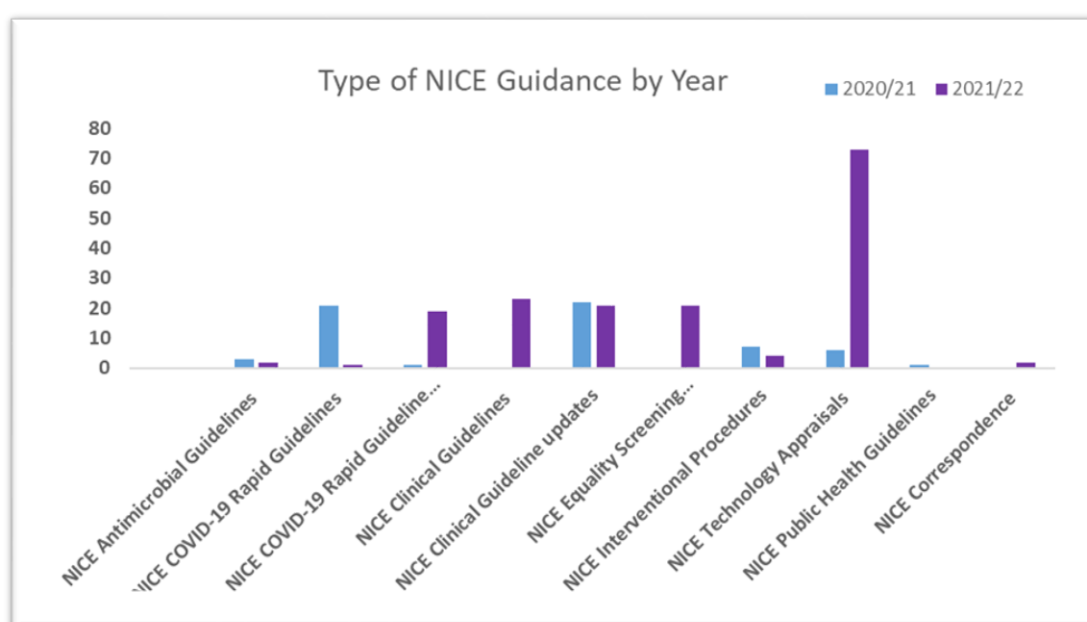
From a local perspective and following the reinstatement of the regional endorsement process for NICE Technology Appraisals by the Chief Medical Officer on 25 June 2020, coupled with the endorsement process for NICE Clinical Guidelines on 23 June 2021, the Trust has continued to progress the implementation of all new circulars received as well as the ongoing monitoring of those already within the system.

The number of NICE guidelines that have been regionally endorsed by the DoH for implementation by the SHSCT is summarised by 'type' in Table 1 below:



Table 1 - Type of NICE guidance	2020/21	2021/22
<b>NICE Antimicrobial Guidelines</b> <i>(including updates)</i>	3	2
<b>NICE COVID-19 Rapid Guidelines</b>	21	1
<b>NICE COVID-19 Rapid Guideline updates</b>	1	19
<b>NICE Clinical Guidelines</b>	0	23
<b>NICE Clinical Guideline updates</b>	22	21
<b>NICE Equality Screening Questionnaire</b>	0	21
<b>NICE Interventional Procedures</b>	8	4
<b>NICE Technology Appraisals</b> <i>(including updates)</i>	7	73
<b>NICE Public Health Guidelines</b>	1	0*
<b>NICE Correspondence</b>	1	2
<b>TOTAL</b>	<b>64</b>	<b>166</b>

\*The suspension of NICE Public Health Guidelines has continued throughout 2021/22



In terms of the significant increase in activity (259%) associated with managing the receipt of these NICE guidelines (dissemination, implementation, monitoring and assurance) the bar chart below provides a visual comparative against the 2020/21 data.

Some notable points:

- During 2021/22 there was only 1 new NICE COVID-19 Rapid Guidelines in comparison to 21 in the previous year. The majority of work aligned to these type of circulars has been in relation to the ongoing updates to existing guidelines, which is reflective of changes in practice that is evidence through research and greater understanding of the virus and how it can be best managed;
- During 2021/22 there were 23 new NICE clinical guidelines regionally endorsed for full implementation by the Trust. This is in comparison to none during 2020/21. Of these 17 were preceded by an equality-screening questionnaire. This is despite the endorsement process being suspended until 25 June 2021. Despite the service / work force capacity challenges that continue to be experienced within the health care system, a clinical change lead has now been assigned to each one of these guidelines. A review of the recommendations and development of action plans to ensure full implementation within the 12-month timescale is now well underway.
- The suspension of the NICE Technology Appraisal (TA) endorsement process has been impactful in terms of the significant backlog that had accumulated at DoH / PHA level secondary to the pandemic. A total of 73 TA's (both new and updates) were endorsed during 2021/22) for full implementation by the SHSCT within the stipulated 9-month timescale. As with the clinical guidelines, a clinical change lead has now been assigned to each one of these guidelines and work is progressing to review the guidance recommendations.

### **Assurance & Monitoring**

On 26 May 2021 the regional HSCB Assurance and Monitoring process for NICE Guidance was reinstated. In the first 'Positive Assurance' report template to be issued since January 2020 this sought an assurance on the implementation of all NICE Clinical Guidelines and NICE Technology Appraisals that had been issued from 1 January 2020. An approved response was submitted to the HSCB on 30 June 2021.

A further assurance request was received from the HSCB NICE team on 16 March 2022 with a response deadline of 31 August 2022. The respective operational Directorate Governance teams are currently progressing the review of the 96 listed NICE guidelines to ensure an assurance against each one of the circulars is provided within the stipulated timescales.

## Quality Improvement Initiatives 2021/22

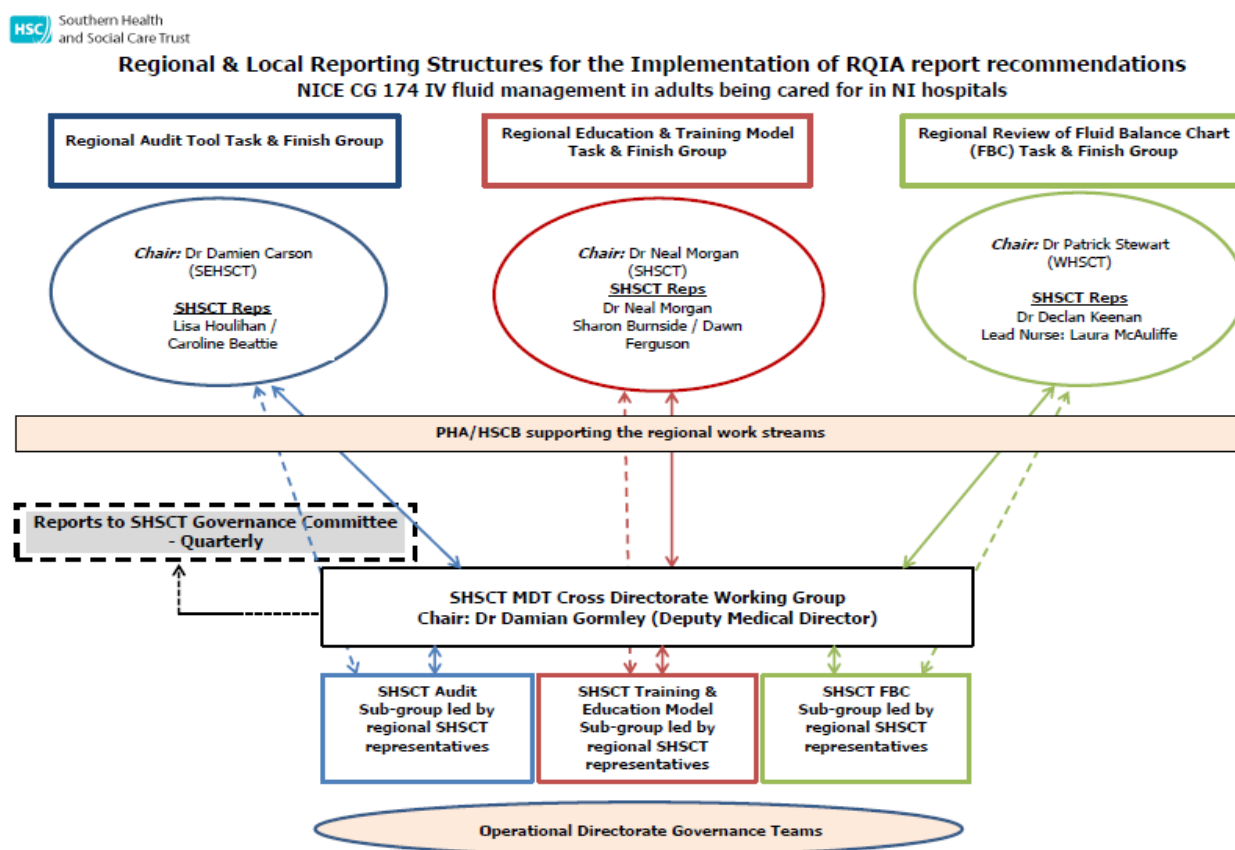
Despite the negative impact of the COVID-19 pandemic on many of the NICE guidance quality improvement projects were previously being undertaken within the SHSCT, a number of projects have been progressed during 2021/22. A summary of 2 examples is outlined below.

### NICE Clinical Guideline CG 174 – Intravenous Fluid Therapy in Adults in Hospital

This work is aligned to a regional patient safety improvement initiative led by the PHA/HSCB with participation from all of the 5 HSC Trusts and outlined in the RQIA report that was published and endorsed on 25 September 2020.

From commencement of the project in April 2021 three bespoke regional ‘task and finish’ groups have been established. Within the SHSCT a governance framework to support the implementation of the project plan has been established and agreed by the MDT working group. Quarterly updates are provided to SHSCT Governance Committee, with 3 reports submitted during 2021/22.

This governance framework is outlined below:



The key outcomes from these task and finish groups are:

- ≈ To review and finalise a new regional Daily Fluid Balance & Prescription Chart for Adults (that starts from the date of their 16<sup>th</sup> birthday)
- ≈ To develop a regional audit tool and supporting training guidance on how to correctly use the tool
- ≈ To develop a regional ‘Training and Development Model’ encompassing a blended model of simulated training, online teaching and ward based competency assessments

The progress report and supporting papers were presented to SHSCT Governance Committee on 12<sup>th</sup> May 2022 and these outline the progress that has been made against these key project objectives and the key challenges that have been experienced within the project plan for 2021/22.

**NICE Clinical Guideline NG29 – Intravenous Fluid Therapy in Children and Young Persons:** *Development of an innovative Audit Tool to measure compliance against practice*

In October 2019, a clinical audit-funding proposal was successfully submitted to the Regulation & Quality Improvement Authority (RQIA) following their regional request for clinical audit applications. Due to COVID-19 pandemic the commencement of this project was deferred until March 2021 but once commenced the 12-month project delivered upon the objective to develop, test and implement the *Comprehensive NG 29 Annual Surveillance Audit (CASA 29)* tool.

This audit tool has been specifically designed to provide a baseline assessment of the SHSCT’s overall compliance against the guideline’s 38 recommendations (unlike the regional PIVFAIT tool that monitored compliance against only 8 of the recommendations).

The outcomes from this project clearly demonstrates how NICE guidance is being innovatively used within clinical practice to identify and improve patient safety and care.

## 4.6 National Audits

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### The National Context

The Healthcare Quality Improvement Partnership (HQIP) manages the national clinical audit and patient outcomes programme (NCAPOP) on behalf of the NHS. HQIP is an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices and are acknowledged as the leading voice on clinical audit. The NCAPOP programme is comprised of the national audits approved by the NHS England Quality Accounts List each year.

HQIP's definition of clinical audit is as follows:

*“Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes”*

Not all audits within NCAPOP are open to participation by the devolved nations however, where possible our participation in this programme enables the Southern Health & Social Care Trust:

- To compare performance with other participating Trusts in Northern Ireland, England, Scotland and Wales.
- Measure healthcare practice on specific conditions against nationally accepted standards.
- Benchmark reports on performance, with the aim of improving the care provided.
- Provide patients, the public, clinicians and health service managers with a clear picture of the standards of healthcare being achieved by the Trust.

The national audits are in turn commissioned by HQIP and co-ordinated independently by external professional groups. Examples of some of these groups are:

- Intensive Care National Audit and Research Centre (ICNARC)
- Royal College of Emergency Medicine (RCEM)
- Royal College of Physicians (RCP)
- University of Oxford

### National Audits in Local Context for 2021/2022

National audit programmes conducted throughout the period 2021/2022 continued to be impacted by the SARS-CoV-2 global pandemic. For SHSCT, the National Audit Programme has been impacted as a direct or indirect consequence of:

- Continued clinical pressures and impact on clinical and service capacity required for pandemic management. This is not unique to SHSCT but experienced across the entire HSC in Northern Ireland;
- National Reports detailing clinical audit findings not being available from national host organisations in year;
- Participation in some audits needing to be deferred.

HQIP acknowledged and communicated during the pandemic with NHS Trusts

In light of this, SHSCT clinical teams, supported by the corporate clinical audit team are to be commended for participation and improvement progress that has been undertaken.

This section examines a particular rapid review audit to identify early learning to NHS providers.

### **MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK**

MBRRACE-UK is hosted by the National Perinatal Epidemiology Unit (NPEU) based in the University of Oxford. SHSCT in common with NI HSCTs contribute to this programme. Following are three national reports produced in 2021, the recommendations of which are reviewed and acted upon by the Division of Integrated Woman's and Maternal Health (IMWH).

#### **A. Maternal, New-born and Infant Clinical Outcome Review Programme Rapid report, 2021: Learning from SARS-CoV-2 related and associated maternal deaths in the UK - Published: 08 Jul 2021**

The second wave of the SARS-CoV-2 virus in the UK brought further challenges to services and a higher burden of infection, together with new variants of concern. This rapid review was undertaken as part of the ongoing responsive remit of MBRRACE-UK to ensure that any new messages for care and services were identified in a timely manner in order to implement rapid change.

This report includes lessons identified from the care of women who died between 1 June 2020 and 31 March 2021, following a positive test for SARS-CoV-2 infection, or in whom SARS-CoV-2 infection was diagnosed at autopsy, as well as from the deaths of women whose care or engagement with care was influenced by changes as a consequence of the pandemic.

#### **Next Steps**

- i. Review of these national reports was undertaken for update to the Trust's National Audit Assurance Report (Nov 21), see Table 1.0 below, in which recommendations, appropriate to NI HSCT providers are then mapped against a current status of implementation.

Audit	Integrated Maternity & Women's Health, incorporating neonatal services	
NEW	<b>Rapid report 2021: Learning from SARS-CoV-2-related and associated maternal deaths in the UK June 2020 - March 2021</b>  <b>17 Recommendations</b>	MBRRACE - UK: Learning from SARS-CoV-2 deaths  16 Recommendations completed

- ii. The IMWH Division has established a MBRRACE-UK Review Group in 2022/23 as a specific forum to monitor and progress this work related to National Audit studies.

### The Regional Clinical Audit Context – 2021/2022

In October 2019, a clinical audit funding proposal was submitted to the Regulation & Quality Improvement Authority (RQIA) following their regional request for clinical audit applications. The proposal set out an innovative project for a **Comprehensive NICE Guideline (NG) 29 Annual Surveillance Audit** (the acronym **CASA 29** was adopted). The project scheduled to begin in April 2021 for completion by March 2022.

NICE Clinical Guideline (NG 29) for *'Intravenous Fluid Therapy in Children and Young Persons'* was endorsed on 20 June 2017 by the Chief Medical Officer (HSC (SQSD) (NICE NG29) 24/17). As part of the SHSCT's accountability responsibilities for Standards and Guidelines (See section 4.5), all of the guideline's 38 recommendations were subsequently reviewed and a bespoke 43 question tool designed on Microsoft excel. Objectives and outcomes set for the audit programme were;

#### CASA 29 Objectives;

- To pilot test the innovative NG29 annual surveillance tool designed to cover all 38 recommendations within the guidance.
- To train data collectors / auditors in the use of this tool.
- To undertake a retrospective surveillance audit of 35 cases across the 19/20 year.
- To identify improvement areas and develop an audit outcome action plan in the audit report.
- To plan for the audit programme completion on an on-going basis.

#### CASA 29 Outcomes

- To provide assurance that effective systems and processes are in place to monitor compliance against the NG 29 Guidance.
- Identify areas where compliance improvement is required.

- Identify areas of best practice where learning can be shared across directorates.

### The Casa 29 Audit

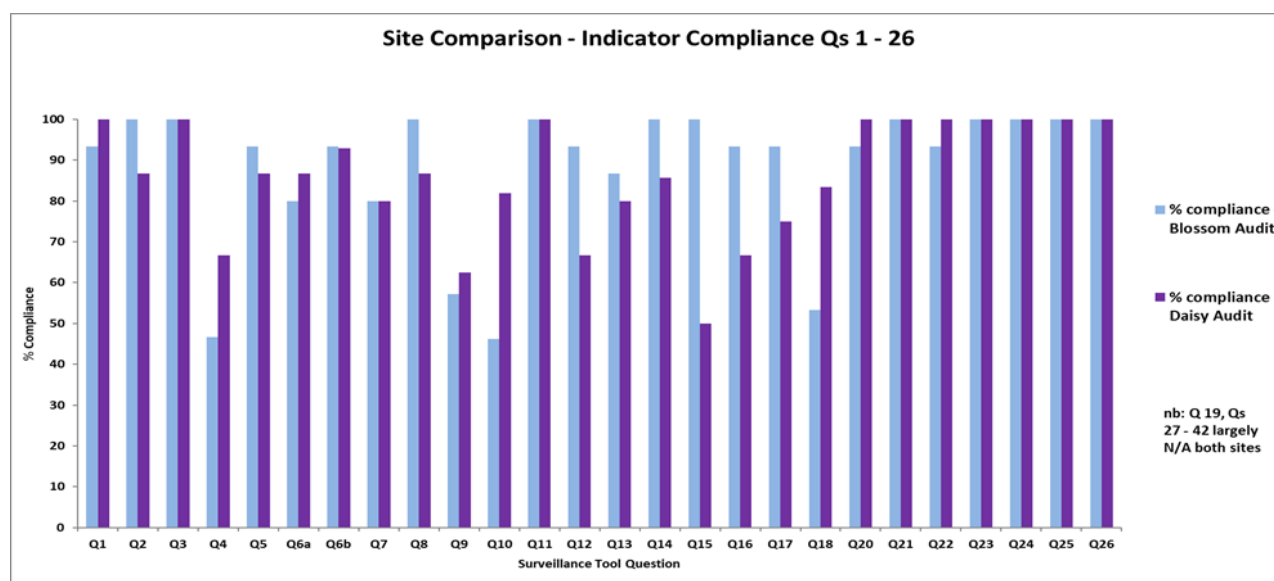
35 charts was selected from across the DHH and CAH paediatric wards and adult wards where a child 14 – 16 years could be admitted and fluids administered.

A multi-disciplinary paediatric review team from both sites undertook the review of case notes and fluid prescription documentation. Results were collated, analysed and reviewed by the team.

In summary, the results demonstrated the **highest compliance levels** were recorded on both CAH & DHH sites for **Questions 20-26 – Routine Fluid Maintenance**.

Questions 27 – 42 were largely audited as ‘not applicable’ across both sites for the **replacement and re-distribution** of fluids section and the **management of hyper or hyponatraemia** as no case triggered review under these sections.

Variation in compliance levels were recorded across the first three sections (8.1 – 8.3) and will be the focus of compliance improvement.



This set of results resulted in the multi-disciplinary audit team making the following recommendations:

1. CASA 29 surveillance tool should be developed to identify children who receive fluids on the basis of two precursor questions:
  - a. Specialty - Medical / Surgical / Both / Other e.g. ENT or Gynaecology
  - b. No. of Fluid Prescriptions in an episode of care

This will identify children at various levels of risk of hyper or hyponatraemia.



2. CASA 29 exclusion criteria be developed within the methodology to include cases on maternity, renal, DKA or Bolus pathways.
3. CASA 29 annual surveillance audit should take place on a rolling, retrospective basis (quarterly) rather than a 'one-off' annual exercise to promote learning and improvement. Frequency in the longer term to be linked to audit outcomes and confidence in improved and sustained compliance.
4. The surveillance sample size should be linked to percentage of overall cases per annum of CYP who receive fluids and include case selection where hypo or hyponatremia was diagnosed. 10% CYP cases would give a sample size of 40 cases p.a, 20% of ATICs (7 Cases p.a) and Adult cases (2 cases pa.)
5. In addition to primary compliance with each indicator Q1 – Q42. An overall assessment of the appropriateness of the care given would be a significant secondary benefit. Further work is recommended to develop a global scoring tool used to provide an overall assessment of the case.
6. Ensure CASA 29 audit feedback and reporting arrangements are developed within the CYP and acute directorates to drive continuous improvement, acknowledging good practice, highlighting non-compliance and appropriate escalation of outcomes. This should be regularised as part of service governance processes and arrangements.
7. Scale and spread – consider with RQIA the potential for the CASA 29 audit tool to be adopted using a scale up and spread methodology by other HSCTs.

An action plan has been put in place from April 2022 to take forward the recommendations with the first re-audit scheduled to take place on a quarterly basis in the summer of 2022 on cases in the period April – June 2022.

## 4.7 Cancer Targets

### 31 Day Completed Waits from Decision to Treat to Treatment Date

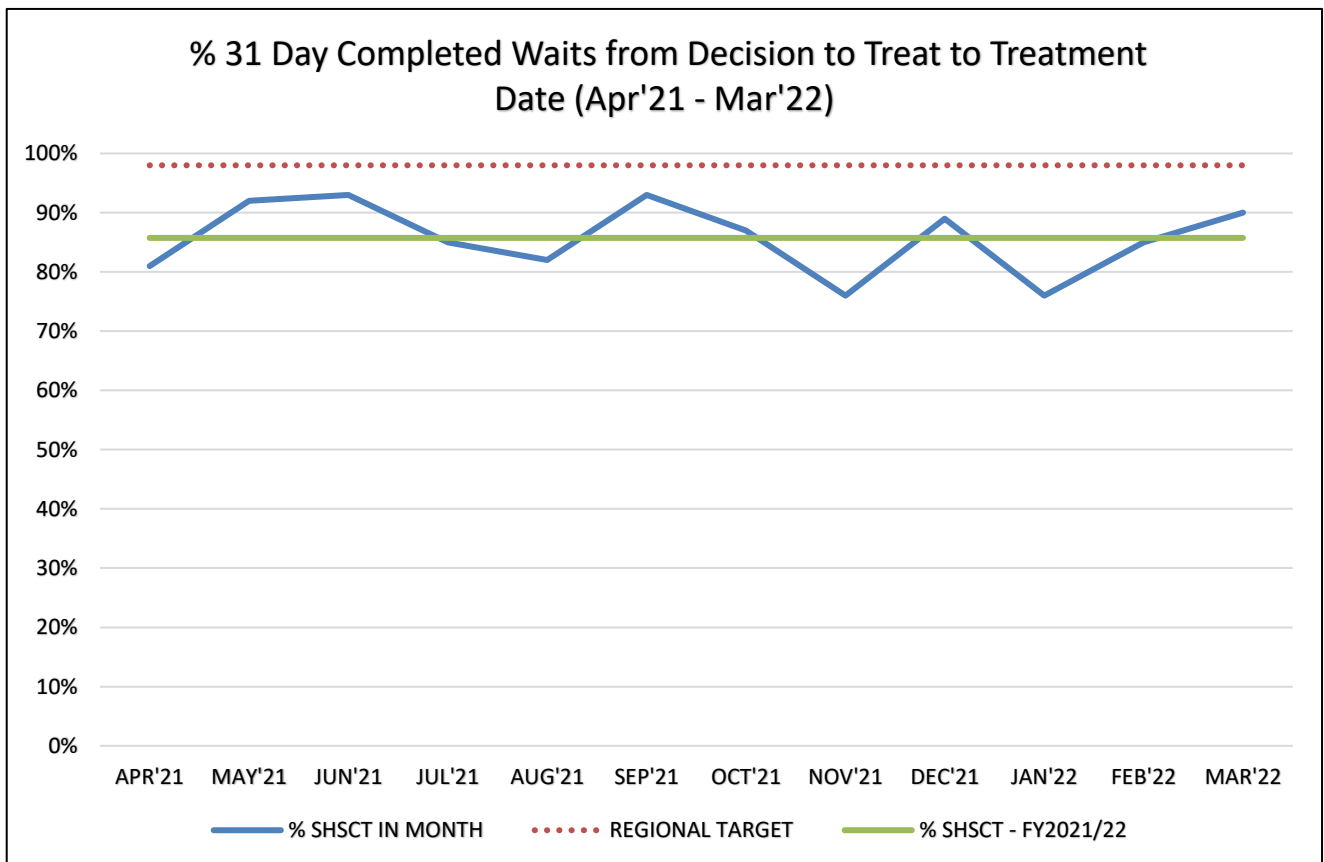
*The percentage of patients within the 31 day standard throughout 2021/22 was 86%. The Trust did not achieve the target of 98% and was below the regional average of 89.5%*

Performance on the 31 day pathway for skin and other sites was impacted by reduced access to outpatient diagnostics and reduced core surgical capacity alongside limited capacity in the Independent Sector, as allocated to the Trust, based on the Regional process for equalisation of access for the most urgent patients.



### Facts and Figures

The percentage of patients within the 31 day standard throughout 2021/22 was 86%. The Trust did not achieve the target of 98% and was below the regional average of 89.5%



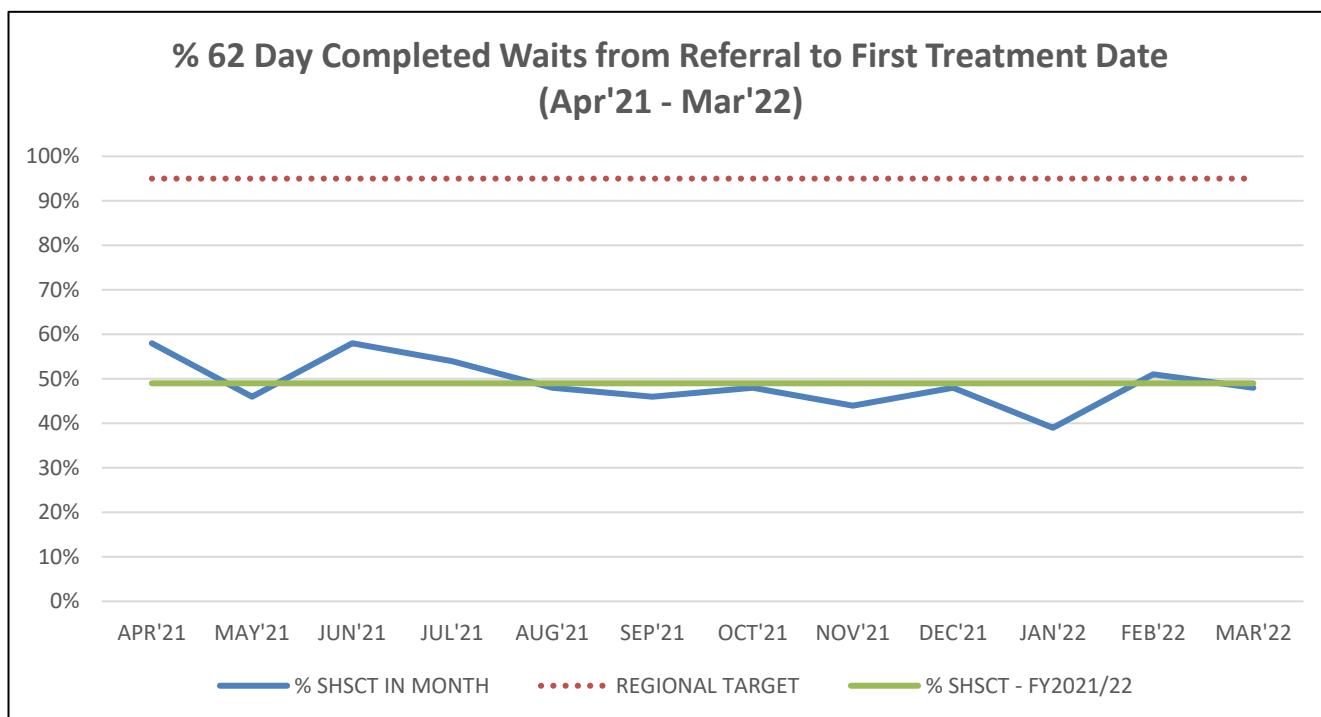
## 62 Day Completed Waits from Referral to First Treatment Date



### Facts and Figures

The percentage of patients within the 62 day standard for 2021/22 was 49%. The Trust did not achieve the target of 95%, however the Southern Trust was above the regional average of 46%.

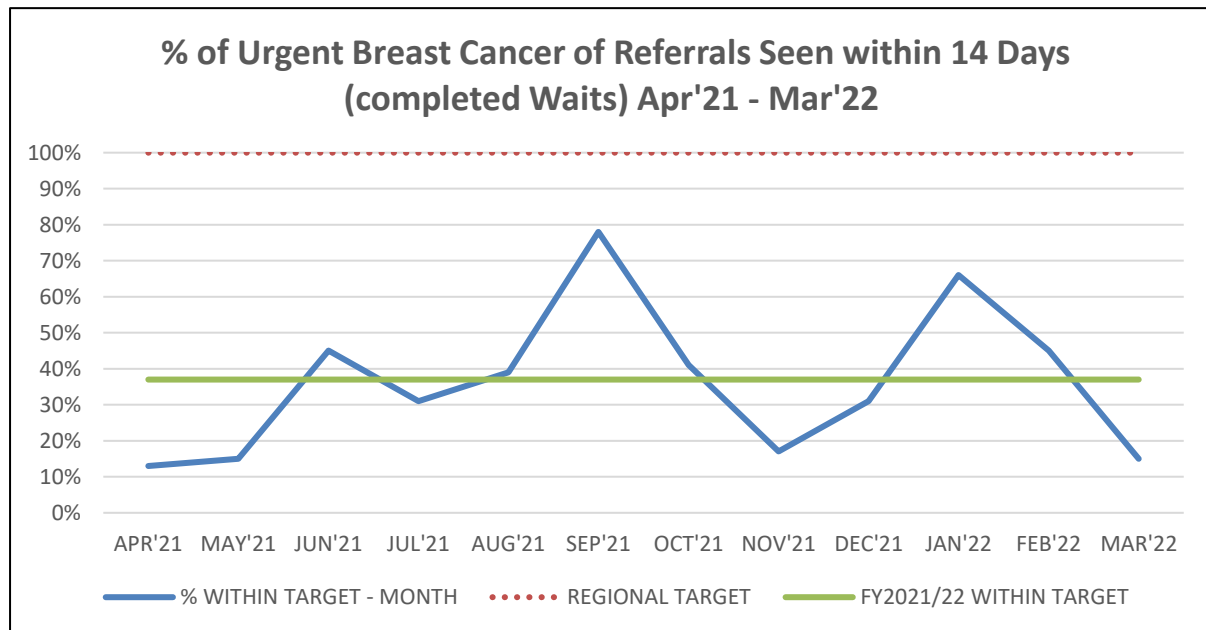
Reasons for breaches included reduced access to first outpatient appointment, outpatient diagnostics and reduced core surgical capacity alongside limited capacity in the Independent Sector, as allocated to the Trust, based on the Regional process for equalization of access for the most urgent patients.



## Breast Cancer - Seen within 14 Days

The percentage of patients within the 14 day standard for FY2021/22 was 37%, the Trust did not meet the target of 100% and was below the Regional target of 53%.

Reasons for breaches includes demand in excess of capacity and limited opportunity for additionality within the Clinical Team. Breast surgical services continue to access limited theatre capacity in the Independent Sector, as allocated to the Trust, and in available core capacity, based on the Regional process for equalization of access for the most urgent patients.



## 4.8 Enhancing Social Work & Social Care Services

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### **Parent and Carers Zoom Information sessions**

Due to COVID 19 the social work and social care services had to be creative at looking at ways to continue to support parents and carers. Our monthly face to face groups had been successful and we wanted to continue to offer this support.

The service decided to pilot virtual zoom workshops and linked with parents on topics that they wanted advice and information on.

We were able to develop a range of topics including Supporting your child back to school, sleep, Autism and Mental Health, Occupational Therapy, Play, behaviour, family therapy, and understanding your child's emotions. The numbers attending these workshops have exceeded any training sessions previously offered to parents. We have had registrations up to 240 parents/carers for each session. Feedback from parents has been positive; this format has provided information and strategies to parents and allowed them to ask questions via the chat facility on Zoom.

As we got more confident at hosting and delivering via zoom we were able to widen the range of parents/carers to include those on waiting lists. This allowed all parents to access the sessions and also the resource's which were sent out after delivery of each session.

These workshops run during the academic year, September to June. Parents are invited each month via a PARIS facilitated text message.

### **Children and Young Persons User Forum**

A Children and Young person's User Group has been established with some of our care experience young people with the purpose being:

- Gathering evaluation and experiences of current services
- Influencing and shaping the planning & development of future services
- Active involvement in strategic development & the shaping of corporate and organisational priorities
- Contribute to the design of Outcomes that will underpin service delivery

The forum has met regularly since commencing including a 2 day workshop exploring the young people's experiences of care. The infographic below references outcomes from the day alongside video links of the young people.



SHSCT Learning Workshop Exploring Care Experiences with Children and Young People: July 2021

**Working towards better outcomes**



**1**

Young people met with the Social Work Governance team to explore their experiences of being in care. A two day workshop encouraged them to talk about their story and share how they think services can be improved.

<https://youtu.be/qv7hcdpvil4>

**2**



The workshop was to find out who the young people are and to explore their ideas of making services better for them and other young people....?

**3**

Key messages from the young people

<https://youtu.be/ouS9Sw9g7Cg>



**4**

The young people have decided to call the CYP User Forum 'SKETCH' Sharing Known Experiences To Change Health & Social Care

**5**

**NEXT STEPS -**

Further workshops to:

- develop the logo
- Develop a LAC Pack
- Develop foster carer profile pack

## 4.9 Functional Support Services

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### **Domestic Services**

Since the start of the Covid-19 Pandemic, Domestic Services have continued to provide enhanced cleaning in the hospitals which means the frequency of cleaning of touch surfaces and sanitary areas has increased.

In March 2022 Domestic Services developed training videos which have been uploaded onto SharePoint to be used as a resource for training staff across the Trust (Hospitals and Community facilities). This was communicated to Trust staff through Southern-i.

### **Catering Services**

#### **Food Allergen Policy**

A new Management of Food Allergen Policy was agreed 23 November 2021. The aim of this policy is to provide guidance for relevant staff on the management of food related allergens to ensure the provision of safe food and beverages for service users (Children and Adults), staff and visitors. The policy was sent to all Directors on 5 November 2021 for cascade to staff but there is ongoing work in Catering Services to embed the policy.

#### **Nutritional Standards**

Catering Services have continued to improve health option choices for staff particularly since the introduction of the Minimal Nutritional Standards for Catering in Health and Social Care were launched in June 2017 by the Public Health Agency, the Food Standards Agency and Safefood. Catering Services are currently considering options to reduce the amount of fried food on the staff menu and replace with healthier cooked options, to increase Trust compliance with the Standards. There are banners and posters displayed in the dining rooms and stickers on the vending machines.

#### **Managing Infection Prevention & Control**

We have installed a new takeaway tea/coffee facility outside the main entrance at CAH. The aim is to provide tea/coffee facilities for service users and visitors and IPC colleagues recommended an outside facility to minimise infection risks. This facility can also be used by staff.

#### **Dysphagia Awareness**

Catering Services have continued to work to improve food choice and safety for patients with swallowing difficulties Since January 2022 Catering Services have reviewed dysphagia menus and increased options for main meals, desserts and snacks, and also pureed porridge is now available for patients at breakfast at CAH and Lurgan (see attached article re “Safer breakfast, Better choice”).

## **Portering / Security / Car Parking**

### **Staff Safety**

From October 2021 to March 2022, the team responded to 438 incidents of violence and aggression across Craigavon Area and Daisy Hill hospitals. In a bid to reduce violence and aggression against staff, the Southern Trust held focus group sessions with Portering Security staff security with the result that body worn cameras will be trialled for a six month period at both hospital sites (excluding paediatric services).

The trial is planned for six months with the use of cameras being carefully managed and continually reviewed.

### **Infection Prevention Control Measures**

At the start of Covid, Compliance Officers were recruited by the Trust to promote and maintain infection prevention control measures on the hospital sites. The Compliance Officers continue to have a visible presence in areas within the hospitals where footfall is high, e.g. foyers, to assist with compliance of infection prevention control measures (wearing of masks, hand sanitising and social distancing).

### **Hospital Parking**

The Trust responded to the NI Assembly draft Hospital Parking Charges Bill in December 2021. The Bill was approved in March 2022 and Functional Support Services will be representing the Trust on a regional working group that is being established in relation to the implementation of the legislation. The Trust already has enforcement in place at CAH and DHH to help traffic management and ensure disabled spaces are used appropriately and we regularly issue reminders through global and social media about responsible parking.

### **Site Security**

The TDSi access control system used in Craigavon Area Hospital is being replaced by a CEM system. The initial phase of the changeover has already taken place in Emergency Department and Ramone Outpatients. The system will be rolled out on a phased approach across the hospital as resources are available, and it will be introduced to any new builds/refurbishments requiring access control. This will provide a more secure system and standardise access control across the hospital sites.

Additional CCTV has been installed on the Craigavon Area Hospital site. Cameras have been installed in car park 4 and around the residential accommodation blocks. The new cameras include 360 degree cameras which provide much better coverage to ensure the site is as safe as possible.



## **Chaplaincy**

We continue to update staff and service users with Chaplaincy Services updates and information resources.

## **Laundry**

Our laundry services are subject to an Annual Satisfaction Survey with service users (Belfast Trust and Southern Trust) as part of our ISO 9001:2015 Standard accreditation. The last survey was completed in Belfast Trust in November 2021 and the survey in the Southern Trust is due to be completed during summer 2022.

## **Decontamination**

An Annual Satisfaction Survey with service users in Southern Trust as part of BS EN ISO 13485:2016 Quality Management Standard and the Medical Devices Directive (MDD) 93/42/EEC accreditation was completed in October 2021.

## **Admin & Clerical**

The Acute Referral and Booking Centre continue to provide a text reminding service to patients re appointments so they do not miss them.

Switchboard continue to assist people who are trying to locate relatives/find out about their relatives welfare, members of the public trying to find out about attending Emergency Department, outpatient appointments, visiting, virtual visiting, if they have difficulty with car parking etc. Switchboard change messages on hospital phone numbers (copy sample attached).



Southern Health  
and Social Care Trust  
*Quality Care - for you, with you*

# Theme 5

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# Integrating the Care

## 5.1 Community Care

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- Examples of improvement work undertaken by Trusts to meet the needs of community clients e.g.:
  - Tele monitoring
  - Support Nursing Homes
  - Rapid Access Teams
  - Intermediate Care
  - Facilitating Early Discharge
  - Home Treatment
  - District Nursing

### **Acute care at home.**

- We started virtual monitoring of all Covid positive nursing home patients (Day 1,4,7 & 10) this was to pick up any deterioration early and then admit to AC@HT for treatment or hospital if required.
- We also allowed care homes to refer directly to AC@HT rather than having to ring GP first and this practice has continued and is working well.
- Pre Covid the referrer had to have seen the patient before referral but we waived this criteria during Covid to make it easier for GP's
- We are now planning on implementing more POCT by training medical staff in POCUS (Ultrasound)
- Consultants did virtual reviews and this allowed them to see more patients.
- Health Visiting

*(This will reflect some social care input and should support the Transforming Your Care agenda)*

### **ICS**

Throughout the pandemic the In-reach manager has played a pivotal role in supporting patient flow throughout our Acute and Non Acute hospitals within the SHSCT. It involves joint decision making, problem solving, escalating barriers to discharge, interface between community and hospital escalating issues at earliest point with the aim of reducing patients length of stay in hospital and reducing hospital acquired frailty and promoting a “Home First” ethos.

Discharge to Assess has continued to grow throughout the pandemic to ensure patients are discharged home when medically optimised without incurring further delays. Given the unknown of Covid D2A provided a pivotal service to allowing the transfer of care from hospital to the community in a timely, efficient manner which reduced risk of hospital acquired infection but offering assurances that patient's needs would be followed up and identified within their own environment.

ICS AHPs continue to provide a response service with the majority of new patients seen within 48 hours so that intervention is timely and rehabilitation programmes are started to increase independence.

ICS SW continue to support service users to return to their own home in a timely manner and continue their rehab journey in the community where required.

Carer engagement projects have been ongoing with ICS – ICS co-ordinator is currently working on developing a carers resource, and is supported in the development of this by 15 carers using a co-production approach to developing our support for carers.

ICS SW's have renewed their focus on offering carers assessments given the invaluable contribution carers are making to support our service users to remain at home. More carers have been completed in the last 12 month period than in any other period previously.

### **Integrated Care Teams (ICTs)**

The ICTs continue to recover from the pandemic and are now in a position to establish some stability to put in place plans and initiatives for the future with a particular initial focus on the next 2 years. Despite the challenges over the last year, ICTs have continued to engage in examples of improvement as outlined below;

- As per AQR 2020-21 ICT Community Occupational Therapists (OTs) introduced a new electronic induction booklet for ICT OTs and this has now been created and introduced for ICT Social Work and Social Care Work staff to ensure an effective and harmonised induction across SW/SCW in ICT. The goal is for this induction pack to be enhanced in due course and introduced across all staffing groups in ICT.
- The Community OT Service in the SHSCT have led on the development of regional documentation for Household Lifts, resulting in more robust Governance arrangements.
- The Community OT Service along with Trust Home Care have also reviewed processes in relation to Domiciliary Care reviews and made changes to staffing to pilot a different approach to enhance efficiency of responding to the demands.
- ICTs have also taken on identified learning from our Trust's Adult Protection Gateway Team around the importance of Adult Safeguarding responsibilities and ICTs are developing supports within the teams to enhance recognising, reporting and responding to Adult Safeguarding concerns. This work will continue into 2022-2023 including support sessions.

- In 2020-2021, the District Nursing Regional Framework and in particular the Career Pathway was being established with foundations being set around job descriptions and ways to operationalise. The year 2021-2022 has seen excellent moves towards the implementation of the new career pathway in District Nursing Teams with the introduction of Community Senior Nurses, new District Nurses and an Advanced Nurse Practitioner. There has been significant work undertaken around Service Improvement, education sessions and shared learning events. This foundation will continue to be built on over the next 4 years of the Framework.
- The District Nursing also continue to work flexibly in regards to the COVID-19 domiciliary vaccination programme and enhance this service as required.

### **Acute Care At Home**

Over the last 12 months we have realised the importance of good communication, keeping staff and patients informed. After a very difficult 2 years, our staff remain very dedicated and willing to go beyond what is expected in a crisis.

The pandemic has provided challenges that have led us to work differently to maximise capacity and still deliver high quality care to our patients e.g. Doctors doing virtual reviews, and changing to once daily antibiotics to maximise capacity.

The pandemic has shown that it is possible to implement new procedures and processes very quickly and efficiently, with more involvement from families where possible e.g. picking up stock at a pharmacy rather than a nurse having to deliver.

We had to make changes very quickly and we were very grateful for redeployed staff coming into our team and were able to get them inducted and upskilled very quickly and safely and ensure competencies.

Every team member regardless of role had to take on duties that may not be ordinarily part of their role in order to reduce footfall and minimise risk of infection

A high level of support was needed for nursing homes at the beginning of the pandemic often making calls take much longer than before. Staff were nervous but patients needed to be seen and treated so daily support and reassurance was needed and provided..

Staff quickly took on-board new treatment plans e.g. monoclonal antibodies administered in hospital and in patients own homes

Virtual monitoring of Covid positive patients in nursing homes was able to pick up deterioration early and nursing home staff were able to refer directly to AC@H without having to go through a GP.

This service is moving forward and we have learned that some of our new ways of working offer an improved service. Staff now very comfortable and adjusted to this new model of

delivery. We have 2 Trainee Advanced Nurse Practitioners in the team with one ready to qualify and work independently from September 2022.

### **Physiotherapy Services:**

Our Physiotherapy staff working in Minor Injuries in CAH ED were accommodated to work in the department alongside the MIU staff which has improved the teamwork, learning from other Professions and ultimately improved outcomes for patients.

Outpatient Physiotherapy services adapted to virtual ways of working e.g.) antenatal and pelvic girdle pain classes are delivered on zoom, many review appointments are now completed virtually or by telephone, online resource packs were developed which provide information and exercise programmes for patients and these are sent out either while patients are on a waiting list or when they attend via a generic email promoting self-management and Physical Activity which are both vital for patients health and well-being. These will all continue.

### **Integrated Care Team**

Integrated Care Teams (ICTs) have learned that due to the nature of the types of professional interventions, much of the work could not be stepped down and other than the diversion of some tasks for a short period of time and following a risk assessment; in the main all aspects of interventions in ICTs continued throughout the pandemic to ensure patient/Service User safety.

ICT staff continue to undertake community visits to Service User's own home or care home setting as this is an essential element of the role to allow a robust assessment and intervention. It would not be possible for Occupational Therapists, Physiotherapists, District Nurses or Social Workers to undertake the necessary professional intervention with Service Users via virtual mediums in most instances, however, whereby this can be effective the team are doing so.

Staff in ICT continue to work flexibly across the Service, where the need is greatest in the event of reduced staffing. Staff in ICTs have also implemented a hybrid approach in relation to working in the office and working from home when needed as accommodation remains an issue due to the 2-metre distancing recommendation. This hybrid approach provides flexibility to staff and ensures that IPC guidelines are adhered to in the office to keep staff safe.

The use of virtual meeting platforms has increased and ensures working relations are maintained and ensures staff feel supported in the absence of face to face team meetings. Staff within ICT have utilised and adapted to this new way of working and therefore ensuring effective and clear communication between management and staff.

Undertaking recruitment interviews via zoom when not able to undertake face to face has ensured timely Recruitment & Selection decisions and to ensure vacancies are managed as quickly as possible.

Designated Adult Protection Officers (DAPOs) are now undertaking virtual Safeguarding Strategy meetings when required and this ensures that Strategy meetings are undertaken timely and ensuring appropriate representatives are present.

Day centres have reopened but capacity has been reduced and therefore Social Work staff continue to work creatively to develop alternatives to Day Care such as sitting supports such as Trust Home Care Companions with planned activities to ensure that social isolation is reduced and promote social contacts.

The number of outstanding Domiciliary Packages of support have also increased and therefore ICT staff have been working collaboratively with service users, families and community services to ensure that service users' needs are met while waiting on a Domiciliary support and have also been considering alternative arrangements when required. Therefore, close partnership working with Trust Home Care and the Independent sector has been essential. Examples include Social Workers undertaking an increased number of home visits due to pressures families are experiencing and to offer support to carers both practically and emotionally. District Nurses have stepped in on many occasions to provide basic and essential personal care support to those in need of domiciliary support that is outstanding.

Not only have ICTs continued with core business/intervention over the last 2 years, but they have also engaged significantly in other new Programmes of Care and Services as a direct result of the pandemic, such as the COVID-19 Vaccination programmes and the swabbing programme. The impact of the pandemic has resulted in increased waiting lists for OTs and in turn routine referrals have on occasions escalated to urgent and this has placed more pressure on the Service. Mobility Clinics were set-up by Community Physiotherapy to provide an adaptable approach, which supported home visits to Service Users that otherwise, would have attended outpatient departments that had to be stood-down at one point. This was to ensure timely assessment and to minimise deterioration.

### **Promoting Wellbeing:**

The Promoting Wellbeing Division has enhanced our learning and skills to successfully adapt a number of programmes and training to online delivery via Zoom, including the diabetes prevention programme and parenting support programmes.

17 online diabetes prevention programmes have been completed via ZOOM with 188 participants

Stop smoking services continued to be offered to the public and to staff throughout the pandemic.

Regionally public health dieticians worked collectively to progress a suite of healthy eating and cooking skills webinars which can be accessed as live online sessions or viewed as recordings.

Zoom was also utilised to maintain partnership working across sectors in relation to many issues including suicide prevention, postvention support, and support for people affected by cancer.

The Trust Smoke Free policy has been updated in line with legislative changes re smoking in cars. Breaches of the policy lessened during lockdown periods with less visitors to hospital sites but this has increased again as footfall on hospital sites increased. We are progressing recruitment of a smoke free warden for the hospital sites to support compliance.

Moving forward the Division is considering which programmes and training need to return to face-to-face delivery and the benefits of a hybrid approach to delivery with some programmes online and others face to face.

### **Community Equipment Stores and Reablement**

We have learnt how highly dedicated and resilient our staff are, through their flexibility and high level of responsiveness to meeting the needs patients and their carers, by ensuring service continuity throughout the entire duration of this pandemic.

When there is clear direction, momentum and need, we have learnt how adaptable our staff are, for example, the implementation of IPC in the community for both Community Equipment Store and Reablement. In CES vehicles and in patient's homes when delivering and collecting equipment and delivering a Reablement service. We have also learnt the importance of contingency planning as part of our flexibility and responsiveness to help ensure service continuity.

Moving to virtual communication/meetings has reduced travel time and enabled a very swift mobilisation of the required staff to meet at very short notice to make necessary decisions and agree the actions to be taken. As a result, virtual communication/meetings has also improved existing processes and joint working within our services. We have learnt how all teams and directorates can work together more closely for the benefit of our clients.

### **Podiatry:**

Communication within and across teams in key, maintaining regular contact with staff (including those shielding and working from home) and service users. Engaging with staff in decision-making, particularly when the outcomes of those decisions impact on staff personally is important.

Podiatry continued to deliver services for active, urgent and high risk patients throughout the pandemic. Lower risk services were temporarily stood down. New ways of working were



introduced such as virtual triage using photography, virtual telephone clinics and empowering patients / carers to self / share care. Staff embraced the use of technology and improved digital literacy for all staff has been a positive outcome.

Collaboration between teams has enhanced patient journeys / pathways with improved outcomes for service users. Managing mainly high and active caseloads together has resulted in increased knowledge and capability between teams.

The rebuild of Podiatry services is ongoing with services for lower risk patients being reintroduced. The use of digital photography and virtual clinics is now well established and will be embedded within podiatry services moving forward.

### **Physiotherapy Services**

We have learned that Staff and patients are very adaptable to change and provided resources included IT equipment and support are made available services can continue to be delivered to a degree remotely. However, lack of knowledge with IT and poor access to home internet has disproportionate disadvantages to many of our older patients.

Our Physiotherapy staff working in Minor Injuries in CAH ED were accommodated to work in the department alongside the MIU staff which has improved the teamwork, learning from other Professions and ultimately improved outcomes for patients.

Outpatient Physiotherapy services adapted to virtual ways of working e.g. antenatal and pelvic girdle pain classes are delivered on zoom, many review appointments are now completed virtually or by telephone, online resource packs were developed which provide information and exercise programmes for patients and these are sent out either while patients are on a waiting list or when they attend via a generic email promoting self-management and Physical Activity which are both vital for patients health and well-being. These will all continue.

### **Community Dietetic Service/Home Enteral Feeding service**

Community Dietitians have been remarkably resilient during the Covid pressures, being open to redeployment in acute and non-acute hospitals to meet the increased demand for dietetic services in these areas. At the same time they managed to keep core elective services going, continued to support undergraduate dietetic student placements (to ensure sufficient workforce for the future) and changed/evolved the way services were provided.

The Dietetic service embraced the use of technology and whilst new patients are seen face to face, the majority of reviews are completed by telephone. Group sessions have been successfully delivered virtually. The service has learnt that these new ways of working can be incorporated into future service delivery methods.

Demand for the Home Enteral Feeding Co-Ordinators service remained high; essentially the team has continued with face to face visits with patients due to the urgent nature of their work.

Communication has been key to the progression of the services to ensure the teams are kept up-to-date and are aware of what is going on. This has been managed by regular locality meetings and service wide team meetings.

### **Community Diabetes services:**

The Community Diabetes service has had to adapt in many ways to the Covid crisis. In particular, for diabetes specialist nurses and diabetes specialist dietitians, the service had to adapt their delivery of structured diabetes education for patients with Type 1 and Type 2 diabetes. They successfully managed this through adherence to national training guidance and being adaptable/flexible in terms of what programmes were delivered virtually. Where patients had technology issues, they offered one to one assessments as an alternative.

The Advanced Diabetes Podiatrists continued to deliver their services for high risk patients with diabetes throughout the pandemic. New ways of working were introduced such as virtual triage using photography, close collaboration with the core podiatry service to manage at risk patients and continued adherence to the diabetes foot pathway.

### **Domiciliary Care**

Throughout the pandemic Domiciliary Care has continued to deliver quality care to approx. 2500 clients within the community, this enables client's to remain independent and in their own home for longer, while taking pressure from the hospital by helping with timely hospital discharges. It has responded to those service users who were unable to go to Day Centres and we have continued to try and grow the service and take on new and additional POC's where possible. Our Domiciliary Care Supervisors have been quality assuring rotas to try to release capacity for additional care provision. There has been continued engagement with team leads to quality assure the POC outstanding list, to help prioritise those most in need and create capacity within the system.

Staffing levels has continued to be an ongoing issue and this year we have created a new post, Recruitment Liaison Officer to improve communication with potential employees and try to expedite the recruitment process, alongside using Health Sector Talent as a pilot exercise to try and streamline the process. There has also been improved communication between the Locality Managers and SERC, Further Education Colleges and Secondary Schools to try and increase awareness of the service and ultimately recruitment.



Catherine McCallum – Recruitment Liaison Officer

All our staff have now linked onto eLearning and with the use of their personal email accounts are now upskilling and completing necessary and additional training.

### **Non Acute Hospitals – NAH**

Non Acute Hospitals faced sustained demands over 2021/22 due to the COVID19 pandemic but by working together across all disciplines we have ensured that high standards of patient care with a strong rehabilitation ethos was our number one priority. 1,376 patients were admitted to the 5 wards and additional beds were accommodated in response to fluctuating pressures.

Due to staffing issues NAH have had to be innovative in our ways of working to provide rehabilitation with a strong ethos of “Promoting Rehab Everybody’s Business” Communication is key and we have strived to maintain excellent communication with our patients, their families and each other during this very difficult and stressful time. Fluctuating visiting arrangements across the wards due to IPC restrictions created increased anxiety for patients and loved ones, however we have encouraged window visiting where possible, virtual visiting and virtual rehabilitation sessions to help patients and family stay connected when unable to facilitate face to face visiting and this is something we will continue to offer in the future.

Despite significant challenges in discharge planning due to limited choice and reduced access to temporary placements and packages of care, Social Workers have continued to provide a high level of therapeutic support to patients and their families.

Physiotherapy staff introduced a ward activity based group classes to provide stimulation for our patients and encourage engagement with activity in a fun and interactive way. We hope to roll this out across all our wards.

SLT both in NAH and Community implemented virtual assessments across sites, and into care homes and patient homes.

Occupational Therapy staff including those from Non Acute Hospitals, submitted storyboards for display in the Health and Social Care Careers section, of the Work Inspiration website. OTs described their educational and personal route to working within OT, what a “typical” day

involves and what they enjoy about their work, giving inspiration and advice to those considering Occupational Therapy as a future career. The storyboards are available to view at <https://workinspiration-ni.com/southern-health-and-social-care-trust-storyboards/>



There has been focus on improving dementia care with the support of Mairead McGahan, Service Improvement Lead. The Dementia Bus visited Lurgan and South Tyrone Hospital sites 21st–25th March 2022, and both staff and carers were given the opportunity to avail of this experience. We were delighted when Mary Jackson was crowned the Inspirational Clinical Support Worker of the Year, at the “Our Health Heroes Awards”, for her dedication and compassion working as a Dementia Companion.

“RITA” arrived in our Non-acute hospitals – “Reminiscence Interactive Therapy Activities” This is an interactive touch screen system, which allows patients to enjoy specifically designed reminiscence content, watch films, play games and listen to music as part of their recovery.



In response to bed demands across the trust, a 16 bedded unit was established on E Floor in South Tyrone Hospital demanding strong collaborative MDT working and communication across teams. This ward was established by Acute staff and then transferred to the management of OPPC, receiving patients from both Non-Acute and Acute wards and was designed to facilitate patients medically fit for discharge and awaiting a package of care or placement in a nursing home. Medical cover was provided by a temporary contractual arrangement with local GPs in Ardmore Practice and Out of Hours GP service. Over a 4 month period, 83 patients were admitted via the unit until it was subsequently closed 13<sup>th</sup> May 2022 when bed pressures subsided.

## **Community Stroke Team (CST)**

The Community Stroke Team provided post stroke support and rehabilitation in community setting for 846 individuals during the period April 2021 – March 2022 via three different pathways:-

### **Early Supported Discharge / Community Rehabilitation / TIA**

COVID screening tools continued to be used to assess COVID related risk prior to clinics, home visits, including Nursing Homes, to ensure the safety of staff and patients. Some aspects of rehabilitation have been effectively delivered via virtual programmes and patients and families were also supported through self-management programmes and telephone links. The team have learned how determined and resilient they can be in challenging times when working cohesively as an MDT and with other services.

CST have worked closely with Northern Ireland Chest Heart and Stroke Association and Stroke Association N.I. to ensure vital longer term support for stroke survivors and their families.

A podcast was made with the focus on “Hope” and the important role of the Social Worker in delivering therapeutic input post-stroke to mark World Stroke Day October 2021



## **Covid 19 Response within Autism Services**

### **Drop In Parent Group**

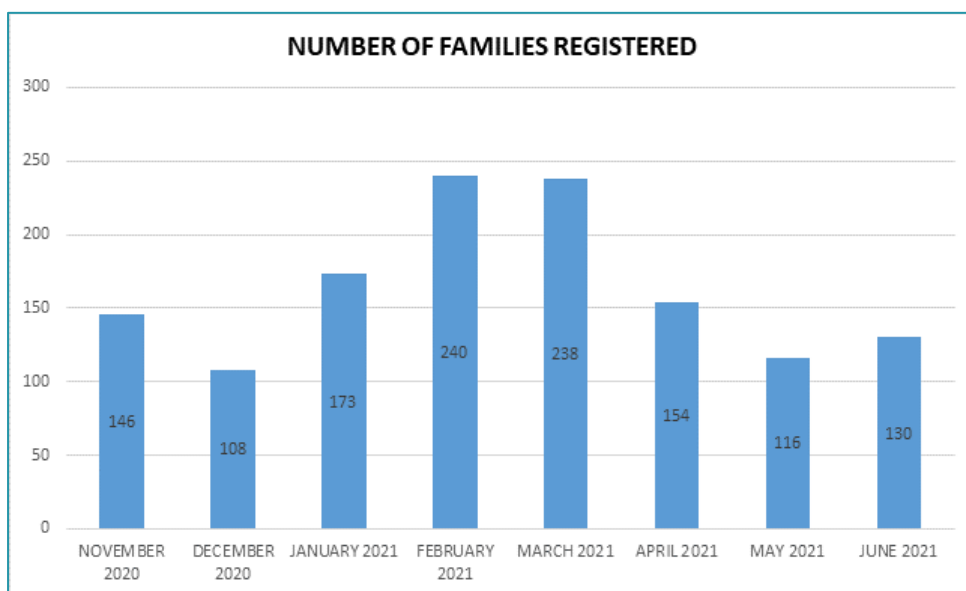
Prior to the Covid 19 pandemic Autism Services delivered a monthly face to face drop in parent/carer group. Approximately 15 – 20 parents/carers attended the group every month. The group took place the first Wednesday of every academic month from 5pm to 6pm in Autism Services in the Oaks in Armagh. The group was available to all parents/carers who had a child/young person known to Autism Services. Every month a different topic and professional /speaker shared valuable information and resources.

The aim of the drop in parent/carer group was to provide an opportunity for parents/carers to learn from skilled and experienced professionals and ask questions. Parents/carers also had the opportunity to learn from each other about how to support their child/young person and build relationships and friendships.

During the Covid 19, pandemic Autism Services acknowledged and recognised that parents/carers needed this ongoing advice and support. The face-to-face drop in parent/carer group had to cease however from August 2020 Autism Services were able to deliver this bespoke drop in parent/carer group via a virtual platform.

A text message is sent to all parent/carers advising of the drop in parent/carer group, including, the date, time and topic to be discussed. A wide range of topics are covered including communication, eating, sleep toileting, emotional regulation, siblings and parents are able to request specific topic areas.

Parents/carers can contact Autism Services to register their interest in the virtual group. The transition to virtual delivery of this drop in parent/carer group has proved very successful and popular. This new way of working has enabled more parents/carers to access information and resources without having to travel to Autism Services, they do not need to arrange child care for their child/young person and even if they cannot join the group, they will still be sent all the useful resources and links provided during the group.



Due to the success of the parent/carer drop in-group via virtual platform, Autism Services are now offering early intervention for parents/carers whilst their child/young person is going through the Autism Assessment journey.

Parents/carers,

Autism Services would like to invite parents and carers to an information session to build awareness of **Autism and mental health**.

Open to those with or without a diagnosis of autism.



Who	DR ANNA McGOVERN Will provide information and ideas on how to support young people.
What	An information session to provide understanding and strategies for use to support young people with their autism diagnosis and mental health.
When	Wednesday 2 <sup>nd</sup> March 2022 5.00 – 6.00 pm
Where	This will be via ZOOM - password and link can be received by emailing <a href="mailto:autism.services@southerntrust.hscni.net">autism.services@southerntrust.hscni.net</a> to request a place.
Why	To gain information about the needs of young people with Autism.

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I felt much affirmed throughout the session and after some difficulties in our house in the days prior to the session, I felt it was just the connection and support I needed.

I wanted to express my thanks and let you know how beneficial I found the session.”

**Dietetic services:**

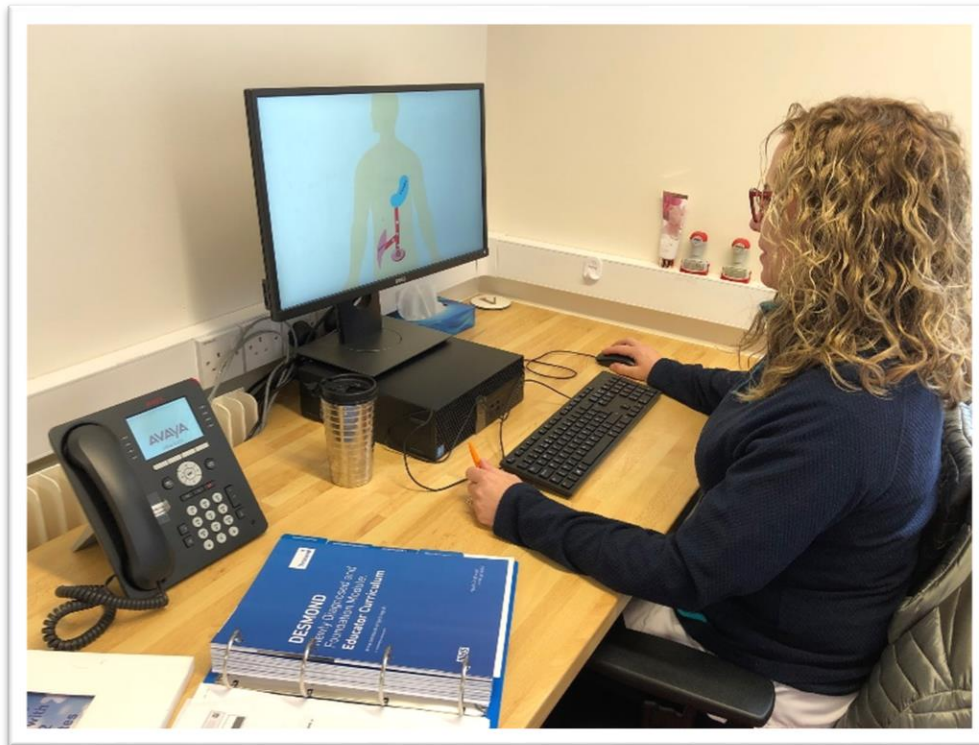
The SHSCT Good Nutrition Policy was updated in December 2021, focussing on the prevention and management of malnutrition. It highlights that promoting good nutritional care is everybody’s business. Raising awareness and identifying those individuals most at risk of malnutrition in health and social care settings, including those cared for in their own homes, are key to person-centred care.

**Structured Diabetes Education (SDE) programmes:**

Despite the pandemic, through the continued efforts of the Community Diabetes service they have been able to deliver a considerable number of education programmes for people with Type 1 and Type 2 Diabetes:

- DAFNE Type 1 SDE: 11 programmes
- Type 1 refresher: 5 programmes

- DESMOND Type 2 SDE: 24 programmes
- Type 2 refresher: 16 programmes



Also where patients with Diabetes have not availed of virtual group education, a further 388 patients have been provided with one to one telephone assessments.

### **Paediatric Psychology Service**

In line with best and holistic care for children and young people with chronic health conditions and their families the Paediatric Psychology Service has been developed to deliver integrated psychological care for children with Allergies, Asthma, Diabetes and Epilepsy within a multidisciplinary context. The service model provides input at different levels of needs including specialist for the four condition areas as well as targeted and universal interventions for all physical health presentations enabling increased accessed to psychology intervention. Interventions were adapted and delivered using digital platforms including bespoke psychoeducation material, Narrative Therapy based Tree of Life workshop; educational workshops for families and professionals and complex case consultations.

The Paediatric Psychology Service had a lead role in providing wellbeing staff support including service design, environmental supports, supervision, training and specialist intervention using a novel Compassion Focused model.



A novel intervention was provided targeted specially at supporting parents who were required to isolate due to Covid 19 while their new-born babies were admitted to the Neonatal Unit. The intervention designed consisted of two prongs based on Compassionate Focused approach:

- Staff training for Neonatal and Special Care Baby Units
- Group and individual reflective sessions.

Positive feedback was received from staff and parents. The intervention enabled learning compassion focused skills, a space for mothers and fathers to reflect on their experience and provided an opportunity for connection of their unique and difficult time.



### **Developing an Emotional Health and Wellbeing Pathway for children and young people**

A Regional Children and Young People's Emotional Health and Well-being Services Framework was developed in 2020 in partnership with Trusts, third sector organisations and with parental involvement through a series of workshops. The Framework acknowledged the difficulty for parents of navigating services if their child required multiple referrals, which often results in multiple waits across services. This is a barrier to providing early support to families. It was also recognised that meeting the holistic needs of children and their families required a shift to formulation based needs model from the current diagnostically driven services.



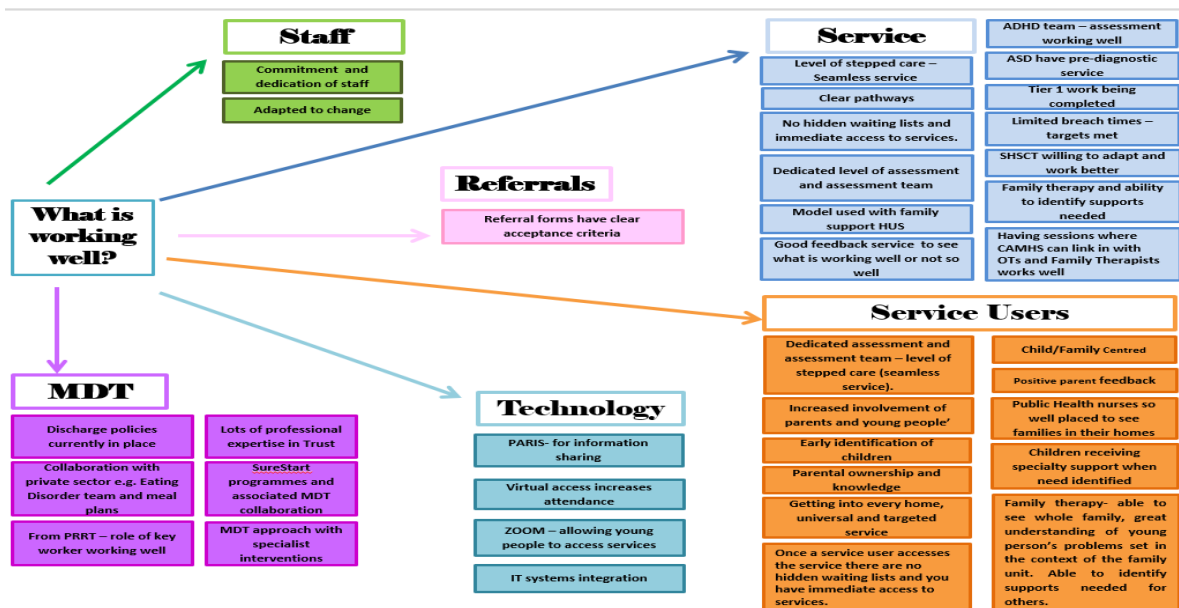
A Trust Emotional Health and Wellbeing Working (EHWB) Group was established in 2021 with support from the Child Development Interventions Coordinator and Planning and Communication Officers to take forward the core operational elements of phase 1 of the implementation framework including:

- Establish a single point of entry for referrals for children with emotional health, wellbeing and developmental needs in the CYPS Directorate
- Development of an early intervention model
- Children and young people and their families will have access to advice and preventive supports which support family wellbeing



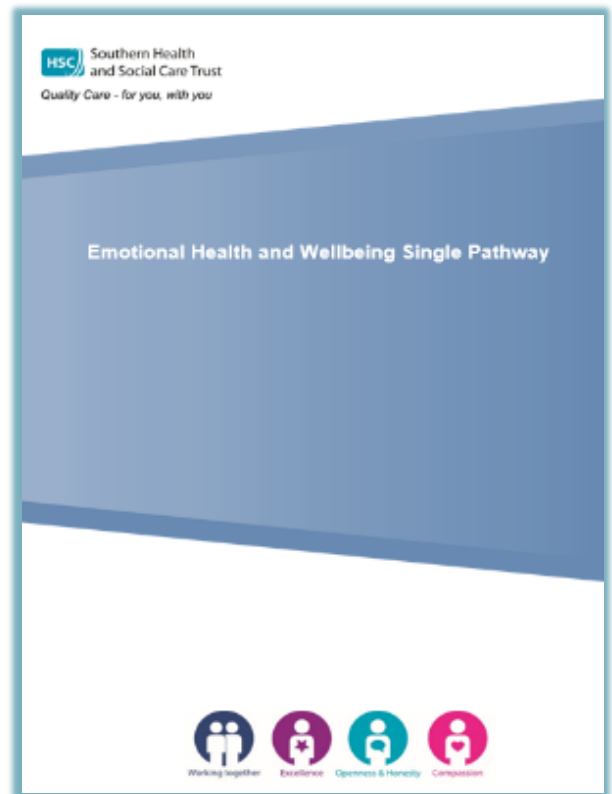
The first priority of the Trust EHWP working group was to raise awareness of the new framework across Children and Young Peoples Services and with wider stakeholders including Primary Care and Education. Four virtual ‘Awareness Raising’ workshops were held over the summer of 2021 and 165 staff attended. The evaluation from the workshops was themed.

The Trust Quality Improvement Team supported a further workshop in October 2021 with the working group and key stakeholders in October 2021 to review learning to date, review good practice models and agree the priorities for the implementation phase.



Outcomes to date:

- Emotional Health and Wellbeing Referral Coordinator Appointed
- Referral form and referral guidance finalised
- Single Point of Entry Multidisciplinary Triage Service Representatives confirmed.
- PPI level 2 training undertaken by working group
- Key performance measures agreed
- PARIS implementation agreed



## 5.2 Mental Health

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### Crisis Planning

The Southern HSC continues to lead and implement the regional Toward Zero Suicide (TZS) programme – a patient safety collaborative seeking transformational change to reduce suicidal behaviour and deaths amongst individuals known to mental health services. The Programme includes the delivery of staff training, suicide specific interventions and revisions to care pathways, practice and organisational culture.



In the past year the Southern Trust mental health services have extended the care pathway by working in partnership with the Community and Voluntary (C&V) sector and General Practice Federation (GP Fed) Newry and District. To provide a consistent approach in the assessment of suicidality, formulation of risk and safety planning. The care pathway now includes individuals at risk of suicide, who present to C&V partners and GP Fed, and may not be known the Trust services. In the past year, 105 (Southern Trust, C&V, GP Fed) practitioners have completed training, and utilised the advance assessment and risk formulation tools in over 900 occasions. Data Sharing Agreements are now operational with C&V partners and a minimum standard of 'warm handover' agreed to improve safety during transition between services.

Collaborative safety planning and follow up is a key element of the Suicide Prevention Care Pathway (SPCP), with safety planning now taking place across all mental health Trust service areas. To date the TZS Service Improvement Manager has facilitated 58 Safety Planning information sessions attended by 675 (Southern Trust, C&V and GP Fed) practitioners. Trust practitioners have saved over 800 suicide prevention safety plans on Southern Trust patient Paris records. The Southern Trust has shared learning with Children Mental Health Service (Camhs).

The Southern Trust has extended the pilot of the WELL-Bean Café which has moved to permanent premises in Newry. Since March 2021, 200 individuals, in emotional crisis, have visited the café, 50% were male and 10% of overall visitors were Polish nationals.

Minimising restrictive practice (MRP) continues in Bluestone inpatients. The Southern Trust has lead the development of the regional; Action Plan, data collection templates and reporting platform. The Southern Trust Chair the regional Safe ward work stream.

Work continues to move towards earlier post-discharge appointment following discharge from acute care, while ensuring that the appointment remains meaningful for patients and improved and consistent discharge planning.

## Physical Care of the Mentally unwell

### **Enhanced Complex Care Project for Acute Patients with Physical and Learning Disabilities**

Adult mental health services continues to focus on the physical health of individuals with serious mental illness, recognising that they are at greater risk of poor physical health and have a higher premature mortality than the general population.

The **Enhanced Complex Care Team project** was developed in 2021 as a Quality Improvement (QI) project, following QI methodology and supported by the Trust's QI team. The aim of the project is to support patients with a disability who are acutely unwell and avoid unnecessary admission to hospital, as well as supporting earlier discharge from an acute setting. With the current pressures in our hospital settings and staff shortages there is no guarantee of skill set in ED or Acute Setting in terms of delivering holistic care for learning disability. Patient experience for those with a disability needs to be improved. We want to be able to treat those patients at home where it can be done safely.

The Enhanced Care team is multi-disciplinary in nature and the professionals are trained in clinical interventions that can provide care and support to identified individuals in community settings. The team is made up currently of a team lead, band 6 nurses, specialist respiratory physiotherapist and an occupational therapist. Phase 1 of the project began in February 2022 where the team have been on extensive training, shadowing and working into other teams to ensure they have the required knowledge and skills to be able to provide high quality, safe and effective care to those acutely unwell at the point of hospital admission, in their own home.

Phase two of the project will become operational in September 2022 and will facilitate earlier discharge of patients that meet our criteria into the community, where we can safely do so. This will benefit the patients that we are able to care for in their own home, as well as freeing up acute beds and relieving much needed pressure on our Emergency Departments.

Building on previous reported improvements in this area of work, Adult Mental Health Services continue to offer routine physical health screening checks for individuals in line with the Lester Guidance.

The physical health monitoring team has been established providing an service ensuring that best guidance practices are implemented in relation to physical health monitoring and health promotion. This service will see further development upon the completion of the training of a non-medical prescriber within the team, they will be able to offer an enhanced service in relation to prescribing medications to treat side effects of anti-psychotic medications and also to assist with health promotion in relation to smoking cessation and weight management.

Within the Home Treatment Team service the physical health passport has been identified as a nursing quality indicator and is audited on an ongoing basis and results submitted via nursing governance on a monthly basis.

The Physical Health Expert Reference Group, established in 2020, continues to meet to provide a multi-disciplinary forum for policy and pathway review and service development.

## 5.3 Children's Social Care Services

### Looked After Children



#### Facts and Figures

- As at 31/03/22 there were 589 fulltime looked after children.

### Permanency Planning



#### Facts and Figures

- As at 31/03/22, 550 fulltime looked after children had a permanency plan.

### Children identified as being at risk are seen and spoken to within 24 hours



#### Facts and Figures

- There were **886** Child Protection referrals during 2021/22.
- Of these 866 CP referrals, **881** were seen & spoken to within 24hrs

### Education, Training and Employment – Care Leavers



#### Facts and Figures

- As at 31/03/22, there were 255 young people subject to Leaving Care Act
- Of these 205 were in education, training & employment – 6 have an ETE status of 'other' (sick/disabled, parent, carer) and 44 are ETE Inactive.

## LAC Reviews



### Facts and Figures

- 1225 LAC reviews held during 21/22 (this figure includes emergency reviews, change in placement reviews & 1 specific issues review – the figure is 1199 if initial, 3mth & 6mth reviews only included)
- 95 of these were held outside of timescale



## 5.4 Adult Social Care Services

### Resettlement of Adults with a Learning Disability

The ultimate goal of this Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Health and Social Care Trusts.

### Individual Care Assessments

There are a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.



#### Facts and Figures

During 2021/22 there were:

- **1953 adult carers** across Physical Disability, Learning Disability, Mental Health and Older People & Primary Care services were offered individual care assessments.
- This is a **decrease of 6%** on 2020/21.

### Adult Protection plans

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.



#### Facts and Figures


- During 2021/22 there were **151 adults referred** for investigation and identified as at risk, during the year had an adult protection plan in place at 31st March 2021.
- This is a **20% decrease** from the previous year, 2020/21.

# Community Development Projects initiated by MDT Social Work

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## Direct Payments

Direct Payments provide services users and their families an element of choice in determining the care they receive.




### Facts and Figures

During 2021/22:

- **680 adults received direct payments**, to break this figure down further
  - There are **226** elderly adults
  - There are **42** adults with ill mental health
  - There are **255** adults with a Learning disability
  - There are **157** with a physical and sensory disability
- This figure has **increased from 661** adults in March 2021
  - No increase in elderly
  - Increase in Elderly by 1
  - Increase in Learning disability by 13
  - Increase in Physical and sensory disability by 5

## Approved Social Work



### Facts and Figures

During 2021/22 the percentage of assessments carried out by an approved social worker were:

- Older People and Primary Care – **92%**
- Mental Health – **98%**
- Learning Disabilities – **100%**
- Physical and Sensory disabilities – **100%**



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*



**Annual Quality Report 2021/22**

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