



**2022/2023**

**WELCOME**  
WE'RE GLAD YOU'RE HERE!



# **ANNUAL QUALITY REPORT**

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# Chief Executive Foreword

## Message from the Southern Trust Chief Executive

This year, 2023, we are celebrating 75 years of the NHS.

The NHS is a dynamic organisation continuing to develop in line with best practice and constantly striving for excellence and quality improvement. Our consultations on Emergency General Surgery and Inpatient Dementia Services, undertaken this year, aim to modernise these services to meet best practice and safety guidance and ensure that patients receive the best standard of care.

Southern Trust staff have continued to innovate and improve the care they offer for local people over the past year right across all of our services - Medicine and Unscheduled Care, Surgical and Clinical Services, Mental Health and Disability, Adult Community and Children and Young People's Services. Many of these improvements are included in this report such as the "Steps to Wellness" programme, which has delivered a significant reduction in waiting times in mental health services and also quality improvement initiatives within Children's Services to address unallocated cases.

We are committed to the delivery of quality services – and my focus is on the quality of care and patient experience we deliver. As a Trust, we face many challenges, but the quality and commitment of staff does not change and we work hard to achieve high standards.

For us, quality care is about safely delivering care to patients who use our services, and to support staff in delivering the standard of care that we all want for our patients. It is about continuing our drive for continuous improvement and excellence in all we do; making every single experience of health and social care a positive one and continually measuring ourselves against the best, so that we can be the best.

As a caring centred organisation, staff are our most valuable asset. This year we launched 'Our People 2022-25'; a framework to help us deliver our vision for care and to create a great place to work, where we are all engaged, feel valued and work well together. We are very proud that once again, staff across many professions have been recognised for their expertise and dedication, receiving best practice awards and showcasing their work at conferences locally, nationally and internationally.

We are committed to continually reviewing and improving our services and learning lessons. This year we initiated a review with the Royal College of Pathology on cervical screening services and have been participating in the independent public Urology Services Inquiry.



Investment in workforce education and development has been another key priority. Medical students at Daisy Hill now have access to the latest training facilities with the opening of a new Medical Education Centre at the hospital; eleven senior nurses and midwives were shortlisted for Practice Supervisor Awards from Queens University Belfast; and we continue to offer student placement and training opportunities across a wide range of disciplines.

The completion of the new CT scanning suite at Craigavon Hospital, the relocation of the Day Clinical Centre to South Tyrone, new Physiotherapy Outpatients Department at St Luke's and £9million investment to upgrade electrical infrastructure at Daisy Hill, are just some of the very welcome investments across our sites this year. Huge thanks to planning, estates, IT, support services and colleagues who work so creatively with limited space and resources to help clinical teams to develop and improve the quality of their services.

At the end of March, we were delighted to confirm the purchase of Monaghan Row from Newry Mourne and Down District Council and also to buy the site at Abbey Way, Newry to progress the development of the proposed Newry Community Treatment and Care Centre. Both of these developments offer great potential to free up space on the very busy Daisy Hill site, to allow us to further develop and expand acute services at the hospital.

We are also delighted to be part of some very exciting regional developments. Plans are progressing to develop a regional overnight stay centre for elective surgery patients at Daisy Hill Hospital, whilst South Tyrone Hospital is one of two new Rapid Diagnosis Centres in Northern Ireland to help reduce the time for cancer diagnosis and improve patient outcomes.

Despite our best efforts to improve services, we have experienced huge demand, ongoing workforce and financial pressures and the challenge of rebuilding our services as we emerge from the pandemic. We want to develop community services further to help prevent hospital admission and reduce length of stay where possible. We want to help more people to live independently for longer at home and we want to reduce the unacceptable waiting times for outpatient appointments and planned procedures.

The need for major transformation right across health and social care is as evident as ever and we know that with the support of our partners across the community, our staff will rise to this challenge to improve the quality of lives of more local people.

With the development of Integrated Care Systems, 2023-2024 is an exciting time for health and social care in Northern Ireland. Bringing a range of partners together, we aim to take collective responsibility for planning health and social care services, improving health and well-being and reducing health inequalities.

We are delighted that the Southern area has been identified as the test site to pilot Area Integrated Partnership Boards. We have a great history of co-production in the Southern Trust and are well placed to trial this new way of working. With genuine collaboration of all the partners, we have great potential to explore how we might transform service delivery to achieve better outcomes for patients and carers.

Within our own organisation we have started to work on our new five year strategic plan. We are looking forward to engaging with staff, service users and carers to develop a new strategic and cultural vision for the Southern Trust, which we hope to have in place from April 2024.

A handwritten signature in black ink, appearing to read 'moka' followed by a long horizontal stroke and a small 'e' at the end.

Dr Maria O'Kane

Chief Executive, Southern Health and Social Care Trust



# About the Trust

## 2022/23

**199,558**

**Outpatient Appointments with Consultants**

Increased from 197,169  
(1.2% increase from 2021/22)



**69,060**

**Adult Day Care Attendances**

Increased from 60,897  
(13.4% increase from 2021/22)



**190,384**

**District Nursing Face to Face contacts**

Increased from 184,897  
(3% increase from 2021/22)



**23,398**

**Acute Care at Home Visits**

Decreased from 23,640  
(1% decrease from 2021/22)



**158,854**

**Emergency Department Attendances**

Decreased from 160,000  
(0.7% decrease from 2021/22)



**4,934**

**Babies Delivered**

Decreased from 5,127  
(3.8% decrease from 2021/22)



**17,920**

**Child & Adolescent Mental Health Services contacts**



**5,385**

**People receiving Domiciliary Care**

Decreased from 6,357  
(15.3% decrease from 2021/22)





# Southern Trust Overview

2022/23

The Southern HSC Trust's geography covers the council areas of Armagh City, Banbridge and Craigavon; parts of Newry, Mourne and Down, and Mid-Ulster District.



**388,688**

**Population of the Trust Area**  
(As of June 2020)



**14,887**

**Staff employed**

Decreased from 15,519  
(a 4.1% decrease)



**226**

**Trust owned Buildings**

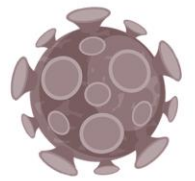


**£2.6m**

**Per day delivering care to local people.**







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# Covid - 19

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# Moving Forward



# Safely Managing COVID 19

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## Public Health Protection

### Introduction:

In 2022/23 the Trust's COVID pandemic responses for the public was set apart from the Occupational Health Protection Service. The Community Screening and Public Vaccination teams transitioned to the Promoting Wellbeing Division of Adult Community Services in July 2022 when the new Public Health Protection Service was established.

The **Public Vaccination Team** planned and delivered the COVID vaccine programmes to eligible cohorts of the public across the Trust in a variety of settings. Settings include local community venues, shopping centres, housebound patient's homes and hospital sites for inpatients.

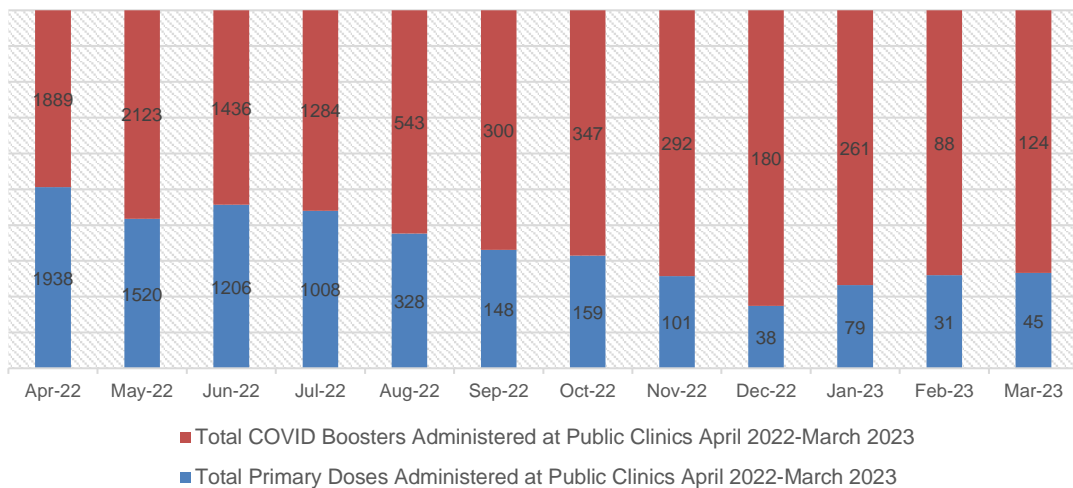
The **Community Screening Team** supported nursing and residential care homes with Polymerase Chain Reaction (PCR) screening for COVID infection and other respiratory illnesses, and reported on the results. They provided over 100 settings at various stages of the outbreak, with thousands of swabs taken during this time. The Community Screening Team ceased operations on 31st March 2023. Respiratory infection screening has now returned to care homes with ongoing support from the Care Home Support Team. A huge thank you to the team who played a vital role in keeping residents and staff safe along with the Trust IPC team, Laboratory Services and PHA during the pandemic heights.

The programmes successes are due to the ongoing dedication of the teams and robust partnership working with Trust services. These include Finance, Estates, Communications, Pharmacy, Transport, District Nursing, Laboratory Services, IPC, Nurse Bank and Secondary Care colleagues. Strong collaboration with the Department of Health and the Public Health Agency.

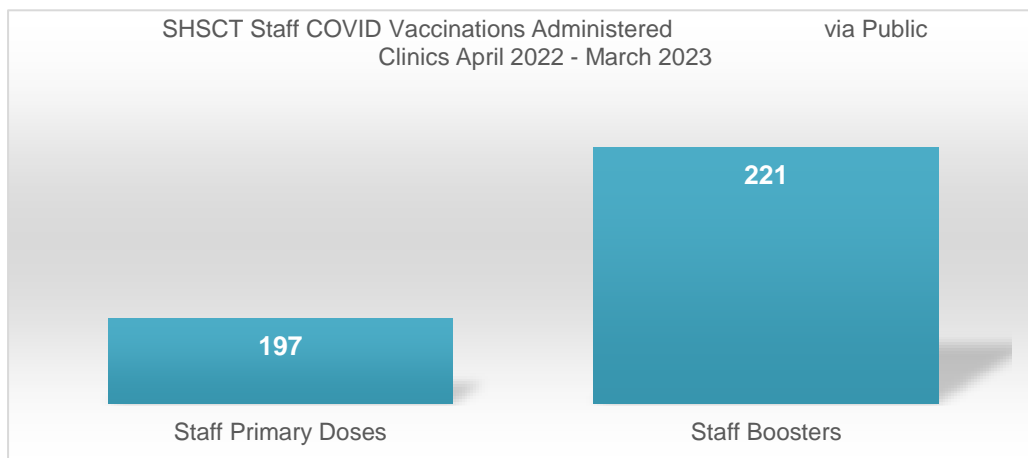
### **Some service achievements 1st April 2022 - 31st March 2023;**

- 177 public clinics delivered, including 23 bespoke clinics for vulnerable groups
- Over 17,500 vaccines were administered for all vaccination programmes. This includes COVID, Flu, Mpox and school leaver vaccinations.

### COVID Vaccinations Administered April 2022 - March 2023



### SHSCT Staff COVID Vaccinations Administered via Public Clinics April 2022 - March 2023



## Facts and Figures

- 16,420 COVID vaccines administered by the Vaccination Team.
- 5,065 household patients received COVID and flu vaccines during the spring and autumn 2022 campaigns. District Nursing Teams lead this programme with the support of the Vaccination Team.
- Primary COVID vaccinations have been available since January 2021. In the past 12 months large numbers of people have continued to attend clinics to receive their two primary doses in year two of the programme.
- Vulnerable groups include ethnic minorities, homeless, transient workers.
- The Vaccination Team delivered catch up vaccination clinics in the local regional colleges for young people who missed their school leaver vaccinations due to the pandemic lockdowns.
- The World Health Organization (WHO) declared the monkeypox virus outbreak a Public Health Emergency during the summer. As part of the vaccination

response, the Vaccination Team supported the Trust Genitourinary Medicine Services.

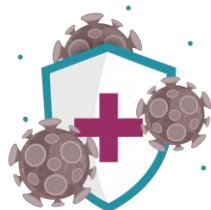
- Managing significant changes to PHA Test and Trace Transition Plan April 2022- March 2023 for Community COVID 19 Screening Services to deliver more targeted screening.

Next Steps:

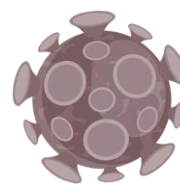


In December 2022 the MHRA approved the COVID infant formulation for primary vaccination for children aged six months to four years. Plans are being progressed to commence administration at bespoke clinics for infants and children at risk.

The Vaccination Team will lead the delivery of the housebound programme for spring and autumn 2023 campaigns.



### Covid Learning



The COVID 19 vaccination programme has gone through numerous transitions since vaccinations commenced on 13<sup>th</sup> December 2020. Relationships and networks have been maintained, enabling the continued provision of high-quality and safe services. This can be attributed to the culture of collective leadership and recognising the unique and valued contribution of everyone in achieving the shared goal.

Transitioning from universal mass vaccinations to targeted vaccinations has made the team adaptable and confident when working across directorates. Working closely with our colleagues in other areas has allowed us to understand the wider challenges experienced as we move to business as usual. This created a valuable opportunity for the Vaccine Team to wrap around support and lead additional annexes of the COVID vaccination programme. This ensured service users received their vaccine in a timely, convenient manner. In addition, it increased the capacity of other teams and services to focus on other care programmes. We plan to build this model in 2023-24.



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# Theme 1

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## Transforming the Culture



# 1.1 Our People Priorities

In 2022/23, the Southern Trust launched the **People Framework**.

**Our People Framework** sets out what we can all expect - from our formal leaders and from each other. It has been influenced by national, regional and local priorities and by listening to our staff through our surveys, Coffee Conversations and COVID-19 Lessons Learned listening events.

It is informed by what staff have told us and feedback included:

- What is important to you?
- What works well?
- How we can get better?



Our ambition, put simply, is to create a great place to work, a workplace where we are engaged, feel valued and work well together. COVID-19 has presented one of the most unexpected and difficult challenges imaginable.

The COVID-19 pandemic has affected us all in different ways both professionally and personally. It has reminded us of the need to look after each other and ourselves. Our staff response has been incredible. The compassion, professionalism and dedication demonstrated how important our staff are in delivering health and social care to our local community. Our staff have been operating in extreme conditions, far outside their usual practice, and we could not be prouder of how they have managed the challenges and the changing work environment.

We recognise if we want to provide the best care for our patients and service users, we need to provide the best care for our people. We are absolutely committed to becoming an employer of choice by creating a great place to work.

Our People Framework is about enabling us all to thrive and be our best to support the delivery of safe, high quality, compassionate care and support. It outlines what we will focus on to achieve the desired cultural change, supporting the transformation of our workplace to enable the transformation of our care.

It is an enabling strategy that responds specifically to the strategic ambitions relating to our culture and valuing our people. Positivity, compassion, respect, dignity, engagement and high-quality care are key to creating the culture we need.



This framework outlines our three people priorities – WELLBEING, BELONGING AND GROWING, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues.

It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as actions to grow our workforce, train our people, and work together differently to deliver care to our patients and service users. It recognises the need to deal decisively, consistently and quickly with behaviours inconsistent with our values and, just as importantly, it highlights that your health and wellbeing needs to be at the heart of all we do.

**Our People Framework** will enable us to deliver our vision of care, achieve our objectives and be ready for future changes and challenges. It will serve as a living, breathing commitment to value and support our people and will provide a route map towards a thriving organisation, where we all work together.

We have three people priorities which we will focus on in order to enable us to engage, recruit and develop the best people, in order to achieve our goals and create positive transformational culture change. We must ensure you get the best experience of work. We know that caring for you is as important as caring for our patients and service users.



## Look after the wellbeing of our people

**This means:**

Investing in creating a safe and healthy working environment for us all and promoting a culture of wellbeing, recognising the changing nature of work.

Through our behaviours we show we care about colleagues and ourselves, listening to needs and concerns so that together we can take action to create a safe and supportive environment that becomes the best place to work for us all.

**To make this happen we will focus on:**

- Supporting our people to seek help and develop their skills in compassionate self-care and other personal coping mechanisms
- Supporting and developing the capacity and capability of our managers to ensure their approach has a positive impact on the experience and wellbeing of their staff and themselves
- Promoting and nurturing a culture of compassionate leadership and teamwork as a way of ensuring our people feel cared for and supported
- Taking all necessary measures and efforts required to keep our people safe and well
- Continuing to promote, protect, and improve the health and wellbeing of our people
- Ensuring a relentless focus on the safety, quality and experience of our staff, patients, and service users



## Ensure people feel a sense of belonging in our Trust

**This means:**

Ensuring we all feel a sense of belonging by being connected to the core purpose of our organisation, each of us feeling valued, cared for, respected and supported.

We are compassionate and inclusive, investing in our relationships with colleagues and appreciating the value of good team working.

**To make this happen we will focus on:**

- Ensuring everyone understands our vision and the future direction of our Trust
- Ensuring an inclusive and diverse workforce
- Living our values and demonstrating associated behaviours including dealing decisively and quickly with incivility and behaviours not in line with our values
- Nurturing a culture of collective leadership where everyone in the organisation recognises their role as a leader
- Supporting development of teams where everyone can get involved, contribute and make a difference
- Recognising and appreciating our people for the work that they do and the contribution they make
- Taking time for sharing, laughter and chat
- Creating networks and communities that develop strong trusting relationships



## Grow for our future

**This means:**

Creating the right culture and safe space for us to learn and grow together.

We will create a learning culture that drives engagement, improvement and innovation whilst inspiring, attracting and retaining the best talent.

**To make this happen we will focus on:**

- Developing and training our people so they can be the best they can be and fulfil their potential
- Inspiring, attracting and recruiting our future workforce to improve staffing levels
- Creating a culture of openness and candour where our people feel safe to raise concerns and take responsibility for their decisions and actions to ensure the safety of care
- Embracing new ways of working including the use of technology, automation, and digital transformation
- Being responsive and supporting innovation and development of new ideas by everyone to improve the safety and quality of our services
- Taking time out to reflect, learn, create and innovate
- Agreeing clear performance standards and supporting our people to recognise their responsibility to strive for excellence
- Creating a coaching culture which supports the wellbeing, development and career progression of our people
- Developing our culture through our relentless focus on the safety, quality and experience of our staff, patients and service users

## 1.2 Patient and Client Experience

### Introduction:

The two main methods for capturing service user feedback within the Southern Trust are '10,000 More Voices (10KMV)' and Care Opinion.

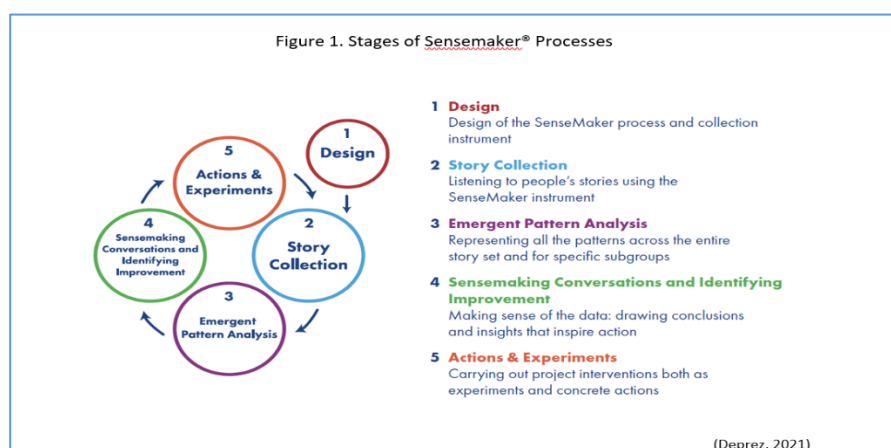
'10,000 More Voices' is an initiative that supports in depth analysis of service users experience, using service user stories and a programme called 'Sensemaker®'.

Care Opinion is an online user feedback platform which allows service users to leave feedback, saying what's important to them and supporting learning and improvement at a local level. The platform allows for two way communication between the service and the service user.

There is no regional target relating to 10KMV projects, but regionally it has been agreed that all stories received via Care Opinion should be responded to within 7 days.

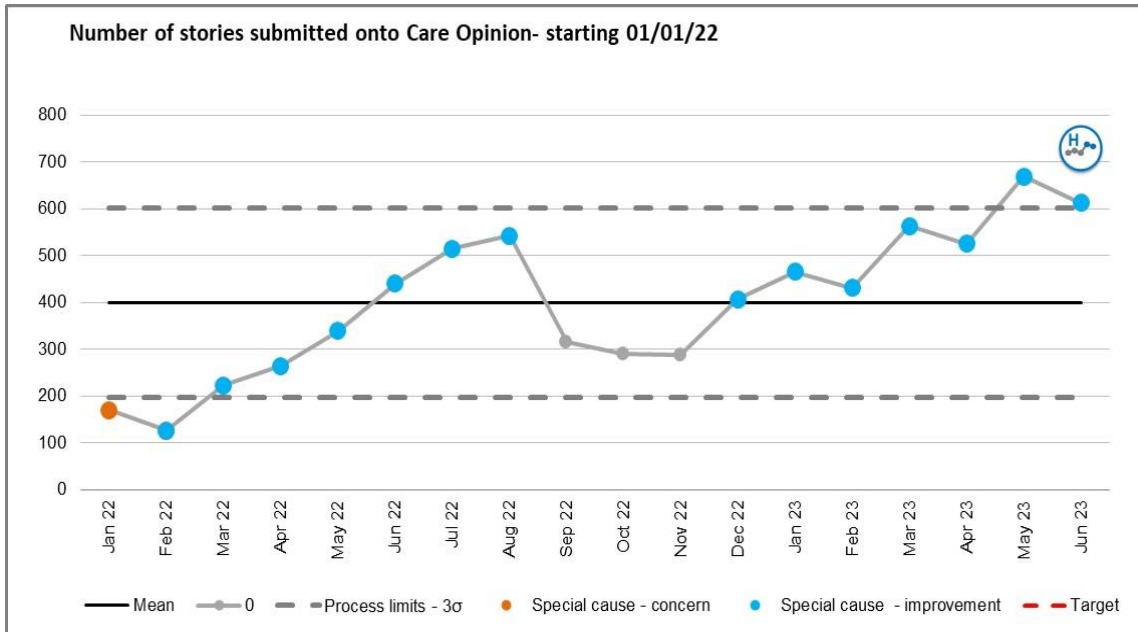
### 10,000 More Voices

10KMV Social work cross directorate project continued during 2022/23. This project is currently at stage 4, which is analysis of learning and identification of areas for improvement.

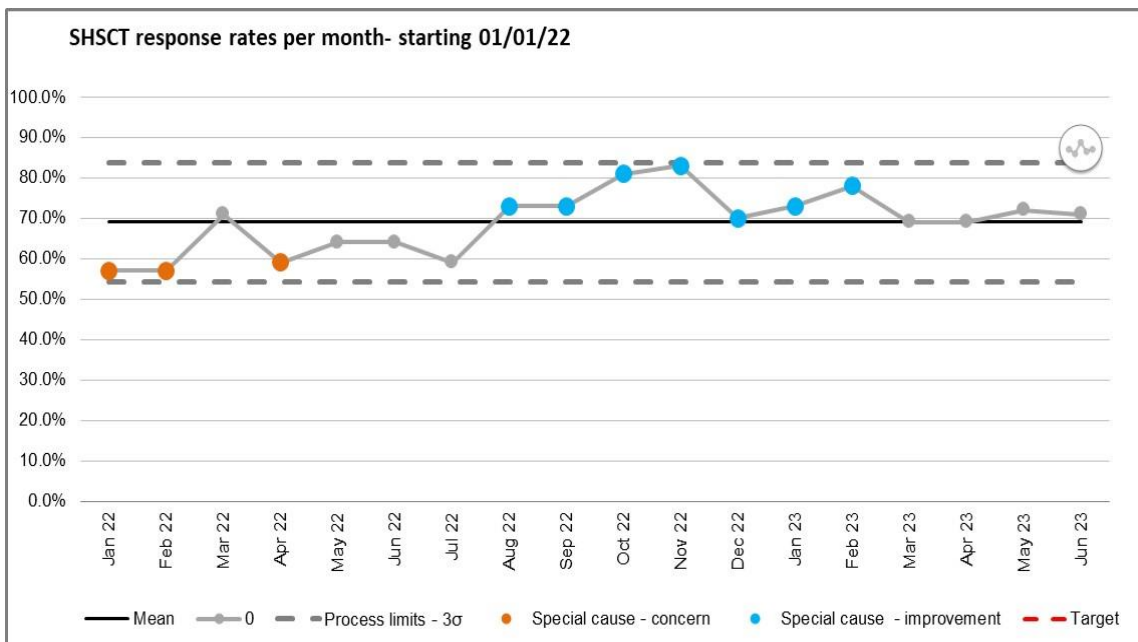


## Care Opinion

- The chart below relates to the number of SHSCT stories submitted each month via Care Opinion. In total 4852 Care Opinion stories were received in 2022/23, an increase of 212% from 2021/22.



- The Public Health Agency has set a target that Care Opinion stories should be responded to within 7 working days. The following chart shows the SHSCT response rates per month.



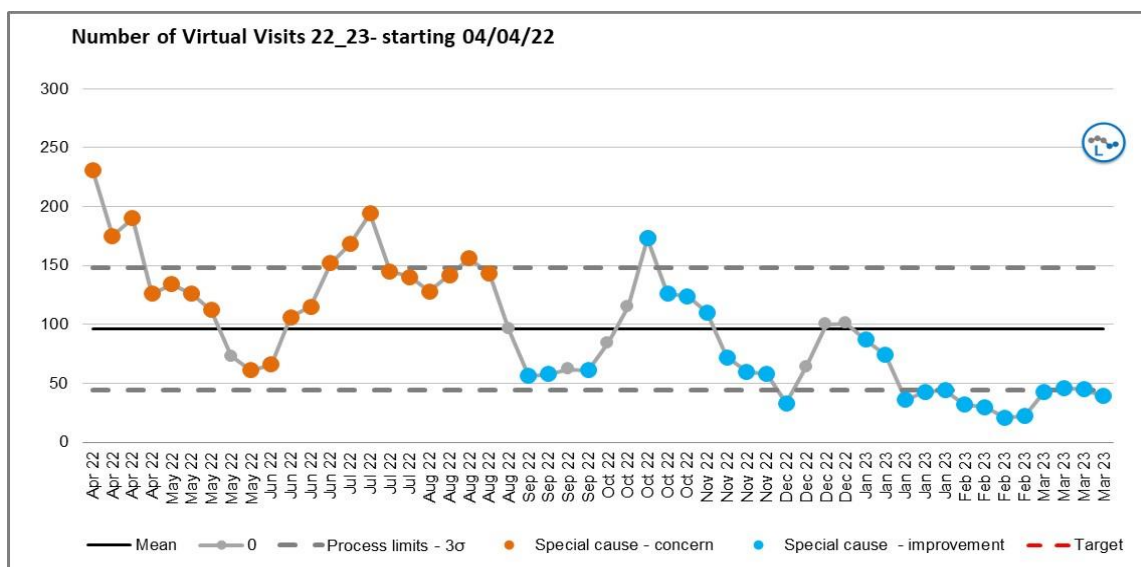
- The number of SHSCT stories submitted onto the Care Opinion platform are in general increasing. This is due to the commitment of the Patient Experience

Team working with staff to promote Care Opinion, and to additional investment by the SHSCT facilitating employment of staff to actively seek out stories from services users who may not necessarily share their experience.

- Care Opinion response rates have decreased and this could be a reflection of the current pressures in HSC. However, further work is required to embed the value of Care Opinion within the organisation, the value of service user feedback and the need to respond to story authors in a timely manner.

## Virtual Visiting

Established in response to Covid 19, Virtual visiting continues to be offered within the Trust. During 2022/23 the Trust reached the impressive figure of 20,000 Virtual Visits.

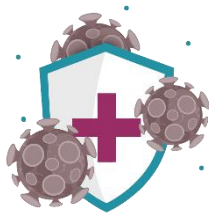


- As Covid 19 restrictions have lifted and visiting opened, demand for virtual visits have reduced. Virtual Visiting is still offered as an option, with many services users adopting a blended approach to visiting loved one in hospital. Virtual visiting also facilitates contact with family members who live aboard, and enables those who are housebound, or on holiday, to keep in contact with their loved ones.

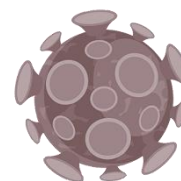
## Next Steps:



- Continue to work on embedding the Online User Feedback Service into the culture of the SHSCT
- Work with services to ensure that when service users highlight potential areas for improvement in their stories, that appropriate learning is identified and implemented as a result.
- Continue to work with staff to provide responses to stories in a timely manner and increase the Trust's response rate.
- Currently a Care Opinion Board pilot is ongoing on 7 in-patient wards. It is hoped that this will help to embed the value of Care Opinion and the culture of seeking feedback.



## Covid Learning



The Covid 19 Pandemic has allowed us to:-

Explore other ways to help improve patient experience for those admitted to hospital – establishment of a Virtual visiting service and opportunity of sending letters to loved ones.

It has also allowed us to raise our profile further by engaging with services and service users over different platforms e.g. zoom and teams, as face to face meetings were not possible.

## Personal and Public Involvement

### New Care Experience Hubs

This year the Personal and Public Involvement (PPI) team have made significant strides forward under the **Working Together Strategy**, embracing new approaches to ensure learning from feedback and involvement is firmly embedded into how we improve services.



We had a fantastic response to our public call for service users and carers to join our new Care Experience Hubs. These new roles were co-produced with our PPI Panel and include experienced User Involvement Ambassadors to support newer members.

The Involvement Team provided intensive training and induction to new members ensuring they are ready to play an active role in discussions within the Hubs.

The **Working Together Strategy** brings together staff, service users and carers, meeting regularly in Care Experience Hubs. Each Hub will devise and oversee a service improvement plan for their Directorate. Hubs will regularly promote their improvements, ensuring that successful changes can spread. The strategy will be officially launched in May 2023.

The strategy is underpinned by four strands of work:

- Use of Patient Client Experience feedback will inform areas for change;
- Review of Clinical and Social Care Governance data will identify areas of incidents and complaints;
- Personal and Public Involvement approaches will ensure service users and carers inform and drive change, and
- Support to apply Quality Improvement approaches will strengthen project delivery and help demonstrate impact.

Over the last year, stakeholders have worked to implement the year 1 action plan and associated Key Performance Indicators. Significant progress has been made across all indicators and all directorates have a date for their first hub meeting in April/May 2023.

By working together, we can ensure better service delivery and a better experience for those using Southern Trust services.



### Focus group for the new Emotional Health and Well Being Pathway

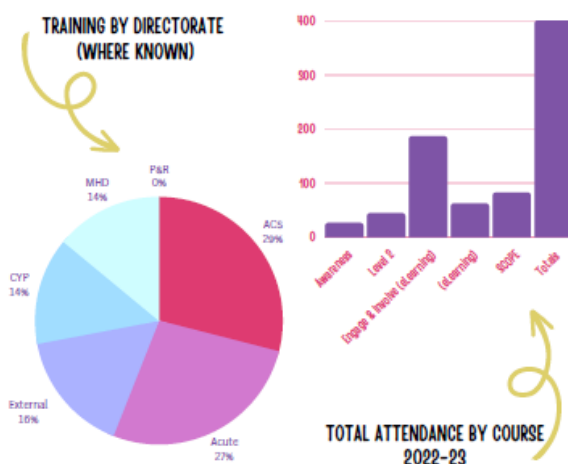
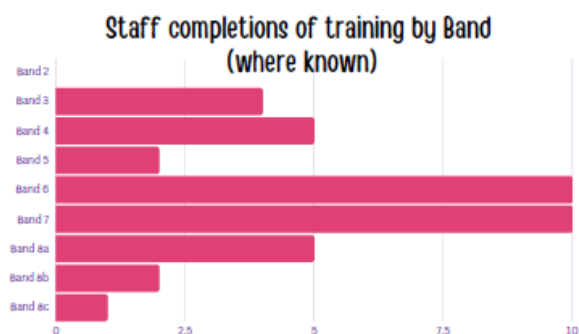
The User Involvement Team worked in partnership with the Pathway Co-ordinator and Communications Team to recruit Service Users/Carers to a focus group helping shape and design service documents.

This new service will support families of children going through the referral process for multiple teams. User involvement is central to the successful roll out of relevant, useful and clear documentation. The Focus Group will provide valuable expertise and insight into what information is important for families to receive. The group participants received training and support from our PPI team to help to empower them to have a real voice in the process and fully engage.

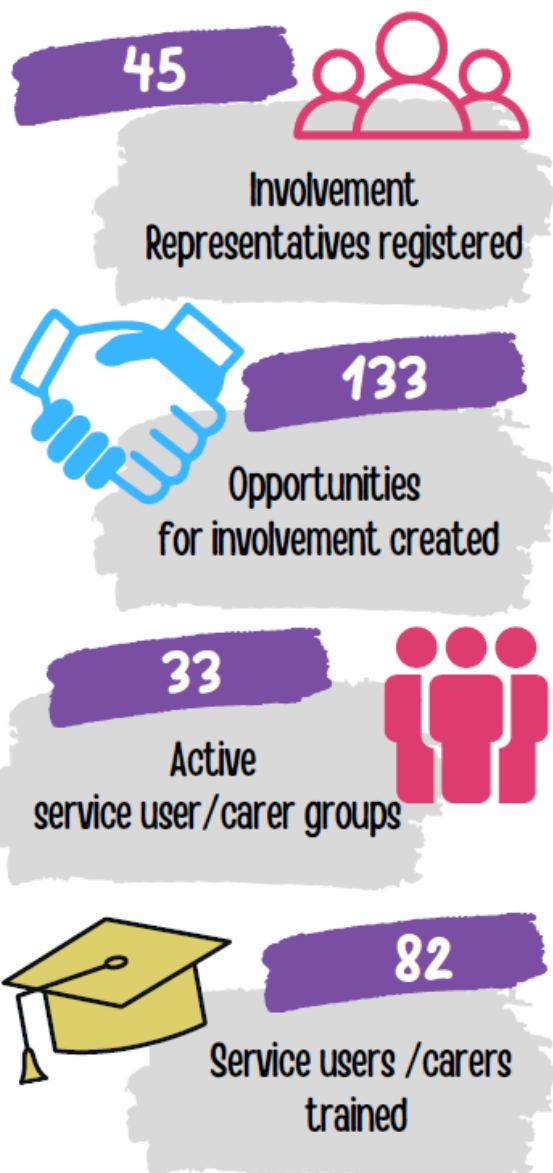
Focus Group Outcomes:

## Training Figures User Involvement 22-23

Staff	318
Service Users / Carers	82
Total Number of people undertaking User Involvement Training	400



## Service User & Carer Engagement 22-23



## Supporting involvement in Public Consultations

The Involvement Team worked in partnership with Planning, Communications and Operational service teams to recruit service users and carers to participate in Reference Groups for two Public Consultations.

The first consultation was on “Future Services for In-House Dementia Patients” and the second was on “Emergency General Surgery” provision across the Trust. Service Users and Carers linked in with the Involvement Team to get bespoke training and receive support to participate the Consultation Reference Groups.

These groups provided valuable feedback and insight for the Trust’s working groups to develop potential options for provision of In-House Dementia and Emergency Surgery services, which would then be put forward to the wide Trust population for consultation.

## Bespoke Training for Teams

We provided bespoke team training to the new Continuity of Midwifery Care (CoMC) service staff. This enables them to plan and embed good User Involvement Practices from the very beginning of their service.



## Reshaping Fit4U through user involvement

Fit 4 U provides daytime physical activity opportunities for adults with disabilities across the Southern Trust, with the overall aim of improving health and wellbeing.

During 2022/23 the team undertook a number of engagement activities with service users and carers to gather feedback and views on how the service should be developed going forward. This included Focus Group discussions, surveys and service user videos with 178 people engaged including 123 service users.

Feedback has been shared with all participants showing how they have helped to reshape the service going forward. Feedback sessions are now being held every six months.

## Promoting Wellbeing and Learning from Covid

During 2022/23, the Promoting Wellbeing Division has continued to expand and build on the service changes adopted through Covid and in particular the opportunities and flexibility offered by virtual engagements in reaching a wider audience. For user involvement, this has opened up opportunities for increased engagement by service

users and carers in focus groups, meetings and other discussions. Alongside this, there is a new value placed on opportunities to bring groups together face to face, with recognition of the additional creativity that generates. We will be building this combined approach into our work going forward to maximise engagement opportunities.

Throughout 2022/23 delivery of health improvement services and programmes adopting hybrid approaches, through offering online and face to face options, have been successful.

The Public Health Dietitians have continued to work with regional colleagues and launched a YouTube channel for easy access to the suite of online nutrition webinars, time lapse recipes and cooking skills videos they have developed. These resources regionally have had 8200 views in 2022/2023 with 93% using the resources stating they had learnt something new.



# 1.3 Compliments and Complaints

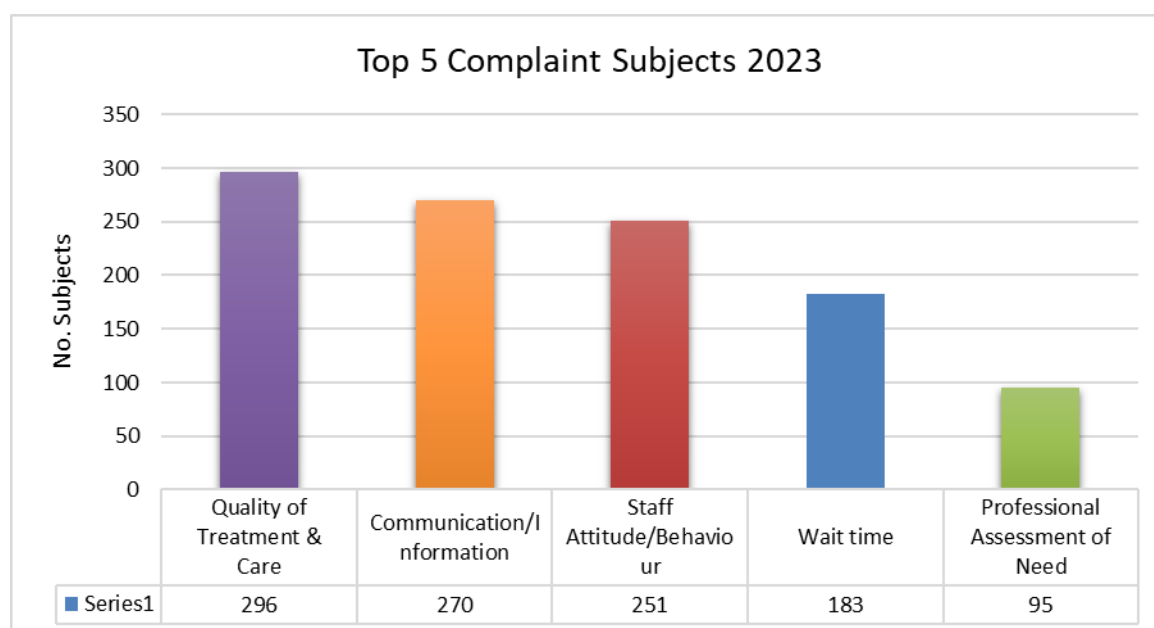
## Introduction

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 professional and supportive staff, all of whom are highly dedicated. However like any organisation, things can go wrong and when this is the case, the Trust's goal is to listen, learn and improve.

The quality and type of services provided within the Trust are very important and as the Trust aims to continually improve, patient experience and involvement is an extremely important and valuable resource.

There were **1476** formal complaints received by the Southern Health & Social Care Trust in the reporting period 2022/2023.

Complaints about **Quality of Treatment & Care, Staff Attitude and Behaviour, Communication, Professional Assessment of Need** and **Wait Times** are the top five areas of complaints subjects in 2022/23.



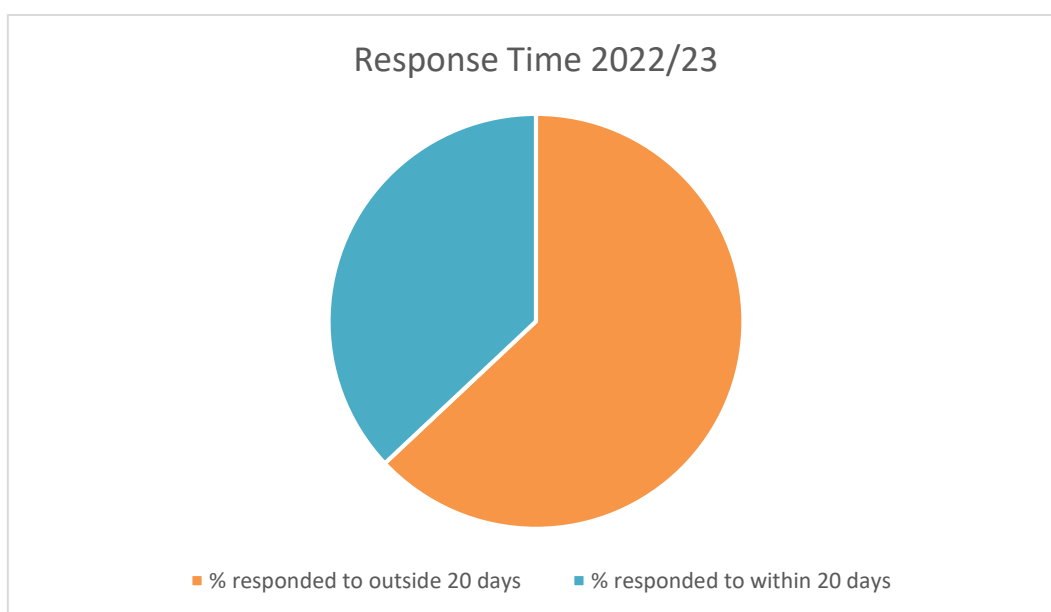
## Response Times

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. 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



### Ombudsman Cases

When service users are not fully satisfied with the outcome from the Trust's investigation into their complaint, they can raise their concerns with the Northern Ireland Public Services Ombudsman (NIPSO). The Trust is committed to working with the Ombudsman's office to resolve service user complaints, identifying and implementing learning.

In 2022/23 there were 37 cases brought to the Trust by the Ombudsman. Also within this time, 28 cases have been closed, 27 of which were closed at initial assessment and not accepted for investigation, 8 were open and 1 remained pending.

Below is an example of how the Trust has responded and improved services in response to shared learning of an Ombudsman case:

### **Background / Issues of Complaint**

The complainant raised concerns on behalf of their daughter in relation to contribution charges for short break provisions and direct payments:

- Did the Trust appropriately apply a client contribution charge to the short break provision?
- Was the Trust's decision to use Residential Home A, as a benchmark for assessing short break payments, appropriate and reasonable?

### **Recommendations**

The Ombudsman recommended that:

- The Trust reviews its current policies and guidance and the payment of a 'contribution charge' to include action to be taken in the case when respite is to be taken outside of a residential/nursing homes as against legislation as it currently exists. This review should consider the particular case of the complainant following its review. The Trust should communicate the results of this review to this office within 6 months of the date of the final issue of this report;
- The Trust ceases deducting the contribution charge from the payments made towards the complainant's daughters short break provisions and that any monies deducted in this manner to date be repaid to the complainant on Miss A's behalf within 6 months from the date of this final report. The Trust should liaise with the complainant as to the particular method of payment;
- The Trust undertakes a review the system of direct payments to determine if other clients, subject to a similar scenario to that of the complainant are similarly affected. This review should be completed within 6 months of the date of this report in final form.
- Findings and conclusions on this matter will be brought to the attention of the Department of Health and other Health and Social Care Trusts in Northern Ireland.

In response to the recommendation made, the Trust has confirmed that it:

- intends to review current practice around the application of client contributions to access flexible short breaks outside of residential and nursing home environments and to share findings/seek approval from the Trust's Senior Management Team for full implementation;
- is in agreement to repay client contributions since they commenced in 2016; and
- agrees to undertake a review of the system of direct payments to determine if other clients, subject to a similar scenario to that of the complainant, are similarly affected.

The Trust undertake a needs analysis of its Learning Disability population who require respite / short term care and their range of unique needs to develop a wider range of Trust based facilities, with smaller bed numbers, to meet these needs. This would sit alongside the Trust Options Appraisal of Short Break Beds undertaken in February 2020 to ensure the Options paper considers the service users needs. The Trust should ensure this takes place within 6 months of the final date of this report.

In this particular case the Trust should give consideration to the assessment of 'respite' as being seen against the additional parental caring roles in the family when the patient is removed for their respite. There should not be an assumption of full parental / carer respite, thereby having an opportunity to rest/recover/ reenergise, is happening when additional carer responsibilities remain in the home. The Trust should provide evidence of this consideration to this office within one month of the final date of this report.

## Compliments & Suggestions

The Trust is keen to learn from patients, service users and families who have had a positive experience and what aspect made it a positive experience for them.

Receiving compliments helps the Trust to identify, share and promote areas of good practice, enabling the aggregation of individual compliments to facilitate organisational learning. It is also encouraging for staff to receive recognition for the vital work that they undertake.

Since April 2022 to March 2023, *1,765 compliments* were received into the SHSCT through an online recording system as detailed in the Table below which shows the number of compliments received by subject.

An additional *8,204 compliments* were received through Care Opinion for this same period resulting in a total of *9,969 compliments* received in 2022/2023.

Subject of Compliment	Card	Email	Feedback Form	Letter	Social Media*	Phone call**	Care Opinion	Total
Quality of Treatment and Care	529	68	44	37	2	16	2821	3517
Staff Attitude & Behaviour	439	73	40	39	2	20	3063	3676
Information & Communication	197	47	16	19	0	10	653	942
Environment	135	13	5	5	0	2	1667	1827
Other	5	0	1	1	0	0	0	7
<b>Total Compliments</b>	<b>1305</b>	<b>201</b>	<b>106</b>	<b>101</b>	<b>4</b>	<b>48</b>	<b>8204</b>	<b>9969</b>

\*Social media refers to compliments received via official Facebook and Twitter accounts only.

\*\*Phone calls relate to calls that have been recorded/documented in phone message books etc.

### Next Steps:



- A Service User Feedback Awareness Training programme has been developed for all staff. Training will assist to inform staff of the importance of service user feedback in assisting the Trust to learn and continually improve service delivery. It is anticipated that the rollout of training will commence by the end of 2023.
- A Complaints Reviewer Training Programme is in development with the aim of assisting those reviewing and responding to complaints to be equipped to do so to the best of their ability and in line with regional and Trust procedures.
- Trust involvement in the development of a new regional Model Complaints Handling Procedure (MCHP) which has a particular focus on early resolution.
- Continue to promote learning from complaints and early resolution, identify trends and continue to identify areas of improvement through feedback.
- Increase awareness and use of the Trust's Shared Learning Template to assist with sharing learning across the organisation.



# 1.4 Adverse / Serious Adverse Incidents (SAIs)

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## Introduction

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 Strategic Planning and Performance Group (SPPG).

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

## Mental Health and Disability (MHD) Directorate

### SAI Description

Unexpected/ unexplained death of a patient known to Mental Health Services.

### Recommendations

- More consideration should be given for current and historical physical health conditions when considering priority of assessment needs.
- Consideration should be given to frequent attenders to an Acute hospital and this may require further communication between Community Addictions Team (CAT) Triage and Integrated Liaison Service (ILS) to establish priority of needs.
- All information received whilst a patient is on a waiting list is to be attached to the referral and an administration case note should be created by the CAT practitioner to reflect information received and rationale for outcome, on the Paris Community Information System.
- The CAT should review urgent criteria to provide clearer information to practitioners and referral agents regarding physical health complications related to substance misuse. The panel understands that the CAT have already progressed this recommendation.

- The panel recommends that learning from this review should be highlighted at the next triage supervision session and at the next CAT team meeting.

### **SAI Description**

Unexpected/unexplained death of a patient known to Mental Health Services.

### **Recommendations**

- Assistant Director to remind staff that patient risk assessments should be reviewed and updated if appropriate when there is any change in the treatment plan which may affect the level of risk associated with the patient.
- Consent should be sought from the service user to discuss the termination of Programme of Care (POC) with the Next of Kin (NOK)/ family when there is any change in supplemental care that the family provide. This should be documented in the patient's recovery care plan.
- A carer's assessment should be offered when family are involved in providing care to the patient.

## **Children and Young People's Services (CYPS) Directorate**

### **SAI Description**

Patient was admitted to the District General Hospital (DGH) to have five deciduous teeth and two permanent teeth removed under General Anaesthetic. The Dentist misidentified the second permanent molar as the first and it was extracted in error.

### **Recommendations**

Simulator (SIM) training has been implemented within the Community Dental Service and Theatre to fully embed the process of the World Health Organisation (WHO) checklist and Local Safety Standard for Invasive Procedures (LocSIPP) in the theatre setting.

### **SAI Description**

4 week old baby admitted to DGH with suspected pyloric stenosis. Was sent to Tertiary hospital for treatment. On arrival, the infant had significant dehydration and required fluid resuscitation.

### **Recommendations**

A Paediatric Pathway for management of projectile vomiting in babies inclusive of referral to Radiology has been developed by Acute Paediatric Service and Radiology Service, to include actions to take in the event that Paediatric Radiology is unavailable within the SHSCT.

The SHSCT Guideline for the Management of Projectile Vomiting in Infants (Pyloric Stenosis) has been approved and uploaded onto the Trust's Clinical Guidelines Sharepoint file.

## **Adult Community Services (ACS) Directorate**

### **SAI Description**

Nurse and Sister were administering a controlled drug (morphine sulphate) as prescribed Pro Re Nata (PRN – as required) at 09:20hrs to patient. Oral morphine sulphate was administered to patient subcutaneously in error.

### **Recommendations:**

- All staff involved in the second checking process need to be aware that both staff members need to be present until the medicine is administered. Whilst this is taught in medicines management training, it is important for the Trust to capture this at staff induction.
- Current practice around second checking in medicines administration to be subject to an agreed audit plan and from the findings, take forward a programme of work to support second checking in the administration of medication.
- The Learning from this incident will be shared within the Trust as a reminder of best practice in the second checking of medicines administration.
- This incident will be shared with the education providers in the Clinical Education Centre for inclusion in the Safe Administrations of Medicines Programme training.
- Oral and injectable controlled drugs, should be kept on separate shelves and the shelves labelled accordingly within the Controlled Drugs cupboard.

### **SAI Description**

Resident was found on the lounge floor of the dementia unit. She had a laceration to her head and complained of a painful hip. Resident states another resident had been trying to take her clothes protector and pushed her over. This allegedly occurred during a 5-7min period when staff left the room to assist another resident. No other resident could say what had happened.

### **Recommendations**

- Falls awareness training to be provided to all care staff in the Home including importance of accurate record keeping on falls risk assessment and care plans.

- Memo to be shared with all care staff to reinforce the use of the Falls Tool Kit. The Manager confirmed that this Memo and the Falls Tool Kit was put up on the notice board in each of the Units and in the staff room.
- Care Home Manager to put in place a process to ensure the timely completion and submission of incident reports regarding falls. The Manager confirmed there is a system in place that she endeavours to report incidents in the time frame that is requested by the Trust. She advised that then and now, the unprecedented pressures affect the ability to meet these time frames.
- The Clinical Specialist Physiotherapist from the Care Home Support Team SHSCT to review a sample of falls risk assessments and care plans and provide advice on how these could be improved.
- The Falls Risk Tool kit is included in the Induction programme for new staff within the Home.

Excluding the data for MUSC and SCS there were 46 SAIs which involved a patient/service user dying.

#### Next Steps:

- The Corporate CSCG team have made developments within Datix, creating a form and process to record, monitor and report on the implementation status of SAI recommendations. This work will not only provide assurance but also help to identify any barriers to completion.
- An Incident Management Awareness Training programme has been developed for all staff. Training will assist to inform staff of the importance of incident reporting and review to ensure learning is being identified and shared. It is anticipated that the rollout of training will commence by the end of 2023.
- Continued focus on SAI reviews and timely completion.
- Continued use of the Trusts Shared Learning Template to assist with sharing learning across the organisation.



## 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.

### Sharing the Learning

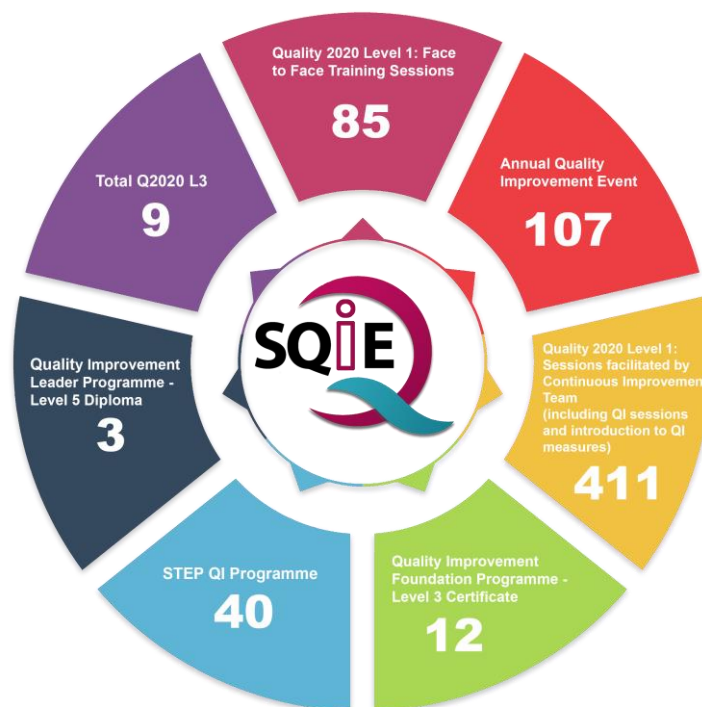
There are a number of methods used to share learning, as follows.

- **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 e.g. 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.

Looking back over the last 12 months, the Quality Improvement (QI) Team has worked across our system, with leaders at all levels wishing to adopt a consistent and coherent approach to improvement.



Healthcare is complex and QI is not a silver bullet or quick fix. QI is about giving the people closest to the issues the time, permission, skills and resources needed to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. To build on our improvement efforts we need to enable and support staff to:

- Engage in quality improvement;
- Develop the skills and capabilities for improvement;
- Use data effectively;
- Focus on relationships and culture; and
- Involve patients, service users and carers in our QI projects.

Moving forward, we need to move from pockets of innovation and isolated examples of good practice to system-wide improvement.

# Imagine, Believe, Achieve

Quality Improvement Awareness month included a 4-week period from 23rd May - 18th June, which provided an opportunity for staff to enhance their knowledge and awareness of Quality Improvement offerings available within the Trust. We also heard from teams on how quality improvement has enabled them to deliver change to frontline services and enhance patient experience.

Click the link below to view information and resources from this campaign:

[Imagine, Believe, Achieve](#)



## SAFETember



The Southern Trust aims to be a safe, effective and compassionate organisation. The pandemic has given renewed focus to the NHS' duty to protect both patients and staff from harm; maintaining safety for all and in particular those from more disadvantaged backgrounds and communities. It is therefore within this context that we decided to launch our first SAFETember Programme: Safe Today, Safe Tomorrow.

The SAFETember programme objectives included:

- **RAISING** safety awareness;
- **ENGAGING** Trust employees in patient and staff safety initiatives;
- **EMPOWERING** staff to think safety;
- **SCALING UP** patient safety initiatives across the Trust through the sharing of best practice.

Click the link below to view the information and resources from this campaign:

[Safetember Evaluation](#)





# Q Exchange

Q Exchange is a funding programme that offers Q members the chance to apply for up to £40,000 of funding. Three Southern Trust teams representing Northern Ireland were successful in receiving £40,000, Q Exchange funding to implement their quality improvement idea. These teams were:

- Reducing blood testing related distress in children
- Getting kids hands on for their heart
- Competence, Confidence and Complex Needs Children

Below are links to more information and video pitches for the projects:

Projects	Q Exchange Page	Video Pitch
Reducing blood testing related distress in children	<a href="http://health.org.uk">Project B+:Reducing blood testing related distress in children.   Q Community (health.org.uk)</a>	
Getting kids hands on for their heart	<a href="http://health.org.uk">Getting kids hands on for their heart.   Q Community (health.org.uk)</a>	
Competence, Confidence and Complex Needs Children	<a href="http://health.org.uk">Competence, Confidence and Complex Needs Children   Q Community (health.org.uk)</a>	



# Quality and Safety Network



The much anticipated relaunch of the new look Quality and Safety Network took place on Thursday 27<sup>th</sup> September 2022 in the historic and picturesque Palace Demesne in Armagh.

The aim of the Network is to collaboratively enable safety and quality improvement, learning and change to happen across the Trust

Over 50 staff from a wide range of teams and directorates came together to hear from leadership coach and networking expert, Lisa Strutt who led a very engaging and interactive session on the importance of making connections and building relationships to improve the Safety, Quality, Involvement and Experience for both staff and service users.

Attendees had the opportunity to have a roundtable discussions with their peers and our experienced quality improvement specialists to share their aspirations for the network and how we can create a vibrant network that connects teams, shares learning and Improves the way we work together.



## 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.

### 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 five virtual sessions:

Workshop 1: From Idea to Go

Workshop 2: Driver Diagram

Workshop 3: Measures for Improvement

Workshop 4: Process Mapping

Workshop 5: Implementation and Evaluation

## 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: 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; and
- 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.

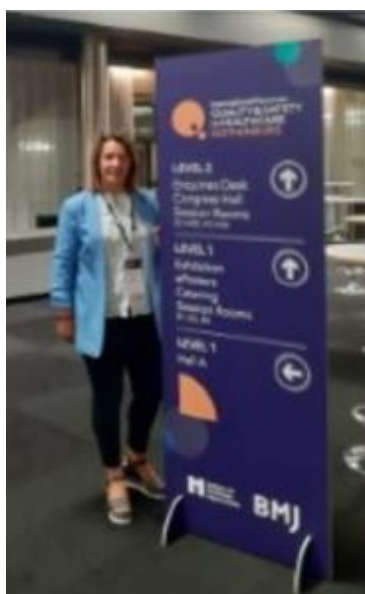
The workshop delves deeper into the importance and practicalities of using measures to evidence and present improvements. It teaches staff how to use data to evidence both their problem and any potential improvements using a range of tools to aid with collection and analysis, including run charts, SPC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



## IHI Gothenburg 2022

Over 2,300 attendees in Gothenburg came together in person for the first time since 2019 to celebrate the power of in-person collaboration, design innovative ways to transform our health and care systems and rebuild connections as well as forge new ones.

In the Southern Health and Social Care Trust, 5 delegates were selected to attend from across 5 different directorates. Each delegate presented their own project case study poster.



## Innovation Challenge 2022

Our annual innovation challenge invites Trust teams of 3-4 people to come forward with their ideas on how to improve patient safety, quality and experience. Shortlisted teams were invited to pitch their innovation at the 8<sup>th</sup> Trust Annual Quality Improvement Event to our very own Dragons' Den.

The four shortlisted teams were:

1. The Garden Room (Promoting Wellbeing Team);
2. Team Dynamic Dorsy (Mental Health and Disability Services);
3. Room to Grow (Mental Health and Disability Services); and
4. No need for sleep for a good night's sleep! (Mental Health and Disability Services)

The winner was 'No need for sheep for a good night's sleep!'. The project is focused on training staff as Sleep Scotland Counsellors, providing awareness workshops for families, carers and staff and the recruitment of a sleep Coordinator for 1 year.



## TASC: Timely Access to Safe Care

Twenty-one teams from across Health and Social Care recently completed the Health and Social Care Quality Improvement (HSCQI) Timely Access to Safe Care (TASC) QI programme. The workstreams covered social care, scheduled inpatients, scheduled outpatients, unscheduled care, learning/ intellectual disability and mental health.

The Southern Trust TASC projects were:

- Young People's Partnerships (YPP) Family support Project
- Improving Access time to PT/ OT services in Physical Disability
- Timely access to Community Addiction Services
- Timely Access into Ambulatory Care







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

# Theme 2

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## **Strengthening the Workforce**

## 2.1 Transforming Our Culture

*“Our People 2022 to 2025 – A framework for transforming our workplace....transforming our care”.*



Our People Framework was approved by Trust Board in September 2022 and was formally launched in October 2022. It provided an opportunity to set the People Framework in the context of the Corporate Plan and reinforced our vision of becoming ‘a **great place to work**’ and our associated actions to achieve this.

Our People Framework sets out what our people can expect from our formal leaders and from each other. It was influenced by national, regional and local priorities and by listening to our people through our staff surveys, big coffee conversations and COVID-19 lessons learned listening events. Our People Framework is informed by what our people have told us - what is important to them, what works well and how we can get better together. Key themes coming out of the last HSC Staff Survey included communication and engagement, valuing and recognising our staff, Leadership and Health and wellbeing. Our ambition, put simply, is to ‘create a great place to work’, a workplace where we are engaged, feel valued and work well together.



Developed by our people, our HSC values support how we deliver our purpose and our vision. Our HSC values of **compassion, openness and honesty, working together** and **excellence** and their associated behaviours guide us all and define the way we work. Our values are at the heart of our people priorities and guide our thinking and actions to help create a positive workplace culture.

We recognise if we want to provide the best care for our patients and service users, we need to provide the best care for our people. We are absolutely committed to becoming an employer of choice by creating a great place to work.

Now more than ever we recognise how important it is to focus on Our People and so our People Priorities of **Wellbeing, Belonging** and **Growing** will help enable us to create a great place to work, a workplace where we are engaged, feel valued and work well together. This in turn will help us transform our workplace to transform our care, to continue to provide the safe, high quality, compassionate care and support to our population.



During the first year of our People Framework some of our key achievements included:

**Some key achievements**

**Wellbeing**

- [Health & Wellbeing Framework & Year 1 \(highlight report\) & year 2 actions](#)
- [Stress Policy and Toolkit](#)
- [Schwartz Rounds](#)
- [Flexible Working Policy & Resources & Hybrid Working Guidance](#)
- [Long Covid Rehabilitation Service](#)
- Issuing of staff care packs
- Foodbank Initiative
- Staff Walk & Talk Menopause Events

**Belonging**

- [Chat with Chief](#)
- [Recognition Initiatives](#)
- [Racial Equality and Cultural Heritage 'REaCH' Staff Network](#)
- [Cultural Night](#)
- Supporting Staff during Ramadan
- Menopause Champion Training
- Supporting Development of Teams
- [Supporting those 'Preparing for a positive Retirement'](#)
- SHSCT Connect App

*Some actions and achievements support all 3 people priorities*

**Growing**

- [OD Portfolio 2023/24](#)
- [Improving compliance of Corporate Mandatory Training](#)
- [New approach and training on Appraisals](#)
- Introduction to Every Conversation Matters & 'Coach as a Leader'
- HSC Graduate Trainee Scheme Roadshows
- [LearnHSCNI](#) (New Learning Management System replacing HRPTS and HSClearning.com)
- Inspiring Leaders Succession Planning Initiative
- Mental Health Train the Trainer session

## Wellbeing

We are focused on looking after the wellbeing of our people, promoting a culture of wellbeing and recognising the changing nature of work. We developed a Health & Wellbeing Framework Year 1 Action Plan, with over 90% of the actions completed, some of which are listed above.



## Occupational Health & Wellbeing Service (OHWS)

Our Occupational Health & Wellbeing Service continues to expand as a multidisciplinary team providing an accessible and holistic service, focusing on prevention, protection and improved employee wellbeing as well as fitness for work.

The new Post Covid-19 Employee Vocational Rehabilitation Programme, provides support, advice and rehabilitation for employees who are experiencing Covid-19 related symptoms following a Covid-19 infection which is impacting on their ability to return to work, or those who are currently in work but are struggling. The Programme started accepting management referrals from 23<sup>rd</sup> January 2023 and as of 16<sup>th</sup> March 2023 they have received 82 referrals.

Our Occupational Health Psychology service is growing and is embedded within the overall Occupational Health and Wellbeing Service. This service has involved both the development of a specialist clinical service for employees impacted by work related stress and/or trauma and contribution and involvement to interventions at both a team

and organisational level. Some of the interventions offered and team and organisational inputs have included team debriefing and team interventions, a managers support service, leading on implementation of Schwartz rounds, developing 'Stress Toolkit' and promotion of psychological and emotional wellbeing.



## Belonging

The Trust continues to work on developing a culture whereby our people feel connected, cared for, respected and valued for the work that they do, and recognised for the contribution they make. Some initiatives supporting this include:



## Senior Management Team Visibility

We developed our [SMT Visibility Plan](#) to support messaging associated within our Corporate Plan for 2022/23 and to communicate our vision, ambition, values and culture of the Trust, to explain where we are headed and how our people can help us get there. This included introducing 'Chat with the Chief' every week and Leadership Walks, with Directors visiting and chatting with teams across the Trust.

### SMT Visibility Plan

Restrictions introduced during Covid and the move to zoom and homeworking has led to reduced visibility of smt. This plan on a page sets out a number of suggestions to increase visibility of the new Chief Executive and Directors. In an organisation of this size, increased visibility will not happen overnight – however with the wide range of communications channels and platforms in place, a programme of focused engagement will gradually build a stronger presence across the organisation.

#### Objectives

- Support the 'rebuild' and 'stabilising' messaging associated with the corporate plan
- Support the delivery of key messages from the enabling plans
- Communicate the vision, ambition, values and culture of the Trust
- Explain where we are going as #teamshtcst and how employees will enable us to get there.
- Increase trust in leadership - more approachable, less corporate.

...sound familiar?

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

## Equality, Diversity & Inclusion

It is our aim to help create and support a culture that promotes positive attitudes to diversity, both in relation to employees and service users. We wish to ensure that equality, diversity and inclusion are embedded across our organisation and that our employment practices are fair, flexible and enabling so that each employee can reach their full potential.

A number of initiatives and events have been organised throughout the year including International Men's day, International Women's Day and International Day of Persons with Disabilities (IDPD). In January 2023, we compiled our first **Diversity & Inclusion Calendar** making a commitment to celebrate a number

of diversity days throughout the year including Chinese New Year on 22<sup>nd</sup> January 2023 and World Holocaust Day on 27<sup>th</sup> January 2023.



## Employee Networks



As part of this commitment to diversity and inclusion, we established an Employee Support Network **REaCH** (Race, Ethnicity and Cultural Heritage) to support our ethnic minorities' colleagues in 2021. The network continues to grow and develop, with new members and allies coming together on a regular basis virtually. In October 2022, we held our first face to face sessions in CAH and DHH.

## Growing

We are supporting and developing our people so they can be the best they can be and fulfil their potential. This links to all the work associated with strengthening our workforce.



## 2.2 Induction

The Trust's Corporate Welcome continues to be delivered via an interactive, informative online publication. Feedback continues to be positive with employees 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.

As at 31st March 2023 Corporate Welcome compliance sits at **39% (342 people)**.

### FACTS:



This is an increase of 8% from the previous year's figures. There remains a dependence on recording of completion i.e. the employee fills in a survey at the end of the online resource which can be skipped.

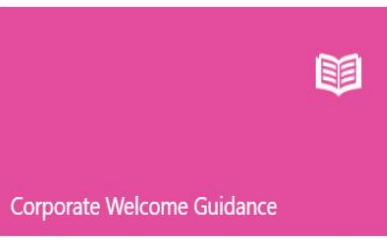
### Next Steps:



There are plans to deliver a corporate welcome face to face in 2023-2024.

### Corporate Welcome and Departmental Induction

The links below provide information on the Corporate Welcome process and the documentation required for Departmental Induction for new employees to the Trust



## 2.3 Corporate Mandatory Training

We continue to ensure that employees and managers are aware of the importance of Corporate Mandatory Training (CMT) in keeping both themselves and our service users safe whilst delivering our services. CMT compliance is promoted across a variety of platforms and meetings within the Trust, managers are encouraged to include CMT Compliance on Team Meeting agendas and we also continue to review the provision of, and reporting on, CMT. Quarter end compliance reports are provided to each Directorate to allow managers and employees to check training compliance and take action as appropriate to ensure this training is up to date.

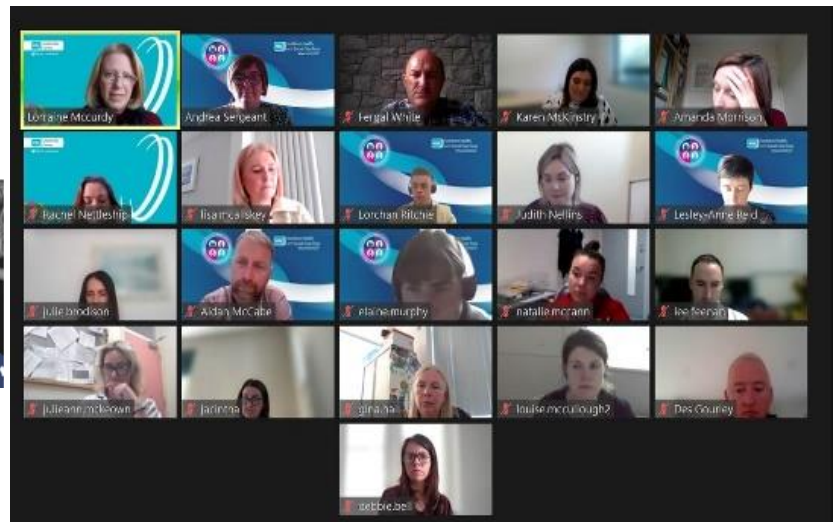
Corporate Mandatory Training Element	% Compliance (as at 31st March 2022)	% Compliance (as at 31st March 2023)	Variance (%)
<b>Information Governance Awareness</b>	81	83	+2
<b>Cyber Security</b>	59	76	+17
<b>Fire Safety</b>	55	66	+11
<b>Safeguarding</b>	68	77	+9
<b>Moving &amp; Handling</b>	62	62	=
<b>Infection Prevention &amp; Control</b>	64	73	+9
<b>Equality, Good Relations &amp; Human Rights: Making a Difference</b>	53	65	+12



## 2.4 Leadership Programmes

### INSPIRING LEADERS INITIATIVE

The Trust understands the importance of identifying future Senior Leaders who will replace individuals when they move on, or retire. Our “Inspiring Leaders” Succession Planning initiative aimed at Band 7 Middle Managers to support them get ready to apply for a senior role within the next 12-18 months. This initiative aimed to develop the skills and behaviours required to work at a more senior level via a supportive and engaging learning environment.



18 employees participated in cohort 2 delivered during 22-23.

### REGIONAL LEADERSHIP PROGRAMMES

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.

**Acumen, Proteus & Aspire** - these programmes are specifically designed to take participants out of their comfort zone and push individuals towards a ‘growth mindset’ and include the latest thinking and research with regards to leadership and leadership development methods. All programmes are aligned with the HSC Collective Leadership Strategy.

MSc Business Improvement - is a work based learning programme, where students develop a comprehensive understanding of research and scholarly approaches to quality improvement in HSC. The qualification provides the knowledge and skills HSC clinicians and leaders and managers require for improving and innovating health and social care delivery.

## Facts and Figures

**Acumen** is for Directors, Medical Directors and Associate Medical Directors from across health and social care and public services. 5 Trust employees attended in 2022–2023.

**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. 3 Trust employees attended in 2022–2023.

**Aspire** is for Senior Managers (Typically Band 7 to 8b) and clinicians (Consultants from across Health and Social Care) and SAS Doctors and Dentists. 14 Trust employees attended in 2022–2023.

4 Trust staff participated in the MSc Business Improvement programme during 2022-2023, 2 completing year 1 and 2 completing year 2.

A range of other regional programmes have been accessed by Trust employees during 2022-2023:

Regional Programme	Number of Attendees
Accelerated Management Development Programme	12
Aspiring Directors Succession Planning Programme	2
Coaching Practitioner Programme	5
Coaching Supervision Programme	3
Leaders in Practice for Social Work Team Leaders	4
Leading Social Work: Stronger Together	8
Post Graduate Diploma in HSC	1
Progress Development Programme for Minority Ethnic Staff	3
The Confident Leader	19
SAS Doctors and Dentists Development Day	21
Systems Leadership Developing Approaches to leadership to deliver Integrated Care - Lunchtime Learning Session	4
Project Management Essentials	5
Online Personal Data Guardian Training	3
Leading with Emotional Intelligence	3
Interview Skills (Band 7 and below)	4
Interview Skills (Band 8a and above)	13
Total	110

## Leadership Development Programmes for our Nursing and Midwifery Staff

Heather Trouton Executive Director of Nursing, Midwifery and AHPs requested her Nursing and Midwifery Workforce Division to develop leadership programmes for nurses and midwives of banding 6, 7 and 8a.

Following a successful application to the Martha Mc Menamin fund the Band 8a Nursing and Midwifery Leadership Development programme was the first of these to be delivered running over 5 days from October 2021 - March 2022. The programme was devised and delivered by the Nursing and Midwifery Workforce team using Practice Development methodology and principles of collective leadership. In total three Leadership development programmes have been delivered to Band 8a, Band 7 and Band 6 Nursing and Midwifery staff over 2021- 2022.

Fundamentally, the aim of these programmes were to create positive, supportive interactive learning environments for our middle and senior Nursing and Midwifery staff fostering a culture of individual responsibility regarding collective leadership. These programmes aimed to provide the opportunity for our Nursing and Midwifery staff to refocus, reflect and acquire new knowledge, skills and practical tools regarding leadership to enable them to maximise their role as nurse leaders in the increasingly challenging world of Health and Social Care.

Programme Aims and Objectives:

Programmes were based on a support model with shared learning, peer support and creation of networks being the central focus both during and after the programmes. A variety of internal and external speakers were invited to present and enrich the overall programme content. Core topics included the following:

- Promoting a positive culture
- Compassionate leadership
- Roles and responsibilities – reflection and refocus
- Quality
- Coaching
- Positive influencing.



During the programme participants had personal experience of a range of person-centred tools that would help them facilitate staff within their teams to promote good cultures and optimise person centred care. Additionally opportunities were provided to discuss strategies regarding self-care and self-awareness and time was spent focusing on the creation of a culture of innovation and evidence-based practice. Responding to the groups learning needs during the programme and amending the programme content enhanced the success of these programmes. These programmes have been highly evaluated by our Nursing and Midwifery staff and continue to be delivered into 2023.

## Social Work Leadership Programmes

Through delegated statutory functions the Strategic Planning and Performance Group commissions the Trust to deliver learning and development opportunities for Social Workers to enhance leadership and quality improvement capability. Supervision training is delivered to line managers, including trauma informed supervision.

An Induction Programme is delivered to student Social Workers, new Social Workers and Social Care Workers. Staff who supervise student Social Workers on placement receive training and support in the supervision of students. The Northern Ireland Social Care Council’s continuous professional development framework enables Social Workers to achieve academic and professional recognition for their development, usually up to Masters Level.

In July 2023, a member of the Social Services Workforce, Learning & Development team achieved a Doctorate in Education.

Name of Programme	Type of Programme	Staff Group	Number Attended
<b>Professional Supervision</b>	In-Service Training	Social Work	41
<b>Trauma Informed Supervision</b>	In-Service Training	Social Work	22
<b>Understanding Professional Supervision</b>	In-Service Training	Social Care	8
<b>Leaders in Practice</b>	Delivered via HSC Leadership Centre	Social Work	6
<b>Leading Social Work – Stronger Together</b>	Delivered via HSC Leadership Centre	Social Work	4
<b>Regional Quality Improvement for Social Work and Nursing</b>	In-Service Training	Social Work Nursing	9

Name of Programme	Type of Programme	Staff Group	Number Attended
			(3 social work, 6 nursing)
<b>Induction Programme (Student)</b>	In-Service Training	Student Social Workers	91
<b>Induction Programme (new starts)</b>	In-Service Training	Social Work Social Care	73
<b>Practice Teacher Support Programme</b>	In-Service Training	Social Work	102
<b>Onsite Facilitator Support Programme</b>	In-Service Training	Social Work	52
<b>Aspire</b>	Delivered via HSC Leadership Centre	Social Work	2

## Facts and Figures

- Student social workers and new staff receive an induction in a timely manner.
- The Social Services Workforce Development & Training Team are committed to ensuring that Social Work Managers are competent and confident in their supervision of staff, this includes a focus on trauma informed supervision.

Leadership training for Social Work and Social Care staff remains a priority for the Executive Director of Social Work.

The Social Services Workforce Development & Training Team are developing a clear visual pathway in relation to the learning and development programmes which will support leadership development. This will incorporate training delivered by Organisational and Workforce Development, Social Services Workforce Development & Training Team, the Leadership Centre.

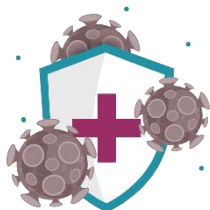
Regional launch of the Leadership Framework for Social Work the Assistant Director for SW & Social Care Governance, Workforce, Training & Development is working in partnership with colleagues in NISCC and other Trusts to progress the launch of the Social Work Leadership Framework.

### Examples/case studies

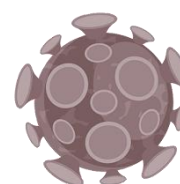


Quality Improvements within Social Work via Regional Quality Improvement Programme for Social Work and Nursing.

- **Think Family – Family Model. Aim-** To increase the number of Think Family conversations, using The Family Model undertaken in the Support and Recovery team in Craigavon and Banbridge, from 0% to 50% of those who have children under 18yrs, by December 2022.
- **Banbridge Integrated Care Quality Improvement Project –** To increase the number of service user care plans completed and shared with service users in Banbridge Integrated Care Teams by 60% between September – December 2022.
- **Supervision within Granville Supported Living –** To increase the rate of supervision within Granville by 25%, by December 2022.
- **Reducing unallocated cases within CYPS (Young Peoples Project).** This project was selected by HSCQI (Timely Access) to be supported for regional scale and spread.
- **Reduce anxiety expressed by newly trained Designated Adult Protection Officers commencing their DAPO role** by the development of a DAPO peer support group. A key rationale was to promote the role of adult safeguarding team and recognise practitioners as specialist in this area of expertise. The focus was to consolidate the knowledge, skills and confidence of staff allocated adult protection cases following initial training and to build a coalition of staff (DAPO Practitioners and Adult Protection Gateway Team) who had the confidence to carry out adult protection roles. Bespoke support sessions were provided to staff. This work will continue for staff within their first 6 months of taking on the role with parallel promotion of the DAPO forums. Sessions will also be developed to support DAPO training.



### Covid Learning



Learning and development was delivered virtually rather than face to face, some learning and development has remained virtual, some programmes returned to face to face delivery and a number of courses are delivered via a blend of the two approaches.

Enhanced support for Social Workers within their Assessed Year in Employment which started during the covid pandemic has continued.

## 2.5 Supervision, Coaching and Mentoring

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### Appraisal Conversations

As at 31st March 2023, 29% of our Agenda for Change workforce have a completed appraisal. In order to improve the quality of the conversation, the sense of connection and how the individual contributes to the organisation, as well as improving levels of completion, our new Appraisal Policy and supporting 'Your Appraisal' form and guidance was finalised and approved for implementation in January 2023. Each of the four parts of the conversation are linked to one of our 4 HSC Values, reinforcing their significance in everything we do.

Appraisal Conversation Awareness Sessions for Managers have been developed and are currently being implemented to ensure that managers are provided with appropriate support to undertake and record appraisals.

### Facts and Figures

13 awareness sessions have been delivered between 22nd February and 21st March 2023 with 214 people attending, with further sessions also planned throughout 2023/2024.

## 2.6 Staff Achievements

### 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. 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.

### FACTS

Recognition and appreciation is undertaken via both formal and informal channels. A number of campaigns and resources have been developed and promoted across the Trust such as:

- #ThankYouThursday feedback cards have been printed and issued to members of our Senior Management Team to write a hand written note of appreciation to individual employees.
- #ThankYouThursday a free Tea/Coffee campaign ongoing for all employees across the Trust on a Thursday.
- Recognition calendar of events to celebrate the hard work and efforts of different staff groups.
- External awards and achievements are regularly celebrated in our Employee Newsletter 'Southern-i'.



### Nicola Tallon Student Nurse of the Year Award

Becoming a Registered Nurse only comes after hard work and commitment as a Student Nurse.

Student Nurses must attain both clinical and academic competence in order to secure their registration with the Nursing & Midwifery Council. Nominees for this award will merit recognition for exceptional achievement during their years of study, for instance, having shown exceptional academic or clinical ability, or have been seen to be particularly compassionate and caring during their clinical



placements, signalling a promising career ahead of them.

### About the Award

Nicola Tallon began working for the Southern Trust in September 2005, starting her career in Ward 3 Psychiatric Unit, before moving to the new Bluestone Unit in 2008. She worked there as an RMN on both the Willows and Silverwood wards before moving to Home Treatment Crisis Response in January 2010.

Nicola was an exemplary nurse who consistently went above and beyond the call of duty. Her high standards of care inspired all around her to strive to be better practitioners, she epitomised empathy, unconditional positive regard and displayed remarkable dedication to service users, her co-workers, and as a mentor to student nurses. She was gentle, dignified but also immeasurably strong in her advocacy for those people most in need.

This award aims to recognise Nursing Students who exemplify such qualities, those Student Nurses who have shown remarkable aptitude during their practice placements.

### Recipients

Therese White was the winner of the Nicola Tallon Student Nurse of the year award 2022/23.

Emma Brannigan nominated Therese for her keenness to learn, her warmth and empathic nature towards service users, families and colleagues, alongside her integrated approach to working across the Multidisciplinary Team.

Gillian O Connor was the winner of the Nicola Tallon Student Nurse of the year award 2021/22.

Angeline Megennis nominated Gillian and this nomination stood out to the judging panel as it exemplified both the wonderful Quality Improvement work that Gillian has undertaken, evidenced her strong value base and her dedication and empathy.



Emma Brannigan with Therese White, winner of the Nicol Tallon Award.



## Who can be nominated?

The nominee must be a student nurse who is currently on, or has previously been on placement, in the Southern Health and Social Care Trust.

### Criteria:

- A student nurse who has made a significant difference to the patient care of a client group within their chosen field during their placement.
- One whom deserves recognition for exceptional achievement during their years of study (for instance, they may have shown exceptional clinical ability, or have been seen to be particularly compassionate and caring during their clinical placement)
- One who has shown commitment to and passion for the nursing profession, going the “extra mile” demonstrating a “can do” positive attitude.

### Consider:

- Does the candidate demonstrate a particular individual approach to patients using the essentials of compassionate care and best evidence?
- Has the candidate brought forward any creative ideas?
- Is there written evidence or a description of the Student Nurse’s achievement that can be backed up by further evidence and proof of implementation?

*The Judging panel consists of one senior\* nurse on parts - RNMH, RNLD, RN and RNC (\*Senior nurse equating to band 7 and above).*

## Edel Corr Award

A team who provide “exceptional care and compassion” have been chosen as the very worthy recipients of an award created in honour of an inspirational nurse who died earlier this year.

Coalisland District Nursing Team became the first recipient of the ‘Edel Corr award for Outstanding Compassionate Care’, which has been created by the Southern Trust in honour of nursing colleague Edel Corr, who sadly passed away in July 2021.

The accolade, set up and organised by Edel’s colleagues Brian Maguire and Christine Armstrong, will ensure that the values which Edel held throughout her career with the utmost integrity will continue to live on in her honour.

Grace Hamilton, Assistant Director for Patient Safety, Quality and Experience said:

“Edel was a highly esteemed colleague and a much-loved and treasured friend to many within the Southern Trust.



“Edel began her nursing career back in 1980 and worked mainly as a Theatre Nurse. She provided a high standard of care to her patients she was responsible for always ensuring the patients voice was central to their treatment and care.

“She was a strong advocate for patients and their families which led her into her role as Senior Nurse for Quality and after that she was appointed as Patient Support Manager. Edel flourished in this role and constantly strived to ensure that patients received a high standard of care.

“As a team who worked very closely with Edel for many years, we wanted to do something really significant to remember her, alongside all that she stood for and actively promoted in her day to day work.”

Edel’s family said that they were “truly touched” that her colleagues and friends sought to organise this award in her memory.

“This award highlights what a huge impact she made to all of those around her.

“The Coalisland District Nursing team provided exceptional care to Edel during her illness and therefore we have chosen them as the very worthy recipients of this year’s award,” said the Corr family.



Coalisland District Nursing Team receiving the Edel Corr award for Outstanding Compassionate Care.

## 2.7 Staff Training and Development

### CREATING A GREAT PLACE TO WORK INITIATIVE



The Trust recognise 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 wants to ensure that our people feel valued and are encouraged to make choices to enable them to feel well, be healthy and happy at work. 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 wants to invest in our people, recognise and encourage leaders at all levels and provide opportunities to develop collective leadership capability.

### Facts and Figures

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



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

Course Title	Number of Courses	Number of Attendees
Being an Emotionally Intelligent Leader	3	27
Having Important Conversations	1	10
The Importance of Self-Care	5	41
The Importance of Looking After Our People	4	35
Conflict Bullying & Harassment	3	38
Flexible Working	3	46
Every Conversation Matters	9	94
How We Treat People Matters	9	91
Total	<b>37</b>	<b>382</b>

To support our people who are considering retirement, we developed a 'Preparing for a Positive Retirement' resource and advertise regularly a 'Preparing for Retirement' training programme. 132 people attended in 2022-2023

### Vocational Workforce Development

We want to ensure we have the right workforce, with the right skills, in the right place, at the right time to ensure consistent delivery of safe, high quality services. We continue to deliver Regulated Qualification Framework (RQF) Qualifications to employees throughout the Trust to meet the needs of the service.

The Department of Health (DoH) Induction and Development Standards for Nursing Assistants (2018) means all new and existing Nursing Assistants are supported each year to complete their qualifications. Providing this training and development to our Nursing Assistants will help support the Nursing workforce to deliver high quality care and provide adequate skill mix. This will have a positive impact on service improvement as well as patient safety and experience and meet the DOH standards.

We adapted our training during the pandemic and we continue to offer the full remit of qualifications to the workforce, despite remaining difficulties with workforce release. We have a robust quality assurance process and continue to have positive external quality assurance feedback. The table below shows qualifications completed.

Employee Groups / Level of Qualification	No.
Allied Health Professional employees have completed a Level 3 or Level 4 Diploma in Healthcare & Social Care Support Skills	8
Domiciliary Care Workers have completed a Level 2 Award in Healthcare & Social Care Support Skills	1
Domiciliary Care Workers have completed a Level 2 Certificate in Healthcare & Social Care Support Skills	80
Employees working in MHD Directorate completed a Level 2 Qualification in Healthcare & Social Care Support Skills	3
Employees working in Acute Services Directorates completed a Level 3 Qualification in Healthcare & Social Care Support Skills	96
Employees working in ACS & MHD Day Care, Residential & community have completed a Level 3 Diploma in Healthcare & Social Care Support Skills	18
Supported Living employees have completed a Level 3 Certificate in Healthcare & Social Care Support Skills	10
Employees working in CYPS Directorate have completed a Level 3 Diploma in Healthcare & Social Care Support Skills	9
Employees who have completed a Level 5 supervision Unit in Healthcare & Social Care Support Skills	5
<b>Total</b>	<b>230</b>

## Allied Health professionals Practice Education

Allied Health Professionals (AHP) work across all Directorates and divisions within the Trust. Developing a sustainable future workforce is key to the safe and effective care of our patients and service users especially in these challenging times and as we experience such significant workforce pressures.

Our busy AHP teams support a total of 267 AHP students per year from across the full range of disciplines and it is essential that they are enabled and supported to do this as well as ensuring we support our students to have a rewarding, innovative and exciting student experience that will develop them to be our future workforce.

We have a small but dedicated group of AHP Practice based learning educators in the Trust who have recently come together as a forum to share learning and development opportunities, explore interdisciplinary working, build our AHP community and seek to inspire future generations of our workforce through developing both undergraduate and school learning opportunities.

AHP PRACTICE BASED LEARNING PLACEMENTS APR 22 - APR 23					
Profession	Practice Education Facilitators	Funded Practice Education WTE	PBL Hours	Number Placement Cohorts	Number Of Students
PARAMEDICS	1WTE	1	787.5	2	17
PHYSIOTHERAPY	1WTE	0	675	10	94
OCCUPATIONAL THERAPY	1WTE	0	975	6	73
NUTRITION & DIETETICS	0.6WTE	0	1007.5	2	6
SPEECH & LANGUAGE THERAPY	1WTE	0	435	5	16
RADIOGRAPHY	1WTE	1WTE	1340	6	52
PODIATRY	0	0	660	6	9
<b>TOTALS</b>	<b>5.6</b>	<b>2</b>	<b>5880</b>	<b>37</b>	<b>267</b>

### Facts and Figures

- In the past year we facilitated a total of 267 AHP students across the trust
- While we temporarily utilise non recurrent funding to maintain the majority of these essential posts only 2 are substantive and therefore the majority are at risk
- Feedback from our students and Practice Educators (PE) indicates that students coming through are often in need of increased support whether practically or emotionally as they navigate the challenging environment in which we work and live

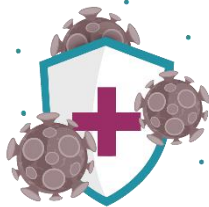
PE support the placement supervisors throughout all services and localities with the coordination of students, training, assessment, mentoring and supervision as well as

providing an essential link to the Universities and ensuring the Trusts corporate requirements are met and that safety is paramount.

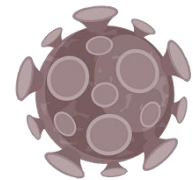
Next Steps:



- Establish monthly Practice Education forum.
- Work to secure funding to create substantive posts.
- Develop an action plan for a trust AHP Learning & development PE team to be inclusive of:
  - UU undergrad students;
  - School leavers – targeted schools programme; and
  - Interdisciplinary training, development & induction.



## Covid Learning



Covid has taught us that we need to develop a flexible, agile and competent AHP workforce and that we need to ensure we have a future workforce developing and coming on who are innovative and willing to challenge the possibilities of what they can do e.g.) Advanced practitioner roles, NMP AHP roles, emerging workforce roles.

Without significant steps taken now to address the future WF challenges and support our busy clinicians with our undergraduate population as well as establishing and developing the future workforce we will struggle to manage the ongoing day to day pressures without taking into account any future pandemic threats.

## **Welcoming International Nurses**

The Southern Trust is welcoming 133 new international nurses to join their team in the coming months.

The new recruits, mostly from India and Zimbabwe, will take up permanent posts across Craigavon, Daisy Hill, Lurgan and South Tyrone hospitals.

The most recent group to arrive have started a new 12 week induction programme, specifically organised by the Trust's International Nurse Recruitment Team, to welcome and support the nurses and ensure a smooth transition into Northern Ireland health and social care.



The programme includes preparation for working on a ward with each nurse gaining experience working alongside clinical teams. Support also focuses on preparation for nursing OSCEs (Objective Structured Clinical Examination) at the University of Ulster. On successful completion of the exam and registration with the Nursing and Midwifery Council, each nurse will be supported as a Band 5 staff nurse through induction and preceptorship programmes.

The Trust has also secured a new dedicated training suite in Armagh for international nurses. The facility includes a classroom for face to face teaching, bedside stations for clinical simulation and residential accommodation for up to 67 nurses to help them to familiarise themselves with their new community.

Welcoming the new nurses to the Southern Trust, Executive Director of Nursing, Midwifery and AHPs Heather Trouton said:

*“A stable, highly skilled nursing workforce is absolutely essential for the delivery of safe and effective health care. At such a challenging time for health and social care, with growing demand for services and ongoing workforce issues, we are determined to stabilise and develop our nursing profession across the organisation. Our new recruits will be a valuable addition to our workforce, joining our dedicated and compassionate nursing team to improve the care we offer our patients.*”

*I would like to thank our estates team in developing this excellent training and accommodation facility to make our international nurses feel at home, our international nurse recruitment team and fantastic colleagues across wards for their ongoing support in helping our new nurses to integrate into our teams. I warmly welcome our international colleagues and wish them every success in their careers with the Southern Trust.”*



Patrick Johnston Sheridan, International Nurse Recruitment Team Lead and Karina Lough, International Nurse Facilitator with the latest group of international nurses to arrive to work in the Southern Health and Social Care Trust.

The Southern Health and Social Care Trust has teamed up with the Nursing Midwifery Council (NMC) to host a masterclass for international nurse colleagues.

Over the past number of months, 132 new international nurses have joined the Southern Trust team in permanent posts across Craigavon, Daisy Hill, Lurgan and South Tyrone hospitals.

All new international nurses complete a 12 week induction programme, specifically organised by the Trust's International Nurse Recruitment Team, to welcome them into their new community and support them with their new professional journey.

The masterclass focused on the role of the NMC as the independent regulator for nurses and midwives in the UK.

Some of the nurses also shared their experiences of moving to Northern Ireland and starting work with the Trust.

Dawn Ferguson, Assistant Director Nursing and Midwifery Workforce and Education for the Southern Trust said: *“Our new international nurses have been a very welcome addition to our workforce, joining our dedicated and compassionate nursing team to improve the care we offer our patients.*

*“We acknowledge and greatly appreciate that many of our new colleagues have made personal sacrifices to travel to Northern Ireland and join the Southern Trust nursing family. We want to support and facilitate their professional development and make their transition into our workforce as seamless as possible. We are delighted that the NMC have visited to provide this very valuable session.”*



Pictured:

Some of the Southern Trust's registered nurses who completed the international nursing programme with Patrick Johnston Sheridan (International Nurse Team Lead) and Dawn Ferguson (Assistant Director of Nursing and Midwifery Workforce and Education), Pamela Craig (NMC) and Linda Kenward (NMC) who facilitated the session.

## 2.8 Revalidation of Medical and Nursing Staff

### Introduction

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practice in the UK. All doctors who wish to retain their licence to practice need to participate in revalidation.

Doctors are required to revalidate every 5 years and is based upon achieving the requirements set out in the Good Medical Practice Framework for Appraisal and Revalidation March (2013).

Revalidation process supports doctors in regularly reflecting on how they can develop or improve their practice by giving patients confidence that doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance.

### Data

Medical Revalidation information is held on Filemaker and a robust system is in place within the Trust to monitor revalidations.

Monthly dashboards are issued to Divisional Medical Directors and Medical Directors

These dashboards provide Divisional Medical Directors with an opportunity to review the number of Doctors have who have completed their whole practice appraisal including details of those who have successfully received a positive revalidation recommendation

During the 2022/23 year, as outlined in the table, 81.3% of Doctors within the Trust fully met revalidation requirements.

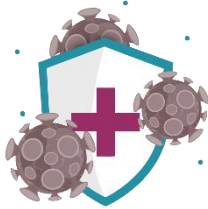
<b>Expected Revalidations</b>	<b>75</b>	
<b>Actual Revalidations</b>	61	81.3%
<b>Non Revalidations</b>	14	18.7%

Detail in relation to the 18.7% who did not revalidate 14 deferred due to lack of supportive information due to Long term sick leave / Maternity leave.

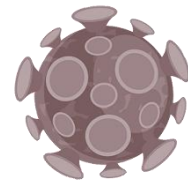
## Next Steps:



- Our plan for the next 12 months is the aligned Medical and Nursing Revalidation Administrators to continually review monthly reports from HR Workforce Governance and ensure that all confirmed medical revalidation dates have been entered onto the GMC connect and updated on Filemaker.
- Ensure that all confirmed Nursing and Midwifery revalidation dates have been entered onto HRPTS.
- Escalate any issues to the Senior Medical and Nursing Revalidation Manager for further exploration and investigation.



### Covid Learning



Focusing on the importance of supporting Nurses, Midwives and Doctors to maintain their health and wellbeing and signposting any support they might need in order to comply with NMC/GMC Revalidation standards.

### **Nursing and Midwifery**

Nursing Revalidation is the method by which Nurses and Midwives renew their NMC registration. The purpose of revalidation is to improve public protection by making sure Nurses and Midwives remain fit to practice throughout their Nursing and Midwifery career.

Nurses/Midwives prepare to revalidate by gathering evidence to ensure they meet all NMC Revalidation Requirements over a three year period.

Revalidation demonstrates continued ability to practice safely and effectively. It is a continuous process that all Nurses and Midwives engage with throughout their career. It is viewed as a positive experience as Nurses and Midwives interact with colleagues facilitating a heightened awareness of individual personal and professional development.

## Revalidation of Nursing and Midwifery Staff 2022/23

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.

Weekly and 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, 94% of NMC registrants within the Trust fully met revalidation requirements.

Expected Nursing and 1079 Midwifery Revalidations		
<b>Actual Revalidations</b>	1014	94%
<b>Non Revalidations</b>	65	6%

Detail in relation to the 65 (6%) who did not revalidate are as outlined below (those granted extensions successfully revalidated at a later stage in the year)

Non-Revalidations 65		
<b>Extensions</b>	34	52%
<b>Resigned</b>	3	5%
<b>Fail Lapse</b>	4	6%
<b>Employment Break</b>	1	2%
<b>Relinquished Pin</b>	8	12%
<b>Withdrawn from HRPTS</b>	8	12%
<b>Retired</b>	7	11%

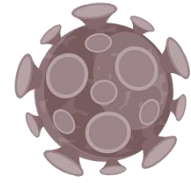
### Next Steps:

- Our plan for the next 12 months is the aligned Medical and Nursing Revalidation Administrators to continually review monthly reports from HR Workforce Governance and ensure that all confirmed medical revalidation dates have been entered onto the GMC connect and updated on Filemaker.
- Ensure that all confirmed Nursing and Midwifery revalidation dates have been entered onto HRPTS.
- Escalate any issues to the Senior Medical and Nursing Revalidation Manager for further exploration and investigation.





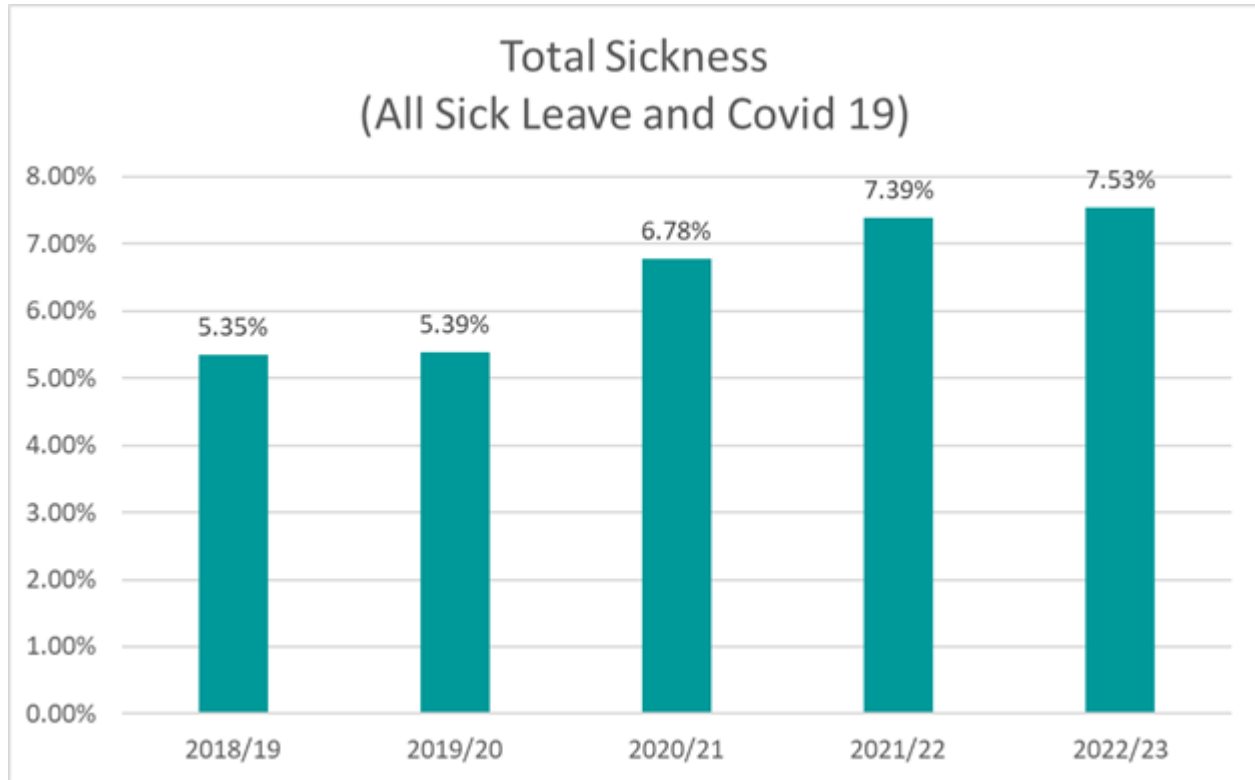
## Covid Learning



Focusing on the importance of supporting Nurses, Midwives and Doctors to maintain their health and wellbeing and signposting any support they might need in order to comply with NMC/GMC Revalidation standards

## 2.9 Staff Absenteeism

During 2022/23, the Southern Trust's total sickness absence was 7.53%, a slight increase from the 2021/22 figure of 7.39%. Please see below for a breakdown of the total sickness absence.



	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Total Sickness (All Sick Leave and COVID-19)</b>	5.35%	5.39%	6.78%	7.39%	7.53%
<b>Sick Leave (excluding COVID-19)</b>	5.35%	5.33%	5.79%	6.01%	6.35%
<b>Absent due to COVID-19</b>	N/A	0.05%	1%	1.38%	1.18%

### Notes:

- Figures exclude Bank, and Leave Type "Gone Home Sick"
- Figures exclude DCW for all Trusts
- Total Sickness (All Sick Leave and COVID 19) includes Sick Leave, Industrial Injury and Public Service Duties Paid Absence Types
- Absent due to COVID-19 includes Public Service Duties Paid Absence Type



 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 2022/23 was 5 cases. There were 5 cases of MRSA preventable bacteraemia and 4 cases of non-preventable bacteraemia in 2022/23.

Fig. 1: MRSA Total to date 9

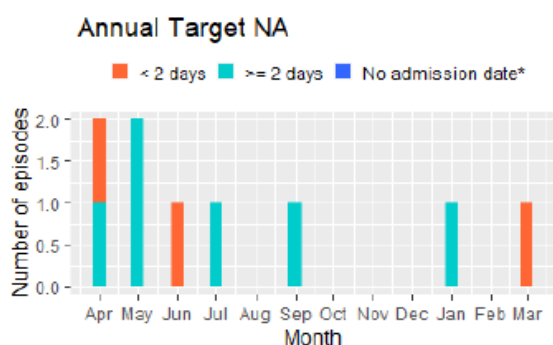


Fig. 2: Cumulative monthly data

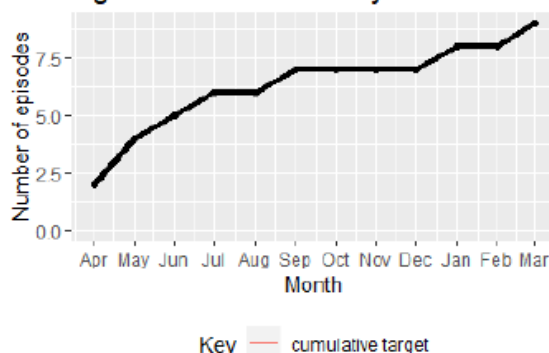


Fig. 3: Statistical Process Control chart

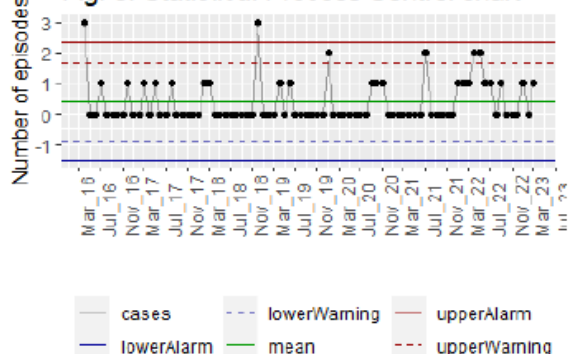


Fig. 4: HCA- MRSA last 21 cases

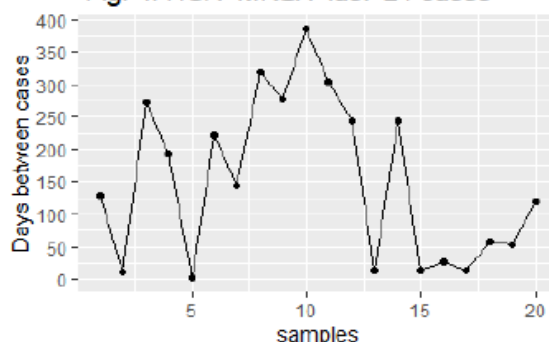


Figure 1. Bar chart showing monthly incidence this year

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.



## Next Steps:

- Device related infections have been identified as a contributing factor for bacteraemia. The implementation and maintenance of evidence based bundles of care for devices such as Central Venous Catheters (CVC), peripheral venous catheters (PVC) and urinary catheters can help reduce bacteraemia. The IPC team work plan this year will refocus on these bundles with focused interventions in designated wards.
- As part of professional development two Infection Prevention and Control Nurses (IPCNs) are progressing peripheral lines and urinary catheters quality improvement projects.
- Aseptic non-touch technique train-the-trainer training continues to assist with the reduction of device related infections.

### Introduction:

#### **Reducing Healthcare Associated Infection: 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 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.



Data:

Fig. 1: CDI Total to date 82

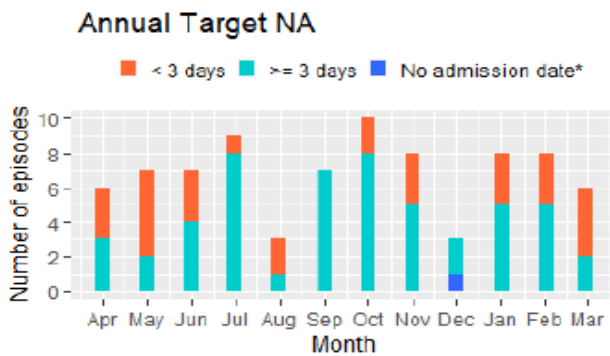


Fig. 2: Cumulative monthly data

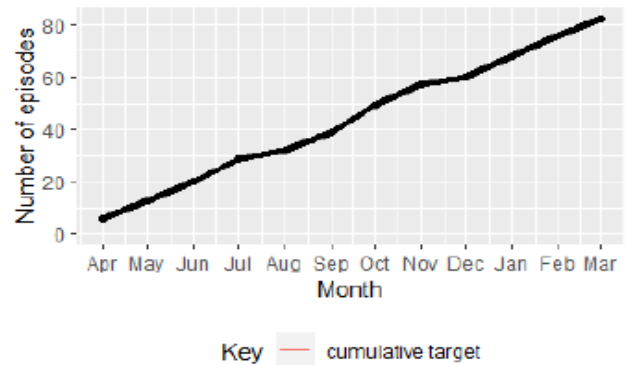


Fig. 3: Statistical Process Control chart

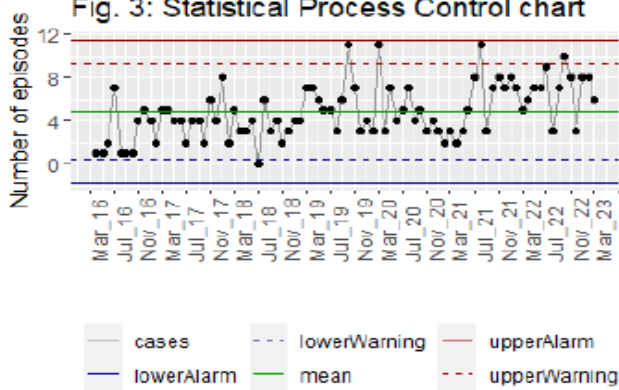


Fig. 4: HCA- CDI last 30 cases

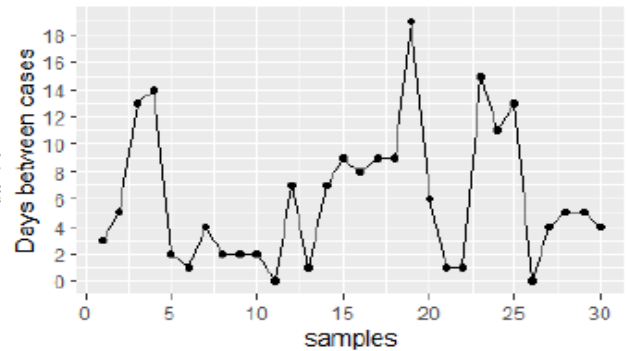


Figure 1. Bar chart showing monthly incidence this year

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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 < 3 or >= 3 days.

Next Steps:



- Whole Genome Sequencing (WGS) is performed on all C. difficile specimens. WGS is a highly sensitive method of identifying genetic relatedness and transmission of C.difficile strains. WGS is continuing to be used to aid epidemiological investigations and identify outbreaks early to prevent onward transmissions.
- Weekly multi-disciplinary ward rounds continue in CAH and DHH aiming to review all patients with toxin positive C.difficile in hospital.

# Hand Hygiene

## Introduction:

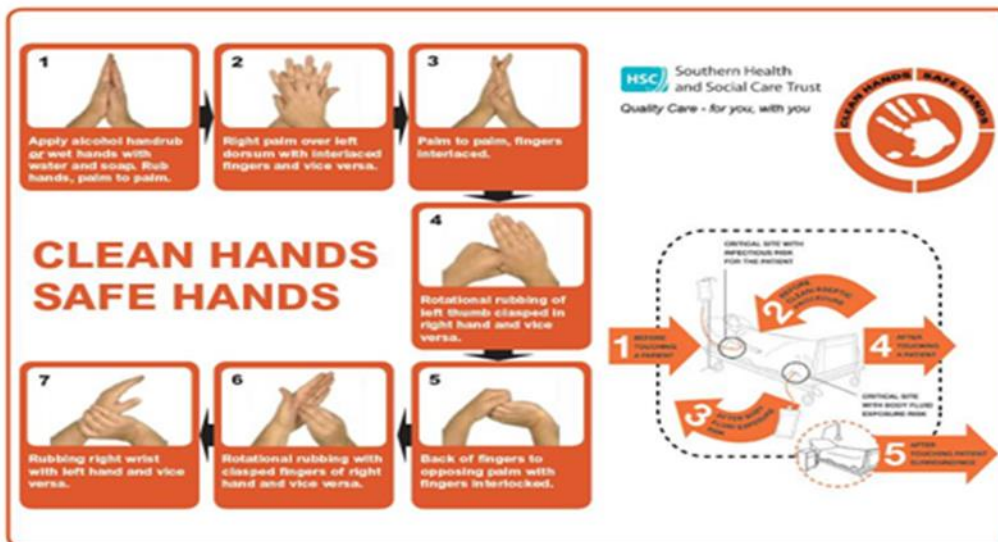
Hand hygiene is the single, most important infection prevention and control practice (IPC) to help reduce Healthcare Associated Infections (HAIs). The Trust promotes and monitors compliance with good hand hygiene for everyone in the healthcare environment.

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.

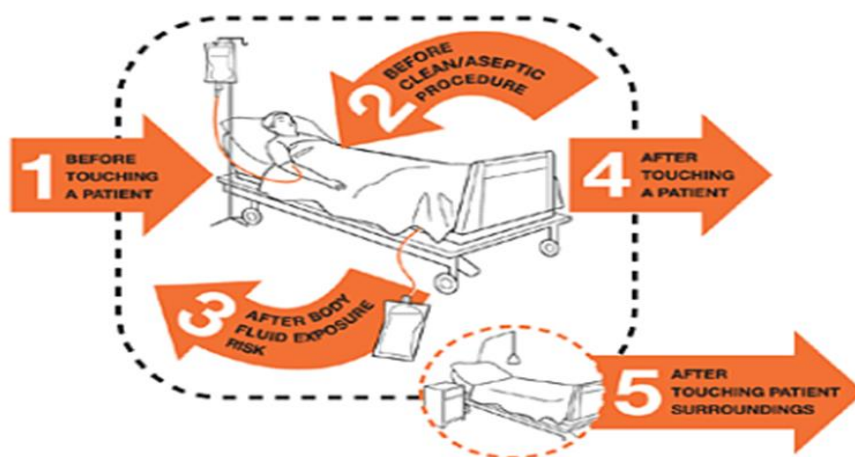
IPC Team Rolling Hand Hygiene Audit Report - April 2022 to March 2023													
Site	Wards	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>Craigavon Area Hospital</b>	<b>Augmented (Monthly)</b>												
	ICU	90%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%
	Haematology	85%					100%	100%	100%	100%	100%	100%	100%
	Mandeville		100%	100%	100%	86%	100%	100%	82%	100%	100%	100%	100%
	NNU	87%				100%	100%	100%	100%	100%	100%	100%	100%
	Recovery CAH		100%	100%			100%	100%	100%	100%	100%	100%	100%
	<b>Non-Augmented (Monthly)</b>												
	1 North		86%	100%	100%	96%	97%	100%	100%	89%	95%	100%	100%
	1 South		85%	100%	100%	93%	94%	83%	96%	97%	95%	100%	88%
	2 North	85%			87%	93%	94%	86%	92%	100%	100%	100%	100%
	2 South		89%		96%	88%	95%	100%	90%	Split ward for medicine and stroke			
	2 South Medicine								100%	100%	94%	100%	100%
	2 South Stroke								100%	97%	92%	100%	100%
	3 North	94%	87%				100%	83%	99%	100%	86%	92%	91%
	3 South			87%		75%	76%	94%	100%	100%	100%	100%	83%
	4 North	100%	100%	100%	100%	88%	94%	86%	97%	100%	79%	94%	100%
	4 South	100%	100%	94%	97%	100%	98%	100%	92%	90%	97%	100%	100%
	Acute Medical Unit	90%	83%			93%	86%	80%	92%	79%	95%	96%	92%
	Cath Lab		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Admissions		80%		76%		94%	100%	100%	100%	100%	100%	100%
	Emergency Department		100%	85%			84%	91%	100%	89%	92%	95%	100%
	Orthopaedics		100%				96%		100%	100%	93%	100%	100%
	Ambulatory Unit											100%	100%
	Ramone 1	76%										100%	100%
	Ramone 3						100%		98%	100%	100%	97%	100%
	Trauma		94%		94%	100%	100%	90%	100%	100%	94%	98%	100%
	<b>3 Monthly</b>												
	1 East	100%			60%	85%	100%	88%			100%	100%	100%
	Maternity		100%					100%					100%
	Blossom CYP Centre						100%	80%	100%				100%
	Day Surgery Unit							100%					100%
	Discharge Lounge												
	<b>Daisy Hill Hospital</b>	<b>Augmented (Monthly)</b>											
High Dependency Unit			96%		100%	100%	100%	100%	100%	100%	92%	100%	100%
Renal			100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Special Care Baby Unit			100%		100%				100%	100%	100%	100%	100%
<b>Non-Augmented (Monthly)</b>													
Emergency Department		100%	94%		80%	93%	92%		100%	100%	100%	100%	100%
Female Medical		100%	98%		100%	71%	95%	86%	95%	95%	90%	100%	86%
Male Medical/CCU		100%	93%	86%	86%	90%	94%	93%	94%	90%	100%	98%	100%
Stroke & Rehabilitation Unit		92%	76%		100%	100%	100%	96%	100%	100%	99%	100%	93%
Female Surgical		95%	97%				100%	85%	99%	100%	100%	100%	100%
Male Surgical		98%	100%				100%	88%	96%	100%	93%	100%	93%
<b>3 Monthly</b>													
Daisy Ward CYP Unit					100%		100%	100%	100%				100%
Day Procedure Unit							100%		100%			100%	100%
Direct Assessment Unit		100%			100%				100%			100%	
Elective Admissions				100%				100%	100%		100%		
Maternity			100%					91%		100%		90%	
Recovery							100%		100%			100%	
<b>Lurgan Hospital</b>	<b>3 Monthly</b>												
	Ward 1 Lurgan	100%	100%	100%	100%	100%	100%	100%	100%				100%
	Ward 2 Lurgan	100%					77%	100%	100%				100%
Ward 3 Lurgan	100%	93%	100%	100%	100%	100%			90%		100%	100%	
<b>South Tyrone Hospital</b>	<b>3 Monthly</b>												
	Ward 1 STH				100%		100%			95%			100%
	Ward 2 STH				80%	100%			100%	100%		100%	100%
	Theatre/Recovery STH						100%						100%
Day Clinical Centre						100%		100%				100%	

Hand hygiene audit is measured by department self-audit and IPC Team audits.

During 2022/23 departments have achieved a 99% self-audit compliance rate.



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.

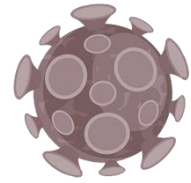


Next Steps: 

- The IPC Team continually work with and support ward managers to strive for consistent improvement. Ongoing IPC training and education, including hand hygiene training, is provided.
- The IPC team participate in the World Hand Hygiene day annually. Raising awareness of the importance of Hand Hygiene in the prevention of transmission of infectious microorganisms with staff patient's carers/relatives in both hospital and community.



## Covid Learning



The infection prevention and control team and microbiologists have given advice and support to clinical and operational teams, and care homes on the prevention of transmission of COVID 19 throughout the year.

The age and current infrastructure within the SHSCT has a number of limitations which impact on IPC. Management of COVID-19 has highlighted the requirement for improved ventilation, more availability of single side room provision and the need for more sanitary facilities. Some improvements have been made to our health estate, and further funding is required to continue environmental improvements.

Works have progressed to improve the environment, including refurbishment works in 4 South, including providing increased sanitary facilities and the CAH Emergency Department has been upgraded to provide single cubicle accommodation, with mechanical ventilation in much of the department.

COVID-19 testing guidance has been reviewed by the Department of Health, this included the removal of the requirement for asymptomatic testing in many groups of patients. Testing continues for all symptomatic patients.

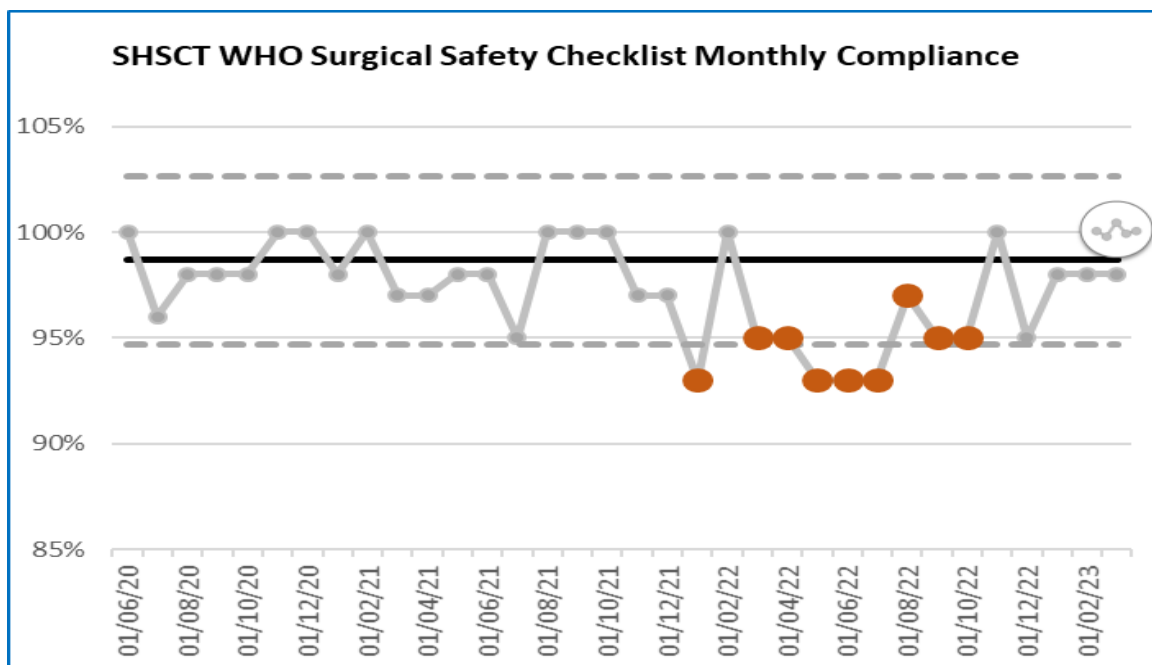
The Public Health Agency have updated guidance on infection prevention and control measures to prevent transmission of respiratory illnesses (including COVID-19) in health and care settings and other setting where care is provided e.g. clients own home.

## 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

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

#### Regional Goal is 95%

Cumulative Rate 22/23 was 96.0% (691/720), compared to 97.4% (662/680) in 21/22

\* Auditing was suspended Feb 20 → May 20 due to Covid-1

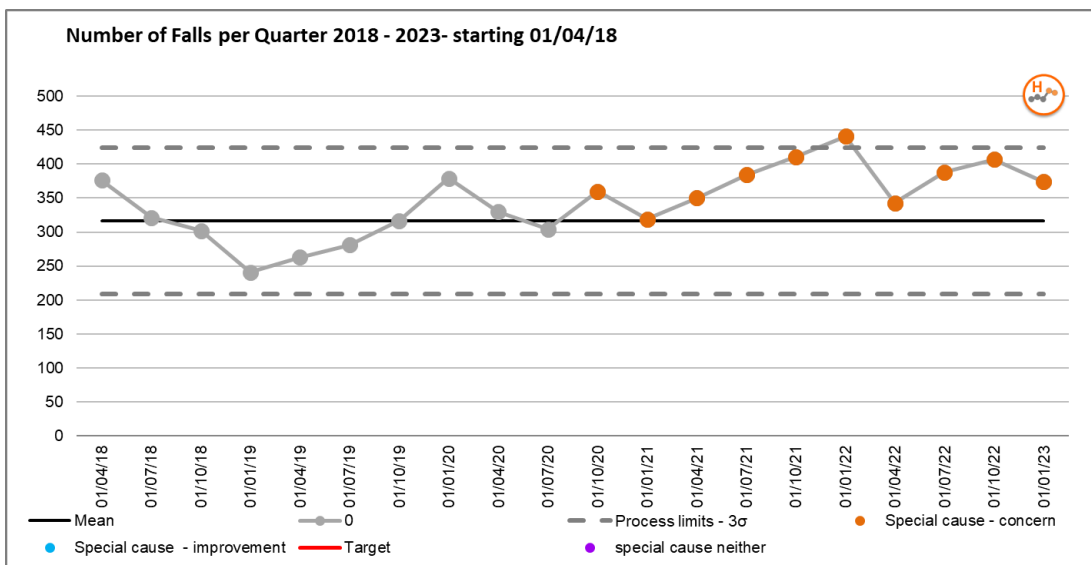
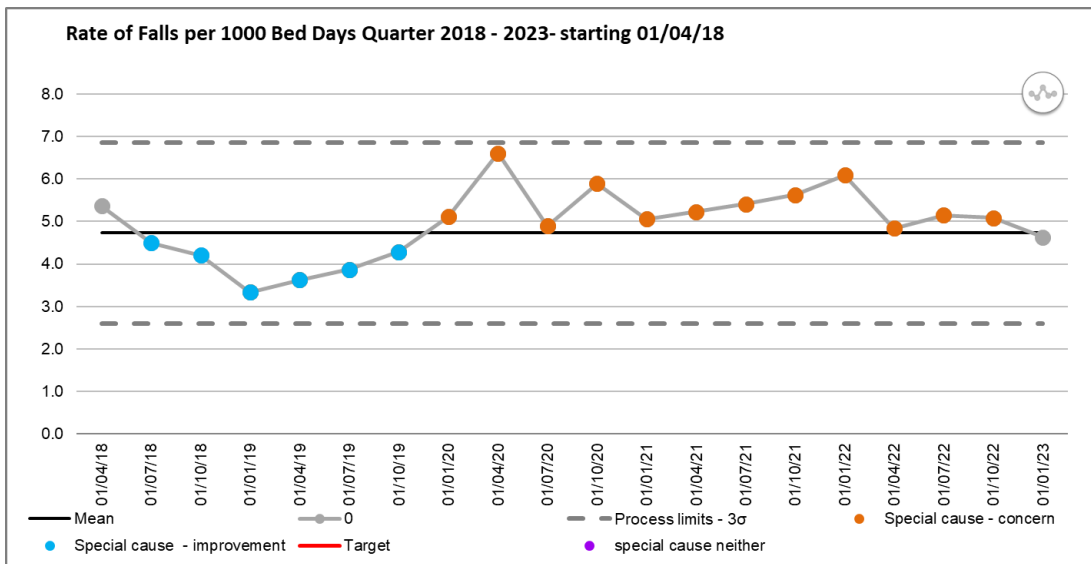


# 3.4 Falls

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 the following:

- Trust recorded *1,512* Patient Falls in 2022/23, with a rate of 4.92 per 1,000 Occupied Bed Days, compared to 1586 and 5.60 in 21/22 this represents a *decrease of 13.8%*
- 21 of the 1,512 total Patient Falls were coded moderate or above falls, which equates to 1.3% of the total reported, compared to 25 & 1.6% in 21/22
- A review of these 21 patient falls is undertaken using the Regional Shared Learning Template

# 3.5 Pressure Ulcers

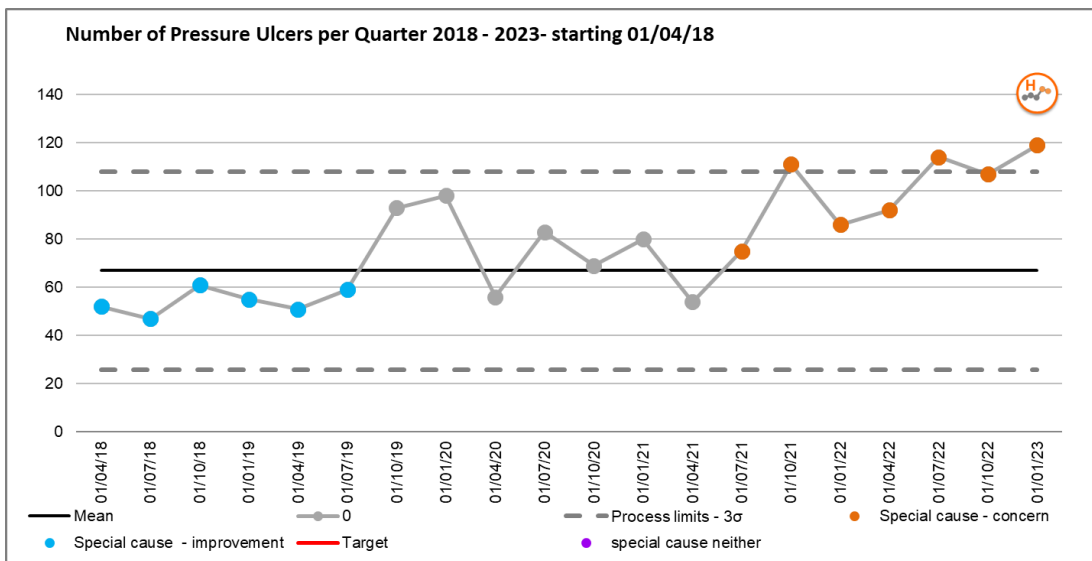
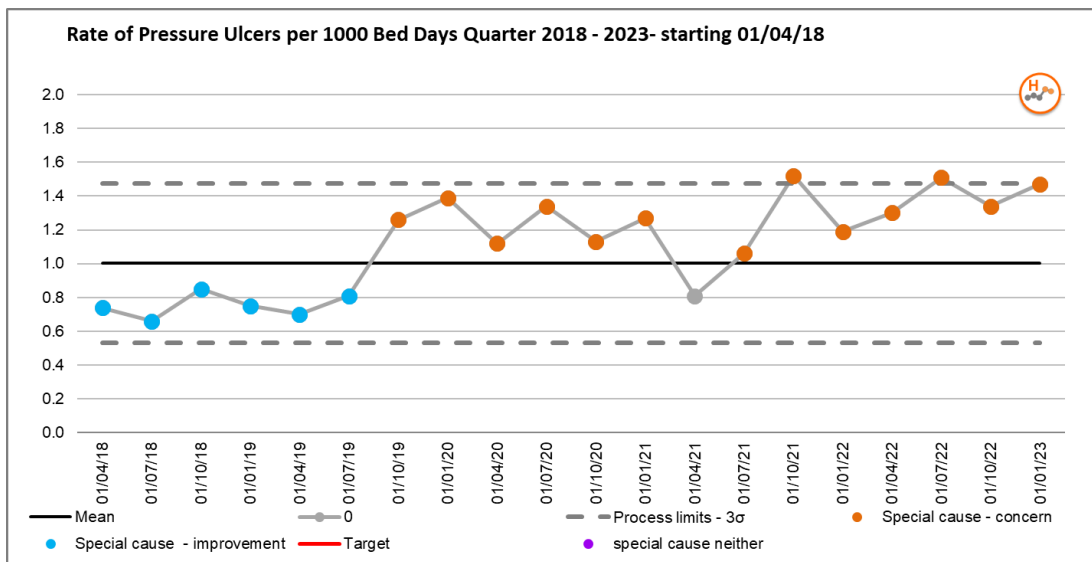
Preventing pressure ulcers are an essential aspect of patient safety.

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.

There is no rate reduction target for pressure ulcers.

This is a Public Health Agency requirement along with provision of baseline incident data for adult in-patient wards deemed avoidable stage 3, 4 and above.

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.



## Facts and Figures

### Hospital data

- Overall SSKIN Bundle Compliance 2022/23 was 85%, compared to 84% in 21/22.
- Hospital acquired pressure ulcers & Rate 2022/23 was 432 (1.41 per 1,000 Occupied Bed Days), compared to 326 (1.15 per 1,000 Occupied Bed Days) in 2021/22.
- Stage 3 & above Hospital Acquired Pressure Ulcers 2022/23 was 92 (0.30 per 1,000 Occupied Bed Days), compared to 70 (0.25 per 1,000 Occupied Bed Days) in 2021/22.
- Avoidable Stage 3 & above Hospital Acquired Pressure Ulcers 2022/23 was 29 (0.09 per 1,000 Occupied Bed Days), compared to 33 (0.12 per 1,000 Occupied Bed Days) in 2021/22.

### Community Data

Overall Compliance with the Regional SSKIN Bundle 2022/23 was 82% up from 72% in 21/22, below regional goal of 95%.

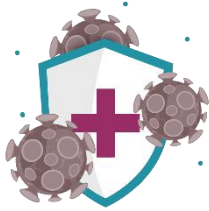
Acquired pressure ulcers on District Nursing caseload 2022/23 = 113 up from 88 in 21/22 (enhanced awareness via the Quality Improvement work ongoing in the community has probably led to improved reporting of these cases).

Stage 3 & above acquired pressure ulcers on District Nursing caseload 2022/23 = 52 up from 43 in 21/22 (as above).

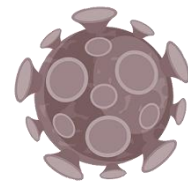
Avoidable Stage 3 & above acquired pressure ulcers on District Nursing caseload 2022/23 = 1 down from 2 in 2021/22.

## Next Steps:

- Implementation of Regional SSKIN Bundle charts in adult and community settings.
- Implementation of new Pressure Ulcer risk assessment tool - Purpose-T across all adult acute inpatient wards and community settings.
- Continue to monitor NQI SSKIN Bundle compliance data for inpatient and community settings and review outcomes of implementation of above documents in both settings through audit and improvement plans when required.
- Regionally agree implementation of Emergency Departments Purpose-T screening component and SSKIN Bundle.
- The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day (16th November 2023), to increase awareness for pressure injury prevention and to educate the public on this topic.



### Covid Learning



COVID19 had a negative impact on skin perfusion which resulted in more skin damage and pressure ulceration noted in acutely ill individuals within critical and ward based settings. This was a similar scenario on a regional level.

Redeployment occurred within the Tissue Viability Nurse (TVN) Team during the pandemic in both acute and community settings causing a reduction in face to face assessments, clinics and nursing home interactions.

Tissue Viability Nurse Teams are back to substantive posts and carrying their duties to full capacity.

Vacancy now filled within Tissue Viability Nurse Acute team.

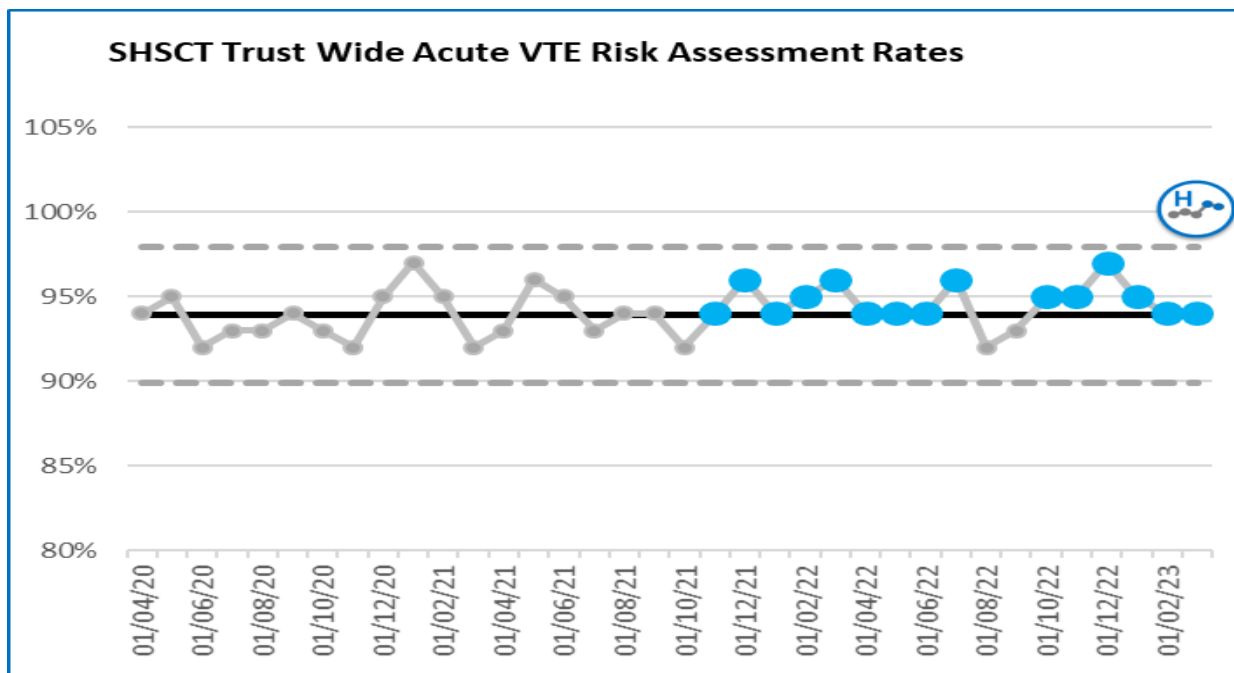


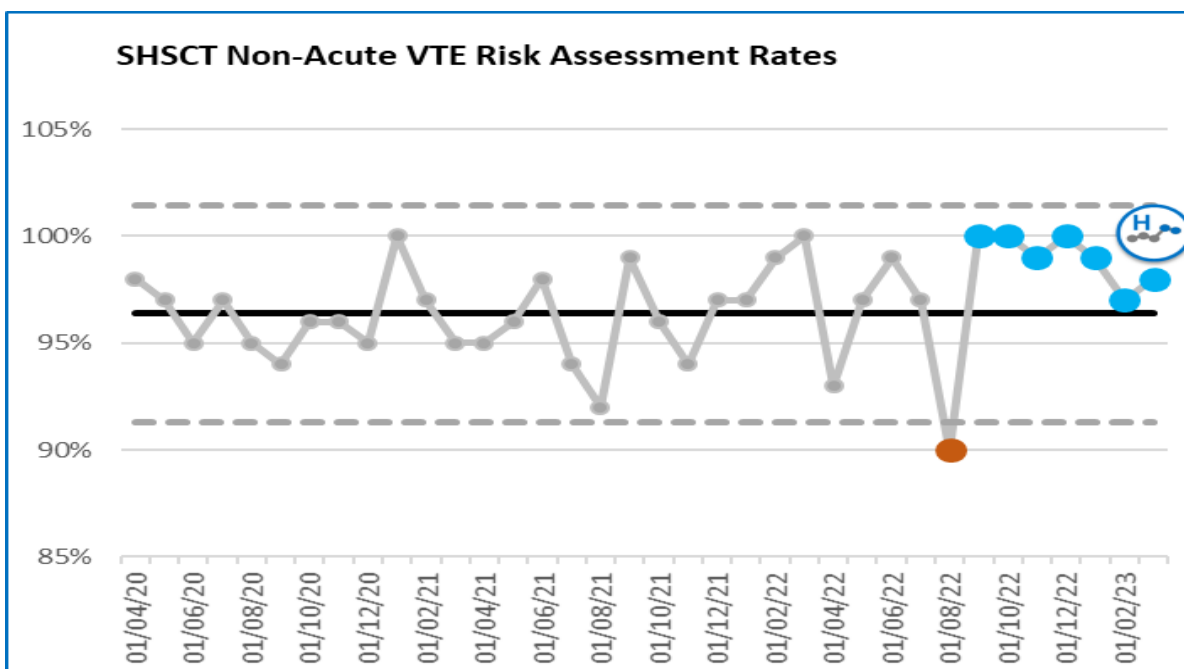
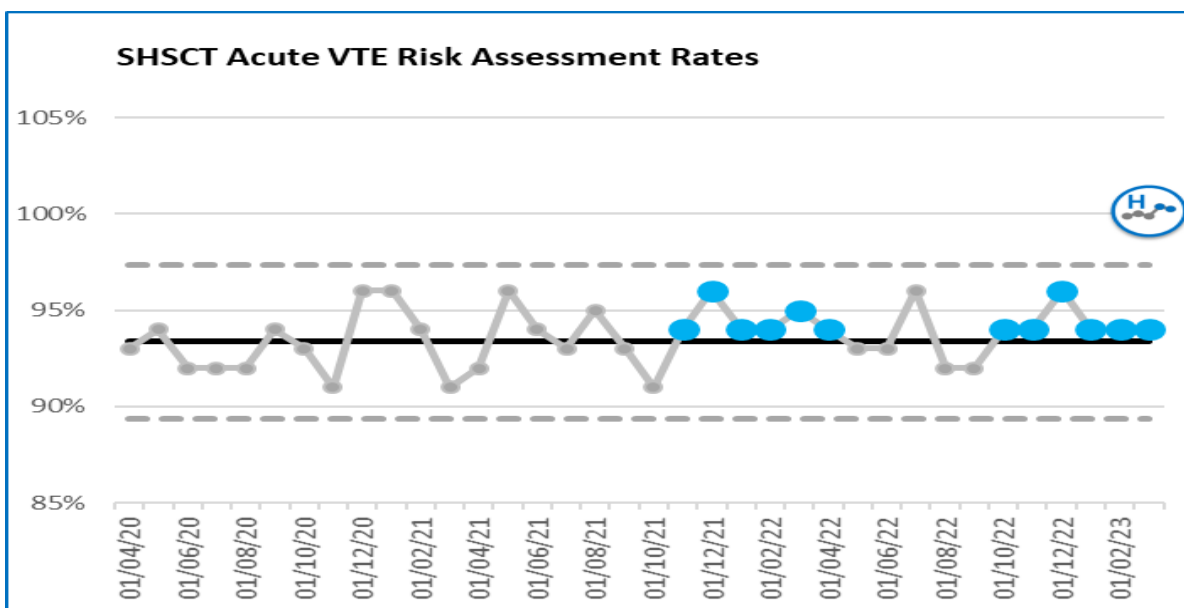
## 3.6 Venous Thromboembolism (VTE)

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

- Over 5,500 charts were audited during 2022/23 across the Trust. Compliance was 94.4%. This represents a slight decrease in the compliance rate from the 94.5% position in 2021/22 & narrowly under the Regional Target of 95%.
- Non-Acute Wards (Lurgan & South Tyrone Hospital) achieved a cumulative compliance of 97% in 22/23, exceeding the Regional Target of 95%

## 3.7 Medicines Management

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### Medicines Reconciliation

Medicines reconciliation is the process of identifying an accurate list of a patient's current medicines (including over-the-counter and complementary medicines) and carrying out a comparison of these with the current list in use, recognising any discrepancies, and documenting any changes. It also takes into account the current health of the patient and any active or long-standing issues. The result is a complete list of medicines that is then accurately communicated.

Pharmacists and their teams lead the medicines reconciliation service, ensuring that any discrepancies are resolved.

According to the Northern Ireland Clinical Pharmacy Standards (2013) and NICE guideline [NG5] 2015: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes medicines reconciliation should be carried out:

- within 24 hours of admission to hospital
- when patients are transferred between wards
- At discharge.

### Data

Monthly medicine reconciliation figures were collated for all wards in the Southern Trust that have a clinical pharmacy service up until the COVID pandemic (end of 2019) when this data collection was paused.

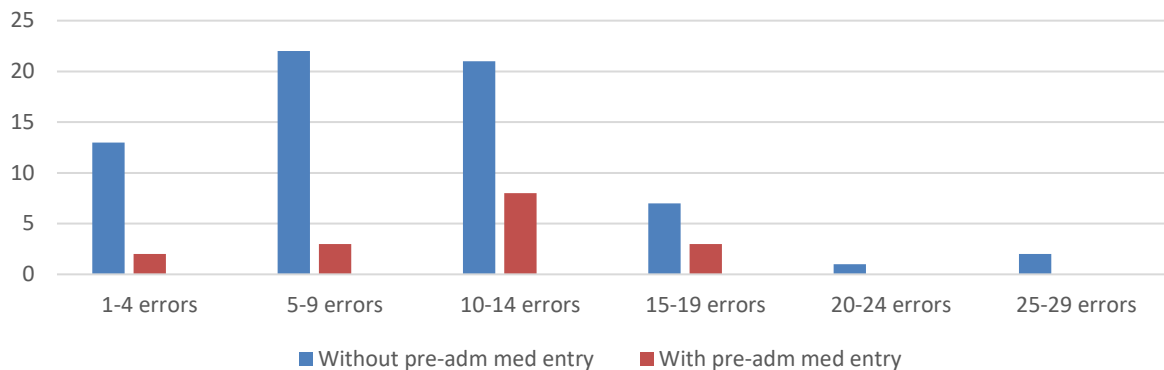
Medicines reconciliation data from 2019 demonstrated that approximately 30% of patients were completed within 24 hours. It is expected that similar trends would be seen in 2022/23.

### 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).

Error rate at discharge with/without pre-admission medication entry



Next Steps:

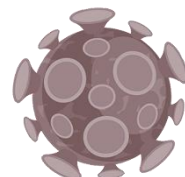


Ward activity data collection restarted in April 2023 and is being collected monthly.

Aim to increase medicines reconciliation on admission by creating an admissions team of pharmacists to work across ED and AMU and target any patient with a decision to admit. By completing medicines reconciliation earlier we should see a reduction in missed doses, errors in prescribing, possible reduction in length of stay and discharges should be completed quicker. All of these efforts will help with patient flow within the



### Covid Learning



Throughout Covid19 pharmacists remained on the front line working to ensure patients received safe and clinically appropriate medication.

Pharmacy are an essential service to the Trust to ensure patient safety and contribute to optimising patient flow throughout the hospital.

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

### Introduction

Anticoagulation is an important means of reducing stroke or venous/arterial thromboembolism. Patients are treated with either warfarin or “Direct Oral Anticoagulants” (DOAC).

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. In addition to the hospital based clinics, there is also a virtual clinic, for patients who are housebound.

The recommended ‘Time in therapeutic Range’ for warfarin patients by the British Society of Haematology is >65%. Complex cases and patients with poor ‘time in therapeutic range’ are discussed weekly, and if suitable, they are switched onto DOAC therapy. There are currently four DOACs available, which do not require frequent monitoring.

### Percentage Time in Therapeutic Range by Clinic

Clinic	Time in Range	Time in Range previous audit
CAH clinic	69.5%	61.9%
DHH clinic	69.5%	64.3%
STH clinic	73.3%	75.2%
Virtual District Nurse Clinic	68.4%	67.03%
DHH District Nurse Clinic	69.9%	72.1%
Self- monitoring patients	70.8%*	N/A

\*New group of patients in 2023

### Incidents:

There were **68** reported incidents on Datix involving anticoagulants compared with 93 incidents in 2021/22.

- Warfarin – 9
- Enoxaparin – 30
- Apixaban – 24
- Dabigatran – 0
- Edoxaban – 2
- Rivaroxaban – 1



## Facts and Figures

All clinics are well within the recommended 'time in therapeutic range' and show an improvement on the previous audit, with the exception of the South Tyrone Hospital clinic which showed a slight decrease.

All incidents had a minor or insignificant outcome.

None of the reported incidents were rated as extreme risk, which compares with 0% in the previous audit.

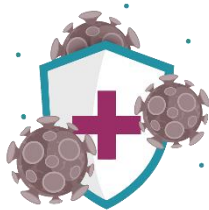
Next Steps: 

### Education and Training

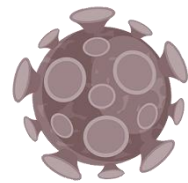
The anticoagulant pharmacists will continue to provide education sessions to the pharmacists and FY1 doctors.

### Guidelines

Anticoagulant guidelines will be reviewed and updated with senior medical staff as appropriate, ensuring they comply with current National Guidelines.



### Covid Learning



Self-monitoring is now discussed with patients who would benefit from it. These patients are likely to be younger patients on warfarin long term, with other commitments and difficulties attending clinic. The patient will purchase their own INR machine and, following training, can check their own International Normalised Ratio (INR). They then forward a photo of their result to one of the anticoagulant pharmacists who advises a dose of warfarin and review date.

We currently have **29 patients** who have their own INR machine and self-monitor. We review them in a face-to-face clinic every 6 months, to QC their machines and to provide advice and reinforce anticoagulant education.

## Insulin Management

### Introduction:

The number of people in Northern Ireland living with diabetes continues to rise and there has been a corresponding increase in the number of insulin users. This is because insulin is essential in the management of type 1 diabetes, but it may also be used in the treatment of type 2 diabetes.

Insulin is one of the top five high risk medicines as adverse incidents involving insulin can have serious consequences.

### Facts and Figures

The percentage of medication incidents relating to insulin in the three preceding quarters are:

October – December 2022: 16%

January – March 2023: 13%

April – June 2023: 13%

There has been a marginal decrease in the number of incidents reported relating to insulin of 3% in the last 9 months, and it is encouraging to see that this decrease has been sustained.

Trends relating to incidents in the last quarter (April to June 2023) demonstrate an increase in the number of incidents relating to the monitoring and follow up of insulin prescribing.

## The Safe Use of Insulin (SUOI) group

The SUOI group meet quarterly to review any reported medication incidents that relate to the prescribing, administration, or monitoring of insulin. The group work to identify trends within the reports and to develop strategies for addressing these.

As a result, *two quality improvement projects* will take place between July and December 2023:

- Review of process for highlighting patients who administer insulin for management of diabetes within the setting of the Emergency Department in CAH.
- Review of authorisation forms within District Nursing (DN) to ensure safe administration of insulin to community based patients.

In addition to these projects, further education and training on the management of insulin is now being provided by the diabetic specialist nurses to staff working in non-acute hospital sites.

## Nursing Quality Indicators (NQI's)

Following a successful trial of the introduction of the insulin NQI, they were implemented in all MUSC/SCS wards in November 2022, and South Tyrone and Lurgan hospitals in March 2023. The plan is to continue collecting data for these and to address any areas of concern as they arise.

## 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.

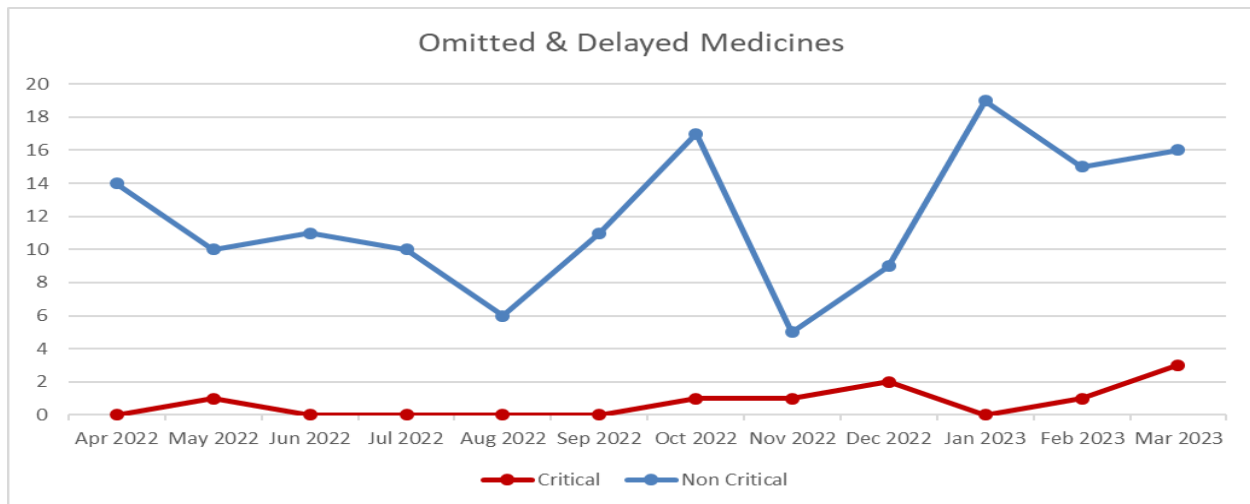
Most medicines are administered as prescribed in hospital, with some doses withheld for valid clinical reasons. However, on occasion, some doses are inadvertently omitted. This is particularly important for certain critical medicines where omission or delay is more likely to result in harm. Nursing Quality 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 2022 – March 2023**

- Based on the 58,178 doses prescribed across 3,813 charts audited, **0.26% (n=152)** were blank doses, a **decrease from 0.29%** in 2021/2022 audits results.
- Of the 58,178 doses prescribed, **0.0015% (n=9)** were critical medicines, an **increase from 0.009%** in 2021/2022 audits results.



## Dietitians

### Introduction:

First Dietitians in Northern Ireland to become supplementary prescribers

During 2022/23 three Dietitians successfully completed the Ulster University's Post Graduate Certificate in Medicines Management.

Darren McClelland, Advanced Practitioner Renal and Nutrition support Dietitian, DHH and Liz O'Connor, Advanced Practitioner Gastroenterology Dietitian obtained this accreditation in June 22, with Jill Smyth, Advanced Practitioner Critical Care Dietitian completing the course in February 23. They are the first cohort of Dietitians in N. Ireland to become Supplementary Prescribers so this is a significant milestone for the profession.

Supplementary prescribers are able to prescribe, amend or de-prescribe medications through the use of an individual patient clinical management plan.

As part of the course, the Dietitians undertook 90 hours of clinical shadowing and supervised practice, as well as completing a prescribing practice portfolio including a Core Medication Formulary. Completion of the course was aided by the excellent support of their Designated Medical Practitioners - Dr Michelle Hollywood, Nephrology Associate Specialist, Dr Christophe Hillemand, Consultant Gastroenterologist and the wider Gastroenterology Team and Dr Chris Clarke, Consultant Anaesthetist / Intensivist.

## Next Steps:

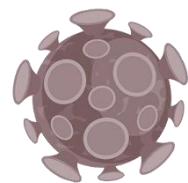
Specific Southern Trust data for dietetic supplementary prescribing is currently unavailable due to the qualification only recently being achieved. However, the benefits of dietetic supplementary prescribing have already been demonstrated in other parts of the UK. Renal dietitians from Gloucestershire Hospitals NHS Foundation Trust showed that dietetic prescribing of CKD-MBD medications reduced the median time from medication recommendation to dispensing of medications from 13 days to 1 day.

This reduction in medication delay subsequently led to improvements in patients CKD-MBD biochemistry increasing from 63% pre-intervention to 91.6% post intervention. Work is already underway within the Southern Trust Renal Service to implement a similar model with the use of supplementary dietetic prescribing and a dietetic led CKD-MBD protocol.

Supplementary prescribing allows the Advanced Practitioner Dietitians to further enhance their clinical skills and provide patients with more timely and efficient access to medicines within their expert areas. It will prevent duplication of notes and also reduce delays in prescribing as patients wait to access medics at ward level, thereby speeding up the discharge process. Supplementary prescribing has already demonstrated a reduction in pressure on Primary and Secondary Care doctors having to manage patient medication prescriptions.



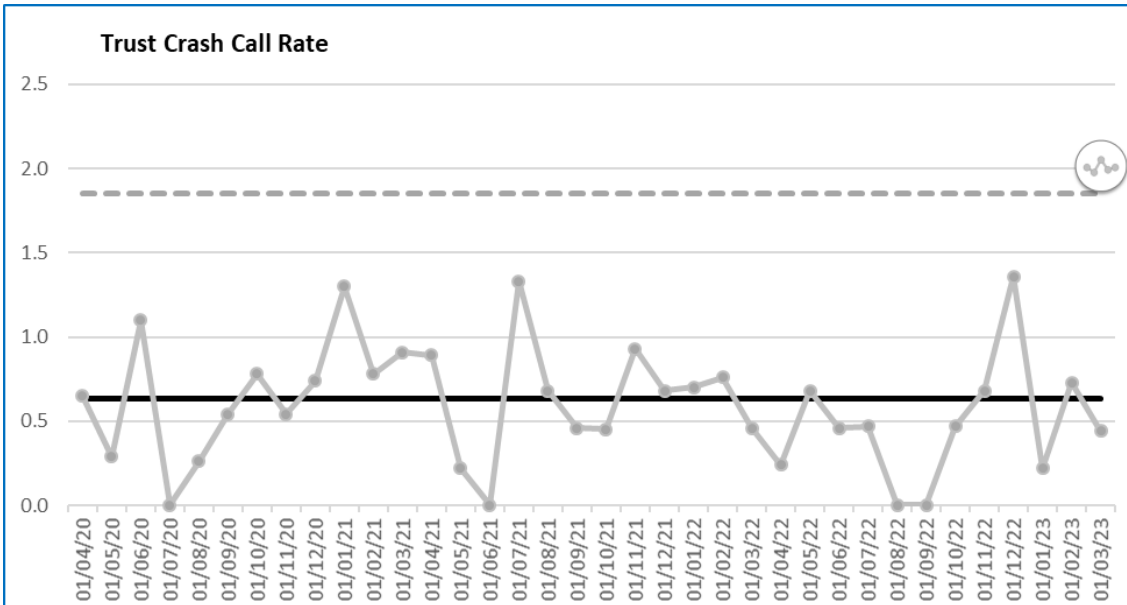
### Covid Learning



The Covid19 Pandemic has changed the access to Primary Care and Secondary Care doctors in a way that could never have been predicted; supplementary prescribing allows the Dietitians to be able to give patients access to required medications in a timely and safe way. It requires close MDT working to support both the patients and the staff with this service enhancement.

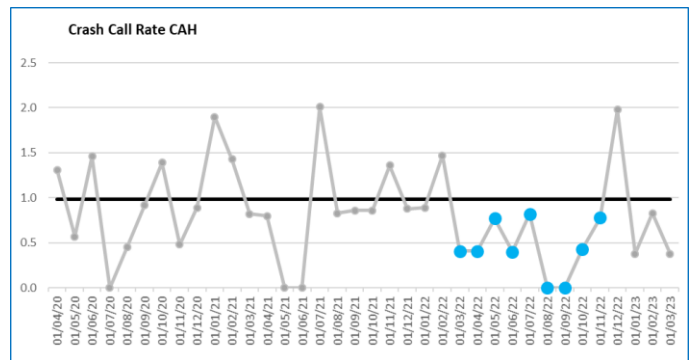
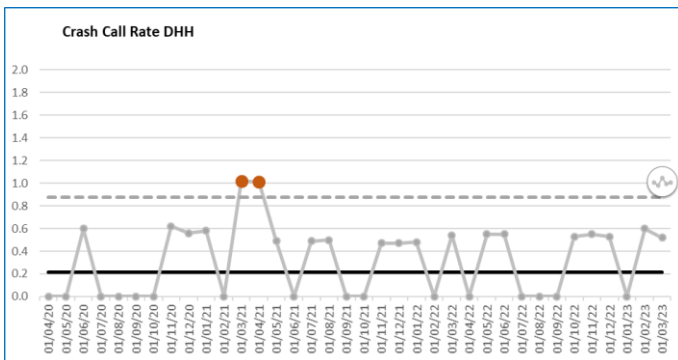


# 3.8 Cardiac Arrest Rates



## Facts and Figures

Trust cumulative Crash Call rate for 22/23 was 0.48 (25 Crash Calls) per 1,000 deaths/discharges, compared to 0.63 (33 Crash Calls) in 21/22  
 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 Public Inquiries

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### **Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust.**

In November 2020, the then Health Minister announced a Statutory Public Inquiry into Urology Services in the Southern Health and Social Care Trust. The Urology Services Inquiry (USI) was formally set up on September 6<sup>th</sup> 2021, with Christine Smith KC appointed as Chair.

In the period since September 2021, the Trust has managed over 100 requests for information through Section 21 notices served on current and former staff; and has provided over 300,000 pages of discovery.

Six days of hearings have also been held in private to give patients, and/or their families an opportunity to recount their experiences to the Inquiry.

There were 35 days of public hearings between November 2022 and March 2023, covering two areas – an overview of the service and the circumstances that led to the Public Inquiry; and Module 2 which looked at the implementation of the Department of Health's Maintaining High Professional Standards in relation to Mr O'Brien.

Module 3, focused on Governance in Action, and the Autumn 2023 hearings involve clinicians who have engaged with, or worked within the Trust's urology service, and who will be able to describe the practices of that specialty, how it functioned and the difficulties which it faced.

The Trust has established the Southern Trust External Reference Group, which acts as a critical, independent friend to support the Trust's senior team response to the Inquiry.

Alongside the Inquiry, the Trust is continuing to review patients who received care from Mr O'Brien. An initial review of patients began in the summer of 2020 (prior to the establishment of the Urology Services Inquiry) looking at patients who were under the care of Mr O'Brien between January 2019 and June 2020.

The Trust examined the records of 2,112 patients. As a result of this, 527 patients were identified as requiring an appointment with a Southern Trust Urology Consultant and of these, 352 patients required a change in their care and treatment. The remaining 175 patients did not have any change.

The Urology Lookback Review is now being extended to patients who were treated by Mr O'Brien for a urology cancer which includes prostate, bladder, kidney and testicular cancers and treated for renal stone disease, who are alive today and have not had their care reviewed as part of the first Lookback Review group, or seen by another Southern Trust Urology Consultant.

Looking forward, public hearings are scheduled until mid-December, resuming in January with a further patient hearing in private.

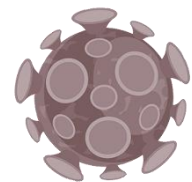
There is no confirmed schedule at this stage beyond mid-January, but it is anticipated that further public hearings will continue until Easter 2024.

Learning and improvement work continue, with a number of service initiatives supported through the Public Inquiry work:

- Support for weekly Multi-Disciplinary Meetings through clinical investment (radiology, pathology and palliative care); administrator; cancer information and audit officer; cancer data officer and clerical support.
- Additional clinical audit staff
- Investment in revalidation
- Support for professional governance, learning and assurance
- Additional clerical and social governance posts
- Investment in M&M facilitators
- Medicines safety pharmacist
- Additional administration posts to support clinical teams
- Patient access scheduling manager
- Service Improvement posts



### **UK Covid-19 Public Inquiry**



The UK Covid has been set up to examine the UK's response to and impact of the Covid-19 pandemic, and learn lessons for the future. The Inquiry is chaired by the Right Honourable Baroness Heather Hallett DBE.

The Trust has provided some initial information to the Inquiry, and is now preparing to locate and log all relevant documents, identifying key decisions and supporting evidence, to support future Modules of the Inquiry.

## Hyponatraemia Inquiry

### Introduction:

On the 31st January 2018 the Hyponatraemia Inquiry released its final report, complete with 96 recommendations that translated into 120 total actions. Of those 120 actions, 105 are specific to the Trusts and 15 specific to the Department of Health.

A competency framework was developed to assist Trusts by supporting existing processes in reducing the risk of hyponatraemia when administering intravenous fluids to babies, children and young people. Within the framework, there are recommendations that Trusts should implement locally to support their own internal governance requirements in providing assurance that all staff who require it, are deemed competent in the safe administration of intravenous fluids to children from birth up to their 16th birthday.

All registered professional staff, who have the potential to be involved in the care, assessment and clinical management of children, must ensure their practice in relation to the provision of intravenous fluids meets the knowledge and competency standards set out in the HSC Competency Framework document, as well as the training requirements of the Trust.

### HSC Competency Framework

<b>Medical Staff – Unless a ‘desist notice’ is completed, all three elements are required and should be evidenced at appraisal.</b>	<b>Nursing , Midwifery and AHPs - Must include all four elements below before staff can be deemed as having completed:</b>
<ol style="list-style-type: none"><li>1. Regional Fluid Management Case study Tool e-learning</li><li>2. BMJ e-learning ‘Reducing the risk of hyponatraemia when administering intravenous fluids to children’</li><li>3. Provide evidence of completion of at least 2 prescribing case studies pertinent to their field of practice using the Daily Fluid Balance and Prescription Chart (Child from birth (term) up to 16th birthday).*</li></ol>	<ol style="list-style-type: none"><li>1. CEC* Face to face training on Fluid Management in Term Neonates, Children &amp; Young People, Birth (term) - 16th Birthday</li><li>2. BMJ e-learning ‘Reducing the risk of hyponatraemia when administering intravenous fluids to children’</li><li>3. Regional Fluid Management Case study Tool via <a href="http://learn.hscni.net">learn.hscni.net</a></li><li>4. SHSCT Fluid Management Competency framework</li></ol>

### Medical Staff Training

Since January 2020 medical staff have been required to confirm their training status regarding the Children’s Hyponatraemia BMJ module completion. Consultant and SAS grade doctors are required to complete training or pending agreement of their



Divisional Medical Director, obtain a desist notice confirming they will not prescribe fluids until they have completed the necessary training.

All Junior Rotational doctors are required to complete Children’s Hyponatraemia BMJ module as part of core training. In relation to Consultant and SAS grades the report presents data for all 493 staff employed across the Trust. Out of these 493 staff it can be identified that 244 staff would work in areas that either manage children on a daily basis or have the potential to have a child under 16 years old admitted under their care.

Inquiry into Hyponatraemia Related Deaths (IHRD) Oversight agreed to present these figures relating to Consultants and SAS grades by speciality to allow us to have a more detailed overview of the data.

Divisional Medical Directors and Assistant Directors have been emailed with up to date training figures for all Medical, Nursing, Midwifery and AHPs.

Junior doctors in training who have not submitted an e-declaration are reminded via monthly email, with a subsequent weekly reminder. They are also given a 40 day expiry reminder email. Twice monthly Divisional DMDs are emailed a report for non-compliance for their Division.

In addition to the Children’s Hyponatraemia BMJ module, awareness training has been incorporated into postgraduate teaching sessions.

% Total staff trained	
Hyponatraemia - BMJ E Learning	80.3%
Hyponatraemia - CEC F2F	70.3%
Hyponatraemia - PHA E Learning (Case Studies)	73.8%
Hyponatraemia Competency assessment tool fluid Management C&YP	53.8%

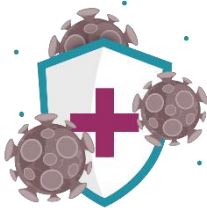
## Facts and Figures

- 71% of the Medical Staff within the identified areas have completed their Hyponatraemia training
- Overall performance with Hyponatraemia BMJ E learning within nursing has moved into the green target performance with a score of 80.3%.

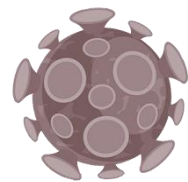
### Next Steps:



- We will continue to email all Assistant Directors and Divisional Medical Directors with the training figures for their areas in order to assist with encouraging undertaking of the training.
- The figures will be presented at the IHRD Oversight group as well as recorded in the Governance Committee Report for assurance.



### Covid Learning



Medical and Nursing staff have continued to ensure they are meeting the required level of training with regards to Hyponatraemia and this was consistent throughout COVID.

## 4.2 Standardised Mortality Ratio

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 are as follows:

- Crude mortality this is the proportion of patients treated in a hospital/site who died. It is calculated as 
$$\frac{\text{Total deaths} \times 100}{\text{Total discharges} + \text{deaths}}$$
- 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 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.

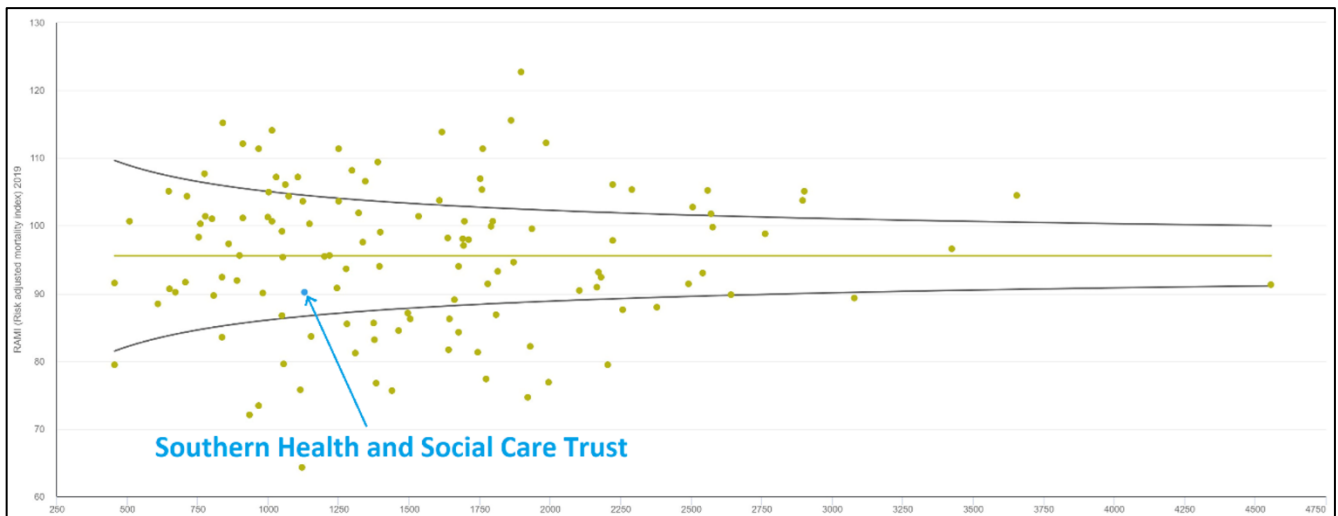
The methodology behind the RAMI is limited to just six factors, each of which is known to have a significant and demonstrable impact on risk of death. They are:

- 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.

## RAMI (Risk Adjusted Mortality Index) for UK health Trusts

July 2021 – June 2022



The above funnel plot for July 2021-June 2022 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; The Trust sits within the upper and lower confidence range as indicated by the blue dot. This means that the risk adjusted mortality rate is within the expected range.

### 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.

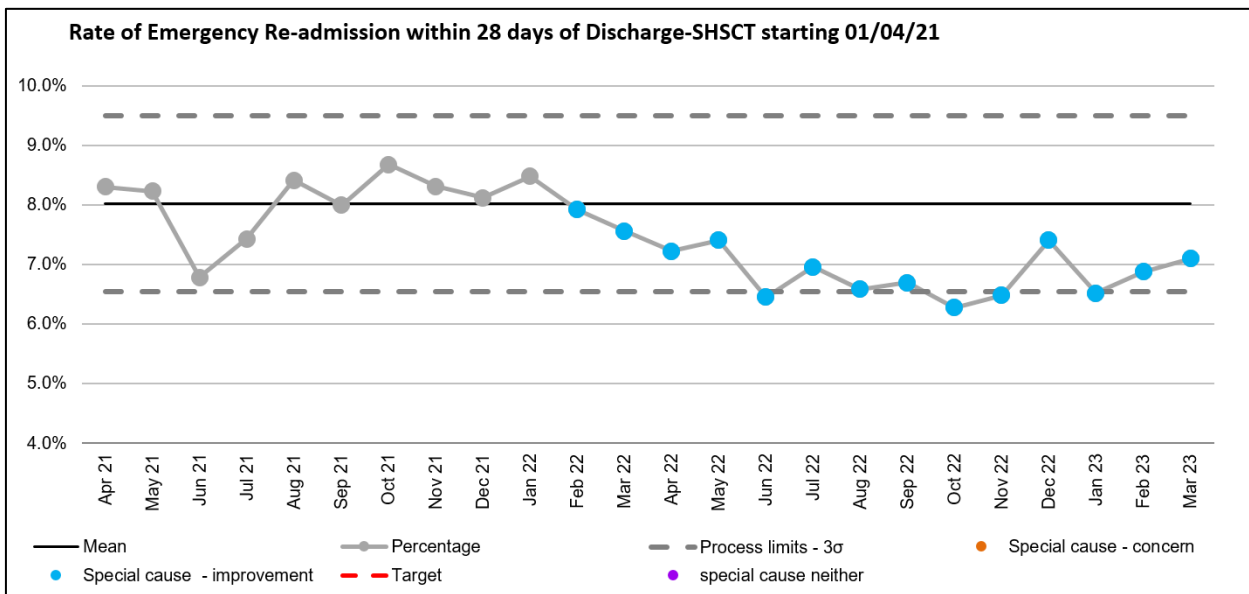
It should also be noted that risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020. It is anticipated that at least 12 month activity will be required for sufficient data to be available to begin considering the development of risk adjusted mortality 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.

## 4.3 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.

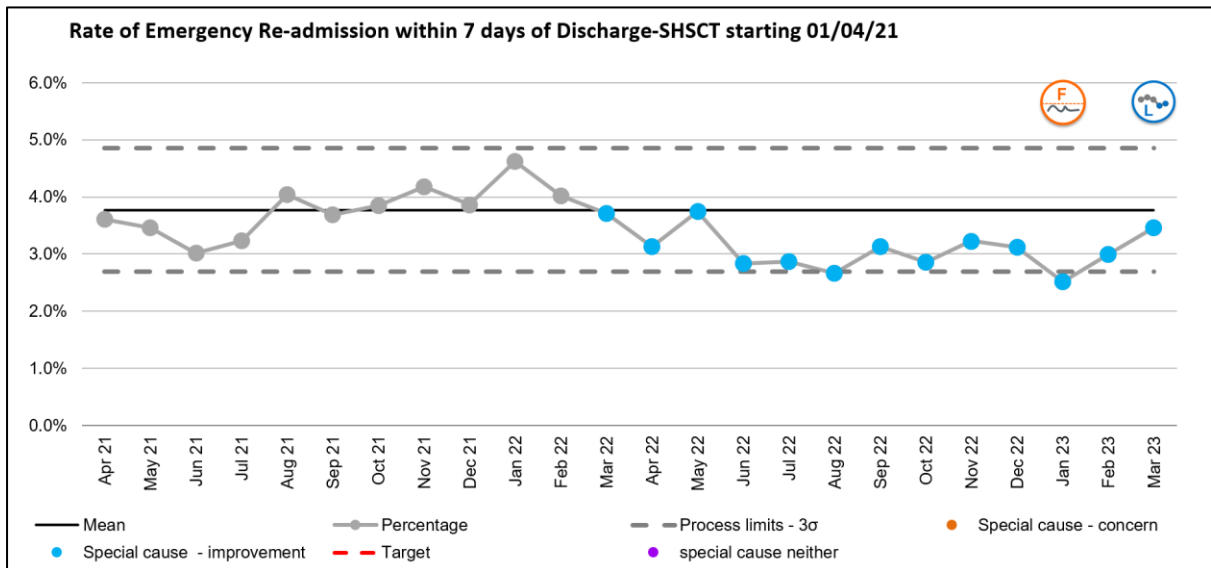


The rate of Emergency Re-admissions within 28 days of discharge for 2022/23 was 6.8% this represents a 17.6% improvement from 2021/22 figure of 8%.

### 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.





Similarly, the Emergency Readmission rate within 7 days of discharge has seen a significant decrease in 2022/23 when compared with the year prior.

## 4.4 Emergency Department (ED)

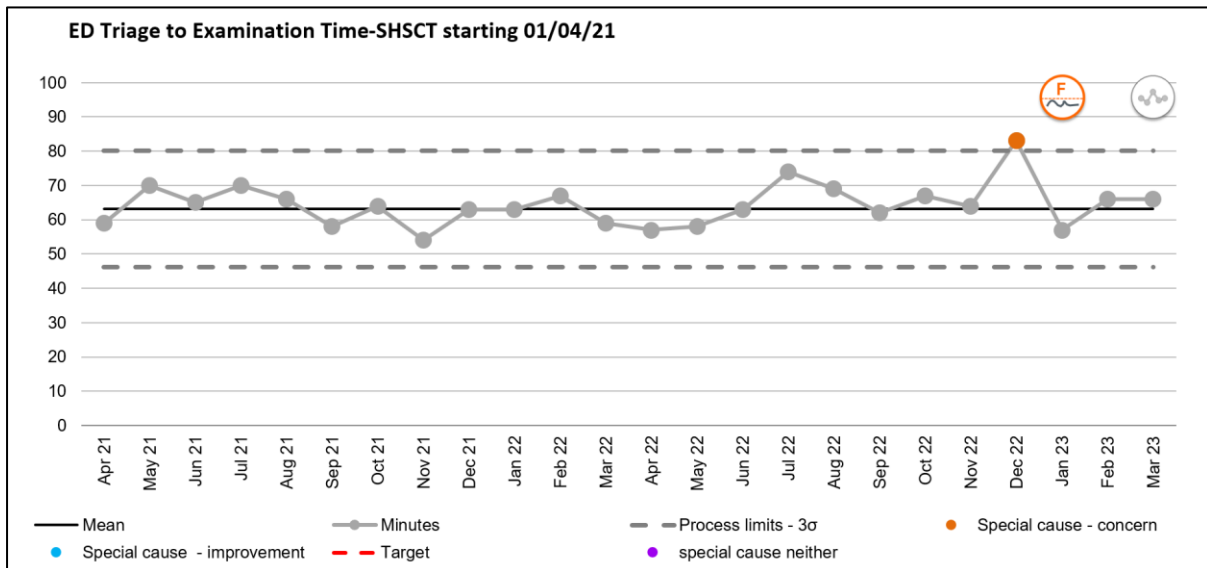
The Southern Trust has two Emergency Departments (ED), Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in emergency departments affects patients and families experience of services and may have an impact on the timeliness of care and on clinical outcomes. The Trust aims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

### Facts and Figures

During 2022/23 there were **158,854** people who attended Southern Trust Emergency Departments and Minor Injuries Units, a **3% increase** from the figure of **154,271** in 2021/22.

### Triage to Examination Time

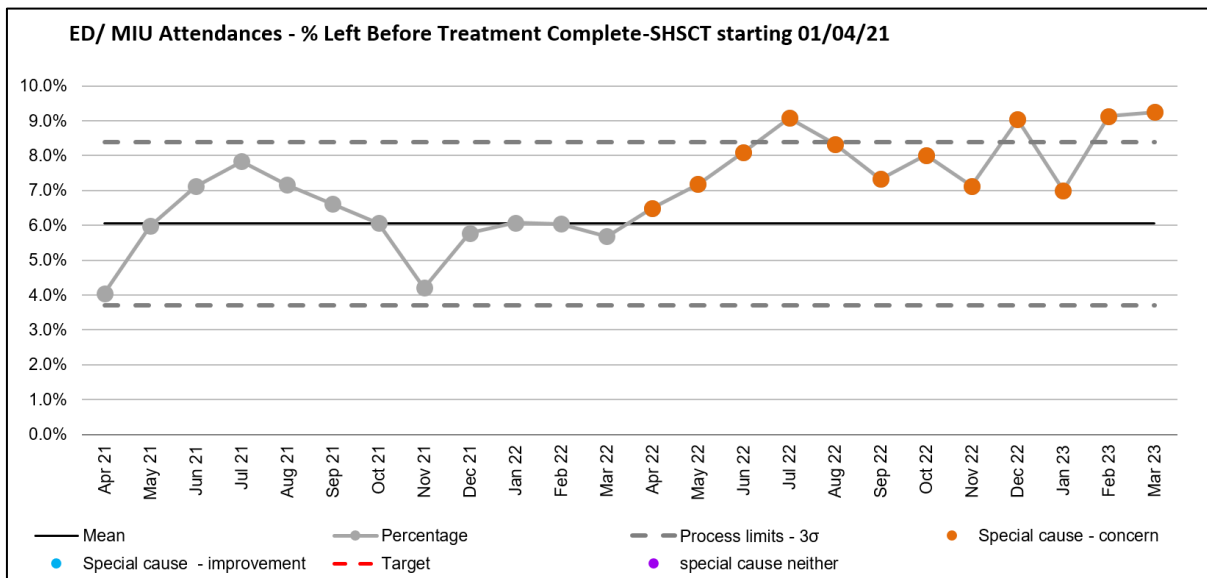
The Trust measures (in minutes) the time it takes from triage (or assessment) to the patient being examined.



During 2022/23, the average monthly triage to examination time was *65.5 minutes*. This represents *an increase of 3.6% from 63.2 minutes in 2021/22*.

### Patients that leave before treatment is complete

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

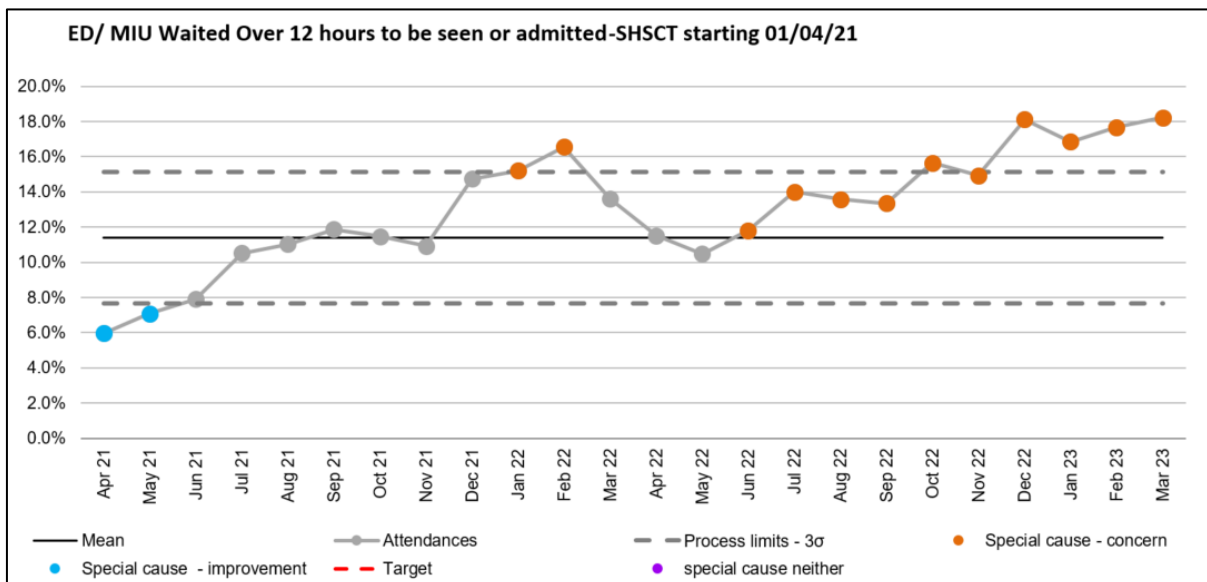
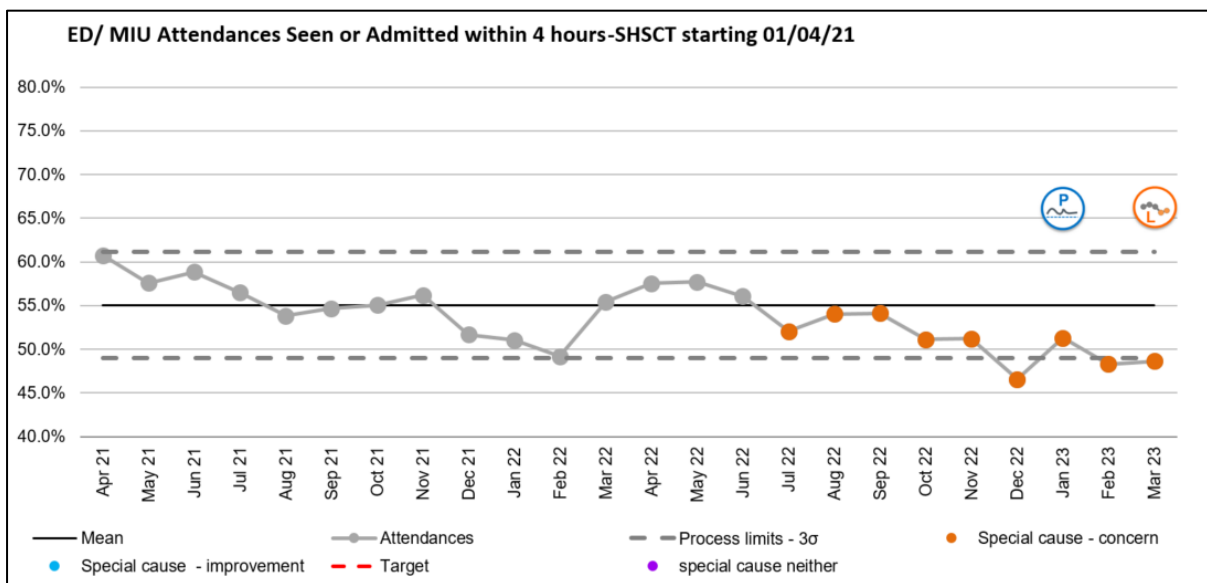


During 2022/23, the average percentage of patients that left the Southern Trust's Emergency Departments before their treatment complete was *7.9%, up from 6.1% during 2021/22*.

## 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 Emergency Department (ED). The Trust's focus is to ensure patients are seen as soon as possible by the most appropriate medical professional.

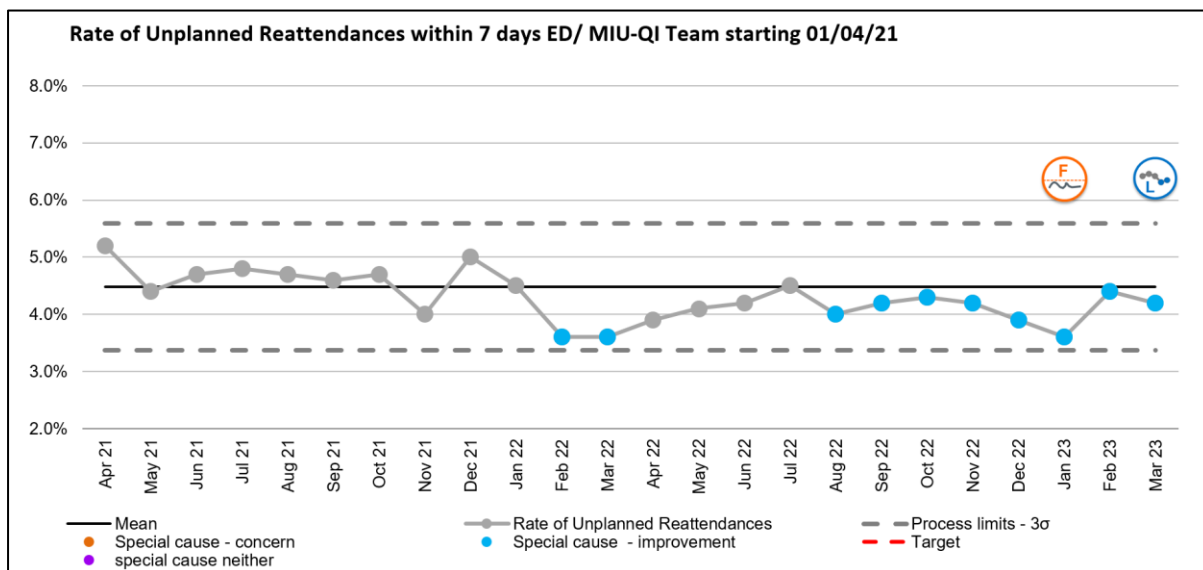
It is important to note that waits in emergency care units are often a sign of delays in the whole hospital flow system. Significant work has been undertaken to improve waiting times in emergency care units by focusing on more effective discharge and management of patients in medical receiving units.



## Facts and Figures

- In 2022/23, **52.4%** of patients that attended ED/ MIU were *seen or admitted within 4 hours*. This is a **5.2% reduction** from the 2021/22 position of **55.1%**.
- In 2022/23, **14.7%** of patients that attended ED/ MIU waited over 12 hours to be seen or admitted. This is a **22.4% increase** on the 2021/22 position of **11.4%**.

## Emergency Department Unplanned Re-attendances within 7 Days



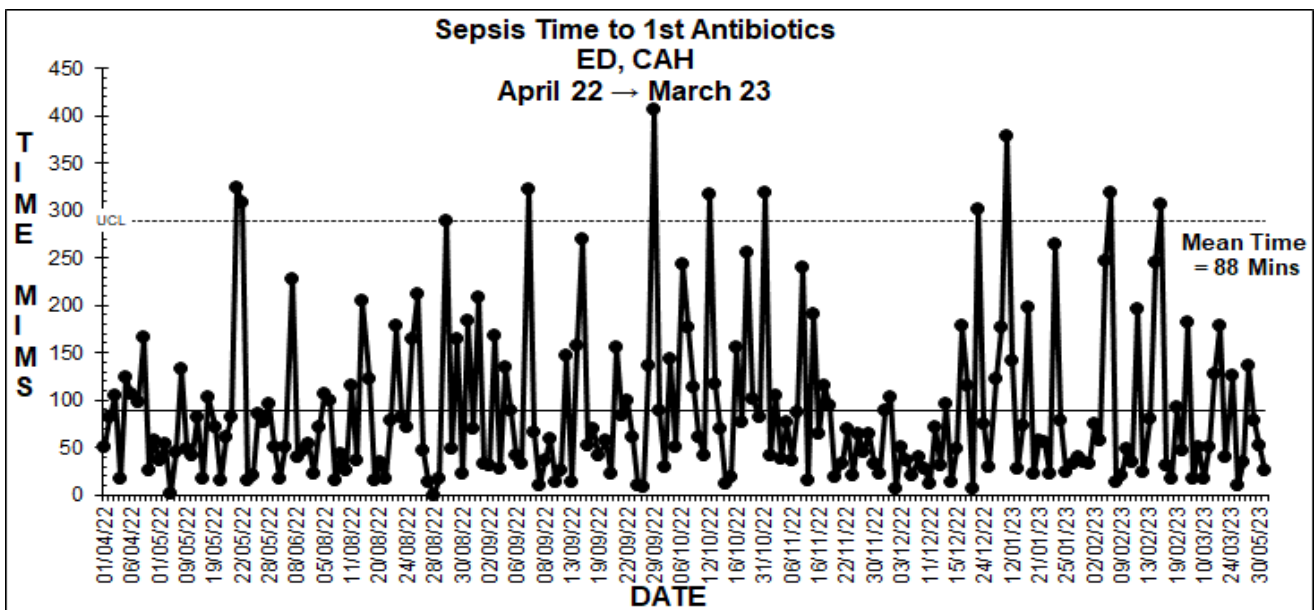
The SPC chart above shows a significant decrease in the rate of unplanned re-attendances within 7 days for Southern Trust ED and MIU. On average, during 2022/23, **4.1% of patients re-attended our emergency care departments within 7 days** of original attendance. The position is a decrease on the figure of 4.1% for 2021/22.

## Sepsis

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly.

The Trust Sepsis Quality Improvement Initiative continues in ED, CAH, under the Clinical Lead Dr Susan Budd, with the weekly review of cases.

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

The mean time of the 212 cases audited during 2022/23 was 88 minutes, outside the Regional Target of 60 minutes, up from 82 minutes (194 cases) in 2021/22. Significant pressures in the Emergency Department, CAH, which has been a problem encountered in all ED's throughout NI, have led to the mean time increasing in 22/23.

Actions to improve compliance:

- Cases which are significantly outside the target timeframe or above the upper control limits 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 patient's journey from admission to administration of antibiotics.

As part of the Trust's "Safetember" campaign the Clinical Lead raised awareness of the QI work with ED colleagues.

Next Steps:



- Reintroduction of Auditing ED, DHH
- Introduction of Regional Sepsis E-Learning Programme



# Community Specialist Palliative Care

## Introduction:

The Community Specialist Palliative Care Team highlighted that there was a delay in finding out that patients under their care were either attending ED or had been admitted to hospital. At times this information only became apparent when a review or follow up appointment was being made, however there was useful information known about these patients within the team in relation to their complex needs or presentation.

The aim of this improved initiative was to identify patients earlier when attending ED and share any relevant information that could have an impact on their care either with being admitted or discharged back to the community.

This work is aligned to the regional Palliative Care in Partnerships priority of early identification.

The Qlik Sense App within the Trust is now used on a daily basis to identify patients that arrive in Emergency Department (ED) and are known to the Community Specialist Palliative Care Team. The Professionals within the team that then know this patient will reach out and make contact with the Emergency Department Ward Sister and pass over relevant information they have to help with the patient's journey and decisions in relation to the care provided if appropriate.

## Data:

Over a 3 month period *54 Patients* were identified while in ED and open to the Community Specialist Palliative Care Team.

*23* of these *54* had pertinent information to be handed over to the team in ED to help with care and ongoing management. Examples of this include:

- Dietetics advise in relation to PEG feeds
- Social background relevant to discharge plans and prescription of oxygen
- Ongoing issues with abdominal ascites
- Know reaction to previous meds
- Advice on supports available in community

## Facts and Figures

The information being passed over shows that there is benefit in identifying patients early in the ED department to pass over relevant information to help with their care.

### Next Steps:



- Plan to meet with the Emergency Department team to discuss learning from their side.
- Aim to increase the cohort of patients being identified to include all patients with an ELCOS (End of Life Care Operational System) stage C & D to help identify all patients approaching their last months to days of life that arrive in the Emergency Department.

## Palliative Education and Resource Library for Adults

### Introduction:

Following a Serious Adverse Incident within a care home setting it was identified as an area requiring further education within care homes. It was agreed that in addition to core syringe driver training a series of bite size videos could be compiled to aid with training and help maintain competencies of all staff.

It became apparent that despite development of video training packages that other areas of education in relation to palliative and end of life care were required to help with provision of care and confidence in same. Following questionnaires seeking feedback on training needs a gap was identified. To address this gap in education a cross directorate group, with representation from no fewer than 15 different services collaboratively compiled an electronic palliative care learning resource named **The Southern Palliative Education and Resource Library for Adults (PEARL-A)**. Education provision is a target area for the regional Palliative Care in Partnership Group.

### Data:

- Since publication in December 2022 this resource has been accessed almost 2000 times to date
- Currently has 12 topics included designed by specialists in each of the areas ranging from identifying signs and symptoms of end of life through to bereavement.
- The use of Page Tiger in this project has ensured the resource is accessible on both computers and smart phones.

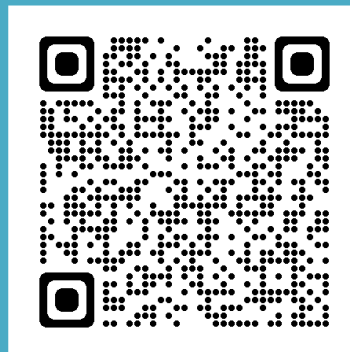
### Next Steps:



- A public facing version is being created with service users on the group and help with the PPI team. All medical jargon will be removed and in a language that is understandable. An easy read version is aimed to sit alongside this. This version will be called PEARL-P.
- Meetings are organised with Palliative Care in Partnership Program team to see about transforming this in to a regional document.
- All Ireland Institute of Hospice and Palliative Care have requested to hold this on their learning site and are looking at ensuring we have an accessible format.
- Southern PEARL-A will be updated inline with all regional policy and procedure updates and has already had a version update to reflect the changes in RPMG Guidance of Symptom Management at End of Life in Adults, which came out earlier this year.

Please see link below & QR code for access to the resource

[PEARL 2 - 2 \(pagetiger.com\)](http://pagetiger.com)



## 4.5 Nice Guidelines

### Introduction:

The National Institute for Health and Care Excellence (NICE) is renowned for developing best practice recommendations, advice and quality standards, primarily for frontline practitioners but also for patients to support shared decision making and, increasingly, the shift to more self-care.

It aims to achieve the following:



Producing useful and useable guidance for health and care practitioners.



Focusing on what matters most by prioritising topics that are most important to the health and care system or address an unmet need.



Providing rigorous, independent assessment of complex evidence for new health technologies.



Encouraging the uptake of best practice to improve outcomes for everyone; help identify research priorities and support commissioners to ensure best practice is in place.

NICE guideline recommendations extend across the patient's whole care pathway and the health, public health and social care sectors. On 1 April 2022 the Chief Medical Officer issued a number of circulars clearly which set out the process for the endorsement, implementation, monitoring and assurance of NICE Guidelines in Northern Ireland. These guidelines included NICE Clinical Guidelines, NICE Technology Appraisals, NICE Public Health Guidelines and NICE Interventional Procedures. These circulars came into effect on 1 April 2022.

[20220401\\_CMO\\_Circular\\_HSC\\_SQSD\\_13\\_22\\_Revised\\_Regional\\_Process\\_NICE\\_Clinical\\_Guidelines\\_NI.pdf](#)

[20220401\\_CMO\\_Circular\\_HSC\\_SQSD\\_12\\_22\\_Revised\\_Regional\\_Process\\_NICE\\_TAs\\_NI.pdf](#)

[20220401\\_CMO\\_Circular\\_HSC\\_SQSD\\_15\\_22\\_Revised\\_Regional\\_Process\\_NICE\\_PH\\_Guidance\\_NI.pdf](#)

[20220401\\_CMO\\_Circular\\_HSC\\_SQSD\\_14\\_22\\_NICE\\_Interventional\\_Procedures\\_Programme.pdf](#)

Upon receipt of these newly endorsed circulars the Trust's existing systems and processes for the dissemination, implementation and assurance / monitoring of NICE guidance were reviewed and updated. This was to ensure the circular requirements were met across the corporate and operational directorate teams thereby ensuring consistency in practice and delivery of timely key performance indicators, as outlined below.

Type of NICE Guidance	Timescales for targeted dissemination / agreement of clinical lead	Timescales for Full Implementation
NICE Clinical Guideline	3 months from endorsement date	12 Months from endorsement date
NICE Technology Appraisals	3 months from endorsement date	9 Months from endorsement date
NICE Public Health Guidelines	3 months from endorsement date	12 Months from endorsement date

### Facts and Figures:

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. A comparative is also given in relation to 2021/2022:

Table 1 - Type of NICE guidance	2021/2022	2022/2023
NICE Antimicrobial Guidelines	2	0
NICE COVID-19 Rapid Guidelines	1	0
NICE COVID-19 Rapid Guideline updates	19	11
NICE Clinical Guidelines	23	15
NICE Clinical Guideline updates	21	17
NICE Equality Screening Questionnaire	21	21
NICE Interventional Procedures (IPs)	4 circulars (presenting 31 IPs)	5 circulars (presenting 32 IPs)
NICE Technology Appraisals	73	108
NICE Public Health Guidelines	0	1
NICE Correspondence	2	1
<b>TOTAL</b>	<b>166</b>	<b>179</b>

### Assurance & Monitoring

Following reinstatement of the regional Assurance and Monitoring process for NICE Guidance in May 2021, an assurance request in the form of a Positive Assurance response template was received from the Strategic Planning and Performance Group (SPPG) NICE team on 16 March 2022. The Trust was required to submit a response



by 31 August 2022. This was a significant piece of work that outlined a total of 34 NICE Clinical Guidelines and 62 NICE Technology Appraisals.

The SHSCT submitted a response on 31 August 2022 which outlined the current guideline compliance position, key safety improvements and any barriers that impeded full implementation. This response was signed off by the guideline's Lead Director and subsequently submitted to SPPG by the Director of Performance and Reform.

#### Next Steps:



- Over the next 12 months there are 22 NICE Clinical Guidelines that will need to be fully implemented within the 12 month timescale outlined in the CMO circular (HSC SQSD 13/22). This will form part of the SHSCT S&G Governance Forum work plan.
- Over the next 12 months there are 129 NICE Technology Appraisals that need to be fully implemented within the 9 month timescale outlined in the CMO circular (HSC SQSD 12/22). This will form part of the SHSCT S&G Governance Forum work plan.

### **NICE NG 197 – Shared Decision Making.**

Shared decision making (SDM) is a patient centred approach that allows individuals to receive the expert advice and support they need in order to make the right decisions for their own personal health care.

In the SDM process, clinicians and patients work collaboratively to reach a decision about treatment that best suits the patient. Through shared decision making, a clinician's expertise and understanding are combined with a patient's knowledge of their own personal circumstances and preferences to ensure a mutual understanding and deliver the best possible outcome for the patient.

Following endorsement of the NICE Guidance NG 197 'Shared Decision Making' on 25<sup>th</sup> May 2022 the *SHSCT Shared Decision Making Steering (SDM) Group* has been constituted on the authority of the Trust Senior Leadership Team (SLT).

Going forward over the next 12 months SLT has agreed that the SDM programme is a 2023/24 priority piece of work that needs to be implemented, monitored and evaluated as set out in the NICE Guidelines and the DoH Circular.

## SHSCT – Progress to Date



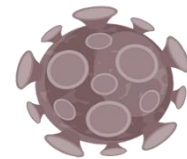
- ❑ 22<sup>nd</sup> April 2022 – Trust Participation / Response to regional consultation relating to recommendation 1.2.20
- ❑ 25<sup>th</sup> May 2022 – NG 197 endorsed by DoH and sent out to HSC for implementation (12 month timescale)
- ❑ 29<sup>th</sup> July 2022 – Presentation of NICE Guidance at Deputy / DivAMD Forum
- ❑ 29<sup>th</sup> September 2022 - Initial scoping meeting held with Senior Leaders in Medical, Nursing & Midwifery, Allied Health Professions and Social Work
- ❑ 7<sup>th</sup> February 2023 - Presentation of a Project Plan to Senior Leadership Team and subsequent identification of a number of pilot areas across the operational Directorates:

CYPS	MHD	Adult Community Services	Medicine & Unscheduled Care	Surgery & Clinical Services
Autism Service (18+)	Addictions Service	Fracture Liaison Service & MSK Physiotherapists	Rheumatology Service	OPD Modernisation Project

- ❑ Steering Group as been established with Terms of Reference / Project Plan currently being agreed. Membership including service user / carer involvement has been confirmed and meeting dates for 16<sup>th</sup> June 2023 and 11<sup>th</sup> September 2023 agreed



### Covid Learning



Throughout the pandemic NICE demonstrated that it can be agile and responsive while maintaining the rigour and independence for which it is organisationally renowned for. The emergence of the NICE COVID-19 Rapid Guidance bore testimony to this and upon regional endorsement of the guidance by the DoH the Trust's MDTs have fully embraced the guidance to make it 'live' at the point of patient contact.

## 4.6 National Audits

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### Introduction:

The Healthcare Quality Improvement Partnership (HQIP) manages the national clinical audit and patient outcomes programme (NCAPOP) on behalf of the NHS and HSC. 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. Not all audits within NCAPOP are open to participation by the devolved nations however, where permitted the Southern Health & Social Care Trust makes submissions in order to:

- Compare outcomes / performance with other participating Trusts in Northern Ireland, England, Scotland and Wales.
- Measure healthcare practice on specific conditions against nationally accepted standards.
- Benchmark 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.

### National Audit for 2022/2023

National Audit for Care at End of Life (NACEL) is an annual audit commissioned by HQIP and managed by the NHS Benchmarking Network. It is a national comparative audit of the quality and outcomes of care experienced by the dying person (adults only) and those important to them during the last admission leading to death in acute, community hospitals and mental health inpatient facilities in England, Wales and Northern Ireland.

Only acute and community hospital providers were included in the fourth round of the audit (2022/2023). The overarching aim of NACEL is to improve the quality of care of people at the end of life in acute, mental health and community hospitals. The audit monitors progress against the five priorities for care (recognised dying, sensitive communication, involvement in decisions, individualised plan of care and needs of families & loved ones) set out in One Chance To Get It Right, 2014 and NICE Guideline (NG31) and Quality Standards (QS13 and QS144).

### NACEL Methodology – Round 4 2022/2023

Organisational Level Audit – focuses on activity, the specialist palliative care workforce and staff training.

Case Note Review – reviewing up to 25 consecutive deaths between 1st April –14th April and 25 consecutive deaths between 9th May – 22nd May 2022. Focused on the themes of recognition of imminent death, communication, involvement in decision making and individualised plan of care. The following categories of deaths are included:

- Category 1: It was recognised the patient may die
- Category 2: The patient was not expected to die

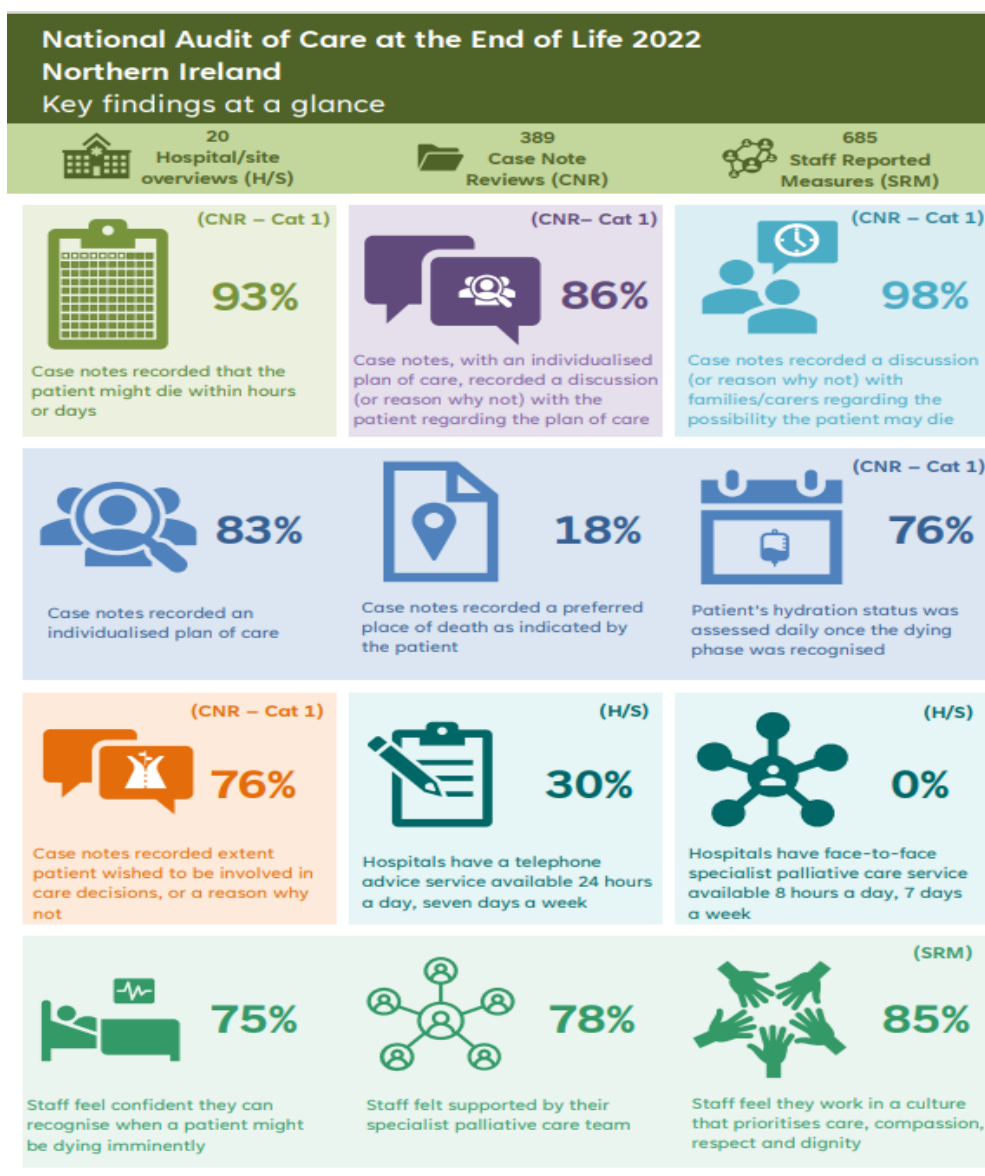
Staff Reported Measure – focuses on staff experience, confidence, support and culture.

In round 4 of NACEL the Trust submitted 75 consecutive hospital deaths across its four hospital sites (CAH, DHH, LGH & STH), four site profiles and 31 staff surveys.

The submission of data closed nationally on 06/10/2022 and the NI results and findings were reported to the region on 14/03/2023.

There are regional Northern Ireland benchmarks for eight of the nine themes developed from the five national priorities of care.

Key theme	Regional summary score
Recognising the possibility of imminent death (RD)	-
Communication with the dying person (CDP)	6.9
Communication with families and others (CFO)	6.6
Involvement in decision making (IDM)	8.7
Individual plan of care (IPC)	7.4
Workforce/specialist palliative care (W)	4.8
Staff Confidence (SC)	7.1
Staff Support (SS)	6.8
Care and Culture (CC)	7.4



The Northern Ireland Public Health Agency, on behalf of the Regional Palliative Care in Partnership (PCiP) Programme, commissioned the NHS Benchmarking Network to deliver NACEL in Northern Ireland with the five Health and Social Care Trusts (HSCTs), and the first round of the audit took place in 2018. NACEL Round Four took place in 2022.

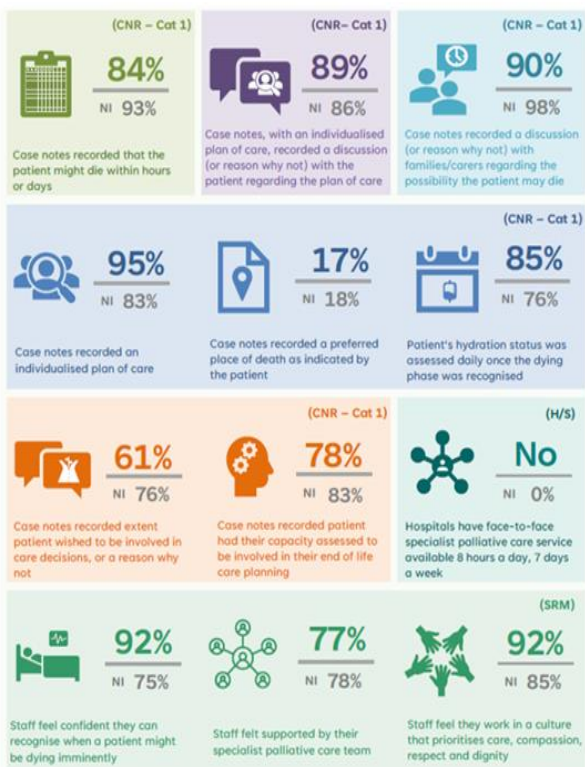
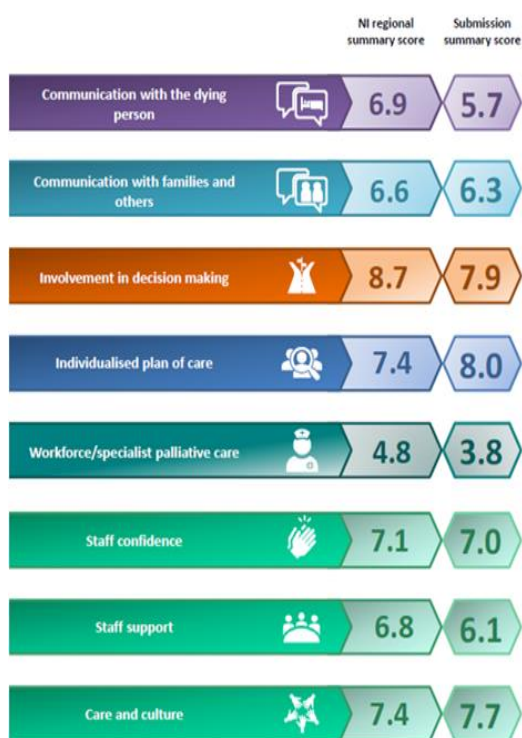
Recognising when a person may be in the last days or hours of life is a key guideline of end of life care. Whereby, early recognition of imminent death underpins all aspects of end of life delivery; enabling an individual plan of care to be developed, appropriate conversations to take place, ongoing treatment needs to be planned and the needs of families and others to be considered. The results from NACEL round four show that a high proportion of inpatient deaths in Northern Ireland (93%) are recognised and therefore recommendations can focus on the areas of communication, involvement, planning and staffing that can improve the quality of care the dying person receives.



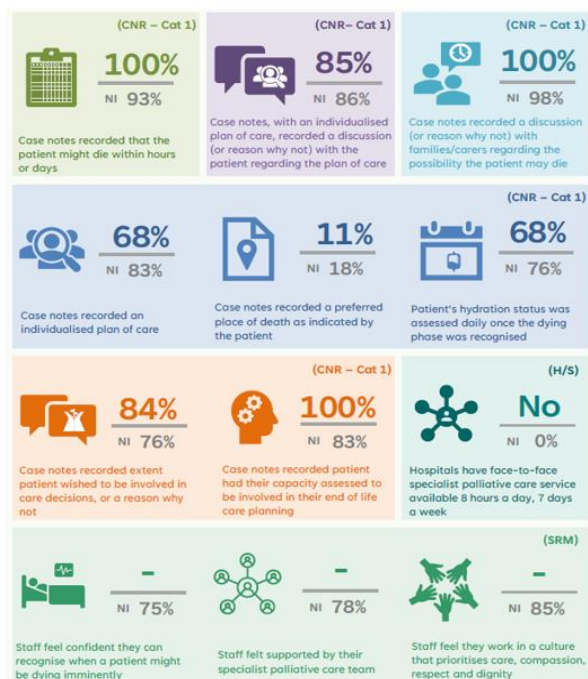
## Data:

NACEL develops a summary score and dashboard for each hospital and CAH and DHH are included here as multi-disciplinary audit teams reviewed 50 and 19 deaths respectively.

## Summary Scores - CAH



## Summary Scores - DHH



## Facts and Figures

The outcomes of Round 4 of NACEL highlighted the importance of communication documentation in clinical case notes. Case note reviews examine the hospital chart for documentary evidence that communication with the patient, their family and between members of the multi-disciplinary team has taken place. Audit teams are required to record where there is such evidence that a particular end of life care area has been discussed or the reason why such a discussion could not take place.

Areas for improvement going forward, that are below the regional summary scores across key theme areas 2 – 9 are where audit results show that 'no reason was recorded' in a higher percentage of Trust case notes for patients at the end of life.

### Next Steps:

- NACEL Round 4 had eight key recommendations for improvement (see p 13) NACEL R4 NI
- SHSCT have identified 6 key priority areas and the plan to implement these is through a cross directorate group whose work initiates on 31/08/2023. The SHSCT NACEL improvement plans and targets will be noted at both the PCEOL (Palliative Care End of Life) Working Group and Locality Board for accountability and ensure progress is monitored.

#### **SHSCT Priority Area 1 - Communication with dying patient, family & loved ones**

- Education on importance
- Communication skills training
- Focus around: Possibility patient may die; Individualised care plans; side effects of medications; risks and benefits of hydration & nutrition.

#### **SHSCT Priority Area 2 - Involving patients and loved ones in decision making**

- Education on 'the why'
- Advance Care Planning (ACP)

#### **SHSCT Priority Area 3 - Individualised plan of care**

- Regional Vs local approaches to IPoC
- Link to ACP to help with this

#### **SHSCT Priority Area 4 - Focus on prioritisation of Palliative and EoL Care training**

- Areas TBC from NACEL findings and discussions within working group
- Need for scoping exercise for training within teams.

**Priority Area 5** - Increasing staff confidence on supporting patients & loved ones

- Education from all areas above will assist
- Access to communications training
- Increase awareness around supports patients and loved ones can be directed towards – including C&V sector.

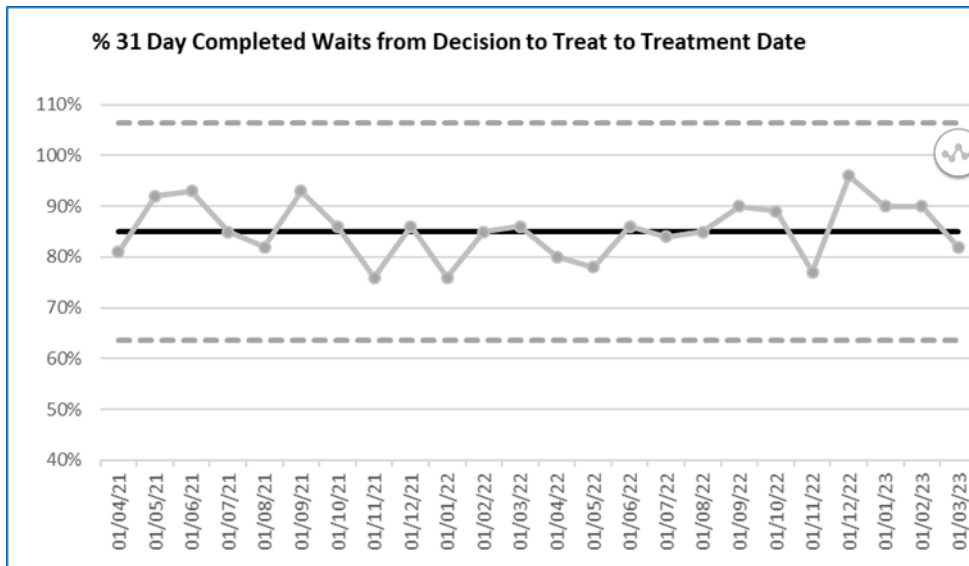
**SHSCT Priority Area 6** - Advance care planning

- Education
- Resources to help

NACEL has paused in 2023 in order to allow HSCTs time to take forward improvements before the next round (R5) is progressed in Northern Ireland.

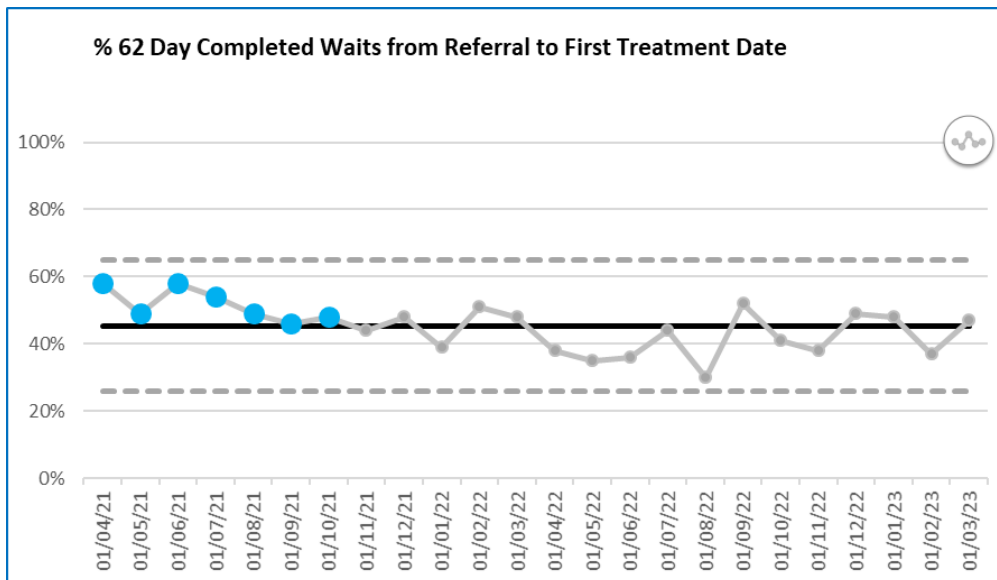
# 4.7 Cancer Targets

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



- The percentage of patients treated within the 31 day standard during 2022/23 was 86%, this is below the Northern Ireland target of 98%
- Performance on the 31 day pathway was most challenging for *Skin* and *Urology* due to workforce challenges, high levels of referrals and timely access to theatres.

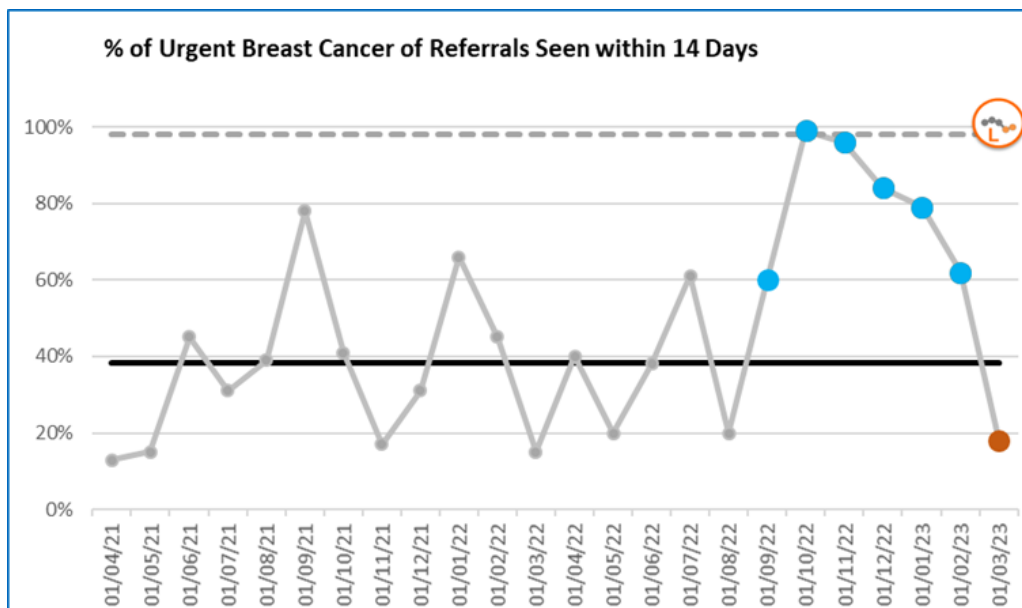
## 62 Day Cancer Access target



- At least 95% of patients should begin their first definitive treatment for cancer within 62 days following an urgent GP referral for suspect cancer.

- The percentage of patients within the 62 day standard for 2022/23 was 42%. The Trust did not achieve the target of 95%
- A drop in the performance on the 62 day pathway was as a result of the impact of COVID 19, increased number of referrals and limited capacity across services to deal with referrals with the 62 day target.
- Although challenging, the Trust's performance against both the 31 and 62 cancer access is broadly in line or better than that in other Trusts in Northern Ireland.

## Breast Cancer - Seen within 14 Days



The percentage of patients seen within the 14 day standard for 2022/23 was 56%, this is below the Northern Ireland target of 100%.

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.

The Trust has a vacant consultant Breast Surgeon post which is impacting on available service capacity.

## Facts and Figures

- Meeting 31, 62 and 14 day targets continues to be a *major challenge* for the Trust and the region.
- 31 day position is gradually improving as we now have a Consultant Dermatologist returned from maternity leave. We also have independent sector funding in place to support the Urology Service.

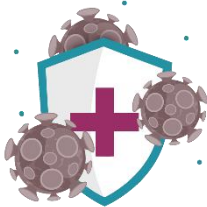


- Performance against 62 days continues to be low as we work our way through the impact of COVID 19.
- Performance against the 14 day Breast target is challenging and is dependent on having no gaps in the team as one vacancy can have a significant impact.

#### Next Steps:



- All Trusts have prepared and submitted Cancer Optimisation plans outlining underlying challenges in delivering against the 31 and 62 day cancer access targets
- Plans are in place for Skin, Urology, GI and Gynae



### Covid Learning



Cancer Specialties are all now using e-triage for the triage of red flag cancer referrals. Where possible, teams are continue to use 'direct to test' pathways for patients where appropriate to rule out cancer as an alternative to attendance at an outpatient clinic Maximisation of multidisciplinary working enabling all members of the cancer team to manage and support patients where appropriate through their cancer journey.

# 4.8 Enhancing Social Work & Social Care Services

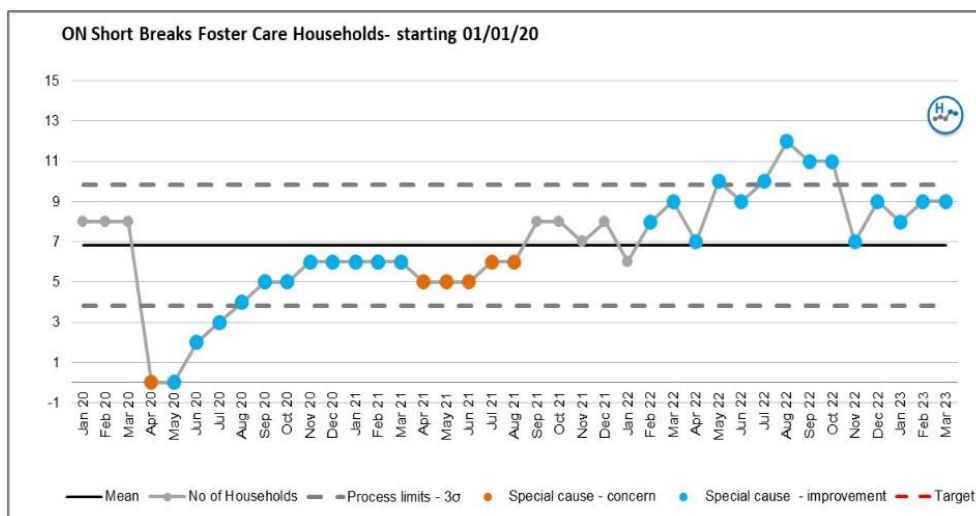
## Short Breaks Team

### Introduction:

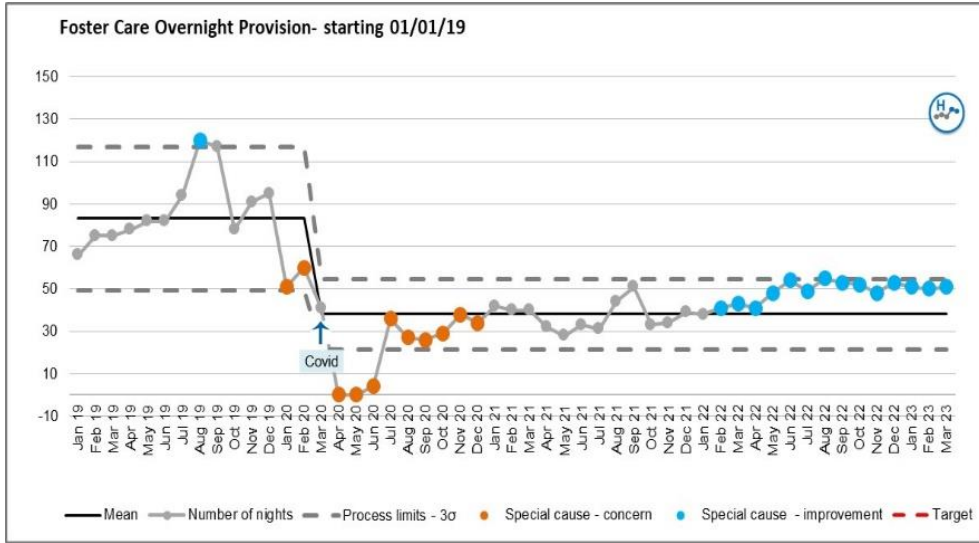
- Short Breaks Team provide respite fostering breaks for families of children with disabilities to enable them to continue in their caring role and keep families together.
- The overall aim is to increase capacity within the system to alleviate pressures on residential placements and to meet more of the demand (Jan-March 2023 52% of demand being delivered compared to 37% Jan – March 2022)
- Within the Department of Health Regional Framework for Disability Services 2021 , Short breaks provision is one of four of the strategic themes within the DOH paper:
- *“Developing additional effective residential short breaks, fostering and intensive family support: Short Breaks are a critical part of support infrastructure for supporting families with disabled children in the community”.*
- Short breaks fostering provides a critical level of support for families in need and improves family functioning and mental/physical health well-being. Demand is much greater than supply so there is a pressing need to increase the number of carers available and the number of children availing of the service. The number of overnights delivered also needs to increase as many of these children have severely disrupted sleep patterns that affects everyone in the household.

### Data:

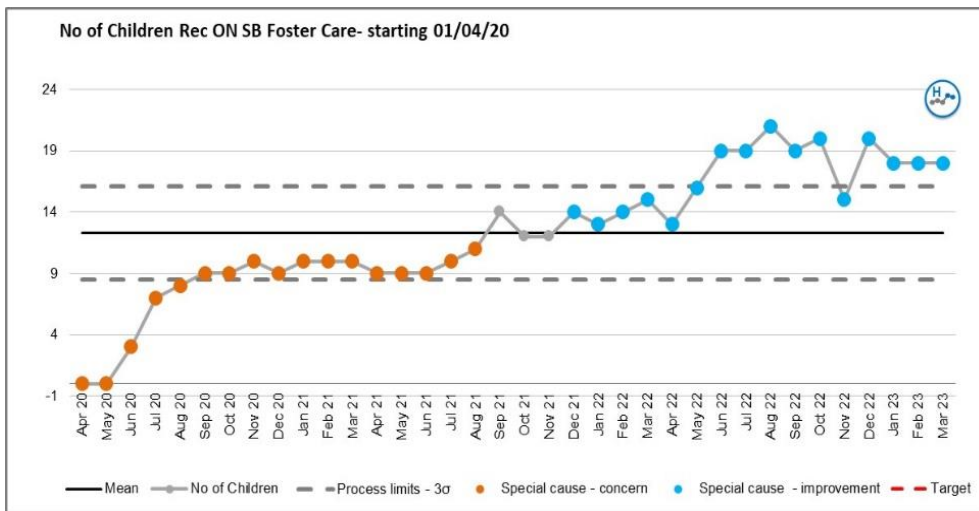
### Chart A



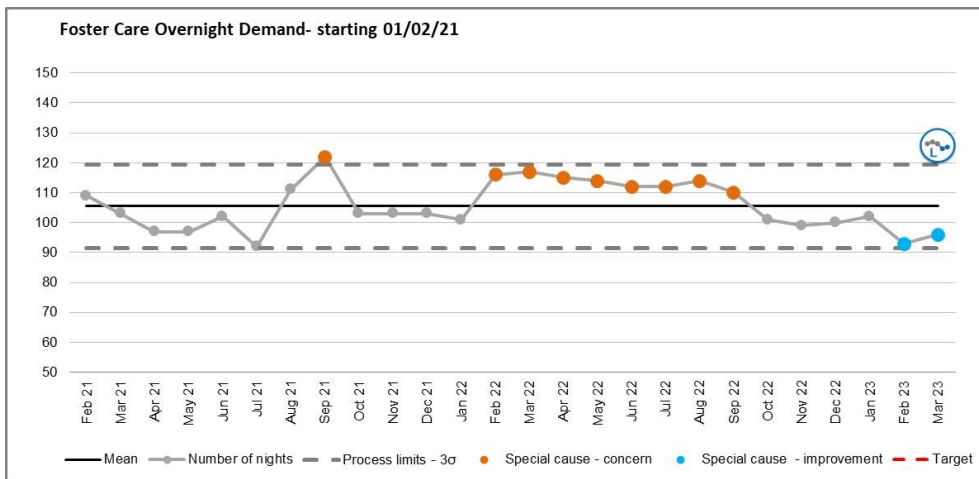
**Chart B**



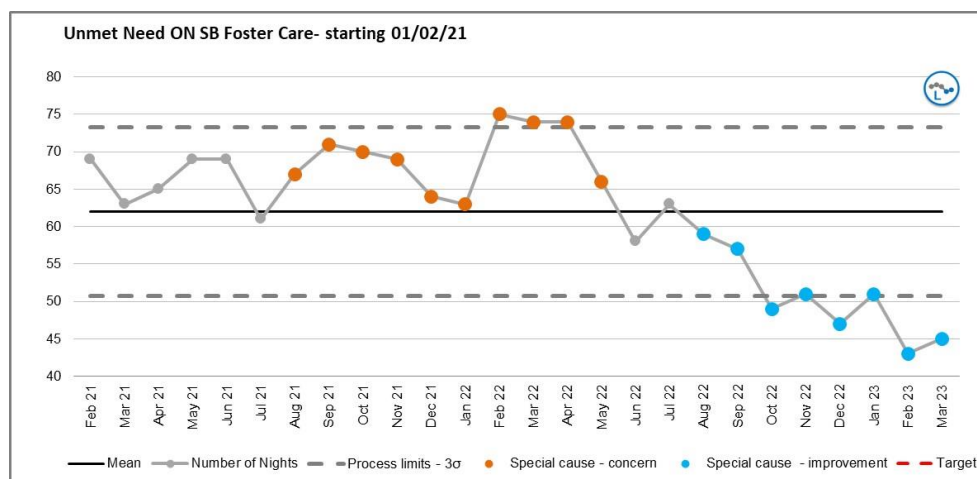
**Chart C**



**Chart D**



## Chart E



## Facts and Figures

- Service adversely affected by Covid but number of foster care households has steadily increased (**Chart A**)
- Overnight provision has recovered from Covid but current figures are not comparable to pre-Covid as this data included full-time placements too. Now data only includes short breaks respite placements (**Chart B**)
- The number of children utilising the service has grown since Covid (**Chart C**)
- High demand for the service has been a concern but has decreased/improved since October 2022 (**Chart D**)
- Demand versus supply delivery has improved since August 2022 (**Chart E**)

### Next Steps:



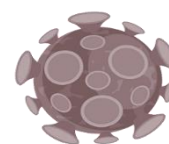
- The plan is to continue with current new recruitment practices in collaboration with mainstream fostering which are yielding results with increased interest in the service and expressions of interest.
- “Doubling up” initiative where more than one compatible child can stay with a carer to be continued and expanded where safe to do so to increase capacity.
- Retention and carer support initiatives to be robustly resourced as it is easier to keep foster carers than it is to recruit new ones which is time and resource intensive.
- Initiatives to reward and support staff to be explored as they work unsociable hours and regularly go “above and beyond” to develop the service.

## Case Study:

The N family commenced as short break carers approximately 10 years ago initially as short break respite carers for one child. With appropriate support, nurturing and training this couple now care for one full-time child from mainstream fostering, one full-time child from Children's Disability Services in addition to 5 individual children availing of short breaks. Needless to say this is a very busy household but the difference it has made for families in need has been significant. Many of the children have been receiving a service from them for years with evaluations describing it as "a lifeline" and a "home from home". One parent stated "I really don't know how we would have coped without them, when we had a family emergency they were able to respond and provide care at short notice". The N's contend that this experience has enriched their lives and they have rearranged their priorities and schedules to meet the needs of children with disabilities and their families.



### Covid Learning



- The uncertainty, risks and fear surrounding Covid initially meant that the service completely ceased (apart from full-time placements) for the months of April and May 2020. What we found was that short break foster carers were much more willing to continue providing a service than was anticipated during a global pandemic. The service therefore had to learn how to amend existing risk assessment processes whilst putting in place risk management plans and resources to minimise the potential risks to short break carers, staff, children and their families.
- The impact of this temporary cessation of service was significant and affected the mental and physical health of families as there was also no school provision. The service therefore concentrated its time and resources on safely reinstating as many placements as possible whilst planning for a major change in recruitment practices to make this more efficient and targeted. This was necessary to meet a projected increase in need and complexity following an extensive children's disability service evaluation.
- The service needed to have increased capacity in place before mid to long-term chronic familial functioning issues surfaced as a result of lockdown and other associated Covid effects. This projection unfortunately turned out to be accurate and whilst demand still outstrips capacity the situation is gradually improving. The service has also been able to respond to a number of emergency placement requests which it was not designed to meet but Trust and support between staff and carers is high which has facilitated these arrangements.





 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

## Primary Care Multi-Disciplinary Teams – Making a Difference

Newry and District GP Federation is working in partnership with the Southern Trust to roll out the ‘Multi-Disciplinary Teams’ (MDT) initiative which aims to promote the physical, mental and social wellbeing of local communities. This innovative approach involves the appointment of practice-based First Contact Physiotherapy Practitioners, Senior Mental Health Practitioners and Social Work Practitioners who will complement the existing staff within GP practices.

The Newry and District GP Federation includes **29 practices** across a wide geography within the Newry and District Area covering a population of some **160,000** residents. We currently have MDT staff in **23 GP Practices**. MDT staff work tirelessly to address issues that patients face at the earliest opportunity providing access to a range of experts who provide care, advice and support at the right place and at the right time.

There have been numerous achievements over the past year – an example of such was the Community Connections Information Event in Annalong. The MDT team in partnership with the Trust Promoting Wellbeing Team and patient representatives hosted and facilitated this event with the aim of gathering views from the local community on experiences of working to become more physically active or any barriers to become more active. The outcome of this was a bespoke physical activity programme developed for the Annalong area.



Involving our patients and stakeholders is core to MDT practice and please see two videos coproduced by MDT social workers, their patients and stakeholders. [Link to two videos...](#)



# MDTs in Numbers



**23** GP Practices have an element of the MDT model



**132,152** patients have access to MDTs



**65%** patients managed by MDT practitioner without the need for onward referral



## WTE Staff in post

- First Contact Physiotherapy 6.4
- Social Work 18.1
- Mental Health 12.6
- Health Visiting 11.3
- District Nursing 7.5

\*Source: GPiP 2022-23

*\*staff in post data as of May 2023*



Stitches Of Hope: <https://youtu.be/wOaTRU2EC-M>



You & Baby: <https://youtu.be/aBI2-Q4dj60>

## MDT Social work

### Introduction:

Development of strong, vibrant and healthy communities is central to MDT Social Work. Research highlighted that the Covid 19 restrictions were having a detrimental health of new mothers. The '*You and Baby*' programme first commenced in June 2021 with the following aims:

- To support new mothers to achieve positive mental health by reducing social isolation for them and their babies.
- Empower parents to be pro-active about their own health and that of their children through sharing relevant knowledge.
- A focus on supporting parents to enhance their children's development through sensory play and baby massage and encourage secure attachments.

### Data:

During 2022/23 there have been

- Programmes.
- 4 Groups in the Newry area and
- 1 group in Kilkeel.

This group has supported *59 new mums and 60 new babies*. The programme runs for 8 weeks and has Guest speakers on a weekly basis sharing information that is relevant to new mums.

Feedback from professional speakers:

"The topics covered were appropriate to the stages of development as well as the mother's post-natal care".

"This was an excellent well thought out course that provided new parents with a range of specialist advice. The information given to them will help empower them to be proactive about their own health and that of their children".

Feedback from parents:

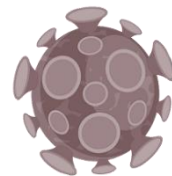
“It was a fantastic 8 week programme, so well organised and planned. We loved it and looked forward to meeting the mums from the group again. It really helps first time mums to be together and chat in a lovely friendly environment. Thank you so much we loved it!

## Facts and Figures

- 75% rated all presentations are 4 or above.
- 100% agreed that the programme enhanced their confidence.
- 85% agreed the programme provided ‘early intervention and prevention’.
- 85% agreed that the programme gave parents the confidence to meet their own needs/the needs of their child in the first instances as opposed to immediately seeking support from their GP.



## Covid Learning



Covid restrictions have had a negative impact across the lifespan. A lot of new mums felt isolated and alone due to the restrictions and lack of services available for them and their babies. It is imperative that we build the confidence and resilience of new mums at an early stage. The programme provides a fantastic opportunity for mums to learn and ask questions on a number of disciplines in a safe, friendly environment.



## Physiotherapy Services

### Introduction:

Primary Care Multidisciplinary Team First Contact Physiotherapy Services in Newry & District GP Federation. The First Contact Physiotherapy Service has a partial staffing allocation to 10 practices. The service provides musculoskeletal expertise, promotes early intervention and prevention of conditions working in an integrated model of primary care delivery.

Following involvement with local patients, the Project Multidisciplinary Leads and the Trust's Promoting Wellbeing Team, a Community Connections event was developed together. The aim was to bridge the gap of connecting patients locally to organisations that offer services to stay active, connected and supports for health and wellbeing. It also provided a welcome opportunity for those present to connect with the Primary Care Multidisciplinary Teams in the Annalong area. The event was focused around all age groups with the following themes: Children and Young People, Older People, Mental health and Disability.

### Data:

37 agencies who offer services to those, living in the Annalong, Kilkeel and Mourne area attended, sharing details of their services and networking with other agencies.

- 97 people attended 100% stated that the event was useful / very useful.
- Service User Feedback: · "It was knowledgeable". "I didn't know all of this before". "Good, more meetings are required for our community" "Great to meet new people" "It was very organised"

Community organisation Feedback:

- *"It was a great event and lovely to touch base with all the different groups and see how we can help each other"*
- *"We would be very keen to be involved in future events"*
- *"Well done on Tuesday's event – was a really useful session and I got a few great new contacts out of it"*

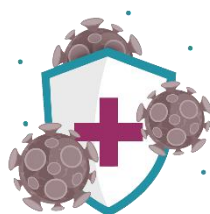
### Facts and Figures

- Attendees were able to explore what was available to them to help keep them healthy and connected. Examples of some of the agencies in attendance were PIPS, CYPSP, Disability Action, Kilkeel Development Association etc.
- Evaluation forms were completed by 26%, the design of which had been co-produced with the event planning group.
- 59% found the Information stands useful and 38% the speakers useful.



## Next Steps:

- The evaluation and feedback suggested that this was a very successful method of raising awareness and increasing understanding of what is available to help keep communities healthy and connected to support their health and wellbeing. It was also very evident that the GP Practice staff who attended benefited greatly from the information available.
- The MDT team plan to host further Community Connection Information Events in the Newry and District Federation area
- To explore with our community partners physical activity opportunities for this area
- To continue to work closely with our GP Practice staff to help support their patients stay healthy and connected using a variety of methods.



## Covid Learning



- Our staff have continued to deliver a First Contact Physiotherapy service throughout the Covid Pandemic. The service has adapted by using a combination of telephone and face to face consultations. This has managed risk and also has been beneficial for patients who valued the accessibility and follow up from the service. This combination service model will continue to be the approach and patients requiring face to face consultations are provided with an appointment.
- The waiting lists for Trust community and secondary care services are a significant challenge for the First Contact Physiotherapy Service. Patient management has been optimised in the primary care setting but referral onwards has been the most appropriate management. However due to the delays patients may require further appointments in primary care. If there has been a significant change to the patient's condition the First Contact Physiotherapy staff will contact Trust services to update.

## First Contact Physiotherapy Early Intervention in Osteoporosis

A First Contact Physiotherapy (FCP) Practitioner service development was undertaken on the early management of patients with Osteoporosis/Osteopenia. The aim was to improve their knowledge of their condition, to proactively manage their lifestyle and medication. The earlier intervention aims to improve awareness of bone health and reduce the risk of falls or fractures in the longer term.

### Data:

- 95% felt a review of their Osteoporosis by a Physiotherapist was a worthwhile benefit
- 86% felt more confident managing their Osteoporosis
- 72% had been able to make some lifestyle changes in regards to their diet/alcohol/smoking
- 53% had been able to increase the physical activity levels

### Facts and Figures

- 46 patients were reviewed including their current medication.
- All patients screened for risk of falls and frailty via standardised outcome measures and referred for DEXA scan if appropriate.
- Provided with condition specific advice in regards to management and prevention of osteoporosis, falls and fractures.
- Counselling regarding lifestyle factors including diet, smoking, alcohol consumption and physical activity.
- All patients were provided with an individualised exercises programme to address issues with strength & balance.
- Electronic resources available on First Contact Physiotherapy Federation webpage.

### Next Steps:



- Share the learning for other GP Practices and First Contact Physiotherapists in the team and regionally.
- Develop methods to stratify patients Low and High Risk
- Provide information from GP Practice and offer referral to new Osteoporosis education and information session by the Trust Core Physiotherapy Team
- Higher risk group managed within GP Practice

## Prevention Better than Cure for Knee Osteoarthritis

- In the UK approximately 1 in 10 adults have symptomatic clinically diagnosed Osteoarthritis with the knee being the most common (Swain et al 2020).
- Progression of knee osteoarthritis is a leading cause of chronic pain, disability, and decreased quality of life.
- 35% of First Contact Physiotherapy injections in one practice were for knee osteoarthritis presenting at later progressive stage of the condition.
- First Contact Physiotherapy service development to promote preventative interventions to improve self-care for Knee Osteoarthritis by improving or maintaining physical activity, identifying barriers effecting function and quality of life were provided by the First Contact Physiotherapy service in one practice.

### Data:

- 65 Patients in the 45-60 age range 18 females and 47 males received intervention by the First Contact Physiotherapy Practitioner.

### Facts and Figures

- Patients were followed up with a patient feedback questionnaire at 3-6 months post information sharing.
- Positive outcomes for 65% of responses reporting an active increase in exercise programs focusing on walking and strength training as advised in information sharing process. 65 Patients requested follow up, 20 Seen by a First Contact Physiotherapist, 45 Telephone reviews.
- The patient survey was completed by (23%) of patients who reported that they agreed/strongly agreed to be more knowledgeable and able to manage their condition.
- Patients were content with information shared and able to seek further advice if they need to return to GP Practice First Contact Physiotherapy Practitioner.

### Next Steps:



- Share the learning for other GP Practices and First Contact Physiotherapists in the team and regionally.
- Consider the use of electronic systems for sharing information with Patients.

## Physiotherapy Post Natal Groups

The Pelvic Health Physiotherapy Team are a small team of Physiotherapists working across the Trust who specialise in Pelvic Floor Dysfunctions which lead to symptoms of urinary or faecal incontinence, vaginal prolapse and constipation as an example of some of their problems. We also specialise in supporting women through the body changes of pregnancy antenatally and postnatally.

The Pelvic Health Physiotherapy Team have developed postnatal group sessions to support New Mum's on their postnatal recovery.

These mum's are identified on the ward after delivery or at home by the community midwife as having some issues with DRA (Diastasis Rectus Abdominis) or separation of their abdominal muscles.

The abdominal muscles are stretched and weakened by pregnancy and as the body adapts to accommodate the growing baby the abdominal muscles can separate and cause a gap between the musculature. This is a condition which can be greatly helped by a graded exercise programme to strengthen the muscles of the core and thereby protect against abdominal weakness and back pain.

We developed a group exercise class where these ladies could benefit from some peer support and see other Mum's with the same issues. While new Mum's are keen to attend appointments they are often concerned about childcare particularly if they are breast feeding and have to leave the baby. To alleviate this problem the ladies are encouraged to bring their babies along to the class.



*(Paula Douglas Pelvic Health Physiotherapist with Class in South Lakes Leisure Centre, Craigavon)*

The classes are run once monthly over three sites, Daisy Hill Hospital, Clover Physiotherapy Department in Armagh and South Lakes Leisure Centre in Craigavon. The session is led by a Pelvic Health Physiotherapist and a physiotherapy assistant. The first session consists of information and advice about post-natal recovery with focus on abdominal muscles, pelvic floor issues, general healing and a gradual return

to fitness and activity. Consideration is given to factors which would slow recovery and how to manage these. Each patient gets an individual assessment of their abdominals and if any other problems are highlighted particularly pelvic floor problems they are offered an individual appointment with a pelvic health physiotherapist. This is followed by an exercise class which is suitable for all participants. The ladies are encouraged to continue these exercises at home and if further input is required they are followed up in the review exercise group.



(Patricia O'Callaghan Pelvic Health Physiotherapist with Class in Clover Physiotherapy Gym, St Luke's Hospital, Armagh)

Feedback from the service users has been very positive. The Mum's particularly enjoy the leisure Centre and feel that attending a sports facility rather than a health care facility makes it feel less medical. It also introduces them to the leisure centre and is a motivator for the ladies to join a group or an activity connected to it. They enjoy meeting other mothers and babies and have confidence moving forward with a graded return to activity. Healthy active Mums usually means healthy active children so the whole family benefit from good lifestyle choices.





## Community Dietetic service / Home Enteral Feeding

### Introduction:

Dietetic / Home Enteral Feeding & Community Diabetes Services ensured services continued to be delivered, embracing the use of technology and remote working.

This included:

- Community Dietitians and Dietetic Support workers remotely monitoring malnourished patients in care homes, through the use of technology 'Healthcall Malnutrition Service'. This was essential when staff were unable to physically visit the homes.
- Clinical services delivered via telephone or virtual platforms.
- Structured Diabetes group education sessions delivered virtually by Diabetes Specialist Nurses and Diabetes Specialist Dietitians.
- Ongoing face to face services continued to be delivered where urgent/essential i.e. Home Enteral Feeding Coordinators Service, high risk diabetes podiatry service.
- Diabetes podiatrists used photography for virtual triage.
- Dietitians supporting undergraduate dietetic students using a regional training model, to ensure placements were sustained.

Coming through the pandemic all of the above services continue to be delivered having been embedded into core service delivery, whilst offering flexibility for patients who also require face to face services.

### Structured Diabetes Education (SDE) programmes:

The Community Diabetes service continue to deliver a considerable number of education programmes for people with Type 1 and Type 2 Diabetes:

- DAFNE Type 1 SDE: 9 programmes
- Type 1 refresher: 10 programmes
- DESMOND Type 2 SDE: 26 programmes
- Type 2 refresher: 9 programmes

#### Next Steps:



- Continue to embed technology into services
- Flex services according to need i.e. offer a hybrid of face to face and virtual services
- Introduce a revised version of the remote monitoring service for care homes, following regional work

## Domiciliary Care

### Introduction:

Domiciliary Care in the Southern Trust provides care to clients in their own homes 24/7, 365 days a year, enabling clients to be more independent and to stay at home for longer. The split between Trust Home Care and the independent providers is as follows; 40% from statutory Services and 60% from the Independent sector (21 providers), in the Southern Trust.

The statutory service (aka Trust Home Care) employs 1123 Care Workers both band 2 and band 3 providing care to 2200 Service Users on a day to day basis which totals 1,309,587 hours of care per year.

### Data:

The Trust has an ongoing rolling recruitment advert for Domiciliary Care Services.

During 2022-2023 a total of 8 recruitment days were held by the Trust, across the three localities. These recruitment days resulted in:

- Commencements – 131
- Terminations – 164
- Domiciliary Care staff (contracted & as and when)
- Armagh & Dungannon - 386
- Craigavon & Banbridge - 515
- Newry & Mourne – 222

Within the Southern Trust the level of unmet need remains a significant challenge on Domiciliary Care services. Based on the Domiciliary Care Unmet Need position at the end of March 2023, 591 clients were assessed and are waiting for a full package of domiciliary care equating to 5,502 domiciliary care hours required with 77 clients requiring more than 20 hours of domiciliary care per week.

84 clients were assessed and are waiting for a partial package of domiciliary care equating to 466 domiciliary care hours required.

The split by programme of care is provided below in Table 3 and Table 4:

**Section 1: Clients Waiting Full Package of Care**

Metrics	Family & Childcare (POC 3)	Older People (POC 4)	Mental Health (POC 5)	Learning Disability (POC 6)	Physical & Sensory Disability (POC 7)	Total
1a) Number of Clients Assessed and waiting for a <u>FULL PACKAGE</u> of Domiciliary Care	0	477	22	39	53	591
1b) Of the Number of Clients Assessed and waiting for a <u>FULL PACKAGE</u> of Domiciliary Care in 1a, please detail the <u>TOTAL</u> number of Domiciliary Care Hours Required	0	4432	244	272	554	5502

**Section 2: Clients Waiting PARTIAL Package of Care**

Metrics	Family & Childcare (POC 3)	Older People (POC 4)	Mental Health (POC 5)	Learning Disability (POC 6)	Physical & Sensory Disability (POC 7)	Total
2a) Number of Clients Assessed and waiting for a <u>PARTIAL PACKAGE</u> of Domiciliary Care	0	66	1	11	6	84
2b) Of the Number of Clients Assessed and waiting for a <u>PARTIAL PACKAGE</u> of Domiciliary Care in 2a, please detail the <u>TOTAL</u> number of Domiciliary Care Hours Required	0	335	16	73	42	466

The SPPG monitoring of Domiciliary care is undertaken through the Service Delivery Plan which monitors the activity for domiciliary care provision compared to pre pandemic levels.

The Trust delivered 8,403 (+3%) hours above the expected outturn for March 23. Despite this delivery the level of un-allocated cases remains high, in excess of 660 cases, almost 6,000 estimated hours of unmet need.

The Trust is not currently commissioned to deliver the unmet need.

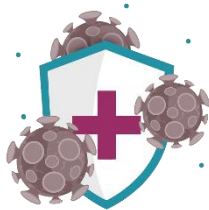
## Facts and Figures

- The average waiting list for Service Users Care Packages was between 500 - 600 from 2022-2023, Domiciliary Care has an ongoing recruitment plan to try and combat this.

## Next Steps:



- For the year ahead Trust Home Care is trialling a few recruitment variations. The first of which will be a “Recruitment Bus” that will travel out to areas that are short staffed and interview on the day.
- Trust Home Care is developing an initiative to look at the potential to offer staff a range of ‘flexible working contracts’.
- Trust Home Care continues to offer staff the opportunity for further career development through a range of training e.g., RQF and as an avenue to progress to Nursing or Social Work through Open University.
- A team of Trust Home Care staff will complete a Quality Improvement project with a view to engaging with staff in order to make further improvements to the service and communication amongst the team. This will run alongside the continual monthly and annual survey completed to gather information from staff.
- There is an initiative to test and develop single handed care within Trust Home Care with a view to further reducing the Outstanding POC list for those client that require hoisting.
- The service is working alongside DLS on a SOP in how to manage unwanted sexual harassment from service users and or a family member



## Covid Learning



Teams have continued to deliver services throughout the pandemic and has had to adapt to the constrictions of PPE and being able to communicate with service users when wearing PPE. It has strengthened relationships with other Trust teams working collaboratively on supporting with hospital discharges to ensure patients were able to return home as quickly and safely as possible. The service hasn't been without challenges with staff turnover impacted by retirement and difficulty in recruiting new staff. Trust Home Care has had to look at ways to make recruitment more accessible to potential candidates, through alternative variations to recruitment events with 8 held across the 3 localities' throughout 2022-2023. Staff have shown commitment and resilience.

## Domestic violence and abuse

### Introduction:

*Identification and Referral to Improve Safety (IRIS)* is a programme that improves the general practice response to Domestic violence and abuse. MDT Social workers promote IRIS within GP Practices and work in partnership with the IRIS Advocator. Ultimately the programme is of benefit to patients, Practices and Practice Teams.

### Data:

- Total number of GP Practices – 29
- Total Practices signed up to IRIS – 18
- Confirmed further Practices interested in signing up – 3
- Total referrals to IRIS from 2020 – 216 referrals
- Referrals to IRIS 2022 – 2023 – 79 referrals
- Number of GP Practices fully trained – 16
- Number of GP Practices partially trained – 1
- Number of Practices awaiting training – 1
- In 2022 – 2023 MDT Social workers engaged with 159 patients in respect of Domestic violence and abuse.

### Facts and Figures

Of the 79 referrals in 2022-2023 patient feedback was:

- 86% of patients report visiting their Doctor less than before following a referral to IRIS.
- 86% felt better about themselves and optimistic about their future.
- 100% felt more confident and able to cope better.
- 100% felt safer, know how to access support and found support helpful.
- 100% were pleased the Clinician asked about DVA and were pleased to be referred to IRIS.

GP, Clanrye Practice “this was a very worthwhile course to undertake. I would advise all General Practices to avail of this training as we are now seeing increased cases since Covid. Knowing we have an Advocator to refer to gives us the confidence to approach the subject with a lot more confidence. It will hopefully improve our detection of Domestic violence for many women/men and their families”



Patient “IRIS was really supportive and it really helped me to talk, I appreciate the assistance given”.

Patient “Without the support of my social worker and then my referral to IRIS I would have been in a very dark place. I found the IRIS process a very positive experience”.

Next Steps: 

It is imperative that all GP Practices within our locality are signed up to IRIS. MDT Social work will promote the IRIS programme and encourage GP Practices to avail of this programme. Social workers will continue to work with patients that have experienced domestic violence and abuse.

## The Physiotherapy Workforce

### Introduction:

The Physiotherapy workforce is experiencing difficulty with recruitment of band 5 posts so the Physiotherapy musculoskeletal assessment and rehab team looked at how other professionals could help manage their patient group. They recognised the skillset of exercise professionals for their cohort of patients so they converted 2 band 5 physiotherapy posts to band 5 exercise professional posts and the 2 new staff have been in post from January 2023. They complement the skillset of the clinical physiotherapists supporting patients with their rehabilitation and recovery.

### Data:

- The physiotherapy musculoskeletal assessment and rehab team manage 2000 referrals per month which translates into approximately 1000 contact across the team.
- 20 classes have been set up across the Trust to target different groups of patients, led by the exercise professionals and supported by the physiotherapy assistants and the physiotherapy team.
- In the month of July, the 2 exercise professionals were responsible for 370 of these contacts.

## Facts and Figures

- The skill mix in the team means that the patients are being seen timely, and by staff who can target and progress their activity levels to improve patient outcomes.
- The Cost effectiveness of a group session rather than 1:1 activity to achieve the same if not better outcomes.
- The shared care that is being delivered by the physiotherapist and the exercise professional allows more clinical time for the physiotherapist to complete physiotherapy assessments and clinical interventions.

### Next Steps:



- Continue to develop class sessions to manage patient flows, led by the exercise professionals
- Continue to audit attendances at class
- Continue to MSK-HQ to determine changes in quality of life of patients

### Patient feedback:

“I received excellent step by step instruction to help increase my strength to remain independent at home.”

“James took the training programme. The objective was to use exercise as a pain management technique. There were 4 other people on the programme, all with different conditions. Exercises were explained, there were different levels to choose and exercises tailored to specific conditions. I found it so helpful, but like all exercise once a week is not enough. I use the exercises on a daily basis and have started Couch to 5k (again). I still get sciatic nerve pain but it never gets to the level it was. I am very grateful to all the staff at CAH.

## Pelvic Health Physiotherapy

The *Pelvic Health Physiotherapy Team* have developed group sessions to support new Mums with their post-natal recovery. The aim is to provide physiotherapy treatment with the benefit of peer interaction with other Mums with similar issues.

They are guided through exercise progression and empowered to continue with physical activity in the long term.

#### Data:

A Group session was developed for Mums referred to Pelvic Health Physiotherapy with split abdominal muscles following the birth of their baby. They have the option of bringing baby along. They are given information about their condition and get an individual assessment followed by an exercise programme. The classes are run once a month over three sites, Daisy Hill Hospital, Clover Physiotherapy Department in Armagh and South Lakes Leisure Centre in Craigavon. These classes are delivered by a pelvic health physiotherapist and give the Mums confidence moving forward with a graded return to activity.

### Facts and Figures

- The pelvic health Physiotherapy team received approximately 30 referrals each month for new Mums with split abdominal muscles following the birth of their baby.
- They were seen individually for a face to face appointment lasting one hour and a follow up review appointment within a few weeks.
- They are now seen in a group so 10 new patients seen in one hour at each site.
- There is new patient group and a review group
- Frees up capacity within clinic to deal with waiting list

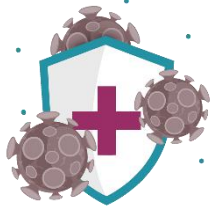
Feedback from the Mums is very positive:

- They enjoy the classes.
- They like that they can bring their baby.
- They particularly like the Leisure centre setting reporting that a sports facility rather than a health care facility makes it feel less medical

Next Steps: 

Follow up on service users:

- Audit their experience
- See impact that classes made. Did they continue with physical activity?
- Does healthy active mums mean they encourage their kids to be healthy and active



## Covid Learning



The Pelvic Health Physiotherapy service implemented more virtual work and have maintained some of this by delivering Information Sessions virtually so have benefitted from new ways of working.

We have learnt that staff are resilient under pressure.

We have learnt the importance of self-care and wellbeing within the workplace.

## Physiotherapists in the SHSCT MSK Hub service

### Introduction:

Physiotherapists in the SHSCT MSK hub service are the only Physiotherapy team successfully managing Achilles tendon rupture referred directly from minor injuries, through a Physiotherapy led pathway into MSK outpatient's service until discharge.

Steven Symington our lead for MSK Hub Physiotherapy service was invited as a guest lecturer to present The SHSCT protocols and audit related to the management of TA rupture for the Ulster University Advanced Clinical Practice Lower Limb Module in 2023.

### Data:

- Past 2 years 95/97 pts with partial or complete rupture of their Achilles tendon have been managed conservatively via a physio led service.
- Only 2/97 re-ruptured – 2% compared to average recorded in literature of 4%
- 0/97% complication compared to average recorded in literature of 2% (Gan et al, 2023)
- 48 patients have completed rehabilitation and included in recent audit
- Mean age was 54 years old (range; 23-85) 77% male
- Outcome measure taken initially, 3,6,12 months post rupture
- Average disability score on initial assessment 92.6%
- Average disability score at 12 month -13%, an improvement of 79.6%

## Facts and Figures

- Cost effective service – appointments with MSK Hub Band 7 Physiotherapist rather than orthopaedic consultant
- Excellent outcomes of conservative management
- Patient centred service responsive to individual needs

### Next Steps:



- Continue to audit this service and include audit of other physiotherapy led services – patellar dislocations and shoulder dislocations
- Organise training day for tendon rehabilitation to improve management plan for progressed/ higher functional rehabilitation for later stages of rehabilitation as audit showed
- SHSCT linking with BHSCT Physiotherapy T&O team to share learnings from audit/outcomes and lead on regional standardisation for management of TA rupture.

## Community Equipment Stores

### Introduction:

Community Equipment Stores (CES) are key players in supporting community care and timely discharges. We have continued to focus on ensuring a flexible approach to our equipment deliveries to help support our colleagues across the Trust. This would include, were possible, ensuring additional equipment is available on delivery vans to allow for urgent requests to be fulfilled to support discharge requests.

Over the past year we continue to see increase demand for our service and have been raising the CES profile on Trust social media. In particular we have focused on the Continence Distribution Clinics which are organised through CES, aiming to help keep service users informed. An example is the monthly bulletin now released on Trust social media channels with the opening dates and times for all continence clinics available. We will aim to build upon this in 2023/2024.

## Reablement

Reablement Services continue to work closely across all interfacing teams to build on capacity within acute/non acute settings whilst focusing on enabling service users to maximise their potential to function within their own home. In 2022/2023 the team have been working closely with Non Acute Occupational Therapy colleagues to streamline and enhance effective communication when completing documentation for referrals to/from the service. This has led to reduced time associated with documentation and duplication for our Non Acute colleagues by utilising the PARIS system and agreeing key information for sharing and assisting with discharges/referrals to Reablement. Further discussions with Acute colleagues have been initiated to consider a similar approach of documentation and communication of referral information and is currently underway.

## Wheelchair Resource Team

Wheelchair Resource Team (WRT) have produced quarterly newsletters to their Occupational Therapy colleagues providing updates on training opportunities, sharing learning and prompts for practice. This has become a valued source of information for Occupational Therapists across directorates.

2022 /2023 has also seen the return of SHSCT WRT contributing to the Regional Wheelchair work in partnership with Go Kids Go, Mae Murray Foundation and Disability Sports NI. This is a much valued scheme aiming to develop wheelchair skills for children through local council areas and providing all wheelchair users opportunities to swim and surf at some of our local beaches.

## Specialist Primary Care: Enhanced Services: Adult Community Services

### Orthopaedic ICATS Quality Improvement initiatives

#### 1. Triage Process Review

A project has been undertaken to try and improve the triage process for musculoskeletal referral to ICATS. This was in response to clinician feedback regarding the difficulties experienced when the information provided in referrals was insufficient to triage the referral. AS a result of the work the triage standards and process for Orthopaedic ICATS Southern Trust has been updated, it is now more standardised but crucially it provides a framework to ensure that the patient is placed on the correct pathway at point of referral therefore avoiding unnecessary waits and ensuring safety. Ongoing work is continuing with stakeholders to roll this out



## 2. Knee Brace

Clinical staff are collecting outcomes and auditing patients who are being fitted with an offloading brace for management of Knee OA. This is an ongoing project, preliminary data expected by end of the year. The brace aims to maintain patient mobility while they wait for surgery and to maximise conservative care and offer an alternative to high level pain medication.

## 3. Foot and Ankle waiting list initiative

Orthopaedic ICATS Podiatry and management have been involved in the regional foot and ankle waiting list work.

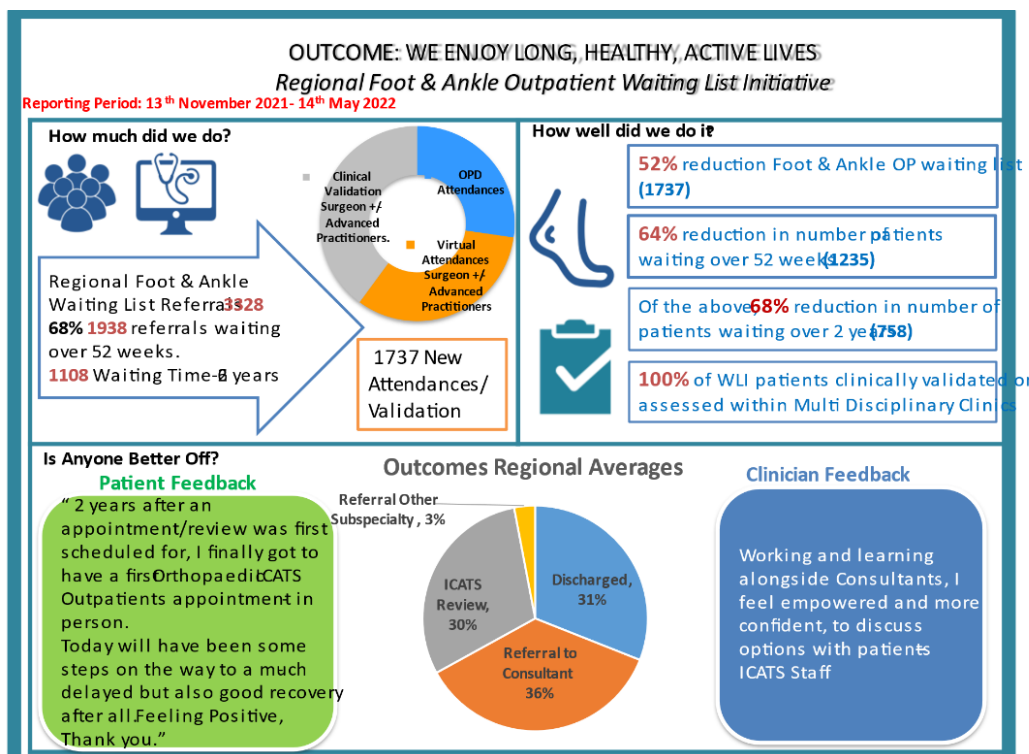
This has resulted in a 68% reduction in patients waiting greater than 52 weeks for foot and ankle surgery across the region and reduced overall waits by 52% across the region.

## 4. Waiting List Clinics

Post COVID we had lengthy waiting lists for initial ICATS appointments, a number of Saturday mega clinics were ran which brought the wait time down from 52 weeks to 46 weeks. A service review has also been completed to look at management of waiting lists going forward and overall referral rate versus staffing in Orthopaedic ICATS.

## 5. Work on review of spinal pathways for ICATS following GIRFT Cauda Equina Report

Orthopaedic ICATS clinical lead and manager have been involved in a regional working group looking at implantation of GIRFT guidelines for Cauda Equina, work is ongoing.



# Acute Care at Home

## Introduction:

Acute Care at Home report for the period 2022/23 re learning from response to covid and initiatives implemented.

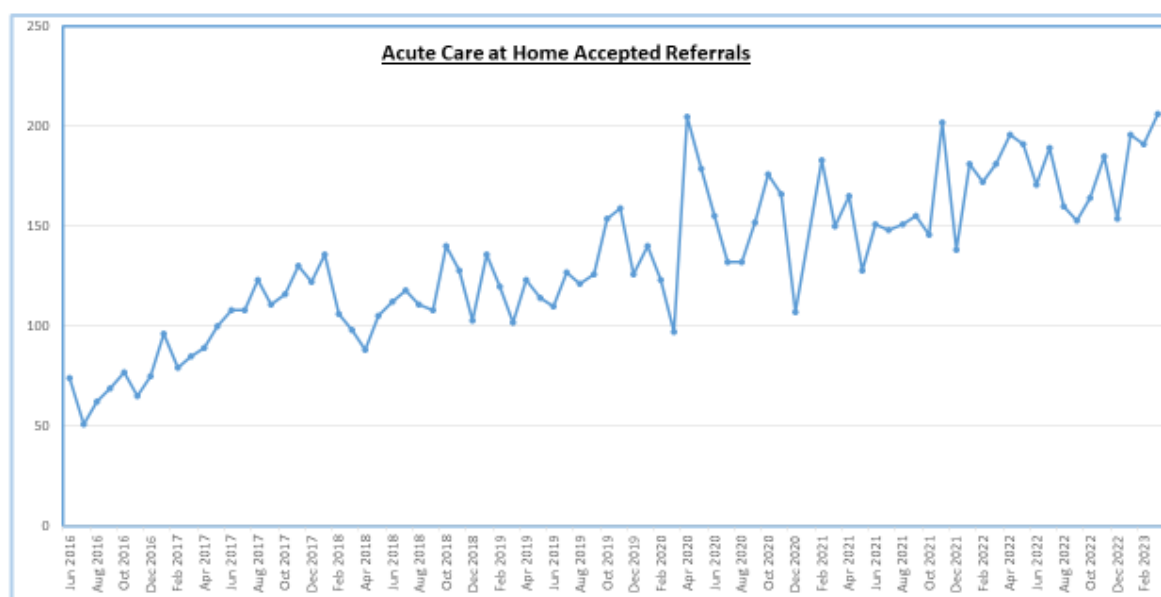
Faced with a growing older population and increase in hospital admissions (Department of Health 2017), healthcare providers in Northern Ireland are struggling to cope with the increasing demands on an already overstretched system (Bengoa et al. 2016). Therefore, healthcare providers are looking for viable alternatives to acute in-patient care, which meet the needs of patients. One alternative highlighted in Systems not Structures (Bengoa et al. 2016) is the provision of Acute Care at Home services.

In September 2014 the Southern Health and Social Care Trust introduced an Acute Care at Home (ACAH) service. For the purposes of this proposal the ACAH service is considered a substitutive model (Aimonino Ricauda et al. 2008), a consultant led multidisciplinary team delivering services traditionally hospital based, to patients in community setting. This has been phased in incrementally from 2014 to becoming a fully Trust wide service in 2019.

The ACAH service is currently working to extend its remit and operational hours at pace to increase caseload size, incorporating a gate keeping/triage function for access to a range of medical inpatient beds.

Therefore, work is ongoing to enhance the services provided to support patients outside of the traditional bed based solutions, by extending the scope of ACAH.

## Data:



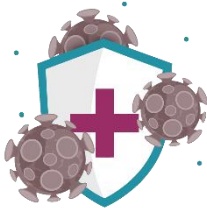
## Facts and Figures

- The average number of referrals has risen with each phase of investment
- The (number of referrals received) has risen further in 2022/23 than it was in 2021/22 as has the number of referrals declined due to no capacity.
- Average Length of Stay is showing common cause from April 2019 with an average of 4.29 days from April 2019 to January 2023.
- Information below shows that the majority of patients stay between 2-5 days on ACAH.
- Number of patients on Acute Care at Home caseload fluctuates and is dependent on staffing levels, acuity, location and complexity of interventions needed to manage patients safely in a community setting but can range from 20-35 daily.

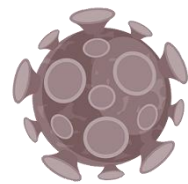
### Next Steps:

Expansion of Acute Care at Home: To increase the number of referrals and staff capacity within the ACAH team by 50% by October 2023 via the following:

- GP Pilot within Newry and Mourne Locality
- Extension of virtual consultation for Acute Care at Home
- Increased Early supported Discharge
- Extended use of Package of Care equipment



### Covid Learning



Within AC@H, we enhanced an existing team to maximise our capacity and progressed and developed it in response to the changing needs of our patient group (frail elderly).

- Introduction of 7 day medical cover allowing for 7 day referrals from 5 days. Staffing was scaled to reflect the surges as required.
- Stand down of clinics allowed for staff to be concentrated in service and redeployed to Acute Care at Home

- Link every morning with meeting chaired by Medical Director
- Seen as part of the solution from the beginning
- Geriatric clinics were stood down and rebuilt as required.
- Medical students were recruited to assist with virtual monitoring. These were scaled up and down throughout the project as required.
- There was much role blurring among staff to adapt to the changing needs
- Single point of contact for referrers and referral criteria tweaked to accept GP referrals from their telephone triage.
- Staff deferred leave during surges or as needed.

Much of this practice has remained since the pandemic as it proved successful and beneficial to assist capacity for the rising demand due to bed pressures in hospital alongside rebuilding geriatric outpatient clinics.

## SHSCT Community Stroke Team

### Introduction:

SHSCT Community Stroke Team, provides specialist multidisciplinary home based rehabilitation and support to people following stroke. This includes early supported discharge for those who would previously have remained in hospital for intensive therapy, enabling to rehab more effectively at home.

All Trusts in Northern Ireland report data to the Sentinel Stroke National Audit Programme (SSNAP), a national initiative to improve quality of care for those effected by stroke. Acute and community SSNAP data are monitored regionally by the DoH stroke network.

The Trust's Community stroke team have improved their length of stay and 6 month review targets over the past year, and maintained the therapy time provided to people in their own homes across Physiotherapy, Speech and Language and Occupational Therapy in line with current national recommendations.

### Facts and Figures

During 2022/23 the community stroke team received 2260 referrals.

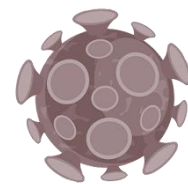
Next Steps:



Plan is to co-produce routine feedback from our service users and embed this into each stage of the stroke recovery journey from their acute hospital admission, non-acute hospital rehabilitation and community stroke input. There is also work to develop person centred goal sheets to further enhance the shared decision making ethos of the stroke service.



### Covid Learning



SHSCT Community Stroke Teams in Newry & Mourne, Armagh & Dungannon, and Craigavon & Banbridge continued to provide home based rehabilitation and support for stroke survivors throughout the Covid Pandemic, working closely with our Service users to manage infection risk. The service has adapted by using a combination of telephone and face to face visits and increased use of technology such as online rehabilitation resources has been hugely welcomed by those service users able to benefit from these.

## 5.2 Mental Health

### Mental Health Foundation

Mental Health Foundation (NI) Report in May 2022 found in a recent survey of 1000 participants that 28% report to feel lonely, 33% feel ashamed to admit they feel lonely, 45% report they would refuse to admit loneliness and finally 37% state that loneliness has triggered them to feel anxious and worried.

In May 2022, the Multi-Disciplinary Team Social Work Team project rolled out the 'Kindness Post-boxes' within the community to tackle loneliness and social isolation while developing the connection that has been lost since Covid-19. The 'Kindness Post-Box' is a community focused project based on the idea of bringing little bursts of happiness to those most isolated and affected by difficult times in our society today' ([www.kindnesspostbox.co.uk](http://www.kindnesspostbox.co.uk)).

The plan to reignite connections have been delivered through the use of kindness post-boxes placed within 4 local schools and Nursing Homes within the Newry and Mourne area.

#### **The objectives of the programme:**

- To raise awareness of loneliness, and its impact, across the generations (young and elder years).
- To share practice and learning on preventing and addressing loneliness.
- To reduce the stigma of loneliness and the barriers to participation.
- To increase opportunities for socialisation and initiate actions which address loneliness and its causes.
- To provide a focus on working collaboratively to promote a culture of inclusiveness for all ages.

### Facts and Figures

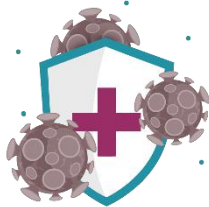
- 4 schools and 2 Nursing Homes took part in the Intergenerational programme 'Kindness Post-boxes'.
- 300 pieces of work to include letters, postcards and drawings were exchanged between the school children and the Nursing Homes.
- 26 children visited the Nursing Home.



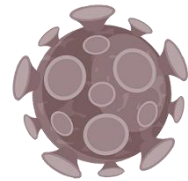
Next Steps:



The Intergenerational Programme was very moving and rewarding for both generations to link through such small acts of kindness. Loneliness has a detrimental effect on people's health and well-being. 1 in 3 people are 'more often lonely' in Northern Ireland. Chronic loneliness affects 1 in 21 people in Northern Ireland. Social isolation significantly increased a person's risk of premature death from all causes. Social isolation was associated with about a 50% increase risk of dementia. As MDT Social workers we will continue to develop projects to increase opportunities for socialisation and initiate actions which address loneliness and its causes.



### Covid Learning



88% in Northern Ireland say loneliness has become a bigger problem since the beginning of the Covid-19 pandemic. MDT aim to work collaboratively to promote a culture of inclusiveness for all ages.

## Quality Improvement Initiatives

### Safewards

Safewards is an evidence based approach to reducing conflict and containment in mental health units. The safewards model aims to create a welcoming calmer environment for patients and their families. It educates staff to identify points of care that may trigger a conflict response or an issue around communication and then uses a targeted intervention to prevent this conflict from arising. It enhances the therapeutic relationship between patients and staff.

"Calm Cards" are on the front of each patient's medication cards on Chaucer Ward with Calm Methods that they find helpful rather than PRN use 📷👉 #safewards #calmcards #calmmethods #PICU @GMMH\_NHS @Safewards

Use of tranquillity tools and Calm Cards to reduce the use of Pro Re Nata (PRN) Medications has been audited by lead nurses.

Safewards also covers promotion of physical structured activities available for patients as listed below.

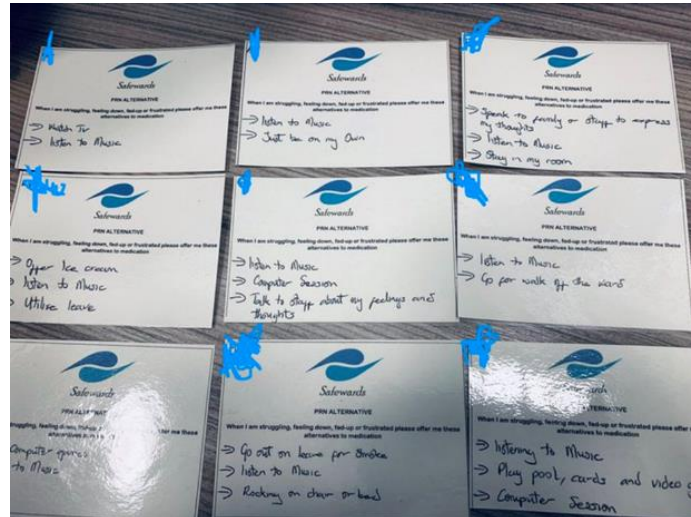


4:27 PM · Jun 5, 2019 · Twitter for Android

129 Retweets 562 Likes

### Physical Exercise

- Structured activity schedule in place for each ward to include walking groups, swimming, gardening activities Vegetable beds and new polytunnel purchased for Bluestone
- Installation of outdoor exercise machines
- Fitness Instructor Level 2 training for staff to support patients exercise plans.
- New band 7 Physiotherapist covering all Bluestone wards
- Bicycles for wards and cycling proficiency arranged for staff. Internal cycling lanes being painted on the grounds of internal courtyards.
- Basketball hoops, football nets, table tennis, foosball, punchbags, yoga mats purchased for the wards
- 'Drumming for exercise' instructor training. Releases stress, enhances wellbeing, increases circulation, lowers blood pressure, relieves depression and even burns calories.



## Physical Health Passports - PARIS

The purpose of a physical health passport is to ensure consistency in process and effective communication across Bluestone and Community Mental Health teams.

### Staff Training

- Community Physical Health Nurse working with Lead Nurses to complete in-house training for all nursing staff starting in September 23.
- To include monitoring of patients on antipsychotic medications and side effects, bloods, ECGs, BMI, PH Screening.
- Bronte staff are taking the lead with managing patients who require physical monitoring for addictions including IV cannulation and administration of IV Pabrinex, Naloxone training, Alcometer training, Urine Drug Screens.
- BLS is part of our mandatory training bundle, additional staff have completed ILS training to enable them to participate in the delivery of in house ECT.

### Smoking Cessation

- Dedicated smoking cessation nurse for support and treatment options.
- Staff training in delivering brief intervention – elearning being developed.

### Mealtimes Matter

Evidence of a standardised, structured approach to meal times to promote patient safety, rolled out across the Unit.

Involvement of Dietetics, Speech and Language Therapy and Physiotherapy in building on our work in regards to Dysphagia awareness, embedding training and shared learning with our teams. We will continue to complete monthly Meal Times

Matters Audits and work closely with our Dietician and SLT colleagues. We will develop a Discharge Checklist to promote safe communication and ensure that all patients with REDS are clearly communicated to our community team Colleagues.

[Mealtimesmatterposter.pdf \(pagetiger.com\)](#)

## Physician Associates

2 new Physician Associates employed in Bluestone to support Nursing and medical staff with the physical Health monitoring of inpatients.

## The Physical Disability service

### Introduction:

The Physical Disability service sits within SHSCT Mental Health and Disability Directorate. It is a multi-disciplinary team working with service users aged 18-65 years living with a long-term physical disability. It is a community-based team, historically working with clients in their own homes and across day care, supported living and other community environments.

Physiotherapy and Occupational Therapy services within Physical Disability have been breaching the 13 week ministerial access targets for some time. An 'Assess and Treat' model is primarily used however both professions manage primary waits alongside secondary referrals and care reviews.

The project aim was to reduce Physiotherapy and Occupational Therapy waiting list breach times by 40% in Physical Disability Services by March 2023.

The project was nominated to be part of the HSCQI Network regional programme of learning and sharing. The project was selected to move forward to Stage II of the programme. This QI project, the outcomes and the learning will now be shared regionally with the view to facilitating scale and spread of the key principles.

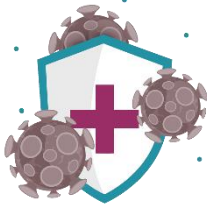
### Facts and Figures

- As of 31st March 2022 the breach time in Physiotherapy reduced by 89%. There were thirteen primary referrals waiting longer than 13 weeks for an initial appointment, and the total number of primary waits reduced by 44%.

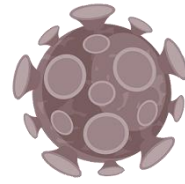
- Project successes were also evidenced in the Occupational Therapy service. The number of people waiting longer than 13 weeks for an initial primary appointment reduced from 529 to 27. This demonstrated a 95% improvement, with only 27 service users waiting longer than 13 weeks for an initial appointment. The total number of primary waits reduced by 75% since project inception.
- On average, 60% of service users requiring Occupational Therapy intervention require a community visit, whilst 60% of service users requiring Physiotherapy intervention can be appropriately assessed and treated in the clinic environment
- Service user feedback has been very positive. 93% of those who engaged in the SU Feedback Questionnaire were very satisfied with the service they received from the AHP Clinic, whilst 68% feel their quality of life has improved.
- This hybrid model of working across clinic and community facilitates improved patient flow and effectively manages waiting list access times.
- Both services have continued to actively work towards achieving a waiting time of less than 13 weeks for all primary referrals, whilst maintaining a high quality standard of intervention throughout the rest of our service and for the population it looks after.

#### Next Steps:

- Physiotherapy are maintaining the improvements made to their service access time, but further improvement has been difficult due to recruitment challenges
- Occupational Therapy have continued to make advances, with no service user waiting longer than 13 weeks for an initial routine appointment
- A hybrid model has been created: the right treatment in the right environment at the right time. The environment is interchangeable depending on needs (enhanced community care / hybrid model)
- This is a tried and tested framework that can be applied in a different service within MHD to effect change. Scale and spread is planned for Physiotherapy and Occupational Therapy within Adult Learning Disability Services in the first instance
- The project has been submitted to the HSJ Awards for consideration. An application is also being developed for the Advancing Healthcare Awards 2023



## Covid Learning



- Covid was one, but not the only contributory factor relating to these breaches in ministerial targets. Both professions continued to operate community based services (in service users' homes) during the pandemic, but were impacted due to staff redeployment, staff sickness, vacancies, access to day care and IPC requirements
- The development of the clinic gave both services an opportunity to assess and treat service users in a more therapeutic environment, and in a more timely and consistent manner. It has successfully challenged the norm within physical Disability Services that all community work should be carried out in the person's home environment
- The hybrid model created enables staff to deliver the right treatment in the right environment at the right time. This environment is interchangeable depending on needs of the service user at a point in time.

## Steps to Wellness

Steps to Wellness is a service suitable for anyone with mild to moderate mental health difficulties including, but not limited to depression, anxiety, Obsessive Compulsive Disorder, Social Anxiety Disorder, Health Anxiety, Panic Disorder and Perinatal low mood. We offer time limited interventions to quickly give service users the skills to manage their symptoms, and to promote and build your own strength and resilience in maintaining good progress.



Following referral to our service, we will arrange a telephone assessment with you to better understand your needs and to explain our available treatments. If it is deemed that we are not the most suitable service, we will explore this further with you.

Steps to Wellness interventions include a range of online digital groups packed with strategies to help with your symptoms. Following a discussion with our practitioners, the available interventions will be discussed with you to ensure we can offer the best option to suit your needs. Any concern surrounding treatment will be discussed directly



with you. Our priority is to keep service users safe and comfortable in your treatment with our service.

No. waiting reduced from 1193 (Sept 22) to 635 (March 23)

STW waits reduction from 58% breaching (Aug 22) to 15% (March 23)

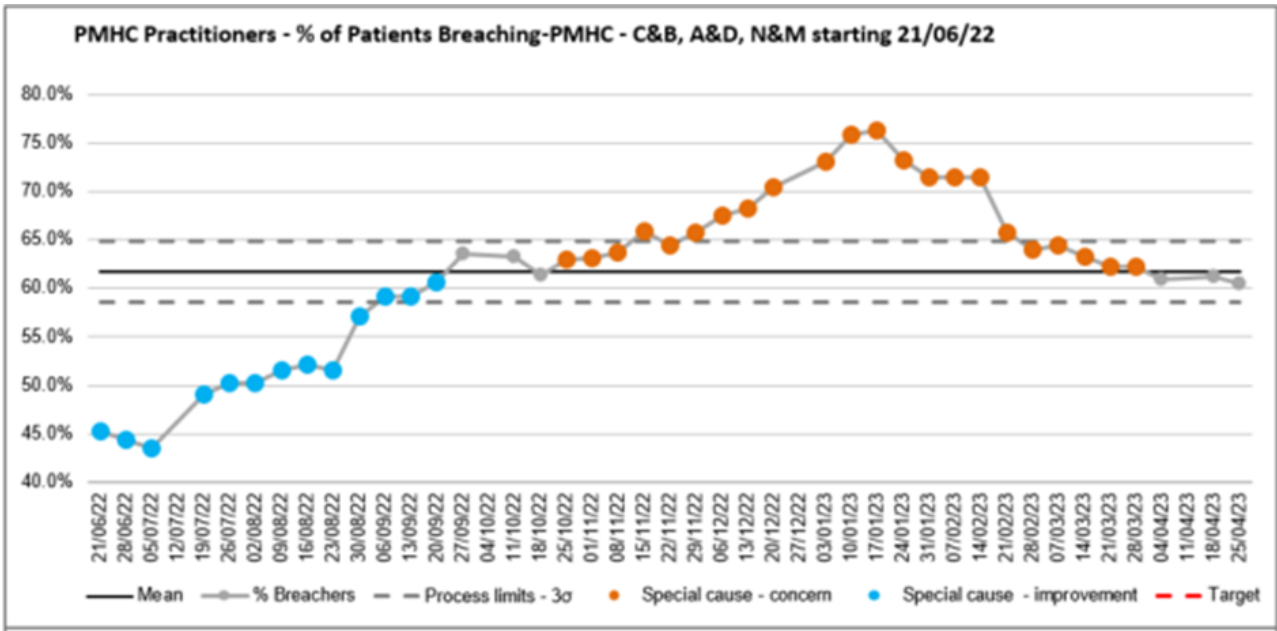
STW Citizen Space Service User Experience survey in place

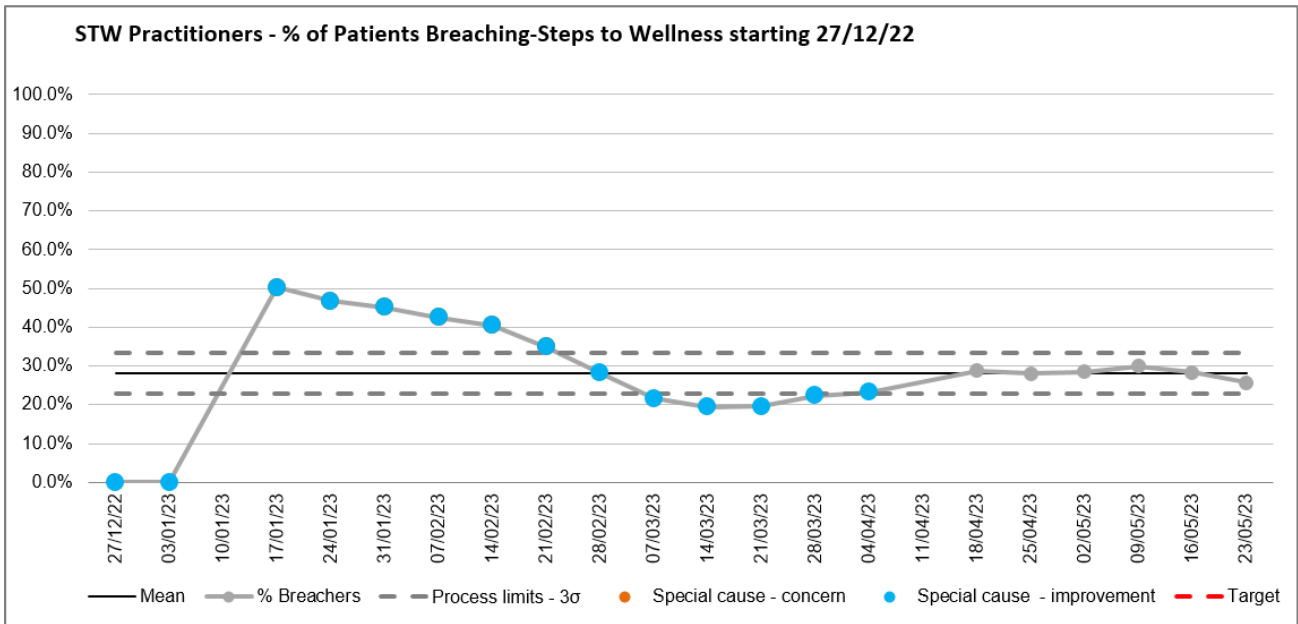
Activity by contact type and task		
	March 2022	April 2023
Group sessions virtual	37	125

Pathways improved (PMHC, PNMHC, CBT)

69% users are female (Apr 23)

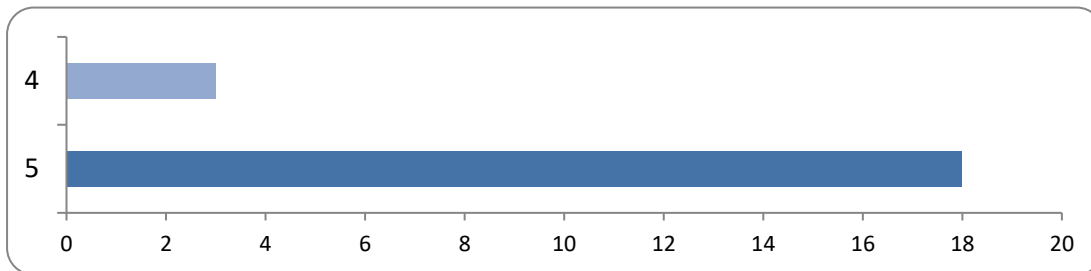
94% referrals direct from GPs (Apr 23)



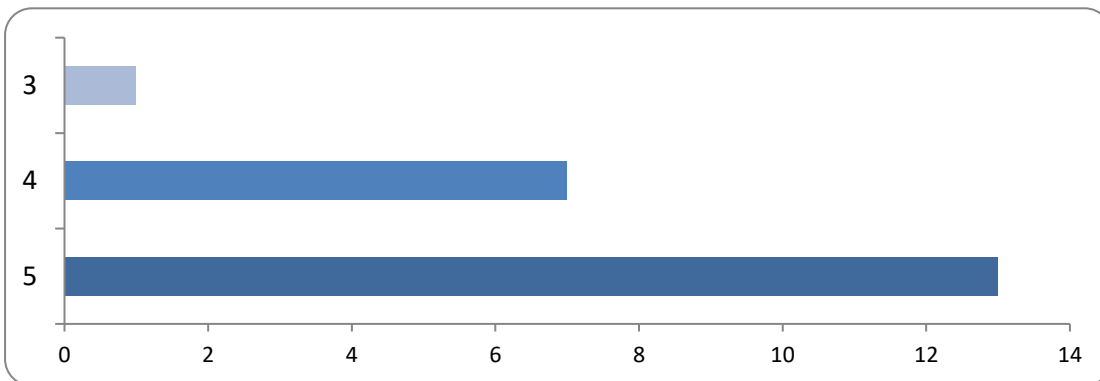


### Service User feedback:

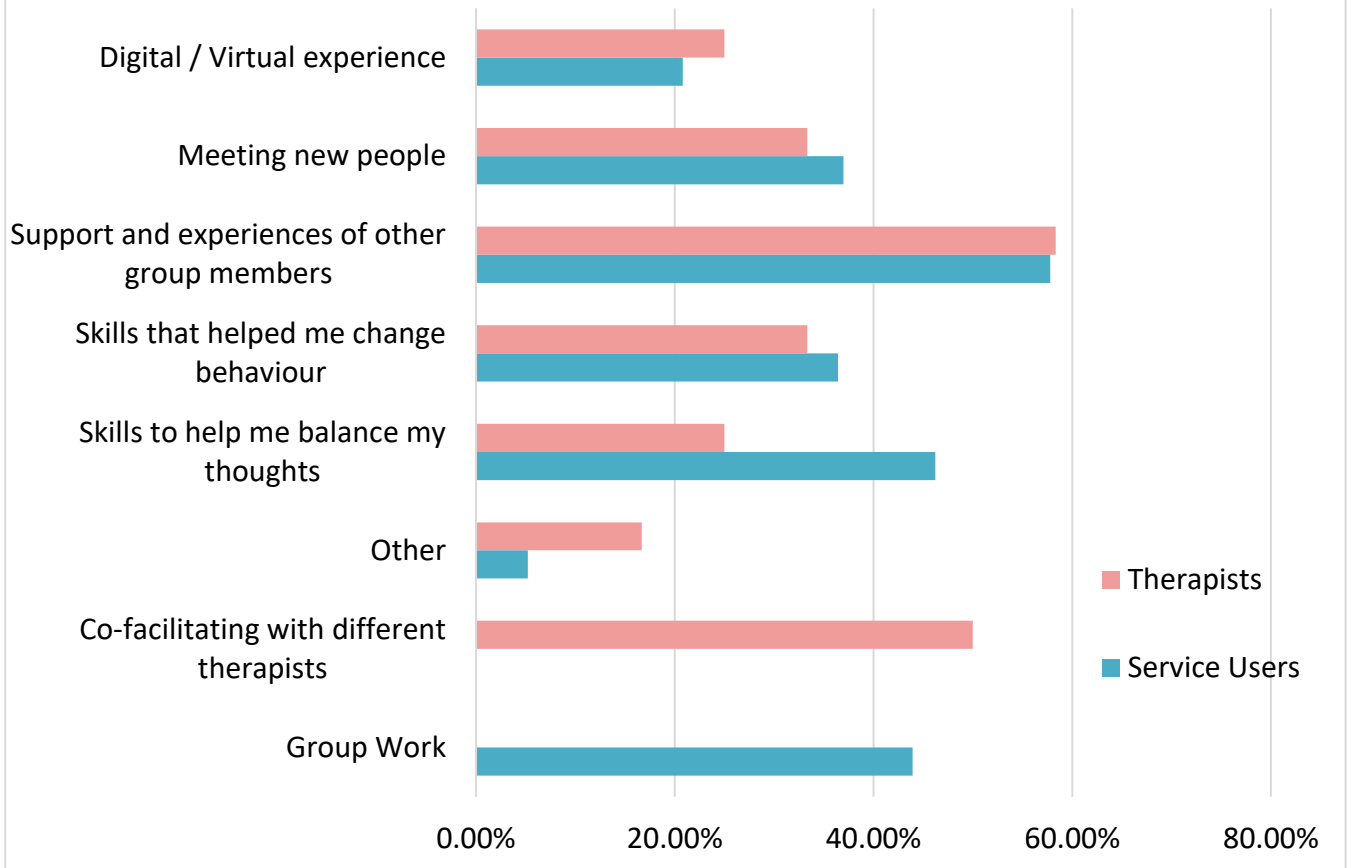
Staff treated me with kindness, respect and compassion and behaved in a professional manner? (Acted in my best interests, were open and transparent, fair, and displayed integrity?)



Please rate the experience. - How beneficial has the Steps to Wellness Programme been for you?



## What do you think has worked best during the sessions/What parts of your treatment did you find most helpful?



STW therapists and service users generally agree on the most helpful elements of treatment – the group aspect

## 5.3 Children's Social Care Services

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### Looked After Children

#### Introduction:

Under Delegated Statutory Functions (DSF) the Trust are expected to ensure that children at risk of potential or actual significant harm are assessed and a plan is in place to safeguard the child. This includes children looked after by the Trust and children whose names are placed on the Southern Area Child Protection Register.

All Looked after Children's circumstances are reviewed within the stipulated timeframes contained within The Review of Children's Cases Regulations (Northern Ireland) 1996.

Each case is first to be reviewed within 2 weeks of the date upon which the child begins to be looked after or provided with accommodation by a responsible authority.

The second review shall be carried out not more than 3 months after the first and thereafter subsequent reviews shall be carried out at intervals of not more than 6 months after the date of the previous review.

Children referred to Children and Young People's service due to risk of potential harm (Regional Child Protection Policy)

1. Should be seen and spoken to within 24 hours,
2. An initial assessment should be completed
3. Initial child protection case conference, (ICPCC) should be convened within 15 working days, the purpose is to develop a multi-disciplinary child protection plan to keep the child safe.
4. After the ICPCC each child should have a review child protection case conference, (RCPCC) at three months and every six months thereafter to update the child protection plan and review risk of significant harm.

2022/23 has seen significant vacancy and absence levels for Social Work staff across CYPS and this has had an impact upon capacity within the various Social Work teams in the face of an ever increasing number of Looked After Children and complexity of child protection work. Despite the challenges relating to workforce the Trust have maintained compliance with less than 10% of LAC reviews and less than 6% of Child Protection Case Conference out of timeframe for the period 2022/23. As a result the DSF Action plan no longer has an action point on timeframes for LAC reviews.

Due to the challenges regarding recruitment the Trust introduced a pilot model within Young People's Partnership in relation to a skills mix workforce. This has provided support to children, young people and families assessed to be in need of family support to be provided with timely intervention and support via a social work led service and a skills mix staff group.

## Facts and Figures

- As at 31/03/22 there were 623 fulltime looked after children this represents a 5.8 % increase on 2021/22 figure of 589 Children
- 919 LAC reviews held during 21/22 (this figure includes emergency reviews, change in placement reviews & 1 specific issues review – the figure is 907 if initial, 3mth & 6mth reviews only included).
- This represents a 25% decrease on 2021/22 figure of 1225.
- 69 of these were held outside of timescale this represents 7.6% of total reviews.

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

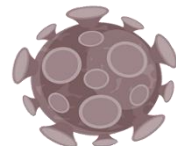
During the period 2023-23 all children and young people (645) referred to CYP due to potential at risk were seen and spoken to with 24 hours, 100% compliance. There was a high compliance in relation to convening Initial and Review Child Protection Case Conference with over 94% compliant with regional Child Protection timescales.

#### Next Steps:

- To maintain compliance with the stipulated timeframes for Child Protection and LAC reviews
- To retain a focus on Social Work recruitment specific to childcare teams.
- A specific recruitment for Social Work posts within CYPS is currently being progressed with a specific focus on Family Intervention and LAC services.
- Spread and scale of the QI initiative with a focus on skills mix is already underway within Children with Disability Service as well as Family Intervention Service.
- Scale up and spread YPP Family Support Model across frontline Family Intervention and Child with Disability Teams



### Covid Learning



- Given the restrictions on face to face meetings during the covid pandemic there was a move to online platforms. Anecdotal evidence would suggest that this supported attendance of parents, families and young people who may not

previously chosen to attend. Moving forward the Trust continue to offer a blended approach to facilitating Child Protection and LAC review meetings and other formal meetings to encourage optimum attendance for parents, families, young people and all professionals.

- Within CYPS there has been a recognition of the value of a skills mix within child care teams in the absence of sufficient numbers of Social Work staff to fill vacant posts. The recruitment of Social Work assistant posts has proved valuable in allowing non-social work tasks to be undertaken by these staff to and allow Social Work staff to fulfil statutory duties.

## Permanency Planning

As at 31/03/22, **579** fulltime looked after children had a permanency plan. This represents a 5.3% increase on 2021/21 figure of 550

## Education, Training and Employment – Care Leavers

### The Children (Leaving Care) Act (NI) 2002

#### Introduction:

The Children (Leaving Care) Act (NI) 2002 holds its primary purpose to improve the life chances of young people leaving care. The 2002 Act placed new duties on HSC Trusts as corporate parents to provide greater support to young people living in and leaving care. Education, Training and Employment (ETE) has been embedded as an integral part of this planning process for each care leaver.

In pursuance of this objective, the Director of Children and Young People's Services presented a proposal to SLT in June 2021 which highlighted the need for Directorates to deliver internal opportunities to young care leavers in terms of work experience & employment. It is important to emphasise that the Trust are the Corporate Parents to these young people, therefore it is essential that we exercise these responsibilities by making every effort to improve their opportunities and life chances which is in this instance is creating the basic opportunities of training and employment. The Trust provided paid employment opportunities for 10 care experienced young people during 2022/23 Jobstart scheme.

#### Data:

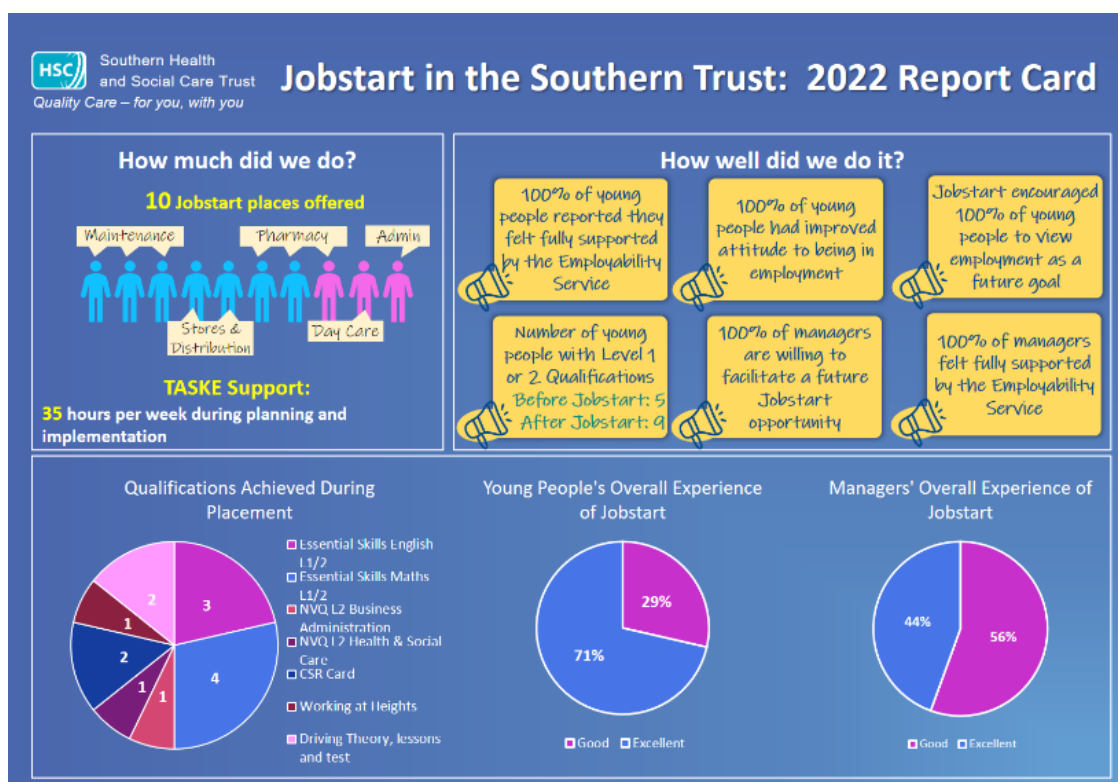
- As at 31/03/22, there were 276 young people subject to Leaving Care Act this represents a 8.2% increase on 2021/22 figure of 255 young people
- Of these 217 were in education, training & employment – 2 have a status of 'other' (sick/disabled, parent, carer) and 57 are Inactive



## Facts and Figures

The report card above outlines the positive outcomes for the 10 young people as well as recruiting managers under the Jobstart initiative. The Southern Trust were the only Trust to have had 100% of participants complete the full 9 months under Jobstart. This is testament to the support and mentoring provided by the recruiting managers and the excellent collaboration with the employability service and HR colleagues.

As a result of availing of paid employment opportunities within the Trust under Jobstart, 80% of the young people involved were able to secure employment with half of these young people taking up permanent posts within the Southern Trust.

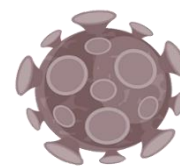


### Next Steps:

- Department for Communities has now confirmed funding availability for Jobstart 2 and it is hoped that the Trust can once again deliver the scheme for 10 care experienced young people given the success of Jobstart 1. The Trust are committed to the delivery of Jobstart 2 and are currently engaging with recruiting departments to progress paid employment opportunities under Jobstart for 2023/24.



## Covid Learning



Care experienced young people demonstrated great resilience during the pandemic and continued to achieve despite the challenges. As corporate parents we wanted to ensure that all young people, including those who were particularly isolated during covid as they were not engaged in Education, Training or Employment, were afforded appropriate opportunities to engage in ETE with the right support.

## Community Children's Nursing – Chemo at Home

### Introduction:

As a small paediatric speciality, there are no shared care arrangements with local hospitals for children with cancer, so options for care closer to home is limited. There was a clear need to reduce hospital visits for children and their families and we knew that in most UK regions with the exception of Northern Ireland local Community Children's Nurses (CCN) administer Cytarabine at home.

The CCN Team in the SHSCT in collaboration with the Paediatric Haematology and Oncology Centre in RBHSC undertook a joint quality improvement project to upskill our CCN's to deliver chemo at home.

The aim of the project was: *All Children and Young People (CYP) with Acute Lymphoblastic Leukaemia (ALL) living within the Southern Health & Social Care Trust (SHSCT) will have all eligible doses of Cytarabine (Low risk Systemic Anti-Cancer Therapy) administered in their own home by September 2022.*

### Data:

In Northern Ireland an average of 15 CYP under the age of 16 per year are diagnosed with Acute Lymphoblastic Leukaemia (ALL) and all will require the administration of Cytarabine as part of their treatment.

### Project Outcomes:

- Reduces hospital visits for CYP and their families
- Reduces travel time and associated costs for families
- Reduces exposure of CYP to hospital acquired infections

- Results in less time off school for CYP and less time off work for parents.
- Enhanced family relationships with CCN Team
- Frees up Leukaemia Nurse Specialist to spend time with newly diagnosed and complex cases
- Opportunity for staff development and expansion of CCN service
- For CYP whose treatment coincides with a bank holiday or weekend - treatment is not delayed as CCN can cover planned visits on these days
- Links established with regional colleagues, sharing valuable experience and knowledge

Positive cost implications - more cost effective to administer at home

## Facts and Figures

- Development and roll out of competency based training
- Between December 2021 and September 2022, six children have received their chemo at home administered by the CCN Team
- Seven band 6/7 nurses undertook training and five are fully signed off and administering Cytarabine to CYP at home independently

### Next Steps:

- Resource review to ensure processes and outcomes from this project are fully embedded and sustained
- Ensure compliance with annual review and maintaining staff competency
- In response to staff turnover, additional nurses require training
- Sharing of processes and outcomes at local, regional and national level.
- Currently 16-18 year olds require an inpatient stay to receive Cytarabine. Further engagement required with adult colleagues to explore potential for spread and scale.

### Parent & Child Feedback:

*"Huge benefit not having to travel to hospital. Having Cytarabine at home reduces the impact on family life."*

*"I don't like travelling to hospital, because it's so far away and I sometimes feel sick and tired. I feel good about getting my Cytarabine at home."*

#### Staff Feedback:

*"I am delighted other staff have also expressed enthusiasm for the project."*

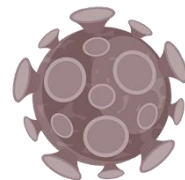
*"The anxiety of administering chemo at home was greatly reduced when I attended RBHSC to observe the treatment being administered."*

*"It give me great job satisfaction. I would be willing to develop my role further to keep CYP at home."*

*"Enhanced relationships with Team at all levels."*



### Covid Learning



Covid has increased acceptance of using digital platform for meetings, which meant that all of our planning meetings to develop the project took place online.

## RISE NI

Funding was commissioned to extend the existing Regional Integrated Support for Education in Northern Ireland (RISE NI) MDT for a 3 year pilot project to enhance emotional health and wellbeing support for children in Key Stage 2 (age 8-11 years) in mainstream primary schools in Southern HSC Trust area.

The overarching aims of the RISE NI Key Stage 2 project are:

- To empower and assist children and young people to take care of their emotional health and wellbeing.
- To meet these needs in a timely way through a universal and targeted service model.
- To establish an integrated health and education model working in partnership to promote emotional health and wellbeing in mainstream schools.

### **RISE NI Universal Parent Support**

Parents can access a range of universal support, advice and training from RISE NI through the regional website. The Key Stage 2 parent site was launched in April 2023 and a total of *481 parents* have accessed support, advice and training for their children:

### **RISE NI Universal Teacher/School Support**

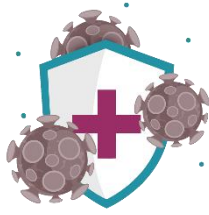
- In the academic year 2022/23 1740 teachers have accessed and fully completed a range of targeted training programmes. Within the Southern Trust this academic year approximately *536* children benefited from small group programmes and *350* teachers / classroom assistants participated.
- Availability of Key Stage 2 resources ensures quicker and timelier access to universal and targeted supports for parents and education staff for early intervention.
- Key Stage 2 Teachers have participated in universal and targeted trainings and pilot small group/whole class programmes expanding their knowledge base and enhancing support for children within their remit.
- The delivery of early intervention and support to children within Key Stage 2 provides them with the tools to effectively manage their emotional health and wellbeing.
- Short term evaluations evidence that children have improved emotional intelligence with a positive impact in relation to Children's emotional health and wellbeing.
- Teachers have reported an increase in confidence and development of strategies to support intervention and also in being proactive in support for children rather than reactive.
- The funding will unfortunately end in March 2024. The service will continue to develop and evaluate the pilot project and are gathering evidence and data to support the need for further funding.

### **Feedback from teachers:**

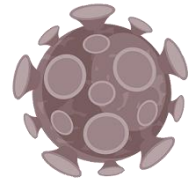
*“Really excellent training with practical ideas that can be managed in the classroom.*

*“A useful and informative course. I thought it was well-structured with a variety of speakers and teaching approaches which kept us all engaged.”*

*“This was excellent training, very high level and very thought provoking. There was a tonne of information and the notes beforehand was really useful”*



## Covid Learning



The Covid 19 pandemic has impacted significantly on children and young people in terms of their emotional health and wellbeing, development and educational attainment. A service like RISE NI, an MDT of AHPs, Clinical Psychologist and Behaviour Therapists which works in close partnership with Education can tackle provide essential, responsive early intervention support at the root of the problem.



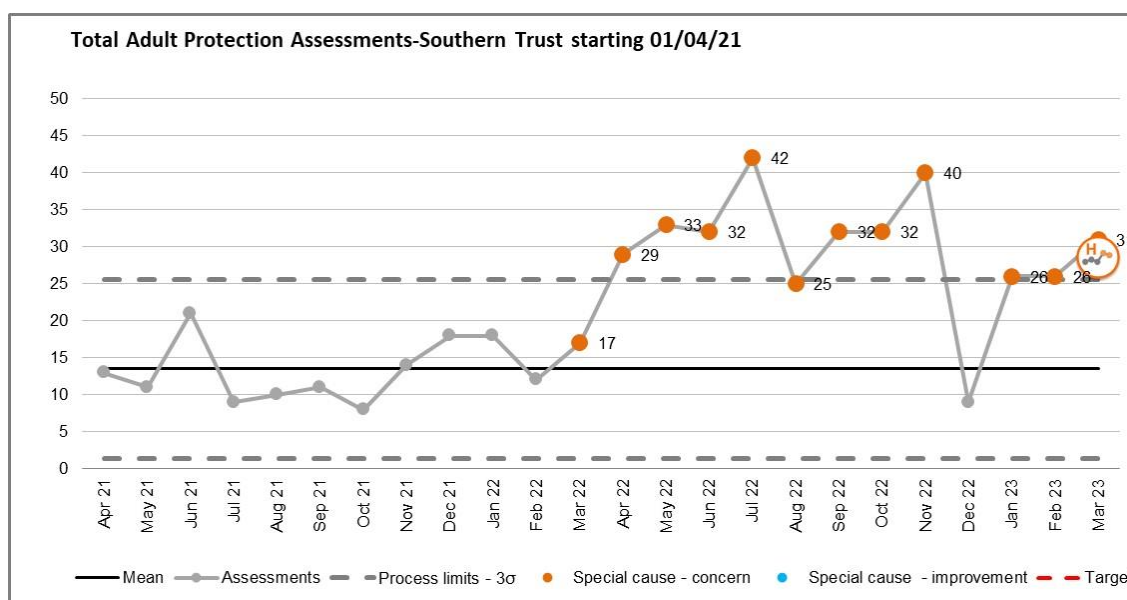
## 5.4 Adult Social Care Services

### Adult Protection Plan

#### Introduction:

A corporate priority for Adult Protection in Southern Trust during 2022 - 23 was to improve the recording of risk assessment and protection plans on the PARIS system. Evidence from the previous year had indicated that while staff advised the risk assessment was undertaken it was not always recorded on PARIS. Monthly monitoring data and delegated statutory function submissions therefore were inaccurate.

#### Data:



### Facts and Figures

- During 2022/23 there were *334 adults referred* for investigation and identified as at risk, during the year had an adult protection plan in place.
- This represents a *121% increase* from the previous year, 2021/22 figure of *151 adult referrals*.
- *72%* of referrals assessed as requiring further protection intervention had risk assessment completed. This is an increase from *47%* in 2021/22. (NB typically it is expected that there are a small number of cases where the risk is no longer present)

## Direct Payments

Direct Payments provide services users and their families an element of choice in determining the care they receive.

During 2022/23:

**793 adults received direct payments**, to break this figure down further

- There are **263** elderly adults
- There are **34** adults with ill mental health
- There are **316** adults with a Learning disability
- There are **180** with a physical and sensory disability

This figure has **increased from 680** adults in March 2022

- Increase in Elderly by 37
- decrease in Mental health by 8
- Increase in Learning disability by 61
- Increase in Physical and sensory disability by 23

## Approved Social Work

During 2022/23 **222** assessments carried out by approved social worker were:

- Adult Community Services – **100% (23)**
- Mental Health – **100% (195)**
- Learning Disabilities – **100% (4)**

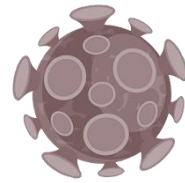
Next Steps:



- Monitoring a sustained practice improvement via practice audit support
- Improve Directorate oversight of monitoring risk assessment via Professional Leads assurance structure
- Improve supervision arrangements for both Designated Adult Protection Officers and Investigation Officers.



## Covid Learning



During COVID there was an expected downturn in Adult Protection referrals. This was particularly noted in the independent care home sector. Evidence has shown that the referral rate in 2022/23 from care homes has now returned to pre pandemic levels.

That said, data shows the prevalence for the location of adult protection incidents is greater in the adult's own home than in the care home sector. For this reason it is critical that professional staff continue to be physically present in the person's home to observe context, environment, support and assess risk.

The referral rate for adult protection has increased by 121% in the last year. This may partially be as a result of COVID but it is also as a result of increased public awareness and media attention. This is positive however, challenges moving forward are being resourceful to continue to meet the adult protection demands across the Southern Trust.

## Local Adult Safeguarding Partnership (LASP) Case Study

In February 2023 the *Southern LASP* marked 7 years of achievements and partnerships through a celebration event which was coordinated by the Training in Partnership work stream.

A total of *30 partners* who contribute to the work of the LASP and / or the workstreams were in attendance at Craigavon Civic Centre. The purpose of the event was both to celebrate achievements but also to discuss how the partnership can evolve and grow in the years ahead.

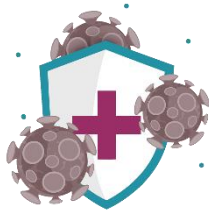


- The ‘sound bites’ from Southern LASP partners reflected what the partnership means to them; what benefits it has to their organisation and why they ‘keep turning up’ to each event.
- The videos portrayed how partners see their role in the partnership, enabling them to be ‘Proactive,’ ‘Positive,’ ‘Engaged’ and ‘Empowered.’
- The celebrations were summed up in a shared vision to “*be as good as we can be*” despite the frustrations.
- Key thoughts included: More effective service user involvement; prevention; education; community reach; communication of a shared vision
- Out of 17 partners who provided feedback 15 responded by saying on a scale of 0-5 that they had increased their commitment to LASP to a 4 or 5 after the session. The most beneficial parts of the day were the “networking”; “visualisation of achievements” “being together in the room”, creating a “renewed focus” and “energy” and the “freedom to dream.”

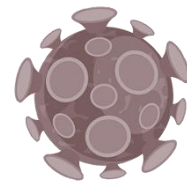
Next Steps:



- The new 2023/24 LASP workplan reflects the outcomes of the partnership vision
- Continue to build on community facing engagement and participation.



## Covid Learning

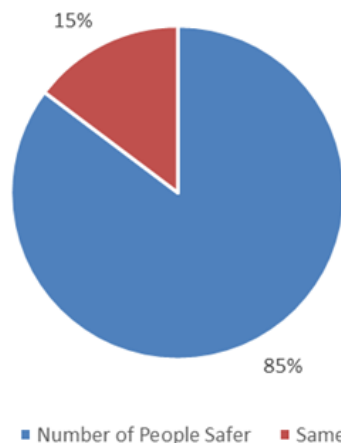


During COVID Southern LASP continued to meet virtually and partners described the benefits of continued support, networking and engagement. The LASP has returned to physical meeting but with a hybrid virtual option for those partners whose representative is not local to Southern area. While this model is challenging to facilitate and does not replace the value of in the room discussion and networking, the value of the experience is reported as positive. This will be kept under review with partners.

## Adult Protection Pilot

COVID-19 provided an opportunity to consider how adult protection can be done differently to reflect the vision, values and priorities of the Trust and importantly deliver more effective and efficient outcomes for the service user, families and staff. During COVID, attention to the most critical aspects of assessment, support and safety in adult protection continued to be prioritised. Reflection on this experience dovetailed with our collective operational learning from the Home Truths Report; CPEA review into adult safeguarding; DoH and internal practice audits. This provided a catalyst for change to improve adult protection practice through an alternative, trauma informed model to adult protection intervention. The pilot aimed to improve the standard and quality of risk assessment, reduce bureaucracy and evidence improvement in future safety, using a relationship based assessment model. The pilot ran for 9 months during 2022 and supported 43 cases across adult services.

Chart to show number of people with an increased, self assessed, safety score;  
(initial / final score )



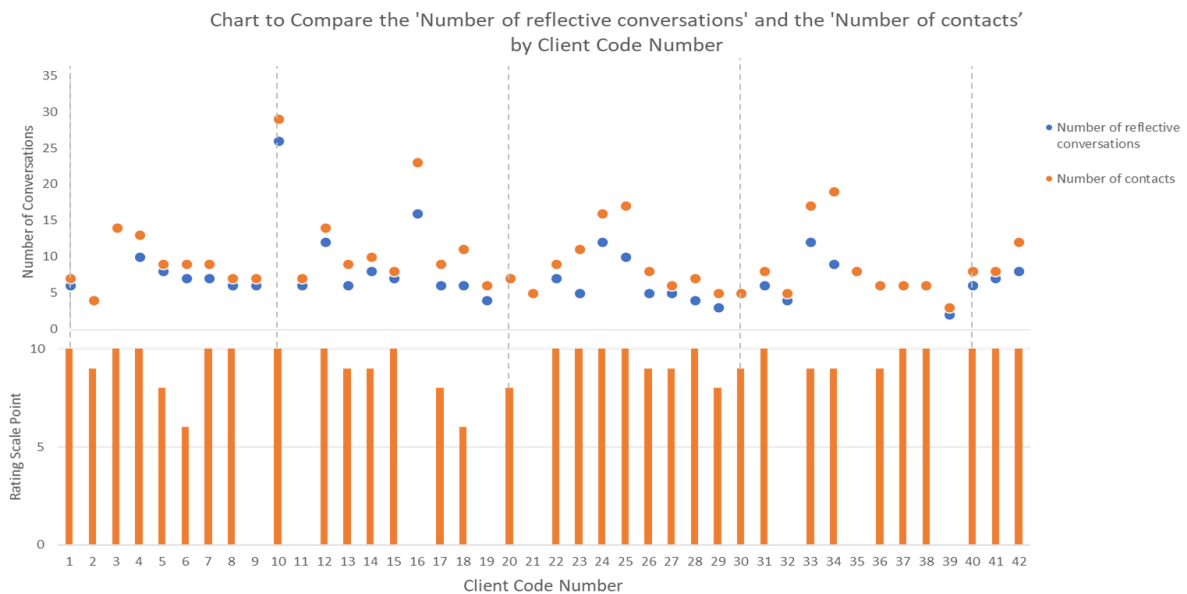
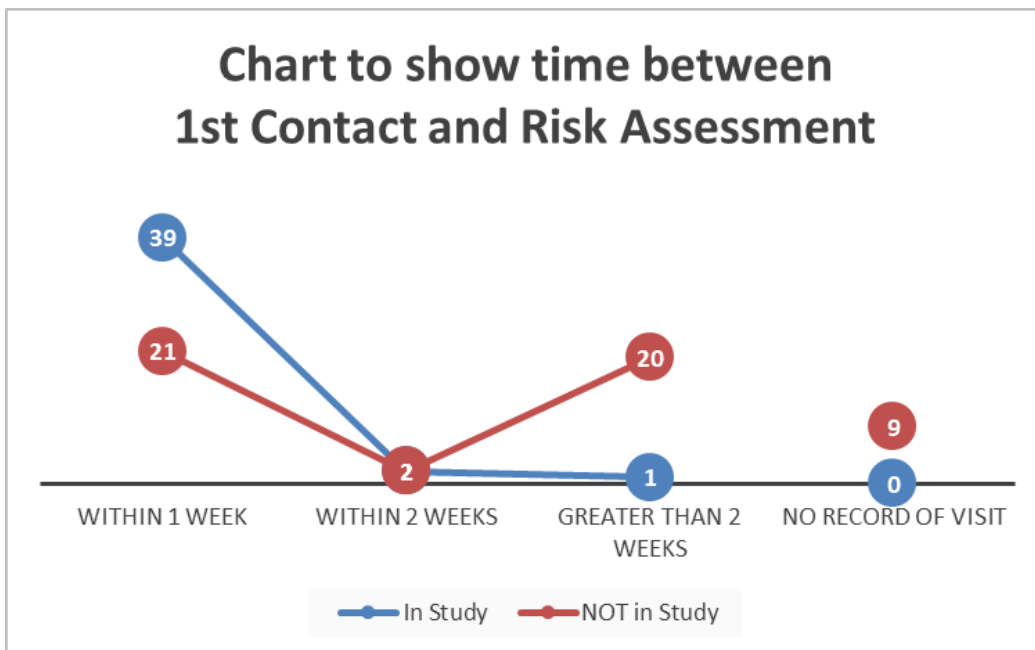
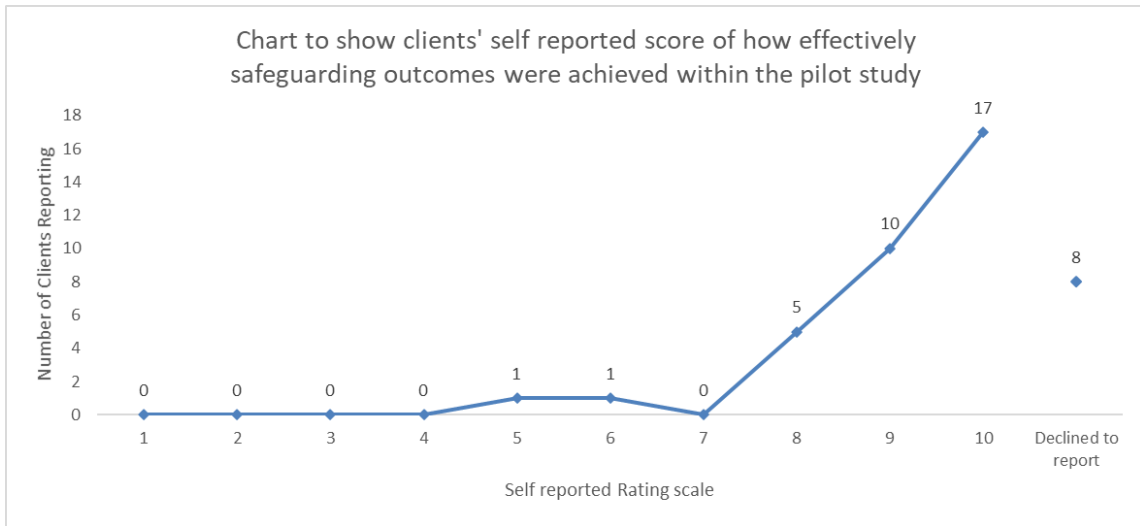
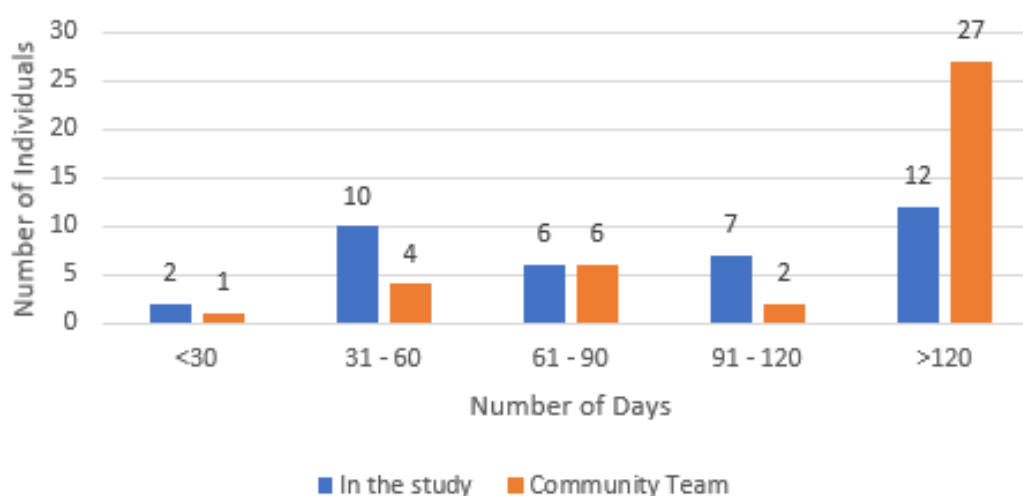




Chart to Show number of days between first contact and closure



Self-reported safety scores evidenced that 85% of adults felt safer following intervention, with an average increase of 3.7 points on the scale. 4 out of 5 people who reported an unchanged safety score, chose to remain in the risk situation and were able to understand and make informed decisions about the risks and elements of safety available to them.

Applying a trauma informed approach to initial assessment (LENS) facilitated discussion between the adult, their family where appropriate and relevant others to agree initial steps to address immediate needs, inform expectations of assessment and future safety planning and around parallel investigations where appropriate.

91% of adults self-reported that the anticipated outcomes agreed at the outset were achieved and a further 6% reported partial achievement.

Data evidences that 91% of cases had an early, responsive and needs led risk assessment completed within 1 week as compared to 49% in similar cases not in the pilot. But more importantly, the evidence demonstrates 29 cases not in the pilot waited over 2 weeks for assessment.

Data demonstrates a strong correlation between the reflective conversations undertaken during contacts and the self-reported user experience of how they felt they were listened to. The lower the number of contacts with reflective style conversations, the less the service user felt listened to.

Adult Protection Social Workers reported significant reduction in bureaucracy with several of the pilot assessment tools. Staff reported that the initial LENS assessment was “brief and succinct” while others commented it was “clear and jargon free,” “effective in understanding what was importance to the adult and their family at the point of the concern being highlighted”. Most frequently used tools to support reflective

conversations included the use of the danger statement; harm matrix safety networks and the domestic abuse wheel.

Timeliness of intervention was significantly improved by comparison to a similar case responded to using the current model of adult protection investigation. This suggests a cost effective model of intervention but more importantly more effective model for improving safety.

### **Key Findings**

Recognise the importance of timeliness and the impact of time on people

Significance of early direct face to face visits with the adult/carer in understanding expectations of outcomes

The value of follow up visits to allow information to land with the adult

User feedback on their views of safety is essential element to adult protection.

### **Case study 1. Domestic abuse in Older Age**

This adult had experienced a long history of domestic abuse but did not recognise the behaviours of her partner as abusive and had never spoken of her experiences. The social worker undertook the initial lens assessment and used the domestic abuse wheel to talk about her experiences and the tactics an abusive partner used in their relationship. The adult described this as a *“light bulb moment”*. Open and reflective conversation using the various tools enabled the adult to be in control of decisions about how people could support her. She stated, *“I felt involved in understanding and responding to risks during assessment.”* The social worker stated *“the mapping risk assessment is clear, succinct and highlights the previous and current risks alongside highlighting strengths and resilience.”* The staff member reported the design of the *“assessment template enabled sessions to be focused - outlined the risks and then clearly outlined the plan to support the individual.”*

### **Case study 2. Financial abuse**

This case related to alleged financial misappropriation of a service user’s money by a staff member. The social worker undertook an initial LENS assessment with the adult and their family and reflected that the initial sections of the LENS template were clear and provided helpful clarity regarding expectations. It was apparent from the outset that poor care planning resulted in a lack of governance and accountability, creating an environment for abuse to occur. The use of scaling questions were helpful to understand how safe the adult / family felt after the initial conversation and reassured the social worker that the safety plan discussed was person centred and effective.

Undertaking the new risk assessment in this case focused on a positive risk taking approach. Timely engagement with the staff member and the adult ensured that a long established professional relationship was supported and restored at the adult and their families request to provide continued support but with an acknowledgement that a more accountable and safe arrangement for handling the adults money was put in place. Those involved reflected, *“As a family we were able to make informed choices and decisions. We felt supported at all times.”* The Independent Advocate commented, *“The timeliness from start to finish was a positive for the service user and staff subject to allegation.”*

## Speech & Language Therapists within adult learning disability

### Introduction:

The Regional Adult Learning Disability Speech & Language Therapy Group (RALD) with representation from clinical Leads & Speech and Language Therapists across the Trusts in Northern Ireland have identified the rolling out of the *5 Good Communication Standards across Adult Learning Disability* (ALD) services as part of their Annual plan 2022/2023

The five good communication standards are as follows:

- **Standard 1:** There is a detailed description of how best to communicate with individuals.
- **Standard 2:** Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
- **Standard 3:** Staff value and use competently the best approaches to communication with each individual they support.
- **Standard 4:** Services create opportunities, relationships and environments that make individuals want to communicate.
- **Standard 5:** Individuals are supported to understand and express their needs in relation to their health and wellbeing.

The Royal College of Speech & Language Therapy (RCSLT) recommended five good communication standards as part of the national response to 'Winterbourne View Hospital Review to maximise engagement, involvement and inclusion at individual and service level.

### Outcomes:

1. Two communication champion groups established: Newry & Mourne ALD and Day Care communication champion group.

2. 35 Communication champions across Day Care, Supported Living, Day opportunities & Community ALD teams.
3. 250 staff signed a pledge to strive to meet the 5.
4. Makaton sign of the week is shared by communications dept. across SHSCT social media weekly
5. 350 how best to support me forms completed / updated for service users.
6. Strive to meet the 5 DVD developed by SHSCT ALD service users & staff shared across ALD services, shared regionally & with students at university of ulster.
7. Communication Access UK training promoted across ALD services by communication champions – 7 facilities including 3 community teams & 4 SHSCT day care centres achieved CAUK accreditation with a further 7 facilities with their application progress.
8. Accessible packs developed by SLT packs & provided to ALD facilities
9. Communication training including Makaton taster sessions provided by SLT
10. Merchandise – lanyards, bookmarks & posters shared with facilities & staff who signed pledge.
11. Learning Disability week – service users across 10 SHSCT Day Care Centres learnt & preformed song using Makaton.
12. Virtual tours developed across Day care & community teams. Accessible welcome packs developed
13. Accessible tile continues to be updated by SLT & available to all staff across SHSCT
14. Easy read training resource developed by Julie Ann Kelly SLT & Angela Crocker SLT in BHSCT – shared with equality teams across 5 Trusts.

Poster presentation at AHP advancing healthcare awards

## Facts and Figures

- **We have raised Awareness of 5 good communication standards** - Strive to meet the 5 resources developed by Service users & staff including DVD & additional resources to show how everyone working within ALD needs to be working towards meeting these standards. Staff , service users & families are now aware of 5 good communication standards
- **Effective Co-production Working** : Service users , Day Care, Supported Living, Adult Learning Disability staff & family/ carers all worked together
- **Improved communication for service users within ALD services** : Facilities meeting standards , ongoing work within Communication group to maintain & develop resources , ensure skilled staff , rolling out of project within SHSCT, sharing of resources regionally

## Resources:

[To access "An Introduction to Making Written Information Easy Read," click here](#)

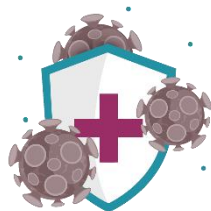
Strive to meet the 5 DVD - [Strive to Meet the Five – YouTube](#)

June 2023 Learning Disability Week! To mark the occasion our service users, their Communication Champions, and staff from all of our Adult Learning Disability Day Care Centres came together to share this video of the new song they've learned using Makaton signs <https://youtu.be/FwiG6AeBDMk>

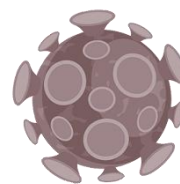
### Next Steps:



- Development of a “PageTiger” to allow other services including physical disability / dementia to utilise resources.
- Rolling programme of communication training for all staff in ALD services & for staff in other directorates that provide service for ALD service users – at induction & updates / further training as required.
- Continued promotion of communication friendly facilities – ongoing communication champion groups / meetings / communication champions across all ALD facilities – sharing resources, good practice and learning.
- Ongoing development of easy read resources to aid understanding & decision making around health, social & personal etc.
- Ongoing reviewing & sharing of how best to support me in communication documents to ensure staff are aware of how best to aid service users with communication support needs when accessing services.



## Covid Learning

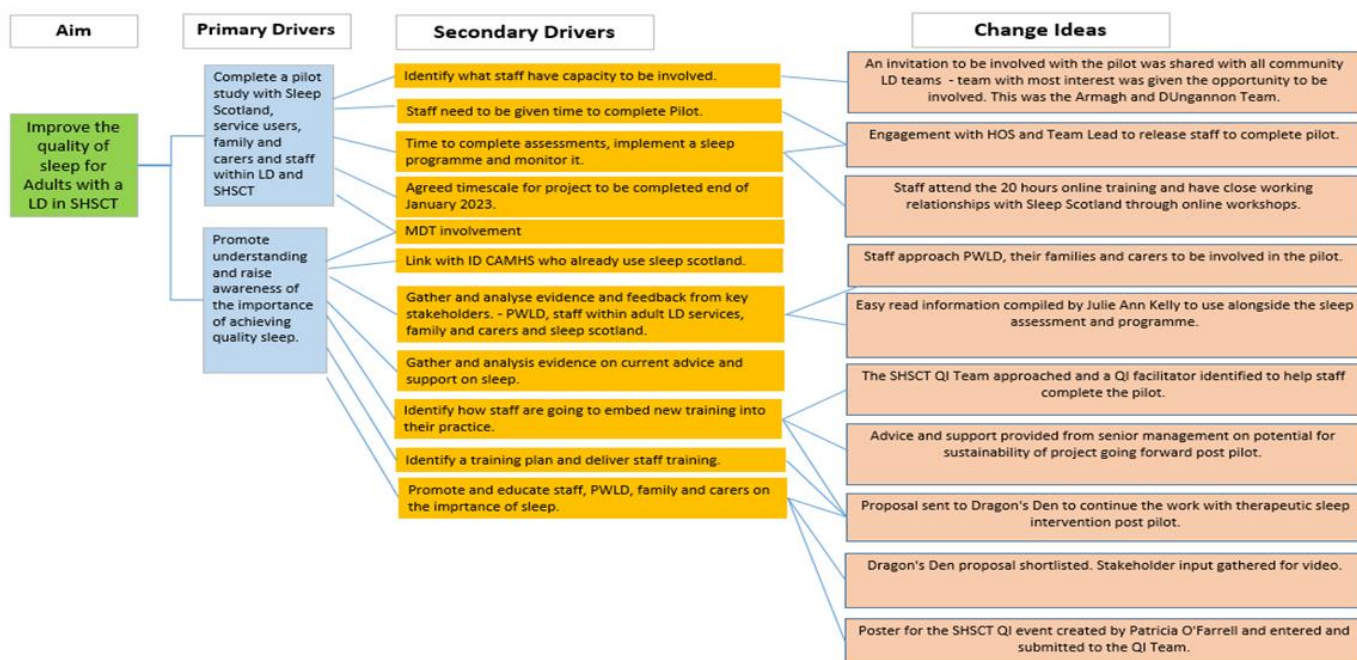


Covid identified the essential need for ALD services to be communication friendly & accessible for service users and their carers when accessing services, and to provide information in accessible formats to ensure service users were fully informed & prepared. There was an increased demand on SLT services to support service users, families & staff. There was an increased awareness by staff as to the necessity of having adequate skills, resources & knowledge to support service users with communication support needs

# Sleep Scotland Initiative

## Introduction:

- It was identified by the MDT that sleep related issues were creating barriers to life progression and life opportunities for service users with a learning disability. The physical and mental health of both our service users and carers are impacted by sleep dysregulation and this was being evidenced anecdotally but not addressed.
- It was acknowledged that the issues raised by sleep dysregulation required a MDT approach.
- The MDT approached Sleep Scotland as the only provider for a therapeutic based sleep intervention for children with an intellectual disability to collaborate with SHSCT LD to devise a therapeutic based sleep intervention for adults with a learning disability.
- We attended the training to become sleep counsellors.
- We identified that sleep issues were impacting on the outcomes of our elective and commissioned interventions. There needed to be a change in how we acknowledge and address the serious impact of sleep deprivation. That is why we decided to enter Dragon's Den to ask for the funding in order to develop a sleep service for adults with a learning disability.





## Facts and Figures

- Case studies are showing improvements in outcomes for our service users and their families. Results are still being collated.
- The process of developing a sleep service is advancing.

### Next Steps:



- 13 more staff are going to be trained as sleep counsellors in a specially commissioned training programme for SHSCT for adults with a learning disability in October 2023
- The Sleep Coordinator job description has been drawn up and is awaiting approval

See attached video made for Dragon's Den.

[Dragons Den - No need for sheep for a good nights sleep – YouTube](#)

## Social Work Events & Workshops

Please see below for a range of social work events and workshops that took place during 2022/23.

April 2022 – June 2022



The Incredible Years Baby 8 week programme is run by our Social Worker and Social Work Assistant in Meadowlands Practice. The programme is aimed at parents and babies up to the age of 12 months.

The programme offers parents support to ensure their babies feel loved, safe and secure. It also encourages their babies' physical and language development. The format fosters peer support networks and shared learning.

Five families completed the programme delivered by Jenna Hanna, Social Work Assistant co-facilitated by Parenting Partnership staff. Nine families completed the programme delivered by Elaine Trainor, Social Worker co-facilitated by Home Start Newry and Mourne staff.

July 2022 – September 2022

### Loneliness Campaign



MDT social work are working in partnership with local councils and Trust community development workers to address loneliness and isolation among all ages. Work is ongoing on the **Chatty Benches Initiative** which links directly to the Promising Approaches Revisited: Effective Action on Loneliness in later life priorities (a model based on principles needed to address loneliness long-term).

Press/social media coverage for information with regards to the Chatty Bench initiative and reached the following on social media:

- Facebook 57,000
- Twitter 13,164
- Instagram 7,377



October 2022 – December 2022

## The Welcome Café

- 5 Ukrainians families attending
- 3 way partnership approach between MDT, Council and Southern Trust
- Safe Space
- Further support offered as a follow on from assistance centres
- Priority needs: English classes to help rebuild their lives.
- Sponsor families invited to attend for support



In NI 37% of 16-24 year olds, and 41% of those aged 75+ were already feeling lonely, (NICVA 2020), add in lockdown, social distancing and health fears, and a pandemic of loneliness was clear.

So I began researching outside ways to have normal social contact in a safe outside space.

### **Outcomes:**

- Unanimous positive response
- Straightforward concept
- Community Ownership
- Idea evolved – QR code to link with Take 5
- Can utilise existing equipment and simply change signage.

I wasn't expecting the conversation to go so well, I was anxious about being referred but it was great to talk to the social worker.  
( Patient)

She was very helpful and give me confidence and helped me take the first steps.



### What did I do?

- Service user feedback information shared with GP Practice staff
- Consultation with PPI Team for advice proposal to 'Green Spaces' Southern Trust
- Consultation with Northern Trust area Lonliness Network about their 'chatty bench'
- Costings – local social enterprise centre
- Written proposal – to ABC council December 2020





January 2023 – March 2023



**Hospice after the Christmas wool crew sales**



**Staff appreciation**

**Photo from World Social Work Day - Take 5 and Look After Themselves at a F2F Meeting in Ballybot House.**



## Community Development Projects

### Weekly Social Cafe

The MDT Social Work Team in Summer Hill Surgery Warrenpoint run a weekly Social Cafe to help reduce social isolation and loneliness in the local area. As well as meeting up for social interaction they run a variety of activities.

The group recently had the SHSCT Artist in Residence Trudy Burke provide an eight week programme where the participants were taught the art of mosaic glass cutting and creating light box pictures. Everyone thoroughly enjoyed learning this new skill and are so proud of their finished pictures.



## Community Development Projects - Weekly Social Cafe

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**PRIMARY CARE MULTI-DISCIPLINARY TEAM STAFF WORKSHOP**

**"SHAPING OUR DIRECTION TOGETHER"**

**WEDNESDAY 24<sup>TH</sup> MAY 2023**  
REGISTRATION ON ARRIVAL 9AM - 4.30PM

**MOURNE COUNTRY HOTEL NEWRY**  
KILMOREY SUITE

To confirm your attendance and any dietary requirements please email [maria.mckeivitt@southerntrust.hscni.net](mailto:maria.mckeivitt@southerntrust.hscni.net) by **Monday 15<sup>TH</sup> May 2023**

### Shaping Our Direction Together

On 24<sup>th</sup> May 2023 We celebrated our first joint Primary Care MDT team workshop. This is the first time Social Workers, First Contact Physiotherapists and Mental Health Practitioners come together as an MDT team to shape and develop the future of Primary Care MDT in the area. 2<sup>nd</sup> workshop date to follow 21<sup>st</sup> June 2023.

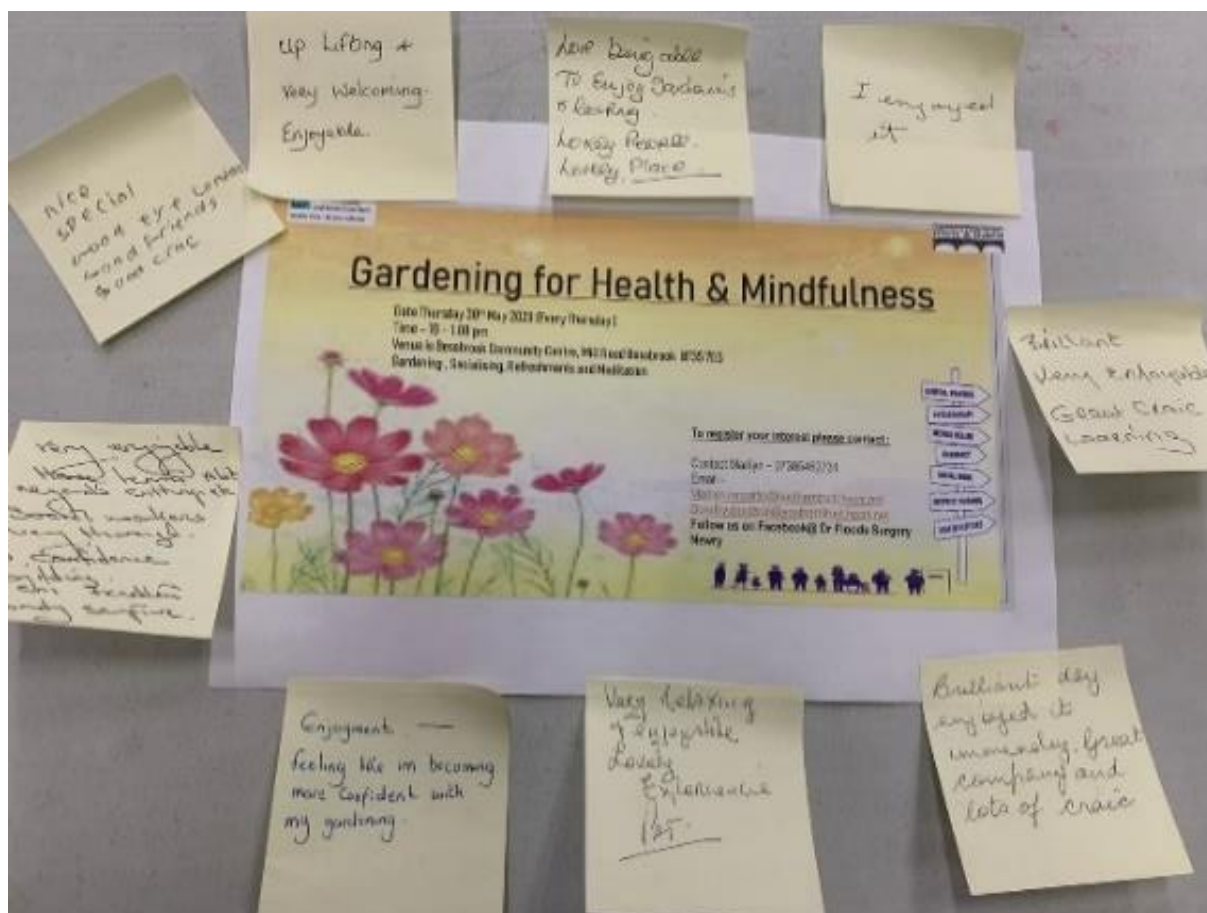




## Gardening and Mindfulness

Patients experiencing loneliness, social isolation, bereavement, those who would benefit from improving their emotional well-being.

To offer a social outlet to patients, to promote emotional well-being through horticulture and activities such as Chi-mi and Mindfulness.





## 2023 - Discover & Connect



Bolster Community hosted a Discover and Connect Event for people over 60 in the Warrenpoint and surrounding areas. This event provided information stalls for the participants to visit to access relevant information about services available to them in the Warrenpoint area. The event also provided afternoon tea and dancing.

There were 120 participants who attended the event.

MDT Social Workers Sharon Campbell from Summer Hill Surgery Warrenpoint and Karalee Porter from Meadowlands Surgery in Newry provided an information stand on the day. Information leaflets on General Practice Multidisciplinary Teams – general leaflet/Social Work Leaflet/Mental Health Leaflet and Physiotherapy Service. Information was also provided on the current community development groups being facilitated by the Social Work Multidisciplinary Team.

We were able to advise the attendees of the MDT in the local GP surgeries and what supports they provide to the individual patients and the local community. A lot of the attendees were from Warrenpoint/Newry and South Armagh and had not heard of MDT whilst others had availed of the services already. We were able to advise what the MDT does and how to self-refer in their own surgeries. The attendee were very keen to hear about the MDT services.

## 5.5 No More Silos

### No More Silos

In 2022/23 the Trust continued to deliver on the Regional funded No More Silos action plan as part of the Covid-19 Urgent and Emergency Care response. With a total investment in year of £4.7m the Trust continued to deliver on a number of key No More Silos (NMS) actions including:

- **Phone First:/Urgent Care Centre:** Offering Patients a single point of access for all patients who think they have an urgent medical problem. Phone First and the Urgent Care centre provides patients with a safe alternative to accessing urgent care other than in an ED. This Primary care led service triaged over 48,000 calls during the period March 22 to April 23. Operational M-F 9am to 9pm this service ensures Patients are directed to the right place. Since the UCC opened in November 2020 this Primary care facing service staffed by GP and Physiotherapists the UCC provides clinician access to diagnostics with rapid reporting and same day treatment. In 2022-23 the service moved towards accepted CCG Primary Care direct referrals.



**Ambulatory/Rapid Access, Assessment and Treatment Services:** As part of the ongoing NMS investment during the period March 22 to April 23 a number of rapid access, assessment and treatment service were delivered via the Acute Medical Ambulatory Unit: Based in the Craigavon site the Medical Ambulatory Unit operates Monday to Friday 8am – 8pm, and is a consultant led service with Speciality Doctor input providing same day assessment, diagnosis and treatment. Pathways developed including cardiology, respiratory with upwards of 17 patients per day receiving

treatment. Ongoing development and enhancement of the rapid access, assessment and treatment service are planned and included enhanced surgical assessment, rheumatology hot clinics, enhanced Gynae and early pregnancy clinics and a community IV hubs.

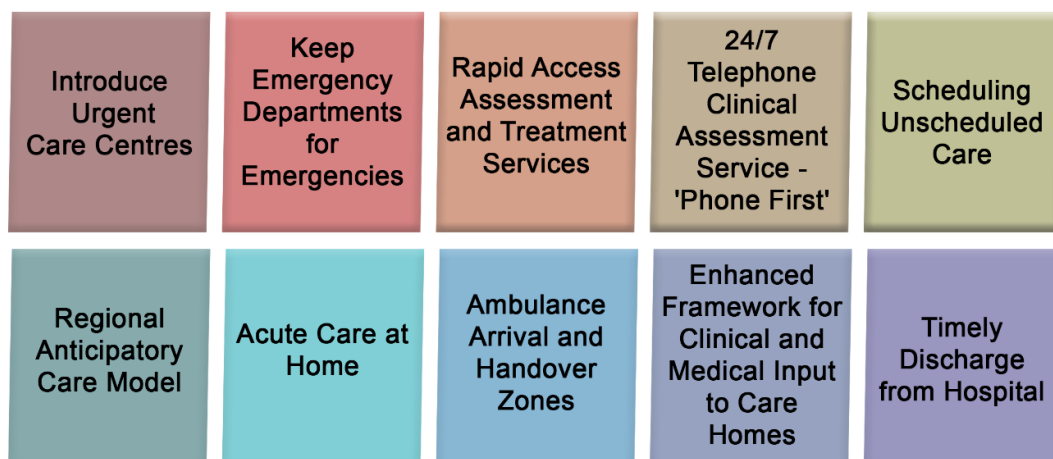
Additionally in 22/23 NMS funding was also used to develop an ambulance hand over zone to help with ambulance waiting times, the investment resulted in the opening of a 6 cubicle Ambulance Handover area in Oct 2022.

NMS funding was also used to enhance Acute Care at Home services enabling additional cover in the evening and weekends. A dedicated Consultant Geriatrician-led multidisciplinary team with a primary focus to maintain older people in their own home or in a Nursing/Residential home in the event of an acute illness or deterioration in health. 7 day service with medical cover 9am-7pm, to:

- Manage and maintain patients who would normally have been admitted to hospital;
- Treat and manage patients during their acute phase of illness before handing back to the GP/other community teams/ specialists;
- Have access to appropriate hospital diagnostics on a same day / next day basis;
- Provide each patient with a comprehensive geriatric assessment based on the Silverbook guidelines to care to reverse or further reduce progression of frailty;

Funding was also used to supported a number of service improvement initiatives aimed at improving the flow of patients across the hospital including Home before lunch, Discharge to Assess and the Assisted Discharge services including the Red Cross hospital to home service which provides Short term (up to 6 weeks) support for vulnerable patients including; transport home, medication and equipment delivery, and assistance with resettlement at home, during the period March 22 to April 23 over 1076 patients availed of the hospital to home service.

## No More Silos 10 Key Actions







## **Annual Quality Report 2022/23**

**Southern Health and Social Care Trust**

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