



Southern Health and Social Care Trust

Quality Care - for you, with you



Contents

	What is a Quality 2020 Report and Why do we need it?	4
	Introduction by the Chief Executive	5
	Transforming the Culture	
1	Health and Social Care Staff Survey	7
	10,000 Voices	10
	Personal and Public Involvement / Patient Client Experience	11
	Compliments and Complaints	13
	Top 5 Categories of Complaints and Improvements	13
	Learning from Serious Adverse Incidents	15
	Quality Improvement	18
	Strengthening the Workforce	
2	Induction and Corporate Mandatory Training	19
	Continuing Professional Development	20
	Vocational Workforce Development	20
	Supervision	21
	Mentorship System for Medical Staff & Coaching	23
	Leadership and Management Development	24
	Recognising Staff Achievement	25
	Staff Health & Wellbeing	26
	Medical Revalidation	29
	Nursing and Midwifery Revalidation	30
	Infection Prevention and Control , Right Patient Right Blood and Reducing the Risk of Hyponatraemia	31
	Staff Absenteeism	32

Contents

3	Measuring the Improvement	
	Infection Rates	33
	World Health Organisation (WHO) Surgical Checklist	36
	Paediatric Patient Safety Collaborative	37
	Falls	40
	Pressure Ulcers	41
	Preventing Venous Thromboembolism	42
	Medicines Management	43
4	Raising the Standards	
	Morbidity and Mortality Meetings	45
	Standardised Mortality Ratio	46
	National and Regional Audit	48
	Emergency Department: 4 and 12 Hour Standards	53
	Rate of Emergency Department Re-admissions Within 30 Days	54
	Sepsis6 within Emergency Department	56
	Clinical and Social Care Governance Research	58
	Access Targets : Cancer Waiting Times	59
5	Integrating the Care	
	Mental Health	60
	Community Care	61
6	Childrens' Social Care Services	65
7	Adult Social Care Services	69
	Appendix	73

What is a Quality 2020 Report and why do we need it?

In 2011 the Department of Health, Social Services and Public Safety (DHSSPS) launched “Quality 2020, ‘A 10-year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland’”.

In this strategy, Quality is defined as excellence in the three areas described below:

1. **Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
2. **Effectiveness** – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time, in the right place, with the best outcome, and
3. **Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

This 4th Quality Report for the Southern Health and Social Care Trust (SHSCT) sets out how we have and will continue to act to deliver quality in the services we provide. This is therefore an important document for:

- **The Board of the Southern Trust**, which is accountable for the quality of the service provided by the Trust. The Board can use the report to consider how quality is embedded in the leadership of the Trust and to scrutinise and seek assurance regarding the quality and safety of service provided.
- **Patients, carers and members of the public** who use, and will be affected by, the services we provide. The Report sets out information about the quality of our services and highlights key areas of safe and effective care and the Trust’s on-going work and commitment to continuous quality improvement.
- **Staff**, who work within the Trust, to use the Quality Report to continuously review their performance to see where and how they can make improvements and also to celebrate and recognise when excellent quality of care has been delivered.

Within each of the 7 sections, there are a standard set of indicators that every Health and Social Care Trust across the region must include, as well as updates on our local priorities here in the Southern Trust for improving safety, quality and patient experience. The Report looks back at the safety and effectiveness of our performance in the year from April 2015 to March 2016 and sets out some of our plans to continue to improve in 2016/17.

Introduction by Chief Executive, Mr Francis Rice (Interim)

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

William A. Foster



The Southern Health and Social Care Trust is one of five in Northern Ireland, responsible for the delivery of health and social care to a population of around 369,000.

The Trust's area covers the Armagh, Banbridge and Craigavon Council, as well as taking in parts of Mid Ulster and Newry, Mourne and Down Councils.

The Trust is 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 the high standards the Trust has been recognised for over the years.

For us, quality care is about safely delivering care to the increasing number of 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.

We use a range of targets and indicators to show how the Trust is performing and identify where we can do better. You will see in this report the many ways in which we are working towards improving care. This includes looking at new ways to provide care, supporting people at home for as long as possible, using technology and simply listening to what our patients are telling us about how things could be better.

Our key achievements in 2015/16 include:-

- In October 2015 we hosted a major quality improvement conference. Around 300 staff, patients and clients from across the area took part in the event to share best practice across a range of hospital and community services, focussing on improving the patient experience, safety and care and systems and processes. There was a combination of 18 clinical and service user presentations and 83 poster presentations.
- Daisy Hill was the first hospital in Northern Ireland to trial a new baby heart screening test in December 2015. The paediatric team worked closely with their maternity colleagues to introduce a routine oxygen saturation test for all new babies before they are discharged home.
- Opening of the £16 million Health and Care Centre and Day Care facility in Banbridge in January 2016.
- Since 9th March, smoking and the use of e-cigarettes is no longer permitted on any of the Trust sites (i.e. entrances, doorways, walkways, buildings, internal roads, bus shelters, car parks, cars, bicycle shelters etc.) The new policy applies to all staff and volunteers, patients, visitors, contractors and anyone who enters the Trust's hospitals, buildings and grounds.
- In May, for the fifth year running, the Southern Trust's acute hospital network – Craigavon Area and Daisy Hill - was officially named as one of the Top 40 performing hospitals in the UK. The CHKS Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. The Southern Trust was also one of the top five in the UK for Patient Safety at the CHKS Awards, as well as being the first in Northern Ireland to receive the National Data Quality Award (for Northern Ireland, Scotland and Wales).

Within this report there are many examples of quality initiatives that reflect some of the work going on around the Trust. We encourage staff to take the view that there is "no improvement too small" and that it is the personal responsibility of every single member of the Trust to do our very best for everyone who uses our services.

We look forward to seeing the benefits of this work in the year ahead and to meeting the challenge of delivering a responsive service to all our patients and clients.



1. Transforming the Culture

Health and Social Care Staff Survey

The annual Health and Social Care Staff Survey assists the Trust to review and improve staff experience so that staff can provide better quality care. Regionally, the Health and Social Care Northern Ireland, engage Quality Health, an independent organisation in England which was responsible for co-ordinating the issue, collation and analysis of survey questionnaires, and producing a full Survey report. A range of Trust Directorate workshops took place during July and August 2016 to seek the views of staff on the key actions required to bring about improvements in our workplace.

Our key feedback themes from the 2015 Survey are as follows:

Survey Administration



Out of 10,278 staff invited to participate,
2,176 or **21%** responded.



The Staff Survey was administered
both online and by paper.



Key themes:



If a friend or relative needed
treatment, **71%** would be happy
with the standard of care
provided by the Trust.
(HSC regional average 67%)



67% would recommend
the Trust as a place to
work.



70% feel able to make
suggestions to improve the
work of their department

1. Transforming the Culture

Health and Social Care Staff Survey



8 out of 10 staff feel satisfied with the quality of work and patient care that they are able to deliver.



66% indicated they had worked more than their contracted hours in the last 12 months, down slightly from 71% in 2012. While 66% of staff who have worked additional hours indicate that it is impossible to do their job if they don't, 50% state that working the additional hours they do is acceptable to them.



Staff engagement

For the first time since undertaking the HSC NI Staff Survey, the 2015 Survey introduced a 'Staff Engagement' score. NHS Employers specifies that "*engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in*" (NHS Employers, 2013).

The Southern HSC Trust's overall Staff Engagement Score in 2015 was **3.81 (out of 5)**. The Trust had the highest overall staff engagement score across all six Trusts and compares favourably with the HSCNI average of 3.72 and NHS average of 3.69.

Key strengths to maintain or enhance



We achieved the highest Key Score for team working across all HSC Trusts **3.77** (out of 5)



We had the lowest number of respondents witnessing potentially harmful errors, near misses or incidents **21%** (compared with 26% in HSC)



We were the highest scoring Trust in relation to how you rated the support from immediate managers **3.75** (out of 5)

1. Transforming the Culture

Health and Social Care Staff Survey

Key opportunities for workplace improvement



34% agree that communication between senior management and staff is effective. **65%** agree that there is good communication in my area of work.



59% agree that Senior Management set out a clear vision of where the organisation is headed.



30% agree that relationships at work are strained.

Our next steps...

June - July 2016

Results shared widely

July - August 2016

Digging deeper and action planning

Sept 16 - December 2017

Action delivery and communications

The Southern Health and Social Care Trust 2015 Health and Social Care Northern Ireland Organisational Report can be viewed online:

<http://vsrintranet.southerntrust.local/SHSCT/documents/SouthernHSCTrust2015HSCNIOrganisationalReport.pdf>

1. Transforming the Culture

10,000 Voices

10,000 Voices is a regional initiative which collects information from patients, their families and carers on their experiences of the care. Their views help shape how care and services are delivered both locally and across Northern Ireland.

To date surveys have been undertaken in Unscheduled Care areas including Emergency Departments. Last year 1430 people across Northern Ireland, including 191 people from the Southern Trust, shared their experiences of the care they received

Our service users feedback from the 10,000 Voices Survey has made us focus on:

Ensuring that patients are involved in decisions about their treatment and care

Ensuring that patients have access to adequate and timely pain relief

Providing adequate information on treatment and care

Ensuring that, as far as possible, the privacy of patients is maintained

Reminding staff to use a low tone of voice when discussing personal information with the patient

Keeping people comfortable in waiting areas ensuring that they have access to food and drinks

What our service users have told us through the 10,000 Voices Survey.

They were:

"Treated with courtesy and that the staff were compassionate, pleasant and friendly"

"Received a high standard of professional care and felt well looked after"

"Felt safe and had confidence in the skills of the staff"

"Felt that staff were dedicated and hard working"

"Given good information and advice about their treatment and care"

" Departments were clean and tidy"

10,000 Voices Surveys ongoing :

- Paediatric Autism Service
- Child and Mental Health Services
- Adult Safeguarding

1. Transforming the Culture

Personal and Public Involvement (PPI)

Within Northern Ireland, the DHSSPS, through its Safety, Quality and Standards Directorate, has responsibility for reviewing, developing and refining policy on PPI. The Public Health Agency (PHA) has responsibility for leading implementation of policy on PPI across the Trusts and for ensuring that the Health and Social Care Trusts meet their PPI statutory and policy responsibilities/obligations. The PHA in turn provides assurances to the Department in this regard through the established accountability arrangements.

The Trust continues to prioritise PPI within all aspects of its business agenda with a range of governance, management and reporting structures that reflect this. Each year the Trust develops and implements its PPI Action Plan to ensure that service users, carers and the public have the opportunity to be involved in the design, evaluation and development of its services and that the Trust continues to meet the new Regional PPI standards.

The Trust continues to prioritise PPI within all aspects of its business agenda with a range of governance, management and reporting structures that reflect this. Each year the Trust develops and implements its PPI Action Plan to ensure that service users, carers and the public have the opportunity to be involved in the design, evaluation and development of its services and that the Trust continues to meet the new regional PPI standards.

During 2015/16 as well as the range of PPI work carried out across directorates, the Trust in partnership with its PPI Panel:

Developed and delivered a workshop on Practical Hints and Tips for Involving Service Users and Carers at the Trust's Quality Event in October 2015.

Developed a leaflet to clarify the relationship between PPI and Patient Client Experience - this was shared with the Public Health Agency (PHA) to develop as a regional resource.

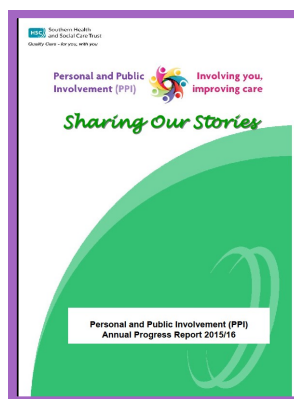
Completed the PHA's PPI Performance Management Process for 2015/16.

Actioned all of the recommendations from the subsequent PHA PPI Monitoring Report 2015/16 as existing resources permit.

Completed a self-audit checklist exercise and report to determine compliance with its operational PPI Indicators across all Directorates and inform the development of Action Plans for 2016/17

Two examples of PPI Involvement:

- Design of the new paediatric facilities in Craigavon Area and Daisy Hill Hospitals
- There are 4 PPI Representatives on the Trust's Patient Client Experience Committee. The Committee also includes Directors, Non Executive Directors and representatives from the Patient and Client Council



Further information on PPI progress within the Trust can be found in the PPI Annual Report 2015/16 which you can access via the Trust's website

1. Transforming the Culture

Patient Client Experience Standards

The Southern Trust is committed to listening to patients'/clients' experiences and to improving the quality of care we provide.

In **2015** the Trust merged its Patient/Client Experience (PCE) and 10,000 Voice groups. This ensures that the best and most efficient mechanisms are in place for capturing the views of patients and clients on the care they receive and ensures that action plans are in place to improve care and services.

The new Southern Trust PCE Steering Group is developing one overarching Southern Trust PCE Annual Work Plan. This Plan will include the regional PCE priorities, Southern Trust Quality Improvement initiatives and the 10,000 Voices patient surveys.

What have the Patient Client Experience Group focussed on during 2015/16

Reducing noise at night in hospitals to promote rest and healing

Lighting will be kept at a minimum after 11pm
Soft closing bins have been introduced in all the inpatient wards to reduce the noise levels.

Making meals / drinks available in Emergency Departments

Meals and drinks are now available in both Craigavon and Daisy Hill Hospitals Emergency Departments.

The 'Hello my name is' initiative

All staff have been provided with name badges so patients and service users now know who is looking after them.

Implementation of the MOMO App for Looked After Children

We are supporting children in expressing their wishes and feelings via a MOMO (Mind of My Own) App.

Their responses will be incorporated into their individual care plans.

Establishing a Palliative Care Patient Experience Group

Patients are helping to shape improvements to the Trust's Palliative Care Service so that their experience of care will be improved.

1. Transforming the Culture

Compliments and Complaints

The Southern Trust serves a growing population of around 369,000. It employs 14,019 staff and spends £1.685 million in delivering services each day to local people.

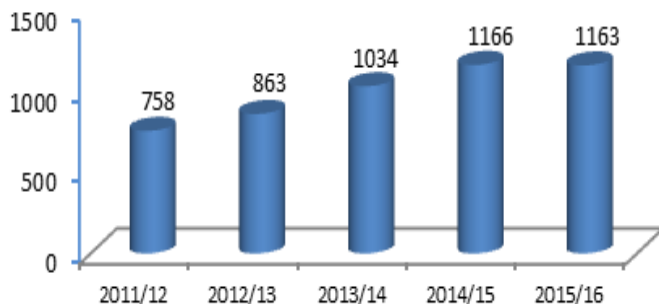
In 2015/16, the Trust received 3009 compliments. 1163 formal complaints (by subject) were received - a decrease of complaints on the previous year's figures. 0.25% of the contacts our staff have with services users result in a formal complaint.

To put the number of complaints within context of how our services are delivered below are some facts about the Trust:

- **5,976 births in the Southern HSC Trust**
- **135,392 people attended Craigavon Area Hospital and Daisy Hill Hospital Emergency Department**
- **392,790 Outpatient attendances across the Trust**
- **57,883 Inpatient admissions across the Trust**
- **93,769 patient telephone calls were received by our GP Out of Hours service**
- **2,548,089 care hours were provided by domiciliary care services**

The Trust aims to provide the highest possible standard of care and treatment to all service users, at all times, however sometimes things may not go according to plan. Although the ratio between contact and complaint is small, the Trust is committed to ensuring that feedback from service users is used for staff learning and to improve the quality of our services.

**Number of Formal Complaints
(by subject) received 2015/16**



Facts & Figures

Our Top 5 Complaint Subjects

- ◆ **19.9% Treatment & Care (quality)**
- ◆ **14.4% Professional Assessment of Need**
- ◆ **14.2% Staff Attitude/Behaviour**
- ◆ **10.5% Communication/Information**
- ◆ **6.87% Treatment & Care (quantity)**

In 2015/16

- ◆ Complaints about staff attitudes/behaviour have decreased from **22% in 2014/15** to **14.2% in 2015/16**
- ◆ Complaints relating to communication and information have decreased from **19% in 2014/15** to **10.5% in 2015/16**.

Improvement resulting from a complaint

The Complaint - A parent was dissatisfied with the delay in a cannula being inserted in order that an intravenous antibiotic could be received by a patient on the Paediatric Ward.

What has improved - This complaint raised valuable learning for the Paediatric Services and as a result Advanced Paediatric Nurse Practitioners are now on duty from 9.00hours until 0.00hours who are fully trained in inserting IV cannula. Additionally Staff Nurses and Health Care Workers have also received additional training in this area.

1. Transforming the Culture

Compliments

In the financial year 2015/16, the Southern Health and Social Care Trust received a number of compliments. Here are some examples:

The Dentistry Service

I had to attend the Craigavon Area Hospital Out of Hours dentist with a nasty abscess on a Sunday evening. I was seen very quickly. I'm not very good when it comes to the dentist, but the reassurance and treatment I received was a very high standard, carried out very professionally. The staff were caring and kind.

The Emergency Department

On the advice of the Doctor I went to the Emergency Department where I was efficiently assessed and transferred to a ward. I wish to put on record my sincere thanks and gratitude to the doctors and nursing staff for their excellent care. I cannot thank everyone enough for the exceptional, professional and friendly manner in which I was looked after.

Stroke Ward —Lurgan Hospital

Unfortunately I suffered a stroke and spent almost 7 weeks in Lurgan Hospital. Can I say I received the best treatment from wonderful human beings in the Stroke Unit from the lady who made my breakfast to the nurses, doctors and consultant. They treated me with kindness, great nursing, understanding and support and made my stay bearable.

Mental Health Services

Nursing staff have been very attentive and caring and I cannot fault them on the care given. I have been well informed of my care plan and my Consultant Psychiatrist has been fair and helpful in suggestions given to my care plan. Staff in general are friendly, helpful and attentive and I am very thankful for the quality of care I have received.

Southern Health & Social Care Trust Website

If you have a comment, compliment, suggestion or complaint about our services we want to hear from you.

The Trust's website - www.southerntrust.hscni.net

provides all the information you require in relation to making a comment, compliment, suggestion or complaint. Policy and Consent Forms are also available.

1. Transforming the Culture

Learning from Serious Adverse Incidents (SAIs)

An adverse incident is defined as:

“Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation.”

It is important that when things go wrong in our services that the Trust is open about these incidents and is able to review and learn from these. The Trust encourages reporting of incidents and uses the learning from review of these incidents to change what we do.

As a Trust we encourage identification and reporting of incidents so we can look at these and share lessons learned. When this happens, the numbers of incidents reported often increase. This may not reflect an increase in the levels of harm but a greater understanding of the issues that we are working to address.

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 to staff.’

Incidents that are categorised as a SAI are reported to the Health and Social Care Board. The Trust understands that this can be a difficult time for people and their families and we work to support families throughout the SAI Review process.

We share learning from our incidents by discussing them with the patients and service users involved, at our teams meetings and our Mortality and Morbidity Meetings. We also sent learning messages across the Trust electronically. What we have learnt from our incidents are also discussed at Senior Management Team Meetings. A number of Learning Newsletters are also circulated to staff.

Facts & Figures:

The Top 5 Adverse Incidents Reported by staff in 2015/16 were in the following categories:

- ◆ Verbal and Physical Abuse
- ◆ Falls
- ◆ Omitted/delayed medications
- ◆ Self Harm
- ◆ Absconding/missing patients

In 2015/16

Southern Health and Social Care Trust recorded 12,625 incidents in total.

Of this total, 134 incidents were categorised as a Serious Adverse Incident (SAI)

1. Transforming the Culture

Learning from Serious Adverse Incidents (SAIs) - Examples

Background

This case involved suspected suicide in the community of a person known to Trust Mental Health Services.

Learning / improvements implemented

The review in this case identified positive practice in relation to mental health assessment, documentation and the development of a treatment plan.

In addition, there was evidence of good practice by staff through their engagement with the patient's relative to source collateral information during the assessment process.

The review team recommended that this example of good practice be shared within mental health teams.

Background

MLA complaining on behalf of her constituent, whose daughter is a child, who had to wait for an extended period of time before she was admitted to hospital and subsequently reviewed by a paediatrician.

Learning / improvements implemented

An apology was given in relation to the breakdown in communication between the relevant teams.

As a result of this complaint, senior emergency department and paediatric staff have met to review the admission process for children who require admission to hospital.

This process now includes a clear escalation plan which will be put in place if doctors are considering admitting a child who has been waiting for more than 4 hours for assessment.

Nursing staff within the Emergency Department have been reminded that observation is a very important aspect of the management of children who present with temperatures.

1. Transforming the Culture

Learning from Serious Adverse Incidents (SAIs) - Examples

Background

A letter was received from a service user in relation to the quality of care provided in the management of their toe lesion. The client was attending the treatment room and during this time was seen by district nursing and podiatry, as well as being treated by their GP and the vascular service. The client was also referred to the tissue viability service.

Learning / improvements implemented

There was learning identified for the local treatment room nurse team in the first instance, regarding the care pathway and the referral process to podiatry for service users with toe lesions.

This recommendation was shared with the local team who were directly involved. The Head of District Nursing is taking forward this learning for all district nursing staff by incorporating the learning into advice/referral criteria/guidelines etc. These are currently being prepared for sharing across the full Treatment Room Teams, within the context of a project being taken forward to scope Treatment Room practice and to establish a standardised suite of guidance and Standard Operating Procedures for same.

Background

Young adult care leaver who returned to former carers under a supported living scheme. Young adult subsequently made allegations in relation to one of the adult carers.

Learning / improvements implemented

Staff have been reminded that all final Looked After Children Reviews confirm that a Pathway Plan is in place and arrangements for review of the plan are explicitly recorded. The Pathway Plan identifies a robust contingency plan and consideration to the young person's vulnerability moving into adulthood and whether the young person meets the criteria for 'Adult Safeguarding Prevention and Protection in Partnership', where relevant.

Staff have been reminded in relation to robust recording when undertaking investigations with young adults in relation to alleged abuse. It is essential to ensure a clear timeline of events is established and recorded in order to ensure rationale for robust decision making.

The Trust has developed standards in consultation with the Health & Social Care Board in relation to the Supported Living Scheme, where care experienced young adults remain with their former carers after they reach the age of 18 years.

The Trust will continue to remind carers during training in relation to how carers should respond to allegations of abuse being made against a member of the carers family to include and highlight the importance of expediency in the carer reporting any allegation of abuse immediately to Social Services/Regional Emergency Social Work Service (outside of working hours).

1. Transforming the Culture

Quality Improvement

Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. Quality Improvement is a systematic approach that uses specific techniques, tools and methodologies to improve the quality of care.

The Continuous Improvement Team engage and work with our staff to ensure that services for patients are of a consistently high standard and that opportunities for quality improvement are identified and actioned. This includes proactively seeking out new ideas and approaches to enabling quality improvement in the workplace.

How Quality Improvement is supported in the Southern Trust

The Continuous Improvement Team has developed 3 bespoke quality improvement e-learning modules and has worked in partnership with OCN NI to develop 2 new accredited quality improvement qualifications.

Introduction to Quality Improvement - can be mapped to Level 1 Attributes Framework

This e-learning module has been developed to strengthen foundational knowledge and skill in quality improvement.

Foundation in Quality Improvement Accredited Level 3 Certificate—can be mapped to Level 2 Attributes Framework

This programme has been developed to **equip staff** with the quality improvement tools, techniques and methodologies required to undertake a *small step change* project.

Quality Improvement Leader

Accredited Level 5 Diploma - can be mapped to Level 3 Attributes Framework

This programme has been developed to equip **staff to lead quality improvement** projects at a team or service level. The programme is delivered through a blend of e-learning, face to face workshops and dedicated project facilitation over a 9 month period. Participants are expected to demonstrate the application of their newly acquired knowledge and skill in an improvement project. Our first cohort of Quality Improvement Leaders started the programme in January 2016.

The Trust also utilises Quality 2020 Attributes Framework Level 1, developed by the Regional Quality2020 Taskgroup.

These resources are used to support Quality Improvement awareness and skills to groups of staff who are not regular IT users e.g. day care support staff etc.

Other ways in which Quality Improvement is supported

- **Vodcast and Breakfast Seminar Programme**
- **Quality Improvement Clinics**
- **Time Out for Teams**
- **Taking the Lead Programme**
- **Project Facilitation**
- **Quality Improvement Sharing Event**

Some examples of the Trust's Quality Improvement projects are included in our Continuous Improvement Newsletter, found in **Appendix 1** of this Quality Report.

2. Strengthening the Workforce

Induction

The Southern Trust's vision for learning is to have "The right people, with the right skills, in the right place, at the right time, to ensure consistent delivery of safe, high quality services."

To support this vision, the implementation of induction, appraisal, supervision and Knowledge & Skills Framework processes are some of the ways the Trust's priorities in valuing staff and supporting their development are achieved, to help meet the key objective of safe, high quality health and social care.

The Trust believes that all new employees, including staff transferring or promoted internally, should be provided with a timely and appropriate induction. This process is regarded as a vital part of integration into the working environment. Induction to the Trust is achieved via two processes:-

Corporate Induction

- which provides a corporate welcome to the Trust, what a new employee can expect from the Trust as an employer and what the Trust expects from staff
- It signposts the employees to a number of areas of interest, such as Working Well Together, Health and Wellbeing, etc.

Departmental Induction

- Provides information on subjects/areas specific to the department and job role. The aim of Departmental Induction is to help the new member of staff to settle in quickly and become a productive and efficient member of staff within a short period of time.

The overall purpose of Induction is to ensure that all staff joining the Trust are able to identify with the Trust's values and beliefs, can understand how they contribute to the Trust corporate objectives; and are able to function at a safe and competent level.

Corporate Mandatory Training

While there are a range of training modules which are essential to particular job roles, the elements of training, considered Corporate Mandatory Training, are detailed below along with the staff training compliance rate for each element as at 31st March 2016:

Topic	% update, 2016
Data Protection (e-learning)	69%
Records Management (e-learning)	63%
Fire Safety	68%
Safeguarding	68%
Moving and Handling	67%
Infection, Prevention & Control	62%

Corporate Mandatory Training reports are sent to each Director and Assistant Director for action in any areas within their divisions that are below 60% and a range of rolling programmes, full training days and e-learning continue to be offered to provide a variety of methods by which staff can avail of training.

2. Strengthening the Workforce

Continuing Professional Development

The SHSCT remains committed to, and continues to invest significantly, in the Continuing Professional Development of staff to ensure they retain the skills and ability to provide safe and effective care/services of the highest quality.

Vocational Workforce Development

The Vocational Workforce Assessment Centre (VWAC) is committed to ensuring the Southern Trust's vocational workforce is appropriately trained and equipped to deliver a high quality of care to patients and clients. The Qualification Credit Framework (QCF) is a national structure for recognising achievements through the accumulation of credits. The VWAC is accredited for delivering QCF at Level 2, 3, 4, and 5. **During 2015/16, 583 staff from the following Directorates received a Qualification Credit Framework Award, Certificate or Diploma.**

Mental Health Directorate

- The Southern Trust has developed and delivered a programme for new Band 2 staff.
- 90% of Band 2 staff completed Level 2 QCF programme and are continuing to complete a Level 3 qualification.

Older People and Primary Care Directorate

- 27% of domiciliary care staff completed their Award and 4% completed their Certificate, which is a new programme delivered from February 2016.
- In total, 97% of our domiciliary workforce have completed their QCF Award and are now working towards their Certificate. 15% of domiciliary care Band 2 staff have completed a qualification and 19% of our Band 5 completed a single unit on Supervision.

Children's and Young People's Directorate

- 11% of Band 3/4 staff completed their QCF Diploma.

Acute Services Directorate

- 33% of Band 2 staff completed their certificate. 36% of Band 3 hold a completed qualification. The Trust continues to deliver the Regional Maternity support workers programme. 8% of support workers from the Trust have completed this programme.

Allied Health Professions

- 10% of Band 3 staff completed a full Diploma. In 2015 the Trust developed and is delivering a QCF Level 4 Diploma. 9 staff continue to complete this programme.

2. Strengthening the Workforce

Supervision

Supervision has a vital role to play in supporting staff to deliver safe and effective services to patients/clients and carers within an agreed framework. Supervision is also one of the foundations of Service Governance and facilitates staff from across the professions to be individually accountable for the quality of their practice. Supporting staff through supervision improves working practices and contributes to better service delivery and outcomes for service users.

Supervision for Social Workers

Professional supervision is a statutory requirement for **all** social workers under the Department of Health's Delegated Statutory Functions. The Executive Director of Social Work provides assurance on the provision of professional social work to Trust Board, the Health & Social Care Board and the Department of Health.

The requirement of supervision is **audited on an annual basis** and the findings are shared with the Commissioners. The Health and Personal Social Services (NI) Order (revised 2010) delegates responsibility of the discharge of personal social services to the Trusts. **The Trusts have specific duties and powers under the relevant legislation, duties, regulations and guidance in the delivery of personal social services.** The Southern Trust, via the Executive Director of Social Work, provided assurance of the delivery of Delegated Statutory Functions in 2015-2016.

There are a number of initiatives within the Department of Health's 10 year Social Work Strategy for strengthening the capacity of the workforce.

One example is a unique programme designed specially to meet the demands on Band 7 and 8 Social Work staff. This programme is the Southern Trust Social Work Leadership Programme.

Another feature of this programme is that the candidates (25) have been assigned a **Trust Coach** throughout the duration of the 6 month course, to help them reflect on their learning and transfer learning into practice.

2. Strengthening the Workforce

Nurse Supervision

The Trust's primary goal is to provide high standards of care to all patients and clients and one way to improve the safety and quality of care is through nurse supervision.

All nurses have access to at least two supervision sessions per year which are supported by a trained supervisor.

In supervision nurses are able to reflect on and discuss the care they give and gain knowledge on how to improve their practice.

92 nurses attended a supervisor training session in 2015-16 and now provide support to other nurses in the Trust.

Supervision for Allied Health Professionals

Supervision practice is a key cornerstone in supporting safe, high quality and effective care. The Trust provides an assurance with regard to implementing supervision within the Allied Health Professions (AHPs) using external and internal reporting mechanisms.

AHPs compliance with the Regional AHP Supervision Policy is reported bi-annually and for the period ending Dec 2015 **the average compliance rate was 85%**.

For the standard relating to training in supervision skills the **compliance for this same period was 86%**. This standard stipulates that all new staff access supervision training in their first 6 months of post.

All undergraduate students who come to the Trust on their practice clinical placement will be supervised by qualified Trust staff who have completed the required practice educator training.

87% compliance rate was achieved for the period ending Dec 2015 to evidence access to targeted training programmes to support competent professional and clinical practice and safe patient /client care for the AHP Professions through the Regional Education Commissioned Plan for 2015/16.

2. Strengthening the Workforce

Mentorship System for Medical Staff

The Southern Trust has established a **mentorship system for all medical staff**.

Trained mentors who are usually more experienced and highly regarded doctors, are available for those who seek help for any professional or personal issues that may arise in or outside work. While the process is entirely voluntary, the Trust has **ensured that every doctor is aware of its existence and structure, and how to access it should the need arise**.

All newly appointed consultants are assigned a mentor to help them in their first few months of employment within the Trust, and this forms an integral part of the **Consultant Induction Programme**. This more pastoral approach is intended to facilitate a less stressful start to consultant life.

Coaching

The Southern Trust's Coaching Forum has developed the Trust's Coaching Strategy for the organisation for 2015-2018.

The Trust vision for Coaching is to "**Engage through Conversation**" by ensuring:

-
All employees understand what Coaching is and how it can help them develop in their role.

All employees can initiate and are encouraged to take up the opportunity to experience Coaching.

All Line Managers/Leaders at all levels (especially those newly appointed) consider **Coaching as a method of learning and development** for themselves and their individual staff and/or to support team building e.g. as part of the KSF/ Appraisal process, Time Out for Teams, Quality Improvement Initiatives.

The Trust provides access to a pool of **professionally trained Coaches**.

2. Strengthening the Workforce

Leadership and Management Development

The overall aim of the Trust's Leadership Programme "Taking the Lead" is to develop those individuals who hold, or aspire to hold, a managerial post within the Southern Trust, to enable them to unlock their potential so as they can continue to 'Take the Lead' in their own roles. Participants are asked to complete pre-work that will include completion of a 360° questionnaire by the participant and by selected managers/peers/reports within the Trust. Participants receive a report and a personal feedback session prior to the first module.

The content of the programme is based on real situations and interactive in approach. Participants are encouraged to use the programme as an opportunity to look at ways of addressing these challenges and sharing best practice. As well as providing an opportunity for reflection, the programme shares key tools and techniques so that participants learn practical methods for use in their role.

In addition, participants are required to introduce a 30 day service improvement project through the duration of the programme. Participants are also assigned a Trust Coach to support them during the programme.

A total of 40 Managers undertook the Taking the Lead programme in 2015/16.

A range of other Leadership and Management Development Programmes were also delivered in 2015/16 as follows:

- ⇒ Succession Planning
- ⇒ Lunch-time Seminars for Managers
- ⇒ Middle Managers (Bands 5–6)
- ⇒ First Line Managers Programmes (Bands 1-4)
- ⇒ Admin Development Programme
- ⇒ Managing Difficult Situations
- ⇒ Competency Based Interview Skills

2. Strengthening the Workforce

Recognising Staff Achievements

The annual Excellence Awards ceremony provides a tremendous opportunity to recognise the excellent work of many **individuals and teams** throughout the year, both front line and behind the scenes.

With well over **100 nominations across 6 different categories**, this annual event is a highlight in the Trust's annual calendar.

The event also provides the opportunity to showcase the many **staff who win external awards** each year, and also provides an opportunity to remember absent colleagues who are no longer with us but who played an enormous contribution in the life of our Trust.

Overall winners of the Excellence Awards 2015/16

Thorndale Unit, Craigavon Area
Hospital



Lifetime Achievement Finalist at the Excellence Awards Ceremony 2015/16

Mr Tom Hyde , Porter



2. Strengthening the Workforce

Staff Health and Wellbeing

The Trust has a number of policies, procedures and innovative practice to support staff wellbeing.

The Trust strives to go beyond the statutory Health & Safety duties and deliver on a meaningful workplace health and wellbeing agenda, with the aim of making a difference to how staff feel about coming to work and to the quality of care they deliver to service users.

A number of initiatives and services are in place to **support staff** with ill-health and support prompt return to work, including:

- Timely referrals to Occupational Health.
- Occupational Health Nurse appointments – fast, easy access to advice.
- Staff Occupational Physiotherapy services to assist with a range of musculo-skeletal conditions.
- Phased return to work on the advice of Occupational Health.
- Alternative duties to allow for rehabilitation back into the workplace.

The Trust also promotes a number of initiatives to support staff's health and well-being. Some examples are listed here:

Subsidised gym membership.
'Workout at Work' day.
Yoga classes.

Cycle to Work Scheme.
Designated walking routes

'Flu' Vaccine

Staff who work in our organisations, particularly those delivering front line care are encouraged to receive **annual flu vaccinations**. The rate of uptake is an outcome measure which indicates how the Trust is performing in relation to promoting health, safety and wellbeing. The percentage of staff who received the flu vaccination has **increased to 23% in 2015/16** compared with 22% in 2014/15, 20% in 2013/14 and 18% in 2012/13.

While the trend is increasing, the percentage uptake of the vaccine amongst front line workers is still low, and following the end of the vaccination season in 2015/16, an evaluation of the programme was undertaken. A number of actions were agreed to try and **improve the uptake** to at least 40% amongst front line workers.

2. Strengthening the Workforce

Fit Testing

On occasion our staff come in to close contact with patients who have infections which are easily spread by coughing and sneezing. In order to protect our staff we provide specific masks for them.

Each member of staff is tested to ensure that they are allocated the most appropriate mask for the shape of their face and this will give them the highest level of protection from infection.

Staff must keep a record of the model and size of this mask and must ensure that they wear the appropriate mask when carrying out specific procedures.

A supply of all masks is available in wards and departments and staff are trained how to put on the mask and how to check that they have the best seal around their mouth and nose.

Generally staff only require to have the Mask fit test carried out once unless they have a significant change to their facial feature as a result of surgery or significant weight loss or gain.

Equality and Diversity

The Trust is committed to the promotion of equality of opportunity and the prevention of unlawful discrimination.

The Trust recognises that the promotion of equal opportunities in the workplace is not only good management practice, but that it also makes sound business sense.

The Trust's Equal Opportunity Policy will help all those who work for the Trust to develop their full potential and their talents.

The Trust is also committed to promoting a **supportive, welcoming and harmonious working environment** where all staff can work together regardless of difference.

The Trust has in place a range of **staff training programmes** which places equality at the centre of what we do. It is essential that all staff complete the **Discovering Diversity E-Learning modules** and play their part in promoting the core principles and values in the Trust's Equal Opportunity Policy.

2. Strengthening the Workforce

Smoke Free Sites

In March 2015, the former Health Minister, Jim Wells, made an announcement that all Health and Social care sites should be smoke free by March 2016.

The Smoke Free Sites policy was introduced on 9 March 2016 and means that smoking and the use of e-cigarettes is no longer permitted **anywhere** on Trust sites i.e. entrances, doorways, walkways, buildings, internal roads, bus shelters, car parks, cars, bicycle shelters, etc.

Aim of the Smoke Free Policy

The Smoke Free Policy aims to protect the health of staff, visitors, patients and service users. Being smoke free protects the health of everyone and provides a clean and pleasant environment for all.

Who does the Smoke Free policy apply to?

The policy applies to all staff and volunteers, patients, visitors, contractors and anyone who enters the Trust's hospitals, buildings and grounds.

Supporting Staff and Service Users

Examples of the actions taken to **promote the Smoke Free messages** for all staff and service users included:

- Trust Stop Smoking Specialists have been actively supporting Trust staff, patients and service users to quit smoking. There has been a marked increase in staff registering for this support service between January and March 2016.
- Information fliers were developed for staff and service users.
- A video tutorial was developed for all staff on how to approach and engage with people who continue to smoke on Trust sites. This video is available on the Trust's Intranet.
- Awareness of the Smoke Free Campaign was included in all local newspapers
- The Smoke Free logo was printed on Trust car park tickets



What has happened since the Smoke Free Policy was introduced?

There has been a visible improvement in terms of the reduction of smoking on Trust sites by staff, patients and other visitors.

There are daily challenges however in maintaining a strong message and encouraging compliance with this policy.

2. Strengthening the Workforce

Medical Revalidation

What is Medical Revalidation?

Medical Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are **up to date and fit to practice**. It aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC). Medical revalidation came into force across the UK on 3rd December 2012, under the General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012.

Facts & Figures

- The Trust has **revalidated 292 (91%)** of 322 doctors during years one to three of Medical Revalidation, with the remaining doctors set to revalidate on schedule
- There is now **100% participation** in the Trust's Medical Appraisal process
- Doctors are asked **to reflect** on their contribution to the Trust's Mortality & Morbidity processes as part of their revalidation
- Doctors must **reflect on feedback** obtained from patients and colleagues as part of revalidation

Further detailed information on the Trust's medical appraisal and revalidation processes, along with an audit of appraisee and appraiser feedback questionnaires with comparative data over the last three years, is available from the Trust's Revalidation Team.

2. Strengthening the Workforce

Nursing and Midwifery Revalidation

Like doctors, nurses and midwives are required to be registered with the Nursing and Midwifery Council (NMC) and to **revalidate every three years** by reporting on how they have improved their knowledge and skills. **In April 2016 the NMC** updated its revalidation arrangements and now requires that nurses and midwives:

- ask patients/clients what they felt about the care they received and
- reflect on this feedback with a colleague. It is an opportunity for professionals to share, consider and improve their practice and is important in career development.

The NMC believes that these additional requirements will give greater confidence to the public, employers and other professionals, that nurses and midwives are knowledgeable and skilled professionals.

Supporting the Additional Revalidation Requirements

Nursing Governance Co-ordinators were aligned to each of the care directorate to support nurses, midwives and their managers in implementing the new revalidation arrangements. They developed templates for seeking feedback from patients and guidance for nurses and midwives undertaking reflective discussions with their colleagues. They supported managers in arranging approximately 1500 confirmation meetings per year.

In addition, the Trust extended the Medical Revalidation Team and established a Revalidation Support Team which now provides IT system support to the medical, nursing and midwifery professions on revalidation. Nursing and midwifery managers receive a monthly report advising when nurses and midwives are due to revalidate and a separate report on annual NMC fee renewals.

Facts & Figures

The Trust currently employs over 3,000 nurses and midwives.

From April 2016 all nurses and midwives will be required to revalidate under the NMC new arrangements over the coming 3 years.

2. Strengthening the Workforce

Infection Prevention and Control : Facts & Figures

- 2,530 staff completed face to face training on infection prevention and control
- 1,490 staff completed training on infection prevention and control via e-learning

Right Patient Right Blood

Currently, the SHSCT Trust Transfusion Team consists of Dr D Hull, Lead Consultant for Blood Transfusion (Chair), Mrs Patricia Watt, Area Haemovigilance Practitioner and Mr Graham Scott, Blood Bank Manager.

From the establishment of the Trust Transfusion Team in 2005, this well led team has demonstrated commitment and dedication to ensuring the provision of safe quality care to all patients who require a blood transfusion. Their collective motivation has developed an active professional interest in improving transfusion practice and their primary aim is to promote high standards of care by supporting staff and ensuring that the blood transfusion process is effective and efficient for all staff groups involved.

Legislative requirements of the **Blood and Safety and Quality Regulations (2005)** the **National Patient Safety Alert SPN14 — Right Patient, Right Blood : advice for safer blood transfusions** and the requirements of the **British Committee Standards for Haematology Guidelines (2009)** proved to be significant challenges to the team. All of these initiatives involved changes of documentation and practice that would be a new concept for all staff involved.

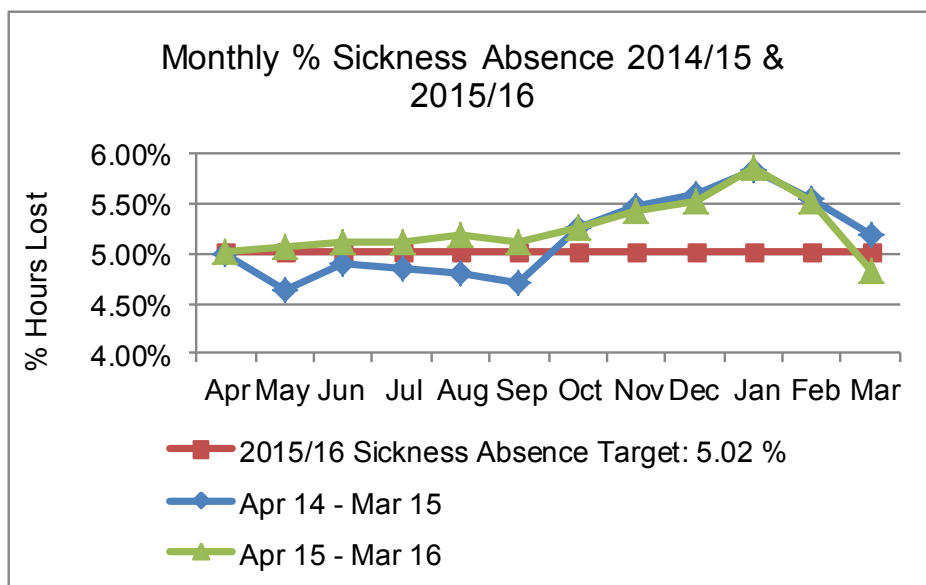
Reducing the risk of Hyponatremia

- The Southern Trust continues to audit the management of all children and young people who received intravenous fluids. The results of the audit are shared via operational directorate governance structures and within teams.
- In addition, 37 members of staff have completed the Fluids Competence Paediatric Medicine Module and 36 staff have completed the Fluids Competence Paediatric Surgery Module.

2. Strengthening the Workforce

Staff Absence

Staff sickness absence is a significant cost to the organisation, and effective absence management involves finding a balance between providing support to help staff with health problems stay in and return to work and taking consistent and robust action to address high absence levels amongst staff groups.



The graph above shows the monthly % sickness absence rates for 2014/15 & 2015/16. The figures are based on working hours lost/working hours available.

Facts & Figures

- The cumulative % sickness absence rate for **2015/16 was 5.25%** which was slightly above the target set for the year of 5.02%.
- During 2015/16 a 3 month review of the Trust's Attendance Management Procedures took place to determine what actions needed to be taken to achieve a reduction in the Trust's absence rate for 2015/16.
- A full action plan was agreed and from January 2016 to March 2016 month on month reductions in sickness absence levels were achieved.

3. Measuring the Improvement

Hand Hygiene

Hand hygiene is the single, most important infection prevention and control practice to help reduce Healthcare Associated Infections (HCAIs).

The Trust promotes and monitors compliance with good hand hygiene for everyone in the healthcare environment.

It is critical that everyone plays their part in hand hygiene. **This applies to everyone - staff members, patients, clients, carers and visitors.**

An audit team within the Infection Prevention and Control Team regularly carry out independent audits in Hand hygiene in the clinical areas across the Southern Trust, monitoring compliance with “missed” opportunities for hand hygiene.

The findings from these audits (shown in the graph below) are used to **provide assurance of safe practice** and to help **identify early areas where improvement** is required.

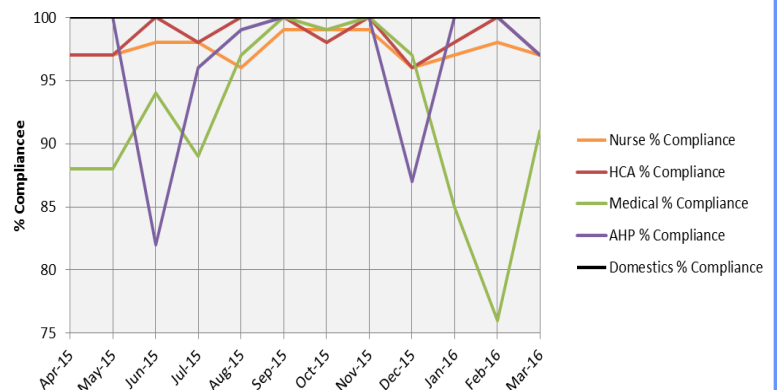
The Trust feeds back the results from these audits to staff and senior management within the Trust to show where we are doing well and where we need to improve.

*The independent Hand Hygiene Audit Results for each ward are **displayed on a dashboard** on the Trust’s intranet.*

The results are easily accessed by all management and clinical staff

These results are also displayed on the ward dashboard, where they can be viewed by all staff, patients and members of the public.

**Hand Hygiene Compliance by Staff Grouping
April 2015 - March 2016**



We will continue to improve hand hygiene in 2016/17 through:

Continued collaborative work on independent hand hygiene audit across the Southern Trust.

Celebrate World Health Organisation Hand Hygiene day in May 2017. This is an annual event that involves staff and public involvement.

Continue to include hand hygiene as a core topic in **ALL** Infection Prevention and Control training programmes.

Continue to embrace hand hygiene before and after visiting as part of visiting policy for the Southern Trust.

3. Measuring the Improvement

Reducing Healthcare Associated Infection: MRSA Bacteraemia

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 the nostrils and throat, and can cause mild infections of the skin, such as boils and impetigo.

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

The Southern Trust's MRSA bacteraemia rate 2015/16 continues to be amongst the best regionally.

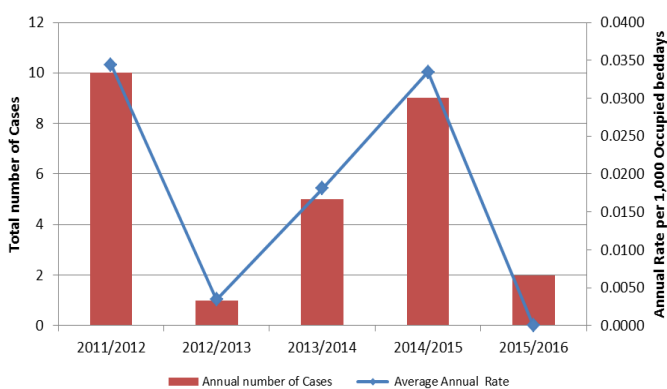
Incidents of MRSA bacteraemia are monitored closely across the Southern Trust.

Facts & Figures:

- The Southern Trust's PfA target for MRSA in **2015/16 was 5 cases**.
- There were **2 cases** of MRSA in 2015/16, neither of these were considered to **be preventable**.

The Infection Prevention and Control Team continue to promote peripheral vascular cannula insertion and care programme along with aseptic non-touch technique (ANTT) training with the aim that this will help reduce MRSA bacteraemia rates.

**Number and Rate of MRSA Cases per 1,000 Occupied Beddays
Financial year 2011/12 - 2015/16**



Members of the Infection Prevention and Control Team



3. Measuring the Improvement

Reducing Healthcare Associated Infection: Clostridium *Difficile* Infection (CDI)

Clostridium *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.

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

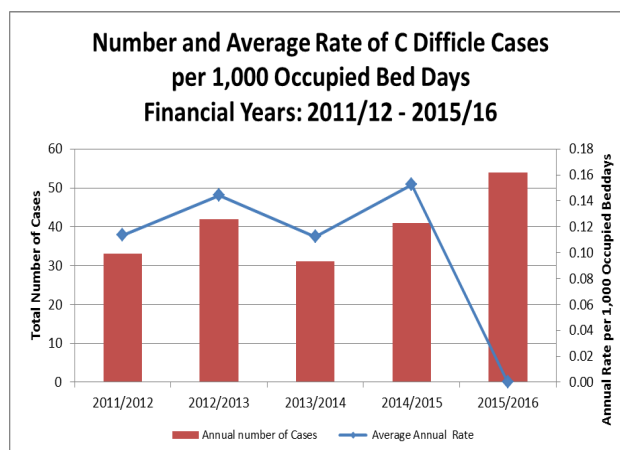
Many *C. difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of *C. difficile* infections now occur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

Facts & Figures

The Southern Trust CDI incidence rate **continues to be amongst the best in the UK and is amongst the lowest CDI incidence rate regionally.**

The Southern Trust's Priorities for Action target (PfA) for Clostridium *difficile* in 2015/16 **was 32 cases. There were 52 cases.**

The Trust continues to conduct a **strict surveillance programme** on CDI cases. When the Infection Control Team reviewed the 52 cases, it was found there **was no identified pattern or link between these cases.**



3. Measuring the Improvement

Compliance with World Health Organisation (WHO) Surgical 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.

Within Southern Trust, the WHO Checklist was revised in 2013/14 and further revised in 2016 to encompass areas for improvement, as outlined in the box to the right:

Safety measures that were added included:

- Has all single use equipment used for the previous patient been removed from the operating theatre?
- Is the date of the last menstrual period recorded?
- Recording of other relevant information e.g. MRSA
- Confirm known allergies and note on board.
- Have all cannula and extension ports been flushed?

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 & Figures

Overall Bundle Compliance with the WHO Checklist in the Southern Trust is presently 95%

Modified WHO (SURGICAL SAFETY PATIENT CHECKLIST) adapted by SHSCT

SIGN IN (To be read out loud)	Time Out (To be read out loud)	SIGN OUT (To be read out loud)
<p>Before induction of anaesthesia (with or without nurse and anaesthetist)</p> <p>Has all single use equipment used for the previous patient been removed from the operating theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the patient confirmed his / her identity, site, procedure and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No / Not applicable</p> <p>Is the anaesthesia machine (confirm first thing on am list only), monitoring and medication check complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Baseline observations documented <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a: Known allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Difficult airway or aspiration risk? <input type="checkbox"/> Yes and equipment / assistance available <input type="checkbox"/> No</p> <p>Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> Yes and two IV/central access and fluids planned <input type="checkbox"/> No</p> <p>Is LMP recorded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>Other Hazard e.g. MRSA <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Before draping & skin incision (with nurse, anaesthetist and surgeon - all stop actions)</p> <p>Do all team members know each other? (introductions as necessary - start of list only)</p> <p>Confirm if late start/reason for delay with medical staff/ANA</p> <p>Confirm the patient's name, procedure, and site of the incision.</p> <p>Confirm known Allergies and note on board</p> <p>Anticipated Critical Events</p> <p>To Surgeon: (if routine familiar list surgeon should state routine procedure of X duration)</p> <ul style="list-style-type: none"> Are there any patient specific concerns for surgery? How long will the case take? What is the anticipated blood loss? <p>To Anaesthetist:</p> <ul style="list-style-type: none"> Are there any patient specific concerns for anaesthetic? What is the patient's ASA grade? <p>To Nursing Team:</p> <ul style="list-style-type: none"> Any consensure sterility Are there any equipment issues? <p>To all Members of the Team:</p> <ul style="list-style-type: none"> Is the patient positioned appropriately for surgery and limbs secured? <p>Has the surgical site infection (SSI) bundle been undertaken? <input type="checkbox"/> Yes / Not applicable</p> <ul style="list-style-type: none"> Antibiotic prophylaxis within the last 60 minutes? Patient warming Hair removal Glycaemic control <p>Has VTE prophylaxis been undertaken (Clexane/TEB) / Compression devices? <input type="checkbox"/> Yes / Not applicable <input type="checkbox"/> Essential Imaging Displayed Yes / Not applicable</p>	<p>Before patient leaves operating room (with nurse, anaesthetist and surgeon)</p> <p>Nurse Verbally Confirms:</p> <ul style="list-style-type: none"> The name of the procedure recorded Completion of instrument, swab, throat pack, sponge, needle counts and rooming out Specimen labelling (read specimen labels aloud, including patient name) Any equipment problems to be addressed <p>To Surgeon, Anaesthetist and Nurse:</p> <ul style="list-style-type: none"> What are the key concerns for recovery and management of this patient? Have all cannula and extension ports been flushed?
Signature:	Signature:	Signature:

3. Measuring the Improvement

Getting it right for children and young people : a Paediatric Decision Unit as an alternative to acute admissions

Why was this service improvement project undertaken?

- ⇒ Increasing numbers of children presenting to the Emergency Department
- ⇒ Increasing paediatric inpatient admissions
- ⇒ Increasing short stay admissions i.e. less than 24 hours in hospital
- ⇒ Increasing strain on healthcare resources and risk to children

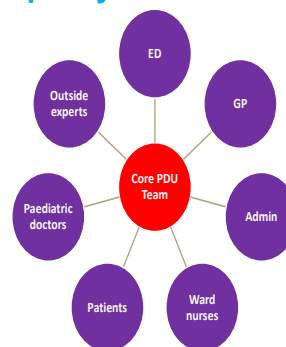
What did the service improvement project aim to achieve?

- ⇒ To reduce the number of overnight admissions to hospital
- ⇒ For selected patients, referred to a paediatric ward in a district general hospital.
- ⇒ Reduce the number of 'overnight stays' for selected patients referred to a paediatric ward in a district general hospital.

What did we do?

- ⇒ Measured acute admissions with a length of stay of less than 24 hours
- ⇒ Obtained funding for a short stay observational facility
- ⇒ Listed the needs of primary care and Emergency Department
- ⇒ Developed referral process protocol
- ⇒ Developed a list of common acute paediatric conditions
- ⇒ Measured the effect on in-patients

Multi-disciplinary Involvement



3. Measuring the Improvement

Getting it right for children and young people : a Paediatric Decision Unit as an alternative to acute admissions

Service Changes

- A Paediatric Decision Unit was built
- A list of paediatric conditions was developed
- A Paediatric Advice Line mobile was introduced, with the mobile phone being carried by the Consultant Paediatrician of the week, or a senior trainee doctor
- A telephone proforma was introduced
- Review meetings were held with stakeholders
- Other observational units in the UK and North America were contacted during the development stage and the advice received proved valuable

Patient/Family feedback

- ⇒ Quicker access to Specialist
- ⇒ Reduced family disruption
- ⇒ Parental education
- ⇒ 72 hour return option

Staff Feedback

- ⇒ Improved Ward Structure
- ⇒ Reduced disruptions
- ⇒ Improved flow from Emergency Department

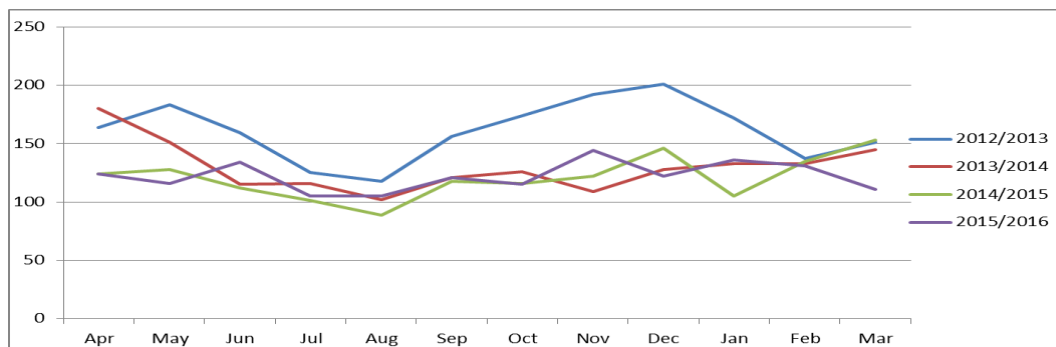
What did the Paediatric Decision Unit and Team achieve:

- Ward admissions decreased by 53 patients per month
- Prolonged emergency stays of more than 4 hours decreased by 37 patients per month
- 69% of Patient Decision Unit patients stayed less than 4 hours and were not admitted to an acute paediatric ward
- More than 95% of parents were very satisfied

3. Measuring the Improvement

Getting it right for children and young people : a Paediatric Decision Unit as an alternative to acute admissions

↓ admissions to the paediatric ward after PDU pre-PDU (2012) and after PDU (2013-4)



Conclusions

1. The development of the Paediatric Decision Unit has decreased the number of inpatient medical admissions to the paediatric ward
2. There has been an increase in the number of direct referrals to the Paediatric Decision Unit
3. It has improved the patient journey, thus avoiding undesirable overnight stays
4. The minimal re-attender rate has highlighted that the safety and quality of care has not been compromised
5. The opening of the Paediatric Decision Unit has enabled improved ward structure.
6. The new service has proved to provide an alternative to inpatient admissions as patients can be managed both safely and efficiently which has both clinical and economic significance thus increasing NHS productivity

3. Measuring the Improvement

Patient Falls

Patient falls is the most common safety incident in hospitals. Falls 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 done by reviewing 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 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.

Falls Safe Bundle

The Southern Trust is the first Trust in N.I. to implement the **Falls Safe Bundle** across all adult in-patient areas.

Training sessions continue to be held for staff regarding Falls awareness including:

- ◆ Risk assessment of patients on admission.
- ◆ The appropriate use of bed rails.
- ◆ Care of patients following a fall.
- ◆ Reporting falls as clinical incidents.
- ◆ Investigating why patients fall by doing case reviews. Sharing the learning with patients, families and staff.

Update on Continuous Improvements:

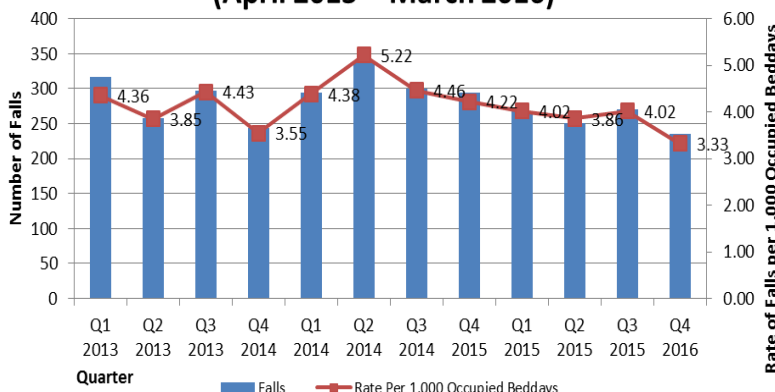
The Regional Person-Centred Nursing Assessment and Plan of Care Booklet has been revised to include assessment in relation to patient's risk of falling.

The Trust's Care Home Support Team continue to work with Private Nursing Homes to share learning and support improvement

Facts & Figures:

The Trust's Falls Rate has seen a steady decline since Quarter 2 2014/15, as outlined below

Number and Rate of Falls (April 2013 - March 2016)



3. Measuring the Improvement

Pressure Ulcers

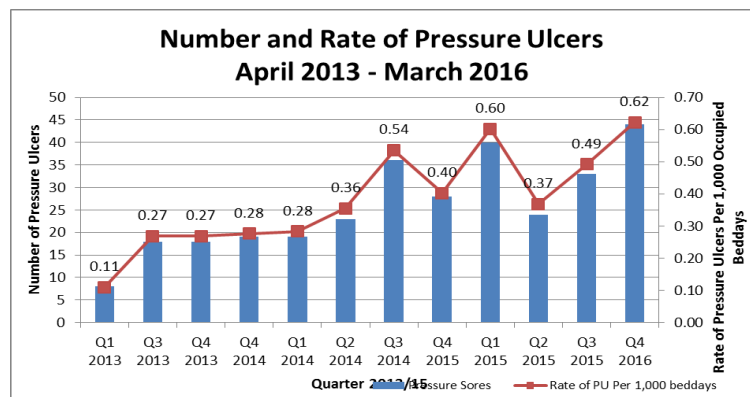
A pressure ulcer - sometimes called a pressure sore or bed sore - is damage to part of the skin or underlying tissue as a result of prolonged pressure - usually applied due to lying or sitting in one position for too long without moving.

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 they can be monitored and analysed.

This graph shows that the Trust recorded **141** "Hospital Acquired" Pressure Ulcers in 2015/16, compared to **106** in the previous year 2014/15. This **increase in reporting** is in keeping with the significant awareness and training over the past year.

This year the Trust has also captured data on Grade 3 and 4 "Hospital Acquired" pressure ulcers. Of the reported 141 "Hospital Acquired" pressure ulcers, 14 were graded 3 or 4 (deep wounds), which equates to 10%. A review of the 14 cases was carried. Only 1 case was being deemed to have been avoidable.



What Next?

Focus will remain on Grade 3 and 4 "Hospital Acquired" Pressure Ulcers. A review of all such cases will be undertaken to determine if the Grade 3 and 4 "Hospital Acquired" Pressure Ulcer was avoidable/unavoidable. Lessons learnt will be fed back to the ward concerned and across the Trust.

The Southern Trust took part in World Pressure Ulcer Day in November 2015, to increase the public's awareness of Pressure Ulcers.

Further refresher training will take place across in 2016/17. The Quality Improvement Team is exploring the possibility of obtaining an e-learning training package for all healthcare staff.

3. Measuring the Improvement

Preventing Venous Thromboembolism (VTE)

What is a deep vein thrombosis and pulmonary embolism?

Deep venous thrombosis (a clot in a patient's leg) and pulmonary embolism (which may 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 processes.

Facts & Figures

- Yearly compliance rates patients risk assessed **increased from 83.5% in 2013/14, to 84.7% in 2014/15, to 89.4% in 2015/16**. The positive impact in the 2015/16 compliance rate was the move to include the Regional VTE Risk Assessment in the new Regional Kardex.
- The Regional VTE Leaflet, "*A Guide to Preventing Blood Clots*" was reviewed and modified in 2015 and issued in January 2016, and is available in all wards across the Trust.

Looking to the future

- Assessing the risks of venous thromboembolism and bleeding are both a Trust and Public Health Agency (PHA) priority for 2016/17.
- The Trust will strive to improve compliance towards to a goal of 95% compliance by March 2017.

3. Measuring the Improvement

Medicines Management: Omitted and Delayed Medicines in Hospital

An annual audit of omitted and delayed doses is conducted in the Trust. This is required by the National Patient Safety Agency Rapid Response Report on 'Reducing harm from omitted and delayed medicines in hospital'. Medicines may be omitted for a variety of reasons therefore the audit also determines whether or not the omission or delay was appropriate.

The Rapid Response Report highlights that 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.

The percentage of **omitted and delayed doses** was **13.3% in May 2016**, an increase from 10.6% in May 2015. The percentage of omitted and delayed doses of **critical medicines** was **0.7% in May 2016**, a **decrease** from 1.0% in May 2015. However these overall figures include a proportion of doses that will have been omitted or delayed entirely appropriately.

The percentage of **inappropriately omitted and delayed doses** was **2.9% in May 2016**. This represents a **decrease from 3.2%** in May 2015. The percentage of inappropriately omitted and delayed doses of critical medicines was **0.4% in May 2016**, a decrease from **0.6% in May 2015**. The critical medicines most commonly involved were anticoagulants, anti-infectives (injectable) and STAT doses.

Therefore this audit **demonstrates improvements with decreases in both the percentage of inappropriately omitted and delayed doses** for all medicines and also for **inappropriately omitted and delayed doses of critical medicines**.

In March 2015, a nursing quality indicator (NQI) was introduced specifically focused on monitoring and reducing 'blank' administration records. Results have been fed back to wards on a monthly basis providing teams with regular feedback to help focus efforts on minimising inappropriately omitted and delayed medicines.

Medicines Management: Medicines reconciliation

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

In an acute setting, medicines reconciliation should be carried out ideally **within 24 hours or sooner if clinically necessary**, when the person moves from one care setting to another – for example, if they are admitted to hospital or discharged.

3. Measuring the Improvement

Medicines Management: Anticoagulation

Some patients require anticoagulant medicines to thin their blood and prevent blood clots from forming in their blood vessels. One of these medicines is called warfarin and unlike other medicines, there isn't a fixed dose. The dose that a patient takes will be individual to them and may vary based on the results of blood tests that measure how long it takes for that patient's blood to clot.

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

Previously blood samples were taken from patients, sent to the laboratory for analysis and then patients would later be contacted to inform them of their dose of warfarin. For several years now, technology has been used **where blood samples are analysed in the clinic allowing patients to be advised of their doses while they are still at the clinic.**

This year saw further improvements in technology where the **results of the blood test are automatically sent to the patient's electronic dosing record**, avoiding the need to write down a result and enter it manually. This reduces the risk of a result being entered incorrectly which could lead to incorrect warfarin dosing for a patient.

Medicines Management: Insulin

Diabetes is a condition where either the body does not produce any insulin (Type 1) or the body does not produce enough insulin or does not react to the insulin that is produced (Type 2). Insulin is essential for patients with Type 1 Diabetes and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin.

While insulin can be lifesaving, it is also a medicine that requires careful management to ensure patients receive it safely. With the increasing numbers of patients requiring insulin and the increasing number of insulin products available, a training program was developed for nursing and midwifery staff to support the safe use of insulin in hospital. The **training program** includes:

- nationally available e-learning module on insulin and diabetes
- ward resource pack containing guidelines and protocols
- training and awareness session on Trust guidelines and procedures

This program has been **delivered to approximately 500 nursing and midwifery staff** and delivery is ongoing.

4. Raising the Standards

Morbidity and Mortality Meetings (M&M)

The structured review of cases when people die in hospital is an important tool to improve the way care is delivered within an organisation.

These review meetings, called Morbidity and Mortality meetings (M&M), identify key themes where care could potentially have been improved and provide information to improve clinical practice.

Improvement work continued and was endorsed by the Trust's M&M Monitoring Committee. Over-arching goals are to:

- ◆ Strengthen individual and organisational learning and reflection.
- ◆ Strengthen patient safety through greater communication between clinical specialties.
- ◆ Increase multidisciplinary input into M&M meetings.

Improvement work continues to be based on 15 wide ranging interventions to achieve goals.

Key Improvements Achieved:

- ⇒ Successful implementation of the 2016 arrangements for reviewing child deaths
- ⇒ All specialties are participating in M&M. Multidisciplinary input in meetings. Meetings are structured to facilitate cross speciality shared learning
- ⇒ Influenced development of the specification and associated guidelines for the use of the Regional Mortality and Morbidity Review System (RM&MS).
- ⇒ Development of shared learning across the Trust through the development of SHSCT Lessons Learned Letter. A formalised recruitment process which promotes accountability has been developed for Trust M & M leads.

Looking to the Future

Continued participation by Trust leads in the development of the Regional Mortality & Morbidity Review System. Continued focus on promoting reflection and learning through linking M & M with the appraisal and revalidation process. Linking the learning from M&M into quality improvement work-streams

4. Raising the Standards

Standardised Mortality Ratio

The Southern Trust treats and cares for patients everyday. Many of these patients are very ill and sadly it is inevitable that some patients will die while in hospital. The proportion of patients who die (the mortality rate) is an indicator of the quality of care we provide. We can compare our mortality rates with similar UK hospitals.

To calculate mortality, an international recognised system called the Standardised Mortality Ratio (SMR) is used.

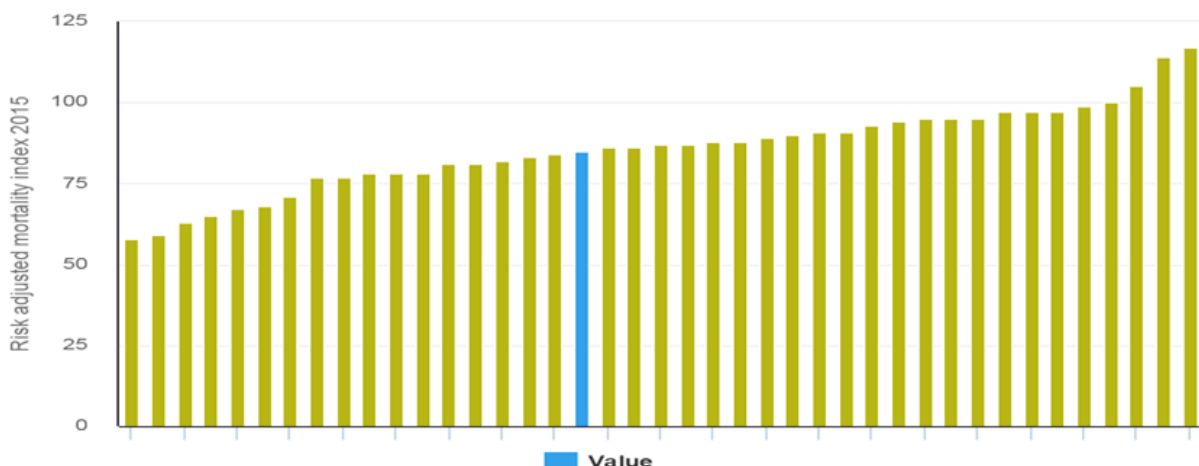
SMR compares a hospital's actual number of deaths with its predicted number of deaths.

The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned or an emergency.

A SMR figure of 100 means that the number of patients who actually died in hospital matches the number of predicted deaths. A SMR figure below 100 means that fewer people died than predicted.

The Southern Trust's risk adjusted mortality position relative to the 'CHKS Top UK Hospitals' peer is represented by the blue line below for the period Jan—Dec 2015.

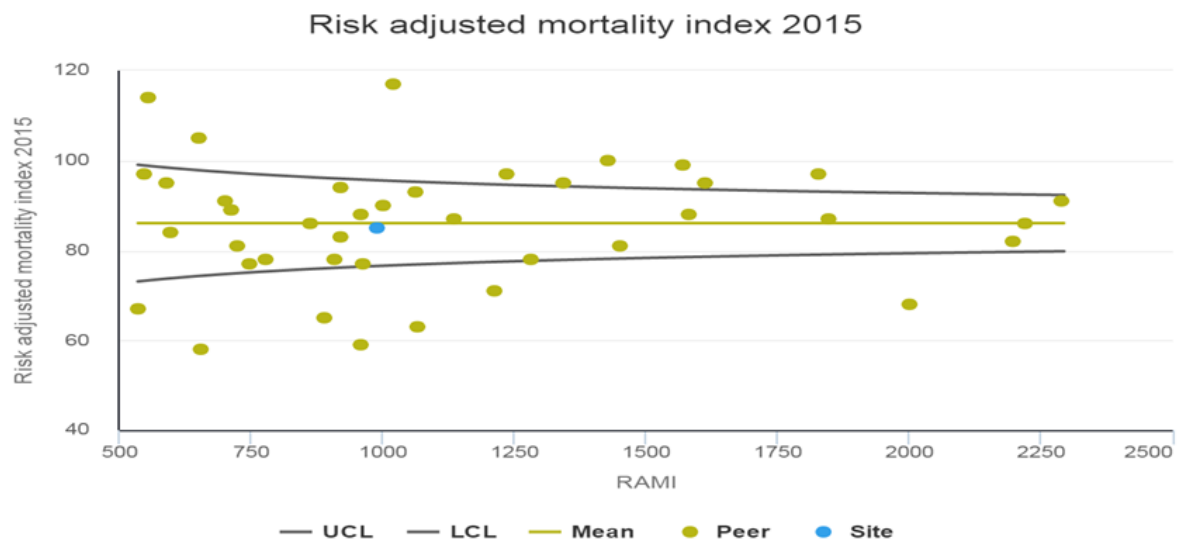
Risk adjusted mortality index 2015



4. Raising the Standards

Standardised Mortality Ratio

The Southern Trust's risk adjusted mortality position relative to the 'CHKS Top UK Hospitals' peer is represented by blue dot in the chart (funnel plot) below



Facts & Figures

- ⇒ The Trust RAMI score of 85 is within the upper quartile of 'CHKS Top UK Hospitals' peer. This score means 15% less people died than expected based on Trust case mix for the period.
- ⇒ The graph shows the Trust position in relation to the individual UK peer sites. Regional guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; this is not the case for the Trust as it is sitting below the peer average and on the lower confidence interval. This means the Southern Trust compares well to the peer hospitals.

4. Raising the Standards

National audit

National audits and clinical outcome review programmes (National Audits) provide opportunities for the Trust to:

- Measure healthcare practice on specific conditions against nationally accepted standards, providing patients, the public and clinicians with a clear picture of the standards of healthcare being achieved for specific specialties.
- Provide benchmarked reports on performance, with the aim of improving the care provided.

Examples of audits to demonstrate compliance with the following clinical guidelines:

- Acute Coronary Syndromes NICE Clinical Guideline 68, published by the National Institute of Clinical Excellence (NICE).
- Myocardial Infarction with ST elevation : acute management NICE Clinical Guideline 167, published by NICE
- Management of Acute Coronary Syndromes in Patients Presenting Without Persistent ST elevation, published by the European Society of Cardiology
- Time to Intervene: A report published by the National Confidential Enquiry into Patient Outcomes and Death

National Cardiac Arrest Audit

The National Cardiac Arrest Audit (NCAA) is a comparative audit for in-hospital cardiac arrest. A number of hospital across the UK participate in this audit. It measures the quality of care for patients who have cardiac arrests in comparison with other peer

What did the audit findings tell us?

We are slightly above the national average in our standard of care to patients who had a cardiac arrest. The number of patients having cardiac arrests appears to be falling. This results from a combination of:

Staff education. Observation of patients using the National Early Warning Scoring System. Our work with patients and their families on making decisions on resuscitation

4. Raising the Standards

National audit: Myocardial Ischaemia National Audit Project (MINAP)

- ⇒ MINAP (Myocardial Ischaemia National Audit Project) is a national clinical audit of the management of heart attack .
- ⇒ Over 450 hospitals throughout the United Kingdom participate in this audit. It allows for benchmarking all aspects of care of patients who have had a Myocardial Infarction.
- ⇒ It assists clinicians and managers in comparing the quality of care provided to patients who have had a heart attack within the recommended clinical guidelines
- ⇒ Each patient who presents with a heart attack in the Southern Trust will have their entire pathway reviewed from first access to the service to discharge .
- ⇒ The audit reviews 122 aspects of each patient's journey to establish good practice and identify any areas which may require improvement.
- ⇒ In 2013 the NI Health & Social Care Board provided funding to all Trusts in NI to appoint a MINAP nurse .
- ⇒ The MINAP nurse is a dedicated person whose role is to analyse each patient's journey of care and identify any gaps or areas for improvement in order to ensure best outcome for patients.
- ⇒ The MINAP audit is based on Clinical Standards developed by the European Society of Cardiology and the National Institute of Clinical Excellence.



Opposite: Members of the Southern Trust Cardiology Team involved in the audit

The findings shown on the next page provide an overview of the first MINAP audit results for Craigavon Area and Daisy Hill Hospitals.

The final audit findings will be published in Sept 2016.

4. Raising the Standards

National audit: Myocardial Ischaemia National Audit Project (MINAP)

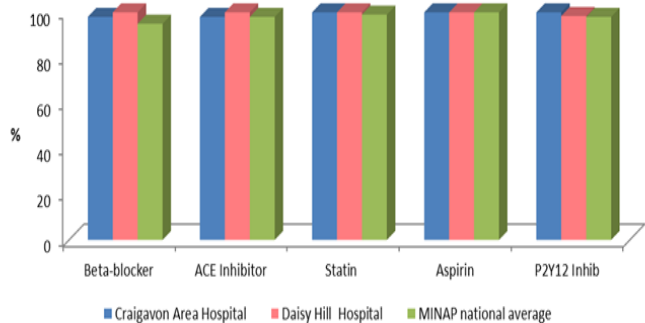
Audit Findings

- All patients with a heart attack were reviewed by a Consultant Cardiologist during their hospital stay. 100% compliance was achieved in both Craigavon Area and Daisy Hill Hospitals.
- 97% of patients were reviewed by the cardiac rehabilitation team prior to discharge - Craigavon Area Hospital. 95% of patients were reviewed by the cardiac rehabilitation team prior to discharge, Daisy Hill Hospital.
- 98% of patients discharged received all indicated secondary medication - Craigavon Area Hospital. 99% of patients discharged received all indicated secondary medication - Daisy Hill Hospital.

Some improvements we have made

- Significant (**20%**) **improvement in blood sugar recording on admission.** We are above the national average
- Created a blood test to include blood sugar and HbA1C (test to detect diabetes); this is now undertaken for each patient on admission.
- ECGs (heart tracing) are now immediately reviewed and signed off by medical staff in the Emergency Departments of both Craigavon Area and Daisy Hill Hospitals, to prevent delays in initiating treatment.

Patient was discharged home on secondary prevention medications



Looking to the Future

- Continue to participate in the MINAP national audit to facilitate shared learning and benchmarking with other Trusts in NI and nationally, in order to identify areas for further improvement
- Use the audit outcomes to explore how we may redesign our cardiology services in the future
- Discuss the results regularly with our staff, our teams and our Trust Board

4. Raising the Standards

Intensive Care National Care & Research Centre (ICNARC)

The Intensive Care Unit/High Dependency Unit in Craigavon Area Hospital is an eight bedded unit with approximately 750 admissions in 2015/16.

The Unit takes part in the Intensive Care National Audit and Research Centre (ICNARC) audit programme. Information is submitted to ICNARC on all admissions to the Intensive Care Unit and this is used to:

- Provide benchmarked reports on performance, with the aim of improving the care provided in the Intensive Care Unit
- Allows an overview of the unit's performance comparing it to other intensive care units in the UK.

What did our audit tell us about the service we provide to patients?

The standard of care in our unit compares favourably with other units across the United Kingdom

The audit told us we should continue to focus on the following improvements

- End of life care, trying to minimise the stress for both patients and their families being cared for in our Unit.
- Supporting families in making difficult choices concerning organ donation.

4. Raising the Standards

Every Child Counts – Regional Audit of the Child Health Promotion Programme – Health Visiting and School Nursing (GAIN 2016)

The Regional Child Health Promotion Programme, Healthy Child Healthy Future (HCHF) directs that every child and parent should have access to a universal or core programme of preventative healthcare which includes the delivery of agreed screening procedures, the provision of health promotion and health review contacts which enable health professionals to establish which children and families have more complex needs.

A regional audit was undertaken to measure adherence to the programme standards (DHSSPS, 2010) and to review service users' experience of the programme in order to identify areas for further development and improvement.

The audit had 2 components:

- ⇒ Random sample record review audit of health visiting and school nursing records (n=775) across the 5 Trusts, and
- ⇒ Parental telephone survey (10% of parents whose child's record had been audited).

Improvements

- ⇒ This audit has helped the Trust to identify areas for improvement in relation to the delivery of the HCHF programme for example offer of an antenatal contact, completing health review contacts in the child's home as opposed to clinics.

Where the Trust is performing well

- ⇒ Full compliance was achieved with health visiting 14-16 week health review contact.
- ⇒ The number of Primary 1 Health Appraisal carried out by the School Nursing Teams was above the regional average

4. Raising the Standards

Emergency Department (ED) 4 hour and 12 hour standards

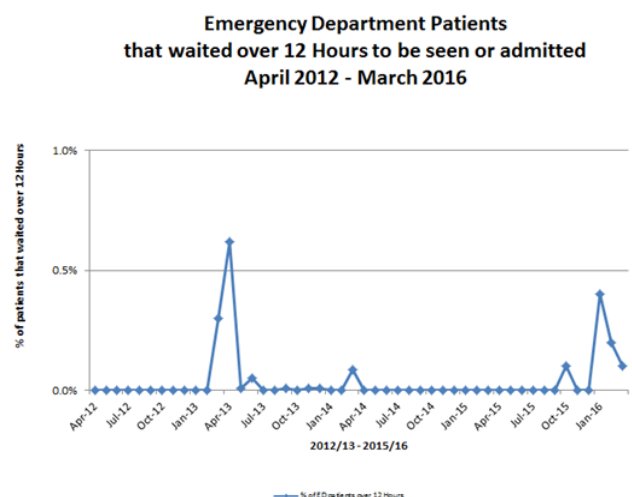
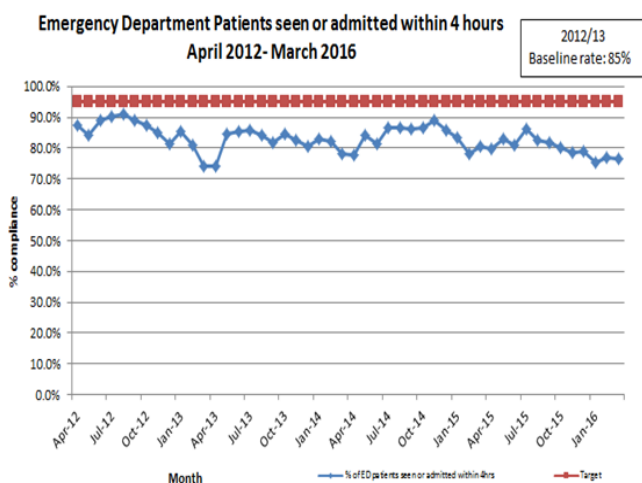
The Southern Trust has two EDs, Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in EDs affects patients and families' experience of services and may have an impact on the timeliness of care and on clinical outcomes.

The Trust wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED.

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 & Figures

- During 2015/16 there were 161,072 attendances to ED and the Minor injuries Units. This represents a **6.5%** rise in attendances from 2014/15.
- In 2015/16 **80%** of these patients were seen within 4 hours, as shown in the graph below.
- In 2015/16 **0.8%** of patients waited more than 12 hours. This represents 0.009% of patients who attended the ED and Minor Injuries Units. This is an increase from the previous years, as shown in the graph below.



4. Raising the Standards

Rate of Emergency Re-admission within 30 Days of Discharge

The rate of re-admission into hospital within 30 days for patients that have been discharged from hospital is a measure of quality of care

Re-admission can occur for a number of acceptable reasons.

We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge

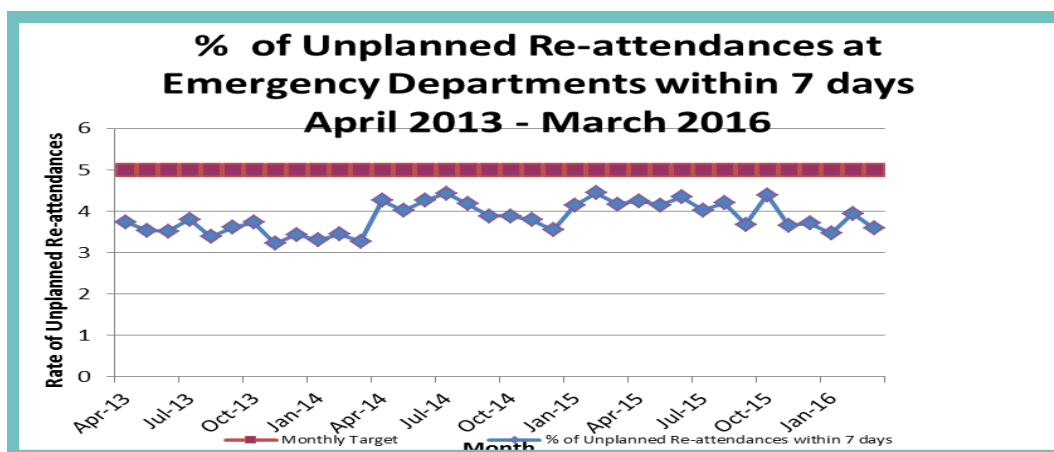
Facts & Figures

- ⇒ In 2015/16 the Trust's average re-admission rate within 30 days was **3.95%**. This is a **decrease of 1.6%** compared to the previous years.
- ⇒ This means the Southern Trust's readmission rate is less than the peer group rate.

While it is 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 at the Emergency Department

Facts & figures

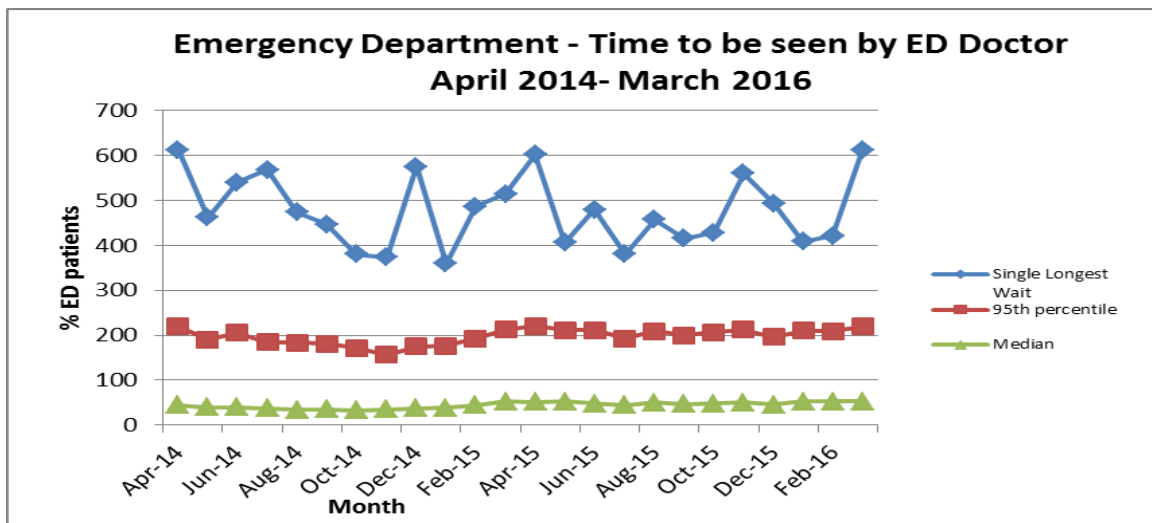
The Trust is consistently below the % target of unplanned re-attendances at Emergency Departments within 7 days



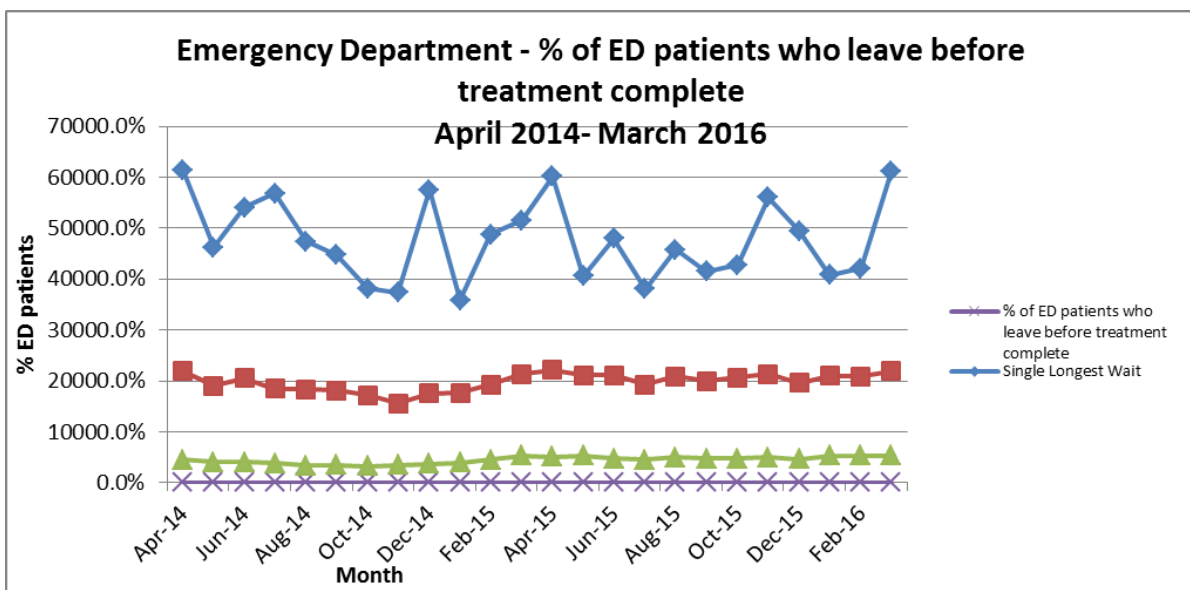
4. Raising the Standards

Time to be seen by the Emergency Doctor

The Trust also measures the time from Triage (or Assessment) to the patient being examined by a doctor in the Emergency Department, as outlined below:



Between April 2015—March 2016, the monthly average % of patients who left the Emergency Department before treatment was complete was 2.87%.



4. Raising the Standards

Sepsis6 within Emergency Department

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues & organs. Sepsis leads to septic shock, multiple organ failure and death especially if not recognised early & treated promptly. There are 37,000 deaths per year in the UK due to sepsis, with a cost of £2.5 billion. (The UK Sepsis Trust).

Rapid initiation of simple, timely interventions, including antimicrobials and intravenous fluids, can reduce the risk of death by half. Moreover, early sepsis treatment is cost effective, and reduces the number of hospital and critical care bed days for patients.

Quality Improvement Work on Severe Sepsis in the Emergency Department at Craigavon Area & Daisy Hill Hospitals began in **April 2012**. Baseline audits carried out revealed that, whilst there was good compliance with some elements of the Bundle, performance with others fell below the standards set by the Royal College of Emergency Medicine

Initiatives introduced:

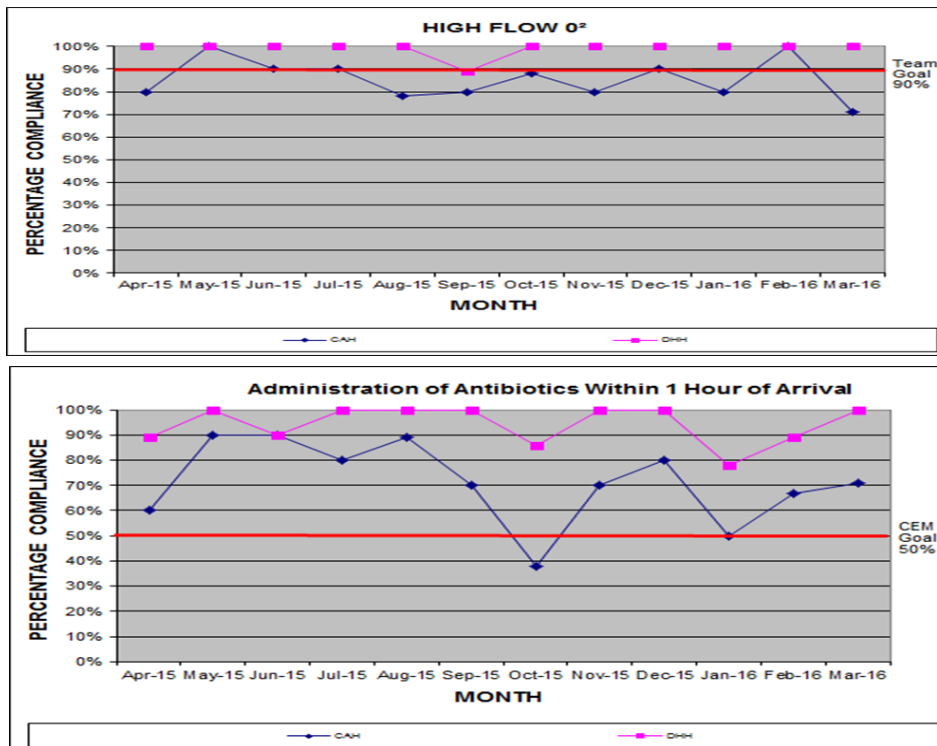
- Severe sepsis seen as a "time critical" condition akin to stroke and heart attacks
- The standardisation of treatment
- Development of severe sepsis proforma to aid the identification and management of patients with severe sepsis
- Consultant and nurse-led awareness training
- Monthly real time auditing introduced to provide evidence of adherence to the Bundle
- Development of severe sepsis prompt sticker. Development of patient safety dashboards and run charts. Introduction of sepsis box
- Results of audits regularly shared at clinical audit meetings
- Designated bed in Resuscitation

4. Raising the Standards

Sepsis6 within Emergency Department

What did the audit tell us?

- ⇒ Treatment received by patients in the Southern Trust far exceeded the median and in many cases the upper quartile results of the College of Emergency Medicine's Severe Sepsis and Septic Shock Audit of 2013/14.
- ⇒ A review of the data over the past year demonstrates that further improvement has been achieved, as outlined in the below examples.



Going Forward:

Participate in the Royal College of Emergency Medicine's national audit on sepsis. Trusts have been asked to identify Pilot Wards to commence improvement work as well as establish a spread plan during 2016/17.

Many of the tools/techniques in use in the Emergency Departments can be adapted to the ward environment.

4. Raising the Standards

Clinical and Social Care Governance Research

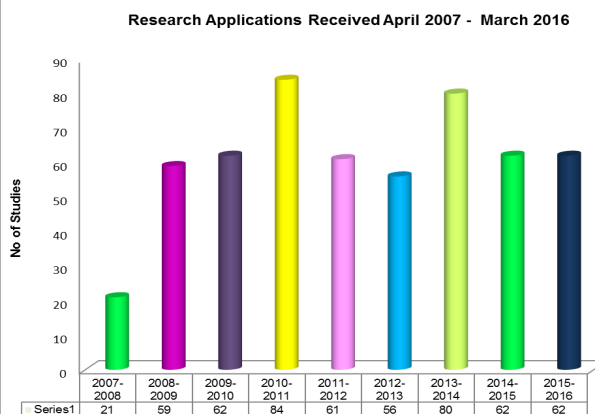
The Trust is committed to encouraging staff to be involved in research, development and innovation which:

- ⇒ Motivates staff to identify service improvements
- ⇒ Leads to improvements in care, patient safety, quality and efficiency
- ⇒ Provides new treatments and interventions which results in a better quality of life for patients and carers

The main areas of research within the Trust include – Cancer, Cardiology, Children, Critical Care, Dermatology, Diabetes, Gastroenterology, Stroke, Occupational Therapy, Psychology, Renal, Respiratory, Rheumatology, Stroke, Midwifery and Nursing.

Facts & Figures

- ⇒ The number of research applications received in 2015/16 was the same as those received in the previous year
- ⇒ 100% of research applications approved within 30 days



Key priorities for 2016/2017

- ⇒ Continue to contribute to the Trust's research programme
- ⇒ Improve the quality of research
- ⇒ Undertake collaborative research with the Universities
- ⇒ Promote European Funding
- ⇒ Work with the local Council to enhance Life Sciences in the area

Examples of research studies:

- ⇒ Heart failure and the PARADIGM-HF Trial
- ⇒ An Examination of Practice Assessment within the Direct Observation of Social Work Students in the Southern Health and Social Care Trust
- ⇒ Development of glove to prevent hand fractures

4. Raising the Standards

Access Targets: Cancer Waiting Times

The Southern Trust continued to achieve high performance against cancer access targets in the first half of 2016/17.

Urgent GP referrals being received by cancer services continue to increase. Breast Clinic 2 week access target achievement has been a challenge over the past number of months due to a reduction in medical staffing and difficulty in recruiting into vacant posts however we have continued to improve in 2015/16

This table shows comparison cancer access performance from 2014/15 to 2015/16

	Breast 2 week wait %	% of patients diagnosed with cancer who should begin treatment within 31 days of the decision to treat date	% of GP suspected cancer referrals to be diagnosed and patients commence treatment within 62 days
2014/15	80%	99%	86%
2015/16	93.1%	99%	88.3%

Service improvement initiatives

- ⇒ Independent peer review continues to assess our performance against external standards. This helps us to continuously improve
- ⇒ A system has been introduced to enable us to be flexible with outpatient appointments to ensure patients who are referred urgently are seen in a timely way
- ⇒ A mechanism is in place to continually review and examine cancer access pathways and reasons for any delays and highlighting these to individual teams in order to improve the timeliness of access
- ⇒ We now promote self-management programmes for patients which equip them with information on self examination and how to reconnect with our service should they need to do so.

5. Integrating the Care

Mental Health : Progress on work carried out with the Safety Forum

As part of the **Mental Health Collaborative**, a pilot ward has been identified in the Bluestone Unit, Craigavon Area Hospital to take forward work on **Discharge Planning**. Evidence is collated through a monthly audit. This is designed to ensure the right people are in the right place enhancing communication between professionals, Service Users and Carers. The work to date has been successful and has led the Trust to incorporate these processes into the other ward's discharge procedures. A Safety Brief process has been strengthened in all wards.

Physical Care of Mentally ill:

The Trust is working with both NI Electronic Care Record (NIECR) and Civica to integrate the NIECR into the case-notes of the electronic care record PARIS. This means that anyone attending for physical health checks can have them easily recorded in a way that is accessible to their GP as well as the mental health team. These can be printed out for the service user to take with them in the form of the **Health Passport**, so should they attend a different professional they will have the details to hand.

We have commenced health monitoring clinics in the Support and Recovery Teams in two of the 3 legacy Trust areas, with the 3rd to follow shortly.

This involves **service users** being invited to attend and have routine physical health checks undertaken yearly, or more frequently as required. Routine checks would include height/weight, BP, pulse and some blood samples; some Service Users may require an electrocardiogram which will also be available shortly once key equipment is delivered. There is also an opportunity to discuss lifestyle choices such as smoking and signpost anyone wanting more input.

The clinics at present are targeted at those Service Users taking certain medicines, changing certain medicines, or with certain risk factors, until capacity is established, with the hope to roll out to all Service Users in the future.

We are producing a **leaflet with help from the Mental Health Forum** to send along with the invitation letter to ensure service users know why they are being asked to attend.

5. Integrating the Care

Community Care

Support Nursing Homes

A Care Home Support Team has been established in the Trust to ensure a person centred approach to **residents in care homes**. It offers increased governance arrangements and quality support initiatives.

The team is comprised of Social Workers, Nurses, Occupational Therapists and Safeguarding practitioners and has successfully embedded evidence based practice initiatives such as **Falls Prevention and Management** and streamlined **Safeguarding** practice.

Since formation of the Team, **increased compliance has been achieved with annual reviews and timely person-centred discharge pathways from Acute hospital services.**

Facilitating Early Discharge

Work is currently underway to build capacity in **domiciliary care for same day discharge from acute services.**

A pilot of a new domiciliary care service model has been evaluated and is being rolled out offering both quality and efficient **person centred** responsive services. This also enables greater acceptance of care packages from acute services.

New ways of working with care homes for timely assessment and acceptance of acute discharges is being embedded.

Statutory Residential Homes are further developing to facilitate higher levels of patients requiring rehabilitation and in addition an appropriate transition pathway is proposed for those awaiting other care options.

5. Integrating the Care

Community Care

Acute Care at Home

The Southern Trust Acute Care at Home service has been operational from September 2014.

What does this mean for our patients and service users?

This consultant led multidisciplinary team cares for acutely ill patients in their own home or nursing or residential home and prevents them having to be admitted to hospital.

The team responds to referrals from GPs, Craigavon Area, Daisy Hill, Lurgan and South Tyrone Hospitals and the NI Ambulance Service within an agreed timeframe of 2 hours and provides a full Comprehensive Geriatric Assessment.

Intermediate Care

In 2015/16 recurrent funding was secured to recruit 0.8 wte discharge coordinator in Intermediate Care. **Six day working** commenced on 9 January 2016 to support the unscheduled care pathway. The coordinators work 7.5 hours each Saturday on a rota basis, screening new referrals from Craigavon Area and Daisy Hill Hospital.

What does this mean for our patients and service users?

This has helped progress with discharges home from hospital over the weekend

Facts & Figures

Since commencement there have been **150** Friday referrals from Craigavon Area Hospital and 63 from Daisy Hill Hospital.

There have been **31 discharges over the weekends**, with **178 discharges from hospital on Mondays**.

5. Integrating the Care

Integrated Care Partnerships : Integrated Working

The Trust set up an implementation group with cross divisional involvement from the Trust, as well as external organisations such as NI Ambulance Service, ICPs, Local Commissioning Groups, Primary Care and Community Pharmacy representatives.

A comprehensive communication strategy was developed which ensured liaison with key stakeholders across acute, community and voluntary groups, as well as primary care practitioners, **service users and carers**.

Service agreed key performance indicators in line with the primary and secondary drivers, with senior management team and commissioners. A database was developed to capture this information and produce monthly activity reports which are shared with Local Commissioning Groups, ICP and key Trust personnel. A detailed evaluation report is produced every 6 months and shared with key stakeholders.

Integrated Care Partnerships have assisted with the development of the ACAH service providing funding for pharmacy support and also for the extension of nursing hours to provide evening and weekend cover.

Outcomes

In the first year the service has demonstrated **positive outcomes** against each of the key objectives:

- Nursing home admissions to Acute hospital.
- To reduce the number of unplanned hospital admissions for the population of over 75year olds admitted to acute hospital from pilot versus non-pilot GPs
- To reduce the number of Emergency Department attendances for over 75 year old patients
- Increase the number of IV antibiotics delivered in the community from the 2013 - 2014 baseline

Further information on outcomes are also outlined on the next page

5. Integrating the Care

Integrated Working - Outcomes (continued)

Patients have received timely access to acute services in their **own home** which has prevented the need for admission to hospital. The results show that the model of providing acute services to patients in the community setting can have an impact on the pressures faced in our emergency departments and acute settings.

Facts & Figures

There have also been **positive qualitative feedback from patients, carers and families**, as well as Nursing Home Managers and GPs. We have received **over 120 service user feedback questionnaires** to date all of which have very positive experiences. This will reflect some social care input and should support the Transforming Your Care agenda.

Integrated Care Partnerships

The Trust has been working with the Integrated Care Partnership Diabetes group to revise and develop new pathways of care for people with diabetes. These pathways are being developed in line with the 'Super Six' model of care first established in Portsmouth, which has a key focus on the following:

- Insulin pumps
- Diabetic foot care
- Uncontrolled type 1/adolescent diabetes & Inpatient diabetes
- Antenatal diabetes
- Low eGFR/dialysis patients

There is a drive to provide other aspects of diabetes care within community and primary care services.

Developments include a **central telephone advice line** for patients and professionals, provision of education and training sessions for GP practices to increase the skill and knowledge of staff, and the **development of foot risk assessment cards for people with diabetes to know their risk and ensure they get the correct care.**

6. Childrens' Social Care Services

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

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

Facts & Figures

The SHSCT has 100% compliance in this area since 2013

Looked After Children

Children who become looked after by Health and Social Care Trusts must have their **living arrangements and care plan reviewed** within agreed timescales.

This ensures that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements and preserves and maintains the rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

The Trust reviews care plans within the required timeframes and these Looked After Child meetings are chaired by an independent chairperson who considers all aspects of the care plan including the quality of the placement, the child's/young person's needs and the associated supports being made available. Emphasis is placed on participation by both the child/young person and his/her parents in the review process.

Facts & Figures

The SHSCT has been 100% compliant to these requirements since April 2014

6. Childrens' Social Care Services

Permanency Planning

Every Looked After Child needs certainty about their future living arrangements and through Permanency Planning this Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.

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

Facts & Figures

- In 2015/16 the SHSCT was 95% complaint with this requirement.
- This represents a decrease from 97% in 2014/15.



6. Childrens' Social Care Services

Direct Payments

The provision of direct payments by a Health and Social Care Trust enables families to locally source the care they require, allowing the individual to choose how they are supported within their community.

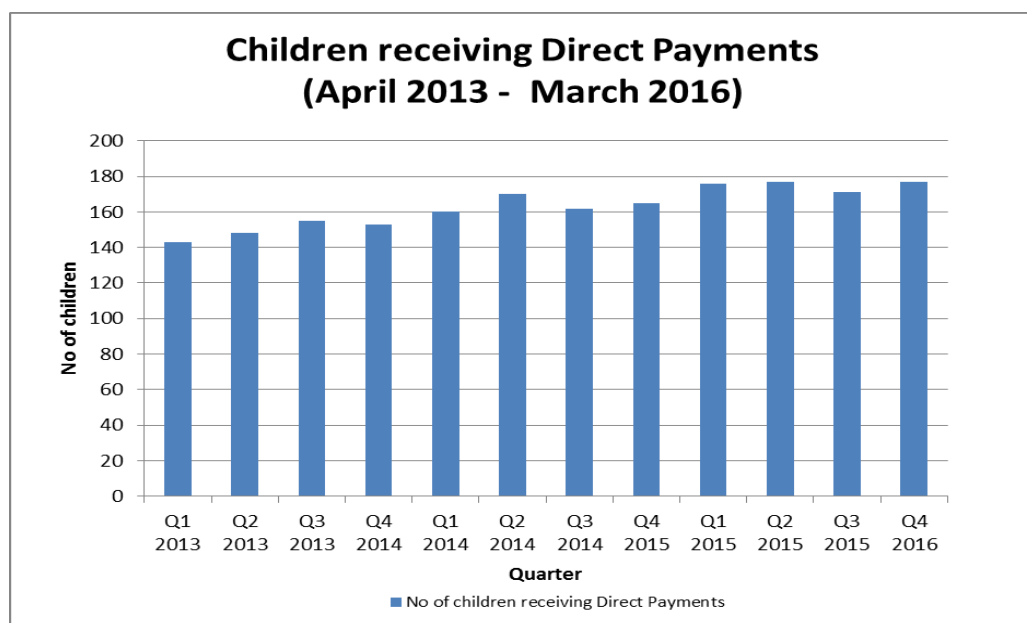
Direct Payments continue to be promoted to families by social workers in the Children with Disabilities Teams.

Direct Payments enable families to locally source the care they require, allowing the individual to choose how they are supported within their community.

The Commissioning target for children and adults receiving direct payments is 816.

Facts & Figures

- ⇒ At March 2015, 165 children received direct payments
- ⇒ By March 2016, this figure had risen to 177 children receiving direct payments, as outlined in the graph below:



6. Childrens' Social Care Services

Education, training and employment

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community.

The Trust has a dedicated service working with young people aged 16 plus providing advice and direct input via provision of tuition to assist young people to achieve in relation to academic progress at school or during training.

The project also works on employability schemes including the provision of formal work experience placements and the securing of paid employment for care experienced young people.

Facts & Figures

- ⇒ As at March 2016, 80% of aftercare leavers within the Southern Trust areas were engaged in education, training and employment
- ⇒ 100% of school leavers with a disability had a transition plan in place



7. Adult Social Care Services

Vulnerable Adults

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.

Facts & Figures

In the Southern Health and Social Care Trust, during **April 2015 - March 2016**, **81% of adults** referred for investigation and identified as “at risk” during this period had an Adult Protection Plan put in place.

The adequacy of the care and protection plan is reviewed throughout the investigation and amended as appropriate. This may also include stepping the case down from protection procedures where further information indicates that it is safe and appropriate to do so.

Exiting services may be sufficient to address the assessed risks and therefore no specific care and protection plan would be required. Adult safeguarding interventions also adopt a consent based approach. There are some situations in which the vulnerable person refuses consent to a safeguarding investigation/intervention. Trust staff will endeavour to consider other ways of engaging with the individual outside of the safeguarding process that addresses identified risk factors.

The Southern Trust has participated in a regional initiative that sought to obtain the views of service users / carers, using the **10,000 Voices** methodology, on their experience of the Adult Protection process. This feedback included comments on how the wishes of the adult in need of protection were listened to and respected, and whether the outcomes achieved met their expectation.



7. Adult Social Care Services

Individual Care Assessments

There are a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

Facts and figures

In 2015 /16, **1504** adult carers across Physical, Learning Disability, Mental Health and Older People & Primary Care Directorate were offered individual care assessments as set against the commissioning direction target by HSCB

Direct Payments

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

Facts & Figures

- ⇒ Direct Payments are in place for **565 adults**.
- ⇒ Overall as at 31 March 2016, direct payments were in place for **748 adults and children** within the Southern Trust.
- ⇒ This represents 92% of the commissioning direction target.

7. Adult Social Care Services

Resettlement in the Community

The ultimate goal of this Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all HSCTs.

The SHSCT continues to attempt to prevent long stay hospital admissions by undertaking a comprehensive assessment of need and providing a bespoke package of care to address same e.g. the use of self-directed support/direct payments. This provides the client and indeed the carer with the opportunity to tailor services to meet their needs with flexibility.

Facts & Figures

One Learning Disability patient out of 79 (1.3%) that was resettled to the community had to be readmitted to hospital due to an acute psychotic episode and currently remains in active treatment.

7. Adult Social Care Services

Annual Health Checks

The Learning Disability Service Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check.

Facts & Figures

- ⇒ 1,332 Adults with Learning Disability had an annual health check in the Southern Health & Social Care Trust in April 2015—March 2016.
- ⇒ This equates to **68%** in the Southern Health & Social Care Trust, compared to the **Northern Ireland average of 64%** and the **UK average of 47%**.



Protecting Vulnerable Adults

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

Applications can be made by an Approved Social Worker or by the person's nearest relative. These actions are always considered alongside an individual's human rights.

Facts & Figures

In the Southern Trust, 154 applications for assessment were made by approved Social Workers.

This represents a compliance rate of 96%

Appendix 1

Examples of Quality Improvement Projects included in the Continuous Improvement Newsletter

Special Edition

SHSCT Quality Improvement Sharing Event



Welcome to a Special Edition SHSCT Continuous Improvement Newsletter showcasing our 2nd Quality Improvement Sharing Event hosted on 14 October 2015

The sharing event was attended by over 300 delegates who were able to listen to, and learn from, a variety of speakers including service users who bravely shared their experiences and stories. Trust staff who have been involved in improving the quality of their services also gave presentations as well as a range of specialists who delivered interactive skill building sessions in the afternoon.



Roberta Brownlee, Chair (far left) and Paula Clarke, Chief Executive (Interim) (far right) with Paula Tally, Best Care, Best Value Project Manager (seated left) and Aldrina Magwood, Director of Performance and Reform (seated right) pictured with the Continuous Improvement Team

The key theme of the event was **“Quality Means to Me”** and messages captured on our 'Wall of Inspiration' and through our staff and service user 'vox pops' will contribute toward informing the development of the Trusts *Quality Improvement Framework*.

The event launched the Trusts much anticipated Quality Improvement E-learning module. The Module has been developed in-house to provide all staff with an understanding of what Quality Improvement is and how staff can participate to improve care and services

Continuous Improvement

Listening and Learning... Over the next few pages please read about the various presentations given at the Quality Improvement Sharing Event and view pictures of those who attended.

Audrey Fenton

Throughout the event delegates were shown videos of service users telling us what quality means to them. Audrey's moving and emotional story, "Living with Cancer," provided us with a personal insight to her experience at the Mandeville Unit. We learn that quality for Audrey means having confidence in the team treating you as well as being provided with relevant information "not necessarily pieces of paper but also the exchange of views and experiences".



Quality Means to Me...

Service Users Rosemary Paisley and Laura Davidson allowed us to capture and share what quality means for them. In her video Rosemary speaks about the importance of respect, support, professionalism, encouragement and that "no money could give her the peace of mind" that the Reablement team did.

Staff and service user 'vox pops' were played during the Event and featured on the Trust Facebook page. Mike Smith, Consultant Paediatrician, describes quality in his video as "hard to define...but care that is safe, personal, effective, timely and patient centred."



The Radiology staff of DHH provided us with an excellent video sketch of "Quality Care"

Continuous Improvement

Inspirational Speaker: Hannah Shields



Hannah joined us at the event to talk about her momentous and somewhat terrifying experience to become the first Northern Irish woman to conquer Mount Everest.

Hannah set off on her expedition in April 2007 as part of the "Seven Summits" team of international climbers. Her attempt to scale the worlds most unforgiving peak was expected to take about two months - Hannah managed the challenge in about six weeks.

She scaled Everest by the arduous north face and returned safely back down the most dangerous part of the mountain. This was not before facing frostbite, severe oxygen shortage, deadly terrain and avalanches.

Hannah's message to us all is that
"Limits Exist Only in Our Minds"



Extremes:

Left - Hannah and her team scaling Mount Everest

Improve

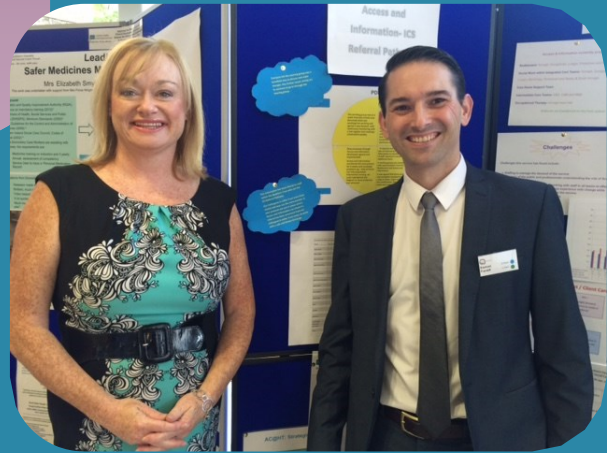
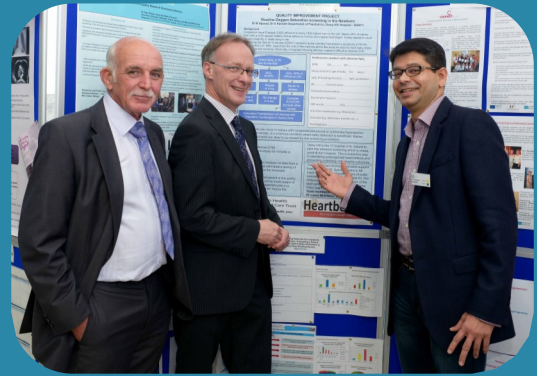
Inspire

Innovate

Continuous Improvement

Poster Presentations

There were over 80 posters across all programmes of care presented at the Event. These showcased the diverse range of quality improvement projects throughout the Trust. A special thank you to all who took the time to display a poster.



Improve

Inspire

Innovate

Continuous Improvement

Melanie McClements:

Outcome Based Domiciliary Care

Melanie is the Trusts Assistant Director of Older People's Services. Her presentation described the impact of piloting an outcome-based Domiciliary Care Model. Core domiciliary care provision is typically commission based on a "time for task" model. Feedback from our service users tells us that although we are doing well, we could do better, specifically in relation to improving continuity of care, with less of a focus on time and more focus on service users and their needs.

A pilot testing an independence model approach to domiciliary care, maximising opportunities to increase service user independence wherever possible, commenced in May 2015. Melanie told us about the difference this approach has had and how it will inform future service development.



Melanie Speaking at the Event

Dr Mark Roberts: Frailsafe

Dr Mark Roberts, Consultant in Acute & Geriatric Medicine, spoke to delegates about improving the care of frail older people in the Medical Assessment Unit. The aim of the Frailsafe initiative is earlier multi-disciplinary assessment of the frail older person including:

- Review of the patient against evidence based parameters proven to reduce harm
- Medications review and rationalisation
- Improved use of invasive equipment e.g. catheters, IV lines and bed rails
- Earlier identification and management of delirium

If you would like to find out more about Frailsafe please contact

Members of the multidisciplinary team at MAU in Craigavon (L-R): Sister Alison Jackson, Sinead Hughes, Dr Mark Roberts, Jayne Agnew, Dr Hannah Breen, Charlotte-Anne Wells



frailsafe


Continuous Improvement



Lisa speaking at the event



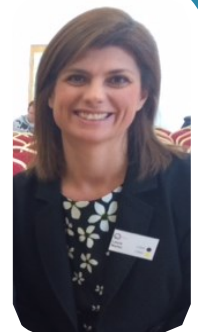
Lisa Follis: “Verve” Healthy Living Centre Network

Lisa Follis, Neighbourhood Renewal Health Coordinator, gave an informative presentation on a new collaborative approach to health and wellbeing by the Trust and the community and voluntary organisations across the area. Lisa explained how the new approach has increased individual and community capacity to address health and wellbeing issues throughout the area. It has provided a new evidence based ‘grass roots’ programme, increased opportunity for referral pathways between the Trust and community and vice versa and also improved the health literacy and physical, mental and emotional wellbeing of programme participants. To find out more contact Lisa.Follis@southerntrust.hscni.net or click the Verve logo to access a copy of the presentation.



Dr Martin addressing a packed audience

Dr Laure Martin: **Anaesthetic Critical Incident Trigger List: A Tool to Facilitate Reporting**



Dr Martin, Consultant Anaesthetist, spoke about how critical incident monitoring is an important tool for the maintenance of safe and effective care standards. To facilitate

reporting anaesthetic critical incidents a trigger list was developed detailing a range of incidents that should be reported, including cardiovascular, respiratory and neurological. The enhanced reporting and feedback has improved communication and supports a safety culture within the service which can be adopted in other services and regionally.

Continuous Improvement

Interactive and Engaging

After each oral presentation session, a Panel consisting of both staff and service users raised issues on



L-R: panel members Melanie McClements, Aldrina Magwood, Brian O'Hagan (service user), Anne McVey, Eamon Farrell and Dr Anne Kilgallon, Chair of the panel and Deputy Chief



Fiona Reddick, Head of Cancer Services, responding to a question raised during a panel session

Angela Cannaway and Ethna McKenna

Enhancing Disabled Children's Participation in The Looked After Children's (LAC) Process

Angela and Ethna spoke about the development of a new range of child-friendly resources aimed at collecting the views of children and young people in the LAC process. This approach provides an opportunity for children and young people with disabilities to contribute to their LAC review, making their feelings and wishes known. Social Workers within the Children with Disabilities teams are now uniformly using these resources which are gauged specifically to the varying levels of ability of children and young people known to the service. Contact Angela or Ethna at **028 3834 8248** or [click on the graphic](#) to view their presentation



Ethna and Angela



Continuous Improvement



Presenters, Service Users and Panel Members at the Quality Improvement Event

Back Row (L-R):

Lorraine Mitchell, Denise Campbell, Stephen McNally, James Todd, Teresa Ross, Dr Richard

Vincent Ryan and Eilish Kilgallon: Sign of the Times

Vincent and Eilish presented the challenge of deaf service users in accessing information about community activities and services. A Newsletter, "Sign of the Times," and tablet training classes have been developed to enable Service users to be involved and work in partnership with Trust staff. Service users feel more included and informed about services, activities and interests available.



Above: Service Users at Tablet Training



Left: Vincent and Eilish

Thank You... The Continuous Improvement Team would like to thank everyone who contributed and helped to make the 2nd Quality Improvement Sharing Event a huge success. A special thank you to our Registration Team and the volunteers at Seagoe Parish Centre who



The Quality Improvement Sharing Event Registration Team

(L-R) Jane Murphy, Judith Anderson, Sterling Grattan, Maria Conway,



Improve

Inspire

Innovate

Continuous Improvement

Appleby SEC Makaton Choir 'Reach for the Stars'



Members of the Appleby Social Education Centre Makaton Choir and Margaret McShane, Day Services Manager, performing at the Quality Improvement Sharing Event

Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

For those who have experienced the frustration of being unable to communicate meaningfully or effectively, Makaton really can help. Makaton takes away that frustration and enables individuals to connect with other people and the world around them. This opens up all kinds of possibilities.

Margaret McShane, Day Services Manager says: "Makaton Choirs allow service users to communicate through the medium of music and present their interpretations of songs through signs and words. This builds confidence and self-esteem and focuses on a person's abilities. Mostly it's about having fun!"

For more information: If you would like to find out more about the Makaton Choir please contact Margaret.McShane@southerntrust.hscni.net

Improve

Inspire

Innovate

Continuous Improvement

Afternoon Interactive Sessions

Attendees who were lucky enough to secure a place in the afternoon sessions were treated to excellent interactive workshops aimed at enhancing their quality improvement toolkit - this



Liam Creagh, Redbox Media

Liam led an interactive session on Communication. He has been a journalist in Northern Ireland for 33 years and has an unrivalled understanding of the communications industry.

Attendees were invited to reflect on our communication as individuals, teams and as an organisation. Liam focussed on how to get a message out to the right people in the right way and improving our communication skills. Some of the audience were given a mock television style interview with grilling questions! Well done to those who participated, including Patricia Watt, Area Haemovigilance Practitioner, who said of the interview, "I felt challenged as this was something that I would



Roni McMillan Gaining Support: Dragons Den Experiential Learning Workshop



Roni is a Senior Consultant at the Health and Social Care Leadership Centre (HSCLC). She led a workshop that involved pitching for funding to support delivery of a new idea based around a workplace scenario. She dared us to do differently!

Improve

Inspire

Innovate

Continuous Improvement



Carolyn Agnew: Practical Hints and Tips on Engaging Service Users and Carers



Carolyn is the Head of User Involvement and Community Development within the Trust. Carolyn delivered an informative presentation advising how to actively engage service users.

Evaluation of the session included comments such as “I’ve learned just how important involving our service users is to achieve a service which is not only best for Trust and staff but most importantly the service users themselves”. “The session encouraged everyone to think about their own cultures / values & behaviours whilst performing their daily work within the Trust”.

If you would like further information on Personal and Public Involvement you can contact the User Involvement Team at ☎028 37 412519 or ✉Carolyn.Agnew@southerntrust.hscni.net

John McClune

Making Quality Improvement Happen

John is a Lean Process Manager at Invest Northern Ireland, John helps companies identify and implement improvements. His team of experienced practitioners provide advice, guidance and support using a variety of lean thinking and supply chain principles, mentoring companies through their improvement journey.

The event saw John stage a production line and had attendees put together a product, looking for quality standards and waste in the process. Staff involved found this hands-on approach to Lean training refreshing and insightful. Learn more about Invest NI by clicking on their logo.



Improve

Inspire

Innovate

Continuous Improvement



Anne McRoberts from Marie Curie promotes the service at the Quality Improvement Event

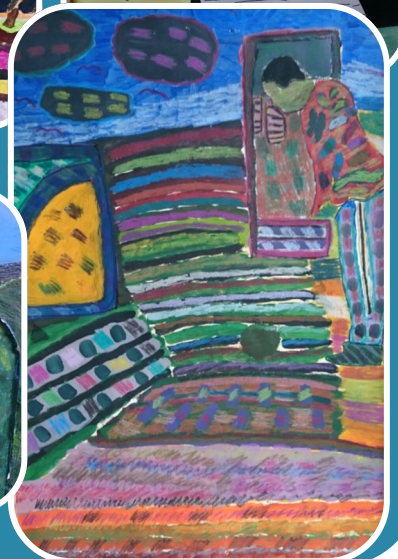
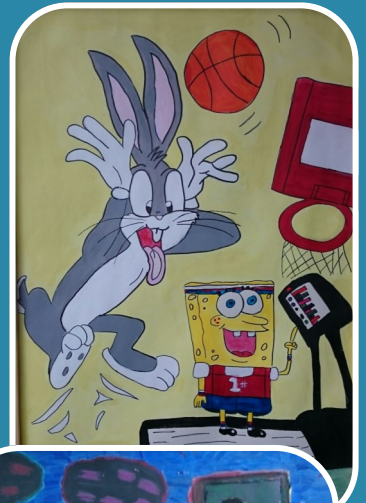


The Trusts Charity of the Year, Marie Curie, was represented at the event. Our "Grab and Go" Lunch and contributions from staff managed to raise a fantastic **£788.18** for Marie Curie. Thank you to all who contributed



The ARC, Bessbrook

The ARC (Animal Re-homing and Horticultural Centre) is a joint project between the Southern Health and Social Care Trust and the USPCA and provides daytime opportunities for adults with a learning disability. The Clients who attend the ARC are supported to access services in the community so that they can become more independent. A special thank you to them for providing us with the bright and creative artwork on display at the event, examples of which are shown above and right.



Continuous Improvement



SHSCT Quality Improvement E-Learning

The Trusts new Quality Improvement E-Learning programme was launched at the event. It has been developed in-house by the Continuous Improvement Team.

The Introductory module is now available on our Trust E-Learning Platform and is suitable for

ALL staff. The module takes approximately 40 minutes to complete.

It includes individual staff roles and responsibilities in relation to quality improvement, patient safety, effective team working, proactive service involvement and what to do when things go wrong.

What staff have said about the E-Learning so far:

“Really good training course - I feel confident to take on a Quality Improvement project!”

Register for Quality Improvement E-Learning

If you would like to register to complete the e-learning please enrol directly on the Trust E-Learning System:

www.southerntrustelearning

Quality Improvement Leader...

25 Champions Required

Are you up to the Challenge?

The Trust is launching an 8 month **accredited** programme for 25 staff to become **Quality Improvement Leaders**.

This programme will equip you with skills and behaviours enabling you to complete a service improvement project. **“Good quality isn’t always about more or about extra...I challenge you to be prepared to look at how we can do things differently and better.”**



Improve

Inspire

Innovate

Continuous Improvement

World Quality Day 12 November 2015



World Quality Day promotes awareness of quality around the world and encourages not only individual but organisational growth; focusing on quality, innovation and sustainability.

The Trust is launching a series of Breakfast Seminars

aimed at reaching out and sharing the important contribution that individuals and teams have made to improve quality.



Breakfast Seminars

To celebrate World Quality Day you are invited to

The concept of a HSC Knowledge exchange was created following consultation with a range of people from the Health and Social Care system in Northern Ireland. The establishment of the network and website has been sponsored through Transforming Your Care funding and is hosted by the HSC Leadership Centre. It has been endorsed by Trust Chief Executives and other organisations.



KNOWLEDGE EXCHANGE

Connecting People to Improve Health & Social Care in Northern Ireland



The vision and purpose is to provide a space (online, telephone and in person) for staff with a responsibility for delivering Health and Social Care in Northern Ireland to meet, discuss, debate and tackle emerging and current trends. It provides access to resources, good practice, leading thinking and up to date news and events across local, national and international systems.

The vision and purpose is to provide a space (online, telephone and in person) for staff with a responsibility for delivering Health and Social Care in Northern Ireland to meet, discuss, debate and tackle emerging and current trends. It provides access to resources, good practice, leading thinking and up to date news and events across local, national and international systems.

It is a place where staff can upload and showcase their work for the



Improve

Inspire

Innovate

