

Annual Quality Report 2016/17



Southern Health
and Social Care Trust

Quality Care - for you, with you



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

Quality is about meeting and exceeding expectations

The provision of safe effective, compassionate patient care is our top priority. We want to assure our patients, service users and carers that they are receiving quality care and treatment.

The Southern Health and Social Care Trust employs over 14,000 staff who continue to work tirelessly to deliver safe, high quality and compassionate care for the patients and clients. In Southern Trust we believe that “Quality is Everyone’s Responsibility”

The purpose of the Annual Quality Report is to detail what we do, how we are performing and provide assurance that our systems assess the quality of our services and drive continuous improvement.

This 5th 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 services 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 2016 to March 2017 and sets out some of our plans to continue to improve in 2017/18.

Message from Chief Executive

Mr Francis Rice

Interim Chief Executive



- 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 2016/17 include:-

- In October 2016 we hosted our 3rd Annual Quality Improvement conference. The theme was Quality and Safety in Action. 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 30 clinical and service user presentations and 50 poster presentations.
- During 2016/17 an Executive Quality Improvement Steering Group has been established to provide oversight to the full range of quality improvement initiatives underway across the Trust and ensure connectedness to the key corporate objectives for provision of safe, personal and effective care.

As a Trust we recognise that quality improvement needs to be at the top of our agenda if we are to deliver sustainable change for the benefits of both our service users and our staff. Our priority is the delivery of services that are safe effective and compassionate. We will continue to listen to and work with service users, carers and our staff to identify quality improvement opportunities

We will continue to strengthen foundations for delivering and driving quality improvement.

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.



**Southern Trust Annual Quality Improvement Event
October 2016**

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Transforming
the
Culture

Health & Social Care Survey

The results of the Staff Survey were provided to the Trust in April 2016 and presented to Trust Board in May 2016.



Over the summer months the results of the survey were shared with staff and a range of workshops held to present the results and engage with our staff to seek their views on what we could do better to improve their working lives. Initially, a workshop was held with our Assistant Directors and Heads of Service and this resulted in a number of key themes emerging for focus over the next 18 month period. Following this senior management workshop each Directorate held their own focus group workshops with representation from a range of staff groups in attendance.

In total, over 600 attended the workshops from across the Directorates.

In addition to the Corporate Action plan which centres around 5 key themes, each Directorate has developed its own action plan to address themes which arose at their own workshops with staff. Directorates are currently implementing these action plans locally.

The following information details the themes of the Corporate Action Plan and progress to date against the identified actions.

Actions will continue to be progressed during 2017/18.

Some key findings from the survey of Southern Trust staff reveal that:

80% of staff feel satisfied with the quality of work and patient care that they are able to deliver which is above the NHS national average of 76%

67% of staff said they would recommend the Trust as a place to work – also above the national NHS average of 54%

76% of staff said that care of patients is the organisations top priority – a 15% improvement from the previous survey in 2012

Welcoming the findings, Southern Trust Chief Executive (Interim) Francis Rice said:

***“We have over 13,000 staff working across the entire Southern area, two thirds of these delivering direct patient care and the other third providing essential behind the scenes support. We want to hear first-hand from our staff who provide our services every day, what it is really like for them working in the Trust.*”**

***“We are committed to listening and learning from staff and involving them in shaping services, so it is encouraging that we scored highest in Northern Ireland and above the UK average for employee engagement.*”**

“Whilst it is reassuring that we rank well amongst our counterparts across the NHS, we recognise that there is always room for improvement and will be focusing on a number of areas highlighted through this survey, to help to make our Trust a better place to work for the ultimate benefit of our patients and clients.”

Click here to see the staff survey results

<http://www.southerntrust.hscni.net/about/3413.htm>

See a message from our Chief Executive (Interim) Francis Rice

<https://www.youtube.com/watch?v=FGvt1UGnWdY>

Key Survey Themes - Corporate Action Plan

Key survey theme:	1. Visible Leadership
<p>Rationale:</p>	<ul style="list-style-type: none"> ◆ 41% do not agree that Senior Management set out a clear vision of where the organisation is headed ◆ 23% do not agree that the care of patients, service users, clients is the organisation's top priority
<p>Link to Overarching Trust Priority</p>	<p style="text-align: center;">Being a great place to work, valuing our people</p> <p style="text-align: center;">Providing safe, high quality care</p>
<p>This is what we'll do in 2016/17 & 2017/18</p>	<ul style="list-style-type: none"> • Development of clear Corporate Plan for next 4 years - 2017/18 - 2020/21 so that staff can be aware of Trust direction • Translation of Corporate Plan into 'easy to read' plan on a page for each Directorate with Directors, Assistant Directors and Heads of Services ensuring that team objectives are set to provide direction for staff and inform appraisal and PDP processes for individual staff • Refresh, communicate and embed our Trust vision & values - 10 years on • Once permanent Chief Executive is in place: <ul style="list-style-type: none"> a. Annual Trust Senior Management/Leadership Forum to be established b. CX / Senior Management quarterly briefing sessions key messages used for cascading at Team Talk meetings
<p>Progress against our planned actions as at April 2017</p>	<p><u>COMPLETE</u></p> <ul style="list-style-type: none"> • The development of the Trust's 4 year Corporate Plan in conjunction with Directorate Management Teams has been completed and is currently subject to DoH and Trust Board approval processes • As part of the Directorate engagement process for the development of the Corporate Plan, one year management plans have been developed to support the delivery of the agreed strategic priorities <p><u>IN PROGRESS</u></p> <ul style="list-style-type: none"> • Staff communication and engagement process to be rolled out from June 2017 onwards with Directorate teams in relation to content of Corporate Plan and related Directorate 'plan on a page'. Presentations to be filmed to enable greater coverage with staff who are not able to attend

Key survey theme	2. Staff Voice / Engagement
<p>Rationale:</p>	<ul style="list-style-type: none"> ◆ 66% do not agree that Senior Management Team try to involve staff in important decisions ◆ 56% do not feel involved in deciding on changes introduced that affect my work area / team / department
<p>Link to Overarching Trust Priority</p>	<p>Being a great place to work, valuing our people</p>
<p>This is what we'll do in 2016/17 & 2017/18</p>	<ul style="list-style-type: none"> • Improve engagement with staff: <ul style="list-style-type: none"> <u>Individual</u> develop our managers' ability to engage in difficult conversations with their staff - for example - difficult situations / conversations, appraisal / giving feedback, facilitation between staff members HOS, AD and Director – protected time for visits to teams, if not already in place <u>Team</u> Team Talk / Time out for Teams embedded – Assistant Directors accountable to their Director across their division • Development and launch of 'See it, Say it' Raising Concerns campaign in line with RQIA review timescales • Reduce reliance on temporary / agency staff – maximise use of flexible permanent contracts

Key survey theme	2. Staff Voice / Engagement continued
<p>Progress against our planned actions as at April 2017</p>	<p><u>COMPLETE</u></p> <ul style="list-style-type: none"> A new skills development programme 'Every Conversation Matters' was developed in the Trust and introduced in 2016/17 and will continue to be rolled out in 2017/18. It aims to support staff to communicate more effectively with one another. The content of the half day programme includes: <ul style="list-style-type: none"> ⇒ Developing your approach to conversations and practice ⇒ Directive - versus - nondirective styles in conversation ⇒ Making 'Every Conversation matter'- skills/outcomes/impact 'Managing Difficult Situations' skills development programme is offered through the HSC Leadership Centre SLA to support managers to have difficult conversations with staff. <p><u>IN PROGRESS</u></p> <ul style="list-style-type: none"> The Trust is working with all other HSC employers in relation to the RQIA action plan for Whistleblowing / Raising Concerns to be Implemented by September / October 2017 Functional Support Services in Acute Services has a high number of agency workers and a programme of action to fill these posts on a permanent basis is currently being rolled out New models of recruitment to permanent flexible posts have been introduced for Nursing & Midwifery, AHPs and some groups of administrative and clerical staff
Key survey theme	3. Regaining Respect
<p>Rationale</p>	<ul style="list-style-type: none"> ◆ 30% consider that relationships at work are strained ◆ 10% consider that they have personally experienced harassment, bullying or abuse at work from their manager and 14% from other colleagues
<p>Link to Overarching Trust Priority</p>	<p>Being a great place to work, valuing our people</p>
<p>This is what we'll do</p>	<ul style="list-style-type: none"> Trust wide programme to reinforce respectful and civil behaviour based on '5 Fundamentals of Civility' model:- <ul style="list-style-type: none"> • Respecting others and yourself • Taking care of yourself • Be aware • Communicate effectively • Be responsible
<p>Progress as at April 2017</p>	<p><u>COMPLETE</u></p> <ul style="list-style-type: none"> The '5 Fundamentals of Civility' model has been introduced in 2016/17 and has been embedded within the Trust's leadership programme – 'Taking the Lead', skills development programme – 'Every Conversation Matters', customer care training – 'Patient Client Experience' and also Corporate Induction.

Key survey theme	3. Regaining Respect continued
Progress against as at April 2017	<ul style="list-style-type: none"> Based on feedback to date on the model itself and its applicability to HSC, a toolkit resource pack is currently being developed for use by managers in their Team Talks / Time out for Teams sessions and a series of Train the Trainer sessions / workshops will be delivered throughout 2017/18 on the '5 Fundamentals of Civility model.'
Key survey theme	4. Healthy, Well and Productive Workforce
Rationale	<ul style="list-style-type: none"> 32% felt unwell in last 12 months as a result of work related stress 72% have worked additional UNPAID hours 54% consider that the Trust is not committed to helping staff balance their work and home life
Link to Overarching Trust Priority	<p>Being a great place to work, valuing our people Providing safe, high quality care</p>
This is what we'll do	<ul style="list-style-type: none"> Development of next 3 year health and well-being strategy for Trust – branding of same, taking account of staff survey results relating to HWB, including areas where high level of unpaid hours are worked
Progress as at April 2017	<ul style="list-style-type: none"> Staff Health & Wellbeing Group is currently finalising the Health & Well-being Strategy & Action Plan 2017-2020 for consultation with staff. Due for consultation in June 2017
Key survey theme	5. Equipped Workforce
Rationale	<ul style="list-style-type: none"> 29% who commenced the Trust in last 12 months did not receive an effective induction 40% who commenced a new role in the Trust in last 12 months did not receive an effective induction 37% of staff who had an appraisal, did not agree that it had helped them do their job more effectively 47% indicated that there wasn't strong support for training in their area of work
Link to Overarching Trust Priority	<p>Being a great place to work, valuing our people Providing safe, high quality care</p>
This is what we'll do	<ul style="list-style-type: none"> Review corporate induction / corporate welcome Review departmental induction programme guidance Review delivery means for corporate mandatory training to ensure release of staff in a way that suits services Skills development programmes to be developed for appraisal Review of management / leadership development programmes, including new to line management programme

Key survey theme	5. Equipped Workforce continued
<p>Progress against as at April 2017</p>	<p><u>COMPLETE</u></p> <ul style="list-style-type: none"> An 'Appraisal Skills for Managers' skills development programme is now in place which focuses on the skills required to deliver a high quality appraisal. Dates have been advertised for 2017/18 commencing in June 2017. Corporate Mandatory Training - improvements have been made in rates of compliance during 2016/17, i.e. all subjects have met the Internal Audit target of 60% (except Induction which we have actions in place to further improve). A range of actions supported these improvements, e.g. further development of e-learning modules to make training more accessible, streamlining of face to face sessions, offering flexible time slots, meetings with Directorates to target 'hot spots', working with managers to improve Training Needs Analyses, developing a 6 month programme of dates so managers can plan ahead for the release of staff, etc. <p><u>IN PROGRESS</u></p> <ul style="list-style-type: none"> A review of the corporate induction programme has taken place and as a first step, an interactive electronic Welcome to the Trust brochure is in the final stages of development which provides introductory information about the Trust intended to be issued to new starts immediately on or before commencement. Attention is now being turned to refreshing the Corporate Welcome - half day session for all new starts to be in place for September / October 2017. <ul style="list-style-type: none"> Departmental Induction guidance is currently being reviewed and refreshed Development of 'Mandatory Training – SOS (<u>S</u>igned <u>O</u>ff by <u>S</u>eptember)' challenge for Directorates, aim of which is to achieve compliance in all <i>corporate directorates</i>. In addition, a challenge to each of the <i>operational directorates</i> to have one of their significant teams in a 'hot spot' area of low compliance to have 100% staff all signed off by September 2017. Learning from this challenge in both corporate and operational directorates will then be directed to other teams into 2018 <p><u>TO BE COMMENCED</u></p> <p>Once the HSC Leadership Strategy is released in May / June 2017, a review of the Trust's leadership and management development programmes will be undertaken</p>



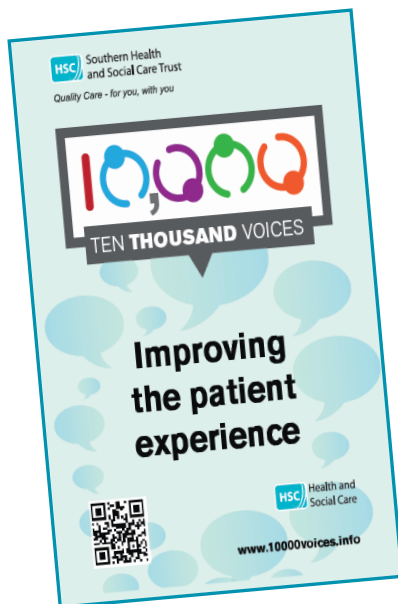
10,000 Voices is a regional initiative which collects information from patients, their families and carers on their experiences of the care they received. Their views help shape how care and services are delivered both locally and across Northern Ireland. The following 10,000 Voices Regional Reports have been published:

10,000 Voices Experience of Paediatric Autism and CAMHS Project - April 2017 [Click Here](#)

10000 Voices Regional Report Unscheduled care - February 2017 [Click Here](#)

10,000 Voices Care in Your Own Home Regional Report - December 2015 [Click Here](#)

10,000 Voices Experience of Nursing and Midwifery Care - December 2015 [Click Here](#)



Many of the stories we have received highlighted:-

For the majority of people, their health and social care experience is a positive one, so it is important that we share this with staff. As well as this, many of the responses have enabled us to identify opportunities for learning and areas for action. During July 2016 a Patient Client/10, 000 Voices Facilitator was appointed to the Southern Health and Social Services Trust to drive this important agenda forward.



From the personal stories received through 10,000 Voices a number of key areas which matter to people in their health and social care were identified as follows:

- Having access to the right treatment and information at the right time
- Feeling reassured when anxious and being listened to
- Being treated with compassion and respect
- Feeling safe and having confidence in staff
- Being kept updated with what is happening in their care journey/episode
- Having a balance of independence and support

10,000 Voices surveys 2016/2017

- Adult Safeguarding
- Unscheduled Care
- Health and Social Care in N.I.
- CAMHS/Autism

Further surveys planned in 2017/2018

- Delirium
- Bereavement
- Discharge Planning

What our service users have told us through 10,000 Voices surveys within our Trust

"The staff were excellent very attentive and kind."

"On the whole my experience was fantastic from the facility to the staff I was very happy. It would be great if you could feed this back to the team involved and commend them for their work."

"The staff are great and I am looked after like a queen. You feel special, taking good care of you and they help you with everything, including taking off your coat."

"The staff did help me to the best of their ability but the place was packed and there was not enough staff to cover the level of patients."

"Shorter waiting times and more staff available to carry out procedures when you attend appointments."

Personal & Public Involvement/Patient Client Experience

The Southern HSC Trust's Patient Client Experience (PCE) Steering Group is a sub-group of the Trust's Patient Client Experience Committee and is chaired by the Executive Director of Nursing. The remit of the Southern Trust's PCE Steering Group is to drive a work programme in the directorates in line with the Regional PCE Steering Group Action Plan. This action plan focuses on Patient Client Experience captured through 10,000 More Voices and the regional Patient Client Experience standards.

The group will approve and monitor an annual work plan and prioritise elements for reporting to the Trust's PCE Committee at its quarterly meetings. The first PCE Annual Report was presented to the Senior Management Team and the Trust's Patient Client Experience Committee and covers the financial year ending 31 March 2017.

#hello my name is...

What the Patient Client Experience Group focused on during 2016/2017



Raised the profile of #Hello My Name Is by;

- Organising staff Information stands in Daisy Hill and Craigavon Area Hospitals.
- Included in Induction Programmes of new staff.
- Designed #Hello my name is telephone stickers for application to Trusts new telephone handsets.
- Procured #Hello My Name is lanyards for front line staff and other promotional materials.
- Attendance at Trust events to highlight the campaign with staff eg corporate training, annual QI Event.
- Promotion on Social Media.

Monitored the availability of meals / drinks in ED

Southern Health and Social Services Trust participated in a regional audit to monitor the availability of meals / drinks in Emergency Departments for patients with identified need. Results were very positive and some of the comments included;

“Didn’t think I was fit for food but when it came I enjoyed it”

“I wasn’t expecting meal but it was great to get”

“In from 7am, insulin patient, so really good to be offered breakfast as it helps with my condition (now 9am)”



A key focus during 2016/17 was to increase uptake of PHA Biennial survey (10,000 Voices Initiative) by 40% in areas of low participation by March 2018

An extensive engagement plan to promote the 10,000 voices initiative was developed so that areas of low participation could be increased.

As part of this plan the Southern Trust:-

- ◆ **Organised 10,000 Voices Roadshows.**
- ◆ **Attended various events including:-**
 - Carers Events in Coalisland**
 - BME Health Workshop, Armagh**
 - Older Person Events in Moy, Banbridge, Craigavon, Armagh,**
 - Men's Carers Day, Craigavon**
 - Traveller Support Group**
 - Terex Factory etc.**



The 10,000 Voices Initiative Regional Leaflet

has been widely circulated across Trust facilities including Emergency Departments, outpatients, waiting area, Out of Hours waiting areas etc.

To further raise awareness Community and Voluntary groups within Southern Trust have also been provided with this information.



Southern Trust's PCE Directorate Work Plan 2016 / 2017 included

Carer/ User involvement in Transition Planning for people with a Physical Disability

To increase carer/user involvement in transition planning for individuals with a learning or physical disability a consultation event was held in Armagh during November 2016. Over 50 of our service users and carers attended the event, sharing their views and expectations.

We have listened attentively to what is important to service users and carers:-

- ◆ Service users and carers would like to be able to access regular information opportunities. We have now scheduled regular information sessions with over 100 individuals attending the first 2 sessions which were held in local schools focusing on young people aged 14 – 19 years
- ◆ We have engaged our service users and carers via 10,000 Voices, listened to the views and opinions shared and as result our Promoting Health and Wellbeing Team have facilitated social and recreational opportunities for service users and cares including yoga and mindfulness. Further sessions are planned over the forth coming months



Improving Day Care Services for Older People

The OPPC Day Care Services undertook a service improvement project in older peoples day centres, in partnership with 10,000 voices to ensure active involvement and feedback to help inform service shape and design.

Cloughreagh House is a Residential Care Home in Bessbrook, Newry. Their aim is to provide an environment where frail, older people can achieve maximum independence, privacy and dignity whilst at the same time receive care and support. The Home creates and maintains a homely environment to enhance feelings of self-worth, respect and dignity irrespective of ethnicity, status, sex, age, culture or beliefs.



Cloughreagh House has a number of activities which improve the health and wellbeing of its residents. They organise activities as a group, using a person centred approach, demonstrating inclusion through participation.

Recently they held a six week cooking class **“the Great Cloughreagh Bake Off”** that involved residents taking time to prepare the ingredients, bake and sample.

Other activities included balloon tennis and a Wimbledon themed afternoon. Residents are encouraged to participate in activities and to spend time outdoors gardening and enjoying the sunshine as weather permits.



Ensuring People Have Positive Experience of Service

Within Northern Ireland, the Department of Health through its Safety, Quality and Standards Directorate has responsibility for reviewing, developing and refining policy on Personal and Public Involvement (PPI).

- The Public Health Agency (PHA) has responsibility for leading implementation of policy on PPI across the HSC and for ensuring that HSC Trusts meet their PPI statutory and policy responsibilities/ obligations.
- The PHA provides assurances to the Department through 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.



As well as the range of PPI work carried out across Directorates during 2016/17 the Trust in partnership with its PPI Panel:-

- ◆ Contributed significantly to the development of the regional Engage and Involve PPI training programme.
- ◆ Promoted the PPI Awareness e-learning module and delivered face to face PPI Awareness to staff. A total of:
 - ⇒ **632 staff completed PPI e-learning, 161 staff (10 teams);**
 - ⇒ **79 student social workers and 26 service users and carers received face to face PPI training.**
- ◆ PPI Coaching and PPI Team Briefing prompt cards were also provided to Team Leaders across the Trust. This brings the overall total of Trust staff now trained in PPI to 2,936 which is a quarter of the work force.
- ◆ Participated in the Research Team and Advisory Group led by Queen's University and the University of Ulster. The research report *"Involvement and its Impact: Monitoring, Measuring and Evaluating the Impact of Personal and Public Involvement in Health and Social Care in Northern Ireland"* was officially launched in February 2017 at the Junction, Dungannon. The recommendations from this research have informed the Trust's PPI Action Plans and the review of its PPI strategy.
- ◆ Completed the PHA's PPI Performance Management Process for 16/17.
- ◆ Actioned all of the recommendations in line with available resources from the subsequent PHA PPI Monitoring Report 2016/17.

Ensuring People Have Positive Experience of Service

The Public Health Agency's PPI Monitoring Report 2016/17 for Southern Trust stated that:

“On a review of the evidence, the Southern HSCT continues to be the most advanced Trust in relation to complying with the Statutory Duty of Involvement. PPI continues to be embedded into the Trust governance and decision making processes and is a core action and reporting element within each Directorate.

“It is apparent that the resources dedicated to PPI continue to make a significant difference to the culture and practices operating within the organisation. The development of a PPI Action Plan within each Directorate puts a clear focus on the actions required to appropriately involve service users and carers.

“The PHA will continue to support the Trust to showcase and share models of good practice across other HSC organisations. In particular, the governance model in operation, truly demonstrates how a large organisation can incorporate the voice of service users and carers at a strategic level and this is to be congratulated.”

Further information is available in the PPI Annual Report 2016/17

“Sharing Our Stories”

on the Trust website

<http://www.southerntrust.hscni.net/about/1600.htm>



Mental Health User & Carer Service Improvement Group

The Southern Health & Social Care Trust User & Carer Service Improvement Group (UCSIG) is a working group within the Mental Health Division of the SHSCT which comprises a mix of service users, carers, independent advocates and health and social care professionals, all of whom have personal experience of living, working or caring for those with mental ill-health. The group is jointly chaired by a service user and a staff member and also includes representatives from leading third sector providers in the Southern area. UCSIG are committed to promoting the lived experience voice in the commissioning, planning, delivery and management of mental health services in the SHSCT and across the region.

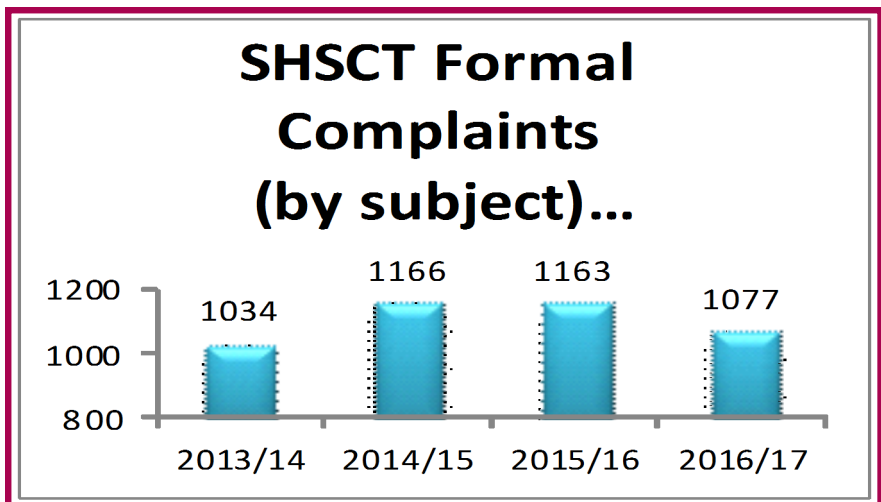


Compliments and Complaints

Each year a significant number of people receive services provided or commissioned by the Southern Health & Social Care Trust and the vast majority have a positive experience and are cared for by well trained professional and support service staff, all of whom are highly dedicated. However like any organisation, things can go wrong and when this is the case we make it our goal to **listen**, **learn** and **improve**.

Patient Experience and involvement is extremely important to us. We aim to continually improve and it is those people who have experienced or observed our services who can help us to learn and improve the services we provide by sharing their experiences.

The number of **formal complaints** received by the Trust has reduced in the last year to 1077, **a decrease of 86** on the previous years figures.



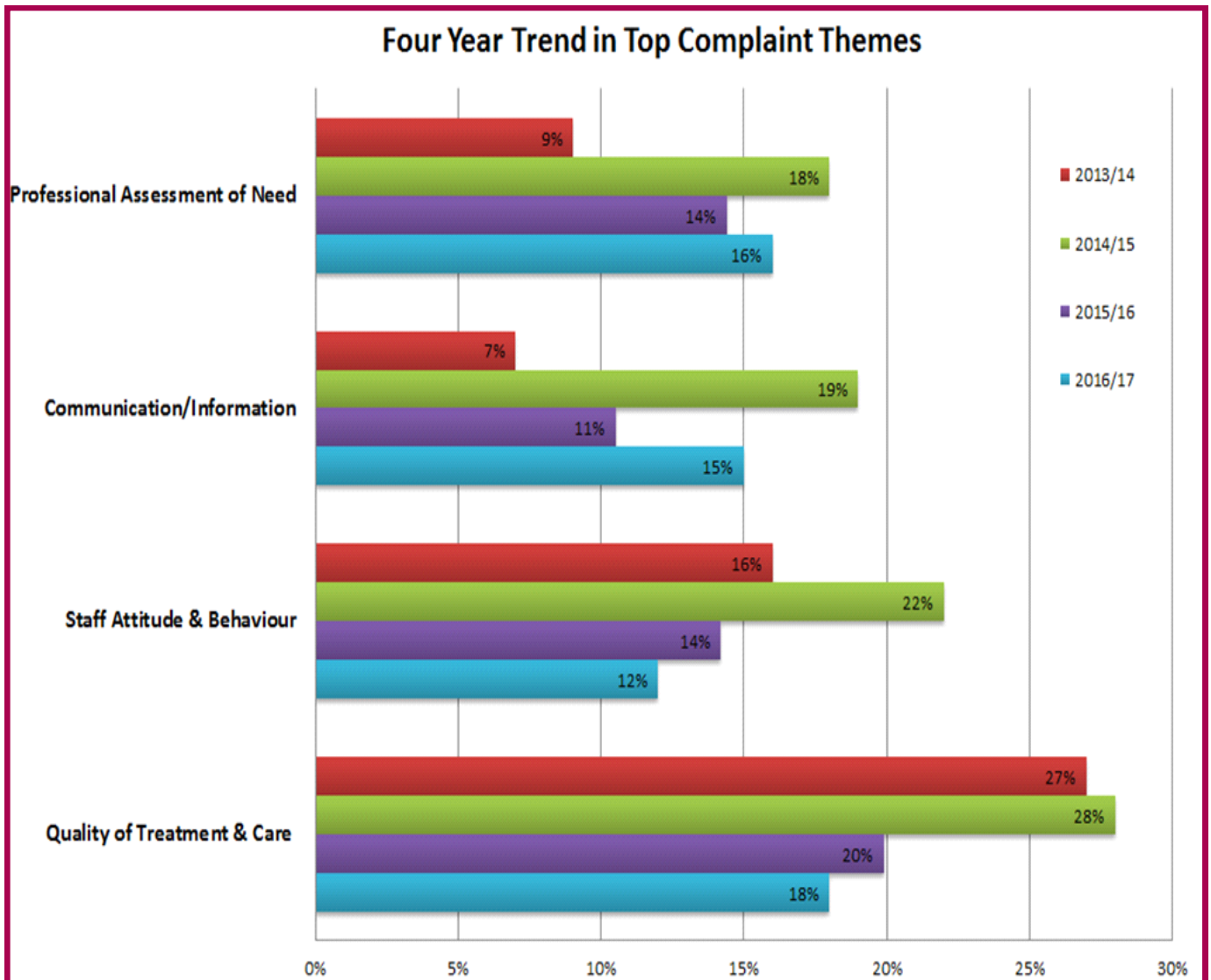
- Our Top 5 Complaint Themes 2016/17
1. Quality of Treatment & Care
 2. Professional Assessment of Need
 3. Communication / Information
 4. Staff Attitude & Behaviour
 5. Discharge & Transfer Arrangements

For a second consecutive year complaints regarding **staff attitude** and **behaviour** have declined, as shown:

2014/15	2015/16	2016/17
22%	14%	12%

Each complaint can often be multi-faceted, particularly inpatient concerns which may cover the multi-disciplinary team and relate to events over a number of areas and period of time.

However, as in previous years complaints about Treatment & Care, Staff Attitude, Communication and Professional Assessment of need remain consistent across each reporting period, as shown below:



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. The Trust is committed to ensuring that feedback from service users is used for staff learning and to improve the quality of our services.

The Acute Directorate, which is the largest operational Directorate within SHSCT received the most formal complaints during 2016/2017

Learning from Complaints

The Trust uses issues raised through the complaints process as an important source of information for safety and quality improvement. This information informs learning and development and is fed into the Trust's governance systems as well as being directly fed back to staff involved.

Within the Trust it is the responsibility of all Trust Directors, Assistant Directors, Heads of Service and Senior Managers to utilise the information and trends from their complaints to ensure learning and development. Regular analysis of complaint reports are shared at Senior Management Governance meetings, Governance Committee meetings and Directorate meetings to highlight themes and trends across the Trust to ensure improvement and learning takes place.

Examples of complaints shared within these reports are shown here:

Theme: Quality of Treatment & Care

Parent complained regarding the lack of specialist support available to her child, who has specialist needs, within a day nursery setting placement that was supported by the Trust

The Trust has strengthened and enhanced the service/support afforded to this child by providing specialist "child specific training" to the day care staff.

This initiative has been successful by working in partnership with an independent provider to better meet the needs of this child and so maximise the child's learning and development opportunities.

The Trust would propose to replicate this method of intervention with other services as children's needs dictate.

Theme: Communication

Client's relative did not fully understand the reasons for initiating a safeguarding investigation, or the duty placed on staff to raise such alerts. The client's relative advised that the delay in letting the family know that a safeguarding investigation was underway and the manner in which it was delivered caused them great upset.

Learning established around communication and the handling of safeguarding investigation.

There is a need to ensure that in a safeguarding investigation the client's family are made fully aware of safeguarding protocol by staff and the purpose of any meetings arranged. In this particular case, Trust wide learning from this complaint is in the need to ensure timely communication with families when safeguarding concerns have been raised. The communication needs to be delivered in sensitive and appropriate language by an appropriate member of staff.

Children & Young Peoples Services - Learning from Complaints

This Quality Improvement Project was undertaken over a 10 month period, using the IHI Improvement Methodology. Complaints Management was selected as the topic and was seen as an opportunity to improve the multi-disciplinary process. It was also regarded as an opportunity to engage with our service users to obtain meaningful feedback about their experiences of the Complaints process. **The aims of the project were three fold:**

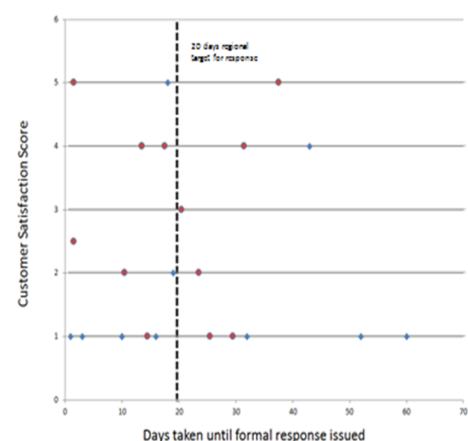
- **To improve the response times to provide a formal letter in response to service user Complaints.**
- **To improve the quality of the formal responses provided.**
- **To obtain service user feedback about their level of satisfaction with the complaints process.**

Central to the quality improvement model was to test a fixed systematic process for the management of complaints which included clear guidance on roles and responsibilities for staff and with quality assurance checks built in. Data was collected for each complaint based on time taken and measures of quality assurance. Data from Customer Service feedback scores was sought following the provision of each formal complaint response. Customer Service feedback templates were developed with support from our service user on the project team and shaped by testing through an number of PDSA Testing cycles.

In total 132 service users were contacted and 25(18.9%) responded. There were two key findings from the data collected from Customer Satisfaction feedback.

- **The time taken to provide a formal response to service user's complaints did not impact on the scores provided by them.**
- **The *type* of service provided impacted on the scores. Therefore, Child Protection and Children in Care services received low scores of satisfaction throughout despite quality and timeliness of the formal responses and processes (such as meetings between the Heads of Service and the service user). Whereas, Specialist Child Health and Disability division who provide child health services such as Speech and Language, Physio, etc. have higher number of complaints but received higher service level scores of satisfaction Table 1 demonstrates these findings.**

Customer Satisfaction Score v Days Taken Until Formal Response



The learning and gains from this Quality Improvement project have been significant and have provided the Directorate a unique opportunity to do an in-depth analysis of the management of complaints.

Response Times

The standard to respond to complaints is 20 working days. The Trust often offers meetings with complainants and the relevant clinical teams in order to improve and assist with local resolution.

In doing so the Trust aims to demonstrate to the complainant that via the highlighting of their negative experience, learning has been identified and where possible measures put in place to ensure that a repeat of this experience does not happen to other service users.



< 20 days has increased from 56% in 2015/16 to 61% in 2016/17



Compliments

We are always pleased to receive positive feedback and compliments about our work or the quality of services you have received as a patient, service user or carer. Staff receive many messages and cards across teams within both acute and community services. It is encouraging for our staff to receive recognition for the vital work that they undertake.

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

Our SHSCT website provides all the information you require in relation to making a comment, compliment, suggestion or complaint. Contact details for our Corporate Complaints Officer as well as useful documents i.e. Complaints Annual reports, Complaints Policy and Consent Forms are also available @ www.southerntrust.hscni.net

During 2016/17 the Trust were formally notified of **1,800** compliments.

Compliments



Daughter of client contacted Head of Service, by way of telephone. Caller, on behalf of her father and her family, shared the very positive experience they had with the Continence Service. She described her 82 year old father as being extremely nervous in advance of attending his appointment and praised the professional manner in which the clinician welcomed and reassured her father and his two daughters. Further, she commented that the clinician communicated well with her father and his family and 'put the patient first', explaining everything very carefully, answering many questions, and left them all very clear and contented about the way forward. Caller thanked the Trust and the clinician involved.

I want to thank all the staff in CAH Out of Hours, A&E and 3 North for the excellent care and attention shown to my 6 year old daughter who was admitted Saturday night in respiratory distress. She received top class care from every single member of staff we encountered.

Our daughter was admitted to 3 north very ill on Tuesday. Myself and my wife would like to place on record our sincere thanks to all the staff on 3 north. It would be impossible to name all the staff that attended to my daughter but from the bottom of our hearts we want to thank them so much. We owe everything to them for ensuring our daughter pulled through a difficult time. So many times there is so much negative press towards the staff but from our point of view there was not one negative aspect about the care. Thank you to all the staff in ward 3 north.

Great service by South Tyrone endoscopy unit yesterday; the NHS at its best.

ED—Daisy Hill Hospital "On the whole my experience was fantastic. From the facility to the staff I was very happy. I would be great if you could feed this back to the team involved and commend them for their work"

We have always thought that Social Workers are angry, strict and all they want is to take away children from parents. However, when we got into an unpleasant situation, they totally changed our views. And I think that happened thanks to the two Social Workers involved in our family.

We appreciate their work as professionals. I see them as an excellent example to other Social Workers (their colleagues). They have found the road to my heart through their simplicity and sincerity and by simply spreading a good mood.

Compliments



"I have recently spent four days in the orthopaedic unit at Craigavon Area Hospital.

I found my experience a very professional one; all members of staff were very helpful and the care received was of a very high standard. This included the schedule office, ward staff and theatre professionals who made me feel I was in very good hands. The surgeon explained everything to me and I felt very comfortable with his level of expertise. Please pass on my thanks to all concerned."

I would like to thank all the staff in the maternity ward at Daisy Hill Hospital for making the birth of our daughter such a wonderful experience, they are there every day bringing new life into the world and they don't get enough recognition for the amazing work they do. Thank you

The Chief Executive
Craigavon Area Hospital
Craigavon
BT63 5QQ

Dear Sir or Madam

I unfortunately suffered a stroke on 20/04/16, (I was in hospital having a dye test done), and spent a couple of days in Craigavon before being transferred to Lurgan Hospital where I spent almost 7 weeks. Can I say that I received the best treatment from wonderful human beings in the stroke unit from the lady who made my breakfast to the sisters, doctors and consultant. They treated me with kindness, great nursing, understanding and support and made my stay bearable.

Please pass on my deepest thanks.

Have the best midwife, I could cry at how amazing she's being, going above & beyond to settle my nerves & distress me—so lovely.

"During mummy's short stay in the Gillis centre, the entire team displayed the highest level of professionalism, kindness, empathy, courtesy, support and understanding to mummy and her family and we drew comfort from this. The level of care provided was and remains a shining example of what the NHS is about."

Nursing staff have been very attentive and caring and I can not 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.

#FeelGoodFeedback

The staff of Craigavon Midwifery Led Unit are absolutely fantastic, could not have been better

Recently I was a patient in Craigavon Area Hospital and feel I must write to you in praise of the excellent care and treatment I received there. The care and treatment I received for three days was outstanding. All staff I came into contact with on both occasions, were exceptional. I believe I do not speak for myself because I also witness the care and treatment administered to other patients and I overheard others praising the staff to others. Nothing was ever any bother to these busy staff. Even when I witnessed staff run off their feet to get their rounds done, etc, patients would often interrupt them with vari-

First day of full-time day care. Thank you for making the transition so manageable. Your help is very much appreciated.

Special praise has to go to all the medical staff who dealt with me, but in particular, my Consultant Surgeon. This man's attitude, mannerism and professionalism towards patients like me was exceptional and left me with a lot of admiration for him. I know he is highly regarded by both patients and staff alike and I can see why. His ability and skill at putting me at ease and informing me of everything throughout, helped me a lot and I believe contributed to my speedy recovery.

@SouthernHSCT first class care for my husband from nursing staff ward 4 elective Daisy Hill. Compassion, dignity, respect and kindness.

@SouthernHSCT message to say your staff in A&E and Out of Hours are a credit to you. Looked after my child the past few days
#Thanks

I would like to send my heartfelt thanks to all of the staff at Craigavon hospital in aiding the recovery of my mother. Especially all of the staff in the cardiology ward. I can't thank you enough. Bless you all

My dad attended the Cardiac Cath Unit today. A massive thank you to ALL the staff who looked after him

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.

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 and the importance of reporting to enable ongoing monitoring.

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 regular Mortality and Morbidity Meetings. We also share learning messages across the Trust and regionally. What we have learnt from our incidents are also discussed at Senior Management Team Meetings.

Facts & Figures

The Top 5 Adverse Incidents reported by staff in 2016/2017 were in the following categories

1. Falls
2. Physical abuse
3. Verbal abuse
4. Absconding/missing patients
5. Self harm

In 2016/2017
Southern Health and Social Care
Trust recorded
15,118 incidents in total

46 incidents were categorised as a Serious Adverse Incident (SAI), a decrease of 88 cases on previous years figures
The decrease is a result of changes to certifying and reviewing child deaths/Falls across Northern Ireland

Quality Improvement

All Southern Trust employees have a role to play in ensuring that the services we provide are excellent. As an organisation we have a culture of learning and continuous improvement; we value our staff and are supportive of their development. We have an excellent track record in quality improvement and throughout 2016/17 our staff have continued to work tirelessly to improve safety, quality and patient experience.

Improvement is not easy to achieve in complex systems like healthcare therefore, we want to equip our staff, carers and service users with the tools to make improvement a reality. We recognise that our staff have different learning styles and preferences and therefore continue to provide a range of quality improvement training and development opportunities to meet their needs.



We currently offer four bespoke quality improvement training programmes, of differing durations and levels. Further details on these are detailed below and overleaf.

Introduction to Quality Improvement: Raising Awareness

(Mapped to Level One Quality 2020 Attributes Framework)

This e-learning module has been developed by the Trust to strengthen foundational knowledge and skill in quality improvement. It includes an introduction to quality improvement concepts and improvement science including the NHS 5 Step Quality Improvement Model, using measures and data, effective team working and engaging service users, carers and their families. Indicative time commitment to complete this e-learning is 45 minutes.



To date over 915 staff have undertaken this SHSCT quality improvement awareness training

Award in Quality Improvement: Delivering Together

It is essential that Service Users and Carers are involved in QI, because they are on the receiving end of the services that we provide. It is essential that staff learn from their experience, understand what really matters to them and what would make a meaningful difference.

The Quality Improvement Award is an externally accredited programme for everyone with an interest in understanding quality improvement, the role of data in QI and applying QI tools and methodologies.

During 2016/17 a total of 20 staff completed the Quality Improvement Award



In 2016/17 the Southern Trust expanded our quality improvement training to build citizens QI knowledge and skills; further enabling them to contribute towards making improvements to the services they use working alongside our staff.

Certificate in Quality Improvement (Level 3 Certificate)

This programme has been developed to equip staff with the quality improvement tools, techniques and methodologies required to undertake a *small step change* project. The third cohort of this programme commenced in September 2016 with 10 staff building quality improvement knowledge and skills through actively working on an improvement project.

These project have included improved record keeping for service users experiencing epilepsy seizures in day care and improving communication at handover in non-acute hospital settings.



To date over 53 staff have undertaken a Certificate in Quality Improvement



Quality Improvement Leader (Level 5 Diploma)

This programme has been developed to equip staff to lead quality improvement projects at a team or service level. Over a 9 month period staff use a blended learning approach including, e-learning, practical workshops combined with dedicated facilitation and support to understand the challenge, refine their aims, use tools to understand their system and prioritise change ideas, measure data for Improvement and test changes using Plan Do Study Act (PDSA) cycles.



The programme includes many other quality improvement concepts and tools that can be applied throughout the project's lifecycle and/or to other improvement projects/areas.

Projects at **Leader** level have included for example improving communication at medical handover, improving the safety, quality and timeliness of discharge prescriptions and multidisciplinary collaboration between Labs and Emergency Department to increase turnaround time of results.



To date over **35 staff** have undertaken Quality Improvement **Leader** training

Quality Improvement Network

The aim of our Quality Improvement Network is to connect our staff and support learning through shared experience from both inside and outside of the organisation. Over 350 staff have participated in the Network which continues to grow from strength to strength.



MSc in Business Improvement

2016/17 saw the introduction of a new MSc in Business Improvement programme which recognises a need for organisations and their managers to become focused on the integration of quality and continuous improvement within their respective organisations and as such, the course has been shaped and designed by leading academics and business leaders using the European Foundation Quality Model (EFQM) Excellence Model and the vision outlined in Quality 2020 as its inspiration.

Importantly, the course recognises that excellent organisations value their people to ensure a mutually beneficial alignment of organisational and personal goals. In addition to learning improvement methods, students develop their leadership skills to support the leadership of change and quality improvement.

This is fundamentally a practical programme and the key educational aim of the course is to equip our staff to be operationally effective in leading effective improvement programmes that will result in measurable organisational performance improvement.



Three Trust staff began this programme in 2016/17 and another three will be offered a place in 2017/18.



Patient Client Experience (Customer Care) Training

The Trust offers staff sessions that aim to equip participants with the knowledge and skills to communicate effectively with other people during their interaction/ intervention with the Trust.

The programme is open to staff at all bands.

At the end of the programme participants will:-

- ⇒ **Be aware of the importance of staff attitudes and behaviours**
- ⇒ **Have a clear understanding of the Department of Health 5 Patient & Client Experience Standards**
- ⇒ **Gained learning from exploring complaints/difficult situations**
- ⇒ **Discussed recommendations for improvement**
- ⇒ **Reflect on their own practices and learn from others**

93 people completed the PCE (Customer Care Training) in 2016/17

Quality Improvement Clinics



Our Trust value statement includes *valuing our staff and supporting their development to improve care*. Our Quality improvement clinics *provide our staff with access to experienced improvement facilitators*; supporting staff who are about to embark on a quality improvement project or who are facing a work based challenge.

Individuals or teams are able to schedule a one-to-one meeting to discuss their improvement proposal, explore challenges and consider potential solutions.

Vodcast Programme: Sharing Improvement

The Trust launched a series of Vodcasts and Breakfast Seminars in the autumn of 2015. The aim of this programme is to promote the sharing of best practice across the organisation and the contribution that individuals and teams have made to improve quality for our service users and staff.

Using our established technology and social media platforms to enable wider sharing of good work. The Vodcast programme has proven to be very successful; with individual vodcasts receiving in excess of 150 views. Moving forward we will be rolling out a series of lunchtime seminars hosted by our Quality Improvement Leaders showcasing the improvement work and approaches being undertaken across directorates.



Continuous Improvement Newsletter: Improve, Inspire and Innovate

The Continuous Improvement Newsletter introduced in 2011 continues to provide staff with a forum to share best practice, a “go to” resource in relation to quality improvement training and development opportunities. In addition to allowing our staff to celebrate and share their improvement to patient, client and staff experience. The newsletter is issued on a quarterly basis.

Quality Improvement Sharing Event

The Trust Annual Quality Improvement Sharing Event is now in its fourth year. The 2016 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.

Over 80 staff who have led or participated in improving the quality of their services also led poster presentations.

Feedback from our staff was very positive with attendees impressed with the range of quality improvement work that is on-going throughout the Trust and the evidence based approach being used to ensure that change equals improvement.

Dr Zeinab Abdelrahim and **Dr Anne Dooley** won “Best Poster” at the 2016 QI Event – their Quality Improvement project focused on creating a designated annual review clinic for children with Down Syndrome in the Newry & Mourne area.



The ‘**Dragons Den**’ Innovation Challenge proved to be extremely popular with attendees, many reported that this was fun and entertaining yet informative and very stylishly presented. A genuine opportunity for enthusiastic staff to ‘pitch’ an idea to the Senior Management Team for support.

Lynda Stewart who uses the Lymphoedema Service in Banbridge wanted her voice to be heard in persuading the Dragons to invest in the new ‘Healthy Legs’ initiative. Lynda’s honest and witty review of the Service won over the audience and judges alike!

2

Strengthening The Workforce

Induction & Corporate Mandatory Training

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.

Induction

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.

In 2016/17, the Trust developed an interactive approach to Corporate Induction. It is planned that Corporate Induction training will move to this digital format in 2017/18.

Corporate Mandatory Training

The Trust recognises that there are a number of areas of training which are essential to various job roles, although the following elements of training have been identified as Corporate Mandatory, ie all staff within the Trust require each element of training delivered in a method applicable to the roles and responsibilities of their post. In 2016/17 all areas with the exception of Moving and Handling demonstrated improved compliance rates.

Compliance Rates in 31st March 2016 and 31st March 2017

Corporate Mandatory Training Element	% Compliance as at 31 st March 2016	% Compliance as at 31 st March 2017	Variances %
Data Protection	69%	78%	+9%
Records Management	63%	72%	+9%
Fire Safety	68%	69%	+1%
Safeguarding	68%	71%	+3%
Moving and Handling	67%	65%	-2%
Infection, Prevention & Control	62%	68%	+6%

In October 2016 the Trust moved to the new HSClearning.com for its e-learning provision which can be accessed by all staff either from Trust facilities or from outside the Trust. Alongside this a number of improvements in customer service were introduced to support staff in accessing their e-learning and training records as well as an 'Alert' system to flag when training is out of date.

In the 6 months up to March 2017 a total of 12,168 e-Learning 'alerts' have been completed. The monthly rate of completion continues to grow.

Corporate Mandatory Training Reports continue to be monitored monthly with reports distributed to Director and Assistant Director for onwards dissemination to flag up areas of poor compliance.

Training continues to be delivered in a variety of methods which include face to face training days, face to face site specific sessions, e-learning, profession specific material and the Trusts Education, Learning and Development (ELD) division is available to managers for queries and to provide support as required.

Continuing Professional Development

Clinical Attributes Framework

The Department of Health set a target that by March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework. In order to meet this target a range of methods were introduced in 2016/17 as follows:-

Type of Provision	Number Trained
<p><u>Q2020 Attributes Framework Level 1 through e-learning package:-</u></p> <p><u>562 staff</u> have completed the Trust's Introduction to Quality Improvement e-learning. This is inclusive of staff who completed a service improvement project as part of the Trust's Leadership Programme "<u>Taking the Lead</u>" and the Trust's Middle Managers Programme in 2016</p> <p><u>72 staff</u> have completed the Regional 'Quality 2020 Attributes Level 1' e-Learning. This is inclusive of staff who participated in the Trust's New to Line Management Programme in 2016</p>	<p><u>634</u></p>
<p><u>Q2020 Attributes Framework Level 1 through face to face sessions</u></p>	<p><u>35</u></p>
<p><u>Q2020 Attributes Framework Level 1 through bespoke development:-</u></p> <p><u>93 staff</u> have completed Level 1 as part of the Trust's Patient Client Experience training</p> <p><u>844 Domiciliary Care Workers</u> have completed Level 1 as part of QCF Level 2 Award</p> <p><u>76 Domiciliary Care Workers</u> have completed Level 1 as part of their NISCC Induction</p> <p><u>299 Doctors</u> completed Level 1 as part of the Medical Revalidation process</p>	<p><u>1312</u></p>

**This totals 1,981 staff, which equates to 16% of the workforce
(based on 12,183 staff in post as at March 2017)**

During 2016/17 583 staff from the following Directorates received a QCF Award, Certificate or Diploma

Older People and Primary Care Directorate

- ◆ 27% of domiciliary 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% Band 3 completed a qualification and 19% of our Band 5 completed a single unit on Supervision

Mental Health Directorate

- ◆ We have developed and delivered a programme for new Band 2 staff - 90% completed Level 2 QCF programme and are continuing to complete Level 3
- ◆ 22% of Band 3 and 5% of Band 5 completed a qualification

Acute Directorate

- ◆ 33% Band 2 completed their certificate and 36% Band 3 completed a Qualification
- ◆ The Southern Trust continues to deliver the Regional Maternity support workers programme 8% from SHSCT completed
- ◆ Allied Health Profession 10% Band 3 completed a full Diploma. In 2015 we developed and are delivering a QCF Level 4 Diploma 9 staff continue to complete this programme.

Children's and Young People's Directorate

- ◆ 11% of Band 3/4 completed QCF Diploma

We continue to promote and develop occupational qualifications to ensure staff are practicing according to the appropriate National Occupational Standards required in the workplace, and in response to staff's continuous professional development plans.

Leadership programmes

In 2016/17 an online Education, Learning & Development e-zine portfolio was developed and circulated to Trust staff. This portfolio provides staff with information on the wide range of leadership and management development programmes as well as skills development programmes scheduled to take place in the Trust.

In 2016/17:-

- ◆ **44 staff completed the Trust's Leadership Development Programme 'Taking the Lead'**

The Taking the Lead programme was developed in consultation with managers and staff across the Trust to help develop the leadership skills of managers and encourage continuous improvement in their service areas. The programme structure includes;

- **completion of the Healthcare Leadership Model 360 degree feedback tool.**
- **modules on a range of key management areas.**
- **coaching from a professionally qualified Trust Coach.**
- **a 30 day service improvement project to address challenges in their service.**

This programme culminated in a 'Showcase Event' which celebrated participant achievements and offered a platform for sharing the outcomes and learning from service improvement projects with senior leaders across the Trust.

Please [click here](#) to view a slideshow of images from the **Taking the Lead Presentation & Poster Showcase Event.**



Institute of Leadership & Management (ILM) Awards



Other leadership and management programmes offered by the Trust and delivered by the HSC Leadership Centre include:

- ◆ **New to Line Management (ILM Level 3 Award in Leadership & Management)**
- ◆ **Middle Manager Programme (ILM Level 5 Award in Leadership & Management)**

In order to achieve the Institute of Leadership and Management Level 5 Award, staff are required to deliver a presentation in relation to an improvement within their service.

A new skills development programme '**Every Conversation Matters**' was developed in the Trust and introduced in 2016/17 and will continue to be rolled out in 2017/18. It aims to support staff to communicate more effectively with one another. The content of the half day programme includes:-

- ◆ **Developing your approach to conversations and practice**
- ◆ **Directive versus non-directive styles in conversation**
- ◆ **Making 'Every Conversation matter' - skills/outcomes/impact**

During 2017/18 the Trust plans to introduce an '**Appraisal Skills for Managers**' skills development programme which focuses on the skills required to deliver a high quality appraisal.

Medical Leadership & Management Development

Launch of Associate Medical Director & Clinical Director Development Programme

Early 2017 saw the launch of the newly established **Development Programme for Associate Medical Directors and Clinical Directors**. This was the culmination of several months' work with senior staff from the Medical Director's Office, the Trust's Education, Workforce and Development Team and the HSC Leadership Centre along with consultation with the AMDs and CDs. The resultant programme consisted of three modules held across four days and it was very well received. As a result, it is now planned to roll this programme out to all Consultants and SAS Grades in 2017/18.

The modules are as follows:

- ◆ **Module 1: Taking Your Service Forward**
- ◆ **Module 2: Delivering Quality Care**
- ◆ **Module 3: Leading Your Team (two day module)**

Medical Workforce Resilience Training

During September to December 2016, three **'Workforce Resilience for Medical Staff'** sessions were held at which 50 staff attended. The feedback and action points from these sessions will be included in the Trust's revised Corporate Plan 2017-2021 as part of the key objectives for workforce planning.

Other Medical Leadership & Development Training

As in previous years, during 2016/17 a number of **Medical Leadership and Development Events** were held for Consultants and SAS Doctors with input to these from the GMC and Trust staff. Feedback from the events has been extremely positive and these will continue through 2017/2018.

Second Regional SAS Conference

In recognition of the huge success of the first regional SAS Conference a second event entitled **“Quality Improvement - We Can Do It!”** was held on 20th April 2016 in the Seagoe Hotel, Portadown. Speakers included Mrs Ashely McKeever, GMC Liaison Advisor for Northern Ireland and Christine Armstrong, Regional Lead 10,000 Voices along with staff from the Southern Trust and other Trusts across the region. The event was attended by over 100 SAS Doctors from across the province and was well received by participants.



SECOND REGIONAL SAS CONFERENCE

Quality Improvement

We Can Do It!!

Wednesday 20th April 2016, Seagoe Parish Centre, Portadown

Social Work Leadership Programme

2016/17 saw the ongoing rollout of the Department of Health's 10 year Social Work Strategy for strengthening the capacity of the workforce a unique **SW Leadership programme** designed specially to meet the demands on Band 7 and 8 Social Work staff has been developed and implemented.

Twenty five candidates participating in the six month course are also assigned a Trust Coach throughout the duration of the programme to help them reflect on their learning and transfer learning into practice.

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.

The Trust secured an allocation of £432,000 for Medical Supervision for Doctors in Training in 2016/17 to ensure that all doctors now get 30 minutes per week of dedicated time with their clinical supervisor, to work with them on the learning outcomes at whatever stage they are in their career as a doctor. They will also get 30 minutes per week dedicated time with an educational supervisor, who has overall responsibility for the general training trajectory of a Doctors training pathway.

To support this, all clinical and educational supervisors have to complete the following courses to qualify as a supervisor:-

- ◆ Equality and diversity
- ◆ Supervisory skills
- ◆ Trainee support workshop
- ◆ Teach the Teacher

Appraisal

Knowledge & Skills Framework (KSF) / Personal Development Plans are operational in the Trust and it is mandatory that all managers and staff complete their KSF Review and PDP yearly.

Implementation of supervision and the KSF process is one of the Trust's priorities in valuing staff and supporting their development to help achieve the key objective of safe, high quality health and social care. Such is the importance that the Trust attaches to KSF, that it is a standing item on the agenda of Senior Management Team (SMT) meetings and on the agenda of Education, Training and Workforce Development Committee. It is also included within our Corporate Risk Register, Controls Assurance and Departmental Requirements.

57% compliance rate was achieved for period ending March 2017.

Trust Coaching Service

The Trust's Coaching Strategy for 2015 -18 sets a vision 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 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.

The Trust has a genuine and strong commitment to ensure that all leaders and managers, irrespective of their level of experience, have access to and be prepared to make constructive use of coaching. The Trust's Coaching Service offers a one-to-one, time-limited (usually 4-5 sessions) coaching service offered by trained coaches to leaders and managers.

In 2016/17, approximately 250 referrals were received by the Trust's Coaching Service.



Medical Mentorship Programme

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

Trained mentors who are usually more experienced are available for those staff 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.

Recognising Staff Achievement

The **Excellence Awards ceremony** provides a tremendous opportunity to recognise the excellent commitment, innovation and 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 2017 - Estates Services Team



The **Estates Services Team** (Electricians, Joiners, Painters & Estates Management Team) took the top award for their entry in the Team of the Year (Behind the Scenes) category

Runner-up of the Excellence Awards 2017 - Home on Time Project Team

The **Home on Time Project Team** took the Runner-up Award for their entry in the Team of the Year (Front line) category.



Trust Charity

The Trust picked up 'Fundraising Partnership of the Year' with our Charity Partner [Marie Curie - Northern Ireland](#) at the Institute of Fundraising Northern Ireland Awards.

Our partnership with Marie Curie, voted for by staff, has enabled our workforce to make a huge impact on a cause which is very close to the hearts of many staff by raising vital funds to enable them to continue their good work in our local community.

Fundraising activities have enabled staff to build relationships across different departments and grades and staff willingly gave their own personal time and threw themselves into fundraising tasks wholeheartedly from dancing to mountain climbing, golf tournaments to coffee mornings.

Staff have raised a substantial sum, over £204,000, for Marie Curie allowing Marie Curie nurses to provide 10,228 hours of nursing care.

Anne Hannan, Partnership Manager at Marie Curie stated:-

“Marie Curie is delighted that the hard work, commitment and passion from all at The Southern Trust has been recognised by this award. Every aspect of this Partnership excelled everyone’s expectations and was truly a massive team effort. To raise £204,000 in 18 months is some achievement and congratulations to all involved.”

Vivienne Toal, HR Director at the Southern Trust said:-

“Being a good social partner in our communities is something the Trust takes extremely seriously. Our partnership with Marie Curie, voted for by our staff, has enabled our workforce to make a huge impact on a cause which is very close to the hearts of many.

The comradery has been wonderful to see, through many of their fundraising efforts from dancing to mountain climbing, golf tournaments to coffee mornings. As well as being involved in these fun events and personal challenges, our staff have raised such a substantial sum for Marie Curie, and we are indebted to each and every one of them for their huge fundraising efforts”.



Our most valuable resource here at the Southern Trust is our staff and in 2016/17 it was great to see so many of them receive such well-deserved recognition:



Rosie Mulholland, one of our Community Children's Nurses, was one of the four shortlisted finalists for the UK wide RCNi awards in the Patients Choice Category.



Dr Nicola McKinley, a junior doctor working in Daisy Hill Hospital was awarded with Foundation Year 1 - F1 in recognition for her competence and diligence throughout the year.

Dr Aoife Currie, Consultant in Obstetrics and Gynaecology, collected the award for Innovations in Quality & Efficiency through Technology at the Northern Ireland Healthcare Awards. Dr Currie was part of the Northern Ireland wide team which received the award for developing the CTG component of the Experior E-Learning Platform.



At the Life After Stroke Awards Clinical Specialist Physiotherapist for the Newry and Mourne Community Stroke Team - Sean Curran received the Professional Excellence Award.

Southern area Young Women's' Stroke Group received Fundraiser of the Year and one of our clients from Banbridge Rodney Hamilton received the Award for Creative Arts.



Radiographers, Janet Eagle and Helena Kincaid have won a number of awards both locally and UK wide for their redesign of the diagnoses and treatment service for fertility problems in women.

Foster carer, Pauline Hanratty, was awarded 'Foster Carer of Distinction' at the Foster Carer of the Year Awards in Belfast. The event is held annually by The Fostering Network in partnership with HSC Regional Adoption and Fostering Service, and it celebrates the central role foster carers play in providing stable, caring homes for vulnerable children and young people.



Kieran Donaghy, Southern Trust (former) Director of Human Resources & Organisational Development was named 'Human Resources Director of the Year' at the prestigious Healthcare People Management Association (HPMA) Awards.

The HPMA promotes and rewards outstanding work in healthcare human resources management across the whole of the UK.



Two dietitians received UK wide recognition from their professional body – the British Dietetic Association.

Mandy Gilmore, Head of Head of Dietetics and Diabetes Services received the prestigious IBEX Award. Nominated by their peers, IBEX award winners are recognised for promoting the highest standards in the science and practice of dietetics and for their outstanding service to the profession.



Community Dietitian Bronagh Kelly received the award for Trade Union Representative of the Year. This award is given in recognition to Trade Union Representatives who make time to listen and solve problems for members and for demonstrating excellence and commitment to their service.



General Medical Council

The Southern Trust was placed in the top 10 UK Trusts to work for, out of NHS providers across the UK. Over 53,000 Foundation Year 2 doctors around the UK take part in the annual General Medical Council (GMC) national trainee survey.

The survey provides one of the richest sources of information about what doctors in training think and feel. It is intensely analysed each year by the organisations being reviewed, Royal Colleges and Faculties, local education providers and the GMC.



Dr Rosemary Black, a recently retired Associate Specialist in Dermatology received a Lifetime Achievement Award at the Northern Ireland Healthcare Awards.

Dr Leanne Laverty, a Speciality Trainee anaesthetist at Craigavon Area Hospital received the prestigious Dundee Medal Award 2016 from the Northern Ireland Society of Anaesthetists which is given for the development of a quality improvement project in their chosen field.



We are delighted that a number of Southern Trust staff and teams were shortlisted for the Regional 2016 Social Work Awards. The awards recognise and reward the efforts of social workers and highlight the positive impact of the profession on individuals, families and communities.

We had a number of Southern Trust finalists shortlisted for the RCN NI Awards



**Royal College
of Nursing
Northern Ireland**

- **Jane Ferguson, Hearty Lives Craigavon Health Co-Ordinator won the Public Health Award**
- **Judith Mulligan, Ward Manager, Craigavon Area Hospital Children's Ward won the Team Manager Award**
- **Eimer McGeown, Breast Care Specialist, was runner up in the Cancer Nurse category**
- **Geraldine Maguire, Assistant Director Specialist Child Health and Disability was runner up in the Brownlee Silverdale Leadership Award**
- **Gaby Smyth won the Defence Nursing Reservist Award**



A Fellowship is one of the **highest honours** that can be given to a pharmacist, an honour which recognises those individuals who have attained distinction in a particular aspect or aspects of their pharmacy career.

Dr Tracey Boyce, Director of Pharmacy was appointed a Fellow of the Pharmaceutical Society of Northern Ireland.

We were delighted to host the Social Work awards for the first time in November 2016

A total of 93 individuals and teams from social work across Northern Ireland were nominated and we were extremely proud to have six teams and individuals from our own Trust recognised as finalists.

We had two over all winners from the Southern Trust: Geraldine Boyce won the Children's Services (Individual Award and Angela Wilson won the Adult Services (Individual Award).



Staff Health & Wellbeing

Looking after your Staff

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**
- ◆ **Cycle to Work Scheme**
- ◆ **'Workout at Work' day. Designated walking routes**
- ◆ **Yoga classes**
- ◆ **Men's Health Checks**
- ◆ **Staff weigh in sessions and Healthy Eating in the Workplace information**
- ◆ **Five Ways to Retirement Wellbeing Information Booklet for staff who are in the process of retiring**
- ◆ **Care in the Sun Week providing staff awareness of importance of skin care**

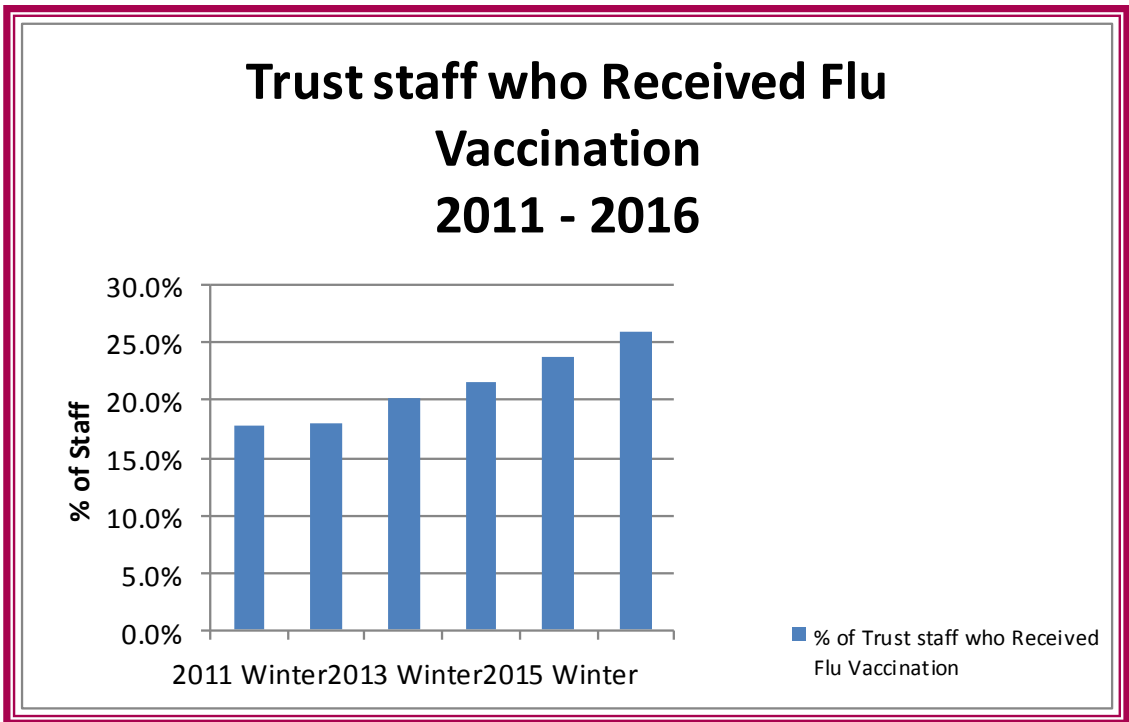


Flu Vaccine

All Trust staff, 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 increased to 26.5% for the 2016/17 season compared with 23% in 2015/16, 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 2016/17, an evaluation of the programme was undertaken. A number of actions were agreed to aim to improve the uptake to 40% amongst front line workers.



Winter Period	Number of Trust Staff	Number of Trust Staff who received Flu Vaccination	% of Trust staff who Received Flu Vaccination
2011	11462	2036	17.8%
2012	11586	2087	18.0%
2013	11542	2321	20.1%
2014	10214	2204	21.6%
2015	10348	2460	24%
2016	10695	2799	26%

Smoke Free Sites

The Southern Trust implemented a Smoke Free Sites policy on the 9th March 2016, and celebrated one year's anniversary on

No Smoking day 9th March 2017.

Patients, visitors and Trust employees are reaping the benefits of a healthier, cleaner and more pleasant environment since the implementation of the Smoke Free Sites policy and there have been many stories of staff successfully quitting smoking.



By creating a Smoke free environment and providing stop smoking support services, the

Trust is enabling smokers to have the best possible chance of quitting. The Trust's **Stop Smoking Service** has developed effective evidence-based services for people who wish to stop smoking and encourages anyone who wishes to take the first steps towards a healthier, Smoke free life for themselves and their families, to avail of our services.

Since the Southern Trust became **Smoke free in March 2016**, approximately 1200 people have availed of the support and advice from the Trust's Stop Smoking Service and over 750 people have successfully quit.

A recent survey undertaken by the Trust has highlighted that awareness of the Smoke Free Sites policy is high with 99.6% of 810 people surveyed aware that the Policy is in place.

Free help and support is available to smokers across the Southern Trust area.



Health and Wellbeing Hub

The Promoting Wellbeing Team worked with colleagues in the Acute Directorate and estates to design a space for staff, service users and the public to access information and support to improve their health and wellbeing. The Health and Wellbeing Hub is designed to complement the clinical care provided at the hospital, recognising that sometimes patients, carers, families and staff need information and support on a range of topics such as promoting independence, increasing physical activity, support for carers and many other health and wellbeing issues.



The Health and Wellbeing Hub is positioned at the top of the main corridor in Craigavon Area Hospital which is highly visible to visitors, service users and staff attending the hospital. The Hub will be used by Promoting Wellbeing staff and other teams and to promote awareness of health issues and sign post to appropriate services. Plans are progressing to recruit and train volunteers visiting the Health and Wellbeing hub to access the information and support services they need.

As a result of the success of this initiative plans are now underway to establish a Health and Wellbeing Hub on the Daisy Hill Hospital site.

Leisure Scheme

The staff health & leisure scheme continues to be provided with approximately **720 staff** availing of the scheme. There has been **521 staff attendances** at the leisure centres across the SHSCT.



Race to Rio

Promoting Wellbeing staff promoted staff participation in an online Physical activity challenge known as Race to Rio. **132 Trust staff** across the trust registered for the challenge and 92 input activity travelling 17,500 Kilometres and logging 18,000 hours of activity.

The SHSCT finished 5th overall in UK NHS organisations participating.

Trust Staff Weigh in Sessions

During 2016/17 Trust staff '**Weigh In**' sessions were provided by Dietetics cross the four hospital sites including Daisy Hill Hospital (DHH), Craigavon Area Hospital (CAH), Lurgan Hospital (LH) and South Tyrone Hospital (STH). The weigh in sessions ran, every other week.

Hospital site	CAH	DHH	STH	LH
Number of staff who attended per site *	78	54	33	35
Amount lost (kg/ stone) per site	11.60kg 1st 11lb	37.37kg 5st 12lb	10.60kg 1st 9lb	15.20kg 2st 5lb

200 staff members visited the weigh in sessions across the four sites and overall weight loss between the four sites was a total of 74.77kg (11st 10lb).

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:

To date, the Trust has revalidated 303 (94%) of 322 doctors during years one to four of Medical Revalidation, with the remaining doctors set to revalidate on schedule by March 2018.

April 2018 will see the commencement of the second cycle of Medical Revalidation.

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 also reflect on their work and, in particular, the feedback obtained from patients and colleagues as part of revalidation.

Further detailed information on the Trust's medical appraisal and revalidation processes and annual report is available from the Trust's Revalidation Team

email: medical.revalidation@southerntrust.hscni.net

or from the SouthernDocs website: www.southerndocs.hscni.net

Registration of the Social Care Workforce

All Social Care Workers are required to be registered with the Northern Ireland Social Care Council (NISCC) from 31 March 2017. Under the Statutory Rules of Northern Ireland 2013 No 225 it is an offence to employ a person in any of the social care job roles listed below if they are not registered with NISCC.

This offence relates to the employer in relation to the social care workforce. The Code of Practice for Employers of Social Care Workers (revised 2015) sets down the responsibilities of employers in the regulation of social care workers. The code requires that employers adhere to the standards set out in their code, support social care workers in meeting agreed standards in their conduct and practice and take appropriate action when workers do not meet the expected standards.

A cross Trust working group has been established to ensure the Trust's social care workforce are assisted to be registered. There has been considerable work by all staff involved in this process and we have a high a level of compliance for this target.

The Independent Sector have provided the Trust with an assurance that service delivery will not be affected and that their social care staff are at least processing registration.

Nursing and Midwifery Revalidation

Facts & Figures

**The Trust currently employs over 3,000 nurses and midwives
(almost 5,000 including Bank Staff)**

**From April 2016 all nurses and midwives are required to revalidate under the NMC
new arrangements over a three year recurring cycle.**

100% revalidation has been achieved for nursing and midwifery staff

What is Nursing and Midwifery Revalidation? Like doctors, nurses and midwives are required to be registered with the Nursing and Midwifery Council (NMC) and must 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 which 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 directorates to support nurses, midwives and their managers in implementing the new revalidation arrangements. They developed templates for seeking feedback from patients and produced guidance for nurses and midwives undertaking reflective discussions with their colleagues. They supported managers in arranging over 1,500 confirmation meetings during the first year of nursing revalidation.

In addition, the Trust extended the Medical Revalidation Team and established a Revalidation Support Team which now provides support to nursing and midwifery staff and their managers on revalidation. Nursing and midwifery managers receive a monthly report advising when nurses and midwives within their respective areas are due to revalidate.

A separate report on annual NMC fee renewals is also issued to managers on a monthly basis to ensure all nursing and midwifery staff remain live on the NMC register.

Infection Prevention & Control, Right Patient Right Blood and Reducing the Risk of Hyponatraemia

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 (2012) 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.

All staff involved in the blood transfusion process must ensure that they hold valid RPRB training, competency assessment. Competency assessment and theoretical training must be updated every three years, the only exceptions being portering staff involved in the collection process should receive annual training and all trained assessors are required to attend theoretical training every 18 months.

Infection Prevention Control Training & Education

Infection Prevention and Control (IPC) is an ever changing specialism. The emergence of life-threatening infections such as Ebola and Multi-drug Resistant Organisms, re-emerging infectious diseases like Tuberculosis, and advances in technology, have highlighted the need for efficient infection control programmes in all health care settings. The integration of effective Infection Prevention and Control practice in the delivery of patient care is essential to protect patients and Health Care Workers. Thus reducing the risk of acquiring a Healthcare-acquired Infection (HCAI) in hospital and other Primary Care settings.

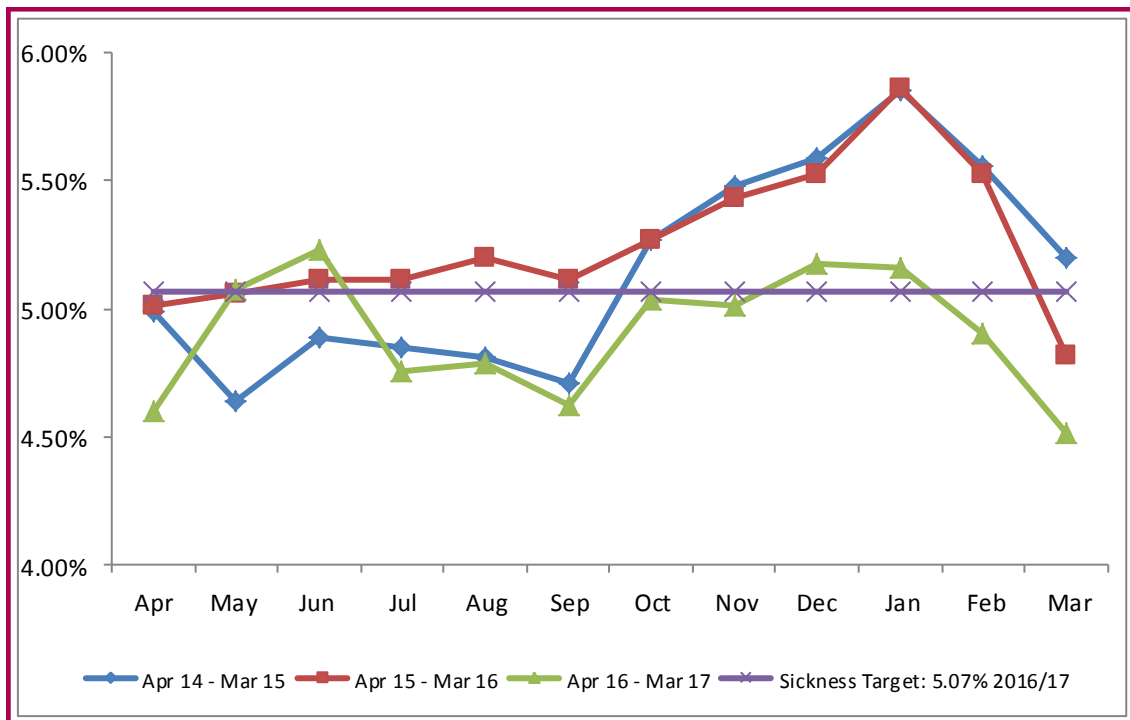
In 2014 Northern Ireland Infection Prevention Society Branch members and Infection Prevention & Control Lead Nurses felt that it was becoming increasingly difficult to deliver mandatory training programmes to a multi-disciplinary Primary and Secondary Care audience. Topics which may only have been relevant to a number of specific clinical staff were delivered to all the participants within a stringent allocated timeframe. The consensus of opinion was that a review of the Training programme delivered by all IPCNs across the region should be undertaken with a view to modernising and refreshing it. A Training and Education Sub-group was established to take this forward.

- **The new IPC training matrix is now complete with a Regional focus and a 'blended' approach to learning which includes an e-learning programme and face to face. Due to the dynamics and ever changing world of microbes this matrix will be reviewed on a regular basis.**
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Staff Absenteeism

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.

**Monthly % Sickness Absence
2014/15 - 2016/17**



The graph above shows the monthly % sickness absence rates for 2014/15 –2016/17. The figures are based on working hours lost/working hours available.

- **The cumulative % sickness absence rate for 2016/17 was 4.91% which was slightly below the target set for the year at 5.07%.**
- **Since 2015/16, following an extensive review of the Trust's Attendance Management Procedures, a number of actions have been implemented which have achieved a reduction in the Trust's absence rate. The Southern HSC Trust was the only Trust to achieve their target for sickness absence reduction in 2016/17.**

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.**

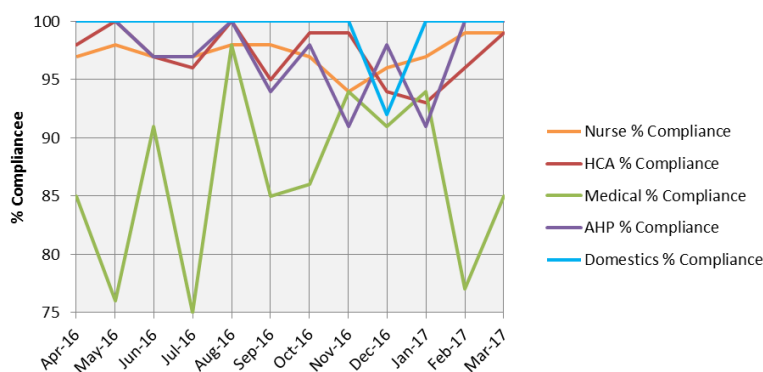
Whether it is soap and water used to wash hands, or an alcohol hand rub, Hand Hygiene is everyone's business.

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.

**Hand Hygiene Compliance by Staff Grouping
Apr 16 - Mar 17**



- ◆ *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.***

- We will continue collaborative working with all staff across the Trust on independent hand hygiene audit.
- We celebrated World Hand Hygiene day in May 2017 in conjunction with key stakeholders such as the World Health Organisation & the Public Health Agency. This is an annual event that involves staff and public involvement.
- We continue to include hand hygiene as a core topic in **ALL** Infection Prevention and Control training programmes and a new tiered 'blended approach' to IPC training was launched in the Trust in June 2017.
- We continue to embrace and promote hand hygiene for ALL before and after visiting as part of visiting policy for the Southern Trust.

Improvements within Paediatric Services

Jessie the giraffe has arrived at 3 North!

Jessie has made the long trip from Africa on the 28th September 2016 to form the theme for our Children's Ward at Craigavon Hospital, helping us find out what matters most to our little patients.



Jessie the Giraffe

Next Steps

The Trust plans to publish **'What Matters to You?'** This initiative aims to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care. This has now become an international movement with many countries around the world participating.



Improvement within Integrated and Maternity Health Division (IMWH)



The Trust is implementing the recommendations of the Maternity Strategy for Northern Ireland 2012-2018. Normalisation of pregnancy remains at the forefront as a principle of care. This has been progressed within the midwifery led unit in Craigavon with the use of complimentary therapies (aromatherapy and acupuncture) now being offered to women in labour, and the use of acupuncture for hyperemesis (morning sickness) in Daisy Hill.

The midwifery Led Unit in Daisy Hill Hospital is steadily growing with the number of women using this service increasing month on month. The Trust has embraced co production & co design having service users on working groups for promoting normality and also the antenatal education programme which is being redesigned to incorporate the principles of the Solihull Training and Early Interventional Transformation Programme.

There is an increasing rise in women with complexities and to ensure these women are on the correct pathway, work has been undertaken to revise the antenatal pathway and optimise the patient journey. This work has concentrated on streamlining the patient journey.

In undertaking this work in capacity will be provided at clinics which will enable the [Saving Babies Lives Care Bundle](#) to be implemented so that women who require serial scans to be scanned by the appropriate clinician (obstetrician).

Other development include:

- ◆ **the use of a triage system similar to that used within Emergency Departments. This will ensure that women who present with an obstetric problem are seen and treated in an appropriate timeframe with those requiring emergency treatment prioritised.**

Focus fo 2017/18

- Development of a bereavement room within both Acute units. This work is being co designed and co produced with Sands and service users.
- A focus on retaining and supporting staff working within the Trust. Midwives have been recruited and opportunities for support and development provided through forums, preceptorship programmes and opportunities to undertake commissioned courses. These courses enable midwives to enhance care for women such as principles of critical care, ultrasound scanning and examination of the new born.
- The establishment of some procedures to move from medical staff to nursing staff such as nurse led smears and nurse led pessary replacements.
- Revision of the clinical pathway within the Fertility service to Nurse led at the patient entry point.

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?**

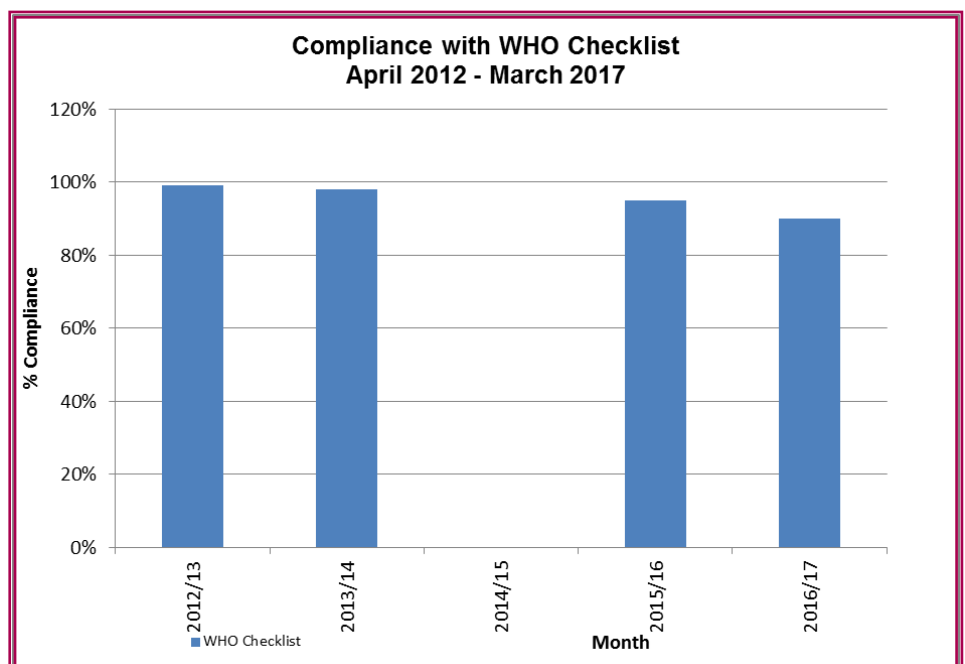
The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals.

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 during 2016/17 is 90%.

During 2015/16 the Trust achieved 95% compliance.

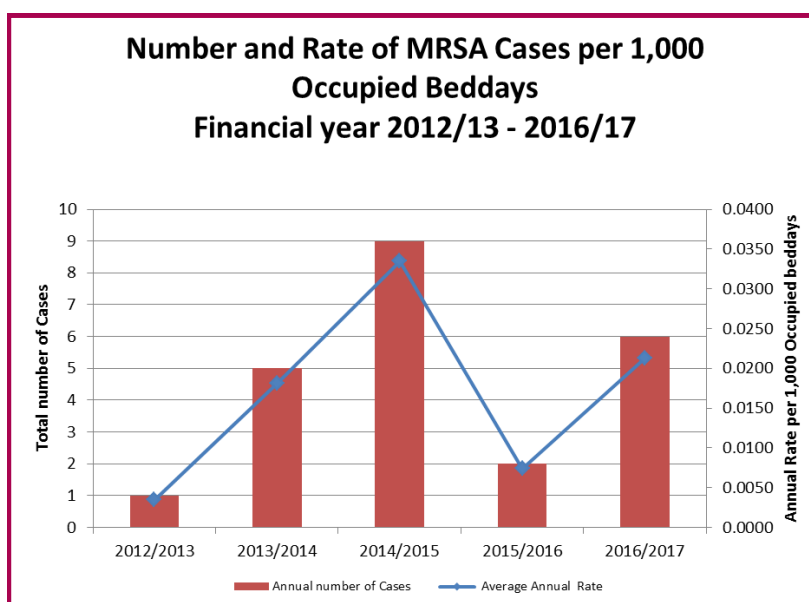


Reducing Healthcare Associated Infection: MRSA Bacteria

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 2016/17 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 2016/17 was 5 cases.
- During 2016/17 there were 6 cases of MRSA, none of these cases 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.

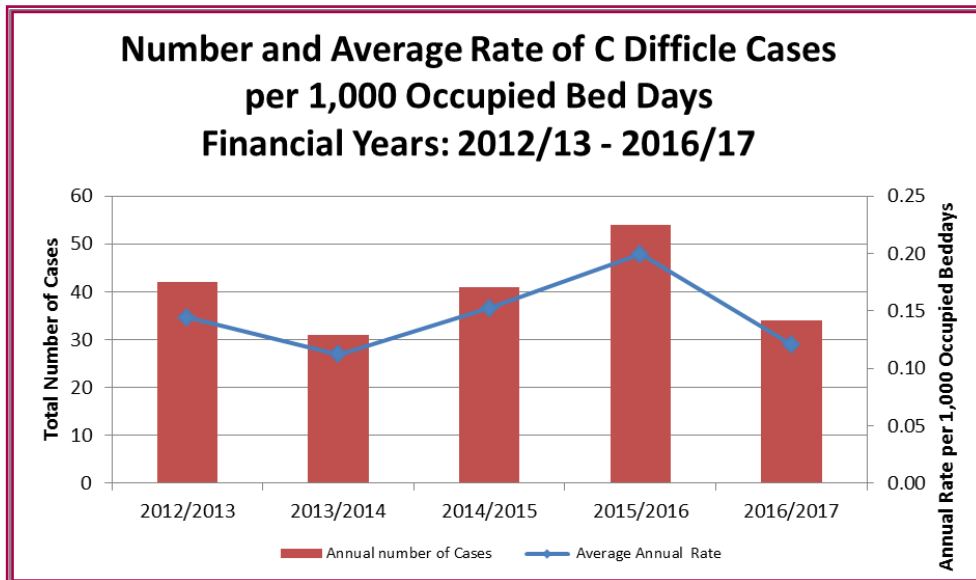
Reducing Healthcare Associated Infection : Clostridium Difficile Infection (CDI)

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 lowest CDI incidence rate regionally.
- The Southern Trust’s objective/goal for improvement (OGI) for Clostridium difficile in 2016/17 was 32 cases. There were 34 cases. This is a reduction of 18 cases since 2015/16.
- The Trust continues to conduct a strict surveillance programme on CDI cases. When the Infection Control Team reviewed the 34 cases, it was found there was no identified pattern or link between these cases.

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.

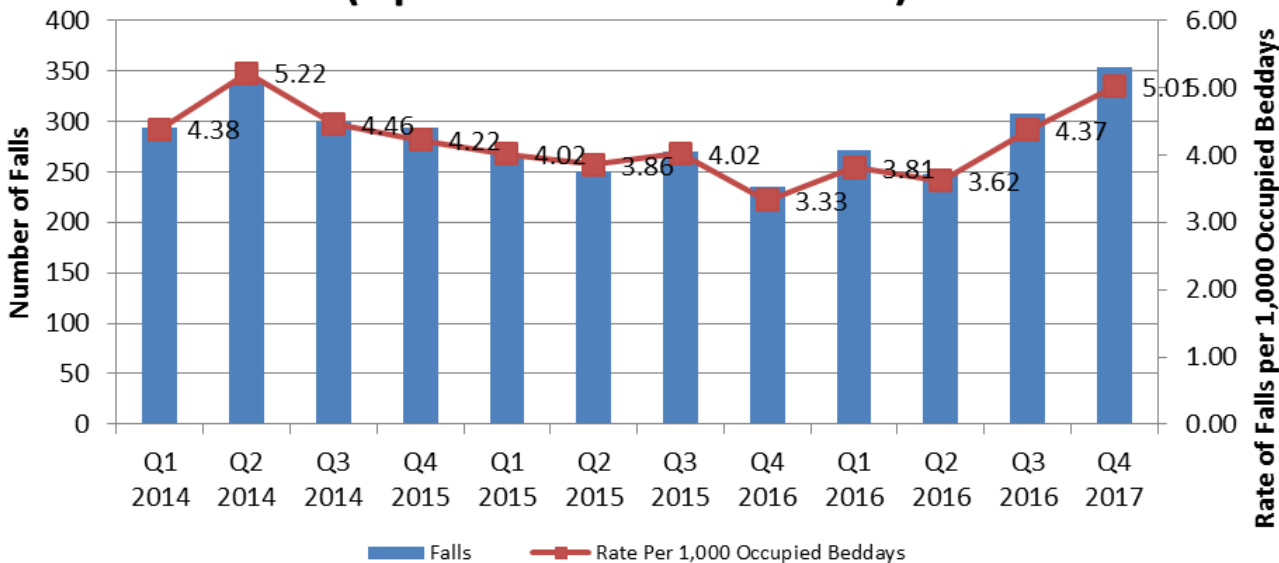
When a fall occurs at ward level, an Incident Report form is submitted and reviewed by the Ward Sister and Head of Service.

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.

Facts & Figures

- ◆ Enhance training on falls may be a contributing factor to our increase in fall rates.
- ◆ In 2017/18 the Trust intends to work with our regional colleagues to carry out a Falls Review for all falls graded moderate and / or above.

Number and Rate of Falls (April 2014 - March 2017)



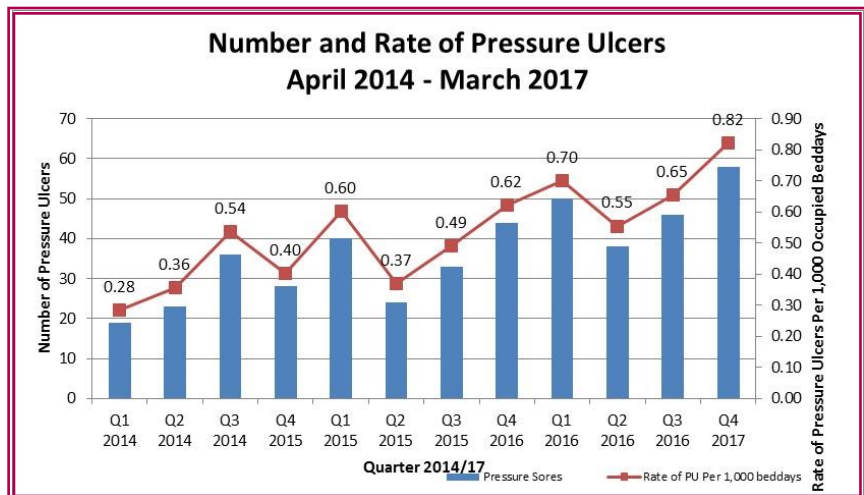
Pressure Ulcers

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 192 "Hospital Acquired" Pressure Ulcers in 2016/17, compared to 141 in the previous year 2015/16. This increase in reporting is in keeping with the significant awareness and training over the past year.

29 of the total 192 'Hospital Acquired' Pressure Ulcers were Graded 3 & 4, (deep wounds), which equates to 15% - up from 10% in previous year. A review of the 29 cases was carried out, with 7 cases been deemed to have been avoidable. This represents 4% of all cases reported in 2016/17.



What Next?

- The focus will remain on Grade 3 & 4 "Hospital Acquired" Pressure Ulcers. A review of all such cases will be undertaken to determine if they were avoidable/unavoidable. All such cases will be reviewed by the Pressure Ulcer Improvement Team, with lessons learnt being fed back to all Wards across the Trust at Ward Manager's Meetings by our Lead Nurses.
- For the first time this year the annual meeting of the European Pressure Ulcer Advisory Panel (EPUAP) will be held in Belfast in September 2017 and the Trust will have a speaker and a QI Poster. This allows us to share and bring learning to the Trust.
- The Southern Trust will continue to play an active role in World Pressure Ulcer Day on 16th November 2017, to increase awareness of Pressure Ulcers.
- Further Pressure Ulcer awareness training will take place with staff during 17/18.
- Furthermore the Pressure Ulcer QI Team is also exploring the possibility of obtaining an e-learning training package for all healthcare staff.

Preventing Venous Thromboembolism (VTE)

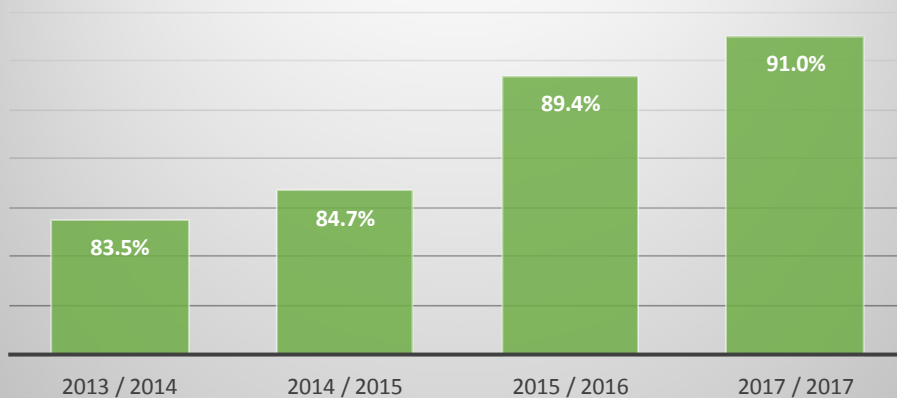
What is a deep vein thrombosis and pulmonary embolism?

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 / safety processes.

Yearly Compliance Rates for Patients Risk Assessed for VTE 2013 - 2017



Looking to the future

- Assessing the risks of venous thromboembolism and bleeding were identified as both a Trust and Public Health Agency (PHA) priority for 2016/17.
- The Trust will continue to strive to improve compliance further towards a goal of 95% compliance by March 2018.

Facts & Figures

- 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.

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.

Medicines reconciliation by a pharmacist is conducted wherever possible for patients admitted and discharged from hospital however this is not possible for all patients due to the number of patients and pharmacists available. This is a recognised service gap.

Taking the data over a seven day period, the percentage of patients whose medicines were reconciled by a pharmacist at admission was 47 per cent and the percentage of patients whose medicines were reconciled by a pharmacist at discharge was 29 per cent for 2016/17. These results highlight that further investment and development is required to increase these figures to create a seven day service. If the data is calculated over a Monday to Friday period, when pharmacists are present on the wards, then the percentage of patients whose medicines were reconciled by a pharmacist at admission increases to 73 per cent and the percentage of patients whose medicines were reconciled by a pharmacist at discharge becomes 51 per cent.

In 2016/17 the Trust invested in additional pharmacy support as part of its Unscheduled Care Resilience Plan. It is anticipated this will support improved safety in medicines management as well as improving management of inpatient flow in our acute hospitals.

The Pharmacy and Information Technology

Team pitched an innovative concept at our Dragons Den in October 2016. The project aim was to improve one aspect of Medicines Optimisation, and ultimately to improve patient safety, is to introduce the use of 'mobile devices or tablets' by our clinical pharmacists.

Using iPads, pharmacists can work at the patient's bedside to access the NIECR (usually completed at the Nurses station). The NIECR provides primary care information on medication use by the patient and is used to conduct medicines reconciliation on patient admission to hospital.



By moving this to the patient's bedside, the patient is more engaged in the process and it reduces the requirement to return to the patient at a later stage if further confirmation is needed.

The iPads will also enable the pharmacist to access the electronic discharge and therefore complete Medicines Reconciliation at discharge, another interface of patient care. This will help to support the accurate transfer of information regarding intentional changes to the patient's medication during the admission. This electronic record is then communicated to the patient and their GP.

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 (INR test).

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 implementation of the new 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.

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.

Two patient safety alerts were issued in 2016 highlighting potential risks with insulin:

- ***Ensuring the safe administration of insulin and never to extract insulin from an insulin pen using an insulin syringe. This is especially important now there are high strength insulin products available. All staff were alerted to this risk and training programs were updated.***
- ***Minimising the risk of medication errors with high strength, fixed combination and biosimilar insulin products. Training programs and guidelines were updated to include these products, prescribing and dispensing software was updated to alert staff to the high strength and storage separated.***

The Safe Use of Insulin Group continues to meet and review guidelines and protocols to support the safe use of insulin across all our services.

Omitted and Delayed Medicines in Hospital

Omitted and delayed doses 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.

Facts & Figures:

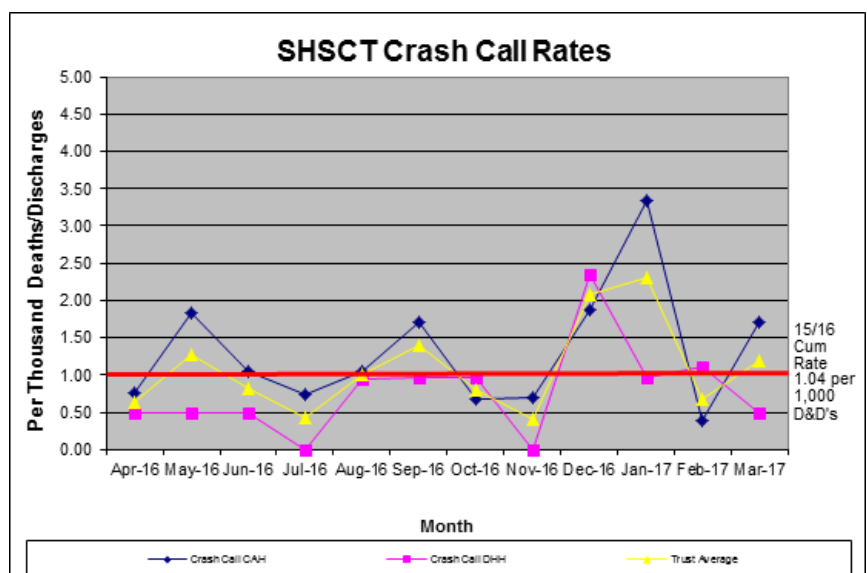
- The percentage of omitted and delayed doses was 8.2% in May 2017, a decrease from 13.3% in May 2016. The percentage of omitted and delayed doses of critical medicines was 0.6% in May 2017, a decrease from 0.7% in May 2016. However these overall figures include a proportion of doses that will have been omitted or delayed entirely appropriately.
- The percentage of inappropriately omitted and delayed doses was 2.3% in May 2017. This represents a decrease from 2.9% in May 2016. The percentage of inappropriately omitted and delayed doses of critical medicines was 0.3% in May 2017, a decrease from 0.4% in May 2016. The critical medicines most commonly involved were anticoagulants, anticonvulsants and 'STAT' doses of medicines.

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.

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

Cardiac Arrest Rates 2016

The Trust's cumulative Crash Call Rate for 16/17 was **1.09** per 1,000 deaths/discharges (**63** Crash Calls), up from **1.04** per 1,000 deaths/discharges (**59** Crash Calls) in 15/16



4

Raising

the

Standards

Morbidity and Mortality Meetings

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 enable actions to improve clinical practice.

The overarching goals of the Trusts Morbidity and Mortality committee is 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 these goals.

Key Improvements Achieved during 2016/17:

- ⇒ **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.**
- ⇒ **The Trust influenced development of the specification and associated guidelines for the use of the Regional Mortality and Morbidity Review System (RM&MS).**
- ⇒ **Improved communication and learning through the development of SHSCT ‘Lessons Learned Better’.**
- ⇒ **A formalised recruitment process for Trust M & M leads to promote accountability.**

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.**

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.

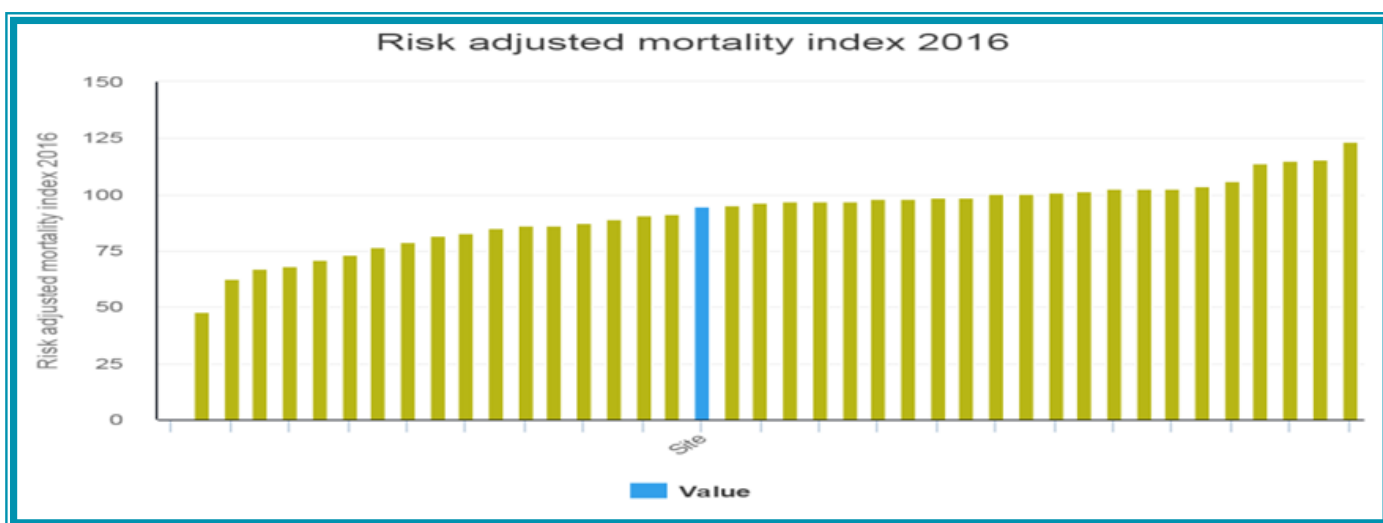
The proportion of patients who die (the mortality rate) is an indicator of the quality of care we provide. We can compare our mortality rates with similar UK hospitals.

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

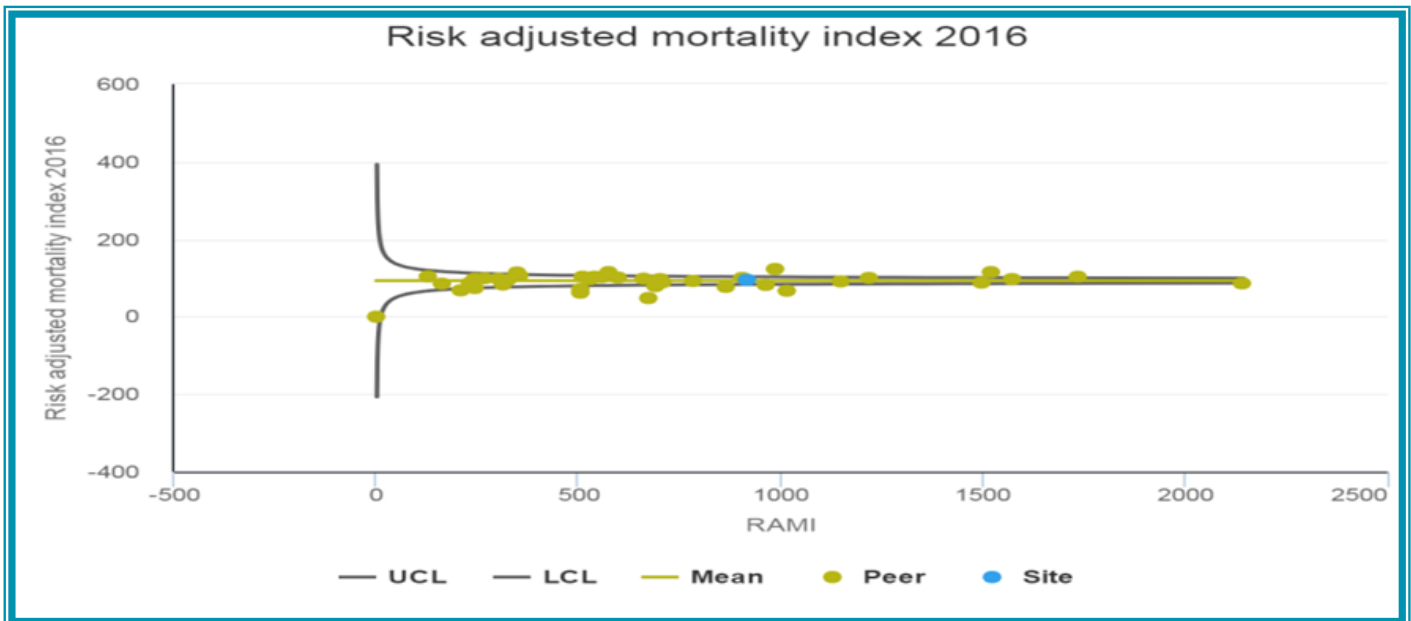
SMR compares a hospital's actual number of deaths with its predicted number of deaths.

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 blue dot in the chart (funnel plot) below



Facts & Figures

- ⇒ The Trust RAMI score is 95.
- ⇒ 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.

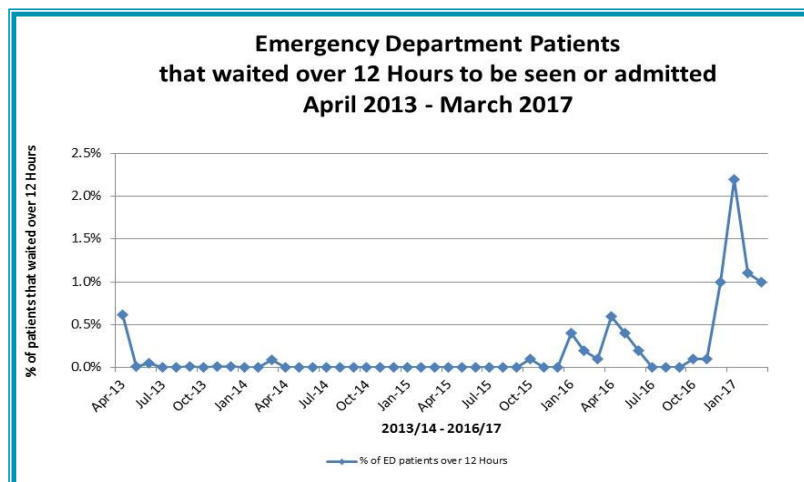
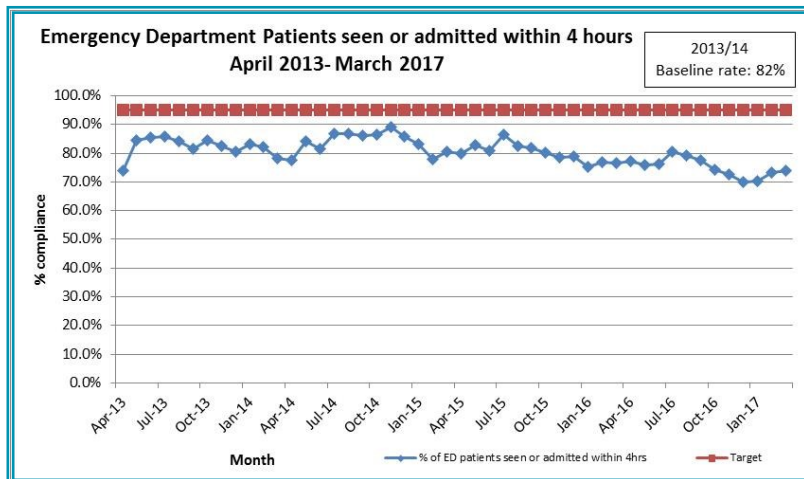
Emergency Department (ED) 4 Hour & 12 Hour Standards

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.

In keeping with trends across Northern Ireland and wider NHS, 2016/17 saw an increase in attendances across both our hospital sites and maintaining performance against the 4hr and 12hr standards was challenging.



Facts & Figures

- During 2016/17 there were 173,307 attendances to Emergency Departments and the Minor Injuries Units. This represents a 7% rise on 2015/16.
- In 2016/17, 75% of these patients were seen within 4 hours as seen in graph above.
- In 2016/17, 14% of patients waited more than 12 hours. This represents 0.5% of patients who attended the ED and Minor Injuries Units.

Rate of Emergency Re-admission within 30 Days of Discharge

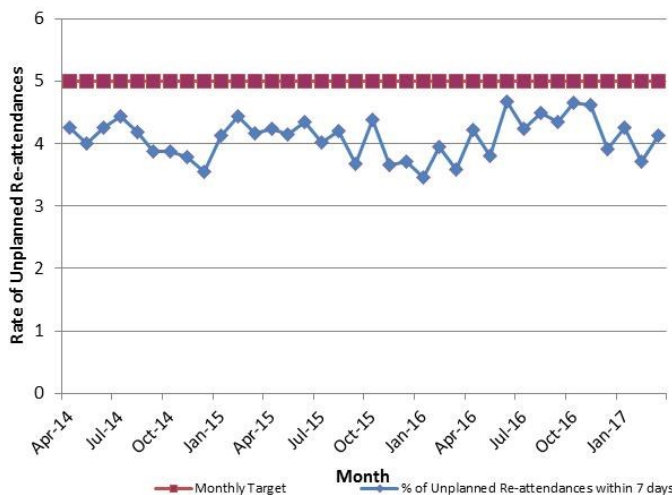
The rate of re-admission into hospital within 30 days for patients that have been discharged from hospital is a measure of quality of care.

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

During 2016/17 the Trust's average re-admission rate (within 28 days) was 6.81% versus peer comparator of 7.14%, which indicates that the Southern Trust has a lower average rate of re-admissions.

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

Rate of Unplanned Re-attendances at Emergency Departments April 2014 - March 2017



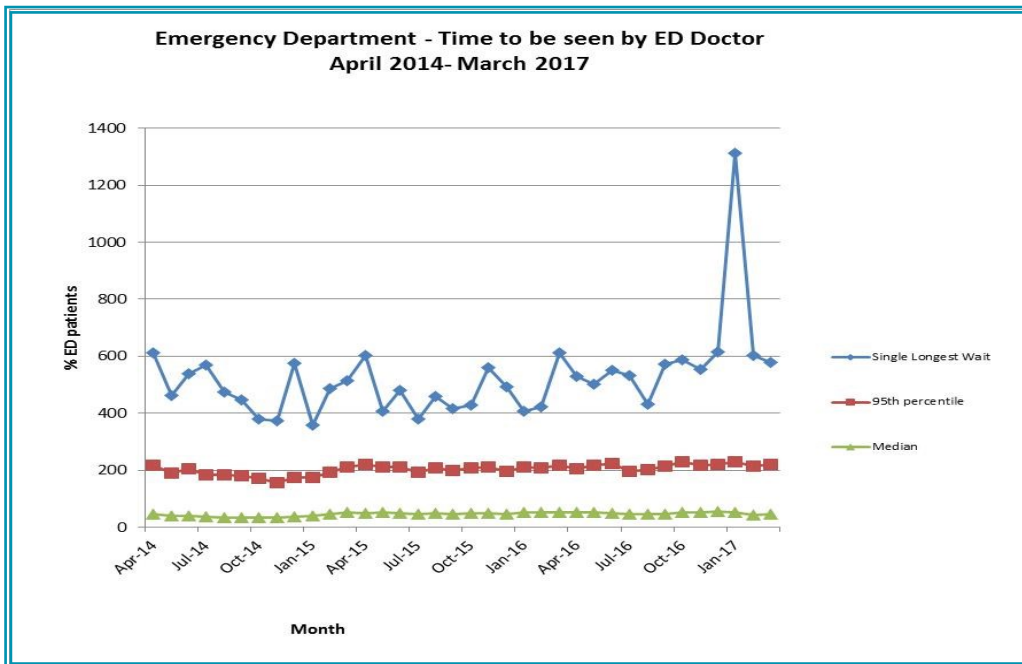
Facts & Figures

In 2016/17 the Trust maintained its position with unplanned re-attendances at Emergency Departments within 7 days consistency below the 5% target.

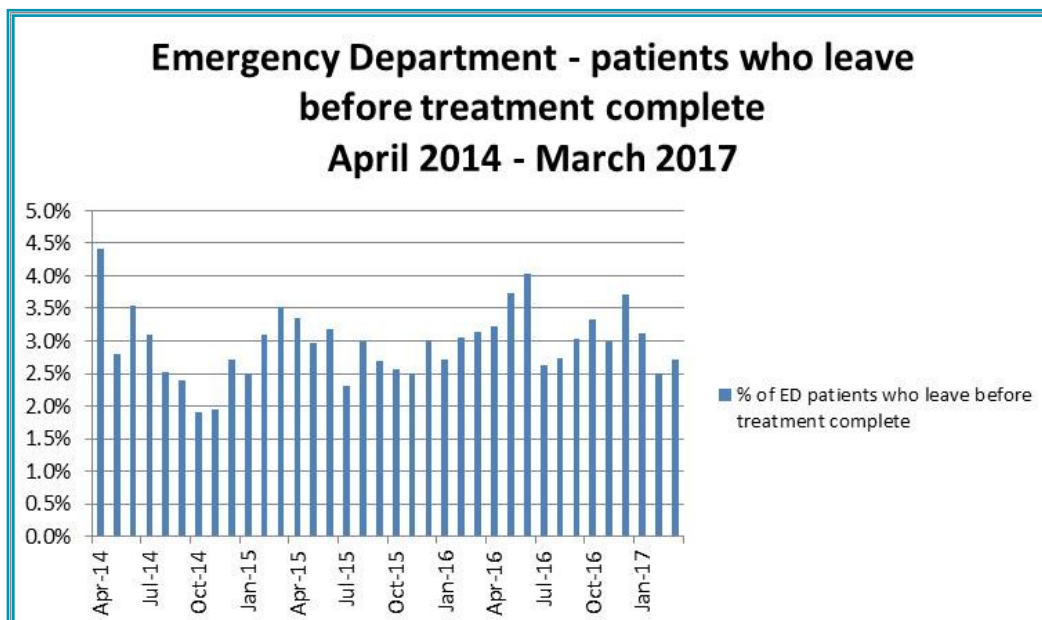
Time To Be Seen by the Emergency Doctor

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

Performance demonstrates an increase reflective of the additional demand experienced in Emergency Departments overall during 2016/17



Between April 2016—March 2017 the monthly average % of patients who left the Emergency Department before treatment was complete was 3.1%



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 treatment 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 ED's of CAH & DHH
has been on-going from April 2012.**

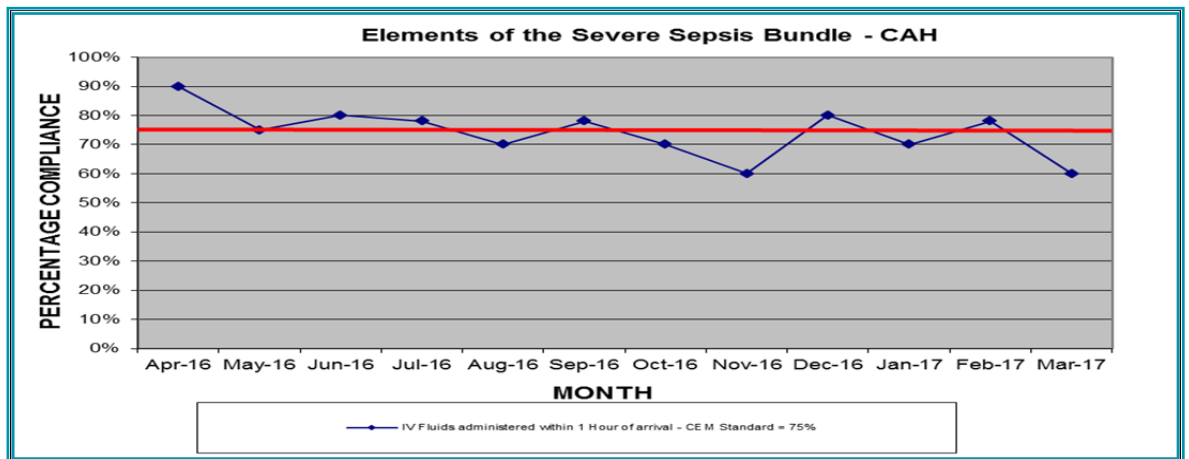
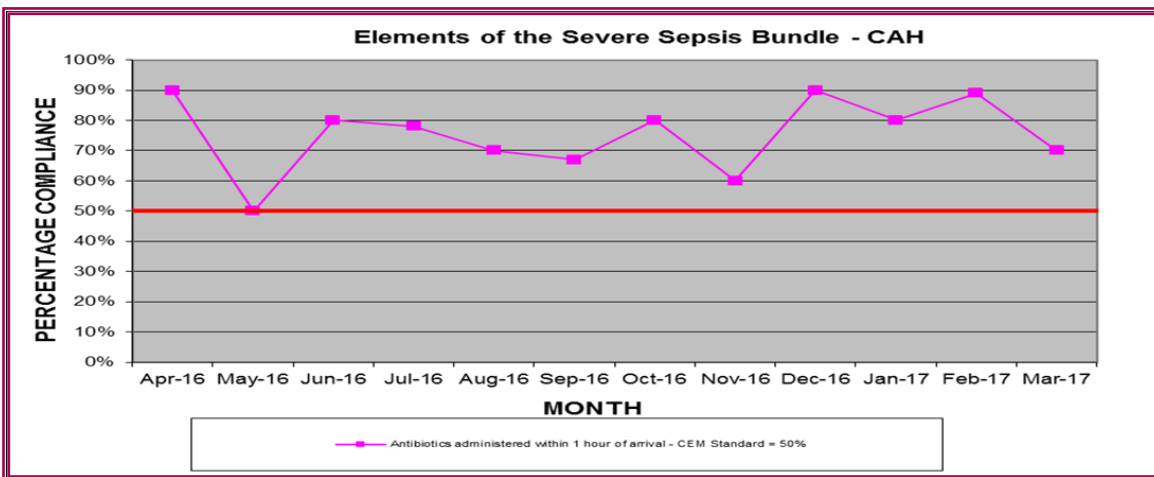
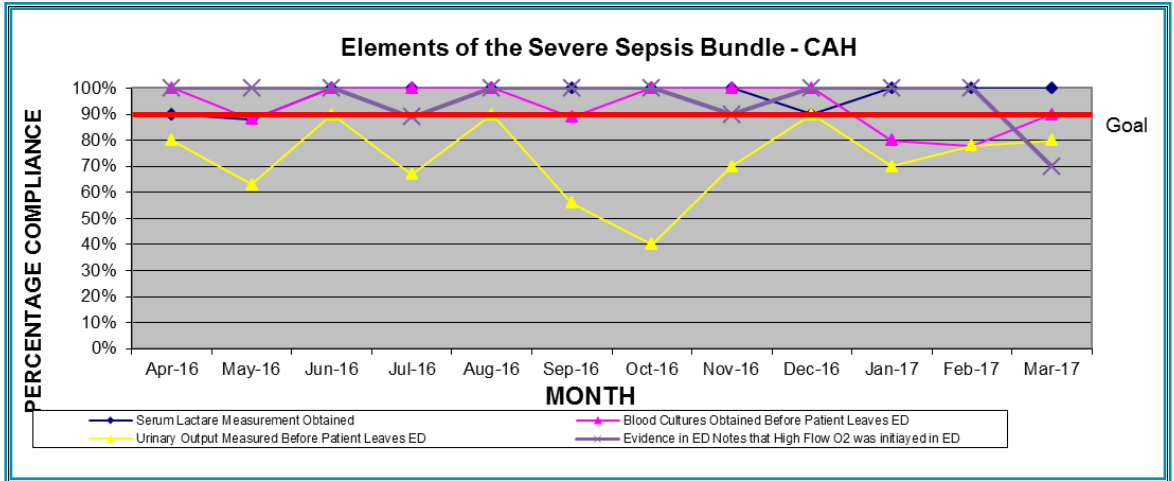
Initiatives introduced:

- ◆ **Severe Sepsis seen as a “Time Critical” condition akin to Stroke & Heart Attacks**
- ◆ **The standardisation of treatment**
- ◆ **Development of Severe Sepsis Proforma to aid the identification & 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 & Run Charts**
- ◆ **Results of audits regularly shared at Clinical Audit Meetings**
- ◆ **Introduction of Sepsis Box**
- ◆ **Designated Bed in Resuscitation area of the Emergency Department**

Outcomes Achieved

Last year, for the first time, the Trust participated in the Royal College of Emergency Medicine's national audit on Severe Sepsis & Septic Shock.

A review of Trust data over the past year demonstrates that initial improvements have been sustained, even with the time-dependant elements of the Bundle, as illustrated by the Run Charts below from CAH.



Going Forward

- ◆ Roll out of Sepsis6, beyond Emergency Departments is included in the Public Health Agency Quality Improvement Plan Framework for 2017/18.
- ◆ The Trust has established a short life Task & Finish group to implement Sepsis6 across the Acute Directorate in 17/18.
- ◆ Work to adapt tools & techniques used in Emergency Department for use across Wards.

Clinical & Social Care Governance Research

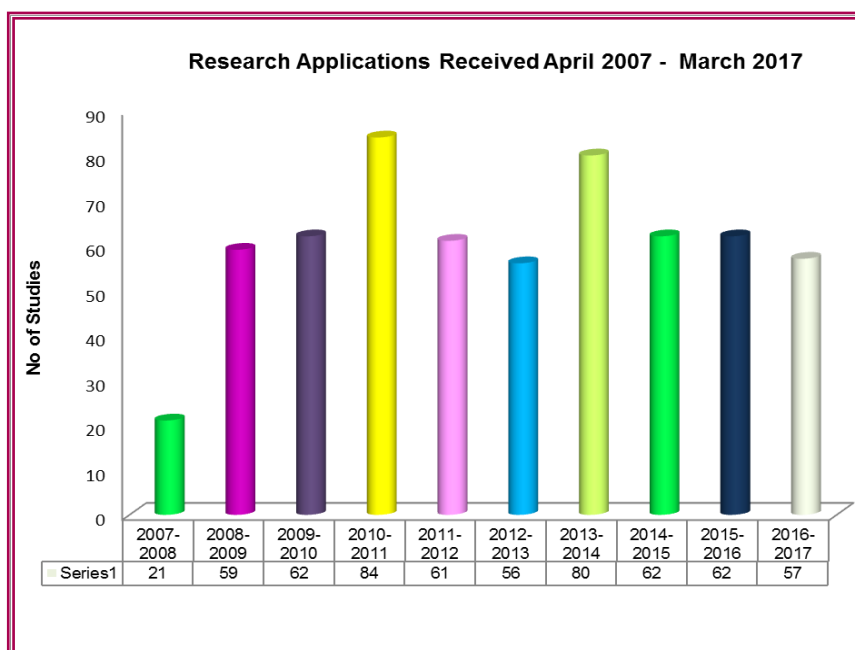
The Trust is committed to encouraging staff to be involved in research, development and innovation which:-

- ◆ Improves the evidence base
- ◆ 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, Renal, Respiratory, Rheumatology, Stroke, Midwifery and Nursing.

Facts & Figures

- ◆ 57 research applications were received in 2016/2017 the diagram below shows the numbers received since establishment of the Research and Development Unit in the Trust.
- ◆ 100% of research applications approved within 30 days.



Key priorities for 2017/2018

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

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:

- **Pneumonia in Adults: Diagnosis and Management - Guidance of Community and Hospital-Acquired Pneumonia in Adults, NICE CG 191, published by National Institute of Clinical Excellence (NICE)**
- **Advanced Breast Cancer: Diagnosis and Treatment , NICE CG 81, published by NICE.**
- **Dyspepsia and Gastro-Oesophageal Reflux Disease in Adults: Investigation and Management, NICE CG 184, published by NICE.**
- **Venous Thromboembolic Diseases, NICE CG 144, published by NICE.**

Examples of additional standards are also outlined in other sections of this report.

National Cardiac Arrest Audit

The National Cardiac Arrest Audit (NCAA) is a comparative audit for in-hospital cardiac arrest. A number of hospitals across the UK participate in this audit. It measures the quality of care for patients who have cardiac arrests in comparison with other peer hospitals. The audit findings also tell us which areas of our care we should improve on.

What did the audit findings tell us?

Our standard of care is comparable to other Trusts partaking in this audit. Our audit figures are a result of:

- **Vigorous staff training in resuscitation.**
- **Implementation of the National Early Warning Scoring System.**
- **Our work with patients and their families on making decisions on resuscitation.**

National audit on Percutaneous Coronary Intervention (PCI), Craigavon Area Hospital, 2015

What Is PCI

The PCI procedure, involves inserting a tube or catheter into the patient's arterial system to reach the blocked artery in order to improve blood flow.

Percutaneous coronary intervention has a considerable evidence base.

It is the most common revascularisation procedure for coronary artery disease in the UK.

What will the national audit tell us?

The Southern Health & Social Care Trust submits comprehensive data on all PCI procedures performed at Craigavon Area Hospital, to the National Institute for Cardiovascular Outcomes Research database (NICOR) Participation in this independent national audit provides the Trust with assurance on the following areas

- ⇒ **Clinical practice**
- ⇒ **Improved patient access to PCI**
- ⇒ **Better service efficiency**
- ⇒ **Reduced length of hospital stay for acute patients**
- ⇒ **Optimised procedural and clinical patient outcomes**

Facts and Figures

NICOR highlighted excellent audit data completion at Craigavon Area Hospital - the best in Northern Ireland and among the top 4 of the 120 centres in the UK.

- ◆ **The desirable minimum number of PCI per year is 400**
- ◆ **36% of hospitals in the UK did not achieve this number in 2015**
- ◆ **PCI operators in Craigavon Area Hospital performed 662 PCI in 2015, which is well above the expected minimum number**
- ◆ **This number of PCIs performed in Craigavon Area Hospital has continued to rise in 2016**
- ◆ **Higher volume PCI operators in Craigavon Area Hospital were associated with the good patient outcomes observed**
- ◆ **The hospital would benefit from additional outpatient capacity to meet growing demand for PCI procedures**
- ◆ **Patient outcomes in Craigavon Area Hospital are excellent**
- ◆ **The risk adjusted complication rate per number of PCIs performed in Craigavon Area Hospital was 0.65%, which is lower than the UK national average was 1.26%**

Regional Podiatry-led audit of multidisciplinary diabetes foot ulcer management in community and hospital sites in Northern Ireland, (GAIN, Nov 2016)

Diabetes Foot Disease

Diabetic foot disease is one of the most distressing and disabling complications of Diabetes. It involves nerve damage, reduced sensation, and reduced blood supply to the feet. Even simple injuries like a blister can result in a foot ulcer. A diabetes foot ulcer is an open sore or wound on the foot.



It is especially important that people with diabetes look after their feet to prevent injury and complications.

Good management of diabetic foot ulcers is important to achieve healing, improve quality of life and long term health.

Why was the audit undertaken?

In Northern Ireland work has been undertaken to ensure the voice of the person living with diabetes is heard and that it informs how the care for patients with diabetes should be provided.

The Podiatry Managers Group and five Health Trusts in Northern Ireland also recognised there was a need to review and change the way diabetes foot care was provided.

This audit was undertaken to help them understand how the care of diabetes foot ulcers was provided, so that they could identify where improvements could be made in both hospitals and primary care or community settings attended by patients.

A National Diabetic Foot Ulcer Audit (NDFUA) in England and Wales was carried out in 2014, however this did not include Northern Ireland. A bid to undertake this audit was made to GAIN and funding was obtained.

Raising the standards

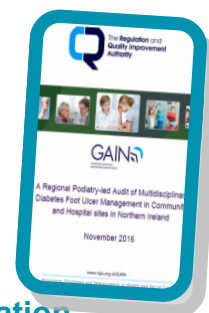
The audit measured compliance with the most up-to-date international and national best practice:

- ◆ **Putting Feet First, published by Diabetes UK, published 2009**
- ◆ **Diabetic foot problems: prevention and management, NICE Clinical Guideline 19, published by the National Institute for Health and Care Excellence (NICE), August 2015**
- ◆ **The recommendations from the National Diabetic Foot Ulcer Audit (NDFUA) in England and Wales 2014**



What did the audit tell us about things we were good at or needed to change in NI?

- ✓ All patients with a diabetes foot ulcer had an agreed management plan
- ✓ The number of patients having a footwear assessment was high
- ✓ The healing rate of diabetes foot ulcers in Northern Ireland was higher than that reported in the National Diabetic Foot Audit carried out in England and Wales
- ∞ Compliance with the level of neuropathy examination, pulse examination, risk classification and assignment was below the expected regional and national standards
- ∞ There was no formally agreed diabetes foot ulcer classification system in NI



10 recommendations were made and a timeline for the implementation of the recommendations was developed.

The full audit findings and recommendations can be accessed at:

<https://www.rgia.org.uk/RQIA/files/b1/b16abfd9-8bc1-4ce6-a553-0fd3fc679cec.pdf>

Improvements made to date in NI:

- ◆ A regionally agreed screening and assessment process for patients with diabetes has been implemented in NI. This is based on the most up to date evidence based practice. *American Diabetes Association 2017, and the Scottish SIGN - Diabetic Foot*
- ◆ A regionally agreed training programme on the screening and assessment process was developed for NI. A small team of trainers provided this training to ensure a standardised approach was adopted across NI. Attendance at this training was mandatory for all Trust Podiatrists.
- ◆ A chart for documenting information on diabetes foot ulcers had been adopted across NI to promote standardised record keeping and support future audit. This is known as SINBAD .The validated wound classification system and score, SINBAD ((Site, Ischaemia, Neuropathy, Bacterial Infection, Area and Depth was introduced across the region to promote standardised documentation of diabetic foot ulcers and to support future audit.

Looking to the Future

The SHSCT is represented on the Regional Network groups. The Network supports the implementation of the Department of Health's Strategic Framework for Diabetes, one of a series of initiatives to support the Health and Well-being 2026, Delivering together plan, which aims to transform Health and Social Care (HSC) services across NI.

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 2016/17

	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%
2016/17	43%	99%	85%

The Breast 2 week Access target achievement has continued to be a challenge due to difficulties with recruiting medical personnel however the Trust has continued to work closely with colleagues in HSCB and other Trusts in the region in order to maximise capacity. The Trust is participating in a regional review to look at more sustainable models of care.

Service improvement initiatives

- ⇒ **Yearly Cancer Peer Review of MDTs against measures to ensure a high level of compliance which will ultimately improve cancer access pathways.**
- ⇒ **Monthly review of Cancer Access Pathways and meetings with individual teams to highlight delays and examine ways of improving access and timely diagnostics.**
- ⇒ **Development of nurse led clinics to free up Consultant capacity to see new referrals.**
- ⇒ **Cancer Clinical Nurse Specialist Workforce expansion – recruitment of a Haematology Clinical Nurse Specialist to support Teenagers and Young Adults (TYA) who have had a cancer diagnosis. Also environmental work carried out in the Haematology ward and outpatient cancer unit to make it a more TYA user friendly place.**
- ⇒ **Recruitment of Cancer Skin Clinical Nurse Specialist who will develop nurse led clinics.**
- ⇒ **Engaging with service users and using their feedback to help plan and shape cancer services in order to improve the patient experience.**

5

Integrating

the

Care



Southern Health
and Social Care Trust

Quality Care - for you, with you

Children's Community Care

School Nursing and the school based paediatric flu campaign

Once again Northern Ireland delivered a very successful seasonal flu vaccination programme during 2016/17. The annual flu immunisation programme helped to reduce GP consultations, unplanned hospital admissions and pressure on Emergency Departments and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.

Facts & Figures

- The campaign achieved an overall uptake of 78.3% in primary school children. This was a significantly higher uptake than other parts of the U.K. and an increase of 1.5% on last year's figures. The levels of GP consultation rates for influenza-like illness during each flu season was lower in Northern Ireland compared to other parts of the UK and the Republic of Ireland where either a more limited or no healthy children programme exists.
- For the first time this year the PHA conducted a survey with primary schools to collect feedback about the programme. 28% of schools responded and the results were overwhelmingly positive about the programme and the cooperation between schools and School Health Teams.



Safety In Partnership

The Children and Young People's Directorate piloted a quality improvement project Safety in Partnership, a safety approach to Child Protection with practical "hands-on" strategies for building relationships with parents. **Safety in Partnership** can be defined as a strengths based and solution orientated approach to casework which draws on systemic family therapy practices and places a central focus on the overall safety of children within their family situations.

The model is used to explore positive aspects of family life which are then used to assist individuals and families to develop coping strategies and strengthen their own capacity. Relationships are central to the Safety in Partnership model and core principles which underpin it include open communication, co-production, partnership and collaboration.

The key aims of this quality improvement project were as follows:

- ◆ **The development of a skilled workforce in Safety in Partnership.**
- ◆ **The development of meaningful working relationships with parents, young people and children.**
- ◆ **Targeted intervention which improves the safety of children and ensures improved outcomes for children, young people and their families.**
- ◆ **To embed Safety in Partnership in practice and ensure a quality Social Work service is delivered to children and their families.**
- ◆ **The use of Safety in Partnership to adopt a more integral approach for multi-disciplinary professionals in understanding their role with the family and Social Services in improving safety for the child or young person.**

The Feedback following evaluation was :

- ◆ **Parents stated they felt listened too and part of the decision making process.**
- ◆ **The majority of parents/carers indicated that Safety in Partnership assisted to increase their understanding of social services concerns regarding their children.**
- ◆ **Social Work and Multi-Disciplinary professionals agreed that Safety in Partnership assisted to improve service user engagement with the assessment process overall and directly impacted on their work by positively improving their working relationships with service users.**

"First involvement with social services so was nervous about the meeting but felt it wasn't as bad as I thought it was going to be".

"Definitely better. Case conference makes me feel really intimidated. Feels like the Social Worker understands my views more during the Safety in Partnership Process. Always feel like crying during a case conference and was very hard to hear everyone talk so negatively about me as a parent whereas I felt supported during the Safety in Partnership process. Much better way of working".

Children's Community Care

Yoga for Looked After Children

This is a unique programme in Northern Ireland and commences on 6th October for 10 weeks. We have 12 Looked After Children and 3 of their social workers participating in the programme delivered by **Yogafarm**. The Yoga will be delivered by the evidenced based Overcoming Trauma through Yoga programme which has been successfully used in the US for children subject to exploitation by social media. The programme will be robustly evaluated with the aim of delivering it in the future to other Looked After Children.

MOMO – Mind OF My Own

MOMO is an app for Young People in Care to capture their wishes and feelings regarding their care plans, contact with family, health and educational needs. It has been piloted with the Looked After Children service and we have just extended the pilot by 6 months to include the Children with Disability Service.

Children with a Disability Service

Children with Disabilities Short Break Team develops and manages community based short break and long-term fostering placements that provide respite for children with disabilities and their carers. These placements are with ordinary families and are designed to be enjoyable and developmental for the child whilst allowing parents to “recharge their batteries.” Considerable work has been undertaken following feedback from carers’ assessments and anonymous questionnaires to enhance and develop the service.

The team has developed a “Children with a Disability Carers Scheme – fee paid” to provide longer term and more specialised placements for children with more complex needs.

Outcomes During 2016/17

- ◆ 13 active short break carers in place
- ◆ 5 assessments being undertaken for new carers.
- ◆ 18 children have benefited from placements
- ◆ Totalling 990 days and 298 overnights

“My daughter enjoys her time away from the family and is able to do activities which are difficult at home.....for me it is a welcome break to restore my energy and relieve some of the stress.”

ID CAMHS Service

Southern Trust is the first in Northern Ireland to offer a fully comprehensive Child and Adolescent Mental Health Service (CAMHS) that is fully inclusive of Children and Adolescents who have an Intellectual Disability. One in forty children and young people have an intellectual disability, which means they have difficulty understanding information and learning the skills needed for everyday life.



Children with an intellectual disability are four times more likely to develop a significant mental health, emotional or behavioural problem than the average child. However, until now there has been a lack of specialist services to help them overcome these challenges to allow them to flourish.

Children with an intellectual disability should have the same access to specialist therapeutic intervention when they experience mental health, emotional or behavioural difficulties, as every other young person. So, in response to national recommendations, the Trust has broadened our Child and Adolescent Mental Health Service to ensure we can now meet the needs of children and young people with Intellectual Disability.”

The new Intellectual Disability (ID CAMHS) team is made up of a number of professionals - a Consultant Child and Adolescent Psychiatrist who is Clinical Lead for the service, an Advanced Practitioner/Manager, ID CAMHS Practitioners, Senior Practitioners and Assistant Practitioners who have different areas of clinical expertise.

ASD CAMHS

To promote cross-departmental co-operation, raise awareness regarding autism and encourage more integrated services for people with autism, their families and carers a local SHSCT ASD forum was established in 2008. At a recent workshop it was agreed that a cross departmental workshop would take place with all relevant partners, people with lived experience of ASD & their families being central to this.

The purpose of this workshop is to identify needs and define the scale and scope of services for some of the more significant areas of need for people with autism, their families and carers. Five key elements of the Regional ASD Action Plan were identified and agreed as key focus areas. These are **education, awareness, employability, health and well-being and transitions. Parents, carers and people with ASD consistently** identify these areas as their priorities. Future work in 2017/18 will ensure focus on these areas within the action plan with all responsible bodies on a local level to encourage integration of services.

Home On Time

The Trust received funding in 2015 from the Early Intervention Transformation Programme (EITP) to pilot and implement a Model of Concurrent Care Planning in relation to infants who become Looked After with the objective of achieving Permanence without undue delay. This was based on evidence and research that children with a plan for permanence consisting of either a return to birth family or permanent substitute care via adoption have better outcomes. It was agreed that the Trust would establish the Home on Time (HOT) project working to an agreed regional model and connecting into the Trust's own resources i.e. current adoptive and dual approved carers.

The Trust received funding to employ one senior practitioner to provide intensive assessment and intervention to a minimum of 4 birth families for each year of the Programme

From the outset this Trust supported this initiative as it was considered an effective model of practice to address challenges in relation to the delivery of the Adoption process as the preferred care plan for identified children.

The Trust prioritised relevant training for the staff concerned and embarked on an intensive awareness raising campaign amongst social work colleagues re the ethos of the service. The project is now very well established in the Trust and is significantly contributing to improvements in Adoption services which is reflected in a current performance of 70% compliance (and increasing) regarding the 3 year target of achieving permanence via adoption and in a much shorter time frame in many instances.



Mental Health

Home Treatment and Crisis Response Service

The Mental health Home Treatment Crisis Response team is well developed in the Southern Trust. They provide assessment and acute treatment at home for someone who in the absence of the service may have required admission to hospital. The service is delivered by a multi-disciplinary team that includes doctors and RMS/ Social Workers and OTs at Senior Practitioner and Practitioner level.

The service also provides a crisis response service for those experiencing a psycho social crisis. Intervention can be telephone support face to face assessment and problem solving or a brief crisis admission to home treatment. The service recently extended hours of service delivery to 24/7. In the out of hrs period they offer assessment to both Emergency Departments at both Craigavon Area Hospital and Daisy Hill Hospital.

Facilitating Early Discharge

In the mental health acute admission wards discharge planning begins early in a persons admission to hospital. The MD team identify the key factors that have required someone to have a hospital admission and prevented them from receiving home treatment. These factors will become the focus for intervention during their admission. A member of staff from the Home Treatment team is based in the in-patient unit and engages with each ward multi-disciplinary team on a daily basis to review the patients and help identify those who may benefit from earlier discharge supported by the Home Treatment team.

Recovery College

The Southern Trust Recovery College uses an educational approach to help people develop their personal resourcefulness in order to become experts in their own self-care and make informed choices about their route to recovery from mental illness, substance misuse, trauma or distress and so maintain their physical and mental wellbeing. Courses are co-produced by service users and service providers and co-delivered to students who enrol for courses by a resource of service users carers and staff who have been skilled up using the Train the Trainers model. The Trust is a key partner in the CAWT Interreg V I - Recovery initiative.

Further roll out of the Recovery College model will be taken forward through the Trusts role as a key partner in the Co-operation and Working Together (CAWT) project, which has secured Interreg 5 funding for the next three years.

Talking Therapies Well-Mind Support Hubs

The Well-Mind Support Hub has been developed as a result of the introduction of the stepped-care model of provision within mental health services which aims to improve access, intervention, treatment and care to individuals within the community. The Hub services are provided to Individuals over 18 with mild to moderate mental health needs.

To date the Well- Mind Support Hub is a pilot receiving referrals for individuals residing in one locality area with plans for further roll out subject to evaluation from March 2018.

Review of Dementia Services

In 2014 the Delirium Pathway Group was established in the Southern Trust, with representatives from service Directorates to oversee the implementation of the NICE CCG103 Clinical Guidelines on Delirium.

The focus of the group is to raise awareness of delirium, including the introduction of a clinical tool for detection, prevention and management of delirium and the associated training and support for ward staff.

In 2016/17 an Improvement Project Support Officer, as part of the Dementia Strategy Project with the HSC Safety Forum, (joined the Trust Delirium Pathway Group).

Furthermore Trust staff participated and presented outcomes and learning at five regional General Ward Collaborative meetings.

- **They actively participated in World Delirium Day March 15th March 2017, which saw HSC NI project as one of top influencers in delirium improvement**
- **A total of 425 multidisciplinary staff have attended on-site training provided by the Improvement Project Support Officer, and a further 212 have completed the HSC eLearning Delirium module**

Staff involved in the delirium improvement project have utilised learning from pilot areas to further implement use of the tools in 9 wards across the Trust.

Ongoing spread to wards is guided by the following criteria:

- ◆ **50% of staff have received training**
- ◆ **Nominated champion (with protected time)**
- ◆ **Deliver mentoring and collect data locally**

There has been a train-the-trainer resource developed regionally and 4 staff have been nominated in the first instance. These staff will use the regional materials to continue to implement face-to-face sessions locally and promote delirium education and awareness within the organisation. They can subsequently use the cascade model to increase the number of facilitators available locally.

Crisis planning in Mental Health

Acute In-Patients undertook service improvement project through the Mental Health Collaborative which focused on safe and timely discharges from acute in-patient unit. An audit of MDT discharge planning was carried out on Silverwood Ward, Bluestone Unit, to include community mental health team representation, carer/family involvement, Home Treatment Crisis Response involvement, 7 day follow up and discharge documentation.

Other improvements fully implemented across all wards are as follows:

- ◆ **Using Situation, Background, Assessment, Recommendation (SBAR) as a communication tool for all patient transfers and handovers.**
- ◆ **Safety Brief at each handover to include all disciplines and Support Service Displayed on ward**
- ◆ **Multi-Disciplinary Team Reflective practice each month.**

Also

- ◆ **Business Impact plans are in place across all of Mental Health Acute Services**
- ◆ **Interagency Meetings have identified people who significantly impact on a range of services whilst in crisis**
- ◆ **Working groups are established to adopt a multi-agency approach to crisis/forward planning for these individuals**
- ◆ **Work has commenced to consider an Enhanced Liaison Model (Addictions & General)**
- ◆ **Workforce Initiatives to address Resource issues in Bluestone ie Flexible Workforce model/Rotation Model**
- ◆ **Community MH Representation is improving with use of tele-conference/ video links.**

Physical Care of the Mentally Ill

- ◆ The Seriously Mentally Ill (SMI) patient population makes up 5 per cent of the total population but accounts for 18 per cent of total deaths.
- ◆ There is an excess of over 40,000 deaths among SMI patients which could be reduced if SMI patients received the same healthcare interventions as the general population.
- ◆ Trust compliance with NICE guidance (NICE guidelines [CG178] Published date: February 2014) in relation to the metabolic monitoring of patients on
- ◆ antipsychotics, anti-depressants and mood stabilisers
- ◆ There is recognition that physical health care and lifestyle choices are part of whole person centred care.
- ◆ Development of the Health Passport document within the SHSCT and use in Home Treatment and Inpatient services and the work undertaken as part of the Regional Mental Health Collaborative.
- ◆ A draft clinical guideline has been produced based upon the Lester guidelines for cardiovascular health monitoring of citizens known to community mental health support and recovery team. This seeks to provide initial annual screening of known risk factors for a targeted group. This has been undertaken within current resources and at present is limited by this, but has allowed for small clinics in each locality, undertaking blood tests, BP, Height, Weight, BMI, Pulse, side effect ratings scales along with lifestyle questions and signposting to services such as smoking cessation. ECGs are also about to be undertaken for those identified as requiring this.

Community Care

Older People Services

Care Home Support Team

The Care Home Support Team, a multidisciplinary team, works closely with the homes to monitor the placements for approximately 1500 older people. As well as monitoring the individuals, the Team aims to improve the quality by early detection of aspects of poor care, monitoring complaints, reviewing incidents and working in partnership with Regulation and Quality Improvement Authority (RQIA). The Team has a dedicated adult safeguarding lead and both nursing and social work investigating officers.

The value of having key workers aligned to individual homes has provided the Trust with increased assurances about the quality of care for our older people in care homes. This is overseen by a Nurse Consultant who also oversees the quality of care aspect of the individual home contract monitoring and performance management process.

Supporting Nursing Homes

Our Care Home support team continue to provide a range of educational sessions 1:1 facilitated learning opportunities for nurses in nursing homes. This includes link nurse training, supporting palliative and end of life care, continence and catheterisation, pressure area care and wound ulcer management. This training aims to embed evidence based practice, improve patient outcomes and reduce hospital admissions.

Facilitating Early Discharge

Coughreagh short Stay Rehabilitation Unit opened in Dec 2016 with the goal of enabling timely discharge from hospital when further rehabilitation is required or when an interim care option is required e.g. if carer package not readily available. 45 patients have been accepted to date, many of whom require assistance of 2 carers, which is not normally available within residential care. The majority are discharged home within the agreed target of 14 days maximum. The scheme is becoming a valued pathway option by the Multi-Disciplinary Team and clients/families and has potential for roll-out to the Trust's other 3 statutory residential homes to enable effective discharge from acute hospital beds to a more appropriate setting.

Community COPD Team

The SHSCT community COPD team have operated a 7 day service throughout the 2016/17 year which offered post discharge follow up on Saturday, Sunday and Bank holidays. Those patients referred to and seen by the team were supported with medication management, airway clearance, education on inhaler / nebuliser technique and oxygen management in their own homes.

Working With Patients and Families in Older People Services

As part of a quality improvement review, professional leads within Non Acute hospitals identified the need to explore patients' length of stay, the need to increase patient and carer involvement in discharge planning and to improve communication with patients and their families. One initiative implemented as a result was to introduce family meetings within 3-5 days of admission with two members of the multidisciplinary team.

Following admission, the patient and their family are given an Expected date of discharge (EDD) and this is clearly explained at the family meeting. They are given an explanation of the rehabilitation based services within Non Acute hospitals and the family are invited to participate in rehabilitation sessions, so they can see any progress being made. This supports decision making regarding discharge pathways. At the meeting, discussions are had around potential family contribution to care needs, such as personal care, toileting, meals, domestic tasks and shopping.

A partnership approach is adopted to explore family/carer input on discharge and to explore any potential obstacles there may be to discharge planning. Families are offered options of further meetings, discussions and access to Rehabilitation sessions. Patients and their families are made aware of the eligibility criteria for services, and that family participation is pivotal. Placement options will only be considered when patients' needs cannot be met in their own home, and where it has been clearly identified that the patient meets SHSCT eligibility criteria for placement. An explanation is given around when a package of care or placement of choice, if required, is not available, and the expectation that other options may need to be explored: also that Patient Choice Protocol may need to be invoked.

Families are asked to provide anonymous feedback on the family meetings, by completing a Postcard feedback. This can be left in a comments box on each ward. The key metrics being used to monitor the success of this intervention is 'length of stay' and patient/family feedback. This alongside other audit results will be presented and shared through an Enhanced Care Workshop.



Intermediate Care Services

Intermediate Care Service (ICS) has been an integral service within the Southern Trust since the year 2000. It is a short term multi disciplinary intervention to promote the independence of people following an acute hospital admission or where there has been a deterioration in functional ability due to an acute/exacerbation of their medical condition. It aims to improve the quality of people's lives by increasing their ability to live independently and minimising their longer term dependence through timely therapeutic intervention.

It adopts a holistic approach to care, providing timely interventions to reduce length of stay, prevent inappropriate admissions to hospital, promote faster recovery, reduce ongoing domiciliary care services and reduce dependency on long term residential or nursing care.

It is monitored against baseline Key Performance Indicators's set via the management team and uses the PARIS Community Based Information System for recording all patient activity allowing all Healthcare Professionals to have access to up-to-date patient information and enables the teams to work effectively together, managing consent, and securely sharing Information.

In the 2016/17 financial year, ICS received 2712 referrals and treated 2012 clients:

- ◆ **543 clients in spot purchased residential/nursing home beds and 1469 clients in their own home**
- ◆ **90 % of based clients were facilitated home and 98% of home based clients remained at home**
- ◆ **they facilitated timely safe and effective discharge of 609 clients from hospital to long term care and there has been successful reduction in domiciliary care packages via the ICS team following their input**

Technology Enabled Change

In 2017/18, as part of the roll out of PARIS, the integrated community information system, the Trust will roll out 'read only' access to PARIS across Acute Teams to enable secure and appropriate sharing of information to support effective management and discharge planning during acute hospital admissions.

Armagh/Dungannon Domiciliary Pilot

Older people tell us they wish to remain independent in their own homes for as long as possible and Domiciliary Care is one of the services provided by the Southern Health and Social Care Trust (SHSCT) to enable them to do this, when they have care/ support needs.

Domiciliary care within SHSCT has been challenged by growing demands for the service.

In response to these increased demands, the Trust initiated a project to design and test an outcomes-based model that would:

- ◆ **support better working relationships based on mutual trust and respect, between those providing, delivering and in receipt of the service.**
- ◆ **promote and maintain service user's independence, by extending the opportunities and capabilities of people to look after themselves.**
- ◆ **move from the traditional "time for task" service to a more person-centred approach to care delivery with active care review with clients and families.**
- ◆ **ensure a better integrated and responsive care package.**
- ◆ **increased capacity and efficiency.**
- ◆ **227 referrals made to the Homecare OT for assessment and tailoring of packages to meet need.**
- ◆ **3,617 hours released creating capacity to support 204 clients discharged from hospital and packages for a further 166 new clients were commenced**
- ◆ **2,646 hours reallocated to clients with increased needs.**

Impact

- **Service Users feel more in control of their care;**
- **No complaints and positive feedback;**
- **Better collaboration with other services;**
- **Care Workers feel more valued.**

Partnership with Northern Ireland Ambulance Service

A range of treat, leave and referral pathways have been implemented in collaboration with the Northern Ireland Ambulance Service (NIAS). These pathways include Diabetes, COPD, Heart Failure, Falls and Epilepsy.

The pathways are supported by training to NIAS staff who employ protocols within which patients can be treated and remain in their own homes with follow up by the community specialist teams.

Heart failure 'alert cards' have been developed for use by all patients known to the community heart failure team, these cards when presented to other health care professionals will offer the opportunity to co-ordinate patient care more effectively.

All patients with an indwelling catheter who are known to the specialist continence team have been issued with a 'catheter passport', this is presented to Emergency Department staff or other Health Care Professional's with whom the patient may come into contact in respect to catheter related problems, this aims to improve the co-ordination of care and to enhance patient safety.

Rapid Access Teams

Rapid Access Clinic is a consultant medical led clinic for Older People which offers rapid access to comprehensive geriatric assessment in a clinic setting. It's a 'one-stop' clinic for the comprehensive review of older patients with complex medical problems. Patients will have access to medical, nursing and AHP staff as well as rapid access to diagnostics and labs as required. This service promotes a better quality of life for our older population, supporting them to live independently for longer.

This service is available across 4 sites:

Lurgan:Monday to Friday 9am to 5pm

South Tyrone:Tuesday, Thursday and Friday 9am to 3:30pm

Mullinure:Monday and Wednesday 9am to 3:30pm

Daisy Hill Hospital:Tuesday and Thursday 10am to 1pm
(no additional resource allocated)

This service is integrated with Acute care at home and acts as a clinic base for patients who can attend the clinic. The team will refer onto Day Hospital and links with intermediate care services and Integrated Care team to ensure smooth transition of care.

Reablement

If you live in the Southern Trust and are over 65 years of age and you need extra support because:

- ◆ you are returning home after a period in hospital
- ◆ you are frail and may need support to remain in your own home or
- ◆ You need to regain skills and confidence to live independently

The Reablement Service will work with you. Reablement is an Occupational Therapy led rehabilitative service whose main focus is on supporting individuals to remain as independent as possible at home for as long as possible.

Key Principals of the Reablement Service

After a professional assessment is completed, service users are supported by qualified Occupational staff and Reablement Support Workers to:

- ◆ work through an agreed goal orientated plan to help individuals learn or re-gain the skills necessary for daily living, which they may have lost through ill health, injury or through the ageing process
- ◆ to do things for themselves rather than having things done for them
- ◆ to achieve independence and build confidence in carrying-out every day activities
- ◆ to regain lost skills, find new ways of doing things, through practical help, advice and encouragement
- ◆ make best use of equipment previously supplied to individuals

Integrated Care Teams (ICTs)

(Comprising District and Treatment Room Nursing/ Occupational Therapy/ Social Work & Physiotherapy)

The ICTs provide the oversight of clients being maintained in the community. The Team carries out ongoing needs assessment and interventions, review/monitoring and makes recommendations that result in individuals receiving domiciliary care support or being placed in Residential or Nursing Homes on either a temporary or permanent basis.

Currently ICT staff are implementing new personalised Domiciliary Care Plans (DCPs), which is resulting in better tailored information being made available within the domiciliary setting to support individuals to remain at home for longer.

Integrated Care Partnerships (ICPs)

In Northern Ireland there are 17 Integrated Care Partnerships (ICPs) working across the five Local Commissioning Group (LCG) areas, to ensure coverage of all GP practices. Each ICP is based around natural geographies of approximately 100,000 people and 25-30 practices. There has been agreement that ICPs will continue to operate up until 31 March 2018, with the Department of Health to consider a further proposal for the longer term future of ICPs. ICPs have been focusing on services for the frail elderly and those with some long term conditions: respiratory conditions, diabetes and stroke. These are called the ICP clinical priorities.

To date the 3 Southern ICPs have supported the development of:

- ◆ **Acute Care at Home.**
- ◆ **Improved Access to Diagnostics.**
- ◆ **Rapid Access Respiratory Clinic.**
- ◆ **Improved Access to Diabetes Services.**

The future clinical focus of the Southern ICPs will include:

- ◆ **playing a lead on developing local diabetes networks, with support from the Regional Diabetes Network.**
- ◆ **continued development of Stroke and Frail elderly services, taking any updated service specifications into consideration.**
- ◆ **further Respiratory service development in line with Respiratory Framework priorities.**

ICPs are also to lead on Elective Care Reform in in 4 clinical areas in 2017/18, namely:

- ◆ **ENT**
- ◆ **Neurology**
- ◆ **Urology and**
- ◆ **Gynaecology**

with plans to include the following additional areas during 2018/19: Rheumatology, Cardiology, Dermatology, Surgery, Musculoskeletal (MSK). This work will link with GP Federations in new models of Service delivery.

Acute Care At Home Outcomes

In the 3 years since implementation the service has demonstrated positive outcomes against each of the key objectives:

- ◆ **Nursing home admission to acute hospital**
- ◆ **To reduce the number of unplanned hospital admissions for the population of over 75yr olds admitted to acute hospital from pilot versus non-pilot GPs**
- ◆ **To reduce the number of ED attendances for over 75 year old patients**
- ◆ **Increase the number of IV delivered in the community from the 2013-2014 baseline**

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. From 1st October 2016 to 30th September 2017 it is estimated that we prevented 810 admissions and facilitated 304 early discharges from acute hospital. There was also a reduction of over 2,600 acute bed days from Nursing Home residents from 2013-2014 to 2016-2017, a reduction of 351 admissions per year.

There have also been positive qualitative feedback from patients, carers and families, as well as Nursing Home Managers and GPs. We have received over 200 service user feedback questionnaire to date all of which have very positive experiences.

There has also been a positive outcome on the long term needs for patients discharged from the service. 80% of patients required no increase to existing care arrangements following discharge with less than 1% requiring placement in Nursing or residential home.

Facts & Figures:

Extension of service area

The team has extended its area of coverage over the last 12 months to 300,000 population coverage (52 GP practices) and 43 Care Homes 1,850 beds.

Learning Disability Improvement Work

In an attempt to improve the discharge process from Acute Learning Disability beds, the Trust has enhanced the ward round process by facilitating the attendance/ input of the community case manager, in order to ensure focus on discharge planning from point of admission. In addition the Consultant Psychiatrists in LD are now all based with Community Learning Disability Team for scheduled parts of the week to improve the communication Processes and to increase focus on community based treatment plans.

The Trust has commenced a review of the Community/ Hospital interface with a view to agreeing new processes around admission and discharge pathways, and further enhancing community treatment options. This review will report in 2017/18, in addition:

- ⇒ **A Nursing Led high dependency healthcare team has been established to improve community care for individuals with a disability who have high dependency health care needs.**
- ⇒ **The Home Treatment service in Learning Disability has been 'enhanced' to reduce the need for hospital admission and reduce Length of Stay in acute hospital beds.**

Bannview Medical Practice

The Trust took over operational responsibility for the Bannview Medical Practice in January 2017 initially for an interim period of 6 months, in order to provide stability to the practice population. Recently the HSCB has confirmed that they wish the Trust to continue to manage the practice beyond September 2017. Clinical and social care governance arrangements have been developed and implemented. Trust Information governance processes have also been implemented.

Opportunities

With the Trust managing the practice beyond the initial period of September 2017, this provides the opportunity to:-

- explore and develop a new and innovative multi disciplinary model of primary healthcare in collaboration with key services.
- undertake an audit of attendances at Emergency Departments/GP out of hours to support the development of the multi-disciplinary model of care best suited to the needs of the practice population.
- explore interfaces with other Trust services, including long term condition teams,
- Integrated Care Teams, children and mental health.

6

Childrens' Social Care Services

Childrens' Social Services—Theme 1 Effective Health & Social Care

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 consistently achieved 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 achieved 96% during 2016/17

Childrens' Social Services—Theme 1 Effective Health & Social Care

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

- **During 2016/17 the Trust was 93% compliant with this requirement.**
- **In 2015/16 the SHSCT was 95% complaint with this requirement.**
- **This represents a decrease from 97% in 2014/15.**

Childrens' Social Services—Theme 2 Delivering Best Practice in
Safe Health & Social Care Settings

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.

Facts & Figures

⇒ **At March 2017, 191 children received direct payments, this figure has increased from 177 children in March 2016 and 165 children in March 2015**

Childrens' Social Services - Theme 2 Delivering Best Practice in Safe Health & Social Care Settings

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

- ⇒ **At March 2017, 72% of aftercare leavers within the Southern Trust were engaged in education, training and employment. This is a decrease on 2015/16 position of 80%.**
- ⇒ **At March 2017, 100% of school leavers with a disability had a transition plan in place**

7

Adult Social Care Services

Adult Social Services— Theme 1 Effective Health & Social Care

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.

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.

Facts & Figures

In the Southern Health and Social Care Trust, during **April 2016 - March 2017**, **125 adults** referred for investigation and identified as “at risk” during this period had an Adult Protection Plan commenced in the period.

This was an **increase of 18% on the previous year.**

Adult Social Services— Theme 2 Delivering Best Practice in
Safe Health & Social Care Settings

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

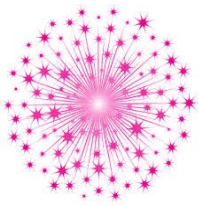
In 2016 /17, **3072** adult carers across Physical, Learning Disability, Mental Health and Older People & Primary Care Directorate were offered individual care assessments as set against the commissioning direction target by HSCB

Direct Payments

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

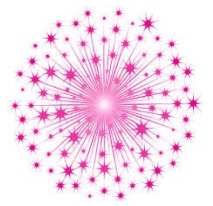
Facts & Figures

- ⇒ Direct Payments are in place for 533 adults.
- ⇒ Overall as at 31 March 2017, direct payments were in place for 724 adults and children within the Southern Trust.



Celebrating 2016

A year of Continuous Improvement



I am delighted to welcome you to the December Continuous Improvement Newsletter. Over the last 12 months there has been many quality improvements taken forward across directorates and professions supported by many teams. This edition of the Continuous Improvement Newsletter takes the opportunity to look back, over 2016, at the wealth of quality improvement work being led by our staff with the support of the Continuous Improvement Team, all of which collectively supports the development of an improvement culture where **'No improvement is too small'**.

HSC Staff Survey

We are pleased that this year's HSC Staff Survey results show that the Southern Trust had the highest responses in the region, in terms of staff feeling supported to make improvements in their areas of work.

Valuing Staff and Supporting Their Development to Improve Our Care

The Continuous Improvement Team continue to 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. We are achieving this through a number of quality improvement capacity and capability building programmes in addition to a range of sharing and learning initiatives.

How we are Building Quality Improvement Capacity and Capability

All our staff have now have access to **The Introduction to Quality Improvement** e-learning programme; we have developed and externally accredited a **Quality Improvement Leader Diploma** and **Quality Improvement Foundation Certificate** in addition to staff having access to the Institute for Healthcare Improvement (IHI) Open School Basic Certificate.

The Year in Review: What's inside?



January



March



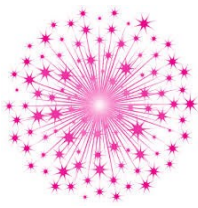
May



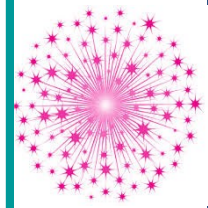
August



October



Celebrating 2016



A year of Continuous Improvement

Supporting Our Staff

Through a variety of mediums, on-line and in person, you will have the chance to connect with your peers to make collective improvements in the safety and quality of care provided to service users in the Southern Trust area.

The launch of **Quality Improvement Clinics** support staff seeking short term improvement support;

Inspired by **World Quality Day**, the Trust now has a mainstreamed Vodcast and Breakfast Seminar programme to enable staff to share improvements in their service areas, with their wider teams and others within and across directorates and disciplines;

The **Annual Quality Improvement Event** is aimed at spreading improvement and supporting innovation. This year's event included an **Innovation Challenge** with teams showcasing their ideas on 'how to improve patient experience'.

The launch of The **Quality Improvement Network** plays a key role in driving the quality improvement agenda within the Trust, promoting and enabling learning and encouraging communication across organisational and professional boundaries.

I hope you enjoy reading the latest edition of the Continuous Improvement Newsletter and I would like to take this opportunity to wish you all a very Happy Christmas and a peaceful New Year.

Aldrina

Aldrina Magwood

Acting Director of Performance & Reform

Southern HSC Trust





CELEBRATING 2016



The Trust's new *'Introduction to Quality Improvement'* e-Learning module was launched in January 2016 and is available for all staff on the regional e-learning Platform.

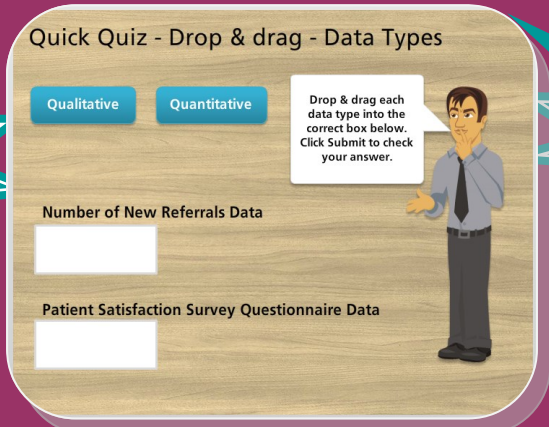


The *'Introduction to Quality Improvement'* module provides staff with an understanding of what Quality Improvement is and how we can play our part in improving care and services.

The module includes an overview of Quality Improvement tools and methodologies and is suitable for all staff.

Contact Quality.Improvement@southerntrust.hscni.net for further information and how to enrol.

Learn Your Way!



Interactive

The training is interactive, user friendly and provides a wealth of resources and materials as well as quick quizzes to test your

To date **462** staff have successfully completed the **Introduction to Quality Improvement e-learning**





CELEBRATING 2016

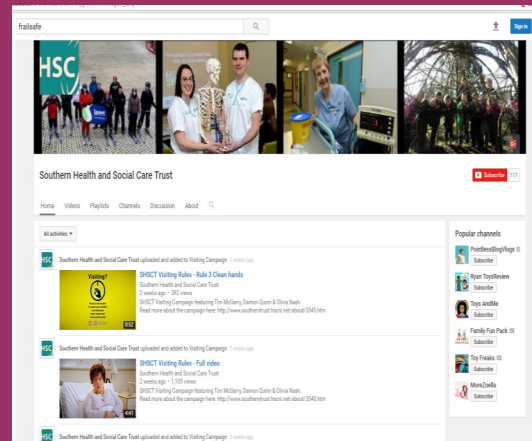


Southern HSC Trust Breakfast Seminar Programme

January 2016 saw the launch of our new Vodcast and Breakfast Seminar programme. A combination of both live seminars and pre-recorded Vodcasts became available on the Southern Trust YouTube Channel. Feedback suggested the Vodcasts were easier to access for our staff, at a time and place that was convenient for them.

In 2016 our Vodcasts achieved over **1300** hits combined. This means that potentially 1300 staff and service users have seen:

- * **Why** we undertake service improvement
- * **How** we undertake it
- * How we **measure** ourselves to ensure that a change is an improvement




Improving the hospital care for frail older people – everyone's business

Dr Mark Roberts
Consultant in Acute & Geriatric Medicine
Acute Medical Unit
Craigavon Area Hospital

Southern Health and Social Care Trust



Above: Dr Mark Roberts presented a Vodcast on FRAILS SAFE. View FRAILS SAFE and other Vodcasts by clicking the icon





CELEBRATING 2016



Launch of Quality Improvement Leader Programme

The Trusts new Quality Improvement Leader programme launched in February 2016 and provided participants with a structured approach to leading a service improvement project within their team or service. Quality Improvement Leader is aimed at those staff responsible for leading significant change within their team e.g. Head of Service, Professional Lead, Senior Clinician or Professional & Medical staff. This in-house training programme has been externally accredited through the Open College Network (OCN) Northern Ireland as a Level 5 Quality Improvement Leader Diploma.

Many of those participating in the QI Leader Programme went on to showcase their improvements in a variety of ways, including the CI Newsletter, at the QI Event or at Regional forums.

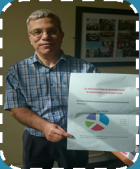
Dr Bassam Aljarad features below.



QI Leader Champions working together

Dr Bassam Aljarad
Paediatric Consultant, Daisy Hill Hospital

Project Title: Introduction of a portable ultrasound bladder scanner to reduce the incidence of false diagnosis of urinary tract infection in small infants and neonates.



Problem Statement:
Diagnosing a urinary tract infection in infants under 6 months old is notoriously difficult and very often the diagnosis is wrongly made due to the challenges involved in the collection of an appropriate urine sample.

Bladder aspiration is the gold standard approach when wishing to diagnose a urinary tract infection in small infants. Doctors are also wary of undertaking this procedure blindly due to the high risk of failure and unnecessary complications.

Dr Bassam Aljarad
Consultant Paediatrician, DHH

Benefits
The introduction of a bladder scanner into the department will:

- Enable bladder aspirations to be undertaken safely
- Ensure the reliable collection of urine samples
- Reduce the number of false positive urine results
- Reduce the use of unnecessary antibiotic therapy.
- Ensure a more reliable diagnosis of urine tract infections
- Ensure infants commence the most appropriate treatment in a timely manner.

13 Senior staff completed the Trust's first Quality Improvement Leader accredited programme. Their service improvement projects range across all operational directorates.



The future: A further 11 staff are currently partaking in the 2nd cohort of the programme with outcomes expected in June 2017.



(Left) QI Leaders Dr Zeinab Abdelrahim & Dr Anne Dooley with members of their multidisciplinary project team. They used the **NHS 5 step model** in combination with specific QI diagnostic tools to plan their service improvement in a measured and sustainable way.



CELEBRATING 2016



Taking the Lead 2016

March 2016 saw the launch of the Trust’s 2nd ‘Taking the Lead’ development programme. In total 42 members of staff undertook the programme in 2016. In order that participants are given a 360 view of the Trust and how we work, they attend a suite of masterclasses each aligned to a key area of managerial responsibility including Finance, Governance, Human Resources and Organisational Development.

(Right and Below) Staff who undertook ‘Taking the Lead’ in 2016.

Well done to all those who took part and



You Said

“I felt supported – It’s great to know help and advice is available, I am excited about implementing change”.



Look out for progress updates from the new 2017 cohort of staff in our CI





CELEBRATING 2016



Time out for Teams 2016

Our Trust Senior Management Team (SMT) wish to support and grow a culture that is about continuous improvement and innovation, making this part of everyone's business in their day to day work. Evidence shows that successful organisations provide the space, time and resources for their teams to generate ideas and solutions.



The Continuous Improvement Team have now facilitated a number of **Time Out for Teams** workshops with the Supported Living Service, held in Slieve Gullion. **65** Staff within the Supported Living Service took the time out opportunity to review their service over the last 12 months, identify areas that were working well and areas that needed renewed focus in the 16/17 year. Staff validated the various job roles within the team and engaged in healthy discussion about the most effective way to achieve their team goals moving forward.



The head space available at **Time Out for Teams** provides teams with the opportunity to create an agreed Action Plan to help achieve their team goals throughout

You Said

"I found the Time Out for Team days enlightening with regards to staff teams meeting each other and sharing knowledge and skills which had not happened before, it also allowed staff to interact with management on a different level. I highly recommend taking the opportunity to do this".

(Tracey Welsh, Supported Living Services Manager, Newry & Mourne)



CELEBRATING 2016



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(Tracey Welsh, Supported Living Services Manager, Newry & Mourne)



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CELEBRATING 2016



Quality Improvement Foundation *Feature*

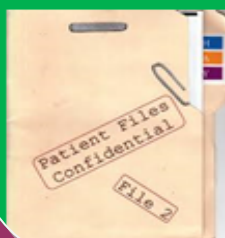


Developing Best Practice Standards for Auditing Patient Charts from Agreeing Appointment through To Discharge in the Psychology Pain Management Service



Team Member / Psychologist in the Psychology Pain Management Service

Preparing For Audit



Project Vision & Problem Statement

Our Vision:

To make the Psychology Pain Management Service (PPMS) more prepared for an internal or external audit.

Background:

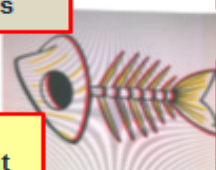
Although delivering an excellent patient centred service, the PPMS did so in the most testing of times due to excessive waiting list pressures, staff shortage and resulting time challenges. Auditing had fallen in priority and the service was keen to rectify this by reviewing all New Patient Chart documents, creating standardised versions, and producing a Standard Operating Procedure for clinical and secretarial staff.

Problem Diagnosis

Non-standardised record keeping procedures

Variation in documents used

Persistent commitment to patient centred service



Issues re : Historical background, Staff numbers – recruitment, Time, Waiting list

Changes Implemented

1. Quality Record Keeping SOP produced - guide staff from the opening of a New Patient Chart through to discharge.
2. Commitment to review SOP 2 yearly.
3. Commitment to create SharePoint link.
4. Out-dated versions deleted from IT systems and hard copies disposed of.
5. Positive clinical and administrative staff engagement in coaching on new auditing procedures.

Impact of Changes

1. PPMS is more prepared for internal & external audits.
2. The PPMS demonstrated commitment to continuous QI.
3. Best practice clinical governance procedures in place.
4. Existing and newly recruited staff will have an SOP to promote adherence to standardised protocols.
5. Opportunity for development of further PPMS SOPs.

To Find Out More Contact :



Patricia M Mc Crystal



028 3836 6730



Patricia.McCrystal@southerntrust.hscni.net



CELEBRATING 2016



(Above) Service User Olivia Hassen says:

***“I have been attending the day centre for 2 years but I don’t want to still be there until I am an old lady! I want to learn new skills and have lots of new life experiences just like other young adults.*”**



(Above) Carmel McGrath launching the DVD with staff and service users at The Laurels Day Centre, Newry

QI Leader Feature: “My Day, My Way”



Carmel McGrath, Newry & Mourne Day Care Manager, launched the *My Day My Way* Promotional DVD in August as part of her QI Leader Project. The DVD was part of a Communication Bundle promoting Day Care opportunities.

~ The overarching aim of Carmel’s project was to develop a supportive transition programme from Day Care to community based Day Opportunities for clients who wished to do so.

~ The *My Day My Way* DVD features service users who want to share their experiences of daily life when attending day opportunities, spending their day, their way, doing things they

View *My Day My Way* by clicking the icon

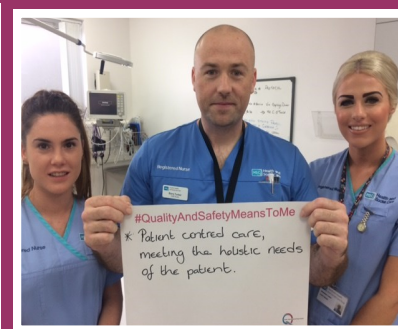
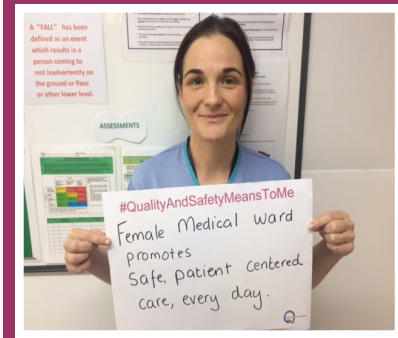
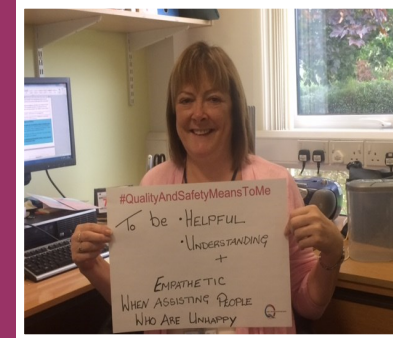
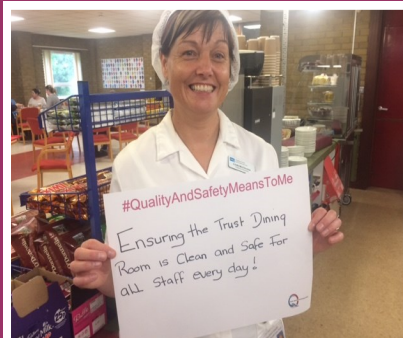
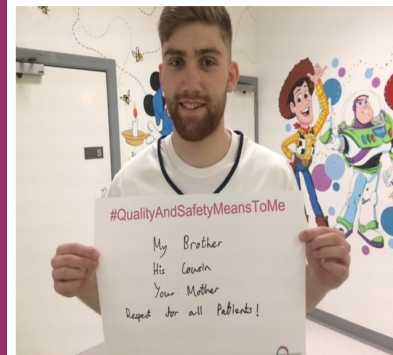




CELEBRATING 2016



In preparation for our 3rd Annual Quality Event in October, we provided staff with the opportunity to tell us about what **Quality and Safety** meant for them in their daily working lives. As usual in the Southern Trust we were overwhelmed with staff who wanted to engage and communicate about what quality and safety means for them.



CELEBRATING 2016



Annual Quality Improvement Event #QualityandSafetyMeansToMe

The Quality Improvement (QI) Event was attended by over 250 delegates. Staff and service users alike were provided with the opportunity to listen to and learn from the wide range of quality improvement projects that have been undertaken in Southern HSC Trust over the past year. **Quality and Safety in Action** was the theme of the event and was captured via the “Quality and Safety Means to Me” campaign which provided staff from all disciplines an opportunity to share what quality and safety means to them in their workplace. [Review the Special Edition QI Event Newsletter HERE](#)

(Below) The Continuous Improvement Team



(Above) Trust Chair, Non-Executive Directors, Director of Performance and Reform and members of the Team



2016 Innovation Challenge



We invited staff to get involved in a unique Dragons Den Presentation with a view to getting a ‘Thumbs Up’ for their innovative idea which could improve Patient Experience in the Southern Trust.

Left: The WINNERS of the Dragons Den Innovation Challenge, The Lymphoedma Team, who will implement their ‘Healthy Legs’ initiative.



CELEBRATING 2016 ~November~



Launch of the Southern Trust Quality Improvement Network

Keynote Speaker at the Event, Mrs Margaret Murphy is the External Lead Advisor for the World Health Organisation (WHO) and is an advocate for Patient Safety. Margaret shared her personal journey with delegates and highlighted the importance of dialogue in leading to powerful conversation, both clinician to clinician and clinician to family.

February

22

Next Session: Wednesday 22 February 2017 @ 9.30am,

Seagoe Parish Centre Portadown

Keynote Speaker: Judith Gillespie

Theme: Leading Transformational Change

Judith Gillespie is a retired Senior Police Officer. She was the Deputy Chief Constable of the Police Service of Northern Ireland (PSNI) between June 2009 and March 2014.

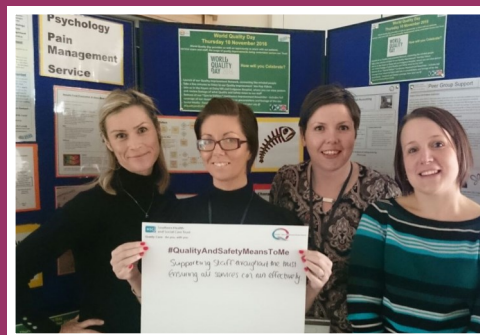


Margaret Murphy, Keynote speaker at the recent QI Network Launch

World Quality Day Thursday 10 November 2016



World Quality Day provided us an opportunity to share with our patients, service users and staff, the range of quality improvements being undertaken across the Trust.



CELEBRATING 2016



Improving Communication at Medical Handover

In December we held some dedicated training sessions for medical staff on improving communication at medical handover. The sessions were delivered across CAH and DHH sites by Dr Gavin Lavery from the HSC Safety Forum. In total 40 Clinicians from across our Trust attended the training sessions.



Clinical Communication

- ◆ Communication within teams
- ◆ Communication between teams
- ◆ Communication across service divides (day-night & night-day) - **HANDOVER**
- ◆ Communication using the written / electronic clinical record
- ◆ Communicating with patients/next of kin/carers

Complex Systems... within a Complex System



HSC Public Health Agency



Introduction to Quality Improvement E-Learning

This Quality Improvement E-Learning module is for anyone involved in providing Care & Services for Patients, Service Users and their Carers



To register your interest please email Quality.Improvement@southerntrust.hscni.net

Improve Inspire Innovate

Available for All Staff, NOW!

If you would like to know more about what Quality Improvement is, what it means for you in your service area and how you can actively get involved, consider enrolling on our Introduction to Quality Improvement E-learning Module, available now, for all staff.

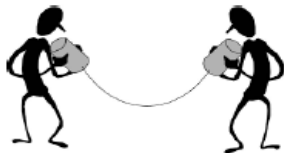
Click [HERE](#) for instructions on how to enrol directly.



Quality Improvement Clinics

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

Are you about to embark on a work based improvement project or struggling with a project challenge?



Would you like to speak to an experienced Improvement Facilitator?

Contact the **Continuous Improvement Team** to book in to one of our new **Quality Improvement Clinics**

Email: Quality.Improvement@southerntrust.hscni.net

Telephone: 028 3861 4157 / 3669 / 4362