

# Annual Quality Report

## 2017/18





## Message from Chief Executive



Mr Shane Devlin  
Chief Executive

**As** the recently appointed Chief Executive, it gives me great pleasure to introduce the 6<sup>th</sup> Annual Quality Report of the Southern Trust. The report brilliantly highlights the amazing work that is being carried out by our staff across the complete spectrum of our health and social care services to deliver high quality services, and also to continuously improve them.

As Chief Executive the Duty of Quality is one that is in the forefront of my mind, and my actions. I started my career in the HSC in the mid 1990's as a Quality Improvement Officer, with the aim of working with service leaders to improve the quality of services. The drive for quality improvement is in my DNA.

I have always found it fascinating that there are so many definitions of quality. Ranging from the most basic of definition **“Suitable for its purpose”** through to specific definition such as **“delivering safely”** all the way through to the very wide ranging definition – **“the degree of excellence.”**

Irrespective of the definition we choose to use, the key for me is what matters to the patient, client, user, carer or community we serve. They will judge whether we are a quality organisation delivering high quality services that makes a positive difference to their lives.

I believe that we have travelled a considerable journey, but there is still a distance to travel. I hope you will agree with me that this annual quality report demonstrates that we are improving quality, outcome and lives.

I look forward to continuing the journey of quality improvement.

Thanks.

***Shane***

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This year the Trust published its first **Quality Improvement Strategy 2017/18- 2020/21**. It outlines our commitment to continuously improving services, listening to our service users and staff and supporting them to be part of our quality journey.

The foundations for this Strategy have been built on our corporate **Vision**, simply articulated in our corporate strapline:

***‘Quality Care - for you, with you’***

Working to develop the skills and capability of our staff and providing practical support and improvements to our systems and processes is helping us create the conditions for assuring quality, improving our services and inspiring innovation in how we deliver care.

The Southern Health and Social Care Trust (SHSCT) employs over 14,000 staff working together to deliver safe, high quality and compassionate care for patients and clients. In the Southern Trust we believe that **“Quality is Everyone’s Responsibility.”**

Our Quality Improvement Strategy 2017/18-2020/21, outlines our commitment to:



- Create the conditions for learning
- Build & sustain quality improvement capacity and capability of our staff and service users
- Share good practice and learn from the experience of others
- Be an 'improving organisation' that supports staff to achieve recognition for innovative practice.
- Produce an **Annual Quality Report** to provide assurance of how we deliver quality in the services we provide.
- Work with our service users in co-producing and co-designing care

The purpose of the 6th Annual Quality Report is to detail what we do, how we are performing and provide assurance of how we are assessing the quality of our services and driving continuous improvement.



This therefore is an important document for:

- **The Board of the Southern Trust** who are 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 safety and quality of our services
- **Patients, carers and members of the public** to whom we are ultimately accountable for ensuring the safety and quality of the services we provide. This report provides 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 particularly in areas where we are challenged
- **Our staff** working across the Trust, to celebrate and recognise where excellent quality of care has been delivered and also to use the Annual Quality Report to review performance and to see where and how we can make improvements

Within each of the seven sections of this report, there are standard indicators which 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 focuses on actions undertaken in the year from April 2017 to March 2018 and sets out some of our plans to continue to improve in 2018/19.**



1

Transforming  
the  
Culture



The Department of Health commissioned the Regional HSC Staff Survey in Autumn 2015. Some of the findings for Southern Trust were as follows:

- ◆ 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

The Trust continues to implement the Corporate Staff Survey Action Plan which centres around the **5 key themes**.

Each Directorate following staff engagement sessions, developed their own Action Plan during 2016/17, to address identified areas. Directorates are currently implementing these action plans locally.

Progress during 2017/18 on the Corporate Action Plan against these 5 themes is outlined overleaf.



### 5 Key Survey Themes

- ⇒ Visible Leadership
- ⇒ Staff Voice/Engagement
- ⇒ Regaining Respect
- ⇒ Healthy, Well & Productive Workforce
- ⇒ Equipped Workforce

**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

<p><b>Key Theme:</b></p>	<p><b>1. Visible Leadership</b></p>
<p><b>Link to Overarching Trust Priority</b></p>	<p><b>Being a great place to work, valuing our people</b> <b>Providing safe, high quality care</b></p>
<p><b>Achievements during 2017/18</b></p>	<ul style="list-style-type: none"> <li>◆ Corporate Plan “Improving Together 2017/18 - 2020/21” published, to ensure staff are aware of the Trust’s Strategic Direction</li> <li>◆ Translation of the Corporate Plan into easy to read ‘<b>plan on a page</b>’ for each Directorate. Directors, Assistant Directors and Heads of Services ensure that team objectives are set to provide direction for staff and inform appraisal and Personal Development Plan processes for individual staff</li> <li>◆ Year 1 Progress Report shared with Senior Management Team, Trust Board and communicated with staff</li> <li>◆ <b>HSC Collective Leadership Strategy</b> was launched in the Southern Trust during October 2017 with local representation also on the Regional Implementation Group</li> <li>◆ Trust participated in the Regional Review of HSC Values and Associated Behaviours, as part of the implementation of HSC Collective Leadership Strategy</li> <li>◆ Formal/Informal Senior Management Team Leadership Walks/Visits undertaken on an ongoing basis</li> </ul>
<p><b>Planned actions during 2018/19</b></p>	<ul style="list-style-type: none"> <li>◆ Development of a Senior Leaders Forum to engage senior leaders across the organisation including Directors, Assistant Directors, Associate Medical Directors, Heads of Service, Clinical Directors</li> <li>◆ Planned actions in the forthcoming year will see the implementation of HSC Collective Leadership Strategy through the following: <ul style="list-style-type: none"> <li>⇒ <b>Establish &amp; embed a core set of HSC values and associated behaviours</b></li> <li>⇒ <b>Develop a ‘Collective Leadership in Action Framework’, that outlines collective leadership capabilities for staff at all levels</b></li> <li>⇒ <b>Embed the Framework into all Trust Leadership Development activities</b></li> <li>⇒ <b>Monitor the outcomes and review progress</b></li> </ul> </li> </ul>



<b>Key Theme</b>	<b>2. Staff Voice / Engagement</b>
<b>Link to Overarching Trust Priority</b>	<b>Being a great place to work, valuing our people</b>
<b>Achievements during 2017/18</b>	<ul style="list-style-type: none"> <li>◆ Delivery of a range of skills development programmes eg Dealing with Difficult Situations, Appraisal Skills for Managers, Every Conversation Matters, 5 Fundamentals of Civility Model</li> <li>◆ Team Talk/Time out for Teams embedded - Assistant Directors accountable to their Director across their division. Protected time for visits to teams, if not already in place</li> <li>◆ Development of Regional ‘See it, Say it’ Raising Concerns campaign in line with RQIA review timescales</li> <li>◆ Reduce reliance on temporary/agency staff - new models of recruitment to permanent flexible posts have been introduced for Nursing &amp; Midwifery, AHPs and some groups of administrative and clerical staff</li> </ul>
<b>Planned actions during 2018/19</b>	<ul style="list-style-type: none"> <li>◆ ‘See It - Say It’ Trust awareness sessions planned for managers and an online awareness toolkit being drafted</li> <li>◆ Staff Experience Survey is planned during 2018/19 to provide opportunity for staff to share their thoughts and views on the pressures experienced in the unscheduled care service during 2017/18</li> <li>◆ Survey Feedback will be shared via further staff engagement workshops to identify key actions to be included in the Trust’s Unscheduled Care Resilience Plan for 2018/19</li> </ul>
<b>Key Theme</b>	<b>3. Regaining Respect</b>
<b>Link to Overarching Trust Priority</b>	<b>Being a great place to work, valuing our people</b>
<b>Achievements during 2017/18</b>	<ul style="list-style-type: none"> <li>◆ The ‘5 Fundamentals of Civility’ model has continued to be rolled out and has been embedded within all the Trust’s leadership programmes - e.g. ‘Taking the Lead’, Middle Managers Programme, New to Line Management Programme, skills development programme - ‘Every Conversation Matters’, customer care training - ‘Patient Client Experience’ and the Corporate Welcome</li> <li>◆ Based on feedback on the model itself and its applicability to HSC, a resource pack has been developed for use by managers in their Team Talks / Time out for Teams sessions and a series of sessions / workshops has been delivered throughout 2017/18 for over 1,200 staff on the ‘5 Fundamentals of Civility model.’ For example, <a href="#">click here</a> to view a 5 minute video ‘<b>Introduction to the 5 Fundamentals of Civility.</b>’</li> </ul>
<b>Planned actions during 2018/19</b>	<ul style="list-style-type: none"> <li>◆ The Trust plans to continue to embed this model across all Teams</li> </ul>

<p><b>Key Theme</b></p>	<p><b>4. Healthy, Well and Productive Workforce</b></p>
<p><b>Link to Overarching Trust Priority</b></p>	<p><b>Being a great place to work, valuing our people</b>  <b>Providing safe, high quality care</b></p>
<p><b>Achievements during 2017/18</b></p>	<ul style="list-style-type: none"> <li>◆ Established a Workplace Health &amp; Wellbeing Steering Group to focus on the development of a Health &amp; Wellbeing Strategy for Southern Trust</li> <li>◆ The draft Strategy and new branding for the Trust’s Staff Health and Wellbeing was out for staff consultation during January and February 2018. This resulted in staff influencing a number of changes to the proposed strategy and branding. ‘UMatter’, will now be used to promote all initiatives related to staff health and wellbeing</li> <li>◆ A new Staff Health and Wellbeing portal was developed during 2017/18 which is designed to provide staff with one central, interactive, live communication channel, which is easily accessible to staff both inside and outside of work</li> </ul>
<p><b>Planned actions during 2018/19</b></p>	<ul style="list-style-type: none"> <li>◆ The Trust plan to launch the Workplace Health &amp; Wellbeing Strategy during 2018/19</li> <li>◆ A launch of the ‘UMatter’ online web portal is also planned for 2018/19</li> <li>◆ A number of theme based working groups are planned to develop Workplace Health &amp; Wellbeing Strategy Action Plans</li> </ul>



<p><b>Key Theme</b></p>	<p><b>5. Equipped Workforce</b></p>
<p><b>Link to Overarching Trust Priority</b></p>	<p><b>Being a great place to work, valuing our people</b> <b>Providing safe, high quality care</b></p>
<p><b>Achievements during 2017/18</b></p>	<ul style="list-style-type: none"> <li>◆ Following a review of the Corporate Induction Programme, an interactive electronic 'Welcome to the Trust' Brochure has been implemented. This provides introductory information about the Trust intended to be issued to new starts immediately on or before commencement</li> <li>◆ Corporate Mandatory Training is subject to continuous review to ensure that Staff Training Needs Analysis is undertaken and the appropriate planning to meet staff needs are in place. This includes reviewing the methods of delivery to ensure release of staff in a way that supports ongoing service delivery</li> <li>◆ Corporate Mandatory Training - improvements have been made in rates of compliance during 2017/18. All subjects have met the Internal Audit target of 60%, with the exception of Induction. Actions to address this have been rolled out. 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 planned schedule to facilitate team planning etc.</li> <li>◆ Appraisal Skills for Managers Programme has been developed and implemented</li> <li>◆ All multi-disciplinary management / leadership development programmes have been reviewed and updated to take account of the Regional HSC Collective Leadership Strategy, 5 Fundamentals of Civility, etc.</li> <li>◆ In Autumn 2017 the Trust hosted Professor Michael West who presented to over 100 Managers from across the Trust to Launch the HSC Collective Leadership Strategy</li> <li>◆ Education, Learning &amp; Development Brochure developed for 2017/18 to ensure managers and staff know what corporate development opportunities are on offer and how to access them</li> </ul>
<p><b>Planned actions for 2018/19</b></p>	<ul style="list-style-type: none"> <li>◆ Departmental Induction Programme guidance is currently being reviewed</li> <li>◆ Corporate Mandatory Training will continue to be reviewed to seek further opportunities for improvement</li> <li>◆ The Education, Learning &amp; Development Brochure for 2018/19 will be developed and circulated widely to staff.</li> </ul>

### Southern HSC Trust - Annual Quality Improvement Event “Delivering Together: Quality Improvement and Innovation”

The theme of our Quality Improvement Event in 2017 was ‘**Delivering Together: Quality Improvement and Innovation.**’ In addition to launching our first Quality Improvement Strategy, delegates heard how we are transforming our workforce through the development and introduction of Peer Support Worker roles in our Mental Health services. Peer Support Workers draw on their lived experience of mental health issues and recovery to assist others to gain their own sense of confidence and hope about their journey of recovery. The introduction of this role has made a great difference to the lives of service users and generates hope, motivation and encouragement to talk about recovery as a way of life.

Dr Ahmed Khan shared an overview of how Children & Young Peoples Services embraced the ‘What Matters to You’ Campaign on 5<sup>th</sup> June 2017. This involved engaging with staff and service users to ask what matters, listen to what matters and to do what matters. Positive engagement creates meaningful change for everyone.



There was an opportunity to hear a variety of improvements which have been underway across our services including:

- ◆ Development & Design of Collaborative Record/Report Writing with Tenants in Supported Living
- ◆ Play & Say: Communication Together
- ◆ Introducing an Acupuncture Service for the Management of Hyperemesis Gravidarum
- ◆ Effectiveness of 48 Hour Fast Track Lower Limb Arthroplasty Service
- ◆ Reviewing & Improving the Reporting of Adverse Incidents
- ◆ Motor Neurone Disease: A Palliative Approach
- ◆ Empowering Service Users and their Families to make informed decision about discharge and future care planning
- ◆ Development of Ambulatory Care Craigavon Emergency Surgical Service (ACCESS)
- ◆ Tablets for Pharmacists
- ◆ First Responder App: Surviving Out of Hospital Cardiac Arrests
- ◆ Standardising The Consent Process for Elective Hip & Knees Arthroplasty
- ◆ Developing a Family Centre Approach to improving the lives of children who have experienced trauma

**4th Annual Quality Improvement Sharing Event “Delivering Together”**

**17th November 2017**



**T**rust Chair Roberta Brownlee welcomed staff and service users to the event. We were also pleased to welcome colleagues from Birmingham Children’s Hospital NHS Foundation Trust, Heart of England Foundation Trust and Tallaght Hospital Dublin. The event concluded a successful Quality Improvement Week which included the graduation of our 2nd cohort of staff who achieved their Level 3 Quality Improvement Certificates. Click [here](#) to view the main hall presentations.





**4th Annual Quality Improvement Sharing Event “Delivering Together”**

**17th November 2017**

The event was a great success with over 280 delegates present to hear about Quality Improvements undertaken in the SHSCT over the past year. Entertainment was provided by **‘On The Spectrum’**

This Band involves service users from our Children and Young Persons Directorate.

The Theme of **“Delivering Together”** reverberated throughout the main hall, breakout sessions, the new “QI Cinema” and of course our now popular Dragons’ Den section.

**Thank you** to all our staff & service users who took the time to produce and display a poster presentation at the event. We had over 130 posters on display at The Junction with attendees being asked to vote for their winning poster.

Although the result was very close the Ambulatory Care Craigavon Emergency Surgical Services (ACCESS) poster received the most votes.





## Samples of Posters from the Quality Improvement Sharing Event

### WELCOME ONBOARD!

#### The Transition of Corporate Induction from Face-to-Face to Online Training

**PROJECT VISION:**  
For all newly appointed employees to the Southern Health & Social Care Trust to receive a reliable and timely induction which will equip them with the knowledge and support required to perform their role effectively.

**Introduction:**  
All newly appointed employees to the Trust must be given timely and appropriate induction. Corporate Induction is deemed Corporate Mandatory training for all staff. The content is relevant to all employees, regardless of job role. The Chartered Institute of Personnel and Development (CIPD) state:  
**'An employee's first impressions of an organisation have a significant impact on their integration within the team and their level of job satisfaction'**  
In this regard, it is imperative that newly appointed employees receive an effective induction to help them settle in and ensure that they have the knowledge and support required to perform their role.

**The New Process**  
Corporate Induction had previously been delivered face-to-face in a 2 hour 30 min session. Corporate Induction is now available as an interactive online induction that utilizes technology to enhance learning.  
By transferring face-to-face to online training, we wanted to reduce the largely disproportionate time and associated costs of existing face-to-face Corporate Induction into a cost and time effective online solution, that would also provide a more consistent and engaging new starter experience.

**Problem Statements:**  
Corporate Induction is mandatory and as such all employees new to the organisation must attend ideally within 3 months of commencement but no longer than 6 months after joining the Trust (SHSCT Induction Policy, March 2016).  
The attendance rate of Corporate Induction for employees with 3 months or less service is consistently lower than required, as per below diagram.

**What's the Problem?**  
Research indicates that approximately 20% of Trust staff prefer the (shorter) face-to-face induction on the occasion they work for the Trust.  
At the public progress stage of the project, a sample of evaluation forms from staff of the Corporate Induction sessions were reviewed. The overall results were encouraging. Staff demonstrated that it can often be challenging to motivate staff to attend Corporate Induction once they have started in their role.

**Implementing a Solution:**  
To ensure all newly appointed staff receive a timely and appropriate Corporate Induction, an interactive and informative online publication has been developed.

### Developing a Prescription Oxygen User Database

**AIM:** Create a database of ALL prescription oxygen users  
**AIM:** Maintain this database to ensure it's accurate and 'live'  
**AIM:** Use the database to implement new HOSAR Service

**Introduction**  
The SHSCT Community Respiratory Team have recently launched a new Home Oxygen Service Assessment and Review (HOSAR) clinic. Expanding on the existing COPD team all general practice oxygen patients will be invited to attend HOSAR, regardless of their diagnosis of COPD or not. The intention is to determine clinically that there is a demonstrable need for oxygen provision & to maximize the treatment benefits of "Long term" & "Ambulatory" oxygen therapies.

**Problem Statement**  
There is no "master" database detailing all prescription oxygen users throughout the Trust. In order to implement HOSAR we need to have such a database in place. This will allow us to monitor patients' compliance with their oxygen usage by:

- Ensuring over-users reduce to improve their cost-effectiveness management to decrease their risk
- Ensuring under-users utilize their oxygen to limit exacerbations & reduce demand on other services.

**Problem Diagnosis**  
The British Oxygen Company hold the contract for prescription oxygen.  
**BOC**  
BOC issue a "compliance" report every 144. The report is often wrong & incomplete.  
Our solution will be to use these reports so our home care staff can do a better job through direct referencing against SPAS, NICE, PAMIS. We met with other Trusts regionally to see how they dealt with this problem and receive feedback if satisfactory.

### Creation of an E-learning Platform for Radiation Protection Training

**Remove the need for in-person training sessions.**  
**Eliminate the cost of travel reimbursement for the Trust**  
**Improved CPD for staff**  
**Create the facility to regularly update the training in line with legislation.**  
**Use of Best Practice**  
**Staff working safer with and around radiation**

**Introduction**  
There has been an on-going issue in the Southern Trust with staff being unable to access Radiation Protection Training in a timely and convenient manner.

**Problem Statement**  
**(Vision)** The creation of an e-learning platform for Radiation Protection Training to improve the delivery of mandatory training to staff. The current system impacts negatively on the prompt diagnosis and treatment of patients and reflects badly on the Trust's service provision.  
**(Issues)** Providing training for non-medical referrers involves organising a date and time which suits the most people in need of the training at that particular time. Additionally, venues must be booked and inevitably departments will be left short staffed whilst staff members are participating in the training. There is also the financial cost to the Trust of reimbursing travel expenses to other journeys to and from the chosen training venues.

**Problem Diagnosis**  
Through the use of a survey it was discovered that 40% of staff had to travel from another Trust site to receive their training. Of those respondents that provided journey details, their average journey was around 20 miles, thus creating an unnecessary expenditure for the Trust in reimbursement.  
Additionally 91% of staff who received the original in-person training thought that an e-learning module would be a suitable delivery Method.

### Quality and Safety in Action Building Quality Improvement Capacity and Capability

**Breaking the project management process down into steps makes it less daunting**  
**Patricia McGehee, Junior Doctor**  
**"It has given me confidence and will help"**  
**Antonia Hall, Domestic Navigator Support Worker**  
**"The e-learning was excellent, introducing many new concepts with an abundance of usable resources"**  
**Patricia Shurlock, Clinical Officer, Severe Disability Team**  
**"The course has provided me with the space to think about how I lead and manage change"**  
**Carmel McGrath Daycare Manager**

For Further Information on the application of this model and project outcomes please contact:  
Email: Jacqueline.Martinez@hstnstrust.hscni.net or Mobile: 075 2087 5792

### PLAY AND SAY

#### COMMUNICATING TOGETHER

**BE THE ONE TO ASK**  
**FOLLOW YOUR CHILD'S LEAD**  
**INTERPRET AND COMPLEMENT**  
**ADD LANGUAGE**

**YOU CAN MAKE THE CONTACT**  
• YOU CAN SEE WHAT YOUR CHILD IS CONSIDERING TO SAY WITH  
• YOU CAN ASK IF YOUR CHILD IS ENJOYING THE PLAY  
• YOU CANNOT ASK ABOUT WHAT YOU ARE LONGER IN "TODAY"  
• YOU CAN SEE IF YOUR CHILD ENJOYS OR USES A GESTURE  
• YOU CAN SHARE THE PLAY

**FOCUS ON WHAT YOUR CHILD IS INTERESTED IN & IS WIDING AND JOINING THE PUZZLE. PAGES SHOW THE CONCEPTS OF THE PUZZLE.**  
• KNOWING WHAT MOTIVATES YOUR CHILD TO PLAY GIVES YOU SOMETHING TO FOCUS YOUR LANGUAGE ON  
• FOLLOWING YOUR CHILD'S LEAD GIVES MORE OPPORTUNITY TO BE REALLY CONNECTED WITH YOUR CHILD

**COMMENT ON WHAT YOUR CHILD IS DOING. THIS HELPS THEM TO HEAR ONLY WHAT HEARS THE WORDS THAT GO WITH THE THING THEY ARE DOING AT.**  
• THEY WILL BE ABLE TO MAKE A LINK BETWEEN THE WORD AND THE OBJECTS OR ACTIONS.

**REPORTING AND ADDING WORDS HELPS CHILDREN DEVELOP THEIR VOCABULARY. YOUR CHILD WILL HEAR WORDS THEY CAN USE TO ENRICH THEIR SENTENCES.**  
**DISCOVERING WORDS**  
• COLOUR, FACE, BLUE  
• SEE, USE, LITTLE  
• SHARPS, BROAD, O, SQUARE, I  
• NOT COLD, HOT, I DON'T CLEAN, DIRTY  
• PLEASE, THANK YOU, I SAID IT  
**OTHER ACTION WORDS**  
• SHARPS, BROAD, O, SQUARE, I  
• NOT COLD, HOT, I DON'T CLEAN, DIRTY  
• PLEASE, THANK YOU, I SAID IT

**IF IT HELPS THEM TO HEAR**  
• SAY IT AGAIN AND HEAR

### ask what matters • listen to what matters • do what matters

## what matters to you?

[www.whatmattersyou.scot](http://www.whatmattersyou.scot)



Photographs from Quality Improvement Sharing Event



Improve

Inspire

Innovate



### CYP Quality and Safety Event 15th November 2017



A very successful and well received CYP - Quality and Safety Event took place on 15th November at Banbridge Town Hall. Nearly 50 multi-disciplinary CYP staff from across the trust came together to share some of the great quality improvement & Patient safety work taking place across the SHSCT.

Senior Management Team (SMT) including Dr Wright, The Medical Director, Mr Paul Morgan, Director of CYP, Ms Aldrina Magwood, Director of Performance & Mr John Wilkinson, NED along with some Assistant directors attended.

There were excellent presentations on Neonatology, Simulation drills, Epilepsy Service, Learning for Incidents, Senior Safety Walks, Bronchiolitis, Coeliac Disease to name a few.

Poster presentations were also on show on MDT Communication initiative, Safety Climate Survey, Down Syndrome Project, ADHD Pathways and a checklist for Children with Neuro-disability.

Staff also participated in 15 minutes of Zumba which was kindly facilitated by Trust Physiotherapy team. Everyone thoroughly enjoyed it.

**Feedback for the afternoon was very positive.**

**Continuously Improving Services**  
**- Every Day in Cloughreagh House**  
**...enhancing the everyday care and**  
**experience of our clients**



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 on a 24 hour basis. 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 have a number of activities which improve the health and well being of it's 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.

Kate McBeth, Manager, says  
*"We strive to provide an inclusive environment where Service Users are encouraged to lead a rich and fulfilling life where equality, dignity, privacy and choice are paramount. Service Users are central in all aspects of the care planning process and holistic person centred plans are central to our core philosophy."*



Photographed are staff and residents participating in **"the Great Cloughreagh Bake Off"** and getting pampered



**Improve**

**Inspire**

**Innovate**





Pictured are staff and residents at Cloughreagh House, Newry, enjoying “balloon tennis” during the summer and building relationships through fun and laughter

Below: residents enjoying time with staff talking about gardening and relaxing during a Wimbledon themed afternoon

Head of Residential and Day Care Services, Tierna Armstrong, on one of her recent visits to Cloughreagh House said:

***“I took a tour of the garden with a day care attendee who has been working very closely with Connor (housekeeping staff) in the garden – it was delightful and encouraging to see the work which they have been undertaking cultivating the garden into a very special, therapeutic environment... working in the garden has given this service user a real purpose. The many benefits this offers include connecting with nature, social interaction with Connor and the other staff and residents and learning new skills.”***



Tierna went on to say that;

**“In terms of supporting the service user’s mental health and care needs, the horticultural approach as a therapy has helped the service user to develop fine motor skills, deeper concentration, stamina, hand-eye coordination and a sense of independence and improved well-being and control.”**

Staff and residents enjoy the variety of activities on offer as well as the fun, supportive atmosphere at Cloughreagh House.



**Improve**

**Inspire**

**Innovate**

### Quality Improvement Network (QI Network)

On 24 May 2017 we held our third QI Network in Seagoe Parish Centre, Portadown.

The theme was **“Using Patient Experience to Drive Quality Improvement.”**



Over 120 delegates attended the event including frontline staff from across a wide range of professional staff groups and medical colleagues and managers representing all of our operational and corporate directorates. The event was also attended by service user representatives.

The guest speakers receiving questions from the audience were:-

**Pictured I-r:** Paula Tally, Assistant Director Best Care Best Value (Acting), Margaret Marshall, Assistant Director Clinical and Social Care Governance, Helen Lee, Head of Quality Improvement and Experience at Lancashire Care, NHS Foundation Trust, David McNally, Head of Experience of Care NHS England, Jacqueline Morton, Head of Continuous Improvement

- ◆ **Margaret Marshall**, Assistant Director Clinical and Social Care Governance – *Setting the Scene*
- ◆ **David McNally**, Head of Experience of Care NHS England – *Coproducing Improved Experience of Care with Patients / Users*
- ◆ **Helen Lee**, Head of Quality Improvement and Experience at Lancashire Care NHS Foundation Trust – *NHS England Always Events National Pilot: The Lancashire Experience*
- ◆ **Connie Connolly**, Wife, Mother and Carer - *My Personal Journey* (Mrs Trudy Reid, Acute Clinical and Social Care Governance Co-ordinator, spoke on behalf of Connie)



**Feedback from the event was positive with attendees appreciating the time out to connect with colleagues and service users.**



### Get in Touch...

If you would like further information or to suggest a theme for future QI Network events please contact our team at

[Quality.Improvement@southern/hscni/net](mailto:Quality.Improvement@southern/hscni/net)

**Improve**

**Inspire**

**Innovate**



### What Matters to You... #WMTM2017

The **What matters to you?** day started in Norway in 2014 with the aim of encouraging and supporting more meaningful conversations between those who provide health and social care and the people, families and carers who receive services.

The Southern Trust is one of the first in Northern Ireland to join the campaign. The 6th June 2017 was "What Matters to You? Day. In the SHSCT we wanted to promote What Matter's to Me Day on the 5th June. Dr Khan and the Paediatric Team at Daisy Hill Hospital organised a Coffee Morning in Daisy Hill and invited All Hospital Staff to attend for an informal discussion and share their views on what matters to them.

To **establish a relationship** and understand the person in the context of their own life and **the things that are most important to them** gives a crucial insight and a better position **to work with the person to find the best way forward for them.**

As part of the WMTM initiative the SHSCT participated in staff and service user engagement asking What Matters to Them? This included a Coffee Morning in Daisy Hill Hospital in June as well as asking staff throughout the Trust to complete WMTM selfies.



**Comments from staff about what mattered to them included:-**

**"Good employee experience drives good patient and client experience."**

**"Staff feeling supported and empowered to improve."**

**"What matters to me is that patient experience drives quality improvement."**

**"Supporting and empowering staff to deliver person-centred care to our patients and service users."**

**Staff pictured at the What Matters To You? Event 5th June 2017  
Daisy Hill Hospital**



**Outcomes: What Matters to You Day 2017**

The Trust organised a range of events to promote the campaign. Service user/staff feedback indicated that more information/art should be available at more locations within the Trust. As a result the Service user art work is now on display at the following locations;

- ◆ Ramone Outpatient Department, CAH
- ◆ Radiology Department in Lurgan Hospital







**10,000 Voices** is a regional initiative which collects information from patients, their families and carers on their experiences of their care. Their views help shape how care and services are delivered both locally and across Northern Ireland. Through this initiative we have been able to reflect on the experience of people who use and deliver our services to inform quality improvements and influence regional policies, strategies and the commissioning of services.



The Public Health Agency (PHA) and Health and Social Care Board (HSCB) are expanding the successful 10,000 Voices health service improvement programme. Having reached the landmark target of 10,000 views on how health and social care is delivered in Northern Ireland, the programme is building on that success and seeking 10,000 More Voices. The initiative was subsequently relaunched as 10,000 More Voices by Chief Nursing Officer, Professor Charlotte McArdle, in June 2017.



A regional celebration event to showcase the work to date was held on 22 March 2018 in the Dunardry Hotel Antrim.

The Southern Trust showcased the local improvements made to the Outpatients Department in Ramone, Craigavon Area Hospital as part of the Always Event. The presentation included a video from service users and staff outlining what being involved meant to them.

To date over 12,000 stories have been collected.

Over 80% of people have rated their experience as Strongly Positive/Positive.

We are now.....

For more information or to tell your story please go to [www.10000morevoices.hscni.net](http://www.10000morevoices.hscni.net)

Click <http://10000morevoices.hscni.net/> to visit new regional website



## How we use the information we collect

- ⇒ To provide evidence of the quality of health and social care
- ⇒ To inform quality improvements in Trusts
- ⇒ To inform regional policies and strategies and how services are shaped for the future
- ⇒ To inform education and training

TEN THOUSAND MORE VOICES

Improving the patient experience

www.10000voices.info



10,000 Voices surveys 2016/2017:

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

Further surveys planned in 2018/2019:

- ◆ Sensory Disability
- ◆ Audiology Project
- ◆ Dysphagia Project
- ◆ Experience of Mental Health

10,000 Voices surveys 2017/2018:

- ◆ Eyecare
- ◆ OPPC Daycare
- ◆ Review of 10,000 voices new regional website
- ◆ Delirium
- ◆ Bereavement
- ◆ Discharge Planning
- ◆ Adult Safeguarding
- ◆ Health and Social Care in N.I.

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

*“Friendly staff hard working doctors and nurses made you feel you really mattered and one of their own from the lowest to the highest member you were on first name terms”*

*I was in Hospital . My care was quite good. Dr and nurses were good. I had no problems. I was kept up to date. They done different tests. I was happy with my care.*

*“I was seen by a doctor in a short time from that night to I was discharged I was treated excellent. The nursing staff were great; nothing was a bother to them”*

*“I was in hospital and the care I received was excellent. It was like a 5 Star hotel. The doctors and nurses were great. The ward was clean. I got the best of care”*

**WE JUST WANT TO SAY...  
THANK YOU!**

### SHSCT 10,000 Voices' survey undertaken within OPPC Day Care

SHSCT hosted a workshop on 6 October 2017 to focus on the experiences of older people using its day care services. Service users, carers and Trust staff took part in the event along with representatives from the Health and Social Care Board, Public Health Agency and the Commissioner for Older People for Northern Ireland Mr Eddie Lynch to share learning and to help to improve the service.

Findings of the recent '10,000 Voices' survey undertaken with day care service users, carers and staff were shared at the event, highlighting their views, experiences and personal stories. This was the first time that the 10,000 voices initiative has been used with day care services for older people. The survey was offered within all OPPC Day Centres in Portadown, Banbridge, Newry, Kilkeel, Clogher, Keady and Armagh.



Speaking at the event, Commissioner for Older People for Northern Ireland Eddie Lynch said:

*"It is great to see the Southern Health and Social Care Trust using the experiences of older people who use their day care service and their carers to shape and improve the services. If services are to effectively meet the real needs of our ageing population, they cannot be designed without listening to the views of those who use them. Too often we hear about older people who are lonely and socially isolated, leading to an increased risk of ill health, depression and dementia.*

*Day care centres provide much needed social interaction for older people, particularly in some of the more rural parts of Northern Ireland and it is key that they remain available for those who need them.*

*I would like to congratulate the staff who are involved with the day care centres.*

*The feedback received through the '10,000 voices' project speaks volumes and highlights just how much older people value the service."*

[READ MORE](#)





## Day Care Update

**T**he first Lisanally Newsletter was produced for Lisanally Day Care as part of the outcome from 10,000 Voices in relation to signposting services users and carers to what is available in their local communities the days that they are not at day care.

This will be reviewed and discussed with service users in relation to future content for the next edition. As part of pilot taking place within Lisanally Day Care links are being developed with community development and a “community connector” role is being developed as part of the Day Care Support Workers role.





## 10,000 Voices Regional Eye Care Survey Update

The new Developing Eye Care Partnerships (DEP) report includes findings from the recent 10,000 Voices Regional Eye Care survey. Overall 89% people rated their experience as positive or strongly positive. In these stories, the key messages which appeared to contribute to a positive experience are as follows:



- ◆ Being treated with courtesy and respect and in a professional manner
- ◆ Having access to local services
- ◆ Receiving information about what will happen in their care journey and knowing what to expect at clinic appointments
- ◆ Receiving treatment which is effective with good outcomes and successful treatments for the patient
- ◆ Having consistency in care and being seen and treated by staff with whom patients and their families have developed a relationship

SHSCT 10,000 voices eye survey results highlighted an area for improvement relating to staff name badges. Service users identified that sometimes there were unable to read staff name badges.

*"I always ask staff their name as I can't read name badges."*

**SHSCT Response Regional 10,000 Voices**

As a result we have piloted large font, black on yellow staff name badges as recommended by the RNIB's 'See it right' campaign, for Eye Care Clinic Staff at Craigavon Area Hospital. Service users at Low Vision Clinics were asked which finish of badge they preferred, matt or gloss, and the information that they would like included on the badge.



Feedback from staff and service users has been so positive on the new badges and now many other areas within the Trust have started to introduce these badges.

*From I have started wearing the yellow badge I have noticed more patients have been calling me by my name, they must be more visual for everyone not just visually impaired..*

**Nursing staff**

*Patients are definitely calling me by my name more often ...which is great..*

**Reception staff**

## Communication

As part of a drive to improve communication and patient client experience within Radiology Department at Craigavon Area Hospital, the Trust's Deafblind Specialist Worker, Mrs Denise Lavery facilitated two rolling training sessions with staff in December 2017. Staff were given simulation spectacles so they could experience what it is like to have various eye conditions and the challenges that this presents. The staff were taught techniques for guiding people with limited sight as well as communication tips for engaging with hard of hearing people.



As a result of this initiative, 'yellow' staff name badges are now being introduced.

### A new training presentation for staff 'We are the Patient Experience'

A new training presentation 'We are the Patient Experience' has been collaboratively designed to raise staff awareness of the Patient Experience journey within the health and social care setting.

The presentation aims to;

- ◆ Highlight the 5 Patient Experience standards
- ◆ Raise awareness of 10,000 More Voices and linking the use of patient feedback to drive Improvement
- ◆ Give an understanding of patient expectations
- ◆ Learn how to handle challenging situation/people by resolving a complaint at point of service
- ◆ Raise awareness of the Trusts complaints process and offer support/advice to staff
- ◆ Highlight the impact of behaviours on others by using real patient stories



### 10,000 More Voices - Digital Screens

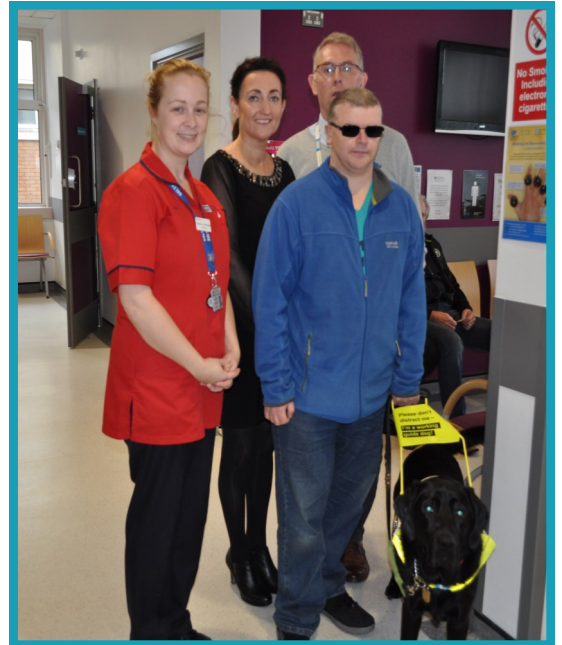
Digital screens in Craigavon Area Hospital and Daisy Hill Hospital have updates about the 10,000 More Voices live surveys.





## Outpatient Department, Ramone, CAH (Acute Services)

In response to feedback from deaf and visually impaired service users, the staff at the Outpatients Department Ramone in Craigavon Area Hospital have worked in partnership with representatives from the Sensory Disability Team and introduced a number of service improvements in an effort to improve communication. These include new yellow name badges for staff; the introduction of Deaf Communication cards; improved signage at check-in kiosk; improved signage and access at front entrance of Craigavon Area Hospital; the introduction of yellow fleeces/tee shirts for Trust volunteers; and support for the '#Hello My Name is' Campaign. These improvements ensure that all aspects of the service are responsive and focused on the needs and priorities of service users and the general public and have led to improved levels of service user satisfaction.

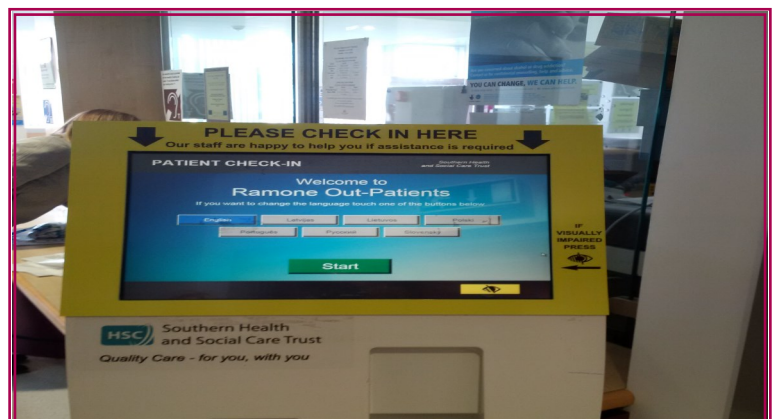


New signage at entrance to CAH



Aperture for check in kiosk

New yellow Trust Volunteer fleece





### Introduction of Always Events 2017/18

**A**lways Events are aspects of the care experience that are so important to patients, service users and carers that health care providers must perform them consistently for every patient, every time. These can only be developed with the patient firmly being a partner in the development of the event, and co-production is key to ensuring organisations meet the patients' needs and what matters to them. One of the PHA regional priorities for 2017/2018 was to develop an Always Event. The Southern Trust however undertook four within the theme of improving communication which is also one of the four organisational quality improvement priorities outlined in the **Trust's Quality Improvement Strategy 2017/18 - 2020/21**

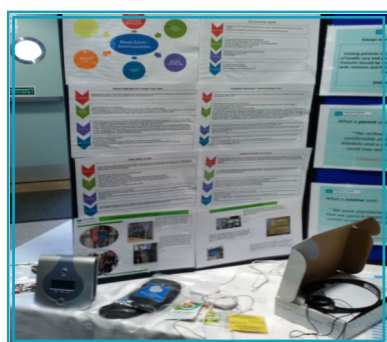


Always Event Team with Trust colleagues at launch of Deaf Card during British Sign Language Week 2018

### Always Event Regional Workshop

During November 2017, the Public Health Agency held a Regional Workshop in Lough Neagh Discovery Centre. Each Trust was asked for 10 nominations. The aim of the workshop was to explore the Always Events methodology, share examples of work both locally within NI and in other trusts in England and discuss what makes for successful scale up and spread in the future. Each Trust was asked to present a 10 minute presentation on progress to date on their Always Event as well as being allocated a poster board to display information in relation to their Always Event.

Within SHSCT we used this as an opportunity to outline the Always Events currently underway. We were the only Trust to have service users representation included in our presentation. Kiera Lavery (Co-ordinator Home Treatment) and Elaine Fogarty (service user) gave an excellent account of the Always Event currently underway within the mental health services. Feedback and reflections from Clare Marshall and Helen Lee, NHS England included;



***“Establishing your co design team in all organisations – including your point of care frontline staff, users and carers as fantastically described in the CUP model by Southern Health & Care Trust.”***

**The Trust's Quality Improvement Strategy commits to working with Service Users in co-producing and co-designing care.**

## PHA Regional Priority 2017 / 2018 - Always Event

### South Down Integrated Care Team (Older People and Primary Care)

'Hello My Name is' has now been embraced by all staff when they take phone calls with the Always Event Point of Care Team recording **100% compliance** with check phone calls. The process of receiving and acting upon service user phone calls to the South Down Integrated Care Team was also mapped and suggestions sought and explored for improvement using Quality Improvement methodology. As a result of the Always Event work, the team has strengthened their process for promptly responding to patient telephone calls. Service users also reviewed contact information in the Care Management Information packs.

#hello my name is...

### Communication with Carers (Mental Health and Disability)

A 'Point of Care' team which included local carers was established and it co-produced an information leaflet to assist with the collection of collateral information.

A project plan following the 'IHI Always Event Framework' was then devised to enhance the experiences of care for both patients and carers. The team also co-designed a leaflet and piloted it within two areas within the Mental Health Directorate.

**Involving you and listening to you is important to the recovery journey of the person you care for**

**We rely on you for key information and insight at all stages of care**

**We will listen to the information and insight you provide as well as any concerns you may have**

**What if I have a comment, suggestion, compliment or complaint about the service?**

- Talk to the people directly providing care
- Ask a member of staff for a feedback form, or complete a form on the Trust website [www.southerntrust.hsc.nhs.uk](http://www.southerntrust.hsc.nhs.uk) (click on the 'Contact Us' tab) Forms will carry a postal address
- **Get Involved** - Carers and service users can help doctors, nurses, social workers and other health care staff in the planning, development and evaluation of services. Speak to the person who is responsible for providing care or register online [www.southerntrust.hsc.nhs.uk/about/1593.htm](http://www.southerntrust.hsc.nhs.uk/about/1593.htm)
- **Coproduction** - The Mental Health Forum can provide information about opportunities for carers and service users to get involved in coproduction and consultations within Mental Health Services of the Southern Trust. To check current opportunities Telephone: 028 3025 2423

For information, opportunities, and news related to Mental Health in the Southern Trust area  
[www.thementalhealthforum.co.uk](http://www.thementalhealthforum.co.uk)

Personal and Public Involvement (PPI) Involving you, improving care

**ALWAYS LISTENING TO CARERS**

**INFORMATION L**

**Access, Ease, Share, Stay connected, Be heard**

A change to PARIS Community Information System electronic recording enabling easier identification when collateral information has been obtained is also being tested. Over the coming months the team will continue working through the IHI methodology to ensure that staff in Newry & Mourne Home Treatment Team and Cloughmore Ward at Craigavon Area Hospital will offer all (100%) service users' carers dedicated time (face to face or via telephone) to discuss what is important to them.

### Looked after Children (Children and Young People)

Rather than requiring new interventions this Always Event focused on a Service developing a new approach in relation to how it engaged with service users, shared information and managed a Looked After Child's review. This new approach is based on beginning the process much earlier, ensuring that parents, young people and carers are fully consulted, know what to expect from the Review Meeting and receiving a copy of the report 7 days in advance of the meeting. Two Looked After Children teams commenced this project in February and initial feedback indicates that reports are currently being received 3-4 days in advance of the meeting, which is already an improvement on average baseline.

## Southern HSC Trust's Patient Client Experience (PCE) Steering Group

The Southern HSC Trust's Patient Client Experience (PCE) Steering Group is a sub-group of the Trust's Patient Client Experience Committee chaired by the Executive Director of Nursing / Director OPPC. 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 second PCE Annual Report was produced by the Steering Group to the Senior Management Team and the Trust's Patient Client Experience Committee and covers the financial year ending 31 March 2018 (*will include link*).

Patient Client Experience Newsletters are produced quarterly so that our staff are informed of all the Patient Client Experience work ongoing across the Trust.

This provides an opportunity for shared learning of the many ongoing improvements in relation to trying to improve the patient client experience.

During 2017/2018, newsletter were produced in May, September, November and February.



### Personal & Public Involvement/Patient Client Experience

Involve and engage patients, service users, carers and representative groups in establishing priorities and plans and supporting the evaluation of health and social care delivery to provide learning and continuous improvement of our services.

*Examples of activities where the Southern Trust has had Service Users at the centre of co-producing and co-designing are as follows:*

- ◆ The **Daisy Hill Hospital Pathfinder Project Group** was established in May 2017 to develop a long term plan to stabilise, safeguard and sustain local emergency care services in the South Armagh / South Down area. Members of the local community are involved in both the main group and various subgroups, a Pathfinder Community Forum was also established and a number of engagement meetings were held in community settings with local community / voluntary groups, service users, carers and public representatives
- ◆ The Disability Division is involving patients, service users, carers and representative groups in a **review of Day Services for adults with a disability**. The Division is also working in partnership with Disability Action, staff and independent providers to establish priorities and plans and areas for improvements which they think should be made in the future
- ◆ Service users and carers were involved in the establishing priorities and plans in relation to the future location of **Dementia Inpatient Care**. Plans for the development of a **step care model for Dementia** have been co-produced with a group of experts by experience. Education and training programmes have also been co-produced
- ◆ The Mental Division is involving patients, service users, carers and representative groups in a **review of Resource Centres** for adults with mental health problems. Service users are involved in Resource Centres Development Group with a focus on delivery of psychological therapies in a group environment
- ◆ A range of stakeholders, including service users, carers and representative groups are involved in the development of an '**Arts for Health Strategy**' for the Southern Health and Social Care Trust
- ◆ Local voluntary / community sector organisations have informed and influenced the content, delivery and mapping of **Community Sector Training's programmes** via representation on CST's Steering Group, consultations and surveys
- ◆ A public consultation was hosted on 27<sup>th</sup> of July 2017, ensuring that patients, service users, staff, key partners and the general public are able to inform and influence the **Reshaping of Regional Stroke Services**
- ◆ A consultation on a **new home delivery service for Community Equipment** was held from the 5<sup>th</sup> of February until 30<sup>th</sup> of April 2017

- ◆ A **Local Engagement Partnership** was established to drive the ethos of co-production across **all social work settings within the SHSCT**. Terms of Reference have been co-produced, a Service User elected as co-chair; training to raise the awareness of co-production across social work was co-produced and a mapping exercise of current involvement initiatives was completed.
- ◆ The Trust commissioned a comprehensive **evaluation of Learning Disability Carers Forum** by an independent organisation identified by carers. The Final report was issued in June 2017 and its recommendations now form basis of an improved partnership between the Trust & Carer representatives.
- ◆ Service users and carers were involved in the establishment of the **Intellectual Disability Child & Adolescent Mental Health Service (ID CAMHS.)** Participation Network NI was commissioned to establish satisfaction baseline with current service and stakeholder's interest in becoming active in developing the service (56% of those consulted are willing to become more involved.)

*Further details are available in the Trust's  
PPI Annual Report 2017/18 "Involving and Improving."*

**E**xtend the good work we are already doing through our Personal and Public Involvement Panel, Carers Reference Group, Mental Health Service User Groups, Maternity Services Liaison Committee and Traveller Action Group.

### PPI Panel Achievements during 2017/18

The PPI Panel continued to meet on a quarterly basis in 2017/18. Progress in year includes:

- ◆ Participation in a range of PPI forums both within the Trust and regionally e.g. two members are actively involved in the Regional PPI Forum and have participated in the PHA's regional PPI Monitoring Programme across other Trusts; 3 members are supporting the Southern Unscheduled Care Locality Network Group. Agreement has been reached on some initial priority areas/ work streams for improvement
- ◆ Development of PPI Strategic Framework, which together with the PCE framework feeds into the Trust's overall Quality Improvement Strategy
- ◆ Reviewed and up-dated the PPI Toolkit which is used as a regional PPI resource
- ◆ Co-produced a number of PPI resources including:
  - ⇒ **PPI Training and Resource Booklet for staff**
  - ⇒ **PPI Cycle fact sheet**
  - ⇒ **Advocacy Booklet**
  - ⇒ **Participated in the Trust's PPI monitoring and verification process in June 2017**

*Further detail are available in the PPI Panel Annual Report 2017/18*

**P**rovide effective leadership and support across all areas to create opportunities for the involvement of service users and carers, in identifying needs and priorities and in the design, planning, delivery and evaluation of services

- ◆ During 2017/18 the Trust has developed and implemented its corporate PPI Action Plan in line with the regionally agreed PPI standards. It participated in the PHA's annual PPI Performance Management Assessment and the PPI Monitoring Report published in September 2017 concluded that:

*“The Trust has continued to invest in PPI resources, expertise and guidance and the outcomes of this continue to be evidenced in relation to the practices and support mechanisms available to staff to undertake PPI”*

- ◆ As part of corporate PPI Action Plan, the Trust completed a review of its PPI strategy 2010 and developed a revised PPI Framework 'Involving for Improvement' which together with PCE framework feeds into the Trust's Quality Improvement Strategy 2017/18 - 2020/21.
- ◆ In addition each Directorate developed and implemented its operational PPI action plan with defined outcomes that demonstrate positive impact of PPI at a service level for patients, service users and carers under 4 key areas:
  - \* **Information**
  - \* **Involvement**
  - \* **Training**
  - \* **Monitoring and Evaluation**

### Members of the PPI Panel





- ◆ PPI Training booklet developed in partnership with PPI Panel and staff to support staff to understand and incorporate PPI into their work practices
- ◆ Further roll out of PPI Awareness training and other related PPI training including Quality Improvement
- ◆ The Continuous Improvement Team have delivered an OCN NI Level 3 Award in Quality Improvement for service users / carers to develop capacity in identifying needs and priorities and in the design, planning, delivery and evaluation of services.



**Members of the PPI Panel and the Mental Health Forum at the launch of the Engage Website**

### Mental Health Service User Groups

User & Carer Service Improvement Group (USIC), Implementing Recovery through Organisational Change (ImRoc) and the Mental Health Forum continue to meet on a regular basis. Progress in year includes:

- ◆ Team Recovery Implementation Plans (TRIPS) implemented across all MH Services. Working group established to work directly with teams, preparatory work includes developing guidelines, staff champions identified, service users embedded in the TRIPS teams and will also have an awareness raising role
- ◆ Mental Health services are working in partnership with service users and carers to develop Personal Wellbeing Plans. A sub-group of the Trust Care Pathway Implementation Group is facilitating the local development of Personal Wellbeing Plan (PWP) initiative
- ◆ Review, update and publication of a range of co-produced mental health leaflets for people new to mental health services
- ◆ Ongoing development of the Mental Health Recovery College.

Traveller Action Group continues to meet every three months to share information on support services for Travellers and to make sure these services are suitable to meet Traveller needs and that Travellers are aware how to access them. This group is supported by the Promoting Wellbeing Division and there is representation across Directorates and local Traveller Support Groups, Early Years Toy-box, Traveller Education Support Service, Housing Executive, Public Health Agency and local Councils. Traveller Support Group workers feedback to Travellers on the progress being made by the group and bring issues from the Travellers they work with to the meetings for discussion.

#### Progress during 2017/18 includes:

- Implementation of action plan under 8 key areas covering: Housing and accommodation; Early years support and Educational attainment; Employment and Skills; Reducing stigma; Traveller friendly HSC services; Targeted health and wellbeing programmes; Monitoring Evaluation and Research and Collaboration and Joint Working
- Continued delivery and promotion of **'Roots of Empathy' programme** in primary schools attended by Traveller children
- Provision of early intervention, family support and mental health training opportunities
- Support and mentoring provided for Travellers who completed the Community Health Champion and Health Trainer programmes in 2015/16 to further develop their skill
- Further development of a Pregnancy Booklet for Travellers
- One further Traveller has received accreditation as a Community Health Trainer

**Mental Health User & Carer Service Improvement Group**



**Launch of Mental Health Service Leaflets**

**Launch of Step 2' Intellectual Disability Child and Adolescent Mental Health Service**



**Trust Welcomes New Mental Health Peer Support Workers**



**S**upport carers to access a wider range of services, improve their health and wellbeing and access financial support.

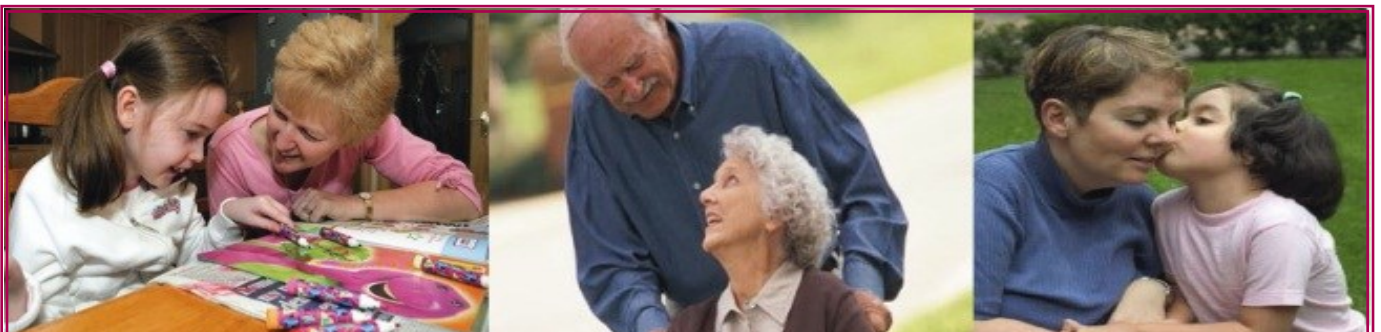
**The Trust Carers Reference Group developed and implemented its annual action plan.**

### Progress during 2017/18 includes:

- Intense support to ensure generic carers support contract targets met in-year
- Carer Coordinator read only access to PARIS and the development of Qlikview reports to facilitate targeted support to increase carers assessments
- Increased numbers on the Carers Register
- The up-dating of the Useful Contacts poster for carers which has been widely circulated internally and externally and very well received
- Review and up-date of the Advocacy Information Booklet
- Review and up-date of hospital discharge leaflet for carers
- Development of an Self Directed Support Fact sheet for carers
- The development of a booklet outlining the support services and resources available for carers
- The completion of 2 consultation reports following extensive engagement with carers to inform the 18/19 carers action plan

### **Plans for 2018/19:**

The Carers Reference Group is in the process of reviewing its membership and structure and has planned a workshop in May 2018 to co-produce the carers action plan.





*Pathfinder Staff  
Information Sessions*



The Daisy Hill [Pathfinder Project](#) was established in 2017/18 to develop an operational model for the delivery of sustainable services for unscheduled care for the Newry & Mourne population.

The main focus was:

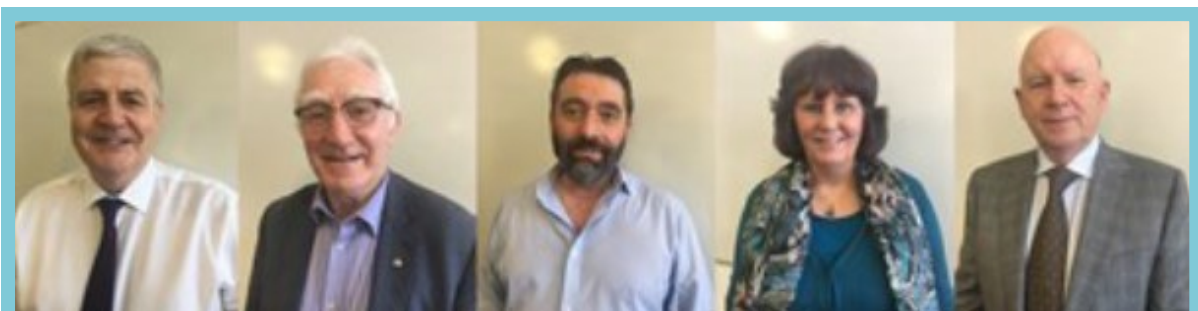
- ◆ To develop a long term plan to stabilise the ED
- ◆ To identify additional measures across primary, community and hospital services to deliver a sustainable service

Plans for 2018/19 include establishment of a Strategic Implementation Group and includes the following three Task & Finish Groups

- ◆ ED workforce
- ◆ Improving Patient Flow, including direct assessment
- ◆ Strengthening services for the sickest patients

**Pathfinder Group - Community Representatives**

- \* Dr Donal Duffin,
- \* Mr Jerome Mullen,
- \* Mr Karl Hughes,
- \* Ms Marian Cully
- \* Mr Michael McKeown (President of Newry Chamber of Commerce & Trade)



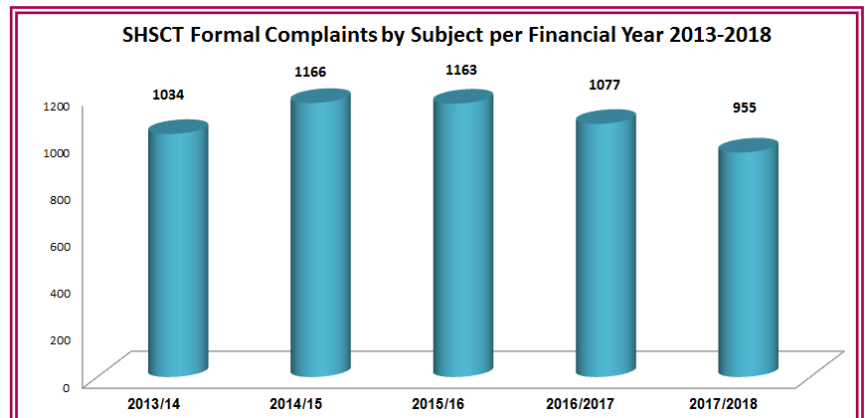
## Compliments, Complaints & Suggestions

The quality and type of services we provide is very important to us. We aim to continually improve and it is often people who have observed our services who can help us to learn and improve by sharing their experiences.

The Trust aims to provide the highest possible standard of care to all service users. Patient and carer's knowledge is a rich source of feedback. Sharing their experience is essential in continuing our drive for continuous improvement and excellence in all we do.

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 happens we are committed to **listen, learn** and **improve**.

The number of **formal complaints received** by the Trust has **reduced** in the last year to **955**, a **decrease of 122** complaint subjects on the previous years figures.



### Top 5 Complaints Subjects 2017/2018

1. Professional Assessment of Need
2. Communication / Information
3. Quality of Treatment & Care
4. Staff Attitude/Behaviour
5. Quantity of Treatment & Care

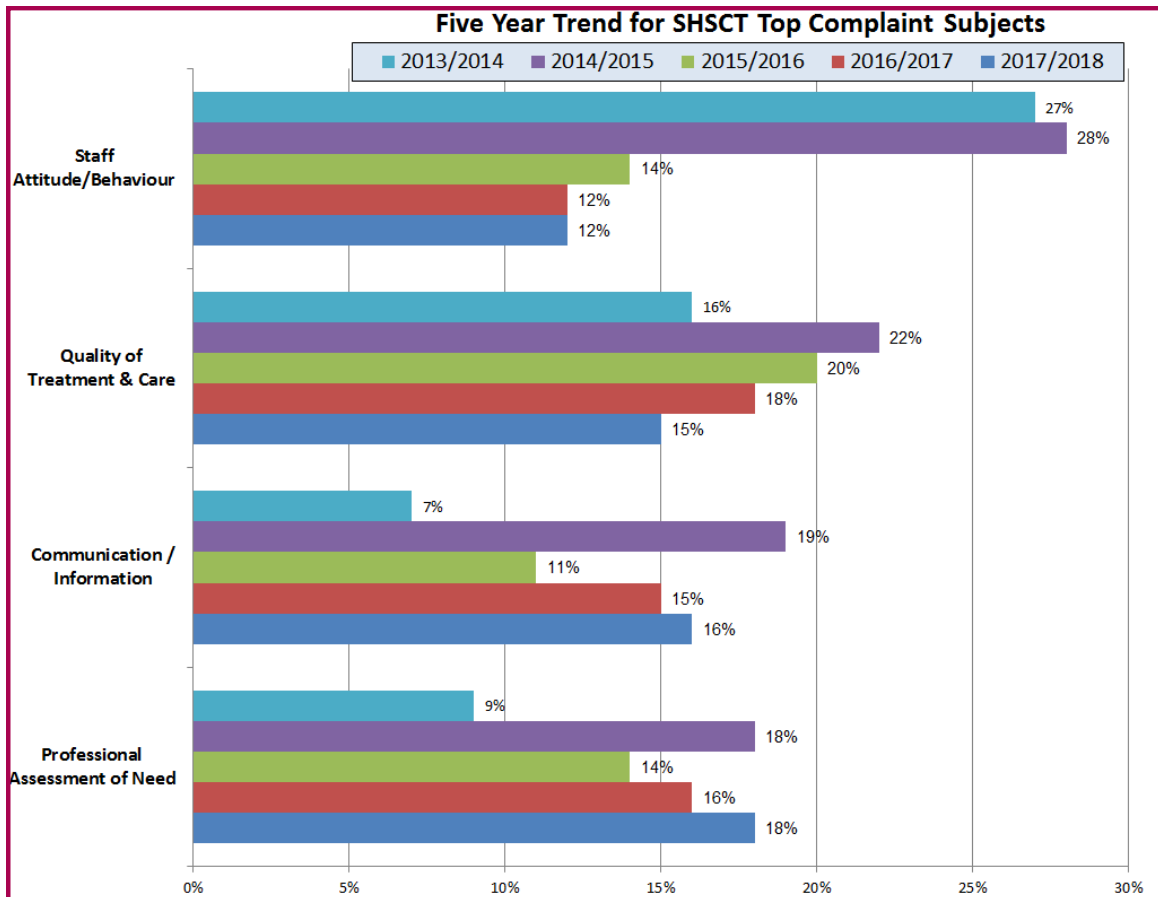
**"Complaints should be viewed as a friend to the organisation and an opportunity to improve what you do and how you do it."**

*P Lotich*



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:

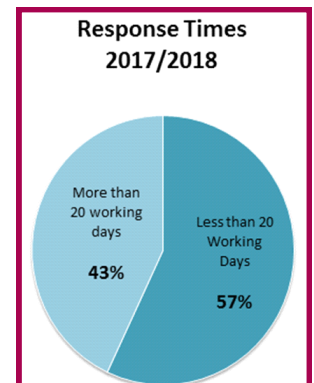
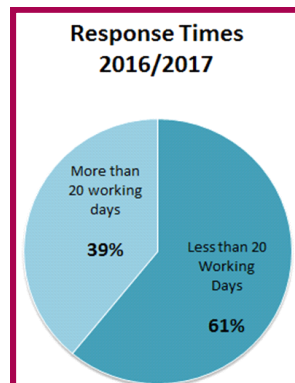


### Response Times

The HSC Complaints Policy requires Trusts to provide a response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response letter explaining the reason for the delay is sent to the complainant.

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 are put in place to ensure that a repeat of this experience does not happen to other service users.

**95.43% Complaints acknowledged within 2 Working Days**



**T**he Trust continues to investigate complaints in an open and transparent way, using issues raised through the complaints process as an important source of information for safety and quality improvement.

Discussing and sharing the outcome of complaints investigations is one of the ways we improve the experience of people using our services, and ultimately the safety and quality of the treatment and care we provide.

Within the Trust it is the responsibility of all Trust staff to utilise the information and trends from their complaints to ensure learning and development takes place and is fed into the Trust's governance systems, as well as being directly fed back to staff involved.

Regular analysis of complaint reports are shared at Senior Management Governance meetings and Directorate meetings to highlight themes and trends across the Trust to ensure we **listen**, **learn** and **improve**.

***Below are some examples of how learning from complaints has changed practice:***

### **Complaint Theme: Quality of Treatment & Care**

**A client's daughter raised concerns in relation to domiciliary care delivered to her late Mother by an Independent Sector Care Agency**

The ensuing investigation identified learning for the Trust, which was then shared with keyworkers responsible for commissioning domiciliary care.

**"The learning has identified the importance of Monitoring visits and the need for these to be increased at times when issues in relation to domiciliary care packages may be prevalent or evident. It also reinforced the importance of establishing effective communication between all interfacing professionals."**

**Families expressed concerns pertaining to the provision of short term respite care for their children being withdrawn on a temporary basis**

The facility recently developed a new three bedded unit which aims to provide a service for children and young people who need a longer, therapeutic, intensive support service, rather than 'short breaks.'

Regrettably some difficulties arose with regard to the short term respite facility's capacity to deliver a full service to children and families who use short breaks / respite.

**"The investigation identified learning for the Trust who now endeavour to establish a Parents/Service User Forum whereby parents and children will be directly included in addressing issues and planning and designing service developments."**

#### **You said...**

**A Service User raised a concern regarding the lack of awareness/signage for Baby Changing Facilities while attending the Craigavon Area Hospital Emergency Department.**

#### **We did...**

**Trust's Estate Management Department has reviewed the signage and subsequent action has been taken to upgrade signage to ensure that changing facilities at Broadway, Emergency Department, Outpatients Department can be easily identified.**

### Compliments & Suggestions

We are always keen to know when things have worked out well for our patients, service users and their families and what aspect made it a positive experience for them.

Receiving compliments helps us identify areas of good practice, and it is also encouraging for our staff to receive recognition for the vital work that they undertake.

#### So thank you for taking the time to tell us about your experience

We also welcome all suggestions, share them with relevant staff and will consider them fully with a specific aim to improve services, where possible.

In order to make a compliment or suggestion you can contact us in a number of ways, including:

- ◆ By letter: **Service User Feedback Team, Southern Health & Social Care Trust, Beechfield House, Craigavon Area Hospital Site, 68 Lurgan Road, BT63 5QQ**
- ◆ By telephone: **028 3756 4600**
- ◆ By email: **user.feedback@southerntrust.hscni.net**
- ◆ By completing our Online Service User Feedback Form at **www.southerntrust.hscni.net**

**New email address: User.feedback@southerntrust.hscni.net**

WE JUST WANT TO SAY...  
**THANK YOU!**

*It is with great pleasure I send this email, I would like to thank all your wonderful staff in the 'Cath Lab' and to let them know I'm truly grateful for their kind and attentive care given to me on my recent visit.*

*My 'heartfelt' thanks to all the wonderful doctors and nurses who assisted with my procedure (before, during and after) and for making my stay in the CAH Cath Lab a pleasant experience."*



*Brilliant service from CAH this afternoon, in and out in 35mins, X-rayed etc. with suspected broken foot.*  
**THANK YOU**



WE JUST WANT TO SAY...  
**THANK YOU!**

"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."

"I attended the Day Procedure Unit at South Tyrone Hospital with my Mother earlier this week. We just wanted to say how impressed we were with the service we received. From the nurse who filled in the initial forms and explained the procedure, she really put my mum at ease. My mum said the doctor and all the theatre staff were lovely too. My mum felt really well taken care off the whole time. Also, just to mention the building too, very clean and well kept. Well done on providing such a great service."



**Emergency Department at 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."

**Excellence-Right care by the right people in the right place at the right time. Staff were all so helpful and explained everything as we went along - superb care.**

I would like to thank Craigavon Area Hospital for their second to none care that I received.

From A&E to Ward 1 South, all the staff carried out their duties with the utmost professionalism and compassion both medical and none medical. Nothing was too much trouble to them at any time day or night.

As I had trouble sleeping because of my illness I seen first-hand that they were all under serious pressure. They all brought me through a very serious time which I will be forever grateful.

All the above applies to rheumatology and dermatology where I also received treatment. All the staff were of the highest standard but for obvious reason the medical team were unbeatable.

## Patient Experience Quality Improvement Initiatives

### Team Name Change - Service User Feedback Team

Patient/carer's knowledge and rich source of feedback about their experiences are essential in continuing our drive for continuous improvement and excellence in all we do.

To encourage service users to share all types of feedback; comments, compliments, suggestions or complaints the teams name has been changed from Corporate Complaints office to

**Service User Feedback Team**

**Southern Health & Social Care Trust**  
**Beechfield House**  
**Craigavon Area Hospital**  
**BT63 5QQ**

### NEW Online Service User Feedback Form

Due to an increase of Service User feedback made electronically via email and social media an Online Service User Feedback form has been created for inclusion within the Service User Feedback section of the Trust Website.

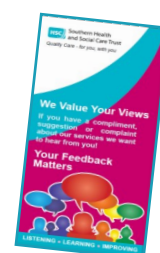
### NEW We Value Your Views Leaflet

Patient experience and involvement is extremely important to us. We aim to continually improve and it is often people who have observed our services who can help us to learn and improve by sharing their experiences

An updated version of our We Value Your Views is now available for staff to order. Translated versions are also available on SharePoint. It is important that the Trust's We Value Your Views leaflets are available and accessible to our service users and their families to encourage all types of user feedback.

This leaflet provides service users and their families with information on;

- ◆ **How to make a compliment, complaint or suggestion**
- ◆ **How to provide anonymous feedback via 10,000 More Voices generic survey**
- ◆ **What happens next within the formal complaints process?**
- ◆ **The role of the Northern Ireland Public Services Ombudsman**
- ◆ **Complaints about regulated establishments e.g. nursing or residential homes**



## **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 the 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.

The Trust is committed to quality improvement, and will continue its strong focus on delivering high quality, safe and effective services. The Trust has introduced a Lessons Learned Forum that will assist in the identification, sharing and appropriate risk mitigation of areas of concern.

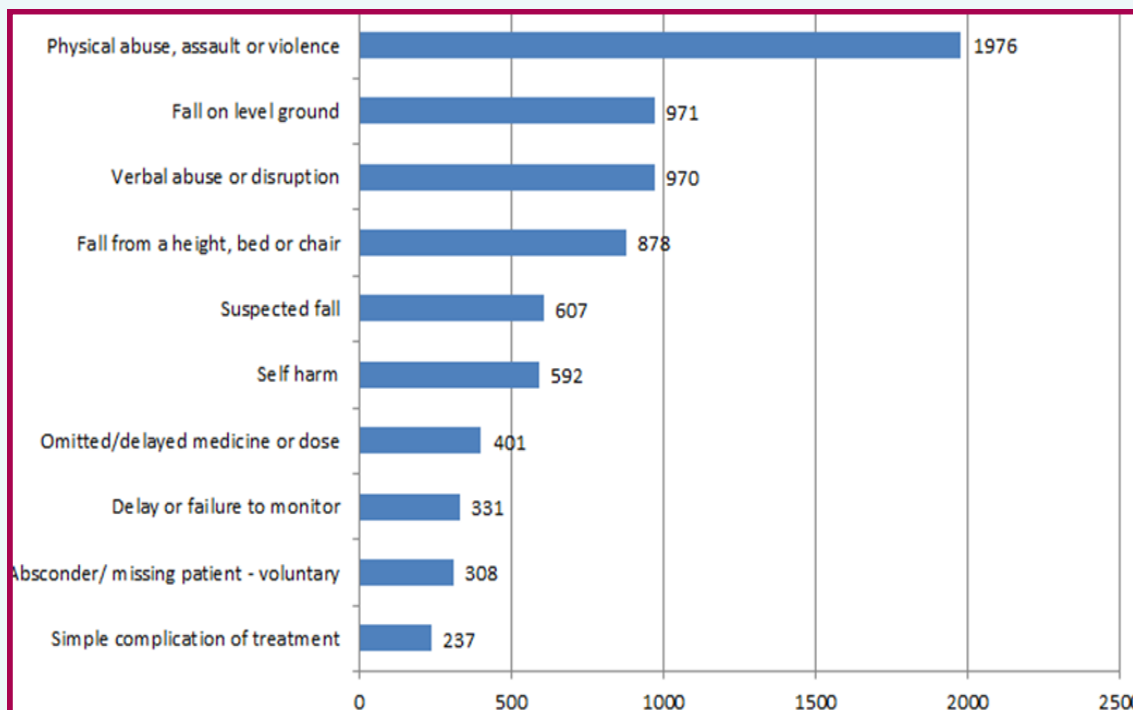
We also share learning from our incidents by discussing them with the patients and service users involved, at our teams meetings and regular Mortality and Morbidity Meetings. We also share learning messages across the Trust and regionally. What we have learnt from our incidents are also discussed at Senior Management Team Meetings.



**Incidents**

In 2017/2018 the Southern Health and Social Care Trust recorded **13,297** incidents in total.

**A breakdown of the top 10 incidents below:**



**The Trust carries out Quality Improvement work with an aim of reducing the number of incidents and subsequently improving patient care.**

The Governance Department within the Older Persons and Primary Care Directorate (OPPC) recently completed a retrospective review of a sample of 50% of all post falls proformas which had been submitted to the HSCB. These proformas are reviewed as part of the Regional **“Thematic Review of Falls,”**

*“to identify learning, themes and trends to ensure both regional and local application of learning.”*

The OPPC review established that any identified learning or improvements realised at the time of the post falls review were implemented immediately rather than waiting for a Retrospective and collated oversight of the trends.

One example of learning shared as a result of an individual review was that for clients newly admitted to a facility there is an increased risk of fall within the first 24 hours as the surroundings are unfamiliar and therefore this needs to be considered and included within the care plan.

### Serious Adverse Incidents

**47 incidents** were categorised as a Serious Adverse Incident (SAI), a breakdown of the Area of Service Failure from the completed SAI's is provided below.

Area of Service	Incident Type	2017-18
Checking and oversight	Medication	0
	Test results	0
Equipment Related	Necessary Equipment Misused or misread by practitioner	1
	Necessary equipment not available	0
Prevention	Inpatient falls	1
Management of deterioration	Acting on or recognising deterioration	3
	Giving ordered treatment/support in a timely way	0
	Observe / review	0
No Area of Service Failure	No Area of service failure (a large number of these investigation are suicides)	21
Other	Other	2
SAI investigation in progress	SAI investigation in progress	19

### Serious Adverse Incident's/Adverse Incidents's: Lesson's Learned

#### Mental Health & Disability Services Directorate

A Tenant who resided in a Learning Disability supported living setting who sourced food, choked and tragically died. The tenant had a previous history of sourcing food and displayed behavioural changes in the weeks prior to the incident which would have warranted an escalation of the risks to senior staff and the completion of a review of the tenant's needs. This review would have allowed an opportunity to consider instituting controls to limit access to high risk foods.

It is of paramount important that all individuals who present with changing needs are reviewed and re-assessed through the Multi-disciplinary team. The review must be inclusive and if a change in risk is identified then the required actions/ interventions to maximise safety but ensure the least restrictive practice are implemented, written up in the individual's care plan, taking account of the human rights of the individual and also the human rights of other individuals in the setting.

#### **Learning Identified:**

The review of this case identified learning in relation to:

- ◆ **the involvement of all relevant disciplines in client review meetings**
- ◆ **the consideration of guidelines made by professionals in the wider context of a client's presentation, risks and vulnerability**
- ◆ **staff awareness of the location of equipment**
- ◆ **the need to ensure consistent terminology is used within care plans/support plans and that all staff understand the meaning of recommendations relating to observation levels and the importance of reviewing a client's risk at an early stage whenever there has been a change in behaviour/presentation**

**This learning has been documented in a Safety & Quality Learning Letter and was shared around the SHSCT**

## Children & Young People's Directorate

A child with a background of health conditions. Attended the Emergency Department presenting with increased work of breathing and grunting. The child was reviewed and discharged home with a diagnosis of a viral upper respiratory tract infection. The child re-presented to the Emergency Department with vomiting and was admitted to the Paediatric Ward. The child tragically passed away later from pneumococcal sepsis caused by (a non-conjugate vaccine serotype).

### ***Learning Identified & Improvements made in relation to the learning and recommendations from this SAI***

The key learning points from this Serious Adverse Incident focused on:

- ◆ **Strengthening assessment, analysis and escalation procedures for management and identification of deteriorating children and facilitation of discussion with senior medical staff**
- ◆ **The area of communicating with parents was recognised as a learning point from this case, including ensuring clarity of understanding when conveying difficult information to parents and providing training for staff in this area of practice**
- ◆ **The case also highlighted the need for clinical and nursing decisions to be documented within the patients clinical records**
- ◆ **There was high level of family engagement throughout the SAI process and the Trust have gained valuable feedback from the family in relation to their experience of the process.**

The Southern Trust would like to extend gratitude to the family who have kindly agreed to participate in a video to help us share learning in The Trust and wider HSC.

[Please Click Here](#) to access the video.



# 2

## Strengthening

## The

## Workforce



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

**Quality Improvement**

# Quality Improvement



The Department of Health set a target that by March 2018, 30% 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 2017/18 as follows:-

**Q2020 Attributes Framework Level 1 through e-learning package:-**

**847** staff have completed the Trust's Introduction to Quality Improvement & Quality Improvement Foundation e-Learning modules as at 31<sup>st</sup> March 2018

**110** staff completed the Regional 'Quality 2020 Attributes Level 1' e-Learning module as at 31<sup>st</sup> March 2018

**Total - 957**

**Q2020 Attributes Framework Level 1 through bespoke development:-**

**295** staff have achieved Level 1 of the Q2020 Attributes Framework as part of the Trust's Patient Client Experience training and bespoke face-to-face sessions

**696** staff attended the Trust's Quality Improvement Sharing Events

**881** Domiciliary Care Workers have achieved Level 1 of the Q2020 Attributes Framework though completion of the QCF Level 2 Award

**157** staff achieved Level 1 of the Attributes Framework as part of the NISCC Induction

**326** Doctors have achieved Level 1 of the Attributes Framework as part of the Medical Revalidation process

**Total - 2355 staff have achieved Level 1**

In addition, 331 staff have achieved Levels 2 and 3 of the Q2020 Attributes Framework:-

**40** staff completed the Quality Improvement Leader e-Learning module (Q2020 Level 3)

**87** staff completed the Trust's Middle Manager Programme - ILM Level 5 (Q2020 Level 2)

**41** staff completed the Quality Improvement Foundation Programme (Q2020 Level 2)

**19** staff have completed the Quality Improvement Leader Programme (Q2020 Level 3)

**129** staff completed the Trust's Leadership Development Programme  
'Taking the Lead' (Q2020 Level 2)

**15** staff completed quality improvement programmes including IHI Personal Advisors, IHI Improvement Advisor and the Scottish Quality and Safety Fellowship Programme.  
(Q2020 Level 3)

**Overall total for Q2020 Level 1: 3643 staff (29.4%)**

**Overall total for Q2020 Level 2: 257 staff (2.1%)**

**The workforce baseline figure is 12,381 as per TDP/OGI Target.**



SHSCT staff who achieved **Quality Improvement Foundation and Quality Improvement Leader Accreditations** were awarded OCN certificates at a celebration event on 1st February 2018. They were joined by members of their teams and the Continuous Improvement Team who design and teach the courses.

Nineteen staff completed the Foundation course and a further 13 staff achieved the Leader accreditation.

Staff completed a variety of service improvement projects including:

- ◆ **Improvement in servicing and repair of community equipment**
- ◆ **Implementation of the Dementia Navigator Service**
- ◆ **Improving the effectiveness of following up on outstanding invoices in the Finance Process Manager system**
- ◆ **Establishing a peer support group for individuals living with dementia**
- ◆ **Devising a training programme for new staff in Domestic Services**



**Introduction to Quality Improvement** is for anyone involved in providing care and services for patients, service users and their carers. It is a systematic approach using evidence based models, tools and techniques to improve the quality of our service.

The Continuous Improvement Team can meet with teams / groups of staff to discuss the benefits of, and assist with accessing Quality Improvement programmes and tools.



*Pictured are members of the Trusts Physiotherapy team who recently attended an Introduction to Quality Improvement E-Learning session*

### Induction & Corporate Mandatory Training

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.

A comprehensive Induction is achieved by dividing the process as follows:

#### **Corporate Induction:**

Staff develop an understanding of how the Trust works including its vision, values, priorities and objectives. This should equip them to carry forward, into their workplace, enhanced knowledge of the services provided by the Trust as a whole, awareness of Trust policies, procedures and guidelines and signposting to where important information can be found.

#### **Departmental Induction:**

The aim is to help the new member of the team to settle in quickly and become a productive and efficient member of staff within a short period of time. Departmental Induction is therefore be related to the needs of the individual in order to enable them to adapt to their new position.

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 2017/18, Corporate Induction transitioned from face-to-face to online training. An interactive, informative online publication, referred to as the Trust's '**Corporate Welcome**', was developed which utilised technology to enhance learning.

In transitioning from face-to-face to online training, the Trust wanted to refocus the largely disproportionate time and associated costs of the Corporate Induction into a cost and time effective solution, that would also provide a more consistent and engaging new starter experience while making the best use of resources.

Staff receive a timely and appropriate Corporate Welcome as soon as possible after commencing employment with the Trust and at a time that best suits them and the needs of their service. This online approach provides employees with a resource they can refer to as often as they need.



Feedback has been positive with staff remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design.

**Click on the image shown to view the Corporate Welcome.**



## Corporate Mandatory Training

**Corporate Mandatory Training** - work on improving compliance in this area continues.

Following an Internal Audit Report Directorates have set targets for each of their Divisions in relation to compliance for each subject. Initially all areas are to have achieved **60% compliance** by the end of June 2018, with areas who have already achieved this figure setting a percentage increase dependent upon the current level of compliance.

On a Trust wide basis all Corporate Mandatory Training subjects continue to meet the rates of compliance during 2017/18, i.e. all subjects have met the **Internal Audit target of 60%** (except Induction which has been increasing across the last year). Work has commenced to streamline the Training Needs Analysis (TNA) process to code each job and the training required which should further increase accuracy of the TNA and hence the reports. Programmes are offered across a six month period to allow better forward planning for both staff and managers, with trainers delivering site/role specific training.

Throughout the Trust it is recognised that different staff groups require various types of essential training, although the following elements have been identified as **Corporate Mandatory**, ie all staff within the Trust require each element of training which will be delivered in a method applicable to the roles and responsibilities of their post. In 2017/18 all areas with the exception of Fire Safety (decrease of 1%) and Infection, Prevention and Control (decrease of 4% - due to the introduction of new training tiers across the last year) demonstrated improved compliance rates.

### Compliance Rates in 31<sup>st</sup> March 2017 and 31<sup>st</sup> March 2018

<b>Corporate Mandatory Training Element</b>	<b>% Compliance as at 31<sup>st</sup> March 2017</b>	<b>% Compliance as at 31<sup>st</sup> March 2018</b>	<b>Variances %</b>
<b>Information Governance*</b>	n/a	<b>74%</b>	
<b>Data Protection</b>	<b>78%</b>	n/a	
<b>Records Management</b>	<b>72%</b>	n/a	
<b>Fire Safety</b>	<b>69%</b>	<b>68%</b>	<b>-1%</b>
<b>Safeguarding</b>	<b>71%</b>	<b>81%</b>	<b>+10%</b>
<b>Moving and Handling</b>	<b>65%</b>	<b>68%</b>	<b>+3%</b>
<b>Infection, Prevention &amp; Control**</b>	<b>68%</b>	<b>64%</b>	<b>-4%</b>

\* Information Governance was introduced on 6<sup>th</sup> April 2017 and is an amalgamation of Data Protection and Records Management – we do not have figures to compare like for like as at this date

\*\* Infection, Prevention and Control – introduced new Tiers of training in June 2017. Relevant staff are now required to complete an e-learning module, followed by a face to face training session, other staff are required to complete an e-learning module appropriate to their job role

The Trust offers a range of Accredited and Non-Accredited training to help staff build on their existing skills and experience while supporting PPI Practice. To access a brochure please visit <https://view.pagetiger.com/Education-Learning-and-Development/Brochure> or see below:

### **SKILLS DEVELOPMENT PROGRAMMES:**

#### **1. Q2020: Attributes Framework Level 1**

'Quality Improvement and Safety is everyone's job and it is essential for us all working, or training in, Health and Social Care to understand the importance of delivering person-centred, quality care to our patients and service users' (Quality 2020 Framework).

This training will introduce staff to the meaning of quality in their work and highlights the critical role staff play in improving the services they provide across the Trust.

To access the Trust's e-learning platform, please visit [www.hsclearning.com](http://www.hsclearning.com)

Further information on how to do this via the User Guide is available @ <http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm>

Should you have any queries in relation to e-Learning, please contact [elearning.support@southerntrust.hscni.net](mailto:elearning.support@southerntrust.hscni.net)

Alternatively, to book a face-to-face session for a group of staff (approximately 2 hour session), please contact [learning.development@southerntrust.hscni.net](mailto:learning.development@southerntrust.hscni.net)

#### **2. Code of Practice on Protecting the Confidentiality of Service User Information**

The privacy committee developed this module for IGAG (Information Governance Advisory Group). This e-Learning module is aimed at Senior Professional Staff within Health and Social Care. Module 1 covers the Code of Practice on Protecting the Confidentiality of Service User Information and the use and disclosure of personal identifiable information on the direct care of the respective service user.

To access the Trust's e-learning platform, please visit [www.hsclearning.com](http://www.hsclearning.com)

Further information on how to do this via the User Guide is available @ <http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm>

Should you have any queries in relation to e-learning, please contact [elearning.support@southerntrust.hscni.net](mailto:elearning.support@southerntrust.hscni.net)

**3. The Patient Client Experience (2.5 hour session)**

The purpose of this 2.5 hour session is to embed positive behaviours to improve experience in any interaction within health and social care and to ensure consistency in terms of what service users can expect when accessing our services.

The experience of our patients and service users is a recognised component of high-quality care and the increasing evidence and knowledge base in relation to patient and client experience presents a clear message that experience of care is as important to patients and clients as clinical effectiveness and safety, (NHS Institute for Innovation and Improvement). The Patient Client Experience is intended to be positive and to focus on good practice with a view to challenging everyone to do even better.



**167 staff completed this training in 2017/18**

**4. Admin Development Programme (2 day programme)**

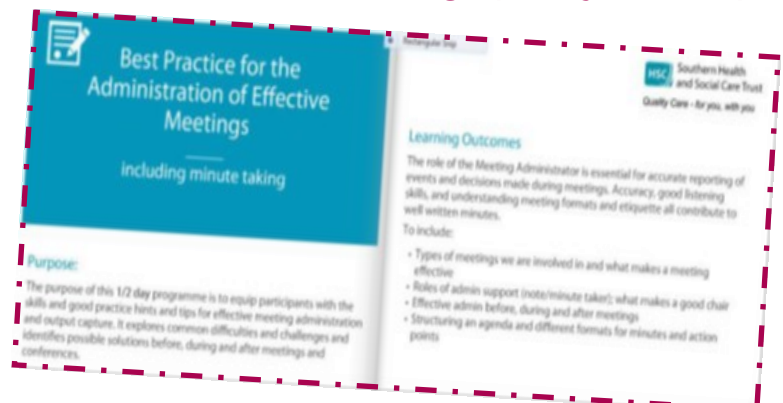


As a result of attending this training, staff should be better equipped to manage their workload, be able to use a range of communication tools effectively and achieve a greater understanding of how service improvement **129 staff completed this training in 2017/18** techniques can be applied.

**5. Best Practice for the Administration of Effective Meetings (½ day session)**

The purpose of this programme is to equip staff with the skills and good practice hints and tips for effective meeting administration.

**55 staff completed this training in 2017/18**





### SKILLS DEVELOPMENT PROGRAMMES:

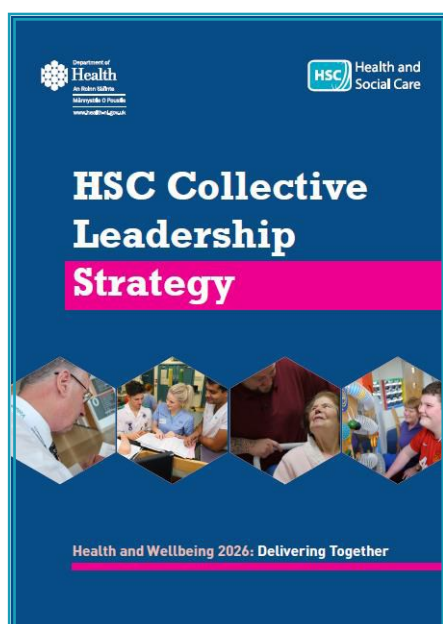
#### 6. Every Conversation Matters (½ day session)

Health and Wellbeing 2026: Delivering Together and the HSC Collective Leadership Strategy refers to developing leadership at all levels; 'a truly collective leadership model' where all those working in health and social care feel able to effect change and improvement in care. This is where communication is key. **"Every Conversation Matters."**

Whether formal or informal, the way in which we all communicate really can make a difference.

The Trust has introduced a practical model to enhance the way in which all people communicate with one another throughout the organisation, with the ultimate aim of improving employee engagement and consequently organisational performance.

**259 staff completed this training in 2017/18**



### HSC Collective Leadership Strategy

The HSC Collective Leadership was recently launched regionally to all HSC Organisations. The Strategy sets out an approach to leadership that will enable a culture of high quality, continuous improvement, compassionate care and support. Many of our staff attended local engagement events to shape the development of the Strategy and the extent of engagement across the HSC during its development clearly shows that this style of leadership is what staff expect of all leaders.

Professor Michael West, a 'critical friend' to the HSC Steering Group who led the development of the HSC Collective Leadership Strategy, delivered a workshop in November 2017 to over 120 leaders across the Trust about what collective leadership is, how it has transformed other NHS organisations and what the actions in the Strategy will mean for us in the Southern HSC Trust over the next number of months.

**Breast Care Nurse, Eimer McGeown** was shortlisted for a prestigious UK wide Nursing Times Award 2017.

Eimer was shortlisted in the category 'Cancer Nursing' for introducing a new group based aftercare service to women following breast cancer treatment.



**Siobhan Rogan won RCN Nurse of the Year Award.** She was nominated for her leading role in establishing Northern Ireland's first community-based fully integrated child and adolescent mental health service (CAMHS) for young people with intellectual disability.

The doors of the new **Craigavon Paediatric Centre** opened prior to the official opening to give staff, service users and public representatives the chance to have a look around before Outpatients services commenced.

The new centre which officially opened as part of an overall £14.5m plan to modernise hospital services for services for children and young people across the Southern Trust.



**Our Renal Unit** based at Daisy Hill Hospital was **ranked first** in the UK Renal Registry for survival of dialysis patients aged 65 and above. The Chairperson of Newry, Mourne and Down District Council, Roisin Mulgrew hosted a Civic reception to pay tribute to the Renal Team and celebrate their success.

**Colm Darby**, Advanced Neonatal Nurse Practitioner for the Southern Trust was awarded **UK Neonatal Nurse of the Year**. The award is for 'outstanding service in the neonatal community' and was presented by the Neonatal Nurses Association.





**Dr David McEneaney, SHSCT Cardiology Consultant, as part of Team Zensor, made the 'final last five' of a \$10 million global competition**



**Team Leader:** Jim McLaughlin

**Team Members:** Jeremy Hamilton, Ian McCullough, David McEneaney, Mary Jo Kurth & Shannon Montague

**To learn more about the team visit their website:**  
[www.intelesens.com](http://www.intelesens.com)

**T**he Qualcomm XPrize competition challenges teams to develop a consumer-focused, mobile diagnostic device based on the medical Tricorder of *Star Trek*® fame. The devices are required to weigh less than five pounds, diagnose and interpret a set of 13 health conditions and continuously monitor five vital health metrics.

Dr McEneaney was the clinical member of a NI Team which developed a device for submission. The Team was shortlisted at various stages from over 300 applicants to the final five in December 2016; a tremendous achievement in a world-wide competition. The device developed was trialled at various clinics at Craigavon Area Hospital and during this time, the results generated were fed via the icloud to a central portal for this competition in United States of America. The device remains available to utilise as appropriate.

**Healthcare People  
Management Association (HPMA)  
Annual Awards 2018**

Ms Jillian Doogan and Ms Louise Rainey, SHSCT Education, Learning & Development Team members were finalists in these prestigious awards.



**Improve**

**Inspire**

**Innovate**



## Paul's Quality Improvement Journey...

**C**ongratulations to Paul O'Neill, Laboratories Training Officer at Craigavon Area Hospital, on receiving the Clinical Audit Poster Prize at FOCUS 2017, the Association of Clinical Biochemistry and Laboratory Medicine National Meeting in Leeds in May 2017. Paul also received high commendation at this years HSJ Awards in London and at the Trust Excellence Awards.

Paul completed the Trusts Quality Improvement Leader course with a service improvement project that looked at identifying causes of turnaround time delay in the Emergency and Clinical Biochemistry Departments. This included investigation of perceived issues with collection and transport of samples in ED and receipt and processing of samples in the laboratory.



### Breast Care Nurses Showcase at Conference



The SHSCT Breast Care Nursing (BCN) Team has transformed breast cancer follow-up via the implementation of a self-directed aftercare pathway which has empowered patients to take control of the management of their own health.

The team have been innovative by introducing improvement initiatives with the aim of improving the overall patient experience in the recovery phase:

- ◆ **Nurse-led Health Needs Assessment (HNA) Clinics**
- ◆ **Health & Well Being Events**
- ◆ **Automated annual review mammography performed in a timely fashion with prompt issue of a “healthy letter” directly to the patient**
- ◆ **Introduction of the Triage phone service directly to the Breast Care Nurses for fast-access back to the Breast Clinic to see the appropriate Consultant**

The Association of Breast Surgery (ABS) held their annual conference for the first time in NI at the Waterfront in Belfast on 15 and 16 May 2017. This was attended by 850+ delegates from all over the world.

The SHSCT had 4 pieces of work submitted by Breast Care Nurses - 2 were accepted for poster presentation and 2 abstracts for oral presentation. This was an excellent achievement by the team who thoroughly enjoyed showcasing their hard work at the event.

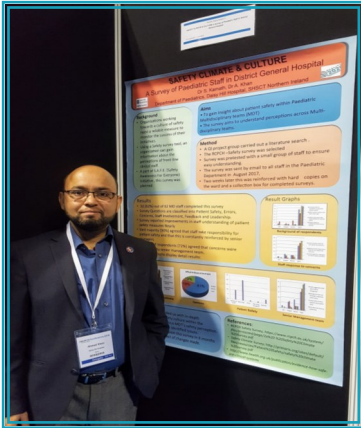




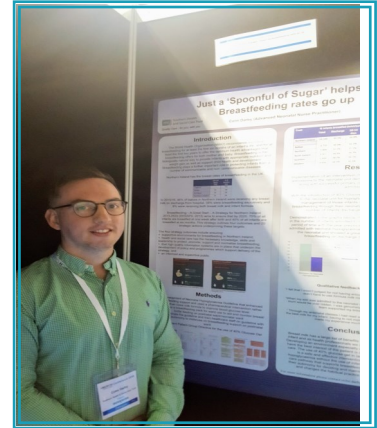
**CYP Quality Improvement Projects recognised UK Wide**

Four QI projects were accepted in Royal College of Paediatrics and Child Health 2018 Annual conference. This year's RCPCH conference was held in Glasgow where thousands of delegates attended from across the world. A number of Medical & Nursing staff attended from SHSCT. The CYP QI projects attracted lot of interest during the conference.

QI projects and their presenters are listed below:-



- ◆ **Senior Safety Walks**  
**Dr A. Khan**
- ◆ **Staff Safety Survey**  
**Dr S. Kamath**
- ◆ **MDT Down syndrome clinic**  
**Dr Z. Abdelrahim**
- ◆ **“Just a spoonful of sugar can help breast feeding”**  
**C. Darby, ANNP**



**Poster Presentation at the Ulster Paediatric Society Meeting**

The Daisy Hill Paediatric team presented a poster at the Ulster Paediatric Society meeting about the experience of using MDT simulation scenarios in Paediatrics but also in Obstetric theatres combining Medical/ Nursing/ Midwifery staff to run neonatal resuscitation scenarios.

“The concept of “in situ” simulation is well known. Our unit has less than 2000 deliveries a year, so Junior/Senior Doctors, Midwives & Nurses don't have frequent real life neonatal emergency experience. Simulation training is relied on to maintain neonatal emergency management skills. We undertake this drill 4 times per year using a wireless and tetherless high fidelity manikin to run Resuscitation scenarios involving Paediatric Medical staff, Midwives & Nurses. We practice transfer to SCBU in the transport incubator and model the handover and transfer of baby for further management. We also run procedural training of immediate complications (e.g. draining pneumothorax). Formal written feedback is shared with the team afterwards and updated relevant guidelines are circulated. The Poster was very well received by all delegates to the conference. Congratulations to all those involved.” Included are some photos of the team and the finished poster.





## Workplace Health and Wellbeing Action Plan 2017/18

### Key Actions as follows:

#### Workplace Domestic Abuse Policy and Guide for Staff and Managers

A new campaign to support staff who may be affected by domestic abuse to seek help was launched on 20/21 December at Craigavon Area Hospital and Daisy Hill Hospital with a new workplace policy and guide.

#### **Director of Human Resources and Organisational Development, Vivienne Toal said:**

*“Last year there were over 5,000 incidents of domestic abuse reported across our area and as such a large employer we are very aware that some of these could have potentially involved our own staff.”*

*“We want to support the wellbeing of our staff and urge anyone who might be affected or who suspects a colleague may be experiencing abuse, to seek help at any time, but especially over the holiday period which we know can be particularly stressful for anyone in these circumstances.*

*“As health and social care professionals many of us know how to recognise the signs of domestic abuse and how to get support. However, it is important for us to be mindful that as well as our patients and clients, it could actually be a colleague who is experiencing abuse.*

*“We hope that this new guidance helps to give staff the confidence to reach out to support each other and indeed to protect themselves from the threat of abuse.”*

The new policy and guide explains what domestic abuse is, how to identify it and what to do if you are experiencing abuse or suspect a colleague may be affected. It also includes a list of support organisations and their contact numbers.

For more information and advice log on to <http://bit.ly/SHSCTDomesticAbuse>

**If you are experiencing or suspect someone else is suffering from Domestic Abuse you can contact the 24 Hour Domestic and Sexual Violence Helpline on 0808 802 1414.**



### Drink Work and Me - Alcohol Awareness Sessions [www.drinkworkandme.com](http://www.drinkworkandme.com)

From November 2017 - end of March 2018, eight awareness sessions were offered to 200 Trust staff members to raise awareness of alcohol and substance misuse. The initiative was delivered by Business in the Community in Partnership with Addiction NI. A session was also offered to managers to make them more aware of the misuse of alcohol among staff and how to start the conversation about this issue and offer support.

### Men's Health Week

A week of activities targeting men was offered during Men's Health Week in June 2017 including:

- ◆ **Men's Health checks offered in the HWB hub in CAH to over 50 men. Social media messages and information on events were shared widely within the Trust area**
- Information on prostate cancer was also shared with staff**
- ◆ **The Southern Area Men's Health Network held a workshop, The Main Man (and Woman) Evening on 23 March 2018 with 55 participants**

### Mental Health

The Trust supported World Mental Health Day (10<sup>th</sup> October 2017) with the assistance of 'Inspire Wellbeing' (previously known as Carecall). The theme this year was workplace wellbeing and three factsheets for improving our working environment were shared with staff on:-

- **How to Get the Work Life Balance Right**
- **Managing Anxiety and**
- **How to Recognise Depression**

During 2017/18, a range of Stress Control classes, Mood Matters awareness sessions and Mindfulness workshops were available for staff who wanted to become more aware of mental health issues and build resilience to deal with life's challenges.

### Physical Activity

A staff survey was conducted in September which achieved 1,562 responses to help inform the way forward in what can be provided to staff in future. Feedback from the survey indicated that while a number of staff avail of the reduced rate memberships with local Leisure Centres, a significant number of staff would welcome activities on Trust sites.

In order to cater for the needs of a wider range of staff, the Trust successfully negotiated special rates for the Health and Leisure Scheme for Trust staff available from 1st April 2018 and will be introducing a new enhanced physical activity programme during 2018.

## **LEADERSHIP & MANAGEMENT DEVELOPMENT PROGRAMMES:**

### **1) New to Line Management (ILM Level 3 Award in Leadership & Management)**

The purpose of this Institute of Leadership & Management development programme is to provide staff with an opportunity to enhance their knowledge and skills as a line manager.

#### ***The qualification is made up of 3 units:-***

- ◆ Understanding Leadership (the role of the line manager, management -v- leadership, understanding personal behaviour)
- ◆ Understanding the Communication Process in the Workplace (methods of communication and how to use them. Self-assessment of their own communication skills and identify areas for performance)
- ◆ Understanding Conflict Management in the Workplace (Managing conflict, emotional intelligence, building resilience)

**To obtain the award participants must complete 3 written assignments.**

**49 staff completed this training in 2017/18**

### **2) Middle Manager Programme (ILM Level 5 Award in Leadership & Management)**

The purpose of this Institute of Leadership & Management development programme is to support participants to develop their knowledge, skills and competencies around a key set of leadership and management behaviours.

#### ***The qualification is made up of 4 Modules:-***

- i) The Leadership Challenge in a changing world
- ii) Managing Improvement for organisational performance
- iii) Becoming an effective leader
- iv) Making professional presentations

**To obtain the award participants must complete 2 written assignments & 1 presentation.**

**34 staff completed this training in 2017/18**



### 3. Taking the Lead Programme - Trust Leadership Development Programme

The overall aim of the Programme is to develop individuals who hold (or aspire to hold) a managerial post within the Southern HSC Trust to enable them to unlock their potential so as they can continue to 'Take the Lead' in their own roles. The content of the Programme is based on real situations and interactive in approach. Participants are encouraged to use the Programme as an opportunity to look at ways of addressing challenges and sharing best practice. As well as providing an opportunity for reflection.

#### *The programme consists of:-*

- ⇒ Healthcare Leadership Model 360 degree questionnaire. Participants gather confidential feedback from line managers, peers and direct reports and then receive a report and a personal feedback session prior to module 1
- ⇒ Participants will identify a work based challenge and introduce a 30 day service improvement project through the duration of the Programme. Participants will apply Quality Improvement knowledge, skills, tools and techniques they learn to diagnose the problem and implement a solution and will then present their project in a poster format at a showcase event at the end of the programme
- ⇒ Participants will be assigned a Southern Trust Coach who is professionally trained to provide confidential, one-to-one Coaching to support participants during the Programme
- ⇒ Participants are given a comprehensive overview of the Trust and how we work, via a suite of masterclasses. Each module is aligned to a key area of managerial responsibility including Finance, Governance, Human Resources and Organisational Development and Service Improvement

**51 staff completed this training in 2017/18**

### 4. Trust Coaching Service

During 2017/18 work began to develop the Trust's Coaching Strategy for the next three years. Coaching is increasingly recognised as a powerful tool to help individuals realise their potential and to support positive change in challenging circumstances.

The Trust Coaching service is available to all staff on request but is specifically offered to anyone undertaking the Trust's Leadership Programme 'Taking the Lead', all Band 7 and above New Starts, Service Users on the Quality Improvement Level 3 Award and Social Work Leadership Programme participants.



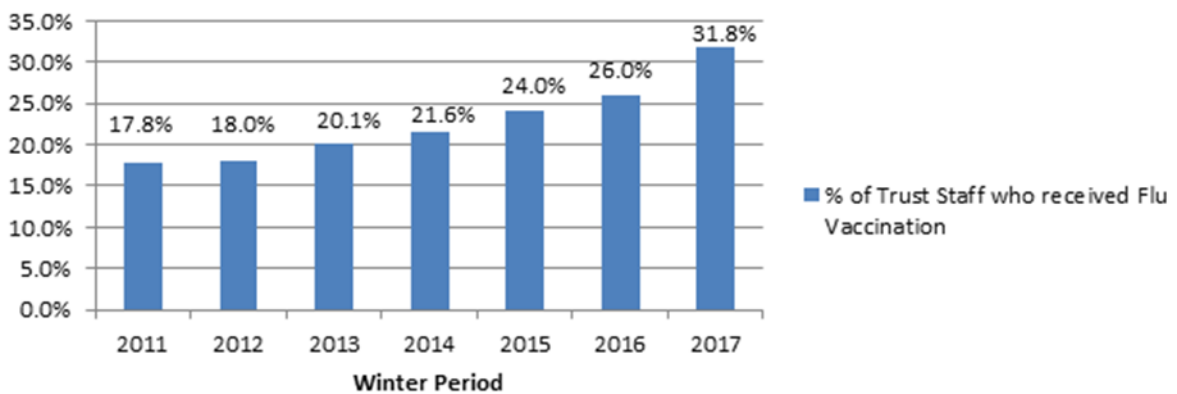
### Flu Vaccine

**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.

**A total of 3676 (31.75%) Trust staff were vaccinated in this year's flu campaign, which is the highest percentage achieved to date.**  
**31.10% (2747) of frontline staff received the flu vaccine.**

Whilst there has been a gradual improvement in flu vaccine uptake year on year over the past eight years, this still falls below the Public Health Agency (PHA) target of 40% of frontline staff.

#### Trust Staff who received Flu Vaccination 2011-2017



## 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:

- ◆ **At the end of March 2018, the Trust completed its first five year cycle of revalidation. The Trust is the Designated Body for 322 doctors all of which were revalidated**
- ◆ **There is now 100% participation by doctors in the Trust's Medical Appraisal Scheme**
- ◆ **The second cycle of revalidation is now well under way with approximately 70 doctors due to revalidate between April 2018 to March 2019**

As part of Appraisal and Revalidation, doctors are asked to reflect on areas of their work including their contribution to the Trust's Mortality & Morbidity processes and must obtain and reflect on feedback from patients and colleagues.

**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](mailto:medical.revalidation@southerntrust.hscni.net)



### Social Work and Social Care

**T**here has been significant activity within the social work social care workforce this year and the registered workforce is now **approximately 3000 staff**. To address the accountability arrangements for the workforce, a Gap Analysis based on the NISCC standards was undertaken to identify any operational/ governance gaps.

Staff engagement was central to this process. A subsequent Assurance and Accountability Framework was developed to ensure there are clear and effective lines of accountability and assurance for the professional governance of the social work and social care workforce in the Southern Trust.

The Framework creates an environment which enables social work and social care practitioners to:

- ◆ **Practice in accordance with the NISCC Standards of Practice and Conduct (NISCC 2015) (a) (b), the organisational vision and corporate objectives to ensure the best possible care and treatment experience for service users and families**
- ◆ **Maintain the standards of conduct and practice to provide high quality services and promote public confidence and trust in social work and social care services**
- ◆ **Be responsible for their continuous learning and development**
- ◆ **Highlight areas of concern and risk if required**

Under the Executive Director of Social Work, a commitment to leadership across the profession continues to be evidenced. A third tailored made Southern Trust Social Work Leadership programme, supported by the Trust Coaching service, commenced in September 2018. In addition, the first regional Southern Trust Social Care Leadership programme for Social Care also commenced in September. Candidates will benefit from the innovative team coach model which is being used for the first time in the Trust

Implementation of the Social Work Strategy continues to support the competence and confidence of the workforce, for example, participation and qualification in the Regional Quality Improvement programme. Innovation under the social work strategy resulted in the Southern Trust winning three award categories at this year's Social Work Awards. Our service users collected the awards on behalf of the staff reflecting the excellent co-production in social work.

## Nursing and Midwifery Revalidation

### Facts & Figures

The Trust employed over 3,100 nurses and midwives (almost 5,000 including Bank Staff) at 31st March 2018.

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

By end of year two (March 2018), 70% of the Trust's Nurses and Midwives have revalidated with the remaining 30% due to revalidate in year three (April 2018 to March 2019).

### What is Nursing and Midwifery Revalidation?

Nurses and midwives are required to be registered with their regulatory body, the Nursing and Midwifery Council (NMC.)

- 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
- Nurses and midwives must then reflect on this feedback with a colleague which is opportunity for these professionals to share, consider and improve their practice and it 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
- The Trust extended the Medical Revalidation Team to encompass NMC Revalidation and it now also provides support to nursing and midwifery staff and their managers on revalidation requirements
- Nursing and midwifery managers receive monthly reports advising when nurses and midwives within their respective areas are due to revalidate in order that they can undertake the necessary preparations
- 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 at all times

### Infection Prevention & Control, Right Patient Right Blood

#### Infection Prevention Control Training & Education

Infection Prevention and Control (IPC) and microbiology is an ever changing world which requires highly specialist knowledge to ensure effective management.

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 and effective prevention & control (IPC) programmes in all health care settings.

The integration of IPC practice in the delivery of patient care is critical to help ensure patients, staff and visitors are protected and kept safe. Good IPC helps ensure that the risk of acquiring a Healthcare-associated Infection (HCAI) in hospital and other Primary Care settings is kept to an absolute minimum. A sub-group was established to take this forward.

In June 2017 the Trust launched an IPC 'blended learning approach' to ALL IPC mandatory training and are progressing the implementation of this.

The training package has been well accepted and 'face-to-face' sessions have been particularly well received with very positive evaluations.

The training package is divided into Tiers: Tier 1, Tier 2a & 2b and Tier 3.

- ⇒ **Hands on contact,' with patients will determine the level of IPC training require and this is what the new IPC training matrix displays**
- ⇒ **IPC continue to work closely with ELD to improve and enhance where possible the IPC mandatory training package**
- ⇒ **IPCT is very open to constructive criticism from all staff with regard to how this resource can be improved. Since its implementation IPC has had 100% positive evaluation**

#### 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 (exceptions are porter staff involved in the collection process who require annual training) and all trained assessors are required to attend theoretical training every 18 months.



### Inquiry into Hyponatraemia-related Deaths

In **January 2018** the report into the Inquiry into Hyponatraemia-related Deaths was published.

The Inquiry which commenced in 2004 identified 96 recommendations to improve healthcare services. In response several regional Department of Health workstreams have been established to take forward important action points. Key workstream groups in areas such as establishing a duty of candour and an independent medical examiner will be chaired by individuals from outside the health and social care system (HSC).

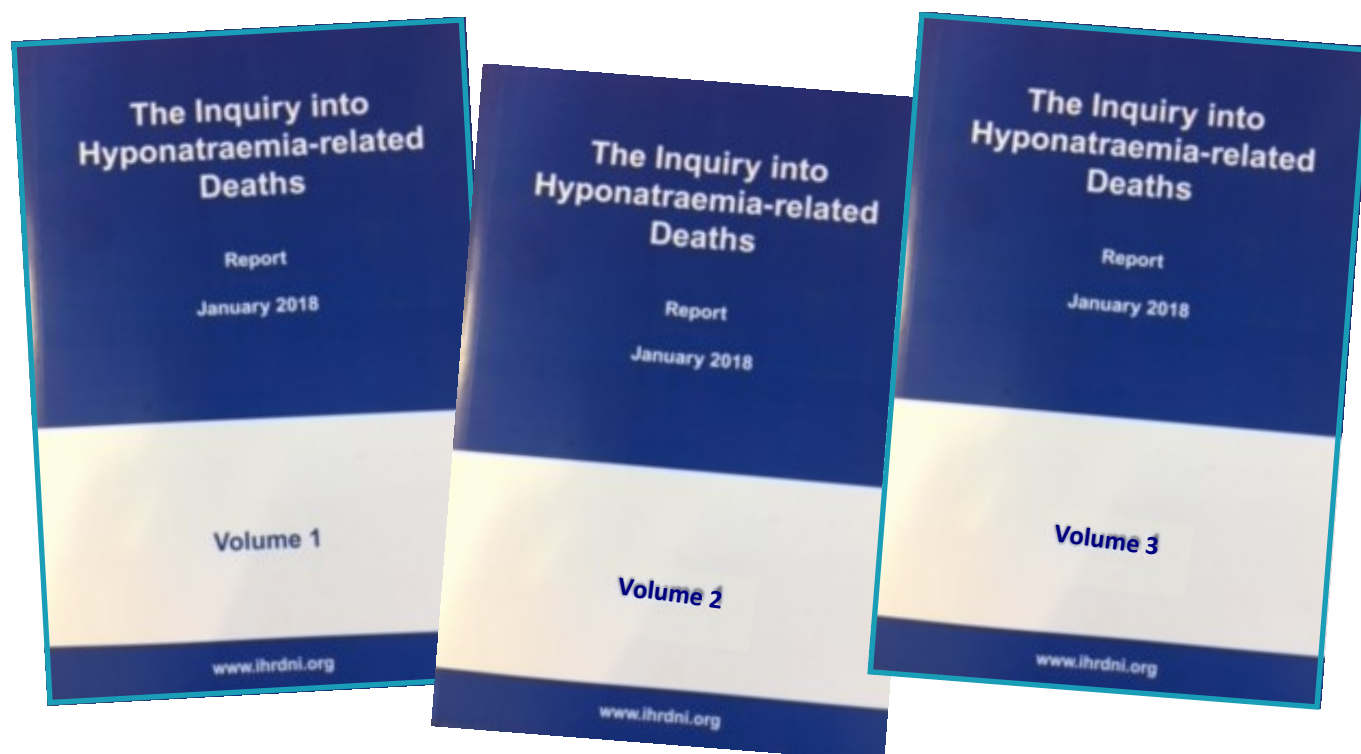
There are 120 actions relating to the 96 recommendations from the public inquiry report which are being taken forward under the auspices of a programme management group.

The regional programme management group includes representation from service users, carers, the voluntary and community sector, the Department and the wider HSC system. The individual recommendations will be taken forward by a number of workstreams and sub-groups whose memberships are made up of individuals from equally diverse backgrounds.

The Trust has established a Trustwide local Hyponatremia Oversight Group which has responsibility to work in partnership with the Department of Health to implement the recommendations.

The progress on its work is discussed at SMT and Trust Board meetings.

The full report into the Inquiry into Hyponatraemia-related Deaths is available at <http://www.ihrdni.org>



# 3

## Measuring

## the

## Improvement



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

### Hand Hygiene

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

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

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

Whether it is soap and water used to wash hands, or an alcohol hand rub.

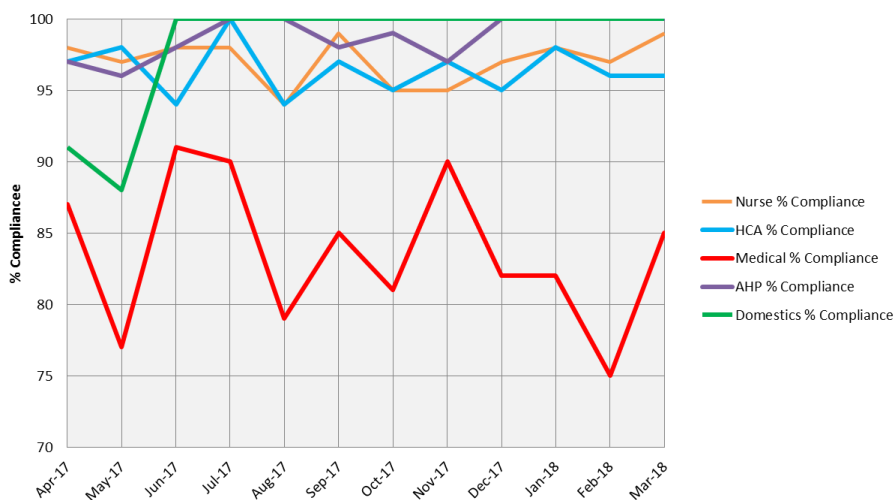
**Hand Hygiene is everyone's business.**

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. This is based on the **WHO 5 Moments** for hand hygiene.

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

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

**Hand Hygiene Compliance by Staff Grouping  
April 2017 - March 2018**



- ◆ **Compliance data is available and accessible by all staff in the Trust**
- ◆ **IPC compliance 'dash-boards' are created and can be consulted by all staff at any time**

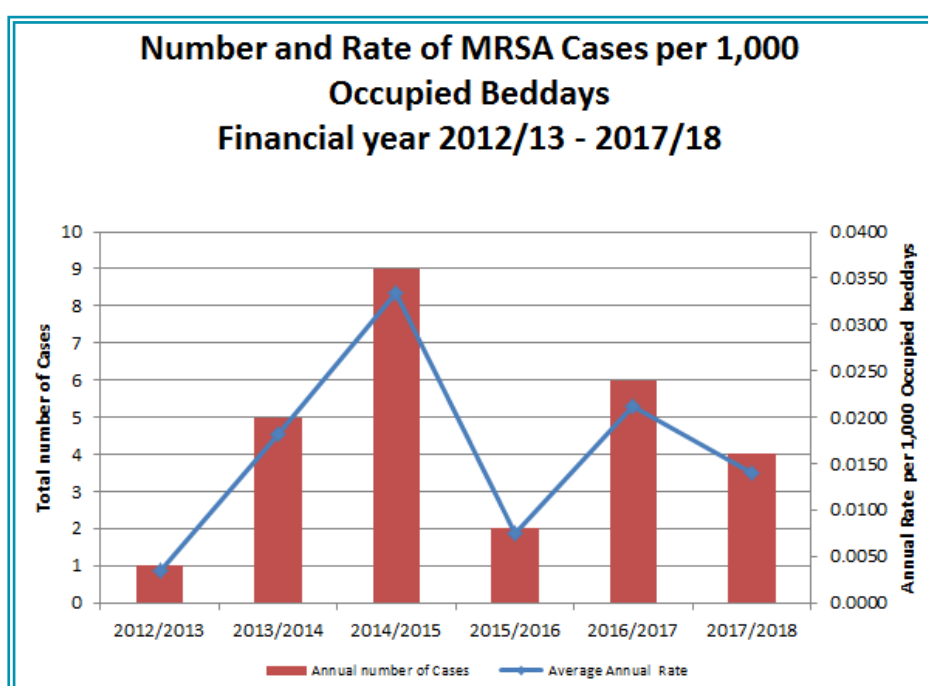
- ◆ We will continue with collaborative working with all staff across the Trust in independent hand hygiene audit.
- ◆ We celebrated World Hand Hygiene day in conjunction with key stakeholders such as the World Health Organisation & the Public Health Agency. This is an annual event that involves staff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

## 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 on 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 2017/18 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 2017/18 was 4 cases
- ◆ During 2017/18 there were 4 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.



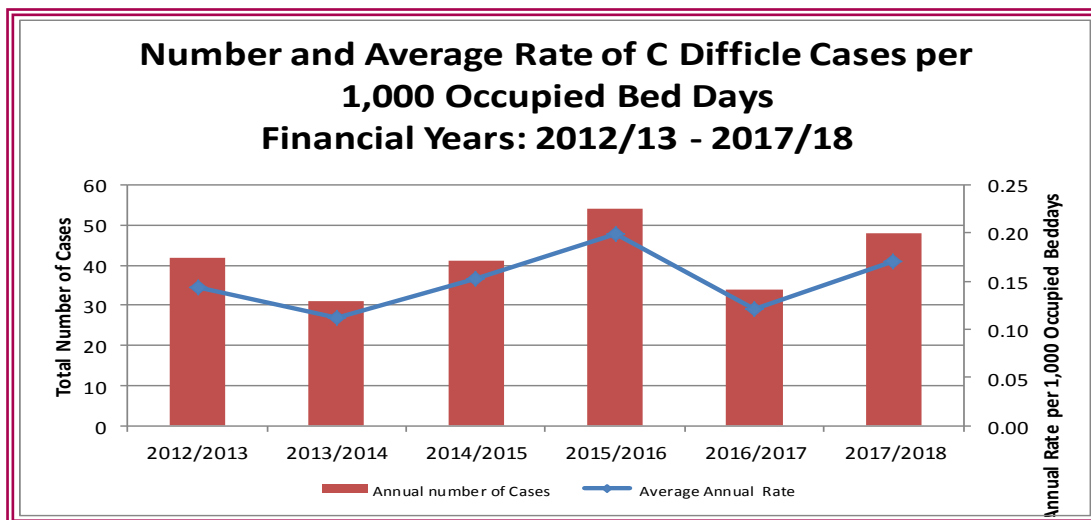
Reducing Healthcare Associated Infection: Clostridium Difficile Infection (CDI)

**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.

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.



**Facts & Figures**

- ◆ The Southern Trust CDI incidence rate was higher than usual for 2017/18. Complex clinical needs of patients and other extraneous factors impacted on the number of cases
- ◆ The Southern Trust’s objective/goal for improvement (OGI) for Clostridium difficile in 2017/18 was 31 cases. There were 48 cases of CDI in 2017/18
- ◆ The Trust continues to conduct a strict surveillance programme on CDI cases. The Infection Control Team (IPCT) reviewed all 48 cases and a thorough investigation was carried out on each case through a Root Cause Analysis (RCA.) A database of shared learning is created through this process

## Falls Prevention

Patient falls is the most common safety incident in hospitals.

Falls can set back the recovery of a patient and can cause complications.

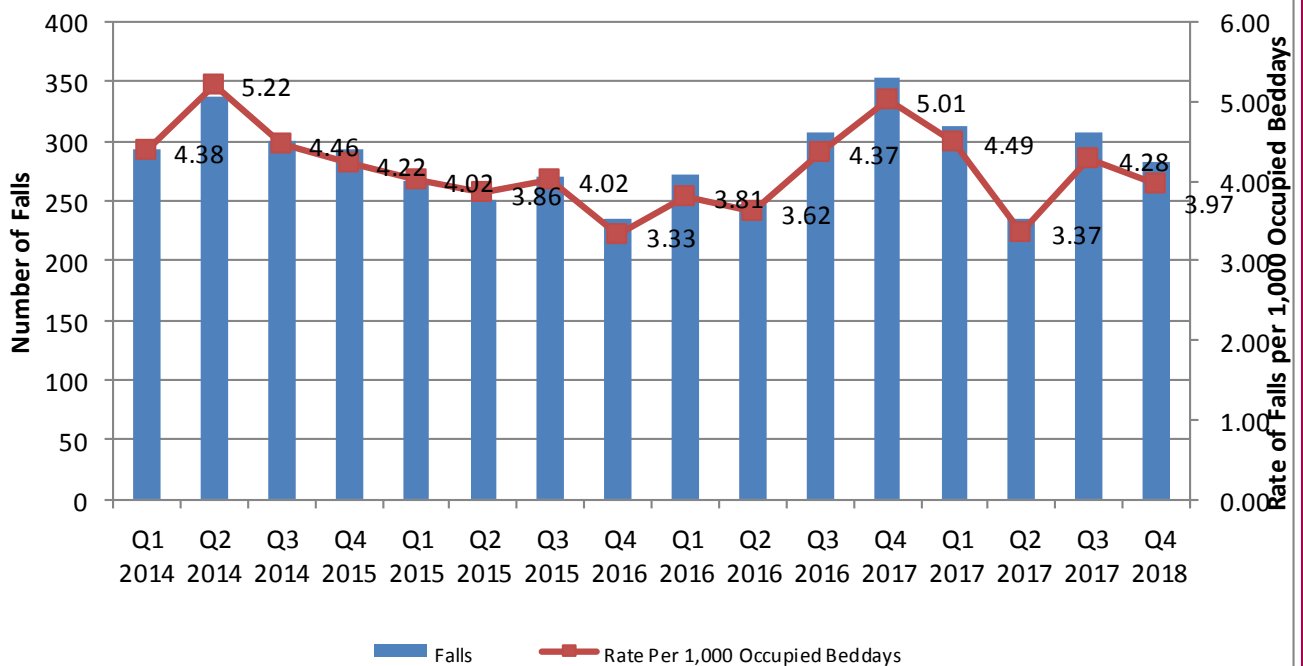
Falls are not always preventable. The Trust aims to reduce the level and severity of falls in our hospitals as a measure of quality and ensure the risk of falls is being managed well.

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.

### Number and Rate of Falls (April 2014 - March 2018)



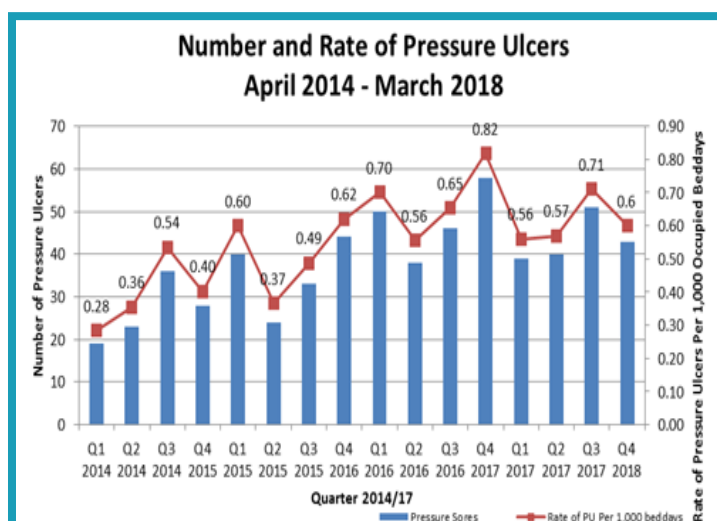
### Pressure Ulcers

**A pressure ulcer** is localised injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear. Pressure Ulcers are a largely preventable adverse event and an important measure of quality of care within a healthcare organisation. The impact of Pressure Ulcers is psychologically, physically & clinically challenging for both patients and staff.

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.

#### A Pressure Ulcer Data:

- ◆ This graph shows that the Trust recorded 173 “Hospital Acquired” Pressure Ulcers in 2017/18, compared to 192 in the previous year 2016/17, which represents a 10% decrease
- ◆ 26 of the 173 total of “Hospital Acquired” were graded 3 & 4 (deep wounds), which equates to 15% - the same percentage as the previous financial year
- ◆ A review of the 26 cases was carried out, with 6 cases been deemed to have been avoidable. This represents 3% of all cases reported in 2017/18



#### What Next?

- ⇒ **The focus will remain on Grade 3 & 4 “Hospital Acquired” Pressure Ulcers. A review of all these cases will be undertaken in 2018/19 to determine if they were avoidable/unavoidable. These 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**
- ⇒ **The focus has also switched to the Community Setting. The SKIN Bundle is being spread to all District Nursing Teams with a view to reduce the number of avoidable “Community Acquired” Pressure Ulcers**
- ⇒ **Workshops in Pressure Ulcer have been delivered to all 7 District Nursing Teams**
- ⇒ **A Regional E-Learning package for all healthcare staff is being developed**
- ⇒ **Pressure Ulcer “drop-in” Education Days were held across the Trust in March 2018 & proved to be very successful & the aim will be to make this an Annual Event. Furthermore focused Ward based awareness training will continue to be delivered in 2018/19**
- ⇒ **The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day to increase awareness for pressure injury prevention and to educate the public on this subject**

## 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 below:-

### 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 & Daisy Hill Hospitals.

Changes and enhancements can be made if learning arises e.g. DATIX reporting.

### Facts & Figures

#### Trust Overall WHO Checklist Bundle Compliance

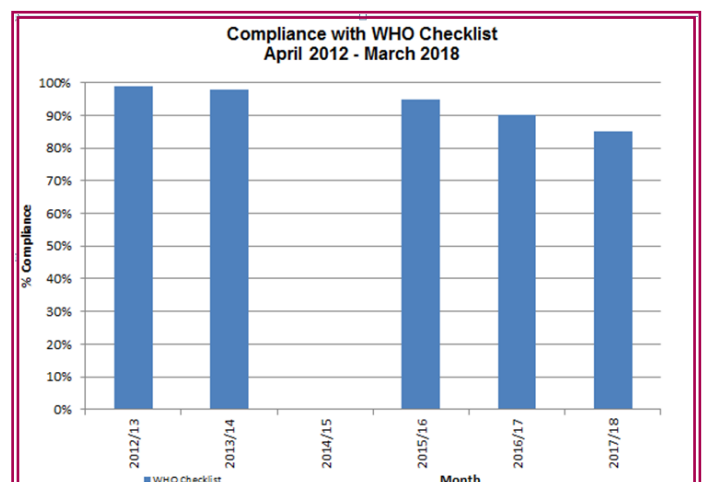
**2017/18: 85%**

**2016/17: 90%**

**2015/16: 95%**

#### Planned Actions 2018/19

- ◆ Audit outcomes to be reviewed with Lead Nurses
- ◆ Reinforce with staff the need for 'full' completion of checklist to reduce audit non-compliance rates
  - \* Checklist not signed or dated at the 3<sup>rd</sup> stage
  - \* Risk of >500ml blood loss not completed at stage 1
  - \* Stage 3 not completed



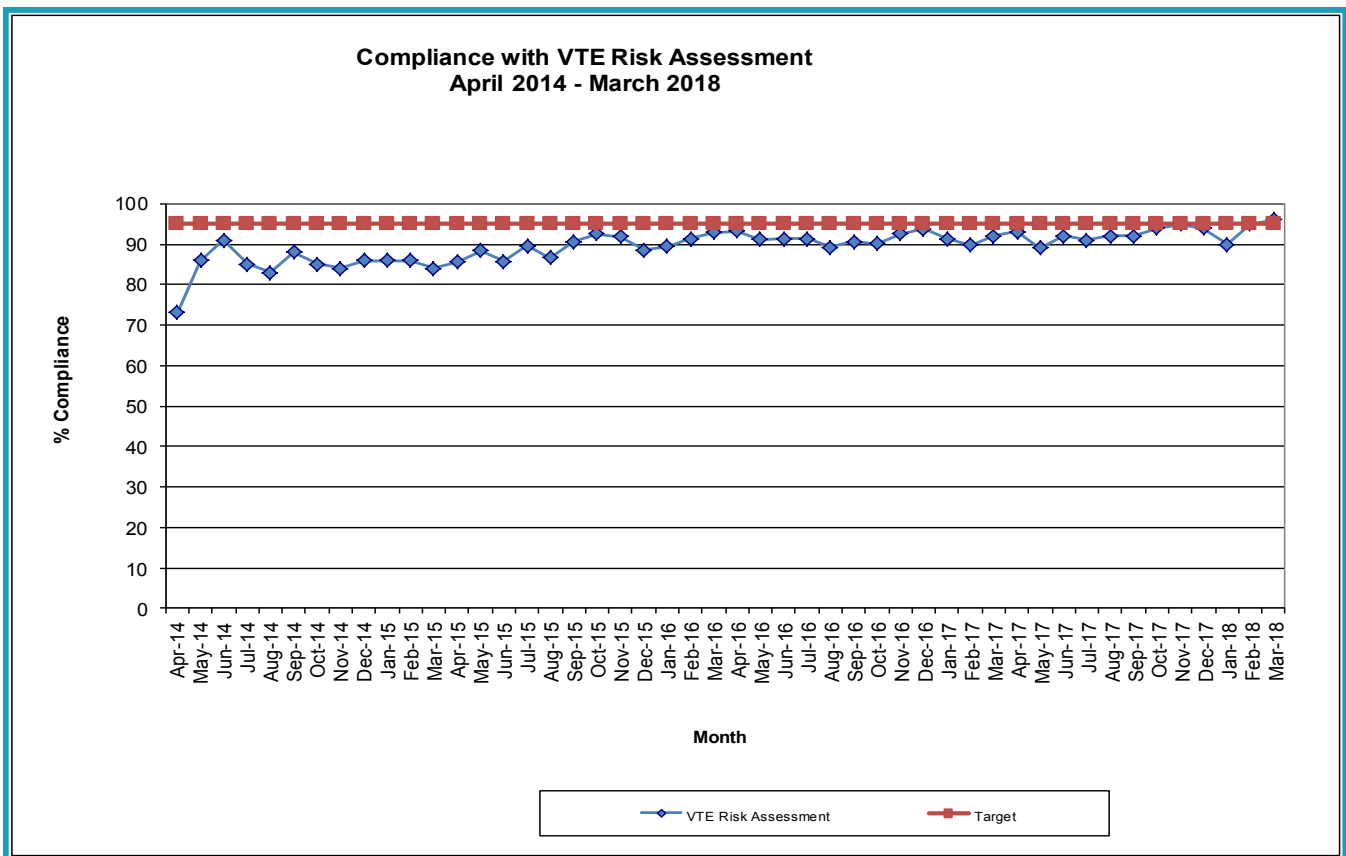


### What is a deep vein thrombosis and pulmonary embolism?

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.



### Facts & Figures

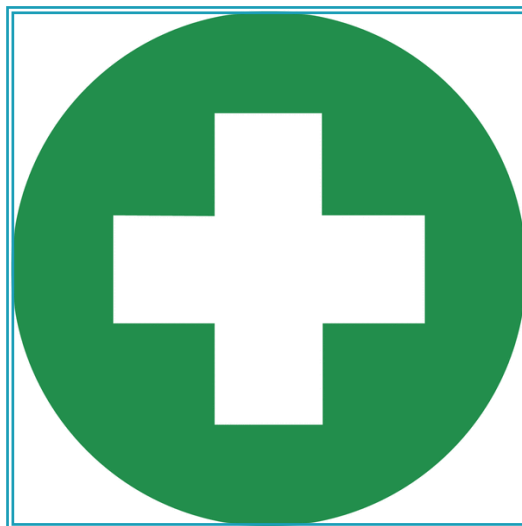
- ◆ The positive impact in the 2015/16 compliance rate was the move to include the Regional VTE Risk Assessment in the new Regional Kardex
- ◆ The Regional VTE Leaflet, **“A Guide to Preventing Blood Clots”** was reviewed and modified in 2015 and issued in January 2016, and is available in all wards across the Trust

Medicines Management

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.



**Facts & Figures 2017/18**

- ◆ 49% of patients whose medicines were reconciled by a pharmacist on admission. This is a 2% improvement on the position for 2016/17
- ◆ 36% of patients whose medicines were reconciled by a pharmacist at discharge. This is a 7% improvement on the position for 2016/17

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

### Anticoagulation

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

Many patients on warfarin are looked after by their own doctor. However for patients who are newly started on warfarin or where their dose is very variable, they attend an anticoagulant clinic at the hospital. These clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals and there have been many developments in these clinics over the years. Previously blood samples were taken from patients, sent to the laboratory for analysis and then patients would later be contacted to inform them of their dose of warfarin. For several years now, technology has been used where blood samples are analysed in the clinic allowing patients to be advised of their doses while they are still at the clinic.

During 2017/18 the oral anticoagulant prescription and referral form was incorporated into the electronic discharge letter. Once warfarin is prescribed on the discharge letter the form is generated and all information must be completed before the form can be authorised. This provides the patient's GP and anticoagulant clinic with a record of the last five INR's and warfarin doses. It also gives the patient's warfarin dose at discharge, date of the next INR check. This is a more reliable method of communicating with the patient's GP than the previous paper format.

### Insulin

**D**iabetes 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.

The **Safe Use of Insulin Group** continues to meet and review guidelines and protocols to support the safe use of insulin.

### Future Plans

During 2018/19, a program is planned to improve safety in the administration of insulin on wards. Clinical sisters on each ward will be nominated to participate. This programme will involve a two monthly education event and coordinate ward based audits, on-line learning and monitoring and review of omitted doses on their ward.

### Omitted and Delayed Doses in Hospital

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

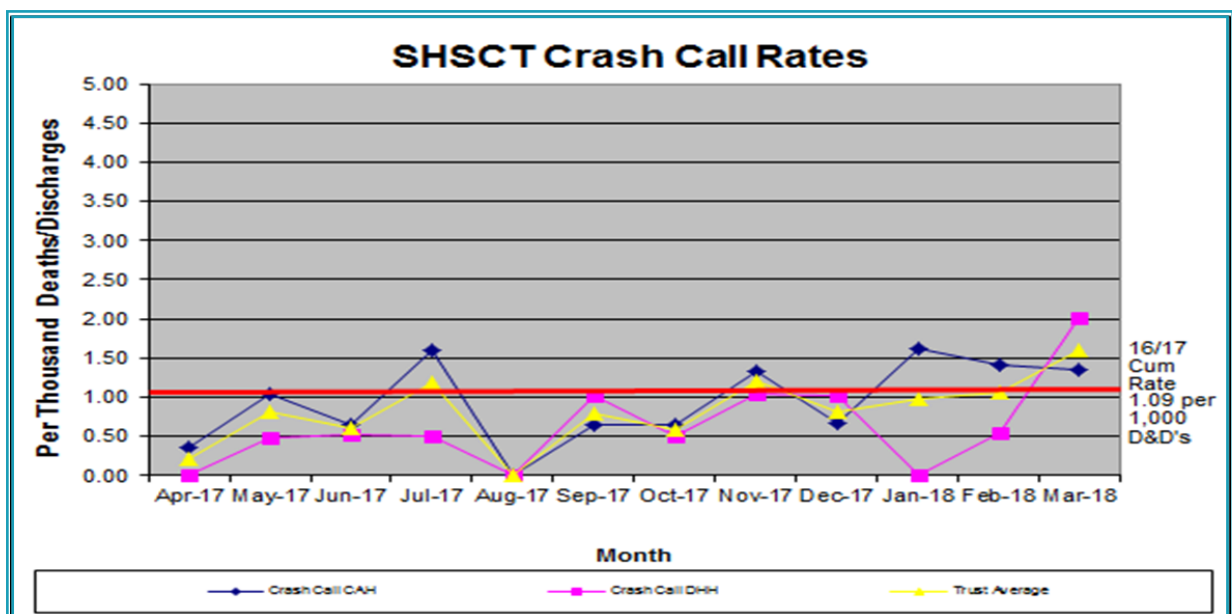
The Rapid Response Report highlights that for some critical medicines, an omitted or delayed dose can lead to more serious harm. Particular attention should therefore be given to reducing inappropriately omitted and delayed doses of critical medicines.

The percentage of omitted and delayed doses was 9.6% in May/June 2018, a modest increase from 8.2% in May 2017. The percentage of omitted and delayed doses of critical medicines was 0.7% in May/June 2018, an increase from 0.6% in May 2017. 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 2.5% in May/June 2018. This represents an increase from 2.3% in May 2017. The percentage of inappropriately omitted and delayed doses of critical medicines was 0.4% in May/June 2018, an increase from 0.3% in May 2017. The critical medicines most commonly involved were anticoagulants, anticonvulsants and anti-infectives.

Therefore this audit demonstrates a small increase in both the percentage of inappropriately omitted and delayed doses of all medicines and also for inappropriately omitted and delayed doses of critical medicines. Work continues among ward teams to minimise inappropriately omitted and delayed doses of medicines for patients.

### Trust Crash Call Data Apr 17 → March 18



The Trust’s Cumulative Crash Call Rate for 17/18 was **0.82** per 1,000 deaths / discharges (**49 Crash Calls**) down from **1.09** per 1,000 deaths/discharges (**63 Crash Calls**) in 16/17.



4

Raising

the

Standards

## Mortality and Morbidity

**E**very day, the Southern Trust treats and cares for hundreds of patients. Many of these patients are very unwell and sadly it is inevitable that some patients die while in hospital, or soon after they leave hospital.

It is now possible to compare the actual number of deaths during or following time in hospital with the expected number of deaths.

The calculations take into consideration the patients age, gender, method of admission, current and underlying condition(s). These calculations are called the Standardised Hospital Level Mortality indicators, or SHMI.

These SHMI calculations allow us to compare how we perform with our neighbouring hospitals and Trusts within Northern Ireland and plot these results into a chart called a scatter plot chart.

The calculations express where hospitals sit against a value of 1.00, with a range above and below this which is considered expected.

The charts on the next page shows us whether the number of deaths we have had falls above or below what we would have expected from each of our hospitals, and the Trust as a whole.

**Our Trust and hospitals are indicated by the blue dots.  
All of the hospitals within the Southern Trust fall within the expected levels for SHMI, which provides an assurance in relation to the outcomes we would expect for the patients we serve.**

Chart 1:

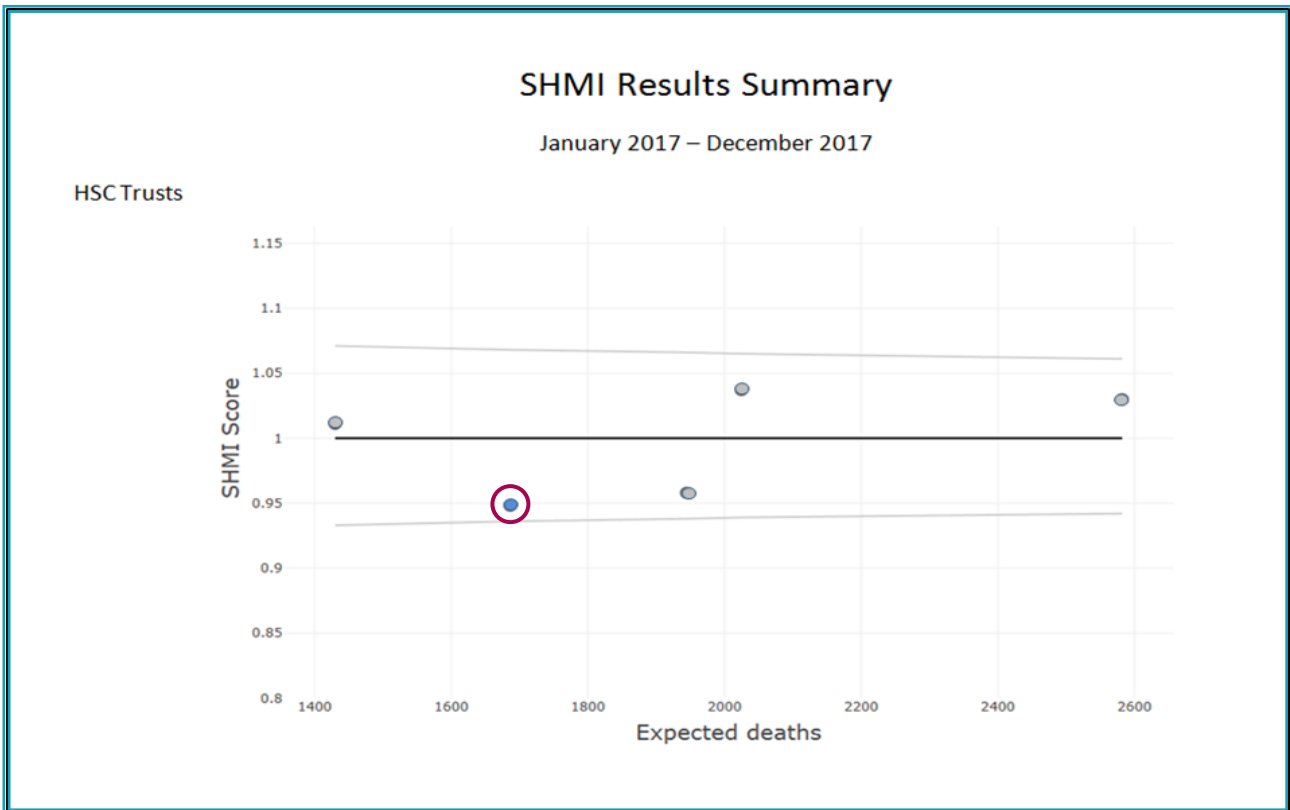
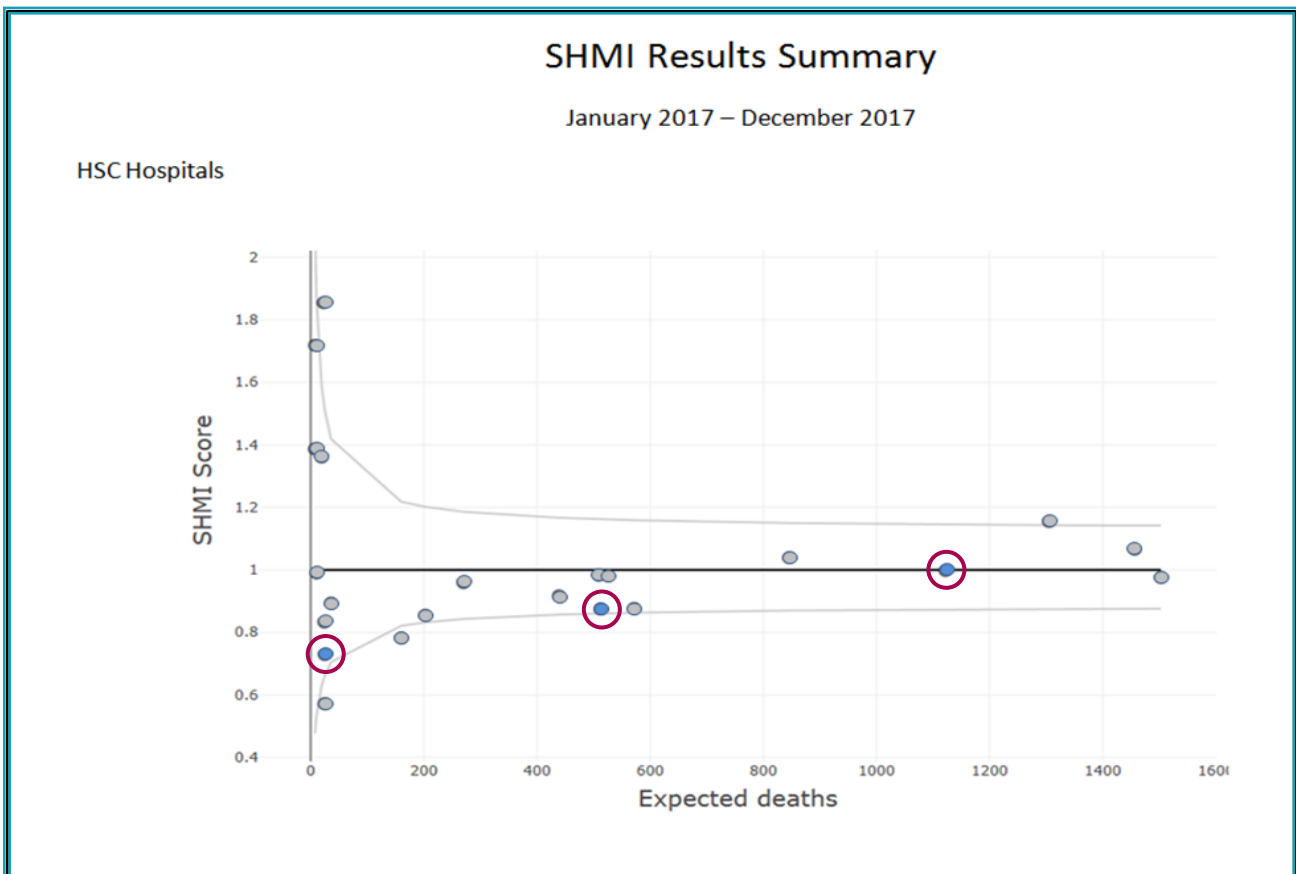


Chart 2 :

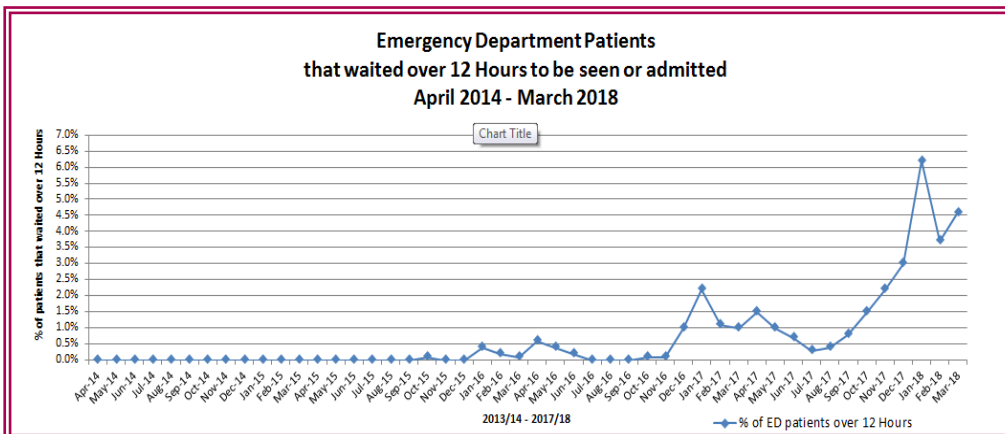
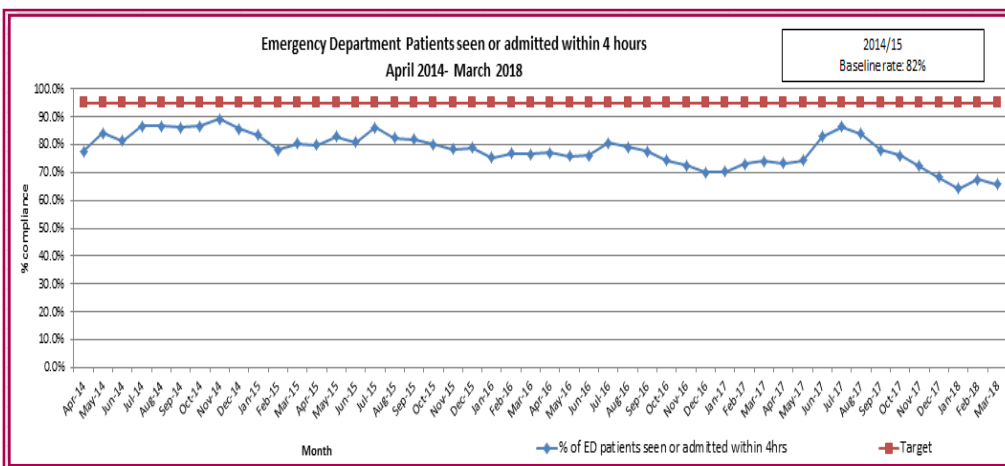


## Emergency Department (ED) 4 Hour & 12 Hour Standards

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, 2017/18 saw an increase in attendances across both our hospital sites and maintaining performance against the 4hr and 12hr standards was challenged.

## Facts & Figures

During 2017/18 there were:-

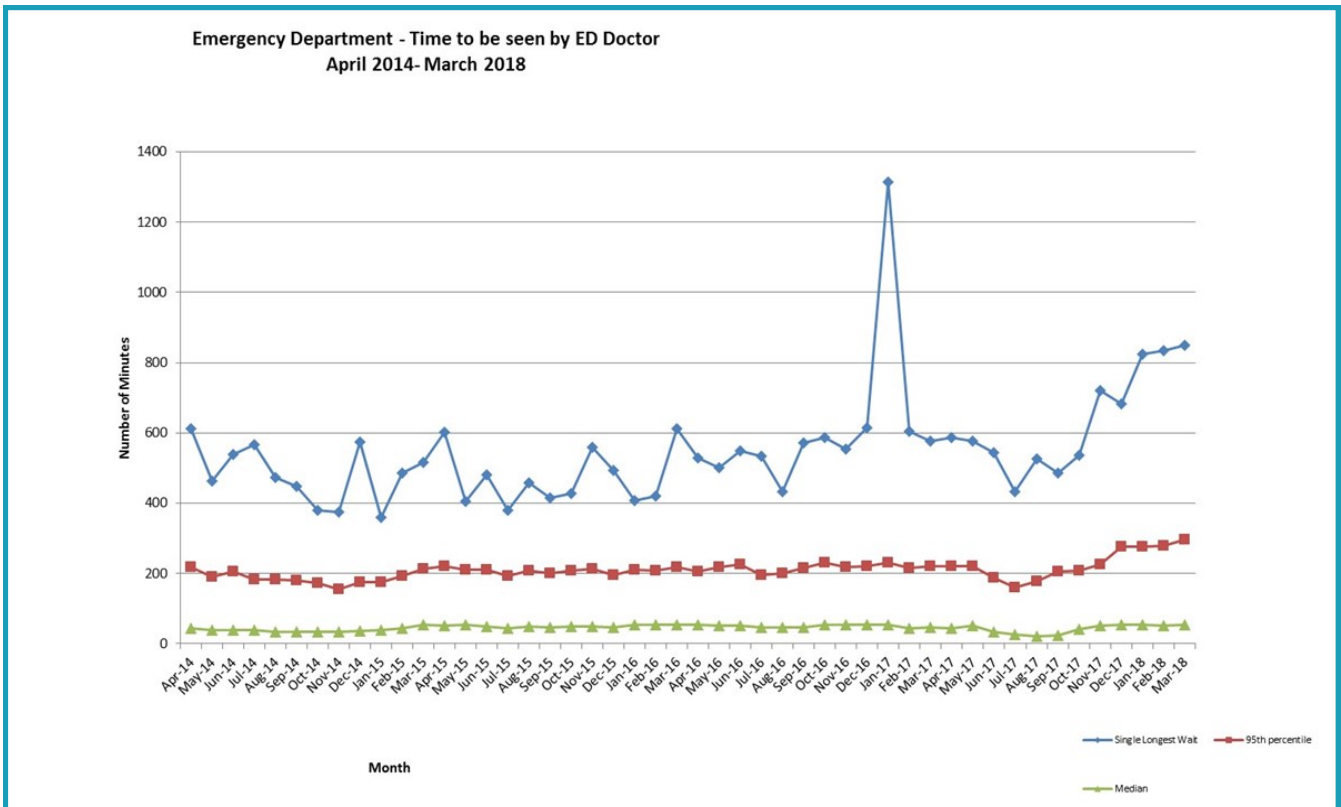
- ◆ 172,339 who attended Emergency Department & Minor Injuries Units
- ◆ 74.5% of these patients were seen within 4hrs
- ◆ 3656 of these patients waited more than 12hrs. This represents 2% of the total patients who attended the Emergency Department and the Minor Injuries Unit



## Time to be Seen by the Emergency Doctor

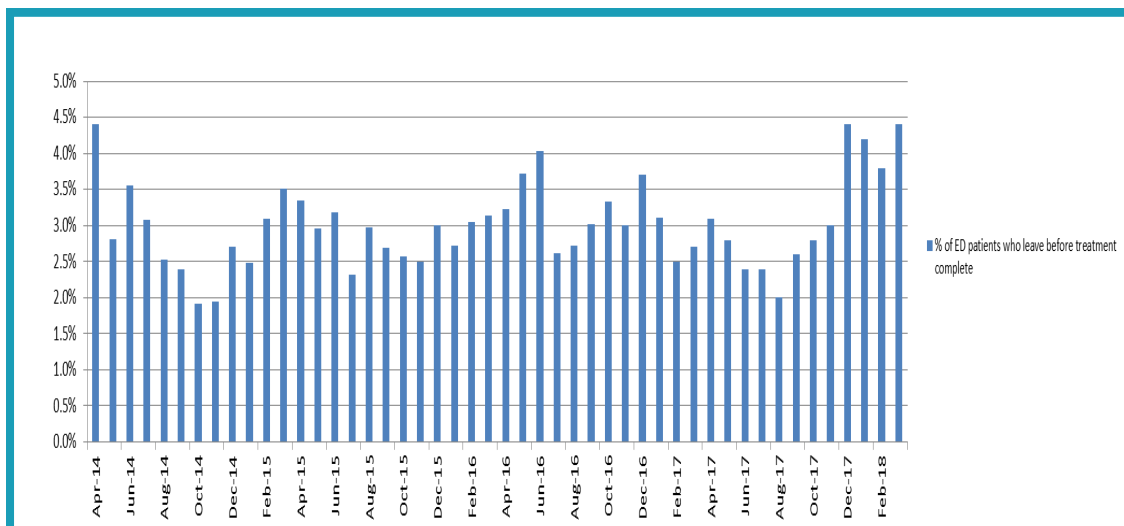
The Trust also measures the time from Triage (or initial assessment) to the time the patient is being examined by a Doctor in the Emergency Department, as outlined below:

**Performance demonstrates an increase reflective of the additional demand experienced in Emergency Departments overall during 2017/18**



**Between April 2017 - March 2018 the monthly average % of patients who left the Emergency Department before treatment was complete was 3.2**

## Emergency Department - patients who leave before treatment complete April 2014 - March 2018



## 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.

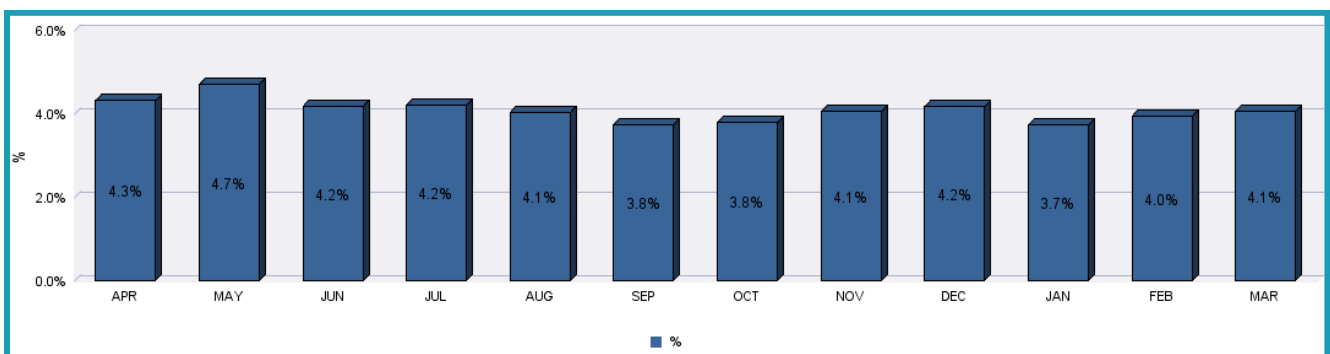
Re-admission can occur for a number of reasons. We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge.

During 2017/18 the Trust's average re-admission rate (within 30 days) was 7.32 % versus the CHKS peer comparator at 25th percentile of 7.27%. This is an increase on position during 2016/17 of 6.81%.

*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.

### Facts & Figures

- ◆ During 2017/18 the Trust maintained its position with unplanned re-attendance at Emergency Departments with 7 days consistency below the 5% target
- ◆ Our position was 4.1% of total new and unplanned attendances (see graph below)



## 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.)

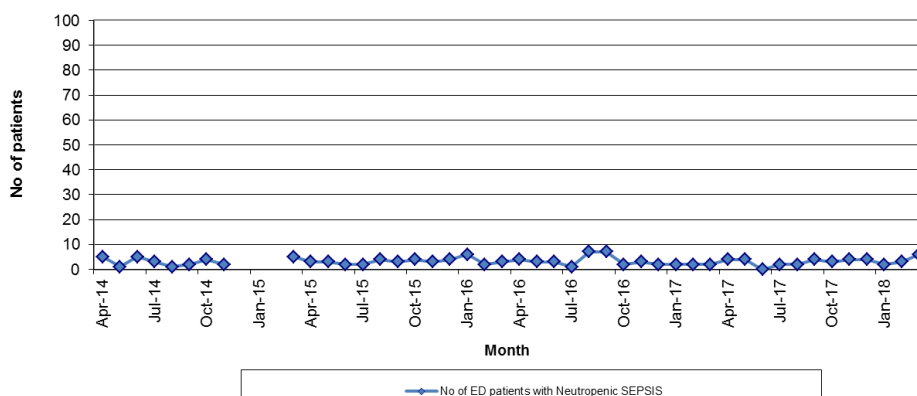
Rapid initiation of simple, timely interventions, including antimicrobials treatment and intravenous fluids, can reduce the risk of death by half. Moreover, early sepsis treatment is cost effective, and reduces the number of hospital and critical care bed days for patients.

**Quality Improvement Work on Severe Sepsis in the ED's of CAH & DHH has been on-going from April 2012.**

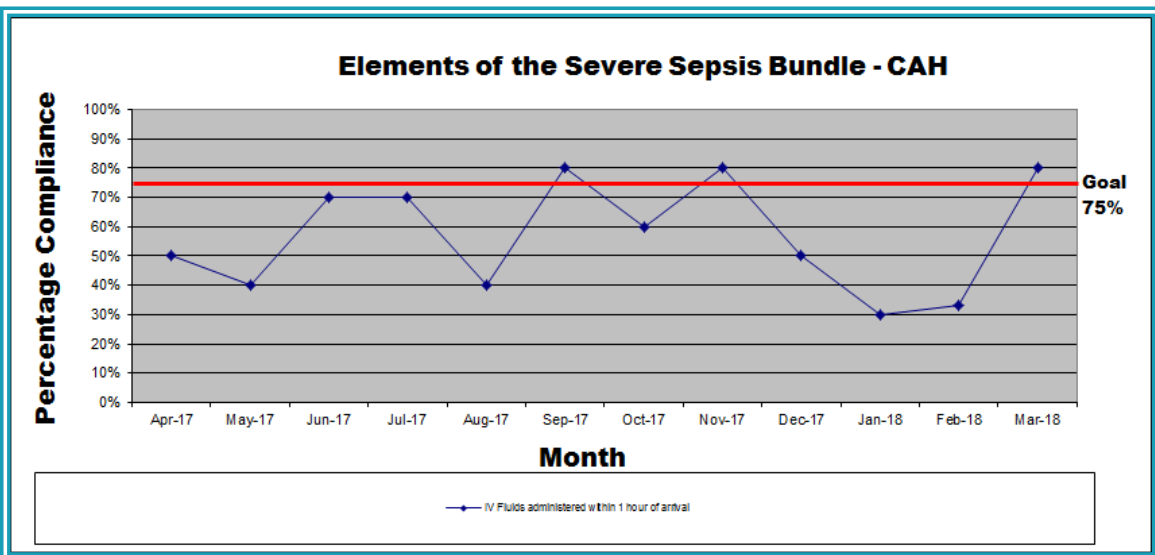
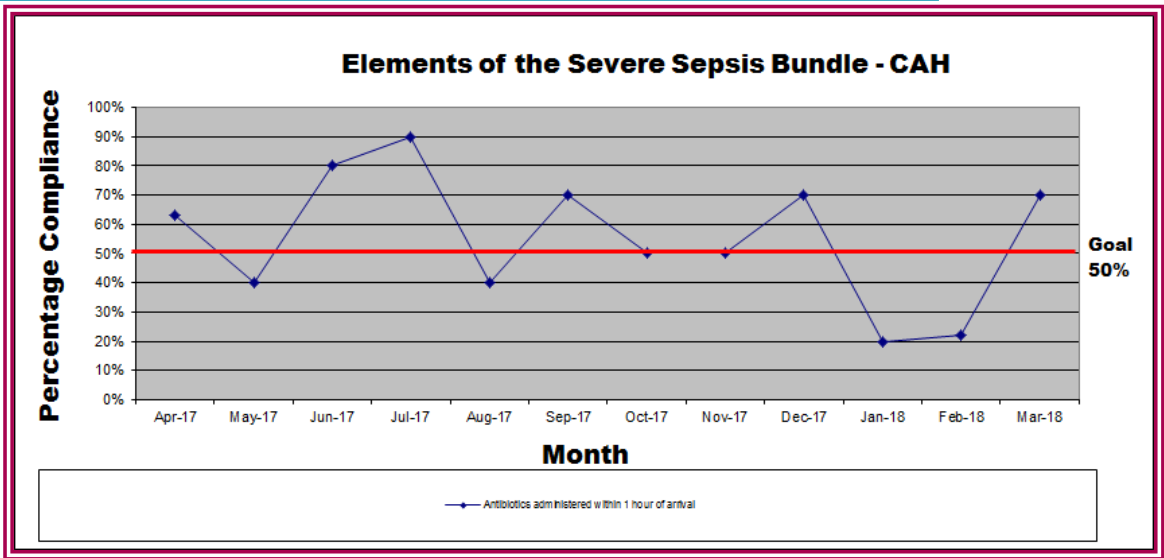
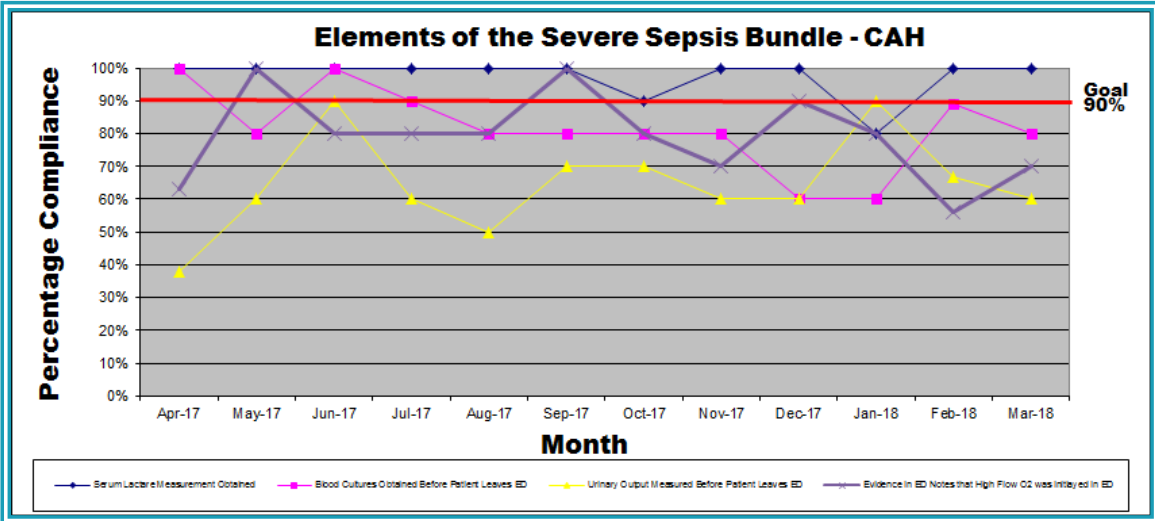
### Initiatives introduced:

- ◆ 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

Emergency Department Patients - Neutropenic SEPSIS  
April 2014 - March 2018



Improvements embedded following National Audit of Service Sepsis & SepticShock have been sustained



### Going Forward

- ◆ Roll out of Sepsis6, beyond Emergency Departments is included in the Public Health Agency Quality Improvement Plan Framework
- ◆ The Trust established a short life Task & Finish group to implement Sepsis6 across the Acute Directorate moving forward



### Clinical & Social Care Governance Research

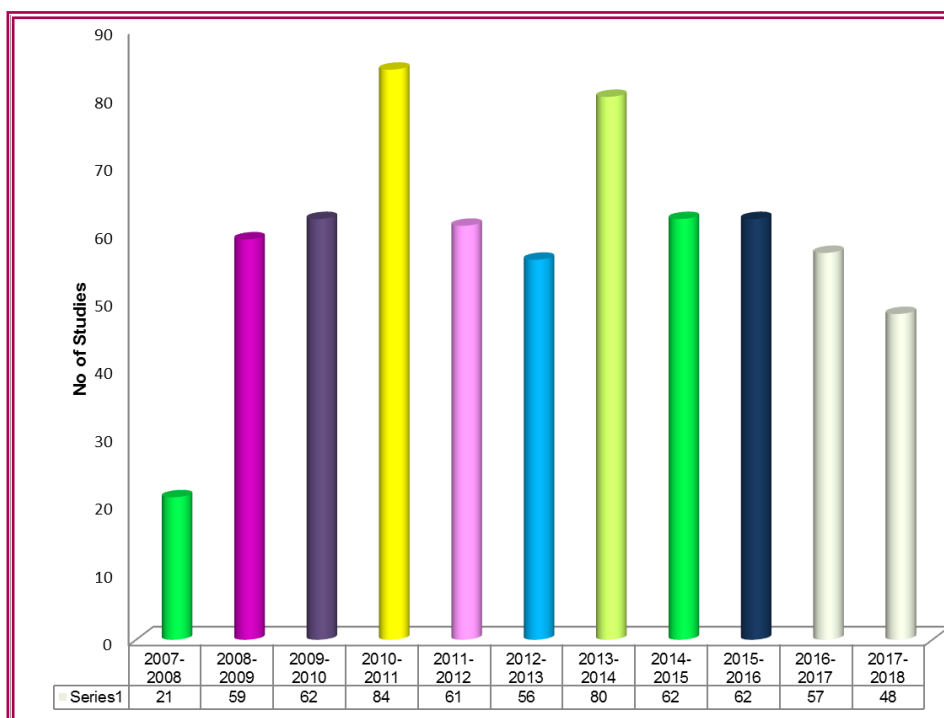
The Trust is committed to encouraging staff to be involved in research, development and innovation which:-

- 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, Neurology, Occupational Therapy, Renal, Respiratory, Rheumatology, Stroke, Midwifery and Nursing.

### Facts & Figures

- ◆ 48 research applications received in 2017/2018 - the graph shows the numbers received since the establishment of Research and Development in the Trust
- ◆ 100% of research applications approved within 30 days



## Clinical & Social Care Governance Research

**D**uring 2017/18, Craigavon Area Hospital and Daisy Hill Hospital have been sites for several important national and international Studies. Trust Consultants have fulfilled the role of Chief Investigator for some Studies with the local site, identified as the UK Lead Centre. Studies opened in the Trust often achieve the highest overall recruitment.

Collaborative research has been on-going with local Industry and Universities both locally and nationally.

During 2017/18 the Trust was the clinical partner in a successful €8.3 million Interreg VA application led by Ulster University entitled Eastern Corridor Medical Engineering. Academic partners included University College Dublin, Dublin City University, Dundalk Institute of Technology and the University of Highlands and Islands of Scotland.

Through this Project three PhD Students will undertake Cardiology focused research based at Craigavon Area Hospital.

### Key priorities for 2018/2019

The aspiration would be for Research and Development to strive to contribute to the Trust being one of excellence with the additional priorities of:-

- ◆ Improving the quality of research
- ◆ Progressing the establishment of research in the areas of Respiratory, Rheumatology, Mental Health and Neurology and the appointment of Clinical Research Nurses staff to support Studies in those areas
- ◆ Continuing to support high quality research in Social Work, Nursing, Midwifery and Allied Health Professions
- ◆ Developing collaborative research with the Ulster University and Queen's University, Belfast
- ◆ Promoting European Funding opportunities and supporting the development of applications
- ◆ Working with the Armagh City, Banbridge and Craigavon Borough Council to promote Life and Health Sciences in the area and enhance funding opportunities

**National audit on Percutaneous Coronary Intervention (PCI), Craigavon Area Hospital, 2016**



**What Is PCI?**

A PCI procedure involves carefully passing a fine wire through a blocked or narrowed coronary artery, stretching the narrowing with a balloon and then usually placing a stent to help keep the artery open to maintain blood flow.

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

**Craigavon Area Hospital submits data on all Percutaneous Coronary Intervention procedures to this national study**

**Why participate in this national audit?**

This independent national audit provides the Trust with assurance on:

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

**What did the national audit results tell us?**

Data completion

- √ Excellent data completion (**7th best out of 120 UK**) interventional cardiology centres and the best in Northern Ireland)
- √ The data completeness score was **greater than 99%**

Median annual unit volume of PCI

- The desirable minimum number of PCIs per year in a Unit is 400.
- √ Southern Trust performed **754 PCI procedures in 2016**
  - √ It is the **2nd highest** performing PCI unit in NI

**National audit on Percutaneous Coronary Intervention (PCI), Craigavon Area Hospital, 2016**



**High annual individual operator volumes of PCI**

Higher annual volumes of PCI for individual operators are desirable, as they are recognised to be associated with better clinical outcomes

- √ Southern Trust had a mean of 251 PCI per operator in 2016
- √ This is **well above the minimum** of 120 PCIs per operator per year
- √ It is also **higher than the UK mean** of 128 PCI per operator per year

**Radial artery access desirable**

(less bleeding and quicker discharge)

- √ Southern Trust compliance **was 92%**
- √ This is **higher than the UK mean of 84%**

**Clinical outcomes**

- √ The national audit reported Southern Trust had **excellent** clinical outcomes
- √ The risk adjusted complication rate in Craigavon Area Hospital was **0.7%, which is lower than the predicted rate of 1.46%**
- √ Outcomes were **better than the mean prediction based on baseline patient profile**

- ◆ **Natalie Archer, CP lead, Cath lab**
- ◆ **Dr Ian Menown, Clinical lead, Cath lab**



### What is intermediate care?

Intermediate care has 3 main aims:

1. Avoid going to hospital unnecessarily
2. Independence after a stay in hospital
3. Prevent move to residential care

### How does intermediate care help people?

- ◆ It helps people avoid unnecessary admission to hospital
- ◆ It helps people be discharged from hospital in a timely manner
- ◆ It helps people to be independent and promotes improvements in quality of life



The Southern Trust provides 4 type of intermediate care service:

- ◆ Crisis response
- ◆ Home based intermediate care
- ◆ Bed based intermediate care
- ◆ Reablement

### What will the audit results tell us?

- ◆ Referrals per 100k population for each service
- ◆ Time from referral to assessment
- ◆ How many beds there were to provide intermediate care services for the Southern Trust's population
- ◆ What our step up referral rate was
- ◆ How Southern Trust Intermediate Care Service compared with other Trusts in Northern Ireland, England and Wales

What did the audit results tell us about the services we provide?



- ⇒ In each of these 4 services, the Southern Trust responded **faster** to assess patients, in comparison to the NI average
- ⇒ Southern Trust had **less beds** commissioned per 100,000 population compared to the NI average
- ⇒ In 3 of the 4 services, Southern Trust's step up referral rate was **higher** than the NI average (The NI average was not provided for the 4th service - bed based intermediate.)

	<b>SHSCT</b>	<b>NI</b>
<b>Referral to assessment time</b>		
<b>Crisis Response</b>	Acute Care at Home: <b>1 hour</b>	1.8 hrs
<b>Home Based Intermediate Care</b>	Intermediate Care Scheme: <b>1 day</b>	4.9 days
<b>Bed based Intermediate Care</b>	Lurgan Hospital: <b>0.5 days</b> Loane House: <b>0.5days</b> Spot purchased beds Intermediate Care: <b>2 days</b>	2.8 days
<b>Reablement</b>	<b>3.9 days</b>	7.1 days

- ◆ The audit did not identify any recommendations for the Intermediate Care Service in the Southern Trust
- ◆ The team is however looking at ways to further increase the rate of step up referrals in home based and bed based intermediate care
- ◆ Additional staff have been employed in the Intermediate Care Service to respond to the increase in step up rate

## Clinical audit

### National clinical audits

This national clinical audits provide the Southern Trust with opportunities to:

- ◆ Measure healthcare practice on specific conditions against nationally accepted standards
- ◆ The results of a national audit provide patients, the public, clinicians and health service managers with a clear picture of the standards of healthcare being achieved
- ◆ The results benchmarked reports on performance, with the aim of improving the care provided

### Clinical audit programme

The Trust's clinical audit work programme includes projects undertaken in conjunction with other Trusts in Great Britain and NI, as well as those identified by staff within the Trust.

This programme considers the national audits approved by the NHS England Quality Accounts List each year.

Involvement in these national audits enables the Southern Health & Social Care Trust to compare performance with other participating Trusts in Northern Ireland, England, Scotland and Wales.

The national audits are co-ordinated independently by external professional groups.

**Examples of some of these groups are:-**



## 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:

**National Confidential Enquiry into Patient Outcomes and Death study:**  
**Peri-operative management of surgical patients with diabetes**

- ⇒ *Joint British Diabetes Societies (JBDS) for inpatient care*
- ⇒ *Peri-operative management of the surgical patient with diabetes, Association of Anaesthetists of Great Britain & Ireland*

**Royal College of Emergency Medicine study:**  
**Pain in Children**

- ⇒ *Management of pain in children. Best practice guideline 2017, The Royal College of Emergency Medicine*

**RQIA/GAIN study:**

**The use of mid urethral tapes for stress urinary incontinence in Northern Ireland**

- ⇒ *Urinary incontinence: the management of urinary incontinence in women, National Institute of Clinical Excellence CG40, 2006*

**Royal College of Physicians study:**

**Falls and fragility audit programme: national audit of inpatient falls**

- ⇒ *Falls in older people: assessment risk and prevention National Institute of Clinical Excellence, NICE CG161, June 2013*



Access Targets: Cancer Waiting Times

This table shows comparison cancer access performance from 2014/15 to 2017/18

	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%
2017/18	47%	97%	74%

2017/18 Service improvement initiatives

- ⇒ The Trust recruited an additional Lung Nurse and additional Colorectal Nurse to ensure that all newly diagnosed patients have access to a key worker and address their holistic needs during their cancer treatment
- ⇒ The Trust has recruited a dedicated Head & Neck Nurse Specialist to support patients diagnosed with head and neck cancer
- ⇒ The Trust developed Nurse-Led Clinics to support patients. This has resulted in additional Medical Capacity to ensure new patients are seen as quickly as possible
- ⇒ Engaged with service users to seek feedback to help plan and shape cancer services in order to improve the patient experience
- ⇒ Undertaken Peer Review Self-Assessment of the Urology & Upper GI MDT's to ensure progress of compliance against the Manual of Cancer Service Measures

2018/19 Planned Developments

- ⇒ External Peer Review of Acute Oncology Service (November 2018)
- ⇒ Completion of Aseptic Pharmacy suite, co-located with Macmillan Unit, to promote timely access to chemotherapy treatment for patients
- ⇒ Further investment in Specialist Nurses to ensure newly diagnosed patients have access to a key worker
- ⇒ Scale & Spread of Nurse-Led Follow Up Clinics
- ⇒ Participation in Regional Oncology Transformation Project to improve services for cancer patients going through chemotherapy/radiotherapy treatment
- ⇒ Implementation of Colorectal Oncology Improvement initiative to improve patient experience and ensure a more efficient/effective service
- ⇒ Participation in the CIP-CAN Research initiative
- ⇒ Rollout of Community Navigator Programme in partnership with Macmillan

## Improving Communication at Medical Handover

**H**andover is the system by which the responsibility for immediate and ongoing care is transferred between healthcare professions.

Improvement and standardisation of handover are vital keys to improvement in efficiency, patient safety, and patient experience. Handover has been identified by the Royal College of Physicians as a point at which errors are likely to occur. Failure in handover is a major preventable cause of patient harm and is principally due to the human factors of poor communication.

Dr Donna Muckian, Daisy Hill Hospital and Dr Ahmed Khan, Associate Medical Director Children and Young People's Directorate were invited to NICON 2017 to share their experience of improving communication at medical handover.

Their poster presentations and Café conversation session were very well received by the delegates.

### Congratulations to Dr Khan and Dr Muckian

**“If there were one aspect of health care delivery we could work on that would have the greatest impact on patient safety, it would be improving the effectiveness of communication on all levels - written, oral, electronic.”**

Richard K. Croteau, MD Executive Director for strategic initiatives for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)



## Improving Services for Colorectal Patients

**T**o mark Bowel Cancer Awareness Month in April 2017, the Southern Trust's Stoma/Coloproctology Team highlighted a number of developments to improve services for patients with bowel conditions.



The team of four Stoma/Coloproctology Nurses work across Craigavon and Daisy Hill hospitals, supported patients with a range of bowel conditions from diagnosis, during their treatment and throughout their recovery.

The Team hosted their annual open day for stoma patients. One hundred and sixty people from across the area attended the event to meet with representatives from stoma manufacturers and view the most up to date products for ostomy patients. The main charities, including the Ileostomy Colostomy associations and the Colorectal/Stoma nurses were on hand to advise and chat to patients, carers and families about the latest developments in stoma care.

The Trust has also appointed a new **Colorectal Cancer nurse, Fiona Keegan** to the team to ensure that everyone diagnosed with a colorectal cancer has access to a key worker who will make sure that they receive the best care and treatment to meet their own individual needs and choices.

The role is funded by the Health and Social Care Board in partnership with Macmillan Cancer Support as part of a regional Clinical Nurse Specialist workforce expansion programme across Northern Ireland.

Welcoming Fiona to the team Esther Gishkori, Director of Acute Services for the Southern Trust said:

**“Our Stoma/Colorectal Nursing Team are greatly valued by patients for the high quality clinical care and compassion they offer during what can be a very difficult time - receiving a colorectal diagnosis and for many a stoma.**

**“With 221 patients diagnosed with colorectal cancers last year in our area, a dedicated specialist for this large group of patients is a great benefit to our stoma/colorectal team. It has been demonstrated that having the support of a Clinical Nurse Specialist has a very positive impact of people’s experience of care.**

**“We are delighted that more colorectal cancer patients will benefit from this expertise and support right through their journey from diagnosis, during treatment and through to recovery.”**

The Southern Trust has a number of Clinical Nurse Specialist for a range of cancers including Breast, Lung, Gynae, Upper GI, Urology and Skin who all play a vital role in the co-ordination of patient care and developing services.

## QI Nursing Huddles and Safety Brief

Stephanie McCarragher has recently completed my 'Taking the Lead' Programme and presented a 'Poster' on a QI project – Nursing Huddles and Safety Brief. The aim of this project was to improve communication within the Ward due to the increase size of the building and layout. Stephanie wanted to ensure that all staff were comfortable with their workload and that all important information is shared with staff.

**Healthy - Safe - Respected and Person Centred**  
**HSC** Southern Health and Social Care Trust  
 Quality Care - for you, with you

### Daily Nursing Safety Brief

- Improve Patient's Experience
- Improve communication
- Improve Efficiency
- Share any learning and keep staff updated

**Introduction**  
 Acute Paediatric Service's within Craigavon Area Hospital have been relocated to a new building, this building consists of an Paediatric outpatients department, a Short Stay Paediatric Ambulatory Unit and an nineteen bedded inpatient ward. The area is much larger than what we were previously used too and I felt there needed to be a better communication between nurses to provide a safe and effective environment for optimising patient care.

**Problem Statement**  
 I want to help improve communication within the ward, due to the increase size of the building and the layout, I wanted to ensure all staff were comfortable with their workload and that all important information is shared with staff.

**Why did I choose communication?**

- Vital for the smooth running of the ward
- Start and any problems early in the shifts
- Improve Patient experience
- Ensure staff is aware of their responsibilities for that shift
- Keep staff up to date on new protocols or new information

**Problem Diagnosis**

- Large area to manage
- One nurse attends Medical Huddle needs to share any changes with all staff
- Another platform to share new learning
- Staff unaware of other's workload, some may be heavier than others
- Improve discharges

**What is needed to embed this into practice?**

- Team** For this to work all staff need to attend including Nurse's, Health Care Assistants and Play Specialist - We are all a TEAM!
- Time** Each day it is going to take place around 12.00 (before lunch) in the MDT room, it should only last around 4 minutes.
- Purpose** To quickly run down the whiteboard following Medical Huddle with any discharges, new jobs or changes. To reassess allocation of patients and if any changes need to be made.
- Safety** To have one salient learning point for the week and staff should be reminded of that at each nursing safety brief.
- Document** I am going to ask that we document in a diary - kept in the cupboard in the MDT room, that safety brief has taken place and anything important discussed in this.

### Timeline for QI Project

- W/B 9<sup>th</sup> April - Speak with Staff and Unit Manager in NNU
- W/B 16<sup>th</sup> April - Complete Power point and share with all ward staff
- Mon 23<sup>rd</sup> April - commence Nursing Safety Brief on ward to continue for 30 days initially
- Continually check this is being carried out and seek verbal feedback from staff
- 15<sup>th</sup> May - send out Survey Monkey to all staff for feedback

**Implementation of Solution**

No training required for staff, although they needed to be informed about Nursing Safety Brief along with guidance of what is expected and what would be the expected benefits from carrying this out.

Staff were spoken to at different times informally and then a short power point presentation was sent to all staff explaining the process.

**Expected Benefits**

- Better Team working - helping each other
- Smother communication in relation to discharges etc.
- Less Medicine errors
- Sharing more learning keeping everyone up to date.

**Evaluation**

I sent a survey monkey to all staff, the results were positive and encouraging. All staff were aware of the safety brief and said that they would like it to continue, all staff felt it was about the right length and was beneficial to their day.

Although this wasn't specifically audited there was no missed medications in the 30 day period as it gave staff another chance to discuss their patients.

Below are some of the staff's comments following the 30 day project.

**Spread and Sustainability**

To maintain this I need to continue to encourage Nursing Safety Brief with all staff. I need to reinforce the importance and let staff see the benefits of this and how it improves overall patient's experience.

I am going to discuss this at my team meeting with my peer's across the CYP directorate and hopefully showcase the benefits and the positive outcomes for the patients.

**To find out more contact:**

Name: Stephanie McCarragher  
 Job Title: Ward Manager  
 Telephone: 028 37 561954  
 Email: Stephanie.mccarragher@southerntrust.hscni.net

**Nursing Safety Brief**

Dashboard My Surveys Plans & Pricing

I now know what's going on with all the patients

Really beneficial

Better Communication on the ward

Hope this continues!!

Service Improvement Project completed in fulfilment of the Trust Leadership Development Programme 'Taking the Lead'



# 5

## Integrating

### the

## Care



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

## S.A.F.E. Initiative (Safety Awareness for Everyone)

A part of the SAFE Initiative we planned and implemented regular Safety Walks by Senior Clinical and Operational Leaders.

- ◆ During the walk the Senior Management Team discussed in detail with the Medical Team, Operational Team, Trainee's, Nurses, Medical Students, Health Care Assistants, Administrative Staff and Patient representative/s.
- ◆ The First Safety Walk was carried out in January 2017

### Senior Safety Walks in a District General Hospital

Khan, A.<sup>1</sup> Maguire, G.<sup>2</sup>. McCann, B.<sup>3</sup>.  
Department of Paediatrics, Daisy Hill Hospital  
Southern Health & Social Care Trust, Northern Ireland

Introduction	Aims	Methods
<ul style="list-style-type: none"> <li>Senior Safety Walks (SSWs) allows senior managers to have a structured conversation with frontline staff and service users regarding patient safety.</li> <li>SSWs have helped many organisations to make a significant impact on their safety culture.</li> </ul>	<p><b>To Introduce Senior Safety Walks in Paediatric Department:</b></p> <ul style="list-style-type: none"> <li>To demonstrate senior managers' commitment to quality and safety</li> <li>To Increase staff engagement and develop a culture of open communication; &amp;</li> <li>To Identify, acknowledge and share good practice</li> </ul>	<ul style="list-style-type: none"> <li>Model for improvement - PDSA Cycle</li> <li><b>SSW team</b> included a senior operation manager, a senior clinical leader and an admin person.</li> <li><b>SSW toolkit</b> developed including:                             <ul style="list-style-type: none"> <li>MDT Communication frame work</li> <li>Data collection templates</li> <li>Impact measurements</li> </ul> </li> </ul>
Results	What difference did this make?	Staff Safety Survey
<ul style="list-style-type: none"> <li>Month SSWs started in February 2017 with advance notification</li> <li>Themes observed:                             <ol style="list-style-type: none"> <li>Leadership,</li> <li>Communication &amp; Team working,</li> <li>Environment &amp; Processes,</li> <li>Patient /career feed back</li> </ol> </li> <li>Changes made in SSWs on PDSA cycles</li> </ul>	<p><b>Safety Based changes made:</b></p> <ul style="list-style-type: none"> <li>85% issues identified were resolved with in an agreed time frame</li> <li>Staff Safety Survey completed</li> <li>New "Paediatric Newsletter" developed</li> <li>New "Welcome Pack" developed</li> <li>"What Matter To You" Event organized</li> <li>CYP Q&amp;S Event organized</li> <li>Patient Safety training arranged</li> <li>Shared Learning Portal developed</li> <li>CYP Information leaflet developed</li> </ul>	<p><b>Plan:</b> RCPCH Safety Climate Survey used <b>Do:</b> 62 staff surveyed- 38 (62%) Completed</p> <p><b>Study:</b> Improvements reported in staff understanding of patient safety measures</p> <p><b>Response to concerns</b></p> <p><b>Act:</b> Shared learning, Made changes Repeat planned</p>
SSW :Timeline	Service User Feedback	Dissemination
<p><b>Planning</b> Oct-Dec 16</p> <ul style="list-style-type: none"> <li>Project proposal document</li> <li>SSWs Toolkit development</li> <li>MDT members training</li> </ul> <p><b>SSW</b> Jan- Oct 17</p> <ul style="list-style-type: none"> <li>SSWs &amp; Data gathering</li> <li>Agreed actions &amp; follow-ups for QI projects</li> <li>Shared initial learning</li> </ul> <p><b>Completion</b> Nov-Feb 18</p> <ul style="list-style-type: none"> <li>Final data Analysis</li> <li>Report writing with outcome document</li> <li>Sharing overall learning- Locally &amp; regionally</li> </ul>	<p><b>Some Positive Comments</b></p> <p>"Staff very friendly" "Wonderful care" "Doctors and nurses very professional" "Couldn't have asked for better"</p> <p><b>Some Negative Comments</b></p> <p>"Parents Bed Uncomfortable" "Very cold at night" "LIMITED FOOD AVAILABLE FOR PARENTS AFTER 5PM" "Parent's room too small"</p>	<ul style="list-style-type: none"> <li>Paediatric Newsletter</li> <li>#WMTM17</li> <li>Safety training and development</li> <li>M&amp;M and MDT Governance</li> <li>Annual Quality Improvement Event</li> <li>Regional workshops</li> <li>National Conference</li> <li>TIG Presentation</li> </ul>
Conclusion	References	
<ul style="list-style-type: none"> <li>SSW is a valuable tool to engage senior managers and frontline staff in a meaningful discussion for safety &amp; quality</li> <li>This can also improve staff engagement, team working and safety culture of the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>Patient Safety Leadership Walk-rounds . Boston: IHI (2004)</li> <li>Healthcare Improvement Scotland (2011), Leadership Walk-rounds Fact Sheet.</li> <li>Morello, R., Lowthian, J., Barker, A., McGinnes, R., Dunt, D., and Brand, C. (2012), 'Strategies for improving patient safety culture in hospitals: a systematic review'. BMJ</li> <li>Frankel, A., Graydon-Baker, E., (2003), 'Patient Safety Leadership Walk-rounds '. Joint Commission Journal on Quality and Safety 29(1): 16-26</li> </ul>	

## New Welcome Pack



As part of the S.A.F.E. Initiative a Multi-Disciplinary Team which included both medical and nursing worked together on this project. They sought service user/patient involvement and had a competition on the Ward for children to submit artwork for display at the front of the Welcome Pack (see picture). Welcome Packs were introduced in new Daisy Children's Unit in December 2017. Pack includes essential items for an un planned admission such as; toothbrush and toothpaste, hairbrush, shower gel, shampoo, wipes, snacks and information leaflets along with access to device chargers.



Competition Winner Molly McKeivitt, received the first Welcome Pack along with a framed picture and voucher.

## Shared Learning Initiative

# SHARED LEARNING

**Objective:**  
*Contents of this page will allow Shared Learning across all Paediatric Services.*

Learning from  
M&M

Learning from SAI & Datix

Full List

Learning from Complaints

As part of SAFE initiative, A shared learning tile has been created on CYP share-point. The purpose of this tile is to promote shared Learning & information with staff from various sources. We would like staff to provide any feedback for this shared learning model. Please also contact Brieghe McCann if you have any such information to be added to this tile.

# MDT Communication Initiative

## A Multi-Disciplinary Team Communication Initiative

Dr J. Foster, O. Heaney RCN, Dr S. Kamath, Dr A. Khan  
Paediatric Department, Daisy Hill Hospital, SHSCT, Newry



### Background:

Human factors such as communication breakdowns among multi-disciplinary team (MDT) have been key contributing factors in patient safety incidents. Poor communication also has profound impact on poor team working & staff burnout.

Alongside formal communication methods such as clinical handovers, various informal communications mediums are increasingly becoming popular.

As part of S.A.F.E. (Safety Awareness For Everyone) initiative, we identified a lack of informal communication methods which could provide positive feedback to staff.

### Aim & Objective:

To develop a simple and effective means of an informal communication method within Paediatric Multi-disciplinary team (MDT) to encourage safety awareness & positive feedback.

### Methodology:

- A Multi-disciplinary (MD) group was formed.
- The PDSA cycle was used as Quality Improvement (QI) methodology.
- Stakeholders Involvement: Medical, Nursing, HCA, Administrative & support staff were involved in this project.



- After discussion with staff, a literature search was performed.
- A simple yet informative "Newsletter" with an optimistic focus was selected.
- The MD group, in consultation with staff, designed a single sheet, coloured Newsletter.
- On the 2nd Monday of each month, an electronic copy is emailed to circulation list with physical copies being available in key areas.
- A medical trainee and a nursing staff member are identified as deputy editors every 6 months.

### Results:

- The first "Paediatric Newsletter" was published in March 2017.
- Following the first 3 issues, we sought qualitative feedback from staff.
- The initial response was overwhelmingly positive with team-members highlighting the simplicity, the combination of professional and social elements and the inclusiveness nature as strong points.
- On the PDSA Cycle, a number of improvement areas were also made after staff feedback, such as:
  - "Monthly Safety Message"
  - "Hello, my name is..."
  - Upcoming Staff "Learning opportunities"
  - "Shared Learning" section
- Our Newsletter was subsequently adapted to include our new mascot "Polly the penguin"



### Conclusion:

- The Newsletter is now a popular informal medium for positive feedback, shared learning and social events in the department.
- Sense of ownership, team working and staff engagements has been developing.
- After 12 months, a quantitative data from staff survey will be collected.

### Barriers:

- Resource allocation for such measures
- Staff engagement

### Reference:

- How safe are clinical systems? [www.healthfoundation.org.uk](http://www.healthfoundation.org.uk)
- A long and winding road. Improving communication with patients in the NHS <https://www.mariecurie.org.uk/>
- Evidence [nhs.uk/Search?pa=2&q=poor+communication](http://nhs.uk/Search?pa=2&q=poor+communication)

### Newsletter Features

Newsletter inspired by staff feedback



'Senior Safety Walks' update

"What Matters to Me" Day follow up

Project team's contact details for suggestions

Our new mascot "Polly the penguin"

Aims of the Newsletter

Staff engagement celebrations

'What matters to You' day photos

Progress update of new children's ward

'Monthly Safety Message'

Staff Progress celebrations



Senior management involvements

Recent photos of the new children's ward

Best wishes to staff

Highlights of the recent camping trip



## Down Syndrome Specialist MDT Clinic for 5-15 years



**Dr** Anne Dooley, Associate Specialist Paediatrician and Dr Zeinab Abdelrahim Consultant Community Paediatrician along with Continuous Improvement Team set up a Down Syndrome clinic to be piloted in the Newry and Mourne area. The aim was to improve the medical management of children with Down Syndrome by ensuring a standardised and consistent approach in a specialist multidisciplinary clinic. Its aim was to provide optimal child/young person and family centred medical care for all children and young people with Down Syndrome, with the ultimate purpose of improving their physical and mental health and their overall quality of life.

The multidisciplinary team comprises of a dietician, an AHP representative, the Community Dental team and Claire Cumiskey APNP. Dr James Hughes Clinical Director and Dr A Khan, Associate Medical Director were also involved in the initial set up of the clinic.

The Down Syndrome Clinics ran monthly from December 2016 until December 2017. All children aged between 5 and 16 years and their parents/guardians were invited to attend an appointment to see multi-disciplinary professionals.

The Community Dental Service was delighted to be a part of this multidisciplinary approach to medical care and felt it was a great success. Approximately 30 children between 5-15 years along with their parent/guardian attended the dental clinic. Each child received a dental examination from a community dentist.

The children and their parent/guardian then attended the oral health facilitator for one to one oral health advice. Each child received an oral health goodie bag containing the recommended amount of fluoride toothpaste, toothbrush, tooth timer and oral health advice leaflets.

Approximately 12 children have been taken on as Community Dental patients.

The rest will return to their own General Dental Practitioner for the routine dental care.

### Paris Community Information System

**T**he Southern Health & Social Care Trust is in the process of implementing the Paris Community Information System. The Paris system is being rolled across all Adult and Children's Community and Mental Health Services within the Trust.

The Paris system facilitates the recording and sharing of a range of professional patient/client centred information including: referral details, multidisciplinary and specialist assessments, professional case notes, care plans and correspondence. In addition, Paris also encompasses the management of administrative processes such as: individual professional appointments, clinics, waiting lists, and the recording of non-patient / client activity.

The Paris system provides a single patient/client centred record meaning patients/clients only telling their story once and all staff involved in the care of a patient/client having access to the right information, at the right time in the right place.

The project commenced back in April 2013 and the Trust has made good progress with the implementation in 2017/18. To date the system has:

- ◆ **3,200 users**
- ◆ **90,000 clients (99.64% with a Health & Care Number)**
- ◆ **450,000 Professional Assessments recorded**
- ◆ **2.5million Professional Casenotes recorded**

The Southern Trust continues to lead the way in implementing the Paris Community Information system across the region.

As a result the Trust has been first in Northern Ireland to:

- ◆ **Implement a complete digital Mental Health Service**
- ◆ **Migrate Children's statutory information recording from the regional Soscare system**
- ◆ **Implement digitised Single Assessment Tools for Adults (NISAT) and Children's (UNOCINI) on the same platform**
- ◆ **Develop a Paris Interface to the Northern Ireland Electronic Care Record (NIECR)**
- ◆ **Integrate an Electronic Records & Document Management System (ERDMS)**
- ◆ **Implement an offline mobile app that provides access to Paris data when users are away from their base**

The Southern Trust has also invested in data analytics software (Qlikview) that has been interfaced to Paris to allow seamless interrogation and reporting of the data held within the system. Services have been provided with their own bespoke '**Qlikview app**' that they have designed and structured themselves. This presents them with their service data in a very visual format which is helping them understand their data better and allowing them to better plan their service delivery. It also reduces the reliance on the Trust's Information teams as Services are now able to interrogate their own data allowing them to respond to information requests themselves in a more timely manner. It has also promoted the importance of good data quality as anomalies in the data are clearly identified within the Qlikview Dashboards.

## Community Care

**Examples** of improvement work undertaken by trusts to meet the needs of community clients.

### Telehealth

The regional contract for telehealth in its current form has come to an end,. The SHSCT technology improvement lead is working with internal and external stakeholders to explore technology solutions which have the potential to support provision of care at home.

### Telecare

Telecare service contract has entered a period of extension to allow for the development of a contract specification. Examples of projects currently underway include QuestMark, remote conferencing within Intermediate Care, in relation to rehabilitation and Community Stroke service, to facilitate remote interface with families.

### Support Nursing Homes

A range of educational sessions have been offered alongside 1:1 facilitated learning opportunities for nurses in nursing homes including 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.**

The COPD team have introduced the HOSAR service, this has enabled additional patient assessment, information and education for staff on the safe and effective use of long term oxygen.

### Acute care at home

Acute Care at Home is a Consultant led community service which delivers acute, non-critical care in community setting and is perational from 2014.

This consultant led multidisciplinary team cares for acutely ill patients in their own home or nursing or residential home who are at the point of hospital admission. The team responds to referrals from GPs, acute and non-acute hospitals and NIAS within an agreed timeframe of 2hrs and provides a full Comprehensive Geriatric Assessment.

There has been phased implementation. It is available to older patients in their own home or Nursing or Residential Home. There is a response target of 2 hours from referral to assessment (meeting this target in 95% of referrals). Patients receive a Comprehensive Geriatric Assessment based on Silver Book guidelines involving input from full Multidisciplinary team. There is rapid access to Diagnostics (MRI, CT scan, Ultrasound, X ray) and Laboratories, same timeframe as patient in an inpatient ward . The service is only involved for Acute Care phase of care.

### **From April 2017 to March 2018:**

- ◆ **1347 referrals accepted 963 Prevention of admission, 384 facilitated discharge**
- ◆ **889 patients required IV therapy (Diuretics or Antibiotics) (66% of total accepted)**
- ◆ **462 required fluids (IV or Subcut) (34% of total)**
- ◆ **In year 99 patients were admitted to acute - 15 to NAH**
- ◆ **91% of patients remain at home**

### Intermediate Care

- ◆ Short term intervention to promote the independence of people following an acute hospital a there has been a deterioration in functional ability due to an acute/ exacerbation of their medical condition
- ◆ Aims to increase their ability to live independently and minimise longer term dependence on care services through timely, intensive therapeutic input
- ◆ Provide person-centred, focused on rehabilitation and delivered by a multidisciplinary team

**Referrals increased by 52% from 1480 in 2015/16 to 2250 in 2017/18.**

There was investment in the Intermediate Care team in 2017/18 to help deal with this rise in referral rate and also provide capacity to embed new initiatives such as the staff the Older Persons Assessment unit in CAH and Discharge to Assess.

### Facilitating Early Discharge - Older Persons Assessment Unit

This unit was established in December 2017 and is for patients with non-critical care needs attending the Emergency Department. It provides Ambulatory Emergency Care and is a viable alternative to acute admission. Patients receive an agreed functional assessment using a trusted assessor model.

This assessment will establish baseline functional ability, ensure appropriate pathway and when suitable for same day discharge ensure adequate support networks in place ensuring the patient is safe to return home.

### Specialist Services

Heart Failure and COPD teams continue to operate in – reach principles into ED's and inpatient wards in both acute hospitals for the purpose of facilitating early discharge.

- ◆ the Chronic Obstructive Pulmonary Disease (COPD) team has agreed to contribute to the EDC Newsletter and ED medical handbook to enhance opportunities for turn around to community care and prevent hospital admission
- ◆ the introduction of the Heart Failure Alert Card has resulted in conversations between medical and nursing staff from acute medical wards and the heart failure team, this has influenced treatment decisions which support earlier consideration of hospital discharge



### Home Treatment

A range of Treat & Leave Referral Pathways have been implemented in collaboration with the Northern Ireland Ambulance Service (NIAS). These pathways include Diabetes, COPD, Heart Failure, Falls, Acute Care at Home and Epilepsy. These pathways are supported by training to NIAS staff who employ protocols within which patients can be treated and remain in their own homes and subsequently followed up by the community specialist teams.

Patients attending ED on both CAH and DHH sites are identified by the Specialist Continence Team using a case finding approach. These patients are followed up at home with advice on appropriate points of contact with catheter related problems, the have face to face assessment, planned catheter removal / replacement and a self-management plan provided. An improvement programme has commenced to offer a treat and refer pathway to patients presenting to GP OOH's service.

### Care Home Support Team

#### Key Achievements during 2017/18

- ◆ appointment of Specialist Social Worker to support people and their families with the transition to living in a Care Home
- ◆ development of standardised procedures for Clerical staff
- ◆ improved processes for reporting of incidents and management of incidents reported to the Trust

#### Plans for 2018/19

- ◆ As part of the Transformation project appointment of:
  - ⇒ A Specialist Physiotherapist to take a lead role in the management and prevention of falls and advising on complex Moving and Handling issues/concerns within the care home environment. The role will include the delivery of education and audit and research
  - ⇒ 2 Clinical Nurse Facilitators to provide clinical consultancy and source, facilitate and provide appropriate training/education in response to identified learning needs within Care homes
  - ⇒ A Part time Care Home Monitoring Manager to support the Trust to monitor the quality of care provided across the Nursing and Residential Care Home sector
- ◆ Development of information packs for families of residents in care homes
- ◆ Standardisation of Care review processes

### **Integrated Care Teams (ICTs) in Older People and Primary Care**

The Older People and Primary Care Directorate Integrated Care Teams are multi-disciplinary teams made up of District Nurses, Social Workers/Social Care staff/ Occupational Therapists and Physiotherapists. These staff are dealing with an increasing number of individuals, many with complex needs. Each of these professional groups are responsible for carrying-out professional assessments and planning appropriate therapeutic interventions. For some individuals, where appropriate, these staff will organise the provision of Domiciliary Care support. For some others, staff work with and support individuals through the process of transition from living in their own home to a placement in a residential or nursing home.

### **Reablement Service**

The ICTs are ably supported by the Trust Reablement Team who are involved in providing assistance and rehabilitation to individuals who are experiencing difficulties with the tasks associated with daily living. Through the involvement of the Reablement Team, individuals are supported to regain as much independence as possible and to remain at home for as long as possible.

### **Community Equipment Service (CES)**

The Community Equipment Service provides an essential loan service for complex items of equipment to individuals, to support them to remain independent at home. Currently the number of clients who have an item of equipment on loan to them equals 13,594. These clients have a total of 35,149 equipment items on loan and all these items are subject to frequent health & safety and electrical checks.

### **District Nursing**

The District Nursing Service plays a central role as part of the Older People and Primary Care Integrated Care Team response to assessing, treating and supporting individuals to return to and to remain safely in their home setting. The service offered by District Nurses and their partners (Marie Curie) supports individuals across 24 hours per day, 7 days per week. District Nurses deliver a wide range of clinical interventions, including what could be regarded as traditional interventions such as wound management and support with medications including insulin administration, right through to support with Intra Venous (IV) Therapy and PICC Line management.

**During 2017/18 the District Nursing Service supported an average of 22 patients per day to have their IVs managed at home rather than requiring to be in hospital.**

### **Mental Health (MH) Service Development Event held in October 2017**

- ◆ Over 120 staff across Mental Health Services were invited to the day
- ◆ A range of Non- statutory MH agencies /partners were invited to set up stands on their service provision
- ◆ This event focused on service achievements across MH services and also identified the key challenges and potential solutions across 4 main areas:
  - ◆ **Effective Patient flow from Hospital to the community**
  - ◆ **Memory services for under 65 year old patients**
  - ◆ **Supporting people with Personality Disorders**
  - ◆ **Staff support & workforce challenges**

A number of sub groups have been established to focus on key next steps.

### **GP Mental Health Link Worker**

During June 2017 Staff in Support & Recovery, Primary Mental Health Care and the Well-mind Hub Coordinator have rolled out Mental Health Practitioners as Link workers across all local GP surgeries.

The aim is to provide Professional Mental Health input for advice and signposting to ensure timely, high quality care to best meet the needs of service users who require Mental Health support.

Each GP Practice in the Southern Trust area will have a named Mental Health Practitioner link person who will liaise with GPs, Practice Nurses, Health Visitors and District Nurses to manage Mental Health problems and ensure clear communication and collaborative working so as to promote the best outcome for the service user.

### **Mental Health Care Pathway - and roll out of the Recovery ethos in MH services**

Training In The Mental Health Care Pathway in partnership with Clinical Education Centre and Recovery College continues to roll out across all statutory and non-statutory Mental Health Service providers and also to service users and Carers.

This training is co-delivered with service users and carers and during 2017, 250 staff have attended to date.

### **Physical Health Monitoring for Mental Health Service Users attending Support & Recovery MH Services**

It has been identified that Service Users with a severe Mental Health condition has a reduced life expectancy.

During 2017 Targeted clinics were established in all MH localities to offer regular health checks to Services Users attending Community MH services. This service allows for good management of health conditions and introduces conversation around lifestyle and wellbeing choices.

**The physical health checks include: Blood pressure, Height, Weight, Pulse, Respiration, Blood samples drawn, ECG (Reads heart rhythm), Discussion of lifestyle options & Opportunity to ask questions**

### **Recovery College – Development of the College is on-going**

The success of the college is rooted in co-production and co-delivery of all courses and educational programmes. The core college team includes a coordinator, peer trainers and administration support. Additional work is provided by sessional peer trainers and staff from across MH services.

During 2017 the Trust employed peer trainers in a paid capacity which lead to an increase in the range of co-production and co-delivery courses offered.

### **Transforming the Workforce**

The work of this group is very much focused on how we transform the work force in terms of service user involvement and the development of Peer working roles for people with lived experience.

This group has 3 service users pro-active around the development of Job descriptions and Job specifications for Peer Support Workers in the delivery of mental health services and three service users are now trained in recruitment and Selection to sit on interview panels. During December 2017 we Recruited five WTE new PSW's into the inpatient wards

### **Mental Health Rehabilitation**

In line with the principles within "Guidance for commissioners of rehabilitation services for people with complex mental health needs", a recruitment process began in 2017 for staff to support Mental Health rehabilitation.

Initially this staffing included Occupational Therapists, a Social Worker, one Mental Health Nurse and a support worker. The development of this service will continue into the 2018/19 year.



# 6

## Childrens' Social Care Services

### Looked After Children

The Trust closely monitors Looked After Children's circumstances from the onset. Overall, care plans are reviewed within the statutory framework of the Looked after Child Review meeting which is chaired by a senior manager, with multi-professional input and emphasis placed on participation by the child, parents and carers.

These meetings are held within the required time frames as per regulations and guidelines.

Increasingly the Trust is affording attention to the quality of the placement via additional supports being made available to both the child and carer, with emphasis placed on community engagement and participation in various activities by the child. The Trust has invested in processes to recruit additional foster carers to facilitate better planning of placements and matching same with the child's assessed needs.

Participation and service user involvement is reflected in social work practice and via two very active Looked After Child service user groups.

### Facts & Figures

- ◆ There were 1220 LAC Reviews during 17/18 and 1194 (98%) were reviewed within timescales
- ◆ This represents a 2% improvement on the position last year

### Permanency Planning

The Trust is committed to agreeing a Permanency Plan for Looked After Children without any unnecessary delay. Permanence options include; either a return home to parents, long-term foster/residential care or adoption.

This is closely monitored via the statutory LAC Reviews, quarterly performance figures, and via the Trust Permanence Panel which is mandated to progress plans and addresses any deficits in service provision. This process has significantly improved performance in respect of children in service provision. This process has significantly improved performance in respect of children with an agreed plan of permanence via adoption; resulting in children being placed with adoptive parents at an earlier stage which increases their sense of security, attachment and identity.

### Facts & Figures

- ◆ There were 547 Looked After Children at 31/03/18 and 93% (511) had a permanency recommendation

### 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

- ◆ During 2017/18 the SHSCT has continued to achieved 100% compliance in this area. This is a sustained position since 2013

### 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 2018, 210 children received direct payments, this figure has increased from 191 children in March 2016 and 165 children in March 2015

## Theme 2: Delivery Best practise in Safe Health & Social Care Settings

### Education, Training & Employment

The Trust has a dedicated service (TASKE) focussed in creating education, training and employment opportunities for the Looked After young people and care leavers.

Following reviews of this service, the Trust has increased investment and lowered the age criteria to 14 years to facilitate engagement at GCSE stage, with the objective of maximising future opportunities. The project receives excellent support from other statutory agencies and private companies in creating and providing training and employment opportunities for care-experienced young people.

### Facts & Figures

- ◆ At March 2018, there were 249 individuals subject to the Leaving and After Care Act and 96% (239) were in education, training and employment.
- ◆ At March 2018, 100% of school leavers with a disability had a transition plan in place



### Children with a Disability Service Short Break Innovations and Developments

**T**he service has undergone a radical and sustained period of change and growth over the last 3 years informed by regional strategy and characterised by early intervention, prevention, collaboration, co-production, partnership and building capacity and resilience.

Feedback and evaluations from parents/carers/staff have led to the termination or amendment of existing contracts and the development of new programmes. These include the development of the All Stars summer scheme with ABC council and Contact a Family's personal development and peer support groups in Kilkeel for parents and their children. Sessional Mindfulness and sibling/carer support programmes have also been delivered.

Reconfigured residential provision has led to the birth of Barnardos' day opportunities "Fun Bun" Club, and Oaklands' "Fun Days" Club, where both groups meet up for recreational activities. Carrickore residential short breaks service has also developed a new separate unit within the overall footprint of the building, to meet the increasing complexity and divergent needs of children requiring more than short break residential provision.

Collaborative working between the CYP Transition Team, Community Access Team and the Short Breaks Team has been instrumental in the development of services. Partnership working with the IncredABLE organisation has yielded the Youth Empowerment Programme and further developments with their Peer Outing programme with both containing residential life skill elements. The Specialist Child Minding service is being relaunched and there is more innovative and creative use of SDS packages.

New working partnerships have been forged with other agencies to develop independent living and employment skills programme which have been highly evaluated, and a '**complex healthcare needs**' summer scheme is planned for the first time.

Family based short breaks services have also been further developed, and have delivered an increase in overnight provision of over 100% in the last 12 months.

# 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. In Southern Health and Social Care Trust 351 adults referred for investigation and identified as at risk, during the year had an **adult protection plan** in place at 31<sup>st</sup> March 2018. (Adult Safeguarding Returns to HSCB)

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

#### *Facts & Figures*

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all HSCTs. Within SHSCT 2 people with a **learning disability who were resettled** in community placements had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

**Only 2 out of 79 went back into hospital from resettlement = 2.53%**

**Adult Social Services**  
**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 2017 /18, **3145** 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. The cumulative target for 2017/18 was 3267.

**This is an increase of 2.38% on 2016/17**

**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 545 adults
- ◆ Overall as at 31 March 2018, direct payments were in place for 816 adults and children within the Southern Trust