

2018/19

Annual Quality Report



Chief Executive Foreword

Messages from Chief Executive - **DRAFT**

I am delighted to introduce the 7th Annual Quality Report for Southern Trust, which highlights some of the fantastic work which is underway across the Southern area and includes the key quality indicators against which we are measured. The launch of Quality 2020 by the Department of Health in 2011 described quality as excellence in safety; effectiveness and ensuring a patient & client focus on the work which we do. During 2018/19 we've continued to ensure we focus on all these aspects of quality and indeed how we further embed improvement of services across the Southern area.

We've been delighted to receive transformation funding in 2018/19 to support us to develop new and innovative ways to transform how we deliver care. This will support us to address the increasing demands which we face across both acute and community services and look forward to seeing the impact that these initiatives make to local lives.

We have achieved much in 2018/19 including the opening of the Direct Assessment Unit at Daisy Hill Hospital, also the opening of 'Willows', Maternity Bereavement Suite at Craigavon Area Hospital and relatives rooms for intensive care patients at our acute hospitals. Indeed, we are delighted that again in 2018/19 our acute hospital network was recognised at the CHKS UK Top Hospitals Awards. I would like to acknowledge the dedication of all our staff to their patients and clients, how they strive to continually improve their services and in many cases excel in delivering high, quality care on a local, regional and national basis.

Shane Devlin

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Theme 1

**TRANSFORMING
THE CULTURE**

1.1 Introduction

The Department of Health commissioned the Regional HSC Staff Survey in autumn 2015.

Some of the findings for Southern Trust were as follows:



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

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

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 2018/19 on the Corporate Action Plan against these 5 themes is outlined overleaf:-

Corporate Action Plan

Our Corporate Action Plan covers five key themes. Please see below:

| 1. VISIBLE LEADERSHIP | |
|---|---|
| Link to Overarching Trust Priority | <i>Being a great place to work, valuing our people Providing safe, high quality care</i> |
| Achievements during 2018/19 | <ul style="list-style-type: none"> • As part of the implementation of HSC Collective Leadership Strategy the Trust participated in its Phase 1 Actions including:- • Establish a core set of HSC values and associated behaviours • Develop a framework that outlines the critical collective leadership capabilities needed by all our people who work in health and social care i.e. Collective Leadership in Action Framework • Designed a system to monitor the outcomes and review the implementation of the collective leadership strategy • Embed the collective leadership framework into all leadership development activities • Develop a framework that will support and enhance team working in and across the system |
| Planned Actions During 2019/20 | <ul style="list-style-type: none"> • During 2019 / 2020 the agreed regional HSC values will be launched. The focus of 2019/2020 will be to communicate these values to staff with an on-going commitment to embed these within our organisation and into everything we do. • Some of the actions achieved during 2018-2019 will continue into 2019-2020 including embedding a culture of collective leadership which includes rolling out a Culture Assessment survey in spring 2020 to provide a baseline measurement. Other actions include developing a model for team based working within the Trust and reviewing Management development programmes and training pathways. |

| 2. STAFF VOICE / ENGAGEMENT | |
|--|---|
| Linking to Overarching Trust Priority | <i>Being a great place to work, valuing our people</i> |
| Achievements During 2018/19 | <ul style="list-style-type: none"> • The Trust participated on the Regional Staff Survey Group to undertake another Staff Survey which was completed by mid-April 2019. • A series of staff engagement workshops took place to identify key actions for inclusion in the Trust's Unscheduled Care Resilience Plan for 2018/19. • An online awareness toolkit has been drafted in relation to the 'See it – Say it' campaign and a series of managers' awareness sessions have been delivered |
| Planned Actions during 2019/20 | <ul style="list-style-type: none"> • During the first quarter of 2019 the fourth Regional HSC Staff Survey will be rolled out to all Trust staff members. It will be part of our continued efforts to engage with our staff to improve their working lives and in doing so provide better care for our patients and clients. • The focus thereafter will be on reviewing and analysing the results for the Trust and identifying the key themes that will inform future actions. • This will be supported through a communication and engagement exercise with staff. Subsequently the themes of the corporate action plan may change. |
| 3. REGAINING RESPECT | |
| Link to Overarching Trust Priority | <i>Being a great place to work, valuing our people</i> |
| Achievements during 2018/19 | <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Taking the Lead ○ Middle Managers Programme ○ New to Line Management Programme ○ Every Conversation Matters ○ 'Patient Client Experience' and the Corporate Welcome |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Building on the workshops delivered in 2017/18 to over 2,000 staff, a further 500 staff throughout 2018/19 were in receipt of the '5 Fundamentals of Civility sessions'. Click here to view a 5 minute video 'Introduction to the 5 Fundamentals of Civility'. |
| <p>Planned Actions During 2019/20</p> | <ul style="list-style-type: none"> • As previously noted the focus on 2019-2020 will be on communicating and embedding the new HSC values and behaviours and a key action will be on reviewing current Management development programmes and training pathways. |
| <p>4. HEALTHY, WELL AND PRODUCTIVE WORKFORCE</p> | |
| <p>Link to Overarching Trust Priority</p> | <p><i>Being a great place to work, valuing our people Providing safe, high quality care</i></p> |
| <p>Achievements during 2018/19</p> | <p>The Trust's Staff Health and Wellbeing Strategy 2018 – 2021 and UMatter online hub was launched on 23 April 2018 at Dromantine, Newry.</p> <p>The event was attended by a range of 135 multi-disciplinary staff from across the Trust. The Director HROD introduced the concept of a Take 5 Health and Wellbeing pledge to staff at the launch. SMT have committed to their pledge and this concept is being cascaded throughout Trust Directorates and teams with staff being encouraged to develop their own team/individual health and wellbeing pledges. Staff are encouraged to visit UMatter for up-to-date news, events, campaigns and resources related to staff health and wellbeing.</p> <p>The Staff Health and Wellbeing Steering Group meeting and membership was reviewed June 2018 and it was agreed that membership should be changed to include representatives from across Directorates and 3 work streams established to inform development and roll out of action plans in support of staff physical and psychological health as follows:</p> <ul style="list-style-type: none"> • Better Physical Health and Wellbeing • Better Psychological Health and Wellbeing • Better Work/Relationships including Ageing |

| | |
|--|--|
| | <p><i>Other key achievements include:</i></p> <p>Roll out of Café Conversations across Trust localities, August 2018, to understand from staff how we can improve our unscheduled care planning, and provide a better working environment, and increased support during periods of pressure</p> <p>A number of Health Calendar Campaigns were supported throughout the year including:</p> <ul style="list-style-type: none"> • Men’s Health Week; • Sleeptember; • World Suicide Prevention Day; • Breast Cancer Awareness Month; • Parenting Week; • Alcohol Awareness Week; • Carers Rights Day <p>Physio-led Pilates programme for staff running across Trust localities</p> <p>A programme of workshops and information sessions was provided for staff on a range of topics including:</p> <ul style="list-style-type: none"> • Financial Wellbeing; • Understanding Your Child; • Suicide Prevention Awareness; • Dementia Friendly Societies; • Stroke Awareness <p>Launch of Menopause Information Tool and leaflets at Menopause Event on World Menopause Day, October 2018</p> <p>A review of Occupational Health Services was completed December 2018, following a broad-ranging scoping exercise to gather the views of service-users and stakeholders associated with the Occupational Health Service</p> <p>Production and launch of a booklet for staff on World Cancer Day, February 2019, with information on how to</p> |
|--|--|

| | |
|--|---|
| | <p>reduce their risk of developing cancer, the importance of cancer screening services and details about organisations who can provide information and support if you are affected by cancer.</p> |
| <p>Planned actions during 2019/20</p> | <p>The implementation of the Trust Health and Wellbeing Strategy will continue to be the focus during 2019/2020. A key action will be to set up and establish two additional health and well-being work streams:</p> <ul style="list-style-type: none"> i. Better Psychological Health & Wellbeing which will focus on the psychological health and wellbeing of staff including evaluation of the current stress toolkit and Trust’s Stress Management Policy ii. Employee Experience work stream which will focus on ensuring positive employee experiences through creating a happy and safe work environment and a great place to work. <ul style="list-style-type: none"> • Following the review of OH in 2018 a key action throughout 2019/2020 will be to implement recommendations for the future development, scope and perception of Occupational Health Services across the Trust. This includes establishing and embedding the role of the Consultant Clinical Psychological within Occupational Health and HROD teams. |
| <p>5. Equipped Workforce</p> | |
| <p>Link to Overarching Trust Priority</p> | <p><i>Being a great place to work, valuing our people Providing safe, high quality care</i></p> |
| <p>Achievements during 2018/19</p> | <p>The Education, Learning & Development online interactive Brochure for 2018/19 was developed and circulated widely to staff. Corporate Mandatory Training provision is reviewed on a continuous basis and improvements implemented on a regular basis. Work on developing a toolkit for managers in relation to Departmental Induction has commenced.</p> |
| <p>Planned actions for 2019/20</p> | <ul style="list-style-type: none"> • There will be a continued review of corporate mandatory training and a review of current Management Development programmes and training pathways. • A Leadership Conference aimed at leaders of all levels will be held in 2019. |

1.2 Patient and Client Experience

10,000 More Voices



10,000 More Voices - Current Live Surveys

The following 10,000 More Voices surveys are open to all patients, clients, carers, relatives and our staff so that experiences can be captured.



10,000 More Voices - New Survey 2018/2019

On 24 December 2018, 10,000 More Voices opened the Experience of engaging Mental Health Service – service user survey. This was promoted throughout the Trust.

10,000 More Voices – Trust Based Surveys

The generic 10,000 More Voices surveys was used within the Trust to capture experience within the following areas;

- School Nursing Service
- NINES Service
- Epilepsy Service, CAH

Promoting 10,000 More Voices to our Staff, Patients and Service Users

This short animation has been produced for staff, service users and carers to explain how to complete the 10,000 More Voices surveys.



10,000 More Voices Most Recent Publications

The following reports are now published. Please click on the links to obtain a copy. If you require hard copies of any of these publications, please feel free to contact Mairead Casey, Trusts 10,000 More Voices Facilitator, Landline: 028 3756 6764, Mobile: 07789 505 502 or via email mairread.casey@southerntrust.hscni.net

- [Regional Bereavement Report July 2018](#)
- [Experience Of Delirium Interim Report Final June 2018](#)
- [Experience Of Adult Safeguarding Report Nov 2018](#)

10,000 More Voices - Day Care Update

Keady Day Care Centre and Lisanally Day Care Centre were visited by a film crew on Tuesday 23 October 2018. The film was being made across Northern Ireland to celebrate the quality of work within the HSCNI. This film was released on 8 November 2018, World Quality Day. [Click here](#) to view.

Staff and service users had the opportunity to discuss how the 10,000 Voices survey has led to some lasting improvements within their Day Care Centres including the development of the “Community Connector” role as part of the Day Care Support Worker role. Staff showcased some of the new Promoting Wellbeing training “Moving More Often” that had been provided for them in-house and how they now use this as part of their weekly activities. Feedback from the Q2020 Project Manager on the day

“Just wanted to say a massive thank you to you and everybody who took part in the quality video. It is very much appreciated and such a great insight to the wonderful work that is going on”



How we use the information we collect

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

Patient Client Experience Newsletters

Quarterly Patient Client Experience Newsletter were produced in;

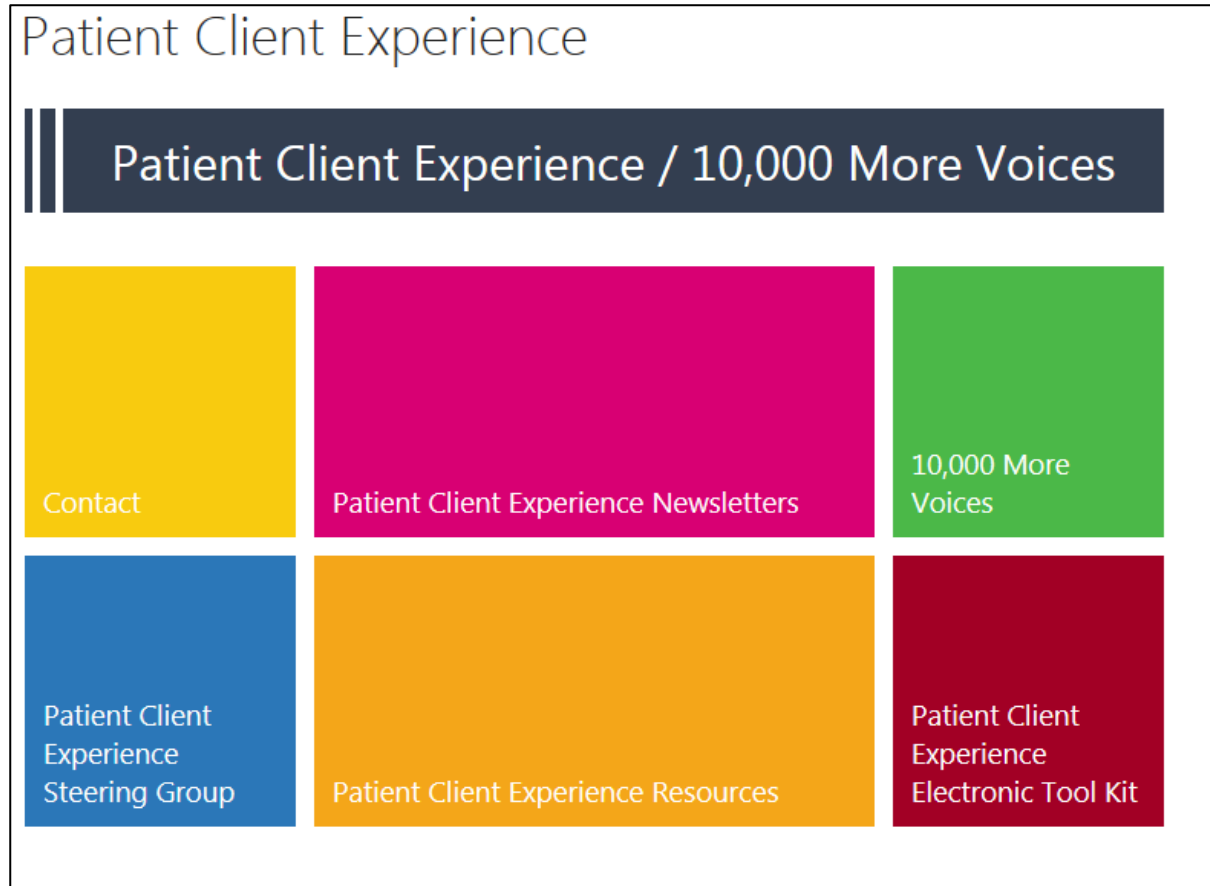
- June 2018
- September 2018
- November 2018
- Feb 2019

Please click on each newsletter to open.



SharePoint

The Patient Client Experience SharePoint title is regularly updated with the live 10,000 surveys, Patient Client Experience Newsletters etc. Please click below to access the SharePoint site (available to Southern Trust staff only).



The screenshot shows a SharePoint site titled "Patient Client Experience". At the top, there is a dark grey header bar with the text "Patient Client Experience / 10,000 More Voices". Below this, there is a grid of six colored buttons, each representing a different resource or tool available on the site.

| Color | Text |
|---------|---|
| Yellow | Contact |
| Magenta | Patient Client Experience Newsletters |
| Green | 10,000 More Voices |
| Blue | Patient Client Experience Steering Group |
| Orange | Patient Client Experience Resources |
| Red | Patient Client Experience Electronic Tool Kit |

PHA Regional Priorities 2018 / 2019





Spread of ‘Always Events’

Following the local improvements made to the Outpatients Department in Ramone, Craigavon Area Hospital in 2017/18, the initiative has now been spread to the new Outpatients Department in Daisyhill Hospital, Bernish House. This involved the establishment of a new local Always Event Team including service users from within Sensory Services, Outpatient staff, the Personal and Public Involvement Team, Estates Department and the Patient Client Experience Team.

In December 2018 the first meetings were held involving service user walk through with staff. An action plan was developed which included;

- Introduction of yellow name badges for all staff
- Spread of “I am deaf card” training for staff and display of information
- Aperture for check-in kiosk
- Improved visibility signage internally to facilitate those with visual impairment
- External site works improvement so that our service users could independently access services eg Tactile pavings, Zebra crossings, widening of pedestrian gates to facilitate wheelchair users. Our Estates Department have been instrumental again in taking forward these improvement.

The below table outlines some of the improvements to date

| | Before | After |
|-----------------------|---|--|
| Outside Bernish House |  |  |
| Toilet door signs |  |  |

Peer Support: Listening to the Voice of the Carer

Over 40 delegates attended our Trust Quality Improvement Network on Friday 28 September 2018 in Dromantine Conference Centre, Newry. The subject of this Network was Peer Support: Listening to the Voice of the Carer. Peer support can be defined as “people with shared experiences, characteristics or circumstances supporting each other to improve health and wellbeing.”

Feedback from the Network was extremely positive with attendees appreciating the opportunity to engage with stakeholders and colleagues.



Some of the comments and feedback received included:

“We should not be complacent - needs are always changing for staff and carer alike - regular review of what is going well and not so well should be undertaken.”

“Very touching, definitely increased awareness of challenges, physically and emotionally for families.

Thank you for sharing.”

Local Engagement Partnership (LEP)

Co-Production

Under the auspices of the Department of Health Social Work Strategy, a Local Engagement Partnership (LEP) is now established in the Southern Trust and is co-chaired by one of our service users.

The LEP has developed and advanced the culture of Co-Production and has identified and trained 27 Carers Champions across programmes of care. Social Work teams have access to a Carer's Champion to ensure that all relevant information on carers is shared across all teams.

Progress has also been positive using a co-production and co design approach to engage directly with carers to identify their needs while the person they care for is engaged in an intermediate care rehabilitation programme. The aim is to review and explore the value of the current information shared with service users and carers and revise and update the information from the feedback received.



Trust Charity Partnership 2018 - 2020

In January 2018, the Trust established its new 2 year joint partnership with PIPS Upper Bann and PIPS Hope and Support, both Public Initiatives for the Prevention of Suicide and Self Harm. Over the 2 years staff will help raise awareness and vital funds for both PIPS charities.

During the first 9 months of the partnership £35,000 / 1,400 hours of crisis counselling to support vulnerable people who are at risk of suicide and people who self-harm in the Southern Trust area.

Personal and Public Involvement 2018/19

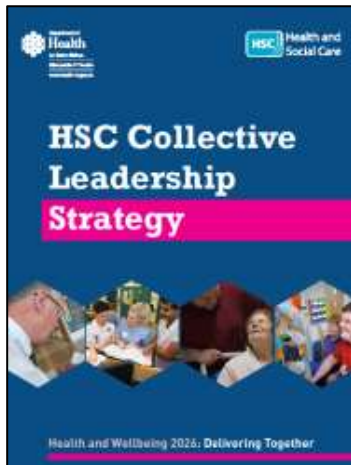
Personal & Public Involvement/Patient Client Experience

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.

On 31st August 2018, the Department of Health (DoH) launched the Co-production Guide.

This document together with the Expansion of Community Development Approaches (HSC May 2018) and the HSC Collective Leadership Strategy (October 2017) sets the future direction for HSC - connecting and realising value through people - which aims to:

- Connect people together as part of the care system
- Embed a population health and wellbeing approach
- Build social capital
- Empower and enable integrated multi-disciplinary team working
- Develop people centred enabling technologies
- Enable people to provide real time feedback
- Develop people centred quality assurance systems



Involving Our Service Users

Pathfinder Project Group

The Daisy Hill Hospital Pathfinder Project Group was established in May 2017 to develop a long term plan to sustain and develop unscheduled care services for the Newry and Mourne population. 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.

One of the proposals agreed through the Daisy Hill Pathfinder Project was the development of a new Direct Assessment Unit which opened in December 2018. The Unit offers a range of alternatives for those patients who may not actually need life-saving emergency care, but do require urgent investigation, observation or treatment. This frees up staff time and clinical space within the Emergency Department for those patients who do need immediate acute emergency care, hopefully reducing waiting times and improving overall outcomes for everyone.

Further information on the Daisy Hill Hospital Pathfinder Project can be found on the Trust website: <http://www.southerntrust.hscni.net/about/3695.htm> or for updates follow: @SouthernHSCT using #DHHPathfinder



Review of Disability Day Services Day Centre

In September 2017 the Disability Division initiated a review of Disability Day Services-Day Care and Day Opportunities to identify inherent strengths, areas for development and to make recommendations for a modernized day services model. The Health and Social Care Board's consultation on Regional Learning Disability Day Opportunities Model (2014) required the Trust to review its daycare provision and ensure that those who do not meet the criteria for daycare avail of a wider choice of day time activities to meet their needs. The project team ensured that service users, carers and staff were meaningfully engaged and involved in the review and were provided with a range of opportunities to share their views and add to the discussion and impact future developments.

An Engagement Plan to communicate with service users, carers, families, staff and local communities has been developed and implemented.

To date there have been 9 carers' engagement events and 17 service user meetings which took place across the area throughout March – September 2018. 173 parents/carers of adults with a learning or physical disability attended to share their views on services and how they could be improved. Easy read information leaflets and letters were developed to ensure adults with learning disabilities could be involved in the review process. The recommendations are being finalised and further engagement events will be scheduled to seek input from service users, carers and staff before implementation.

To find out more please visit the Trust website:

<http://www.southerntrust.hscni.net/3168.htm>

Tel: 028 3883 3248 or Email: jill.duffy@southerntrust.hscni.net



Acute Care at Home Service

Older people tell us that they prefer to receive care and treatment in their own home where possible. The Southern Trust's 'Acute Care at Home' service is now available to older people in the Newry and Mourne area.

As the first Consultant Geriatrician Led service of its kind in Northern Ireland, the team aims to respond to referrals from GPs, Northern Ireland Ambulance service and local hospitals within just a few hours.

The team has the same access to diagnostic and laboratory services as in a hospital setting and can treat patients over the age of 65 with a wide range of acute illnesses in residential, nursing or patients own homes. They also have access to mobile diagnostic equipment to carry out scans, take blood tests or organise other diagnostic investigations and treat a range of conditions like chest infections, pneumonia or dehydration in patients own homes.

The Acute Care at Home service has been expanding across the Southern area since it was originally set up in Lurgan as a pilot in 2014. To date it has **prevented around 4050 hospital admissions and supported earlier discharge for over 1400 people.**

Currently available to suitable patients in Newry City, Mayobridge, Hilltown, Rathfriland and Bessbrook, the next phase will see the service extended to South Armagh and Kilkeel.

The Trust's Service User and Carer PPI Panel

The PPI Panel is now in its ninth year with membership comprising service users and carers with the aim of having representation from across all programmes of care and Section 75 groups. The chair and vice chair of the Panel are service users and it provides feedback on how the Trust is progressing its PPI agenda and works with the Trust to enhance PPI across all of its services.

This year the PPI Panel working in partnership with the Trust also developed its first Annual report in newsletter style to raise the profile of the panel and awareness of the range of work undertaken by its members.

Panel members completed training in recruitment and selection and quality improvement, took part in interviews for the new PPI posts, participated in the assessment panel for the PPI small grants programme, were involved in the judging panels for the Trust's Excellence Awards and continued to be involved in consultations on Trust's plans and participate in a range of Trust and regional groups including the Regional PPI Forum.

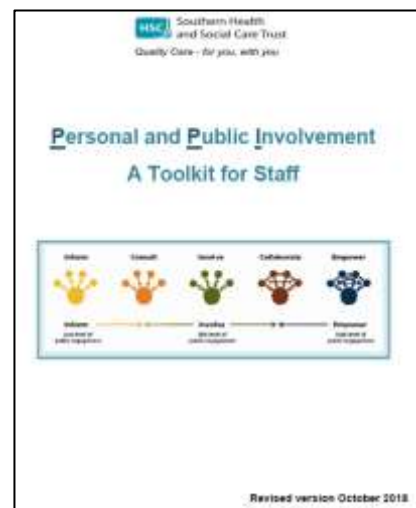


PPI Toolkit

The Southern Trust’s PPI Team in partnership with the Trust’s PPI Panel, Trust staff and members of the Regional PPI Forum reviewed and up-dated the PPI Toolkit (2010) in line with new legislation and guidance. This practical guide is designed to support Trust staff understand and fulfil their responsibilities in regard to PPI, Patient Client Experience and Co-production to ensure the meaningful involvement of service users, carers, local communities and partners in improving the design, delivery, safety, quality and efficiency of Trust services.

Printed copies of the Toolkit are being made available to each service team across the Trust. The PPI Toolkit and all of the PPI resources and documents referenced in it can be found on the Trust’s website using the following link:

PPI Toolkit and PPI Resources



Traveller Support

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 know 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 2018/19 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
- Co-production of "Our Pregnancy Journey" and a Melanotan leaflet
- Two very successful Traveller Living History Exhibitions showcased in Craigavon and Newry provided by Meath Traveller Workshop in partnership with Craigavon Traveller Support Committee.
- Delivery of 7 Traveller Cultural Awareness Workshops to 75 participants from 5 statutory organisations including the Trust and 1 school.

Co-Production Matters in Developing Mental Health Services

A new programme to help mental health service users and carers to get involved in shaping services was introduced in the Southern Trust.

The programme and a toolkit of supporting materials were developed by Elaine Fogarty, Secretary of the Mental Health Forum and a service user herself. It is the first of its kind in Northern Ireland specifically designed to build the skills and confidence of service users and carers who would like to share their lived experience to improve mental health services.

Elaine explained: “By offering structured support and mentoring, we hope that this programme helps to build the capability of more service users and carers to get involved making a meaningful difference whilst also supporting staff in developing their own co-production skills.



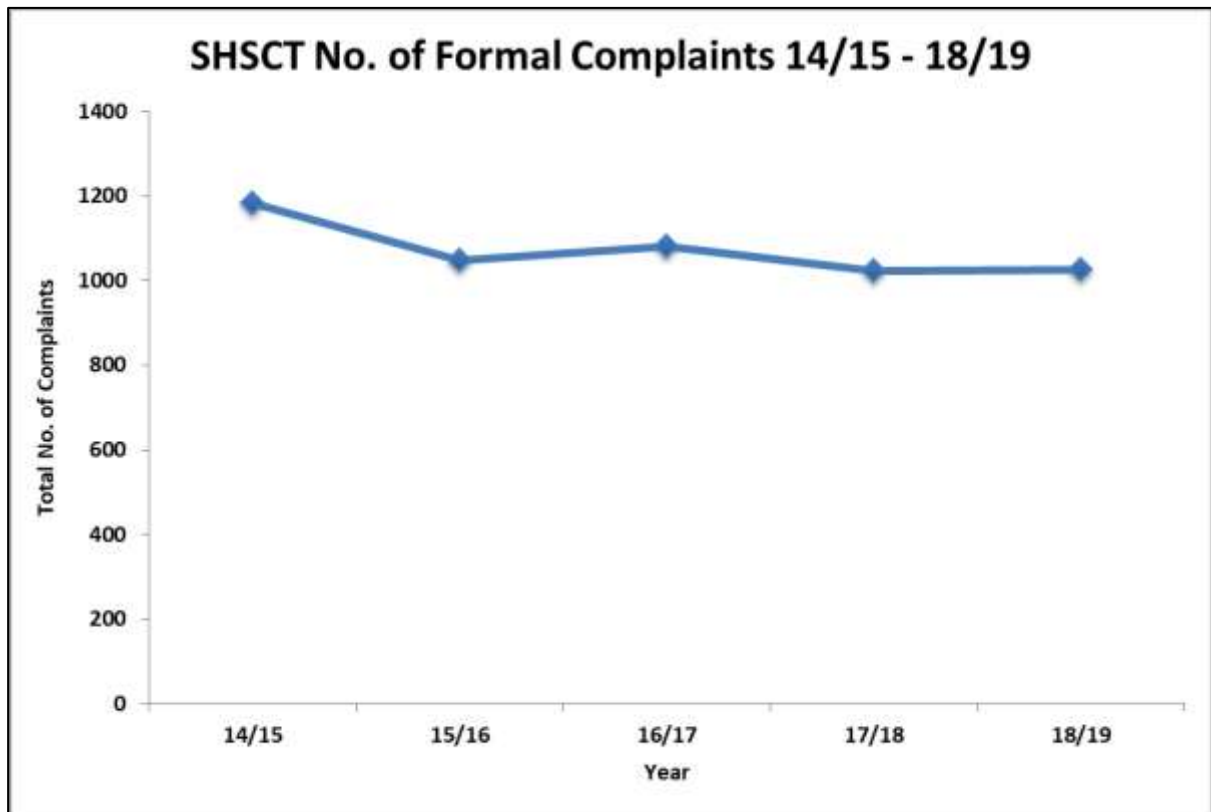
“The experience of co-production helping to make an impact for other service users is one of the most rewarding outcomes emerging through my own personal recovery so I would encourage anyone with lived or caring experience to get in touch to see how they too may be able to share their journey in a positive way.”

The Mental Health Forum was established in 1993 as a means of communicating Service User opinion to service providers. The Forum is now the official voice of the Lived Experience community within the Southern area. The Forum provides advice, information and signposting for Service Users, Carers, Professionals and the general public about mental health services throughout the Trust area.

1.3 Complaints and Compliments

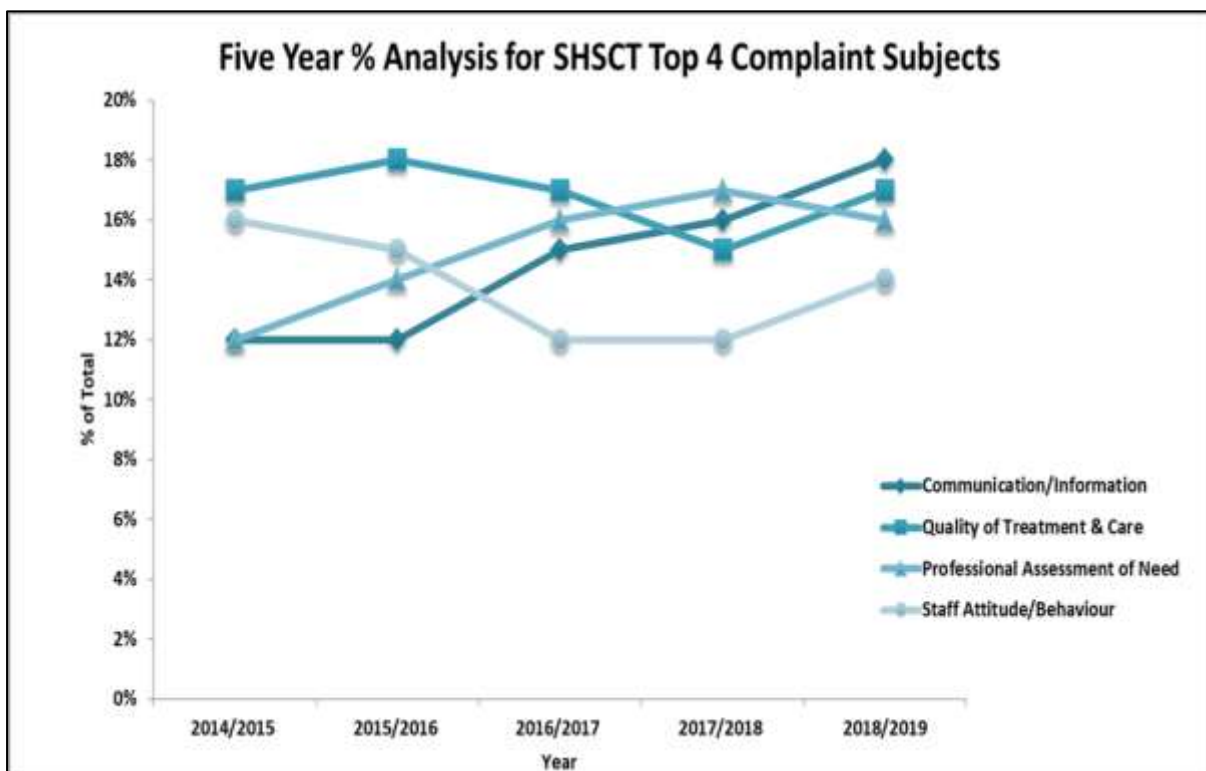
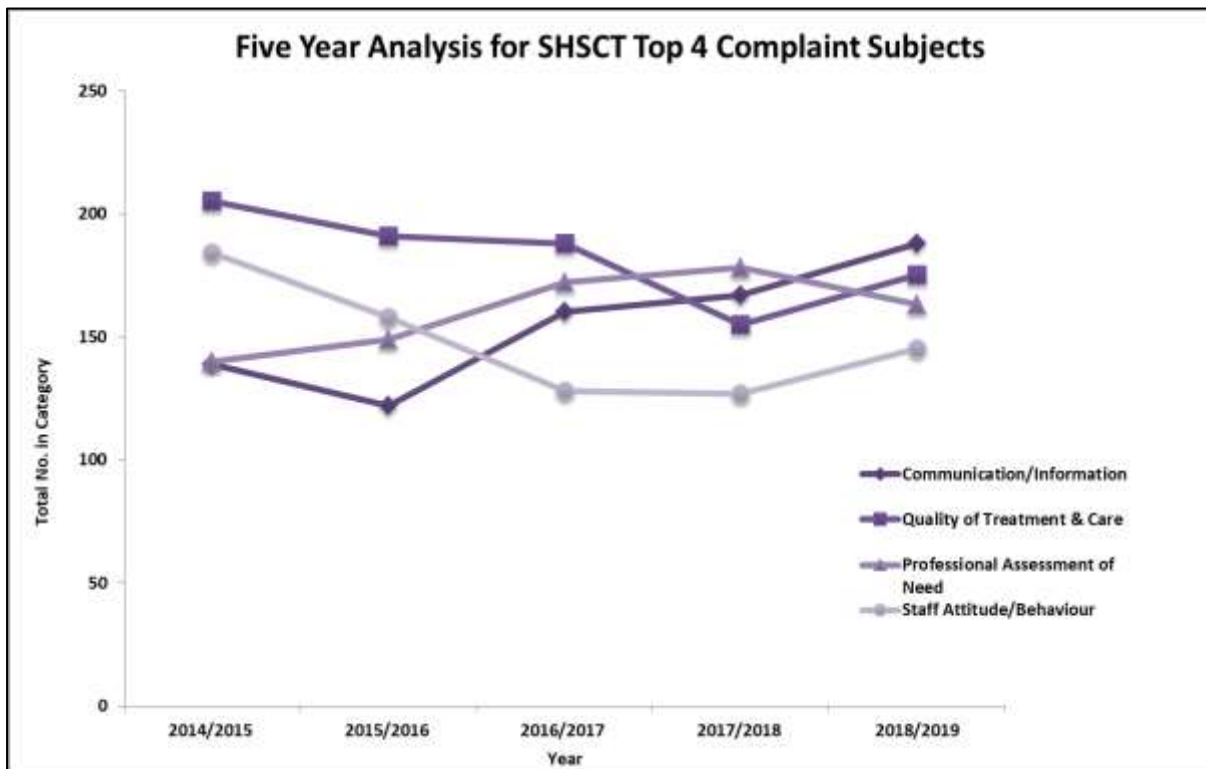
Each year a significant number of people receive services provided or commissioned by the Southern Health & Social Care Trust. The vast majority have a positive experience and are cared for by well trained professional and supportive service staff, all of whom are highly dedicated. However like any organisation,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

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



The number of complaints received by the Trust has remained consistent over the last four years at just over 1000.

Complaints can be multi-faceted, involving multidisciplinary teams and relate to events over a short or extended period of time. Complaints about Treatment & Care, Staff Attitude, Communication and Professional Assessment of need remain consistent across each reporting period, as shown below:



Our Top 10 Complaint Subjects 2018/2019

1. Communication/ Information
2. Quality of Treatment & Care
3. Professional Assessment of Need
4. Staff Attitude & Behaviour
5. Waiting List, Delay/ Cancellation Outpatient Appointments Arrangements
6. Policy/ Commercial Decisions
7. Waiting Times, A&E Departments
8. Quantity of Treatment & Care
9. Discharge/ Transfer Arrangements
10. Waiting Times, Outpatients Departments

Complaint Response Times

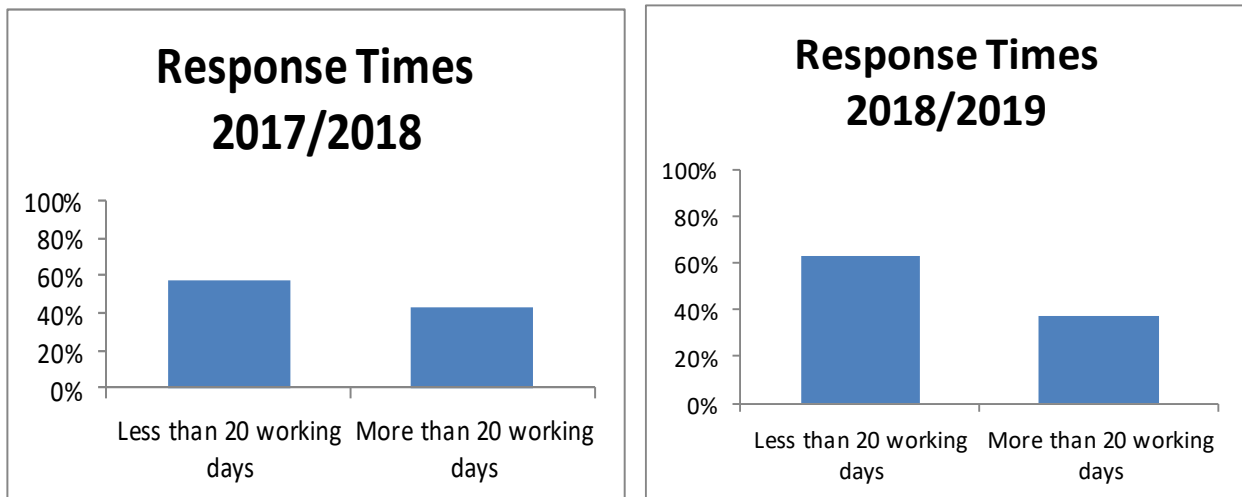
Where possible, the Trust will seek to resolve complaint issues using local resolution. This can be less distressing for our service users and their families, providing a positive outcome. However, there will be times when local resolution is not possible and the formal complaints process is required.

The HSC Complaints Policy requires Trusts to provide:

1. an acknowledgement within 2 working days
2. a formal response to the complainant within 20 working days of receipt of a complaint. If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay.

The Trust often offers meetings with complainants and the relevant clinical teams to assist with resolution of their complaint. Throughout the complaints process the Trust aims to provide the complainant with a positive experience aiming to resolve the complaint. The Trust uses all service user feedback as an opportunity to learn, putting measures in place to improve services.

92.5% Complaints Acknowledged within 2 Working Days



Learning from Complaints

The Trust continues to work to improve response times.

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

Sharing the outcome and learning from 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 complaints to ensure learning and development takes place. This information is shared at the Trust’s Governance Forums, 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.

In addition to HSCB complaints classification, the Trust uses the ‘Health Care Analysis Tool’ to further analyse complaints from service users. This enables organisational listening through aggregating individual healthcare complaints so that service users concerns can facilitate service monitoring and organisational learning.

The Trust reviews complaints processes by auditing complaints and complaint responses – to identify how we can improve our complaints processes. Analysis of this data will allow an action plan to be developed to improve complaints management systems.

Below are some examples of how learning from complaints has changed practices within the Trust.

Complaint Subject: Communication/Information

Complaint:

The son of a client contacted the Trust to advise that his Mother's leg dressings were leaking fluid and that a nurse was supposed to redo the leg dressings on 23 January 2019 but did not arrive. Complaint stated they contacted the Integrated Care Team and spoke with the District Nursing Sister who stated a staff member had called on 22 January 2019 but was unable to gain access.

Response and Learning:

A response letter was issued noting that Twilight Nurse visited complainant's Mother on 21 January 2019 and informed her legs were leaking fluid. The nurse advised that they would order the appropriate dressings from the GP surgery and arrange a District Nurse (DN) visit on 23 January 2019. The nurse confirmed the prescription was ordered and DN advised the visit was to be scheduled for 23 January 19. In the interim, on 22 January 19, the GP requested the DN to attend the Complainant's Mother to take bloods and the DN Sister asked the DN who was assigned to obtain bloods to also check client's legs to avoid the need for a separate visit the following day.

The DN called at the home of the complainant's Mother on 22 January 2019 and was unable to gain access and unfortunately did not leave a "no access card" informing client that they had attempted to visit. The visit for the dressings was rescheduled for the 25 January 2019 and following a telephone call from the complainant to the Integrated Care Team this date was confirmed.

A 'no access card' should have been left on 22 January 2019 and the Complainant's Mother should have been contacted by the DN team to negotiate the rescheduling of the visit from 23 January 2019 to the 22 January 2019 and to establish if this was suitable. Shared will all DN in the team.

Complaint Subject: Quality of Treatment and Care

Complaint:

The complainant was dissatisfied about the care and treatment of her son during an autism assessment.

The complaint highlighted the need to ensure that parents are provided with sufficient information to prepare them for the autism assessment process.

Parents/carers should be fully informed about what to expect within the assessment process. This should include the actions and interventions parents/carers may observe from the staff involved and a rationale for the actions taken by staff, for

example, redirecting attention, seeing how the child responds to joint interaction, or whether they are able to tolerate moving on from playing with a preferred toy.

Response and Learning:

In response to this learning a script has been developed for professionals to ensure that clear and explicit information is shared with parents/carers at the outset of the assessment process. In addition the initial appointment letter sent to parents/carers now has a link to a short information video of the assessment process on YouTube for parents/carers to view <https://www.youtube.com/watch?v=DeDFnT-HLPM>

Complaint Subject: Environmental

Complaint:

A patient who was attending a Mindfulness group within the Ferns Resource Centre advised that there was outside noise which was distracting e.g. doors banging, people talking etc.

Response and Learning:

The resource manager no longer accepts bookings for any rooms for the purposes of meetings/ interviews whilst mindfulness and relaxation groups are taking place.

Ombudsman Cases

When service users are not fully satisfied with the outcome from the Trust's investigation into their complaint they can raise their concerns with the Northern Ireland Public Services Ombudsman).

In 2018/2019, the Ombudsman requested additional information in relation to 20 complaints. Of those cases, 3 were accepted for investigation; 9 were not accepted; and 6 are currently pending a decision from the Ombudsman's office as to whether they will be accepted for investigation. The Trust is committed to working with the Ombudsman's office to resolve service user complaints, identifying and implementing learning. We continue to work with the Ombudsman on cases raised during previous years.

Below is an example of how the Trust has responded and improved in light of an Ombudsman case for shared learning:

A complaint was received in relation to the Trust's services. The Trust identified learning in relation to the following:

- a) *The importance of a timely response when patient care issues are raised.*

- b) *The importance of ensuring that all information considered by the Trust is accurate, particularly information coming from a third party.*
- c) *The importance of appropriate staff attitude in all engagement with service users.*

In response to this the Trust undertook to:

- Review its timescales and establish internal performance indicators for providing relevant advice to registered bodies.
- Remind the teams of the importance of creating contemporaneous records of discussion and the reasons for decisions made as a result of such discussions.

Taking the principles of recording practices into account, the Trust has reinforced with staff that they should:

- *Type/write records contemporaneously.*
- *Use clear, straight forward language.*
- *Avoid abbreviations and jargon.*
- *Be concise. As a general rule succinct analytical summaries and the use of bullet points are preferable to extended narratives.*
- *Be accurate. Differentiate between fact and professional opinion.*
- *Clearly identify decisions taken and the rationale.*
- *Be legible (if hand-writing is illegible; records will need to be typed).*
- *Sign them using a full identifiable signature, not initials and dated by worker and manager (if required) and identify the designation of the signatory. For typed records it is acceptable for the name to be typed and a signature is not required.*
- *Evidence a link between fact, analysis and planning.*

Compliments & Suggestions

The Trust is keen to learn from positive experiences 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. This enables organisational listening through aggregating individual compliments so that positive service user experience can facilitate organisational learning. It is also encouraging for our staff to receive recognition for the vital work that they undertake.

As of November 2018 we have been using a new system for recording the compliments we receive to enable us to learn from our compliments in the same way as we do from our complaints. Since November we have **received 2,081 compliments** using our new system of recording.

The below table shows this number by subject. We received an additional 1,800 compliments April—October; however these are not broken down by subject. In total we had **3,881 compliments** in the 2018/2019 year.

| Subject of Compliment | Card | Email | Feedback Form | Letter | Social Media* | Total** |
|-------------------------------|--------------|------------|---------------|------------|---------------|--------------|
| Quality of Treatment and Care | 648 | 100 | 92 | 51 | 41 | 932 |
| Staff Attitude & Behaviour | 453 | 89 | 95 | 47 | 41 | 725 |
| Information & Communication | 117 | 29 | 29 | 17 | 9 | 201 |
| Environment | 61 | 3 | 25 | 8 | 6 | 103 |
| Other | 87 | 0 | 6 | 26 | 1 | 120 |
| Total Compliments | 1,366 | 221 | 247 | 149 | 98 | 2,081 |

***Social Media refers to compliments received by official Facebook and Twitter accounts only**

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

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

*The carers that attended me when I came out of hospital were the nicest bunch of girls you could have coming into any bodies home. They did their job with dignity and care; they made sure I was comfortable and very well looked after. They always had a smile and a word for me and they were all the same, there wasn't one I could complain about. **A big thanks you to you all and keep up the good work.***

I have recently been under the care of the acute care at home in crisis team. The compassionate, kind, supportive, dignified care I received is to be highly commended.

My wife was very well supported and involved in my treatment. I made a very good recovery as a result of the expert care I received. I was assessed by my GP in the morning and my treatment was commenced by the team the same afternoon.

Well done to all involved.

*I am writing regarding Dr xxxx. He is a GP based in DHH OOH. I visited him with my dad. He was excellent in explaining his condition and management plan to my dad who is non-medical. Despite there being no open pharmacies, he left the surgery to go to ED to get my dad an emergency supply of blood pressure medication. He realised this would be an unnecessary ED attendance and helped by avoiding this by running over to the hospital himself and providing us with a supply of medication and plan. He was a really compassionate GP with lots of understanding and empathy for my dad who was understandably worried about his raised BP. **Thanks for being so kind.***

After 17 years our son has been diagnosed with Autism. Dr XXXX and XXXX have been the most helpful, courteous, professional and sympathetic health professionals we as a family have ever come across.

*Attending our appointments at DHH have **immensely helped us as a family unit** who never had any support, guidance, advice or a listening ear and we would like to thank both for their help which is still ongoing. A big thank you!"*

So grateful for the brilliant care we received during an emergency visit to the ward in Blossom on Wednesday. We were looked after from the minute we arrived. The nurses were brilliant. Very friendly, approachable and knowledgeable. While we were at reception, Nurse XXXX came over and immediately asked if we were ok (I'm sure she noticed the oxygen – my son was born at 25 weeks) she took me straight to the ward and within 2 minutes another nurse and student arrived to do our admission. The Nurse Practitioner wasn't far behind.

*Assessment was all done very quickly; we were then monitored for a few hours and allowed to go home as we already had a feeding tube insitu and oxygen. We were kindly given the contact details if we had any further issues rather than going through a GP as we were on holidays for a month. Being a nurse within the NHS for 15 years myself and having spent the first 7 months of our sons life in hospital with him, I really couldn't fault anything. **I was very impressed with everything.***

We had cause in our house to use the Dungannon Minor Injuries Unit earlier today – after a fall here last night in the snow/ice. It was a busy place but we got everything ('booked in', seen, X-rayed and fitted with a splint-brace) done-and-dusted within half-an-hour, and catered for the whole time by good, kind, pleasant and skillful people (from receptionist right through).

*The media keep telling us the Health Service is in chaos. We saw no chaos today, just good, fast, honest-to-goodness help, support and care at a time when they were needed. **Thank you for that and keep up the good work.***

As most of you know XXXX has had a few hospital visits recently and has made me see how wonderful each and every person working in healthcare are but the cream of the crop have to be the superheroes who work in the Blossom Unit at Craigavon.

*The staff there genuinely could not do enough for you. **We are so lucky to have a place like that on our door step.** It's been a tough road but it would have been a hundred times worse if not for the care and attention shown by those fantastic people.*

I would like to express my sincere gratitude to the staff in the delivery suite last Thursday during the birth of my perfect baby girl. After labouring to 7cm I was rushed to theatre for an emergency caesarean due to a cord prolapse.

*Had it not been for the quick actions and absolutely amazing work of the consultants, the sister in charge and the midwives I would not have been coming home with a baby for Christmas and that is the harsh reality of it. There are no words to describe the job that each individual member of staff involved in my care did that day and I will be forever grateful to each and every one of them! Working in the complaints department in CAH I know how few and far between compliments are but I could not fault one single part of the care that I received. I would be extremely grateful if you could pass on our thanks to the individual staff members - Dr xxxx, Sr xxxx and midwives xxxx and xxxx. You are all amazing!!! **Thank you again from the bottom of my heart!***

I am writing to express my thanks and appreciation to your team at A&E, Craigavon Area Hospital, for the care extended to my father, now a resident of Hamilton Court Care Home, Armagh, over recent months. After almost 81 years of excellent health my father has had a particularly challenging year suffering a significant stroke in March 2018, a further stroke in May 2018 and extended hospital admissions throughout the year.

He was admitted to A&E, CAH, from Hamilton Court, on Wednesday 17th October. On that occasion Dr XXXX was in charge of his care. Dr XXXX dealt with Dad with professionalism and efficiency but also with great sensitivity and compassion. As a family she kept us very well informed and we had great confidence in her decision making. Dr xxxx will not be aware of it but the decisions she made and progressed that day significantly and positively impacted the care and management that Dad went on to receive.

*Dad was again admitted to A&E, CAH, after a collapse at Hamilton Court on Saturday 9th March. Dr XXXX, F2, was in charge of his care. Once again Dad was managed with professionalism and efficiency, not only by Dr XXXX but by the nursing and HCA staff in the yellow area and CDU. Dr XXXX kept us fully informed throughout and again **we had confidence in all decisions made.***

Dad was able to return to Hamilton Court on Saturday evening and we were very grateful for all the communication between Dr XXXX and the home to facilitate his ongoing care there.

1.4 Adverse Incidents / Serious Adverse Incidents (SAIs)

The Trust is committed to delivering high quality, safe and effective care to service users. The Trust is committed to learning and encourages reporting of incidents and near misses to identify where interventions and improvements can be made to reduce the likelihood of incidents happening.

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

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

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

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

Communicating effectively with patients and service users, at what can be a very challenging time, is an essential part of a serious adverse incident review for service users and their families. The Trust is committed to working with and supporting families throughout the SAI Review process.

‘Treat Me Well’ Training

In the SHSCT we have a varied approach to sharing learning, one event that took place on 28 September 2018 was ‘Treat Me Well’ Training

Staff from Daisy Hill and Craigavon Area Hospitals took part in a morning of learning disability awareness training.

The training was organised as part of the Southern Trust’s drive to promote Mencap’s ‘Treat Me Well’ campaign which aims to improve the experience of people with a learning disability in hospitals.

Nursing, social work and pharmacy staff along with a number of allied health professionals, took part in the session to increase their awareness of how to better meet the needs of people with a learning disability whilst in their care.

Specialists from the Trust's Learning Disability Team, Mencap and the Public Health Agency shared their expertise with hospital colleagues; a service user and two carers gave their perspective of bringing an adult with a learning disability to hospital; and Speech and Language Therapists were on hand to teach some Makaton signs.

We are having a follow up event on the 26 September 2019.

1.5 Quality Improvement

New SHSCT Qualification Prospectus

Building Your Quality Improvement Capacity and Capability

Quality is something which is an integral element to each and every job role across our organisation and something that we strive for every day. Supporting an improvement culture within the Trust is central to the delivery of safe, effective, compassionate care.

We launched our new training prospectus in April 2018, **“Building Your Quality Improvement Capacity and Capability 2018 / 2019.”**

This prospectus outlines the qualifications and training available within the Southern Health and Social Care Trust that will enable Learners to:

- develop knowledge and understanding about current good practice in quality improvement
- develop the skills of individuals whose current or future role is to deliver quality improvement activities
- prepare for managing and / or undertaking quality improvement projects using appropriate quality improvement tools and methodologies
- how to drive quality improvement activities and initiatives

2018 / 2019 Prospectus
Building YOUR Quality Improvement Capacity and Capability

OCN NI Level 3 Award in Quality Improvement
 OCN NI Level 3 Certificate in Quality Improvement
 OCN NI Level 5 Diploma in Leading Quality Improvement
 Introduction to Quality Improvement E-Learning
 Introduction to Measures
 Advanced Measures
 Quality Improvement Clinics
 Sharing and Learning Events

What Can Quality Improvement Training Do For You?

PROBLEM → Complete Learning → Set Your Solution → Prepare Your Plan → Set Your Change Plan → Take Your Plan Forward → SOLUTION

| | | | |
|---|---|--|--|
| Quality Improvement Introduction OCN Certificate 4-8 weeks of self-paced learning Outcome: Awareness Training | Quality Improvement Award OCN Award in Quality Improvement 4-8 Weeks of Project Outcome: Level 3 Certificate in Quality Improvement | Quality Improvement Certificate OCN Award in Leading a Small Scale Change Project 4-8 Month QI Project Outcome: Level 3 Certificate in Quality Improvement | Quality Improvement Diploma OCN Award in Leading a Team or Service 8-12 Month QI Project Outcome: Level 5 Diploma in Quality Improvement |
|---|---|--|--|

Qualifications in 2018/19

OCN Level 3 Quality Improvement Award Programme for Staff

The Continuous Improvement Team was delighted to launch the Level 3 Award in Quality Improvement for Staff. The OCN NI Level 3 Award in Quality Improvement qualification has been designed to develop the knowledge and skills of everyone who has an interest in quality improvement activities.



OCN Level 3 Quality Improvement Certificate Program

A new group of staff began the Level 3 Certificate in Quality Improvement, demonstrating that to inspire action, great leaders start with "WHY?". The aim of this program is to equip staff with the quality improvement tools, techniques and methodologies required to undertake a small step change project. It will provide you with a vehicle to improve quality, safety and patient experience.



OCN Level 5 Quality Improvement Leader Program

Cohort 5 of our Level 5 Quality Improvement Leaders started their journey - leading significant projects linked to corporate objectives – Communication and Infection Control. Course content includes Data for Health Care, driver diagrams, project management, diagnostic tools and human factors.



OCN NI Level 3 Quality Improvement Award for Service Users

The Southern Health and Social Care Trust is the first Trust in Northern Ireland to offer accredited quality improvement training for service users, carers, voluntary and community sector partners. The OCN NI Level 3 Award in Quality Improvement has been designed to develop the knowledge and skills of anyone who would like to get involved in improving health and social care services.

SHSCT was highly commended in the inaugural OCN NI Learner Awards in the Provider of the Year category for our innovated approach to promoting and supporting co-production with our service users.

We are pleased to announce that we have been awarded funding to deliver our QI Award to service users regionally with the first cohorts starting in April 2019.



Quality Improvement Event

Our 5th Annual Quality Improvement Event was held on Friday 16th November in 'The Junction', Dungannon. It was a great success with over 280 delegates present to hear about quality improvements undertaken in the Southern Trust over the past year.



The theme of 'Quality Improvement and Transformation' reverberated throughout the main hall, parallel sessions, the 'QI cinema' and of course the ever popular Dragons' Den section. Attendees were treated to live music and 'Colour Breathing'.

There were over 20 oral presentations delivered by service users, colleagues from regional organisations and Southern Trust staff from a range of professions and levels within the organisation.

In our Dragons' Den innovation challenge section, three teams were shortlisted to present their pitches to our five dragons. The winners were the 'Tea Angels' from Ward 2 in Lurgan Hospital who were aiming to win favour for their idea of providing a 'Comfort Trolley' to families who are sitting with their relatives. This was part of the team's wider commitment to provide compassionate and holistic care to patients and their families on their ward.



Over 170 posters were on display, each outlining the background, processes, outcomes and next steps from a range of service improvement projects across the Trust. These projects spanned across a number of initiatives, from our OCN accredited Level 3 and Level 5 Quality Improvement Awards to Taking the Lead.

Attendees were asked to vote on their favourite poster. John McNally, Clinical Practice based Pharmacist, garnered the most votes for his project ‘Evaluating the Impact of a Dedicated Clinical Pharmacist in the First SHSCT-managed GP Practice’.



To showcase all the posters displayed at the event, we launched an interactive electronic poster catalogue using PageTiger. Attendees and those who could not be there can now reflect on and revisit the project posters, opting to download them if they wish.

[To view the poster catalogue, please click here.](#)



5 Steps to Quality Improvement eLearning Launch

In April 2018 we launched our updated 5 Steps to Quality Improvement e-learning. The new module blends the quality improvement tools and project management skills required to lead a project aiming to improve quality, safety and patient experience.



What's included?

It is an extensive eLearning package that is broken down into 5 modules and takes approximately 8 hours to complete. It includes learning on a range of quality improvement tools and methodologies including:

- Project management theory and tools
- Data for Healthcare - operational definitions, understanding variation, run charts, Shewhart charts, frequency plots, pareto charts, scatter plots
- Human Factors
- Service User Experience Videos
- QI Resources

Sharing and Learning Events

Sharing and Learning sessions were held in Daisy Hill, South Tyrone Hospital and St Luke's Hospital. Staff members had the opportunity to share their experiences of implementing Quality Improvement Projects that they had undertaken during the past 12 months.



Some of the projects showcased during these events included:

- First Responder App: GoodSAM – Surviving Out of Hospital Cardiac Arrests
- Effective Communication with Carers and Families within Non Acute Hospitals
- The Clinician as Researcher: Ideas, Implementation and Impact
- Development of a Communication Tool to Facilitate Patient Transfers from ICU
- Self-Directed After Care Peer Group Health Needs Assessment

| | | | |
|---|--|---|---|
| <p>FIRST RESPONDER APP: GoodSAM</p> <p>Surviving Out of Hospital Cardiac Arrests</p> <p>VIEW PRESENTATION →</p> | <p>First Responder App: GoodSAM - Surviving Out of Hospital Cardiac Arrests</p> <p>Ronan McBride Staff Nurse, ICU CAH</p> | <p>Self Directed After Care Peer Group Health Needs Assessment</p> <p>Emer McGeown Specialist Breast Care Nurse</p> <p>VIEW PRESENTATION →</p> | <p>Self Directed After Care Peer Group Health Needs Assessment</p> <p>Emer McGeown Specialist Breast Care Nurse</p> |
| <p>Improving the care of patients awaiting PICC-line insertion for administration of IV antibiotic therapy in the community setting.</p> <p>VIEW PRESENTATION →</p> | <p>Improving the care of patients awaiting PICC-line insertion for administration of IV antibiotic therapy in the community setting.</p> <p>Pauline Curran IV Co-ordinator, Outpatient Parenteral Home Antimicrobial Therapy (OPHAT)</p> | <p>Development of a communication tool to facilitate patient transfers from the Intensive Care Unit.</p> <p>VIEW PRESENTATION →</p> | <p>Development of a Communication Tool to Facilitate Patient Transfers from ICU</p> <p>Gayle Hobson Critical Care Nurse, CAH</p> |
| <p>Effective Communication with Carers and Families within Non Acute Hospitals</p> <p>VIEW PRESENTATION →</p> | <p>Effective Communication with Carers and Families within Non Acute Hospitals</p> <p>Fiona Waldron Team Manager Non-Acute Social Work</p> | <p>The Clinician as Researcher: Ideas, Implementation & Impact</p> <p>VIEW PRESENTATION →</p> | <p>The Clinician as Researcher: Ideas, Implementation & Impact</p> <p>Daniel Harde McClintock BSc (Hons) Occupational Therapist</p> |

[To view the projects please click here and navigate to Page 10](#)

Theme 2

**STRENGTHENING
THE
WORKFORCE**

2.1 Introduction

Total number who have achieved Q2020 Attributes Framework Level 1 through e-learning package - **1,513**

Quality Improvement Figures for 2018/19:- This includes staff who completed the following e-Learning modules:-

Introduction to Quality Improvement & Quality Improvement Foundation - 1146

Quality 2020 Attributes Framework Level 1 - 202

5 Steps to Quality Improvement - 125

Quality Improvement Leader - 40

Total number who have achieved Q2020 Attributes Framework Level 1 through face-to-face sessions - 35

Total number who have achieved Q2020 Attributes Framework Level 1 through bespoke training programmes - 7417

The breakdown is as follows:

| | |
|------------|---|
| 810 | Staff have been trained directly by the SHSCT Continuous Improvement Team (this face-to-face contact maps to Q2020 Level 1) |
| 306 | Staff have completed Level 1 as part of the Trust's Patient Client Experience training |
| 967 | Domiciliary Care Workers have completed Level 1 as part of QCF Level 2 Award |
| 196 | Domiciliary Care Workers have completed Level 1 as part of their NISCC Induction |
| 396 | Doctors completed Level 1 as part of the Medical Revalidation process |
| 976 | Staff attended the Trust's annual Quality Improvement event |
| 75 | Staff completed Quality Improvement Foundation Programme (OCN Level 3 Certificate) - this maps to Q2020 Level 2 |

| | |
|-------------|--|
| 34 | Staff completed Quality Improvement Leader Programme (OCN Level 5 Diploma) - this maps to Q2020 Level 3 |
| 5 | Staff completed/completing MSc in Business Improvement. This maps to Q2020 Level 3. - this is a 3 year programme and small numbers commence each year e.g. 2 commencing Year 1 and 3 commencing Year |
| 3 | Staff have completed the IHI Improvement Advisor Professional Course. This maps to Q2020 Level 3 |
| 18 | Staff have completed the Regional Quality Improvement in SW Programme. This maps to Q2020 Level 3 |
| 183 | Staff completed the Trust Leadership Development Programme 'Taking the Lead' which includes a module on quality improvement and the completion of a 30 day service improvement project |
| 125 | Staff completed the Middle Manager Programme (ILM Level 5) which includes a module on quality improvement |
| 3 | Staff completed the Scottish Quality and Safety Fellowship Programme (SQS Fellowship) |
| 753 | Staff completed RQF Level 2 Award |
| 2540 | Staff have attended the Trust's training session 'The Fundamentals of Civility' |
| 27 | Staff have completed / completing Nurse Band 8 Development programme: Transforming Self, Transforming Staff, Transforming Services |

This totals 8,965 staff, which equates to 72% of the workforce (based on 12,381 as per TDP/OGI Target) for Level 1.

As of quarter ending 31 March 2019, 3.8% of staff have achieved training at Level 2 of the Quality 2020 Attributes Framework

2.2 Looking After Your Staff

What Matters to You

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.

This year Southern Trust staff hosted a “What Matters to You?” week, inviting service users, carers and staff to share what matters.



Directors and senior staff hosted a range of “What Matters to You?” sessions in June 2018:

- Acute Directorate engaged with staff in a series of events in Craigavon and Daisy Hill hospitals
- Medical and Children and Young People’s Directorates hosted a coffee morning in Blossoms Children’s Centre
- CI Team hosted a Quality Improvement Network in Dromantine Conference Centre with service users and carers
- Older People and Primary Care hosted an event in Lurgan Hospital for the ICT Team

Our Evaluation report was published in August 2018.

“What Matters to Me”

A range of workshops and focus groups with social work staff in Older Persons, Mental Health and Disability and the Family Intervention Service (FIT), have been undertaken by Social Work Governance/Executive Director Social Work. This process outlines the importance of visible professional leadership and listening to

frontline staff about the high level issues that impact on their core service delivery duties.

Action plans and an Oversight group have been established to drive forward recommendations which will contribute positively to the quality of social work service provided to our service users.

Project Retain

The logo for Project Retain features the text 'Project Retain' in a sans-serif font. The word 'Project' is in a light grey color, and 'Retain' is in a dark grey color. To the right of the text is a stylized graphic consisting of several overlapping circles in shades of blue, green, and red, arranged in a circular pattern.

The Trust was a collaborator in a regional Practice Development project, led by the Public Health Agency which aimed to increase nurse recruitment and retention in Care of Older People settings across the five HSC Trusts in NI by embedding a culture of open and transparent communication across all band and disciplines of staff.



This highly competitive funding secured from the Burdett Trust (over £182,000 regionally) provided back fill costs for staff in order to encourage engagement of nursing staff in each of the intervention wards (Ward 3 Lurgan and Level 4 DHH). Needs based training for staff in both Intervention sites was made available and when space allowed, to other staff including AHPs in the Trust. Regular meetings took place at regional level which were attended by the Trust leads, Dr Patricia Gillen and Mrs Dawn Ferguson with the local implementation group meetings chaired by Mrs Lynn Woolsey.

Project Retain has supported the Trust to undertake practice developments which have led to enhancements within care provision and to innovations in the support and career pathways for nursing staff. In particular, the provision of additional training opportunities and work in partnership with Peer Facilitators from AGE NI has led to improvements in in-house multidisciplinary training and working.

Career pathways for nurses along the continuum from novice to expert has been highlighted and led to innovations in elective placements for students, preceptorship programmes and retention of experienced nurses; all of which have led to improved patient care.

It is anticipated that the learning will be replicated in other areas across the Trust.

Workplace Health and Wellbeing

The Trust's Staff Health and Wellbeing Strategy 2018 – 2021 and U_Matter online hub was launched on 23 April 2018 at Dromantine, Newry. The event was attended by a range of 135 multi-disciplinary staff from across the Trust. The Director HROD introduced the concept of a Take 5 Health and Wellbeing pledge to staff at the launch. SMT have committed to their pledge and this concept is being cascaded throughout Trust Directorates and teams with staff being encouraged to develop their own team/individual health and wellbeing pledges. Staff are encouraged to visit U_Matter for up-to-date news, events, campaigns and resources related to staff health and wellbeing.

The Staff Health and Wellbeing Steering Group meeting and membership was reviewed June 2018 and it was agreed that membership should be changed to include representatives from across Directorates and 3 work streams established to inform development and roll out of action plans in support of staff physical and psychological health as follows:

- Better Physical Health and Wellbeing
- Better Psychological Health and Wellbeing
- Better Work/Relationships including Ageing

Other key achievements include:

- **Roll out of Café Conversations** across Trust localities, August 2018, to understand from staff how we can improve our unscheduled care planning, and provide a better working environment, and increased support during periods of pressure
- **A number of Health Calendar Campaigns** have been supported throughout the year including:
 - Men's Health Week
 - Sleptember
 - World Suicide Prevention Day
 - Parenting Week
 - Breast Cancer Awareness Month
 - Alcohol Awareness Week
 - Carers Rights Day
- **A programme of workshops and information sessions** were provided for staff on a range of topics including:

- Financial Wellbeing
- Understanding Your Child
- Suicide Prevention Awareness
- Dementia Friendly Societies
- Stroke Awareness
- **Launch of Menopause Information Tool** and leaflets at Menopause Event on World Menopause Day, October 2018
- **A review of Occupational Health Services** was completed December 2018 following a broad-ranging scoping exercise to gather the views of service-users and stakeholders associated with the Occupational Health Service.
- **Production and launch of a booklet for staff on World Cancer Day**, February 2019, with information on how to reduce their risk of developing cancer, the importance of cancer screening services and details about organisations who can provide information and support if you are affected by cancer.
- **Umatter** website achieved 102,972 page views in its first year.

Health and Well Being Pledge

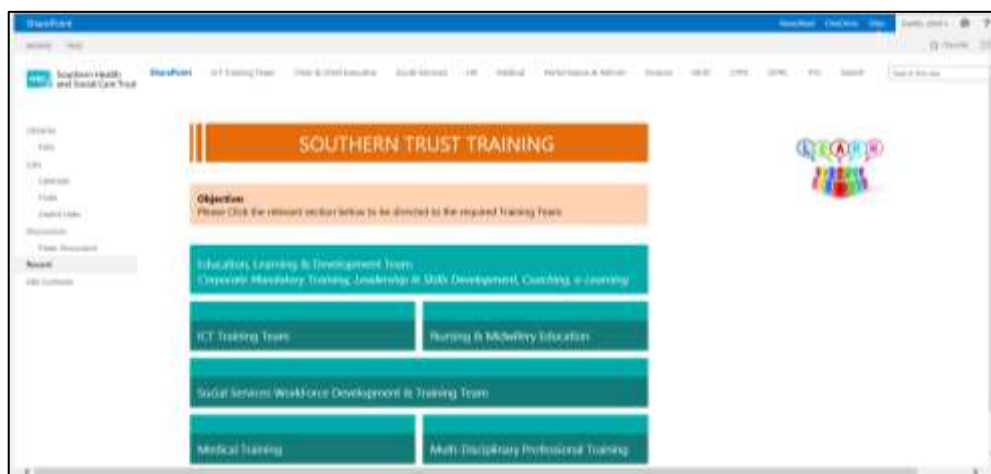
The Physiotherapy Team at Daisy Hill Hospital collected a number of presents for the “Christmas Family Appeal” as part of the Staff Health and Well Being Pledge.



Physiotherapy staff in Daisy Hill Hospital who took part in the Christmas Family Appeal.

2.3 Induction

The Trust's Corporate Welcome is delivered via an interactive, informative online publication. Feedback continues to be positive with staff remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design. New starts to the SHSCT must also receive a departmental induction from their line manager as soon as possible after commencing employment. This process is currently under review.



2.4 Corporate Mandatory Training

Work continues on this area in relation to a number of elements:

- Ensuring that Training Needs Analysis are as accurate as possible in relation to the training required by each staff member, the method of delivery and the frequency of refresher required.
- Continue to provide quarter end compliance reports to each Directorate and ensure that this information is disseminated throughout each Division to ensure that Managers and staff can see their position in relation to CMT compliance and action as necessary.
- Ensuring that the Internal Audit compliance rate of 60% is maintained across the Trust, highlighting areas where this is dropping and liaising with relevant staff to address any issues.
- Continue to actively promote CMT across the Trust using a variety of methods, eg Desktop, Southern-i, etc and attend meetings as appropriate
- Ensuring that all staff across the Trust can access the training in a manner relevant to their role

Compliance Rates in 31st March 2018 and 31st March 2019:

| Corporate Mandatory Training Element | % Compliance as of 31 st March 2018 | % Compliance as of 31 st March 2019 | Variance (%) |
|--------------------------------------|--|--|--------------|
| Information Governance Awareness | 74 | 82 | +8 |
| Fire Safety | 68 | 65 | -3 |
| Safeguarding | 81 | 79 | -2 |
| Moving and Handling | 68 | 69 | +1 |
| Infection, Prevention & Control | 64 | 67 | +3 |
| Making a Difference* | n/a | 22 | n/a |

Making A Difference – Equality, Good Relations and Human Rights Training was introduced as an element of Corporate Mandatory Training from 1st October 2018.

Trust wide compliance continues to be achieved across all elements with the exception of Making a Difference which continues to rise on a quarter on quarter basis. Fire Safety and Safeguarding compliance have dropped slightly and work continues on highlighting this with Managers and staff. Liaison with Subject Matter Experts continues in relation to amendments to Training Needs Analysis, rolling programmes, changes to training requirements, etc.

Caring Cultures Programs

In Autumn 2018, a cohort of nine registered nurses from within a range of learning disability services, the Practice Education Team and Nursing Governance in SHSCT attended a Regional Creating Caring Cultures (CCC) programme. The programme which was endorsed by Chief Nursing Officer Charlotte McArdle was facilitated by the Foundation of Nursing (FoNS) and delivered via three residential workshops.

The purpose of the Creating Caring Cultures Programme was to help nurse-led teams within learning disability services to create healthcare workplaces that are person-centred, conducive to the delivery of high-quality care and that provide a supportive place for staff to work by focusing on the seven ribbons of the CCC rainbow using a range of Practice Development approaches.

It provided the opportunity for participants to reflect on their role, consider working relationships to ensure the delivery of person-centred care. Several key actions were identified by the group one of which included the development of a Learning Disability Nursing Forum within the SHSCT to enable the sharing of knowledge and influencing Learning Disability Nursing practice. The cohort continues to meet on regular basis to progress their identified actions in collaboration with a facilitator from FoNS.



Developing Practice in Healthcare Programme

Through a Memorandum of Understanding with the Ulster University, the Trust is recognised as a partner in the delivery of the Developing Practice in Healthcare Programme (DPHC).

The DPHC offers registered practitioners the opportunity to obtain academic credit for their person-centred practice based learning clearly linked to personal, professional and organisational objectives.

During the programme which is underpinned by the Person-Centred Framework (2017), students undertake discreet practice development projects, using a values based approach to quality improvement supported by Trust based facilitators (see photo).



Development of a Leadership, Support and Development Programme for Band 6 staff

During 2018/19, Transformational Investment facilitated the uplift of 34.25 WTE Band 5 nursing staff to Band 6 Clinical Sister across wards within Acute, Non-acute and MH in-patient areas to ensure that appropriate senior nursing cover was present on designated wards over a 24/7 period and facilitate the Ward Sister/Charge Nurse to fulfil the 100% supervisory role.

Work has been completed by the Director of Nursing Team in partnership with Clinical Education Centre to develop a leadership, support and development programme for these new Band 6 Nurses. Feedback from engagement with some of the newly appointed Band 6 Ward Sisters, triangulated with the outcomes in the IPT and the Band 6 job description will form the content of the 3-day programme.

The first programme is scheduled to commence June 2019. Key elements include role clarification, professional leadership, NQI's, workplace culture, quality improvement, patient flow, and managing change.

Nursing and Midwifery Workforce

During 2018/19 the Southern Trust has established a Task and Finish group to initiate the Nursing and Midwifery Workforce Action Plan.

This plan will focus efforts on addressing challenges regarding attraction, recruitment, retention and utilisation of the nursing and midwifery workforce within the organisation.



Celebrating Nursing in Conjunction with the RCN Congress

During May 2018, the Corporate Nursing Team organised a series of events with nursing colleagues across the Trust to celebrate Nursing.

Celebrations were held on various sites across the Trust and included:

- Flash mob dances,
- Tea/ coffee and cakes
- Distribution of goodie bags

This also coincided with RCN Congress being hosted in Belfast for the first time. SHSCT contributed to the HSC Recruitment stand at Congress and many staff from across the Trust attended.



Dysphagia Support Team

As part of the Transformation funding each Trust were tasked to develop a Dysphagia service. SHSCT are the only Trust in NI to have fully established their Dysphagia Support Team, consisting of a Band 8a Dysphagia Coordinator, one Band 7 Dietitian and one Band 7 Speech and Language Therapist, and 2 Dysphagia Assistants (Band 4) who are successfully implementing the objectives set out in the regional thematic review on Choking.

The Dysphagia team are currently undertaking a regional project to test the application of tele-swallowing within 5 Nursing Homes across the Trust which aims to transform the way SLTs manage swallow assessment clinical work to reduce future waiting times for this vital service. They are also providing swallow awareness training, resource materials and expert advice/signposting into PNH across localities.



Photo -Louise Campbell, Project Lead, Dysphagia Support Team and Arleen Watt, Band 7 Dietitian, Dysphagia Support Team



Photos - Trust staff attended interactive events/stands across SHSCT for Swallowing Awareness Day on 13th March 2019.

Dietetics and E-Health

With the successful implementation of the remote tele-monitoring ‘Health Call Under nutrition Service’ for patients requiring oral nutrition support in Nursing Homes within SHSCT, the Dietetic service is now extending the service for patients in the clinic setting and in their own homes.

This technology will continue to drive quality, provide safe and effective care, whilst supporting patients in their own home. Earlier intervention for patients at risk of malnutrition improves treatment compliance resulting in improved nutritional status. The service also maximises dietetic resources and improves skill mix.

Occupational Therapy Wheelchair Resource Team

As part of the Regional Children’s Wheelchair Training Programme, the SHSCT Wheelchair Resource Team and the Regional Clinical Specialist Occupational Therapist, are launching the Lough Neagh Wheeler’s Children’s Wheelchair Skills Club in June 2019.

The purpose of the club is to offer wheelchair skills training to children and their families through the medium of group games in a fun environment.

Examples of skills teaching includes:



18 Occupational Therapists from different directorates, Disability, Children and Young People, Acute and OPPC, have volunteered to support the running of the club which will meet 4 times per year in the Seagoe Centre, Craigavon from 10:30am – 12:30am on a Saturday morning during June, October and December, March. Sessions have a structured teaching plan and are delivered in partnership with adult wheelchair users from all over NI, including the Southern Trust and are known as “Wheelchair Skills Training Buddies”.

Bridges – A Recognised Self-Help, Self-Management Approach

Bridges is an evidence-based self-help, self- management approach that is uniquely co-designed and co-produced with HSC professions, service users, and the wider sectors for specific condition areas. Bridges has been integrated into MDT working resulting in huge successes within the Southern Trust, initially in CYP and beyond that into a range of adult services.

The bridges approach gives staff another effective tool for their practice. Bridges teaches staff how to promote self-efficacy and confidence to clients and carers in managing their own or their family member’s condition. Bridges builds capacity to empower people with the knowledge skills and confidence to use services appropriately without over dependency and importantly go forward feeling they have the skills to manage their life long conditions

Bridges is an appropriate model of working across all disciplines and services.

The first Bridges self-help, self- management pilot for paediatric services within SHSCT has led to the co-design of a full paediatric training package, the first of its kind in UK and this has been rolled out across the province during 2018/19. CYP are continuing to roll out further Bridges training to further embrace children’s MDT services in child centred, impact based service models.

Adult Bridges training has also been well received in many teams across SHSCT for Transitions, Forensics, Falls and Stroke. Bridges will commence across all Directorates for Dysphagia to support a Culture of “Dysphagia Friendly Communities”.

Bridges training has been applied by staff with individual children, adults, parents and families to build capacity and develop competencies of MDT service users in the effective management of a range of long term conditions. Bridges affords a co-designed bespoke partnership approach to the areas of HSC that are involved.

To date 70 of the 80 SHSCT community physiotherapists have been updated in their knowledge of respiratory conditions, in the use of specialist equipment in use in

community settings and in training families and carers to be empowered to use such respiratory equipment and physiotherapy adjuncts. This trail blazer approach will spread to Physiotherapists across the region.



Physiotherapists who completed Bridges training.

Staff Survey from Bridges

- 100% attendees rate the training as ‘good’ or ‘excellent’
- 100% participants would recommend the training to a colleague
- 90% participants ‘agree’ or ‘strongly agree’ that using the Bridges approach makes their work more enjoyable
- 100% participants ‘agree’ or ‘strongly agree’ that using Bridges helps them to build a better relationship with patients and families
- 90% participants ‘agree’ or ‘strongly agree’ that using Bridges helps them to understand what is most important to the person quicker, which enabled them to save time
- 90% participants ‘agree’ or ‘strongly agree’ that using Bridges helps them to achieve outcomes that are meaningful to patients and families

Some of the quotes:

- “I found this very informative and effective training and would encourage all areas in health care to invest in the training.”
- “Bridges will enhance my practice by helping me to think about the language I use with patients.”
- “Real life examples made information easier to understand. Found the small group was easy to talk with/open to each other’s ideas. Very informative and enjoyable day.”
- “This is a truly patient-centred approach and I feel very inspired to put it into practice.”

Musculoskeletal (MSK) Physiotherapy Training

A number of our MSK Physiotherapy staff have completed a bespoke post graduate training to update their knowledge in the management of headaches.

The Musculoskeletal Physiotherapy Band 7 and static 6 staff in SHSCT took part in Post Graduate bespoke training to update their knowledge in the Physiotherapy management of Headaches.

The training was delivered by Julie Sugure Clinical Specialist Physiotherapist (Pain Management) Beaumont Hospital, Dublin, Michelle McGeown Physiotherapy Clinical Lead in Pain Management and Frances McGurgan Advanced Clinical Specialist SHSCT.



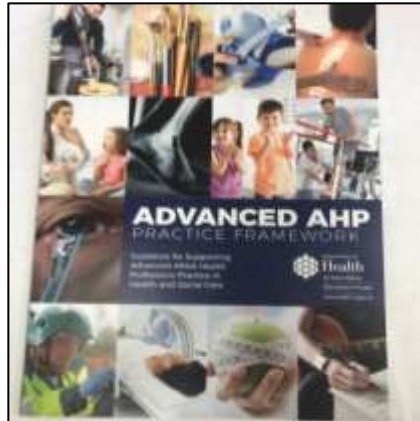
Physiotherapy staff who attended the MSK training day

Allied Health Professionals - Advanced Practitioner Framework

The regional *Advanced Allied Health Professionals (AHPs) Practice Framework* was developed in 2018 to provide clarity about the AHP Advanced AHP Practitioner Roles and to underpin the DoH AHP Workforce reviews. It provides a regional approach to addressing the needs of Advanced AHP practice within Health and Social Care (HSC) in Northern Ireland for application by Trusts, commissioners, education providers, workforce planners and advanced practitioners.

The framework outlines the knowledge, skills and competency level for each of the advanced practitioner roles within the 12 AHP disciplines. By defining what advanced practice is clarifies this and allows for formal educational and clinical practice progression. Progress from newly qualified to expert is a developmental pathway and includes advanced practice. Nationally advanced practitioner practice for AHP starts at band grade 7 and extends onwards to 8a and up to higher Consultant roles. This framework will support the HSC Transformation vision

enabling AHPs to take on advanced roles supporting effective and efficient workforce models, allowing greater skill mix capacity in the system whilst strengthening the overall workforce supply for example first contact care physiotherapists or image reporting radiographers.



Radiology Quality Improvement Event

Radiography Department held a quality Improvement Event in Dromantine Conference Centre in November 2018. This was well attended by radiographers across the region as well as representative from the Department and PHA. The event highlighted some of the brilliant and innovative work which takes place throughout the Southern Trust in each of the diagnostic modalities.



Judges of the poster competition (left) and Staff and Senior Management at the Radiology Quality Improvement Event (right)

This event also celebrated the fact that the Ultrasound Team won the “NI Radiography Team of the Year” and Grainne Forsythe won the “NI Radiographer of the Year award (pictured right).



2.5 Leadership Programmes

All multi-disciplinary leadership and management development programmes continue to be reviewed and updated to take account of the Regional HSC Collective Leadership Strategy, 5 Fundamentals of Civility, etc.

The Education, Learning & Development Portfolio 2018/19 was widely circulated to keep all staff informed of the leadership and management development and skills development programmes available throughout the Trust.

Number of staff who completed leadership, management and skills development programmes in 18/19:

| | |
|-----|--|
| 46 | Patient Client Experience |
| 54 | Taking the Lead |
| 43 | Middle Manager Programme |
| 68 | Admin Development Programme |
| 86 | Managing Difficult Situations |
| 151 | Competency Based Interview Skills (Bands 1-7) |
| 56 | Competency Based Interview Skills (Band 8a+) |
| 41 | Best Practice for Administration of Effective Meetings |
| 144 | Every Conversation Matters |
| 44 | New to Line Management |
| 155 | Appraisal Skills for Managers |
| 601 | Five Fundamentals of Civility |

**The figures on pages 44-45 are a cumulative total for the above projects.*

Medical Leadership and Development Programme

Human Factors is about enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, behaviour and abilities and the application of that knowledge in clinical settings. As part of the Medical Leadership and Development Program, the CI Team delivered a session on human factors, data for improvement and rich pictures.



Social Work Leadership Programme

Good social work leadership is important to the effectiveness and impact of social care services. As a profession, social work faces unprecedented pressures and the demand for the service continues to increase, placing huge demands on our staff. It is vital therefore, we have a confident and effective social work leadership to inspire and lead people and organisations in complex multi-disciplinary social care services.

Under the auspices of the DOH Social Work Strategy, the Southern Trust have designed a unique, bespoke Social Work Leadership programme. Based on Action Planning and Coaching, this programme has been delivered to over 75 social workers to encourage confident and skilled workforce in an evidenced minded organisation.

Due to the success of this programme, a similar one was delivered to 25 Social Care managers'. This tailored made innovative programme has been supported by a Team Coaching approach and is the first of its kind in Northern Ireland.

Time Out for Teams

The Continuous Improvement Team facilitated a number of Time Out for Teams sessions in 2018. One such instance is pictured below, where a session was held for Learning Disability Staff in Slieve Gullion. 65 Staff had the opportunity to take time out to participate in team building exercises and present examples of the quality care they deliver.



Participant feedback included: *“There are different people with different skills and attributes which are needed the make a team. I feel motivated and that my points were listened to, I feel part of the team.”*



What is Time out for Teams?

Time Out for Teams enables teams to take time out to reflect on how they are performing in order to improve how services are delivered and team dynamics.

There should be an opportunity for teams to take time out twice per year for reflection to cover issues such as:

- What has worked well?
- Where could changes be made to improve services or how the team performs?
- What changes do we need help with?
- What changes are necessary to account of future needs?

2.6 Supervision, Coaching and Mentoring

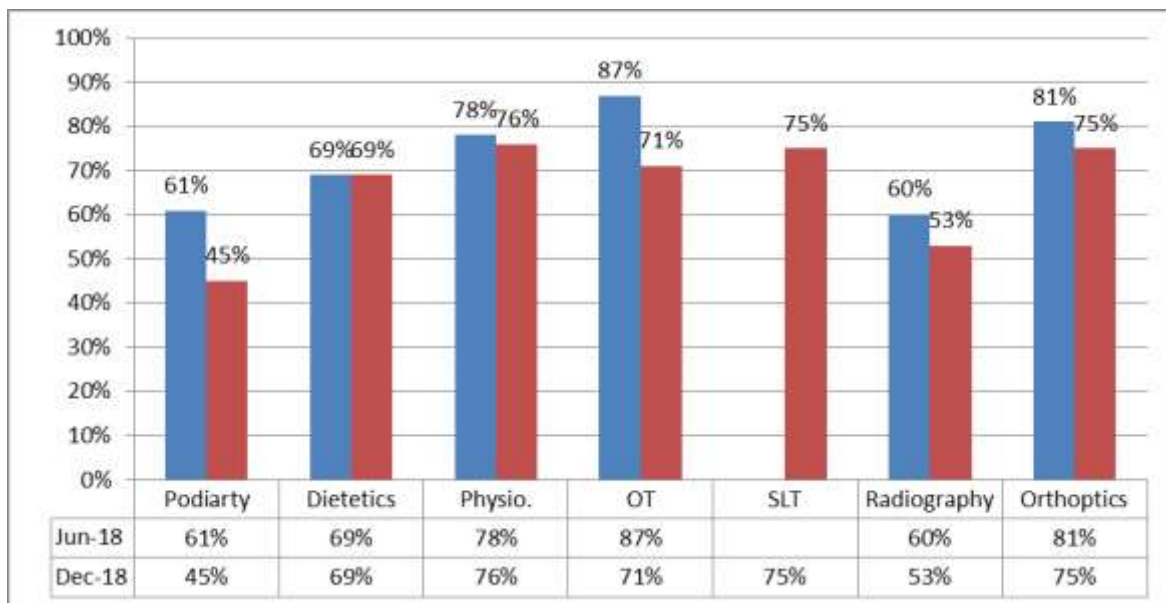
During 2018/19 the Trust’s Coaching Strategy for the next three years has been developed. Coaching is increasingly recognised as a powerful tool to help individuals realise their potential and to support positive change in challenging circumstances.

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, Social Work Leadership Programme and Social Care Leadership Programme participants.

Allied Health Professional Supervision

Allied Health Professionals (AHPs) use one to one, group supervision, peer supervision, and tele- supervision techniques.

The graph below outlines the AHP supervision records for each of the professions.



Special Educational Needs (SEN) Transformation Project

The SEN Transformational Project was initiated in January 2019 to oversee developing Trust implementation of new legislation and regional practices regarding ensuring children have the best start in life in relation to those with Special Educational Needs This involves working closely with a regional team of Health SEN coordinators from AHP backgrounds, and partnership working with the PHA and EA colleagues to establish better communication between agencies, consistent staff understanding and engagement with report provision and feedback on targets for providing reports for the Education Authorities statutory assessment pathway.

A working group within the Southern trust including Paediatricians, Physiotherapists, Occupational Therapists and Speech and Language Therapists has been implemented in order to outline present practice. Using quality and safety improvement, benchmarking standards and engaging with E health platforms the system is being improved to efficiently manage and report on health's involvement in statutory assessment process. This group will disseminate information to staff to ensure practices are consistent and relevant.

Outcomes of project are designed to ensure SHSCT are working to meet a child's needs in a timely, efficient and effective manner working towards safe

quality care at the right time. Maximising the Trusts ability to ensure every child's chance to a happy and healthy future.



From left- Hilary McFaul, SLT Manager, Una Mulgrew, Specialty Doctor CYP, Dr Fiona Corr, Consultant Paediatrician CYP, Anne Dooley, Consultant Paediatrician CYP, Pauline Leathem, Health SEN Co-ordinator, Dolores McAtasney, Team Lead Physiotherapist, Ciara Sweeney, Data Manager.

Systemic Coaching – Delivering Value Beyond the Individual

A regional coaching masterclass event was held in November 2018 on a “Systemic Coaching- Delivering Value Beyond the Individual”. The masterclass delivered “coaching for high performing teams” and was held in Crumlin Road Gaol, Belfast.

There is strong evidence to show that engaging in professional coaching can dramatically improve performance and results, as well giving better work-life balance and feelings of living a satisfying personal and professional life of your choosing.

A coaching relationship will help you gain clarity on what you want to achieve, and how to get there.



SHSCT Coach Forum members and Trust Coaches (Kathy Lavery, Jenny Johnston, Tierna Armstrong & Carmel Harney) with Professor Peter Hawkins and Paula O’Kelly (Leadership centre)

Some of the feedback received from the event included:

‘The event enabled me to look at complex work issues in a different way, to allow myself time to tease out concerns and to give myself opportunity to arrive at my own solutions’ Dietetics Manager, HSE West Services, SHSCT

*‘Through coaching, via the Connect Programme, I have an enhanced awareness of my personal skills set and am inspired by revealing the true potential of others’
Physiotherapy Manager HSE DNE*

2.7 Staff Achievements

Southern Trust Excellence Awards 2018

During June 2018, we held our 8th Annual Excellence Awards ceremony to celebrate and recognise the commitment, innovation and achievements of staff and volunteers.

Eimer McGeown scooped the top award in 2018 for her entry in ‘**Quality Care – For you, With You**’ – Award for Partnership Working with Service Users/Carers in the Design and Delivery of Services.

Trust wide Reporting Radiographers for Plain Film Team took the Runner-up Award for their entry in the ‘**Better Together Award**’ for **Team of the Year Behind the Scenes**.

Category Award Winners in full:

- **Taking the Lead Award:** Dr Joanne Minay
- **Better Together Award for Team of the Year – Behind the Scenes:** Trustwide Reporting Radiographers for Plain Film
- **Better Together Award for Team of the Year – Frontline:** Acute Care at Home Team
- **Learning in Action Award:** Daniel Harte
- **Quality Care – For you, with you award:** Eimer McGeown
- **Innovation in Action Award:** Pauline Curran
- **People’s Choice Award:** Sally Lynch

[Click here to find out more about the Trust Excellence Awards category award winners](#)



External Awards

National Awards - Patient and Client Council Co-Production Awards 2018

Hilary McFaul, Speech and Language Therapy Manager and team were finalists in the Patient & Client Council Excellence in Co-Production awards 2018.



HSJ Value Awards 2018

Southern Trust has 3 teams (Speech and Language, Respiratory Physiology and Communications) shortlisted as finalists in the HSJ Awards held in Manchester in June 2018.



20th Annual Healthcare Awards

Trust Health Professionals have been recognised amongst the best in Northern Ireland at the recent Healthcare Awards ceremony.



The Awards, now in their twentieth year, recognise projects and professionals that set the benchmark for industry excellence. They recognise team members that have gone that extra mile to help patients, colleagues or their local communities. It has rewarded an array of the most innovative initiatives and hardworking teams across the industry – and this year was no exception.

The Trust was shortlisted for 4 categories of which they won 3 and were runners up in the 4th:

- Winner of the ***'Management of Rheumatic Disease in women of childbearing age' Award*** went to *Dr Nicola Maiden and the Craigavon Rheumatology Biologics Team.*
- Winner of the ***'Most Innovating use of an EHealth solution to improve patient care and safety' Award*** went to *Claire Russell, Sharon McKinstry and the District Nursing Service Team.*
- Winner of the ***'Innovative Developments in the management of inflammatory bowel disease' Award*** went to *Ruth Hall and the Self-management / Flare Card project Team.*
- **Carol Patton and the Heart Failure Team** were awarded runner up for the ***'Heart Failure management' Award.***



Best Kept Health and Social Care Awards

The Southern Trust excelled at the recent Best Kept Health and Social Care Awards, which were sponsored by George Best Belfast City Airport and presented by the Northern Ireland Amenity Council (NIAC).

The Laurels Day Centre in Newry was crowned as the winner of the Best Kept Health and Social Care Facility in the Daycare category for the Southern Trust and Crossmaglen Day Centre took home the runner up prize in this category.



The Gills Memory Centre, Armagh were the proud winners of the Best Kept Health and Social Care facility in the Healthcare category in the Southern Trust and the Bluestone Unit in Craigavon Area Hospital took home the runner up prize in the same category.



Judges commented on the innovative environmental initiatives, aimed at bringing users and staff together to create a long-lasting and enjoyable place to stay.

National Learning Disabilities and Autism Awards

The Southern Health and Social Care Trust has scooped four top prizes at National Learning Disabilities & Autism Awards. The Awards celebrate excellence in the support for people with learning disabilities and aim to pay tribute to those who excel in providing quality care. There were a total of 16 categories available for an award.

Southern Trust winners were:

- *The Support Worker Award* – Jennifer Stone, Support Worker at Shanlieve, Killeel
- *The Learning Disability Nurse Award* – Marita Higgins, Learning Disability Nurse in Windsor Day Centre, Newry
- *The Making a Difference Award* – Denis Maguire, Forensic Learning Disability Services
- *The Supporting Older People with Learning Disabilities Award* – Trustwide Day Opportunities Team

This is the first year the awards have been organised in Northern Ireland. Congratulating Southern Trust winners; Acting Director of Mental Health and Disability Services, Carmel Harney said:



“It is such an outstanding achievement and a true reflection of our Learning Disability Services that so many Southern Trust staff have been acknowledged at the first ever National Learning Disabilities & Autism Awards.

“We have a dedicated and highly compassionate team who do extraordinary work in partnership with our service users to support them to live as independently as they can to reach their full potential. I sincerely congratulate all of the award winners and indeed all of our learning disability staff for receiving such well-deserved recognition.”

Royal College of Nursing Awards

Six Southern Trust nurses have been recognised at the prestigious Royal College of Nurses Awards 2018. Thirty two finalists were shortlisted across fifteen award categories. This was the 22nd year of the Northern Ireland Nurse of the Year Awards which highlight some of the best examples of nursing practice.

Southern Trust Award Winners were:

- *Pauline Curran IV and subcutaneous lead specialist nurse* was runner up in the Northern Ireland Nurse of the Year category and Ann Butler, Recovery College Co-ordinator was commended.
- *Philip Martin, from Health Care Assistant* at Craigavon Area Hospital was joint winner in the Health Care Support Worker category, sponsored by LV.
- *Health Visitor Bronagh Mulholland* was runner up in the Public Health Award sponsored by the Health and Social Care Board and Public Health Agency.
- *Louise Gribben, Haematology clinical nurse specialist* was runner up in the Cancer Nurse category, Sponsored by Cancer Focus and Macmillan Cancer Support.
- *Mary Burke, Head of Service for Medicine and Unscheduled Care* was runner up in the Leadership Award, sponsored by Roberta Brownlee and Silverdale Care Home.

Congratulating all the winners, Interim Executive Director of Nursing for the Southern Trust Heather Trouton said: “We have a fantastic team of dedicated nurses working right across the Southern area, both throughout the community and within hospital settings. Every day, despite the continued challenges they face, our nurses show great compassion and dedication to their patients and clients.”



“We are absolutely delighted that so many of our nurses have received such deserved recognition at this year’s RCN Awards. This is a real reflection of the high quality care and excellence right across all of our nursing specialties in the Southern Trust.”

Paediatric Department Staff Achievements

Cash for Kids NI – Fundraising Day at the Blossom Centre

Our fantastic staff at the Blossom Children & Young People’s Unit have handed over £2,636 to Cash for Kids NI as a result of their recent fundraising day!

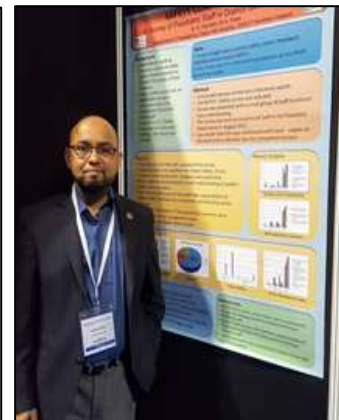
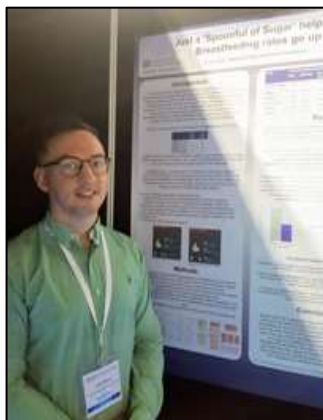
The funds raised were a result of donations from members of the public and fellow colleagues at the fun day on Friday 1 June 2018. Thank you to everyone who played their part in such a worthy fundraising event. #ValuingOurStaff #TeamSouthernTrust



CYP Quality Improvement Projects Recognised UK Wide

Four QI projects were accepted in RCPCH 2018 Annual conference. This year’s RCPCH conference was held in Glasgow with thousands of delegates attended from across the world. Number of Medical & Nursing staff attended from SHSCT. CYP QI projects attracted lot of interest during the conference. QI project presented were:

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



Acknowledgements of Staff Recent Achievements

Each Friday in Craigavon Area Hospital's Neonatal Unit staff do a "Friday Thank You/Achievement Huddle" and at the end of June the theme was "acknowledgement of staff recent achievements".

In the photo we have team acknowledgement of:

- Frances McGuigan for her secondment to the ANNP trainee course in Liverpool,
- Karen Weir for completion of another 2 modules in her Masters in Leadership & Management Course at the University of Ulster,
- Siobhan Mc Kavanagh for her promotion to Band 6 Nurse in Charge,
- Frances Mc Guigan and Laura Mc Kee for their successful completion of the Mentorship Programme,
- Students Paul O'Neill and Sarah Brennan on their successful completion of the Children's training course final exam and management assessment in Neonatal,
- Lisa Fitzpatrick on the successful completion of her degree course at Queen's University, Belfast (QUB),
- Lynne Robinson who has now added Indian Head Massage to her alternative therapy qualifications which includes baby massage, aromatherapy, reflexology, articular therapy,
- Naomi Lyle and Grace McVeigh who have achieved an accredited neonatal course at QUB,
- Niamh Mc Ardle and Frances McGuigan who have both successfully completed the Regional NLS course.

Of the 13 staff due to revalidate in September 2018. All requirements have been submitted for NMC.



Winner of Psychiatrist of the Year at the Royal College of Psychiatrists

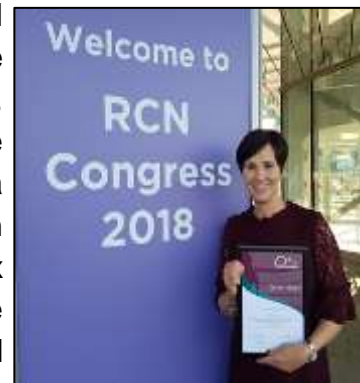
Absolutely Fantastic News that Dr Heather Hanna has WON the Psychiatrist of the Year Award. This is a highly prestigious UK Award. The award is primary in recognition of work done to improve mental health services for children and young people with intellectual disability. This is recognition of the innovation and investment made by the SHSCT and the dedication of ID CAMHS Practitioners. It is a major endorsement of our direction of travel.



The Judges praised Dr Heather Hanna on her “impressive energy and drive”. Dr Hanna said “I would like to thank you all for your interest and support in the work of ID CAMHS, your encouragement to me personally and I look forward to continuing the journey to achieve equity and the best possible outcomes for our children and young people, there is still lots to be done”.

Congratulations to Julianne Lee at the RCN Congress

Congratulations to Julianne Lee who collected her RCN Foundation Impact Award at the opening ceremony of the RCN Congress in the Waterfront Hall on Saturday evening. This award celebrated the impact and achievements the RCN Foundation has had on nursing. Julianne received a bursary from the foundation to complete her MSC in Nursing Children and Young People with Complex Healthcare needs. Julianne had an article printed in the RCN Nursing Children and Young People Journal based on the findings of her dissertation. Well done Julianne.



Children and Young People’s Consultants Recognised for Excellence

Three Children and Young people Services Consultants have been recognised for their outstanding contribution and excellence in their field. Dr Ahmed Khan, Associate Medical Director for Children and Young people’s services has received a Fellowship from the Royal



College of Physicians in Ireland whilst Dr Heather Hanna, Consultant Child and Adolescent Psychiatrist in Intellectual Disability and Dr Lisheen Cassidy, Consultant Child and Adolescent Psychiatrist have been made Fellows of the Royal College of Psychiatrists.



National Recognition for Southern Trust Allied Health Professionals

Allied Health Professionals in the Southern Trust have been recognised amongst the best in the UK at the Advancing Healthcare Awards in Feb 2019.

The awards recognise and reward projects and professionals that lead innovative healthcare practice and make a real difference to patients' lives. They are unique in that they are UK-wide and cover all these professional and specialists groups whose achievements so often go unnoticed.

The Trust's AHP flexible pool workforce development were awarded Finalists in the Top 4 of the category "*Maximising Resources for Success*" which is sponsored by the Department of Health NI.

The flexible pool workforce was developed as a corporate priority by the Assistant Directors AHP Steering Group with support from HR and Finance leads to address large scale temporary gaps in the predominantly female workforce due to maternity leave, work life balance and high turnover rates. This award recognises the crucial role of AHP leadership in driving forward service transformation to ensure safe, sustainable, and effective quality services provided in the right place at the right time by the right people. This model resulted in improved productivity and flexibility of the AHP workforce; enhanced patient experience through shorter waiting times and service continuity; greater staff retention, building a stronger reputation for Southern Trust as a great place to work.

The collective efforts of all services working together and embracing a compassionate, open approach have benefited patients/carers, AHPs and the Trust to achieve excellence. Across all age groups AHPs are having a huge influence on the patient journey and are pivotal to health promotion, diagnosis, assessment and treatment right through to the rehabilitation journey, partnering with other service providers for seamless care. Trust AHPs are leading the way in a number of 'first of their kind' innovative service developments. I am extremely proud to have the calibre of our own AHPs deservedly recognised at such a prestigious event.



2.8 Staff training

QRF

As a training team we want to ensure we have the right staff with the right skills in the right place at the right time to ensure consistent delivery of safe, high quality services.

The Vocational Workforce Assessment Centre (VWAC) team continue to deliver Regulated Qualification Framework (RQF) Qualifications to staff throughout the Trust. Over the past year the following groups of staff have completed a RQF Qualification:

| | |
|------------|--|
| 42 | Allied Health Professions have completed a Level 3 or Level 4 Diploma in Healthcare Support Skills |
| 90 | Domiciliary Care Staff have completed a Level 2 Award in Healthcare Support Skills |
| 171 | Domiciliary Care Staff have completed a Level 2 Certificate in Healthcare Support Skills |
| 28 | Supported Living staff have completed a Level 3 Award in Healthcare Support Skills |
| 32 | Staff working in Acute Directorate completed a Level 2 Certificate in Healthcare Support Skills |
| 72 | Staff working in Acute Directorate completed a Level 3 Qualification in Healthcare Support Skills |

We continue to support the development of new programmes within the Trust to meet the needs of the service and in response to staffs' continuous personal development plans.

Appraisal/KSF

During 2018/19 there continues to be an increase in personal development plans' received. As of March 2019, **60% of the workforce** has completed their personal Development plan.

The Vocational Workforce Assessment Centre team continue to support and encourage staff to comply with the 60% target which was set following an Internal Audit.

Community Development Award

The Southern Trust has led on the development of an exciting new post-qualifying programme "Social Work and Community Development Approaches". This has been undertaken in partnership with Ulster University and supported by the Department of Health, Health & Social Care Board, Health & Social Care Trusts and Service Users.

Social Work candidates are currently co-producing their community development projects with service users and carers to improve the use of valuable family and community resources to support our service users.

2.9 Revalidation of Medical and Nursing Staff

Nursing and Midwifery

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

Monthly monitoring reports are issued to Managers, Heads of Service and escalated to Assistant Directors and Directors where necessary. These reports provide managers with an opportunity to remind registrants of their NMC registration and revalidation requirements and will identify registrants whose annual registration fees have not been received within NMC deadlines for payment. During the 18/19 year there were no occasions where registrants have failed to meet the NMC registration or revalidation requirements.

Medical

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 and Figures



- The Southern Trust had 61 Doctors due to be revalidated out of possible 63. All 61 had a positive recommendation.
- We had 2 deferrals in this timeframe.

Supporting Our Social Work and Social Care Workforce

The Trust has a dedicated Social Services Training team which supports the learning needs of the Social Work and Social Care Workforce and our multi-disciplinary colleagues. The following table reflects the commitment to training and development in the Trust provided by the Social Services Training Team:

| Children’s Services Training | | |
|--|---|-------------|
| Total Number of Courses: 81 | Total Number of attendees: 1259 | |
| Breakdown of attendees: | Social Work/Social Care | 1100 |
| | Nursing & Midwifery | 117 |
| | Medical & Dental | 5 |
| | Others including AHP staff | 37 |
| Adult’s Services Training | | |
| Total Number of Courses: 117 | Total Number of attendees: 2131 | |
| Breakdown of attendees: | Social Work/Social Care | 1849 |
| | Nursing & Midwifery | 120 |
| | Others/Prof & Technical staff | 162 |
| Regulated Qualifications Framework (RQF; formerly QCF) | | |
| Total Number of Courses: 12 | Total Number of attendees: 243 (Social Care staff, Adult Services) | |
| Child Protection Training | | |
| Total Number of Courses: 55 | Total Number of attendees: 1099 | |
| Breakdown of attendees: | Social Work/Social Care | 421 |
| | Nursing & Midwifery | 285 |
| | Medical & Dental | 99 |
| | Professional & Technical | 43 |
| | EWOs | 19 |
| | PSNI | 68 |
| | Others including voluntary sector | 164 |

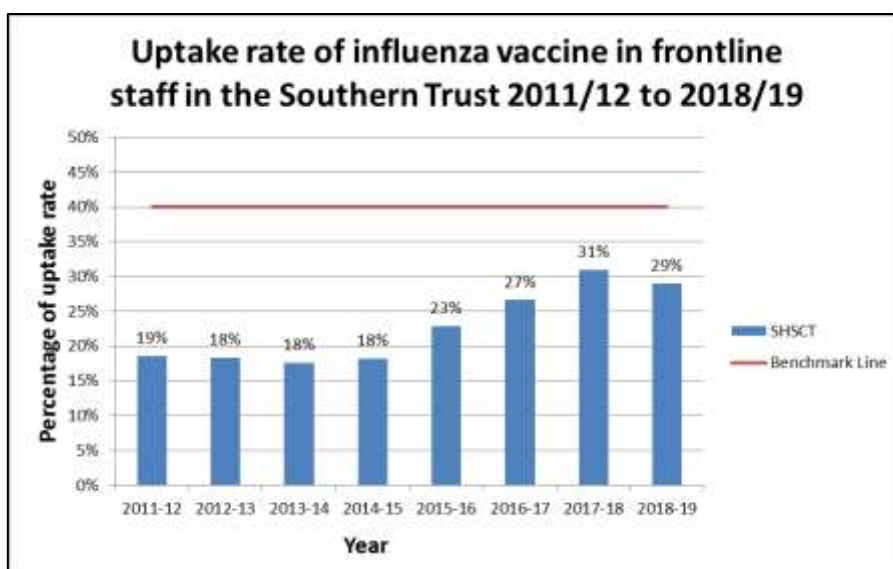
Flu Vaccine

The 2018/19 Staff Influenza Vaccination Campaign had 2439 SHSCT frontline staff vaccinated which equates to 29% of all frontline staff. Although this fell short of the 40% target there is a number of positives to take away from this and help with the 2019/20 campaign.

What went well in 18/19 Staff Flu Campaign?

- Establishment of Corporate Flu Steering Group with Representatives from across divisions
- Introduction of pilot peer vaccination programme in addition to more than 100 Occupational Health scheduled clinics
- Occupational Health delivering increased flu clinics in the main hospital canteens

| Personnel Area | Head Count | Number Vaccinated | % Headcount Vaccinated |
|-------------------------------|-------------|-------------------|------------------------|
| Front Line Staff | | | |
| Support Services (Porters) | 61 | 19 | 31% |
| Nursing & Midwifery | 3843 | 1089 | 28% |
| Social Care (Exc DCW) | 1519 | 340 | 22% |
| Professional & Technical | 1460 | 589 | 40% |
| Medical & Dental | 687 | 309 | 45% |
| Domiciliary Care Workers | 965 | 93 | 10% |
| Total Front Line Staff | 8535 | 2439 | 29% |



SHSCT Peer Vaccinator Programme 2018/19

The Peer Vaccinator Programme was introduced in the SHSCT in the 2018/19 Campaign. This seen 27 active peer vaccinators across different Directorates and localities administrator 287 vaccines of which 236 were frontline staff (10%). Informal and formal feedback was received from the active peer vaccinators to help us build on this model moving forward to increase the uptake of flu vaccines in the upcoming 19/20 campaign. A celebration event was held in Seagoe Parish Centre in March 19 for the active flu peer vaccinators.



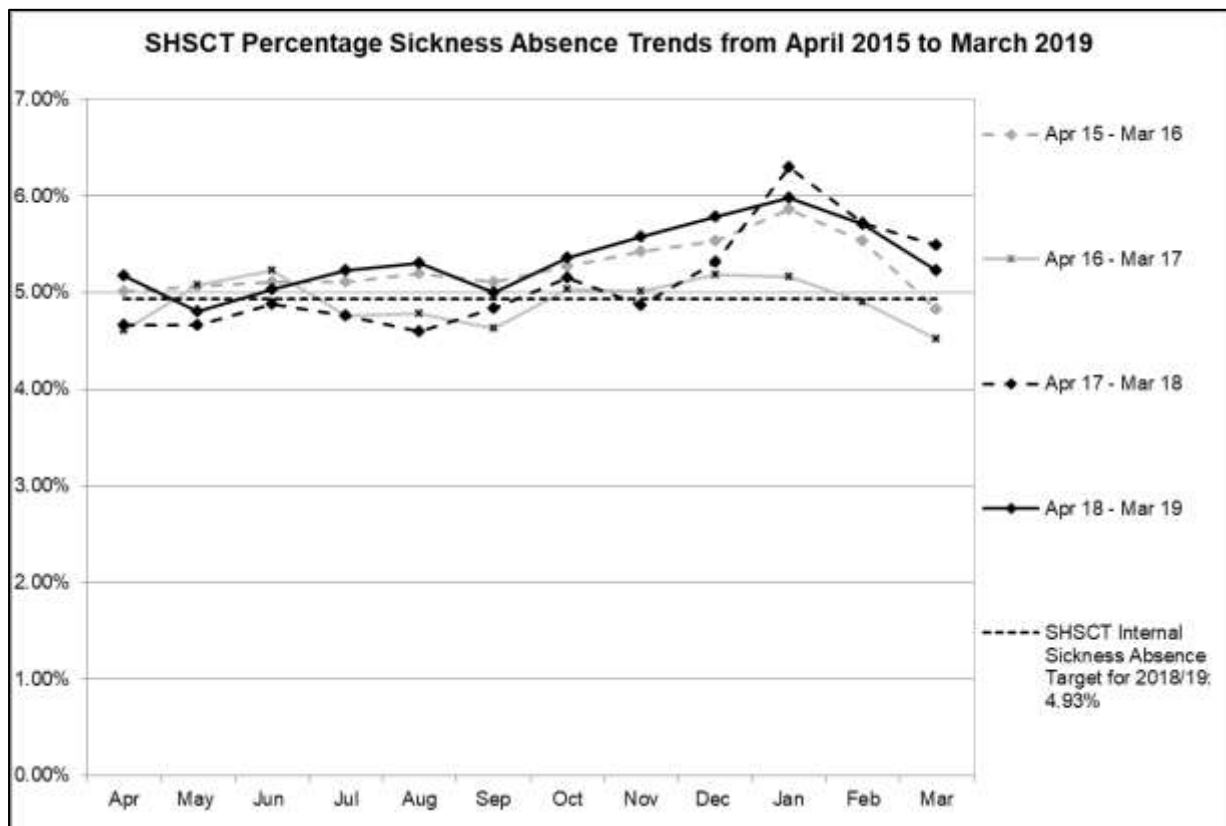
2.10 Staff Absenteeism

The Southern Health and Social Care Trust is committed to supporting and protecting the positive health and well-being of staff. The Trust’s Health and Well-Being Strategy 2018-2021 sets out our action plans to support staff’s physical and psychological health.

However there will be times when a staff member will be absent from work because of illness and will be supported during that period by their line manager, Human Resources and Occupational Health services. Absence is a significant cost to the organisation and can place additional pressure on colleagues who are at work. Effective absence management requires a balance between providing support to help staff remain in work / return to work as quickly as possible and taking robust action to address high levels of absence when necessary.

The graph below shows the monthly percentage sickness absence trends from April 2015 to March 2019. The figures are based on working hours lost/working hours available as calculated by HRPTS based on individual staff working patterns.

The cumulative % sickness absence rate for 2018/19 was **5.35%** which is above the target set for the year at 4.93%.



While the cumulative absence is marginally above the target set of 4.93%, The Southern HSC Trust maintains the lowest percentage sickness absence rate compared to the other HSC Trusts, with a sickness absence rate over 1% lower than the next best performing Trust.

Regional HSC Sickness Absence during 2018/19

| Trust | Cumulative 2018/19 % Sickness Absence (% Hours Lost) |
|----------------------------|--|
| Western Trust | 7.04% |
| Belfast Trust | 6.78% |
| South Eastern Trust | 6.48% |
| Northern Trust | 6.48% |
| Southern Trust | 5.35% |

The top reason for both long term and short term absence in 2018/19 was mental health illness.

2.11 Reducing the Risk of Hyponatraemia

In January 2018 the report into the Inquiry into Hyponatraemia-related Deaths was published. In response, several regional Department of Health work streams have been established to take forward important action points. SHSCT has representative on work stream groups. Key Regional work stream groups continue to progress actions against the 96 recommendations outlined in the report.

The Southern Trust local Hyponatremia Oversight Group met 6 times from April 2018 to March 2019.

Work continues to progress in relation to the clinical recommendations, including the audit of paediatric fluid prescribing and management, being open and training. The Trust has formalised wards where 14-16 year old children will be nursed outside the paediatric wards and departments, to ensure clinically specialist care is provided in an appropriate setting. The use of audit continues to identify and inform areas for improvement.

Updates on Southern Trust local Hyponatremia Oversight Group work is reported at SMT and Trust Board meetings.

The full report into the Inquiry into Hyponatraemia-related Deaths and Regional update reports are available at <http://www.ihrdni.org>

Blood Transfusion and Haemovigilance

The Transfusion Team in conjunction with the Hospital Transfusion Committee is committed to supporting all staff who are involved in the blood transfusion process to deliver high quality, evidence based care to all patients.

In line with national recommendations the Trust has progressed measures to decrease the risk of a potential risk of blood transfusion - Transfusion Associated Circulatory Overload (TACO). These measures have included the introduction of a TACO checklist to aid staff during the decision to transfuse process, updating the Integrated Blood Prescription Record to reflect this information, reducing the fluid volume of the saline flush between transfusions and promoting single unit transfusion where clinically indicated.

The Transfusion Team and Committee continue to promote best practice through ongoing education, competency assessment of staff involved in the transfusion process and audit of blood transfusion practice against local, regional and national standards.

Theme 3

MEASURING THE IMPROVEMENT

3.1 Reducing Healthcare Associated Infection

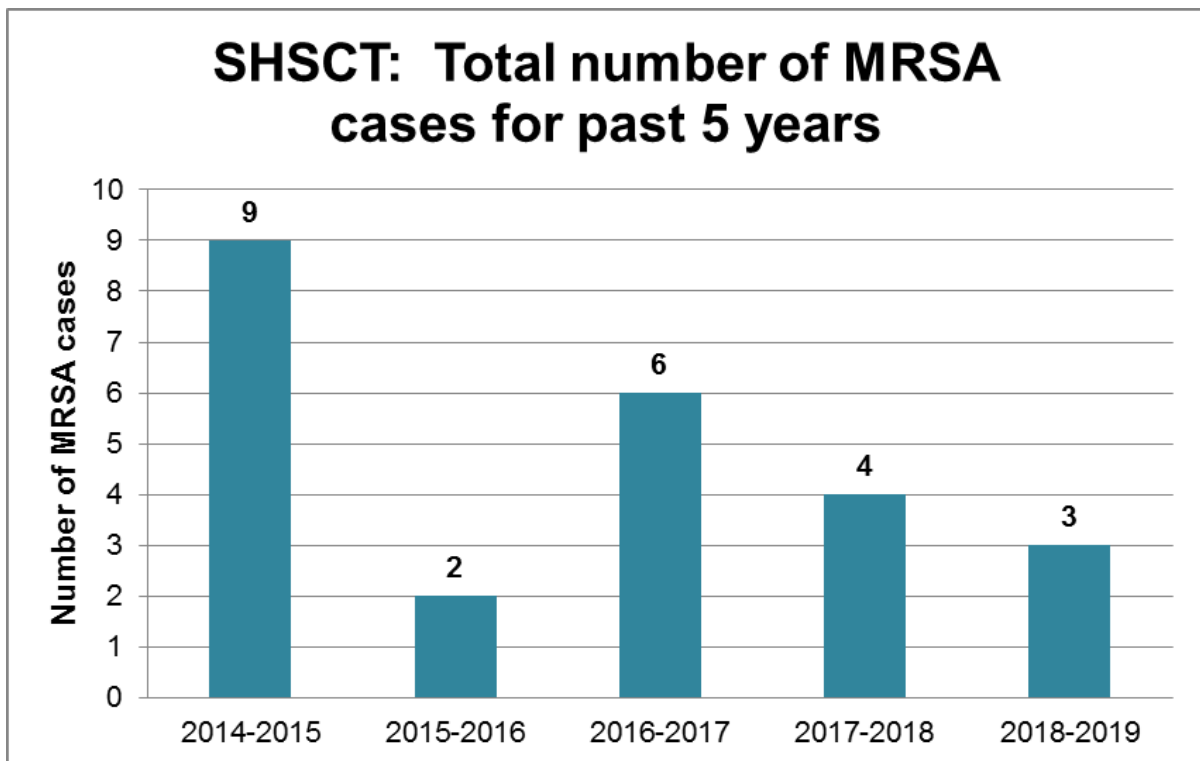
Reducing Healthcare Associated Infection: MRSA Bacteria

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.

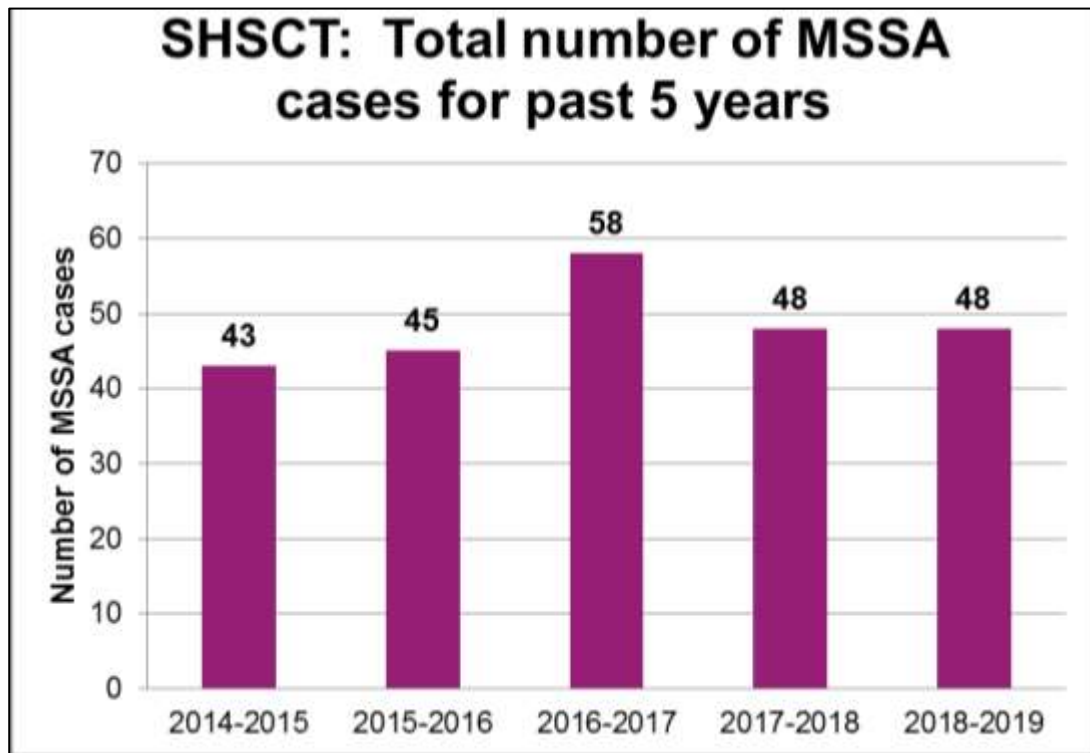
The Southern Trust’s objective/goal for improvement (OGI) for MRSA bacteraemia in 2018/19 was 4 cases. There were 3 cases of MRSA bacteraemia in 2018/19.



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: MSSA Bacteria

The Southern Trust’s objective/goal for improvement (OGI) for MSSA bacteraemia in 2018/19 was 34 cases. There were 48 cases of MSSA bacteraemia in 2018/19. We continue to work to reduce the overall number of cases in the SHSCT through peripheral vascular audits, addressing any non-compliance at time of audit. We have increased the number of Aseptic Non-Touch Technique (ANTT) train the trainer events to facilitate more staff to be trained in this area.



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

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.

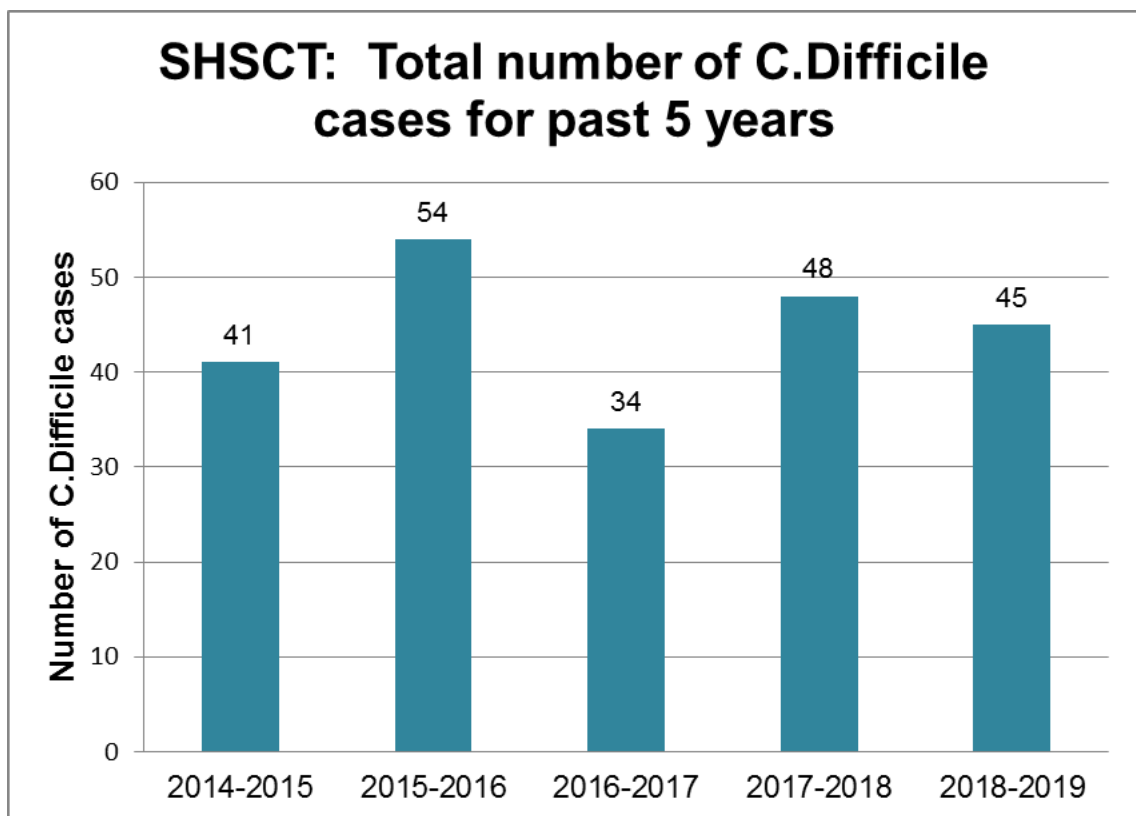
However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to multiply and produce toxins that make the person ill.

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.

- The Southern Trust’s objective/goal for improvement (OGI) for Clostridium difficile in 2018/19 was 48 cases. There were 45 cases of CDI in 2018/19
- The Trust continues to conduct a strict surveillance programme on CDI cases. The Infection Control Team (IPCT) reviewed all 45 cases and a thorough investigation was carried out on each case through a Post Infection Review (PIR). Learning from these reviews are shared with staff through IPC training, discussed with clinicians by our microbiologist and a database of shared learning is created and used for shared learning events



Hand Hygiene

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

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

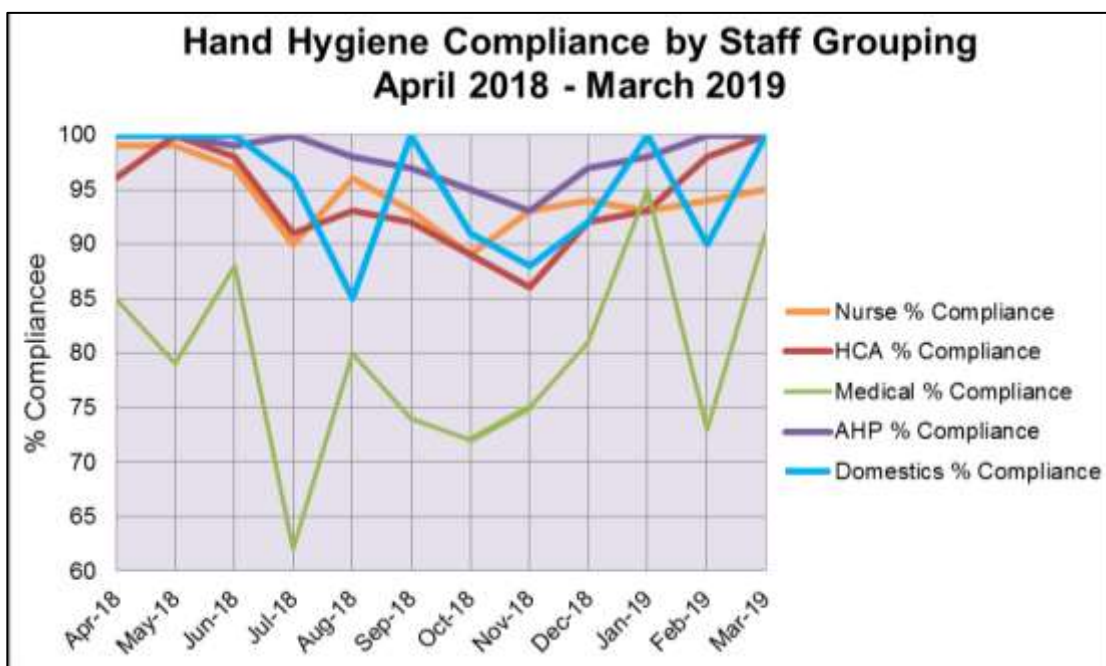
An audit team within the Infection Prevention and Control Team regularly carry out independent audits in Hand hygiene in the clinical areas across the Southern Trust, monitoring compliance with ‘missed opportunities’ for hand hygiene. This is based on the WHO 5 Moments for hand hygiene.

Hand Hygiene Audits

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 results from these audits are fed back to staff and senior management at various platforms to evidence compliance and highlight non-compliance so interventions can be initiated.

We will continue with collaborative working with all staff across the Trust in independent hand hygiene audit.



Hand Hygiene Developments

- 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



Infection Control

During 2018/19 the Southern Trust launched the Infectious Agent Transmission Toolkit:

The Infectious Agent Transmission toolkit is the first of its kind in Northern Ireland and was created by IPCN Kate Kelly. The toolkit is easily accessible for all SHSCT staff, this enables them to have access to current infection control guidance and tools which enables them to safely place and manage patients/clients with suspected or known infections both in the acute and community settings.



3.2 Safer Surgery / WHO Checklist

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

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

Within Southern Trust, The WHO Checklist was revised in 2013/14 and further revised in 2016 to encompass areas for improvement, as outlined below:-

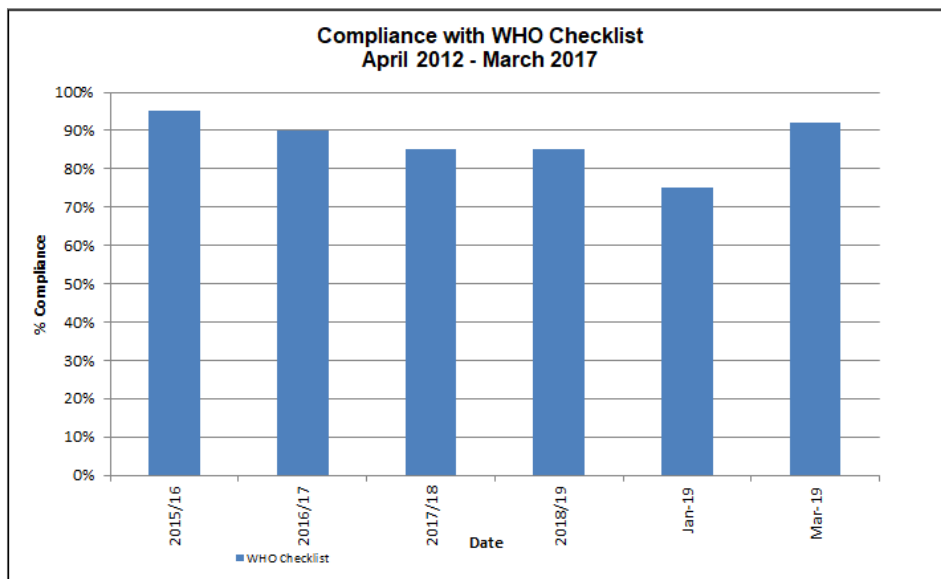
Safety measures that were added included:

- 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 and Daisy Hill Hospitals.

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

See overleaf for the facts and figures.



Facts and Figures

- The Annual Audit took place in Sept 18 with Overall Bundle Compliance of **85%** (17/20) patients audited.
- A more comprehensive audit was conducted in Jan 19 incorporating all Theatres at CAH & DHH and Day Procedure Units (CAH/DHH/STH). Overall Bundle Compliance decreased to **75%** (45/60) patients audited.
- A follow-up audit was conducted in March 19, which saw compliance increase to **92%** (55/60) patients audited.
- **Planned actions for 2019/20** – monthly auditing will be reintroduced with the intention of increasing compliance to 95% or greater by March 2020

3.3 Maternity Collaborative

Saving Babies' Lives Care Bundle

During December 2018, the Trust reviewed the current antenatal pathway to include the recommendations of the Saving Babies' Lives Care Bundle.

Saving Babies' Lives is designed to tackle stillbirth and early neonatal death. It brings together four elements of care that are recognised as evidence-based and/or best practice:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for foetal growth restriction
3. Raising awareness of reduced foetal movement
4. Effective foetal monitoring during labour.

To assist in the implementation of this care bundle:

- The Trust Multidisciplinary Team held workshops to discuss the rationale and implications of the introduction of the programme. We took a multi-disciplinary approach and
- Brainstorming sessions were used to review the current antenatal pathway
- It was identified that even though the birth rate was not increasing, the workload for the consultants would rise. As a result we decided on a phased approach across the Trust.
- The current pathways for triage of GP letters, booking appointments, scans and review appointments were identified and other units were visited to ascertain what they were working and fed this back to the team.
- The team set up a Central Triaging System for booking letters with agreed templates and using appropriate systems to assist, ensuring that there was agreement from senior medical and midwifery staff moving forward and agreed templates for all women to ensure consistency.
- Focus groups, meetings and global communication were used to communicate the principles and ethos of the new pathway and devised clear pathways to aid easier implementation and embedding of changes.

Outcomes

As a result of the implementation of this new pathway:

- Timeframes for appointments and reviews are now appropriate and in line with regional and national guidance.
- The stillbirth rate is decreasing as women are being reviewed at the right time in the right place by the right person.
- There is evidence of better utilization of clinic spaces.
- Staff are upskilled and more confident in USS to obtain optimal images.
- There are appropriate HART transfers and improved management of women with complex needs.

Introduction of Maternity Handheld Records Wallet

Service Users have designed and co-produced wallet to carry the regional hand held maternity notes. This wallet is covered with Health Promotion messages to educate and inform women of the services available to them which will lead to a healthier pregnancy. These will be given to all pregnant women when their records are being given to them at the 16 week review appointment.

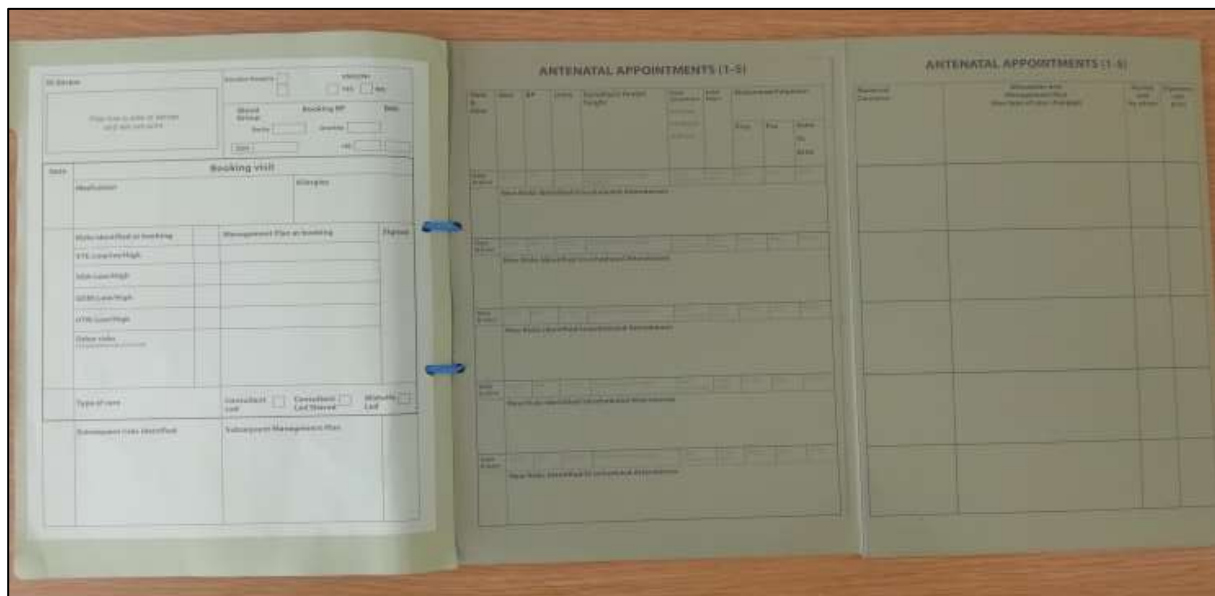


Review of the Maternity Handheld Records

During 2018/19, maternity handheld records have been reviewed and amended in conjunction with service users.

Currently the regional subgroup is meeting to discuss how trends can be identified in the current pathway. Members plan to review this moving into 2019/20.

Feedback has been positive on the changes made to date.



Next Steps

A key focus moving forward in 2019/20 will be engaging locally and regionally with commissioners to influence the development of any proposed future maternity strategy.

3.4 Paediatric Collaborative

New Children & Young people Unit, DHH/CAH

We have now moved to a new facility on the 6th Floor, DHH/ Blossom Unit CAH

Please see below, some Pictures from inside the New Children and Young People Unit at Daisy Hill Hospital and the Blossom Unit, CAH.



Senior Safety Walks in Daisy Hill Hospital

Senior Safety Walks were introduced in Paediatric department Daisy Hill Hospital.

Aims:

- To demonstrate SMT to quality and safety and improve staff engagement.
- To develop a culture of open communication and acknowledge and share good practice.
- Monthly Senior Safety Walks were carried out during 2017 and 2018.

Four key themes were agreed during every Senior Safety Walk

- Staff engagement
- Communication and Team working
- Environment and Processes
- Patient/Carer Feedback

See Poster on next page which has been presented at:

- European Paediatric Society Annual Conference
- IHI International Forum Quality & Safety in Healthcare Glasgow
- Quality Improvement Events in SHSCT,
- CYP Safety & Quality Conference SHSCT.

Senior Safety Walks in a District General Hospital

Khan, A. Maguire, G. McCann, B.
 Department of Paediatrics, Daisy Hill Hospital
 Southern Health & Social Care Trust, Northern Ireland



| Background | Aims | Methodology |
|---|--|---|
| <ul style="list-style-type: none"> Senior Safety Walks (SSWs) allows senior managers to have a structured conversation with frontline staff and service users regarding patient safety. SSWs have helped many organisations to make a significant impact on their safety culture. | <p>To Introduce Senior Safety Walks in Paediatric department, Daisy Hill hospital:</p> <ul style="list-style-type: none"> To demonstrate senior managers' commitment to quality and safety To Increase staff engagement and develop a culture of open communication; & To Identify, acknowledge and share good practice | <p>Model for improvement - PDSA Cycle was used</p> <ul style="list-style-type: none"> SSW team included a senior operation manager, a senior clinical leader and an admin person. SSW toolkit developed including: <ul style="list-style-type: none"> MDT Communication frame work Data collection templates Impact measurements template |

| Project Timeline | Driver Diagram | Results |
|--|----------------|---|
| <p>Planning Jan-Feb 17</p> <ul style="list-style-type: none"> Project proposal document SSW's Toolkit development MDT members training <p>SSW Feb-Dec 17</p> <ul style="list-style-type: none"> SSWs & Data Gathering Agreed actions & follow ups for QI Projects Shared Initial Learning <p>Completion Jan-Dec 18</p> <ul style="list-style-type: none"> Final data analysis Report writing with outcomes document Sharing overall learning | | <p>Monthly SSWs started in Children's ward in February 2017 with advance notification</p> <p>Four themes observed during every SSW:</p> <ol style="list-style-type: none"> 1) Staff engagement 2) Communication & Team working 3) Environment & Processes 4) Patient /career feed back <p>Changes made in SSWs on PDSA cycles</p> |

What difference did this make?

Safety Based changes made:

- 85% issues identified during SSWs were resolved with in an agreed time
- Staff Safety Survey completed
- New "Paediatric Staff Newsletter" developed
- New "Welcome Pack" for all inpatient admissions developed
- "What Matter To You" Event for staff & service users organized
- CYP Quality & Safety event organized
- Patient Safety training arranged
- Shared Learning Portal developed on trust intranet
- CYP Information leaflet developed for service users

RICH Picture

Staff Engagement:

- Co-developed with staff engagement
- To encourage open Q&S discussion
- To provide positive feedback
- Acknowledge & share good practice
- To encourage shared learning
- Monthly copy started in March 2017
- PDSA changes made on the basis of feedback
- Now popular mode of informal communication

New "Welcome Pack":

- "Welcome Pack" developed with staff & service user input
- A Patient designed its Logo as part of competition arranged.
- For all in-patient admissions Contents including a multi-charger, toothbrush, toothpaste, snack pack and drink.
- Also included a service user feedback form.

Staff Safety Survey:

- RCPCH Staff Survey used
- 32 (62%) out of 62 MD staff completed
- Improvements in staff understanding of patient safety measures reported.

"What Matters to You" Event:

- The Paediatric Team organised "What Matters to Me" event
- A coffee morning and discussion for staff Over 50 MD staff attended including SMT
- Key themes fed back to staff and SMT
- 3 key questions: WMTY?, what trust can do? What you can do?
- "WMTY" for service users event was held subsequent

Conclusion

- Senior Safety Walk is a valuable tool to engage senior managers and frontline staff in a meaningful discussion for patient safety & quality of care.
- This can also improve staff engagement, team working and safety culture of the organisation.
- Challenges: Additional dedicated resources are required to implement SSW's.

References

- Patient Safety Leadership Walk-rounds . Boston: IHI (2004)
- Healthcare Improvement Scotland (2011), Leadership Walk-rounds Fact Sheet.
- 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
- Frankel, A., Graydon-Baker, E., (2003), 'Patient Safety Leadership Walk-rounds '. Joint Commission Journal on Quality and Safety 29(1): 16-26

What Matters to You - Children & Young Person's Directorate Events

- What Matters to You? day started in Norway in 2014 and is growing internationally.
- This initiative was implemented in SHSCT to encourage and support meaningful conversations between staff and service users.
- High levels of staff engagement lead to better patient outcomes and better use of resources, higher patient satisfaction with more patients reporting that they were treated with dignity and respect.
- The CYP Directorate organised What Matters to You? events to the Paediatrics Departments in both CAH and DHH sites.
- Over 50 multi-disciplinary staff attended across both sites and openly discussed important to front line staff and completed a short questionnaire.
- Senior Management Team including SHSCT Chair, Medical Director, Associate Medical Director, Clinical Director and Head of Paediatric Services attended. Staff openly discussed what matters to them.

Four Key Themes of this initiative were:

- Patient Care and Experience
- Communication and Team Working
- Recognition, feeling valued and supported
- Staff learning and working environment.

Senior Managers are to consider these findings to drive quality and safety agenda.

Paediatric Department DHH

Dr A Khan, Interim Medical Director and Dr B Aljarad, Acting Associate Medical Director invited staff to join the 'What Matters To You?' conversation on Monday 4th June 2018 in The Daisy Children & Young Person's Unit .

[Click on the link to see a slide show of the morning events](#)




Paediatric Department CAH

Dr A Khan AND Dr S Thompson, Clinical Director/Consultant Paediatrician invited staff and service users to join the 'What Matters To You?' conversation on Tuesday 5th June 2018 in the Blossom Centre, CAH. Click on the link to see a slide show of the afternoon pictures at this event.


[Click here to see a slide show of events](#)





Please See Poster on the next page for What Matters to You?



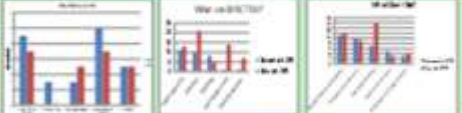
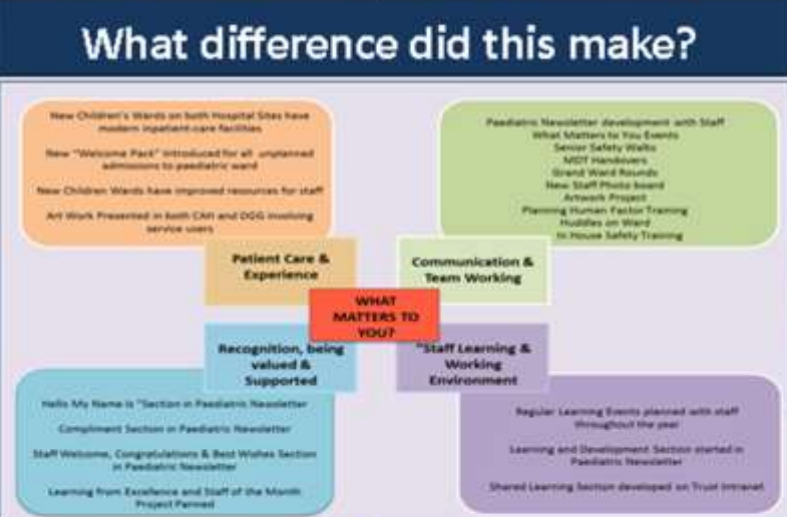


What Matters to You?



Staff Engagement with Collective Leadership Approach

| Background | Aims |
|---|--|
| High levels of staff engagement lead to better patient outcomes and better use of resources, higher patient satisfaction, with more patients reporting that they were treated with dignity | To organise "What Matters for You" Events to department of Paediatric of both DHH and CAH sites. To encourage a more meaningful conversations between senior managers and front line staff. |
| Methodology | Results |
| <div style="display: flex;"> <div style="flex: 1;"> <p style="background-color: #008000; color: white; padding: 2px; font-weight: bold; text-align: center;">DRIVER DIAGRAM</p> <p style="font-weight: bold; text-align: center;">AIMS</p> <ul style="list-style-type: none"> To Organise "What Matters to You" Events in Department of Paediatrics of both DHH and CAH. To Encourage more meaningful conversations between senior managers & front line staff </div> <div style="flex: 2;"> <p style="font-weight: bold; text-align: center;">OBJECTIVES</p> <ul style="list-style-type: none"> Establish a multi disciplinary CD group Arrange What Matters to You Events close to the workplace to encourage as much staff to attend as possible Develop short questionnaire for WMTY Invite/encourage paediatric staff to attend Invite Senior Management Team to come talk to staff listen to what matters to staff Encourage staff to speak openly about WMTY, what they can do and discuss what others can do to improve staff and patient experience Feedback to be used to drive quality improvement agenda </div> </div> | <ul style="list-style-type: none"> • What Matters to You events organised during June 2017 & 2018 on both Daisy Hill & Craigavon Area Hospital sites. • Informal Coffee Morning with group discussion • Over 50 multidisciplinary staff attended across both sites and openly discussed matters important to front line staff. They also completed a short questionnaire • Senior Management Team including Chair, Medical Director, |
|  | <p>What You</p>  <p>What You Told Us in 2018</p>  |
| What difference did this make? | |
|  | |
| Conclusion & Next Steps | References |
| The WMTY Conversation is a simple concept that enables discussion to make real improvements to staff and patient experience. Senior Managers to consider findings for "What Matters to You?" Event conversation and drive the Quality | Review of Staff engagement and Empowerment in the NHS 2014 What Matters to You? Healthcare Improvement Scotland, www.whatmatterstoyou.scot |

Local Schools in the Newry and Mourne Area Design Artwork for the Daisy Children's and Young Person's Unit

New Daisy Children & Young People's Unit (Daisy CYP unit) opened in January 2018.

- As part of ongoing improvement and engagement with young people we planned this project with the involvement of local schools in the Newry & Mourne area.
- To design and display artwork in Daisy CYP Unit co-produced by children and young people from local post primary schools.

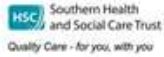
Unveiling the beautiful Artwork designs produced by local schools in the Newry and Mourne area in the Daisy Children's & Young Person's Unit in DHH on 4th June 2018, Dr Ahmed Khan, Interim Medical Director for the Southern Trust said:

“Being in hospital for children and indeed their parents can be a very stressful time and so it is our aim to make the experience as easy as possible. Along with providing the best possible clinical care, the physical environment is a very important part of the patient experience.



Please see the poster on next page which has been presented at:

- IHI International Forum Quality & Safety in Healthcare Glasgow
- Quality Improvement Events in SHSCT,
- CYP Safety & Quality Conference SHSCT.



Art Work in Children & Young People's Unit

B. McCann, A. Khan, L. McKenzie

Department of Paediatrics, Daisy Hill Hospital



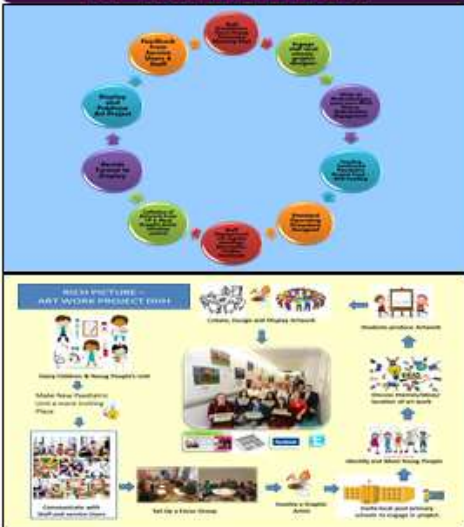
BACKGROUND

New Daisy Children & Young People's Unit (Daisy CYP Unit) opened in January 2018. As part of ongoing improvement and engagement with young people we planned this project with the involvement of local schools in the Newry and Mourne area.

AIM

To design and display artwork in Daisy CYP Unit co-produced by children and young people from local post primary schools.

METHODOLOGY



RESULTS



Artwork was designed and co-produced by children and young people from local schools, Graphic Artist, SHSCT Staff.

Unveiling of the Project took place in the new CYP Unit in June 2018.



BARRIERS

- Barrier 1** - Overcoming and selecting a theme that suited all ages from very young children to young adults.
- Barrier 2** - Seasons was agreed as the theme incorporating Polly the Penguin who is the Mascot for the New Unit.
- Barrier 3** - Presenting and displaying the excellent standard of artwork on the walls in such a way it would encourage re-engagement and give maximum impact for the service users and staff visiting the ward.



FEEDBACK ON COMPLETION OF ARTWORK PROJECT

STAFF FEEDBACK

Do you feel this type of project should be introduced in other areas of our hospitals in the SHSCT?

Have you noticed the New Art Work Displayed in the Daisy Children & Young People Unit in Daisy Hill?

STUDENT FEEDBACK

Very Encouraging and Positive Feedback with very positive Comments.

ALL FOUND PEOPLE FRIENDLY AND HELPFUL TO ASSIST WITH THEIR QUESTIONS.

ALL FOUND PEOPLE FRIENDLY AND HELPFUL TO ASSIST WITH THEIR QUESTIONS.

TEACHER FEEDBACK

ALL TEACHERS FOUND THE IDEAS VERY INTERESTING AND HELPFUL TO THEIR STUDENTS.

ALL TEACHERS WERE VERY POSITIVE IN THEIR COMMENTS.

ALL TEACHERS WERE VERY POSITIVE IN THEIR COMMENTS.

CONCLUSION & RECOMMENDATIONS

It would be great to see this approach being used in other areas.

Have themes at Halloween, Christmas and Easter.

Some Cartoon drawings that children are familiar with as well and make them feel less anxious.

Successful Project

Very Successful Project, excellent engagement with local schools, graphic designer and SHSCT Staff.

Graphic taken from individual pieces of artwork and presented through the new unit incorporating the mascot "Polly the Penguin".

Project well received by both staff patients and service users and especially the schools/young persons who took part in the project.

Unveiling of project was a well attended event publicised via the paediatric newsletter, SHSCT Facebook, Twitter, local newspapers in Newry and Mourne area.

Quotes from Poets and Authors etc.

I like the idea of art from all ages.

Use of warm colours and lights.

Floor artwork like in the RBHSC hopscotch, snakes and ladders, themed treatment room.

REFERENCES

- Quality Improvement Strategy 2017/18/2020/21 - Southern Health & Social Services Board
- A guide to Quality Improvement Methods - HQIP Healthcare Quality Improvement Partnership

Clinical Guideline Project 2018

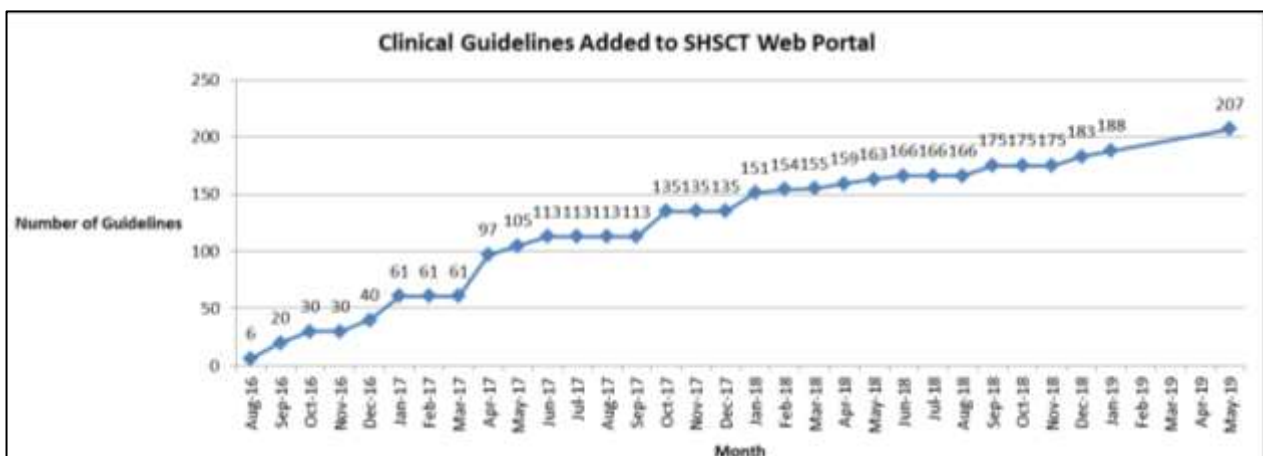
This Clinical Guideline Project started late 2016 and continued into 2018/19.

The aim was to:

- Improve review and update all clinical guidelines for CYP directorate
- Audit to ensure compliance medical management of clinical guidelines for the CYP Directorate
- To implement clinical governance arrangements for clinical guideline approval process.
- A Multidisciplinary Clinical Governance Oversight Committee Group was formed and meetings were arranged bi monthly in the first 2 years to review and approve guidelines currently sitting on the old portal. These meetings are now held quarterly with regular meetings to review and approve clinical guidelines.
- An audit of clinical guidelines at the beginning of this project.
- Further regular audits were completed throughout the project.
- Ongoing review of clinical guidelines is in process.

Currently 207 Guidelines sitting on new southern guidelines portal.

Approximately 100 Clinical Guidelines which sat on the old portal of the intranet have now been reviewed, approved and updated by the Clinical Governance Oversight Committee and uploaded to the new southern guideline portal.



A Mobile Application for Clinical Guidelines

Following the updating of Clinical Guidelines Project in the Children and Young People's Directorate, the Trust wanted to provide easy access to clinical guidelines.

Mobile applications can enhance personalised health care, disease management and patient experience. Recent research analysed how multi-disciplinary team can utilise information in a timely manner to improve patient outcomes.

The aim of this project (still in primary stages) is

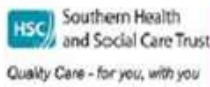
- To test a mobile application for smart devices
- To enable easy access to clinical guidelines,
- To share learning and contact directories for CYP Staff
- To improve quality and safety of patient care.

Pilot of Mobile Application

- Thirty six members of staff completed surveys and 2 prototype applications were used as a pilot.
- Multi-disciplinary staff embraced the new technology for improvement in quality and safety of patients.
- Point of care resources to health care staff in community setting would be other benefits of rolling out mobile application.
- Other uses such as service user access of clinical care pathways may be developed in the application in the future.

At present we are further fine tuning a demo app which will be available for testing Autumn 2019.

See Poster Presentation which was compiled in 2018 and will be reviewed further in Autumn 2019.



A MOBILE APPLICATION FOR CLINICAL GUIDELINES

Goodman, A. Kamath, S. Khan, A. McCann, B.
Daisy Hill Hospital, Children & Young People Directorate, SHSCT



INTRODUCTION

- Mobile applications can enhance personalized health care, disease management and patients experience. Recent research has analysed how the multidisciplinary team can utilise information at a timely manner to improve patient outcomes.¹
- Evidence suggest that Staff feel more supported with easy access of point of care resources²
- It also provide a flexible way of communicating with Multidisciplinary healthcare staff for shared learning.
- By analysing user experience, invaluable data can help tailor clinical education & training within the department.

AIM

- To develop and test a mobile application for smart devices to enable easy access of clinical guidelines, shared learning & contact directories for CYP staff.
- To improve Quality & Safety of patient care.

METHODOLOGY

- PDSA cycle as QI methodology
- Set up a Multi-Disciplinary Team
- Carried out a Multidisciplinary staff survey
- Literature search was completed
- Tested some other Health Services mobile applications to gain inside for possible usability & user interface
- Attended quality improvement conference to gather ideas from various health care providers.
- Commissioned & testing 2 mobile applications for pilot phase



RESULTS

- Thirty six completed surveys were received from 62 MDT staff.
- Relevant information and easy accessibility were the most desired features on the mobile application.
- We are currently testing two prototype Application as a pilot.
- Some clinical guidelines were uploaded for initial testing.
- After initial phase of small group testing the application, the interface was amended on PDSA cycle to improve usability.
- Results of staff survey as below:



TEST APP 1



TEST APP 2



CONCLUSION

- Mobile application provides easy access of clinical guidelines to staff and in turn enhances quality of patient care. This can also be used for shared learning, clinical education and directory of services with in healthcare.
- Multidisciplinary staff is keen to embrace new technology for improvement in quality & safety of Patients.
- Point of care resources to health care staff in community sitting would be other benefits of rolling out mobile application.
- Other uses such as service users access of clinical care pathways may be developed with in the application in future.
- Investment & dedicated resources required to implement & maintain mobile application to ensure up to date information is available.

REFERENCES

1. Cornelius, F. H., & Gordon, M. G. (2008). PDA Connections: Mobile Technology for Health Care Professionals. *Nurse Education Today*, vol. 28, 129-129.
2. Dee, C. R., Teolis, M., & Todd, A. D. (2003). Physicians' use of the personal digital assistant (PDA) in clinical decision making. *Journal of the Medical Library Association*, 93/4, 480-486.
3. Cornelius, F. H., & Gordon, M. G. (2008). PDA Connections: Mobile Technology for Health Care Professionals. *Nurse Education Today*, vol. 28, 129-129.

Paediatric Newsletter

As part of the Senior Safety Walks a newsletter was identified as an informal method of communication and as a means for positive feedback. This project started in 2017 in DHH Paediatric Department.

During 2018/19 this was extended to paediatric department Blossom Unit CAH, and Community Paediatrics across SHSCT

- The first paediatric newsletter was published in March 2017.
- Following the first 3 monthly issues, we sought qualitative feedback from staff.
- Initial feedback was positive with team members highlighting the simplicity, and the combination of professional and social elements and the inclusiveness of all staff as strong points.

A number of improvement areas were identified through PDSA cycles such as:

- Monthly Safety Message
- Hello My Name is
- Learning Opportunities
- Shared Learning Section,

This is now a very popular informal medium for communication

There is a great sense of ownership, team working and staff engagement that has been developing.

Please see poster for more detailed information (on next page)

A Multi-Disciplinary (MTD) Team Communication Initiative
 Khan, A. Foster, J. Heaney, O
 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. It 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 means for 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:

- The 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.
- MD working group in consultation with staff designed single sheet, coloured, monthly Newsletter.
- On 2nd Monday of the month, an electronic copy was emailed to circulation list with physical copies being available in key areas.
- A medical trainee and a nursing staff identified every 6 months as deputy editors of the Newsletter

- Results:**
- 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 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
 - 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
 - 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



Safety Climate Survey

A safety Climate Survey was carried out in the Paediatric Ward at Daisy Hill Hospital as part of the S.A.F.E. (Safety Awareness for Everyone) initiative.

- Approximately 50 staff members which included medical, nursing, medical students, health care workers and admin staff all took part in the survey.
- A number of quality and safety measures were undertaken over the last 18 months.
- Safety Climate survey can provide a greater understanding of organisation safety culture. Improvements have been noticed in all safety domains.

Please see Poster on Next Page:

This poster has been presented at SHSCT Quality Improvement Events.

SAFETY CLIMATE SURVEY – ARE WE GETTING BETTER?

Dr S. Kamath, Dr A. Khan

Department of Paediatrics, Daisy Hill Hospital,
Southern Health & Social Care Trust, Northern Ireland



Background

- Organisations working towards a culture of safety need a reliable measure to monitor the success of their initiatives.
- A Safety Climate Survey was carried out during September 2017 in the Paediatric ward at Daisy Hill Hospital, as part of the S.A.F.E. (Safety Awareness for Everyone) initiative.
- A number of quality and safety measures were undertaken over the last 18 months.

Aims

- To repeat the Safety Climate Survey and gauge safety culture in the department of Paediatrics at Daisy Hill Hospital (DHH).

Method

- RCPC – Safety Climate Survey was used. This was previously used in 2017.
- Survey was completed by multi-disciplinary staff including all grades of medical & nursing team in the Paediatric department, DHH. Administrative support staff, medical students & health care assistants were also included.
- An informative email was sent to all staff at the beginning of the survey.
- Hard copies of survey sheets were given to staff over a period of 3 weeks during January 2019 with a central collection point in the childrens’ ward. A previous attempt in 2017 of digital surveys had a poor response.
- Survey data analysed and compared with previous (2017) results.

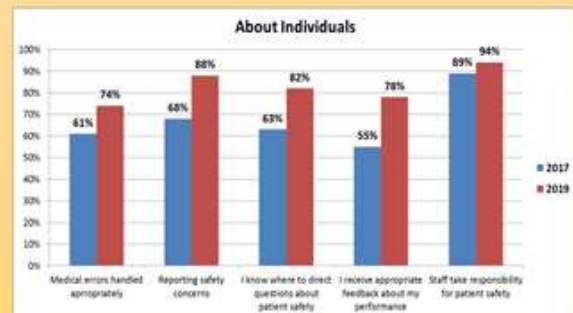
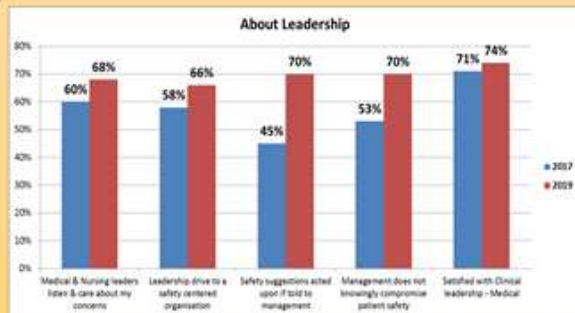


Results:

- Fifty staff members (69%) completed forms from a multi disciplinary staff pool of 72.
- The percentage change of improvement over 2 years ranges from 4% to 36%.
- Staff are more aware about different aspects of safety which includes reporting concerns, directing questions and taking responsibility for patient safety
- Following Table & Graphs explain in detail:

| | 2017 | 2019 |
|---|------|------|
| About Leadership | | |
| Medical & Nursing leaders listen & care about my concerns | 60% | 68% |
| Leadership drive to a safety centered organisation | 58% | 66% |
| Safety suggestions acted upon if told to management | 45% | 70% |
| Management does not knowingly compromise patient safety | 53% | 70% |
| Satisfied with Clinical leadership - Medical | 71% | 74% |
| About Individuals | | |
| Medical errors handled appropriately | 61% | 74% |
| Reporting safety concerns | 68% | 88% |
| I know where to direct questions about patient safety | 63% | 82% |
| I receive appropriate feedback about my performance | 55% | 78% |
| Staff take responsibility for patient safety | 89% | 94% |

Background of Respondents



Conclusion:

- Safety climate survey can provide greater understanding of the organisational safety culture.
- Improvements have been noticed in all safety domains.
- These results reiterated the prevailing safety culture in the department.
- We plan to implement Senior Safety Walks and Safety Huddles to further improve openness & Just culture.

References:

- RCPC Safety Survey <https://www.rcpch.ac.uk/system/files/protected/page/2a%20%20Safety%20Climate%20Survey.pdf>
- <http://primaris.org/sites/default/files/resources/Patient%20Safety/safety%20climate%20survey.pdf>
- <http://www.health.org.uk/publication/evidence-how-safe-are-clinical-systems>

QI Nursing Huddles and Safety Brief

Stephanie McCarragher has recently completed the 'Taking the Lead' Programme and presented a poster on a QI project – Nursing Huddles and Safety Brief.

The Blossom Unit is a new build for Paediatric Ward which consists of a Paediatric Outpatient Department, a Short Stay Paediatric Ambulatory Unit and 19 bedded inpatient ward. The area is much larger than before and has been important to ensure communication between nurses is enhanced and maximised to ensure the provision of a safe and effective environment for optimising patient care.

The aim of this project was to:

- Improve communication within the Ward due to the increase in size of the building and layout.
- Ensure that all staff were comfortable with their workload.
- All important information is shared with staff.

Please see next pages for the Poster Presentation

Daily Nursing Safety Brief

Improve Patient's Experience

Improve communication

Improve Efficiency

Share any learning and keep staff updated

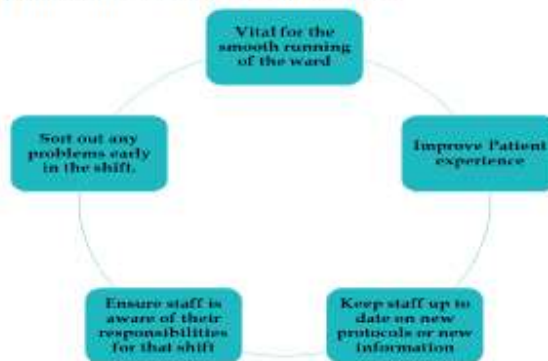
Introduction

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?



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



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



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.



Nursing Safety Brief

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

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'

STAR Project

Every single day on the paediatric ward our staff work hard and go the extra mile for their patients and colleagues.

We wanted to acknowledge and celebrate this so during 2018/19 we launched the STAR project.

This is an opportunity to learn from each other and highlight good practices and behaviours, in order to develop excellence on the paediatric ward.

The aim of this was to:

- Show appreciation to your colleagues
- Boost team morale and resilience.

All staff were included in the Project and we asked them if they see anything that they thought showed excellence, e.g. episodes of good practice or when things work well, to fill in a card and post it in the box ,which are in the staff room and MD room.

- The STAR team will send anonymous feedback to the person's nominated via email.
- This can be used for your reflective practice or for inclusion in your portfolio/appraisal.
- The team will also review the report to see how we can learn from it and share the information anonymously.
- The cards are simple and quick to fill in, so shouldn't take long to complete.

Our patients benefit from this as we all learn from good practice.



Jessie Medicine Card

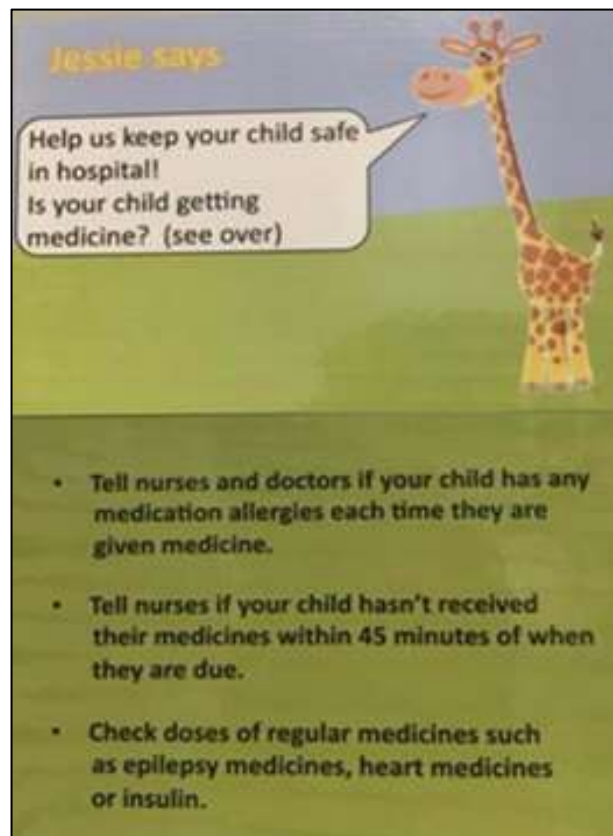
The Jessie Medicine Card quality improvement initiative was introduced during 2018/19 to reduce medication incidents on the Paediatric Ward in Craigavon Area Hospital.

The Aims were to:

- Involve Parents/Carers to achieve this aim
- It specifically targets delayed or omitted medications, medication allergies and complex medications e.g. anti-epileptics and cardiac medications.

These have been chosen as the most common areas for drug errors.

- The Jessie Medicine cards are displayed in each patient's room and are brought to the parent/carers attention on the ward round each morning highlighting the importance of this initiative.
- Increased awareness of the project among paediatric staff by encouraging doctors to mention this initiative as part of the ward round.
- A weekly audit of this based on completion of the Jessie Medicine Card section of the ward round sticker.



The Huddle Effect

A review of Community Children's Nursing Initiative was launched to facilitate timely discharges from Acute Paediatric Units. In an attempt to facilitate timely discharges and thus relieve pressure on in-patient beds, the Community Children's Nursing Team agreed to make daily contact (weekdays) to both Acute Paediatric wards following the Ward Huddle.

This was trailed from 1 October 2018 until 31 March 2019. In order to evaluate the effectiveness of this plan, staff were asked to complete a short questionnaire.

Please see the poster on next page compiled by the CCN Team.

COMMUNITY CHILDREN'S NURSING TEAM

THE HUDDLE EFFECT

A Review of CCN Initiative to Facilitate Timely Discharges from Acute Paediatric Units

In an attempt to facilitate timely discharges and thus relieve pressure on in-patient beds, the CCN Team agreed to make daily contact (weekdays) to both Acute Paediatric wards following the ward Huddle.

This was trialled from 1st October 2018 to 31st March 2019.

In order to evaluate the effectiveness of this plan, staff were asked to complete a short questionnaire

- Were you aware of this initiative?
- Were contacts made at the right time?
- Did the number of referrals increase?
- Was there a positive impact on the discharge process?
- Should this continue throughout the year?

Huddle Effect

| Category | Yes | No |
|-----------------------|-----|----|
| Awareness | 25 | 2 |
| Timing | 18 | 8 |
| Increase discharges | 10 | 15 |
| Reduce discharge time | 8 | 18 |
| Continue all year | 12 | 10 |

We asked staff to consider how useful they felt that initiative was

Nothing is useless. We just need to learn how to transform that "useless" into "useful"

— Jyotirmayee Meher

Huddle contact is useful

| Response | Percentage |
|----------------------------|------------|
| Strongly Disagree | 10% |
| Disagree | 10% |
| Neither Agree nor Disagree | 40% |
| Agree | 25% |
| Strongly Agree | 15% |

We asked staff about the effectiveness of current communication between CCN Teams and Acute Paediatric Wards

Effectiveness of Communication

| Response | Percentage |
|-----------------------|------------|
| Extremely Poor | 10% |
| Poor | 15% |
| Neither Poor nor Good | 25% |
| Good | 35% |
| Excellent | 15% |

Referrals received (all IVAB)

| Category | Value |
|----------------|-------|
| Referrals | 10 |
| CCN visits | 45 |
| Bed days saved | 35 |

- Improving communication between CCN Teams and Acute Paediatric Units
- Role Clarity
- Joint Nursing Governance Forums
- Checklist for Discharge Information

David Gmt - Lead Nurse CCN Team


Evaluation of Sleep - A Workshop for Parents - Community Paediatrics Department SHSCT

Increasing numbers of community paediatric patients referred to the nurse led behaviour support clinic were noted to have sleep difficulties.


Due to the volume of referrals and the time commitment required for both parents and staff to undertake a detailed individual sleep assessment, it was decided to put together an interactive workshop so a larger number of families could benefit.

The aim of these workshops was to educate and empower parents to make changes to their own circumstances in the hope that they will not require in-depth assessment and support afterwards.

See next Page for the poster compiled and designed by the Senior Community Paediatric Nurses.



Evaluation of Sleep Workshop for Parents



C. Cumiskey and A. McGinley- Community Paediatric Department, SHSCT

Introduction

Increasing numbers of community paediatric patients referred to the nurse led Behaviour Support Clinic were noted to have sleep difficulties.


Children with sleep disturbances resulting in sleep deprivation are known to display higher levels of hyperactivity, inattention, and behavioural issues which can negatively impact on the child's education and family life (1).

Funding was obtained to train two members of staff in the evidence based Sleep Scotland programme to become accredited sleep counsellors.

Results

A total of 23 families attended the workshops.


Number of families requiring intervention following sleep workshop



| Response | Percentage | Number of Families |
|----------|------------|--------------------|
| Yes | 10% | 2 |
| No | 90% | 21 |


Parental Feedback

How useful did you find the overall content of this workshop?




| Rating | Percentage |
|-----------|------------|
| Unhelpful | 0% |
| Poor | 0% |
| OK | 0% |
| Good | 43% |
| Excellent | 57% |

How would you rate the staff who presented this workshop?



| Rating | Percentage |
|--------------|------------|
| Unacceptable | 0% |
| Poor | 0% |
| Average | 0% |
| Good | 0% |
| Excellent | 100% |

Would you recommend this workshop to other families?



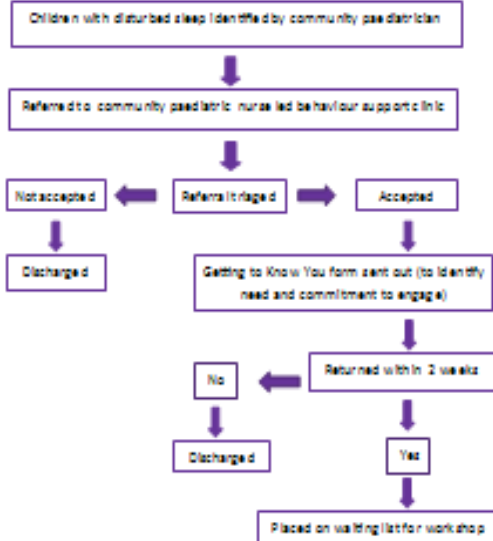
| Response | Percentage |
|----------|------------|
| No | 0% |
| Maybe | 0% |
| Yes | 100% |

Aim

Due to the volume of referrals and time commitment required for both parents and staff to undertake a detailed individual sleep assessment we decided to put together an interactive workshop so we could reach a larger number of families at the one time.

The aim of these workshops is to educate and empower parents to make changes to their own circumstances in the hope that they will not require in-depth assessment and support afterwards or that it will improve understanding, engagement and success of the sleep programme if undertaken.

Method



```

graph TD
    A[Children with disturbed sleep identified by community paediatrician] --> B[Referral to community paediatric nurse led behaviour support clinic]
    B --> C{Referral accepted/rejected}
    C --> D[Discharged]
    C --> E[Getting to Know You form sent out to identify need and commitment to engage]
    E --> F{Returned with form}
    F --> G[Discharged]
    F --> H[Placed on waiting list for workshop]
    
```

Conclusion

Attendance at the sleep workshop reduced the need for further support by 70%, and 100% of parents would recommend this session to other families.

References: (1) Cumiskey C & McGinley A (2018) Assessment of Sleep Disturbances in Children. [Link to PDF](#)

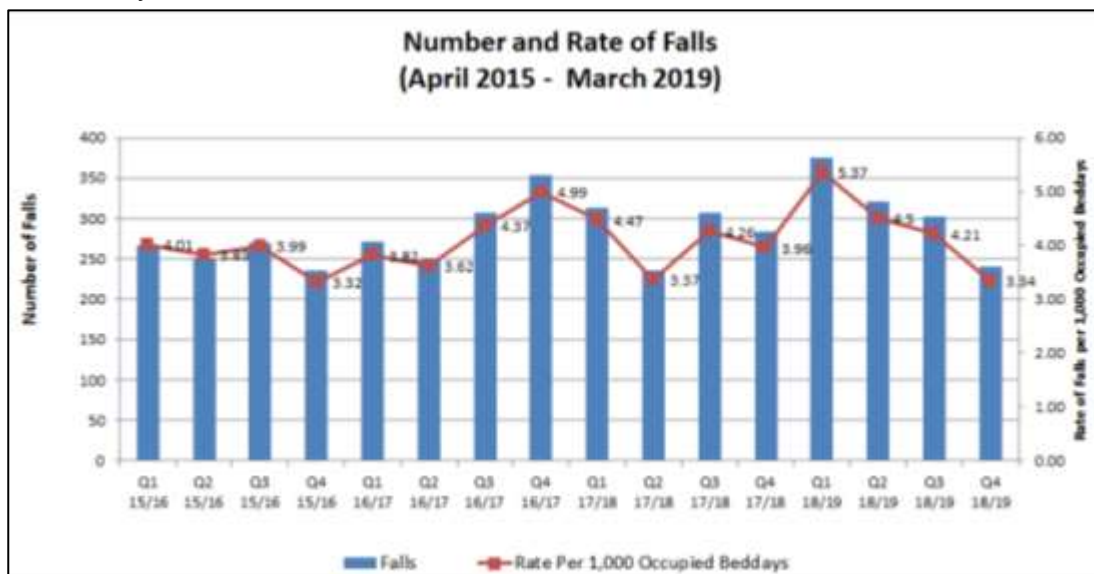
3.5 Falls

Quality 2020 Patient Falls:

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

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

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



What does the data tell us?

- This graph shows that the Trust recorded 1240 patient falls in 18/19, with a rate of 4.35 per 1,000 Occupied Bed Days compared to 1139 and 4.02 in 17/18. This represents an **increase of 101 falls or 0.9%**.
- **16 of the 1240 total** Patient Falls were coded moderate or above falls, which equates to **1.3%** of the total reported.
- A review of these 16 cases is being undertaken using the Regional Shared Learning Template.

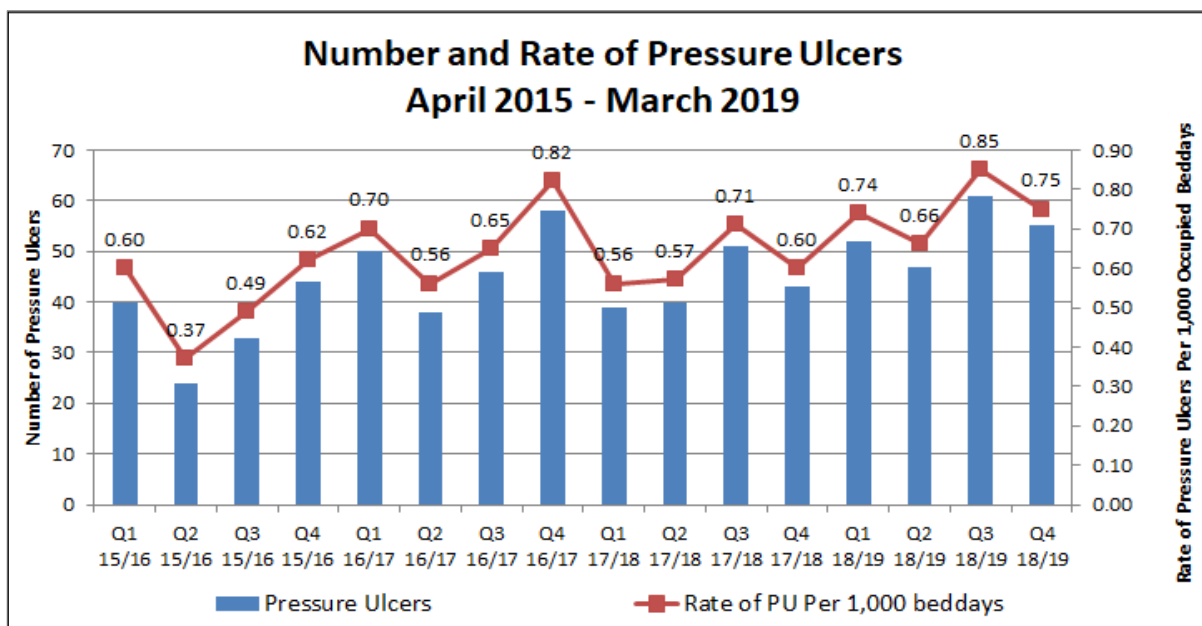
The Trust has reconvened the Falls Steering Group to identify strategies to manage and actions to reduce falls. With the aim of reducing the rate of falls and the harm associated with these incidents. Operational groups have been convened to progress work streams.

3.6 Pressure Sores

Quality 2020 Hospital Acquired 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.



What does the data tell us?

1. This graph shows that the Trust recorded 215 “Hospital Acquired” Pressure Ulcers in 18/19, with a rate of 0.75 per 1,000 occupied bed days compared to 173 and 0.61 in 17/18. This represents a 23% increase in the rate of pressure ulcers per 1,000 occupied bed days from 2017/18.
2. 38 of the 215 total of “Hospital Acquired” Pressure Ulcers were graded as a 3/4/DTI (deep wounds), which equates to 18% of the total reported. This represents an increase of 3% on 2017/18.

3. A review of these 38 cases has been carried out, with 10 cases deemed to have been “avoidable”. This represents 5% of all cases reported in 2018/19. This represents **an increase of 2% on 2017/18**

Achievements in 2018/19

1. The SKIN Bundle has been spread to all Integrated Care/District Nursing Teams, with the aim of reducing the number of avoidable “Community Acquired” pressure ulcers.
2. The Regional E-Learning Training has gone live and it is hoped that his training will become mandatory every 2 years.
3. Face-To-face ward based awareness training was implemented in 2018/19.

What’s next?

1. The focus will remain on Grade 3 & 4 “Hospital Acquired” Pressure Ulcers. A review of all these cases will be undertaken in 2019/20 to determine if they were avoidable or unavoidable. These cases will be reviewed by the Pressure Ulcer Quality Improvement Team, with lessons learnt being fed back to all Wards across the Trust at Ward Manager’s meetings by our Lead Nurses.
2. Auditing of compliance with the SKIN Bundle will be spread to all 7 Teams during 19/20.
3. Face-to-face ward based awareness training will continue to be delivered in 2019/20.
4. The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day (21st November 2019), to increase awareness for pressure injury prevention and to educate the public on this subject.

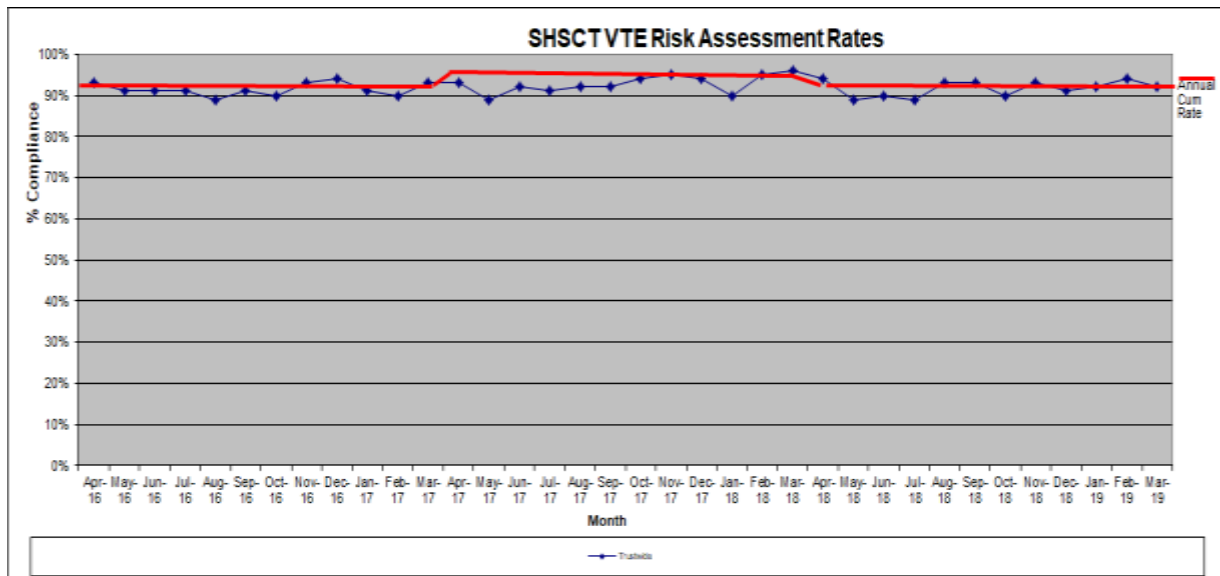
3.7 Venous Thromboembolism (VTE)

What is a Deep Vein Thrombosis and Pulmonary Embolism?

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

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

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



Over 5,000 charts were audited during 2018/19 across the Trust. Compliance was 91.6%. This represents a decreased compliance rate from the 92.6% position in 2017/18.

3.8 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.

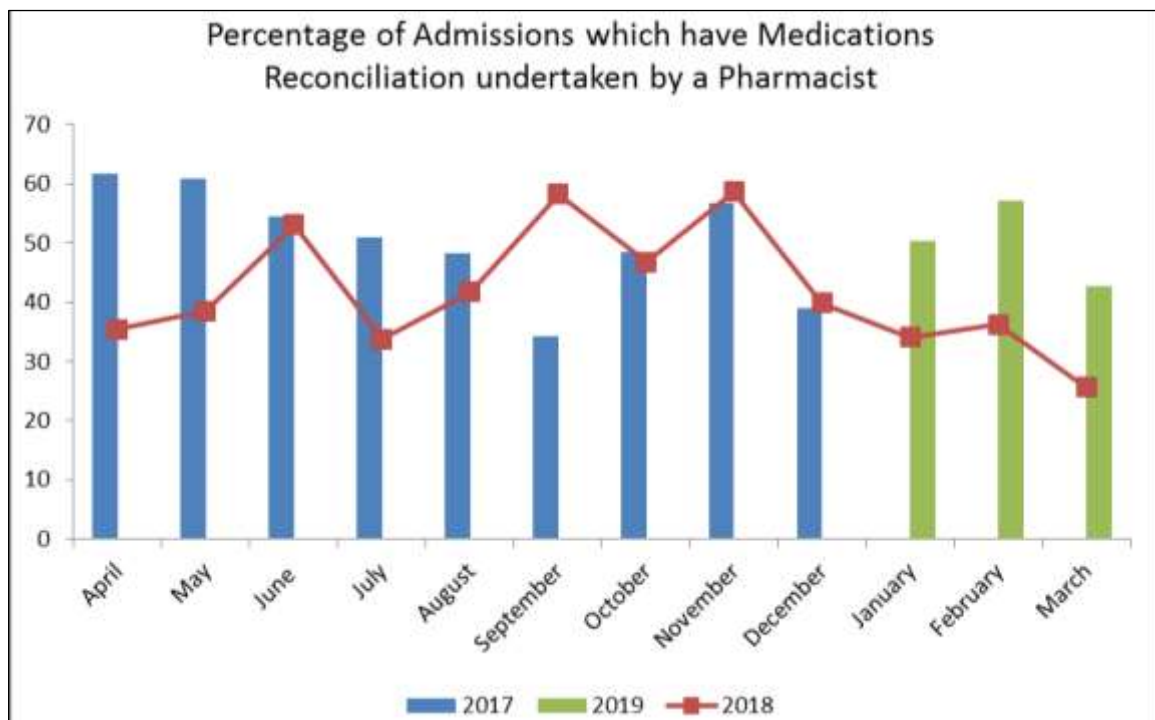
In an acute setting, medicines reconciliation should be carried out:

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

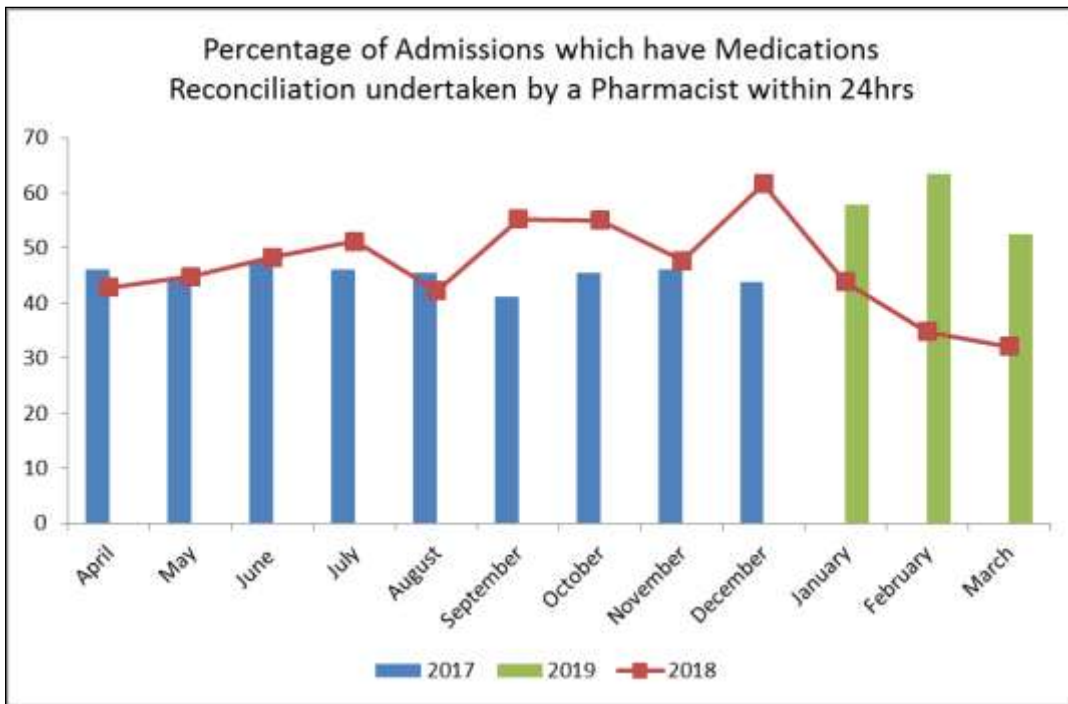
Medicines reconciliation by a pharmacist is conducted wherever possible for patients admitted and discharged from hospital, however this is not possible for all patients due to the number of patients and pharmacists available, which is a recognised service gap.

Facts & Figures 2018/19

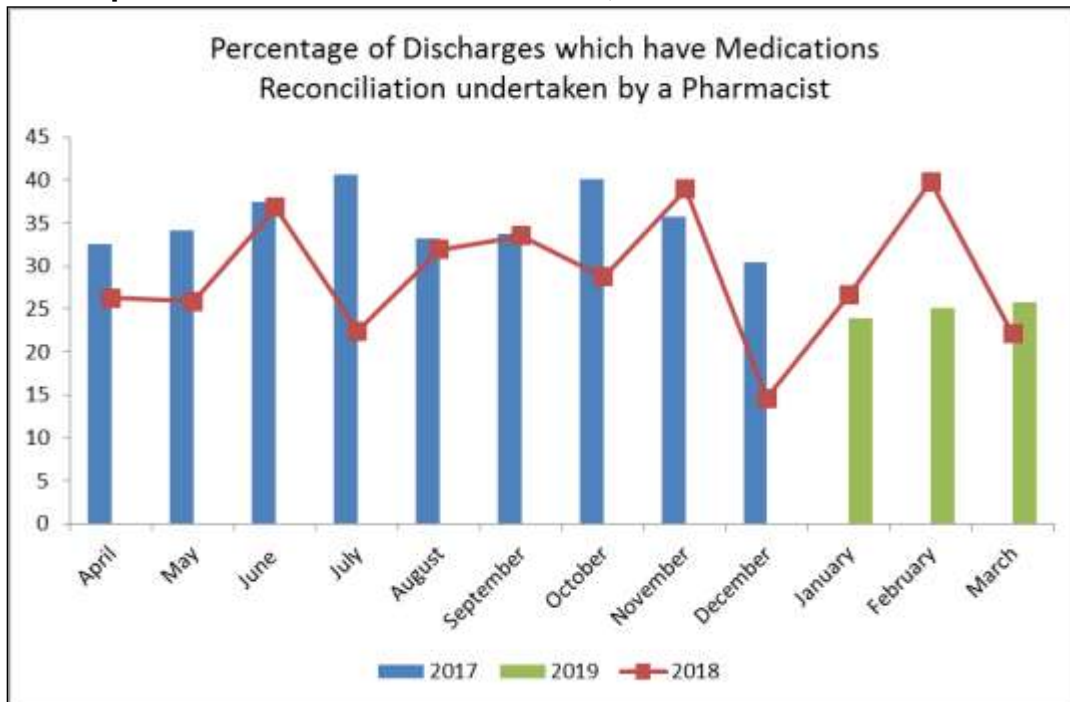
The following graphs show the data recorded on all wards in the Southern Trust that have a clinical pharmacy service.



In 2018/19, 46% of patients had their medicines reconciled by a pharmacist on admission. This is a 3% reduction on the position for 2017/18.



In 2018/19, 52% of patients who had their medicines reconciled, had it completed within 24hrs of admission, an 8% increase on 2017/18.



In 2018/19, 28% of discharges had medicines reconciled by a pharmacist. This is an 8% reduction on the position for 2017/18.

The reductions are a reflection of the increasing workload and ongoing staff vacancies/recruitment issues within pharmacy. Ongoing pharmacy investment will continue to support improved safety in medicines management, as well as improving management of patient flow in our hospitals.

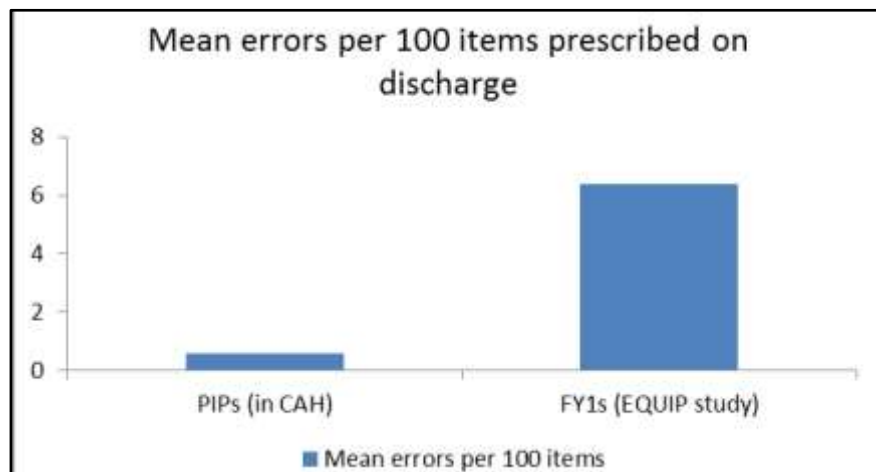
Pharmacist Independent Prescribing

Clinical pharmacists identify numerous discrepancies in prescribed medications during the many stages of a patient journey from admission (medication history and reconciliation), medication review during their stay and particularly on discharge via a process known as a ‘clinical check’. “Discrepancies” include; omissions, errors of dose, drug-drug interactions and adverse drug reactions, which could impact on patient safety and potentially delay discharge.

Pharmacist Independent Prescribers (PIPs) were introduced in the Southern Trust in 2018 to complement the role of the junior doctors and improve patient experience through expedition of discharge, while ensuring safety and quality of discharge prescribing.

Prior to the introduction of the PIP discharge service in Craigavon Area Hospital, the time taken for a clinical check of a prescription written by an FY1 was 17.4 minutes—this has been reduced to a statistically significant time of 13.6 minutes when pharmacists are clinically checking prescriptions written by pharmacists.

Comparing the accuracy of prescriptions written by pharmacists in CAH we have found that the PIP error rate is 0.57 mean errors per 100 items prescribed compared to 6.4 for FY1s (national data from EQUIP study) showing an enormous impact on patient safety. The interventions included; identification and prescription of omitted drugs, clarification of missing or inappropriate dosing; patient counselling; identification of adverse drug reactions; advice on medication use and prescribing of existing and new medications. The majority of these interventions directly improved patient safety and all improved patient care.



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

Omitted and Delayed Medicines in Hospital

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

On admission to hospital, it can sometimes be difficult to determine what medicines that a patient usually takes leading to medicines not being prescribed. Access to information about GP prescribed medicines and previous discharge prescriptions through the Northern Ireland Electronic Care Record (NIECR) has greatly improved the information available to enable more accurate medicines reconciliation to occur.

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

Handover templates for nursing staff have been updated to highlight critical medicines and arrangements are in place to ensure a supply of medicines can be obtained if not stocked on the ward. Medicines may also be inadvertently omitted in hospital if a new prescription is written and a medicine is overlooked and not continued. An updated Kardex has been introduced which includes a check and sign off for rewritten Kardexes.

On discharge, medicines are prescribed on an electronic discharge prescription which is transmitted electronically to the GP and available on NIECR. Each medicine must be entered manually and sometimes medicines can be overlooked and omitted. Before dispensing discharge prescriptions, pharmacists compare the in-patient medicines with the discharge prescription to confirm there have been no unintentional omissions. A new regional electronic discharge prescription is in development which will import the GP prescribed medicines directly. These can then be updated with any changes for the discharge prescription reducing the manual entry of this information.

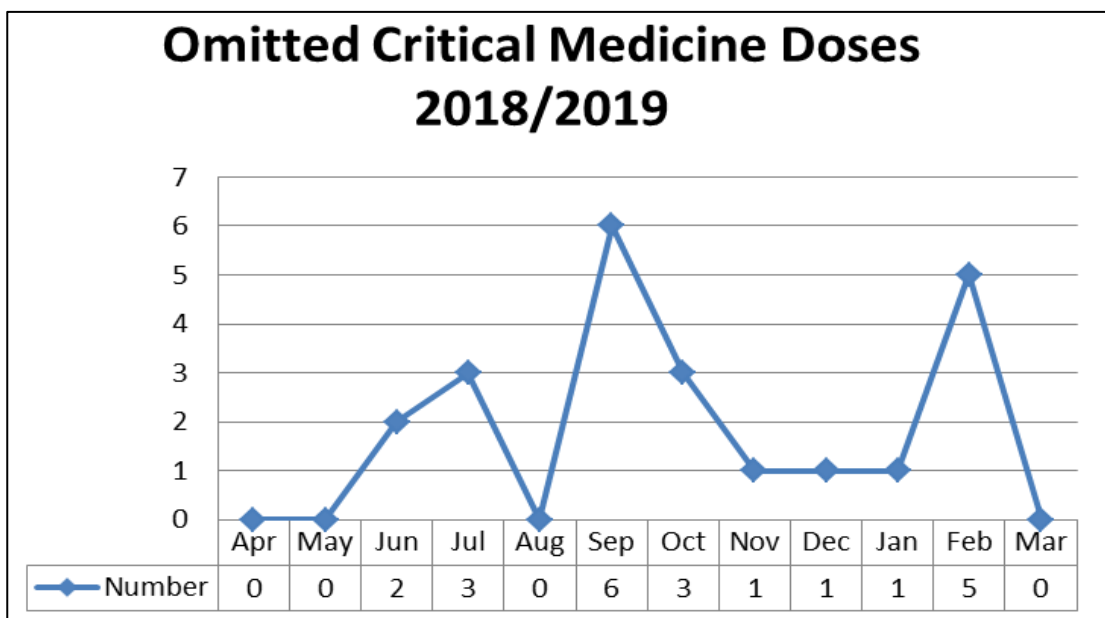
Omitted Medicines Nursing Quality Indicator

Overview of indicator

It is important that when a prescribed medicine dose is omitted that staff record on the Medicine Kardex the reason for the omission. This record allows staff to understand why the medicine was not given and, if required, administer the medicine at a later time. However on occasion there are times when the reason for the omission is not recorded or the dose has been inadvertently omitted. These appear as a blank administration record and present risks for patient particularly for certain critical medicines where omission is more likely to result in harm, for example, antibiotics, anticoagulants and insulin. The Omitted Medicines Nursing Quality Indicator focuses on reducing the blank administration records, particularly for critical medicine doses.

Facts and Figures

Each month, as part of the Nursing Quality Indicator Framework, an audit is undertaken on 24 adult in-patient wards on the Craigavon, Daisy Hill, Lurgan and South Tyrone hospital sites. Ten medicine kardexes are chosen at random on each ward and are reviewed to determine if a medicine dose has been omitted i.e. denoted as a 'blank' on the medicine kardex and whether the dose was a critical medicine.



- There were **22 critical medicines omitted** from a total of 42,817 prescribed medicine doses (0.05%) for the period 1 April 2018 – 31 March 2019.
- **99%** of medicine kardexes audited had all prescribed critical medicines administered or had a reason recorded for omission.

Next steps

The requirement to record the administration of a medicine dose or the reason why a medicine dose might be omitted continues to be emphasised as part of the feedback from the audit.

During 2019/20, the Trust plans to initiate a pilot of the NHS Medication Safety Thermometer. The Medication Safety Thermometer is a measurement tool for improvement that focuses on:

- Medication reconciliation,
- Allergy status,
- Medication omission,
- Identifying harm from high risk medicines.

Insulin

Diabetes is a condition where either the body does not produce any insulin (Type 1) or the body does not produce enough insulin or does not react to the insulin that is produced (Type 2). Insulin is essential for patients with Type 1 Diabetes and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. While insulin can be lifesaving, it is also a medicine that requires careful management to ensure patients receive it safely.

The incidence of diabetes in the general population continues to rise. Insulin is essential for patients with Type 1 Diabetes and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. Insulin is also a medicine where particular care is required to ensure it is used safely.

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

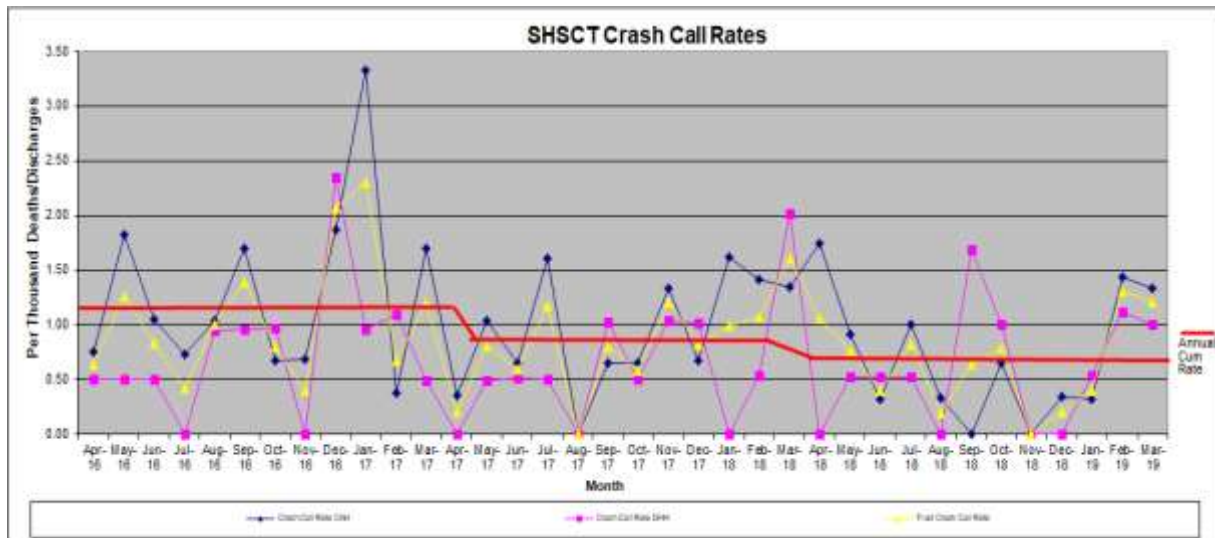
The Insulin Quality Improvement Program has continued with clinical sisters providing education for nursing and midwifery staff and introducing steps to reduce incidents involving omitted and delayed doses, incorrect insulin and incorrect doses.

In May 2018, the Trust participated in 'National Insulin Safety Week' and in September 2018, the Trust participated in 'National Hypoglycaemia Week'. These national initiatives are aimed at raising awareness of insulin safety and hypoglycaemia among staff. A range of activities and events were held.

3.9 Cardiac Arrest Rates

Quality 2020 Crash Calls

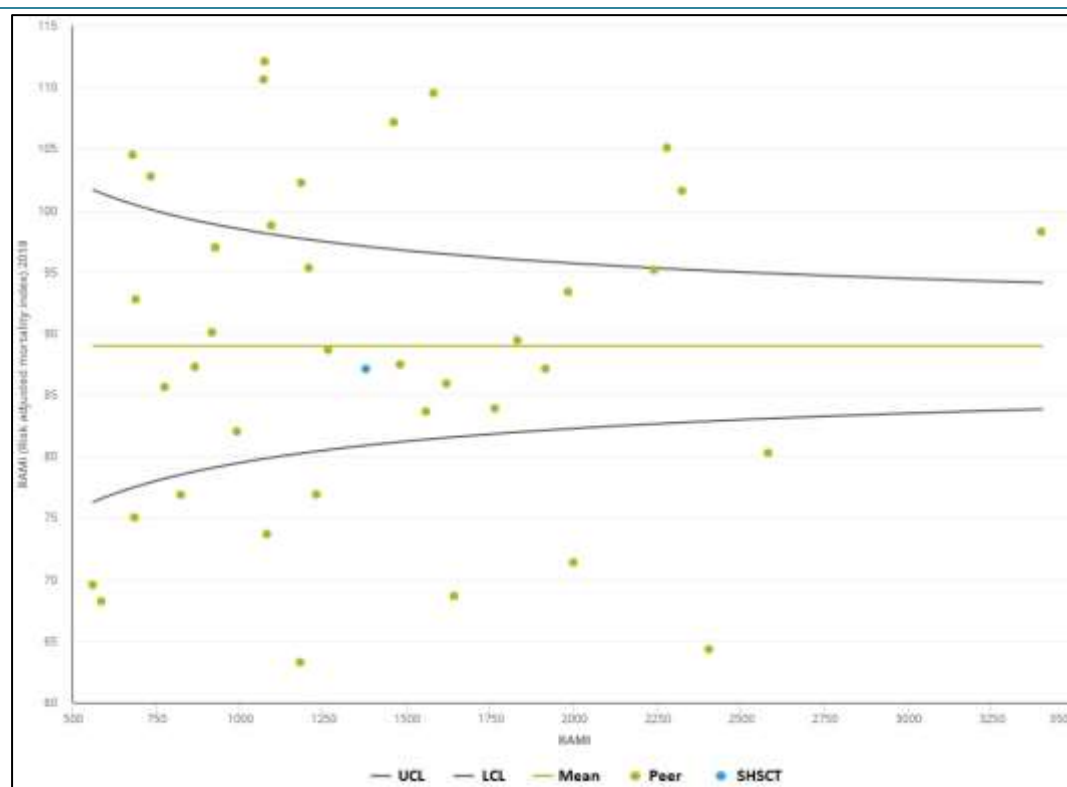
The Trust cumulative Crash Call rate for 18/19 was **0.65 (38 Crash Calls) per 1,000** deaths/discharges, down from 0.82 (49 Crash Calls) in 17/18.



Theme 4

**RAISING THE
STANDARDS**

4.1 Standardised Mortality Ratio



RAMI funnel plot, UK peer, January 2018 – December 2018

Funnel plot analysis shows the Trust position in relation to individual UK peer sites. HSCB guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; this is not the case for the Trust as it is sitting close to the peer mean average and within confidence limits.

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

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

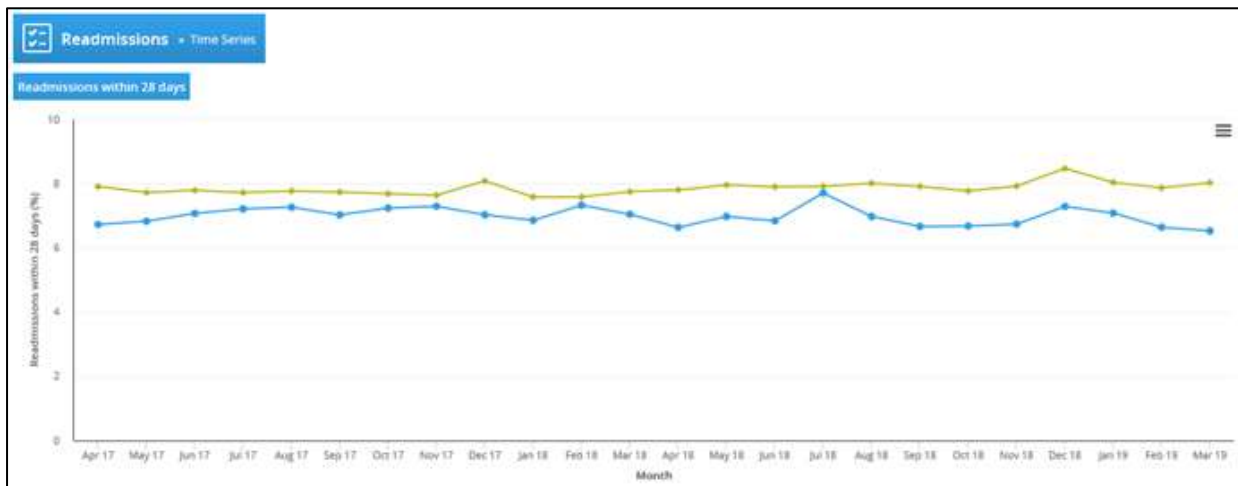
- Age - six groups;
- Admission type - elective or non-elective;
- Primary clinical classification - 260 CCS groups;
- Sex - defaults to female if not known;
- Length of stay - specific groups only; and
- Most significant secondary diagnosis - list covers 90% of all diagnoses mentioned in patients who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

4.2 Emergency Re-admission Rate

Rate of Emergency Re-admission within 28 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.



Hospital readmissions within 28 days for 2018/19

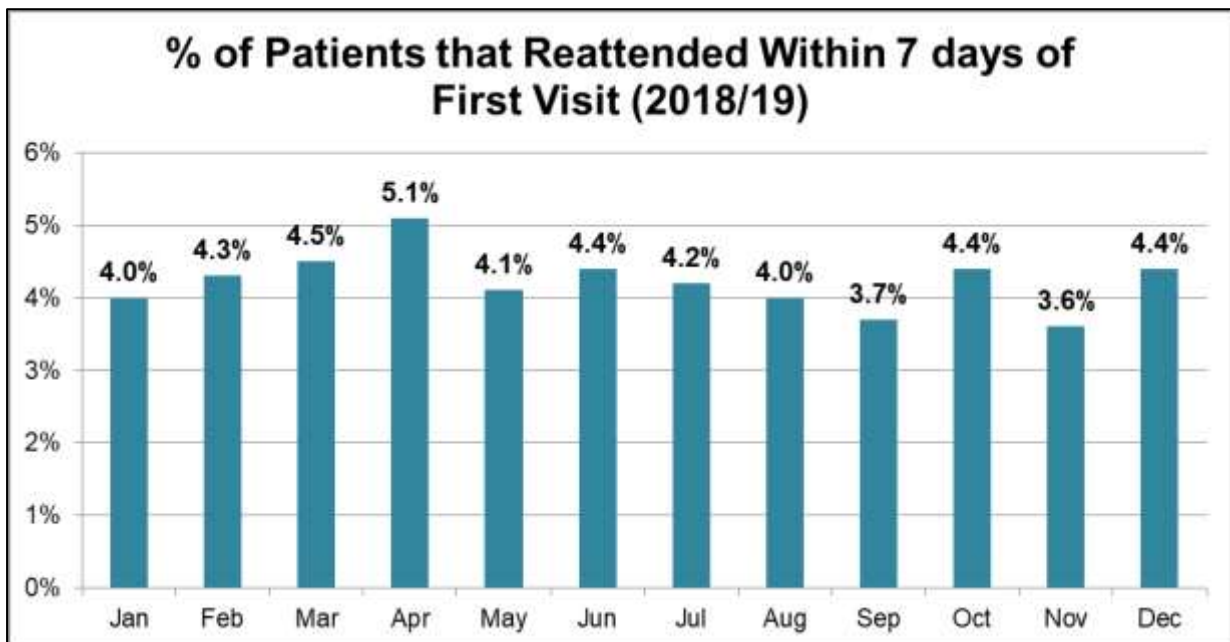
The graph above demonstrates the Southern Trust’s readmission rate (in blue) vs the CHKS peer comparator. During 2018/19 the Trust’s average readmission rate within 28 days was 6.99% versus the peer comparator score of 7.86%. This is a decrease on position from the previous year (2017/18) which was 7.32%.

Hospital Readmissions after 7 days

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

Facts and Figures

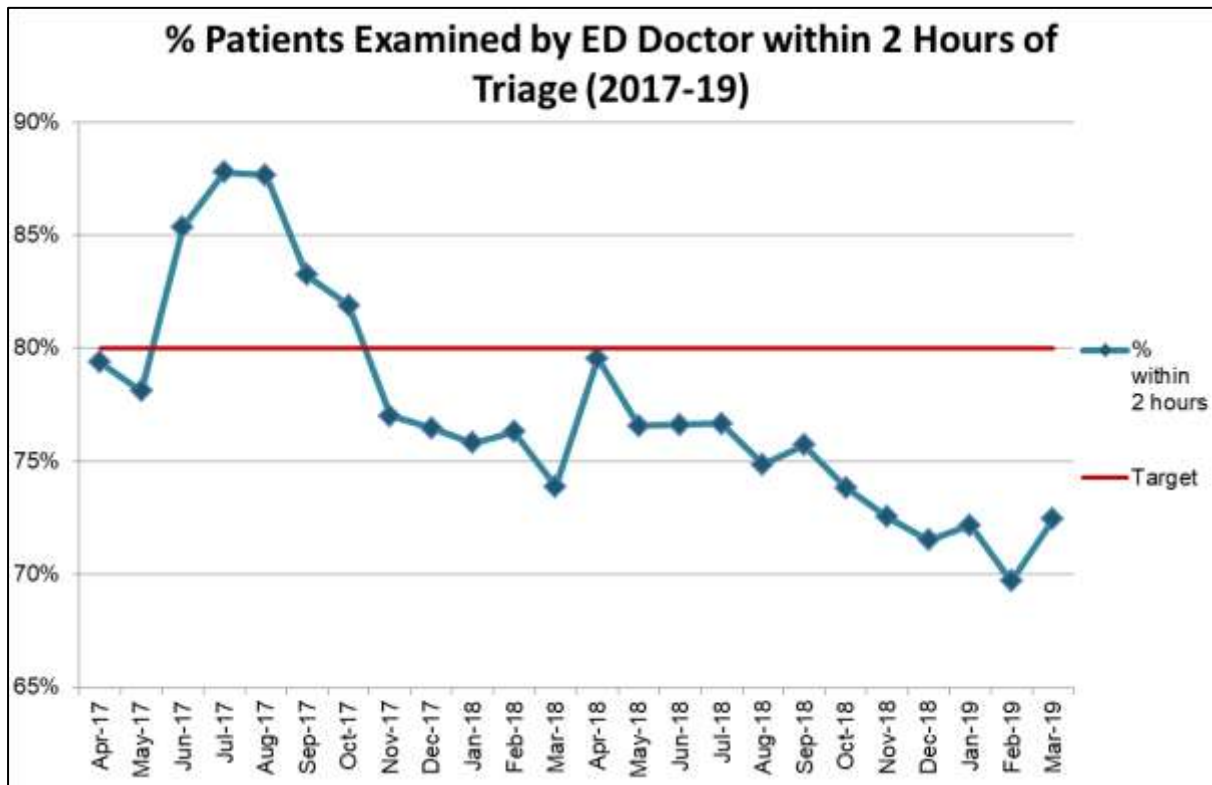
- During 2018/19 the Southern Trust maintained its position with **unplanned re-attendance at Emergency Departments** within 7 days being **below the 5% target**.
- Our position was 4.2% of total new and unplanned attendances (see graph below), up from 4.1% during 2017/18.



4.3 Emergency Department

Time to be seen by the Emergency Doctor

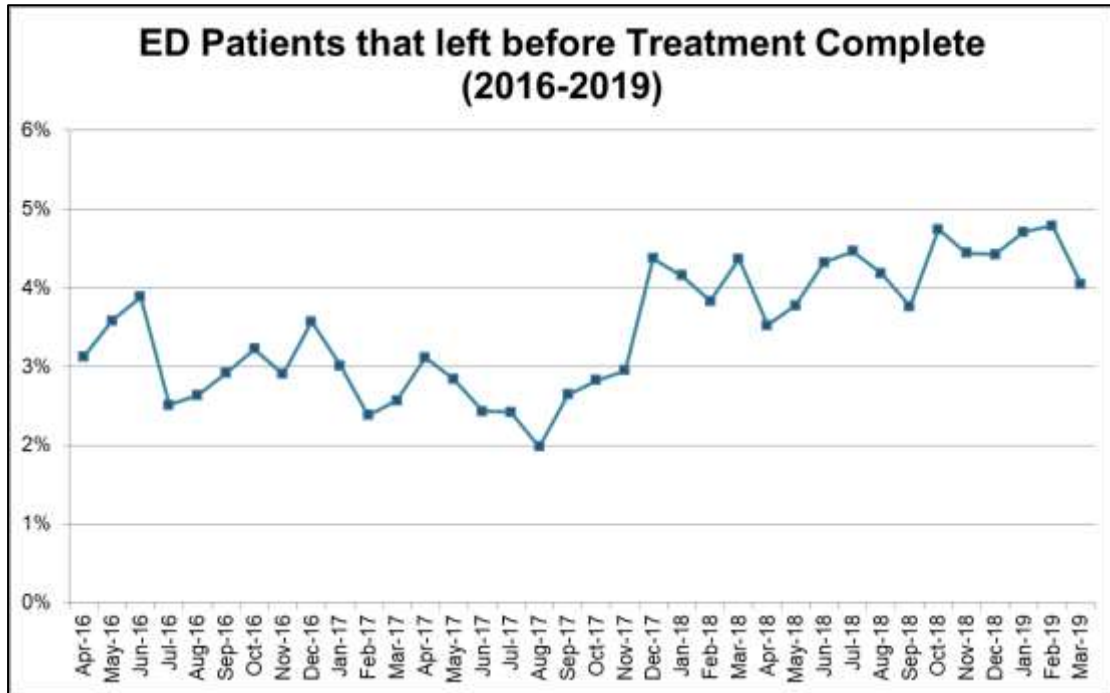
The Trust measures the time from Triage (or initial assessment) to the time the patient is being examined by a Doctor in the Emergency Department. Performance is measured against the percentage of patients that are examined by a Doctor within 2 hours of Triage (or initial assessment), the results are outlined below:



Patients that Leave before Treatment is Complete

During 2018/19, the average percentage of patients that left the Southern Trust's Emergency Departments before their treatment was complete was **4.3%**, up from **3.2%** during 2017/18.

Please see the following graph for the full picture.

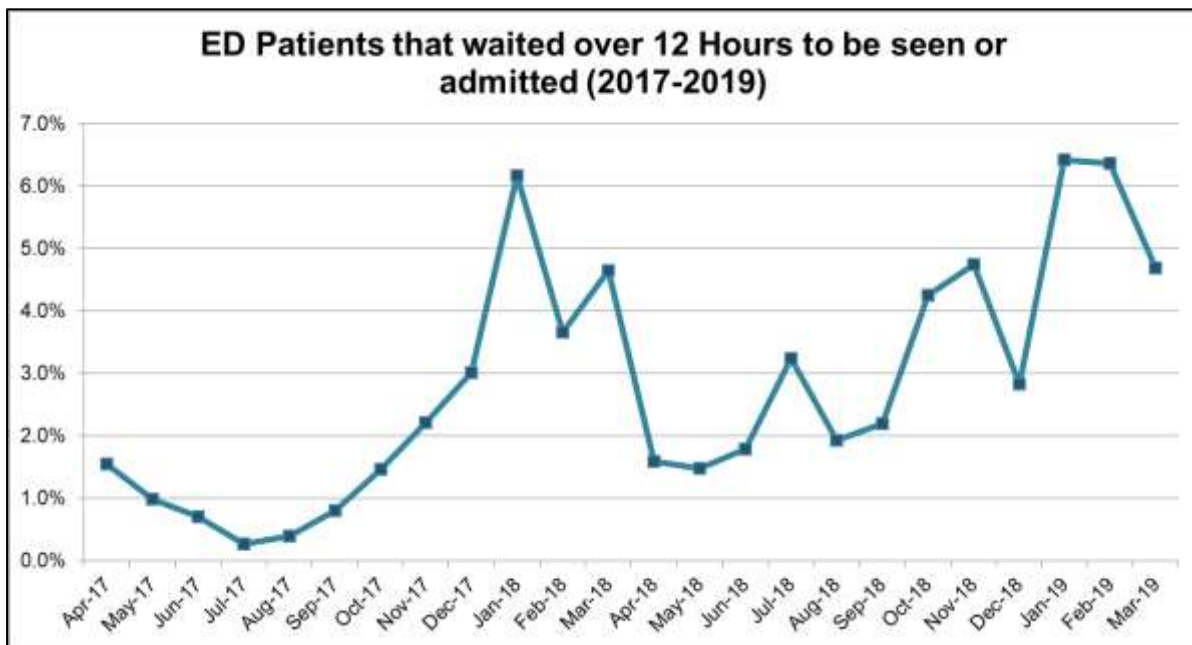
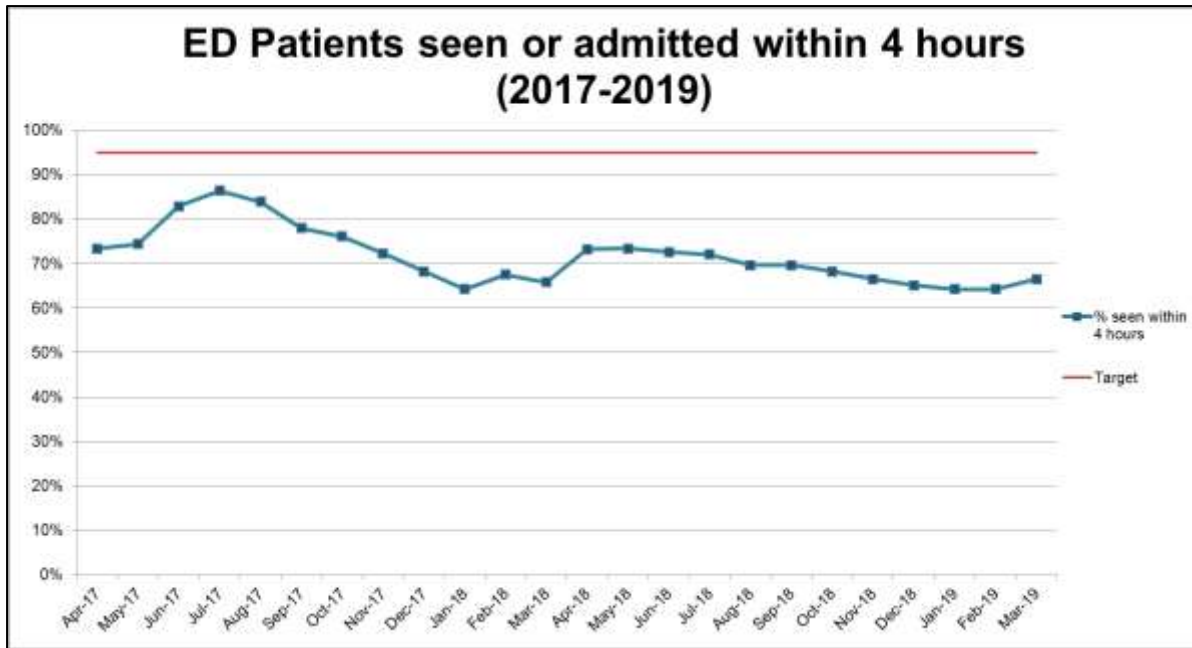


Emergency Department 4 Hour & 12 Hour Standards

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.



Facts and Figures



During 2018/19 there were:

- 177,830 people who attended Southern Trust Emergency Departments and Minor Injuries Units, a 3.1% increase from 2017/18.
- 68.8% of these patients were seen within 4 hours.
- 6,083 of these patients waited more than 12 hours. This represents 3.4% of the total patients who attended the Emergency Departments and the Minor Injuries Units during 2018/19.

Sepsis

Delay or Failure to Monitor

A Steering Group has been reconvened to implement NEWS2 and Sepsis 6. There are ongoing projects as an outcome of these groups.

In addition to the implementation of NEWS 2 and Sepsis 6 there are projects ongoing in relation to reduction of sepsis and identifying the deteriorating patient

- a project has been implemented in relation to the reduction of sepsis including gram negative bacteraemia.
- a project relating to the audit of NEWS escalation –to identify learning in relation to identification and escalation of the deteriorating patient.

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

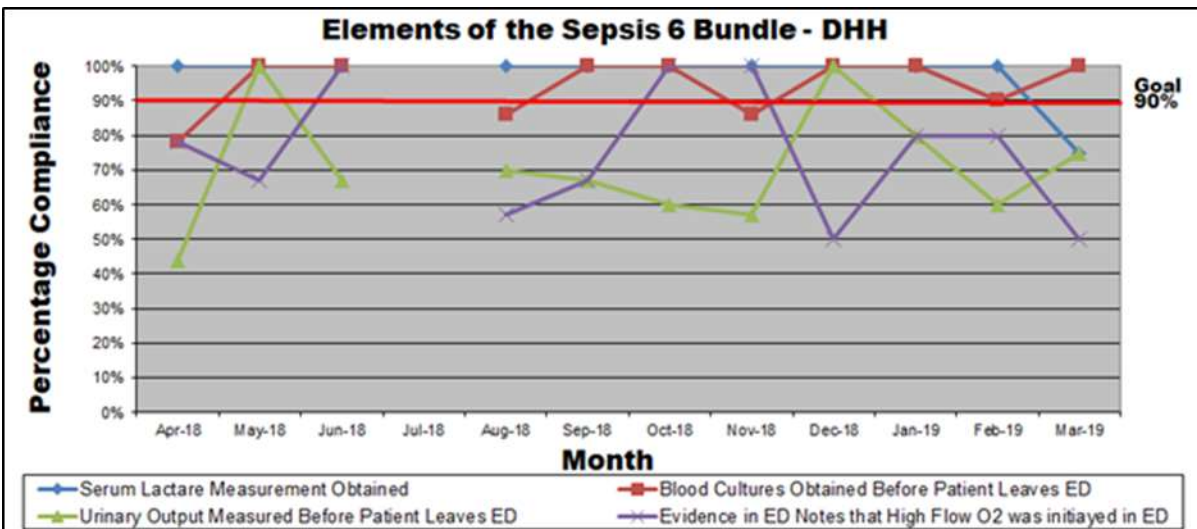
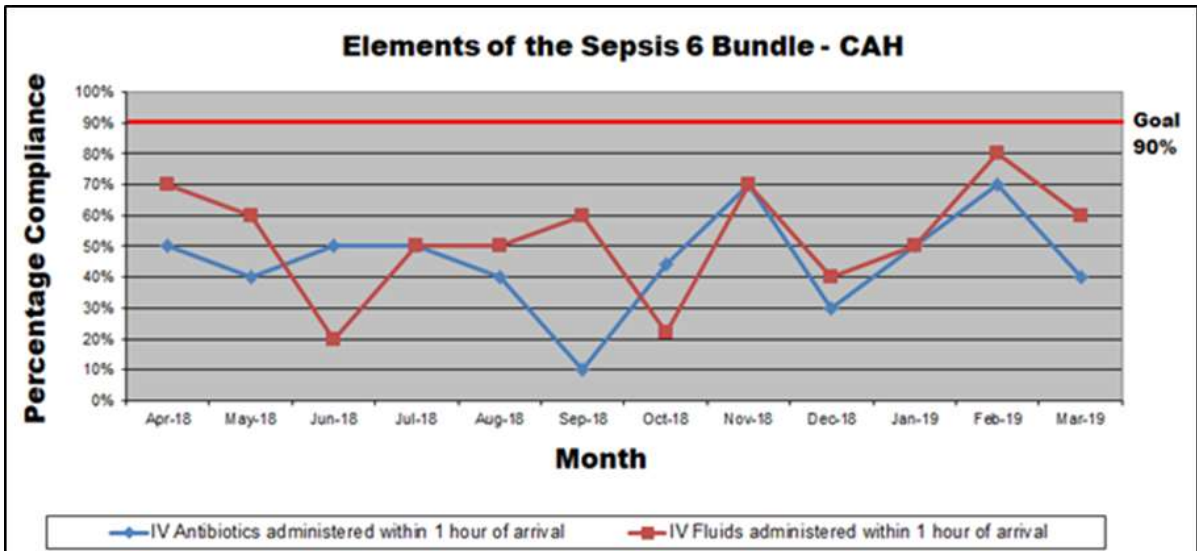
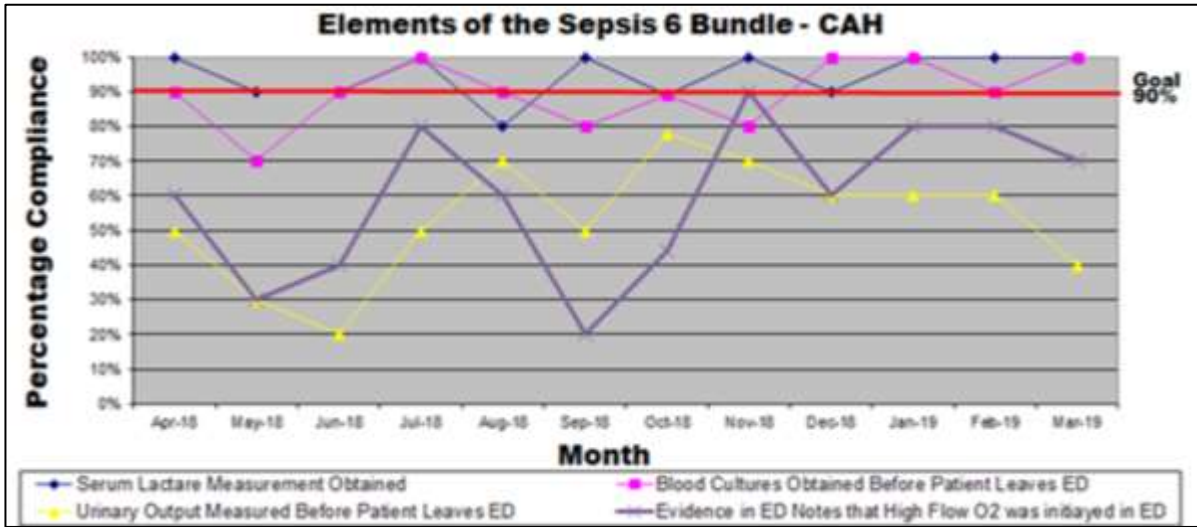
Rapid initiation of simple, timely interventions, including antimicrobials treatment and intravenous fluids, can reduce the risk of death by half. Moreover, early sepsis treatment is cost effective, and reduces the number of hospital and critical care bed days for patients.

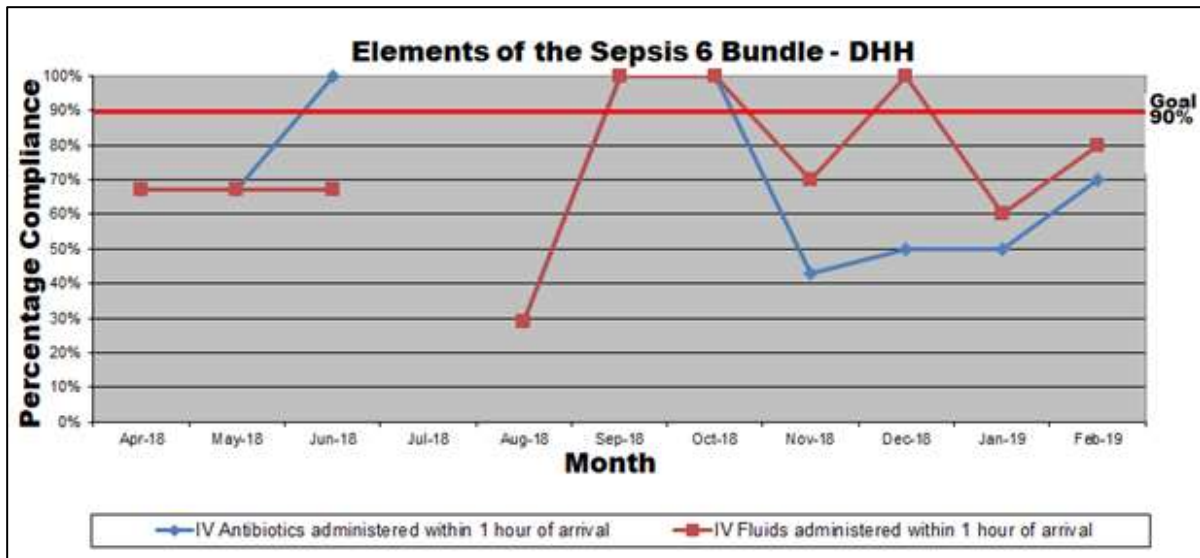
Quality improvement work on severe sepsis in the ED's of Craigavon Area Hospital and Daisy Hill Hospital has been on-going from April 2012.

Initiatives introduced include:

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

- Introduction of sepsis box
- Designated bed in resuscitation area of the Emergency Department





The time dependent Elements of the Sepsis 6 Bundle i.e. IV Fluids & IV Antibiotics administered within an hour of arrival continue to be a challenge

- However, 100% of patients (CAH) & 98% (DHH) received IV Antibiotics before they left ED, while 98% of patients (CAH) & 100% (DHH) received IV Fluids before they left ED
- In July 18, DHH there were no Severe Sepsis patients to audit

Going Forward:

In 2019/20 the Trust plans the following:

- 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

4.4 Clinical & Social Care Governance Research

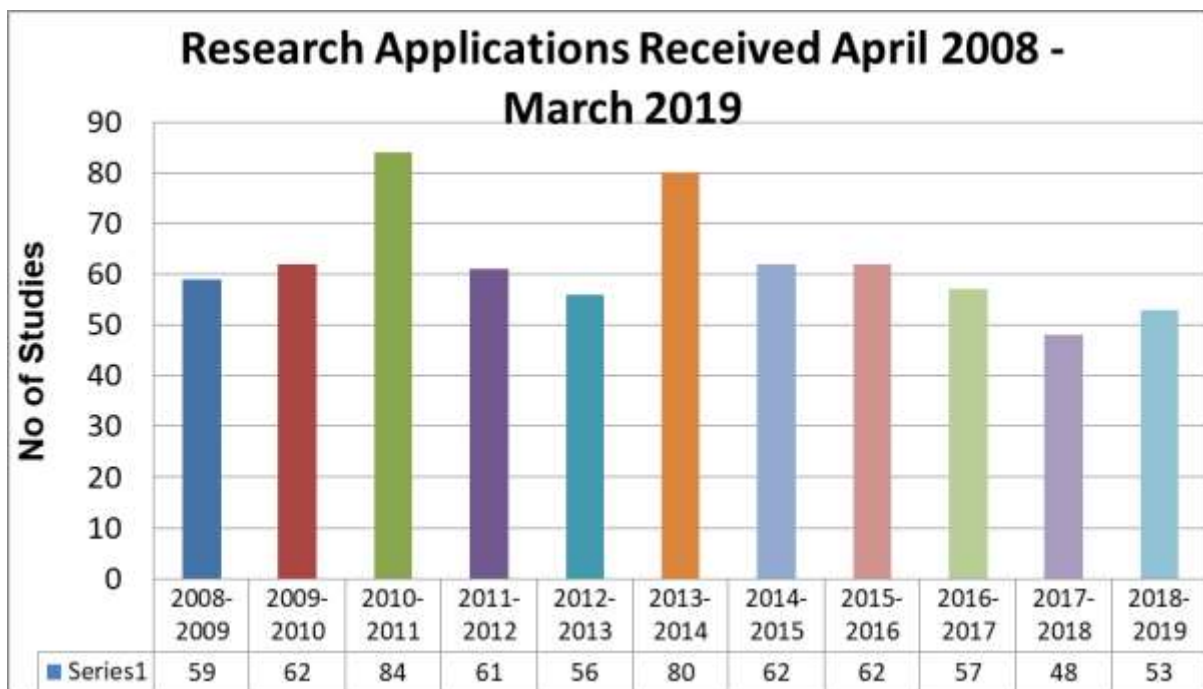
The Trust is committed to encouraging staff to be involved in research, development and innovation which:-

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

Facts and Figures

- 54 research applications received in 2018/2019 – the diagram below shows the numbers received since the establishment of Research and Development in the Trust.
- 100% of research applications approved within 30 days



During the year Craigavon Area Hospital and Daisy Hill Hospital have been sites for several important international Studies and numerous national Studies. Trust Consultants have fulfilled the role of Chief Investigator for some of those 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.

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 2019/2020



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 area of Urology.
- 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.

4.5 Nice Guidelines

Providing safe, high quality care to service users through clinical excellence should be a core objective of all health and social care providers. The effective implementation and sustained adherence to clinical standards and guidelines is a key tenet of this objective.

Clinical guidelines are considered to be essential foundation stones for informing health care decision making and can serve as the basis for policy, planning, evaluation and quality improvement. They are also the syntheses of the best available evidence on how to most effectively organise and deliver health care services for a given condition.

Within Northern Ireland there are a number of external agencies that review and endorse clinical guidelines and recommendation reports. It is the responsibility of the SHSCT to ensure that suitable and effective assurance frameworks are in place for the dissemination / implementation of these guidelines thereby allowing for the translation of policy into practice and ensuring the delivery of care and effective care to patients.

In 2018/19 there were 17 new endorsed NICE Clinical Guidelines, a further 10 updates to existing NICE Clinical Guidelines and 11 NICE Antimicrobial Guidelines. In addition there were 56 NICE Technology Appraisals received by the Trust, these have been reviewed to determine applicability and ensure implementation where required.

There is significant work required to ascertain compliance, gaps in compliance can be identified. If the Trust identifies barriers to implementation which they cannot resolve this is escalated to the Health and Social Care Board. Action plans are progressed for any gaps in compliance which the Trust can resolve; significant quality improvement initiatives have commenced to improve compliance.

Quality Improvement Initiatives

There has been significant quality improvement work undertaken by the Acute Services Standards & Guidelines team to ensure that the recommendations outlined in regionally endorsed guidelines are visible at the patient staff interface and embedded within current clinical practice.

NICE NG 37 Complex Fractures: Assessment and Management

Over the last 12 months a working group was established to implement the new NICE clinical guidance for the management of complex fractures. This work identified that the following recommendation could not be met within current systems and processes:

“All trusts receiving patients with open fractures must have information governance policies in place that enable staff to take and use photographs of open fracture wounds for clinical decision-making 24 hours a day. Protocols must also cover the handling and storage of photographic images of open fracture wounds.”

Working in collaboration with BSO, SECTRA and SHSCT colleagues from the Trust’s Emergency Departments, Radiology service and Information Technology / Governance team, a new Trust policy has been developed and is now available on the Trust intranet. The purpose of this policy is to provide clear information on service user photography & recording and to ensure particular care is taken to protect the recordings and control its storage and use. It is designed to support staff and assist with decision making regarding appropriate clinical photography and will ensure patient confidentiality is maintained.

For staff working within the Trust’s Emergency Department, systems are now established to allow clinical photographs to be uploaded to PACS and reconciled within the patient’s electronic care record. There is great potential to extend this initiative to other services including Trauma & Orthopedics, Tissue Viability, and Orthodontics pending approval of funding.

NICE CG 176: Head Injury: Diagnosis and Initial Assessment

Over the last 18 months a cross directorate MDT working group has been working to progress the recommendations outlined in NICE Clinical Guideline CG 176. This work has resulted in a Trust Policy for the diagnosis and early management of head injuries being developed. This is pending approval at Policy Scrutiny Committee.

The policy outlines clear guidance to staff regarding clinical assessment requirements, diagnostic testing, monitoring of the patient’s condition, consideration of anticoagulation management, referral processes for rehabilitation (including the formalisation of referrals to the Acquired Brain Injury team).

New adult patient information leaflets for concussion and acquired brain injury have been developed in collaboration with the Trust’s PPI team. The previously used GSC observation chart has been reviewed and updated with a pilot now being undertaken in a number of clinical areas across medicine and surgery to ensure suitability. This work has been aligned to the NEWS2 and Sepsis implementation plans to ensure escalation processes are consistent across all clinical specialties.

4.6 National Audits

National clinical audits

The Trust's clinical audit work programme includes projects undertaken nationally in conjunction with other Trusts in Great Britain and regionally with 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.

Participating in the national clinical audit programmes enables the Southern Health & Social Care Trust to:

- Compare performance with other participating Trusts in Northern Ireland, England, Scotland and Wales
- Measure healthcare practice on specific conditions against nationally accepted standards
- Benchmark reports on performance, with the aim of improving the care provided

The national audits are co-ordinated independently by external professional groups. Examples of some of these groups are:

- Intensive Care National Audit and Research Centre (ICNARC)
- Royal College of Psychiatrists (RCPsych)
- Barts Health NHS
- Trust Royal College of Physicians

These national clinical audits are undertaken to demonstrate our compliance with a range of clinical guidelines. For example, the three audits listed below are based on the standards reflected in the associated NICE guidelines.

| SHSCT National Audit | National guideline |
|---|--|
| National Confidential Enquiry into Patient Outcomes and Death study: The care of adult patients who were diagnosed with sepsis. | NICE Guideline 51 – Sepsis: recognition, diagnosis and early management (2015) |
| Royal College of Emergency Medicine study: VTE Risk in Lower Limb Immobilisation | NICE Guideline 89- Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism' (2018) |
| University of York: National Audit of Cardiac Rehabilitation (NACR) | NICE Quality standard 99: Secondary prevention after a myocardial infarction. (2015) |



The Royal College of Emergency Medicine National Audit Programme

The SHSCT participates in the annual Royal College of Emergency Medicine's national clinical audits. In 2017/18 the Trust took part in 3 audits which were published during 2018/19, these were as follows:

- Pain in Children
- Fractured neck of femur
- Procedural sedation

Why did we do the RCEM audit programme?

- Opportunity to compare against national standards
- Opportunity to compare ourselves against other departments/national average
- Contribute to national data
- Guide improvements in patient care and service provision

The Royal College of Emergency Medicine: Pain in Children

The 3 most important performance indicators identified by the clinical lead were:

1. Initial pain score recorded within 15 minutes of arrival.
2. Appropriate analgesia is administered as per the pain score.
3. Re-evaluation of the pain score and second dose of analgesia offered if required.

What did the results tell us about our service?

Very poor compliance with audit standards in all three areas, particularly pain scoring and documented re-evaluation. Areas for improvement include:

| Areas for Improvement | | |
|--|--|--------------------------------|
| Recommendation | Action taken | Current Status as of June 2019 |
| Reinforce with triage staff taking the pain scores | Staff education | In progress |
| Appropriate analgesia offered as per the Royal College of Emergency Medicine (RCEM) guidance | Staff education | In progress |
| Re-evaluate pain scores | Discussion with regard to documentation on emergency department flimsy | In progress |

There has been a successful Quality Improvement Project in the Emergency Department since participation in this national audit. The results of this project showed the Department to be >50% compliant with the three main standards – this is below the RCEM standard but it is a huge improvement from the initial audit.

The Royal College of Emergency Medicine National audit:

Fractured neck of femur

Why did we do this audit?

This RCEM national audit provides the Trust with assurance on:

- Clinical practice
- Better service efficiency
- A way to standardise care versus national standards
- Allowing the Trust to compare practice nationally
- Improving patient care

The 4 most important performance indicators as identified by the clinical audit lead:

Results compared to the national average:

| Standard | SHSCT ED Results | National Audit Results |
|--|------------------|------------------------|
| Pain score is assessed within 15 minutes of arrival | 48% | 47% |
| Patients should have appropriate analgesia in a timely fashion and then have their pain re-assessed post analgesia (i.e. within 30mins of receiving the first dose of analgesic) | 4% | 2% |
| 75% of patients should have an x-ray within 120 minutes of arrival or triage, whichever is the earliest | 68% | 63% |
| 95% of patients should be admitted within 4 hours of arrival | 46% | 39% |

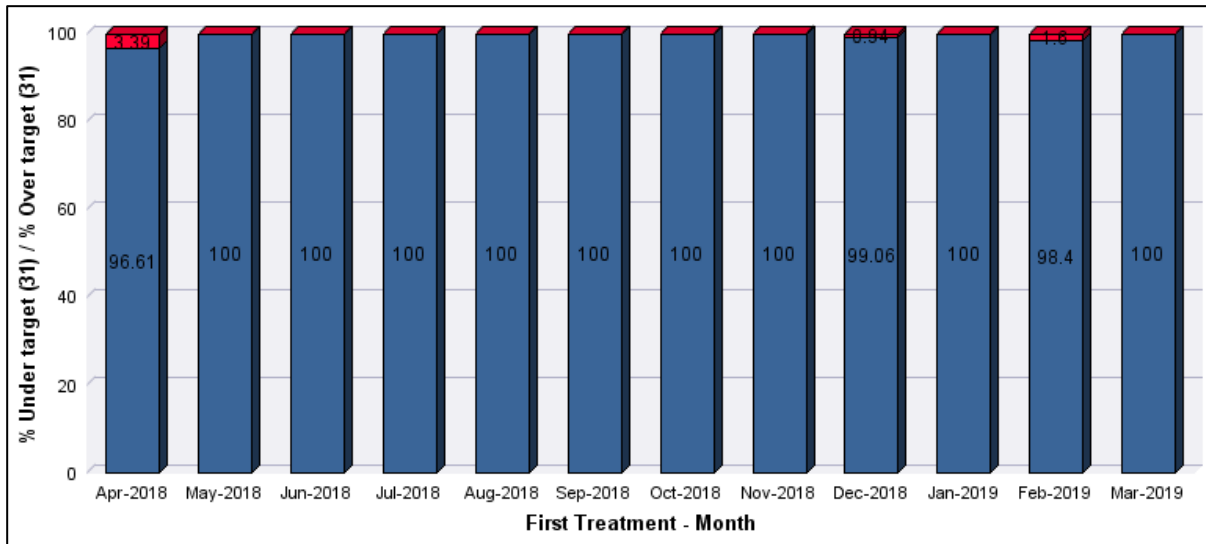
What did the results tell us about our service?

- We have updated the patient proforma to include fascia iliaca block.
- We have endeavoured to include the patient flow team and to identify patients early for admission to the trauma ward.
- Highlighted the delay in patients being allocated beds – this gave us the evidence to address this issue.

| Recommendation | Action taken | Current Status as of June 2019 |
|---|--|---------------------------------------|
| Share audit results with emergency department multidisciplinary team | Results were presented at the emergency department morbidity and mortality meeting March 2018 | Completed |
| All patients should have pain score documented on arrival | Staff education | In progress |
| All patients with moderate-severe pain should have analgesia within 60 minutes | Staff education | In progress |
| More patients should receive a fascia iliaca block | Ongoing training within the emergency department. Topic is included in the clinical audit work programme | In progress |
| Re-evaluate patients 30 minutes after receiving 1 st dose of analgesic if moderate-severe pain | Staff education | In progress |
| If analgesia is not required, document it | Staff education | In progress |

4.7 Cancer Targets

The Trust continues to perform strongly against this objective. It is anticipated that performance will remain fairly strong for 2019/20, subject to demand and the Trust’s trajectory for 2019/20 reflects this.

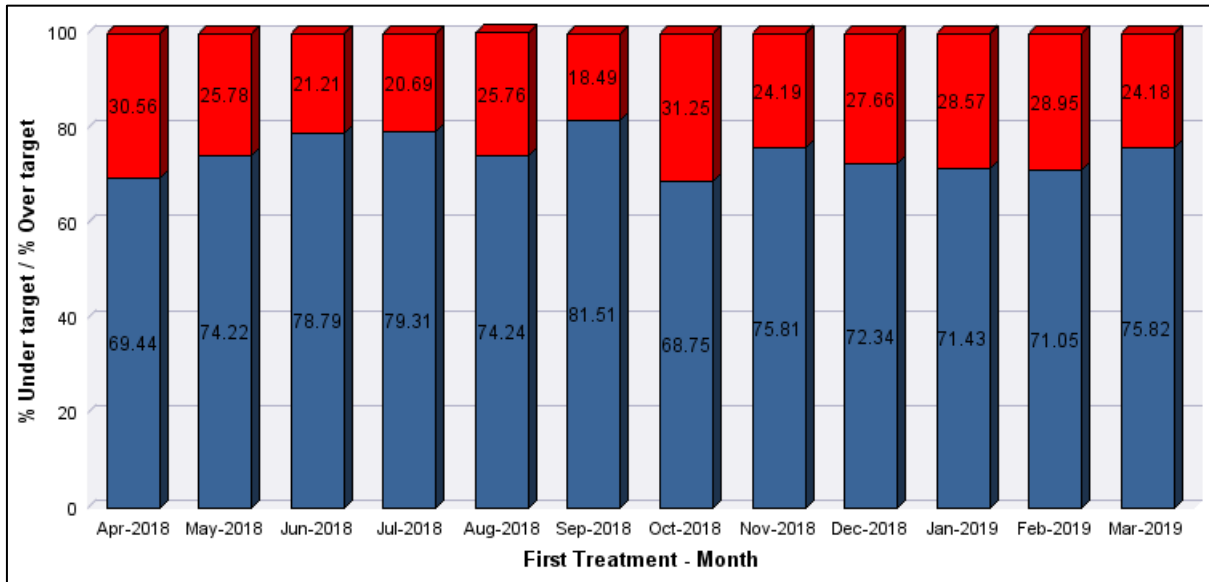


31 day completed waits from decision to treat to treatment date. The blue represents those under the 31 day target and the red represents those over the 31 day target.

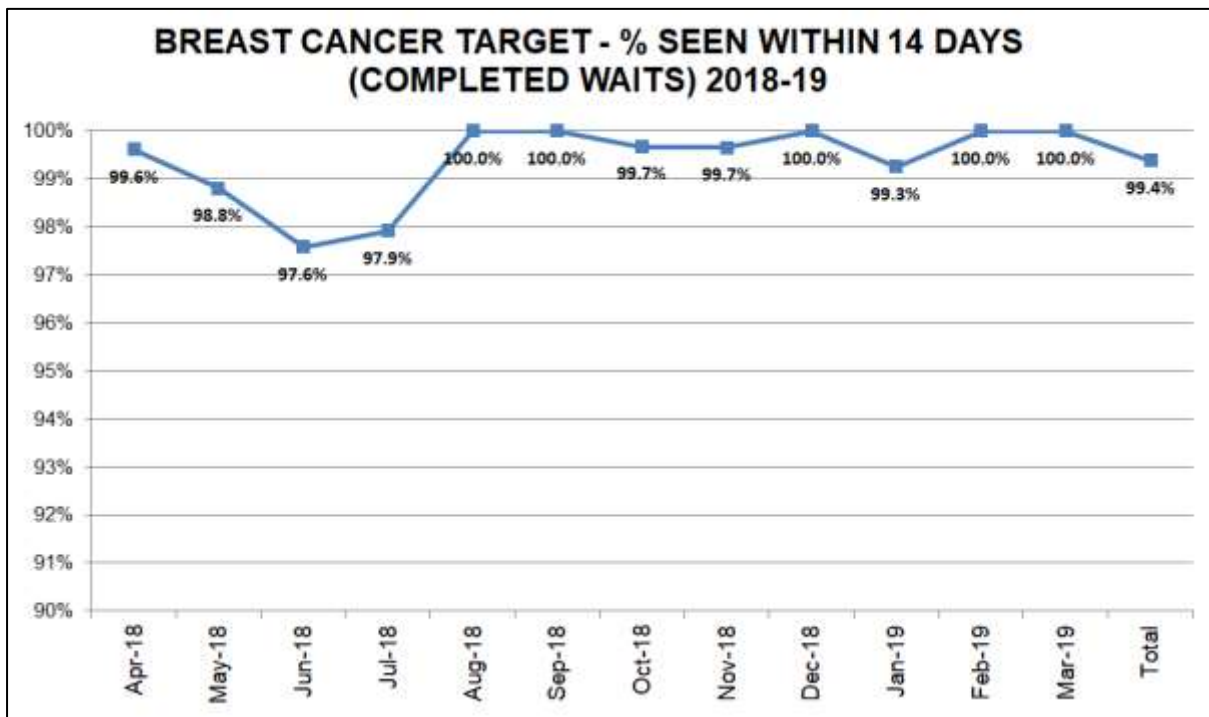
Ongoing increase in red flag referrals across multiple tumour sites continues, leading to pressures throughout pathways with 1st appointment, investigation and diagnostics and surgery- in particular urology, Upper Gastro Intestinal, Lower Gastro Intestinal, Gynae and Haematology.

2019/20 cancer trajectory has been submitted to the Health and Social Care Board (HSCB) highlighting these concerns and projecting a decreasing performance against target. This is discussed at length HSCB at Trust Cancer Performance Meetings who are aware of the Regional pressures on cancer services. NICAN groups continue to meet to review site specific pathways and make recommendations for any changes.

Please continue overleaf.



62 day completed waits from referral to first definitive treatment date (2018/19). Blue represents 62 day under target and red represents 62 day over target.



4.8 Enhancing Social Work and Social Care Services

Under the office of Executive Director of Social Work, the Trust has delivered substantial compliance with its Delegated Statutory Functions (DSF 1994-revised 2010). Governance arrangements in Directorates have continued to develop with support from professional governance leads and social work training consultants. Monitoring and reporting systems continue to be harmonised and improved.

- The governance arrangements for Approved Social Work are bedded into practice, ensuring compliance with the standards for approved social workers.
- The Supervision Policy, Standards and Criteria for Social Workers and Social Care Workers in the Acute, Mental Health & Disability and Older Persons & Primary Care Directorates was reviewed in February 2012 and is embedded in the Directorates. The revised policy takes account of service demands and integrated structures and is in keeping with the Northern Ireland Social Care Council and the Regulation and Quality Improvement Authority's guidance. The supervision policy for Domiciliary Care Workers is established and is embedding within the service. The Trust continues to make progress in relation to meeting the standards for AYE staff.
- The Trust has implemented the RIT (Children Services Improvement Programme) Caseload Management (revised) and protocol for supervision
- A system is in place to provide assurance about compliance with registration with NISCC.
- The Trust has established an Assurance and Accountability Governance Framework based on the NISCC Standards for Social Work, Social Care and the Employer. The Framework is also based on the provision of compliance with DSF
- An annual audit is carried out in relation to Approved Social Work activity each year (April) to ensure compliance with the SSI Quality standards March 2005 (amended 2009) which provides assurance that the ASW staff and service meets the required standards
- A new database is being created to provide assurance on the registration of the social care workforce. (this has been delayed due to staffing sick leave issues)
- Professional induction is provided to all newly appointed social work and social care staff.

- A training needs analysis is completed annually and used to develop an annual training plan which meets Trust, Department of Health, HSCB and NISCC priorities.
- Regulated services are subject to ongoing inspection by RQIA and Quality Improvement Plans are in place and regularly reviewed to ensure progress.
- Sharing the learning sessions from Case Management Reviews audits, Serious Adverse Incidents, complaints and case management reviews are provided within the Directorates.
- The Trust has formal governance arrangements in place to monitor risks, incidents, and performance in relation to statutory functions.
- The Trust has established a Standards and Guidelines Group to ensure the dissemination and implementation of guidelines across all Programmes of Care.
- There are integrated Governance Arrangements under the Executive Director for Social Work which address the interface between Corporate and Professional Governance
- Over 2018-19 there has been a close and collaborative working relationship with RQIA. The inspection programme for both statutory residential and day services has been very positive and reflected the nature of the care and environment as safe, compassionate, and well-led. The RQIA Inspection Team have been both enthusiastic and supportive of the range of quality improvement initiatives developed across both services and have commended the Trust commitment to embedding service improvement and quality service improvement training into the social care workforce responsible for delivering care
- Safeguards for clients who lack capacity to make decisions about their care and residence. In accordance with The Deprivation of Liberty Safeguards (DOLS) – Interim Guidance¹⁴ October 2010/ Cheshire West judgment 2014 the Southern Trust currently implements its own Guidance document. (2014 Amended Guidance for the Assessment of Capacity). In the absence of legislation this guidance provides staff with a flow chart to complete Capacity assessments, enhancing communication during Capacity assessments, a Best Interests Pathway involving the carers and advocates and consultation with Legal services.

The Trust meets its obligations in Standards by having in place:

- Robust recruitment and selection processes
- Corporate and professional induction arrangements
- Performance and personal development review arrangements (KSF)

- Professional supervision policies
- A comprehensive range of policies guidance and procedures across employment, occupational health organisational and professional areas
- A comprehensive range of learning and development opportunities to enable registrants to complete the post registration and development requirements
- A range of policies and procedures to promote a safe working environment and to promote equality
- Regular liaison with the NISCC
- The Trust provides regular monitoring reports in relation to the requirements for social workers completing their assessed year in employment.

Outcome Based Accountability Projects

Under the auspices of the DOH Social Work Strategy, a number of Outcome Based Accountability (OBA) projects have been undertaken to implement and evaluate models of intervention for our service users and their families. These projects are well developed in the following areas and OBA score cards have been developed to measure impact:

- a) Children with Diabetes Services are improving the access, treatment and management of diabetes for families in Children's services.
- b) Improvement pathway for recognition, referrals and management of Adults who require Safeguarding by social work is subject to an OBA methodology
- c) Children's services have embedded a Post Adoption Pathway to assist in quantifying the level of assessed need to determine active and ongoing support to the child and adoptive parents post placement using OBA methodology. A traffic light approach in respect of dealing with cases, i.e. green – low involvement, orange – medium involvement and red – high involvement has been developed and embedded with the objective of early identification of post adoption cases which may be at risk of disruption.
- d) RISE provides universal, targeted and specialised training and intervention programmes to support preschool, nursery and schools within the Southern Trust An outcomes based accountability SHSCT score card has been developed to measure the impact and accountability of RISE NI.
- e) Family Group Conferencing is an innovative OBA project to support families experiencing difficulty having the conversations about where their adult child with a Learning or Physical Disability will be cared for in the future

In addition to the OBA projects, there are a number of Social Work QI/Innovative projects across the programmes of care. Some examples are:

1. A quality improvement project in Bluestone Unit to assist the identification of young carer's. The result has been the identification of 11 previously unknown young carers who have since engaged with supports provided by Action for Children and the Children's Disability Forum.
2. A quality improvement initiative on Silverwood Ward in relation to developing alternative contact arrangements for parents and children through the use of Technology. This led to the potential to arrange skype calls/contact between parents and children while the parent is in hospital. The innovative received funding from the Dragons Den to develop as a pilot
3. Children's Social Work developed a unique Yoga for Looked After Children programme. This is the first programme of this type in Ireland and has been specially designed to relive stress, improve self-esteem and regulate emotion of our young people. It was positively evaluated as clinically beneficial to the young people involved. The programme was also a winner at the Regional Social Work Awards and is now fully integrated into the therapeutic programme for ASD/CAMHS Connect
4. Acute Social work implemented a Quality Improvement Project to: "Improve the use of Self Directed Support in Acute Hospital's for patients requiring a service post discharge" The reason for the choice of this project was due to the large number of complex delayed discharges due to lack of community resources for packages of care, along with the benefits of SDS for the patient and carer as it gives them greater choice and control over their lives. Overall the project is to provide alternative support service to service users and reduce the number of delayed discharges directly and indirectly and increased uptake of SDS will in turn reduce the demand on current resources.
5. An Innovative programme within Carrickore Children's Home to pilot a Coach Approach to learning from Adverse Incidents. The pilot involved facilitated reflective sessions with staff in a group setting and was found to be an effective tool for learning. The model has a defined structure with time boundaries and involved the use of coaching questions to draw out new perspectives and help create a 'no blame' culture.
6. Following permission from the Chief Social Worker, we have introduced the Carers Conversation Wheel in Adult Physical Disability services as an alternative to the NISAT Carers Needs and Support Plan. This project is using quality improvement methodology and Co-Production to assess the benefits of this new form of carer's support, with the aim of increasing the uptake and improve the quality of each intervention. To date, this project has been positively received by our staff and our service users.

Theme 5

**INTEGRATING
THE CARE**

5.1 Community Care

Telemonitoring

The Nutrition and Dietetic service successfully implemented a remote tele-monitoring service for patients requiring oral nutrition support in all the Older People Care Homes across SHSCT, entitled 'Health Call Under Nutrition Service'. This technology drives quality whilst providing safe and effective care. Earlier intervention for patients at risk of malnutrition improves treatment compliance resulting in improved nutritional status. The service also maximises dietetic resources and improves skill mix.

Support Nursing Homes

The Acute Care at Home (ACAH) manager presented at a workshop for Care Home Managers and Clinical Leads on 26 November 2018 in Seagoe Parish Centre on the ACAH Service and The Older Persons Assessment Unit (OPAU).

The ACAH manager or Lead nurse attends the quarterly Nursing Home managers meeting along with the Care Home Support Team. This is a valuable opportunity to meet with the managers and answer any queries or concerns which they may have in relation to the ACAH service.

The ACAH Multi-Disciplinary Team act as a valuable resource to care home staff when a patient from the care home is referred and accepted onto the ACAH Team. During 2018/19, 32% of all referrals to ACAH were from patients who resided in a care home (**690 referral with 490 patients accepted**).

Rapid Access Teams

Rapid Access Clinic is a consultant medical led clinic for Older People which offers rapid access to comprehensive geriatric assessment in a clinic setting. It's a 'one-stop' clinic for the comprehensive review of older patients with complex medical problems. Patients will have access to medical, nursing and AHP staff as well as rapid access to diagnostics and labs as required. This service promotes a better quality of life for our older population, supporting them to live independently for longer. Referrals are accepted directly from GPs, ACAH triage, Emergency Departments, Medical outpatients and OPAU. Patient will be offered an appointment within 48hrs of referral.

This service has now been fully implemented in Newry area since April 2018 and has become part of the greater Direct Assessment Unit since its opening in February 2019.

To date 146 patients have been stepped up to the new Newry clinic by GPs to the clinic for assessment as prevention to admission.

Intermediate Care

Intermediate Care is a short term intervention to promote the independence of people following an acute hospital admission or where there has been a deterioration in functional ability due to an acute/exacerbation of their medical condition. It aims to increase their ability to live independently and minimise longer term dependence on health care services through timely, intensive therapeutic input. The MDT consists of Occupational Therapy, Physiotherapy, Social Work and rehab support workers.

The service accepts patients as “Step up” to avoid ED attendance or hospital admission from GPs, Community Nurses, OTs, Physios, Social Workers.

The service will also accept referral from ED and acute and non-acute wards for patients with complex needs who require follow up post discharge which could include social care support or temporary placement with rehabilitation. Patients will require 4 ICS forms (Med/Nursing, SW, OT, Physio).

During 2018/19, there has been a focus on increasing the number of referrals being accepted from GPs and Community services (Step Ups). In 2018/19 there were **504 step up referrals** accepted onto the service which is a **40% increase** from the previous year.

Facilitating Early Discharge

Older Persons Assessment Unit (OPAU)

The Older Persons Assessment Unit has been operational since early December 2017 on the Craigavon Area Hospital (CAH) site and from April 2018 on the Daisy Hill Hospital (DHH) site and provides a Comprehensive Geriatric Assessment for the selected frail patients over the age of 65 who have presented to the Emergency Department (ED). The unit has an environment that is more suited to the older person, calmer than ED with a layout more suited to the needs of elderly patients.

Staff in the unit complete a Comprehensive Geriatric Assessment on all patients and will initiate diagnostics and treatment. A plan of care is prescribed that may involve referring to community teams that can manage the patient appropriately outside of

the acute environment. There is also the option of referring to the admitting teams within the hospital both in Acute and Non-Acute sites for admission.

April 2018-Mar 2019:

- 603 patients referred through CAH OPAU and 492 accepted 82%
- 142 patients referred through DHH OPAU and 104 accepted 73%

Outcomes for the OPAU have been very positive with over 82% of patients redirected from acute admission. The care of patients is transferred back to the GP, to the ACAH service, transferred to Non-acute hospital or discharged home with follow up from Intermediate Care.

Discharge to Assess

Discharge to Assess enables patients identified as fit to return to their own home to be assessed in a timely manner by multi-disciplinary professionals in a familiar environment. This streamlines the patient pathway involving the patient and carers in the discharge planning process and eliminates unnecessary delays.

Patients may be identified for discharge to assess from the MDT in ED and transferred home or to a stat residential home in a timely manner without the need for four ICS forms to be completed.

In 2018-2019, **445 discharges were facilitated** through Discharge to Assess from across Daisy Hill Hospital and Craigavon Area Hospital. There is an estimated saving of 2-3 acute bed days for each patient discharged through this pathway.

Home Treatment

Within SHSCT the role of the Home Enteral Tube Feeding (HEF) Co-ordinator is to lead the planning and co-ordination of the adult enteral tube feeding service supporting hospital discharge and those adults who are internally tube fed in the community - in their own home, in nursing homes or in supported living. The HEF Co-ordinators also provide significant ongoing training and support to patients/carers and staff.

This is a service that continues to demonstrate major benefits to patients and carers in the community, currently supporting over 100 adults.

During 2017/18 the Home Enteral Feeding service **averted 218 ED attendances**, with only 18 ED attendances in total for the full year.

The Home IV service aims to provide high quality; evidence based intravenous therapy nursing to patients in a community setting. The service aims to be comprehensive, flexible and easily accessible offering a wide range of IV antibiotic therapies for a variety of conditions. The service improves patient safety by reducing the risk of infection and improve choice by enabling patients to stay in their homes.

The Home IV Service accepts referrals not only from hospitals and GPs within SHSCT, but also from regional hospitals for patients residing within SHSCT geographical area. All referrals are co-ordinated through the one point of contact (IV Co-ordinator) and delivered by the District Nursing Service (DNS), with occasional support from the IV Bank Team. This team is co-ordinated and overseen by the IV Co-ordinator and the District Nursing Professional Leads.

Treatment plans can range from 1-2 days to up to 26 week duration. Within current operational hours of the DNS, treatment plans of up to 3 times daily can be facilitated, administering either a bolus injection (3-5mins) or an infusion (30mins).

In 2018-2019 there were **336 patients discharged** home via Home IV coordinator facilitating earlier discharge for these patients (287 Southern Trust patients and 49 patients discharged home to another Trust regionally).

District nursing

Acute Care at Home

The Acute Care at Home team is a consultant lead service and has been operational since September 2014. The Multidisciplinary (MD) 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 Hospital medical staff, NIAS and Specialist Nurses (heart failure/COPD) within an agreed time frame of 2 hours. Patients receive a comprehensive Geriatric Assessment based on Silverbook Guidelines involving full MD input and have rapid access to diagnostics (MRI, CT, Ultrasound, Xray) and laboratories in the same time frame as an inpatient.

The team has been able to extend it's area of coverage over the last year, rising from 82% total population coverage in 2017 to 93% total population in 2018. There are plans to further extend in 2019/2020 to provide full trust coverage.

In 2018/2019 the team received **2177 referrals to team**.

- A total of 1371 referrals were accepted on to the AC@H service
 - 1030 prevention of admission
 - 341 facilitation of early discharge

- **960 patients** accepted were treated with IV therapy (antibiotics or diuretics) (70% of total accepted)
- **429 patients** were treated with fluids (IV or Subcut.) (31% of total accepted)
- **92%** of patients accepted to the service remain at home (89 admitted to an acute hospital (6.5%) and **15 patients** were admitted to Non-acute Hospital (1.1%).

Health visiting

This will reflect some social care input and should support the transforming your care agenda.



5.2 Mental Health

The Multi-agency Interface Group continues to meet three monthly. This group is attended by senior staff including Bluestone SW Team Leader, Acute Mental Health, Accident and Emergency Department, PSNI, ASW Lead, Unscheduled Care, Addictions Service, Acute Mental Health & Learning Disability Consultants, Psychiatric Liaison Service; Forensic RMO and NIAS.

The aim of the group is to promote multi-agency collaborative and partnership working. During 2018/19, training has been provided to Emergency Department staff in both Craigavon Area Hospital and Daisy Hill Hospital on the use and application of Article 130 of the Mental Health Order, 'Removal to a Place of Safety' by PSNI. This training proved very effective and has facilitated improvements in the interface and communication between ED, PSNI and the acute psychiatric wards. There has been a request that this be repeated for staff that may have missed it and this is being arranged for later this year.

Bluestone Social Work Service Improvements:

The hospital based Social Workers take a lead role in relation to the safeguarding of children and adults.

The Social Work staff work closely with patients, carers and other relatives; and they carry out home visits when required as part of the multi-disciplinary process. With regard to statutory functions, the hospital social workers consult their Team Leader who is also their professional line manager.

This team were recently nominated for the Social Work Excellence Awards for their role in promoting the identification of young carers in mental health. Many of the young carers identified are now engaged with and supported by Action for Children and the Children's Disability Forum.

Another initiative prompted by the Social Worker on Silverwood ward was in relation to developing alternative contact arrangements for parents and children through the use of Technology. This explores the potential to arrange skype calls/contact between parents and children while the parent is in hospital.

On presentation to the Dragons Den the team/ward was allocated funding to develop this as a pilot. It is recognised that SW will require to have a significant ongoing role in the development and rolling out of this, including: arranging, possibly supervising and assessment of the contact, identification of attachment issues etc.

Crisis Planning – Achievements during 2018/19

- Introduction of an Integrated Liaison service by amalgamating existing Psychiatry, Substance Misuse, Memory and Psychiatry of Old Age Liaison teams. Integration allows for a responsive efficient service that avoids duplication of assessment and better outcomes for the service user
- Development of a co-produced safety leaflet with Liaison staff and Mental Health Forum members, this outlines immediate follow up plans, wellness tools and crisis contact numbers. This leaflet is now completed with and given to all service users using Integrated Liaison service
- Flowcharts developed and embedded in all mental health facilities detailing actions to be taken if a service user self presents in crisis

Crisis Planning – Planned Actions during 2019/20

- Further investment in Integrated Liaison service to extend hours across the Acute and Non Acute sites to 9am – 9pm
- Build upon Safety Leaflet as part of the Regional You In Mind Mental Health Care Pathway
- Review of Unscheduled Care services in Mental Health

What is Psychiatry Liaison?

Staff from the Emergency Department and General Hospital make referrals to the Psychiatry Liaison team in order to provide assessment and support for people who attend or are admitted to the hospital and who have mental health needs.

Mental Health & Wellbeing:

Wellness tools are things that we do every day to keep us well. Some people take time out to meditate or read a book.

My Wellness Tools are:

.....
.....
.....
.....

| Useful Websites |
|--|
| <p>www.mind.org.uk For information on treatments and how to access support</p> |
| <p>www.rethink.org For information about living with mental illness and supporting people with mental illness</p> |
| <p>www.rcpsych.ac.uk For information on ways to improve your wellbeing as well as information on mental health conditions and treatments</p> |
| <p>www.choiceandmedication.org/hscni For information on medications and mental health conditions</p> |
| <p>www.thementalhealthforum.co.uk The voice for mental health service user opinion in Southern Trust by improving awareness of mental health issues, challenging stigma, developing opportunities and providing access to advocacy support services and information about complaints procedure</p> |

Mental Health

Psychiatry Liaison



Mental Health

Safety Plan

My Action Plan

You were seen by _____

What is going to happen now?

Your GP will be contacted by letter.

.....
.....
.....

GP Name

.....

GP Surgery Address

.....
.....

GP Contact Number

.....



Promoting Hope, Opportunity and Personal Control



My Contacts

| | |
|-----------------------------------|--------------------------------|
| Out of Hours GP | 028 383 99201 |
| Lifeline | 0808 808 8000 |
| Samaritans | 08457 909090 or 116 123 |
| Addictions NI | 028 906 64434 |
| Nexus NI | 028 9032 6803 |
| INSPIRE NI | 028 9032 8474 |
| Cruse Bereavement | 0808 808 1677 |
| Citizen's Advice | 028 383 61181 |
| Patient Advocate (INSPIRE) | Anita on 07407 730780 |
| | Karen on 07811 344723 |
| CAUSE | 028 9065 0650 |
| (Carers Advocate) | |





Contact numbers unique to me;

.....
.....

My next appointments;

.....

How Can I Keep Myself Safe?

| | |
|---|--|
|  | Confide in a friend or family member, or someone I trust to let them know how I am feeling |
|  | Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group. Look out as well as in. |
|  | Try something new, rediscover an old hobby or sign up for a course. Learning something new can be fun and give me confidence |
|  | Be observant of the world around me and savour these moments. Reflecting on my experiences will help me appreciate what matters to me. |
|  | |

- Take my prescribed medications - do not stop taking or change doses without talking to my GP
- Avoid alcohol and drugs as these can have a negative impact on my mental health

Psychiatry Liaison Team Project

Project Title

ROAR – Mental health teaching and education in the acute hospital Reflective Open and Responsive

Why Is the Improvement Important?

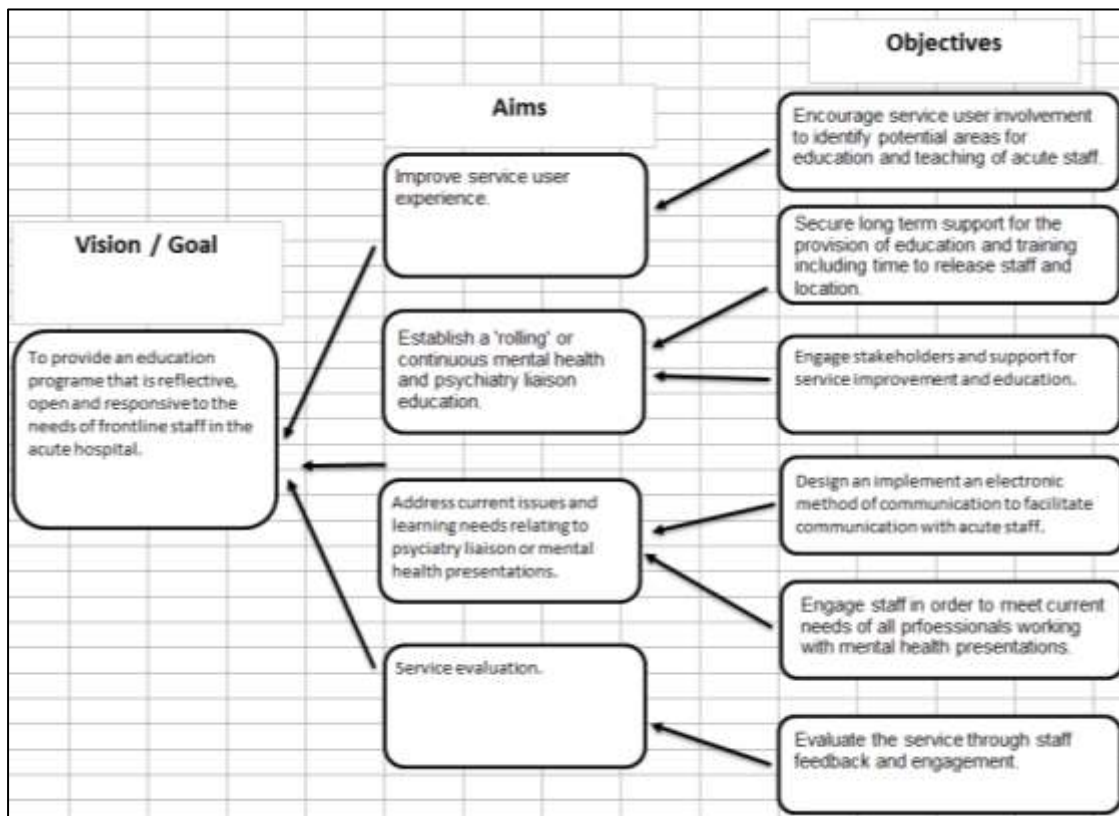
The Trust believes that all service users in the acute hospital should receive the same standard of care and treatment. This should be based on a holistic approach and assessment of the individual’s needs. This should not be negatively impacted by their personal history or background including when the individual has existing or newly identified mental health needs.

The service wanted to develop and provide an education program that is reflective, open and responsive to the needs of frontline staff in the acute hospital.

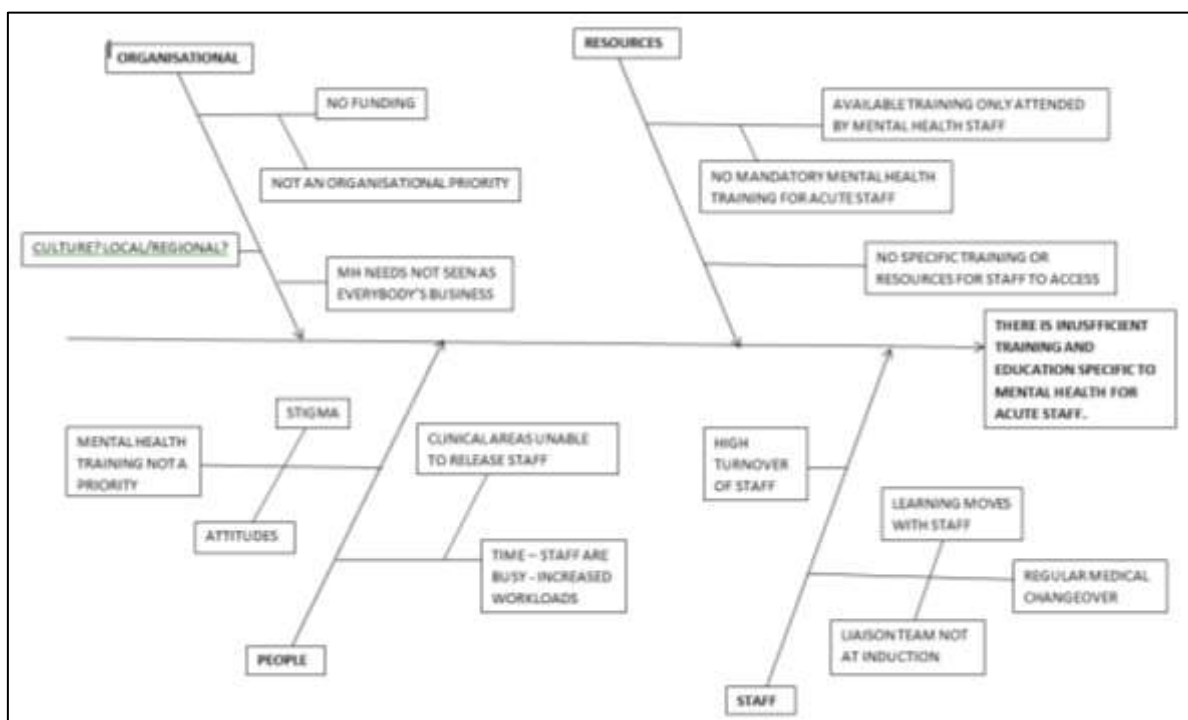
Testing of Solutions and Change Ideas

Following the launch of the ROAR mailbox, it is planned to continue to use the PDSA cycle to study the effectiveness of the project.

Driver Diagram:



Quality Improvement Tools:



Self-assessment returns completed and returned by a multi-disciplinary audience including medical, nursing, pharmacy, support workers and administration staff.

1. 100% of all respondents have worked with Service Users with mental health difficulties and related presentations.
2. Over 50% of staff feel unequipped to work with mental health presentations. Staff who felt unequipped included nursing, healthcare support and pharmacy staff.
3. 100% felt that they required more interaction with Liaison Psychiatry Team.
4. 100% of all staff who have undertaken the self-assessment stated that they would attend teaching specific to mental health and liaison psychiatry.

Diagnosis Measures and Data

Qualitative measures included:

1. Meeting the needs of Acute Services' Staff – Does the teaching and education provided meet the perceived needs of the key stakeholders and of the staff in attendance?
2. Reflective – Do the stakeholders and staff in attendance feel that the teaching and education provided is reflective of their current needs?
3. Staff satisfaction – An overall evaluation of environmental factors including location, frequency and presentation of the teaching and education.

The ROAR Mailbox is a method of directly communicating your ideas and suggestions for Mental health teaching and education in the Acute Hospital.

Outcomes, Learning and Next Steps

- Sustaining new lines of communication—Interface working and building new relationships is a rewarding experience however there are challenges associated with engaging key stakeholders in a new partnership. Spending more time in the Acute Hospital has facilitated an understanding of the current workload and the effort required to engage beyond that.
- The ROAR mailbox has been launched. This was developed as a means of Acute Services' staff having direct contact with the liaison psychiatry team to identify or make suggestions regarding teaching needs and potential areas for teaching and education.
- It is hoped that the positive benefits of this approach to identifying teaching and education needs of the staff in the Acute Hospital will be noticeable in audits carried out by the Emergency Department and Acute services on the use of the Emergency Department Mental Health Risk assessment. It is hoped that this approach will support pending transformational changes to how Mental Health Services are provided to the Acute Hospital. There will be other long term benefits associated with these service improvements which should be evident in qualitative data and service user feedback.



Violence and Aggression

SHSCT hosted a workshop Promoting Violence Reduction through Quality Improvement. There were a number of presentations delivered on the day from Violence Oversight Leads, Clinicians and Mental Health experts.

The SHSCT emphasis is on anticipating risk behaviour and early intervention to prevent the need for restrictive intervention and restrictive practices. It is recognised that there are some occasions in which the risk to the service user or others of inaction may outweigh those of taking action.

Guidance has been developed to support staff and protect patients by defining restrictive interventions and practices, identify some methods of restrictive interventions/practices and specify the ethical, legal and professional principles, to ensure the care, treatment and management offered by practitioners is lawful, necessary, proportionate and the least restrictive option reasonably available. Going forward the incident reporting system is being updated to improve the analysis and learning of incidents involving restrictive interventions.

5.3 Children's Social Care Services

Children's services continue to meet key performance targets in relation to management of child protection referrals/child protection plans and also allocation and development of care plans for looked after children. Performance targets for CAMHS and Autism services are also met on a consistent basis. The Trust have a number of external/internal systems for monitoring performance in relation to statutory functions including PFA targets and priority 5 monthly returns.

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 generally held within the required time frames as per regulations and guidelines. On occasions when reviews are delayed this tends to relate to capacity issues, inability of a key stakeholder to attend or tactical delays relevant to Court and availability of assessments to inform decision making.

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.

In addition the Trust is committed to better planning Care admissions for children via the Trust Resource Panel which provides some opportunities to match the child's needs with available placement options. However, with the continuing increase in LAC numbers, placement options remain under considerable pressures. This is particularly acute in respect of children with disabilities requiring full time care.

Participation and service user involvement is reflected in social work practice and via two active Looked after Child service user groups. The Trust has recently adopted a "Young People's Pledge" committing the organisation to developing increased methods of engagement with young people and their participation in decision making.

Facts and Figures



- In this reporting period there were **1148 LAC reviews** in 2018/19 and **95%** (1087) were held within timescales
- This represents a **3% decrease** on the position last year however can be attributed to purposeful delay in the majority of instances

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 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.

The CYP division has maintained a focus on providing key staff with Permanence training particularly in specialist areas such as Adoption.

Facts & Figures



There were **560 LAC children** as at 31/03/2019 and **93% (522)** had a permanency recommendation which is the same as last year's figures.

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 2018/19 the SHSCT has continued to achieve **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 and Figures



As of March 2019, **213 children received direct payments**. This figure has **increased from 210** children in March 2018, 191 children in March 2016 and 165 children in March 2015.

Autism / Autism Spectrum Disorder (ASD)

- Young people within the Autism Service have co-produced a DVD supported by the social work strategy to provide ASD awareness to local businesses. The DVD was launched at an event in Armagh attended by 100 business representatives.
- Commencement of new group interventions e.g. a multi-disciplinary assessment and group programme is delivered to young people who have a recent diagnosis of Autism. This programme is delivered over a 6 week 2 hr programme or 2 full day programme and is delivered in partnership with the child, young person and family throughout the journey. Emotional regulation and social groups are being delivered for younger children alongside a similar multi-disciplinary programme.
- Young people within the Autism Service have co-produced a short film for young people and their families who are new to the service. There is a link to the video on all correspondence sent to the family so that they can view the service and their journey prior to arriving to the service.

Mother and Baby Scheme

Children's services have fully implemented the Parent and Baby Scheme within the Trust.

A parent and baby assessment placement is a regulated fostering arrangement where one parent and their child are placed together in a foster family for a 12 week period. The childcare social worker carries out the Parent & Baby Assessment with support from weekly written observation forms that are completed by the Foster Carer in partnership with the birth parent. This is designed to strengthen and help with parents who may be experiencing difficulties.

Children Protection Referrals

All child protection referrals during 2018/19 have been immediately allocated and children seen and spoken to within 24 hours. Child Protection Initial Assessments have been completed within 10 working days. This is an excellent achievement in light of the thousands of such referrals received each year.

The Trust meets its obligations in Standards by having in place:

- Robust recruitment and selection processes.
- Corporate and professional induction arrangements.
- Performance and personal development review arrangements (KSF)
- Professional supervision policies.
- A comprehensive range of policies guidance and procedures across employment, occupational health organisational and professional areas.
- A comprehensive range of learning and development opportunities to enable registrants to complete the post registration and development requirements.
- A range of policies and procedures to promote a safe working environment and to promote equality.
- Regular liaison with the NISCC.
- The Trust provides regular monitoring reports in relation to the requirements for social workers completing their assessed year in employment.

ID CAMHS

- The SHSCT is the first in Northern Ireland to ensure that its CAMHS services have been fully inclusive of children and young people with intellectual disability. This means we can offer assessment and evidence-based treatments (e.g. positive behaviour support, pharmacological) in a timely manner and that children and young people with intellectual disability can get help when they need it
- The Trust remains committed to offering on-going support to Young Carers via Action for Children. The Young Carers Multi Agency Group meets at quarterly intervals to review referral patterns and the level of support offered to young carers. Part of the role of this group is to also raise awareness regarding the identification of young people who are undertaking a caring role and pathways for onward referral
- The Trust is continuing to roll out the Signs of Safety (SOS) and Adverse Childhood Experiences (ACE) model within the Gateway and Family Intervention Service and Adolescent Services. These models place our young people and their parents central to the planning and monitoring of any Safeguarding concerns in true partnership
- Following a review of the Youth Homelessness Service Youth Homeless Social Workers now become involved at the point of entry (Gateway Service) to enable early intervention with young people presenting as homeless
- The Trust Specialist Sexual Abuse Service have held group work programmes engaging young people who have experience sexual abuse, the group have developed and co-produced the material for a booklet to assist young people and their families regarding child sexual abuse and child sexual exploitation
- In collaboration with Community Addiction Service and Newry Court Service, we have successfully trialled the Family Drug Alcohol Court during the past year. This initiative aimed to reduce the length of time to conclude court proceedings and to make timely decisions about safe and stable care arrangements for children
- Children's services have commissioned Specialist Risk Assessment training for social workers within SHSCT. The training equips the trained social workers to complete risk assessment and intervention in relation to sexual and violent offenders / offences. They also provide consultation to field social worker and managers within CYPs
- The Trust has developed an Infant Mental Strategy
- The Home on Time Project to support young children/babies has been very

successful within the Trust and this approach greatly enhanced the achievement of more timely permanence for very young children as well as reducing the need for placement moves between short term and permanent homes. The ethos of the Scheme is being mainstreamed in the Looked After Children Service

- The 14 Plus Service in association with Estates have identified further unused accommodation and plans are underway to refurbish these into suitable accommodation for care experienced young people
- The Trust is committed to the recruitment and retention of Foster Carers and the recruitment drive has yielded remarkable results. Wellbeing days for Foster Carers are ongoing across the Trust and focus on self-care of Foster carers
- Children with Disability Services continue to promote the development of a wide range of support services for children with disabilities and their families. This is facilitated through a commitment to community access/ community development as a key method of intervention. This has promoted the continued development of partnership working with local Councils, Education Authority Youth Service and an ever-increasing number of local community partners. These opportunities /services support families in particularly challenging times, such as school holiday periods when families experience additional caring issues. Social inclusion is also an important factor in helping promote self-worth and self-esteem, reducing anxiety / low mood /poor mental health in young people with disabilities – a preventative approach. A wider Parents Forum has been established based on a co-production approach and this is parent-led

Education, Training & Employment

The Trust has a dedicated service (TASKE) which is focused on 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 key stage 4(GCSE), with the objective of increasing educational attainment at GCSE level, raising aspirations and maximising future career opportunities.

In addition the Trust has a well-established employability scheme aimed at providing Care leavers with both apprenticeship and employment opportunities. This is a very successful initiative which is making significant contributions to the education, training and employment supports available to our young people.

These projects receive excellent support from other statutory agencies and private companies in creating and providing education, training and employment opportunities for care-experienced young people.



Facts & Figures

- Within Employability there has been significant support provided within a range of areas such as work placement, tutoring, essential skills training, personal development programmes, educational pathway planning and much more. During 2018-2019 Employability supported a cohort of 65 young people consisting of new referrals and on-going cases.
- At March 2019, there were **248 individuals** subject to the Leaving and After Care Act and **99% (246)** were in education, training and employment representing a 3% improvement on last year's figures.
- At March 2019, **100%** of school leavers with a disability had a transition plan in place

Children with a Disability Service

Short Break Innovations and Developments

The service has undergone a radical and sustained period of change and growth over the last 4 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.

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 the Bluebell unit within 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 including the STEP Programme (Supported Transition Entry Programme) which has been rolled out throughout the SHSCT area. The STEP programme has been short listed for a Trust Excellence award.

Family based short breaks services have also been further developed with increase of both short break carers and Fee paid carers, and have delivered an increase in overnight provision for children in the last 12 months .The service is currently completing an evaluation of the family based short break service in conjunction with University of Ulster.

Foster care Services (Family Placement Service)

The Trust reorganised the Family Placement Service in 2014 with a partial objective of increasing the number of foster carers available to meet the needs of children both already Looked after and new admissions to care. A dedicated “Placement coordination and foster care recruitment team” was established. This team has engaged in many innovative initiatives in terms of recruitment practices. This includes establishing a recruitment steering group which includes foster carers, representatives from the Voluntary sector and individuals with media and promotion/advertisement expertise. In addition to recruitment and promotion the Family Placement service also focusses on retention of existing foster carers and has developed a number of associated programmes and wellbeing initiatives which are availed of by foster carers.

Facts and Figures



- 1st April 2015 – 31 March 2016 new fostering approvals Total: **41**
- 1st April 2018 – 31st March 2019 new fostering approvals Total: **75**

5.4 Adult Social Care Services

Adult Protection Plans

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation. In Southern Health and Social Care Trust **304 adults referred** for investigation and identified as at risk, during the year had an adult protection plan in place at 31st March 2019. (Adult Safeguarding Returns to HSCB). This is a **13.4% decrease** from the previous year, 2017/18.

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.

Learning Disability Resettlement Breakdown

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 ?? 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 ??? went back into hospital from resettlement = ??

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 2018/19, **3925 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.

This is an **increase of 19.9%** on 2017/18 and a cumulative increase of 22.3% 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



As of March 31 2019, **direct payments are in place for 604 adults**, an **increase of 59 adults** from 2017/18's figure of 545.

Learning Disability Annual Health Checks

The total learning disability adult population in the Southern Trust area is 1737. Of the total figure, our health facilitators have completed health checks during 2018/19 for 1426, this represents 82% of the total learning disability adult population.

5.5 Update on Integrated Care Partnerships

During 2018/19 the Southern Integrated Care Partnership (ICP) partnered with the Southern Health and Social Care Trust (SHSCT) on a range of issues to improve the health of our population.

Social Prescribing:

During 2018/19 the Southern ICP partnered and the SHSCT supported the roll-out and implementation of the mPower project. This is a European funded cross-border project around social prescribing and use of technology for those clients over 65 years living with social isolation or co-morbidities. Then in the autumn 2018, ICP partners hosted a social prescribing networking event to allow a better understanding of local services.

Diabetes:

Diabetes has been a key working area of the Southern ICP and education sessions have taken place to raise awareness of Insulin safety and to promote new pathways eg. Footcare Pathway. Joint working has seen practices nurses becoming involved with providing diabetes education and self-management for ongoing and newly diagnosed (DESMOND) education sessions for patients living with Type 2 Diabetes.

Palliative and End of Life Care:

The Southern ICP currently co-chair the Southern Palliative and End of Life Care Board that brings together the range of partners to support seamless services for patients at the end of life.

Links with our Community:

In an approach to supporting 'making every contact count', a series of workshops were held across the Southern area to support an understanding of Health Literacy with a wide range of attendees from the Third Sector, Community Pharmacy, Dental, Trust colleagues and those from Primary Care.

Project Support:

The Southern ICP supported a number of Project Extensions for Community Healthcare Outcomes (ECHOs) to enhance skills in managing patients with ENT symptoms and Neurological symptoms within the Southern area. The Southern ICP

have also worked with commissioning colleagues to support a new approach to manage patients with Neurological symptoms and conditions. Following on from a very successful pilot in the Southern Trust, the Non Contact Specialist Assessment Service has been rolled out. This service sees patients treatment plans starting inside two weeks and reduces the need for a face to face consultation in up to 50% of patients.