



Annual Quality Report 2019/2020



About the Trust

The Southern Trust had a busy year 2019/20 but our staff as always rose to the challenge as evidenced in an overview of our activity below.



58,067
Inpatients



363,778
Acute Outpatients

37,077
Day Cases



154,063 Day Care
Attendances



169,709
Emergency
Department
Attendances
(decreased from 177,830)



5,564
Births

562

Children looked after by the Trust
(increased from 560)



4,308
Domicilliary Care Packages
provided to Older People
(increased from 4,154)



Southern Trust Overview



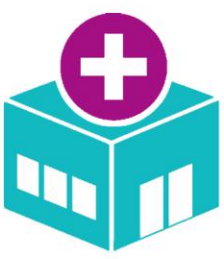
383,541

**Population of the
Trust Area**
(as of mid-2018)



13,612

Staff
(11,228 Whole Time Equivalents)



£299m

**Estate under
Management**



£810m

Annual Budget



Chief Executive Foreword

I am delighted to bring to you the Annual Quality Report for Southern Health & Social Care Trust for 2019/20. The delivery of safe, high quality services on a daily basis is something we strive for each and every day. As a Trust we deliver services to approximately 380,000 people across our area, providing both hospital and community services and it is our aim to ensure that the care which we deliver meets the needs of our service users and carers, is effective and most importantly is safe. There is 13,612 staff in Southern Health & Social Care Trust who are dedicated to supporting people to receive the services they need, when they are needed.

Supporting our staff and strengthening our workforce is crucial to the delivery of care, in doing so, we are equipping our staff with the skills to deliver safe, high quality care and to work to continuously improve this. Many staff achievements have been included and I would like to congratulate staff for all their efforts during 2019/20 and their continued commitment.

This report outlines some key achievements made in 2019/20, in terms of service delivery but importantly it highlights how we value the contribution of our service users and carers who work with us to continually improve how we deliver care. Feedback from service users and carers supports us to drive improvement.

It is important to acknowledge the emergence of the Covid-19 pandemic during the latter part of this year which presented the biggest public health challenge of our lifetime. We remain committed to improving the care we deliver and to support the recovery of our system and ultimately we will continue to strive to improve the health & wellbeing outcomes of our local population beyond Covid-19 and into the future.



Shane Devlin

Chief Executive, Southern Health and Social Care Trust

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

Theme 1

Transforming the Culture

1.1 Collective Leadership

The **HSC Collective Leadership Strategy** was launched in October 2017, introducing a consistent set of values and behaviours agreed and implemented across the HSC system.

It sets out the framework for a creating a leadership culture based on the principles of quality, continuous improvement, compassionate care and support. Articulating an ambitious new direction for leadership within HSC consisting of four interconnected yet distinct elements being present simultaneously:-

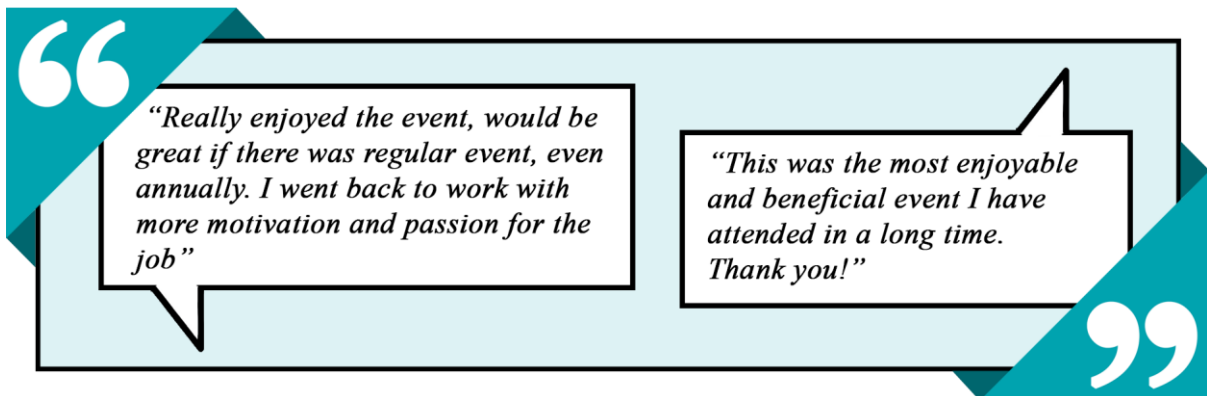
- **Leadership is the responsibility of all**
- **Compassionate leadership**
- **Shared leadership in and across teams**
- **Interdependent and collaborative systems leadership.**



The Trust continues to take action to ensure service user experience of Health and Social Care services is underpinned by these same core values regardless of where care is provided.

- We have engaged with our staff and service users to raise awareness and embed these values & behaviours, facilitating initiatives such as *Every Contact Matters* and *The 5 Fundamentals of Civility*. The HSC values and behaviours are now included in all corporate development opportunities and on all recruitment documentation.
- Trust staff and service users also participated in the development of a *Collective Leadership in Action Framework* which was co-designed by providing stories of collective leadership in action from across the system. It is representative of all professions and levels.
- Collective leadership has also been embedded into all leadership development initiatives and the Trust contributed to the regional innovative ‘Collective’ programme which was delivered representing all staff levels and service users with strong feedback from participants.
- We held our Leadership Conference on Tuesday 22nd October 2019 in the Armagh City Hotel; Compassionate Leadership – ‘Every Contact Matters’. The event focused on ‘Compassionate Leadership,’ and recognising that ‘leadership is the responsibility of all’ we were pleased to welcome over 700 staff across all professions, bands and directorates to the conference. We were joined by three guest speakers: John Sutherland – Retired Chief Superintendent and author of Sunday Times best-seller ‘Blue: A Memoir; Helen Prendergast - Chief Executive, Headstart Consultancy; and Darrell

Woodman - Director of Art of Brilliance Ltd and author. Each speaker brought to life the importance of compassion and compassionate leadership through their presentation and stories for reflection what this might mean to us, our teams and our service users. Staff also had the opportunity to avail of a range of health and wellbeing related checks and advice at the conference exhibition area. Feedback has shown that staff found the conference to be interesting and beneficial:



- An enhanced model to support and improve team working has been designed and cascaded across the region. This is supported by an online toolkit comprising a repository of practical tools and resources to build improvement capacity and capability. The Trust is planning to offer a ‘Getting Better Together – Every Team Matters’ team based initiative in 2020/21.
- The Trust has also engaged education providers, particularly the universities. To date two sessions have been delivered to approximately 300 Year 2 and Year 3 Allied Health Professional students introducing components of collective leadership, and why it matters and the HSC Values and Behaviours raising awareness of the expectations of them as leaders entering the workplace.

Continuing to embed a culture of collective leadership is a key strategic aim. It is recognised this will help our workforce to deliver safe, high quality compassionate care despite the many challenges we face.

Staff Survey 2019

As part of the Regional HSC Staff Survey (commissioned by DoH), a survey of all Trust staff was conducted between March and April 2019.



The Trust overall staff engagement score on a scale of 1-5 (where a higher score is better) was **3.78**. Although this is the same score as the HSCNI average it is lower than the 2015 score of 3.81 and the highest Trust scoring of 3.87.

There were a number of positive results to recognise and build on:-

- Support and encouragement staff feel they get from their immediate line manager.
- Recognition that the organisation takes positive action on their health and wellbeing.
- Positive results regarding the reporting of any errors, near misses and incidents and the organisation encouraging staff to report these.
- Also 98% of staff recognise their responsibility to raise concerns.
- Responses relating to training, learning and development and performance appraisals.



There are also a number of opportunities for workplace improvement:-

- Staff involvement – there was a decline in the percentage of staff agreeing they are involved in changes that affect them (45%) and in their ability to make improvements happen (48%).
- Recognising and valuing staff – only 49% of staff are satisfied with the recognition or praise they get and less than half are satisfied that the organisation values their work.
- 36% of staff often think about leaving the organisation with the highest scoring reason (60%) relating to being valued for their work.
- Senior managers – a low percentage of staff feel senior managers act on staff feedback and involve them in important decisions. 34% feel communication with senior managers is effective.
- There is an increasing trend in the number of staff reporting experience of Violence, harassment, bullying and abuse at work.
- Patient / service user experience feedback – a large percentage of staff (80%) agree this is collated but only 57% receive regular updates on this feedback.



Key themes coming out of the staff survey include:-

- Communication and engagement / staff voice
- Valuing and recognising our staff
- Visible leadership
- Health and wellbeing



#HAVEYOURSAY

‘The Big Coffee Conversations’ - During 2019/20 we followed up the staff survey by holding conversations with groups of staff to inform the development of a **People’s Strategy during 2021/22**. The sessions provided an opportunity to engage with our staff across all professions and directorates, sharing the results from our staff survey and hearing from them on what we need to focus on to **‘create a great place to work’**.

Specifically, staff were encouraged to share ideas relating to the key challenges that were highlighted in the staff survey results across a range of priorities. Overwhelmingly, feedback from the conversations focused on **behaviours** and highlighted the need to fully embed the organisation’s values into our behaviours at work and at all levels.



Analysis of the feedback and ideas also indicated the value of **relationships** and the importance of **health and wellbeing**.

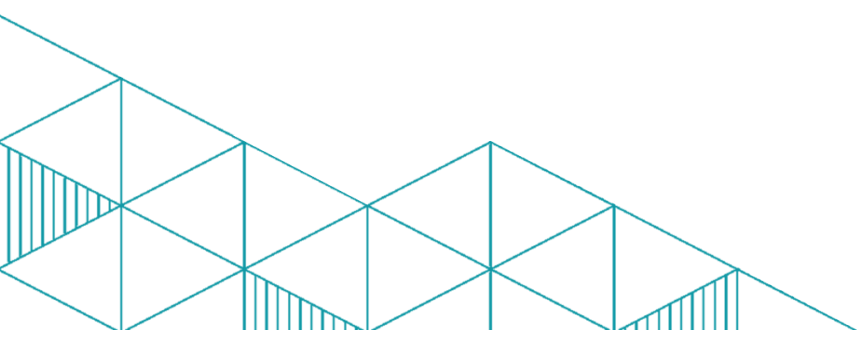


These 3 areas will now be the focus of our aim in **creating a great place to work** initiative in 2020/21.

2021 Plans for a Culture Assessment Survey

A key action in the implementation of the HSC Collective Leadership, includes actions to build on the information generated through the HSC staff survey to generate a baseline measurement for Collective Leadership within organisations and regionally.

Affina OD (AOD) has been commissioned to undertake a Culture Assessment Tool (CAT). The Trust plans to conduct a Trust wide Culture Assessment Survey in 2020/21 to get a baseline assessment that will support and enable improvement activities moving forward.



Equipped Workforce

The Education, Learning and Development online interactive brochure for 2019/20 was developed and circulated widely to staff.

Corporate Mandatory Training provision is regularly reviewed and improvements implemented on a continual basis.

If you are viewing the digital version of this report, click the image to open the Education, Learning and Development online interactive brochure.








1.2 Patient and Client Experience

10,000 More Voices

Patient experience is recognised as a key element in the delivery of quality healthcare. The Public Health Agency working across all Health and Social Care Trusts aims to contribute to a more patient-focused approach to services and shaping future healthcare in Northern Ireland through the *10,000 More Voices* programme which gives those who use our services an opportunity to highlight what is important to them, such as what they liked or disliked about the experience and to express ‘what matters’.

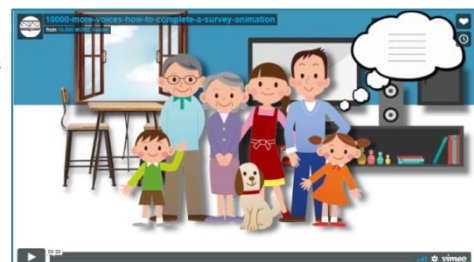


Below is a list of the surveys ongoing in 2019/2020:

- 
April 2019:
 Experience of engaging the **Mental Health Service - Service User Survey**
- 
April 2019:
 Experience of working in **Mental Health Services - Staff Survey**
- 
April 2019:
 Experience of **Children's Audiology Services**
- 
July 2019:
 Experience of **living with swallowing difficulties**
- 
August 2019:
 Experience of **living in a care home**

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

If you are viewing a digital version of this report, click the link on the image to access the animation.



How We Use the Information We Collect

- To **provide evidence of quality** of health and social care
- To **inform quality improvements** within our Trust
- To **inform regional policies and strategies** for how services are shaped in the future
- To **inform education and training** locally and regionally

Real Time User Feedback



What's your story? Your story can make a difference

The Trust is making plans to implement a regional on-line user feedback system which will provide opportunities for patients and their families to share their experiences of health and social care. This will be facilitated through Care Opinion which is recognised as the UK's leading independent non-profit feedback public platform for health and social care. Care Opinion will complement and enhance existing feedback systems within the Trust and will be launched throughout Northern Ireland in April 2020. For further information please see Care Opinion website, [click here](#)

The Trust plans to undertake communication to all service users and carers to promote the use of Care Opinion across acute and community services. Service user feedback is important to us and will be used to inform and improve our services moving forward.

Sharing the Feedback with Our Staff

Feedback that has been received during 2019/2020 has been shared widely with staff. We recognise the important of letting our staff know how much they are valued by our service users and patients.



Patient Client Experience Newsletters

The Patient Experience Newsletter focuses on patient and carer feedback and actions and initiatives to improve patient experience with the Southern Health & Social Care Trust.

Quarterly Patient Client Experience Newsletters were produced in *(if viewing the digital version of the report, click the corresponding month to open)*:

- [September 2019](#)
- [November 2019](#)
- [February 2020](#)



You Said, We Listened

New Yellow Fleeces for ‘Here to Help’ Volunteers in SHSCT

We have been working with a service user with sensory difficulties to improve the visibility of our hospital volunteers. The ‘Here to Help’ volunteers are based in the foyer of both Daisy Hill and Craigavon Area Hospital and are available to help visitors find their way and give directions.

The Trust has introduced bright yellow fleeces for the helpers following feedback from Leslie Massey, a service user who is sensory impaired and uses a guide dog. He felt the original dark navy fleeces were hard to distinguish in the busy foyers of our Hospitals. Gerardette McVeigh, Volunteer Co-Coordinator explained:

“We understand that it can be difficult for anyone to find the right department in our busy hospitals and this can be a particular challenge for those with hearing or visual impairment. We also want to make sure that everyone using our services can access them easily and so we really appreciate the help of Les who highlighted a simple change that could improve the experience of people with sensory difficulties. I would also like to thank our Sensory Disability Team who did a great job working with Les and making his suggestion a reality.”

Mr Massey added: *“I suggested yellow as it is a bright colour and the volunteers can easily be seen as you enter the hospital and volunteer also written across the back of the fleece. I have really enjoyed getting involved and making a difference to improve the experience for other people with sensory difficulties.”*





Improvements to New Outpatients Department in Daisy Hill Hospital

Improvements to the Outpatients Department (OPD) in Daisy Hill completed in 2019/20. A working group was established to progress suggestions made by our service users. This has included estate improvements including external site works improvements to facilitate less abled service users (including visual impairment) as follows;

- Tactile pavings
- Zebra crossings
- Widening of pedestrian gates to facilitate wheelchair users
- Dedicated pedestrian zones & safe access to new DHH Outpatients Department (Bernish House)
- 10 additional car parking spaces in close proximity to Main Hospital Entrance and Bernish House
- Dedicated safe access crossings and pedestrian reconfiguration from Clanrye House to Main Hospital Entrance to provide safe access
- Improved visibility signage internally to facilitate those with visual impairment
- Spread of **Yellow Name Badges**
- Spread of use of “I am Deaf Card”.

	Before	After
Outside Bernish House		
Toilet door signs		

Accessible Toilets at Dining Room Area – Craigavon Area Hospital

Feedback by one of our service users regarding the lack of accessible toilets near the dining room in Craigavon Area Hospital also led to improvements that have made by our estates department to ensure that these are now available. Improved signage and directions to an accessible toilet now open for everyone to use within the Medical Education Centre is now established and clearly displayed.



Improved Communication Skills Training for Staff Supporting Dying and Bereaved People.

The Bereavement Forum work plan 2019-2021 was developed to address 10,000 More Voices Experience of Bereavement Report (2018) which included recommendations relating to:

- **Communication skills training** for staff supporting dying and bereaved people.
- The **dignified, respectful care of dying and bereaved people**

When asked in this survey what matters most, respondents unequivocally rated **to be treated with compassion, respect and dignity as their top priority.**



With this in mind the Bereavement Co-ordinator Sharon McCloskey and Mairead Casey, Patient Experience Facilitator arranged during Dying Matters Week 2020, 11th -17th May 2020 for the **“#Hello My Name is”** play to be taken to our Trust on 11 May 2020. This play is based on Dr Kate Granger’s experience of her own diagnosis and drive to remind staff of the importance of making themselves known to patients and relatives and thereby establishing, even at a superficial level, a relationship within them, if we are truly committed to person centred care. This would be the first time the play is performed on the Island of Ireland.

Car parking in SHSCT

Recent feedback from our 10,000 More Voices surveys has been shared with the Trust’s Car Parking Group. It was agreed at this group that we would organise for Translink to come along to Craigavon Area Hospital on 22 January 2020 and Daisyhill Hospital on Tuesday 25 February from 12.00 - 4.00 pm to hold a Best Value Fare and Journey Planning information drop in sessions. The aim of this was to promote the use of



alternative methods of transport to our hospital sites to reduce demand on car parking spaces.

On the day they answered any questions staff, service users and patients had about travel by public transport and also provided information on best ticket type, and local timetables.

SharePoint

The Patient Client Experience SharePoint site is regularly updated with the live 10,000 surveys and Patient Client Experience Newsletters etc.

If viewing the digital version of the report, please click the image to access the SharePoint site (available to Southern Trust staff only).



Personal and Public Involvement (PPI)



Involving you, improving care

Personal and Public Involvement (PPI)

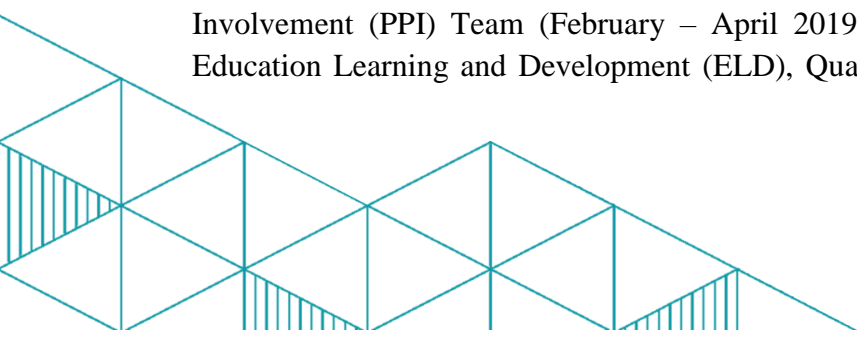
PPI Panel

The Personal and Public Involvement (PPI) Panel has been operational for the past 10 years and continues to work and feed into both Trust and regional priorities. Panel members are supported through a range of training and engagement opportunities, including:

- Training and skills development
- To inform the Terms of Reference and membership
- Pathway for Panel Involvement (Trust and regionally)
- Recruitment of new members
- Celebration event will be held on November 27th to celebrate 10 years of the Panel.

PPI Training

A scoping exercise led and completed by the Southern Trust's Public and Personal Involvement (PPI) Team (February – April 2019) which engaged Service Users, Carers, Education Learning and Development (ELD), Quality Improvement (QI) and the Recovery



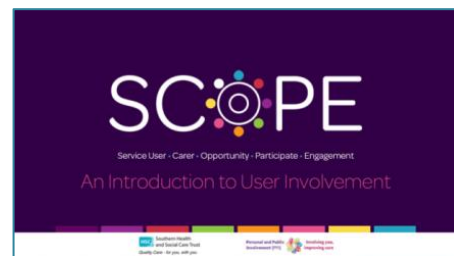
College, regional PPI Leads, Public Health Agency (PHA) and Patient Client Council (PCC) identified the need for; a Service Users/Carer induction training to increase confidence and a progression route for Service Users and Carers currently inputting to the HSC.

A training schedule is in development for 20/21.

Service Users, Carers, Opportunity to Participate and Engage (SCOPE) training:

“SCOPE Training is an innovative, co-produced training programme which support Service Users/Carers to become involved in the development and delivery of health and social care services”

A Project Team comprised of Service Users/Carers from SHSCT and the BHSCT and staff from SHSCT, BHSCT and SEHSCT and was completed via the SHSCT QI Team. This project team have collectively developed the; the SCOPE Training resource, A5 induction booklet, promotion digital resource and recruitment flyer



It is also envisaged that SCOPE training will be developed further so Service Users/Carers can become involved at a strategic level as well as those with intellectual disabilities.

Service User and Carer trainers from the PPI Panel and the Patient Client Council have been identified to co-deliver across the region.

The 3-step PPI Training Programme:

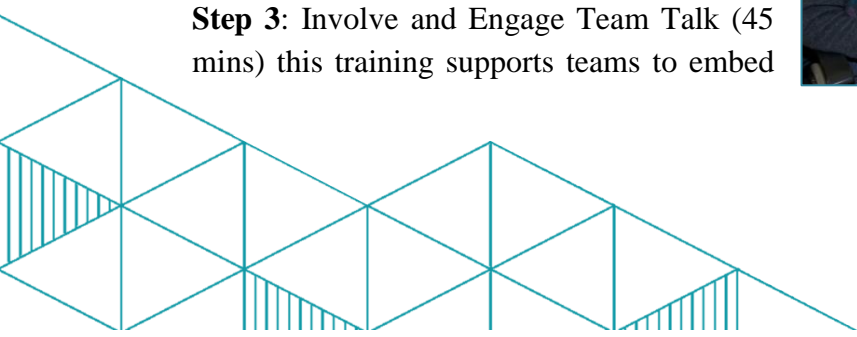
A 3-step training programme for staff has been developed to ensure consistency in training for all trust staff. The content of this training has been cross referenced with the regional Engage and Involve overview module “Introduction to PPI and Co-production” a training schedule has been developed.

Step 1: Involved and Engage ELearning (20 mins): A self-taught introduction to PPI, Co-production and User.

Step 2: Involved and Engage Training (2.5 hours) the co-delivered training supporting staff to:

- User Involvement
- Facilitation skills
- Increased PPI activity
- Measuring impact

Step 3: Involve and Engage Team Talk (45 mins) this training supports teams to embed



PPI practices, develop understanding of PPI and Co-production approaches. *Teams will be allocated a hard copy PPI Toolkit. PPI Toolkit is also available in PDF on Trust website and SharePoint.

User Involvement Week

A series of recognition events across directorates were held in November 2019 as part of the PHA Involvefest; to celebrate the success, skills and expertise of Service Users and Carers that are currently inputting to HSC Services.

Database

A Database is in development to have oversight of all User Involvement and PPI activity across the Trust. It is envisaged that the database will collate, present and monitor activity and impact of same. The first stage of implementation is to identify all Service Users/Carers groups and create a baseline of involvement. Longer term this should be able to support PPI activity and impact being measured across the Trust in line with the regional KPI's and monitoring standards.

Service User/Carer Consultants

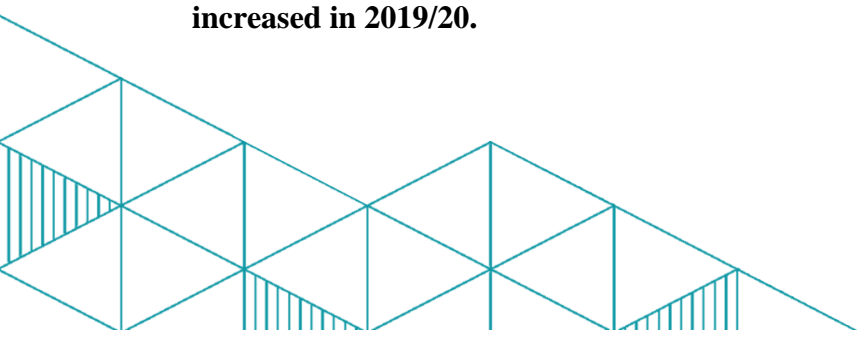
Funding was available during 2019/20 for the establishment of a bank of Service User/Carer Consultants to draw on for ad hoc work to support the implementation of the regional PPI standards and the delivery of specific Trust PPI and co-production priorities. This bank was operational by autumn 2019 and the Service User/Carer Consultants a welcomed additional PPI resource. These roles supported the development of a range of PPI resources and projects and ensured increased PPI activity across the Trust.

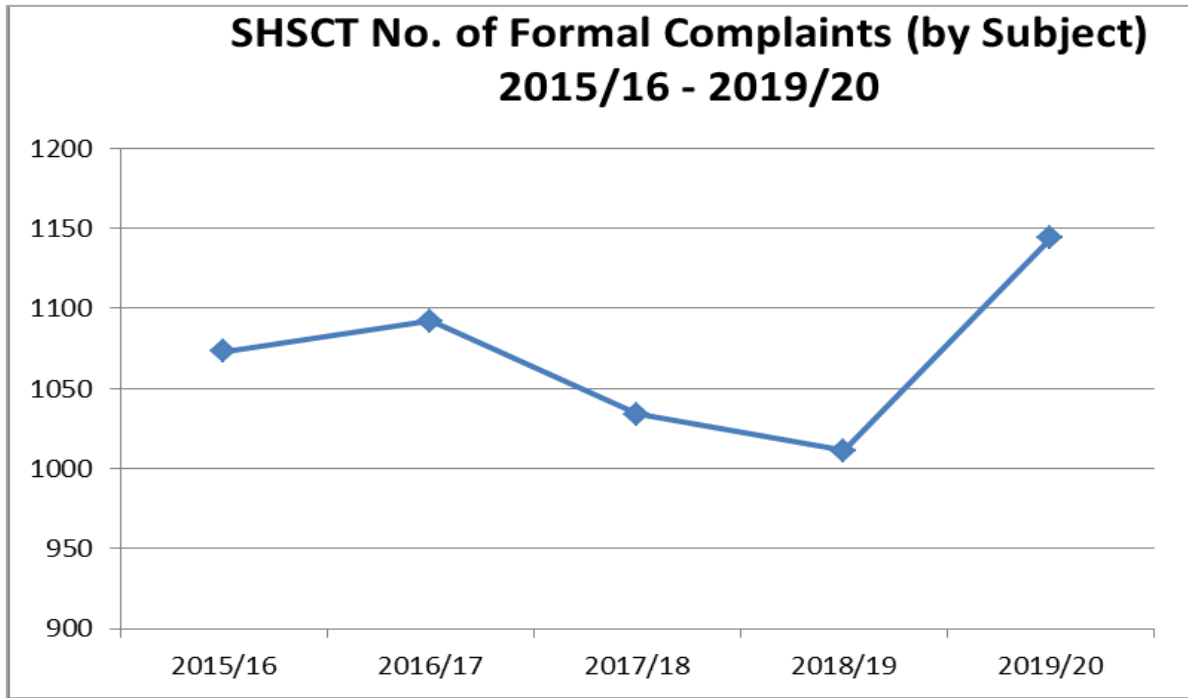
1.3 Compliments and Complaints

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**.

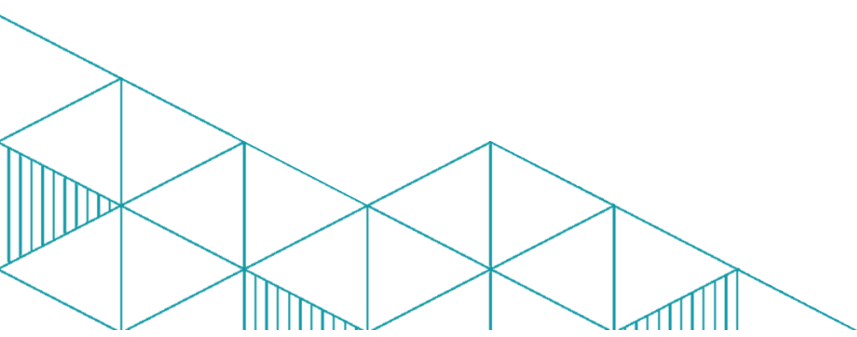
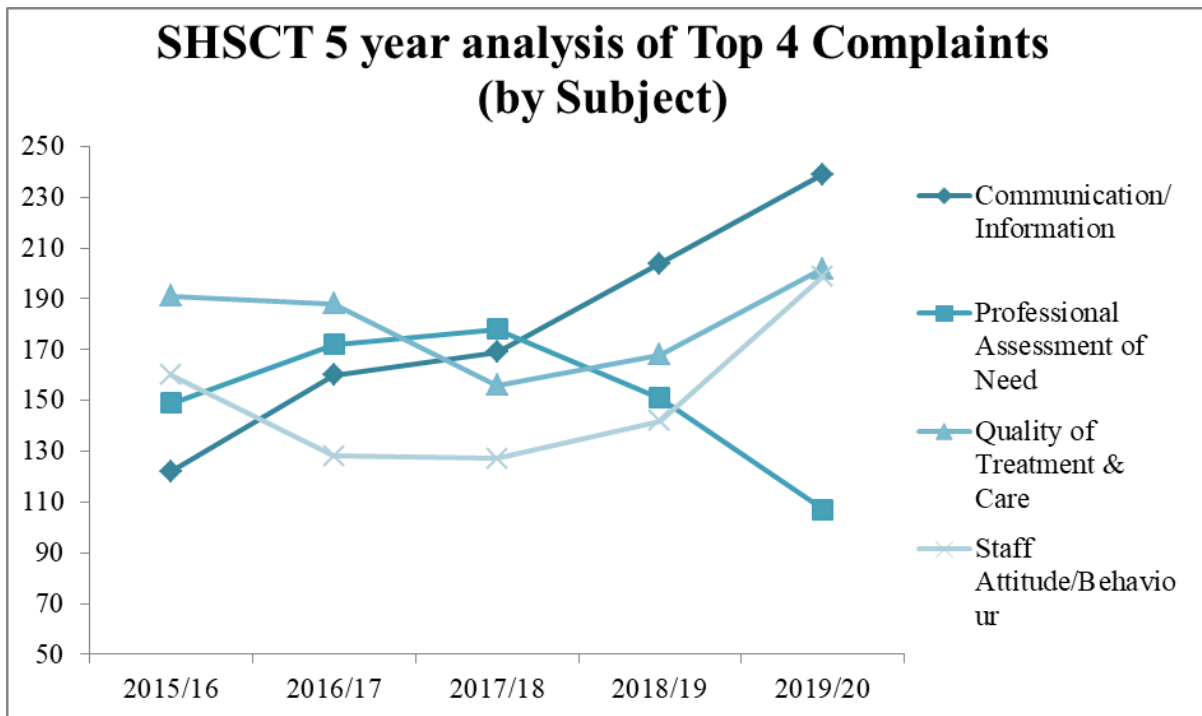
Patient Experience, involvement and feedback is extremely important in helping us assess the quality and type of services we provide. This is very important to us as we aim to continually improve. People who have used or observed our services can help us to learn and improve by sharing these experiences.

The number of formal complaints by subject received by the Trust significantly increased in 2019/20.





Complaints about **Treatment & Care, Staff Attitude, Communication and Professional Assessment of need** remain consistent as the top four areas of complaints across each reporting period, as shown below:

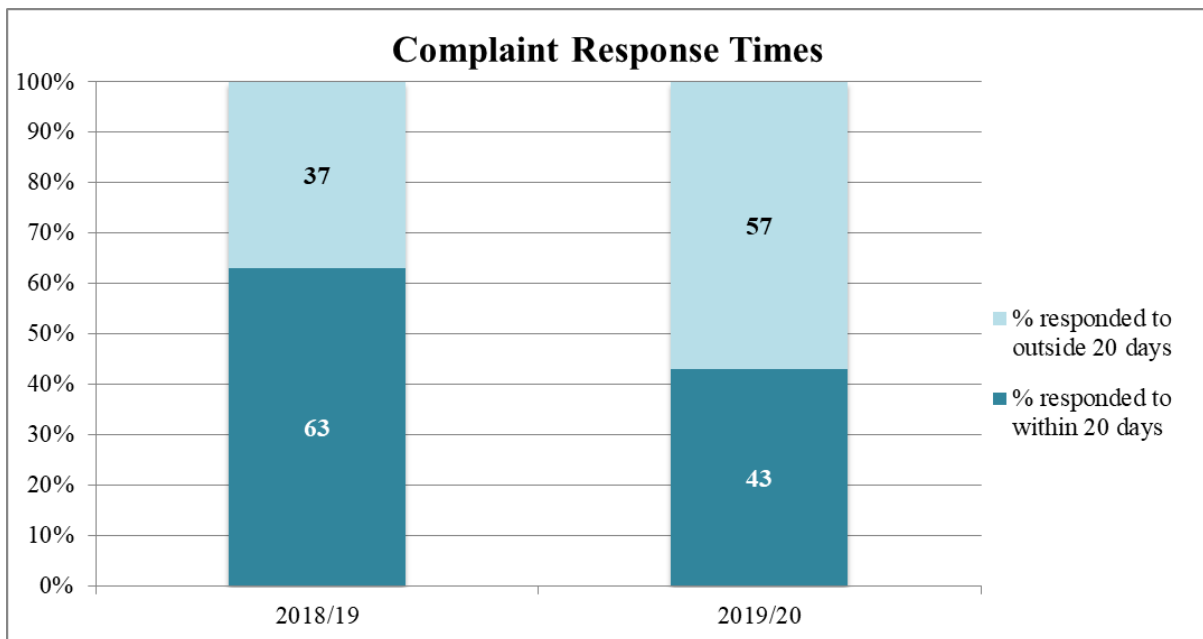
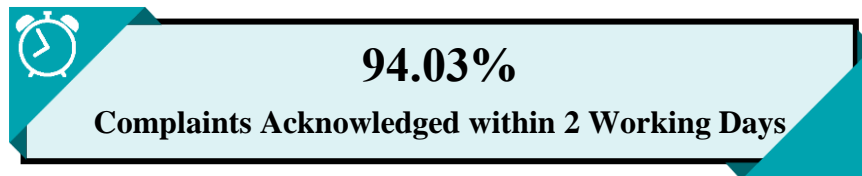


Response Times

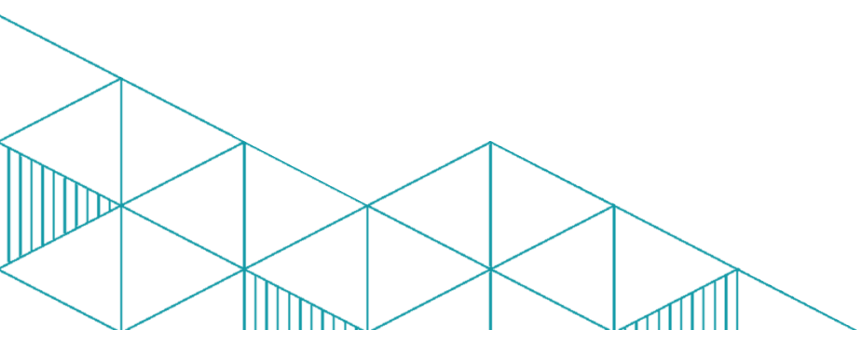
Where possible, the Trust will seek to resolve complaint issues using local resolution. This can be less distressing for our service users and their families, providing a positive outcome. However, there will be times when local resolution is not possible and the formal complaints process is required.

The HSC Complaints Policy requires Trusts to provide an **acknowledgement within 2 working days and a formal response to the complainant within 20 working days of receipt** of a complaint.

If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay. The Trust often offers meetings with complainants and the relevant clinical teams to assist with resolution of their complaint. Throughout the complaints process the Trust aims to provide the complainant with a positive experience aiming to resolve the complaint.

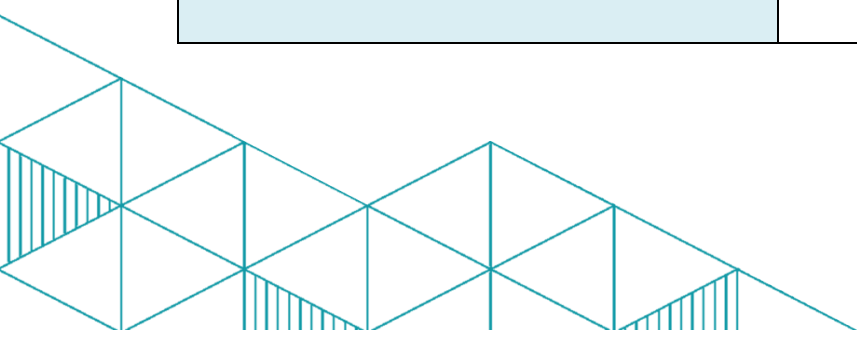


The Trust uses all service user feedback and complaints as an opportunity to learn, and put measures in place to improve our services some examples include:



Sample of Improvements made in response to complaints:

Complaint Background	Learning
<p style="text-align: center;">Complaint Subjects</p>	<ul style="list-style-type: none"> • Communication/Information
<p>Complainant dissatisfied about the care and treatment of her son during an autism assessment.</p>	<p>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.</p> <p>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</p>
<p style="text-align: center;">Complaint Subjects</p>	<ul style="list-style-type: none"> • Communication/Information
<p>Numerous complaints were made in relation to the lack of communication with patients particularly regarding the waiting times to see a Doctor whilst attending the Emergency Department.</p>	<p>The Trust made improvements by implementing monitors which display waiting times in the Department.</p> <p>These also display relevant information to service users while they are waiting. This is a live system which is always up to date and keeps service users informed.</p>



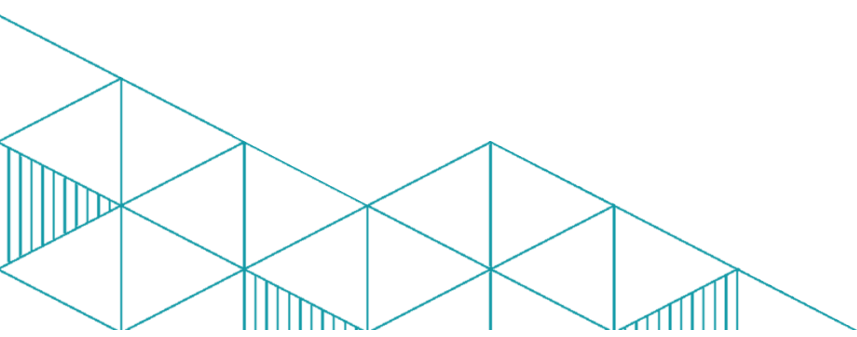
Complaint Subjects	<ul style="list-style-type: none"> Quality of Treatment and Care
<p>Complainant was unhappy with the treatment and care provided following an injury to his leg and is concerned at the fact no one had picked up that he had a clot developing which required emergency treatment when detected.</p>	<p>Risk Assessments are updated in relation to these cases and now carried out. Physiotherapy staff have been trained that when working to an agreed protocol to take into consideration other factors and use their clinical judgement alongside the protocols in place.</p>
Complaint Subjects	<ul style="list-style-type: none"> Quality of Treatment and Care
<p>The Trust received a complaint from a client regarding a lack of communication / contact from the Physical Disability Team following a visit by an Occupational Therapist. The Trust response provided an outline of the Occupational Therapy input and advised that recommendations for housing adaptations were forwarded to the Housing Executive.</p>	<p>The complaint identified the importance of clear communication and clarification of timescales with clients when equipment / adaptations have been requested. Learning was also identified in relation to the provision of staff contact details to clients, providing updates to clients and the timely allocation of cases when a staff member goes on leave.</p>

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 2019/2020, there were **25 cases** brought by the Ombudsman. Also within this time, 23 cases have been closed, 2 withdrawn and 3 not accepted for investigation, 5 are open and 1 remains pending.

The Trust is committed to working with the Ombudsman’s office to resolve service user complaints, and identifying and implementing learning and continue to work with the Ombudsman on cases raised during previous years.

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



Improvements in Light of an Ombudsman Case for Shared Learning

Summary of Event – Complaint submitted in relation to care and treatment of patient during a hospital admission. The complaint was in relation to the request for patient’s Shortec medication to be withdrawn by the family. Administration of the drug was not ceased and no record made in patient’s medical notes of the sensitivity of patient to this medication. The subsequent administration of this medication caused the patient to fall when mobilising to the ward toilet and following the fall patient did not receive timely and appropriate care. The investigation found a failure to appropriately complete the patient’s falls risk assessment on admission, to adhere to its own falls policy by undertaking a new risk assessment when patients condition had changed and to provide appropriate supervision. The Ombudsman also found failures in keeping appropriate records regarding patients Shortec administration and complainants concerns.

Learning from Ombudsman Case – The Trust has implemented monthly audits of falls risk assessments and shares the findings for learning and the need for a dedicated Falls Co-Ordinator has been identified in addition ongoing training is to be provided and staff reminded of good record keeping.

Compliments & Suggestions

The Trust is also keen to learn from the experiences for our patients, service users and their families and what aspects made it a positive experience for them. Receiving compliments helps us identify these areas of good practice. This enables organisational learning from aggregation of individual compliments and also provides encouragement and motivates staff who receive recognition for the vital work that they undertake.

From April 2019 to March 2020 we received 6,281 compliments using a new system introduced to enable us to learn from our compliments in the same way as we do from our complaints.

The table overleaf shows this number by subject where possible. An additional 30 compliments could not be attributed to specific subject areas. In total we had **6,311 compliments in the 2019/2020 year.**

Subject of Compliment	Card	Email	Feedback Form	Letter	Social Media*	Phone call**	Total
Quality of Treatment and Care	1821	137	303	121	42	36	2460
Staff Attitude & Behaviour	1508	134	267	99	38	38	2084
Information & Communication	607	79	206	61	15	25	993
Environment	489	28	148	28	12	8	713

Other	19	8	1	2	1	0	31
Total Compliments	4444	386	925	311	108	107	6281

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

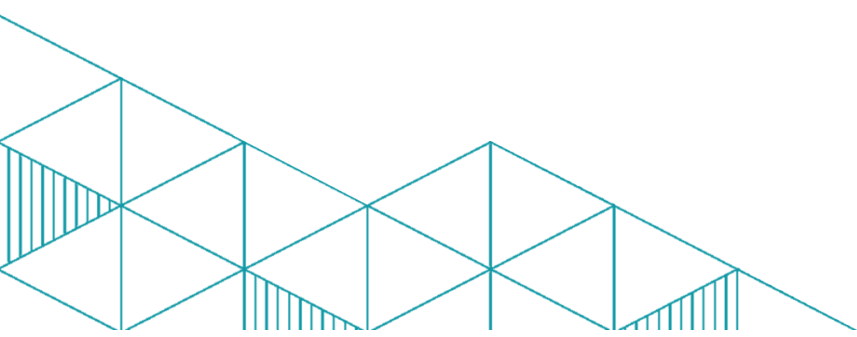
***Phone calls relate to calls that have been recorded/ documented in phone message books etc.*

Please see the following page for a taste of just some of the positive feedback we have received from our service users and their families.

A review of the top subject areas for both complaints and compliments emphasises the critical role of:

- **Good Communications and information;**
- **Staff attitudes and behaviours; and**
- **Quality of treatment and care.**

Each of these are integral to ensuring our service users receive a positive outcome and experience from the health and social services we provide and as a result efforts to learn from these is fundamental to our quality improvement efforts.



“

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

Physiotherapy Dept. Daisy Hill Hospital

“I wish to compliment XXXX and XXXX in the Physiotherapy department in Daisy Hill Hospital for their dedication and ongoing support for my son who is recovering from knee surgery. Right from when he was referred to the fracture clinic their care and attention has been exemplary. They have coordinated together to ensure that my son has had the best treatment possible.”

Blossom Ward

“Our baby boy was 4 weeks old and admitted to the Blossom children's ward at Craigavon Hospital. He was very ill and we cannot thank the nurses and doctors enough for everything they did for him. They showed so much care, compassion and expertise. At a very scary and upsetting time for our family they were there for us and talked us through everything. We are especially grateful for XXXX, XXXX, XXXX, XXXX and XXXX who were absolutely amazing with our baby boy.”

Day Opportunities

“I would like to commend XXXX and XXXX on the brilliant performance today. You are changing people's lives. My daughter loves attending the Tuesday Dance and Drama so much. She has been attending for four years. The show was so professionally done with so much hard work by everyone. Well done to all involved.”

Domiciliary Care

“My father passed away last week and prior to this he had a team of carers visit him 4 times a day. It is very easy to say that these 4 carers are just doing what they are being paid to do, but the care, friendship and attention they provided Daddy and as a direct consequence my Mum was way above just doing their job. My Dad always looked forward to them coming to the house and they greatly helped him accept his rapid loss of independence.

You should be very proud of this team. If it's applicable we would like to nominate them for your staff recognition awards.”

Minor Injuries Unit

“Many thanks to amazing staff in Dungannon Minor Injuries who looked after me last yesterday evening after a fall which resulted in a badly broken elbow. This is a fantastic service and a great team under Sister XXXX expertise. See you again.”

”

1.4 Adverse / Serious Adverse Incidents (SAIs)

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 incidents can reduce the likelihood of similar events reoccurring. It is an important process to capture, promote and share learning. Adverse incidents happen in all organisations providing health and social care.

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.



Facts and Figures

During 2019/20, there were:

- **19,356** adverse incidents.
- This is an **increase of 4,279 (28.4%)** from 15,077 during the previous year.

The top 5 reported incident types and their incidence rates are as follows:



Behaviour (including violence and aggression): **32.6%**



Patient Accidents/ Falls: **25.7%**



Medication/ Biologics/ Fluids: **10.4%**



Pressure Ulcers: **4.7%**



Communication: **2.4%**

Medication/ Biologics/ Fluids

Medication incidents are reported and investigated by local teams to identify learning and changes to practice. A multi-professional incident review group meets monthly to review reported incidents, share learning and identify any additional actions to reduce the risk of medication incidents. A learning bulletin is produced each month which is distributed to medical, nursing and pharmacy staff. This is also highlighted at Morbidity and Mortality meetings and Patient Safety Briefs and is shared with the Trust's Governance Committee.

Audits on the use of intravenous paracetamol and omitted and delayed doses of medicines in hospital were conducted which identified areas for further improvement. An insulin safety program with clinical sisters continued, providing bimonthly education topics and material for cascade to ward staff and measuring key indicators of omitted doses, alert notices, handover, patient assessment and staff training. Completion of a half day program on diabetes delivered by the Clinical Education Centre was made mandatory for nursing and midwifery staff. Education and training was provided to junior medical staff on high risk medicines including anticoagulants, insulin and gentamicin and on key processes such as medicines reconciliation.

In Children's and Young People's Services, medication incidents are routinely reviewed by the Medicines Governance Pharmacist in partnership with clinical and community staff. A lessons learned bulletin is developed routinely and is shared across services within the Directorate.

Pressure Ulcers

An Early Alert System has been developed via Datix to notify Tissue Viability Nurses when a case has been reported and within the Acute setting all incidents of pressure ulcers are reviewed by a Tissue Viability Nurse who completes a root cause analysis on all grade 3 and 4 hospital acquired ulcers. A Pressure Ulcers board is now in place on all wards and this includes information on how to grade ulcers (complete with pictures), explains the mattress pathway and how to order a mattress along with other useful information.

The Tissue Viability Nurses are actively encouraging the reporting of pressure ulcers and have requested that the 1 hour e-learning on pressure sores becomes mandatory for acute nursing staff. As well as this work is ongoing on a review of the nursing handover template to ensure there is emphasis on ensuring relevant information in respect of pressure ulcers is handed over. Each ward is currently designating a Tissue Viability Link Nurses (Skin Champions) who will be the key contact with the Tissue Viability Service and disseminate key pieces of information to nursing staff at ward level. A Pressure Ulcer Sub Group to review documentation associated with the management of skin and prevention of Pressure Ulcers has also been established.

Learning from Serious Adverse Incidents

The table below shows the number of deaths per directorate as a result of Serious Adverse Incidents.

Directorate	Number of Deaths (* if < 5)
Acute Services	20
Mental Health and Disability	29
Children and Young People	12
Older People and Primary Care	*
Total	61 + *

Asterisks (*) represents a figure less than 5 deaths. This is to help obscure their identities.

The remainder of this section details some examples of SAIs that have occurred in the Southern Trust during 2019/20. The main focus is to demonstrate what we have done and are doing in order to learn from these incidents and to recognise where improvements can be implemented.

Acute Directorate
Summary of Event
<p>A 64 year old male patient was an inpatient in with a history of multiple myeloma, atrial fibrillation, obstructive sleep apnoea and ankylosing spondylitis. During a prolonged inpatient stay he had progressive neurological deterioration. He was extensively investigated with input from a number of teams including haematology, neurology, general medicine, intensive care medicine, virology, bacteriology and infectious diseases.</p> <p>The patient attended Magnetic Resonance Imaging (MRI) for a scan of his head. The patient was administered intravenous midazolam 2.5mg on the ward; a further 2.5mg was administered in the MRI scanner for agitation. On completion of the MRI scan, he was noted to be in a Pulseless Electrical Activity (PEA) cardiac arrest. The patient was intubated and cardiopulmonary resuscitation (CPR) was commenced. Return of spontaneous circulation (ROSC) was achieved and the patient was transferred to the Intensive Care Unit (ICU). Whilst in ICU, the patient required high levels of inotropic support (drugs to support circulation), but no purposeful neurological function was observed off sedation. Following discussion and agreement with the family invasive treatment was withdrawn on and the patient died the same day.</p>
Learning from SAI
<p>This case has been discussed at Morbidity and Mortality meetings for learning. IV sedation use has been prohibited in MRI, unless an anaesthetist is present. A form has been developed by the radiology department for patients with reduced GCS and for patients who are unable to consent and if a patient has a reduced GCS, they are monitored by a competent person and</p>

this monitoring must include continuous pulse oximetry and heart rate. Additional MRI compatible monitoring equipment has been acquired and the case shared with nursing staff regarding the checking procedure for Controlled Drugs. High concentration midazolam should not be used for conscious sedation outside of anaesthetic areas.

As a result of this incident the Trust established a Trust Sedation Committee which will oversee the development of Trust Guidelines for conscious sedation including training and audit, as recommended in the Rapid Response Report. In addition it was recommended that there should be a recognised process for accommodating adults who require GA MRI scans within the Trust.

Mental Health and Learning Disability Services Directorate

Summary of Event

MHD reviewed a case involving the suspected suicide in the community of a female patient. The patient was known to various mental health/related services including, the resource centre, psychiatric inpatients, community addiction team and was an open case to the personality disorder service and support and recovery team.

Learning from SAI

The review team recognised the unwanted outcome of treatment in this case but in reviewing the care provided they commended the keyworker for the level of support provided to the patient and viewed her practice as an example of good practice.

The keyworker communicated with the patient on a regular basis, brought her to appointments facilitating her engagement with other parts of the service and ensured that other involved services were updated in relation to the patient’s needs and treatment pathway. The keyworker also brought the patient’s case to the community team meeting for discussion. The review team recommended that the exemplar of good practice shown by the keyworker (KW) in this case should be shared within the wider Mental Health Services.

Children and Young People’s Services Directorate

Summary of Event

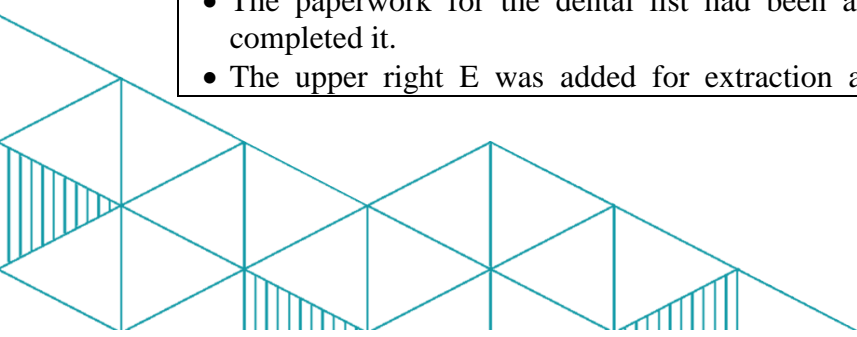
12 year old female had a severe dental phobia and required dental treatment in hospital under general anaesthetic (GA). The upper right second molar (UR7) was extracted in error as it was mistaken for the upper right first molar (UR6). This was caused by the upper right first molar (UR6) being mistaken for the upper right second deciduous (baby tooth) molar (URE) which had already fallen out.

Learning from SAI

The audit identified that patient’s upper right E had fallen out naturally prior to the general anaesthetic appointment. The audit team conclude that the removal of the upper right 7 was caused by the misidentification of the upper right 6 as the upper right E.

The audit team consider that there were several points where this mistake could have been identified if additional checks had been implemented or different processes were in place.

- The paperwork for the dental list had been annotated, after the referring dentist had completed it.
- The upper right E was added for extraction and this entry introduced an element of



confusion.

- The theatre listing form should not have any of the information altered after it has been sent to General District Hospital for processing.
- The treatment plan was completed several months prior the GA. As such, it was not acknowledged that patient's mouth could have changed between examination and treatment.

It was decided there would be a review of the Standard Operating Procedures and pathway for dental treatment of patients under general anesthetic in the community dental service to incorporate changes to practice. Primarily the need for full dental charting and implement Local Safety Standards for Invasive Procedures.

There was learning from the audit to be shared with the Community Dental Service and theatre staff.

There has also been Human Factors training for all staff involved in the theatre dental list.

1.5 Quality Improvement (QI)

Quality is something that is an integral element of 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.

Our quality improvement in-house training supports staff to:

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

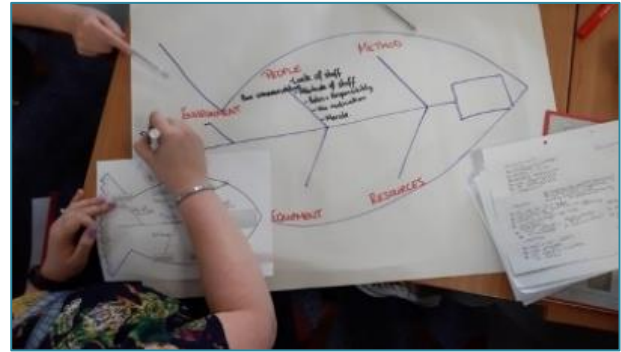
Quality Improvement Certificate

Cohort 7 and 8 of the Quality Improvement Certificate programme commenced in 2019/20.

Participants enrolled from multiple directorates with a large representation from Mental Health and Learning Disability and Older People and Primary Care services.



The QI Team shared tools and techniques that the participants could bring forward into their improvement projects to engage other stakeholders such as Ideas and Frustrations Boards,



Fish Diagrams and Rich Pictures, Stakeholder Analysis and Communication Plans were also key learning outcomes that provided participants with the necessary foundations to drive their project forward.

Regional QI Award

The Trust’s Quality Improvement Team took a lead role in the region in establishing the first **Regional Quality Improvement Award programme for Service users** in December 2019.

This programme aims to make quality improvement tools and methodologies more accessible for service users and to create a way for Trust teams and Service Users to work together to co-produce evidence based improvements based on what matters most to our service users and carers.

Young people who access Autism Services participated in the programme. They had the opportunity to learn and apply Quality Improvement tools to a project that mattered to them and at the same time gain a recognised qualification that they can use as they enter the world of further study and work. Projects undertaken included:

- Understanding traffic congestion in Armagh.
- Development of a protocol for building and upgrading computer components to reduce waste.
- Cooking and baking tutorials to create the perfect cake.



Measures for Quality Improvement Workshops

The Trust is committed to ensuring data driven improvements based on evidence and measures of success.

The first Measures for Quality Improvement Workshop took place on 17 April 2019. Staff across a range of directorates and disciplines came together to learn the theory behind run charts, scatter graphs and pareto charts before learning how to construct their own in Excel.

It is intended these workshops will support staff to be more aware of the need to measure improvements and will be better equipped to collate, analyse and present quality improvement data from their own departments. The workshops also seek to provide a strong foundation in Excel that staff can take forward more broadly in their daily work.



Flow Coaching

5 Southern Trust Staff had the opportunity to be part of the very first Northern Ireland *Flow Coaching Academy* hosted by the Western Trust. Using the ‘Big Room’ and Flow Coaching methodology staff were taught the fundamentals of Team Coaching and Quality Improvement tools and techniques.

The Frailty Big Room in Lurgan Hospital Launched in October 2019. The Big Room is a weekly coached meeting where people come together to build relationships, collaborate and develop a shared purpose for improvement.



Human Factors

The Southern Trust commissioned a Human Factors Train the Trainer programme, in which 16 staff completed the course and are now part of a Human Factors faculty which aims to share the learning and deliver training to all our staff.

Human factors training looks at the role of human involvement in any situation, giving consideration to both our capabilities and limitations. It provides an understanding of the impact that organisational culture, system design, equipment and the work environment have upon human behaviour and task performance. Human Factors training is intended to raise the issue of human error to take positive steps to minimise the occurrence of incidents.



Human Factors Lunchtime Sessions

Building on this training, the Human Factors Faculty, launched lunchtime training sessions in September 2019. This programme is offered as part of the Foundation Doctor's teaching programme, covering 6 main themes: Communication, Situational Awareness, Decision Making, Stress, Fatigue and Human Error.

Scaling up improvement projects - 'GoodSAM' launch

After progressing through the QI Leader programme, Ronan McBride (Quality Improvement Facilitator and ICU Nurse) has been able to lead on improving services using Quality Improvement practices.

By engaging with key teams within the SHSCT, NIAS and GoodSAM Ltd, Ronan has helped to integrate the first web based, smart phone alerting system in Northern



Ireland which was launched on the 28 June 2019.

Our Lead Director for Quality Improvement, Aldrina Magwood, welcomed the launch which took place in the Lough Neagh Discovery Centre. Guest speakers included the Chief Medical Officer for Northern Ireland, Dr Michael McBride, Chief Executive for NIAS, Michael Bloomfield, Chief Executive of the SHSCT, Shane Devlin and GoodSAM Medical Director, Dr Mark Wilson.



STEP Programmes

The *First Steps* programme lead by the QI Team and Postgraduate Medical Education Fellows commenced in October 2019. This course is available to Core Trainees and ST1 - ST3 Doctors and is run in the evenings in Daisy Hill Hospital and Craigavon Area Hospital.

The purpose of the First Steps Programme is to deliver training on the basics of quality improvement in the healthcare environment to core trainees. The programme also includes a range of practical workshops for trainees to develop their quality improvement skills and gain valuable facilitation and support.

The *Core Steps* programme and is available to F1 and F2 doctors. The Core Steps programme commenced on August 2019 and aims to engage and raise quality and safety awareness with F1 and F2 Foundation Doctors. It is delivered over three evening face to face sessions with trainees encouraged to undertake a small step change project aligned to the Trust's Quality Improvement strategic aims and objectives.

Annual Quality Improvement Event

The Trust held its 6th Annual Quality Improvement Event on the 15th November 2019. It was a great success with more than 300 delegates present to hear about quality improvements undertaken in the Southern Trust over the past year.

The theme of this year's event was '**Connecting People: Making Change**' and this was reflected in the main hall presentations, parallel sessions, the 'QI cinema' and of course the ever popular Dragons' Den.



Dragons' Den

In our Dragons' Den innovation challenge section Attendees were treated to four spectacular pitches and after what were described as "extremely difficult" deliberations, the Dragons could not decide on one winner. Eventually, it was announced that joint winners had been confirmed.

Congratulations to 'CARE Innovation' and 'The Listening Rooms', both teams were announced as the overall winners of the Dragons' Den Innovation Challenge and were awarded a bespoke two day team building opportunity for up to 12 members of each team. In addition the winning ideas are assessed for deployment within the Trust.



Oral and Poster Presentations

Staff and Service Users from a diverse range of professions and experiences delivered over 20 oral presentations on the day and presented over 150 posters, each spreading the knowledge and outcomes resulting from quality improvement projects and initiatives they had conducted throughout the preceding year.

Dementia Tour Bus

As Part of the Annual Quality Improvement week the Trust hosted two virtual experiences based on learning sessions designed to give participants a



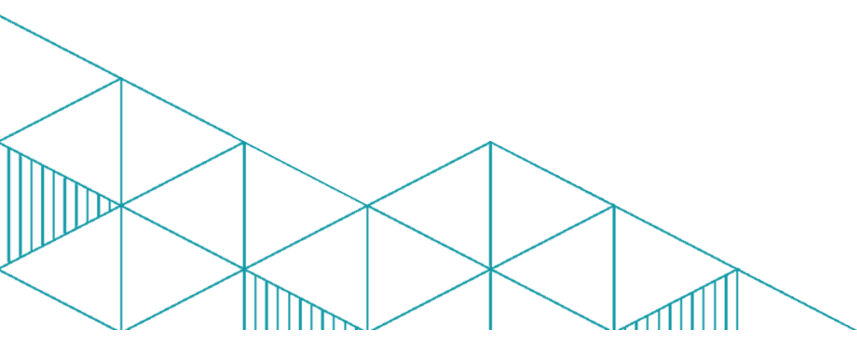
sense of what it may be like to have dementia or autism.

It is hoped that through these experiences, staff will have taken away ideas and solutions as to how we as a Trust can help those on the autism spectrum manage their day to day sensory needs more effectively, or on how we can tailor Trust premises and the delivery of care to improve care for service users with dementia.

Quality Improvement HUB

In February 2020 the Quality Improvement Team relocated to their new dedicated QI Hub in the Main Building, Towerhill Complex Armagh.

The New Hub will be a dedicated QI space to deliver training, hold face 2 face QI Clinics and enables hot desking facilities for staff who wish to avail of the facilities with ready access to the QI team who can provide expertise, tools and information and resources to support and guide staff on their QI Journey.





Integrated College Dungannon

Committed to educating our students within a safe, happy and inclusive environment. Open to all, we:

- Ensure that our core Christian values embrace all cultures and traditions;
- Foster an atmosphere of...



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

Theme 2

Strengthening the Workforce

2.1 Quality 2020 Attributes Framework

The Quality 2020 Attributes Framework was developed by the Health and Social Care Safety Forum and the Northern Ireland Practice and Education Council in conjunction with key stakeholders within Health and Social Care across a diverse range of professional backgrounds. It is designed to enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service.



It identifies the quality improvement and safety attributes staff require for their role and that are necessary and appropriate for the level at which they work. Through appraisal or supervision meetings or through mentorship (for those in training), staff are supported in assessing their existing attributes in relation to quality improvement and safety and, therefore, in planning the learning and development needed for them to progress in their given roles.



Overall, the primary purpose of this framework is to:

1. Assist individuals in assessing: a. their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety and their learning and development needs for their current role or for future roles.
2. Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services.

To learn more and to view the Attributes Framework in detail, [please click here](#). The linked document provides a breakdown of the skills and competencies required at each of the framework's 4 levels.

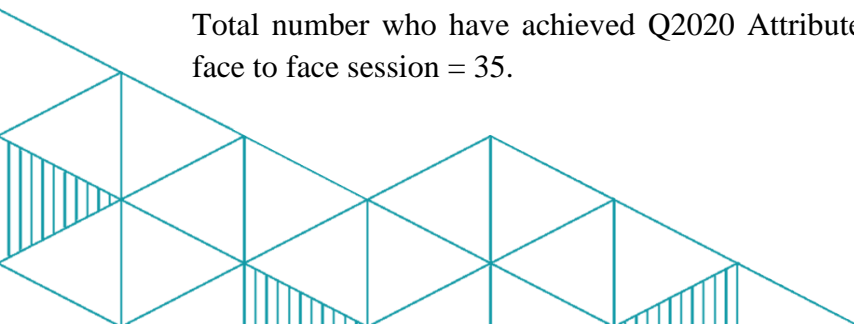
How are We Performing Against the Attributes Framework?

The total number of staff who have achieved Q2020 Attributes Framework Level 1 through our e-learning package is 1,790.

This includes staff that completed the following e-Learning modules:-

- Introduction to Quality Improvement & Quality Improvement Foundation (1268)
- Quality 2020 Attributes Framework Level 1 (313)
- 5 Steps to Quality Improvement (168)
- Quality Improvement Leader (41)

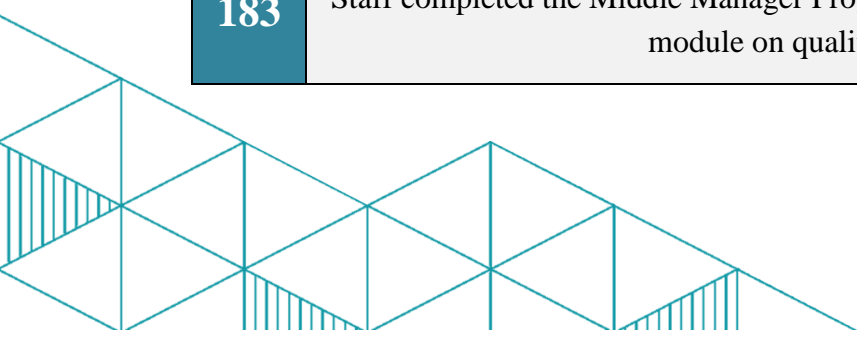
Total number who have achieved Q2020 Attributes Framework Level 1 through a specific face to face session = 35.



Total number who have achieved Q2020 Attributes Framework Level 1 as part of bespoke training programmes = 8,505.

The cumulative breakdown is as follows:

1103	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
478	Doctors completed Level 1 as part of the Medical Revalidation process
1268	Staff attended the Trust’s Annual Quality Improvement events
137	Staff completed Quality Improvement Foundation Programme (OCN Level 3 Certificate) - this maps to Q2020 Level 2
65	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
16	Staff have completed the Regional Quality Improvement in SW Programme. This maps to Q2020 Level 3
231	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
183	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)
816	Staff completed RQF Level 2 Award
2701	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

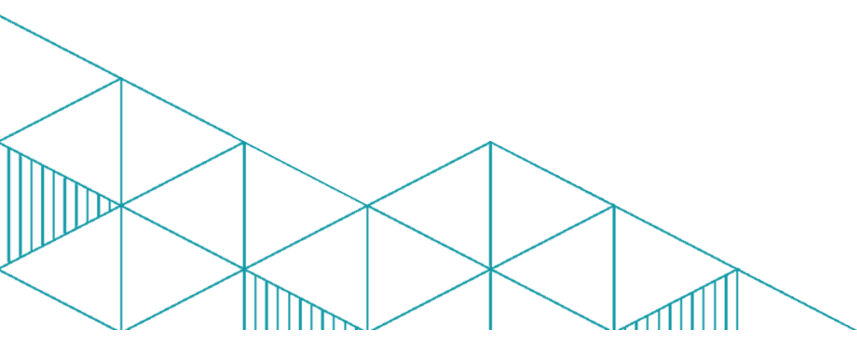
**Please note these figures are a cumulative total for the above projects.*



Facts and Figures

In total, 10,441 staff, which equates to **84% of the workforce** (based on 12,381 as per TDP/OGI Target) have achieved **Level 1 on the Q2020 Attributes Framework**.

As of 31 March 2020, **5% of staff** have achieved training at **Level 2** of the Quality 2020 Attributes Framework.



2.2 Looking After Your Staff

The Staff Health and Well-Being Steering Group continued to meet quarterly in 2019/2020 with 3 work streams

- Better physical health & wellbeing
- Better psychological health & wellbeing
- Employee experience

Trust Policies

A number of policies were reviewed and developed by the Trust and through the Staff Health and Wellbeing Steering group to support staff health and wellbeing:

- Time off for staff (launched 2019)
- Breastfeeding and Returning to Work policy (reviewed)
- Managing Stress in the Workplace Policy and Toolkit (under review)
- Management of Substance Use and Misuse (reviewed)
- Menopause Policy – in development (see below).
- Sun Safety Outdoor Policy – developed for staff working outside with provision of hats and sun cream.

Health Champions

A network of workplace health champions have been recruited and offer support with health and wellbeing updates, resources, training opportunities for sharing with their teams. Quarterly meetings took place (Apr, Sep, Dec 2019 and Jan 2020).

A U-Matter Website, www.u-matter.org.uk, was put in place for staff and site opened to public in March 2020 with onset of Covid-19 - Several Covid-19 zones created on the website and populated with information including training, health and wellbeing events and useful resources re COVID-19.

- COVID Information for staff
- Covid-19 and mental health
- Covid and staying at home
- Covid-19 and staying active at home
- Covid-19 and financial health
- Covid-19 and family health



The Umatter website was a nominee in the 2019 Trust Excellence Awards under the category of Award for improvement through innovation.

Web stats:

(April 2019-March 2020) 165,263 page views, 32,674 user sessions

A weekly *Friday Focus* global email was commenced on health and wellbeing themes with links to new content on the Umatter website.

COVID Mental Health Sub Group

Established in March 2020 - weekly outputs developed for Umatter site on emotional and psychological issues relevant to staff members included PWB staff, Southern Trust Recovery College and Trust Psychology:

- [Hope](#)
- [Anxiety](#)
- [Taking one day at a time](#)
- [Self-care and compassion](#)
- [Connections](#)
- [Loss, disappointment and unexpected gains](#)
- [Grief and bereavement](#)
- [Kindness](#)
- [Resilience](#)
- [Rest, Restorative sleep and relaxation](#)
- [Asking for help](#)

A Staff Psychology Support Service is in place within occupational health department.

A Staff engagement process commenced to revise Stress at Work Policy and Toolkit.

A Psychology led Staff support telephone line service was developed in response to Covid-19 and on site drop-in support services provided in CAH site.

Outreach team support available to community and acute teams needing psychological support.

Support provided to acute staff including creams, sprays with essential oils to help with ppe, alertness, calming. Support provided in directing and obtaining donations to staff including 2 x electronic massage chairs for staff relaxation, various food items and drinks.

A rolling programme of campaigns and activities was provided in support of staff health and wellbeing in 2019/2020. Staff [health and wellbeing calendar developed](#) for 2020.

- [World Cancer Day](#) 2020 – supported by a number of teams who held fruit parties / Mediterranean themed lunches, many teams fund raised for local Cancer Charities / Trust Charity of the Year. [Cancer prevention guide](#) developed for staff showing how existing staff health and wellbeing supports can help you achieve a healthier lifestyle

(linked to 10 key cancer reduction messages). Cancer related resources and details of local cancer support services/organisations shared.

- [World Sleep Day](#)
- [Daily Mile 60 Day Challenge](#) for staff – started 15/4/19
- Men’s Health Week – [Men’s Health Toolkit](#) created.
- [Healthy Eating Week](#) – Daily Challenge (Sleep , Breakfast, Be Active, Hydrate, Have 5 a Day)
- [Care in the Sun](#)
- [National Gardening Week](#) 2019
- World Lupus Day
- [National Walking Month](#)
- Cycle to work day
- World Suicide Prevention Week – support numbers promoted to staff, Inspire Wellbeing Counselling and Towards Zero Suicide Awareness Training.
- [Know your numbers week](#)
- [Eye health awareness week](#)
- [Backcare Awareness week](#) – information sheet produced for staff with tips for prevention and support re MSK. Foot wear leaflet developed by physiotherapy to support staff in choosing appropriate footwear
- [Stoptober](#) – signposting to local smoking cessation services.
- [World Osteoporosis Day](#) – 20 October bone health recipes
- [Alcohol awareness week](#) - 11-17 November
- [Halloween information](#) – safety, recipes
- [Stress Awareness Day](#) – 6 November – stress management steps, understanding stress, taking action to reduce or prevent stress.
- [Christmas information for staff](#)
- [Happiness calendar](#)- monthly theme
- [Anger Awareness Week](#) (1-7 December) – factsheet and infographics on effects of anger on your health and how to manage your anger, recognising it is a natural emotion.



PWT Training

Various workshops have been provided for staff and other statutory, community and voluntary organisations staff and volunteers. Some dedicated workshops offered to staff during 2019-2020, these include:

- 1 x Suicide awareness – (6 staff attended)
- 2 x Self-care – (40 staff attended)

- 1 x Mindfulness (8 staff attended)
- 3 x [Staff carers event](#) were held for staff members who are also carers, these events advised staff of their rights as carers, support services and organisations available to them. Relaxation therapies were also offered each day. Very positive feedback was received from staff members who attended all events. 86 staff attended.

Parenting Workshops

Keeping Your Child Safe Online – facilitated by NSPCC 24 staff participated.

Financial Wellbeing Workshops

Two workshops were held for staff provided by the NI Consumer Council on your consumer rights, shopping online and how to save on your household bills. (20 staff)

Link and Learn sessions for staff

Business in the Community offered sessions for staff on Mood Matters 23/5/19 and Care in the Sun 28/5/19 (14 staff attended)

Physical Activity

210 Trust staff participated in a 6 week Pilates and Yoga programmes across 6 Trust sites.

Ongoing virtual pilates, yoga and Tai chi classes are promoted and made available for staff currently.

20 SHSCT staff completed Leader in Running Fitness Qualification and facilitated Couch to 5k programmes in 4 locations with 90 staff participating over an 8 week period:

- **50%** of staff who participated had no previous running experience
- **100%** of staff enjoyed the programme
- **95%** of staff would recommend the C25K programme to other staff
- **55%** have continued to walk or run
- **60%** of staff would like to participate in a follow up programme
- **60%** of staff would like to participate in a follow up programme due to the support and motivation provided in a group setting

The Staff Corporate Leisure Scheme is available through local leisure centres with discounted rates for staff.

Physical activity guidance for staying active at home devised and available on Umatter for adults, families and vulnerable adults; <https://u-matter.org.uk/event/2020-03-31-000000-2020-11-30-000000/stay-active>

A range of physical activity campaigns are available on Umatter to encourage staff to move more and sit less.

Cycle to Work scheme - Ongoing promotion of scheme with roadshows for staff 121 applications supported up to March 2020.

Apr-May 2019 - Distribution of 300 x free pedometers to staff at hospital sites across the Trust in advance of National Walking Month.

Healthy eating

- [Recipe of the month](#) promoted to staff with nutritional information and advice. Recipe collection available [here](#)
- Slow cooker guide shared with staff.
- 12 week weight loss guide, healthy breaks, importance of breaks, 100 calories healthy swaps to make, fruit and veg tracker, healthy portion sizes, meal planner, food diary.
- Cancer prevention guide developed and shared with staff as part of World Cancer Day.
- Free 6 week Cook it programmes offered to staff
- Report and recommendation on catering standards
- Training for catering staff
16 catering staff trained in RSPH level 1 Award in Healthy Eating and a further 20 trained In January 2020.

Cook it!
fun, fast food for less



Corporate events

Health and wellbeing support provided at:

- 2019 QI Event- a year in view with Health 7 Wellbeing.
- 2019 [Leadership Conference](#) – information stands, health & wellbeing checks for staff (700+ staff attended)
- 2019 CYP Quality and Safety Event (160+ staff attended)
- 2019 – Organisational support and participation provided to [Estates, Procurement and Finance Team](#) for their 2 x 0.5 day health and wellbeing events for staff (21 and 22 May). (200+ staff attended)
- 11/6/19 Study Day Senior Doctors Lough Neagh Discovery Centre (attended by 50 consultants and staff doctors)
- 9/11/19 – Organisational support and participation provided to Mental Health Nurses for their health and wellbeing event '[Better You, Better Care](#) - Creating a caring culture' project (Federation of Nursing). (70 staff attended)
- 14/2/20 – organisational support provided for [staff health and wellbeing](#) event in Bluestone Hospital. 31 staff availed of a weight, BMI and body composition check. 50 staff had a check for Atrial Fibrillation and cholesterol with the Northern Ireland Chest, Heart and Stroke Association. 186 staff had clinical obs, BMs, lung age and carbon

monoxide. 13 staff received their flu jab. A wide range of health information was made available to staff on the day.

Team events

Health & Wellbeing Presentation has been provided to:

- 8/3/19 Joint Health Visitor Managers meeting (20 staff)
- 11/3/19 Health Visiting Team, Lurgan (25 staff)
- 15/5/19 Speech & Language Team Managers (35 staff)
- 23/5/19 Neonatal Team, CAH (10 staff)
- 3/6/19 Occupational Therapy Governance Staff meeting with all OTs working in Mental Health and Dementia (30+ staff)
- 6/6/19 Trust Contracts (15 staff)
- 20/6/19 Physiotherapy (AD) team meeting (16 staff)
- 20/6/19 Speech & Language Team (AD) (15 staff)
- 24/9/19 Physiotherapy Assistants Team Away Day (45 staff)
- 27/11/19 Occupational Therapy Team (CB) (7 staff)
- 13/12/19 Social Work Forum (87 staff)
- 5/2/2020 Induction session for Junior Doctors (40+ attended)

Staff events

- **Mindfulness:** 113 staff engagements at the 6 week Mindfulness programme - in Daisy Hill Hospital November-January 2020. Post event evaluation completed – very positive feedback.
- **Menopause event and policy development:** Mindfulness and complementary therapies provided to 30 staff to mark World Menopause Day. Supported by Trust physiotherapy who gave information on muscle and bladder issues affecting women at menopause and general health information stand provided.
HoS HI Leading on development of a Trust Menopause Policy, supported by HI Lead Workplace Health. (*final policy was launched in Oct 2020*)
- **Heart and Blood Pressure Checks:** 117 staff availed of blood pressure checks and 55 staff received Atrial Fibrillation tests.
- **Christmas Creativity Workshops:** 3 x [workshops organised for staff](#) to join the Trust's Artist in Residence (Arts Care) to try out various arts and crafts for Christmas. (34 staff attended)
- **Regional Health and Wellbeing Charter for HSC Staff:** Led and developed by the Trust's HOS for HI (chair) of Regional Task and Finish group (within the Public Health Agency's HSC Healthier Workplaces Network). Charter signed off by SHSCT CEO and Director for HR in May 19. Approved by Network and presented to CE Forum in January 2020 and shared at and shared with Trust staff.

Children and Young People’s Services Directorate

There have been a number of initiatives to address staff wellbeing not only as part of the Trust’s duty of care but as a means of improving morale to build an engaged motivated workforce who will want to remain within the Division.

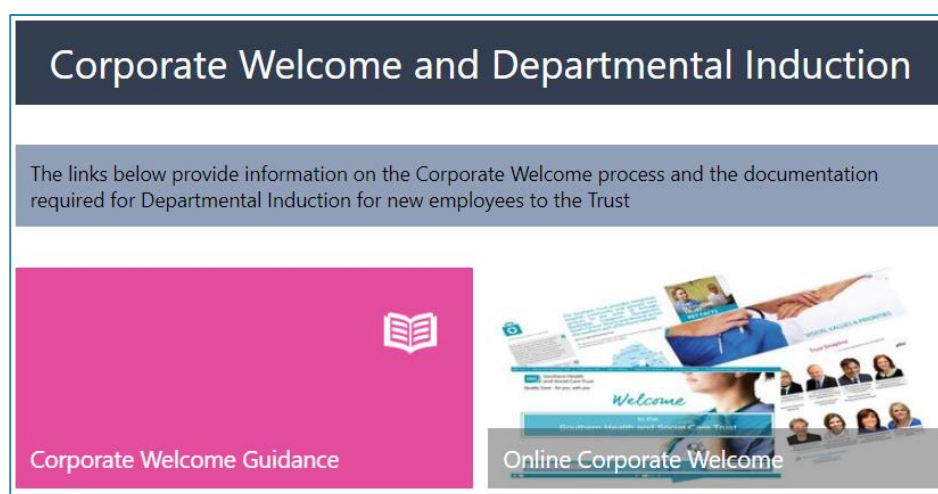
Safeguarding and FIT Division have a FIT Oversight Group chaired by the Director. This group focuses specifically on staff wellbeing issues and have led on promoting a zero tolerance approach to reports of staff being subjected to threatening or bullying behaviour by service users or their support people. They have also established debriefing sessions for staff (across the CYPS Directorate) affected by their involvement with children and families who have suffered traumatic events, including serious adverse incidents or deaths. Further workshops with FIT staff are planned to review the work of the Oversight Group and the general pressures in the FIT service.

The Corporate Parenting Division have a number of staff wellbeing initiatives including links with the Trust U Matter Staff Support Service.

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 must also receive a departmental induction from their line manager as soon as possible after commencing employment.

If viewing the digital version of the report, click on the image to access the Corporate Welcome Southern Trust SharePoint page (only accessible on Southern Trust systems)



2.4 Corporate Mandatory Training

Work continues across the Trust in relation to the provision of, and reporting on, Corporate Mandatory Training (CMT):

- Liaison with Subject Matter Experts to ensure that our training needs analysis are as accurate as possible in relation to the training required by each member of staff, the method delivery and the frequency of refresher required to keep staff competent.
- Liaising with Subject Matter Experts on a regular basis to ensure that any amendments to training, eg categories, method of delivery, etc are communicated effectively to staff and managers.
- Continue to provide quarter end compliance reports to each Directorate for dissemination throughout their Divisions, this information is also posted on the Trust SharePoint page to allow Managers and staff to see their training compliance position and take action as appropriate in relation to keeping this training up to date.
- Assisting Directorates in ensuring that their Internal Audit compliance rate of 60% is maintained across the Trust, highlighting areas of concern and liaising with relevant staff to address issues and discuss ways of maintaining compliance.
- Make use of a variety of methods to actively promote CMT across the Trust, e.g. Desktop adverts, Southern-i, Connect app, etc, as well as attending various meetings as appropriate to advise and support managers.
- Ensuring that there is availability of all elements of training in a timely manner and variety of methods relevant to all staff roles to allow staff to maintain compliance as necessary.

The comparisons to the previous year’s figures are outlined below:

Compliance Rates at 31st March 2019 and 31st March 2020:

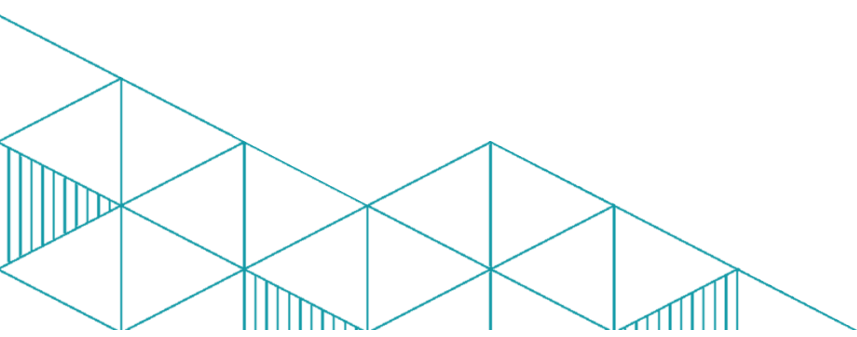
Corporate Mandatory Training Element	% Compliance as of 31 st March 2019	% Compliance as of 31 st March 2020	Variance (%)
Information Governance Awareness	82	76	-6
Fire Safety	65	50	-15
Safeguarding	79	63	-16
Moving and Handling	69	56	-13
Infection, Prevention & Control	67	55	-12

Making a Difference*	22* commenced Oct 2018	42	20
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Fire Safety, Safeguarding, Moving & Handling and Infection Prevention & Control include a face-to-face element in addition to the compulsory e-learning modules on the HSC Learning Platform. Information Governance Awareness and Equality, Good Relations & Human Rights: Making a Difference are solely e-learning based training programmes.

Equality, Good Relations & Human Rights: Making a Difference was introduced on 1st October 2018 and compliance continues to increase. Some Corporate Mandatory Training compliance has dropped below the Internal Audit compliance rate of 60% and compliance has decreased. It is recognised that compliance has been impacted by the pressures of managing COVID-19; however we continue to liaise with the Subject Matter Experts to explore alternative delivery methods and formats for acceptably compliant training for all staff. We have made good progress with this in the latter half of the 2019-20 year and are working closely with Subject Matter Experts in relation to amendments to Training Needs Analysis, rolling programmes and particularly changing and diversifying training requirements, etc.

Click on the image to access the Corporate Mandatory Training SharePoint page (only accessible on Southern Trust systems) for access to the relevant resources.



2.5 Leadership Programmes

As a Trust we want to invest in all our staff, encourage leaders at all levels and promote good team working. All our multi-disciplinary leadership and management development programmes continue to be reviewed and updated to reflect the *Regional HSC Collective Leadership Strategy*, *5 Fundamentals of Civility* and Trust Values, etc.

Alongside this the Education, Learning and Development Team have been evaluating and revising the programmes, initiatives and support they offer to Trust staff including managers and teams. This is to ensure these meet the needs of our staff and reflect our focus. This work will continue to be reviewed as we roll out programmes across the Trust to meet the needs of our staff at all levels and across professions.

The Education, Learning & Development Portfolio 2019/20 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 2019/20:

187	'Introduction to Quality Improvement' E-Learning module
48	Taking the Lead – Leadership Development Programme
42	Middle Manager Programme (ILM Level 5)
106	Trust Coaching Service
44	Admin Development Programme
17	Best Practice for Administration of Effective Meetings
124	Every Conversation Matters
34	Every Contact Matters
16	New to Line Management (ILM Level 3)
161	Five Fundamentals of Civility
30	'5 Steps to Quality Improvement' E-Learning module

2.6 Supervision, Coaching and Mentoring

During 2019/20 the Trust’s Coaching Strategy was developed for the next three year period. The Trust’s Coaching Strategy aims to support the Trust ‘to deliver safe high quality health and social care services, respecting the dignity and individuality of all who use them’ by strengthening how staff ‘live’ the HSC Values of Openness & Honesty, Excellence, Compassion and Working Together.

The Trust Vision for Coaching is to:-

- Develop resilient, reflective and resourceful leaders at all levels, fit for the future.

The purpose of the Trust’s Coaching Strategy is to:-

- Embed a coaching approach to create a more effective communication style for greater staff engagement within the organisation (Engaging through Conversation – which is embedded with our *Every Conversation Matters* training);
- Introduce team/group coaching to optimise effective team working and enhance positive working relationships to enrich service delivery; and to
- Provide a sustainable pool of professionally trained coaches so we can continue to offer individual coaching to our staff.

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 Professionals’ Supervision

Professional Registration

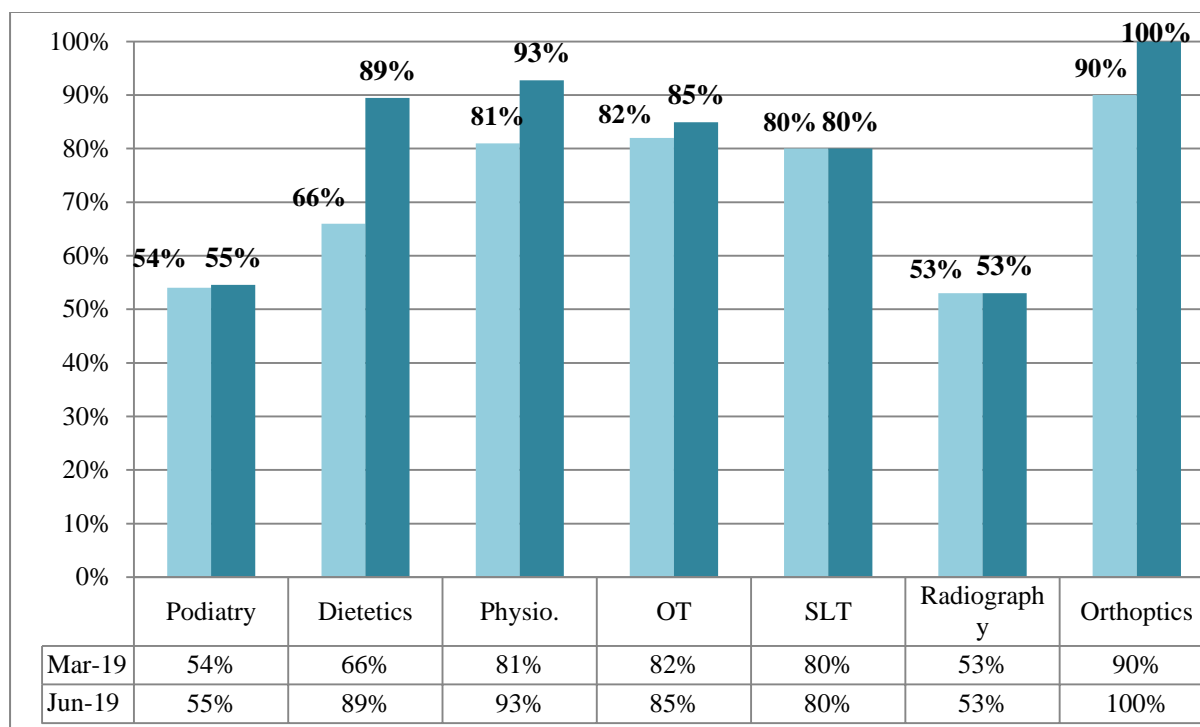
It is a legislative requirement that all AHP disciplines are registered with The Health and Care Professions Council in order to practice under their role specific protected titles.

100% Compliance

On 1st September 2019 all AHP professions were 100% compliant with professional registration. There were no lapses in registrations over the time period from April 2019 to August 2019.

Supervision

Compliance with Supervision period ending 30th June 2019



Supervision Compliance by AHP staff

Figure 1.1 sets out the supervision compliance activity for all the AHP disciplines. The continued pressures within unscheduled care coupled with recruitment challenges have impacted on formal supervision activity within some areas of Acute and community services. Whilst informal supervision continues to be a feature on a daily basis formal supervision has been challenging for some areas of care.

The AHPs Lead has worked with the professional Heads of Service in the last quarter to maximise the deployment of other supervision methods (group supervision, peer supervision, skype) which has maintained or increased compliance levels.

Post Graduate Certificate Education for Allied Healthcare Professionals

Dietitian Ms Hilary Mathieson Acute Dietetic Lead has completed the first PGCE course for AHPs during academic year 18/19 and is the first Dietitian in the region to complete this course.

Ms Tina Hughes, Acute Occupational Therapy Lead, Daisy Hill Hospital, has also successfully graduated with a PGCE from the 18/19 AHP cohort.

This course offers a high level of expertise in teaching roles linked to clinical/professional roles to enhance the experience of both pre and post graduate student learners. A recognition to spread this level of qualification to support expertise in training is part of the Regional

Workforce Reviews to support local and regional education and training across trusts, Clinical Education Centre and University of Ulster.

Physiotherapy CPD

A Band 5 Passport has been piloted across MSK, Respiratory and Rehabilitation specialities and this has formed a part of the Band 5 passport that is being now adopted regionally for all rotating physiotherapy staff.

Physiotherapy continues to develop their staff -In House training e.g. Headaches, Radiology, as well as through the Clinical Education Centre for Medicines Management.

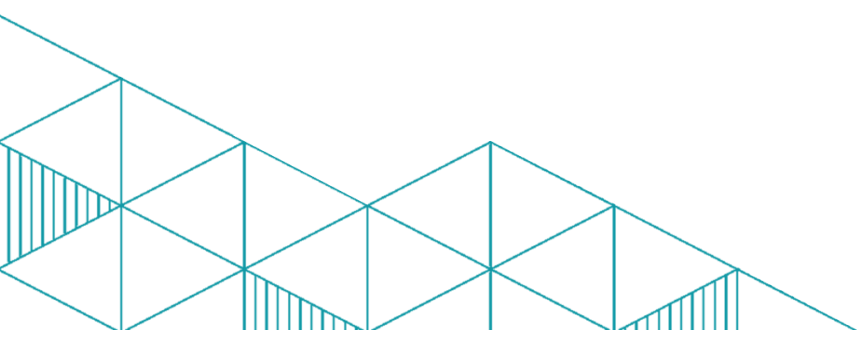
Four Physiotherapists have completed the Non- Medical Prescribing course over the summer and are awaiting annotation with HCPC and Trust registration processes.

Building Leadership capacity -Band 7 staff - three staff have recently completed the ILM course in the last few months.

Accreditation of strength and balance training (with Open College Network NI) This is used to train trust support staff, leisure centre staff etc to enable them to safely and effectively deliver strength and balance classes in the community across the localities.

Occupational Therapy Masters Module in Environmental Assistive Technology

Six Occupational Therapists from Learning Disability, Physical Disability, Acquired Brain Injury Team, Falls Prevention and Older People Services have successfully completed a Masters Module Environmental Assistive Technology. This educational programme supports the innovative use of environmental assistive technology to promote independence for people with disabilities in their own home.



2.7 Staff Training

Vocational Workforce Development

As a Trust 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.

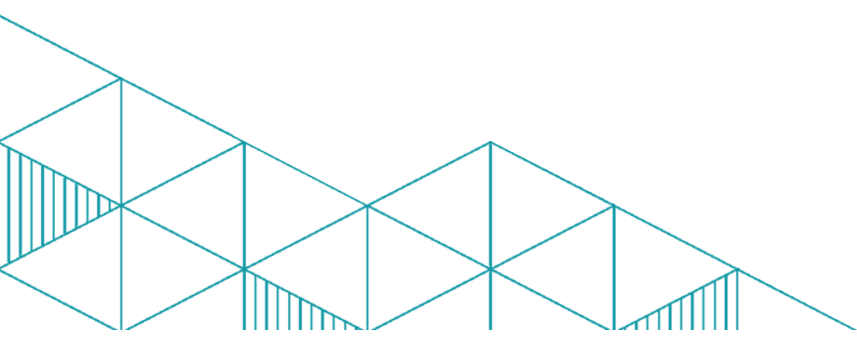
Over the past year the following groups of staff have completed a RQF Qualification:-

35	Allied Health Professions have completed a Level 3 or Level 4 Diploma in Healthcare Support Skills
45	Domiciliary Care Staff have completed a Level 2 Award in Healthcare Support Skills
101	Domiciliary Care Staff have completed a Level 2 Certificate in Healthcare Support Skills
23	Staff working in Acute Directorate completed a Level 2 Qualification in Healthcare Support Skills
18	Day Care and Supported Living staff have completed a Level 3 Award in Healthcare Support Skills
15	Staff working in OPPC & MHD Day Care, Residential & community have completed an Level 3 Diploma in Healthcare Support Skills
86	Staff working in Acute Directorate completed a Level 3 Qualification in Healthcare Support Skills
10	Staff working in CYPS Directorate have completed a Level 3 Diploma 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/ Knowledge & Skills Framework

As of March 2020, **58%** of the workforce has completed their KSF 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 Children’s Nursing

Exploring Play Module from the University of Sheffield



Our Community Children’s Nursing Healthcare workers remained committed to enhancing their education and their knowledge with regard to children during re-deployment and periods of self-isolation or shielding by completing “Exploring Play: The Importance of Play in Everyday Life” a module developed by the University of Sheffield. They completed 7x 3 hour sessions, making online comments on their reflections and learning. They also completed an online exam and received a Certificate of Achievement.

The premise was to understand the nature and value of play through the course of our lives, across cultures and communities and to encourage everyone to think differently about play.



Play and current debates about how the nature of play changes were discussed along with questions like: - Does play help us to learn? Can it prepare young people to be successful in the adult world? Are all forms of play good for us?

Topics covered included; indoor and outdoor play, disability and play, trauma and play, play in a virtual world, intergenerational play and play activities across different cultures.

Our Healthcare workers are able to put into practice what they have learned about play with the children and young people they work with on a daily basis.

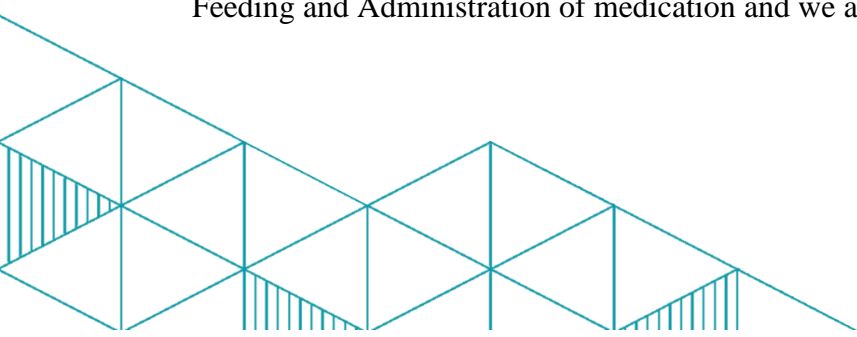
Community Children’s Nursing Online Training

As part of our CCN competency training process and our commitment to deliver high quality, safe, effective care, we deliver face-to-face annual theory updates for all our Health Care Workers in the Community Children’s Nursing Team.



Due to Covid-19 and associated restrictions we were unable to deliver face to face training, but wanted to ensure staff training was kept up to date.

Our solution was to provide training via YouTube and with the creativity of our Children’s Training Co-Ordinator, Una Hughes and the fantastic help of Jessie Weir in the Communications Team we have been steadily adding to our YouTube Playlist to provide required theory training. Our Playlist currently includes Tracheostomy care, Suction, Enteral Feeding and Administration of medication and we are working to expand this.



We have had very positive feedback. Staff have been able to access the training from home which has reduced footfall in the office and have allowed those who are self-isolating or shielding to complete their annual updates. Additionally staff can access the training 24/7, which helps support their commitments at home.

Social Work Social Care Regulation

The Trust continues to comply with NISCC requirements in relation to regulation of the social care workforce and the Trust continues to strive to maintain its full compliance and registration. A procedure is in place to provide assurances that individuals are appropriately registered and there is regular audit of compliance. This includes actions required for PDP, training and statutory supervision requirements. The statutory requirement for social workers to receive supervision is also audited and reported on an annual basis to the HSCB

The Trust provides a professional induction programme for newly appointed social work and social care staff. Appointees are made aware of their responsibilities in relation to the NISCC Standards of Conduct and Practice (Nov 2015) This contributes to the implementation of the NISCC Induction Standards.

Virtual Library of resources for refresher training and for new and/or redeployed social work staff

The Social Services Training Team developed innovative ways to maintain core delivery of statutory social work training during this period and to support new or redeployed colleagues in the workplace. Staff are able to access this virtual library ensuring they maintain skills and competence. A number of these are listed

- **Induction Videos**

<https://www.youtube.com/playlist?list=PL7WBfM07NYCVWhxar-cRrx1jRaKzmlX1s>

- **Domestic Abuse – Safeguarding Children Videos**

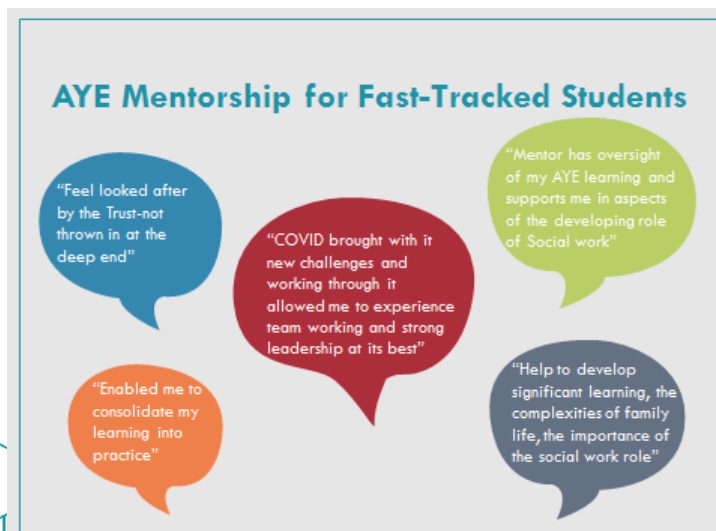
https://www.youtube.com/playlist?list=PL7WBfM07NYCX-Sx_4gop-aLkgIRQ8LsRU

- **Adult Safeguarding Videos**

<https://www.youtube.com/playlist?list=PL7WBfM07NYCXTq-gkWZI-xvhFF7rOSPzF>

Supporting newly qualified staff

A mentoring scheme has been established to support newly qualified social workers for their first 6 months in post. This is effective in helping staff feel part



of the organisation and to develop their skills and confidence in practice.

Feedback highlights how positively this scheme is evaluated:

Social Services Workforce Development and Training Team Training Programmes

Social Services Workforce Development and Training (SSWD&T) Team deliver two training programmes each year. The Social Services Workforce Development & Training Programme is mainly targeted at Social Work and Social Care staff, however a number of courses are open to a wider multi-disciplinary audience. The SSWD&T Team also delivers the Multi-Disciplinary Multi-Agency Child Protection Training Programme which offers a wide range of courses across three levels in keeping with the Safeguarding Board NI Training Framework. This programme is open to multi-disciplinary and multi-agency staff who have direct contact with children and families, adult carers and parents.

A sample of areas of training provided by SSWD&T to strengthen professional practice include:

- Interface areas eg mental health and child care
- Adverse Childhood Experiences/Trauma Informed
- Signs of Safety: strengths based/safety organised approach
- Common assessment tools
- Legislation, policies and procedures common to many Directorates and disciplines e.g. Mental Capacity legislation, Restrictive Practice, Human Rights, Safeguarding, Dementia training, etc.

Overall **9527 staff attended** courses/undertook e-learning provided by Social Services Workforce Development and Training in 2019/2020. This included:

- **5506** Social work & Social Care
- **2180** Nursing & Midwifery
- **192** Medical and Dental
- **661** AHP
- **394** Admin/Clerical
- **154** Support services/Service users
- **3** Senior Executives/Non Executive Board Members
- **43** Education Authority
- **31** PSNI
- **363** Other including voluntary sector

Corporate Mandatory Children and Adult Safeguarding Training is provided to all Southern Trust staff. Staff with indirect service user contact receive Level 1 Safeguarding Training via E-Learning every 3 years. For staff with direct service user contact Level 2 Safeguarding

Training is offered in 3-hour face to face training sessions by Social Services Workforce Development & Training Team. There is also requirement to attend refresher training every 2 or 3 years, commensurate to the job role.

During 2019/20, **3056 staff attended this face to face Level 2 Children and Adult Safeguarding Training** as follows:

Working Area	Number of People
Social Work/Social Care	1093
Admin & Clerical	29
Estates	1
Medical & Dental	113
Nursing & Midwifery	1310
AHPs	378
Support Services /User Experience	52
External (ie agency staff, students, etc)	80

Professional in Practice (PiP)

Programmes are delivered in partnership with universities to Social Work staff who wish to consolidate their learning and develop professional competence in specialist areas. PiP Programmes are delivered at Consolidation, Specialist and Leadership & Strategic levels.

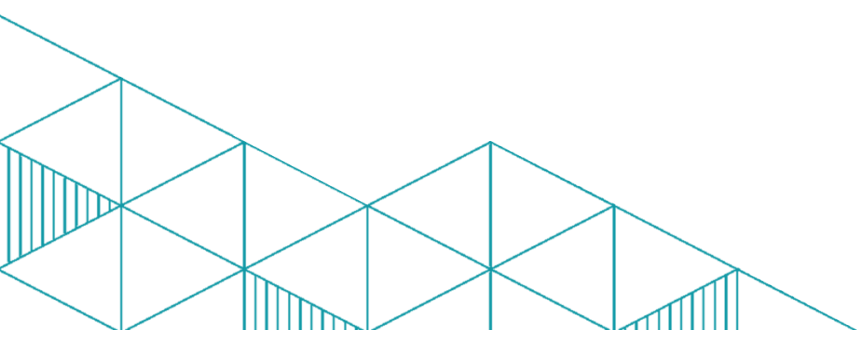
In 2019/20, a total of 77 staff achieved PiP credits/awards. Of this 77, 20 social workers achieved full Awards.

Social Work/Social Care Leadership

Succession planning has taken place to ensure a workforce skilled in management and leadership is available for the future. This includes both social workers and social care managers.

SSWD&T Team have supported a total of 278 staff attended a variety of leadership and management courses throughout last year.

This includes:



- PiP Regional Supervision Course. For participants, this training provides a comprehensive understanding of the purpose, process and mandate of supervision and supports the development of individual supervision styles.
- Developing Professional Supervision Practice in Social Care Adult Services continues to provide the underpinning knowledge for RQF Level 5 Diploma in Management (Supervision Unit 511), and is offered to Social Care Managers with supervisory responsibilities.
- Five managers from Children and Adults' Services completed the Regional Leading Social Work - Stronger Together Programme and achieved their full PiP Leadership and Strategic Award
- Three managers enrolled during the reporting period and are working towards Module 1 of the Stronger Together Programme.
- Two members of the SSWD&T Team continue to study for their Doctorate in Education (focus on Secondary Trauma in Social Workers) and Doctorate in Philosophy (Social Work) (Partnership Working in Safeguarding). There is an expectation that these two members of the Team will be leading out in their specialist areas and embedding a research culture in Social Work.
- The Southern Trust had 2 candidates who successfully completed the Regional "Quality Improvement in Social Work" programme in October 2019 which is based on the IHI Improvement Safety Framework and presents a model for examining the safety and quality of service delivery for patients and service users.
- Within the reporting year, 7 Social Work staff undertook the Scottish Leadership Improvement Programme (ScIL) with completion in August 2020.
- Three senior managers have completed the SBNI Taking the Lead Programme with focus on progressing Trauma Informed Organisation. This includes the Executive Director Social Work, the Assistant Director Social Work Governance and the Lead Psychologist, CYP. A number of successful projects have commenced and are working with Department of Health to implement a Trauma Informed organisation in CYPS.
- The Trust funded 4 Social Work staff to undertake AoEC Ireland Executive Coaching Practitioner Diploma in 2019/20 which they successfully completed in June 2019. The increase in coaches within the Trust has raised the profile of coaching as a developmental method and has benefited a range of Social Work/Social Care staff on programmes and within their practice.

Nurses and Midwives Global Leadership Development Programme

The Chief Nursing Officer as part of the ‘Nursing Now’ campaign had promoted the Global Leadership Development Programme. Four nurses and one midwife continue to undertake this regional programme. Although methods to deliver this programme have been altered due to the current pandemic the programme has continued with the focus to develop nurses and midwives leadership, policy-making, quality improvement and partnership working skills, in-line with the principles of both the global campaign Nursing Now and Nursing Now Northern Ireland. The programme has been extended until June 2021.

SHSCT Nightingale Challenge Programme 2020

Fourteen nurses and midwives continue on the leadership and development programme developed within the Trust to help build the knowledge and skills of the future generation of nursing and midwifery leaders.

Events on this programme have been adapted to reflect our current challenges and this programme has recently been extended until June 2021.

Many of the face to face events organised in our Trust Nightingale programme were cancelled due to Covid 19, key activities have been continuing including shadowing senior nurses, Collective Leadership, ‘Every Conversation Matters’ and Person-Centred Nursing Framework educational sessions. Participants have also completed Quality Improvement projects. It is anticipated that this programme will help equip our young nurses with confidence and knowledge to progress as Nurse Leaders within the organisation. A celebratory event is planned for June 2021 where our participants will present their Quality Improvement projects and celebrate completion of the programme.

The challenges faced in COVID-19 have seen much of the two programmes offering support to all participants in different ways. Two Facebook Groups have been set up by participants. The Facebook group set up by the Global Leadership Development Programme encourages participants to make links with others on Nightingale Challenge Programmes all around the world to offer support, motivation, ideas and to discuss and understand global issues.



Some of Southern Trust Nightingales and Trust staff at the programme’s Induction day in February 2020.

2.8 Nursing Overview

Quality Nursing and Midwifery Care; Assurance within the SHSCT Measurement Audits

Across the Great Divides

The Nursing Governance Team works across all Directorates within the SHSCT with our Nurses and Midwives to assure our high quality person centred care is based on best evidence. Safe high quality care however cannot be achieved in isolation.



We support multi-disciplinary working within the SHSCT and also hold membership of many profession specific and multi-disciplinary quality groups at Regional level; thereby helping to shape services by highlighting areas for improvement and working together to bring about meaningful change. During 2019-2020 we have worked Regionally with the Public Health Agency, Northern Ireland Practice Education Council (NIPEC) and other Trusts to develop and enhance quality and safety in areas such as: Falls Prevention and Management; Pressure Ulcer Prevention and Management; Medicines Safety; Always Events; Respecting Patient Privacy and Dignity through restricting Mixed Sex Accommodation in hospital wards; Regional Uniforms Steering Group; Record Keeping; Link Nurses.

Nursing Quality Indicators (NQIs)

The Nursing and Midwifery, Patient Safety, Quality and Experience team continue to support our frontline staff to ensure performance is closely monitored, that good performance is recognised and poor performance challenged. A number of audits – tailor made for each Directorate - are used to help us to get an indication of the standard of nursing and midwifery care in our wards. The audit questions cover areas of risk to patient safety and help us prevent avoidable harm to patient

Falls Part A

Asked About History of Falls Yes No NA

Asked About Fear of Falling Yes No NA

Urinalysis Performed Yes No NA

Call Bell In Sight and Reach Yes No NA

Safe Footwear on Feet Yes No NA

Personal Items within Reach Yes No NA

Is patient area free from slips, trips and hazards Yes No NA

Falls Part B

PART B Criteria:
 - Patients aged 65 and over
 - Patients aged 50-64 who are judged by a clinician to be at a higher risk of falling because of an underlying condition e.g. sensory impairment or dementia, patients admitted with a fall, stroke, syncope, delirium or gait disturbances

Does patient meet criteria for Part B? Yes No

Cognitive Screen Yes No NA

Bed Rails Risk Assessment Completed Yes No

Lying Standing Blood Pressure Recorded Yes No NA

NEWS PART A

All Vital Signs Recorded Yes No

Risk Score Totalled Yes No

NEWS Score Correct Yes No

Evidence of Appropriate Action Yes No NA

Frequency of Observations Recorded on Chart Yes No

Observations Recorded to Frequency Yes No

Did any set of observations reviewed indicate the need for escalation (e.g. NEWS score of 5 or greater?) Yes No

NEWS PART B

Is there Documented evidence of Appropriate Escalation Yes No

Is the frequency of observations amended to reflect the NEWS score Yes No

Patients are also asked about their experience by our Lead Nurses.

Person Centred Care **Overall Evaluation**

Has patient agreed to answer questions about his or her experience in this ward* Yes No Unable to give consent

Do you know which nurse(s) is looking after you today Yes No

Do you know who else is involved in caring for you* Yes No

In general, do staff introduce themselves to you and explain their role* Yes No Sometimes

Do nurses... introduce themselves to you Yes No Sometimes

call you by your preferred name Yes No Sometimes

treat you with kindness, respect & compassion Yes No Sometimes

strive to maintain your privacy & dignity Yes No Sometimes

listen to you and address your concerns Yes No Sometimes

explain what they are doing in a way that you can understand Yes No Sometimes

keep you informed and involve you in decisions about your care Yes No Sometimes

include your family in your care to the extent you want Yes No Sometimes

Give you the help you need at the time you need it with... washing and dressing Yes No Sometimes NA

eating and drinking Yes No Sometimes NA

moving Yes No Sometimes NA

toileting Yes No Sometimes NA

give you pain killers or anti-sickness medicines when you need them Yes No Sometimes NA

call back to see if they worked Yes No Sometimes

show you the call bell and check you could use it Yes No

answer call bell promptly when you call them Yes No Sometimes NA

keep you informed about your discharge arrangements Yes No NA

does the level of noise on the ward at night disturb your sleep* Yes No Sometimes

what noises disturb you* Call bells/buzzers/monitors/alarms bleeping Phones ringing Confused patients Rubbish bins closing "Clidy shoes" (staff)

TVs/computer /ipad/mobile phone Staff talking Care being given to other patients Doors opening/closing Other

Apron dispenser Patients talking Patients being moved Bedpan machine

The answers to questions are entered into a specially designed computer data base that allows us to map how well we are doing. We can look at results by Ward, Division, Directorate and Overall for the Trust. These reports are held on the NQI SharePoint Site to make it more user friendly and accessible for staff.

The user friendly format is accessible to **all** relevant staff; reports shared from the bedside right up to the Chief Nursing Officer (CNO) and the Public Health Agency (PHA). If the audit findings are below what we would expect this is looked at with the area/s and improvement plans put in place and followed.

During 2019-2020 the Nursing Governance Team designed and delivered training and guidance to staff within the Acute Directorate specifically related to the NQIs. This was very well received and the learning materials are available for staff on the Nursing & Midwifery Governance SharePoint Site.

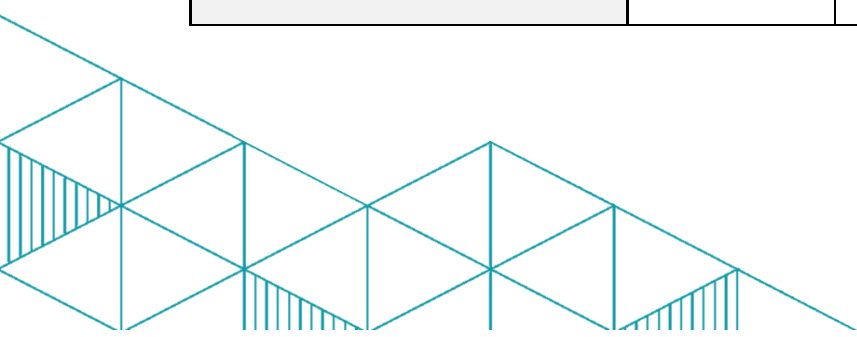
Each month the Nursing Governance Department collate, analyse and report on indicators of nursing performance in avoiding preventable harm to patients.

We share the results to support continuous improvement in providing safe, effective care and a positive experience for the people we care for.



Below is a list of audits that are completed across the directorates with Line Labelling being implemented in 2019.

Audit/Directorate	Acute & Non Acute	MHD	CYP
NEWS (A&B)	✓	✓	
FallSafe (A&B)	✓	✓	
Nutrition	✓	✓	
SKIN	✓		
Omitted Medicines	✓	✓	
Nursing Documentation (NOAT)	✓	✓	☒



Line Labelling - <i>new</i>	✓		✓
PEWS			✓
PIVFAIT			✓
Fluid Prescription & Fluid Balance			✓

PACE (Person Centred Care Planning and Evaluation)

Our Nursing and Midwifery teams keep patients at the heart of all they do. We are committed to designing and planning our care with them. Clear documentation of our nursing care is essential to ensure patient safety.

“Good record keeping is an integral part of nursing and midwifery practice and is an essential component of safe, effective and person centred care provision” (NIPEC, 2017, p. 5).


The Code
Professional standards of practice and behaviour for nurses, midwives and nursing associates.

Nurses and Midwives **MUST** ‘Prioritise people’ and ensure

“their needs are recognised, assessed and responded to” (NMC, 2018, p. 6).

NIPEC


The PACE framework is a method to improve the quality of Nursing’s patient centred care planning. The Regionally agreed documentation aims to standardise how we record throughout our hospitals within Northern Ireland. Its use has been agreed by the Chief Nursing Officer, Department of Health and roll out - lead by NIPEC - continues across the Region. All adult inpatient wards within our Acute and Older Peoples Directorate now use this format.



Why implement the document?

- To provide one document for Registered Nurses to complete when people are admitted into Adult Inpatient Care Settings
- To reduce variation across the clinical settings in the region
- To prepare for digital adoption (Encompass)
- To ensure the document relates to current evidence within nursing and risk assessment
- To support the introduction of PACE in order to improve the standard of communication between nurses,

and because



The implantation of the PACE framework within the Trust is led by designated Nursing Governance Coordinators who support and facilitate nursing teams in using the framework. The PACE project funding of 3.53 WTE was initiated in November 2019 and will cease in April 2020.

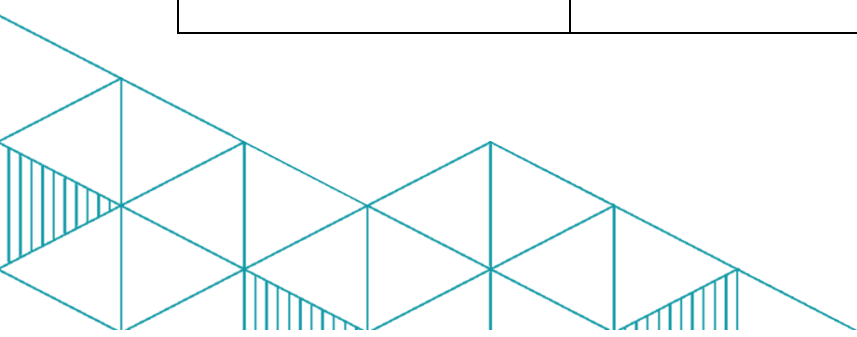
The training cycle for each ward spans 20 weeks. Three cycles have been undertaken covering twenty acute and non-acute in-patient wards and a further six wards commenced the process in February 2020. Unfortunately the remaining six ward schedules have been interrupted by the start of the COVID 19 pandemic. Going forward the recovery plan is to absorb PACE implementation in the remaining six wards into the professional nursing governance agenda.

The desired outcome of implemented change is an ongoing improvement in the record keeping standard, particularly care planning. An online audit tool (NOAT) is used to measure improvement; with staff feedback informing the impact and effectiveness of the framework.

The Executive Director of Nursing maintains oversight of the progression of the Recording Care project, presently via the Senior Nursing and Midwifery Governance Forum.

PACE implementation in Acute and Non acute wards

WARDS April - August 2019	WARDS September – January 2020	WARDS *February 20–April 20
Ward 3 Lurgan	2 South Medical	AMU
Loane 1	2 South Stroke	3 North
Loane 2	4 south	Elective ward

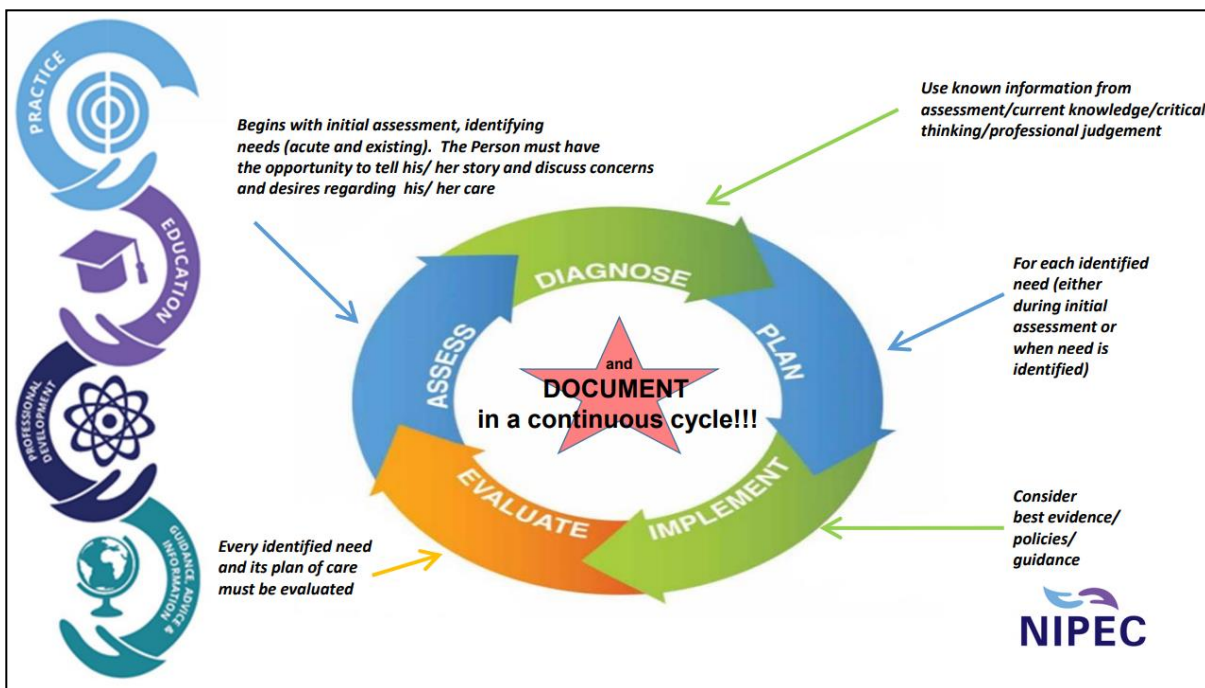


Male Medical	4 North	1 South
Level 4 DHH	Trauma	1 North
Orthopaedic	3 south	

**Implementation interrupted by COVID 19*

Final Average Audit Scores for PACE – March 2020

Audit week 1	Audit week 10	Audit week 20	Overall Improvement
48%	61%	77%	29%



ALWAYS Events

In response to 10,000 Voices feedback to the Public Health Agency (PHA), Regional Improvement Initiatives were identified to be progressed using “Always Event Quality Improvement” methodology.

2019-2020 saw a focus on the following 3 areas:

- | |
|---|
| Quality Improvements |
| <ul style="list-style-type: none"> • Family Presence • Mealtime Matters • Noise at Night |

Before starting it was important that everyone understood what Always Events can contribute to improving patient client experience.

Always Events differ from other improvement methods that are often used in hospital settings because they must be based on what is important to the patient/service user and must be designed and worked through with patients and carers. In other words they must be “Co-produced”.



During the year the Nursing Governance Team undertook questionnaires with patients and family members to seek their views on how they found these areas and what they felt was important to them.

Concentrate on “What matters to me”
As opposed to practical solutions to make things better - frame first then look at current state prior to suggesting and testing changes. Focus on Vision Statement and Aims Statement-difficult not to run ahead and try to come up with solutions

Always Events

Always Events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.

These can only be developed with the patient being a partner in the development of the event, co-production is key to ensuring organisations meet the patient’s needs and what matters to them.

The Nursing Governance team has undertaken training with staff and service users explaining the background and how to carry out this Co-production improvement method. This was combined with feedback received prior to starting the initiatives.

Areas were identified and teams set up to take the initiatives forward within the Acute and Older Peoples in-patient settings.

The pre-meeting information allowed for multi-disciplinary staff and patient’s and service user representatives to have a shared understanding. Meetings were used to allow all to combine their collective experiences to tease out how best to move forward.

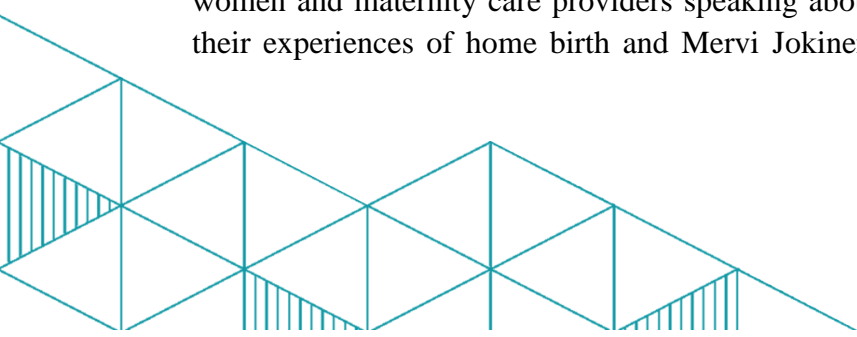
This work will continue in 2020-2021.

Research and Development

The *RQIA Planning to Birth at Home Guideline* was launched by the Chief Nursing Officer, (CNO) Professor Charlotte McArdle in the Long Gallery, Parliament Buildings on 14th November 2019 <https://www.rgia.org.uk/planningbirthathome/>. The CNO provided the opening address with women and maternity care providers speaking about their experiences of home birth and Mervi Jokinen,

Coproduction

Nothing About Me Without Me



President of the European Midwives Association providing the closing address. Dr Patricia Gillen, Head of Research and Development for Nurses, Midwives and AHPs co-led on the co-production and development of the guideline and other resources including a woman and partner's information booklet. These evidence based resources for women, their families and maternity care providers will help when making decisions about planning a home birth.



L-R: Ms Mervi Jokinen; Dr Patricia Gillen, Professor Charlotte McArdle, Dr Maria Healy

In July 2019, funding was secured from RQIA to undertake a Northern Ireland Regional Individual Midwife Led Unit (MLU) Audit, Regional Case Audit of the RQIA Guideline for Admission to Midwife-Led Units in Northern Ireland & Case Audit of Northern Ireland Normal Labour and Birth Care Pathway within Midwife-led Units and Obstetric Units. This work is being co-led by Dr Maria Healy from QUB and Dr Patricia Gillen and undertaken in collaboration with maternity care provider staff. The aim is to determine the current use of the RQIA Guideline for Admission to midwife-led units across Northern Ireland, along with the utilisation of the Normal Labour and Birth Care Pathway and related maternal and neonatal outcomes. The guideline was developed in 2016 in collaboration with women and maternity care providers. The Audit is ongoing and aims to be completed by September 2020.

Funding secured from the Southern HSC Trust was matched by funding from the Public Health Agency Opportunity-led Research to undertake research on *Women and Maternity Care Providers' Experiences and Perceptions of Planned Home Birth Service Provision in Northern Ireland*. It involves a survey- one for women and one for maternity care providers followed by focus groups to further explore issues raised in responses to the survey. It aims to be completed by March 2021.



Human Factors Train the Trainers Course was successfully completed in May 2019 by Dr Patricia Gillen and medical, nursing and Quality Improvement staff. An understanding of how human factors can impact on the quality of care provided and impact on decision-making are important for staff. The application of Human Factors knowledge and skills has been shared with doctors in training during lunchtime seminars and with nurses and midwives undertaking Band 5 & 6 Development Programmes.

In order to offer support to staff undertaking research and development activity, Patricia has provided *Academic Writing and Writing for Publication Seminars* on a number of occasions through the year to all staff. These assist staff undertaking research and development activity in the Trust who want to publicise the findings to service users and other health and social care staff or complete academic work.

Bereavement

The bereavement forum provides an opportunity to profile the work undertaken by teams to enhance the care of dying people and their loved ones and to support people as they grieve. Christmas 2019 saw the introduction of Christmas ‘remembering trees’ in recognition that the festive season can be an especially difficult time for bereaved people. A dedicated tree in each hospital provided patients, visitors, volunteers and staff with the opportunity to write the name of the person on their mind on a card and attach it to the tree. This was a well received initiative and the messages on the cards were both inspiring and deeply moving. We hope that the trees will become an annual opportunity in the Christmases to come.



Leadership and Quality Improvement go hand in hand

Congratulations to our Registrants who completed advanced training in Quality Improvement Methods and thanks to the Quality Improvement Team in working with our staff

Measures – 8 Registrants

OCN NI Level 3 Certificate in Quality Improvement – 8 Registrants

OCN NI Level 5 Diploma in Leading Quality Improvement – 2 Registrants

Taking the Lead Programme – 29- Registrants

Total - 56



Examples of Quality Improvement Initiatives and Professional and Nurse Led Service Developments 2019-2020

Introduction of a chlorhexidine free trolley

S/N Anna McCann, in conjunction with Dr Paul McConaghy, has successfully introduced a chlorhexidine free trolley which has reduced the risk of anaphylaxis for theatre patients (known deaths). This commenced in Aug 2019 and was presented at the Trusts Quality Improvement Event on 15 November 2019.

Band 6, 7 and 8A OPPC Professional Fora development

Within OPPC a range of Professional Fora, have been developed with the aim of supporting nurses from within the directorate to manage the professional responsibilities and core elements of their roles to achieve expected outcomes.

The agenda for these meetings is divided into two parts. Part one focuses on sharing the learning and the second group supervision. Each meeting concludes with an opportunity to complete formal reflection on learning which will contribute to a nursing revalidation portfolio. Meetings are well attended and feedback from staff is that they are of significant benefit in professionally supporting nurses.

Early recognition of autonomic Dysreflexia

In response to a recent safety alert to support staff in the early recognition of autonomic Dysreflexia, the Specialist Continence Team liaised with staff in the Rehabilitation Hospital Dublin to produce a leaflet/poster which has been widely shared with acuter/non/acute/District Nursing/Acute Care at Home (AC@H)/Northern Ireland Ambulance Service/Private Nursing homes/Emergency Departments.

Placement of Oximetry Probes

In response to a recent safety alert an A4 laminated card was produced which showed the various types of probes and where they should be placed. The card also highlights factors which may interfere with the probe readings. Each clinical area will adapt the laminated card according to the type of probes which they use. This has been shared with Non-Acute Staff: AC@H: District Nursing: Specialist Nursing Teams.

Commencement of Non-Medical Prescribers Supervision Group

Non-Medical Prescribers Supervision Group has been established to facilitate a Nursing and Midwifery Prescribing Framework within Enhanced Services (ES). It will meet twice yearly.

Nursing Quality Indicators roll out within Enhanced Services of OPPC

NQI monitoring has commenced within Enhanced Services, the 3 identified areas for review are:

- Documentation (Short NOAT form)
- MUST
- Braden

A pilot ran from January to March 2020 across 4 teams (Continenence: Palliative: Acute Care At Home: Heart Failure). It is planned that from April 2020 all teams within Enhanced Services will be audited on a monthly basis. Following a 6 month review consideration will be given to increasing the number of NQI’s audited.

Appraisal- Supporting Safe Practice and Registrant Development

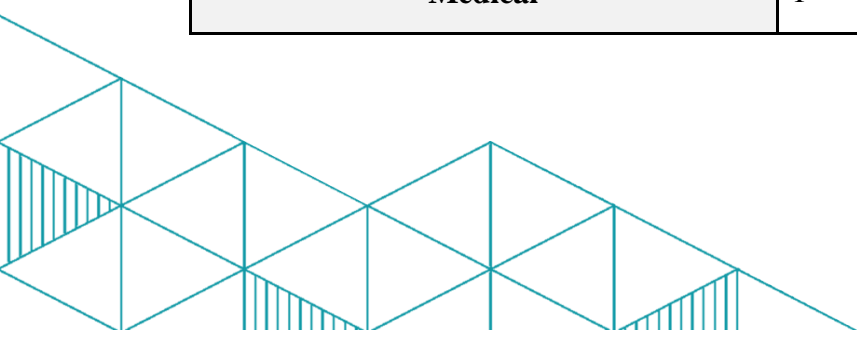
We value our workforce and strive to help them achieve their potential. We also need to make sure they have the knowledge and skills they need to do their job. We do this on an ongoing basis throughout the year.

In addition to this every year line managers must hold a formal meeting with each Registrant. This meeting provides protected time to reflect on individuals work and the learning and development opportunities they have had throughout the year. The discussion also considers further learning and development that would be useful for the Registrant in the coming year. Once agreed this is recorded in a “Personal Development Plan”. This includes information on what has been agreed and how s/he will be supported to reach the agreed goals.

A record is kept of this “appraisal” by both the Registrant and Line Manager for reference throughout the year. Overall figures tabled below are kept centrally by the Directorate of HR & Organisational Development.

Nursing and Midwifery Registrants who had Appraisal in 2019-2020

Directorate	Registrants
Acute	964
Children’s and Young People	359
Mental Health and Learning Disability	378
Older People and Primary Care	415
Executive Directorate of Nursing Midwifery and AHPs	21
HR and Organisational Development	9
Medical	1



2.9 Revalidation of Medical and Nursing Staff

Nursing and Midwifery

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

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 19/20 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 **105 Doctors** due to be revalidated out of a possible 117. **All 105** had a positive recommendation.
- We had **12 deferrals** in this timeframe. This included 3 due to sick leave, 1 maternity leave, 5 new starts insufficient information, 2 career break and 1 ‘other’.

Flu Vaccine

For the 2019/2020 flu programme we continued to use the ‘Peer Vaccinator Model’ introduced in 2018/2019, in order to help increase flu vaccination uptake among Trust staff. It is well documented that peer vaccination is the single most effective intervention in increasing flu vaccination uptake. Also previous feedback surveys had highlighted access to the vaccine was one reason for the lower uptake, and therefore this approach helped address this.

During 2019/20 The Trust continued the Corporate Flu Steering Group, a co-ordinated flu team with representatives from all Directorates, staff groups and Trade Unions, as


collaborative working and buy in from senior management is considered essential to a successful flu campaign.

Personnel Area	% Headcount Vaccinated 2019/20	% Headcount Vaccinated 2018/19
Front Line Staff- Health Care Workers	40%	33%
Front Line Staff- Social Care Workers	24%	17%
Non-Front-Line Staff	40%	34%
Overall Total	36%	30%

Note:

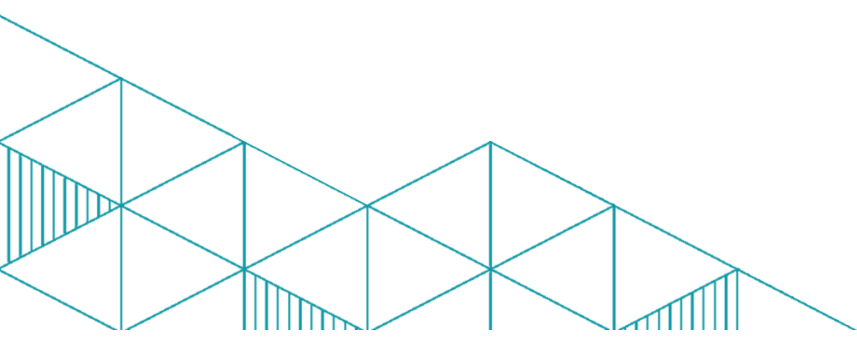
Headcount is a count of staff based on staff number with the greatest WTE and therefore a member of staff working in a number of positions, is only counted once.

Bank and block booking staff are excluded from the headcount and vaccines given count.



Facts and Figures

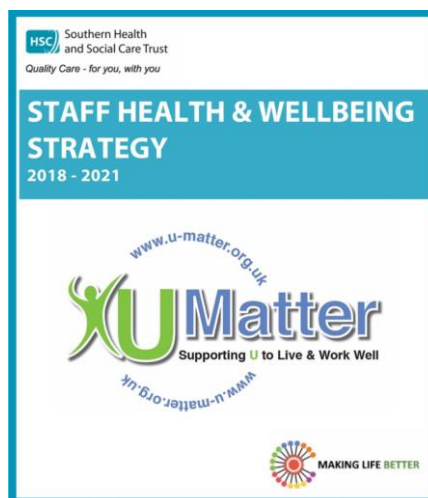
- Total Number of Flu **Vaccines given** as at COP 28.04.2020 (including bank, block booking, new starts and External Non-Trust staff): **5480**
- Based on the figures provided there has been a further improved uptake for the 2019/2020 programme – an **additional 7% (800staff)** of front line health care workers (HCW) and 7% (800 staff) of front line social care workers (SCW) were **vaccinated compared to 2018/19**. If we continue on this trajectory for 2020/21 we should be closer to achieving the PHA targets which is 50% for frontline HCW’s and 40% for frontline SCW’s.
- In 2018/19 peer vaccinators gave 287 vaccines and in **2019/20 they gave 1288** which is a **significant increase of 349%**. Moving forward this model would appear to work best for staff as they are able to receive the vaccine from a colleague at a time that suits and the peer vaccinator is able to promote the vaccine in their area.



2.10 Staff Absenteeism

The Southern Health & 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.



- 

Approximately 96.5% of staff are permanent and 3.5% are temporary. There are 4508 staff who hold Bank contracts.
- 

Our workforce is approximately 86.8% female and 13.2% male.
- 

As our workforce is predominantly female, at any time we must expect to have a number of staff on maternity leave. Between 1 April 2017 and 28 February 2018, 525 staff members took maternity leave.
- 

Approximately 48.4% of our staff work part-time.

The table below shows the monthly percentage sickness absence trends from April 2015 to March 2020. 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 2019/20** (excluding Covid-19 related sickness absence) was **5.33%** which is slightly less than the cumulative figure of 5.35% for the previous year. Including Covid-19 related sickness absence the % absence rate was 5.39%.

The top reason for both long term and short term absence in 2019/20 was mental health illness.

Regional HSC Sickness Absence during 2019/20

Trust	Cumulative 2019/20 Sickness Absence (% Hours Lost)
Western Trust	7.03%
Belfast Trust	7.36%
South Eastern Trust	6.54%
Northern Trust	6.84%
Southern Trust	5.33%

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 a representative on work stream groups. Key Regional work stream groups continue to progress actions against the 96 recommendations outlined in the report.

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>.

The remit of the Trust Hyponatraemia Oversight Group is essential but complex. Many recommendations are multifaceted and contain several components interwoven with other Trust and/or Service requirements. Furthermore progression of some recommendations is fully, or in part, dependent upon successful implementation of Regional outputs. In recognition of this the Trust agreed a Project Management approach to implementation.

Over the last 7 months a scoping exercise was undertaken to determine both the current Trust position with regard to all 96 recommendations and with the recommendations of the Internal Audit Report.

Internal Audit indicated there was a lack of clarity as to which areas within the Acute Directorate treated children and young people aged 14-16th birthday therefore a further scoping clarification exercise was carried out across all Directorates.

Of particular concern was a lack of clarity around requirements in regard to training, documentation and policy.

On the strength of the aforementioned, a detailed audit was undertaken within relevant areas in the Acute and Children and Young People's Directorates (CYP) to identify current position. The traditional RAG rating was expanded to (a) identify areas where policy sign off was outstanding but practice was as required (b) identify where recommendation was not in place because there was an acceptable over-ride (e.g. Obstetric Early Warning Score (OEWS) rather than Paediatric EWS in Labour and Maternity areas). This extra detail offered a level of assurance whilst highlighting priority areas.

Progress to Date

- Trust version of publication of a New Regional Policy for the Administration of Intravenous Fluids to Children Aged from Birth (term) until their 16th Birthday: Reducing the risk of Harm due to Hyponatremia agreed and uploaded onto Clinical Guidelines site

- SHSCT Fluid Management Competency Framework for Nursing and Midwifery finalised and passed at SNMGF. Clinical Educators within Acute Directorate have been trained in sign off by Lead Nurse CYP Laura Spiers.
- All associated training requirements for those areas within Acute Directorate accepting CYP aged 14-16th birthday agreed. Head of Service and Lead Nurse CYP Head of Service Head of Nursing and Midwifery Education and Workforce Development Safeguarding Team, Pharmacy (Richard Clements) and CEC all worked with Acute Directorate colleagues to devise training materials at short notice to allow staff to meet requirements. A training implementation plan has been put in place within Acute Directorate.
- Acute Directorate training is held via Health Roster reports generated and included in NQIs. CYP training -currently held locally- will be added to Health Roster.
- Agreement has been reached in regard to which documentation should be used to record care, fluid management and EWS for those 14-16th birthday with Acute Directorate. Again associated training has been sourced.
- Most outstanding policy documents related to the clinical recommendations are in the final stages of completion. It is anticipated that these will be completed in 2020/21.
- A Recommendation Template was devised to enhance progression of the 96 IHRD recommendations. A Change Lead has been identified and is responsible for updating the Templates and advancing the incorporated Action Plan inclusive of timelines, sign off, communication strategy and assurance mechanisms. These have been themed within a page tiger link and will be merged further in the coming months. This streamlining will further aid progression.

To date all staff approached in relation to this work have been more than willing to work across traditional boundaries, offer help and support to colleagues. This reflects a culture willing to embrace change which is the lynchpin of any success.

2.12 Staff Achievements

Southern Trust Excellence Awards 2019

During June 2019 the Trust held the 9th Southern Trust Excellence Awards Ceremony to celebrate and recognise the commitment, innovation and achievements of our staff and volunteers. In all, **104 nominations** were submitted for the 2019 Excellence Awards which reflected the breadth of really excellent work both at the front line and ‘behind the scenes’ from individual staff and teams.

The category award winners were as follows:



Taking the Lead Award:
Dr Sam Thompson,
Consultant Paediatrician



Learning in Action Award: Kate Kelly,
Infection Prevention and Control Nurse with Annette O'Hara



Better Together Award for Team of the Year – Behind the Scenes: The Communications Team



Better Together Award for Team of the Year – Front Line: Paediatric Theatre Team, *Daisy Hill*



Innovation in Action Award: Gail Heaney,
Physiotherapist



People's Choice Award:
Dr Kathryn Boyd,
Consultant Haematologist

Shane Devlin, Chief Executive, opened the event and had a message for all those in attendance:

“It always gives me great pleasure to attend the Excellence Awards and to meet the outstanding individuals and teams who make up the southern Trust. In the current climate, where staff are working exceptionally hard to meet the demand, it is fabulous to see the innovative ways in which our staff strive to deliver great care. Today also allows me to say thank you to all staff, not just the finalist of our awards. Every day of

the year each and every member of the Southern Trust show huge dedication to the population that we all serve and I pay tribute to them all.”

Charity Partnership

As an organisation, we also want to give back to our local community and our very generous staff whole heartedly embraced our 2018-2020 Charity Partnership with PIPS Upper Bann and PIPS Hope and Support. In total we raised **£50,268.71** over the two years for these fantastic charities through a range of events like raffles, coffee mornings, sponsored activities and a gala ball. With this money PIPS Hope and Support and PIPS Upper Bann will provide **2,010 x 1 hour Crisis Counselling sessions (each session costs £25 per hour)** for people who are at risk of suicide and people who self-harm in the Southern Trust area. All funds raised were split equally between both charities.

Christmas Family Appeal 2019

Trust Staff generously donated **834** gifts to the 2019 Christmas Family Appeal. The gifts are distributed by the Salvation Army and St Vincent de Paul to those in need at Christmas.

National Recognition for Our Allied Health Professions

Northern Ireland AHP Awards

The Children and Young Person’s Directorate Neonatal AHP Service picked up an award at the 2018 Northern Ireland AHP Awards. Jayne Wilson, Physiotherapist, and Fionnuala McKerr, Speech and Language Therapist, are pictured receiving their regional award in recognition of their efforts toward improved therapeutic interventions and safety in Neonatal Services in Craigavon Area Hospital.



Chartered Institute of Personnel and Development Northern Ireland HR Awards

Denise Russell, Podiatry Manager in the Southern Health and Social Care Trust, along with the podiatry managers from the four other Trusts won the Best Talent Management Initiative award at the prestigious Chartered Institute of Personnel and Development NI HR awards, May 2019.

The Podiatry Managers developed a bespoke podiatry succession programme for podiatrists working in clinical specialist roles to develop their leadership skills and reach their full professional potential.

On presenting the award the judges said:

They were impressed by this *“Innovative talent management approach to addressing key workforce planning and organisational issues which had a demonstrable positive impact and set new standards for good practice in its field of practice which had suffered from years of lack of investment”*.



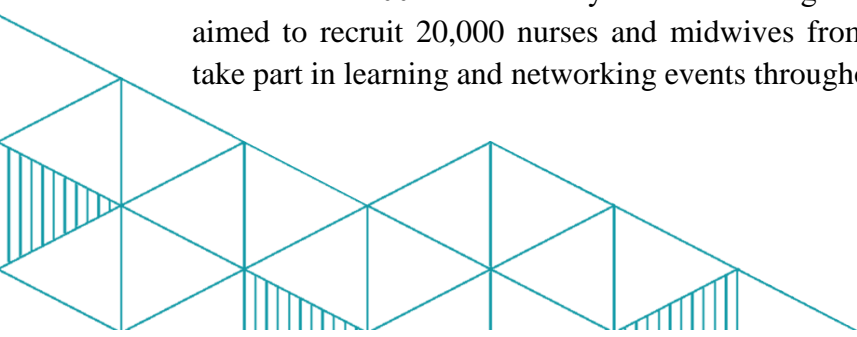
Nursing Times Workforce Award

As an outcome of the Nursing and Midwifery action plan retention work stream, the Practice Education Team (PET) undertook a review of the current preceptorship programme for new nursing and midwifery registrants. Following this review an ID scheme for newly qualified staff was piloted. Following the highly positive evaluation, the scheme has been rolled out to all nursing and midwifery preceptees who can avail of green lanyards to help with identification and support. In recognition for this piece of work the Practice Education Team were nominated for a Nursing Times Workforce Award. Although the team did not win their category at the awards ceremony in December 2020 it was acknowledged that they were amongst only 5 to be shortlisted, and were the only representatives from Northern Ireland.



Nursing Now- Year of the Nurse and Midwife 2020

This has been a particular challenging year for our Nurses and Midwives and it is poignant that the World Health Organisation declared 2020 the ‘Year of the Nurse and Midwife’ to celebrate the 200th Anniversary of Florence Nightingale’s birth. The ‘Nightingale Challenge’ aimed to recruit 20,000 nurses and midwives from 1000 organisations across the world to take part in learning and networking events throughout the year.





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

Theme 3

Measuring the Improvement

3.1 Reducing Healthcare Associated Infection

Reducing Healthcare Associated Infection: MRSA

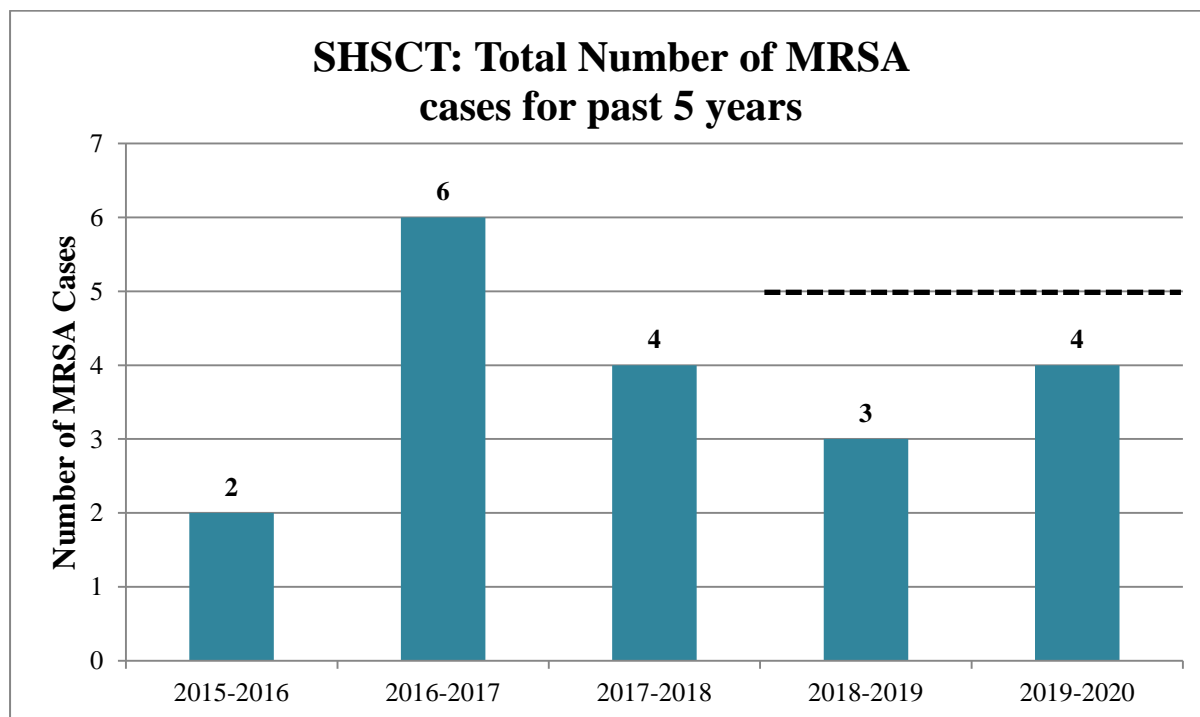
Methicillin-Resistant Staphylococcus Aureus or ‘MRSA’ is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is often carried on the skin and inside on the nostrils and throat and can cause mild infections of the skin, such as boils and impetigo.

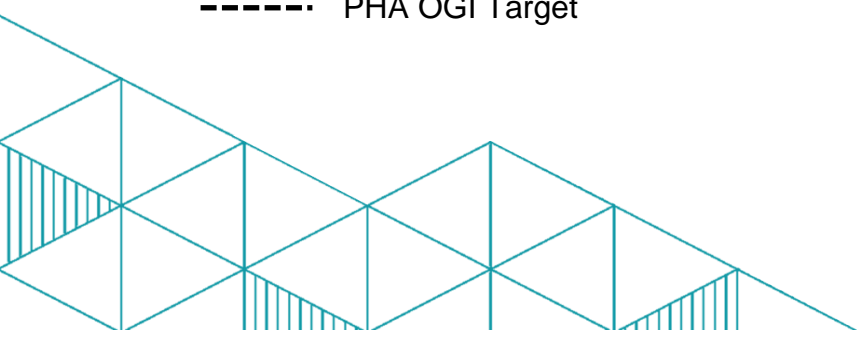
If the bacteria enter through a break in the skin, they can cause life-threatening infections, such as blood poisoning.

The Southern Trust’s objective/goal for improvement (OGI) for MRSA bacteraemia in 2019/20 was 5 cases. There were 4 cases of MRSA bacteraemia in 2019/20.

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. ANTT training is delivered by an external company and the focus within this training is to train the trainer. We have increased the frequency of training and have extended this to the non-augmented care areas.

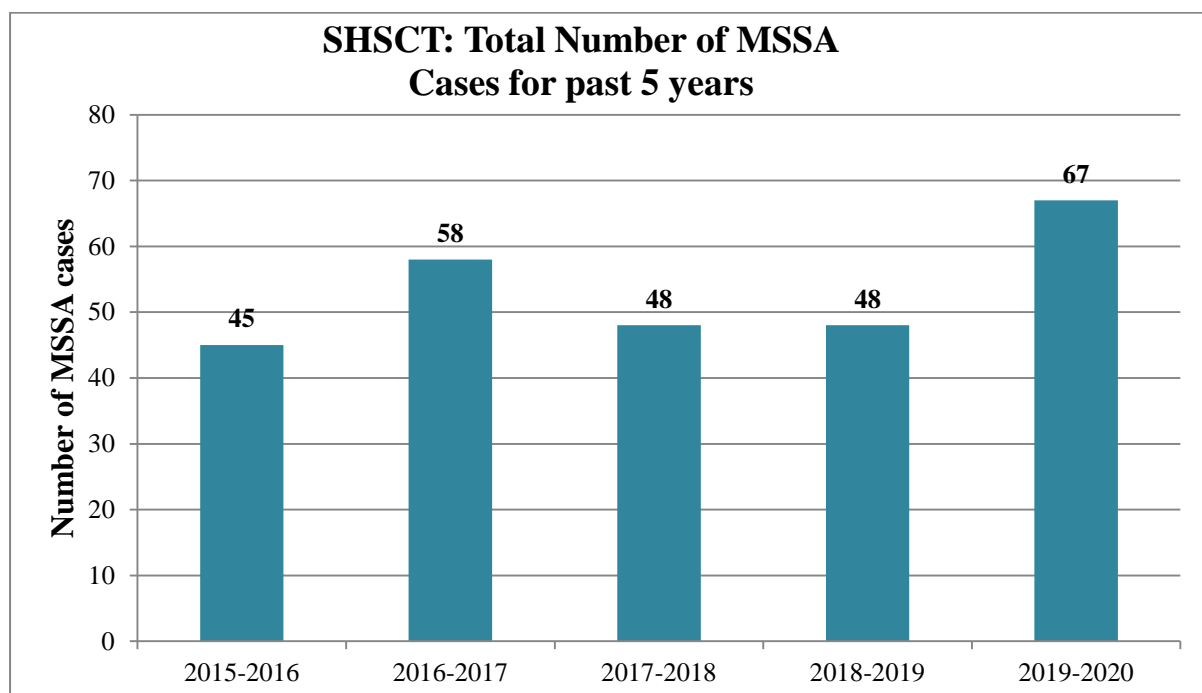


----- PHA OGI Target



MSSA

The Southern Trust’s objective/goal for improvement (OGI) for MSSA bacteraemia in 2019/20 was 34 cases. There were 67 cases of MSSA bacteraemia in 2019/20. 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. ANTT training is delivered by an external company and the focus within this training is to train the trainer. We have increased the frequency of training and have extended this to the non-augmented care areas. ANTT training materials are also available for staff on the SHSCT share-point site. The IPCNs are also working with the regional Infection Prevention Society to create an e-learning training module for ANTT for all staff which will be available later in 2020 on the HSC learning platform.

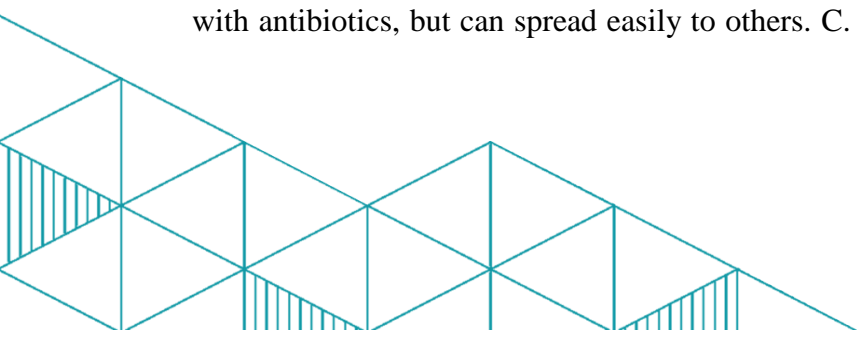


Reducing Healthcare Associated Infection: Clostridium Difficile Infection (C Diff)

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.

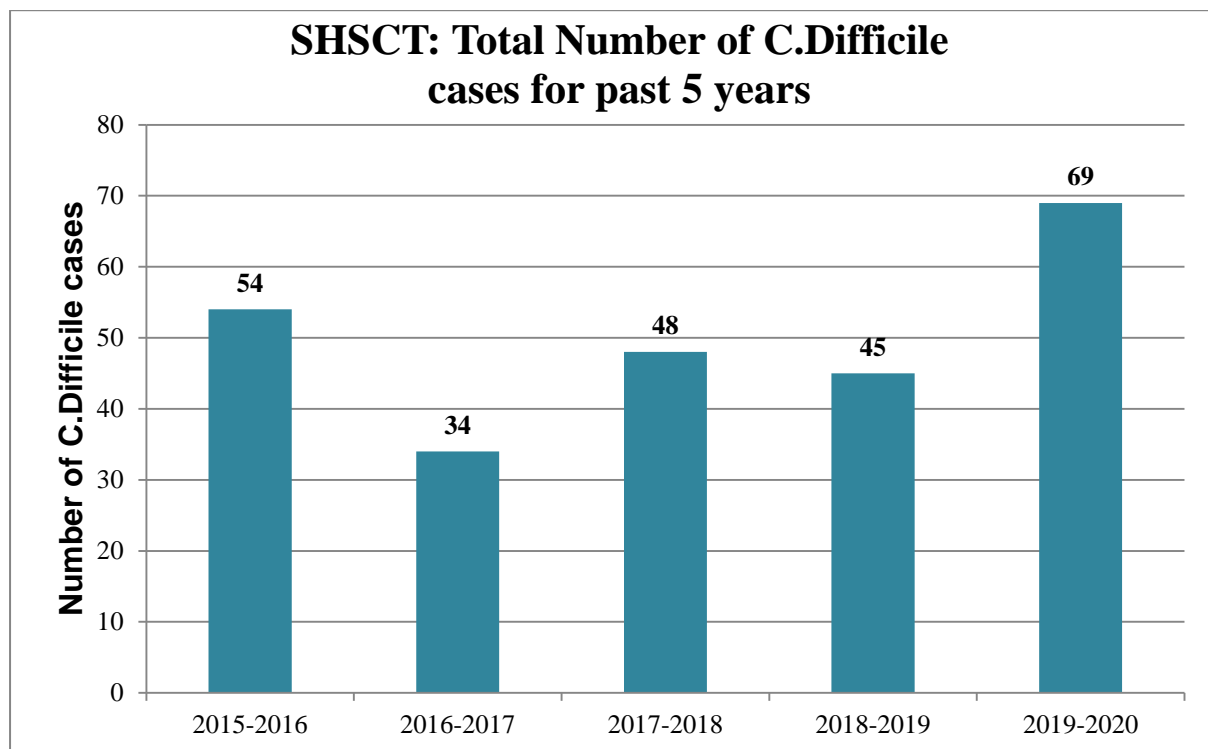
Clostridium difficile, also known as *C. difficile* is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others. *C. difficile* infections are unpleasant and can



sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

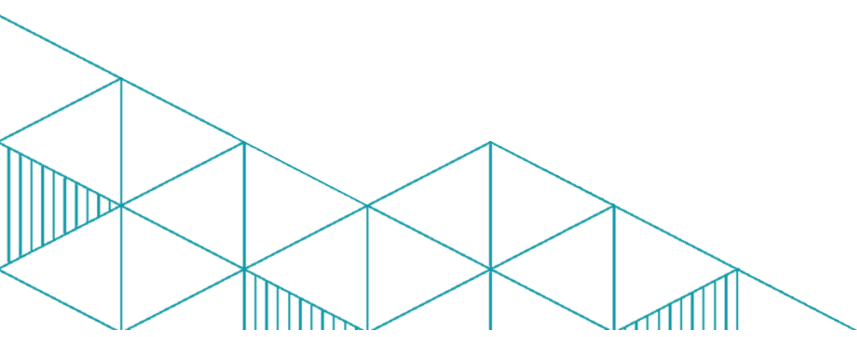
Many *C. difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of *C. difficile* infections now occur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

- The Southern Trust’s objective/goal for improvement (OGI) for Clostridium difficile in 2019/20 was 50 cases. There were 69 cases of CDI in 2019/20
- The Trust continues to conduct a strict surveillance programme on CDI cases. The Infection Control Team (IPCT) reviewed all 69 cases. Each case is followed up by the IPCT and a thorough review including a Post Infection Review (PIR) is carried out. Learning from these reviews is discussed by our microbiologist with clinicians and learning is also shared with staff through IPC training and through clinical forums. A database of shared learning is created and used for shared learning events across the SHSCT.



Hand Hygiene

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



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

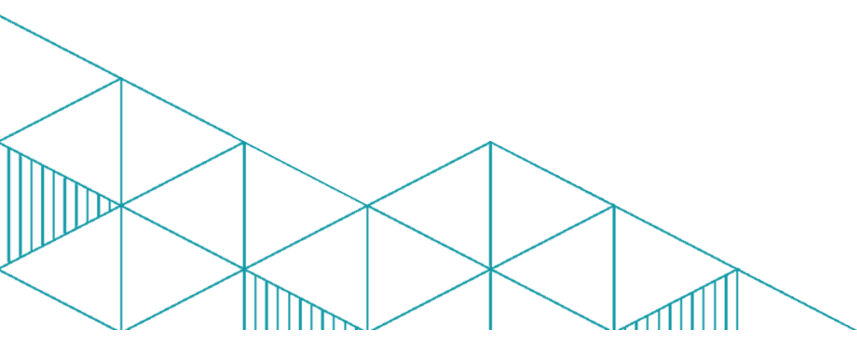
An audit team within the Infection Prevention and Control Team regularly carry out independent audits in Hand hygiene in the clinical areas across the Southern Trust, monitoring compliance with 'missed opportunities' for hand hygiene. This is based on the WHO 5 Moments for hand hygiene.

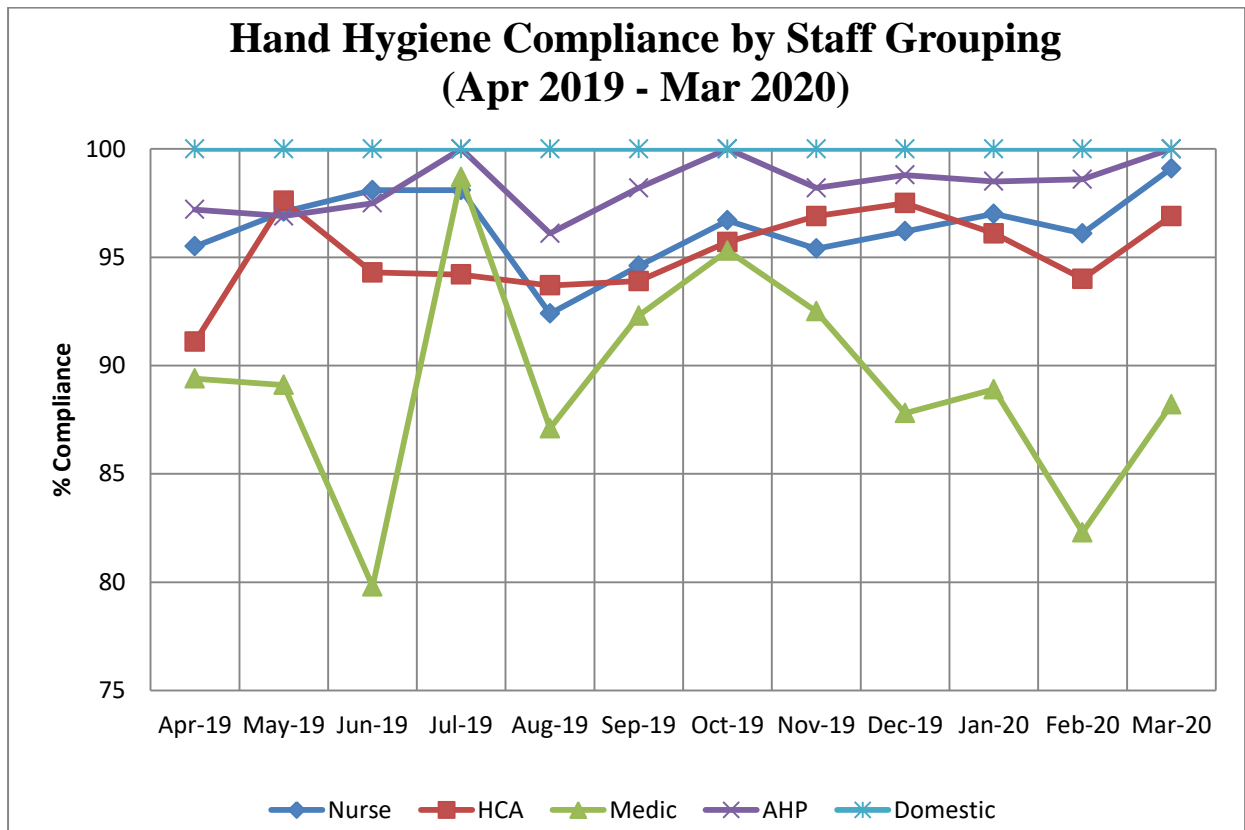
Hand Hygiene Audits

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.

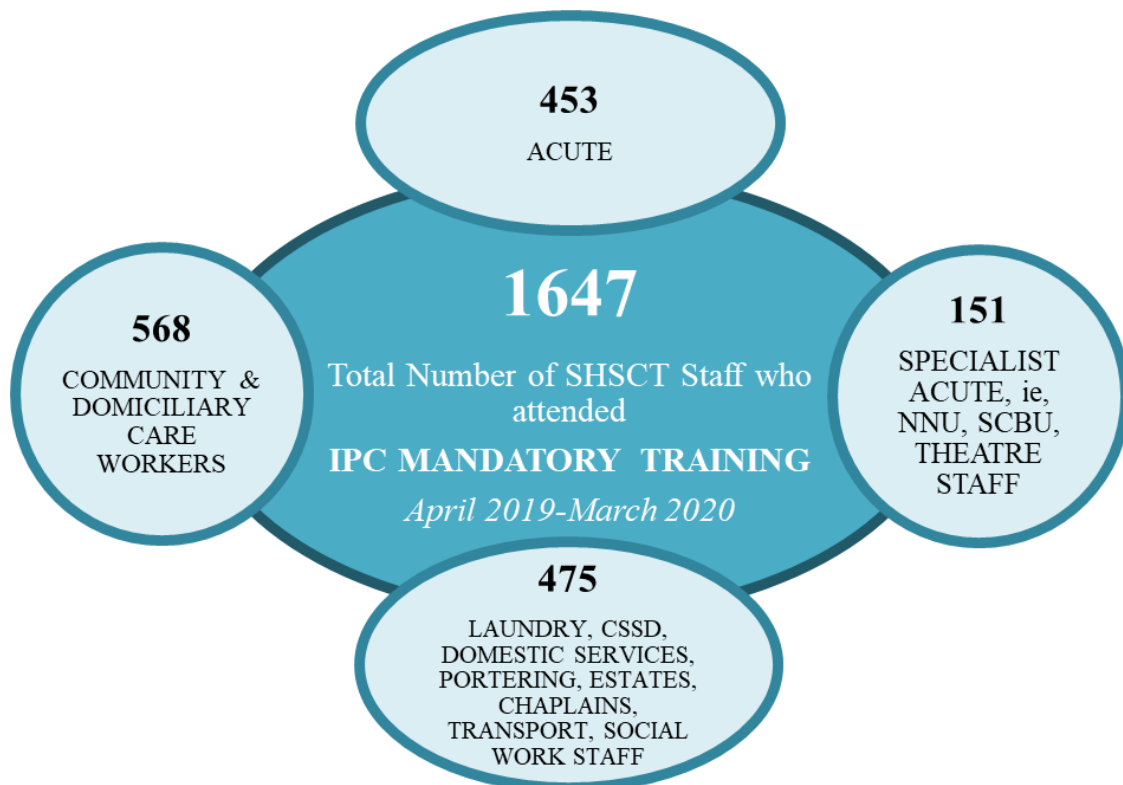
We will continue with collaborative working with all staff across the Trust in independent hand hygiene audit. Audits from 2018/19 to 2019/20 denote a marked improvement in hand hygiene compliance.





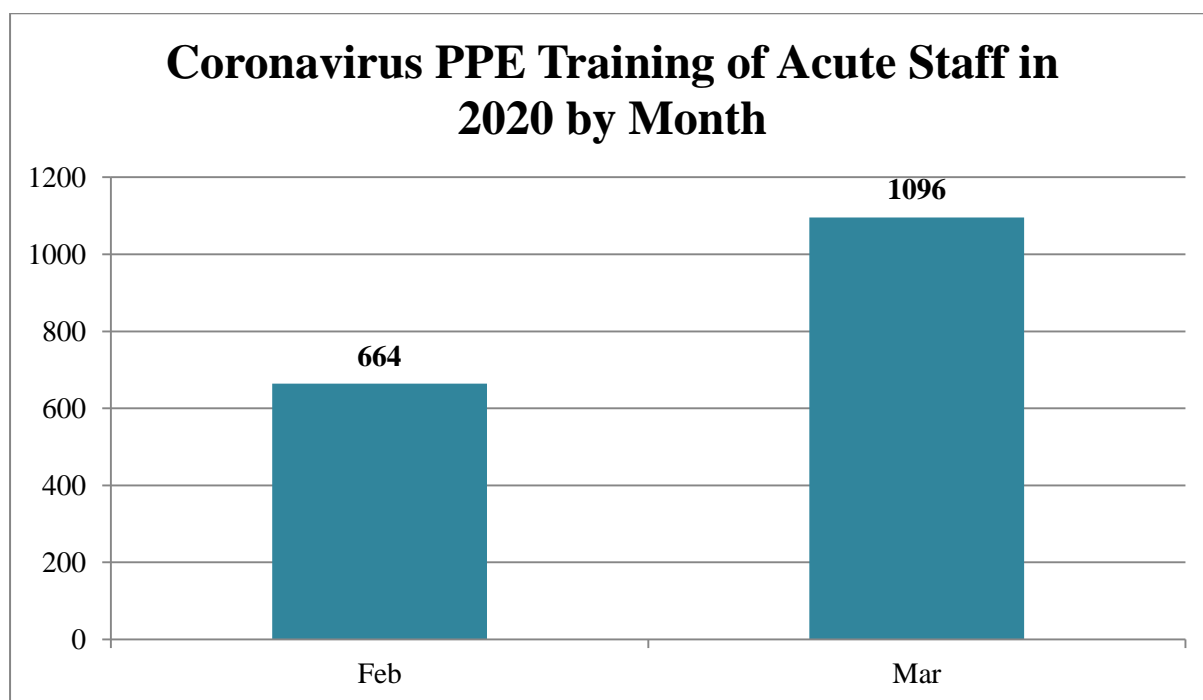
IPC Training

IPC mandatory training remained a huge focus in 2019/20 with large numbers of staff fully



engaging as demonstrated in the graphic below:

The beginning of 2020 saw the immediate need for PPE training in preparation for the management of Coronavirus cases. IPCT responded by developing a training programme and rolling out training across SHSCT in relation to PPE and hand hygiene. This training was delivered face to face initially but training materials were developed to support staff and to allow more staff to access these materials such as videos, posters, podcasts which were uploaded to the IPC toolkit for easy access and also available on SharePoint.



Infection Control

During 2019/20 the Infectious Agent Transmission Toolkit was updated to include Coronavirus. All guidance associated with Coronavirus including training materials, videos and posters were uploaded so that staff could access at any time and download.

Infectious Agent Transmission Toolkit

- 1. Pulmonary Tuberculosis (TB) Suspected or confirmed
- 2. Influenza or flu like illness
- 3. Respiratory syncytial virus (RSV)
- 4. Pertussis/ Whooping Cough
- 5. Croup
- 6. Adenovirus
- 7. Clostridium difficile
- 8. Gastroenteritis or suspected infectious vomiting and /or diarrhoea including Norovirus
- 9. Invasive Group A Streptococcus (iGAS)
- 10. Meningitis
- 11. Chickenpox Varicella Zoster
- 12. Shingles Herpes Zoster
- 13. Scabies
- 14. Mumps
- 15. Measles
- 16. MRSA: Meticillin resistant Staphylococcal aureus
- 17. ESBL: Extended Spectrum Beta Lactamases
- 18. VRE: Vancomycin-Resistant Enterococci GRE: Glycopeptide-Resistant Enterococci
- 19. CPE: Carbapenemase-producing Enterobacteriaceae
- 20. PVL: Pantone-Valentine Leukocidin
- 21. Pseudomonas Augmented care only
- 22. Gastroenteritis (Norovirus) outbreak management
- 24. Coronavirus (COVID-19)

Useful links

- SHSCT IPC Intranet site
- SHSCT IPC SharePoint site
- NI regional IPC Manual
- IPC Nurse contact details
- Isolation & terminal cleaning guidance

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.

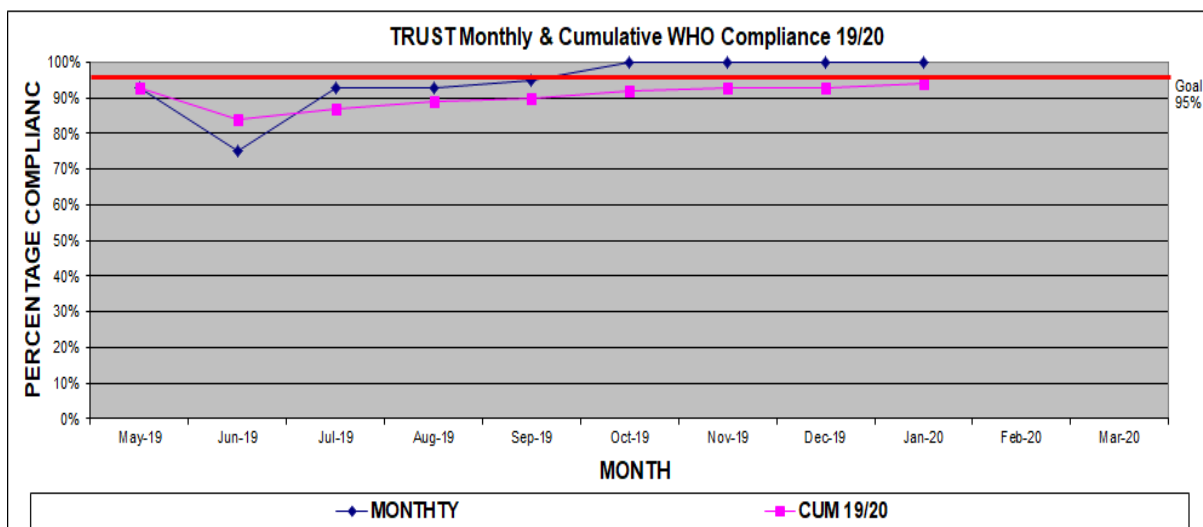
Within Southern Trust, The WHO Checklist was revised in 2013/14 and further revised in 2016 to encompass areas for improvement.

Safety measures that were added included:

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

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

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





Facts and Figures

- 6 areas are included in the Audit i.e. Theatres 1-4, CAH & Theatres 5-8, CAH, Day Procedure Unit, CAH, Theatres, DHH, Day Procedure Unit DHH & Day Procedure Unit, STH, with each area auditing 10 charts per month.
- Goal of **95% or greater was achieved** from September 19 → January 20.
- **The monthly auditing undertaken from May 2019 shows the cumulative rate from was 94%.**
- Audits for February 20 & March 20 were suspended due to the onset of the Covid-19 pandemic.

3.3 Maternity Collaborative

During 2020 the work of the Maternity Collaborative has focused on the regional implementation of physiological CTG interpretation and the introduction of the remote blood pressure monitoring as recommended by Royal College of Obstetricians and Gynaecologists (RCOG).

These two initiatives are currently being rolled out to all maternity units across the region and a leading example of collaboration in action. Regionally it was agreed to implement the RCOG pathway and to tailor it as required with a regional perspective. Funding was allocated to the five Trusts to enable the purchase of monitors and a pilot to trial FLO which unfortunately was unable to be successfully implemented in all Trusts.



The final pathway was circulated at the start of September with a ‘go live’ on the Craigavon site of October 2020 and to date has proved very successful with 15 women so far having this remote monitoring during the pregnancy. Each woman is provided with an information pack which contains, information leaflet, BP parameter chart, an agreement for loan of the equipment, an information sheet for recording BP readings and a BP self-monitoring plan.

Physiological CTG

Previous CTG interpretation relied on pattern recognition and didn’t require knowledge or understanding of fetal physiology and the fetal response to hypoxic stress. This will have led clinicians to interpret fetal stress as distress whenever the threshold for a pathological CTG was met, leading to more intervention such as instrumental or operative delivery.

With the introduction of physiological CTG it is hoped to address the interpretation as well as following the recommendation from ‘Saving Babies Lives’ version 2, that staff should be taught about ‘fetal physiological responses to hypoxaemia, the pathophysiology of fetal brain injury, and the physiology underlying changes in fetal heart rate’.

The introduction of this change has meant that we have moved away from the ‘traditional tick box’ stickers. These stickers didn’t encourage for each fetus to be treated as its own control. In an attempt to understand the baby that is in front of us as an individual, the introduction of physiology based evaluation tools aim to firstly recognise those babies who are not fit to labour. This a shift and now there is an initial evaluation to determine if a baby is fit for labour or not. Once an assessment has been undertaken there is documentation to support the decision and all further assessments are based on the intrapartum evaluation tool which requires knowledge and understanding of how the fetus defends itself and compensates during labour. The aim is to avoid unnecessary intervention while ensuring optimum perinatal outcomes.

As expected this change has necessitated significant training which has been undertaken with the multidisciplinary team and the Trust has implemented this method of assessment from 4th January 2021.

3.4 Paediatric Collaborative

Safety and Quality Conference

Approximately 167 delegates attended a very successful CYPS Safety & Quality Conference which took place on Friday 7th June 2019 in Dromantine Conference Centre. The staff from CYP Directorate came together to share the excellent ongoing work within the teams in relation to Safety and Quality.

Multidisciplinary Organising Committee was formed in January 2019. The Conference theme was to “Share the Learning” across Children and Young People’s Directorate incorporating CYPS Staff and service user/carer participation. Dr A Khan, Associate Medical Director welcomed everyone to the Conference and outlined the CYP Safety & Quality Journey to date. Mr Shane Devlin, Chief Executive opened the conference with opening remarks and Mr Paul Morgan, Director of Children & Young People’s Services presented awards and made the closing remarks.



Structure of the Event

We had an early start with a mile walk led by Walking Co-ordinators from the Trust's Health and Wellbeing Team, offering an opportunity to view the beautiful grounds of Dromantine Conference Centre.

The conference consisted of 4 sessions:

- 1) Engaging Service Users
- 2) What Matters to You?
- 3) Break Out Sessions
- 4) Sharing the Learning

The first sessions consisted of five presentations from colleagues and service users from across a range of children's services. The topics included: Improving patient pathways, a parent sharing her experience of the inter disciplinary feeding clinic, updates from a co-produced service improvement initiative within Bluebell House Children's Residential Facility, Trauma informed Yoga for Looked After Children and Children with Autism and a presentation on Learning from a Serious Adverse Incident.

The input from parents to these presentations was very powerful and has led to direct improvements in safety and quality with the introduction of Sepsis 6 in paediatric wards and multidisciplinary team assessment of feeding difficulties.

The second session was facilitated by Dr Khan, Associate Medical Director this included WMTY background, progress to date within CYPS directorate such as changing for children, welcome pack, discharge leaflet, newsletter, epilepsy service, staff safety survey and clinical guideline update. Staff were encouraged to complete the 'What Matters To You' feedback exercise for 2019.

The third session consisted of five 1 hour breakout sessions and were well received by the delegates, they included:

- **Simulation**—Dr B Aljarad, Clinical Director & Dr J Lewis Consultant Paediatrician
- **Human Factors**—Dr A Khan, Associate Medical Director & Patricia Gillen
- **Coaching Workshop**—Marita Magennis & Daphne Johnston
- **10,000 Voices**, Linda Craig, Public Health Agency
- **Quality Improvement**—Paula Tally & Clifford Mitchell

The fourth and final session was designed to enable representatives from across CYPS Directorate to share their quality improvements. There were presentations from Physiotherapy services, the Neonatal Unit, Community Children's Nursing services, CAMHS, ASD, Community Dental, Dietetics and Allergy Services.

There were numerous posters on show that demonstrated just some of the quality improvement work being completed within paediatrics. Out of 33 posters, delegates voted for their favourite. First prize was jointly awarded to Autism Services based in the Oaks on the St. Luke’s Hospital site, Armagh and Valerie Magowan and Team in Occupational Therapy.



Collective Leadership Implementation Workshops

During 2019, the Children & Young People Directorate, SHSCT developed a Collective Leadership Implementation Programme. This programme was co-produced with HSC Leadership centre. Two Collective Leadership café style workshops were held in April & October 2019. These were facilitated by the HSC Leadership Centre and senior leaders within the Trust.

The aim of these workshops were to identify and agree how the CYPS Directorate can continue to enhance the care they provide to achieve the best outcomes for their children and young people. Further Focus groups were held over the summer 2019.

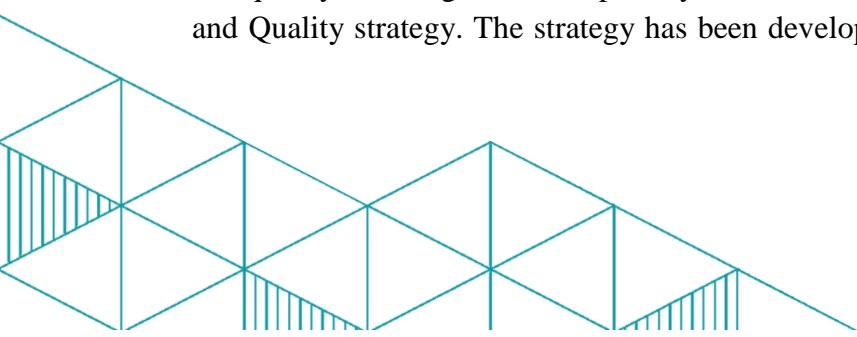
- Created a shared understanding of roles and responsibilities
- Embedded a Collective Leadership
- Developed a Quality and Safety Strategy – Theory into Practice, Action Plan



Paediatric Safety and Quality Strategy

Background:

In order to continue to build on previous initiatives and CYPS team’s commitment to safety and quality it was agreed that a priority for 2019/2020 was the development of a 5 year Safety and Quality strategy. The strategy has been developed and refined through engagement with



the paediatric teams, parents, children and young people’s engagement. The collective leadership workshops and focus groups were the central mechanism for staff engagement.

The strategy is underpinned by HSC Strategy and is based on the IHI six domains of quality.

Purpose of the Strategy

The strategy sets out the 5 years strategic direction for Safety & Quality within the Paediatric Service, identifies key priorities and actions required to achieve the vision.

Our Vision: *“Supporting staff to deliver compassionate, safe and effective care to meet the healthcare needs of children and young people. This will be delivered in partnership with service users and their carers in a suitable and safe environment”.*

The CYPS Paediatric Safety and Quality Strategy is built on three pillars: The Heart, The Head and The Hands of the service



Children, young people and carers: - The Heart

The delivery of safe and effective services is dependent on:

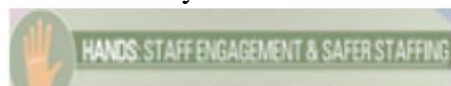
- Effective communication – with children, carers and staff
- Safe and effective care
- Positive care experience



Environment & systems: The Head

The delivery of safe and effective services is dependent on:

- Appropriate environment
- Technology enabled change
- Safe systems

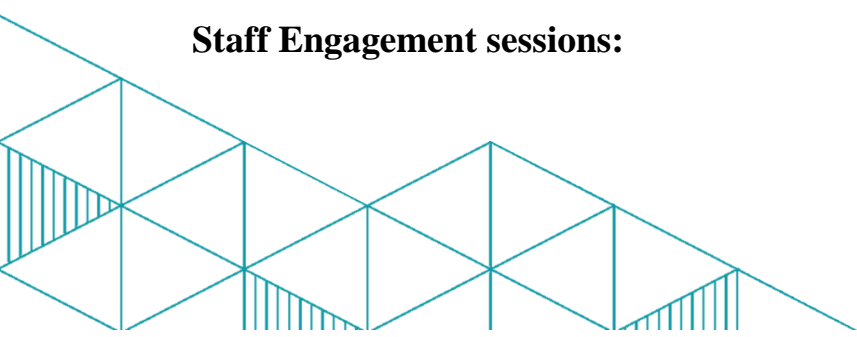


Staff: Staff engagement & safe staffing – The Hands

The delivery of safe and effective services is dependent on having:

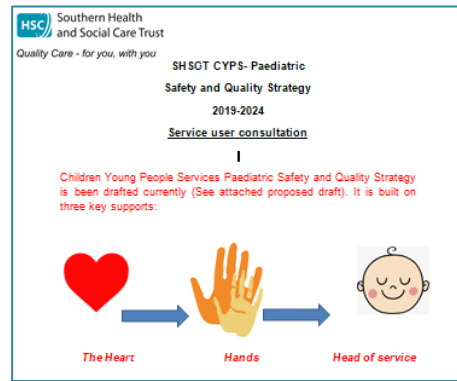
- An engaged and supported workforce
- Culture of learning
- Safe staffing

Staff Engagement sessions:



Six focus groups were held across Trust sites in July and August 2019. The purpose of the focus groups was to share the draft strategy and gather views, suggestions and input. Following these sessions the Strategy was reviewed by the Core Group taking account of views and input provided.

The focus groups were well attended with 75 multidisciplinary staff attending including Paediatricians, Ward Managers, Nurses, Play Therapists, Pharmacist and AHPs. One important change made to the strategy following the staff engagement was that the strategy was changed from a 3 year to a five year strategy with a formal midpoint review.



Service User Engagement

Parents/ carers views were sought via the use of a questionnaire across both hospital and community sites. The views of children and young people were captured through questionnaire and the use of guided conversation with play therapists and nurses. The questionnaire was developed with support from the Trust PPI Team.

Some examples of the feedback given by children and young people:

- Just explain to me; what is going on and asking, are you ok?
- Good care experience – felling less nervous, staff being kind, caring, respecting
- Being asked my opinion on my care management, treatment being explained to me
- More information on my condition.

Implementation

The implementation phase of the safety and quality strategy has been interrupted by the Covid 19 pandemic in 2020. The plan is to begin reengagement with the paediatric teams in the spring of 2021 to agree our short, medium and long term priorities to take our safety and quality strategy forward.



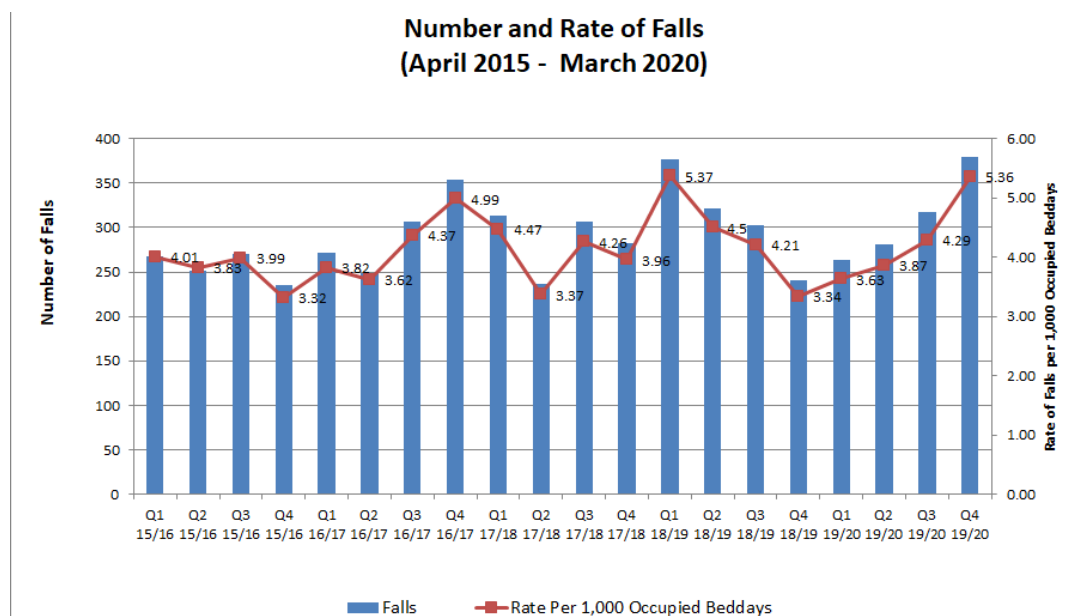
3.5 Falls

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?



Facts and Figures

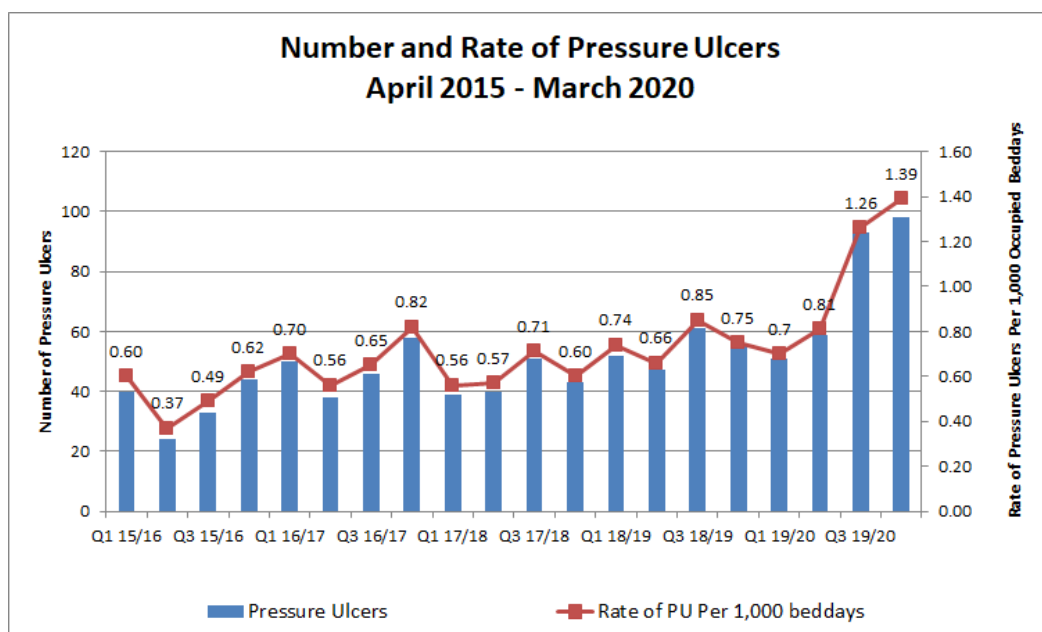
- The graph shows that the Trust recorded **1240 Patient Falls** in 19/20, with a rate of **4.28 per 1,000 Occupied Bed Days** compared to 1240 and 4.35 in 18/19
- **23 of the 1240** total Patient Falls were coded moderate or above falls, which equates to **1.9% of the total** reported
- A review of these 23 cases is undertaken using the Regional Shared Learning Template.

3.6 Pressure Sores

Quality 2020 Hospital Acquired Pressure Ulcers:

Preventing Pressure Ulcers are an essential aspect of patient safety. A Pressure Ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear. The impact on patients can be considerable, due to increased pain, length of hospital stay and decreased quality of life; however it is acknowledged that a significant number of Pressure Ulcers are avoidable.

Anyone can develop a Pressure Ulcer but some people are more likely to develop them than others e.g. critically ill patients, patients who are immobile, the frail, wheelchair users and end of life patients. Pressure Ulcers are recorded as an incident by staff involved in the patient’s care on the clinical information system (Datix) so that they can be monitored and analysed.



What does the data tell us?



Facts and Figures

- The graph shows that the Trust recorded 301 “Hospital Acquired” Pressure Ulcers in 19/20, with a rate of 1.04 per 1,000 Occupied Bed Days compared to 215 and 0.75 in 18/19. This represents a 40% increase from 18/19.
- 76 (25%) of the 301 total of “Hospital Acquired” Pressure Ulcers were graded as a stage 3/4/Deep Tissue Injury (DTI) (deep wounds). An increase of 7% from 18/19.
- A review of 64 of these 76 cases has been carried out, with 35 cases (12%) deemed to have been “avoidable”. This represents an increase of 7% on 18/19.

The rise in the number & rate of “Hospital Acquired” Pressure Ulcers was mainly due to a spike in cases in Q3 & Q4 19/20 above & beyond the annual rise in cases (18%) in these quarters.

A number of other factors also contributed to the increase in cases:

- Ward Pressures – wards were at full capacity with a high volume of admission and transfer rates/ ED attendance rates.
- High volume of Agency Staff throughout acute trust site and a high level of staff turnover.
- There is also an ongoing essential requirement for education for all agency and new staff at ward level.
- Skin was not always inspected on admission/transfer.
- Training issues associated with the introduction of new pressure relieving mattresses.
- Gap noted in process whereby not all DTI’s are followed up in the Community (potential for cases to be removed from Trust’s data if Pressure Damage had resolved within 2-3 weeks).

Achievements in 2019/20

An Action Plan was drawn up in January 2020. Some of the key actions were as follows:

- Reiterate to staff the importance of inspecting patient’s skin on admission/transfer.
- A more proactive approach to be adopted, with additional Tissue Viability Nurse (TVN) presence on Wards, including ad-hoc Documentation Audits & timely completion of Post Incident Reviews to identify learning opportunities & feedback same to staff. (The increased presence of TVNs on the wards led to further identification & enhanced grading of cases).
- Face-to-face Ward specific training to be increased & encourage staff to complete Regional Pressure Ulcer E-Learning Module & recommending this to be mandatory every 2 years. Furthermore explore the possibility of providing a similar course for Health Care Assistances. (Increased reporting by Wards post educational and ward based learning with acute TVNS).
- Pressure Ulcer prevention was incorporated into Handover & Safety brief.
- An Early Alert System, providing “Real Time” data on Pressure Ulcers, developed using Datix to notify TVN & Patient Safety Manager when cases reported. This will allow the Tissue Viability Service especially to be more proactive with regard to the Management of patients with Pressure Damage. Monthly meetings also established to review data, analyse trends etc.
- Ward Action Plans to be introduced following Nursing Quality Indicator (NQI) Audits, to identify learning opportunities.

What's next?

- Review/update Action Plan.
- New Grading /Staging posters and other prevention posters to be distributed to each ward trust wide for displayed on information boards.
- A Pressure Ulcer Sub Group to review documentation associated with the management of skin and prevention of Pressure Ulcers.
- A Post Incident Review will be undertaken on all Stage 3 & above Ward Acquired Pressure Ulcers in 2020/21 to determine if they were avoidable/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.
- Staff encouraged to enhance their knowledge of Prevention and Management of patients with Pressure Ulcers via the Regional E-Learning Module, CEC Pressure Ulcer Training Programme & Trust face-to-face training (post pandemic).
- Acute TVNs will liaise with community TVN more frequently regarding DTIs. Community TVN will follow-up hospital discharges to verify and validate data.
- Audit of the SKIN Bundle by all Integrated Care/District Nursing Teams, with the aim of reducing the number of avoidable "Community Acquired" Pressure Ulcers.
- The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day (19st November 2020), to increase awareness for pressure injury prevention and to educate the public on this subject.

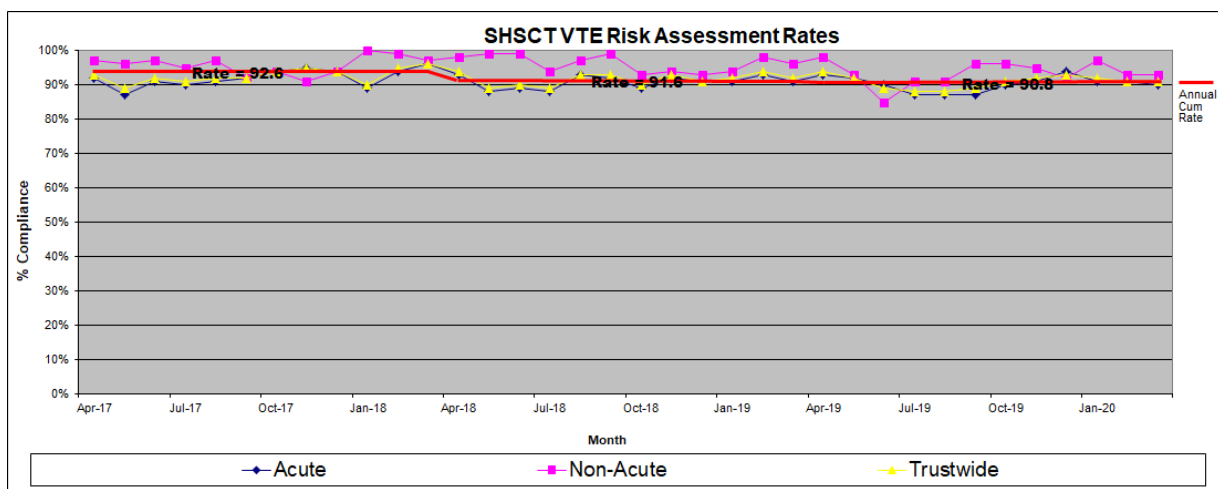
3.7 Venous Thromboembolism (VTE)

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.

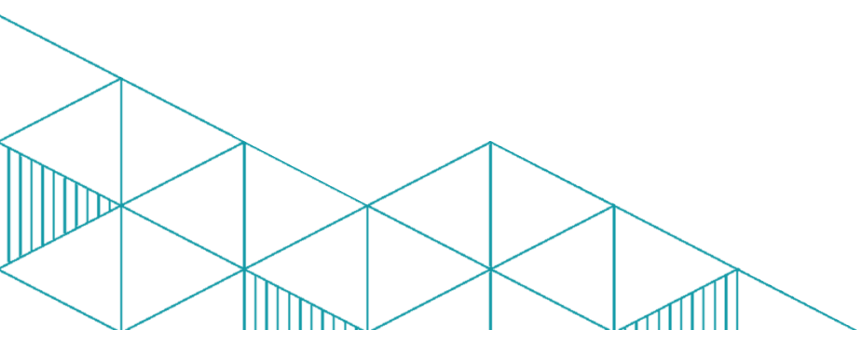
These complications, known as venous thromboembolism (VTE) can cause harm or death as a consequence.

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.



Facts and Figures

- Almost 5,600 charts were audited during 2019/20 across the Trust. Compliance was **90.8%**.
- This represents a decreased compliance rate from the **91.6% position in 2018/19**.



3.8 Medicines Reconciliation

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

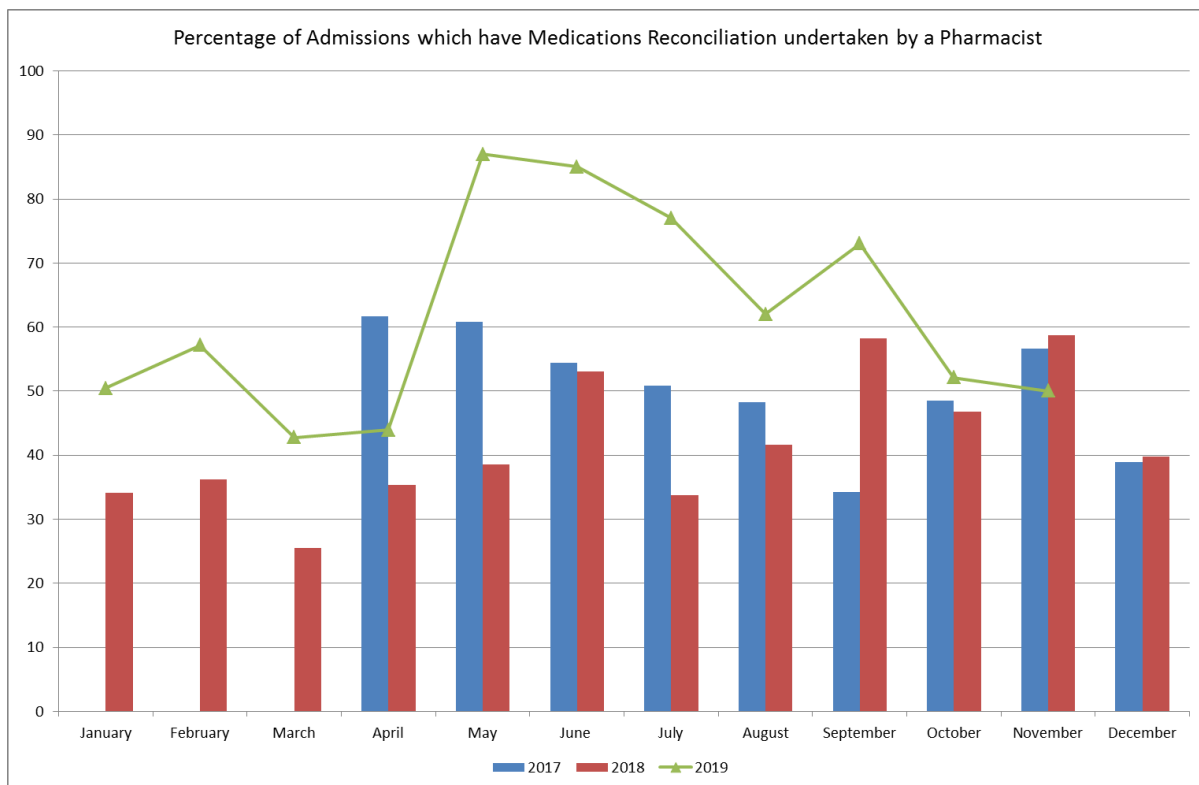
In an acute setting, medicines reconciliation should be carried out:

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

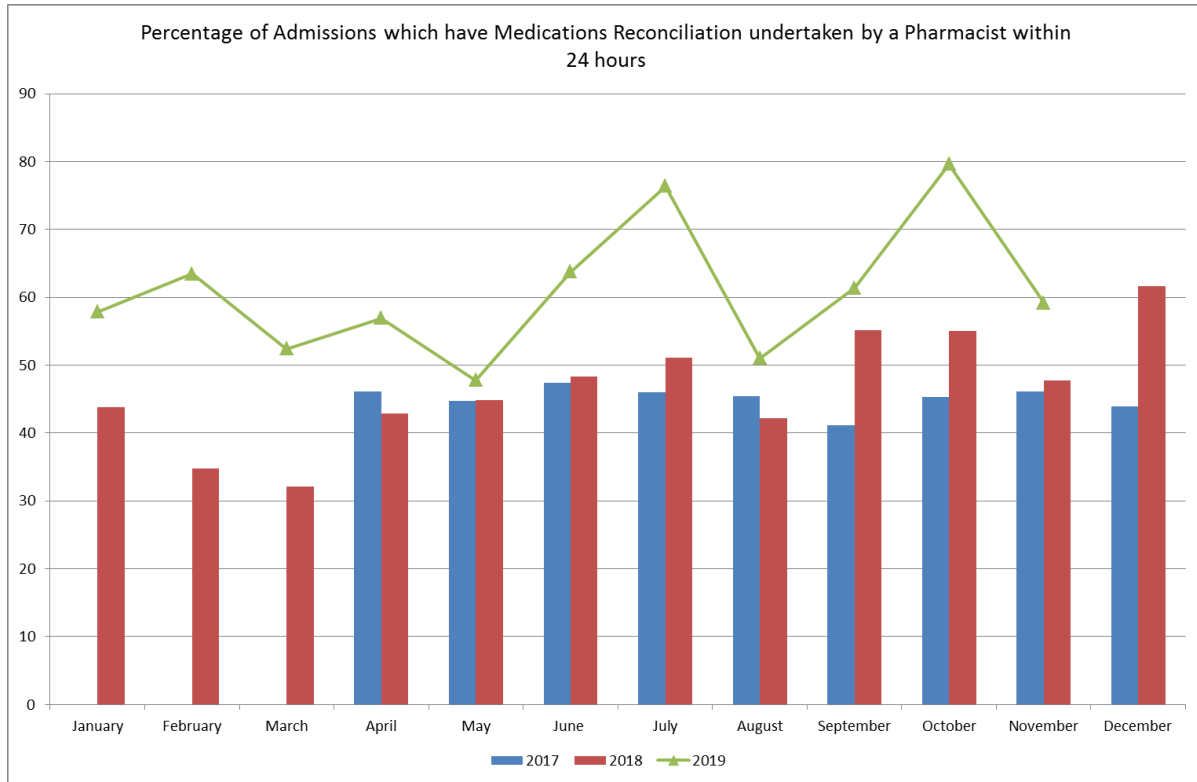
Medicines reconciliation by a pharmacist is conducted wherever possible for patients admitted and discharged from hospital, however this is not possible for all patients due to the number of patients and pharmacists available, which is a recognised service gap.

Facts & Figures 2019/20

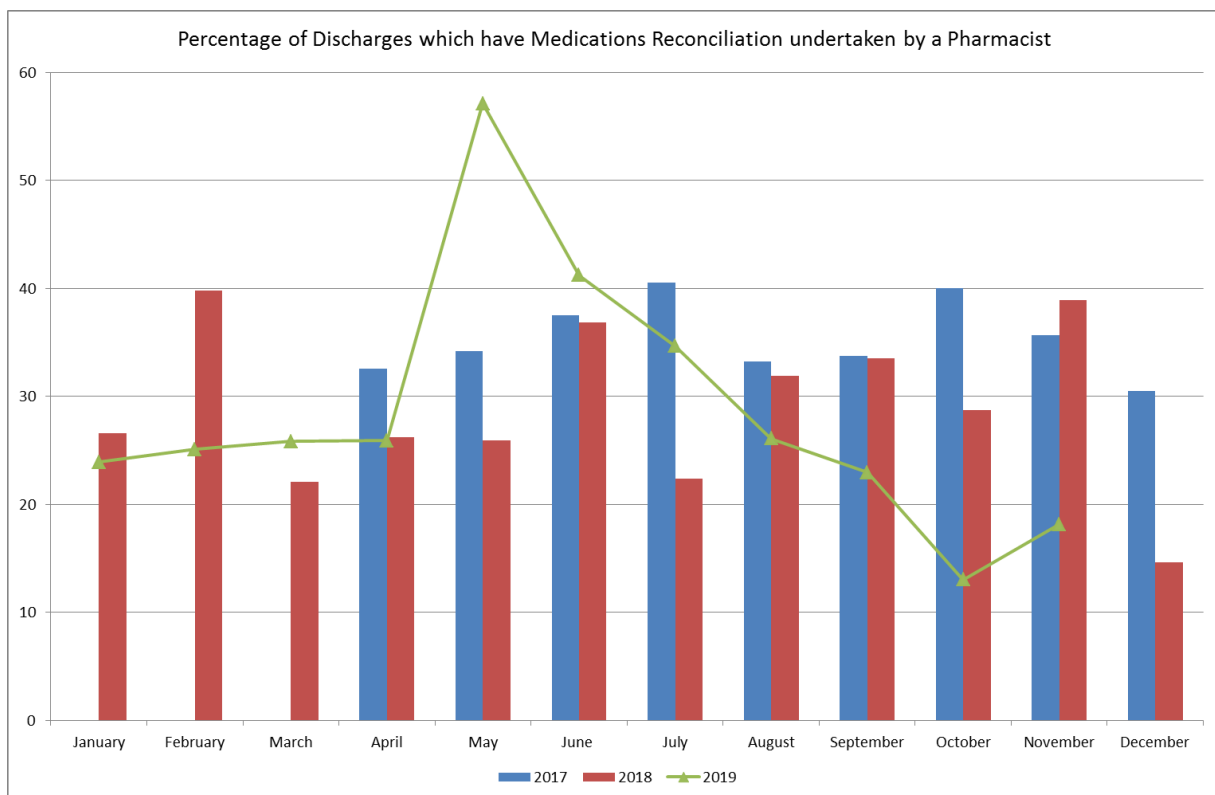
The following graphs show the data recorded on all wards in the Southern Trust that have a clinical pharmacy service. Data was collected until November 2019.



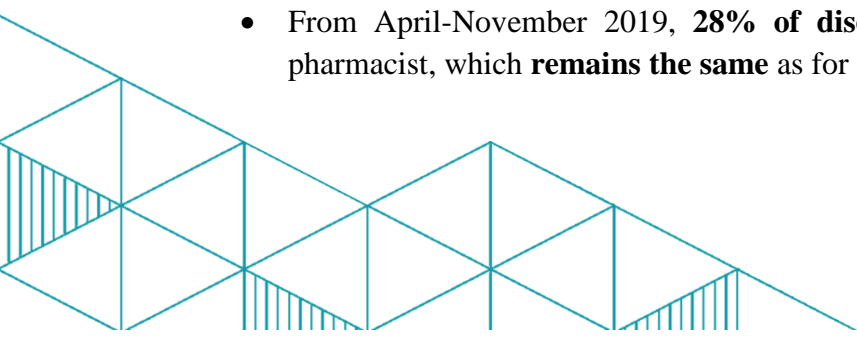
- From April-November 2019, **65% of patients** had their medicines reconciled by a pharmacist on admission. This is a **19% increase** on the position for 2018/19.



- From April-November 2019, **61% of patients** who had their medicines reconciled, had it completed within 24hrs of admission. This is a **9% increase** on the position for 2018/19.



- From April-November 2019, **28% of discharges** had medicines reconciled by a pharmacist, which **remains the same** as for 2018/19.



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.

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

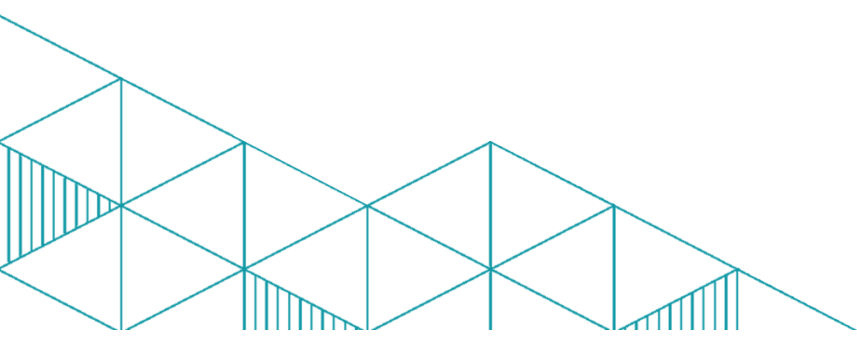
Omitted and Delayed Medicines

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

On admission to hospital, it can sometimes be difficult to determine what medicines a patient usually takes, which can lead to medicines not being prescribed. Access to information about GP prescribed medicines and previous discharge prescriptions through the Northern Ireland Electronic Care Record (NIECR) has greatly improved the information available to enable more accurate medicines reconciliation to occur. The work of pharmacists in Medicines Reconciliation on admission and at discharge identifies omitted and delayed medicines and is described earlier in this section.

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

An annual audit of omitted and delayed doses was conducted in September/October 2019. As medicines may be omitted for a variety of reasons the audit also determines whether or not the omission or delay was appropriate.



For some critical medicines, an omitted or delayed dose can lead to more serious harm. Particular attention should therefore be given to reducing inappropriately omitted and delayed doses of critical medicines.



Facts and Figures

- The percentage of **omitted and delayed doses** was **9.9%** in September/October 2019, a **small increase from 9.6%** in May/June 2018.
- The percentage of **omitted and delayed doses of critical medicines** was **0.6%** in September/ October 2019, a **decrease from 0.7%** in May/June 2018. However these overall figures include a proportion of doses that will have been omitted or delayed entirely appropriately.
- The percentage of **inappropriately omitted and delayed doses** was **3.8%** in September/October 2019. This represents an **increase from 2.5%** in May/June 2018.
- The percentage of **inappropriately omitted and delayed doses of critical medicines** was **0.3%** in September/October 2019, a **decrease from 0.4%** in May/June 2018. The critical medicines most commonly involved were

Therefore while this audit demonstrates an increase in the percentage of inappropriately omitted and delayed doses of all medicines, there is also a small decrease in the percentage of inappropriately omitted and delayed doses of critical medicines where omitted and delayed doses risk more serious harm. Work continues among ward teams to minimise inappropriately omitted and delayed doses of medicines for patients.

The majority of inappropriately omitted doses were where doses had been overlooked and not administered. Handover sheets for nursing staff highlight critical medicines as an additional prompt for staff. For a number of opioid medicines, doses were inappropriately omitted due to stock not being available. Arrangements are in place to ensure a supply of medicines can be obtained if not stocked on the ward.

A pilot of the NHS Medicines Safety Thermometer was undertaken within Acute and OPPC directorate. This is a multidisciplinary tool to monitor medicines safety and includes omitted and delayed doses and the trust awaits further regional collaboration on the wider application of this tool.



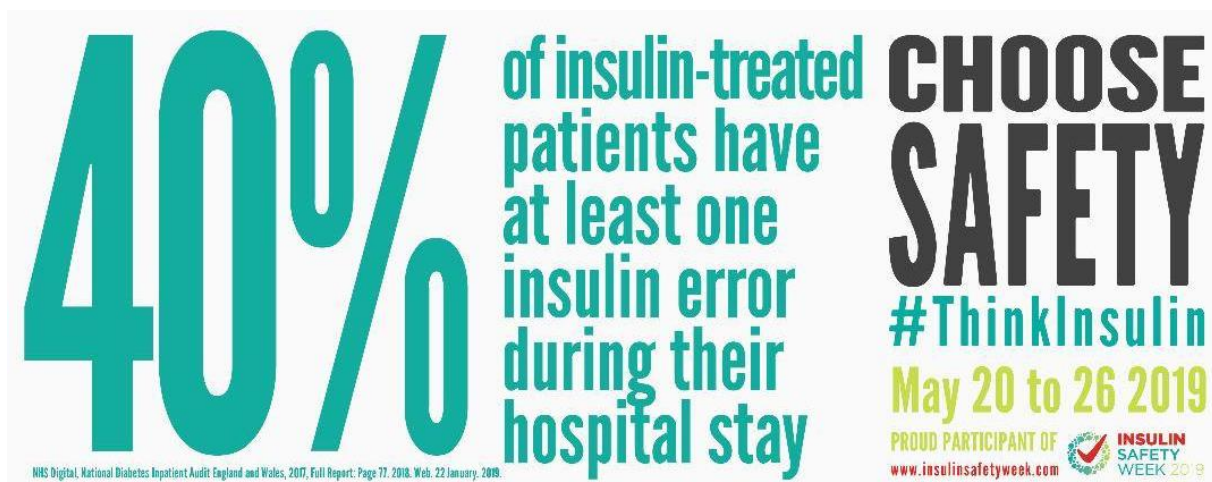
On discharge, medicines are prescribed on an electronic discharge prescription which is transmitted electronically to the GP and available on NIECR. Each medicine must be entered manually and sometimes medicines can be overlooked and omitted. Before dispensing discharge prescriptions, pharmacists compare the in-patient medicines with the discharge prescription to confirm there have been no unintentional omissions. Work continues on a new

regional electronic discharge prescription which imports the GP prescribed medicines directly reducing the need for this information to be entered manually.

Insulin

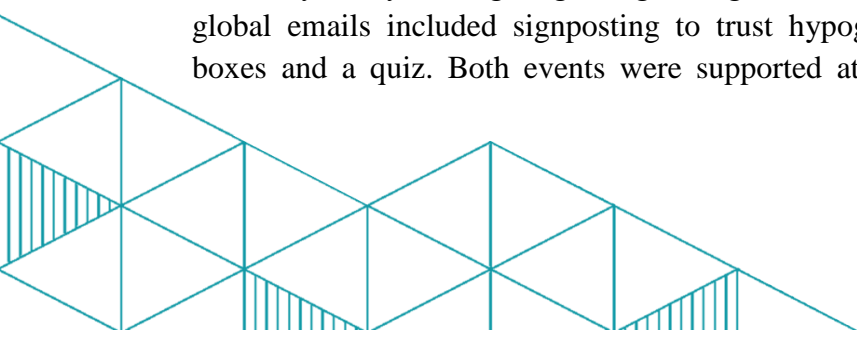
The incidence of diabetes in the general population continues to rise. One in every five inpatient beds in Northern Ireland is occupied by a patient with diabetes. For patients with Type 1 Diabetes, insulin is essential and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. Insulin is also a critical 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. Specialist diabetes staff also contributed to the development of regional protocols through the **Regional Diabetes In-patient Network** and piloted an alternative insulin prescription, administration and monitoring chart. The diabetes multidisciplinary team conducted twice weekly ward rounds to review patients identified through blood glucose monitoring results as requiring specialist review, providing the opportunity to improve diabetes care, insulin safety and contribute to a better overall patient experience. This includes opportunities to educate patients and staff.



The Insulin Quality Improvement Program with clinical sisters continued, providing education for nursing and midwifery staff and monitoring actions to reduce incidents involving omitted and delayed doses, incorrect insulin and incorrect doses. Education sessions in diabetes and insulin were also provided to foundation year one doctors.

In May 2019, the trust participated in national ‘Insulin Safety Week’ and in September 2019, the trust participated in national ‘Hypoglycaemia Week’. These national initiatives are aimed at raising awareness of insulin safety and hypoglycaemia among staff and a range of activities and events were held. During ‘Insulin Safety Week’ daily global emails were sent which included signposting to online educational material, a quiz, shared learning from incidents and a key safety message regarding timing of mixed insulins. During ‘Hypoglycaemia Week, global emails included signposting to trust hypoglycaemia guidelines, highlighting Hypo boxes and a quiz. Both events were supported at ward level by the Diabetes Team with



conversations with staff to promote the material and raise awareness together with social media posts.

Anticoagulation (INR)

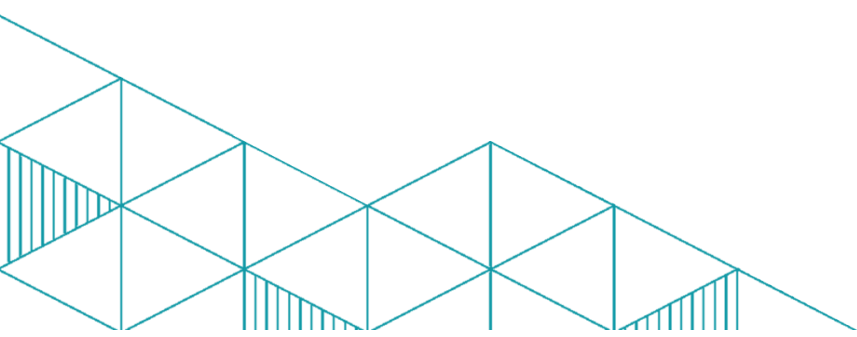
Anticoagulation is an important means of reducing stroke or harmful clots. For many years warfarin has been the mainstay of treatment. In recent years, other drugs have been developed that are often used first line; these are referred to as “Direct Oral Anticoagulants” or DOACs.

In the hospital setting, DOACs are used first line for patients with Atrial Fibrillation (AF), Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). However for some patients, DOAC therapy is not suitable and they must receive treatment with warfarin or LMWH therapy.

Warfarin is unlike other medicines as there isn't a fixed dose. The dose that a patient takes will be individual to them, and may vary based on the results of blood tests that measure how long it takes for that patient's blood to clot.

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

For patients who have a poor time in therapeutic range resulting in poor INR control, their notes are reviewed and if suitable they are switched onto DOAC therapy. There are currently four DOACs available. These agents do not require frequent monitoring.

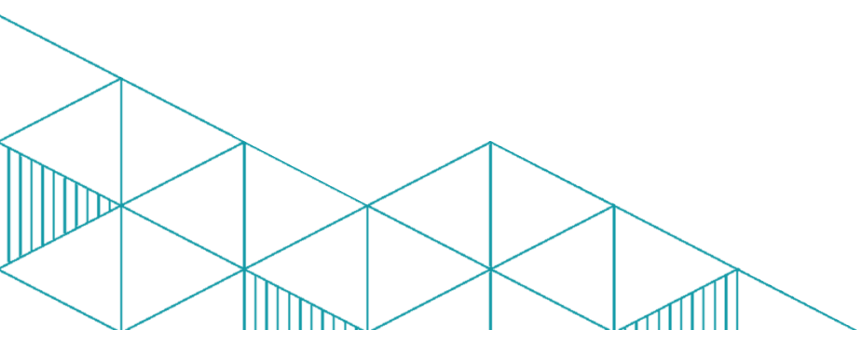
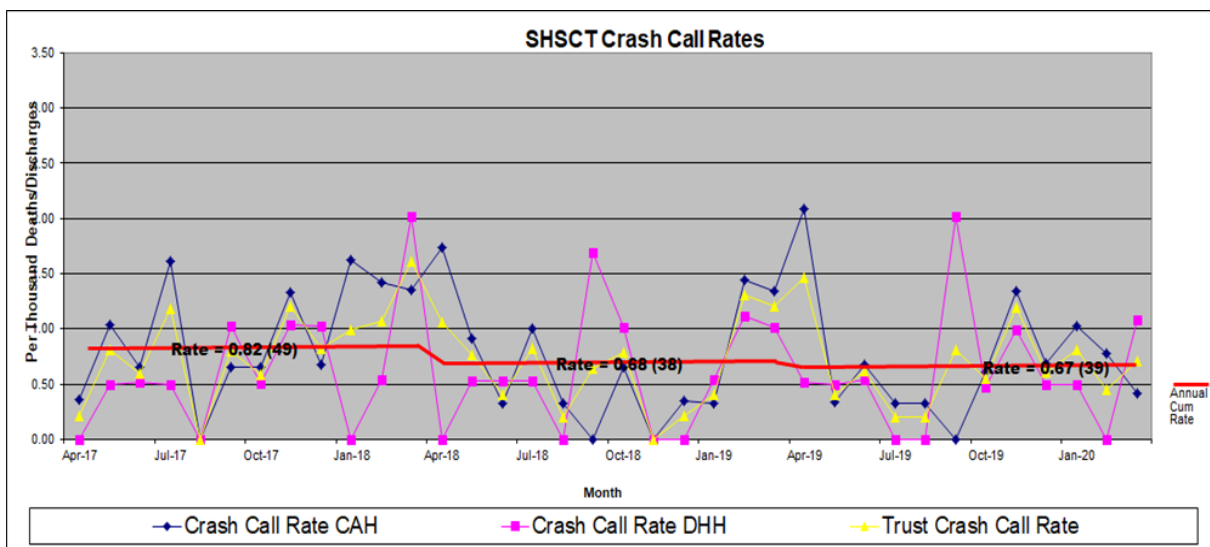


3.9 Cardiac Arrest Rates

Crash Calls

0.67 (39 Crash Calls)

Trust cumulative Crash Call rate for 19/20 was **0.67 (39 Crash Calls)** per 1,000 deaths/discharges, down from **0.68 (38 Crash Calls)** in 18/19.





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

Theme 4

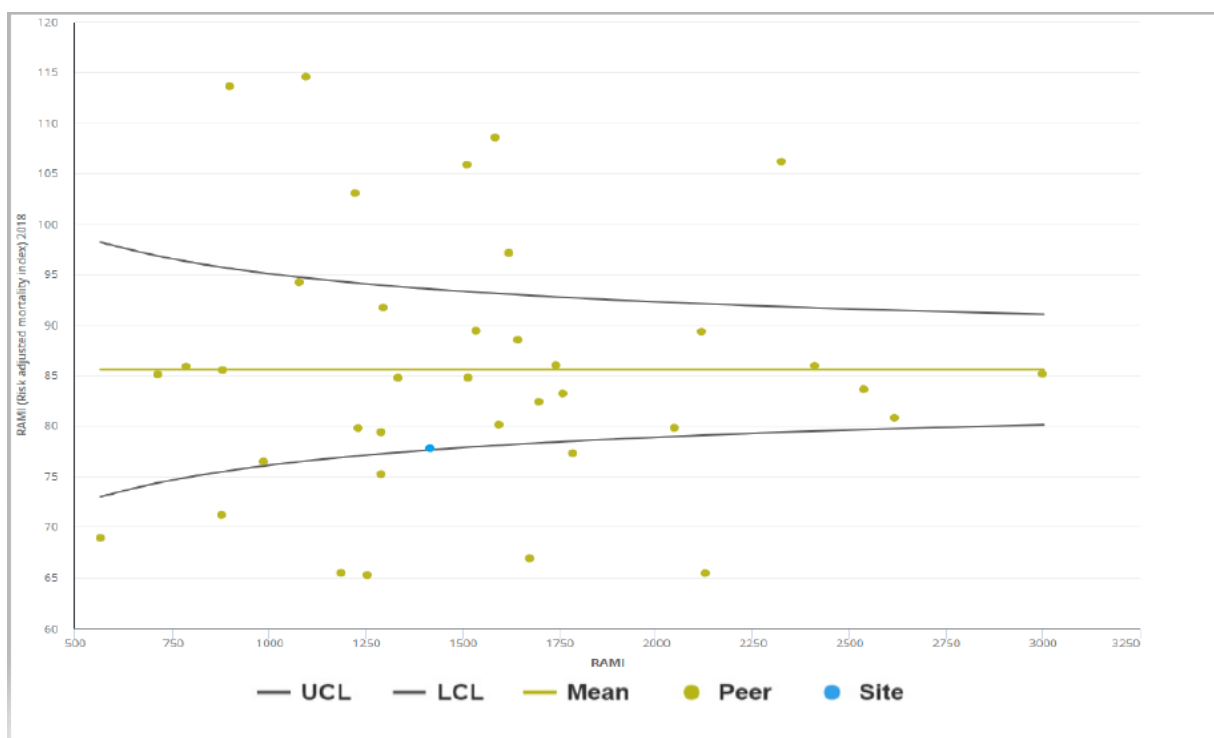
Raising the Standards

4.1 Standardised Mortality Ratio

Risk-Adjusted Mortality Index (RAMI) is an indicator that 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. The expected number of deaths is calculated using NHS Digital data as of December 2018. A RAMI of 100 means mortality was exactly in line with expectations; over 100 means more deaths occurred than would be expected, and below 100 means there were fewer than expected deaths.

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



RAMI funnel plot, UK peer, January 2019 – December 2019

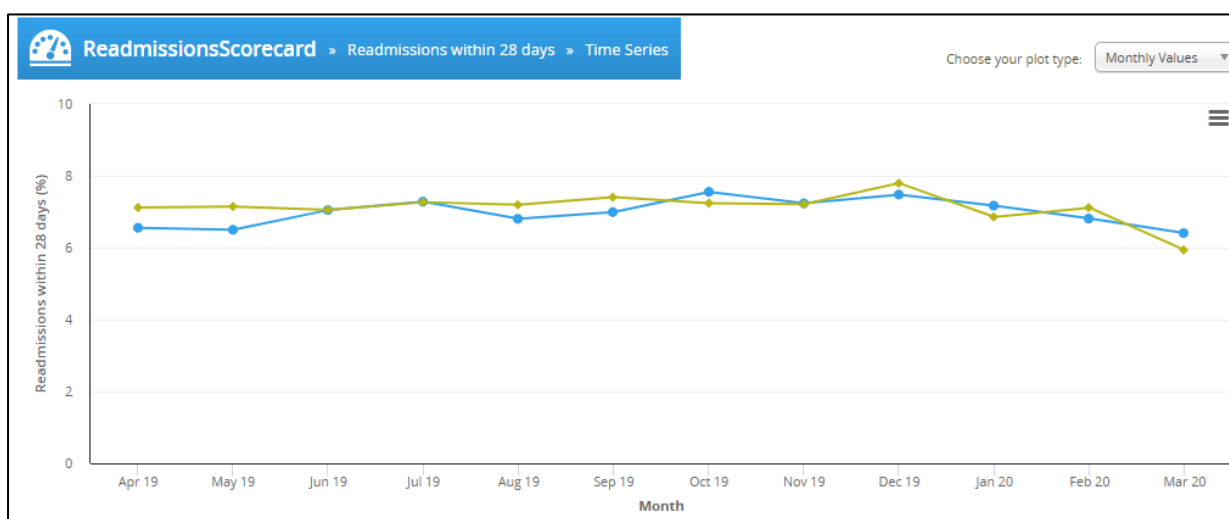
Funnel plot analysis shows the Trust position in relation to individual UK peer sites. Health and Social Care Board guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; this is not the case for the **Trust as it is sitting within confidence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

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 2019/20

The graph above demonstrates the Southern Trust’s readmission rate (in blue) vs the CHKS peer comparator. CHKS is a leading provider of healthcare intelligence which includes hospital benchmarking that is supported by experienced NHS consultants. It converts data into actionable information that drives decision making.

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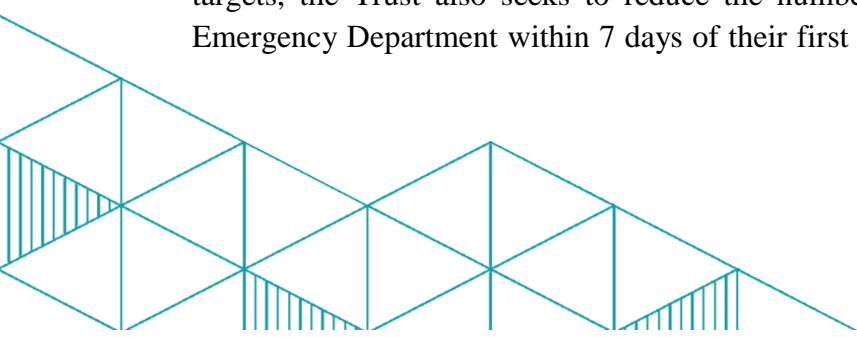
Facts and Figures

During 2019/20:

- The Trust’s **average readmission rate within 28 days was 7%** versus the peer comparator score of 7.13%. This is a slight increase on position from the previous year (2018/19) which was 6.9%.

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



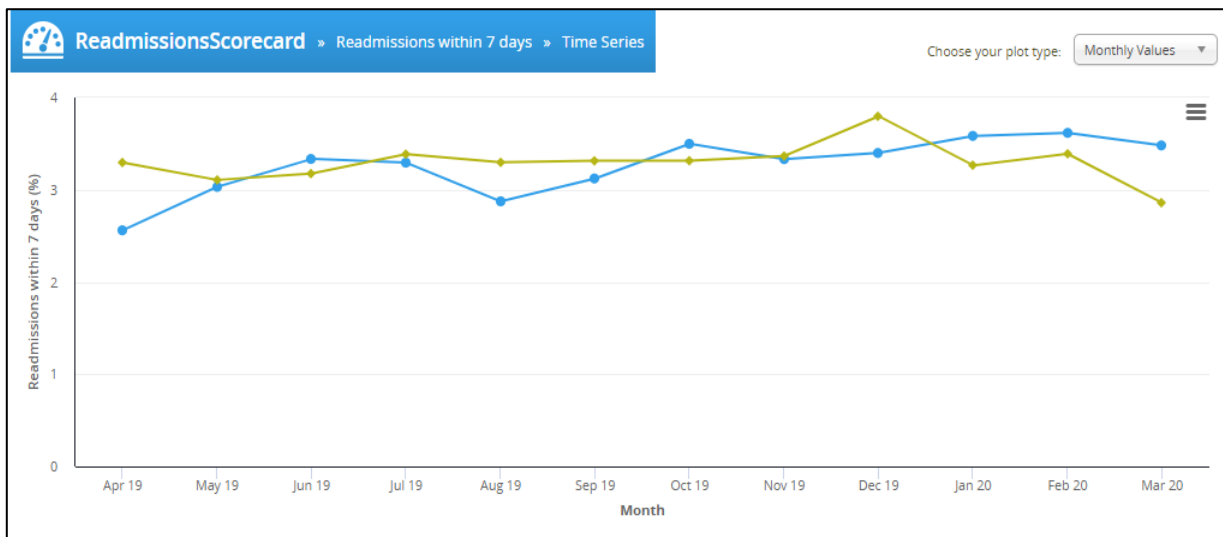
care. We believe this is one way of helping us to assess the quality of care given at the first attendance in the Emergency Department.



Facts and Figures

During 2019/20:

- the Southern Trust maintained its position with **unplanned re-attendance at Emergency Departments** within 7 days being **below the 5% target**.
- Our position was **3.26% of total new and unplanned attendances** (see graph below), up from 3.07% during 2018/19.



Hospital readmissions within 7 days for 2019/20

4.3 Emergency Department (ED)

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



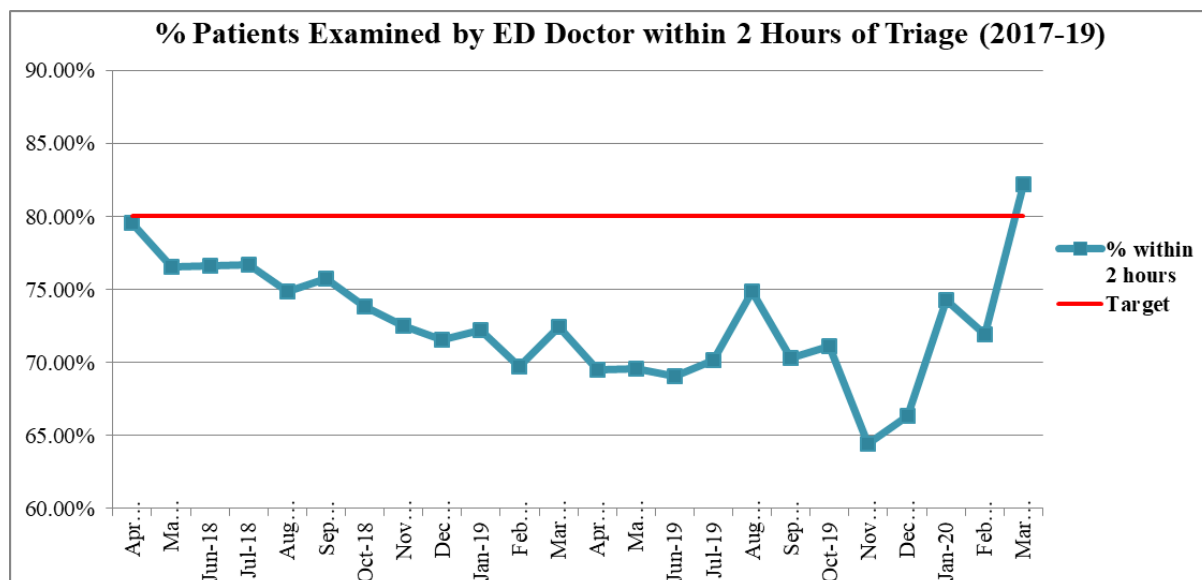
Facts and Figures

During 2019/20 there were:

- **169,709** people who attended Southern Trust Emergency Departments and Minor Injuries Units, a **4.5% decrease** from the figure of 177,830 in 2018/19

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:



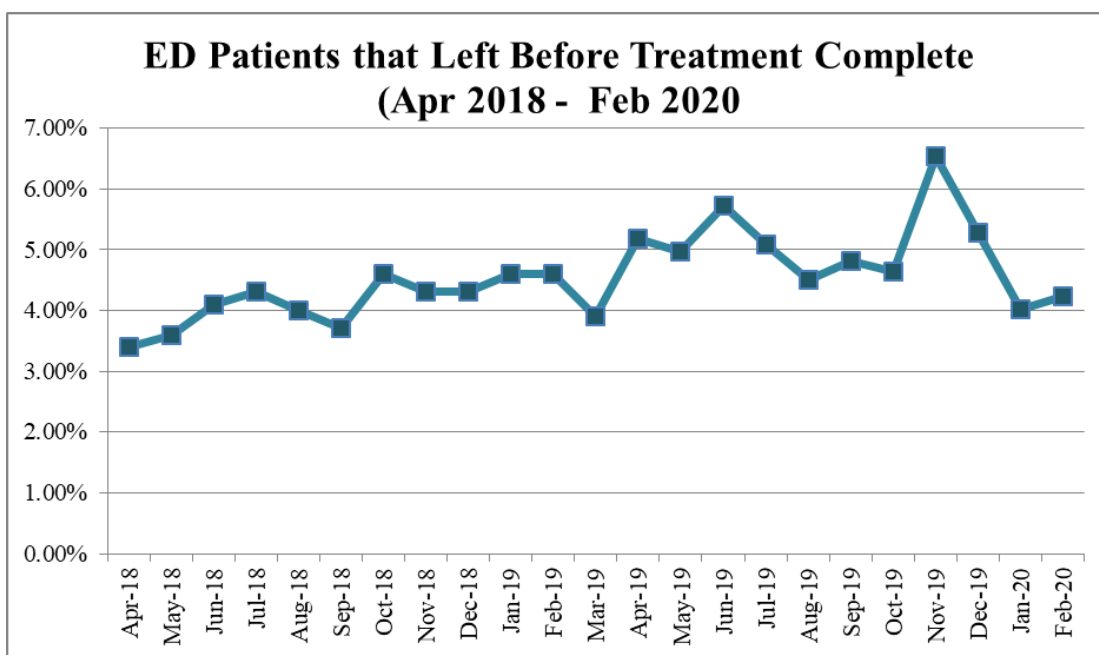


Facts and Figures

- During 2019/20, **70.86%** of patients commenced treatment within 2 hours of triage (or initial assessment). This is a decrease from the 2018/19 figure of 74.41% and below the Southern Trust’s target of having at least 80% of patients having commenced treatment, following triage, within 2 hours.

Patients that Leave before Treatment is Complete

Please see the following graph for the full picture.

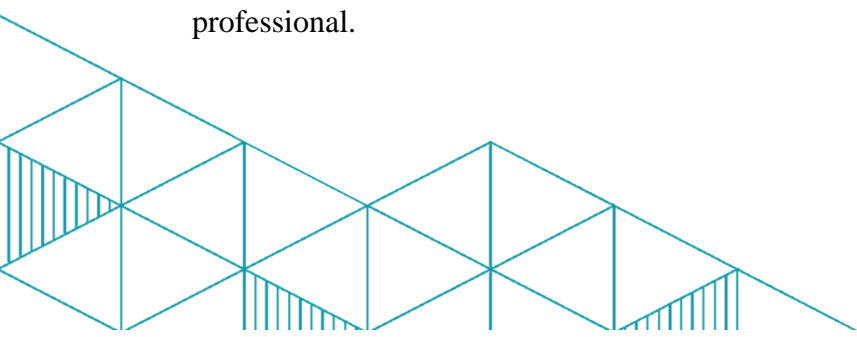


Facts and Figures

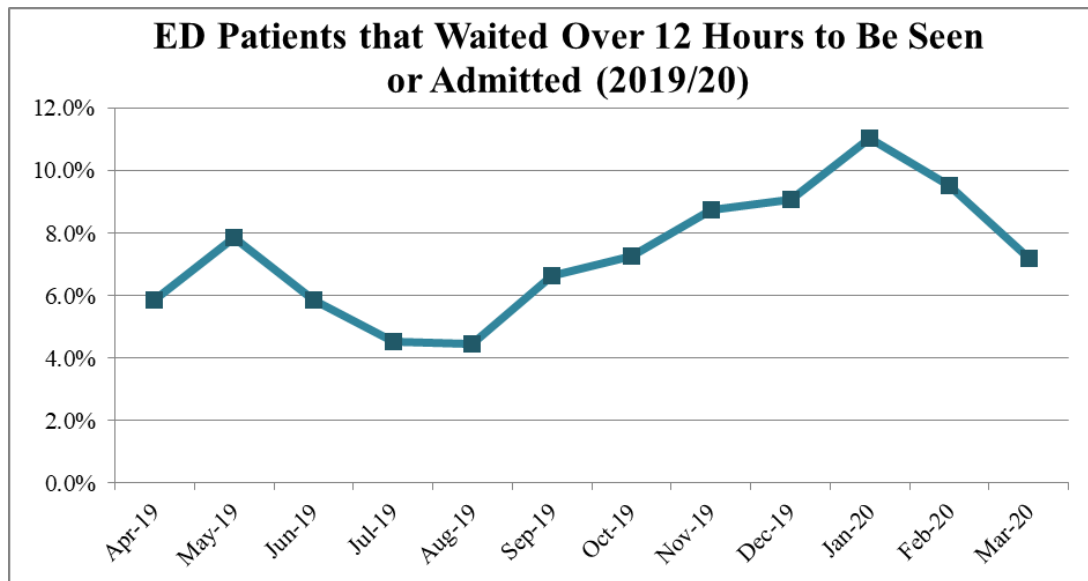
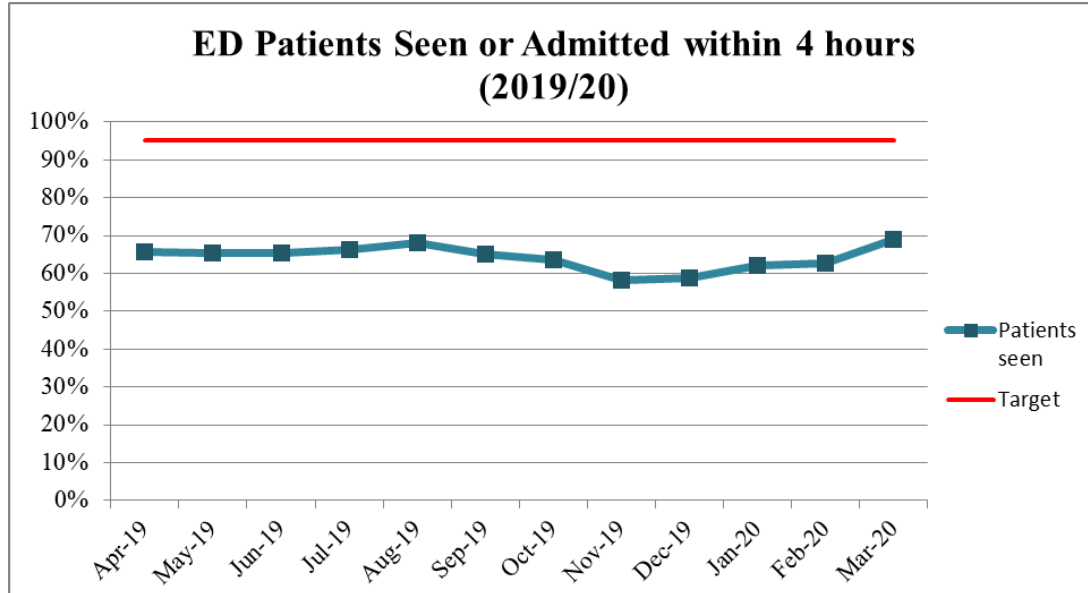
- During 2019/20, the average percentage of patients that left the Southern Trust’s Emergency Departments before their treatment was complete was **5.0%**, up from **4.3%** during 2018/19.

Emergency Department 4 Hour & 12 Hour Standards

The Trust wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED. The Trust’s focus is to ensure patients are seen as soon as possible by the most appropriate medical professional.



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



Facts and Figures

During 2019/20 there were:

- 64.2% of these patients were seen within **4 hours**.
- 12,283 patients waited more than **12 hours**. This represents 7.2% of the total patients who attended the Emergency Departments and the Minor Injuries Units during 2019/20.

Sepsis

The Trust participated in the new Regional Quality Improvement initiative on Sepsis, which was launched in the summer of 2019. The Regionally agreed aim was to Improve the time to First Antibiotics of patients who present to ED with Sepsis “In Hours” i.e. Mon → Fri 9:00am → 5:00pm. The definition agreed upon was NEWS of ≥ 5 OR 3 in 1 category & suspected infection.

The initial Pilot area was ED, CAH, with the Clinical Lead Dr. Suzie Budd. The Quality Improvement Team included the Lead Nurse for ED, A Pharmacist & Patient Safety. As Quality Improvement work on Sepsis was already underway it was felt that that we should audit all patients and not just those who presented “in-hours”.

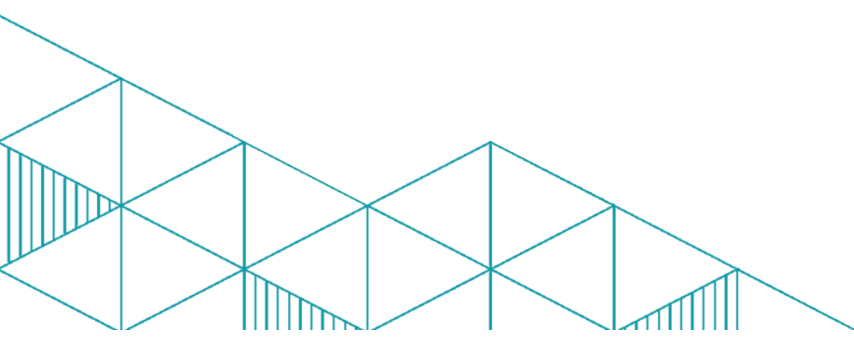
As part of our quality improvement approach, the following initiatives were introduced:

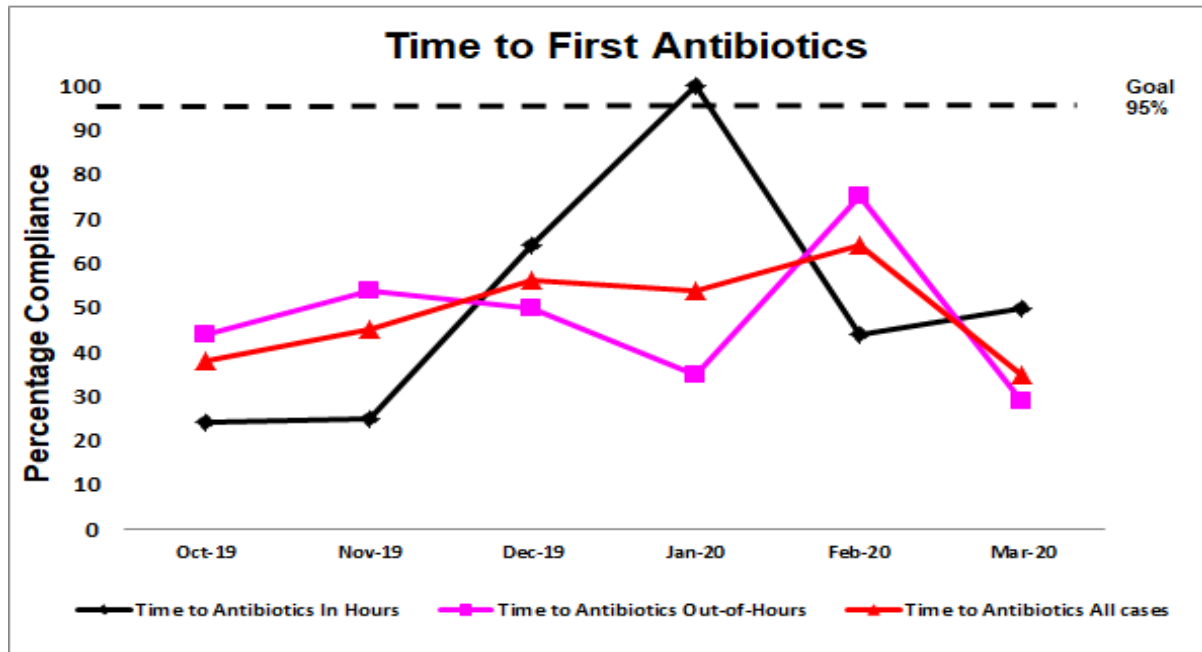
- Weekly meetings to review cases.
- The development of a Data Collection Tool.
- Sepsis Proforma incorporating NICE Guidance & Sepsis Sticker.

Baseline data was collected in October 2020, which revealed compliance was only 24% in-hours, 46% out-of-hours, with a 24/7 compliance rate of 39%. A review of the Baseline Audit identified 4 areas where delays occurred i.e. At Triage, From Triage to be seen by a Doctor, in prescribing & administration of antibiotics. Measures to improve compliance were:

- Raised awareness of Sepsis work with Doctors and Nurses.
- Launch of new protocol.
- Reintroduction of Sepsis Bed in Resus - challenging due to bed waits , overcrowding, critical care priorities.
- Sepsis Drawer in Resus.
- Sepsis Guidelines & proforma put on ED App.

By January 2020 compliance had risen to 100% in-hours, 35% out-of-hours, with a 24/7 compliance rate of 54%. In February 2020 24/7 compliance rate has risen to 64%, but fell back to 35% in March 2020, mainly as a result of the emergence of Covid-19, as illustrated on the below graph.





Going Forward:

Plans for 2020/21:

- Increasing membership of Team
- Enhance representation from Nursing.
- Regular slot in Emergency Department monthly newsletter.
- Agreement 20 minutes should be absolute maximum time for administration medication. Share with staff “Antibiotic is a “Critical Med”.
- Embed Sepsis on Handover.
- Improved compliance with Sepsis6 Bundle.
- Pilot of Regional E-Learning Tool in Southern Trust.
- Regional E-Learning to be mandatory.
- Sepsis cases discussed at M&M.

The Emergency Department (ED) of Daisy Hill Hospital, under the Clinical Leadership of Dr. Laura Lavery commenced their Sepsis work in January 20. The documents & methodology piloted in the ED, Craigavon Area Hospital were introduced here as well. An Education Lead was also established to renew interest/engagement in sepsis work. Baseline data for January 2020 showed a 24/7 compliance rate of 38%, which had risen to 64% by March 20.

The 3rd Pilot Area was Acute Medical Unit (AMU), Craigavon Area Hospital, under the Clinical Lead of Dr. Emily Hannah began their Sepsis Quality Improvement Work in December 2019. The focus initially on cases identified “in-hours” i.e. Monday → Friday (9:00am → 5:00pm). The following initiatives were introduced:

- Erection of Sepsis Posters.
- Development of Sepsis Sticker.
- Cases identified plotted on Ward's Run Chart Poster "Real Time".
- Sepsis added to Medical Handovers.
- Sepsis added to MDT meeting, where cases are reviewed to see what went well & what areas could be improved upon.
- Education Session for Nursing Staff.

Baseline data identified 4 cases, with a compliance rate of 75%. Following the collection of Baseline data it was agreed that going forward all cases should be audited & to assist with the spread of the Quality Improvement Work additional staff from AMU, both Medical & Nursing staff have been identified to support & lead on this work.

To showcase the work of the Pilot areas/Wards the Medical Directorate hosted a Quality improvement Event on the 4th February 2020, which was attended by 40 plus staff from across the Trust. Dr Mark Roberts MPH FRCP, Clinical Director, HSCQI was in attendance too & gave a Regional Overview of the work done to date, while Ms Geraldine Conlon, Lead Antimicrobial Pharmacist for the Trust gave delegates the 1st sight of the Regional Sepsis E-Learning Programme, which is in development to support the Sepsis Improvement Work. Work is ongoing on the development of NEWS2 within the Trust and this is nearing completion.

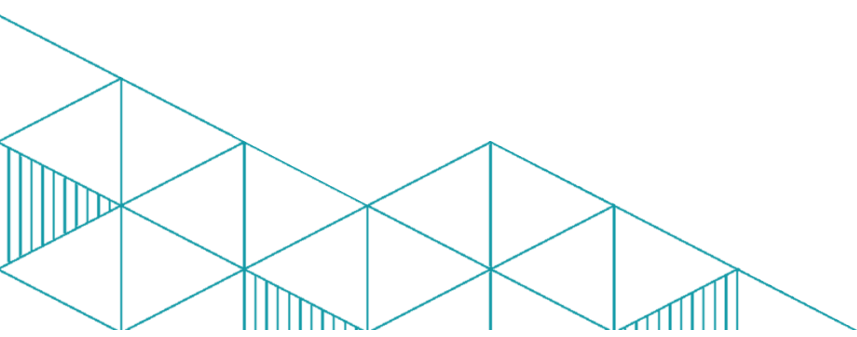
Next Steps:

- Launch of NEWS2
- Spread of QI initiative across the Trust

4.4 Clinical & Social Care Governance Research

During 2019/2020 the Trust continued to be 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 included – Cancer, Cardiology, Children, Critical Care, Dermatology, Gastroenterology, Neurology, Occupational Therapy, Renal, Respiratory, Rheumatology, Social Care, Stroke, Midwifery and Nursing.

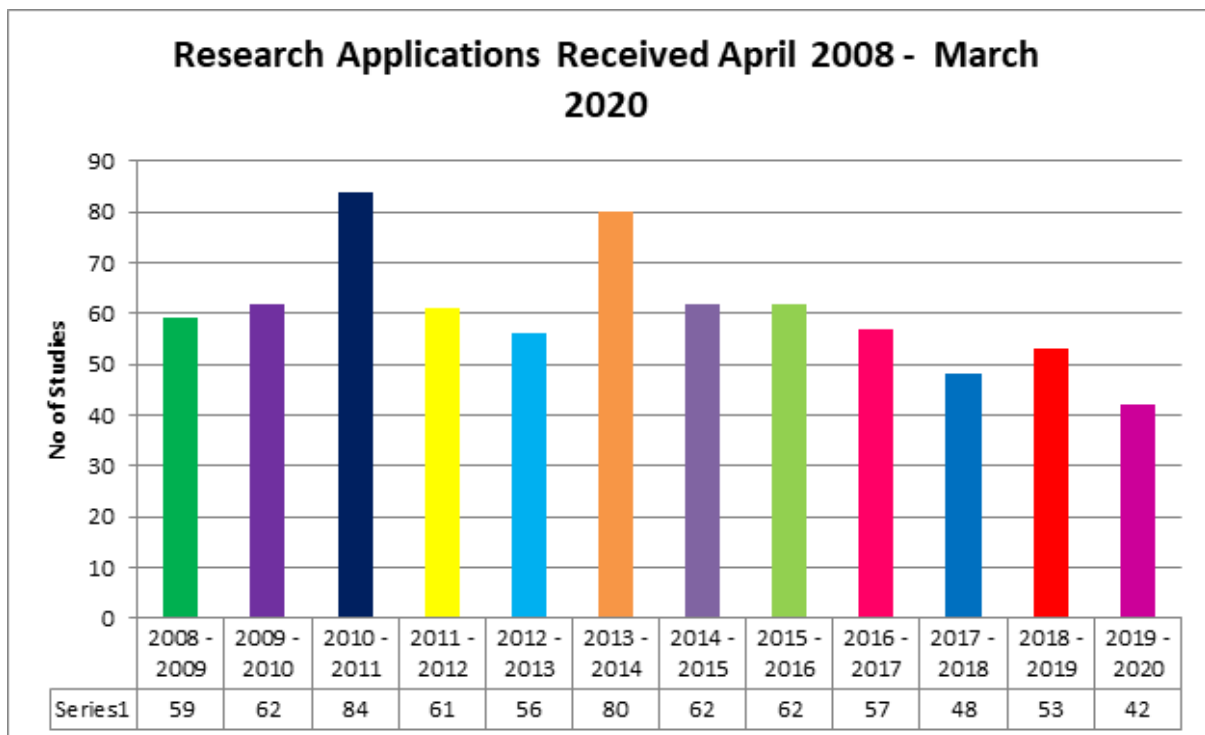
Capacity and Capability - In June 2019, Northern Ireland Trusts implemented the introduction of Capacity and Capability rather than research governance approval which removed ‘clock stops’. This development brought Northern Ireland in line with England and Wales. From then delays in obtaining essential information for Studies, external to the Trust, were also included in the number of days from the receipt of a Study until Capacity and Capability could be issued.

The change led to a significant decrease in the percentage of Studies approved within 30 days i.e. in previous years the Trust always achieved 100% but the introduction of the new arrangements reduced the percentage to 52% in 2019/20.



Facts and Figures

- During 2019/20, **42 research applications** were received
- the diagram below shows the numbers received since the establishment of Research and Development in the Trust and how this year compares with previous years.



During the year Craigavon Area Hospital and Daisy Hill Hospital have been sites for several important international 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.

Key priorities for 2020/2021

In March 2020, the impending COVID-19 pandemic was beginning to impact the Trust and consideration was being given to undertaking Priority COVID-19 Studies determined as such by the Chief Medical Officers of England, Scotland, Wales and Northern Ireland. This Trust was the first in Northern Ireland to open the COVID RECOVERY respiratory trial early in April 2020. The overarching trial designed to provide evidence on the efficacy of candidate therapies for suspected or confirmed COVID-19 infection in hospitalised patients receiving usual standard care recruited over 200 participants and continues to recruit.

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

- Progressing Priority COVID-19 research studies
- 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
- Supporting approaches to partner in the development of European Funding opportunities 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

“We must make quality of care as important as the quality of treatment. This means celebrating and spreading excellence in care”

(Patients First and Foremost, March 2013)

“The primary goal of the care provided must always be to make their experience, the outcome of their condition, their treatment, and their safety as good as it gets.”

(Liam Donaldson report, December 2014)

Providing safe, effective and 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.

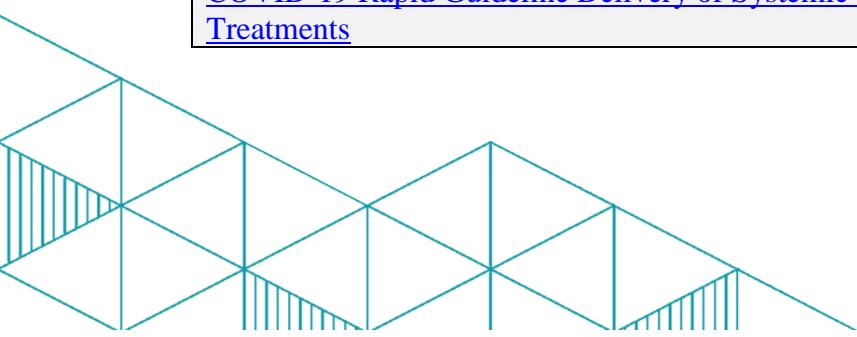
‘NICE’ stands for the National Institute for Health & Care Excellence. The role of NICE is to identify good practice using the best available evidence-based information for health, public health and social care professionals. Within Northern Ireland’s HSC system formalised accountability processes are in place between the DHSSPSNI, HSCB and HSC Trusts. These processes ensure that suitable and effective assurance frameworks are in place for the dissemination / implementation / monitoring of these guidelines thereby allowing for the translation of policy into practice and ensuring the delivery of care and effective care to patients.

In 2019/20 a total of 126 NICE guidelines were regionally endorsed and received by the SHSCT. A breakdown by type is summarised in the table below.

Type of NICE guidance	Number
NICE Antimicrobial Guidelines	5
NICE COVID-19 Rapid Guidelines	4
NICE Clinical Guidelines (including updates)	52
NICE Interventional Procedures	7
NICE Technology Appraisals (including updates)	55
NICE Public Health Guidelines	3
Total	126

In response to the COVID-19 pandemic, which manifested itself at the end of 2019/20, four NICE COVID-19 rapid guidelines were developed and endorsed by the Chief Medical Officer in March 2020.

Title of Guidance	Date of Issue	Reference
COVID-19 Rapid Guideline Delivery of Radiotherapy	28/03/2020	NG 162
COVID-19 Rapid Guideline Delivery of Systemic Anticancer Treatments	20/03/2020	NG 161



COVID-19 Rapid Guideline Dialysis Service Delivery	20/03/2020	NG 160
COVID-19 Rapid Guideline Critical Care in Adults	20/03/2020	NG 159

Due to the rapidly evolving COVID-19 health and social care emergency these guidelines were quickly developed to provide the front line clinical teams with the most up to date evidence on how best to care for patients who tested positive for the virus and who became acutely unwell. NICE developed these rapid guidelines in collaboration with NHS England and NHS Improvement and a cross speciality clinical group, supported by the specialist societies and royal colleges. A different approach to guideline development was adopted using a number of interim processes and methods.

Quality Improvement Initiatives

The following is an example of a quality improvement project that has been undertaken within the SHSCT to ensure that the recommendations outlined in a regionally endorsed NICE clinical guidance are visible at the patient / staff interface and embedded within current clinical practice.

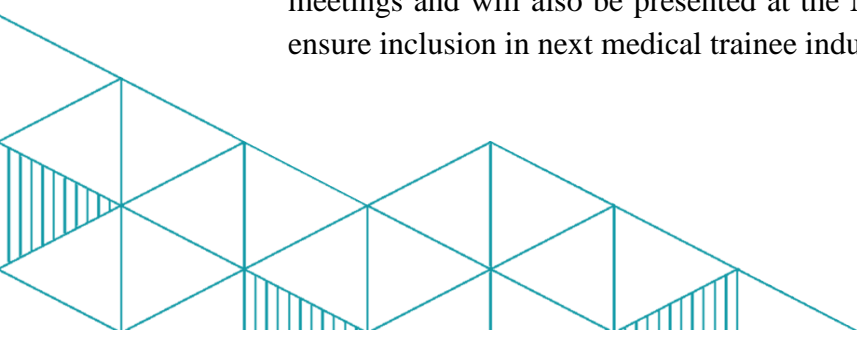
Example: HSC (SQSD) (NICE NG133) 26/19 - Hypertension in Pregnancy: Diagnosis and Management – regionally endorsed on 19 August 2019

Following endorsement of this NICE clinical guideline the guidance was tabled for discussion / review by the Acute Standards and Guidelines forum on 10 September 2019. A Consultant Obstetrician agreed to take on the clinical change lead role for implementing the guidance which was assessed as low risk. In keeping with regional requirements, implementation of the guideline recommendation would be progressed over the next 12 months, with full implementation due by 19th August 2020.

Over the 12 months a total of 117 recommendations have been reviewed against current service provision and a position of compliance has been indicated on the baseline assessment tool. A total of 98 recommendations are currently met (84%). There are currently 5 recommendations that are not met due to a number of external barriers. These include the lack of a dedicated specialist Obstetrician for hypertensive disorders in pregnancy within the service and the fact that within Northern Ireland placental growth factor (PIGF)-based testing to help rule-out pre-eclampsia in women presenting with suspected pre-eclampsia is not offered.

Of the remaining recommendations a number of service improvements have been undertaken, including the following:

- NICE guidance has been presented by the clinical lead at MDT Clinical Audit meetings and will also be presented at the March 2020 meetings across both sites to ensure inclusion in next medical trainee induction programme



- A quick reference guide is currently being developed for midwifery staff to raise awareness across the wider MDT
- A hypertension in pregnancy information leaflet has been out for consultation / PPI and is in its final stages of approval.
- Existing guidance has also been updated to reflect the new guidance requirements.

One other significant development in relation to this guidance implementation has been the Trust's involvement in a new regional care pathway for self-monitoring of blood pressure and protein in urine during pregnancy. This pathway is an alternative to regular face to face appointments for women who can be safely managed remotely for a proportion of their care and given the current impact of COVID-19 this has been an innovative service delivery model that embraces the NICE guidance within its protocols.

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:

- National Institute of Cardiovascular Outcomes Research (NICOR)
- Royal College of Psychiatrists (RCPsych)
- Healthcare Quality Improvement Partnership, (HQIP)

These national clinical audits are undertaken to demonstrate our compliance with a range of clinical guidelines and frameworks that we can benchmark our practice against. Two of these are outlined below;

- 1) **Myocardial Ischaemia National Audit Project (MINAP) based on NICE Guideline 94, and**
- 2) **NHS benchmarking Audit – Managing Frailty and Delayed Transfers of Care in Acute Settings**

1. Myocardial Ischaemia National Audit Project (MINAP)

The Myocardial Ischaemia National Audit Project (MINAP) is part of a larger on-going project that gathers information about the care provided to patients who are admitted to hospital with acute coronary syndromes (heart attacks).

Through this information we can capture the “patient journey” from when a patient goes to the Emergency Department, is diagnosed and treatment given, to their discharge from hospital. We measure ourselves against standards that are considered to be best practice in the

UK for those having heart attacks, to see how well we are doing. If we do not meet these standards we take action to improve our services.

Why participate in this national audit?

This audit provides the Trust with assurance that;

- Clinical practice is of a high standard
- Diagnosis and investigations are appropriate and timely
- All patients are assessed by a Cardiologist on admission and are treated in a specialist cardiac ward
- Patients are discharged with the correct medication
- Follow on care is planned and appropriate referrals made

The audit team decided on 3 performance indicators;

- Medication on discharge
- Assessment by a cardiologist during admission
- Recording blood glucose level.

How did we do?

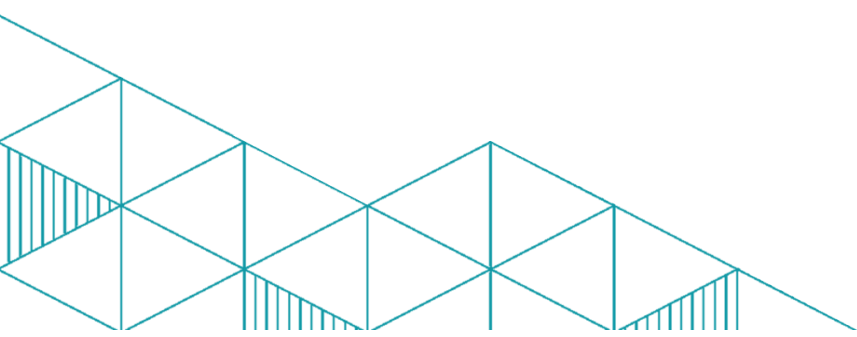
	National Average	Our Performance
1	91%	96% of patients were discharged on all preventative medication that they required.
2	96%	100% of patients were seen by a cardiologist during their admission to Craigavon Area Hospital 98% of patients were seen by a cardiologist during their admission to Daisy Hill Hospital.
3	Continual Improvement	82% of patients had a blood glucose recorded when admitted to Craigavon Area or Daisy Hill Hospital.

What do the results so far tell us?

The Audit has shown that we are well above the national average in ensuring correct medication is given on discharge and every patient was seen by a cardiologist during admission to Craigavon Area Hospital.

We have seen a yearly increase from 63% in 2016 to 88% in 2019, in the number of patients admitted directly to the Critical Care Unit or the Cardiology ward.

What actions have we taken as a result?



We regularly meet with the other Health and Social Care Trusts to compare data, share learning and work together on improvements. This will ensure that wherever you receive care in Northern Ireland, the same process is used.

We have improved the time it takes for you to get the tests you need from the time you are admitted.

The process is built into training and induction for new staff.

2. NHS Benchmarking Audit – Managing Frailty and Delayed Transfers of Care in Acute Settings

The NHS Benchmarking Network was established in 1995 and currently has 360 members across England, Scotland, Wales and more recently Northern Ireland. The network exists to identify and share good practice across NHS organisations providing analysis and comparisons for members facilitating shared learning across the NHS. It provides the Trust with:

- Access to benchmarked comparisons on finance/activity/workforce/outcomes, safety & quality of services
- Access to best practice using Network Case Studies
- Opportunities to compare the Trust against peer organisations
- Access to performance standards of the best performing organisations in the NHS
- Bespoke Southern Trust report per project & inclusion in the wider member organisations report to reflect comparisons.

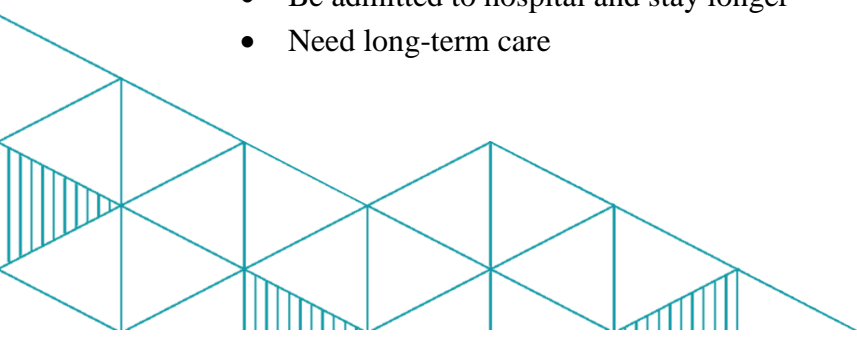
Each year the Network undertakes a range of projects and during 2019 the Trust participated in a range of benchmarking initiatives including Mental Health In-patients & Community Services, Emergency Care & also Managing Frailty & Delayed Transfers of Care in Acute Settings. Further information on this is detailed below.

What does Frailty Mean?

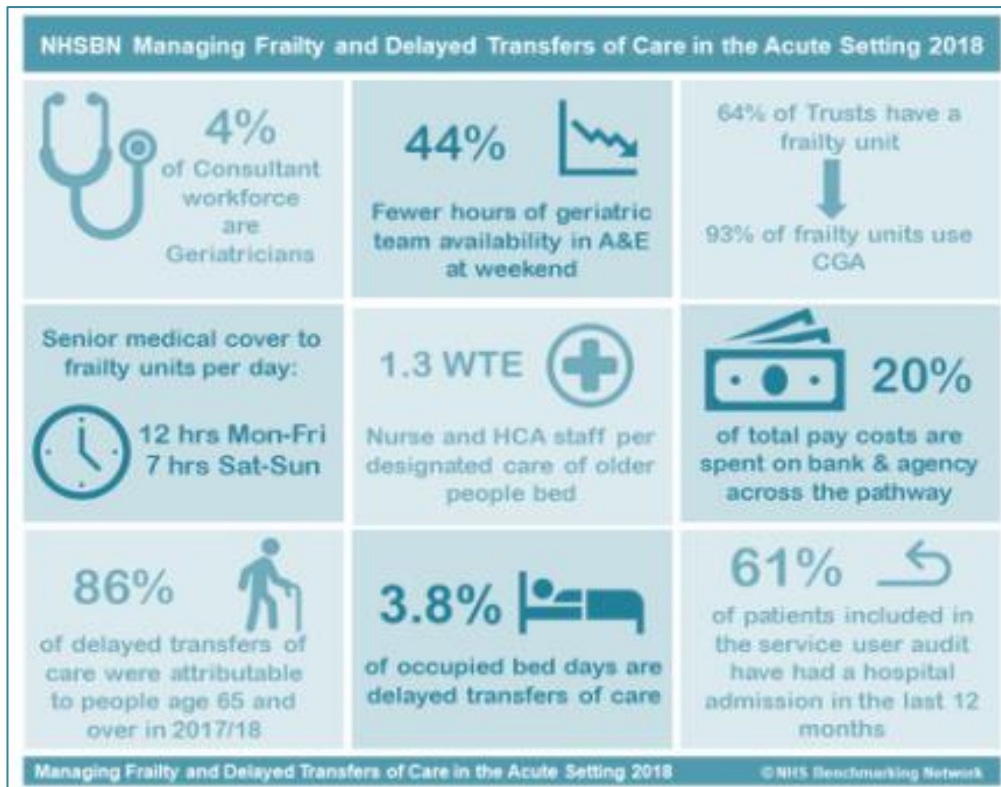
Frailty is related to getting older when we begin to lose our built-in reserves that help us recover from illness. We then become vulnerable to sudden serious changes in health, often triggered by minor events, such as a small infection or change in medication.(NHS England, 2018).

This leaves a person more likely to;

- Fall
- Take less exercise and have a poor diet
- Have long-lasting disability
- Be admitted to hospital and stay longer
- Need long-term care



This table highlights the National situation in 2018 and highlights figures that needed to improve:



Why participate in this national audit?

This audit provides the Trust with assurance that;

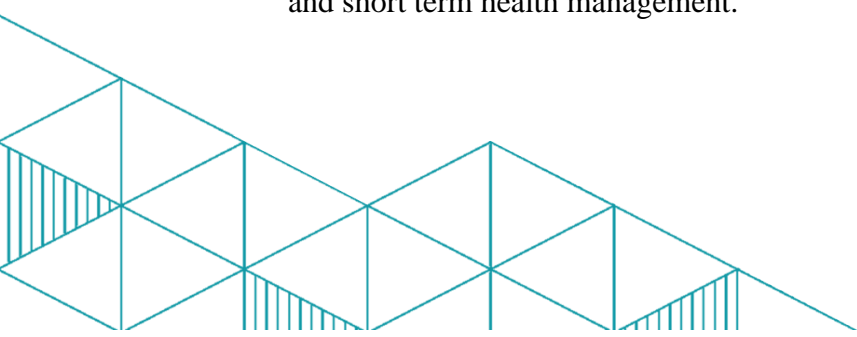
- Our facilities meet the needs of frail elderly people.
- The care needs of frail patients were identified correctly both in hospital and after discharge.
- A dedicated team trained in managing frailty are looking after patients with frailty.
- We provide excellent care when compared to National Standards and Guidelines.

The audit team decided on 3 performance indicators;

- Those with frailty are cared for in the appropriate setting by a specialist team.
- Frailty is assessed in the Emergency Department prior to admission.
- A Comprehensive Geriatric Assessment is carried out to identify care needs.

What is the Rockwood Frailty Score?

- The Rockwood Frailty Scale is a global clinical measure of a person’s level of vulnerability to poor outcomes. Identification of frailty helps to improve both long and short term health management.



Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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What Actions did the Southern Trust take to Comply with Recommendations?

- A 15 bedded ward opened in September 2020.
- Staff in Emergency Departments are completing a “Rockwood Frailty Score” on those patients who may show frailty.
- An admission booklet has been developed which is more comprehensive than the previous form used. It is being piloted for use, but initial feedback is positive.
- There is now a dedicated team available for managing frailty including;
 - A Geriatrician.
 - Dedicated Occupational Health and Physiotherapy Staff.
 - Nursing Staff trained in specific care of frail patients.
- There is in-reach from community services to prepare for discharge.

4.7 Cancer Targets

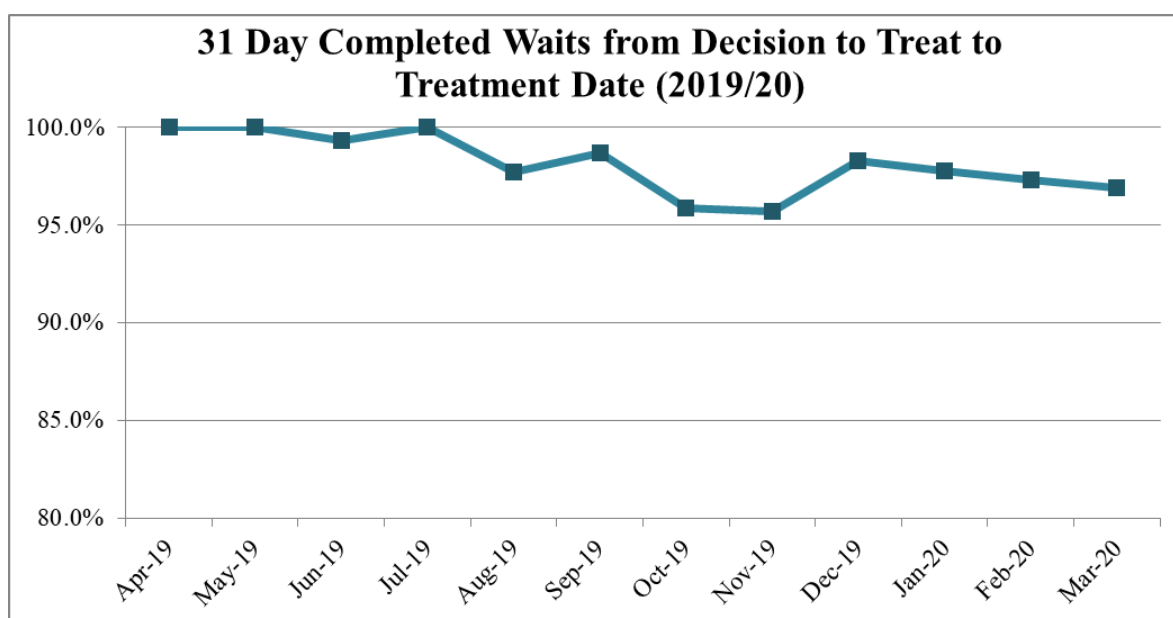
31 Day Completed Waits from Decision to Treat to Treatment Date

The Trust achieved the target for 2019/20 and was above the regional average.

As of March 2020, 30 patients waited longer than 31 days for their first definitive treatment in 2019/20. Of the patients who breached the target, 15 were skin cancer, 6 were gynecology cancers, 4 lower gastrointestinal and 3 urological.

Performance on the 31 day pathway for skin was impacted by reduced consultant capacity.

Performance against the 31 day pathway will be further impacted in 2020/21 associated with reduced capacity in line with the service re-build plans, associated with the Covid-19 management response.



62 Day Completed Waits from Referral to First Treatment Date

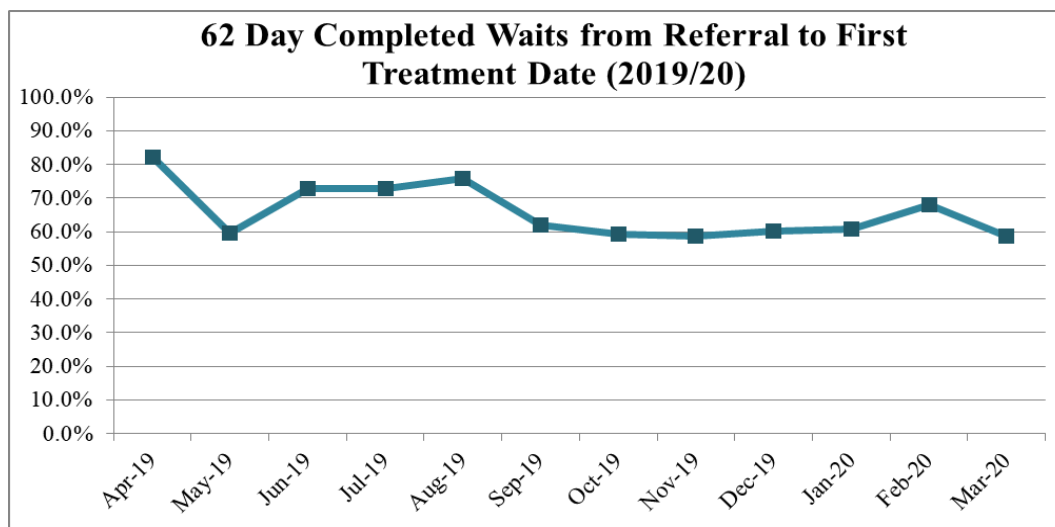
The Trust did not achieve the target for 2019/20, however, was above the regional average.

During 2019/20, in real terms, 369 patients, out of 924, breached the 62 day target. 160 of the breaches occurred within the Urology tumour site.

Reasons for breaches included insufficient capacity for assessment, delays to diagnostics tests and referrals between Trusts.

Urology pressures have been escalated to Regional Urology Reference Group and HSCB Performance Team. The HSCB has allocated funding (June 2020) in response to Trusts Investment proposal for appointment of a 7th Consultant Urologist and continues to work with other Trusts to consider how urology capacity can be best maximized regionally.

Performance against the 62 day pathway will be impacted in 2020/21 by reduced capacity across the pathway in line with service re-build plans associated with Covid-19 management response. This will be both in-house and in the independent sector.

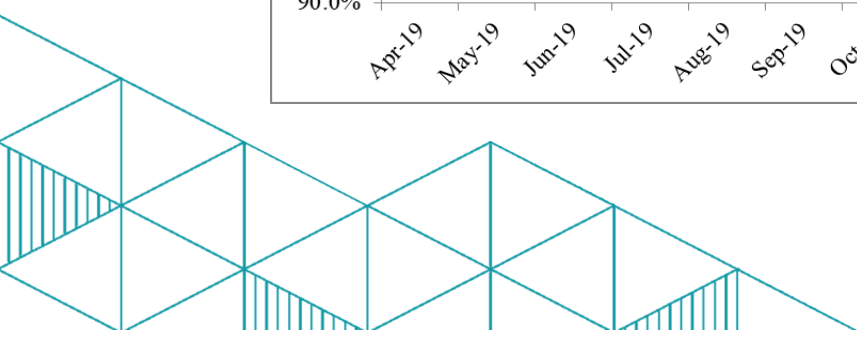
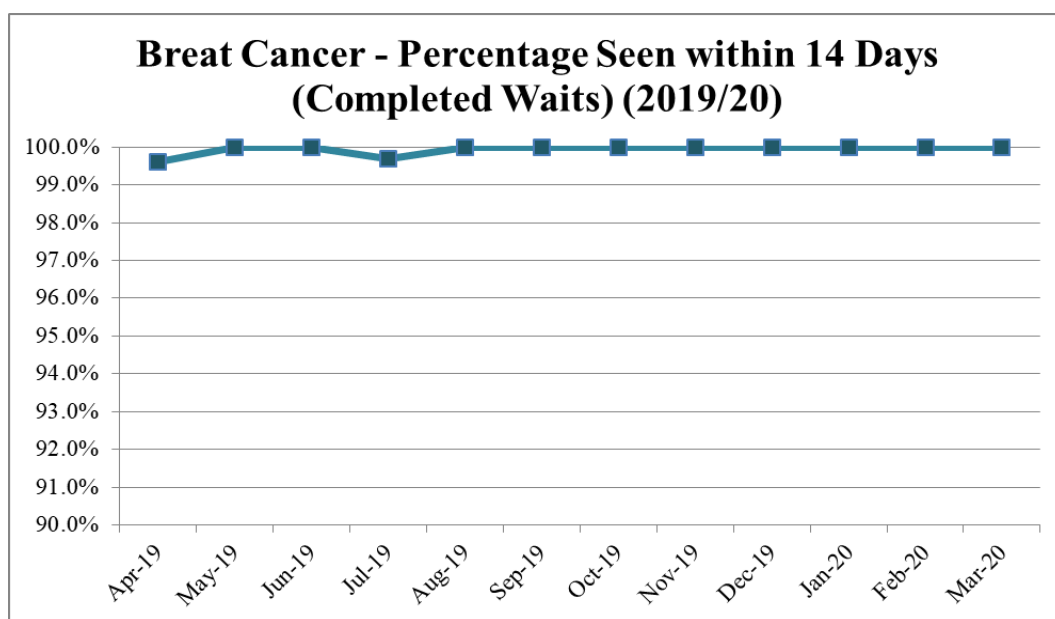


Breast Cancer – Seen within 14 Days

The Trust achieved the target for 2019/20 and was above the regional average. Performance has remained strong throughout 2019/20 with a total of 3,038 patients out of 3,040 being seen within 14 days, in comparison to 3,092 out of 3,111 in 2018/19.

Whilst additional non-recurrently funded capacity has been put in place as required to meet demand for new red flag/ urgent assessments capacity for routine new patients is insufficient to meet demand. As at 5 April 2020 a total of 533 patients were on the routine waiting list, with the longest routine wait at 39 weeks.

The regional review of assessment services has not concluded





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

Theme 5

Integrating the Care

5.1 Support in Communities

Care Bureau

The Trust operates a central administration bureau that sources packages of care for all programmes of care and completes invoicing. This bureau allows the Trust to access information for assembly questions, MLA enquiries and FOI requests.

Independent Sector Domiciliary Care

The Trust has introduced monitoring officers to give the Trust assurance that care commissioned from this sector is in line with contractual agreement, is safe and timely.

Intermediate Care Teams

Intermediate Care Teams (ICT) have continued to provide core service delivery and support earlier hospital discharges and prevent admissions e.g. through delivery of IVAB and work collaboratively with the Acute Care at Home Service to meet the generalist nursing needs of patients.

District Nursing Staff continue to support Care homes with management of syringe drivers to support end of life care and symptom management.

Integrated working within Integrated Care Teams continues with development of processes and communication systems across professionals

Communication and development of care pathways with interfacing teams progressed to provide clarity of understanding through participation at workshops eg. Implementation of Mental Capacity Act requirements for Deprivation of Liberty

Community Occupational Therapy ICT

- Development of You Tube video library to assist with equipment handover for patients and carers
- Ongoing review of Electronic induction pack for Community Occupational Therapy – maintain quality and ease of access to information for staff
- Community OT referral rates have increased currently at 7.4% increase in comparison to November 2019 and increased waiting times.
- **Admin Review within ICTs** which has streamlined processes, data collection, data quality, supporting focus on prioritising Service Users/Carer/Patients most in need. Band 4 administration managers are now in post across all teams with ICT Business Manager co-ordinating work
- **Development of First Point of Contact** has improved the ability for Service Users/Carers/external and internal agencies to get more timely, efficient response and intervention from our teams and ensuring that it is a response and intervention from

the right person at the right time. This has also improved more efficient use of team resources, e.g. district nursing and social work in particular in relation to the Keyworker role.

- **Allocation of increased demography funding to ICTs** - to support increased demand and support capacity issues and workforce retention.

Collaborative working between Diabetes Podiatry Team and Orthotist Team

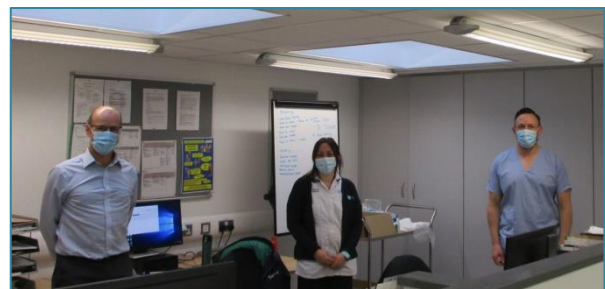
The Diabetes Enhanced Foot Protection Team and the Orthotist Team have been working in partnership on a new service improvement project for patients with active diabetic foot disease and those at high risk of diabetic foot disease.

This new collaborative way of working has several aims namely to facilitate timely referral of patients with active/at high risk diabetic foot disease and to combine our skills in wound care/ulcer management, orthotics, offloading devices and footwear in order to provide a comprehensive, effective treatment plan and improve long-term outcomes for our patients.



The Joint Vascular /Podiatry clinic

Vascular surgeons and Podiatrists both care for patients with Critical Limb Ischaemia (CLI) and foot ulceration. This condition requires immediate vascular intervention to reduce amputation and gangrene. A clinical pathway was required for urgent access to Vascular Services for diagnosis and guide to best cardiovascular and limb management.



The joint vascular and podiatry clinic commenced 3 years ago, running monthly clinical sessions for patients across the SHSST. The clinic is facilitated by Advanced Podiatrists and Mr Lewis, Vascular Consultant. Patients access the service by direct referral from GP to CAH surgical team or through Podiatry Vascular pathway. Podiatrists carry out lower limb vascular assessments on all patients attending the service with foot ulceration and those assessed with CLI are referred into the joint clinic. This joint clinic has reduced patient waiting times for vascular services, allowed patients to access services and investigations

within the SHSST, allowing optimum clinical management for the patient. Pictured: Mr Alastair Lewis Consultant. Claire Gallagher and Neil Beggs Advanced Podiatrists.

Healthcall Undernutrition Service – Remote Monitoring

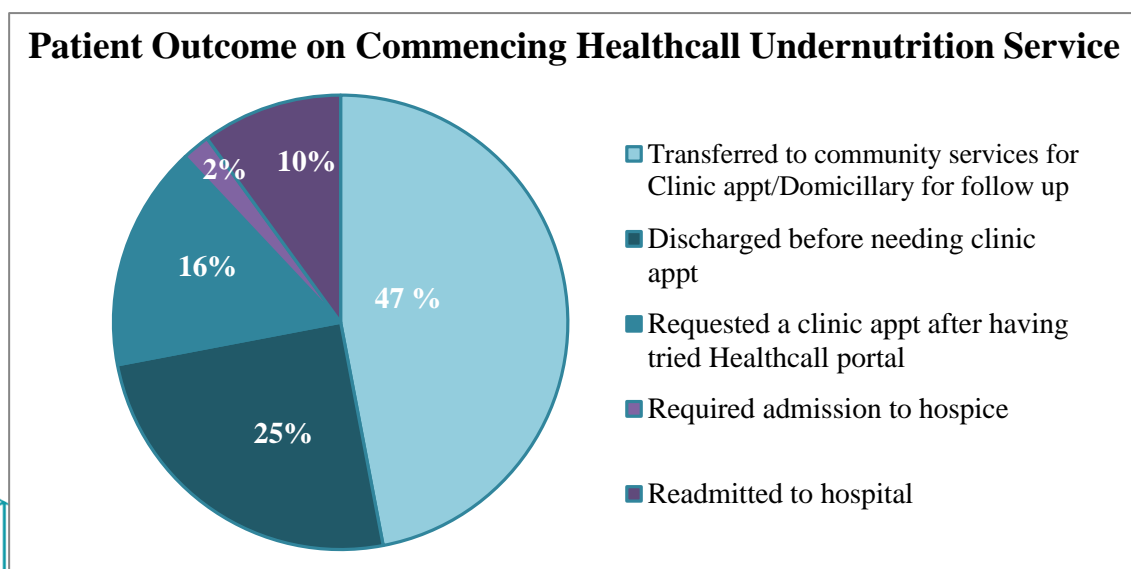
Health Call Undernutrition service is a system used by the Community Nutrition & Dietetic service to remotely monitor patients in Care Homes. In 2019 the service was extended to digitally monitor nutrition support patients who had been under the care of acute dietitians and were discharged home but still required input. The intention was to bridge the time gap between acute services and awaiting a community appointment.

Patients receive an automated telephone call notification once a week and this allows a patient to self-monitor their weight, nutritional intake/appetite and compliance with any nutritional supplements. They are asked to enter their information by responding to automated questions via their phone. This information is then assessed by the Dietitian via an online portal, who is notified, for example, if the patient has lost a significant amount of weight or is not managing their supplements.



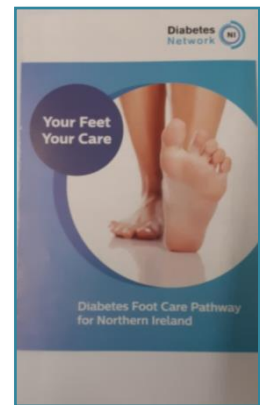
The patients are monitored via Healthcall until the patient is reviewed via face to face/telephone clinics or a domiciliary visit. In the event of the patient meeting their nutrition outcomes via the Healthcall remote monitoring service, the patient is able to be discharged. Figure 1 shows 25% of patients referred to the Healthcall portal were able to be discharged before needing a clinic or domiciliary appointment in the community, thereby maximising clinic capacity. Remote monitoring also reduced the length of treatment from 10-56 days compared to an average of 4-6 months for a patient on a community waiting list. Given the success of the Healthcall undernutrition service for remote monitoring the plan is now to roll out further across the dietetic service.

Below: Chart representing outcome of patients commenced on Healthcall to be remotely monitored.



The Diabetes Foot Care Pathway

The regional diabetes foot care pathway for Northern Ireland was launched in November 2019 and its aim was to offer an improved foot service for adults living with diabetes in order to reduce amputations and limb or life threatening complications. There are four main tiers to the pathway and in the Southern Trust the first three tiers are delivered in the community podiatry clinics, Craigavon Area Hospital and Daisy Hill Hospital. The foot pathway delivers diabetic foot care for those people living with diabetes who are at low risk of developing a diabetic foot problem right through to those who have active diabetic foot complications. From Nov2019 to March 2020 there were 43 referrals from the enhanced foot protection team to the multi-disciplinary diabetic foot team in team in Belfast RVH.



Multidisciplinary diabetic foot team within this team there are consultant vascular surgeons, diabetologists, radiologists and podiatrists. This team takes referrals from the EFPT for the most complex and deteriorating foot conditions

Enhanced diabetic foot protection team (EFPT) hospital support is provided and podiatrists work closely with the diabetic consultants, microbiologists and radiologists. At this stage patients who have developed a complex foot problem can be referred to the multidisciplinary team

Foot protection team (FPT): This team provides early treatment and advice when a foot problem is identified. If there is no improvement then the patient is referred on to the next tier which is the Enhanced foot protection team.

Foot screening : foot assessment will be carried out by a podiatrist and then an individual care plan is agreed and an annual diabetic foot check will be arranged and carried out by either a podiatry assistant practitioner or podiatrist depending on the risk of developing a foot complication.

Early Supported Discharge for Stroke (ESD)

As part of the plan to improve and develop stroke services in Northern Ireland, transformation funding was utilised to enhance the existing Community Stroke Team to provide Early Supported Discharge for stroke survivors in the Southern Trust.



Early Supported Discharge is an intervention for adults after stroke that allows rehabilitation to be transferred from an inpatient environment to a community setting.

The service commenced Monday to Friday 1st May 2019 and a six day model was launched on 1st July 2019

Main Aims of the project:

- Community Stroke Team will see patients within 24 hours of hospital discharge.
- Provide improved intensity and frequency of therapy to support patients in achieving the best possible outcomes after stroke.

During the period 1st May 2019 – 31st March 2020 167 patients were discharged from hospital using this pathway after experiencing a stroke.

Benefits of E.S.D. for Service Users:

- Reduced anxiety & increased confidence for service users and families.
- Improves patient outcomes in terms of functional independence and quality of life.
- Reduces length of stay in hospital.
- Increased emphasis on early intervention, rehabilitation and self-management.
- Therapy can be delivered at the intensity and duration advised in stroke guidelines.



Feedback

- 94% service users were very satisfied / satisfied with the service
- Just over 80% of respondents thought no improvements were necessary and had nothing to add to how things could be improved.
- The remaining responders alluded to ‘staff shortages’, ‘spending a little more time with the patient’ and ‘delay with information’.

Non-Acute Occupational Therapy Service

The Non-Acute Occupational Therapy service has created a new way working to provide information to service users, carers and/or their families in relation to equipment that has been assessed for and provided by Occupational Therapists within the Trust. In ‘normal times’ this information would have been provided face-to-face, however in order to reduce unnecessary face-to-face contacts and footfall within Non-Acute Hospitals, videos have been devised to provide this same information. These videos are all available as YouTube links, so that Occupational Therapists working across any of our services can use with their patients and service users. If deemed appropriate, the links to these videos are e-mailed to the patient and/or their nominated person to provide the required instruction on fitting and adjusting the piece of equipment.

If you are viewing the digital version of the report, click here to view the [Occupational Therapy Equipment Videos](#).

Follow-up contact with the patient occurs to address any further queries or concerns that may arise. This has been a positive change to practice within the Non-Acute Hospital Occupational Therapy service, which has been brought about due to the COVID-19 Pandemic, and is an example of excellent work by Occupational Therapists working in many different services across the Trust.

Fiona McCourt, Advanced Practitioner Occupational Therapist in the Care Home Support Team has participated in the development of an AHP Support to COVID-19 Patient in Care Homes webinar which is part of the AHP Covid-19 series by CEC. [Click here to view the webinar](#);

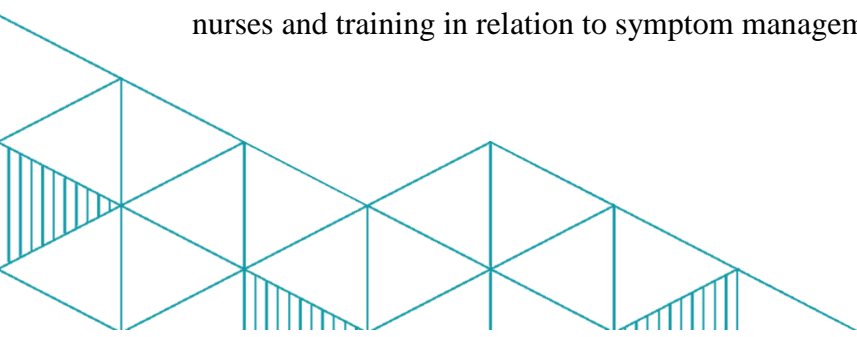
Care Home Support Team

The Care Home Support Team is a Southern Trust multidisciplinary team comprising of nursing, Social Work, Occupational Therapy, Physiotherapy and Administrative staff. The team was established to support the care of older people who are residents of the Trust and in permanent nursing and residential care home placements. The team are responsible for the ongoing review of residents in order to ensure that their placements continue to meet their assessed needs.

The Care Home Support Team work in partnership with staff from the Care Homes and closely with the RQIA, Integrated Care Teams for Older People, Acute Care at Home Team, Community Specialist Teams, Memory Services, Governance, Adult Safeguarding Gateway Team, Contracts and Finance Departments in order to support the delivery of high quality, safe and effective person centred care for older people in nursing or residential placements.

The Care Home Support Team in conjunction with colleagues from Corporate Nursing Governance, Mental Health and Disability Services and Infection Prevention Control have established a Care Home Information Support Hub in order to coordinate the support provided to a care home when the care home is dealing with symptomatic residents, a COVID positive resident or staff members and at the time of an outbreak. The Hub interrogates the information obtained through the RQIA app on a daily basis and follows up on any issues highlighted with each individual care home. This ensures that Care Homes are supported in a timely manner and connected to Trust resources as required.

Keyworkers within the Care Home Support Team also provide a minimum of a weekly support telephone call to their aligned care homes within the SHSCT area. The purpose of this call is to review the overall status of the home and check if the care home is experiencing any challenges that the Trust could assist with at that time. The Clinical Nurse Facilitator within the team is available to provide face to face syringe pump training for care home nurses and training in relation to symptom management at end of life.



The Care Home Support Team in partnership with Mental Health and Disability Services, host a biweekly operational Care Home Managers meeting via Zoom and also a biweekly education ECHO session for care home staff. The agenda for the operational meeting and the content of the education sessions is tailored to meet the educational needs identified by the care homes.

A Community COVID-19 Screening Team has also been established and is available to swab care home residents when:

- The resident is required to have COVID-19 screening to facilitate an admission to an alternative care facility - care home/hospice/hospital
- A Symptomatic resident in a care home/supported living facility requiring screening for COVID-19 and
- COVID-19 screening is required for all residents and staff within a care home/supported living facility, following the declaration of an outbreak in that facility.

Heart Failure

Rapid access Heart Failure clinic where patients with an elevated BNP have the opportunity to have Echocardiography (as per the timeframes in the NICE guidance on Management of Chronic Heart Failure), Consultant and Heart Failure Nurse assessment all done in the one day and a plan of care is formulated. This runs weekly in DHH level 4 Cardiac Investigations with a Consultant and a Band 7 HFNS, alongside the Cardiac Physiologists.

Community Respiratory Team

- Development of Virtual pulmonary rehab via Zoom – including maintenance programme, with a SOP devised for Zoom.
- Teaching AWC via Zoom.
- Virtual ward round daily meetings to enhance communication between acute and community services and improve discharge pathway.
- Facilitated discharge scheme to include pts with COVID-19 requiring oxygen on discharge.
- Integrated working with ICS team to facilitate discharge with these pts.
- Assistance of the introduction of BiPAP for complex pts and ongoing monitoring of ABG's.
- Completing HOSAR assessment and reviews at home due to no/limited clinic space.
- Multiple training videos completed for education of other staff trust wide.
- Training and support provided to nursing homes and Dom care workers re AGPs, use of oxygen and nebulisers.
- Donning/doffing and Swabbing training provided to other staff in early stages of pandemic.

- Due to the fear associated with hospital admissions at present we are having to deal with more complex cases at home, further exacerbated by some GP surgeries continuing to limit face to face visits.

Contraception Service

- Telephone triage system for patients with acute problems with Long Acting Reversible Contraception Methods.
- Telephone assessments followed by posting of oral contraceptive methods to patients homes
- Development of a pathway for other services to use when referring patients for emergency contraception
- Enhanced Access list developed to ensure those patients, where an unplanned pregnancy would be detrimental to their physical, mental or social wellbeing are given more timely appointments
- Working with the Nurse-Led service at the GP out of hours to develop a patient group directive that can be used by the Nursing staff at the out of hours service to provide patients with oral emergency contraception
- Development of a system where Sexual Health Nurses from the Promoting Wellbeing Division Health Hub can work at the Contraceptive Service, assessing young people aged 16-25 years for Long Acting Reversible Contraceptive Methods. These skills gained by the Nurses and pathways created can be further utilised at the Health Hubs located in the Southern Regional Colleges. Ultimately providing easier access to contraceptive methods for young people.
- Training sessions provided to Family Nurse Partnership staff around all methods of available contraception. This equips the Nursing staff from this service to have up to date information to provide their patients prior to accessing the Contraception Service.

MSK Physiotherapy:

- Developed virtual consultations via telephone, Zoom and Visconn to reach patients when they can't come to Face to Face appointments. This ensured patients could still be assessed and treated during covid period. It has facilitated new ways of working and patients have given very positive feedback on the approach used and the benefits to them in managing their symptoms and condition to aid recovery/rehabilitation.
- The MSK team developed electronic resources e.g. Leaflets, videos, advice sheets, exercise programmes, working from home advice, for patients to send to them for self-management and are now being used in primary care and ED to support other professionals to manage patients
- Specific videos developed for the headache service and pain teams which enabled patients to start and progress their treatment in their own homes.
- Multi-Disciplinary pain management classes were designed and then delivered virtually via Visconn and Zoom key new working with technology. Patient's love the interactive

nature of the class and it allows them to see what they can do on their own and in their own homes/settings.

- MSK physiotherapy leading in MSK/Fracture hub to manage orthopaedic referrals that frees up consultant orthopaedic surgeons time and reduces waits for patients also means one stop approach saving the person time and the clinic.
- Due to move to PARIS all patient records are now electronic with all assessments, case notes and letters completed on PARIS with discharge letters to GPs and referrers now directly loaded to NIECR. This ensures that others involved in the patients care have up to date information and the patient is managed holistically.
- The Lymphoedema Service has been delivering a Healthy Legs Programme for patients with oedematous/swollen legs to increase their knowledge of and develop the skills to attain and maintain good leg health. It puts the patient at the centre of their care by ensuring they can make informed decisions about their care and long management and prevent breakdown of skin and help with wound healing.

The Lymphoedema service throughout the Covid pandemic has adapted new ways of working. The majority of our patients were initially shielding and certainly fall into the high risk category based on age and/or co-morbidities. Assessments are completed virtually by video or telephone to begin. Based on this the patient, carer or family member may be asked to take photographs of swelling and measure the affected area. This ensured that patient could progress safely with their management. This approach has improved their autonomy. Other patients were brought into clinic when required for a much shorter face to face appointment so they too could progress as appropriate.

Statutory Domiciliary Care

- Introduction of Home companions to compliment the domiciliary care service. These new companions will undertake home sitting service to help the Trust support carers.
- Competency Based medication training – only Trust to have this model for care staff regionally and increases the skills of care staff to provide safe administration of medication. .
- The service has 4 active Dementia Champions rolling out ideas on how to improve the quality of domiciliary care and share better ways of working with clients who have dementia.
- The Trust has agreed to roll out mobile phones for 1150 care workers to enable improved and timely communication with care staff and connect better with them i.e training videos, early alerts, safe practice guidance.
- The Trust is exploring the implementation of a real time monitoring system that allows staff , clients and families to leave feedback and give assurance that all clients receive care as commissioned and at the time agreed

Rapid Access Teams/ Older People's Admission Unit

The Rapid Access Clinic (RAC)/ Older People's Admission Unit (OPAU) in Newry moved into the Direct Assessment Unit (DAU) Daisy Hill Hospital in February 2019 which was part of the Pathfinder Project. This enabled GP to directly refer frail elderly patients to the unit as an alternative to the Emergency Department (ED) and ED staff can also refer on these patients to the OPAU. It is a more conducive space of assessment for frail elderly and they are provided with a full comprehensive geriatric assessment.

Rapid Access services continue to run in Mullinure, South Tyrone Hospital and Lurgan over the 2019/20 period with GPs able to refer direct or to utilise the single point telephone line offered by the Acute Care at Home triage Doctors for direct access to these pathways.



Facts and Figures

During 2019/20:

- The Older People's Admission Unit (both DHH & CAH) **accepted 1174 referrals** from 01/04/19 to 31/03/20.
- **81%** of these referrals were not admitted to an Acute bed.

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. As part of support for patient flow and improving patient experience Intermediate Care have been focusing on ‘Discharge to Assess’ model and working with acute colleagues to allow clients to return to community setting as soon as they are able to do so- avoiding delays.

Discharge to Assess



Facts and Figures

During 2019/20:

- **865 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. This is a **48.8% increase** from 2018/19.

Acute Care at Home

The Acute Care at Home (AC@H) 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 services (Heart Failure and Community Respiratory) within an agreed time frame of 2 hours. Patients receive a comprehensive Geriatric Assessment based on Silver Book Guidelines involving full MD input and have rapid access to diagnostics (MRI, CT, Ultrasound, Xray) and laboratories in the same time as an inpatient.

The team has been able to extend its area of coverage over the last year to provide full Trust coverage.

The AC@H also welcomed 0.5 wte Band 7 Dietician to the team to further enhance its multi-disciplinary function and 1.0 wte house keeper. Both of these roles have been developed

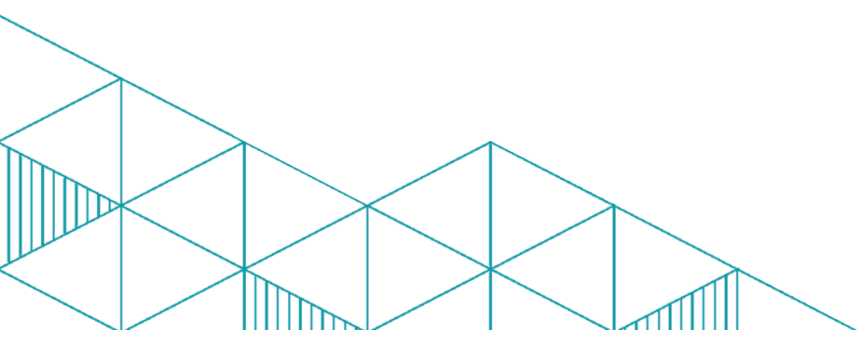
over this period and were firmly established to become an invaluable asset for the Covid period which was to follow.



Facts and Figures

During 2019/20:

- The Acute Care at Home (AC@H) team received **2537 referrals received** of which **1520 referrals were accepted**. This equates to an average of 127 referrals per month.
- The percentage of referrals declined due to '*no team capacity*' has **decreased from 13.9%** in the 18/19 financial year **to 12.8%** in the 19/20 financial year.
- The average length of stay on the AC@H service **decreased** for the 2019/20 financial year which was **4.56 days** in comparison to that of the previous year which had an average of **4.94 days**.
- Within the 2018/19 financial year, the AC@H service **saved 9323 hospital bed days** which equates to a 26 bedded ward at 100% occupancy. The 2019/20 financial year has seen this further improve to a 29 bedded ward having saved a total of **10,336 bed days**.



5.2 Mental Health

User and Carer Service Improvement Group

The principles of co-production, co-design and co-delivery continue to be embedded in all improvements in Mental Health Services. Central to this is the User and Carer Service Improvement Group (UCSIG) which is inextricably linked with the Mental Health Forum since 2009. UCSIG is an essential component in delivering sustainable co-production and collective leadership. It is an independent body and its model is unique regionally.

The User Carer Service Improvement Group meets on a monthly basis and was involved in all Service Improvements in 2019/20. The group's members include Advocacy Providers, Service Users, Carers, Southern Trust Staff and 3rd Sector organisations.

A capacity building programme has been the most recent piece of innovative work. UCSIG meetings have equally involved the highly experienced alongside those being mentored at the beginning of their capacity building journey. The UCSIG/ Mental Health Forum model involves training, 1:1 mentoring and practical experience.

Mental Health Forum – Capacity Building Programme

OUR VISION (The future we visualise and move with passion towards)



"Every person with lived experience of mental health services or their carer, who has passion and commitment for involvement & coproduction with SHSCT Mental Health, can access opportunities for learning and experience that direct that passion and develop associated skills and confidence"

OUR AIM (The main way we intend to contribute to this future).

To deliver personalised capacity building, and to partner in involvement opportunities, through our unique 5 stage service-user led mentorship programme and its associated learning groups

OUR CORE OBJECTIVES (The main things that must be achieved or upheld to get there).

- To provide a recognised, structured, and responsive Capacity Building/Signposting Pathway for those with lived experience of using mental health services or their carers who express interest. To link this closely with Pathways of Southern Health & Social Care



Trust, that also seeks to promote or develop opportunities and education for Involvement & Peer Employment.

- To deliver a personalised mentorship experience that is peer-led, strengths focused, and celebrate individual personal growth, while focusing on achievement of the Programme’s 12 core competencies.
- To represent and promote the values of Mental Health Forum, contributing to continuous coproduction with Southern Health & Social Care Trust and ensuring lived experience voice and expertise is heard and valued.
- To be part of active culture change in Health & Social Care, that embraces Mutual Respect, Parity of esteem, Embedded Recovery & Coproduction, and Peer Involvement & Employment.

12 Core Competencies of The MHF Capacity Building Programme "Coproduction Matters"	
These apply to ALL Programme Stages, with each stage bringing progression of that knowledge, understanding, and skill.	
1	Understanding of Coproduction, PPI, and Recovery principles in context of Health & Social Care
2	Understanding of SHSCT and ImROC context, and ability to relate it to a Coproduction setting
3	Ability to confidently put Coproduction knowledge and skills into effective practice
4	Ability to identify with, and constructively use own personal expertise by lived experience to represent and benefit a wider body of opinion
5	Ability to understand, and to take personal responsibility for self-care during Coproduction (including ability to establish and maintain safe and effective sharing boundaries)
6	Ability to collaborate, demonstrating respect for both people and protocols
7	Ability to actively communicate and listen well, and to support or facilitate collaborative discussion of others
8	Ability to model, promote, and uphold good Coproduction & Recovery Practice
9	Ability to reliably attend and actively contribute in Coproduction settings where have committed to involvement
10	Ability to source, manage, effective use, and share information in line with protocol and legal requirement
11	Ability to reflect, learn, and develop capacity in Coproduction Practice
12	Ability to identify and use networking & learning opportunities, as well as support structures

Physical Health Monitoring

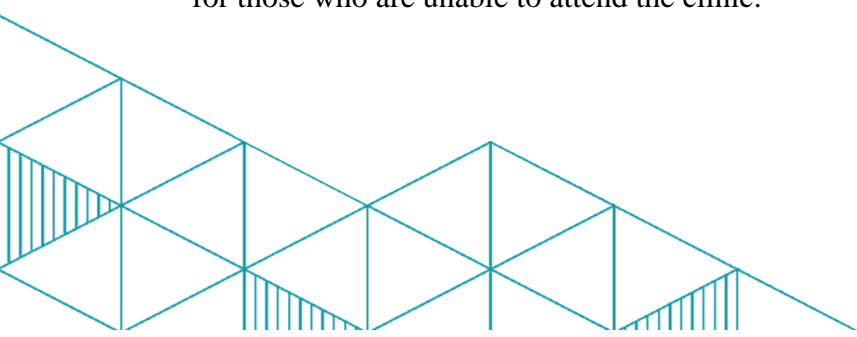
A small team of staff have been recruited to ensure robust physical health monitoring is offered to those with severe and enduring mental health illnesses.

We know from the evidence that those clients with a serious mental illness are more likely to develop cardio metabolic issues, have poorer physical health outcomes and that there has been insufficient screening has taken place.

The Trust has been implementing routine physical health screening checks for those clients within mental health services in line with the Lester guidance.(link below)

[ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf)

Each locality area has established clinics to undertake these health checks for all clients open to key workers within mental health who meet the criteria. An option for outreach is available for those who are unable to attend the clinic.

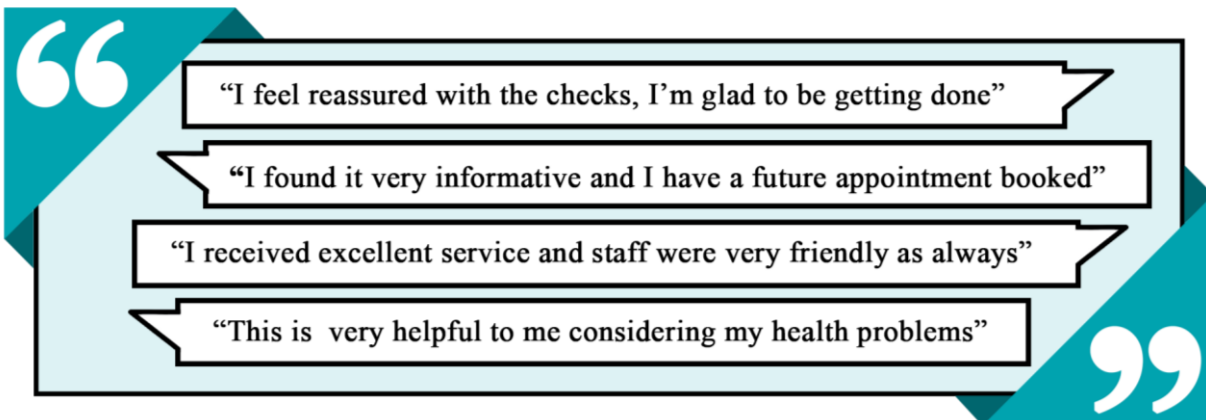


The physical health lead nurse will undertake in-reach to the Acute Mental Health unit at Bluestone and provide teaching and expertise to the teams and wards.

There is a Physical Health Expert Reference Group setup with representatives from medical, pharmacy and nursing colleagues across teams, which meets regularly and provides a Multi-Disciplinary forum for policy and pathway review and opportunities to review current practices and bring about changes based on the available and emerging evidence.

Investment has been made in ECG machines and staff training to complete this work.

This has been well received by those attending who have given their feedback with comments such as:



Health Passport

This Physical Health Monitoring program is supported by the previous development of the Health Passport and allows for a copy to be given to the client should they wish one, with details of tests undertaken and lifestyle questions and advice on the inside.



The passport helps our staff to ask the relevant questions, thereby beginning the conversations about physical health and lifestyle choices, provide information and signpost to relevant services such as smoking cessation and healthy eating cook-it programmes.

Rehabilitation Team

A rehabilitation team has been formed to support families caring for those with mental ill health. The team offers clients a pathway focused on their specific needs and aims to



support recovery and reduce relapse to ill health. The service provides intensive support and treatment for those who require it and forms a seamless link between hospital and community services which reduces hospital admissions.

Peer Led Groups

With support from SHSCT the Health Partnership made a successful application to National Lottery for £500,000. This funding which is provided over five years will sustain peer led groups and increase support to rural areas.

Towards Zero Suicide

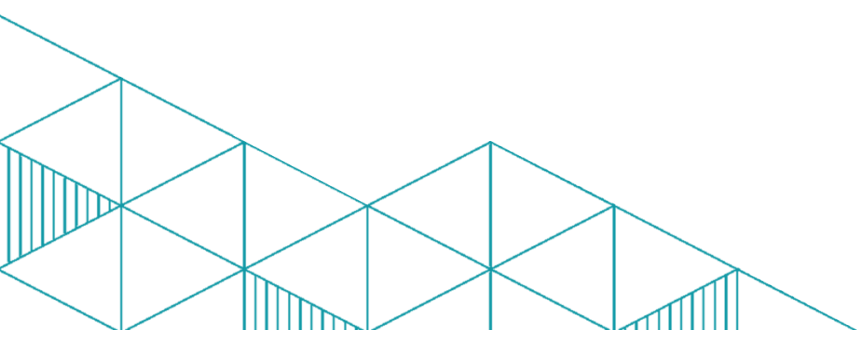
Towards Zero Suicide is a regional approach aiming to reduce suicide in the population who are known to Mental Health Services. In the first phase the roll out of Level 1 *Suicide Let's Talk Training* has been provided for staff in the Southern Trust.

The Southern Trust has also led the way regionally by developing the *Lived Experience Carer Advocate* work stream of the project.

Level 1 Suicide Let's Talk Training

Take the opportunity to complete the online 'Suicide Let's Talk' training available for staff via e-learning at <http://www.hsclearning.com> This training aims to increase participants' awareness of; the signs to look for when someone is thinking about suicide, guidance on what to say and how to ask a person directly about suicide, and signposting a person to support services to help them stay safe for now.

Please note if staff have personal experience of suicide, they may find this training emotionally challenging and should consider speaking to someone before deciding to commence.



5.3 Children's Social Care Services

The Executive Director of Social Work's Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust is available for 2019/20.

This statement provides an assessment of the Trust's performance in effectively and efficiently delivering the Delegated Statutory Functions.

The Trust provides regular reports to the Health and Social Care Board in relation to a number of service areas for example:

- Children's Homes Annual Monitoring Reports (to RQIA only)
- Adoption Panel Annual Report.
- ARIS Monthly Adoption Report.
- Trust Child Protection Trends and Statistical Quarterly Reports.
- A range of PFA targets – Priority 5 Monthly Returns.
- Unallocated Cases Monthly Performance Reports.
- Quarterly returns on Youth Homeless.
- Notification of Unregulated Placements.
- Carers Assessments.
- Direct Payments.
- Education, Training and Employment statistics.
- Trafficked children/Separated Children.

The Trust led on a Multi-Agency Audit in relation to the Framework for Harmful Sexual Behaviour (HSB). A Multi-Agency Action Plan has been agreed to progress awareness, assessment and intervention in relation to HSB. The work is being led by a Southern Area Multi-Agency Harmful Sexual Behaviour Group chaired by the Assistant Director for Safeguarding and Family Support who also participates in the Regional HSB Group contributing to the Regional Action Plan for Harmful Sexual Behaviour.

Youth Homelessness:

A Review of the delivery of Youth Homelessness Service was completed resulting in an earlier engagement with the Youth Homeless social worker at the Gateway Single Point of Entry. This early engagement has promoted family engagement and safety plans supported by family networks to avert or support young people age 16-17 years at risk of homelessness

Infant Mental Health Strategy

The Trust led in the development of a Multi-Agency Southern Area Infant Mental Health Strategy 2020 – 2025 which was launched on 29 November 2019. It represents a commitment

by statutory, voluntary and community organisations to promote positive infant mental health from the ante-natal period through to children aged 3 years of age.

The Strategy takes account of the Regional Infant Mental Health Framework (2016) along with learning from a Southern Area Multi Agency Stakeholder Event (May 2019), and results from scoping exercises undertaken in 2019 with key stakeholders within and outside the Trust. Parents provided comment on the accessibility of the Strategy. As a result of this the strategy document is accompanied by a ‘Strategy on a Page’ summary poster. A Southern Area Infant Mental Health Multi- Agency Strategic Group has been established to lead the implementation of the 5 Year Strategy.



Children with Disability Services (CWD):

This cohort of children and families were amongst the hardest hit during the pandemic. Children with a Disability are amongst the most vulnerable and susceptible to the impact of a reduction of services. Therefore when schools and many other social outlets which we take for normal were no longer accessible, many families began to experience very considerable stress and in some instances led to crisis and potential breakdown.

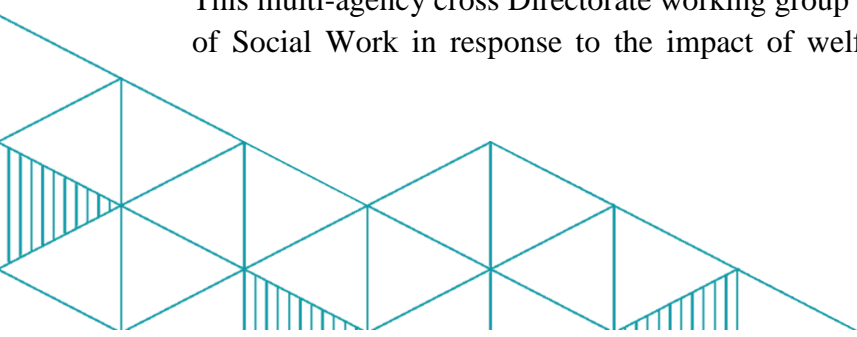
The CWD social work teams across the Trust amalgamated much of their staff resources and engaged with the Voluntary and Community sector and planned bespoke interventions for children and families. Based on assessment of need 30 of the most vulnerable children were identified and who were most impacted upon by absence of schools and other social outlets and supports.

Social workers on a daily basis delivered range of activities and bespoke packages out of home to the above identified cohort of children. Due to the success, an additional 84 Children collectively received over 400 individual sessions of activities delivered directly by social workers and community voluntary partners.

This community based support was an invaluable service to many families which avoided breakdown for some of the most vulnerable.

Welfare Reform Group:

This multi-agency cross Directorate working group was established by the Executive Director of Social Work in response to the impact of welfare reform, poverty and COVID on the



vulnerable members in the Southern Trust area .Membership includes voluntary groups, education, council, Trust staff and is co-chaired by one of the Trust’s Non-Executive Directors. The purpose of the group is

- A focus on supporting/enabling others (statutory/Voluntary/Community), who work with vulnerable families and communities.
- A commitment to a co-ordinated approach in all we do and avoiding duplication.
- To act as a Strategic pressure group/voice, to raise issues/concerns at a Regional and Departmental level, as they effect the Southern Area.
- A willingness to share our learning, across all age groups, with relevant regional forums.
- How we can influence/support breaking the poverty cycle, for families and communities(empowerment; accessibility; employment; education) and to develop strong strategic and operation alliances across the sectors

Moving Towards a Trauma Informed Organisation: Project Maple



Project Maple is a unique initiative in collaboration with the Social Work Strategy, Finance, Estates and Children and Young Peoples Services. A Trauma informed approach highlights the important of the physical environment and how its impacts affects individuals, recognising that it can have a physiological and emotional impact and responds by creating supportive environments that resist re-traumatisation.

Trauma Informed environments ensure physical safety from harm and danger, support mental health, emphasise consistency, predictability and facilitate social connection, community building and participation in design of the space. Therefore(as the attached photos highlight) a piece of ground outside Lisanally House has been converted to improve the quality of contact for our Looked After Children (0-14 yrs. old) with their parents, siblings and extended families in an outdoor play area based on feedback and design by young people. The outcome has resulted in improving their family time together, creating positive memories, reducing anxieties and stigma related to attending Social Services buildings.



Looked After Children



Facts and Figures

- During 2019/20, there were **1044 LAC reviews** in 2019/20.
- **40** of these were held outside of timescale (initial, 3mth review & subsequent 6mthly reviews – if a change of placement review is included in out of timescale figure, this becomes **41**)

Permanency Planning



Facts and Figures

- There were **562 LAC children** as of 31/03/2020 and of these, 545 fulltime looked after children had a permanency plan in place.

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



Facts and Figures

- There were **757** Child Protection referrals during 19'20
- **750** were seen & spoken to within 24hrs
- the remaining 7 within 48 hrs following attempts being made by Social Worker's to contact family

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

During 2019/20 there were:

- **269 children** received direct payments.
- This figure has **increased from 213** children in March 2019 and 210 children in March 2018.

Education, Training & Employment



Facts and Figures

During 2019/20 there were:

- **241 individuals** subject to the Leaving and After Care Act.
- **228** were in education, training and employment.
- 13 have an Education, training or employment status of 'other' (sick/disabled, parent, carer).

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.



Facts and Figures

During 2019/20 there were:

- **259 adults referred** for investigation and identified as at risk, during the year had an adult protection plan in place at 31st March 2020. (Adult Safeguarding Returns to HSCB).
- This is a **15% decrease** from the previous year, 2018/19.

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 Health and Social Care Trusts.

Within Southern Trust **no 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.

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

During 2019/20 there were:

- **2510 adult carers** across Physical Disability, Learning Disability, Mental Health and Older People & Primary Care services who were offered individual care assessments.
- This is a **decrease of 36%** on 2018/19.

Direct Payments

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



Facts and Figures

During 2019/20:

- **Direct payments are in place for 606 adults, an increase of 2 adults from 2018/19's figure of 604.**