

#### 4. 2018/19 Performance Improvement Trajectories

*SMT paper attached detailing areas by exception (Appendix 2)*

*Outpatient/Inpatient & D/C – Trajectories against SBA (included in appendix 2) -ASD Performance: Exceptions below – (directorate to respond with reason for performance)*

##### **Out-Patients**

- General Surgery -122 -22%
- Paediatrics -22 -9%

##### **In-Patients/Day Cases**

- Dermatology (Consultant-led) -22 -18% (Nurse-led on-track. Consultant-led trajectory set higher than SBA due to additional sessions being undertaken by new Consultants.)
- ENT -39 -24%
- Orthopaedics -26 -18% (Note that underdelivery in Orthopaedics is not offset by increase in Trauma. Noting +22 FCEs equating to +13 admissions only overperforming for Trauma.)

**Other areas to be inserted / in compilation by Performance**

#### 5. SSI surveillance related issues

*SSI covers orthopaedic surgical site infections and C-section surgical site infections*

*C-section – no known issues*

*Orthopaedic Brief – see below*

- *PHA has met with Trust (like all trusts) about reporting mechanisms etc. SHSCT meetings not well attend/right people not in the room and further meeting to be arranged re assurances etc*
- *Some assurance provided re processes; SSI now collected via TMS ; Process in place and submitted to PHA*
- *Low rate of SSI in CAH, traditionally which is welcomed however infections can occur after discharge and some potential concern that these may not be fully picked up with Trust reliant on post operative review appts or re-admission to identify same. Some sense that PHA want to explore this process more fully*
- *PHA has requested meeting further meeting with Trust to discuss SSI for orthopaedic surgery; date Proposed for 14 June although date might need to be changed to ensure clinical lead in attendance; previous date arranged cancelled by PHA.*

- Sense that PHA might want assurance – Trust willing to engage – engagement needs to be with clinical and operational staff who are responsible.  
Internal meeting required

**Orthopaedic Surgical Site Infection Patient Safety Dashboard Q4 2017**

**Aim: To maintain the Trust's SSI Rate (Last 8 Quarters) below the NI Average (Last 8 Quarters) during 17/18**

All Procedures	PERIOD	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
	NI Quarterly SSI Rate (%)	<b>0.61</b> (20/3284)	<b>0.34</b> (11/3243)	<b>0.23</b> (7/3010)	<b>0.33</b> (11/3332)	<b>0.34</b> (11/3240)	<b>0.21</b> (7/3274)	<b>0.38</b> (12/3175)	<b>0.19</b> (6/3214)
	Cumulative NI Rate (%) (Last 8 Quarters)	<b>0.47</b> (98/20890)	<b>0.46</b> (103/22249)	<b>0.40</b> (93/23216)	<b>0.36</b> (88/24147)	<b>0.33</b> (83/25521)	<b>0.34</b> (88/26231)	<b>0.34</b> (88/25689)	<b>0.33</b> (85/25772)
	CAH Quarterly SSI Rate (%)	<b>0.34</b> (2/582)	<b>0.17</b> (1/575)	<b>0.20</b> (1/501)	<b>0</b> (0/590)	<b>0.17</b> (1/579)	<b>0</b> (0/601)	<b>0.35</b> (2/571)	<b>0.33</b> (2/599)
	Cumulative CAH Rate (%) (Last 8 Quarters)	<b>0.25</b> (9/3658)	<b>0.26</b> (11/4202)	<b>0.23</b> (10/4402)	<b>0.22</b> (9/4164)	<b>0.18</b> (8/4355)	<b>0.15</b> (7/4588)	<b>0.17</b> (8/4588)	<b>0.20</b> (9/4598)

**Due to the period of surveillance (up to 1 year) SSI Rates may change over time**

**Infection Key:**

**Red:** Rate above NI average  
**Amber:** Rate equal to NI average  
**Green:** Rate below NI Average

## C/Section Surgical Site Infection Patient Safety Dashboard March 2018

Aim: To ensure 95% overall compliance with the SSI Bundle by March 2018														
		Baseline Aug 08												
CAH	Appropriate use of Prophylaxis Antibiotics	45	100	95			100	100	95		100			100
	Appropriate Hair Removal	0	100	100	95		95			95	100	95	95	100
	Normothermia	25	100	100	95	95	100	100	100	100	100	100	100	100
	Glucose Control (Diabetic pts)	0 (0/1)	0 (0/1)	100 (2/2)	50 (1/2)	67 (2/3)	100 (2/2)	100 (1/1)	100 (2/2)	33 (1/3)	50 (1/2)	0 (0/2)	0 (0/2)	0 (0/2)
	Overall Bundle Compliance	0	95	95			95				95			
		Baseline Aug 08												
DHH	Appropriate use of Prophylaxis Antibiotics	0	95	95			100	100	95	100	95	100	95	100
	Appropriate Hair Removal	0	100	90	100	100	100	100	100	95			100	100
	Normothermia	100	100	100	100	95	100	100	100	100	100	100	100	100
	Glucose Control (Diabetic pts)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Overall Bundle Compliance	0	95	85			100	100	95	95			95	100
Trust Aim: To maintain the Trust's SSI Rate below the NI Average during 2017/18														
PERIOD	Q4 2015	Q1 2016	Q2 2016											
CAH SSI Rate (%)	7.4	4.6	2.5	3.8	5.6	6.4	3.2	1.8	4.4					
DDH SSI Rate (%)	10.2	3.0	4.0	4.6	3.7	2.2	1.8	1.0	0.0					
Trust Rate (%)	8.6	4.0	3.0	4.1	5.0	5.3	2.8	1.6	3.1					
NI Average (%)	6.8	5.7	4.2	6.1	4.5	5.6	5.2	6.2	5.1					
Percentage HISC Returns: Aim - To achieve a Completion Rate = to or above NI Average														

	CAH (%)							85.2	83.1	84.3
	DHH (%)	67.9	67.3	82.9	90.5	94.4	70.2	82.2	73.8	60.6
	TRUST (%)	53.1	70.4	79.7	86.0	85.5	81.8	84.3	80.4	75.6
	NI Average (%)	75.4	84.6	86.1	88.3	88.2	86.9	82.8	81.7	76.8

## Key: Bundle Compliance

**Red:** 0% → 50% - Work done but limited progress

**Amber:** 51% → 94% - Target partly achieved

**Green:** 95% → 100% - Target fully achieved

## Key: SSI Rate

**Red:** Above NI Average

**Amber:** Equal to NI Average

**Green:** Below NI Average

## Key: HISC Returns

**Red:** 10% or more below NI Average

**Amber:** Within 10% of NI Average

**Green:** Equal to or above NI Average

## Performance in National Audits – SSNAP (Brid Farrell presentation)

*SHSCT currently sitting at a 'D' level IN CAH and 'C' level in DHH against the audit and not able to secure improvement. (see dashboard below)*

### Key challenges related to

- Inability to get patient to a stroke unit in a timely manner due to lack of dedicated stroke beds (Protected lysis bed in CAH in place and working, however challenged in trying to keep a protected assessment bed due to bed pressures; DHH – trying to protect a lysis bed on stroke ward but not achieved)*
- Diagnosis time and delays getting to CT scanner associated with diagnosis lead in time and CT emergency capacity (Awareness session planned to improve diagnosis for clinical staff in ED to support timely & Second CT scanner may assist in due course)*
- Unable to meet AHP assessment targets as no 7 day service over weekend for this (6.4 wte additional AHP staff required to meet requirements(??link to 7-day working transformational bid)*

*Stroke group in place to look at light touch proposals (papers attached – appendix 3 below) and monthly DIY SSNAP audits in place to test compliance (March included for reference)*

## SSNAP Quarterly August –November 2017 (scored from A- E Nationally)

### CAH SSNAP – Level D (No change)

Areas Improved	No Change	Deteriorated
Stroke unit	Discharge Process ( A) maintained	Scanning
Thrombolysis		Occupational Therapy



Specialist Assessments		Speech and Language
Physiotherapy		Standards By Discharge
Multidisciplinary Team working		

## DHH SSNAP – Level C (Improved from D)

Areas Improved	No Change	Deteriorated
Thrombolysis	Scanning ( maintained at C)	
Occupational Therapy	Stroke Unit ( remains at E)	
Physiotherapy	Specialist Assessments (remains at E)	
Speech and language	Multidisciplinary Team working (remains at D)	
	Standards by Discharge( maintained B)	
	Discharge Process ( maintained A)	

## 6. Trust Issues:

- Acute Services
  - Paediatric Surgery & Change for Children Strategy – Trust update  
*Email update on volumes of paediatric surgery in two comparable periods attached (appendix 4)*
  - Breast Assessment Services – Trust Update on performance and quality aspect from service; HSCB update on regional review of assessment services  
*Dashhoard attached – appendix 4*  
*Brief to follow*  
*2-3 May breaches. April showing good position: Flow to other Trusts in April limited to one Trust (NT) providing capacity*  
*Reviews 45 weeks for routines*
  - Trauma & orthopaedics – Trust update on service issues relating to development of additional provision

## 7. AOB

## Appendix 1 – year end report



20180518\_YearEndA  
ssessment20172018\_ryPagePerformanceRtMarch2018\_AccessT



20180518\_TBSumma



20180521\_YearEndA

## Appendix 2 - performance improvement trajectory

### OP/IP & DC



20180515\_1819  
PIT\_UPDATED\_SHSC



20180515\_1819  
PIT\_UPDATED\_SHSC



20180417\_Performa  
nceImprovementTra

## Appendix 3 – stroke position paper



Stroke Service  
Performance.pdf



March 2018 Monthly  
SSNAP Results.docx

## Appendix 4

Analysis from dataset on paediatric surgical cases recorded on theatre management system for period jan- – April 2017 – v – 2018

- High level analysis – all cases including elective and emergency**

Children  $\leq 13$  - cases reduced by 105 in this period (14.1%)

Children 14 – 16 – cases reduced by 31 in this period

Total = reduction of -136 cases (14.7%)

Elective only cases reduced by -121 and Emergency cases increased by +16 in the same period

- Specialty analysis of  $\leq 13$  years only**

ENT and community dental makes up 99% of the elective cases

#### ENT

Specialty	CAH	DHH	STH	Total
ENT – 2017	215	139	69	423
Ent – 2018	169	86	34	289
Variation	-46	-53	-35	-134
Dental – 2017	18	22	169	209
Dental – 2018**	0	188	50	238
Variation	-18	+166	-119	+29

\*\*note centralisation of community dental session took place removing sessions from CAH and STH. Also additional recording of activity now on TMS from dental session which may skew this data slightly



Southern Health  
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Performance Management  
Framework  
February 2022

Directorate of Performance & Reform

## **1.0 Context**

### **Regional Planning Framework**

In October 2020 the Minister of Health granted approval for the commencement of a programme of work to develop an Integrated Care System (ICS) model in Northern Ireland in line with the vision set out in Health and Wellbeing 2026: Delivering Together. This articulates the need to empower local providers and communities to plan integrated continuous care based on the needs of their population, with specialised services planned, managed and delivered on a regional basis.

To support this future planning model, a Draft ICS Framework has been developed which provides a blueprint for the future of planning and managing health and social care services in Northern Ireland.

This model has been subject to public consultation and at this time has not been formalised. Local Area Integrated Partnership Boards, which were due to be established by April 2022, are not in place and in the interim existing Integrated Care Partnerships (ICPs) and Local Commissioning Groups (LCGs) will remain.

### **Trust Planning Framework**

The Trusts extant Performance Management Framework (PMF) remains an interim document and reflects the following:

- Draft Health and Social Care Performance Management Framework (June 2017) , Health & Social Care Board;
- Performance Management Framework approach agreed by Senior Management Team (July 2018), including revised assurance and accountability arrangements; and
- Outcomes from the Directors workshop in October 2018 and June 2019 including Trust Board agreement in 2019/20 for establishment of a new Performance Committee.
- Interim arrangements which have been put in place to support performance management and assurance as a result of the fluid environment associated with the pandemic.

The formalisation of the Integrated Care System will inform the further development of the Trusts Performance Management Framework (PMF).

The role of the Performance Committee includes oversight of the Trusts Performance Management Framework.

## 2.0 Performance Management Principles & Objectives

Performance management is a key element of the Trust's Assurance Framework through which the organisation can assure itself and others as to its ability to achieve its objectives.

### Key Drivers

There are a number of key drivers, which require the Trust to have a robust and comprehensive Performance Management Framework and associated performance reporting systems. These include:

- The need to provide **strategic direction, corporate priorities and robust performance targets and outcomes** for the Trust, and clarity in respect of organisational accountability and performance management arrangements;
- The ability to assure the delivering of services which are **safe**, of a **high quality**, reflect a positive **patient experience** and that seek to involve our service users moving forward;
- The ability to provide a service that perform well, operates **effectively and efficiently**, and ensures best use of public funds;
- The requirement to assure the **health and wellbeing of our workforce**, being a good place to work, with a Trust commitment to our staff and the HSC 'core' values of



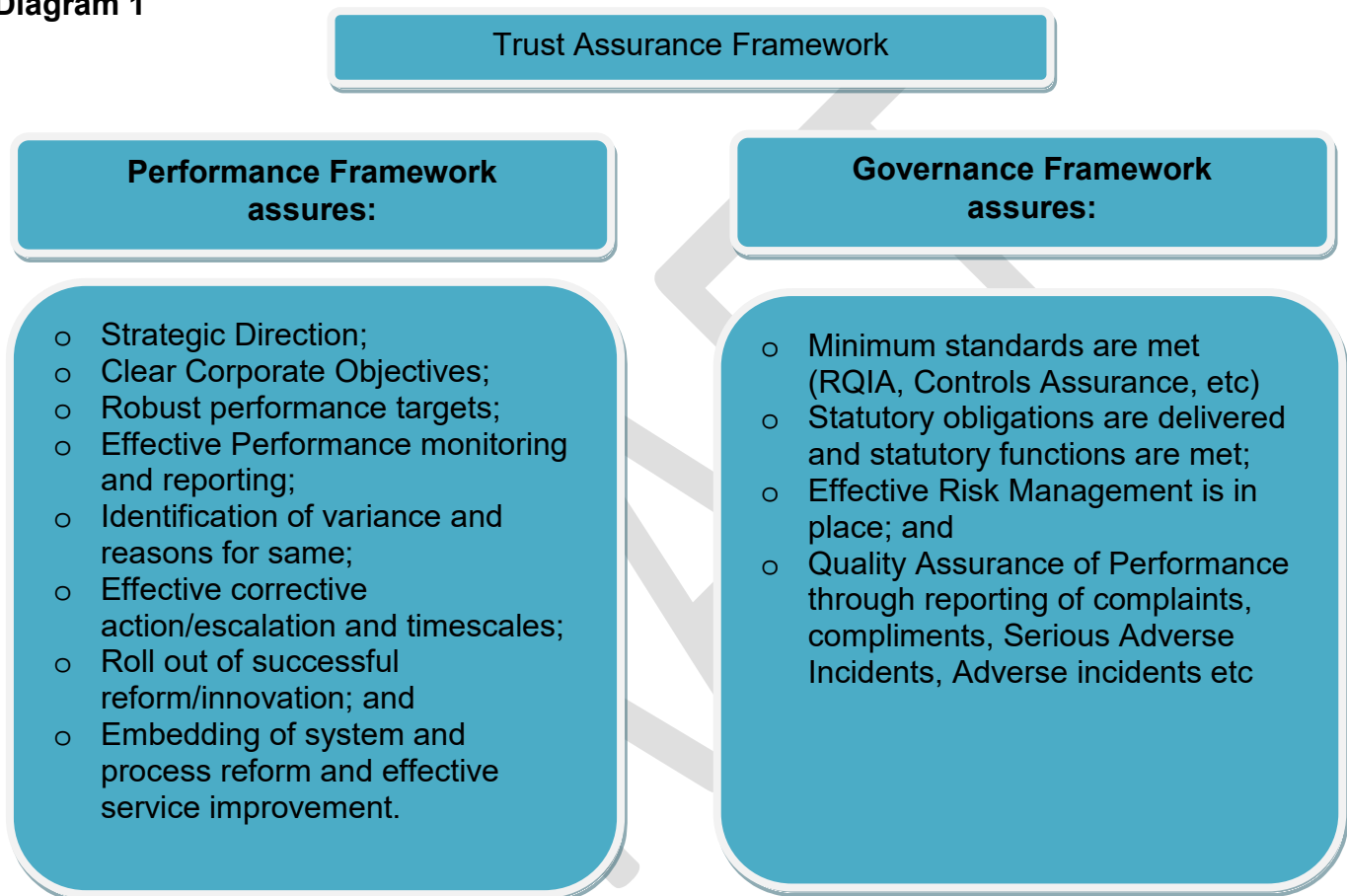
- The ongoing reform of **regional planning and commissioning arrangements** with the recognition of a need for a greater population health focus and outcome focused measures in line with the Programme for Government.

### Interdependencies

The Performance Management Framework is complementary to, and integrated with, the Trust's overarching Board Assurance Framework including established governance arrangements. The differentiating factor between the performance management and governance systems is:

- **Performance Management** will focus on those areas of the Trust's business where improvements can be made or targets must be achieved; and
- **Governance** will provide assurance that the standards and obligations set for the Trust are met as a minimum, and that organisational, clinical and social care and financial governance systems are in place and operating effectively. The output from the governance systems and reporting will provide a valuable and independent quality assurance of the performance management systems and reporting. Diagram 1 below provides an overview of this concept.

Diagram 1



## Principles

There are a number of key principles underpinning the development of the Trust's performance management framework to ensure focus on the achievement of corporate objectives and the delivery of safe, high quality, effective services. These are that the Performance Framework will:

- Enable the **establishment and review of strategic direction**, translated into challenging Corporate Objectives and targets which describe expected levels of performance, clearly linked to day to day performance goals for Directors, their teams and individual staff;
- Provide **clear accountability** for performance targets and objectives throughout all levels of the organisation;

- Create a **supportive mechanism for measuring, managing and improving performance**, with agreed indicators that clearly demonstrate whether the Trust is achieving its objectives and targets; and
- Provide an **internal source of assurance** to the Chief Executive and the Performance Committee on behalf of the Trust Board on performance as part of the Trust's Assurance Framework, and will be complementary to the Governance Framework.

## Assurances

Through the effective operation of the Performance Management Framework, the Trust will be able to provide increased assurance throughout the organisation and to external stakeholders that:

- Strategic objectives are being met;
- There is appropriate focus on the continual improvement of service delivery and the service users experience; and
- Trust resources are effectively targeted to support the achievement of safe, high quality, effective services and delivery of key organisational objectives and targets.

### 3.0 Performance Management Framework Features

In adhering to these principles, the Performance Framework will have the following key features:

#### 1. Strategic Direction, Corporate Objectives and Directorate plans for the organisation.



The Performance Framework will set out the above through two key documents:

The **Corporate Plan** which sets out 3-5 year objectives and annual targets; this includes management plans/scorecards at Directorate level, and

The annual **Trust Delivery Plan** which details the Trust's response to annual commissioning priorities and targets.



- During 2020/2021 and 2021/2022 new annual commissioning priorities were not established, or delivery plans sought, to allow the HSC to focus on its management response to the Covid-19 pandemic.
- Commissioning priorities identified in 2019/2022 were 'rolled forward' as an interim arrangement.
- HSC Rebuilding management plans were established with Service Delivery Plans (SDPs) defining the level of core service delivery anticipated. This replaced the Trust Delivery Plan (TDP) and former Performance Improvement Trajectories

## **2. Clearly defined responsibility and accountability** throughout the organisation for the delivery of the above.

The broader accountability arrangements within the HSC, including the accountability of the Trust Board, are set out in the Trust's Board Assurance Framework and reflect the Draft HSC Performance Management Framework (June 2017).

The objectives and targets set out in the Corporate Plan and Trust Delivery Plan are assigned to Directors in line with their areas of management, professional and clinical responsibility.



In relation to Performance Management, the **Trust Board / Performance Committee** will:

- Determine and review strategic direction;
- Set and approve Corporate Objectives included in the Corporate plan and Trust Delivery plan;
- Approve the Performance Management Framework and organisational Performance Monitoring and reporting;
- Agree the assessment of performance risks; and
- Ensure plans for corrective action are in place.

The **Senior Management Team** will:

- Develop Strategic Direction and Corporate Objectives for approval by Trust Board;
- Develop Corporate Plan and TDP for approval by Trust Board;
- Develop Performance Management Framework including organisational performance reports and enable comparison/ use of benchmarks;
- Assign accountability for performance targets;
- Ensure monitoring of performance risks; and

- Develop plans for corrective action where required.

**Operational Directors** will ensure delivery of agreed performance targets in their service areas, **Executive Directors** will provide assurance and challenge aligned to professional areas of accountability.

The **Director of Performance** will undertake an effective challenge function across all services areas on behalf of the Chief Executive, as part of agreed CX/ Directorate accountability arrangements.

These responsibilities detailed above will be reflected in Directorate Work Plans and scorecards and may be further refined into Team Work Plans and Individual Performance Review Plans.

Accountability structures, at an organisation level, are reflected in Diagram 2 and run in parallel to individual accountability arrangements in place.

In 2020/2021 Trust accountability, arrangements were revised.

- Chief Executive, Directorate specific, quarterly accountability meetings were stood down.
- An additional weekly Senior Management Team (SMT) meeting with the Chief Executive was established to deal with a range of issues requiring oversight and management during the pandemic period.
- SMT further meets with primary care and infection prevention and control leads on a weekly basis, or more frequently as required, in respect of pandemic management.
- As part of emergency planning arrangements, for pandemic/unscheduled care management a regular meeting with senior oversight, has been established to focus on management of operational performance issues. This meeting is held 1 – 3 times per week or as required

Arrangements will remain subject to change during this fluid period.

### 3. Integrated Reporting of Performance



Integrated reporting looks at a range of performance intelligence across domains of quality, safety and experience (both staff and patient, service users, and carers), workforce, finance and professional/ executive oversight to enable informed assessment of performance and the contributing factors impacting on performance (both above and under performance targets).

The Trust will utilise integration information reporting to provide 'deep dives' into areas of focus to ensure a broad perspective of performance is assessed.

## 4. Specialist performance reporting for agreed performance targets and key performance indicators (KPIs) available at all levels of the organisation.

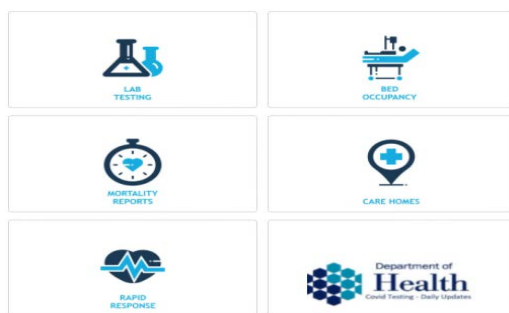
The Trust will continue develop scorecards for monitoring and reporting performance information across a range of domains in a format and level of detail appropriate to management needs.



Scorecards will utilise statistical process control techniques, run charts and spark lines to assess trends and statistical changes in addition to Red Amber Green (RAG) assessments to highlight/assess areas of risk. Scorecards will seek to reflect best practice and provide monitoring alongside assessment of risk and summary of actions and progress

Specialist reporting at corporate level includes but is not restricted to Commissioning Plan Objectives and Goals for Improvement (OGIs) and Nursing & Allied Health Professional KPIs, Finance and Human Resources & Organisational Development.

## 5. Access to Real Time Data



The Trust will further develop dashboard technology in line with its Business Intelligence strategy to provide 'live link' visual and user friendly dashboards. Data and information will be available at operational and management level to inform active decision making and improve operational performance.

## 6. External Assurance

Benchmarking practice, indicators of performance and outcomes against a range of internal and external peers will be utilised to understand the Trust's performance in a wider context. This will take the form of external contacted service provision, participation in regional and national audits and exercises,



and local and regional peer review, Internal Audit of services including performance management reporting and processes.

External assurance is also provided via the interface with the Health and Social Care Board and Department of Health performance management arrangements and existing accountability review arrangements.

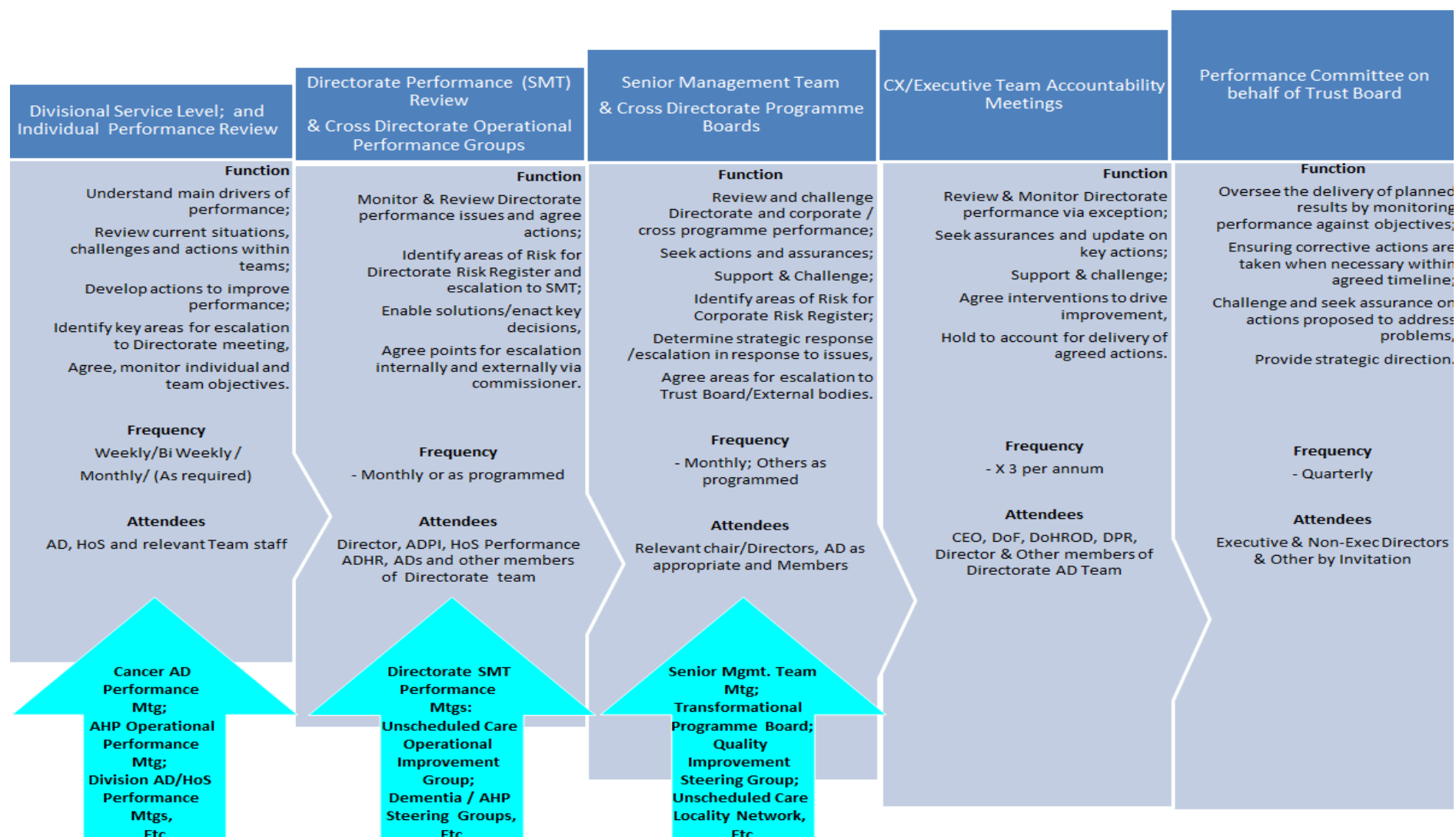
## 7. Service improvement



Support for performance improvement provided via specialist teams including performance, planning, informatics, quality improvement, HR and organisational development, patient safety and professional executive support teams as appropriate.

This will provide support recovery and improvement in relation to specific improvement plans sought and in addition will include promotion of quality improvement approaches to enhance best practice.

Diagram 2



# **Performance Committee**

## **17 October 2019**

Chief Executive Accountability Arrangements &  
Performance Management Framework

**Shane Devlin**  
**Aldrina Magwood**



# Context

## ❖ Regional Performance Management Arrangements

- ❖ HSC Framework Document 2011
- ❖ **June 2017** - Draft HSC Performance Management Framework issued by Perm Sec
- ❖ **August 2019** – TIG intention to establish a Strategic Performance Management Oversight Board - the Trust's operational accountability arrangements will be kept under review in this context.

## ❖ Key roles and responsibilities

- ❖ Department's enhanced strategic leadership of the system, includes "hold care providers to account, based on advice, monitoring and information from regional body;
- ❖ Department leads on performance and financial management".
- ❖ It also states that the "PHA supports and advises Department on performance management".
- ❖ Trusts' responsibility to deliver an acceptable level of performance without the need for intense external monitoring or oversight.

## ❖ Trust Board Arrangements

- ❖ DOH context makes clear - expectation that the primary performance management role is undertaken within Trusts, including by Trust Boards for which this is a core function.
  - Board Effectiveness 2018/19 – & feedback from TB members
  - Establishment of Performance Committee (October 2019)



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# 6 Key Elements of HSC Performance Management Arrangements

1. **Clinically agreed outcome measures** – broader suite of clinically developed and support outcome measures to complement current targets are directly associated with safety and quality
2. **Targets must be deliverable and drive improvement** - Performance Improvement Trajectories are introduced during 2017/18 specifying the level of performance to be achieved in that year on a journey of improvement towards the Ministerial targets
3. **Accountability : roles and responsibilities** - primary performance management role should be undertaken within Trusts, including by Trust Boards - the key regional forum for holding organizations to account for their performance will be the Department's existing accountability review meetings
4. **Service improvement support** - proposed that the service improvement support currently provided by HSCB / PHA across a wide range of service areas including HCAI, mental health, children's services, elective care, unscheduled care and cancer continues as a key role of the future PHA
5. **Effective escalation measures** - formal escalation should only be invoked after informal engagement to seek improvement has been exhausted and it is judged that there is no reasonable alternative. As well as escalation measures consideration to identifying appropriate incentives to recognize strong performance and drive further improvements also suggested
6. **Internal accountability Arrangements**



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# Internal Accountability Arrangements

- Regional PMF - Trusts' to ensure internal accountability arrangements are robust and effective and a number of changes to be adopted by all Trusts to strengthen their current arrangements are recommended:
- ❖ All Trusts to report a regionally agreed **core suite of performance indicators** across the full range of organisational responsibilities
- ❖ **Formal performance management arrangements** introduced / enhanced at all levels in the organisation – Service teams, Directorate, Chief Executive, Trust board – all reviewing consistent information and ensuring a full understanding of key performance issues / risks, the actions being put in place to address, deliverability, timescale and clarity of outcome
- ❖ Progress against agreed **Performance Improvement Trajectories** must form a central part of internal performance management at all levels
- ❖ Trust Directors of Performance should have the explicit authority to undertake an **effective challenge function** across all service areas on behalf of the Chief Executive
- ❖ Trust **Non-Executive board members should be appropriately trained** and have access to external expertise and support in order to effectively carry out their key role in relation to performance management
- ❖ Consideration should be given to introducing a **process of peer review across Trusts** in relation to internal performance management arrangements, including but not limited to participation in occasional performance review meetings with Directors and their teams from other Trusts
- ❖ **Departmental and PHA officers should have a regular presence at Trust board meetings** to seek assurance that the Trust board is effectively fulfilling its performance management function.

# Performance Committee - (Draft) Terms of Reference

- Oversight of the Trusts PMF – structures to support continued development of more integrated performance management and reporting arrangements
- Review monitoring information in sufficient detail to advise the Trust Board, with confidence, concerning Trust performance
- Receive reports on improvement initiatives and review progress
- Ensure sufficient independent and objective assurances
- Identify risks and gaps -- in control and assurance
- Highlight risks to the Trusts Strategic Direction and bring this to the Trust Boards attention



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## CX – Operational Accountability Arrangements

- Regular in-year assurance/accountability meetings are a key part of the Trusts internal assurance arrangements and are in keeping the extant performance management framework. The current approach agreed by Senior Management Team in November 2018.
- Directors and their senior teams meet with the Chief Executive and Support Directors with a focus on driving improvement through
  - Compliance – the sourcing and provision of assurances on actions and timescale to address core compliance and control issues
  - Challenge - the opportunity to discuss key issues facilitating an appropriate two way challenge exchange
  - Compel – the agreement on actions necessary to drive change and improvement
- A Directorate specific dashboard is being established to guide discussion, identify key measures of safety, quality and experience. These include those proposed by the Directorates, alongside corporate indicators
- First meetings have been held in 2019; plan to meet operational directorates 3 times per year and support directorates 2 times per year.



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## Chief Executive's Accountability Dashboard

Operational Directorates

Quarter 2 2019/2020

### Dashboard Produced By:

- \* Performance Team
- \* Southern Health and Social Care Trust
- \* [Performance.Management@southerntrust.hscni.net](mailto:Performance.Management@southerntrust.hscni.net)

### Operational Directorates:

- Acute Services Directorate
- Children and Young People's Services Directorate
- Mental Health and Disability Directorate
- Older Persons and Primary Care Directorate



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## Safety Domain

### Re-Admissions



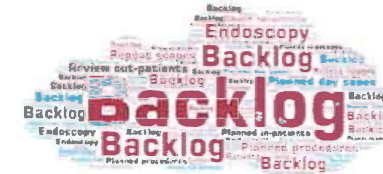
COPD  
within 14-Days



Hip Fracture within  
28-Days

General In-  
Patient  
Indicators

### Reviews Beyond Clinically Indicated Timescale



**2285** Planned Repeat  
Procedures

**26081** Out-Patient Reviews



**74**

Unreported chest  
x-rays >28-days at  
5 August 2019  
(Total unreported chest  
x-rays 2704)

### Infection Control

**18** C Diff cases  
Q1 2019/2020

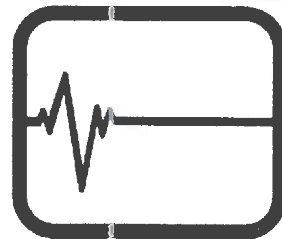
**+80%**

**10** C Diff cases  
Q1 2018/2019

#### IPC Training

<b>Trained</b> 496 (52%)	<b>Not Trained</b> 459 (48%)
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### Mortality



### Fluid Balance



### Capital Equipment

**CAPITAL  
EQUIPMENT**

Acute Services Directorate



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## HAND HYGIENE AUDIT - APRIL 2019 TO JUNE 2019

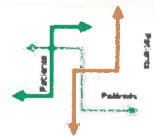
	1 North (CAH)	1 South (CAH)	2 North (CAH)	2 South (CAH)	Elective Admissions (CAH)	Female Medical (DHH)	Male Medical (DHH)	Maternity (DHH)
April-19	Alert	Pass	Pass	Alert	Pass	Fail	Pass	
May-19	Pass	Alert	Pass	Pass	Fail	Pass	Pass	
June-19	Alert	Alert	Alert	Alert	Fail	Pass	Alert	Alert



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## Patient Experience Domain

### Ward Flow



**1282**

ward moves after  
9pm in May 2019

= Average of 1.7 ward moves per  
admission

### Learning from Complaints

#### Complaints

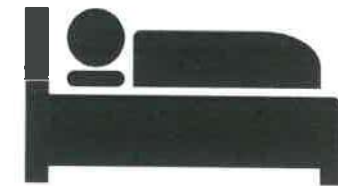


### Welfare of Staff



## Efficiency Domain

### Elective Resource Utilisation



## Quality Domain

### Quality of Stroke Care

Sentinel Stroke  
National Audit  
Programme (SSNAP)



Stroke Thrombolysis Rates

### Cancer



Current Longest Active Red Flag  
Waits on PTL (Days)

- \* Haematology 90
- \* Lung 96
- \* Upper GI 98
- \* Lower GI 128
- \* Urology 209



Red Flag-Referral-  
Demand

Conversion to  
Confirmed Cancer

### Elective Cancellations



### Food Hygiene

FOOD HYGIENE RATING



Acute Services Directorate



Southern Health  
and Social Care Trust

## Corporate Indicators - Finance, Procurement and Estates

## Total Budgetary Position



## Payroll Spend Against Budget



## Payroll (Flexible Spend)



## Non-Payroll Spend Against Budget

**Non-Payroll**

## Staff in Post Returns



## Prompt Payment

**Payments Outstanding = £1,481,865  
@ 19 June 2019**

- \* Outstanding 0 - 1 months = 491 (80%)
- \* Outstanding 1 - 3 months = 116 (19%)
- \* Outstanding 3 - 6 months = 6 (1%)
- \* Outstanding 6 - 9 months = 2 (0%)
- \* Outstanding >9 months = 0

## Overpayment

**OVERPAID**

## Internal Audit

**@ May 2019:**

- \* Number of Outstanding (O/S) IA Recommendations = 38
- \* Number of Reports these O/S Recommendations Relate To = 5
- \* Number of Priority 1 O/S IA Recommendations = 2

## Fraud



## Direct Award Contracts



## Unwanted Fire Signals



## Nominated Fire Officer Training



Acute Services Directorate

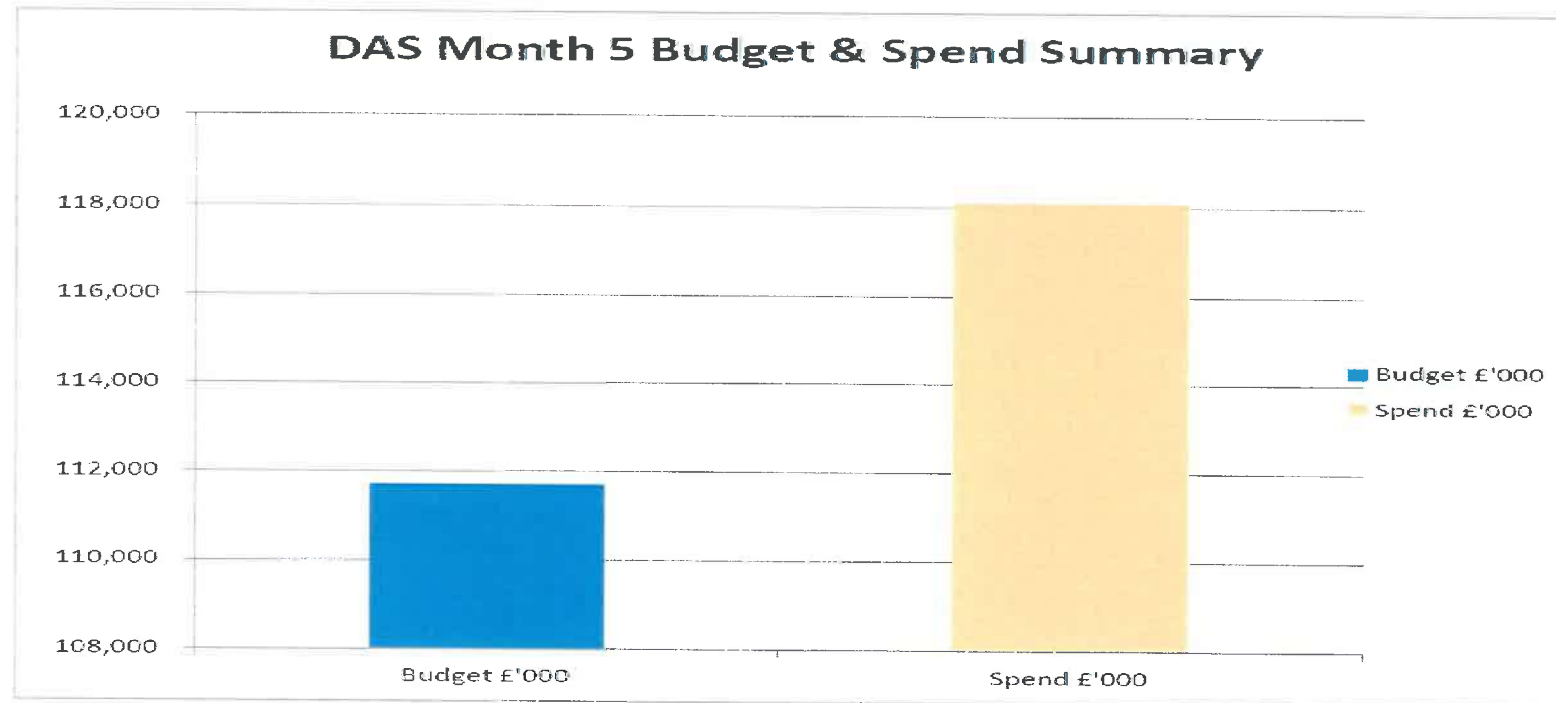


**Southern Health  
and Social Care Trust**



## Acute Top Level Financial Position Month 5, August 2019

### DAS Top Level Financial Position Month 5 August 2019



DAS Summary	August 2019 YTD Position		Under/(Overspend)	
	Budget £'000	Spend £'000	£'000	%
Payroll	87,565	92,304	4,739	-5%
Non-Payroll	27,120	28,697	1,577	-6%
Income	- 2,972	- 2,897	75	3%
<b>Total DAS</b>	<b>111,713</b>	<b>118,104</b>	<b>6,391</b>	<b>-6%</b>

## Corporate Indicators - Human Resources and Organisational Development

Staff in Post



Sickness Absence



Staff Vacancy Level



Turnover Level



1:1 Nursing Requests

Maternity Leave Rates



Flu Vaccination Uptake



Corporate / Mandatory Training



Personal Development Plan



Acute Services Directorate



Southern Health  
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## Monthly Workforce Information Summary Dashboard

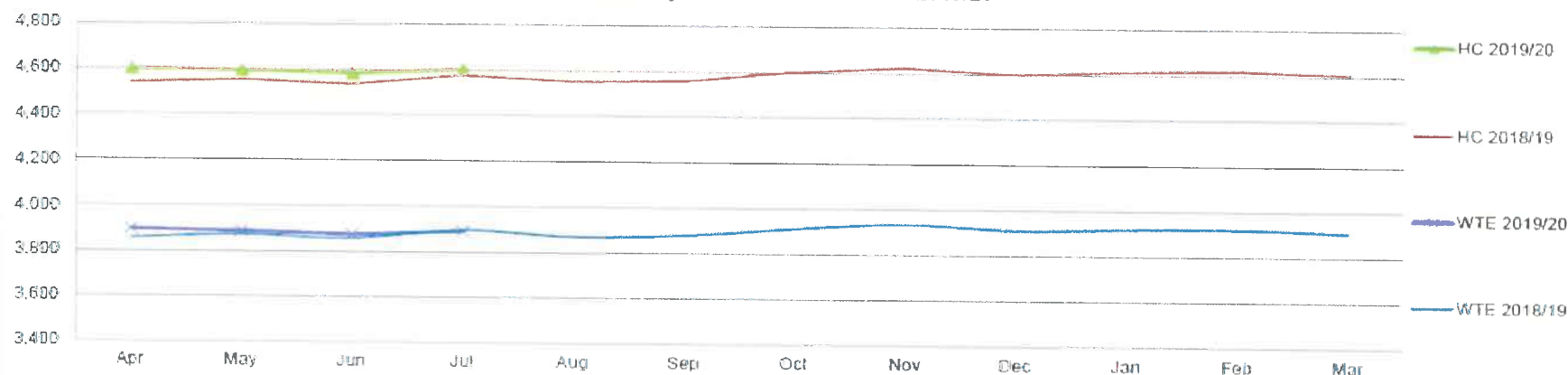
Acute Directorate  
July 2019

## Staff in Post - Key Statistics

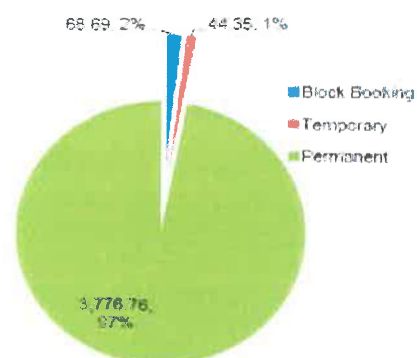
Staff in Post Current Month  
Staff in Post Baseline (31 March 19)  
Staff in Post Increase/Decrease From Baseline

Headcount	WTE
4602	3889.80
4608	3908.07
-6	-18.27

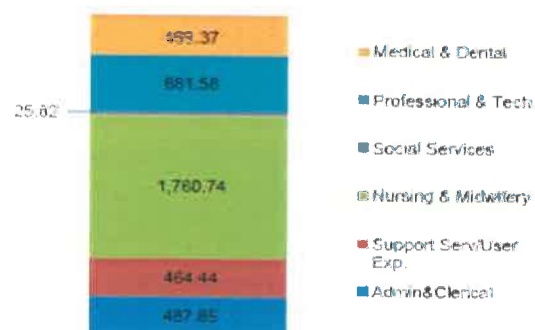
Monthly Staff in Post 2018/19 - 2019/20



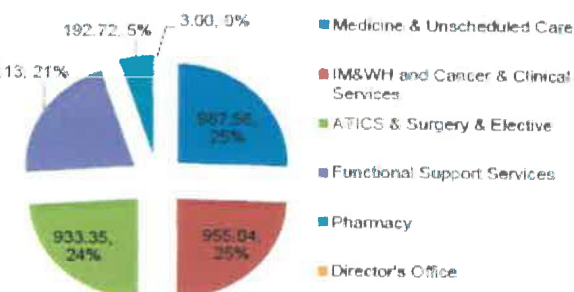
WTE by Contract Type



WTE by Personnel Area



WTE by Division



Produced by HROD Reporting and Governance Team



Southern Health  
and Social Care Trust

## Other Key Indicators

### Governance Report

Governance Report

### Commissioning Plan Direction

Corporate Performance Scorecard  
July 2019 Trust Board for June 2019 Performance



### Directorate Corporate Plan

Mental Health and Disability Directorate Corporate Plan



### Information Governance

Information Governance Reports



### Transformational Programme Board

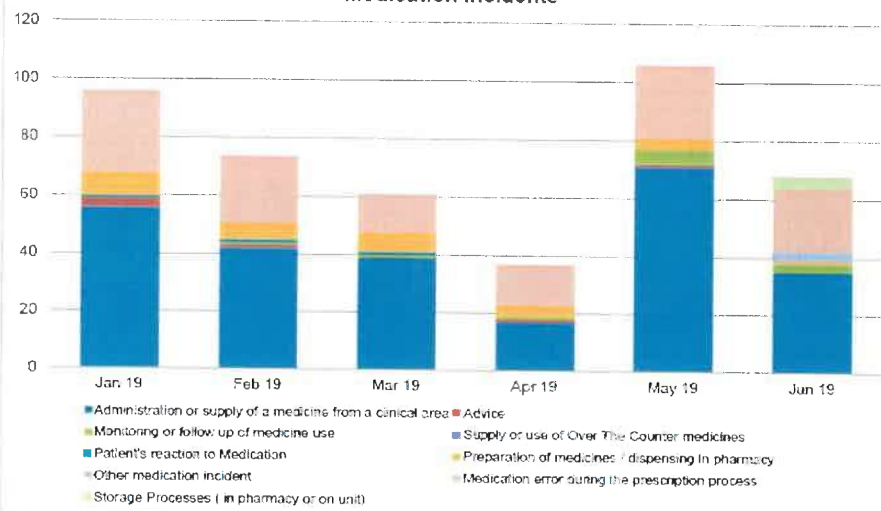
Transformational Programme Board Update (MHD Only)



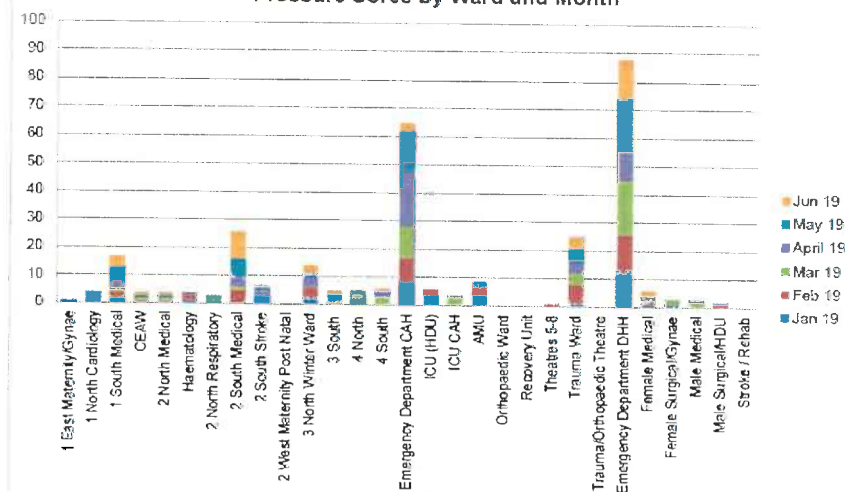
Southern Health  
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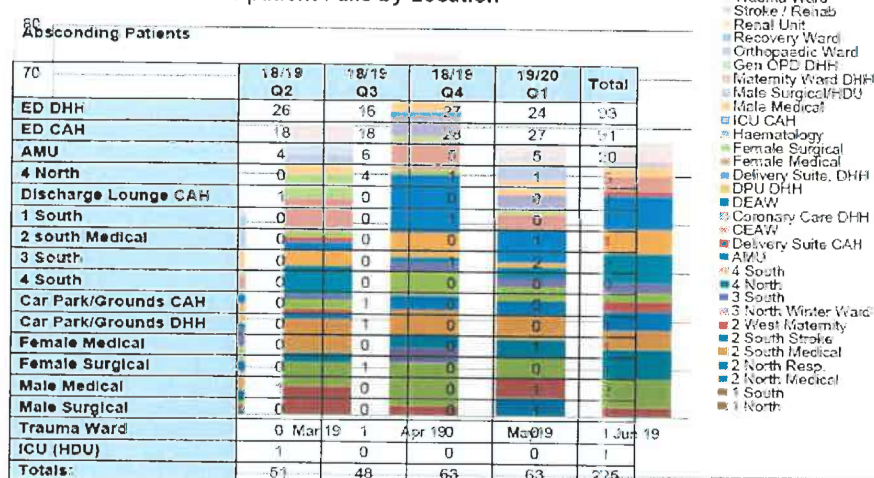
Medication Incidents



Pressure Sores by Ward and Month



Inpatient Falls by Location



Absconding Patients

	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	Total
ED DHH	26	16	27	34	103
ED CAH	18	18	28	45	109
AMU	4	6	5	5	20
4 North	0	4	1	1	6
1 North Cardiology	0	0	0	1	1
Discharge Lounge CAH	1	0	0	0	1
1 South	0	0	1	0	1
2 South Medical	0	0	0	1	1
3 South	0	0	1	2	3
4 South	0	0	0	0	0
Car Park/Grounds CAH	0	1	0	0	1
Car Park/Grounds DHH	0	1	0	0	1
Female Medical	0	0	0	1	1
Female Surgical	0	1	0	1	2
Male Medical	1	0	0	1	2
Male Surgical	0	0	0	1	1
Trauma Ward	0	1	0	0	1
ICU (HDU)	1	0	0	0	1
Totals	51	48	63	93	255



Southern Health  
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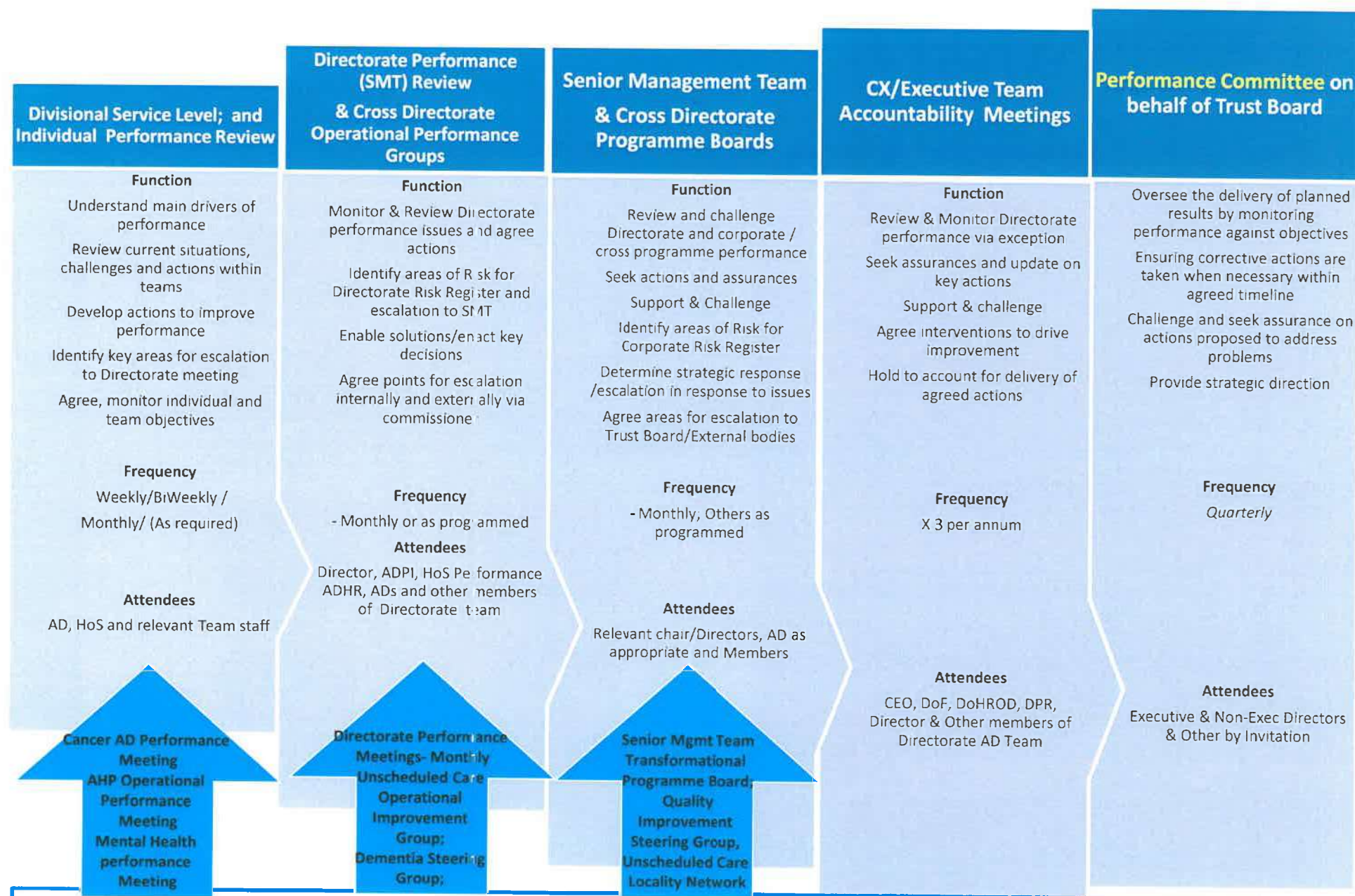
# SHSCT Performance Management Framework

- **Complement the existing Board Assurance Framework** that ensures the Trust has effective systems and processes to provide assurance to the Board and our stakeholders that the organisation is performing to the statutory and regulatory highest standards.
- It will not seek to replicate or replace specific performance information or management arrangements in place, including those related to
  - Financial management
  - Human Resources & Organisational Development
  - Clinical and Social Care Governance
  - Patient and Client Experience
- **Seek to provide an integrated approach to performance management** with measures aligned to our key clinical and non-clinical operational performance targets, quality indicators and outcomes measures whilst ensuring a clear focus on safe, personal and effective care remains at the heart of our approach.
- **Ensure that the Southern Health & Social Care Trust (SHSCT) has a clear approach to improving performance** to deliver better outcomes for service users and families and to ensure as an organisation the SHSCT is able to
  - Assess and track performance against targets and goals with clear measures
  - Identify and escalate early alerts and trends that may predict future performance/outturn
  - Establish review and accountability mechanisms to identify key actions necessary to support improvement
  - Enable the focus of key resources and improvement efforts in the required areas



Southern Health  
and Social Care Trust

## Current Arrangements for Performance Management



External: HSCB performance /service Issues meetings ; DoH accountability meetings



# Next Steps:

Trust PMF to be keep under review to reflect:

- ❖ Strategic role and direction of Performance Committee;
- ❖ Operational role and directon of CX accountability arrangements;
- ❖ focus on more integrated reporting to supplement corporate/professional specialist reporting; and
- ❖ Review / impact of outputs from the DoH *Strategic Performance Management Oversight Board*
- ❖ Themed reporting to Committee around the MLB key indicators – to be discussed/ agreed.



**Minutes of a meeting of the Performance Committee held on  
Thursday, 17<sup>th</sup> October 2019, at 2.00 pm in the Boardroom,  
Trust Headquarters**

**PRESENT:**

Mrs S Rooney, Non-Executive Director (Chair)  
Mrs R Brownlee, Trust Chair  
Ms G Donaghy, Non-Executive Director  
Mrs P Leeson, Non-Executive Director

**IN ATTENDANCE:**

Mr S Devlin, Chief Executive  
Mrs A Magwood, Director of Performance and Reform  
Mr P Morgan, Director of Children and Young People's Services /  
Executive Director of Social Work  
Dr M O'Kane, Medical Director (*item 5 onwards*)  
Ms H O'Neill, Director of Finance, Procurement and Estates  
Mrs H Trouton, Interim Executive Director of Nursing and Allied Health  
Professions  
Mrs S Hynds, Deputy Director of Human Resources and Organisational  
Development (*for Mrs Toal*)  
Mrs S Judt, Board Assurance Manager  
Mrs L Gribben, Committee Secretary (*Minutes*)

**1. WELCOME AND APOLOGIES**

Mrs Rooney welcomed everyone to the first meeting of the Performance Committee. Apologies were noted from Mrs V. Toal, Director of Human Resources and Organisational Development.

**2. DECLARATION OF INTERESTS**

The Chair asked members to declare any potential conflict of interests in relation to items on the agenda. There were none noted.

### **3. PERFORMANCE COMMITTEE – INTRODUCTION, PURPOSE AND REMIT**

The Chair reminded members that at the Trust Board Workshop in June 2019, members identified the requirement for a Performance Committee to be established as a formal standing Committee of the Trust Board. Scope of powers delegated by the Board to this new Committee, together with draft Terms of Reference were agreed by the Board in August 2019.

The Chair stated that the purpose of the Performance Committee is to assist Trust Board in exercising one of its key functions of overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

The Committee will provide oversight of the Performance Management Framework and through its utilisation will provide assurance to Trust Board that:

- Trust strategic performance objectives are being met
- Potential risks are identified and brought to the attention of Trust Board
- There is focus on the continual improvement of service delivery
- Trust resources are effectively targeted to support the achievement of high quality, safe and effective services and the delivery of key organisational objectives and targets

### **4. CHIEF EXECUTIVE'S ACCOUNTABILITY ARRANGEMENTS AND PERFORMANCE MANAGEMENT FRAMEWORK**

The Chief Executive set the context for accountability within the HSC and highlighted the six key elements of the HSC performance management arrangements. He outlined his operational accountability arrangements and took members through the detail of a Director specific dashboard.

Mrs Magwood spoke of the current arrangements for Performance Management within the Trust and it was agreed that the Trust's

Performance Management Framework would be brought to the next meeting.

Mrs Leeson asked if the performance indicators have been agreed with the Department of Health (DoH). Mrs Magwood clarified the objectives and goals for improvements (OGIs) are included in the commissioning plan which the Trust is held to account for. The Trust has the opportunity to respond in its Trust Delivery Plan on whether these are achievable or not. The Chief Executive added the Trust is not involved in the definition of the targets and that is why the Transformation Implementation Group (TIG) has agreed to a review of the Performance Management Framework.

*Dr O'Kane arrived to the meeting at this point*

## **5. PROPOSED PERFORMANCE REPORTING TO COMMITTEE**

### **a) Internal Assurance**

Mrs Magwood presented a paper which identifies both the internal and external performance reporting in place and seeks consideration of a work plan to direct future integrated reporting. There was discussion on the monthly corporate performance scorecard. It was agreed that Trust Board would continue to receive the corporate performance scorecard on a monthly basis via email and it would be presented quarterly to the Performance Committee.

Ms Donaghy queried if the performance indicators from the performance scorecard are incorporated into the directorate domains dashboard. Mrs Magwood stated the Directorate domains dashboard is a work in progress and being further developed.

Mrs Magwood proposed themed reporting areas for integrated reporting i.e. those areas of challenged performance in the first instance.

These were agreed and scheduled for future meetings as outlined below. :-

- |                |  |
|----------------|--|
| December 2019  | <ul style="list-style-type: none"><li>• Unscheduled Care</li><li>• Elective Services</li></ul>   |
| March 2020     | <ul style="list-style-type: none"><li>• Cancer Performance</li><li>• Children's Services (LAC and Child Protection issues)</li></ul>   |
| May 2020       | <ul style="list-style-type: none"><li>• Mental Health access times</li><li>• Infection Control</li></ul>   |
| September 2020 | <ul style="list-style-type: none"><li>• Support to Carers</li><li>• Adult Community Services and Annual Care Reviews</li><li>• Self-Directed support / Direct Payments</li></ul> |

Operational Directors will be invited to attend as appropriate. Input into the integrated reporting will be sought from the perspective of Human Resources, Governance, Professional (medical, nursing / AHP and social Work) and Finance / Estates where relevant.

#### **b) External Assurance**

Mrs Magwood presented the CHKS performance report. She stated that the report provides external assurance on a range of clinical and performance indicators which includes benchmarking at regional and national level. Mrs Magwood advised a drill down of the data at speciality level is carried out at operational level as appropriate.

✓ 11 Mrs Leeson queried the learning disability outpatient DNA rate of 9.8% compared to peer DNA rate of 0.75% and Mrs Brownlee referred to page 6, 3.7 Day Case Performance and noted the Trust's Trauma and Orthopaedics performance was lower compared to peers (46.5% v 61.15%) and asked what action the Trust was taking to improve this. Mrs Magwood provided assurance that the report is disseminated and shared with relevant staff for further review via their performance and governance fora for action / improvement in directorates.

Following discussion on service user/patient experience data, Mrs Magwood advised that the themed performance reporting would include patient and service user experience data.

The Chair asked if the data from this report will be included in the Directorate dashboard domains. Mrs Magwood stated the information from CHKS is targeted at service level however dashboards will be populated for specific domains as agreed at directorate / accountability meetings.

**c) Executive Director of Nursing, Midwifery and AHPs**

Mrs Trouton spoke to the above named report which provides assurance on the standard of professional practice of Nurses, Midwives and Allied Health Professionals (AHP) in the Trust. The indicators are taken from SHSCT Nursing and AHP Assurance and Accountability Framework and include areas regarding workforce, education training, and quality of practice.

Mrs Trouton highlighted the supervision data which requires registered nurses and midwives to avail of two formal supervision sessions annually. She noted this has not been met across the Directorates and the aim is to increase supervision uptake by 10% over the next quarter, however this is reliant on operational managers.

Members discussed the report and it was agreed that a shorter report on the key performance/quality indicators would be brought to the Committee and any key issues highlighted.

Reporting from the Executive Directors of Medicine and Social Work was raised. Mrs Magwood agreed to work with the Executive Directors to develop an agreed template.

**6. DRAFT TERMS OF REFERENCE**

Members reviewed the draft Terms of Reference. Ms Donaghy queried if the Director of Acute Services should be a member of the committee. The Chief Executive advised the Director of Acute Services, Director of Mental Health and Learning Disability and Director of Older People and Primary Care will be invited to attend the committee as and when required.

The Chief Executive confirmed that he would be attending meetings of the Committee. Mrs Magwood felt it would be beneficial for the Assistant Director of Performance Improvement to attend meetings. Members agreed to the membership being revised to include the Chief Executive and Assistant Director of Performance Improvement being 'in attendance.

Following discussion on escalation of risks, it was agreed to include escalation to the HSCB and PHA as appropriate.

Mrs Judt agreed to amend the Terms of Reference to reflect the changes outlined above for approval at the next meeting.

**7. PROPOSED REPORTING TO TRUST BOARD**

The Chair advised a Committee Chair Report will be submitted to Trust Board following each Committee meeting using the standardised template. Ms Donaghy noted her concern the performance dashboard will not be discussed at Trust Board. It was clarified the performance dashboard will continue to be circulated to Trust Board members and discussed in detail at each Performance Committee meeting.

**8. FUTURE MEETING DATES**

The proposed dates for 2019/20 were approved.

**9. ANY OTHER BUSINESS**

None noted.

The meeting concluded at 4.05 p.m.

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

**DEPARTMENT OF HEALTH**

**MEMORANDUM**  
**TEMPORARY AMENDMENT OF THE HEALTH AND**  
**SOCIAL CARE FRAMEWORK DOCUMENT**  
**FOR THE PERIOD JUNE 2020 TO May 2022**

**MEMORANDUM****Introduction**

This memorandum describes temporary amendments made by the Department of Health to the Health and Social Care Framework Document (the Framework Document) which the Department has introduced for a period of up to 2 years with effect from June 2020. The amendments will be initially reviewed in January 2021 and thereafter kept under regular review by the Department. The two years period will be followed by a consultation on substantive and longer term changes to the Framework Document, reflecting both learning from this period, and the dissolution of the Health and Social Care Board (HSCB) which we anticipate to coincide with this timescale.

The temporary amendments are made under the following Sections in the Health and Social Care (Reform) Act (Northern Ireland) 2009.

***Department's general power***

*3.-(1) The Department may-*

- (a) provide, or secure the provision of, such health and social care as it considers appropriate for the purposes of discharging its duties under section 2; and,*
- (b) do anything else which is calculated to facilitate, or is conducive or incidental, to the discharge of that duty.*

***Department's priorities and objectives***

*4.-(1) The Department shall determine, and may from time to time revise, its priorities and objectives for the provision of health and social care in Northern Ireland.*

*(2) Before determining or revising any priorities or objectives under this section, the Department must consult such bodies or persons as it thinks appropriate.*

*(3) Where the Department is of the opinion that because of the urgency of the matter it is necessary to act under subsection (1) without*



*consultation—*

*(a) subsection (2) does not apply; but*

*(b) the Department must as soon as reasonably practicable give notice to such bodies as it thinks appropriate of the grounds on which the Department formed that opinion.*

***The framework document***

*5. (3) The Department—*

*(a) shall keep the framework document under review; and*

*(b) may from time to time revise it.*

*Section 5. (5) In preparing the framework document, or any revision of it which appears to the Department to be significant, the Department must consult—*

*(a) each health and social care body as respects its functions (or persons considered by the Department to represent that body); and*

*(b) any other bodies or persons the Department considers appropriate.*

*(6) Each health and social care body shall have regard to the framework document in carrying out its functions.*

In relation to Section 4(2) and Section 5(5) given the grave situation that Health and Social Care (HSC) is facing and the need therefore to move swiftly to begin the rebuilding of services, commencing from June 2020, the Department is engaging in an initial time limited sounding of the relevant bodies on the proposed temporary amendments and the establishment of the Management Board, to be followed by a 12 week consultation as soon as possible. While our normal practice would be to allow for a 12 weeks consultation period on such matters we are of the view that this two stage approach to engagement is reasonable and proportionate given the enormous rebuilding task that lies ahead and the need to implement this urgently.

**Background**

The Covid-19 pandemic has presented unprecedented challenges for the planning and delivery of HSC services in Northern Ireland, which prior to Covid-19 were already facing major strategic challenges in the form of an ageing population, increasing demand for services, long and growing waiting lists, workforce pressures and the emergence of new and more expensive treatments. At the end of March 2020 there were some 307,000 patients on the outpatient waiting list, more than 93,000 waiting for inpatient and day case admissions and more than 131,000 patients waiting for diagnostic tests. The existing challenges confronting the social care sector, as described in the 'Power to People' report, have also been compounded by the pandemic.

Due to the need to redirect HSC resources to managing the Covid-19 pandemic, elective and diagnostic services have had to be curtailed with adverse impacts on the existing excessive waiting lists. The Department has collated a comprehensive assessment of the impact of Covid-19 covering the six weeks period from 9 March to 17 April 2020 across screening, primary care, community services, secondary care, and a wide range of programmes and projects. This detailed assessment indicates that the impact of the pandemic across HSC services, programmes and projects has been devastating, as resources have rightly been focused on the required emergency response. Further loss of service capacity is expected in the period from 18 April to 31 May 2020.

The impact of Covid-19 on HSC will be profound and long lasting. Covid-19 will be with us for some time and will continue to constrain service delivery across the HSC sector. Services will not be able to fully resume pre-Covid-19 delivery levels for some time due to the continued need to adhere to social distancing and for Personal Protective Equipment at volumes not required prior to the pandemic. In addition, the resilience of the HSC workforce is likely to have been eroded and will continue to be impacted with pressures particularly from the social care sector, which continues to be in the 'surge period'.

In the context of the situation described above, the HSC's overarching mission will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. The aim will be to maximise service activity within the context of managing the ongoing Covid-19 situation; embedding innovation and transformation; incorporating the Encompass programme; prioritising services; developing contingencies; and planning for the future all at the same time.

In order to achieve this mission the Department, through the temporary amendments to the Framework Document, and the establishment of a new Management Board, will give clear direction to the Health and Social Care Board (HSCB), Public Health Agency (PHA), Health and Social Care Trusts and the Business Services Organisation (BSO) of the Minister's priorities over the next two years to rebuild HSC services. To guide these bodies in this task the Department will publish a 'Strategic Framework for Rebuilding Health and Social Care Services' (the Strategic Framework). The Strategic Framework will address the adverse impact on the downturn of normal service delivery arising from the emergency plans that were introduced in March 2020 by HSC Trusts to respond to the surge in Covid-19 patients. The Strategic Framework will provide a basis on which to stabilise and restore service delivery as quickly as possible by requiring the above bodies to achieve the right balance between delivering Covid-19 and non-Covid-19 activity. The Department believes that it will take at least 2 years to achieve this, subject to the necessary investment being available and the effective management of Covid-19 during this period.

The temporary amendments to the Framework Document are therefore necessary to facilitate the optimum implementation of the Strategic Framework. In pursuance of this the Department re-commits to its statutory obligations for personal and public involvement and consultation while respecting the need for co-production with service users and the HSC workforce.

**Amendments to the HSC Framework Document**

The Department has produced the Framework Document to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department. The Department has made the following temporary changes to the Framework Document.

Insertion of new paragraph 2.4 (all subsequent paragraphs are renumbered)

2.4 The Department has created a new temporary management board, the 'Management Board for Rebuilding HSC Services' which will come into being in June 2020 for a period of two years to be reviewed thereafter. The Management Board will report directly to the Minister and will be responsible for providing oversight and direction to the Health and Social Care Board (HSCB), the Public Health Agency (PHA), the Health and Social Care Trusts and the Business Services Organisation (BSO) on the implementation of the Department's 'Strategic Framework for Rebuilding HSC Services'. The Management Board will not exercise any other authority in relation to the statutory duties, roles and responsibilities, as specified in the Framework, Document which the Department has delegated to the HSCB, PHA and a number of other HSC bodies. The Management Board will be chaired by the Department's Permanent Secretary and its membership will be drawn from the Department's senior officials and other senior staff from across the HSC. The Minister's Special Adviser will attend meetings of the Management Board. The Minister and the Management Board will obtain advice from experts working in health and social care fields to inform its work in the rebuilding of HSC services as required.

Insertion of new paragraph 2.38 (all subsequent paragraphs are renumbered)

2.38 The Minister directs the HSCB, PHA, HSC Trusts and BSO that for the two year period commencing in June 2020 they are to prioritise their service planning, delivery and deployment of resources to stabilise and restore service delivery as quickly as possible by achieving the right balance between

delivering Covid-19 and non-Covid-19 activity. In pursuance of this priority the Commissioning Plan Direction (CPD), Commissioning Plan and associated Service and Budget Agreements (SBAs) for the 2019/20 financial year will be rolled forward into the years 2020/21 and 2021/22 and updated to reflect Departmental budget allocations in each of these years. Individual Trust Delivery Plans (TDP) for 2020/21 and 2021/22 should also prioritise activity designed to stabilise and restore service delivery as quickly as possible at the level of local commissioning and through regional collaboration with other Trusts guided by the Department's 'Strategic Framework for Rebuilding HSC Services'. The performance targets set out in the CPD, SBAs and TDPs for the financial year 2019/20 will be reviewed by the Department to determine the optimum method for assessing the performance of Trusts in the delivery of services during the period of the Covid-19 emergency during the years 2020/21 and 2021/22.

Insertion of new paragraph 3.7 (all subsequent paragraphs are renumbered)

3.7 Paragraph 2.38 provides the overarching context for the implementation of the requirements in paragraphs 3.1 to 3.6 during the two year period commencing in June 2020.

**Department of Health (NI)**

**June 2020**

## Our Approach: Rebuilding Health and Social Care Services in the Southern Trust

### Trust Rebuild Plan from April 2021 to June 2021

Since March 2019 the Covid-19 Pandemic has had a profound effect on the delivery of health and social care services both across the region and within the Southern Trust. It has had a major impact on our capacity to safely deliver services both in our hospitals and in the community. In response to the Pandemic the Trust has had to take necessary actions at short notice to ensure that patient and staff safety remained our priority focus, some services had to be stopped others have been scaled back with the redeployment of staff to support service areas with the greatest need. In July 2020 the Trust commenced with its plan to rebuild services however the ability and speed at which we could rebuild was dictated by the arrival of both the second surge in September 2020 followed by a third surge in December 2020. The scale of the third surge had a major bearing on delivery of secondary care services. During the third peak the R rate in the Trusts catchment area was the highest in Northern Ireland, as a result our hospitals experienced the highest number of Covid inpatient admissions both locally and in the region. Regional surge planning arrangements in relation to critical care, respiratory and elective care were set up to ensure sufficient capacity working collaboratively as one system.

In December 2020 the Trust commenced roll out of its local vaccination programme which included the delivery of vaccines to residents and service users in care homes, supported living facilities and day care centre, as well as the establishment of a mass Vaccination Centre at South Lakes Leisure Centre, Craigavon as well as a number of pop up vaccine clinics across Trust facilities. To date we have successfully delivered vaccines to our staff and many of our population. The continuation of this programme will be dependent on the availability of staff as many were redeployed to facilitate the roll out, and will now be required to return to their service areas as part of the rebuild of our essential services.

**As we look back over the past year of this pandemic and in particular the last few months we want to pay tribute to our staff, who have worked tirelessly to ensure that many services continued to be sustained during the Covid-19 Surge periods.** Due to the immense service pressures many of our staff have been unable to take annual leave and we recognise that they need to rest before returning to normal duties. We remain committed to work in partnership with staff and Trade Unions to support our staff recovery from the pandemic and to ensure staff get a chance to rest, but also drawing on the expertise of our colleagues in psychological services and occupational health to provide support wherever it is needed.

As we come out of Surge 3 the Trust is committed to taking a carefully considered and balanced approach to the rebuilding of services taking into account lessons learnt over the past year whilst also acknowledging that we will continue to live with Covid-19 for some time and this will continue to influence on how we can deliver our services including social distancing and infection prevention control measures.

## Key Principles adopted when developing the Rebuild Plan

The Trust has set out in this document, a high level overview of the services that we plan to maintain and rebuild during April to June 2021. The Trust remains committed to delivering safe and effective care for our clients and patients and the focus will be on treating the most urgent cases first. As a result some patients may continue to wait longer than we would like.

In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary for Health the process of rebuild will be guided by the following five principles:

- **Principle 1:** We de-escalate ICU as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;
- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);
- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput;
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

As well as these regional principles the Trust will continue to work together with our partners across Northern Ireland to implement the recovery of Non-Covid-19 Health and Social Care Services and will contribute to workstreams that support the HSC in delivering for our population based on our agreed regional approach:

- To ensure Equity of Access for the treatment of patients across Northern Ireland
- To minimise transmission of Covid-19; and
- To protect access to the most urgent services for our population.

## REGIONAL REBUILDING CELLS

The regional cells established during the pandemic are working to outline likely rebuild developments over this period, which are informing the Trust Rebuild plans. These include Critical Care De-escalation, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health and Adult Social Care. A high level summary of the plans are detailed below:

### Critical Care De-escalation

- 1 Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May 2021. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.
- 2 It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 level 3 beds. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20-25 COVID-19 patients in critical care into April and May. Coupled with this, non-COVID-19 demand will increase as elective work resumes.
- 3 The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed returning to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

### Cancer Services – Cancer Recovery Plan

- 4 Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3 year plan builds on the work already commenced through the Cancer Reset Cell and pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic as well



as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.

- 5 The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
  - Supporting patients
  - Screening
  - Awareness & early detection
  - Safety netting & patient flow
  - Diagnostics to include imaging, endoscopy, colposcopy and pathology
  - Prehabilitation & Rehabilitation
  - Oncology & Haematology
  - Palliative care

## Regional Waiting List

- 6 As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and that theatre access will vary across Northern Ireland potentially resulting in differentiated waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.
- 7 Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate to complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

## Orthopaedic Hubs

- 8 In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. The blueprint document set out a plan to focus services delivery from 2 hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital) with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.
- 9 Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'Covid light' pathway. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

## Day Case Elective Care

- 10 In July 2020, the Minister announced that Lagan Valley Hospital in Lisburn would become a dedicated Day Procedure Centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site has enabled services to continue to be delivered throughout the pandemic on a 'covid-light' pathway. In recent months, the site has delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional Day Procedure centre at Lagan Valley Hospital as elective activity resumes.
- 11 Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospitals. Over time, and as more elective capacity becomes available and as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

## No More Silos

- 12 The Department's COVID-19 Urgent and Emergency Care Action Plan, that seeks to implement 10 key actions to maintain and improve services is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.
- 13 Key developments during the period April to June will include: the continued roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

## Vaccine Programme

- 14 The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first 9 priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12 which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups are likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, and including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.
- 15 The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

## Mental Health

- 16 Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health service are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to Child and Adolescent Mental Health Services (CAMHS) continuing to increase. It is expected that these pressures will continue.

- 17 Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. The DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is the subject of a public consultation, due to close on 26 March 2021. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

## Adult Social Care

- 18 Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what ongoing financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of Personal Protective Equipment (PPE) without charge, where providers cannot access their own supplies, will continue into 2021/22 as will the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. The Department will continue to actively review the frequency of testing in these settings in the coming months; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.
- 19 The Department will also continue to work with Trusts to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in the Departments plan: *Power to the People*.

## LOCAL REBUILD

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the Southern Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

### Some of the Key Challenges in implementing our plans

implementing effective compliance with the safety requirements of Covid-19 is a key challenge however, there are other on-going **challenges** that impact on the Trust's April to June rebuild plan including:

- Assessing **workforce** pressures including the ability to safely and appropriately staff the rebuild plans, taking into consideration the impact of local cluster outbreaks within staff and patient groups. Over the last year, staff have been working unrelentingly and have not been able to use their annual leave entitlement, therefore it is important to promote health and wellbeing by ensuring they have opportunity to avail of annual leave and decompress before they return to normal duties. We must also ensure our staff are protected from burn-out and feel supported in work. The impact of staffing requirements to support the vaccination programme, workforce resources required for testing and contact tracing to maintain patient and staff safety in respect of spread of infection and flexible working necessary to support childcare and caring commitments all needs factored into our rebuild plans.
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population taking account of specific Trust differences, including for example access to suitable accommodation.
- Continuing to **maintain effective Covid-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure safe and appropriate catering and rest facilities for our staff.
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community care teams presents significant challenges and will include a reduction in capacity and productivity.
- Establishing sustainable **new models for 'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to Covid-19.
- Attaining and sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely resume services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will consider restart plans from all Trusts and it is anticipated if there are challenges with critical supplies the Trust will be advised and adjustments may be required.

- Under the banner of Mutual Aid and Resilience, the Trust continues to provide necessary **support and resources to the nursing/ care home and supported living sector** on an ongoing basis. This alongside ensuring that Trust based services can be safely rebuilt, will impact on the pace and scale as we seek to meet demand across all service areas.
- Support to the two GP led Covid-19 Assessment Centres in the local area is also placing continued demand on Trust staff and facilities limiting capacity to restart some other services, which were stood-down previously.
- We are mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but that can effectively and safely deliver health and social care services.
- Providing continued support to **those in need within our population** including those who are 'shielding', vulnerable people, and people at risk of harm.
- Re- establishing some of our services safely in some areas has been and remains challenging and will continue to require **capital and revenue funding** that will be subject to securing DOH approval. **Covid-19 has further highlighted the difficulties faced dealing with a Pandemic with sub-standard hospital accommodation.** The majority of our hospital accommodation is 40-50 years old and this has limited our ability to adequately provide safe social distancing for our staff and patients with limited physical bed and circulation space. Our ability to nurse Covid-19 patients who required aerosol generated procedures has been limited by appropriate ventilation systems and oxygen capacity and our ability to adequately control the spread of infection due to a lack of side rooms and adequate sanitary facilities. These pressures will continue to intensify in the absence of much needed investment. Furthermore, our ability to scale up surgical capacity will be constrained by access to safe and appropriate bed spaces.
- It is anticipated that any **further surge in Covid-19 transmission** could result in a temporary pause of core services to cope with demand. Responding to this is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

Throughout the pandemic and in developing our rebuild plans, the Trust has been keen to promote the health and wellbeing of our staff. Staff across a range of service areas including human resources, occupational health, psychology, infection control and health improvement, have worked collaboratively to pool their expertise and resources to draw together a comprehensive package of practical support for our staff which include:

- ❖ The establishment of a **dedicated psychological support helpline** and staff support in reach service to support our staff through the COVID-19 pandemic and beyond. NHS Charities funding was secured to supplement the existing Occupational Health & Wellbeing Consultant Clinical Psychologist to enable staff to continue to be supported through ongoing surge episodes and during resumption of normal business.
- ❖ **Regular Health & Safety Committee** meetings took place which has provided a platform to support staff to develop safe working arrangements and practices to ensure we can continue to work safely during COVID-19. This includes the development of guidance to provide the framework to assess and support the safety and wellbeing of our staff, visitors and service users.
- ❖ **A range of staff health and wellbeing resources** on the U-matter hub and weekly email reminder, including on-line nutrition and exercise programmes, stress management sessions and advice and support on a range of issues such as managing anxiety, building resilience and coping mechanisms, sleep well resources and mental health support for adults and young people.
- ❖ The Trust provides a **testing and track and trace** service for staff which has helped to contain any outbreaks and minimise risk to our staff, patients and service users.
- ❖ **Occupational Health** services have been significantly stretched to provide support to staff during this period and a review of the resources to support this area will be required.

The Trust recognises the importance of continuing to support our staff going forward and these measures will be maintained as we progress the rebuild plans outlined below.

**The following table outlines the Trust's service plans commencing April 2021- June 2021.** It is important to recognise that the Trusts' ability to deliver against this plan is linked to the effect of any subsequent surges during this period.



## REBUILDING PLAN APRIL 2021 – JUNE 2021

SERVICE AREA: OUR HOSPITALS	What we are planning to do to rebuild services from April 2021 – June 2021
Urgent and Emergency Care	<ul style="list-style-type: none"> <li>❖ Through our local implementation group we continue to progress the development of new ways working and models of care in response to the No More Silos Regional Direction. Focus will be on implementation of the regional 'phone first' number (including extension of operational hours) and streamlined referrals to ED from primary care via Clinical Communication Gateway (CCG) process. Plans to further extend CCG to enable referral to ambulatory pathway including Urgent Care Centre will also be explored.</li> <li>❖ Key priority areas have been agreed in respect of assessment and ambulatory pathways within medicine, surgical and older people services.</li> <li>❖ Estates work to establish an Ambulance Hand over areas (NMS Action 8 ) are underway, however additional capital funding from 21/22 allocation is required to provide access to medical gases in order to safely operationalise this area.</li> <li>❖ The Trust will continue Minor Injuries scheduling appointments across the three Minor Injuries services at CAH DHH and STYH .</li> </ul>
Critical Care	<ul style="list-style-type: none"> <li>❖ Continue to provide Critical care beds in line with the Critical Care Network Northern Ireland (CCaNNI) regional de-escalation plan and redeployed staff to be returned to their core roles and support increased diagnostics, elective surgery, outpatients and specialist nursing clinics.</li> </ul>
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> <li>❖ Continue to provide diagnostics services across a range of sites in the Trust</li> <li>❖ Working collaboratively with other Trusts to equalise waiting times</li> <li>❖ Utilise significant capacity in the Independent Sector for CT, MRI and Non Obstetric Ultrasound, securing additional capacity for</li> </ul>
Cancer services	<ul style="list-style-type: none"> <li>❖ Continue to provide cancer diagnostics, surgery, oncology and Haematology systemic anti-cancer treatments including chemotherapy as per the national and Northern Ireland Cancer Network (NICaN) regional guidance</li> <li>❖ Working collaboratively with other Trust to ensure priority cases are seen on the basis on equity on a Northern Ireland basis.</li> <li>❖ Continue to encourage the public to contact their GP with any concerns about signs and symptoms they are experiencing.</li> </ul>
Day Surgery and Endoscopy(elective provision)	<ul style="list-style-type: none"> <li>❖ Maintain endoscopy service provision in line with previous rebuild plans focusing on core activity, in-house additionality and Independent sector provision.</li> <li>❖ As critical care de-escalates the Trust will restart with 'green pathway activity' commencing in order of:               <ul style="list-style-type: none"> <li>❖ South Tyrone Hospital &amp; Day Surgery Unit in Craigavon Area Hospital</li> <li>❖ Daisy Hill Hospital Urgent Bookable List</li> <li>❖ Craigavon Area Hospital Urgent Bookable List</li> </ul> </li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>❖ Maintain level of activity including face to face, virtual clinics and the use of video consultations as outlined in previous rebuild plans</li> <li>❖ Reinstate the drive through phlebotomy service in Armagh and further extend the provision through a second location in</li> </ul>

	Lurgan, subject to approval of recurrent funding.
<b>Integrated Maternity and Women's Health</b>	<ul style="list-style-type: none"> <li>❖ Trust continues to experience recruitment difficulties, actions are being progressed at a local and regional level</li> <li>❖ The Fertility Service has been recommenced as of March 2021</li> <li>❖ Home births service recommenced for low risk pregnancies March 2021</li> <li>❖ The weekly early medical abortion clinic continues to be provided. The Trust awaits confirmation on how this service will be commissioned going forward</li> <li>❖ Visiting for post-natal maternity services has recommenced in CAH and DHH albeit with some restrictions in place</li> </ul>
<b>Inpatient Elective and Emergency Surgery for Adults and Paediatrics</b>	<ul style="list-style-type: none"> <li>❖ Continue with current provision of urgent bookable lists on both acute hospital sites</li> <li>❖ Plans to progress further ambulatory pathways across a number of specialities, including, surgery, gynae and urology, will be developed as part of the review of urgent and emergency care.</li> <li>❖ The Trust will work with the Regional Orthopaedic hub to review Trauma and Orthopaedic Services across the Southern Trust with a view to understanding demand, capacity and deliverability over the next 5-10 years. Plans to recommence some elective orthopaedic services in CAH, dependent upon continuing de-escalation of critical care and availability of staffing.</li> <li>❖ Progress the general Surgery model across both acute hospital sites</li> <li>❖ Progress the workforce plan for theatre nursing to increase capacity for elective surgery</li> </ul>
<b>Medicine</b>	<ul style="list-style-type: none"> <li>❖ Maintain level of Outpatient activity, virtual clinics and telephone clinics and reinstate face to face clinics where appropriate.</li> <li>❖ Continue with current provision of Day Clinical Centre activity in STH and DHH</li> <li>❖ Plans to progress further ambulatory pathways across a number of specialities, including acute medicine, and older people, cardiology, respiratory will be developed under the review of urgent and emergency care.</li> <li>❖ Reinstate Lumbar Puncture daycases for Neurology</li> <li>❖ Maintain ERCP lists for inpatients – rebuild to provide capacity for outpatient Endoscopic Retrograde Cholangio Pancreatography (ERCPs)</li> <li>❖ Increase Airlab activity on the DHH site</li> <li>❖ Airlab CAH will be recommenced at end of May 2021 following completion of estates work</li> <li>❖ Plans to Increase Cardiac Investigations on CAH site</li> </ul>
<b>Screening Programmes</b>	<ul style="list-style-type: none"> <li>❖ Trust will deliver across all population screening programmes in line with Public Health Agency recommendations.</li> <li>❖ Each screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.</li> <li>❖ Trust will work with the Public Health Agency to develop plans to recover screening intervals/ round lengths to recommended timescales.</li> <li>❖ Trust will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.</li> </ul>

<b>SERVICE AREA: MENTAL HEALTH</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Community Services: Primary and Recovery mental health care and Memory Services</b>	<ul style="list-style-type: none"> <li>❖ Maintain current level of activity in line with social distancing, staff availability, IP&amp;C requirements and clinical need. Continue face-to-face and virtual clinics as clinically appropriate.</li> <li>❖ The majority of psychology contacts will continue to be delivered virtually. By exception contacts where this cannot be facilitated will be delivered by face to face contact.</li> </ul>
<b>Inpatient facilities</b>	<ul style="list-style-type: none"> <li>❖ Sustain current level of ECT activity.</li> <li>❖ Maintain inpatient facilities in Dorsy in line with safe staffing levels and continue to undertake individual risk assessments prior to social outings taking place.</li> </ul>
<b>Day Care and Day Opportunities</b>	<ul style="list-style-type: none"> <li>❖ Incremental increase in day service provision in collaboration with Independent Sector.</li> <li>❖ Support uptake of physical disability day care placements.</li> <li>❖ Scope the potential to access existing or alternative accommodation from other Public Sector partners from which to provide day opportunities.</li> </ul>
<b>Community Disability Services</b>	<ul style="list-style-type: none"> <li>❖ Case managers plan to further increase face to face contacts with service users and carers including offering face to face carer reviews.</li> <li>❖ Link Nurse will continue to facilitate monitoring visits in residential / nursing homes.</li> <li>❖ Phased re-establishment of neurology led epilepsy clinics.</li> <li>❖ Plan to restart sensory low vision clinics.</li> </ul>
<b>Disability Elective/AHP/Outpatients</b>	<ul style="list-style-type: none"> <li>❖ Phased increase in level of AHP and psychiatry services (outpatient and elective activity) to reduce waiting times through a range of mechanisms including face to face and virtual appointment options.</li> </ul>
<b>Respite Care</b>	<ul style="list-style-type: none"> <li>❖ Liaise with Independent Sector providers to explore alternative short break provision.</li> <li>❖ Offer increased flexible short-break options using direct payments.</li> </ul>
<b>Supported Living</b>	<ul style="list-style-type: none"> <li>❖ The Trust will continue to support a range of individual community outings and scheduled appointments as per assessed need.</li> </ul>
<b>Community Addiction Services</b>	<ul style="list-style-type: none"> <li>❖ Maintain current level of activity in line with social distancing, staff availability, IP&amp;C requirements and clinical need.</li> <li>❖ Continue face-to-face and virtual clinics as clinically appropriate.</li> </ul>
<b>Unscheduled Mental Health Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to meet current level of activity in line with clinical need.</li> </ul>
<b>SERVICE AREA: PRIMARY CARE &amp; COMMUNITY SERVICES</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Community Clinic and</b>	<ul style="list-style-type: none"> <li>❖ Re-establish virtual and face to face clinic activity incrementally in line with availability of staff, clinical facilities and IPC guidance</li> </ul>

<b>Rehabilitation Services</b>	<p>in relation to environment, social distancing etc. (Falls, Geriatric Outpatients, Rapid Access clinics)</p> <ul style="list-style-type: none"> <li>❖ Phased increased in Orthopaedic ICATS clinics and associated activity.</li> <li>❖ Continue with home based assessment and review where appropriate.</li> </ul>
<b>Primary Care / GP led services</b>	<ul style="list-style-type: none"> <li>❖ Continue to work collaboratively with Primary Care in the development of new models and ways of working. Example urgent and emergency care services and primary care MDT.</li> <li>❖ Continue to support and maintain Covid-19 assessment centres on the Banbridge and South Tyrone sites in line with regional direction. Work has been taken forward to reduce the footprint to free up access to other clinical services for more consultation rooms in line with limited capacity.</li> </ul>
<b>Sexual Health Services</b>	<ul style="list-style-type: none"> <li>❖ Health Hub Clinics in Further Education colleges will be delivered through a mix of virtual and face to face appointments across college campuses. This will be kept under review and in line with requirements of the local population.</li> </ul>
<b>Promoting Well-being Services</b> <i>(incorporating health improvement, community development, support for carers and support for volunteers)</i>	<ul style="list-style-type: none"> <li>❖ The Promoting Wellbeing Division will continue to provide services, support and training utilising a range of approaches to include virtual, telephone and face-to-face delivery when guidance around community gatherings allows.</li> <li>❖ Health Improvement activity will include service delivery, training and support in the following areas: Mental Health and Emotional Wellbeing, Suicide Prevention, Sexual Health Improvement, Parenting Support, Diabetes Prevention, Home Accident Prevention, Stop Smoking Support Cancer Information and Wellbeing Support, Healthy Eating and Weight management.</li> <li>❖ Continue to support Trust staff health and wellbeing through provision of information, resources and online programmes in support of health and wellbeing.</li> <li>❖ Continue to participate actively in community planning to support the implementation of services, projects and initiatives to improve health, wellbeing and social conditions for our population.</li> <li>❖ Partnership working to support delivery of the volunteering element of the local vaccination centre.</li> <li>❖ Continue to co-ordinate support for carers through our Community Carers Support Contract.</li> <li>❖ Development of directorate and divisional PPI plans, in line with relevant guidance and strategy.</li> </ul>
<b>SERVICE AREA: CHILDREN &amp; YOUNG PEOPLE SERVICES</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Health Visiting</b>	<ul style="list-style-type: none"> <li>❖ Health visiting contacts to be delivered under Healthy Child Healthy Future Programme based on staff capacity and will prioritise infants under 1 year and families in receipt of level 3 and 4 contacts e.g. safeguarding.</li> </ul>
<b>School Nursing Service</b>	<ul style="list-style-type: none"> <li>❖ Plan will be put in place with schools following direction from the DoH to address backlog of school health and immunisation programmes during April to August and with direction from the CMO in relation to carrying this out under current Covid lockdown restrictions. For this to be achieved additional resources will be required.</li> </ul>

<b>Children with disabilities</b>	<ul style="list-style-type: none"> <li>❖ Ongoing review of community / voluntary sector contracts and consider adjustments which may be required in Covid-19 context</li> <li>❖ Provide bespoke supports to children with Disabilities and their families if School provision, other community supports or Trust provided overnight short breaks is disrupted as a consequence of Covid-19.</li> <li>❖ Seek to increase overnight short breaks provision for children with disabilities assessed as requiring this service.</li> </ul>
<b>Autism Spectrum Disorder (ASD) Service Children and Adults</b>	<ul style="list-style-type: none"> <li>❖ Subject to safe staffing levels the ASD Service will maintain the 13 week target for new children and young people.</li> <li>❖ Review of community/voluntary sector contracts</li> <li>❖ Continue to deliver face to face contact where there is a clinical need</li> </ul>
<b>Child and Adolescent Mental Health Services (CAMHS)</b>	<ul style="list-style-type: none"> <li>❖ CAMHS will continue to expand new and review appointments using both virtual and face to face contacts where clinically appropriate to do so.</li> <li>❖ Implement recommendations from the Service Review which was undertaken by the head of Service with operational leads to identify learning from Covid-19 to reset the service with learning gained.</li> </ul>
<b>Court Children's Services</b>	<ul style="list-style-type: none"> <li>❖ Court Children's Service do not have capacity to meet demand to respond to new private law referrals. Plan in place to prioritise workload.</li> </ul>
<b>Child Protection</b>	<ul style="list-style-type: none"> <li>❖ Continue to deliver face to face interventions for children placed on the child protection register.</li> <li>❖ Audio and visual links will continue to be available to facilitate attendance of case conference members.</li> <li>❖ Where possible parents and their support person to attend Case Conferences in person.</li> </ul>
<b>Domestic Violence</b>	<ul style="list-style-type: none"> <li>❖ Continue domestic abuse worker pilot in in Craigavon Area Hospital in 21/22.</li> <li>❖ DVA outreach pilot involving Children's services/FSHs/Women's Aid due to finish 31.3.2021. Evaluation to be completed. Continuation of pilot will be dependent on availability of funding 21/22.</li> </ul>
<b>Outreach Service Pilot</b>	<ul style="list-style-type: none"> <li>❖ Recurrent funding secured to continue to support families to maintain young people at home.</li> </ul>
<b>Looked After Children (LAC)</b>	<ul style="list-style-type: none"> <li>❖ Maintain regular face to face contact between the social worker and child/young person for all looked after children.</li> <li>❖ Increase level of face to face parental contact with LAC where consistent with child's care plan and safe to do so.</li> <li>❖ Use of technology to facilitate statutory review meeting requirements for looked after children, and when deemed necessary facilitate face to face meetings between meeting chairperson and parents.</li> <li>❖ Focus on educational support to LAC as schools start to re-open following COVID disruption</li> </ul>
<b>Acute and Community Paediatric Service</b>	<ul style="list-style-type: none"> <li>❖ Acute and Community Paediatric Outpatient Clinics will continue to be provided through face to face and virtual appointments.</li> <li>❖ Continue with face to face appointments within the Child Development Clinic (CDC).</li> <li>❖ Provide dedicated paediatric outpatient clinical accommodation on DHH site following completion of refurbishment works from mid-April.</li> </ul>
<b>Paediatric Inpatient Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to operate with reduced inpatient beds (9) in DHH due to COVID Pressure requirements.</li> <li>❖ Work towards restarting paediatric day services elective work in DHH</li> </ul>

	❖ There will be full integration of Paediatric Psychology Service into the Diabetes, Asthma, Allergy and Epilepsy Teams with provision of psychological assessment and intervention via telehealth or in person as appropriate
<b>SERVICE AREA: OLDER PEOPLE</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Residential / Nursing and Community Care Services</b>	<ul style="list-style-type: none"> <li>❖ Under the banner of Mutual Aid and Resilience and in keeping with the Regional Care Home Surge Plan, the Care Home Support Team will continue to provide support, advice and assistance to care homes as required.</li> <li>❖ Members of Infection Prevention Control Team will continue to provide support through the Care Home hub meetings to give advice and support as required.</li> <li>❖ Continue to deliver Domiciliary Care to clients in their own homes continuing with recruitment to increase capacity within the service.</li> </ul>
<b>Day Care</b>	<ul style="list-style-type: none"> <li>❖ Maintain current Day Care Services operating from Orchard, Clogher Valley &amp; Meadows Day Centres and plan for incremental increase of attendees in line with IPC requirements and social distancing measures.</li> <li>❖ Engage with Service Users, Carers ICT and Memory Services to rebuild and restore Day Care services in Lisanally, Edenderry, Keady and Donard Day Centres with phased restarts commencing Mid-March - April 2021 in line with IPC requirements and social distancing measures as well as availability of staff previously redeployed and successful recruitment of new staff to back fill vacant posts.</li> <li>❖ Maintain the delivery of the Outreach service established with day care staff from Crozier Lodge and Edenderry day centre and evaluate impact and potential benefits to sustain longer term.</li> </ul>
<b>SERVICE AREA: COMMUNITY DENTAL</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Community Dental Services</b>	<ul style="list-style-type: none"> <li>❖ All Community Dental Clinics will remain operational. This will be dependent upon having a stable workforce.</li> <li>❖ Protocols are in place to allow aerosol generating procedures across all community dental clinics.</li> <li>❖ Urgent paediatric dental extractions continuing under GA and exploring options to increase capacity to reduce current waiting list.</li> </ul>
<b>SERVICE AREA: CORPORATE AND SUPPORT SERVICES</b>	<b>What we are planning to do to rebuild services from April 2021 – June 2021</b>
<b>Multidisciplinary Support to our Operational Services</b>	❖ Support teams in Estates, HR and planning and IT will continue to support a range of actions to maintain services including completion of estate works to service areas, modification of work spaces, establishment of alternative accommodation and



	<p>working practices and support for remote working where possible to optimise the Trust's ability to return clinical services to the hospital sites and to ensure the health and safety of staff.</p> <ul style="list-style-type: none"> <li>❖ Support services will continue to support operational directorates with rebuild and Covid-19 response plans as required going forward.</li> </ul>
<b>Infection Prevention &amp; Control</b>	<ul style="list-style-type: none"> <li>❖ Continue to liaise with IPC colleagues in response to Covid-19 with specific measures put in place to deal with local cluster outbreaks as they arise.</li> <li>❖ A bid for additional IPC staffing to support the small team has been submitted and plans are being progressed to procure additional patient and staff testing capacity</li> <li>❖ Continue to reinforce training and awareness for all staff on use of PPE in line with current and any further changes in local and regional policy.</li> <li>❖ Provide guidance for establishment of safe premises in respect of IPC requirements for rebuild of services across facilities</li> </ul>
<b>Expanding, Redeploying and training our Clinical and Social Care Workforce</b>	<ul style="list-style-type: none"> <li>❖ Continue to use Video Platform to provide corporate mandatory training and to support any necessary professional training and development requirements as appropriate</li> <li>❖ Additional resource for International nurse recruitment has been approved with a view to increasing the number of recruits to fill vacant Band 5 posts.</li> <li>❖ Continue with implementation and monitoring of new Band 5 recruitment model for posts across Acute and Mental Health and Disability with the aim of ensuring effective and efficient recruitment processes are in place</li> <li>❖ Open recruitment for Nursing Assistants and Senior Nursing Assistants, Band 2/3 posts continues</li> </ul>
<b>Psychological Services</b>	<ul style="list-style-type: none"> <li>❖ Bespoke staff support service will continue to be made available in line with available resources and identified need.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>❖ Visiting policy will continually be reviewed in response to management of local cluster outbreaks within hospital settings and in line with regional guidance as appropriate.</li> </ul>
<b>Statutory Functions</b>	<ul style="list-style-type: none"> <li>❖ Taking account of any current temporary amendments to regulations approved by the Department of Health, the Trust will continue to deliver on its responsibilities in respect of its Statutory Functions, as part of the development and rebuild of services</li> </ul>



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*



## Annual Quality Report 2015/16

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

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

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

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

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

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

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

## Introduction by Chief Executive, Mr Francis Rice (Interim)

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

*William A. Foster*



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

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

The Trust is committed to the delivery of quality services – and my focus is on the quality of care and patient experience we deliver.

As a Trust, we face many challenges, but the quality and commitment of staff does not change and we work hard to achieve the high standards the Trust has been recognised for over the years.

For us, quality care is about safely delivering care to the increasing number of patients who use our services, and to support staff in delivering the standard of care that we all want for our patients.

It is about continuing our drive for continuous improvement and excellence in all we do; making every single experience of health and social care a positive one and continually measuring ourselves against the best, so that we can be the best.

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

Our key achievements in 2015/16 include:-

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

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

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

Personal Information redacted by the USI



## 1. Transforming the Culture

### Health and Social Care Staff Survey

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

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

#### Survey Administration



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



The Staff Survey was administered  
both online and by paper.



#### Key themes:



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



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



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

## 1. Transforming the Culture

### Health and Social Care Staff Survey



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



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



### Staff engagement

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

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

### Key strengths to maintain or enhance



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



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



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

## 1. Transforming the Culture

### Health and Social Care Staff Survey

#### Key opportunities for workplace improvement



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



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



**30%** agree that relationships at work are strained.

#### Our next steps...

June - July 2016

Results shared  
widely

July — August 2016

Digging deeper  
and action planning

Sept 16—December 2017

Action delivery  
and communications

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

[http://vsrintranet.southerntrust.local/SHSCT/documents/  
SouthernHSCTrust2015HSCNIOrganisationalReport.pdf](http://vsrintranet.southerntrust.local/SHSCT/documents/SouthernHSCTrust2015HSCNIOrganisationalReport.pdf)

## 1. Transforming the Culture

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

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

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

**E**nsuring that patients are involved in decisions about their treatment and care

**E**nsuring that patients have access to adequate and timely pain relief

**P**roviding adequate information on treatment and care

**E**nsuring that, as far as possible, the privacy of patients is maintained

**R**eminding staff to use a low tone of voice when discussing personal information with the patient

**K**eeping people comfortable in waiting areas ensuring that they have access to food and drinks

### **What our service users have told us through the 10,000 Voices Survey. They were:**

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

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

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

*"Felt that staff were dedicated and hard working"*

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

*" Departments were clean and tidy"*

### **10,000 Voices Surveys ongoing :**

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



## 1. Transforming the Culture

### Personal and Public Involvement (PPI)

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

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

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

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

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

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

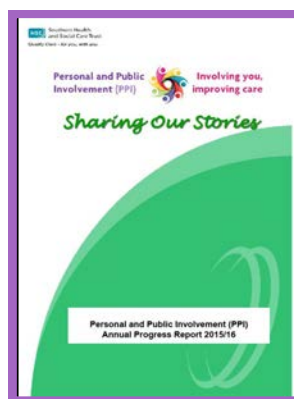
*Completed the PHA's PPI Performance Management Process for 2015/16.*

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

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

#### Two examples of PPI Involvement:

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



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

## 1. Transforming the Culture

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

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

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

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

#### ***Reducing noise at night in hospitals to promote rest and healing***

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

#### ***Making meals / drinks available in Emergency Departments***

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

#### ***The 'Hello my name is' initiative***

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

#### ***Implementation of the MOMO App for Looked After Children***

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

Their responses will be incorporated into their individual care plans.

#### ***Establishing a Palliative Care Patient Experience Group***

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

## 1. Transforming the Culture

### Compliments and Complaints

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

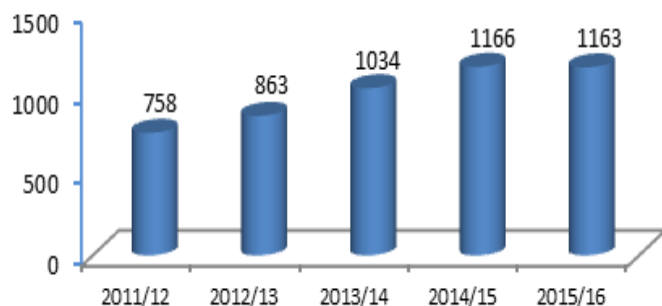
In 2015/16, the Trust received 3009 compliments. 1163 formal complaints (by subject) were received - a decrease of complaints on the previous year's figures. 0.25% of the contacts our staff have with services users result in a formal complaint.

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

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

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

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



### Facts & Figures

Our **Top 5** Complaint Subjects

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

#### In 2015/16

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

### Improvement resulting from a complaint

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

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



## 1. Transforming the Culture

### Compliments

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

#### The Dentistry Service

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

#### The Emergency Department

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

#### Stroke Ward —Lurgan Hospital

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

#### Mental Health Services

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

### Southern Health & Social Care Trust Website

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

The Trust's website - **[www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)**

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

## 1. Transforming the Culture

### Learning from Serious Adverse Incidents (SAIs)

**An adverse incident is defined as:**

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

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

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

**A serious adverse incident (SAI) is:** ‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’

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

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

#### Facts & Figures:

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

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

#### In 2015/16

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

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

## 1. Transforming the Culture

### Learning from Serious Adverse Incidents (SAIs) - Examples

#### Background

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

#### Learning / improvements implemented

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

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

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

#### Background

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

#### Learning / improvements implemented

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

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

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

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

## 1. Transforming the Culture

### Learning from Serious Adverse Incidents (SAIs) - Examples

#### Background

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

#### Learning / improvements implemented

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

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

#### Background

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

#### Learning / improvements implemented

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

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

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

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

# 1. Transforming the Culture

## Quality Improvement

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

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

### How Quality Improvement is supported in the Southern Trust

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

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

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

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

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

#### Quality Improvement Leader

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

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

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

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

#### Other ways in which Quality Improvement is supported

- **V**odcast and Breakfast Seminar Programme
- **Q**uality Improvement Clinics
- **T**ime Out for Teams
- **T**aking the Lead Programme
- **P**roject Facilitation
- **Q**uality Improvement Sharing Event

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



## 2. Strengthening the Workforce

### Induction

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

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

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

#### Corporate Induction

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

#### Departmental Induction

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

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

### Corporate Mandatory Training

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

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

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

## 2. Strengthening the Workforce

### Continuing Professional Development

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

### Vocational Workforce Development

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

#### Mental Health Directorate

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

#### Older People and Primary Care Directorate

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

#### Children's and Young People's Directorate

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

#### Acute Services Directorate

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

#### Allied Health Professions

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



## 2. Strengthening the Workforce

### Supervision

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

### Supervision for Social Workers

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

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

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

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

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

## 2. Strengthening the Workforce

### Nurse Supervision

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

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

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

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

### Supervision for Allied Health Professionals

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

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

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

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

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

## 2. Strengthening the Workforce

### Mentorship System for Medical Staff

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

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

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

### Coaching

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

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

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

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

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

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

## **2. Strengthening the Workforce**

### **Leadership and Management Development**

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

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

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

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

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

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

## 2. Strengthening the Workforce

### Recognising Staff Achievements

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

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

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

#### Overall winners of the Excellence Awards 2015/16

**Thorndale Unit, Craigavon Area Hospital**



#### Lifetime Achievement Finalist at the Excellence Awards Ceremony 2015/16

**Mr Tom Hyde , Porter**



## 2. Strengthening the Workforce

### Staff Health and Wellbeing

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

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

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

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

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

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

Cycle to Work Scheme.  
Designated walking routes

### 'Flu' Vaccine

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

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



## **2. Strengthening the Workforce**

### **Fit Testing**

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

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

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

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

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

### **Equality and Diversity**

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

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

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

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

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



## 2. Strengthening the Workforce

### Smoke Free Sites

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

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

#### Aim of the Smoke Free Policy

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

#### Who does the Smoke Free policy apply to?

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

### Supporting Staff and Service Users

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

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



#### What has happened since the Smoke Free Policy was introduced?

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

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

## 2. Strengthening the Workforce

### Medical Revalidation

#### What is Medical Revalidation?

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

### Facts & Figures

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

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

## 2. Strengthening the Workforce

### Nursing and Midwifery Revalidation

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

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

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

### Supporting the Additional Revalidation Requirements

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

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

### Facts & Figures

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

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

## 2. Strengthening the Workforce

### Infection Prevention and Control : Facts & Figures

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

### Right Patient Right Blood

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

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

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

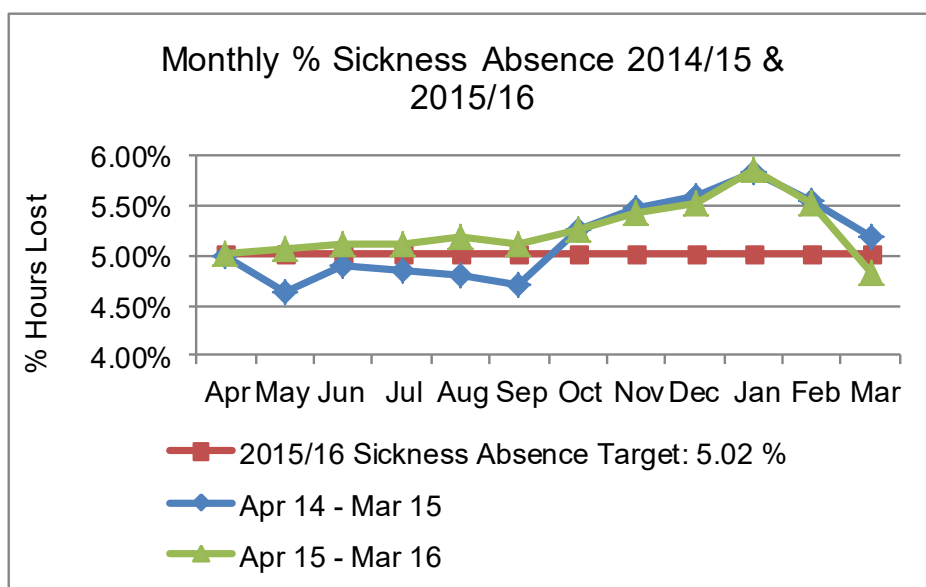
### Reducing the risk of Hyponatremia

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

## 2. Strengthening the Workforce

### Staff Absence

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



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

### Facts & Figures

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

### 3. Measuring the Improvement

#### Hand Hygiene

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

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

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

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

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

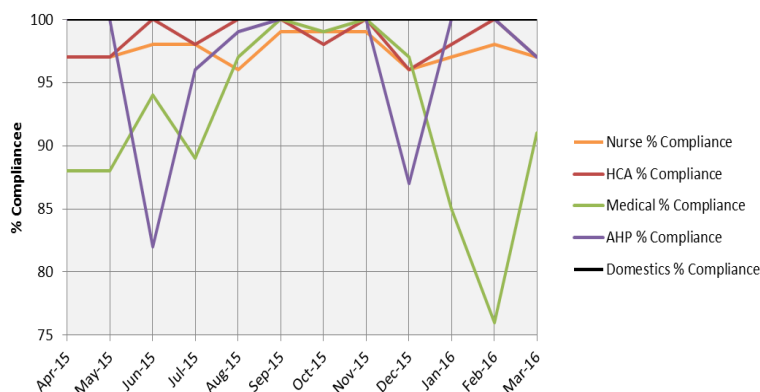
The Trust feeds back the results from these audits to staff and senior management within the Trust to show where we are doing well and where we need to improve.

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

*The results are easily accessed by all management and clinical staff*

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

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



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

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

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

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

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



### 3. Measuring the Improvement

#### Reducing Healthcare Associated Infection: MRSA Bacteraemia

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

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

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

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

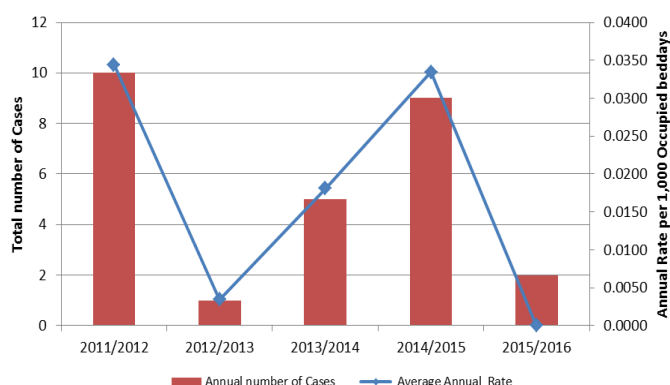
Incidents of MRSA bacteraemia are monitored closely across the Southern Trust.

#### Facts & Figures:

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

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

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



Members of the Infection Prevention and Control Team



### 3. Measuring the Improvement

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

Clostridium *difficile* (*C.difficile*) bacteria are found in the digestive system of about 1 in every 30 healthy adults. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control.

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

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

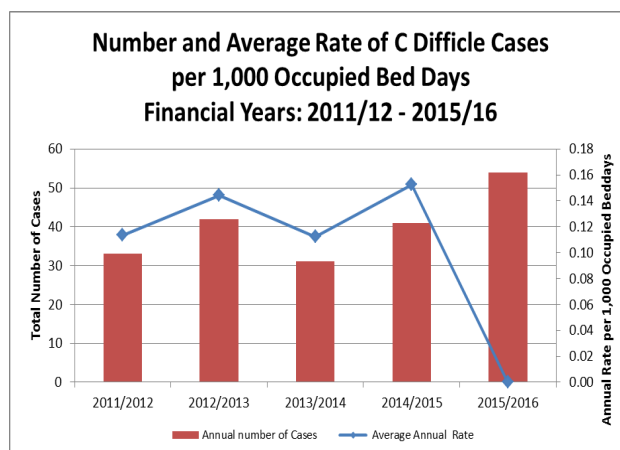
Many *C. difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of *C. difficile* infections now occur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

#### **Facts & Figures**

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

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

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



### 3. Measuring the Improvement

#### Compliance with World Health Organisation (WHO) Surgical Checklist

Evidence from the World Health Organisation (WHO) shows that patient safety is improved during surgical operations if a list of key safety checks are made before anaesthetic is administered and before the operation begins and after it is completed.

In the Southern Trust the WHO checklist is being used in all theatre areas. The checklist is required

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

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

#### Safety measures that were added included:

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

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

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

#### Facts & Figures

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

Modified WHO (SURGICAL SAFETY PATIENT CHECKLIST) adapted by SHSCT

SIGN IN (To be read out loud)	Time Out (To be read out loud)	SIGN OUT (To be read out loud)
<p><b>Before induction of anaesthesia</b> (with at least nurse and anaesthetist)</p> <p>Has all single use equipment used for the previous patient been removed from the operating theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the patient confirmed his / her identity, site, procedure and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the surgical site marked? <input type="checkbox"/> Yes / Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the anaesthesia machine (confirm first thing on am list only), monitoring and medication check complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Baseline observations documented <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a: Known allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Difficult airway or aspiration risk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes and equipment / assistance available <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Risk of &gt;500ml blood loss (7ml/kg in children)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes and two IV/central access and fluids planned <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is LMP recorded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>Other Hazard e.g. MRSA <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Before draping &amp; skin incision</b> (with nurse, anaesthetist and surgeon - all stop actions)</p> <p>Do all team members know each other? (Introductions as necessary - start of list only) <input type="checkbox"/> Confirm if late start/reason for delay with medical staff / NNA</p> <p>Confirm the patient's name, procedure, and site of the incision. <input type="checkbox"/> Confirm known Allergies and note on board</p> <p><b>Anticipated Critical Events</b> To Surgeon: (if routine familiar list surgeon should state routine procedure of X duration) <input type="checkbox"/> Are there any patient specific concerns for surgery? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss?</p> <p>To Anaesthetist: <input type="checkbox"/> Are there any patient specific concerns for anaesthetic? <input type="checkbox"/> What is the patient's ASA grade?</p> <p>To Nursing Team: <input type="checkbox"/> Any concerns re sterility <input type="checkbox"/> Are there any equipment issues?</p> <p>To all Members of the Team: <input type="checkbox"/> Is the patient positioned appropriately for surgery and limbs secured?</p> <p>Has the surgical site infection (SSI) bundle been undertaken? <input type="checkbox"/> Yes / Not applicable</p> <p>Antibiotic prophylaxis within the last 60 minutes? <input type="checkbox"/> Patient warming <input type="checkbox"/> Hair removal <input type="checkbox"/> Glycaemic control</p> <p>Has VTE prophylaxis been undertaken (Clexane / TED / Compression devices)? <input type="checkbox"/> Yes / Not applicable</p> <p>Essential Imaging Displayed Yes / Not applicable</p>	<p><b>Before patient leaves operating room</b> (with nurse, anaesthetist and surgeon)</p> <p><b>Nurse Verbally Confirms:</b> <input type="checkbox"/> The name of the procedure recorded <input type="checkbox"/> Completion of instrument, swab, throat pack, sponge, needle counts and rooming out <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Any equipment problems to be addressed</p> <p>To Surgeon, Anaesthetist and Nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Have all cannula and extension ports been flushed?</p> <p>Enter details or affix label here Full name: Date of birth: Unit number: Procedure: Date:</p>
Signature:	Signature:	Signature:

### 3. Measuring the Improvement

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

##### Why was this service improvement project undertaken?

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

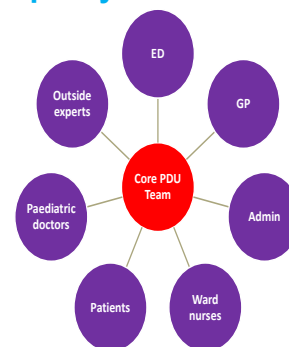
##### What did the service improvement project aim to achieve?

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

##### What did we do?

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

##### Multi-disciplinary Involvement



### 3. Measuring the Improvement

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

##### Service Changes

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

##### Patient/Family feedback

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

##### Staff Feedback

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

#### What did the Paediatric Decision Unit and Team achieve:

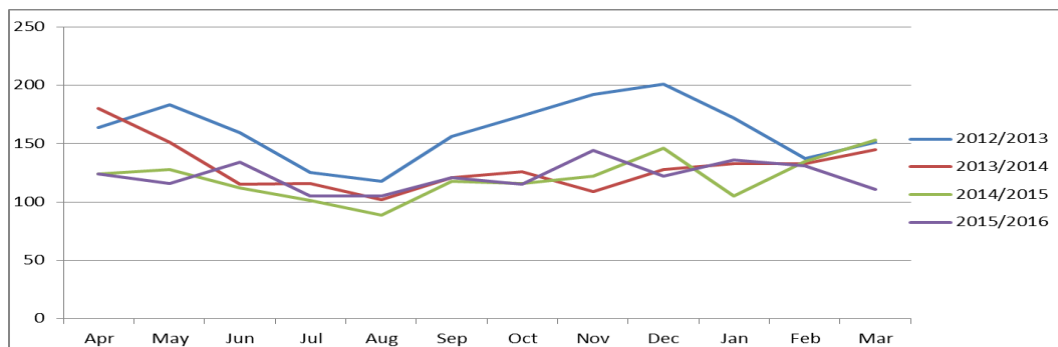
- Ward admissions decreased by 53 patients per month
- Prolonged emergency stays of more than 4 hours decreased by 37 patients per month
- 69% of Patient Decision Unit patients stayed less than 4 hours and were not admitted to an acute paediatric ward
- More than 95% of parents were very satisfied



### 3. Measuring the Improvement

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

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



#### Conclusions

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



### 3. Measuring the Improvement

#### Patient Falls

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

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

This is done by reviewing nursing documentation and

observing practice.

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

If a patient sustains an injury such as fracture or head injury due to a fall, a review of the case is carried out. The learning from this review is shared with staff in an attempt to reduce the level and severity of falls which may occur in the future.

#### Falls Safe Bundle

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

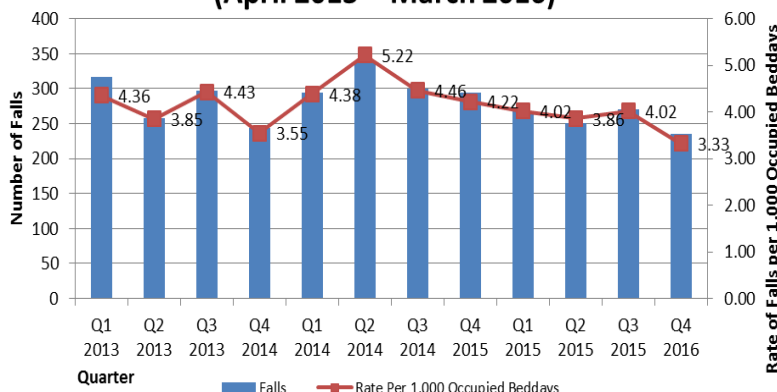
Training sessions continue to be held for staff regarding Falls awareness including:

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

#### Facts & Figures:

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

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



#### Update on Continuous Improvements:

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

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

### 3. Measuring the Improvement

#### Pressure Ulcers

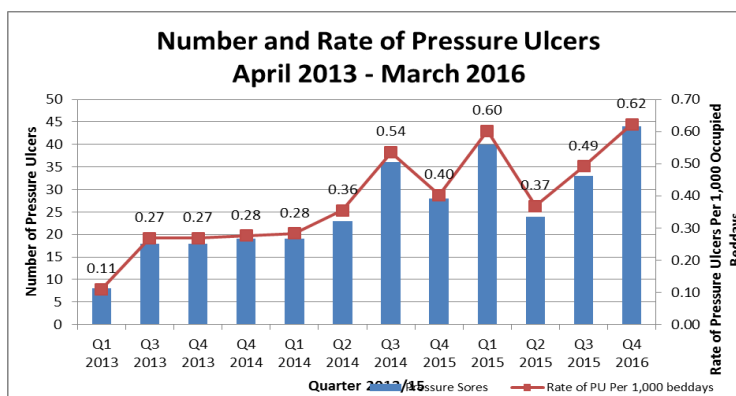
A pressure ulcer - sometimes called a pressure sore or bed sore - is damage to part of the skin or underlying tissue as a result of prolonged pressure - usually applied due to lying or sitting in one position for too long without moving.

Anyone can develop a pressure ulcer but some people are more likely to develop them than others e.g. critically ill patients, patients who are immobile, the frail, wheelchair users and end of life patients.

Pressure ulcers are recorded as an incident by staff involved in the patient's care on the clinical information system (DATIX), so they can be monitored and analysed.

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

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



#### What Next?

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

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

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

### 3. Measuring the Improvement

#### Preventing Venous Thromboembolism (VTE)

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

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

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

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

#### Facts & Figures

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

#### Looking to the future

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

### 3. Measuring the Improvement

#### Medicines Management: Omitted and Delayed Medicines in Hospital

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

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

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

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

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

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

#### Medicines Management: Medicines reconciliation

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

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

### 3. Measuring the Improvement

#### Medicines Management: Anticoagulation

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

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

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

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

#### Medicines Management: Insulin

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

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

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

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



## 4. Raising the Standards

### Morbidity and Mortality Meetings (M&M)

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

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

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

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

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

### Key Improvements Achieved:

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

### Looking to the Future

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



## 4. Raising the Standards

### Standardised Mortality Ratio

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

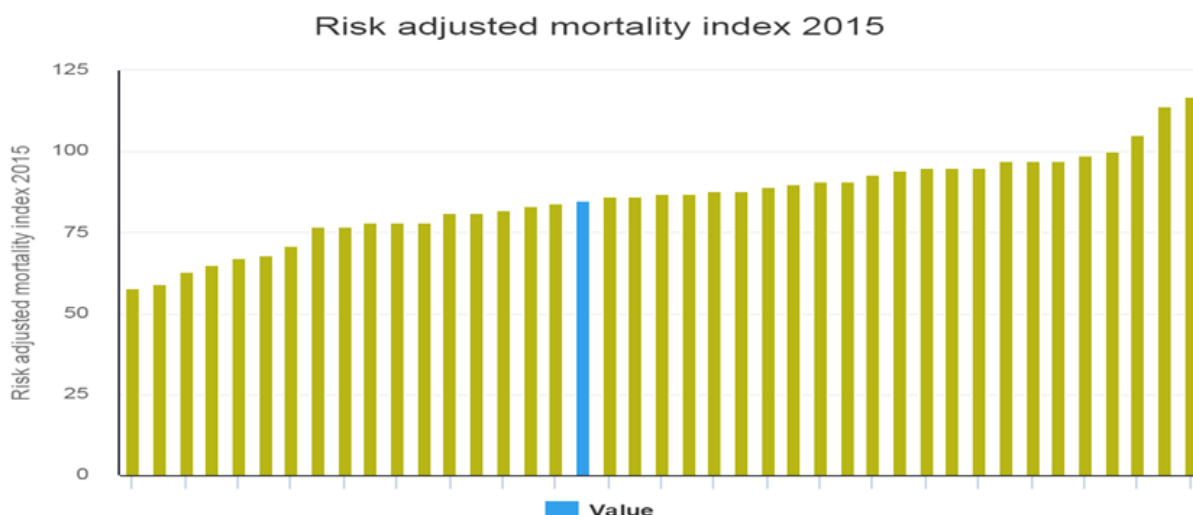
To calculate mortality, an international recognised system called the Standardised Mortality Ratio (SMR) is used.

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

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

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

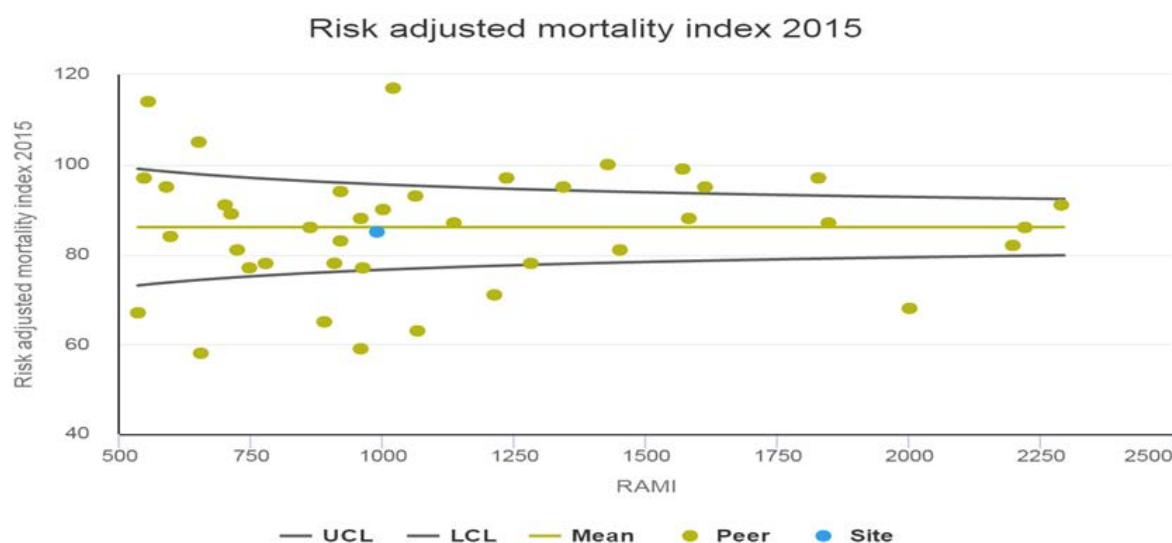
The Southern Trust's risk adjusted mortality position relative to the 'CHKS Top UK Hospitals' peer is represented by the blue line below for the period Jan—Dec 2015.



## 4. Raising the Standards

### Standardised Mortality Ratio

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



### Facts & Figures

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

## 4. Raising the Standards

### National audit

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

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

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

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

### National Cardiac Arrest Audit

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

#### ***What did the audit findings tell us?***

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

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

## 4. Raising the Standards

### National audit: Myocardial Ischaemia National Audit Project (MINAP)

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



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

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

The final audit findings will be published in Sept 2016.

## 4. Raising the Standards

### National audit: Myocardial Ischaemia National Audit Project (MINAP)

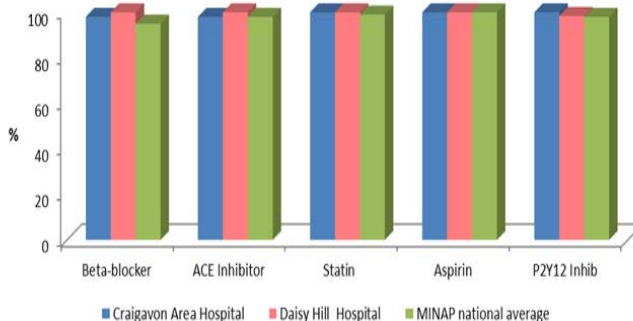
#### Audit Findings

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

#### *Some improvements we have made*

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

Patient was discharged home on secondary prevention medications



#### *Looking to the Future*

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

## 4. Raising the Standards

### Intensive Care National Care & Research Centre (ICNARC)

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

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

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

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

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

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

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



## 4. Raising the Standards

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

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

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

The audit had 2 components:

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

#### Improvements

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

#### Where the Trust is performing well

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

## 4. Raising the Standards

### Emergency Department (ED) 4 hour and 12 hour standards

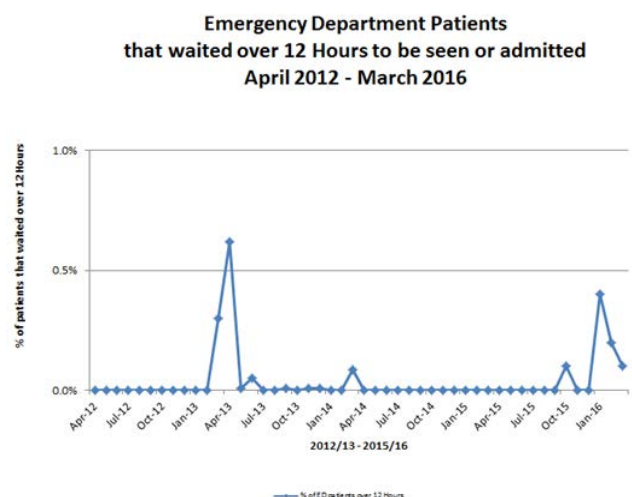
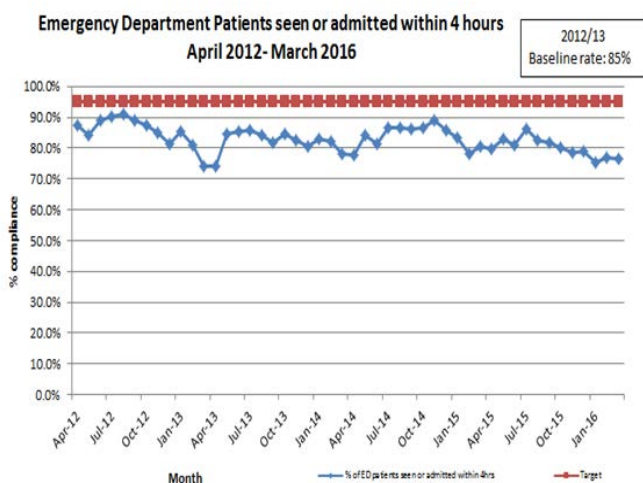
The Southern Trust has two EDs, Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in EDs affects patients and families' experience of services and may have an impact on the timeliness of care and on clinical outcomes.

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

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

#### Facts & Figures

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



## 4. Raising the Standards

### Rate of Emergency Re-admission within 30 Days of Discharge

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

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

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

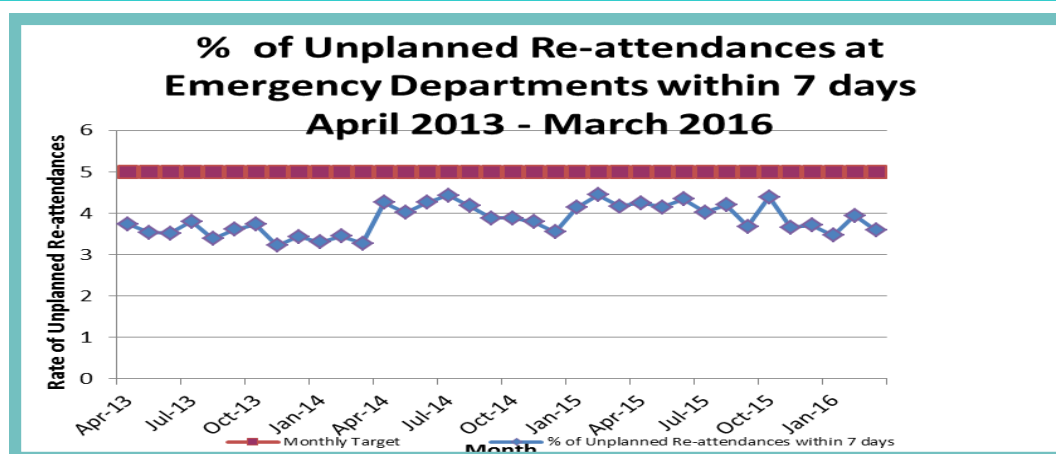
#### Facts & Figures

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

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

#### Facts & figures

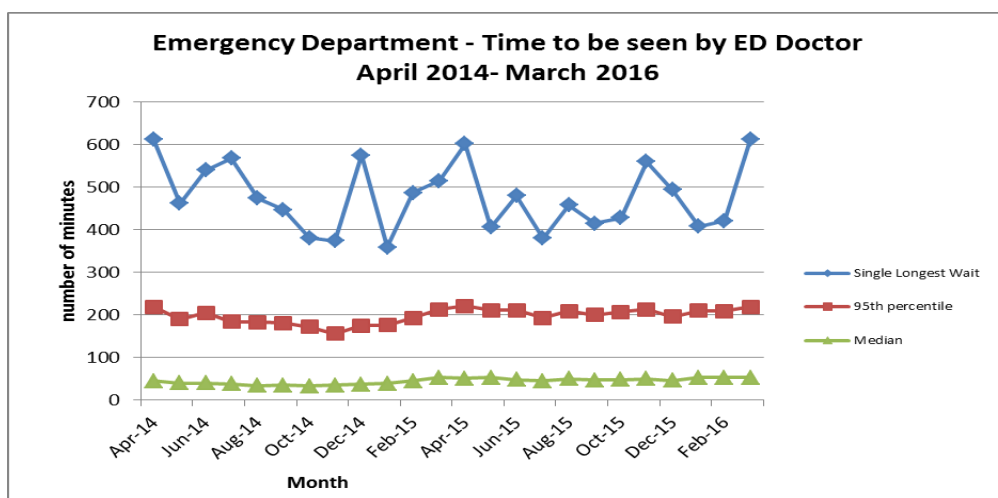
**The Trust is consistently below the % target of unplanned re-attendances at Emergency Departments within 7 days**



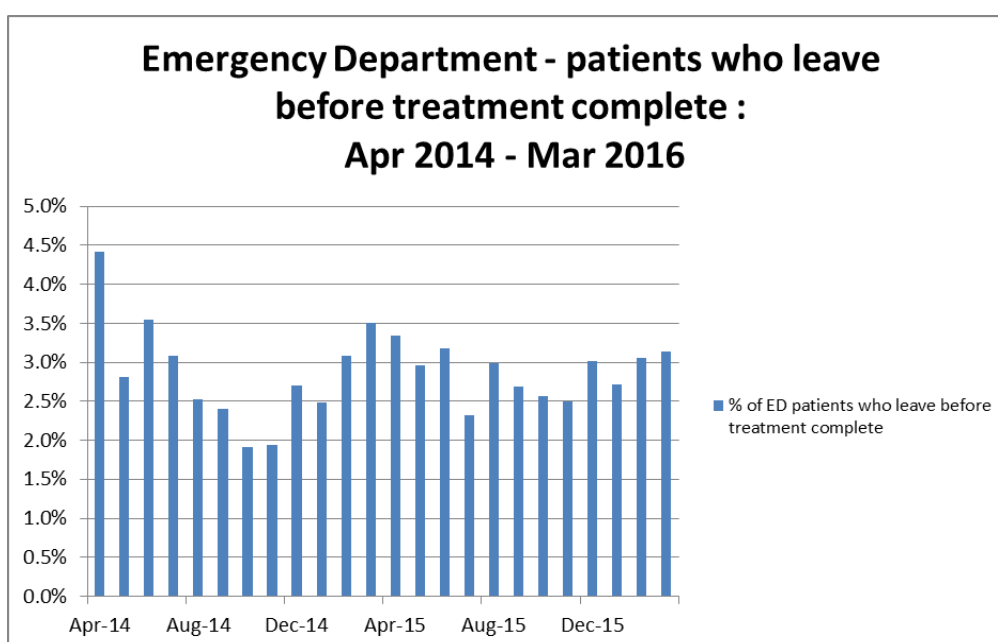
## 4. Raising the Standards

### Time to be seen by the Emergency Doctor

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



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



## 4. Raising the Standards

### Sepsis6 within Emergency Department

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

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

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

#### Initiatives introduced:

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

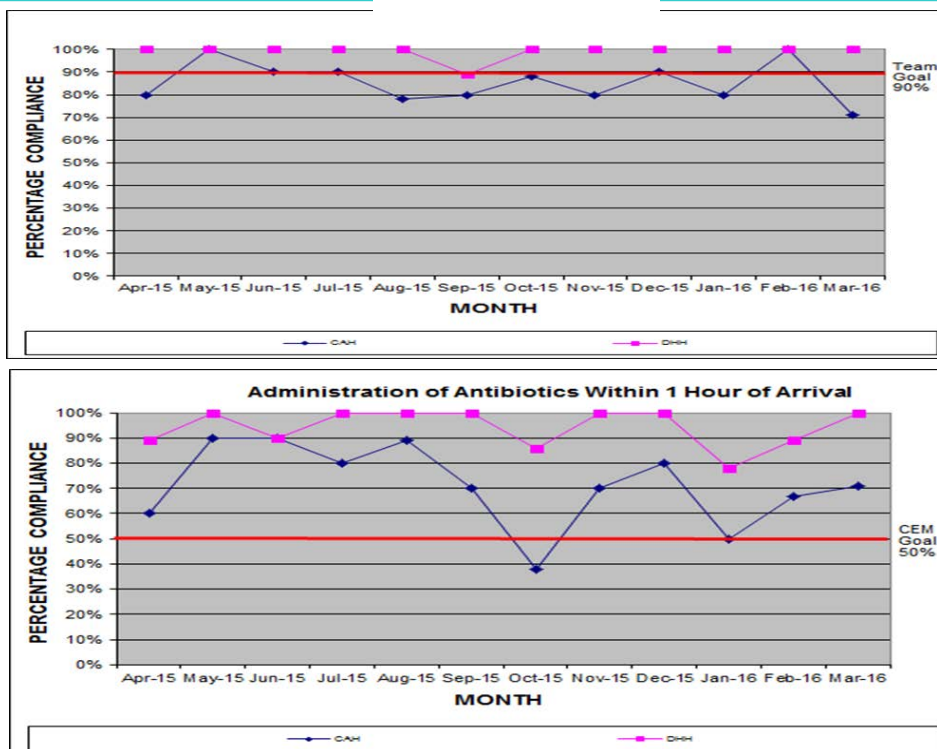


## 4. Raising the Standards

### Sepsis6 within Emergency Department

#### What did the audit tell us?

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



#### Going Forward:

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

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



## 4. Raising the Standards

### Clinical and Social Care Governance Research

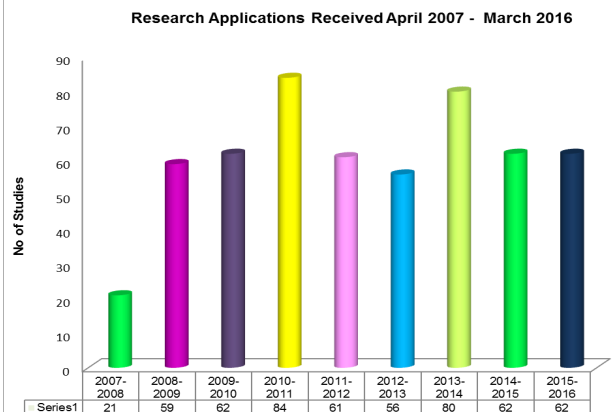
The Trust is committed to encouraging staff to be involved in research, development and innovation which:

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

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

#### Facts & Figures

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



#### Key priorities for 2016/2017

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

#### Examples of research studies:

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

## 4. Raising the Standards

### Access Targets: Cancer Waiting Times

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

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

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

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

### Service improvement initiatives

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

## 5. Integrating the Care

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

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

#### Physical Care of Mentally ill:

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

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

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

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

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

## 5. Integrating the Care

### Community Care

### Support Nursing Homes

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

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

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

### Facilitating Early Discharge

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

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

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

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

## 5. Integrating the Care

### Community Care

### Acute Care at Home

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

#### ***What does this mean for our patients and service users?***

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

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

### Intermediate Care

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

#### ***What does this mean for our patients and service users?***

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

#### ***Facts & Figures***

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

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

## 5. Integrating the Care

### Integrated Care Partnerships : Integrated Working

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

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

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

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

### Outcomes

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

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

Further information on outcomes are also outlined on the next page



## 5. Integrating the Care

### Integrated Working - Outcomes (continued)

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

### Facts & Figures

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

### Integrated Care Partnerships

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

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

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

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

## 6. Childrens' Social Care Services

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

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

#### Facts & Figures

**The SHSCT has 100% compliance in this area since 2013**

### Looked After Children

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

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

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

#### Facts & Figures

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

## **6. Childrens' Social Care Services**

### **Permanency Planning**

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

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

### **Facts & Figures**

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



## 6. Childrens' Social Care Services

### Direct Payments

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

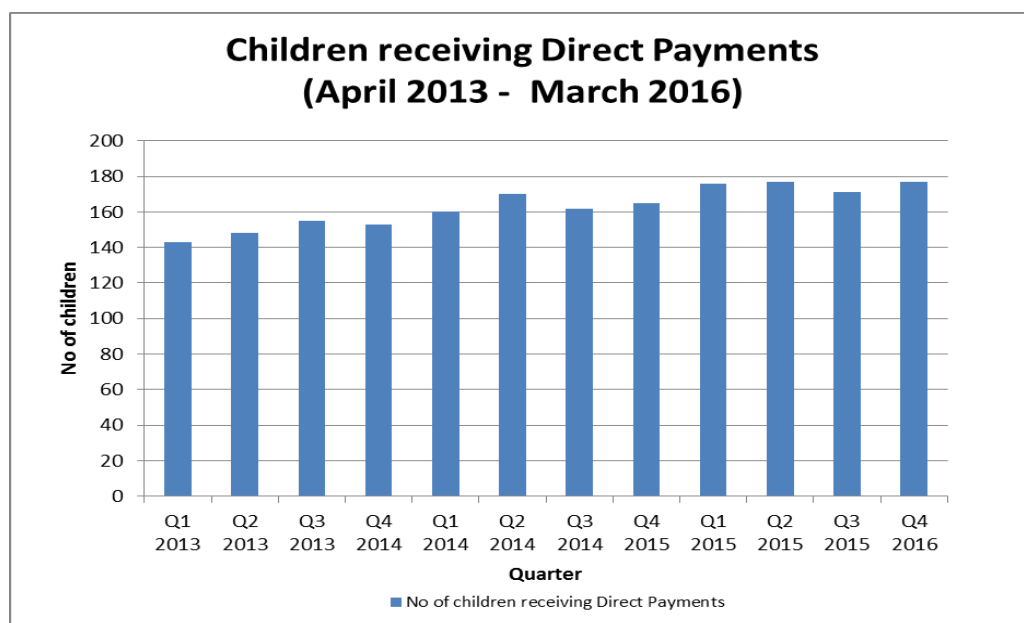
Direct Payments continue to be promoted to families by social workers in the Children with Disabilities Teams.

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

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

### Facts & Figures

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



## 6. Childrens' Social Care Services

### Education, training and employment

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

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

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

### Facts & Figures

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



## 7. Adult Social Care Services

### Vulnerable Adults

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

### Facts & Figures

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

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

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

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





## 7. Adult Social Care Services

### Individual Care Assessments

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

### Facts and figures

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

### Direct Payments

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

### Facts & Figures

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

## **7. Adult Social Care Services**

### **Resettlement in the Community**

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

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

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

### **Facts & Figures**

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

## 7. Adult Social Care Services

### Annual Health Checks

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

### Facts & Figures

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



### Protecting Vulnerable Adults

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

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

### Facts & Figures

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

**This represents a compliance rate of 96%**

## **Appendix 1**

# **Examples of Quality Improvement Projects included in the Continuous Improvement Newsletter**

# Continuous Improvement

## Special Edition

### SHSCT Quality Improvement Sharing Event



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

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



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

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

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

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# Continuous Improvement

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

## Audrey Fenton

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



Audrey Fenton

Service User



## Quality Means to Me...

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

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



Rosemary Paisley

Service User



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

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# Continuous Improvement

## Inspirational Speaker: Hannah Shields



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

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

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

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



### Extremes:

Left - Hannah and her team scaling Mount Everest

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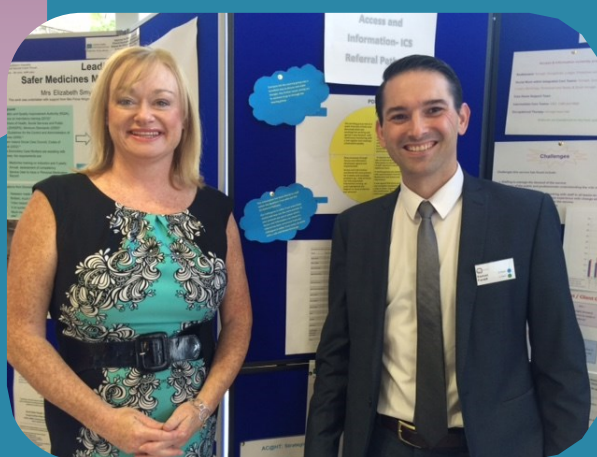
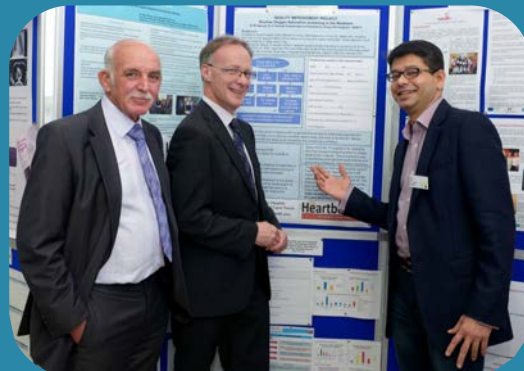
**Innovate**



# Continuous Improvement

## Poster Presentations

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



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# Continuous Improvement

## Melanie McClements:

### Outcome Based Domiciliary Care

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

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



Melanie Speaking at the Event

## Dr Mark Roberts: Frailsafe

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

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

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

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



**frailsafe**



# Continuous Improvement



Lisa speaking at the event



## Lisa Follis: “Verve” Healthy Living Centre Network

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



Dr Martin addressing a packed audience

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



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

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

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# Continuous Improvement

## Interactive and Engaging

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



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



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

## Angela Cannaway and Ethna McKenna

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

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



Ethna and Angela



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# Continuous Improvement



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

### Back Row (L-R):

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

## Vincent Ryan and Eilish Kilgallon:

### Sign of the Times

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



Above: Service Users at Tablet Training



Left: Vincent and Eilish

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



### The Quality Improvement Sharing Event Registration Team

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



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## Continuous Improvement

### Appleby SEC Makaton Choir 'Reach for the Stars'



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

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

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

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

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

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# Continuous Improvement

## Afternoon Interactive Sessions

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



### Liam Creagh, Redbox Media

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

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



### Roni McMillan Gaining Support: Dragons Den Experiential Learning Workshop



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

Improve

Inspire

Innovate

# Continuous Improvement

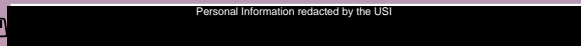


## Carolyn Agnew: Practical Hints and Tips on Engaging Service Users and Carers



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

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

If you would like further information on Personal and Public Involvement you can contact the User Involvement Team at ☎028 37 412519 or ✉ 

Personal Information redacted by the USI

## John McClune

### Making Quality Improvement Happen

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

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



**Improve**

**Inspire**

**Innovate**



# Continuous Improvement



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



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



## The ARC, Bessbrook

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



**Improve**

**Inspire**

**Innovate**

# Continuous Improvement

## SHSCT Quality Improvement E-Learning

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

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

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

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

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

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

### Register for Quality Improvement E-Learning

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

[www.southerntrustelearning](http://www.southerntrustelearning)



### Quality Improvement Leader...

### 25 Champions Required

### Are you up to the Challenge?



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

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

**Improve**

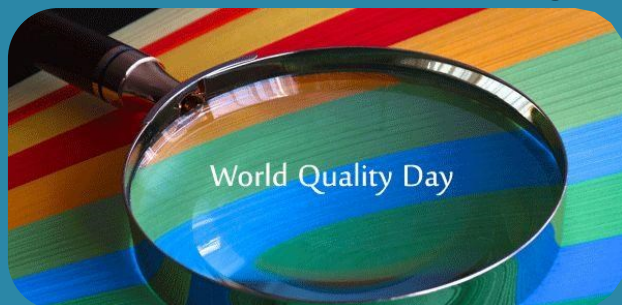
**Inspire**

**Innovate**



# Continuous Improvement

## World Quality Day 12 November 2015



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

The Trust is launching a series of Breakfast Seminars

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



## Breakfast Seminars

To celebrate World Quality Day you are invited to

The concept of a HSC Knowledge exchange was created following consultation with a range of people from the Health and

Social Care system in Northern Ireland. The establishment of the network and website has been sponsored through Transforming Your Care funding and is hosted by the HSC Leadership Centre. It has been endorsed by Trust Chief Executives and other organisations.



## KNOWLEDGE EXCHANGE

*Connecting People to Improve Health & Social Care in Northern Ireland*



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

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



benefit of

**Improve**

**Inspire**

**Innovate**





# Annual Quality Report 2016/17



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*



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

### Quality is about meeting and exceeding expectations

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

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

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

This 5th Quality Report for the Southern Health and Social Care Trust (SHSCT) sets out how we have and will continue to act to deliver quality in the services we provide. This is therefore an important document for:

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

Within each of the 7 sections, there are a standard set of indicators that every Health and Social Care Trust across the region must include, as well as updates on our local priorities here in the Southern Trust for improving safety, quality and patient experience.

**The Report looks back at the safety and effectiveness of our performance in the year from April 2016 to March 2017 and sets out some of our plans to continue to improve in 2017/18.**

## **Message from Chief Executive**

Mr Francis Rice

**Interim Chief Executive**



- The Southern Health and Social Care Trust is one of five in Northern Ireland, responsible for the delivery of health and social care to a population of around 369,000. The Trust's area covers the Armagh, Banbridge and Craigavon Council, as well as taking in parts of Mid Ulster and Newry, Mourne and Down Councils.
- The Trust is committed to the delivery of quality services – and my focus is on the quality of care and patient experience we deliver. As a Trust, we face many challenges, but the quality and commitment of staff does not change and we work hard to achieve the high standards the Trust has been recognised for over the years.
- For us, quality care is about safely delivering care to the increasing number of patients who use our services, and to support staff in delivering the standard of care that we all want for our patients. It is about continuing our drive for continuous improvement and excellence in all we do; making every single experience of health and social care a positive one and continually measuring ourselves against the best, so that we can be the best.
- We use a range of targets and indicators to show how the Trust is performing and identify where we can do better. You will see in this report the many ways in which we are working towards improving care. This includes looking at new ways to provide care, supporting people at home for as long as possible, using technology and simply listening to what our patients are telling us about how things could be better.

**Our key achievements in 2016/17 include:-**

- In October 2016 we hosted our 3<sup>rd</sup> Annual Quality Improvement conference. The theme was Quality and Safety in Action. Around 300 staff, patients and clients from across the area took part in the event to share best practice across a range of hospital and community services, focussing on improving the patient experience, safety and care and systems and processes. There was a combination of 30 clinical and service user presentations and 50 poster presentations.
- During 2016/17 an Executive Quality Improvement Steering Group has been established to provide oversight to the full range of quality improvement initiatives underway across the Trust and ensure connectedness to the key corporate objectives for provision of safe, personal and effective care.

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

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

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



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



1

# Transforming the Culture



*Health & Social Care Survey*

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



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

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

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

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

**Actions will continue to be progressed during 2017/18.**



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

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

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

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

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

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

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

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

**Click here to see the staff survey results**

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

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

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

Key Survey Themes - Corporate Action Plan

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

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

Transforming the Culture

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

Transforming the Culture

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



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



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

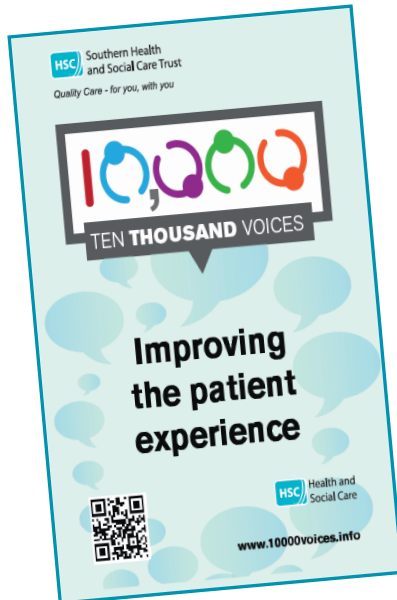
The following 10,000 Voices Regional Reports have been published:

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

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

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

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



**Many of the stories we have received highlighted:-**

For the majority of people, their health and social care experience is a positive one, so it is important that we share this with staff. As well as this, many of the responses have enabled us to identify opportunities for learning and areas for action.

During July 2016 a Patient Client/10, 000 Voices Facilitator was appointed to the Southern Health and Social Services Trust to drive this important agenda forward.



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

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

#### 10,000 Voices surveys 2016/2017

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

#### Further surveys planned in 2017/2018

- Delirium
- Bereavement
- Discharge Planning

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

*"The staff were excellent very attentive and kind."*

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

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

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

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

Personal & Public Involvement/Patient Client Experience

**T**he Southern HSC Trust's Patient Client Experience (PCE) Steering Group is a sub-group of the Trust's Patient Client Experience Committee and is chaired by the Executive Director of Nursing. The remit of the Southern Trust's PCE Steering Group is to drive a work programme in the directorates in line with the Regional PCE Steering Group Action Plan. This action plan focuses on Patient Client Experience captured through 10,000 More Voices and the regional Patient Client Experience standards.

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

#hello my name is...

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



**Raised the profile of #Hello My Name Is by;**

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



Monitored the availability of meals / drinks in ED

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

*"Didn't think I was fit for food but when it came I enjoyed it"*

*"I wasn't expecting meal but it was great to get"*

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



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

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

**As part of this plan the Southern Trust:-**

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





### The 10,000 Voices Initiative Regional Leaflet

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

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



Southern Trust's PCE Directorate Work Plan 2016 / 2017 includedCarer/ User involvement in Transition Planning  
for people with a Physical Disability

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

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

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



Improving Day Care Services for Older People

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

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



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

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

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





### Ensuring People Have Positive Experience of Service

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

- The Public Health Agency (PHA) has responsibility for leading implementation of policy on PPI across the HSC and for ensuring that HSC Trusts meet their PPI statutory and policy responsibilities/obligations.
- The PHA provides assurances to the Department through established accountability arrangements.
- The Trust continues to prioritise PPI within all aspects of its business agenda with a range of governance, management and reporting structures that reflect this.
- Each year the Trust develops and implements its PPI Action Plan to ensure that service users, carers and the public have the opportunity to be involved in the design, evaluation and development of its services and that the Trust continues to meet the new regional PPI standards.



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

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

Ensuring People Have Positive Experience of Service

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

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

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

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

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

**"Sharing Our Stories"**  
on the Trust website

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





Mental Health User & Carer Service Improvement Group

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



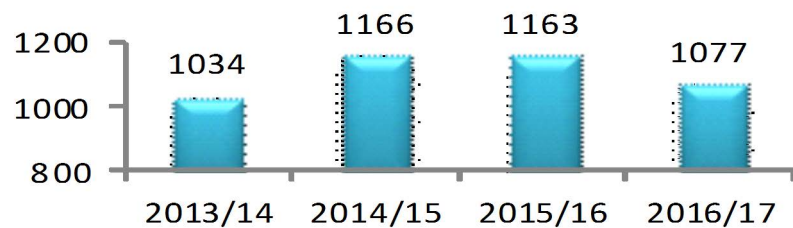
Compliments and Complaints

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

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

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

### SHSCT Formal Complaints (by subject)...

Our Top 5 Complaint Themes 2016/17

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

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

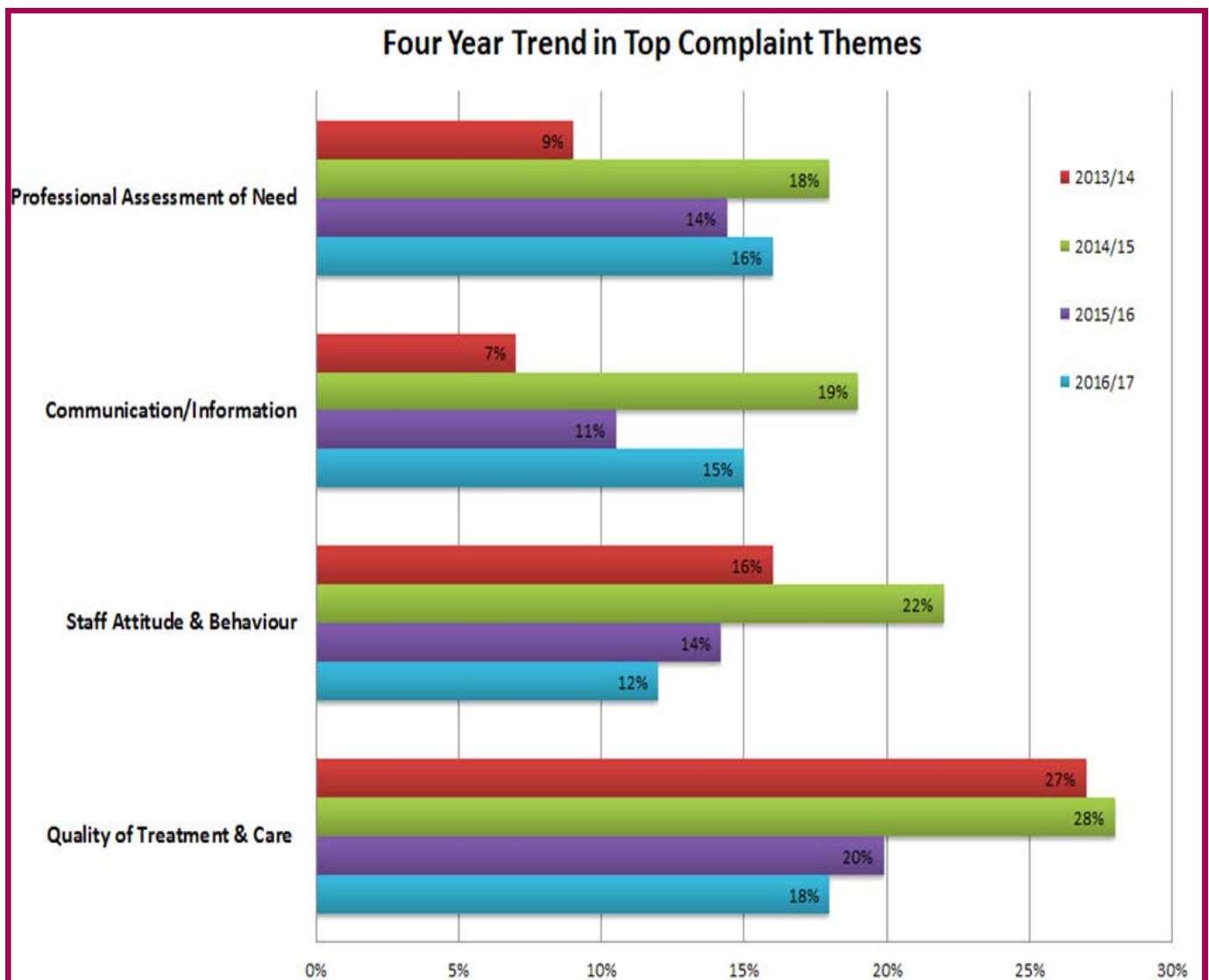
2014/15  
22%

2015/16  
14%

2016/17  
12%

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

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



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

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

### Learning from Complaints

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

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

Examples of complaints shared within these reports are shown here:

#### Theme: Quality of Treatment & Care

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

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

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

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

#### Theme: Communication

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

Learning established around communication and the handling of safeguarding investigation.

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

### Children & Young Peoples Services - Learning from Complaints

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

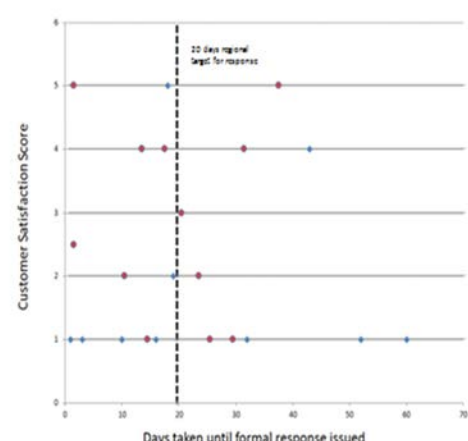
- To improve the response times to provide a formal letter in response to service user Complaints.
- To improve the quality of the formal responses provided.
- To obtain service user feedback about their level of satisfaction with the complaints process.

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

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

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

Customer Satisfaction Score v Days Taken Until Formal Response



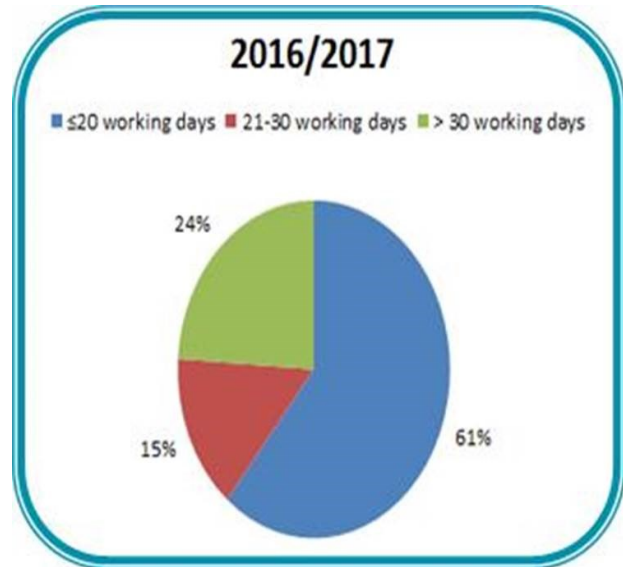
*The learning and gains from this Quality Improvement project have been significant and have provided the Directorate a unique opportunity to do an in-depth analysis of the management of complaints.*



Response Times

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

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



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

Compliments

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

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

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

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

Compliments

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

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

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

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

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

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

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

Compliments

# #FeelGoodFeedback

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

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

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

The Chief Executive  
Craigavon Area Hospital  
Craigavon  
BT63 5QQ

Dear Sir or Madam

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

Please pass on my deepest thanks.

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

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

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



# #FeelGoodFeedback

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

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

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

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

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

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

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

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

**Learning from Serious Adverse Incidents (SAIs)****An adverse incident is defined as:**

***‘any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation.’***

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

When this happens, the numbers of incidents reported often increase. This may not reflect an increase in the levels of harm but a greater understanding of the issues that we are working to address and the importance of reporting to enable ongoing monitoring.

**A serious adverse incident (SAI) is:**

***‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’***

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

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

**Facts & Figures**

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

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

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

**46 incidents were categorised as a Serious Adverse Incident (SAI), a decrease of 88 cases on previous years figures**

**The decrease is a result of changes to certifying and reviewing child deaths/Falls across Northern Ireland**



### Quality Improvement

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

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



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

#### Introduction to Quality Improvement: Raising Awareness

(Mapped to Level One Quality 2020 Attributes Framework)

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



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

Award in Quality Improvement: Delivering Together

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

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

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



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

Certificate in Quality Improvement (Level 3 Certificate)

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

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



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



Quality Improvement Leader (Level 5 Diploma)

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



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

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



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

Quality Improvement Network

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



### MSc in Business Improvement

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

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

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



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



### Patient Client Experience (Customer Care) Training

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

**The programme is open to staff at all bands.**

#### At the end of the programme participants will:-

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

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



Transforming the CultureQuality Improvement Clinics

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

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

Vodcast Programme: Sharing Improvement

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

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

Continuous Improvement Newsletter: Improve, Inspire and Innovate

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



### Quality Improvement Sharing Event

The Trust Annual Quality Improvement Sharing Event is now in its fourth year. The 2016 event was attended by over 300 delegates who were able to listen to and learn from a variety of speakers including service users who bravely shared their experiences and stories.

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

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

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



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

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





# 2

## Strengthening

## The

## Workforce



**Induction & Corporate Mandatory Training**

**T**he Southern Trust's vision for learning is to have *"The right people, with the right skills, in the right place, at the right time, to ensure consistent delivery of safe, high quality services."*

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

**Induction**

The Trust believes that all new employees, including staff transferring or promoted internally, should be provided with a timely and appropriate induction.

This process is regarded as a vital part of integration into the working environment.

**Induction to the Trust is achieved via two processes:-**

**Corporate Induction**

which provides a corporate welcome to the Trust, what a new employee can expect from the Trust as an employer and what the Trust expects from staff.

It signposts the employees to a number of areas of interest, such as Working Well Together, Health and Wellbeing etc.

**Departmental Induction**

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

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

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

Corporate Mandatory Training

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

Compliance Rates in 31<sup>st</sup> March 2016 and 31<sup>st</sup> March 2017

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

In October 2016 the Trust moved to the new HSClearning.com for its e-learning provision which can be accessed by all staff either from Trust facilities or from outside the Trust.

Alongside this a number of improvements in customer service were introduced to support staff in accessing their e-learning and training records as well as an 'Alert' system to flag when training is out of date.

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

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

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

**Strengthening the Workforce****Continuing Professional Development****Clinical Attributes Framework**

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

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

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



**Strengthening the Workforce**

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

**Older People and Primary Care Directorate**

- ◆ 27% of domiciliary staff completed their Award and 4% completed their Certificate, which is a new programme delivered from February 2016
- ◆ In total 97% of our domiciliary workforce have completed their QCF Award and are now working towards their Certificate
- ◆ 15% Band 3 completed a qualification and 19% of our Band 5 completed a single unit on Supervision

**Mental Health Directorate**

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

**Acute Directorate**

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

**Children's and Young People's Directorate**

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

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

### Leadership programmes

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

#### In 2016/17:-

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

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

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

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

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



**Institute of Leadership & Management (ILM) Awards**

**O**ther leadership and management programmes offered by the Trust and delivered by the HSC Leadership Centre include:

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

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

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

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

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

Medical Leadership & Management DevelopmentLaunch of Associate Medical Director & Clinical Director Development Programme

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

The modules are as follows:

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

Medical Workforce Resilience Training

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

Other Medical Leadership & Development Training

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

Second Regional SAS Conference

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

**SECOND REGIONAL SAS CONFERENCE****Quality Improvement  
We Can Do It!!**

Wednesday 20<sup>th</sup> April 2016, Seagoe Parish Centre, Portadown

Social Work Leadership Programme

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

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



**Supervision**

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

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

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

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

**Appraisal**

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

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

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

### Trust Coaching Service

The Trust's Coaching Strategy for 2015 -18 sets a vision to  
***"Engage through Conversation"*** by ensuring:-

- ♦ All employees understand what Coaching is and how it can help them develop in their role.
- ♦ All employees can initiate and are encouraged to take up the opportunity to experience Coaching.
- ♦ All Line Managers/Leaders at all levels (especially those newly appointed) consider Coaching as a method of learning and development for themselves and their individual.
- ♦ Staff and/or to support team building e.g. as part of the KSF/Appraisal process, Time Out for Teams, Quality Improvement Initiatives.
- ♦ The Trust provides access to a pool of professionally trained Coaches.

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

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



### Medical Mentorship Programme

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

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

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

Strengthening the WorkforceRecognising Staff Achievement

The **Excellence Awards ceremony** provides a tremendous opportunity to recognise the excellent commitment, innovation and work of many individuals and teams throughout the year, both front line and behind the scenes. With well over 100 nominations across 6 different categories, this annual event is a highlight in the Trust's annual calendar.

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

Overall winners of the Excellence Awards 2017 - Estates Services Team

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

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

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



**Trust Charity**

The Trust picked up 'Fundraising Partnership of the Year' with our Charity Partner **Marie Curie - Northern Ireland** at the Institute of Fundraising Northern Ireland Awards.

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

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

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

**Anne Hannan, Partnership Manager at Marie Curie stated:-**

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

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

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

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





## Strengthening the Workforce

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



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



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

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



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

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



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



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



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

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



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

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



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



# General Medical Council

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

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



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

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



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

## Strengthening the Workforce

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



Royal College  
of Nursing  
Northern Ireland

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



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

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

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

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

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





*Staff Health & Wellbeing**Looking after your Staff*

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

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

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

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

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

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



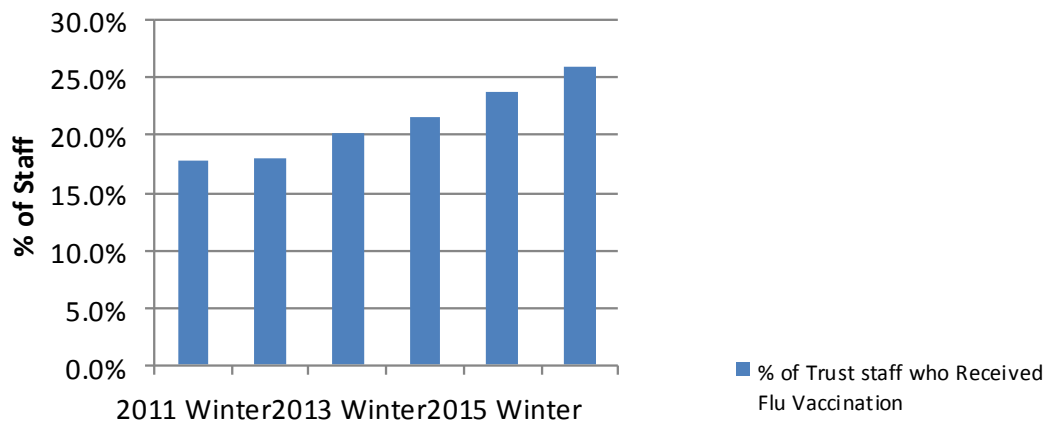
Flu Vaccine

**All Trust staff**, particularly those delivering front line care are encouraged to receive annual flu vaccinations. The rate of uptake is an outcome measure which indicates how the Trust is performing in relation to promoting health, safety and wellbeing.

**The percentage of staff who received the flu vaccination increased to 26.5% for the 2016/17 season compared with 23% in 2015/16, 22% in 2014/15, 20% in 2013/14 and 18% in 2012/13.**

While the trend is increasing, the percentage uptake of the vaccine amongst front line workers is still low, and following the end of the vaccination season in 2016/17, an evaluation of the programme was undertaken. A number of actions were agreed to aim to improve the uptake to 40% amongst front line workers.

### Trust staff who Received Flu Vaccination 2011 - 2016



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



## Smoke Free Sites

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

**No Smoking day 9th March 2017.**

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



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

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

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

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

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



Health and Wellbeing Hub

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



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

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

**Strengthening the Workforce****Leisure Scheme**

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

**Race to Rio**

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

**The SHSCT finished 5<sup>th</sup> overall in UK NHS organisations participating.**

**Trust Staff Weigh in Sessions**

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

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

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

**Medical Revalidation**

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

**Facts & Figures:**

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

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

**There is now 100% participation in the Trust's Medical Appraisal process**

Doctors are asked to reflect on their contribution to the Trust's Mortality & Morbidity processes as part of their revalidation.

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

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

email: [medical.revalidation@southerntrust.hscni.net](mailto:medical.revalidation@southerntrust.hscni.net)  
or from the SouthernDocs website: [www.southerndocs.hscni.net](http://www.southerndocs.hscni.net)



### Registration of the Social Care Workforce

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

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

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

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



**Nursing and Midwifery Revalidation****Facts & Figures**

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

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

**100% revalidation has been achieved for nursing and midwifery staff**

**What is Nursing and Midwifery Revalidation?** Like doctors, nurses and midwives are required to be registered with the Nursing and Midwifery Council (NMC) and must revalidate every three years by reporting on how they have improved their knowledge and skills.

**In April 2016 the NMC updated its revalidation arrangements  
and now requires that nurses and midwives:**

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

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

Supporting the Additional Revalidation Requirements Nursing Governance Co-ordinators were aligned to each of the care directorates to support nurses, midwives and their managers in implementing the new revalidation arrangements. They developed templates for seeking feedback from patients and produced guidance for nurses and midwives undertaking reflective discussions with their colleagues. They supported managers in arranging over 1,500 confirmation meetings during the first year of nursing revalidation.

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

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

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

### Right Patient, Right Blood

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

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

Legislative requirements of the Blood and Safety and Quality Regulations (2005) the National Patient Safety Alert SPN14 - Right Patient, Right Blood: advice for safer blood transfusions and the requirements of the British Committee Standards for Haematology Guidelines (2012) proved to be significant challenges to the team. All of these initiatives involved changes of documentation and practice that would be a new concept for all staff involved.

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

### Infection Prevention Control Training & Education

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

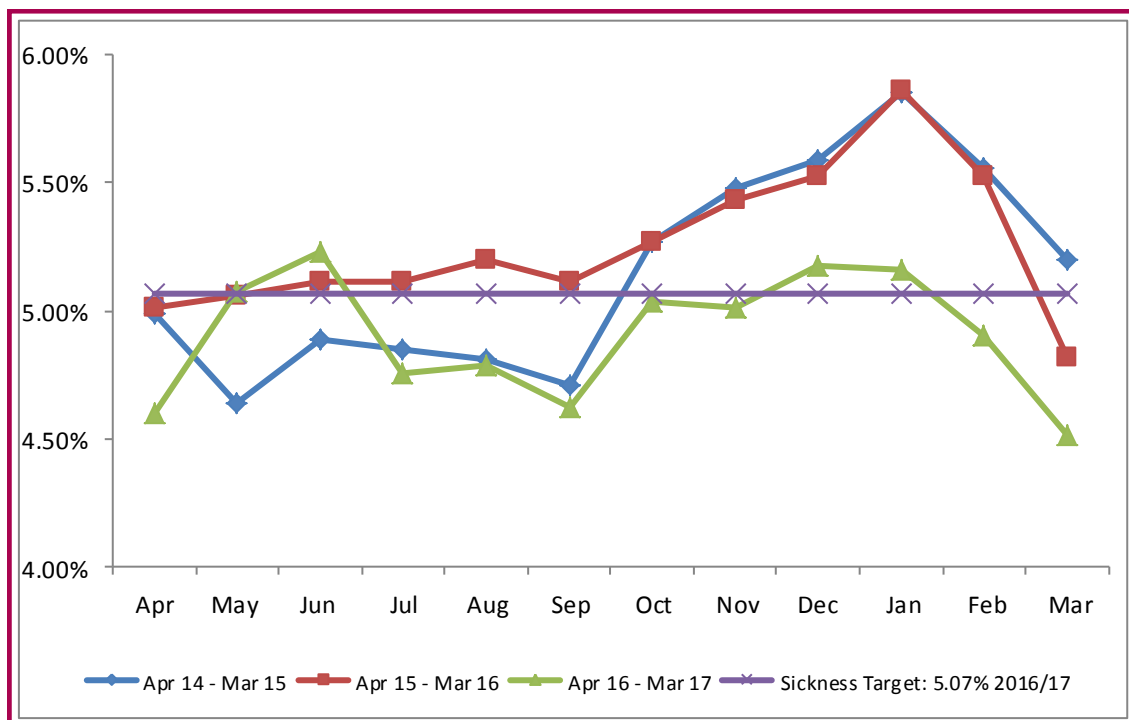
In 2014 Northern Ireland Infection Prevention Society Branch members and Infection Prevention & Control Lead Nurses felt that it was becoming increasingly difficult to deliver mandatory training programmes to a multi-disciplinary Primary and Secondary Care audience. Topics which may only have been relevant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

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

Staff Absenteeism

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

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



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

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



# 3

# Measuring the Improvement



## Measuring the Improvement

### Hand Hygiene

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

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

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

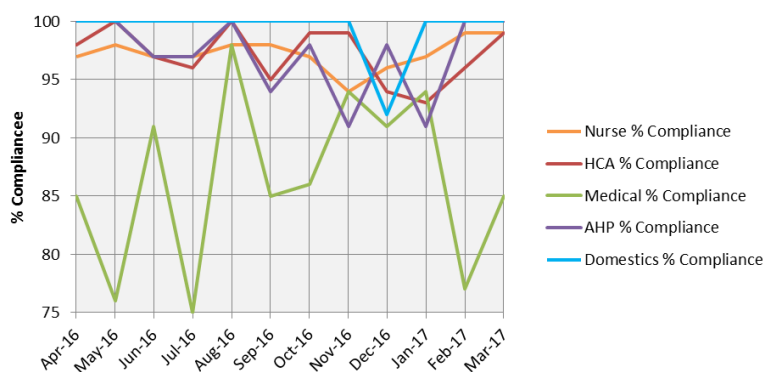
Whether it is soap and water used to wash hands, or an alcohol hand rub, Hand Hygiene is everyone's business.

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

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

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

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



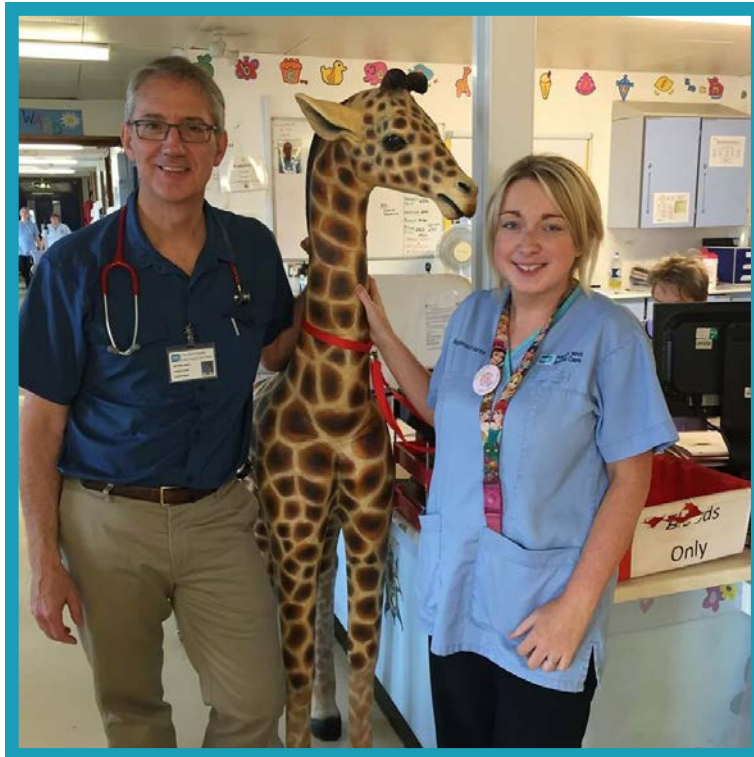
- ◆ The independent Hand Hygiene Audit Results for each ward are **displayed on a dashboard** on the Trust's intranet.
- ◆ The results are easily accessed by all management and clinical staff
- ◆ These results are also displayed on the ward dashboard, where they can be **viewed by all staff, patients and members of the public.**

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



Improvements within Paediatric Services**Jessie the giraffe has arrived at 3 North!**

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



# Jessie the Giraffe

Next Steps

The Trust plans to publish **'What Matters to You?'** This initiative aims to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care. This has now become an international movement with many countries around the world participating.



Improvement within Integrated and Maternity Health Division (IMWH)

The Trust is implementing the recommendations of the Maternity Strategy for Northern Ireland 2012-2018. Normalisation of pregnancy remains at the forefront as a principle of care. This has been progressed within the midwifery led unit in Craigavon with the use of complimentary therapies (aromatherapy and acupuncture) now being offered to women in labour, and the use of acupuncture for hyperemesis (morning sickness) in Daisy Hill.

The midwifery Led Unit in Daisy Hill Hospital is steadily growing with the number of women using this service increasing month on month. The Trust has embraced co production & co design having service users on working groups for promoting normality and also the antenatal education programme which is being redesigned to incorporate the principles of the Solihull Training and Early Interventional Transformation Programme.

There is an increasing rise in women with complexities and to ensure these women are on the correct pathway, work has been undertaken to revise the antenatal pathway and optimise the patient journey. This work has concentrated on streamlining the patient journey.

In undertaking this work in capacity will be provided at clinics which will enable the Saving Babies Lives Care Bundle to be implemented so that women who require serial scans to be scanned by the appropriate clinician (obstetrician).

**Other development include:**

- ◆ the use of a triage system similar to that used within Emergency Departments. This will ensure that women who present with an obstetric problem are seen and treated in an appropriate timeframe with those requiring emergency treatment prioritised.

Focus fo 2017/18

- Development of a bereavement room within both Acute units. This work is being co designed and co produced with Sands and service users.
- A focus on retaining and supporting staff working within the Trust. Midwives have been recruited and opportunities for support and development provided through forums, preceptorship programmes and opportunities to undertake commissioned courses. These courses enable midwives to enhance care for women such as principles of critical care, ultrasound scanning and examination of the new born.
- The establishment of some procedures to move from medical staff to nursing staff such as nurse led smears and nurse led pessary replacements.
- Revision of the clinical pathway within the Fertility service to Nurse led at the patient entry point.

Measuring the ImprovementCompliance with World Health Organisation (WHO) Surgical Checklist

Evidence from the World Health Organisation (WHO) shows that patient safety is improved during surgical operations if a list of key safety checks are made before anaesthetic is administered and before the operation begins and after it is completed.

In the Southern Trust the WHO checklist is being used in all theatre areas. The checklist is required to be signed for each

patient procedure to confirm that the team is assured that all the necessary checks have been undertaken during the pre-operative, operative and post-operative phases.

Within Southern Trust, the WHO Checklist was revised in 2013/14 and further revised in 2016 to encompass areas for improvement, as outlined in the box to the right:

**Safety measures that were added included:**

- **Has all single use equipment used for the previous patient been removed from the operating theatre?**
- **Is the date of the last menstrual period recorded?**
- **Recording of other relevant information e.g. MRSA.**
- **Confirm known allergies and note on board.**
- **Have all cannula and extension ports been flushed?**

The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals.

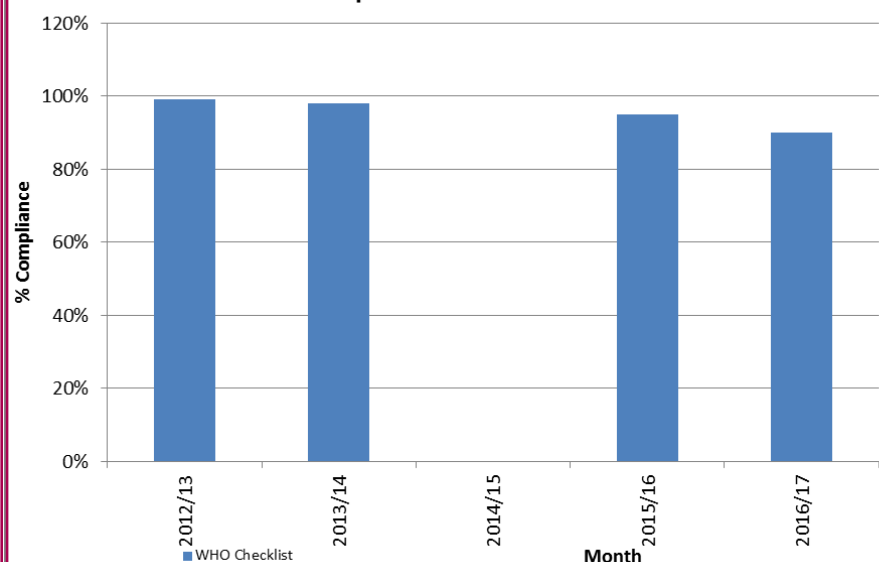
Changes and enhancements can be made if learning arises e.g. DATIX reporting.

Facts & Figures

**Overall Bundle Compliance with the WHO Checklist in the Southern Trust during 2016/17 is 90%.**

**During 2015/16 the Trust achieved 95% compliance.**

**Compliance with WHO Checklist  
April 2012 - March 2017**

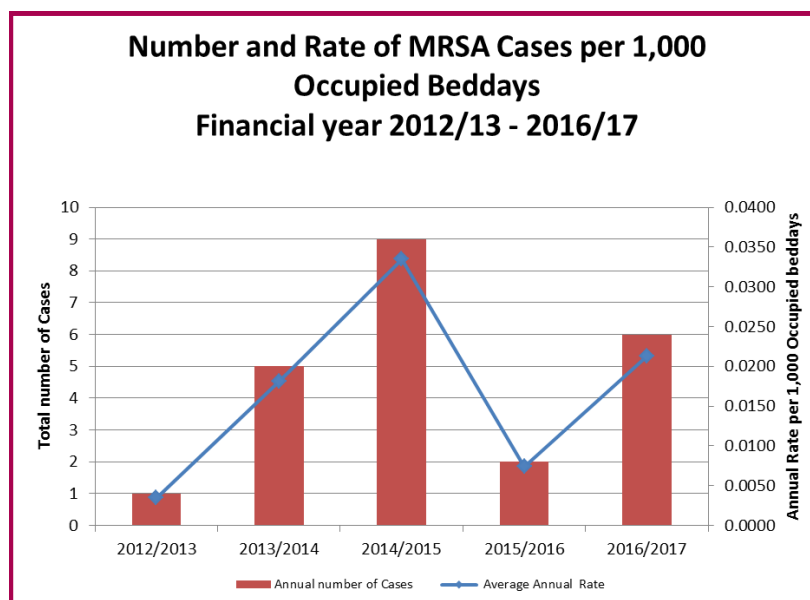


### Reducing Healthcare Associated Infection: MRSA Bacteria

**Methicillin-Resistant Staphylococcus Aureus** or '**MRSA**' is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is often carried on the skin and inside the nostrils and throat, and can cause mild infections of the skin, such as boils and impetigo.

If the bacteria get into a break in the skin, they can cause life-threatening infections, such as blood poisoning.



The Southern Trust's MRSA bacteraemia rate 2016/17 continues to be amongst the best regionally.

Incidents of MRSA bacteraemia are monitored closely across the Southern Trust.

#### **Facts & Figures:**

- The Southern Trust's PfA target for MRSA in 2016/17 was 5 cases.
- During 2016/17 there were 6 cases of MRSA, none of these cases were considered to be preventable.

The Infection Prevention and Control Team continue to promote peripheral vascular cannula insertion and care programme along with aseptic non-touch technique (ANTT) training with the aim that this will help reduce MRSA bacteraemia rates.

**Reducing Healthcare Associated Infection : Clostridium Difficile Infection (CDI)**

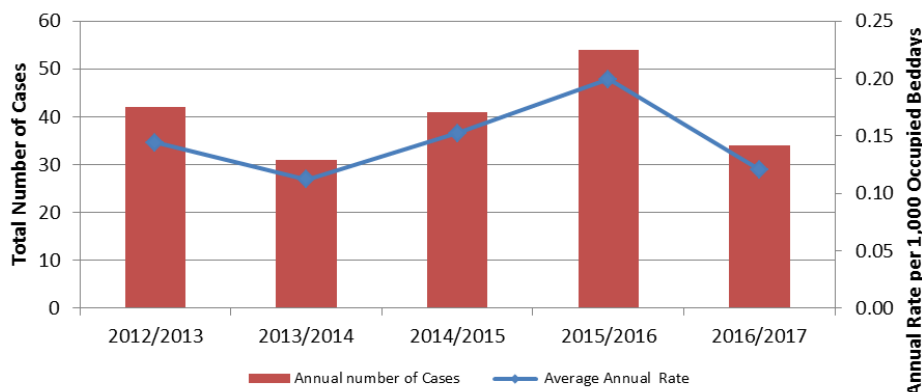
**Clostridium difficile (C.difficile)** bacteria are found in the digestive system of about 1 in every 30 healthy adults. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control.

However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to multiply and produce toxins that make the person ill.

*Clostridium difficile*, also known as *C. difficile* is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others. *C. difficile* infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

Many *C. difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of *C. difficile* infections now occur outside these settings.

**Number and Average Rate of C Difficile Cases  
per 1,000 Occupied Bed Days  
Financial Years: 2012/13 - 2016/17**

***Facts & Figures***

- The Southern Trust CDI incidence rate continues to be amongst the lowest CDI incidence rate regionally.
- The Southern Trust's objective/goal for improvement (OGI) for Clostridium difficile in 2016/17 was 32 cases. There were 34 cases. This is a reduction of 18 cases since 2015/16.
- The Trust continues to conduct a strict surveillance programme on CDI cases. When the Infection Control Team reviewed the 34 cases, it was found there was no identified pattern or link between these cases.



Falls

Patient falls is the most common safety incident in hospitals.

Falls can set back the recovery of a patient and can cause complications.

Falls are not always preventable. The Trust aims to reduce the level and severity of falls in our hospitals as a measure of quality and ensure the risk of falls is being managed well.

This is done by reviewing nursing documentation and observing practice.

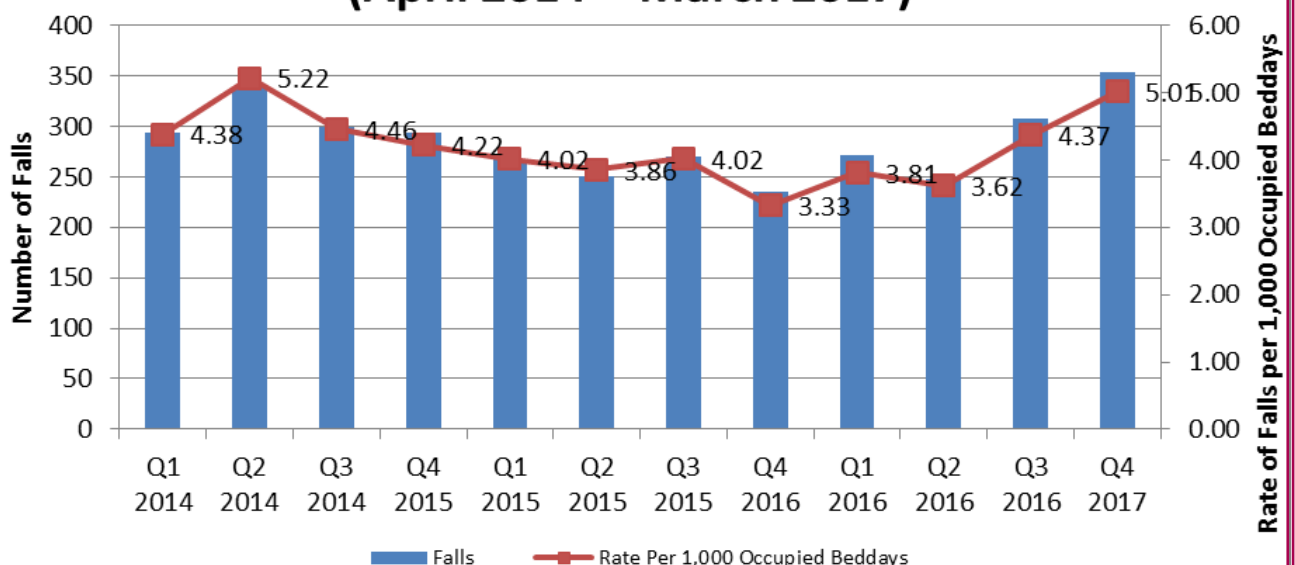
When a fall occurs at ward level, an Incident Report form is submitted and reviewed by the Ward Sister and Head of Service.

If a patient sustains an injury (such as fracture or head injury) due to a fall, a review of the case is carried out. The learning from this review is shared with staff in an attempt to reduce the level and severity of falls which may occur in the future.

Facts & Figures

- ◆ Enhance training on falls may be a contributing factor to our increase in fall rates.
- ◆ In 2017/18 the Trust intends to work with our regional colleagues to carry out a Falls Review for all falls graded moderate and / or above.

**Number and Rate of Falls  
(April 2014 - March 2017)**



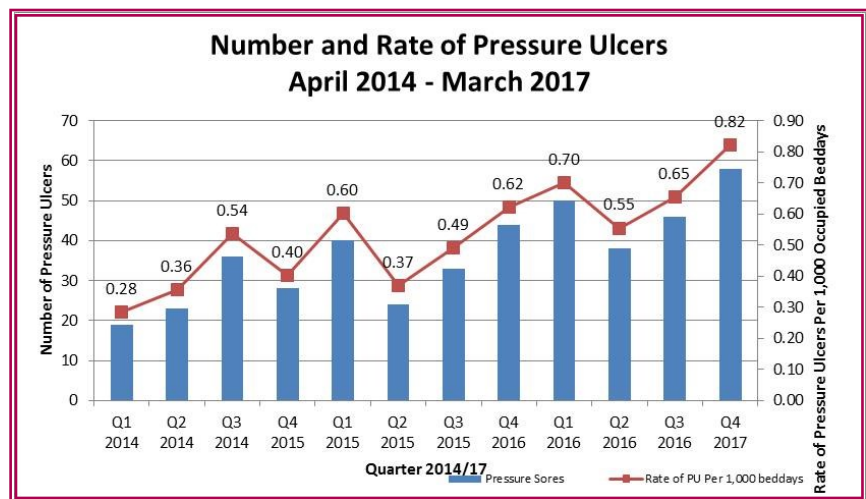
Measuring the ImprovementPressure Ulcers

A pressure ulcer - sometimes called a pressure sore or bed sore - is damage to part of the skin or underlying tissue as a result of prolonged pressure - usually applied due to lying or sitting in one position for too long without moving.

Anyone can develop a pressure ulcer but some people are more likely to develop them than others e.g. critically ill patients, patients who are immobile, the frail, wheelchair users and end of life patients. Pressure ulcers are recorded as an incident by staff involved in the patient's care on the clinical information system (DATIX), so they can be monitored and analysed.

This graph shows that the Trust recorded 192 "Hospital Acquired" Pressure Ulcers in 2016/17, compared to 141 in the previous year 2015/16. This increase in reporting is in keeping with the significant awareness and training over the past year.

29 of the total 192 'Hospital Acquired' Pressure Ulcers were Graded 3 & 4, (deep wounds), which equates to 15% - up from 10% in previous year. A review of the 29 cases was carried out, with 7 cases been deemed to have been avoidable. This represents 4% of all cases reported in 2016/17.

What Next?

- The focus will remain on Grade 3 & 4 "Hospital Acquired" Pressure Ulcers. A review of all such cases will be undertaken to determine if they were avoidable/unavoidable. All such cases will be reviewed by the Pressure Ulcer Improvement Team, with lessons learnt being fed back to all Wards across the Trust at Ward Manager's Meetings by our Lead Nurses.
- For the first time this year the annual meeting of the European Pressure Ulcer Advisory Panel (EPUAP) will be held in Belfast in September 2017 and the Trust will have a speaker and a QI Poster. This allows us to share and bring learning to the Trust.
- The Southern Trust will continue to play an active role in World Pressure Ulcer Day on 16<sup>th</sup> November 2017, to increase awareness of Pressure Ulcers.
- Further Pressure Ulcer awareness training will take place with staff during 17/18.
- Furthermore the Pressure Ulcer QI Team is also exploring the possibility of obtaining an e-learning training package for all healthcare staff.

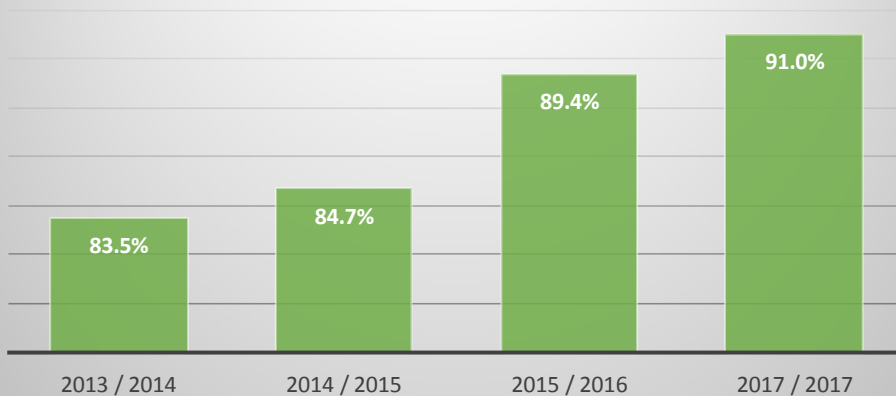
Measuring the ImprovementPreventing Venous Thromboembolism (VTE)**What is a deep vein thrombosis and pulmonary embolism?**

Deep venous thrombosis (a clot in a patient's leg) and pulmonary embolism (which may be referred to as a clot in the lung) are recognised complications of medical care and treatment.

These complications, known as venous thromboembolism (VTE) can cause harm or death as a consequence.

VTE is potentially preventable if patients are assessed and offered suitable preventable treatment. Therefore the Trust will seek to improve the numbers of patients who are risk assessed as an indicator of quality / safety processes.

### Yearly Compliance Rates for Patients Risk Assessed for VTE 2013 - 2017

Looking to the future

- Assessing the risks of venous thromboembolism and bleeding were identified as both a Trust and Public Health Agency (PHA) priority for 2016/17.
- The Trust will continue to strive to improve compliance further towards a goal of 95% compliance by March 2018.

Facts & Figures

- The positive impact in the 2015/16 compliance rate was the move to include the Regional VTE Risk Assessment in the new Regional Kardex.
- The Regional VTE Leaflet, "**A Guide to Preventing Blood Clots**" was reviewed and modified in 2015 and issued in January 2016, and is available in all wards across the Trust.

## Medicines Management

### Medicines Reconciliation

It is very important that we know what medicines a patient is taking and if these are appropriate for the patient. Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.

In an acute setting, medicines reconciliation should be carried out ideally within 24 hours or sooner if clinically necessary, when the person moves from one care setting to another – for example, if they are admitted to hospital or discharged.

Medicines reconciliation by a pharmacist is conducted wherever possible for patients admitted and discharged from hospital however this is not possible for all patients due to the number of patients and pharmacists available. This is a recognised service gap.

Taking the data over a seven day period, the percentage of patients whose medicines were reconciled by a pharmacist at admission was 47 per cent and the percentage of patients whose medicines were reconciled by a pharmacist at discharge was 29 per cent for 2016/17. These results highlight that further investment and development is required to increase these figures to create a seven day service. If the data is calculated over a Monday to Friday period, when pharmacists are present on the wards, then the percentage of patients whose medicines were reconciled by a pharmacist at admission increases to 73 per cent and the percentage of patients whose medicines were reconciled by a pharmacist at discharge becomes 51 per cent.

In 2016/17 the Trust invested in additional pharmacy support as part of its Unscheduled Care Resilience Plan. It is anticipated this will support improved safety in medicines management as well as improving management of inpatient flow in our acute hospitals.

#### **The Pharmacy and Information Technology**

**Team** pitched an innovative concept at our Dragons Den in October 2016. The project aim was to improve one aspect of Medicines Optimisation, and ultimately to improve patient safety, is to introduce the use of 'mobile devices or tablets' by our clinical pharmacists.

Using iPads, pharmacists can work at the patient's bedside to access the NIECR (usually completed at the Nurses station). The NIECR provides primary care information on medication use by the patient and is used to conduct medicines reconciliation on patient admission to hospital.



By moving this to the patient's bedside, the patient is more engaged in the process and it reduces the requirement to return to the patient at a later stage if further confirmation is needed.

The iPads will also enable the pharmacist to access the electronic discharge and therefore complete Medicines Reconciliation at discharge, another interface of patient care. This will help to support the accurate transfer of information regarding intentional changes to the patient's medication during the admission. This electronic record is then communicated to the patient and their GP.

### Anticoagulation

Some patients require anticoagulant medicines to thin their blood and prevent blood clots from forming in their blood vessels. One of these medicines is called warfarin and unlike other medicines, there isn't a fixed dose. The dose that a patient takes will be individual to them and may vary based on the results of blood tests that measure how long it takes for that patient's blood to clot (INR test).

Many patients on warfarin are looked after by their own doctor. However for patients who are newly started on warfarin or where their dose is very variable, they attend an anticoagulant clinic at the hospital. These clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals and there have been many developments in these clinics over the years. Previously blood samples were taken from patients, sent to the laboratory for analysis and then patients would later be contacted to inform them of their dose of warfarin. For several years now, technology has been used where blood samples are analysed in the clinic allowing patients to be advised of their doses while they are still at the clinic. This year saw further implementation of the new technology where the results of the blood test are automatically sent to the patient's electronic dosing record avoiding the need to write down a result and enter it manually. This reduces the risk of a result being entered incorrectly which could lead to incorrect warfarin dosing for a patient.

### Insulin

Diabetes is a condition where either the body does not produce any insulin (Type 1) or the body does not produce enough insulin or does not react to the insulin that is produced (Type 2). Insulin is essential for patients with Type 1 Diabetes and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. While insulin can be lifesaving, it is also a medicine that requires careful management to ensure patients receive it safely.

#### Two patient safety alerts were issued in 2016 highlighting potential risks with insulin:

- **Ensuring the safe administration of insulin and never to extract insulin from an insulin pen using an insulin syringe. This is especially important now there are high strength insulin products available. All staff were alerted to this risk and training programs were updated.**
- **Minimising the risk of medication errors with high strength, fixed combination and biosimilar insulin products. Training programs and guidelines were updated to include these products, prescribing and dispensing software was updated to alert staff to the high strength and storage separated.**

**The Safe Use of Insulin Group continues to meet and review guidelines and protocols to support the safe use of insulin across all our services.**



### Omitted and Delayed Medicines in Hospital

#### Omitted and delayed doses in hospital

An annual audit of omitted and delayed doses is conducted in the trust. This is required by the National Patient Safety Agency Rapid Response Report on 'Reducing harm from omitted and delayed medicines in hospital'. Medicines may be omitted for a variety of reasons therefore the audit also determines whether or not the omission or delay was appropriate.

#### Facts & Figures:

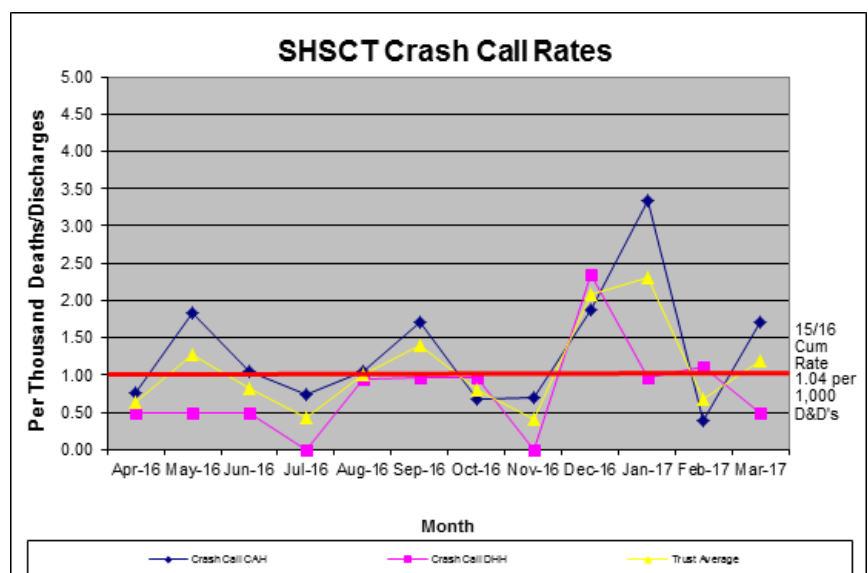
- The percentage of omitted and delayed doses was 8.2% in May 2017, a decrease from 13.3% in May 2016. The percentage of omitted and delayed doses of critical medicines was 0.6% in May 2017, a decrease from 0.7% in May 2016. However these overall figures include a proportion of doses that will have been omitted or delayed entirely appropriately.
- The percentage of inappropriately omitted and delayed doses was 2.3% in May 2017. This represents a decrease from 2.9% in May 2016. The percentage of inappropriately omitted and delayed doses of critical medicines was 0.3% in May 2017, a decrease from 0.4% in May 2016. The critical medicines most commonly involved were anticoagulants, anticonvulsants and 'STAT' doses of medicines.

The Rapid Response Report highlights that for some critical medicines, an omitted or delayed dose can lead to more serious harm. Particular attention should therefore be given to reducing inappropriately omitted and delayed doses of critical medicines.

Therefore this audit demonstrates continued improvement with decreases in both the percentage of inappropriately omitted and delayed doses of all medicines and also for inappropriately omitted and delayed doses of critical medicines.

#### Cardiac Arrest Rates 2016

The Trust's cumulative Crash Call Rate for 16/17 was **1.09** per 1,000 deaths/discharges (**63** Crash Calls), up from **1.04** per 1,000 deaths/discharges (**59** Crash Calls ) in 15/16





# 4 Raising the Standards



**Morbidity and Mortality Meetings**

**T**he structured review of cases when people die in hospital is an important tool to improve the way care is delivered within an organisation. These review meetings, called Morbidity and Mortality meetings (M&M), identify key themes where care could potentially have been improved and provide information to enable actions to improve clinical practice.

**The overarching goals of the Trusts Morbidity and Mortality committee is to:-**

- ◆ Strengthen individual and organisational learning and reflection.
- ◆ Strengthen patient safety through greater communication between clinical specialties.
- ◆ Increase multidisciplinary input into M&M meetings.

**Improvement work continues to be based on 15 wide ranging interventions to achieve these goals.**

**Key Improvements Achieved during 2016/17:**

- ⇒ **Successful implementation of the 2016 arrangements for reviewing child deaths.**
- ⇒ **All specialties are participating in M&M. Multidisciplinary input in meetings. Meetings are structured to facilitate cross speciality shared learning.**
- ⇒ **The Trust influenced development of the specification and associated guidelines for the use of the Regional Mortality and Morbidity Review System (RM&MS).**
- ⇒ **Improved communication and learning through the development of SHSCT 'Lessons Learned Better'.**
- ⇒ **A formalised recruitment process for Trust M & M leads to promote accountability.**

**Looking to the Future**

- ◆ **Continued participation by Trust leads in the development of the Regional Mortality & Morbidity Review System.**
- ◆ **Continued focus on promoting reflection and learning through linking M & M with the appraisal and revalidation process.**
- ◆ **Linking the learning from M&M into quality improvement work-streams.**

Standardised Mortality Ratio

**T**he Southern Trust treats and cares for patients everyday. Many of these patients are very ill and sadly it is inevitable that some patients will die while in hospital.

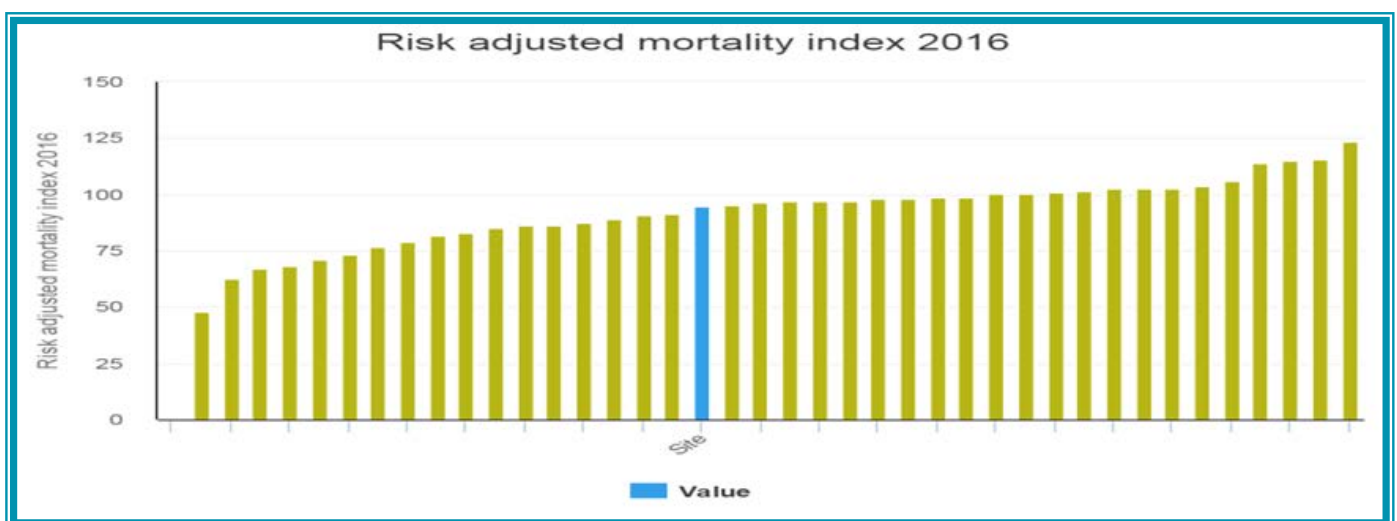
The proportion of patients who die (the mortality rate) is an indicator of the quality of care we provide. We can compare our mortality rates with similar UK hospitals.

To calculate mortality, an international recognised system called the Standardised Mortality Ratio (SMR) is used.

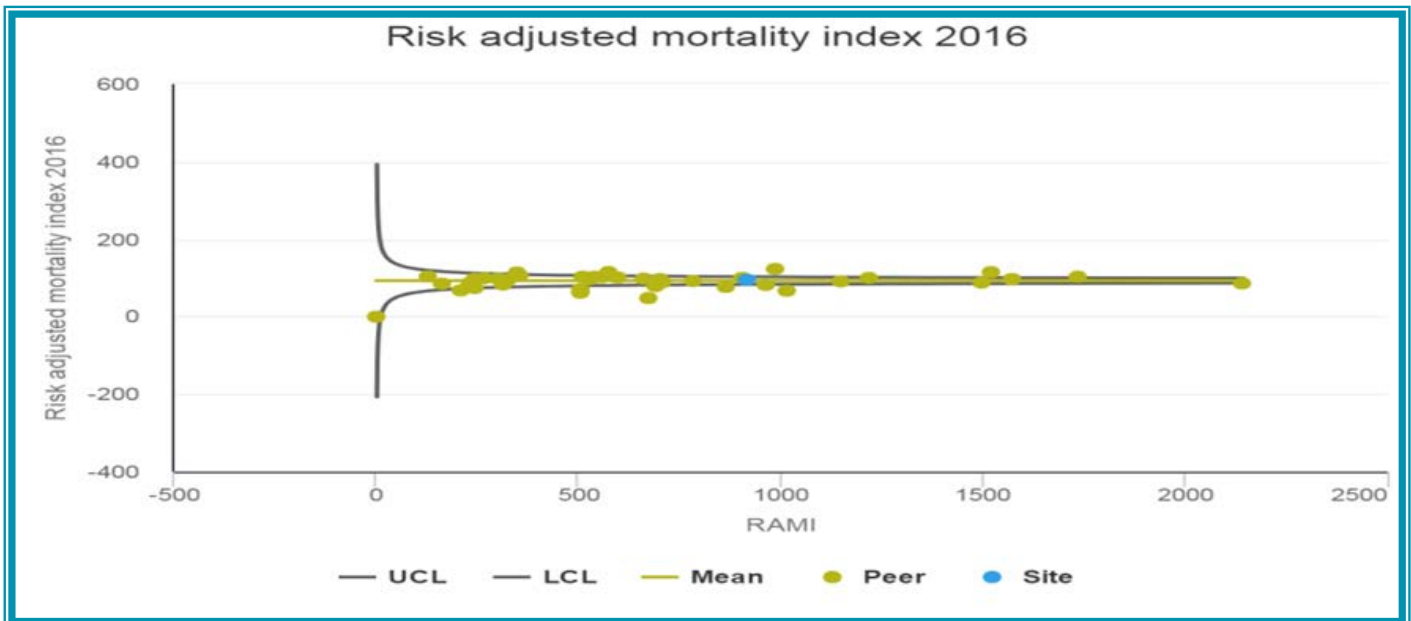
**SMR** compares a hospital's actual number of deaths with its predicted number of deaths.

The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned or an emergency.

A SMR figure of 100 means that the number of patients who actually died in hospital matches the number of predicted deaths. A SMR figure below 100 means that fewer people died than predicted.



The Southern Trust's risk adjusted mortality position relative to the 'CHKS Top UK Hospitals' peer is represented by blue dot in the chart (funnel plot) below



### Facts & Figures

- ⇒ The Trust RAMI score is 95.
- ⇒ The graph shows the Trust position in relation to the individual UK peer sites. Regional guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; this is not the case for the Trust as it is sitting below the peer average and on the lower confidence interval. This means the Southern Trust compares well to the peer hospitals.

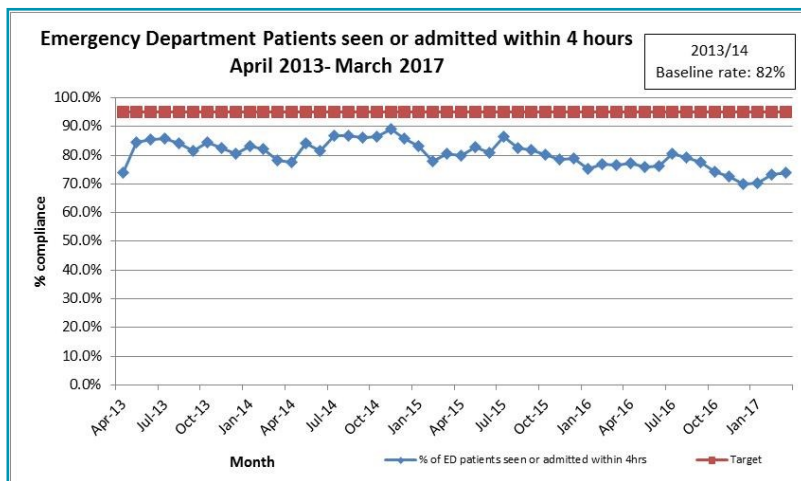


### Emergency Department (ED) 4 Hour & 12 Hour Standards

**T**he Southern Trust has two EDs, Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in EDs affects patients and families' experience of services and may have an impact on the timeliness of care and on clinical outcomes.

The Trust wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED.

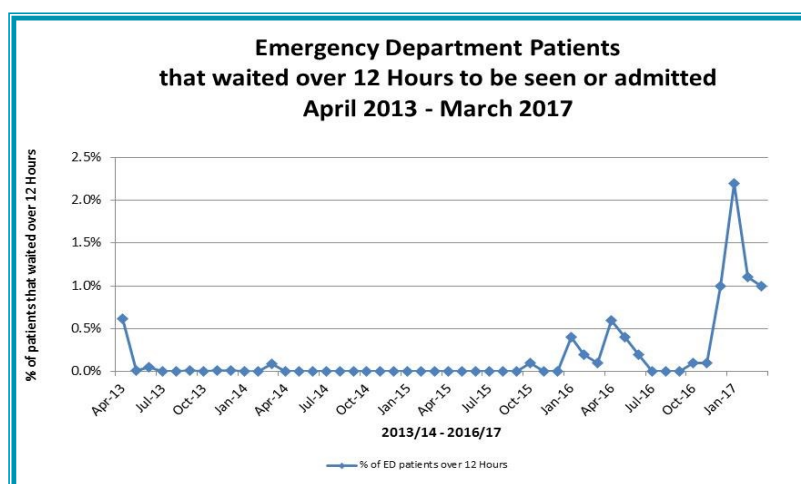
It is important to note that waits in emergency care units are often a sign of delays in the whole hospital flow system. Significant work has been undertaken to improve waiting times in emergency care units by focusing on more effective discharge and management of patients in medical receiving units.



In keeping with trends across Northern Ireland and wider NHS, 2016/17 saw an increase in attendances across both our hospital sites and maintaining performance against the 4hr and 12hr standards was challenging.

### Facts & Figures

- During 2016/17 there were 173,307 attendances to Emergency Departments and the Minor Injuries Units. This represents a 7% rise on 2015/16.
- In 2016/17, 75% of these patients were seen within 4 hours as seen in graph above.
- In 2016/17, 14% of patients waited more than 12 hours. This represents 0.5% of patients who attended the ED and Minor Injuries Units.



### Rate of Emergency Re-admission within 30 Days of Discharge

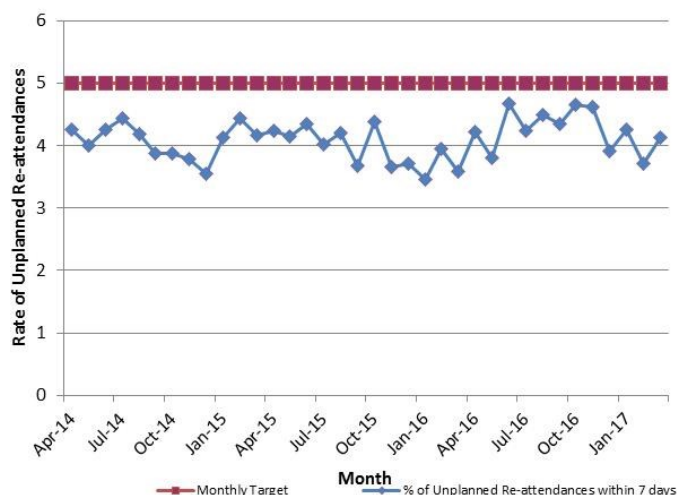
The rate of re-admission into hospital within 30 days for patients that have been discharged from hospital is a measure of quality of care.

Re-admission can occur for a number of reasons. We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge.

During 2016/17 the Trust's average re-admission rate (within 28 days) was 6.81% versus peer comparator of 7.14%, which indicates that the Southern Trust has a lower average rate of re-admissions.

**While it is very important to improve performance against the 4 hour Emergency Department targets,** the Trust also seeks to reduce the number of patients who need to re-attend the Emergency Department within 7 days of their first visit, unless this is a planned part of their care. We believe this is one way of helping us to assess the quality of care given at the first attendance at the Emergency Department.

**Rate of Unplanned Re-attendances at Emergency Departments  
April 2014 - March 2017**



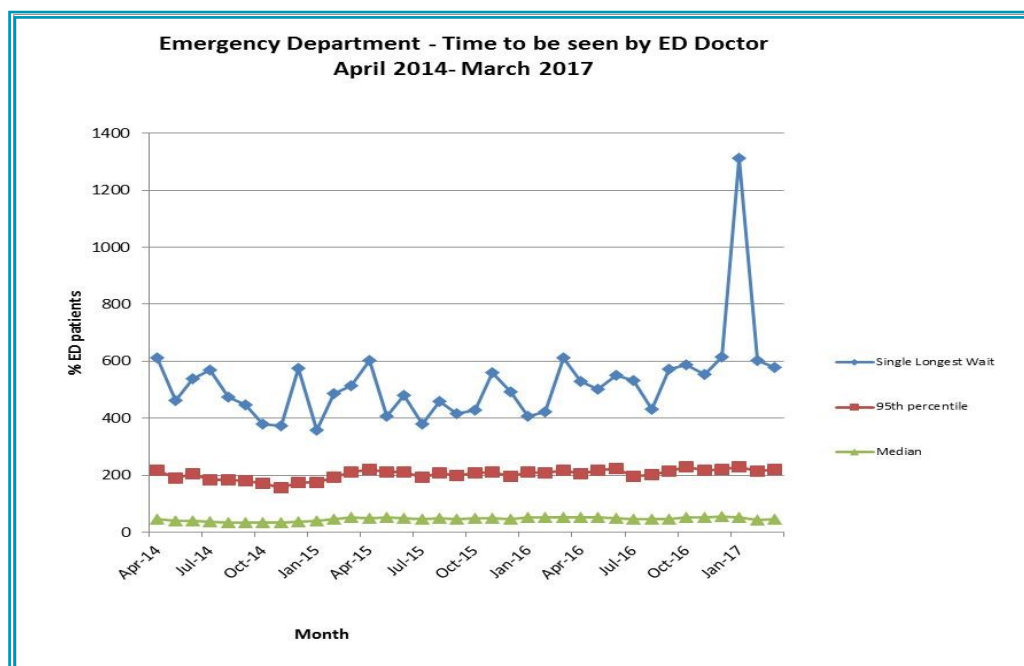
### Facts & Figures

In 2016/17 the Trust maintained its position with unplanned re-attendances at Emergency Departments within 7 days consistency below the 5% target.

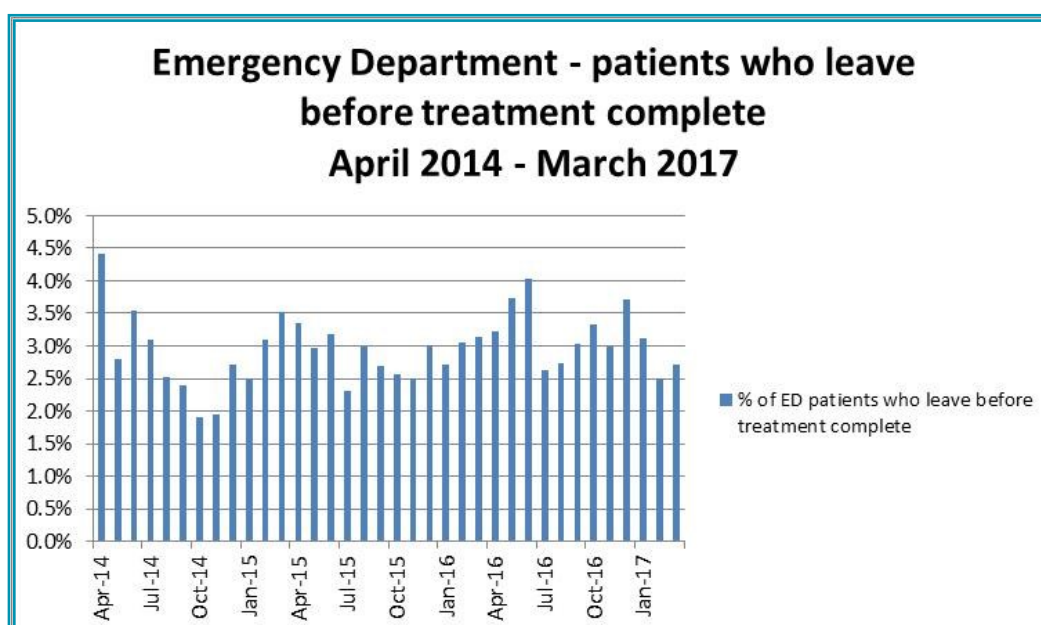
### Time To Be Seen by the Emergency Doctor

The Trust also measures the time from Triage (or initial assessment) to the time the patient is being examined by a Doctor in the Emergency Department, as outlined below:

**Performance demonstrates an increase reflective of the additional demand experienced in Emergency Departments overall during 2016/17**



**Between April 2016—March 2017 the monthly average % of patients who left the Emergency Department before treatment was complete was 3.1%**



**Sepsis6 within Emergency Department**

**Sepsis** is a life threatening condition that arises when the body's response to an infection injures its own tissues & organs. Sepsis leads to septic shock, multiple organ failure and death especially if not recognised early & treated promptly. There are 37,000 deaths per year in the UK due to sepsis, with a cost of £2.5 billion. (The UK Sepsis Trust).

Rapid initiation of simple, timely interventions, including antimicrobials treatment and intravenous fluids, can reduce the risk of death by half. Moreover, early sepsis treatment is cost effective, and reduces the number of hospital and critical care bed days for patients.

**Quality Improvement Work on Severe Sepsis in the ED's of CAH & DHH  
has been on-going from April 2012.**

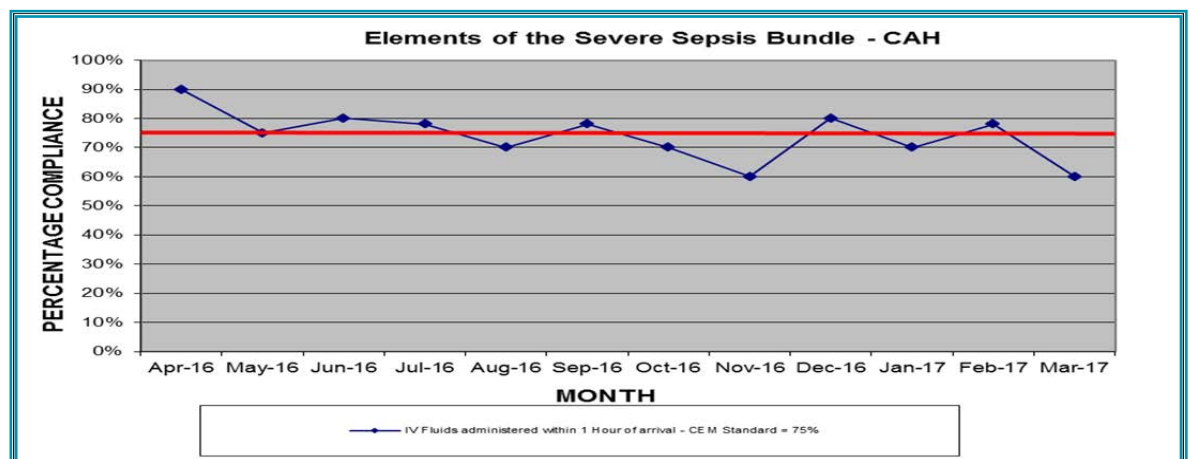
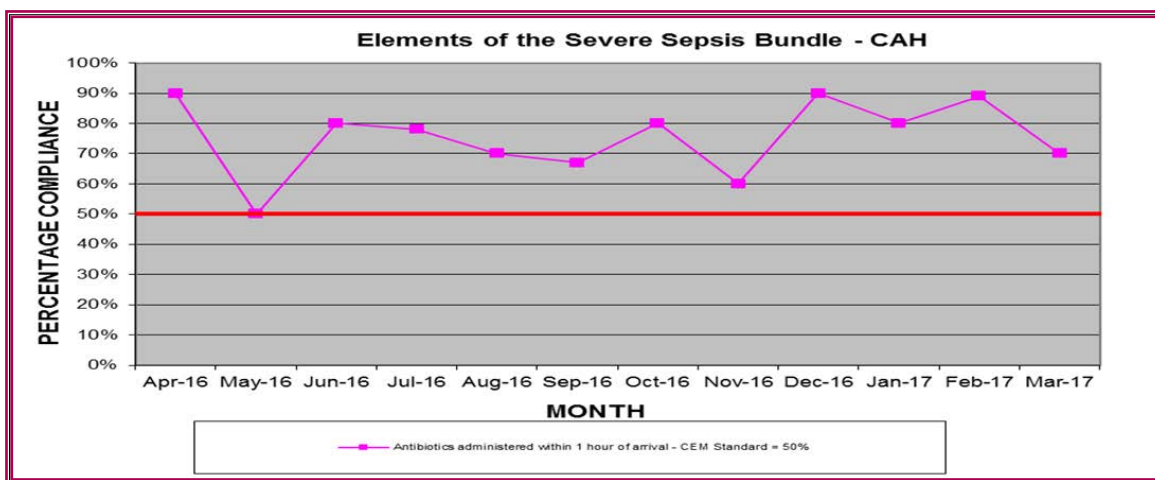
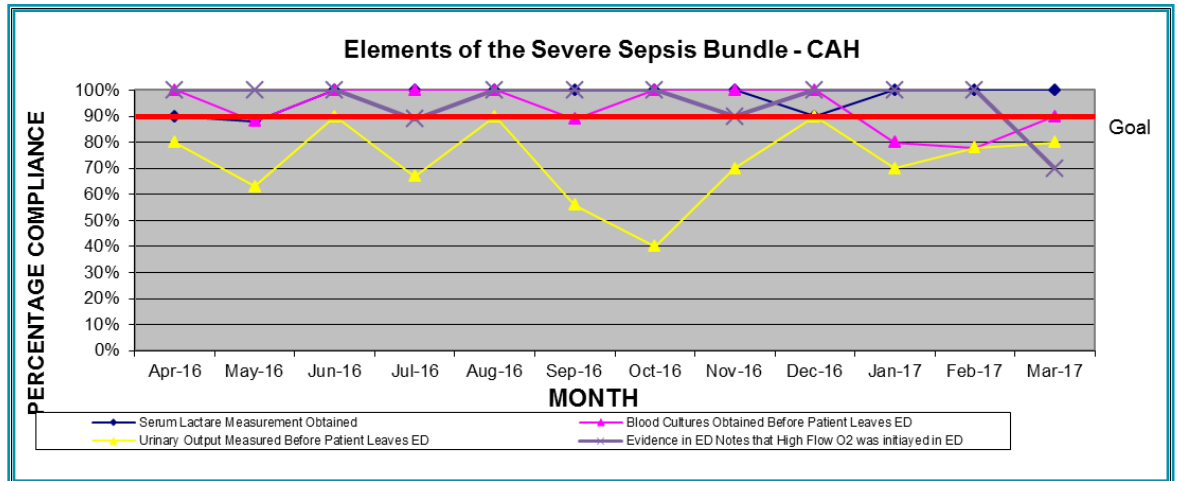
**Initiatives introduced:**

- ◆ **Severe Sepsis seen as a "Time Critical" condition akin to Stroke & Heart Attacks**
- ◆ **The standardisation of treatment**
- ◆ **Development of Severe Sepsis Proforma to aid the identification & management of patients with Severe Sepsis**
- ◆ **Consultant and Nurse-led Awareness Training**
- ◆ **Monthly Real Time Auditing introduced to provide evidence of adherence to the Bundle**
- ◆ **Development of Severe Sepsis Prompt Sticker**
- ◆ **Development of Patient Safety Dashboards & Run Charts**
- ◆ **Results of audits regularly shared at Clinical Audit Meetings**
- ◆ **Introduction of Sepsis Box**
- ◆ **Designated Bed in Resuscitation area of the Emergency Department**

**Outcomes Achieved**

**Last year, for the first time, the Trust participated in the Royal College of Emergency Medicine's national audit on Severe Sepsis & Septic Shock.**

**A review of Trust data over the past year demonstrates that initial improvements have been sustained, even with the time-dependant elements of the Bundle, as illustrated by the Run Charts below from CAH.**



### Going Forward

- ♦ Roll out of Sepsis6, beyond Emergency Departments is included in the Public Health Agency Quality Improvement Plan Framework for 2017/18.
- ♦ The Trust has established a short life Task & Finish group to implement Sepsis6 across the Acute Directorate in 17/18.
- ♦ Work to adapt tools & techniques used in Emergency Department for use across Wards.



*Clinical & Social Care Governance Research*

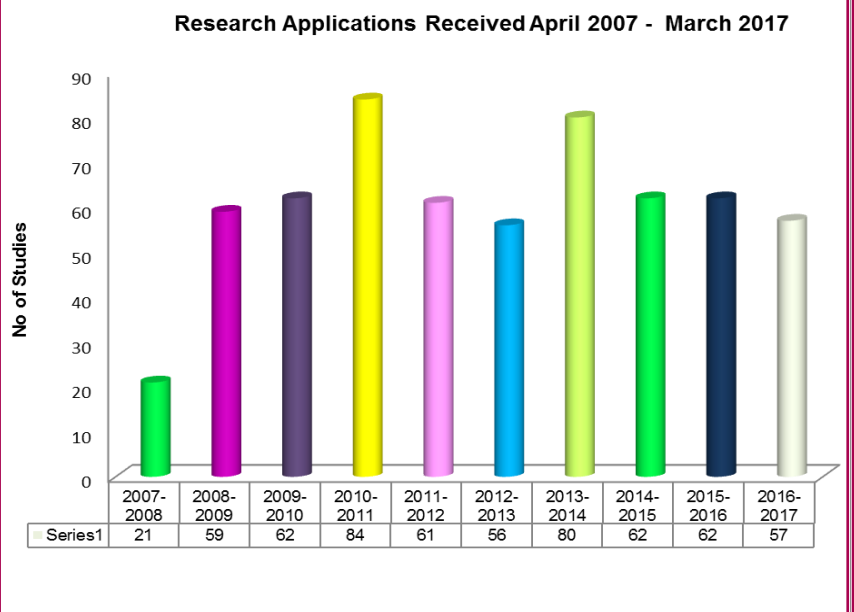
**T**he Trust is committed to encouraging staff to be involved in research, development and innovation which:-

- ◆ Improves the evidence base
- ◆ Motivates staff to identify service improvements
- ◆ Leads to improvements in care, patient safety, quality and efficiency
- ◆ Provides new treatments and interventions which results in a better quality of life for patients and carers

The main areas of research within the Trust include – Cancer, Cardiology, Children, Critical Care, Dermatology, Diabetes, Gastroenterology, Stroke, Occupational Therapy, Renal, Respiratory, Rheumatology, Stroke, Midwifery and Nursing.

*Facts & Figures*

- ◆ 57 research applications were received in 2016/2017 the diagram below shows the numbers received since establishment of the Research and Development Unit in the Trust.
- ◆ 100% of research applications approved within 30 days.

*Key priorities for 2017/2018*

- ⇒ Continue to contribute to the Trust's research programme
- ⇒ Improve the quality of research
- ⇒ Undertake collaborative research with the Universities
- ⇒ Promote opportunities for European Funding
- ⇒ Work with the local Council's to enhance Life Sciences in the area

**National audit**

**National audits and clinical outcome review programmes (National Audits) provide opportunities for the Trust to:**

- Measure healthcare practice on specific conditions against nationally accepted standards, providing patients, the public and clinicians with a clear picture of the standards of healthcare being achieved for specific specialties.
- Provide benchmarked reports on performance, with the aim of improving the care provided.

**Examples of audits to demonstrate compliance with the following clinical guidelines:**

- **Pneumonia in Adults: Diagnosis and Management - Guidance of Community and Hospital-Acquired Pneumonia in Adults**, NICE CG 191, published by National Institute of Clinical Excellence (NICE)
- **Advanced Breast Cancer: Diagnosis and Treatment**, NICE CG 81, published by NICE.
- **Dyspepsia and Gastro-oesophageal Reflux Disease in Adults: Investigation and Management**, NICE CG 184, published by NICE.
- **Venous Thromboembolic Diseases**, NICE CG 144, published by NICE.

**Examples of additional standards are also outlined in other sections of this report.**

**National Cardiac Arrest Audit**

The National Cardiac Arrest Audit (NCAA) is a comparative audit for in-hospital cardiac arrest. A number of hospital across the UK participate in this audit. It measures the quality of care for patients who have cardiac arrests in comparison with other peer hospitals. The audit findings also tell us which areas of our care we should improve on.

***What did the audit findings tell us?***

Our standard of care is comparable to other Trusts partaking in this audit. Our audit figures are a result of:

- **Vigorous staff training in resuscitation.**
- **Implementation of the National Early Warning Scoring System.**
- **Our work with patients and their families on making decisions on resuscitation.**

National audit on Percutaneous Coronary Intervention (PCI), Craigavon Area Hospital, 2015What Is PCI

The PCI procedure, involves inserting a tube or catheter into the patient's arterial system to reach the blocked artery in order to improve blood flow.

Percutaneous coronary intervention has a considerable evidence base.

It is the most common revascularisation procedure for coronary artery disease in the UK.

What will the national audit tell us?

The Southern Health & Social Care Trust submits comprehensive data on all PCI procedures performed at Craigavon Area Hospital, to the National Institute for Cardiovascular Outcomes Research database (NICOR) Participation in this independent national audit provides the Trust with assurance on the following areas

- ⇒ **Clinical practice**
- ⇒ **Improved patient access to PCI**
- ⇒ **Better service efficiency**
- ⇒ **Reduced length of hospital stay for acute patients**
- ⇒ **Optimised procedural and clinical patient outcomes**

*Facts and Figures*

**NICOR highlighted excellent audit data completion at Craigavon Area Hospital - the best in Northern Ireland and among the top 4 of the 120 centres in the UK.**

- ◆ **The desirable minimum number of PCI per year is 400**
- ◆ **36% of hospitals in the UK did not achieve this number in 2015**
- ◆ **PCI operators in Craigavon Area Hospital performed 662 PCI in 2015, which is well above the expected minimum number**
- ◆ **This number of PCIs performed in Craigavon Area Hospital has continued to rise in 2016**
- ◆ **Higher volume PCI operators in Craigavon Area Hospital were associated with the good patient outcomes observed**
- ◆ **The hospital would benefit from additional outpatient capacity to meet growing demand for PCI procedures**
- ◆ **Patient outcomes in Craigavon Area Hospital are excellent**
- ◆ **The risk adjusted complication rate per number of PCIs performed in Craigavon Area Hospital was 0.65%, which is lower than the UK national average was 1.26%**

**Regional Podiatry-led audit of multidisciplinary diabetes foot ulcer management in community and hospital sites in Northern Ireland, (GAIN, Nov 2016)**

**Diabetes Foot Disease**

Diabetic foot disease is one of the most distressing and disabling complications of Diabetes. It involves nerve damage, reduced sensation, and reduced blood supply to the feet. Even simple injuries like a blister can result in a foot ulcer. A diabetes foot ulcer is an open sore or wound on the foot.



It is especially important that people with diabetes look after their feet to prevent injury and complications.

Good management of diabetic foot ulcers is important to achieve healing, improve quality of life and long term health.

**Why was the audit undertaken?**

In Northern Ireland work has been undertaken to ensure the voice of the person living with diabetes is heard and that it informs how the care for patients with diabetes should be provided.

The Podiatry Managers Group and five Health Trusts in Northern Ireland also recognised there was a need to review and change the way diabetes foot care was provided.

This audit was undertaken to help them understand how the care of diabetes foot ulcers was provided, so that they could identify where improvements could be made in both hospitals and primary care or community settings attended by patients.

A National Diabetic Foot Ulcer Audit (NDFA) in England and Wales was carried out in 2014, however this did not include Northern Ireland. A bid to undertake this audit was made to GAIN and funding was obtained.

**Raising the standards**

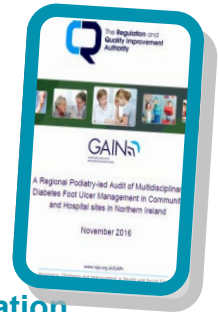
The audit measured compliance with the most up-to-date international and national best practice:

- ◆ **Putting Feet First, published by Diabetes UK, published 2009**
- ◆ **Diabetic foot problems: prevention and management, NICE Clinical Guideline 19, published by the National Institute for Health and Care Excellence (NICE), August 2015**
- ◆ **The recommendations from the National Diabetic Foot Ulcer Audit (NDFA) in England and Wales 2014**



**What did the audit tell us about things we were good at or needed to change in NI?**

- ✓ All patients with a diabetes foot ulcer had an agreed management plan
- ✓ The number of patients having a footwear assessment was high
- ✓ The healing rate of diabetes foot ulcers in Northern Ireland was higher than that reported in the National Diabetic Foot Audit carried out in England and Wales
- ∞ Compliance with the level of neuropathy examination, pulse examination, risk classification and assignment was below the expected regional and national standards
- ∞ There was no formally agreed diabetes foot ulcer classification system in NI



**10 recommendations were made and a timeline for the implementation of the recommendations was developed.**

**The full audit findings and recommendations can be accessed at:**

**<https://www.rgia.org.uk/RQIA/files/b1/b16abfd9-8bc1-4ce6-a553-0fd3fc679cec.pdf>**

**Improvements made to date in NI:**

- ◆ A regionally agreed screening and assessment process for patients with diabetes has been implemented in NI. This is based on the most up to date evidence based practice. *American Diabetes Association 2017, and the Scottish SIGN - Diabetic Foot*
- ◆ A regionally agreed training programme on the screening and assessment process was developed for NI. A small team of trainers provided this training to ensure a standardised approach was adopted across NI. Attendance at this training was mandatory for all Trust Podiatrists.
- ◆ A chart for documenting information on diabetes foot ulcers had been adopted across NI to promote standardised record keeping and support future audit. This is known as SINBAD .The validated wound classification system and score, SINBAD ((Site, Ischaemia, Neuropathy, Bacterial Infection, Area and Depth was introduced across the region to promote standardised documentation of diabetic foot ulcers and to support future audit.

**Looking to the Future**

The SHSCT is represented on the Regional Network groups. The Network supports the implementation of the Department of Health's Strategic Framework for Diabetes, one of a series of initiatives to support the Health and Well-being 2026, Delivering together plan, which aims to transform Health and Social Care (HSC) services across NI.



**Access Targets: Cancer Waiting Times**

The Southern Trust continued to achieve high performance against cancer access targets in the first half of 2016/17.

Urgent GP referrals being received by cancer services continue to increase. Breast Clinic 2 week access target achievement has been a challenge over the past number of months due to a reduction in medical staffing and difficulty in recruiting into vacant posts however we have continued to improve in 2015/16.

**This table shows comparison cancer access performance from 2014/15 to 2016/17**

	<b>Breast 2 week wait %</b>	<b>% of patients diagnosed with cancer who should begin treatment within 31 days of the decision to treat date</b>	<b>% of GP suspected cancer referrals to be diagnosed and patients commence treatment within 62 days</b>
<b>2014/15</b>	<b>80%</b>	<b>99%</b>	<b>86%</b>
<b>2015/16</b>	<b>93.1%</b>	<b>99%</b>	<b>88.3%</b>
<b>2016/17</b>	<b>43%</b>	<b>99%</b>	<b>85%</b>

The Breast 2 week Access target achievement has continued to be a challenge due to difficulties with recruiting medical personnel however the Trust has continued to work closely with colleagues in HSCB and other Trusts in the region in order to maximise capacity. The Trust is participating in a regional review to look at more sustainable models of care.

**Service improvement initiatives**

- ⇒ Yearly Cancer Peer Review of MDTs against measures to ensure a high level of compliance which will ultimately improve cancer access pathways.
- ⇒ Monthly review of Cancer Access Pathways and meetings with individual teams to highlight delays and examine ways of improving access and timely diagnostics.
- ⇒ Development of nurse led clinics to free up Consultant capacity to see new referrals.
- ⇒ Cancer Clinical Nurse Specialist Workforce expansion – recruitment of a Haematology Clinical Nurse Specialist to support Teenagers and Young Adults (TYA) who have had a cancer diagnosis. Also environmental work carried out in the Haematology ward and outpatient cancer unit to make it a more TYA user friendly place.
- ⇒ Recruitment of Cancer Skin Clinical Nurse Specialist who will develop nurse led clinics.
- ⇒ Engaging with service users and using their feedback to help plan and shape cancer services in order to improve the patient experience.



# 5

## Integrating

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### Care



Children's Community CareSchool Nursing and the school based paediatric flu campaign

Once again Northern Ireland delivered a very successful seasonal flu vaccination programme during 2016/17. The annual flu immunisation programme helped to reduce GP consultations, unplanned hospital admissions and pressure on Emergency Departments and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.

Facts & Figures

- The campaign achieved an overall uptake of 78.3% in primary school children. This was a significantly higher uptake than other parts of the U.K. and an increase of 1.5% on last year's figures. The levels of GP consultation rates for influenza-like illness during each flu season was lower in Northern Ireland compared to other parts of the UK and the Republic of Ireland where either a more limited or no healthy children programme exists.
- For the first time this year the PHA conducted a survey with primary schools to collect feedback about the programme. 28% of schools responded and the results were overwhelmingly positive about the programme and the cooperation between schools and School Health Teams.



Safety In Partnership

The Children and Young People's Directorate piloted a quality improvement project Safety in Partnership, a safety approach to Child Protection with practical "hands-on" strategies for building relationships with parents. **Safety in Partnership** can be defined as a strengths based and solution orientated approach to casework which draws on systemic family therapy practices and places a central focus on the overall safety of children within their family situations.

The model is used to explore positive aspects of family life which are then used to assist individuals and families to develop coping strategies and strengthen their own capacity. Relationships are central to the Safety in Partnership model and core principles which underpin it include open communication, co-production, partnership and collaboration.

**The key aims of this quality improvement project were as follows:**

- ◆ **The development of a skilled workforce in Safety in Partnership.**
- ◆ **The development of meaningful working relationships with parents, young people and children.**
- ◆ **Targeted intervention which improves the safety of children and ensures improved outcomes for children, young people and their families.**
- ◆ **To embed Safety in Partnership in practice and ensure a quality Social Work service is delivered to children and their families.**
- ◆ **The use of Safety in Partnership to adopt a more integral approach for multi-disciplinary professionals in understanding their role with the family and Social Services in improving safety for the child or young person.**

**The Feedback following evaluation was :**

- ◆ **Parents stated they felt listened too and part of the decision making process.**
- ◆ **The majority of parents/carers indicated that Safety in Partnership assisted to increase their understanding of social services concerns regarding their children.**
- ◆ **Social Work and Multi-Disciplinary professionals agreed that Safety in Partnership assisted to improve service user engagement with the assessment process overall and directly impacted on their work by positively improving their working relationships with service users.**

*"First involvement with social services so was nervous about the meeting but felt it wasn't as bad as I thought it was going to be".*

*"Definitely better. Case conference makes me feel really intimidated. Feels like the Social Worker understands my views more during the Safety in Partnership Process. Always feel like crying during a case conference and was very hard to hear everyone talk so negatively about me as a parent whereas I felt supported during the Safety in Partnership process. Much better way of working".*

### Children's Community Care

#### Yoga for Looked After Children

This is a unique programme in Northern Ireland and commences on 6<sup>th</sup> October for 10 weeks. We have 12 Looked After Children and 3 of their social workers participating in the programme delivered by **Yogafarm**. The Yoga will be delivered by the evidenced based Overcoming Trauma through Yoga programme which has been successfully used in the US for children subject to exploitation by social media. The programme will be robustly evaluated with the aim of delivering it in the future to other Looked After Children.

#### MOMO – Mind OF My Own

MOMO is an app for Young People in Care to capture their wishes and feelings regarding their care plans, contact with family, health and educational needs. It has been piloted with the Looked After Children service and we have just extended the pilot by 6 months to include the Children with Disability Service.

#### Children with a Disability Service

Children with Disabilities Short Break Team develops and manages community based short break and long-term fostering placements that provide respite for children with disabilities and their carers. These placements are with ordinary families and are designed to be enjoyable and developmental for the child whilst allowing parents to "recharge their batteries." Considerable work has been undertaken following feedback from carers' assessments and anonymous questionnaires to enhance and develop the service.

The team has developed a "Children with a Disability Carers Scheme – fee paid" to provide longer term and more specialised placements for children with more complex needs.

#### Outcomes During 2016/17

- ◆ 13 active short break carers in place
- ◆ 5 assessments being undertaken for new carers.
- ◆ 18 children have benefited from placements
- ◆ Totalling 990 days and 298 overnights

*"My daughter enjoys her time away from the family and is able to do activities which are difficult at home.....for me it is a welcome break to restore my energy and relieve some of the stress."*



ID CAMHS Service

**S**outhern Trust is the first in Northern Ireland to offer a fully comprehensive Child and Adolescent Mental Health Service (CAMHS) that is fully inclusive of Children and Adolescents who have an Intellectual Disability. One in forty children and young people have an intellectual disability, which means they have difficulty understanding information and learning the skills needed for everyday life.



Children with an intellectual disability are four times more likely to develop a significant mental health, emotional or behavioural problem than the average child. However, until now there has been a lack of specialist services to help them overcome these challenges to allow them to flourish.

Children with an intellectual disability should have the same access to specialist therapeutic intervention when they experience mental health, emotional or behavioural difficulties, as every other young person. So, in response to national recommendations, the Trust has broadened our Child and Adolescent Mental Health Service to ensure we can now meet the needs of children and young people with Intellectual Disability.”

The new Intellectual Disability (ID CAMHS) team is made up of a number of professionals - a Consultant Child and Adolescent Psychiatrist who is Clinical Lead for the service, an Advanced Practitioner/Manager, ID CAMHS Practitioners, Senior Practitioners and Assistant Practitioners who have different areas of clinical expertise.

ASD CAMHS

To promote cross-departmental co-operation, raise awareness regarding autism and encourage more integrated services for people with autism, their families and carers a local SHSCT ASD forum was established in 2008. At a recent workshop it was agreed that a cross departmental workshop would take place with all relevant partners, people with lived experience of ASD & their families being central to this.

The purpose of this workshop is to identify needs and define the scale and scope of services for some of the more significant areas of need for people with autism, their families and carers. Five key elements of the Regional ASD Action Plan were identified and agreed as key focus areas. These are **education, awareness, employability, health and well-being and transitions. Parents, carers and people with ASD consistently** identify these areas as their priorities. Future work in 2017/18 will ensure focus on these areas within the action plan with all responsible bodies on a local level to encourage integration of services.

Home On Time

**T**he Trust received funding in 2015 from the Early Intervention Transformation Programme (EITP) to pilot and implement a Model of Concurrent Care Planning in relation to infants who become Looked After with the objective of achieving Permanence without undue delay. This was based on evidence and research that children with a plan for permanence consisting of either a return to birth family or permanent substitute care via adoption have better outcomes. It was agreed that the Trust would establish the Home on Time (HOT) project working to an agreed regional model and connecting into the Trust's own resources i.e. current adoptive and dual approved carers.

The Trust received funding to employ one senior practitioner to provide intensive assessment and intervention to a minimum of 4 birth families for each year of the Programme

From the outset this Trust supported this initiative as it was considered an effective model of practice to address challenges in relation to the delivery of the Adoption process as the preferred care plan for identified children.

The Trust prioritised relevant training for the staff concerned and embarked on an intensive awareness raising campaign amongst social work colleagues re the ethos of the service. The project is now very well established in the Trust and is significantly contributing to improvements in Adoption services which is reflected in a current performance of 70% compliance (and increasing) regarding the 3 year target of achieving permanence via adoption and in a much shorter time frame in many instances.



## Mental Health

### Home Treatment and Crisis Response Service

The Mental health Home Treatment Crisis Response team is well developed in the Southern Trust. They provide assessment and acute treatment at home for someone who in the absence of the service may have required admission to hospital. The service is delivered by a multi-disciplinary team that includes doctors and RMS/ Social Workers and OTs at Senior Practitioner and Practitioner level.

The service also provides a crisis response service for those experiencing a psycho social crisis. Intervention can be telephone support face to face assessment and problem solving or a brief crisis admission to home treatment. The service recently extended hours of service delivery to 24/7. In the out of hrs period they offer assessment to both Emergency Departments at both Craigavon Area Hospital and Daisy Hill Hospital.

### Facilitating Early Discharge

In the mental health acute admission wards discharge planning begins early in a persons admission to hospital. The MD team identify the key factors that have required someone to have a hospital admission and prevented them from receiving home treatment. These factors will become the focus for intervention during their admission. A member of staff from the Home Treatment team is based in the in-patient unit and engages with each ward multi-disciplinary team on a daily basis to review the patients and help identify those who may benefit from earlier discharge supported by the Home Treatment team.

### Recovery College

The Southern Trust Recovery College uses an educational approach to help people develop their personal resourcefulness in order to become experts in their own self-care and make informed choices about their route to recovery from mental illness, substance misuse, trauma or distress and so maintain their physical and mental wellbeing. Courses are co-produced by service users and service providers and co-delivered to students who enrol for courses by a resource of service users carers and staff who have been skilled up using the Train the Trainers model. The Trust is a key partner in the CAWT Interreg V I - Recovery initiative.

Further roll out of the Recovery College model will be taken forward through the Trusts role as a key partner in the Co-operation and Working Together (CAWT) project, which has secured Interreg 5 funding for the next three years.

### Talking Therapies Well-Mind Support Hubs

The Well-Mind Support Hub has been developed as a result of the introduction of the stepped-care model of provision within mental health services which aims to improve access, intervention, treatment and care to individuals within the community. The Hub services are provided to Individuals over 18 with mild to moderate mental health needs.

To date the Well- Mind Support Hub is a pilot receiving referrals for individuals residing in one locality area with plans for further roll out subject to evaluation from March 2018.

### Review of Dementia Services

In 2014 the Delirium Pathway Group was established in the Southern Trust, with representatives from service Directorates to oversee the implementation of the NICE CCG103 Clinical Guidelines on Delirium.

The focus of the group is to raise awareness of delirium, including the introduction of a clinical tool for detection, prevention and management of delirium and the associated training and support for ward staff.

In 2016/17 an Improvement Project Support Officer, as part of the Dementia Strategy Project with the HSC Safety Forum, (joined the Trust Delirium Pathway Group).

Furthermore Trust staff participated and presented outcomes and learning at five regional General Ward Collaborative meetings.

- **They actively participated in World Delirium Day March 15<sup>th</sup> March 2017, which saw HSC NI project as one of top influencers in delirium improvement**
- **A total of 425 multidisciplinary staff have attended on-site training provided by the Improvement Project Support Officer, and a further 212 have completed the HSC eLearning Delirium module**

Staff involved in the delirium improvement project have utilised learning from pilot areas to further implement use of the tools in 9 wards across the Trust.

Ongoing spread to wards is guided by the following criteria:

- ♦ **50% of staff have received training**
- ♦ **Nominated champion (with protected time)**
- ♦ **Deliver mentoring and collect data locally**

There has been a train-the-trainer resource developed regionally and 4 staff have been nominated in the first instance. These staff will use the regional materials to continue to implement face-to-face sessions locally and promote delirium education and awareness within the organisation. They can subsequently use the cascade model to increase the number of facilitators available locally.

Crisis planning in Mental Health

**A**cute In-Patients undertook service improvement project through the Mental Health Collaborative which focused on safe and timely discharges from acute in-patient unit. An audit of MDT discharge planning was carried out on Silverwood Ward, Bluestone Unit, to include community mental health team representation, carer/family involvement, Home Treatment Crisis Response involvement, 7 day follow up and discharge documentation.

Other improvements fully implemented across all wards are as follows:

- ◆ **Using Situation, Background, Assessment, Recommendation (SBAR) as a communication tool for all patient transfers and handovers.**
- ◆ **Safety Brief at each handover to include all disciplines and Support Service Displayed on ward**
- ◆ **Multi-Disciplinary Team Reflective practice each month.**

Also

- ◆ **Business Impact plans are in place across all of Mental Health Acute Services**
- ◆ **Interagency Meetings have identified people who significantly impact on a range of services whilst in crisis**
- ◆ **Working groups are established to adopt a multi-agency approach to crisis/forward planning for these individuals**
- ◆ **Work has commenced to consider an Enhanced Liaison Model (Addictions & General)**
- ◆ **Workforce Initiatives to address Resource issues in Bluestone ie Flexible Workforce model/Rotation Model**
- ◆ **Community MH Representation is improving with use of tele-conference/ video links.**



**Physical Care of the Mentally Ill**

- ♦ The Seriously Mentally Ill (SMI) patient population makes up 5 per cent of the total population but accounts for 18 per cent of total deaths.
- ♦ There is an excess of over 40,000 deaths among SMI patients which could be reduced if SMI patients received the same healthcare interventions as the general population.
- ♦ Trust compliance with NICE guidance (NICE guidelines [CG178] Published date: February 2014) in relation to the metabolic monitoring of patients on
- ♦ antipsychotics, anti-depressants and mood stabilisers
- ♦ There is recognition that physical health care and lifestyle choices are part of whole person centred care.
- ♦ Development of the Health Passport document within the SHSCT and use in Home Treatment and Inpatient services and the work undertaken as part of the Regional Mental Health Collaborative.
- ♦ A draft clinical guideline has been produced based upon the Lester guidelines for cardiovascular health monitoring of citizens known to community mental health support and recovery team. This seeks to provide initial annual screening of known risk factors for a targeted group. This has been undertaken within current resources and at present is limited by this, but has allowed for small clinics in each locality, undertaking blood tests, BP, Height, Weight, BMI, Pulse, side effect ratings scales along with lifestyle questions and signposting to services such as smoking cessation. ECGs are also about to be undertaken for those identified as requiring this.

Community CareOlder People ServicesCare Home Support Team

The Care Home Support Team, a multidisciplinary team, works closely with the homes to monitor the placements for approximately 1500 older people. As well as monitoring the individuals, the Team aims to improve the quality by early detection of aspects of poor care, monitoring complaints, reviewing incidents and working in partnership with Regulation and Quality Improvement Authority (RQIA). The Team has a dedicated adult safeguarding lead and both nursing and social work investigating officers.

The value of having key workers aligned to individual homes has provided the Trust with increased assurances about the quality of care for our older people in care homes. This is overseen by a Nurse Consultant who also oversees the quality of care aspect of the individual home contract monitoring and performance management process.

Supporting Nursing Homes

Our Care Home support team continue to provide a range of educational sessions 1:1 facilitated learning opportunities for nurses in nursing homes. This includes link nurse training, supporting palliative and end of life care, continence and catheterisation, pressure area care and wound ulcer management. This training aims to embed evidence based practice, improve patient outcomes and reduce hospital admissions.

Facilitating Early Discharge

Coughreagh short Stay Rehabilitation Unit opened in Dec 2016 with the goal of enabling timely discharge from hospital when further rehabilitation is required or when an interim care option is required e.g. if carer package not readily available. 45 patients have been accepted to date, many of whom require assistance of 2 carers, which is not normally available within residential care. The majority are discharged home within the agreed target of 14 days maximum. The scheme is becoming a valued pathway option by the Multi-Disciplinary Team and clients/families and has potential for roll-out to the Trust's other 3 statutory residential homes to enable effective discharge from acute hospital beds to a more appropriate setting.

Community COPD Team

The SHSCT community COPD team have operated a 7 day service throughout the 2016/17 year which offered post discharge follow up on Saturday, Sunday and Bank holidays. Those patients referred to and seen by the team were supported with medication management, airway clearance, education on inhaler / nebuliser technique and oxygen management in their own homes.

### Working With Patients and Families in Older People Services

As part of a quality improvement review, professional leads within Non Acute hospitals identified the need to explore patients' length of stay, the need to increase patient and carer involvement in discharge planning and to improve communication with patients and their families. One initiative implemented as a result was to introduce family meetings within 3-5 days of admission with two members of the multidisciplinary team.

Following admission, the patient and their family are given an Expected date of discharge (EDD) and this is clearly explained at the family meeting. They are given an explanation of the rehabilitation based services within Non Acute hospitals and the family are invited to participate in rehabilitation sessions, so they can see any progress being made. This supports decision making regarding discharge pathways. At the meeting, discussions are had around potential family contribution to care needs, such as personal care, toileting, meals, domestic tasks and shopping.

A partnership approach is adopted to explore family/carer input on discharge and to explore any potential obstacles there may be to discharge planning. Families are offered options of further meetings, discussions and access to Rehabilitation sessions. Patients and their families are made aware of the eligibility criteria for services, and that family participation is pivotal. Placement options will only be considered when patients' needs cannot be met in their own home, and where it has been clearly identified that the patient meets SHSCT eligibility criteria for placement. An explanation is given around when a package of care or placement of choice, if required, is not available, and the expectation that other options may need to be explored: also that Patient Choice Protocol may need to be invoked.

Families are asked to provide anonymous feedback on the family meetings, by completing a Postcard feedback. This can be left in a comments box on each ward. The key metrics being used to monitor the success of this intervention is 'length of stay' and patient/family feedback. This alongside other audit results will be presented and shared through an Enhanced Care Workshop.



### Intermediate Care Services

Intermediate Care Service (ICS) has been an integral service within the Southern Trust since the year 2000. It is a short term multi disciplinary intervention to promote the independence of people following an acute hospital admission or where there has been a deterioration in functional ability due to an acute/exacerbation of their medical condition. It aims to improve the quality of people's lives by increasing their ability to live independently and minimising their longer term dependence through timely therapeutic intervention.

It adopts a holistic approach to care, providing timely interventions to reduce length of stay, prevent inappropriate admissions to hospital, promote faster recovery, reduce ongoing domiciliary care services and reduce dependency on long term residential or nursing care.

It is monitored against baseline Key Performance Indicators's set via the management team and uses the PARIS Community Based Information System for recording all patient activity allowing all Healthcare Professionals to have access to up-to-date patient information and enables the teams to work effectively together, managing consent, and securely sharing Information.

### In the 2016/17 financial year, ICS received 2712 referrals and treated 2012 clients:

- ◆ 543 clients in spot purchased residential/nursing home beds and 1469 clients in their own home
- ◆ 90 % of based clients were facilitated home and 98% of home based clients remained at home
- ◆ they facilitated timely safe and effective discharge of 609 clients from hospital to long term care and there has been successful reduction in domiciliary care packages via the ICS team following their input

### Technology Enabled Change

In 2017/18, as part of the roll out of PARIS, the integrated community information system, the Trust will roll out 'read only' access to PARIS across Acute Teams to enable secure and appropriate sharing of information to support effective management and discharge planning during acute hospital admissions.

Armagh/Dungannon Domiciliary Pilot

**O**lder people tell us they wish to remain independent in their own homes for as long as possible and Domiciliary Care is one of the services provided by the Southern Health and Social Care Trust (SHSCT) to enable them to do this, when they have care/ support needs.

Domiciliary care within SHSCT has been challenged by growing demands for the service.

**In response to these increased demands, the Trust initiated a project to design and test an outcomes-based model that would:**

- ♦ support better working relationships based on mutual trust and respect, between those providing, delivering and in receipt of the service.
- ♦ promote and maintain service user's independence, by extending the opportunities and capabilities of people to look after themselves.
- ♦ move from the traditional "time for task" service to a more person-centred approach to care delivery with active care review with clients and families.
- ♦ ensure a better integrated and responsive care package.
- ♦ increased capacity and efficiency.
- ♦ 227 referrals made to the Homecare OT for assessment and tailoring of packages to meet need.
- ♦ 3,617 hours released creating capacity to support 204 clients discharged from hospital and packages for a further 166 new clients were commenced
- ♦ 2,646 hours reallocated to clients with increased needs.

Impact

- Service Users feel more in control of their care;
- No complaints and positive feedback;
- Better collaboration with other services;
- Care Workers feel more valued.



### Partnership with Northern Ireland Ambulance Service

A range of treat, leave and referral pathways have been implemented in collaboration with the Northern Ireland Ambulance Service (NIAS). These pathways include Diabetes, COPD, Heart Failure, Falls and Epilepsy.

The pathways are supported by training to NIAS staff who employ protocols within which patients can be treated and remain in their own homes with follow up by the community specialist teams.

Heart failure 'alert cards' have been developed for use by all patients known to the community heart failure team, these cards when presented to other health care professionals will offer the opportunity to co-ordinate patient care more effectively.

All patients with an indwelling catheter who are known to the specialist continence team have been issued with a 'catheter passport', this is presented to Emergency Department staff or other Health Care Professional's with whom the patient may come into contact in respect to catheter related problems, this aims to improve the co-ordination of care and to enhance patient safety.

### Rapid Access Teams

**Rapid Access Clinic** is a consultant medical led clinic for Older People which offers rapid access to comprehensive geriatric assessment in a clinic setting. It's a 'one-stop' clinic for the comprehensive review of older patients with complex medical problems. Patients will have access to medical, nursing and AHP staff as well as rapid access to diagnostics and labs as required. This service promotes a better quality of life for our older population, supporting them to live independently for longer.

#### This service is available across 4 sites:

**Lurgan:** .....Monday to Friday 9am to 5pm

**South Tyrone:** .....Tuesday, Thursday and Friday 9am to 3:30pm

**Mullinure:** .....Monday and Wednesday 9am to 3:30pm

**Daisy Hill Hospital:** .....Tuesday and Thursday 10am to 1pm  
(no additional resource allocated)

*This service is integrated with Acute care at home and acts as a clinic base for patients who can attend the clinic. The team will refer onto Day Hospital and links with intermediate care services and Integrated Care team to ensure smooth transition of care.*

Reablement

**If you live in the Southern Trust and are over 65 years of age  
and you need extra support because:**

- ♦ **you are returning home after a period in hospital**
- ♦ **you are frail and may need support to remain in your own home or**
- ♦ **You need to regain skills and confidence to live independently**

The Reablement Service will work with you. Reablement is an Occupational Therapy led rehabilitative service whose main focus is on supporting individuals to remain as independent as possible at home for as long as possible.

Key Principals of the Reablement Service

**After a professional assessment is completed, service users are supported by qualified Occupational staff and Reablement Support Workers to:**

- ♦ **work through an agreed goal orientated plan to help individuals learn or re-gain the skills necessary for daily living, which they may have lost through ill health, injury or through the ageing process**
- ♦ **to do things for themselves rather than having things done for them**
- ♦ **to achieve independence and build confidence in carrying-out every day activities**
- ♦ **to regain lost skills, find new ways of doing things, through practical help, advice and encouragement**
- ♦ **make best use of equipment previously supplied to individuals**

Integrated Care Teams (ICTs)

**(Comprising District and Treatment Room Nursing/ Occupational Therapy/  
Social Work & Physiotherapy)**

The ICTs provide the oversight of clients being maintained in the community. The Team carries out ongoing needs assessment and interventions, review/monitoring and makes recommendations that result in individuals receiving domiciliary care support or being placed in Residential or Nursing Homes on either a temporary or permanent basis.

Currently ICT staff are implementing new personalised Domiciliary Care Plans (DCPs), which is resulting in better tailored information being made available within the domiciliary setting to support individuals to remain at home for longer.

**Integrated Care Partnerships (ICPs)**

In Northern Ireland there are 17 Integrated Care Partnerships (ICPs) working across the five Local Commissioning Group (LCG) areas, to ensure coverage of all GP practices. Each ICP is based around natural geographies of approximately 100,000 people and 25-30 practices. There has been agreement that ICPs will continue to operate up until 31 March 2018, with the Department of Health to consider a further proposal for the longer term future of ICPs. ICPs have been focusing on services for the frail elderly and those with some long term conditions: respiratory conditions, diabetes and stroke. These are called the ICP clinical priorities.

**To date the 3 Southern ICPs have supported the development of:**

- ◆ Acute Care at Home.
- ◆ Improved Access to Diagnostics.
- ◆ Rapid Access Respiratory Clinic.
- ◆ Improved Access to Diabetes Services.

**The future clinical focus of the Southern ICPs will include:**

- ◆ playing a lead on developing local diabetes networks, with support from the Regional Diabetes Network.
- ◆ continued development of Stroke and Frail elderly services, taking any updated service specifications into consideration.
- ◆ further Respiratory service development in line with Respiratory Framework priorities.

**ICPs are also to lead on Elective Care Reform in 4 clinical areas in 2017/18, namely:**

- ◆ ENT
- ◆ Neurology
- ◆ Urology and
- ◆ Gynaecology

with plans to include the following additional areas during 2018/19: Rheumatology, Cardiology, Dermatology, Surgery, Musculoskeletal (MSK). This work will link with GP Federations in new models of Service delivery.

Acute Care At Home Outcomes

In the 3 years since implementation the service has demonstrated positive outcomes against each of the key objectives:

- ◆ Nursing home admission to acute hospital
- ◆ To reduce the number of unplanned hospital admissions for the population of over 75yr olds admitted to acute hospital from pilot versus non-pilot GPs
- ◆ To reduce the number of ED attendances for over 75 year old patients
- ◆ Increase the number of IV delivered in the community from the 2013-2014 baseline

Patients have received timely access to acute services in their own home which has prevented the need for admission to hospital. The results show that the model of providing acute services to patients in the community setting can have an impact on the pressures faced in our emergency departments and acute settings. From 1st October 2016 to 30th September 2017 it is estimated that we prevented 810 admissions and facilitated 304 early discharges from acute hospital. There was also a reduction of over 2,600 acute bed days from Nursing Home residents from 2013-2014 to 2016-2017, a reduction of 351 admissions per year.

There have also been positive qualitative feedback from patients, carers and families, as well as Nursing Home Managers and GPs. We have received over 200 service user feedback questionnaire to date all of which have very positive experiences.

There has also been a positive outcome on the long term needs for patients discharged from the service. 80% of patients required no increase to existing care arrangements following discharge with less than 1% requiring placement in Nursing or residential home.

Facts & Figures:Extension of service area

The team has extended its area of coverage over the last 12 months to 300,000 population coverage (52 GP practices) and 43 Care Homes 1,850 beds.

### Learning Disability Improvement Work

In an attempt to improve the discharge process from Acute Learning Disability beds, the Trust has enhanced the ward round process by facilitating the attendance/ input of the community case manager, in order to ensure focus on discharge planning from point of admission. In addition the Consultant Psychiatrists in LD are now all based with Community Learning Disability Team for scheduled parts of the week to improve the communication Processes and to increase focus on community based treatment plans.

The Trust has commenced a review of the Community/ Hospital interface with a view to agreeing new processes around admission and discharge pathways, and further enhancing community treatment options. This review will report in 2017/18, in addition:

- ⇒ **A Nursing Led high dependency healthcare team has been established to improve community care for individuals with a disability who have high dependency health care needs.**
- ⇒ **The Home Treatment service in Learning Disability has been 'enhanced' to reduce the need for hospital admission and reduce Length of Stay in acute hospital beds.**

### Bannview Medical Practice

The Trust took over operational responsibility for the Bannview Medical Practice in January 2017 initially for an interim period of 6 months, in order to provide stability to the practice population. Recently the HSCB has confirmed that they wish the Trust to continue to manage the practice beyond September 2017. Clinical and social care governance arrangements have been developed and implemented. Trust Information governance processes have also been implemented.

### Opportunities

With the Trust managing the practice beyond the initial period of September 2017, this provides the opportunity to:-

- explore and develop a new and innovative multi disciplinary model of primary healthcare in collaboration with key services.
- undertake an audit of attendances at Emergency Departments/GP out of hours to support the development of the multi-disciplinary model of care best suited to the needs of the practice population.
- explore interfaces with other Trust services, including long term condition teams,
- Integrated Care Teams, children and mental health.





# 6

## Childrens' Social Care Services



Childrens' Social Services—Theme 1 Effective Health & Social Care**Children identified as being at risk are seen and spoken to within 24 hours**

It is essential that children and young people identified as potentially at risk are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen and spoken to within **24 hours**

**Facts & Figures**

- The SHSCT has consistently achieved 100% compliance in this area since 2013

**Looked After Children**

Children who become looked after by Health and Social Care Trusts must have their **living arrangements and care plan reviewed** within agreed timescales.

This ensures that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements and preserves and maintains the rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

**The Trust reviews care plans within the required timeframes** and these Looked After Child meetings are chaired by an independent chairperson who considers all aspects of the care plan including the quality of the placement, the child's/young person's needs and the associated supports being made available. Emphasis is placed on participation by both the child/young person and his/her parents in the review process.

**Facts & Figures**

The SHSCT achieved 96% during 2016/17

**Childrens' Social Services—Theme 1 Effective Health & Social Care****Permanency Planning**

Every Looked After Child needs certainty about their future living arrangements and through Permanency Planning this Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved.

**Facts & Figures**

- During 2016/17 the Trust was 93% compliant with this requirement.
- In 2015/16 the SHSCT was 95% complaint with this requirement.
- This represents a decrease from 97% in 2014/15.

Childrens' Social Services—Theme 2 Delivering Best Practice in  
Safe Health & Social Care Settings

Direct Payments

- The provision of direct payments by a Health and Social Care Trust enables families to locally source the care they require, allowing the individual to choose how they are supported within their community.
- Direct Payments continue to be promoted to families by social workers in the Children with Disabilities Teams.
- Direct Payments enable families to locally source the care they require, allowing the individual to choose how they are supported within their community.

*Facts & Figures*

⇒ At March 2017, 191 children received direct payments, this figure has increased from 177 children in March 2016 and 165 children in March 2015

Childrens' Social Services - Theme 2 Delivering Best Practice in Safe Health & Social Care Settings**Education, training and employment**

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community.

The Trust has a dedicated service working with young people aged 16 plus providing advice and direct input via provision of tuition to assist young people to achieve in relation to academic progress at school or during training.

The project also works on employability schemes including the provision of formal work experience placements and the securing of paid employment for care experienced young people.

**Facts & Figures**

- ⇒ **At March 2017, 72% of aftercare leavers within the Southern Trust were engaged in education, training and employment. This is a decrease on 2015/16 position of 80%.**
- ⇒ **At March 2017, 100% of school leavers with a disability had a transition plan in place**





# 7

## Adult Social Care Services



Adult Social Services— Theme 1 Effective Health & Social CareVulnerable Adults

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.

The adequacy of the care and protection plan is reviewed throughout the investigation and amended as appropriate. This may also include stepping the case down from protection procedures where further information indicates that it is safe and appropriate to do so.

Exiting services may be sufficient to address the assessed risks and therefore no specific care and protection plan would be required. Adult safeguarding interventions also adopt a consent based approach. There are some situations in which the vulnerable person refuses consent to a safeguarding investigation/intervention. Trust staff will endeavour to consider other ways of engaging with the individual outside of the safeguarding process that addresses identified risk factors.

The Southern Trust has participated in a regional initiative that sought to obtain the views of service users / carers, using the **10,000 Voices** methodology, on their experience of the Adult Protection process. This feedback included comments on how the wishes of the adult in need of protection were listened to and respected, and whether the outcomes achieved met their expectation.

*Facts & Figures*

In the Southern Health and Social Care Trust, during **April 2016 - March 2017**, **125 adults** referred for investigation and identified as “at risk” during this period had an Adult Protection Plan commenced in the period.

This was an **increase of 18% on the previous year.**

**Adult Social Services— Theme 2 Delivering Best Practice in  
Safe Health & Social Care Settings**

**Individual Care Assessments**

There are a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

**Facts and Figures**

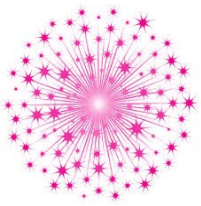
In 2016 /17, **3072** adult carers across Physical, Learning Disability, Mental Health and Older People & Primary Care Directorate were offered individual care assessments as set against the commissioning direction target by HSCB

**Direct Payments**

Direct Payments provide services users and their family an element of choice in determining the care they receive.

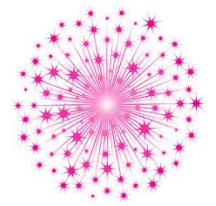
**Facts & Figures**

- ⇒ Direct Payments are in place for 533 adults.
- ⇒ Overall as at 31 March 2017, direct payments were in place for 724 adults and children within the Southern Trust.



## *Celebrating 2016*

### *A year of Continuous Improvement*



I am delighted to welcome you to the December Continuous Improvement Newsletter. Over the last 12 months there has been many quality improvements taken forward across directorates and professions supported by many teams. This edition of the Continuous Improvement Newsletter takes the opportunity to look back, over 2016, at the wealth of quality improvement work being led by our staff with the support of the Continuous Improvement Team, all of which collectively supports the development of an improvement culture where **'No improvement is too small'**.

#### HSC Staff Survey

We are pleased that this year's HSC Staff Survey results show that the Southern Trust had the highest responses in the region, in terms of staff feeling supported to make improvements in their areas of work.

#### Valuing Staff and Supporting Their Development to Improve Our Care

The Continuous Improvement Team continue to engage and work with our staff to ensure that services for patients are of a consistently high standard and that opportunities for quality improvement are identified and actioned. We are achieving this through a number of quality improvement capacity and capability building programmes in addition to a range of sharing and learning initiatives.

#### How we are Building Quality Improvement Capacity and Capability

All our staff have now have access to **The Introduction to Quality Improvement** e learning programme; we have developed and externally accredited a **Quality Improvement Leader Diploma** and **Quality Improvement Foundation Certificate** in addition to staff having access to the Institute for Healthcare Improvement (IHI) Open School Basic Certificate.

#### *The Year in Review: What's inside?*



*January*



*March*



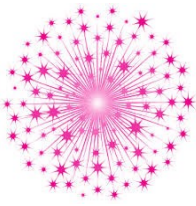
*May*



*August*

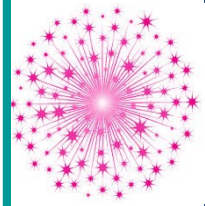


*October*



## *Celebrating 2016*

### *A year of Continuous Improvement*



#### Supporting Our Staff

Through a variety of mediums, on line and in person, you will have the chance to connect with your peers to make collective improvements in the safety and quality of care provided to service users in the Southern Trust area.

The launch of **Quality Improvement Clinics** support staff seeking short term improvement support;

Inspired by **World Quality Day**, the Trust now has a mainstreamed Vodcast and Breakfast Seminar programme to enable staff to share improvements in their service areas, with their wider teams and others within and across directorates and disciplines;

The **Annual Quality Improvement Event** is aimed at spreading improvement and supporting innovation. This year's event included an **Innovation Challenge** with teams showcasing their ideas on 'how to improve patient experience'.

The launch of The **Quality Improvement Network** plays a key role in driving the quality improvement agenda within the Trust, promoting and enabling learning and encouraging communication across organisational and professional boundaries.

I hope you enjoy reading the latest edition of the Continuous Improvement Newsletter and I would like to take this opportunity to wish you all a very Happy Christmas and a peaceful New Year.

*Aldrina*

Aldrina Magwood

Acting Director of Performance & Reform

Southern HSC Trust







## CELEBRATING 2016



The Trust's new *'Introduction to Quality Improvement'* e-Learning module was launched in January 2016 and is available for all staff on the regional e-learning Platform.



The *'Introduction to Quality Improvement'* module provides staff with an understanding of what Quality Improvement is and how we can play our part in improving care and services.

The module includes an overview of Quality Improvement tools and methodologies and is suitable for all staff.

Contact [Quality.Improvement@southerntrust.hscni.net](mailto:Quality.Improvement@southerntrust.hscni.net) for further information and how to enrol.

**Learn Your Way!**

### Quick Quiz - Drop & drag - Data Types

Qualitative

Quantitative

Drop & drag each data type into the correct box below. Click Submit to check your answer.

Number of New Referrals Data

Patient Satisfaction Survey Questionnaire Data

**Interactive**

The training is interactive, user friendly and provides a wealth of resources and materials as well as quick quizzes to test your

To date **462** staff have successfully completed the **Introduction to Quality Improvement e-learning**





# CELEBRATING 2016

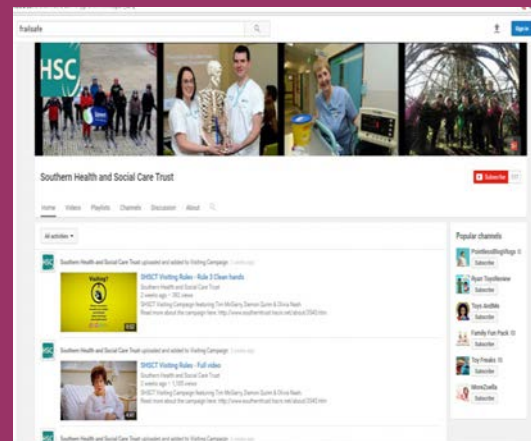


## Southern HSC Trust Breakfast Seminar Programme

January 2016 saw the launch of our new Vodcast and Breakfast Seminar programme. A combination of both live seminars and pre recorded Vodcasts became available on the Southern Trust YouTube Channel. Feedback suggested the Vodcasts were easier to access for our staff, at a time and place that was convenient for them.

In 2016 our Vodcasts achieved over **1300** hits combined. This means that potentially 1300 staff and service users have seen:

- \* Why we undertake service improvement
- \* How we undertake it
- \* How we measure ourselves to ensure that a change is an improvement



Above: Dr Mark Roberts presented a Vodcast on FRAILSAFE. View FRAILSAFE and other Vodcasts by clicking the icon





## CELEBRATING 2016



### Launch of Quality Improvement Leader Programme

The Trusts new Quality Improvement Leader programme launched in February 2016 and provided participants with a structured approach to leading a service improvement project within their team or service. Quality Improvement Leader is aimed at those staff responsible for leading significant change within their team e.g. Head of Service, Professional Lead, Senior Clinician or Professional & Medical staff. This in-house training programme has been externally accredited through the Open College Network (OCN) Northern Ireland as a Level 5 Quality Improvement Leader Diploma.

Many of those participating in the QI Leader Programme went on to showcase their improvements in a variety of ways, including the CI Newsletter, at the QI Event or at Regional forums.


Dr Bassam Aljarad features below.



QI Leader Champions  
working together

**Dr Bassam Aljarad**  
Paediatric Consultant, Daisy Hill Hospital

**Project Title:** Introduction of a portable ultrasound bladder scanner to reduce the incidence of false diagnosis of urinary tract infection in small infants and neonates.



**Problem Statement:**  
Diagnosing a urinary tract infection in infants under 6 months old is notoriously difficult and very often the diagnosis is wrongly made due to the challenges involved in the collection of an appropriate urine sample.  
Bladder aspiration is the gold standard approach when wishing to diagnose a urinary tract infection in small infants. Doctors are also wary of undertaking this procedure blindly due to the high risk of failure and unnecessary complications.

**Benefits**  
The introduction of a bladder scanner into the department will:

- Enable bladder aspirations to be undertaken safely
- Ensure the reliable collection of urine samples
- Reduce the number of false positive urine results
- Reduce the use of unnecessary antibiotic therapy.
- Ensure a more reliable diagnosis of urine tract infections
- Ensure infants commence the most appropriate treatment in a timely manner.

**13 Senior staff completed the Trust's first Quality Improvement Leader accredited programme. Their service improvement projects range across all operational directorates.**



**The future: A further 11 staff are currently partaking in the 2nd cohort of the programme with outcomes expected in June 2017.**



(Left) QI Leaders Dr Zeinab Abdelrahim & Dr Anne Dooley with members of their multidisciplinary project team. They used the **NHS 5 step model** in combination with specific QI diagnostic tools to plan their service improvement in a measured and sustainable way.





## CELEBRATING 2016



### Taking the Lead 2016

March 2016 saw the launch of the Trust's 2nd 'Taking the Lead' development programme. In total 42 members of staff undertook the programme in 2016. In order that participants are given a 360 view of the Trust and how we work, they attend a suite of masterclasses each aligned to a key area of managerial responsibility including Finance, Governance, Human Resources and Organisational Development.

(Right and Below) Staff who undertook 'Taking the Lead' in 2016.

Well done to all those who took part and



**You  
Said**

"I felt supported – It's great to know help and advice is available, I am excited about implementing change".



**Look out for  
progress  
updates from  
the new 2017  
cohort of staff in  
our CI**



## CELEBRATING 2016



### Time out for Teams 2016

Our Trust Senior Management Team (SMT) wish to support and grow a culture that is about continuous improvement and innovation, making this part of everyone's business in their day to day work. Evidence shows that successful organisations provide the space, time and resources for their teams to generate ideas and solutions.



The Continuous Improvement Team have now facilitated a number of **Time Out for Teams** workshops with the Supported Living Service, held in Slieve Gullion. **65** Staff within the Supported Living Service took the time out opportunity to review their service over the last 12 months, identify areas that were working well and areas that needed renewed focus in the 16/17 year. Staff validated the various job roles within the team and engaged in healthy discussion about the most effective way to achieve their team goals moving forward.



The head space available at **Time Out for Teams** provides teams with the opportunity to create an agreed Action Plan to help achieve their team goals throughout

#### You Said

*"I found the Time Out for Team days enlightening with regards to staff teams meeting each other and sharing knowledge and skills which had not happened before, it also allowed staff to interact with management on a different level. I highly recommend taking the opportunity to do this".*

(Tracey Welsh, Supported Living Services Manager, Newry & Mourne)





## CELEBRATING 2016



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(Tracey Welsh, Supported Living Services Manager, Newry & Mourne)

# CELEBRATING 2016

## Quality Improvement Foundation \*Feature\*

**HSC** Southern Health  
and Social Care Trust  
Quality Care - for you, with you



### Developing Best Practice Standards for Auditing Patient Charts from Agreeing Appointment through To Discharge in the Psychology Pain Management Service



**Team Member /  
Psychologist  
in the  
Psychology  
Pain  
Management  
Service**

#### Preparing For Audit



### Project Vision & Problem Statement

#### **Our Vision:**

To make the Psychology Pain Management Service (PPMS) more prepared for an internal or external audit.

#### **Background:**

Although delivering an excellent patient centred service, the PPMS did so in the most testing of times due to excessive waiting list pressures, staff shortage and resulting time challenges. Auditing had fallen in priority and the service was keen to rectify this by reviewing all New Patient Chart documents, creating standardised versions, and producing a Standard Operating Procedure for clinical and secretarial staff.

### Problem Diagnosis

Non-standardised  
record keeping  
procedures

Variation in  
documents used

Persistent  
commitment  
to patient  
centred service

Issues re :  
Historical  
background,  
Staff numbers –  
recruitment,  
Time, Waiting list

### Changes Implemented

1. Quality Record Keeping SOP produced - guide staff from the opening of a New Patient Chart through to discharge.
2. Commitment to review SOP 2 yearly.
3. Commitment to create SharePoint link.
4. Out-dated versions deleted from IT systems and hard copies disposed of.
5. Positive clinical and administrative staff engagement in coaching on new auditing procedures.

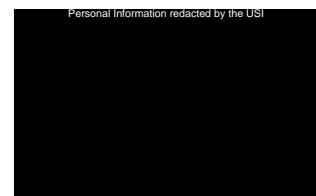
### Impact of Changes

1. PPMS is more prepared for internal & external audits.
2. The PPMS demonstrated commitment to continuous QI.
3. Best practice clinical governance procedures in place.
4. Existing and newly recruited staff will have an SOP to promote adherence to standardised protocols.
5. Opportunity for development of further PPMS SOPs.

### To Find Out More Contact :



Personal Information redacted by the UST







## CELEBRATING 2016



(Above) Service User Olivia Hassen says:

***"I have been attending the day centre for 2 years but I don't want to still be there until I am an old lady! I want to learn new skills and have lots of new life experiences just like other young adults."***



(Above) Carmel McGrath launching the DVD with staff and service users at The Laurels Day Centre, Newry

### **QI Leader Feature: "My Day, My Way"**



Carmel McGrath, Newry & Mourne Day Care Manager, launched the *My Day My Way* Promotional DVD in August as part of her QI Leader Project. The DVD was part of a Communication Bundle promoting Day Care opportunities.

~ The overarching aim of Carmel's project was to develop a supportive transition programme from Day Care to community based Day Opportunities for clients who wished to do so.

~ The *My Day My Way* DVD features service users who want to share their experiences of daily life when attending day opportunities, spending their day, their way, doing things they

**View *My Day My Way*  
by clicking the icon**

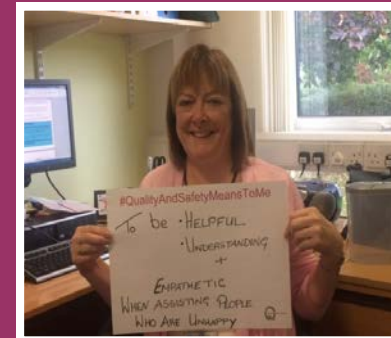




## CELEBRATING 2016



In preparation for our 3rd Annual Quality Event in October, we provided staff with the opportunity to tell us about what **Quality and Safety** meant for them in their daily working lives. As usual in the Southern Trust we were overwhelmed with staff who wanted to engage and communicate about what quality and safety means for them.





# CELEBRATING 2016



## Annual Quality Improvement Event #QualityandSafetyMeansToMe

The Quality Improvement (QI) Event was attended by over 250 delegates. Staff and service users alike were provided with the opportunity to listen to and learn from the wide range of quality improvement projects that have been undertaken in Southern HSC Trust over the past year. **Quality and Safety in Action** was the theme of the event and was captured via the “Quality and Safety Means to Me” campaign which provided staff from all disciplines an opportunity to share what quality and safety means to them in their workplace. [Review the Special Edition QI Event Newsletter HERE](#)

(Below) The Continuous Improvement Team



(Above) Trust Chair, Non-Executive Directors, Director of Performance and Reform and members of the Team



## 2016 Innovation Challenge



We invited staff to get involved in a unique Dragons Den Presentation with a view to getting a ‘Thumbs Up’ for their innovative idea which could improve Patient Experience in the Southern Trust.

Left: The WINNERS of the Dragons Den Innovation Challenge, The Lymphoedma Team, who will implement their ‘Healthy Legs’ initiative.





## CELEBRATING 2016 ~November~



### Launch of the Southern Trust Quality Improvement Network

Keynote Speaker at the Event, Mrs Margaret Murphy is the External Lead Advisor for the World Health Organisation (WHO) and is an advocate for Patient Safety. Margaret shared her personal journey with delegates and highlighted the importance of dialogue in leading to powerful conversation, both clinician to clinician and clinician to family.



**Next Session: Wednesday 22 February 2017 @ 9.30am,**  
**Seagoe Parish Centre Portadown**  
**Keynote Speaker: Judith Gillespie**  
**Theme: Leading Transformational Change**

Judith Gillespie is a retired Senior Police Officer. She was the Deputy Chief Constable of the Police Service of Northern Ireland (PSNI) between June 2009 and March 2014.



Margaret Murphy,  
Keynote speaker  
at the recent QI  
Network Launch

### World Quality Day Thursday 10 November 2016



World Quality Day provided us an opportunity to share with our patients, service users and staff, the range of quality improvements being undertaken across the Trust.



# CELEBRATING 2016

## Improving Communication at Medical Handover

In December we held some dedicated training sessions for medical staff on improving communication at medical handover. The sessions were delivered across CAH and DHH sites by Dr Gavin Lavery from the HSC Safety Forum. In total 40 Clinicians from across our Trust attended the training sessions.



### Clinical Communication

- ◆ Communication within teams
- ◆ Communication between teams
- ◆ Communication across service divides (day-night & night-day) - HANDOVER
- ◆ Communication using the written / electronic clinical record
- ◆ Communicating with patients/next of kin/carers

### Complex Systems... within a Complex System



HSC Public Health Agency



## Introduction to Quality Improvement E-Learning

This Quality Improvement E-Learning module is for anyone involved in providing Care & Services for Patients, Service Users and their Carers



To register your interest please email  
[Quality.Improvement@southerntrust.hscni.net](mailto:Quality.Improvement@southerntrust.hscni.net)

Improve

Inspire

Innovate

## Available for All Staff, NOW!

If you would like to know more about what Quality Improvement is, what it means for you in your service area and how you can actively get involved, consider enrolling on our Introduction to Quality Improvement E learning Module, available now, for all staff.

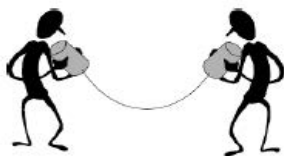
Click [HERE](#) for instructions on how to enrol directly.



## Quality Improvement Clinics

**HSC** Southern Health  
and Social Care Trust  
Quality Care - for you, with you

Are you about to embark on a work based improvement project or struggling with a project challenge?



Would you like to speak to an experienced Improvement Facilitator?

Contact the **Continuous Improvement Team**  
to book in to one of our new  
**Quality Improvement Clinics**

Email:

Personal Information redacted by the USI

Telephone

Personal Information redacted by the USI



# Annual Quality Report

## 2017/18



## Message from Chief Executive

Mr Shane Devlin  
Chief Executive



**AS** the recently appointed Chief Executive, it gives me great pleasure to introduce the 6<sup>th</sup> Annual Quality Report of the Southern Trust. The report brilliantly highlights the amazing work that is being carried out by our staff across the complete spectrum of our health and social care services to deliver high quality services, and also to continuously improve them.

As Chief Executive the Duty of Quality is one that is in the forefront of my mind, and my actions. I started my career in the HSC in the mid 1990's as a Quality Improvement Officer, with the aim of working with service leaders to improve the quality of services. The drive for quality improvement is in my DNA.

I have always found it fascinating that there are so many definitions of quality. Ranging from the most basic of definition ***"Suitable for its purpose"*** through to specific definition such as ***"delivering safely"*** all the way through to the very wide ranging definition – ***"the degree of excellence."***

Irrespective of the definition we choose to use, the key for me is what matters to the patient, client, user, carer or community we serve. They will judge whether we are a quality organisation delivering high quality services that makes a positive difference to their lives.

I believe that we have travelled a considerable journey, but there is still a distance to travel. I hope you will agree with me that this annual quality report demonstrates that we are improving quality, outcome and lives.

I look forward to continuing the journey of quality improvement.

Thanks.

***Shane***



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This year the Trust published its first **Quality Improvement Strategy 2017/18- 2020/21**. It outlines our commitment to continuously improving services, listening to our service users and staff and supporting them to be part of our quality journey.

The foundations for this Strategy have been built on our corporate **Vision**, simply articulated in our corporate strapline:

***‘Quality Care - for you, with you’***

Working to develop the skills and capability of our staff and providing practical support and improvements to our systems and processes is helping us create the conditions for assuring quality, improving our services and inspiring innovation in how we deliver care.

The Southern Health and Social Care Trust (SHSCT) employs over 14,000 staff working together to deliver safe, high quality and compassionate care for patients and clients. In the Southern Trust we believe that **“Quality is Everyone’s Responsibility.”**

Our Quality Improvement Strategy 2017/18-2020/21, outlines our commitment to:



Create the conditions for learning

Build & sustain quality improvement capacity and capability of our staff and service users

Share good practice and learn from the experience of others

Be an 'improving organisation' that supports staff to achieve recognition for innovative practice.

Produce an **Annual Quality Report** to provide assurance of how we deliver quality in the services we provide.

Work with our service users in co-producing and co-designing care

The purpose of the 6th Annual Quality Report is to detail what we do, how we are performing and provide assurance of how we are assessing the quality of our services and driving continuous improvement.

This therefore is an important document for:

- **The Board of the Southern Trust** who are accountable for the quality of the service provided by the Trust. The Board can use the report to consider how quality is embedded in the leadership of the Trust and to scrutinise and seek assurance regarding the safety and quality of our services
- **Patients, carers and members of the public** to whom we are ultimately accountable for ensuring the safety and quality of the services we provide. This report provides information about the quality of our services and highlights key areas of safe and effective care and the Trust's on-going work and commitment to continuous quality improvement particularly in areas where we are challenged
- **Our staff** working across the Trust, to celebrate and recognise where excellent quality of care has been delivered and also to use the Annual Quality Report to review performance and to see where and how we can make improvements

Within each of the seven sections of this report, there are standard indicators which every Health and Social Care Trust across the region must include, as well as updates on our local priorities here in the Southern Trust for improving safety, quality and patient experience.

**The Report focuses on actions undertaken in the year from April 2017 to March 2018 and sets out some of our plans to continue to improve in 2018/19.**





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# Transforming the Culture



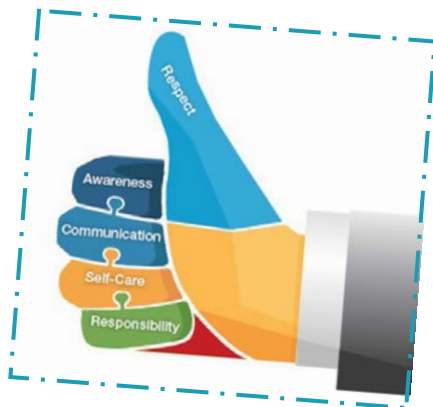
The Department of Health commissioned the Regional HSC Staff Survey in Autumn 2015. Some of the findings for Southern Trust were as follows:

- ◆ 80% of staff feel satisfied with the quality of work and patient care that they are able to deliver which is above the NHS national average of 76%
- ◆ 67% of staff said they would recommend the Trust as a place to work - also above the national NHS average of 54%
- ◆ 76% of staff said that care of patients is the organisations top priority - a 15% improvement from the previous survey in 2012

The Trust continues to implement the Corporate Staff Survey Action Plan which centres around the **5 key themes**.

Each Directorate following staff engagement sessions, developed their own Action Plan during 2016/17, to address identified areas. Directorates are currently implementing these action plans locally.

Progress during 2017/18 on the Corporate Action Plan against these 5 themes is outlined overleaf.



### 5 Key Survey Themes

- ⇒ Visible Leadership
- ⇒ Staff Voice/Engagement
- ⇒ Regaining Respect
- ⇒ Healthy, Well & Productive Workforce
- ⇒ Equipped Workforce

**Click here to see the staff survey results**

<http://www.southerntrust.hscni.net/about/3413.htm>

**See a message from our Chief Executive (Interim) Francis Rice**

<https://www.youtube.com/watch?v=FGvt1UGnWdY>



Key Survey Themes - Corporate Action Plan

Key Theme:	1. Visible Leadership
Link to Overarching Trust Priority	Being a great place to work, valuing our people Providing safe, high quality care
Achievements during 2017/18	<ul style="list-style-type: none"> <li>◆ Corporate Plan “Improving Together 2017/18 - 2020/21” published, to ensure staff are aware of the Trust’s Strategic Direction</li> <li>◆ Translation of the Corporate Plan into easy to read ‘<b>plan on a page</b>’ for each Directorate. Directors, Assistant Directors and Heads of Services ensure that team objectives are set to provide direction for staff and inform appraisal and Personal Development Plan processes for individual staff</li> <li>◆ Year 1 Progress Report shared with Senior Management Team, Trust Board and communicated with staff</li> <li>◆ <b>HSC Collective Leadership Strategy</b> was launched in the Southern Trust during October 2017 with local representation also on the Regional Implementation Group</li> <li>◆ Trust participated in the Regional Review of HSC Values and Associated Behaviours, as part of the implementation of HSC Collective Leadership Strategy</li> <li>◆ Formal/Informal Senior Management Team Leadership Walks/Visits undertaken on an ongoing basis</li> </ul>
Planned actions during 2018/19	<ul style="list-style-type: none"> <li>◆ Development of a Senior Leaders Forum to engage senior leaders across the organisation including Directors, Assistant Directors, Associate Medical Directors, Heads of Service, Clinical Directors</li> <li>◆ Planned actions in the forthcoming year will see the implementation of HSC Collective Leadership Strategy through the following: <ul style="list-style-type: none"> <li>⇒ <b>Establish &amp; embed a core set of HSC values and associated behaviours</b></li> <li>⇒ <b>Develop a ‘Collective Leadership in Action Framework’, that outlines collective leadership capabilities for staff at all levels</b></li> <li>⇒ <b>Embed the Framework into all Trust Leadership Development activities</b></li> <li>⇒ <b>Monitor the outcomes and review progress</b></li> </ul> </li> </ul>

Transforming the Culture

Key Theme	2. Staff Voice / Engagement
Link to Overarching Trust Priority	Being a great place to work, valuing our people
Achievements during 2017/18	<ul style="list-style-type: none"> <li>◆ Delivery of a range of skills development programmes eg Dealing with Difficult Situations, Appraisal Skills for Managers, Every Conversation Matters, 5 Fundamentals of Civility Model</li> <li>◆ Team Talk/Time out for Teams embedded - Assistant Directors accountable to their Director across their division. Protected time for visits to teams, if not already in place</li> <li>◆ Development of Regional 'See it, Say it' Raising Concerns campaign in line with RQIA review timescales</li> <li>◆ Reduce reliance on temporary/agency staff - new models of recruitment to permanent flexible posts have been introduced for Nursing &amp; Midwifery, AHPs and some groups of administrative and clerical staff</li> </ul>
Planned actions during 2018/19	<ul style="list-style-type: none"> <li>◆ 'See It - Say It' Trust awareness sessions planned for managers and an online awareness toolkit being drafted</li> <li>◆ Staff Experience Survey is planned during 2018/19 to provide opportunity for staff to share their thoughts and views on the pressures experienced in the unscheduled care service during 2017/18</li> <li>◆ Survey Feedback will be shared via further staff engagement workshops to identify key actions to be included in the Trust's Unscheduled Care Resilience Plan for 2018/19</li> </ul>
Key Theme	3. Regaining Respect
Link to Overarching Trust Priority	Being a great place to work, valuing our people
Achievements during 2017/18	<ul style="list-style-type: none"> <li>◆ The '5 Fundamentals of Civility' model has continued to be rolled out and has been embedded within all the Trust's leadership programmes - e.g. 'Taking the Lead', Middle Managers Programme, New to Line Management Programme, skills development programme - 'Every Conversation Matters', customer care training - 'Patient Client Experience' and the Corporate Welcome</li> <li>◆ Based on feedback on the model itself and its applicability to HSC, a resource pack has been developed for use by managers in their Team Talks / Time out for Teams sessions and a series of sessions / workshops has been delivered throughout 2017/18 for over 1,200 staff on the '5 Fundamentals of Civility model.' For example, <a href="#">click here</a> to view a 5 minute video 'Introduction to the 5 Fundamentals of Civility.'</li> </ul>
Planned actions during 2018/19	<ul style="list-style-type: none"> <li>◆ The Trust plans to continue to embed this model across all Teams</li> </ul>

<b>Key Theme</b>	<b>4. Healthy, Well and Productive Workforce</b>
<b>Link to Overarching Trust Priority</b>	<p>Being a great place to work, valuing our people</p> <p>Providing safe, high quality care</p>
<b>Achievements during 2017/18</b>	<ul style="list-style-type: none"> <li>◆ Established a Workplace Health &amp; Wellbeing Steering Group to focus on the development of a Health &amp; Wellbeing Strategy for Southern Trust</li> <li>◆ The draft Strategy and new branding for the Trust's Staff Health and Wellbeing was out for staff consultation during January and February 2018. This resulted in staff influencing a number of changes to the proposed strategy and branding. 'UMatter', will now be used to promote all initiatives related to staff health and wellbeing</li> <li>◆ A new Staff Health and Wellbeing portal was developed during 2017/18 which is designed to provide staff with one central, interactive, live communication channel, which is easily accessible to staff both inside and outside of work</li> </ul>
<b>Planned actions during 2018/19</b>	<ul style="list-style-type: none"> <li>◆ The Trust plan to launch the Workplace Health &amp; Wellbeing Strategy during 2018/19</li> <li>◆ A launch of the 'UMatter' online web portal is also planned for 2018/19</li> <li>◆ A number of theme based working groups are planned to develop Workplace Health &amp; Wellbeing Strategy Action Plans</li> </ul>