Southern Health and Social Care Trust

Quality Care - for you, with you

2023/2024

Annual Quality Report

SQIE

Chief Executive Foreword

Message from the Southern Trust Chief Executive

I'm delighted to bring you our Annual Quality Report 2023/24 which showcases the sterling work underway across the Southern Health and Social Care Trust. This report includes the key quality indicators against which we are measured. The Department of Health's Quality 2020 Strategy has described quality as excellence in safety: effectiveness and ensuring that we are patient focused in all our work. During 2023/24 we have striven to improve and enhance our services within Acute and wider community services, and we are committed to our continuous journey.

Health and Social Care matters to all of us. Southern Trust staff are the bedrock of our community in Northern Ireland. We are skilled, yet privileged in changing for the better, the lives of thousands of people every year.

However, in the context of ongoing workforce and significant financial pressures, unprecedented demand for health and social care and the challenge of rebuilding services following the pandemic, the need for major transformation is required urgently.

We are determined to review and improve our services when we recognise that there are lessons to be learned. For example, we have completed a lookback review of urology patients, continued to participate in the Urology Services Inquiry and initiated a major review of cervical screening.

In summer 2023, we established the Daisy Hill Hospital Expert Panel to work with us on the implementation of the stabilisation plans for acute inpatient medical services. There has since been a positive impact from a new model for general medicine and same day emergency care, which has included an expansion in ambulatory care and acute care at home. This approach has prevented unnecessary hospital admissions, reduced the harm of delayed discharge and improved patient flow. We have fully implemented Steps to Wellness to provide more rapid intervention to people with mental illness and improved community addition services.

We now recognise the benefits of developing this work across the Trust, which will be the next phase of this project, aiming to improve our hospital and community network as a whole.

The Trust is contributing to the regional hospital configuration blueprint project, and we have also started the journey of developing our own new long term corporate vision and strategy for the organisation. Through this process, we aim to collaborate with staff, service users, carers and all those with an interest in our services, to develop a strategy that meets the needs of our local population.

In January the Department of Health approved our proposal to consolidate all Emergency General Surgery to one site, to meet the clinical standards and ensure the best outcomes for all patients. With emergency surgery concentrated at Craigavon, we now have additional theatre time through Daisy Hill's elective overnight centre to benefit more people waiting on planned procedures. Recent successful recruitment of consultant surgeons is also showing the success of this approach.

Southern Trust staff remain committed to providing safe, high quality, innovative and excellent care. Colleagues across all professions, acute and community services have been recognised, locally, nationally and internationally for their award-winning work.

We have also started planning for 'encompass' go live in Spring 2025. Creating a digital health and social care record for everyone living in Northern Ireland and improving the safety and quality of care, this will be one of the biggest changes that many of us will see in our health and social care careers.

Our health and wellbeing are influenced by factors such as where we live, our income and our education. This requires co-operating with partners outside of health and social care to prevent the need for hospital care, improve outcomes and reduce inequalities.

We are keen to work with community, voluntary and other statutory organisations to improve networks and planning. We want to work with service users and carers to develop more opportunities for their involvement in developing services that best meet their needs. This is an interesting time for health and social care as we bring together a range of partners, the establishment of the Integrated Care System and Area Integrated Partnership Boards. With a great history of co-production in the Southern Trust, we were well placed as the first test Area Integrated Partnership Board to trial this new way of working last year and look forward to the further development of this approach across Northern Ireland.

We are developing and launching our 2030 Corporate Strategy later this year, focussed on how we enable our population to live well. With genuine collaboration with all partners, we can build on our success and have great potential to explore how we might transform service delivery to achieve better outcomes for local people.

Dr Maria O'Kane

Chief Executive, Southern Health and Social Care Trust

Southern Health & Social Care Trust - a little bit about us.

The Southern HSC Trust's geography covers the council areas of Armagh City, Banbridge and Craigavon; parts of Newry, Mourne and Down, and Mid-Ulster District.

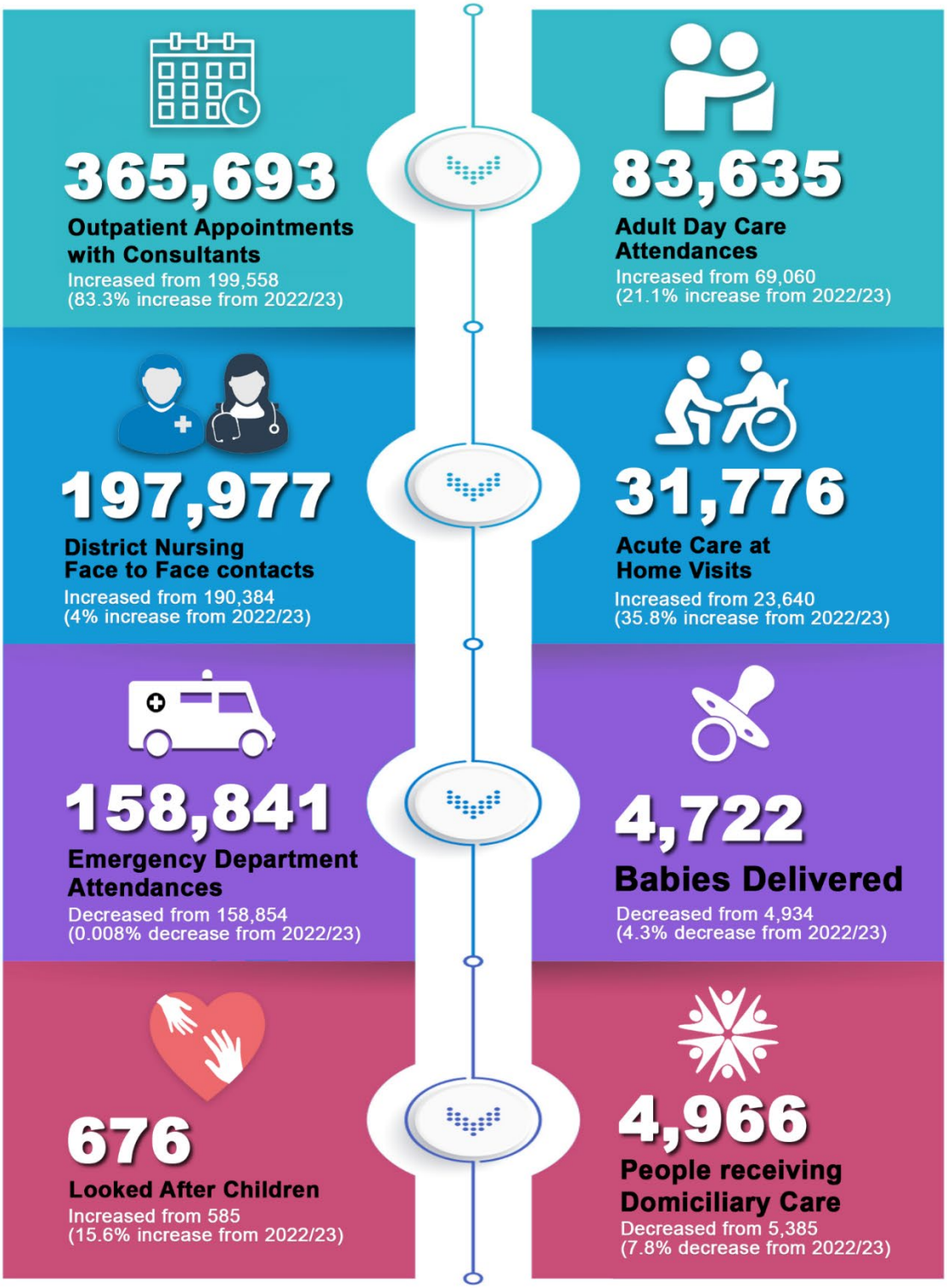
391,796
Population of the Trust Area

15,797
Staff employed
Increased from 14,887
(a 6.1% Increase)

232
Trust owned Buildings

£3.3m
Per day delivering care to local people.

What did we do in 2023/2024



Southern Health and Social Care Trust
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Theme 1

Transforming the Culture

1.1 Our People Priorities

Introduction

We launched 'Our People:2022 – 2025', in October 2022. Our People Plan is 'A Framework for Transforming Our Workplace and Transforming Our Care. Our ambition is to create a great place to work, a workplace where we are engaged, feel valued and where we work well together. This framework outlines our three people priorities – **Wellbeing**, **Belonging** and **Growing**.

Here are some of our achievements in 2023-2024.

"Our People 2022 to 2025 – A framework for transforming our workplace...transforming our care".

Wellbeing

Creating a safe & healthy working environment for us all and promoting a culture of wellbeing. In the last year we have delivered the following:

- Mental Health Awareness for Managers **(145 attendees)**
- Stress policy and talking toolkit **(146 attendees)**
- Schwartz rounds **(280 attendees)**
- Flexible working awareness sessions **(208 attendees)**
- Hybrid working pulse survey issued and updated guidance issued.
- New Guidelines following suspected suicide of a colleague issued.
- Long Covid rehabilitation service **(138 consultations and 10 group sessions)**
- Care packs issued to Domiciliary Care workers **(1,200 packs)**
- Foodbank initiative **(1,000kg donations = nearly 3,000 meals)**
- Implementation of Year 2 of our Health & Wellbeing Framework **(26 actions completed)**

Belonging

Promoting a sense of belonging to the organisation by being connected to the core purpose of the Trust.

- Our People Awards rebranded and launched **(292 nominations)**
- Recognition Initiatives: #ThankYouThursday campaign, GREATix, appreciation days, toolkit, etc.
- Cultural Night **(80+ attendees)**
- Racial Equality and Cultural Heritage Staff Network - Zumba, Badminton, Walk and Talk **(124% increase in engagement)**
- Supporting employees during Ramadan by providing light snacks in dining rooms overnight and information on how to support colleagues throughout the month
- Corporate Induction **(compliance 71%, up 32% from 2022-23)**
- Chat with Chief **(50 briefings in 2023-24)**

Recognition and Appreciation

The launch of our re-branded 'Our People Awards' in October 2023 which resulted in the receipt of 292 nominations from across all services areas.

Growing

Creating the right culture and safe space for us to learn and grow together.

- Vocational Workforce Development **(272 qualifications achieved)**
- Inspiring Leaders Succession Planning Initiative **(20 attendees, evaluation of previous cohort shows 42% of attendees secured promotion)**
- Corporate Mandatory Training **(75% compliance, up 7% from 2022-23)**
- Appraisal Conversation Awareness sessions **(606 attendees)**
- Implementation of our Coaching Plan 2023-24 **(Coach Network refreshed, 60+ coaches, 100+ coaching hours)**
- Corporate HROD Training **(2,415 attendees)**
- Development of new CORE Skills for Managers programme and Expectations of SHSCT Managers framework

1.2 Patient and Client Experience

Care Opinion is the regional on-line service user feedback platform used within all Northern Ireland Health & Social Care Trusts. Care Opinion will allow patients, visitors, relatives, and carers to leave anonymous feedback, and facilitates two-way communication between the Trust and the story author. All story authors should receive a response to their feedback from the Trust within 7 days, and all feedback that they have provided should be used by the Trust for reflection, learning and improvement.

Stories

During 2023/24 a total number of **3867** stories were submitted to the Care Opinion website

Response Rate

The Public Health Agency have recommended that every Care Opinion story is responded to within 7 days.

70% of stories were responded to within 7 days

Number of times stories have been viewed / read on Care Opinion platform.

The **3867** stories were read/viewed **210,692** times on the Care Opinion platform *(as of 4 July 2024)*

10,000 MORE VOICES (10KMV)

Patient experience is recognised as a key element in the delivery of quality healthcare. The regional project 10,000 Voices continues to give patients and their families the opportunity to highlight what is important to them.

For further information on 10,000 More Voices (10KMV) – please see link to regional website. The current update on the Regional 10,000 More Voices work-plan for 2024/25 is summarised below;

Shared Decision Making (SDM)

Shared decision making (SDM) is a patient centred approach that allows individuals to receive the expert advice and support they need to make the right decisions for their own personal health care.

In the Shared Decision-Making process, clinicians and patients work collaboratively to reach a decision about treatment that best suits the patient.

The Share Decision Making (SDM) SHSCT 10KMV project is at stage 1 – Design.

- To help with the design of a Shared Decision survey tool, the Public Health Agency requested that the SHSCT participate in a survey pilot.
    - 5 Trust areas participated in the pilot
        - Rheumatology - Biologic Clinic
        - MSK
        - Fracture Liaison
        - 18+ Autism service
        - Community Addiction
- The outcome of pilot in SHSCT was that survey tool required further adaptations, and it is anticipated that a final tool will be presented to the External Stakeholder group in June 2024.

Personal and Public Involvement

Working Together Strategy

The Personal and Public Involvement team have worked in partnership with colleagues from Quality Improvement and Patient Client Experience alongside service users and carers to operationalise the Working Together Strategy launched in May 2023.

We have established **Care Experience Hubs** which work have responsibility for identifying, developing, and reporting on a range of improvement projects per year across the operational Directorates.

Each Hub has strong Service User and Carer representation. The membership of each Hub includes a *User Involvement Ambassador.* In these roles, service users with considerable experience of involvement across the Trust, function as Champions within the Hubs. Our Champions actively support new user involvement representatives, as we continue to grow our community of involvement across the organisation. Some examples of projects supported by the Hubs include.

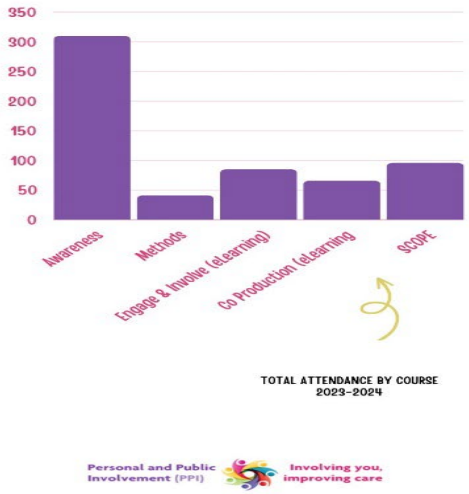
- Improving patient experience within Emergency Department by installation of food and beverage vending machines based on feedback directly from service users and carers.
- Improvement on uptake of Care Opinion usage within Children and Adolescent Mental Health (CAMHs) and Autism Services through development of a steering group involving service user/carer.
- Development of information leaflet on the 'just in case box' for families of patients being cared for at home through the District Nursing Service

Training

There was a high volume of involvement for colleagues, Service Users and Carers and Community and Voluntary Sector partners. The Team delivered training to **599** individuals in 2023/24 and received positive feedback the impact of these sessions.

Training Figures
User Involvement 23-24

Staff	439
Service Users / Carers	160
Total Number of people undertaking User Involvement Training	599



The Involvement Team developed a 'Team Talk' model of training to ensure sessions were as accessible to colleagues as possible. Many services received training sessions on 'Involvement' as part of their internal team meetings and personal and professional development including.

- Planning Team
- Acute Governance Team
- Social Services Learning and Development Team

In line with the Personal and Public Involvement's Corporate Action Plan, there was a focus on delivery of training on involvement for groups supporting underrepresented communities within the Trust. Groups were identified through partnership working with Trust's Community Development Team and the Inequalities and Inclusion Lead. Using art as a communication tool, our User Involvement Team delivered messaging and information around involvement and the Trust's commitment to ensuring that all voices are heard and welcomed.

Involvement Projects

Our Team submitted bi-annual statistics to the Public Health Agency on involvement activity throughout the year. This underwent a quality assurance process through a 'Human Library' model delivered by Public Health colleagues and service users and carers from other Trust areas, which was positively received.

"The Involvement projects, Staff and Service Users and Carers demonstrated the scale, scope and positive impact that Involvement can play in helping support our collective drive in moving towards a truly person-centred Health and Social Care system."

This provides assurance to the Department of Health, that the Trust continues to strive towards keeping user involvement as an integral part of quality improvement.

We continue to support involvement projects and promote reporting of activity to capture learning and share good practice. A sample of the projects supported by the team include.

Acute Care at Home Focus Group – We developed a Focus Group across Armagh and Dungannon, Craigavon and Banbridge and Newry and Mourne to capture Service User feedback and ideas for quality improvement directly, from patients and families who have Acute Care at home.

Physical Disability Forum – Staff from our Physical Disability Team, work in partnership with service users and carers who use their services, to discuss areas for improvement, develop action plans and identify ways of utilising resources.

Post Intensive Care Unit Clinic Information Leaflet – Colleagues from Craigavon Area Hospital worked with the Involvement Team and service users and carers on a focus group to support the development of a patient information leaflet for this new Post Intensive Care Unit Clinic service.

1.3 Compliments and Complaints

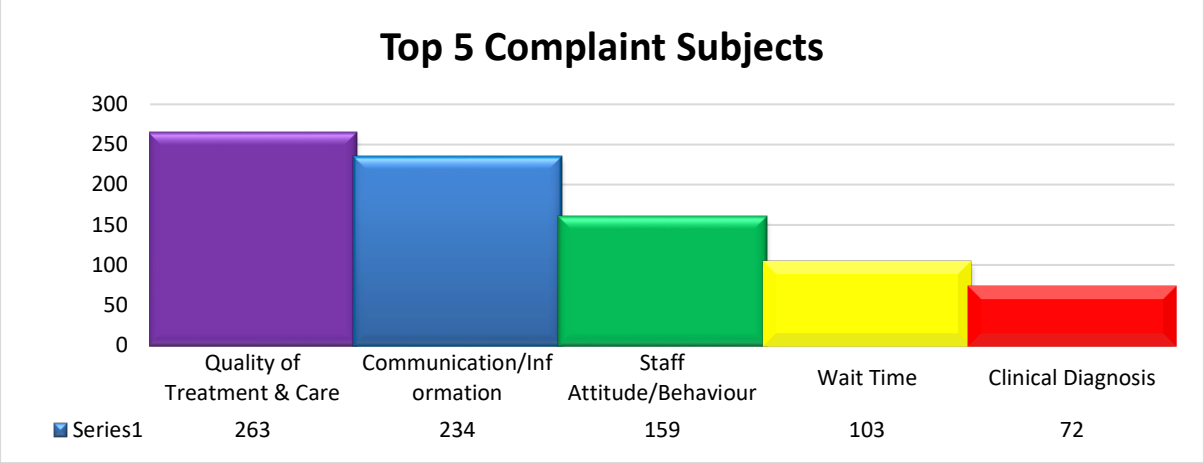
Introduction

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

The quality and type of services provided within the Trust are very important. The Trust aims to continually improve therefore patient experience and involvement is an extremely important and valuable resource.

During 2023/2024 there were 652 formal complaints received.

Complaints relating to Quality of Treatment & Care, Communication/ Information, Staff Attitude & Behaviour, Wait Times, and Clinical Diagnosis were the top 5 areas of complaints in 2023/2024.



Response Times

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

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

The HSC Complaints Policy requires all Health and Social Care Trusts to provide an acknowledgement within **2 working days** and a **formal response to the complainant within 20 working days of receipt of a complaint.** If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay.

98% Complaints Acknowledged within 2 Working Days

27% of formal responses to complaints were undertaken within 20 Working Days

Ombudsman Cases

When service users are not fully satisfied with the outcome from the Trust's investigation into their complaint, they can raise their concerns with the Northern Ireland Public Services Ombudsman (NIPSO). The Trust is committed to working with the Ombudsman's office to resolve service user complaints, identifying and implementing learning.

During 2023/2024 there were **64 cases** brought to the Trust by the Ombudsman. Also, within this time, 52 cases were closed, 27 of which were closed at initial assessment/ not accepted for investigation, 8 were open and 4 remained pending.

Compliments & Suggestions

The Trust is keen to learn from patients, service users and families who have had a positive experience and what aspect made it a positive experience for them.

Receiving compliments helps the Trust to identify, share and promote areas of good practice, enabling the aggregation of individual compliments to facilitate organisational learning. It is also encouraging for staff to receive recognition for the vital work that they undertake.

During 2023/2024 **1,283 compliments** were received by the Trust as detailed in the Table below which shows the number of compliments and method received by subject.

An additional **7,708** compliments were received through Care Opinion for this same period resulting in a total of **8,991** compliments received in 2023/2024.

Subject of Compliment	Card	Email	Feedback Form	Letter	Social media	Phone Call	Care Opinion	Total
Quality and Treatment of Care	357	62	93	27	2	5	2231	2877
Staff Attitude & Behaviour	278	69	95	17	3	5	2710	3177
Information & Communication	88	39	43	7	0	4	1401	1582
Environment	47	14	9	2	0	0	1266	1338
Other	10	4	1	2	0	0	0	17
Total Compliments	780	188	241	66	5	14	7808	8991

1.4 Adverse / Serious Adverse Incidents (SAIs)

Introduction

The Trust is committed to learning and encourages reporting of incidents and near misses to identify where interventions and improvements can be made to reduce the likelihood of incidents happening.

A Serious Adverse Incident (SAI) is “an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or staff”. The Serious Adverse Incident must also meet one or more Severe Adverse Incident criteria as defined within the Regional Procedures for the Reporting and Follow-up of Severe Adverse Incidents (November 2016). Severe Adverse Incidents are reported to the Strategic Planning and Performance Group (SPPG).

Learning from incidents can reduce the likelihood of similar events reoccurring. It is an important process to capture, promote and share learning. Adverse incidents happen in all organisations providing health and social care. The Trust encourages an open and learning culture. Where learning from an adverse incident is identified, the necessary changes are put in place to improve practice and avoid reoccurrence.

Adverse Incidents and Serious Adverse Incidents

The Trust is committed to learning and encourages reporting of incidents and near misses to identify where interventions and improvements can be made to reduce the likelihood of incidents happening.
A breakdown is provided below of the Adverse Incidents reported within the Trust between 01/04/2023 and 31/03/2024.

Financial Year	Total Incidents	Patient Accident/Fall	Patient Behaviour	Medication Biologics/Fluid	Behaviour (Inc Violence & aggression)	Pressure Ulcers
2023/24	28,088	7448	5356	3161	3111	1245

A Serious Adverse Incident (SAI) is “an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or staff”. The SAI must also meet one or more SAI criteria as defined within the Regional Procedures for the Reporting and Follow-up of SAIs (November 2016). SAI’s are reported to the Strategic Planning and Performance Group (SPPG).

Directorate	Number of Serious Adverse Incidents (SIA)
Medicine & Unscheduled Care	9
Surgery & Clinical Services	23
Children & Young People’s Services	9
Adult Community Services	< 5
Mental Health & Disability	33

The top 5 themes of the SAIs reported to the SPPG between 01/04/2023 and 31/03/2024 are:

- Patient Behaviour
- Unexpected Deaths or Severe Harm
- Administrative Processes (Excluding Documentation)
- Diagnostic Processes/Procedures
- Patient Accidents/Falls

In line with the IHRD Recommendation requesting details of every SAI related patient death and learning from these SAIs, a summary table is provided below.

Directorate	Number of Deaths
Medicine & Unscheduled Care	5
Surgery & Clinical Services	< 5
Children & Young People's Services	< 5
Adult Community Services	< 5
Mental Health & Disability	33 (includes SAIs relating to deaths by suicide)

1.5 How the Organisation Learns

As a Trust, we recognise the benefits of sharing and cascading learning from incidents and good practices. Effective sharing can minimise future risks and enhance service quality.

We aim to continually learn from both good practices, which we want to replicate, and from instances where our service falls short. Sharing learning across nearly 15,000 geographically dispersed staff in various settings is challenging, but we strive to improve this process.

Sharing the Learning

Learning is shared and discussed in various forums:

Patient Safety (Morbidity and Mortality) Review Meetings: Monthly specialty meetings to review morbidity, mortality, learning from harm, and patient safety issues.

Weekly Governance Meetings: Include representatives from all Operational Directorates and various governance areas to discuss incidents and share details at the Trust Senior Management Team meeting.

Learning from Experience Forum: Meets quarterly to identify and share lessons from incidents, complaints, and other quality indicators.

Quarterly and Annual Reports: On complaints, incidents, and Serious Adverse Incidents (SAIs).

Weekly Circulation of Standards & Guidelines Circulars.

Completion of Directorate Identified Learning Templates.

SAI Training.

Sharing Internal Audit Reports and Clinical Audit Outcomes.

Email, Newsletters, and Staff Briefings: Such as the Pharmacy newsletter.

Quality and Safety Network

The Southern Trust Quality and Safety Network was established to provide a natural environment where individuals from different disciplines can collaborate on an equal footing. It is used to gather collective intelligence by pooling data and information, to stimulate delate, experimentation and innovation and promote the adoption of a systematic approach to quality and safety improvement. As a forum it aids the organisation in spreading ideas and examples of 'best practice' across professional and geographic boundaries.

During 2023/24 we hosted the following Quality and Safety Networks:

'Communication, Communication, Communication'

Hosted by: Maxine Williamson, Deputy HR Director Workforce and Organisational Development and Ronan McBride, Quality Improvement Facilitator

'Strong and Healthy Leadership'

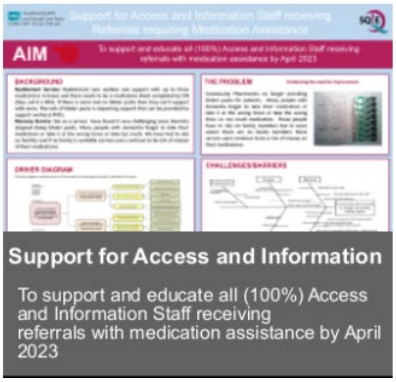
Hosted by: Professor Karise Hutchinson, Professor of Leadership at Ulster University.

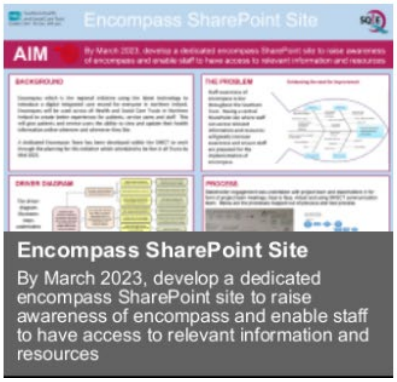
OCN Level 3 Certificate in Quality Improvement

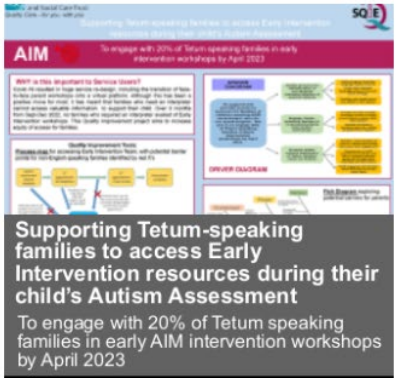
Throughout 2023/24 the Quality Improvement Team delivered a range of workshops and offered one-to-one and group support to a cohort of staff and service users as part of the externally accredited OCN Level 3 Certificate in Quality Improvement. The qualification aims to develop skills in quality improvement and leading small step change within the Southern Trust.

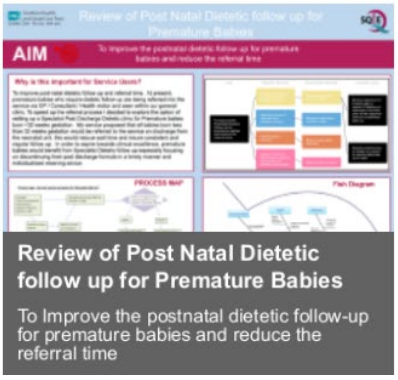
Projects included are as follows:

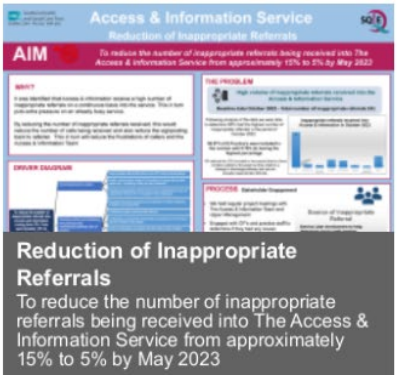
- 50% of Treatment Team staff will have confidence and skills to get involved in the Serious Adverse Incident process by April 2023.
- To reduce the number of inappropriate referrals being received into the Access and Information Service from 15% to 5% by May 2023.
- To develop a dedicated, encompass SharePoint site to raise awareness of encompass and enable staff to have access to relevant information and resources by May 2023.
- To engage with 20% of Tetum speaking families in early intervention workshops by May 2023.
- To support and educate all (100%) Access and Information staff receiving referrals with medication assistance by April 2023.
- To improve the postnatal dietetic, follow up for premature babies and reduce the referral time by 20% by May 2023.











OCN Level 5 Diploma in Leading Quality Improvement

During 2023/24, a number of staff members completed the externally accredited Level 5 Diploma in Leading Quality Improvement. This programme is delivered internally by the Southern Trust Quality Improvement Team. It is designed to develop the skills of managers and leaders whose role it is to drive quality improvement within the organisation. The content centres around four modules: communication, leadership and mentoring, planning and using data to inform the quality improvement process.

Projects completed are as follows:

- By June 2024 the Stroke Service will collect focused service user feedback from at least 50 service users per month.
- By January 2024, 100% of services in the Mental Health Directorate will have nursing staff trained and proficient in the delivery of evidence based psychological skills to our patients.
- To ensure that greater than 80% of patients attending Daisy Hill Hospital Minor Injuries Unit with a Lateral Ankle Sprain receive exercise intervention advice as standard in their management by September 2023.
- To standardise how Southern Trust staff (100%) implement quality improvement rapid change projects by May 2023.
- To standardise case management practices within the mental health directorate by March 2024.
- By September 2023, 100% of nursing staff within the Mental Health Directorate will have access to and awareness of bereavement resources to help support both staff and service users/ carers who are bereaved.
- To equip 100% of relevant staff within Adult Community Services by September 2023, with the knowledge and resources required to provide standardised and equitable bereavement support.
- To reduce the turnover rate to 10% among band 5 Speech and Language Therapists in Adult and Paediatric Services in the Southern trust by December 2023.

Stroke Service Focused Feedback

Change Matters

Take Away and Replay

Supporting Rapid Quality Improvement Projects

Getting Better Together

The 'Getting Better Together' Quality Improvement Programme was designed, delivered and launched by Southern Trust Quality Improvement Team in April 2023. Twelve Trust Teams took part in the six-month programme focused on delivering against Trust priorities.

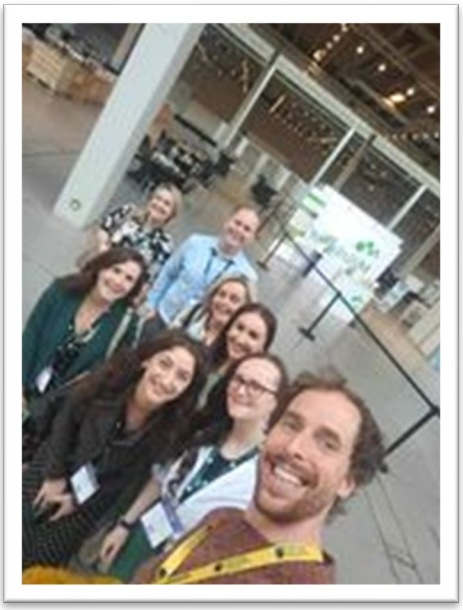
The programme took place over the course of five in person workshops that helped the teams to organise to understand their system and work towards solutions that were implemented over the course of a range of Plan, Do, Study, Act cycles (tests of change). The sessions were structured with the NHS's Five Steps to Quality Improvement in mind:

- Day one: Preparation
- Day two: Getting Started
- Day three: Problem Diagnosis
- Day four: Share, Reflect, Learn
- Day five: Quality Improvement Evaluation

Day four took a slight twist from the other days where the teams shared their midpoint presentations in the Seagoe Parish Centre, Craigavon. The teams reported getting a lot out of sharing their challenges and successes, something that helped them progress towards implementation.

The programme culminated with a Celebration Event hosted in the Junction, Dungannon. The teams came together to share and celebrate in their learning and outcomes.

IHI International Forum Copenhagen



In May 2023, eight Trust staff attended the International Forum on Quality and Safety in Healthcare in Copenhagen. The theme of this year's conference was 'Adapting to a Changing World: equity, sustainability and wellbeing for all'.

It provided an excellent opportunity for Trust staff to come together with colleagues from all over the world as well as close to home to get the inspiration and motivation to embrace and drive change. They embraced their time in Copenhagen to present their projects to an international audience, attending half day workshops, keynote addresses and participating in a collection of live presentations across the three days.

Timely Access to Safe Care (TASC)

All six Health and Social Care Trusts came together as part of a Health & Social Care regional quality improvement collaborative programme labelled 'Timely Access to Safe Care'. The projects focused on Social Care, Scheduled and Unscheduled Care, Learning/ Intellectual Disability and Mental Health. As well as providing valuable networking and collaboration opportunities, staff were able to work together in a focused way to share local knowledge and expertise.

The first TASC programme concluded in May 2023, it included the following projects:

- Timely Access into Ambulatory Care
- Timely Access into Community Addiction Services
- Young People's Partnership (YPP) Family Support Project
- Improving Access times to PT/ OT Services in Physical Disability Services
- Adult Psychological Therapists

Following a three-step assessment process undertaken by an objective panel of assessors, three Southern Trust projects / workstreams were selected to progress to the TASC 2 programme. This was based on their readiness for scale and spread.

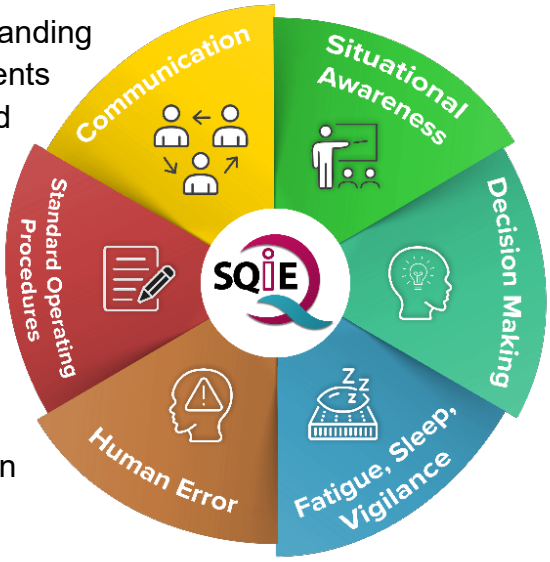
TASC 2 commenced September 2023 and is ongoing as of April 2024. The projects selected were the YPP Family Support Project, Improving Access Times to Physiotherapy and OT in Physical Disability Services and Improving Access to the Mental Health Psychology Service (working alongside colleagues in the Western Health and Social Care Trust).

Quality Improvement Training

During 2023/24, the Quality Improvement Team delivered a range of training programmes to our staff and service users including Understanding Human Factors, Quality Improvement Theory into Practice and Measurement for Improvement.

Understanding Human Factors:

Taking place virtually over five sessions, Understanding Human Factors is aimed at those working in environments that are prone to human error with associated consequences and where there are a number of human risks. It is aimed at staff of all levels.



It contributes towards an understanding of the underlying causes of human error, with attendees learning how to reduce the frequency and consequences.

During 2023/24, there were three Understanding Human Factors cohorts, with 56 attendees.

The five sessions are as follows:

Session 1: Overview of Human Factors in Health Care and the Role of Human Error

Session 2: Importance of Communication and Team Working in Human Factors

Session 3: Human Factors Fatigue, Sleep and Vigilance

Session 4: Information Processing and Decision Making in Human Factors

Session 5: The Role of Situational Awareness in Human Factors

Measurement for Improvement

During 2023/24 we were excited to invite our staff once again to our in-person **Measurement for Improvement workshop.**

Our content was redesigned from the ground up, building on the success of our virtual and pre-COVID workshops.

With the help of a range of practical and hands-on activities, staff learn:

- *Why we measure.*
- *How we can choose an appropriate suite of measures*
- *Where you can source data*
- *How to understand variation and analyse and present data using a variety of graphs including SPC charts and pareto charts*

This workshop is aimed at all staff who would like to develop their skills and knowledge.

During 2023/24 there were two Measurement for Improvement workshops hosted at the Palace Demesne in Armagh. In total there was **76** staff in attendance.

Quality Improvement Theory into Practice

The Quality Improvement Team deliver a programme of training sessions covering the fundamental aspects of the quality improvement process.

The series of workshops is aimed at a variety of stakeholders:

- Line managers or project managers may decide that their staff would benefit from learning about a particular aspect of the quality improvement process.
- Those previously involved with quality improvement that want a refresher on a particular component.
- Those just commencing their quality improvement journey and want to learn the fundamentals.

This programme is delivered over four sessions covering.
From Idea To Go; identifying your project team, stakeholders, setting up project roles and responsibilities and project initiation document,
Creating a Driver Diagram and Process Mapping Creating smart aims, using problem diagnostic tools and commencing stakeholder engagement.
Measures for Improvement; collation, presentation and analysis of baseline data
QI Implementation and Evaluation: Using PDSA Cycles to test change ideas, project evaluation and sharing of learning.

Southern Health and Social Care Trust

Quality Care - for you, with you

SQIE

Theme 2

Strengthening the Workforce

2.1 Strengthening the Workforce

Introduction

Our Staff are our greatest resource. Supporting and strengthening our workforce remains a priority. A strong and supported workforce with dedicated training opportunities leads to higher quality care and better health outcomes for all. This chapters outlines a range of support within the Trust to support and encourage our staff.

Senoir Leadership Team - Visibility Plan

During 2023/34 we developed and implemented our Senior Leadership Team Visibility Plan- SLT Visibility Plan to support key messaging associated within our Corporate Plan and to communicate our vision, ambition, values and culture of the Trust, explaining where we are headed and how our people can help us get there.

Our weekly 'Chat with the Chief' continued throughout 2023/24 and had consistently good numbers of attendees and feedback has also been positive. Video recordings of the short sessions are also being viewed by those who aren't able to attend the live sessions.

Leadership Walks also continued throughout 2023/24, with Directors visiting teams across the organisation. The feedback template piloted in 2022/23 has been amended as a result of feedback and is being rolled out. Follow up visits are planned to ensure any actions for the organisation have been completed.

Equality, Diversity & Inclusion

It is our aim to help create and support a culture that is inclusive at all levels and help create a sense of belonging, in line with the Trust's Vision, Values and Priorities. We strive to ensure the Trust is a 'great place to work' and promotes positive attitudes to diversity, both in relation to employees and service users. We wish to ensure that equality, diversity and inclusion are embedded across our organisation and that our employment practices are fair, flexible and enabling so that each employee can reach their full potential.

Some key highlights during the 2023/24 year include:-

- A comprehensive programme of training was provided both by the Trust Equality, Diversity and Inclusion Team (EDI) and also in partnership with a range of organisations such as Rainbow, British Deaf Association and Employers for Disability NI.
- Equality, Good Relations and Human Rights e-learning programme for all employees is available on the regional HSC learning platform.

Diversity & Inclusion Calendar

We developed our first Diversity & Inclusion Calendar making a commitment to celebrate a number of diversity days throughout the year. For the 2023/24 year this included awareness raising and sharing of information on celebratory events such as:

- **Equality, Diversity and Human Rights Week, 8th-13th May 2023**
- **Good Relations Week,** September. The Southern Trust is committed to the promotion of good relations amongst people of different religious belief, race or political opinion, during good relations week the EDI Team took the opportunity to promote our good relations statement and highlight our commitment that our staff and service users should be treated with respect and dignity in line with the HSC Values.
- **Global Diversity Awareness Month,** October is a reminder of the positive impact a diverse culture of people can have on society. It aims to raise awareness of diversity and inclusion and celebrate all the ways our different ethnicities, cultures, heritages, experiences and abilities contribute to a more dynamic and inclusive workplace. During this time, the EDI Team helped raise awareness of the diversity of our workforce - **Southern Trust - One Team, Many Nationalities.** We hosted two drop-in engagement sessions for our ethnic minorities Staff Network 'REaCH' and produced a Global Diversity Awareness Month video which was shared across numerous forms of communications.

Employee Networks

The HSC LGBTQ+ Staff Forum has been re-energised and walked in the Pride Parade on Saturday 29 July. The HSC LGBTQ+ Staff Forum exists to support LGBTQ+ employees within the HSC and create a more LGBTQ+ inclusive work environment.

REaCH Staff Network is a place of support for all current and new employees from different race and ethnic minority backgrounds and allies. The network continues to grow and we have seen a 124% increase from 2022. There is regular meetings and organised events throughout the year such as Hiking, Zumba, Badminton and continued communication via the What's App group, regular emails, meetings and drop in events. The EDI Team hosted two social events – our first ever SHSCT Culture Night 2023 and a walk in Tollymore Forest Park.

Culture Night

In April 23, staff joined together for our first ever Culture Night.
It was an evening in celebration of our International Staff and the cultural diversity within the Trust. We enjoyed some traditional foods, dress, dance and music – a great night was had by all!

To help raise awareness of **International Day of Persons with Disabilities (**3 December) the EDI Team organised a number of events for staff including:

- Disability Positive Practice: Reasonable adjustments Awareness session
- Disability Awareness Training for Managers: Equality, Diversity & Inclusion
- Drop-In-Clinic for Managers on Supporting Reasonable Adjustments in the workplace

International Men's Day

As part of **International Men's Day** on 17 November, the EDI Team facilitated a Movember Men's Health session; delivered by Business in the Community. It included Walk & Talk Health Checks with the Trust Occupational Health team in Armagh and we welcomed the Cancer Focus Keeping Well Service, who facilitated health checks aimed at increasing awareness of how to reduce the risk of cancer and promote healthier living and lifestyles.

International Women's Day

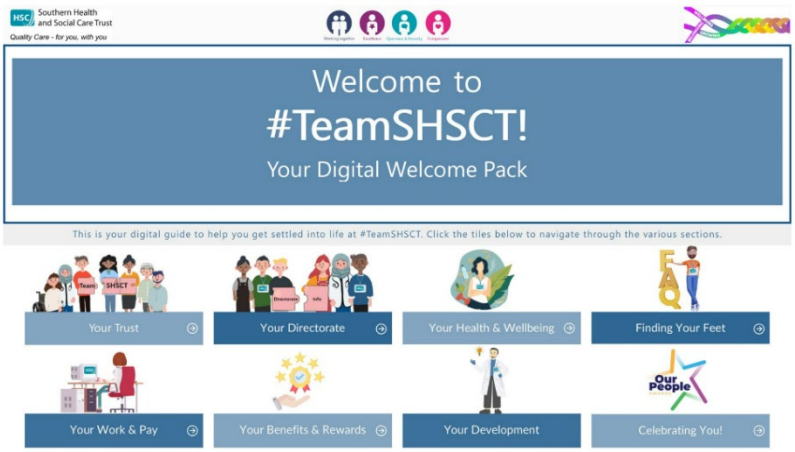
International Women's Day (IWD) took place on 8 March 2024. With 85% of our workforce female, raising awareness of IWD helps to demonstrate our commitment to creating a diverse and inclusive workplace for everyone. The theme for 2023/24 was #inspireInclusion.

Some of our staff participated by striking the #InspireInclusion pose to show solidarity. We also used this opportunity to highlight the range of resources available on Women's Health on UMatter, Menopause Awareness Information and information on the lighter weight uniforms and how to order.

2.2 Induction

Being warmly welcomed into an organisation is a critical driver of belonging and the sense of connection, purpose and community we want every employee to experience at work.

As of 31st March 2024, Corporate Welcome compliance sits at **71%**. During 2023/24, 71% of our new staff attended our corporate welcome. This is an increase of **32%** from the previous year's figures.



The Trust's Corporate Welcome continues to be delivered via an interactive, informative online publication. Feedback continues to be positive with employees remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design. New starts must also receive a departmental induction from their line manager as soon as possible after commencing employment. **Next Steps** - There are plans to deliver a corporate welcome face to face in 2024/25.

2.3 Corporate Mandatory Training

What is Corporate Mandatory Training?

Corporate Mandatory Training is compulsory for all staff to ensure compliance with policies and procedures and to equip them with the necessary knowledge and skills for their roles.

We emphasise the importance of this training in maintaining the safety of both staff and service users. Compliance reports are provided to each Directorate, enabling managers and employees to monitor and ensure training is up to date.

Corporate Mandatory Training Element	% Compliance (31st March 2023)	% Compliance (31st March 2024)	Variance (%)
Information Governance Awareness	83	87	+4
Cyber Security	76	87	+11
Fire Safety	66	70	+4
Safeguarding	77	52	+25
Moving & Handling	62	73	+11
Infection Prevention & Control	73	78	+5
Equality, Good Relations & Human Rights: Making a Difference	65	83	+18

Corporate Mandatory Training compliance will continue to be a focus in 2024/25.

2.4 Leadership Programmes

Nursing & Midwifery Leadership and Development Programmes

As part of our continued focus on developing our Nursing and Midwifery staff, the Corporate Nursing and Midwifery Team, Workforce Division have facilitated two Nursing & Midwifery Leadership and Development Programmes for Senior Nurses.

Over 46 staff from across our clinical teams participated in the programmes. Additionally, there was a small number of Allied Health Professionals attended which provided opportunities for collaborative learning.

What did our staff tell us about the programme?

- ✓ 88% strongly agreed that the programme was well organised.
- ✓ 88% strongly agreed that the facilitators were knowledgeable and engaging.
- ✓ 88% strongly agreed that this programme was relevant to their role.
- ✓ Peer support and health and wellbeing for staff and their teams was a strong theme.

Our nurses and midwives who attended the Leadership and Development Programme

Theatre Induction and Development Programme

The International Nursing Team worked collaboratively with the ATICS team to create an induction and development programme for a cohort of internationally educated nurses. This programme facilitated the nurses to successful transition into the theatre environment.

Some of our Internationally Educated Nurses who undertook the Theatre Induction and Development programme

Some of the 3 North Medicine staff who participated in the Team Development Programme

2.5 Supervision, Coaching and Mentoring

Preceptorship Programme – Preceptorship Reflective Supervision

With the launch of the new NI Preceptorship Framework (Department of Health, 2022) We updated Our Preceptorship Procedure. In accordance with the new framework a Preceptorship reflective supervision session is completed with all new registrants at week 12 of the 6-month programme.

This new programme commenced in April 2023 and 360 newly qualified nurses and midwives have availed of this supervision session.

2.6 Staff Achievements

Royal College of Nursing Awards Ceremony June 23

Southern Trust Nurses were hugely successful at the annual Royal College of Nursing Awards in Belfast. These awards provide the opportunity to highlight excellence within nursing in Northern Ireland and the contribution that nursing staff make to the health and well-being of the people of Northern Ireland.

Dawn Ferguson and Heather Trouton Executive Director Nursing Midwifery AHPS & FSS

Dawn Ferguson, Assistant Director in Nursing and Midwifery Workforce Development and Training, won the Brownlee-Silverdale Leadership Award and the Professional Excellence Award for promoting high standards of professional development for Nursing and Midwifery.

Nathan Weir a staff nurse in the Bronte Ward in the Bluestone Unit won the Chief Nursing Officer Rising Star Award.

Julie Dudgeon, a Nursing Assistant in Emergency Department, CAH won the Health Care Support Worker Award.

Una Hughes, Children's Training Co-ordinator was runner-up in the Learning in Practice Award.

Laura Spiers, Clinical and Social Care Governance Coordinator was runner-up in the Directors of Nursing Award.

Bronagh Mulholland, Specialist Community Health Nurse for Ethnic Minorities was awarded runner-up in the Public Health Award, sponsored by the Public Health Agency.

Recognition at the Northern Ireland Practice and Education Council (NIPEC) Annual Conference 4th October 23.

Bronagh Mullholland

Florence Nightingale Foundation Academy

Wendy Chigariro (pictured below) and Lilian Kufakunes, staff nurses from 4 North were successful in securing a place on an online leadership programme supported by the Florence Nightingale Foundation Academy.

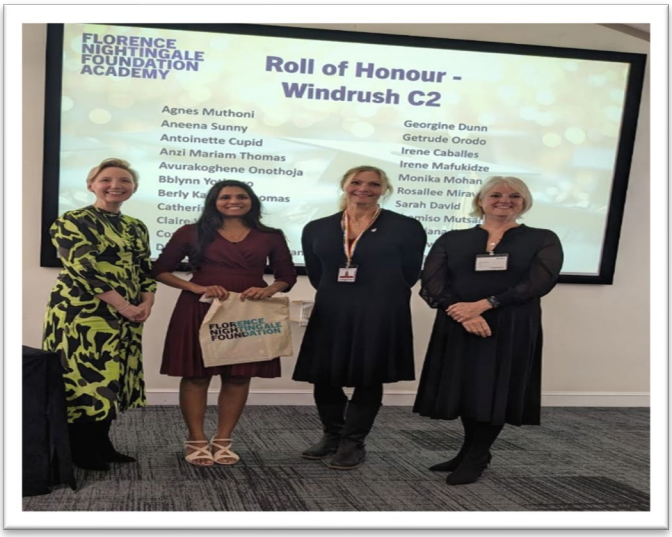
Wendy Chigariro

2.7 Staff Training and Development

Windrush Leadership Project

Monika Mohan completed the Windrush Leadership Project. This programme was fully funded by Health Education England. It offered **44 nurses and midwives** from a Black, Asian and Minority Ethnic background bespoke leadership development and be recognised as a Florence Nightingale Foundation Nurse or Midwife.

Monika created and led on a project on the use of Critical Events Debriefing (CRED) which aims to implement and standardise structured psychological briefing sessions across the Emergency Department and 1 West following a traumatic event. Establishing a psychologically safe environment that acknowledges and addresses the impacts of critical events will promote resilience among staff members and ultimately lead to improved patient care. It is reported to enhance a practitioner's abilities to cope with trauma, provide a safe space for sharing experiences, correct misconceptions, and prevent further untoward incidents.



Monika Mohan (2nd on left) attending the event where she presented her project with members of the Florence Nightingale Foundation

Martha McMenamin Scholarship

The Corporate Nursing and Midwifery Workforce Team has been successfully awarded the Martha McMenamin Scholarship to the value of £3000 for a proposal to enhance education and governance processes regarding roster optimisation. Work is underway presently.
Receipt of the Martha McMenamin Scholarship will be key to underpinning improvement work within the corporate nursing team which will include:

- a small-scale audit to establish the current knowledge and skills of rostering and workforce planning within operational teams.
- Creation of a workforce planning and roster training programme including an interactive e-learning educational package to increase knowledge and skills.
- Evaluation and embedding of Nursing and Midwifery Workforce Clinics.

Nursing Times Award – Finalist Best Student Placement

South Tyrone Day Procedure Unit (DPU) as finalists, attended the national Nursing Times 'Best student placement award'. To reach this final was a huge accolade for Ward Sister Maura McCarthy and her staff and we were absolutely thrilled for them.

DPU staff and students from QUB

Conor Hamilton, QUB Link Lecturer, Leila O'Neill QUB student, Maura McCarthy Ward Sister and Sharon Conlan Practice Education Facilitator

Southern Health and Social Care Trust and Open University Pre-registration BSc (Hons) Nursing Programme

A celebration was held to mark the SHSCT Open University nursing class of 2018 completing their pre-registered nursing programme the Corporate Nursing and Midwifery Team, Workforce Division held a celebration event for the 28 graduates in the Seagoe Hotel in May 2023.

Some of our successful staff who attended the awards with Mrs Heather Trouton Executive Director of Nursing
Midwifery and Allied Health Professionals and members of the Corporate Nursing Team

Onam Celebrations

The Trust recently attended the Newry Malayalee Association inaugural Onam celebrations.

Newry Malayalee Association Onam Celebrations

International Nursing Team Lead Patrick Johnston-Sheridan with some of our Internationally Educated Nurses who partook in the Onam celebrations.

Vocational Workforce Development

We continue to offer the full remit of qualifications to the workforce. Vocational Workforce Development is extremely important to us in 2023/24 we have had a newly introduced continuous External Quality Assurance visit. This consisted of an observational assessment of an assessors practice. This was a positive experience for employees and resulted in positive feedback from the awarding organisation.

During 2023/24 the following groups of employees have completed an RQF Qualification: -

Employee Groups / Level of Qualification	Number
Level 2 Award and Certificate in Healthcare & Social Care Support Skills Completed by Domiciliary Care Workers and Employees working in MHD Directorate	**105**
Level 3 Qualification / Diploma in Healthcare & Social Care Support Skills Completed by Employees working in Acute and Maternity Services, CYPS, OPPC & MHD Day Care, Supported Living Residential & community.	**132**
Level 3 or Level 4 Diploma in Healthcare & Social Care Support Skills completed by Allied Health Professional employees	**30**
Level 5 supervision Unit in Healthcare & Social Care Support Skills	**5**
Total	**272**

Placements

We successfully recommenced work experience/work placements within the Trust. In partnership with Work Inspiration, we offered and supported placements to post primary school/colleges students. We hope to continue and grow more opportunities, promoting the Trust as an employer of choice for students.

Supporting our people - Learning and Development Opportunities

We want to invest in our people, recognise and encourage leaders at all levels and provide opportunities to develop collective leadership capability. A number of learning and development opportunities are available to all our people.

The sessions focus on areas such as health and wellbeing, relationships and behaviours and uptake across the year was as follows:-

Course Title	Number of Courses	Number of Attendees
Being an Emotionally Intelligent Leader	11	77
Having Important Conversations	10	56
The Importance of Self-Care	6	18
Looking After Our People	4	25
Conflict Bullying & Harassment	9	243
Flexible Working	9	208
Every Conversation Matters	6	92
How We Treat People Matters	6	59
Mental Health Awareness for Managers	7	140
Appraisal Skills for Managers	28	606
Interview Skills Bands 1-7	3	23
Interview Skills Band 8a and above	5	59
Whistleblowing / Raising Concerns	14	263
Absence Management	15	546
Total	**133**	**2415**

2.8 Revalidation of Medical and Nursing Staff

Revalidation of Medical and Nursing Staff

Introduction

Medical Revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practice in the UK.

Medical Revalidation is designed to provide an assurance to patients and the public that doctors are keeping up to date and are fit to practise. All registrants wishing to practise medicine have been issued with a licence to practise from the GMC. Renewal of this licence will be subject to the process of revalidation whereby the Responsible Officer, will make a recommendation to the GMC that those doctors with whom they have a prescribed relationship are practising to the standards defined by the GMC in Good Medical Practice.

The Revalidation process supports doctors in regularly reflecting on how they can develop or improve their practice by giving patients confidence that doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance.

During the 2023/24 year, as outlined in the table, 89.6% of Doctors within the Trust fully met revalidation requirements.

Expected Revalidations	**155**	
Actual Revalidations	**139**	**89.6%**
Deferrals of Revalidation decision	**16**	**10.3%**

Revalidation of Nursing and Midwifery Staff 2023/24

Nursing Revalidation is the method by which Nurses and Midwives renew their Nursing and Midwifery Council (NMC) registration. The purpose of revalidation is to improve public protection by making sure Nurses and Midwives remain fit to practice throughout their Nursing and Midwifery career.
Nurses/Midwives prepare to revalidate by gathering evidence to ensure they meet all NMC Revalidation Requirements over a three-year period.

Revalidation demonstrates continued ability to practice safely and effectively. It is a continuous process that all Nurses and Midwives engage with throughout their career. It is viewed as a positive experience as Nurses and Midwives interact with colleagues. facilitating a heightened awareness of individual personal and professional development.

During the 23/24year, as outlined in the table, 95% of NMC registrants within the Trust fully met revalidation requirements.

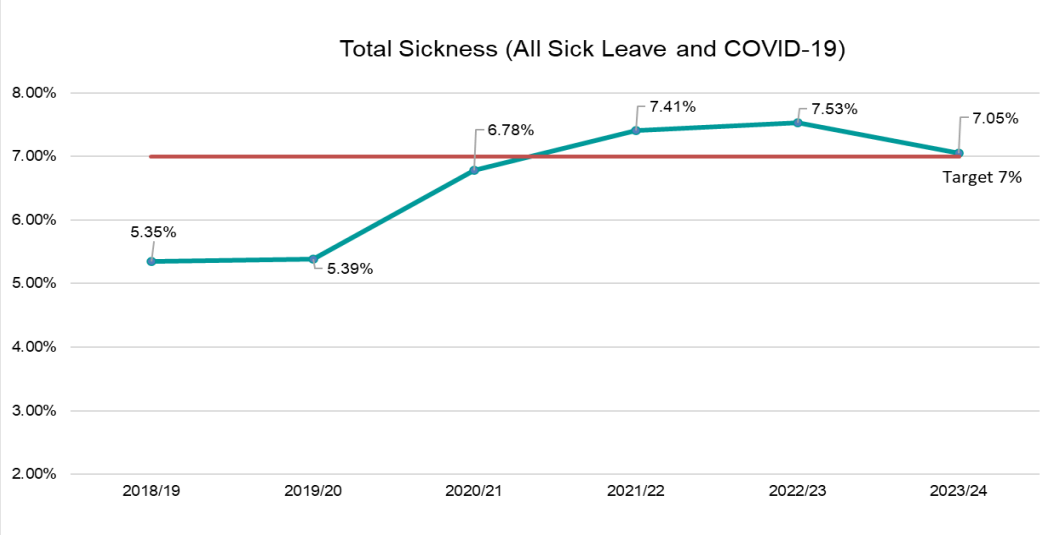
Expected Nursing and 1,191 Midwifery Revalidations		
Actual Revalidations	**1,130**	**95%**
Deferrals of Revalidation decision	**61**	**5%**

Detail in relation to the 61 (5%) who did not revalidate are as outlined below (those granted extensions successfully revalidated at a later stage in the year)

2.9 Staff Absenteeism

The Cumulative sickness absence percentage for 2023/24 was 7.06%, this is an improved position form 2022/23 at 7.53%.

- Figures exclude Bank Staff and Domiciliary Care Workers
- 'Total Sickness Absence includes staff absent due to Sick Leave and Industrial Injury



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Total Sickness (All Sick Leave and COVID-19)	5.35%	5.39%	6.78%	7.41%	7.53%	7.05%
Sick Leave (excluding COVID-19)	5.35%	5.33%	5.79%	5.94%	6.35%	6.49%
Absent due to COVID-19	N/A	0.05%	1.00%	1.47%	1.18%	0.56%

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Theme 3

Measuring the Improvement

3.1 Reducing Healthcare Associated Infection

Measuring for Improvement

Prevention of Healthcare Associated Infections (HCAI) remains a high priority for the Trust. Review of infection rates and Infection Prevention and Control (IPC) measures remains on the agenda of numerous Trust forums.

Mandatory surveillance processes remain in place to monitor trends and to drive improvement. The Public Health Agency (PHA) set Trust targets (limits) for *MRSA* bacteraemia and *Clostridioides difficile.*

Reducing Healthcare Associated Infection:

Methicillin-resistant, Staphylococcus aureus (MRSA)

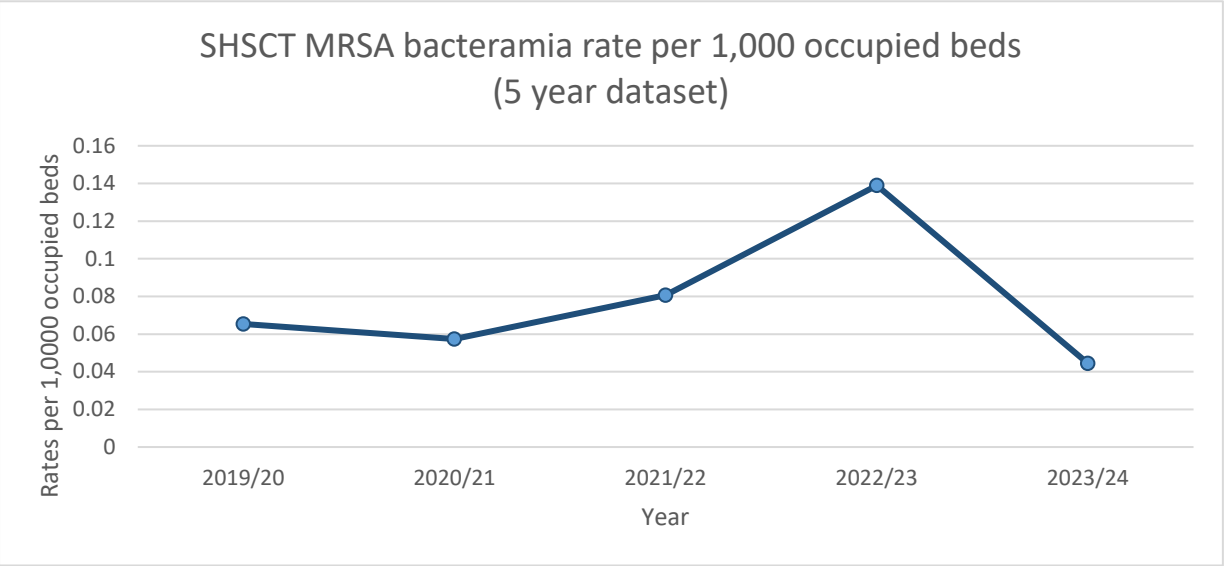
Staphylococcus aureus is a bacterium that commonly colonises (is 'carried' on) human skin and mucosa (e.g. inside the nose) without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin, a medical procedure or indwelling medical device. MRSA is a type of Staphylococcus aureus which is resistant to the antimicrobial Methicillin and other related antibiotics.

Device related infections have been identified as a contributing factor for bacteraemia. The implementation and maintenance of evidence-based bundles of care for devices such as Central Venous Catheters (CVC), peripheral venous catheters (PVC) and urinary catheters can help reduce bacteraemia. Care bundle compliance is reviewed in Augmented Care Areas at quarterly Augmented Care Sisters Forum.

To prevent risk of infection, staff who undertake invasive procedures are expected to complete Aseptic Non-Touch Technique (ANTT) training and assessment. ANTT assessor training is ongoing, with an additional 56 clinical staff completing this in 2023/24.

Post Infection Reviews are carried out for MRSA bacteraemia's considered healthcare associated to identify learning. This learning is shared with clinical staff through various forums, including HCAI Clinical Forum.

The target set for SHSCT for MRSA bacteraemia in 2023/24 was 7 cases. The Trust achieved this, ending the year with a Total of 3 bacteraemia (1 sampled <48 hours from admission, 2 sampled >48 hours from admission).



Facts and Figures

In comparison with the previous year, a reduction in MRSA bacteraemia has been achieved from 9 in 2022/23 to 3 in 2023/24 a 66.66% decrease.

Reducing Healthcare Associated Infection: Clostridioides *difficile (C.difficile)*

C. difficile is present in the gut of 5% of the general population, 20% hospitalised patients and up to 70% of infants. Patients will get *C. difficile* Infection (CDI) either from interruption of their bowel flora promoting the *C. difficile* already within their gut or by acquiring it from their environment.

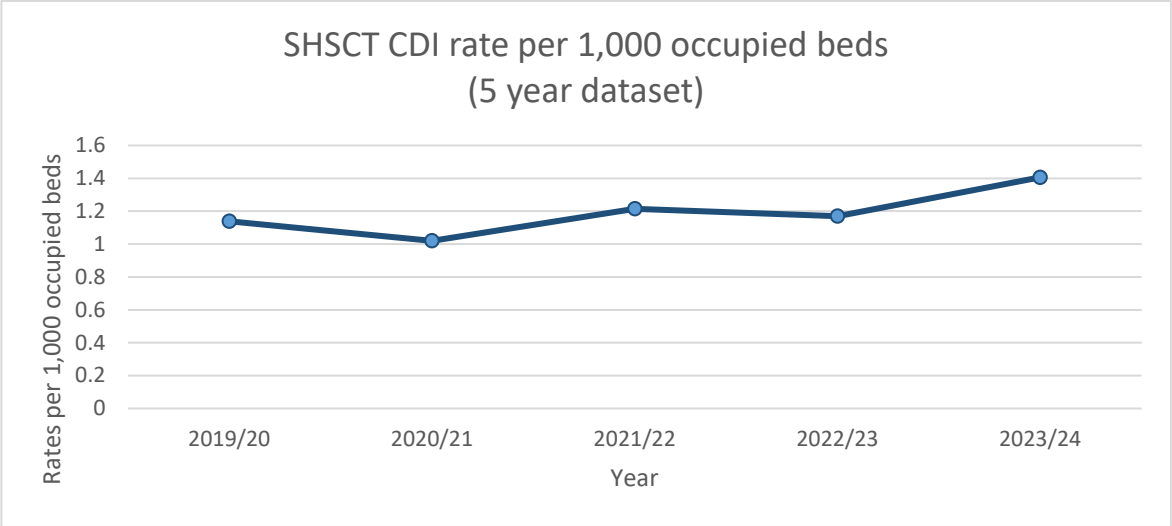
CDI has a negative impact on the individual patients' care experience ranging from unpleasant disabling diarrhoea to death. On a population level it has a negative economic impact with huge added financial costs and increased lengths of stay.

Prevention and management of *C. difficile* is multifactorial and requires a collaborative approach with the multi-disciplinary team.

Due to an increased number of *C. difficile* cases additional typing methods (Whole Genome Sequencing) were used for a period to determine whether transmission was occurring. Information gleaned from this exercise was largely reassuring with only a small number of cases typing the same. This allowed targeted actions to be promptly implemented therefore reducing the risk of further transmission.

Post Infection Reviews are carried out for *C. difficile* related deaths or result in colectomy to identify learning. This learning is shared with clinical staff through various forums, including HCAI Clinical Forum.

Clostridioides *difficile (C.difficile)* Decrease:



Facts and Figures

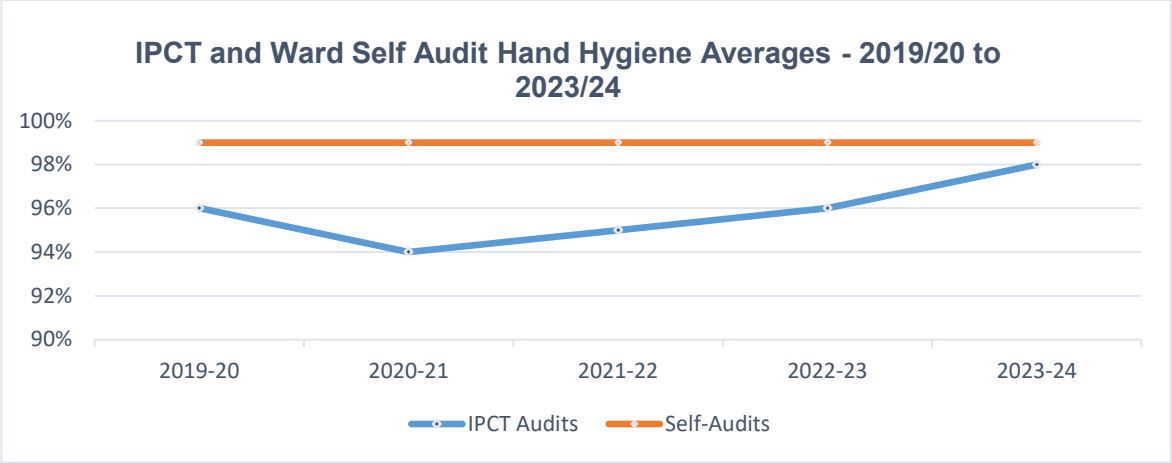
The target set for SHSCT for *C. difficile* in 2023/24 was **71** cases, however the outturn was **112** which represents an increase from previous years. **79** cases were deemed healthcare associated, i.e., sampled >= 48 hours from admission.

Hand Hygiene

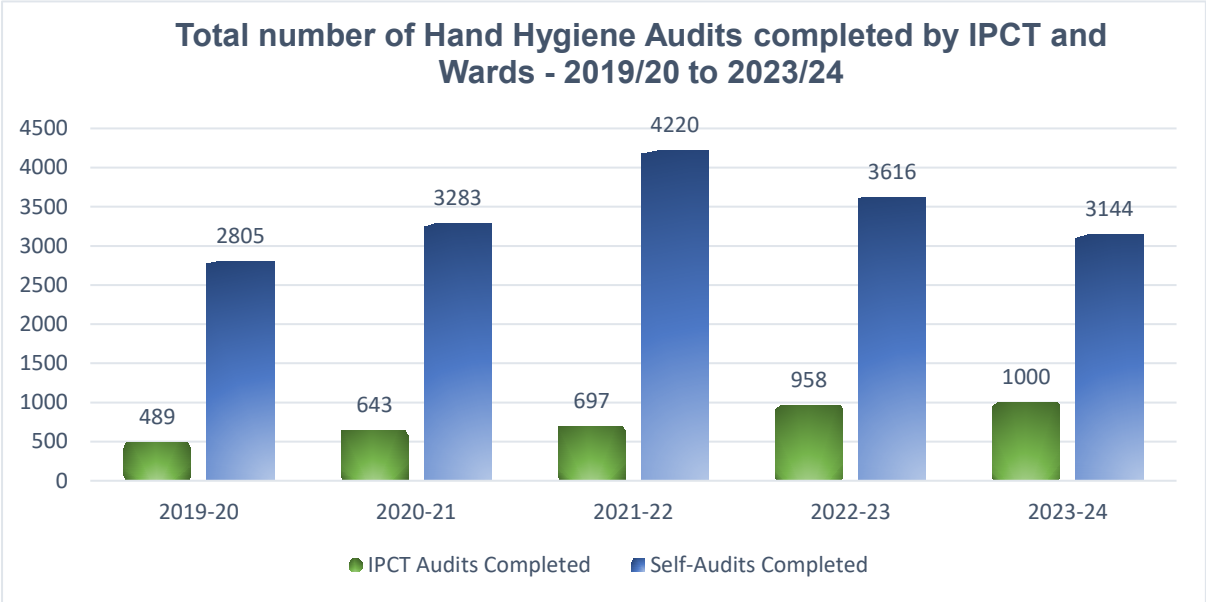
While prevention of HCAI is multifaceted, hand hygiene remains a fundamental element. To maintain safety, it is critical that staff, service users and visitors adhere to hand hygiene guidance.

The IPC Team continually work with and support ward managers to strive for consistent hand hygiene improvement, through a process of audit, monitoring performance and education.

Generally, clinical areas are audited, a) weekly (via self-audits), b) periodically by the IPC Team by way of independent audit.



NB results relate to adherence with WHO 5 key moments of hand hygiene only



Other Key IPC Issues

COVID-19. Throughout 2023/24 levels of COVID-19 continued to fluctuate, requiring ongoing monitoring of case numbers and response to outbreaks across acute and community settings.

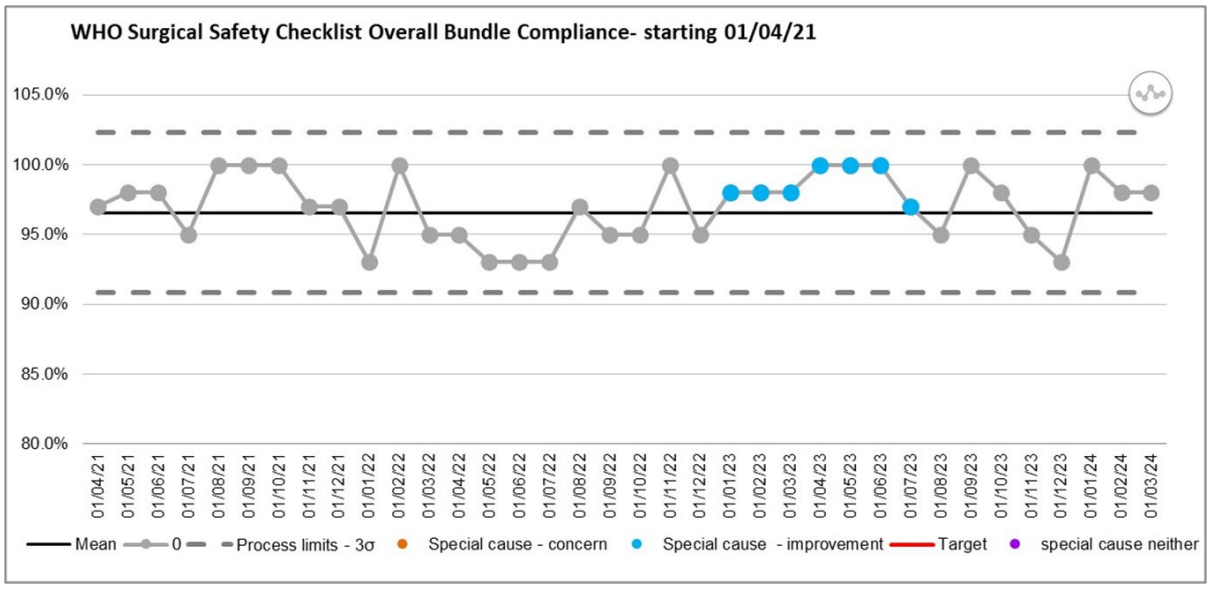
Measles Trust Preparedness. In January 2024 PHA reported a sharp increase in the numbers of confirmed measles being reported in England. With the decline in measles, mumps, rubella (MMR) vaccination uptake there was concern that imported cases could lead to outbreaks. In response, a regional and Trust group were established to ensure preparedness.

3.2 Safer Surgery / WHO Checklist

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

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

The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals. Changes and enhancements can be made if learning arises e.g. DATIX reporting.



Facts and Figures

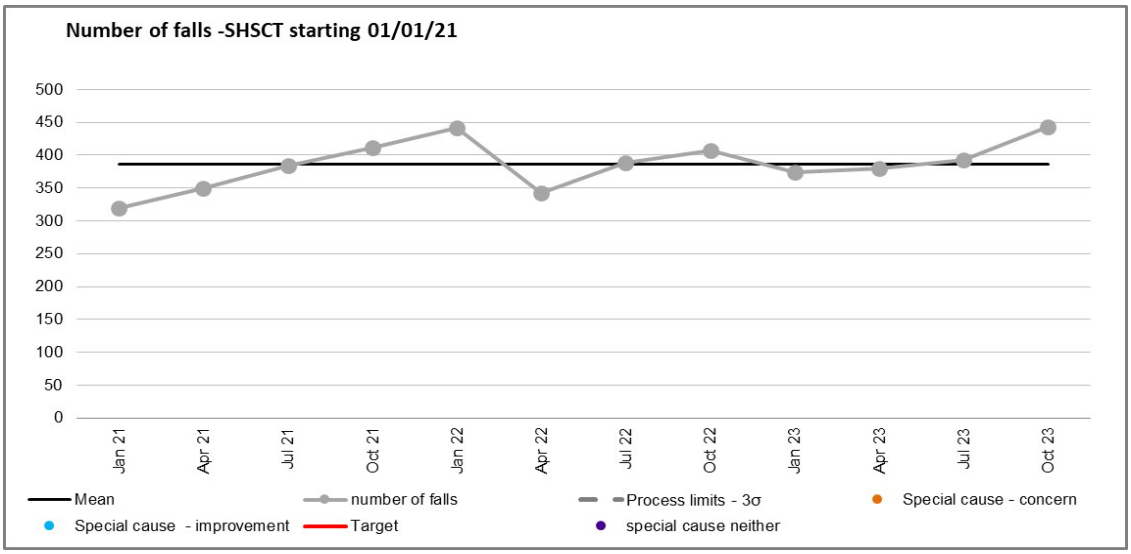
- 6 areas are included in the Audit i.e. Theatres 1-4, CAH & Theatres 5-8, CAH, Day Procedure Unit, CAH, Theatres, DHH, Day Procedure Unit DHH & Day Procedure Unit, STH, with each area auditing 10 charts per month
- Regional Goal is **95%**
- Cumulative Rate 23/24 was **97.9%** (704/719), compared to **96.0%** (691/720) in 22/23

3.3 Falls

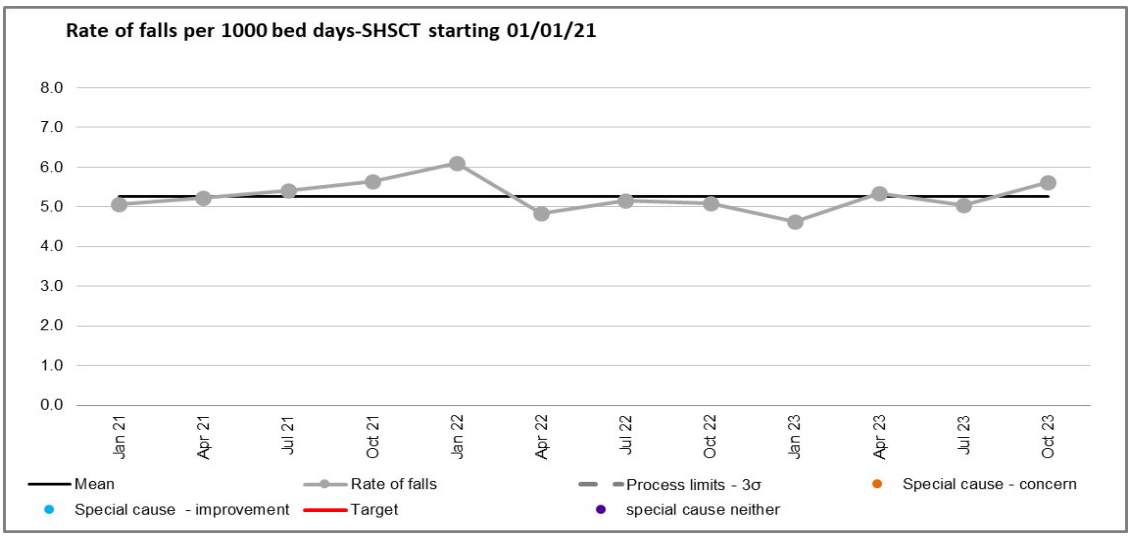
Patient falls are the most common safety incident in the SHSCT. Preventing and managing falls is crucial in all in-patient settings to minimise risks and ensure patient safety. Falls in hospitals can be life-changing, leading to loss of confidence, pain, suffering, loss of independence, and sometimes death. Relatives and staff may also feel anxious and guilty. [Falls prevention | HSC Public Health Agency (hscni.net)]

Our trust aims to reduce the number and severity of falls in hospitals. We adopt a multidisciplinary approach to falls prevention and management. When an injurious fall occurs, an independent 'Post Falls Review' is conducted by the Inpatient Falls Coordinator. Findings are shared with relevant staff for reflection and improvement.

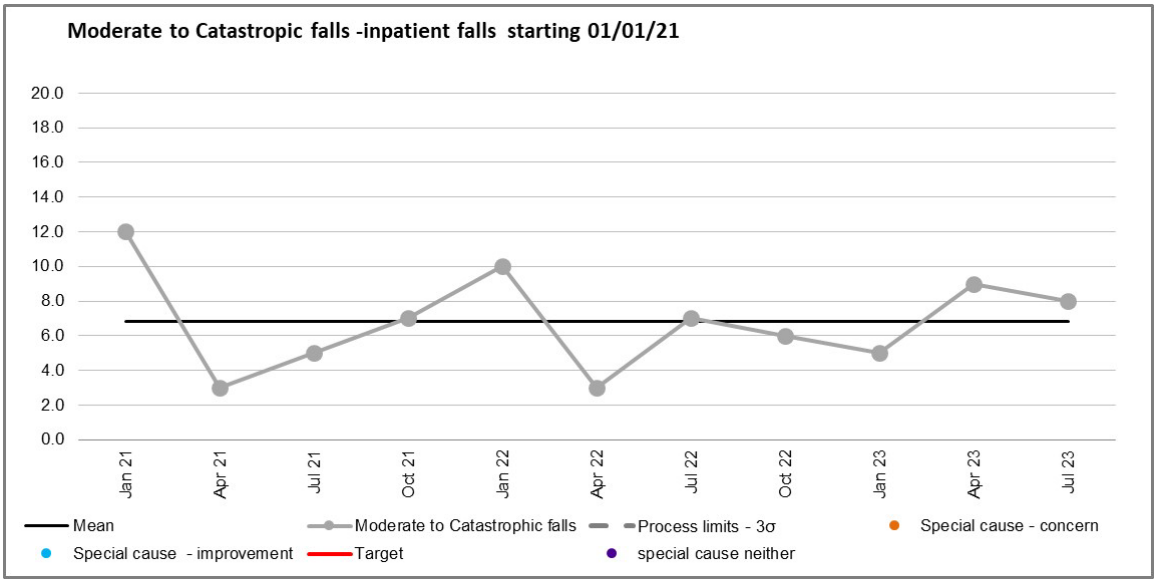
Number of falls



Rate of falls per 1000 bed days



Moderate to catastrophic falls



Facts and figures based upon yearly data

Comparison with previous yearly Falls data	22 / 23	23 / 24	↓ ↑ ↔
Number of Falls	1512	**1265**	↓
Rate of Falls (per 1000 Occupied Bed Days)	4.92	**5.36**	↑
Number of Falls coded as moderate or above	21	**38**	↑

Regional Falls work completed:

- **Development of a regional falls prevention leaflet for all patients**
- **Development and roll out of falls regional awareness eLearning for all staff**
- **Development of fall grading definitions**
  - The purpose of these definitions is to provide additional guidance for staff when using the HSC regional risk matrix to grade the severity of harm on Datixweb following a fall.

Work completed relating to In-patient falls:

- **New Inpatient Falls Co-Ordinator**
  - Employment of an Inpatient falls Co-Ordinator in November 2023. Like every other Trust, the SHSCT now has an In-Patient Falls Co-Ordinator who attends the PHA Regional in-patient Falls group.
- **Review of the SHSCT In-patient post fall pathway**
  - A review of the Trusts In-patient post falls pathway has been completed, and the revised pathway implemented into practice. The pathway has been streamlined reflecting the expertise of the Falls Co-Ordinator, their role in assisting with the completion of post falls investigations and signing off the associated Shared Learning Templates (SLT). Since the introduction of the new pathway, which requires the In-Patient Falls Co-Ordinator to issue final

approval of the SLT, 100% of the SLTs have been forwarded to the Public Health Agency (PHA) within the agreed timeframe of 10 days.

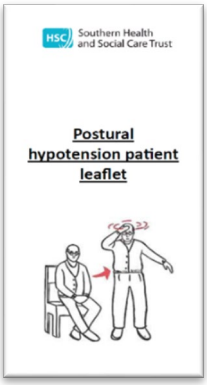
- **Theming of shared learning**
  - The In-Patient Falls Co-Ordinator now produces a quarterly report on the themes and learning from post fall investigations completed within the Trust. These reports will then be shared through Directorate Governance for reflection and identification of areas for improvement.

- **Review of SHSCT minimum set data**
  - The SHSCT minimum dataset is used to complete a post fall investigation on all falls that result in a moderate and above injury. This dataset has now been reviewed, with additional information incorporated to facilitate a more robust investigation and identification of learning.

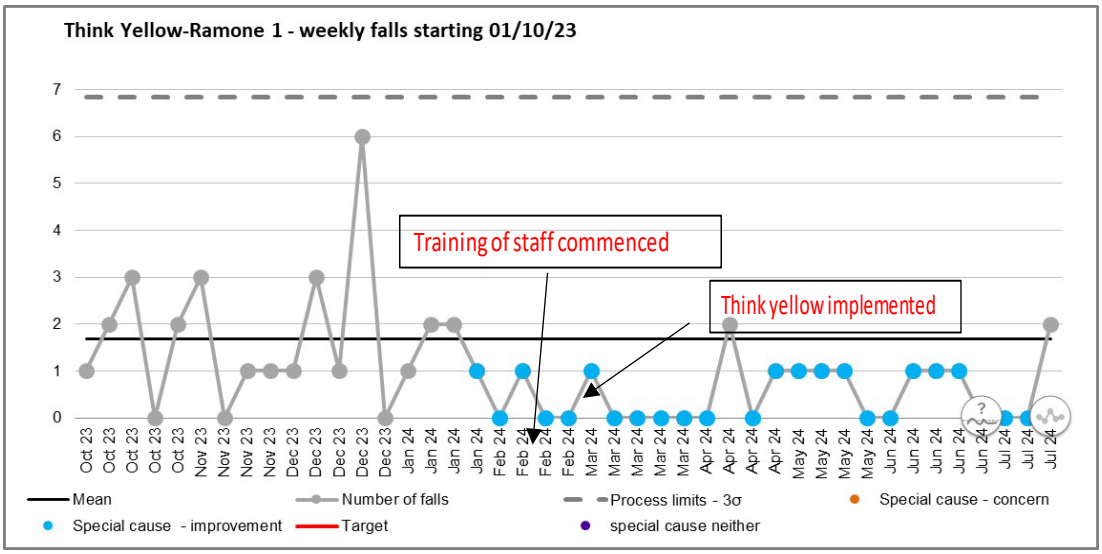
- **Lying and Standing Blood pressure pilot**
  - Completion of a three-month lying standing blood pressure pilot in Ward 3 North and 3 South. The aim was to increase compliance with completion of a lying and standing blood pressure, at least once during an inpatient stay, for those deemed at risk of falls. Both wards demonstrated improvement in FallSafe lying and standing blood pressure compliance:

Ward	Baseline compliance	Post project compliance
3 North	70%	100% ↑
3 South	60%	100% ↑

- **Postural hypotension leaflet**
  - In collaboration with medical staff, a patient postural hypotension leaflet was developed. The leaflet was also forwarded to the PPI team to distribute to Service Users for feedback regarding content. This leaflet provides patients with information on what postural hypotension is and how to deal with associated symptoms. The leaflet has been uploaded onto SharePoint as a resource for staff.



- **Footwear advice leaflet**
  - As inappropriate footwear is a contributing factor to patients' falls, the In-Patient Falls Co-Ordinator has worked collaboratively with podiatry staff to review the Trust Footwear advice leaflet, which has been uploaded onto the Trust SharePoint falls tile.
- **'Think yellow' Project**
  - The 'Think Yellow' project helps staff to identify patients at high risk of falls at a glance, by providing them with a yellow blanket and/or yellow non-slip socks (in absence of appropriate footwear). In relation to the number of falls reported on Datixweb since project commenced, there has been a reduction in falls reported:
  -



- **Spinal training**
  - Prior to the commencement of the In-patient Falls Co-Ordinator, work on the management of a fallen patient who had a suspected spinal injury had been progressed by the Acute Directorate. This incorporated the development of a Standing Operational Procedure and the sourcing of a programme of associated training for senior staff, who would then cascade to other staff (train the trainer)
  - The In-Patient Falls Co-Ordinator identified a gap in the cascading of training to other staff members, due to service demands. The In-Patient Falls Co-Ordinator consequently organising bespoke training sessions to ensure that all relevant staff have the appropriate training, skills and knowledge to manage the patient with a suspected spinal injury.

- **Bedrails training/falls training**
  - Bedrails - To date, in the SHSCT no bespoke bedrail training/awareness sessions have been offered to staff who prescribe and use bedrails in in-patient settings. The In-Patient Falls Co-Ordinator is currently working on a bedrail PowerPoint, which once completed, will be available for staff on LearnHSCNI.

  - Falls – A regional falls training programme is currently available on LearnHSCNI. However, in addition the In-Patient Falls Co-Ordinator has developed a bespoke falls training programme, covering more in-depth falls risk reduction and management measures. Its use is for areas who require additional support regarding falls prevention and management.

- **Review of FallSafe NQI**
  - The In-Patient Falls Co-Ordinator is reviewing current Nursing Quality Indicators safety and assurance data (NQI) to identify wards that require additional support to improve their compliance with FallSafe. Bespoke lunch and learn education and awareness sessions are being delivered.

3.4 Pressure Ulcers

Preventing pressure ulcers are an essential aspect of patient safety.

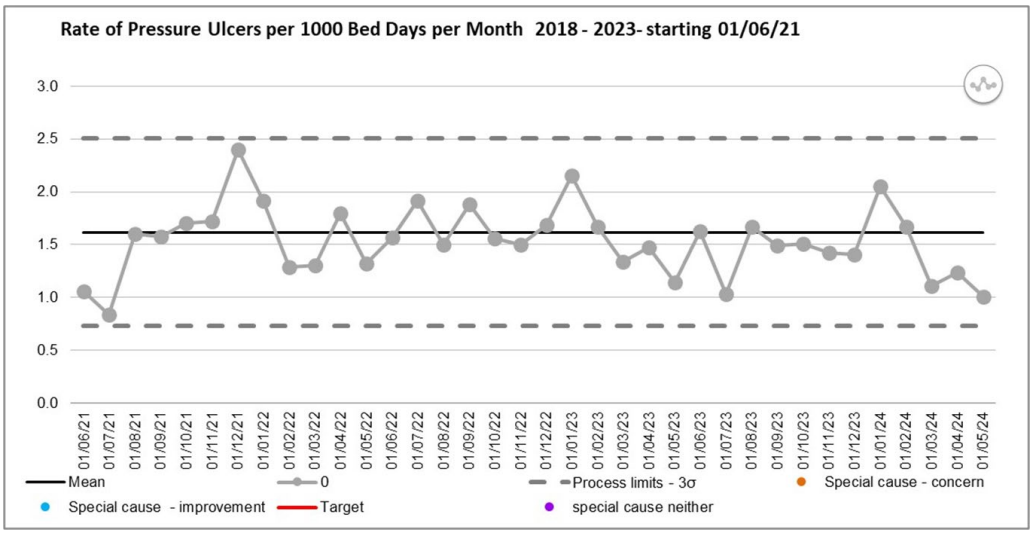
A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence because of pressure, or pressure in combination with sheer.

There is no rate reduction target for pressure ulcers.

This is a Public Health Agency requirement along with provision of baseline incident data for adult in-patient wards deemed avoidable stage 3, 4 and above.

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

The Trust participates in the yearly ***4 Nations Stop the Pressure*** campaign activities that includes education for staff and accessible resources on the Acute Tissue Viability Nurse SharePoint site.



Facts and Figures

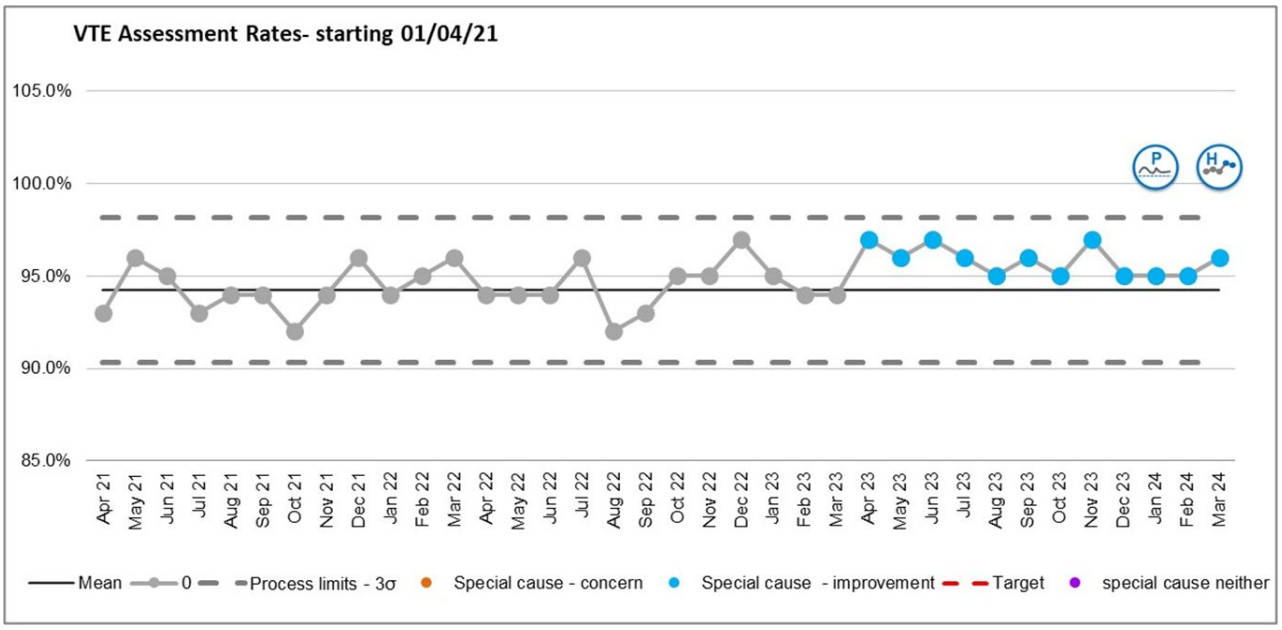
- Hospital acquired pressure ulcers & Rate 2023/24 was **1.47** per 1,000 Occupied Bed Days, compared to **1.66** per 1,000 Occupied Bed Days in 2022/23.
- Stage 3 & above Hospital Acquired Pressure Ulcers 2023/24 was **0.39** per 1,000 Occupied Bed Days, compared to **0.35** per 1,000 Occupied Bed Days in 2022/23.
- Avoidable Stage 3 & above Hospital Acquired Pressure Ulcers 2023/24 was **29** (0.10 per 1,000 Occupied Bed Days), compared to **0.11** per 1,000 Occupied Bed Days in 2022/23.

3.5 Venous Thromboembolism (VTE)

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

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

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



Facts and Figures

- Over **5,500** charts were audited during 2023/24 across the Trust. Compliance was **96.0%**, compared to **94.4%** in 2022/23
- The Trust performance exceeds the Regional Target of **95%**.
- This is the 1st year since auditing commenced that the Regional Target has been achieved.

3.6 Medicines Management

Medicines reconciliation

Medicines reconciliation is the process of identifying an accurate list of a patient's current medicines (including over the counter and complementary medicines) and carrying out a comparison of these with the current list in use, recognising any discrepancies, and documenting any changes. It also considers the current health of the patient and any active or long-standing issues. The result is a complete list of medicines that is then accurately communicated.

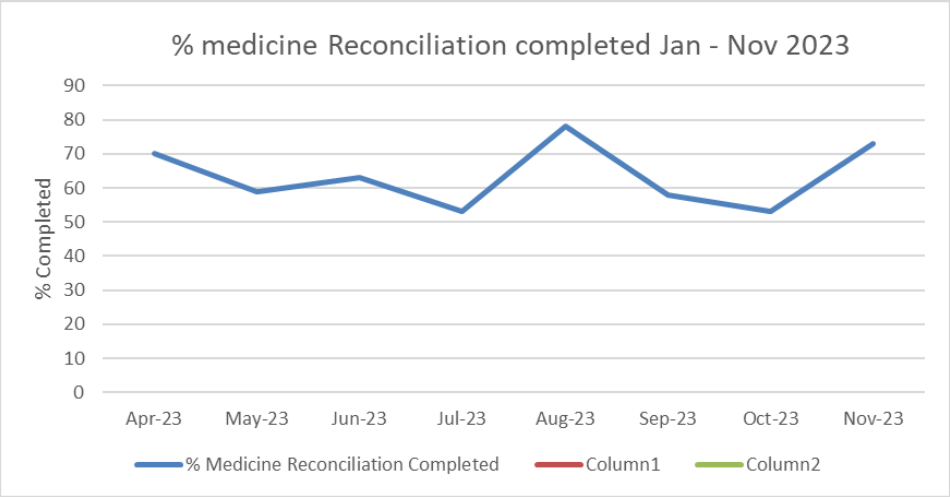
Pharmacists and their teams lead the medicines reconciliation service, ensuring that any discrepancies are resolved.

According to the Northern Ireland Clinical Pharmacy Standards (2013) and National Institute for Health and Care Excellence (NICE) guideline [NG5] 2015: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, medicines reconciliation should be carried out:

- within 24 hours of admission to hospital
- when patients are transferred between wards
- At discharge.

Medicines Reconciliation Data:

- Monthly medicine reconciliation figures were collated for all wards in the Southern Trust that have a clinical pharmacy service up until the COVID pandemic (end of 2019) when this data collection was paused.
- Medicines reconciliation data from 2019 demonstrated that approximately 30% of patients were completed within 24 hours.
- Ward activity data collection restarted in April 2023 but was suspended again in December 2023 due to staffing pressures.
- Snapshot from April 2023 until November 2023 (one day each month during pharmacy opening hours) Note: this reflects only the wards that are funded for pharmacy ward cover and not all wards responded. Achieved 64% compliance with 658 medicine reconciliations being undertaken.

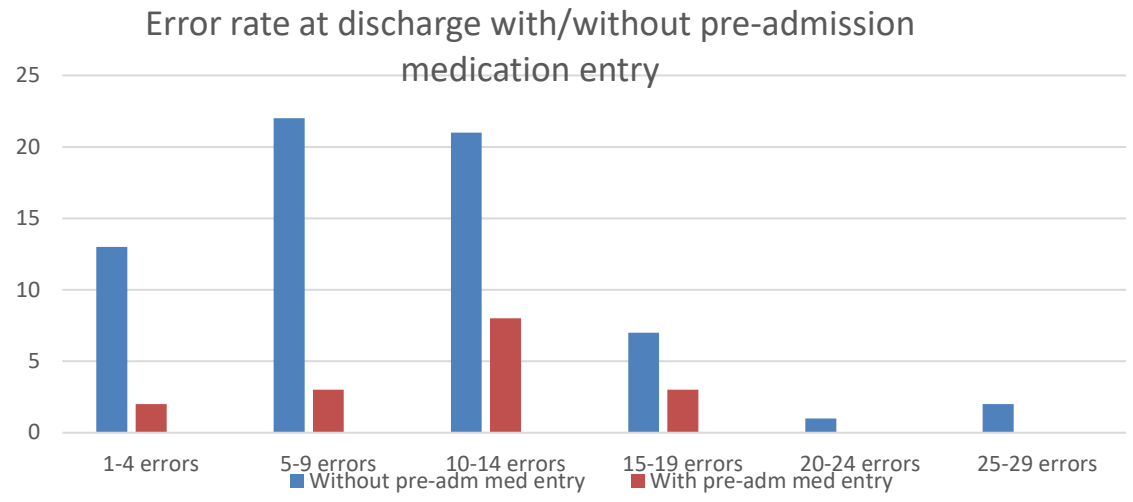


Admissions Team of Pharmacists

In November 2023, a team of pharmacists was established to work across the ED, Ambulatory, and AMU, focusing on medicines reconciliation for admitted patients and facilitating ward-based dispensing for discharges. This initiative has increased the completion of medicines reconciliation, reducing missed doses and medication errors in the ED, AMU, and general medical wards.

Pre-admission Medication/Discharge Prep

Since 2021, pharmacists have included pre-admission medications in the electronic discharge prescription to improve discharge letter accuracy and reduce errors. This process has cut the time to clinically check a discharge by an average of 7 minutes per prescription and reduced the error rate from 18% to 4.4%.



Moving Forward

- A review of the pharmacy team is planned in 2024/25- Enhancing the skills mix, to improve our ability to complete medicines reconciliation within 24 hours.
- The implementation of Encompass in May 2025 will facilitate enhanced reporting on Medicine reconciliation within 24hrs.

Insulin

Diabetes is a lifelong condition causing high blood sugar. Insulin is crucial for managing type 1 diabetes and can also treat type 2 diabetes. According to the Department of Health, nearly 115,000 people in Northern Ireland have diabetes, a number that rises annually, increasing insulin users. In the Southern Trust, insulin is linked to many medication errors, posing a high risk of serious harm.

Safe Use Of Insulin (SUOI) Group

The Safe Use of Insulin group meets quarterly to review insulin-related medication incidents, identify trends, and develop strategies.

Completed Projects:

- Updated blood glucose monitoring/insulin prescription chart with advice on mixed insulins.
- Review of regional diabetes guidelines and implementation of 'Guideline for the management of adults with diabetes who are undergoing surgery'
- Ongoing education and training for junior doctors and pharmacists on common insulin errors delivered by the diabetes specialist pharmacist.

Data:

The percentage of medication incidents (reported via Datix) relating to insulin in the three preceding quarters:

- Oct – Dec 2023: 13.8%
- Jan – Mar 2024: 10%
- Apr – Jun 2024: 13.3%

All of the incidents reported were assigned an actual harm rating of either 'insignificant' or 'minor' using the *HSC regional impact table.*

Facts and Figures

There has been a 4.9% decrease in the number of medication incident reports relating to insulin when compared to the 2022/2023 reporting period.

Nursing Quality Indicators (NQI's)

Following a successful trial of the introduction of the Insulin Nursing Quality Indicator, this has now been fully implemented across all Acute and Non-Acute wards in March 2023. The Trust will continue to collect data for these and to address any areas of concern as they arise.

Anticoagulation

Anticoagulation is an important means of reducing stroke or venous/arterial thromboembolism. Patients are treated with either warfarin or "Direct Oral Anticoagulants", DOACs. Apixaban is recommended as the first choice DOAC in NI.

Patients who are newly started on warfarin or where their dose is very variable, attend an anticoagulant clinic at the hospital. These clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals. In addition to the hospital-based clinics, there is also a virtual clinic, for patients who are housebound.

The recommended 'Time in therapeutic Range' for warfarin patients by the British Society of Haematology is >65%. Complex cases and patients with poor 'time in therapeutic range' are discussed weekly, and if suitable, they are switched onto DOAC therapy. There are currently four DOACs available, which do not require frequent monitoring.

Percentage Time in Therapeutic Range by Clinic (1/4/23 – 31/3/24)

Clinic	Time in Range	Time in Range previous audit (2022/2023)
CAH clinic	71.7%	69.5%
DHH clinic	69.3%	69.5%
STH clinic	69.1%	73.3%
Virtual District Nurse Clinic	70.1%	68.4%
DHH District Nurse Clinic	69.3%	69.9%
Self- monitoring patients	76.5%	70.8%

Incidents
There were **120** reported incidents on Datix involving anticoagulants compared with 68 incidents in 2022/23.

	Number of Datix Incidents
Warfarin	31
Enoxaparin	56
Apixaban	30
Dabigatran	0
Edoxaban	1
Rivaroxaban	2

Facts and Figures

- All clinics are above the recommended 'time in therapeutic range' of 65% and show similar or improved results on the previous year, with the exception of the STH clinic which showed a slight decrease.
  Patients who self-monitor their INRs have an excellent time in therapeutic range. This service is expanding to allow more patients ownership of their

Education and Training

The anticoagulant pharmacists will continue to provide education sessions to SHSCT pharmacists and FY1 doctors.

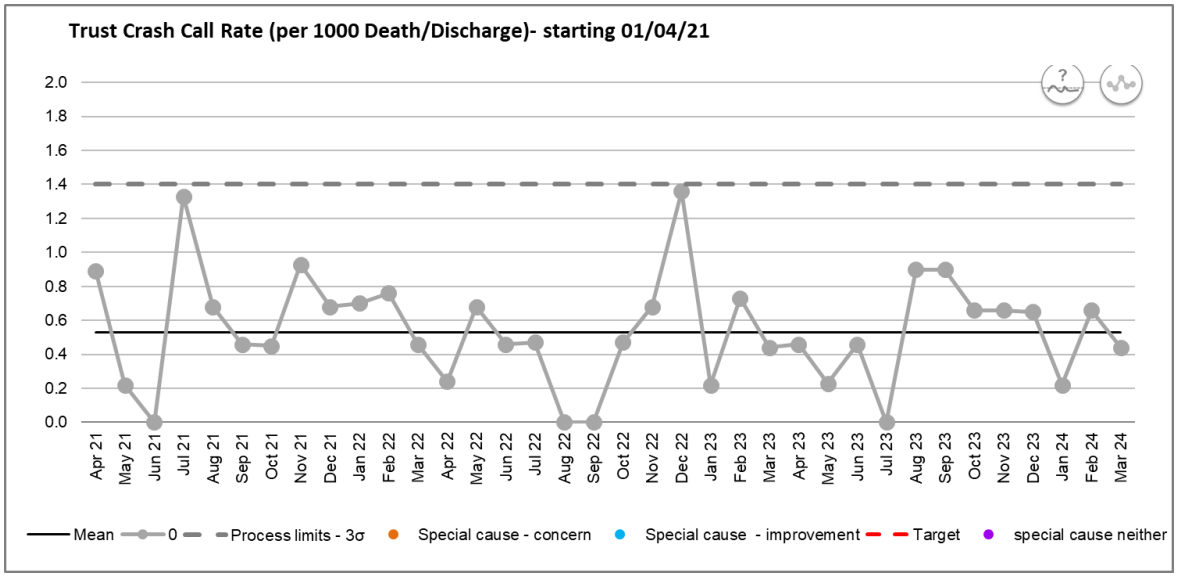
Guidelines

Anticoagulant guidelines will be reviewed and updated with senior medical staff as appropriate, ensuring they comply with current National Guidelines.

Recent findings on the use of DOACs to treat VTE have been used to update our local guidelines, which now recommend the use of DOACs in treating patients up to 150kg who have a VTE. Current patients on warfarin who fit the criteria will now be identified and switched as appropriate.

An application for an additional member of staff has been made, this will enable the anticoagulant pharmacy team to ensure regular review of all patients on anticoagulation and timely updates to guidelines and education.

3.7 Cardiac Arrest Rates



Trust cumulative Crash Call rate for 23/24 was **0.52** (**28** Crash Calls) per 1,000 deaths/discharges, compared to **0.48** (**25** Crash Calls) in 22/23
No significant change in Crash Call Rate in 23/24 compared to 22/23

Cardiac Crash Calls

18/19	19/20	20/21	21/22	22/23	23/24
38	39	30	33	25	28

Crash Calls Rate (per 1,000 deaths/discharge)

18/19	19/20	20/21	21/22	22/23	23/24
0.68	0.67	0.66	0.63	0.48	0.52

Southern Health and Social Care Trust

Quality Care - for you, with you

SQIE

Theme 4

Raising the Standards

4.1 Inquiries and Reviews

Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust.

In November 2020, the then Health Minister announced a Statutory Public Inquiry into Urology Services in the Southern Health and Social Care Trust. The Urology Services Inquiry (USI) was formally set up on 6 September 2021, with Christine Smith KC appointed as Chair.

In the period from September 2021 to June 12th, 2024 (the date of closing submissions for Core Participants), the Trust has engaged fully with the USI process. The Trust has:

- disclosed almost 415,000 pages of potentially relevant documents to the Inquiry.
- supported the provision of 158 Section 21 statements (legally required documents and evidence which are requested by the Inquiry Chair);
- directly assisted 85 witnesses, 45 of whom were called to give oral evidence across approximately 60 of the 92 days on which the Inquiry heard from witnesses.
- assisted staff who have been amongst the 200-plus nurses and registrars who received questionnaires from the Inquiry.

The USI is now in the final phase, with the preparation of the final report and publication at a date still to be confirmed.

Southern Trust Urology Lookback Review

In July 2021 the Trust commenced an extensive Lookback Review Exercise into the treatment and care provided to urology patients by the now retired Consultant Urologist, Mr Aidan O'Brien. The purpose of this Lookback Review (LBR) was to determine if the treatment received by individual patients was appropriate, and to an acceptable standard, or if patients required a change to their treatment plan.

The Urology Lookback Review was conducted in two phases.
Phase 1 - Cohort 1 completed in August 2023 and Cohort 2 completed in April 2024.
Phase 2 - Commenced in September 2023 and is now concluded.

A total of 2302 urology patients were reviewed across both cohorts as part of the Urology Lookback Review. Of these patients 549 were offered a recall appointment, with 353 of these patients requiring at least one change to their treatment plans.

Cervical Cytology Review

Each year in Northern Ireland, around 80 women are diagnosed with cervical cancer and tragically there are approximately 21 deaths. Data from the NI Cancer Registry show that there is no significant variation in incidence, stage at diagnosis, or deaths from cervical cancer between Health and Social Care Trust areas.

In October 2023, the Southern Health Trust launched a precautionary cervical screening review for 17,543 women. The review was carried out in partnership with the Public Health Agency (PHA) to check that the original result provided was correct.

Work has commenced on a comprehensive outcomes report to detail findings from the review. It is expected that the report will be completed in the Autumn of 2024.

Southern Trust External Reference Group

As part of the process of engagement and real-time learning from the Inquiry process, the Trust established an **External Reference Group ERG**). The core purpose of this group was to fulfil the role of an expert panel and "Critical Friend" providing independent challenge and support to the Chief Executive and Directors in their focus on improving organisational health and maximising safety, quality and experience for patients / service users and staff.

The intention was to take an "action learning" approach to its work, using independent members to question and challenge, thus promoting active reflection in order to draw out learning which would inform approaches going forward.

The External Reference Group's work completed in Spring 2024, with the preparation of a final report, identifying learning and future actions for the Trust to take forward.

UK Covid-19 Public Inquiry

The UK Covid-19 Inquiry has been set up to examine the UK's response to and impact of the Covid-19 pandemic. Launched in June 2022, the first public hearings took place in June 2023.
The inquiry will cover decision-making during the pandemic by the UK government, as well as the administrations in Scotland, Wales, and Northern Ireland. The Trust, like other Trusts across the UK, is a participant in this Inquiry and will look forward to the findings and recommendations to learn from this very significant event.
Further information can be found on the independent public inquiry website https://covid19.public-inquiry.uk/

Hyponatraemia Inquiry

The Inquiry into Hyponatraemia Related Deaths (IHRD) investigated the deaths of five children in Northern Ireland hospitals due to dilutional hyponatraemia, caused by insufficient sodium in fluids.

The report, published on 31/01/18, included 96 recommendations, resulting in 120 actions: 105 for the Trusts and 15 for the Department of Health.

An Oversight Group was established to monitor progress, standing down in September 2023. Recommendations are still centrally monitored, with progress reported quarterly to the Safety and Quality Steering Group and Governance Committee.

Recommendations for action:

SHSCT summary position (98 actions applicable to SHSCT):

Position	Position	Position	Position
96	**96**	**96**	**96**
48	**22**	**8**	**18**
50% *Green (complete)*	**23%** *Amber (in progress)*	**8%** *Red (not commenced)*	**19%** *Parked awaiting DoH guidance*

4.2 Standardised Mortality Ratio

Hospital Standardised Mortality Ratios (SMRs) are indicators of healthcare quality that measure whether the number of deaths at a hospital are higher or lower than expected based on the risk derived from case mix, given the type of patients admitted to the hospital.

A high SMR does not necessarily mean that there is a quality of care issue, or that unsafe services are being provided. It is not always possible to distinguish between deaths which could potentially have been preventable and those which were not. Therefore, a high SMR is regarded as a trigger for further investigation.

SMRs and mortality rates vary between Trusts and fluctuate over time. This is especially true if SMRs or mortality rates are monitored frequently over short periods of time. The degree of fluctuation will be higher with smaller numbers of deaths in shorter time periods, simply because the effect of change is greater when the numbers are smaller. Equally, a single figure cannot be looked at in isolation and must be examined in the context of a trend, and other sources of information on quality and safety. The two main mortality indicators are as follows:

- Crude mortality this is the proportion of patients treated in a hospital/site who died. It is calculated as $\frac{Total\ deaths\ x\ 100}{Total\ discharges+deaths}$

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

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

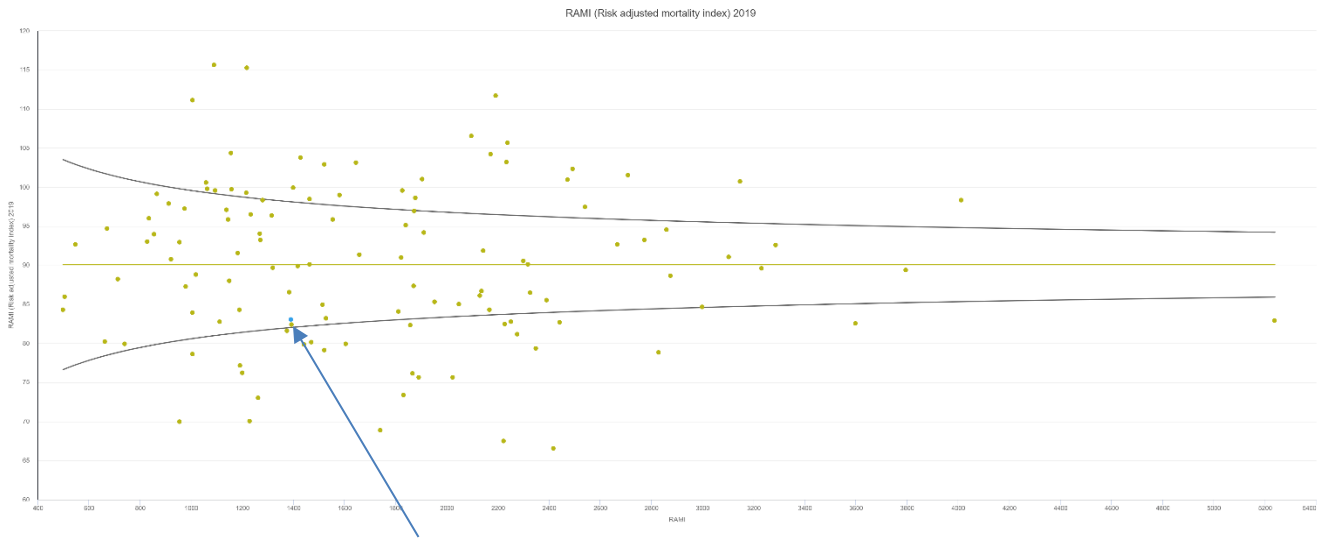
- Age - six groups;
- Admission type - elective or non-elective;
- Primary clinical classification - 260 CCS groups;
- Sex - defaults to female if not known;
- Length of stay - specific groups only; and
- Most significant secondary diagnosis - list covers 90% of all diagnoses mentioned in patients who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

The first five of these are defined as primary factors. Each is known with greater certainty and recorded with greater consistency than secondary diagnoses. For this reason, the methodology uses these factors first. Secondary diagnoses which most

significantly and consistently increase risk of death are then also used in the model. RAMI is rebased each year to address changes in data capture. The RAMI used in this report is RAMI 2019.

RAMI (Risk Adjusted Mortality Index) for UK Health Trusts

April 2023 – March 2024



Southern Trust

The above funnel plot for April 2023 - March 2024 analysis shows the Trust position relative to individual UK peer sites. HSCB guidelines indicate that a position above the upper confidence limit in a funnel plot would require further investigation; The Trust sits within the upper and lower confidence range as indicated by the blue dot.

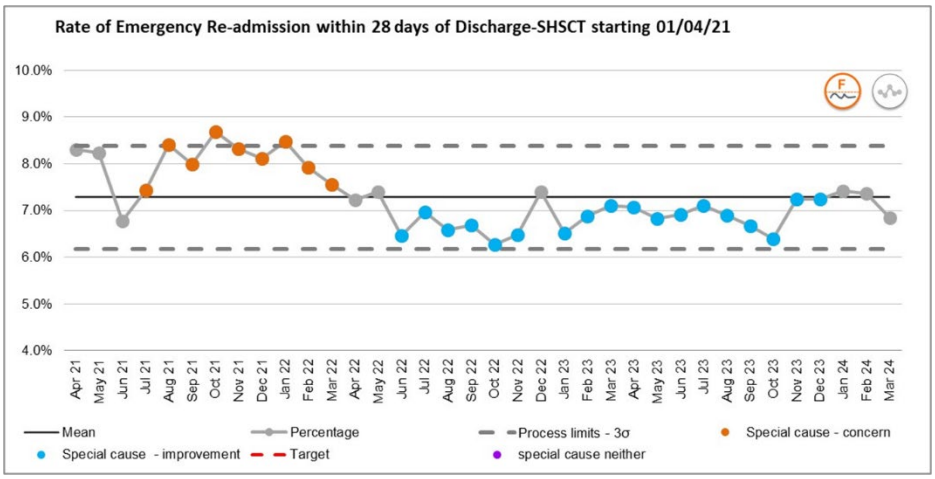
This means that the risk adjusted mortality rate is within the expected range.

4.3 Emergency Re-Admission Rate

Rate of Emergency Re-admission within 28 days of Discharge

The rate of re-admission into hospital within 28 days for patients that have been discharged from hospital is a measure of quality of care.

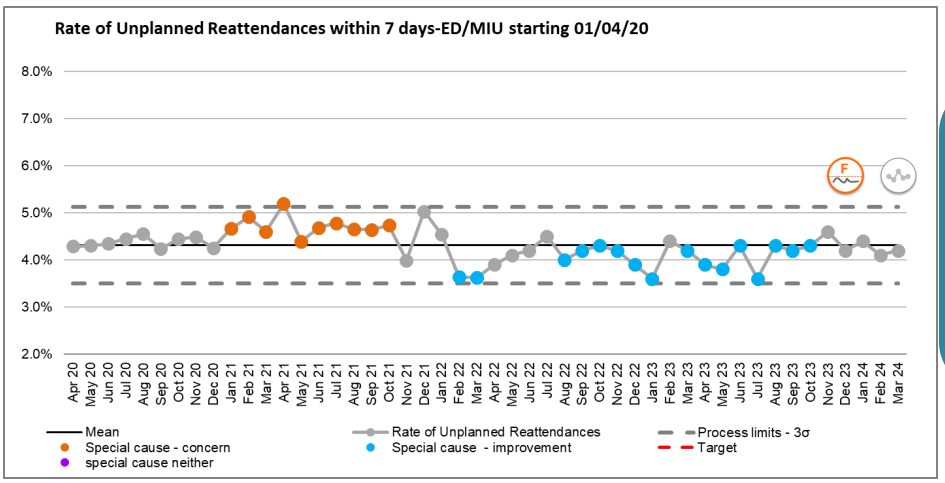
Re-admission can occur for a number of reasons. We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge.



The rate of Emergency Re-admissions within 28 days of discharge for 2023/24 was **7%** this represents a 2.9% increase from 2022/23 figure of **6.8%.**

Hospital Readmissions within 7 Days

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



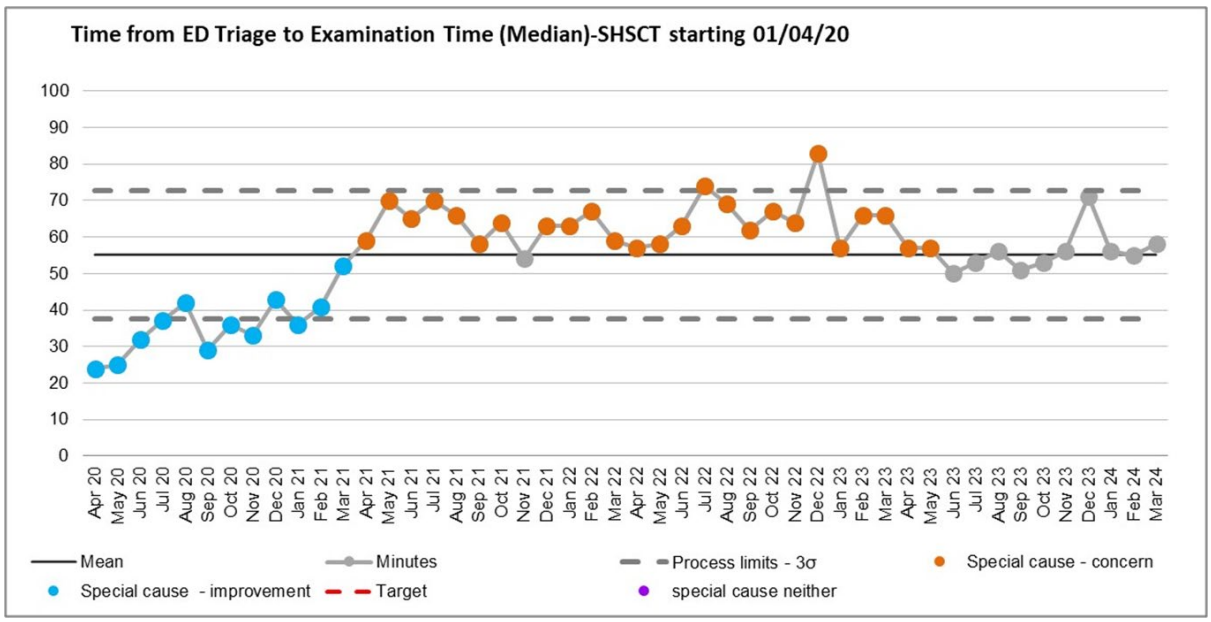
Hospital Re-admissions within 7 days of discharge for 2023/24 was **4.2%** this represents a 2.4% increase from 2022/23 figure of **4.1%.**

4.4 Emergency Department (ED)

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

Triage to Examination Time

The Trust measures (in minutes) the time it takes from triage (or assessment) to the patient being examined.



Facts and Figures

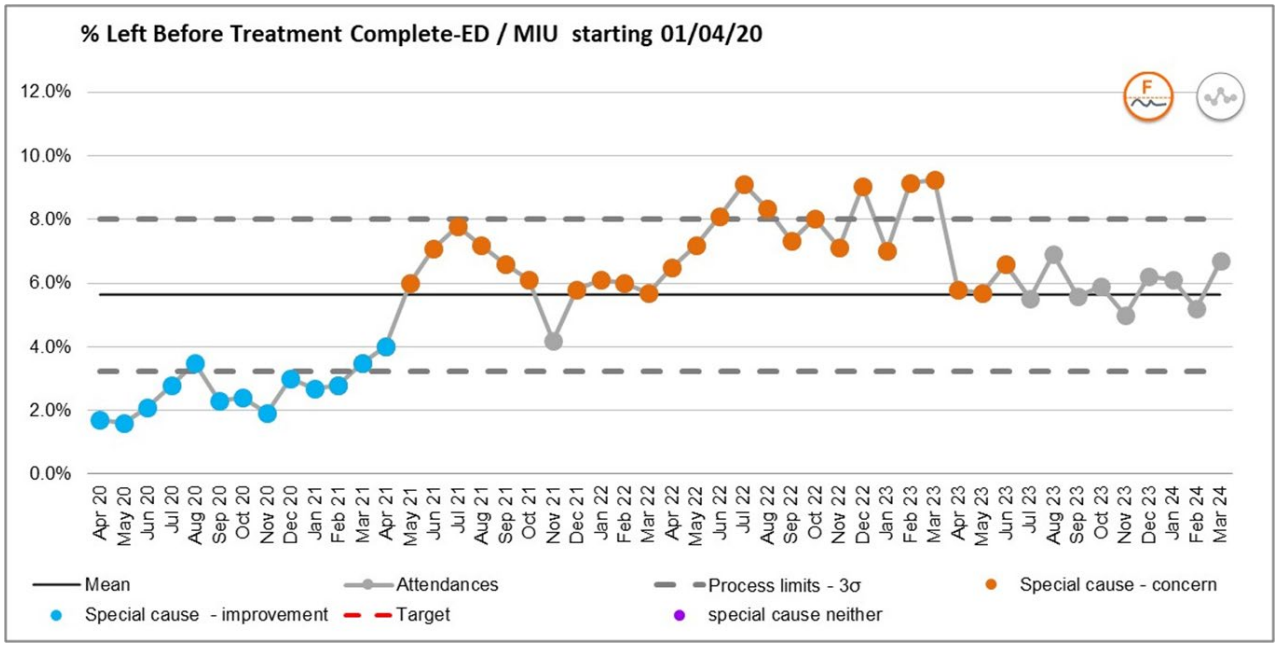
During 2023/24, the average monthly triage to examination time was ***56*** *minutes*. This represents *a decrease of* ***14.5%*** *from* ***65.5*** *minutes in 2022/23.*

Previous data:

18/19	19/20	20/21	21/22	22/23	23/24
56.6	59.0	35.8	63.2	65.5	56

Patients that leave before treatment is complete

This measure looks at the number of patients who leave the ED and MIU Departments before a proper and thorough clinical assessment has been undertaken.



Facts and Figures

During 2023/24, the average percentage of patients that left the Southern Trust's Emergency Departments before their treatment complete was *5.9%, down from 7.9% during 2022/23.*

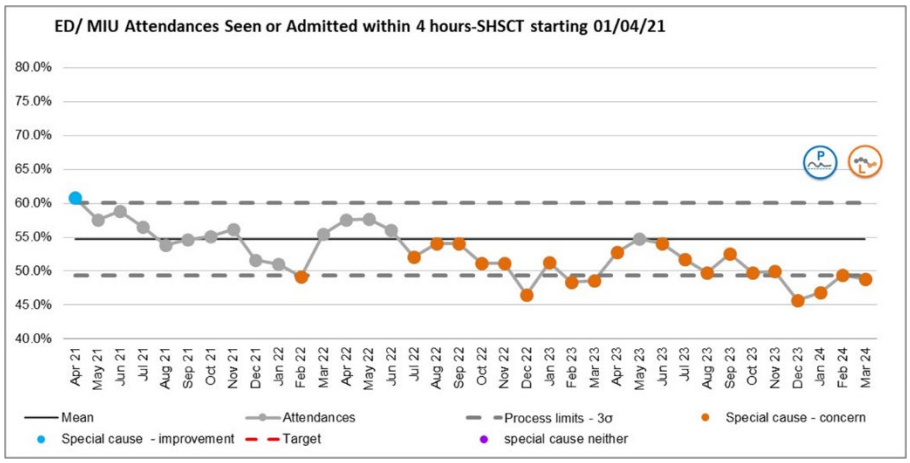
Previous data:

18/19	19/20	20/21	21/22	22/23	23/24
4.3%	5.0%	2.5%	6.1%	7.9%	5.9%

Emergency Department 4 Hour & 12 Hour Standards

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

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

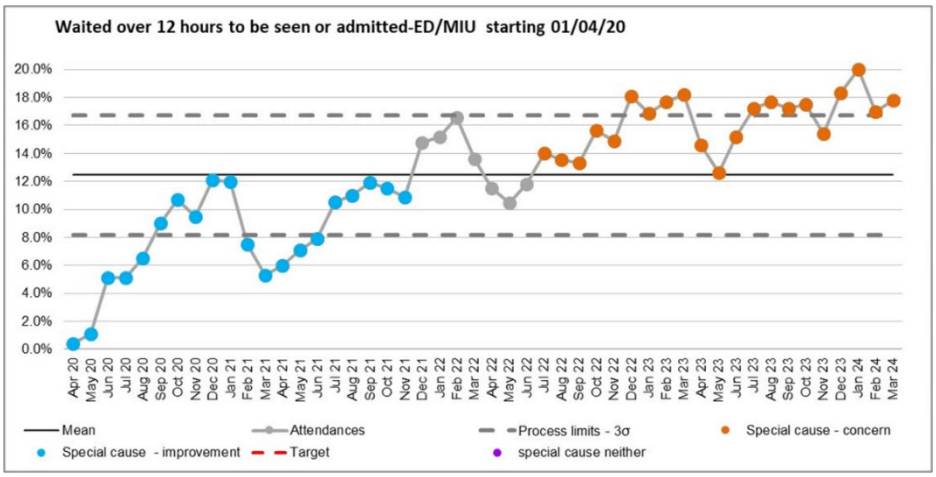


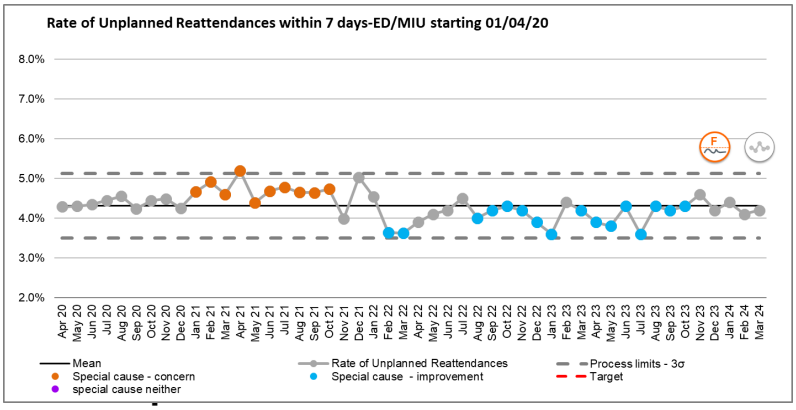
Facts and Figures

In 2023/24, 50.6% of patients that attended ED/ MIU were *seen or admitted within 4 hours*. This is a *3.4% reduction* from the 2022/23 position of *52.4%.*

Facts and Figures

In 2023/24, *16.7%* of patients that attended ED/ MIU waited over 12 hours to be seen or admitted. This is a *13.6%* increase on the 2022/23 position of *14.7%.*



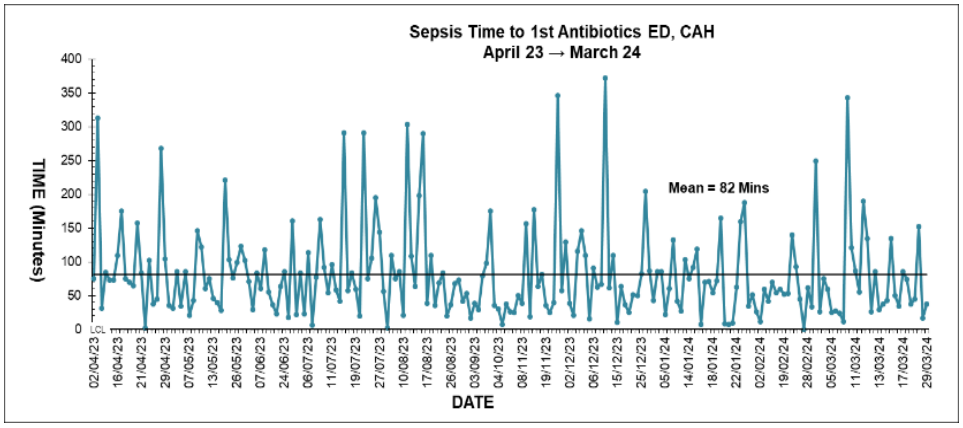


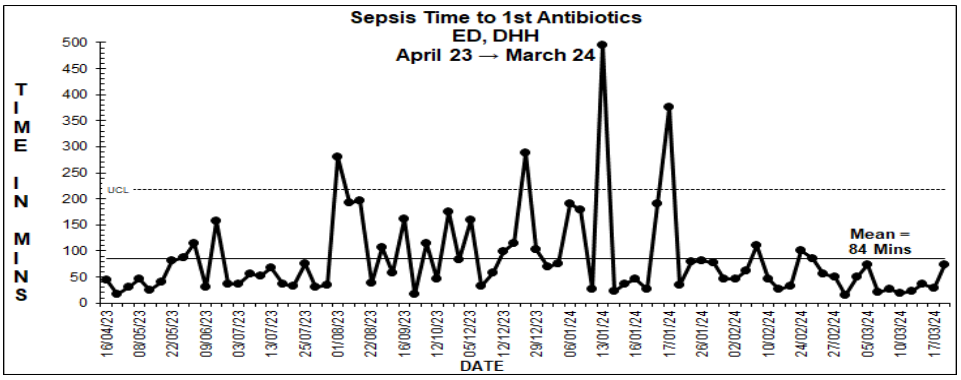
Facts and Figures

On average, during 2023/24, *4.2% of patients re-attended our emergency care departments within 7 days* of original attendance. The position is a increase on the figure of 4.1% for

Sepsis is a life-threatening condition where the body's response to infection damages its own tissues and organs, leading to shock, organ failure, and death if not recognised and treated promptly.

The Trust's Sepsis Quality Improvement Initiative continues in the Emergency Department at Craigavon Area Hospital. The regional goal is to improve the time to first antibiotics for sepsis patients during "in hours" (Mon-Fri, 9:00am-5:00pm), defined as NEWS ≥ 5 or 3 in 1 category with suspected infection. However, audits include all patients, not just those presenting "in hours." In 2023/24, the mean time for 211 cases was 82 minutes, down from 88 minutes for 212 cases in 2022/23, but still above the 60-minute target. The Audit was re-introduced in ED, DHH in Apr 23. The results of the 1st year of the Audit are shown below:





The significant pressures on the Trust's EDs, a common issue across NI, are the main reason the Regional Target isn't met.

Actions to Improve Compliance:

- Clinical Leads present cases significantly outside the target timeframe at ED M&M Meetings.
- Clinical Leads highlight main delays from admission to antibiotic administration to colleagues.
- During the Trust's "Safetember" campaign, Clinical Leads raised awareness of the QI work with ED colleagues.

4.5 Nice Guidelines

Introduction:

The National Institute for Health and Care Excellence (NICE) is renowned for developing best practice recommendations, advice and quality standards, primarily for frontline practitioners but also for patients to support shared decision making and, increasingly, the shift to more self-care.

It aims to achieve the following:

Producing useful and useable guidance for health and care practitioners.

Focusing on what matters most by prioritising topics that are most important to the health and care system or address an unmet need.

Providing rigorous, independent assessment of complex evidence for new health technologies.

Encouraging the uptake of best practice to improve outcomes for everyone; help identify research priorities and support commissioners to ensure best practice is in place.

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Facts and Figures

A Year in Numbers

The number of NICE guidelines that have been regionally endorsed by the Department of Health for implementation by Trusts in Northern Ireland is 167 in 2023/24, compared to 179 in 2022/23. There is a total of 111 applicable to SHSCT and each of these guidelines have an assigned clinical lead to progress implementation.

Trust Priority - Implementation of NICE NG 197 – Shared Decision Making.

By definition ‘Shared Decision Making’ means people are supported to:

- Understand the care, treatment and support options available and the risks, benefits and consequences of those options.
- Make a decision about a preferred course of action, based on evidence-based, good quality information and their personal preferences.

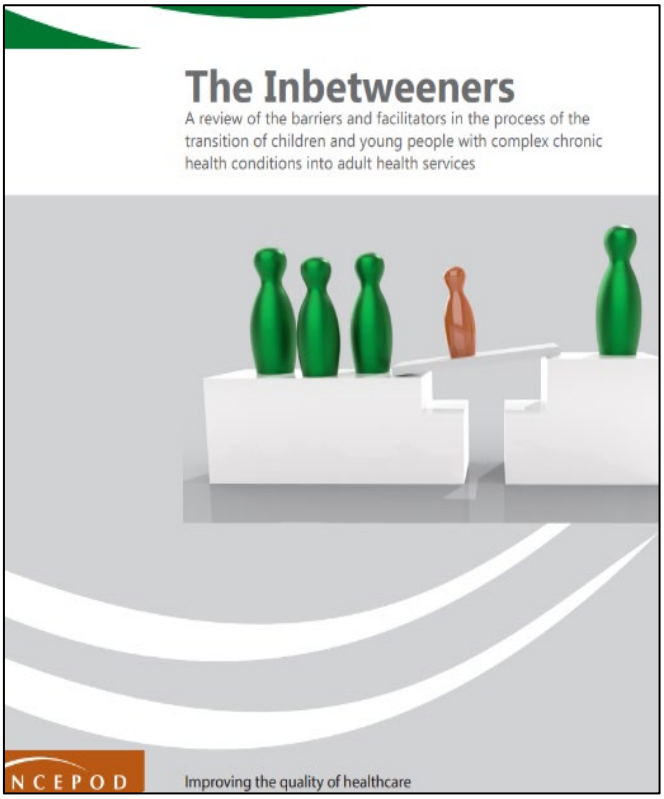
It is, therefore, a process in which clinicians and individuals work together to select tests, treatments, management or support packages, based on evidence and the individual’s informed preferences.

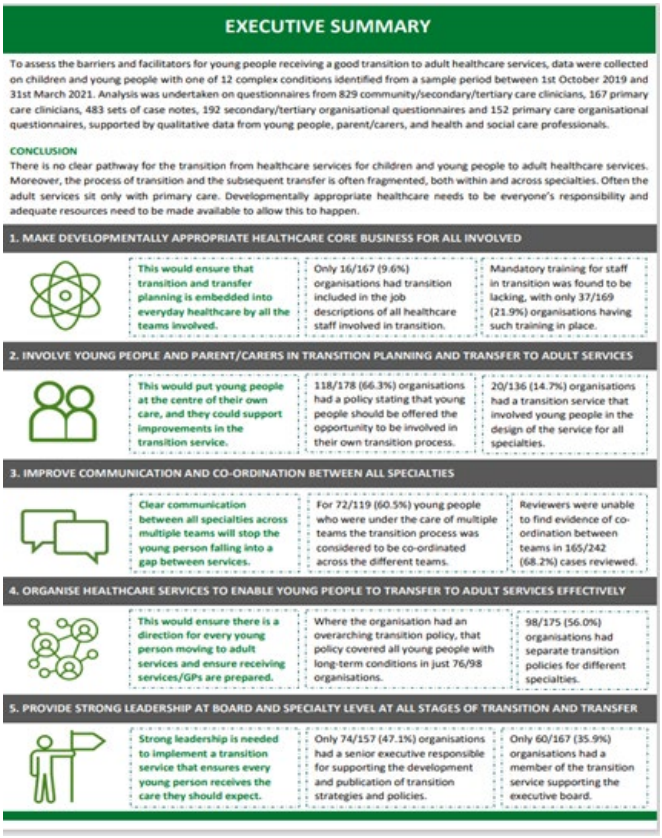
Following endorsement of this NICE Clinical Guideline in May 2022, work continues to be prioritised and progressed both regionally and locally to ensure the guideline recommendations are being implemented. During 2023/24 work has progressed as this report has been and has been presented to SHSCT Safety & Quality Steering group.

4.6 National Audits

National Example: Child Health Clinical Outcome Review Programme

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to undertake the Child Health Clinical Outcome Review Programme on behalf of NHS England, Department of Health, Northern Ireland, the Welsh Government, the Channel Islands and the Isle of Man. In 2021 it launched a complex study to include young people between the ages of 13 years and their 25th birthday with one or more of eleven conditions receiving care during the 18-month period, 1st October 2019 – 31st March 2021. In June 2023 it published





The SHSCT fully participated in this study between 2021 and 2023 – identifying and submitting eligible cases from the study inclusion period and then clinician and organisational questionnaires to NCEPOD.

Read the full report here

Our Children and Young People's Directorate welcomed the publication of the NCEPOD 'Inbetweeners' report in June 2023.

Since this time the Trust has undertaken a baseline review of current position against recommendation and established a cross Directorate working. This work will commence in Spring 2024.

Following receipt of the NCEPOD 'Inbetweeners' report in June 2023 the Children and Young People's (CYPS) Directorate SHSCT:

- Undertook a scoping exercise to establish current position against the recommendations from the report, nine of which related to Trust Service provision.
- Established that in order to implement recommendations, there was a need for a wider cross directorate working group with key stakeholders.
- This proposal was tabled by the Executive Director for Children's Services at the Trust Senior Leadership group and approval granted to progress this via a cross directorate working group.
- A Terms Of Reference (ToR) for this working group was established, mapped against the key recommendations from the report.
- The group is chaired by the Executive Director for Children's Services
- The first meeting was held in June 2024 to address implementation of the recommendations for key services across the Trust.
- The next meeting is scheduled for September 2024 and CYPS are currently working on a work plan and TOR's for three work stream groups and representatives have been identified for these: Work stream 1- Learning Disability transition. Work Stream 2- Complex Needs & condition specific transition. Work Stream 3 - Mental Health Transition

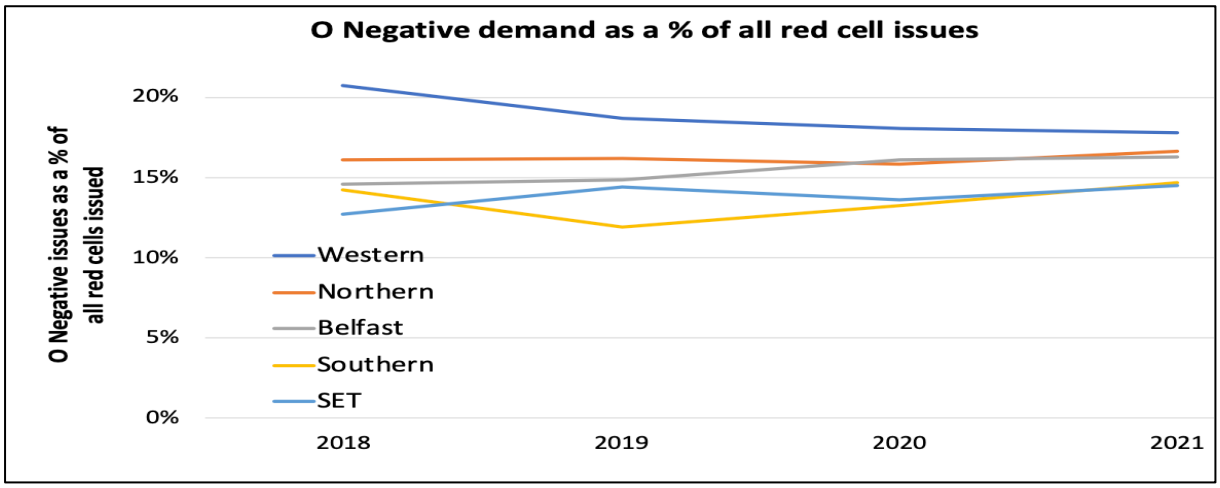
Regional Audits - Determining the fate of O RhD Negative Red Cells in Northern Ireland - The Northern Ireland Transfusion Committee, November 2023

Overview

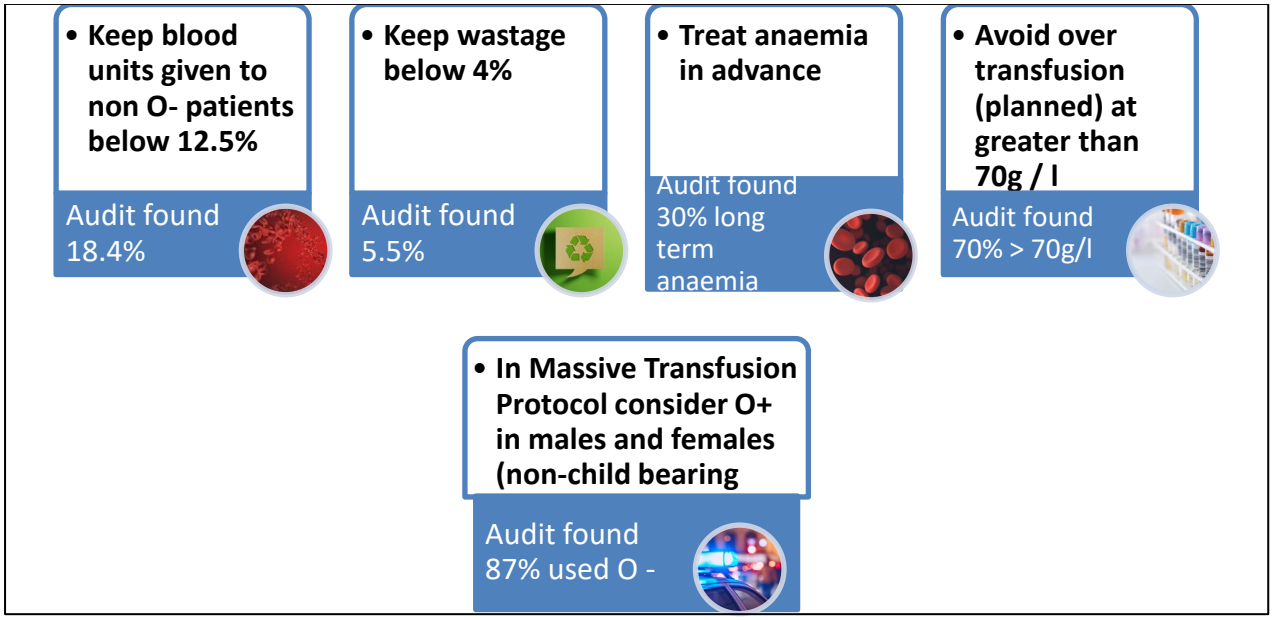
O RhD negative blood or **(O-)** can be administered, relatively safely, to patients of any ABO blood type and is referred to as the "universal blood type". This makes its' immediate availability critically important in an emergency or when a patient's blood type is unknown.

Only 9.3% of the NI population are blood group O RhD Negative, but NI Trusts orders exceed 16% of red cell demand. This leads to shortages and a strain on the Northern Ireland Transfusion Service (NIBTS) as well as a demand on the Northern Ireland O RhD Negative donors.
In such situations, patients that require this critical resource will potentially come to harm if it is not available.

All trusts are asked to manage their demand at below 13%, this audit looked at the final fate of O- red cells to recommend ways to protect availability.



Outcomes and key messages across NI



Next Steps

The regional audit recommendations have been discussed by the SHSCT Transfusion Team and on the agenda of the SHSCT Transfusion Committee.

Some Wider Statistics

In the period April 2023 to March 2024 the HQIP detailed the list of National Clinical audits. [NHSE-QA-List-2023-24-Version-2_February-23.pdf (hqip.org.uk)]

SHSCT continued to see participation and engagement across a significant number of audits where Northern Ireland Health and Social Care Trusts are eligible to participate. In a minority of programmes submission was restricted and limited due to workforce pressures and service challenges.

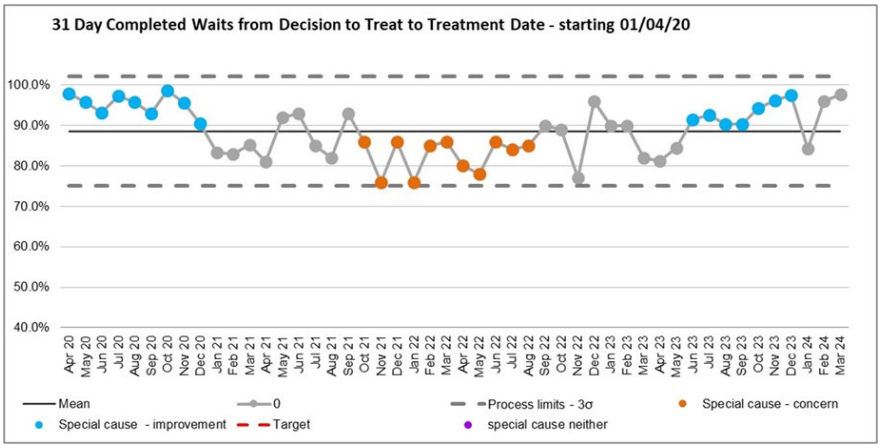
2023/2024	No. of Audits
Audits on HQIP List	74
Eligible for SHSCT participation	26
SHSCT Submitted datasets	22

4.7 Cancer Targets

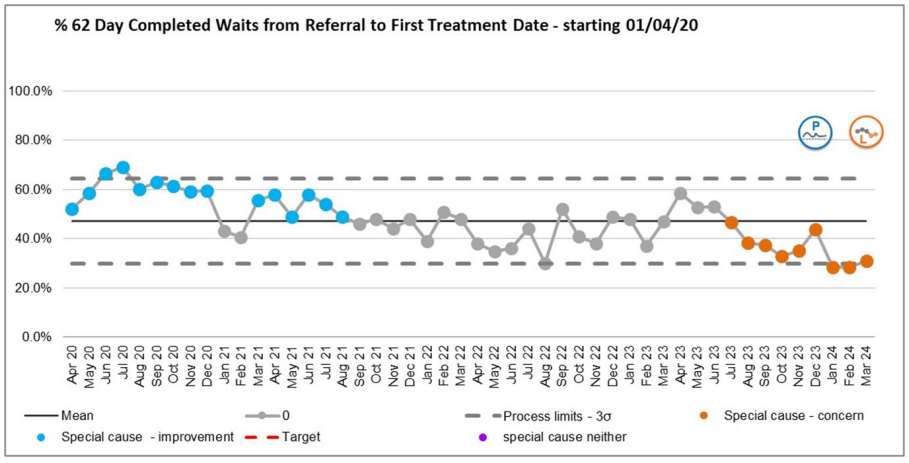
The percentage of patients treated within the 31-day standard during 2023/24 was **91%**, this is below the Northern Ireland target of 98%, however is a 6% improvement in Trust performance from the previous year.

Performance on the 31-day pathway has been most challenging for Skin, Urology and Upper GI due to workforce challenges, increasing numbers of red flag referrals and demand for first appointments as well as increasing requirement for red flag theatre capacity across tumour sites.

31 Day completed waits from Decision to Treat to Treatment Date



62 Day Cancer Access Target

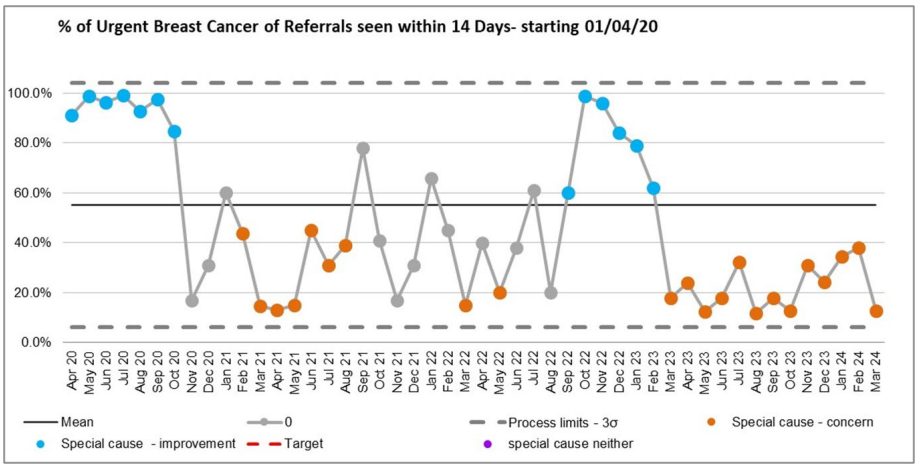


At least **95%** of patients should start their first definitive cancer treatment within 62 days of a red flag GP referral. In 2023/24, only **41%** met this standard, consistent with the previous year and significantly below the target of 95%.

Tumour sites face challenges with the 62-day pathway due to increasing red flag referrals, especially in Skin, Urology, Lower/Upper GI, and Gynaecology. This demand exceeds capacity, impacting pathways from the start. Additional challenges include rising demand for CT and MRI diagnostics, reporting pressures in Radiology Services, and reliance on outsourcing. Workforce pressures in Oncology and Haematology,

financial constraints, and demand for Red Flag Theatre capacity further complicate meeting the target.

Breast Cancer – Seen within 14 days



In 2023/24, only 22% of patients were seen within the 14-day standard. Staffing pressures in the Breast Surgical Team led to service reductions, causing longer waits for Symptomatic Breast Clinic appointments and surgical interventions. Initiatives to address the backlog included transferring referrals to other units, converting clinic capacity to red-flag slots, establishing an Independent Sector Insourcing Contract for weekend clinics, and recruiting for vacant posts.

Next Steps

The Trust continues to work through the Cancer Optimisation Plans which outline the underlying challenges in delivering against the 31 and 62 day cancer access targets.

The Cancer optimisation plans for 2023/24 have been ongoing for Skin, Urology, GI and Gynaecology and Breast.

Local actions set for each of the tumour sites have been progressed through the specialties.

- Gynae have progressed 100% actions set.
- Skin 75% of the actions set.
- Urology 33% with progression on the remaining actions
- GI and Breast are ongoing but both specialities are significantly challenged with workforce gaps.

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

SQIE

Theme 5

Integrating the Care

5.1 Community Care

Integrating care across Acute and Community services is critically important to ensure commitments of care for patients. Services strive to ensure that patients get the right care in the right place at the right time. Integrating our services across the acute and community setting supports efficient and effective use of resources. It maximises flow in hospital, expedite discharges and supports patients' independence.

Some Service improvements implemented in 2023/24 are:

Adult Community Services:

Community Respiratory Team

- *Respiratory Virtual wards* were introduced on a pilot basis in January 2024. These wards use tele monitoring equipment for short term monitoring for Acute exacerbation management and prevention of hospital admission and, also facilitated early discharge to reduce length of hospital stay.
- Community Respiratory Team now have non-medical prescribers to ensure patients are getting the timely treatment they require.

Adult Continence Team

- Our continence team now undertake telephone reviews, so patients do not always necessarily have to attend a face-to-face appointment.
- Our team has expanded to include continence support workers. Their role involves patient liaison and helps to also free up nursing time for dedicated duties.
- assessment patients waiting lists.
- Enhanced virtual capability to address backlogs and ensure patient queries are actioned in a timely manner.
- Standardised referral criteria.
- Improved Multidisciplinary work for all new assessments, referrals and discharges and communication of information between services.
- Enhanced quality assurance assessments/reviews with District Nurse to expedite referrals/discharges.

Community Dietetics

In 2023/24, Community Dietitians introduced 'megaclinics' to address long waiting lists. Dietetic Support Workers (DSWs) assist Dietitians by conducting initial assessments, allowing Dietitians to see more patients.

Outcomes:

- 101 new patients seen, 21 DNAs, 3 added back to the waiting list.
- 122 patients removed from the new patient waiting list.
- 117 megaclinic slots equate to 39 regular clinics.
- Targeted urgent and longest waits.
- Longest waits reduced from 56 weeks (Feb 2023) to 49 weeks (June 2024).
- Positive feedback from clients and staff.
- Strengthened Dietitian-DSW collaboration.
- Improved staff morale due to reduced patient wait times.

Acute Care at Home

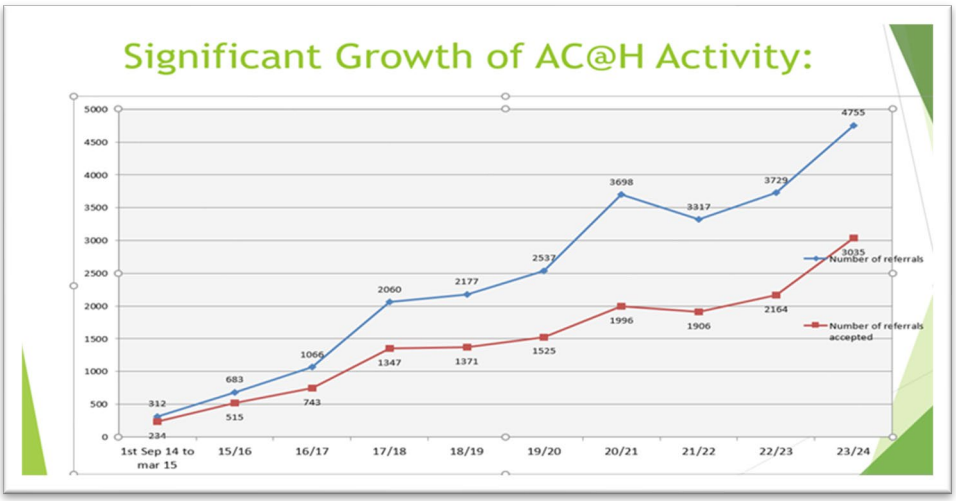
Started as a pilot in 2014, Acute Care at Home expanded Trust wide by 2019 and continues to grow, supporting the Daisy Hill Hospital stabilisation project in 2023.

In May 2023, the service expanded to assist Daisy Hill Hospital using a QI approach with virtual monitoring, increased diagnostics, and in-reach case finding.

Outcomes:

- The Acute Care at Home service currently averages 45-60 patients daily, which is an increase in patient activity from 30 – 45 daily patients (October 2023) while the service supports 253 new patients monthly.

This project shows how existing resources can be reconfigured to expand the Hospital at Home service despite financial pressures.



Technology enabled Virtual Wards within Acute Care at Home:

Virtual wards support patients, who would otherwise be in hospital, to receive the acute care, remote monitoring and treatment they need in their own home, or usual place of residence. (Virtual Ward including hospital at home, NHS England, V2, 2022).

- The virtual monitoring pilot of Southern Trust residents who were deemed as frail and who were discharged from hospital to a statutory residential home in February 2024. The concept was for frail patients who are stable or improving but require ongoing monitoring that can be safely provided in their home (care home) or usual place of residence. To facilitate earlier discharge from hospital (step down) or prevent admission or re-admission to hospital (step up). This involved the use of Bluetooth enabled digital technology providing a monitored service with early deterioration recognition and appropriate clinical input.
- The pilot remains ongoing but between February and end of financial year **91 patients** were virtual monitored using the equipment and provided reassurance to both the patients and the residential care home staff.

Patient/Carer experience within Acute Care at Home:

During this time the Team conducted 3 service user feedback focus groups with patients across the 3 localities within our Trust area. The staff involved had an opportunity to share the finding with Public Health Agency representation. The poster below based on this piece of work was accepted to the Hospital at Home UK conference on 7th March 2024.

The team will use all feedback to shape and improve service provision going forward.

Awards/ presentations within Acute Care at Home:

During the 2023/24 year, the team have presented at various national and international events including the following to name a few:

- European Association of Hospital Pharmacists: Acute Care at Home Pharmacy presentation February 2024.
- Hospital at Home UK conference: Acute Care at Home medical /nursing/AHPs presented at this conference, sat on panels and showcased posters March 2024.
- Royal college of Physicians: Acute Care at Home rural delivery of Hospital at Home Service Mar 2024.

- SESAM (Society for Simulation in Europe) conference in Lisbon: AC@H Consultant presented her Acute Care at Home consultants presented Masters dissertation completed through QUB in June.2023. Dr Nelson's submission was also accepted for publication to Age & Ageing.

OPAT/Home IV coordinators:

During 2023, the Outpatient Parenteral Antimicrobial Therapy (OPAT) IV coordinators received investment to expand due to significant delays in identifying, assessing and discharging suitable patients for the OPAT service due to capacity issues. IV antibiotic costs for inpatients contribute significantly to healthcare costs. Ambulatory management of some common infections, particularly cellulitis but potentially also febrile Urinary Tract Infection and diabetic foot infection are under-utilised. There are opportunities to reduce admission and length of stay in a significant proportion of patients.

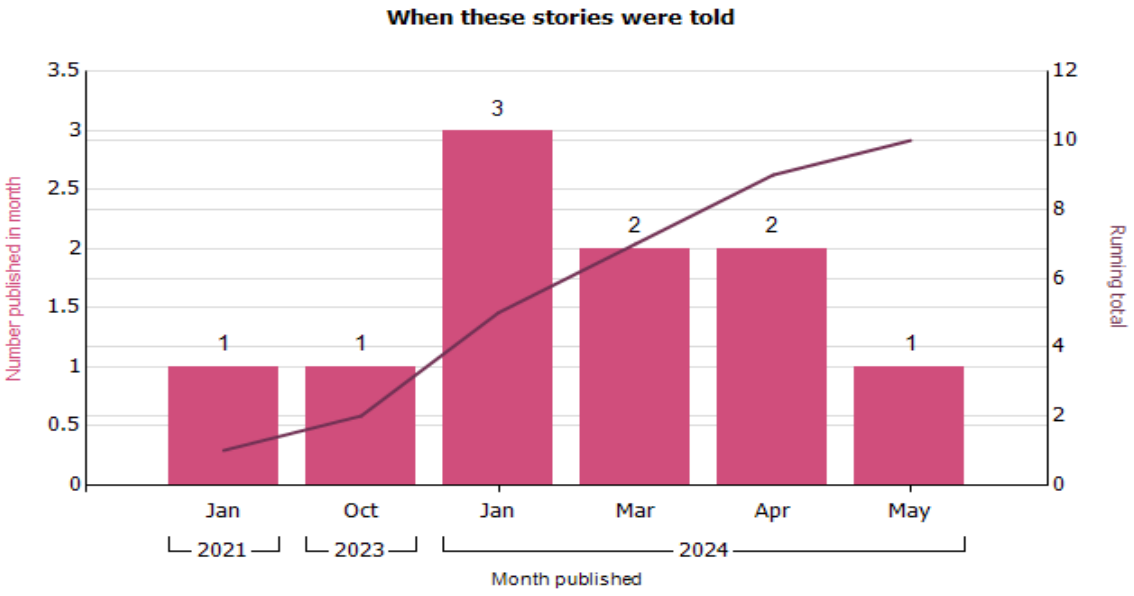
SHSCT Community Stroke Team

SHSCT Community Stroke Team, provides specialist multidisciplinary community based rehabilitation and support to people following stroke. This includes early supported discharge, which can reduce length of hospital stay and enable meaningful rehabilitation within the home environment. In addition to this, September 2023 seen the launch of a new Ambulatory Stroke Service. This service aims to fast track suitable patients to specialist Stroke services and prevent unnecessary hospital admission. Additionally, the service supports with diagnostics and facilitation of early discharge. To date almost 600 patients have availed of the service.

All trusts in NI report data to the Sentinel Stroke National Audit Programme (SSNAP), a national initiative to improve quality of care for those effected by Stroke. Acute and community SSNAP data are monitored regionally by the DoH Stroke Network. In 2023, new National Stroke Guidelines and NICE Stroke guidelines were released which reflected the changing landscape of Stroke care and brought a welcome focus on the importance of rehabilitation.

In 2023/24, the SHSCT Community stroke team have received more than 1700 referrals which converted to more than 19000 patient contacts and 11000 hours of activity. On average patients are contacted by the team within 24hrs of discharge. In response to the new Stroke guidelines, SSNAP have issued a new targeted data set. This will enable Stroke services to better capture the holistic input provided by the multidisciplinary team but also has raised expectations regarding the intensity of rehabilitation provided. Stroke services within the SHSCT are currently working to explore how they can deliver against this new data set which will launch in October 2024.

The service has also received an increased number of compliments.



Next Steps

- Plans are to co-produce routine feedback from our staff and service users and embed this into each stage of the stroke recovery journey.
- There is also work to develop person centred goal sheets and patient information booklets to further enhance the shared decision-making ethos of the stroke service.
- The team are exploring opportunities to increase the intensity of rehabilitation and how this can be recorded in line with National Guidelines.
- The team are working with Encompass to promote a smooth “go live transition” aiming to minimise disruption to service users as well as maximise recording efficiency.
- There is ongoing work to enhance patient experience whilst transitioning from acute to community services including exploration of the role of the new Ambulatory Stroke service.

5.2 Mental Health

SHSCT Adult Mental Health - Acute Care Pathway

Background

Over time and with the impact of COVID, there had been some deviation from admission pathways.

Significant regional and local overoccupancy, increased length of stay, delayed discharges, and increasing regional bed demand.

Due to constraints with bed availability in the In-patient Unit. Home Treatment were asked at times to offer relief to the system by accepting referrals for “Step Down” rather than continued acute care which in turn attributed to:

- Compromised service criteria / capacity to deliver acute care in the community.
- Inconsistencies in the Home Treatment Crisis Response (HTCR) three sites.
- Staff uncertainty of their role.
- Lack of referrer’s knowledge of the function of the Home Treatment Teams - Inappropriate referrals.
- Lack of service users understanding of what they should expect and why they are being referred.

It was clear that changes were required to promote the Southern Trusts vision and values to prioritise safe, quality care, maximise choice for patients, valuing staff and making the best of our resources. It is essential also to implement the Regional ‘You in Mind’ guidance.

Principles and Values

- Least restrictive option
- Person centred recovery
- Accessibility - Access to beds for those that need it most & increase timely discharges for those assessed as fit.
- Collaborative working with families & carers.
- Safety and security.

Plan

The Southern Health and Social Care Trust has established a new acute mental health care pathway, introducing a comprehensive policy and procedure co-designed with service users and carers. Key initiatives include:

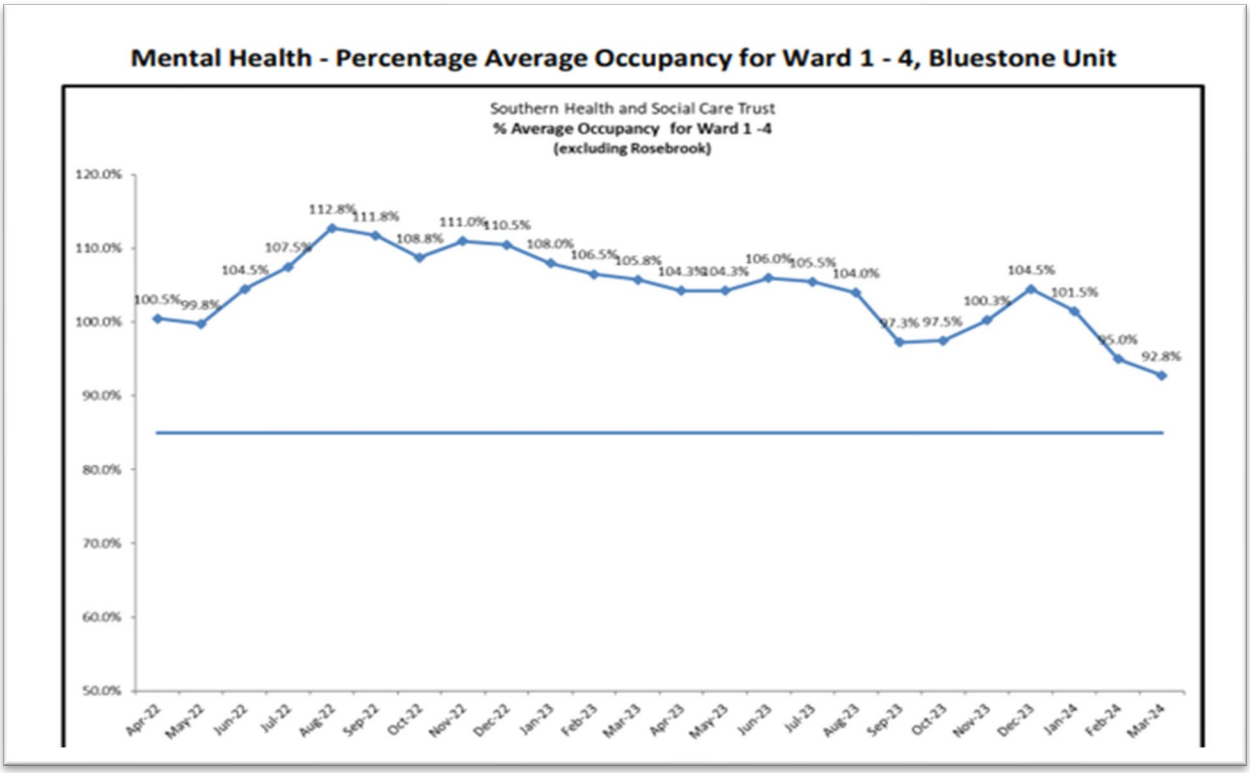
- Installing a HTCR-dedicated Bluestone in-reach model operating 7 days a week.
- Forming a dedicated patient flow team.
- Shifting consultants to dedicated ward psychiatry responsibilities.
- Introducing an acuity decision tool for HTCR and ILS.
- Creating usable data sets.
- Implementing time-bound daily ward HTCR in-reach hubs.
- Establishing a weekly interdivisional delayed discharge forum.
- Conducting comprehensive data collection and analysis.
- Developing new C&V pathways and partnerships

What we did

- Dedicated inpatient Consultant model established
  Recruitment of two HTCR in-reach practitioners across the seven day period
  Improved gatekeeping – composed and strengthened patient pathways, acuity decision making tool, protocols, processes and community partnership engagement
  Staff learning and development processes
- Improved communication
- Patient transitions and warm handover discharge planning, focusing on achieving Early Post Discharge Appointments within 3 days post discharge.
- The rollout of the ten Safewards interventions across all wards

SHSCT Acute care pathway launched by Sir Michael McBride CMO in January 2024

Occupancy rates/bed availability



Readmission rate within 30 days of discharge

- 152 in 21/22
- 109 in 22/23
- 74 in 23/24 post project implementation

Home Treatment Criss Response referrals

- Total referrals for 'prevention of hospital admission' – **1080**
- Admitted to Hospital – **110** / **10%**
- Admitted to HTCR – 331
- Crisis intervention/Signposted – 305
- 259 of 1080 were repeat attenders.
- Re-referral rate of 3.43%

Safewards Status Achieved for Bluestone.

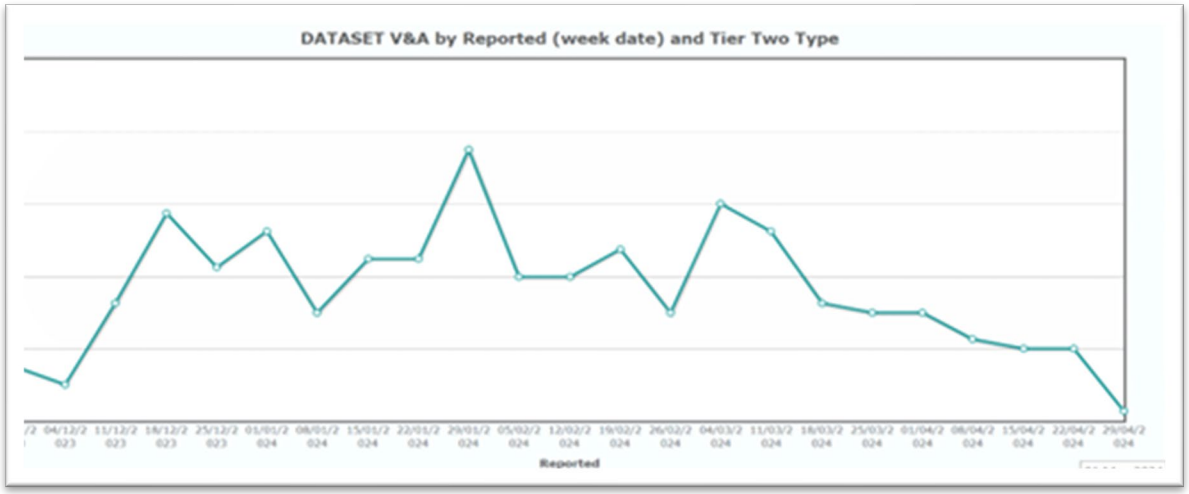
Safewards consists of 10 evidenced based interventions that are evidenced to reduce conflict and containment (restrictive interventions) within acute Mental Health. It guided Bluestone to create an environment that is welcoming and calmer for patients and their family/carers/supporters. It educated staff to identify points of care provision that may trigger conflict responses and an understanding of the appropriate intervention and tool to de-escalate and engage the patient therapeutically and appropriately.

Bluestone wards are now used as a 'Flagship' high standard example in the National Safewards presentations to hospital across the UK

Reduction in Restrictive Intervention (RI) methods used from 1094 in 2022/23 to **572** in 2023/34

Reduction in the no. of RI related incidents by ward, with a notable reduction within the Psychiatric Intensive Care Unit (PICU) (Rosebrook) Ward from 371 in 2022/23 to **145** in 2023/24.

From this Bluestone representatives have led on a regional quality improvement in respect the creation of a regional harmonised Building Safer Wards set of standards, complimented with a relative training programme, audit tool and report schedule



Bluestone achieved Royal College of Psychiatry Quality Network for working age adult's accreditation for all three GAP wards, **Bluestone now being the first inpatient Mental Health environment to achieve this accreditation on the island of Ireland.**

There are 204 assessed standards per ward met, centring around admission and assessment, care planning and treatment, Discharge/transfer, Patient, and carer experience, Staffing and training, environment, leadership and governance.

The Royal College accreditation (QNPICU) foundation programme has commenced with Rosebrook

All 3 General Adult Psychiatry wards have received RCPSYCH CCQI commendations in recognition of their work in achieving a sustainable mental health service and meeting 100% of the CCQI sustainability standards.

An outdoor coffee shop bay has been created and established in Bluestone, focused on improving staff and patient wellbeing.

Bluestone in partnership with MHDs Think Family lead have created and established a Think family child visiting garden established to allow children of patients to visit their loved one in a park themed, fun environment.

Steps to Wellness

Steps to Wellness is an (improving Access to Psychological Therapies (IAPT) - aligned service for Step 2/3 referrals, developed with East London Foundation Trust (ELFT). It has shown significant positive outcomes for patients and improvements in mental health services.

The service supports individuals with mild to moderate mental health issues, including depression, anxiety, OCD, social anxiety, health anxiety, panic disorder, trauma, PTSD, and peri-natal low mood.

It offers time-limited interventions to help users manage symptoms and build resilience. Following a stepped care model, it starts with the least intrusive suitable intervention.

Service users are contacted to identify the best intervention, including online and face-to-face groups (Steps 2 & 3) and limited individual 1:1 sessions, both digitally and in person.

Early Post Discharge Appointments (within 3 days)

Research indicates that early outpatient care significantly reduces suicide risk, especially for patients with substance use disorder, schizophrenia, bipolar disorder, and depression. Intensive follow-up immediately after discharge is crucial.

The SHSCT MHD directorate leads regionally in offering and ensuring uptake of early post-discharge appointments within three days.

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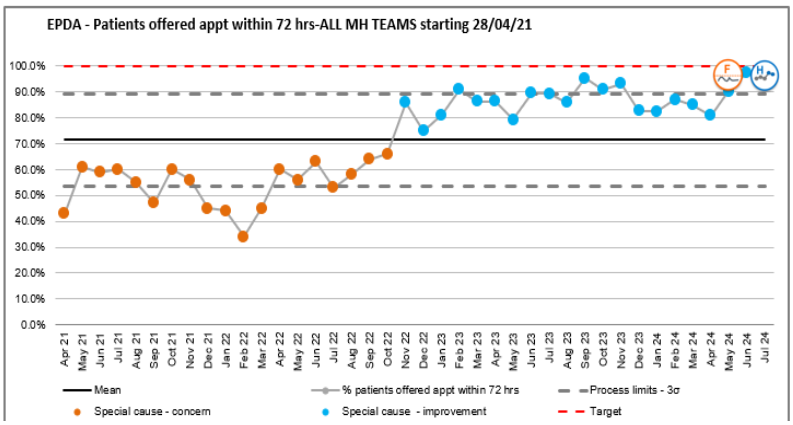


5.3 Children's Social Care Services

Looked After Children

Introduction:

Under Delegated Statutory Functions (DSF) the Trust are expected to ensure that children at risk of potential or actual significant harm are assessed and a plan is in place to safeguard the child. This includes children looked after by the Trust and children who names are placed on the Southern Area Child Protection Register.

All Looked after Children's circumstances are reviews within the stipulated timeframes contained within The Review of Children's cases Regulations (Northern Ireland) 1996.

Each case is first to be reviewed within 2 weeks of the date upon which the child begins to be looked after or provided with accommodation by a responsible authority.

The second review shall be carried out not more than 3 months after the first and thereafter subsequent reviews shall be carried out at intervals of not more than 6 months after the date of the previous review.

Children referred to Children and Young People's service due to risk of potential harm (Regional Child Protection Policy)

1. Should be seen and spoken to within 24 hours,
2. An initial assessment should be completed.
3. Initial Child Protection Case Conference, (ICPCC) should be convened within 15 working days, the purpose is to develop a multi-disciplinary child protection plan to keep the child safe.
4. After the ICPCC each child should have a review child protection case conference, at three months and every six months thereafter to update the child protection plan and review risk of significant harm.

Facts and Figures

- As at **2023/24** there were **676** fulltime looked after children this represents an 8.5% increase on the previous period (623 Children).
- **1022** Looked After Children reviews were held during 2022/23 (this figure includes emergency reviews, change in placement reviews & 1 specific issues review – the figure is 1012 if initial, 3mth & 6mth reviews only included).
- 62 of these were held outside of timescale this represents 6.1% of total reviews.

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

During the period 2023-24**,** all **236** children and young people referred to Children and Young Peoples Service due to potential at risk, were seen and spoken to within 24 hours.

Permanency Planning

Permanency planning is the process of assessing and preparing a child for long term care when in out-of-home placements such as kinship, foster care or institutions.

As at 2023/24, **630** fulltime looked after children had a permanency plan. This represents an **8.8%** increase on 2022/23 figure of 579.

Education, Training and Employment – Care Leavers

The Children (Leaving Care) Act (NI) 2002

Introduction:

The Children (Leaving Care) Act (NI) 2002 holds its primary purpose to improve the life chances of young people leaving care. This Act places new duties on Health and Social Care Trusts as corporate parents to provide greater support to young people living in and leaving care. Education, Training and Employment (ETE) has been embedded as an integral part of this planning process for each care leaver.

Facts and Figures

- As at 2023/24, there were **274** young people subject to Leaving Care Act this represents a 0.7% decrease on 2022/23 (276 young people).

5.4 Adult Social Care Services

Adult Safeguarding

Striving for continuous learning and improvement in adult safeguarding

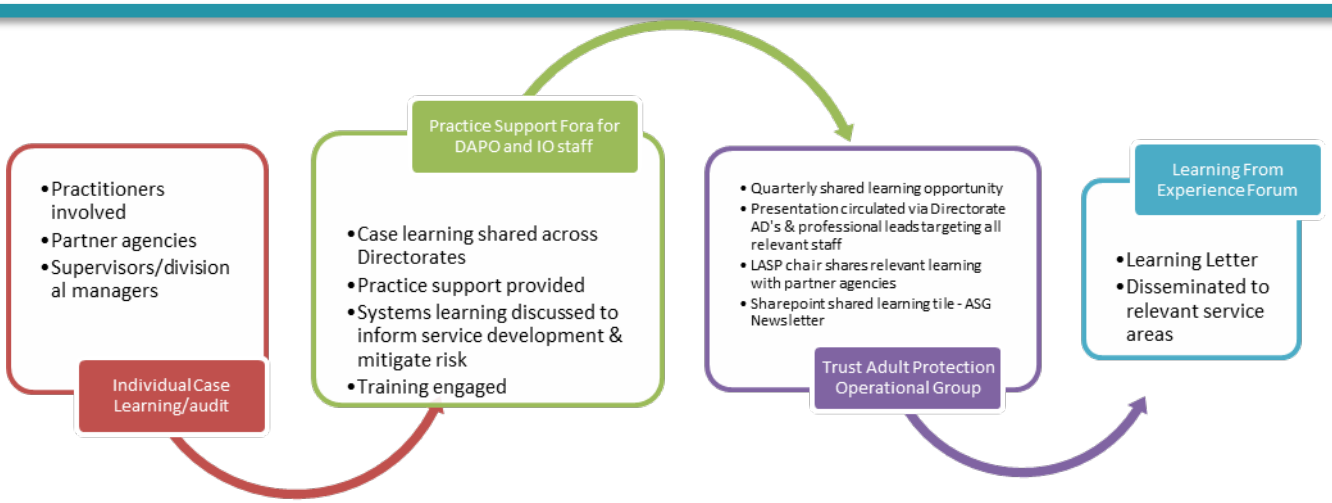
During 2023, the Trust received a 'satisfactory' level of assurance in adult safeguarding practice from an internal audit. This marked a significant improvement from the Internal Audit undertaken in 2021 and demonstrates that learning had been embedded and sustained. **All new recommendations were fully completed and closed within 3 months.**

Building on the Internal Audit findings, a mechanism to connect and understand the various ways that learning from adult protection investigations could be shared across the organisation was explored. This included both adult protection staff and others with a shared responsibility for recognising, responding and reporting adult safeguarding issues. There were a number of already established systems for sharing learning in individual cases and within groups of specialist staff, however there was no formal mechanism to share learning across the wider system.

To address this, the various Adult Safeguarding Governance for a realigned their terms of reference to include a 'Shared Learning' agenda item. This provided opportunity for the Trust Adult Protection Operational Group, whose membership comprises of Senior Management and Professional Leads, to present operational learning in adult protection from their respective areas of practice. From this group learning is disseminated throughout the various governance, training and development groups.

Facts and Findings

The diagram below shows the various mechanisms by which learning from adult protection investigations and processes can be shared across the system.



Next steps

The next step is to extend the learning by understanding better the themes from outcomes of investigations. And embed in future training programmes and development of services.

Recognition of Good Practice standards

- Auditors agreed with all threshold decisions assessed by the Adult Protection Gateway Team.
- Section 3 assessed outcomes are well laid out and structured. Clear evidence that assessments are spell checked and legible.
- Crime reference numbers are recorded where necessary.
- Evidence of clear guidance to Designated Adult Protection Officers on how to progress protection referrals.
- Clear guidance provided to core teams in how to manage adult at Risk of Harm referrals.
- Clear guidance regarding consideration of incident reporting /DATIX / RQIA notification etc.
- Robust consultation with PSNI Central Referral Unit.
- APP1s for Protection cases were password protected.

Areas for Improvement / Learning

- Wishes / views of the adult is mostly documented in section 1 / 2 and not referenced within section 3 initial assessment outcomes and rationale.
- Consent to Adult Protection Referrals and further investigation should be clearly recorded within Section 3.
- Contact with key worker/ team lead should be referenced in section 3 rationale where they have been contactable.
- Caution regarding acronyms.

- Human Rights were referenced and cited in terms of the Articles appropriate to the concern. An explanation of the reasons why individual articles were identified as potential Human Rights issues would be helpful, particularly when an adult is not consenting to a protection referral.
- Where APP1s are transcribed, original APP1 to be uploaded.
- When it is selected that an adult requires immediate protection, measures in terms of the immediate protection plan should be clear and recorded in the section 3 initial assessment.

Areas for Improvement / Learning

1. Terminology and outcomes should be referenced in accordance with the Adult Safeguarding Procedures and guidelines. The use of confirming if abuse had been 'substantiated / unsubstantiated' must be avoided in accordance with the amendment to the 2016 procedures issued by NIASP in 2017. Investigation reports should refer to 'on the balance of probability', 'it is reasonable to determine / or it is more likely than not, that harm or serious harm occurred as a result of abuse, exploitation or neglect' and the use of harm being 'confirmed' / 'not confirmed'.
2. Human Rights should be integrated, as relevant, throughout the investigation. An explanation of the reasons why individual articles were identified as potential Human Rights issues would be helpful, particularly when an adult is not consenting to be involved in the investigation or lacks decision making capacity to fully engage.
3. Expected standards of care should be referenced to measure any harm caused and impact. For example, Nursing Home standards and regulations, assessment of need and care plans.
4. Timelines related to the incident should be included in the APP7. Timelines for the investigation should be completed on the available template and uploaded as a document.
5. The Terms of Reference should be clear and link specifically to the cause for concern and to the evidence contained within the report.
6. Analysis of evidence and information should be clear to the reader and detail specifically how the evidence has been considered, challenged and balanced to reach a conclusion for each individual concern.
7. For adults who lack decision making capacity in specific areas, measures to maximise and support engagement should be promoted as much as possible.
8. The contents of the final draft investigation reports must be shared in a sensitive and person-centred manner with the Adult and/or their representative prior to the Case Conference. This must be recorded on the APP9. If it is not possible to share the report, the reason should also be recorded.

Recommendations

1. Adult Protection staff should refer to the terminology of the Regional Adult Safeguarding Procedures, (2016) to promote consistent practice and understanding of outcomes. **December 2024 - SSTDT Adult Protection Trainer**

2. Adult Protection staff should refresh training on integrating Human Rights into adult protection reports. This should include demonstrating how expected standards of care and treatment are evidenced. **December 2024 – CPD Practice Support Fora leads**

3. An exemplary Investigation Report to be considered as a learning tool for use in Initial DAPO/IO training and CPD practice support fora. This should include exemplar terms of reference; timeline template; and robust analysis reporting. **December 2024 - SSTDT Adult Protection Trainer and CPD Practice Support Fora Leads**

4. Learning from this audit to be communicated to relevant staff and managers. **September 2024 Head of Adult Safeguarding**

Next steps

Draft action plans have been developed to consider the learning and improvements highlighted from the audit processes. These will be discussed and further developed with the relevant staff and when agreed an implementation plan will be commenced. Draft action plans have been developed to consider the learning and improvements highlighted from the audit processes. These will be discussed and further developed with the relevant staff and when agreed an implementation plan will be commenced.

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

Annual Quality Report

Annual Quality Report 2023/24

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