



Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Annual Quality Report

2024/2025



Working together



Excellence



Openness & Honesty



Compassion



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Chief Executive Foreword

Message from the Southern Trust Chief Executive

We are pleased to present this Annual Quality Report, which outlines our performance over the past year in relation to the quality and safety of the care we provide. The report demonstrates our ongoing commitment to meeting the highest standards of clinical governance, continuous improvement, and accountability.

Ensuring safe, effective, and person-centred care remains central to our mission. This year, we have focused on strengthening our systems for quality assurance, enhancing our safety culture, and embedding service user involvement at all levels of care design and delivery. These priorities have guided our work to improve outcomes, reduce harm, and ensure that the voices of patients, families, and carers are reflected in the services we provide.

This report details the progress achieved, the challenges encountered, and the areas where further improvement is required. It also sets out our quality priorities for the year ahead, underpinned by a commitment to transparency and the pursuit of excellence.

We remain committed to delivering care that is both efficient and effective, ensuring that resources are used to achieve the best outcomes for patients and service users. While financial pressures continue to present challenges, we have robust plans in place to manage these responsibly and sustainably. Our priority is to safeguard the quality and safety of services, ensuring that every decision supports the delivery of person-centred care now and into the future

This Annual Quality Report provides assurance of our sustained focus on quality, safety, and person-centred care. While we recognise the progress achieved during the reporting period, we also acknowledge that improvement is a continuous process. Our priorities for the coming year reflect a determination to build on the foundations already in place, ensuring that our services remain responsive, effective, and safe.

Through robust governance, evidence-based practice, and a culture that empowers staff and values the perspectives of service users, we will continue to drive improvements in the quality of care. In doing so, we reaffirm our commitment to accountability, transparency, and the delivery of care that consistently meets the needs and expectations of those we serve.



*Steve Spoerry
Interim Chief Executive*

Southern Health & Social Care Trust

- a little bit about us.

The Southern Health and Social Care Trust geography covers the Council areas of Armagh City, Banbridge and Craigavon and parts of Newry, Mourne and Down, and Mid-Ulster District.



391,796

Population of the Trust Area



15,797

Staff employed



232

Trust owned Buildings



£3.3m

per day delivering care to local people.



What did we do in 2024/2025



356,115

Outpatient Appointments with Consultants

Decreased from 357,107
(0.28% decrease from 2023/24)



342,043

Radiology Examinations

Increased from 322,746
(5.64% increase from 2023/24)



160,870

Emergency Department Attendances

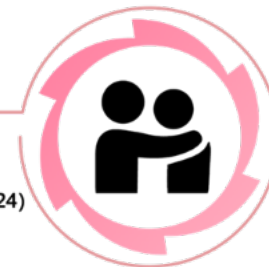
Increased from 158,841
(1.2% increase from 2023/24)



686

Looked After Children

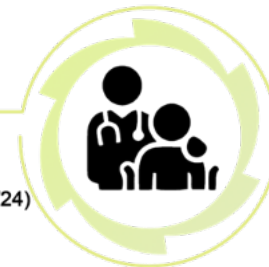
Increased from 676
(1.5% increase from 2023/24)



35,445

Day Cases

Decreased from 36,572
(3.18% decrease from 2023/24)



9,960

Theatre Sessions

Increased from 9,298
(6.65% increase from 2023/24)



4,483

Babies Delivered

Decreased from 4,772
(6.5% decrease from 2023/24)



55,449

Inpatient Admission

Increased from 54,616
(1.5% increase from 2023/24)



Transforming the Culture

Theme

1

- 1.1 Our People Priorities
- 1.2 Patient and Client Experience
- 1.3 Compliments and Complaints
- 1.4 Adverse / Serious Adverse Incidents (SAIs)
- 1.5 How the Organisation Learns
- 1.6 Quality Improvement



**STRENGTHENING
THE WORKFORCE**



**MEASURING THE
IMPROVEMENT**



**RAISING THE
STANDARDS**



**INTEGRATING THE
CARE**

1.1 Our People Priorities

“Our People 2022 to 2025 – A framework for transforming our workplace and transforming our care.”

Our People Framework launched in October 2022 sets out what our people can expect from our formal leaders and from each other. Our ambition, put simply, is to ‘create a great place to work’, a workplace where we are engaged, feel valued and work well together. This in turn will help us transform our workplace to transform our care, to continue to provide the safe, high quality, compassionate care and support to our population. This framework outlines our 3 people priorities of Wellbeing, Belonging and Growing.



Developed by our people, our Health and Social Care (HSC) values support how we deliver our purpose and our vision. Our HSC values of **compassion, openness and honesty, working together** and **excellence** and their associated behaviours guide us all and define the way we work. Our values are at the heart of our people priorities and guide our thinking and actions to help create a positive workplace culture.

Here are some of the key achievements in 2024-2025

Wellbeing

Creating a safe & healthy working environment for us all and promoting a culture of wellbeing.

- Implementation of Year 3 of our Health and Wellbeing Framework focusing on healthy relationships, healthy workplaces and healthy body and mind.
- Developing a ‘Supporting You Through Change’ resource and a range of wellbeing supports offered during implementation of encompass to support and look after our people during significant organisational change.
- Trained 2 new facilitators to deliver Schwartz Rounds, supporting staff and organisational wellbeing.

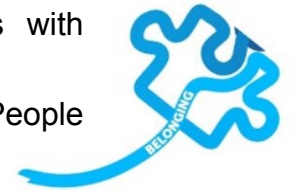


- Occupational Health and Wellbeing Psychology Service facilitated 3 Wellness in the Workplace groups this year.
- 90% of recommendations achieved from the Baseline Assessment Tool [NICE NG212] Mental wellbeing at work.
- A Critical Incident Peer Support: Guidelines and Pathway developed.

Belonging

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

- Launch of the new Trust Vision and Strategy.
- Launch of the first employee network for staff and students with disabilities and long-term health conditions.
- Delivered a range of recognition initiatives, including ‘Our People Awards’ ceremony.
- The delivery of our second successful Culture Night.
- Supporting international recruits through our Buddy Scheme.
- The delivery of new face to face Corporate Welcome sessions and the implementation of new Departmental Induction Guidelines and Checklist.



Growing

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

- Delivery of our Insights for Managers Programme, aimed at developing managers by clarifying expectations and offering key insights into their practice.
- Providing coaching support for senior managers and developing the Coaching Skills for Managers’ programme.
- A framework was developed laying out the expectations of SHSCT managers.
- Implementation of the Encompass programme including a Trust wide training programme to support staff during implementation.



1.2 Patient and Client Experience



The Online User Feedback Service (OUFS) for Northern Ireland was launched by the Department of Health (DOH) in collaboration with the Public Health Agency (PHA) and the Health and Social Care Trusts (HSCT) on 3rd August 2020. This service is built around

a platform called Care Opinion - an independent, non-profit, feedback platform which provides a moderated service for Health and Social Care Services across United Kingdom. In Northern Ireland a whole system approach has been adopted and strives to embed the OUFS into all Health and Social Care (HSC) services.

During 2024/25 the following feedback was received through the regional Care Opinion platform, and was published by a *'patient, family member, carer or other'*

1848 stories received



What people tell us through Care Opinion offers a unique window into the lived experience of care. **90% of the stories were positive**, offering recognition and thanks to staff and services. The remaining **10% included some level of criticality** and it is often within these reflections that services find the clearest opportunities for improvement.

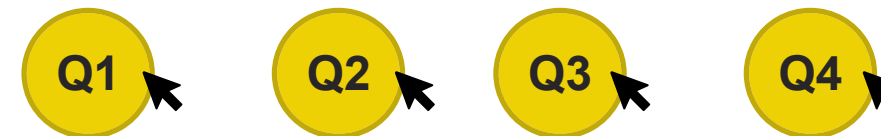
We achieved an outstanding **82% response rate** (received a response from service within 7 days). This level of engagement is a powerful demonstration that feedback is not simply collected, it is listened to, valued, and used as a catalyst for reflection and growth.



34 changes were made as a result of Care Opinion feedback received



During 2024/2025, quarterly Working Together Newsletters were produced.



Click on each icon to view

During 2024/25, SHSCT participated in the following 10,000 More Voices projects.



- My experience of Decisions about my Care (SDM)
- My experience of a Care Home – a Resident's perspective
- My experience of seeing the Nurse at my GP Surgery
- My Experience of waiting for a Package of Care – A Scoping exercise

During 24/25 the Patient Client Experience team continue to deliver Care Opinion training modules

Care Opinion Staff Training by PCE Team

- **165** staff attended Care Opinion Responder Training
- **227** staff attended Care Opinion Awareness Training

Personal and Public Involvement

The Southern Trust recognises that the involvement of service users, carers and other stakeholders is fundamental to its Personal and Public Involvement (PPI), Patient Service User Experience (PSUE) and Quality Improvement (QI) strategic agendas and operational plans.

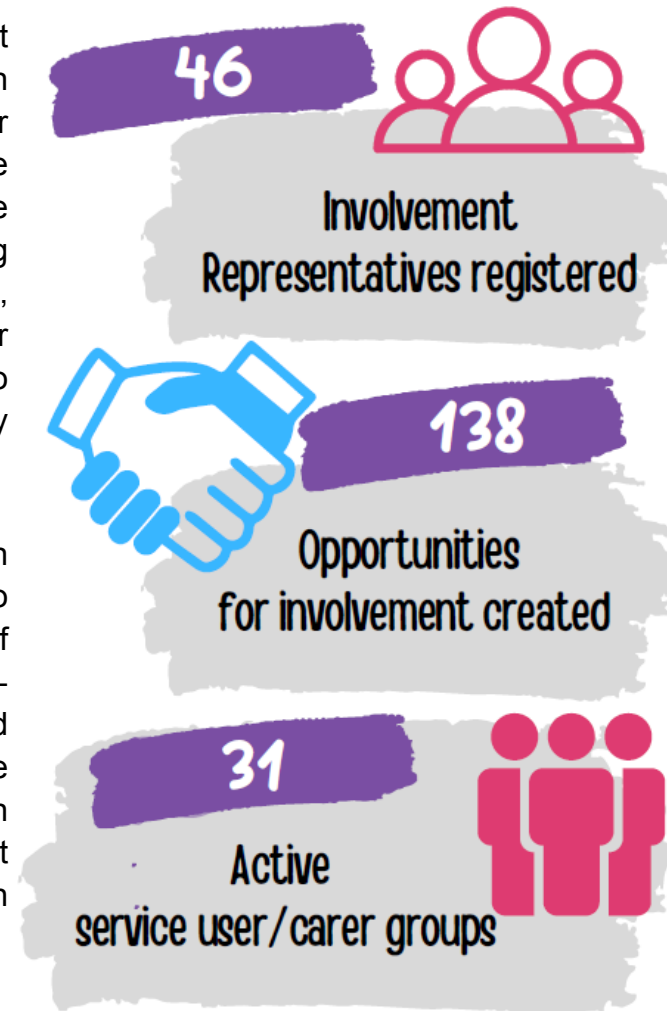
The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) practices is embedded into all aspects of its business. A Non-Executive Director chairs the Patient and Service User Experience Committee (PSUEC), a sub-committee of Trust Board. The Director of Adult Community Services (ACS) is the lead Director for PPI and has responsibility for the development of the Trust's PPI Corporate Action plan and application of practice across the Trust.

Over the past year, the User Involvement team focused on several areas in partnership with service user and carer representatives to further embed the practice of involvement throughout the Trust. These areas have included increased training delivery on involvement to colleagues, Service Users, Carers and other stakeholders with a focus on 'harder to reach' groups and Community and Voluntary sector organisations.

There have been further expansions in connecting with service users and carers to engage in involvement through a series of 'Community of Involvement' events, co-produced promotional resources and ongoing work within the Care Experience Hubs. There has also been a focus on supporting staff to report on any involvement work to provide additional assurance through this monitoring process across the system.

Register of opportunities

The User Involvement team maintains a register of known involvement projects across the Trust with clear mechanisms in place for staff to inform the team of emerging opportunities and to seek support in ensuring an effective process for involvement and appropriate outcomes.



Over the past year, the team have had oversight of 138 registered involvement opportunities across the Trust. Information is provided within training sessions to support staff to both report and request support for involvement projects to the User Involvement Team. Both internal and external opportunities are widely promoted through several mechanisms:

- Community mailing lists
- Personal and Public Involvement (PPI) and Community Development Staff Team direct
- Engage website
- Southern Trust social media platforms
- Identification of individual service users and carers for specific projects
- Team Talks

Raising the profile

Across the Trust, we use a range of information resources, media and platforms to encourage involvement of SU/C, enabling staff to recruit within designated service areas. Involvement events and case studies are shared on press releases, social media and the Trust website and are recorded by PPI team on a weekly basis. Some examples of areas that have supported involvement opportunities include:

- Early Pregnancy Clinic in Craigavon Area Hospital.
- Purple Heart Clinic in Craigavon Area Hospital.
- New Relatives Room in Ward 3 North Craigavon Area Hospital.
- Community of Involvement event.
- Learning Disability Carers Group survey.
- User Involvement Team Administrator to share on an on-going basis.

The PPI team and Service User and Carer representatives have developed a suite of resources for both staff and public to highlight opportunities for involvement, supports available and useful contacts. These resources are widely distributed across Trust and community settings.

Community of Involvement Event

The Community of Involvement (CoI) Planning Group and User Involvement Development Officers delivered a successful event in September 2024. There were **65** attendees, and **8** Information Stands, including Care Opinion, Cause NI, So Hope, Access and Information, Carers Coordinators, Public Health Agency User Involvement Research & Development Team and the Patient Client Council and Recovery College. The Service Improvement Lead for Dementia and the Children's Nursing Services Training Coordinator were speakers on the day.

A panel of Service Users and Carers gave a unique Service User and Carer perspective that helped to shape the discussion. Feedback from the day was very positive.

"The event was enlightening. Really enjoyed the speakers - including the real experiences. I thought there was good variety in the speakers and their projects. It really illustrated the real impact of User Involvement. All staff should listen to this."

"It was a lovely, relaxed environment. All speakers were excellent and it clearly demonstrated the benefits gained from User Involvement. It was inspiring and motivating to hear what is being achieved."

"Well done to the User Involvement Team and all the Service Users and Carers. I really enjoyed today and I learnt a lot. Thank you! Today has highlighted and reminded me about the importance of User Involvement. Today has also reminded me why I do my job and how we can all make a positive difference. "Nothing about us, without us" is my takeaway today. Sincere thanks to all."



"It was like therapy."

Improving the experience in Emergency Departments

The Lead Nurse for the Emergency Department (ED) and Minor Injuries and one of our Service User and Involvement Ambassadors undertook a Care Experience Hub project within ED in Craigavon Area Hospital. Based on her own experiences in ED the Service User highlighted the need for improvement within the waiting area, including access to blankets, provision of food and hot drinks, particularly through the night and a clearer understanding of a patient's pathway through ED. These suggestions were listened to, understood and implemented.

Blankets can now be requested via the Triage Nurse and a new contactless vending machine offering hot drinks can now be found in the Main Reception area of CAH. A new "Pathway through ED" slide will be displayed on the plasma screen within ED.

Our service user remarked, *"I am so happy to see this, honestly. I was listened to every step of the way. These small changes will make a huge difference to the experience of people who find themselves in the ED waiting area"*.



User Involvement Training

The User Involvement Team, in partnership with Service Users and with the Public Health Agency, continues to deliver a multi-level User Involvement training programme and the training content is regularly reviewed and widely promoted.

In 2024/25, **623** staff and Service Users and Carers in the Southern Trust area have participated in User Involvement training, including delivery via the regional eLearning programmes, online and through face-to-face



A new Senior Leaders Training programme entitled **‘What’s on Your Agenda?’**: has been co-designed and co-delivered with Service User representatives to outline statutory obligations and the role of senior leaders across the organisation in creating opportunities for involvement as well as monitoring and reporting responsibilities. Training sessions were delivered during March 2025.

Personal and Public Involvement (PPI) Champions

Staff from across Trust Directorates have put themselves forward to become PPI Champions. A total of 12 champions were trained this year with a schedule of further training planned. They are supported by the User Involvement team to advocate for and promote PPI within teams. Bespoke Champion training was developed to support staff undertaking this role, providing additional knowledge, understanding, leadership skills and confidence to supplement already existing training options.



Good practice examples

The Seasons of Life – supporting bereaved children and young people



Seasons of Life’ is a workshop for children and young people who have experienced a bereavement or a significant loss.

Bereavement is a Public Health Issue. A parent of a child under the age of 18 dies every 22 minutes in the UK- this equates to approximately 23,600 newly bereaved children each year (Child Bereavement UK 2024). The Seasons of Life Programme focuses on nurturing resilience in children impacted by grief.

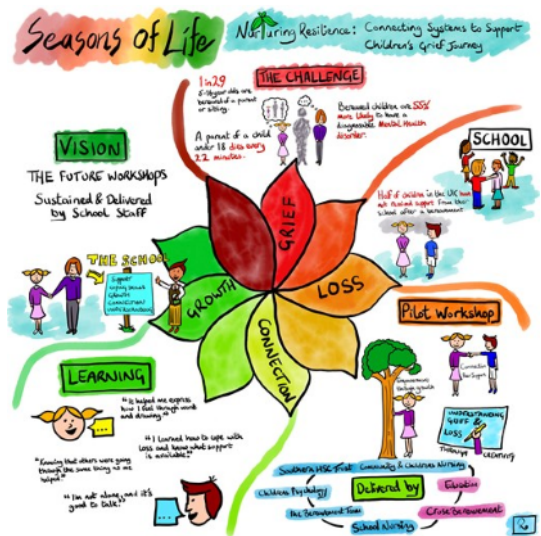
A growing body of research supports single session interventions (SSI) in enhancing wellbeing. By supporting children at an early stage, we could prevent more complex needs developing through childhood or adulthood.

The ‘Seasons of Life’ workshop which is unique to the Southern Health and Social Care Trust (NI) will support children through a collaborative approach, bringing together key systems around the child – healthcare, education and the voluntary/community sector.

The workshops will be delivered by a multidisciplinary team in the school setting. The team consists of specialist school nurses, paediatric psychologists, the trust bereavement coordinator and cruse bereavement support facilitators.

This quality improvement project aim is that by June 2025, 60% of children attending the ‘Seasons of Life’ workshop will report: an increased awareness of their resilience skills, increased awareness of normal and prolonged grief disorder, and increased knowledge of supports available both inside and outside of school.

Early intervention support is essential as there are numerous risk and protective issues which we can influence preparing children for loss, the family environment, the young person’s view about themselves and the world, support services and coping strategies.



1.3 Compliments and Complaints

Introduction

Each year a significant number of people receive services provided or commissioned by the Southern Health and Social Care Trust (SHSCT). The majority of service users who receive treatment and care from the SHSCT have a positive experience and are cared for by well trained and supportive staff, all of whom are highly dedicated. However, like any organisation, sometimes things can go wrong. When this happens the Trust’s objective is to listen, learn and improve.

The Trust aims to continually improve, so the quality of services provided is very important. People who have experienced or observed SHSCT services can help ensure the Trust continues to learn and improve by sharing their experiences.

During this reporting period 01/04/2024 – 31/03/2025, 567 formal complaints were received by the Trust.

The top 5 complaint subjects during this period related to:

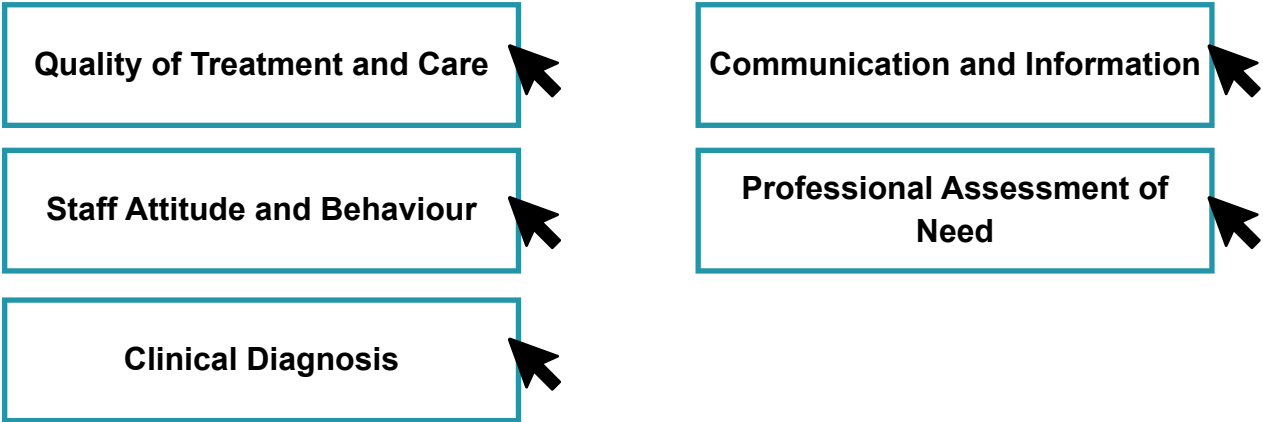
- Quality of Treatment and Care,
- Communication and Information,
- Staff Attitude and Behaviour,
- Professional Assessment of Need, and
- Clinical Diagnosis

Chart: Top 5 Complaints Subjects 2024/25



[Click to view](#)

Examples from across Operational Directorates of actions and improvement work in relation to the top 5 complaint subjects



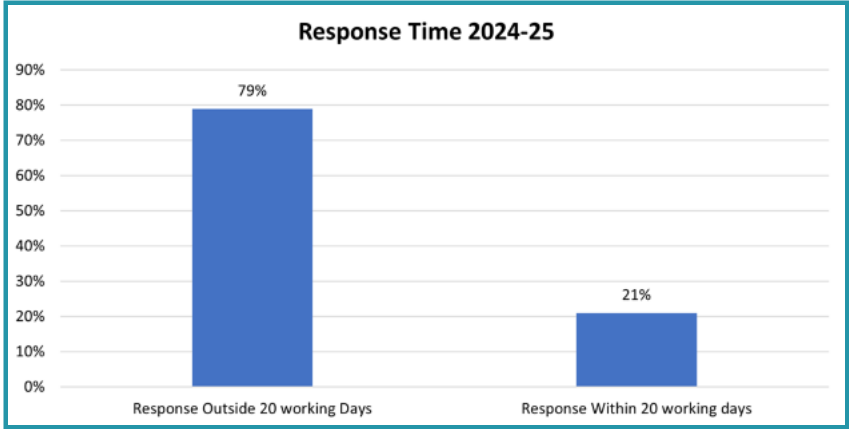
Response Timescales

Where possible, the Trust will seek to resolve complaint issues using local resolution which can be less distressing for 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 relevant clinical teams may offer to meet with complainants to assist with the resolution of a complaints. Throughout the complaints process, the Trust’s objective is to provide the complainant with a positive experience aimed at resolving the issues identified. The SHSCT values all Service User Feedback and will use the information provided as an opportunity to learn, to improve service provision.

The Department of Health (DoH), Health and Social Care Complaints Procedure 2023 requires all Trusts across the region of Northern Ireland to provide an acknowledgement to a complaint within 2 working days and a formal response within 20 working days, following receipt of valid consent (where applicable). Should the Trust require additional time to complete a thorough review of the issues identified within a complaint, the complainant is notified formally in writing with an explanation as to the reason for the delay and an anticipated response date.

Chart: Trust performance against 20 working day response target



Ombudsman Cases

When the SHSCT complaints process has been fully exhausted and the complainant remains unsatisfied with the outcome of their complaint, they may escalate their concern with the Northern Ireland Public Services Ombudsman (NIPSO). The SHSCT is committed to working with the Ombudsman’s office to resolve service user complaints, identify and implement learning.

In 2024/2025, 65 cases brought to the SHSCT by the Ombudsman. During this time, 34 cases were closed at initial assessment/not accepted for investigation, 8 were opened and 23 remained pending.

Example of a NIPSO case

The complainant raised concerns regarding a stent that remained in the patient’s urinary tract for a period of 18 months.

The Ombudsman found that the Trust failed to remove the stent within the recommended 1-month time frame.

Recommendations

- An apology issued to the complainant.
- A random sample audit of uretic stents, taking action to reduce any shortcomings.
- A review of how patients on the Urology waiting list are updated Report to be discussed at the Trust Clinical Governance meeting.

Learning/Improvement

A Urology Speciality Doctor has been trained to undertake stent removal and Lagan Valley regional day elective centre has been utilised to reduce waiting times for stent removal.

Compliments and Suggestions

The SHSCT are keen to learn from the positive experiences of service users and their families to understand what aspects made this experience positive to enable continuity of this good practice and promote shared learning across the organisation. In addition, receiving compliments encourages staff and provides personal recognition for the vital work that they undertake.

In the period 01/04/2024 – 31/03/2025, the SHSCT received 1590 compliments as illustrated in the table below which shows the number of compliments and method received by subject.

An additional 3676 compliments were received through Care Opinion for this same period resulting in a total of 5166 compliments received by the Trust in 2024/2025.

Subject of Compliment	Card	Email	Feedback Form	Letter	Social Media*	Phone Call**	Care Opinion	Total
Quality of Treatment and Care	413	62	111	17	4	9	1,330	1,946
Staff Attitude & Behaviour	357	65	101	17	2	9	1,416	1,967
Information & Communication	92	44	80	7	0	7	900	1,130
Environment	24	17	24	3	0	1	30	99
Other	18	4	1	0	1	0	0	24
Total Compliments	904	192	317	44	7	26	3,676	5,166

1.4 Adverse / Serious Adverse Incidents (SAIs)

Adverse / Serious Adverse Incidents (SAIs)

The Trust is committed to learning and encourages reporting of adverse 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 Serious Adverse Incident criteria as defined within the Regional Procedures for the Reporting and Follow-up of Serious Adverse Incidents (November 2016).

The Trust responded to the Consultation on the Regional Framework for Learning and Improvement from Patient Safety Incidents and supporting documentation (SAI Redesign). The Consultation closed on 20th June 2025. This Framework will replace the current Regional Procedure with the aims of:

- Providing a more streamlined and simplified process for reviewing Patient Safety Incidents, to ensure reviews are of a high quality.
- Placing all those affected at the heart of the process.
- Focusing on understanding how and why a Patient Safety Incident has occurred to identify system-wide learning leading to demonstrable and sustainable improvements in care.

Learning is central to the review of Adverse Incidents as it ensures that the findings are translated into meaningful change. By identifying the contributory factors, the Trust can implement actions that prevent recurrence, improve patient safety and strengthen quality of care.

Adverse Incidents

A breakdown of the Adverse Incidents reported within the Trust between 01/04/2024 and 31/03/2025 is provided below, with a breakdown of the top 5 Incident categories.

Financial Year	Total Incidents	Patient Behaviour	Patient Accident /Falls	Behaviour (Including Violence & Aggression)	Medication /Biologics/ Fluids	Pressure Ulcers
2024/25	28,457	6720	6545	3418	3089	1155

Examples of work that is ongoing to address these:

Incidents relating to Behaviour (Including Violence & Aggression):

The Children and Young People Services (CYPS) Directorate acknowledge that the most frequently occurring incidents across the Directorate are in relation to Behaviour (Including Violence & Aggression). Work is underway to develop staff knowledge and skills in the implementation of Positive Behavioural Support Plans within children’s learning disability settings. This work is supported by the development of procedural guidance for the use of restrictive practice/ interventions, aligned to the regional policy, and the development of restrictive practice reflective oversight groups, to review trends and data and identify learning from review of incidents. Work is underway to establish a restrictive practice register across the Directorate to enable increased oversight.

Within the Mental Health and Disability (MHD) Directorate, Bluestone Ward has now fully embedded a new evidence based model of care for patients and staff called ‘Safewards’. This model has enabled staff to grow their knowledge of the root causes of conflict and allowing them to devise effective strategies, to reduce harmful events within acute inpatient mental health and learning disability wards. In addition, there has been a redevelopment of all wards with a focus on creating vibrant, multi-sensory therapeutic and relaxing environments. This innovative approach prioritises the wellbeing and recovery of individuals in care, creating a positive and supportive environment for all.

Within the Adult Community Services (ACS) Directorate, Enhanced Care Observations have been implemented across all Non-Acute Hospital wards with patient-centred plans and de-escalation techniques.

The Medicine and Unscheduled Care (MUSC) Directorate continues to undertake a Multi-Disciplinary Team (MDT) approach to identifying potential risk of adverse behaviours, implementing processes and environmental changes, such as the development of lower stimulus spaces, to safeguard service users and staff to assist with reducing behavioural related incidents.

Medications

Please refer to information within section 3.6. In addition, the Medicine and Unscheduled Care (MUSC) Directorate acknowledge one contributing factor relating to medication incidents was overcrowding within the Emergency Departments and Wider Hospital. The multifactorial causes of overcrowding are recognised and a cross-directorate quality improvement initiative, ‘Timely Care’, with the collective aim of reducing the level and impact of overcrowding across the organisation is ongoing.

Pressure Ulcers

District Nursing Services remain committed to delivering safe, high quality care through the prevention and management of pressure ulcers. The Nursing Quality Improvement (NQI) audits have provided valuable evidence of improvements in compliance with risk assessment, care planning and the application of preventative interventions. Findings from the audits are systematically reviewed at team and organisational level to inform quality improvement plans and to support shared learning across community services. Targeted staff education, alongside strengthened governance processes and collaborative working with Tissue Viability services, has further enhanced clinical practice. This work underpins the Trust’s objective of reducing avoidable pressure damage, improving patient outcomes and ensuring robust assurance of care standards across District Nursing.

Serious Adverse Incidents (SAIs)

Serious Adverse Incidents (SAI’s) are reported to the Strategic Planning and Performance Group (SPPG), a breakdown of notifications submitted by the Trust during 01/04/2024 – 31/03/2025 by Directorate, is detailed below:

Directorate	Number of SAI Notifications
Medicine & Unscheduled Care	17
Surgery & Clinical Services	36
Children & Young People’s Services	8
Adult Community Services	<=5
Mental Health & Disability	26

The top 5 themes of the SAIs notified to the SPPG between 01/04/2024 and 31/03/2025 are:

- Patient Behaviour
- Diagnostic Processes/Procedures
- Maternity Care
- Therapeutic Processes/Procedures
- Medication/Biologics/Fluids

SAIs relating to deaths

In keeping with an IHRD Recommendation, the Trust report on details of every SAI related patient death.

Directorate	Number of Deaths
Medicine and Unscheduled Care	17
Surgery & Clinical Services	40
Children & Young People’s Services	12
Adult Community Services	<=5
Mental Health & Disability	43 (includes SAIs relating to deaths by suicide)

Learning/Recommendations arising from SAI reviews

Children and Young People Services Directorate Serious Adverse Incidents.

A 15yr old girl residing in residential care in the SHSCT, ingested a potentially lethal dose of Paracetamol and refused immediate medical intervention. The risks involved were quickly identified by staff and whilst there was appropriate collaboration between services, there was uncertainty regarding the roles, responsibilities, remit of each service, coupled with uncertainty regarding legislative powers. This uncertainty led to a delay in getting the young person to hospital.

Recommendations:

Pathways were developed in response to identified actions to take when a young person in residential care refuses immediate medical assistance or may require assessment under the Mental Health Order. These pathways included guidance on the roles and responsibilities of staff, relevant legislative context and detail of when to seek support to inform decision making.

Mental Health and Disability Directorate Serious Adverse Incidents

An SAI review conducted by the Mental Health and Disability (MHD) Directorate identified learning in relation to improving awareness of the Adult Mental Health Clinical Psychology service waiting list times amongst all MHD clinical staff, learning in relation to patients receiving a waiting list breach letter and the need for the Psychology Service patient questionnaire/form to be reviewed.

Medicine and Unscheduled Care Directorate Serious Adverse Incidents

Patient attended the Emergency Department (ED) awaiting a medical bed with a management plan which included a repeat arterial blood gas test the following morning. A venous blood gas test completed at midnight, indicated an urgent medical review and further arterial blood gas test however there was no follow up of this result. The patient was found unresponsive, resuscitation was attempted however this was unsuccessful.

Due to a breakdown of communication, misinterpretation of information, and the absence of documentation, there was a missed opportunity to action the patient's blood result.

The purpose of medical handover is to reduce communication errors and improve patient safety. It ensures accurate and reliable communication across shift changes, allowing for critical information to be shared competently and accurately, ensuring outstanding actions are shared for follow up.

It is good practice for any change in a patient's management plan to be communicated to relevant staff and be documented within the patients' medical documentation with rationale provided.

Blood gases should be reviewed in conjunction with the clinical status of the patient for appropriate interpretation.

It is good practice to review the entirety of investigations, to sign off and record the results within the patient's medical records.

Surgery and Clinical Services Directorate Serious Adverse Incidents

A new patient referral was not correctly registered on the hospital information system and during checking of the referral folder it became apparent that a patient was not registered or allocated a clinical appointment resulting in a delay.

All referrals are now registered as soon as they are received with the aid of a standard operating procedure in place. In addition, a report is generated on a regular basis to highlight any referrals which have not actioned.

The implementation of Encompass ensures all referrals are received electronically which will reduce the likelihood of these incidents in the future.

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.



1.6 Quality Improvement

Over the past year, the Trust has continued to build on our commitment to delivering safe, effective, and compassionate care by driving forward a range of quality improvement initiatives. These improvements reflect the dedication of our staff, patients, and partners in shaping services that better meet the needs of our community. From enhancing patient safety and experience, to strengthening clinical outcomes and supporting staff wellbeing, each improvement demonstrates our focus on learning, innovation, and collaboration.

These examples show what can be achieved when we work together with patients, families, staff, and partners to bring about meaningful change. While we are proud of the progress made, we know there is always more to do, and we remain committed to listening, learning, and improving. Building on these achievements, we will continue to focus on what matters most to the people we care for and to those who deliver that care every day.

In the year ahead, we will introduce a new Quality Improvement (QI) framework designed to strengthen and align improvement activity across our services. This framework will provide a clear structure for how we plan, deliver, and evaluate improvement, ensuring that initiatives are evidence-based, measurable, and sustainable. It will also create the conditions for staff at every level to engage confidently in improvement work, supported by training, tools, and a culture that encourages innovation and learning. By embedding this framework, we aim to build greater consistency, accelerate the pace of change, and enable improvements that enhance quality, safety, and person-centred care across the organisation.

Our leadership is fully committed to embedding this framework, ensuring accountability at every level, and creating the conditions for sustained improvement that delivers meaningful benefits for patients, service users, and staff.

This year we are strengthening our improvement infrastructure through the relaunch of our Quality Improvement (QI) Network, creating a renewed platform for staff to connect, share learning, and drive collaboration across services. To build further capacity and capability, we are introducing a new Quality Coach development programme, equipping staff with the skills and confidence to lead improvement at every level. Alongside this, we are establishing a bespoke QI development programme for our administrative and clerical workforce, recognising the vital contribution they make to improvement and ensuring that opportunities to participate are inclusive and accessible to all. Through these developments, we will create stronger foundations for improvement, enabling lasting change that enhances quality, safety, and person-centred care for the people we serve.

Enhancing Dementia Care Across the Southern Health & Social Care Trust

In 2021, it was estimated that there are over 22,000 people living with dementia within Northern Ireland, a number which is expected to double by 2040.

The aim of this project is to create a Trust wide approach to supporting individuals living with dementia, including those with early onset dementia and their families.

The project team was established in Autumn 2024 and includes individuals with lived experience of dementia, community teams, staff working in Acute and Non-Acute settings, Gillis Ward, the Quality Improvement team and University of Ulster.

The project will focus on organisational culture, training needs and multidisciplinary collaboration to optimise person-centred care for those living with dementia.

BREAK THROUGH THE SILENCE

Learn From Those Living With Dementia

This World Quality Week, make a commitment to quality care. Understand from people who live with Dementia.

Watch - 'HEAR OUR VOICE'

A documentary that reveals the reality behind a diagnosis of Dementia





[Click here to view the poster](#)





[Click here to listen to the teams podcast](#)



To find out more contact Mairéad McGahan
mairead.mcgahan@southerntrust.hscni.net

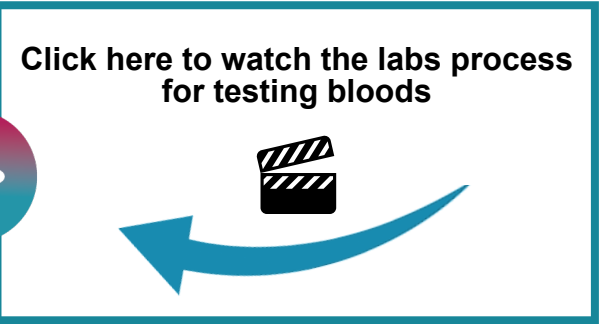
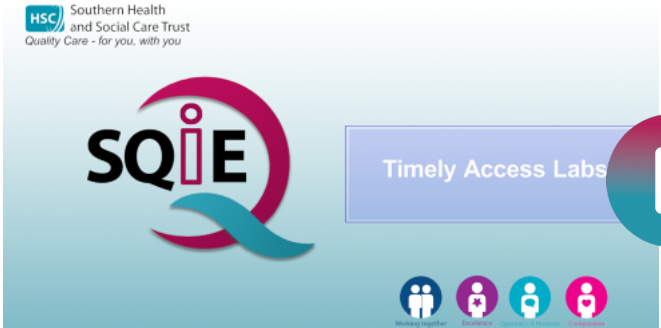
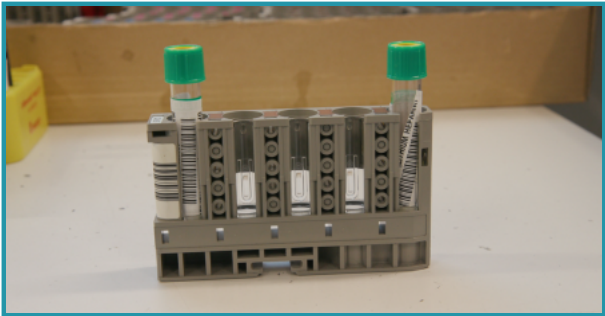


Timely Access to Labs

Every Minute Counts

Last year, approximately 25,000 laboratory tests were repeated, costing the Trust nearly £750,000 and causing delays for other essential tests. This leads to repeated blood samples and increased waiting times for results.

Are you curious about how blood samples arrive and are processed in the Laboratory. This video will help you understand how Laboratories are enabling the delivery of highest standards of patient care and experience.



**I need blood quickly!
...but it's not a massive
blood loss**

Crossmatched Red Cells:
Blood Bank need patient's sample
~ 40minute wait
Safest units

Group Specific Red Cells:
Blood Bank need patient's sample
~ 10minute wait
ABO and Rh (D) compatible but not antibody screened
Safer than emergency group O

Emergency Group O Red Cells:
Available immediately
Will be ABO and Rh (D) compatible but not be antibody
screened or tested against patient blood sample

Call Blood Bank
Let them know what
units you would like
and provide patient
details

Call 6000
Ask switchboard to fast-
bleep the porters for
urgent blood collection &
state clinical area

For Crossmatched or Group specific units complete a
blood collection form for porters to bring to Blood
Bank when collecting the urgent units

If it progresses to a massive blood loss, activate MBL protocol

Right patient Right Blood Poster



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

Minimum Re-Testing Interval Adherence

Minimal Re-testing Interval Adherence

By adhering to the Minimum Re-Testing Interval Guidance, we can improve efficiency, reduce patient discomfort, and better allocate resources. Let's work together to enhance healthcare quality and safety. For more information, refer to Clinical Guidance ID: CG0860 on SharePoint.

← **CLICK HERE** to view the poster!

By following **three simple steps** we improve the efficiency and accuracy of the blood sampling processes.

- (1) Is the test routine or urgent?
- (2) Use Order Comms
- (3) Ensure labels are applied correctly

To prioritise critical Lab processes, urgent blood tests are reserved for acute, life-threatening cases and are turned around in 90 minutes, while routine tests are completed within 3 hours.

Please refer to the Lab Handbook for more details.

CLICK HERE to view the poster!

EVERY MINUTE COUNTS

Complete 3 simple steps

1

Decide Routine or Urgent*

2

Use Order Comms

3

Ensure labels are straight

***Urgent blood tests are for acute, life-threatening scenarios only**

URGENT bloods will be turned around in a maximum 90 minutes

ROUTINE bloods will be turned around in a maximum of 3 hours.

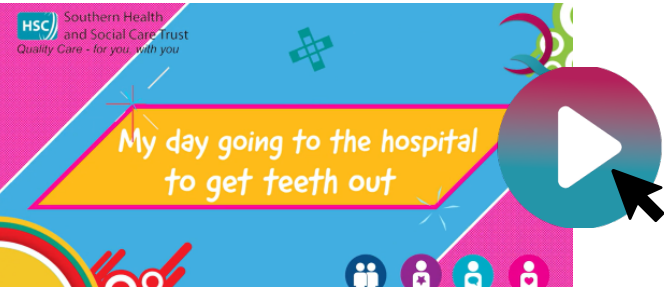
Please refer to Lab Handbook for more information

Community Dental Service

My day going to the hospital to get teeth out

The Community Dental Service Team provides dental extractions under general anaesthetic for children in Daisy Hill Hospital. This visit to the hospital can be quite worrying for children and parents alike.

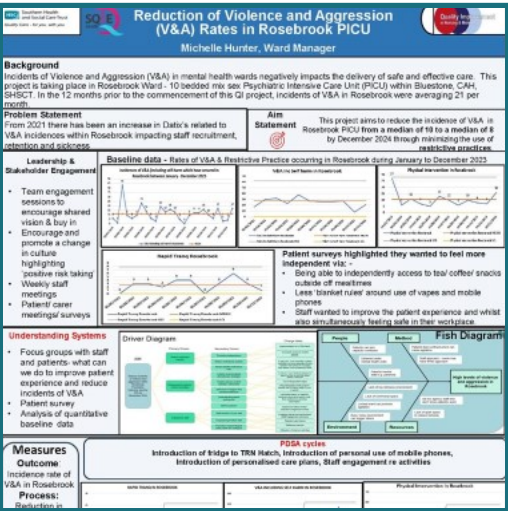
The Community Dental Team strive to provide the best care and make this appointment as easy as we can for our young patients. Thus we decided to update our existing “Going to the Hospital to get teeth out” picture booklet to provide an accompanying video.



This was achieved by working in collaboration with our QI team colleagues and having amazing hidden acting talent within our dental team. The video is now a great resource for our young patients to watch prior to their visit, which we hope will reduce the anxiety on the day of their visit.

Violence and Aggression in Rosebrook

[Click here to view the teams poster](#)



Allied Health Professionals



Charlotte-Anne Wells, Assistant Director of AHP Governance, Workforce Development and Training, commends the efforts of Allied Health Professionals who are addressing waiting lists, developing new service delivery methods, and leading regional initiatives to enhance patient care.

Allied Health Professionals are actively engaged in research and quality improvement projects that have been recognised at regional and national conferences, demonstrating their commitment to advancing practice and improving services.

The commitment of healthcare professionals to patient-centered care drives innovation and quality improvement, ensuring that services are tailored to meet patient needs.

By promoting collaborative work and recognising staff contributions, the Southern Trust aims to sustain a culture of quality improvement that values both staff and patients.



Trust Home Care Awards 2024



The important work that domiciliary care staff do in providing social care to thousands of service users has been recognised at the inaugural Southern Health and Social Care Trust Home Care Awards held at the Armagh City Hotel on the 26 th June 2024.

The ceremony saw a number of winners and runner-up awards presented across eight different categories :-

Savings Lives / Bravery Award

Joy Maker Award

Compassionate Care Award

Supervisor Award

Above and Beyond Award

Awesome Admin Award

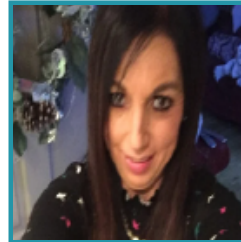
Mentor Award

Team Award

And the winners are....



The Savings Lives Bravery Award, when the actions of a Domiciliary Care Worker (DCW) resulted in the saving of a life and was won by Angela Oozeerally



The Above and Beyond Award was presented to Julie McWilliams (Newry and Mourne DCW) for her passion, dedication and going the extra mile.



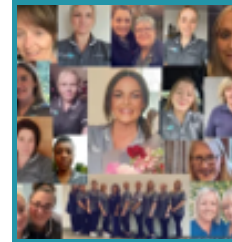
Armagh and Dungannon DCW Pauline Abernethy was named the winner of the Joy Maker Award for spreading joy and happiness amongst her colleagues and service users.



Andrea Bell won the Awesome Admin Award for her administrative duties having a real impact on the quality and efficiency of Trust Home Care.



The Compassionate Care Award was won by Newry and Mourne DCW Marie McNulty. This award recognizes an exceptional care worker who delivers outstanding care.



Lesa McCrory (Craigavon and Banbridge DCS) was named the winner of the Supervisor Award. This award recognizes an outstanding supervisor who demonstrates a commitment to supporting a highly motivated staff team to deliver quality, safe person-centred care.



The Mentor Award was won by Pauline Loughran. This award recognizes those care workers who train, encourage and motivate other staff.



DCW's in Katrina Ferrans Patch Areas were awarded the team award. This award demonstrates good practice in person centred care & support, ensuring service users remain at the heart of the service.

GO DOM CARE GO!!

Pauline Hamill, Monitoring Manager for Domiciliary Care, reflects on the first Trust Home Care Awards: -

We had our first ever Trust Home Care Awards as a way of recognising THC staff in their own right, celebrating the important work, professionalism and dedication our staff show to Service Users in the community on a daily basis.

Staff were asked to nominate colleagues and this was extended to all Trust staff to nominate. We sent out weekly reminders to nominate staff. In the end, we received 162 nominations across a wide range of each of the categories. This was then anonymised and sent to the judging panel who consisted of Maura Mallon, retired Assistant Director of HR, Jacqueline Morton, Head of Quality Improvement and Heather Clyde, RQF Peripatetic Assessor/IQA Supervisor of Midwives. All these ladies have had experience of care in the community from Trust Home Care.

We invited Service User Mrs Margaret Heslop to say a few words about her experience of the service and what it means to her. Mrs Heslop SU said *"I was delighted to be invited to these awards to just say thank you to all the domiciliary care workers within the Southern Trust. You have all done so much for me over the past 10 years, and I want people to know how much I appreciate every one of you. I really cannot thank you enough. The work you do really is everything to me and I am sure it means as much to the thousands of others who you care for."*

After the event, I gathered feedback from staff who had attended the event to share as part of our THC newsletter and feedback has been really positive. Staff commented on how nice it was that their work was showcased and recognised in this way.

Right on Q World Quality Week



World Quality Week 2024 (WQW), The theme was 'From Compliance to Performance'.

This week offered us an opportunity to look back at some of **our Trust** improvements over the last 12 months and consider how we could strengthen our quality improvement (QI) knowledge and skills. This year's celebration includes a showcase of improvements that have been identified and led by our staff. These include staff who have led improvements as part of Regional Programmes.

Listen to Peter, Jackie and Mairead share their ambitious plans for dementia training which is being developed in partnership with Dementia NI and the University of Ulster.

We have included an update from our Care Experience Hubs where our patients are engaged, involved and supporting improvements across the operational directorates based on triangulation of data from complaints, performance and patient feedback.

Review the experience of the staff who presented their improvement work at the IHI BMJ Quality and Safety Forum in London earlier this year.



See how we are integrating quality improvement into everyday routines and standard operating procedures so that it becomes a natural part of how work is done in the Southern Trust. Click to view the previous newsletters showcasing all the work!





The Scottish Improvement Leader Programme is designed for those in a role with significant focus on quality improvement to develop individuals to design, develop & lead improvement initiatives. It is a 12 month programme including a range of virtual and in person workshops.

The Southern Trust had 4 staff members taking part and being mentored through the programme by our Quality Improvement Facilitators.

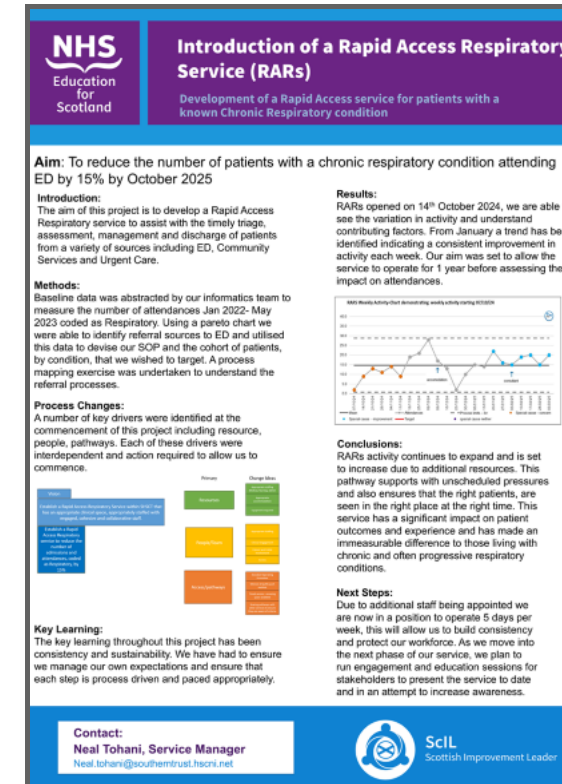
The projects are:

- Elaine Mulligan: To reduce time between referral from ED and first follow up appointment for TROC (trial reversal of catheter) within SHSCT, by 50% (from 24 weeks to 12 weeks) by January 2025.
- Sheila Smyth: Increase by 15% the number of fostering assessments completed within 9 months of the date of enquiry in the Southern Trust by January 2025.
- Neal Tohani: Establish an Ambulatory Respiratory Unit (ARU) within SHSCT by October 2024.
- Stephanie Hunter : Ensure 100% of Quality Improvement Plans in chosen pilot wards (MUSC, ACS and SEC) have quality actions and evaluations by October 2024.

At the close of the programme in August 2025, the projects will be showcased across the Trust.



[Click here to listen to Neal Tohani review his project.](#)



[Click to view the teams poster](#)



Strengthening the Workforce

Theme 2

- 2.1 Induction
- 2.2 Mandatory Training
- 2.3 Leadership Programmes
- 2.4 Supervision, Coaching and Mentoring
- 2.5 Staff Achievements
- 2.6 Staff Absenteeism
- 2.7 Reducing the risk of Hyponatraemia
- 2.8 Revalidation of Medical and nursing staff
- 2.9 Preparing for Encompass to go live



TRANSFORMING
THE CULTURE



MEASURING THE
IMPROVEMENT



RAISING THE
STANDARDS



INTEGRATING THE
CARE

2.1 Corporate Welcome

Corporate Welcome

Induction

**Welcome to
#TeamSHSCT!**

Corporate Welcome Event



To ensure that as an organization, we are engaging with our new employees early in their career as possible and making them feel a part of #TeamSHSCT. A face to face ‘Welcome to #TeamSHSCT’ event was introduced in June 2024 to replace the previous online corporate induction resource.

In 2024-25, 682 SHSCT staff have attended a corporate welcome event.



2.2 Corporate Mandatory Training

Corporate Mandatory Training is essential in health and social care ensuring our staff have the knowledge, and skills to deliver safe, effective high quality care. It underpins compliance with standards and supports a culture of safety and professionalism.

As a Trust we continue to ensure that employees and managers are aware of the importance of Corporate Mandatory Training (CMT) in keeping both themselves and our service users safe whilst delivering our services. CMT compliance is shared and discussed across a variety of forums and meetings within the Trust. Quarter end compliance reports are provided to each Directorate for dissemination throughout their services. The comparisons to the previous year’s figures are outlined below:

Corporate Mandatory Training Element	% Compliance as at 31st December 2024*	% Compliance as at 31st March 2024	% Variance
Information Governance	88	87	1
Cyber Security	87	87	-
Fire Safety	80	70	10
Safeguarding	79	52	27
Moving & Handling	83	73	10
Infection Prevention & Control	72	78	-6
Equality, Good Relations & Human Rights: Making a Difference	88	83	5
Corporate Welcome	48	71	-23
CSCG (commenced 01/04/24)	50	-	-

**Compliance figures as at 31 March 25 are unavailable due to the implementation of encompass*

2.3 Leadership Programmes

Growing

Compassionate and Sustainable Services

Strong leadership builds resilience and supports a culture where staff and patients can thrive.

Growing leaders in health and social care is vital to inspire teams, drive improvement, and ensure safety. We are supporting and developing our people so they can be the best they can be and fulfil their potential.

Supporting our people - training and development opportunities

The Trust want to invest in our people, recognise and encourage leaders at all levels and provide opportunities to develop collective leadership capability. A number of training and development opportunities are available to all our people. Uptake across the year in these courses was as follows:-

Course Title	Number of Courses	Number of Attendees
Conflict Bullying & Harassment	6	129
Flexible Working	7	139
Every Conversation Matters	3	62
How We Treat People Matters	3	55
Mental Health Awareness for Managers	11	176
Appraisal Skills for Managers	12	213
Interview Skills Bands 1-7	4	53
Interview Skills Band 8a and above	4	48
Raising Concerns (Whistleblowing) – Awareness session on your responsibilities	6	75
Raising Concerns (Whistleblowing) – Awareness sessions for all staff (SHSCT/ER)	7	77
Absence Management	13	335
Total	76	1362



Leadership Development and Professional Development

The Social-Work-Leadership-Framework (2022) sets out how Social Workers can develop their leadership careers across all sectors, levels and roles. It aims to shape the design and delivery of professional leadership development opportunities for social workers. It defines leadership as an activity available to everyone in the profession, involving influencing and working towards common goals.

- Dissemination of the regional Social Work Survey.
- Provision of information sessions for Student Social Workers, staff in their assessed year in employment and Managers.
- Social Work training programmes have taken account of the framework in both the teaching and assessment processes.
- Third level professional development opportunities were also made available in line with the Professional in Practice Framework.

This ensures adherence to registration requirements and enables staff to develop specialisms. A total of 127 social workers have been enrolled and 33 social workers achieved requirements within the PiP consolidation award enabling them to meet post AYE registrations requirements.

Insights for Managers Programme

The Insights for Managers programme was designed in response to a recognised need to support line managers within the Trust at every level of the organisation in managing and dealing with forthcoming significant organisational change and associated new ways of working. This was also important in light of our planned vision and strategy, significant digital transformation agenda and the current challenging financial climate.

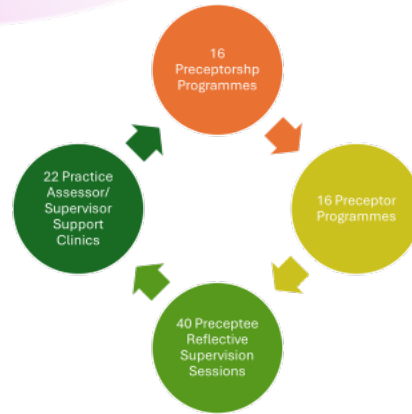
The Programme was held between June and November 2024, with a total of 68 sessions delivered. Across all four modules between 85% - 100% of all managers attended.

Attendance at Regional HSCLC leadership and management and skills-based courses

Click here to view the figures



Programmes facilitated by the Practice Education Team in 2024-2025



The Open University Nursing Programme offers a flexible route to becoming a registered nurse, combining online academic study with supervised clinical practice in the workplace. Designed in partnership with healthcare employers, it enables staff to train while continuing to work, helping organisations grow and retain their workforce. The programme covers all four fields of nursing—adult, children and young people, mental health, and learning disabilities—and is aligned to the Nursing and Midwifery Council’s Future Nurse standards. Its blended approach widens access to nursing, supporting people from diverse backgrounds to develop professional skills and progress into registered roles.



18 Southern Trust student nurses joined the Programme in 2024.

The Practice Education Team facilitated an induction morning, providing an opportunity for the group to connect and prepare for the student journey ahead.

Strengthening Our Workforce

Open University 2024 Cohort

Leadership Programme

Strengthening Our Workforce



Leadership development opportunities enable nurses to build confidence, influence change, and drive improvement in care. Investing in nurse leadership supports safer practice! Investing in-house leadership supports safer practice, stronger teams and better outcomes for patients.

The Practice Education Team, in conjunction with outside speakers, facilitated a Band 6 Leadership Programme in South Lakes Leisure Centre. This four-day programme was aimed at developing Band 6 Nurses in relation to their leadership responsibilities. The content of the programme included Leadership, Role clarification and Development, Human Factors, Quality Improvement, Transition from Manager to Leader, Workforce, and Emotional Containmentment.

Strengthening Our Workforce

Female Medical Ward Development Programme

Introducing a ward focused nursing team development programme strengthens both the quality of care and the experience of staff. It enhances teamwork and communication, supports leadership at all levels, and promotes consistency in practice. By providing space for reflection, resilience, and shared learning, it improves staff wellbeing and retention while equipping teams with the skills to drive continuous quality improvement, ultimately delivering safer, more person-centred care.

The Practice Education Team delivered a bespoke team development programme for the Female Medical Ward nursing team.

The programme involved 53 staff from Female Medical ward Daisy Hill Hospital, with all staff attending 3 half days in Trust. The group was facilitated to work through different learning resources aimed at increasing team cohesiveness, awareness and understanding, and creating a more healthful culture by authentically engaging with each other and being more sympathetically present. Core elements of the programme included:

- Establishing new ways of working for the programme
- Exploring Hopes, Fears and Expectations of the Programme
- Communication in the Workplace
- Creating a Shared vision
- Team Building

All members of staff reported that they enjoyed the programme and it was evident that it had a positive effect on all staff members and enhanced patient care.



Strengthening Our Workforce

Nurse Preceptorship Programme

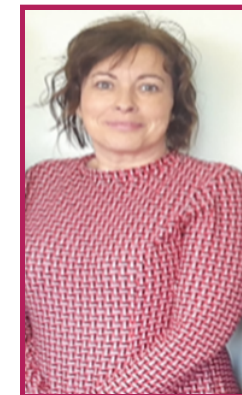
The Southern Trust (SHSCT) is committed to integrating new employees into the organisation as effectively as possible by providing them with the information, support and learning to foster a skilled, confident and empowered workforce.



Our Preceptorship programme, which is in line with both the NI Preceptorship Framework (NIPEC, 2022) and the NMC Principles for Preceptorship (NMC, 2020), aims to benefit all newly registered practitioners and those returning to the register, by facilitating professional socialisation, building professional values and confidence, accountability, independence, life-long learning and reflective practice skills, and to prepare for revalidation.

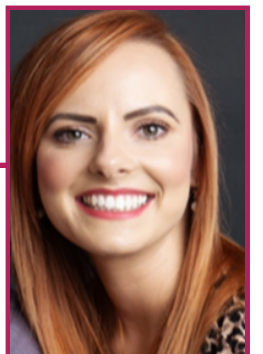
To meet the workforce needs of the Emergency Department, the Practice Education Team collaborated with the team to offer a bespoke support programme. This programme was to support each member of the large cohort of nurses commencing post in the department. The programme comprised of support sessions as well as extra training.

CONGRATULATIONS



Mairead Casey, Patient Client Facilitator, completed her Post Graduate Certificate in Health and Social Care Management Programme.

Hannah Jameson, In-Patient Falls Co-Coordinator completed her Level 2 Quality Improvement Programme for Social Work, Nursing and Midwifery.



2.4 Supervision, Coaching & Mentoring

Coaching culture

Our focus in 2024/25 was to continue to work to strengthen our coaching culture by offering coaching support for senior leaders and, developing managers coaching skills. The Trust internal coaching service continues to support and develop employees through 1:1 coaching. In 2024/25 55 Trust employees availed of the service, with coaches delivering over 50 hours of coaching to Trust staff.

Also, in order to enhance our organisational performance, further develop our organisational culture, and to provide support and development to the current layer of Divisional Medical Directors (DMD) and Assistant Directors (AD), many of whom are relatively new to role, in 2024/25 we offered coaching sessions specifically to them. 25 AD/DMDs have started or completed coaching sessions.

A new 'Engaging through Conversations: Coaching Skills for Managers' training was designed in March 2024. From April 2024, 4 courses have been delivered with 52 attendees and continues to receive extremely positive feedback. Also, 3 'Every Conversation Matters' courses were delivered during this period, to 62 attendees.

International Recruitment

The international nursing team and members of staff from the Southern Trust attended the NIPEC Regional Ethnic Diversity Collaborative Workshop in Stranmillis College, Belfast. The event was organised to celebrate ethnic diversity within the workplace and to review access to further education and leadership opportunities for employees from ethnic diverse backgrounds.

Southern Trust staff who attended the event



MENTAL HEALTH INTERNATIONAL NURSE RECRUITMENT

In March the Trust embarked on a new bespoke Mental Health international nurse recruitment campaign, contributing to the stabilisation of the Trust Nursing & Midwifery workforce. A commitment of 30 nurses was agreed with the regional international recruitment project and to date the Trust is delighted to have welcomed 30 internationally educated nurses from India, Nigeria and Kenya.



Interim Senior N&M Workforce Planning Advisor Sharon Allen with some of our Internationally Educated Nurses.



CONGRATULATIONS

Florence Nightingale Foundation Academy

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



Wendy Chigariro

CONGRATULATIONS

Windrush Leadership Project

The Windrush Nurses and Midwives Leadership Programme, delivered by the Florence Nightingale Foundation in partnership with NHS England, is a development initiative designed to support nurses and midwives from minority ethnic backgrounds, including descendants of the Windrush generation. The programme aims to strengthen leadership skills, build confidence and visibility, and address the under-representation of minority ethnic staff in senior roles. Through workshops, coaching, peer learning, and delivery of a quality improvement project focused on tackling health inequalities, participants gain the tools to lead change, influence practice, and improve outcomes for patients and communities.

Monika Mohan has successfully completed the Windrush Leadership Programme.

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.



Workforce Planning and Utilisation Teams

Winners – Corporate Nursing and Midwifery Workforce Team



CONGRATULATIONS to our Corporate Nursing and Midwives Workforce Team who won the Working Together Award (behind the scenes) at our Trust People Awards 2024.

Success at ‘Our People Awards’

The Open University 2020 Cohort Celebration Event



The Practice Education Team organised a celebration event in January 2025 for the Open University 2020 Cohort. 36 staff members completed the four-year programme and have taken up staff nurse posts throughout the trust.



2.5 Staff Achievements

Edel Corr Award 2024

Edel Corr, a deeply respected and much-loved nursing colleague who sadly passed away in 2021, is commemorated through an annual award established in her name to celebrate her legacy and contribution to nursing. The winner of our Edel Corr Award for Compassionate Care for 2024 was the **Windsor Day Centre in Newry**, which provides day care for adults with a learning disability for service user support, rehabilitation and carer support.

The Bespoke Bungalow was opened in August 2023 and provides a day care service to adults with a learning disability, ASD and other conditions that can be associated with Autism Spectrum Disorder (ASD). Staff included a focus on communication with service users and different creative assistive aids were tested, including Talking Mats, visual supports, iPads, video footage shot by service users and the Attention Autism Programme.

This engagement with service users and families resulted in excellent feedback for staff at the Centre with one stating, *'Being listened to made such a difference to us all.'*

Pictured are: Edel's family members sister Terry McGahan and niece Grace Magennis with Bronagh McKeown Head of Disability Day Care Services, Dawn Ferguson Interim Executive Director of Nursing, Roisin O'Hare Assistant Director of Disability Services, Sinead Campbell Disability Action and Tracy Rogers Head of Service Community Learning Disability Services



Care Opinion Star Responders

During 2024/25 there was 2 staff nominated as Care Opinion Star Responders. These Star Responders were nominated by Care Opinion UK moderation team for showing empathy, compassion and giving a personal touch to their response(s). These staff members showed evidence of outwardly engaging with authors/service users, and embraced the open and transparent nature of communication. Their responses were compassionate, recognise the value of patient feedback, and defined a clear plan around how their feedback will impact how the service will deliver care in the future.

Anne McCourt



Click to view

Ashlene Kelly



Click to view

GREATix Award for SHSCT Staff mentioned by name in positive feedback

In February 2025 the Patient Client Experience team launched an initiative where staff who were mentioned by name in personal feedback could be nominated by staff for a GREATix award. Staff posting a response to the story author can include this award in their response to the story author, showing the value that the Trust places on positive feedback for our staff through the Care Opinion platform.

"Saying 'Thank you' or 'well done' may be the simplest quality improvement intervention of all!" Dr Emma Plunkett



One member of staff who received a GREATix award commented:

"I was absolutely delighted to get feedback via care opinion and the GREATix award. The positive feedback and GREATix meant a lot to me to know that I am doing a good job and I made a difference in that individuals journey, which is wonderful and heartwarming to hear"
Carmel Weir, Dementia Companion, Ramone, Craigavon Area Hospital



Liz McGrath

Liz McGrath, Towards Zero Suicide Coordinator was awarded a BEM (British Empire Medal) in the King's Birthday Honours for services to suicide prevention. A well-deserved honour which reflects Liz's dedication and compassion to building a programme that brings hope, support and safety to some of the most vulnerable people in our communities.



Agnes Dee

Agnes Dee, Head of Service for Mental Health, Intellectual Disability and Dementia Inpatients was awarded the RCN Northern Ireland Nurse of the Year 2025: Team Manager Award for her Motivation, support and development of team members, her leadership and managerial skills and her development of Bluestones team, leading to raised standards of care for patients.

Staff Achievement

John McAteer a Practice Education Facilitator was runner up in the final of the RCN Nurse of the Year Learning in Practice Award for his work within our Emergency Departments (ED). John was instrumental in the creation of a bespoke programme for our Newly Qualified Nurses (NQN) commencing in our ED Departments. John organised a support schedule where he visited and engaged with the newly qualified nurses offering pastoral support, additional tools to help with the transition from student to staff nurse and supported training needs.



Nicola Tallon Student Nurse of the Year awards

The Nicola Tallon Student Nurse of the Year Award was established by the Southern Health and Social Care Trust in memory of Nicola Tallon, a valued colleague from the Home Treatment Crisis Response Team who sadly passed away in 2021. The award recognises student nurses who demonstrate outstanding compassion, professionalism, and commitment to patient care during their practice placements. It not only honours Nicola's legacy but also celebrates and encourages the next generation of nurses to uphold the values she exemplified.

Winner 2024

Louise Bradford, Adult Learning Disability Team, Placement Student, Newry and Mourne Locality



The 2025 Nicola Tallon Student Nurse of the Year awards will be held in Bluestone on the 20th August 2025

2.6 Staff absenteeism

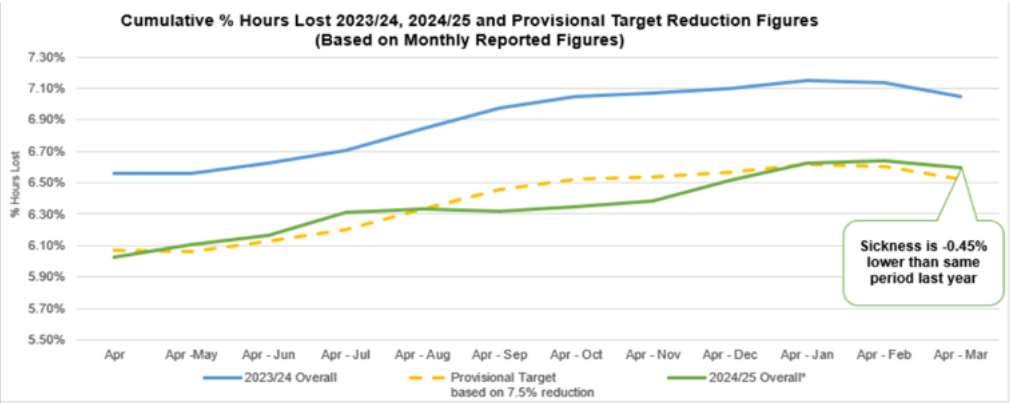
Staff Absenteeism

The Trust is committed to supporting and protecting the health and well-being of all staff and the Trust’s Workforce Health and Well-Being Framework 2022-25 sets out our plan to support staff’s physical and psychological health.

There are times however when a staff member will be absent from work because of illness and they will be supported during any periods of absence by their line manager, the Human Resources and Organisational Development Team and through our Occupational Health Services.

Absence is a significant cost to the Trust and can place additional pressure on colleagues who are at work. Therefore, effective absence management requires a balance between providing support to help staff remain in work / return to work as quickly as possible and taking robust action to address high levels of absence when necessary.

The cumulative sickness absence rate for the Trust for 2024/25 was **6.93%** which is an improved position on the 2023/24 year at **7.05%**.^[1] Work continues within the Trust to reduce sickness absence levels to pre-pandemic levels.



	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Sickness Absence Rate	5.35%	5.39%	6.78%	7.41%	7.53%	7.05%	6.93%

Figures exclude Bank Staff and Domiciliary Care Workers.
Total Sickness Absence includes staff absent due to sick leave and industrial injury

2.7 Reducing the risk of Hyponatraemia

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.

Brief Summary update of Areas of Good Practice from previous report:

- The actions from the recommendations which are applicable to SHSCT have progressed from 50% complete to 62% complete.
- The actions not commenced (RAG rates red) have reduced from 8% to 3%.






Position	Position	Position	Position
96	96	96	96
60	16	3	18
62% Green (complete)	16% Amber (in progress)	3% Red (not commenced)	19% Parked awaiting DoH guidance

2.8 Revalidation of Medical and nursing staff

Revalidation of Medical Staff

Medical revalidation occurs every five years and is a process where licensed doctors demonstrate to the General Medical Council (GMC) that they are up-to-date and fit to practice medicine. It ensures doctors maintain their knowledge and skills and are safe to continue practicing. This process is required every five years and is linked to the completion of annual whole practice appraisals.

Key aspects of revalidation

- Demonstrates fitness to practice: 
- Reflects on practice: 
- Adherence to GMC Good Medical Practice Professional Standards 30th January 2024: 
- Public confidence: 
- Continuous professional development (CPD): 

During the 2024/25 year as outlined in the table below 92 % of doctors within the trust fully met revalidation requirements.

Expected Revalidations	124	
Actual Revalidations	115	92%
Deferral	9	8%






The trust monitors and investigates instances where doctors have not revalidated or where their revalidation is on hold.

Revalidation of Nursing Staff (registrants)

Revalidation in nursing is a mandatory process that registered nurses and midwives must complete every three years to maintain their registration with the Nursing and Midwifery Council (NMC). It's designed to ensure nurses and midwives remain fit to practice and uphold the professional standards set by the NMC:

- Prioritise People
- Practice effectively
- Preserve Safety
- Promote Professionalism and Trust

Key aspects of revalidation

- Demonstrates fitness to practice: 
- Reflects on practice: 
- Adherence to Nursing and Midwifery Council (NMC) Code March 2015: 
- Public confidence: 
- Continuous professional development (CPD): 

During the 2024/25 year as outlined in the table below 96% of Nurses and Midwives within the trust fully met revalidation requirements.

Expected Revalidations	1272	
Actual Revalidations	1221	96%
Non-Revalidations	51	4%

[Click here to view](#)

The trust monitors and investigates instances where Nurses and Midwives have not revalidated or where their revalidation is on hold.

2.9 Preparing for Encompass to go live

In May 2025 the Southern Trust went live with encompass.

This was a significant milestone for Health and Social Care and resulted in a single electronic care record for every citizen in Northern Ireland. To reach this goal, months of planning and collaboration with regional colleagues, EPIC

colleagues and multiple Trust Stakeholders took place to ensure a safe and successful transition to digital working. Outlined below are some of the key activities carried out between April 2024 and March 2025.



Governance Structure - A programme with the transformation remit of encompass required strategic leadership and decision-making in conjunction with operational management and experience of the key workflows. To provide this, the Trust programme structure was composed of 3 tiered groups.

Tier 1 – Programme Board – existing Senior Management team

Tier 2 – Readiness Assurance Group

- Divisional Readiness Oversight
- Go-Live Planning Committee
- Preparation and Enablers

Tier 3 - Operational Readiness – By February 2025 a total of 32 groups had been established

Programme Plan – The Programme Plan was driven and led by the encompass Regional Team with close engagement from the Southern Trust and other Trusts. This helped ensure adherence to timelines, coordinated key workstreams and established processes throughout the planning phase. By working together, we were able to spot potential issues early and support a smoother, safer roll-out of encompass.

Staff Road shows- To garner support, build enthusiasm and instil confidence in the run up to encompass Go-Live, multiple roadshows were run between April 24 and May 25. This involved collaboration with the Trust Communications team to develop leaflets and materials to help inform staff and promote understanding of encompass across the organisation.

Training Rooms – There were 39 rooms across 34 locations secured to facilitate training across the whole of the organisation. Significant planning and preparation went in to identifying appropriate spaces to ensure they were fully equipped and fit for purpose. Close collaboration with Stakeholders was key to making sure training rooms were ready on time to allow training to commence and ensure the timely delivery of the training schedule.



Staff Training – Access to encompass is strictly managed, with the simple ethos - no training, no access. Hence, staff training was an essential component in ensuring a successful go-live. Approx. 13,000 staff were identified as requiring training for encompass, this included substantive, agency and affiliate staff. Many of whom had to be trained in multiple courses. Systems were put in place to enable staff to book training courses online, documentation to support training was compiled and logistical information such as maps, parking and catering facilities at the training locations were developed. After months of preparation, training commenced on the 3rd February within the Southern Trust.

User Provisioning – For every staff member requiring access to encompass and therefore requiring training, an account had to be created in the learn HSC platform. It was on this platform that staff could complete online e-learning and book onto any face-to-face training sessions.

Human Resources Organisational & Development User Labs / Support – Numerous Pre-GO Live encompass Training, Access and Support helps hubs were conducted to assist affiliates, regular bank, long term medical locum and AHP students with account creation and documentation essential for access to encompass. These sessions were scheduled during core hours, evenings and weekends to maximise staff participation. A dedicated mailbox was established to deal with the high volume of communication effectively. The Trust's HR division collaborated closely with the encompass PMO team and professional leads to validate staff roles and ensure alignment with the appropriate training pathways.

Estates - The Estates team carried out extensive enabling works to ensure the Trust was ready for the implementation of encompass. They adapted office and clinical areas, installed equipment and network points, reconfigured rooms for training and ensured all changes met the safety standards required. Timely enabling works by Estates allows other areas of the programme to move forward such as IT testing / configuration, training and staff preparation. These efforts meant staff and facilities were well prepared for a safe move towards a new way of working.

End User Devices – One of the biggest adjustments for staff following the implementation of encompass is a reduction in paper-based documentation with the switch towards a ‘paper-light’ way of working. Staff will use specific devices to complete their tasks, for example, staff who need to update patient records will do so using a computer or laptop, this may be a workstation on wheels device. Label printers will be used to generate pre-populated labels produced from encompass. From April 2024, the encompass team worked with every service to determine the device requirements for all staff. Audits were completed on the current existing devices. By March 2025, over 6000 devices had been deployed.

To verify that all IT infrastructure, for example, Computers, printers etc can operate and integrate with encompass, a Technical Dress Rehearsal (TDR) had to be carried out. This was a 3-month process which began mid- February 2025. Over the 3-month period a team of 34 Testers, Fixers and Captains were onsite in each location across the Southern Trust to test all devices.



Super Users – Throughout the planning phase, encompass suppliers made it very clear that super users play a critical role in the successful implementation of encompass. Super user’s role involved providing a familiar face to support staff during training, facilitate communication with encompass build team to ensure the system met their department’s needs and providing additional support during classroom training and readiness activities. It was recommended that the trust identify 2000 super users. Managers were advised of the numbers required per service and requested to nominate staff who were up for the challenge of a super user role. The identification process began in December 2024 and by February 2025 just short of 3000 super users had been identified. To enable Southern Trust staff to become more familiar and competent with encompass, Southern trust super users were invited to become a ‘Pay it Forward’ super user. This involved the encouragement of staff to participate in Belfast and Northern trust implementations.

User Labs – User labs have previously been recognised as an essential component of a smooth encompass implementation and a key part in making super users ‘super’ by learning, training and assisting others. User labs were a dedicated space, virtual platform or practice-based approach where all staff could rehearse common workflows and apply their encompass training. They are recognised as an essential tool for empowering users to better understand and grasp the full functionality of encompass and to prepare for using the system in their day-to-day practice. User labs commenced week beginning Monday 24th February 2025 and were scheduled to continue through to Go-Live.

GLRA (Go-Live Readiness Assessment) – To prepare for a successful implementation of encompass, the Southern Trust held five GLRA events at key milestones within the 150 days leading up to Go-Live. This includes:

150 day – 3rd December 2024

120 day – 15th Jan 2025

90 day – 5th Feb 2025

60 day – 5th Mar 2025

Final 30-day GLRA scheduled for 9th April 2025

The purpose of the GLRAs were to review system and trust operational readiness, to review and openly discuss risks and issues to go-live with a focus on establishing solutions and ensuring mitigation plans with clear owners and next steps for at risk areas were in place. The GLRAs also facilitated communication and encouraged transparency between the Southern Trust and the encompass build team.

In preparation for the GLRAs, multiple Governance structures were established. Directorates and Workstream groups were instructed to hold monthly operational readiness meetings to review service level status, risks and issues. Assistant Directors worked with the encompass team to compile top issues requiring escalation together with the completion of monthly readiness checklists. These groups were chaired by Directors ensuring maximum engagement of senior management.



Manual Data Migration & Bedded Cutover

Manual Data migration is the process by which staff manually enter patient / service-user go live critical information prior to the May 8th. This includes the Bedded Cutover process which ensures every inpatient during the SHSCT Go-Live has appropriate data aligned to them in encompass. This requires extensive planning and collaboration with multiple teams in the months leading up to Go-Live, including identification of data, clear processes and assignment of roles and robust training to ensure accuracy. The addition of core information into the patient's record ahead of time will greatly ease the pressure on staff at Go-live allowing the focus to remain on the safe delivery of care.

Medical student Chart Abstraction

147 medical students were employed by the Southern Trust to undertake the abstraction of Tier 1 data (active medications, allergies and problem lists) from the NIECR system onto encompass. The focus was on patients / service users attending an appointment within the 6 weeks post Go-Live. Preparation involved close collaboration with the region. This included identifying records to be abstracted, training students on the abstraction process, creating clear guidance and coordinating schedules. Careful preparation ensures data accuracy and an efficient migration process. This work began at the end of March '25 with an aim to recording around 50, 000 patient charts over an 11 week period.





Measuring the Improvement

Theme 3

- 3.1 Reducing Healthcare Associated Infection
- 3.2 Safer Surgery / WHO Checklist
- 3.3 Falls
- 3.4 Pressure Ulcers
- 3.5 Venous Thromboembolism (VTE)
- 3.6 Medicines Management
- 3.7 Cardiac Arrest
- 3.8 Maternity Collaborative



TRANSFORMING
THE CULTURE



STRENGTHENING
THE WORKFORCE



RAISING THE
STANDARDS



INTEGRATING THE
CARE

3.1 Reducing Healthcare Associated Infection

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.

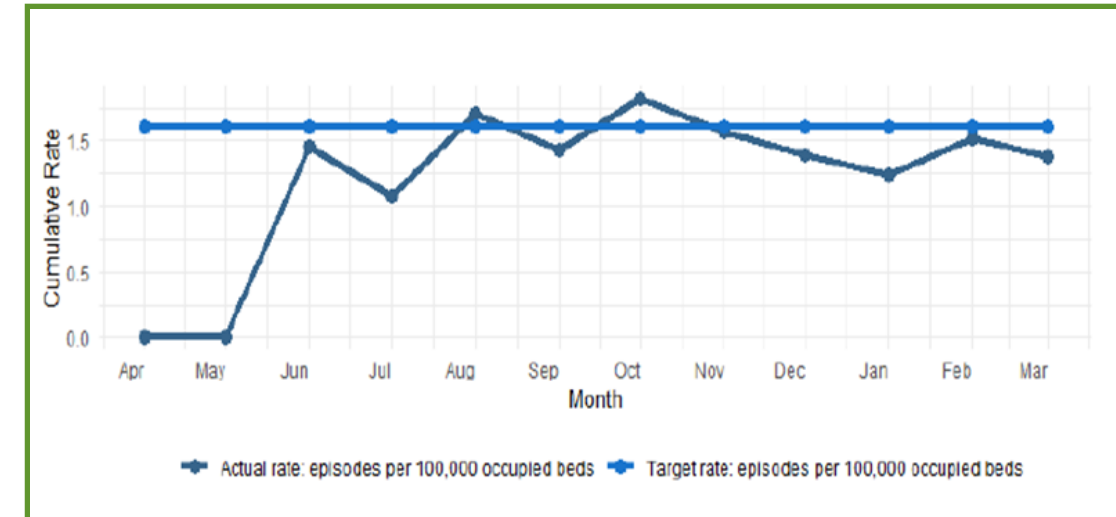
To prevent risk of infection, staff who undertake invasive procedures are expected to complete Aseptic Non-Touch Technique (ANTT) training and assessment.

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

Total number of MRSA bacteraemias (amongst inpatients)

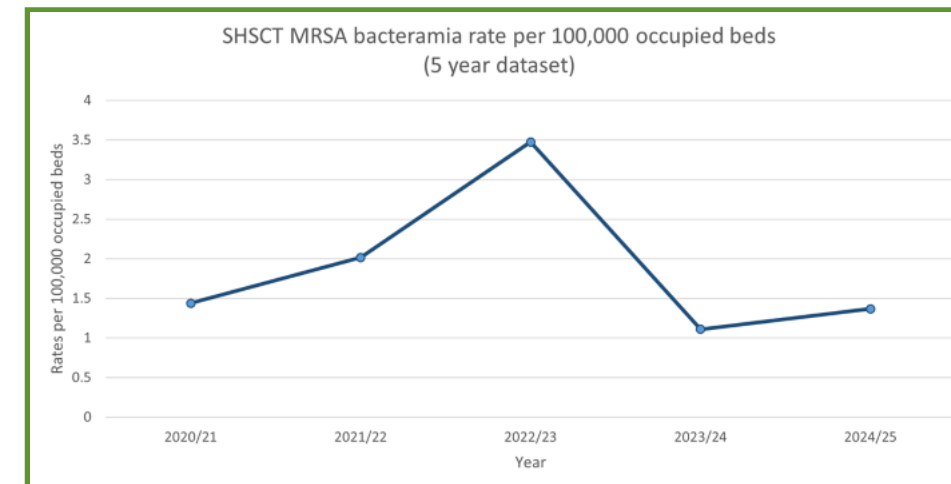
18/19	19/20	20/21	21/22	22/23	23/24	24/25
3	4	3	5	9	3	4

Southern Trust incidences of MRSA bacteraemia in 2024/25



The target set for SHSCT for MRSA bacteraemia in 2024/25 was 1.61 episodes per 100,000 bed days. The Trust achieved this, ending the year with an average of 1.22 episodes per 100,000 bed days. Total of 5 bacteraemia (3 sampled <48 hours from admission, 2 sampled >48 hours from admission).

Reducing Healthcare Associated MRSA



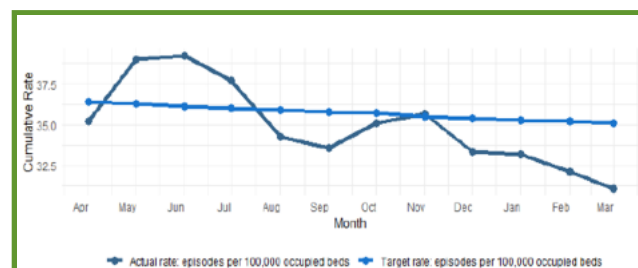
In comparison with previous years a reduction in MRSA bacteraemia has been achieved.

Total number of *Clostridioides difficile* (CDI) (amongst inpatients)

18/19	19/20	20/21	21/22	21/23	23/24*	24/25*
43	71	50	74	80	99	90

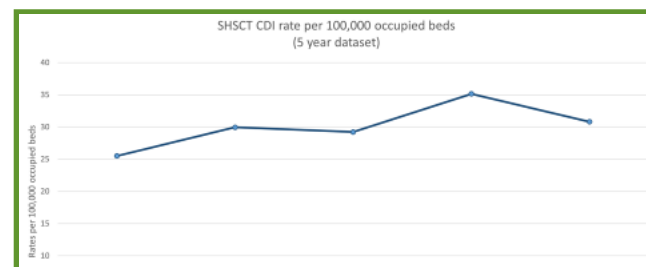
Inpatient episodes for 2023/24 and 2024/25 include all patients categorised as hospital in-patient and ED patients with a positive specimen taken ≥ 2 days after the decision to admit date. Previous years include inpatients only.

Actual CDI rate V target rate episodes per 100,000 occupied beds for 2024/25



[Click to view](#)

SHSCT CDI rate per 100,000 beds (5 Year Dataset)



[Click to view](#)

The target set for SHSCT for *C. difficile* in 2024/25 was 35.73 episodes per 100,000 occupied beds, and the average outturn for 2024/25 was 34.95. 72 cases were deemed healthcare associated, i.e., sampled ≥ 48 hours from admission, a reduction from 2023/24 total of 77.

Infection, Prevention and Control Response Period 2024 - 2025

A range of Infection Prevention and Control (IPC) training is provided to all SHSCT staff, including standardised regional e-learning and bespoke evidence-based training tailored to the needs of clinical teams. IPC training strengthens knowledge, skills and behaviour in relation to IPC, thereby equipping and empowering staff to provide safe and effective care.

The IPC Team established an 'In-House' **Aseptic Non Touch Technique (ANTT) Assessor Training Programme**, delivered by IPC Nurses, which allows greater flexibility and capacity to train staff. This programme enables those trained to assess standards and effectiveness of aseptic technique in clinical practice. 5 training sessions have been delivered with 34 additional staff trained as ANTT assessors.

Infection, Prevention and Control Response Period Staff Achievement

Senior IPC Nurse Naomi McClughan completed an Infection Prevention and Control MSc from the University of the Highlands and Islands. Naomi presented her dissertation at a Regional Infection Prevention Society conference.

Infection, Prevention and Control Response Period Workforce

Two Band 6 Infection Prevention and Control Nurses were successfully recruited and commenced an induction programme to develop skills in this speciality.

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.

Post Infection Reviews (PIR) 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.



Hand Hygiene

While prevention of Healthcare Associated Infection (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.

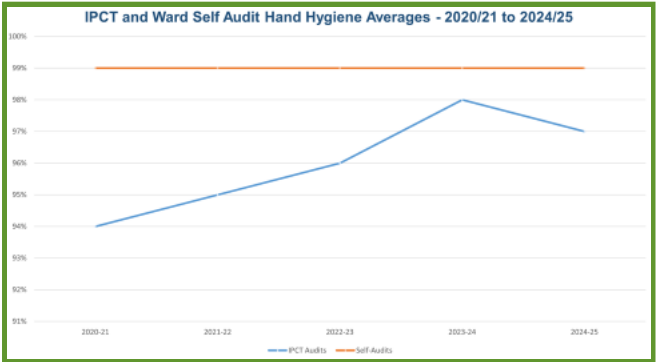
World Hand Hygiene Day

The Infection Prevention and Control Nursing Team took the opportunity again this year to highlight the importance of hand hygiene as part of **‘World Hand Hygiene Day’ in May 2024**. This included a media campaign, quiz with raffle, and hosting a stand at various sites

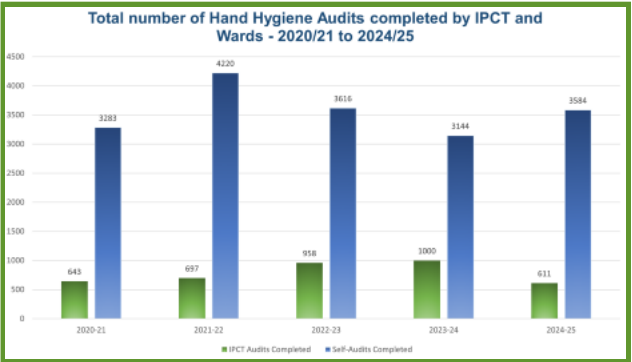


The IPC Team continually work with and support Ward Managers to strive for consistent hand hygiene improvement, through a process of audit, monitoring performance and education.

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



[Click to view](#)



[Click to view](#)

COVID-19

Throughout 2024/25 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

Since January 2024 there has been a significant increase in measles cases in England, other parts of the UK and parts of Europe. Regional and Trust readiness has focused on encouraging uptake of MMR Vaccination Programmes and preparations to facilitate management of suspected cases and their contacts.

High Consequence Infectious Disease (HCID), including Mpox Trust Preparedness

Planning for HCIDs regionally has focused on the necessary PPE specifications and stock required. The Infection Prevention and Control Nursing Team are continuing to work with Trust clinical teams developing pathways and delivering HCID Personal Protective

Encompass Preparedness

The IPC Team successfully completed training in preparation for transitioning to Encompass; in addition, IPC undertook further training in the use of the Buggy module (a specific infection prevention & control component of encompass). The SHSCT IPC Team have worked with regional colleagues contributing to a regional encompass design group.

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.

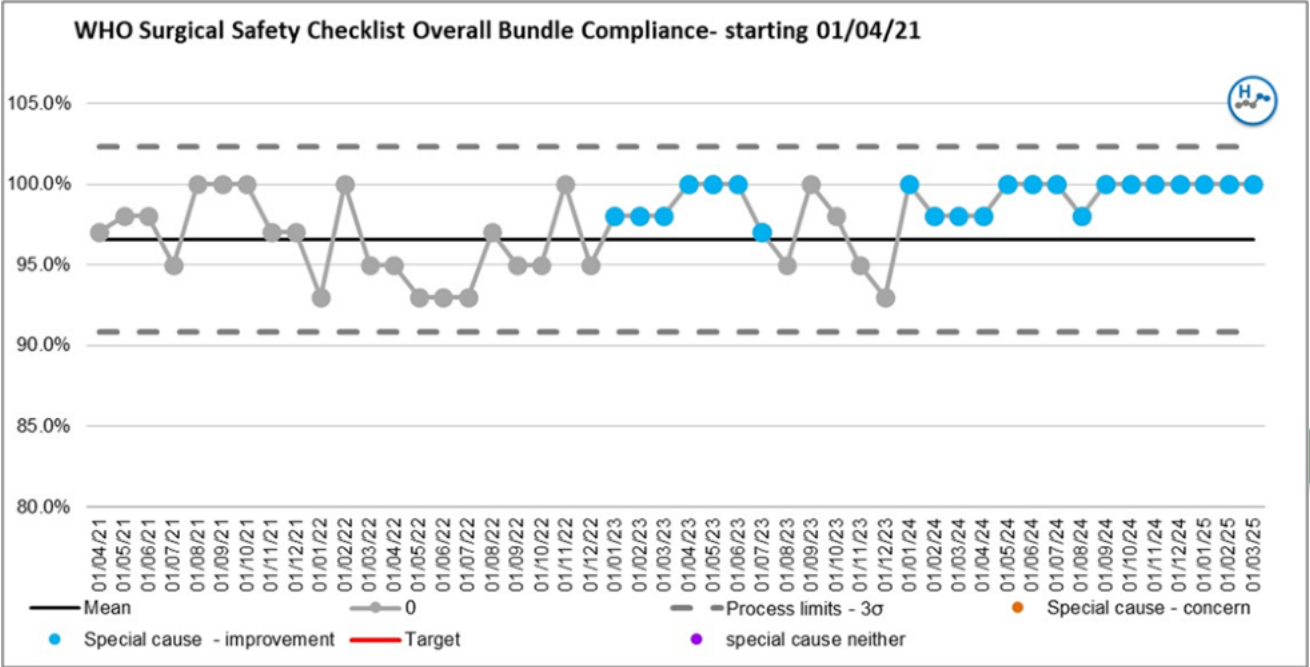
The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals. Changes and enhancements can be made if learning arises e.g. DATIX reporting.

WHO Checklist Safer Surgery Audit

- 6 areas are included in the Audit i.e. Theatres 1-4, Craigavon Area Hospital (CAH) & Theatres 5-8, CAH, Day Procedure Unit, CAH, Theatres, Daisy Hill Hospital (DHH), Day Procedure Unit DHH & Day Procedure Unit, South Tyrone Hospital, with each area
- Regional Goal is 95%
- Cumulative Rate 24/25 was **99.7%** (718/720), compared to **97.9%** (704/719) in 23/24
- Trust compliance was above the mean for 15 data points between Jan 24 & Mar 25.



18/19	19/20	20/21	21/22	22/23	23/24	24/25
85%	94%	98%	97%	96%	97.9%	99.7%



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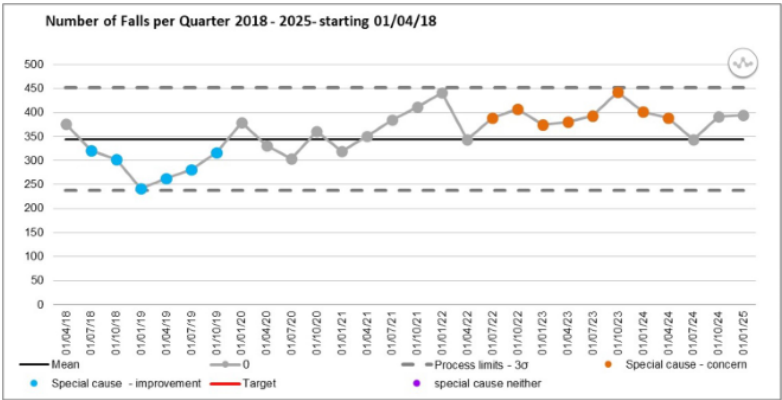
3.3 Falls

Inpatient Falls

Patient falls remain the most commonly reported safety incident in the Southern Health and Social Care Trust (SHSCT). Falls can have serious consequences, including injury, loss of independence, and psychological impact for patients, families, and staff.

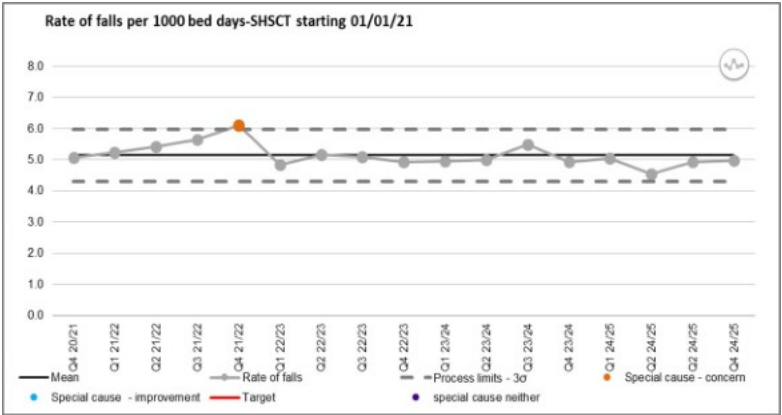
The Trust is committed to reducing the number and severity of inpatient falls through a multidisciplinary, proactive approach to prevention and management. Injurious falls are reviewed independently by the Inpatient Falls Co-ordinator, with findings shared to support learning and improvement.

Reported In-Patient Falls



Number of falls from Q1 2018 to Q4 24/25:

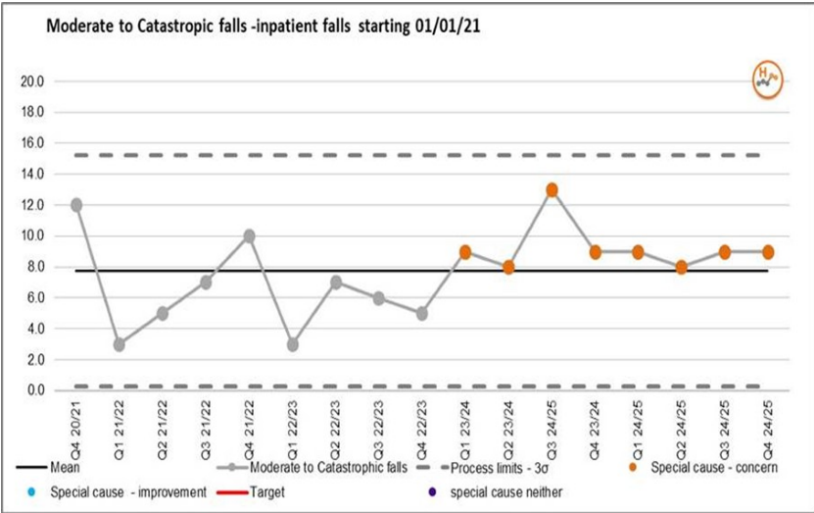
Rate of falls per quarter from Q4 20/21 to Q4 24/25



The rate of falls provides a more accurate measurement of falls activity within the SHSCT, as it takes into accounts bed occupancy, rather than simply the number of falls reported.

Falls resulting in Moderate to Catastrophic Injury

Number of moderate to catastrophic falls from Q4 20/21 to Q4 24/25:



Patient Falls

18/19	19/20	20/21	21/22	22/23	23/24	24/25
1240	1240	1313	1586	1512	1617	1517

Falls - Rate per 1,000 Occupied Bed Days

18/19	19/20	20/21	21/22	22/23	23/24	24/25
4.35	4.28	5.56	5.60	4.92	5.09	4.88

Falls - coded moderate or above

18/19	19/20	20/21	21/22	22/23	23/24	24/25
16	23	30	25	21	39	35

Decreased

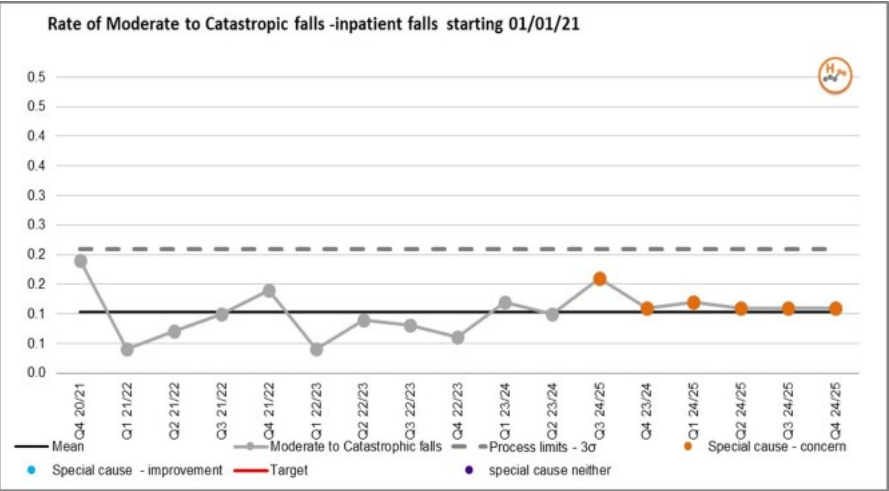
Decreased

Increased

Rate of moderate to catastrophic falls from Q4 20/21 to Q4 24/25:

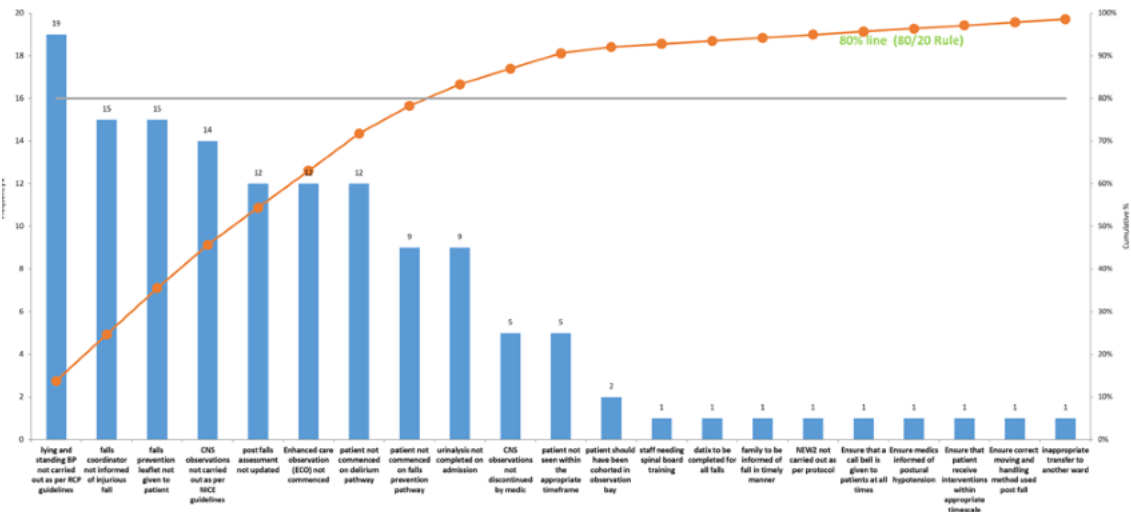
Facts and figures based upon yearly data

Themed learning from Post Injurious Falls Investigations



To further enhance learning from practice, from the end of Q1 2024/25, the Inpatient Falls Co-Ordinator produces a quarterly report outlining themes and learning points from post-falls investigations across the Trust. These reports are shared via Directorate Governance fora to support reflection and identify areas for improvement.

Themes for learning - all Inpatient falls - Q1 - Q4 24/25



THINK YELLOW

There is evidence that falls are a significant cause of harm to patients. Falls are among the top five most frequent adverse incidents reported.

This project aims to minimise falls in frailty wards by increasing awareness and applying specific strategies to safeguard our most at-risk patients. From conducting proactive risk assessments to making necessary environmental changes, every step taken contributes to a safer and more nurturing environment.

Check out our video to discover how Think Yellow is making an impact and how all ward can foster a fall-free environment. Together, let's focus on quality care and patient safety during this World Quality Week!

Hannah Jameson - Inpatient Fall Co-ordinator

Click here to view the teams poster

AIM To increase patient safety, by reducing the number of unwitnessed falls in Ramone one, by 80%, by September 2024, with the introduction of the Think Yellow Project

WHY should we Think Yellow? Falls are the most frequently reported incidents related to patient safety. Consequently, preventing and managing falls is a crucial priority within the Trust, with the goal of minimising fall risks to the lowest reasonably achievable level. The Think Yellow initiative assists staff in recognising patients who are at a 'high risk of falls' by providing them with a Yellow blanket and/or Yellow non-slip socks (when appropriate footwear is unavailable). The bright Yellow colour, which is internationally recognised as a symbol for fall risk, helps staff quickly identify patients who need support and assistance, particularly when they attempt to get up and move independently. This visual indicator enables all multidisciplinary team members to easily spot at-risk patients and work together to reduce the likelihood of falls.

THE PROBLEM Evidencing the need for improvement Most common reason for falls on Ramone 1-Frailty Ward

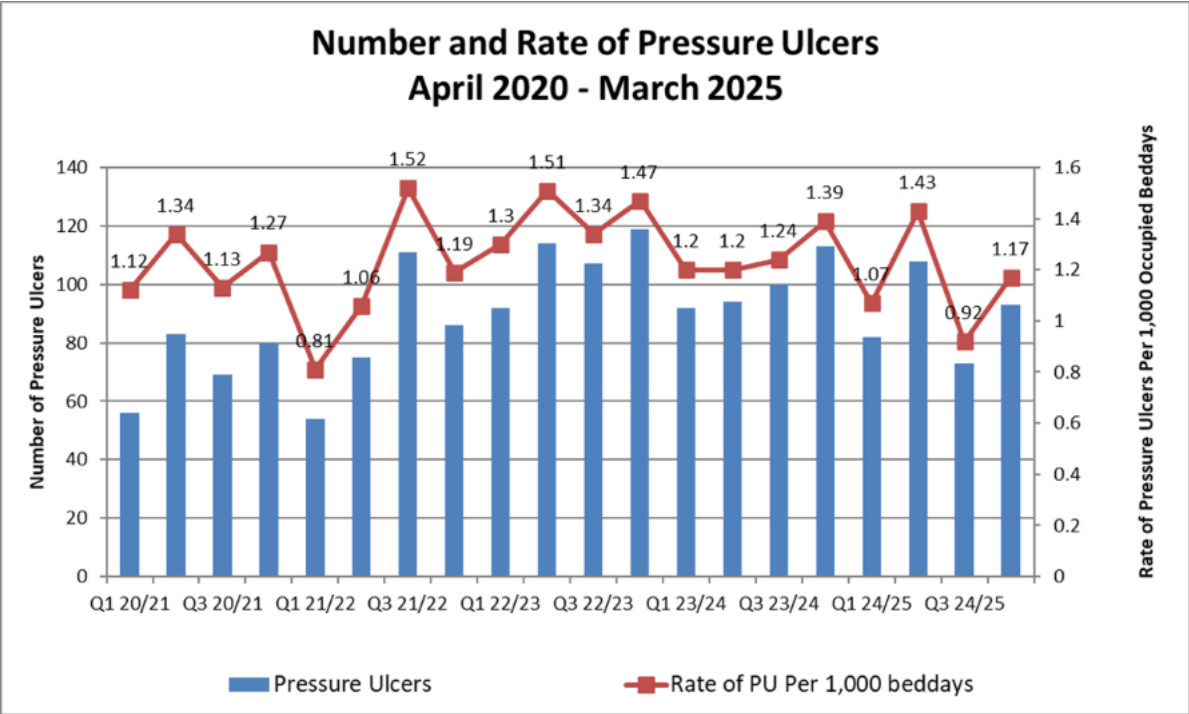
PROCESS Stakeholder Engagement

DRIVER DIAGRAM

3.4 Pressure Ulcers

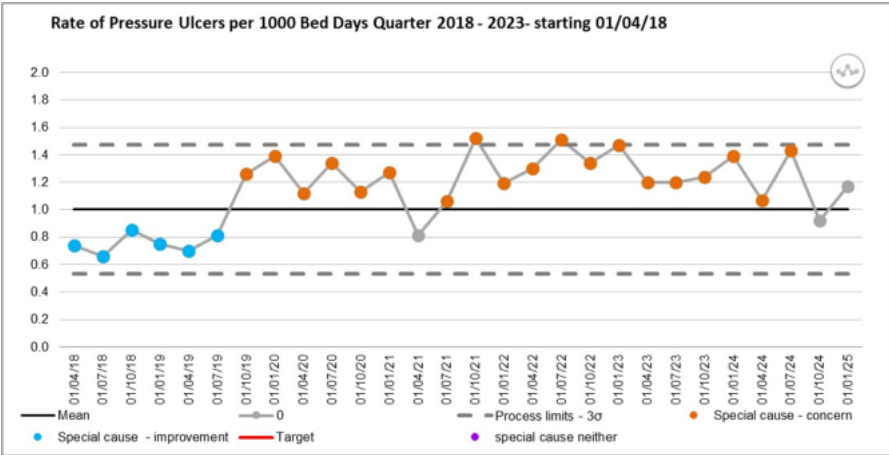
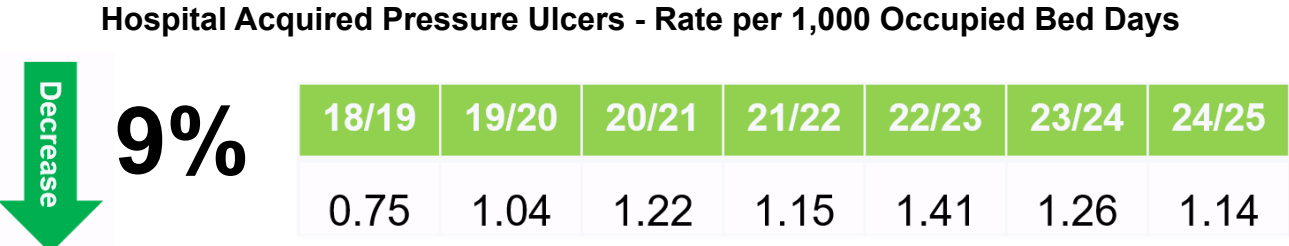
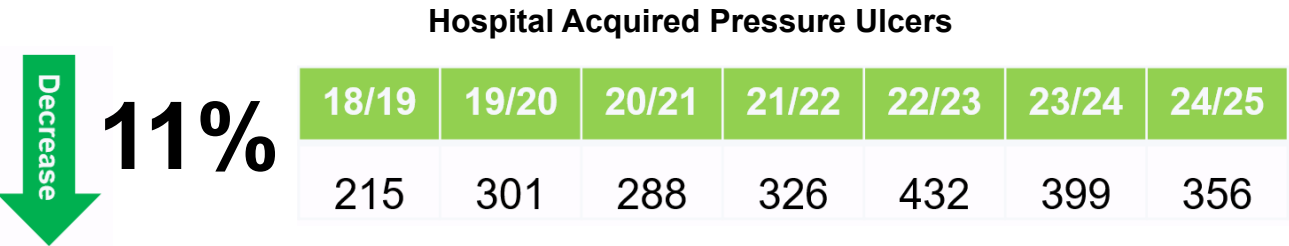
The Southern Trust actively monitors pressure ulcer incidences to uphold patient safety and ensure the highest standard of care. This surveillance enables early identification of risk, evaluation of prevention measures and supports ongoing quality improvement across clinical services.

The Southern 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.



Click to view

- Hospital Acquired Pressure Ulcers & Rate 24/25 was **356/1.14** (per 1,000 Occupied Bed Days), compared to **399/1.26** in 23/24
- The number of Stage 3 & above Hospital Acquired Pressure Ulcers & Rate 24/25 was **112/0.36** (per 1,000 Occupied Bed Days, compared to **1.06/0.33** in 23/24
- The number of Avoidable Stage 3 & above Hospital Acquired Pressure Ulcers & Rate 24/25 was **41/0.13** (per 1,000 Occupied Bed Days, compared to **28/0.09** in 23/24



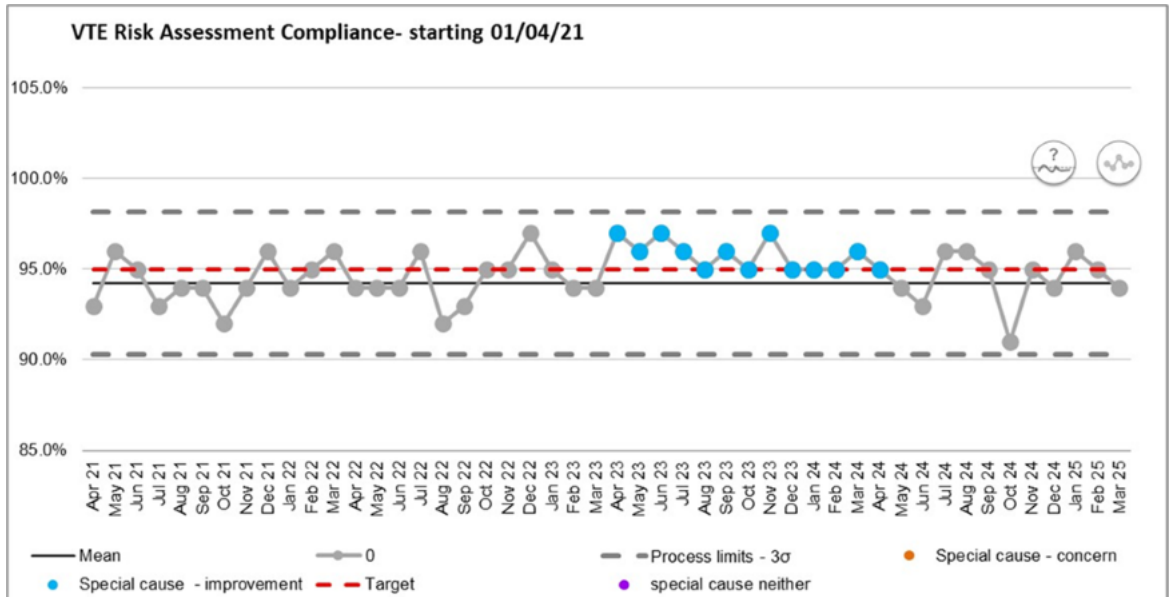
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3.5 Venous Thromboembolism (VTE)

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.



Click to view

Over 5,500 charts were audited during 2024/25 across the Trust. Compliance was **94.5%**, compared to **96.0%** in 2023/24, just below the Regional Target of **95%**.



18/19	19/20	20/21	21/22	22/23	23/24	24/25
91.6%	90.8%	93.6%	94.5%	94.4%	96%	94.5%

Improving VTE Prophylaxis Prescription Accuracy in Daisy Hill Hospital

'VTE Prophylaxis and DVT and Pulmonary embolism are a significant cause of morbidity and mortality in hospitalised patients. It is crucial to prevent these complications, particularly in high risk patients.'

This Clinical Audit has been undertaken to Improve VTE Prophylaxis Prescription Accuracy in Daisy Hill Hospital by Dr Ankita Dash and Dr Christian Ward-Bradley. The aim of this project was to determine the accuracy of VTE prophylaxis in newly admitted patients and data has been collected from 100 new admissions.

Click Here to watch Dr Ankita Dash & Dr Christian Ward-Bradley present their project

The aim of this project is to improve VTE prescribing errors to under 5% by auditing and highlighting current issues, by educating staff on current guidelines including weight recording and risk assessment,

Click here to view the teams poster →

PRECISION IN PREVENTION
Improving VTE Prophylaxis Prescription Accuracy at Daisy Hill Hospital
Dr. Ankita Dash, Dr. Christian Ward-Bradley
Daisy Hill Hospital, Southern Health and Social Care Trust

INTRODUCTION

Venous thromboembolism (VTE), encompassing deep vein thrombosis (DVT) and pulmonary embolism (PE), is a significant cause of morbidity and mortality in hospitalised patients. Proper VTE prophylaxis is crucial to prevent these complications, particularly in high-risk patients. Failure to accurately assess VTE risk and prescribe appropriate prophylaxis can result in life-threatening consequences, including clot formation or bleeding from inappropriate dosing. Ensuring that VTE prophylaxis is administered correctly can substantially reduce hospital-acquired thrombosis rates and improve patient safety.

AIM

To assess and enhance the accuracy of VTE prophylaxis prescriptions in 120 newly admitted patients at Daisy Hill Hospital.

METHODS

To evaluate:
1. Whether patient weight was documented on

POSTER

LANYARDS

RESULTS

- Weight recorded on Kardex in 42% of cases
- VTE risk assessments completed for 48% of patients
- 41% of VTE prophylaxis prescriptions were correct based on weight and renal function
- VTE documentation in the clerking booklet was completed in only 3% of cases
- Weight documentation improved to 83.5%
- VTE risk assessments were completed in 89.2% of cases
- Correct prescriptions increased to 90.5%
- VTE clerking booklet completion improved to 7%

3.6 Medicines Management

MEDICINE SAFETY

Due to an end in temporary funding in January 2025, the Pharmacy Medicines Safety Team reduced from 2 pharmacists to 1.

The Medicines Safety Pharmacist works as part of the SHSCT Pharmacy Team, but the role also extends into the regional medicines safety team who contribute to work within the Department of Health, Strategic Planning and Performance Group, Medicines Use & Optimisation and the Encompass pharmacy network. The team collectively provide teaching to nursing, pharmacy and medical students across University of Ulster Jordanstown and Queens University Belfast on the safe administration of medicines and incorporate human factors training and SEIPs analysis.

Locally, the Medicines Safety Pharmacist is responsible for ensuring the safe and effective use of medicines within the Trust. The role sees to investigate medication incidents reported through the DATIX system, recognised regionally as the reporting system for all error within HSC. Through investigation, there will be identification of trends and recommendations made to bring about change to prevent future errors.

The Medication Safety Pharmacist encourages healthcare professionals to report medication errors and near misses to facilitate learning and improvement. A collaborative role is essential with integration into Nursing, Medical and Allied Health Professionals workstreams and a partnership with corporate governance across all Trust Directorates. The Medicines Safety Pharmacist contributes to development and implementation of safety initiatives and updates protocols, policies and procedures related to medicines management and high-risk medicines. Education and training are also a vital part of the role both locally and regionally with involvement at Safety Morbidity and Mortality Forums.

Alongside chairing the Safe Use of Insulin group, incident review groups are also managed within CYP, MHD, ACS and MUSC/SCS. Notably, since Encompass Go-Live in May 2025 the role of the medicines safety pharmacist is evolving to ensure a close partnership with the Encompass pharmacy team and digital leads. The aim is to identify and theme emerging trends from the introduction of the Encompass system and strategically plan how to use the Encompass system and dashboards associated with it to extract accurate, real-time data which can drive improvements and change, ultimately making for better and safer patient care.

The Southern Trust utilises the DATIX System to record and manage incidents, risks and complaints. This enables robust monitoring, supports learning from events and provides assurance that actions are taken to improve safety and quality of care.

Omitted and delayed Medication

Although a significant number of incidents reported each quarter are related to administration of medications, it is not possible to accurately represent the number of omitted and delayed doses across the Directorates. Under reporting and variance in coding contribute to a lack of supporting evidence. It is anticipated, as is noted above, that with the development of the dashboards within the Encompass system, accurate data related to omitted and delayed medicines and more, specifically doses of critical medicines, will be available for review in the future.

Information available through the DATIX system does allow comparison of doses which have been failed administration therefore classed as omitted.

The percentage of medication incidents reported and coded according to CCS2 codes 'failure to administer' in 24/25:

- Apr – Jun 2024: 27.4%
- July-Sept 2024: 29.8%
- Oct – Dec 2024: 27.3%
- Jan – Mar 2025 (*MUSC and SCS figures only*): 22.2%

Medicine and Unscheduled Care and Surgery & Clinical Services

Diabetes is a lifelong condition causing high blood sugar. Insulin is crucial for managing type 1 diabetes and is also used to treat other types of diabetes, e.g. type 2. Currently almost 115,000 people in Northern Ireland are living with diabetes and this rises annually by more than 3,000 due to our ageing and growing population. Over 30,000 people living with Diabetes require insulin. In healthcare environments, insulin is linked to many medication errors, posing a high risk of serious harm.

Within the Southern Trust, insulin continues to be associated with a high number of medication errors. As insulin is a high risk medication, errors involving insulin have a high potential to cause serious harm.

Insulin

The percentage of medication incidents (reported via Datix) relating to insulin in 24/25:

- Apr – Jun 2024: 13.3%
- July-Sept 2024: 17.3%
- Oct – Dec 2024: 19.2%
- Jan – Mar 2025 (*MUSC and SCS figures only*): 16.9%

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

There has been a 4% increase in the average number of medication incident reports relating to insulin compared to the 2023/2024 reporting period.

Safe Use Of Insulin (SUOI) Group

The Safe Use of Insulin group, consisting of multidisciplinary team members across the Trust, continues to meet quarterly to review insulin-related medication incidents, identify trends, and develop strategies.

Completed Projects:

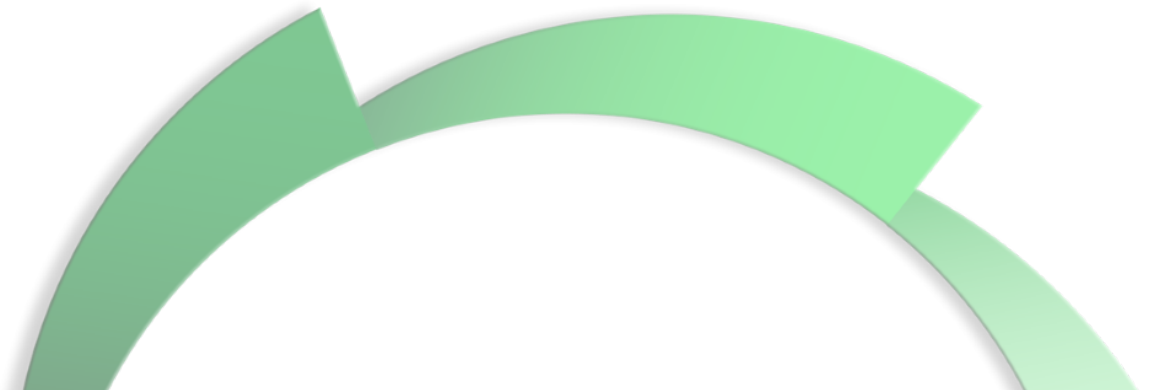
Adaptation, implementation and education on new regional and local guidance for Adults (16 years+) with Diabetes:

- Emergency Treatment of Diabetic Ketoacidosis (DKA)
- Emergency Treatment of Hyperosmolar Hyperglycaemic State (HHS)
- Hospital Management of Hypoglycaemia with Diabetes Mellitus
- Hospital Management of Diabetes in those undergoing surgery and elective procedures, including an updated protocol for Variable Rate Intravenous Insulin Infusion (VRIII)
- Included updates to local Patient Information Leaflet for patients planned for endoscopy procedures requiring bowel preparation products, to instruct on how to manage diabetes medications
- Hospital Management of Steroid Induced Hyperglycaemia (SIH)
- Update of user friendly electronic technology – Eolas App - New 'Diabetes & Endocrinology' folder

- Learning and upskilling on new EPIC healthcare system, and dissemination of learning across the Trust to ensure and improve safety of insulin prescribing
- Development of recorded webinar to instruct on use of EPIC to provide emergency treatment of Diabetic Ketoacidosis in Adults – by Diabetes Specialist Pharmacist
- Development of recorded webinar to instruct on use of EPIC to prescribe VRIII and subcutaneous insulin in Adults – by Diabetes resident Doctor
- Development of EPIC Insulin order Set Prescribing Aid to assist prescribers using the new system for insulin prescribing
- Ongoing education and training for doctors, nurses and pharmacists on safe insulin use delivered by the Diabetes Specialist Pharmacist.
- Insulin stock shortages – implemented solutions to insulin formulation and device shortages to ensure appropriate alternative and timely insulin administration to patients when admitted to hospital

Interface and networking

- Continued engagement with regular meetings with Regional Inpatient Diabetes Pharmacists Group, bridging all 5 Trusts, to discuss insulin-related safety and improvements
- Established new platform for meetings between Regional Inpatient Diabetes Pharmacists and General Practice Pharmacists NI-wide, to establish network for shared learning and co-ordinated education to include insulin safety
- Community teams engagement in Diabetes learning events and improved networking with District Nursing, Palliative Care and Primary care.



Medicines Reconciliation

Medicines reconciliation is the process of creating an accurate list of a person's current medications, including name, dosage, frequency, route of administration, and comparing it to the current list in use. This process helps identify and document any discrepancies, ensuring safe and effective medication management, especially during transitions of care i.e. admission to hospital.

Pharmacists lead the medicines reconciliation service, ensuring that any discrepancies are resolved in a timely manner.

According to the *Northern Ireland Clinical Pharmacy Standards (2013)* and 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

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. At this time, medicines reconciliation data 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.

Month	No. med rec needing completed	No of med rec completed	% medicine rec completed
Apr-23	134	94	70
May-23	168	99	59
Jun-23	219	139	63
Jul-23	172	91	53
Aug-23	131	102	78
Sep-23	71	41	58
Oct-23	17	9	53
Nov-23	114	83	73

Pre-admission Medication/ Discharge prep

From 2021 onwards until *Encompass* go-live, pharmacists completing medicines reconciliation also entered all pre-admission medication for each patient onto the electronic discharge prescription. Data collected showed a significant reduction in the time taken to clinically screen a discharge by an average of 7 minutes per prescription. The error rate on discharge prescriptions was also significantly reduced from 18% to 4.4% when pre-admission medications were entered by a pharmacist.

Winter pressures Pharmacist Independent Prescriber (PIP) pilot

From December 2024 to April 2025, pharmacists working on two of the medical wards in CAH, piloted a winter pressures project. The project saw Pharmacist Independent Prescribers (PIPs) writing the electronic discharge letters for patients. This included completing the clinical narrative and discharge medications section.

The aim of the project was to increase in the percentage of patients having discharge letters written before 1 pm and discharge medications dispensed by pharmacy before 3pm.

The percentage of discharge letters written before 1pm increased from 30% to 61% when the PIP was completing the discharges.

The percentage of discharge medications dispensed by pharmacy before 3pm increased from 13% to 59% when the PIP was completing the discharges.

Next Steps

- 2025/26 brings with it a significant change in the way that pharmacists are trained in Northern Ireland. Each Foundation Training Year (FTY) pharmacist must complete a 6 month hospital placement. This means that during each 6 month period the trust will have up to 20 FTY pharmacists. Once trained, these additional staff members will have the ability to complete medication histories at ward level. This should improve ward pharmacist's ability to complete medicines reconciliation within 24 hours.
- Band 5 pharmacy technicians to complete medication counselling accreditation. This will further free up pharmacists time and have an impact of medicines reconciliation data.
- Further exploration of PIP roles in improving discharge turnaround times.
- The introduction of *Encompass* into SHSCT in May 2025 has granted easy access to information and data. Monthly medicines reconciliation data can be directly taken off the system using the reporting functions, rather than relying on ward teams to collect this information.

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 the NI Formulary.

Patients who are newly started on warfarin attend an anticoagulant clinic at the hospital. The clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals. These clinics also facilitate International Normalised Ratio (INR) monitoring for patients with labile INRs who cannot be managed in primary care. In addition to the hospital-based clinics, there is also a virtual clinic, for patients who are housebound and for patients who self-test (i.e have bought their own coagulometers).

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 (1/4/24 – 31/3/25)

Clinic	Time in Range	Time in Range previous audit (2023/2024)
CAH clinic	63.91%	71.7%
DHH clinic	72.39%	69.3%
STH clinic	71.29%	69.1%
Virtual District Nurse Clinic	68.63%	70.1%
DHH District Nurse Clinic	67.93%	69.3%
Self- monitoring patients	78.25%	76.5%

Incidents

There were 128 reported incidents on Datix involving anticoagulants compared with 120 incidents in 2023/24.

- Warfarin – 21
- Enoxaparin – 56
- Apixaban – 32
- Dabigatran – 0
- Edoxaban – 3
- Rivaroxaban – 5

All clinics with the exception of CAH clinic are above the recommended ‘time in therapeutic range’ of 65%. Patients who are not meeting targets are regularly reviewed. In addition, similar or improved results are demonstrated in all clinics in comparison to the previous year, with the exception of the Virtual District Nurse clinics which show a slight decrease. Patients who self-monitor their INRs have an excellent time in therapeutic range. This service is a valuable means of allowing patients.

The number of Datix reports have increased this year, with the greatest number of incidents involving enoxaparin. The number of incidents with warfarin has decreased, this is likely a reflection of the lower number of patients on warfarin.

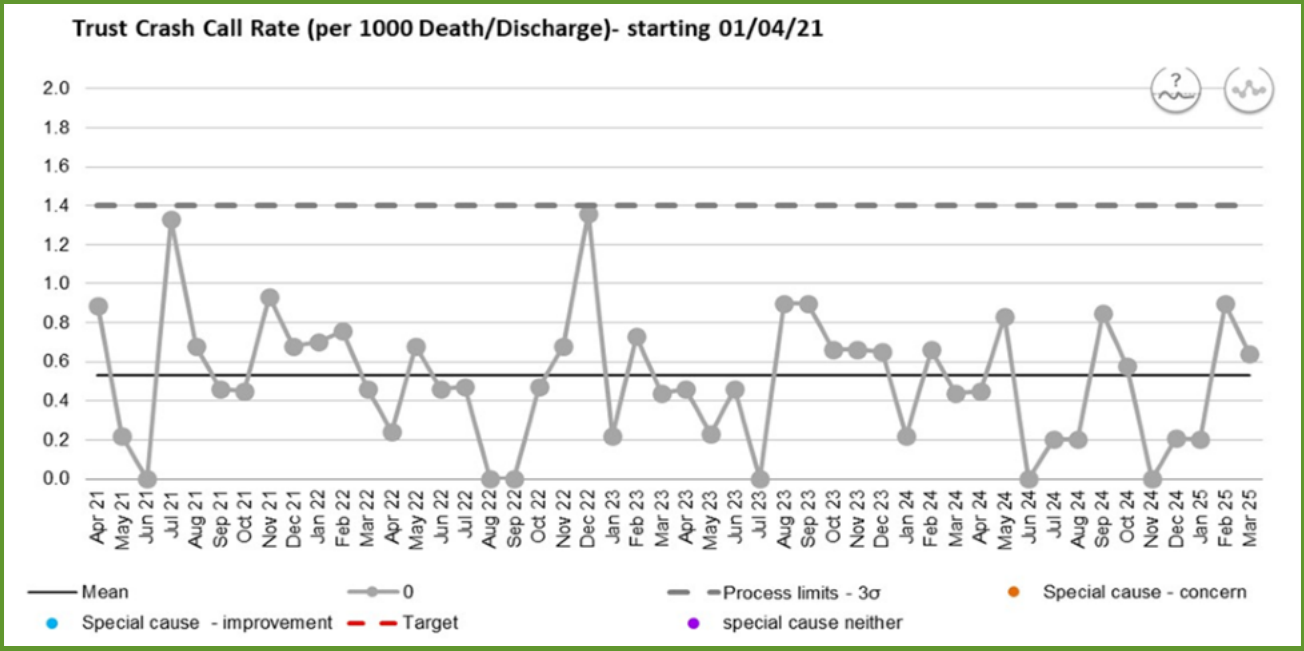
Education and Training

The anticoagulant pharmacists will continue to provide education sessions to SHSCT pharmacists, FY1 doctors FTY pharmacists and pharmacy undergraduate students.

Guidelines

Anticoagulant guidelines will be reviewed and updated with senior medical staff as appropriate, ensuring they comply with current National Guidelines. In line with proposed changes to NI formulary, we will review current anticoagulant prescribing guidance for patients with AF up to 150kg. Current patients on warfarin who fit the criteria will now be identified and reviewed as appropriate.

3.7 Cardiac Arrest



[Click to view](#)

Decreased

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

- Trust cumulative Crash Call rate for 24/25 was **0.42** (24 Crash Calls) per 1,000 deaths/ discharges, compared to **0.52** (28 Crash Calls) in 23/24

Decreased

Crash Calls Rate (per 1,000 deaths/discharge)						
18/19	19/20	20/21	21/22	22/23	23/24	24/25
0.68	0.67	0.66	0.63	0.48	0.52	0.42

- No significant change in Crash Call Rate in 24/25 compared to 23/24

3.8 Maternity Collaborative

The Maternity Collaborative, operating under the Maternity Strategy Implementation Group (MSIG), has continued to deliver a coordinated programme of quality improvement across all five HSC Trusts. This multi-disciplinary group brings together midwifery, obstetric, neonatal, anaesthetic, DoH, PHA, SPPG, education and digital leads to address variation in practice, strengthen clinical safety, and support the implementation of evidence-based care. The following workstreams reflect the breadth and depth of activity undertaken during the reporting period.

Key achievements this year include:

Workstream 1: Intrapartum Fetal Monitoring

A key priority has been the regional implementation of the physiological approach to CTG interpretation, which aims to reduce unnecessary interventions and improve fetal outcomes. The Maternity Collaborative has:

Click to view



This workstream has contributed to safer intrapartum care and improved decision-making during labour.

Workstream 2: Clinical Governance and Learning

The collaborative has maintained a strong focus on learning from adverse events and promoting transparency across Trusts. Key activities include:

Click to view



This workstream supports a culture of continuous learning and accountability.

Workstream 3: Guideline Development and Audit

To address emerging clinical needs and standardise care, the collaborative has initiated development of several regional guidelines:

Click to view



Additionally, the Postnatal VTE Audit was reviewed, highlighting the importance of accurate weight documentation for enoxaparin dosing and the need for consistent feedback mechanisms.

Workstream 4: Screening and Antenatal Care

Enhancements to antenatal care pathways were discussed, including:

Click to view



These discussions aim to ensure equitable access to high-quality screening and informed decision-making.

Workstream 5: Pressure Ulcer Prevention – PURPOSE T Implementation

The PURPOSE-T Maternity Task and Finish Group led the regional transition to the PURPOSE-T Pressure Ulcer Risk Assessment Tool. This workstream addressed limitations of legacy tools and introduced a clinically robust framework tailored to maternity care.

Key achievements:

Click to view



This workstream has strengthened pressure ulcer prevention in maternity settings and enhanced staff confidence in risk assessment.

Together, these initiatives reflect a region-wide commitment to improving maternity care through collaboration, innovation, and evidence-based practice. The work of the Maternity Collaborative has strengthened clinical governance, enhanced staff education, and supported safer, more consistent care for women and babies across Northern Ireland. The Maternity Collaborative continues to provide a valuable platform for cross-Trust engagement, strategic alignment, and service transformation.



Raising the Standards

Theme 4

- 4.1 Inquiries and Reviews
- 4.2 Standardised Mortality Ratio
- 4.3 Emergency Re-Admission Rate
- 4.4 Emergency Department (ED)
- 4.5 Nice Guidelines
- 4.6 National Audits
- 4.7 Cancer Targets
- 4.8 Enhancing Social work and social care services



TRANSFORMING
THE CULTURE



STRENGTHENING
THE WORKFORCE



MEASURING THE
IMPROVEMENT



INTEGRATING THE
CARE

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 HSC Trust. The Urology Services Inquiry (USI) was formally set up on 6 September 2021, with Christine Smith KC appointed as Chair. The Inquiry is currently working towards a conclusion, although a publication date has still to be confirmed. The Trust has continued to provide evidence through discovery, at the request of the USI, and the Inquiries Act 2005 section 21 (S21) process remains active. An extensive redaction process is underway in advance of all S21 material being made available on the Inquiry website. Engagement with the USI team continues as we work towards a conclusion of the process.

The Trust have a plan in place for the day of publication which will include liaising and supporting patients, staff and service users that may be affected by anything contained within the report.

Learning from the outcomes/recommendations from the Urology Service Inquiry.

The Trust will work through all the learning and recommendations from the published report, and this will be done through liaising with Department of Health's Inquiries Implementation Programme Management Board (IIPMB).

Independent Neurology Inquiry

The Independent Neurology Inquiry made a number of recommendations of which the Trust were required to implement 31 of these. Currently there are only 3 of these outstanding, that is partially implemented with the other 28 fully implemented. The three partially implemented are dependent on regional input, the complaints process and to a Lone Worker Policy. The Trust continue to engage in accountability meetings with Department of Health on the implementation of the recommendations.

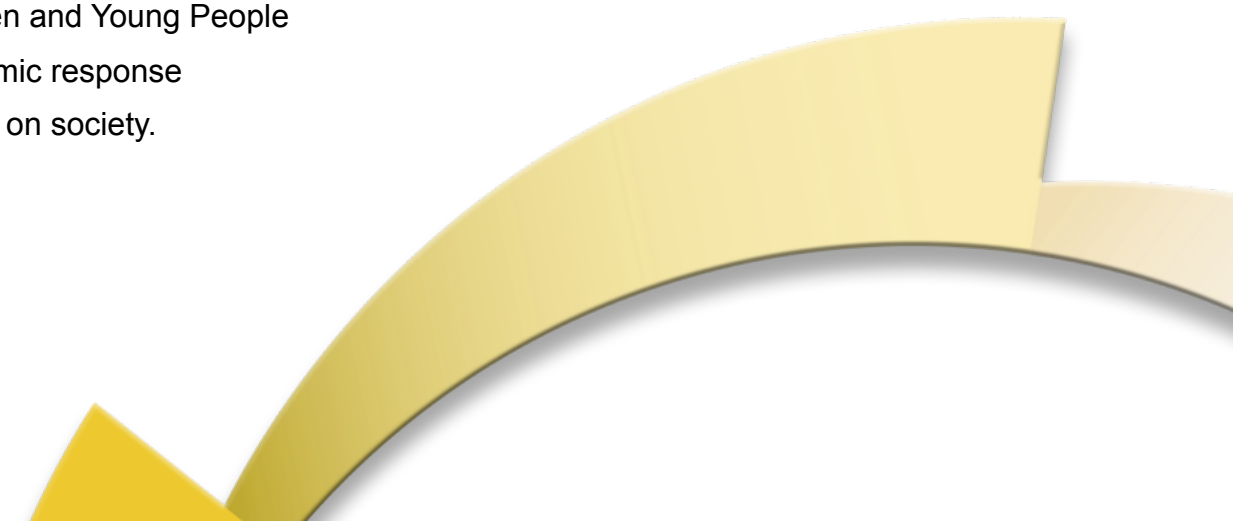
Covid-19 UK Public Inquiry

The Southern Trust, along with Health Trusts across the UK, is a participant in the Covid-19 Public Inquiry. Chaired by Baroness Hallett, it has been set up to examine the UK's response to and impact of the Covid-19 pandemic, and learn lessons for the future.

The Trust have, to date, received four Rule 9 requests and have returned these to the Inquiry – the first was an overview of the Trust experience, the others have been in relation to Modules 5, 6 and 7.

Covid-19 Inquiry modules

The Covid-19 Inquiry is being delivered through a 10-module basis, looking at various aspects of the response to the pandemic across the UK:

- 1 Resilience and preparedness (completed)
 - 2 Core UK Decision-making and political governance
 - 3 Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK
 - 4 Vaccines and Therapeutics
 - 5 Procurement
 - 6 Care Sector
 - 7 Test, Trace and Isolate
 - 8 Children and Young People
 - 9 Economic response
 - 10 Impact on society.
- 

4.2 Standardised Mortality Ratio

The Southern Trust monitors Standard Mortality Ration (SMR) to provide assurance on the quality and safety of care. Tracking this measure helps identify variation, highlight areas for further review and support continuous improvement in clinical outcomes.

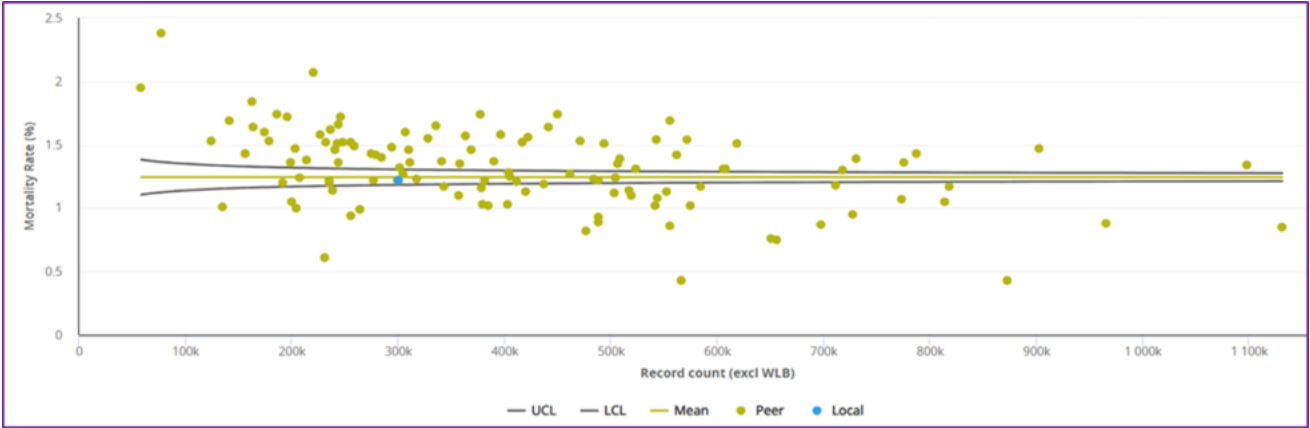
Hospital Standardised Mortality Ratios (SMRs) are indicators of healthcare quality that measure whether the number of deaths at a hospital are higher or lower than expected based on the risk derived from case mix, given the type of patients admitted to the hospital.

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:

- 1 Crude mortality. This is the proportion of patients treated in a hospital/site who died. It is calculated as
- $$\frac{\text{Total deaths} \times 100}{\text{Total discharges} + \text{deaths}}$$
- 2 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.

Mortality rate funnel plot vs HES peer (Jan 24 - Dec 24)



Click to view

The mortality rate compared to the Northern Ireland (NI) peer is included in the chart. This demonstrates that the Southern Health and Social Care Trust’s mortality rate is in the mid-high position of the NI peer for the target date period.

Following on from the Standardised Mortality Ratio, additional information is below.

Learning is identified and shared at Patient Safety (Mortality and Morbidity) Meetings. At these monthly meetings, by specialty, patient safety issues and cases of mortality and morbidity are reviewed and discussed to identify learning. Learning identified is disseminated through shared learning templates, with minutes of the meeting being circulated to staff and is inclusive of learning identified from SAI Reports.

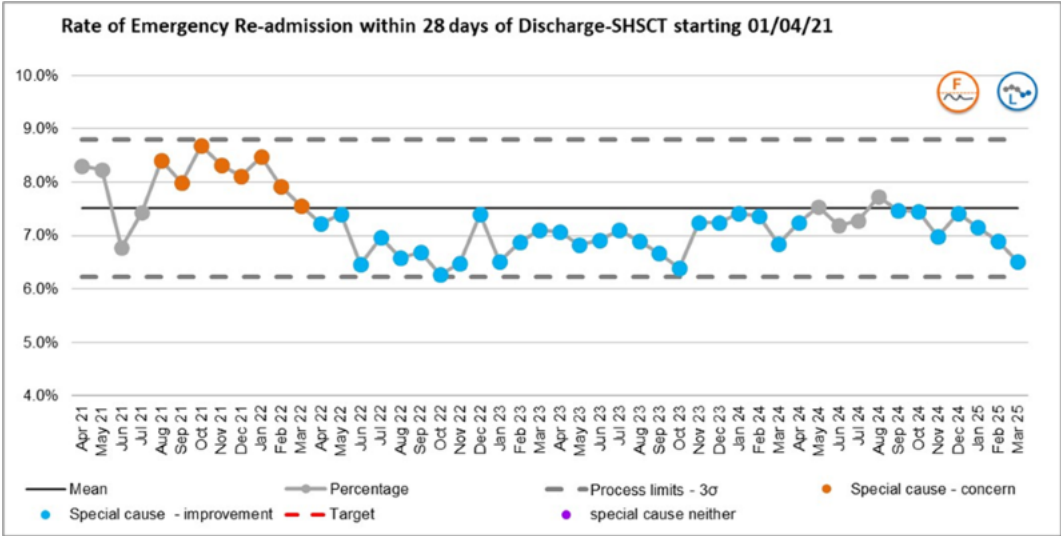


4.3 Emergency Re-Admission Rate

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.



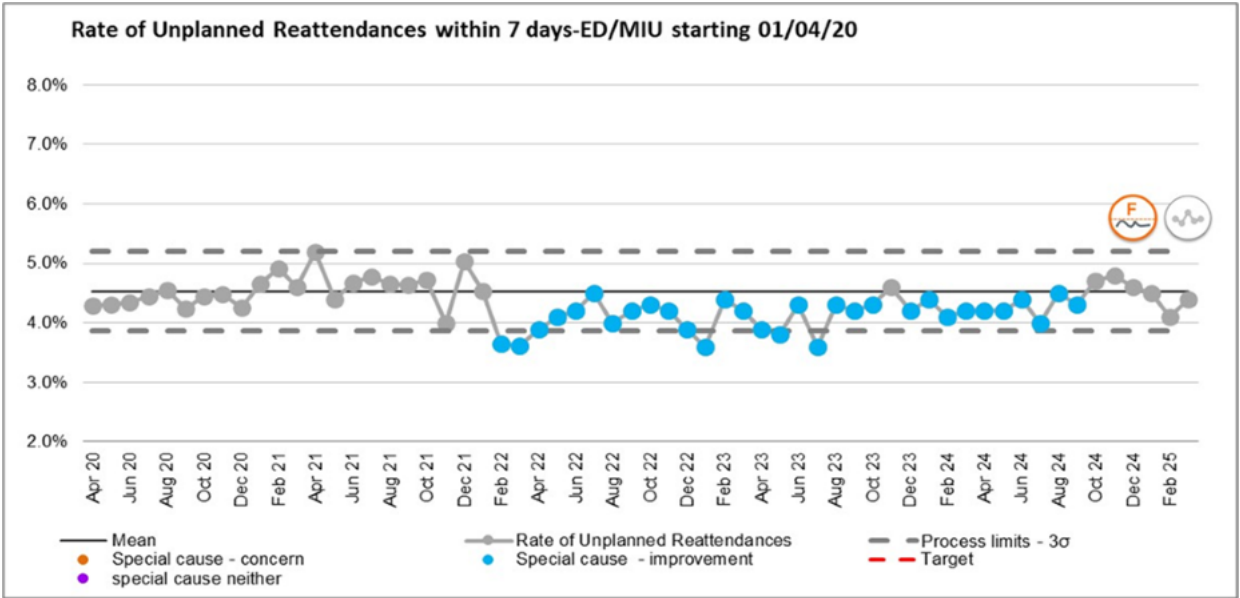
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Above the 5% target

18/19	19/20	20/21	21/22	22/23	23/24	24/25
7%	7%	7.90%	8.00%	6.80%	7%	7.2%

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.



Click to view

Below the 5% target

18/19	19/20	20/21	21/22	22/23	23/24	24/25
4.21%	4.58%	4.46%	4.49%	4.1%	4.2%	4.4%

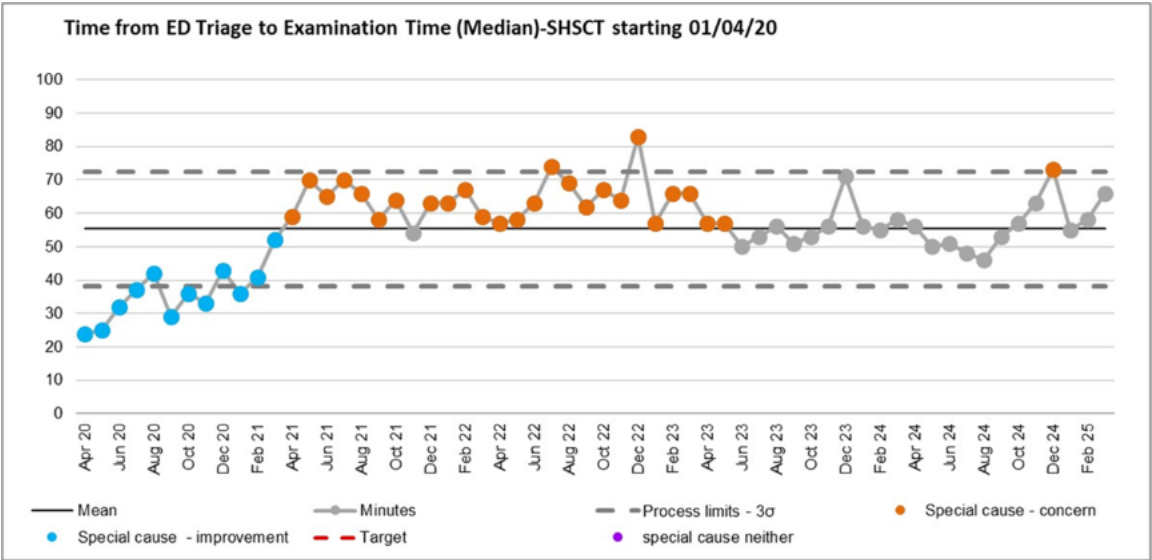
4.4 Emergency Department (ED)

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.

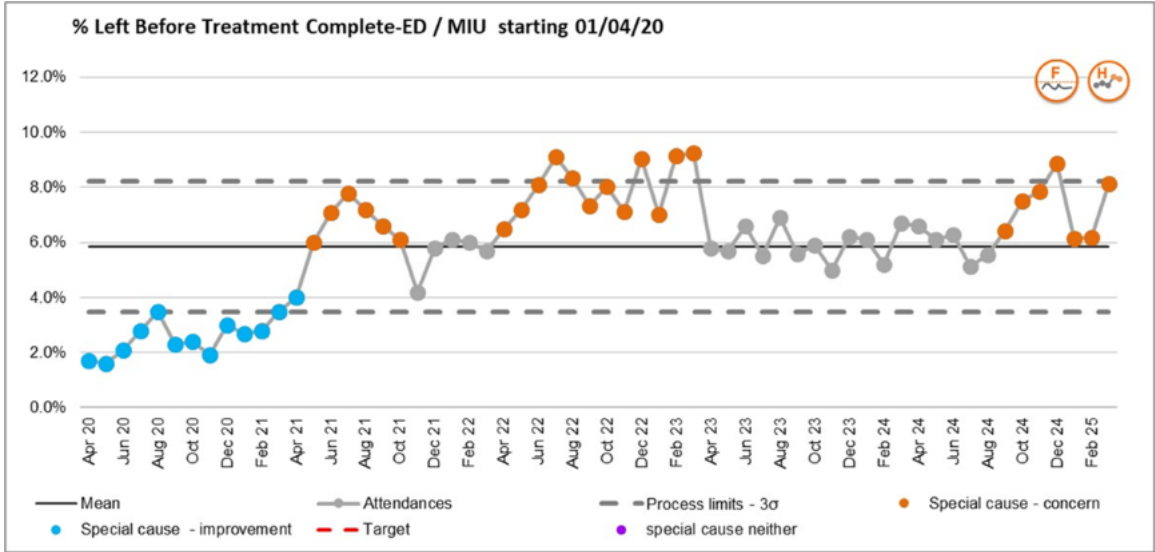
ED Triage to Examination Time (median minutes)



Click to view

Patients that leave before treatment is complete

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



Click to view

18/19	19/20	20/21	21/22	22/23	23/24	24/25
56.6	59.0	35.8	63.2	65.5	56	55

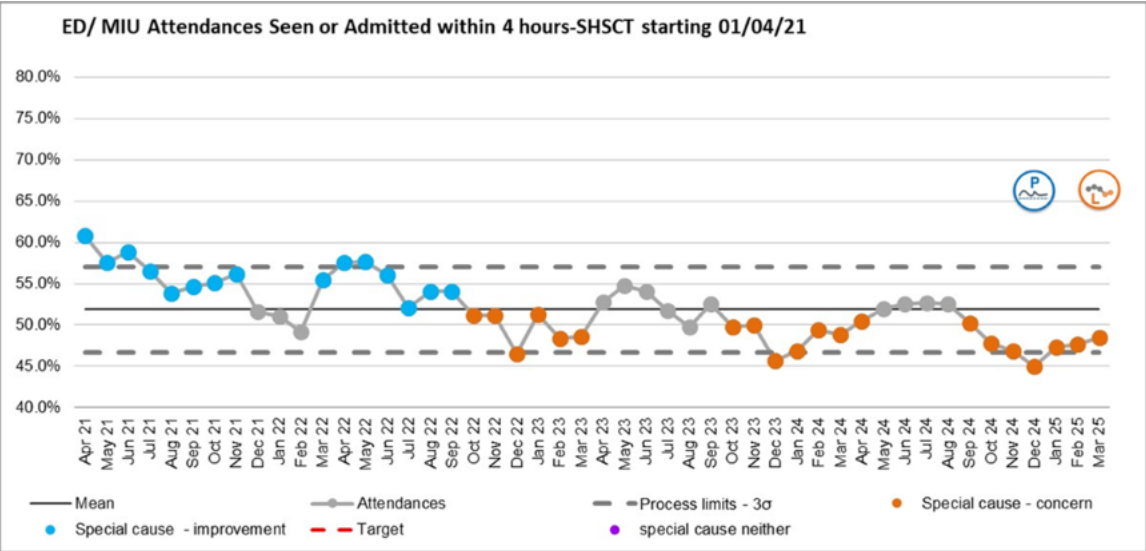
18/19	19/20	20/21	21/22	22/23	23/24	24/25
4.3%	5.0%	2.5%	6.1%	7.9%	5.9%	6.7

Emergency Department 4 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.

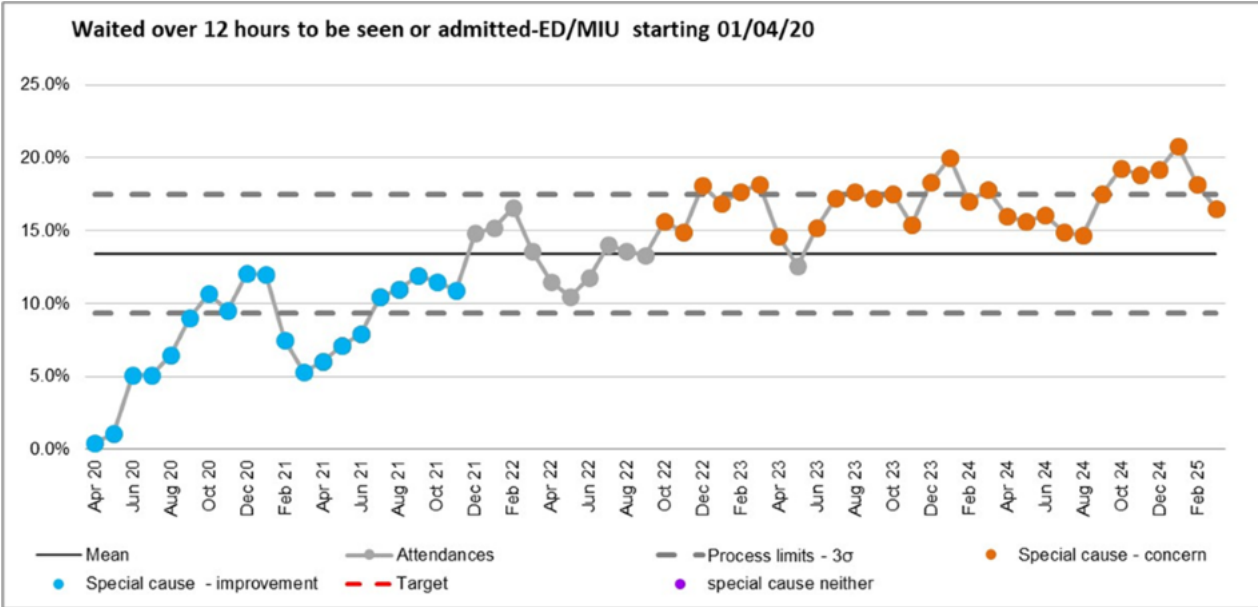
Seen or admitted within 4 hours



Click to view

2021/22	2022/23	2023/24	2024/25
55.1%	52.4%	50.6%	49.5%

Waited over 12 hours to be seen or admitted



Click to view

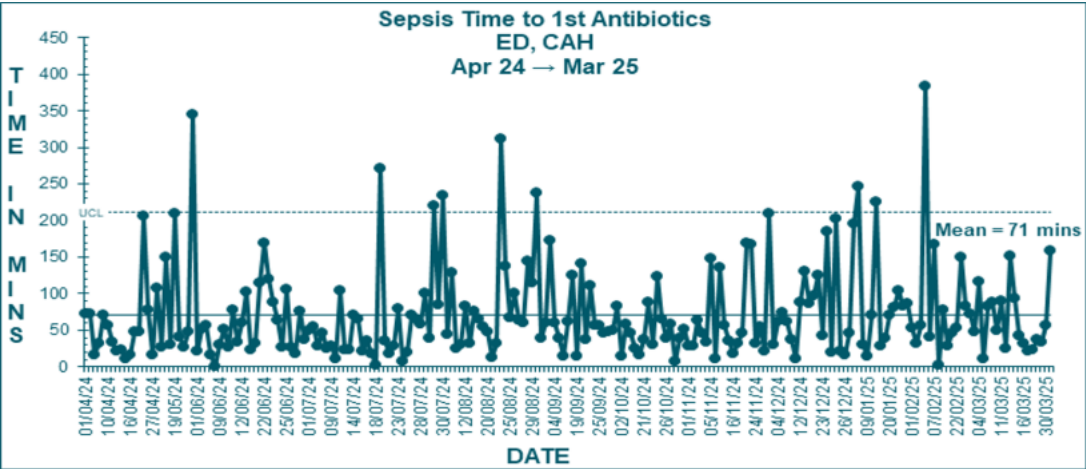
18/19	19/20	20/21	21/22	22/23	23/24	24/25
3.5%	7.3%	7%	11.4%	14.7%	16.7%	17.3%

The Trust Sepsis Quality Improvement Initiative continues in ED, CAH.

The Southern Trust Sepsis Quality Improvement Initiative is a focused programme designed to improve how quickly and effectively Sepsis is recognized and treated within the Emergency Department.

The agreed aim of the regional programme was to Improve the time to First Antibiotics of patients who present to ED with Sepsis “In Hours” i.e. Mon → Fri 9:00am → 5:00pm. The definition agreed upon was NEWS of ≥ 5 OR 3 in 1 category & suspected infection. However, as Quality Improvement work on Sepsis was already underway it was felt the Trust should audit all patients, and not just those who presented “in-hours”. Progress is demonstrated in the below Control Chart.

Sepsis mean time to 1st Antibiotics ED CAH



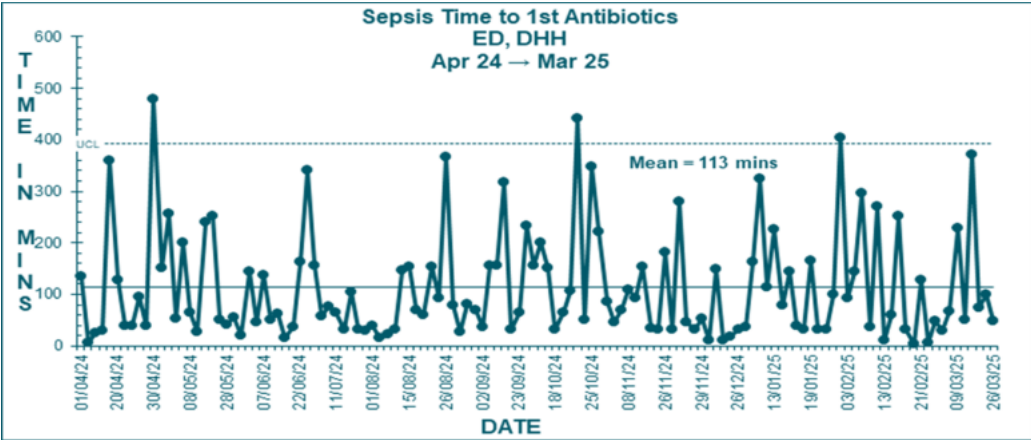
[Click to view](#)

The Mean time of the **217** cases audited during 24/25 was **71** minutes, outside the Regional Target of **60** minutes, compared to **82** mins (211 cases) in 23/24.

Regional Target	23/24	24/25
60 Mins	82 Mins	71 Mins

The results of the Audit in ED, DHH for 24/25 are shown below:

Sepsis mean time to 1st Antibiotics ED DHH



[Click to view](#)

Regional Target	23/24	24/25
60 Mins	83 Mins	113 Mins

The Mean time of the **126** cases audited during 24/25 was **113** minutes, outside the Regional Target of **60** minutes, compared to **83** mins (78 cases) in 23/24.

The ongoing significant pressures on the Trust’s ED’s, which has been a problem encountered in all ED’s throughout NI, is the main factor in the Regional Target not being met.





Actions to improve compliance:

- Cases which are significantly outside the target timeframe or above the Upper Control Limited are presented at the Emergency Department’s M&M Meetings.
- The information is also presented to colleagues highlighting the “main” delays in cases during the patients journey from admission to administration of antibiotics.

4.5 Nice Guidelines

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.

A Year in Numbers (2024/25)

The number of NICE guidelines that have been regionally endorsed by the DoH for review of applicability and implementation by SHSCT is summarised ‘by type’ in Table 1 below. A comparative is also given in relation to 2023/2024:

Table 1 - Type of NICE guidance	2023/2024	2024/2025
NICE Antimicrobial Guidelines <i>(incl. updates)</i>	0	1
NICE Clinical Guidelines	9	8
NICE Clinical Guideline updates	40	16
NICE COVID-19 Rapid Guideline updates	9	3
NICE Equality Screening Questionnaire	10	7
NICE Highly Specialist Technologies	0	1
NICE Interventional Procedures (IPs)	8 circulars (presenting 31 IPs)	6 circulars (presenting 17 IPs)
NICE Technology Appraisals <i>(incl. updates)</i>	89	75
NICE Public Health Guidelines <i>(incl. updates)</i>	1	2
NICE Correspondence	1	0
TOTAL NUMBER OF GUIDELINES RECEIVED	167	119
TOTAL NUMBER DEEMED APPLICABLE TO SHSCT	111	85

Click to view

As outlined in Table 1 an initial review of these 119 guideline circulars confirms there are 85 applicable to SHSCT. In line with regional process all have an assigned clinical lead to take forward implementation of the guideline recommendations. This is to ensure safe and effective care is delivered within the organisation in line with evidence-based practice.

The link below provides a summary of these 85 SHSCT applicable NICE guidelines.

Summary NICE Guidance Regionally Endorsed 2024 - 2025



With the reinstatement of the regional NICE Positive Assurance reporting process in March 2024 by the SPPG NICE team, there has been a bimonthly requirement for SHSCT to submit timely assurance responses. During this reporting period a total of 8 responses have been made and this equates to a total of 508 separate guidelines (NICE Technology Appraisals, NICE Clinical Guidelines, NICE Interventional Procedures and NICE Public Health Guidelines). This is representative of significant work being completed across the organisational MDTs to ensure evidence-based practice is at the core of patient care delivery.

The assurances responses are presented in the links below, with the table providing a breakdown of the number of actual guidelines that have been reviewed / assured as part of this regional monitoring process:

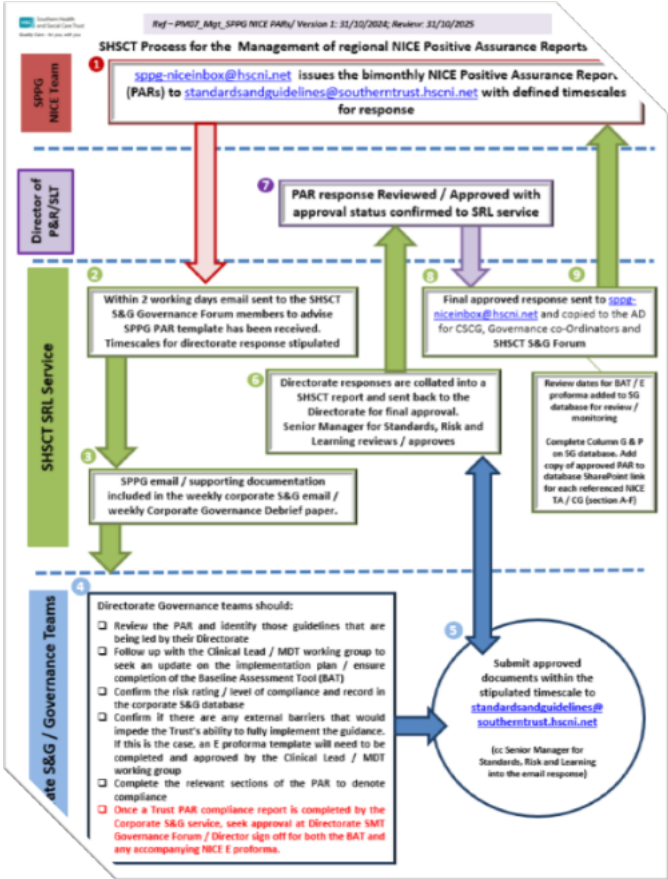
-  NICE Positive Assurance Report_March 2024 *(Phase 1)*
-  NICE_Positive Assurance Report_April to May 24
-  NICE Positive Assurance_June_July 2024
-  NICE Positive Assurance Report_August to September 2024
-  NICE Positive Assurance Report_October to November 2024
-  NICE Positive Assurance Report_December 24 to January 25
-  NICE Positive Assurance Report_March 2024 *(Phase 2)*

	April/May 2024	June/July 2024	March 2024 Phase 1 Backlog Review	Aug/Sept 2024	Oct/Nov 2024	Dec 2024/ Jan 2025	March 2024 Phase 2 Backlog Review	TOTAL
Report Submission Date	4 th July 2024	30 th August 2024	30 th September 2024	6 th December 2024	14 th January 2025	27 th February 2025	31 st March 2025	
Total number of NICE TA assurances submitted (Sections A & B)	17	22	183	15	16	11	165	429
Total number of NICE TA assurances submitted (Sections C & D)	5	3	32	4	4	4	21	73
Total number of NICE Interventional Procedures submitted (Section E)	0	1	4	0	0	0	0	5
Total number of NICE Public Health assurances submitted (Section F)	0	0	1	0	0	0	0	1
TOTAL NUMBER OF CIRCULARS	22	26	220	19	20	15	186	508

Management of NICE Positive Assurance reports

A new ‘Process Map’ (reference PM 07) for the management of the regional bimonthly NICE Positive Assurance reports has been approved and implemented by the SHSCT in October 2024. This formalised process ensures the following:

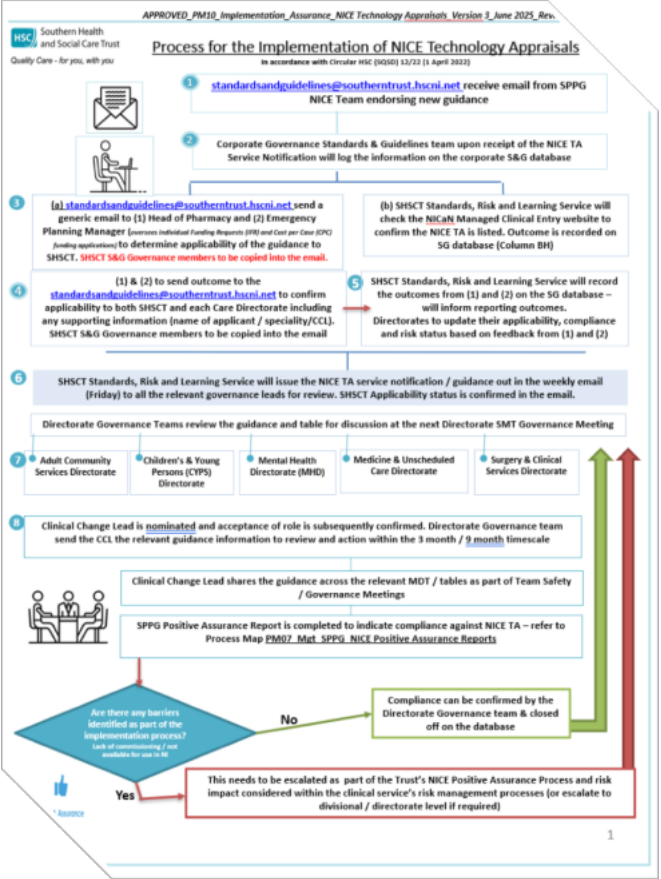
- Appropriate accountability and governance arrangements in place for approval / escalation of assurance within each of the operational directorates.
- Consistency in process across the directorates.
- Corporate oversight of the assurance outcomes by the Standards Risk and Learning service.
- Provides the Director of Planning and Performance an overview of the key barriers that impede the Trust’s ability to fully implement the guidance with a view of then escalating with the SPPG Performance team.



New Process for the Review of regionally endorsed NICE Technology Appraisals

Following learning from the recent regional Neurology Inquiry, a review was undertaken by the Trust’s Standards, Risk & Learning service on how NICE Technology Appraisals are disseminated, implemented and assured within the organisation.

The review identified a number of additional checks that need to be undertaken upon receipt of a new circular. These include checks against the regional Managed Clinical Entry website as well as within the local SHSCT Pharmacy prescribing system and IFR/ database. This ensures that there are robust checks carried out to determine applicability of the guidance within the Trust. The system is also checked to determine applicability within the operational directorates, supporting governance staff to ensure sharing of the guidance is appropriately shared at an operational level. A pilot of this new process commenced in January 2025 and has now been accepted into standardised practice.



The Important Role of the Trust's Clinical Audit team to support the Assurance Processes for Implementation of regionally endorsed NICE Guidelines

During 2024/25, the SHSCT Clinical Audit Department has sought to bridge the gap from compliance to performance by building robust and efficient systems that evidence adherence to regionally endorsed NICE guidance.

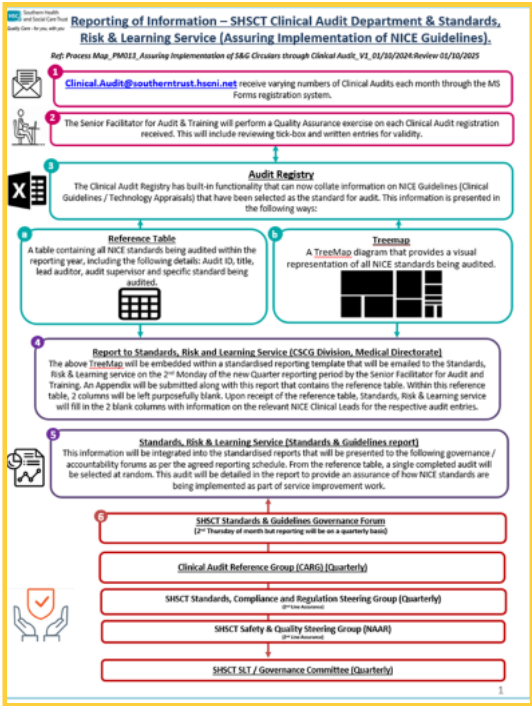
During previous BSO Internal Audit reviews it was difficult to provide evidence that clinical audit was being routinely undertaken, and it was identified that this pillar of governance within the management of standards and guidelines needed strengthening.

The Trust's Clinical Audit team have worked in partnership with the Trust's Standards, Risk and Learning team to develop a process that would fulfil this requirement. Using a combination of Microsoft Forms and Microsoft Excel, the newly implemented Clinical Audit registration system counts the number of clinical audits registered each month, as well as providing a cumulative total for the year.

Additional functions have been built into the registration system that allows the Clinical Audit department to query how many of these audits examine aspects of NICE guidelines, and then share this audit information with the Standards, Risk and Learning Service.

A process map has been developed by the two services to formalise this reporting function and going forward a summary of this audit activity will be built into the quarterly report presented to the Standards, Compliance and Regulation Steering Group.

The Process Map (reference PM013) is presented below:



As a further awareness opportunity, the SHSCT Clinical Audit team developed a Blog for the World Quality Week in which this new process was promoted.

This can be accessed via the link:

Click to view



2025/26 SHSCT S&G Governance Work Plan

The new 2025/26 was agreed at a workshop held on 5th June 2025 and within this plan there are a number of NICE related actions that are to be progress and monitored on a monthly basis:

2025/26 Standards Guidelines Governance Forum Workplan

One focus will be the development of processes to support the review and management of NICE Interventional Procedures to ensure the regional requirements are fully met. Work has already commenced to ensure those guidelines that are aligned to Research are reviewed by the Trust's Research and Development team to identify any procedures that need to be considered as part of their research governance processes.

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

During 2024/25 significant work has been undertaken to continue and progress the project work plan aligned to NICE NG 197. The following Report outlines the key outcomes that have been achieved throughout the year.

Click to view the report

One key success story has been the partnership project with Macmillan that embraced the ethos of 'Shared Decision Making' when writing Patient Letters to patients. Recommendation 1.2.20 of the guidance is the key driving force of this work.

Guideline recommendation that was the key driver in the project

NICE NG 197 Shared Decision Making Recommendation 1.2.20

"When writing clinical letters after a discussion, write them to the patient rather than to their healthcare professional, in line with Academy of Medical Royal Colleges guidance on writing outpatient clinical letters to patients.

Send a copy of the letter to the patient (unless they say they do not want a copy) and to the relevant healthcare professional"

[Overview](#) | [Shared decision making](#) | [Guidance](#) | [NICE](#)

The outcomes from the project were submitted to NICE as a case study application which was subsequently accepted and is now available on the NICE website:

Click to view

4.6 National Audits


SAMBA - Society for Acute Medicine (SAM)

SAMBA is a national benchmark audit of acute medical care. The aim of SAMBA is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average (or ‘benchmark’). SAMBA 24 took place on 20/06/2024 with data collected across 165 hospital sites for patients admitted over a 24hour period, with follow up of clinical outcomes. SHSCT participated for the first time in SAMBA 2023 and continued this in SAMBA 24. The 4 key indicators are summarised for CAH vs national position.

Society for Acute Medicine Benchmarking Audit

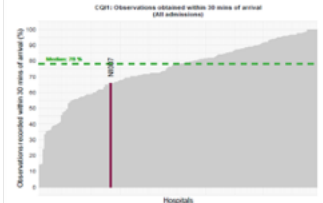
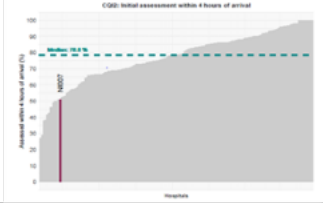
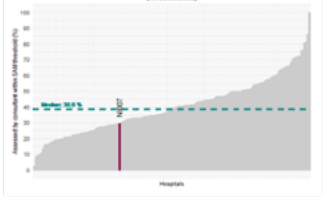
SAMBA 2024 Report

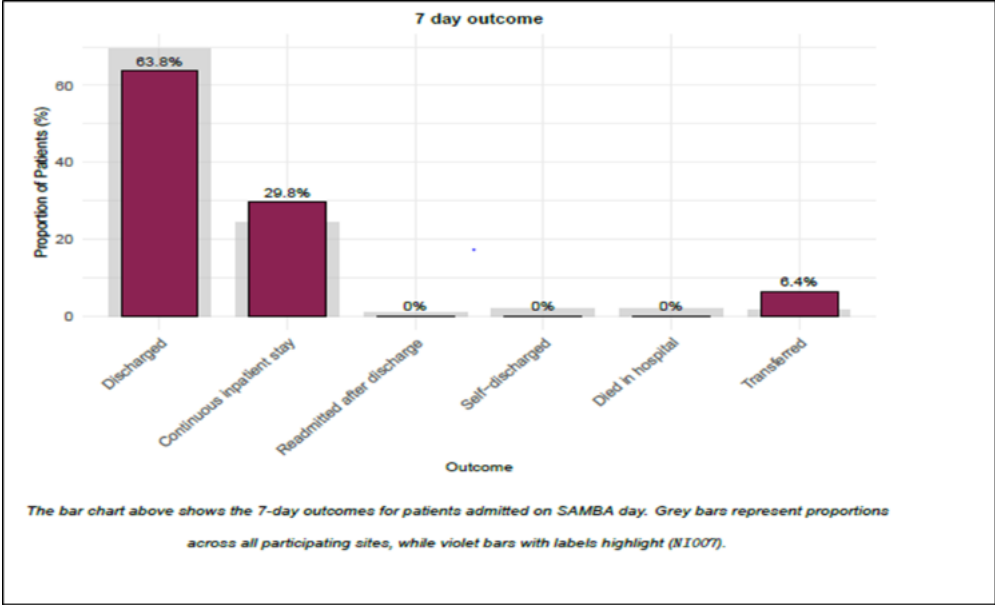
A National Audit of Acute Medical Care in the UK



SAMBA24 took place on Thursday 20th June 2024, with follow-up data collected 7 days later. Acute medical teams from 159 hospitals within the UK collected data on operational performance, clinical quality indicators and standards for acute care set by SAM NICE the RCP and RCPE. Data was collected nationally from 9913 patients of which SHSCT submitted 47 cases on SAMBA day

Click to view the report

Audit Indicator(s)	Site specific data	SHSCT compliance vs National or regional compliance
Early Warning Score: % unplanned admissions with EWS recorded within 30 minutes of hospital arrival	Median: CAH 66% National 78%	
1st Clinician Review % unplanned admissions reviewed by a competent clinical decision maker within 4 hours of hospital arrival	Median: CAH 51.1% National 71.1%	
Percentage of unplanned admissions with consultant review within the target time – Overall, by day and by night	Overall Median: CAH 29.8% National 40.2%	
By day (target – within 6 hours)	CAH 10% National 30.8%	
By night (target – within 14 hours)	CAH 64.7% National 68.4%	



The overall national performance in SAMBA24 was broadly aligned with SAMBA23 but remained below the levels seen before the COVID-19 pandemic. Acute medical services have succeeded in preventing additional declines in clinical quality standards, though the achieved levels still fall short of ideal benchmarks.

Although rapid transfer to an Acute Medical Unit (AMU) remains the gold standard, less patients are being treated via this pathway, with persistent access block shifting medical care into the Emergency Department (ED).

Consequently, acute medical services have significantly adapted their established practices to maintain acceptable standards of patient care. Same Day Emergency Care (SDEC) continues to account for a consistent proportion of the acute medical workload, with only modest year-on-year increases. This plateau suggests that after the initial efficiency gains, further expansion of the model has become more challenging. Emergency medicine remains the primary route of referral, with many patients continuing to be assessed within the Emergency Department. Worryingly, a significant minority of medical assessments in the emergency department now take place in the corridor, highlighting the ongoing pressures on space and capacity within acute care services.

Next Steps: To participate in SAMBA 25 for on-going learning on 19/06/2025

NHS Benchmarking Network (NHSBN) - Managing Frailty in Acute Setting - Northern Ireland



This exercise looks at NHS delivered care for frail patients in the acute setting, from providers across the UK. A cut of the data for acute care providers in Northern Ireland was commissioned as part of the project by the Public Health Agency of Northern Ireland so that additional bespoke outputs for Northern Ireland HSCTs could be produced. All charts will show the Northern Ireland sample median (green line) and project sample median (blue line) alongside each other.

2024 NHS Benchmarking Network Managing Frailty in Acute Setting member project report for Northern Ireland. This report provides an overview of your organisation’s position within the 2023/24 financial year focusing on three key themes:

- 1 Challenges of the system and their impact
- 2 Frailty identification and its effectiveness
- 3 Accessibility of the service

Executive summary - Inpatient Care

Ambulance services are more frequently used by older adults. The percentage of total ambulance attendances aged 65+ is 57.2% at the median Northern Ireland organisation.

Acute Frailty Services (AFS) in Northern Ireland has increased; 36.4% of submissions now have an acute frailty service. Availability of the acute frailty service does remain low in Northern Ireland, with an average AFS being available for 38.8 hours across a 7-day week.

40.6% of service users on the care of older people wards in Northern Ireland are aged 85+. 22.6% of patients in Northern Ireland are staying on care of older patient wards more, 21 days compared with 8.3% in England.

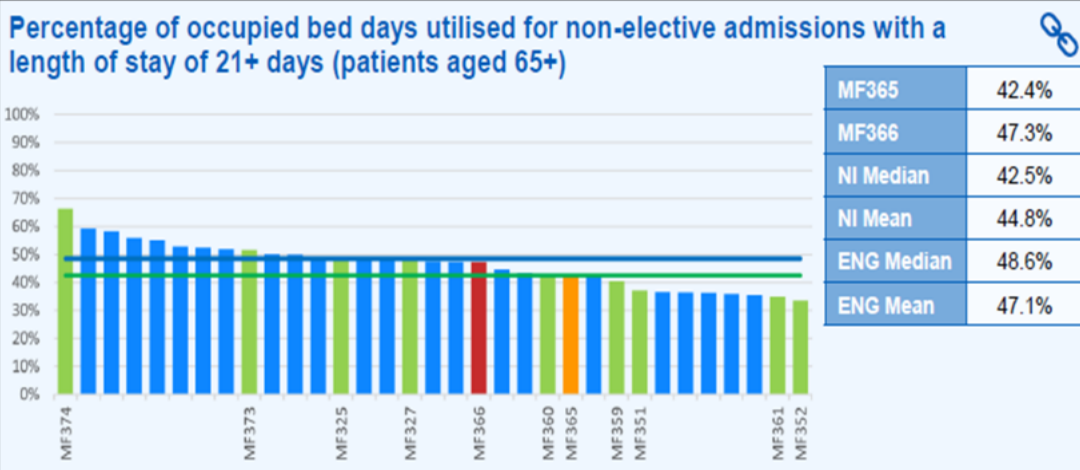
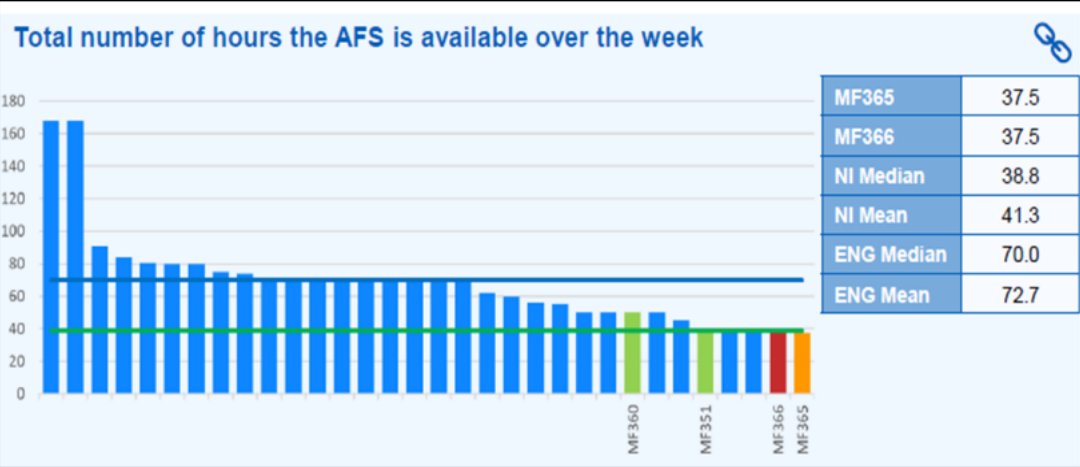
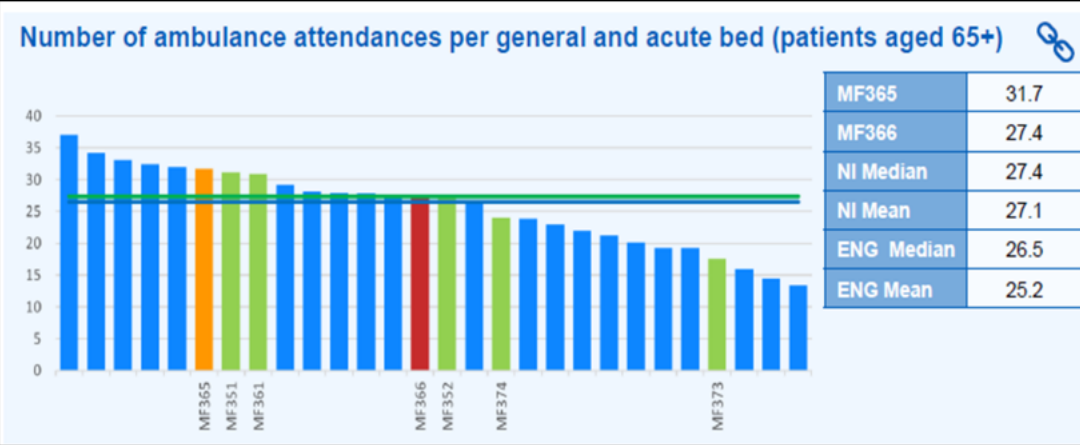
Medication errors are more common with the average Northern Ireland submission having 100 medication errors per 100 designated care of older people beds.

Although 80.9% of service users on a care of older adults ward usually reside in their own home, on discharge only 58.1% return to this living arrangement.

The percentage of service users declared medically fit for discharge but still occupying a hospital bed has remained unchanged. Awaiting availability within transitional arrangements was the primary reason for delayed discharges in Northern Ireland (73.3%).



Examples of some Local Outcomes on Executive Summary key messages – CAH
Amber bar, DHH red bar, other NI Units green bars:



Process Overview and Challenges

SHSCT data set based on 2023/2024 data was assembled and submitted (Apr – Jul 2024). Significant challenges involve HR, finance and activity data being available and aligned to the service areas prescribed within the NHSBN dataset.

The PHA organised an event for NI HSCTs to share and discuss the NI findings on 05/03/2025 and regional work for improvement is on-going.

SHSCT was unable to participate in the 2025 exercise due to Encompass ‘Go Live’ in Q1 2025/26.

In the period April 2024 to March 2025 the HQIP detailed the list of NCAs and SHSCT continued to see participation and engagement across a significant number of audits where Northern Ireland HSCTs are eligible to participate. In a minority of programmes submission was restricted and limited due to workforce pressures and service challenges.

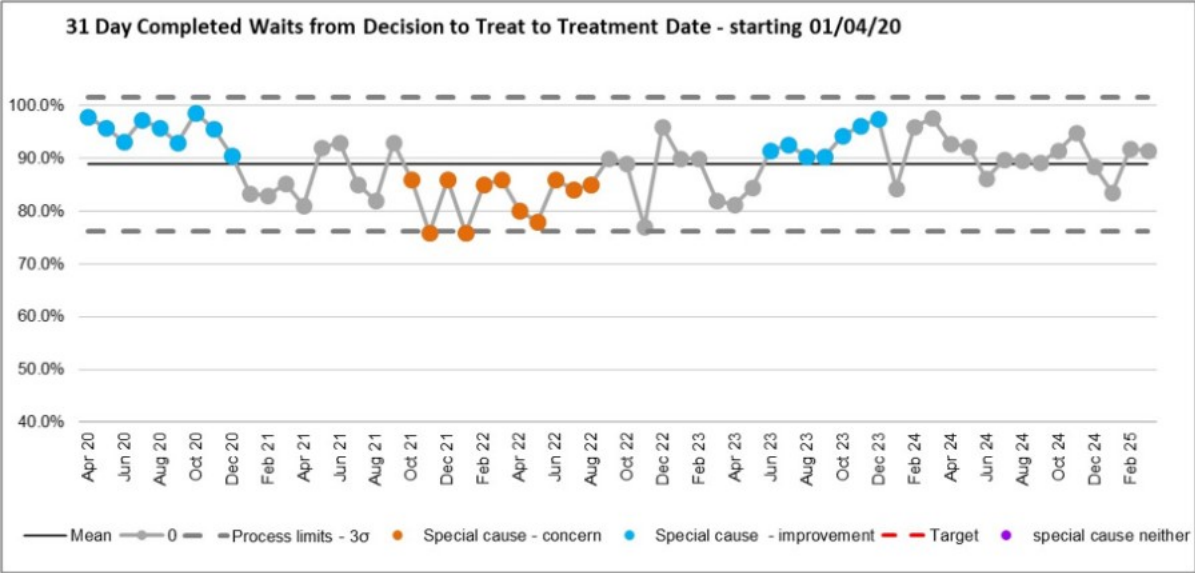
[Click to view the report](#)

2024/2025	No. of Audits
Audits on HQIP List	91 across 58 programmes
Eligible for SHSCT participation	37
SHSCT Submitted datasets	33

4.7 Cancer Targets

The percentage of patients treated within the 31-day standard during 2024/25 was **90%**, this is below the Northern Ireland target of 98%, a 1.1% decrease in Trust performance from the previous year.

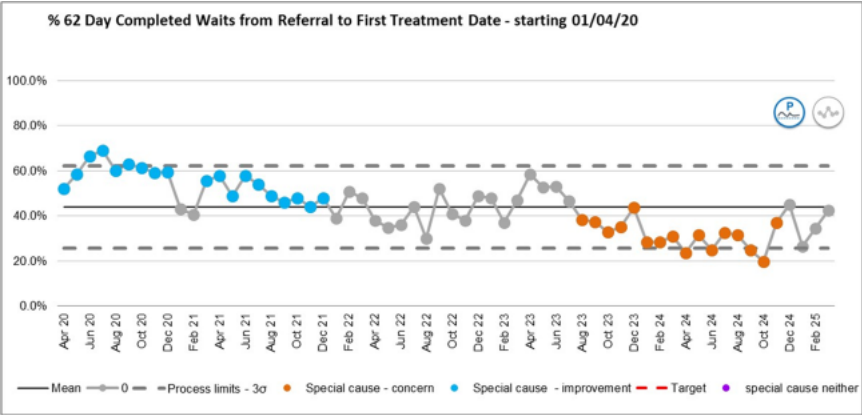
31 Day completed waits from Decision to Treat to Treatment Date



Click to view

19/20	20/21	21/22	22/23	23/24	24/25
98%	92%	86%	86%	91%	90%

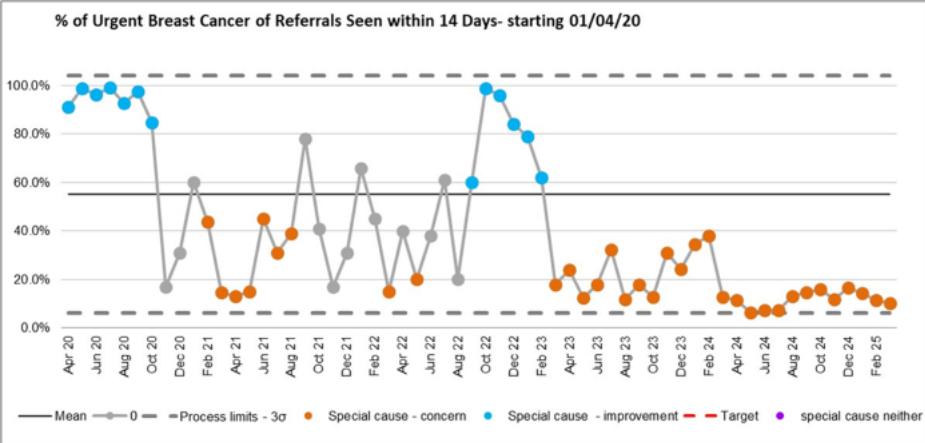
62 Day Completed waits from Referral to First Treatment Date



Click to view

19/20	20/21	21/22	22/23	23/24	24/25
65.9%	57.5%	49%	42%	40.9%	31.1%

Breast Cancer seen within 14 days



Click to view

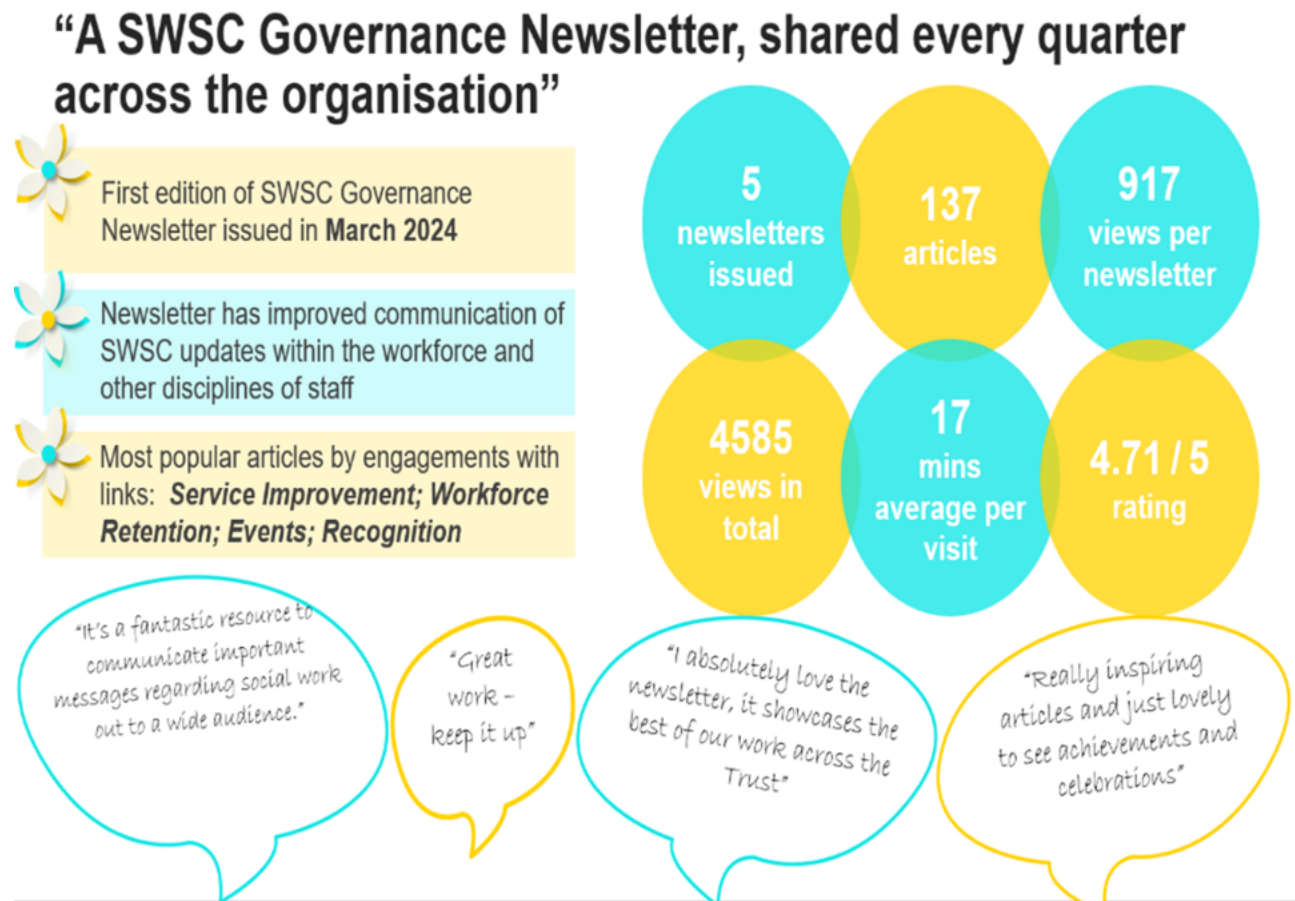
19/20	20/21	21/22	22/23	23/24	24/25
99.9%	67.7%	37%	56%	22.4%	11.7%

4.8 Enhancing Social Work and Social Care Services

Social work and social care governance have developed a range of initiatives aimed at supporting and engaging the Social Work Workforce. These initiatives are designed to provide essential and supportive information, promote the social work role and professional identity, and centralise key resources. Importantly, they are also relevant to multi-professional colleagues, helping to foster a shared understanding and collaborative practice across different disciplines.

Quarterly Newsletter Initiative:

A quarterly newsletter was first developed in March 2024 and is issued across various platforms to support the social work and social care workforce.



Benefits of the Newsletter:

Improved Communication: Provides regular updates and key messages from leadership and governance bodies.

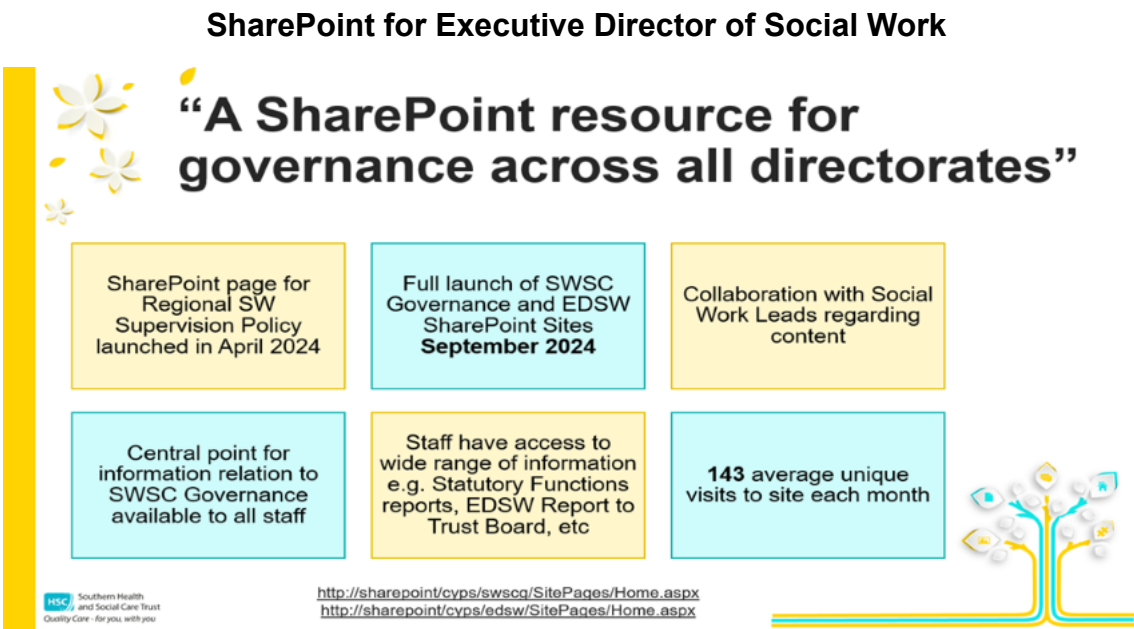
Workforce Support: Shares wellbeing resources, training opportunities, and practical guidance for social workers.

Professional Identity: Highlights achievements, good practice, and the impact of social work, strengthening professional identity and pride.

Resource Centralisation: Brings together useful tools, policy updates, and information in one accessible location.

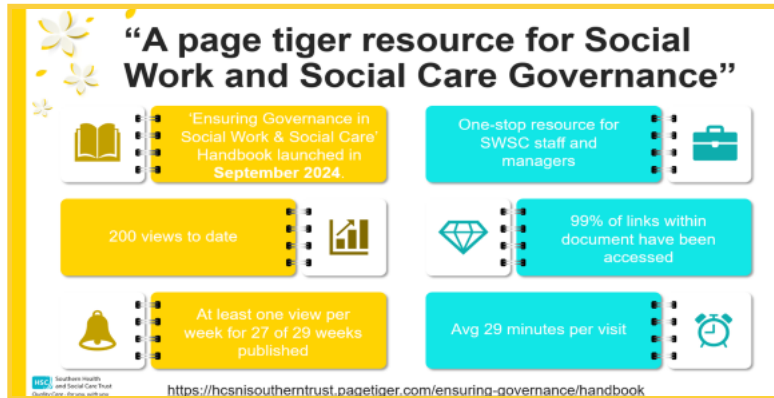
Multi-professional Engagement: Encourages shared learning and awareness across related professions, supporting integrated working.

Feedback and Engagement: Offers a platform for social workers to contribute, share experiences, and stay connected with wider developments.



A Share Point tile has been developed and launched in September 2024, as a centralised point of contact for all relevant work pertaining to the social work and social care workforce under the office of the Executive Director of Social Work.

A resource for Social Work and Social Care Governance

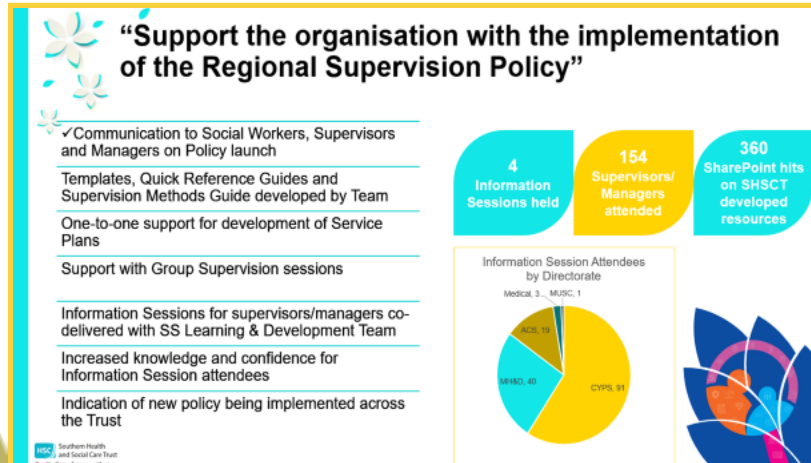


An Ensuring Governance in Social Work and Social Care has been developed and launched in September 2024.

This aims to provide a centralised resource to the workforce and covers all areas relating to Social Work and Social Care Governance.

Regional Social Work Supervision Policy

Launch by the Department of Health (DOH) in April 2024, social work services across the organisation work towards implementing the standards outlined with the revised Social Work Supervision Policy.



In collaboration with Social Services Learning and Development, Social Work and Social Care Governance have been supporting social work services with the implementation of the Supervision Policy.

A number of Information and support sessions have been delivered.

Northern Ireland Social Care Council (NISCC) – Registration and Regulation

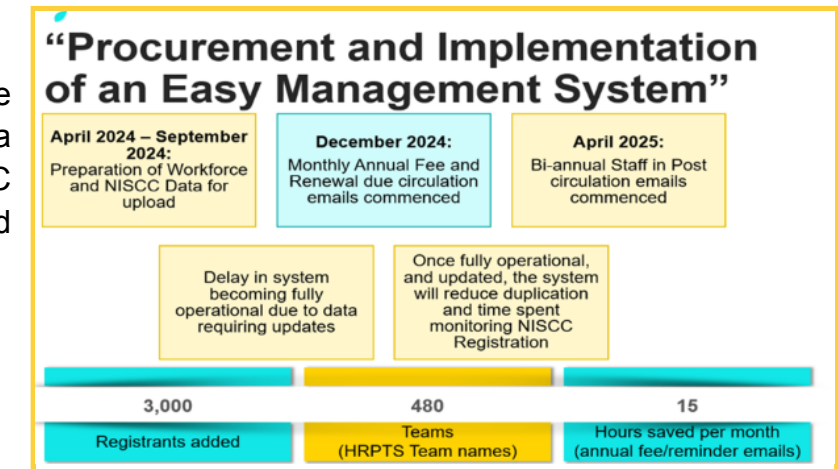


Initiatives have been ongoing to develop a robust system for the oversight and assurance of Fitness to Practise Processes across the organisation for social work and social care staff.

This has included the development of guidance for managers which was launched in May 2024.

Collaboration and partnership has been key in strengthening structures and processes with key partners, both internally and externally.

Social work and Social Care Governance have procured a system to manage NISCC registration for the social work and social care workforce.



As we work towards the full implementation of the system, it aims to send automatic reminders to registrants and managers to support annual registration fees and renewals and provide a greater level of assurance in terms of oversight of registration.

Shared Learning

On the 9th April 2025, Regional Governance Leads came together to co design and deliver and regional shared learning seminar, focusing on learning from Serious Adverse Incidents (SAIs) across Children and Young Peoples Services.

The event was co delivered with a care experienced young person.

Social Workforce Attraction and Retention Initiatives.

Two improvement group groups have been established, one focussed with the CYPS directorate and a cross-directorate group. The aim of this work has been to attract social workers to the SHSCT and creating the conditions to retain them. The focus for 2024/25 was to develop a diver diagram, agree measures to track improvement and to identify change ideas for testing. The two groups agreed the scope for a regional retention project that will be based on two pieces of research published by the University of East Anglia (UEA) who have launched a theory of change for supporting and retaining social workers in statutory services. Key recommendations from the approach will be tested across the five health and social care trusts, in a pilot starting later this year.



[Click to view the report](#)

Achievements within this reporting period include:

- Promotion of social work to school aged children and graduates
- Stregtheing recruitment processes though direct graduate recruitment
- Expanding access of social care workers to the Social Work Degree
- Strengthening induction
- Enhanced support to social workers with their Assessed Year in Employment
- Holding recognition events for staff achievement and sharing positive stories with a staff newsletter



Integrating the Care

Theme 5

- 5.1 Community Care
- 5.2 Mental Health
- 5.3 Children's Social Care Services
- 5.4 Adult Social Care Services



TRANSFORMING
THE CULTURE



STRENGTHENING
THE WORKFORCE



MEASURING THE
IMPROVEMENT



RAISING THE
STANDARDS

5.1 Community Care

Medications Management Safety

Dysphagia support for adults is essential to promote safety, health and quality of life. Swallowing difficulties can increase the risk of choking, aspiration and respiratory infections, while also affecting nutrition and hydration. By providing tailored interventions, modified diets and specialist guidance, enables adults to manage swallowing difficulties safely and with dignity.

This pioneering project is the first of its kind in Northern Ireland. It addresses a key training gap for Domiciliary Care Workers in the safe use of food and fluid thickeners for adults with dysphagia. By expanding an established train-the-trainer model through interdisciplinary collaboration and co-design, theoretical and practical thickener training has been integrated into the Trust's medicines management curriculum, enhancing workforce competence and supporting safer, person-centred care.

Swallow Awareness for Medical Staff

Development of this unique awareness resource was driven by key regional, standards of best practice and recommendations on the management of Dysphagia. This coupled with outcomes and learning from adverse and serious adverse incidents highlighted the need for targeted training for Medics on this topic. Medics engagement with existing eLearning was suboptimal as content was deemed not entirely relevant to their role or pitched appropriately and took too long to complete. Our Medical Director and divisional medical director, Divisional Medical Director and Dysphagia coordinator collaborated to develop a bespoke resource for SHSCT.

Oral Care Resource

Effective mouth care is a basic right for everyone and is essential for general health, wellbeing, and quality of life. The Trust interim Head of Nursing Patient Safety and Quality of Care and Dysphagia Coordinator reviewed national and regional best practice guidance, embedding key standards and learning, to develop this new resource for staff and caregivers supporting service users maintain good oral health.

Medication Management Safety

Click here to watch Louise Campbell take you through the Medicines Management Safety for Domiciliary Care Workers Supporting Adults with Dysphagia



Click here to watch Louise Campbell take you through Swallow Awareness for Medical Staff



Click here to watch Louise Campbell take you through the Oral Care Resource presentation



Transforming Medication Safety

The Transforming Medication Safety in Northern Ireland (TMSNI) programme prioritised reducing preventable harm associated with high-risk medicines. Northern Ireland prescribes more opioids than any other part of the UK. In September 2023 a collaborative programme was established focusing on safer opioid prescribing.

Ankle Fracture Patients

Patient Information Leaflet



Click here to Download 

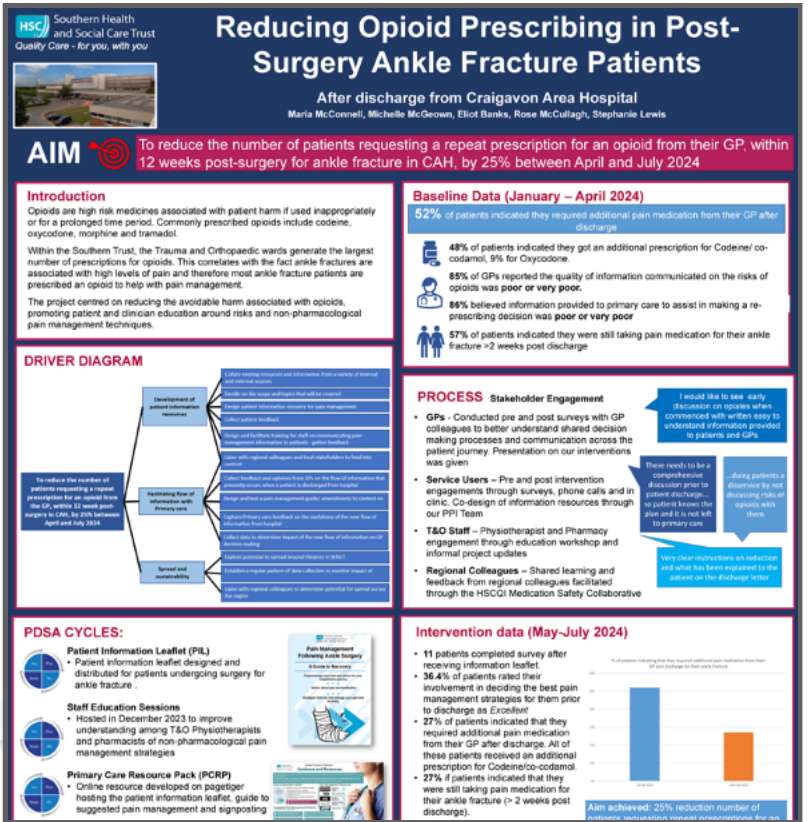
Medicines are the most commonly used medical intervention in Northern Ireland, and at any one time 70% of our people take prescribed or over the counter medicines to treat or prevent ill health. Northern Ireland's response to the World Health Organisation challenge *Medication Without Harm* informed the Transforming Medication Safety in Northern Ireland Strategy focusing on specific programmes of action for improving medication safety.

A Southern Trust Team was established with the aim to reduce the number of patients requesting a repeat prescription for an opioid from their GP, within 8 weeks post-surgery for ankle fracture in CAH, by 25% between April and July 2024.

The project achieved its aim, moving from 57% of patients still taking pain medication >2 weeks post surgery to 27%. This was largely aided by the development of a patient information leaflet and a primary care pagetiger resource with advice, signposting options and pain management resources included.

A guide to recovery for patients. Includes:

- Advice about pain and medication.
- Physiotherapy exercises and advice for their rehabilitation journey.
- Strategies that can help them manage their pain and recovery.



Click to view the teams poster 

The District Nursing Service

'The District Nursing Service must not only be at the leading edge of Clinical Practice but they must also lead innovation.' (District Nursing Framework 2018-2026.)

Quality Improvement in District Nursing is vital to enhance patient care, optimise efficiency and ensure high quality standards in service delivery. By strengthening District Nursing Teams quality improvement and influencing skills will have a positive impact on patient care quality safety and experience.



Deirdre Cunningham - PHA Nurse Consultant
Katrina Loughran - Interim Head of Service for Adult Community Services



The presenters on the day included:

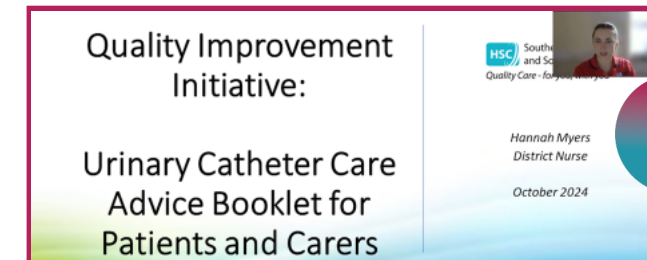
- Palliative Care Symptom/Concern Checklist
- Awareness Video on the Regional District Nursing Palliative Care Quality Indicator
- Awareness Video on the Community Nursing Palliative Care Bundle Assessment
- District Nursing Huddle Guidance
- In-situ Slings Training Guide
- Early Intervention Pocket Guide on Lower Limb Treatment Pathway
- Quick Guide to Palliative Care Emergencies
- Urinary Catheter Care Advice Booklet for Patients and Carers
- A District Nursing Patient Discharge Checklist

3 of the presentations are featured below



Palliative Care System Checklist.

[← Click to view](#)



Urinary Catheter Care Advice Booklet for Patients and Carers.

[← Click to view](#)



Community Nursing Palliative Care Bundle Assessment.

[← Click to view](#)

Activity Ward Project – Lurgan Hospital

It has been evidenced, that immobility while in hospital, leads to deconditioning, loss of functional ability and cognitive decline. As a result, there is the potential for increased length of stay for the elderly patient. This in turn eats into their valuable time, in what could be their last years or months. Elderly patients should and indeed want to be at home.

It is therefore vital elderly patients are kept as active as possible while in hospital. With this aim, a QI project was initiated in Ward 3 Lurgan Hospital. A project team was established to explore patient inactivity using various QI tools, measure the scale of the problem and address the challenges of patient inactivity through the introduction of agreed change ideas.

Inspired by global campaigns such as End PJ Paralysis and Last 1000 days.

Lisa Murtagh and Donna Turkington, Physiotherapists working in the Non Acute Elderly Rehabilitation Wards in Lurgan Hospital have been focusing on increasing physical activity opportunities for patients in the rehabilitation wards.

It is encouraging to hear from Albert, as he shares his patient experience of participating in the first PDSA introduced; a weekly activity morning on the ward.

Listen here to Lisa and Donna as they share information about the project to date.





Multi Family Therapy Project

Multi Family Therapy is a recovery focused service that provides assessment, treatment and support for young people and their families who present with anorexia nervosa and other eating difficulties.

Multi Family Therapy brings together families with the aim of increasing knowledge and support and changing treatment context by providing multiple sources of information and increasing intensity.

This improvement project aims to: improve recovery time, agree a gold standard effective treatment plan and improve both the young person and their families' experience of the service.

WHAT IS IT

A treatment for young people who are struggling with anorexia nervosa (AN) or other restrictive eating disorders.

Multi Family Therapy (MFT) brings together families with the aim of increasing knowledge and support, and changing treatment context by providing multiple sources of information and increasing intensity.

WHAT TO EXPECT?

MFT consists of working together as a group for up to 5 full days of treatment.

This first part consists of 4 consecutive days and then

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Cedarwood Building
Old Longstone Hospital Site
Armagh, BT61 7NQ

MULTI FAMILY THERAPY FOR ANOREXIA NERVOSA

Click here to download the MFT Leaflet for more information



Listen here to Aine Evans, Leanne Clifford and Ciara Culligan talk about their project.





Orthoptics Service Review

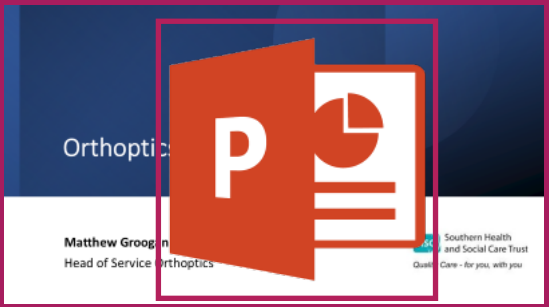
The Orthoptic Service undertook a quality improvement project aimed at enhancing the referral and triage process in the Orthoptics Service of the Southern Health and Social Care Trust. The Interim Head of Orthoptics, Matthew Groogan, discusses the identification of issues within the referral process and the implementation of training to improve the accuracy and efficiency of handling referrals, they aim to reduce the number of rejected referrals by 75% by December 2024.



SQiE Orthoptics Service Review

Click here to watch Head of Service, Matthew Groogan, detail the challenges and outcomes in delivering a reduction of 69.1% in inappropriate and incomplete referrals as of October 2024.

Click here to download the teams presentation →




Scottish Improvement Leaders (ScIL)

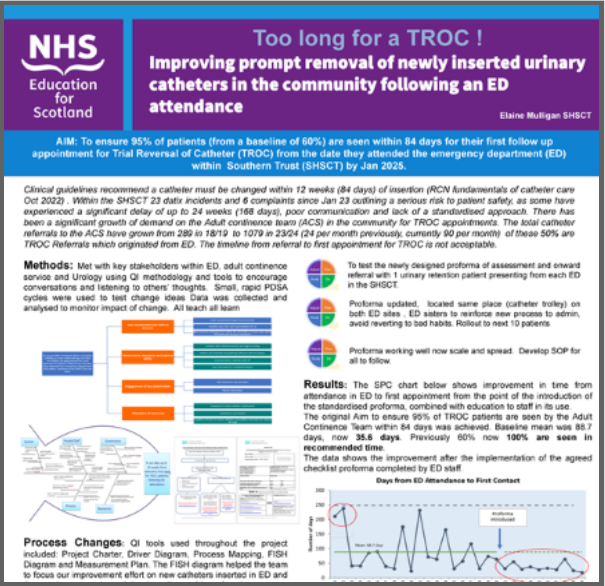
Elaine Mulligan, Head of Specialist Primary Care Services, has undertaken the ScIL Programme designed for professionals who are passionate about driving quality improvement initiatives and contributing to creating conditions for continuous improvement in their organisations.



Click to watch Elaine Mulligan discuss her project.

Aim: To ensure 95% of patients (from a baseline of 60%) are seen within 84 days for their first follow up appointment for Trial Reversal of Catheter (TROC) from the date they attended the Emergency Department (ED) within Southern Trust (SHSCT) by Jan 2025.

Click to view the teams poster 



5.2 Mental Health

Physical Care of the Mentally Ill (Quality Network for Inpatient Working Age Mental Health Services (NQWA)).

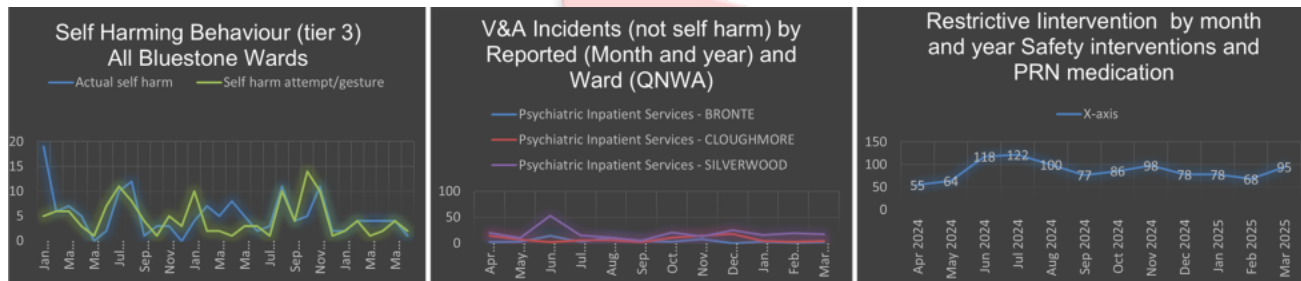
The Royal College of Psychiatry Quality Network for Inpatient Working Age Mental Health Services (NQWA) accreditation award report stated that Bluestone's environments have designated areas for activities to take place and adequate outdoor space for patients, with patients have access to different sensory resources and outdoor gym equipment. It notes that Bluestone operates under an integrated model of care that identifies patients' needs using the biopsychosocial model of assessment and on admission all patients receive a thorough physical health assessment, with a physical health passport that is completed on admission.

Bluestone contribute to the National Audit 'A Picture of Health? A review of the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting'.

2024-2025 saw the growth of the provision of structured purposeful, physical and alternative therapies, with each activity aligned with everyone's values, increasing social connectedness, improvement in mood and stress reduction, enhancing self-esteem, confidence as well as learning new skills and social connections that can be applied and continued post discharge. This reduces feelings of isolation and loneliness and increases the sense of purpose and belonging.

Bluestones Physiotherapy led programme has received 173 attendances in activities such as aquatic therapy, water sports, walking groups, badminton, somatic yoga, Tai Chi and fitness testing.

Building safer wards



- Reduction in the number of Restrictive Intervention methods associated with incidents in all Bluestone Wards by 30% from 1094 in 2021 to 765 in 2024.
- Seclusion episodes reduced from 27 in 2021 to 13 in 2024, in Dorsy.
- Seclusion episodes in Dorsy have reduced from 16 in 2021 to 5 in 2024.

Crisis planning

To strengthen communication pathways between services at point of transition the Directorate has established the Early post discharge Appointment (EpdA) process with the aim that 80% of patients are offered follow-up appointment within 72 hours of discharge from acute care.

In 24/25 94% (n=548) of patients discharged from acute inpatients were offered an EpdA within 72 hrs.

Bluestone has introduced a minimum standard for transferring up-to-date patient records and a verbal conversation (warm handover) between the referring and receiving service prior to discharge.

The Directorate has developed Data Sharing Agreements with the Community and Voluntary providers in respect of Suicide Prevention Care Planning.

Suicide Prevention Care Pathway (SPCP) – providing the right support at the right time. A partnership approach between Trust Acute Mental Health Services, Mental Health practitioners GP Federation Newry & District, Self-harm Implementation Programme (SHIP) providers, Lifeline and the WELL-Bean café (PIPs Hope and Support).

Suicide Prevention Safety plans (SP) are devised with patients who present with suicidality and (with consent) in collaboration with identified 'Supporters'.

Safety Plan Follow Up is offered to all patients that have a Suicide Prevention Safety plan.



There is specific staff training in place in how to assess, formulate and manage risk of suicide.

- Safety Planning (SP)
- STORM (Suicide Prevention and Self-Harm Mitigation).
- CASE & PISANI (Advanced Assessment of Suicide Risk and Formulation
- SHARE (Sharing Information with Patients and Carers).

Monitoring patients presenting with suicidality:

Patient files are audited monthly *Number of Safety plans completed per month, by service area.

- A total of **603** practitioners (across the SPCP) have attended SP training. Of these **18** practitioners attended training in **2024/25**.
- A total of **387** practitioners (across the SPCP) have completed two-day STORM training. Of these **32** practitioners attended in **2024/25**.
- A total of **231** practitioners have completed CASE & PISANI training. Of these **62** practitioners attended in **2024/25**.
- A total of **236** SHSCT staff completed SHARE (Sharing Information with Patients and Carers) training. Of these **200** SHSCT staff completed this training **2024/25**.

In 2024/25 an average of **140** patient centred suicide prevention SPs were devised each month in Acute Mental Health Services.

Safety plans and the EpdA patient appointment leaflet include the contact details for crisis services.

Southern Trust 24/7 Integrated Liaison Service and Home Treatment/ Crisis Response service has supported the development of a Out Of Hours crisis café, provided by Community & Voluntary Sector.

The Southern Trust has led the development of regional Building Safer Wards (BsW) inpatient standards. And developed and led regional testing of audit tools to measure against these standards.

Monitoring impact with:

Ward staff and the governance team continue to monitor and review the incidence of; violence/ aggression and use of restrictive practises via SPC dashboards, safety crosses data and Body Worn Camera footage.

Wards continue to roll out the BsW key concepts, including de-escalation techniques.

In 2024/25 ongoing review of patient and staff post incident debrief identifies themes and shares learning. Persons with lived experience have been devising a new Patient and Carer online survey.

Staff survey returns are reviewed and learning shared.

Think Family

The 'Keeping in Touch with your children' (KIT) Menu has been developed for parents in inpatient settings. It will be displayed in the communal spaces of inpatient wards at Bluestone.

An associated practice guide has been written for staff supporting parents of dependent children. It is designed to provide staff with an overview of methods to implement each item on the KIT Menu.

This approach supports the parenting role of individuals with dependent children, during periods of separation necessitated by inpatient admission.

Craft items and interactive games have been purchased to support staff in the implementation process of the KIT menu.





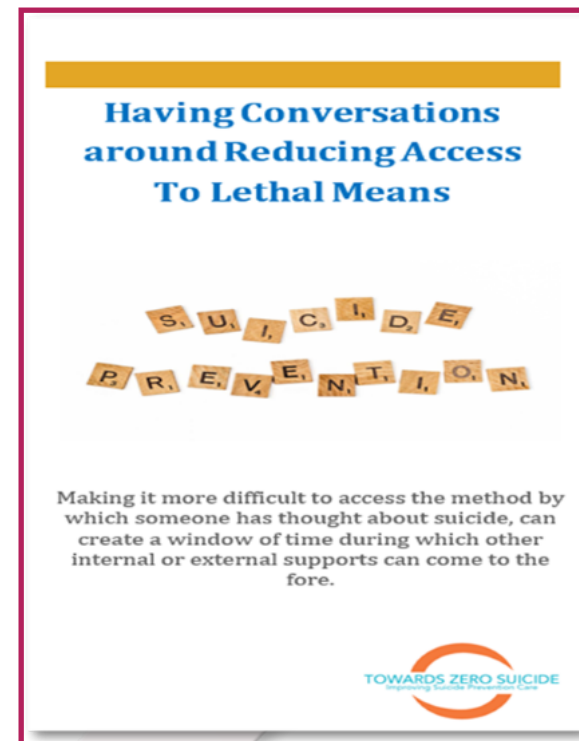
Collaborative Suicide Prevention Safety Planning

Towards Zero Suicide (TZS) is an integrated system-wide strategy for suicide prevention in patients known to Adult Mental Health Services. Informed by research and shaped by Lived Experience, TZS uses a Quality Improvement approach to test and scale out across Northern Ireland.

International research shows that suicide prevention safety planning and follow up provides the strongest outcomes in reducing suicide behaviours. The National Confidential Inquiry into suicide and safety in mental health identifies a decreased risk of death by suicide if a personalised suicide prevention safety plan is in place. Safety plan interventions are also recommended as best practice by the National Institute for Health and Care Excellence.

Suicide prevention safety planning is a collaborative therapeutic intervention involving steps which aims to enable a clinician to work jointly with a patient to have an honest conversation around reducing access to lethal means, identify options to self-manage future vulnerable episodes and possible suicidal crises and plan how to implement them. Drawing on problem solving abilities and coping strategies, the person-centred safety plan is regularly reviewed and updated as circumstances change.

Bluestone's child visiting garden



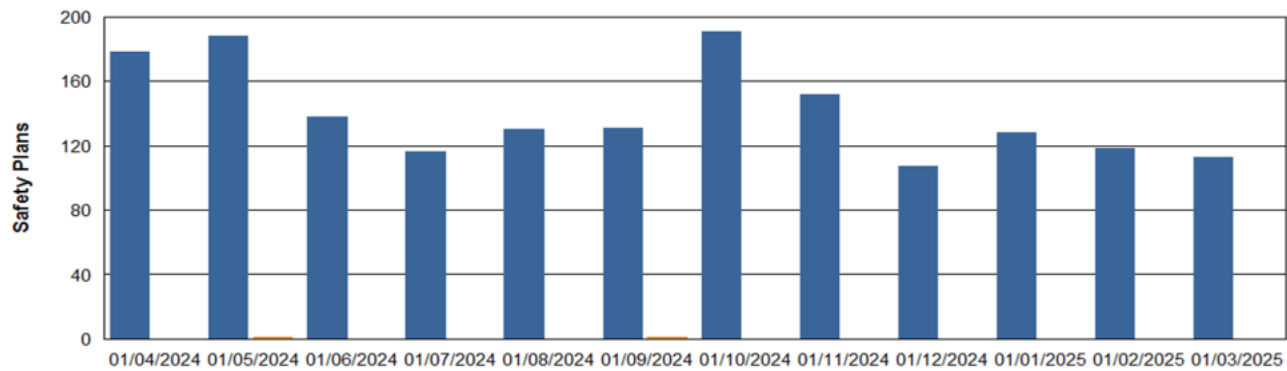
The Adult Mental Health (AMH) Service works in partnership with GP Federation Newry and District and key Community and Voluntary (C&V) providers so the safety plan can follow the patient throughout all stages of care. To ensure a consistent approach C&V counsellors attend training, facilitated by the AMH Service, alongside statutory Mental Health Practitioners.

Table 1: Training organised by in SHSCT in 2024/25

Disciplines Targeted	Type of Training	Total number of staff who have completed the training to date	Number of staff who have completed the training in 2024/25
Mental health clinicians	Safety planning	603	18
	Advanced assessment of suicide risk and formulation	231	62
MH&D & CYP clinicians	STORM – self-harm & suicide prevention training	324	32
All staff across SHSCT	SHARE sharing information with patients and carers	236	200

The spread and scale of safety planning has continued throughout 2024/25. The number of safety plans completed by service area is monitored monthly. During 2024/25 there was an average of 141 patient centred safety plans devised each month with patients within SHSCT AMH Services.

Table 2: Safety Plans devised in adult mental health services 2024/25

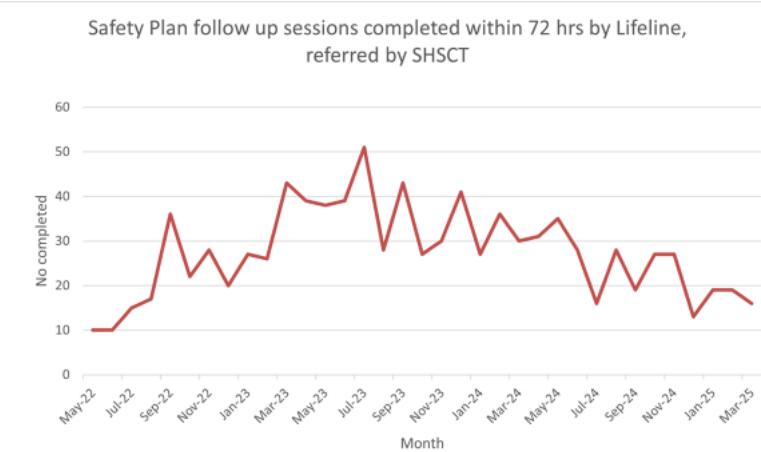


The Self-Harm Implementation Programme (SHIP), PIPS Hope and Support, GP Federation Newry and District and Lifeline also provided monthly updates and learning is shared at the project meetings.



A key element of safety planning is offering a follow up session to review and update the safety plan with the patient. While AMH Service provide the majority of the safety plan follow up sessions, we have been working in partnership with Lifeline to test providing the safety plan follow up with a small number of patients. The Public Health Agency have undertaken an evaluation of this pilot to consider if this should be spread regionally.

Table 3: SHSCT Safety Plan Follow Up sessions completed by Lifeline 2024/25



To learn more about suicide prevention we recommend visiting the Zero Suicide Alliance website and complete their 20 minute online training.



5.3 Children's Social Care Services

Two improvement group groups have been established, one with the Childrens and Young People Service Directorate and a Cross-Directorate Group. The aim of this work has been to attract social workers to the Southern Trust and creating the conditions to retain them.

The focus for 2024/25 was to develop a driver diagram, agree measures to track improvement and to identify change ideas for testing. The two groups agreed the scope for a regional retention project that will be based on two pieces of research published by the University of East Anglia (UEA) who have launched a theory of change for supporting and retaining social workers in statutory services. Key recommendations from the approach will be tested across the five health and social care trusts, in a pilot starting later this year.

Achievements within this reporting period include;

- Promotion of social work to school aged children and graduates
- Strengthening recruitment processes though direct graduate recruitment
- Expanding access of Social Care Workers to the Social Work Degree
- Strengthening induction
- Enhanced support to Social Workers with their Assessed Year in Employment
- Holding recognition events for staff achievement and sharing positive stories with a staff newsletter.



Click to
download the
teams
presentation
and view their
journey!



Safe4U Event

We have launched a new service that provides specialist support for children and young people who have been impacted by sexual abuse and harm.



In 2025, the Southern Health and Social Care Trust launched Safe4U, Northern Ireland's first specialist service dedicated to supporting children and young people affected by sexual abuse and harm. Based at St Luke's Hospital, Armagh, Safe4U provides comprehensive assessment, education and therapy, ensuring that young people do not face these challenges alone.

The service, developed under the leadership of Leanne Spratt, Acting Director for Safeguarding, reflects the Trust's ongoing commitment to safeguarding and improving outcomes for vulnerable children and young people.

The launch event highlighted the team's development journey and the crucial role of partnership working in delivering this innovative service.



Social Work Improvement Forum



The Children and Young People's Service Social Work Improvement Forum held a staff engagement session on Tuesday 12th November 2024 with over 120 staff in attendance.

The aim of the session was to share progress in relation to the reform of the social work service delivery model and seek staff feedback in relation to areas identified for development.

There was a great buzz and lots of valuable feedback gained to inform next steps.



Marita Magennis - Assistant Director for Social Work, Social Care Governance, Training and Workforce Development



Colm McCafferty - Director of CYPS/ Executive Director of Social Work Children & Young People's Service



Care Experience Hub in Children and Young People Service Directorate

Working Together to Make Real Change

Care Experience Hubs have been developed within the Southern Health and Social Care Trust across each of the five operational directorates to support delivery of the Working Well Together Strategy 2022 - 2025

The aim of the Care Experience Hubs is to embed service user and carer involvement and feedback at all levels to improve services, experience and outcomes for everyone. The Hubs bring together staff, service users and carers in regular meetings to plan and ensure action on service improvements through an inclusive approach.

Colm McCafferty, Director of CYPS, Alana Carr, Head of Social Work & Social Care Governance, Co Chair of the Care Experience Hub and Denise Carroll, CAMHS & Autism Head of Service share how the Care Experience Hub is working within the CYPS Directorate



**Click here
to view**




Emotional Health and Wellbeing Single Point of Entry for Children and Young People (EHWB)



Receiving the right service at the right time.

In 2016 10,000 voices completed a survey which provided regional feedback from young people and carers in relation to pathway within Autism Services. From this developed the Emotional Health and Well-Being Framework (EHWB). Phase one was established in this project Single Point of Entry (SPOE) for referrals for Community Paediatrics, Autism, ADHD and Neurodevelopmental Conditions. Listen to Ann O'Hare, EHWB Referral Co-ordinator shares about this initiative.


- **A Single Point of Entry for referrals to Community Paediatrics, Autism and ADHD**
- **A single referral form for all referrals**
- **A multidisciplinary and holistic triage process**
- **A review of existing pathways**
- **A reduction in unnecessary and multiple waits**



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

EMOTIONAL HEALTH & WELLBEING SINGLE POINT OF ENTRY

ANN O'HARE
EHWB Referral Coordinator



INTRODUCTION AND BACKGROUND

In 2016 10,000 voices completed a survey which provided regional feedback from young people and/or carers in relation to pathways currently within Autism Services. The region listened to what parents had to say and from this developed the Emotional Health and Wellbeing Framework (EHWB). This framework means that services will be developed where Children and Young People assessment and intervention based on need. Phase one was the Single Point of Entry (SPOE) for referrals for Community Paediatrics and neurodevelopmental conditions

THE PROBLEM
Multiple referral pathways for children with

THE AIM

**Click here to watch
Ann talk through her
project**



5.4 Adult Social Care Services

Community Teams – Physical Disability & Learning Disability

The Newry and Mourne Learning Disability Team have over the last 12 months been focusing on improving team relations and MDT Working, as a result have implemented the below four key pieces of work, given the success of this we have already begun to scale and spread across all Community Disability Teams:

- Introducing a new 2-week Induction plan for new staff to improve staff integration and retention.
- Developed a Supervision schedule for all professions both individual and peer following feedback from staff to foster Development and improved performance and wellbeing.
- Reviewed monthly team meetings and introduced weekly huddles to meet the needs of team, improve communication and focus on goals and priorities.
- Invited Psychiatry to the end of weekly huddles to improve collective decision making and communication.

Physical Disability Service has improved their service through the:

- Development of the Physical Disability webpage to act as central hub for information and improve service user accessibility and experience.
- Produced a standardized Trustwide Community Directory detailing services across all the 3 Teams.
- Development of Care Opinion QR codes across the 3 teams to aid service user involvement in the development of the service.
- Ongoing development of the Physical Disability User Forum alongside Personal and Public Involvement to support in the development of the service in partnership with service users and carers.

Learning Disability Statutory Supported Living Services

Disability Accommodation panel review

A full review of Learning Disability accommodation panel process was undertaken. Workshops were held for full MDT involvement, and the terms of reference updated. New documentation including a new streamlined referral form, compatibility risk assessment and supported living screening tool are in place to ensure thorough assessment and allocation of placements. This review of the disability accommodation process has enabled more robust process to ensure suitable long term placements are identified and reduction in placement breakdown.

Commencement of Mental Health Department Supported Living Governance Forum

A new MHD Supported Living Forum was established and held its first meeting in Nov 2024. This forum meets monthly with a focus on both statutory and independent supported living services. This process enables improved governance and oversight of both our statutory supported living facilities, and our Independent sector contracted facilities. It enables early identification of trends and patterns, and early alerts to potential areas of escalation / services in difficulty. To date the areas of focus have been contract compliance, incidents and safeguarding, RQIA reports, monthly monitoring, financial issues and an annual deep dive of each facility. The forum has a focus on safe delivery of services, improvement and shared learning.

Disability Supported Living – Supervision of Social Care Workforce

An area of improvement identified within the Disability Division has been the supervision and learning and development of our social care workforce which is significant within Disability. In partnership with Social Work & Social Care Leads and the training and development team a review of the provision of supervision across supported living was undertaken. The focus of this review was initially to understand the frequency, the quality and the value of supervision across the social care workforce. As a result of the work undertaken new supervision documentation has been introduced to support staff and managers to deliver supervision that is supportive, valued, good quality and deliverable within an often-pressurised environment. Areas of improvement were identified through a supervision audit and subsequent action plan. The new supervision process standards will ensure that staff have better understanding of their responsibilities in relation to being a supervisee or supervisor. It will also enable more focused opportunities for reflective practice and supportive conversations focused on staff wellbeing. This improvement work will help us develop and support a workforce that needs to be highly resilient and well supported social care workforce in Supported Living.

Orchard House Refurbishment

Orchard House is a statutory run supported living facility for 10 service users with a learning disability in the Loughgall area. Redecoration works were completed in Orchard House just in time for 20 year anniversary. Service users selected paint and furnishings to upscale their home. 20 year anniversary party held July 2025. Tenants are delighted with the new and improved homely environment.



Specialist Services - Day Opportunities

Ongoing developments in Armagh, Dungannon, Craigavon and Banbridge locality areas to create new and meaningful opportunities for individuals with a Learning Disability to integrate in the local community, experience everyday opportunities the general public take for granted. New opportunities have been developed in response to new referrals received into the service, gaps in opportunities available in some areas across the Trust and user feedback e.g. Craigavon and Banbridge group – meet at Gilford Community Centre, Gilford for arts and crafts and use main hall for sports activities. Armagh and Dungannon group – meet at Armagh leisure centre and do swimming, gym session and hire the main hall for sports and use local walking routes.

There has been an ongoing development of new Physical Disability services in each of the locality areas of Southern Trust.

Hugely successful Halloween, Sunflower Field and Christmas events catered for on the Bannvale site for the general public. They have been well supported by Trust staff and members of the public. Additional times for events were facilitated to support those who required an alternative event to suit their needs e.g. those with diagnosis of autism requiring a less busy, quiet time for the activity.

Christmas Wreath making event for Carers and Community Team staff building.

Bloom and Brew is now well established on the Bannvale site and forms part of the Learning Disability Day Opportunities services in Gilford. The Coffee Cart is operated by service users with support from staff Monday – Friday 09:30 – 16:00 hrs. Supporting service users to learn and develop new skills with support from our dedicated staff team. These services also provide meaningful and enjoyable day activities for service users and families benefit from the users attending.

Bannvale Day Opportunities

HSC Southern Health and Social Care Trust

Click to view

Click to view more information



Forensic Team & Forensic Day Opportunities

The Trust has begun the roll out the new Regional Forensic Pathway. Training has been delivered to Forensic Team staff, Forensic Day Opportunities staff and Community LD Teams.

An equine facilitated Occupational Therapy programme has been developed for Adults with a Learning Disability and Forensic Presentation in conjunction with Forensic Day Opportunities – Occupational Therapist with appropriate training work in partnership with horses to deliver therapy outcomes for Adults with a Learning Disability.

A mindfulness programme was established for Adults with a Learning Disability and Forensic Presentation in partnership with Forensic Day Opportunities.

A Workplace Stalking Policy was drafted (given the prevalence of stalking and that around 50% of stalkers turn up to the workplace, there are clear implications for the Trust regarding how they respond and protect their employees, under health and safety laws. Current Trust policy in place: 1) does not mention stalking and 2) despite it being a form of harassment, the mediation procedure involved in the conflict, bullying and harassment policy is inappropriate and would place the victim at risk).



Community Assessment & Treatment Services

Ten service user/parent/carer pairs are currently enrolled on a UK-wide clinical trial called PETAL (Personalised Intervention for Adults with LD) piloting a new intervention for those who display physical aggression. In partnership with Ulster University and the University College London. It will be completed end of 2025.

A doctoral student project commenced in partnership with QUB Belfast looking at staff experience of and attitudes towards restrictive practice. Awaiting final Trust ethical approval to commence data collection as soon as possible 2025/2026. The project is to be completed September 2026 and submitted to journal for publication.

An Associate Psychologist has completed a piece of research looking at factors that promote resilience among staff working with challenging behaviours. It is awaiting final Trust ethical approval to commence data collection as soon as possible 2025/2026. The project is to be completed September 2026 and submitted to journal for publication.

A doctoral student project in partnership with QUB Belfast and Forensic Day Opportunities commenced looking at service user experience. The proposal is being drafted for submission to ethics panel 2025/2026. The project is to be completed September 2027 and submitted to journal for publication.

Staff members have also successfully completed BILD training.

Learning Disability Dementia

There is a QI project ongoing to try and increase the number for baseline screening questionnaires (DSQIID's) for adults with Down's Syndrome over the age of 30. Good practice guidance from the Foundation for People with Learning Disabilities (Turk et. Al 2001) recommend that every service for people with intellectual disabilities should set up a register of adults who have Down's Syndrome and conduct a baseline assessment of cognitive and adaptive functioning by age of 30. Commenced in Craigavon and Banbridge area with the hope to eventually roll it out in the other localities also. Elaine Heslip Learning Disability Dementia Co-Ordinator, Dr Judy Curran and Dr Caroline Kenny are taking forward.

Work has been ongoing to update the DS database – 73 Service Users in C&B with Down's Syndrome diagnosis, 50 Service Users with Down's Syndrome of age of 30 or above, 17 Service Users, ages ranging from 38 to 63 had documented DSQIID's completed within past 3 years.

We are currently in the first cycle of change and have posted out dementia screening questionnaires for individuals with intellectual difficulties (DSQIID's) to everyone identified above the age of 30, currently awaiting their return. Depending on uptake from this it is likely that we will need DSQIID's to be completed as part of the annual review.

Planned information and dementia awareness sessions are planned for the autumn.

Submission of a poster for the 'From Evidence to Action - Transforming Learning Disability Services in Northern Ireland' conference in Queen's University in September 2025.

Epilepsy

The Epilepsy Nursing service commenced a 6-month pilot in June 2023 to provide advice and support to females who have epilepsy and are pregnant. The aim is to improve clinical outcomes for women with epilepsy during their pregnancy.

The service is still ongoing, due to assessed need and positive feedback. The Team provides specialized, continuous care for women with epilepsy during pregnancy including individualized epilepsy care plans to ensure coordinated management, alongside regular reviews, aspiring to reduce the likelihood of complications.

The Team provides information to women of childbearing age about the risks associated with anti-seizure medications and the importance of planning pregnancies, which can lead to better outcomes. During pregnancy, seizure control remains a priority while minimizing foetal exposure to harmful anti-seizure medications. Due to Pregnancy induced pharmacokinetic changes which can lead to reduced plasma concentrations.

The Team ensures regular blood monitoring and dose adjustments of medication as recommended by the Consultant Neurologist. They offer advice on safety for the mother and potentially the new baby. They provide ongoing advice and support for up to one year following pregnancy. June 2023 – June 2024 29 females were monitored who were pregnant & had epilepsy throughout that year. In June 2024 – June 2025 – 26 females were monitored.



Enhanced Care Team

Embedding of non-medical prescriber role within the Advanced Respiratory Physiotherapist role which has led to improved person-centred delivery of care and prevents deterioration in the community resulting in better outcomes. It has improved symptom management for those with chronic health conditions which in turn provides a better quality of life and will assist with reduced hospital admissions.

One of the Enhanced Care Nurses has completed Non-Medical Prescriber Training which has enhanced work with service user.

One of the Enhanced Care Nurses completed Health Assessment Training.

Learning Difficulty Crisis Response/Home Treatment

Embedded reflective practice and learning within staff team.

Safety huddle held daily to ensure updated careplan and workplan for service users and to promote psychological safety for staff team who are lone working and out of hours.

Ongoing training e.g., Mental Health Awareness Training, training in relation to Assessing, Intervening and Responding to Conflict from a Systemic Perspective, Report Writing, Sensory Integration Awareness, Biopsychosocial Assessment and Mental State Examination, Motivational Interviewing, STORM, WRAP, MCA, Personal safety/safety intervention, Lone working, Introduction to DBT and Pharmacology for Mental Health Conditions, Bespoke sessions were also delivered for MCA, Anger management and Trauma informed practice.

Establishment of reflective practice and the staff team receive a reflective practice session every quarter.

Health Facilitation

Supported the adapted education programme called DESMOND-ID, which is about Type 2 diabetes and is suitable for adults with a mild/moderate learning disability and their carers/partners/advocates. The programme lasts 7 weeks, two and a half hours per week, followed by two booster sessions at 1 and 3 months, delivered in the persons local community. The Adult with the Learning Disability and their carer/partner/advocate are encouraged to attend each session together where possible.

- Took part in Trust Global Pod Cast to promote the service.
- Received excellent results in their Nurse Quality Indicators.
- Delivery of educational programme.



Disability Day Care

Service improvement is a core driver in the delivery of SHSCT Disability day care services. Staff teams strive at all times to enhance the quality of experience for service users availing of daycare through a range of initiatives including environmental changes, stimulating programmes of person centred activities etc.

Over the past year there have been a number of service improvement developments within Day care centres which include the following:

- Islandview Day Centre, Dungannon
- Production of Human rights video
- Windsor Day Centre

Islandview Day Centre, Dungannon

Islandview is a refurbished facility located on the perimeter of the South Tyrone Site. The centre opened in June 2024 due to the urgent need to relocate 13 service users with learning Disabilities temporarily accommodated within the main Hospital building, when the lease for their previous daycentre building was terminated at short notice.

Islandview is a Trust owned facility. Following wide consultation with a range of stakeholders including RQIA, Service users, Carers, Advocates, Estates etc. Islandview was deemed a suitable facility for service users to be relocated to.

A multi-agency project team was formed and met weekly over a 6 month period to plan for the refurbishment of this facility to ensure that service users' needs could be appropriately and safety met in the redesigned centre. Other Trust professionals and departments including AHPs, Transport, Estates worked very closely with Daycare services to review actions and to progress the refurbishment project in a timely manner.

Islandview was named by the service users themselves acknowledging the location and their positive memories of their previous daycare facility in Coalisland. The new facility, which required significant financial investment from the Trust, has provided improved outdoor space for service users, access to local leisure activities, with significantly improved internal space, developed in accordance with RQIA estates standards.

The opening of Islandview is a strong example of service improvement developed through partnership working which has taken place within Disability services during the past year providing an enhanced day care environment for service users with Learning Disabilities.



Production of Human rights video - Craigavon/Banbridge

A student Social Worker on placement in Craigavon/Banbridge daycare locality identified that service users with learning disabilities may lack a level of knowledge and understanding of their human rights.

To enhance service users' knowledge of their human rights the student Social Worker worked closely with a group of service users over an 8 week period educating service users on this subject area and developing their empowerment skills. The service users then identified that they would like to share their learning, both to advocate on behalf of the rights of older people with learning disabilities and to ensure that staff who work in learning disability services uphold and celebrate the rights of service users they work with. This work has been captured in the following video link and is a powerful example of service improvements being taken forward in daycare which have a positive impact on Quality of life experience for adults with learning disabilities.

Listen to our service users talk about their human rights and what is important to them.



Windsor Day Centre Edel Corr Award Recipients

Windsor Day Centre in Newry provides day care for adults with a learning disability for service user support, rehabilitation and carer support.

The staff at Windsor Day Centre were the recipients of the Trust's 'Edel Corr Award for Compassionate Care.'

Edel Corr, a deeply respected and much-loved nursing colleague who sadly passed away in 2021, is commemorated through an annual award established in her name to celebrate her legacy and contribution to nursing.



Dawn Ferguson, Interim Director Interim Executive Director Nursing Midwifery, AHP, Functional Support Services and IPC presented the award to the team and said:

"Windsor Day Centre provides an essential and beneficial service for school leavers with complex behavioural needs, which has had a positive impact on our service users' quality of life and also their family members. Edel was passionate about improving care for people with a learning disability, and so it is a real privilege and honour to present the 2024 Edel Corr Award to everyone at Windsor Day Centre, Newry."

Windsor Day Centre, Bungalow Development

A recent project for the Windsor Team was the Bespoke Bungalow that opened in August 2023, which provides a day care service to adults with a learning disability, autism spectrum disorder and other conditions that can be associated with autism spectrum disorder.

Staff included a focus on communication with service users and different creative assistive aids were tested, including Talking Mats, visual supports, iPads, video footage shot by service users and the Attention Autism Programme. This engagement with service users and families resulted in excellent feedback for staff at the Centre with one stating, 'Being listened to made such a difference to us all.'

Windsor Day Centre was also successful as a nominee for the regional 'Patient safety Awards' in Manchester. The service was nominated for the QIP bungalow project which supported:

Service users with complex behavioural presentations through transition planning for referrals who required individualised environments with bespoke staffing and resources.

This project enabled complex transition school leavers to access appropriate day care provision.

Windsor also won the Trust: - Partnership Working: Award for Quality Care – for you, with you.

The project incorporated partnership work with AHP's in the trust and the estates department.



Learning Disability Carer Consultants – Engagement with Carers



The attached graphic provides a high level of the achievements of the 2 Learning Disability Consultants who work directly with carers of those with a learning disability.

Further detail can be provided as requested. This work is highly valuable to our carers and both Bernie and Majella are great ambassadors/advocates for our learning disability carers.