



Southern Health and Social Care Trust

Quality Care - for you, with you



Annual Quality Report 2014/15

Content

What is a Quality Report and Why Do We Need It?4

Introduction by Interim Chief Executive5

Effective Health & Social Care

1

- i. Standardised Mortality Ratio6
- ii. Morbidity & Mortality Meetings7
- iii. Re-admission Rate8
- iv. Clinical and Social Care Governance Research 9
- v. Research Piece: Horizon 2020 WASTCArD10
- vi. National Audits 11
- vii. Children's Social Care Services 16
- viii. Adult Social Care Services17

Delivering Best Practice In Health & Social Care Settings

2

- i. Reducing Healthcare Associated Infections: CDI & MRSA18
- ii. Catheter Associated Urinary Tract Infection (CAUTI)21
- iii. Patient Falls22
- iv. Pressure Ulcers23
- v. Omitted and Delayed Medicines in Hospitals25
- vi. A Quality Improvement Project—Making Medicine Administration Safer 26
- vii. Children's Social Care Services27

Protecting People From Avoidable Harm

3

- i. Learning from Adverse Incidents and Serious Adverse Incidents .29
- ii. Preventing Venous Thromboembolism (VTE)31
- iii. Compliance with WHO Surgical Checklist32
- iv. Hand Hygiene Audit33

Ensuring People Have Positive Experience Of Service

4

- i. Patient Client Experience Standards35
- ii. Personal and Public Involvement36
- iii. 10,000 Voices37
- iv. Compliments and Complaints38
- v. Emergency Department: 4 hour & 12 hour standards40
- vi. Emergency Department: Re-attenders41
- vii. Access Targets: Improvements in Patients Accessing Care43

Content

Continued ..

5

Supporting Staff (Strengthening the Workforce)

- i. Staff Health and Well-Being / Absenteeism45
- ii. Looking after our staff: Smoking Cessation48
- iii. Revalidation of Medical Staff49
- iv. Staff Training and Development50

6

Continuous Improvement in the Southern Trust:

- i. Continuous Improvement in the Southern Trust52
- ii. X-Ray Fred Leading the Way in Orthopaedic X-Ray54
- iii. Occupational Therapy Hand Trauma Team Service Improvement Project55
- iv. The Information Hub — Supporting Safe and Timely Patient Discharge56

7

Mental Health

- i. Home Treatment Crisis Response Health Passport57
- ii. Patients, Relatives and Carers Feedback57

What is a Quality Report and Why Do We Need it?

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

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

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

This 3rd Quality Report for the Southern Health and Social Care Trust (SHSCT) sets out how we have and will continue to act to deliver quality in the services we provide. This is therefore an important document for:

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

The Trust’s Quality Report is divided into the following sections:

- Section 1: Effective Health & Social Care**
- Section 2: Delivering Best Practice in Safe Health and Social Care Settings**
- Section 3: Protecting People from avoidable harm**
- Section 4: Ensuring People have positive experience of Service**
- Section 5: Supporting Staff (Strengthening the Workforce)**
- Section 6: Continuous Improvement**
- Section 7: Mental Health**

Within each section there are a standard set of indicators that every Health and Social Care Trust across the region must include, as well as updates on our local priorities here in the Southern Trust for improving safety, quality and patient experience. The Report looks back at the safety and effectiveness of our performance in the year from April 2014 to March 2015 and sets out some of our plans to continue to improve in 2015/16.

Introduction by the Interim Chief Executive

The Southern Health and Social Care Trust is one of five in Northern Ireland, responsible for the delivery of health and social care to a population of around 360,000.

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

The Trust is committed to the delivery of quality services – but how do we define quality?

For us quality care is ensuring we take account of what matters to you as an individual and that you have a positive experience of how your care is delivered; that we provide services that are based on evidence of what delivers the best outcomes; and that we are able to measure and test that our care is delivered safely.

There can be many ways to measure quality across all of the Health and Social Care Services we deliver but regardless of how it's defined, quality care is not something that happens by accident – it is the result of the combined efforts of our skilled and dedicated staff, of their desire to always do better and their commitment to continuously improve local health and social care services.

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

Our Key achievements in 2014/15 include:

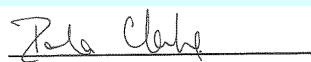
- For the 4th year running, Daisy Hill and

Craigavon Area Hospitals won a CHKS Top 40 Hospitals Award. These awards are for outstanding performance in safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

- Being a key partner in world leading research and development in long term cardiac monitoring.
- Rates for *Clostridium Difficile* and MRSA continue to be amongst the lowest in the UK
- Ensuring that 100% of young people within Children's Disability Services leave school with a transition plan in place, to ease the move from children's to adult services.
- Creating more opportunities for service users, carers and the public to be involved in the design, evaluation and development of our services.
- Supporting staff health and wellbeing to help reduce sickness absence.

As a Trust we are committed to supporting staff to ensure that quality is central to what they do. We have 100,000s of patient and client contacts every year and we know that we don't get it right every time but we are committed to listening and learning, to being open and transparent and to raising the standard of our care each year.

Within this report there are many examples of quality initiatives that reflect some of the work going on around the Trust. We encourage staff to take the view that there is "no improvement too small" and that it is the personal responsibility of every single member of the Trust to do our very best for everyone who uses our services. We look forward to seeing the benefits of this work in the year ahead and to meeting the challenge of delivering a responsive service to all our patients



Interim Chief Executive
and clients.



1. Effective Health & Social Care

Standardised Mortality Ratio

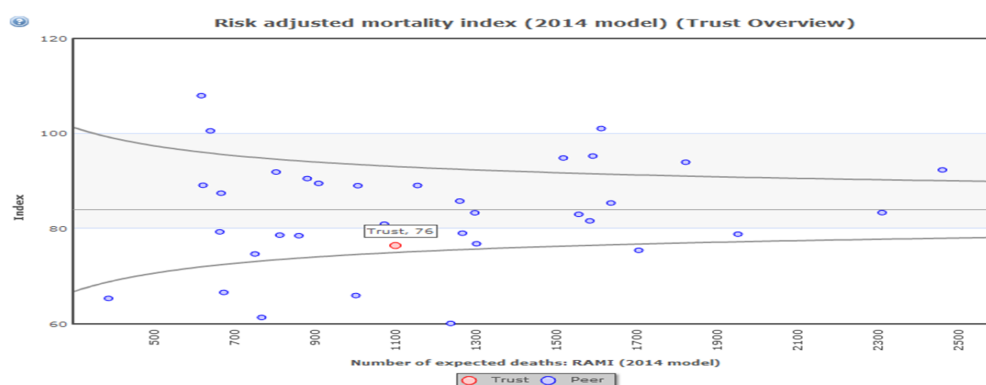
The Southern Trust treats and cares for patients everyday. Many of these patients are very ill and sadly it is inevitable that some patients will die while in hospital. The proportion of patients who die (the mortality rate) is an indicator of the quality of care we provide. We can compare our mortality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

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

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

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

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



Facts & Figures

- The Southern Trust rates of SMR compare favourable with other hospitals.
- The red dot in the graph above shows the Southern Trust's SMR position compared with other hospitals. For the period April 2014 - March 2015 the Trust's score was 76, meaning there were 24% less deaths than were expected.
- ◆ The average SMR for the 'CHKS Top UK Hospitals' is 84. The Southern Trust SMR Score of 76 is below this and demonstrates that the Trust is in the top 25% of the 'CHKS Top UK Hospitals' group in terms of lower than expected deaths in hospital.

1. Effective Health & Social Care

Morbidity and Mortality Meetings

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

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

In 2014 an improvement framework was developed and endorsed by the Trust M & M Monitoring Committee. The overarching goals of the framework were to:

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

Fifteen wide ranging interventions were identified to achieve the project goals.

Improvements Achieved:

- All specialties are participating in M&M.
- There is multi-disciplinary input in meetings.
- Meetings have been structured to facilitate cross speciality shared learning and participation.
- A process for shared learning has been developed.
- A number of interventions have been adopted for inclusion in the specification for the forthcoming developed Regional Mortality and Morbidity Review System (RM&MS).
- Validation and communication flows for CHKS mortality indicators have been developed and embedded.
- A formalised recruitment process which promotes accountability has been developed for Trust M&M leads.

Looking to the Future:

- Development of shared learning across the Trust through the development of SHSCT Lessons Learned Letters.
- Continued participation of Trust leads in the development of the Regional Mortality & Morbidity Review System.
- Continued focus on promoting reflection and learning through linking M&M with the appraisal and revalidation process.

1. Effective Health & Social Care

Rate of Emergency Re-admission within 30 Days of Discharge

What is it?

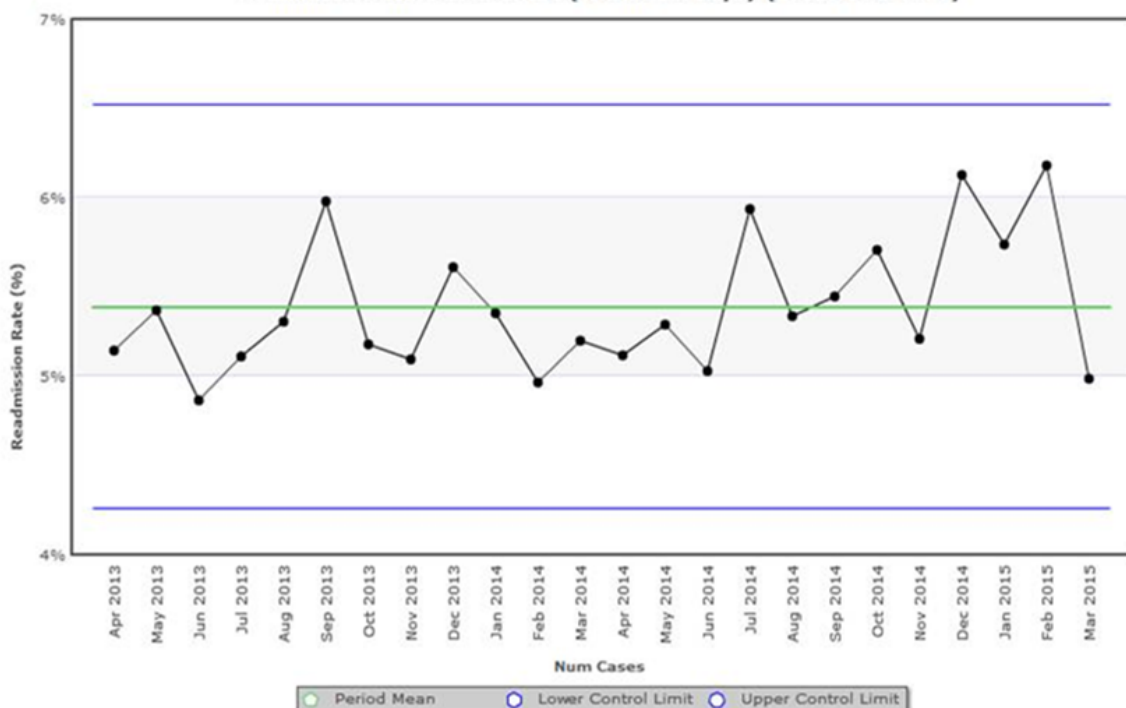
The rate of re-admission into hospital within 30 days for patients that have been discharged from hospital is a measure of quality of care.

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

The definition for the indicator reported below is: *“the number of emergency re-admissions to the Trust within 30 days of discharge divided by the total number of discharges”*

- In 2014/15 the Trust's average re-admission rate was 5.5%, the same as the previous two years.
- This means the Southern Trust's re-admission rate is less than the peer group rate of 6.5%.

Readmission Rate SPC Chart (within 30 days) (Trust Overview)



1. Effective Health & Social Care

Clinical & Social Care Governance Research

As well as the direct benefits of providing new treatments or interventions and increasing the quality of care provided for patients and clients, research motivates staff to identify service improvements.

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

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

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

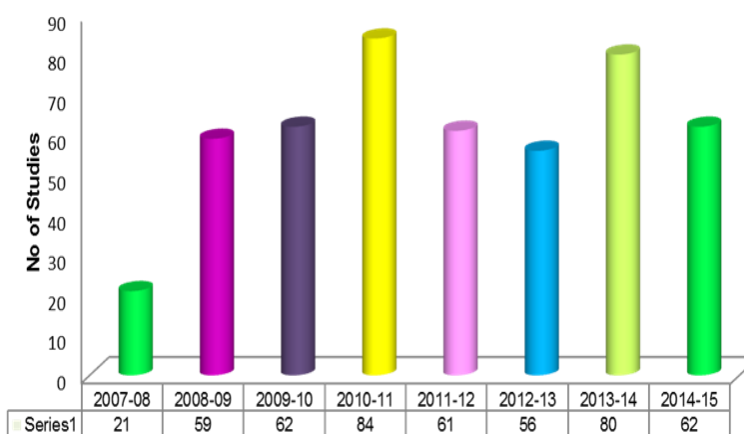
KEY PRIORITIES FOR 2015/2016

- Continue to contribute to the Trust's research programme .
- Improve the quality of research.
- Undertake collaborative research with the Universities.
- Promote European Funding .
- Work with the local Council to enhance Cardiology research facilities.

Facts & Figures

- The number of research applications received in 2014/15 has decreased since the previous financial year.
- 100% of research applications were approved within 30 calendar days.

Research Applications Received April 2007 - March 2015



1. Effective Health & Social Care

Horizon 2020 – Wrist and Arm Sensing Technologies for cardiac arrhythmias detection in long term monitoring (WASTCArD)

The SHSCT are proud to be the first Trust in N.I. to be successful in taking part in a research project involving Dr David McEneaney, Consultant Cardiologist, the Ulster University, Waterford Institute of Technology and Universities and institutions in France, Croatia and Brazil.

The research project is named WASTCArD “Wrist and Arm Sensing Technologies for Cardiac Arrhythmias Detection in long term monitoring”.

It is focused on a targeted cardiovascular healthcare problem. Abnormal heart rhythms have been a major cause of cardiovascular disease and death in Europe. Sudden cardiac death accounted for 50% of cardiac deaths in developed countries.

Detection of these cardiac arrhythmias at an early stage of heart disease meant that appropriate treatment could be effective, reducing disability and death.

In the early stages of disease, these may be difficult to detect if they are not continuously monitored during several days or weeks. Current solutions for this clinical need have been either uncomfortable for patients to wear or expensive.

The WASTCArD project aims to provide wearable sensing device solutions for this cardiovascular healthcare problem.

The research should result in a reduction in healthcare costs by improved efficiency in the diagnosis and early treatment of cardiac disease.



1. Effective Health & Social Care

National Audits - Inflammatory Bowel Disease (IBD)

Clinical and social care audit is one way the Trust measures the effectiveness of the health and social care we provide to patients and service users. This is undertaken by comparing what we do with best practice recommended in the UK.

One of these audits is the Royal College of Physicians' National Audits about **Inflammatory Bowel Disease (IBD)**.

It has 3 components which aim to identify improvements in the quality of care provided to patients with IBD:

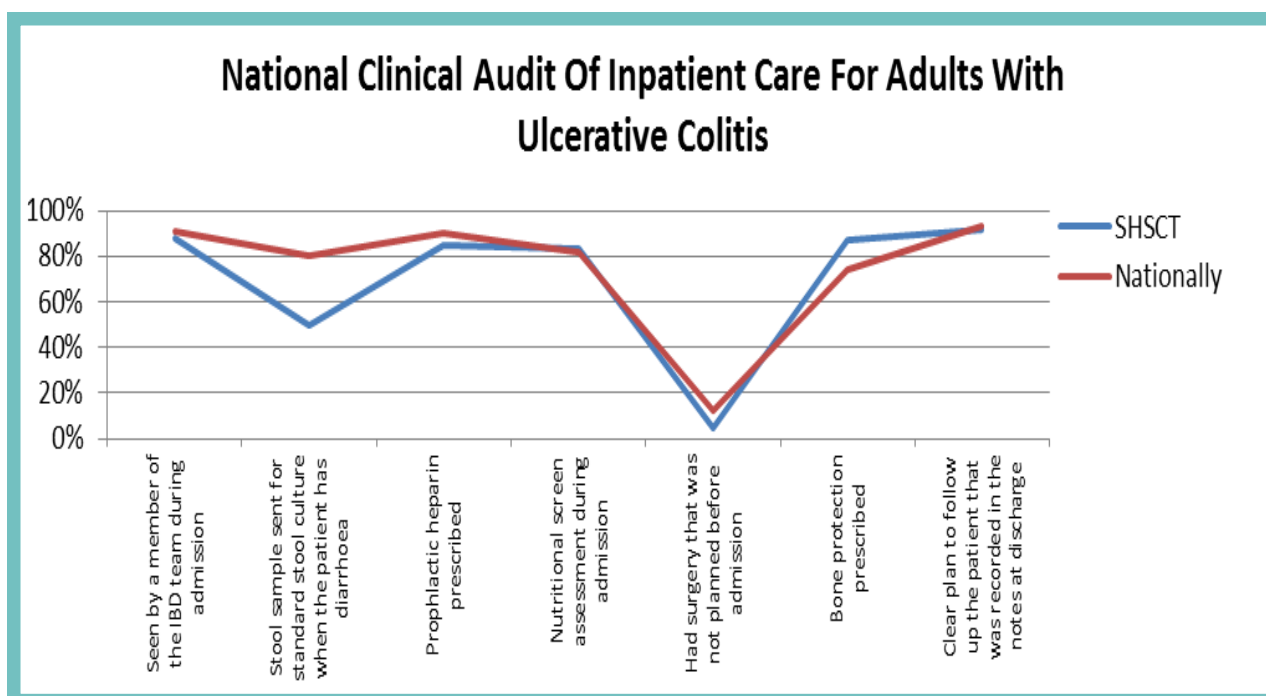
1) **Inpatient Ulcerative Colitis audit:** This involved a review of the care provided to

hospitalised patients with a diagnosis of ulcerative colitis. The Trust's compliance with the 7 key indicators in this audit is similar to that at national level, as shown in the graph below.

2) **Organisational audit:** This audit assessed the Trust's provision and organisation of resources for IBD Services.

3) **Biologics audit:** This audit reviewed the drug therapies provided to patients.

Data for the Inpatient and Organisational audits are collected every 4 years (last collected March 2014). Collection of data for the Biologics audit is ongoing.



1. Effective Health & Social Care

National Audits IBD

Key Findings have included:

- The Trust's IBD inpatient audit findings were comparable with national data for most of the key indicators
- The Organisational audit showed improvements in many aspects of care; however in a number of important patient focused areas, action is required to ensure IBD services continue to grow
- The Biologics audit demonstrated that Biological therapies are safe and effective
- Patients have benefitted from IBD specialist nurse support.

Next steps to improve patient care:

- An IBD multi-disciplinary team has been established.
- An IBD patient pathway has been in development regionally.
- The acute severe colitis protocol is being used for more in-patients. This outlines the need for a standard stool culture to be sent on admission and patient referral to the Specialist Nurse.
- Awareness of the needs of patients with IBD in NI and the implications of access to drugs and specialist tests has been raised with DHSSPSNI.
- Education is available for junior medical staff in terms of prescribing prophylactic heparin and bone protection.
- The introduction of an IBD database would allow staff to streamline patient care. This is underway.
- Development of additional nurse led clinics would reduce the time taken for patients to be seen.
- An IBD Wellbeing Programme to address patient psychological needs is underway.

1. Effective Health & Social Care

National Audits - Stroke

Although Stroke may affect any age group, it is much more common in older people. In the Southern Trust area we have had and will have in the future, a larger growth in the numbers of older people than the regional average. That's one of the reasons why it is so important that our Stroke services are of the highest possible quality.

Stroke can have a devastating effect on people's lives affecting their ability to mobilise, carry out simple tasks such as making a cup of tea, their ability to eat or speak, and can have a huge impact on their ability to live independently.

We want to improve the quality of care delivered to everyone who has a Stroke regardless of age and type of Stroke, ensuring that our community and hospital based staff work together as an integrated team to deliver the best possible care and treatment for Stroke patients. In doing so we want to reduce the longer term impact of Stroke and improve outcomes for patients.

Despite significant investment in recent years across our hospital and community based Stroke Services we know that we can do better. Clinical evidence shows that patients are 25% more likely to survive or recover from a Stroke if treated in a specialist centre. One of the key reasons for this is the ability to provide a consistent and specialist service 24 hours

a day, seven days a week in one centre rather than spreading specialist teams of staff across sites.

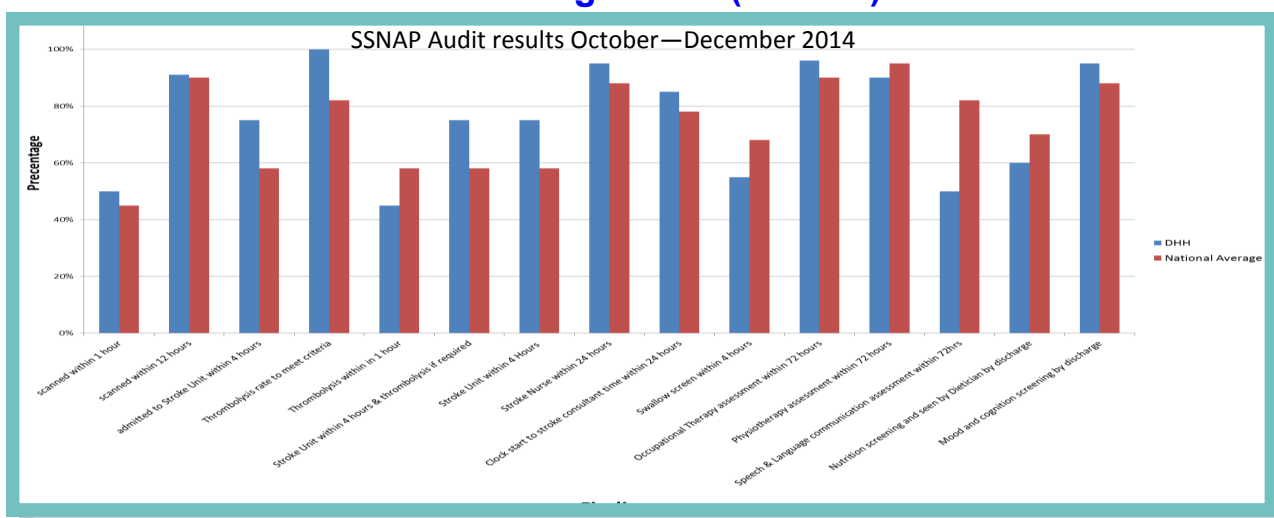
The Sentinel Stroke National Audit Programme (SSNAP) allows us to audit our current practice against national guidelines for Stroke Care including where we are in providing recommended staffing levels to allow early assessment, observation and early Stroke Rehabilitation input. Staff providing care in our current Stroke units work incredibly hard to provide high quality services but the SSNAP audit results on the next page shows that we could improve. We believe that creating a specialist Stroke unit is the best option to help us comply with these audit guidelines and give patients the best outcomes possible.



1. Effective Health & Social Care

National Audits

Sentinel Stroke National Audit Programme (SSNAP)



Looking to the future:

We want to develop a single Specialist Stroke unit for the Southern Trust population based at Craigavon Area Hospital. Patients deserve services that deliver the same quality of care 7 days a week, not just Monday to Friday. The creation of this specialist unit will allow us to work towards achieving this and give Stroke patients the vital specialist input required to give them the very best chance of recovery. We will continue to provide ongoing rehabilitation and support through community Stroke and Early Supported Discharge Teams in the patients' own locality.

Our Vision

Is to provide the best care possible through a service that meets quality standards, is available every day of the week, and gives patients the chance to recover faster and more fully.

The Trust issued a consultation paper to give you, the public and service users, the opportunity to:

- understand how the Trust wants to improve this service, and
- make any comments or raise any questions that you might have about the changes outlined in the consultation paper.

1. Effective Health & Social Care

National Audit of Schizophrenia

The Trust participated in the 2nd round of this National Audit which aimed to improve the quality of care to patients with schizophrenia. It measured what we do against evidence based national standards:

- Service users' experience of care, treatment and outcomes.
- Carers' satisfaction with the support and information they have received.
- Practice in the prescribing of antipsychotic medications.
- The use of psychological therapies.

The audit focused on a set of sixteen standards and relevant indicators based on NICE Clinical Guidelines

Facts & Figures:

90% of SHSCT service users reported that they were satisfied with the care they received over the previous 12 months

95% reported that services had helped them achieve good mental health in the previous year

90% of carers were satisfied with the support and information they had been provided within the previous 12 months.

This audit helped the Trust identify areas for improvement in relation to the monitoring of individual cardio-metabolic health risk factors and offering advice such as family history; smoking; body-mass index (B.M.I), blood glucose monitoring; lipids and cholesterol; blood pressure) and also in relation to ensuring that the prescribed daily dose of antipsychotic medication is in accordance with national recommended levels.

Looking to the Future

In the future the Trust hopes to have a physical health monitoring team, who will provide yearly physical checks, investigations and follow up of patients with serious mental illness. It is hoped this quality improvement will be beneficial to service users and its success will be demonstrated in the next round of the National Audit of Schizophrenia.

1. Effective Health & Social Care

Children's Social Care Services

Services for children and young people have seen significant development with new models of care for children that have reduced the need for residential care placements. We are working closely with our local communities to promote and develop our foster care service to give every child the best possible support when they can no longer be at home. Developing the highest level of support services for children is particularly challenging as our 0-17 years population is expected to grow by almost 15% by 2023, compared to NI average growth of 6.5%. This means we must change now to ensure the service is able to meet this growing demand.

It is essential that children and young people identified as potentially at risk are seen by a social worker and receive a timely response for assessment. Regional Child Protection Procedures require that children identified as being at risk are seen within 24 hours.

In the reporting period 2014/2015 within the Southern Trust, 100% of children or young people were seen within 24 hours of a Child Protection referral being made.

Children who become looked after by Health and Social Care Trusts must have their living arrangements and care plan reviewed within agreed timescales. This is to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements, and preserves and maintains their rights.

In the reporting period 2014/2015, 100% of Looked After Children within the Southern Trust were reviewed within regionally agreed timescales.

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

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

Within the SHSCT in the reporting period 2014/2015, 98% of all Looked After Children in care for more than 3 months have a Permanency Panel recommendation.

1. Effective Health & Social Care

Adult Social Care Services

There are many vulnerable people in the community and those who are most at risk should have Adult Protection Plans following investigation.

In the Southern Health and Social Care Trust, 63% of adults referred for investigation and identified as at risk, during the year had an Adult Protection Plan put in place. The adequacy of the care and protection plan is reviewed throughout the investigation and amended as appropriate. This may also include stepping the case down from protection procedures where further information indicates that it is safe to do so.

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

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

All patients previously cared for in long stay hospitals have been resettled into the community. Feedback has been sought from clients which demonstrates the clients' quality of life has improved and they are all settled in their new homes.

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

During 2014/15, the Southern Trust's commissioning target for carers being offered individual care assessments was 774.

762 carers assessments were offered, which represents 12 less than the expected target.

2. Delivering Best Practice in Health & Social Care Settings

Reducing Healthcare Associated Infection (HCAI)

Clostridium Difficile Infection (CDI)

Clostridium difficile is a common cause of hospital acquired diarrhoea. It is bacteria that are harmlessly present in the bowel of 3% of healthy adults and up to 30% of elderly patients.

When certain antibiotics disturb the balance of bacteria in the gut, *Clostridium Difficile* can multiply rapidly and cause severe diarrhoea and illness.

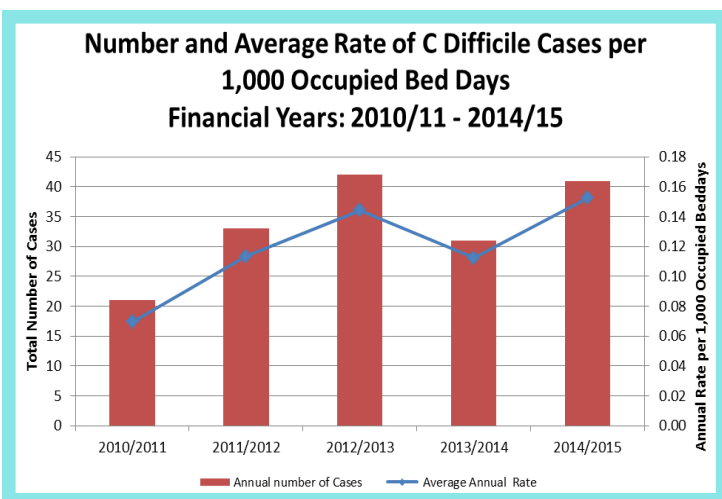
The Southern Trust Infection control rates for CDI continue to be amongst the best in the UK.

Figures for 2014/15 indicate that the Trust has the lowest rate of *Clostridium Difficile* infection regionally.

The Southern Trust's PfA target for Clostridium Difficile in 2014/15 was 32 cases. There were 39 cases.

The Trust continues to conduct a strict surveillance programme on CDI incidents. When we looked at the 39 cases, we found there was no identified pattern or link between these cases.

All Trusts in N.I. are demonstrating levels of CDI beyond their profiled target



Looking to the future

The page overleaf explains the work the Southern Trust will continue to do to reduce these two HCAIs.

2. Delivering Best Practice in Health & Social Care Settings

The way forward in continuing to reduce the incidence of
Clostridium Difficile (CDI) MRSA bacteraemia

‘Everyone’s Business’

The Southern Trust will:

- Continue to promote close, collaborative working with all clinical colleagues. This combined effort should continue to reduce further the incidence of HCAIs across the Southern Trust hospital network.
- Continue to complete a comprehensive, multi-professional Root Cause Analysis (RCA) on ALL CDI cases and ALL MRSA bacteraemias considered preventable.
- Continue to share the outcome and learning from RCA’s with clinical staff and senior management.
- Continue to guide, support, nurture and educate all clinical staff in safe, effective patient management with respect to patients diagnosed with HCAI.
- Continue to engage in meaningful audit practice that will inform and provide assurance with regard to Infection Prevention Control compliance in clinical care.
- Continue to work collaboratively across all Trust teams and with patients and families towards achieving the Southern Trust’s ‘Priorities for Action’ HCAI targets for 2015/16.

2. Delivering Best Practice in Health & Social Care Settings

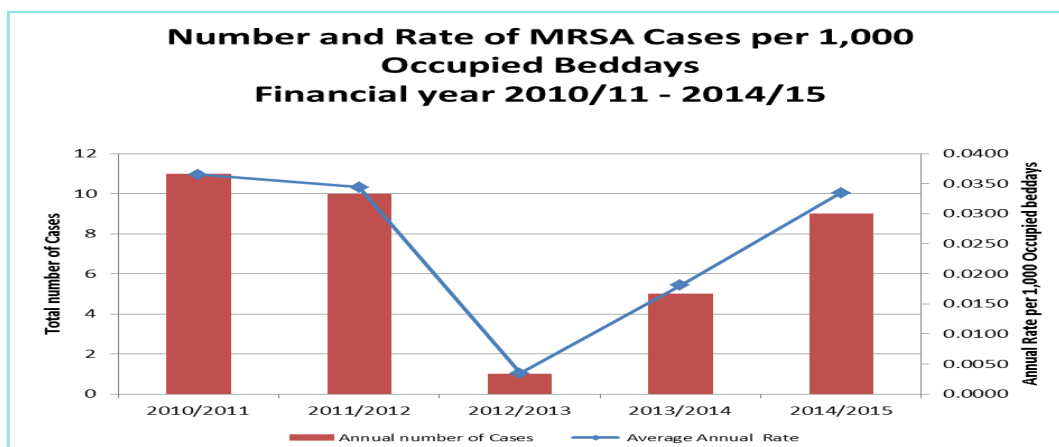
MRSA Bacteraemia

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

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is

often carried on the skin and inside the nostrils and throat, and can cause mild infections of the skin, such as boils and impetigo.

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



- The Southern Trust's Infection Control Rates continue to be amongst the best in the UK.
- Figures for 2014/15 indicate that the Trust has the lowest rate of MRSA bacteraemia infection regionally.
- Incidents of these infections are monitored closely across the Southern Trust.
- The Southern Trust's PfA target for MRSA in 2014/15 was 3 cases. This graph shows there were 9 cases of MRSA in 2014/15. 3 of these cases were considered to be preventable.
- The team has identified learning from the MRSA cases in 2014/15 and have re-launched the Peripheral Vascular Cannula Programme to address this.
- Other improvements which the Trust is doing are listed on the previous page .
- 4 out of the 5 Trusts in N.I. are demonstrating levels of MRSA beyond their profiled target.

2. Delivering Best Practice in Health & Social Care Settings

Catheter Associated Urinary Tract Infection (CAUTI)

Catheter associated urinary tract infection (CAUTI) is one of the most common type of hospital acquired infections. The presence of an indwelling urinary catheter and the duration of its insertion are major contributing factors. Appropriate insertion and maintenance of indwelling urinary catheters is crucial in preventing occurrences of both infective and non-infective complications.

By reducing the number of catheter insertions and removing catheters promptly when no longer required, we aim to prevent both infective and non-infective complications and also improve the quality of the patient experience. The Trust aims to tackle urinary catheter insertion and management both in

hospital and community settings through an innovative initiative to improve catheter management.

Improved outcomes on reduced CAUTI and patient experience by:

- Reducing inappropriate catheter insertions.
- Ensuring catheters are removed promptly.
- Raising staff awareness of catheter mismanagement.
- Developing an audit programme for urinary catheter documentation.

Through this initiative the Trust has achieved the following:

- New Trust-wide Catheter Management guidelines have been agreed. The guidelines includes clear advice on indications for urinary catheter insertion, daily care and early removal.
- New patient documentation agreed for both acute and community indwelling urinary catheter management.
- A pilot of the guidelines and form has taken place in 6 wards throughout the Trust covering both Surgical and Medical specialities.

Looking to the future

Actions Targeted for 2015/16

- Full roll out of this initiative throughout all healthcare facilities in the Southern Trust.
- Follow up audit of bloodstream infections related to urinary catheter usage.
- Monitoring of compliance with the Urinary Catheter Guidelines.
- Purchase of 6 bladder scanners both for Craigavon Area and Daisy Hill Hospitals.
- Development and procurement of specialised urinary catheter pack.

2. Delivering Best Practice in Health & Social Care Settings

Patient Falls

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

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

This is done by reviewing nursing documentation and observing practice.

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

If a patient sustains an injury such as fracture or head injury due to a fall, a Serious Adverse Event (a review) is carried out. The learning from this review is shared with staff to reduce the level and severity of falls.

Each ward displays information on falls to maintain continuous awareness on falls to patients, families and staff.

Falls Safe Bundle

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

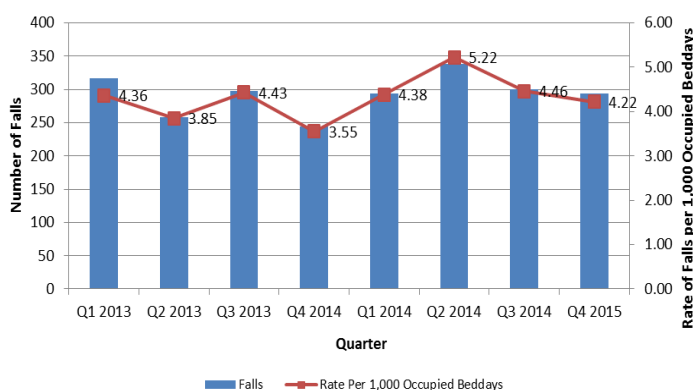
Training sessions were held for staff regarding Falls awareness including:

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

The Falls Group has developed information leaflets at ward level for patients and family members / visitors on reducing the risk of falls.

Physiotherapy staff have developed an information leaflet and awareness for nursing staff regarding assessment of patients for walking aids in the out of hours period. Walking aids are now provided on all wards.

Number and Rate of Falls (April 2013 - March 2015)



2. Delivering Best Practice in Health & Social Care Settings

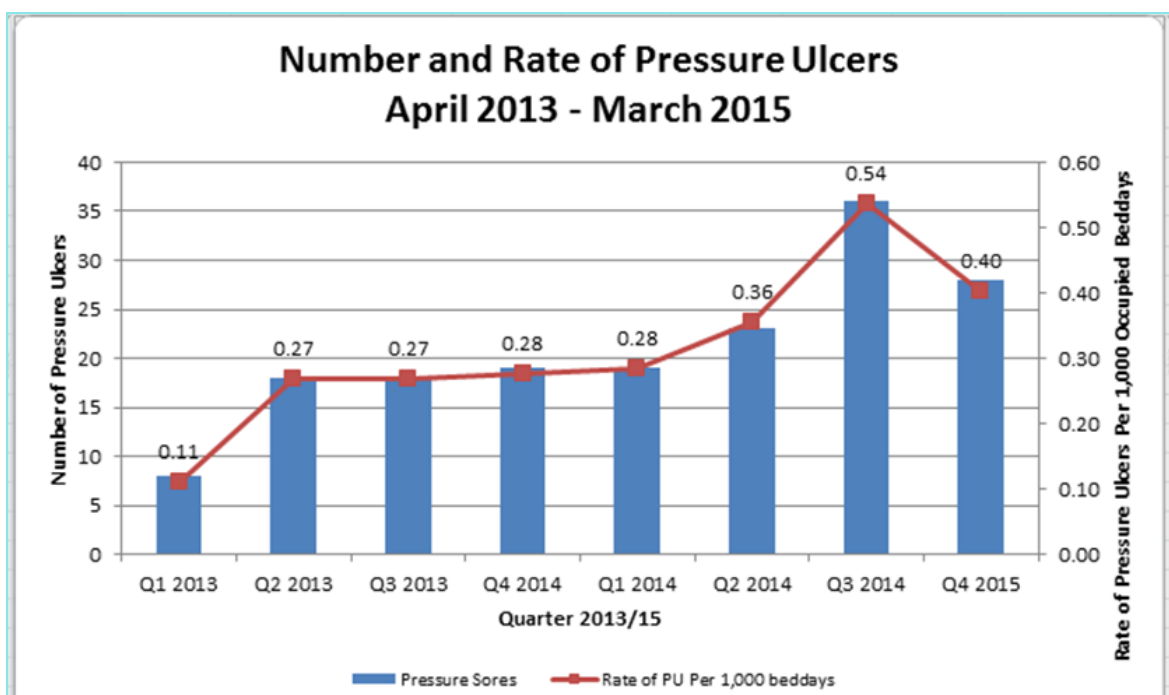
Pressure Ulcers

Pressure ulcers are also known as bedsores. They are localised injuries to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.

Although often preventable and treatable if detected early, pressure ulcers can be very difficult to prevent in critically ill patients, the frail, wheelchair users and at the end of life patients.

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

The graph below shows that the Trust recorded 106 “Hospital Acquired” Pressure Ulcers in 2014/15, compared to 63 in the previous year, 2013/14. This increase in reporting is in keeping with the significant awareness and improvement work in this area, i.e. improvement work has spread to 26 wards across the Trust.



What Next?

Now that the Trust has an effective reporting structure in place, the focus for 2015/16 will be on Grade 3 & 4 ‘hospital acquired pressure ulcers’. In line with the Public Health Agency’s Quality Improvement Plan Framework for 2015/16, the Trust will conduct a review on all Grade 3 and 4 ‘hospital acquired pressure ulcers’ to determine if any were unavoidable. Lessons learnt will be fed back to the ward concerned, as well as across the Trust.

2. Delivering Best Practice in Health & Social Care Settings

Pressure Ulcers

Looking to the future

The Trust will continue its quality improvement work with the following aims:

- Continue with delivery on an individual basis the fundamentals of good nursing care to prevent pressure ulcer damage.
- Focus on completion of risk assessments with appropriate action/management plan if risk identified.
- Reinforce grading of pressure ulcers and moisture lesions.
- Reinforce the need to give 'pressure ulcer prevention' - information leaflet for patients and carers to advise patients and carers on how pressure ulcers develop and what they can do to help prevent them.
- Continue to work with the Trust's Tissue Viability Team to source evidence based equipment to assist with pressure ulcer prevention.

The Trust's Pressure Ulcer Quality Improvement Team's goals for 2015/16 are:

- **Spread improvement work to specific Mental Health Wards.**
- **Achieving 90% overall Bundle compliance with the Regional Skin Care Bundle by March 2016.**
- **Collect data on all Grade 2 and above hospital acquired pressure ulcers.**
- **Undertake a review of all Grade 3 and 4 hospital acquired pressure ulcers, with any lessons learnt fed back to wards across the Trust.**
- **Provide additional education workshops.**
- **Achieve compliance with relevant NICE Clinical Guidelines.**

2. Delivering Best Practice in Health & Social Care Settings

Medicines Management: Omitted and delayed medicines in hospital

An annual audit of omitted and delayed doses is required by the National Patient Safety Agency Rapid Response Report on 'Reducing harm from omitted and delayed medicines in hospital'.

This highlights that medicines may be omitted for a variety of reasons therefore while the audit measures all omitted and delayed doses, data collectors also determine whether or not the omission or delay was appropriate.

This is important so that the audit results

present a more accurate reflection of where improvement is required to minimise harm from omitted and delayed medicines - which is the inappropriately omitted and delayed doses.

The report also highlights that for some critical medicines, an omitted or delayed dose can lead to more serious harm.

Particular attention should therefore be given to inappropriately omitted and delayed doses of critical medicines.

The audit data identified that the percentage of inappropriately omitted and delayed doses was 3.2% in May 2015. This represents a small increase from 3.1% in January 2014.

The percentage of inappropriately omitted and delayed doses of critical medicines was 0.6% in May 2015, an increase from 0.4% in January 2014. The critical medicines most commonly involved were bronchodilators, anticoagulants, anti-infectives (injectable), anticonvulsants and STAT doses.

While this audit demonstrates an increase in omitted and delayed medicines overall, there was a smaller proportionate increase in the percentage of inappropriately omitted and delayed doses. The percentage of inappropriately omitted and delayed doses of critical medicines increased and this is where particular efforts should be focused.

Details of one of the Trust's Quality Improvement Projects on Making Medicine Administration Safer is shown on the next page.

2. Delivering Best Practice in Health & Social Care Settings

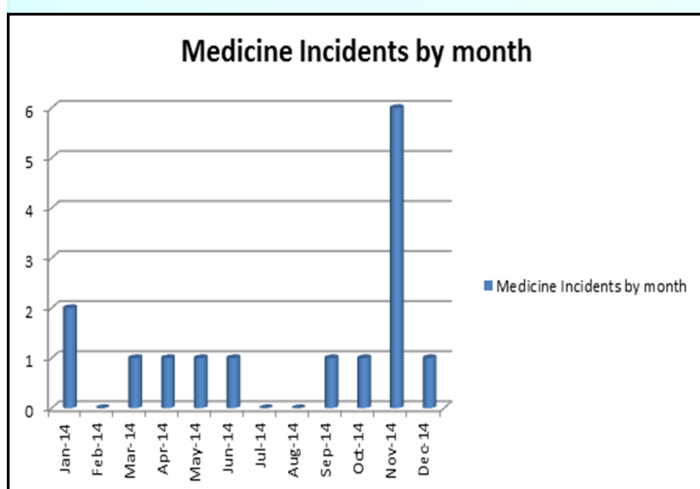
Medication errors are one of the most preventable incidents in the acute ward setting but can cause significant physical and emotional distress to both service users and staff.

Laura McNally, Paediatric Ward Manager, (Daisy Hill Hospital) undertook a **30 Day Improvement project** aimed at reviewing causes of medicine administration errors following completion of the 'Taking the Lead' programme.



PREPARATION

A **focus group** of staff were selected to examine medicine incidents over a one year period. The aim was to reduce or eliminate the risk of error when preparing and administering medicines to children. The group completed a **process map** of the administration of medicines both oral/enteral and intravenous which was condensed into a **seven step process** building on what was previously known as the 'five R's' of medicine administration.



KEY FINDINGS

Findings of the focus group evidenced that medicine errors were closely linked to **time management** and **cutting corners** in the checking process. They identified that had the '7 steps' been implemented in all the medicine administration processes with the incidents identified in the previous year, these may have been prevented.



OUTCOMES

The current medicine administration process was audited against the '7 steps' using **Change Leaders**, staff were encouraged to systematically use the '7 step' process with all medicine administration.

A self-check system was introduced for nurses to review the nursing kardex at the end of their shift to help avoid incidents. These new processes will be re-audited in 12 months to review the effectiveness of the changes.

7 Steps of Medicine Administration

- Step one •Right Dose, Frequency and prescription
- Step two •Right for Patient
- Step three •Right route
- Step Four •Right Drug and in date
- Step Five •Right preparation
- Step six •Right Patient
- Step Seven •Write it down

2. Delivering Best Practice in Health & Social Care Settings

Children's Social Care Services

The transition from child to adult for young people who have a disability is best assisted by a transition plan.

- 100% of young people involved with Children's Disability Services in SHSCT area leave school with a transition plan in place. This plan is facilitated by one of the three Transition Co-ordinators in the Trust. They work with young people in a person-centred way, which means that young disabled people are directly included in all planning and decision making about their future.
- The Transition Co-ordinators do not work alone. They work with:
 - **Children's Disability Social Workers**
 - **Therapists**
 - **Nurses**
 - **Support Workers**
 - **School and College staff**

as well as many independent community or voluntary agencies. They all work together to make sure that young disabled people and their family/carers get the information that they need, when they need it, and in a way that they understand.

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

84% of young people known to an aftercare service in the Southern Trust are engaged in education, training, and employment.

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

The commissioning target for direct payments to either adults or children in the Southern Trust in 2014/15 was 730. The Southern Trust exceeded this target by 12 and made direct payments to 742 adults or children. **165 of these direct payments were in respect of children.**

2. Delivering Best Practice in Health & Social Care Settings

Adult Social Care Services

Direct payments provide service users and their family with an element of choice in determining the care they receive. The commissioning target for direct payments to either adults or children in the Southern Trust in 2014/15 was 730. The Southern Trust exceeded this target by 12 and made direct payments to 742 adults or children.

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

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

In the Southern Trust, 96% of applications for assessment were made by approved Social Workers.

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

Within SHSCT during the period 2014/15, 68% of adults with a learning disability had an annual health check.

3. Protecting People from Avoidable Harm

Learning from Adverse Incidents and Serious Adverse Incidents

An adverse incident is defined as:

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

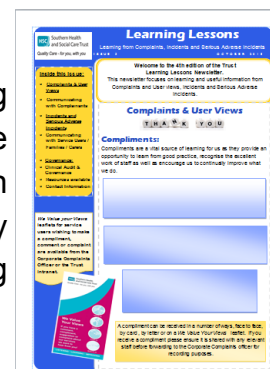
It is important that when things go wrong in our services that the Trust is open about these incidents and is able to review and learn from these. The Trust encourages reporting of incidents and uses the learning from review of these incidents to change what we do.

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

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

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

One way that learning from Serious Adverse Incidents in the Southern Trust is via the recently developed Learning Lessons Newsletter.



Top 5 Incidents 2014/2015

- Accident that may result in a personal injury.
- Abusive, violent, disruptive or self-harming behaviour.
- Medication Incidents.
- Access, appointments, admissions, transfer or discharge.
- Implementation of care or ongoing monitoring review.

In 2014/2015 SHSCT recorded 13,183 incidents in total.

Of this total, 159 incidents were categorised as a Serious Adverse Incident (SAI)

3. Protecting People from Avoidable Harm

Learning from SAIs (Serious Adverse Incidents)

Improvements from a Serious Adverse Incident within an Acute setting

Outline of SAI Case:

A patient attended Emergency Department (ED) with a particular concern which required onward referral to a particular service. As an incidental finding it was discovered the patient also required a referral to Cancer Services. Both referrals were written on the same referral form. The patient again presented to ED some months later with symptoms of cancer. It was discovered that the original referral had not been received by Cancer Services.

Learning/Improvements

- Separate referral forms are used for all onward referrals.
- Referral information is scanned to the appropriate onward Referral Department.
- There is now an audit trail of referrals.
- The potential loss of information which was previously transferred in “hard copy” has now been removed.
- The viability of an Electronic Referral System, similar to that used by General Practitioners to refer patients to Trust services, is currently being investigated.
- Before being discharged from ED, patients are now advised of all onward referrals. The reason for the referral and when to expect communication is made clear. The patient is also given a letter with these details and a telephone number to contact the ED if the referral appointment is not received in the expected timeframe. This information is shared with the patient’s General Practitioner.

Improvements from a Serious Adverse Incident within the Mental Health & Learning Disability setting

Outline of SAI Case:

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

Learning / improvements implemented from SAI Review:

This review identified learning in relation to the recognition of demographic risks in suicide. In order to assist with sharing the learning from this review, the Trust issued a Safety & Quality Learning Letter to all professionals and multi-disciplinary teams involved in assessing or managing risk in people with mental health difficulties, requesting that they be mindful of specific demographic factors when making decisions regarding triage/referral or further management.

3. Protecting People from Avoidable Harm

Preventing Venous Thromboembolism (VTE)

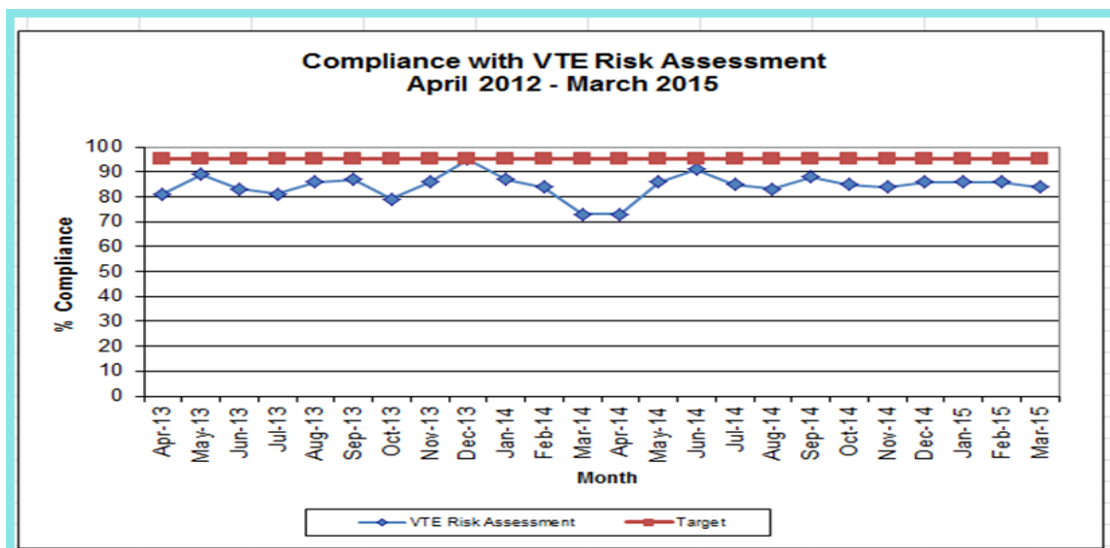
What is a deep vein thrombosis and pulmonary embolism?

Deep venous thrombosis (a clot in a patient’s leg) and pulmonary embolism (which may be referred to as a clot in the lung) are recognised complications of medical care and treatment. These complications, known as venous thromboembolism (VTE) can cause harm or death as a consequence.

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

Yearly compliance rates increased from 83.5% in 2013/14 to 84.7% in 2014/15, as shown in the graph below

The definition for the indicator reported is: “% of admissions who have venous thromboembolism risk assessment”



Looking to the Future

Assessing the risks of VTE and bleeding is both a Trust & Public Health Agency (PHA) priority. It remains in the PHA’s Quality Improvement Plan for 2015/16. The Trust will strive to improve compliance towards the goal of 95% compliance by March 2016. It is hoped that the move to include the Regional VTE Risk Assessment in the new Regional Kardex will have a positive impact on compliance rates.

3. Protecting People from Avoidable Harm

Compliance with World Health Organisation (WHO)

Surgical Checklist

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

In the Southern Trust the WHO checklist is being used in all theatre areas. The checklist is required to be signed for each patient procedure to confirm that the team is assured that all the necessary checks have been undertaken during the pre-operative, operative and post-operative phases.

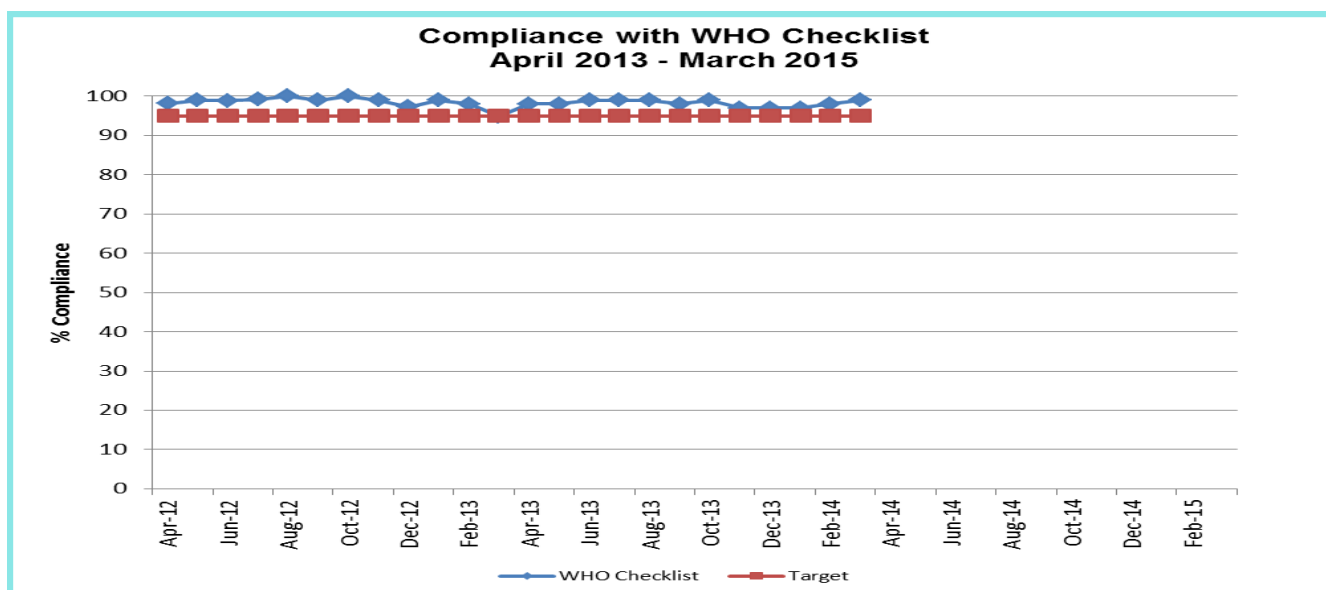
In the 2013/14 year the Trust enhanced the existing checklist form to encompass a range

of other safety features. The checklist form has also been adapted for use and extended into day procedure theatres including endoscopy theatres.

Monthly auditing of the WHO Surgical Safety Checklist was discontinued in 2014/15. A one-off audit was conducted on charts in September 2014. Overall Bundle Compliance was 85% (17/20 patients audited).

A more comprehensive audit was undertaken in June/July 2015, with outcomes expected in Autumn 2015.

The definition for the indicator reported below is: “% of compliance with WHO surgical checklist”.



3. Protecting People from Avoidable Harm

Hand Hygiene Audit

Hand hygiene is the single, most important infection prevention and control practice to help reduce healthcare associated infections (HCAI).

The Trust promotes good hand hygiene for everyone in the healthcare environment.

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

Whether it is soap and water used to wash hands, or an alcohol hand rub, Hand Hygiene is everyone's business.



Staff are reminded of the when and how to wash hands when delivering care to patients.

We remind staff of the 5 moments with regard to when to wash hands.

The 7 step technique (above) is used regarding how to wash hands.

An audit team regularly carry out independent audits in the clinical areas across the SHSCT.

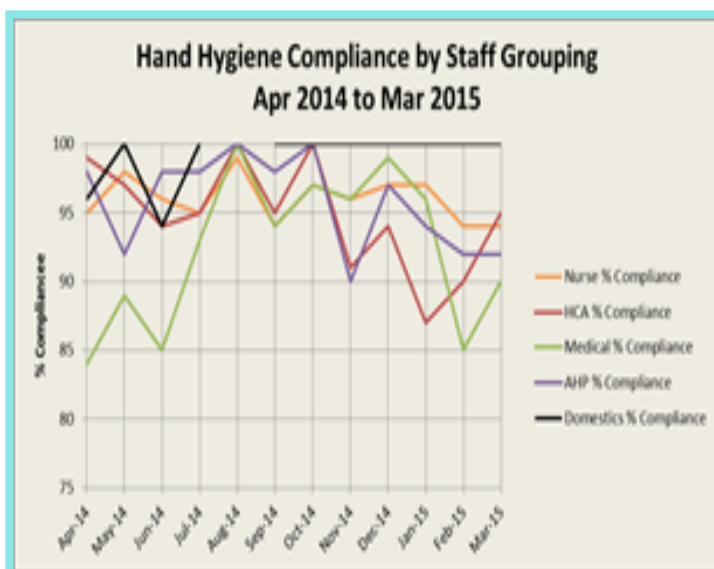
We use the findings from these audits to highlight safe practice and to help identify areas where improvement is required.

3. Protecting People from Avoidable Harm

Hand Hygiene Audit

This graph shows the results of the independent audits on hand hygiene for various staff groups across the Southern Trust. Overall hand hygiene is usually carried out in the right way, but we know we can always continue to improve.

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



Looking to the future

We will continue to improve hand hygiene in 2015/16 through:

- Continued collaborative work on independent hand hygiene audit across the Southern Trust.
- Celebrate World Health Organisation Hand Hygiene day in May next year. This is an annual event that involves staff and public involvement.
- Continue to include hand hygiene as a core topic in ALL Infection Prevention and Control training programmes.
- Continue to embrace hand hygiene before and after visiting as part of visiting policy for the Southern Trust.

4. Ensuring People Have Positive Experience of Service

Patient Client Experience Standards

Further to the 2009 publication of the DHSSPS 'Improving the Patient & Client Experience' which comprises five core standards:

- **Respect**
- **Attitude**
- **Behaviour**
- **Communication and**
- **Privacy & Dignity**

and the 'Patient Client Experience Audit programme 2009 – 2014', the Trust has reviewed the feedback and as a result developed and implemented an Improvement Plan to address the main areas of non-compliance and the regional Patient Client Experience priorities.

What we have done

Discussions were held internally and with the Public Health Agency (PHA) to clarify and streamline the interfaces between Patient Client Experience (PCE) and Personal and Public Involvement (PPI) and an information leaflet was jointly developed to assist staff and the public to understand the connection and appreciate the difference.

Patient Client Experience (PCE) & Personal & Public Involvement (PPI)
Understanding the connection, appreciating the difference

Involve you, improve care

Personal & Public Involvement (PPI) is a statutory duty* relating to the active involvement of service users, carers and the public in the:

- Commissioning
- Planning
- Delivery and
- Evaluation of services

PPI operates from one to one care with individuals, to the development of services, policies and strategies. It is a process which empowers and equips people, giving them the opportunity to influence these decisions and plans. PPI can help to tailor services to need, help set priorities and improve quality and safety.

*Health and Social Care (Regulation) Act (No 2009) Sections 19 and 20

The goal for Health and Social Care organisations is to address both of these areas, ensuring that people have a good experience and also that they are meaningfully involved.

Work has now commenced on the development of a new audit tool in line with PCE, PPI and the Nursing Quality Indicators to reduce paperwork and enable staff to spend more time with patients.

Area for Improvement	What we did
Introductions	<ul style="list-style-type: none"> • Implementation and roll out of #hellomynameis • Provision of name and designation badges to all front facing staff
Timely identification of and response to pain	<ul style="list-style-type: none"> • Raise staff awareness • Additional staff training • On-going audits to monitor progress
Availability of information leaflets on relevant conditions	<ul style="list-style-type: none"> • Review and up-date of existing stocks • Development of ward/facility specific packs
Timely discharge	<ul style="list-style-type: none"> • Established Admission and Discharge Steering Group and Working Group to ensure the delivery of improved processes relating to admission and discharge of patients • Identified 3 areas for improvement: <ul style="list-style-type: none"> o Equipment o Information Hub o Medicine Management • Developed and implemented action plan to address
Roles and responsibilities for the team and frequent communication with patients	<ul style="list-style-type: none"> • Pilot and roll out of Nursing Assessment Tool- NEAT N = Nursing Knowledge and Care E = Experience of patients relatives and staff A = Assessment of patient safety and standards T = Team work
Customer Care Training	<ul style="list-style-type: none"> • Pilot and roll out of programme entitled: <i>Enhancing the Patient/Client Experience</i>
Improvement in delivery of patient refreshments	<ul style="list-style-type: none"> • Development and implementation of action plan to address patient concerns • Implementation of Good Nutrition Strategy • Provision of vacuum flasks on wards • Implementation of protected mealtimes • Extension of Meal Time support volunteers

Our commitment continues..

- We will continue to capture Patient and Client Experience and develop improvements for 2015/2016
- Patient experience is a central element of quality in the NHS. The 10,000 Voices Project is currently gathering patient stories to reflect on patient experience and we will use the information to influence the commissioning of services
- We will continue to feedback to you what you have told us and what we have done.

4. Ensuring People Have Positive Experience of Service

Personal and Public Involvement (PPI)

Within Northern Ireland, the DHSSPS through its Safety, Quality and Standards Directorate has responsibility for reviewing, developing and refining policy on PPI. It is responsible for reviewing and issuing appropriate guidance as necessary, and for setting regional priorities and standards in this area.

The Trust continues to prioritise Personal and Public Involvement (PPI) within all aspects of its business agenda and has established a range of governance, management and reporting mechanisms that reflect this.

In addition the Trust has:

- Contributed to the development and launch of the regional PPI standards
- Shared its PPI resources which have been key components of the new regional PPI training programme to be available in autumn 2015
- Provided 2 members of staff for participation in the research team funded by the PHA and Patient Client Council (PCC) to undertake a research project monitoring, measuring and evaluating the impact of Personal and Public Involvement (PPI) in Health and Social Care in Northern Ireland. The research report will be available in Autumn 2015.



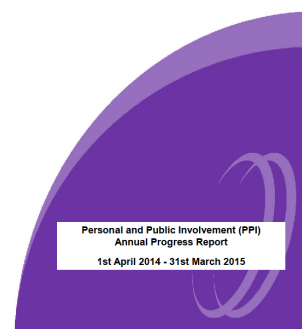
Each year the Trust develops and implements its PPI Action Plan to ensure that service users, carers and the public have the opportunity to be involved in the design, evaluation and development of its services.

During 2014/15 as well as the range of PPI work carried out across directorates, the Trust in partnership with its PPI Panel:

- **Hosted a PPI Information Event in April 2014**
- **Launched its Advocacy Information booklet**
- **Developed a Good Meeting Etiquette poster**
- **Completed the PHA's PPI Performance Management Process**

Further information on PPI progress within the Trust can be found in the PPI Annual Report 2014/15 which can be accessed via the Trust 's website

Sharing Our Stories



www.southerntrust.hscni.net/about/1600.htm

4. Ensuring People Have Positive Experience of Service

10,000 Voices

The Southern Trust recognises that patient experience is a key element in the delivery of quality healthcare.



The regional 10,000 Voices initiative, funded by the Public Health Agency (PHA) since 2013, aims to collect information from the patient and / or his/her family and carers on their experiences of the care they received.

PHASE 1 of the project was about **LISTENING** to the patients' experiences of *unplanned* or *unscheduled care services*, e.g., if they had attended Emergency Departments, Minor Injuries Units, or GP Out of Hours services.

LEARNING & IMPROVING: Patients told us that they would like more information.

- We have provided written information on a range of services and installed information screens about waiting times in the Emergency Departments.
- Staff are asked to display name badges and have participated in a **Hello My Name Is..** campaign aimed at ensuring patients know the names of staff working with them.

PHASE 2 : Clients were asked to share their experiences of the care they received in their *own home* from a range of health and social care disciplines.

LISTENING A majority of the 153 patients receiving care at home from SHSCT staff felt staff were caring and compassionate and that they were treated with dignity and kindness.

91% rated care at home as strongly positive or positive

LEARNING & IMPROVING –

- Clients reiterated the value of knowing their carers: The Trust have provided new name badges and encouraged staff to introduce themselves at each client contact.
- Clients want to remain in their own home and SHSCT staff contribute significantly to ensuring clients remain safe within their own home.
- In support of this: ***70%** of Domiciliary care staff have completed the QCF level 2 award module in Dementia Awareness. *** 100%** of Domiciliary care staff completed training in assisting clients with taking medications.

Looking to the future

- The outcomes from both surveys affords the public an opportunity to influence commissioning priorities and shape the future health care services both locally and across Northern Ireland.
- The Public Health Agency has committed to funding this initiative on a permanent basis and we hope that patients and client will continue to share their experience with us so that we can improve care and services

4. Ensuring People Have Positive Experience of Service

Compliments

In the financial year 2014/15 the Southern Trust recorded a number of compliments

"I was sent to South Tyrone Hospital for an x-ray. The service was quick, the staff polite, helpful and considerate. My visit to hospital was in total about 20 minutes, which I feel is excellent. As some of the NHS services are being heavily criticised, I feel it is necessary to give praise where it is due. 'Well done staff'

*A Compliment received by
Acute Directorate*

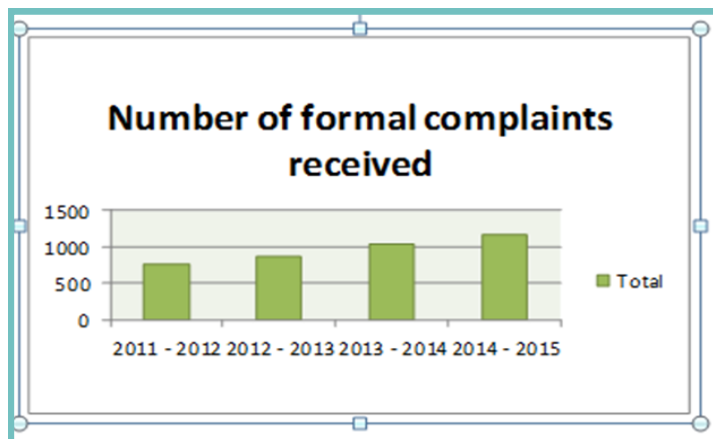
"The professional, caring kind and friendly manner in which the Teams carried out their work has been wonderful. Thank you seems so little for all the work you do, but it has meant so much to us".

*A Compliment received by Mental
Health & Disability Directorate*

Complaints

Each year a significant number of people receive services provided or commissioned by the Southern Trust and the vast majority have a positive experience and are well cared for by highly trained professional and support service staff. However like any organisation, things can go wrong and when this happens we are committed to listen, learn and improve.

- In the 2014/15 year the Trust received 1,166 formal complaints, a slight increase on the previous year's figures.
- Per population served, approximately 1 in every 352 people made a formal complaint.



4. Ensuring People Have Positive Experience of Service

Top 3 complaint subjects

- **Treatment & Care Quality**
- **Staff Attitude/Behaviour**
- **Professional Assessment of need**

The top 3 complaint subjects has remained the same since the 2013/14 year. That means our service users are more likely to register a dissatisfaction on one of these 3 topics. Each complaint can often be multi-faceted, particularly inpatient concerns which may cover the multi-disciplinary team and relate to events over a short or extended period of time. However, as in previous years, complaints about Treatment & Care and Staff Attitude/Behaviour remain consistent across each reporting period.

Response Times

Regarding the response time of 20 working days, the Trust often offer meetings with complainants and the relevant clinical teams in order to improve and assist with resolution.

The Trust's response times to complaints in 2014/15 was:

	%
Acknowledged within 2 days	98.6%
Responded within 20 days	42.8%

Learning from Complaints

The quality and type of services we provide is very important to us. We aim to continually improve and it is often people who have experienced or observed our services who can help us to learn and improve by sharing their experiences. The Trust uses issues raised through the complaints process as an important source of information for safety and quality improvement. This information informs learning and development and is fed into the Trust's governance systems as well as being directly fed back to staff involved.

Within the Trust it is the responsibility of all Trust staff to utilise the information and trends from their complaints to ensure learning and development and to monitor learning. Regular analysis of complaint reports are shared at Senior Management Governance meetings, Governance Committee meetings and Directorate meetings to highlight themes and trends across the Trust to ensure improvement and learning takes place. One such example of a complaint is shown below

Theme:	Quality of Treatment and Care
Background to Complaint:	A patient was admitted to the Bluestone Unit during the night. The patient was dissatisfied as she was experiencing a lot of pain and was unable to get medication for the pain on admission. Morphine based painkillers were prescribed on the Medication Kardex which were not stocked in the Bluestone Unit. This resulted in a delay in the patient receiving this medication
Learning Outcome	In future, staff will determine from the Pharmacist how long it will take for medication to be available when it is not routinely stocked in the Bluestone Unit. Where required, a member of staff will go to the Pharmacy Department at the General Hospital to collect the medication.

4. Ensuring People Have Positive Experience of Service

Emergency Department 4 hour and 12 hour standards

The Southern Trust has two Emergency Departments (EDs), 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 wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED.

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

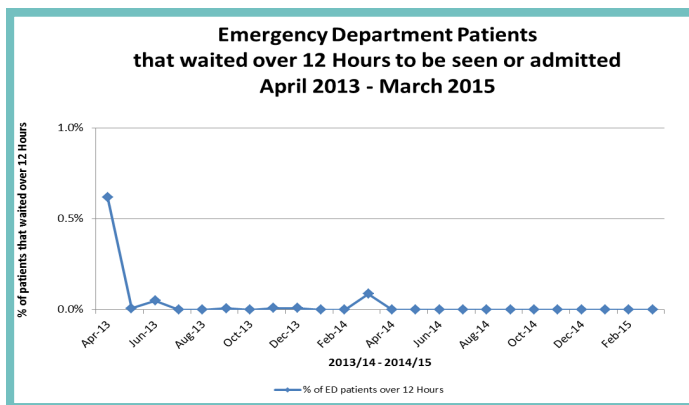
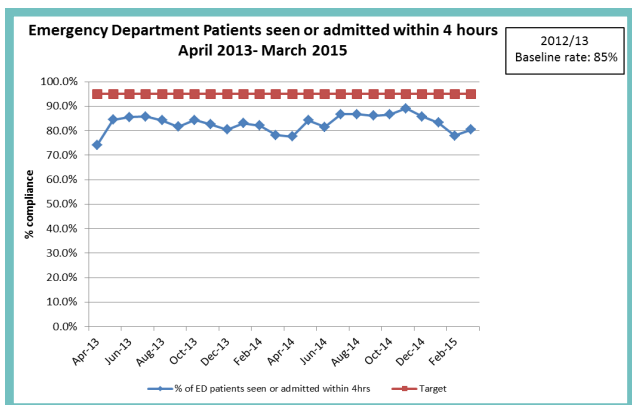
Facts & Figures

During 2014/15 there were 151,381 attendances to ED and the Minor Injuries Units. This represents a 6.5% rise in attendances from 2013/14.

In 2014/15, 83.8% of these patients were seen within 4 hours. This represents a 1.8% improvement on the previous year, as shown in the graph below.

In 2014/15, 14 patients waited more than 12 hours. This represents 0.009% of patients who attended the ED and Minor Injuries Units. This is a reduction of 0.058% from the previous year, as shown in the graph below.

These facts and figures show there have been several improvements in the Emergency Departments and Minor Injuries Units from the 2013/14 position.



4. Ensuring People Have Positive Experience of Service

Looking to the future: On-going improvement throughout the whole hospital system

The 60 minute plan - A quality improvement programme which has been implemented from June 2014 in both the Daisy Hill Hospital and Craigavon Area Hospital Emergency Departments. The plan focuses on the full patient journey through ED, admission to discharge.

It feeds into a wider approach to improving patient flow throughout the whole hospital system where we use an Electronic Patient Flow System or Whiteboards in every ward. There is a focus on discharge planning and improved links with the community. We use the information HUB and sharing Estimated Date of Discharge (EDD) with community services. We forward plan – anticipating problem issues with discharge at an early stage and working with key stakeholders to put plans in place to facilitate quality and timely discharge.

The 60 minute plan in Emergency Departments focuses on:

- ED triage within 15 minutes. ED decisions to admit within 2.5 hours
- Availability of ready beds to receive admissions. Discharge before 1pm – target at least 35%
- Encouraging more use of discharge lounge. Patient Centre Flow Action Cards produced and circulated

Emergency Department Re-attenders

While it is important to improve performance against 4 hour Emergency Department targets, the Trust also seeks to reduce the number of patients who need to re-attend Emergency Departments 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.

The College of Emergency Medicine's standard is that this should be no more than 3% of all new and unplanned attendances.

The Emergency Departments in Southern Trust consistently meet this target.

4. Ensuring People Have Positive Experience of Service

Leaving the Emergency Department before being seen by a doctor

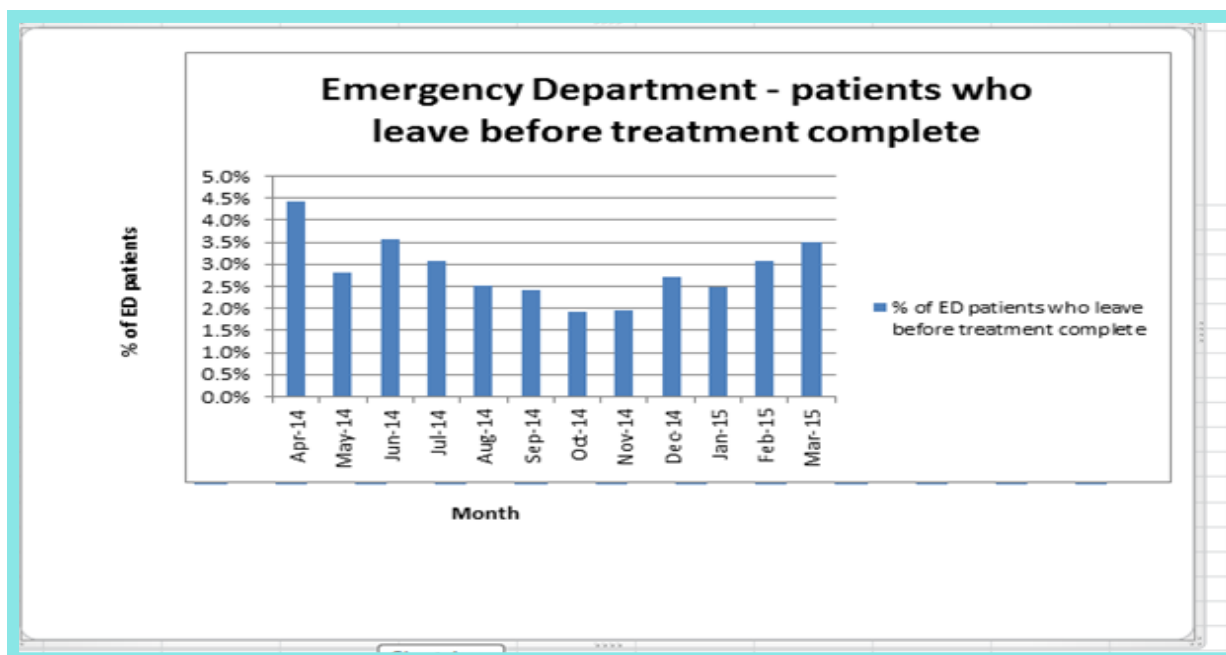
Some patients choose to leave the Emergency Department before they have been assessed by a doctor.

The Emergency Department carefully monitors the number of patients who do this and each patient's case notes are reviewed daily by the Consultant in Charge of the Emergency Department.

Patients are recalled to attend the Emergency Department as necessary.

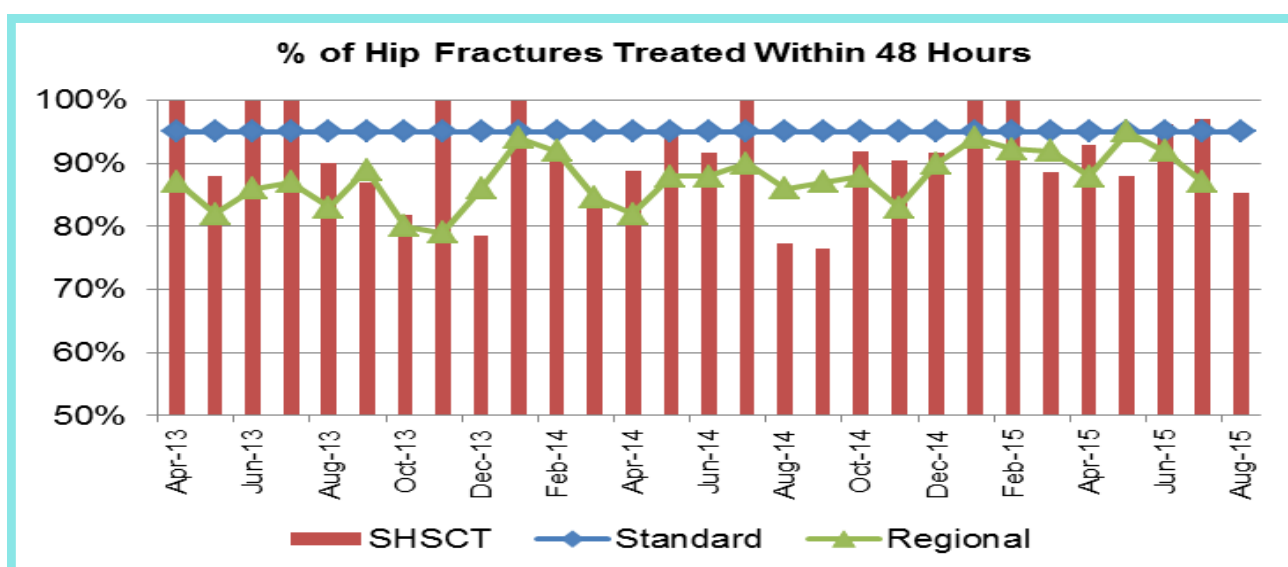
The Royal College of Emergency Medicine state that the Emergency Department national rate for patients leaving the department before treatment is complete is 5%.

In Southern Trust, the average rate of patients attending Emergency Departments and who leave before treatment is complete, is well within that national standard. This is shown in the graph below.



4. Ensuring People Have Positive Experience of Service

Access Targets: Trauma and Orthopaedics



To Improve Access Targets we have:

Appointed 3 additional Trauma Orthopaedic Consultants with the recruitment process on-going for a 4th Consultant.

Worked with the Health and Social Care Board to develop new ways of working to address future service demand and are participating in a pilot of a new way of working this year.

4. Ensuring People Have Positive Experience of Service

Access Targets: Cancer Waiting Times

The Southern Trust has made a significant improvement in the cancer access targets in the first half of 2015 compared with 2014. This improvement prevails against an increasing number of GP red flag referrals being received by cancer services. The Southern Trust continues to be one of the best performing Trusts regionally.

This table shows comparison cancer access performance from 2014/15 to 2015/16 (April to Sept)

	Breast 2 week wait %	% of patients diagnosed with cancer who should begin treatment within 31 days of the decision to treat date	% of GP suspected cancer referrals to be diagnosed and patients commence treatment within 62 days
2014/15	80%	99%	86%
2015/16 (April to Sept 15)	96%	99%	91%



There have been a number of service improvement initiatives which has resulted in the improved cancer access position:

- Our Urology Service has been reformed to improve access to patients with cancer.
- Patients requiring investigation for Upper Gastrointestinal symptoms can be directly referred into the cancer service by their GP's for Oesophago Gastro - Duodenoscopy (ODG).
- We now have a rapid access clinic for patients with gynaecological systems.
- A pilot is on-going to provide patients with access to chest x-rays.
- Cancer peer review has and will continue to expose the cancer multi-disciplinary teams to all the elements of the patients' cancer pathways and the need for timely access to out-patient departments as the starting point.
- Continuously reviewing outpatients capacity and flexing this capacity to meet demand.

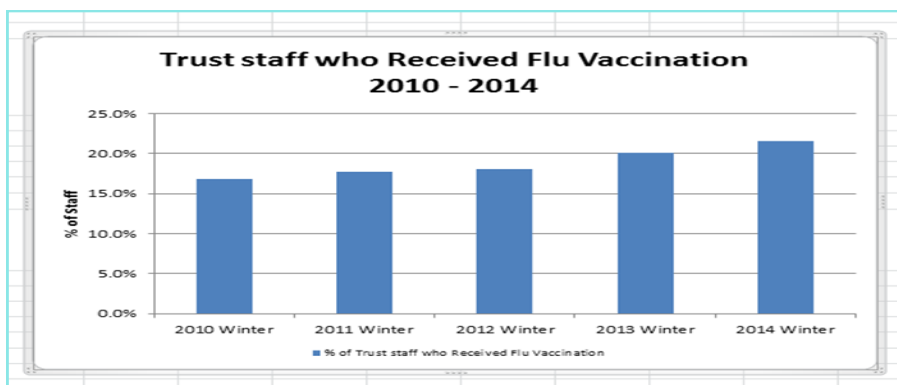
5. Supporting Staff (Strengthening the Workforce)

Staff Health and Well-Being / Absenteeism

Flu Vaccination

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

The Trust has undertaken significant promotion of the benefits for flu vaccination for staff which is evidenced in the increasing trend shown in this graph.



This year the Trust has been involved in a number of healthy lifestyle awareness campaigns

For example, :-

- No Smoking Day, World Mental Health Day, Back Care Week, Cycle to Work
- Moving & Handling advice
- Workplace risk assessments
- Leisure Centre Scheme - available across all Trust localities.
- Organisational policies and processes which support staff health & wellbeing – such as Health & Safety policies, human resource policies, development review processes, supervision policies.

5. Supporting Staff (Strengthening the Workforce)

Staff Health and Well-Being / Absenteeism

The Trust has a number of policies, procedures and innovative practice to support staff wellbeing. The Trust strives to go beyond the statutory Health & Safety duties and deliver on a meaningful workplace health & wellbeing agenda with the aim of making a difference to how staff feel about coming to work and to the quality of care they deliver to service users. A number of initiatives and services are in place to support staff with ill-health and support prompt return to work, including:

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

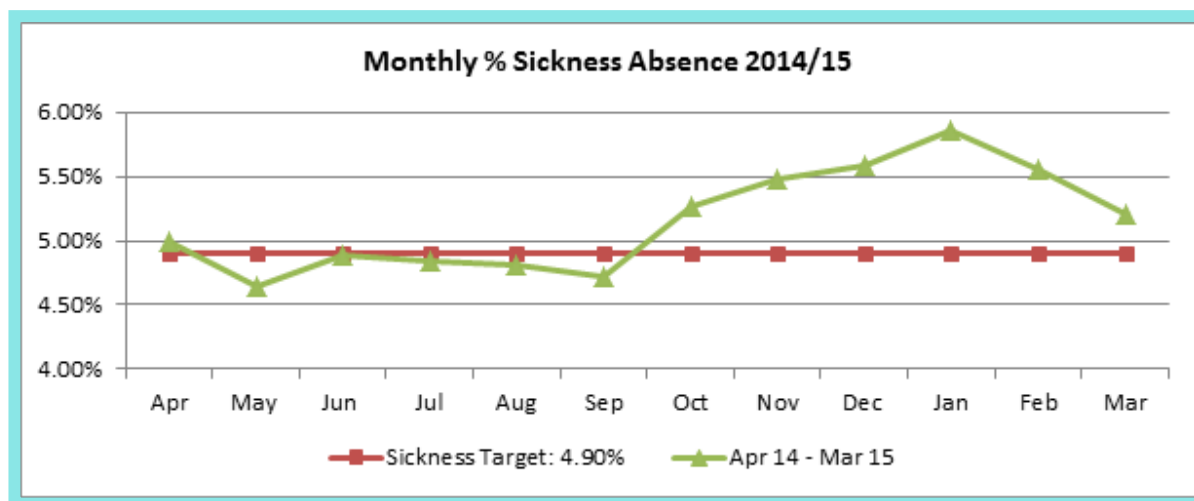
Staff sickness absence is a significant cost to the organisation, and effective absence management involves finding a balance between providing support to help staff with health problems stay in and return to work and taking consistent and firm action with staff who seek to abuse this.

The graph overleaf shows the monthly % sickness absence rates for 2014/15. The figures is based on working hours lost/working hours available.

During 2014/15, the Trust had an internal Sickness Absence target of 4.90%. The cumulative % sickness absence rate for 2014/15 was 5.15%. The % sickness absence rate is shown overleaf.

5. Supporting Staff (Strengthening the Workforce)

Staff Health and Well-Being / Absenteeism



At the end of March 2015, a 3 month review of the Trust's Attendance Management Procedures was agreed to determine what actions needed to be taken to achieve a reduction in the Trust's absence rate for 2015/16.

Other preventative measures are also in place within the Trust to reduce ill-health and poor wellbeing including:

- **Staff Health & Wellbeing intranet site**
- **Employee Assistance Programme which is called Care-Call**

5. Supporting Staff (Strengthening the Workforce)

Staff Health and Well-Being / Absenteeism

Smoking Cessation

In March 2015, the former Health Minister, Jim Wells, made an announcement that all Health and Social care sites should be smoke free by March 2016. The Southern Trust has been working for a number of months now on preparing for smoke free sites and plans to introduce smoke free sites on No Smoking Day, 9th March 2016. During the year a Smoke Free Survey was carried out by the Trust throughout November 2014. These results clearly demonstrates support for this move, as 65.5% of respondents were in favour of the Trust becoming completely smoke free.

The Southern Trust Smoke Free Policy aims to protect the health of staff, visitors, patients and service users. Being smoke free protects the health of everyone and provides a clean and pleasant environment for all. Free support is available for anyone who wants to stop smoking across the Trust. Nicotine Replacement Therapy will be made available to Health and Social Care in-patients who smoke to help them quit smoking or for temporary abstinence to comply with Smoke Free sites.



5. Supporting Staff (Strengthening the Workforce)

Staff Training and Development

The Southern Trust vision for learning is to have the Right People with the Right Skills in the Right Place at the Right Time to ensure consistent delivery of safe, high quality services.

To support this vision, the implementation of appraisal, supervision and KSF process is one of the Trust's priorities in valuing staff and supporting their development to help achieve the key objective of safe, high quality health and social care.

- The Trust agreed a number of training elements that are mandatory for employees within this Trust. This training is essential to help protect staff, service users and visitors.
- The Trust has rolled out bespoke sessions specifically designed for individual staff groups based on the DHSSPSNI's 5 standards of a service user experience i.e. Respect; Attitude; Behaviour; Communication; and Privacy and Dignity.
- The Commission for Health Improvement has underscored the connection between effective strategic leadership and high quality patient care. The Trust's leadership programme 'Taking the Lead' was piloted in 2014/15 and 48 managers from all directorates completed the 5 modules, the Healthcare Leadership Model 360 degree questionnaire and undertook a 30-day quality improvement project. Additionally a number of staff have been coached by Southern Trust Coaches i.e. 110 during 2014/15 and a cumulative total between 2012 and 2015 of 360.
- A programme of Corporate Mandatory Training Days across all localities is organised for both Acute and Community Staff. During 2014/15 approximately 2,000 staff attended.
- Infection, Prevention & Control Training is provided via the Corporate Mandatory Training Days. The Infection Prevention and Control Teams aim in their training is to avoid and prevent harm to patients and clients through education in infection control practices embracing safety, effectiveness and improvement in the patient/client experience.
- The Trust's Vocational Workforce Assessment Centre is committed to ensuring the Southern Trust vocational workforce is appropriately trained and equipped to deliver a high quality of care to patients and clients. Qualification Credit Framework (QCF) qualifications are work related and are gained through competence based learning. During 2014/2015, 520 vocational staff successfully completed a QCF Qualification.

5. Supporting Staff (Strengthening the Workforce)

What is revalidation?

Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

Revalidation came into force across the UK on 3rd December 2012, under The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012.

Why do we have revalidation?

Revalidation gives extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC).

What has been achieved?

There has been a positive shift in Trust culture since the introduction of Revalidation, with noticeable changes. For example

- There is increased engagement in the Trust's Morbidity and Mortality (Patient Safety) processes which provides continued assurance of the quality and safety of patient care.
- In addition, all doctors must now obtain feedback from patients and colleagues and reflect on this, thus promoting a culture of continuous improvement
- Medical Appraisal had previously been viewed as an event in the calendar, whereas now it is received by staff as an opportunity to reflect and use it in a summative way.
- There is now 100% participation in the Trust's Medical Appraisal processes, compared to 65% before Revalidation was introduced.

The Trust is now in Year 3 of Revalidation with all remaining doctors set to revalidate on schedule.

	Revalidation of medical staff
Total number of doctors to be revalidated	327
Number revalidated to date (01/04/2013 – 09/10/2015)	246
Recommendations made (01/04/2013 – 09/10/2015)	228 were positive recommendations. Of the 18 deferrals, 16 have since received a positive recommendation.
Recommendations made in financial year 01/04/2014 – 31/03/2015	108

5. Supporting Staff (Strengthening the Workforce)

Staff Training - examples

Right Patient, Right Blood Guidance

In November 2006 the National Patient Safety Agency (NPSA) released the safer practice notice Right Patient, Right Blood. In June 2007 the Department of Health, Social Services and Public Safety in Northern Ireland endorsed the principles outlined in the Right Patient, Right Blood notice. There is now an absolute requirement for the HSC Trusts in Northern Ireland to ensure that those staff involved in any stage of the blood transfusion process have received training in respect of the safety and quality standards of Right Patient, Right Blood and have been deemed competent in respect of same.

It is the staff member's responsibility to ensure that they receive both the theory and practical competency assessment and if a Trained Assessor, that they attend for updates every 18 months.

Practical competencies are completed every 3 years and these competencies are transferable between Trusts.

The Trust has policies and procedures in place for all staff to adhere to in relation to 'Right Patient, Right Blood'. A Trust Transfusion Team Newsletter has been developed to promote key messages regarding blood transfusion processes.



Mandatory Training for Doctors

All Doctors commencing employment or rotation with the Trust complete a series of online modules and face to face training sessions to ensure they the requisite skills for their role .

6. Continuous Improvement in the Southern Trust

SHSCT Quality Improvement Framework

Quality is about protecting people from harm (safe care), giving them treatment and support that works (effective care) and making sure they have a good experience (personal care), when they interact with us or with our partner providers for health and social care

The Trust aims to rise to the challenge of delivering safe, personal and effective care for all who use our services every day. To do this we must maintain and strengthen the focus on quality and we must respond to the call to listen, learn and act on feedback from our patients, their carers their families and our staff.

In June 2014 the Trust launched its Quality Improvement Framework and started a process to engage with service users and staff to inform the development of the Quality Improvement Framework. This framework will lay out the roadmap for continuous quality improvement within the Trust, in keeping with the Quality 2020 Strategy and the Trusts Vision, Value and Priorities and is based on

- Strengthening Assurance processes as the foundations of our Quality Improvement Efforts
- Increasing co-ordination and prioritisation of efforts to innovate and improve our services
- Enhancing monitoring and measurement of outcomes and experiences of those using our services and most importantly
- Listening, learning and acting on what we hear

The Trust aims to move towards a more integrated quality framework that provides clarity on what processes and support we have or will need to put in place to drive and achievement quality improvement across the whole Trust on an on-going basis.

In the absence of a fully formed framework the Trust has progressed a number of initiatives to

build the capabilities, skills and capacity of our staff to support quality improvement in all that we do and ensure we spread and share the learning to others. Examples are included below and overleaf:

Development of a common approach to support quality improvement.

A bespoke quality improvement e-learning programme has been developed by the Trusts Continuous Improvement Team, based on the NHS Improvement “5 Steps Towards Quality Improvement Model” which will enable Trust staff to develop quality improvement capacity, capability and confidence in the delivery of safe, high quality health and social care. The Trust’s Continuous Improvement Team support staff through structure improvement programmes to develop and implement improvements using a collaborative approach



“5 steps Towards Quality Improvement Model”

6. Continuous Improvement in the Southern Trust

The 'Taking the Lead' unlocking the potential of Managers

This provided the opportunity for managers to learn and reinforce skills and enhance confidence to "Take the Lead" in their areas. The Programme was constructed around 5 core managerial competencies. Participants lead an improvement project and shared their learning outcomes and improvement efforts with peers and senior managers.



Annual Sharing and Recognition Event

The Trust first annual sharing and recognition event was held in June 2014 and showcased improvement work on-going within the Trust. Teams presented posters and made presentations. This successful event shall be followed up by a second event held in October 2015 which has a strong focus on patient experience and building this into our on-going improvement efforts.



Organisers, Presenters and Delegates at the Southern Trust Quality Improvement Event held in Seagoe Parish Centre on 18 June 2014

Back Row (Left to Right) Sinead Burns, Vivienne Toal, Kelly McFarland, Joanne Creaney, Mandy Dickson, Sheila McGaffin, Tina Hughes, Lorinda Shaikhey, Richard McEvoy, Charlotte-Anne Wells, Roberta Brownlee, Catriona Kavanagh, Francis Rice, Jacqueline Morton
Front Row (Left to Right) Mairead McAlinden, Sharon Hughes, Aldina Magwood, Clifford Mitchell, Paula Clarke, Emer McGeown, Deirdre McParland

Quality Improvement Projects – the Trust encourage teams to undertake quality initiatives and to share their experiences and learning outcomes. The learning and outcomes from this work is shared locally and regionally via the knowledge exchange: www.knowledge.hscni.net.

6. Continuous Improvement in the Southern Trust

X-Ray Fred Leading The Way in Ortho X-ray Advances

Craigavon Radiology Department Receives Innovative New Technology

X-ray Fred modelling the new digital radiography equipment received by Craigavon Radiology Department to advance Orthopaedic X-rays for patients. This innovative Orthopaedic Programme has multiple features including:

- The technology to perform long leg and whole spine measurements much more efficiently and effectively
- Superior Image quality
- Images are immediately available for review



Radiology Staff showing off the new equipment at CAH



In addition, new digital radiography equipment has also been installed:

- 3 Siemens DR YSIO units
- 1 Care stream mobile unit
- Sirona Orthodontic Unit and a Belmont Intra-Oral unit.

This new digital radiography equipment will provide the very latest in cutting edge technology for patients and will be easier and quicker for staff to use.

Standard Operating Procedures

To enhance patient safety and support staff in their use of the newly acquired equipment Standard Operating Procedures (SOP's) have been drafted by radiographers Clive Jackson and Joanna Andrews following completion of their LEAN Standard Operating Procedure (SOP) e-learning module. These have been validated by their peers, have been signed off for use and accompany each piece of Equipment at the point of use.



Joanna Andrews Radiographer and Jeanette Robinson, Head of Diagnostics

6. Continuous Improvement in the Southern Trust

OT Hand Trauma Team Service Improvement Project

Clinic and referrals screened by the Occupational Therapy Team. The SHSCT Hand Trauma Pathway Team very much advocate the **'No Improvement Too Small'** approach to every day working .

The team got together and felt that the patient pathway could be improved to improve timely access to the service, quality of care and patient experience.

The current patient pathway was reviewed and Current practice was thus reviewed and audited.

Originally, all hand trauma referrals were generated from the patients attendance at the General Fracture Patients were then contacted via post to arrange an appointment; a process that could take up to 3 weeks. The service improvement proposal was to establish a triage system whereby all clients could directly access the Occupational Therapist on the day of attendance at the General Fracture Clinic.

Plan Do Study Act

The team undertook a pilot of the triage project for 4 weeks from 20 October to 14th November 2014. The key findings included:

- Improved patient experience
- Direct access to the Occupational Therapy Team and commencement of timely rehabilitation.
- Improved patients outcomes as a result of timely rehabilitation
- Increase in available clinical capacity as a result of identification of one off or inappropriate referrals to Occupational Therapy Service
- DNA's reduced by 43 %
- Increase in overall number of Occupational Therapy referrals by 59%
- Available resources maximised



The CAH OT Hand and Upper Limb Team,
L-R: Shauna Doyle OT, Andrea Marlow OT, Bridget Salt OT
Assistant, Daniel Harte Clinical Lead OT and Leanne Law OT

This system allows us to treat patients in a timely fashion, ensuring better outcomes and better access for service users. This has now become our standard model of practice after a very successful pilot.

Daniel Harte, Clinical Lead, OT

6. Continuous Improvement in the Southern Trust

The Information Hub - Supporting Safe and Timely Patient Discharge

The Information 'Hub' (IH) has now become a mainstream function within the SHSCT and is fully embedded within the Access and Information (A&I) service. Established in Autumn 2013, the aim of the IH is to support the coordination of all complex and non-complex acute and non-acute hospital discharges for patients aged over 65 years. The IH sources and shares information between community and hospital teams to support patient care. This is achieved by the review of all Acute and non-acute hospital admissions in the previous 24 hours and cross referencing these against current Trust information systems. If a patient is known to a community team they will receive an alert of the patients admission to hospital.



The Access and Information Team

The alert triggers a response from the "community" advising of the patient's physical, cognitive and social condition prior to hospital admission. This communication is forwarded to the admitting ward team and is vital to inform the assessment, treatment and safe and timely discharge plan for patients.

In addition, the IH now Shares information with the Rapid Response Team, enabling timely access to information in order to assist with management and intervention of patients.

The Southern Trust information Hub has been recognised in a recent RQIA review of discharge arrangements as being a key factor in establishing good community links and being instrumental in providing building blocks for an effective discharge process.

HSC Change Day 11th March 2015

What's it all about?

In 2012 the NHS in England hosted its first NHS Change Day. This social media-based innovation was a huge success, with hundreds of NHS staff members, patients and volunteers submitting 'pledges' to improve patient care within their health service. On the 11th March 2015 Southern Trust employees made their pledges to improve quality, safety, patient and staff experience.



Southern Trust Staff Make their Pledges for HSC Change Day 11th March 2015



7. Mental Health

Home Treatment Crisis Response - Health Passport

As part of the Trust's participation in the Regional Patient Safety Mental Health Collaborative, the Home Treatment/Crisis Response Team introduced a new Health Passport which enables patients to keep a record of routine bloods including lipids and cholesterol, Lithium / Clozapine (if required), physical parameters – BP, weight, height, BMI, other investigations as required, lifestyle factors, family history and key service contacts.

This has resulted in improved monitoring for patients who have also reported that they find the passport useful for them and for sharing information with their General Practitioner. The project team intend to use the passport within the Psychiatrist in patient wards also.

Gillis Memory Service — Patient, Relatives and Carer Feedback

Gillis Memory Centre is a 24 bed admission ward providing assessment and care for patients with moderate to severe dementia from across the Trust area. Through the Modernisation Group it was identified that there was a need for a formal feedback system to measure patients, relatives and carers experience of our service. The aim of the project was to create a feedback system that welcomes positive and negative feedback, and that results would be shared to inform relatives / carers including our Modernisation group. This also fits into the Trusts Patient & Client Experience Standards (PCES) Audit Programme in terms of monitoring compliance against the five core standards respect, attitude, behaviour communication and privacy and dignity. The project was led by Sally Kennedy (Ward Sister)



Key areas of improvement

- Ideas/Frustrations broad highlighted staffs views.
- An additional easy read version of the survey is required for this patient group. (work in progress).
- Need to develop a transparent system to evaluate comments and provide results.
- Need to establish how results will be displayed.
- Confirming a process to encourage carer participation in the survey.

Outcomes

- The development of a relative/carer questionnaire with assistance from PPI Team.
- A localised system to encourage relative/carer participation.
- An identified collection point at ward level where results will be accessed only by the independent Patient Advocate to support transparency.
- Results will be provided in a user friendly format and displayed on patient/carer information board.
- Identified areas for service improvement.