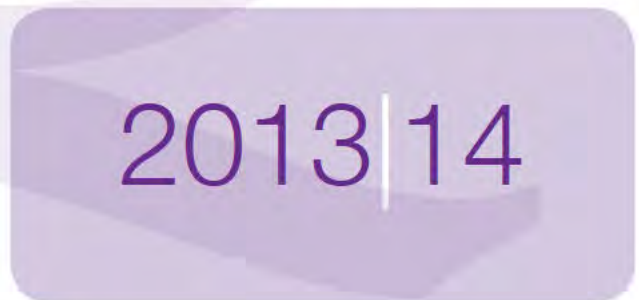


# annual quality report





## Chief Executive Foreward



Belfast Trust is one of the largest healthcare providers in the United Kingdom. It delivers integrated health and social care to around 340,000 people in Belfast and Castlereagh, a range of specialist services to all of Northern Ireland and is a major research institution.

We want the health and social care we deliver to be the best possible. We are committed to delivering safe and high quality care putting patients, clients and their carers at the centre of everything we do. Through constant innovation we seek to provide the people of Northern Ireland with modern services that match the best in the UK and Ireland. It is therefore appropriate that we include information in this report that compares us with other similar organisations in the NHS.

Quality and continuous improvement are part of every process in the Trust. Our core purpose remains 'to improve health and wellbeing and reduce health and social inequalities'. We need to be open and transparent with the public particularly when things go wrong, or when the care delivered falls short of the expected standard. Our mandatory training requirements includes training in Adverse Incident reporting.

We remain focussed on modernising how our services are delivered, ensuring that they are responsive to the needs of a changing population.

The staff in Belfast Trust are determined in their commitment to do their best for the people they serve, and they continually strive to deliver safe, high quality care wherever they work. I am delighted to report that this year Belfast Trust swept the boards in the annual Institute of Health Service management awards, winning six out of the seven awards. This is a ringing endorsement of the continued efforts and innovation of our staff for the benefit of those we care for.

While this Annual Quality Report reflects the achievements we have made in the areas of quality and safety, I recognise that delivering a high quality service is a process and only by continuously and rigorously reviewing our performance can we continue on our journey of improvement.



Chief Executive

In reading this report it is useful to know how many people used our services in the last year:

- 186,427 inpatients
- 640,278 outpatients
- 157,239 Emergency Department attenders
- 704 children looked after by the Trust.







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## Effective Health and Social Care

1





Effective Health and Social Care

# Hospital Standardised Mortality Ratio (HSMR)

Belfast Trust treats and cares for patients everyday, many of whom are very ill. Sadly it is inevitable that some patients will die in hospital. The proportion of patients who die (the mortality rate), is a useful indicator of the quality of care we provide, and we can compare our mortality rate with similar UK hospitals.

Mortality rates must be viewed carefully, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex problems than others, or different services that may involve a higher risk of death, for example trauma and intensive care.

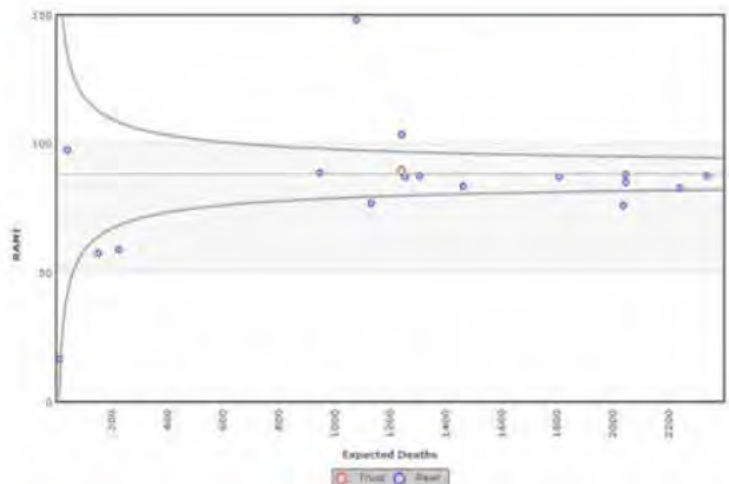
To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned. A SMR figure of 100 means that the number of patients who actually died in hospital matches the number predicted. SMR figure below 100 means that fewer people than expected died. Belfast Trust rates of SMR have continued to compare favourably against other hospitals.

## facts and figures

In 2013/14 the Trust had a Mortality Indices of 86. This means that the Trust had 14% fewer deaths than were expected when risk adjusted analysis is used.

- Mortality rates have remained consistent across the Trust after a significant reorganisation of services
- It is vital that both level of coding is high and that data quality is of a high standard. An indicative measure of coding quality can be seen through use of the data quality index. For the 13/14 year our Data Quality Index was 92.

Risk Adjusted Mortality 2013 Plot



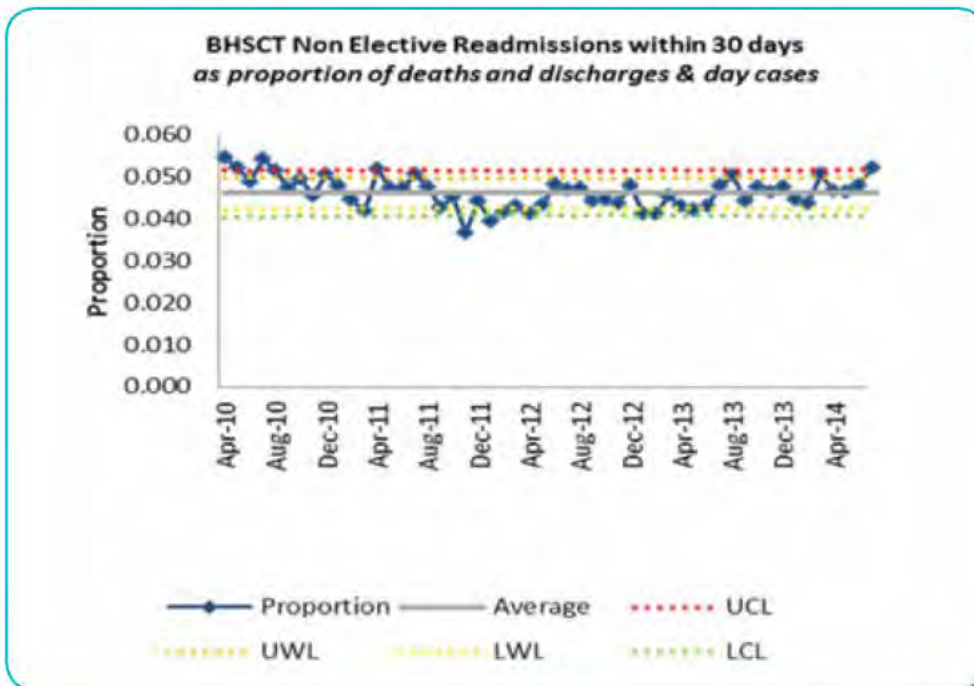
Effective Health and Social Care

# Rate of Emergency Readmission with 30 days of discharge

Readmission rates can provide an indicator of quality of care but must be interpreted carefully. There is no specific recommended rate of readmissions however observation of our hospitals rates against similar hospitals can be useful. It is also useful to look at hospital readmission rates over time to assess any

changes in this. Reasons for readmission can be due to many factors and hospital care is only one. Other factors include patient's home environment and access to community services.

Data within the dotted lines represents stable readmission rates for unscheduled care.





## Effective Health and Social Care

# Improving/Measuring Quality in our Services against National Standards

## National Clinical Audit of Inpatient Care for Adults with Ulcerative Colitis

Ulcerative colitis is a lifelong disease that follows an unpredictable relapsing and remitting course. The National Audit of Inpatient Care for Adults with this disease is part of the UK Inflammatory Bowel Disease (IBD) Audit Programme which seeks to improve the quality and safety of care for all IBD patients throughout the UK.

This national audit of inpatient care enables participating sites to benchmark their

performance against national data. The report includes national and hospital-level findings on the quality of care provided to people admitted to hospital in 2013 primarily for the treatment of Ulcerative Colitis.

The Belfast Health & Social Care Trust (BHSCT) submitted a total of 53 cases to the audit. The table below shows the Trust's performance against key indicators which were agreed by the IBD programme steering group as reflecting the areas of particular importance to people with IBD.

## facts and figures

- **100% BHSCT inpatients** were seen by a member of the IBD team during their admission (UK 91%)
- **86% BHSCT inpatients** had sample sent for standard stool culture (SSC), where the patient had diarrhoea (*SSC is a test to identify bacteria or viruses that may be causing an infection*) (UK 80%)
- **96% BHSCT inpatients** were prescribed prophylactic heparin (*this medication is used to prevent and treat blood clots*) (UK 90%)
- **21% BHSCT inpatients** had a nutritional screen (risk assessment) undertaken during the admission (UK 82%)
- Only **9% BHSCT inpatients** had surgery that was not planned before admission (UK 12%)
- **95% BHSCT inpatients** had bone protection prescribed when discharged home on steroids (UK 74%)
- **98% BHSCT staff** initiated a clear plan to follow up the patient that was recorded in the notes at discharge (UK 93%).

### NEXT STEPS

To reflect on the learning from the audit and identify any improvements that can be made in the admission and treatment of patients suffering from Inflammatory Bowel Disease.



## Effective Health and Social Care

# Mental Health and Learning Disabilities Indicators

Ensuring a seven day follow up appointment or visit is arranged for all mental health inpatients who are discharged.

The National Confidential Inquiry into suicide and homicide by people with mental illness highlighted the increased risk to patients following discharge from acute mental health wards. All mental health patients discharged from hospital who are to receive continuing care in the community should receive a follow-up visit/appointment within seven days of discharge.

## facts and figures

- In 2013/14 the Trust discharged 463 patients who were to receive continuing care in the community. All of these patients (100%) were offered a follow up appointment within seven days of discharge
- Of the follow up appointments offered, 437(94%) were completed and 26 (6%) were not attended or declined by patient.

## NEXT STEPS

Following feedback via a Patient and Client Council audit, the service aims to ensure that the appointment is with the person (key worker) who will be providing ongoing care in the community. A sample audit of 20 discharges indicates that 14 (70%) were reviewed by key worker providing ongoing care in the community.



## Effective Health and Social Care

# Mental Health and Learning Disabilities Indicators

## Eating Disorder Service

The treatment of eating disorders is extremely complex and challenging. As there are no specialist eating disorder inpatient units in Northern Ireland, patients often have to go to England or Republic of Ireland for specialist treatment. This can be very distressing for patients and their families as it means being away from home for considerable periods of time.

The Health and Social Care Board has commissioned Belfast Trust to pilot an Eating Disorder Day Treatment Service and this has enabled the Trust to provide specialist services to a number of people who previously may have had to travel out of the country. The service is available to patients who may be in hospital in Belfast or South Eastern Trust and to people receiving treatment from home.

In the year ending March 2011 there were seven patients requiring treatment in England and in the year ending March 2014 this had been reduced to four.

With further development of local eating disorders services it is anticipated that the number of people requiring treatment outside N.Ireland will continue to fall.





Effective Health and Social Care

# Social Care Indicators

## Safeguarding Children

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.

Children who become looked after by Belfast Health and Social Care Trust must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs. The Trust must also preserve and maintain their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

**facts and figures**

- 100% of children or young people identified as potentially at risk within the Belfast Trust were seen within 24 hours of a child protection referral having been made
- 99% of looked after children within the Belfast Trust were reviewed within regionally agreed timescales.

**NEXT STEPS** The Trust will continue to monitor its performance in relation to this area.

## Permanency Planning

Every child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved. Research highlights the importance of placement permanency, security and stability in promoting a child's social and emotional wellbeing. For those children who enter the care system it is imperative that planning for their future care identifies the most appropriate care plan and related placement setting at the earliest.

The Trust's Permanence Panel has responsibility for: monitoring the effectiveness of the Trust's permanence planning structures; supporting the development of the workforce's skills, knowledge and practice base; exercising a scrutiny function with regard to the quality of permanence planning and outcomes in respect of those children presented to it for review; and contributing to the wider governance arrangements underpinning the Trust's discharge of its statutory responsibilities to its looked after population.

**facts and figures**

- In the 13/14 year the panel has focused on those children under 10 years
- A total of 121 children between the ages of 0-10 years became looked after by the Belfast Trust during the reporting period, 64 (53%) of whom were presented to the Permanence Panel.

**NEXT STEPS**

- The Trust will continue to support the development of the workforce's knowledge, skills and practice base in relation to permanence planning
- The Trust will review the Permanence Panel's performance on an ongoing basis.





Effective Health and Social Care

# Social Care Indicators

## Safeguarding adults

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

A vulnerable adult is a person aged 18 years or over who, as a result of age, illness or disability, is unable to take care of themselves without the provision of services, or who is unable to protect themselves from harm or exploitation. The Trust works in partnership with other statutory, voluntary and community agencies to investigate concerns regarding vulnerable adults and to provide services which promote their safety and wellbeing. An adult protection plan, reflecting the wishes and views of a vulnerable adult and, where appropriate, their carers/family members, outlines the actions necessary to address and manage the assessed risks to their safety and welfare.



## Valuing Carers

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

Carers are people who provide help and support to a family member or a friend who may not be able to manage because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member.

**facts and figures**

- During the reporting period a total of 2772 adult safeguarding referrals were made to the Trust leading to 1687 adult protection plans as compared with 2054 referrals and 1624 protection plans across the previous reporting period.

**NEXT STEPS** The Trust will continue to focus on promoting awareness of adult protection issues through its participation in the Northern Ireland Adult Safeguarding Partnership (NIASP) structures and the proposed operationalising of the Trust's Adult Safeguarding Committee to overview the Trust's adult safeguarding service delivery.

**facts and figures**

- During this period 1674 adult carers were offered individual carer assessments an increase of 6% as compared with 1581 during the previous reporting period.

**NEXT STEPS** The Trust will continue to profile the importance of carers and to engage with them in the development of initiatives and services to support them in their role through its Carers Strategy- Belfast Carers at the Heart of the Belfast Trust.



## Effective Health and Social Care

# Social Care Indicators



## Integrating into Community

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Trusts. The ultimate goal of Belfast Trust is to improve the quality of life for those with learning disabilities. This is progressed 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.

## facts and figures

- Of the 18 people with learning disabilities who were resettled in community placements by the Belfast Trust during the reporting period, none have been re-admitted to hospital care.

## NEXT STEPS

The Trust will continue to work with service users and their families to take forward arrangements for the re-settling of hospital patients with learning disabilities into supported community settings. The process will be underpinned by engagement and consultation and will be informed by a person centred approach which is predicated on the individual service user's best interests.

## Delivering Best Practice in Safe Health and Social Care Settings

2





Delivering best practice in safe Health and Social Care settings

# Early Recognition and Rescue of Deteriorating Patients

Following on from last years report, the National Early Warning Score (NEWS) Observation Chart was implemented in November 2013. The NEWS chart is an improvement on our previous observation chart, and was designed by medical and nursing staff to help staff to track a patient's vital observations and trigger review and intervention when their condition deteriorates. The chart also incorporates a Sepsis Screening Tool.

The image displays two key components of patient monitoring: the NEWS Observation Chart and the Sepsis Screening Tool.

**NEWS Observation Chart:** This is a grid-based chart used to track a patient's vital signs over time. It includes sections for:
 

- RESPIRATORY RATE:** Tracked every 4 hours.
- SpO2:** Tracked every 4 hours.
- TEMP:** Tracked every 4 hours.
- HEART RATE:** Tracked every 4 hours.
- Level of Consciousness:** Tracked every 4 hours.
- NEWS SCORE:** A summary score calculated from the other parameters.

 The chart uses a color-coded system (green for normal, yellow for abnormal, orange for severe) to indicate the patient's condition. A 'NEWS Observation Chart' header is visible at the top.

**Sepsis Screening Tool:** This is a flowchart designed to identify patients at risk of sepsis. It starts with the question: "Are any two of the following SIRS criteria present?" (SIRS: Temperature  $>38$  or  $<36$  °C, Heart rate  $>100$  /min, Respiratory rate  $>20$  /min, WBC  $>12$  or  $<4$  x  $10^9$  /L). If two or more criteria are present, it asks: "Does your patient also have a history of signs suggestive of a new infection?" Examples include cough, dysuria, pain, redness, sore throat, and diarrhea. If two or more signs are present, it instructs to "Treat for SEPSIS (Diagnose and bundle within one hour)" with interventions like high-flow O2, fluids, antibiotics, and urine output monitoring. If only one sign is present, it asks for "evidence for severe SIRS: any signs of organ dysfunction" (e.g., hypotension, respiratory fragility, high lactate). If evidence is present, it instructs to "Treat for SEPSIS (Diagnose and bundle within one hour)".

Delivering best practice in safe Health and Social Care settings

## Early Recognition and Rescue of Deteriorating Patients

### Sepsis 6 Improving our Care

Sepsis is a condition where the body has a severe response to infection injuring its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death, especially if not recognized early and treated promptly. We have introduced a programme to support earlier identification and management of those patients with underlying infection.

Severe infection claims over 37,000 lives in the United Kingdom annually - more than lung cancer, and more than breast cancer and bowel cancer combined.

Sepsis 6 is the name given to a **bundle** of interventions designed to reduce the mortality of patients with **Sepsis**. The bundle comprises:

1. Give high-flow oxygen
2. Take blood cultures
3. Give IV antibiotics
4. Start IV fluid resuscitation
5. Check lactate
6. Monitor hourly urine output.

As part of ongoing work to improve early diagnosis and treatment of Sepsis, the Belfast Trust is promoting the **Sepsis 6 bundle** within the Emergency Departments and there are plans to roll out to acute medical units this year.

### facts and figures

- A programme of audit has been introduced within the RVH Emergency Department whereby 10 charts per month are audited by medical/nursing staff to review compliance with the Sepsis 6 bundle. Monthly results are displayed in the graph below:

Compliance with the Sepsis 6 Bundle





## Delivering best practice in safe Health and Social Care settings

# Early Recognition and Rescue of Deteriorating Patients

### Progress made

- Introduction of twice daily safety briefings in ED
- Awareness weeks – repeated intermittently
- Increasing Sepsis awareness included in induction programmes for new nursing and medical staff
- Use of Sepsis stickers/ box
- Identification of sepsis patients at ED Board-rounds – checklist of Sepsis 6
- Resource allocation to ensure timely triage of patients
- Work commenced with Northern Ireland Ambulance Service to increase pre alerts for patients identified as having potential for severe sepsis with the use of a pre hospital screening template.

### Benchmarking for Quality of Care - National College Emergency Medicine Audit

In May 2013, the RVH Emergency Department participated in the National College of Emergency Medicine Audit on Severe sepsis and septic shock.

We submitted data on 50 consecutive cases on a number of measures. The data was looked at as one of 180 UK Emergency Department and showed that we compare favourably with hospitals across the UK.

Our ED performed above the median for:

1. Recording of observations
2. Recording of blood sugars
3. High flow O2 administered
4. First IV fluid bolus given in the ED
5. First fluid given within 1 hour of arrival

6. Lactate and blood cultures recorded in the ED
7. Blood cultures prior to antibiotics
8. Antibiotics administered in the ED
9. Antibiotics within 1 hour of arrival
10. Urine output measured in ED.

Our ED was among the top 25% in:

1. High flow O2 administered
2. First fluid given within 1 hour of arrival
3. Blood cultures prior to antibiotics
4. Antibiotics within 1 hour of arrival
5. Urine output measured in the ED.

*"This is another example of the excellent clinical care we consistently provide despite the significant ongoing pressures. Well done and lets continue to strive for further improvement."* Olly Bannon ED Consultant

*"A lot of the credit needs to be passed onto the nursing staff as much of this is done at the front door/triage".*

Peter Shortt ED Consultant

### NEXT STEPS

- Continue monthly audit of Sepsis 6 Bundle compliance
- On-going work to identify areas for improvement
- Share learning with colleagues in other wards.

Delivering best practice in safe Health and Social Care settings

# Early Recognition and Rescue of Deteriorating Patients

## Cardiac arrest rate

A cardiac arrest is where a patient requires chest compressions and/ or defibrillation by the Hospital Resuscitation Team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating. The compassionate care of those patients acknowledged to be nearing the end of their lives may also help to reduce the number of patients treated for cardiac arrest.

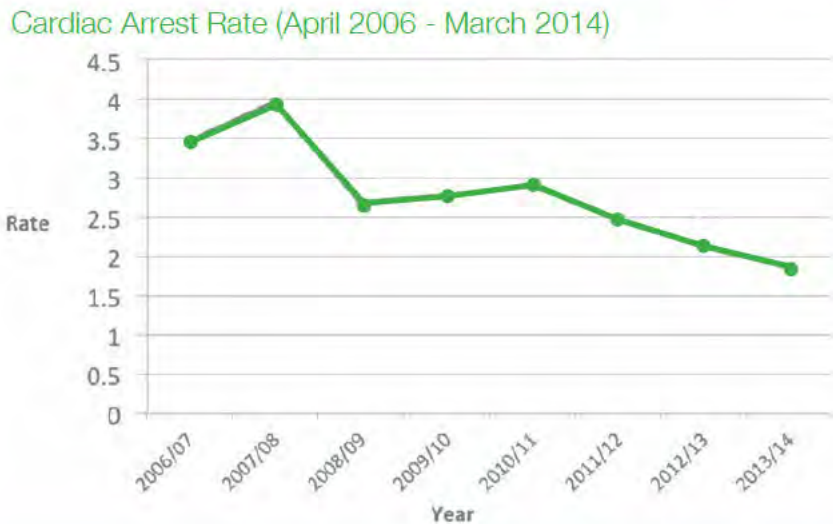
## Progress made

Improvements made in the early recognition and management of the deteriorating patient have helped us to continually reduce our cardiac arrest rate as shown in the graph below.



## facts and figures

- 140 patients suffered a cardiac arrest in the Belfast Trust 13/14, this was fewer than in the 12/13 year
- In order to make figures comparable over time, we calculate our cardiac arrest rate (Number of Cardiac Arrests / Total number of deaths & discharges)\*1000. This figure was 1.85 for the 13/14 year.





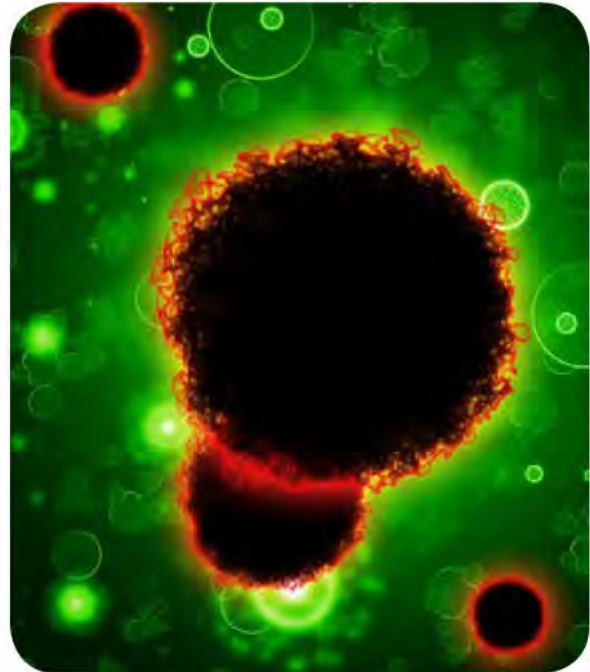
Delivering best practice in safe Health and Social Care settings

# Reducing Health Care Associated Infections

## To reduce preventable MRSA bacteraemias

MRSA is a type of Staphylococcus aureus that has become resistant to a number of different antibiotics, however, effective treatment is available if a patient develops an infection caused by MRSA. Patients in hospital may be more susceptible to developing an infection due to their illness and/or the treatment they may be receiving. This is why simple measures, such as, hand hygiene and using an aseptic technique are vital in the prevention of the spread of MRSA.

Reducing the number of preventable MRSA bacteraemias is an important priority. The number of patients with MRSA bacteraemias reflects on the quality of care in hospital, in the community and in care homes.

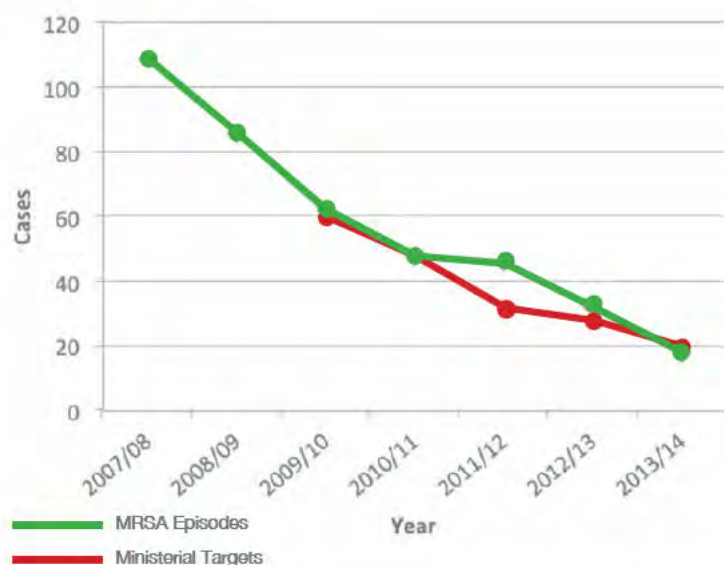


### facts and figures

- We saw a huge reduction in our numbers of MRSA and met our ministerial target which is set by the DHSSPSNI to drive improvement in care.



MRSA per annum

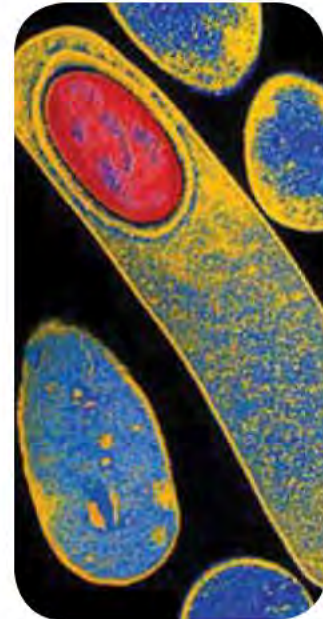


Delivering best practice in safe Health and Social Care settings

# Reducing Health Care Associated Infections

## To reduce preventable *Clostridium difficile* (C.diff) infection

Reducing the number of patients who develop C.diff is an important priority as this disease is responsible for an increase in mortality and morbidity in an already vulnerable patient population. We have made great strides in the reduction of C.diff cases, but we must not become complacent. Again the number of cases reflects on the quality of care received by patients/clients in our Trust. The important factors in maintaining this reduction are: prudent antimicrobial prescribing; good hand washing; effective decontamination of equipment; thorough environmental cleaning and prompt isolation of patients presenting with diarrhoea.



### facts and figures

*Clostridium difficile* cases per annum



- The Trust continues to make improvements in reducing the number of C Diff cases year on year. In 2013/14 the trust had 110 cases, meaning that it met its ministerial target which was set at 130.



Delivering best practice in safe Health and Social Care settings

# Patient Falls

## To reduce the number of in-patient falls

Patients of all ages fall, but falls are most likely to occur in older people. Falls in hospital are among the most frequently reported incidents with over 200 falls reported each month. The causes are often complex, and inpatients are particularly vulnerable to falling due to a number of factors including the drugs they require and mobility problems. Active rehabilitation that encourages freedom to move and prepares the patient for the transition back to normal life also carries a risk of falling.

However some falls can cause injury and we are actively trying to reduce these. Also, the impact that a fall may have on a patient can be significant, including pain, injury, loss of confidence and increased anxiety. *The graph below shows the monthly rate of falls reported.*

## Progress made

- All patients in acute adult inpatient wards have a falls risk assessment completed when they are admitted to hospital and throughout their stay
- All patients who are assessed to be 'at risk' of falling are started on a falls prevention care plan, and are referred to the multi-professional team for specialist assessment and intervention
- This year we established a multi-professional inpatient falls prevention group who are responsible for supporting staff to undertake focused improvement work in 5 older people inpatient wards in Belfast City and Musgrave Park Hospitals. They have used the Royal College of Physician's Fallsafe Bundle to train staff to identify patients who are at most risk of falling as well as apply a range of measures to reduce the risk of falling.

## facts and figures

- In 2013/14, the Trust recorded 2,549 falls, a reduction of 19% on the 2011/12 year. This percentage reduction met the Trust improvement target of a 15% reduction
- Of the total number of falls recorded, 133 (5.2%) led to more serious injuries including broken bones. This number is a reduction from last year when the total number of these falls was 155 (5.3%).

### Adult Inpatient Falls Rate

(Number of Falls reported / total number of occupied bed days)\* 1000





Delivering best practice in safe Health and Social Care settings

# Pressure Ulcers

## To reduce the number of Pressure Ulcers

Pressure ulcers or ‘pressure sores’ are complex wounds which affects the skin but can also affect muscles, tendons and bones. Unfortunately not all pressure ulcers are avoidable, but certain interventions can help to reduce the risk. These include regularly changing a patient’s position, ensuring proper nutritional intake and providing special mattresses and chair cushions.

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) grading system to describe the severity of pressure ulcers. The grades are 1, 2, 3 and 4 – the higher the grade the more severe is the pressure ulcer.



Tissue Viability Nursing team, receiving an award for Innovative Development in Elderly Skincare Management

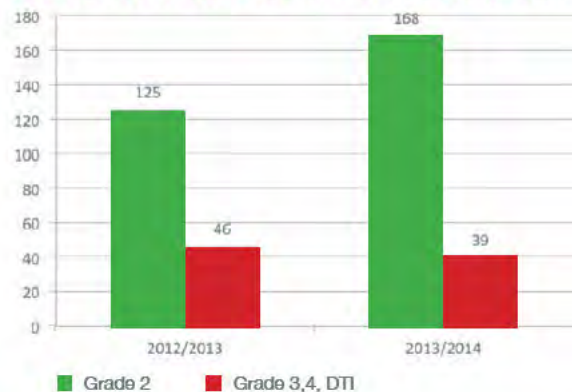
## facts and figures

- In 2013/14, the Trust recorded 228 pressure ulcers, the rate per bed 10,000 bed days is shown in the graph below. This is an increase of 17% on the 2012/13 year. When we analysed these incidents further (see bar chart below) the number of less serious pressure ulcers had increased but importantly the number of more serious ulcers had reduced. This is due to staff’s increased reporting of all pressure ulcers and the actions they have taken to prevent the more serious ulcers
- In 2013/14, the number of more serious pressure ulcers (Grade 3 and 4) was 39; a reduction of 15% from last year.

### Pressure Ulcers Rates



### Incidents of avoidable Pressure Ulcers





Delivering best practice in safe Health and Social Care settings

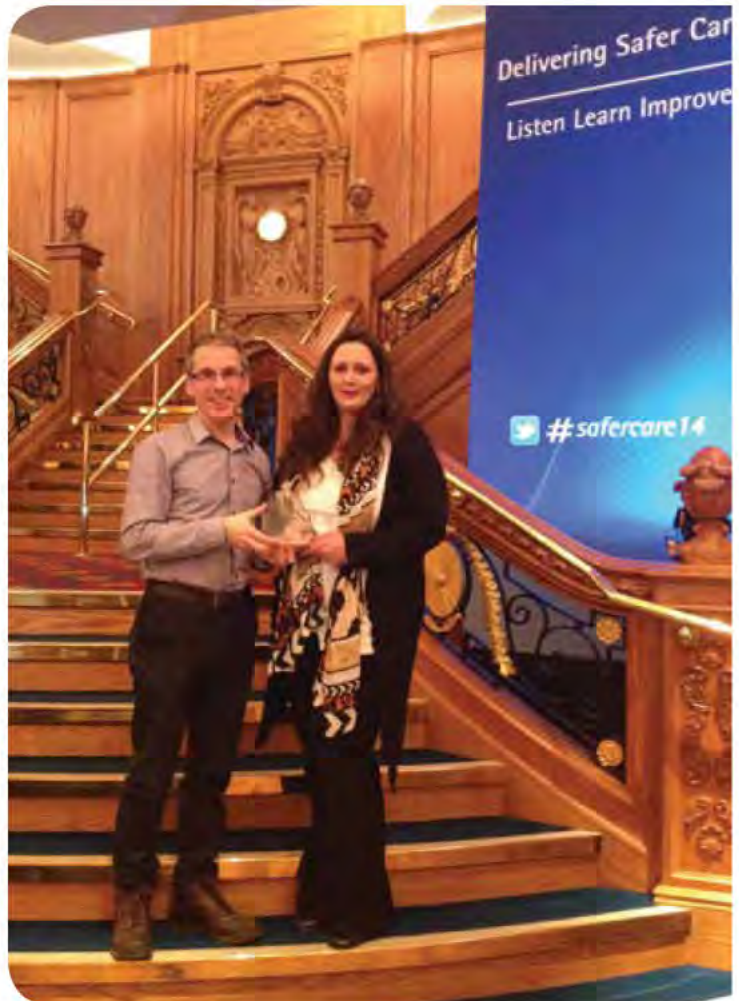
# Pressure Ulcers

## Progress made

- We have rolled out and embedded the internationally recognised package of care called the SKIN Bundle into all acute inpatient wards
- There is on-going audit of SKIN Bundle compliance
- All pressure ulcers graded as 2 and above are analysed by ward staff with the help of the Tissue Viability Nursing Team to understand why they occurred and how they could be prevented
- Learning from audits and specific cases are shared with Teams across the Trust
- Focused improvement work has been undertaken in the Regional Intensive Care Unit (RICU) and Fractures Wards to help reduce pressure ulcers caused by using certain medical devices (such as ventilators) and treatments (such as plaster casts). This work has delivered a decrease in the number of more serious ulcers
- This year, two Trust teams won prizes in recognition of their improvement work - the RICU team won a poster presentation prize at the 'Delivering Safer Care Conference 2014'; and the Tissue Viability Nursing Team received the award for Innovative Development in Elderly Skincare Management see photo attached.

### NEXT STEPS

- Further focused independent auditing of SKIN bundle compliance
- Continued sharing of good practice with ward staff across the Trust
- Rollout of a new fleet of mattresses across the Royal Victoria, City Hospital, Mater Hospital and Musgrave Park Hospital sites. These new mattresses can help reduce the risk of pressure ulcers from developing.



Regional Intensive Care Unit winning a prize at the 'Delivering Safer Care Conference 2014'



## Delivering best practice in safe Health and Social Care settings

# Medicine Safety

## Reducing the risk of injectable medicines in theatres

In an acute critical care environment, such as theatres, many injectable medicines are administered with intravenous administration recognised as a high risk route. This risk may be further increased when a familiar medicine can no longer be supplied by a pharmaceutical manufacturer and an alternative must be obtained. The alternative injectable may have similar packaging to an already established injectable as shown below.



## facts and figures

- Across BHSCT theatres, over 130 different injectables are used
- Ten alerts sent to theatres since October 2013.

## Progress made

To avoid mis-selection due to unexpected similar packaging, pharmacy and anaesthetic staff have set up a pilot alert system whereby when Pharmacy become aware of a shortage of an injectable medicine used in theatre, an alert is drafted and sent to lead anaesthetists and lead theatres nurses in the Trust for cascade to all theatre staff informing them of the change and highlighting any potential risks. The alerts are also shared with BHSCT Pharmacy staff and with other NI Trusts through their medicines governance pharmacists.

## NEXT STEPS

- To evaluate the pilot and ascertain if 'theatre alerts' might be useful in other areas of the Trust
- Pharmacy and anaesthetic staff will work together to source/develop ready made infusions of certain regularly prepared 'emergency drugs' such as suxamethonium, ephedrine and atropine further decreasing the risk associated with injectable medicines in theatres.

## Preventing harm from Controlled Drugs

Controlled Drugs (CDs) are subject to special legislative controls as there is potential for them to be abused or misused causing harm. The Shipman Inquiry raised significant concerns about the management of CDs. Following this there is a requirement for heightened governance arrangements and clear lines of accountability in healthcare organisations.

In Belfast Trust audit checks had highlighted poor compliance with a number of standards and legislative requirements including record keeping, storage and security.

A collaborative approach by pharmacy and nursing was adopted with the objectives to improve compliance with CD policy and procedures and to improve compliance with CD quarterly audits.





Delivering best practice in safe Health and Social Care settings

# Medicine Safety

## Progress made

A workshop was developed for Band 6 & 7 Ward nurses to highlight core content of policies; to address misconceptions in relation to legislation; and to take a practical approach to address issues which had been identified through audit. Workshops were delivered in a supportive learning environment enhancing participation and providing opportunities for clarification of all issues.

Over the past 2 years 24 workshops were delivered across all in-patient areas with 204 attendees. Evaluation of initial workshops resulted in refinement of content and focus on fundamentals of practice. There was ongoing communication with Nursing Development Leads to facilitate additional training.

## facts and figures

- A Controlled Drugs audit is completed for each ward / department every three months by a pharmacist and Ward Sister
- The audit reviews entries in the ward/departments Controlled Drug Register and Controlled Drug Order books and assesses compliance with a number of key standards from the BHSCT Controlled Drugs policy
- Results are collated and presented as a percentage compliance with Controlled Drugs policy for each ward. Wards and departments must meet all the audit standards to be deemed compliant, this reflects a large number of national standards which must be met.

eg. Compliance for Jan-Mar 2012 is recorded as 57%; this may be explained as 57% of BHSCT wards/departments were fully compliant with the Controlled Drugs policy. Work continues to improve the numbers of wards achieving full compliance.

Percentage of Wards Compliant with Controlled Drugs Policy



## Delivering best practice in safe Health and Social Care settings

# Medicine Safety

### Progress Made Example Changes in Practice – Improving recording and monitoring of fluid balance in patients

The Trust is continuing to work with colleagues in all Northern Ireland hospitals to improve fluid prescription and monitoring for both children and adults. The pilot of regional fluid balance charts for both adults and children has been completed and improvements have been made. A regional fluid balance and prescription chart means that patients being transferred between hospitals will always use the same chart and

staff only need training in the use of the one chart, this is being rolled out in Northern Ireland in 2014. A key safety benefit is that staff moving between Trusts are trained in the use of these charts from their first day – thus reducing potential harm to patients. The Trust continually audits how well fluid balance is managed and this information is used to improve practice.





Delivering best practice in safe Health and Social Care settings

# Social Care Indicators

(Instructions as per Social Care indicators for Theme 1)

## Childrens and Adults Social Care Services

The provision of direct payments by a Health and Social Care Trust enables families and individuals to locally source the care they require.

Direct Payments are cash payments made in lieu of social care provision to individuals who have been assessed as needing services. Direct Payments increase service user choice and promote independence. They facilitate more flexible, person centred service delivery arrangements.

During the reporting period 111 children were in receipt of direct payments, a reduction of 6% as compared with the figure (118) during the previous reporting period.

A total of 361 individual adults were in receipt of a Direct Payment during the reporting period, an increase of 7% relative to the figure of 337 during the previous reporting period.

A total of 14 carers received Direct Payments during the reporting period 2013-2014.

**NEXT STEPS**

- The Trust will continue to profile Direct Payments across all Service Areas as part of its strategy to promote service user uptake and to develop the workforce's knowledge, skills and practice base in respect of Direct Payments
- The Trust will progress the operationalising of a Self-directed Care pilot over the next number of months. This will facilitate service users' accessing of their individual personalised budgets to exercise greater choice, independence and control over how their support needs are met.

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

The Trust has a duty as a corporate parent mirroring the role of a good parent to encourage and support those young people whom it looks after to make the most of their academic and vocational talents and to assist them in developing their life and employability skills.

At the end of the reporting period 66% of those young people and young adults known to the Trust's Leaving and Aftercare Services population of 358 were engaged in education, training, and employment. This contrasts with a figure of 73% of the Transitions Service population at that point of 403 at the end of the previous reporting period.

**NEXT STEPS**

- The Trust will continue to facilitate employment placement opportunities and related supports to care leavers
- In partnership with DEL, local Neighbourhood Partnerships, schools, Further Education and voluntary and community sector providers the Trust will continue to promote the needs of care leavers in relation to employment training and placement opportunities
- The Trust will continue to provide individualised supports to care leavers to encourage and assist in their ongoing education and employability training.



## Delivering best practice in safe Health and Social Care settings

# Social Care Indicators

The transition from children to adult services for those children and young people who have a disability is best assisted by a transition plan when they leave school.

Access to appropriate supports for disabled young people at the point of their transition from adolescence to adulthood and a seamless person centred pathway from Childrens to Adult Services are central to promoting the best interests of a young person with a disability. A transition plan is developed in partnership with the young person, their parents/carers and key agencies and outlines how they will access the necessary services and supports to enable them to optimise their talents, skills and life opportunities.

The Trust has achieved 100% compliance with this indicator for all those young people known to its Children with Disabilities Service mirroring its position for the previous reporting period.

### NEXT



- The Trust will seek to maintain its performance in relation to this indicator.

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 for assessment under the Mental Health Order (the Order) can be made by an Approved Social Worker (ASW) or by the person's nearest relative. Good practice suggests that applications for assessment should not be a responsibility borne by families in order to preserve on-going relationships with the service user during and after a service user's detention for assessment in hospital. An ASW

is a social worker with particular expertise and competence in the discharge of the Trust's delegated statutory duties under the Order. In discharging such duties, the ASW is required to fully consider the service user's rights under the European Convention on Human Rights, in particular Articles 5 and 8.

During the reporting period there were a total of 365 applications for assessment of which 96% were made by ASWs. (Source: DSF 9.1 & 9.1c).



## Delivering best practice in safe Health and Social Care settings

# Mental Health and Learning Disability Indicators

## Waiting time for Mental Health assessment in Emergency Departments

It is accepted that Emergency Departments (ED) are not ideal locations for people presenting with mental health problems unless a physical health intervention is necessary. However significant numbers of people still attend Emergency Departments and require an urgent mental health assessment.

The Trust initiated work in the 12/13 year to set up systems to record and monitor performance in this area. Following pilot work the trust set a target to provide a mental health assessment to patients presenting to EDs within 2 hours for the 13/14 year.

### Progress made

Commencing December 13 waiting times for all patients referred to mental health are recorded.

## Reduction of children and young people (under 18) admitted to adult mental health wards

Due to limited community services and as a consequence pressure on specialist child and adolescent mental health (CAMHS) beds there are occasions when young people are admitted into adult mental wards as no CAMHS beds were available in the Regional Unit Beechcroft. In 11/12 there were 18 young people admitted to adult beds across Northern Ireland with six being admitted into adult wards in Belfast.

The Trust has put in place a specialist Crisis Assessment and Intervention Team to support young people, their families and carers in crisis and have carried out a review of the role and function of the specialist CAMHS unit. As a consequence of these developments there were no under 18s admitted to adult mental health wards in 2013/2014.

## facts and figures

- In the 4 month period, December 13 to March 14, 80% of patients referred to mental health were seen within 2 hours and 90% were seen within 4 hours.



## Protecting People from Avoidable Harm (putting learning into practice)

3





Delivering best practice in safe Health and Social Care settings

# Establishing Alcohol Screening for Outpatients and Clients

Alcohol misuse is a major public health issue and a significant burden on healthcare resources. Estimated costs of alcohol related morbidity in Northern Ireland in 2011-12 was £92m, with alcohol related emergency department (ED) attendances accounting for £20m of this total.

Individuals with alcohol misuse disorders tend to frequently re-present to services, particularly the ED, with a host of complaints; often not obviously connected to their drinking. Without routine, standardised screening, evidence of alcohol-related harm may often be missed or ignored.

The World Health Organisation (WHO) has devised a simple 3-question alcohol screening AUDIT-C tool (see picture) allowing early detection of coincidental harmful drinkers and then delivery of opportunistic brief interventions, focusing on education and the link between their current lifestyle and their health. Using the tool also allows improved detection and management of those with potential alcohol dependence, including development of protocols to prevent or manage acute withdrawal and prompt onward referral to

specialist addiction services where indicated, specifically the alcohol liaison team, based within the hospital.

Screening for alcohol misuse disorders and the delivery of brief interventions in emergency departments has been repeatedly shown to reduce rates of alcohol consumption, re-attendance, hospitalisation and overall alcohol-related morbidity and mortality. This is currently not standard practice in Northern Ireland and in recognition of this, our alcohol additions team in partnership with our general medical team initiated project work in this area.

## Progress made

In 2013/14 we completed an audit of over 1,114 ED attenders on both the Royal Victoria and Mater sites, using the AUDIT-C alcohol screening tool.

For those patients requiring onward referral we designed a new electronic referral form to facilitate their referral to the alcohol addictions team. It can be accessed from the Trust's intranet and takes 2 minutes to complete – with both doctors and nurses being involved in the process.

Audit-C Tool

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	



Delivering best practice in safe Health and Social Care settings

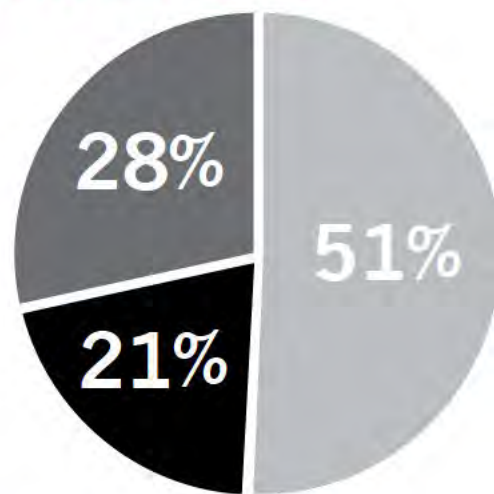
# Establishing Alcohol Screening for Outpatients and Clients

## facts and figures

### Percentage of people attending ED who have harmful levels of drinking

Of the 1,114 patients who completed the screening, the chart shows the breakdown:

- Half (51%) indicated no alcohol misuse disorder
- 28% drank to potentially harmful levels
- One in five drank to hazardous/dependent drinking levels



These results may be an underestimate as many individuals were either medically unsuitable.

### NEXT STEPS

Whilst this work originally focussed on the ED the trust believes alcohol screening should be routine at all points of entry into the healthcare system and we have completed plans for the screening of all medical admissions. We hope to expand this further in the 14/15 year to include surgical admissions, orthogeriatrics, perinatal and day procedures. We have also introduced it into the acute psychiatric assessment proformas within unscheduled care and home treatment teams.

### NEXT STEPS

Our aspiration is to drive quality improvement and service development in respect of routine alcohol screening in the ED and other interfaces. We aim to take advantage of every available "teachable moment". In doing so we hope to reduce overall alcohol consumption and associated harm and help alleviate some of the current burden upon resources. We wish to promote the concept of making the problem of dealing with alcohol misuse "everybody's business".



## Delivering best practice in safe Health and Social Care settings

# Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

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.”*

Adverse Incidents happen in all organisations, including some of the most safety conscious in the world. Belfast Trust meets this challenge through the promotion of a culture and system of reporting all incidents when they occur to learn from them and to prevent re-occurrence.

*“To err is human, to cover up is unforgivable, to fail to learn is inexcusable”* – Sir Liam Donaldson, former Chief Medical Officer, England

The objective of the incident reporting system is to encourage an open reporting and learning culture, acknowledging that lessons need to be shared to improve safety and apply best practice in managing risks. It also provides feedback on high level analysis and themes arising from reported incidents.

‘There is evidence that ‘safety cultures’, where open reporting and balanced analysis are encouraged in principle and by example, can have a positive and quantifiable impact on the performance of organisations.’ - *‘An organisation with a memory’* published by the Department of Health in 2000.

Incident reports are provided to a number of specialist groups eg. Invasive intervention group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

A Serious Adverse Incident (SAI) is *‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’* Such an incident is subject to Health and Social Care Board procedures for reporting and investigation. The criteria for classifying an SAI were expanded in October 2013 to include any death of a child in receipt of HSC Services (up to eighteenth birthday). In these cases, there may be no obvious circumstances to indicate an incident has occurred under the above definition but each case will be investigated fully to ensure any learning is identified and shared appropriately.





Delivering best practice in safe Health and Social Care settings

# Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

## facts and figures

- In the year 2013/14 there were a total of 26,109 incidents reported and 104 SAIs reported (8 of which were de-escalated)
- The most frequently reported incidents, along with actions taken to reduce our risk of them happening again are shown in the table below. It is really important that frequently occurring but not necessarily serious harm incidents are monitored closely to ensure the cause is identified before serious harm can occur. In recognition of this the trust has processes in place to ensure that all incidents are reviewed collectively to tackle the root causes of these incidents to reduce their occurrence.

Top five Incident Types in 2013/14	Key actions taken to reduce harm
Patient falls including hospital and community	Multi-disciplinary Falls Improvement Team in place to review all incidents and plan and implement improvements eg. Roll out of Fall Safe Bundle (see Theme 2).
Abusive behaviour towards staff	<ul style="list-style-type: none"> <li>• A review was undertaken of the Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards staff in the Workplace Policy</li> <li>• A number of training programmes were delivered in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising preventing and managing aggression, skills to escape an attack and team approaches in holding skills</li> <li>• E-learning programme on Personal Safety was launched and adopted regionally</li> <li>• The Zero Tolerance Personal Safety Leaflet has been updated and is available on the Trust Intranet.</li> </ul>
Medication related, for example 'missed doses'	Following review of no harm medication incidents (including near misses), Pharmacy and anaesthetic staff developed a pilot system to alert theatre staff to any changes in theatre injectables as outlined in the Medicine Safety section.
Absconding	Trust Mental Health Absence Without Leave Policy reviewed and revised in 2013.
Staffing levels	Additional Nursing staff recruited in Emergency Departments.



## Delivering best practice in safe Health and Social Care settings

# Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

How positive outcomes from Serious Incident investigations can make significant contributions to safety and the reduction of avoidable harm.



- A recent SAI which fortunately did not result in a more serious outcome for the patient was investigated thoroughly and provided positive and valuable learning to prevent re-occurrence. The Trust Safety Matters newsletter was used to reinforce that all staff need to ensure their practice for marking the side of a procedure is in accordance with the Belfast Trust Correct Site Surgery Policy as this is best practice recommended by the National Patient Safety Agency (NPSA). The policy was also promoted through Medical and Nursing channels of communication
- A number of SAIs in 2013/14 identified the need for improving care of the deteriorating patient and the earlier recognition and management of serious infections or Sepsis. The Sepsis screening tool was added to the back of the National Early Warning Score (N.E.W.S.) charts which were introduced into the Belfast Trust in November 2013. Training was delivered to hospital nursing staff in the use of the NEWS Chart for Sepsis to assist in identifying and treating Sepsis at an early stage
- Additional Consultant Surgeon posts have been appointed to facilitate a new 24 hour Surgical spinal rota and implementation of the “Consultant of the week model” in spinal surgery, following the review of an SAI that identified the need for 24 hour cover in this area
- An Intensive Care Unit referral policy was developed and introduced to ensure robust system of referrals to ICU and management against pre-defined timeframes
- Policies and protocols have been developed for managing head injury in patients in hospital or Trust nursing/residential settings. They reflect the importance of Emergency Department staff being aware that the assessment and management of head injury in a patient on Warfarin should be expedited and the threshold for investigation and treatment should be lower than for other head injury patients. A dedicated fridge has been put in place to store the required drugs within the ED department to prevent any delays
- A known complication of a cardiac procedure was thoroughly investigated to identify learning to help reduce the likelihood of reoccurrence. As a result the procedure is subject to stricter guidelines including the nursing of patients post procedure in the Coronary Care Unit; restricting the procedure to the normal working week only; introducing an Echocardiogram four hours post procedure as standard; increasing staff awareness on post procedure complications and securing General Anaesthetic services for such procedures in future.

## Delivering best practice in safe Health and Social Care settings

# Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

## Patient / Family / Carer engagement in SAIs

A review of SAIs related to the Trust Emergency Department RVH in early 2014 identified the need to re-appraise how the Trust engages with patients with families and carers when reporting and investigating SAIs. It was found that engagement was not at a level which reflected the principles of being open as set out in the Trust's being open policy. The Trust has since carried out a comprehensive review of all SAIs reported from January 2009 to ensure the appropriate engagement takes place. The procedures for managing SAIs have been updated to ensure appropriate engagement in the future which will be monitored both by the Trust and Health and Social Care Board. This includes the development of a new SAI information leaflet given to all patients / families / carers as appropriate should they be involved in an SAI and gives the contact details of the person responsible for liaising with them through the process.





Delivering best practice in safe Health and Social Care settings

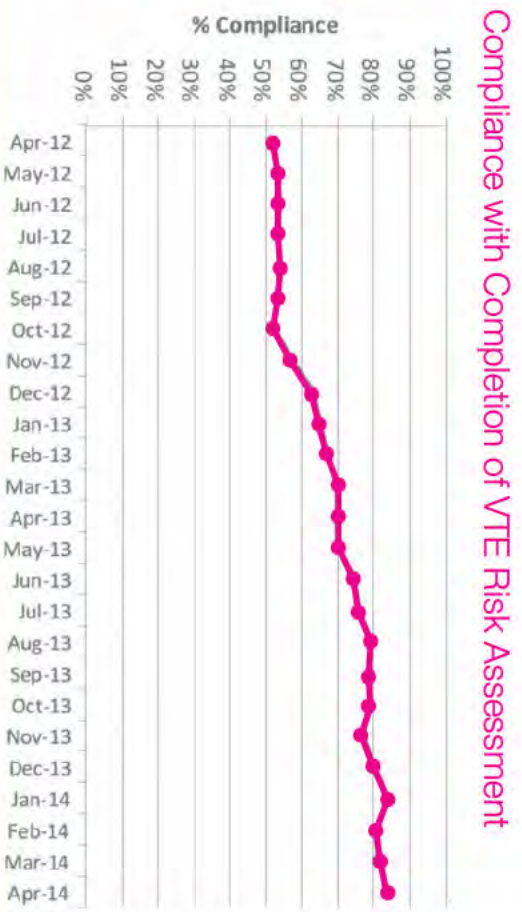
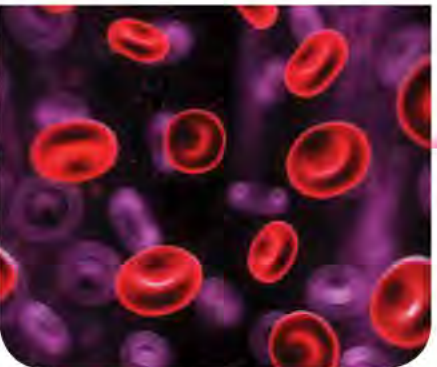
## Preventing Venous Thromboembolism

Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called Venous Thromboembolism and can cause complications which are occasionally serious.

To help prevent such clots we have introduced a process to assess individual patients' risk of developing a clot and where appropriate to provide anticoagting medicines. Completing this risk assessment and subsequent appropriate preventative action reduces the risk of patients developing a clot.

### facts and figures

The graph below show the month by month increase in the completion of risk assessments across all our wards.



### Progress made

- We have continued to audit every ward monthly to drive quality improvement and the last two years have seen our average monthly ward audit score rise from 52% to 82%. This improvement was achieved through continuous feedback to the responsible clinical teams and increasing awareness of the tool and compliance in targeted areas
- During the same time period, prescription levels of the anti-clotting medicine increased by 5% and the percentage of clots which were

associated with the hospital stay fell from 54% to 48.6%. This indicates our quality improvement program has reduced the risk for patients.

**NEXT STEPS** We plan to continue to effectively audit all areas and drive improvement working with each ward.



Delivering best practice in safe Health and Social Care settings

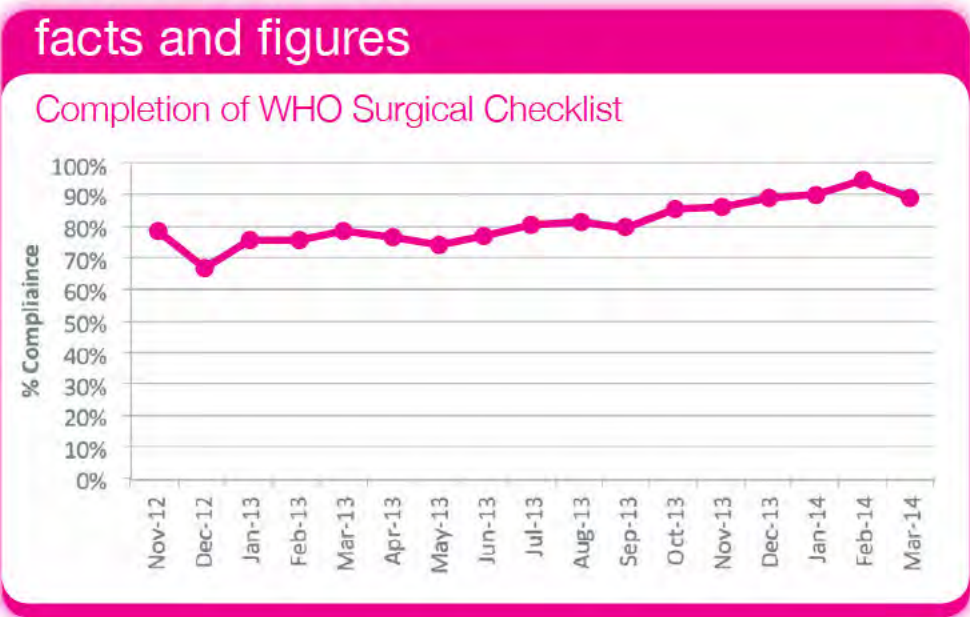
# Improving Safety in Surgery - World Health Organisation (WHO) Surgical Checklist (percentage compliance)

## Driving Improvement in Safety through Measuring

The WHO surgical safety checklist was introduced into all the theatre departments in Belfast Trust by 2010, as part of a devised pathway aimed at improving safety for surgical patients. The checklist is there to insure that each surgical team has taken all the right steps in advance and post surgery to insure patient safety eg. that the patients allergy status is known to the surgical team. A WHO checklist should be completed for every patient and each unit submits weekly audit data to a central department which analyses and provides reports back to units allowing each team to work together to review and improve their performance in this area.

## Progress made

- The WHO Surgical safety checklist has been in place across all theatre departments within the Belfast Trust since 2010. Speciality specific versions of the safety checklist have been introduced in Children’s, Neo-nates, Endoscopy and Interventional Radiology
- Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team, compliance in July 2014 was 93%
- A WHO surgical safety policy has been introduced to provide guidance and consistency on the use of the WHO safety checklist.





## Delivering best practice in safe Health and Social Care settings

# Improving Safety in Surgery - World Health Organisation (WHO) Surgical Checklist (percentage compliance)

### NEXT STEPS

- Gynaecology services are exploring specialty specific versions of the WHO
- A Consultant Anaesthetist will lead the next steps in Surgical safety checklist improvements. Independent Observational audits will be undertaken across all theatre areas.

## Quote from Consultant Surgeon Mr Terry Irwin

*The surgeons and surgical nurses in the Belfast trust are fully committed to quality improvement, which is in the interests of our patients and is a core part of our duty of care. By developing a WHO checklist based on a script, we have made the process faster and safer, while improving staff engagement to unprecedented levels. Everyone in the team is now fully supportive. We recognise that it is not just about ticking the boxes on the checklist, it is about ensuring that there is a culture of safety in everything that we do and teach.*

## Delivering best practice in safe Health and Social Care settings

# Promoting Good Nutrition

## Why is Nutrition in hospital important?

The Trust's focus is to promote the strategic design and delivery of quality, effective food and beverage provision for all those accessing health and social care services within Belfast Health and Social Care Trust through a multi-professional multi-agency approach.

The groups develop and implement policies, procedures and processes to ensure that Nutritional Screening, Nutritional Care planning and Protected Mealtimes are embedded and that staff are appropriately trained to deliver safe and effective nutritional care.



## facts and figures

We completed a Patient and Client Experience Survey of the mealtime experience in all acute adult inpatient wards and maternity units; involving 1482 patients. The survey which was the largest of its kind completed to date in Northern Ireland was carried out by a core multidisciplinary team who supported patients to complete the booklet and reported the findings in November 2013:

- 80% recorded that meal tasted good
- 72% stated that meal was appetising
- 82% stated that portions met their needs
- 57% would prefer their main meal of the day in the evening
- Some patients were "pleasantly surprised by the choices available".

Survey findings were presented at the "Food for Thought" workshop in November 2013 where participants, who included representation from all disciplines across Belfast, services users, Patient and Client Council and other Trusts had the opportunity to discuss the results.

### NEXT STEPS

- To focus on providing nutritionally balanced meals
- To establish a process that enables everyone using care services to have an individual plan of nutritional care and where possible to be involved in identifying their nutritional care and fluid needs and how they are to be met
- To investigate the development of companions to assist with the patient meal experience
- To investigate learning and development opportunities around food and nutrition.



Delivering best practice in safe Health and Social Care settings

## Mental Health and Learning Disability Indicators

### Reduction in self harm / suicide attempts using fixed ligature points in acute mental health wards

The death of a patient by suicide in acute mental health wards is a very rare event however when suicide attempts occur they are often associated with strangulation using fixed ligature points. The Trust has been engaged in a process to reduce opportunities to use fixed ligature points by joint clinical/estates inspections to identify potential ligature points and putting in place action plans to remove identified hazards, learning from serious adverse incidents elsewhere, following up alert notifications and utilising good risk management processes.

#### Progress made

In 13/14 the Trust once again met the target for a reduction in self harm using fixed ligature points. The service has delivered a year on year improvement in this area.





## Ensuring People have Positive Experience of Service

# 4





Delivering best practice in safe Health and Social Care settings

# Complaints and Compliments

Belfast Trust welcomes and actively encourages complaints and compliments about our services. We recognise the importance of working with patients, clients, their families, carers and others to deliver, develop and improve our services. We need to listen and take their views seriously.

The Trust strives to ensure good complaints management, with staff in the complaints department working closely with colleagues in the service directorates to ensure that, where possible, complaints are satisfactorily resolved at an early stage. Where complaints cannot be resolved using these processes, they are referred to the Ombudsman.

## Progress made

- There were 24 'Complaints Awareness' courses with 599 staff who have received Complaints training this year; this is a 26% increase from 2012-2013. 32 managers also attended two courses on 'Complaints Investigations, Response Writing and Ombudsman's Cases'
- The Complaints Department is currently reviewing the provision of training to all staff including cascade and the development of computer based training.

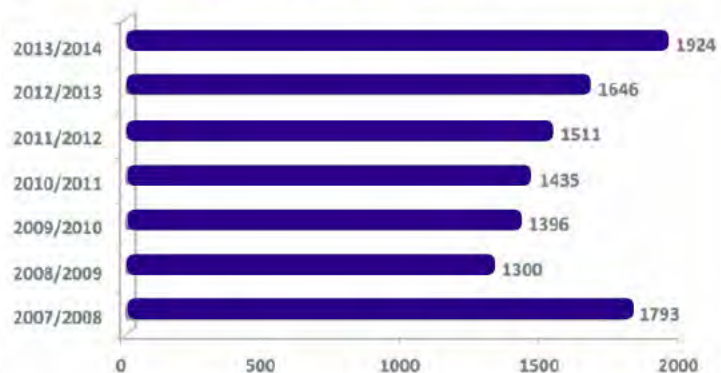
## facts and figures

- 1924 Formal Complaints were received. This is an increase of 278 on last years figure of 1646 (see bar chart, right)
- 5400 (approx.) recorded Compliments were received.

### Responding to your Complaints

It is important that complainants are responded to appropriately and in a timely manner. We review the time we take to respond to all our complaints and figures for 13/14 show we maintained our response times, in face of the increasing numbers of complaints. The Complaints Department, along with the Service Directorates, are committed to working together to provide comprehensive and full responses to all our complaints in a timely manner. We continue to review how we might improve our performance without compromising quality of response in the face of increasing challenges.

Annual Comparison of Numbers of Complaints  
Total Nos of Complaints per annum



### Responding to Complaints in a timely manner

Category	2012/13	2013/14
Acknowledgement Times < 2 days	95%	96%
Percentage complaints responded to in < 20 days	51%	50%
Percentage complaints responded to in 30 days	68%	64%



## Delivering best practice in safe Health and Social Care settings

# Patients and Clients Experience as Service Users



## 10,000 Voices Initiative and Belfast HSC Trust

Patient experience is recognised as a key element in the delivery of quality healthcare. In line with this the Belfast Trust (BHSC) is carrying out an extensive piece of work in partnership with the Public Health Agency (PHA), with the aim of introducing a more patient-focussed approach to the delivery of care and services.

The project asks patient/carers and/or family members to share their experiences of healthcare and how it has impacted on their lives.

The aim of the project is to use this information to improve the services and care we provide to our patients and to inform the commissioning of services across Northern Ireland.

The project has a Phased approach.

- Phase one focussed on our Unscheduled care services, these services included our Emergency Departments, GP 'Out of Hours' and our Minor Injury Streams. We completed our collection of stories in this area in June 2014.
- Phase two is currently focusing on People who receive 'Care at Home'. We are currently gathering stories from patients in this area. <http://www.10000voices.info>

- During all phases we are collecting stories from patients and carers about their experiences when receiving care from our Nursing and Midwifery teams. The survey asks for patients experience and asks a few short questions based on Patient and Client experience standards:

- Attitude
- Behaviour
- Communication
- Privacy/Dignity
- Respect.





## Delivering best practice in safe Health and Social Care settings

# Patients and Clients Experience as Service Users

## How we raised awareness of the project

- We presented the project to the BHSCT Executive Team and at Trust Board
- We worked and continue to work in partnership with all members of staff within the BHSCT
- We launched the project in the Mater and Royal sites with added poster campaigns across numerous Trust buildings
- We advertised the project both through our internal Intranet and Trust internet Sites
- We regularly updated our Communication Department on milestones of the project
- We attended community events and carried out road-shows in large shopping centres and commercial factories
- We liaised with groups from the local community and voluntary sectors.

## What we achieved

- We have completed Phase 1 and currently collected over 1000 stories within the Belfast Trust
- All stories and presented our findings during a workshop where we invited staff from across all disciplines. Co-Directors, Senior Managers, Clerical staff, Domestic staff, Nurses and Doctors all attended the workshop where they read through the stories and identified key learning for improvement and areas to celebrate.
- During the collection of stories any areas of concern were investigated immediately within the relevant areas
- All stories are themed and action plans developed at a local level to promptly improve

services provided. Regionally all themes from stories are used to inform commissioning of services

- Stories are used to assist with learning and development of staff.



Workshop where staff work together to identify key learning from patient feedback





**Delivering best practice in safe Health and Social Care settings**

# Patients and Clients Experience as Service Users



What you told us	What we did
You told us you felt areas could be cleaner.	After a review of current practice we have enhanced cleaning services.
You said we didn't supply adequate food.	Additional catering provision is in now place which is overseen by the catering manager/supervisor to ensure adequate food and beverage provision is available.
There were a number of stories related to the lack of blankets and pillows.	A review of resources was undertaken and an increase in ordering was implemented. We also now store surplus stock for times of increased demand.
You told us there was a lack of communication between patients and staff.	<ul style="list-style-type: none"> <li>i We are developing information leaflets to explain the processes in our emergency departments</li> <li>ii Waiting times will be better displayed and more frequently updated</li> <li>iii A process has been established to review patients on an hourly basis to coincide with the hourly ward round with the Nurse-in-charge and Consultant.</li> </ul>
A number of stories told us they felt the departments felt understaffed and the staff overworked.	The Trust recruited an additional number of staff all of whom have been appointed, completed their induction and are in post.
Patients told us they felt the areas were overcrowded and felt their privacy was not maintained.	<ul style="list-style-type: none"> <li>i Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an on-going basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at times of overcrowding</li> <li>ii The Trust revised the Escalation Policy based on speciality agreed triggers and actions to maintain patient flow.</li> </ul>

## The Future of the 10,000 Voices Project

- We will continue to collect stories from patient/ carers receiving 'Care at Home'
- We are in the process of collating the stories gathered from the Nursing and Midwifery stories and plan to hold workshops across the BHSCT to share the learning obtained from the stories and identify further areas of improvements across our Trust
- **Key area for celebration** – Up to 90% of stories collected so far within the BHSCT regarding our Nursing and Midwifery stories have been rated by patients/carers either positive or strongly positive.



## Delivering best practice in safe Health and Social Care settings

# Patient and Public Involvement

## Hemsworth Court - supported housing for people with dementia.

Belfast Trust in partnership with Helm Housing and Supporting People, recently opened Hemsworth Court, the first supported housing facility for people with dementia in the Shankill area, Belfast.

### Care and Support

A 24 hour domiciliary care and support service is delivered by Belfast Trust staff aiming to provide specialist dementia care and support according to assessed need, enabling each tenant to live independently within their flat.

Individual support plans are developed in partnership with the tenant and their family, and informs the level of personal care and support each tenant requires. The service is provided by support staff within each tenant's flat and is delivered with the tenant's permission.

All staff are trained to deliver support and care services to ensure individual tenant goals are achieved. Tenants will be encouraged and supported to remain actively involved in all choices related to their daily routine.



Hemsworth Court, a dedicated supported housing development for people with dementia, located off the Shankill Road.

### Family Involvement

Families and carers are encouraged to continue to remain as involved in the care of their relative as they have been before they moved to Hemsworth Court.



### Accommodation

Hemsworth Court provides 35 modern high quality flats to combine the very best of housing design with 24 hour support services, enabling the tenant to live independently. A range of assistive technology is available to ensure tenant safety within each flat. One and two bedroom flats are designed to accommodate a partner or carer.

All apartments are self-contained to include: ensuite shower room, lounge / dining area, fitted kitchen with oven, hob, washing machine and fridge freezer. The tenant will furnish their own apartment according to their personal choice.



## Delivering best practice in safe Health and Social Care settings

# Patient and Public Involvement

## Volunteer Service

### Recruitment

In 2013-2014 The Volunteer Service recruited 144 new volunteers across the acute and community Trust.

New volunteer roles have been developed to support and enhance existing services and improve the experience of patients and visitors accessing services.

All new volunteers recruited to Trust have received an induction programme which includes infection control and safe guarding vulnerable adults and training awareness.

Additional training is also provided to support volunteers in their role such as Customer Care Training.

New roles developed:

- Amputee Peer Support. MPH
- Meet and Greet service Meadowlands, and Mater
- Volunteer Musician
- Breast Feeding Peer Support
- Meal time Companions
- Volunteer Support Critical Care RVH
- Conservation Volunteers in Cancer Centre.

### Regional Involvement

The Volunteer Service has provided support and leadership to the development of the PHA and HSCB regional Volunteering Plan 2014-2106. The Trusts Volunteer Services manager is part of the Steering Committee which oversees the implementation of the strategy.

The service is also actively engaged with the Department of Social Development in the effective delivery of its Regional Volunteering Strategy.

Further Regional involvement includes, the Volunteer Regional Mangers Forum, The Cancer Charities Alliance and Macmillan Volunteer Community in Practice working group.

### Quality Assurance

The BHSCT Volunteer Strategy Steering group continues to meet quarterly to provide support and regulation to the service. All new volunteer roles requested by staff are discussed and endorsed by the steering group before being implemented.



Volunteers celebrating during Volunteer Week



Delivering best practice in safe Health and Social Care settings

# Emergency Department Standards

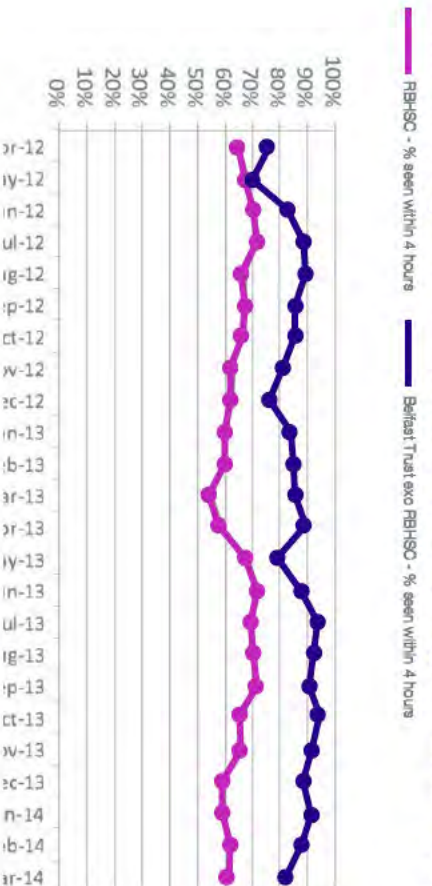
Ensuring that patients attending the adult Emergency Department (ED) are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled care patients. In this it is a measure of quality.

Why is this measure important to people who use our services?

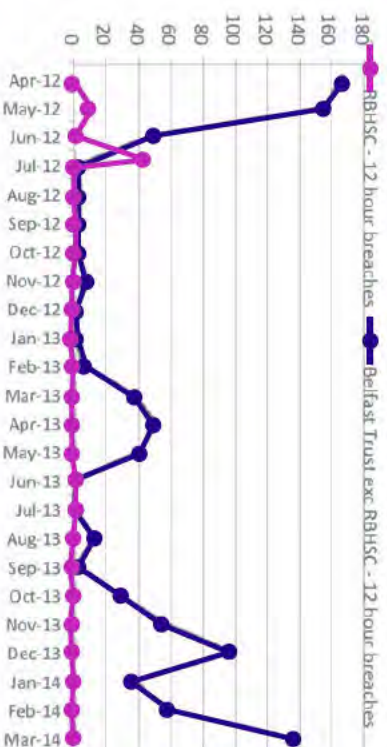
The length of time people wait in Emergency Department profoundly affects patients and families' experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

## facts and figures

Numbers of patients admitted or discharged within 4 hours.



Numbers of patients waiting longer than 12 hours to be admitted or discharged





## Delivering best practice in safe Health and Social Care settings

# Emergency Department Standards

## Our performance

Our performance around ensuring patients arriving in our Emergency Department are admitted or discharged in a timely manner was not as good as the previous year – and the numbers of patients waiting more than 12 hours increased over the year. This was an area of concern and resulted in reviews being carried out by the Regulation and Quality Improvement Authority into both the Emergency Departments and the wider area of Unscheduled care in the Trust. The findings of these reviews were the basis for agreed improvement plans which focus on patient and staff experience and which we are continuously working on as a priority for the organisation.

## Examples of changes completed during the last year to improve unscheduled access to care

### Opening of the Surgical Assessment Unit in the Emergency Surgical Unit

We have been working to further enhance the surgical pathway for both emergency and elective patients and in May 2013 we opened the Emergency Surgical Assessment Unit. This unit is based in the Emergency Surgical unit and comprises six beds in a dedicated, centralised area where acutely ill surgical patients can be assessed and monitored prior to being admitted to the hospital or receiving appropriate treatment. This aims to provide speedy access to assessment, diagnosis and treatment, and avoid unnecessary delays.

### Emergency Specialist Care - Primary Coronary Intervention (PPCI)

An important development has been the extension of the Primary Percutaneous Coronary Intervention (PPCI), on 24/7 basis, to 75% of Northern Ireland. This new service, which is located at the Heart Attack Centre, Royal Victoria Hospital, provides a new life saving specialised service for patients who suffer from a particular type of heart attack – known as STEMI (ST Elevation Myocardial Infarction). In September 2013, the service extended outside Belfast to cover the population as far as Ballymoney, Magherafelt, Dungannon, and Newry. PPCI is a

state-of-the-art medical technology that clears blockages in the arteries which are stopping blood from flowing to the heart. When the artery is blocked, typically by a fatty deposit and blood clot, a person will suffer a STEMI heart attack. Patients who suffered from such an attack will previously have been treated by a paramedic or at their local hospital using a clot busting drug known as thrombolysis. These patients are now brought directly from to the Heart Centre, bypassing Emergency Department. Once the patient has received the specialist treatment at the Royal and are assessed as safe to go home they will be discharged to their local hospital and GP for follow up care.

Dr Niall Herity, Cardiology Clinical Director, said: “If a patient has a STEMI heart attack confirmed by a paramedic, they will be stabilised and taken directly by blue light ambulance to the specialist Heart Attack Centre at Royal Victoria Hospital for treatment. Up to date research and clinical evidence tell us that PPCI is better, and more clinically effective than thrombolysis. PPCI saves lives and patients who have received it will have a better survival rate following a heart attack and there are fewer complications such as strokes and recurring heart attacks. “Making PPCI available to other parts of Northern Ireland is a major step forward.”



Delivering best practice in safe Health and Social Care settings

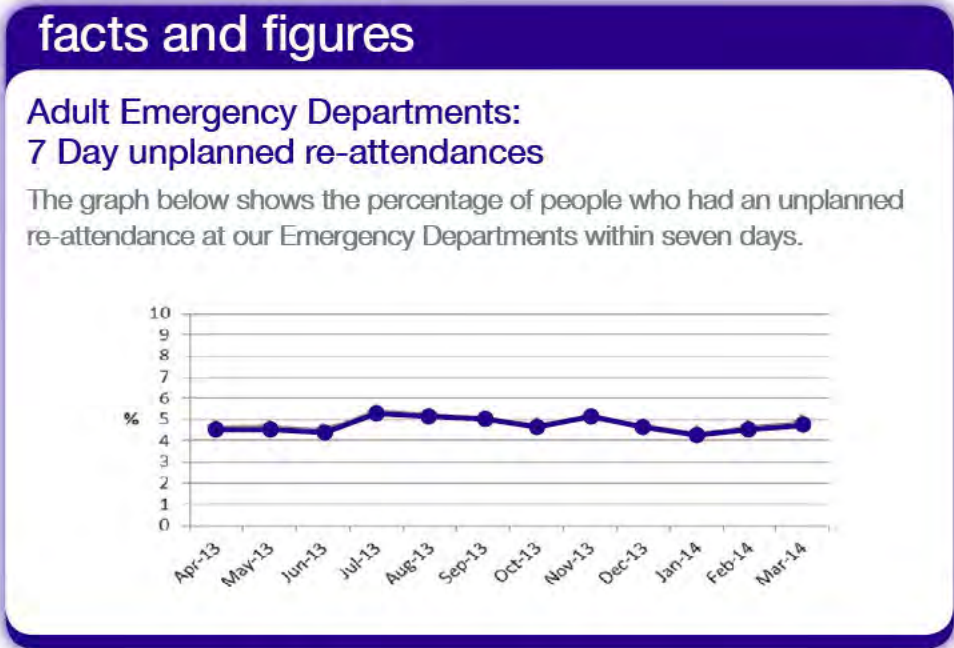
# Re-attendance in ED in 7 days

## Emergency Department Re-attenders

The adult Emergency Departments play a key role in identifying the appropriate type of care for patients who attend. For this reason, the number of people re-attending the Emergency Department within seven days is an indicator of the quality of care provided.

### Progress made

- The rate of re-attendance remained relatively constant over the 12/13 year at around 5%.



## Delivering best practice in safe Health and Social Care settings

# Access to Care - Providing Care in a Timely Manner

The Minister for Health, Social Service and Public Safety has set out a wide range of standards and targets in relation to access to services. In the acute sector this covers areas such as elective and emergency care, cancer services and diagnostics. All of these standards and targets are monitored regularly and reports are prepared at least monthly on performance. These reports are shared with the Trust Board, the HSCB and others and are available to any interested member of the public.

An illustrative example of the access standards that we use is the access to elective care; access to outpatient assessment and to any subsequent treatment that is required involving inpatient or day case treatment. The Trust has a standard of at least 80% of patients should wait no longer than nine weeks and no patient waits longer than 15 weeks for their first OP assessment following referral from a GP or other health care professional. Also 80% of patients should be treated within 13 weeks and no patient should wait longer than 26 weeks for inpatient or day case treatment if required. This applies to non-urgent cases. Urgent cases such as suspect cancers have shorter maximum waiting times.



### facts and figures

- We delivered 16,6149 first outpatient appointments, 63% of which were within 9 weeks.
- We completed 83,369 inpatient day case treatments, 67% of which were within the 13 week standard.
- At the end of March 2014, 42% of our outpatient waiting list and 46% of our inpatient/day case waiting list, were waiting beyond the 9/13 week standard.

### NEXT STEPS

The Trust is working closely with the HSCB to address this underperformance against these and some of the other access standards. Actions plans are in place on a specialty by specialty basis to improve this situation. These plans involve both reforms to our systems and processes but also, where there is evidence of insufficient capacity to meet demand, expansion of capacity either within the Trust or through contracts with independent sector providers.





## Staff Health and Wellbeing

5



## Staff Health and Wellbeing

# Looking after our Staff

The National Institute for Health and Clinical Excellence (NICE) recommends that organisations should (i) adopt a strategic and coordinated approach to promoting employee's wellbeing, (ii) promote employee's mental wellbeing, (iii) promote a culture that supports flexible working and (iv) promote a supportive and participative management style.

As the biggest employer in Northern Ireland, employing in excess of 20,000 staff, the Trust has developed a range of initiatives in line with the NICE recommendations to address the health and wellbeing of its staff. It is essential that the Trust ensures that its staff are happy and productive in their job roles and that it supports them throughout their working lives, to achieve the best possible health and social care outcomes for the population it serves.

### facts and figures

Throughout 2013/14 the Trust continued to work hard to achieving the DHSSPS absence target of 5%. The highest proportion of total working days lost due to absence remains linked to mental health conditions (25%) and musculoskeletal conditions (18%).

Between April 2013 and March 2014:

- Over 1900 staff and managers attended Attendance Management Training
- 286 cases were presented at Case Management meetings
- 550 staff attended Health Improvement training programmes
- Over 300 staff participated in the Trust's free Here 4 Health classes.

### Achievements Section

- The Trust was shortlisted as a finalist in the 2013 Irish News Workplace and Employment Awards for the Disability Best Practice Employer category
- The Get into Reading Programme was a runner-up in the 2013 Trust Chairman's Awards



- Belfast Trust was successfully assessed against the Investors in People (IIP) international quality standard in March 2010, and reaccredited in March 2013.





## Staff Health and Wellbeing

# Looking after our Staff

## Achievements Section



- Initiatives to address Mental Health wellbeing:
  - A range of training programmes eg. Resilience training, Mindfulness training, Stress management, Beating the Blues programme
  - Successful implementation of the Conditions Management Programme
  - On-going promotion and awareness of the Staff Care service
  - Provision of a guide for managers in relation to bereavement. The guide also aims to assist managers to support staff coping with the death of a colleague and also, dealing with an employee who may have received the diagnosis of a terminal illness
- Initiatives to address physical wellbeing:
  - Here 4 Health initiative: up to 300 staff participated in one of the Trust's free physical activity classes for employees (boxing, circuits, dance, football, pilates, yoga and zumba)
  - A wide range of Health Improvement training programmes were delivered in the areas of nutrition, physical activity, oral health, sexual health, men's health and smoking cessation
  - The Smoking Cessation Service is now supported by a Smoking Warden and 3 Specialist Midwives and a Specialist in

### Mental Health

- Occupational Health secured additional clinical psychology staff to ensure that staff who are referred to their services promptly receive support which meets their needs
- The pilot Physiotherapy Fast Track service was completed, with a full service to commence in new financial year
- 3 Health Fairs were attended by approximately 350 staff with the key message about the importance to take care and look after your health
- The Trust Intranet site now contains a range of guidance and support material for staff regarding physical and mental wellbeing.

## Flu Vaccinations

The Trust provides annual flu vaccinations and this year 31% of staff were vaccinated, a significant improvement on last year (19%) and meeting the target of 30%. We have set a target for the 14/15 year of vaccinating 35% of our staff.

## Staff Health and Wellbeing

# Looking after our Staff

## Improving Working Lives

- Following the regional staff survey, five roadshows for employees took place across the Trust. The roadshows enabled employees to engage directly in terms of the findings and recommendations. The Staff Survey Action Plan was subsequently completed and sets out the actions taken in respect of the various findings
- During the period there were 953 work life balance applications with a 98% approval rate for the eight worklife balance flexible working policies
- As an Employer for Childcare best practice Employer, the Trust facilitated 800 parents in the Employer for Childcare Voucher Scheme. Our Summer Scheme has now been running for seven years, and this year provided a childcare option for over 340 children during a seven week period over July and August.

## Personal Contribution Framework

Every year we ensure that annual staff reviews are carried out for all staff to agree personal objectives, discuss and provide feedback on staff achievements and to establish a personal development plan. The Knowledge and Skills Framework is an essential aspect of this review and is also used to establish that staff have the knowledge and skills required for their specific post.

In 2013/14 the Trust achieved a compliance rate of 73% of staff to have a current personal development plan. Our target, set by the DHSSPS was 90% and we will work towards increasing our performance and will remonitor progress in September 2014. To support this achievement we have a regular programme of training for managers and staff and have included this target within our Trust performance management arrangements.





## Staff Health and Wellbeing

# Staff Engagement and Leadership

## Helping doctors in training to STEP-UP

### Description of the programme

A team in Belfast Health and Social Care Trust (BHSCT) developed a formal programme to introduce modern concepts of medical leadership and quality improvement skills in 2013, the programme was supported by the Medical Director and Directors of Specialist Services and Acute services providing senior management sponsorship in our organisation.

35 speciality trainee doctors, from a variety of specialty backgrounds, participated in the pilot **Specialist Trainees Engaged in Leadership Programme (STEP)**.

The aim was to ensure that specialist trainees in BHSCT were aware of the many opportunities to develop skills in medical leadership in our organisation during their rotational clinical training. The STEP curriculum also offered basic training in quality improvement with the goal of each trainee being actively involved in a quality improvement or patient safety initiative in their clinical area (STEP-UP project).

### Patient safety training

The curriculum was based around the NHS Medical Leadership and Competency Framework and key resources such as the IHI open school which all trainees were given access to. This was funded through the Public Health Agency in Northern Ireland. The new NHS Leadership framework was published during the pilot year and also influenced the teaching. Delivering a basic understanding of quality improvement methodology was led by senior clinical staff using material from IHI open school and the Scottish Patient Safety programme.

### Benefits and outcomes

Trainees developed a number of quality improvement and safety projects during the course of the programme. Fourteen were formally presented at the end of the academic year. The panel included Trust Directors, the Postgraduate Dean of Medicine, the Chief Medical Officer (NI) and the Clinical Director of the Health and Social Care Safety Forum supported by the BHSCT Medical Director.

### NEXT STEPS

We plan to continue the STEP programme in BHSCT in 2014-2015 and have 60 doctors in training in Cohort 2. We hope it will help our trainees to improve their ability to lead the future delivery of safe, patient centred care.

## Staff Health and Wellbeing

# Staff Engagement and Leadership

## The Belfast Trust Quality Forum

The Belfast Trust Quality Forum was launched by the Chief Executive in May 2013, in conjunction with the HSC Safety Forum, as a pilot programme to support staff in delivering the improvement programme within the Belfast Trust.

### Key Objectives

- To facilitate access to training and development to support the Quality and Safety agenda within the Belfast Trust
- To support and mentor staff interested in improvement work
- To share good practice regarding patient safety and quality improvement at all levels of the organisation.

### Purpose

The Belfast Trust Quality Forum aims to:

- Build capacity and capability in Quality Improvement
- Raise awareness of the safety agenda and the Belfast Trust Quality Improvement Plan
- Involve people who use our service.

### Progress so far

To date, 4 events have occurred with some being invited international speakers such as Dr Brian Robson, Dr Ron Daniels as well as internal speakers such as Dr Louise McKee, Geraldine Byers, Dr Gary Benson and Dr Gavin Lavery, also Clinical Director of the HSC Safety Forum.

A key focus is on the recognition and management of Sepsis within the Trust with plans to roll out the **Sepsis 6** bundle from the EDs into the acute medical and surgical wards.

**The Sepsis screening tool can also be found on the back of the National Early Warning Score (N.E.W.S.) charts which were introduced into the Belfast Trust in November 2013.**

Feedback on the forum has been favourable and further events have been organised for 2014.





## Staff Health and Wellbeing

# Staff Recognitions and Awards

Belfast Trust staff was recognised through the year in prestigious awards across a range of disciplines.

The Trust made a clean sweep at the Institute of Healthcare Management awards winning 6 out of the 7 available awards:

- IHM Manager of the Year 2013**  
**Eliz Bannon, Co-Director Maternity and Women's Services**

Eliz has an extensive portfolio of work including the Royal Jubilee Maternity Service, the new Midwifery-led Unit at the Mater, the Regional Fertility Centre, GUM Clinics and Sexual and Reproductive Health Services.
- IHM AHP Manager of the Year 2013**  
**Brendan McConaghy, Clinical Specialist Physiotherapist**

Brendan's project focused on a new Early Intervention Physiotherapy Service for Employees.
- IHM Quality Award - Surgical Assessment Unit**

The new round-the-clock urgent assessment unit for surgical patients at the Royal were declared joint winners in the Quality Award category.
- IHM Medical Leader of the Year 2013 Dr Johnny Cash**

Dr Johnny Cash was presented with his award by Dr Paddy Woods and Dr Andrew McCormick for his work in leading the Program Treatment Unit.
- IHM Research-Led Management Award 2013**  
**Professor Ian Young and Colleagues**

The award was presented for the development of family screening based on genetic testing for inherited high cholesterol (familial hypercholesterolaemia).
- IHM RCN Nurse Manager of the Year Award 2013**  
**Esther Rafferty, Nurse Manager, Muckamore Abbey Hospital**

This award showcases nursing staff who have shown strong leadership of a team and enhanced a service, improving care for patients.



IHM AHP Manager of the Year 2013  
Brendan McConaghy



IHM Quality Award - Surgical Assessment Unit



IHM RCN Nurse Manager of the Year Award 2013  
Esther Rafferty



## Staff Health and Wellbeing

# Staff Recognitions and Awards

### Belfast City Hospital Macmillan Haematology Nurse Specialist wins prestigious award

Ruth Thompson, a local Macmillan professional has won the prestigious title at the 2013 Macmillan Excellence Awards held recently at The Palace Hotel in Manchester.

Ruth, a Macmillan Haematology Nurse Specialist at Belfast City Hospital, was presented with the Service Improvement Award during a glittering awards ceremony hosted by Olympic rower and gold medallist, Greg Searle MBE.



Ruth Thompson, awarded the Service Improvement Award at the Macmillan Excellence Awards

### Arthritis Research UK Nursing Prize Winner

Dr Seamus O'Brien (Manager, Arthroplasty Outcomes Unit) won the recent Nursing Prize which Arthritis Research UK funds annually.

The Nursing prize is in association with the Royal College of Nursing Rheumatology Forum (RCNRF). The winner of each prize receives a certificate and an engraved silver medal. These prizes are awarded based on a written piece of work of up to 4,000 words and a presentation at the British Health Professionals in Rheumatology (BHPR) Conference, which took place in Birmingham recently.

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### Success at Safety Awards

Belfast Trust recently received a Health & Safety Award by the Northern Ireland Safety Group (NISG) with the National Irish Safety Organisation (NISO). This the first time Belfast Trust has entered these Awards. The entry was submitted with the support of Trade Union Side, Emergency Planning and the Estates Department.

The All Ireland Occupational Safety Awards were established nationally in 1992 and have grown to become Ireland's premier safety awards.



## Staff Health and Wellbeing

# Staff Recognitions and Awards

### Belfast Trust Success at Women of the Year Awards

Dr Madeleine Rooney a Paediatric Rheumatologist in Royal Belfast Hospital for Sick Children was awarded the Woman of the Year in the Health Sector. Also two staff reached finalists in their categories Valerie Wallace and Alison Wilson.

Dr Madeleine Rooney is truly unique in her field as the only Paediatric Rheumatologist to be appointed in Northern Ireland. The judges were told that Dr Rooney's compassion, skills and dedication towards the vulnerable children and young people are cherished by those she cares for as they struggle to gain awareness for a disease that is usually only perceived to be applicable to the elderly.



Dr Madeleine Rooney, Women of the Year in the Health Sector

Finalist Valerie Wallace dedicates her days caring and looking after children with cancer as an oncology research nurse. The judges heard how Valerie brings much needed joy, love and laughter to the kids in her care - not to mention their siblings and parents.

Alison Wilson was nominated in the voluntary sector category by a local mother in recognition of the role she had in the care and support of her terminally ill child. Alison is based in the genetics department and is a part time genetic counsellor and advocacy officer for the MPS society.

### Northern Ireland Healthcare Awards

Services at Belfast Trust, took centre stage as they received awards at the prestigious Northern Ireland Healthcare Awards held recently.

- **Epilepsy Project of the Year**

Beth Irwin, Epilepsy Nurse/Midwife at the Royal Hospitals won the Epilepsy Project of the Year Award for the project - Safer Care for women with Epilepsy.

- **Asthma Project of the Year**

Colleagues at the Children's Hospital - Professor Mike Shields, Dr Dara O'Donoghue and Barbara Maxwell (Paediatric Respiratory Nurse) were the winners of the Asthma Project of the Year Award for the 'Difficult-to-Treat' (DTA) asthma clinic.



Beth Irwin, Epilepsy Project of the Year Award

- **Innovative Development in Elderly Skincare Management**

The Trust's Tissue Viability Nurse Team received the award for Innovative Development in Elderly Skincare Management for their work in reducing the number of severe pressure ulcers experienced by patients.

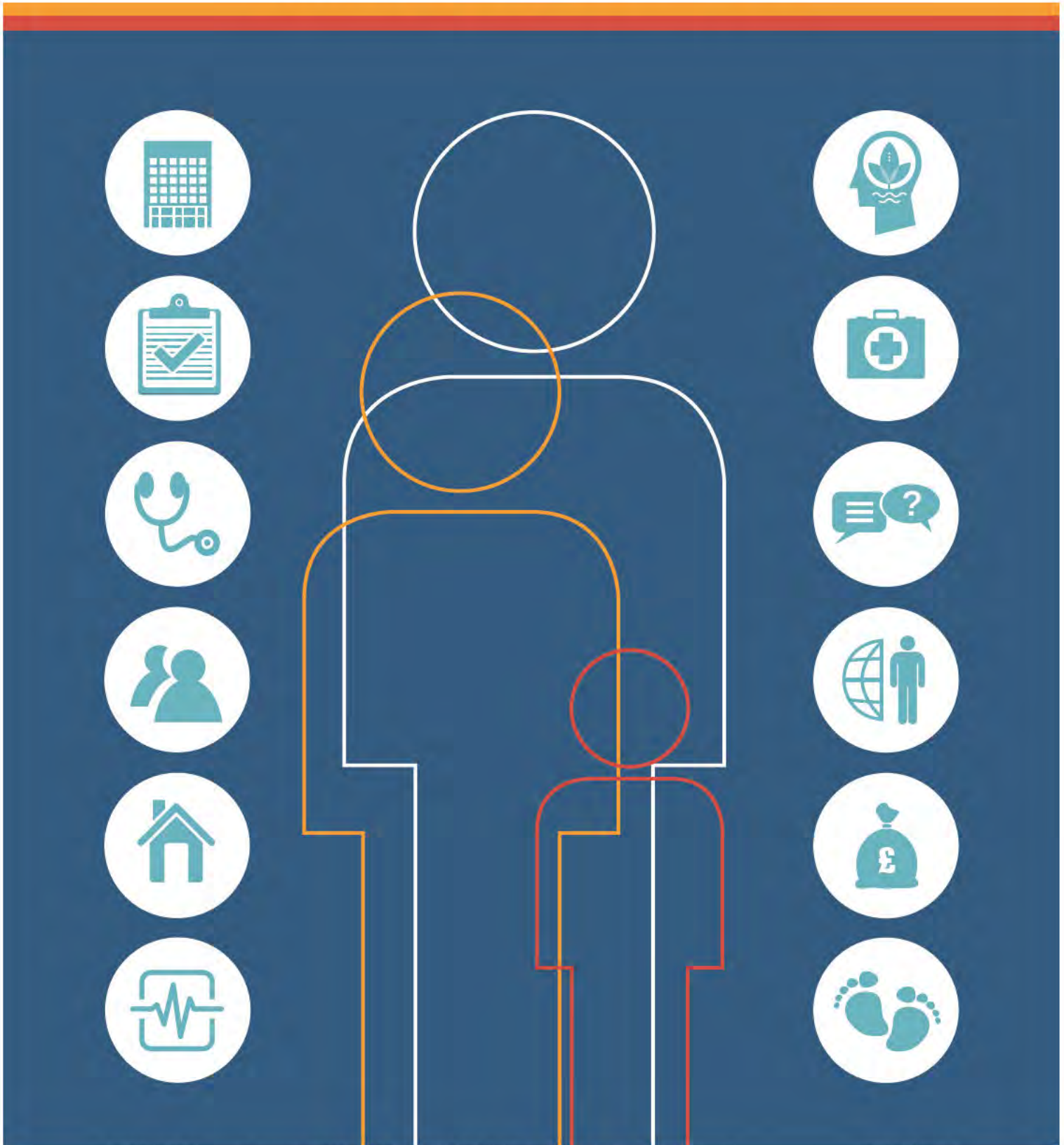
BTI 4-1019 October 2014





# 2017-18

## ANNUAL QUALITY REPORT







# Chief Executive

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I am very pleased to present Belfast Trust's sixth Annual Quality Report.

Belfast Trust is the largest integrated health and social care Trust in the United Kingdom, delivering treatment and care to around 340,000 citizens of Belfast as well as providing the majority of regional specialist services for all of Northern Ireland including the Regional Trauma Centre. We have an annual budget of £1.3billion and a workforce of over 20,000 staff (full time and part time). The Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.



I am every day, aware of the huge privilege afforded me in heading this great organisation. I have taken every opportunity to get out and about across the Trust to meet as many staff as possible. Everywhere I have met staff giving of their best and I have been struck time and again by the wonderful sense of vocation which results in care delivered with compassion. Without exception,

I have met staff who really do go the extra mile.

## Our Annual Activity

Last year we:

- Saw 160,000 + new attendances in our Emergency Departments
- Delivered 7,500 community care packages
- Cared for 65,000 non elective patients
- Cared for 150,000 inpatients
- Cared for 600,000 outpatients
- Cared for 65,000 day case patients
- Delivered 324,754 visits by district nurses
- Delivered 5412 babies
- Were supported by 400 volunteers
- Were responsible for 350 children on the Child Protection Register and 750 Looked After Children.

Demand for our services continues to rise, as do public expectations. This means we have to explore how to provide care in different ways. In particular, the system needs to build greater capacity in Primary, Community and Social Care.

We apply quality improvement methodology consistently across the organisation and all of our service areas are constantly seeking to improve the care they provide to our patients and service users. I am pleased to report that in 2017 we launched a Quality Improvement Strategy (2017 – 2020) which outlines how we will create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care.

# Chief Executive Foreword

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Our Annual Quality Report demonstrates not only how far we have come, but also our continuing collective drive to achieving this vision – all of us have a part to play, in driving forward an agenda of quality and safety.

We deliver care in an ever-changing environment. The Trust's vision and corporate objectives are fundamental to how we deliver care. As demands and priorities increase and change, we must ensure that our vision and objectives are dynamic, and reflect the changing environment in which we work. The things that ground us and set out our stall, must also be fit to take the Trust forward in the right direction. We will ensure in the coming years that we deliver care as we know it should be and equally, that our vision describes the type of organisation we want to be.

This year has not been without its challenges. January 2018 saw the publication of the Report into the Inquiry into Hyponatraemia related Deaths. We welcomed the publication and have reviewed the recommendations to learn from our mistakes. We were not as open and transparent as we could and should have been, and opportunities to learn from each other to make our care safer were missed – for this we are truly sorry. More recently, a significant number of neurology patients were recalled to enable us to be confident that they were receiving the best possible care.

During the Summer and early Autumn we faced significant financial uncertainty. We know we are working in a tightened financial climate and that our services need major reform. While these debates are happening we, in the meantime, try to deliver the safest, most empathetic care that we can. I am very much committed to continuing to build on the reform already happening in our Trust, and to working with colleagues to steer our way through extremely difficult financial circumstances over the next number of years. It is recognised across the health and social care system that we face significant workforce challenges. Here in Belfast Trust we are working with colleagues to address these challenges in respect of the supply, attraction, and retention of critical medical, nursing, and social care staff which is critical to us delivering a transformed service in years to come.

Our Emergency Departments came under significant pressure over the winter months and indeed continuing into spring. Our entire care system felt the effects and while robust plans were put in place to make sure that those in most need received the right care at the right time, the immense pressure has undoubtedly had a knock-on effect on people waiting for routine surgery and on the Trusts ability to meet the Department of Health performance targets. I would like to pay tribute to all Belfast Trust staff – everyone who pitched in, doing whatever they could to keep us moving. Last winter was a confirmation if confirmation were necessary, of the critical need for a fundamental transformation to how we do things.

The work that Belfast Trust staff do to continually improve and transform service delivery is inspiring. We saw and heard about many great examples of this at the Chairman's Awards our quarterly Improvement Celebration Event and other celebratory events throughout this year and of course there are quite a few examples in the pages of this Annual Quality Report.



# Chief Executive Foreword

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This Quality Report outlines the progress we have made in improving the quality of services in the 2017/18 year. It also identifies the key areas in which we want to focus our quality improvement work over the coming year. Our aim is to be recognised as a leader in the provision of safe, effective and compassionate healthcare.

Working together, we are using measurement and real time data, to learn and improve at every level in order to achieve these objectives.

Each and every one of us, regardless of role or function, has a part to play in improving the quality of care we provide to our patients and service users. Together we can ensure that we create an open, transparent and supportive organisation that is continually learning and sharing, and where quality improvement is taking place consistently everywhere and everyday. This will help to ensure that the care we deliver is always safe, effective and compassionate.



Martin Dillon  
Chief Executive





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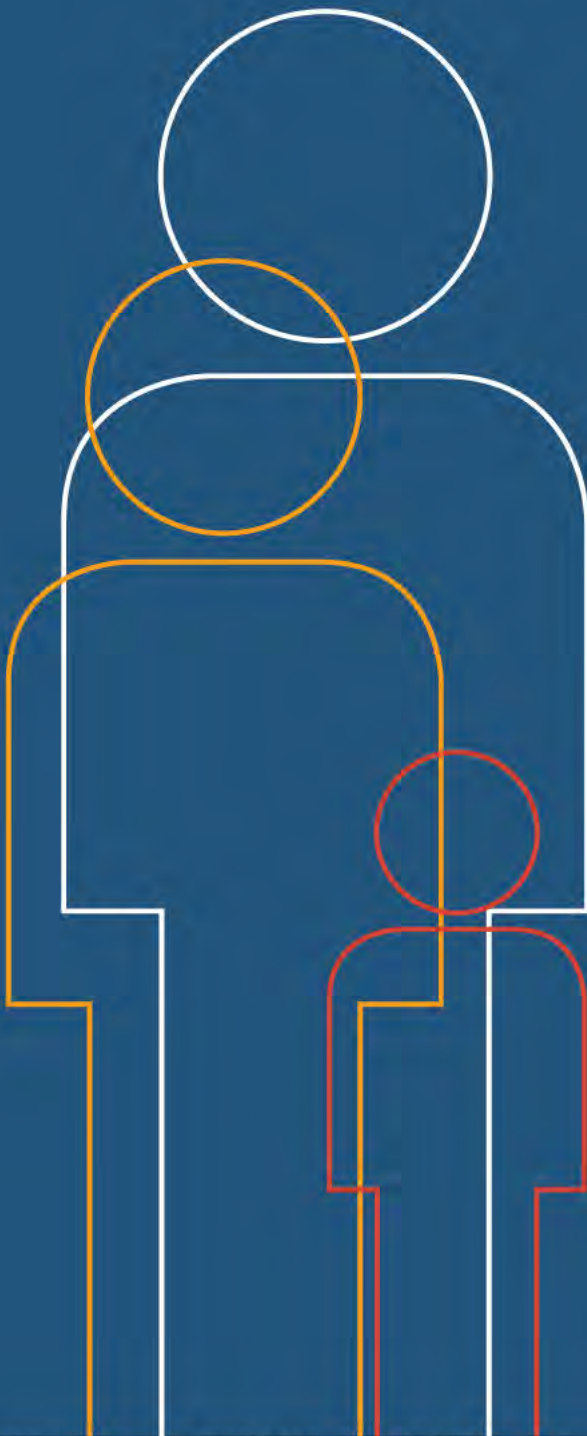
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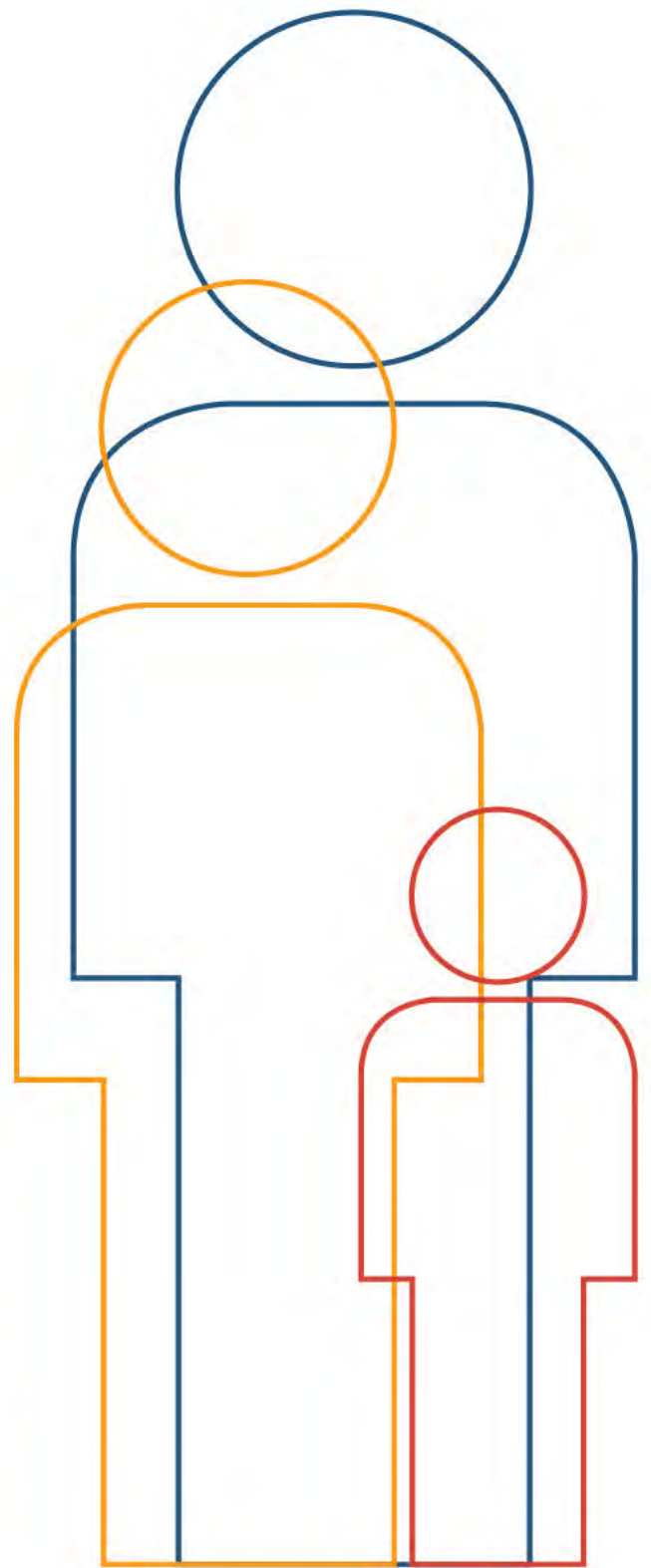


# 1. Transforming the culture



# 1 Transforming the Culture

-  **120** improvement projects undertaken
-  **95%** of people would recommend the Trust to friends & family
-  **9516** staff trained in QI
-  **52** Improvement Advisors trained to Level 3
-  Personal & Public involvement across services
-  **4%** decrease in complaints from 2016/17
-  **7602** formally recorded compliments
-  Collective leadership structure implemented
-  **20** internal learning templates shared
-  **31605** adverse incidents reported





# 1 Transforming the Culture

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## Introduction

### The Trust Vision and Values

#### Our Aim

To be in the top 20% of high performing Trusts by 2020.

#### Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

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## Our Values

Belfast Trust Values underpin everything we do – how we work with each other and deliver our services. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective and compassionate care. These values are:



### Treating everyone with respect and dignity

- Being respectful to others
- Showing compassion for those who need our care
- Acting fairly
- Acknowledging the good work of others
- Supporting others to achieve positive results.



### Being accountable

- Taking responsibility for our own decisions and actions
- Openly admitting mistakes and sharing learning from others
- Using all available resources appropriately
- Challenging failures and poor practice courageously.



### Being leading edge

- Actively seeking out innovative practice
- Participating in new approaches and service development opportunities
- Sharing best practice with others
- Promoting the Trust as a centre of excellence.



### Maximising learning and development

- Acting as a role model for the development of others
- Continuing to challenge our own practice
- Fulfilling our own statutory and mandatory training requirements
- Actively supporting the development of others.



### Displaying openness and trust

- Communicating openly and consistently
- Listening to the opinions of others and acting sensitively
- Being trustworthy and genuine
- Ensuring that appropriate information is shared honestly.



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## Our Corporate Themes

Our corporate themes support the achievement of the Trust's Vision and are well embedded throughout the organisation. The way that our services are planned and developed each year is described under these five corporate themes:

- **Safety, Quality & Experience**

The Trust will work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.

- **Service Delivery**

The Trust will drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **People and Culture**

The Trust will support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.

- **Strategy & Partnerships**

The Trust will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **Resources**

The Trust will work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

## Our objectives

1. We will seek, listen and respond to service user and carer experience, including real-time feedback in order to inform and develop our services.
2. We will make our services safer and achieve agreed improvements across our safety improvement measures.
3. With our partners, we will encourage our population to play an active role in their own health and wellbeing.
4. We will support people with chronic and long term conditions to live at home, supported by carers, families and their communities.

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5. We will optimise the opportunities for young adult care leavers through education, training and employment.
6. We will further develop safeguarding services in partnership with service users, parents, carers, communities and other agencies to enhance safety and welfare of vulnerable adults and children.
7. We will improve community support to enable more timely discharge for older people and those with chronic conditions.
8. We will deliver agreed improvements for our unscheduled care patients and develop services to avoid unnecessary admission.
9. We will deliver agreed elective care improvement each year, including acute, mental health and cancer services.
10. We will increase staff engagement in order to improve the delivery of safe, effective and compassionate care.
11. We will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.
12. We will build a sustainable workforce, deploy our resources in an effective and efficient manner, invest in infrastructure which is fit for service delivery and achieve financial balance.



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## Patient & Client Experience

Patient and client experience is a key indicator of quality and is central to many of the strategic drivers for health and social care improvement and innovation. 'Patient and Client Focus' is one of three key elements outlined in the Quality 2020 Strategy. The Trust is actively involved in listening to what our patients, service users, carers and the public tell us about our services and our staff. Our aim is to listen, learn, influence and improve services based on patient experience feedback.

The BHSCCT uses a number of different methodologies to measure user experience with the ability to provide real time feedback to influence service delivery from frontline staff to the Board of Directors.

### Patient and Client Experience (PCE)

The trust continues to monitor patient and client experience using the DHSSPS monitoring standards:

- Respect
- Attitude
- Communication
- Privacy and Dignity
- Behaviour.

Current PCE inpatient surveys throughout the Trust show a high level of patient, service user and carer satisfaction. Feedback is given to each ward area to help facilitate local ownership and local improvement.

### 10,000 More Voices Initiative

The '10,000 More Voices' initiative enables engagement with patients and clients to focus on what matters to them when using healthcare services. The 10,000 Voices Initiative asks patients to share their experience of health and social care services by "telling their story".



This approach is in keeping with the Public Health Agency and Health and Social Care Board and the BHSCCT commitment to involve patients, carers and families in how services are shaped and delivered in Northern Ireland.

The BHSCCT 10,000 More Voices initiative is focusing on a range of areas. Between April 2017 – March 2018 the Trust participated in the following projects:

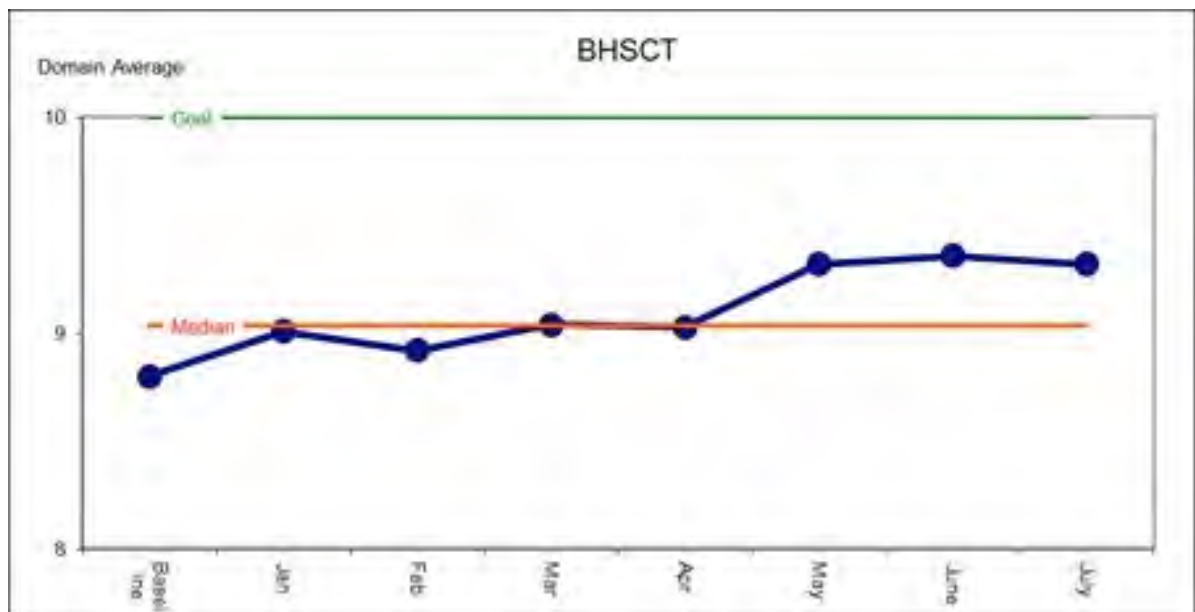
- Experience relating to Delirium

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- Experience in relation to discharge
- Bereavement project
- Adult Safeguarding Survey

## Patient Experience Collaborative

Surgical wards in the Trust have taken part in a Patient Experience Collaborative with 13 other organisations across the UK. This involves an independent team collecting patient feedback twice a month and then providing a report to the ward within 24 hours. There are 10 domains in the patient questionnaire which covers information communication and staff attitudes amongst other elements of the patient experience. This feedback has included a significant proportion of compliments which is great for individual and team morale. A lot of improvements have resulted from the patient feedback. All wards taking part have seen their average scores improve across every domain of the questionnaire. The Belfast Trust has achieved the most improvement from all of the 14 organisations in the collaborative.



This chart shows that in Belfast the average of domain scores has continued to improve from the baseline in November 2017 throughout the year. The average domain score is currently 9.32 (out of 10) at July 2018. 95% (of 1791 respondents) would recommend the Trust to friends and family.



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## Trust Board

Trust Board each month starts with a patient or service user story. An individual's story is outlined at the meeting including the impact on the person, on services and on staff and also what subsequent action the Trust completed. The purpose of this is so we can learn and improve as an organisation. In addition to the Patient Experience Collaborative work and 10,000 Voices project, this ensures the patient and service user voice is heard from 'ward level up to the Trust Board'.

## Personal and Public Involvement

Belfast Trust is committed to Personal and Public Involvement (PPI) and co-production. The meaningful involvement of service users, carers and the public in

Personal and Public  
Involvement (PPI)



Involving you,  
improving care

health and social care services, ranging from design through to evaluation of services, is central to the delivery of safe, effective and compassionate care. This commitment to PPI and co-production is emphasised throughout the BHSC Corporate Plan and the Directorate Management plans.

The Trust offers an e-learning session on PPI and delivers a range of PPI training modules to support staff in this work.

Effective PPI takes place in a number of settings and at a range of levels across the organisation.

Examples include:

- Appreciative Inquiry (AI) within Learning Disability Day opportunities
- The Snowdrop Group has been established within maternity services in BHSC
- A number of PPI initiatives in Podiatry
- A number of initiatives in Cancer Services
- Participation of carers and service users in Safety Quality Belfast training
- A majority of quality improvement projects completed via SQB involved engagement and participation with service users
- A number of 'What matters to me' initiatives in wards and units across the Trust for the worldwide what matters to you day on 6 June 2017
- Support for and promotion of a range of service user groups and forums, including HIV Service User Forum, Neurology Service User Forum, Acquired Brain Injury Forum, Maternity Services Liaison Committee and TILII (Tell it like it is) groups in Learning Disability.

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## Complaints and Compliments

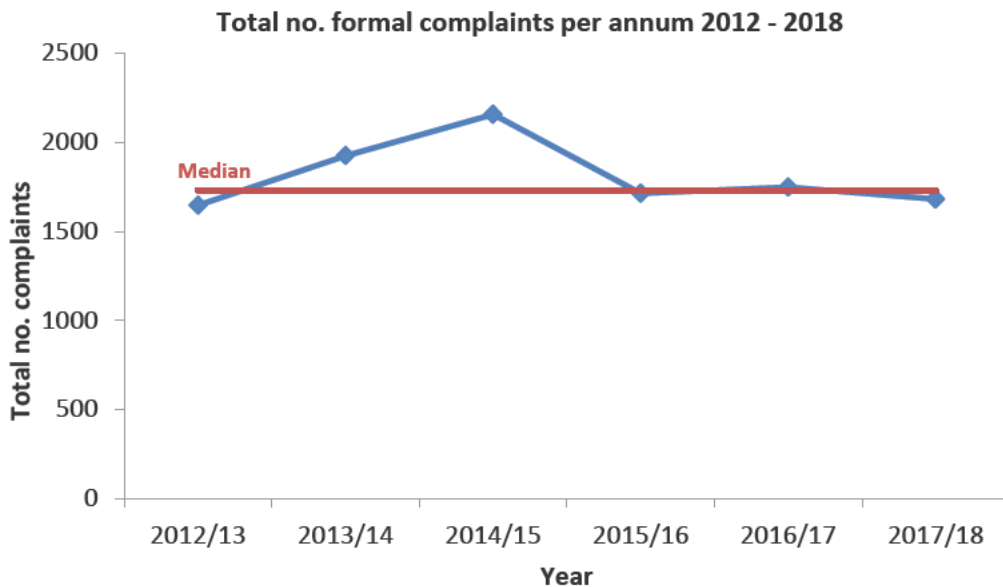
We recognise the importance and value of service users' opinions regarding the treatment and care we provide.

We strive to ensure that all patients have a positive experience of our services, however there may be times when treatment or care do not meet expectations particularly when something has gone wrong or fallen below standard.

By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future. We place a real focus across the Trust on making sure that lessons from complaints are taken on board and followed up appropriately, sharing these lessons across other Service Areas and Health and Social Care Trusts where the learning can be applied in settings beyond than the original ward / department.

### Facts and Figures

1,680 formal complaints were received in 2017/18 representing a 4% decrease on last year's figure of 1,747.





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## Formal Complaints – Top 5 Subjects 2017/18

The most frequent reasons for complaints about our services this year were:

- Quality of Treatment and Care
- Communication / provision of Information
- Waiting lists / delays / cancellations of Outpatient Appointments
- Staff Attitude / Behaviour
- Waiting lists / delays / cancellations of Planned Admissions to Hospital.

## Responding to complaints in a timely manner

Although the Trust aims to respond to complaints within 20 working days, complex complaints (particularly those that involve a range of services / departments / organisations, or where independent expert opinions are sought) can require additional time to investigate.

The following table shows the response times for the Trust for complaints received during 2017-18:

Acknowledgement of complaint within 2 working days	99%
Complaint response within 20 working days	49%
Complaint response within 30 working days	61%

In order to improve the timeliness of our response to complainants, some members of the Complaints Team undertook Quality Improvement methodology training during 2017-18 and commenced a pilot project aimed at identifying ways of improving turnaround times for complaint response letters.

## Ombudsman Cases

When patients are not fully satisfied with the outcome from the Trust's complaint process they can choose to subsequently raise their concerns with the Northern Ireland Public Services Ombudsman.

During 2017/18, 11 new cases were accepted for investigation by the Ombudsman regarding complaints previously raised with the Trust, and we continued to work with the Ombudsman on cases raised during previous years.

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## Learning from Complaints

The Trust endeavours to ensure that where any patient had an experience within our care that did not meet the standards that we expect, this experience is reviewed and any learning is identified and used to inform changes in the way that we deliver our services. This learning is shared across Trust wards / departments where relevant to help avoid other patients experiencing similar issues in the future.

Some examples of how complaints have led to improvements within the Trust during 2017-18 include the following:

### Complaint 1

A patient was admitted to a ward ahead of surgery planned for the following day. Due to an increased number of admissions to the hospital later that evening it became necessary to transfer the patient to another ward. As it was after 11pm when the patient was transferred, staff decided not to contact the family at that time to advise them of the patient's new location. The family had been due to telephone the hospital the following morning and it was thought that, rather than disturb the family at such a late hour, the information regarding the transfer could be communicated the next day. Unfortunately the patient's husband had not yet been contacted to be advised of his wife's new location before he arrived to the hospital on the morning of her surgery and as a result he was unable to find his wife to visit her before her operation took place.

Following investigation of this patient's complaint the Trust has worked to improve its systems for allowing the location of patients to be checked by Switchboard staff and communicated to relatives. In particular, work has been undertaken to ensure provision of accurate information from wards which is updated on a regular, timely basis. The Trust also described this patient's experience in a Shared Learning letter that was circulated across the Trust so that all wards were reminded of the need to keep families updated when patients are moved.



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## Complaint 2

An error was made on a patient's prescription which led to the patient receiving an incorrect dosage of their medication for the 2 week duration of their treatment. The ward pharmacist and Consultant reported this mistake immediately upon discovery, initiated an investigation into how the error had occurred, and spoke to the family to advise them of the error and apologise that this had happened.

Although the clinical team were confident that the patient was unlikely to come to any harm as a result of the incident, upon review of this complaint by the Northern Ireland Public Services Ombudsman it was felt that more effort could have been made to explain to the family members that no harm had been caused by the overdose either in the short term and long term. In particular it the Ombudsman found that the family should have been provided with a better explanation that the blood tests following the incident were found to be normal and that the patient's ongoing treatment was able to progress as required. It was found that this further reassurance would have been a comfort to the family at what was a distressing time for them. These findings were communicated to staff to ensure that in the future family members are given effective reassurance in such circumstances to avoid unnecessary worry and distress.

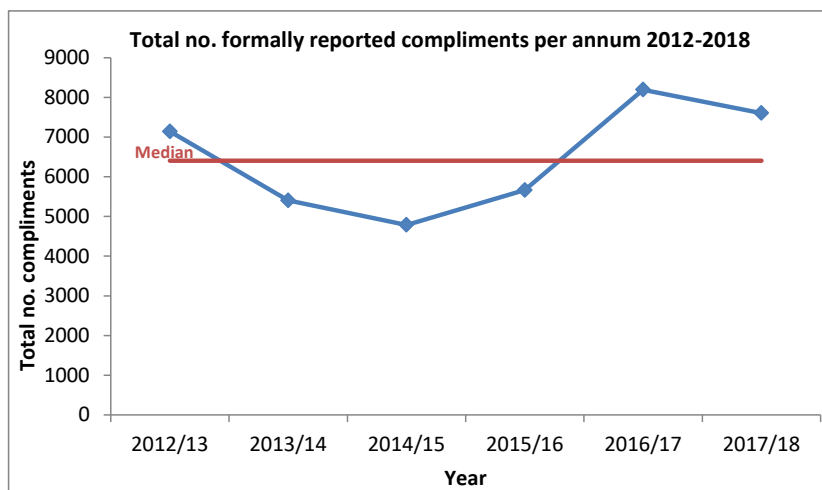
As a result of this incident, a review of Pharmaceutical Services procedures for dispensing this particular type of drug was undertaken by the Trust, and improvements made to help avoid similar errors occurring in the future. In addition, the process for managing incidents in that clinical area was changed substantially, with incident forms now being discussed on a weekly basis at a multidisciplinary meeting and decisions taken regarding any further actions required as a result of each incident.

## Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services.

A total of 7,602 compliments were formally recorded during 2017/18.

Compliments are always appreciated as they provide our patients and clients with an opportunity to share their positive experiences with our staff members, and allow the Trust to learn from areas of good practice and share what is working well in one area across others.



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## Adverse Incidents / 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.”*

Adverse Incidents happen in all organisations providing healthcare. Belfast Trust meets this challenge through the promotion of a culture and system of reporting all incidents when they occur to learn from them and to prevent re-occurrence. *“To err is human, to cover up is unforgivable, to fail to learn is inexcusable”* – Sir Liam Donaldson, former Chief Medical Officer, England.

The objective of the incident reporting system is to encourage an open reporting and learning culture, acknowledging that lessons need to be shared to improve safety and apply best practice in managing risks. It also provides feedback on high-level analysis and themes arising from reported incidents.

Incidents reports are provided to a number of specialist groups eg. the Trust Assurance Committee.

Invasive intervention group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

A Serious Adverse Incident (SAI) is a classification of incident that is subject to Health & Social Care Board procedures for reporting and investigation. SAIs will include ‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’

### Facts and Figures

In the year 2017/18 there were a total of 31,605 adverse incidents reported and of these 86 were reported as SAIs. 79% of adverse incidents involved patients or clients, 20% affected staff, with the remainder affecting visitors or did not affect any person.

Work is ongoing to tackle the root causes of these incidents to reduce their occurrence and examples of this are as follows:



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Top 5 Incident Types 2017/18	Examples of actions to reduce re-occurrence
<p>Abusive, violent, disruptive or self-harming behaviour (10,518 reported incidents)</p> <p>(It should be noted that many of these incidents occur as a result of the client's challenging behaviour inherent in their medical condition)</p>	<ul style="list-style-type: none"> <li>The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence</li> <li>Training programmes, both face-to-face and e-learning are delivered throughout the year in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising, preventing and managing aggression, skills to escape an attack and team approaches in holding skills</li> <li>Quality Improvement Project is being developed in Adult Mental Health Services and CAMHS.</li> </ul>
<p>Slips, trips, falls and collisions (5,065 reported incidents)</p>	<ul style="list-style-type: none"> <li>The Fallsafe Quality Improvement Project is currently embedded in 58 acute adult in-patient areas. This project delivers evidence based falls prevention</li> <li>A FallSafe Co-ordinator, to help embed this project in participating areas, is in post from April 2018.</li> </ul>
<p>Medication (2,432 reported incidents)</p>	<ul style="list-style-type: none"> <li>Piloting an antithrombotic page in the Kardex to improve safety of Non Vitamin K Antagonist Oral Anticoagulants (NOACs) prescribing</li> <li>Implementation of a ready to use presentation of IV magnesium.</li> </ul>
<p>Medical Devices/ Equipment (1,563 reported incidents)</p>	<ul style="list-style-type: none"> <li>Supporting staff in the management of medical device incidents has led to the subsequent issue of a monthly summary of national field safety notices originating from manufacturers</li> <li>Sharing of findings from Northern Ireland Adverse Incident Centre (NIAIC) incidents investigations with the BHSC Medical Devices Advisory Committee (MDAC) has helped raise awareness of potential equipment issues with end-users, and encourages on-going safe use/ management of medical devices</li> </ul>

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Top 5 Incident Types 2017/18	Examples of actions to reduce re-occurrence
<p>Medical Devices/ Equipment</p>	<ul style="list-style-type: none"> <li>• On-going training for managers (DECs – Department Equipment Controllers) and other staff (Medical Devices Awareness) to ensure the safe use and management of Medical Devices, including their key roles and responsibilities, coupled with service areas completing BRAAT, has raised awareness of principal controls to reduce incidents.</li> <li>• Regular participation in regional and national online seminars helps to share learning from our own incidents and those of others</li> <li>• Revision/Updating of Medical Devices Policy and Medical Devices Procedures &amp; Guidelines gives managers and end-users clear guidance on the safe use and management of medical devices</li> </ul>
<p>Absconder / missing patient (inc. attempted absconding)</p> <p>(1,481 reported incidents)</p>	<ul style="list-style-type: none"> <li>• Locked door policy in place in certain Trust locations and activated when required</li> <li>• Fences around CAMHS unit fitted with high density nylon sheets to prevent scaling of same.</li> <li>• Staff continue to work to help service users adapt positive coping strategies to manage impulsive and risk taking behaviours</li> <li>• Enhanced levels of supervision where required.</li> </ul>



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## How positive outcomes from incident investigations can make significant contributions to safety and the reduction of avoidable harm

### Learning Example

#### Safety Messages:

1. When a patient is transferred from another hospital, their Kardex should be sent with them.
2. Insulin is a critical list medicine and must not be inappropriately omitted.
3. The ECR medication list will not be up to date if the patient has transferred from another hospital. ECR should not be used as a single source of medicines information for medicines reconciliation. Always check it with a second source.<sup>1</sup>

#### Summary of Event

A patient's insulin was changed from NovoMix 30® to Abasaglar® (insulin glargine) in another Trust by a diabetologist. The patient was transferred to BHSCT for a procedure which was cancelled after they arrived. Abasaglar was not transferred with the patient nor was their Kardex, however it was listed on their transfer letter.

On admission to BHSCT, it was noted that the patient was diabetic. Abasaglar® was referenced on the Kardex but not prescribed on the insulin chart. The following day, a nurse noted the patient's Capillary Blood Glucose (CBG) was 13.9mmol/L, and asked a F1 to confirm the patient's diabetes medication.

The F1 checked ECR. The medicines listed on ECR are those prescribed by the current GP in the last six months and therefore was not up to date with the change to insulin made in the previous Trust. ECR listed NovoMix 30®, as prescribed by the GP, and this was written up for the patient. The clinical pharmacist was on leave.

Later (6.30pm) on review of the notes, it was realised that the patient should be on Abasaglar® and it was ordered from Pharmacy. At this time, this new insulin was not stocked in BHSCT and the ward asked for advice on an alternative. Insulin glargine (Lantus) was suggested, however, this was not appropriately escalated to a senior doctor to agree to this change of insulin brand and it was not prescribed until the following morning. The patient did not come to harm.

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## Learning Points

- When a patient is transferred from another hospital, their Kardex should be sent with them
- Insulin is a critical list medicine and must not be inappropriately omitted
- The ECR medication list will not be up to date if the patient has transferred from another hospital. ECR should not be used as a single source of medicines information for medicines reconciliation. Always check it with a second source<sup>1</sup>
- Be aware of new insulin brands such as Abasaglar®, which may not be recognisable as insulin
- Irrespective of the time of the request, when Pharmacy are asked for insulin that is not stocked, they must obtain a supply eg. patient's own medicine, from another Trust or from a wholesaler.

1. BHSC Medicines Reconciliation policy. 2015.

## Patient /Family /Carer Engagement in SAIs

The Trust has adopted regional guidance on completing SAI investigation reports and also adheres to the regional checklist for engagement/communication with patient and clients following a SAI.

The Trust is compliant with the guidance regarding the SAI process and will always engage with patients and clients proactively where appropriate.

## Being open

The Trust is committed to improving the safety and quality of the care we deliver to the public.

'Being open' is a set of principles to provide open and honest communication between healthcare staff and a patient or service user (and/ or their family and carers) when they have suffered harm as a result of their treatment. The Trust has a Being Open policy, and eLearning training available for all staff.

Promoting a culture of openness is vital to improving patient safety and the quality of healthcare systems. A culture of openness is one where healthcare:

- Staff are open about incidents they have been involved in
- Staff and organisations are accountable for their actions
- Staff feel able to talk to their colleagues and superiors about any incident
- Organisations are open with patients, service users, the public and staff when things have gone wrong and explain what lessons will be learned
- Staff are treated fairly and are supported when an incident happens.



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## How the Organisation Learns

The Trust is committed to being a 'learning organisation', that means one that is continually seeking to share best practice, to share learning when the care we have provided could have been better and also to proactively identify risk and to be a 'problem sensing' organisation. Due to the scale of our Trust, spread over multiple sites and with over 20,000 staff, it can be challenging to share learning constantly and effectively. We do this via a number of ways:

- Specialty Mortality Review and Patient Safety meetings which are multi-disciplinary meetings (at least monthly) for each Specialty and review mortality, morbidity, learning from harm and other governance and patient safety issues.
- Internal Learning Templates arising from an incident, complaint, Case Management Review etc – 19 issued across the Trust in 2017/18. These learning templates are issued across all Directorate sin the Trust and also shared with the Public Health Agency, Queens University and the Northern Ireland Medical and Dental Training Agency for onward dissemination across the region. Please see table below for detail of the learning.
- Regional Learning Event for Serious Adverse Incidents including presentations from the Belfast Trust
- Safety Messages issued across the Trust each month, eg.

### Safety message of the week

**Patients should be triaged and assessed for treatment according to clear guidelines and in line with IEAP**

- Safety Briefings and live clinical governance by Specialty
- Safety Quality Visits where our Executive, Non-Executive Directors and Senior Managers visit wards and units and report on best practice and suggestions for improvement
- "Safety Matters" newsletter issued 3- 4 times per year
- Quarterly and Annual Complaints, Incident and SAI reports
- Directorate and Trust-wide Shared Learning Events
- Implementing recommendations from reviews and enquiries
- Incident and Risk Management training
- Incidents and SAIs are themed in categories to enhance learning opportunities
- The Trust has a weekly Governance Teleconference to discuss what harm has occurred in the previous week and what is planned for the following week in terms of SAIs, Ombudsman Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between Directorates and issues can be escalated as required.

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## Shared Learning Letters issued during 01 April 2017 and 31 March 2018

Ref No	Description	Date Disseminated
C/656/15	Telephone calls to complainants	Apr-17
C/1276/16	Seamless end-of-life care	Apr-17
SAI/16/054	Safe prescribing and continuity of care	May-17
SAI/15/138	Review of test results	May-17
W127803 & EA/16/47	Patient personal details	May-17
SAI/16/049	Management of retained foreign bodies in theatre environment	Jul-17
SAI/16/072	All Interventions must be Recorded in the Clinical Records	Jul-17
SAI/17/013	Pulmonary Embolism and seizure activity	Jul-17
SAI/16/083	Epidural Observations, including sensory and motor observations should continue for 24hrs after removal.	Aug-17
SAI/14/185	Prescribing or administering a loading dose of medicine	Sep-17
C/2075/16	Only include relevant information when responding to a complaint (previously noted as - Dealing with a Complaint)	Sep-17
C/1929/16	Keep Families Updated When Patients are Moved	Sep-17
W135142	Do not omit insulin, a critical list medicine AND ECR should not be used as a single source of medicines information for medicines reconciliation. Always check it with a second source.	Nov-17
SAI/16/066	The management of a severely ill patient with Acute Kidney Injury (AKI)	Nov-17
W132662 & W121711	All prescribers must be vigilant when prescribing chemotherapy	Nov-17
SAI/16/037	Multidisciplinary discussions should be recorded in the clinical records	Dec-17
SAI/17/066	Thorough check of a patient's clinical records prior to surgical arrangements	Feb-18
SAI/17/048	An effective triage process must be in place to consider incoming referrals	Mar-18
Liability Lessons Learnt	Lessons learnt from recent settled claims and measures for Service Areas to consider to prevent further similar occurrences	Mar-18



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## Building a Culture of Improvement

- Safetember – a month long programme of events and focused actions undertaken by the Trust every year to celebrate our improvements and to share best practice. In 2017 this included asking patients, service users and staff ‘what matters to you?’. Many responses were received which led to teams responding to feedback and taking appropriate action.

(All staff are welcome to attend the events below)

safetember				
Mon	Tues	Wed	Thurs	Fri
<b>3 What Matters to you? week</b> CYBERIA De-brief Report Elliott Dynes Education centre, Lecture room 1. 13.30 – 14.30	<b>4 What Matters to you? week</b> Falls workshop, Elliott Dynes Education centre, Seminar rooms 2,3,4 and 5, 8.30 – 13.30.	<b>5 What Matters to you? week</b>	<b>6 What Matters to you? week</b> IHI Feedback, Elliott Dynes Ec, Lecture Rms 3&4 12.00 - 14.00 Lunch will be provided!	<b>7 What Matters to you? week:</b> <b>Fire Safety Friday</b> Focus on Manager Checklists for Leavers and Safer Recruitment and Employment Practices Breastfeeding awareness, 12.00 – 13.30. Terrace restaurant, BCH
<b>10</b>	<b>11</b> IHI Feedback, Larkin Rm, BCH, Postgrad centre, 12.00 -14.00 Lunch will be provided!  Chairman's awards celebration event, Conference room, Knockbreeda centre, 14.30 -16.00	<b>12</b> Inspirational speaker – Dr Hans Hartung Boardroom, Mater hospital, 9.00 – 10.30 Mandatory training, Knockbracken Hall, Click for details. Breastfeeding awareness, 12.00 – 13.30. Spoons restaurant, RVH	<b>13</b> <b>Declutter your workplace</b>	<b>14</b> <b>Fire Safety Friday</b>  NIFRS Older People Day Central Fire Station 11.30 – 15.00
<b>17 Vote on Breaking the Rules</b>  Breastfeeding awareness, 12.00 – 13.30, RSHSC restaurant.	<b>18 Vote on Breaking the Rules</b> Margaret Murphy Patient Safety Talk, Postgraduate lecture theatre, BCH, 9.30-11.00	<b>19 Vote on Breaking the Rules</b> Money Matters – CAP and Gamblers Anonymous Seminar Room 3, Cancer Centre, BCH, 12.30 – 1.30  <a href="#">Small Worlds Event, Ennis Room                      BCH, 12- 2pm</a>	<b>20 Vote on Breaking the Rules</b> Mandatory Equality training – Staff, Seminar Room 3, Cancer Centre, BCH 10-12pm  Embracing Diversity, Cancer Centre, Seminar Room 3, BCH 12- 2pm, (Light Lunch)	<b>21 Vote on Breaking the Rules</b> Refugee Awareness Seminar, 12 - 2pm, Elliott Dynes Lecture Theatre <b>Fire Safety Friday</b> Simulation day, Drop in training demo, RVH, Elliott Dynes, Clinical Skills, 12.00 – 14.00
<b>24 Data protection training week</b> Mindfulness session, 9.00 – 10.30am, Training Room 1, 2nd floor McKinney House.  Mandatory training, Knockbracken Hall, Click for details.	<b>25 Data protection training week.</b> Safety café (CEO Brief), Education Centre, RVH 9.00 -10.30 IHI Feedback, Elliott Dynes Ec Lecture Rms, 1-3, 12.00-14.00 Lunch will be provided! Adult Safeguarding for Nurses, Samuel Irwin Lect. theatre, 10-11or 11.30-12.30 CPR challenge, RVH site	<b>26 Data protection training week</b> Mandatory Equality training – Staff, Betty Chambers Room, MPH 2pm-4pm  Datixweb / Dashboard drop-in clinic, ICT training room 1, Knockbracken clinic between 9.00 & 13.00	<b>27 Data protection training week</b> Chairman's awards celebration event, Post Grad lecture theatre, BCH 9.30 - 11.00 Shopability, BCHoyer Mandatory Equality Training – Managers, Betty Chambers Room, MPH 1.30pm – 4pm Datixweb / Dashboard drop-in clinic, ICT Suite, Education centre, Elliott Dynes between 9.00 & 13.00	<b>28 Data protection training week.</b>  <b>Fire Safety Friday</b>  What Matters to you? feedback event. Post Graduate Lecture theatre 9.00 – 13.00



- “March to Safety” was also held in 2017 to compliment Safetember and update on safety and quality initiatives. The programme included inspirational speakers and events to celebrate and share improvement work along with service specific initiatives to focus on safety and quality.
- March 27th – 31st was “Breaking the Rules for Better Care Week”. Sometimes we may inadvertently create processes or policies that have an unintended impact on staff or on our service users. Sometimes processes have dated and require rethinking. Breaking the Rules Week will provide a platform for questioning how we work and how we can improve our services for staff and for service users. Seventy responses were received from staff which were then considered by relevant teams and changes made. Eight suggestions that would impact across services were published for staff to vote in September 2018 with the top three going to be applied across the Trust.

# 1 Transforming the Culture

## Safety Quality Visits

The Trust Executive Team, Non-Executive Directors and other Senior Managers regularly undertake Safety Quality Visits to wards and units in acute and community sites. These visits support the identification of best practice at ward level, help the senior team understand what matters to the staff, service users and patients and also highlight suggestions for improvement. Learning and best practice is then shared across the Trust.

**HSC** Belfast Health and Social Care Trust  
caring supporting improving together

**Safety & Quality**

#SQVBelfast

### Visits

**Top tip** Regularly undertaking RQIA audits to help promote standards

**What matters to patients?**

- Positive feedback.
- Maintaining high standard of care.
- Happy staff.
- Time to think, plan & prepare.

**What matters to staff?**

- Positive feedback.
- Maintaining high standard of care.
- Happy staff.
- Time to think, plan & prepare.

**NEWS**

**Deteriorating Patients**

- Sepsis 6 bundle.
- ILS/ALS training.
- Floor anaesthetics in theatres.

**Keeping people safe**

- PGDs for non medical staff.
- Good record keeping.
- Clinics across Belfast.
- Access to ECR.

**Medication safety**

- ICU – electronic drug chart.
- Good links with GPs.
- IR1 feedback.

**Ensure Right Care, Right Time, Right Place.**

Development of pathways:-

- Chest pain/PPCI
- Ambulatory Care
- Heart failure etc.

Prioritise case loads by need.

Good handover.

**Open & learning culture**

- Non judgemental.
- Learning IR1/complaints/SAls.

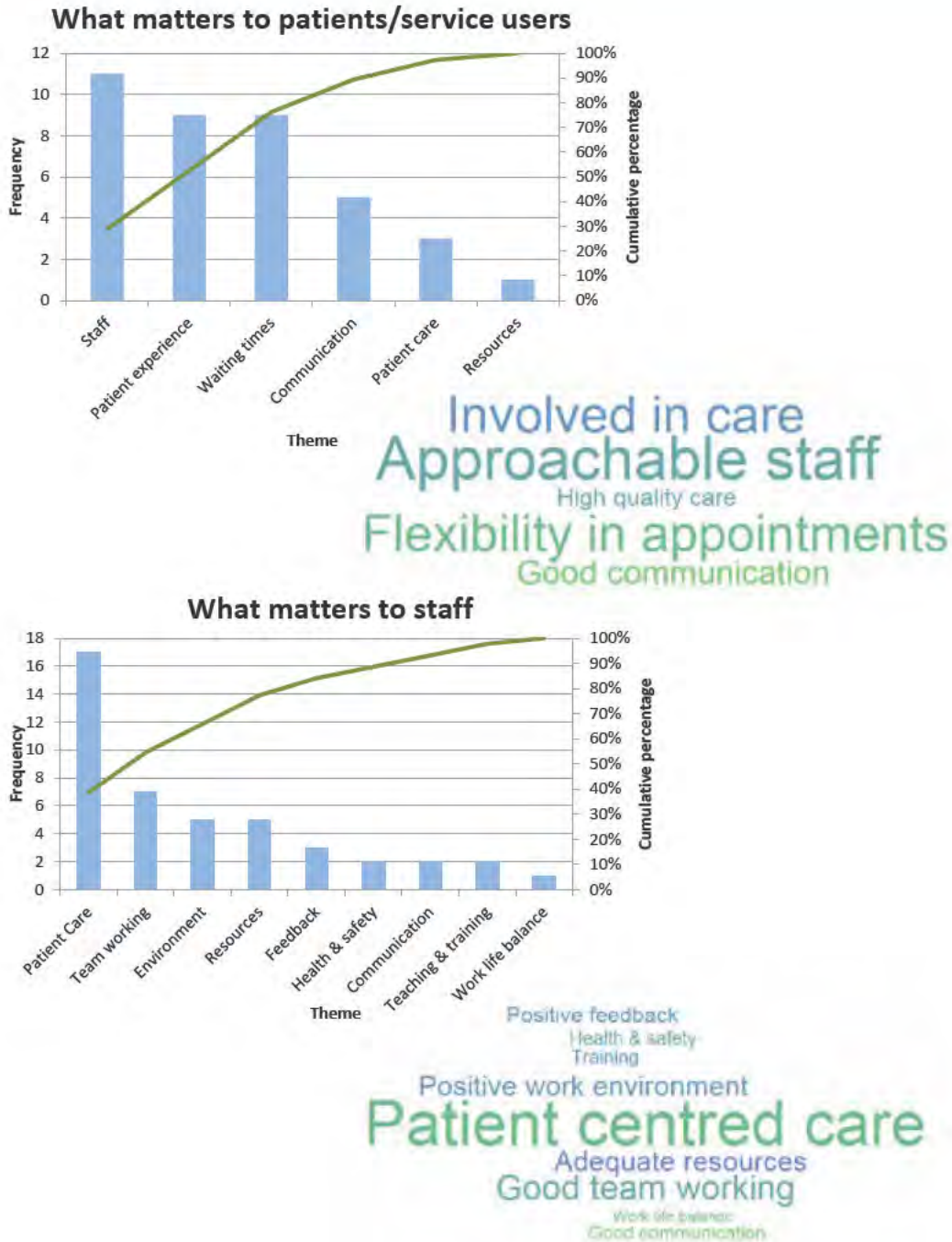
**Most proud of.**

- Reduced waiting list for SALT.
- Block room in MPH Theatres.
- Staff moral despite winter pressures.

Example of an infographic shared following Safety Quality Visits.



# 1 Transforming the Culture



Example of ward level feedback on what matters to staff and what matters to patients and service users.

# 1 Transforming the Culture

## Quality Improvement

### Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

### Our Aim

To be in the top 20% of high performing Trusts by 2020. The organisational core metrics have also been defined and agreed and included in the corporate plan 2018 – 2021. For hospital based services these are:

- (1) Patient Experience
- (2) Hospital Standardised Mortality Rate
- (3) Safety Thermometer
- (4) NHS Staff engagement
- (5) Elective Waits
- (6) Unscheduled Care Waits
- (7) Resources.

There are five main strategic conditions required in the Trust that will enable us to achieve our Vision. This is outlined in the Trust Quality Improvement Strategy:





# 1 Transforming the Culture

## Next Steps

The Trust has agreed a focused programme of improvement work upto 2021 which will enable us to achieve our aim of being one of the safest, most effective and compassionate care delivery organisations. These are based around 3 priorities:

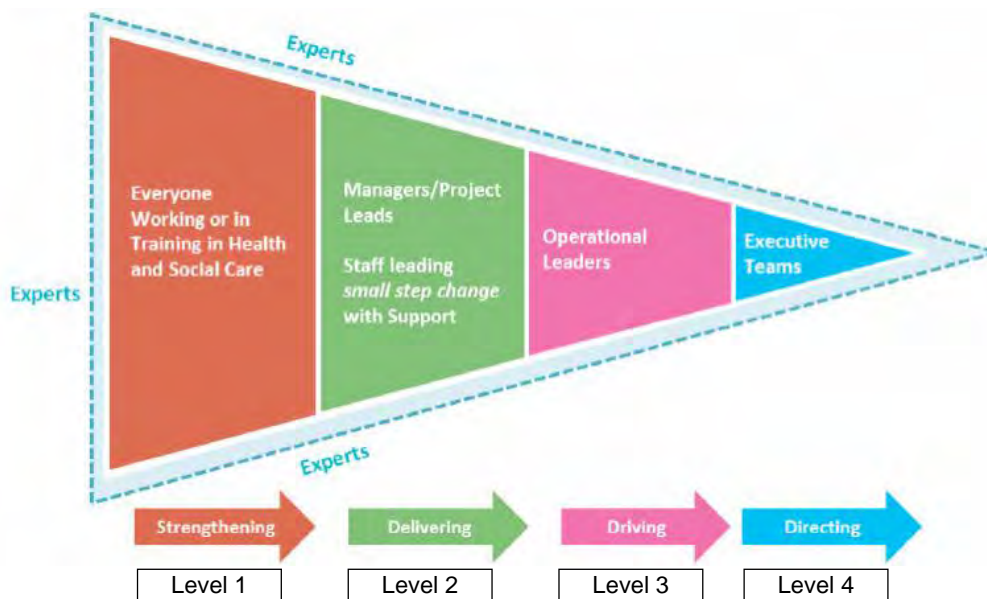
- (1) Right Care, Right Time, Right Place, Right Team
- (2) Real Time patient and service user feedback
- (3) Staff engagement and empowerment (Joy in Work).

The table below shows the workstreams and the defined metrics:

Programme Work	Measures
Non-elective Improvement	Unscheduled care waits
Elective Improvement	Elective waits
Chronic Disease management including community care	
Safety, Quality & Experience	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Patient Experience</li> <li>• Safety Thermometer includes maternity, children’s and mental health thermometers</li> </ul>
People and Culture	NHS staff engagement score

## QI Training

The Trust has a number of training programmes available for staff at all levels of the Regional Quality 2020 framework.



# 1 Transforming the Culture

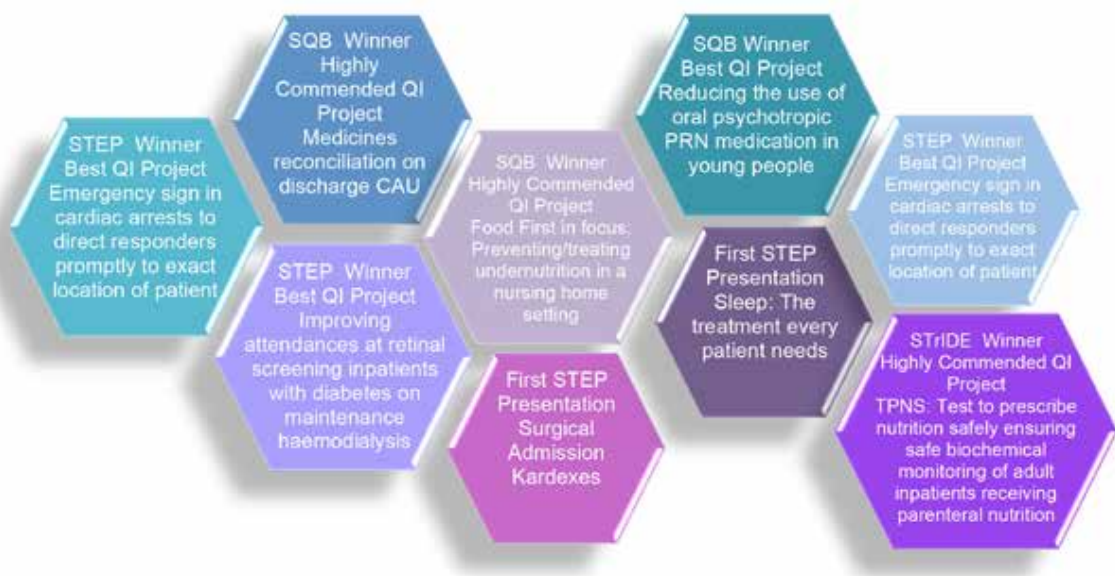
In 2017/18 the following staff were trained and quality improvement projects were completed:

Level on Q2020 Framework	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	9198 (cumulative)	N/A
2	SQB	147	40
2	STEP	53	25
2	First STEPs	47	8
2	StRIDE	27	20
3	ScIL	27	27
4	QI for Executive Level	17	N/A

The Trust has a partnership with National Education Scotland whereby the Scottish Improvement Leader programme and the Scottish Coaching and Leading for Improvement programme is delivered by Scottish faculty to Belfast Trust staff. The Trust is developing staff to deliver this training and will have joint faculty with Scotland going forward.

## Quality Improvement Project Awards 2018

### SQB winners, STEP Winners, STriDE Winner and First STEP Presentations



These projects and others have been submitted for the Patient Safety Forum awards and also to the IHI International Quality Conference in 2019.



# 1 Transforming the Culture

## Breakdown of staff trained in QI by Directorate



Many staff throughout all areas of the Trust continue to be trained in Quality Improvement methodology and leading change. In 2018/19 several thousand staff including all new employees will be trained in level 1 QI awareness; over 300 will be trained at level 2 and 30 staff at level 3.

# 1 Transforming the Culture

## Supporting Staff when an Unexpected Event has Occurred

The Trust is part of a regional Quality 2020 initiative to support staff when an unexpected incident has occurred. The Trust recognizes that providing health care can have a significant emotional



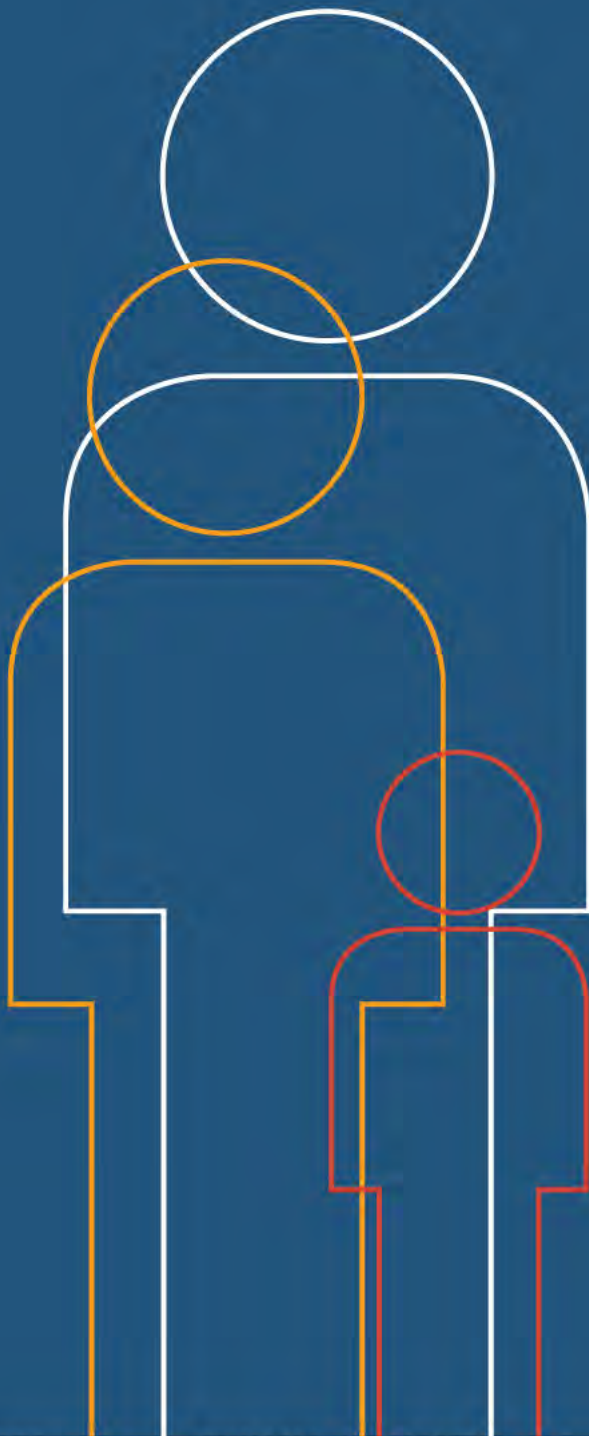
impact on staff particularly when an unexpected incident occurs. A model of support for staff is being designed and tested and is based on research of best practice throughout the world. The model was co-designed with staff and will be piloted in the Children's Hospital on the Royal Hospital site.

The agreed model to test in Children's Hospital is to have Schwartz Rounds and a 'Buddy' service to support staff who have been impacted emotionally following an unexpected event. The Buddy service will launch later in 2018 following training for 40 staff who have volunteered to act as Buddys. The Trust has also planned to implement "Schwartz Rounds" in 2017/18. Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff. Schwartz Rounds were planned in 2018/19 with initial themes being 'A patient I will never forget' and 'A day I made a difference'.





## 2. Strengthening the Workforce



## 2 Strengthening the Workforce



**bWell**



**48%** of staff trained at level 1 of the Q2020 Attributes Framework



**200** members of staff have availed of the Trust's coaching service



**40%** of frontline staff received the flu vaccination



**100%** would recommend Belfast Trust for medical work experience



**50** volunteers to act as buddies and provide support to staff



**320** staff trained in management of attendance



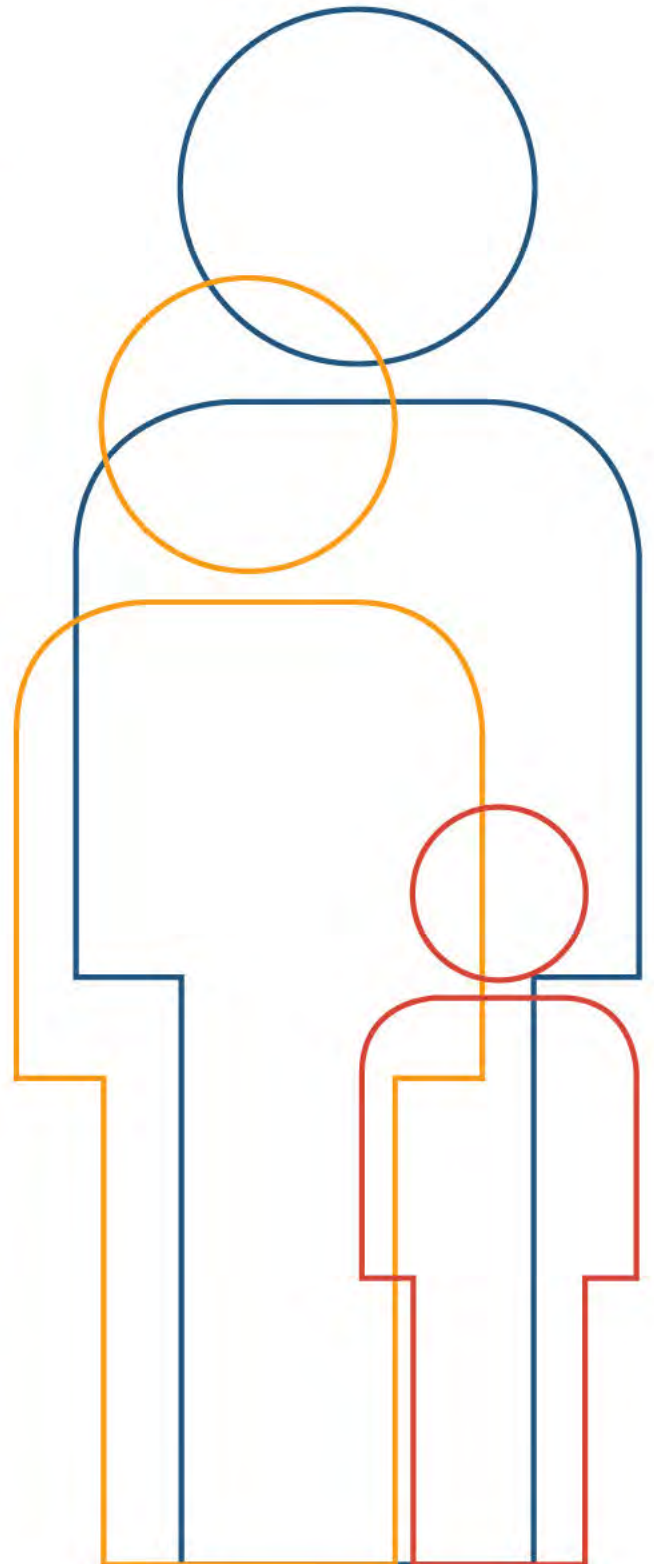
Schwartz Rounds introduced in RBHSC to build resilience among staff



**2455** staff completed equality training



**98.8%** appraisal rate for medical staff in 2016





## 2 Strengthening the Workforce

### Staff Induction and Corporate Welcome

The HR Learning and Development team are leading on the development of a new approach to the welcome and induction of new employees joining the Belfast Trust. The team are working in partnership with key stakeholders from across the trust, statutory/mandatory training providers and the Corporate Communication's team to develop a 'Welcome to Belfast Trust' event that all new employees will attend on their first day of employment.

This event provides an opportunity for all new employees to acquaint themselves with the trust's ethos, priorities and values, and will include core areas of Statutory & Mandatory training which all staff are required to complete, including Quality 2020 Level 1 training.

The HR Learning and Development team also developed, in collaboration with the Corporate Communications Team, a new digital publication entitled 'Welcome to Our Team' which they launched in June 2017. New staff are finding it an interesting, enjoyable and useful resource. To-date, the publication has been viewed by over 3,000 staff with extremely positive feedback:

*"I feel really positive, motivated and inspired when watching this"*  
*"Brilliant. Best ever"*  
*"It is great ... really glad I watched it"*



### Statutory Mandatory Training

Recognising the vital importance of Statutory and Mandatory Training in the provision of safe, high quality services to our patients and clients, the Statutory and Mandatory Working Group continue to implement and make progress with the Project Action Plan ratified in July 2016. To-date the following key actions have been completed and/or are being progressed: to ensure staff can complete statutory and mandatory training:

- Review of the Trust's Statutory and Mandatory Training Policy and Matrix
- Options Appraisal for a Learning Management System
- Welcome Event scheduled for new Employees which incorporates core Statutory and Mandatory training
- A regional HSC "training passport" which will enable the Trust to accept and deem compliant staff that have undertaken Statutory and Mandatory training delivered by other HSCNI organisations.

A Fire Safety Training task and finish group has also been established to improve upon current compliance levels.

## 2 Strengthening the Workforce

### Quality 2020 Attributes Framework

During 2017-18 the Trust continued to make progress with implementation of the Trust's Safety and Quality agenda and Quality 2020 Attributes Framework.

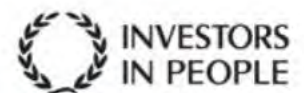
The Level 1 training programme provides staff with an introduction to Quality Improvement, small step change and a solid understanding of the critical role they play in improving services for patients, clients and service users.



As part of the SAFETember campaign, the team offered Quality 2020 Level 1 training every day throughout the month of September: in this month the training was delivered across 45 teams to 572 staff, with a further 185 staff completing the eLearning programme.

### Investors in People

The Trust remains committed to retaining and building on our accreditation as an Investors in People organisation and to using the internationally recognised quality standard as a clear benchmark for performance. The Trust had attained in 2010 and twice retained (2013 and 2016) and the standard is used for guiding quality improvements in leadership, supporting staff to provide high quality care and improving services.



The transition to IIP Generation 6 Standard has been embedded in the people and culture plans throughout the organisation. The L&D team has now partnered with each directorate to support them on their IIP journey.

From December 2017 preparatory work has been taking place to run an internal Mock Assessment in May 2018 across the organisation to have a more complete 'as is' benchmark position from which to enhance the quality of leading, supporting and improving in the Trust.





# 2 Strengthening the Workforce

## Leadership Programmes

### Leadership Development

We are continuing to implement the actions set out in our Leadership and Management Framework, which was launched in March 2017. The framework supports our commitment to developing a culture of collective leadership and to growing our community of leaders. This means having leaders at all levels of the organisation working together towards achieving high performance and improvement for our patients and clients. This idea is fully embedded in all leadership programmes delivered and/or commissioned by the Trust.



The Trust delivered several Leadership programmes as follows:



**Nurse Leadership Programme delegates with Director of Nursing Brenda Creaney**

## 2 Strengthening the Workforce

### 2017 Leadership Conference

The 2017 Leadership Conference took place on Friday 2 June 2017 in Titanic Belfast with over 230 senior Leaders and Clinicians in attendance. The theme of the conference was “Working Better Together”. The conference was facilitated by David Meade and Sarah Travers. During the conference, key messages to support the delivery of safe, effective and compassionate care were shared. Speakers included Pedro Delgado, Head of Europe and Latin America, Institute for Healthcare Improvement and Marianne Griffiths, Chief Executive, Western Sussex Hospitals, NHS Foundation Trust.

### Supervision, Coaching and Mentoring

#### Coaching



Coaching is viewed as a means of developing staff to deliver quality improvements for their own role and the service. It is about helping staff to think issues through for themselves in how to improve care, rather than about telling or instructing them. One to One Coaching sessions continue to be made available to ALL staff regardless of role, level or professional area within the Trust.

To date there have been over 200 members of staff that have availed of the service, ranging from Band 2 staff to Co-Director level, including PCSS staff, medical staff and AHPs across all Directorates of the Trust.

### Staff Achievements

#### Staff Recognition & Achievements

The HPMa (NI) awards are local awards which recognise, reward and share outstanding work in Human Resources in HSCNI, by individuals and teams who have made a real difference to their organisation or department.



BHSCT HR staff attending the HPMa (NI) Awards



## 2 Strengthening the Workforce

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The Belfast Trust's HR Directorate were shortlisted for the following awards:

- Peter Kane: Winner
- Joanne Turner: finalist
- Equality Team: finalist.

Many other teams and individuals within the Trust were recognized with awards within their respective specialties. Examples include:

### Laboratories Success at Annual Impact Excellence Awards

**Neonatal Nurse of the Year** – Barbara Palmer

**Trust Shortlisted for the Business in the Community Wellbeing at Work Award**

**2017 Health and Safety Representative Award Success** – Raymond Nelson

**Proqual Vocational Learner of the Year Award** – Natasha Gray

**Ulster University Impact Awards** – Oonagh Hewitt

**Dementia Champions Celebrate at Second Graduation**

**HIV Trainer Award** – Patrick Cassidy

**RCN Nurse of the Year Awards 2017**

Student Nurse Award: Ruth Haire

Team Manager Award: Caroline Malone

Chief Nursing Officer's Award: Gerry Bradley

Learning in Practice Award: Conor McDowell

Cancer Nurse Award: Renee Reid

**Learning Disability Project Picks Up National Patient Safety Award**

**Photographic Win at Biomedical Science Day**

**British Institute of Cleaning Science Cleaning Operative of the Year** – Ruth Neeson

**Suffolk Day Centre Wins '2017 Best of Best' Kept Day Care Facility Award**

**Patient Benefit Award** – Dr Cormac McGrath

**NI Advancing Health Care Awards** – Regional Wheelchair Training Programme for Children

**Driving Innovation in Healthcare Delivery Awards** – Dr Gareth McKeeman

**Nursing Times Awards** – Cardiac Surgery Pre-Assessment Team

**Ulster University Award For Leaders In The Making** – Rachel Green

## 2 Strengthening the Workforce

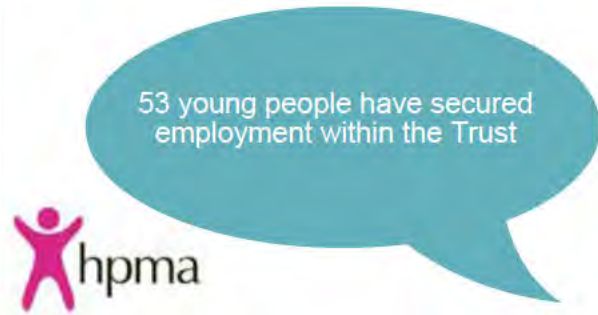
**Northern Ireland Radiography Team of the Year** – Truebeam therapeutic Radiographers

**Radox Healthcare Award** – Belfast Block Room

**Three Star Certification for ICT Service Desk**

**Northern Ireland Healthcare Awards** – Children’s Haematology Unit

### Employability Scheme for Young People in Care



The Trust was delighted to receive a finalist award at the 2018 Healthcare People Management Association national awards for the work undertaken to help young people in our care gain employment within the Trust.

### Nurse and Midwifery Recruitment

Due to a shortage of nurses within Northern Ireland, across the UK and Internationally the Belfast Trust have made significant effort to attract suitably qualified candidates to nursing and midwifery positions across the Trust.

The Trust has adopted a model of a “one stop shop” recruitment event once per year for nursing vacancies.

The Trust continues to adopt approaches to meet the challenges of Nurse and Midwifery recruitment.





## 2 Strengthening the Workforce

### Improving Staff Health and Wellbeing

A key theme of the HSC Workforce Strategy 2026 is to build on, consolidate and promote health and wellbeing. The Trust has consistently demonstrated its commitment to promoting and developing a health and wellbeing approach that enables and supports staff to take responsibility for their own health and that of their families. The Trust supports staff wellbeing through the following initiatives:

- Bwell website and App
- Managing the menopause
- Diabetes awareness
- Money matters
- Parenting NI
- Drink Work & Me
- Mindfulness
- Getting a good night's sleep.

The Trust has a comprehensive suite of Work Life Policies and a Special Leave Policy that enable staff to balance both home and work commitments and improve their working lives. These are:

- Job Sharing
- Employment Break
- Part-Time Working
- Term-Time Working
- Flexi-Time Scheme
- Compressed Working
- Homeworking
- Flexible Retirement.



During 2017/18 1519 Work Life Balance applications received with 80% approval rate



**Family  
Friendly  
Employer  
Awards  
2017 Highly  
Commended**

Our family friendly practices and innovative approach to supporting our staff were recognised by Employers For Childcare and we were highly commended at their annual awards in September 2017.

During the period we provided our tenth Summer Scheme across four sites, accommodating 285 families and almost 500 children.

We have a range of initiatives that support staff as carers and have co-developed in partnership with Carers NI, a Carers Framework offering support and guidance.

## 2 Strengthening the Workforce

In the 2018 Legal Island Diversity Awards for Best Disability Initiative the Trust was highly commended. As an accredited employer of excellence, the Trust continues to develop its employability and best practice initiatives for staff with disabilities under the Disability Action Plan.

A regional Gender Identity and Expression Employment Policy has been developed and the Trust continues to support and promote the regional LGBT Network.

Our participation in the Gender Project (in partnership with BITC and PWC) an innovation with regards promoting gender equality was recognised by Legal Island as we won the 2018 Diversity Award for Best Gender Initiative.



### Staff Flu Vaccination Rate

The Trust provides an annual flu vaccination programme. Clinics are held at a number of venues and across all sites. Posters and timetables are circulated across many wards and facilities. The flu campaign hub page continues to promote the programme and clinic timetables in an effort to increase the uptake of the vaccination. It also highlights common misconceptions regarding the flu vaccine.

40% of frontline staff received the annual flu vaccination

### Appraisal of Medical and Dental Staff

Appraisal is a contractual and professional requirement for all medical and dental practitioners. It involves an annual appraisal of all of the Doctor's / Dentist's practice against defined criteria using a standardised process. It is also an important evidence source for revalidation decision-making. The Trust Medical Director has corporate and professional responsibility for medical and dental appraisal.

Medical & Dental appraisal is intended as a *"positive process of constructive dialogue, in which the doctor / dentist has a formal, structured opportunity to reflect on their practice and consider how their effectiveness might be improved. It should support in the aim of delivering high quality care whilst ensuring safe and effective practise"*.

The Belfast Trust continues to exceed the annual DoH target of 95% appraisal rates for medical staff. The appraisal rate of medical staff for 2016 is 98.8%. The 2017 appraisal year will close on 31st December 2018. Appraisals are completed throughout the year, reviewing performance in the previous calendar year. We forecast that 2017 % figures will again be close to 100%.



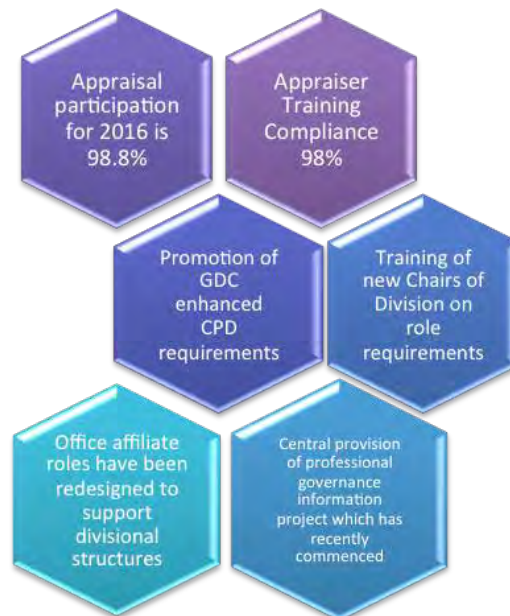
## 2 Strengthening the Workforce

### Regional Medical Appraisal System

A key focus since Autumn 2017 has been the development of Phase 1 of a Regional Medical Appraisal System in conjunction with BSO and other Trusts. The development of a regional on-line appraisal system represents an excellent opportunity to improve the delivery of medical and dental appraisal across the Belfast Trust and the region. This project is sponsored by the Regional Medical Leaders Forum. The approach to development has been to ensure the following are achieved in current and future phases:

- Professional Governance
- Easy to use interface for completion of forms and upload of evidence
- Facilitating medical staff, including transferability between organisations.

The system will go live at the start of 2019 for completion of Practice Year Ending 2018 appraisals.



### Revalidation of Medical and Nursing Staff

A system of Revalidation was implemented in December 2012 by the GMC in relation to medical practitioners. The purpose of revalidation is to *“assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the appropriate professional standards”*.

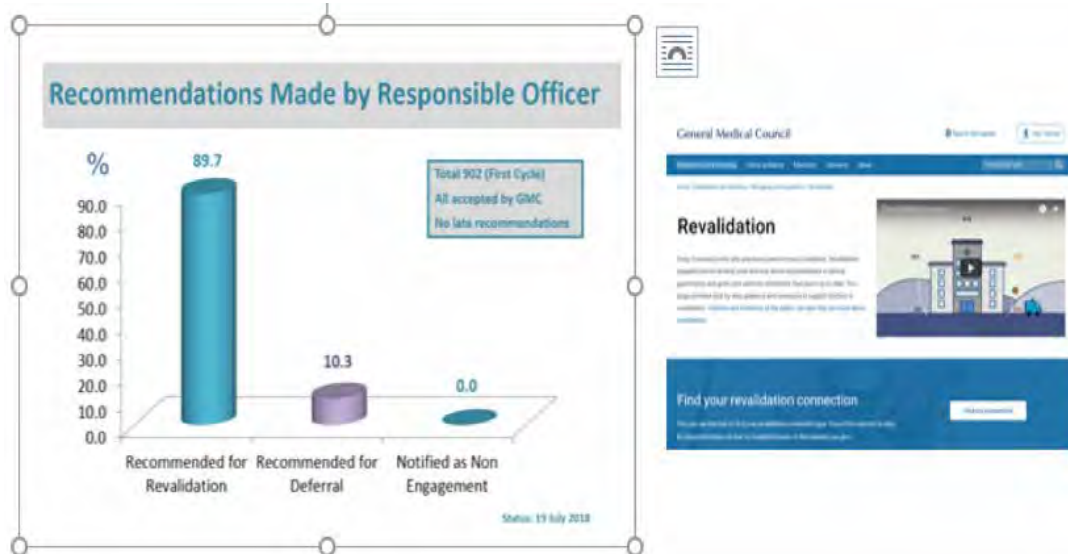
Each doctor needs to be re-licenced and therefore revalidated every 5 years. At any time, approximately 990 Doctors are connected to Belfast Trust as their revalidation Designated Body.

The Trust continues to support doctors with a range of processes to strengthen appraisal and

## 2 Strengthening the Workforce

enable revalidation, with a focus on quality assurance and continuous improvement, and ensuring appraisers and appraisees are fully equipped to deliver and meet the GMC requirements. The approach is also designed to ensure governance and assurance in enabling the Medical Director (Responsible Officer) to make revalidation recommendations to the General Medical Council in accordance with defined standards.

### Facts and Figures



### Medical Education

The objective of Medical Education is to enhance the quality of medical and dental training in partnership with QUB, NIMDTA and professional bodies, ensuring the achievement of Service Level / Learning & Development Agreements, and new initiatives, which includes GMC standards for training and Recognition of Trainers standards. This is led by medical staff and supported by administrative teams with a focus on safety, quality and innovation.

### GMC Visit

In 2017 the GMC conducted a national review of training in Northern Ireland to ensure that organisations are complying with the standards and requirements as set out in Promoting Excellence: Standards for medical education and training. As part of the review they visited BHSCT on 1st March 2018. . The GMC found that there was an effective educational governance system operating at different levels within the trust along with clear links to the trust board and that the clinical supervision of trainee doctors was working well despite service pressures.

They were particularly impressed with the training provided in Trauma & Orthopaedics and found that *“consultants role-modelled excellence in medical education and that this is then emulated by doctors in training.”* They also found a good learning environment and culture in General Surgery



## 2 Strengthening the Workforce

particularly *“evidence of strong educational leadership in general surgery. Training needs are being assessed and educational opportunities are being allocated flexibly and appropriately”*. While areas for improvement were also identified, the Trust is working closely with NIMDTA to resolve this, including developing an online portal for Trainee Doctors to improve their Changeover and Induction experiences.



### Induction

The Medical Education team continues to work with education leads, trainees and various departments to streamline information shared on the day of changeover and to find other methods of delivery e.g. Training Tracker, Trainee doctors website, open sessions etc. In previous years, the focus for Trust induction has been solely on the mandatory aspects e.g. Data Protection, Adverse Incident etc. In August 2017 and February 2018, presentations were given by STEP and SimBel, in order to showcase the development opportunities available to trainees.

### Work Experience

Medical Work Experience in BHSC aims to give Year 13/14 students, with the aspiration and ability to study medicine, an insight into the career of medicine in a hospital environment.

#### Feedback:

100% would recommend to a friend  
88% are clearer on their career choices  
95% understand how to progress in their chosen career.



For academic year 2017/18 a total of 199 school students from across NI participated in 4 programmes

### Nursing Supervision

The Belfast Trust employs 5,356 Registered Nurses in total.

Across the Trust, staff are actively engage in innovative and meaningful ways to ensure Supervision is valued and integrated into day-to-day practice. In 2017/2018, the percentage of Registered Nurses who completed two Supervision sessions were 83%, an increase of 4% from the previous year.

A continued focus and commitment throughout 2017/18 to support Bank Only Registrants resulted in a significant 42% increase in compliance of registrants who have completed two supervision sessions.

## 2 Strengthening the Workforce

### Nursing revalidation

In 2017/18, BHSCT has provided ongoing support and guidance to 2036 registrants to ensure success in meeting NMC Revalidation requirements.

We will continue to engage with HR Colleagues ensure all 'new starts' have registration and revalidation dates on HRPTS.

### Staff Absenteeism

Effective absence management is an integral part of the wider commitment to staff health and wellbeing under the HSC Workforce Strategy 2026.

The Trust continues to focus on the robust management of sickness absence and supporting managers to reduce levels of sickness absence. From 1 April 2017 to 31 March 2018, sickness absence within the Trust was 6.81% and during this period, 29% of all employee sickness absence was attributed to Mental Health related issues.

The Trust continues to target key areas with high levels of sickness absence.

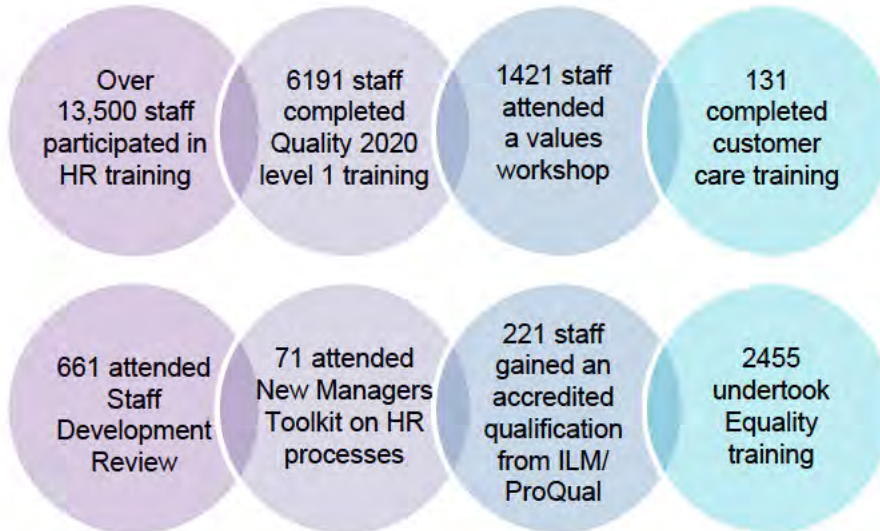




## 2 Strengthening the Workforce

### Learning and Development Activity

The HR team continue to offer a wide range of learning and development opportunities for staff, these are promoted through the annual Learning & Development Portfolio. These programmes support the achievement of the Trust's corporate and strategic objectives and enable staff to provide the safest quality of care for our patients, clients and service users.



To ensure that our training is relevant and meets the needs of our rapidly changing environment, our programmes have been updated to ensure that our actions and behaviours support a culture of Collective Leadership, Quality Improvement, and engaging our workforce.

### Introduction of Technology Enhanced Learning (TEL) Tools and Training

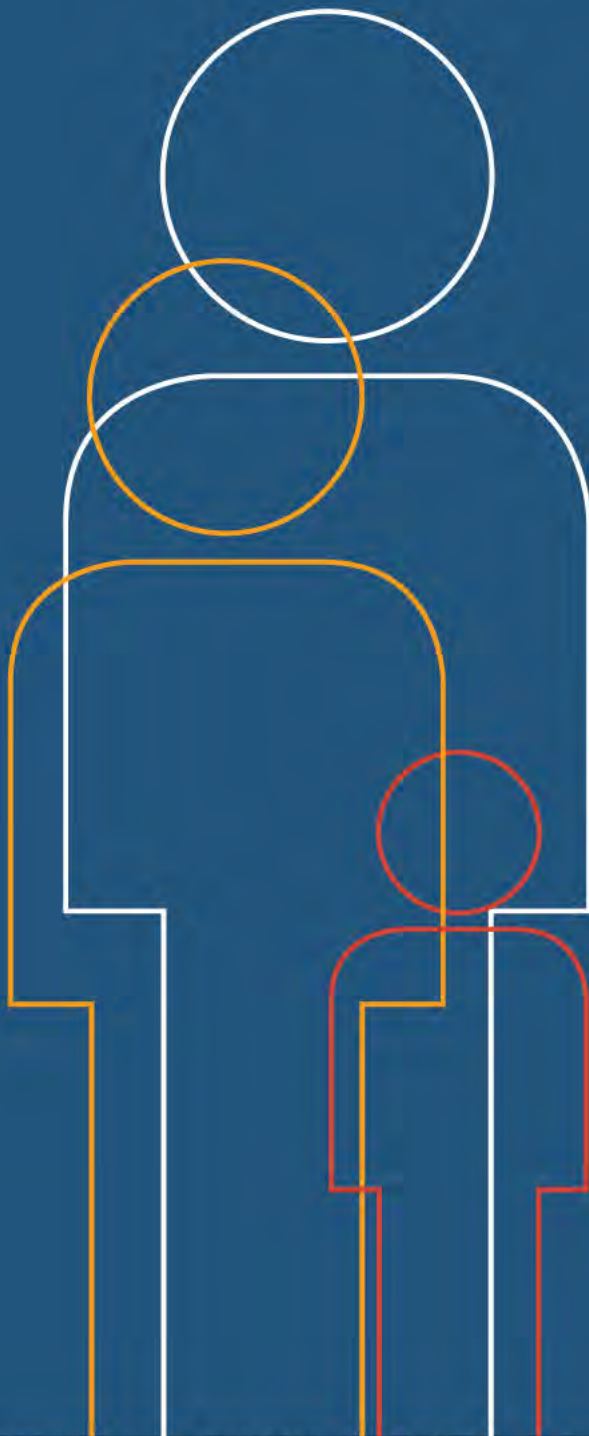
The HR Learning and Development team are embracing technology and digital innovation to deliver a range of modern, responsive and effective learning solutions. The team have developed a technology enhanced learning strategy which outlines a new approach to workplace learning in what has traditionally been a face-to-face learning environment.

## 2 Strengthening the Workforce

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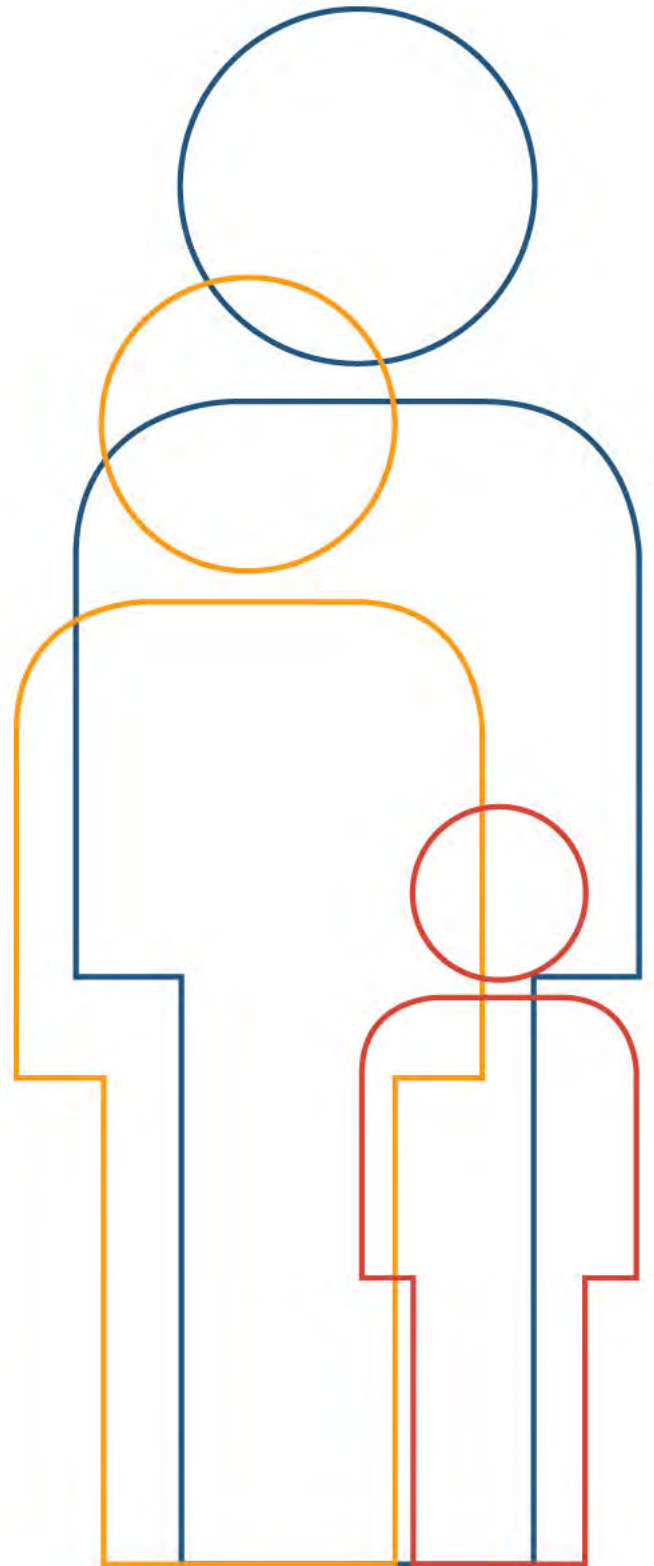


# 3. Measuring the improvement



# 3 Measuring the Improvement

-  Infection rates
-  Compliance with WHO surgical safety checklist
-  Increase in controlled drug compliance
-  Falls
-  Reduction in avoidable and deep Pressure Sores
-  Decrease in omitted or delayed medications
-  Quality Improvement in mental health
-  Preventing VTE
-  B-Safe Plan
-  Cardiac arrest rates

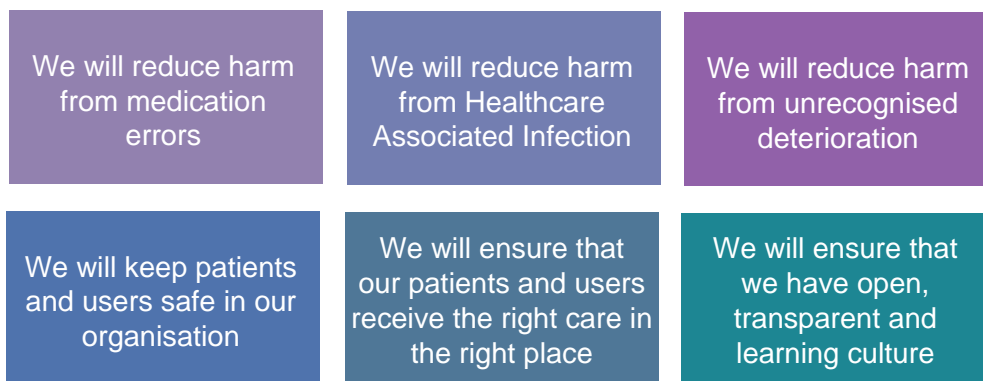




## 3 Measuring the Improvement

The Trust is committed to using data to inform and measure improvement and has invested additional resource into the Quality Improvement and Information Teams to support this objective. A Data Triangulation Group was established in 2016 to review data collected and shared within Belfast Trust to ensure it has purpose and benefit. A ward level core governance data set has been developed and tested and will be rolled out to all inpatient acute wards later in 2018. A mental health dataset is also provided and a community report is under development. A data set at Divisional level is also being piloted in the Division of Surgery.

At the heart of our drive for Quality Improvement across the Trust are six shared core objectives with clearly defined targets and goals:



## Medicines Management

The aim of the Trust Quality Improvement Plan is to reduce harm from medication errors by 30% by 1st April 2020.

In 2017/18, project work is being undertaken across 4 key areas to achieve this target:

### Medicines Reconciliation

Medicines reconciliation is the multidisciplinary process of obtaining an up-to-date and accurate medication list at admission and discharge. This list will have been compared to the most recently available information and will document any discrepancies, changes, deletions and additions.

### High Risk Medication

The Quality Improvement Plan focuses on reducing harm from key medications including insulin and Non Vitamin K Anticoagulants (NOACs).

# 3 Measuring the Improvement

## Controlled Drugs

Controlled drugs are medicines used widely in modern clinical care however, there are significant legislative controls surrounding their use and management. Controlled drug medicines are classified into 5 schedules according to their potential to be abused or misused causing harm to both patients and staff.

Controlled drug quarterly audits provide assurance of the Trust's compliance with regulations associated with the Misuse of Drugs Act (1971).

Quarterly Controlled Drug Audit compliance has been consistently achieved from July 2017.



## Controlled Drug Automation

In October 2017 a pilot of an automated dispensing cabinet was implemented in a Trauma and Orthopaedics ward for the management of schedule 2 controlled drugs.

The automated dispensing cabinet reduces the risk of miss-selection of medication as only the medicine which has been requested will be available for selection. This is particularly relevant as controlled drugs are high-risk medicines with names which sound alike and are available in many different strengths in similar packaging.



# 3 Measuring the Improvement

## Omitted and Delayed Doses

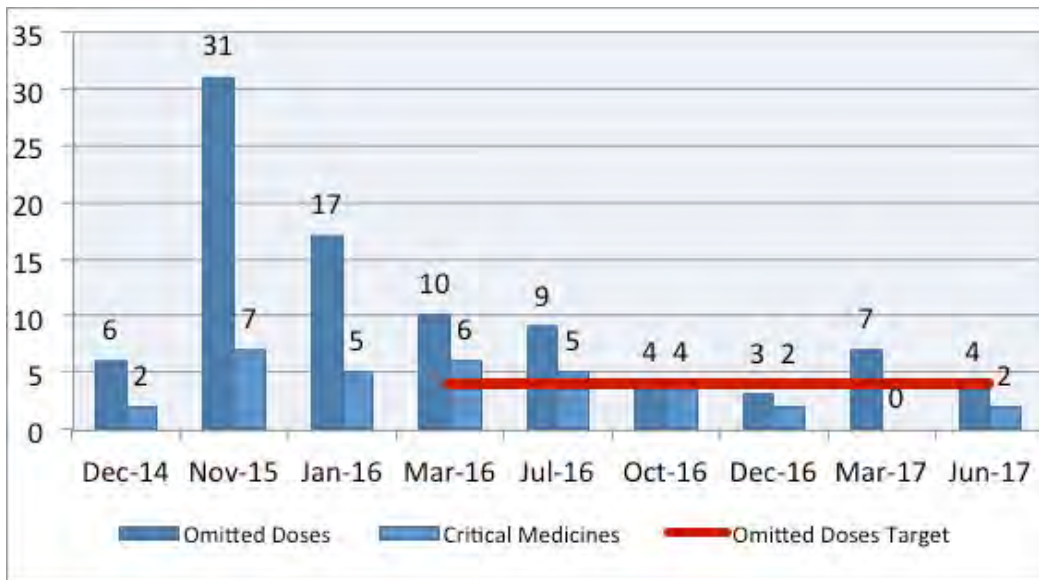
Medicine doses can be omitted or delayed in hospital for a variety of reasons including errors made during the prescribing, dispensing, supply or administration of medicines. While only a small percentage of these occurrences may cause or have the potential to cause harm, we recognise that harm can particularly arise from the omission or delay of critical medicines such as antibiotics, anticoagulants and insulin. There was a critical medical complaint received arising from omitted and delayed doses.

It is important that when a medicine dose is omitted or delayed, that staff record on the Medicine Kardex the reason for the omission or delay. This record allows staff to understand why the medicine was not given and, if required, administer the medicine at a later time or to prescribe and administer a different medicine. The Quality Improvement Plan aims to bring about a reduction in the number of occasions where a reason for omitted or delayed doses is recorded.

The 2016-2020 project work being completed in this regard includes:

- Staff Education
- Identifying local “champions”
- Carrying out regular audits and providing feedback to wards
- Monitoring Adverse Incidents

### Delayed and Omitted Doses (6 Wards)



## 3 Measuring the Improvement

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### NHS Safety Thermometer

The Trust has signed up to the Medications Safety Thermometer and will begin uploading data in 2018/19. These thermometers are all available via NHS Improvement and allow benchmarking to other NHS trusts.

#### Medication Safety Thermometer:

- Medication reconciliation
- Allergy status
- Medication omission
- Identifying harm from high risk medications.

### Infection Rates (C Diff, MRSA)

#### Reducing Healthcare Associated Infections (HCAIs)

One of the aims of the BHSCT Quality Improvement Plan (QIP) 2017-2020 is to “reduce harm from Healthcare Associated Infection (HCAI)”. The Trust’s QIP 2017-2020 states that this will be achieved through ongoing engagement with Risk Assessment, Hand Hygiene (HH), Aseptic Technique, Antimicrobial Stewardship and Cleaning. Wards and departments under the stewardship of the Health Care Associated Infection Improvement Team (HCAIIT) have continued to deliver in relation to these strategies and have helped to achieve reduction in relation to the two key ‘indicator’ organisms of MRSA bacteraemia and Clostridium difficile.

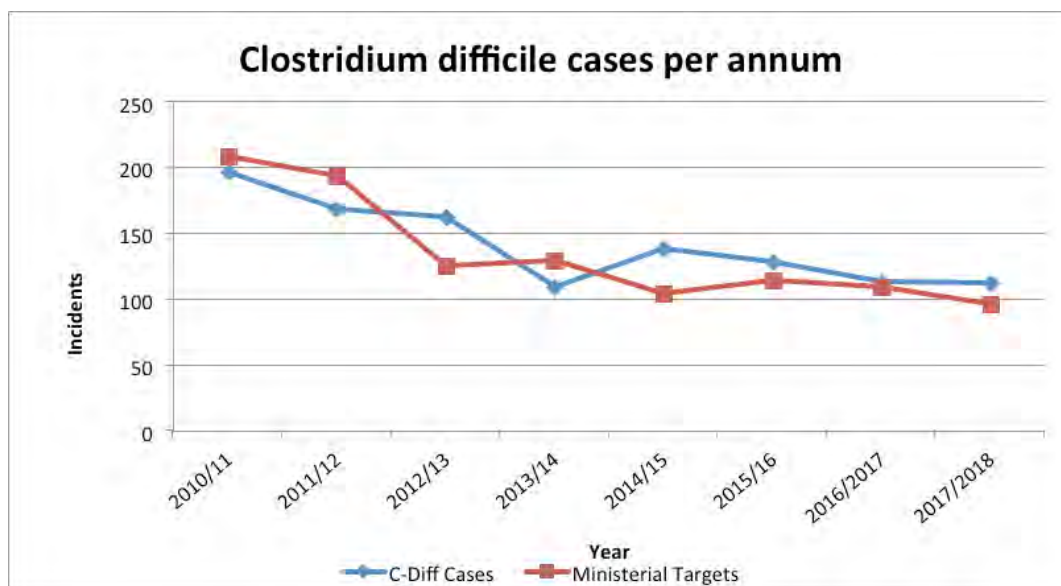


# 3 Measuring the Improvement

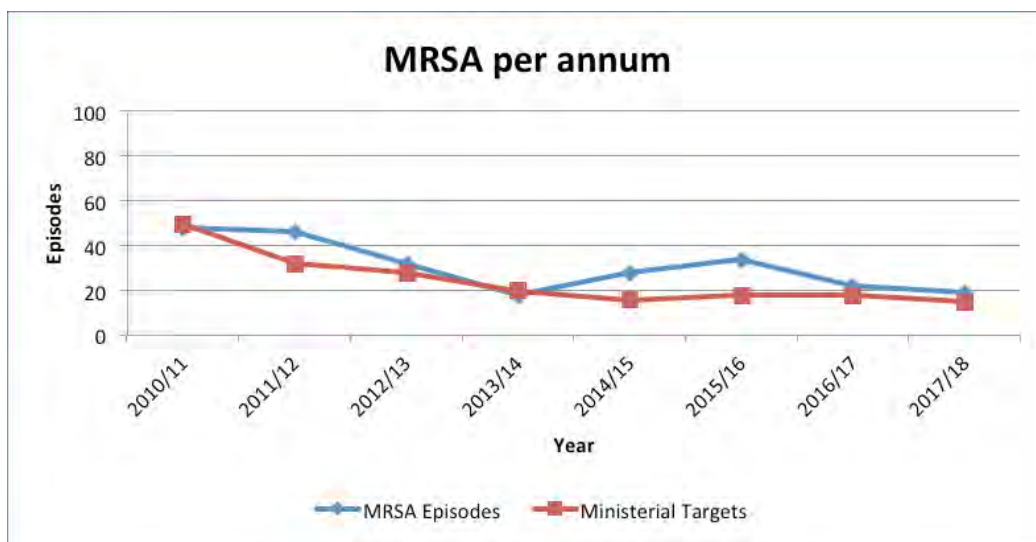
## Infection Rates and PHA target

The reduction targets set by the Department of Health remained challenging for the Trust during 2017-18 at 97 cases of Clostridium difficile and 15 cases of MRSA bacteraemia, actual numbers achieved for this period were 113 and 19 respectively.

**Figure 2: Clostridium difficile infections 10/11 to 17/18 against ministerial targets**



**Figure 3: MRSA bloodstream infections 10/11 to 17/18 against ministerial targets**



# 3 Measuring the Improvement

## Hand Hygiene

According to the WHO (2009) there is substantial evidence that hand antiseptics reduces the transmission of Health Care Associated (HCA) pathogens and the incidence of HCAI. The BHSC Trust has set a very high standard for measuring compliance with hand hygiene in looking at all of these various elements when judging whether HH has been carried out appropriately and effectively.

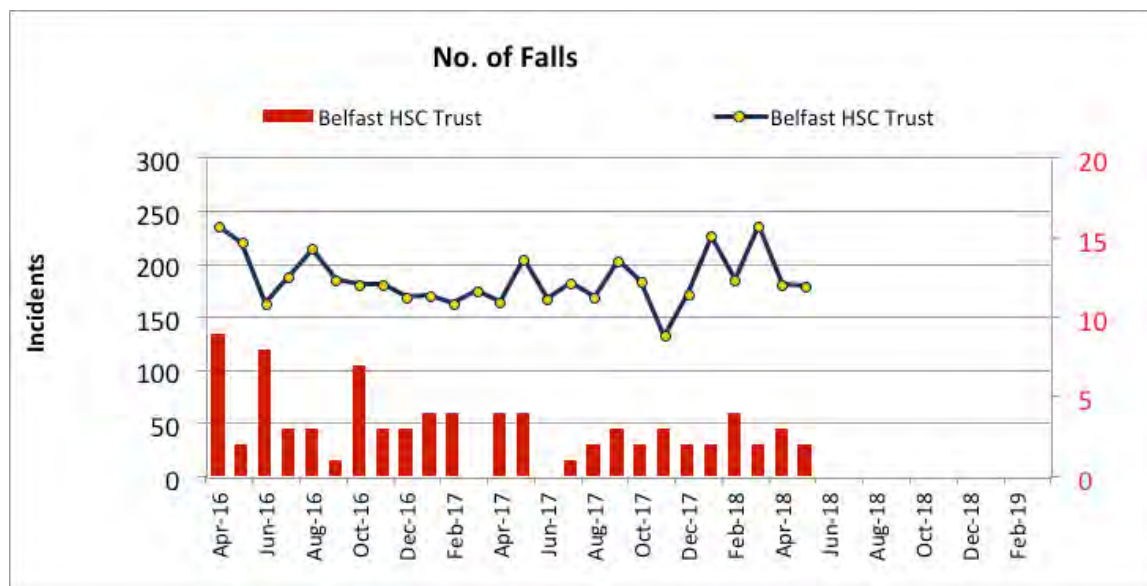
The Infection Prevention Control Team carried out 81 independent HH audits during 2017/18. The results of these audits were reported back to the HCAIT on a quarterly basis. The audit scores ranged from 55% to 100% and the average scores over the quarters were 81% Q1, 88% Q2, 77% Q3 and 79% in Q4. The yearly average score was 81%.

## Inpatient Falls

Falls in hospital are among the most frequently reported incidents with over 186 falls reported each month during 2017/18. Patients of all ages fall, but falls are most likely to occur in older people. The causes are often complex, and inpatients are particularly vulnerable to falling due to a range of factors including illness, the medications required and difficulties with mobility. Active rehabilitation that encourages improved movement and prepares inpatients for home also carries a risk of falling.

## Facts and Figures

In 2017/18, the Trust recorded 2,235 falls – a reduction of 18 on the number reported in 2016/17.





## 3 Measuring the Improvement

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### Facts and Figures

Of the 2017/18 total number of reported falls, 29 led to more serious injuries. This number is a reduction of 18 from last year when the total number of more serious falls was 47. This constitutes a 38% decrease.

Ongoing Improvement will be facilitated by:

- Continued engagement by colleagues both locally and regionally
- Successful recruitment of a Fall Safe Co-ordinator, to facilitate and support ward staff
- Roll out of 'fall safe' bundle in all adult acute inpatient wards
- Engagement and education of all staff participating in 'Fall Safe', with 1072 staff currently trained
- Falls workshops - since 2017 we have facilitated three falls workshops inviting all members of the multidisciplinary team to attend. To date 122 members of staff have attended and feedback from these workshops has been positive
- Involving patients who have had a fall to these workshops. This has enabled them to share their stories and experiences and has allowed staff to have a better understanding of the impact of a fall on the person
- Supporting a Falls awareness week. This was facilitated within the Trust in June 2018, and included; tutorials for staff with many fantastic teaching moments and information stands for both the general public and staff.

## Keeping People Safe in our Organisation

### Pressure Sores

Pressure ulcers are complex wounds that affect skin, muscles, tendons and bones. They are painful lesions that threaten life and limb, prolong discharge, and are expensive to treat. It is estimated that in the UK 412,000 people develop pressure damage every year. Within the Belfast Trust we aim to reduce harm from avoidable healthcare acquired pressure damage/1000 bed days by 25% by 31st March 2020.

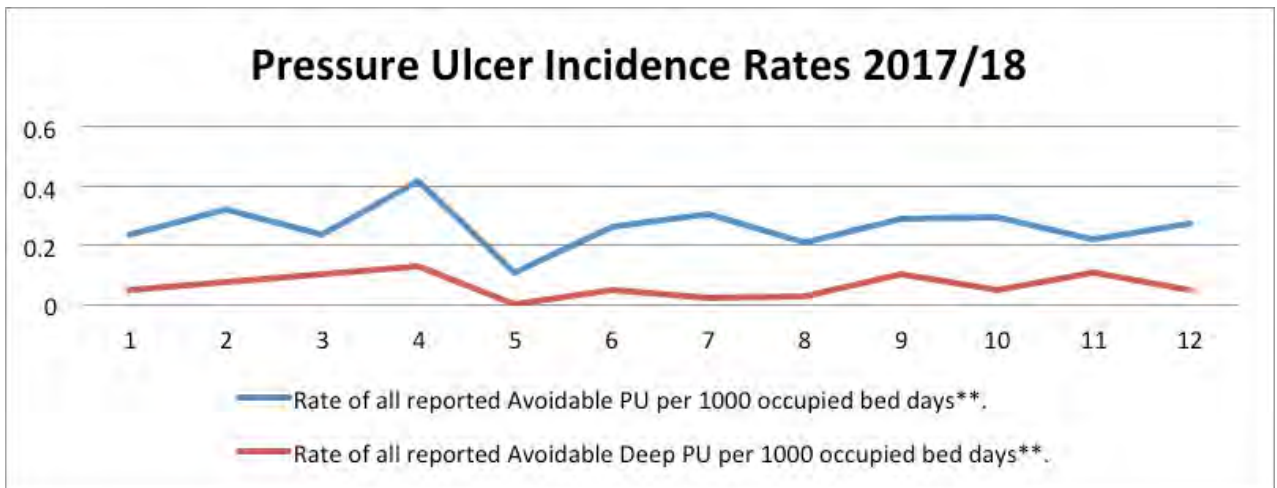
# 3 Measuring the Improvement

## Facts and Figures

In 2017/18, 123 pressure ulcers were reported (incidence per 1000 bed days 0.26) – this represents a reduction of 5% in the number of ulcers reported in 2016/17 (n=129), thereby continuing the year-on-year decrease. A review of the past 5 years pressure ulcer data shows that the Trust has achieved a 46% reduction in all avoidable pressure ulcers and, perhaps more importantly, a 66% reduction in the number of people suffering from \*deep pressure damage.

Year	Total No. Avoidable Pressure Ulcers	Avoidable Deep Pressure Ulcers
13/14	228	87
14/15	218	43
15/16	195	35
16/17	129	31
17/18	123	30

\* Pressure damage is graded on a scale of 1-4. Grade 1 represents non blanchable red skin and Grades 2, 3 and 4 represent damage down to the dermis, subcutaneous tissue and muscle, tendon or bone respectively. Some wounds cannot be graded immediately and are referred to as Deep Tissue Injuries or ‘unclear’. Superficial pressure damage represents Grades 1 and 2; and Deep pressure damage represents Grades 3, 4 and Deep Tissue Injury.



The low incidence of pressure ulcers creates a challenge in terms of further reductions. However, a review of pressure ulcer incidents (2017/18) indicates that we can make further improvements by documenting preventive care effectively, ensuring devices such as plaster casts, nasogastric tubes and oxygen masks, are carefully applied and repositioned (where possible), and investigating pressure ulcer incidents in a timely manner so that learning can be shared.



## 3 Measuring the Improvement

### Preventing Venous Thromboembolism

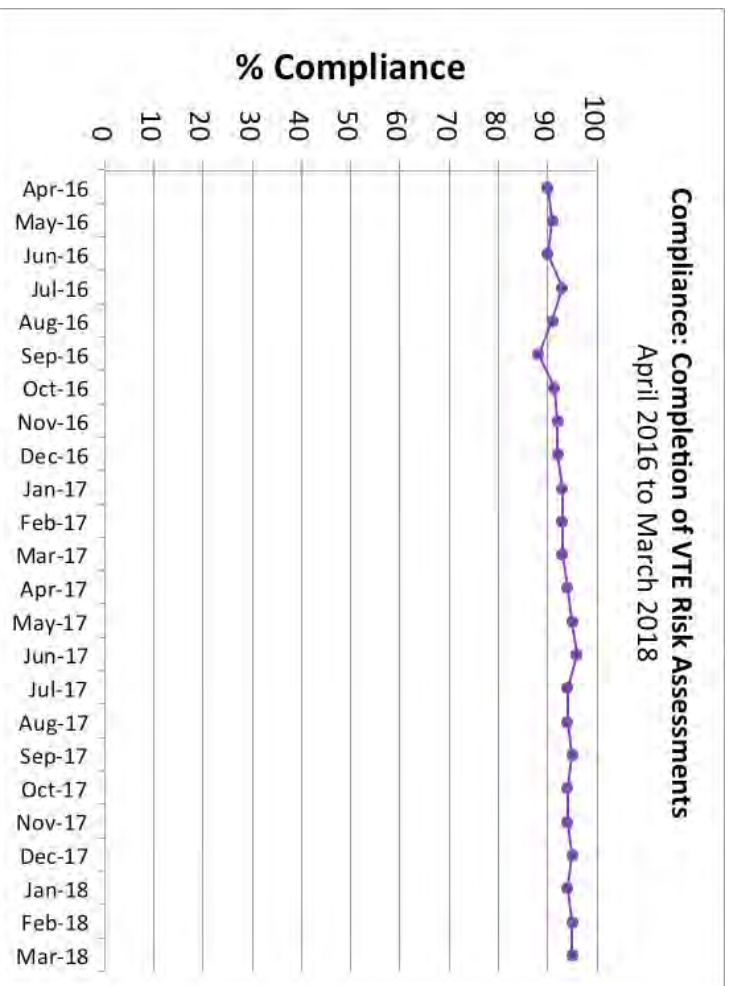
Patients whose condition or treatment causes immobility (for example during or after surgery or following a broken bone) are at increased risk of developing a blood clot in the veins of their legs.

These clots are called Venous Thromboembolism (VTE) and can break off and travel to key organs like the lungs, causing serious complications. Estimates suggest that there are more than 25,000 hospital deaths in the UK each year from VTE.

To help prevent such clots we have introduced a process to assess individual patients' risk of developing a clot and where appropriate to provide blood-thinning medicines. Completing this risk assessment and subsequent appropriate preventative action reduces the risk of patients developing a clot.

### Facts and Figures

- The completion of VTE Risk Assessments is monitored across all adult inpatient hospital wards and results are fed back to wards on a monthly basis
- Approximately 1,100 kardexes are audited across all in patient wards on a monthly basis by independent specialist nurses
- Over the 2017/18 year audit figures showed 12,667 VTE Risk Assessments were completed.

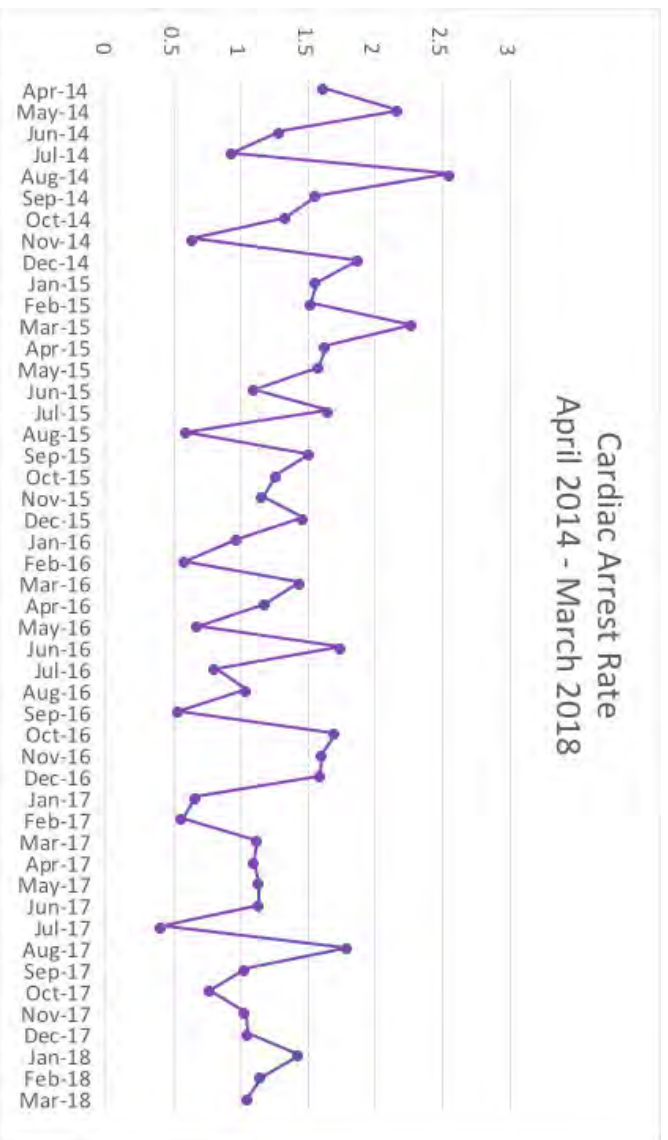


## 3 Measuring the Improvement

### Cardiac Arrest Rates

A cardiac arrest is where a patient requires chest compressions and / or defibrillation by the Hospital Resuscitation Team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating. Compassionate care of patients acknowledged to be nearing the end of their lives may also reduce the number of patients treated for cardiac arrest.

Improvements made in the early recognition and management of the deteriorating patient have helped us to reduce cardiac arrest rates as shown in the graph below.



### Safer Surgery/ WHO Checklist

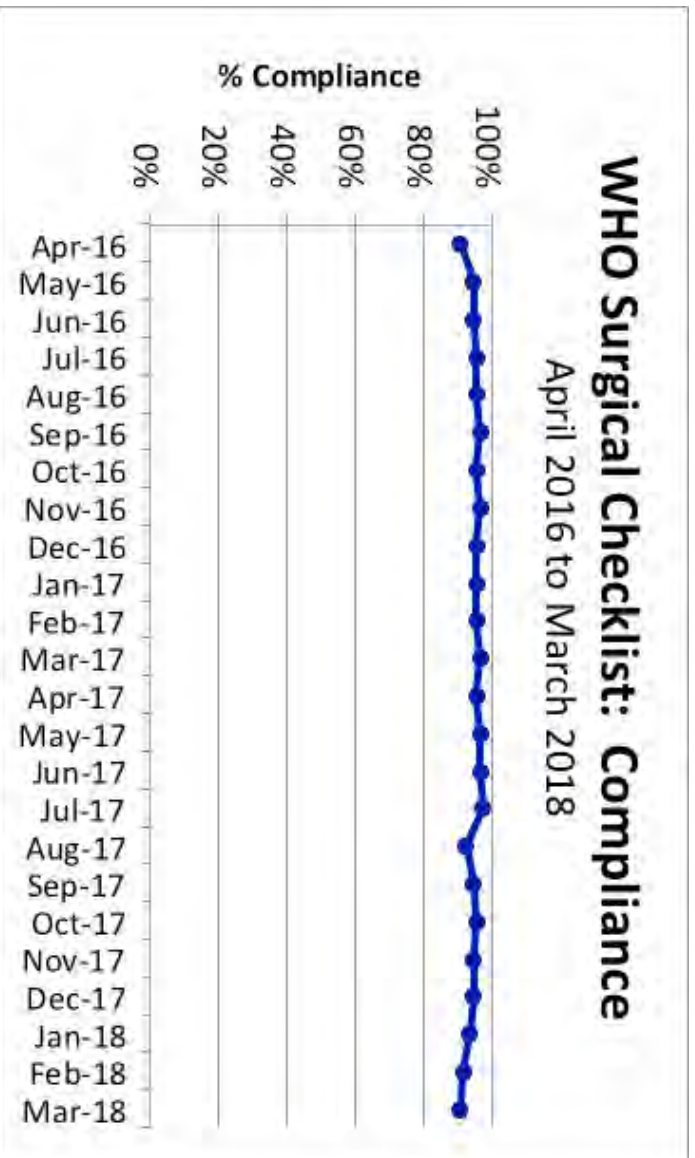
The WHO Surgical safety checklist has been in place across all theatre departments within the Belfast Trust since 2010. It is designed to reduce the number of errors and complications resulting from surgical procedures by improving team communication and by verifying and checking essential care interventions

The checklist ensures that each surgical team has taken all the right steps before and after surgery to ensure patient safety eg by making the surgical team aware of any patient allergies; minimising the risk of surgery on the wrong site or the wrong patient; minimising the risk of the wrong procedure being performed.

## 3 Measuring the Improvement

### Facts and Figures

Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team. In 2017/18 the average compliance level was 95%. Compliance of 95% or above was achieved in 8 out of 12 months.



### NHS Classic Safety Thermometer

The Trust has signed up to the Classic Safety Thermometer and will begin uploading data in 2018/19. These thermometers are all available via NHS Improvement and allow benchmarking to other NHS trusts.

#### Classic Safety Thermometer:

- Pressure ulcers
- Falls
- UTI (in patients with a catheter)
- VTEs.



# 3 Measuring the Improvement

## Maternity QI

Fetal Growth restriction in the third trimester of pregnancy contributes to a stillbirth rate of 3 per 1000 for the BHSCT. Arranging a 3rd trimester ultra sound scan (USS) to assess fetal growth is often a challenge for midwives. Hospital antenatal clinics are usually at full capacity and referring women to Consultant Led services often results in transfer of care to a Consultant led pathway.

A Midwife-led Fetal Growth Assessment (MFGA) Clinic was established in February 2017 to provide a direct referral route for midwives to arrange an USS for low risk women attending a Midwife-Led care (MLC) pathway, where there was a suspicion of Fetal Growth Restriction (FGR).

Locally agreed referral criteria were agreed and Quality Improvement methodology was used to implement the MFGA Clinic.

Results highlighted that midwives valued the ease of the referral system with >94% reporting that an USS appointment was arranged within 72 hours of the referral.

Of those mothers who attended the MFGA clinic and had an USS performed, 41 (14%) were referred into consultant-led care (CLC) with suspected FGR/SGA over the 15 month period.

The new MFGA clinic has rapidly established itself as an integral addition to Midwifery Led Care services in identifying the fetus at high risk of FGR/SGA in a low risk maternal population. Robust referral criteria and system processes for access to scanning in the 3rd trimester of pregnancy increases the support to and satisfaction of Midwives working in low risk Midwifery Led Care environments.

Improved access to fetal growth scanning in the 3rd trimester of pregnancy contributes to the proportion of FGR babies who are detected antenatally.



# 3 Measuring the Improvement

## Paediatric QI

Examples of improvement projects in paediatrics.

### Think Drink! Reducing Fasting Times in Children

In children the incidence of aspiration is rare with minimal sequelae. However fasting times are often exceeded and associated with adverse perioperative consequences including thirst, anxiety, increased catabolic state, haemodynamic instability on induction, poor behavior and compliance.

#### Project Aims

Knox Ward clear fluid fasting targets prior to induction of anaesthesia within 6 months:

- 80% of children will be fasted for less than 4 hours
- No children will be fasted for more than 12 hours
- Median fasting time for clear fluids will be less than 4 hours.

#### Results

The project aims have not been achieved, however, improvement has been demonstrated and work is on-going. The median fasting time for clear fluids has more than halved and the proportion of children fasting for more than 4 hours has reduced by a factor of 5. Furthermore we have reduced the proportion of children fasted for more than 12 hours by a factor of 3.

There has been no increased incidence of aspiration. Projects undertaken by STEP trainees are passed on for continued improvement to the next cohort of STEP.

### Reducing Harm from Errors in Paracetamol Prescribing

Aims to reduce to zero the number of children in RBHSC theatres prescribed/administered an incorrect dose of IV paracetamol. Contributing factors to medication errors include vial sizes, 10-fold calculation and administration errors, confusion between dose in mls and mg, transitions of place of care, weight, multiple routes of administration.

It was decided that an aide to paracetamol prescribing would help to reduce errors in prescribing and administration in theatre. The development of the aide went through 4 PDSA cycles before a final draft was agreed.

An aide to prescribing and administering IV paracetamol safely				
Weight	kg	Prescribed dose	Preparation	Syringe required
<input type="checkbox"/> Check: Is paracetamol prescribed anywhere else on <b>this or another</b> kardex?		<20mg	100mg/10ml	<input type="checkbox"/> 2ml
<input type="checkbox"/> <b>Preterm</b> infants < 37 weeks corrected	7.5mg/kg <b>every eight hours</b> maximum TID	21-50mg	100mg/10ml	<input type="checkbox"/> 5ml
<input type="checkbox"/> <b>Term</b> infants < 10kg	7.5mg/kg <b>every six hours</b> maximum QID	51-100mg	100mg/10ml	<input type="checkbox"/> 10ml
<input type="checkbox"/> Children > 10kg	15mg/kg <b>every six hours</b> maximum QID	101-200mg	500mg/50ml	<input type="checkbox"/> 20ml
		201-500mg	500mg/50ml	<input type="checkbox"/> 50ml
		500mg -1g	1000mg/100ml	<input type="checkbox"/> volumetric pump

## 3 Measuring the Improvement

### Mental Health QI



#### B-Safe

The Child and Adolescent Mental Health Service (CAMHS) in Belfast and the South Eastern Trust (SET) coproduced, with young people, the B-Safe Safety Plan.

Developed using quality improvement methods to co-design a safety plan format - an individual plan co-produced between the young person and Mental Health staff – B-Safe was designed to keep the young person safe. The aim was to ensure that young people would:

- a) Like and use the format and
- b) Reduce variation in the number of plans across the service.

The B-Safe Safety Plan uses an innovative z-card design. The B-Safe Safety Plan has made a real difference to clinical effectiveness and quality through engaging and empowering young people to manage their distress in a safe manner. The B-Safe Safety Plan has spread to community CAMHS in BHSCT, SET and other Trust areas. The B-Safe Project won the Safety Forum Partnership Working & Coproduction Category of the Safety Forum Awards 2017.

#### Next Steps

A Bee Safe mobile application is in production to take this innovation onto a digital platform that can be used on smartphones and other digital devices ubiquitous amongst teenagers.

### Purposeful Inpatient Admission (PIpA)

Over the past few years, the occupancy in Belfast Trust's mental health inpatient units have been running consistently over 100%. This resulted in our Service Users having to access MH in-patient care in other Trusts. We were concerned that this could increase patient safety and experience issues linked to transport, availability of notes out of hours and difficulties for carers.

In February 2018 Belfast introduced PIpA (Purposeful Inpatient Admissions Model), a model already successfully used in the Virginia Mason Medical Centre (Seattle, US) and Tees, Esk and Wear Valleys NHS Foundation Trust (England).

Service Users' experience of care is central and hinges around a daily Multi-Disciplinary report out meeting to speed decision-making. A Visual Control Board maps the Service Users' journey and ensures the agreed aims of the admissions are met within specified and agreed timescales.

#### Next Steps

Following successful completion of the pilot on Rathlin Ward that clearly demonstrated:

- A reduction in bed occupancy to 85% together with a 30% reduction in length of stay (from 53 to 36 days)



## 3 Measuring the Improvement

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- “Green” bed status (>5 available beds) for 24 consecutive days
- A reduction in violent incidents
- Improved staff and service user satisfaction.

The model is being implemented in the remaining general adult acute wards in the Mater Hospital, with further plans to introduce the model in PICU in October and MHSOP wards in November 2018.

### Physical health care

Belfast H&SC Trust recognises the significant impact that mental ill health and accompanying medication, can have on Service Users’ physical health status. Clear evidence shows poorer physical health outcomes for our Service Users. Several projects are underway to address this significant feature of our Service Users’ lives:

- Eating Disorders
- High Dose Antipsychotic monitoring
- Physical health care for Service Users with severe mental illness
- Discharge Process.

### Next Steps

- Our aim is to have all discharge letters provided within four working days using the new format by the end of 2018.

# 3 Measuring the Improvement

Figure 3 below illustrates the quality improvement journey of our mental health teams



## 3 Measuring the Improvement

### Right Patient Right Blood: Competency Compliance Audit

Over a three day period during the month of September 2017, an audit was undertaken to demonstrate the Trust's compliance with the National Patient Safety Agency, Safer Practice Notice 14, 2006, "Right Patient Right Blood", and DHSSPS NI Circular 2011, Better Blood Transfusion 3 NI, which stipulates that all staff obtaining pre transfusion samples (Competency 1), and administering blood components (Competency 4 – a blood component must be checked by two members of staff who have been deemed competent), must be competency assessed in these procedures.

#### Competency 1

*Obtaining a sample for pre-transfusion testing*

Directorate	No. Cases	No. Competency 1 Assessed	% Competency 1 Assessed
Unscheduled & Acute Care	18	12	67%
Surgery & Specialist Services	49	30	61%
Specialist Hospitals & Women's Health	11	8	73%
Adult Social & Primary Care Services	5	5	100%
<b>Total</b>	<b>83</b>	<b>55</b>	<b>66%</b>

#### Competency 4

*Preparing and administering a transfusion of a blood component*

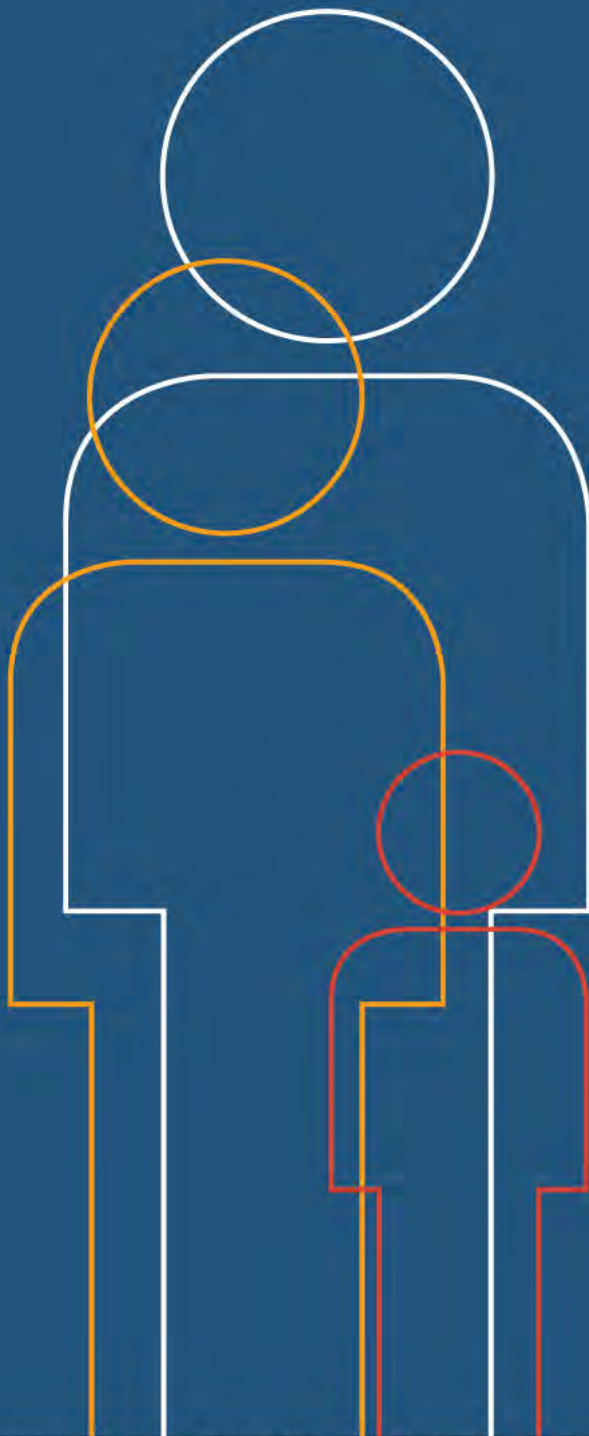
Directorate	No. Cases	No. Competency 4 Assessed 2 Members of Staff	% Competency 1 Assessed 2 Members of Staff
Unscheduled & Acute Care	35	23	66%
Surgery & Specialist Services	97	57	59%
Specialist Hospitals & Women's Health	21	19	90%
Adult Social & Primary Care Services	7	4	57%
<b>Total</b>	<b>160</b>	<b>103</b>	<b>64%</b>



# 3 Measuring the Improvement

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# 4. Raising the Standards



# 4 Raising the Standards

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Clinical Lead for Mortality and Morbidity



**71%** patients attending ED were treated and discharged within 4 hours



**19** regional audit projects undertaken



Below peer organisations for crude mortality



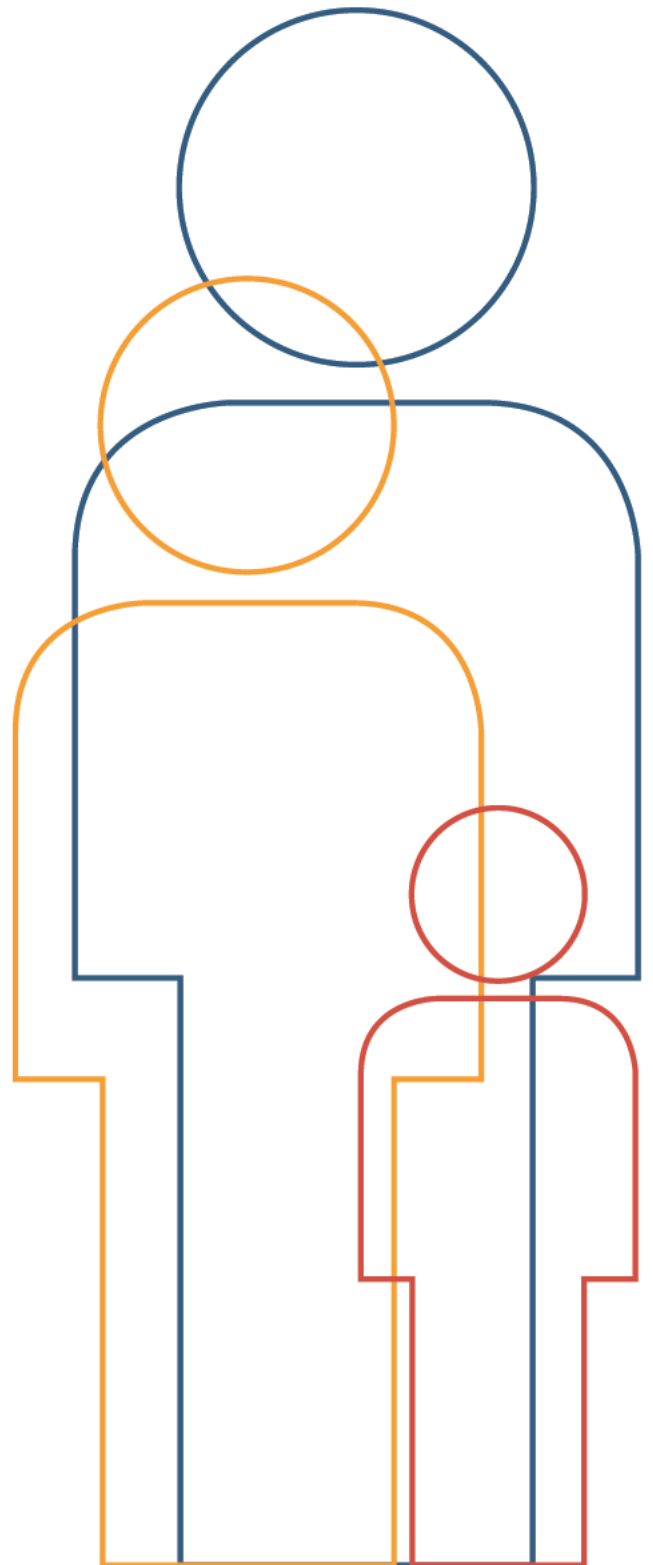
Reduction in patients with chronic disease attending ED



**18** national audits completed



**138** NICE Guidelines received and actioned





## 4 Raising the Standards

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### Standardised Mortality Ratio

Belfast Trust treats and cares for patients everyday, many of whom are very ill. The vast majority of patients are discharged safely, however a small number of patients die under our care.

The proportion of patients who die (the 'mortality rate'), is a useful indicator of the quality of care we provide, and we can compare our mortality rate with other similar UK hospitals.

#### Overall Mortality 1 April 2017 – 31 March 2018



2055 inpatient deaths



2005(98%) recorded onto RMMRS

Of the cases recorded onto the system 1470(73%) went through to their conclusion at a Specialty Mortality Review and Patient Safety meeting.

Specialty Mortality Review meetings report through and provide assurance to the Learning From Experience Steering Group via the Outcome Review Group.

Mortality rates must be viewed carefully however, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex problems than others, or different services that may involve a higher risk of death, for example trauma and intensive care.

To calculate mortality an internationally 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.

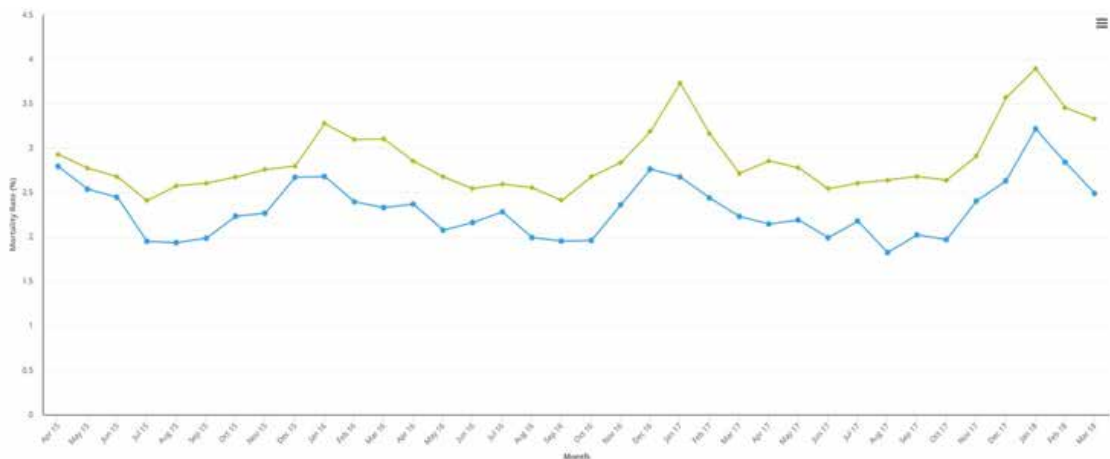
# 4 Raising the Standards

## Crude Mortality

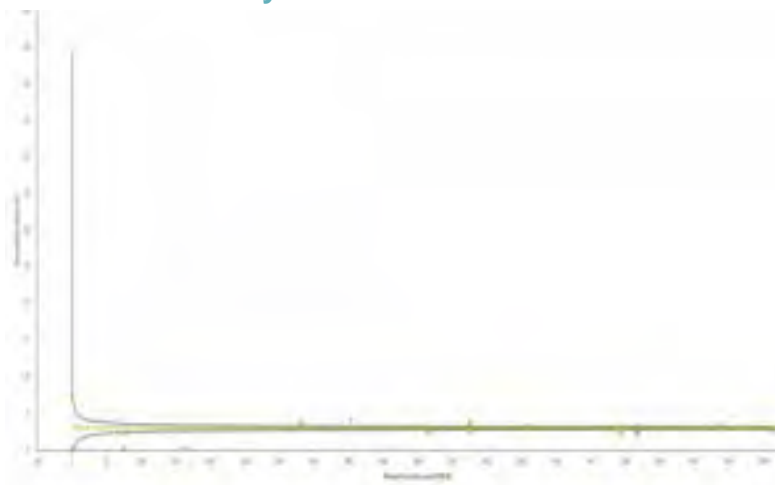
Standardised mortality rates are based on statistical prediction and it is necessary to complement these with 'crude mortality rates'. Crude rates are basically the real numbers and percentages of deaths, and can be expressed as a percentage by showing the number of deaths for every 100 discharges. These crude rates can then be compared to other Trusts with a similar profile to ourselves.

### Total % Crude Monthly Mortality with Peer to March 2018

Total Crude Rates for 2017/18 is lower than peer organisations for each month of the year. This is a consistent picture with previous years with the Trust showing less deaths at a crude percentage rate (Belfast Trust in Blue). For 2018/19 we will compare against all Trusts in the UK.



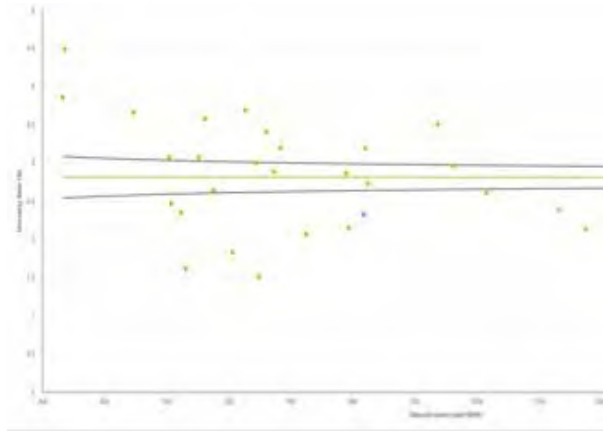
### BHSCT Crude Mortality 2017/18 Trust Peer



Belfast Trust (blue dot) has a lower average crude mortality rate than peer organisations of a similar size that deliver specialist services.

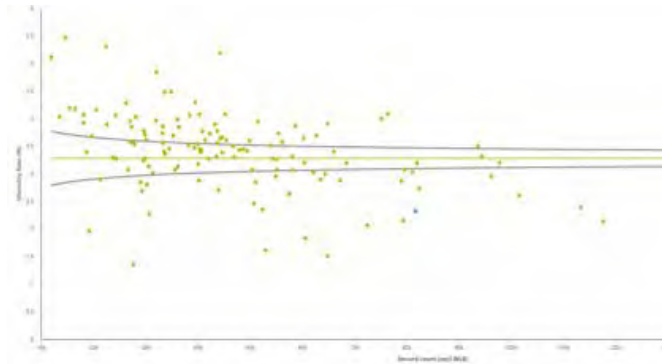
# 4 Raising the Standards

## BHSCT Crude Rate (Acute Teaching Peer)



Compared to other NHS acute teaching Trusts, Belfast (blue dot) has a lower average crude mortality rate.

## BHSCT Crude Total Mortality (Acute HES Peer)



Belfast (blue dot) is below the average for crude mortality compared with other NHS acute hospital Trusts.

## RAMI by month April 17 – March 18 (with Korner Revised Peer, excluding 0 Iospell)

In relation to RAMI: expected rates of death are calculated nationally based on age, sex, diagnosis and other risk factors, this calculation creates an index of expected deaths. This index is then applied to the Trust's data and an 'expected mortality rate' is calculated for the Trust. The 'actual deaths' in the Trust are then compared against this index. The calculation is expressed against 100, therefore an index of 85 indicates that the Trust had 15% less deaths than expected and an index of 115 represents 15% more deaths than expected, as per CHKS reports.





# 4 Raising the Standards

## Clinical Lead for Morbidity & Mortality

The Trust appointed a Clinical Lead for Morbidity & Mortality in 2017. The role of this clinician is to review systems and process associated with mortality and morbidity within the Belfast Health and Social Care Trust and to look at the learning outcomes. This offers an independent review that patient deaths are being discussed appropriately and that learning is identified and shared across the Trust.

## Emergency Readmission Rate

The percentage of patients re-admitted to hospital as an admission within 30 days of having previously been discharged from hospital can provide an indicator of quality of care, but these figures must be interpreted carefully.

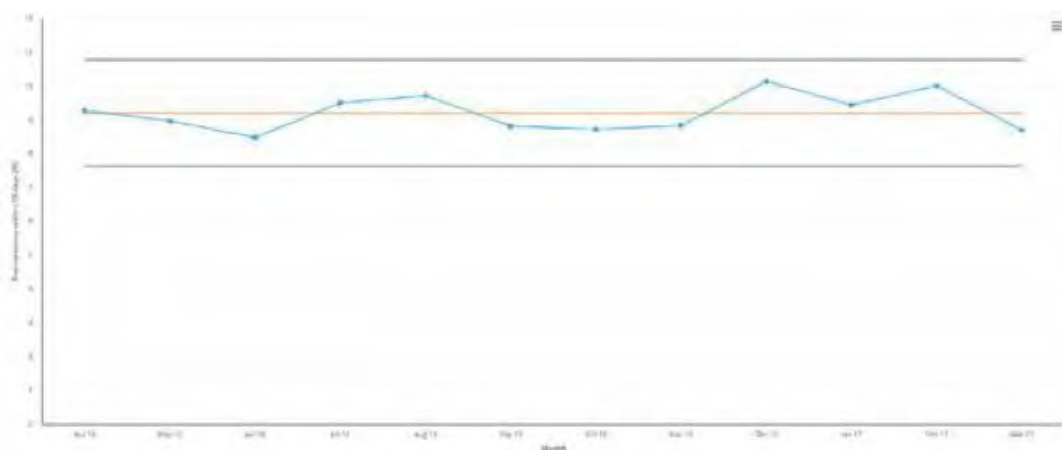
There is no specific recommended rate of readmissions, however observation of our hospitals rates against similar hospitals can be useful. It is also useful to look at hospital readmission rates over time to assess any changes in this.

Reasons for readmission can be due to many factors of which hospital care is only one. Other factors can include the patient's home environment and ability to access community services.

## Facts and Figures

The table below indicates the % of patients readmitted as an emergency within 30 days each month during 2017/18:

Unscheduled Re-admissions of Adult Patients within 30 Days of Discharge as Proportion of all Cases



# 4 Raising the Standards

## Emergency Department Standards

### Background

Ensuring that patients attending the adult Emergency Departments (EDs) are seen in a timely manner and are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled care patients. In this it is a measure of quality.

### Why is this measure important to people who use our services?

Patients who attend an emergency department can be acutely ill and therefore it is imperative that they receive an assessment by a doctor or Emergency Nurse Practitioner (ENP) as soon as possible.

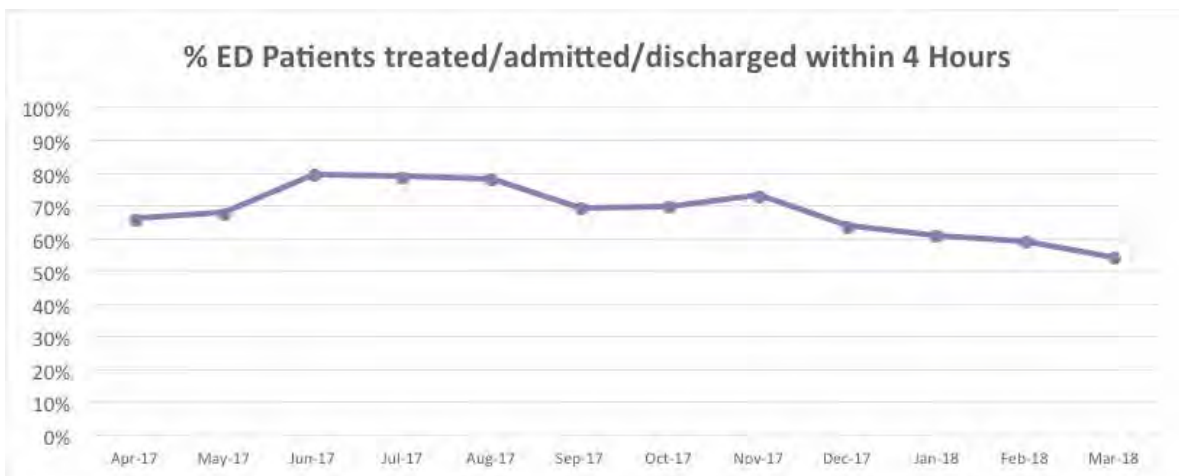
The length of time people wait in Emergency Department profoundly affects patients and families' experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

### Facts and Figures

The Trust had two aims during the year:

- To ensure that 95% of patients attending Emergency Departments (EDs) in the Trust would be treated, admitted or discharged within four hours of their arrival
- No patient would wait for longer than 12 hours in our Emergency Departments.

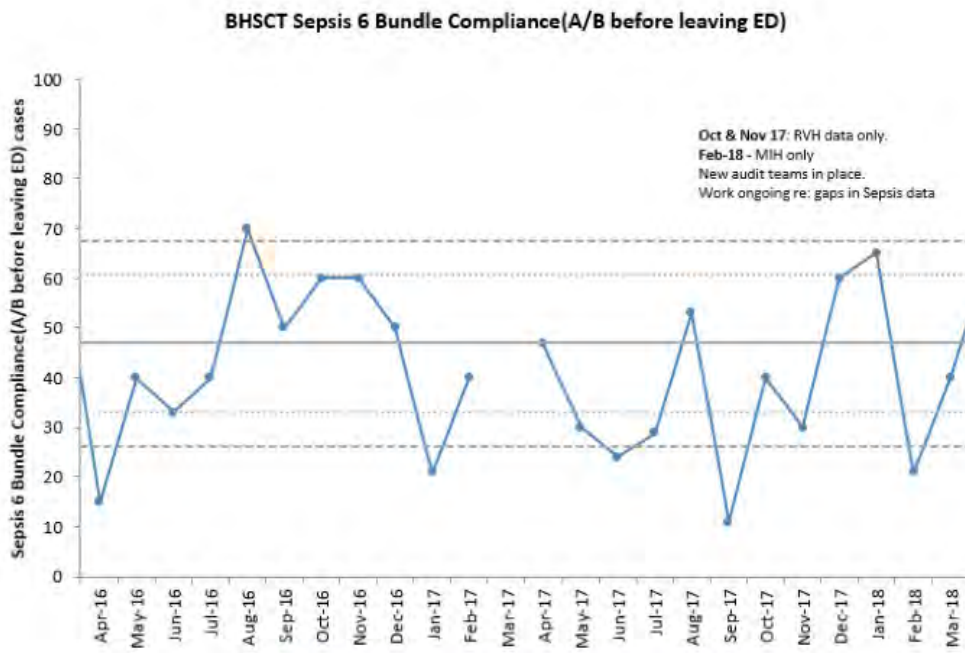
Our overall performance in relation to the 4 hour target was 68% of patients attending Emergency Departments (EDs) in the Trust were treated, admitted or discharged within 4 hours of their arrival:



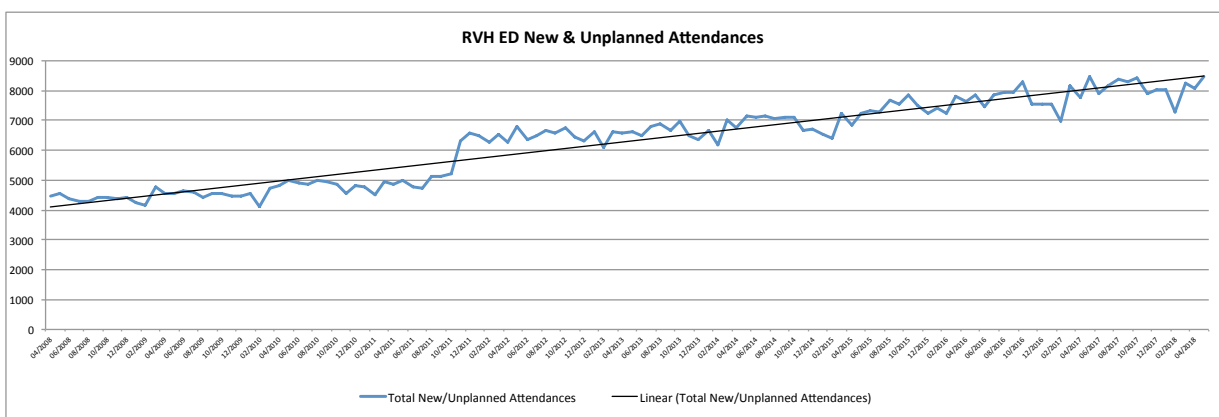
# 4 Raising the Standards

Patients with sepsis, severe sepsis and/or septic shock are at increased risk of death and organ dysfunction. Applying the sepsis bundle simplifies the complex processes of the care of patients with sepsis.

## Adult ED - Sepsis



■ Organ Dysfunction Criteria used to identify Severe Sepsis Cases from November 2014





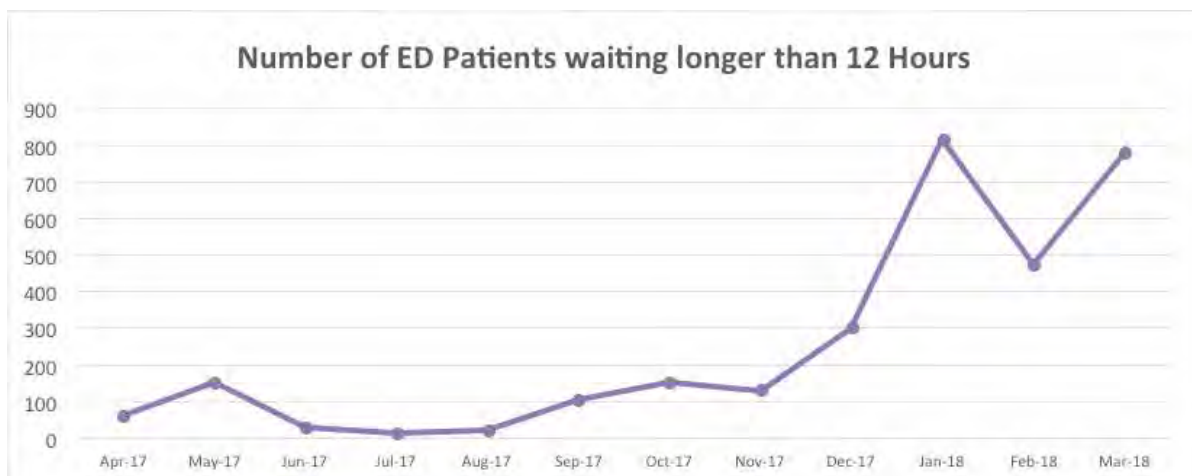
## 4 Raising the Standards

There has been a rise in patients attending the Adult Emergency Department. There has been a 5% increase in RVH ED attendances from April 2017 to January 2018 compared to the same period the previous year. There has been a 7% increase in RVH ED attendances in January 2018 compared to January 2017. Since April 2017 there has been a continued rise in RVH ED attendances of approximately 600 patients per month. There has also been an increase in the number of patients aged over 75 arriving to ED via ambulance.

Belfast Trust has a winter resilience plan in place to cope with additional demand for ED services. Improvements to our service include:

- Paediatric Stay Assessment Unit
- Clinical Assessment Unit in Mater
- Health visiting breast feeding support clinics pilot in GP surgeries
- Use of high flow oxygen in wards and DGH reducing the need for PICU admission
- Timely access to diagnostics
- Additional staffing at weekend – MDT
- Identification of spike in respiratory mortality
- Establishing 5B as swing ward
- Establishment of Control Room -- 2 hourly focus on flow of patients
- Introduction of Trauma Triage (Virtual fracture clinic)
- Implementation of Block Lists (MPH and RVH in partnership with ATICCS)
- Pre-operative fracture patients went from RVH ED directly to MPH for Total Hip Replacement surgery
- Moving patients from RVH to MPH Orthopaedics to accommodate new trauma in-patient management
- Monitored impact on MPH elective work to minimise the impact on elective activity.

**Our overall performance in relation to the 12 hour target was that 3045 patients waited for longer than 12 hours in ED during 2017/18:**



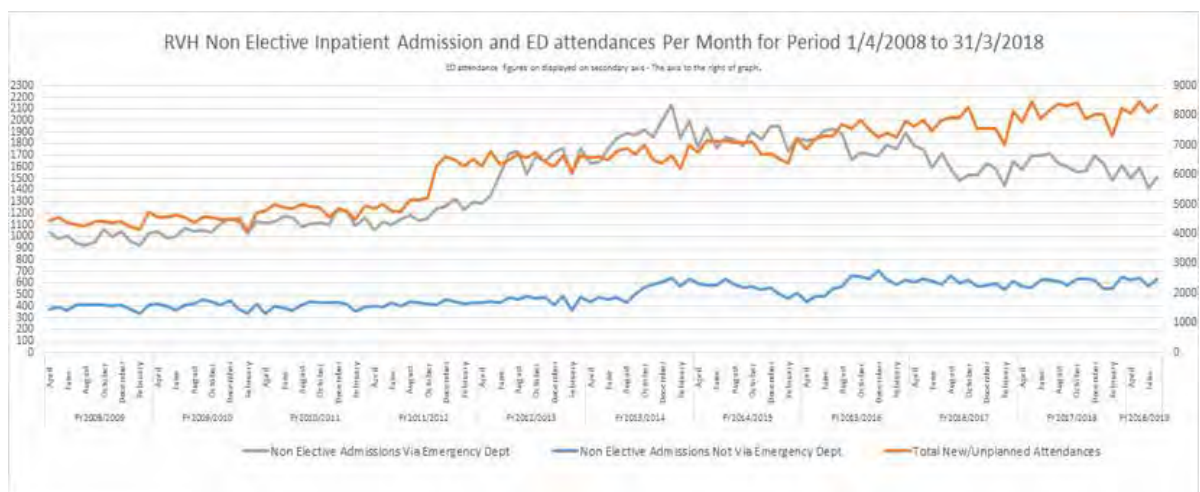
# 4 Raising the Standards

Where underperformance is identified corrective action is taken to demonstrate improvement. Reasons for underperformance vary across areas but the common thread includes increased demand, over and above expectations and service capacity shortfalls. Specific actions to address issues include:

A detailed improvement plan to support improvement in Emergency Department Waiting times is in place. Objectives and outcomes measures are detailed in Unscheduled Care Improvement Charter and Implementation Plan which is reviewed monthly

The Clinical Assessment Unit in the Royal Victoria Hospital assessed over 15,000 patients in the last year helping to avoid further pressure in ED and additional admissions, this is in the context of a growth in ED attendances.

On the basis of an average 2 day admission (a conservation estimate) this means the Trust gave back 82 years of time to people who were discharged rather than admitted into hospital.



## Progress

The Programmed Treatment Unit (PTU) at Belfast Trust has delivered a reduction in the number of patients with chronic disease attending the Emergency Departments (ED) and facilitates same-day care for numerous conditions which were previously delivered in an in-patient setting.

It is believed that applying similar processes and methodologies from the PTU to patients presenting to the ED will help support a Trust-wide ambulatory care service. The development of ambulatory care will significantly reduce pressure on unscheduled emergency care services within Belfast Trust.

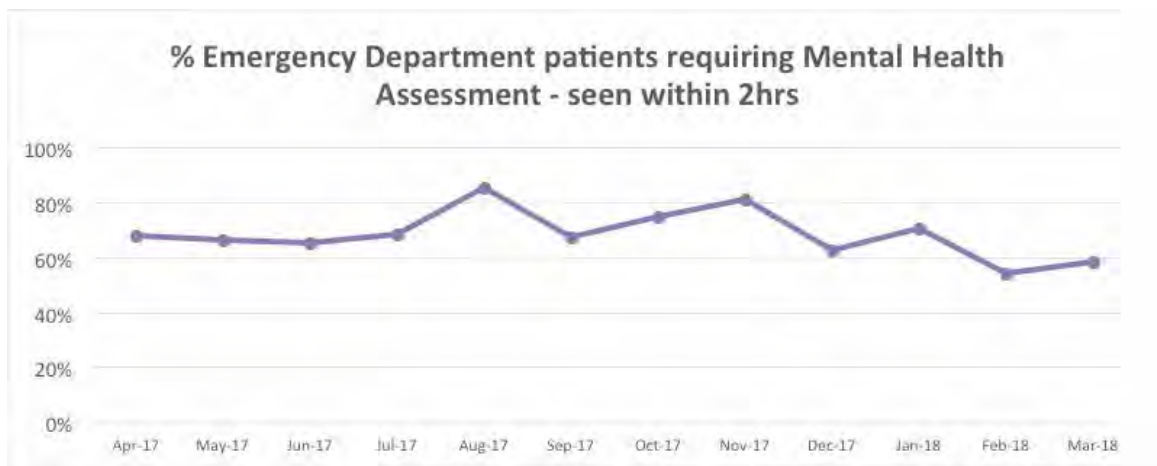
In November 2015 the Programmed Treatment Unit moved to the Ambulatory Care Centre (ACC), increasing its size and activity levels for patients with known chronic disease. In April 2016 the Health and Social Care Board commissioned services to support this larger unit with a robust

## 4 Raising the Standards

nursing, medical and administrative workforce. In September 2016 the unit began to support 7 clinical pathways that diverted ED attendances from admission into ambulatory care pathways. In November 2016 further funding was released to support aspects of a 7-day service.

A final release of funding is required to fully develop the 7-day model and to support a pull model in addition to pathway driven care for all patients who attend the ED but could be cared for via ambulatory processes.

### Waiting times for Mental Health Assessments in Emergency Departments



We have continued to work to improve the responsiveness of the psychiatric Unscheduled Care Team to the Trust's Emergency Departments.

As part of the Trust's Quality Improvement Plan figures are monitored for the number of patient admissions in our Emergency Departments who require a mental health assessment who are seen within two hours of referral. Our performance in this area can be seen in the graph below:

### Cancer Treatment and Care

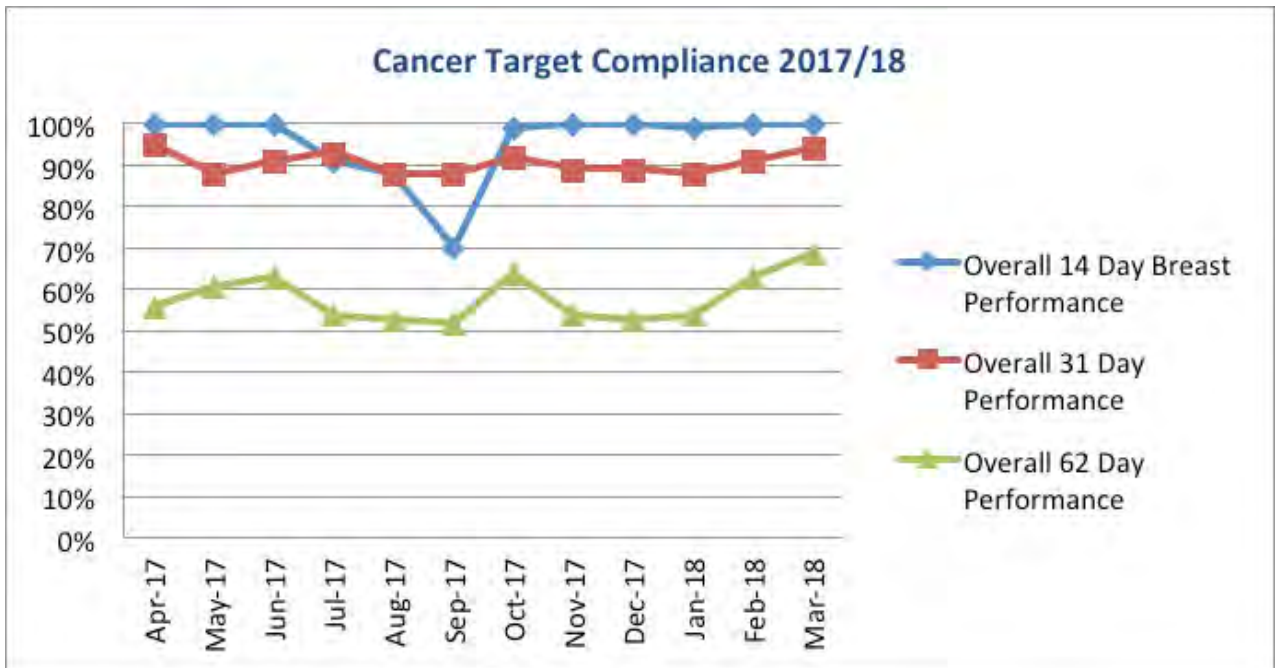
During the year we have worked to improve performance against the 14, 31 and 62 day targets for cancer, however meeting these targets continues to be challenging due to capacity issues and late transfers from other Trusts in the region. The targets are:

- All urgent suspected breast cancer referrals should be seen within 14 days
- 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat
- 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.



## 4 Raising the Standards

The graph below shows performance against these targets throughout 2017/18.



Actions and improvements undertaken in 2017/18 include:

- Reduction in overall waiting times for patients with oesophageal cancer through implementation of a 3 day turnaround for staging CT scans, decrease in triage turnaround, increase in number of patients going straight to scope, implementation of an endoscopy cancer pack and simultaneous requesting of CT and PET scans
- Recruitment of additional Hepatopancreaticobiliary (HPB) surgeons which has reduced surgical waiting times for patients with HPB cancer
- Agreement secured that red flag lung cancer referrals from GP's have their CT performed within 7 days of receipt of referral. This ensures the images and the reports are available at the Respiratory Red Flag outpatient clinics and that patients are seen with their CT scan within 14 days of referral
- Streamlining of the referral process for Red flag CT Lung biopsies has reduced the number of days confirmed cancers are waiting on the pathway from referral to date of CT Biopsy.
- Increase in Red flag CT capacity on the BCH site and an overall improvement in Red Flag CT reporting turnaround times
- Improved CT Colonography waiting times
- Pilot of a 5 day turnaround for staging CT scans for colorectal and head and neck cancers with the aim of reducing the overall waiting times for patients with a confirmed cancer on these pathways

## 4 Raising the Standards

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- Investment has been approved in principle for a 2nd PET scanner. Additional in house PET lists undertaken monthly and red flag patients routinely sent to Dublin to try and improve PET waiting times
- Investment in a Robot and additional theatre sessions for the urological cancer service has been secured. Once implemented, patients will be treated for robotic prostatectomies locally in Northern Ireland which should reduce their overall waiting time
- Improved waiting times for discussion at the Specialist Urological Cancer MDT through implementation of a local South Eastern Trust MDT
- Weekly escalations on urological diagnostic capacity and actions taken on a weekly basis to improve waiting times through additional waiting list clinics and converting routine clinics to red flag where possible
- Implementation of electronic triage (e-triage) across some tumour sites has reduced the number of days it takes to triage red flag referrals
- Implementation of a Neuro ECR referral to MDM has streamlined the referral to MDM and the Neuro – Oncology service has also ensured that all patients referred have the necessary datasets and investigations to facilitate timely in-depth discussion and appropriate decision making
- The breast surgical service maintained performance against the 14 day target and has continued to accept referrals from the Southern HSC Trust area to help improve regional waiting times.

## 4 Raising the Standards

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### NICE Guidelines

#### Background

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on treatments and care. It produces guidance for healthcare professionals, patients and carers to help them make decisions about treatment and healthcare.

There were 138 NICE Guidelines & Interventional Procedures issued in 2017/18.

18 – Interventional Procedures – (approved by NICE) - procedures that are used for diagnosis or for treatment, clinicians can apply via the Trust process to implement into clinical practice

32 – Clinical Guidelines and 18 updates to Clinical Guidelines – Endorsed in NI – We use a systematic, robust approach to processing and implementing NICE guidance by:

- Ensuring a process for the dissemination and implementation of NICE guidance
- Ensuring implementation is monitored and records are maintained.

70 – Technical Appraisals – Endorsed in NI for the use of new and existing medicines and treatments

#### Next steps

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- To implement the regional IT solution to manage NICE Guidelines.

### National and GAIN Funded Audits

All Belfast Trust staff are encouraged to participate in regional and national audit projects.

Audit is a quality improvement process that seeks to improve patient care and outcomes. It is systematic review of care, comparing current practice against explicit criteria and implementing change where appropriate.

It allows quality improvement to take place where it will be most helpful and will improve outcomes for patients.

During 2017/18 Trust staff participated in 19 regional audit projects and 18 national audits.



## 4 Raising the Standards

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Examples of national and regional audits include:

- **UK Parkinson's Audit 2017**

Belfast Trust participated in this national audit so that current services for patients with Parkinson's could be measured against national guidelines. An individual service report was issued in March 2018 showing Belfast Trust data benchmarked against the national data for Physiotherapy services. This data was reviewed with areas of good practice/shortcomings identified when compared to the national results and national standards

### **Next steps**

An action plan will be developed locally and focus on key areas where improvements can be made.

Key findings of the 2017 audit will be outlined and discussed in a Summary Report, with the complete results available in a Reference Report; both will be available for download from the audit web pages in May 2018. A Patient & Carer version of the report will also be available and shared with patients.

The Trust will register in February 2019 to participate in the next round of audit.

- **Regional Audit of Door to Needle Time in Acute Stroke Thrombolysis**

Belfast Trust participated in the above regional audit which aimed to measure Door-to-Needle-Time for all stroke patients treated with thrombolysis from January 2013 to December 2016 in Northern Ireland and to determine the proportions of stroke patients receiving treatment. The audit report was issued in March 2018 and the following key findings were noted:

- The thrombolysis rate increased from 10.7 % in 2013 to 12.4 % in 2016.
- The median door-to-needle time was 54 minutes and improved over the audit period, with 60 % of patients receiving thrombolysis within 60 mins from arrival at hospital.
- Patients treated outside of normal working hours were significantly less likely to be treated < 60 minutes after arrival, and pre-hospital notification by ambulance services was significantly associated with shorter in-hospital treatment times. Variation in treatment times was also seen according to year, site and method of treatment.

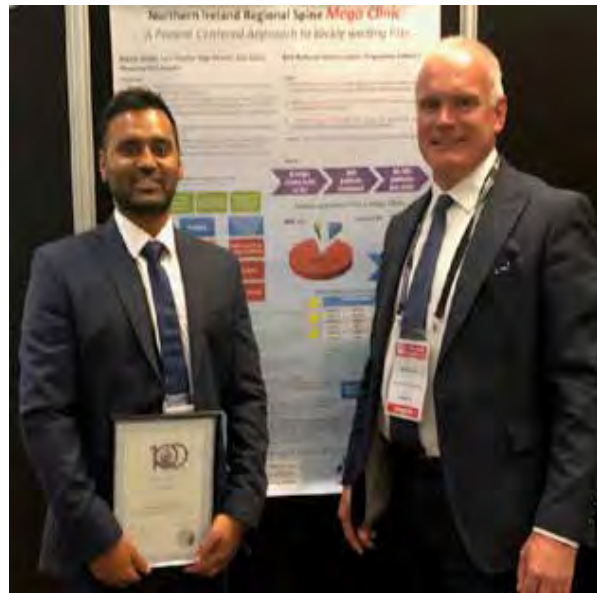
### **Next Steps**

- A number of recommendations have been made. An action plan will be developed and focus on key areas where improvements can be made
- The project team have recommended that a method should be established to improve feasibility for data transfer between Trusts for audit, quality improvement and research purposes in the future.

# 4 Raising the Standards

## Recognition for Belfast Trust Regional Spine MegaClinic

The Trust has been recognized at conferences and in the British Journal of Healthcare Management for a patient centered approach to the Regional Spine MegaClinic.



## Intensive Care Organ Donation Activity

- Between April 2017 – March 2018 BHSCT had 17 deceased solid organ donors
- This resulted in 49 patients receiving a life saving organ transplant
- There has been a 75% reduction in the missed referral rate in the last year. Referral rate now 96% - one of the best in the UK (Figure 1)
- Our specialist nurses are present in over 90% of conversations with families about organ donation (Figure 2)
- BHSCT is fully compliant with the collaborative approach to families of potential deceased solid organ donors as per NICE guidance

Figure 1 – Referrals to specialist team

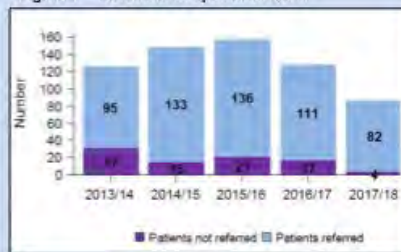
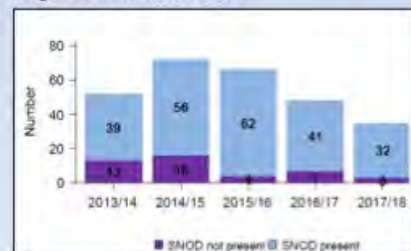
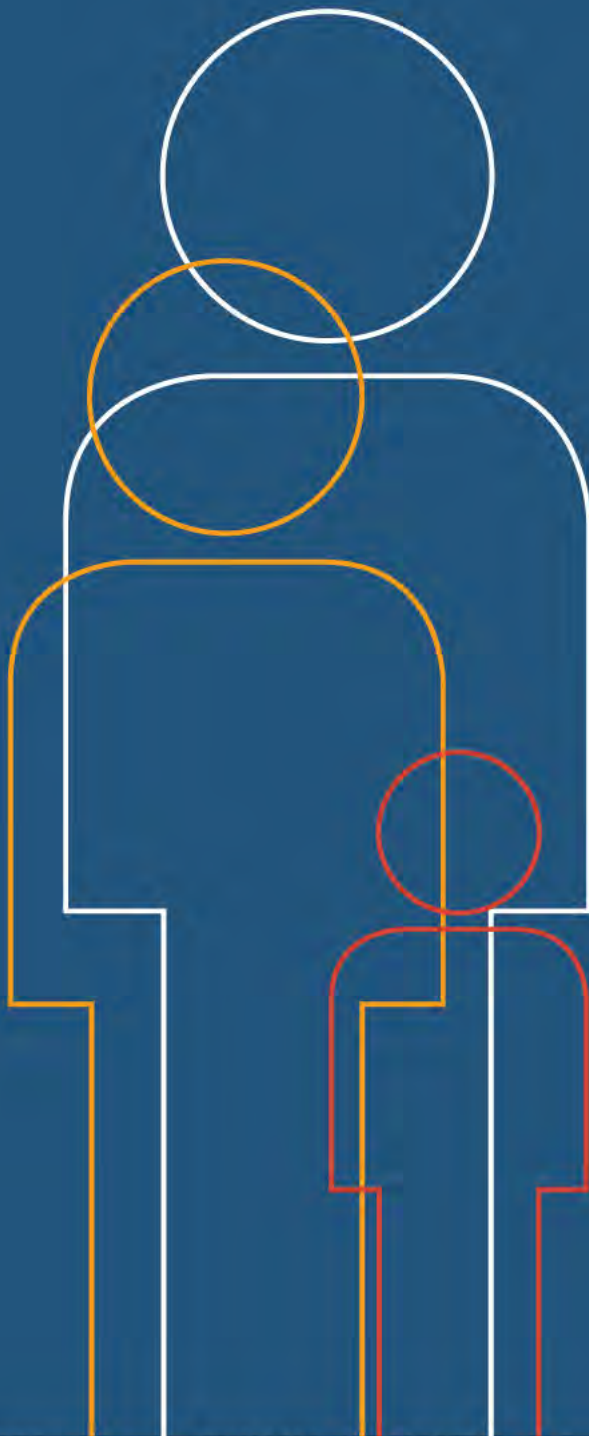


Figure 2 – Specialist nurse presence during organ donation conversation



Reference: NICE Guidance Organ Donation for Transplantation – Improving donor identification and consent rates for deceased organ donation. NICE Clinical Guideline 135

# 5. Integrating the care





# 5 Integrating the Care

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**90%** of looked after children reviews within timescale



Provided home care to over 2500 people during 2017/18



**700** staff registered with NISCC



Permanence Plans for Looked After Children



**10** Family Support Hubs established



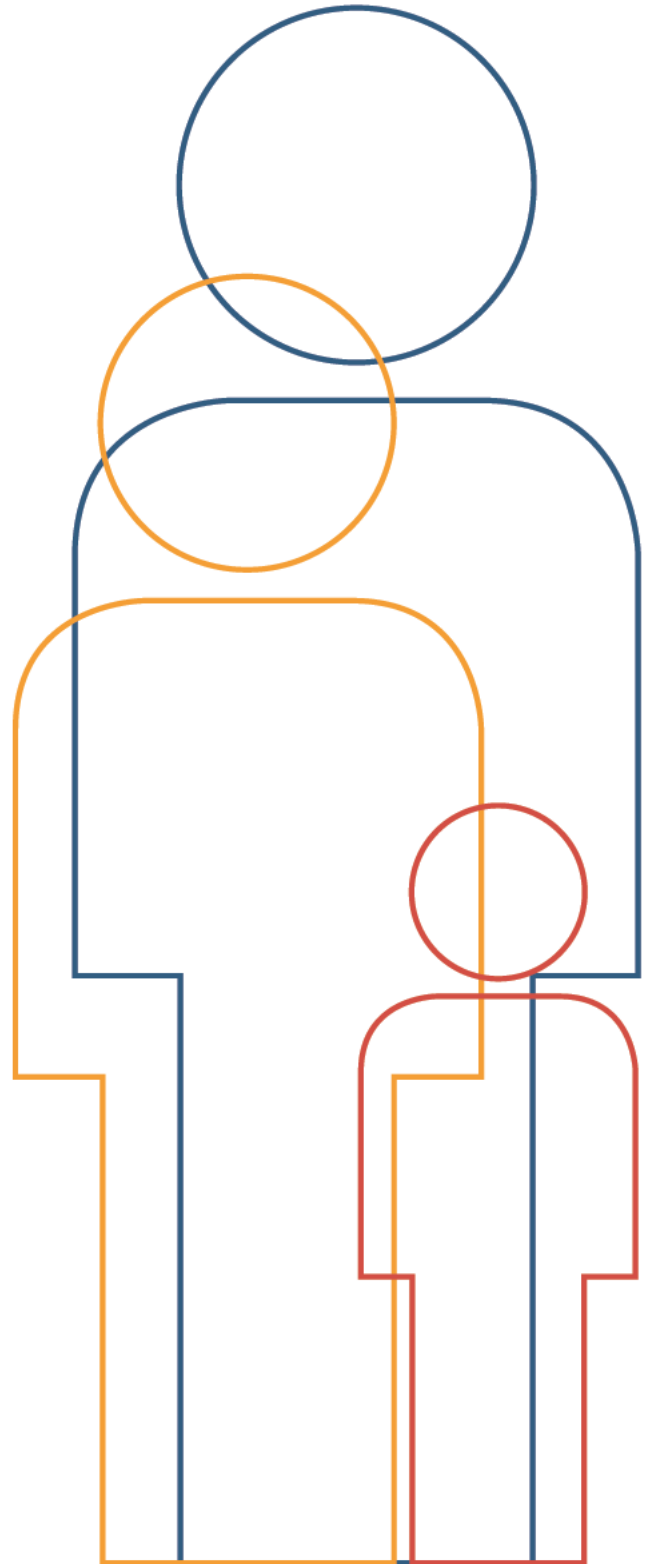
**1088** Quality monitoring visits undertaken



**96.66%** rate the quality of service good or excellent



**109** children receiving Direct Payments



# 5 Integrating the Care

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## Community Care

### Home Care and Intensive Domiciliary Care Services

The Belfast Trust Home Care Services, incorporating the Home Care, Intensive Domiciliary Support Scheme (IDSS) and the Rapid Access to Personal Support (RAPS) services aim to deliver safe, effective and high quality Home Care Services.

We work alongside colleagues in hospital and community settings to ensure that people receive support in their own homes and to help people live in their own homes for as long as possible.

In 2017 the range of services mentioned above provided care to over 2,500 people, and to approximately 2,210 people at any one time.

The Trust employs approximately 720 staff across these services including the management team and front line staff. Many of the front line staff live in the communities they serve.

It is important that the service we provide is of as high quality as possible and that it meets the needs of people who use it.

The Regulation and Quality Improvement Authority carry out announced and unannounced inspections of all our home care services and produce reports on those inspections. As part of their inspections they talk to a sample of people who receive home care and a number of staff who provide it. The inspections in 2017 were carried in January and February and identified that we needed to address some areas of training and maintenance of staff records.

The reports are available to view on the RQIA website at [www.rqia.org.uk](http://www.rqia.org.uk)

We also ask people who use our services for their views and suggestions as to how they think we can improve. This is done through either a quality monitoring visit to you or sometimes through telephone contact with you.

Managers also visit along with care staff to observe how they provide you with care and to observe their practice.

Staff also receive supervision from their manager and attend team meetings. As mentioned above, staff must adhere to codes of practice issued to them on registration with NISCC.

However, sometimes the services do not meet the standard we would wish to achieve and in 2017 we received 23 formal complaints which could not be resolved through contact with the person making the complaint. We try to resolve issues informally but sometimes this is not possible.

We also record incidents (143 in 2017) and compliments and acknowledgements (55 in 2017). Through analysis of complaints, compliments and incidents we try to improve the services we provide.

## 5 Integrating the Care

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As mentioned previously we completed the registration of all of our staff with the Northern Ireland Social Care Council, a significant challenge and achievement.

In order to address a significant pressure on the budget for home care services we had to review and implement changes to the way our staff worked. As well as planning to address the financial challenge we also need to make the service available across all times of the day when there was need for it, and to be able to provide care to more people who were waiting for it.

New working practices were introduced in November 2017 which meant changes for most staff and for a small number of service users. The co-operation of managers, front line staff, service users, carers and staff representatives ensured that these changes were introduced with minimal disruption.

Our Intensive Domiciliary Support Services (some staff pictured below) were shortlisted for the Trust's Chairman's Award, "Going the Extra Mile" and received a certificate and presentation in recognition of their efforts.

### Stroke Services

Activity in the Belfast Trust's stroke service has increased steadily in recent years. In 2017, the service admitted approximately 1500 patients - 900 with stroke/TIA and 600 with stroke mimic. Over 130 patients received reperfusion therapy, including 70 treated by mechanical thrombectomy. The median door to needle time for those receiving thrombolysis (clot busting therapy) was 44 minutes. For patients receiving thrombectomy, the median time from CT scan to opening the occluded vessel was 69 minutes. Although the thrombectomy service is still limited to working hours, Belfast is amongst the top performing units in the UK in terms of numbers of patients treated.

The overall quality of the acute stroke service is monitored using the Sentinel Stroke National Audit Programme. This continuous audit measures performance across 10 domains based on a number of key indicators. The domains are scored on a scale of A to E, where A represents world class stroke care. Overall the team scores a B with scores of C or above in all domains except admission to the stroke unit within 4 hours which scores an E. This reflects the pressure on stroke unit beds and the leadership team is exploring options to address this.

In addition to admissions, the team receives about outpatient 1000 referrals with suspected TIA per year. Increasingly, those thought to have TIA are seen at a next day ward based clinic the "Stroke Day Assessment Service". This facilitates urgent investigation and treatment without admission.

The team is engaging with colleagues in neuroradiology and the regional stroke network in discussions regarding planned progression towards a 24/7 thrombectomy service. In addition, as the regional endovascular centre proving thrombectomy, it is likely that the Belfast Trust's stroke will have an important role in any future reorganisation of stroke services in Northern Ireland.



# 5 Integrating the Care

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## Physical health care

Belfast H&SC Trust recognises the significant impact that mental ill health and accompanying medication, can have on Service Users' physical health status. Clear evidence shows poorer physical health outcomes for our Service Users. Several projects are underway to address this significant feature of our Service Users' lives:

- **Eating Disorders:** Following additional investment, steps are now in place to enhance the community re-feeding programmes for both CAMHS and Adult services across both the Belfast Trust and South East Trust areas. In addition, there will be enhanced specialist input to the general medical wards for patients with significant identified needs. Joint management across CAMHS and Adult ED services will facilitate the development of shared treatment pathways.
- **High Dose Antipsychotic monitoring:** The physical health monitoring of patients who are on High dose antipsychotic medication has commenced through the deployment of additional dedicated resources and pathway development with the consultants and community mental health teams. This will involve blood tests and ECGs, provided in conjunction with the Open Access ECG clinics run by the cardiology department within the Trust.
- **Recent additional investment specifically for physical health care for Service Users with severe mental illness** will facilitate the implementation of plans for the annual monitoring of patients who do not attend their GPs. It will also allow for the development of the system for the physical health monitoring of patients who are starting or changing antipsychotic medication. We recognise this is the period when Service Users are at increased risk of gaining weight and developing metabolic changes leading to diabetes, hypercholesterolemia or hyperlipidaemia. This can lead to significant cardio-vascular or cerebrovascular disorders that contributes to increased early mortality.
- **Discharge Process:** A major review of the discharge process from acute mental health inpatient units is underway to address the significant risks associated with the handover of care from secondary to primary care services. In particular an Electronic Discharge prescription and discharge letter (EDL), developed on our Information system PARIS feeds discharge prescriptions through to the discharge letter avoiding the risks of transcription error. Aligning the discharge prescription with the discharge letter also adds an additional validation by the both pharmacist and the treating consultant. The letter is compliant with GAIN Guidelines.

### Next Steps

- Our aim is to have all discharge letters provided within four working days using the new format by the end of 2018.

# 5 Integrating the Care

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## Social Care

### Children's Social Care Services

The Regional Social Work Strategy Putting Improvement at the Heart of Social Work Improving and Safeguarding Social Wellbeing captures the key significance of improvement and quality in the ongoing development of the knowledge and skills base of the social work and social care workforce.

The Strategy articulates the importance of identity, inclusion, relationships and social networks, of contributing, belonging, and of community as fundamental to health and wellbeing. It resonates with the Trust's vision and ambition- the delivery of high quality, safe, person centred, empowering services.

Many of the approaches and causes championed by social workers over the past few decades are now mainstream activities throughout the Health and Social Care system in the UK. These include service user involvement; promoting choice and independence; the importance of the service user experience as a measure of quality.

Children's Community Services are implementing a number of new strategies to promote service user focused practice. Signs of Safety are a strengths based, safety focused approach to child protection casework. It is widely used across Australasia, Europe and North America and is currently being implemented across NI. It will become the overarching strategic framework with other approaches such as ACEs (Adverse Childhood Experiences), BBF (Building Better Futures) and UNOCINI integrating with Signs of Safety.

Children's Community Services have recently implemented an electronic recording system, PARIS, to improve our recording processes and data collection. This will ensure recording is service user-focused and consistent across the Directorate.

Over recent years, retention of staff in key areas has been challenging and the Directorate is currently developing a Recruitment and Retention Strategy in partnership with frontline staff.

### Protecting Children

It is essential that children and young people identified as potentially at risk are seen promptly by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk should be seen within twenty-four hours.

Throughout the reporting period, all children who were the subjects of child protection referrals were seen by a social worker within twenty-four hours of the referral being made. The Trust will continue to focus on this area to ensure continued compliance.

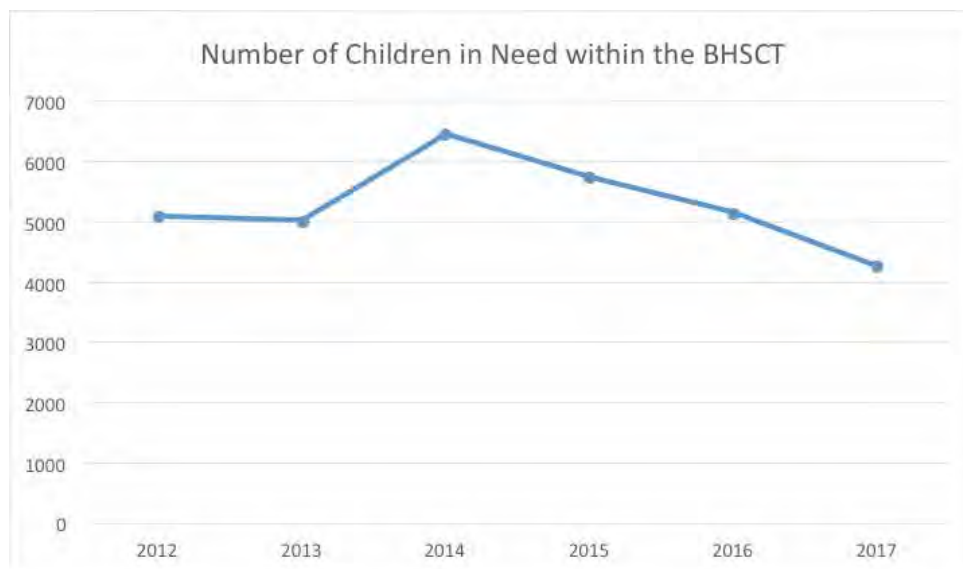
# 5 Integrating the Care

## Children In need

Article 17 of the Children (Northern Ireland) Order 1995 (the Children Order) identifies a child as being in need if she/he “is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority; her/his health or development is likely to be impaired, or further impaired, without the provision for her/him of such services; or she/he is disabled”.

Article 18 of the Children Order places a general duty on the Trust “to (a) safeguard and promote the welfare of children within its area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of personal social services appropriate to those children’s needs”.

The Trust’s children in need figure relates to those children who, as at 31 March 2018, were open to a social worker within the Trust’s Family and Child Care and Children with Disabilities Service Areas.



Since 2014, the number of children in need has been gradually decreasing. This appears to be due to a number of factors including: the establishment of Family Support Hubs which provide services for families who need advice and support but do not require statutory social work intervention within a strategic focus on early intervention and prevention; the consistent application of thresholding criteria at Gateway (the single point of entry into statutory childrens services); and sustained improvements in data collation and quality assurance. This has enabled social workers and other multi-disciplinary staff to focus on children and young people who have more complex needs. There are now ten Family Support Hubs established and provide full coverage in the Belfast Area. The ten Hubs have secured funding until March 2019.



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## Next Steps

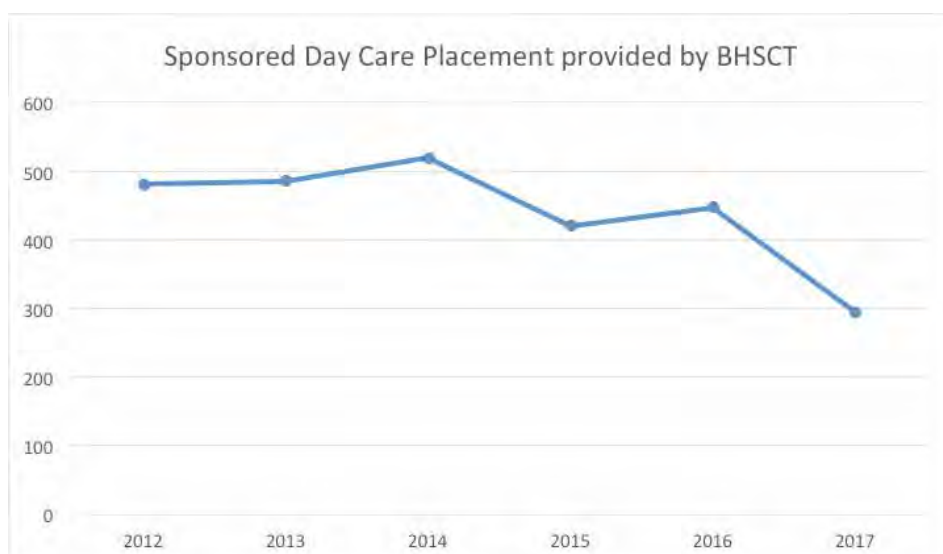
Childrens Community Services will continue to work in partnership with the Belfast Trust Hubs to provide a range of accessible, locality-based services for children and families who require supports while continuing to discharge their statutory responsibilities to children in need.

## Parent and Adolescent Community Support Services (PACS)

The PACS service was established in December 2015 to provide intensive short-term wraparound services to young people who are at high-immediate risk of entering the care system and their families. Over a two-year period, fifty-five out of sixty-six young people referred to PACS were supported to remain in their own homes. Central PACS' service delivery model has been its emphasis on a strengths-based approach to working with families, parents and young people to empower them to optimise their capacity to identify and resolve the challenges they face. Using service user feedback to inform the evaluation process and to contribute to a dynamic evidence base are integral elements of a commitment to an improvement and learning practice culture.

## Sponsored Day Care

Sponsored Day Care (SDC) is a core Trust Family Support service aimed at supporting children and families and helping to prevent children becoming looked after. Since 2014, the number of sponsored day care placements has decreased, reflecting the development of the Family Support Hubs and related locality-based early intervention-prevention initiatives and a shift in the Service's referral focus. Priority for SDC placements is afforded to children who have met the statutory in need criteria. SDC placements provide emotional and social supports to vulnerable children within a service delivery framework in which expectations of the placement, objectives and outcomes, are identified in discussion with parents and professional staff. SDC works closely with community-based social economy providers building capacity within localities, many of which have significant levels of need.



# 5 Integrating the Care

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## Ensuring Safe and Effective Care

Children who are looked after by Health and Social Care Trusts must have their living arrangements and care plans 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, preserves and maintains their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR) as enshrined by the Human Rights Act 1998.

## Facts and Figures

In 2017/18, a total of 1838 (90%) of looked after children reviews were held within regionally agreed timescales. There were 177 (10%) outside of the agreed time scales as a result of purposeful delay and a range of operational, logistical and exceptional circumstances.

### Next Steps

The Trust will pursue improved compliance with regard to this area consolidate, develop and improve service delivery processes and workforce knowledge and skills in relation to this area.

## Planning for the Future

Permanence provides children with a foundation from which to develop their identity, values and relationships, not only throughout childhood but into their adult lives. It is generally better for most children/young people to find continuity and stability within their birth families. There are, however, circumstances where it is in a child/young person's best interests to remain looked after in either the longer term or permanently. In such circumstances, the child's views (dependent on age) will be central to determining and securing the most appropriate option, including adoption, to achieve permanency. Trust practice in this complex area of work is informed by the Regional Policy on Permanence.

Every looked after child needs certainty about their future living arrangements. Through permanency planning, the Trust aims to provide every looked after child with a safe, stable and nurturing environment in which to grow.

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved. The Trust's Permanency Panel (the Panel) has responsibility for monitoring the quality of the Trust's practice and the effectiveness of its organisational assurance processes in relation to permanency planning.

The Panel is a multi-disciplinary body which meets on a four-weekly basis to review progress in securing permanence for its looked after population with a particular focus on those children and young people who have recently been admitted to care. The Panel reviews the progress

## 5 Integrating the Care

of permanency planning for individual children and young people in respect of whom there are particular challenges and complexities with a view to identifying and progressing the most appropriate option.

### Facts and Figures

At 31 March 2018, 86% of Looked After Children in Care for nine months or more had a Permanency Panel recommendation in place.

### Self-Directed Support/Direct Payments

Self-Directed Support is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them, with a focus on working together to achieve individual outcomes. Direct Payments are one of the options available, and are cash payments made to individuals who have been assessed as needing services to enable them to purchase bespoke social care provision. Direct Payments increases a service user's choice and promotes independence. They facilitate more flexible, person centred service delivery arrangements. The provision of direct payments by a Health and Social Care Trust enables families and individuals to locally source the care they require.

### Facts and Figures

In 2017/18, 109 children were in receipt of direct payments, an increase of 8.2% as compared with the figure for the previous reporting period, and continuing a year-on-year increasing trend:



### Next Steps

The Trust will continue to profile Direct Payments across all service areas as part of its commitment to developing person centred/co-production service delivery structures. It will seek to enhance the knowledge and skills base of its workforce in Direct Payments as a vehicle for personalised, empowering and outcomes-centred social care service delivery.



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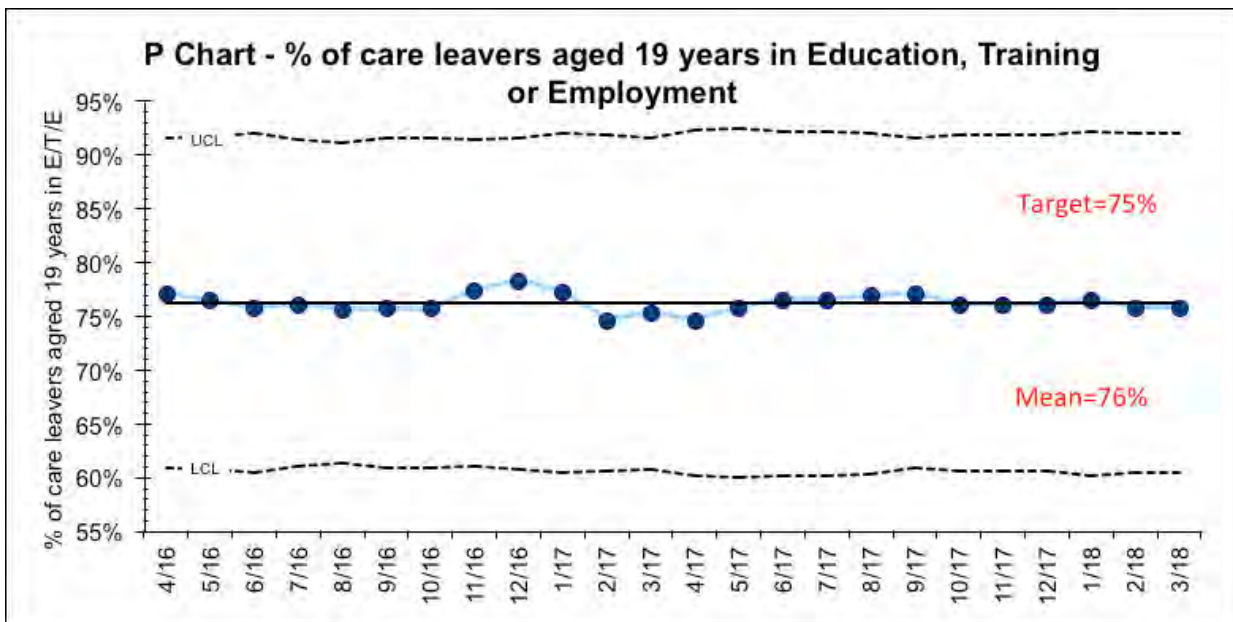
## Corporate Parent

Research confirms that young people who leave the Looked After Service at eighteen years of age do not always achieve the same levels in education, training, and employment as other young people in the community.

As a corporate parent, the Trust has responsibilities to encourage and support those young people whom it looks after to optimise their academic and vocational talents and employability/life skills.

The Trust is working in partnership with two Community groups, Include Youth and Start 360, to provide an Employability Service which supports young people who were looked after to transition into employment. This service provides advice and practical support to help our Looked After population understand the options available to them in education, training and employment. The Children's Community Services Directorate works with all Directorates to secure job opportunities and supports them through the recruitment process.

The Trust has continued to achieve its target of 75 per cent of care leavers aged 19 years in education, training or employment.



### Next Steps

The Trust will continue to facilitate employment placement opportunities and related supports to care leavers. It will continue to work in partnership with DEL, local Neighbourhood Partnerships, schools, Further Education and voluntary and community sector providers to promote the needs of care leavers with regard to employment training and placement opportunities.

# 5 Integrating the Care

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## Protecting Vulnerable Adults

A vulnerable adult is a person aged 18 years or over who, as a result of age, illness or disability, is unable to take care of themselves without the provision of services, or who is unable to protect themselves from harm or exploitation.

The Trust works in partnership with other statutory, voluntary and community agencies to investigate concerns regarding vulnerable adults and to provide services that promote their safety and wellbeing. An adult protection plan, reflecting the wishes and views of a vulnerable adult and, where appropriate, their carers/family members, outlines the actions necessary to address and manage the assessed risks to their safety and welfare.

## Facts and Figures

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

1,623 (53 %) of adults referred for investigation during the year had an adult protection plan in place at 31st March 2017.

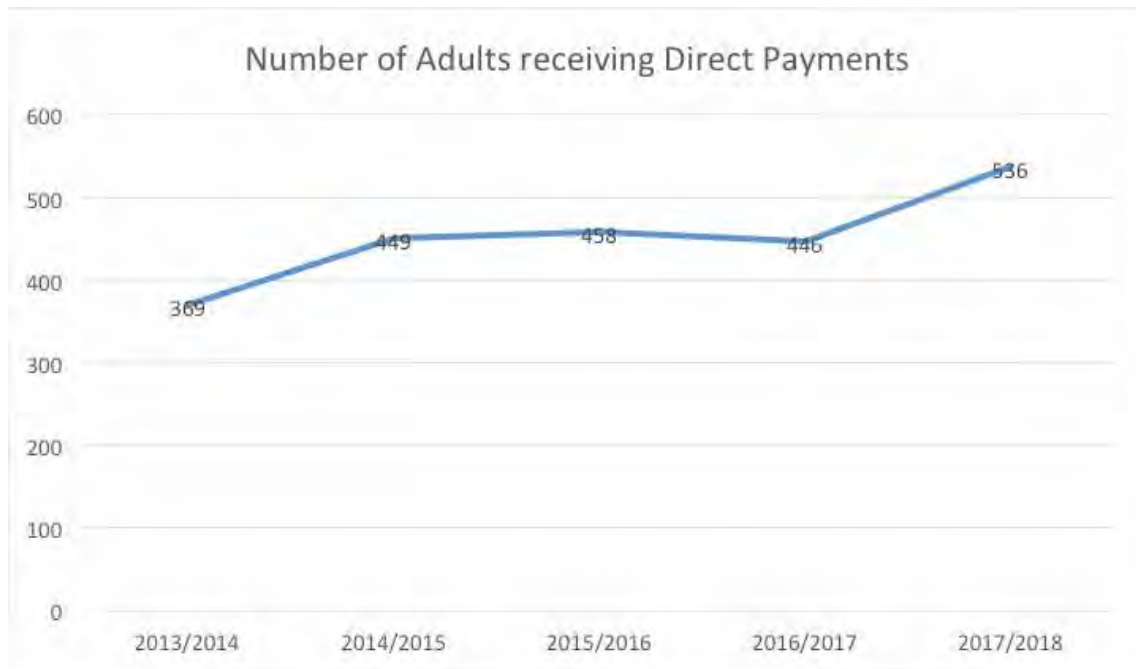
## Improving Quality of Life for People with Learning Disabilities

A key priority for the Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community. Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is central to this goal.

Of a total of 7 people with a learning disability who were resettled in community placements, one person had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

# 5 Integrating the Care

## Direct Debit Payments for Adults



- 4.5% of Direct Payments were received by Carers in Adult Services, as set against the commissioning direction target. DSF/Corporate Parenting Returns (5.10)

## Community Divisional Nurse

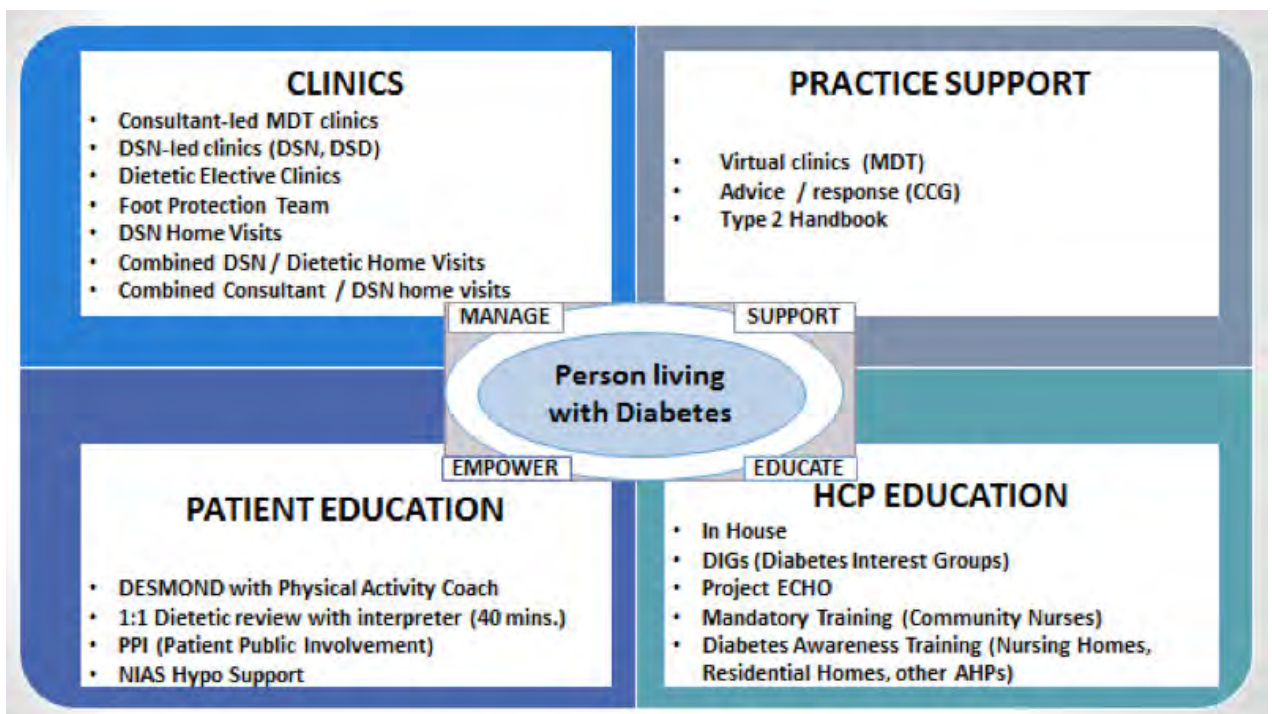
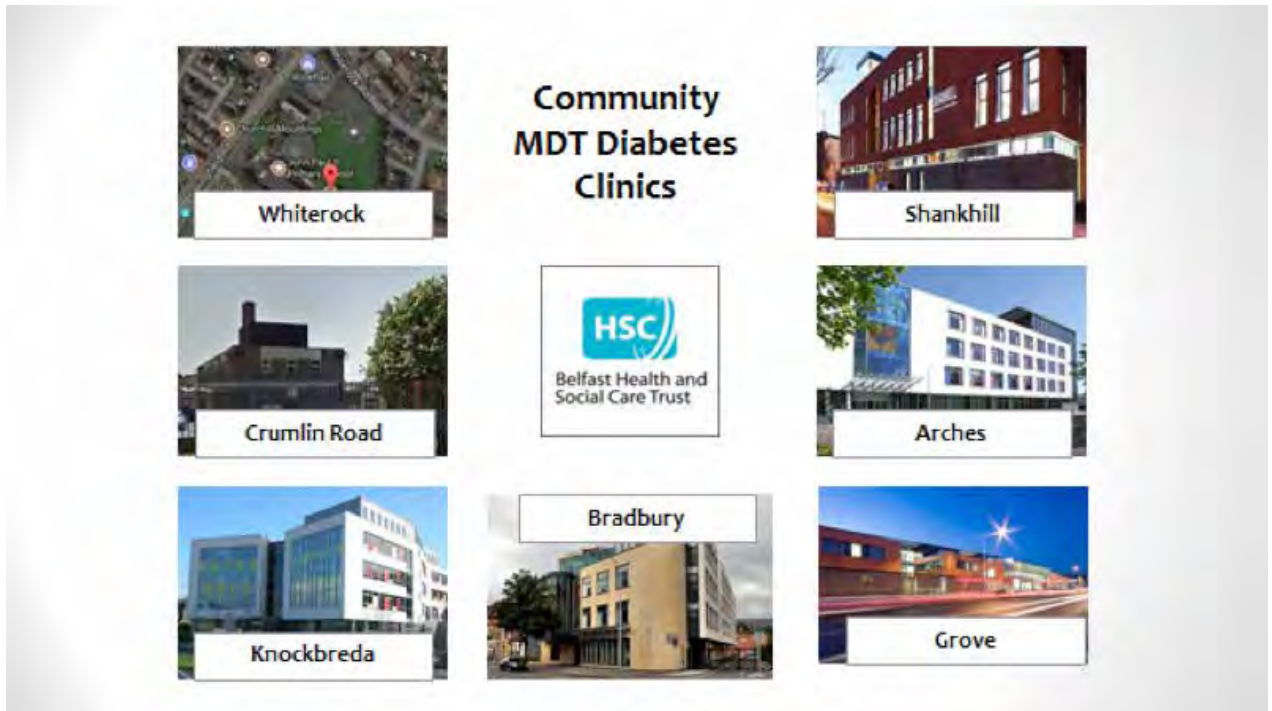
In 2017 as part of the collaborative work with Integrated Care Partnerships we enhanced the current Community Diabetes Team to provide greater focus on Foot health, Patient Structured education (6 Training programmes/ week) and the establishment of consultant-led MDT working across all GP practices to ensure effective management of patients with Type 2 Diabetes.

The Community team support a shared care approach with GPs for patients with complex needs and will offer an educational resource for practice staff. We established 11 new clinics in Wellbeing & Treatment Centres across Belfast bringing services closer to patients home

In addition we have reduced hospital clinic attendance for type 2 Diabetic patients by 60%, reducing hospital clinic waiting times and facilitating the hospital clinic to focus on Type 1 Diabetic patients who require to be seen more frequently.



# 5 Integrating the Care



# 5 Integrating the Care

## Care Review and Support Team

CRest has been developed with the vision that all people living permanently in care homes will receive high quality care that is safe, effective and compassionate. The team review and support all Older People in permanent care placements. The team do this through the:

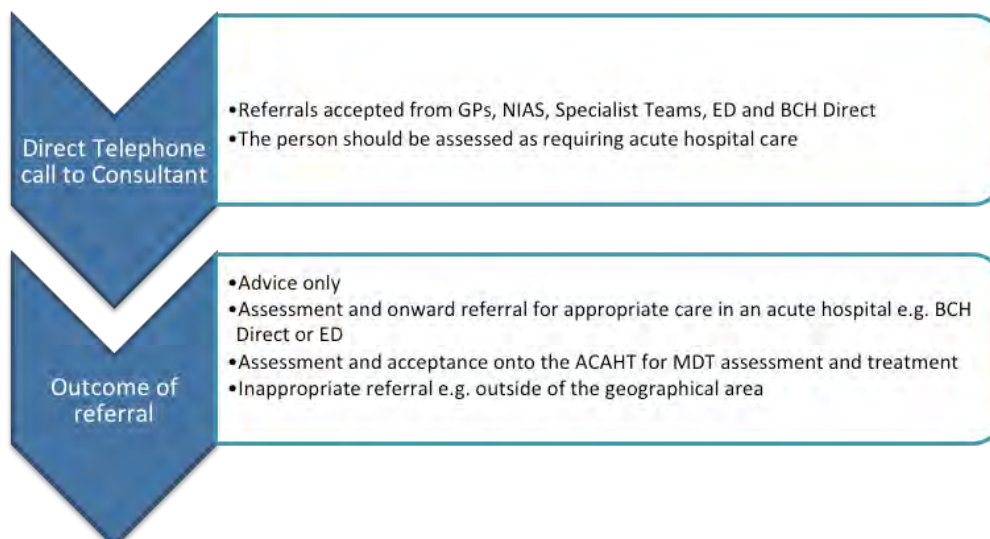
- Building of positive and effective working relationships with Residents and Families
- The Ongoing review of individual care needs
- Quality monitoring
- Early identification of risk and adult safeguarding
- Working in partnership with the Independent Sector.

Since becoming operational in September 2017:

- 1866 service users transferred to CRest from Community Social Work Teams
- Improved performance in relation to compliance with the annual statutory review
- A Crest Practitioner is now aligned to every home in Northern Ireland with a Belfast Trust resident
- Enhanced monitoring arrangements in place for homes in escalation.
- Annual contracts meeting for 2018/2019 have been established
- Number of POC in independent Sector
- 3,151 Clients in receipt of a domiciliary care package from IS Providers.

## Acute Care at Home Team

- Operational since September 2015
- Triple aim QI methodology USED
- Target population: >75 y, frail, Belfast
- Cover 84 GP practices (BHSCT area)
- Considerable geographical spread.





# 5 Integrating the Care

## Referral Activity April 2017- March 2018

Total Referrals Received	2066
Average Length of Stay	4 days
Total no. of ACAH Service Bed Days	5208
Approx. no. of hospital bed days saved	9430

### Background

The Connected Community Care Service is an innovative initiative that has been implemented in Belfast by the Integrated Care Partnerships. It is a new approach in developing a model for co-production and coordinating relationships between health and social care and local communities and delivers on the ambition set out in Health and Wellbeing 2026: Delivering Together.



It demonstrates the potential of multi-agency partners to develop and deliver integrated care at scale, prioritising early intervention and prevention and enabling people to lead long, healthy and active lives, with care and support provided closer to home.



One of the aims of the service is to find better ways of working to ensure a more joined up and coordinated approach in the use of community assets in Belfast, including local community and voluntary groups to deliver the best outcomes for people accessing services.

The coordination function of the service will provide a single point of access through which GPs and Trust community teams can provide people with access to supports and services within their local communities, with an assurance of quality interventions and evaluation of the outcomes.





# 5 Integrating the Care

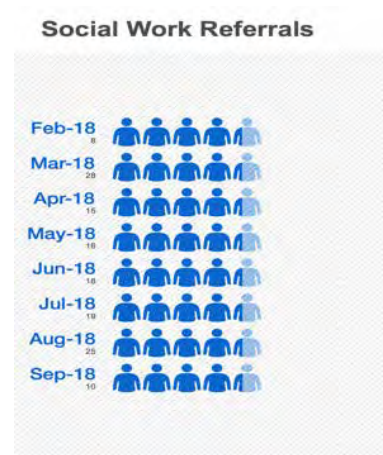
The new model which was launched on 26th January 2018 supports:

- People over the age of 18 who require some additional practical support from their local community to remain socially connected
- People who are identified as being at risk of developing long term conditions through lack of physical exercise, smoking, emotional ill health or poor diet and who would benefit from a programme of supported self-help from a community provider
- People who are living with long term conditions, including cancer or dementia, and could benefit from additional support within their communities to live as well as possible with their condition.

## REFERRALS TO DATE: 453

### GP – 314

### Community Social Work Teams – 139



## Cullingtree Meadows – Supported Housing for People living with Dementia



Adult Community and Older Peoples Services continue to develop alternative rights based community living models of support for people with dementia.

In line with the dementia strategy to support people at home and improve quality of life outcomes, Cullingtree Meadows is the fourth supported housing scheme built to dementia design principles, in a dementia friendly area for people living with dementia and. Work was also undertaken within the

local community to become a dementia friendly community.

Developed in partnership with the Trust and Clanmil Housing Group and local community group representatives the development is located in west Belfast Grosvenor Road and contains 30 modern quality apartments (furnished to the tenant's personal choice) to combine the very best

## 5 Integrating the Care

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of housing design with 24 hour support services. A range of assistive technology is available to maintain tenant safety.

### Care and Support

Supported housing models provide real opportunities for people with dementia to live meaningful, active lives in the community. Built to address and minimise the impact of disabilities associated with dementia, and with back up from the most up to date assistive technology to prompt, support and mitigate against risks, these environments have successfully demonstrated that people with dementia can live independently in their own home, re-discover and or retain the skills they still have and discover new ones.

More importantly models like this are giving a voice to people with dementia in their own communities, are challenging stigma associated with dementia and are proving a powerful asset in helping communities and neighbourhoods to become dementia friendly.

### Adult Learning Disability

#### Appreciative Inquiry: Day Services

The Learning Disability Day Services Forum was established in 2017 to shape the future of day services across Belfast and includes carers, service users and staff and is co-chaired by Brenda Aaroy, Carer and Mairead Mitchell, Interim Co-Director of Learning Disability. It was through this forum that the progress on Appreciative Inquiry work was relayed and coordinated to Day Centre carer representatives, staff and service users.

Taking the Appreciative Inquiry methodology, staff, carers and service users have been trained together to use a different approach to improvement work. And this has been new...instead of focusing on what is going wrong, we have been asking questions like 'what is good?' 'what do you like?' and building on this 'how can we make it better?' A key part of the Appreciative Inquiry (AI) methodology is that from the outset all of the stakeholders are involved. The Trust commissioned an external consultant to facilitate the training of staff and carers in the AI methodology. The Trust also employed the peer advocacy group TILII (Tell It Like It Is) to facilitate many of the service user focus groups.

Working together, carers and staff facilitated a total of 8 staff focus groups, 6 family & carer focus groups and 8 service user focus groups. A questionnaire was also circulated both in hard copy and online versions so carers, families and staff could input to the process even if they could not join a focus group. It was a collaborative effort to summarise the outputs of all these responses. This has focused our attention on what everyone (staff, service users and family carers) values and appreciates in our day centres today and building on these what our collective aims and goals for the service should be.

## 5 Integrating the Care

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### Day Opportunities

Our community based Day Opportunities supported by Independent Organisations and partially funded by the BHSCT significantly increased this year to provide a greater choice of social, leisure and recreational opportunities in addition to the range of vocational, educational and training opportunities already on offer. We increased our contracted partnerships from 8 organisations to 11, thereby enabling us to offer a wider range of Day Opportunities to our service users. 5244 day opportunity sessions were facilitated through all of these programmes across the City (up from 4933) with 342 people gaining employment experience through voluntary work placements and 42 people securing employment.

There was a 40% increase in the number of people gaining nationally accredited qualifications with 360 people developing their confidence and skills necessary to become more independent. Community contacts also increased with some organisations supporting participants on TV and Radio interviews, community fundraising events, launches for public events and establishing contacts with local community and arts festivals.

### Employment & Training Opportunities: Social Enterprise Café

The Trust Learning Disability Day Services in partners with the Knockbrea Treatment & Wellbeing Centre, Estates, PCSS, Capital Planning, Contracts and voluntary organisations supporting people with learning disabilities have just awarded USEL (Ulster Supported Employment & Learning) with the opportunity to provide a pilot Café in the Knockbrea site for staff and service users. The initiative will provide training and employment opportunities for adults with a learning disability and at the same a much-needed resource for staff and public attending the Centre. All profits are reinvested in supporting people with learning disabilities to access paid employment. Organisations were invited to submit applications for this pilot café. Those who submitted presented to the steering group and a small audience made up of service users and staff.

### Employment Opportunities: Positive Action Initiative

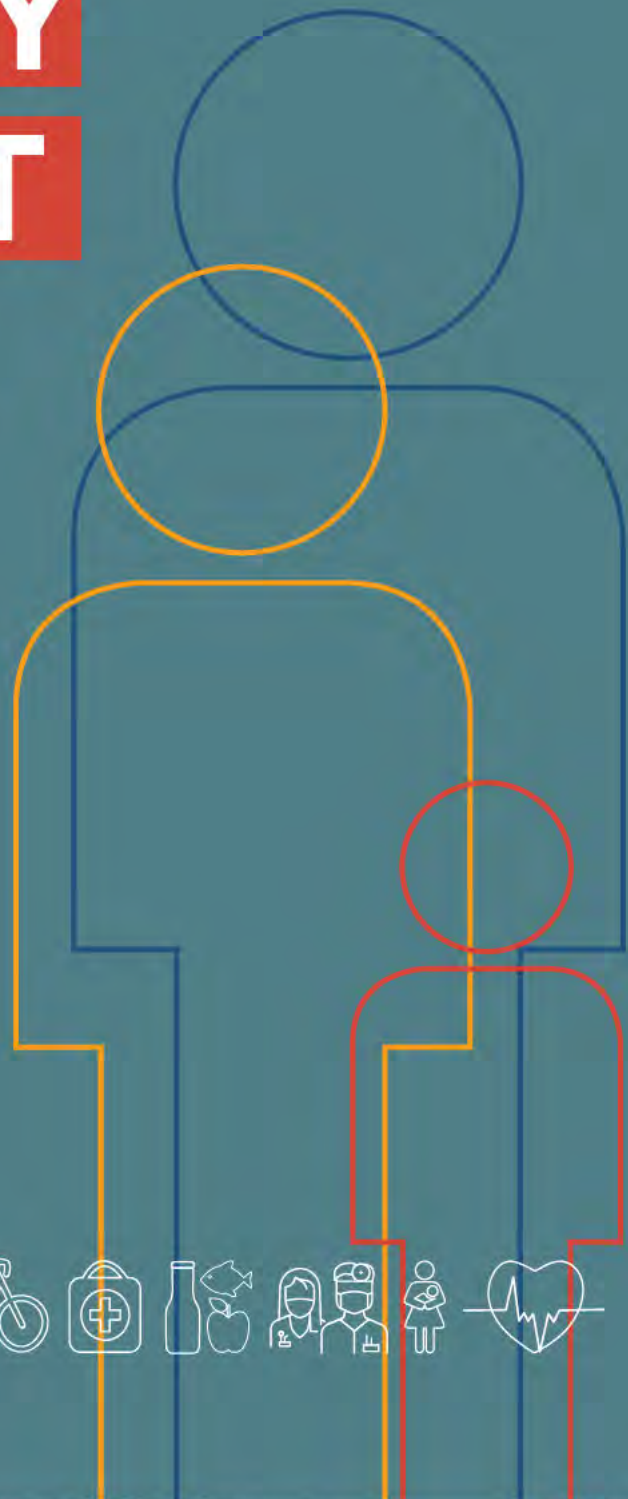
In September 2017, Learning Disability services established a new Project Group to develop an employability programme recruiting service users with a learning disability into ring-fenced jobs within Patient Client Support Services (PCSS). Working with senior management across these services and a range of partners in the community and voluntary sector who specialise in learning disability an Employability programme is being developed which will start in September 2018.

The programme will be launched by the Trust and the Equality Commission in April 2018 with recruitment in July. All candidates who successfully complete the Employability Programme which incorporates both classroom based and practical work experience will be offered permanent posts in the Trust across PCSS. It is anticipated that 12 trainees will start in September and it is hoped that the programme will be replicated across other Trusts.



BT18-1867

# ANNUAL QUALITY REPORT 2020/21







## Chief Executive Foreword

I am delighted to present the ninth Annual Quality Report for 2020/2021 which outlines both the achievements and challenges for our staff over the last year in how we are constantly striving to be one of the safest, most effective, and compassionate health and social care organisations.

The onset of COVID-19 in March 2020 has had a profound impact on all staff, patients, service users and carers, and it resulted in a period of rapid change across Belfast Trust. Without question, COVID-19 has been the biggest challenge we have ever faced in Health and Social Care and no aspect of our service has been left untouched. I commend each and every member of our staff who continue to show incredible dedication and courage in adapting to this crisis and who, in the face of great adversity, strive to deliver our vision within the context of our HSC values – working together, excellence, openness & honesty, and compassion.



Over the past year we have changed our way of working and how services are delivered at pace and scale. We have designed and newly-implemented a Quality Management System (QMS) which strives to provide us with an over-arching ability to ensure we deliver the right care, at the right time, in the right place. It is based around six quality parameters: safety, experience, effectiveness, timeliness, efficiency and equity. Within the QMS framework we have adopted the Charles Vincent Safety Huddle model throughout the whole organisation and we have adapted it for our own, unique needs. These huddles have helped us to further sense-make our daily business, to constantly seek out challenges in care delivery, and to assure ourselves that issues are dealt with, and risks to care are mitigated. As a result, there is much to learn and much to do but safe, effective, and compassionate care drives everything.

We spoke to our staff and we captured the learning from the first surge of COVID-19. We have used their recommendations to inform how we can continue to provide services in all the additional phases of the pandemic and importantly, how we rebuild for the future. As a learning organisation it is important to enable teams to implement change ideas, to measure their effects and to determine how to move forward. As a result over 15 teams came forward to focus of the key priority areas identified during the 'Learning from Covid' initiative and made targeted improvement in their areas.

This report allows us to reflect on our successes over the past year and to witness examples of how staff have risen to the challenge in order to meet the needs of our service users. Technology played a huge part in keeping us connected with patients, service users and staff. For example, we established virtual consultations by both video and telephone to ensure as many appointments as possible were kept while keeping people safe. Adopting this approach during the pandemic

## Chief Executive Foreword

allowed patients to continue to access their services in a safe way whilst enhancing their experience of care.

Hospital visiting arrangements during the pandemic were dramatically changed. In order to decrease the risk of transmitting the virus to either patients or staff, in-person visits were stopped or significantly limited. The absence of a supporting family member was a real challenge and whilst general visiting was suspended, staff were very innovative in creating alternative solutions. Between 1 Feb and 31 March 2021, more than 400 virtual visits were booked across 20 Wards in the Royal Victoria Hospital alone. And this has been replicated in all in-patient settings.

When faced with increasing demands, we prioritised the importance of compassion for those we care for. I am very proud to highlight that Real Time Patient Feedback has continued. From January to March 2021, over 1500 patient opinions were captured with 99% of these patients stating they would either be likely or extremely likely to recommend the treatment and care received to a friend or family member.

This report highlights just some of the significant achievements during what has been one the most challenging times in recent history. Staff have continued to improve and remodel our service delivery whilst setting key goals for the future and remaining committed to the achievement of our vision - to deliver safe, effective and compassionate care for our patients, service users, carers and staff. I very much hope you enjoying reading further in the pages ahead.

  
Cathy Jack

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# 1. Transforming the culture



# 1. Transforming the culture



**94** staff trained to level 2/3 in Quality Improvement



**99%** of patients said they would recommend the Belfast Trust to friends & family



**Patient Liaison** service established



**36116** calls handled by Liaison Team



Personal & Public involvement across services



**29%** decrease in complaints from previous year



**1168** formally recorded complaints



**8277** compliments received



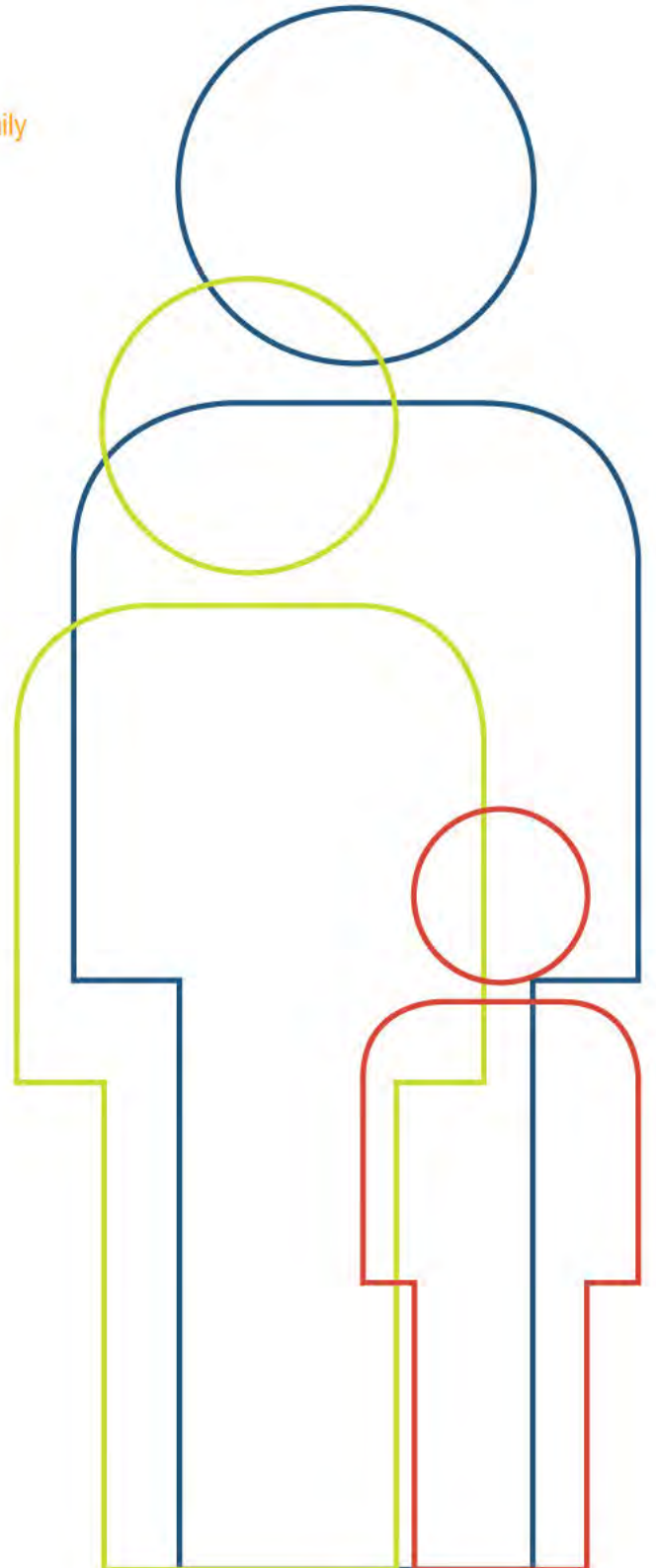
**23** shared learning letters were shared Trust wide



**37069** adverse incidents reported



Patient Experience feedback rolled out to 70 areas





# 1. Transforming the culture

## Introduction

### The Trust Vision and Values

#### Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

#### Health and Social Care Values

The HSC Values were established to embed a core set of leadership values and behaviours across all Health and Social Care Trusts in Northern Ireland. The values should define everything we do – how we work with each other and deliver our service.

The values reflect our commitment to provide safe, effective, compassionate, and person-centred care.

The HSC values are:

- Working together
- Excellence
- Openness and Honesty
- Compassion.



#### Working together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

#### Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.

#### Openness and Honesty

We are open and honest with each other and act with integrity and candour.

#### Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

# 1. Transforming the culture

## Our Corporate Themes

Our corporate themes support the achievement of the Trust's vision and are well embedded throughout the organisation. The way that our services are planned and developed each year is described under these five corporate themes:

- **Safety, Quality & Experience**

The Trust will work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.

- **Service Delivery**

The Trust will drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **People and Culture**

The Trust will support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.

- **Strategy & Partnerships**

The Trust will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **Resources**

The Trust will work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

## Our objectives

1. We will seek, listen and respond to service user and carer experience, including real-time feedback in order to inform and develop our services.
2. We will make our services safer and achieve agreed improvements across our safety improvement measures.
3. With our partners, we will encourage our population to play an active role in their own health and wellbeing.
4. We will support people with chronic and long term conditions to live at home, supported by carers, families and their communities.

# 1. Transforming the culture

5. We will optimise the opportunities for young adult care leavers through education, training and employment.
6. We will further develop safeguarding services in partnership with service users, parents, carers, communities and other agencies to enhance safety and welfare of vulnerable adults and children.
7. We will improve community support to enable more timely discharge for older people and those with chronic conditions.
8. We will deliver agreed improvements for our unscheduled care patients and develop services to avoid unnecessary admission.
9. We will deliver agreed elective care improvement each year, including acute, mental health and cancer services.
10. We will increase staff engagement in order to improve the delivery of safe, effective and compassionate care.
11. We will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.
12. We will build a sustainable workforce, deploy our resources in an effective and efficient manner, invest in infrastructure which is fit for service delivery and achieve financial balance.

The Trust adopts a range of mechanisms to ensure the delivery of quality services. These include:

## Quality Management System

BHSCT has developed a single integrated Quality Management System (QMS) which provides one approach to performance management, quality improvement, accountability and assurance processes. This system:

- Enables Directors & Divisional Teams to develop the management information needed to make sense of business in a consistent, integrated framework across all Directorates. It reduces variability; promotes consistency of approach; integrates a number of existing fragmented assurance/accountability reports and meetings; streamlines how the Trust does business
- Builds on and amplifies sensitivity to operations, using the Charles Vincent Model as the methodology for measuring and monitoring safety, both in daily safety huddles and in regular but less frequent sense making forums
- Integrates assessments of safety, experience, effectiveness, efficiency, timeliness and equity (6 quality parameters) under the banner of quality



# 1. Transforming the culture

- Instils confidence in the Executive Team and provides the basis of reliable and transparent assurance to Trust Board, Commissioners, Department of Health (DOH), partners and public on the effectiveness of decision-making and progress to meeting regional and local priorities & targets; and
- Continues to satisfy the reporting requirements of the Health & Social Care Board and Department of Health.

## Charles Vincent Model

The Executive Team hold daily Safety Huddles with a set agenda framed around the Charles Vincent model. This model provides a framework for measuring and monitoring safety and includes the following key components:



# 1. Transforming the culture

## 'Real Time' Decision Making

Real time decision making across the Trust ensures a continuous focus on quality. This includes:

- Daily COVID-19 Sitrep Report/Charles Vincent Safety Huddles
- Daily updates to support real-time decision making alongside a more in-depth weekly review eg. outpatients (including virtual clinic activity); length of stay; and progress against our rebuild plans.
- Integration of 40 sets of management information/20 different sources – presented as summary data, run charts and drillable slicer graphs
- Weekly 'live' governance meetings within Divisions attended by Divisional Leads.

## 1. Transforming the culture

### Patient and User Experience

#### Real Time Patient Feedback

Over the past year, we have continued to gather Real Time Patient Feedback from a range of inpatient wards across the BHSCT. This helps us to understand what the experience is like for the patients in our care, and in turn, recognise where we are doing things well and make the necessary changes to improve where things could be done better, all in real time. Reports are returned to wards within 24 hours so that action can be taken in a timely manner where required. To date, the feedback received has enabled us to make changes including, reducing noise levels at night on wards and helping patients get a better night's sleep, offering alternative menu choices at mealtimes and enabling patients to receive more information about their treatments and medications whilst in hospital. In addition to this, the feedback received has been a valuable tool in providing praise and recognition of staff, helping boost spirits and team morale, especially during the past year of working through the COVID-19 pandemic.



We have continued with our roll out plans, following a brief pause during COVID-19 first surge, and now currently visit approx. 70 Wards and areas across all BHSCT hospital sites, including Maternity, Mental Health and CAMHS services. In the first quarter of 2021 (Jan-March), we spoke to 1582 inpatients, with 99% of these patients stating they would either be likely or extremely likely to recommend the treatment and care received to a friend or family member. Unfortunately, benchmarking figures for the rest of the UK were not available during this period as in previous years.

Within the next couple of months, we plan to include Muckamore Abbey Hospital, and are currently developing a variety of different methods including a "talking mat" and "easy read" version of the survey. This is the first time that Real Time Patient Feedback has been adapted in this way to enable people with learning disability who often have difficulty in understanding spoken language make their views known.

We are also planning to roll this out to the Domiciliary Care setting by June 2021.



# 1. Transforming the culture

## NHS Safety Thermometers

NHS Safety Thermometers continue to be rolled out alongside Real Time Patient Feedback. The NHS Safety Thermometers enable us to take a 'temperature check' on safety through measuring common causes of harm at the point of care. They can be used to understand the proportion of patients affected by harm, agree baselines, set improvement goals and detect change over time. Data is collected by the Patient Experience Team on 2 days per month with a monthly report issued at ward, Specialty, Divisional and Trust Level to be discussed by the MDT. Each Division is also invited along to present their Medication Safety Thermometer data on a quarterly basis to the Medicines Risk & Safety Assurance Group.

Unfortunately, collection of the NHS Safety Thermometer data was stood down nationally in April 2020 and therefore we are no longer able to benchmark against other UK Trusts. However, we have developed a bespoke system in house to enable us to continue collecting, analysing & reporting on this data within our own Trust.

## 10,000 More Voices Initiative

The '10,000 More Voices' initiative enables engagement with patients and clients to focus on what matters to them when using healthcare services. Through involving patients and service users in our work and listening to their experience, we can make a real difference to improve the quality of our services.



In 2020/21 the PHA took the decision to suspend the projects that were underway due to the pandemic, the focus of the work moved to Covid related projects.

The Belfast Trust engaged in a number of Covid specific projects between April 2020 and March 2021:

- **Staff experience of Personal Protective Equipment during COVID-19** – report was circulated to staff
- **You and your experience of working during COVID-19** – psychological well-being highlighted as a key area. Working group was established and feedback given to staff
- **You and your experience of mental health services during COVID-19**
- **Experience of Living with swallowing difficulties** – learning shared with Dysphagia Network and work ongoing regionally
- **The experience of families and residents in Care Homes during COVID-19** – regional report shared across Trusts.

# 1. Transforming the culture

## Care Opinion

The Trust continues to use and promote Care Opinion for patients and service users to share their experience of health or care services and help improve them. This project uses technology and online user-feedback as a key enabler for a culture change towards an open and transparent culture. It ensures the service user feedback reaches the right staff in real-time and for the staff to be able to respond to the feedback through the online platform.

Individuals across all service areas have been identified to respond to feedback and to share learning and good practice.

## Always Events

Always Event® are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time (Picker, 2013).

The creation of an Always Event invariably comes about from the patients and people who use services and where they are asked, **'What matters to you?'** in addition to **'What's the matter?'**

In the Northern Irish context, the responses to these two pertinent questions were extracted from stories about experiences of healthcare in Northern Ireland that were shared by patients, families and carers through the regional '10,000 More Voices project' (PHA, 2017). Five key features that citizens of Northern Ireland described as being important to them when they are interacting with the health care delivery system are:

- Mealtime Matters
- Noise at Night
- Family Presence
- Pain Management
- Communication
- Attitude.

In 2020/21, the Belfast Trust Patient and Client Experience (PCE) team continued to work with 'Noise at Night' and 'Mealtime Matters' initiatives.

# 1. Transforming the culture

## Mealtime Matters (MTM)

This project aimed to improve the patient experience before, during and after their meal. Bespoke posters and leaflets with key 'Mealtime Matter' principles were distributed and aimed to raise staff awareness. Data from surveys demonstrated the need for ongoing work in this area, particularly in the area of uninterrupted mealtimes and the need for ongoing audits.

## Noise at night

The BHSCT has been working on Noise at Night since 2018, however, patient feedback continued to identify noise levels at night on wards to be a key problem.

Based on the patient feedback surveys the PCE provided immediate support to areas where issues of noise at night were reported. PCE team members visited the wards providing guidance and practical examples of how to reduce Noise at Night. The third roll out of 'Chatter Trackers' was delayed by Covid but Trackers are now active on many ward areas across many specialities.

Key interventions used were:

- Chatter Tracker noise monitors
- Noise at Night awareness poster
- Get a good night's sleep' leaflet for patients
- Ward Good Sleep Checklist.

## Next Steps 2021/22:

- On-going monitoring of Real time Patient Feedback in relation to noise at night
- A focused approach to identify and support wards with key interventions who have on-going issues with noise at night.

## Mixed Gender Accommodation Reporting

The privacy and dignity of all patients is paramount for those who deliver and commission care and is central to the Patient and Client Experience Standards (DoH, 2009) and the guidelines for Patient Experience in Adult NHS Services (NICE 2012). The overriding principle is that all patients in adult inpatient areas should be cared for in same gender accommodation except where it is in the overall best interests of the patient or reflects their personal choice. The recording of Mixed Gender Accommodation is undertaken by the Trust and submitted quarterly to the PHA. Working with colleagues in informatics the Mixed Gender Accommodation data is now captured using the PJ's IT system, which provides live data.



# 1. Transforming the culture

## Next steps

The Belfast Trust recognises success of Care Opinion will be dependent upon the following:

- A wide range of stakeholders being willing and available to take part in the project process
- Effective and consistent promotion of the service to encourage patient and client participation
- Capacity and time to provide the personal response to stories and to further support patient and Client participation
- Make meaningful changes to our services on the feedback of patient experience.

## The Chaplaincy Service

The spiritual care offered by the Chaplaincy Service is an integral part of the patient experience and provides a service to patients, their families and staff, for those of all faiths and none. The team have been involved in the design and development of a new Multi-faith Belief E-learning package for staff. The Chaplain's Association assisted in the development of a new website, which offers Multi-faith belief resources.

In 2020/21, the Belfast Trust Chaplaincy Service continued to address the spiritual needs of patients, their families and all service users. They continued with this essential service throughout the Covid 19 pandemic. The team were actively involved with the Bereavement Team, an initiative developed to support the pandemic.

## The Volunteer Service

Overall, the Volunteer Service enhances the patient experience and quality of our services by offering a number of supporting roles:

- Breast Feeding Peer Support
- Chaplaincy & Faith Volunteers
- Meet and Great Cancer Services/MacMillan
- Meet and Greet Community
- Meet and Greet Royal Victoria Hospital
- Family Liaison Support
- Peer Support – Adoption Support and Liver Support.

During the Pandemic, it was necessary to stand down the Volunteer Service. This was to assist with the reduction in footfall across all sites and to protect our volunteers. The service did continue

## 1. Transforming the culture

with peer support volunteers such as Breast-feeding peer support, which happened virtually.

Volunteers who were not in high-risk groups who wished to continue to volunteer with the Trust supported initiatives such as discharge support.

### Next Steps 2021/22

The PCE team in conjunction with the Volunteer Service will assist in determining roles suitable for volunteering in the current Covid 19 Pandemic circumstances. Evaluation of the Meet and Greet Roles in Wellbeing and Treatment centre will be completed, with the expectation to extend the role across services.

### Personal and Public Involvement

The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business, in line with the regional PPI

Personal and Public  
Involvement (PPI)



Involving you,  
improving care

Standards and the DOH Co-production guidance. PPI is the active participation of patients, carers and the public in how services are planned, delivered and evaluated. This includes developing relationships, building strong active partnerships, and having meaningful conversations with a range of stakeholders to create services that best meet service user and carer needs.

Involvement and co-production are a core aspect of the Trust Corporate plan and are also reflected in the management plans of each Directorate. Involvement and co-production are included in the Trust Assurance Framework committee structure and report via the Involvement Steering group.

During 20/21 a new BHSC Involvement Strategy was produced, which sets out the Trust's vision, commitment and integrated approach to Patient and Client Experience, PPI and Co-production.

The Trust Virtual Involvement Network continues to work on creating opportunities for PPI and co-production with service user and carers and strives to ensure that involvement opportunities are accessible to people and that people are supported to be involved in a way that suits their needs, experience and ability. COVID has presented many difficulties in relation to involvement, with all involvement activity moving to online platforms during this year.

During 20/21 there has been a particular focus on developing involvement in a number of strategic work streams, including No More Silos, Learning Disability, reform of older peoples services and modernisation of outpatients services.

The Trust virtual involvement network continues to grow and involvement opportunities are regularly promoted with this network. An Involvement newsletter is now produced quarterly and circulated widely. With the Trust's ongoing commitment to Quality Improvement, there is a

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continued commitment to ensuring that involvement of service users and carers is core to this work.

In addition, there a number of Trust-wide User Forums and specific Service User groups facilitated by and linked to the Trust which can provide opportunities for service user and other stakeholders to engage in decision making, feedback processes and associated risk issues. A number of these have continued to meet virtually throughout COVID.

The Engage and Involve training was adapted for online delivery during COVID restrictions and a specific training session on supporting involvement during COVID, entitled "Putting the I in COVID", was developed with colleagues from across the region. Online delivery commenced in November 2020, with 40 people participating in online training between then and the end of March 2021. During this period, 3868 people accessed the Introduction to PPI e-learning session. A number of guides for supporting online involvement were developed with colleagues in other Trusts - these included FAQ's for involvement during COVID, involving hard to reach groups, making virtual meetings engaging, a guide to online questionnaires and facilitating virtual focus groups.

The Trust continues to participate in the Regional PPI Forum and related subgroups including, training and remuneration / reimbursement.

## Complaints and Compliments

We recognise the importance and value of service users' opinions regarding the treatment and care we provide. As such we have worked to put effective processes for managing comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Belfast Trust in hospital or community settings.

We strive to ensure that all patients have a positive experience of our services, however there may be times when treatment or care do not meet expectations particularly when something has gone wrong or fallen below standard.

By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future. We place a real focus across the Trust on making sure that lessons from complaints are taken on board and followed up appropriately, sharing these lessons across other Service Areas and Health and Social Care Trusts where the learning can be applied in settings beyond that of the original ward / department.

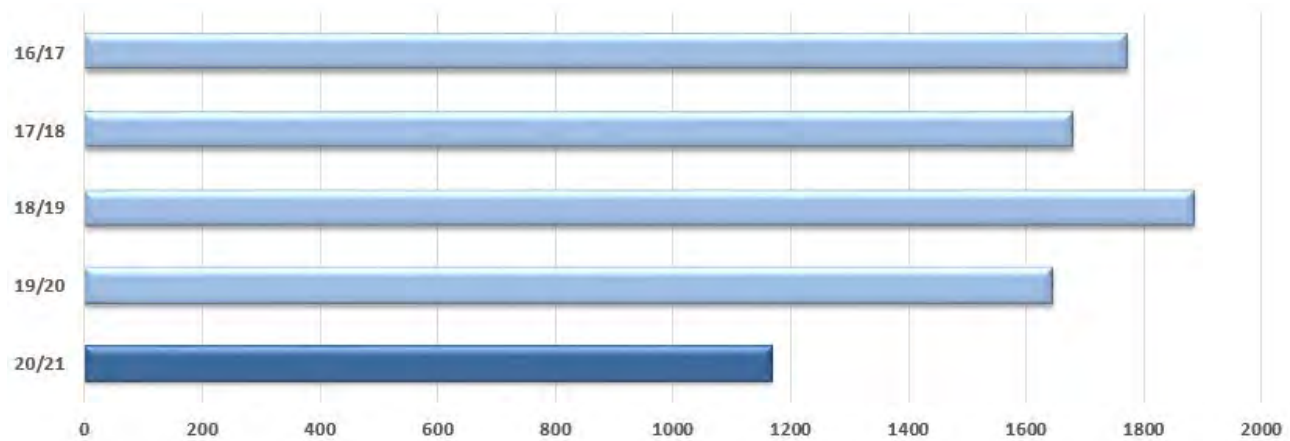


# 1. Transforming the culture

## Facts and Figures

1,168 formal complaints were received in 2020/21 representing a 29% decrease on the previous year's figure of 1,646.

### Formal complaints 2016 – 2021:



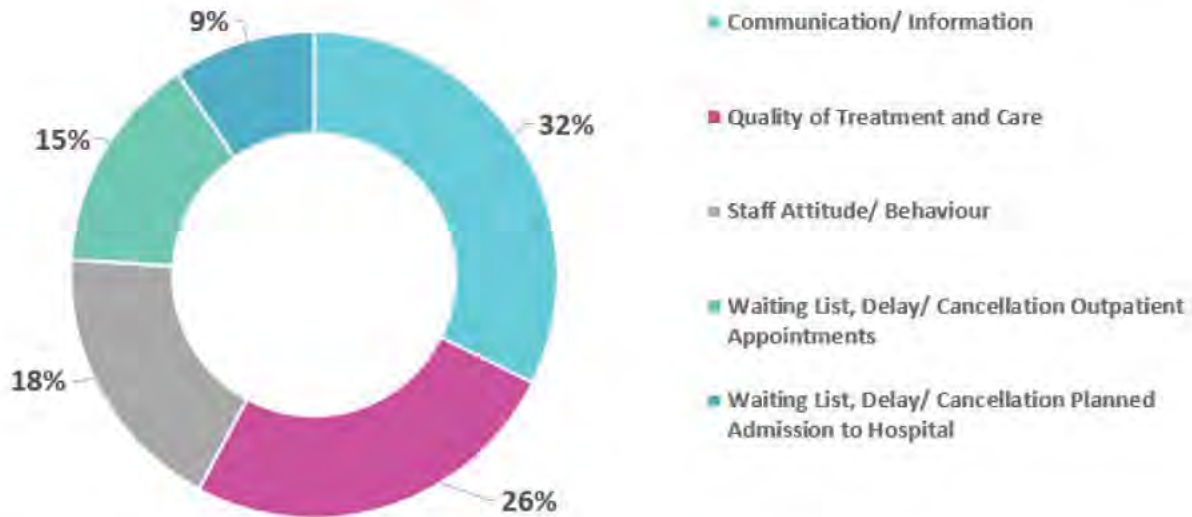
## Formal Complaints – Top 5 Subjects 2020/21

The most frequent issues and concerns raised in complaints throughout 2020/21 remained consistent with those identified in previous years:

- Communication/ provision of Information
- Quality of Treatment and Care
- Staff Attitude / Behaviour
- Waiting lists / delays / cancellations of Outpatient Appointments
- Waiting lists / delays / cancellations of Planned Admissions to Hospital.

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The chart below shows the breakdown of these 5 most common complaint subjects during the year:



## Responding to complaints in a timely manner

The Complaints Department supports our managers and staff working in Trust wards and departments to help ensure that comprehensive and full responses are provided to all complaints in an appropriate and timely way.

During 2020/21 we took an average of 29.3 working days to provide responses to complaints. Although the Trust aims to respond to complaints within 20 working days, complex complaints (particularly those that involve a range of services / departments / organisations, or where independent expert opinions are sought) can require additional time to investigate.

The following table shows the response times for the Trust for complaints received during 2020/21:

Acknowledgement of complaint within 2 working days	96%
Complaint response within 20 working days	53%
Complaint response within 30 working days	63%

In order to improve the timeliness of our response to complainants, we continued our focus on long outstanding complaints during 2020/21 in particular highlighting cases where investigations and responses had been ongoing for longer than 40 working days. Regular reports were shared with each of the service-facing Directorates throughout the year identifying all complaint cases in each service area where a response was significantly overdue. We also encouraged and supported staff to seek to resolve complaints informally within wards and departments wherever possible.

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## Learning from Complaints

The Trust endeavours to ensure that where any patient had an experience within our care that did not meet the standards that we expect, this experience is reviewed and any learning is identified and used to inform changes in the way that we deliver our services.

This learning is shared across Trust wards / departments where relevant to help avoid other patients experiencing similar issues in the future.

Some examples of how complaints have led to improvements within the Trust during 2020/21 include the following:

Complaints were received by the Trust relating to care home reviews:

- A Trust keyworker failed to communicate with the service user's family and involve them in the decision making to stop 1:1 supervision arrangements, and subsequent change to the service user's care plan
- A Trust keyworker failed to communicate with a family following a review where the outcome necessitated a transfer of care home to meet the service user's assessed needs.

These complaints highlighted that the standard expected for individualised care and treatment were not met in relation to family involvement in review of care and care delivery decisions. In addition, the principles and good practice elements within the Department of Health guidance regarding Deprivation of Liberty were not applied and documented.

Both complaints resulted in a breakdown in trust and collaborative partnership working between the family, the Trust keyworker and the care home.

The complaints were investigated by the Trust and the following learning points were identified and communicated to staff across the Trust via our Shared Learning process:

- A service user's next of kin must be informed of all changes in their care needs
- Practitioners involved in arranging 1:1 supervisions must adhere to the Adult Community and Older People's process for the implementation and review of 1:1 supervision
- Practitioners involved in completing a care review should complete the review report in accordance with Trust processes and ensure that this is shared with family in a timely basis.



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When patients are not fully satisfied with the outcome from the Trust's complaint process they can choose to subsequently raise their concerns with the Northern Ireland Public Services Ombudsman.

An example of learning and improvement arising from a complaint that was investigated by the Northern Ireland Public Services Ombudsman in 2020/21 is detailed below:

The complaint concerned a patient who suffered a collapse at home and was transported by ambulance to the Royal Victoria Hospital and subsequently transferred to Craigavon Area Hospital where they sadly passed away. It later emerged that an incorrect patient identifying number was allocated to the patient and they had been treated in both the Belfast and Southern Trusts as a different patient who had the same name and a similar date of birth. Although this error did not lead to harm to the patient, and did not affect their prognosis, there was clear concern about the impact such an error could potentially have had.

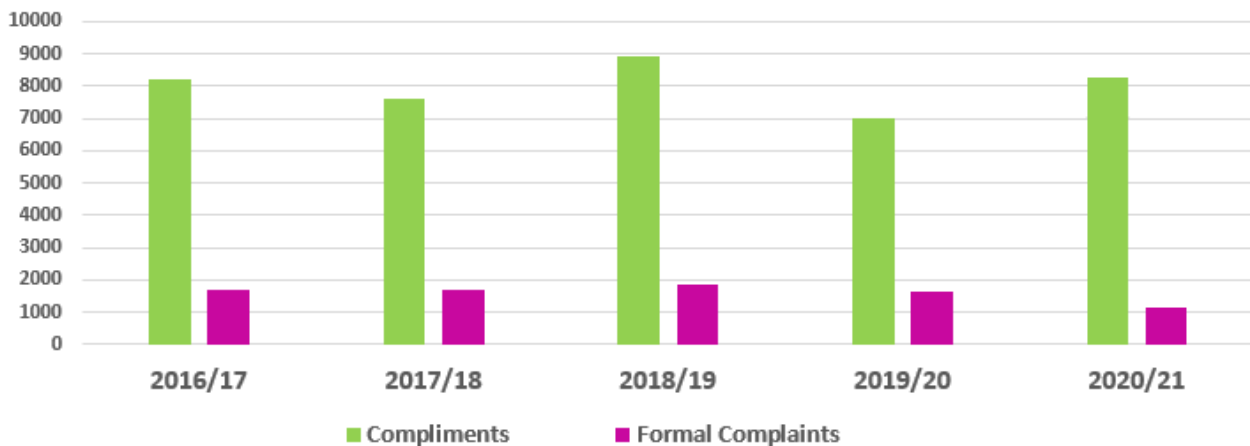
As a result of the learning from these events and subsequent investigation by the Trust, a new "Management of Unidentified Patients" policy was developed and implemented in order to prevent any future reoccurrence of such an error:

- At the point of accepting a patient for admission, Trust staff are now prompted to ask if the patient can confirm their own identity.
- If the patient is not able to confirm their own identity, an unidentified patient protocol is enacted where the patient is issued with a unique pre-allocated hospital number and temporary unique identification details as soon as they are admitted to hospital to allow any required emergency treatment to proceed.
- The purpose of this emergency identification system is:
  - to ensure that patients of unknown or uncertain identity have appropriate investigation and clinical treatment without delay
  - to ensure that documentation, blood specimens and other investigations can be linked to the patient concerned at all times during their hospital admission
  - to minimise the risk of patient identification error and consequent inappropriate treatment
  - to outline the correct mechanism for merging emergency alternative identifying information with the patient's correct identification details when these are confirmed.
- This temporary identifier is then followed up with the allocation of the patient's correct identification number when this has been confirmed and cross-checked.

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## Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. A total of 8,277 compliments were formally recorded during 2020-21 and the table below shows the numbers of compliments received over the past 5 years.



## Adverse Incidents / Serious Adverse Incidents (SAIs)

**An Adverse Incident** is defined as “Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course of the business of a HSC organisation/Special Agency or commissioned service.”

Adverse Incidents happen in all organisations providing healthcare. Belfast Trust meets this challenge through the promotion of a culture and system of reporting all incidents when they occur to learn from them and to prevent re-occurrence. “*To err is human, to cover up is unforgivable, to fail to learn is inexcusable*” – Sir Liam Donaldson, former Chief Medical Officer, England.

The objective of the incident reporting system is to encourage an open reporting and learning culture, acknowledging that lessons need to be shared to improve safety and apply best practice in managing risks. It also provides feedback on high-level analysis and themes arising from reported incidents.

Incidents reports are provided to a number of specialist groups eg. the Trust Assurance Committee, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

**A Serious Adverse Incident (SAI)** is a classification of incident that is subject to Health & Social Care Board procedures for reporting and investigation. SAIs will include ‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’

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## Facts and Figures

In the year 2020/21 there were a total of 37,069 adverse incidents reported and, of these, 120 were reported as SAIs. 76% of adverse incidents affected patients or service users, 19% affected staff/contractors/vendors with the remaining 5% affecting the organization as a whole or public/visitors.

Work is ongoing to tackle the root causes of these incidents to reduce their occurrence and examples of this are as follows:

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
<p><b>Behaviour</b></p> <p>(15,000 reported incidents)</p> <p>(It should be noted that many of these incidents occur as a result of the behaviours associated with some learning disabilities and mental health conditions)</p>	<ul style="list-style-type: none"> <li>• The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence. Training programmes are delivered throughout the year in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising, preventing and managing aggression, skills to escape an attack and team approaches in holding skills.</li> <li>• Mental Health Services - All incidents regarding violence and aggression which are graded as moderate and above severity, as well as incidents graded minor or insignificant, but with a potential of a moderate or above consequence are reviewed by the Collective leadership Team (CLT), at a weekly governance huddle and feedback returned to the appropriate service area. Incidents of violence and aggression are also discussed locally at Ward/ Department level during team meetings and at monthly Patient Safety Meetings. Within Mental Health Services a Physical Intervention (PI) report is produced weekly for review by CLT and distributed to the service areas within Mental Health Services. The PI report includes all aggressive and self-harming behavior Incidents. We monitor the use of Physical Intervention, Prone and Supine restraint, IM rapid tranquilization and seclusion. All Mental Health Incidents are discussed at monthly Divisional Governance Meetings. Trends and patterns are collated for wider discussion. It should be noted that often when a peak arises within Mental Health inpatient facilities</li> </ul>



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Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p>that it can relate to one or a small number of individual patients who have been admitted and who are very unwell. Support for staff involved in incidents of violence and aggression is provided as and when necessary.</p> <p><b>Following is an example of where a quality improvement project was undertaken in this area:</b></p> <p>Restrictive Practice QI project – Aim is to reduce the use of restrictive practice (physical restraint, seclusion, rapid tranquilisation) by 30% by December 2021. Assistant Service Manager (ASM) developed Therapy Crosses to enable regular review of positive interventions taking place on wards to support the reduction of restrictive practice. In February 2021, all Mental Health wards (exception of Valencia) adopted an Adult Safeguarding Tracking document to analyse Adult Safeguarding incidents within wards. This document is discussed with the ASM, Ward Managers and Psychiatrists at local Governance meetings. This information is used to monitor Adult Safeguarding (ASG) referrals re timeliness of referral and referral to DAPO, any delay in reporting and to consider adult safeguarding incidents for trends and analysis ie. time of day, where the incident happened, factors contributing to incidents (deterioration in mental health, poor or non-concordance with prescribed medication, incidents occurring in specific locations/ time of incidents ie. central area of ward, outside nursing office, outside medication room, patient kitchen/ tea/ coffee making area, off ward recreation areas, etc. to contribute to risk management plans and strategies to decrease incidents of this nature at ward level.</p> <ul style="list-style-type: none"> <li>● Learning Disability Services – All incidents of aggression are reviewed at both Hospital and community weekly Live Governance meetings. All incidents of aggression within inpatient settings are discussed at patient level at Clinical Improvement Meetings where there is full</li> </ul>

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Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p>a full multi-disciplinary team review. Governance Committee takes place on a bi-monthly basis, reports and charts reflecting trends and patterns of incidents of aggression are presented to the management team. A patient placement review has taken place at MAH which has resulted in some patients moving wards to where their support need can be better met. A weekly data triangulation meeting has been set up at Muckamore Abbey Hospital (MAH), all incidents which occurred the previous week are reviewed for patterns and themes, actions agreed at each meeting. Delayed discharge of some children in Iveagh's children centre have been escalated with placing Trusts, joint work has resulted in suitable step place being secured, both Trust teams are working together to work towards a successful discharge in September 21. Discharge work continues at MAH to secure suitable accommodation for delayed discharge patients. Debrief and psychology support is provided at each site following serious or persistent incidents of aggression towards staff.</p>
<p><b>Accidents / Falls</b> (6,824 reported incidents of which 5,889 were falls)</p>	<ul style="list-style-type: none"> <li>● Post fall reviews are completed on all moderate and above falls which focuses on the learning from each fall incident</li> <li>● The monthly FallSafe audit was recommenced in July 2021. A reporting system for recording FallSafe Audit data, which generates a report for ward staff, has been developed. Staff training has been delivered to enable access and use of the system</li> <li>● The PHA receive a monthly report of all falls coded moderate and above. Each report reviews the fall incident and highlights areas of good practice and areas of learning. This information is collected regionally and provides data to inform key priorities for quality improvement work and patient safety initiatives.</li> </ul>

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Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p><b>Ongoing Quality Improvement initiatives will be facilitated by:</b></p> <ul style="list-style-type: none"> <li>● Educating and supporting staff with FallSafe training and the ‘Management and Prevention of Falls Policy’</li> <li>● Shared learning from all post fall reviews with the Multi-Disciplinary Team</li> <li>● Collaborative working at a local and regional level</li> <li>● For a patient fall where a sustained or suspected spinal injury has occurred - training has been provided for staff to enable them to safely manage these incidents</li> <li>● During September 2021, ‘Safetember’ is being used as an opportunity to implement the FallSafe project on the Enhanced Recovery Ward in Withers, MPH. There are also plans to focus falls prevention work in Neurology and Ward 4E/4F</li> <li>● Regional ‘Falls Week’ commences on 20th September 2021, this week is used as an opportunity to raise awareness of FallSafe for staff, patients and visitors across all sites.</li> </ul> <p><b>Regional Falls work carried out with the PHA:</b></p> <ul style="list-style-type: none"> <li>● The Regional Falls Group are in the process of devising a regional document to provide guidance for staff in the use of ‘Falls Assistive Technologies’</li> <li>● A Regional falls e-learning programme was developed in 2020. Progress in developing the course has been delayed due to the COVID-19 pandemic. The programme has been ‘story boarded’ and is awaiting digitalisation</li> <li>● The Falls Data Sub group have identified regionally that there are variations in the falls data submitted. This group has been convened to discuss these issues, and to work collaboratively to develop systems and processes to ensure that the reporting of falls data is consistent across all Trusts.</li> </ul>




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Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
<p><b>Medication/Biologics/Fluids</b> (3,148 reported incidents)</p>	<p><b>Medication incidents</b></p> <p>Hyperkalaemia - The hyperkalaemia kit was changed to reflect updates to the RQIA 'Management of hyperkalaemia in hospitalised adults' guideline. It now has revised recommendations for the monitoring of blood glucose before and after treatment of hyperkalaemia. This change has been made in recognition of the risk of hypoglycaemia in patients receiving an insulin/glucose infusion as part of the treatment of hyperkalaemia in adults.</p> <p>The updated kit (shown below) now includes a two sided insert with an algorithm for the management of hyperkalaemia in adult inpatients and a blood glucose monitoring chart. A switchover of 260 kits, led by Pharmacy, was carried out in BHSCT acute sites to ensure updated kits were available at ward level.</p> <div style="display: flex; justify-content: space-around;">   </div>
<p><b>Other</b> (1,748 reported incidents)</p>	<ul style="list-style-type: none"> <li>• A number of incidents have been recorded as 'Other' where staff have been unable to code appropriately.</li> <li>• Actions are being taken to improve the coding of incidents.</li> </ul>
<p><b>Diagnostic Processes/ Procedures</b> (1,241 reported incidents)</p>	<ul style="list-style-type: none"> <li>• Diagnostic process/procedures include laboratory investigations/interpretations, radiological/imaging investigations/interpretations, monitoring/on-going assessment of patient status and general diagnostic incidents.</li> <li>• Staff review incidents and implement actions as required.</li> </ul>

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## Shared Learning

During the reporting period 2020-2021, 23 Trust Shared Learning letters were shared Trust wide. Of these, 20 related to Incidents or Serious Adverse Incidents and three related to complaints.

 <b>Shared Learning</b>		Ref. W257857	Date issued: Mar 2021
<b>Safety Message:</b> Referrers should NEVER make duplicate imaging scan referrals to more than one department for the same individual patient procedure.			
<b>Summary of Event</b>			
<p>A patient received a duplicate scan in error. On investigation, the patient was referred by the same doctor from hospital X to the relevant department in hospital Y and also to hospital Z. The scan in hospital Z was completed 3 weeks after the scan in hospital Y and was therefore not required. The patient received an additional unnecessary radiation exposure which was reportable to the regulator.</p> <p>A contributing factor to events is the fact that multiple Radiology Information Systems are in place across NI and therefore duplicate requests for the same imaging procedure cannot easily be detected by the individual scanning departments.</p>			
<b>Learning Points</b>			
<p>Duplicate referrals for diagnostic imaging procedures are an ongoing problem. In accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations (NI) 2018 referrers should NEVER make duplicate referrals to multiple departments for the same individual patient procedure. Referrers should educate themselves in respect of their obligations under the IRMER regulations and should complete the HSC e-learning course 'IRMER Awareness Training for Referrers' which is available on the HSC e-learning section of the hub.</p>			
Specific Directorate(s) (specify):		Trustwide	X
Other (specify):		Regional	X
<b>Action Required</b> (for discussion and agreement at Learning from Experience Steering Group / SAI Group or other appropriate group)			
Approved by: SAI Group		Designation:	Date approved: Mar 2021



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## SAI Reviews during 2020/21 involving deaths by directorate

### Facts and Figures

189 SAI Notifications were raised during the period 01 April 2020 to 31 March 2021

### SAI Reviews during 2020/21 involving deaths

Of the 189 SAIs during the period 01 April 2020 to 31 March 2021, 62 of these relate to patient deaths. The table below provides a breakdown by Directorate. Over half (36 / 58%) of these SAIs involving death were raised by the Adult Social and Primary Care Directorate, with 25 (40%) related to Suicides.

SAI Notifications submitted by Directorate involving patient deaths for 2020/21 period	Total
Adult Social and Primary Care	36
Children's Community Services	2
Specialist Hospitals & Women's Health	10
Surgery and Specialist Services	5
Unscheduled and Acute Care	9
<b>Total</b>	<b>62</b>

Of these 62 SAIs:

- 52 were reviewed using Level 1 SEA methodology
- 8 were reviewed using Level 2 RCA methodology (as a minimum, the chair is independent of the Directorate)
- 2 were reviewed using Level 3 RCA methodology (as a minimum, the chair is independent of the Trust).

### How the organisation learns

The Trust is committed to being a 'learning organisation', one that is continually seeking to share best practice, to share learning when the care we have provided could have been better and also to proactively identify risk and to be a 'problem sensing' organisation. Due to the scale of our Trust, spread over multiple sites and with over 20,000 staff, it can be challenging to share learning constantly and effectively. We do this via a number of ways:

- Specialty Mortality Review and Patient Safety meetings which are multi-disciplinary meetings (at least monthly) for each Specialty and review mortality, morbidity, learning from harm and other governance and patient safety issues



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- Internal Learning Templates arising from an incident, complaint, Case Management Review etc.
- Regional Learning Event for Serious Adverse Incidents including presentations from the Belfast Trust
- Divisions have Live Clinical Governance meetings each week
- Safety Quality Visits where our Executive, Non-Executive Directors and Senior Managers visit wards and units and share best practice and support wards and teams to improve
- “Safety Matters” newsletter issued 3- 4 times per year
- Quarterly and Annual Complaints, Incident and SAI reports
- Directorate and Trust-wide Shared Learning Events
- Implementing recommendations from external reviews and enquiries
- Incident and Risk Management training
- Incidents, SAIs, Complaints, Litigation cases are themed to enhance learning opportunities
- The Trust has a weekly Governance Teleconference to discuss what harm has occurred in the previous week and what is planned for the following week in terms of SAIs, Ombudsman
- Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between
- Directorates and issues can be escalated as required.

## Quality Improvement

Quality Improvement remains at the core of service delivery. Our commitment and dedication to quality improvement is even more significant this year given the unprecedented challenges faced by the Trust in responding to the pandemic.

### The Trust continues to:

- Promote a culture of quality improvement and innovation
- Provide QI support to reform work streams in line with the Trust priorities.
- Develop capability for quality improvement through the provision of training and mentoring
- Work collaboratively with a wide range of stakeholders and learn from regional networks and collaborations.

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## Trust Priorities

Quality improvement is embedded in each of the Trust's priorities as set out in the Quality Management System:

- New model of care for older people
- Urgent and Emergency Care
- Time critical surgery
- Outpatient modernisation
- Introduction of vulnerable groups in our population
- Seeking real time feedback from staff and patients
- Regional priorities.

## Key achievements this year included:

- The opening of the **Urgent Care Centre (UCC)** in October 2020 to help facilitate the achievement the 4 hour target; reduce footfall in the Emergency Departments; and keep the Emergency Departments for emergencies only. The introduction of the Urgent Centre on the RVH site has improved the delivery of the overall 4 hour target with almost 100% of patients who remain in the UCC being treated and discharged within 4 hours of arriving
- The introduction of **Virtual Consultations** (both telephone and video). The pandemic prompted the introduction of virtual consultations at pace and scale. Benefits for patients and service users include more timely access to services and reduced cost and inconvenience of travel and parking. Benefits for the Trust include more efficient and effective use of resources and the provision of more timely care and treatment. Feedback is continually gathered through patient surveys, patient user groups/forums, staff surveys (both clinician and administration staff), reporting metrics from Paris and PAS. This allows for timely feedback and continued tests of change and improvement as video consultation is rolled out across specialties. Key objectives for the year included:
  - Extending the Trust's video consultation capability across priority service areas.
  - Ensuring appropriate integration with relevant patient booking systems thus ensuring a seamless service. This included scheduling, data recording, privacy, security and reminders.
  - Ensuring effective communications and change management so that the 'new ways of working' (or alternative service channel) are clear, understandable and consistent for our patients and staff
  - Thinking big, starting small and scaling quickly

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- The introduction of **Virtual Visiting (VV)**. In April 2020, all hospital visiting (with limited exceptions) was stopped temporarily across NI. Many patients in the Belfast Trust were unable to use smartphones/tablets independently to connect with their families, leaving them isolated and increasing their loved ones' anxiety. In many areas, Trust staff were facilitating video calls between patients and their families but, due to clinical pressures, this was ad hoc or not always possible. In February 2021, a multidisciplinary team was formed and a VV service was established on the Royal Victoria Hospital (RVH) site. Between 1st Feb 2021 and 31st March, more than 400 VV were booked across over 20 wards in the RVH. Most took place on the care of the elderly, stroke, acute medicine and neurosurgery wards, highlighting the vulnerability of those requiring VV. At the peak of the pandemic, the service offered 70 VV per week between 9am-7pm
- Quantitative and qualitative data, collected via online surveys from patients and family members, revealed overwhelmingly positive feedback

**Benefits for patients:** Patients reported feeling happier, reassured and comforted after visits. VV facilitators reported many patients were more alert and less agitated following their VV, suggesting improved overall wellbeing and greater chances of recovery

**Benefits for family members:** People expressed relief and joy at seeing their loved one. Staff were praised for their professionalism and compassion

VV remains ongoing across BHSC to reduce footfall on sites, support infection control and enhance care for patients whose loved ones are unable to travel and/or live outside NI.

### Learning from Covid and Quality Improvement

Following the first surge of COVID-19, a multi-disciplinary 'Learning from COVID' team was established in May 2020 and gathered information on how staff had been affected, how staff have been working differently and what we can learn, in order to ensure staff are better supported for a future surge.

Feedback was gathered from every Division in the Trust, from a wide range of service users, and from as many individual staff members as possible and informed the lessons to be learned and recommendations from the first surge of the pandemic. Seven inter-related themes were identified across all of the learning captured. These were, teamwork, innovation, leadership, communication, inequity, recognition and safety and wellbeing.

A number of key priority areas were identified in order to address some of this learning and to help shape our future. Over 15 teams came forward to help make improvements in these targeted priority areas and were supported by our level 2 Safety Quality Belfast programme which was redesigned so that it could be delivered on a virtual platform.



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## Quality Improvement Training

In 2020/21 the following staff were trained and QI projects completed:

Level on Q2020 Framework	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	12, 227 (68% of current staff in post)	N/A
2	Virtual Safety Quality Belfast (eSQB)	68	16
2	Specialty Trainees Engaged in Leadership Programme (STEP)	24	
3	Scottish Improvement Leader (ScIL)	22	22

All training has been delivered virtually over Microsoft Teams over the last year and will continue to do so in the months ahead.

## Safety Quality Visits

Safety & Quality Visits (SQV) form part of the Belfast Health & Social Care Trust's safety and quality improvement agenda.

Safety & Quality Visits involve senior leaders visiting both clinical and non-clinical areas to provide an informal method for leaders to talk to front line staff about patient safety, what matters to staff and service users, showcase good work and discuss what could be even better. During 2020/21, visits were stood down until the end of September due to the pressures staff were facing due to Covid. When they re-started 30 were scheduled and 22 carried out.

## Next Steps

- Raise the profile of visits and promote their benefits to staff involved
- Increase the number of reports received by the QI team
- Continue to improve shared learning from visits
- Continue to recognise and celebrate the excellent work being carried out in the Trust.

## Supporting Staff when an Unexpected Event has occurred Belfast Support Team (BeST)

The BHSCT is committed to supporting staff and recognises the emotional impact of incidents or unexpected events. We want to support staff in providing safe, effective and compassionate

# 1. Transforming the culture

care by making available both practical and emotional support when these events occur. The Belfast Support team is a 'Buddy' Service which has been set up with a number of buddies available to provide support. Any member of staff who has experienced the emotional impact of an unexpected event can confidentially be put in contact with a buddy. The buddy will provide reassurance and support. They can also offer practical advice on coroner's inquests, complaints and SAI's etc.



We have 39 trained volunteers from across different directorates, professions and bands of staff who have been recruited and trained to be a 'buddy'.

## Schwartz Rounds



Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff. We now have 245 trained facilitators and

243 attendees to date. Schwartz Rounds take place every two months with panellists presenting on themes such as 'A patient I will never forget' and 'A day I made a difference'. Schwartz Rounds help to build resilience of staff and enable support through sharing of experiences. While feedback had been extremely positive all face to face Schwartz Rounds have currently been paused due to COVID-19 and are also taking place virtually. Feedback was extremely positive.

"very inspirational"  
 "very emotional"  
 "made me feel part of a team that does great things"

## Team Time

In addition to Schwartz Rounds, Belfast Trust has introduced the Point of Care Foundation (PoC) initiative 'Team Time'. Team Time focuses specifically on individual teams, offering staff a safe reflective space to talk about the emotional and social impact of their current work experiences. Feedback has been very positive.

## Team Time Facilitators

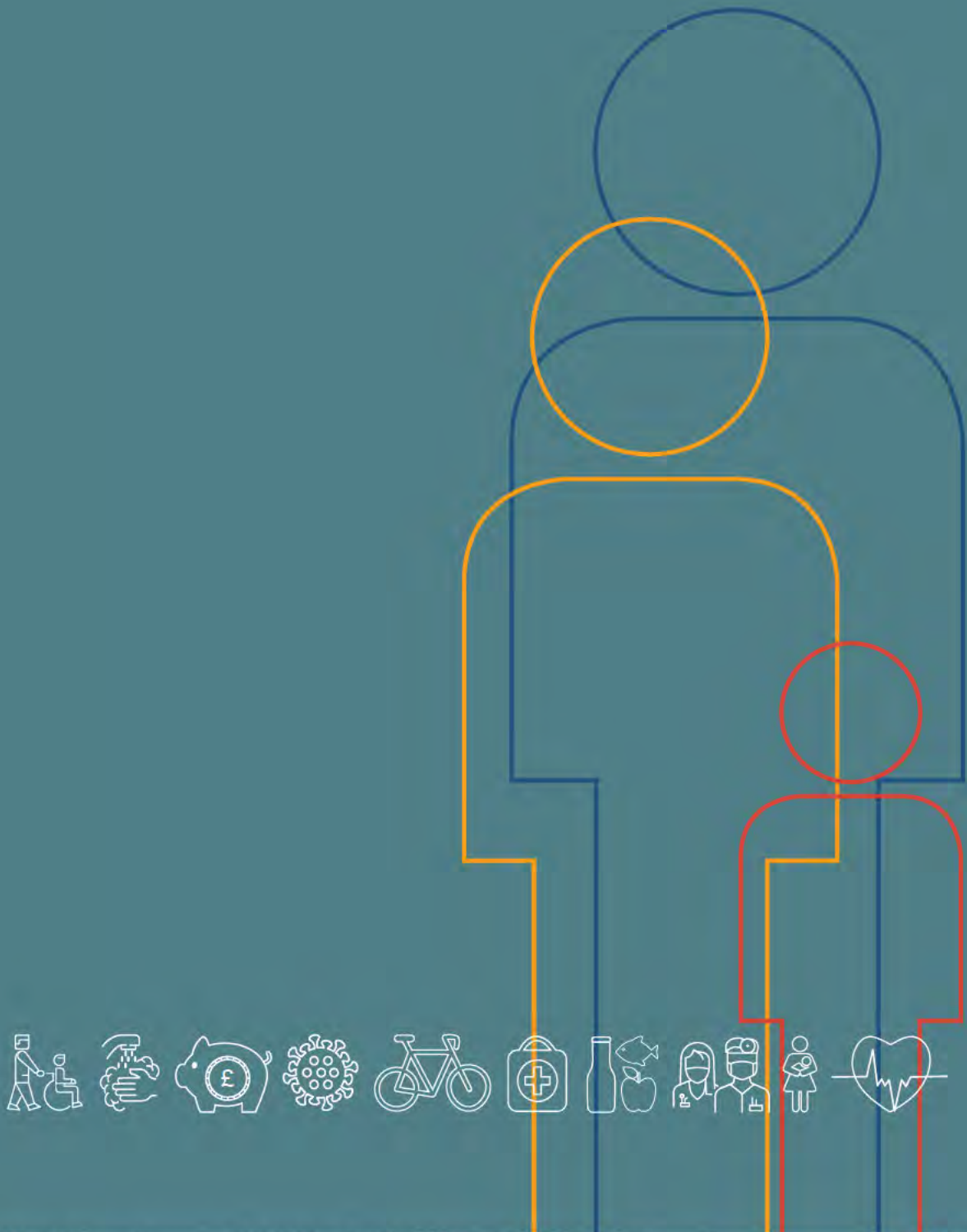
Trained Schwartz facilitators deliver all sessions and all Schwartz facilitators are able to undertake Team Time training.

No. trained Schwartz facilitators	No. trained Schwartz facilitators also trained in Team Time
15	11

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## 2. Strengthening the Workforce



## 2. Strengthening the Workforce



**70%** of staff trained at level 1 of the Q2020 Attributes Framework



**1502** New to Trust staff have completed welcome programme



**136** staff attended the Nursing Assistant Online Induction



**1633** staff completed online/virtual training



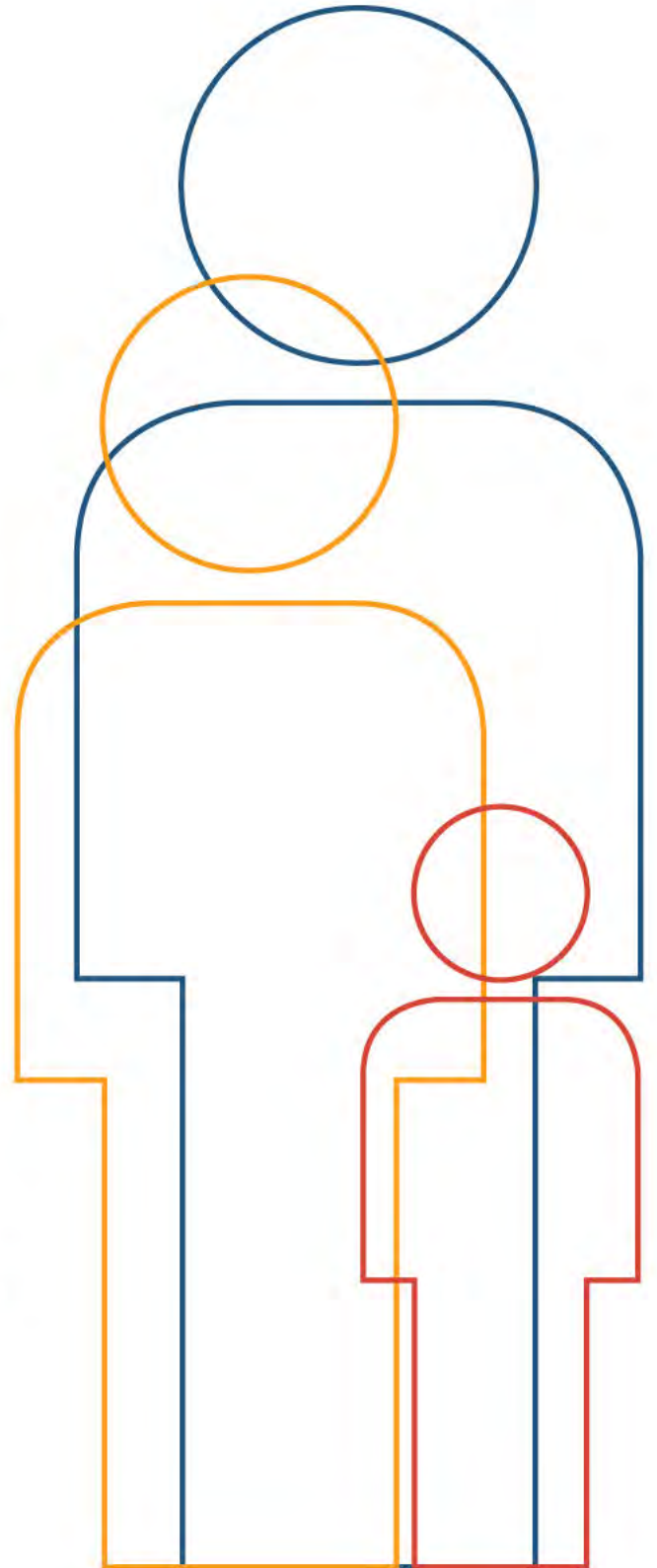
**20** nurses and midwives took part in the Nightingale Challenge



**Covid Recovery Toolkit** developed for staff



**15000** views - Safe Working During Covid-19 guidance pack for all staff



## 2. Strengthening the Workforce

### Staff Induction

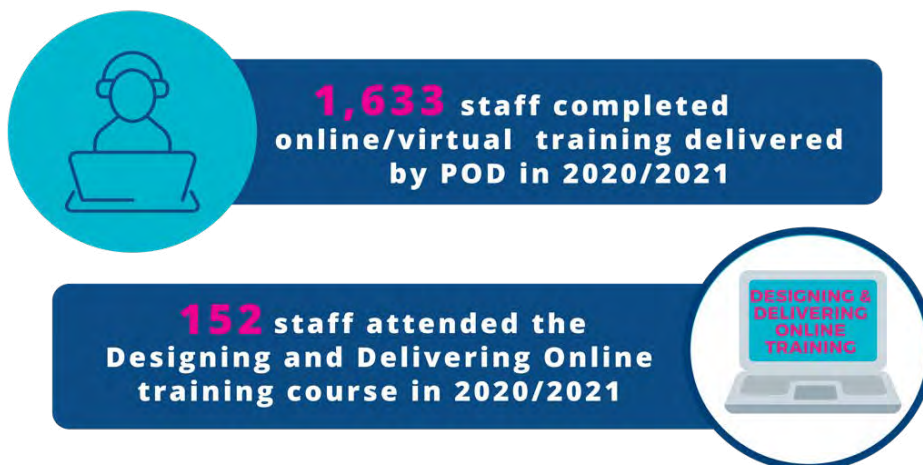
#### Introduction

The COVID-19 Pandemic required the HR People and Organisational Development team to adopt a different approach. Much of the team's work involved face-to-face events and programmes which understandably had to be moved to online platforms. The team also had a role to play in supporting staff through the challenges posed by Covid at work and at home. The HR People and Organisational Development team supported the wider organisation in their efforts to communicate and engage staff virtually and developed solutions to ensure critical Learning and Development (L&D) activities could continue to be delivered, supporting the Trust's commitment to providing safe, effective and compassionate care.

#### Learning & Development – Digital Delivery

The HR People and Organisational Development team quickly developed new digital skills to perform their role, listening to the needs of the wider service to develop digital solutions to new challenges eg. social distancing and an increasingly remote work force. Given the significant pressures on teams across the service, the team designed a 'train the trainer' workshop as an effective method to quickly share new digital skills to corporate and clinical educators across the Trust. This knowledge sharing approach allowed staff to speedily implement templates, toolkits and guidelines to deliver their service. It also outlined new ways of engaging staff during training such as digital whiteboard, polls and breakout rooms that ensured vital training could be resumed safely.

Additionally, the HR People and Organisational Development team transformed personal development training and bespoke and team training interventions to be facilitated digitally. This enabled the Trust to continue to induct and develop staff, providing the crucial training and development required to deliver safe, effective, compassionate care.





## 2. Strengthening the Workforce

### Staff Welcome Programme

The Belfast Trust Welcome Event was officially launched in April 2019 and proved extremely successful. In March 2020, as a result of the global pandemic the programme was stood down and an interim arrangement introduced in April 2020. This ensured:

- Staff new to Belfast Trust were supported in their understanding of the Trust culture and values
- Staff new to Belfast Trust felt welcomed to the Trust encouraging staff engagement and retention
- Improved compliance levels with core statutory and mandatory training requirements to ensure that safety of both staff and service users was achieved during a time of huge pressure on the service.



This process initially contained four keys pieces of training that had been digitalised in order to enable completion prior to staff taking up post and also accessible on their own devices.

In October 2020, two additional training elements were digitalised and added to the interim product. From April 2020-March 2021, 1,502 new to Trust staff completed the interim welcome product.

Work is under way to ensure that the interim process is replaced by a full onboarding product which will allow new to Trust staff to complete all 10 core SM training elements prior to taking up post which will help ensure greater levels of safety is achieved.

### Leadership and Management Development

The Covid pandemic highlighted the important role Leaders and Managers play in the delivery of care to patients and service users. To support them HR People and Organisational Development worked with the HSC Leadership Centre to generate a bespoke interactive resource; Being Belfast.



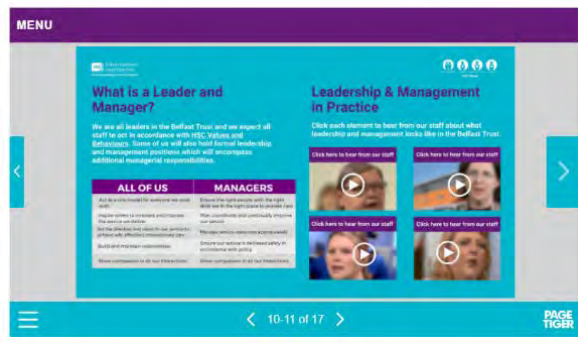
## 2. Strengthening the Workforce



Being Belfast is an innovative, interactive resource that has been designed specifically to meet the needs of staff within Belfast Trust. Staff from different levels, roles and professions across the Trust were consulted to understand what support they required. As a result the Being Belfast Framework sets out how all staff, leaders and managers can contribute to safe, effective care through nurturing staff well-being, encouraging staff development and creating a culture of collective leadership. This interactive online resource supports staff at all levels and experience and includes:

- A first 100 days guide to help new members settle into their role
- A manager’s tool kit with practical resources for managing people, resources and self and
- A leadership framework broken down by level with access to a range of development approaches such as top tips, factsheets, news articles, training courses, clips and reflective exercises.

This framework will be officially launched in May 2021.





## 2. Strengthening the Workforce

### Managing with Care

Building on the current range of leadership and management development available to our staff and mindful that middle managers play a crucial role in ensuring that the Trust consistently delivers safe, effective, compassionate care, in 20/21 HR People and Organisational Development worked in partnership with the HSC Leadership centre to design and develop a specific management development programme, targeted at middle level post holders. The broad aim of this 14 week course will be to support our managers to meet organisational expectations, create consistency of approach across managers and support the development and capability of post holders. Facilitating remote online access, this interactive programme will use a range of approaches to cover a wealth of core topics such as mentoring, governance, delivering change, managing conflict, quality improvement etc. The nomination process for cohort 1 will commence in May 2021 enabling 4 cohorts annually.



'Developing our people today for tomorrow' remains a core programme of work for the Trust. The HR People and Organisational Development team in partnership with the HSC Leadership Centre, continue to deliver the Succession planning course increasing the pool and potential of leaders ready and able to take up more senior clinical and corporate roles.



The second cohort of the succession planning course, for middle level post holders was completed in 2020/21 and delivered online in light of the pandemic. Of the 15 participants over 50% have so far secured senior posts during or after the programme. Their participation in the course across modules such as 'Inspiring shared purpose', 'eLeadership' etc. culminated in the delivery of a virtual showcase event online in March 2021 where attendees shared their learning through a range of innovative, digital methods.



### Succession Planning:

Our Journey – navigating Covid and Beyond...





## 2. Strengthening the Workforce

The HR People and Organisational Development team in partnership with the HSC Leadership Centre continued to facilitate the Leading with Care programme for Tier 4 and 5 senior post holders, moving delivery online owing to the COVID pandemic. In 2021, 20 participants in total completed the Tier 5 Cohort 12 and 22 completed the Tier 5 Cohort 13 of the programme.

All participants completed a collective leadership challenge sharing their learning online to a panel of senior Trust managers. As one attendee described 'this was a unique and highly beneficial learning experience, stretching our networking, creative and digital skills set, but culminating in a breadth of learning'.



### Learning and Development Activity



In 2020/21, the Engaging Manager course was tailored for online delivery, empowering staff through new innovative approaches. The Engaging Manager courses were facilitated by the HR People and Organisational Development team, for 17 attendees from across the Trust.

The last decade has seen fundamental shifts in what makes us successful in the workplace with emotional intelligence widely recognised as a key element of success in leadership and management roles. Building on the previous popularity of this course, in early 2021 the HR Team digitally tailored the emotionally intelligence content to facilitate an online experience from April 2021.

The Band 6 and 7 Nursing & Midwifery Leadership Programme was redesigned in 20/21 with input from Trust Nursing staff. Delivered by HR People and Organisational Development and Central Nursing team the resulting programme is an innovative, digital and tailored approach.

By embedding key quality improvements, all aspects of the course were refreshed, including the objectives, to enhance skills of nursing staff to undertake their role as leaders with confidence. Underpinned by Trust priorities, the programme included values, Collective Leadership and quality improvement to ensure delivery of safe, effective, compassionate care. Key benefits included:



## 2. Strengthening the Workforce

- Close coordination between HR People and Organisational Development and Central Nursing Team
- Group Supervision session to evidence professional compliance for registration purposes
- Direct input from staff service areas to provide service-specific content
- Use of innovative and interactive digital delivery methods
- Staff Well-being focus underpinning the entire course.

From March 2020 – April 2021 28 nursing attendees completed four modules delivered online over four days with real time feedback generated after each session. Staff feedback demonstrated that the course was well received and a valuable asset to participants who have noted a change in their performance and leadership and management skills within their work areas as a result.

“I enjoyed learning about collective leadership and its importance - and the importance of leadership in health care ....”

March 2021 Programme attendee

“It has highlighted further the importance of working well as a team, supporting one another, using effective communication skills which in turn should aid decision making and therefore collectively enhance the patient/client experience....”

Values are at the heart of our Corporate Management Plan and remain a key priority for the way our leaders, managers and staff operate. Recently all our Values Workshops have been moved to online delivery using MS Team. The purpose and objectives of these Workshops provided an opportunity for teams to familiarise themselves with the HSC values and explore how these values are reflected in their work and behaviors. During the 12 months from April 2020 until March 2021 a total of 116 staff have engaged in Values workshops.



Coaching is a recognized development tool that enables staff to think issues through for themselves, rather than the coach ‘telling’ or ‘instructing’ the person. The HR People and Development Team continue to build coaching capability across the Trust through a range of approaches:

- Maintenance of a database of coaches across the Trust trained to level 5 ILM Coaching standard



## 2. Strengthening the Workforce

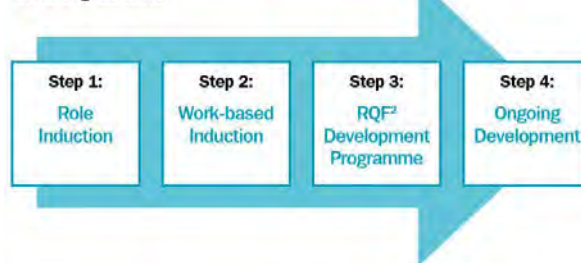
- A Coaching Skills training programme for managers
- 28 participants completed the ILM Level 3 accredited Coaching programme
- Additionally HR POD is working in partnership with the HSC Leadership centre to develop a further coaching course; 'Coaching Credentials' for launch in 2021.



### Vocational Learning Programmes

The Vocational Learning Team responded to the ongoing need to clinically train Nursing Assistants to deliver safe, effective care during the pandemic by digitally transforming their induction and accredited training for this workforce. This adhered to the Department of Health mandated Induction and Development Pathway for Nursing Assistants.

Induction and Development Pathway for Nursing Assistants



Aligned to the Trust welcome process and uniting a range of subject experts across the Trust, the HR Vocational Learning team delivered online monthly inductions to 136 nursing Assistants from September 2020-March 2021. This also included completion of 20 international nurses as a pilot online induction in January and February 2021. This induction involves subject experts from across the Trust in areas such as HIV, Basic Life Support, Health and Safety as well as direct delivery from the Nursing staff of the vocational learning team covering areas such as person-centred care. Moving this induction online required creative thinking and innovation to ensure quality training, staff accessibility and compliance. Ongoing quality improvements mean this induction continues to adapt to service needs, ensuring new Nursing Assistants are fully inducted into their clinical roles.

In 2020/21 12 Nursing assistants and 54 Senior Nursing Assistants completed their RQF accredited qualification in Health and Social Care at levels 2 and 3 respectfully. This involved online delivery methods and observations in clinical settings. Course attendees have embraced the move to online learning, building their IT skills and enjoying the convenience of remote engagement. In the external verifier's report the centre was described as progressive and proactive, with staff commended for their 'steady and continuous progress over the past year'. The external verifier also commented on assessor staff who had been redeployed as a result of COVID-19 extending 'a big well done' and acknowledging that the team had certainly gone well beyond the call of duty.




## 2. Strengthening the Workforce


Supporting the upskilling of the Perioperative workforce, 6 Theatre Nursing assistants were supported to complete their accredited qualifications in 20/21 enabling them to access band 3 Trust posts in theatres. Further increases in Theatre Nursing Assistant accredited cohorts are planned for 21/22.

### MEET OUR TEAM


Click on the images below to email your assessor or contact any member of the Vocational Learning Team




Margaret Smith




Wai-Fun Wong




Marysia Wallace




Jemma Heasley




Hollie Rodgers




Click here to access "INTRODUCTION" - 10 February 2021 09:00-12:30



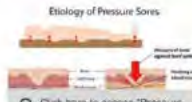
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Click here to access "Communication" - 24 February 2021 - 09:00-12:30



Click here to access "Health and Safety" - 10 March 2021 - 09:00-12:30



Click here to access "Pressure Ulcer Prevention" - 24 March 2021 - 09:00-12:30



Click here to access "Safeguarding Adults/Children" - 14 April 2021 - 09:00-12:30

### Nursing Assistants Employability Academy

As part of our ongoing drive to support employability, in October 2020 the HR People and Organisational Development team worked in partnership with the Belfast City Council and a range



of stakeholders to facilitate a week long, online Employability Academy for Nursing Assistant roles. This academy enabled recently unemployed Belfast residents, or those working less than 16 hours a week, to



gain essential training and insights into this sought after clinical role. Nursing Staff from the Vocational Learning Team, directly inputted into this initiative, facilitating the session 'A day in the life of a Nursing Assistant' accompanied by a live question and answer forum. In total 32 individuals completed the Nursing Assistant Employability academy, 23 went on to specifically apply for Belfast Trust roles and 15 were then successful at interview.

Feedback from the academy was consistently positive with 75% of attendees who completed the academy reporting 'very or extremely high confidence' in their awareness of the Nursing Assistant role. Building on this success, planning is already underway for further academies in 21/22 with Nursing Assistant roles again likely to feature.

"The content was extremely relevant..."  
 Employability Academy Attendee



## 2. Strengthening the Workforce

### Accredited Learning Programmes

The HR People and Organisational Development team deliver a suite of ILM accredited courses to support, guide and empower leadership and management skills for Trust staff. The ILM courses guide aspiring and existing managerial staff to move into and excel in leadership roles through a variety of engaging tools and techniques. All ILM programme content is values, skills-based and aligned with key Trust priorities such as the development of collective



“..The work presented in all programmes was of a good standard. Assessment decisions were consistent. IQA process is robust, systematic and clearly evidenced...”

ILM External Verifier August 2020

leadership culture to generate high performing teams. ILM course attendees are also provided with the opportunity to avail of one-to-one coaching from experienced and qualified Trust Coaches.

In 2020/21 the HR People and Organisational Development Team

facilitated 111 staff across 6 courses to complete ILM Leadership and Management courses spanning levels 2-5. External inspection visits also generated very positive feedback on these courses: The External Verifier visit in August 2020 generated “no recommended actions.

### Nightingale Challenge

2020 was the year of the Nurse and the Midwife. The Nightingale Challenge, part of a yearlong celebration, sought to equip and empower the next generation of nurses and midwives as leaders, practitioners and advocates in health. HR People and Development worked with senior nursing colleagues to develop a programme to support this initiative that was delivered online. This enabled a mix of formal courses, mentoring, shadowing and learning opportunities for the participants, supporting their development as future leaders. 20 nurses and midwives from across the organisation participated in 8 online sessions facilitated by HR People and Organisational Development involving various subject experts, focusing on key nursing themes such as leadership, policy-making, quality improvement and partnership working to enrich the skills of Registered Nurses and Midwives thereby strengthening Nursing and Midwifery in Northern Ireland.



## 2. Strengthening the Workforce

### Looking after our staff

#### Improving Working Lives

A range of resources were developed to support staff during COVID-19 as follows:

- Regionally agreed Frequently Asked Questions for Staff and Managers that are developed in partnership with Public Health Agency, TU colleagues and Department of Health ([link](#))
- Management of Change guidance if the change is temporary in nature as a result of the COVID-19 Pandemic Managers [Interim Change Management Guidelines](#)
- Reviewed, regionally agreed guidance on the use of Annual Leave during COVID-19
- A regionally agreed COVID Rapid Response Shift Payment rate in consultation with Trade Unions to operate within designated areas across each HSC Organisation when there is clear evidence of a negative impact on service delivery and staffing to sustain services as a result of COVID related issues
- Updated Guidance for Managers and staff who are Home Working
- A bespoke Email resource to address all HR queries for matters relating to COVID ([link](#))
- Ethnic Minority Staff Network and a series of resources to support colleagues from BAME communities in response to Government guidance evidencing their disproportionate health and welfare vulnerability during the pandemic. ([link](#))
- Regional guidance for staff who are Clinically Extremely Vulnerable
- Guidance for Staff and Managers on recording and payment of absence from work related to COVID-19
- Support for staff during early phases of lockdown in terms of providing accommodation to individual front line key workers
- Support and guidance for staff redeployed temporarily during COVID
- A virtual Page Tiger General Guidance resource for staff on working Safely during COVID ([link](#))
- Guidance for Working Parents during COVID ([link](#))
- A diverse range of Psychological wellbeing resources were developed for staff via the Trust intranet and the Trust's BWell website and a Pagetiger format

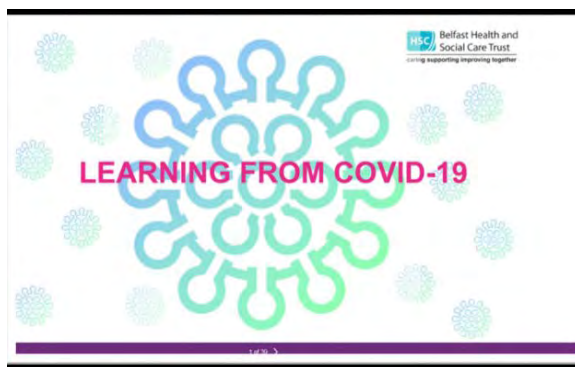
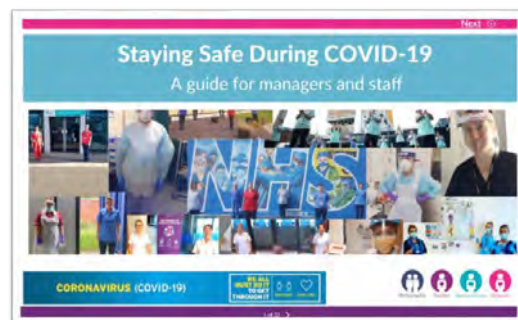
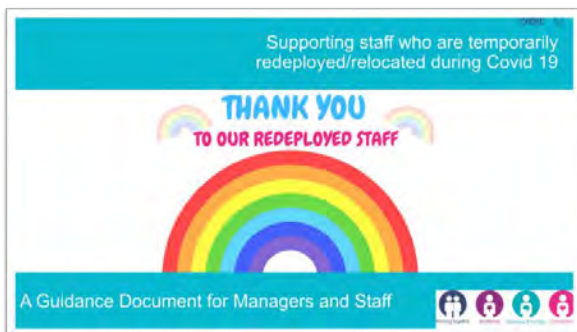


## 2. Strengthening the Workforce

- <https://belfasttrust.hscni.net/working-for-us/b-well/>
- <https://belfasttrust.pagetiger.com/cytbmaz/bhsct-staff-psychological-wellbeing>
- ‘Supporting you & your family’s psychological wellbeing’ Resource Pack Available on wards/ staff areas or contact’.

### Engaging & Communicating Digitally

COVID-19 impacted staff groups differently including front-line staff, redeployed staff and staff working remotely. The HR People and Organisational Development team used their newly acquired skillset to actively support key staff groups across the organisation to ensure staff received essential communication and core guidance at the right time, in the right place. The team engaged with a range of corporate and clinical teams to support in the creation of guidance documentation easily accessible on Trust or their own mobile devices. This included an interactive ‘Safe Working During COVID-19’ guidance pack for all staff, that contained all relevant support for our staff and to date has over 15,000 views. An interactive digital document was also created to support Redeployed workers, providing key information and guidance. QR codes were utilised to ensure the document could be accessed by front line staff, for example, the vaccination centres, ensuring staff could access on their mobile device instantly. Other essential digital documents produced included, ‘Supporting Working Parents through Covid’, managing ‘Violence against Staff’, ‘Learning from Covid’, ‘Nursing Induction Programme’ and ‘Paediatric in Hospital Life Support Training’.



## 2. Strengthening the Workforce

The HR People and Organisational Development team used engaging and effective communication approaches to promote training and development courses and ensure key guidance was widely shared, using posters, e-flyers, social media and QR codes to ensure accessibility for all staff across the Trust.

### Staff Absenteeism

The Trust is committed to supporting employees to remain resilient, physically and mentally well at work in line with HSC Workforce Strategy and our bWell Health & Wellbeing Strategy.

The Trust ensures that attendance is managed consistently, effectively and with compassion in line with HSC Values, Trust Attendance Management Framework, best practice and employment legislation.

From 1 April 2020 to 31 March 2021 the Trust sick absence rate was 7.62% (hours lost) excluding COVID-19 absences.

During this period, the predominant reason for the absence was mental health related, accounting for 42% of sick absence. The Trust is continuing to work in partnership with staff, managers, Occupational Health and Trade Union colleagues to support those staff who have a mental health condition.

The Trust is committed to supporting employees to manage their mental, emotional and physical well-being through a wide range of initiatives such as:

- Staff Care, Belfast Recovery College, Lifeline, Clinical Psychology Services, Condition Management Programme, Stress Focus Groups, Here 4U, the Mind Ur Mind Toolkit, Menopause Toolkit, Long Covid Clinic, Bereavement Counselling, Chaplaincy Services, a range of interactive psychological wellbeing resources developed during the pandemic and the provision of range of other support information and literature
- The delivery of free physical and mental health support information and advice to staff and the wider public through the bWell app and website
- During 2021, the Trust launched the #DoingOurBit Platform – a free online fitness platform which offers an exclusive range of workouts from yoga to HIIT training to support staff.

During the period 01 April 2020 until 31 July 2020 the number of staff absent from work owing to COVID-19, peaked at a total of 1551. This figure included a total of 745 Clinically Extremely Vulnerable (CEV) staff members shielding.

In November 2020, the second wave of the pandemic brought a further peak of covid absences with a total of 1198 staff excluding CEV staff, were absent from work. A further period of shielding

## 2. Strengthening the Workforce

was introduced at the end of December 2020 during which the Trust had a total of 127 staff who shielded at home not working. This continued until the guidance was updated in April 2021.

In response to the COVID-19 pandemic, the Trust:

- Provided Daily COVID-19 Absence Reporting to the Executive Team
- Launched a COVID-19 Advice Line
- Co-developed Regional FAQs for staff and managers
- Developed guidance for managers in supporting staff absent with COVID and those who were classified as Clinically Extremely Vulnerable (CEV)
- Supported the implementation of social distancing and face coverings
- Facilitated working from home arrangements
- Developed guidance for Line Managers in supporting Long COVID Absence
- Supported working parents with childcare and practical guidance on working during a pandemic.

The Trust is also committed to supporting managers in relation to the management of attendance. The Human Resources & Organisational Development Directorate within the Trust, provides managers with training, access to toolkits, as well as tailored advice and guidance in relation to Attendance Management processes. During the period the Attendance Management Team in HR undertook the following activities:

Supported 13 Ill Health Retirements

Managed 18 Ill Health Terminations

Facilitated 72 Redeployments on Ill Health Grounds

Virtually Trained 60 staff and managers on Management of Attendance.



## 2. Strengthening the Workforce

### Medical Staff and Medical Education

#### Consultants

The Trust is committed to strengthening the workforce by maximising the learning and development opportunities for doctors and dentists at different stages of their careers, with a focus on safety, governance, and innovation. The Trust employs over 1200 senior doctors and dentists. Within the Collective Leadership model, there are opportunities for doctors to develop and work in pivotal leadership and governance roles including education and training, quality improvement, safety and governance, and medical leadership. The Trust promotes a Just Culture with a strong emphasis on being a Learning Organisation. This is supported by strengthened morbidity and mortality review, local team safety huddles and briefing, and a focus on service development using quality improvement methodologies.

The Trust is also supportive of doctors working in academic and research careers and works closely with Queen's University Belfast to support and develop academic consultants. There are also opportunities for doctors to undertake and contribute to research alongside clinical academic consultant staff.

The COVID-19 pandemic has presented significant challenges to medical workforce including redeployment to new roles, training, new ways of working, colleague absence and the challenge of dealing with COVID-19 as a new disease.

#### Associate Specialists / Specialty Doctors

The Trust is currently working to specifically develop Staff and Associate Specialist (SAS) doctors. Our Trust SAS Lead is leading work to develop specialty doctors and associate specialist doctors across Northern Ireland and the Trust is promoting focused training in clinical development and medical leadership for SAS doctors.

#### Doctors in Training

In partnership with NI Medical and Dental Training Agency (NIMDTA) and the General Medical Council (GMC), Postgraduate Medical Education supports the Belfast Trust in developing safe doctors and ensuring trainee doctors are receiving a high quality of training. The Belfast Trust has over 400 GMC recognised trainers, who are senior doctors in clinical and educational supervision roles. These trainers provide daily education, training and learning opportunities to the 750+ trainee doctors within the Trust. Postgraduate education also offers a variety of learning and development opportunities to doctors.

General  
Medical  
Council

Northern Ireland  
mdta  
Medical & Dental Training Agency

## 2. Strengthening the Workforce

### Trainee Induction and Changeover

In August 2020, Belfast Trust welcomes over 750 trainee doctors to work throughout the organisation. Some of these trainees have previously worked in the Trust, some have worked in other Trusts in Northern Ireland and in other parts of the UK, and some are working as a doctor for the first time. Postgraduate Medical Education organises a variety of induction processes and events to help provide a smooth transition during this busy changeover period.

The Changeover and Induction process is a challenging time and requires a lot of organisation and communication with many stakeholders, even more so with the COVID-19 pandemic and NIMDTA Single Lead Employer implementation. For August 2020 and February 2021 there was no internal feedback process in place but instead one of the Education medical representatives worked on a QI project to help Medical Education improve the changeover process. This work covered both August 2020 and February 2021 changeovers and was concluded in the final report entitled **A Cheery Changeover Envelope: Simple Solution (ACCESS)**. The report findings will be used to improve the upcoming August 2021 changeover.

### Training Tracker – BHSCT trainee doctors had a 87% compliance rate by September 2020

Training Tracker is a regional system that enables trainee doctors to complete the mandatory training required by all Trusts online. The training is valid for five years and completion is monitored. Compliance rates for the current cohort of trainee doctors are as follows:

Module	No. completed	% completion
Understanding Data Protection	673	96
Safe Handover	699	95
Consent	696	94
Death Certification	689	95
Breaking Bad News	690	94
Contacting the Coroner	683	94
Prescription Writing	684	94
Safe Insulin Prescribing	689	94
Fire Safety	688	94
Resuscitation	690	95
Infection Control	686	94
Child Protection	686	94
<b>Total completed ALL modules</b>	<b>632</b>	<b>87%</b>



## 2. Strengthening the Workforce

### Trainers

As part of the GMC's commitment to high quality training that is recognised and protected, senior medical staff who are supervising trainee doctors are required by the GMC to achieve recognition as trainers. This requires all trainers to have completed various courses eg. trainee support, supervisory skills etc and the Trust to compile and produce a record of these courses to be submitted to NIMDTA for recognition. Belfast Medical Education continues to work with NIMDTA to ensure that all trainers have achieved recognition and new trainers are continuously being trained and recognised albeit in smaller numbers.

### New Virtual Methods of Delivery due to COVID-19

In response to the pandemic, new virtual methodologies were developed for the delivery of teaching, induction, trainer development, work experience opportunities, and Physician meetings. The SharePoint Trainee Portal resource has been an invaluable asset in enabling the onboarding of trainee doctors during a challenging year.



**ONLINE**

**FOUNDATION TEACHING**

The Belfast Trust offers specific teaching for foundation doctors every Wednesday, live on Microsoft Teams.

Teaching (Q&A included) will cover a wide variety of topics such as:

- Acute Respiratory Problems
- Electrolyte Abnormalities
- Acute Kidney Injury
- Practical Prescribing

**STARTS 16TH SEP 20**

Every Wednesday from 1:15pm - 2:15pm

- Access and more info via [Foundation page](#) on the Trainee Portal.
- This is protected time for FIs and your Clinical Supervisor has been informed that you are excused to attend.
- Recordings will be available later on Trainee Portal for catch up purposes.

MedicalEducation@belfasttrust.hscni.net

MEDICAL EDUCATION BELFAST TRUST  
Developing Safe Doctors

## Medical Students – Medical and Dental Placements

### Foundation Teaching

The Belfast Trust offers dedicated weekly teaching to foundation doctors. During COVID the weekly teaching was made accessible online through recordings. As the use of technology developed, foundation teaching is now offered live online through MS Teams with the ability to record teaching which allows trainees to access and review at a later stage. Teaching is tailored to the foundation doctors and is offered by a wide variety of staff from across the Trust, giving the foundation doctors access to learning and expertise from outside their daily area of work.

The Belfast Trust Undergraduate Sub Deanery office works in close partnership with [Queen's University School of Medicine, Dentistry and Biomedical Sciences](#) to provide clinical placements





## 2. Strengthening the Workforce

to undergraduate medical and dental students. Each year some 250 new medical students and 45 new dental students are admitted to the medical school of Queen's University of Belfast (QUB). These students must experience clinical practice in hospital wards and clinics with some community placements. Both Academic clinicians and Health Service consultants facilitate their learning experience as the students rotate through various specialities and to different hospitals. The objective is to maximise the learning opportunities provided whilst on attachment.

From year three of their course, students spend the majority of their time in hospital placements where they are embedded as part of the clinical team, observe patient care and are taught by Trust staff of all grades. Staff also provide student evaluations to the university as part of the students' assessment. The Belfast Trust welcome Year 4 QUB medical students for their compulsory clinical elective placement. The Trust also welcomes medical students from medical schools outside of Northern Ireland for elective summer placements within our hospitals.

The BHSCT Sub Deanery has a duty to ensure that the Trust provides quality teaching to allow medical students to have a safe learning environment whilst attached to the BHSCT. The overarching Outcomes for Graduates' 2018 messages is this:

*"Medical students are tomorrow's doctors. In accordance with Good medical practice, newly qualified doctors must make the care of patients their first concern, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations." (Outcomes for Graduates 2018).*

The BHSCT is a local education provider, and the Outcomes for Graduates (2018) document states:

*"Local education providers working with medical schools must provide and quality manage clinical placements and learning opportunities that give medical students the opportunities to build knowledge, skills and practical experience to meet the outcomes and to safely and effectively carry out the core set of practical skills and procedures by the time they qualify".*

### QUB Curriculum Review (C25)

Due to social distancing requirements as an impact of COVID-19, the new curriculum, originally planned for implementation in September 2022, was brought forward and was initiated in September 2020.

In March 2020, all medical students in years 1- 4 were removed from clinical placements in the Trust as the COVID-19 pandemic was reaching its peak. Final year students were allowed to remain on placement. This enabled them to complete their degree and graduate as newly qualified FiY1s in April 2020, and they were all given the opportunity to join the medical teams in the fight against coronavirus.

## 2. Strengthening the Workforce

In order to return students to clinical placements for the 2020-21 academic year and ensure that society can continue to train the doctors of the future, QUB and the Trust had to develop new ways of delivering teaching for the QUB medical students for example working in smaller groups.

Related developments include:

- An online booking system (Booking Live) was also introduced in February 2021 to allow students to book their own clinical experiences
- Appointment of LIC (Longitudinal Integrated Clerkship) supervisors. Clinical staff have been temporarily appointed to the new LIC supervisor roles to provide clinical timetables, supervision, guidance and mentoring for the year 3 medical students on their base ward
- Additional sub deanery fellows appointed
- Implementation of Eduroam to ensure remote connectivity and access for students across Trust sites
- Objective Structured Clinical Examinations (OSCEs) had to be delivered differently in March 2021. The exams took place on QUB sites to ensure social distancing could be adhered to. Patients were invited to take part via zoom from their own home
- The Final Year assistantship programme was delivered in the BHSCT from March – May 2021. Some of the mandatory training had to be delivered via Microsoft teams due to the social distancing restrictions. There were 106 students attached to the Belfast Trust for the 2021 Assistantship Programme.

### Feedback

The main method of collating data to govern and assure that the Sub Deanery is providing good quality teaching is by analysing the feedback provided to QUB from the students in each year. The Trust has set a target within which they expect the quality of teaching to meet. The figures below are from the academic year 2019-20. It should be noted that the percentages only relate to first semester feedback, as students were removed from clinical placements in March 2020, therefore second semester feedback was not collected by QUB.

## 2. Strengthening the Workforce

Undergraduate Feedback. Relates to Academic Year September 2019 to January 2020. (only first semester due to removal of students from clinical placements in March 2020)		Target %	Actual %
1st & 2nd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “My clinical skills attachment was well organised”	90%	92%
3rd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	85%	94%
4th Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	90%	97%
Final Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	90%	84%
FY0	Final Year Assistantship (March 19 – May 19) 1. Overall, on completion of the Assistantship, I feel prepared to take up my Foundation Year 1 post.	100%	Being collated

### Simulation Training

Simulation based education enables better practical knowledge, and the development of skills including clinical, communication, leadership, decision-making and human factors for all healthcare professionals in a safe and efficient manner. There are improved learning experiences from authentic activity of hands-on training and simulation increases competency thus improving patient safety. Examples of courses are:

- Principles of Ultrasound Guided and Open Chest Drain Insertion
- Lumbar Puncture
- Introduction to Principles of Safe Procedural Sedation
- Introduction to Central Venous Access (Central Line)
- Deteriorating Patient
- Paediatric Emergency Medicine Simulation.

In addition, the Trust has further developed and embedded a range of high and low level simulation programmes in partnership with Psychiatry, Obstetrics, Intensive Care, Physiotherapy, Midwifery, Paediatrics, Anaesthetics, Emergency Medicine and Theatres.

Other uses of the Simulation Suite have included multidisciplinary team training, Human Factor training and up skilling staff in Intensive care in preparation for the new larger department. Some



## 2. Strengthening the Workforce



simulation training continued throughout the pandemic to enable the workforce to respond to change and challenges associated with COVID-19. New protocols were adopted to ensure safe training with social distancing.

### Technology Enhancements to enable the Workforce

The Medical Education Technical and Facilities team continues to support a range of training initiatives within medical education and manages and develops facilities and equipment which underpin training and simulation. The team also provides facilities and support for training and other events for wider multi-professional teams. IT facilities are provided to enable trainee doctors and medical students.

Through remote technology the team is supporting more virtual events including MDMs, teleconferencing clinics, virtual interviews, virtual teaching/induction and securing associated technology and ICT to enable delivery. This has been essential during the pandemic and there has been investment in technology and teaching equipment to enable educationalists to deliver education remotely. There has been a continuous focus on:

- Innovation
- New technology
- Equipment procurement
- Meeting the QUB/SUMDE Service Level Agreement
- Meeting the NIMDTA Learning & Development Agreement
- Improvements to facilities to ensure appropriate learning environments for all users.

## 2. Strengthening the Workforce

### 2019/20/21 Projects and Investment to strengthen the workforce

During 2019/20/21 no major refurbishment projects were taken forward, though there was investment in equipment. Examples include:

- Teaching aids to support simulation training
- Technology and equipment to support educationalists
- Tablet devices to enable educationalists in roles and to deliver virtual teaching
- Tablet devices to enable medical students with remote learning in context of Covid
- Audio-visual equipment to enable remote bed-side teaching
- Desktop cameras to enable virtual teaching
- PC upgrades across various facilities
- Education and Clinical Skills Centres, RVH painted
- Video-conferencing upgrade, Education Centre, RVH
- Audio-visual upgrade in Sir Samuel Irwin Lecture Theatre, RVH
- Audio-visual upgrade in the Education Centre, MPH
- Simulation windows platform upgrade, Clinical Skills Centre, RVH
- New integrated / multi-site Facilities Management software
- Capital funding recently secured to develop Orthopaedic Simulation in MPH, as part of an initiative with other partner organisations.



## 2. Strengthening the Workforce

### Appraisal of Medical and Dental Staff

Appraisal is a contractual and professional requirement for all medical and dental practitioners. It involves an annual appraisal of all of the Doctors / Dentists practice against defined criteria using a standardised process. It is also an important evidence source for revalidation decision-making.

During 2020/21 medical and dental appraisal processes were paused due to the impact of the pandemic. On resumption in autumn 2020, an amended approach was adopted in relation to 2020 appraisals, encapsulating a more reflective approach given the impact of the pandemic on normal clinical practice. This approach is based on national guidance from the GMC and the Academy of Medical Royal Colleges.

The Regional Appraisal System has proved invaluable given the need for social distancing, remote and virtual working. Phase 2 development is ongoing and at the specification stage.

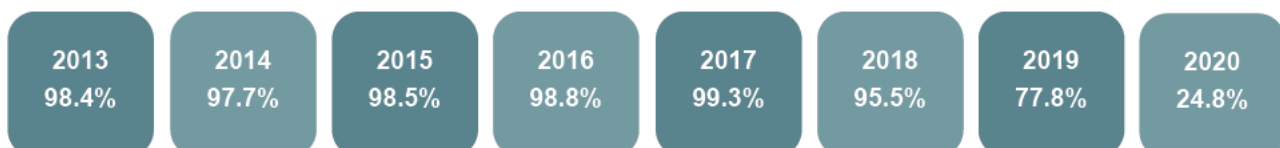
The Regional Appraisal System has been designed to require a Second Sign Off to allow for annual quality assurance of appraisals through a second medical review of the appraisal documentation, and in order to fully conclude the appraisal within the system for management/ reporting purposes.

The expected benefits are:

- Enhanced professional assurance at a local level
- Timely resolution of issues to support revalidation planning and decision-making
- Feedback to appraisees and appraisers where the need for improvement is indicated
- Identification of service themes at service level
- Identification of learning and development needs at service.

The planned rollout has been delayed due to COVID-19.

Belfast Trust has historically met or exceeded the annual DoH target of 95% appraisal rates for medical and dental staff. During the pandemic this has been challenging due to clinical pressures, as evidenced in the current position for 2019 appraisals.





## 2. Strengthening the Workforce

### Quality Assurance

Quality Assurance of the appraisal system is designed to support doctors in developing their practice more effectively thus adding to the safety and quality of health care.

- Quality Assurance Framework designed to improve the quality and consistency of appraisal. The intention of the process is to measure the quality and depth of supporting information, evidence and development in appraisal, and the opportunity for shared learning
- One medical appraisal lead currently in post. This role contributes to modelling change (including for example the Second Sign Off process), wider process development and networking in relation to practice elsewhere. The role also acts as a resource to appraisers
- The role of the Lead co-ordinator has been invaluable within the regional project to develop and further develop an on-line appraisal system
- Appraiser and Appraisee surveys conducted to gain feedback to inform improvements, and Appraiser and Appraisee Training redesigned following findings
- Guidance to doctors and dentists incorporates learning from available quality assurance findings and best practice.

### Appraiser Roles and Training

The Trust recruits and trains new appraisers on a regular basis when vacancies occur.

Number of Appraisers	% New Appraiser Training Compliance	% Regional Appraisal System Training Refresher Compliance
186	97% (181)	94% (174)

### Revalidation of Medical Staff

A system of Revalidation was implemented in December 2012 by the GMC in relation to medical practitioners. The purpose of revalidation is to *“assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the appropriate professional standards”*.

Each doctor needs to be revalidated every 5 years.

At any time, approximately 1070 Doctors are connected to Belfast Trust as their revalidation Designated Body.

## 2. Strengthening the Workforce

The Trust continues to support doctors with a range of processes to strengthen appraisal and enable revalidation, with a focus on quality assurance and continuous improvement, and ensuring appraisers and appraisees are fully equipped and trained to deliver and meet the GMC requirements.

Medical Revalidation was also paused during 2020 due to impact of the pandemic. The GMC postponed 300 Belfast Trust revalidation dates by a year. Subsequently the Trust worked in partnership with the GMC to re-set dates for a further 170 doctors as part of a reprofiling exercise to make the processes more manageable moving forward.

Since resumption in the autumn of 2020, the Responsible Officer, supported by medical leaders, has continued to make revalidation recommendations in accordance with GMC requirements, with strengthened governance, and ensuring no late recommendations.

The Trust also commenced a project to develop a Professional Governance Information System to enhance both governance and processes. This project will conclude during 2021/22.



### Recommendations Made First Cycle

First Cycle								
Total Decisions	Revalidated	Deferred	Deferred: Insufficient Evidence	Deferred: Ongoing Process	Non Engagement	% Revalidated	% Deferred	% Non Engagement
1004	890	114	105	9	0	88.6	11.4	0.0

### Recommendations Made Second Cycle

Second Cycle								
Total Decisions	Revalidated	Deferred	Deferred: Insufficient Evidence	Deferred: Ongoing Process	Non Engagement	% Revalidated	% Deferred	% Non Engagement
441	406	35	16	19	0	92.1	7.9	0.0

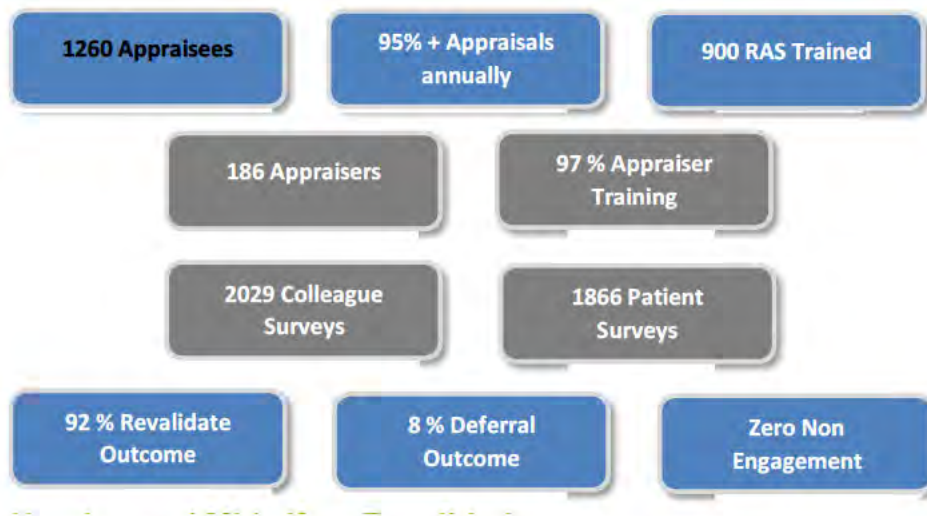


## 2. Strengthening the Workforce

### Colleague and Patient Feedback

Colleague & Patient Feedback are key deliverables for the Medical Directorate in enabling doctors to meet the GMC requirements for revalidation. The Directorate secured input from the HSC Leadership Centre for delivery of Colleague and Patient Feedback during 2019/20 and 2020/21.

#### In Summary



### Nursing and Midwifery Revalidation

Revalidation requires registrants to demonstrate how they meet the standards of the updated NMC Code “Professional Standards of practice and behaviour for nurses, midwives and nursing associates” (NMC 2018).

#### The process of Revalidation:

- Requires the registrant to revalidate every three years upon renewal of NMC registration
- Reinforces the registrant’s duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the Code in day-to-day practice and personal development
- Encourages reflection on the role of the ‘Code’ to practice and demonstrates how each registrant is ‘living’ the standards set out within it
- Encourages engagement in professional networks and discussions
- Encourages a culture of sharing, reflection and improvement
- Enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

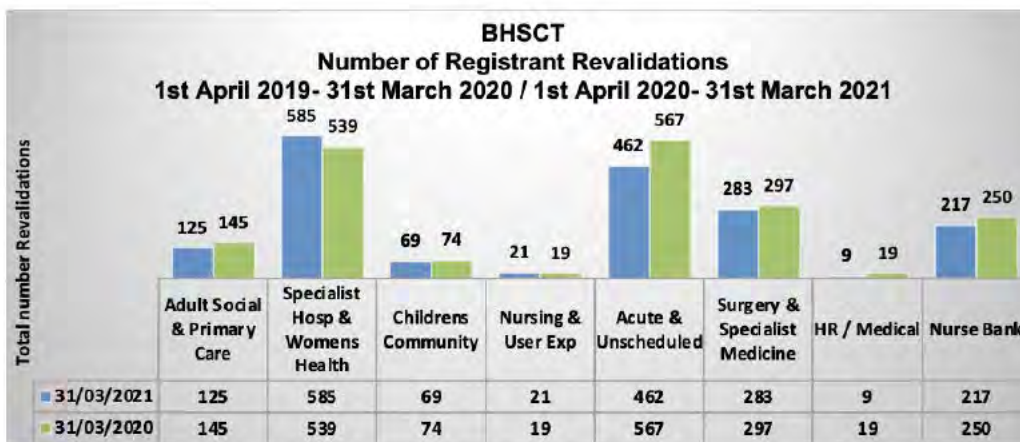


## 2. Strengthening the Workforce

Throughout April 2020 - March 2021, 1771 Registrants across the BHSCT Directorate’s successfully completed Revalidation as outlined in the following table, compared to a total 1910 Registrants undertaking Revalidation process throughout the previous twelve months April 2019 – March 2020.

### Staff Awards

In October 2020 the HR People and Organisational Development team were delighted to be acknowledged at the Chartered Institute of Personnel and Development (CIPD) NI HR awards,



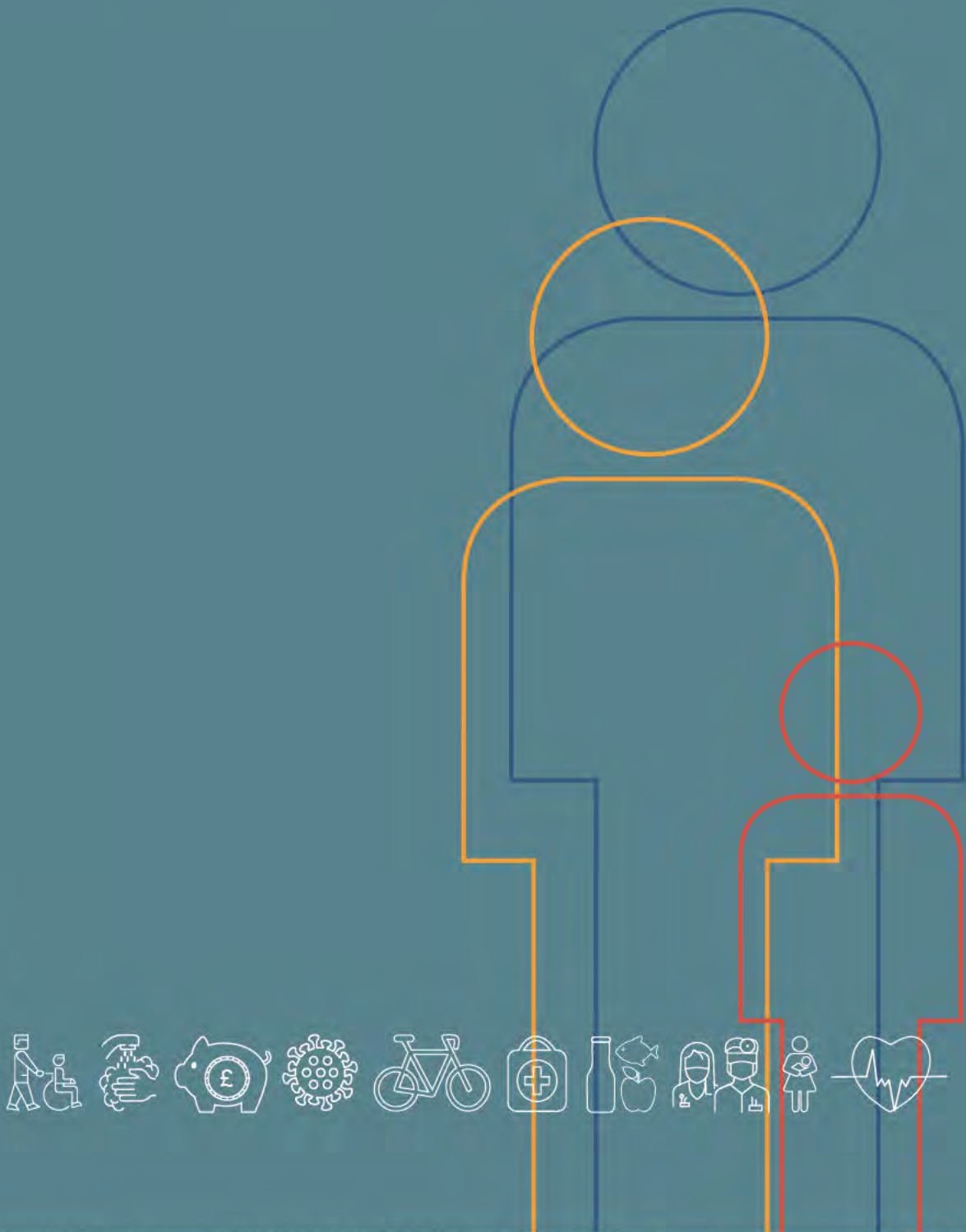
Highly Commended for demonstrating exceptional levels of performance aligned to the Trust’s vision to be the safest, most effective and compassionate organisation.

This acknowledgement reflected how HR People and Organisational Development staff specialise in organisational development, culture change, vocational learning, management and leadership development taking a lead role and demonstrating exceptional levels of performance in supporting the organisation. Specifically the award focused on how the team contributes to the 5 Trust objectives of culture, people, leadership, safety and service delivery. Aspects evidenced included the development and introduction of a new and innovative approach to the welcome, induction and core statutory/mandatory training for all new employees, leading the successful reaccreditation process for the new IIP Standard (Silver) and implementation of the Trust Leadership Strategy as well as supporting the successful implementation of the HSC Collective Leadership Strategy.



Highly Commended  
People and Organisation Development Team, Belfast Health and Social Care Trust.

# 3. Measuring the Improvement





### 3. Measuring the Improvement



Infection rates



Compliance with WHO surgical safety checklist



Implementation of Automated Dispensing Cabinet (ADC)



Falls



Reduction in avoidable and deep Pressure Sores



Quality Improvement



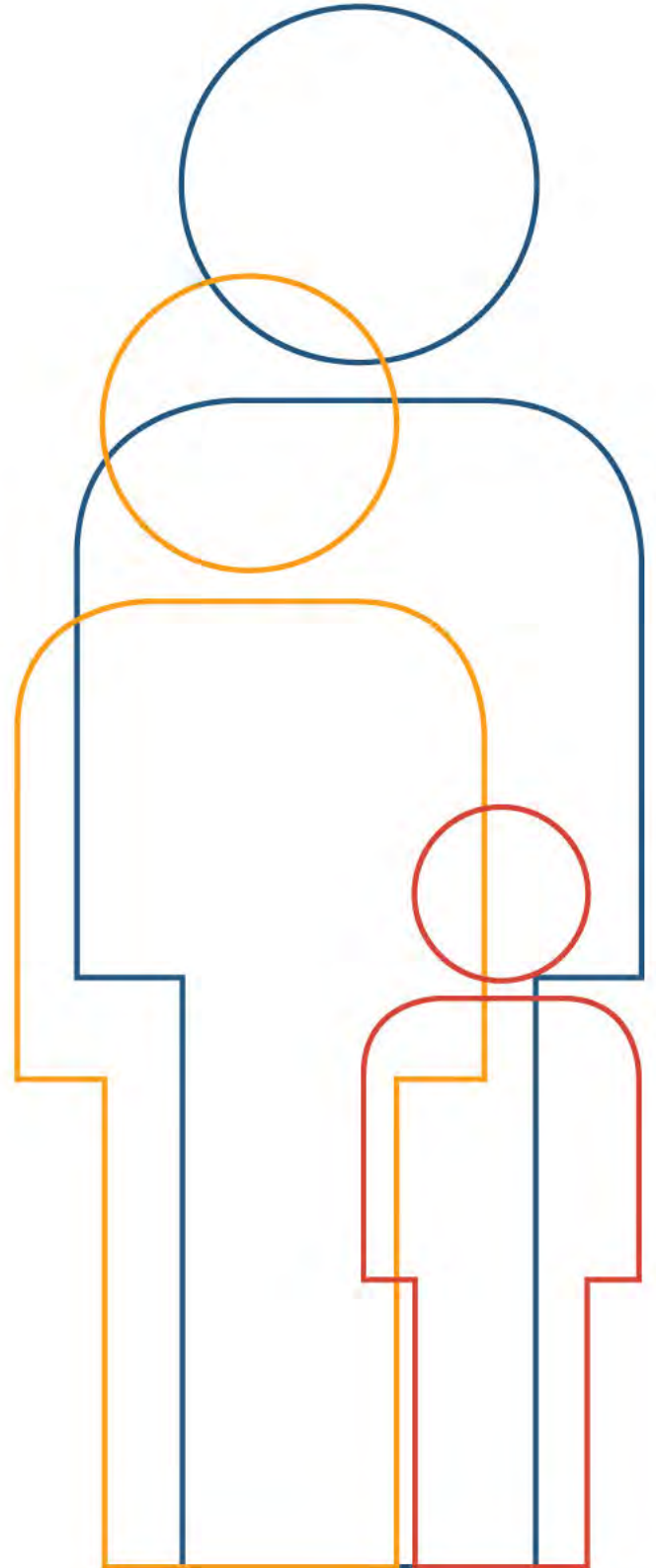
Preventing VTE



Compliance with hand hygiene



Cardiac arrest rates





## 3. Measuring the Improvement

### Infection Rates

#### How COVID-19 has impacted on the Infection, Prevention and Control Team (IPCT)

COVID-19 preparedness commenced in January 2020, and has continued, with emphasis on:

- Collaborative working with both internal and external stakeholders the IPCT:
  - Worked with all members of the MDT in all Trust settings in the development and implementation of COVID secure measures through the application of local, regional and national guidance
  - Provided specialist advice to adapt the guidance to their local settings and patient population and participated in the development of risk assessments, operational plans and action cards
  - Liaised with key stakeholders to develop, provide and implement bespoke advice to clinical areas. This included working with the Estates department to determine the quality of ventilation in particular clinical areas
  - Were involved in service led ‘table-top’ and ‘run through’ exercises to test and evaluate processes for managing cases of COVID-19
  - Provided in excess of 130 support visits to inpatient community facilities throughout the year
  - Performed support visits to BHSCT Day centres, Health and Wellbeing centres and specialist centres
  - Participated in several Trust COVID related forums including The Trust ‘Safe Working Environment During COVID-19 Steering Group’ and associated subgroups, The Contact Tracing Steering group, The COVID-19 Service restart advisory group, several divisional COVID-19 governance and safety meetings
  - Represented the Trust on several regional forums such as regional PPE subgroup, Regional IPC cell, regional CAGs for PPE, regional decontamination of reusable PPE group, regional group for the review of deaths, regional working group to increase capacity in adult day centres
  - Through the IPC cell reviewed and assisted in the development of regional guidance
  - Participated in SAIs to identify learning
- The team provided staff education through:
  - The development and update of numerous COVID-19 resources including educational presentations/ videos, donning and doffing PPE resources (including a video and SOP in relation to powered air-purifying respirators)

### 3. Measuring the Improvement

- A ‘train the trainer’ approach was taken to education of staff in relation to COVID-19 and was supplemented with the resources on the HUB.
- The team benefited from the staff members being re-deployed into the team to assist with training need in the community sector
- Training was provided to external stakeholders; private care homes via echo and an online seminar for GPs within Belfast area was also provided
- The IPC page on the HUB was kept up to date with all relevant education and guidance documents
- Monthly COVID-19 awareness sessions via MS Teams are in place for all members of the MDT
- Additional COVID-19 awareness sessions via MS Teams have been carried out for both the BHSC and independent community teams
- Auditor training was carried out via MS Teams to enable staff to effectively perform a range of practice audits
- Supported the Childrens and Residential services IPC link nurse by providing a period of work shadowing
- Examining the learning from identified from outbreaks, an educational session was then developed around this learning to highlight areas of improvement for others
- Sourcing of equipment and other resources through:
  - Participation in the Product review group, which reviewed many items of PPE and cleaning products
  - Evaluating Powered Air Respirators and developing a decontamination SOP
  - Working with Trust groups to create an SOP for the use and decontamination of reusable facemasks (work ongoing in relation to this)
  - Development of educational resources, posters, videos and SOPs
- Reviewing, preparing and adapting the environment as required by:
  - Assisting site co-ordinators and site leads in ensuring that all communal areas throughout the Trust were compliant with COVID-19 safe precautions. Examples of this included the advice regarding lift capacity, establishing routes to ensure the safe transfer of suspected and confirmed cases of COVID-19 and cleaning requirements in newly formed staff showering facilities

### 3. Measuring the Improvement

- An IPCN and Infection Control Doctor visited all inpatient areas to assist with COVID-19 preparation and zoning
- Reconfiguration and relocation of services to meet service demand including:
  - Setting up of Beech Hall COVID-19 centre
  - The COVID-19 testing centre both in the MOT centre and at its current location in Knockbracken Healthcare Park
  - The COVID-19 vaccination centre
  - The creation of a step-down facility in the Ramada hotel
  - Additional community step down nursing facilities within the independent sector
  - Setting up of the Nightingale hospital on the BCH site
  - Establishing the MIH site as the dedicated COVID-19 hospital, which involved several walk-rounds to set up the wards, establish appropriate flow between departments and education of the staff on the donning and doffing of PPE and other IPC measures
  - Between surges the IPCT assisted these areas to revert to ‘normal service’ as the situation changed
  - Relocation of ICUs, requiring input in relation to water safety (risk assessments, testing, mitigating measures)
- Implementation of local, regional and national guidance
- Implementation of COVID secure measures throughout the Trust
- Outbreak management
  - The IPCNs, in partnership with the Infection Control doctors, provide advice regarding increased incidences/ outbreaks (including telephone reviews, responding to queries, visits as needed, providing support) and effectively communicate IPC advice and agreed actions to all key partners
  - In 2020/2021 the team managed 115 COVID-19 outbreaks and 8 COVID-19 incidents
  - The frequency of meetings is risk assessed, however in the initial phase of the outbreak, daily meetings are usually required (each meeting lasting approx. 1hr)
  - The IPCNs undertake independent auditing as deemed necessary ie. where there is evidence of ongoing transmission or evidence of poor practice



## 2. Strengthening the Workforce

- The team are now in the process of participating in a number of SAIs in relation to the COVID-19 outbreaks
- Planning for service restart with adhering to COVID secure measures in both community and acute settings. Establishing systems in relation to:
  - patient placement
  - transfer routes
  - cleaning
  - patient/staff testing
  - contact tracing
  - vaccination programme.

### Key learning themes identified in relation to COVID-19

- Early action/ response is vital to ensure adequate preparedness
- Collaborative team working is essential, both locally within the Trust and at a regional level
- Communication is key
  - Effective communication and explanation empowers staff and can reduce anxiety and fear
  - The most effective mode of communication should be carefully considered to ensure wide dissemination, bearing in mind all staff groups may not have easy access to IT equipment as part of their role
- Immediate education of staff is essential which is challenging given the size of the organisation. New methods were utilised to make training accessible to all BHSC staff and to support the independent care sector such as:
  - ‘cascade training’ approach
  - development of educational resources (such as posters, contact tracing SOP and voiced presentations)
  - education via virtual platforms
- As this is a new virus, national guidance has changed on several occasions, as information regarding the virus emerged.

This presented challenges in relation to the need for retraining and ensuring all staff were made aware of the changes.

## 2. Strengthening the Workforce

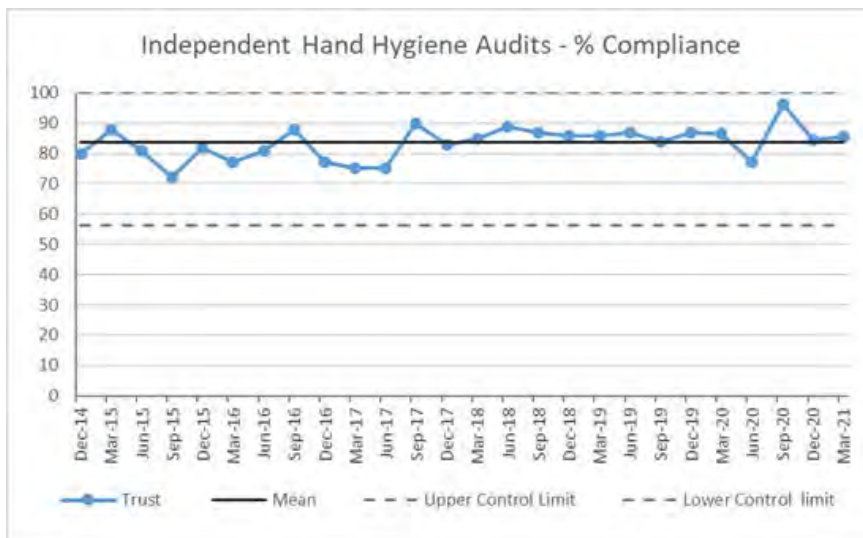
### Next steps

As we continue to move forward throughout this pandemic, we continue to follow both national and regional guidance. We will continue to work collaboratively to plan, prepare and respond to the rapidly changing situation. The BHSCT participate in regional forums to ensure we learn promptly of any changes in guidance/ strategy, that our experience/ learning is shared and to contribute to the overall regional response.

### Hand Hygiene

Hand hygiene is considered a key Infection Prevention and Control (IPC) measure to protect patients, visitors and staff and to reduce HCAs. The BHSCT has set a very high standard for measuring compliance with hand hygiene to ensure appropriate and effective practice. The threshold for compliance is  $\geq 80\%$ , however, 100% remains the ultimate goal. The IPC team usually aim to carry out quarterly independent audits, however due to COVID-19 pressures proactive auditing has stood down, replaced by audits carried out in response to outbreaks or increased incidence of infection. During the year 2020/21, 82 audits were completed with an average compliance of 86%. Individual compliance scores ranged from 10%-100%. All wards and departments were advised to carry out regular self-audits of hand hygiene to ensure a high standard of compliance was maintained.

The chart below shows the percentage compliance from hand hygiene audits completed by the Infection Prevention Control team since Dec 2014 to March 2021. Average scores ranged from 72% to 96%. This chart demonstrates that since September 2017 to March 2021, there has only been one occurrence where the average independent score was less than 80%.



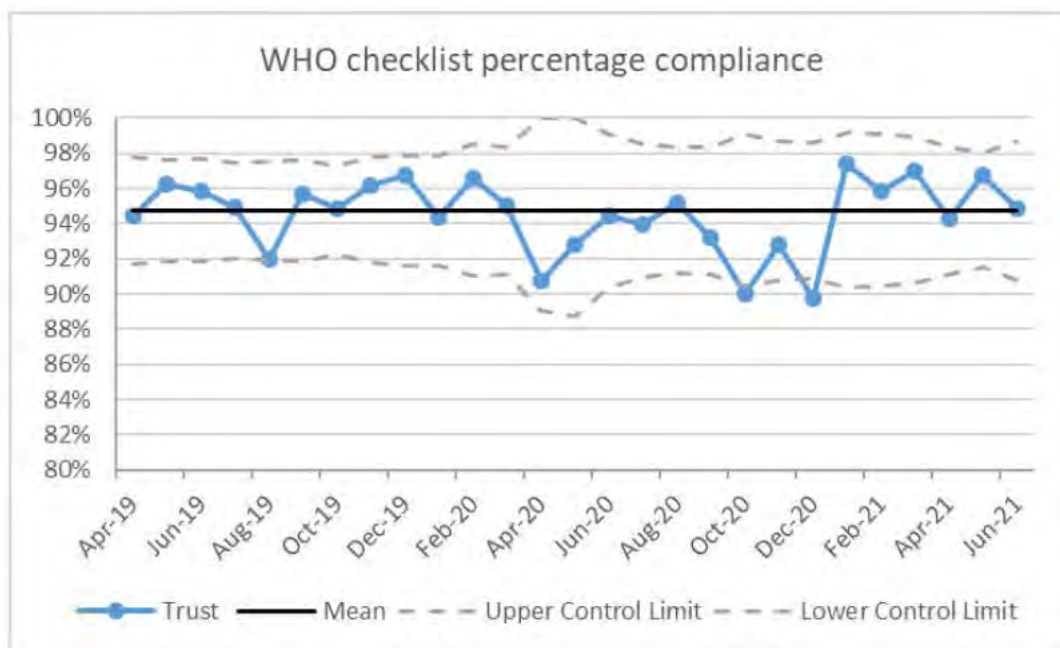
## 2. Strengthening the Workforce

### Safer Surgery / WHO Checklist

The WHO Surgical safety checklist has been in place across all theatre departments within the Belfast Trust since 2010. It is designed to reduce the number of errors and complications resulting from surgical procedures by improving team communication and by verifying and checking essential care interventions.

The checklist ensures that each surgical team has taken all the right steps before and after surgery to ensure patient safety eg. by making the surgical team aware of any patient allergies; minimising the risk of surgery on the wrong site or the wrong patient; minimising the risk of the wrong procedure being performed.

Compliance with the checklist is measured through monthly audits which are reported on at Specialty, Divisional and Trust level.



### QI in Maternity

Nursing and Midwifery staff were delighted to take part in a regional QI programme and complete a Venous Thromboembolism (VTE) project.

#### VTE ASAP!

#### Background

- **Venous Thromboembolism (VTE)** is the number one cause of preventable death in hospitals, with 60% of all cases occurring during or after hospitalisation



- It has been well recognised for a number of years that the formation of thrombi is associated with inactivity and surgical procedures - the risk increasing with the duration of the operation and the period of immobility.

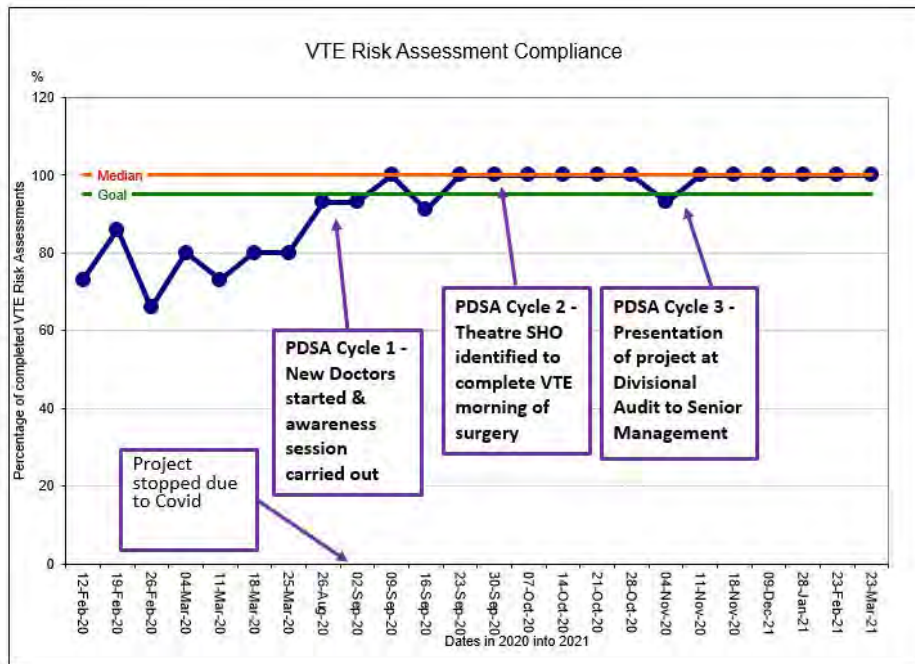
**Aim**

To increase VTE risk assessment compliance to 95% on a surgical inpatient ward by November 2020.

**Project Measures**

- **Outcome** – Long term outcome reducing Hospital Acquired DVTs or PEs in post-surgical patients
- **Process** – Every surgical patient admitted has a VTE Risk Assessment fully completed on their Kardex before they attend theatre
- **Balancing** – Point in patient’s journey at which the VTE risk assessment is completed. Establishing on a daily basis who is responsible for completing. Staff reluctance to change practice.



**Run Chart**



# 3. Measuring the Improvement

## Future Steps

- Maintain 95% compliance by raising the awareness of VTE Risk Assessment and keeping this high on the agenda
- Send surveys to nursing staff to gain feedback on whether or not changes have been embedded
- Run awareness sessions twice per year.


Belfast Health and Social Care Trust


## VTE ASAP!

### Increasing VTE Risk Assessment compliance on a surgical ward

**Catriona Tweed, Fionnuala Daly, Catherine Diver**      **ENT/Head and Neck Cancer Unit**

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#### Background

Venous Thromboembolism (VTE) is the number one cause of preventable death in hospitals, with 60% of all cases occurring during or after hospitalisation. It has been well recognised for a number of years that the formation of thrombi is associated with inactivity and surgical procedures - the risk increasing with the duration of the operation and the period of immobility. Being a surgical unit, we should have a heightened awareness of completing VTE Risk Assessments for our patients to keep them safe throughout the duration of their stay.


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#### Aim

**To increase VTE Risk Assessment Compliance to 95% on a surgical inpatient ward by November 2020**

#### 1) Baseline Data

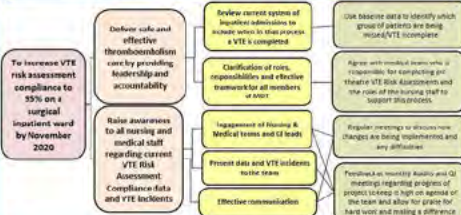
In 2019 our numbers of VTE Risk Assessments completed had dropped to 65% as per the Belfast Trust Audit. We started to complete our own audits to analyse the data and quickly found out the reason for this result.



Run chart in 2019


It was clear that the pre-assessed short stay surgical patients did not have a VTE Risk Assessment completed on admission.

#### 2) Driver Diagram & PDSA Cycles



Our change ideas all stemmed from an awareness of our baseline VTE audit results and discussion on what process needed to change.

#### 3) Results



PSDA Cycle 1 Awareness sessions helped increase VTE compliance but the turning point in the project was PSDA Cycle 2 Clarifying roles and responsibilities of the medical team and identifying who is responsible for completing the VTE Risk Assessment for the short stay pre-assessed patients.

#### 4) Learning and Next Steps

Historically changing a culture is the hardest to implement in Quality Improvement and the challenge of questioning current practise can be difficult to address with an established team.

We had this challenge but having senior medical staff invested in the project helped when introducing changes among the medical team.

We plan to maintain a high level of compliance in the future and instrumental to that would be focusing on providing awareness for the doctors changeover twice a year.

## 3. Measuring the Improvement

### QI in Paediatrics

The Northern Ireland Specialist Transport and Retrieval (NISTAR) Team took part in the virtual safety Quality Belfast programme this year and were delighted to win best presentation.

#### Background

- The Northern Ireland Specialist Transport and Retrieval (NISTAR) Service is a regional 24/7 service which completes both elective and critical care transfers of adults, children and neonates across Northern Ireland and the ROI. The Service completes approx. 1400 transfers per year
- Although no formal Key Performance Indicator exists for response times, it is acknowledged that a prompt service will be better for both patient care and patient experience
- This Quality Improvement Project focused on the response times of the NISTAR adult team. Response time is defined as the time the referral is accepted by NISTAR until the team mobilised.

#### Aim

The aim of the project was to demonstrate a reduction in response time of the adult NISTAR team by 30 minutes by 30th June 2021.

#### Project Measures

A number of project measures were evaluated including:

- **Outcomes**
  - The time taken for the adult NISTAR team to activate
  - Improved patient flow
  - Staff feedback.
- **Process**
  - Number of referrals made
  - Number of ambulances available.
- **Balancing**
  - Delays to other NISTAR teams
  - Number of untoward incident reports relating to delays received.



### 3. Measuring the Improvement

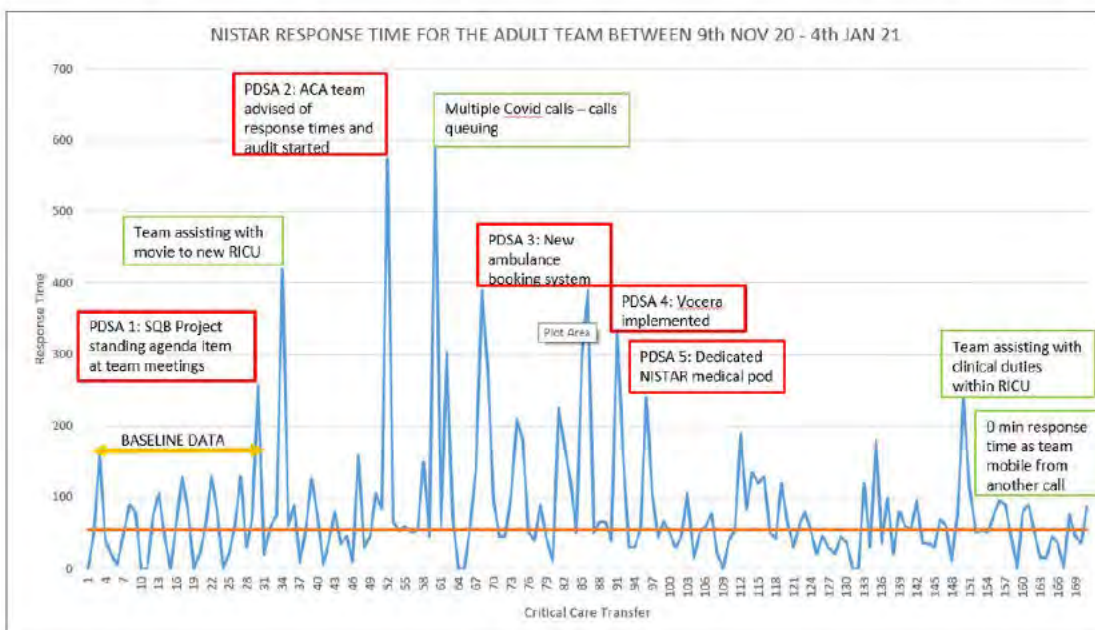
#### PDSA Cycles

A number of PDSA cycles were completed including:

- A dedicated “NISTAR” pod. This involved a team of staff who only worked for NISTAR and did not complete other clinical duties
- New ambulance booking system. A process was established with the Northern Ireland Ambulance Service (NIAS) which enabled NISTAR to book ambulances as required and via a dedicated phone number
- The Vocera system was implemented in order to improve communication within the team
- A new electronic patient record system was introduced in order to accurately capture data relating to response times
- All team members were made aware of the quality improvement project and the aim of reducing response times.

#### Run Chart

A run chart was produced which provided baseline data and data following each of the PDSA cycles. The run chart also identified a number of astronomical data points. Of note, the dedicated NISTAR pod appeared to be the most effective PDSA cycle. This was because the clinicians could respond promptly as they were not undertaking clinical duties in other parts of the hospital.



# 3. Measuring the Improvement

## Challenges / Problems Encountered

- The project was completed during the Covid pandemic. As a result, it was not possible for the team to meet and all meetings took place virtually. Attendance at meeting was challenging as team members were often required to carry out clinical duties
- Completion of this project enabled the NISTAR team to identify challenges that delayed patient transfers but were beyond the control of NISTAR eg. patients for whom a transfer was booked but were subsequently delayed, as the receiving unit had not confirmed a bed was available
- Vocera improved the communication within the NISTAR team but could not be used by the ambulance care attendants as the Wi-Fi would not extend to their base.

## Future Steps

This project helped the NISTAR team fully understand the day-to-day operations of the service and the issues that resulted in delayed response times. Going forward, the team intend to:

- Scale up and apply the methodology to the paediatric and neonatal teams
- Analyse the response times in hours v out of hours.

**HSC** **NISTAR** **NISTAR RESPONSE TIMES** **Safety & quality**

Project Team: Dr Rebecca Cunningham, Patricia McDermott, Cara Barbour, Bill Hickland, Emma Thompson, Ciaran McKenna

**Introduction:** The Northern Ireland Specialist Transport and Retrieval (NISTAR) Service is a regional 24 / 7 service which completes both elective and critical care transfers of adults, children and neonates across Northern Ireland and the ROI. The Service completes approx. 1400 transfers per year. This project focused on the response time of the Adult Service.

**Aim Statement**  
 Demonstrate a reduction in response time\* of the adult NISTAR team by 30 minutes by 30<sup>th</sup> June 2021.  
 \*Definition: Response time is the time from the referral being accepted to the team mobilising

**PDSA Cycles**

- Project standing agenda item at team meetings
- Dedicated Covid "pod"
- Clarity with Ambulance Care Attendants re response times
- New ambulance booking system
- Vocera implemented
- New Kinseed database purchased

**Discussion**  
 This project took place during a Covid wave which placed additional demand on the service and may have influenced the outcomes. However, the project did enable the team to examine the system in detail and identify areas that impact service efficiency.

**Results - Run chart**  
 A run chart showing response times over time with annotations for key events like 'Pod 2 set up' and 'Pod 3 set up'.

**Results - Control chart**  
 A control chart showing response times with a target line and control limits.

**The future**  
 The number of astronomical data points did reduce on implementation of the pod however variances in response time was still apparent. It is assumed that this is due to calls received in hours versus out of hours. Doctors respond from home out of hours which may impact response times but this needs investigating further. In addition, NISTAR aim to have a dedicated base in the future which should expedite response times as the Doctor, Nurse and Ambulance Care Attendant will all be co-located.



### 3. Measuring the Improvement

## QI in Mental Health and Child & Adolescent Mental Health (CAMHS)

### Acute Mental Health Inpatient Centre (AMHIC) Quality Improvement Project

AMHIC Quality Improvement Project to reduce the use of restrictive practices (in association with Towards Zero Suicide regional programme). Ward 2 and Ward 4 AMHIC will reduce the use of restrictive practices (physical restraint, seclusion, and rapid tranquilisation) by 30% by December 2021.

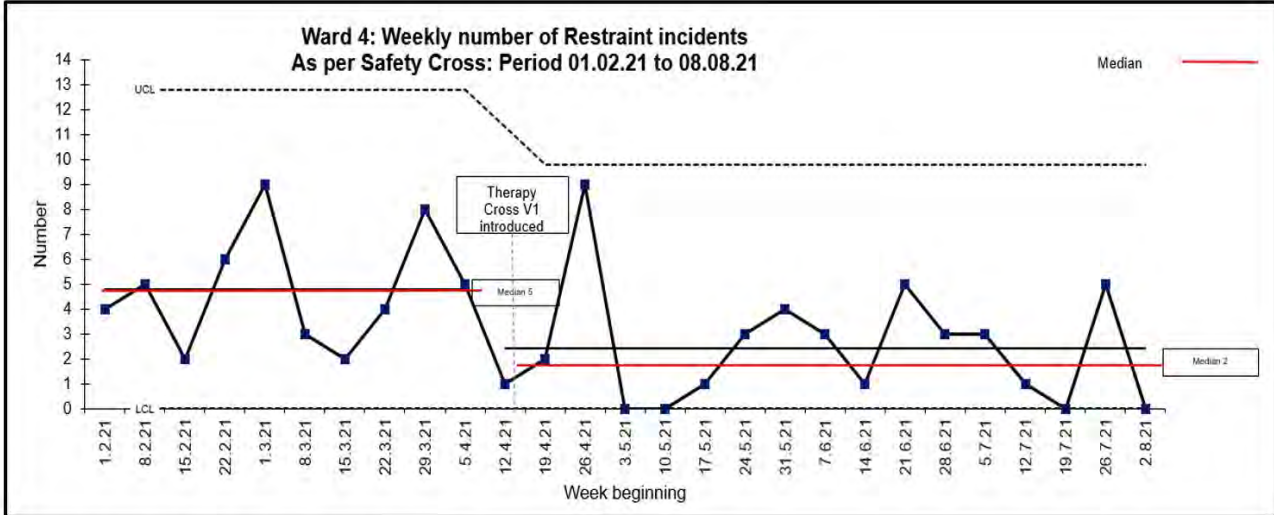
The project teams have observed outcome improvements as demonstrated in the following charts. Weekly occurrences of restraint have seen median of 5 reduce to median of 2 (I Chart 1). Weekly occurrences of rapid tranquilisation median of 4 reduce to median of 1 (I Chart 2). Period of days between any occurrences of restrictive practice have also increased (T Chart).

<p>Project Aim: Ward 2 and Ward 4 will reduce the use of restrictive practices(physical restraint, seclusion and rapid tranquilisation)in Ward 4 by 30% by Dec 2021</p>		
<p>2 x Project Teams: Ward 2 (Adult Acute Admission Ward) &amp; Ward 4 (PICU)</p>		
<p>01.03.21: First QI Project Meeting. Subsequent weekly/fortnightly meetings. Going forward: Joint Monthly meetings</p>		
<p>Members of both project teams are multi-disciplinary (including experts by lived experience): Pam McGucken, Catherine Donaldson, Tory Cunningham, Elke Schmidt, Eloise Jones, Robert Dornen, Lynne Pritchard (Lead Ward 4) and Johnny Killough (Lead for Ward 2)</p>		
<p>Baseline measures: Numbers or occurrences of Restraints, Seclusion and Rapid Tranquilisation based on data from Safety Cross (regionally agreed tool which is cross referenced by DATIX)</p>		
<p>Outcome measure(s):</p> <ul style="list-style-type: none"> <li>Weekly number of Restraints</li> <li>Weekly number of seclusions</li> <li>Weekly number of Rapid Tranquilisation</li> </ul> <p>Process Measures:</p> <ul style="list-style-type: none"> <li>Number of therapeutic interventions</li> <li>Number of de-escalations</li> <li>Number of debriefings</li> <li>Reflective practice (% staff attending)</li> </ul> <p>Balancing measures:</p> <ul style="list-style-type: none"> <li>Complaints re: phones not answered</li> <li>Oral PRN administered</li> <li>Patient/Carer experience feedback</li> <li>Episodes of violence/aggression towards staff</li> </ul>	<p>Change ideas:</p> <ul style="list-style-type: none"> <li>Breakfast club</li> </ul> <p>Therapy Cross V1:</p> <ul style="list-style-type: none"> <li>Planned and unplanned therapeutic interventions</li> <li>Increase use of de-escalation, Use of PRN*</li> </ul> <p>TC V2 &amp; 3:</p> <ul style="list-style-type: none"> <li>Debrief (staff &amp; patients); staff training and roll out</li> <li>Staff training: low level therapeutic interventions</li> <li>Provision of Reflective Practice</li> <li>Positive Handovers</li> <li>Daily activities schedule</li> </ul>	<p>The Project Teams were motivated by introduction of Safety cross to identify a more positive focus which lead them to the concept of Therapy Cross. It focuses on purposeful practices which can help the project achieve it's aim and outcome. Project teams continue to refine the operational definitions of therapeutic interventions, debrief and reflective practice.</p>
<p>How will we know when change is an improvement?</p> <p>Quantitative: We will report a reduction in use of Restraint, Rapid Tranquilisation, Seclusion. Report an increase in purposeful therapeutic interventions.</p> <p>Qualitative: We will notice a shift in ward culture, comments/compliments.</p>		



### 3. Measuring the Improvement

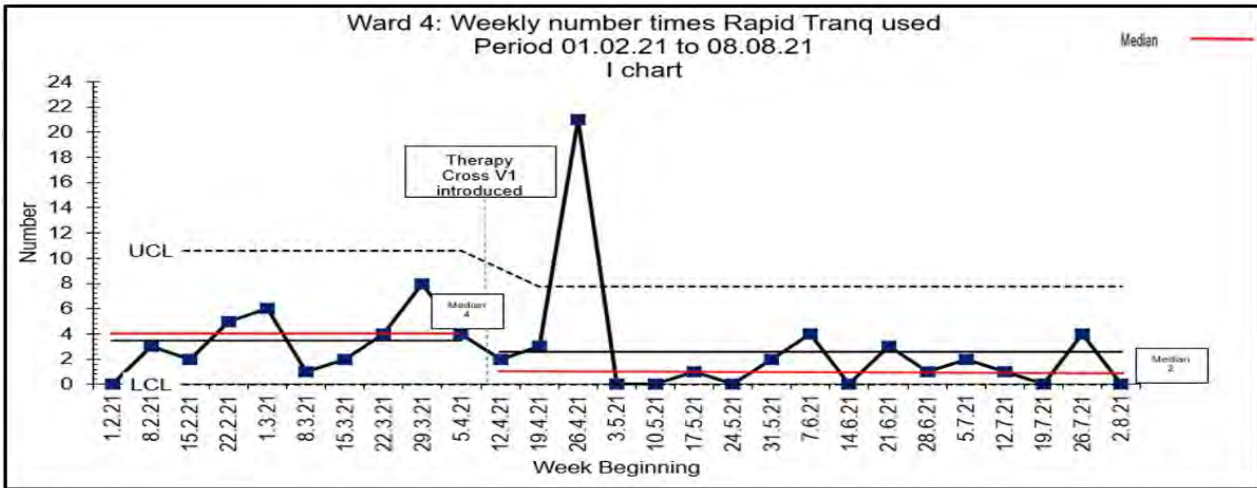
I Chart 1



I chart reporting weekly number of restraints.

Indicates improvement: Median 5 at beginning and reduces to 2 after introduction of TC

I Chart 2



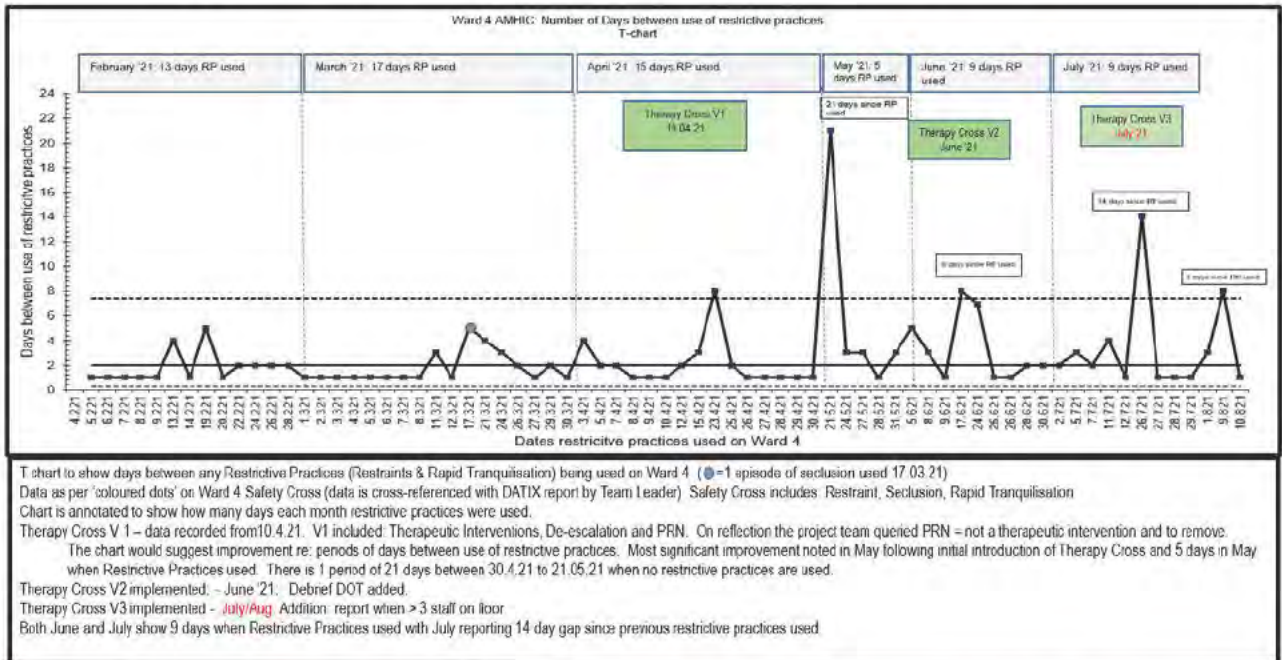
I chart reporting weekly number of rapid tranq.

Indicates improvement: Median 4 at beginning and reduces to 1 after introduction of TC

### 3. Measuring the Improvement

#### T Chart

Ward 4 AMHC: Days between use of restrictive practices Period 01.02.21 to 10.08.21)



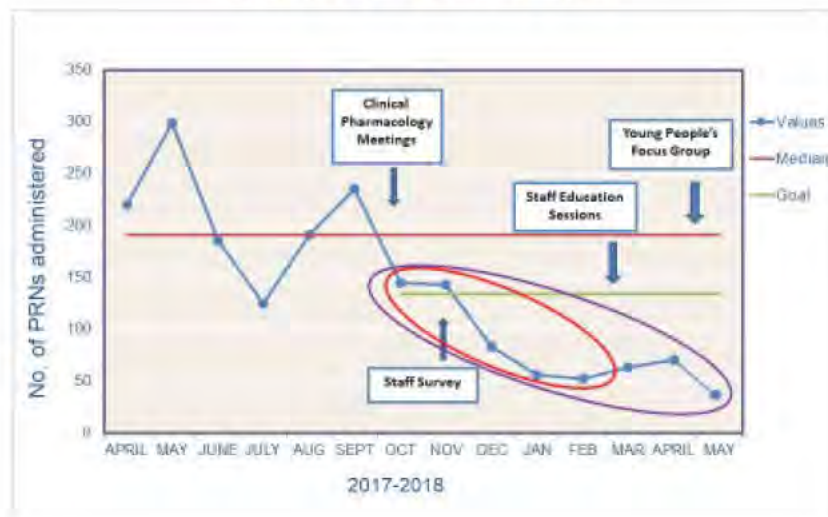
### Reducing Use of Oral Psychotropic PRN Medication in Young People

The aim was to reduce the amount of oral psychotropic PRN medication administered in Beechcroft Regional Adolescent Mental Health Unit Treatment Ward by 30% by June 2018.

We achieved a reduction of 73%. Our results were statistically significant and sustained.

The project was coproduced with young people and reduced unintended harm and improved patient safety.

#### Use of Oral Psychotropic PRN Medication in Beechcroft Treatment Ward



## 3. Measuring the Improvement

### Awards

#### Beechcroft PRN project



Innovation in Quality Improvement Team of the Year

The Beechcroft PRN project won regional and national awards including 1st place in SQB, the Belfast Trust chairman's award for QI, the safety forum coproduction award and were the overall winners of the NI safety forum award in 2019. It has also won Highly Commended (2nd place) in the Innovation in Quality Improvement category at the BMJ awards in Oct 2020.

### Health Heroes Awards



**Eileen McCullough**  
Belfast Health and  
Social Care Trust

Home Treatment House CSW Eileen McCullough won Bronze in Skills for Health – Health Heroes awards in recognition of her pivotal role in the setting up of a COVID-19 testing centre at Old See House for mental health service users and staff. Eileen's calm presence and her ability to work effectively with service users and peers was incredibly valuable. Taking an innovative approach to protecting staff outside of the workplace, Eileen sourced a sewing machine and cotton fabric to distribute to staff – all at her own expense. Eileen's colleagues said: "Eileen is kindness personified. She is very, very much deserving of recognition for her tireless and enthusiastic approach to her work. She is our Healthcare Hero."



### 3. Measuring the Improvement

## Inpatient Falls

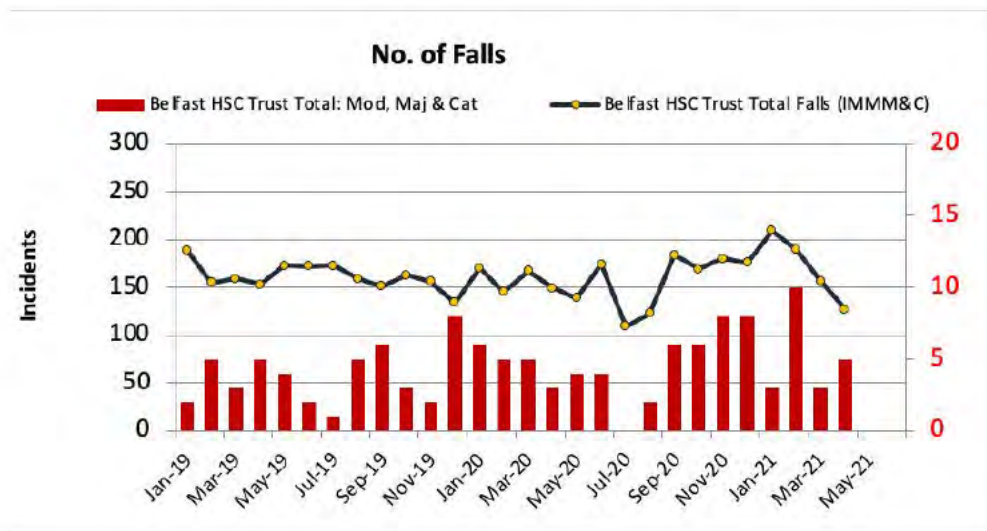
### Falls Prevention

Falls occurring in hospital not only significantly affects the patient through potential injury, but can also cause distress, loss of confidence, independence and mortality. There are approximately a quarter of a million falls reported by UK hospitals each year (Healey, F 2021) and it is estimated that falls cost the NHS more than £2.3 billion per year (NHS Improvement 2017).

Within Belfast Trust, falls remain the second most commonly reported patient safety incident. Our staff continue to deliver 'FallSafe', an evidence based multifactorial falls risk assessment that enables staff to implement a safe and effective plan of care for patients who are identified as being at risk of falling. Our aim is to help reduce the patient's risk of a fall while in hospital.

### Facts and Figures

In 2020-21, the Trust experienced a 19.4% increase in falls within the FallSafe areas compared to the previous year. There was a 3.7% increase in serious falls in comparison to the previous year. Throughout the COVID-19 pandemic, there were many challenges to consider when endeavouring to keep our patients safe from falling. Following Trust guidance on infection status and patient placement during this time, staff were provided with online FallSafe training and a poster was created on the 'steps to consider' to keep patients safe from falling. The actions and learning from each post fall review undertaken, also helped to educate staff on falls prevention.



Key: Mod, Maj and Cat refers to; Moderate, Major and Catastrophic

IMMM&C refers to all falls including: Insignificant, Minor, Moderate, Major and Catastrophic

## 3. Measuring the Improvement

### Reporting Falls

We will continue to report falls in Belfast Trust monthly. This includes:

- All falls and falls coded as moderate and above within the FallSafe areas
- Post fall reviews are completed on all moderate and above falls which focuses on the learning from each fall incident
- The monthly FallSafe audit will recommence in July 2021. A reporting system for recording FallSafe Audit data, which generates a report for ward staff, has been developed. Staff training has been delivered to enable access and use of the system
- The PHA receive a monthly report of all falls coded moderate and above. Each report reviews the fall incident and highlights areas of good practice and areas of learning. This information is collected regionally and provides data to inform key priorities for quality improvement work and patient safety initiatives.

Ongoing Quality Improvement initiatives will be facilitated by:

- Educating and supporting staff with FallSafe training and the 'Management and Prevention of Falls Policy'
- Shared learning from all post fall reviews with the Multi-Disciplinary Team
- Collaborative working at a local and regional level
- For a patient fall where a sustained or suspected spinal injury has occurred - training has been provided for staff to enable them to safely manage these incidents
- During September 2021, 'Safetember' is being used as an opportunity to implement the FallSafe project on the Enhanced Recovery Ward in Withers, MPH. There are also plans to focus falls prevention work in Neurology and Ward 4E/4F
- Regional 'Falls Week' commences on 20th September 2021, this week is used as an opportunity to raise awareness of FallSafe for staff, patients and visitors across all sites.

### Regional Falls work carried out with the PHA

- The Regional Falls Group are in the process of devising a regional document to provide guidance for staff in the use of 'Falls Assistive Technologies'
- A Regional falls e-learning programme was developed in 2020. Progress in developing the course has been delayed due to the COVID-19 pandemic. The programme has been 'story boarded' and is awaiting digitalisation

## 3. Measuring the Improvement

- The Falls Data Sub group have identified regionally that there are variations in the falls data submitted. This group has been convened to discuss these issues, and to work collaboratively to develop systems and processes to ensure that the reporting of falls data is consistent across all Trusts.

### COVID-19 – The Impact on older people

Inpatient falls can happen in all age groups. However, deconditioning is highly likely for particular groups of our patients eg. those who have been advised to shield during the COVID-19 pandemic. Activity restriction in the older person has resulted in an increased risk of falling due to deconditioning and functional loss (Age, Ageing 2020).

For the year ahead we need to consider the predicted increase in falls in the older person who have experienced a loss of strength and function because they have either survived COVID-19 or who may suffer from 'Long Covid', (RCN Webinar 2020) and the challenges this will create when they are admitted to hospital.

### Reducing the Incidents of Falls/Collapses in Communal Areas

We have observed a number of falls/collapses occurring in communal areas within the Trust. A working group was convened to identify actions required to reduce the number of Falls/Collapses in these areas, particularly on the RVH site. Signage and floor markings to identify patient pathways have been designed and displayed in the main foyer of the RVH site to enable easier access to services for patients and visitors.



## 3. Measuring the Improvement

### Pressure Ulcers

#### Pressure Ulcer Prevention

Pressure ulcers have a profound impact on the health and wellbeing of patients. Internationally, they are recognised as one of the top three burdensome harms (Slawomirski et al, 2017), and result in the highest number of healthy life years lost (Hauck et al, 2017). In addition, they detract from scarce NHS resources, resulting in the highest number of bed day losses, and high treatment costs (thought to be in excess of £1.4 million every day) (Guest et al 2017).

Within the Belfast Trust, we recognise that pressure ulcers are a threat to patient safety and wellbeing. Our staff work hard to protect patients throughout their journey by providing evidence-based skin care. This includes skin inspection, repositioning, the use of pressure redistributing equipment, ensuring skin is kept clean, dry and moisturised, and attention to nutrition and hydration. If damage occurs, ward and departments must review the circumstances leading to pressure damage, and if potentially preventable, they must take steps to reduce the likelihood of a similar incident. As a Trust, we do not focus on the number of pressure ulcers alone, we try to understand how and why each incident occurred, and share learning.

In 2020/21, despite the challenges of the pandemic, our staff achieved a 4% reduction in the number of potentially avoidable pressure ulcers, with a 12% reduction in the number of potentially avoidable deep pressure ulcers (see table on following page). The incident rate of potentially avoidable pressure ulcers per 1000 bed days increased by 0.1%. This figure seems incongruent, given the decrease in the overall number of pressure ulcers, but it reflects the significant downturn of occupied beds during the pandemic and the increased number of critically ill patients.

The number of unavoidable pressure ulcers increased by 20% (+78). All incidents were investigated and there is assurance that nursing care met NICE standards for pressure ulcer preventive care. Protecting extremely ill patients from pressure damage was a challenge due to long periods of proning, COVID-19 related skin changes and multi-organ failure.

In addition to the baseline statistics, our staff achieved a:

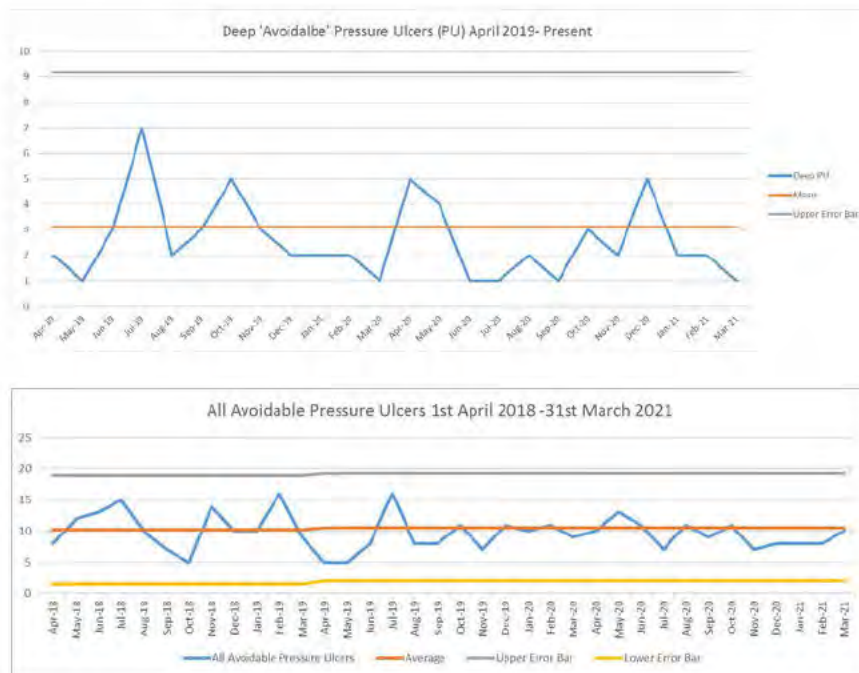
- 54% decrease in the incidence of heel pressure damage. This is clinically significant, as heel ulcers tend to be deep, and difficult to heal due to comorbidities such as peripheral arterial disease
- 52% improvement in the number of pressure ulcers deemed 'avoidable' due to gaps in SKIN Bundle Care (documentation has improved)
- 100% record of deep pressure ulcers being reviewed using significant event audit methodology where required.

### 3. Measuring the Improvement

#### Good Practice

In October 2020, the Clinical Educator in the Mater Hospital wanted to address the number of 'avoidable' pressure ulcers occurring within her Division. She employed a number of different strategies, which included face-to-face education, prompt sheets, posters in clinical rooms and ward based audits. Working alongside the Nursing Development Lead, the Tissue Viability Nurse Team and ward colleagues, she put her plan into action and within five months, the rate of avoidable pressure ulcer dropped by 90%. The key to achieving these outcomes was leadership, ownership and teamwork.

Adult Inpatient	2020-2021	2019-2020	Increase/decrease against previous year
Total No. of Pressure Ulcers Reported	400	322	+78
No. of Pressure Ulcers/1000 bed days	1.25	0.68	+0.57
No. of potentially avoidable pressure ulcers	108	113	- 5
No. of potentially avoidable pressure ulcers/1000 bed days	0.34	0.24	+0.1
No. of potentially deep avoidable pressure ulcers	29	33	-4
No. of potentially avoidable deep pressure ulcers/1000 bed days	0.09	0.07	+0.02



## 3. Measuring the Improvement

### Next Steps

In 2020/21, there was a 17% increase in the number of sacral pressure ulcers. We will aim to reduce this harm by continuing to educate our practitioners in SKIN Bundle Care, focusing on repositioning techniques and the importance of therapy cushions.

In our Intensive Care Units (ICU), device related pressure ulcers accounted for 52% of all avoidable pressure ulcers. Nasogastric Tubes were most likely to cause harm. We will work with ICU colleagues to review the care of these devices to minimise damage and we will share this knowledge throughout all our wards and departments.

While our staff investigated all deep pressure damage, 30% of superficial pressure ulcers, were not reviewed. We will work to reduce this omission as learning from these incidents could prevent harm that is more significant.

### VTE

Hospital acquired venous thromboembolism is a global problem. In a major study<sup>1</sup> sponsored by the World Health Organization, it accounted for more deaths and disability than nosocomial pneumonia, catheter related bloodstream infections, or adverse drug events in low and middle income countries.

It is estimated that every 6 seconds a person dies from VTE globally ([link](#)). Most blood clots occur as a result of hospitalisation.

Within the Belfast Health and Social Care Trust all adult patients, (aged 16 and over), across medical, surgical and mental health inpatient settings are risk assessed for their potential to develop a deep vein thrombosis (DVT) and/or a life threatening pulmonary embolism (PE) within 24 hours of admission to hospital. With more than 40% of patients having more than 1 risk factor, it is vital to identify those patients at risk, in order to prescribe appropriate and timely thromboprophylaxis to reduce the incidence of Hospital Acquired Thrombosis (HAT) a common and largely preventable problem. HAT is determined as a thrombotic event occurring within 90 days of admission, with most patients likely to exhibit symptoms of DVT within 7 days of discharge or PE symptoms around 21 days, mostly in the community.

To ensure we, as a Trust, maintain the high standards of compliance, with both National and Local targets, a monthly audit of all available patient drug kardex, is carried out across 5 sites. The graph below demonstrates that health care professionals make a concerted effort on a daily basis to keep the patients within their care safe, with results maintained above target of 95% audit performance outcomes are cascaded throughout each division and speciality.

<sup>1</sup> *Jha AK, Larizgoitia I, Audera-Lopez C, Prasopa-Plaizier N, Waters H, Bates DW. The global burden of unsafe medical care: analytic modelling of observational studies. BMJ Qual Saf 2013;22:809-15. 10.1136/bmjqs-2012-001748 24048616*



## 3. Measuring the Improvement



The VTE team aim going forward is to investigate those episodes of HAT, to further improve patient safety, by sharing learning, changing practice where needed and provide ongoing education across all staff involved in patient care.

## Medicines Management

### Medication Safety Thermometer

BHSCT undertakes monthly medication audits using the NHS Medication Safety Thermometer tool. This focuses on medication reconciliation, allergy status completion, medication omissions and identifying harm from high- risk medicines. It is a point in time national survey that is used to help understand the burden of medication harm, measure improvement over time and connect frontline teams to the issues of medication error and harm, enabling improvements to patient care.

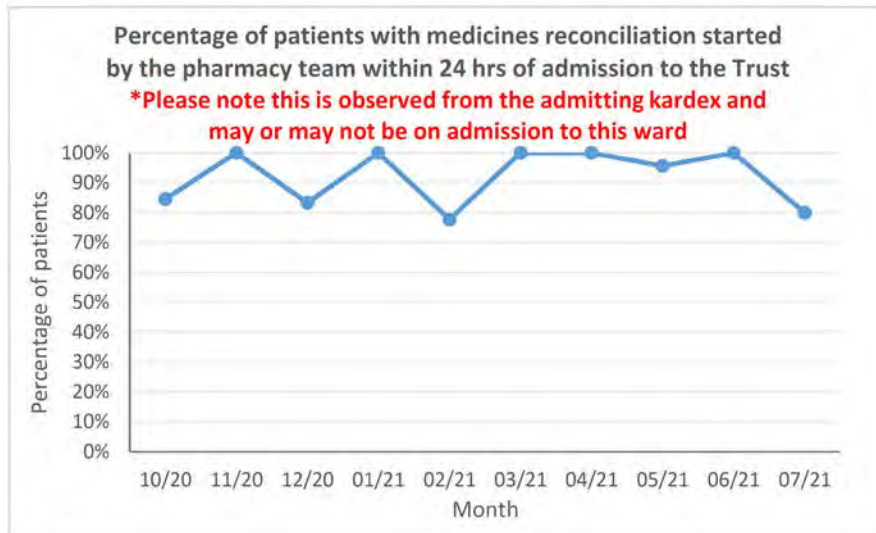
### Medicines reconciliation

Patient access to pharmacist medicines reconciliation within 24 hours of their admission is a key NICE standard and safety parameter. Pharmacy continue to work to maximise their input into admission areas and develop 7 day services in appropriate areas such as EDs and acute admission wards to achieve a high percentage of medicines reconciliation. Other initiatives to improve medicines reconciliation include:

- A pilot of a week night (until 9pm) evening pharmacy service in ED to mirror admission profiles
- Development of documentation to record medicine reconciliation and changes for ICU patients discharging to wards to reduce medicine errors.

## 3. Measuring the Improvement

Example of medication reconciliation results in an area with pharmacist cover Monday – Friday 9am-5pm and restricted pharmacist cover Saturday and Sunday 9am-5pm:



### Medicines optimisation at a COVID-19 recovery clinic

COVID-19 survivors have distinct challenges in their recovery. BHSC established a pilot COVID-19 ICU recovery clinic. Patients attended 12 weeks post hospital discharge. A clinical pharmacist, working as part of a MDT, undertook a medication review for each patient and identified interventions to optimise medicines. Of these patients, 82% required a medication intervention at the clinic. The majority of interventions related to symptom management and patient education. Sixty seven percent of interventions were graded as significant with an invest to save return in the range of £4.20-£8.59 per £1 invested. [Evaluating clinical pharmacist involvement in a COVID-19 intensive care recovery clinic - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com)

### Virtual MDT medicine reviews in nursing homes

During the first Covid surge, 25% of Belfast HSC Trust (BHSC) care homes were affected, rising to 44% by surge 3, resulting in limited face to face access for healthcare professionals. Nursing home residents required medicine reviews post-Covid infection to optimise medicines and reduce pill burden. The Care Home Nursing Support Team, consultant pharmacist for older people and the lead care home pharmacist rapidly established a multidisciplinary virtual round.

### Results

- Over a fifth (23.3%) of residents reviewed had an increase in level of frailty post-Covid infection
- Average no. of pharmacy recommendations per resident = 2.9. Examples included:

### 3. Measuring the Improvement

- Reducing doses and nephrotoxic medicines due to poor renal function
- De-prescribing
- Onward referral to psychiatry for signs of depression
- Formulation changes due to swallowing difficulties
- Medicines Appropriate Index was measured, indicating a reduction in polypharmacy following pharmacist review of medicines
- Evaluation from the multidisciplinary team and nursing home staff was overwhelmingly positive, emphasising the opportunity for shared learning
- Ninety six per cent of respondents (Care home staff & MDT) strongly agreed or agreed that
  - the collaborative approach of MDT and care home staff on one call was an efficient use of time
  - they would be keen for the virtual MDT service to continue post-Covid.

#### Controlled Drugs (CDs) and automation

Belfast Trust continues to innovate medicines management processes with automated dispensing cabinets (ADCs). Following the successful implementation of an ADC for management of controlled drugs in RVH Pharmacy, ADC technology is being used to improve and innovate ward based controlled drug workflows including ordering processes between clinical areas and pharmacy.

During the period 2020 -2021, a further ten clinical areas introduced ADCs for the management of controlled drugs; this was extended in Trauma and Orthopaedics and introduced to Delivery suite, Delivery suite theatres, Neonatal Intensive Care unit, and a Haematology ward.

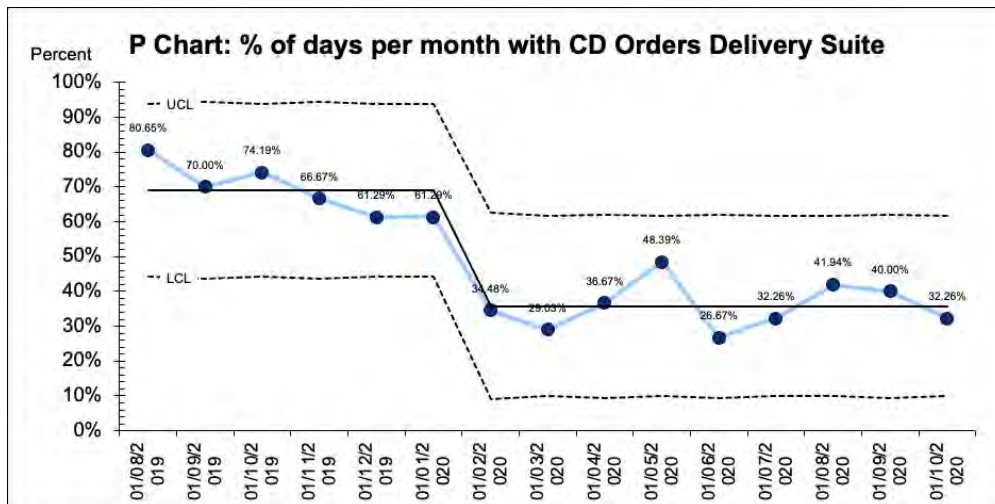
BHSCT continues to innovate, with Maternity theatres and Neonatal ICU the first theatre and ICU areas to use an ADC in Northern Ireland. Workflows were tested using quality improvement methodology to ensure the achievement of project objectives in this unique environment where the staff cohort includes nurses, midwifery and anaesthetic staff.

A particular objective for Delivery suite and theatres was to maximise efficiency of their ward ordering processes. Using ADC technology, controlled drugs within the cabinet were assigned automatic reorder points, which linked to a cabinet generated order on designated days. The impact of the ADC was immediate, increasing the efficiency of ward ordering processes. Prior to implementation of the ADC, Delivery suite would have processed an order for controlled drugs on 21 days each month. The system for ordering a controlled drug pre-ADC was time intensive requiring a midwife to prepare a written order and two midwives to stock check and enter a receipt



### 3. Measuring the Improvement

in the paper CD register. As shown below, post-ADC, the order rate reduced to 11 days per month; while the process still requires two midwives, the electronic CD register records receipts at point of storing of stock in the cabinet.



A further objective of this quality improvement project in both theatres and ICU was to produce real-time reporting of controlled drug use and dose reconciliation. In complex environments such as theatres and ICU, contemporaneous dose reconciliation can be challenging. With ADC, medicine administration and waste recording reports are produced at 12 hourly intervals, with a follow up reminder at 24 hours, if the reconciliation process has not been fully completed. This generates an alert to the clinical area to prompt dose reconciliation thus ensuring a full audit trail where previously this information gap may not have been detected until quarterly CD audit review.

The rollout of ADCs will continue into 2021/2022 with further integration between clinical areas and pharmacy departments to maximise efficiency and improve medicines management processes.

### Outpatient Parenteral Antibiotic Therapy (OPAT)

In 2019, 190 OPAT episodes of care increased bed capacity in BHSCT by 3,464 days. Due to a lack of capacity, 16.3% of our inpatients referred for a community nurse OPAT slot across Northern Ireland were refused, therefore delaying discharge and disrupting patient flow. This equated to a bed capacity blockade of 720 days. At this time, BHSCT offered community nurse administered OPAT via the Community Nurse In Reach (CNIR) team.

At the end of 2020, the Infectious Diseases team, in conjunction with CNIR, Aseptic services, OPAT pharmacists and the Ambulatory Care Centre (ACC), began to develop new discharge pathways, self-administration training and competency assessments with supporting documentation to pilot offering suitable patients an alternative option to remaining in hospital for prolonged stays.

### 3. Measuring the Improvement

As a result of this partnership, this pilot service has facilitated:

- 17 Patients attending ACC for once daily administration of IV antimicrobials
- 7 Patients discharged with elastomeric infusers delivering 24 hours of flucloxacillin
- 4 OPAT patients to be assessed and treatment switched in ACC avoiding hospital admission
- 2 bronchiectasis patients treated via ACC avoiding hospital admission
- 14 Patients trained to self-administer OPAT (S-OPAT) at home (Range = 7 days to 105 days).

ACC & S-OPAT pathways have avoided a community nursing pressure of over 1100 slots and this approach increased bed capacity in BHSCT by 571 days (equivalent to a 20 bed ward for 4 weeks).

These innovations are preferred by patients as it enables more independence and autonomy on discharge whilst reducing the risk of healthcare associated infections.

This service achieves high patient satisfaction as per feedback below.

<https://www.careopinion.org.uk/843827>

<https://www.careopinion.org.uk/838236>

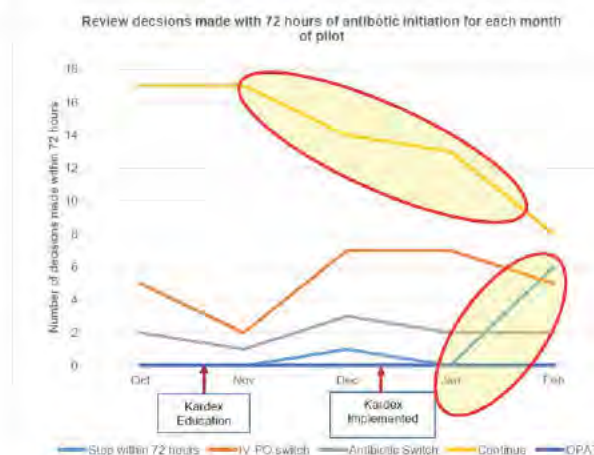
<https://www.careopinion.org.uk/868131>

<https://www.careopinion.org.uk/835565>

### Antibiotic Review Kardex (ARK) implementation

A quality improvement project to ascertain the safety and effectiveness of an antibiotic review section in the Kardex on the quality of antibiotic prescribing was conducted on six wards in the Mater hospital. This project found an improvement in the quality of antibiotic prescribing and reduced overall consumption of antibiotics.

*Review decisions made within 72 hours of antibiotic initiation for each month of the pilot*



### 3. Measuring the Improvement

Based on these results, the Trust Antimicrobial Stewardship Group and the Trust Drugs & Therapeutics Committee recommended that BHSCT implement the Adult Acute Antimicrobial Review Kardex, which has now been rolled out across BHSCT.

#### Nursing Homes

In collaboration with the HSCB, Victoria Pharmaceuticals undertook the assembly and distribution of emergency palliative care kits to Northern Ireland Nursing Homes.

Victoria Pharmaceuticals produced a palliative care box that contained the essential oral and injectable medicines that, subject to prescribing on site, could be used by nursing staff to treat palliative care patients in nursing homes in Northern Ireland.

The palliative care box was safely introduced in 7 working days from HSCB commissioning and an initial 47 kits were supplied to nursing homes across Northern Ireland.

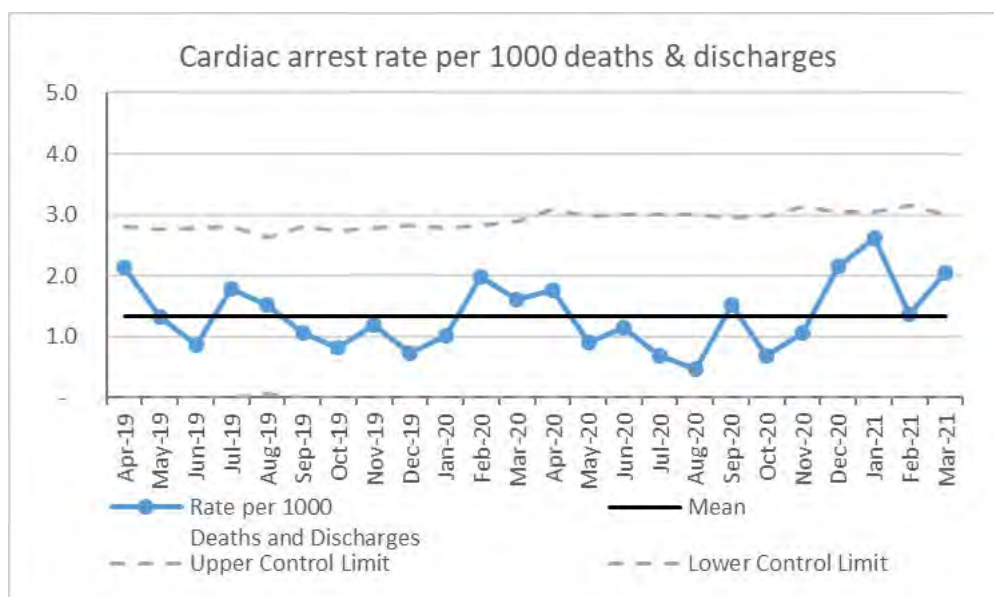
A further 186 palliative care kits were supplied subsequently.

#### Cardiac Arrest Rates

A cardiac arrest is where a patient requires chest compressions and / or defibrillation by the Hospital Resuscitation Team.

Early recognition and effective treatment of patients whose clinical condition is deteriorating helps to reduce cardiac arrests. Compassionate care of patients acknowledged to be nearing the end of their lives may also reduce the number of patients treated for cardiac arrest.

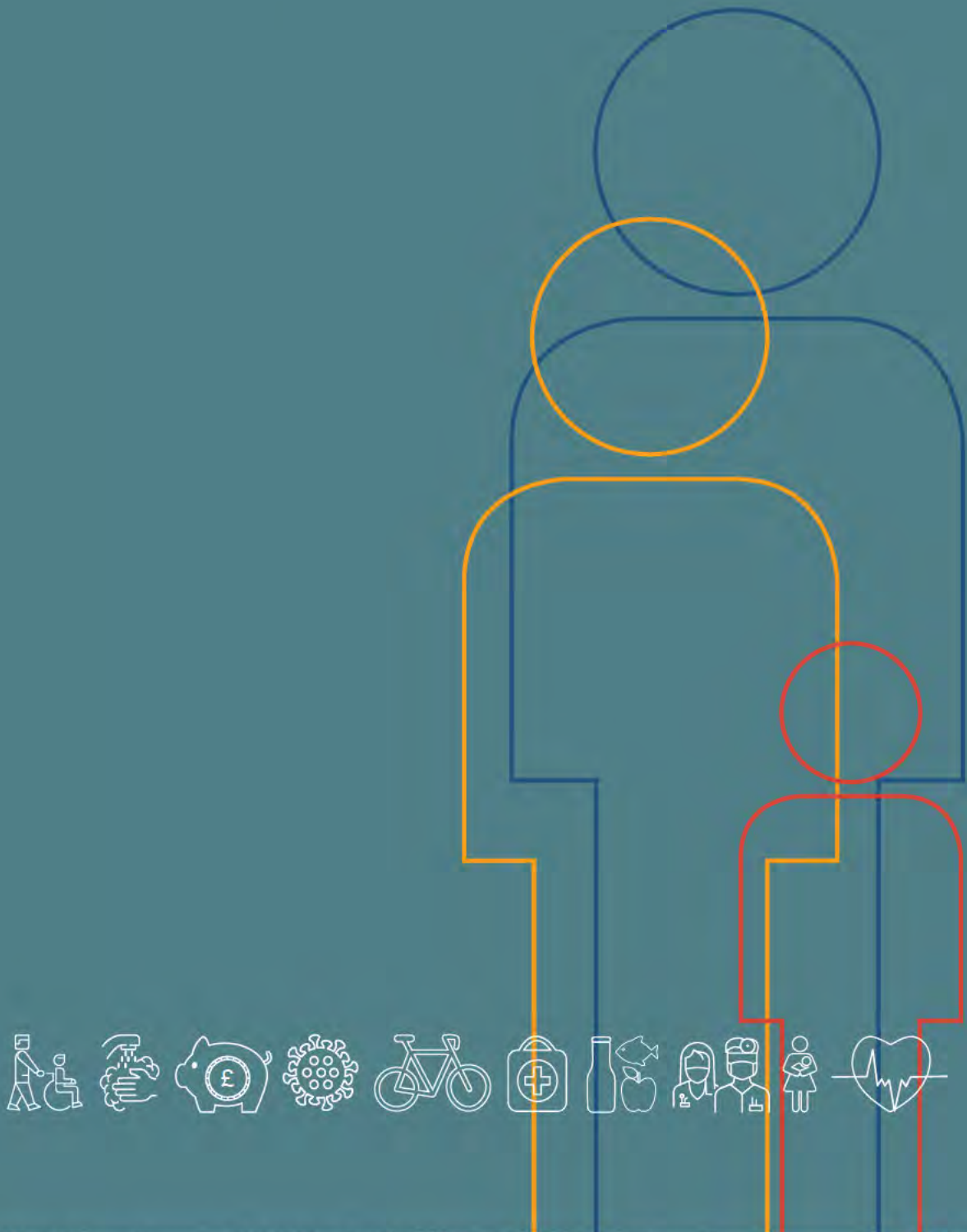
Early recognition will also help to identify individuals that cardiorespiratory resuscitation is not appropriate for or who do not wish to be resuscitated.





## 3. Measuring the Improvement

# 4. Raising the Standard



## 4. Raising the Standard



Clinical Lead for Mortality and Morbidity



**100%** of patients seen within 14 days of referral to the Breast Team



Emergency readmission rate below the national average



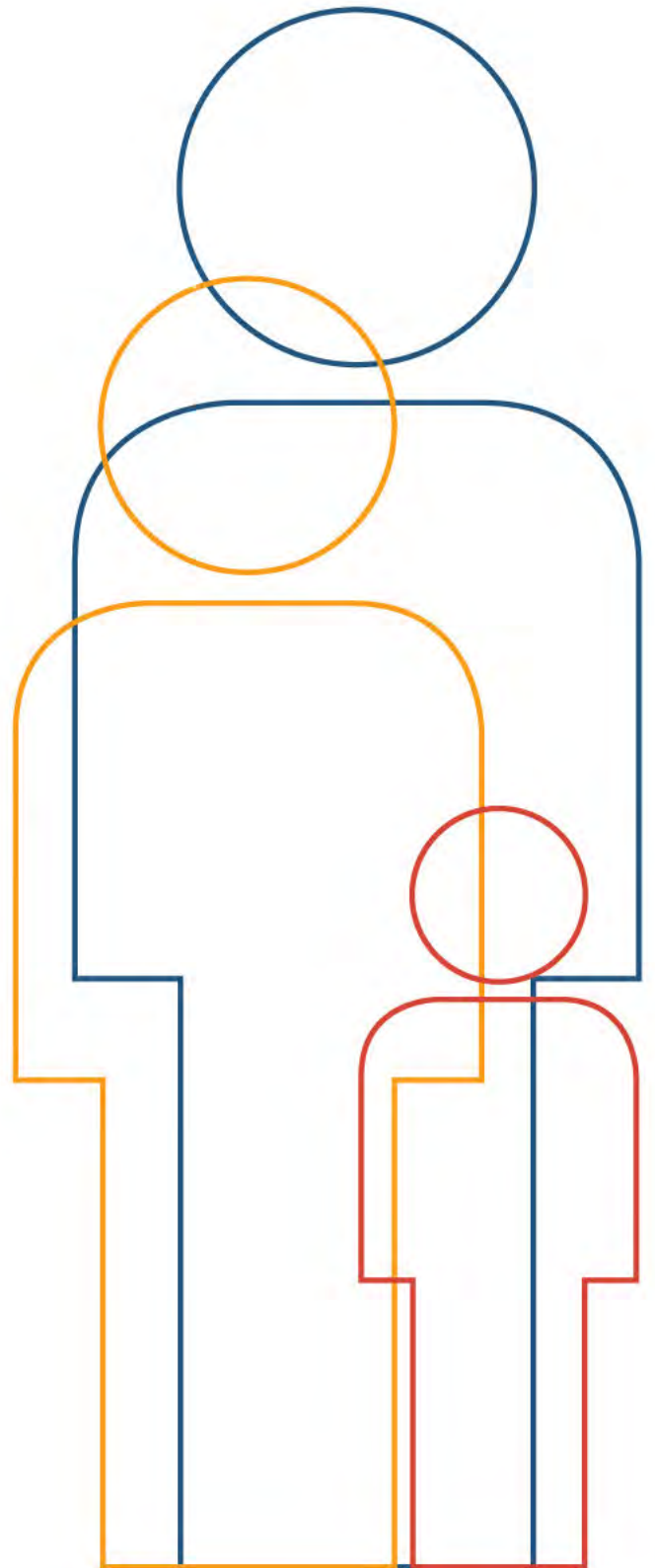
Improvement within Cancer Services



**19** NICE Guidelines received and actioned



Regional and National Audit





# 4. Raising the Standard

## Standardised Mortality Ratio

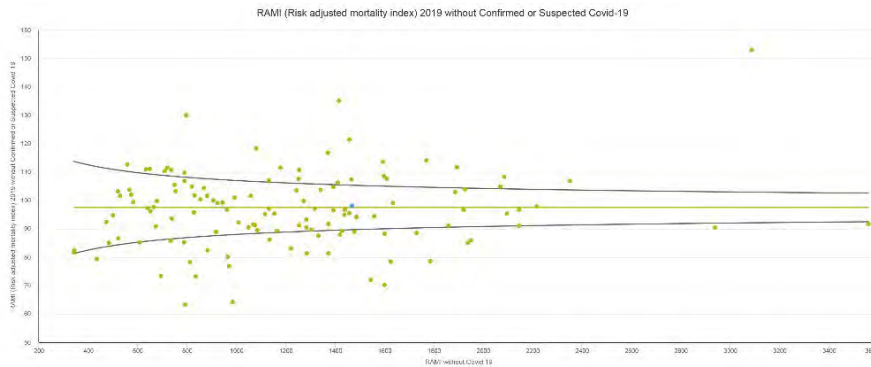
Belfast Trust treats and cares for patients every day, many of whom are very ill. The vast majority of patients are discharged safely, however a small number of patients die under our care.

The proportion of patients who die (the 'mortality rate'), is a useful indicator of the quality of care we provide, and we can compare our mortality rate with other similar UK hospitals.

## Risk Adjusted Mortality Index

Trust Index is **98**

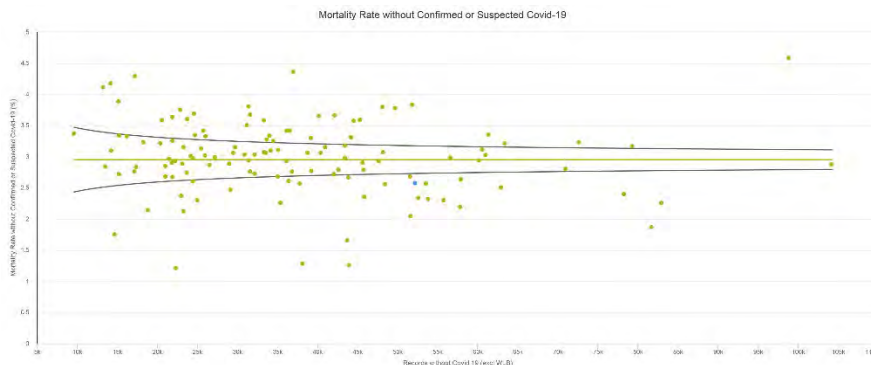
## Standardised Mortality Funnel Plot 2020/2021 (Excluding Covid) Crude Mortality



Standardised mortality rates are based on statistical prediction and it is necessary to complement these with 'crude mortality rates'. Crude rates are basically the real numbers of deaths, and can be expressed as a percentage by showing the number of deaths for every 100 discharges. These crude rates can then be compared to other Trusts with a similar profile to ourselves.

## Total % Crude Monthly Mortality with Peer to 2020/21

Belfast Trust's total Crude Mortality Rate for 2019/20 is 2.6% which compares consistently with peer UK wide hospital rates of 2.0%, this is a consistent picture with previous years.



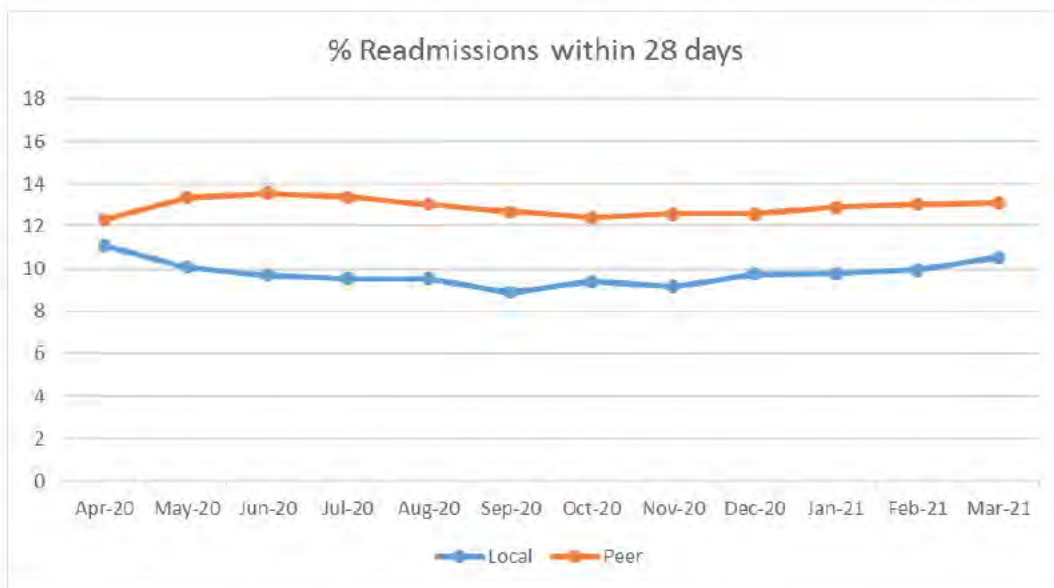
### 3. Measuring the Improvement

## Emergency Re-admission Rate

### Facts and Figures

The table below indicates the % of patients readmitted as an emergency within 28 days each month during 2020/21. The Trust has a readmission rate of 9.7% against a national average of 12.9%. This rate remains stable during the year.

Unscheduled Re-admissions of Adult Patients within 28 Days of Discharge as Proportion of all Cases.



## Emergency Department Standards

### Background

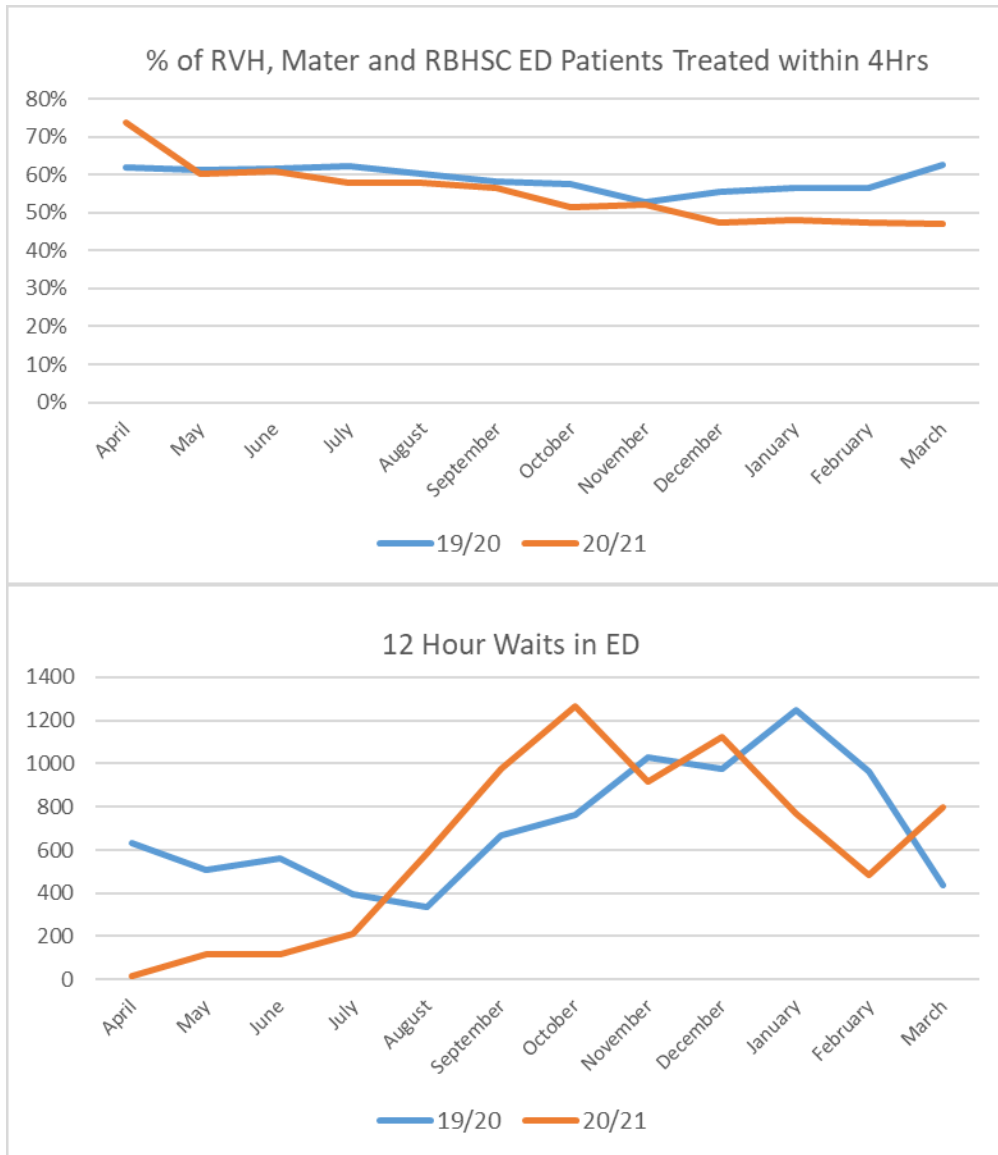
Ensuring that patients attending the adult Emergency Departments (EDs) are seen in a timely manner and are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled care patients. In this it is a measure of quality.

### Why is this measure important to people who use our services?

Patients who attend an emergency department can be acutely ill and therefore it is imperative that they receive an assessment by a doctor or Emergency Nurse Practitioner (ENP) as soon as possible.

### 3. Measuring the Improvement

The length of time people wait in Emergency Department profoundly affects patients and families experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

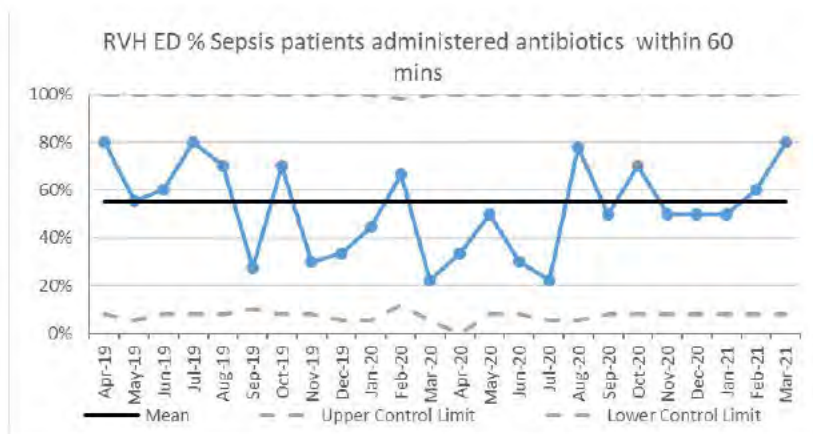
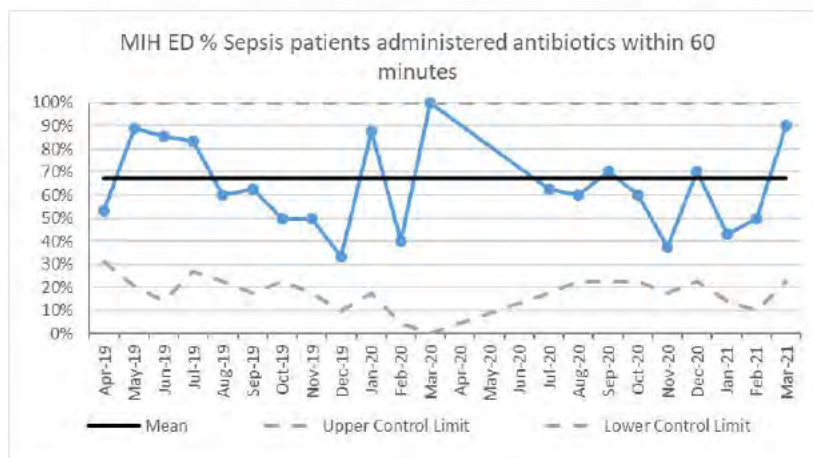
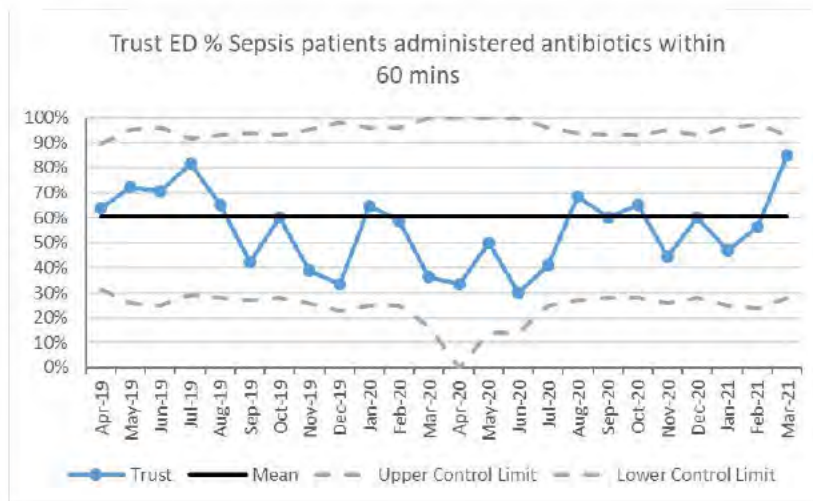




### 3. Measuring the Improvement

#### Sepsis

Patients with sepsis, severe sepsis and/or septic shock are at increased risk of death and organ dysfunction. Applying the sepsis bundle simplifies the complex processes of the care of patients with sepsis.



## NICE Guidelines

### Background

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on treatments and care. It produces guidance for healthcare professionals, patients, and carers to help them make decisions about treatment and healthcare.

### **NICE Guidelines (NG) & Technology Appraisals (TA) issued: April 20-April 21**

There were 19\* **NICE Guidelines (NG & TA)** that were Endorsed in NI and issued between April 2020-April 2021.<sup>2</sup>

- There were 17 NG that were Endorsed in NI and issued in April 2020-April 2021
  - 2 New Guidelines, 12 which updated previous Guidelines and 3 which were COVID-19 Rapid guidelines

The breakdown is below:

- 6 issued to Multiple Directorates
- 5 Issued to Surgery and Specialist Services
- 4 issued to Unscheduled and Acute Care
- 2 issued to Specialist Hospitals and Women's Health
- There were **2 Technical Appraisals** that were Endorsed in NI for the use of new and existing medicines and treatments in April 2020-April 2021. All were New Guidelines. The breakdown is below:
  - 1 issued to Surgery and Specialist Services
  - 1 issued to Unscheduled and Acute Care.

The Trust Standards & Guidelines Committee oversee and monitors that the Trust have systematic and robust arrangements in place with regard to the dissemination, processing and implementation of NICE guidance. The Committee forms part of the Trust Assurance Framework reporting directly to the Trust Governance Steering Group.

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<sup>2</sup> \*Please note that due to COVID-19 the Department of Health (DoH) placed a temporary suspension (letter issued on 31st March 2020) on the endorsement and issuing of NICE Guidelines (NG & TA). The suspension of TA's was lifted on 25th June 2020 and NG's more recently on 23rd June 2021.

## 4. Raising the Standard

The Trust Standards & Guidelines (S&G) Department based in the Risk & Governance Department, Medical Directorate manages the day to day operational role of disseminating and monitoring the implementation of NICE Guidelines.

### Next steps

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Western HSC Trust continue to work on a pilot regional system (STORM) to manage the recording and dissemination of NICE Guidance with updates provided at the quarterly NICE Manager's Forum. The Trust will evaluate adoption of the STORM system post pilot feedback from Western HSC Trust.

## Regional and National Audit

### Regional Re-audit of Medicines Reconciliation on the Immediate Discharge Document

Medication Reconciliation is the formal process in which health care professionals partner with patients to ensure accurate and complete medication information transfer at interfaces of care.

A regional audit of medicines reconciliation on the Immediate Discharge Document (IDD) was first published by Guidelines and Audit Implementation Network (GAIN)<sup>2</sup> in 2017. The report concluded that significant improvement was required regarding the communication around medication changes when patients transfer between settings in Northern Ireland.

The main aim of this re-audit is to evaluate the current processes in place for accurate medicines reconciliation on the IDD in Northern Ireland and to determine if improvement has been achieved.

### Objectives

- To determine the extent to which IDD's in 2019 meet medication standards set out in the 2011 GAIN document Guidelines on Regional Immediate Discharge Documentation for Patients Being Discharged from Secondary into Primary Care
- To compare the audit findings from the 2016 and 2019 audits, and to identify further areas for improvement in the generation of IDD's
- To provide an opportunity for final year medical students on a GP Assistantship Programme to focus on and learn about best practice in respect of IDD generation

The audit concluded that there was room for significant improvement across all the criteria audited.



## 4. Raising the Standard

Areas for immediate attention included:

- the time from discharge to receipt of the IDD by the General Practitioner (GP) - the noting of medicines started, changed or stopped and the rationale for such changes - an improvement of detail around allergy status - adherence to best practice in respect of the high-risk area of anticoagulation.

Recognising the scale of harm with unsafe medication practices and medication errors, in 2017 WHO prioritised medication safety at transitions of care as one of three areas for strong commitment as part of its third Global Patient Safety Challenge: Medication Without Harm - WHO highlighted that improving medication safety during transitions of care is challenging and complex and called on healthcare leaders to demonstrate long-term commitment to substantially reduce potential patient harm.

### Recommendations and Next Steps

On consideration of the findings of this re-audit the following recommendations are made:

1. The initiation of a regional strategic plan to improve medication safety during transitions of care within Northern Ireland, to meet the requirements of the WHO Patient Safety Challenge. This should include specific and measurable goals to monitor improvement over time and involve relevant stakeholders including service-users.
2. Implementation of Electronic Document Transfer as standard for the IDD, from secondary to primary care across all HSC Trusts to ensure accurate and timely transfer of information.
3. Collaboration between HSC, Trusts and all bodies representing General Practice in Northern Ireland (including the General Practice Committee of the British Medical Association, General Practice Federations and the head of General Medical Services in the Health and Social Care Board) to understand the reason for local variations and to share best practice, with a view to developing an agreed electronic template for the immediate discharge document which is adopted by all HSC Trusts. This would reflect the Regional Guidelines from GAIN in 2011 and more recent guidance from the Professional Records Standards Body<sup>18</sup> and should include:
  - Mandatory recording of allergy status, with the sensitising agent and nature of reaction noted - Fields to ensure that the status of medicines (continued, changed or stopped) is recorded, along with the rationale for any such changes.
4. Agreement on a standardised format for communication about anticoagulation to support safe prescribing of warfarin alongside the evolving use of Direct Oral Anti-Coagulants (DOACs). This should include details of the indication, duration of treatment, counselling of the patient and other clinically relevant information where appropriate eg. renal function. Ideally this would form part of the electronic template for the IDD.

## 4. Raising the Standard

5. Engagement with the data collectors should be maintained, to seek formal feedback on how their participation contributed to learning and their subsequent generation of IDD's as Foundation Year 1 (F1) doctors.
6. Collaboration between Trusts and GP Federations using a Quality Improvement (QI) approach to develop processes to raise and resolve queries in an effective and timely manner. It would be anticipated that adoption of electronic prescribing systems in Trusts should have a positive impact on communication about medication, and it would be important to observe whether this translates into improvements in patient care.

The full report can be accessed via the [link](#).

### British Thoracic Society

### BTS National Audit Report (2020)

#### Background

Acute NIV can be a lifesaving treatment for selected patients. However, successive audits showed a worsening trend in outcomes with high mortality rates and significant institutional variation.

In response to this, a number of national documents and reports may have influenced clinical practice since the last audit. These include the BTS/ICS guidelines for the ventilatory management of acute hypercapnic respiratory failure in adults (2016)<sup>1</sup>, the National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) and publication of the national COPD audit (2017/8)<sup>5</sup>, NCEPOD's Inspiring Change study (2017)<sup>3</sup>, the BTS Quality Standards for acute NIV (2018)<sup>2</sup>, and the BTS NIV Quality Improvement toolkit (2018)<sup>4</sup>.

#### National Improvement Objectives:

1. Improve patient selection for NIV, evidenced by reducing the proportion of patients who start NIV in the absence of a clearly documented evidence-based indication (current audit = 13%: target <10%)
2. Increase the proportion of patients who start NIV within 60 minutes of the blood gas that defines its need (current 50%: target >60%)
3. Increase the proportion of NIV services that have a named nursing lead and/or physiotherapy lead with time allocated to provide service leadership (current 69%: target >90%)

Timeframe: to be achieved by 2022/23

## 4. Raising the Standard

### Key Findings

1. Compared to the last audit, an increased proportion of patients treated with acute non-invasive ventilation (NIV) had COPD, the indication with the strongest evidence. We saw a decreased proportion of patients who were treated with NIV despite no clearly documented indication. This suggests improved patient selection in line with the evidence base for NIV.
2. 50% of patients treated with NIV started NIV treatment within 60 minutes of the blood gas that defined the need for NIV. Clinician responses indicate a reduced perception of treatment delay in comparison to prior audits.
3. Acute NIV was successful in resolving respiratory acidaemia for 76% of patients treated, in comparison to 69% in the last audit (2013).
4. Inpatient mortality was 26%. It has reduced from 34% in 2013 and represents the first time that mortality has improved since the first BTS audit in 2010.
5. Only 74% of organisations reported that they have sufficient capacity to deliver the routine acute NIV service.
6. Only 52% of organisations had a nursing lead and 34% had a physiotherapy lead for their acute NIV service.

### Conclusions

This was the largest audit to date with 3502 patient submissions, growing from 2693 patient submissions in the previous audit in 2013. Compared to previous data, this audit found increased areas of good practice; results were consistent with substantial improvements in processes of care and patient outcomes.

We present key findings within this report though hope to analyse the data further to gain a greater understanding of the factors associated with successful outcomes.

The patient cohort appears similar to prior audits in terms of age, gender, and prior performance status. Other demographic data, including diagnostic grouping, pre-NIV pH, and consolidation status, suggest improved patient selection for NIV compared to previous audits.

Organisational data also suggests improvements towards NCEPOD and BTS recommendations. Whilst there are still areas of concern, a higher proportion of units have a clinical lead with time in their job plan to lead the service. However, there is significant variation in training, especially within differing groups of staff; whilst 94% of organisations have a training programme, only 19% of NIV-service consultants were included in the training register. We also found that NIV was frequently delivered in non-designated respiratory ward areas; inpatient mortality for such patients appeared worse than for those treated in NIV-designated areas.



## 4. Raising the Standard

Acute NIV services require effective multidisciplinary leadership and the 2019 audit results highlight that this remains an area for improvement. Most services had a medical lead, though only 39% of medical consultant leads had time allocated within their job plan. This was a key recommendation of the NCEPOD report, which had found 34% had time allocated. The 2019 audit also shows that only 52% of organisations had a nursing lead and 34% had a physiotherapy lead. Only 14% of organisations have a medical, nursing and physiotherapy lead, despite the multidisciplinary nature of successful NIV. 31% of organisations reported having neither a nursing nor physiotherapy lead for service. Whilst likely that some services will have nursing leadership within a standard ward structure, we conclude that the explicit recognition of nursing and AHP leadership should be an objective for national improvement.

Nevertheless, overall outcome data are encouraging. We show an improvement in NIV success rates and hospital survival for the first time, compared to the worsening trend in outcomes in successive audits seen previously. Whilst this is the first BTS audit since 2013, NCEPOD's study had collected patient outcome data during the same time window as the BTS audits. Data obtained by NCEPOD in 2015 and reported in 2017 had shown that overall inpatient mortality had reached 35%<sup>3</sup>. The 2019 audit shows overall inpatient mortality at 26%. Whilst recognising the pragmatic nature of data collection, we find improvements in patient selection and in the delivery of treatment.

The timing of NIV is an increasing focus, with delays in care potentially associated with worsening outcome. We will explore this in more detail using the current dataset, though this initial analysis shows that patients who are treated within 60 minutes of ED arrival also demonstrate a greater degree of physiological derangement. It seems likely that there is a degree of natural triage, with sicker patients treated more promptly with NIV. While many patients did not start treatment within two hours of arrival, clinicians reviewing individual notes rarely felt that there had been a clinically significant delay in starting NIV. Consistent with previous findings across a number of studies and audits, starting acute NIV later (>48 hours) into hospital admission is typically less successful than for those patients who present with AHRF on admission. Of course, this is more likely to relate to patient-related factors as opposed to any difference in the delivery of NIV. Importantly, these data may inform treatment discussions with patients, but should not preclude a trial of NIV on an individual basis.

Alongside this audit we note that there has been an increase in abstract submissions to the BTS Winter Meeting with a specific focus on Quality Improvement in NIV over the past few years. These coincide with NCEPOD's Inspiring Change report and the subsequent publication of BTS Quality Standards for acute NIV and the Quality Improvement toolkit. We hope that all may have contributed the stimulus and tools to improve care locally. We hope that the positive findings of this audit will encourage further quality improvement work to reduce organisational variation and improve the care of all patients treated with acute NIV.

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British Thoracic Society Reports,

Vol 11, Issue 3, 2020

[Adult NIV Audit report 2019 \(brit-thoracic.org.uk\)](http://brit-thoracic.org.uk)

## 4. Raising the Standard

### Cancer Treatment and Care

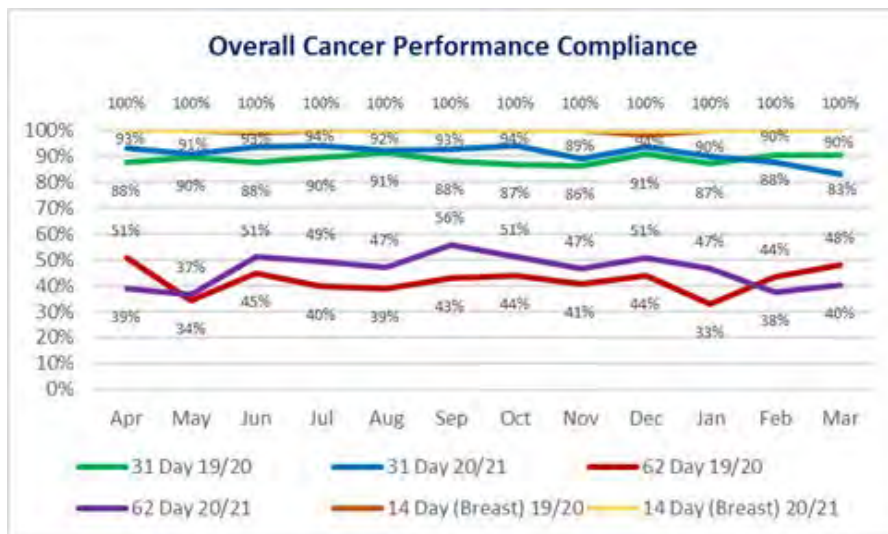
The Cancer Access Standards (targets) are:

- 100% of all urgent suspected breast cancer referrals should be seen within 14 days
- 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat
- 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

During the year we have worked to improve performance against the 14, 31 and 62 day targets for cancer, however meeting these targets continues to be challenging due to the ongoing COVID-19 Pandemic impacting upon red flag referrals, capacity issues and late transfers from other Trusts in the region. This upcoming year will see ongoing challenges due to the impact of COVID-19.

The graph below shows performance against these targets from April 2020 – March 2021 compared to April 2019 – March 2020.

The yellow line shows that the Breast Team have consistently achieved 100% of patients seen within 14 days of referral. The blue line shows the performance against the 31 day target compared to the previous year (green) and shows that compliance has been lessening from November 2020 which is mainly due to reduced theatre access due to the ongoing pandemic. The purple line shows our 62 day performance for the past year compared to the previous year (red) and shows that overall there has been a slight improvement in compliance against the 62 day target however there were 2% less patients treated on the 62 day pathway. There has been a 7% reduction in new cancer diagnosis during this time period compared to the previous year which likely accounts for the improved performance.



## 4. Raising the Standard

The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues.

The key issues in the achievement of these targets continue to be:

- First Appointment
  - Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across all specialities (except breast)
  - Introduction of QFIT into secondary care prior to the first appointment of some red flag lower GI referrals
- Diagnostic waiting time and the need for shorter waiting times in
  - Endoscopy (OGD and Colonoscopy)
  - Hysteroscopy
  - PET CT
  - CT FNA
  - Cystoscopy
  - TP biopsy
  - Pathology reporting
- Treatment
  - Theatre capacity - issues across all specialities due to the ongoing pandemic
  - Capacity for chemotherapy, radiotherapy and brachytherapy
- Inter-Trust transfers (ITTs)
  - Late ITTs from other Trusts continue to impact on BHSCT overall 62-day performance
- Complexity - complex diagnostic pathways
- MDM remote working – Quality remote access for all 17 Cancer MDMs.



## 4. Raising the Standard

### Actions and improvements undertaken in 2020/2021 include:

- The breast surgical service sustained 100% performance against the 14-day target for breast cancer and anticipates this will continue into 2022
- A Cancer Services Website has been established
- The implementation of regional MDT electronic referral forms for all MDMs
- A scoping exercise is underway to map out our current lung cancer pathway from referral through diagnosis to treatment. Our aim is to map out the current pathway and timelines so that we are aware of any bottlenecks in the pathway with a view then to considering possible improvements
- A reduction in CTC waiting time
- A reduction in pre-biopsy MRI waiting time
- Establishment of a Urology Cancer Improvement group to improve processes and timeliness across the Urology Pathways with the aim to reducing the time to first treatment
- Continuation of Weekly PTL meetings in Gynae, Urology and Colorectal
- The involvement of Cancer Services in development of the Cancer Strategy
- The development of a briefing paper for a Metastatic Colorectal MDT, which is currently awaiting funding
- A protocolisation pilot for low-grade tumours within the Urology MDM to streamline the MDM by reducing the time to MDM and increasing the timing of discussion for more complex diagnosis
- A scoping exercise has been undertaken and plan to assess each MDM and allocate a quality mark along with planned regular audits to improve MDM effectiveness
- The Cancer Services Team are working in conjunction with NICaN and Primary Care to deliver monthly GP education events tailored to answer queries from GPs with updates on current pathways and guidance. These commenced in March 2021, have been well attended and positive feedback has been received. The plan is to continue with these into 2022
- Cancer Services ASM will chair the regional Encompass group for Cancer Pathways.

Next Steps (2021/2022): The cancer services team will continue to work in partnership with multi-disciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

## 4. Raising the Standard

### Hyponatraemia

From September 2018 there has been a BHSCT Working Group for Recommendations 10-30 (Paediatric Clinical) for the Inquiry into Hyponatraemia-related Deaths report. The purpose of this group is to ensure that full consideration is given to recommendations 10-30 in the report and that the Trust meets its obligations in relation to these. The group is Chaired by the Director of Specialist Hospitals and Women's Health with group members consisting of the Deputy Medical Director, Divisional Nurses from relevant service areas, Deputy Director of Nursing, Corporate Governance, Royal Belfast Hospital for Sick Children's and Pharmacy. This group reports to the Directors' Oversight Group and had been meeting monthly until the outbreak of Covid. An action plan has been developed based on the 10-30 recommendations and the associated action log reviewed through the monthly meetings. In December 2018, a subgroup of the working group was established to review three separate Trust Policies in relation to Caring for and Safeguarding Children and Young People who are admitted to adult wards for care and treatment (Recommendation 10). The updated combined Policy was approved through Standards and Guidelines Committee in August 2019 and is due for review in January 2021. ([link](#))

This policy provides a framework which guides staff in the decision-making process in relation to physiologically appropriate and age appropriate care of a child or young person who attends adult in-patient services or has contact with adult services in an outpatient setting.

It ensures that the child or young person's needs are paramount and central to decisions, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.

The policy also enables staff to recognise and respond appropriately to the children and young people's needs and to inform families of the process by which decisions are considered, made and reviewed.

It ensures staff are aware of how to raise concerns of risk of harm towards children. BHSCT updated the Policy on Administration of Fluids to Children from 4 weeks to their 16th birthday which was presented to Standards and Guidelines Committee in December 2020. ([link](#))

The Trust has also introduced a system to highlight on a daily basis, all children who are being cared for in adult inpatient settings to the RVH Site Co-Ordinator. As a result, any concerns in relation to care, treatment or safeguarding are identified and acted upon as necessary in a timely manner. Moreover, it ensures that there is oversight of all children or young people who are being cared for in adult inpatient facilities.

The Chair of the BHSCT Working Group for Recommendations 10-30 hosted a Trust wide Learning Lunch event in February. It was attended by clinical and managerial staff to raise awareness on the IHRD workstreams both at a regional level and at an organisational level.

### Right Patient, Right Blood (RPRB)

The processes for monitoring RPRB compliance along with all other information pertaining to Clinical Transfusion training is included in the 'BHSCT Clinical Transfusion Training policy' SG25/20.

The BHSCT Hemovigilance team check RPRB compliance when it is noted that staff had made an error in the transfusion process which replaced the previous monitoring system of auditing successful transfusions bi-annually. Medical staff annual appraisals include a check on up-to-date transfusion training.

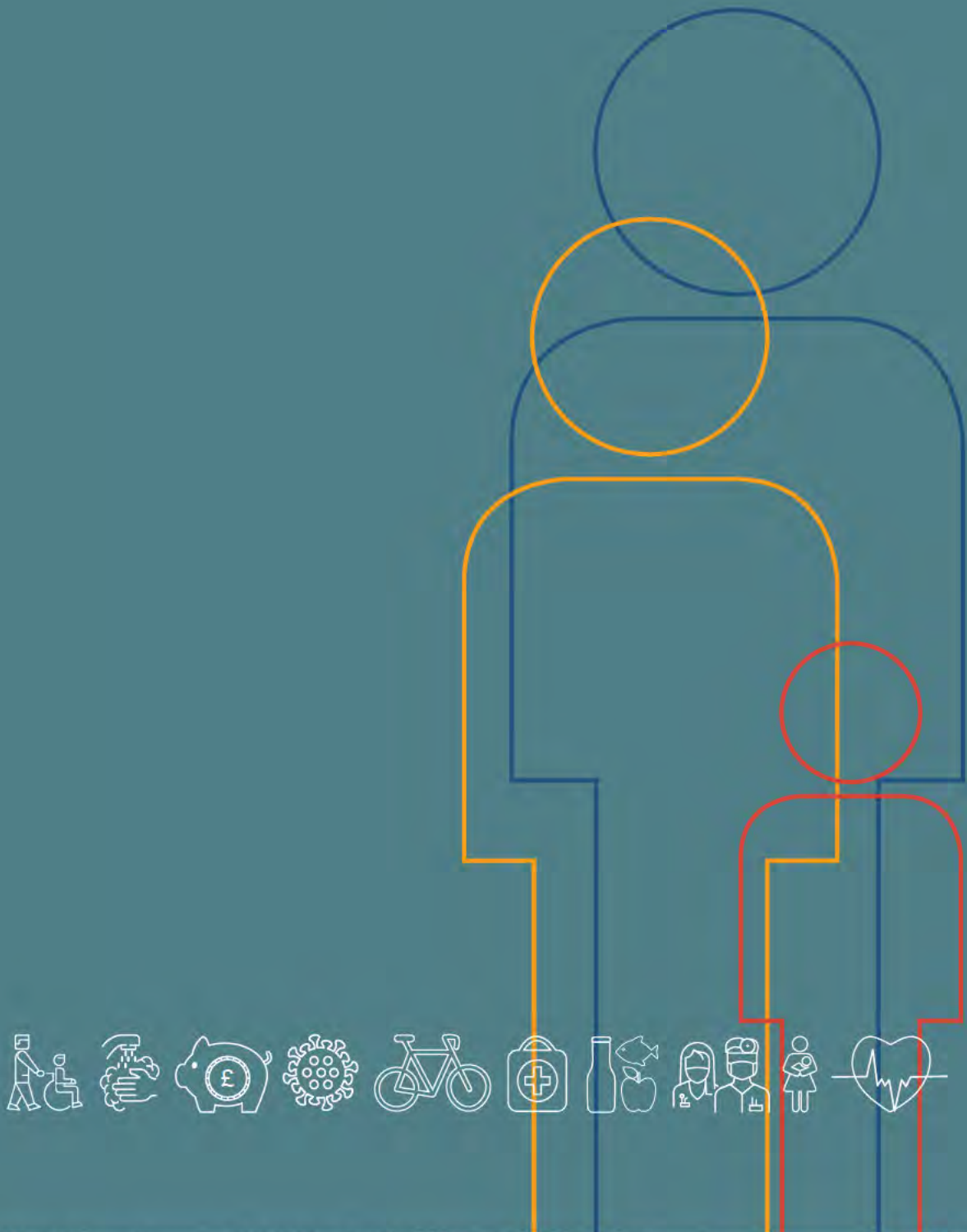
The Hemovigilance team have established systems with the workforce agencies to ensure agency and locum staff are aware of the Northern Ireland transfusion training requirements and that the agencies ensure the relevant training is up to date. The same system for monitoring RPRB training is used for Trust and agency staff.

All errors in transfusion sampling are also collated with numbers and types being reported back to clinical areas and agencies. Staff noted to have made a serious error that is a direct risk to a patient, are contacted by Hemovigilance and are required to desist from the relevant transfusion practice until the error discussed, the root cause identified, and the staff are aware of what is needed to prevent re-occurrence. Staff making multiple minor errors which result in samples being rejected are notified to make them aware of the error and help address any causes.



## 4. Raising the Standard

# 5. Integrating the Care



## 5. Integrating the Care



Acute Care at Home team has saved

**11070** hospital beds



**8104** telephone calls made and  
**4155** activity packs delivered to  
service users by the Day Care Team



**2178** referrals to Physical and  
Sensory Disability Teams



CMHTOP has provided support to **400**  
Registered Nurses and **110** Care  
Assistants



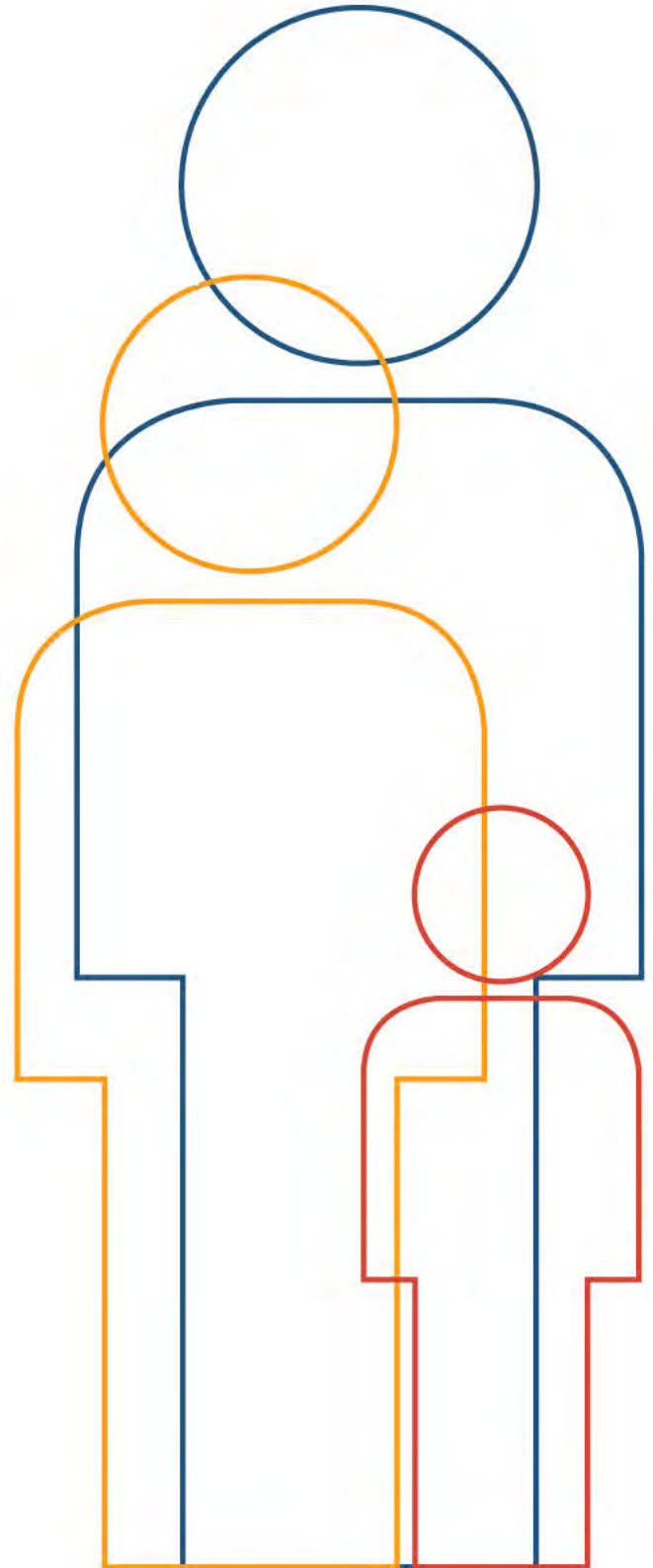
CREST supports **1749**  
residents and families



**650** adults receiving Direct  
Payments



**211** children receiving Direct  
Payments





## 5. Integrating the Care

### Community Care

#### Intermediate Care Services

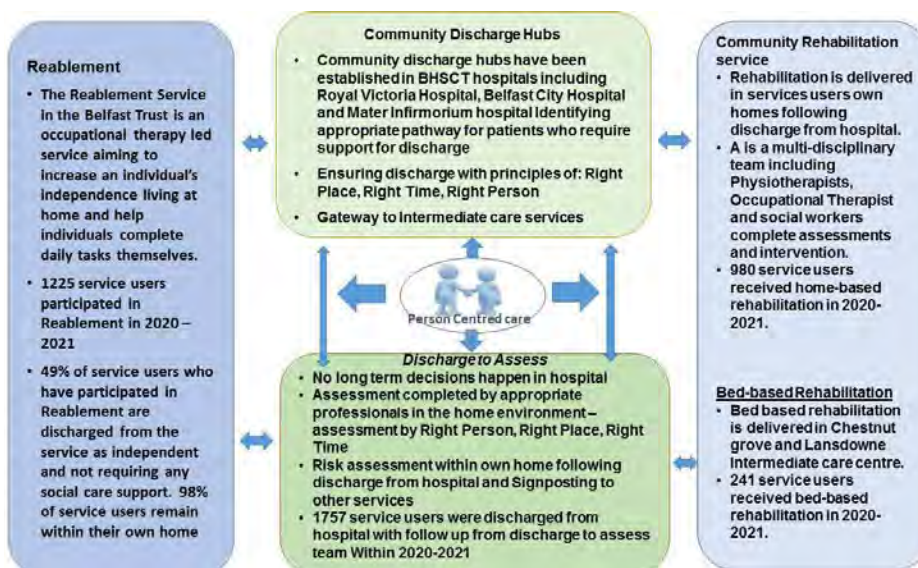
#### What is intermediate care services?

Intermediate Care consists of a range of services for older people which provides assessment and rehabilitation designed to maximise the individual's independence and quality of life. The services focus on the individual and, by appropriate interventions, facilitate early discharge from hospital or prevent admission to hospital.

Intermediate care works and the service is benchmarked against similar services both regionally and nationally. Nine out of Ten people either maintain or improve their level of independence after using the service (NAIC, 2019).

Within 2020 Intermediate care service were crucial in supporting our service users in the Pandemic and were vital in facilitating discharge from hospital. The service saw an overall increase in all referrals and triple the demand for discharge to assess. The Reablement service reconfigured its care provision for a period in 2020 to ensure essential social care was delivered to vulnerable service users within the community.

Intermediate care encompasses a number of services which are identified below.



## 5. Integrating the Care

### What do our service users say?

- “The scheme was fantastic. All the girls were brilliant. Nothing was too much bother for them. They were all caring and very attentive. Very happy with everything. Cannot praise the scheme enough especially in the current circumstances. Well done to you all ‘Our NHS Hero’s’ Thank you all” 10/10
- “All the staff very pleasant, the care and attention received was brilliant especially at his most vulnerable moments, all very understanding and attentive to his needs”.

### Connected Community Hubs

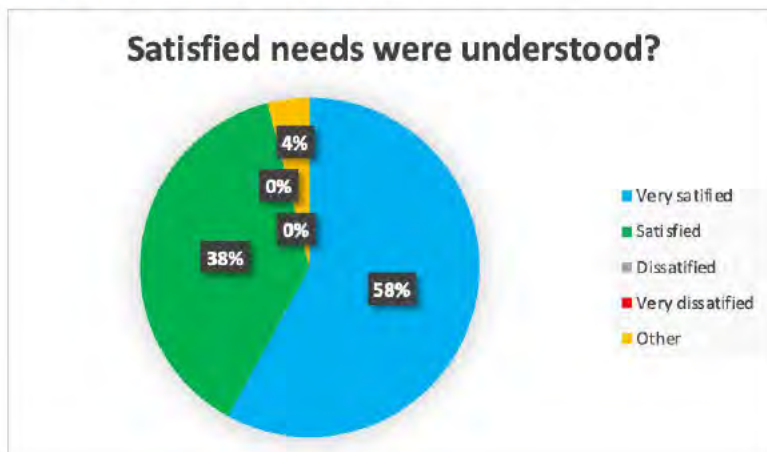
Connected Community Care has been implemented in Belfast by the Integrated Care Partnerships in collaboration with the Belfast Health and Social Care Trust. It is a model for co-production and coordinating relationships between health and social care and local communities and delivers on the ambition set out in Health and Wellbeing 2026: Delivering Together.



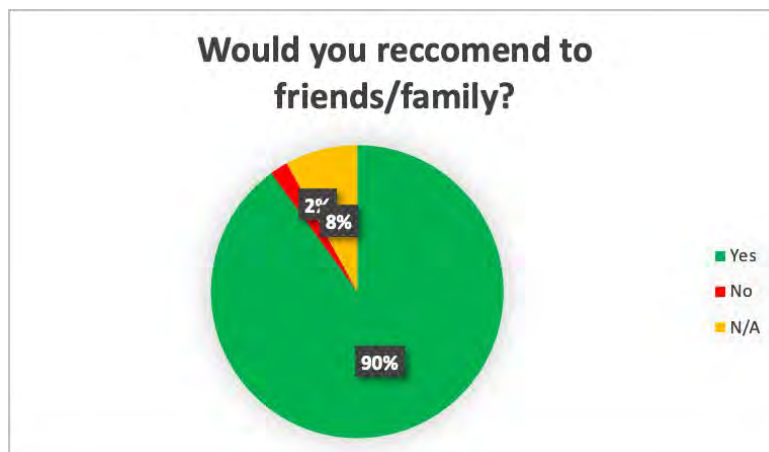
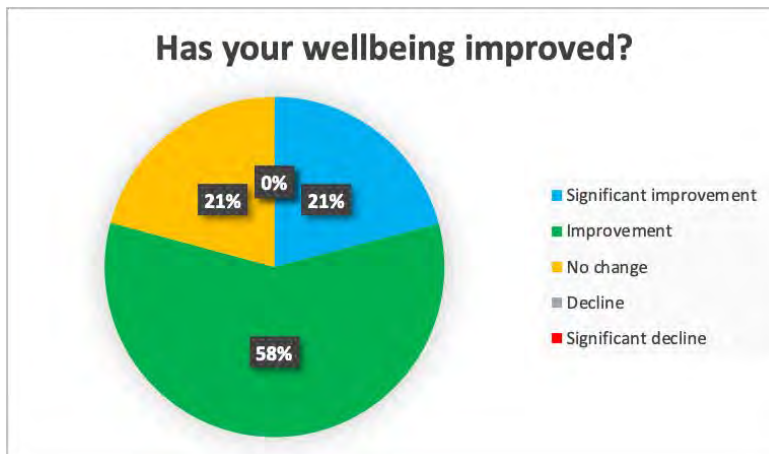
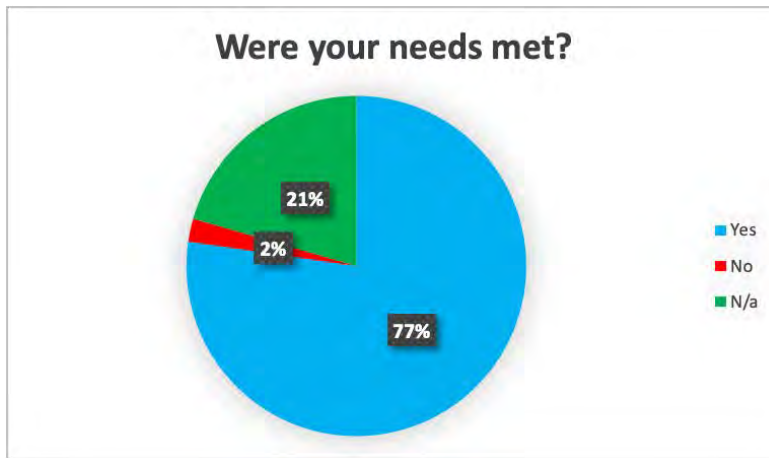
The service provides support to people with chronic conditions, those who are at risk of developing a chronic condition or who are socially isolated within their communities. The aim of the service is to prioritise prevention and early intervention and to enable people to lead healthy and active lives, with care and support closer to home.

During the Covid 19 pandemic Connected Community Care has supported an increasing number of people to access additional community supports. This has included ensuring that vulnerable people referred to the service, have been able to access a range of supports including food, utilities, medications and emotional support.

A central aspect of the development of this service has been a focus on continuous improvement, through engagement and feedback from service users.



## 5. Integrating the Care





## 5. Integrating the Care

### Commissioned Services

#### The Governance Team:

The Governance Team have responsibility for overseeing “Quality & Compliance” for our Independent Sector Providers in line with the Regional Contract.

The team work with 24 Domiciliary agencies who provide approximately 44,229 hours/week to over 4,400 service users in their own home and 67 Care Homes with approximately 2500 residents.

The team collate data and produce reports to identify emerging themes, trends and learning in service provision from review of adverse incident reporting and responding to complaints.

The team work in partnership with the independent sector providers to enable early highlighting, communication and action to address any concerns.

Regular information sharing through engagement sessions take place with providers to share emerging themes, new policies and best practices.

#### Feedback for Governance Team:

“A massive thank you to you and your teams for all the support and guidance and advocating on our behalf, it most definitely made things less stressful and kept us upbeat knowing we could lift the phone”

“Complaint dashboards are informative, and charts are easy to digest”

#### Care Home Nurse Support Team:

The Care Home Support Team plays a key role in supporting Independent Sector care homes to deliver safe, effective and compassionate care. The Team provides both a clinical and educational support to nursing home sector and an educational support to residential homes. The team supports nursing home staff to become independent in the clinical care of their residents, with the aim of improving quality and standards of care within Care Homes and preventing avoidable CMTOP. The team has provided support to 42 Nursing Homes, 25 residential homes and approximately 400 Registered Nurses and 1100 Care Assistants.

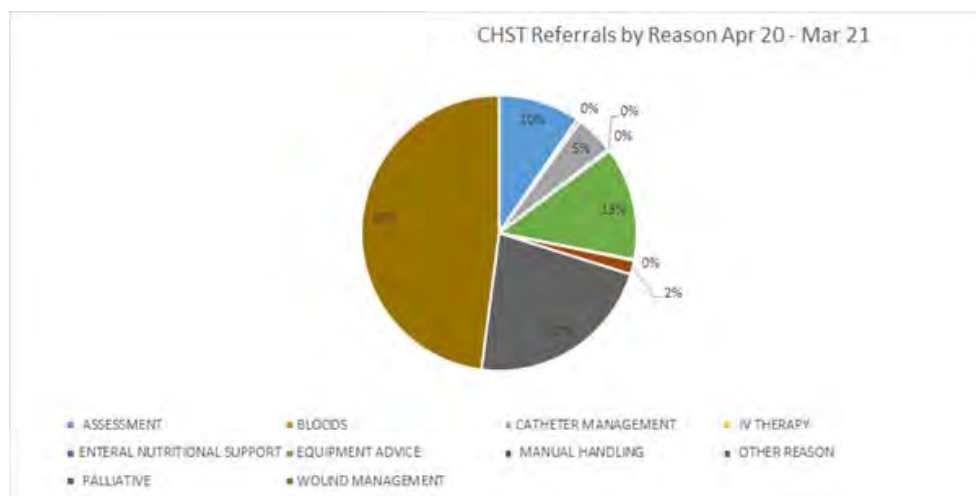
In an extension to their role, since March 2020 the team have become the single point of contact for Care Homes for all COVID related issues. They have provided clinical in reach for residents with confirmed COVID-19, Care Home outbreak management support and held weekly virtual training/COVID-19 update sessions for Care Home staff.

## 5. Integrating the Care

Outcomes during this period include:

- Clinical Support
  - The CHST received 4648 referrals to assist with clinical support of Care Home residents
  - 3730 related to COVID-19 support
- 918 related to core clinical support routinely provided by CHST.

Referral Reason	Total
Assessment	88
Bloods	4
Catheter management	42
IV therapy	0
Enteral nutritional support	2
Equipment advice	122
Manual handling	1
Other reason	15
Palliative	204
Wound management	440
<b>Total</b>	<b>918</b>



## 5. Integrating the Care

### Training

- Delivery of a wide ranging training and education programme for all care homes
- 72 sessions offered
- 1983 attendees
- 95% satisfaction with training provided.

### Care home staff feedback

“Over the past year the help and support and guidance provided by the CHST has been invaluable in the professional development of the home and staff. We would especially like to thank all for the clinical support in Tissue Viability, palliative care, and Zoom training”.

“This service is really great and makes us in Care Homes feel part of the health and social care family. It enables us to keep up to date with current practices, guidelines etc. It is also great to collaborate with other Homes and learn from them”.

“Just to thank the team for supporting all our teams throughout. I felt we all worked together like a big extended team and never felt alone or isolated and there was always support at hand”.

### Care Review and Support Team (CREST)

CREST is a multi-disciplinary team with responsibility for the review and support of residents living permanently in care homes, ensuring the provision of safe high quality compassionate care and a positive lived experience. The team provides support and review to 1749 residents and families, across 64 Belfast locality care homes and 109 outlying care homes. The team carries out quality assurance visits and provides assurance in respect of the overall quality of care delivered in each Home.



## 5. Integrating the Care

The team ensure:

- Person centred practice
- Rights based assessment and review
- Safeguards that protect against harm and poor lived experience
- Service improvements co-designed with the Resident, Carers and Service Providers.

During the pandemic the team focused on supporting care homes to ensure effective communication with families of those impacted by Covid, by initiating a robust communication strategy in homes. As part of these communication strategies practitioners supported families with end of life requests as per residents' wishes and shared these with care homes. As visiting in care home recommenced, all families received information in relation to the 'care partner role'. Practitioners advocated for residents and families to undertake this role and on a weekly basis contacted host care homes to ascertain the number of care partners in place to ensure compliance with the regional guidance published.

### Feedback on CReST

"Practitioner is amazing and has been very helpful during care reviews/ ongoing communication".

"I appreciate the time you gave and the extremely professional but understanding way you managed a difficult meeting".

"I don't quite know how to express thanks to you on behalf of my parents (and myself) in a way that could remotely reflect the positive influence you have had on the well-being of my parents. You took time to listen and you were true advocates for two very vulnerable people - your vocation is glowing and your desire to make a real difference is plain to see. Please keep doing what you do".

## 5. Integrating the Care

### Home Care and Intensive Domiciliary Care Services

The Belfast Trust Home Care Services incorporates the Home Care, Intensive Domiciliary Support Scheme (IDSS) and the Rapid Access to Personal Support (RAPS) services. Approximately 720 staff are employed across these services and many of the front line staff live in the communities they serve. Staff work alongside colleagues in hospital and community settings to ensure that people receive support in their own homes for as long as possible. The Trust provide Care to approximately 1,700 people at any one time.



### Our Vision

Our Vision is to provide the safest, most effective and most compassionate care. The service will promote independence where possible and support service users to live at home and in their community.

Domiciliary care has continued to be delivered through these very challenging times. Staff have continued to work flexibly and responsively and have adapted to the changing circumstances. The service has established a Facebook page which has proved a very effective way of communicating, supporting staff and building morale.

With an aging population there is increased demand for domiciliary care and the service plans to expand and will be actively recruiting for domiciliary support workers over the coming year.

### Community Health Nursing

Community Health Nursing plays a crucial role in enabling and supporting patients to remain at home. This cohort of staff are highly skilled practitioners who complete person centred assessments with co-produced care planning and treatment options to allow patient choice of place of care and where possible facilitate early discharge. They work collaboratively with GPs, other professionals, independent agencies and across hospital interfaces. Community Health Nursing teams primarily provide service for adults residing in Belfast Health and Social Care Trust.



## 5. Integrating the Care

The teams within Community Health Nursing are:



### District Nursing

District Nursing (DN) Service has continued to provide essential care throughout the pandemic. It has developed new ways of working to ensure the service is safe and effective in line with infection control guidance. Despite challenges in the workforce, the service continued to prioritise care to those in greatest need.

DN service is currently progressing through a significant modernisation programme to improve care delivery to patients and increasing therapeutic working relationships between GPs, other professionals and independent agencies. Reconfiguration of DN teams supports GP federation boundaries within the Trust building on GP and DN alignment to their practice populations

Modernisation has included:

- Streamlining of shift patterns to improve continuity of patient care
- Provision of safe, effective, responsive person centred service throughout BHST
- Investment and development of a structured career pathway
- Improved recruitment model to increase workforce
- Increased access to mobile working.



## 5. Integrating the Care

### District Nursing Caseloads

Caseload Data 2020/21		
Total number of referrals to DN service >62,000	Total number of new patient referrals >8500	
Almost 4000 people currently admitted onto DN caseloads in BHSCT	50% of those patients on caseload are visited monthly or more often	78% of patients on caseloads are aged 65+
16% of patients on DN caseload requirement management of medication with 22% of that being administration of insulin daily or more often	18% of patients on DN caseloads have palliative or End of Life care needs	13% of patients on DN caseload require wound/ leg ulcer care

### Acute Care at Home

#### Community Nurse In-reach (CNIR)

Community Nurse In-reach Team work across both hospital and community to ensure that patients experience a safe and effective discharge.

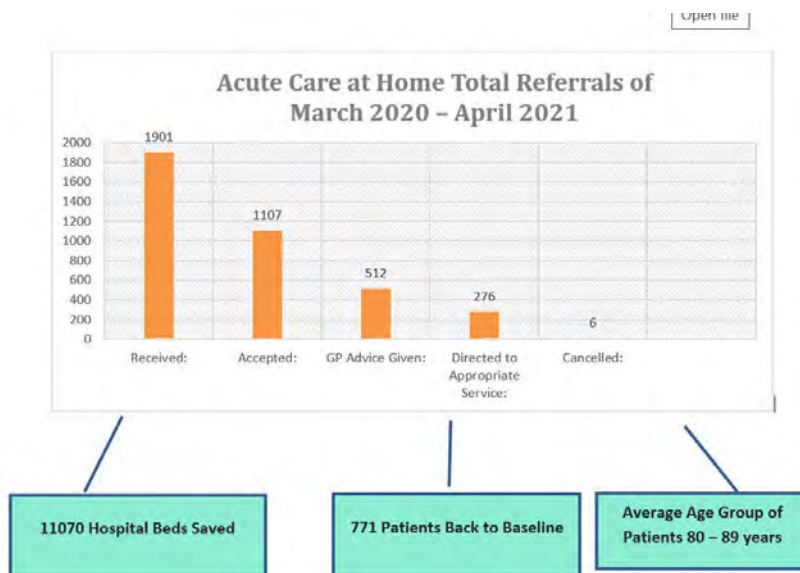
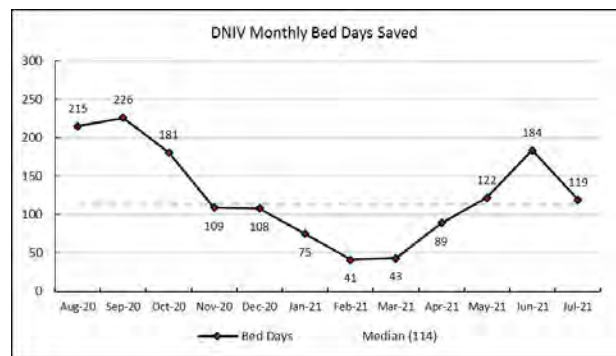
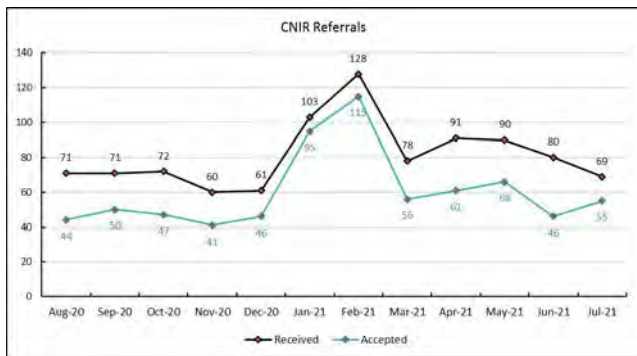


## 5. Integrating the Care

The team aims to prevent unnecessary hospital admissions and facilitate early patient discharge of patients with complex nursing conditions.

The team facilitates the safe discharge of patients who are end of life and who wish to die at home. This care transfers to District Nursing as the identified key worker for those with palliative and end of life needs.

The team works closely with Infectious Disease Consultants, District Nurses and GPs to facilitate care such as the administration of Intravenous antibiotic therapy in the patient’s own home. This treatment is delivered by district nurses in the community and reviewed as outpatients by CNIR. In August 2020 - Jul 2021 a total of 1512 hospital bed days were saved by Community nurse in-reach working in collaboration with District nursing to treat people in administering intravenous therapies in their own homes.





## 5. Integrating the Care

The No More Silos (NMS) Action Plan sets out 10 key actions (see below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. This is both in terms of challenges over the winter months (particularly if there is an increase in COVID-19 cases); and the systemic issues faced by emergency care generally.

The Trust's Local Implementation Group (LIG) is made up of Service Users and leaders across both Primary and Secondary Care. The LIG's role is to oversee the implementation of the 10 Key Actions in the No More Silos Plan. The 10 KA's will be developed to support and enhance a range of safer and more effective elective and unscheduled care services to patients which will extend well beyond the pandemic and build on the positive partnerships established during COVID response with all stakeholders'.



### Specialist Community Nursing Teams

2020/21 was a unique year for care delivery in community. Specialist teams, including Community Diabetes team, Heart Failure, Specialist Oncology and Palliative Care team, Continence Service and Treatment rooms stepped down clinics and services where possible to address the urgent care of people in community. These teams supported delivery of care to patients in their own home and in nursing homes throughout the pandemic with staff redeployed to areas of need. They provided essential testing of staff and families in community as well as outreach to homes and identified individuals who required PCR Covid testing. The teams continued to provide support and contact to patients on their caseloads with the resumption of specialist care delivery as soon as possible and in line with COVID-19 guidelines. They provided new ways of working through remote tele medicine and delivery of training.



## 5. Integrating the Care

Community Health Nursing have undertaken COVID-19 vaccination programme for housebound patients since January 2021 to assist with GP vaccination roll out.

### Beech Hall Primary Care Covid Centre

In March 2020, Ministerial direction was issued to develop Covid Centres in the management of COVID-19 in Primary Care. Co-design and co-production of Beech Hall Primary Care Covid Centre (PCCC) resulted in a shared workforce of over 300 General Practitioners (GPs) and over 100 redeployed Trust staff. The vision of the centre is to provide a safe clinical environment for GP face-to-face assessment, based on a comprehensive covid risk assessment and infection control guidelines.

2020/21	Beech Hall PCCC
Number of referrals	10850
Number of Base Visits	70%
Number of Home Visits	19%
Other	11%

The Centre has provided major benefits to patients and staff throughout such as:

- Providing a same day service for patients assessment either in the centre, patient home, private nursing homes or residential units
- Avoiding unnecessary attendance at ED with responsive assessment
- Supporting a whole systems approach for a therapeutic patient pathway to ED, ACAH, CNHST when required
- Creating a psychologically safe space supporting patient and staff wellbeing
- Maintaining GP practices as 'green zones'
- Developing collective working relationships across all interfaces
- Building an overview of disease trajectory for regional benchmarking.



## 5. Integrating the Care

### Belfast Trust and GP Partnership

BHSCT / GP Partnership was established during the first surge of Covid-19 and demonstrates our commitment to enhancing communication and partnership working between primary, community and secondary care. The forum is co-chaired by GP and Trust representatives and occurs every two weeks during which regional and Trust priorities are presented, discussed and actions jointly agreed e.g. Older Peoples Reform, Time Critical Surgery and Urgent and Emergency care. This initiative has been instrumental in ensuring all stakeholders are engaged in the delivery of high quality patient centred care and a quarterly newsletter for all GP's has been developed to keep them up to date about ongoing developments within the Trust, eg. validation of waiting lists, modernisation of clinical pathways, use of Clinical Communication Gateways.

## Social Work

### Hospital Social Work

The Hospital Social Worker service is located at five sites across the Trust in acute, general and specialist settings; the Royal Victoria Hospital, Belfast City Hospital, the Northern Ireland Cancer Centre, Mater Hospital and Musgrave Park Hospital.

The Social Workers take a holistic approach to supporting people in hospitals who are experiencing crisis because of their hospital admission or are adjusting to a diagnosis or loss of independence.

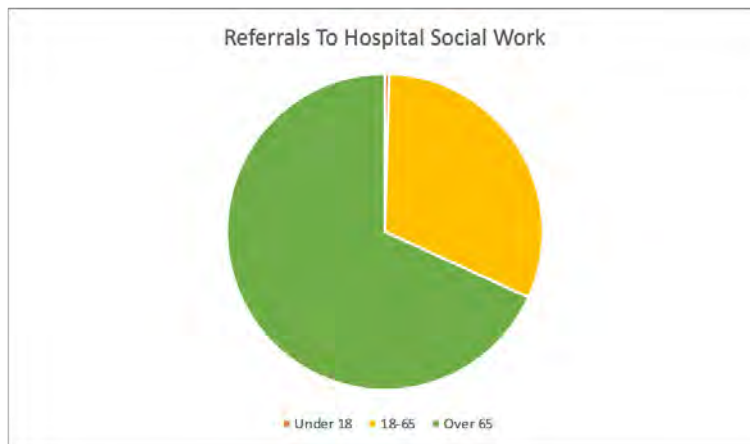
Social Workers work with service users to undertake effective assessment and care planning, ensuring that service users are central to the decisions affecting them. This takes into consideration the service user's views and wishes and recognises the support and contribution of families and carers.

Social Workers uphold the values, principles and duties of the profession to advocate in the best interests and wishes of the service user in partnership with their carers and families. Social Workers work with other professionals, families and community based colleagues to maintain support networks, enabling compassionate, safe and sustainable discharge planning for the service user.

### Activity and Referrals

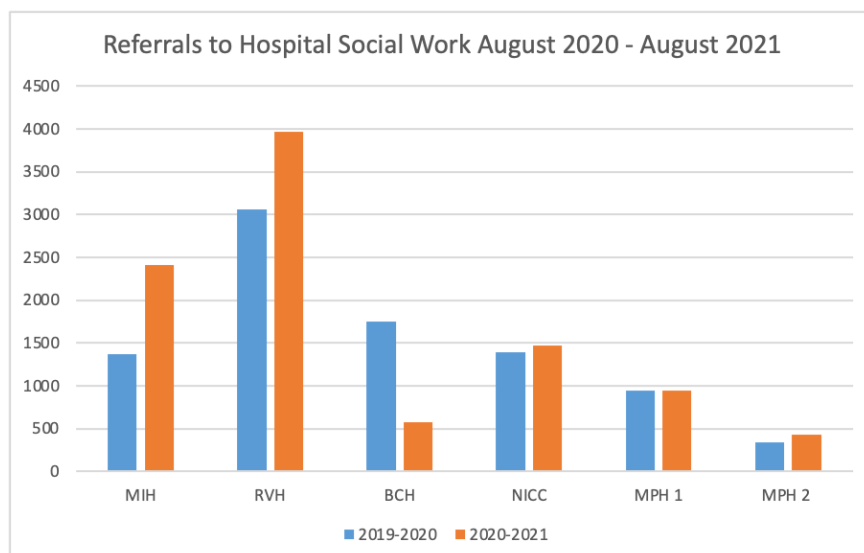
Within the period of April 2020 - March 2021, the Hospital Social Workers provided a service to 8,390 service users. This includes a small number of referrals (38) in relation to teenagers.

## 5. Integrating the Care



As demonstrated above a significant majority of Hospital Social Work referrals involve Older People. The Social Workers have a range of skills and knowledge, specific to the needs of some Older People including frailty, mental capacity assessment and promoting independence and recovery.

There were 9868 referrals made during this period representing a rise of 11% from 8909 in the previous 12 months (not DSF reporting period). There was an increase of 75% referral activity at the Mater Hospital and 29% at the Royal Victoria Hospital. Referrals at the Belfast City Hospital decreased by 67% in this period due to the site re-designation and step down of a number of wards as a Covid response. A number of Social Workers were relocated from the Belfast City Hospital to support the rise in referrals in the acute hospitals.





## 5. Integrating the Care

### Safeguarding

Hospital Social Workers provide support to people in crisis including those at risk of harm from abuse, domestic violence and living with addiction. Hospital Social work has maintained its capacity to investigate safeguarding concerns in hospitals by facilitating Safeguarding Investigation Officer training for all newly appointed hospital Social Workers.

All Senior Social Workers and Senior Social Work Practitioners are Designated Adult Protection Officers (DAPO) and the Assistant Service Managers are Safeguarding Champions for the service area.

### Response to COVID-19

Hospital Social Workers were present on the hospital wards across the acute and general sites throughout the period including support to patients who had acquired COVID-19.

The Hospitals Social Workers were part of the Rainbow Room Team established at the Mater Hospital during the first Covid wave in response to supporting relatives of seriously ill patients who have acquired COVID-19. This was evident in emotional, bereavement support, and the practicalities of supporting carers and families in distress through Covid with practicalities and signposting.

Hospital Social Workers were an integral part of a multi-disciplinary team established for the Step-Down Ramada Unit created in the first wave of Covid to assist with on-ward safe discharge planning.

### Workforce

Hospital Social Work has increased those permanently employed in the service area from 30% in September 2019, 92% in September 2021 with 100% projected for February 2022.

The service will enter a review period from September 2021 with a focus on engaging stakeholders to develop a future 7-day working model and enhancing professional and statutory performance.

#### Service User Involvement

In September 2021, the Hospital Social Work service will begin to implement a Service User Involvement Questionnaire. This will be hardcopy with an online link to the questionnaire on an MS Teams platform.

### Older People's Social Work

Within Adult Community and Older People's services there are 8 Community Social Work Teams located across Belfast. Comprised of Social Workers and Social Care Co-ordinators, these teams provide assessment, care planning and interventions to approx 5,500 Older People who live within

## 5. Integrating the Care

their own home, supported living or care homes.

Older People's Social Workers work with people with a range of needs, from those people who require low level services to remain living in their own home to those people who require care home placements. Social Workers also discharge duties in relation to those people who are at risk of harm of abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity.

In this period Older Peoples Social Work teams worked to improve the quality of their support for carers. During the pandemic, carers have played a critical role in supporting vulnerable people in the community. Some carers have stepped in to substitute care provided by the Trust and some family members moved in with their elderly parents to support them. Caring for elderly people with complex health conditions and dementia is very challenging even more so during a pandemic. In response to this and in the context of COVID 19 restrictions Social Workers implemented a remote assessment model using technology. In total 445 carers assessments were completed between October 2020 and March 2021.

### Feedback from Carers

- 'I was apprehensive at first, but it was definitely beneficial for me, I felt like I'd had therapy'
- 'I felt 100% better after speaking with them'
- 'I didn't know what to expect, but felt "safe" speaking with them on the phone'
- 'Most people ask about my husband, but this is the first time anyone showed any real interest in me'
- 'It was actually better having someone who wasn't involved with my husband, they could see what I was talking about'

As part of a Quality Improvement Project Community Social Work led a Service Improvement Project with an aim to improve the psychological (and physical) well-being of carers of older people.

### The Improvement Journey

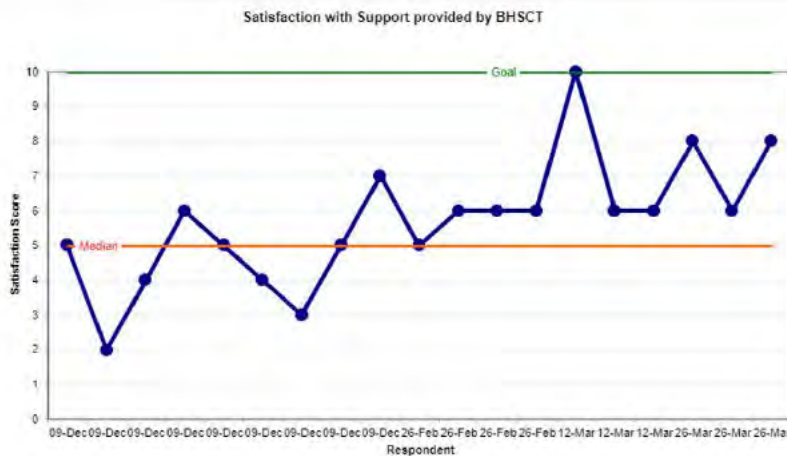
#### Where we started

- Research showed carers felt abandoned and a lack of communication
- Poor engagement from our group
- Lack of response
- Carers felt oppressed and that they didn't have a voice.

## 5. Integrating the Care

### Where we are now

- Evidence that Carers feel more supported and informed
- Carers have enjoyed the focus groups
- Co-production of practical recommendations by Carers to the Belfast Trust
- Development of a new team specifically for Carers across the Trust
- Informative poster to provide carers' contacts in one place
- Engaged with people of influence to make a co-ordinated response
- Empowered group.



**09-Dec:** Original Carer's wellbeing questionnaire

**26-Feb:** Satisfaction question following Focus group 2

**12-Mar and 26-Mar:** Subsequent focus groups

## Physical and Sensory Disability Teams

Physical and Sensory Disability teams provide support to people who have needs as a consequence of a physical disability or illness and who are aged between 18 and 65 years. They also provide support to people of all ages with sensory needs and people with brain injury through two specialist teams. Comprised of Social Workers, Care Managers and Social Care Co-ordinators the Physical Health and Disability Teams provide assessment, care planning and interventions to 1,676 people under the age of 65 who live within their own home, supported living or care homes. During the period of April 2020 to March 2021, Physical and Sensory Disability Teams received 2,178 referrals.

Staff work with people with a range of needs, from those people with sensory support needs who require adjustments to remain living in their own home, to those people who require complex care packages to remain living at home. Social Workers also discharge duties in relation to those



## 5. Integrating the Care

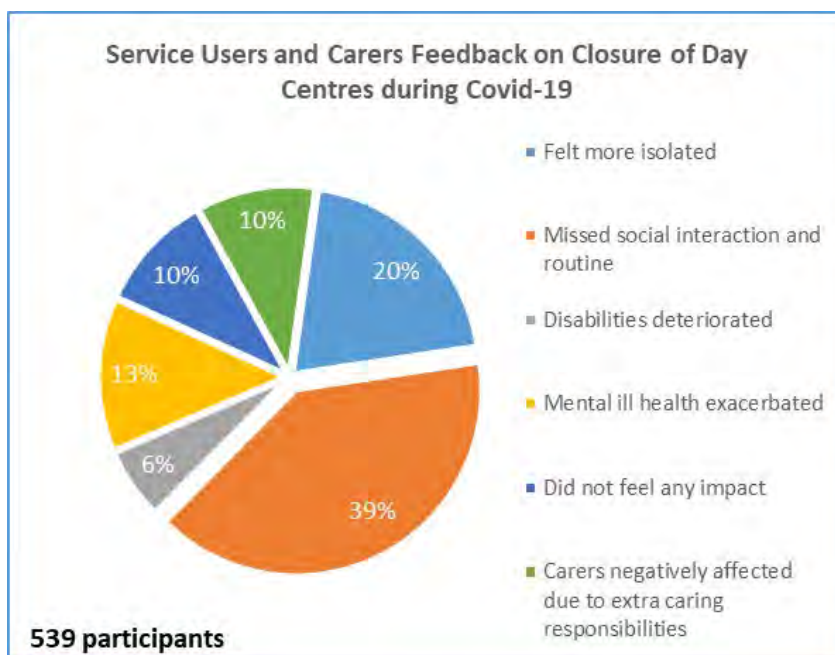
people who are at risk of harm or abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity or brain injury.

Central to Physical and Sensory Disability is a fundamental commitment to the values that people with disabilities should be supported to maximise their independence and citizenship and be supported to be fully integrated within their communities. The views and wishes of service users and carers are central to the service and the decisions that affect service users' lives.

Staff in Physical and Sensory Disability services promote the rights of service users and their families through inclusion, positive risk taking and a strengths based approach. Staff also access a range of statutory, voluntary and community based services that enable people to be supported to live well, recognising individual and holistic needs.

### Day Care

There are fourteen day centres across the ACOPS division, designed to provide specialist support to people living with physical or sensory disabilities, older people and people living with dementia. During the period of 2020-2021, COVID-19 significantly disrupted service provision leading to the closure of day centres. Despite this, service delivery evolved creating a model of outreach to provide a high quality and effective service to our service users and carers. 22 staff were retained in the service for the purpose of co-ordinating day care outreach through regular telephone contact, activity packs, home visits and support with shopping. Outreach was designed to help alleviate feelings of loneliness, social isolation and provide a support network during the pandemic. During the period of March 2020 - June 2020, staff made 8104 telephone calls to service users and carers, delivered 4155 activity packs and provided 149 baths and showers.



## 5. Integrating the Care

ACOPS Day Care is committed to our Quality and Improvement Strategy (2017- 2020), embracing a culture of learning to improve the response to subsequent surges and experiences of staff, service users and carers through continuing to plan, prepare and respond to the rapidly changing situation. Furthermore, real time qualitative feedback was obtained from 539 service users and carers to gather a deeper understanding of their service experience during the pandemic. By August 2020 the majority of our day centres had been recovered and were operational for attendances. The sense of innovation and agility was fostered by social care staff through workforce planning in adapting to new ways of working to ensure a service was provided during the pandemic.



### What is Self-Directed Support?

Self-Directed Support is a change in the way social care services are provided to offer much more choice, control and flexibility to individuals and families.

With a focus on 'working together' with Belfast Health and Social Care Trust to achieve individual outcomes, Self-Directed Support enables individuals and families to tailor a package of support that best suits their lifestyle. It also allows the individual and family to have informed choice about how support is provided and gives as much control as the individual and family want over the personal budget so they can live their life in the way that they want to.

### How do I get Self-Directed Support?

Self-Directed Support is available to those who have been assessed as being in need of social care support. If you do not already have social care support, you will have to ask for an assessment from a social worker or keyworker to ensure you are eligible.

### How can Self-Directed Support benefit you?

Self-Directed Support allows you to choose what type of support you receive and where and when you receive it. For example, you might want to:

- Have your support staff visit at a time that you choose
- Employ your own personal assistant.

## 5. Integrating the Care

### What does Self-Directed Support include?

Self-Directed Support includes a number of options for getting support. The individual's personal budget can be:

- Taken as a Direct Payment
- A managed budget (work on-going)
- The Trust can choose and arrange a service on your behalf
- Or a mixture of all three packages detailed above.

### Where do I get more information about Self-Directed Support?

- Go to the Health and Social Care Board's dedicated Self-Directed Support website [\(link\)](#)
- Speak to your social worker or key worker
- Contact the Self-Directed Support Project Manager:

Joan McCrudden  
 Self-Directed Support Project Manager  
 Mount Oriel PSD Office  
 53-57 Saintfield Road  
 Belfast, BT8 7HL

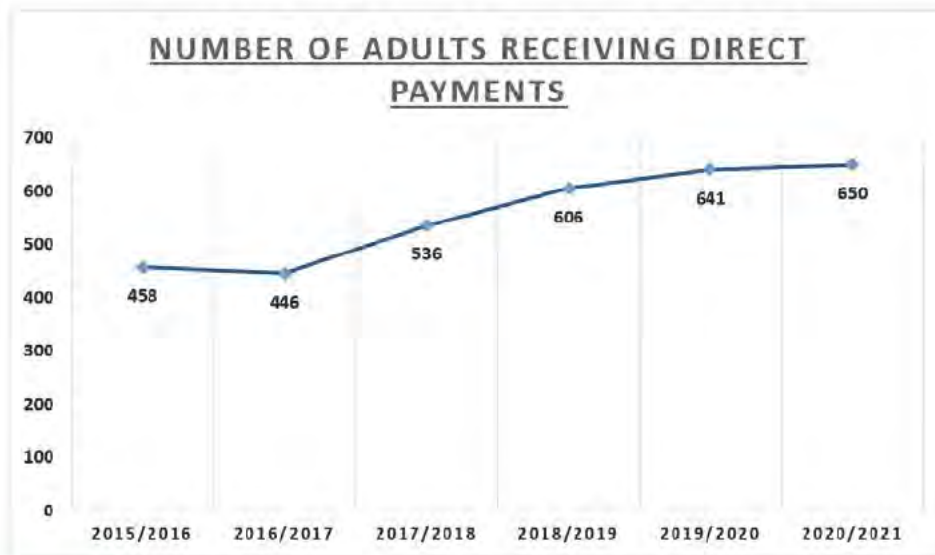
### Self-Directed Support / Direct Payments

Self-Directed Support is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them, with a focus on working together to achieve individual outcomes. Direct Payments are one of the options available, and are cash payments made to individuals who have been assessed as needing services to enable them to purchase bespoke social care provision. Direct Payments increases a service user's choice and promotes independence. They facilitate more flexible, person centred service delivery arrangements. The provision of Direct Payments by a Health and Social Care Trust enables families and individuals to locally source the care they require.

While the uptake of Direct Payments during the year 1st April 2020- 31st March 2021 increased by 219 new packages (25%), 218 packages ceased. The impact of COVID-19 is undoubtedly a factor in this decision by service users and carers.

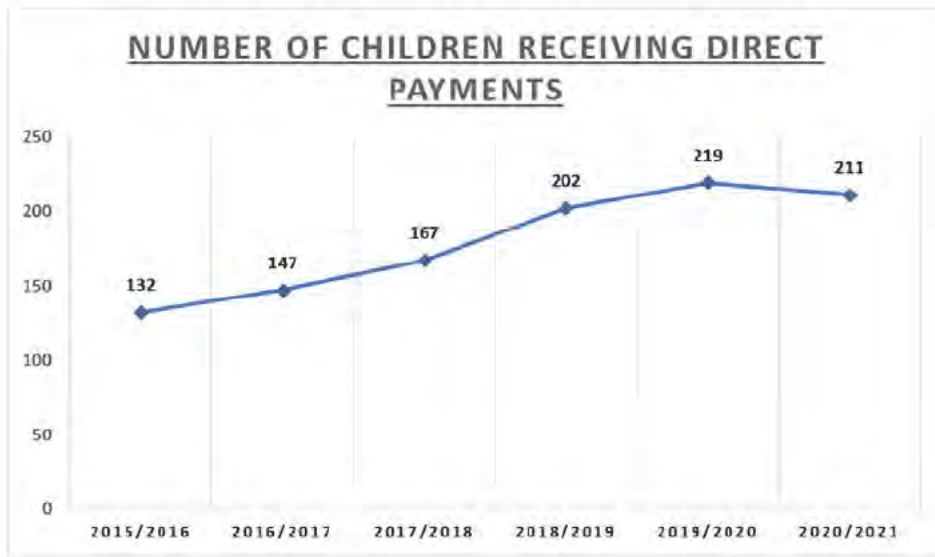


## 5. Integrating the Care



### Facts and Figures

In 2020/2021, 211 children were in receipt of Direct Payments, a decrease of 3.7% as compared with the figure for the previous year 2019/2020.



### Direct Payments for Adults

In 2020/2021, 650 adults were in receipt of Direct Payments, an overall increase of 1.4% as compared to the figure for the previous year 2019/2020. Older People's Services had the greatest increase in the uptake of Direct Payments by 3.5%.

## 5. Integrating the Care

### Next Steps

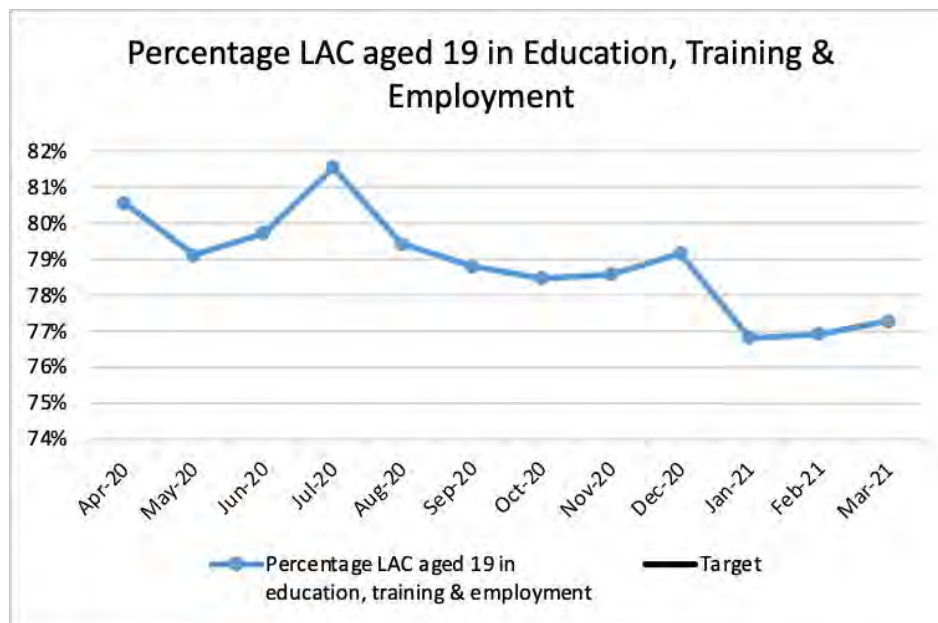
The Trust will continue to profile Direct Payments across all service areas as part of its commitment to developing person centred/co-production service delivery structures. It will seek to enhance the knowledge and skills base of its workforce in Direct Payments as a vehicle for personalised, empowering and outcomes-centred social care service delivery.

### Looked After Children

In 20/21 to improve outcomes in Education, Training and Employment for young adult care leavers we adapted delivery methods and utilised technology to provide support remotely.

### Next Steps

We aim to provide nine months paid Employment for twelve young adult care leavers. We will implement the Job Start pilot (funded by Department for Communities) within Belfast Health and Social Care Trust.



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