2017-18

ANNUAL QUALITY REPORT

Belfast Health and Social Care Trust

caring supporting improving together
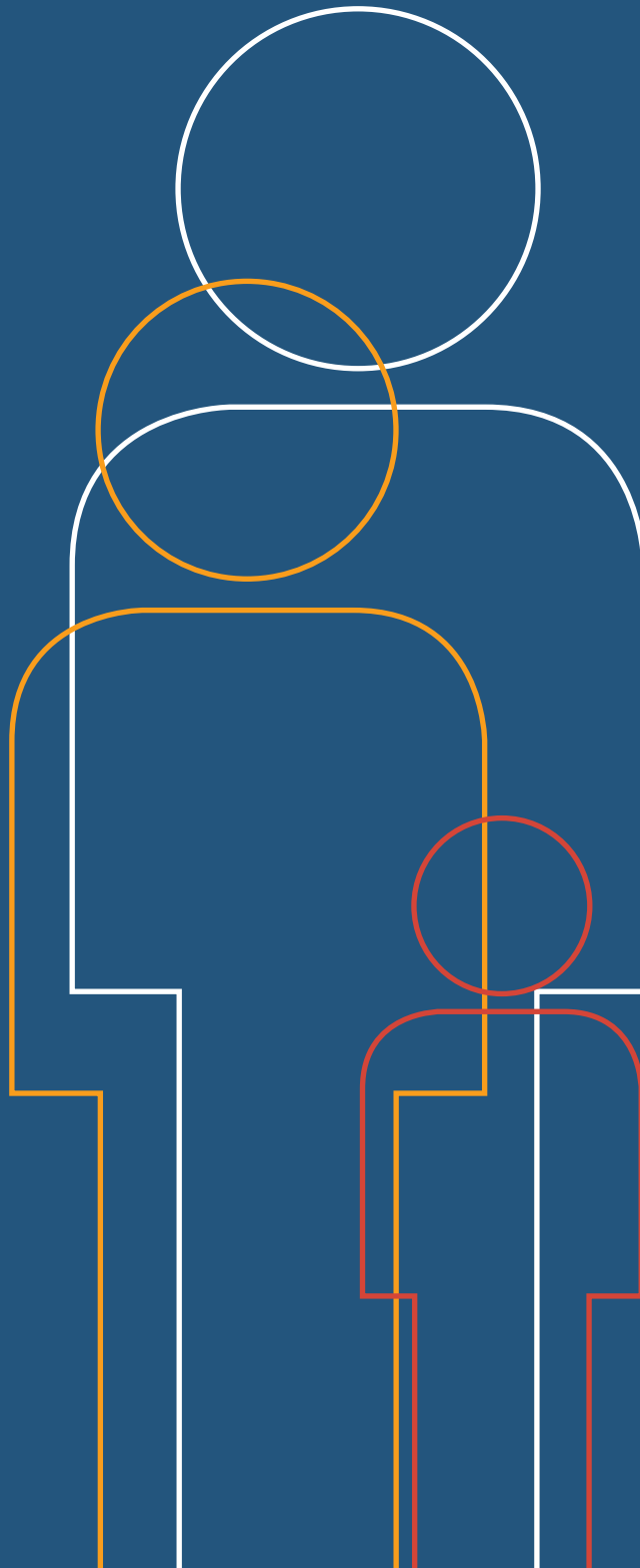
Chief Executive

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

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

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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120 improvement projects undertaken

95% of people would recommend the Trust to friends & family

QI **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
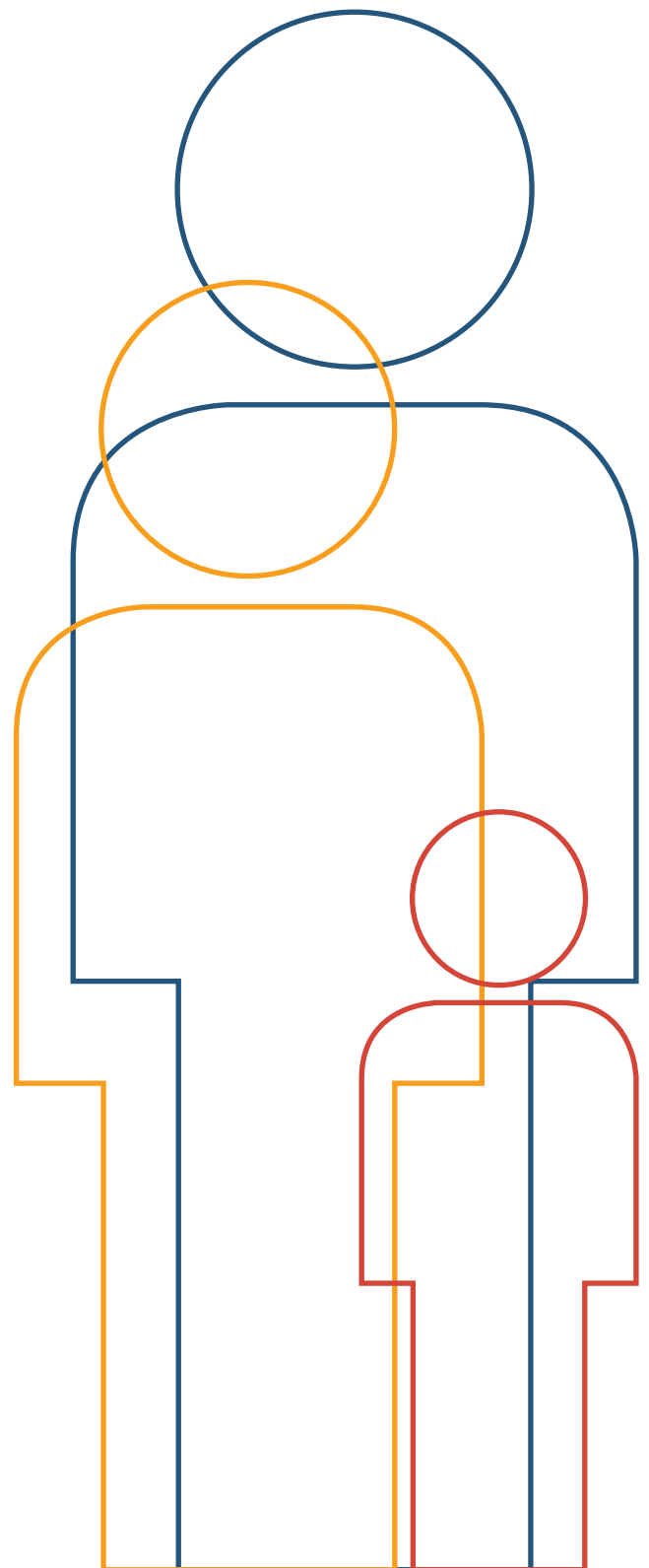
1 Transforming the Culture

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 BHSCT 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 BHSCT commitment to involve patients, carers and families in how services are shaped and delivered in Northern Ireland.

The BHSCT 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 questionniare. The Belfast Trust has achieved the most improvement from all of the 14 organisations in the collaborative.
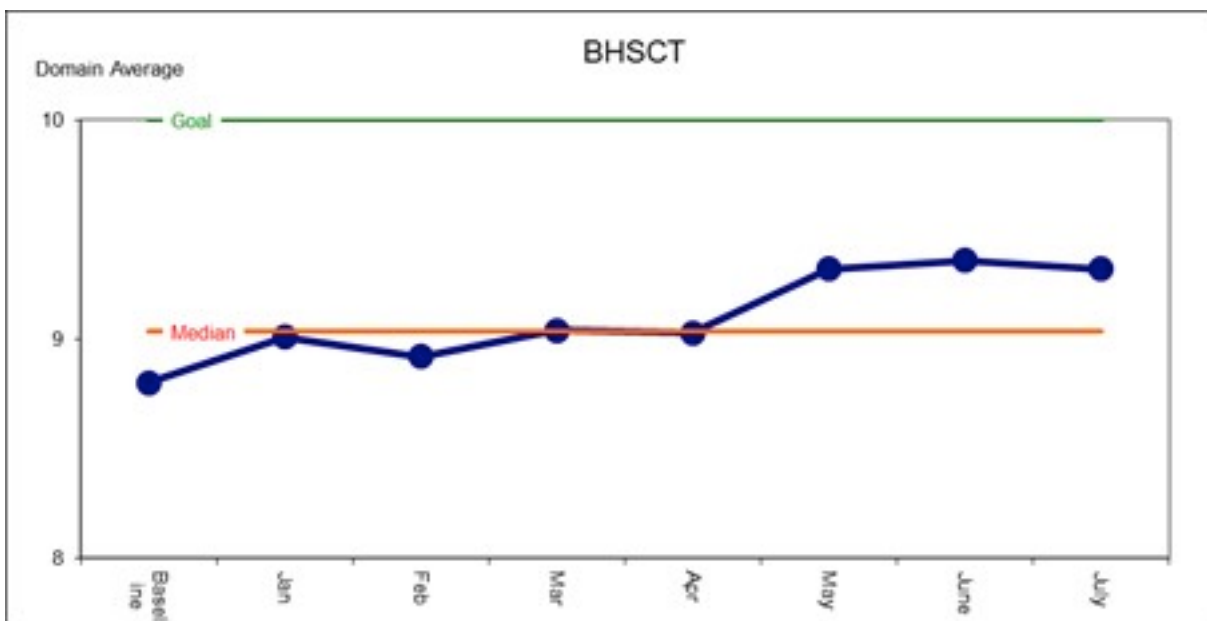
This chart shows that in Belfast the average of domain scores has continued to improve from the baseline in November 2017 throughout the year. The average domain score is currently 9.32 (out of 10) at July 2018. 95% (of 1791 respondents) would recommend the Trust to friends and family.

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Trust Board

Trust Board each month starts with a patient or service user story. An individuals 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 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 BHSCT 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 BHSCT

• 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.

Total no. formal complaints per annum 2012 - 2018
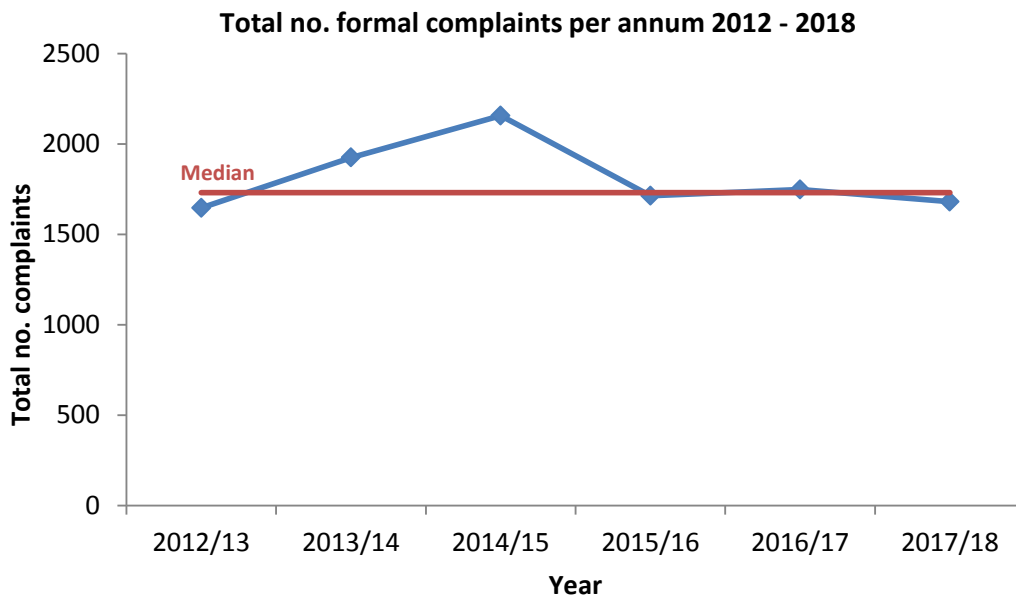
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Formal Complaints – Top 5 Subjects 2017/18

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.
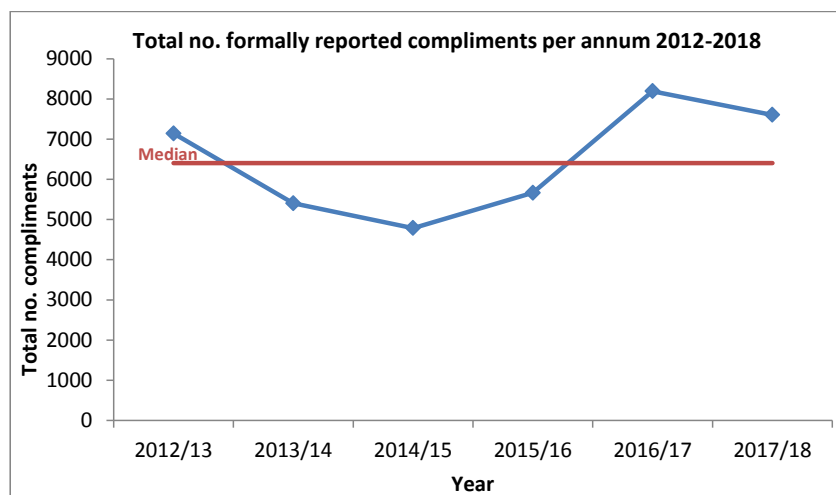
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Adverse Incidents / Serious Adverse Incidents

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
Abusive, violent, disruptive or self-harming behaviour (10,518 reported incidents) (It should be noted that many of these incidents occur as a result of the client's challenging behaviour inherent in their medical condition)	• The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence • 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 • Quality Improvement Project is being developed in Adult Mental Health Services and CAMHS.
Slips, trips, falls and collisions (5,065 reported incidents)	• The Fallsafe Quality Improvement Project is currently embedded in 58 acute adult in-patient areas. This project delivers evidence based falls prevention • A FallSafe Co-ordinator, to help embed this project in participating areas, is in post from April 2018.
Medication (2,432 reported incidents)	• Piloting an antithrombotic page in the Kardex to improve safety of Non Vitamin K Antagonist Oral Anticoagulants (NOACs) prescribing • Implementation of a ready to use presentation of IV magnesium.
Medical Devices/ Equipment (1,563 reported incidents)	• 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 • Sharing of findings from Northern Ireland Adverse Incident Centre (NIAIC) incidents investigations with the BHSCT 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

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Top 5 Incident Types 2017/18	Examples of actions to reduce re-occurrence
Medical Devices/ Equipment	• 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. • Regular participation in regional and national online seminars helps to share learning from our own incidents and those of others • Revision/Updating of Medical Devices Policy and Medical Devices Procedures & Guidelines gives managers and end-users clear guidance on the safe use and management of medical devices
Absconder / missing patient (inc. attempted absconding) (1,481 reported incidents)	• Locked door policy in place in certain Trust locations and activated when required • Fences around CAMHS unit fitted with high density nylon sheets to prevent scaling of same. • Staff continue to work to help service users adapt positive coping strategies to manage impulsive and risk taking behaviours • Enhanced levels of supervision where required.

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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.[1]

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[1]
> - 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.BHSCT 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

1 Transforming the Culture

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 — FIRE SAFE FRIDAY

Mon	Tues	Wed	Thurs	Fri
3 What Matters to you? week CYBERIA De-brief Report Elliott Dynes Education centre, Lecture room 1. 13.30 – 14.30	**4** What Matters to you? week Falls workshop, Elliott Dynes Education centre, Seminar rooms 2,3,4 and 5, 8.30 – 13.30.	**5** What Matters to you? week	**6** What Matters to you? week IHI Feedback, Elliott Dynes Ec, Lecture Rms 3&4 12.00 - 14.00 Lunch will be provided!	**7** What Matters to you? week Fire Safety Friday Focus on Manager Checklists for Leavers and Safer Recruitment and Employment Practices Breastfeeding awareness, 12.00 – 13.30, Terrace restaurant, BCH
10	**11** IHI Feedback, Larkin Rm, BCH, Postgrad centre, 12.00 -14.00 Lunch will be provided! Chairman's awards celebration event, Conference room, Knockbreda centre, 14.30 -16.00	**12** 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	**13** Declutter your workplace	**14** Fire Safety Friday NIFRS Older People Day Central Fire Station 11.30 – 15.00
17 Vote on Breaking the Rules Breastfeeding awareness, 12.00 – 13.30, RBHSC restaurant.	**18** Vote on Breaking the Rules Margaret Murphy Patient Safety Talk, Postgraduate lecture theatre, BCH, 9.30-11.00	**19** Vote on Breaking the Rules Money Matters – CAP and Gamblers Anonymous Seminar Room 3, Cancer Centre, BCH, 12.30 – 1.30 Small Worlds Event, Ennis Room BCH, 12 - 2pm.	**20** Vote on Breaking the Rules Mandatory Equality training – Staff, Seminar Room 3, Cancer Centre, BCH 10 -12pm Embracing Diversity, Cancer Centre, Seminar Room 3, BCH. 12- 2pm, (Light Lunch)	**21** Vote on Breaking the Rules Refugee Awareness Seminar, 12 - 2pm, Elliott Dynes Lecture Theatre Fire Safety Friday Simulation day, Drop in training demo, RVH, Elliott Dynes, Clinical Skills, 12.00 – 14.00
24 Data protection training week. Mindfulness session, 9.00 – 10.30am, Training Room 1, 2nd floor McKinney House. Mandatory training, Knockbracken Hall, Click for details.	**25** Data protection training week. 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	**26** Data protection training week. 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	**27** Data protection training week. Chairman's awards celebration event, Post Grad lecture theatre, BCH 9.30 - 11.00 Shopmobility, BCH foyer 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	**28** Data protection training week. Fire Safety Friday What Matters to you? feedback event. Post Graduate Lecture theatre 9.00 – 13.00

March to Safety

- "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
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Safety & Quality
Visits

#SQVBelfast

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.

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/SAIs.

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

What matters to patients/service users
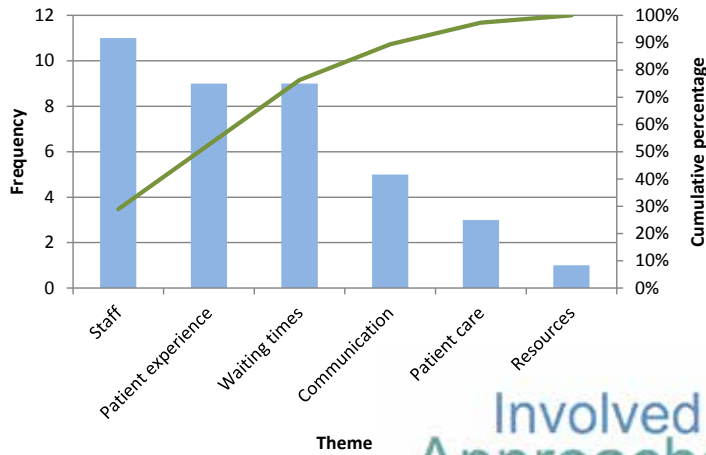
Involved in care
Approachable staff
High quality care
Flexibility in appointments
Good communication

What matters to staff
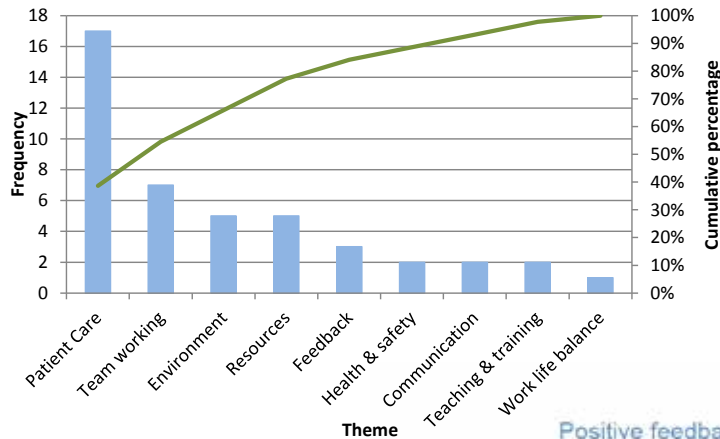
Positive feedback
Health & safety
Training
Positive work environment
Patient centred care
Adequate resources
Good team working
Work life balance
Good communication

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:

The diagram shows a central circle reading "Place the person clearly at the centre of our goal to become a leading safe, high quality and comppassionate organisation" surrounded by: "Ensure a relentless focus on safety and quality improvement", "Ensure that we are an open, transparent and supportive organisation that is continually learning and sharing", "Use measurement and real time data, linked to goals, to learn and improve at every level", "Enhancing our will, capability and structures to undertake quality improvement consistently, everywhere and everyday".

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	• Mortality • Patient Experience • Safety Thermometer includes maternity, children's and mental health thermometers
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.
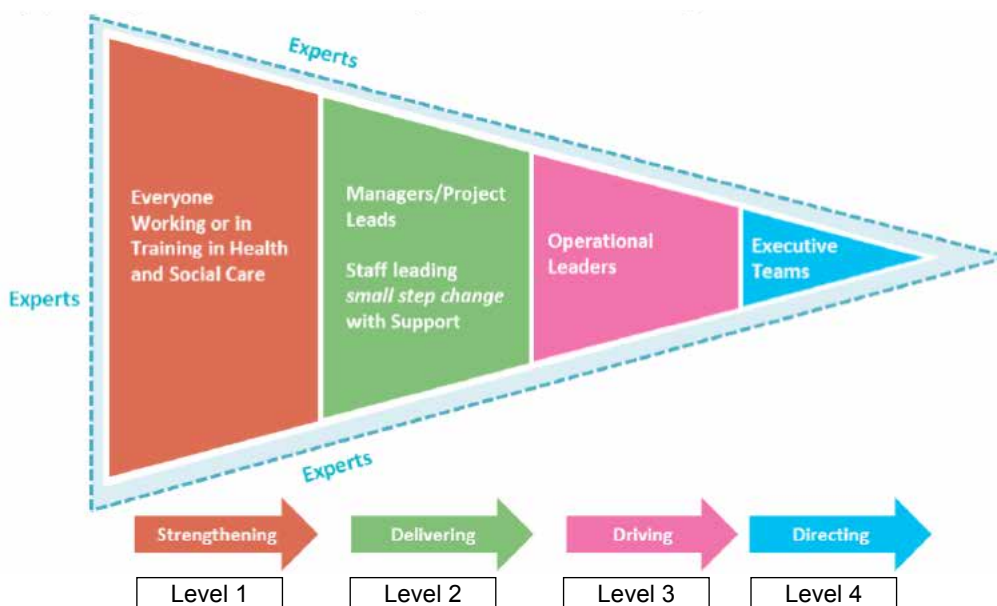
1 Transforming the Culture

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

UNSCHEDULED & ACUTE CARE
Level 3 trained staff (16)
SQB Star Mentors (7)
SQB Graduates (72)
STRIDE Graduates (18)

HR & ORGANISATIONAL DEVELOPMENT
Level 3 trained staff (1)
SQB Graduates (10)

SPECIALIST HOSPITALS & WOMENS HEALTH
Level 3 trained staff(11)
SQB Star mentors (5)
SQB Graduates (58)
STRIDE Graduates (12)

FINANCE
SQB Graduates (4)

Core QI Training Team

CHILDRENS COMMUNITY SERVICES
Level 3 trained staff (3)
SQB Star mentors (3)
SQB Graduates (17)
STRIDE Graduates (2)

PPI
SQB Graduates (9)

Medical Directorate
Level 3 trained staff (4)
SQB Star mentors (5)
SQB Graduates (23)

SURGERY & SPECIALIST SERVICES
Level 3 trained staff (9)
SQB Star mentors (9)
SQB Graduates (48)
STRIDE Graduates (9)

ADULT SOCIAL & PRIMARY CARE
L3 trained staff (7)
SQB Star mentors (7)
SQB Graduates (70)
STRIDE Graduates (8)

CENTRAL NURSING & USER EXPERIENCE
Level 3 trained staff (1)
SQB Star mentors (1)
SQB Graduates (18)

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 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 Scwartz 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
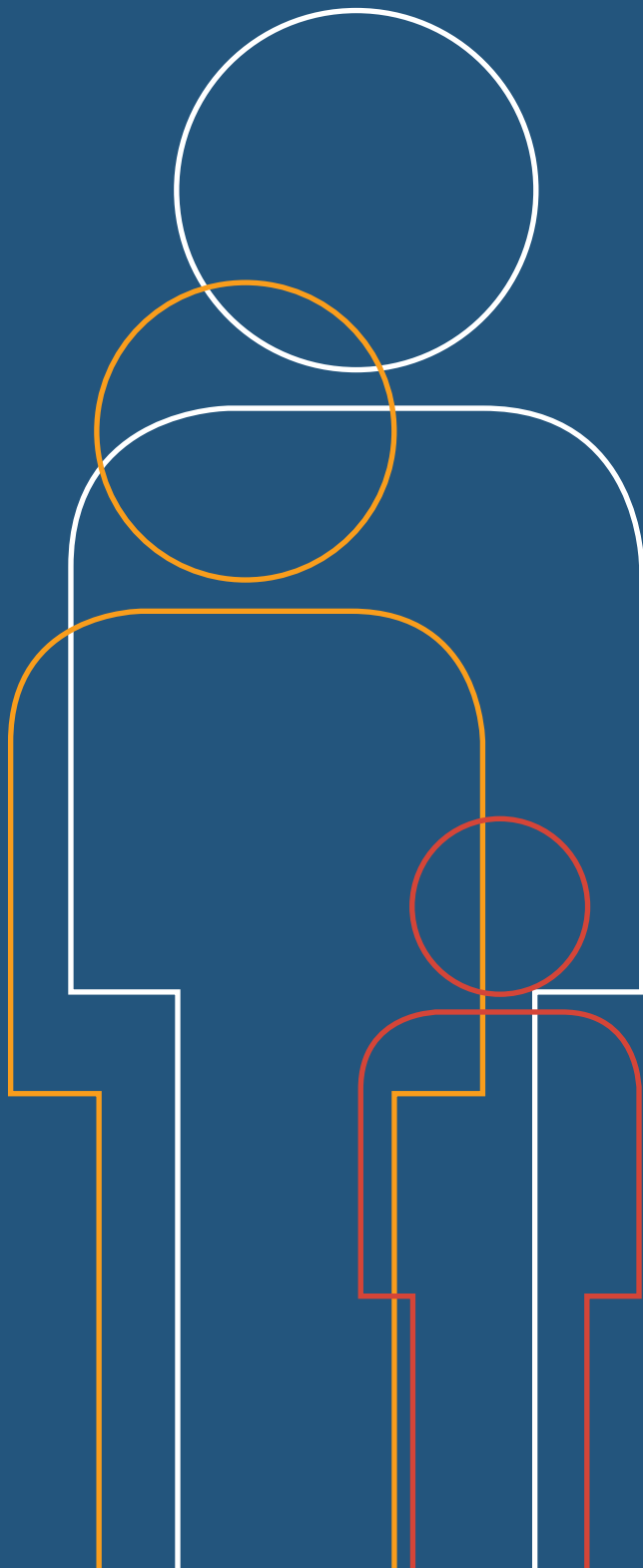
2 Strengthening the Workforce

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

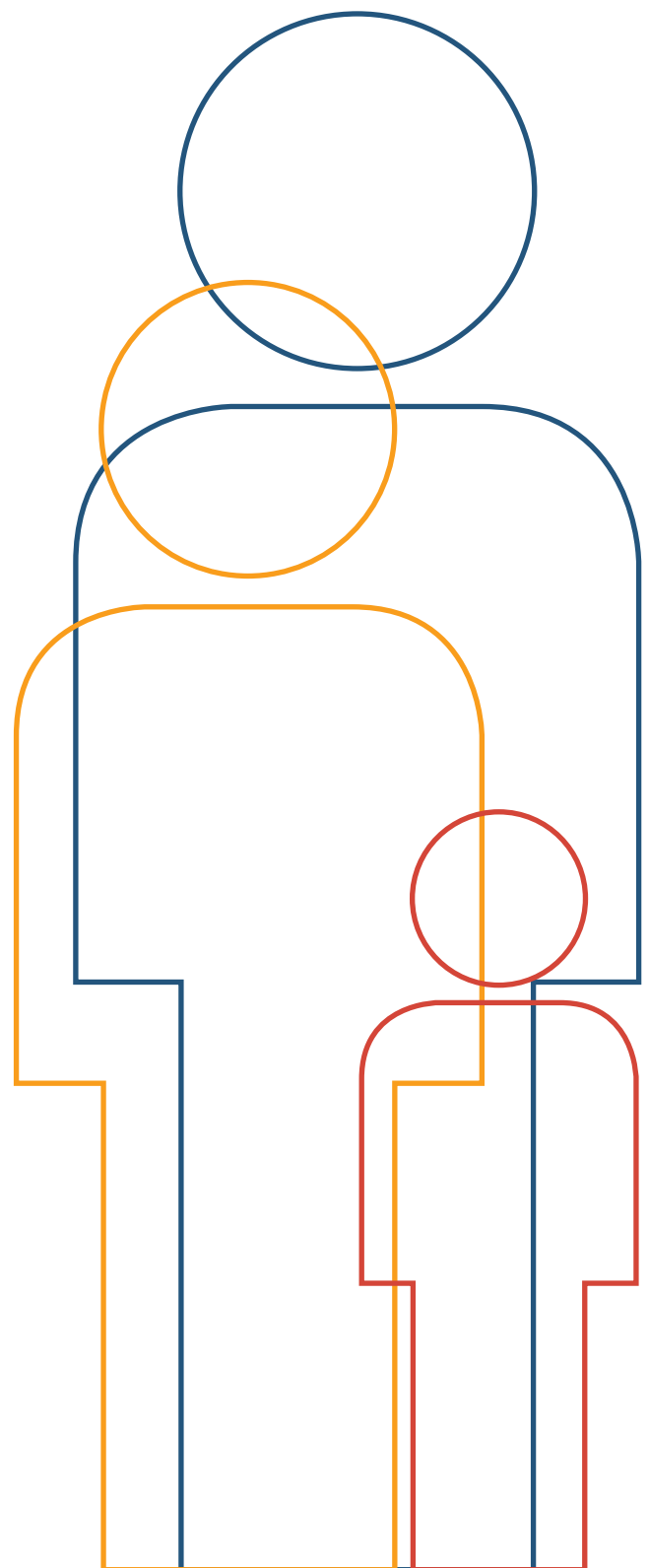Schwartz Rounds introduced in RBHSC to build resilience among staff

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"

Belfast Health and Social Care Trust
Welcome to our team

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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 Development	Supporting Nurses to lead, transformational change – 8 cohorts

Leading with care	2 cohorts for Tier 5 post holders

Succession planning	1 cohort for Tier 6 post holders

Scottish Improvement Leader	Directors, Divisional Management Teams and

Kings Fund	Senior Medical Leaders

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 HMPA (NI) Awards

2 Strengthening the Workforce

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

Randox 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

53 young people have secured employment within the Trust

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

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.
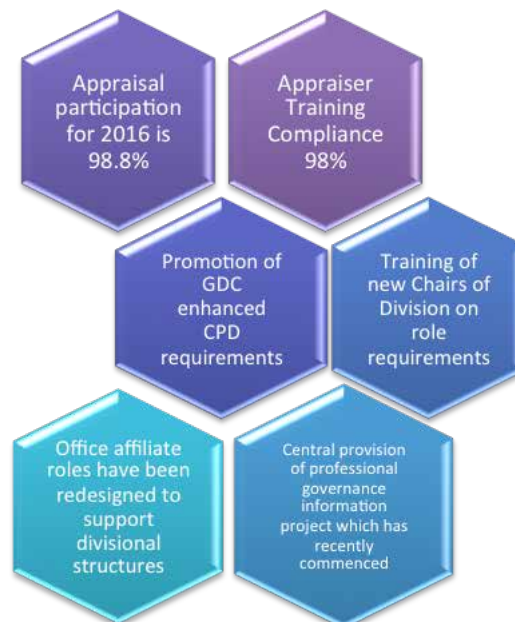
Revalidation of Medical and Nursing Staff

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

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
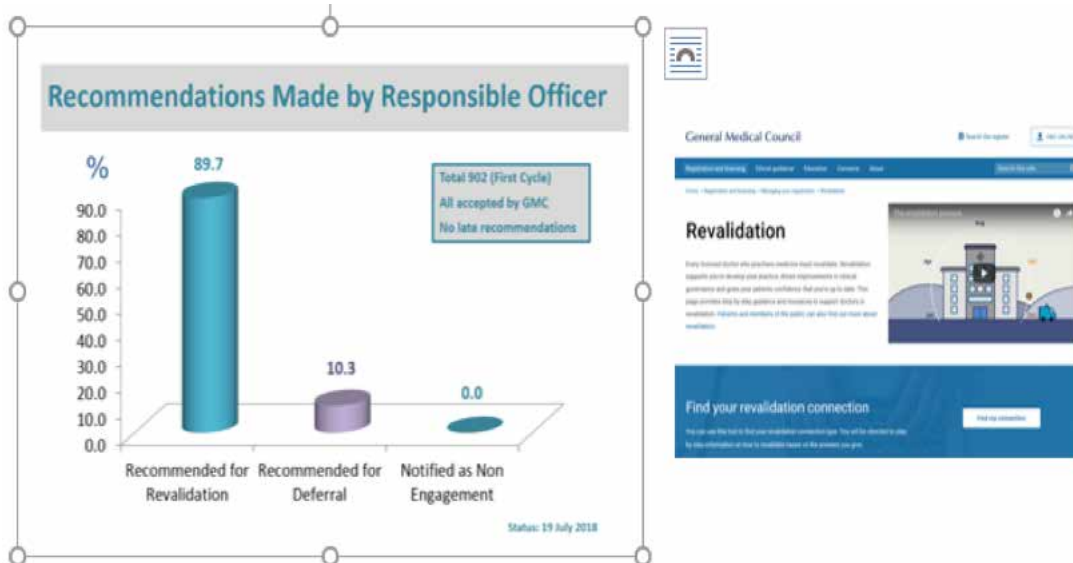
Medical Education

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.
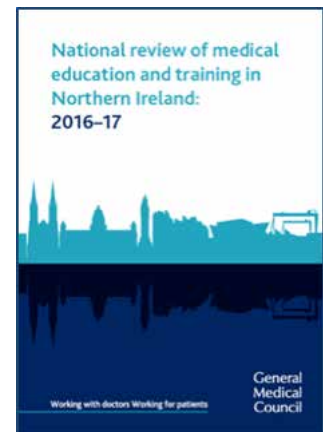
Induction

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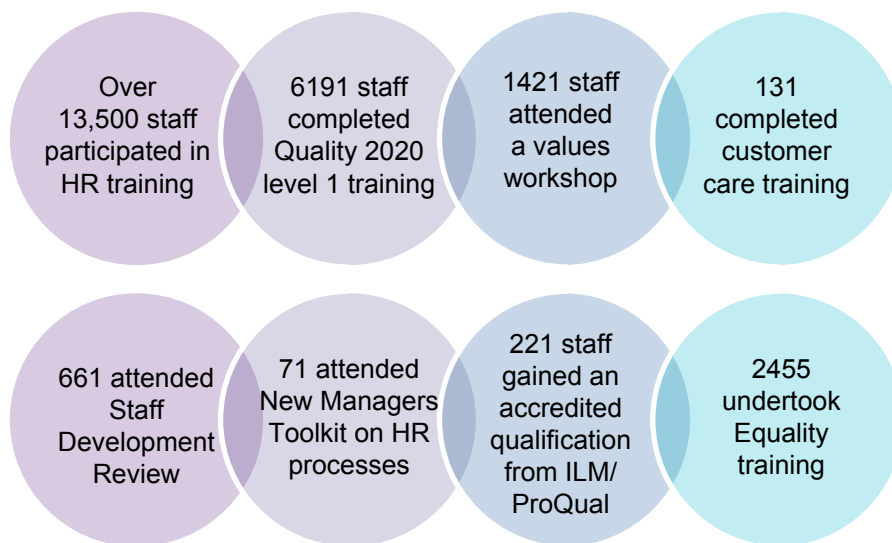
The Trust continues to target key areas with high levels of sickness absence.

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.

Over 13,500 staff participated in HR training

6191 staff completed Quality 2020 level 1 training

1421 staff attended a values workshop

131 completed customer care training

661 attended Staff Development Review

71 attended New Managers Toolkit on HR processes

221 staff gained an accredited qualification from ILM/ ProQual

2455 undertook Equality training

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

3. Measuring the improvement
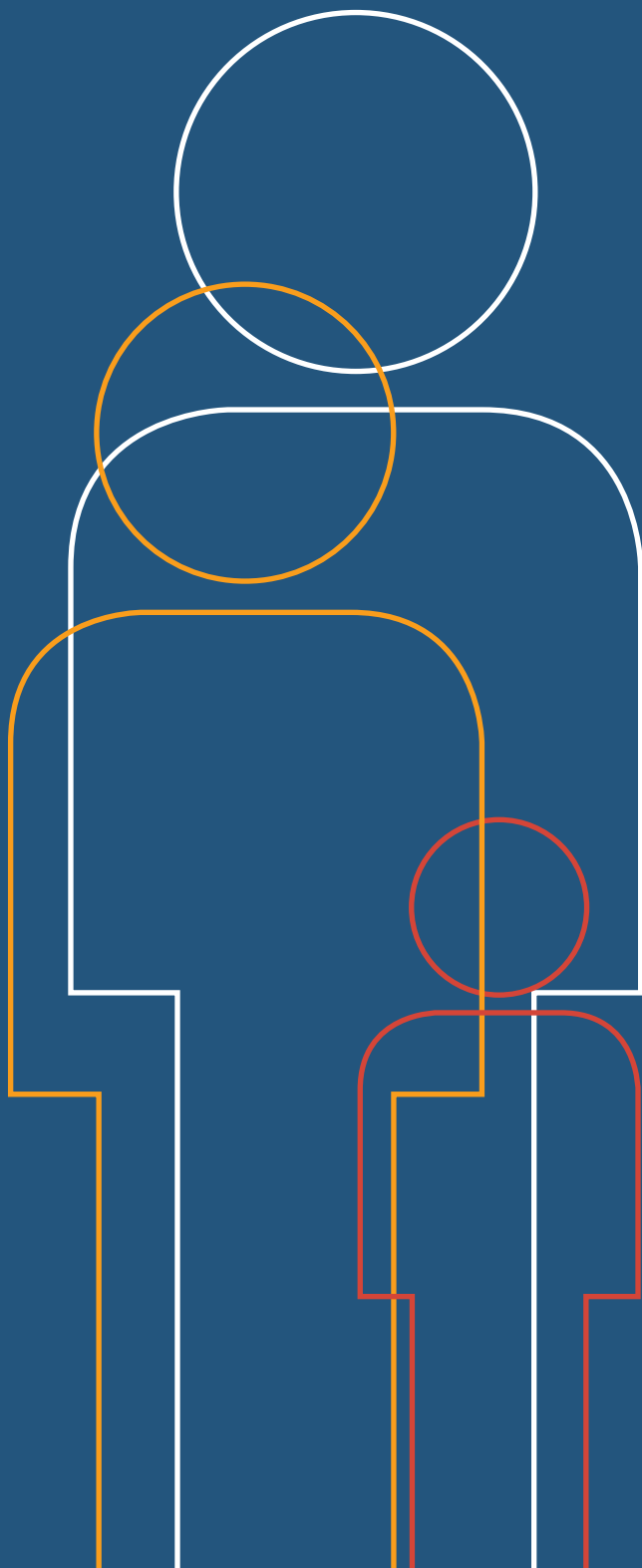
3 Measuring the Improvement

Infection rates

Complience with WHO surgical safety checklist

Increase in controlled drug compliance

Falls

Reduction in avoidable and deep Pressure Sores

Decrease in omitted or delayed medications
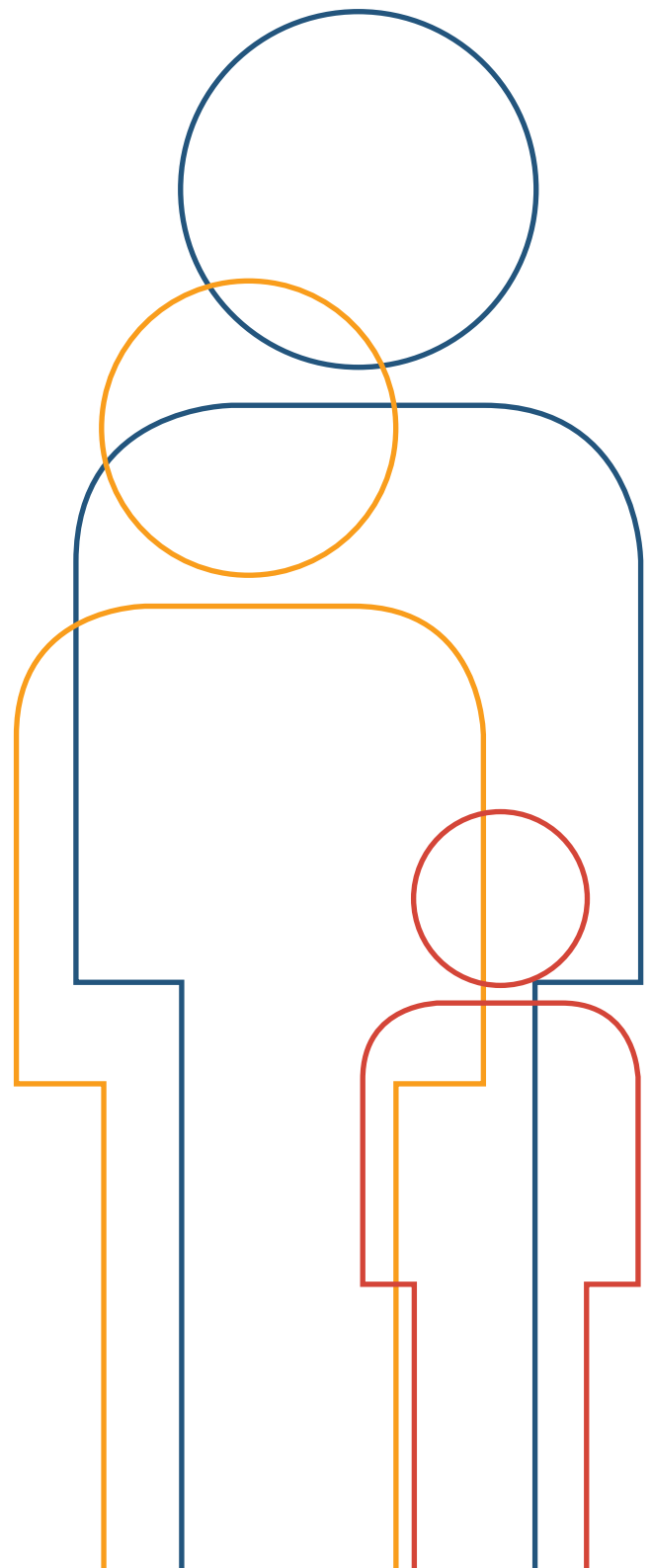
Quality Improvement in mental health
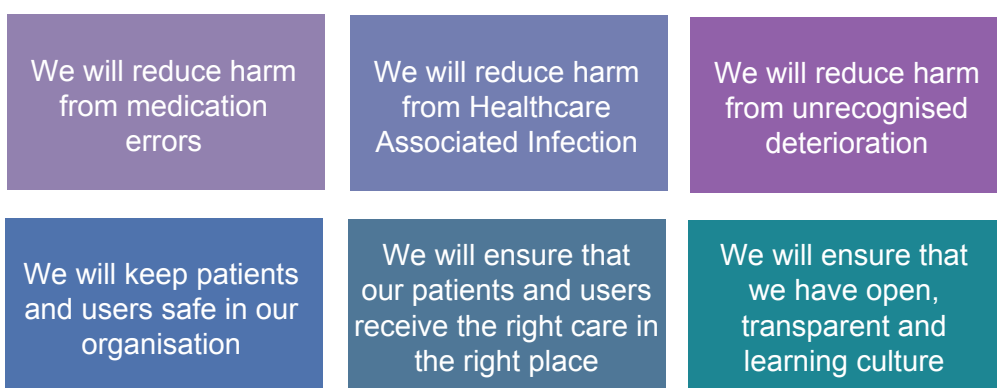
Preventing VTE

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:

We will reduce harm from medication errors	We will reduce harm from Healthcare Associated Infection	We will reduce harm from unrecognised deterioration
We will keep patients and users safe in our organisation	We will ensure that our patients and users receive the right care in the right place	We will ensure that we have open, transparent and learning culture

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)
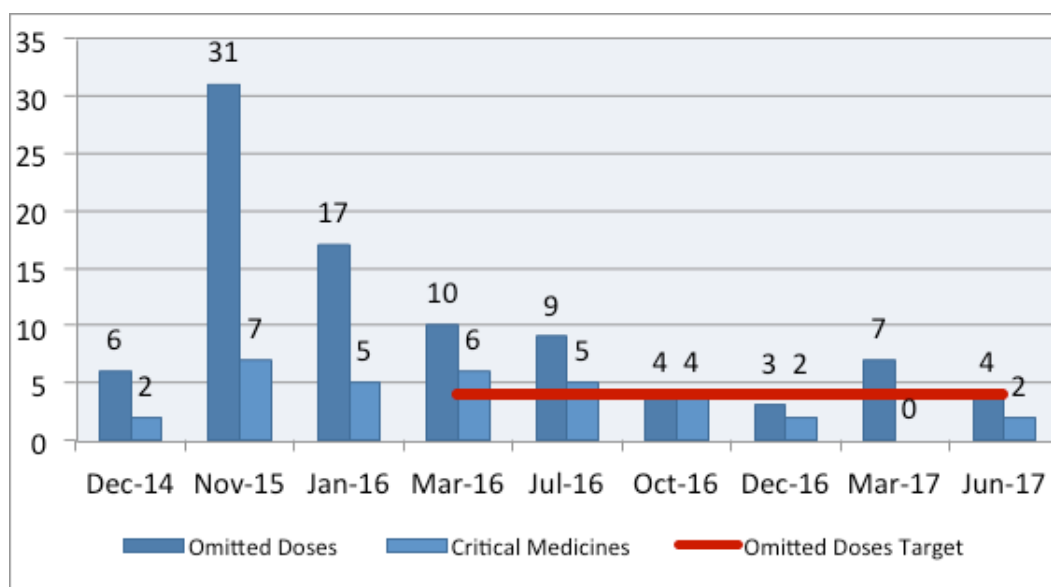
3 Measuring the Improvement

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
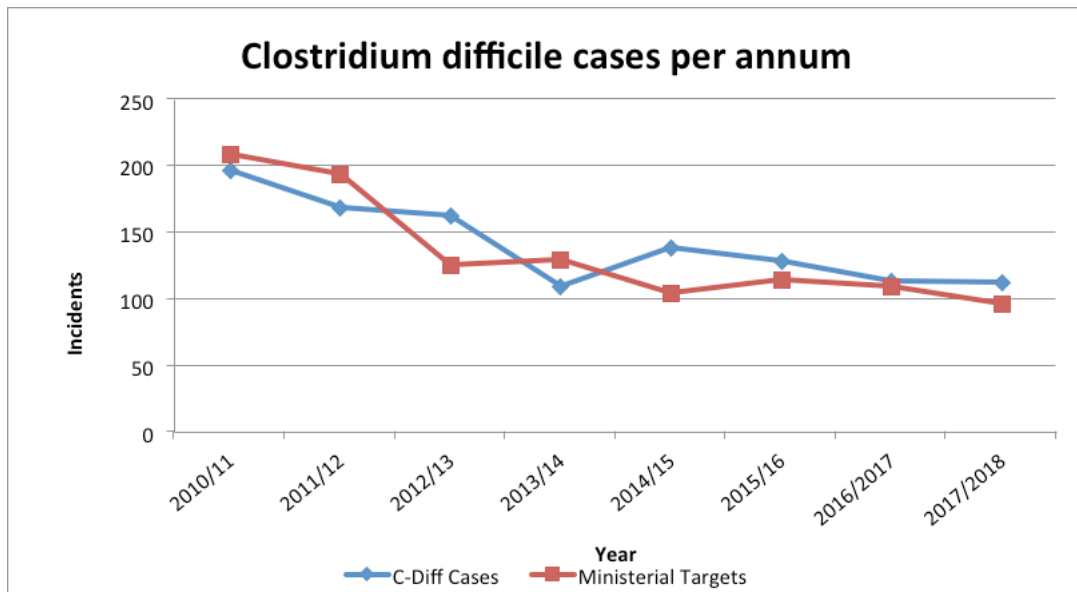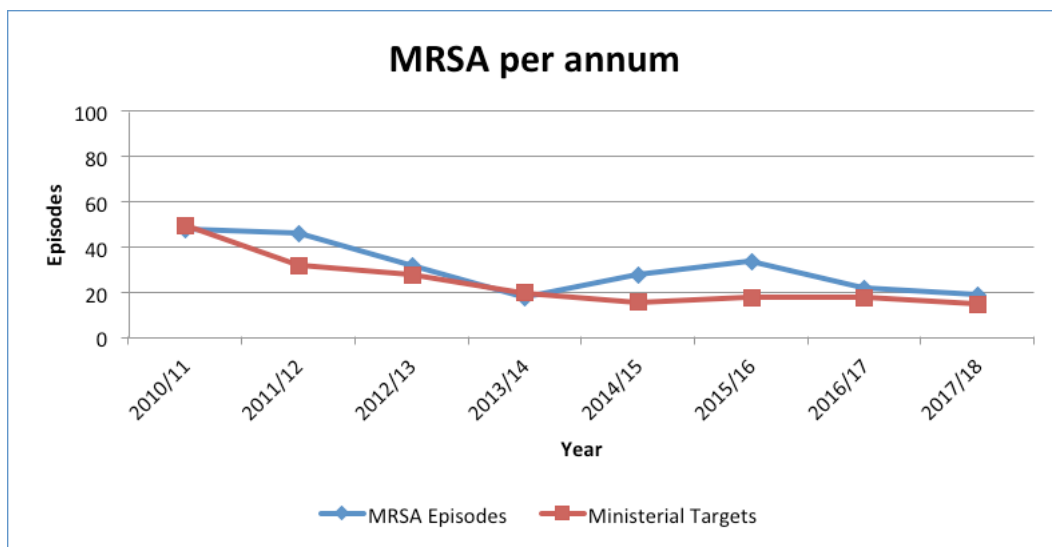

Figure 3: MRSA bloodstream infections 10/11 to 17/18 against ministerial targets

3 Measuring the Improvement

Hand Hygiene

According to the WHO (2009) there is substantial evidence that hand antisepsis reduces the transmission of Health Care Associated (HCA) pathogens and the incidence of HCAI. The BHSCT 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 HCAIIT 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.
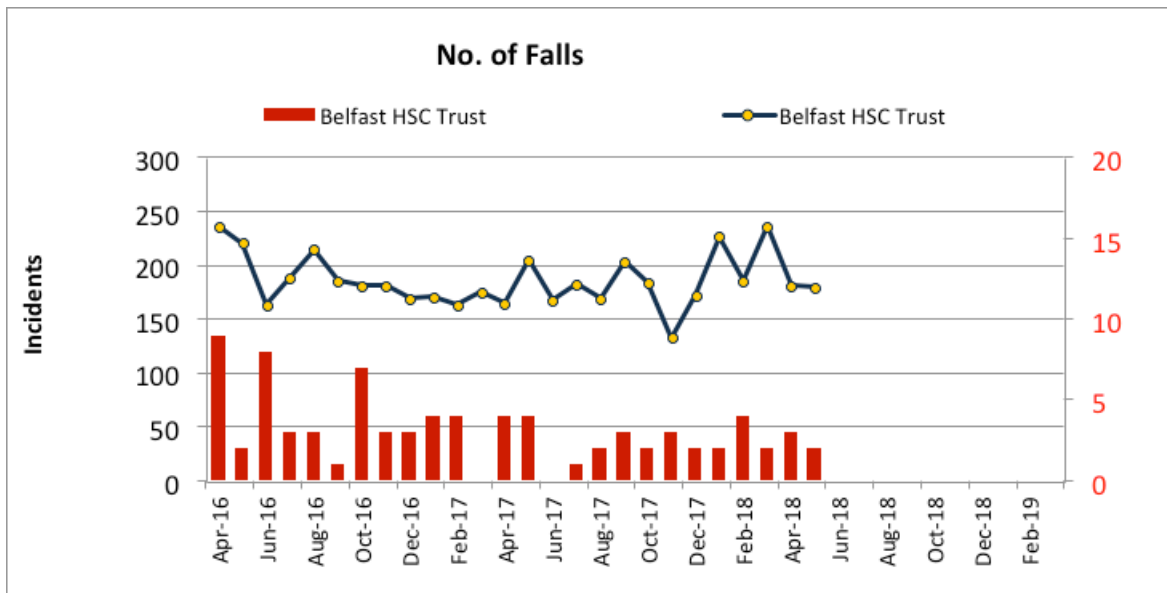
3 Measuring the Improvement

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.
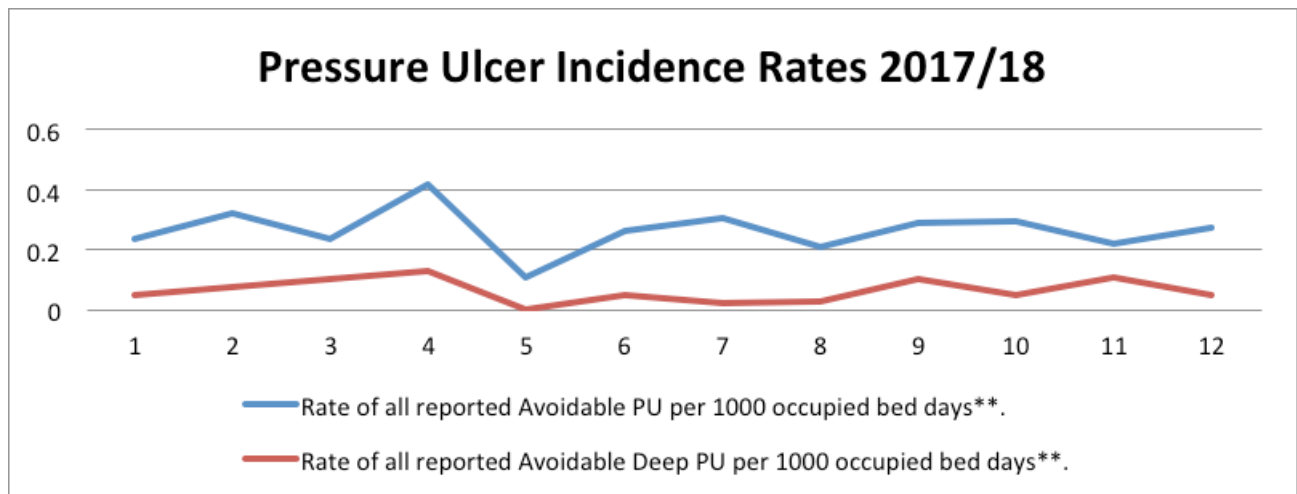
The low incidence of pressure ulcers creates a challenge in terms of further reductions. However, a review of pressure ulcer incidents (2017/18) indicates that we can make further improvements by documenting preventive care effectively, ensuring devices such as plaster casts, nasogastric tubes and oxygen 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.

Compliance: Completion of VTE Risk Assessments
April 2016 to March 2018
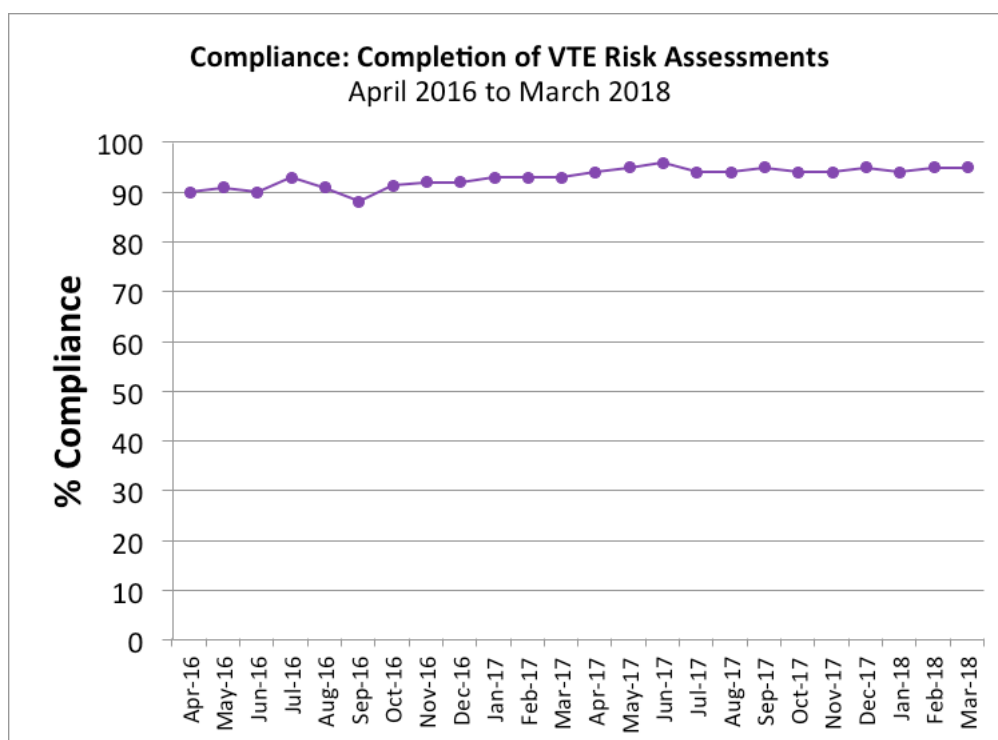
3 Measuring the Improvement

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.

Cardiac Arrest Rate
April 2014 - March 2018
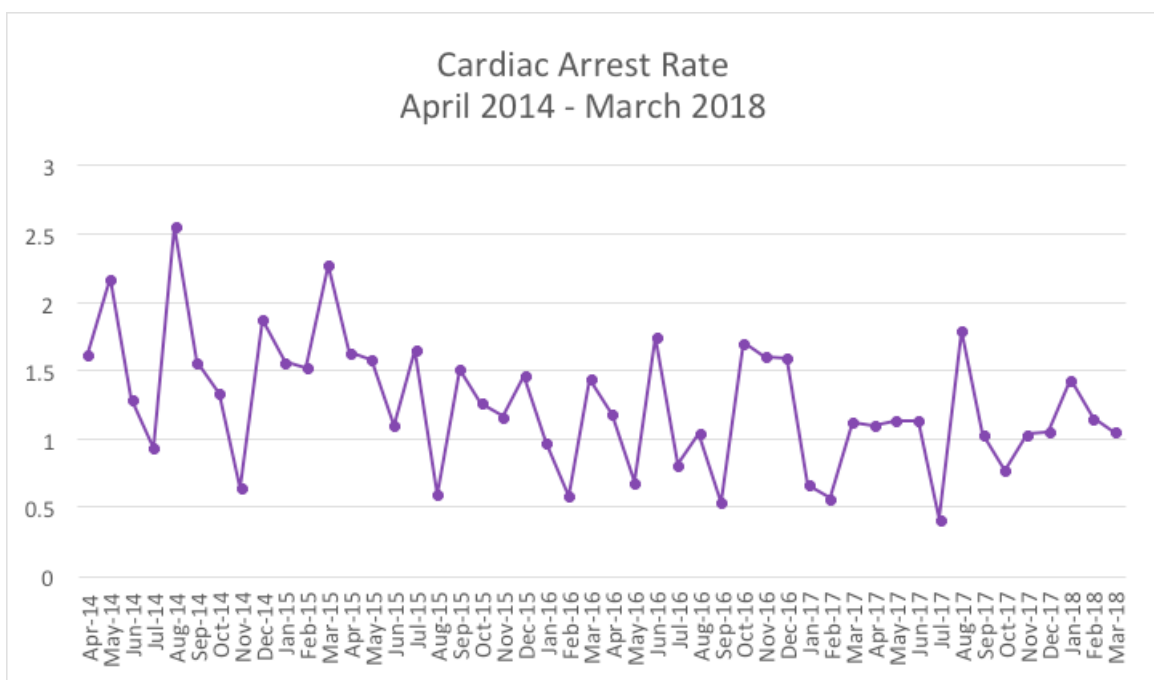
Safer Surgery/ WHO Checklist

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.
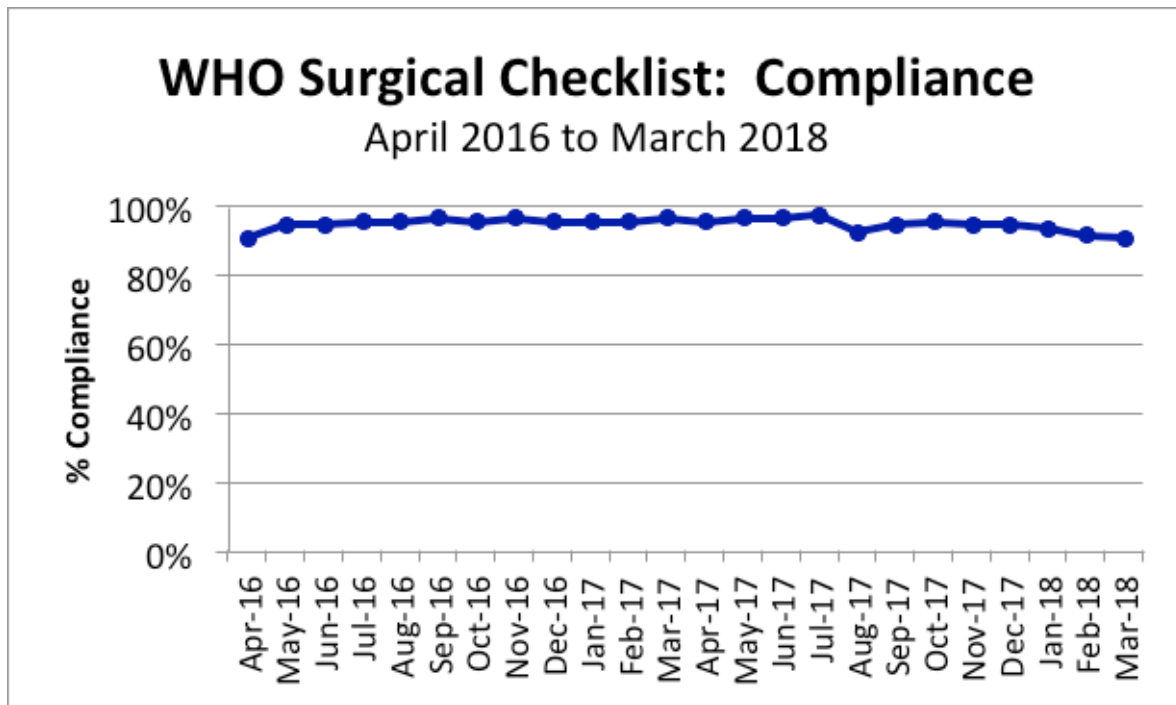
NHS Classic Safety Thermometer

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 sequalae. 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
☐ Check: Is paracetamol prescribed anywhere else on **this or another** kardex?		<20mg	100mg/10ml	☐ 2ml
☐ **Preterm** infants 7.5mg/kg **every eight hours** maximum TID < 37 weeks corrected		21-50mg	100mg/10ml	☐ 5ml
		51-100mg	100mg/10ml	☐ 10ml
☐ Term infants < 10kg 7.5mg/kg **every six hours** maximum QID		101-200mg	500mg/50ml	☐ 20ml
		201-500mg	500mg/50ml	☐ 50ml
☐ Children > 10kg 15mg/kg **every six hours** maximum QID		500mg -1g	1000mg/100ml	☐ 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

- "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.

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%
Total	**83**	**55**	**66%**

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%
Total	**160**	**103**	**64%**

3 Measuring the Improvement

4. Raising the Standards
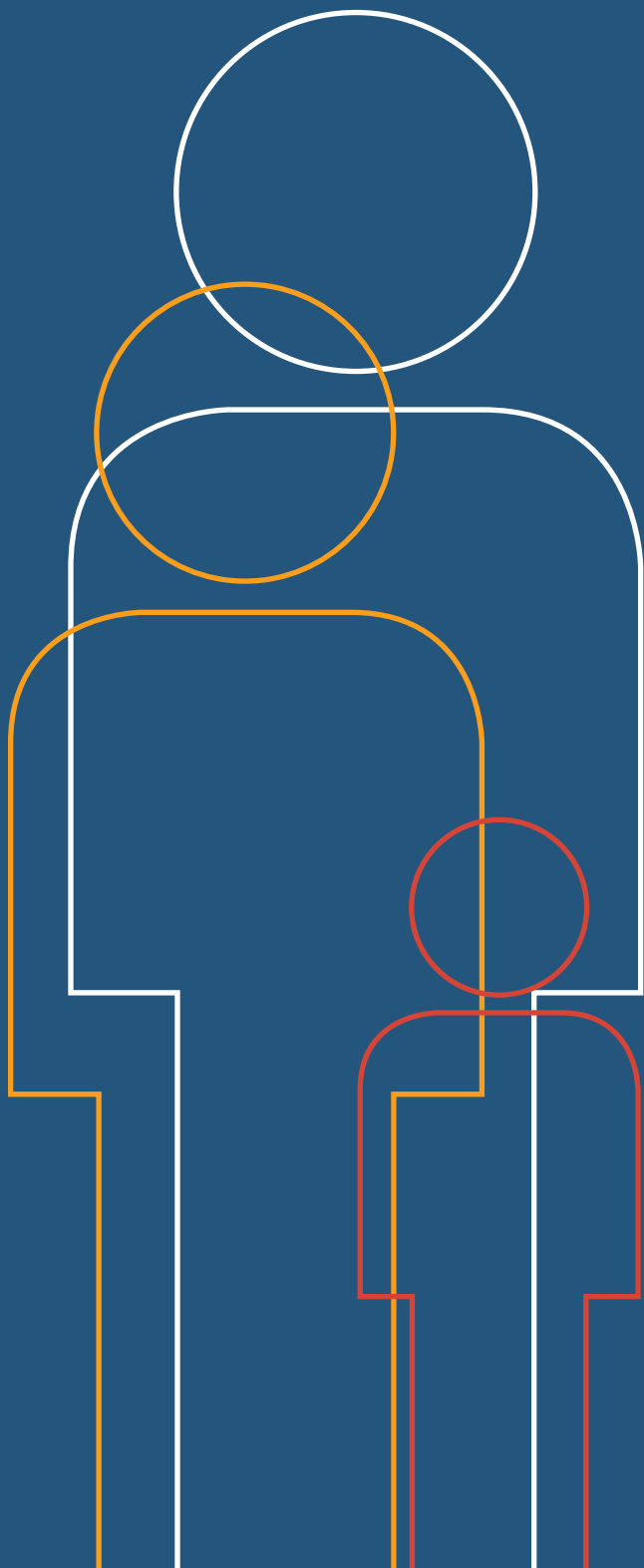
4 Raising the Standards

Clinical Lead for Mortality and Morbidity

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

19 regional audit projects undertaken
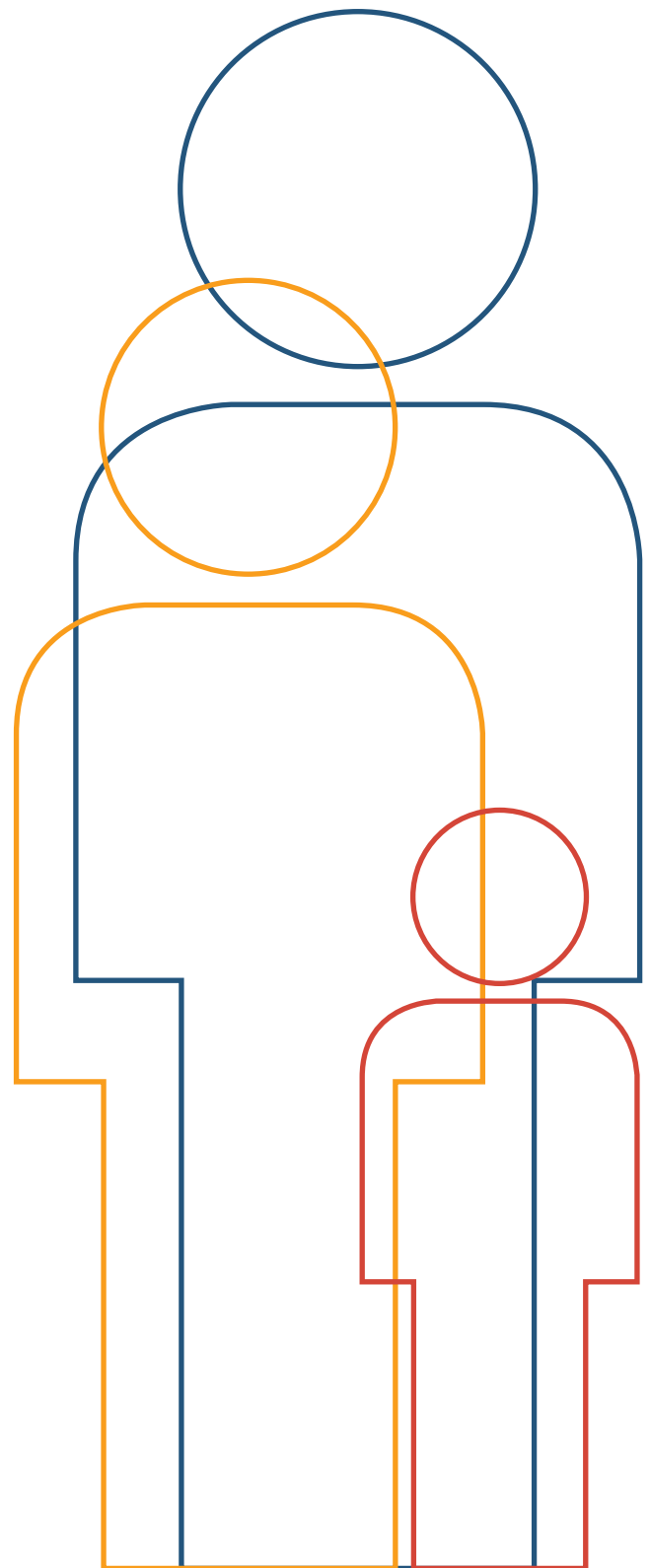
Below peer organisations for crude mortality

Reduction in patients with chronic disease attending ED

18 national audits completed

138 NICE Guidelines received and actioned

4 Raising the Standards

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.
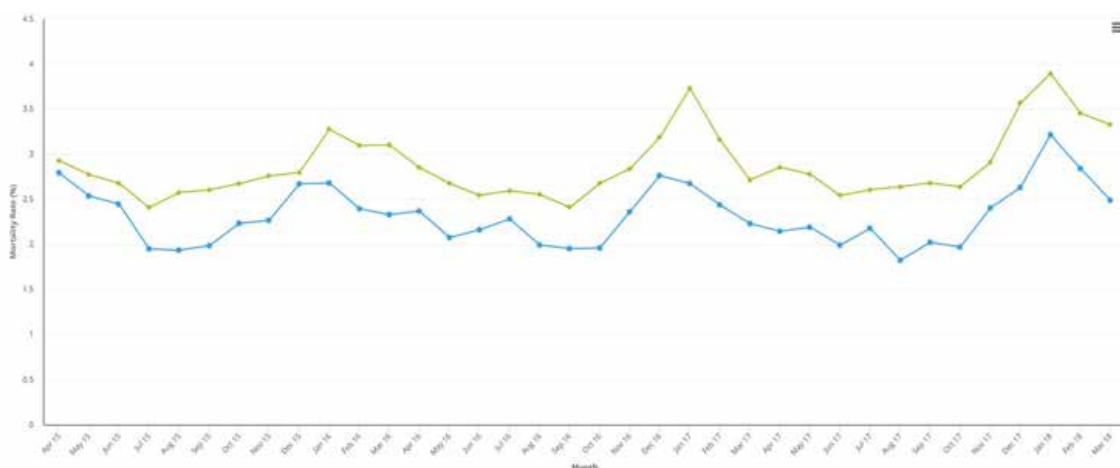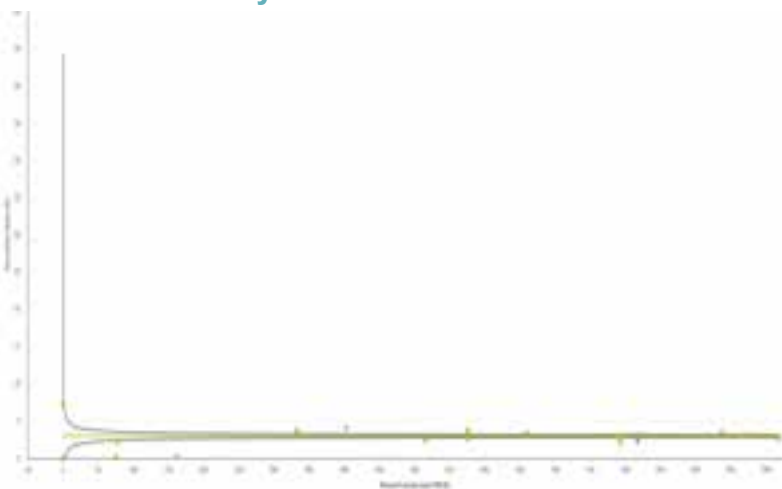
4 Raising the Standards

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.
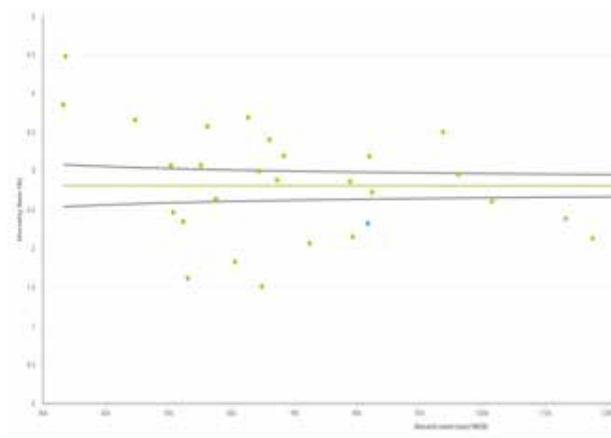

BHSCT Crude Mortality 2017/18 Trust Peer

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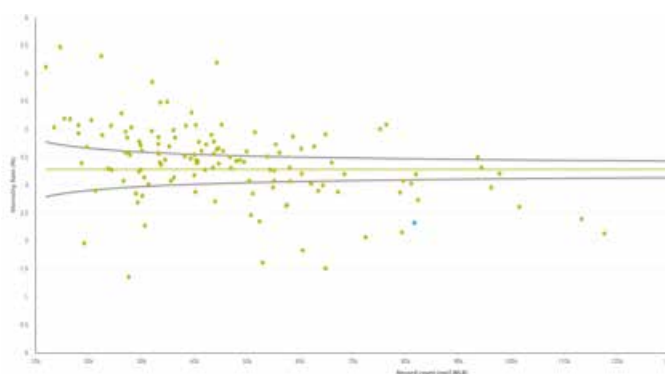
Belfast (blue dot) is below the average for crude mortality compared with other NHS acute hospital Trusts.

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 and 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:
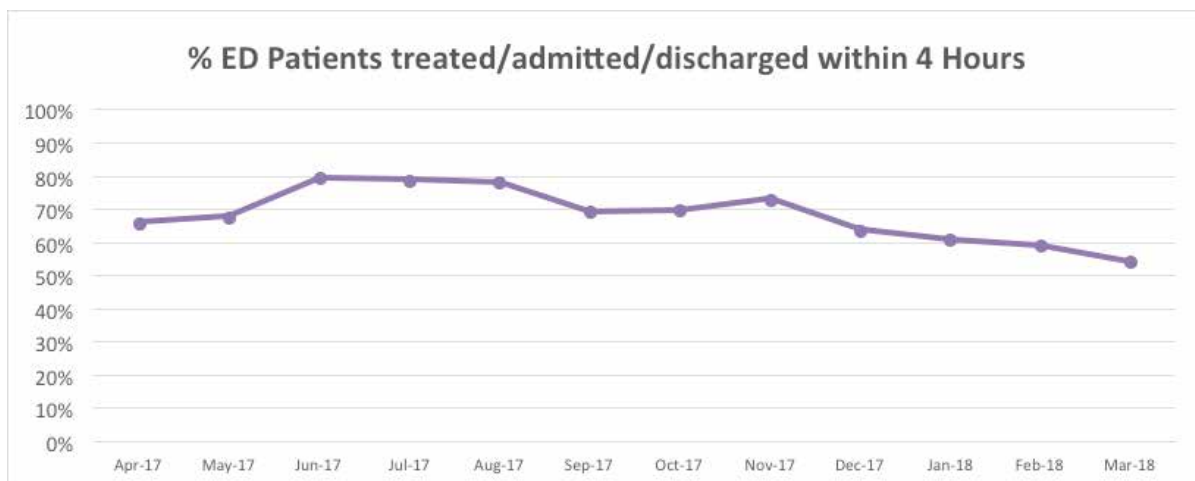
4 Raising the Standards

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

BHSCT Sepsis 6 Bundle Compliance(A/B before leaving ED)

Oct & Nov 17: RVH data only.
Feb-18 - MIH only
New audit teams in place.
Work ongoing re: gaps in Sepsis data
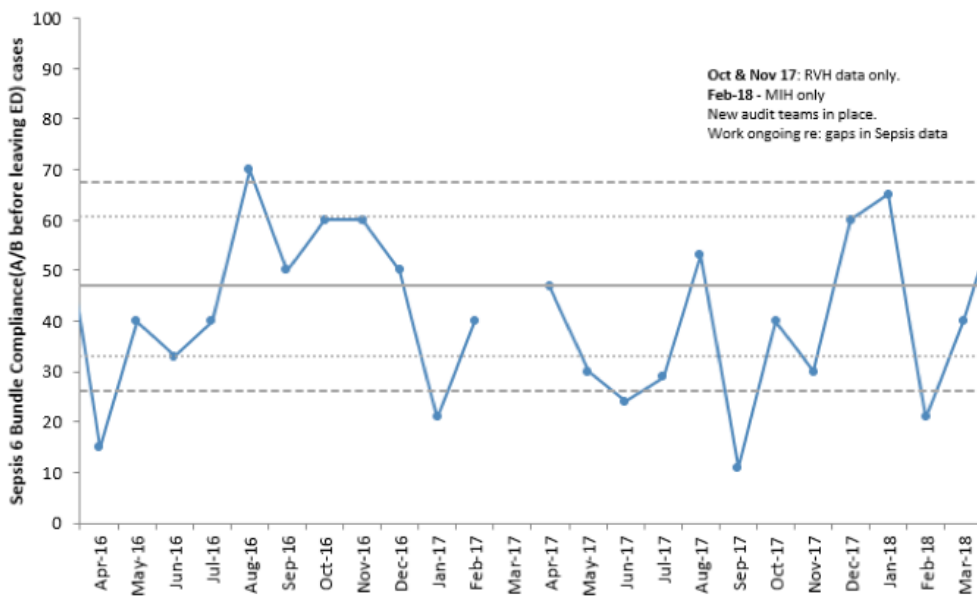
Organ Dysfunction Criteria used to identify
Severe Sepsis Cases from November 2014

RVH ED New & Unplanned Attendances
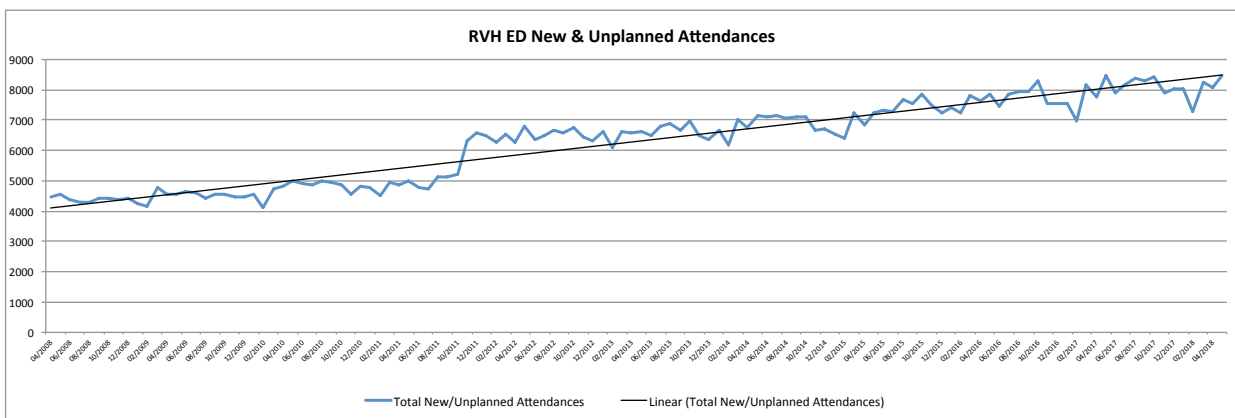
4 Raising the Standards

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:


Number of ED Patients waiting longer than 12 Hours
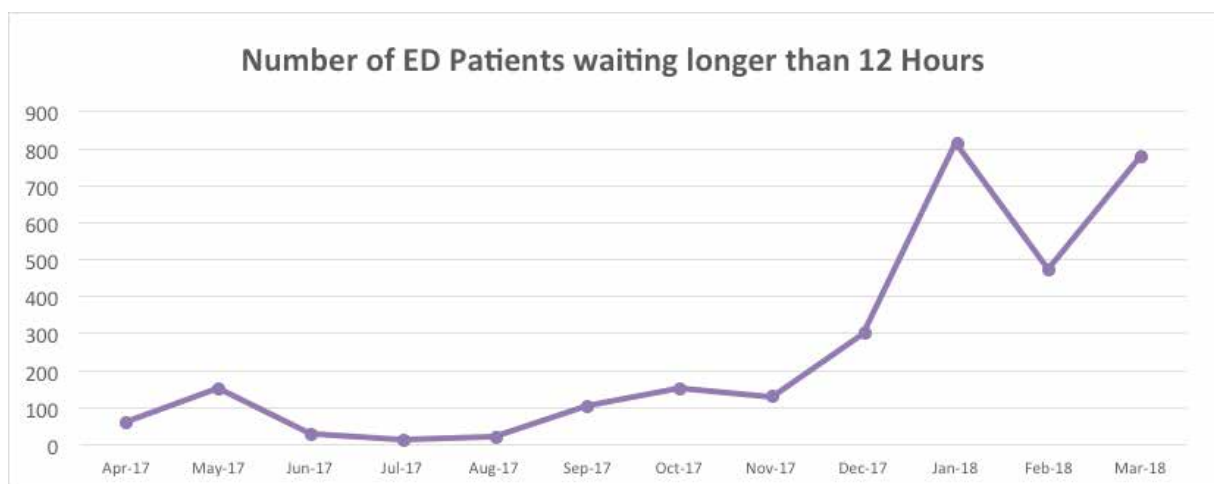
4 Raising the Standards

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.

RVH Non Elective Inpatient Admission and ED attendances Per Month for Period 1/4/2008 to 31/3/2018
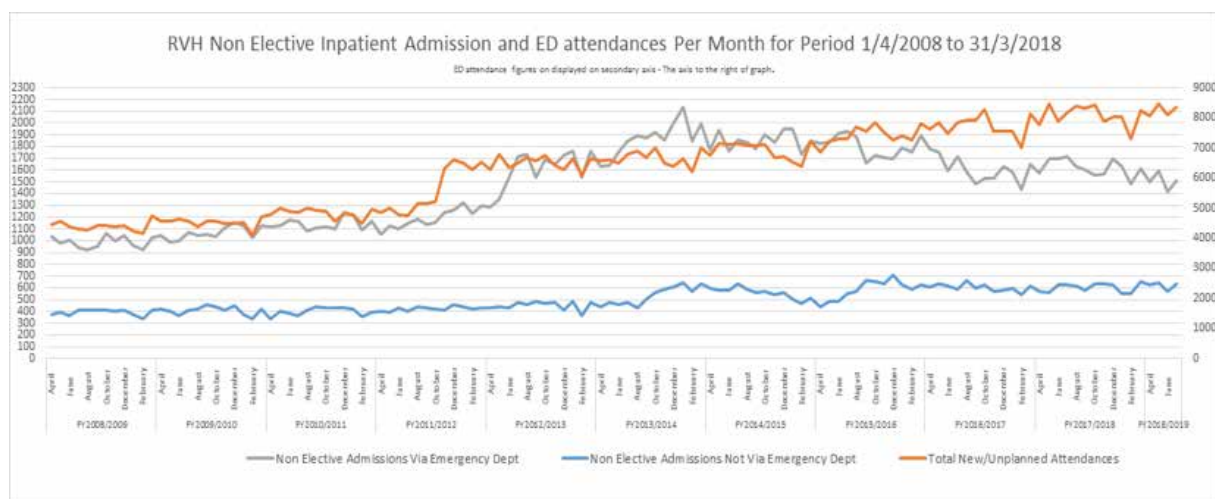
Progress

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

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

% Emergency Department patients requiring Mental Health Assessment - seen within 2hrs
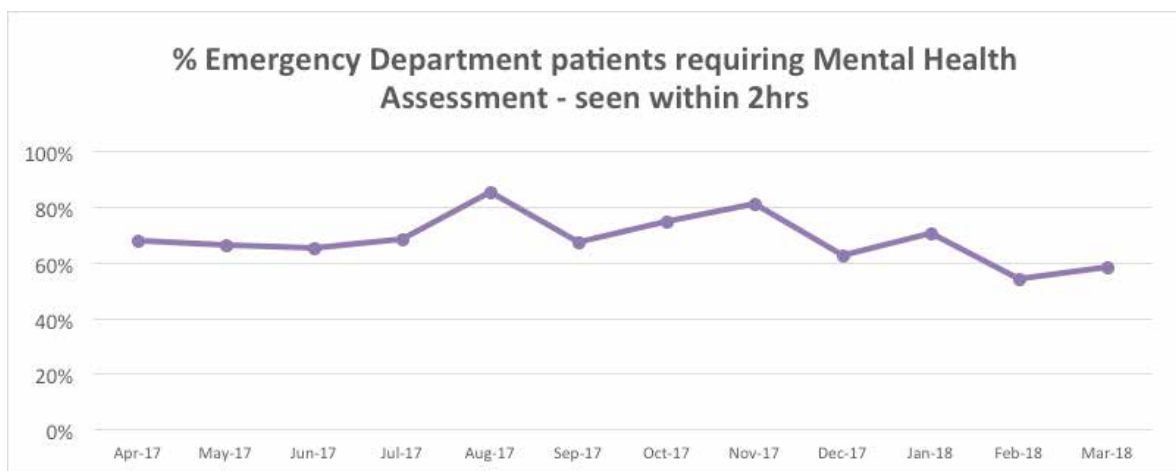
We have continued to work to improve the responsiveness of the psychiatric Unscheduled Care Team to the Trust's Emergency Departments.

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.
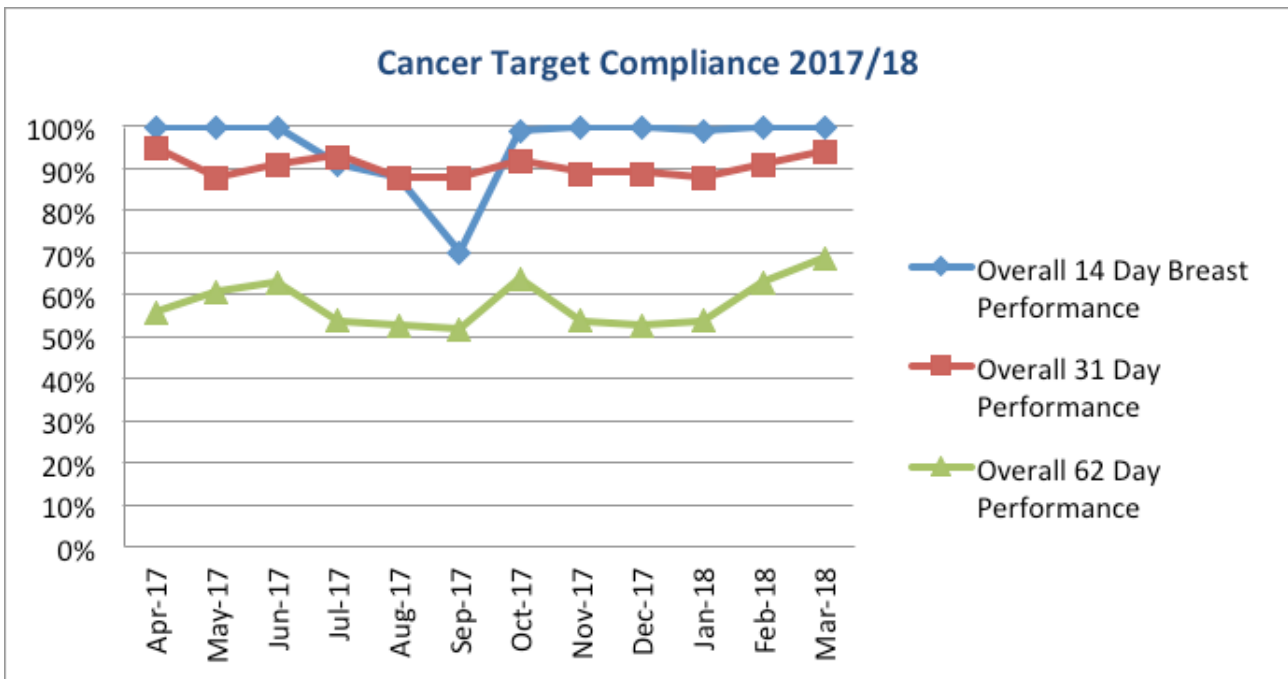
Actions and improvements undertaken in 2017/18 include:

• 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

- 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

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

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.
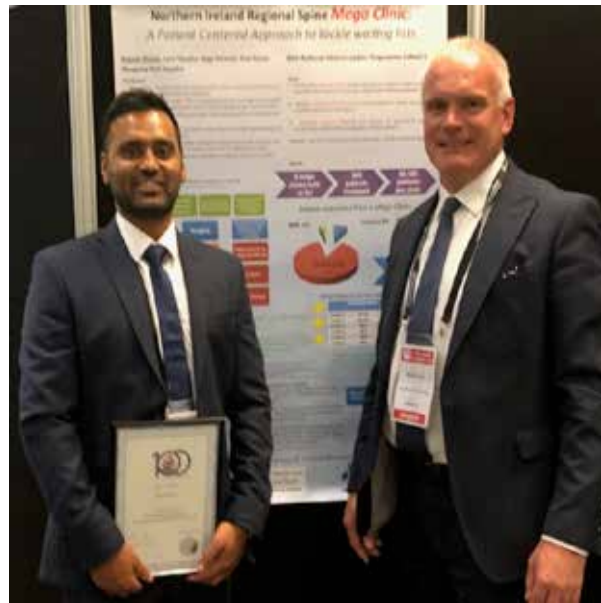
Intensive Care Organ Donation Activity

- 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
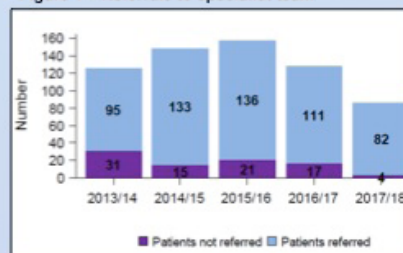
Figure 2 – Specialist nurse presence during organ donation conversation
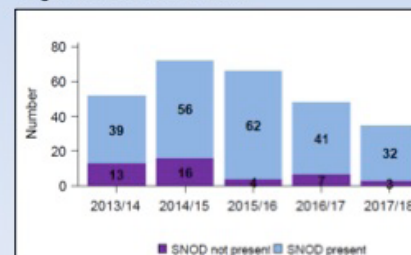
Reference: NICE Guidance Organ Donation for Transplantation – Improving donor identification and consent rates for deceased organ donation. NICE Clinical Guideline 135

5. Integrating the care
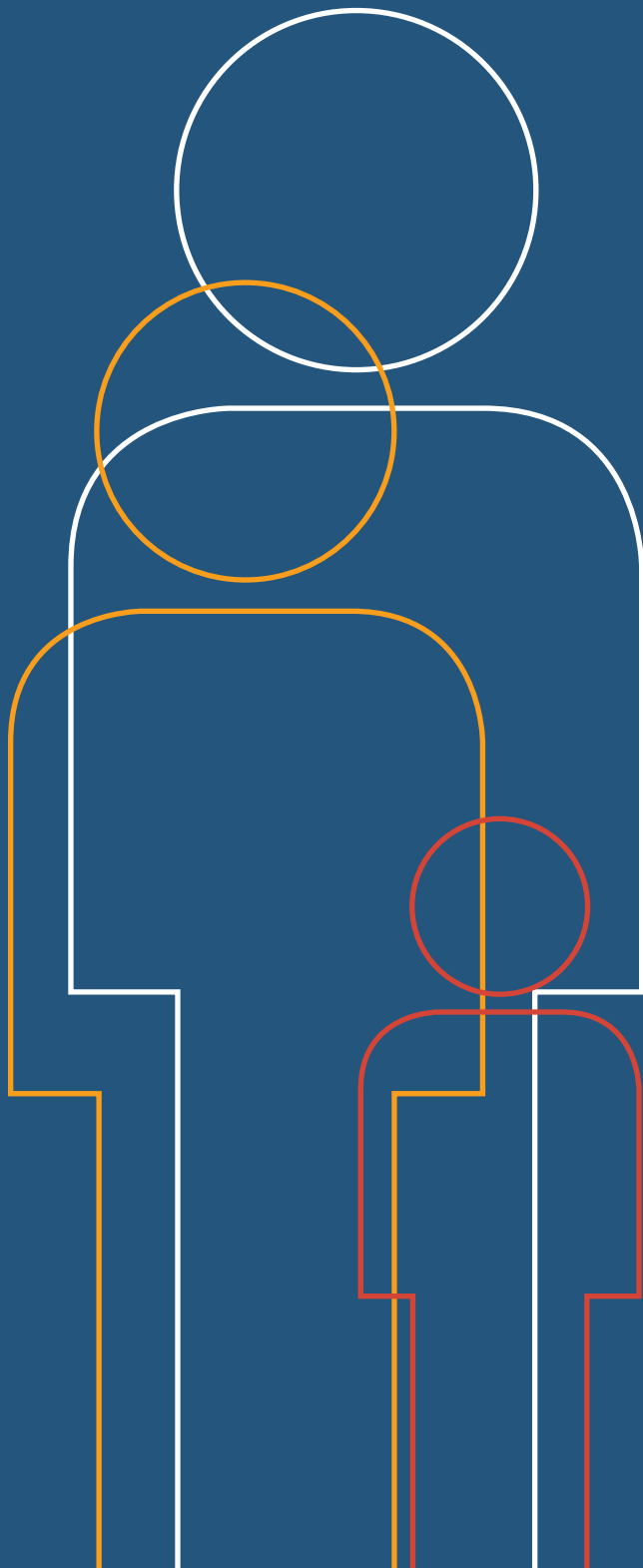
5 Integrating the Care

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
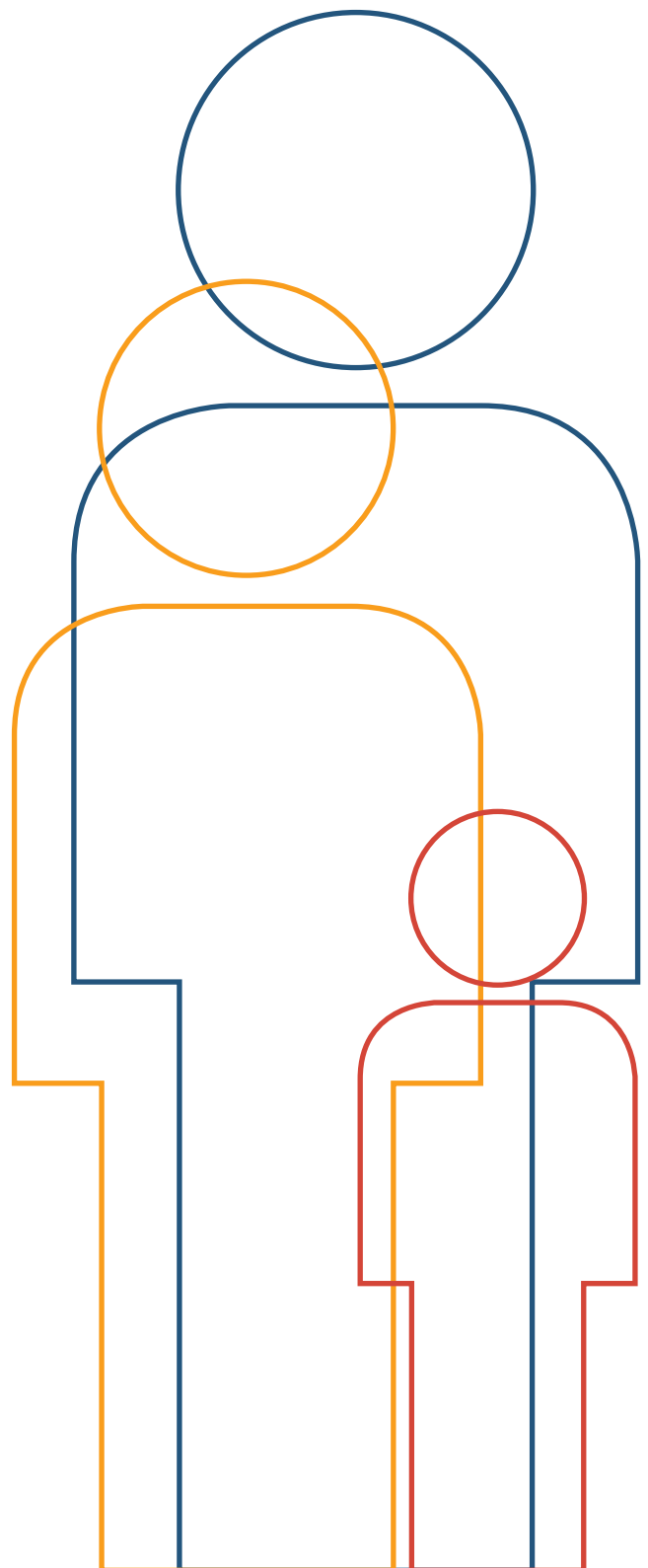
5 Integrating the Care

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 is 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

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

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

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

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.

Number of Children in Need within the BHSCT
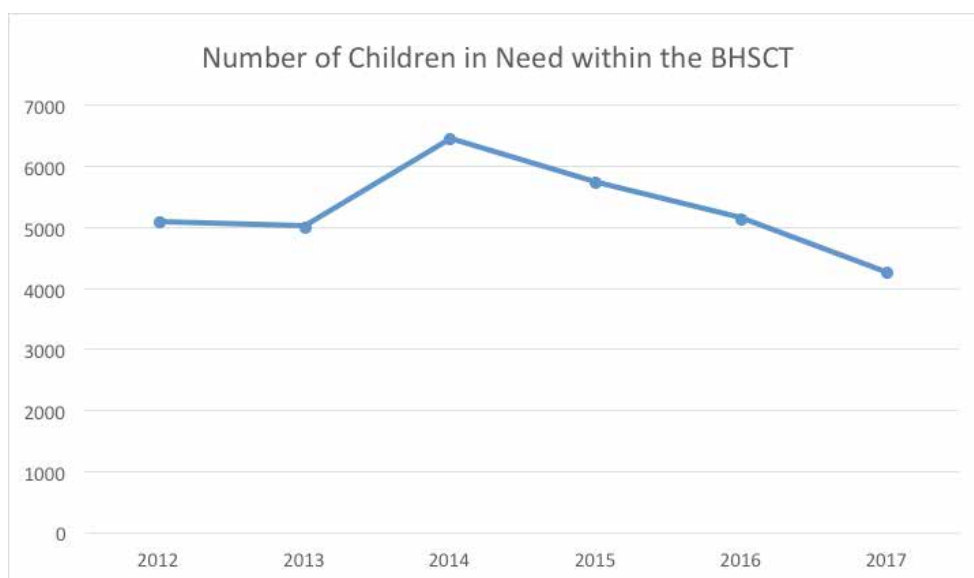
Since 2014, the number of children in need has been gradually decreasing. This appears to be due to a number of factors including: the establishment of Family Support Hubs which provide services for families who need advice and support but do not require statutory social work intervention within a strategic 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.
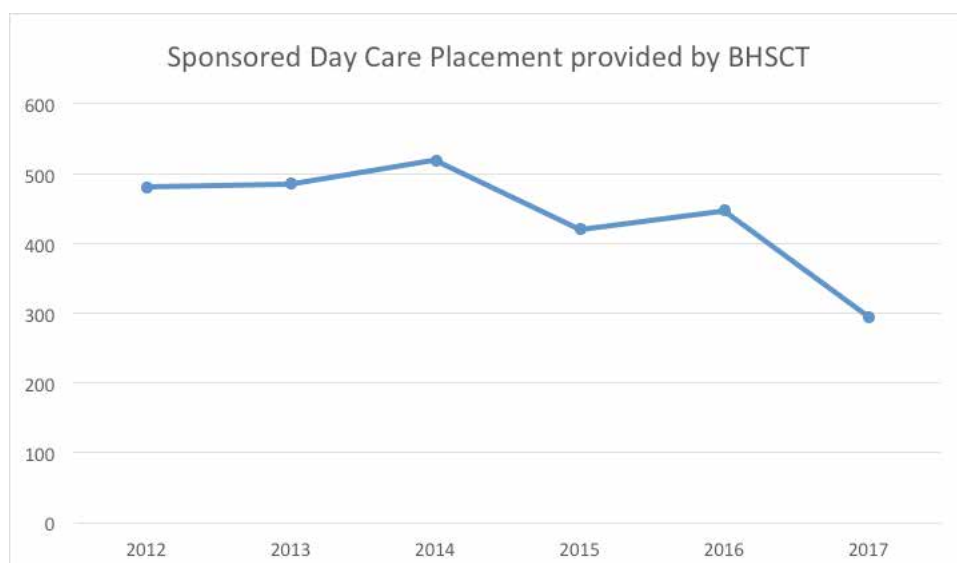
5 Integrating the Care

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.

Sponsored Day Care Placement provided by BHSCT

5 Integrating the Care

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 areaconsolidate, 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

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:

Number Of Children Receiving Direct Payments
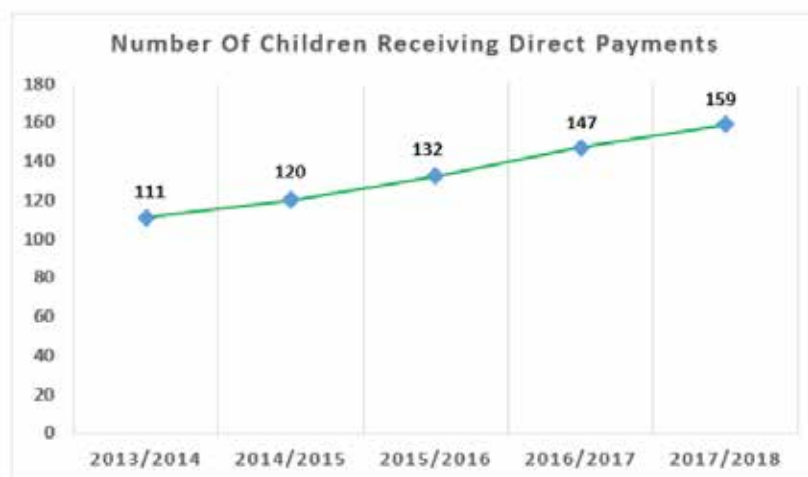
Next Steps

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.

5 Integrating the Care

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.

P Chart - % of care leavers aged 19 years in Education, Training or Employment
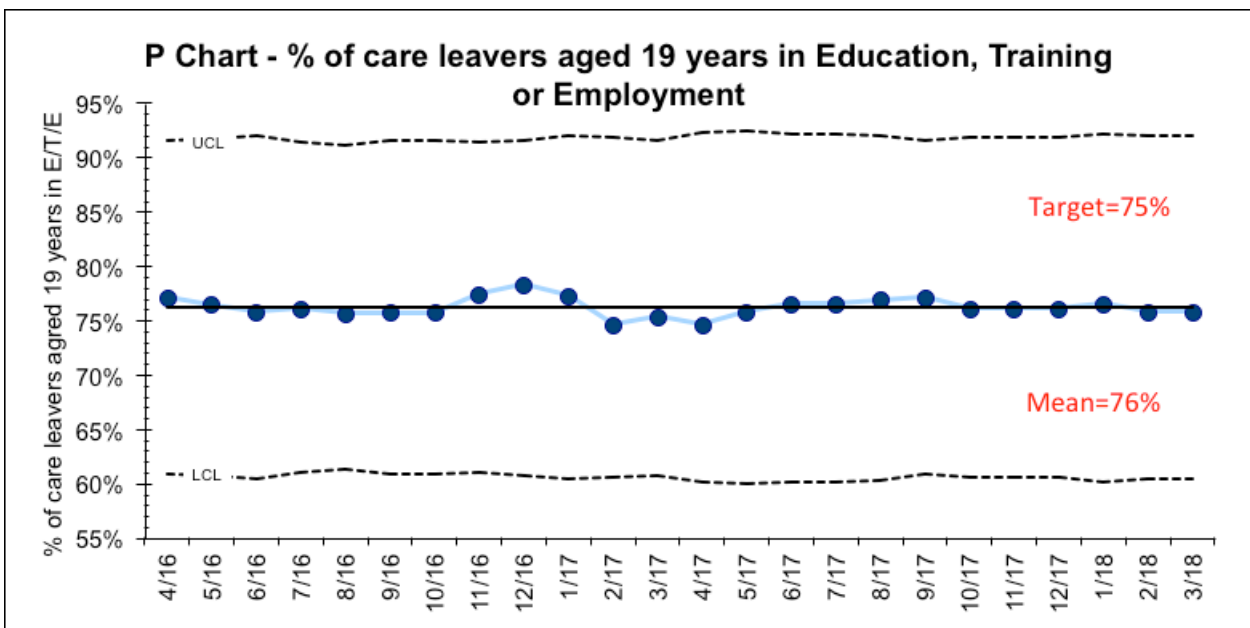
Next Steps

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

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

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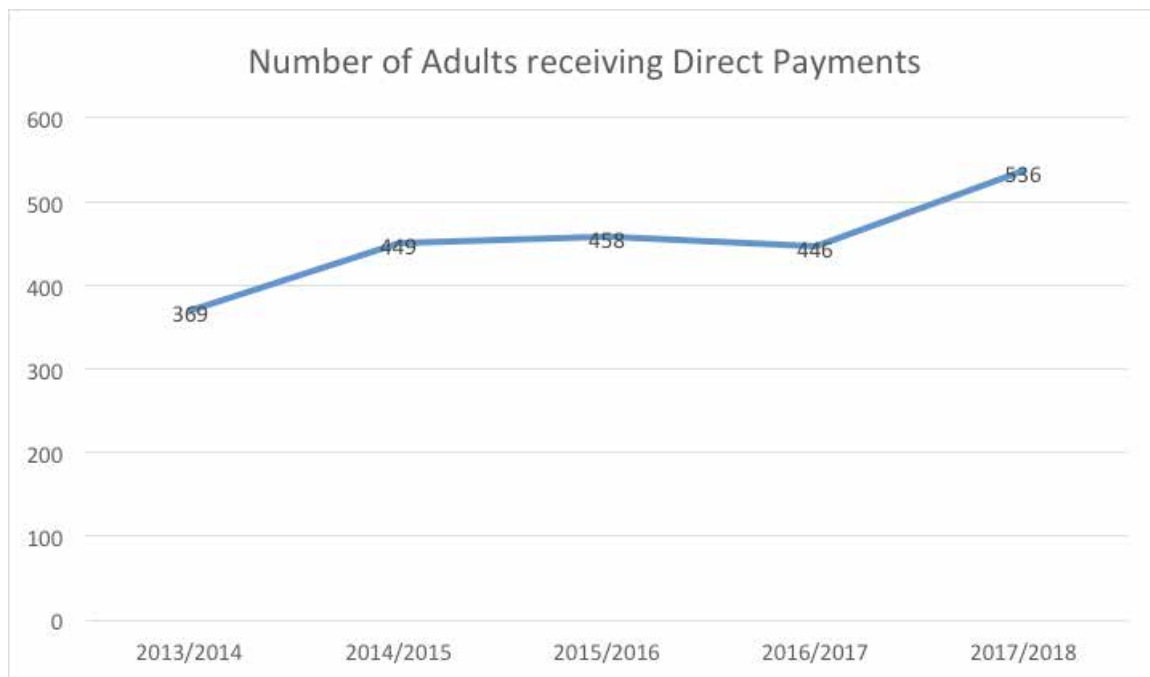
- 4.5% of Direct Payments were received by Carers in Adult Services, as set against the commissioning direction target. DSF/Corporate Parenting Returns (5.10)

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.

Community MDT Diabetes Clinics

Whiterock

Shankhill

HSC
Belfast Health and
Social Care Trust

Crumlin Road

Arches

Knockbreda

Bradbury

Grove

CLINICS

- Consultant-led MDT clinics
- DSN-led clinics (DSN, DSD)
- Dietetic Elective Clinics
- Foot Protection Team
- DSN Home Visits
- Combined DSN / Dietetic Home Visits
- Combined Consultant / DSN home visits

PRACTICE SUPPORT

- Virtual clinics (MDT)
- Advice / response (CCG)
- Type 2 Handbook

MANAGE   SUPPORT

Person living with Diabetes

EMPOWER   EDUCATE

PATIENT EDUCATION

- DESMOND with Physical Activity Coach
- 1:1 Dietetic review with interpreter (40 mins.)
- PPI (Patient Public Involvement)
- NIAS Hypo Support

HCP EDUCATION

- In House
- DIGs (Diabetes Interest Groups)
- Project ECHO
- Mandatory Training (Community Nurses)
- Diabetes Awareness Training (Nursing Homes, Residential Homes, other AHPs)

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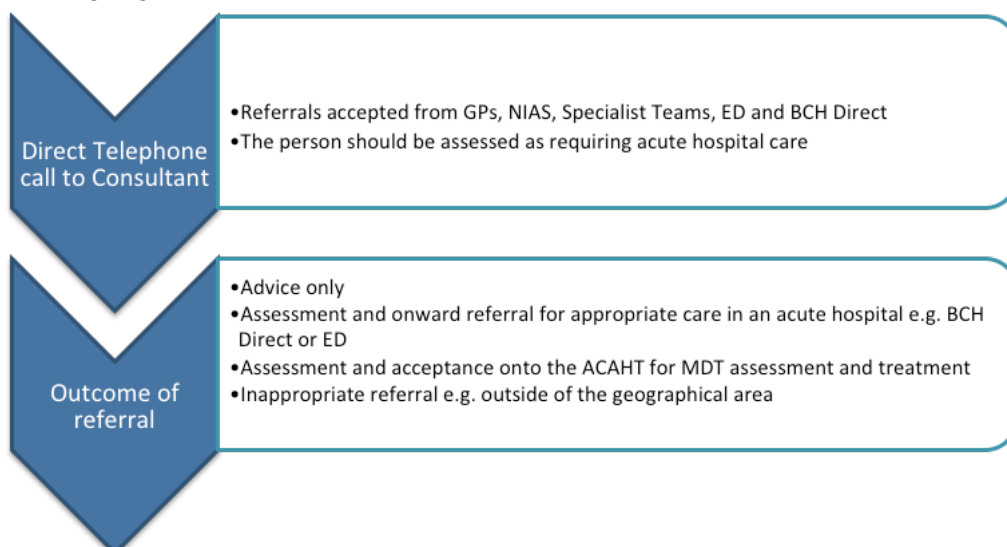
- Building of positive and effective working relationships with Residents and Families
- The Ongoing review of individual care needs
- Quality monitoring
- Early identification of risk and adult safeguarding
- Working in partnership with the Independent Sector.

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.

Direct Telephone call to Consultant
- Referrals accepted from GPs, NIAS, Specialist Teams, ED and BCH Direct
- The person should be assessed as requiring acute hospital care

Outcome of referral
- Advice only
- Assessment and onward referral for appropriate care in an acute hospital e.g. BCH Direct or ED
- Assessment and acceptance onto the ACAHT for MDT assessment and treatment
- Inappropriate referral e.g. outside of the geographical area

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, priortising 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.
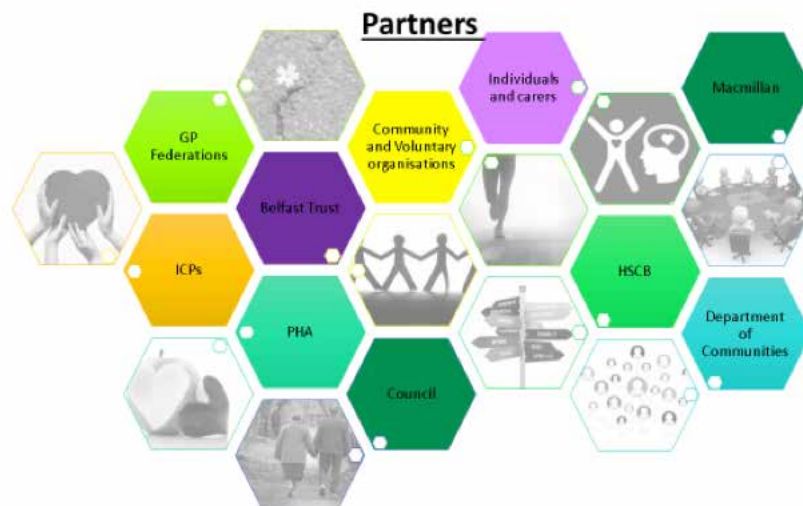
5 Integrating the Care

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
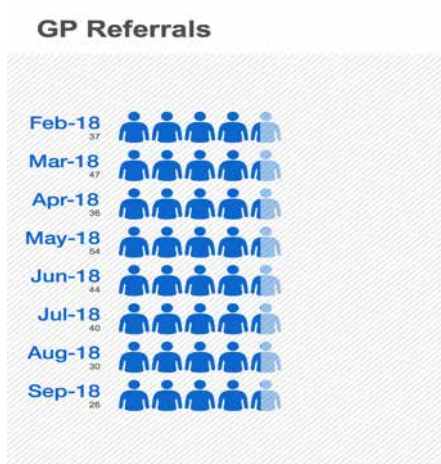
| **GP – 314** | **Community Social Work Teams – 139** |

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

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

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 Knockbreda 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 Knockbreda 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.