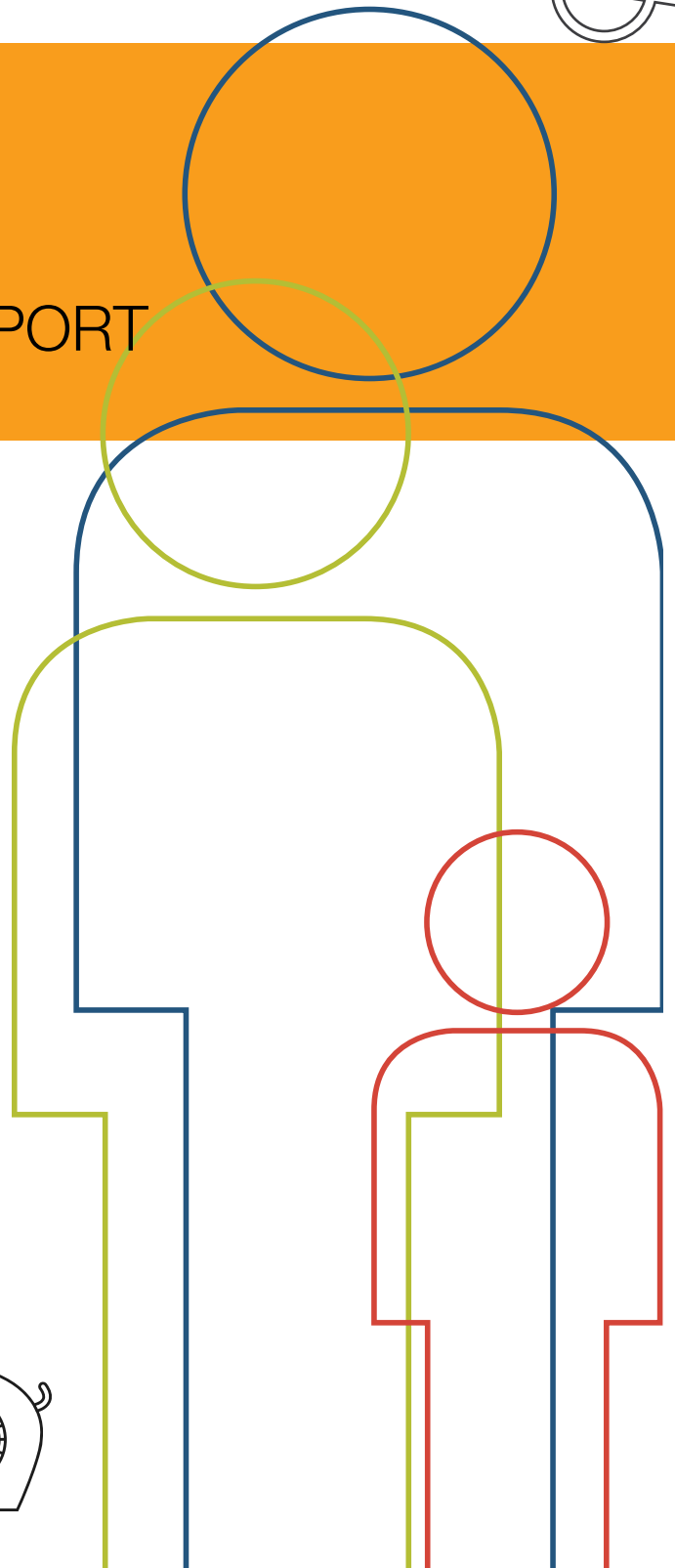
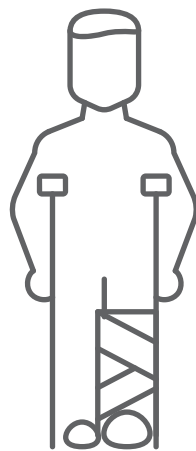


2018-19

ANNUAL QUALITY REPORT





Chief Executive Foreword

I am pleased to present the Belfast Trust's seventh Annual Quality Report.

When I visit our service areas and see the dedication of our staff first hand I am continuously reminded of how extremely proud I am to lead this great organisation. It is an enormous privilege to work alongside such excellent professionals who go the extra mile to provide safe and compassionate care to our patients and I would like to thank each and every one of them for their continued efforts.



As each year passes we remain acutely aware that demand for healthcare continues to rise and waiting lists in some services has a detrimental impact on public opinion. Whilst funding is a major issue which we continue to look at, we are in no doubt that major reform is needed at Primary, Community and Social Care levels.

These issues cannot be solved overnight which is why we continue efforts to increase the quality and safety of our care by other means. The Trust remains committed to our 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. Our clinical teams continue to develop new methods of treatment and recovery for patients, improving outcomes and increasing bed capacity and we are investing in the latest technology in healthcare.

As demands and priorities increase and change, we must ensure that our vision and themes 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.

The past year has been a challenging period for the Trust.

In May 2018 we took the decision to recall 2,500 neurology patients on the advice of a Royal College of Physicians Report. This is not a decision we took lightly and we tried to mitigate the impact this had on patients as best we could but it was really important that we could provide patients with certainty about their diagnosis and treatment. A further recall of 1,044 patients in November 2018 was in keeping with our desire to ensure no one was missed and I am pleased by the efforts of staff to ensure all patients were offered an appointment within 12 weeks of notification. I would like to take the opportunity to reiterate my apology to patients for the anxiety and worry they may have experienced during this time and thank them for their co-operation.

We are also currently liaising with the PSNI regarding extremely serious criminal safeguarding allegations at Muckamore Abbey Hospital. It appals me that any member of staff would abuse someone in our care. We have taken robust steps to protect patients, including suspending staff involved and establishing a Director-led oversight group. I apologise to patients affected and their families for the distress they must have undoubtedly experienced.

Chief Executive Foreword

Whilst these challenges remain, I have personally seen the work that Belfast Trust staff do to continually improve and transform service delivery. We saw and heard about many great examples of this at the Chairman's Awards and other celebratory events throughout this year and of course there are quite a few examples in the pages of this Annual Quality Report.

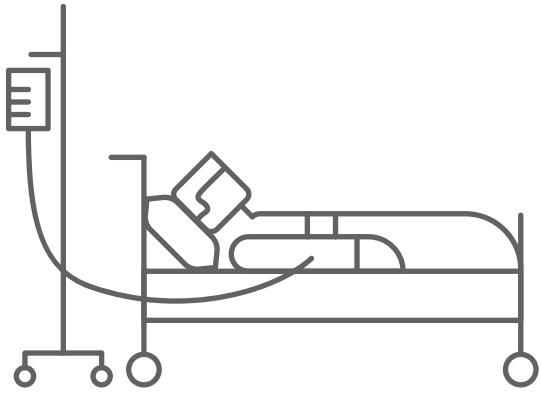
This Report outlines the improvement we have made in our service delivery in the past 12 months, whilst outlining the key areas in which we want to focus our quality improvement work over the coming year. Our aim to be recognised as a leader in the provision of safe, effective and compassionate healthcare is more vital than ever. Each and every one of us has a role to play in improving the quality of care we provided 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 every day. This will help to ensure that the care we deliver is always safe, effective and compassionate.

A handwritten signature in black ink, appearing to read 'Michael Diller'. The signature is fluid and cursive, with a long vertical stroke extending downwards from the 'l'.

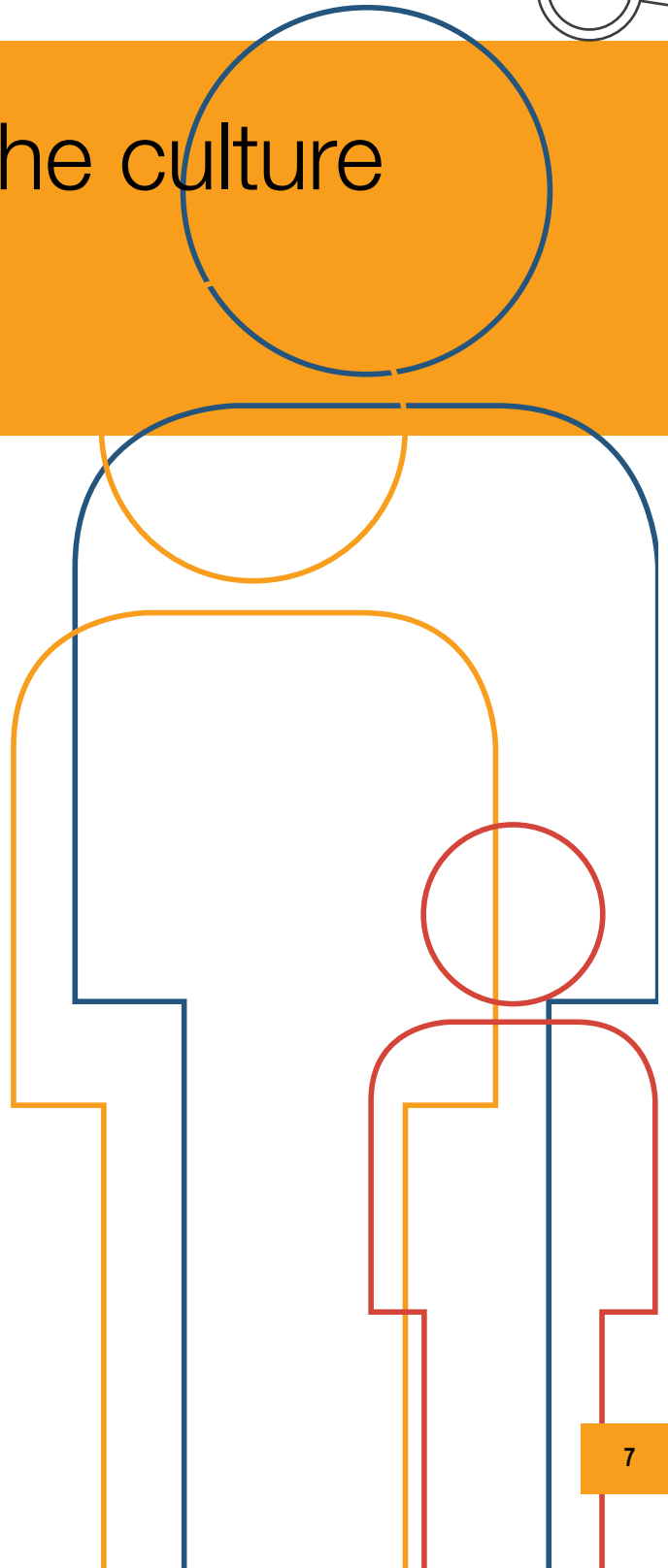
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1. Transforming the culture



1 Transforming the Culture



98 improvement projects undertaken



100% of patients in surgical areas would recommend the Trust to friends & family



15000 staff trained in QI



77 Improvement Advisors trained to Level 3



Personal & Public involvement across services



4% decrease in complaints from 2016/17



8934 formally recorded complaints



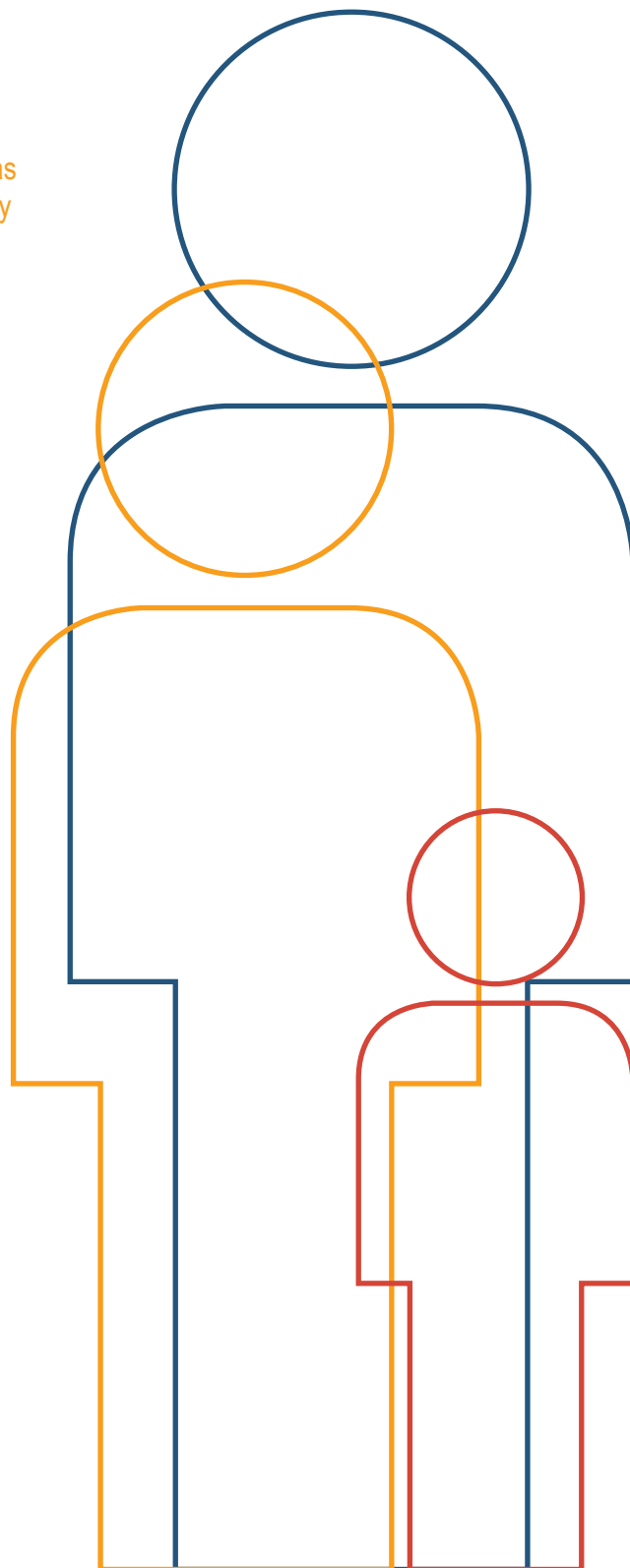
Collective leadership structure implemented



41 internal learning templates shared



37854 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.

1 Transforming the Culture

Health and Social Care Values

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

The Values reflect our commitment to provide safe, effective, compassionate and person-centred care. They were the result of a large-scale scoping exercise that received nearly 4,000 responses.

The HSC Values are:

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



Working together

We work together for the best outcome for people we care for and support.

We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes.

We deliver safe, high quality, compassionate care and support.

Openness and Honesty

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

Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues.

We listen carefully to others to better understand and take action to help them and ourselves.

1 Transforming the Culture

Our Corporate Themes

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

- **Safety, Quality & Experience**

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

- **Service Delivery**

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

- **People and Culture**

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

- **Strategy & Partnerships**

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

- **Resources**

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

Our objectives

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

1 Transforming the Culture

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

1 Transforming the Culture

Patient & Service User Experience

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

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

Patient and Service User Experience

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

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

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

10,000 More Voices Initiative

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

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



The BHSCCT 10,000 More Voices initiative is focusing on a range of areas. Between April 2018 –

1 Transforming the Culture

March 2019 the Trust participated in the following projects:

1. Experience relating to Delirium *
Genito-Urinary Medicine **
2. Rheumatology Day Care **
3. Experience of Mental Health *
4. Experience of Discharge from Hospital *
5. Adult Safeguarding *
6. Experience in relation to Bereavement *
7. Eyecare Services *

*= Regional

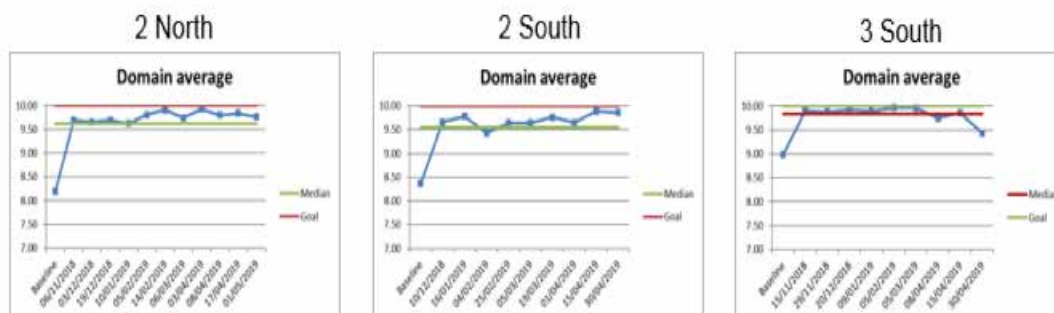
**= BHSCT

Real Time Patient feedback

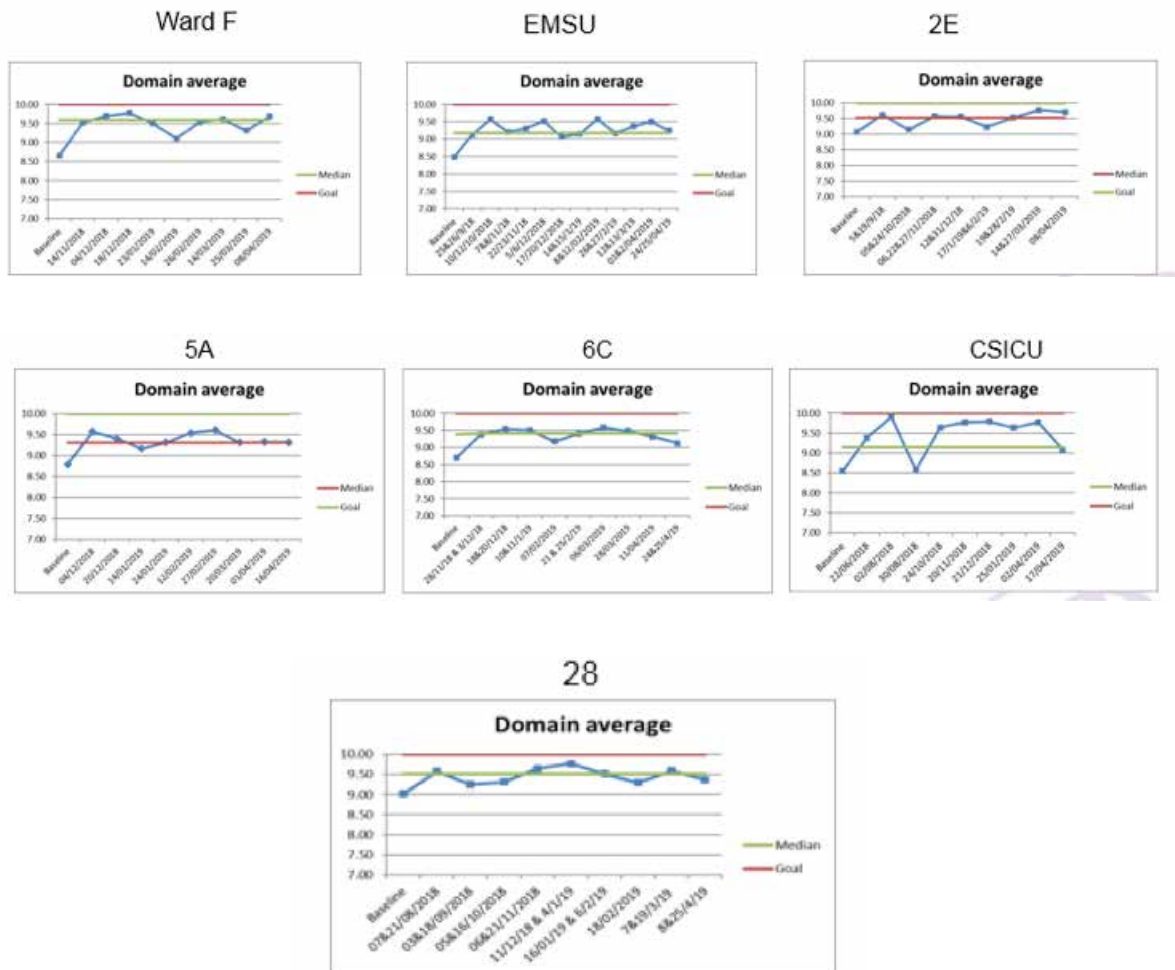
Throughout 2018/19 our surgical wards continued to take part in a 'Patient Experience Network Collaborative' which was led by Northumbria Healthcare Trust and based on their model of real time feedback. Thirteen other NHS Trusts throughout the UK also took part. Patient feedback is gathered in real time by an independent team of surveyors. Each ward is visited twice per month with half of the patients interviewed each time. The results are then returned to the ward teams in a report within 24 hours. Information is gathered, both quantitatively and qualitatively, using a survey consisting of 25 questions. Questions were based around 10 core domains which were derived from research by the Picker Institute on what is most meaningful to patients whilst they are in hospital.

Collecting and reporting patient feedback in real time is going to spread to every ward and unit in Belfast Trust in 2019/20 with the first phase of 48 wards commencing in September 2019.

Figure 4 - Domain score average by ward



1 Transforming the Culture



The domain average is the average score of all domains combined. These charts clearly show that surgical wards in Belfast are averaging 9 or higher out of 10 across all domains.

Examples of patient comments:

The staff are very kind

Greatest admiration for all NHS staff. Always treat each patient like they are the first patient

Rekka is very kind and efficient - she explains everything

Sabrina is terrific-she has a total charm about her. Miss Wolsey is Superb

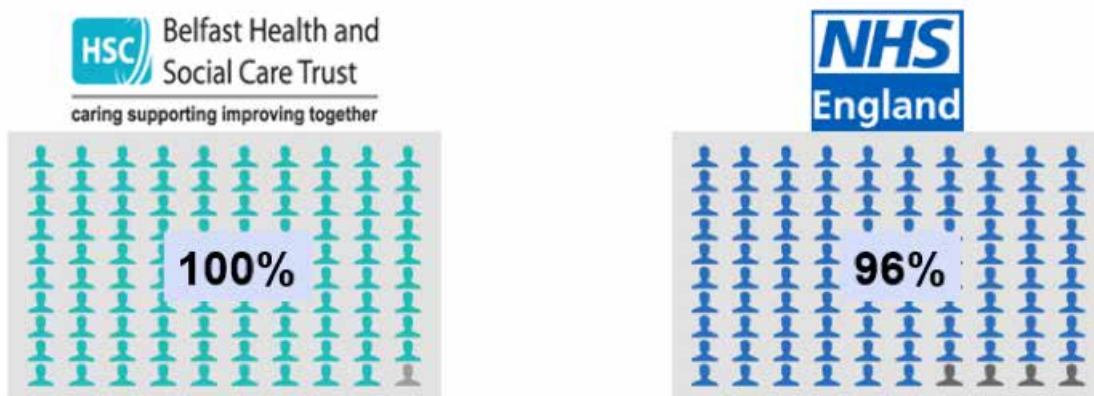
Greatest admiration for all NHS staff. Always treat each patient like they are the first patient

I witnessed other patients being treated so compassionately - especially the less able - I know I am in safe hands

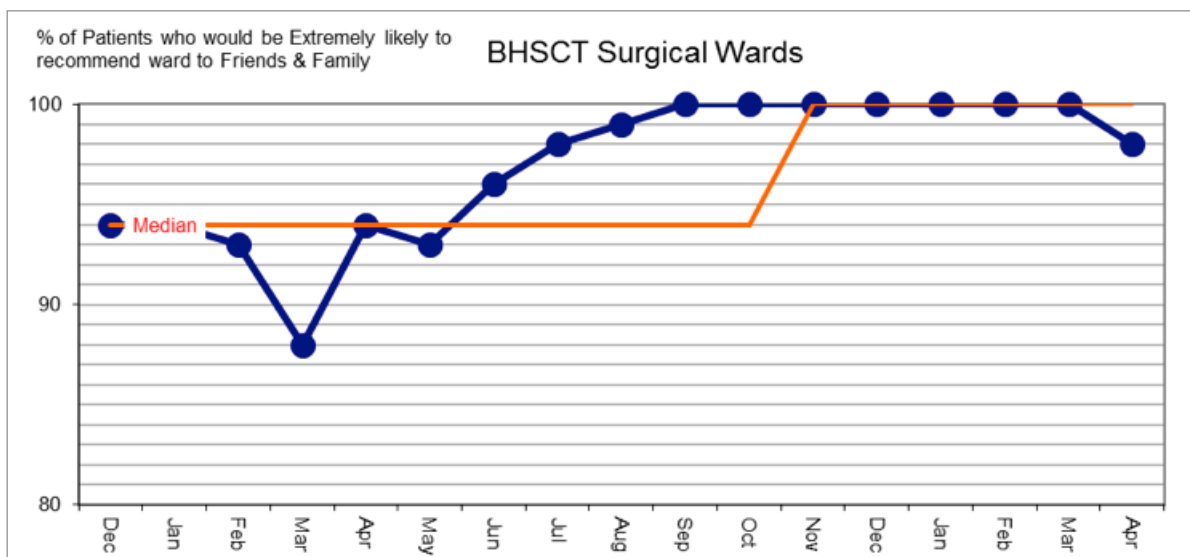
1 Transforming the Culture

The free text comments from patients have provided invaluable feedback and have highlighted the commitment of our staff to providing compassionate care which in many cases may otherwise have gone unnoticed or unrecognised. Staff are being named and praised which is having a fantastic impact on morale.

The 'Friends and Family' question asks patients if they would be likely to recommend the service they have received to a friend or family member if they ever needed similar care or treatment. This is being used by the Trust to benchmark against other UK Trusts as it forms part of patient questionnaires used annually within England and Wales.



Friends and Family data at February 2019. Belfast Trust, surgical wards v NHS England average (167 organisations).



The results of the family & friends question up to April 2019. It is a fantastic achievement to be consistently scoring so highly.

1 Transforming the Culture

Although the data collectors are independent, the data belongs to each ward and they have ownership of feedback received. Because the feedback is real time the wards can take immediate action to address issues and improve the patient experience whilst the patients are potentially still on the ward.

Improvements have been made in the following areas:

- Noise at night
- Ward cleanliness
- Pain relief
- Information on medication
- Standard of food.

One ward in particular, 3 South BCH, really embraced the feedback from their patients and took on board what they had to say, implementing sustainable changes to improve. They managed to achieve 100% overall satisfaction on 4 occasions. That means every patient surveyed scored 10 out of 10 to every question.



Ward 3 South celebrating a score of 100% across all domains



The surgical real time feedback awards ceremony

Trust Board

Trust Board meetings each month start with a patient or service user story. The story is told outlining the impact on the person, on the service 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 real time patient feedback work and the 10,000 Voices project, this ensures the patient and service user voice is heard from 'ward level up to the Trust Board'.

1 Transforming the Culture

Personal and Public Involvement

Belfast Trust remains committed to ensuring that Personal and Public Involvement (PPI) and co-production are embedded into all aspects of its business, in line with the regional PPI Standards and Department of Health Guidance on Co-production. Effective PPI and co-production are central to the delivery of safe, effective, compassionate and high quality care. PPI and co-production are included in the Trust Assurance Framework committee structure and report via the Equality, Partnership and Engagement Committee. PPI and co-production are reflected in the Trust Corporate Plan and subsequently included in Directorate and Divisional management plans.

The Trust continues to develop a wide range of involvement opportunities, both corporately and within clinical Directorates, which allow people to become involved in the development, improvement and evaluation of Trust services. PPI is embedded within the Trust QI training programmes with project teams encouraged and trained to involve patients, service users and carers in their improvement initiatives. In 2019/20 the Safety Quality Belfast programme will include a prize for the project with the highest level of involvement from service users. Infrastructure to support PPI and Co-production was strengthened by the allocation of transformation funding to employ a Senior PPI Officer. This post has been funded until March 2020.

The Trust continues to offer an e-learning session on PPI and delivers a range of PPI training modules to support staff in this work. This includes Introduction to PPI, Getting People to Participate and Facilitation Skills for PPI. Staff from a wide range of professional backgrounds and banding levels have accessed this training.

There a number of Trust-wide User Forums and specific Service User groups facilitated by and linked to the Trust which provide opportunities for service user and other stakeholders to engage in decision-making and feedback processes. The Appreciative Inquiry approach to co-production has been further developed within the Trust, with further projects being developed within Adult Social and Primary Care, Maternity Services and support for a community based project in North Belfast. A Carer Consultant has recently been appointed within the Learning Disability Service, to support the development of PPI and Co-production with carers within this service.

A wide range of PPI projects have been supported, including:

- PPI in Cancer Research
- Day opportunities service user council
- Making sexual health a priority after radical pelvic treatment
- Patient engagement and information project in critical care
- Development of a CAMHS Quality Improvement HUB
- Developing Involvement of prosthetics patients

1 Transforming the Culture

- Involvement in the development of the Active Birth Centre
- Development of a model for PPI and Co-production in older peoples service, including exploring the potential for a Carers Citizen HUB
- First contact physiotherapy practitioners – involving the community
- Patient diary in Critical care – Involving patients and families
- Rehabilitation and recovery after major trauma – involving patients
- Development of a CAMHS Alumni
- Involving Volunteers – co-production of an app
- Developing a fibromyalgia pathway with patients
- Development of a regional Neuromuscular forum
- Complex Discharge HUBS – involving older people.

The Trust has also commenced a process to actively recruit up to 100 service users / carers who can input at a range of levels across the Trust from strategic to operational level. In the coming year, training and support will be provided to these individuals on an ongoing basis by the Trust Community Development team.

A snapshot of the newsletter produced for patients, families, carers and staff in Muckamore Abbey Hospital

HSC Belfast Health and Social Care Trust
caring supporting improving together

August 2019
Volume 1, Issue 2

News from Muckamore

Celebration Day

The atmosphere was a little bit busy at Moyola on June 14th but the excitement was palpable and with bunting, loads of lovely grub, music, crafts and entertainment, sure we couldn't go wrong. Well the weather could have been nicer but that didn't deter the fantastic participation by patients, staff and families that all turned up to have a great day out. The day was kicked off by the wonderful Equal Notes, the Learning Disability Choir from Belfast who love singing and performing. Karen

What's On

WEE CRITTERS

Interactive Animal Education spiders, snakes all sorts!
2-3pm on:
2nd September

1 Transforming the Culture

Complaints and Compliments

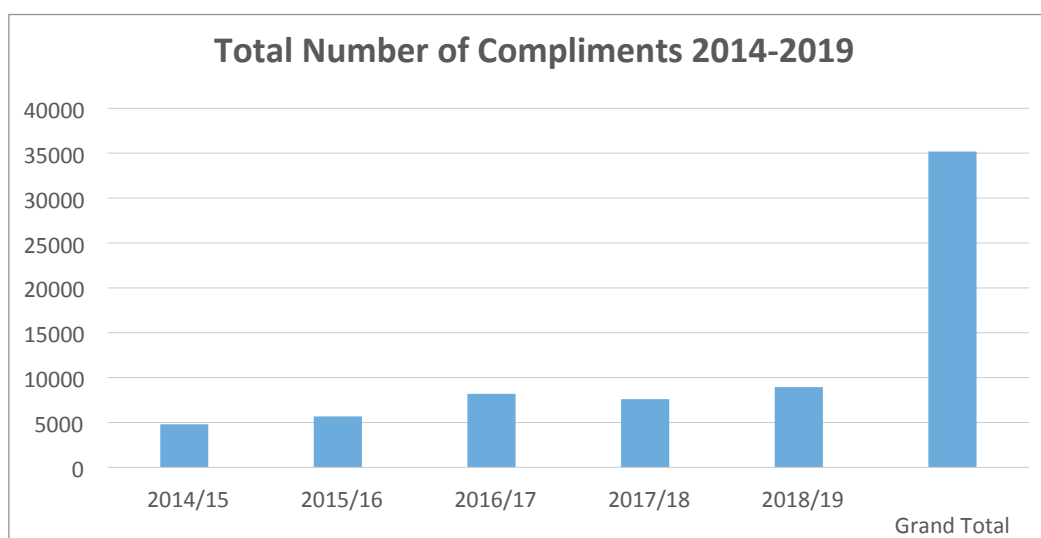
We recognise the importance and value of service users' opinions regarding the treatment and care we provide. As such we have effective processes for managing comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Belfast Trust.

We strive to ensure that all patients and service users have a positive experience of our services, however there may be times when treatment or care does 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 in Belfast and also across the wider Health and Social Care service in Northern Ireland.

Facts and Figures

1,885 formal complaints were received in 2018/19 representing a 12.2% increase on last year's figure of 1,680. This increase in complaints was in part due to complaints arising in association with the Neurology Recall exercise undertaken during the year.



Formal Complaints - Top 5 Subjects 2018/19

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

- Quality of Treatment and Care
- Communication / provision of Information

1 Transforming the Culture

- Staff Attitude / Behaviour
- Waiting lists / delays / cancellations of Outpatient Appointments
- Waiting lists / delays / cancellations of Planned Admissions to Hospital.

Progress made

We work hard to ensure that concerns or criticisms raised by patients are dealt with in an effective way. In particular we continue to try to make the process of raising a complaint easy for patients; and to ensure that investigations into patients' issues are fair, thorough and completed in a timely manner. We also strive to ensure that appropriate actions are taken in response to complaint investigation findings in a way that fully resolves the matter for the complainant, and identifies learning and potential improvements that can be shared across the Trust.

Responding to complaints in a timely manner

The Complaints Department supports our managers and staff working in wards and departments to help ensure that comprehensive and full responses are provided to all complaints in an appropriate and timely way.

During 2018-19 we took an average number of 36.1 working days to provide responses to complaints compared with a Northern Ireland average of 31.8 working days across all HSC Trusts. 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 2018-19:

Acknowledgement of complaint within 2 working days	98%
Complaint response within 20 working days	49%
Complaint response within 30 working days	60%

In order to improve the timeliness of our response to complainants, we renewed our focus on long outstanding complaints during 2018-19, highlighting cases where investigations and responses had been ongoing for significant periods of time. We also encouraged and supported staff to resolve complaints at an early stage - increasing the numbers of complaints addressed informally within wards and departments, and also increasing the numbers of formal complaints addressed within 5 working days.

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Learning from Complaints

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

An example of learning and improvement arising from a complaint that was investigated by the Northern Ireland Public Services Ombudsman in 2018-19 is detailed below:

A patient underwent surgery, and was advised two days later that they were being discharged from the hospital. The patient lived alone, and was concerned that they would need help at home during their recovery and should not be discharged until support had been arranged. The nursing / medical notes did not indicate that the patient had expressed concerns regarding their discharge, which would have prompted referral to the necessary support services prior to the patient going home. The patient was discharged the following day and subsequently made arrangements themselves for additional supportive care.

Following investigation of this patient's complaint the Trust has taken action to improve its systems for recording clinical discussions. Work has been undertaken to ensure clear and accurate records are made of all multidisciplinary discussions, assessments, referrals, decisions and communication with patients, in particular, concerns regarding help at home and care packages on discharge. The Trust secured the services of a local legal adviser to provide training to multidisciplinary teams, including specific focus on the outcome from this complaint. This training emphasises the importance of clear and accurate communication and documentation, including the completion of discharge checklists. The Trust has also committed to undertake regular audits of documentation, and has highlighted the relevant discharge guidance with nursing teams to raise awareness of the importance of involving patients and their families in the discharge process.

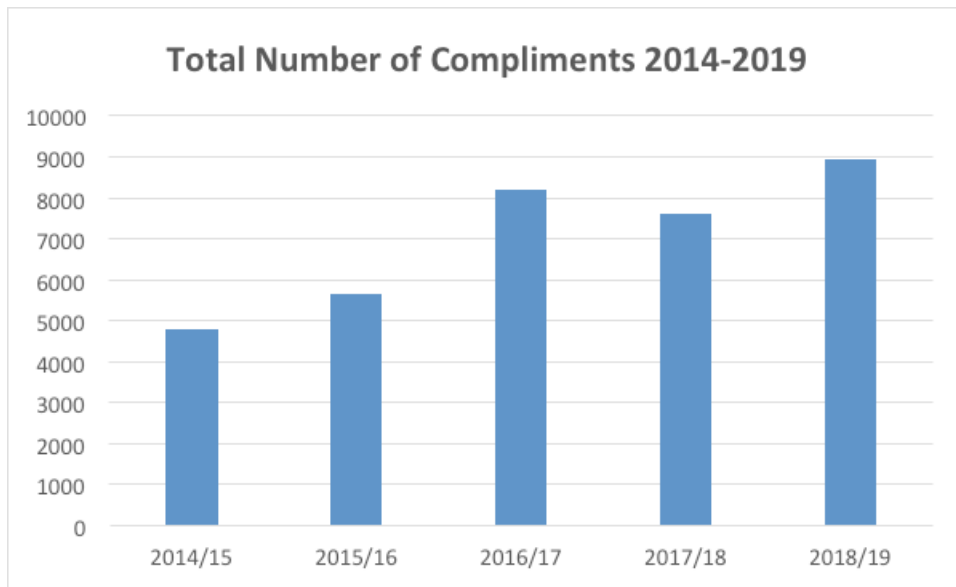
The patient's experience was described in a Shared Learning letter that was circulated across the Trust so that all areas were reminded of the need to ensure that:

- A full assessment of a patient's discharge requirements must be made and ideally initiated from admission
- All necessary discharge arrangements must be in place or arranged prior to the discharge
- The patient/family/carer must be involved in the discharge planning and kept fully informed of the discharge arrangements
- The discharge checklist provides an overview of assessment and progress.

1 Transforming the Culture

Compliments

8,934 compliments were reported to the Complaints Department in 2018-19. This was an increase on previous years as the table below indicates.



1 Transforming the Culture

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 including the Trust Assurance Committee, Invasive Intervention Group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team. This helps to 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 occurred to one or more service users, the public or to staff.’

Facts and Figures


In the year 2018/19 there were a total of 37,854 adverse incidents reported and of these 95 were reported as SAIs. 76% of adverse incidents involved patients or clients, 23% 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 2018/19	Examples of actions to reduce re-occurrence
<p>Abusive, violent, disruptive or self-harming behaviour (13,649 reported incidents)</p> <p>(It should be noted that many of these incidents occur as a result of the client's challenging behaviour inherent in their medical condition)</p>	<ul style="list-style-type: none"> The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence A Management of Aggression Project Group has been established to provide strategic leadership and to oversee the development of a sustainable model to ensure that appropriate arrangements are in place to effectively manage the issue of aggression towards staff in the workplace 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 well established in Adult Mental Health Services and CAMHS Incidents in Learning Disability and Mental Health discussed on a weekly basis.
<p>Accident that may result in personal injury - Slips, trips, falls and collisions</p> <p>(5,576 reported incidents)</p>	<ul style="list-style-type: none"> 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.
<p>Medication</p> <p>(2,869 reported incidents)</p>	<ul style="list-style-type: none"> Agreement by the NI Kardex Group to include an antithrombotic page in the Kardex to improve safety of Non Vitamin K Antagonist Oral Anticoagulants (NOACs) prescribing. This improvement to the Kardex had been piloted in BHSCT and WHSCT Addition of pictures of warfarin strengths to Trust 'Temporary warfarin discharge patient information card' following an incident. See below:  <p>The image shows a 'Temporary warfarin discharge patient information card' from HSC Belfast Health and Social Care Trust. It includes fields for patient name, date of birth, and GP details. Below the fields are two boxes with pictures of warfarin tablets: '1mg - Brown' and '1mg - Blue'. The card also contains instructions for patients to take their warfarin as prescribed and to bring the card to their next appointment.</p>


1 Transforming the Culture

Top 5 Incident Types 2018/19	Examples of actions to reduce re-occurrence
<p>Medication (continued)</p>	<ul style="list-style-type: none"> Dissemination of an allergy lanyard card in the Trust to help staff when prescribing and administering antibiotics to patients with a penicillin allergy. The card is shown below: 
<p>Implementation of care or ongoing monitoring/ review (2,613 reported incidents)</p>	<p>This category includes a wide range of incident subcategories such as pressure damage, possible monitoring delays or failures, infection control issues.</p> <ul style="list-style-type: none"> Actions are taken locally as well as at higher levels across the Trust to reduce re-occurrence and potential harm.
<p>Access, Appointment, Admission, Transfer, Discharge (2,163 reported incidents)</p>	<p>The majority of incidents within this category are Absconder / missing patient (including attempted absconding. Actions to reduce re-occurrence include:</p> <ul style="list-style-type: none"> 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. Residential Social Work staff also plan time away with the young people to disrupt and redirect from unsafe behaviours Enhanced levels of supervision, including waking night staff in children's homes, where required.

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

Shared Learning	Ref. No.	Date issued:
 BHSCT Belfast Health and Social Care Trust www.bhsct.org.uk	SAI 13/78 and SAI 13/70	Feb 2019
<p>Safety message: Communication should be absolutely clear when secondary care are referring patients for onward management of their warfarin.</p> <p>Summary of Event Two patients on warfarin came to harm within a few weeks of their discharge – one patient was successfully treated following readmission with bilateral DVTs and a PE; the second patient was readmitted with an intracranial bleed.</p> <p>When discharging the first patient, the clinical team did not contact the GP to agree warfarin monitoring arrangements.</p> <p>In the case of the second patient, the anticoagulant clinic, which provided monitoring, was not sent a copy of the 'Warfarin prescription chart/discharge form'. At discharge, this patient was given a new warfarin yellow book with their warfarin dose instructions; however, an older warfarin yellow book was used to prescribe the warfarin dose.</p> <p>Learning Points</p> <ul style="list-style-type: none"> • Communication should be absolutely clear when secondary care are referring patients for onward management of their warfarin. • This discussion should take place in advance of the patient's discharge (preferably not on the day of discharge) and should be documented in the patient's notes. • Ensure whoever is responsible for monitoring a patient's warfarin post discharge (GP or anticoagulant clinic) receives a fully completed copy of the 'Warfarin prescription chart/discharge form' (shown) at discharge. • A minimum of the last three INR results and warfarin doses should also be recorded on the discharge letter. • The patient's doctor must ensure that the patient's pre-admission yellow warfarin book is updated at the time of discharge with INR results, prescribed doses, next appointment details and any other information necessary for ongoing management. Patient and/or patient's carer(s) should be informed of this information as well at the time of discharge. • Following SAI investigations, BHSCT introduced a 'Temporary warfarin discharge patient information' card (shown). It is completed and given to patients where the pre-admission yellow book is unavailable i.e. a second warfarin book is never given at discharge. 		

Shared Learning	Ref.	Date issued:						
 BHSCT Belfast Health and Social Care Trust www.bhsct.org.uk	SAI 15 060 SAI 16 057 SAI 17 049 SAI 18 034 SAI 18 041 SAI 18 042 SAI 18 063	Feb 2019						
<p>Safety Message: Adhere to WHO checklist and Surgical Pause</p> <p>Summary of Event Over a number of years several SAI investigations occurred relating to wrong site procedures. These SAIs have all been categorised as 'Never Events'.</p> <p>Never Events Guidance</p> <p>Learning Points Learning has been identified as follows:</p> <ul style="list-style-type: none"> • The correct site should be marked • The marking of the site should be checked prior to procedure and if possible checked with patient. • The consent form should be checked for correct site. • Any other relevant investigations should be checked e.g. imaging to confirm correct site. • A 'live pause' should be undertaken prior to commencing procedure. No other activity should be ongoing at the same time. <p>The WHO checklist should be completed at all times.</p> <p>Learning applicable to:</p> <table border="1"> <tr> <td>Specific Directorate(s) (specify):</td> <td>Trustwide</td> <td>X</td> </tr> <tr> <td>Other (specify):</td> <td>Regional</td> <td>X</td> </tr> </table> <p>Action Required (for discussion and agreement at Learning from Experience Steering Group / SAI Group or other appropriate group)</p> <p>Approved by: SAI Group</p> <p>Designation:</p> <p>Date approved: Aug 2018</p>			Specific Directorate(s) (specify):	Trustwide	X	Other (specify):	Regional	X
Specific Directorate(s) (specify):	Trustwide	X						
Other (specify):	Regional	X						

Shared Learning WHO Checklist and Surgical Pause - Aug 2018

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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.

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 – 42 were issued across the Trust in 2018/19. These learning templates are issued across all Directorates in the Trust and also shared with the Public Health Agency, Queens University and

1 Transforming the Culture

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
- Divisions have Live Clinical Governance meetings each week
- Safety Quality Visits where our Executive, Non-Executive Directors and Senior Managers visit wards and units and share best practice and support wards and teams to improve
- “Safety Matters” newsletter issued 3- 4 times per year
- Quarterly and Annual Complaints, Incident and SAI reports
- Directorate and Trust-wide Shared Learning Events
- Implementing recommendations from external reviews and enquiries
- Incident and Risk Management training
- Incidents, SAIs, Complaints, Litigation cases are themed to enhance learning opportunities
- The Trust has a weekly Governance Teleconference to discuss what harm has occurred in the previous week and what is planned for the following week in terms of SAIs, Ombudsman Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between Directorates and issues can be escalated as required.

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Shared Learning Letters

There were 41 Shared Learning templates shared Trust wide during the period April 2018 to March 2019

Ref No	Detail	Date shared
SAI 17 033	On discharge, staff must ensure that a referral/re-referral is made to all necessary services eg. District Nursing	Apr 2018
C 1150 17	Staff code of conduct in communicating with patients	May 2018
C 1488 17	Gluten free options for patients	May 2018
C 347 17	Patients with different known names	May 2018
C 1689 17	Patients on Warfarin should have an INR check on commencing any new medication	May 2018
SAI 17 022 SAI 15 012 SAI 15 161	Data on Fluid Prescription and Balance Charts is essential to clinical decision making about treatment and care and should be accurate and timely	May 2018
SAI 17 074	MRSA Screening	Jul 2018
SAI 16 071	Cardiology opinion for prolonged QT Wave	Aug 2018
W159596	Up-to-date sources of drug information	Aug 2018
SAI 17 064	Integrated Elective Access Protocol	Aug 2018
W162592 W160729	Check mail before posting	Aug 2018
SAI 15 003 SAI 15 161 SAI 16 011	Escalation of staff concerns re patient care	Sep 2018
SAI 17 042	Intravenous Potassium	Sep 2018
SAI 17 002	MDT Joint Discussions	Oct 2018
SAI 17 027	Skin cancer referral and follow-up	Oct 2018
W173103 RQIA001	Intermediate Care 28-Day Supply	Oct 2018
W165682 W172664 W177674 W175711 W179581	Haematology OOH Allergy Box on Kardex	Nov 2018
SAI 16 067	Patient Treatment Plans for APT/DAPT	Nov 2018
SAI 18 021	Outpatient Review following discharge	Nov 2018

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Ref No	Detail	Date shared
W176593	Controlled Areas – Personal Dose Meters	Nov 2018
W181986	Pregnancy-inherited Metabolic Disease	Dec 2018
SAI 14 048	Medicines Reconciliation	Dec 2018
W160899	Pyridostigmine Medicines Reconciliation	Dec 2018
SAI 14 118	Full report on receipt of test results	Dec 2018
STII2889 STII2890 STII289 STII2892	STEMI & PCCI Service	Dec 2018
W135834	Preparing Multiple Vials	Dec 2018
SAI 17 062	Testicular torsion	Dec 2018
SAI 18 066	Open registrations	Dec 2018
SAI 17 035	PCC	Jan 2019
SAI 16 058	Single-use to reusable	Jan 2019
SAI 17 019	M.chimaera	Jan 2019
SAI 15 060 SAI 16 057 SAI 17 059 SAI 18 034 SAI 18 041 SAI 18 042 SAI 18 063	Who Checklist and Surgical Pause	Feb 2019
SAI 13 70 SAI 13 78	Warfarin	Feb 2019
SAI 17 068	Clinical or Social Assessment & Safeguarding	Feb 2019
W184475	Substitute prescribing Team	Feb 2019
W190851	Warfarin dosage	Mar 2019
C725 18 C1164 16	Discharge assessment, planning and organisation is vital to ensure safe transitional discharge of patients	Mar 2019
M&M 16.11.18 1A	Interventional Loading	Mar 2019
W193656 W198368	Burns	Mar 2019
SAI 15 059	SureStore Equipment	Mar 2019

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Building a Culture of Improvement

- Safetember and March to Safety – a month long programme of events and initiatives undertaken in September and March each year to celebrate our improvements and to share best practice. In 2018 this included asking patients, service users and staff ‘what matters to you?’ and asking staff which rules they would break in order to deliver better care for our patients and service users. Many responses were received which led to teams taking appropriate action and listening to what matters

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 3rd Feedback, Elliott Dynes Ec, Lecture Rms 364 12.00 – 14.00 Lunch will be provided!	7 What Matters to you? week Fire Safety Friday Focus on Manager Checklists for Leavers and Salar Recruitment and Employment Practices Breastfeeding awareness, 12.00 – 13.30, Terrace restaurant, BCH
10	11 3rd Feedback, Larkin Rm, BCH, Postgrad centre, 12.00 – 14.00 Lunch will be provided! Chairman's awards celebration event, Conference room, Knockbracken Hall, 14.30 – 16.00	12 Inspirational speaker - Dr Hans Harung Boardman, 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 NFRS Older People Day Central Fire Station 11.30 – 15.00
17 Vote on Breaking the Rules Breastfeeding awareness, 12.00 – 13.30, RdESC 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 call (CEO Brief), Education Centre, RVH, 9.00 – 10.30 3rd Feedback, Elliott Dynes Ec Lecture Rm, 1-3, 12.00-14.00 Lunch will be provided! Adult Safeguarding for Nurses, Seminar Room 3A, 10.15-11.30 CFR challenge, RVH site	26 Data protection training week Mandatory Equality training – Staff, Betty Chambers Room, 9PM 2pm-4pm Driveweb / Dashboard drop-in clinic, ICT training room L, 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 Stewardship, BCH train Mandatory Equality Training - Managers, Betty Chambers Room, 9PM 1.30pm – 4pm Driveweb / 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 – 11.00

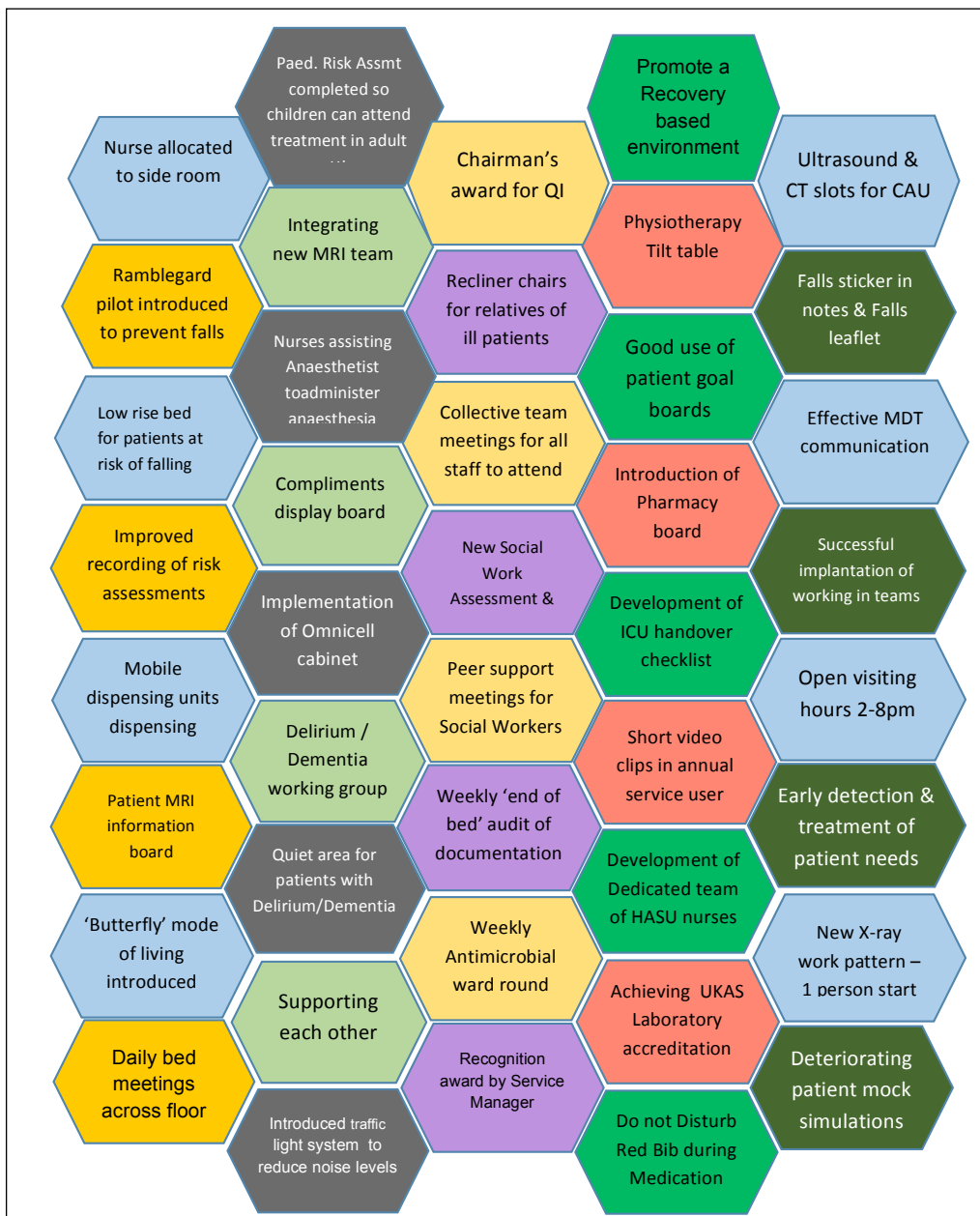
- “March to Safety” was also held in March 2019 to compliment Safetember and update on safety and quality initiatives. The programme included inspirational speakers and events to celebrate and share improvement work along with service specific initiatives to focus on safety and quality.

March 2019 (All staff are welcome to attend events below)				
Mon	Tue	Wed	Thu	Fri
March to Safety				
4 Stop smoking referral challenge – throughout March	5 Adult Safeguarding Training, Postgraduate Lecture Theatre, BCH, 2pm – 3pm	6 My data your business training (book online HRPTS), 9.30 – 11.30am	7 Be data wise data secure 'drop-in' training, Postgraduate Lecture Theatre, BCH, 11am – 12pm	8 HSCQ BHSCQ showcase event, Postgraduate Centre, BCH, 13.30 – 16.30 Fire safety 'drop in' training, Seminar Room 6, Cancer Centre, BCH, 13.30 – 14.30
11 Nurse Safety Forum, Seminar Rooms 1 – 4, Elliott Dynes Education Centre, RVH, 8.30 – 13.00	12 Be data wise data secure (book online HRPTS), Training Room 2, Portmore Building, Mulrumore Abbey Hospital, 10.30 – 11.45am Disinfectant & Acute Care Learning event – HEDICM reporting for staff & managers, Boardroom, MH, 3pm – 3pm	13 Learning from wrong site procedures (12.20-12.55) & Delayed diagnosis of cancer – review of SM (13.00-13.45), MacAfee Lecture Theatre, 1st Floor RHH, 12.20 – 13.45 RHM WEB - 12.00 noon followed by meeting for all staff, BCH 12.45 – 14.00 Mandatory equality, good relations & human right training, Betty Chambers Room, Knockbracken, 14.00 – 14.30	14 Disability awareness training – Elliott Dynes Education Centre, RVH, 14.00 – 16.00	15 Fire safety 'drop-in' training, Conference Room, RABH, 14.00 – 15.00 Adult Safeguarding Training, Betty Chambers Room, McKinney House, 2pm, 2pm – 3pm
18 Bank Holiday	19 Tissue Viability, Postgraduate Lecture Theatre, Elliott Dynes Education Centre, RVH, 9.30 – 13.30 Service user involvement, Lecture Rooms 1&2, Elliott Dynes Education Centre, RVH, 14.00 – 14.30	20 Personal & Public Involvement (PPI) training (book online HRPTS), Larkin Room, Postgraduate Centre, BCH, 9.30am – 12.30pm	21 Equality screening masterclass, Boardroom, A Floor, BCH, 9.30 – 12.00 Mandatory equality, good relations & human right training, Betty Chambers Room, McKinney House, 14.00 – 14.00	22 Adult Safeguarding Training, Samuel Irwin Lecture Theatre, RVH, 2pm – 3pm
25 The Big Spring Clean, Outside RBMS, 12.30pm – 1.30pm	26 Be data wise data secure (book online HRPTS), Clinical Skills Lecture Theatre, Elliott Dynes Education Centre, RVH, 9.30 – 10.45am	27 Walk around RPHIE beginning at 12.15	28 Unscheduled & Acute Care Learning lunch, X&R Boardroom, RVH, 12.00 – 14.00 The Big Spring Clean, Outside ED, MH, 12.30pm – 1.30pm	29 Big Spring Clean, BCH, 12.30-1.30pm Fire safety 'drop in' training, Lecture Rooms 1&2, Elliott Dynes, RVH, 14pm – 4pm Adult Safeguarding Training, Boardroom, 2pm – 3pm

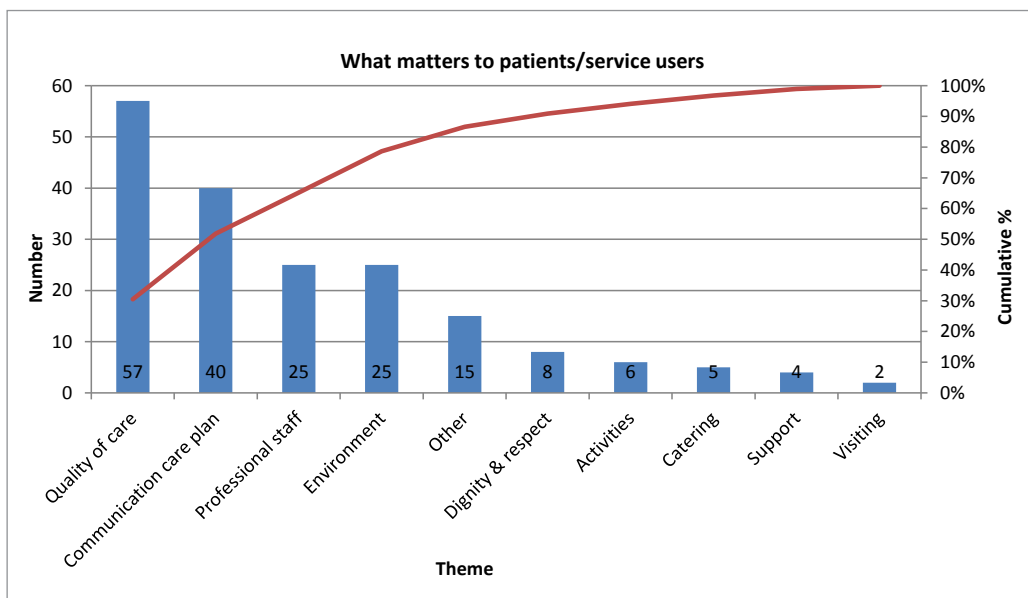
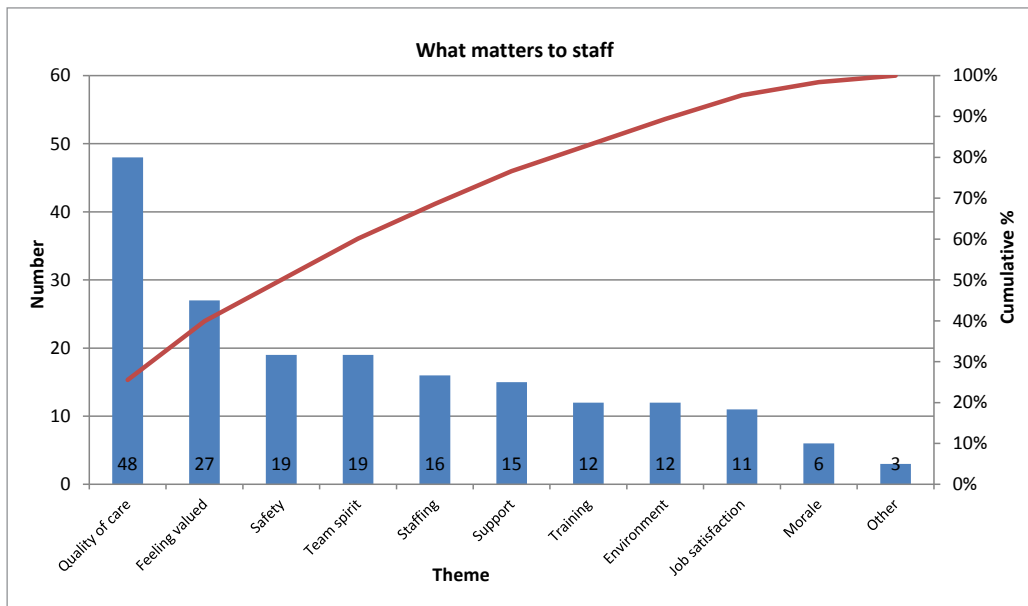
1 Transforming the Culture

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. Examples of best practice are:



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The two pareto charts above show what matters to staff and what matters to patients. Data is collated from 75 Safety Quality Visits in 2018/19.

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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.

The metrics for our community services are:

1. Clients receiving care at home (%)
2. Child Protection - allocation of referrals
3. 'Healthy child, Healthy futures'
4. Looked after Children in education, training or employment
5. Mental Health Safety Thermometer.

Data for some of these measures is routinely collected in the Trust and can be seen on the next page. For some of the metrics such as the Safety Thermometers and Staff Engagement we are setting up processes to collate data on a monthly basis.

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Excerpt of Trust Dashboard

Safety, Quality and Experience dashboard - April 2018 - March 2019																
	2017/18		2018/19													
	Mar-18	YTD Mar 2018	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD Mar 2019	Target 20%
1.0	Mortality Indicators **															
1.1	3.4%	3.4%	3.3%	3.0%	2.8%	2.8%	2.8%	2.9%	2.9%	3.3%	3.0%	3.7%	3.9%	3.2%	3.1%	3.1%
1.2	88	88	81	83	88	87	80	79	84	86	86	100	98	97	95	84
1.3	1.9%	1.9%	2.3%	3.4%	4.9%	5.5%	2.9%	8.2%	5.6%	8.7%	8.9%	10.7%	5.8%	2.4%	5.9%	3.60%
1.4	74	74	49	80	17	89	159	81	92	156	52	116	136	111	98	72
1.5	2.9%	2.9%	6.0%	2.3%	5.9%	2.5%	1.5%	4.5%	3.1%	2.8%	3.9%	4.2%	3.8%	5.1%	3.5%	4.2%
1.6	66	66	132	63	113	51	28	96	68	78	71	98	88	147	71	64
1.7	9.8%	9.8%	11.1%	8.8%	11.2%	9.4%	7.2%	9.0%	12.9%	6.8%	5.6%	9.7%	6.9%	9.3%	9.0%	9.3%
1.8	92	92	111	91	112	92	72	90	115	70	61	86	64	87	88	77
1.9	99%	97%	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%
<small>Note: Mortality data from August 2018 is only shown where coding completeness is sufficient to provide accurate data.</small>																
2.0	Healthcare Associated Infection Indicators															
2.1	12	113	7	12	10	12	10	8	16	8	9	16	7	18	132	tbc
2.1.1	Clostridium Difficile (CPD Target = 110)															
2.1.2	10	78	6	9	7	8	8	7	15	4	5	10	6	14	99	-
2.2.1	1	19	2	2	1	2	1	3	0	2	0	0	0	1	16	tbc
2.2.1	MRSA (CPD Target =12)															
2.2.2	0	9	0	1	0	2	0	2	0	1	1	0	0	1	8	-
2.2.2	MRSA >48 hours															
3.0	Classic Safety Thermometer Indicators															
3.1.1	11	123	8	12	13	15	10	7	5	12	12	10	16	10	130	10% reduction
3.1.2	31	335	23	35	39	37	29	26	25	36	36	31	27	39	383	tbc
3.2	95%	95%	95%	95%	94%	93%	94%	95%	95%	95%	96%	96%	96%	95%	95%	95%
3.3	236	2236	181	180	204	156	149	127	151	161	158	188	155	159	1969	10% reduction
3.4	2	29	3	2	4	4	4	4	2	3	3	2	5	3	39	tbc
3.5	Urinary Tract Infection (UTI) rate with catheter															
in development																
3.6	Other Safety Thermometer Indicators															
3.6	1.05	1.09	1.55	0.53	1.57	1.55	0.28	1.03	0.99	1.21	0.58	2.14	1.40	1.85	1.22	1.37
4.0	Medicines Indicators															
4.1	78%	85%				79%			90%			88%			86%	75%
5.0	Patient Experience															
5.1	Friends & Family score reported from Sept 18															
5.2	90.2%	89.6%	91.3%	93.4%	93.0%	93.7%	95.8%	95.4%	96.3%	95.8%	96.3%	95.8%	95.8%	100%	99%	96%
6.3	Childrens Community Indicators (from Aug)															
6.3	Child protection - % of child protection referrals allocated within 24 hours of receipt of referral															
6.4	"Healthy Child, Healthy future" - % of new baby reviews completed by Health visitors within 14 days (95% of two year old reviews must be delivered)															
6.5	Care Leavers - % at age 18, 19, 20 in E/T/E (Education, Training and Employment)															
7.1	Social Care Indicators (from Aug)															
7.1	Clients receiving care at home as a percentage of total clients receiving care (latest complete month)															

Note - Monthly RAG status reflects in-month performance - YTD RAG status reflects cumulative performance for the year

* YTD, Target and peer average for risk adjusted mortality reflect a rolling 12 month trend

**The Executive team has agreed additional investment in clinical coding staff which will, after appropriate training, allow more timely reporting of the full range of mortality indicators.

1 Transforming the Culture

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



The Trust has agreed a focused programme of improvement work up to 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 with 5 workstreams:

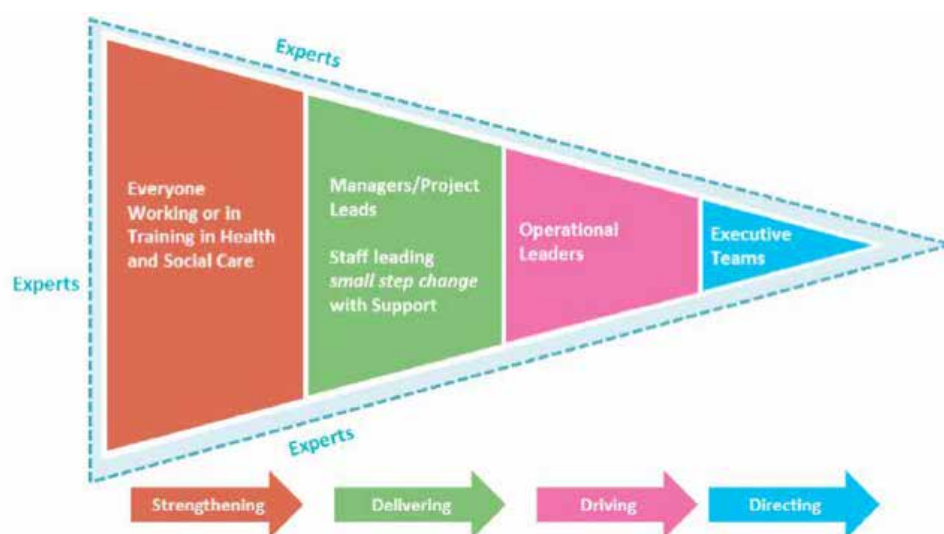
- (1) Right Care, Right Time, Right Place, Right Team
- (2) Real Time patient and service user feedback
- (3) Joy in Work - Staff engagement and empowerment.



1 Transforming the Culture

QI Training

In order to develop and embed these five conditions throughout the Trust, a number of QI training programmes have been established. Our QI training programmes aim to teach staff quality improvement methodology and how to lead improvement projects and manage change. Our various programmes align to the Regional Quality 2020 Matrix for QI training which describes four levels of competency in quality improvement.



In 2018/19 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	15,023 (cumulative)	N/A
2	Safety Quality Belfast (SQB)	175	45
2	Specialty Trainees Engaged in leadership Programme	42	18
2	First STEPs	27	10
3	Scottish Improvement Leader (ScIL)	25	25
n/a	Scottish Coaching and Leading Improvement	60	n/a

1 Transforming the Culture

Further development of QI training programmes

QI training in Belfast has evolved year on year. SQB was proving hugely popular with all grades of staff and many fantastic improvement projects have been completed in both acute and community services. Taking feedback from staff, we recognised that not one size fits all and so we have developed another Level 2 QI training programme with similar content as SQB, named QIST (Quality Improvement Support for Teams). QIST trains 30-36 people in teams of 5/6 and has more hands-on support, 'all teach, all learn', from a QI mentor compared to SQB which is classroom teaching to upto 100 people. QIST will be used in 2019/20 to support our Trust wide improvement priorities.

Scottish Improvement Leader (ScIL)

Level 3 training in QI is the most complex and detailed and produces improvement experts and advisors. There are only a few providers of quality improvement training to this level across Europe and we would typically have sent a small number of staff each year to be trained via the Scottish Improvement Leader, Scottish Patient Safety Programme or to the Institute for Healthcare Improvement (IHI) Improvement Advisor programme.

In 2018/19 a cohort of ScIL was delivered in partnership with National Education Scotland to 21 of our most senior staff in the Trust. They have been trained as quality improvement experts and have the capability to lead and direct improvements to the services we deliver to our patients and service users.

In 2019/20 we are leading the delivery of a third cohort of ScIL to 30 of our senior leaders.

Scottish Coaching and Leading for Improvement (SCLFI)

In addition to ScIL, the Trust also delivered with NES two cohorts of training (60 staff) in coaching and leading teams to improve. We referenced best practice across the world and identified a cohort of staff who would require slightly different skills to deliver improvements and drive change. The SCLFI course provides a knowledge of QI methodology and also the skills to coach teams to improve. We targeted this course to our middle managers, Clinical Directors and Service Managers, staff who were responsible for service delivery and who manage several teams and wards. This would enhance their capability to direct and also support their teams to improve services for patients and service users.



What does this training mean for the Trust?

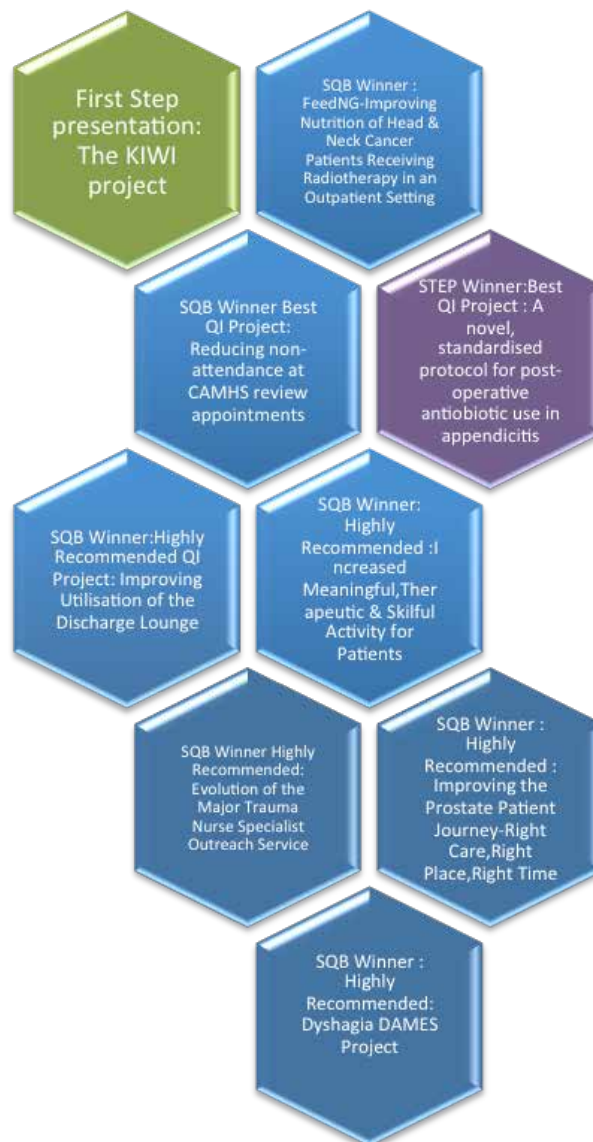
We are building a network of people trained in QI to deliver change at the frontline of services. Don Berwick, former President and Chief Executive Officer of IHI, said in his report to the NHS

1 Transforming the Culture

when asked how can we improve patient safety, ‘..the staff at the frontline should not just be involved in the change, they should be leading the change..’. This is in line with our Collective Leadership model. We have staff trained in all teams throughout the Trust at Level 1, 2 and 3 of the Q2020 matrix. So when any team identify an area for improvement or have an inspirational idea for change they will have a cohort of colleagues at hand to guide and support them to use a QI approach.

Quality Improvement Project Awards 2018/19

SQB and STEP Project Winners



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.



Belfast Support Team (BeST)



The BHSCT is committed to supporting staff and recognises the emotional impact of incidents or unexpected events. We want to support staff in providing safe, effective and compassionate care by making available both practical and emotional support when these events occur.

The Belfast Support team is a 'Buddy' Service which has been set up with a number of buddies available to provide support. Any member of staff who has experienced the emotional impact of an unexpected event can confidentially be put in contact with a buddy. The buddy will provide reassurance and support. They can also offer practical advice on coroner's inquests, complaints and SAI's etc.

We have volunteers from across different directorates, professions and bands of staff who have been recruited and trained to be a 'buddy'.

Schwartz Rounds

The Trust has also implemented "Schwartz Rounds" in the Children's Hospital. Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff. Schwartz Rounds occurred every two months in 2018/19 with panelists presenting on themes such as 'A patient I will never forget' and 'A day I made a difference'. Schwartz Rounds help to build resilience of staff and enable support through sharing of experiences. Evaluation has been extremely positive and Schwartz Rounds were implemented in the Royal Jubilee Maternity Service in 2019 and are planned to start in the Belfast City Hospital in 2020.



It helped me put things in perspective

Very thought provoking, made me reflect on my own practice

I really benefitted from being involved

Having an opportunity to share experiences reminds us that we are not alone

Comments from staff on the value of Schwartz Rounds

1 Transforming the Culture

Success at NI Healthcare Awards

A number of our teams were winners at the recent NI Healthcare Awards held in Belfast's Europa Hotel. These Awards, now in their 20th year, celebrated two decades of rewarding industry excellence and we are very proud to have had a number of finalists and winners from within our Trust.

Our first winner was the '**Asthma/COPD Project of the Year**' award which went to Dara O'Donoghue, Barbara Maxwell and team in respect of the NI Regional Paediatric Asthma Initiative based at the Children's Hospital at the Royal. It is being rolled out throughout the region and is multifaceted in its approach to the enhancement of patient care. As such, a number of strategies are being incorporated, including a programme of educational meetings in primary care which target GPs and primary care asthma nurses.



Next up was the '**Diabetes Project of the Year**' award which went to Ian Wallace, Ailish Nugent and the rest of the multidisciplinary team. The haemodialysis unit at Belfast City Hospital was honoured for providing maintenance haemodialysis to approximately 180 patients, of whom approximately 60 have diabetes. 'Diabetes Project of the Year' award which went to Ian Wallace, Ailish Nugent and the rest of the multidisciplinary team. The haemodialysis unit at Belfast City Hospital was honoured for providing maintenance haemodialysis to approximately 180 patients, of whom approximately 60 have diabetes.



Then we had the '**Heart Failure Management**' award which went to Lana Dixon and team. A service offering patients a streamlined approach to diagnosis, management, and follow-up of heart failure, leading to a one-stop diagnostic clinic being established, where GPs refer patients with suspected heart failure, with an aim of being seen within two weeks.



Finally, the '**Innovation in Rheumatology Service**' award went to Jane Whiteman, Adrian Pendelton and team from Musgrave Park Hospital. The service highlighted a gaping need for a Rapid Access Clinic following an increased volume of acute referrals seeking opinion from multiple hospital sites and GP practices in the Trust.



1 Transforming the Culture

Celebrating Success at the Royal College of Psychiatry International Congress!

Dr Vivian Sing won joint first place for her oral rapid fire presentation and second place for Trainee Research Poster of the Year at the Royal College of Psychiatry International Congress.

Dr Sing presented her QI project on improving adherence to DVLA Guidance on driving for those with a diagnosis of ADHD. This is a huge achievement and great recognition for the work being carried out by Dr Sing and the team in BHSCT. It is also a credit to the psychiatry team for embedding a Quality Improvement approach amongst medical trainees.

This QI project looked at improving the adherence to DVLA guidance in ADHD patients in East Belfast Primary Outpatient Clinic. Following 6 PDSA cycles, 90-100% of patients were informed by medical staff to notify DVANI of diagnosis by education and updating the physical health ADHD checklist (developed from a previous QI project in East Belfast Primary OPC) to include driving.

An educational leaflet has been developed following feedback from a patient focused group and a wallet size card has been developed following further feedback from patient questionnaires.

This project was completed as part of Safety Quality Belfast (SQB) which is a Level 2 Quality Improvement training.

Improving Adherence To DVLA Guidance
On driving for those with a diagnosis of ADHD
QI project

Vivian Sing CT2 Psychiatry
vsing01@qub.ac.uk
Supervisor: Dr Maeve Largey, consultant psychiatrist

Background

- 10% ADHD patients in East Belfast PHOT?
- Patients with ADHD have a higher risk of motor vehicle accident - responsibility to ensure without the licence?
- System responsibility to inform patients to inform DVLA about diagnosis
- The driver is legally responsible for telling the DVLA about the condition

Results and feedback

Feedback and focus group

- 20% of patients not aware the need to notify DVLA due to being misled by medical staff
- 50% of patients did not actually do as other they were advised to
- Main problems - correct time to do it, find process too complicated
- Other important advice such as how to drive safely with ADHD
- Completed checklist for advice and wallet cards information on driving safely with ADHD
- Drafted educational leaflet - positive feedback
- Should like to develop a wallet size card which contains resources health for convenience

Aim and Measures

- 80% adherence to DVLA guidance in East Belfast Outpatient Clinic for patients with a diagnosis of ADHD

Outcome

- 80% adherence to DVLA guidance in East Belfast Outpatient Clinic for patients with a diagnosis of ADHD

Process

- Check involvement of being asked to patients

Balancing

- Ensure that the appropriate educational resources health for convenience

Educational leaflet and draft wallet size card

PDSA Ramp

- Cycle 1** - Feedback on educational leaflet and wallet size card
- Cycle 2** - Feedback questionnaire, focus group and educational leaflet
- Cycle 3** - Draft wallet size card and educational leaflet
- Cycle 4** - Draft wallet size card and educational leaflet
- Cycle 5** - Draft wallet size card and educational leaflet
- Cycle 6** - Draft wallet size card and educational leaflet

Conclusion

Following meeting local clinicians, decision to include driving section on physical health checklist, form completed by the medical staff to ensure all patients with a diagnosis of ADHD are notified to DVLA

Following patient questionnaires, development of educational material, completion of DVLA and sending the process on learning for every patient

Developed educational leaflet and draft wallet size card developed as a starting point for a produced educational leaflet

What next?

- Co-production of wallet size card
- Further spread of project to raise compliance of advice and obtain feedback re compliance of wallet size card
- Have patient folder for ADHD to include patient educational leaflet as reminder to discuss driving with their patients
- Potential spread to other ADHD clinics and for patients with other conditions

1 Transforming the Culture

Cultural Assessment

Findings and recommendations



Culture shapes the behaviour of everyone in the organisation and so affects the quality of care they provide.

A positive culture is therefore key to the Trust realising its Vision 'To be one of the safest, most effective and compassionate health and social care organisations'. Recognising this, the Trust Board commissioned a programme of work to discover:

- 1 - How compassionate and empathetic is our Trust culture?
- 2 - What are our strengths and areas for development?
- 3 - What Leadership action is needed to support the delivery of the Trust vision?

Culture is the way we do things here, what we value, what we pay attention to and what matters. The various cultural elements used in this work are:

Values and Vision

The degree to which practices within the organisation align with the achievement of the values described in the NHS Constitution (and at an Organisational level).

The degree to which people in all parts and at all levels of the organisation are aware of and committed to the long term vision for the work of the organisation.

Support and Compassion

The degree to which people feel that their managers and leaders support them in their work and the extent to which there is a culture of compassion across the organisation.

Team Working

The degree to which effective team and inter-team working is well established within the organisation.

Goals and Performance

The degree to which people within the organisation have clear, agreed objectives (aligned to the vision) and receive helpful feedback on their performance. The degree to which people have the necessary resources to achieve their goals.

Learning and Innovation

The degree to which the organisation supports learning and the development of new and improved ways of delivering patient care.

Collective Leadership

The degree to which there is distributed leadership, shared leadership in teams (as opposed to command and control), cross-boundary co-operation between leaders and a common approach to leading supportively and collaboratively across staff groups and service areas.

1 Transforming the Culture

Methodology

The King's Fund and the Centre for Creative Leadership developed a set of resources and diagnostic tools. The tools facilitated the collection of information from the Trust board (Non-Executive and Executive/ Directors) and Trust staff. Existing data from patient feedback was also incorporated.

- Data from the Trust Board was gathered through **Board Interviews**; semi-structured 1:1 interviews with members of the Executive Team and the Trust Board

Data from staff was gathered through a **Leadership Behaviour Analysis questionnaire** (LBA), Pulse surveys and Focus groups as well as by the construction of a **Culture and Outcome Dashboard** (see Fig 1) from the data extracted from the Staff Survey (2015)

- Existing Patient feedback data from was analysed to enable an extraction of cultural themes and related scores.

Change Team

The tools were delivered by an internal, multidisciplinary culture change team with representatives from across the organisation at a range of levels.

Main findings and Recommendations

The range of Cultural assessment tools have enabled a more broad assessment, analysis and interpretation of our culture, from Trust Board to the front-line, than has previously been possible within the Belfast HSC Trust. Offering almost 2000 members of staff the opportunity to contribute to this work has provided a rich and varied picture of 'how things are done in Belfast' and to answer the three questions posed by the Trust Board.

1: How Compassionate and Empathetic is our Trust Culture?

It is concluded that there is no clear and consistent culture of a compassion and empathy throughout the organisation. As essential components of Collective Leadership and being intrinsically linked to the safety and quality of care we provide we must work to improve this.

2: What are the Strengths and Areas for Development

Although there was a diverse range of cultural traits reported, some common themes emerged. Areas of strength included Learning and Development opportunities and teamwork at a local level. Areas for development included negative behaviours that contradict our values and lack of support and compassion from leaders. There was a strong and consistent message about the negative impact that poor staffing levels is having on staff morale and their ability to do their job.

1 Transforming the Culture

3: Action and Leadership Activities Required Now and in the Future to Support the Delivery of the Trust Vision

This discovery report's findings and recommendations will inform a body of work to be undertaken that will feed into the People and Culture Workstream of the Impact Programme.

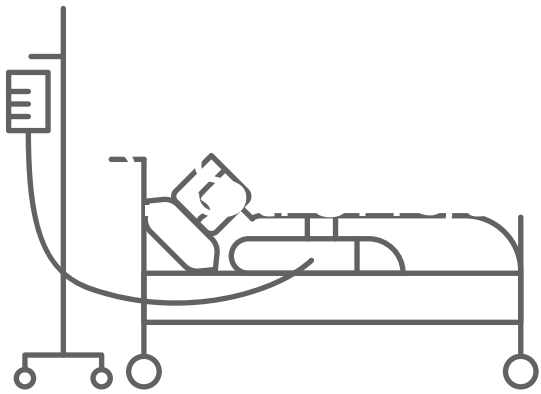
Next steps:

Sharing our Learning: We plan to launch a report for staff in September 2019 offering a summary of the findings and detailing the recommendations made.

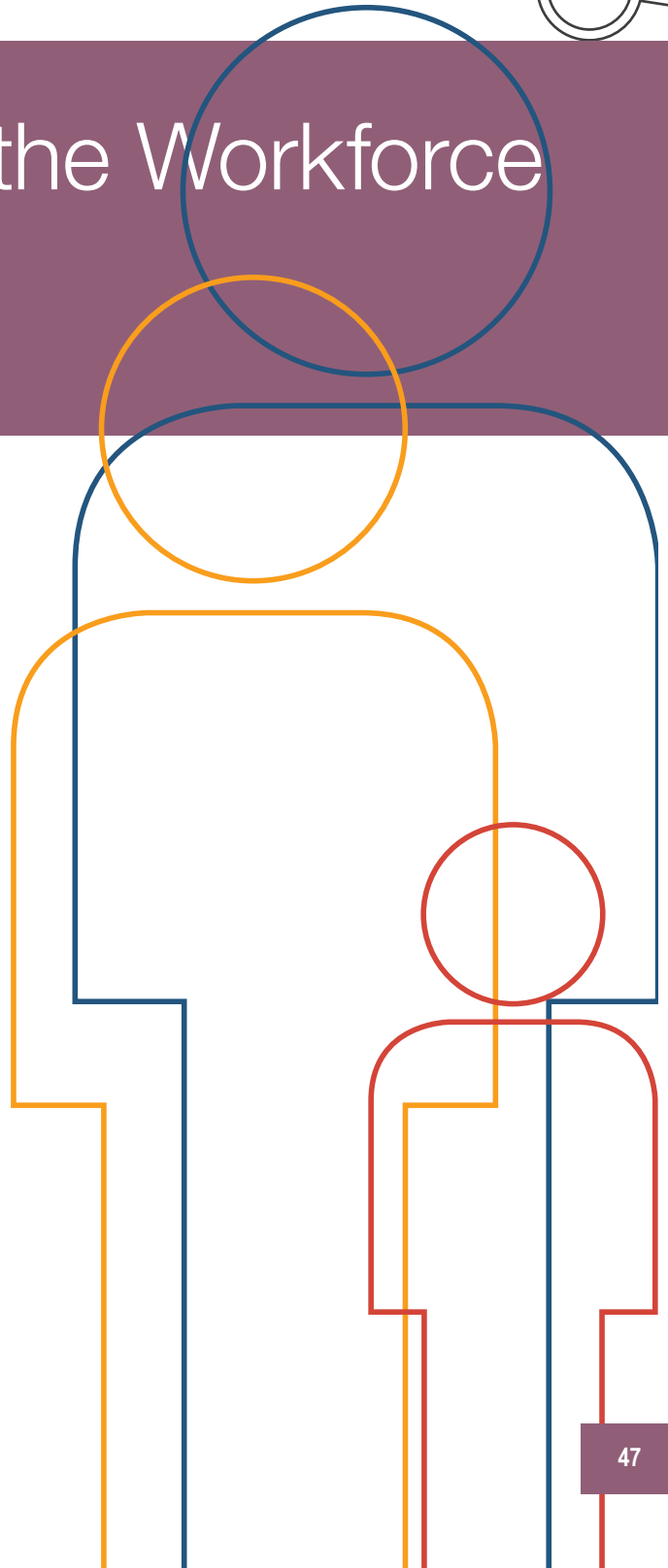
People and Culture Work-stream: As one of the five main Corporate Aims work on 'People and Culture' will be overseen by a 'People and Culture Work-stream' as part of the 'Impact' programme. The remit of this work-stream will include, staff engagement, culture improvement, Joy at Work and workforce planning.

Tracking changes in our culture: A further drill down into our culture will take the form of the HSC wide Cultural Assessment from Affina OD, (scheduled for early 2020) and will gather data at directorate level. This data along with data from our IIP assessment, staff survey results and pulse surveys will continue to provide us with a rich picture of what it is like to work in the Trust and how things are changing as we work to make things better.

Culture Change Platform: Work is under way to develop a change platform that will help deliver the cultural and behaviour changes highlighted in the cultural assessment.



2. Stenghtening the Workforce



2 Strengthening the Workforce



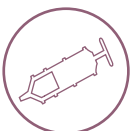
bWell



70% of staff trained at level 1 of the Q2020 Attributes Framework



The Belfast Trust achieved a SILVER IIP accreditation in April 2019



42% 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



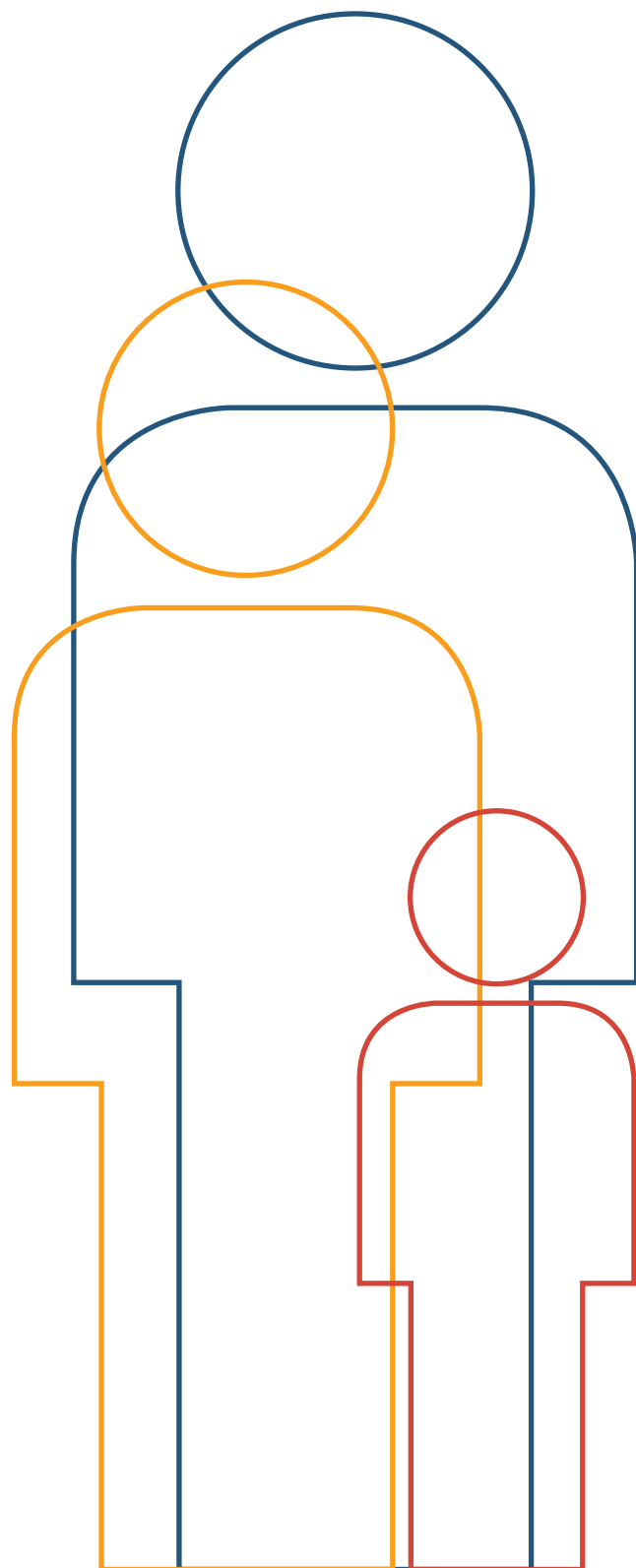
Schwartz Rounds introduced in RBHSC to build resilience among staff



18643 staff completed equality training



98.9% appraisal rate for medical staff in 2017



2 Strengthening the Workforce

Improving Working Lives

Now in their 11th year, the Improving Working Lives team, supported the running of summer schemes over four sites. During the 7 week period care was provided for 472 children / 287 families

A further Childcare Scheme was provided during the Halloween period. In total 49 children attended the scheme from 29 October – 2 November 2018 and 27 families were accommodated.

As part of the bwell, Here 4 U learning series the following sessions were held:

- o Two sessions on Chronic Pain held on 5 October 2018 attended by 22 staff
- o Type 2 diabetes on 29 October 2018 attended by 30 staff
- o Financial wellbeing on 8 November 2018 attended by 18 staff
- o Getting a good night's sleep on 23 January 2019
- o Three sessions facilitate by Advice Space (formerly Citizen's Advice) attended by 26 staff.

Menopause Toolkit



We have developed in partnership with Business in the Community NI, a new and innovative Menopause Toolkit which is a useful on-line resource for both Managers and Staff in understanding all matters related to the menopause and managing symptoms during work. The Toolkit is also a great resource for signposting individuals to additional sources of support and guidance.

2 Strengthening the Workforce

Framework for Staff with a Caring Role



At some time in our lives, any one of us may be a carer or need someone close to us to support us with our everyday living. This often happens unexpectedly, for example as the result of an accident or sudden illness. It is also important to remember that carers come from all walks of life and are a very diverse group. We have developed this Carers' Framework to support us in building on our progress to date and develop a more integrated approach to supporting and enabling our staff with caring commitments to remain in work whilst simultaneously safeguarding their health and wellbeing.



The Trust continues to promote work life balance options to all staff. During 2018-19 1589 applications were received with an 74% approval rate.

The Pathway for Supporting Staff with a Mental Health Condition was developed as a guide to support staff who are experiencing mental health

difficulties. This is a useful resource for Managers on how they can support their staff and signpost them to the range of assistance available both internally and externally.



Pathway for Supporting Staff with a Mental Health Condition



2 Strengthening the Workforce

Staff Absenteeism



The Trust continue to support our Managers to effectively manage staff sickness absence in line with the HSC Workforce Strategy. We continue to promote staff health and wellbeing in order to take a preventative approach to absence and encourage employee self-care. Human Resources have developed a number of management support resources in partnership with internal and external support providers to enable and empower managers to manage sickness absence effectively and promote a culture of support and compassion.

In line with the HSC regional trend Mental Health related absence is the highest recorded reason for sickness absence for the Trust. The total percentage of sickness absence for the period 1 April 2018 to 31 March 2019 was 6.72% and 33.37 % of all sickness absence was categorised as a mental health related issue.

The Trust are working with Trade Union colleagues and the Health and Safety Executive to develop specific information and tools to ensure mental health conditions are managed consistently and effectively and provide support for managers when managing these often difficult and challenging situations.

1 April 2018 to 31 March 2019



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

- The NI Equality and Diversity Awards: Winner of Best Disability Initiative – Positive Action Programme – Making it Work
- HPMA NI Awards: Winner of Innovation in HR Award: Positive Action Programme – Making it Work
- HPMA NI Awards: Winner of HR Team of the Year: Belfast Trust Recruitment Team

2 Strengthening the Workforce

- HPMA NI Awards: Winner of HR Professional of the Year: Alison Kerr / Louise Beckett
- HPMA National Awards: Winner for Health Sector Jobs Award for Best Recruitment Initiative: Belfast Trust Nursing Jobs
- HPMA National Awards: Highly Commended: Capsticks Award for Innovation in HR: Positive Action Programme – Making it Work
- Business in the Community Responsible Business Awards: Highly Commended: Employability and Jobs Award: Positive Action Programme – Making it Work
- Chairman's Award: Special Recognition for Flu Campaign.

Accreditation

- ISO 9001.2015: The Occupational Health Service successfully maintained accreditation
- SEQOHS: The Occupational Health Service successfully maintained accreditation
- IIP Silver: The Trust was accredited with IIP Silver award.



2 Strengthening the Workforce

Reward and Recognition

BHSCT has a Recognition and Reward Policy (updated April 2019) which is cognisant of the fact that managers play a crucial role in recognising staff for the work they do. This is undertaken both informally on a day to day basis and or formally through organisational initiatives. In the ethos of Collective Leadership, it is not just a manager's role to value and recognise contributions but for all Trust staff regardless of position.

Our Policy highlights that Directorates and Divisions must play their part in creating a culture that values and recognises contribution and achievement at all levels and by all levels. It is important that staff feel valued and appreciated for their contributions and achievements in the workplace. Receiving regular recognition and feedback from their manager and a sincere "Thank You" is a positive and immediate affirmation for staff that they matter and that their role within the Trust is recognised and appreciated. Managers should regularly communicate with staff particularly when staff are doing a great job, sometimes under difficult circumstances. Managers should also through their interactions with staff, display behaviours that reflect our Trust values. Each Directorate and Division should effectively plan and develop local arrangements for what would work best within their areas for valuing and recognising the contributions and achievements of their staff.

Physician Associate Role

The Trust recruited five permanent New Graduate Year (NGY) Physician Associates as part of a regional HSC recruitment campaign in November 2018. The appointees will take up posts in April 2019, and will work alongside and under the supervision of doctors to deliver medical care as part of a multidisciplinary team. The specialties in which the Physicians Associate will work are: Acute and Emergency care, Gynaecology, Paediatrics, Trauma and Orthopaedics and Mental Health. The Trust continued to provide clinical placements across a range of specialties to the next cohort of University of Ulster students undertaking the Physician Associate PGDip/Msc course.



Staff Flu Vaccination Rate

Each year we encourage as many of our staff as possible to protect themselves, their families and our patients by having the flu vaccination. While we have successfully achieved the target set by the DoH over the past two years, we continually review how to improve the uptake of flu vaccination amongst our front-line health care workers. The utilization of 'Peer Vaccinators' has significantly improved accessibility and influenced an increasing numbers of staff to have flu vaccination. Effective communication is another key component to our successful campaigns and information including myth busting is shared in a number of ways including the use of social media,

2 Strengthening the Workforce

the hub page and circulation of posters and timetables.

2016/17 = 29.9%

2017/18 = 39.9%

2018/19 = 42.4%

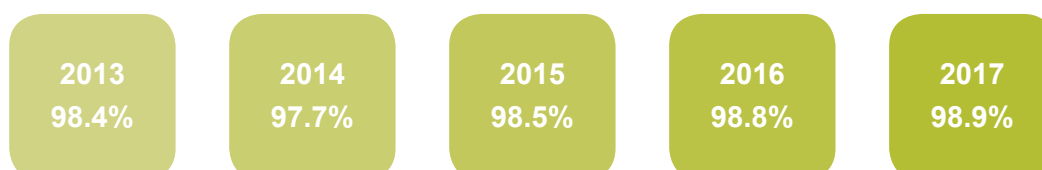
Over 42% of staff received the flu vaccine in 2018/19. This was an improvement on previous years.

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".

Belfast Trust continues to exceed the annual DoH target of 95% appraisal rates for medical and dental staff. Appraisal participation for the last five years is outlined below. The current cycle is ongoing and we forecast that 2018 participation will again be consistent with recent years. The Trust also continues to strengthen processes, guidance, resources and tools for managing appraisal across the organisation.



We forecast that appraisal rates for 2018 will again be close to 100%.

Regional Appraisal System for doctors and dentists

In January 2019 Belfast Trust commenced the implementation of Phase 1 of the Regional Appraisal System for Doctors and Dentists. The system was designed in conjunction with BSO and other Trusts. Further enhancements are being specified for Phase 2 and will be progressed over the next year. A training programme has been delivered along with the development of a comprehensive HelpGuide.

2 Strengthening the Workforce

The approach to development has been to ensure the following are achieved:

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



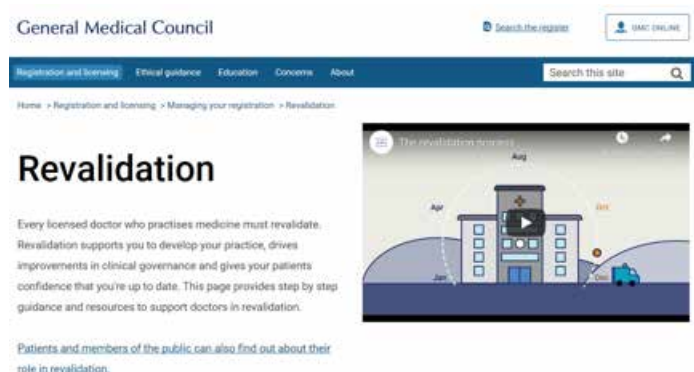
Revalidation of Medical Staff

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

Each doctor needs to be revalidated every 5 years.

At any time, approximately 990 Doctors are connected to Belfast Trust as their revalidation Designated Body.

Revalidation is now into the second cycle.



Nursing and Midwifery Revalidation

The NMC Council introduced a model of Revalidation for all nurses and midwives from December 2015 by order of the Privy Council. Taking effect from April 2016, Revalidation requires registrants to demonstrate how they meet the standards of the NMC Code *“Professional Standards of practice and behaviour for nurses, midwives and nursing associates”* (NMC 2018).

The purpose of Revalidation is to improve public protection by ensuring that nurses and midwives continue to remain fit to practice throughout their career. The process requires all Nurses and Midwives to demonstrate every three years a continued ability to practise safely and effectively to remain on the NMC register.

Central to the Revalidation process is the NMC Code (2018) reinforcing that all registrants

2 Strengthening the Workforce

reference the Code to underpin all the Revalidation requirements including their written reflective accounts and reflective discussion.

The process of Revalidation:

- Requires the registrant to revalidate every three years upon renewal of NMC Registration
- Reinforces the registrant's duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the Code in day-to-day practice and personal development
- Encourages reflection on the role of the 'Code' to practice and demonstrates how each registrant is 'living' the standards set out within it
- Encourages engagement in professional networks and discussions
- Encourages a culture of sharing, reflection and improvement
- Enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

Throughout 2018 / 19, **1925** Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined in Table 1.0 below.

Table 1.0 Number of Registrants completing Revalidation by Directorate in 2018 /19

Directorate Name	2018-2019 Number of Registrants Revalidated
Unscheduled & Acute Care	553
Surgery & Specialist Services	251
Specialists Hospitals & Women's Health	403
Children Community Services	70
Adult Social & Primary Care	290
Nursing & User Experience	19
Nursing & User Experience – Bank Only	315
HR/Medical Directorate	24
Total	1925

Throughout 2018 / 19 improvement focused on a review of processes within the Nurse Bank team to ensure Bank Only Registrants were supported to meet Revalidation requirements.

2 Strengthening the Workforce

Staff Induction, Corporate Welcome and New Belfast Trust Welcome Event

Whilst the Trust Corporate Welcome continued to run in 2018/19 with 922 attendees, the HR Learning and Development team are also leading on the development of a new approach to the welcome and induction of new employees to Belfast HSC Trust. The team are working in partnership with key stakeholders from across the Human Resources Department, 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 new and unique approach to the welcoming of new staff, will commence on 1 April 2019, and will run thereafter on a monthly basis marking the first day of employment for new staff. The first event welcomed 100 new staff (with increasing numbers at events thereafter).

This new, inclusive welcome 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.

Statutory & Mandatory Training

The Belfast Trust recognises the importance of Statutory and Mandatory Training in the provision of safe, high quality services to our service users.

Work progressed this year includes:

1. A review and update of the Statutory Mandatory Policy and Matrix to incorporate
2. A new compliance reporting process and dashboard which will facilitate reporting by Division/Co-Director. This will enable regular updates on the ten core pieces of SM training compliance to be provided to all Directorates / Divisions supporting a more robust approach to the management of non-compliance
3. Development of specifications for regional Learning Management System to improve access to the delivery of SM training



2 Strengthening the Workforce

4. Welcome Event developed for new employees which incorporate eight of the core Statutory and Mandatory training.

Quality 2020 Attributes Framework

During 2018-19 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.



In 2018/19, 6,177 staff completed Level 1 Q2020 training by accessing workshops or completing e-learning.

At the end of March 2019 the overall trust percentage of staff trained in Q220 Level 1 was 70% exceeding the target of 50% set by DHSSPS.

Investors in People

The IIP Standard sets out the criteria for high performance through people. It is an effective tool to measure and bench mark performance against global principles.



The Belfast HSC Trust has been accredited three times by IIP (2010, 2013 and 2016). The Trust has embarked on an assessment process against the new IIP Generation VI Standard which focuses on the three principles of Leading, Supporting & Improving.

The Belfast Trust achieved a SILVER accreditation in April 2019

The Assessment in numbers:

4,150 Online survey responses

440 Meetings with staff

11 Directorates

6 Weeks on site

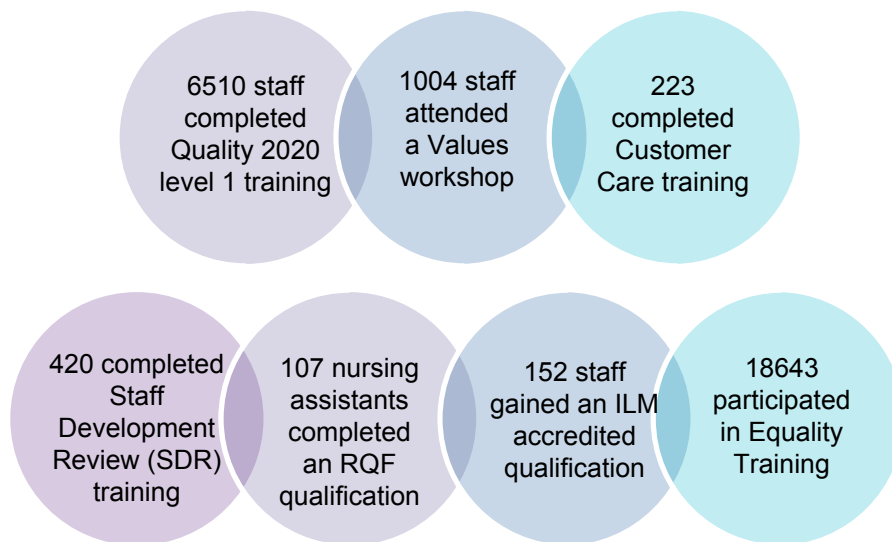
4 Assessors

2 Strengthening the Workforce

Learning and Development Activity

The HR Learning and Development team continue to offer a wide range of learning and development opportunities for staff, which are promoted through the annual Learning & Development Portfolio.

All of this activity supports the achievement of the Trust's corporate and strategic objectives and enables staff to provide the safest quality of care for our patients, clients and service users. Between April 2018 and March 2019 a total of over 11500 staff participated in training provided by the HR Directorate. These included the following:



The Trust launched the Leading with Care programme for senior post holders back in 2016-17. The 2018-19 programme was updated based on feedback and learning from evaluations of these earlier cohorts.

All participants complete a collective leadership challenge and have the opportunity for 'front line' experiential learning. During 2018-19, 3 cohorts of staff with a total of 70 participants took place in the Leading with Care Programme.



2 Strengthening the Workforce

Vocational Learning Programmes

In 2018 the Department of Health (DoH) mandated new Standards for Nursing Assistants across all HSC Trusts. To embed these standards, in June 2018 the Belfast Trust Central Nursing and HR Learning and Development team worked in partnership to establish the BHSCT Standards for Nursing Assistants Implementation Group. This collaboration reflects the Trust's ongoing commitment to recognise and develop the role of Nursing Assistants to provide Safe, Effective, and High Quality care for all service users.



Nursing & Midwifery Leadership Programme (Band 6 & 7)

The Band 6 and 7 Nursing & Midwifery Leadership Programme continues to be delivered in partnership with Central Nursing. The programme provides Nurse Leaders with an opportunity to understand how they can influence and support transformational change. Since April 2018 three cohorts have completed the programme with approximately 70 participants with an additional request for further cohort for newly appointment Nurse leaders to commence in April 19. Further cohorts will commence in September 2019.



2 Strengthening the Workforce

Staff Achievements

On 22 June 2018 a Recognition Event was held at Girdwood Community Hub to celebrate and acknowledge the completion of accredited training by Trust staff delivered by the HR Learning and Development Team.

More than 150 attendees including managers, external representatives and staff attended. Caroline Leonard Director of Surgery and Specialist Services opened the event.

We have had a number of staff achieving accredited qualifications including RQF, ILM and Essential skills. A



Robert Mulligan ProQual Learner of the Year

number of Special Recognition awards were also presented to learners in recognition of their personal and professional achievements.

Three managers were also recognised at this event for the contributions they have made to Learning and Development within their department these were:

- Supporting Learning and Development Manager of the Year joint winners, Mary Cunningham and Carol Ann Kane
- Special Recognition Award for Contributing to Learning and Development, Tina Irwin.



Carol Ann Kane and Mary Cunningham receiving their awards



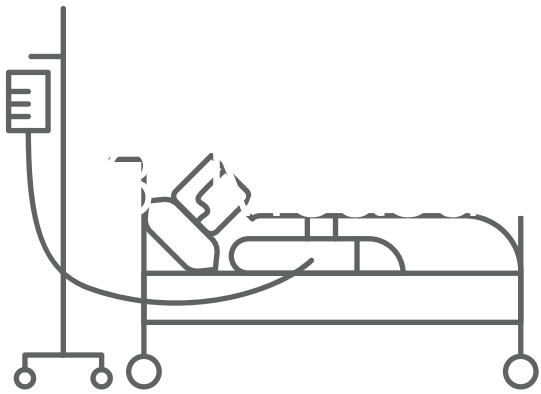
Tina Irwin receiving her award

Learner Awards were sponsored by the Trust, the Institute of Leadership and Management, ProQual, the Open University and UNISON and UNITE Trade Unions.

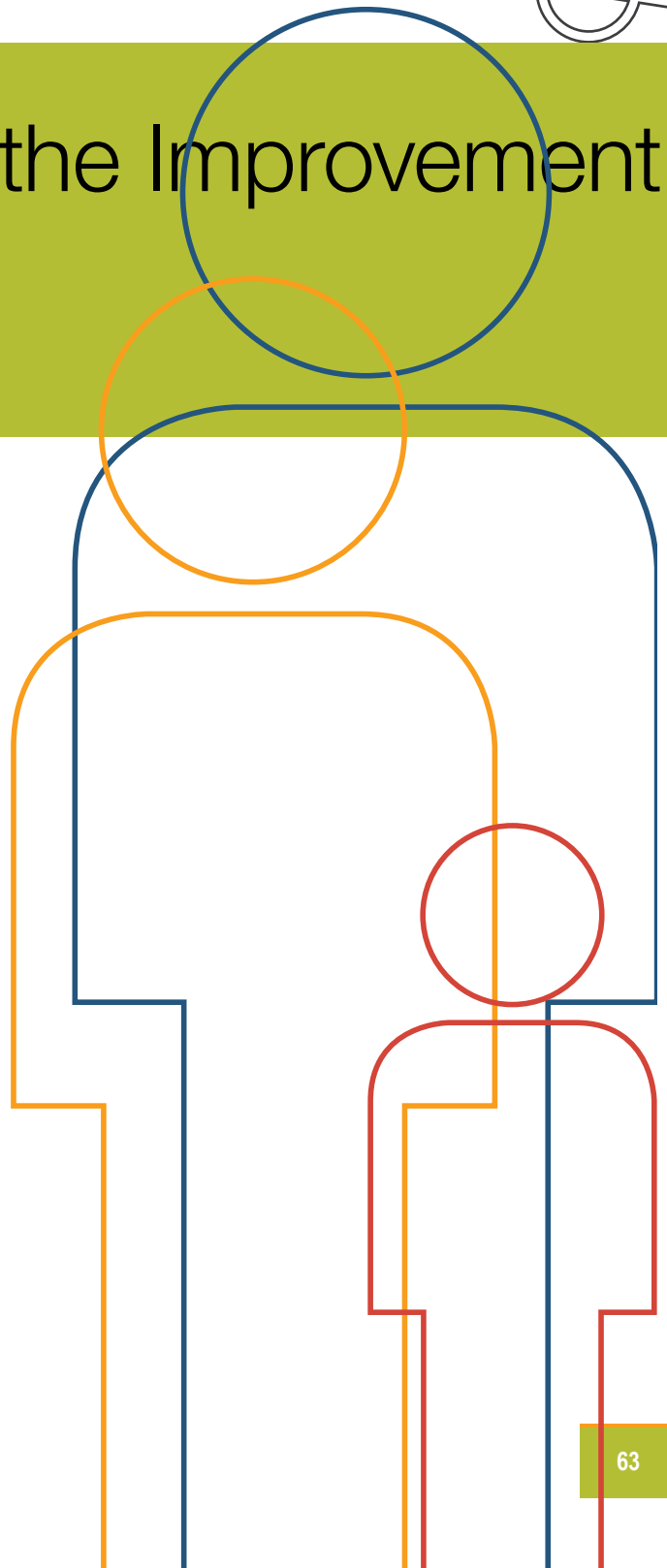
The Belfast Trust Recruitment Team also won 'Team Of the Year' at the NI HPMA Awards in December 2018 in particular for their nursing "one stop shop" recruitment strategy.



2 Strengthening the Workforce



3. Measuring the Improvement



3 Measuring the Improvement



Infection rates



Compliance with WHO surgical safety checklist



Increase in controlled drug compliance



Falls



Reduction in avoidable and deep Pressure Sores



Decrease in omitted or delayed medications



Quality Improvement in mental health



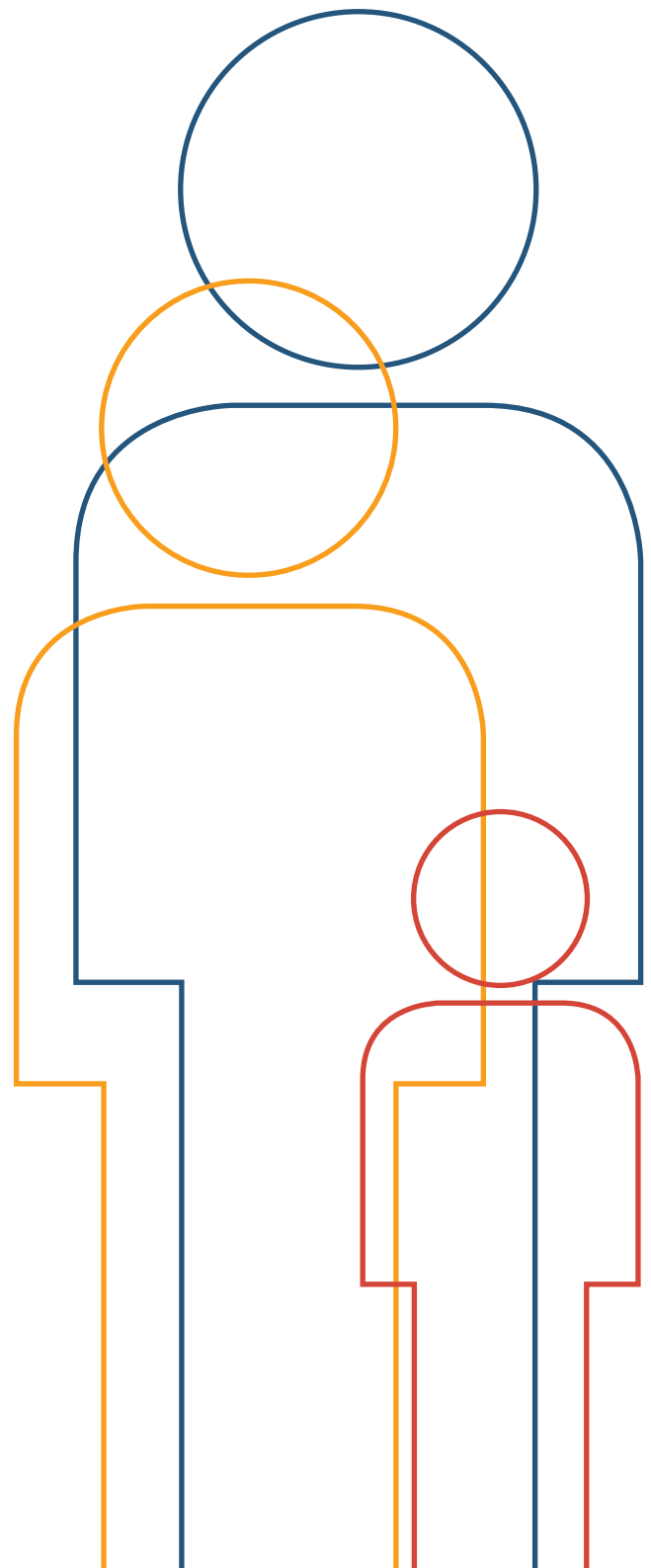
Preventing VTE



B-Safe Plan



Cardiac arrest rates



3 Measuring the Improvement

The Trust is committed to using meaningful data to inform and measure improvement and has developed a core dataset at ward, Care Delivery Unit and Divisional level. We then have our acute and community metrics at Trust level to measure if we are in the top 20% of UK healthcare providers for safe, effective and compassionate care. Datasets are being rolled out across the organisation in 2019/20.

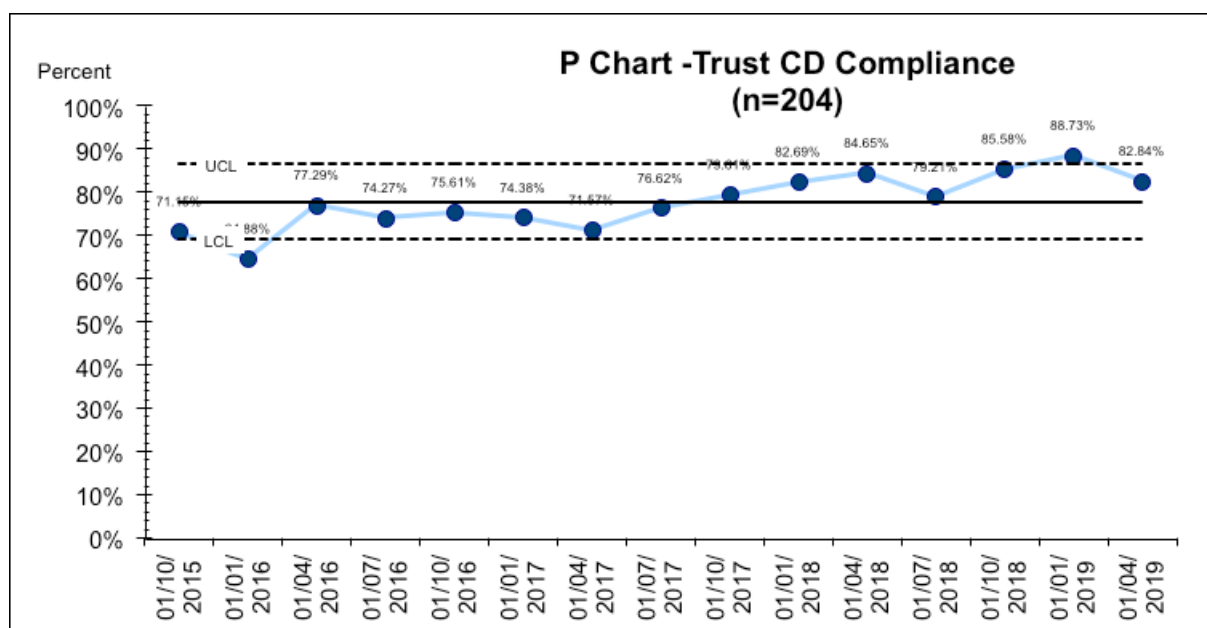
Medicines Management

The aim of the Trust Quality Improvement Plan is to reduce harm from medication errors by 30% by 1st April 2020 from our baseline performance in 2017.

In 2018/19, project work was undertaken across key areas to achieve this target:

Controlled Drug Automation

Controlled drugs are an essential component of clinical care, used widely in acute and chronic pain, end of life care and opioid substitution, they are subject to legislative controls as there is potential for them to be abused or misused causing harm to both patients and staff.



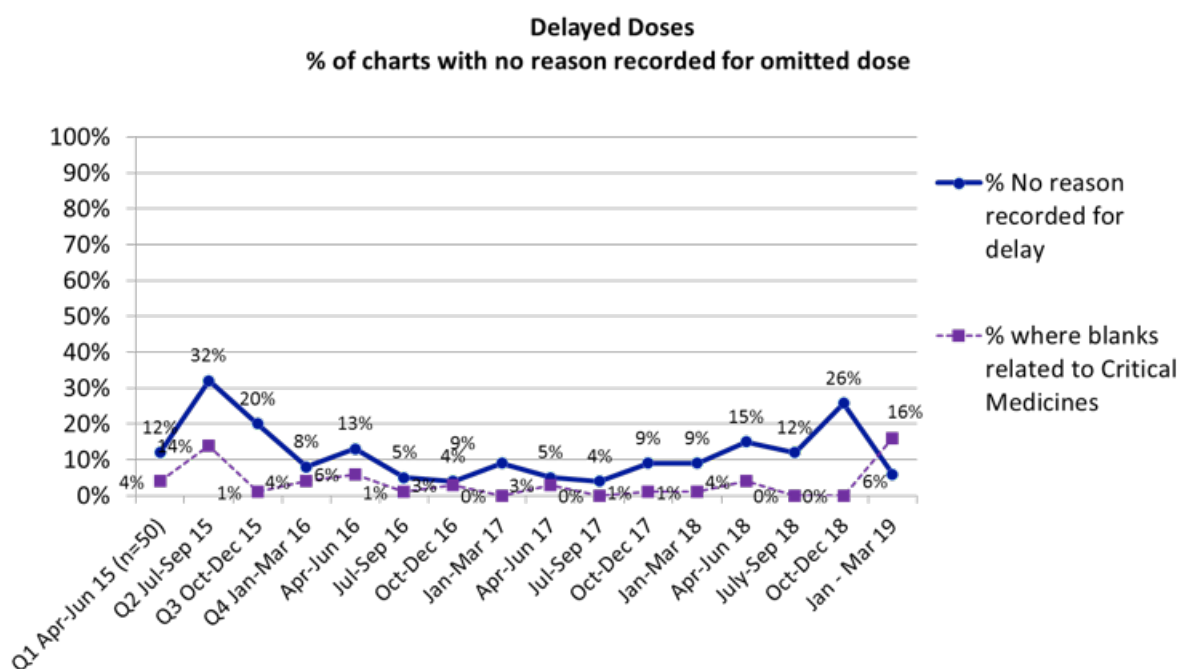
This chart shows the performance across the Trust with compliance with Controlled Drugs as per quarterly audits from October 2015 to April 2019. The Trust is now performing consistently over 80%. The target level for compliance is 75%. The number of areas that completed audits on a quarterly basis was 210. A revised target of 90% compliance has been set for 2019-20.

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. 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.

Delayed and Omitted Doses (9 Wards)



This chart shows the % of omitted medicines with no reason recorded in the notes. Data is for 9 wards that are audited each quarter. Performance in the quarter January – March 2019 improved to 6%.

3 Measuring the Improvement

Medication Safety Thermometer

The Trust has signed up to the Medications Safety Thermometer. Following a successful pilot in two wards in 2018/19, it will be rolled out to 48 wards across the Trust in September 2019. This thermometer is available via NHS Improvement and allows benchmarking with other NHS trusts.

The Medication Safety Thermometer collects data on:

- Medication reconciliation
- Allergy status
- Medication omission
- Harm from certain high risk medications – anticoagulants, opioids, injectable sedatives and insulin.

This data collection identifies whether harm has occurred. If it has, it is discussed by the ward multidisciplinary team and learning identified.

NHS Safety Thermometers

In addition to the Medication Safety Thermometer, the Belfast Trust are introducing the other 4 NHS Safety Thermometers. The thermometers enable us to take a ‘temperature check’ on safety on two days every month, through measuring common causes of harm at the point of care. They can be used to understand the proportion of patients affected by harm, agree baselines, set improvement goals and detect change over time at a local, regional and national level. This also allows for benchmarking via the NHS Safety Thermometer website. We plan to introduce all five Safety Thermometers in a phased approach, measuring harm from different causes.



The data will be collected by a team of 14 Patient Experience Officers twice per month, from patient’s documentation and instantly uploaded to the NHS Safety Thermometer website. Wards will be able to log in and see their results on a monthly basis as well as receiving a report via email at the end of the month. The thermometers will roll out in conjunction with the real time patient and service user feedback initiative.

3 Measuring the Improvement

Keeping people safe in our organisation

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.

HCAIs 1st April 2018 to 31st March 2019

	Target 17/18	Outturn 17/18	Target 2018/19	Target no. of cases per month	Average cases per month	Apr - Mar Episodes
<i>C.difficile</i>	97	113	110	9.75	11	132
MRSA	15	19	12	1	1.33	16

2017/18	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<i>C.difficile</i> *	9	6	11	7	7	6	7	14	6	15	13	12
MRSA	2	2	1	0	1	4	2	1	1	1	3	1

2018/19	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<i>C.difficile</i> *	7	12	10	12	10	8	16	8	9	15	7	18
MRSA	2	2	1	2	1	3	0	1	2	0	0	1

This table shows the Trust performance against targets set by the Public Health Agency. For C-Diff the Trust had 132 cases against a target of 110. For MRSA the Trust had 16 cases against a target of 12.

Key learning themes identified in relation to *C.difficile*

1. Rationale for faecal sampling not always clear, often not documented, SIGHT poster available to guide decision making.
2. *C.difficile* Care Pathway not always fully completed/continued until treatment has been completed and the patient is asymptomatic. The Medical Prompt Form should be completed by the medical team for all cases and should be filed in the medical notes.
3. Record of daily medical review of CDI not always present, CDI should be managed as a diagnosis in its own right and daily medical review should be undertaken and documented daily as per BHSCT policy.

3 Measuring the Improvement

4. Stool habit recorded in numerous documents such as fluid balance chart/skin bundle, but not always accurately recorded on stool chart. It is important that the Bristol stool chart is recorded accurately to determine severity of symptoms and to monitor progress.
5. Best practice guidelines (Updated guidance on the management and treatment of *Clostridium difficile* infection, PHE, 2013) recommend that all patients with CDI are reviewed weekly by a CDI clinical review team. Currently only happening on MIH site in BHSCT.

Key learning themes identified in relation to MRSA

1. Rationale for blood culture taking not always clear, often not documented, unclear whether cultures taken using ANTT.
2. MRSA Care Pathway not always fully completed.
3. MRSA screening not fully completed, key sites such as wounds omitted from initial screens resulting in failure to decolonise. Results of screens not checked, causing delays in or failure to decolonise.
4. Decolonisation not prescribed or not properly undertaken. As colonisation is known to precede infection this is a vital step in terms of prevention.
5. Issues around the management of PVCs, including:
 - Indwelling <72 hrs with no documentation/rationale as to why
 - Multiple cannula present but no documentation to support why
 - Poorly completed PVC recording charts or absence of charts.

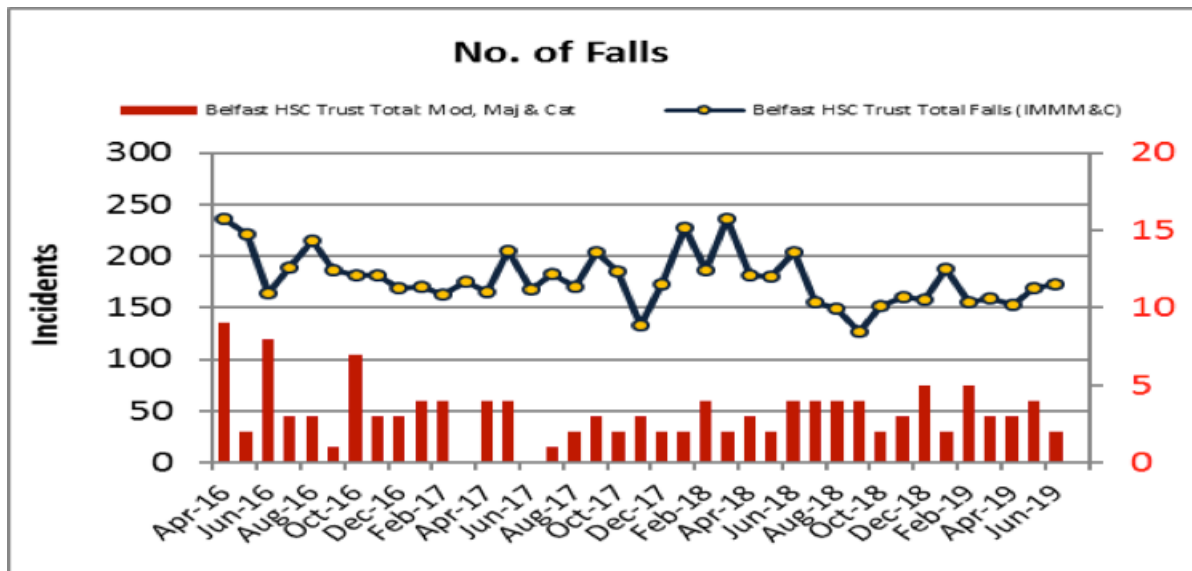
Inpatient Falls

Falls in hospital are among the most frequently reported incidents with on average over 164 falls reported each month during 2018/19. Any patient can 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 long term health conditions, 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.

3 Measuring the Improvement

Facts and Figures



Key: Mod, Maj and Cat refers to Moderate, Major and Catastrophic

IMMM&C refers to all falls including: Insignificant, Minor, Moderate, Major and Catastrophic

In 2017/2018, the Trust recorded 2,235 falls and in 2018/19, the Trust recorded 2,205 falls – a reduction of 1.3% over 2 years.

Facts and Figures

Of the 2018/19 total number of reported falls, 43 of these led to more serious injuries. This is an increase in falls since last year however, there is an 8% decrease on the previous year.

A number of possible reasons for this is our growing and aging population who present with multiple co-morbidities alongside their acute medical reason for admission. Many are living with dementia, alzheimer's or delirium, cardiothoracic, vascular, neurological or musculoskeletal conditions, side effects from treatment, medication/alcohol problems. All of these conditions increase the patient's vulnerability and risk of falling.

Ongoing Improvement will be facilitated by:

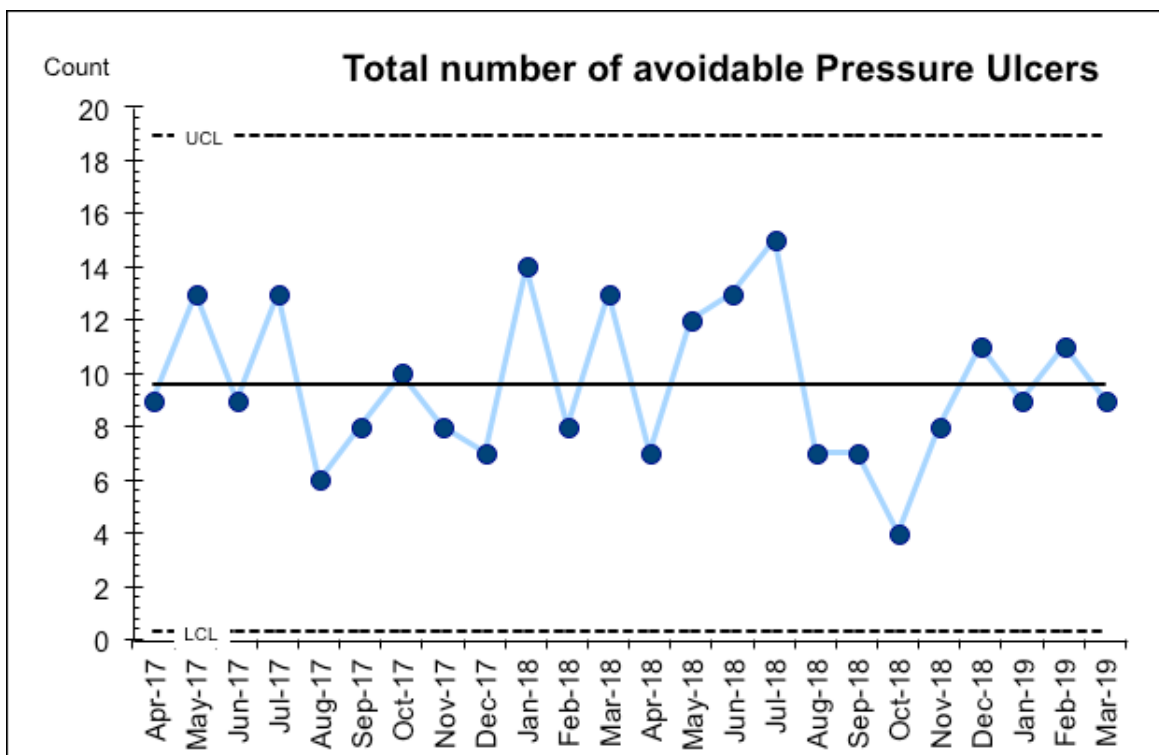
- Continued engagement by colleagues both locally and regionally
- Successful recruitment of a Fallsafe coordinator, to provide support and training to ward staff
- Roll out and embedment of 'Fallsafe' bundle in all adult acute inpatient wards
- Engagement and education of all staff participating in 'Fallsafe', within the Trust continues

3 Measuring the Improvement

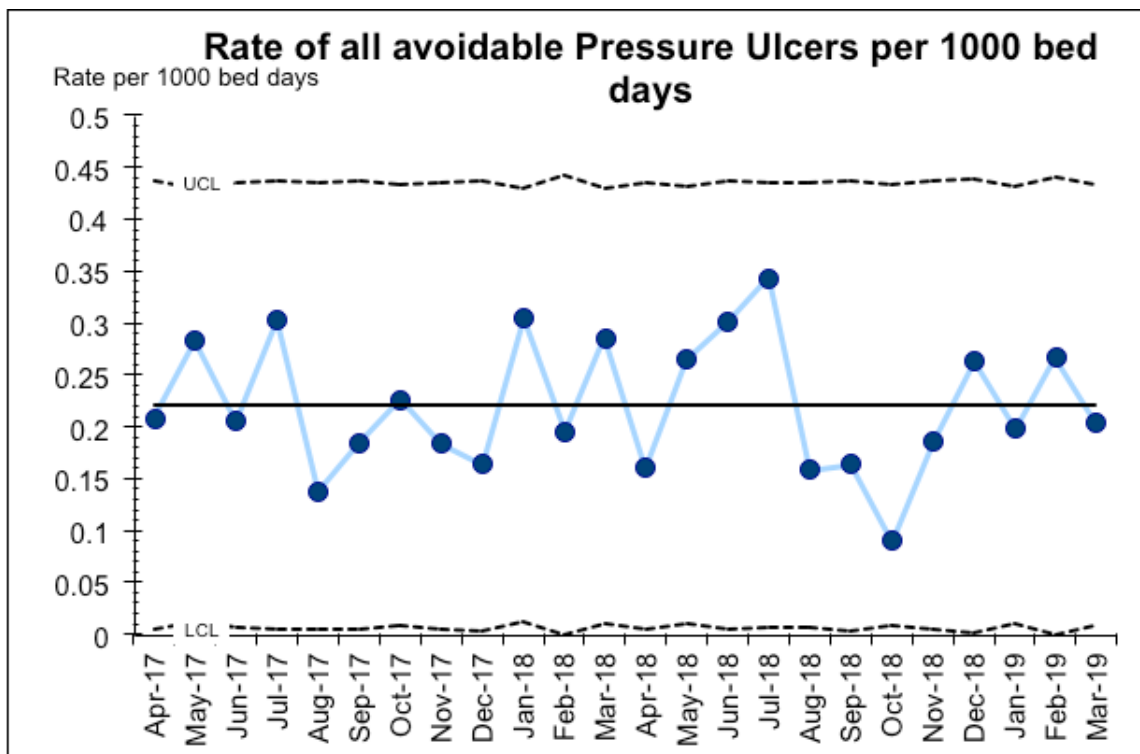
- Update of Trust’s Falls Prevention policy
- Falls workshops - since 2017 we have facilitated five falls workshops inviting all members of the multidisciplinary team to attend. To date 219 members of staff have attended and feedback from these workshops has been positive
- Involving patients who have 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.

Pressure Ulcers

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



The charts above show that in 2018/19, 129 in-patients developed a potentially avoidable pressure ulcer (incidence: 0.28/1000 bed days). The slight increase is, in part, related to a change in reporting, for example, we now include data from our mental health wards as well as the Emergency Department. On a positive note, the percentage rate of pressure ulcers which were potentially avoidable vs. those which were unavoidable (beyond our control) decreased by 4% .

We were disappointed to note a rise in the number of people who developed pressure ulcers which were deep or had the potential to become deep. On review we were glad to note that 70% (n=28) of these wounds healed in a matter of weeks; many resolving without skin breakdown

Action plans are in place for wards where pressure ulcers are reported. We are also looking at innovative ways of detecting pressure ulcers. For example, we are evaluating a Sub-epidermal Moisture (SEM) Device, which has evidence to suggest it can detect pressure damage approximately 72 hours earlier than a routine visual inspection.

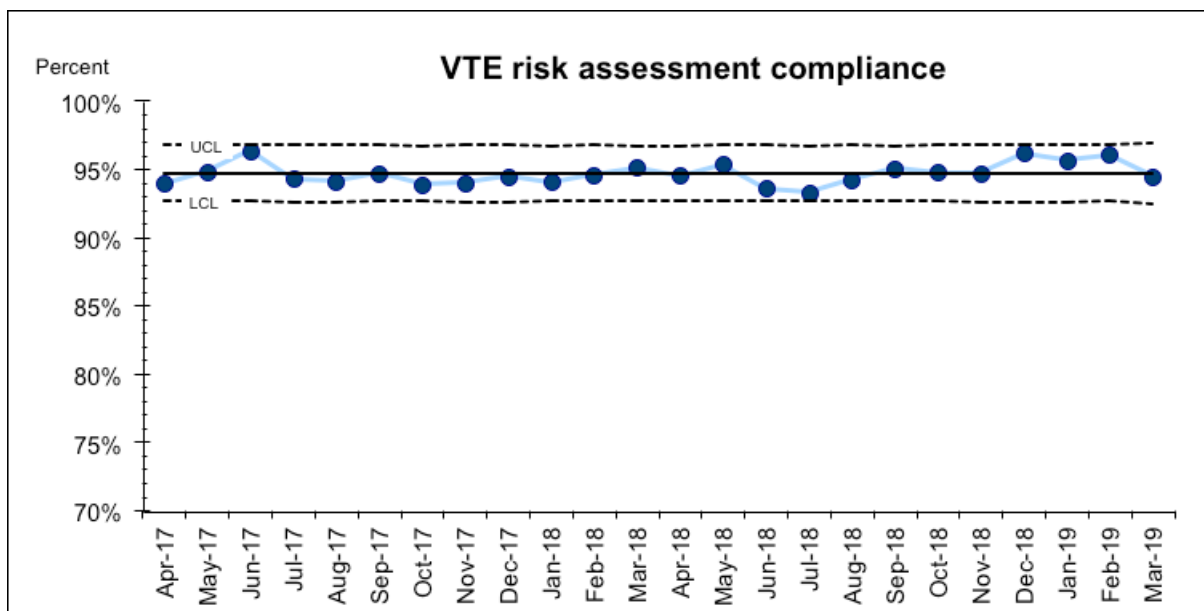
3 Measuring the Improvement

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.

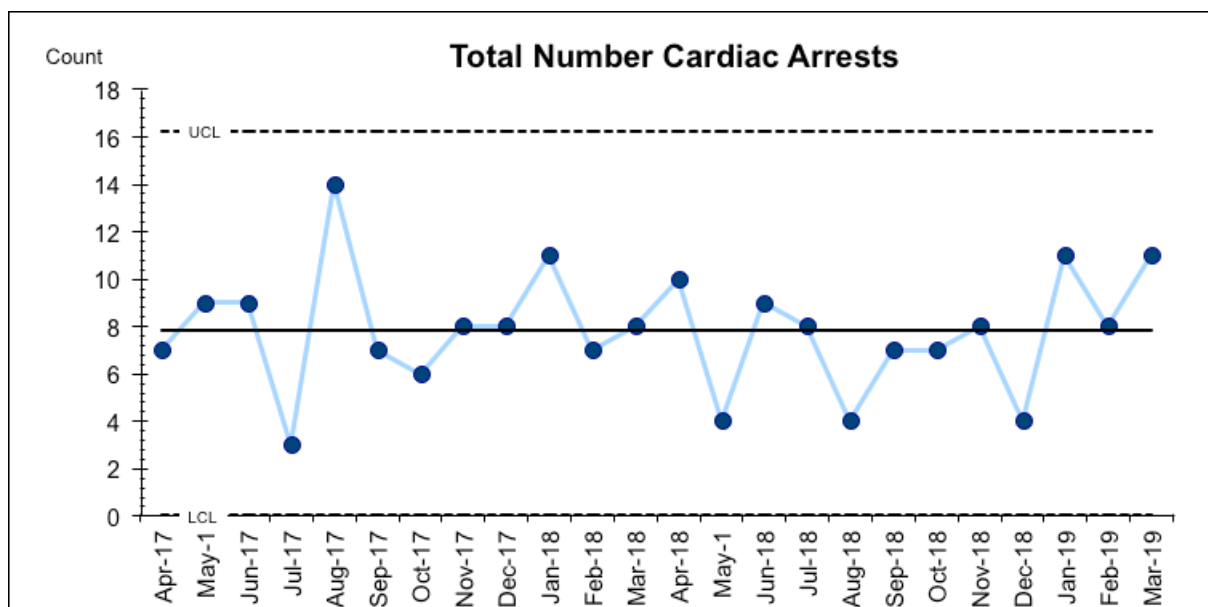


Above shows that in 2018/19 across the Trust we were scoring between 93% and 97% for compliance with completing VTE risk assessments and keeping patients safe from developing clots. Approximately 1,100 kardexes are audited across all in patient wards on a monthly basis by independent specialist nurses

3 Measuring the Improvement

Cardiac Arrests

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.



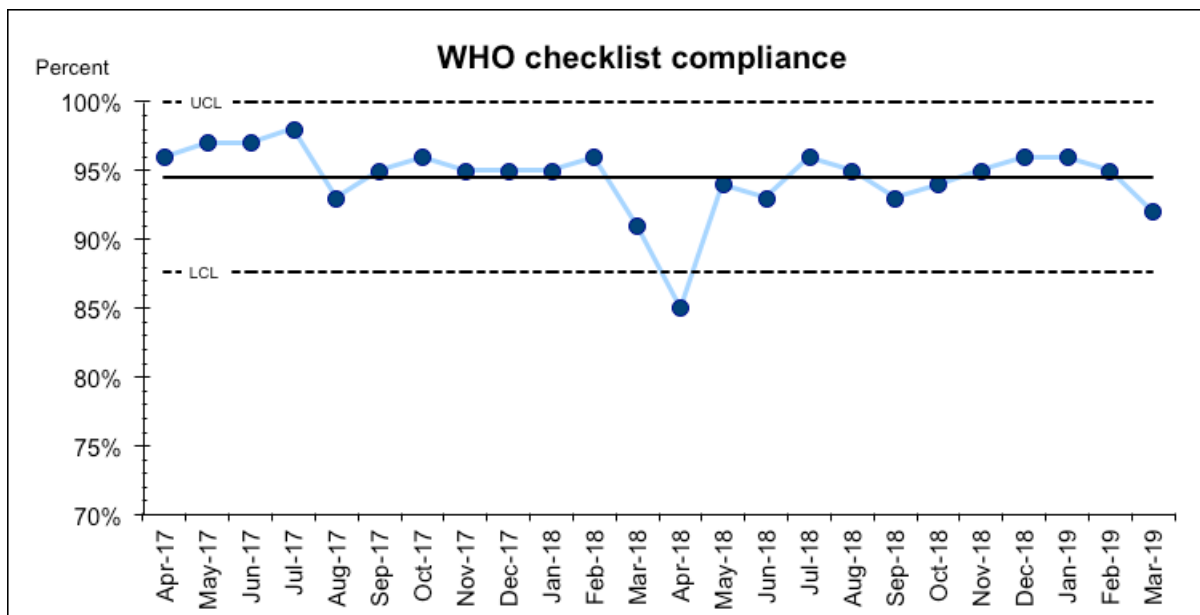
Improvements made in the early recognition and management of the deteriorating patient have helped us to reduce cardiac arrest rates as shown in the graph above. In 2018/19 there were between 4 and 11 cardiac arrests per month.

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.

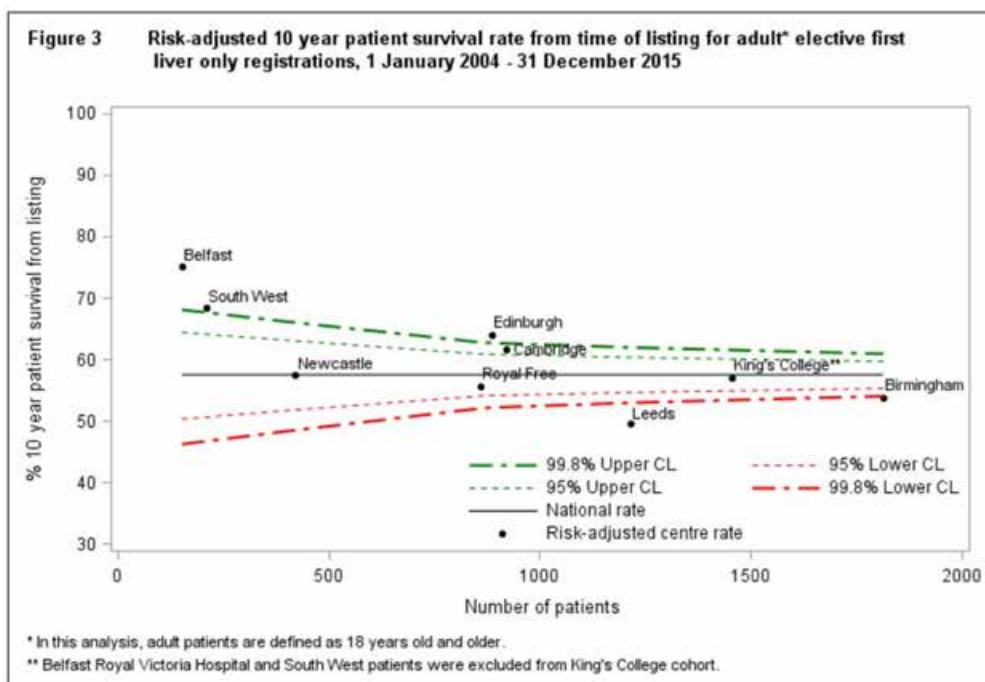
3 Measuring the Improvement



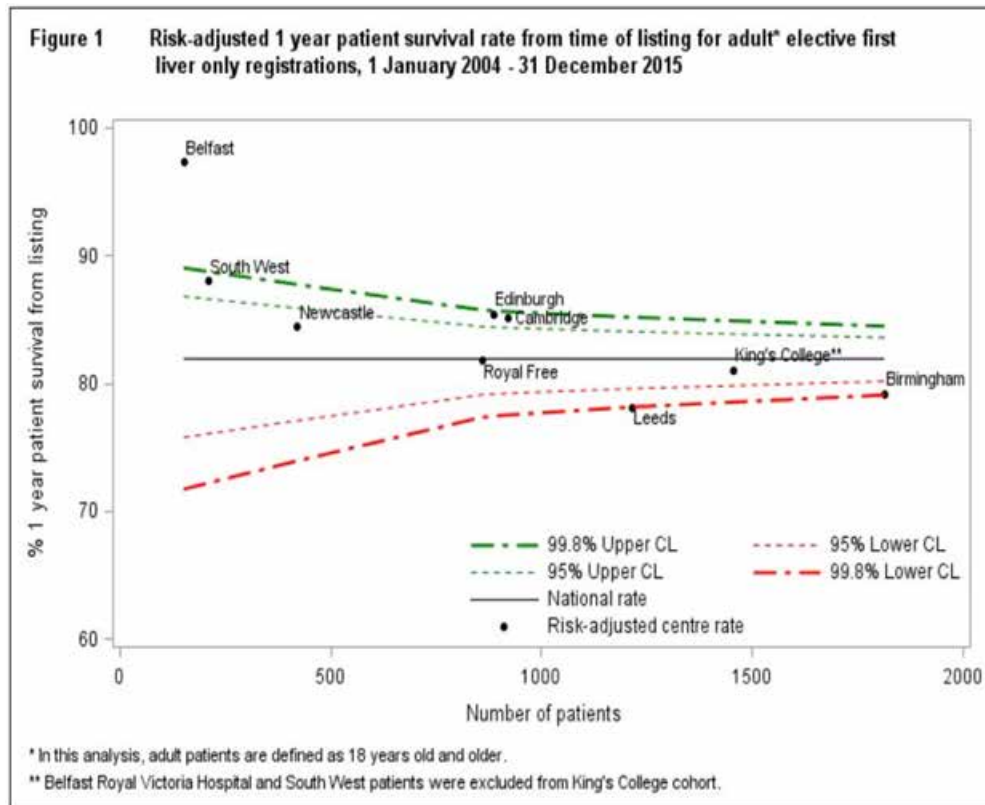
Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team. The chart above shows that compliance ranges between 92% and 96% from May 2018 onwards.

Examples of improvement

Heptology



3 Measuring the Improvement



The two previous charts show 1 year and 10 year survival rates for patients following a liver transplant. The funnel plots show how Belfast compares to peer organisations. For both measures Belfast Trust has a higher % of survival rates and is outside the funnel plots.

Pharmacy and Labs

Aim

We will make our services safer and achieve agreed improvements across our safety improvement measures.

What we did

A project was undertaken for patients receiving chemotherapy in BCH Bridgewater suite to evaluate the prescription turnaround time and patient satisfaction with satellite dispensing. We wanted to improve both the turnaround time and patient satisfaction through the implementation of near-patient dispensing in the outpatient clinic (ie. Bridgewater dispensing).

What was the outcome

There was a significant improvement in the total time taken from prescribing of oral SACT to

3 Measuring the Improvement

clinical verification with the change to Bridgewater dispensing from an average time of 73 minutes to an average time of 11 minutes ($p=0.00$). There was also a significant improvement in the time taken from clinical verification to final checking of oral SACT with the change to Bridgewater dispensing from an average time of 64 minutes to an average time of 15 minutes ($p=0.00$). The patients' satisfaction ($n=13$) with the wait for their medication improved significantly with the change to Bridgewater dispensing ($p=0.001$).

Next steps

Further work is required to explore these suggestions and ways to improve the patient satisfaction with the whole of the pharmacy service.

We will re-audit all areas against these standards in 2019/20 to identify further areas of improvement and to ensure those already identified have been embedded and are effective.

Maternity

Active Birth Centre (ABC)

Background

Women at low risk of complications should be given the choice to birth in any of the four different birth settings; home, freestanding midwife-led unit, alongside midwife-led unit or an obstetric unit.

The ABC was first opened in 2015 providing access to an Alongside Midwife-Led Unit for women birthing within BHSCT.

Aim

The aim of this project is to embed and sustain the Active Birth Centre (ABC) as an alternative and viable birthplace option for all women with low risk pregnancies birthing within BHSCT Maternity Service, therefore normalising birth, decreasing the likelihood of medical intervention and improving outcomes.

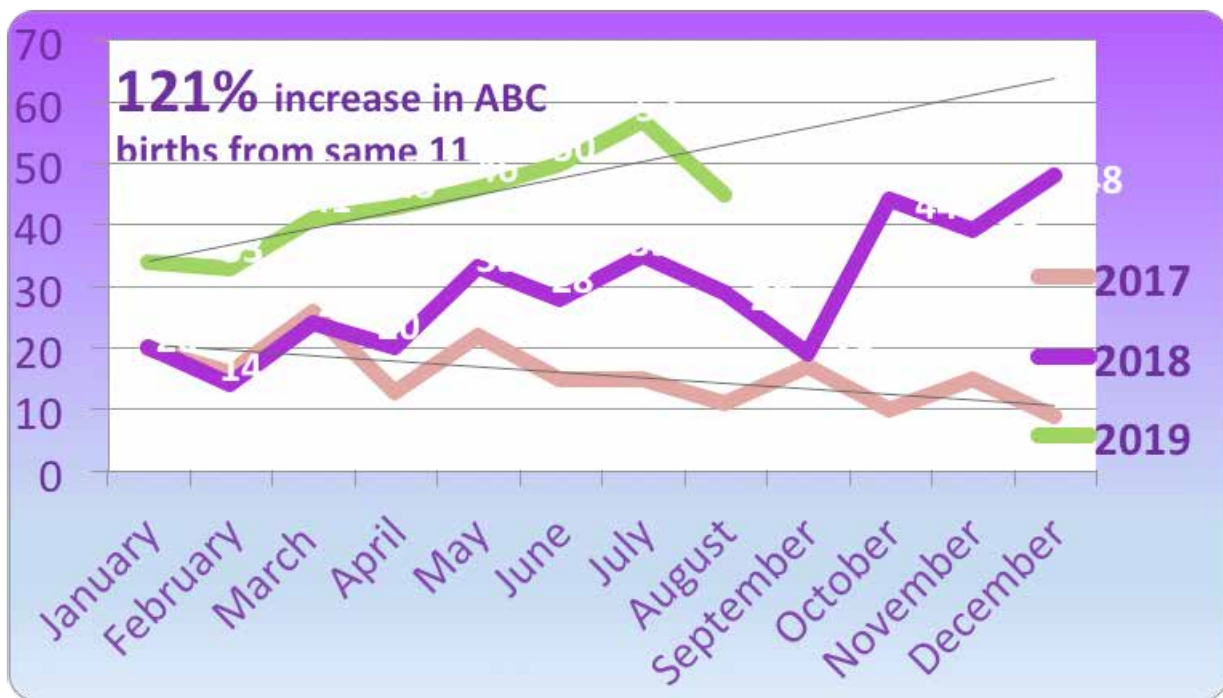
What we did

- Established an additional birth place choice for women and increase activity (births) within the ABC
- Develop standard operating procedures and evidence based care pathways
- Prepare confident, skilled, motivated and committed midwives and maternity support workers who champion 'normality' and provide clarity of roles.

3 Measuring the Improvement

What was the outcome

- Improve outcomes and experience for mothers and babies by reducing likelihood of intervention and associated risks and cost.



Summary of feedback from women

- 39% Knew about the ABC before giving birth
- 63% Were admitted to ABC in labour without discussion
- 94% Gave the ABC environment/birthing room 4 & 5 ★
- 92% Rated their overall experience in ABC 4 & 5 ★
- 70% Had postnatal care provided in the ABC
- 88% Would choose to give birth in the ABC if considering a future pregnancy
- 94% Would you recommend the ABC as a birthplace option to a friend or family member

"The ABC is an excellent facility and provided all of my birth preferences...Staff were caring, professional and patient and certainly contributed to my positive journey"

Naomi Brownlee
Clinical Psychologist

3 Measuring the Improvement

Chronic Pain Management

Chronic Pain Management (CPM) and Development of Services within BHSCT to Support CPM.

Chronic pain affects almost one in five people living in Northern Ireland. As a result of chronic pain one in four individuals will be unable to work and one in five will experience a mental health condition. The Pain Alliance NI has reported that without adequate support and treatment chronic pain can become a significant burden on not only the individual but also those around them. The Prof Bengoa (Oct 2016) Systems, Not Structures - Changing Health and Social Care Report and Prof Sir Liam Donaldson (Jan 2014) The Right Time, The Right Place report recommended long term condition management should change with the individual being encouraged to take a more active role in the management of their condition.

Project Aims

- Provide patients with the support and tools to manage their pain on a day-to-day basis
- Increase the number of patients attending self-management programmes for chronic pain
- Reduce number of patients boarded for injection.

What we did

The pain service developed a pathway with the emphasis on self-management. The multidisciplinary approach to patient care included collaboration with primary/secondary care and the voluntary sector. The development of a Life Skills Programme to aid patients with self-management and provide the knowledge and tools to achieve this. Initial information sessions were provided on the Life Skills Programme and associated benefits. There was a clear discharge strategy for patients

What was the outcome

- Reduction in patients boarded for injection from 75% to 29%
- 50% of patients referred for Life Skills Programme
- 87% of patients who completed Life Skills Programme discharged to continue their self-management at home
- Positive patient feedback.

Helped me mentally and physically

Positive advice given during course

I'm motivated, realistic plan returning to work!

3 Measuring the Improvement

Next Steps

The service are seeking further funding with the aim of roll out into the wider pain service. The Life Skills Programme will be further developed based on national guidelines and patient and staff feedback. Development of different programmes for patients attending the chronic pain service to include specialist areas of management eg. neuromodulation and pelvic pain.

Learning Disability

Aim

To reduce incidents of violence and aggression in Killead Ward, Muckamore Abbey Hospital by 10% by May 2019.

In 2017/2018, 10,518 of all Trust incidents were categorised as 'Abusive, violent, disruptive or self-harming behaviour' related incidents. Mental Health Services and Learning Disability Services were experiencing two to three times this number in part due to the clinical presentation of patients. A quality improvement project was undertaken to test ideas aiming to reduce incidents of violence and aggression in Killead ward.

What we did

The Safe Spaces project agreed a definition for the types of incidents based on the work on violence reduction in East London NHS Foundation Trust. A data collection sheet for daily recording of incidents and numbers of patients on the ward was designed.

After a baseline collection period of 50 days three change ideas were introduced and small scale tested over time.

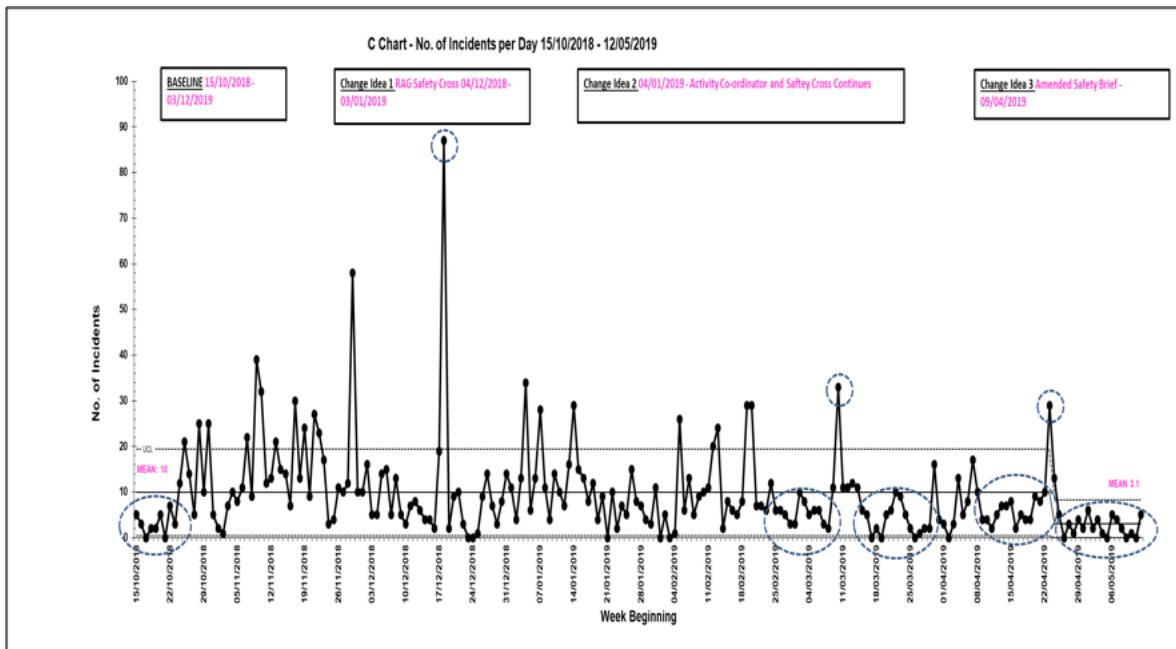
1. Safety Cross
2. Patient recreational activities via an activities co-ordinator
3. Are we safe today questions added to the daily safety brief.

Analysis methods undertaken were:

- Staff safety survey
- How do you feel today monitoring
- Staff change / improvement ideas.

3 Measuring the Improvement

What was the outcome



The results summary table above does show that a reduction in the number of incidents per day has been seen over-time from baseline to change idea 3 in both the median and average values. The reduction in incidents in the ward was 50%.

The c Chart above details four shifts between late February and May 2019 where 8 or more data points are below the median. As a result the data was re-phased on 24/04/2019, during change idea 3.

Learning

- Positive staff feedback on the usefulness of 'at a glance' view of incident level across the month and usefulness
- Difficult environment for an improvement project in the context of the high profile of hospital learning disability services which involved ward merger and staffing pressures.

Mental Health and CAMHS

Aim

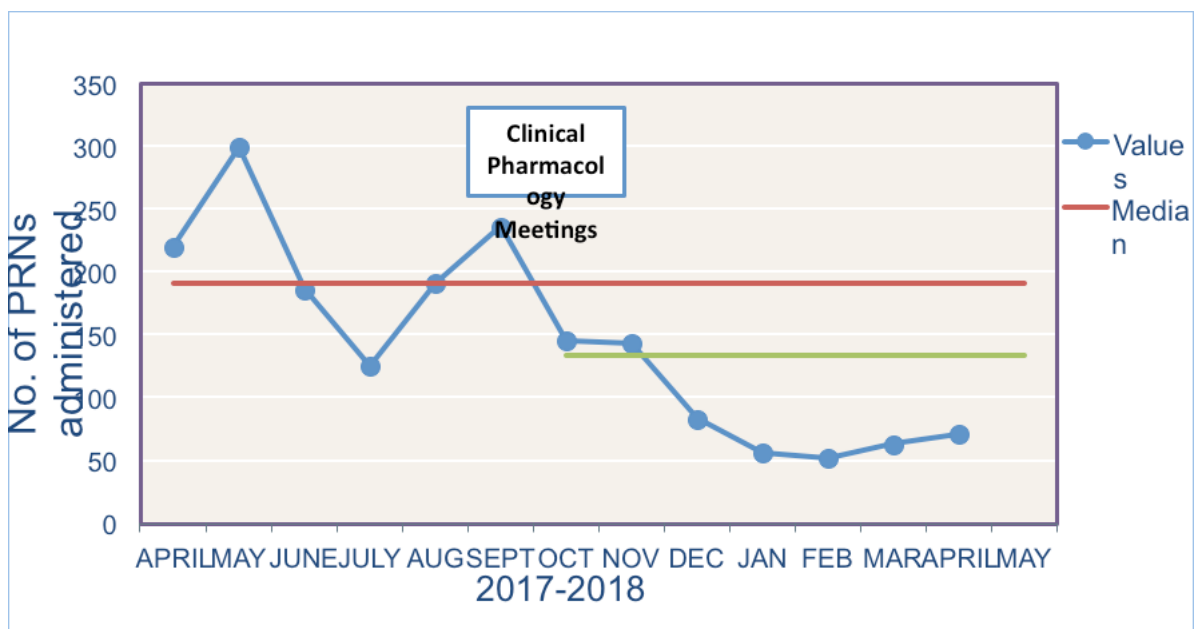
Reduce the amount of oral psychotropic PRN medication administered in Beechcroft Regional Adolescent Mental Health Unit Treatment Ward by 30% by June 2018. PRN medication has harmful side effects and patients can develop dependency. There is also no clear evidence that it works but it is commonly used.

3 Measuring the Improvement

What we did

- Clinical Pharmacology Meetings were set up to review use of PRN
- Staff were surveyed asking for the benefits and disadvantages of PRN and looking at alternatives
- Staff education sessions were then held to promote the use of alternative therapy and distractions such as music, sensory room, soft play
- Focus Groups were held with patients.

What was the outcome



- Reduction in use of PRN by 63%
- Reduction in harm
- Positive feedback from staff and young people.

Next steps

- Development of young people's alternatives to PRN
- Roll out of changes to Admission Ward
- Repeat sessions for staff and young people every 6 months
- Staff education incorporated into Nursing induction and Trainee Doctor induction
- Consider roll out to adult mental health inpatient units.

3 Measuring the Improvement

Children's Hospital

Aim

The Short Stay Paediatric Assessment Unit (SSPAU) is an integral component of an effective model of care for infants, children and young people. Admission to the SSPAU should be isolated short stays of admissions under 24 hours.

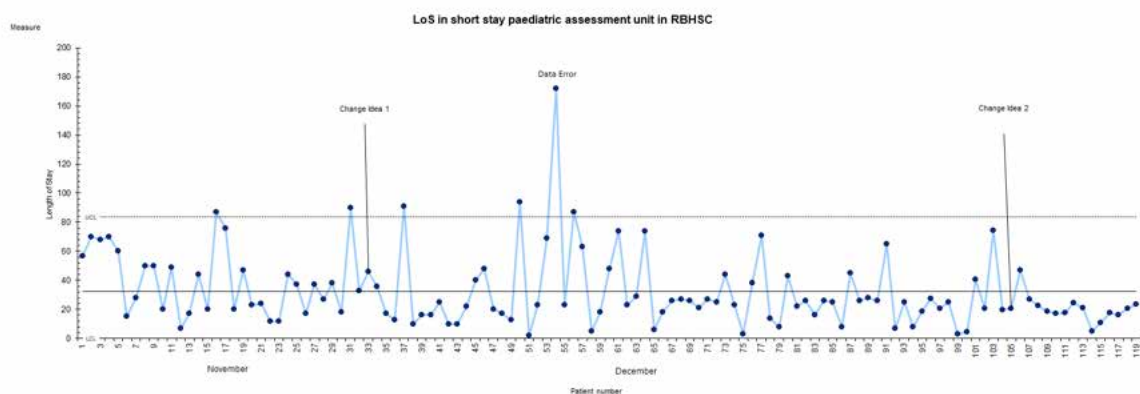
Increasing attendances at ED, particularly during winter months has affected the length of stay for patients within this unit. Changes in process were introduced to assist achievement of a reduced length of stay and subsequently improving the patient experience.

An improvement project was undertaken to reduce the length of stay by 10% by March 2019 in the SSPAU.

What we did

- Process map the current flow of patients
- Developed a visual tool to assist all staff with early identification of patients requiring discharge/transfer
- A communication tool was developed to assist planning and escalation at daily bed meetings.

What was the outcome

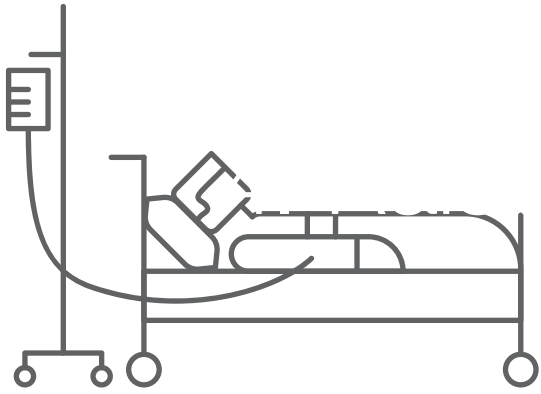


The above chart shows length of stay for individual patients in November and December 2018. There is a shift for the last 13 patients with a length of stay of less than 30 hours. This is a reduction compared to performance in November.

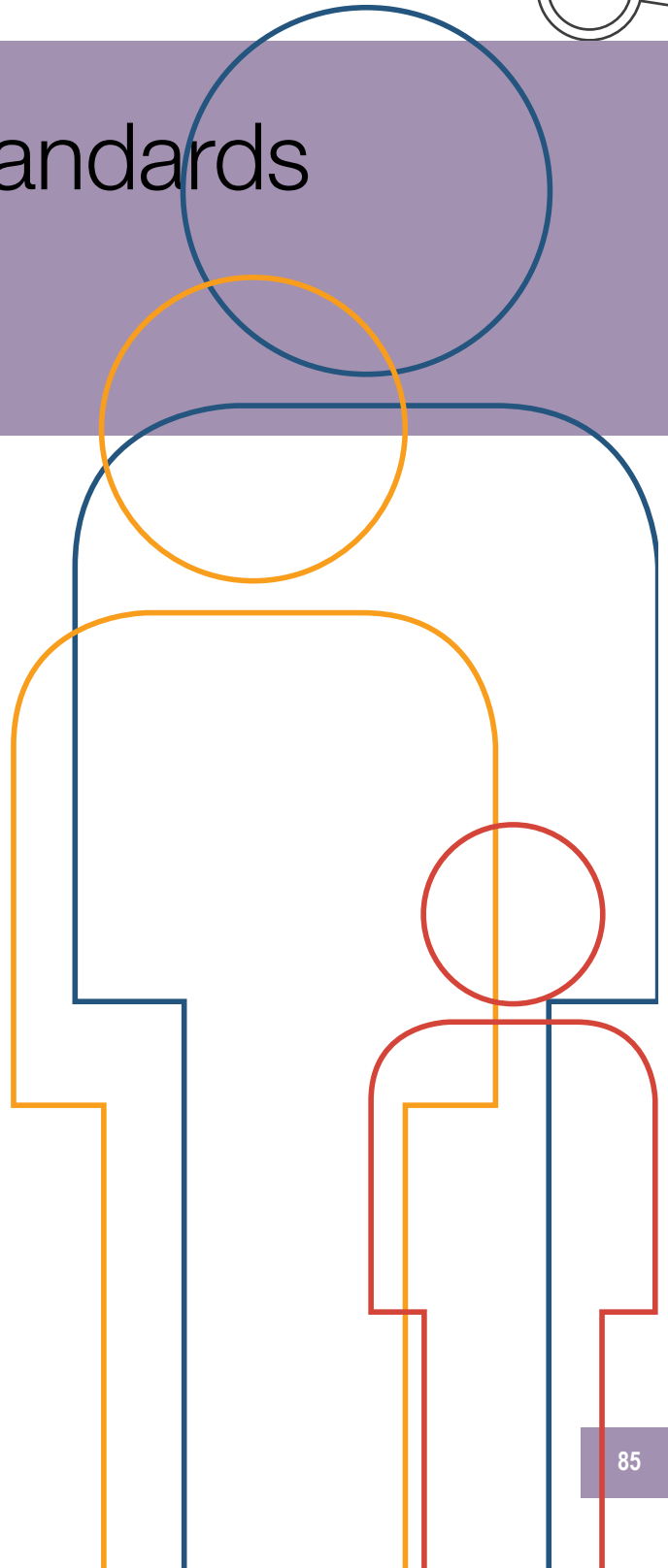
Next steps

To embed the changes and sustain the improvement. The service hope to reduce average length of stay further in SSPAU.

3 Measuring the Improvement



4. Raising the Standards



4 Raising the Standards



Clinical Lead for Mortality and Morbidity



66% patients attending ED were treated and discharged within 4 hours



41 regional audit projects undertaken



Below peer organisations for crude mortality



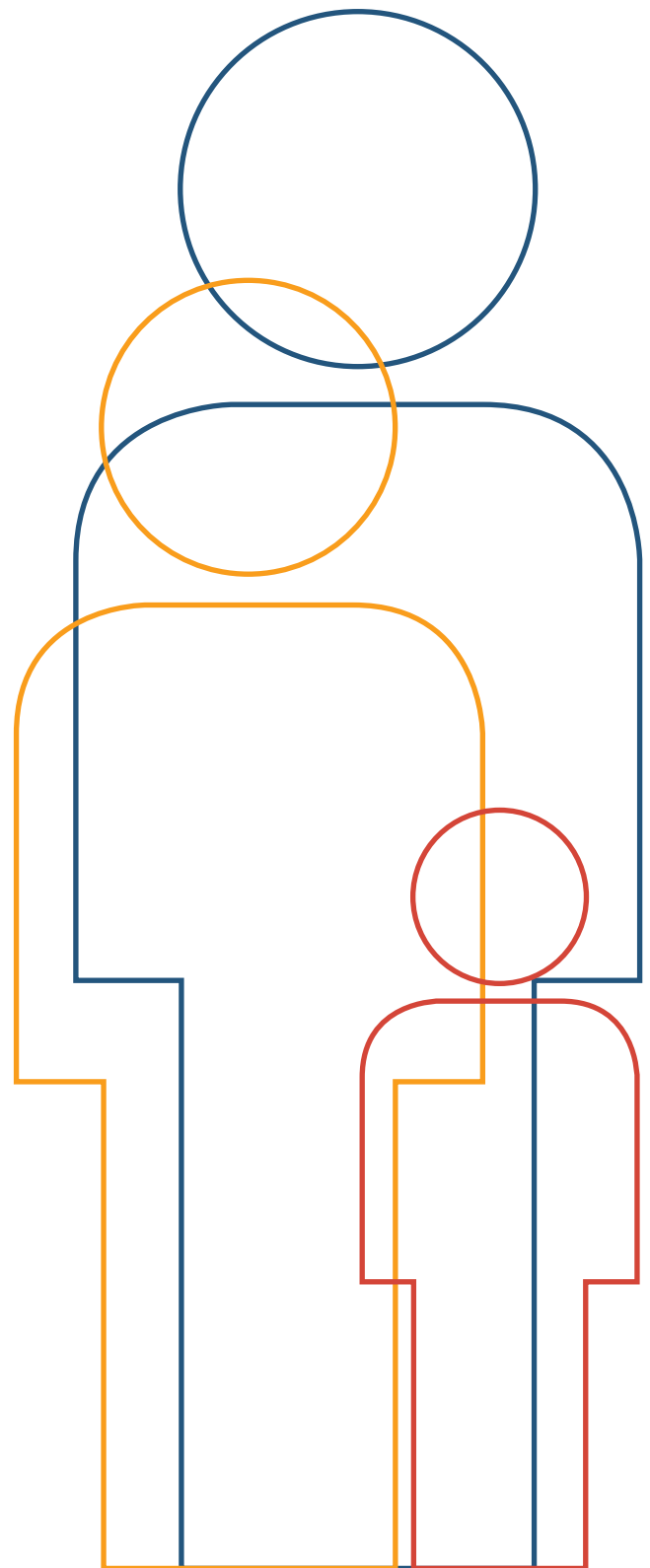
Reduction in patients with chronic disease attending ED



24 national audits completed



84 NICE Guidelines received and actioned



4 Raising the Standards

Standardised Mortality Ratio

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

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

Overall Mortality 1 April 2018 – 31 March 2019



1952 inpatient deaths



1962 (99.5%) recorded onto RMMRS
(including deaths in community)

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

Mortality Rates

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.

Therefore the Trust use two measures for mortality. The first is a 'Standardised Mortality Index' that compares a hospital's number of deaths with a statistically predicted number of deaths in the form of an index. The second is the 'Crude Mortality Rate' that basically shows the real numbers of deaths as a percentage of patients admitted to the Trust which can be viewed against other hospitals.

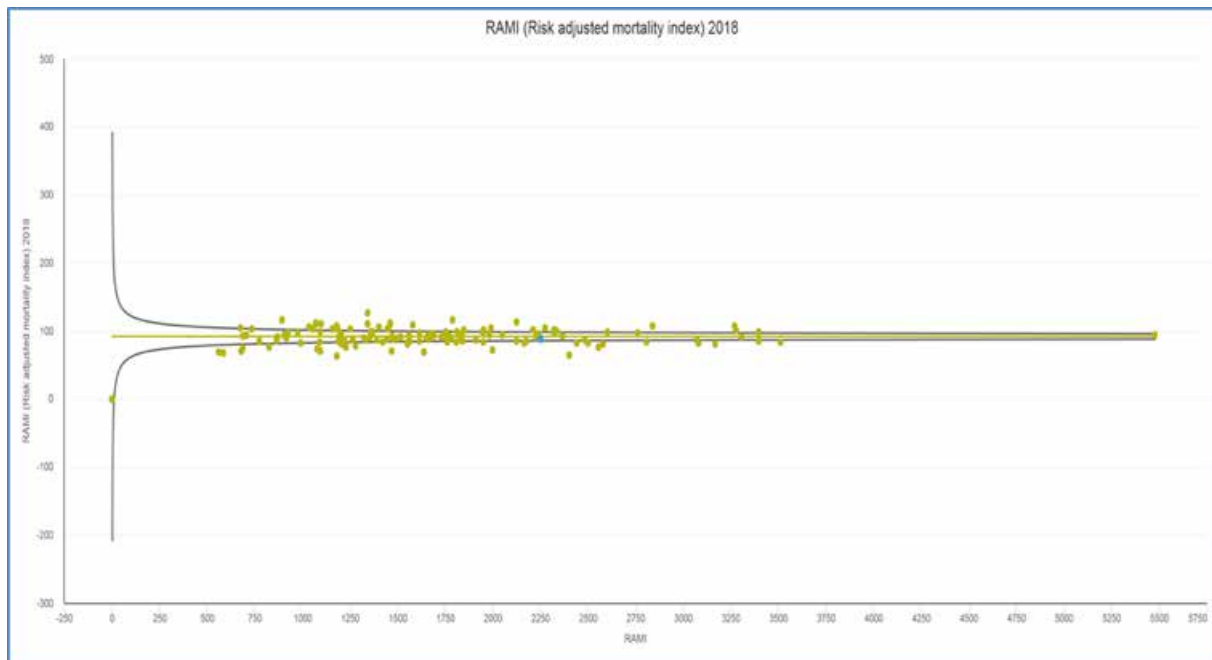
Risk Adjusted Mortality Index

Expected rates of death are calculated nationally based on age, sex, diagnosis and other risk factors, this calculation creates an index of expected deaths. This index is then applied to the Trust's data and an 'expected mortality rate' is calculated for the Trust. The 'actual deaths' in the Trust are then compared against this index. The calculation is expressed against 100, therefore as an example 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 when examining this statistical measure.

4 Raising the Standards

The Trusts actual standardized mortality Index is 89, meaning that we compare well statistically against the risk index of 100 and have consistent mortality rates against other Trusts.

Standardised Mortality Funnel Plot 2018/19



A useful way to look at this further is in the funnel plot above. Belfast Trusts performance represented by the blue dot is within the lines at the top and bottom of the funnel, other hospitals are represented by the green dots. This means that mortality rates are statistically similar to other hospitals.

Summary Hospital Level Mortality Indicator (SHMI)

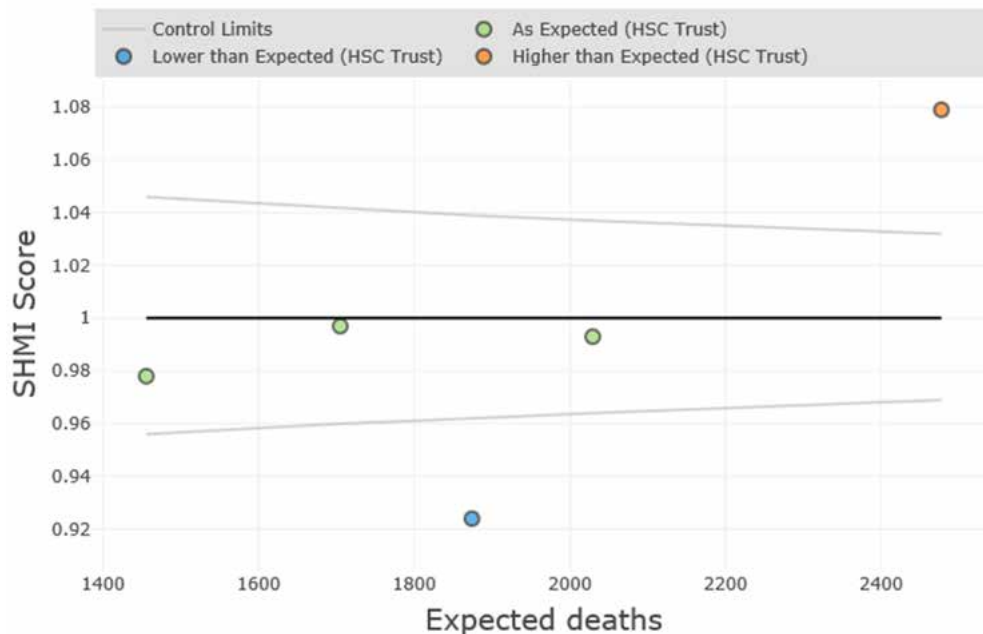
The Department of Health in England currently use an alternative standardised mortality model called Summary Hospital Level Mortality Indicator. In Northern Ireland this model is currently being used in a provisional capacity to assess its usefulness and functionality.

This model differs from RAMI in that it also includes deaths outside of hospital with 30 days of discharge in addition to those deaths within hospital. There are other differences to the RAMI model in how rates of death are calculated including how diagnostic information is used in mortality calculations.

Provisional results using SHIMI in Northern Ireland show two Trusts as outliers i.e. results showing that mortality rates are either statistically higher or lower than scores from other Trusts and to what would normally be expected. Belfast Health and Social Care Trust are a high outlier in that we appear to have a statistically higher mortality rate than would be expected. Belfast Health and

4 Raising the Standards

Social Care Trust is represented by the Orange coloured point in the chart below.



While other statistical measures including RAMI and crude mortality rates appear to show the Trust as within expected mortality rates we cannot be complacent as a Trust and need to explore these findings. The Department of Health in Northern Ireland have shown us that the quality of diagnostic information in Belfast is very low against other Trusts and they believe that this is negatively impacting on our apparent performance against mortality in this specific model(SHMI).

Clinical Coding

The specific area where diagnostic data quality is low is called Clinical Coding. This is the process within hospitals where diagnostic and procedural information related to a patients hospital stay is converted into code by trained staff and entered onto computer systems. This facilitates analysis for a wide range of purposes including mortality. Essentially all of the conditions a patient suffers from must be included and coded as accurately as possible onto hospital systems so as the level of patient complexity and acuity is properly reflected in analysis. This is not always the case due to the volume of patients and staff numbers to perform this duty.

It has been recognized that the Trust will need additional coders in order to carry out clinical coding to the level required for mortality analysis in SHMI. In order to address this the Trust has invested a significant amount of resource into this area with the recruitment of nine additional clinical coding staff.

4 Raising the Standards

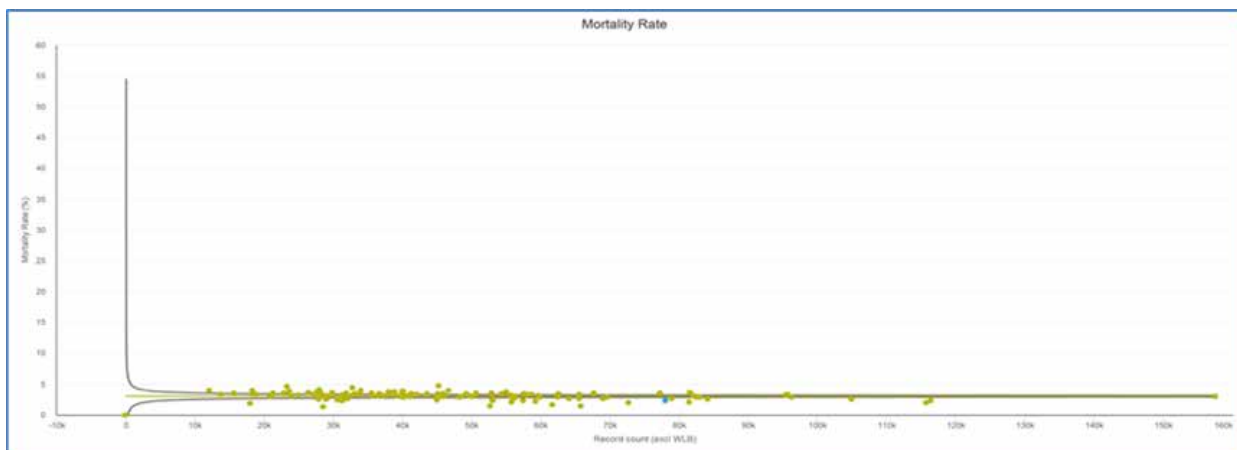
Crude Mortality

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 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 2018/19

Belfast Trusts total Crude Mortality Rate for 2018/19 is 2.3% which compares consistently with peer UK wide hospital rates of 3%, this is a consistent picture with previous years. A useful way to look at this further is in the funnel plot below. Belfast Trusts performance represented by the blue dot is within the lines at the top and bottom of the funnel, other hospitals are represented by the green dots. This means that crude mortality rates are in keeping with and in fact lower than other hospitals.

BHSCT Crude Total Mortality (Acute HES Peer)



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.

4 Raising the Standards

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.

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 2018/19. The Trust has a readmission rate of 9% against a national average of 12%. This rate remains stable during the year.

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



Emergency Department Standards

Background

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

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

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

4 Raising the Standards

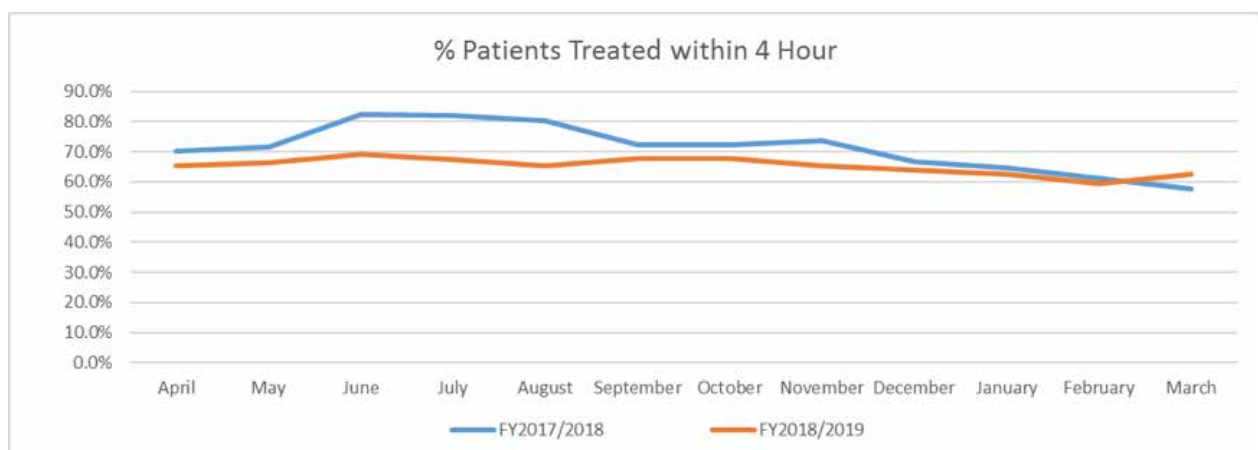
The length of time people wait in Emergency Department profoundly affects patients and families' experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

Facts and Figures

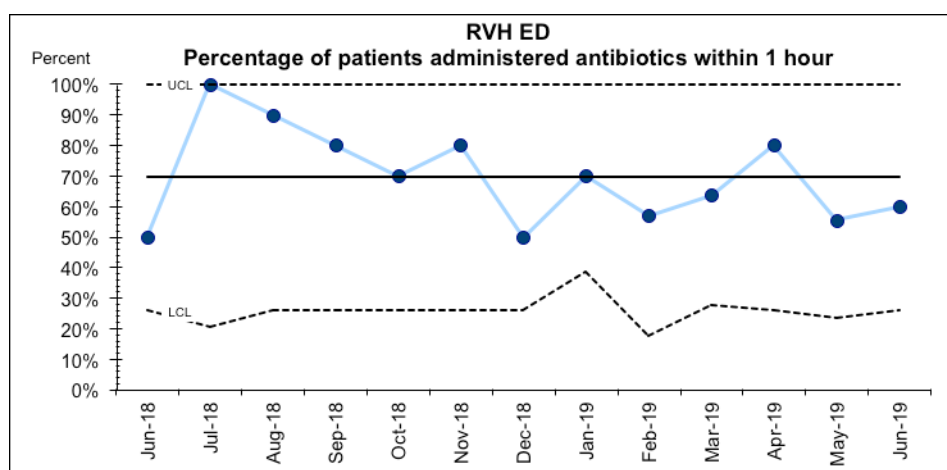
The Trust had two aims during the year:

- 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.

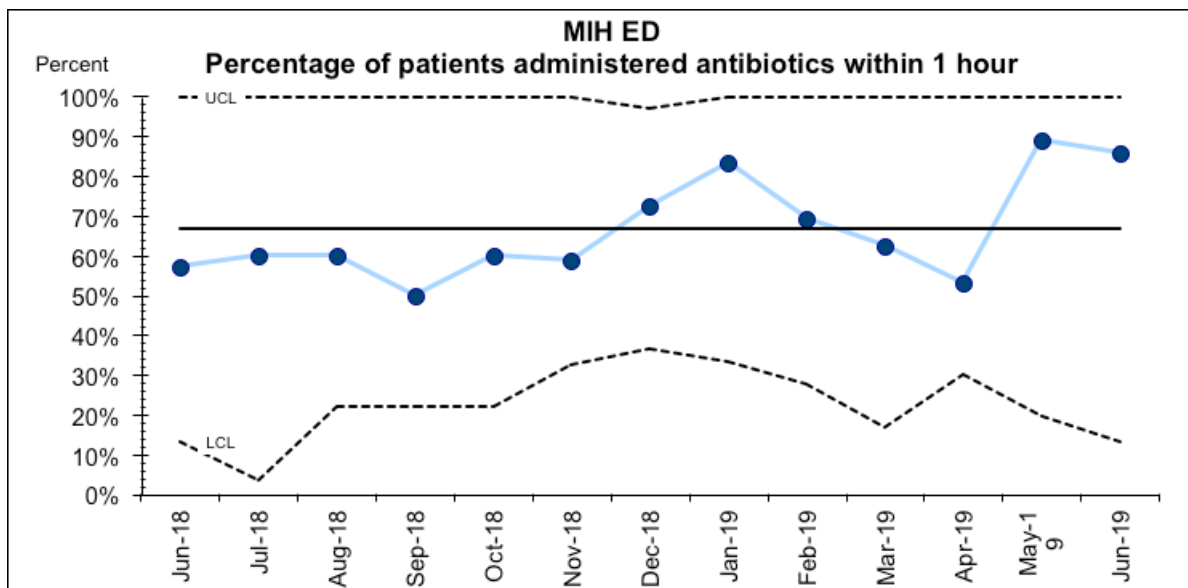
Our overall performance in relation to the 4 hour target was 66% of patients attending Emergency Departments (EDs) in the Trust were treated, admitted or discharged within 4 hours of their arrival:



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.



4 Raising the Standards



- There has been an increase of 20% in annual ED attendances in 2018/19 in the Royal Hospital compared to 2013/14 (98,620 compared to 82,629).

Safer faster hospital: internal professional standards (7/5/19)

In the Emergency Department (ED)



1. All ED referrals to specialty teams will ideally be made to a registrar ST3 / Specialty Doctor grade or higher. Referrals from ED Resus must be seen by ST3 or above. Lower acuity patients who could potentially be discharged following specialty review should move to a more appropriate Assessment Area where possible



2. A senior decision-making doctor should promptly review/provide opinion on referred patients in ED so that a management plan is documented within 60 minutes of referral. Off-site specialty teams will have specific arrangements for timely review of patients referred from ED.



3. Tests requested in the ED will be completed and the results available within one hour (time-critical tests), 12 hours (urgent tests) and 24 hours (non-urgent tests). If a specialty team request tests whilst reviewing a patient in ED, they are responsible for the request & actions on completion of these.



4. If a Specialty team reviewing the patient feels that another specialty would provide more appropriate care, it is the responsibility of the first specialty, not the ED, to make the second referral and arrange transfer of care. Subsequent feedback and discussion should take place separately.



5. In the event of inter-specialty dispute over clinical ownership of a patient, ED consultants have the authority to allocate immediate clinical ownership to a team to ensure timely care and admission. Difference of opinion in clinical decisions should be escalated to consultant level as necessary.



6. Contact details for ALL on-call staff from all grades should be available to ED, the Control Room and Switchboard. On-call personnel are responsible for making sure this information is accurate and up-to-date.



7. Patients will not be directed from other sites or clinical areas to the ED unless they require immediate emergency medical care. A full medical and nursing handover must be given to ED prior to patient's arrival.



8. All staff will introduce themselves when speaking to a fellow member of staff as well as patients/relatives.



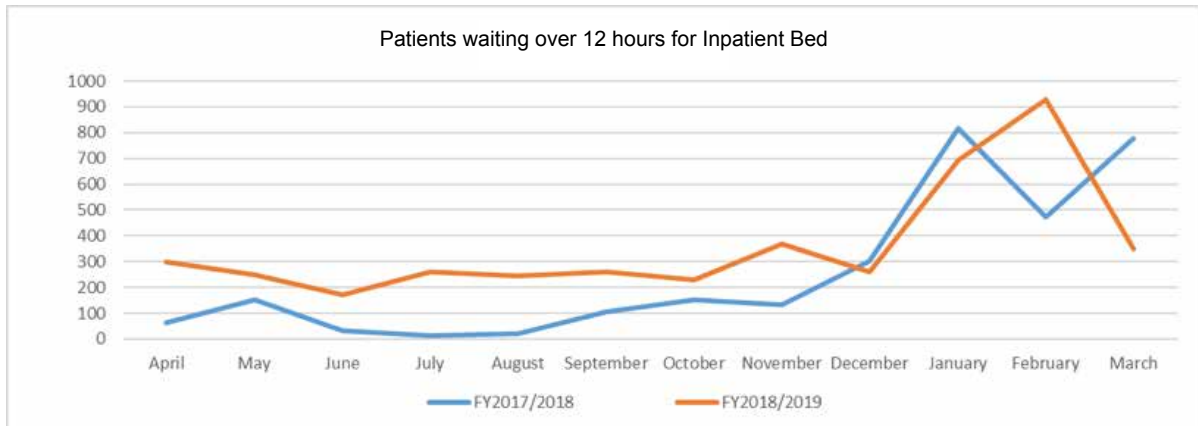
9. Specialties who accept referrals from primary care or another Healthcare provider will take responsibility for evaluating the patient in the most appropriate Assessment Area.



10. All teams must actively manage their own capacity and demand using appropriate escalation measures.

4 Raising the Standards

Our overall performance in relation to the 12 hour target was that 4302 patients waited for longer than 12 hours in ED during 2017/18:



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:

Unscheduled Care is one of 5 workstreams in the Trust's Impact Improvement Programme. Specific projects include:

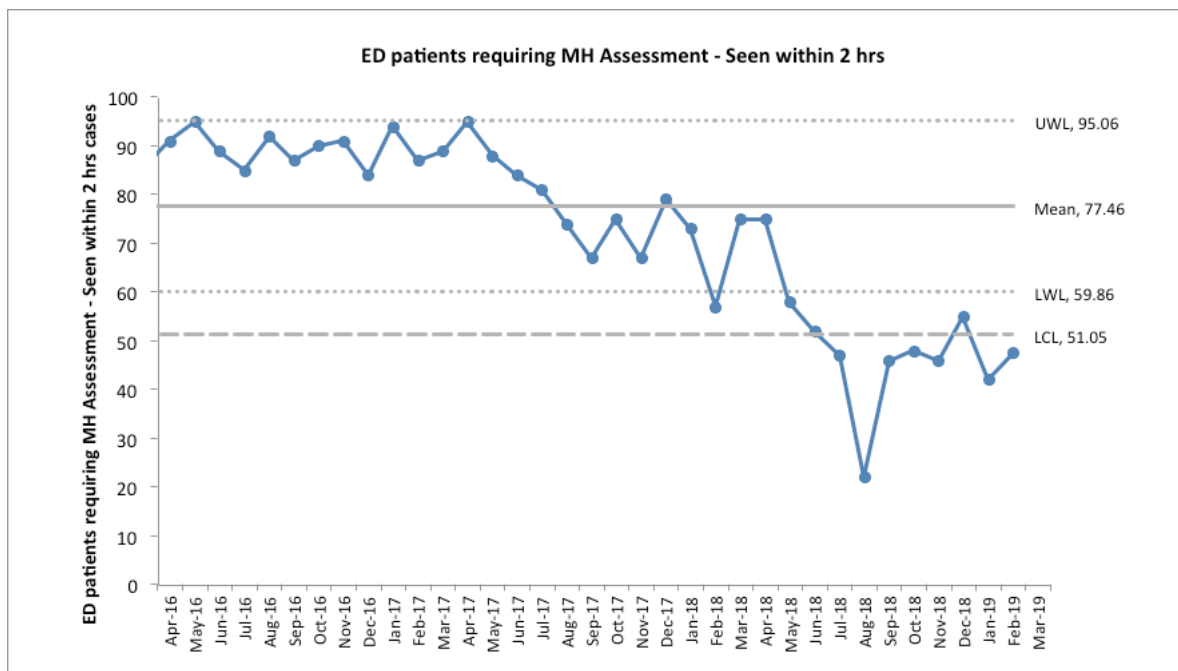
1. Maximise bed availability
2. ED signposting
3. Emergency Care Village
4. Protected clinical time for flow
5. Redesign pathways
6. Alignment of AHPs to specialties
7. Safer hospital huddle.

The Clinical Assessment Unit in the Royal Victoria Hospital assessed over 36,000 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 conservative estimate) this means the Trust gave back 197 years of time to people who were discharged rather than admitted into hospital.

4 Raising the Standards

Waiting times for Mental Health Assessments in Emergency Departments



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

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

An escalation plan and an improvement plan are in place to improve the number of patients seen within 2 hours. In response to a high level of violence and aggression against staff, patients were being seen by two members of staff at any time. This had a direct impact on capacity. Plans are in place to increase capacity and to utilise different skill mixes and types of staff when providing care to patients.

4 Raising the Standards

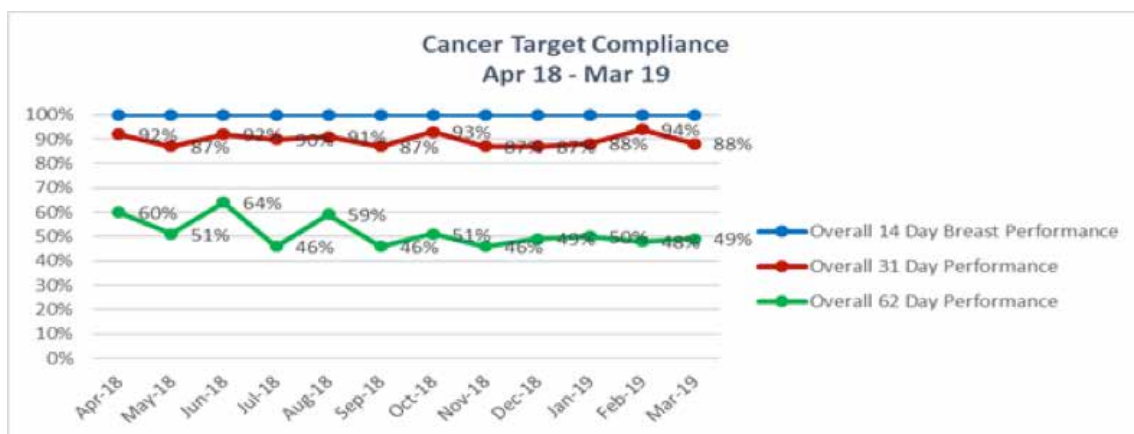
Cancer Treatment and Care

The Cancer Access Standards (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.

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. This upcoming year will see new challenges due to the impact of HRMC pension changes and the reduction of Waiting List Initiative's (WLI).

The graph below shows performance against these targets throughout 2018/19.



The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues. The key issues in the achievement of these targets continue to be:

- Urology : diagnostic, surgical, radiological and oncological capacity
- Theatre capacity - issues across a range of specialities including thoracic, OG and head and neck
- Diagnostic - PET waiting times and the need for shorter turnaround times for confirmed cancers
- Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across specialities
- ITTs - Late ITTs from other Trusts continue to impact on BHSCT 62-day performance
- Complexity - complex diagnostic pathways.

4 Raising the Standards

Actions and improvements undertaken in 2018/19 include:

- The breast surgical service sustained 100% performance against the 14-day target for breast cancer in 2018/19 and anticipates this will continue into 2019/20
- The Health and Social Care Board, Director of Performance has coordinated focused performance meetings with regional HSC colleagues to improve inter trust transfer (ITTs')
- 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
- The establishment of a regional Sarcoma Multi-Disciplinary Meeting (MDT) which has improved the delay in the decision making progress
- Implementation of Sentinel Lymph Node Biopsy (SLNB) service in Northern Ireland – further work required to develop/regionalise the service
- Funding secured for Moh's surgeon
- Implementation of regional MDT electronic referral forms for some MDTs'
- The establishment of a neurological clinic for brain tumour patients with seizures which will improve the patient pathway and reduce waiting times
- Improvements are underway in the lung cancer diagnostic pathway to be in line with the National Optimal Lung Cancer Pathway – quality improvement work thus far has reduced 12days from the patient pathway
- Increase in Red flag CT capacity on the BCH site and an overall improvement in Red Flag CT reporting turnaround times – this has been nominated for a chairmans award this year
- Improved CT Colonography waiting times
- Agreed 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
- Implementation of a 2nd PET scanner planned for March 2020. Additional in house PET lists undertaken monthly and red flag patients routinely sent to Dublin to try and improve PET waiting times
- Following the successful investment in a Robot for the urological cancer service, patients are now treated for robotic prostatectomies locally in Northern Ireland
- 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

4 Raising the Standards

- Implementation of electronic triage (e-triage) across most tumour sites has reduced the number of days it takes to triage red flag referrals.

Next Steps (19/20) The cancer services team will continue to work in partnership with multi-disciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

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 84 **NICE Guidelines (NG & TA)** that were Endorsed in NI and issued in April 2018-April 2019.

- There were 28 **NG** that were Endorsed in NI and issued in April 2018-April 2019
22 New Guidelines and 6, which update and replace previous Guidelines.

The breakdown is below:

- 12 Issued to Surgery and Specialist Services
- 6 Antimicrobial Guidelines
- 3 issued to Specialist Hospitals and Women's Health
- 2 issued to Unscheduled and Acute Care
- 1 issued to Adult Social & Primary Care Services
- 1 issued to HR
- 1 issued to Planning performance & Informatics
- 1 issued to Finance, Estates & Capital Redeployment
- 1 issued to Multiple.

4 Raising the Standards

- There were 56 **Technical Appraisals** that were Endorsed in NI for the use of new and existing medicines and treatments in in April 2018-April 2019

53 New Guidelines and 3, which update and replace previous Guidelines.

The breakdown is below:

48 issued to Surgery and Specialist Services

8 issued to Unscheduled and Acute Care.

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.

Next steps

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Trust plans to develop an IT solution to manage dissemination of NICE Guidance.

Regional and National Audits

Audits are vital aspects of clinical governance and continual service improvement. An audit assesses if a certain aspect of health care is attaining a recognised standard. This lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to achieve quality improvement and improve outcomes for patients.

It allows organisations to continually work toward improving quality of care by showing them where they are falling short, allows them to implement improvements, and re-audit or close the audit cycle to see if beneficial change has taken place.

Each year, the Regulation and Quality Improvement Authority (RQIA) conducts a programme of clinical audits of health and social care services in Northern Ireland. During 2018/19 Belfast Trust staff co-ordinated and took part in a number of regional audits, most of which were funded by the (RQIA) and a number national audit projects. This provides an opportunity for the Trust to measure current practice against agreed standards/guidelines and compare results against other Health and Social care Trusts in Northern Ireland and the United Kingdom (UK).

National Audit of Acute Medical Care in the UK

Belfast Trust participated in a wide range of National audits during 2018/19 including the National Audit of Acute Medical Care in the UK. This Audit provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 28th June 2018. Acute medical teams from 127 Acute Medical Units (AMUs) across the UK collected data relating to operational performance, clinical quality indicators and standards from NHS Improvement.

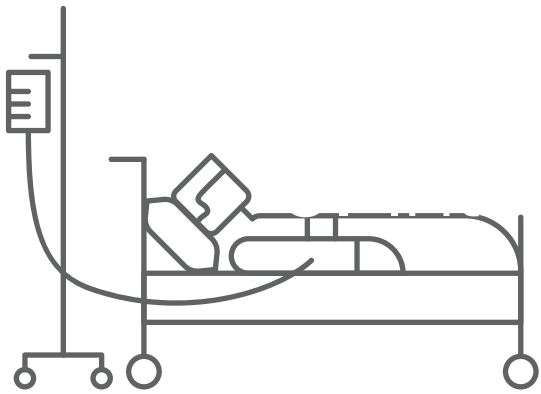
4 Raising the Standards

Results were shared with all participating units in a report published in September 2018. This highlighted key findings in relation to structure and staffing of AMUs, patients and outcomes, the flow of patients through Acute Medicine and performance against Clinical Quality Indicators. All results have been reviewed and actions taken forward to improve patient care.

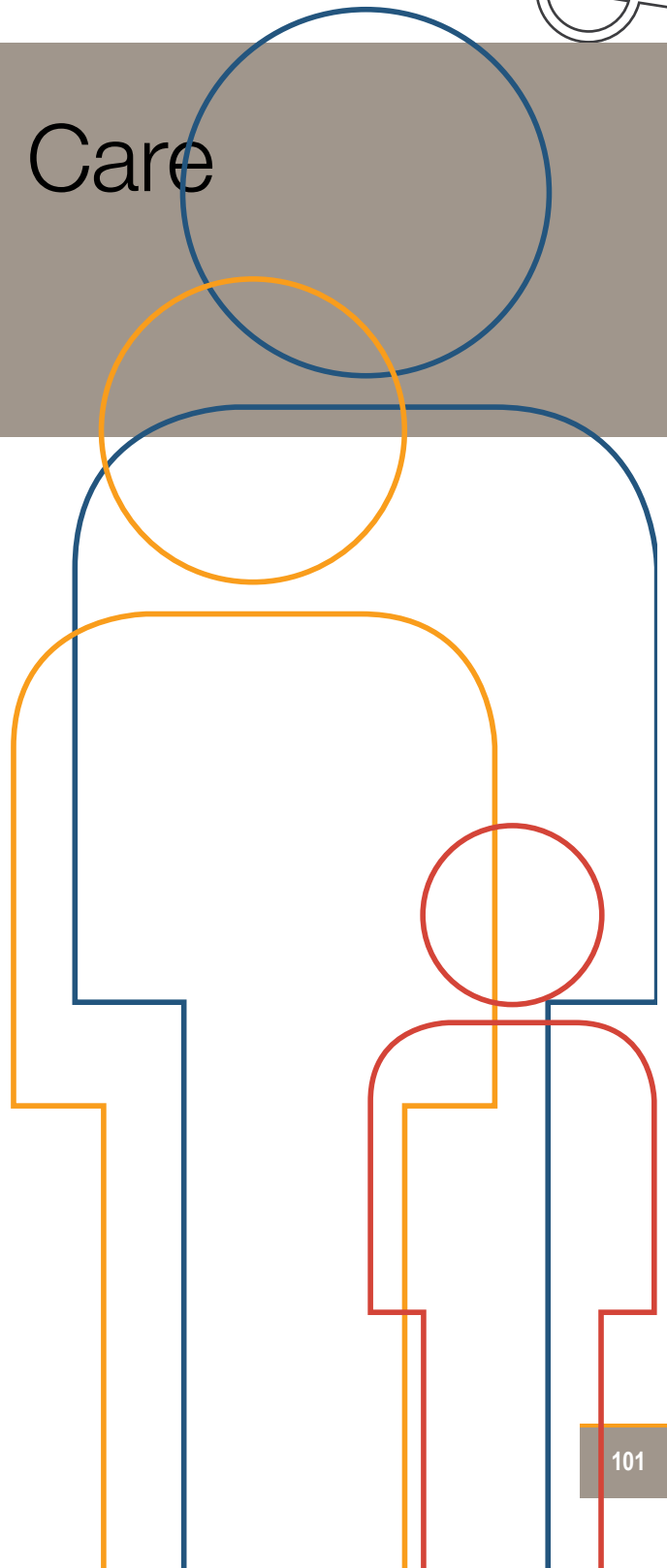
Regional Audit by the Northern Ireland Transfusion Committee

Belfast Trust took part in a regional audit co-ordinated by the Northern Ireland Transfusion Committee: *Where does the Blood go in Northern Ireland?* The audit was funded by RQIA and the report published in July 2018. This audit examined all red cell transfusions in NI during a two-week period. The audit demonstrated clusters of clinical conditions where there is scope to improve on the use of red cells, by undertaking new projects. Areas for practice improvement including haemoglobin checks between two-unit transfusions and better treatment of underlying haematinic deficiencies to avoid transfusion were identified. The audit also highlighted that 34% of red cell transfusions were commenced outside daytime hours, many for seemingly non-urgent indications.

A number of recommendations were made and an action plan developed.



5. Integrating the Care



5 Integrating the Care



1700 stroke patients supported



2200 people provided with Community Care



720 staff employed across Home Care Services



8000 people in the community supported by Social Workers



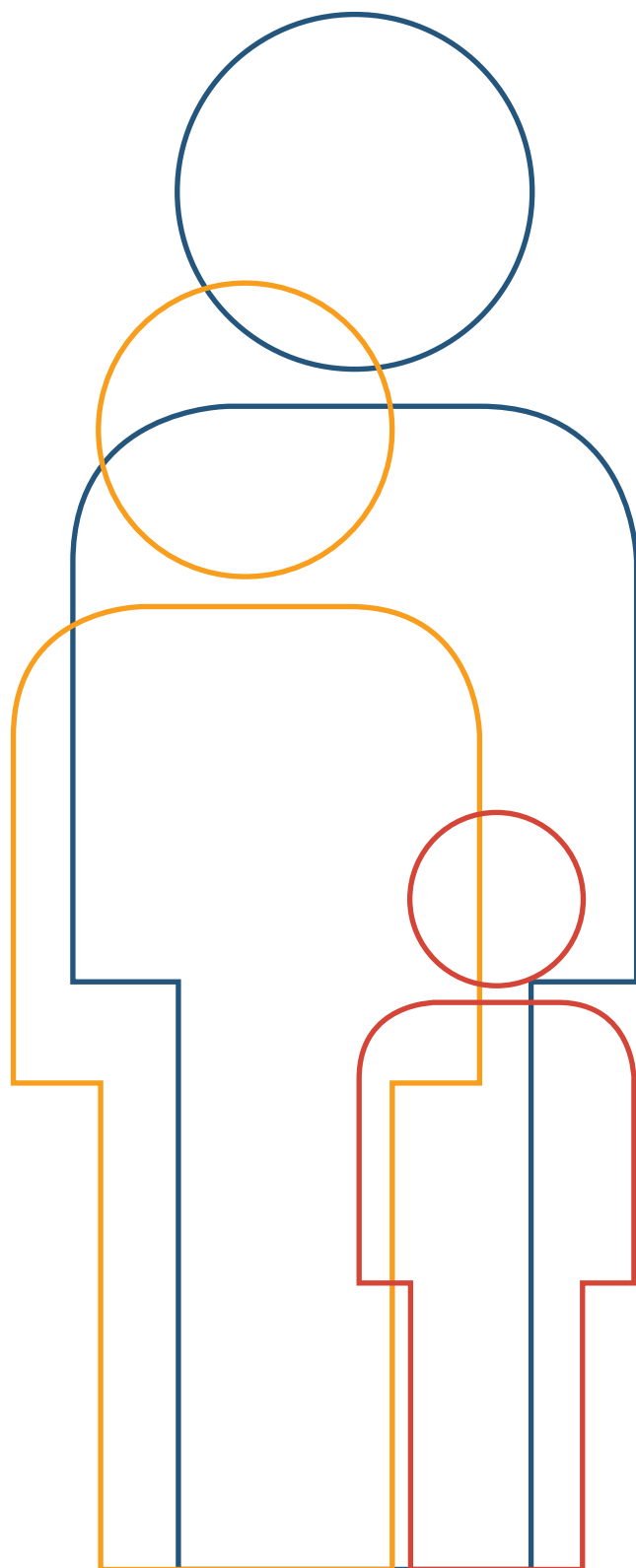
15% increased uptake of Direct Payments



606 adults receiving Direct Payments



202 children receiving Direct Payments



5 Integrating the Care

Intermediate Care Services

Intermediate Care services consists of a range of home and community bed based services for older people which provides assessment and rehabilitation designed to maximise the individual's independence and quality of life. In facilitating timely transfer of care from hospital, intermediate care and reablement services aim to maximise people's independence and reduce unnecessary hospital admissions.

The service is provided to patients, usually older people after leaving hospital or when they are at risk of being sent to hospital. It offers a link between hospitals and where people normally live, between primary care, social work and community nursing.

Background

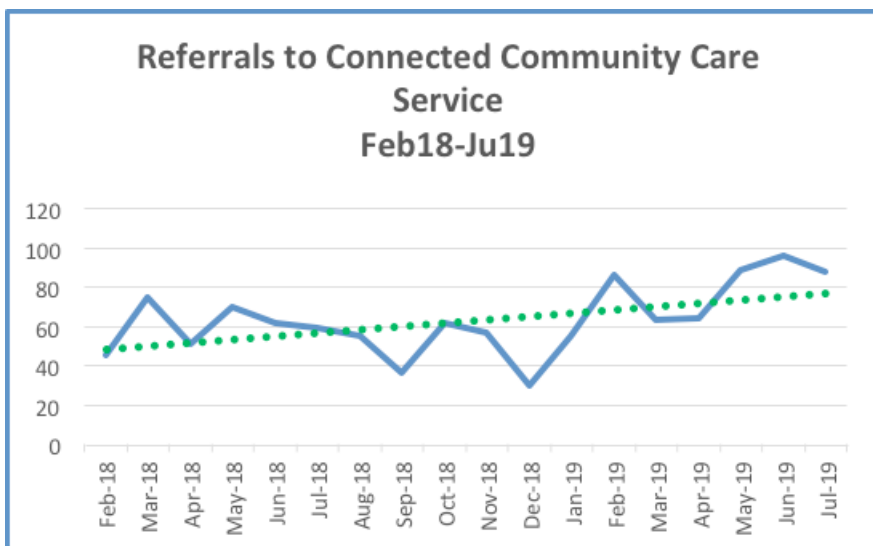
The Connected Community Care Service is an innovative initiative that has been implemented in Belfast by the Integrated Care Partnerships in collaboration with the Belfast Health and Social Care Trust. It is a new approach in developing a model for co-production and coordinating relationships between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



The service provides support to people with chronic conditions, those who are at risk of developing a chronic condition or who are socially isolated within their communities. The aim of the service is to prioritise prevention and early intervention and to enable people to lead healthy and active lives, with care and support closer to home. The service has recently extended its work to focus on the support needs of people with a diagnosis of cancer.



Referral Activity in 2018-19



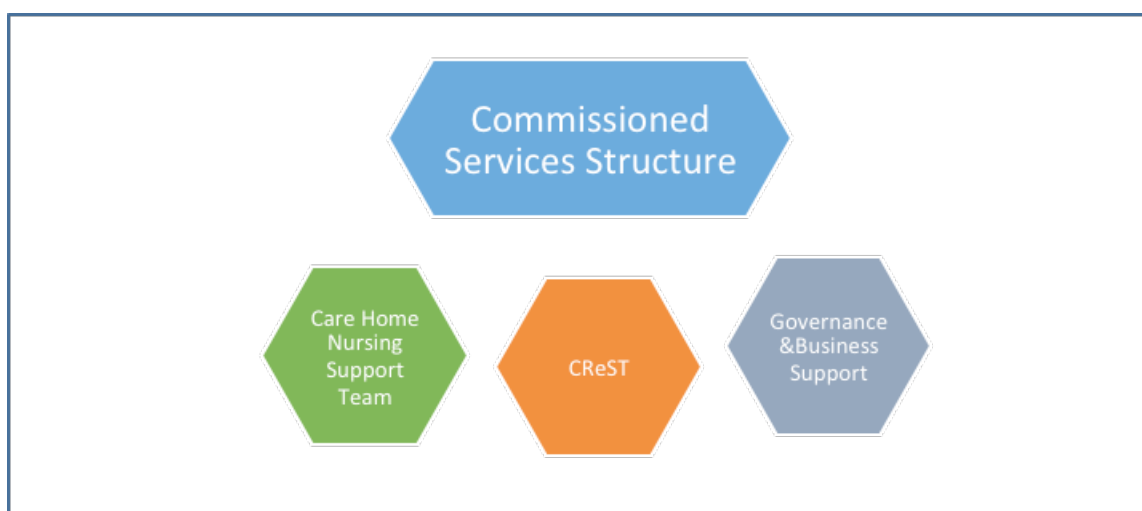
5 Integrating the Care

Care Review And Support Team

The Care Review and Support Team (CREST) is a team of Social Workers, Nurses and AHP's which works to ensure that people living permanently in care homes will receive a high quality of care, that is safe, effective and compassionate. A key focus of this period has been to bring an additional level of assurance to people living permanently in care homes in the wake of the Home Truths (COPNI) report.



CREST are building positive and effective working relationships with care home providers, residents and families. There is a Crest practitioner aligned to every home in Northern Ireland with a Belfast Trust resident. The role of the CREST practitioner is to assess and review the quality of care delivered in care homes through the lens of the lived experience of the resident.



Service Vision

All people living permanently in care home will receive a high quality care that is safe, effective and compassionate.

5 Integrating the Care

Community Care

Home Care and Intensive Domiciliary Care Services

The Belfast Trust Home Care Services incorporates the Home Care, Intensive Domiciliary Support Scheme (IDSS) and the Rapid Access to Personal Support (RAPS) services. Approximately 720 staff are employed across these services and many of the front line staff live in the communities they serve. Staff work alongside colleagues in hospital and community settings to ensure that people receive support in their own homes for as long as possible. The Trust provide Care to approximately 2,200 people at any one time.

With an ageing population there continues to be significant demand for Home Care Services. In recognition of this investment has been secured to develop an additional 1300 direct care hours within the Home Care service. The Trust is currently reviewing the role of Home Care staff to enable the service to support people with more complex needs. Staff will be trained to deliver services underpinned with a reablement ethos and this will help to empower service users to maintain as much their independence for as long as possible.

Engagement events with staff to promote the service vision are currently ongoing and will be completed by the end of September 2019.



5 Integrating the Care

Stroke Services

The Belfast Health and Social Care Trust's Hyper Acute stroke service continues to experience increased demand over recent years. In 2018/19, the service supported approximately 1700 patients - 900 with stroke/ Transient Ischemic Attack (TIA) and 700 with stroke mimic. Over 164 patients received reperfusion therapy; additionally 120 patients have been treated by mechanical thrombectomy. During this period the median door to needle time for those receiving thrombolysis (clot busting therapy) was 40 minutes. For patients receiving thrombectomy, the median time from CT scan to opening the occluded vessel was 60 minutes.

The team receives approximately 1000 outpatient referrals for people with a suspected TIA and stroke mimics per year. In April 2019 the Belfast HSC Trust commenced an Ambulatory Stroke pathway aimed at reducing the length of stay for patient who present with stroke mimics. The aim of the service is to assess, diagnosis, confirm or rule out stroke in those patients who present with stroke like symptoms.

During this period the regional thrombectomy service has grown significantly. Belfast is now considered amongst one of the top performing units in the United Kingdom in terms of numbers of patients treated by thrombectomy.

Community Diabetes Team

The Community Diabetes Team is a multidisciplinary team created to support patients to manage their Type 2 diabetes more effectively. The team also work with General Practitioners to support them delivering care to people with Type 2 Diabetes in their own communities. The team has been leading the way across Northern Ireland.

In 2018/19 there were 2106 patients referred to the team, representing a 64% increase from 17/18. This had a successful impact on the referrals to hospitals and these patients were able to have their treatment closer to where they live. As a result hospital referrals decreased by 32%. The team benefits from having a consultant as part of their establishment. Last year 1144 patients were seen and assessed by the Consultant diabetologist at a community clinic. The team also refers patients to DESMOND, which is a patient education programme.

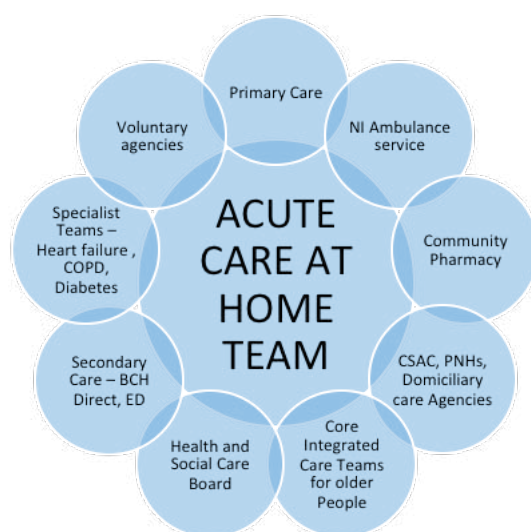
The team also supported Primary Care by reviewing patients with the GP and they undertook a pilot to enhance knowledge and skills of GP practice staff within a primary care practice setting. The Community Diabetes team also deliver training to other healthcare professionals by conducting video conferencing ECHO sessions.



5 Integrating the Care

Acute care at Home team

Acute Care at Home is a Consultant Geriatrician led community multi-disciplinary team working together to treat older people with acute medical conditions in their own home. The Team provides rapid comprehensive assessment and person centered care, which aims to be more flexible and effective with a focus on delivering the right care in the right place at the right time, to avoid unnecessary hospital admission, as well as helping people to be as safe and independent as possible at home. The Acute Care at Home Team also support informal carers recognising and valuing the key role they play in enabling the Older Person to live at home.



To date the team has received excellent patient and service user feedback:

'My mother was too frail to go to hospital. The care the team was able provide was excellent. ... The team was very supportive and we were involved in Mum's care and also kept well informed about her care. The team took on board any concerns we had and made us feel at ease ... I just cannot thank everyone enough.'

	2015-2019
Total Referrals Received	5934
Total NIAS Referrals Received	851
Total Bed Days on the Service	27558
Total Carers Assessments Accepted	533

5 Integrating the Care

In this forthcoming period the team will be focusing on increasing their capacity to deliver care to across seven days. Also on developing greater links with secondary care with the full implementation of a case finder role over 7 days.

Social Work

Social Workers and Social Care Staff work across a number of areas in Adult Community and Older People's Service's. This includes Hospitals, Community Mental Health for Older People Team, Older People's Teams, Physical Disability Services, Palliative Care, Sensory Support Services, Community Brain Injury Team and Adult Safeguarding. Social Workers build relationships with people, families and carers to support them to remain in control of their lives, promoting independence and positive risk taking, as well as challenging exclusion and injustice. Social Workers also work to safeguard people who are vulnerable by undertaking preventative work, by upholding Human Rights and dignity and in a small number of cases through the use of protective measures.

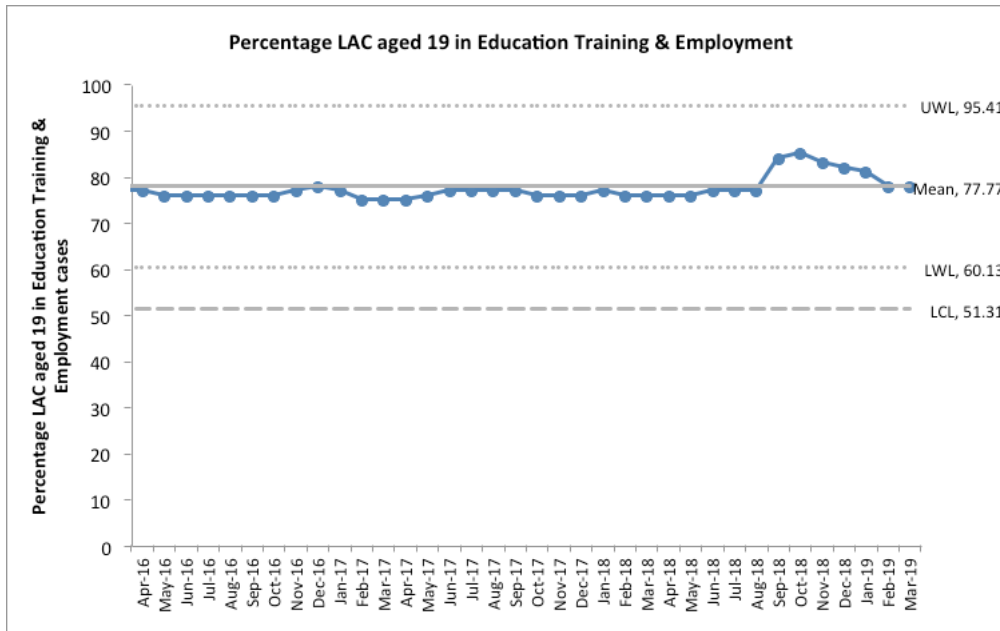
During this period Social Workers across the division have supported approximately 8,000 people in the community, staff in hospitals received over 11,500 referrals and 2,000 informal carers were offered an assessment. Social Work has been particularly focused on ensuring that more service users who require community care support are empowered to take control of their services through the use of Self Directed Support, which enables them to receive more flexible and person centred care. We recognise that there is difficulty at times in accessing timely domiciliary care for those who require this level of support. Therefore, we have been working alongside colleagues in the Health and Social Care Board, the CLARE project and Shared Lives to explore the development community based alternatives.

Social Work Teams recognise that their time is best spent having more face to face contact with service users, families and carers. To achieve this Older People's Social Work Teams have been piloting the use of mobile technology, so that Social Workers and Social Care staff to free up time to have more contact with people who need support.

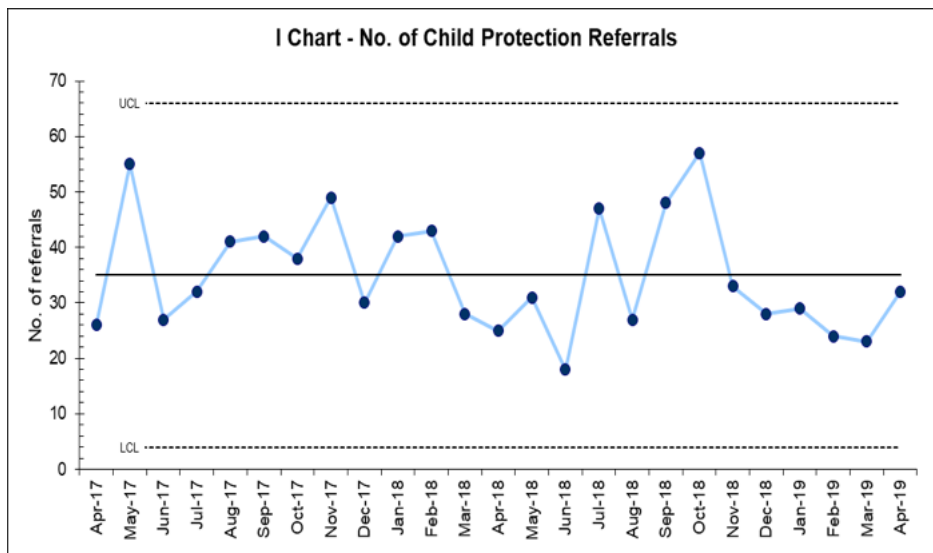


5 Integrating the Care

Looked After Children



The chart above shows monthly data for the % of Looked After Children aged 19 who are in education, employment or training. This figure is consistently around 80%.

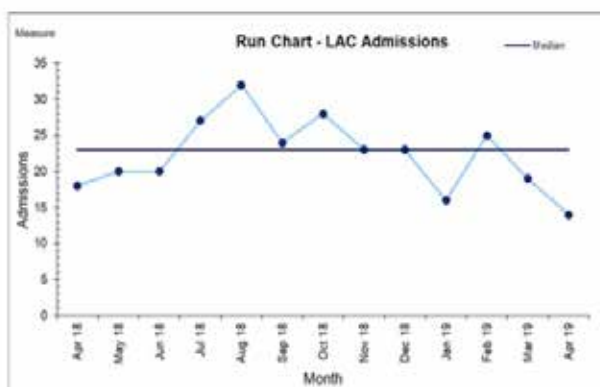
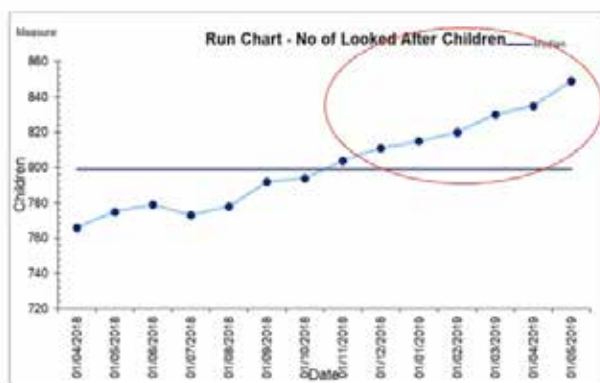
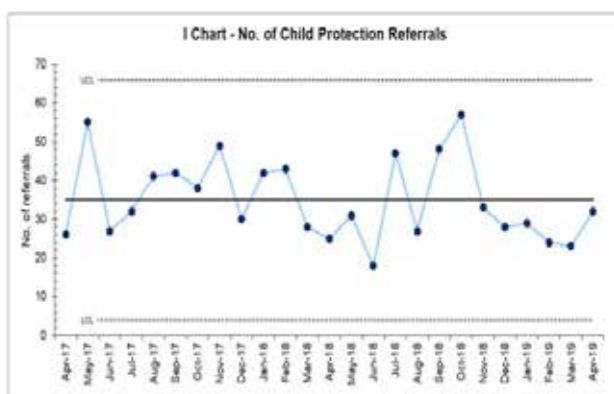


The chart above shows that child protection referrals in Belfast decreased in the second half of 2018/19.

5 Integrating the Care

There has been a gradual increase in the number of Looked After Children (LAC) in BHSCT (in line with regional data) despite a gradual decrease in the number of Child Protection referrals. This may be due to an increase in kinship placements in line with new regional kinship care standards and changing thresholds with regards to admissions to care.

There has also been a decrease in the number of LAC admissions which is also likely due to an increase in kinship placements.



5 Integrating the Care



What is Self-Directed Support?

Self-Directed Support is a change in the way social care services are provided to offer much more choice, control and flexibility to individuals and families.

With a focus on 'working together' with Belfast Health and Social Care Trust to achieve individual outcomes, Self-Directed Support enables individuals and families to tailor a package of support that best suits their lifestyle. It also allows the individual and family to have informed choice about how support is provided and gives as much control as the individual and family want over the personal budget so they can live their life in the way that they want to.

How do I get Self-Directed Support?

Self-Directed Support is available to those who have been assessed as being in need of social care support. If you do not already have social care support, you will have to ask for an assessment from a social worker or keyworker to ensure you are eligible.

How can Self-Directed Support benefit you?

Self-Directed Support allows you to choose what type of support you receive and where and when you receive it. For example, you might want to:

- Have your support staff visit at a time that you choose
- Employ your own personal assistant.

What does Self-Directed Support include?

Self-Directed Support includes a number of options for getting support. The individual's personal budget can be:

- Taken as a Direct Payment
- A managed budget (where the Trust or a 3rd party organisation holds the agreed budget but the person is in control of how it is spent)
- The Trust can choose and arrange a service on your behalf
- Or a mixture of all three packages detailed above.

5 Integrating the Care

At the Annual Self-Directed Support conference in May 2018, a carer presented her journey and lived experience with Self-Directed Support. Ms. X (aged 78) is a carer for her older brother aged 92 years, and stated the following:

“Self-Directed Support opened up new possibilities for us all. A combination of Direct Payments and Trust arranged services meant,

- *My brother was cared for at home*
- *I got my life back, could plan breaks away, and outings with friends*
- *My contribution to his care was recognized and respected.*

Ms B stated she was indebted to the Belfast Trust for the person-centered care both she and her brother receive on their Self-Directed Support journey.

Where do I get more information about Self-Directed Support?

- Go to the Health and Social Care Board’s dedicated Self-Directed Support website <http://www.hscboard.hscni.net/sds/>
- Speak to your social worker or key worker
- Contact the Self-Directed Support Project Manager.

Joan McCrudden
Self-Directed Support Project Manager
Mount Oriel PSD Office
53-57 Saintfield Road
Belfast, BT8 7HL
T: 028 9504 6890 or 028 9504 2367
E: joan.mccrudden@belfasttrust.hscni.net

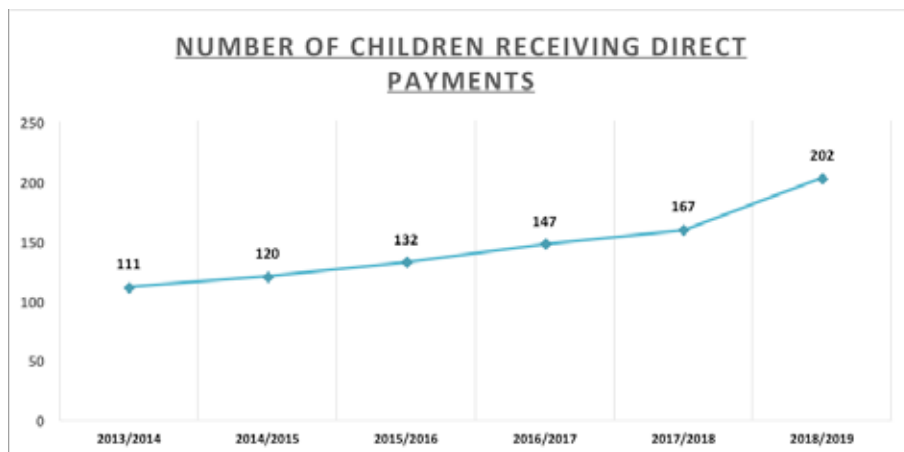
Self-Directed Support / Direct Payments

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. At 31st March 2019, Belfast Trust had increased the uptake of Direct Payments by 14.94%, compared to 31st March 2018.

5 Integrating the Care

Facts and Figures

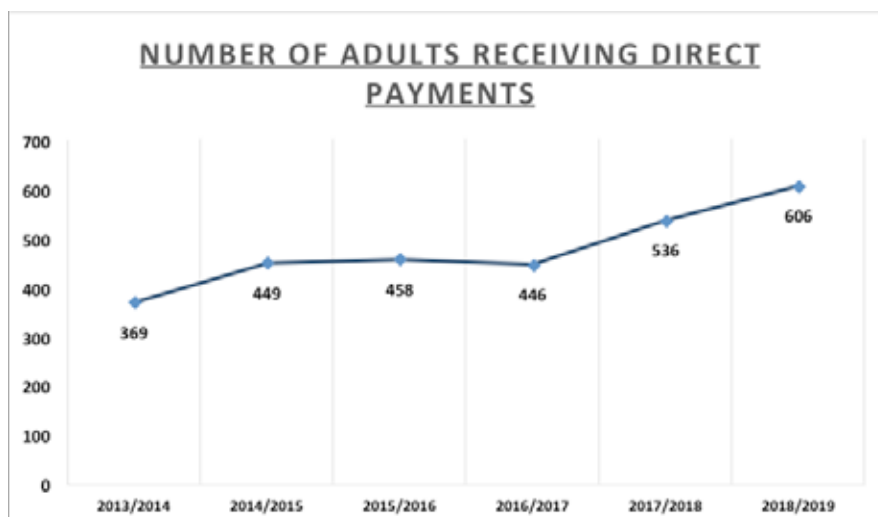
In 2018/2019, 202 children were in receipt of Direct Payments, an increase of 21% as compared with the figure for the previous reporting period, and continuing a year-on-year increasing trend.



Next Steps

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

Direct Payments for Adults



In 2018/2019, 606 adults were in receipt of Direct Payments, an overall increase of 13.06% as compared with the figure for the previous year 2017/2018. Older People's Services had the greatest increase in the uptake of Direct Payments by 29.81%.

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