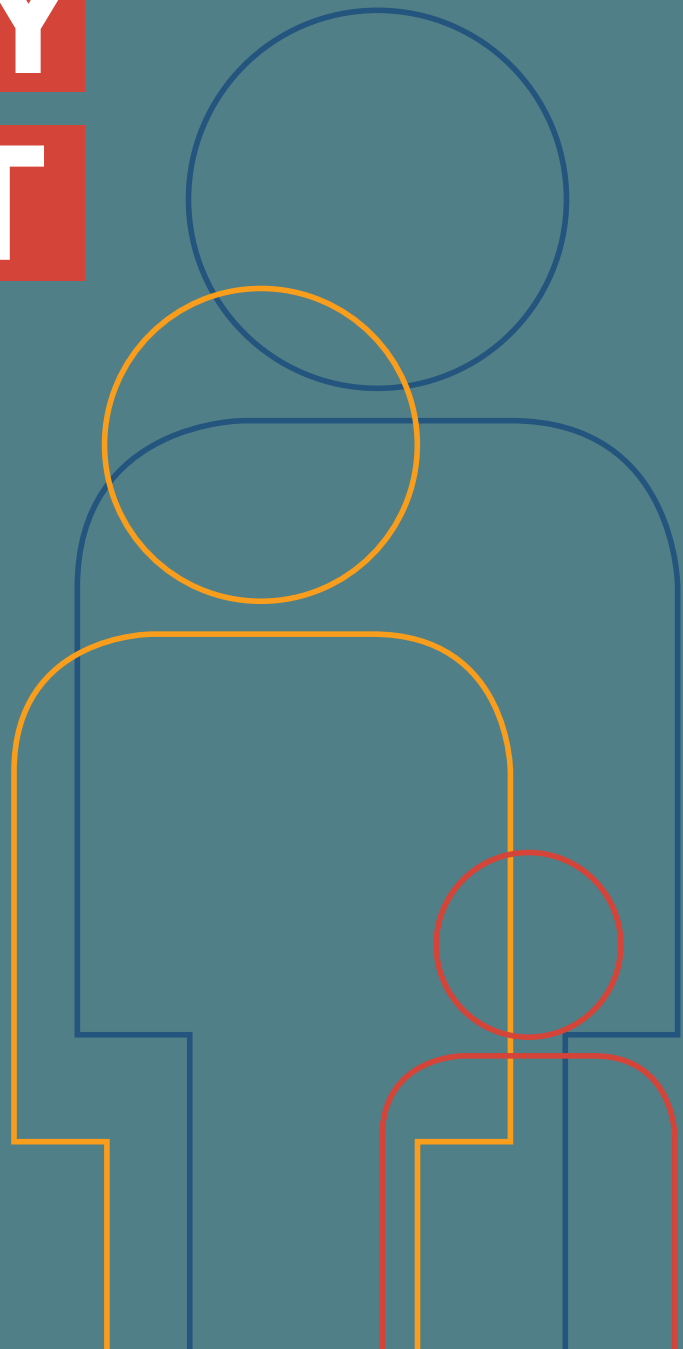




Belfast Health and
Social Care Trust

caring supporting improving together

ANNUAL QUALITY REPORT 2020/21



Chief Executive Foreword

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

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



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

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

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

Chief Executive Foreword

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

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

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

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

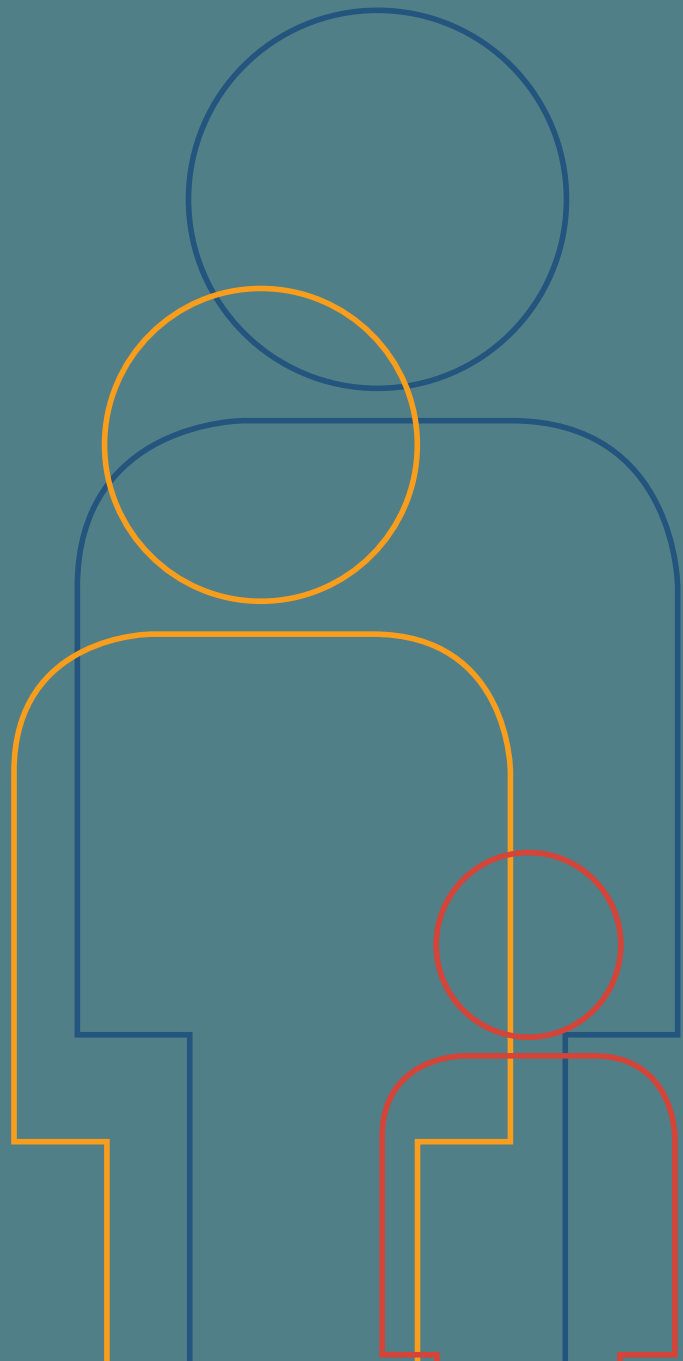
Carly Jack

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1. Transforming the culture



1. Transforming the culture



94 staff trained to level 2/3 in Quality Improvement



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



Patient Liaison service established



36116 calls handled by Liaison Team



Personal & Public involvement across services



29% decrease in complaints from previous year



1168 formally recorded complaints



8277 compliments received



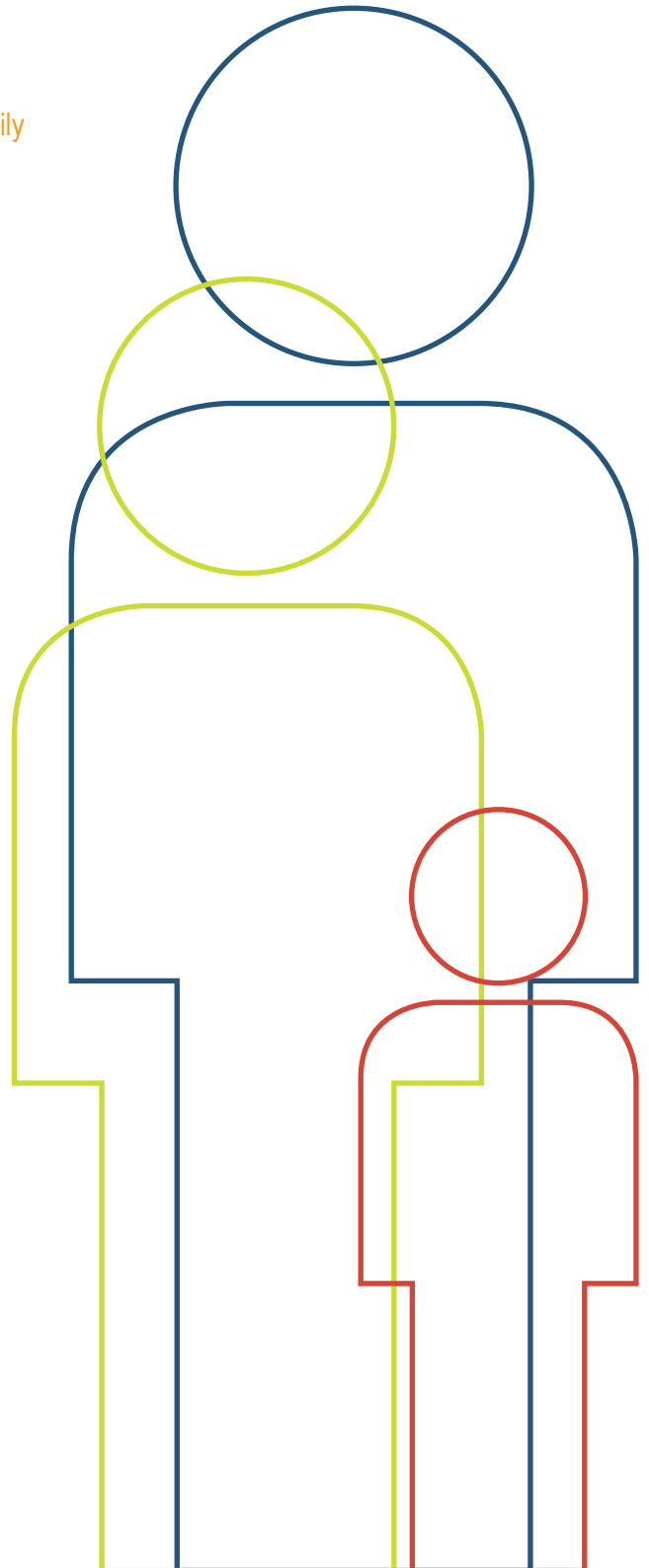
23 shared learning letters were shared Trust wide



37069 adverse incidents reported



Patient Experience feedback rolled out to 70 areas



1. Transforming the culture

Introduction

The Trust Vision and Values

Our Vision

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

Health and Social Care Values

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

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

The HSC values are:

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



Working together

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

Excellence

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

Openness and Honesty

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

Compassion

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

1. Transforming the culture

Our Corporate Themes

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

- **Safety, Quality & Experience**

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

- **Service Delivery**

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

- **People and Culture**

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

- **Strategy & Partnerships**

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

- **Resources**

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

Our objectives

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

1. Transforming the culture

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

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

Quality Management System

BHSCT has developed a single integrated Quality Management System (QMS) which provides one approach to performance management, quality improvement, accountability and assurance processes. This system:

- Enables Directors & Divisional Teams to develop the management information needed to make sense of business in a consistent, integrated framework across all Directorates. It reduces variability; promotes consistency of approach; integrates a number of existing fragmented assurance/accountability reports and meetings; streamlines how the Trust does business
- Builds on and amplifies sensitivity to operations, using the Charles Vincent Model as the methodology for measuring and monitoring safety, both in daily safety huddles and in regular but less frequent sense making forums
- Integrates assessments of safety, experience, effectiveness, efficiency, timeliness and equity (6 quality parameters) under the banner of quality

1. Transforming the culture

- Instils confidence in the Executive Team and provides the basis of reliable and transparent assurance to Trust Board, Commissioners, Department of Health (DOH), partners and public on the effectiveness of decision-making and progress to meeting regional and local priorities & targets; and
- Continues to satisfy the reporting requirements of the Health & Social Care Board and Department of Health.

Charles Vincent Model

The Executive Team hold daily Safety Huddles with a set agenda framed around the Charles Vincent model. This model provides a framework for measuring and monitoring safety and includes the following key components:



1. Transforming the culture

'Real Time' Decision Making

Real time decision making across the Trust ensures a continuous focus on quality. This includes:

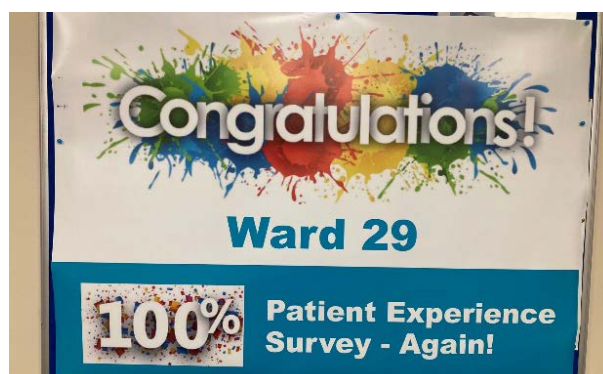
- Daily COVID-19 Sitrep Report/Charles Vincent Safety Huddles
- Daily updates to support real-time decision making alongside a more in-depth weekly review eg. outpatients (including virtual clinic activity); length of stay; and progress against our rebuild plans.
- Integration of 40 sets of management information/20 different sources – presented as summary data, run charts and drillable slicer graphs
- Weekly 'live' governance meetings within Divisions attended by Divisional Leads.

1. Transforming the culture

Patient and User Experience

Real Time Patient Feedback

Over the past year, we have continued to gather Real Time Patient Feedback from a range of inpatient wards across the BHSCT. This helps us to understand what the experience is like for the patients in our care, and in turn, recognise where we are doing things well and make the necessary changes to improve where things could be done better, all in real time. Reports are returned to wards within 24 hours so that action can be taken in a timely manner where required. To date, the feedback received has enabled us to make changes including, reducing noise levels at night on wards and helping patients get a better night's sleep, offering alternative menu choices at mealtimes and enabling patients to receive more information about their treatments and medications whilst in hospital. In addition to this, the feedback received has been a valuable tool in providing praise and recognition of staff, helping boost spirits and team morale, especially during the past year of working through the COVID-19 pandemic.



We have continued with our roll out plans, following a brief pause during COVID-19 first surge, and now currently visit approx. 70 Wards and areas across all BHSCT hospital sites, including Maternity, Mental Health and CAMHS services. In the first quarter of 2021 (Jan-March), we spoke to 1582 inpatients, with 99% of these patients stating they would either be likely or extremely likely to recommend the treatment and care received to a friend or family member. Unfortunately, benchmarking figures for the rest of the UK were not available during this period as in previous years.

Within the next couple of months, we plan to include Muckamore Abbey Hospital, and are currently developing a variety of different methods including a "talking mat" and "easy read" version of the survey. This is the first time that Real Time Patient Feedback has been adapted in this way to enable people with learning disability who often have difficulty in understanding spoken language make their views known.

We are also planning to roll this out to the Domiciliary Care setting by June 2021.

1. Transforming the culture

NHS Safety Thermometers

NHS Safety Thermometers continue to be rolled out alongside Real Time Patient Feedback. The NHS Safety Thermometers enable us to take a 'temperature check' on safety through measuring common causes of harm at the point of care. They can be used to understand the proportion of patients affected by harm, agree baselines, set improvement goals and detect change over time. Data is collected by the Patient Experience Team on 2 days per month with a monthly report issued at ward, Specialty, Divisional and Trust Level to be discussed by the MDT. Each Division is also invited along to present their Medication Safety Thermometer data on a quarterly basis to the Medicines Risk & Safety Assurance Group.

Unfortunately, collection of the NHS Safety Thermometer data was stood down nationally in April 2020 and therefore we are no longer able to benchmark against other UK Trusts. However, we have developed a bespoke system in house to enable us to continue collecting, analysing & reporting on this data within our own Trust.

10,000 More Voices Initiative

The '10,000 More Voices' initiative enables engagement with patients and clients to focus on what matters to them when using healthcare services. Through involving patients and service users in our work and listening to their experience, we can make a real difference to improve the quality of our services.



In 2020/21 the PHA took the decision to suspend the projects that were underway due to the pandemic, the focus of the work moved to Covid related projects.

The Belfast Trust engaged in a number of Covid specific projects between April 2020 and March 2021:

- **Staff experience of Personal Protective Equipment during COVID-19** – report was circulated to staff
- **You and your experience of working during COVID-19** – psychological well-being highlighted as a key area. Working group was established and feedback given to staff
- **You and your experience of mental health services during COVID-19**
- **Experience of Living with swallowing difficulties** – learning shared with Dysphagia Network and work ongoing regionally
- **The experience of families and residents in Care Homes during COVID-19** – regional report shared across Trusts.

1. Transforming the culture

Care Opinion

The Trust continues to use and promote Care Opinion for patients and service users to share their experience of health or care services and help improve them. This project uses technology and online user-feedback as a key enabler for a culture change towards an open and transparent culture. It ensures the service user feedback reaches the right staff in real-time and for the staff to be able to respond to the feedback through the online platform.

Individuals across all service areas have been identified to respond to feedback and to share learning and good practice.

Always Events

Always Event® are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time (Picker, 2013).

The creation of an Always Event invariably comes about from the patients and people who use services and where they are asked, **'What matters to you?'** in addition to **'What's the matter?'**

In the Northern Irish context, the responses to these two pertinent questions were extracted from stories about experiences of healthcare in Northern Ireland that were shared by patients, families and carers through the regional '10,000 More Voices project' (PHA, 2017). Five key features that citizens of Northern Ireland described as being important to them when they are interacting with the health care delivery system are:

- Mealtime Matters
- Noise at Night
- Family Presence
- Pain Management
- Communication
- Attitude.

In 2020/21, the Belfast Trust Patient and Client Experience (PCE) team continued to work with 'Noise at Night' and 'Mealtime Matters' initiatives.

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Mealtime Matters (MTM)

This project aimed to improve the patient experience before, during and after their meal. Bespoke posters and leaflets with key 'Mealtime Matter' principles were distributed and aimed to raise staff awareness. Data from surveys demonstrated the need for ongoing work in this area, particularly in the area of uninterrupted mealtimes and the need for ongoing audits.

Noise at night

The BHSCCT has been working on Noise at Night since 2018, however, patient feedback continued to identify noise levels at night on wards to be a key problem.

Based on the patient feedback surveys the PCE provided immediate support to areas where issues of noise at night were reported. PCE team members visited the wards providing guidance and practical examples of how to reduce Noise at Night. The third roll out of 'Chatter Trackers' was delayed by Covid but Trackers are now active on many ward areas across many specialities.

Key interventions used were:

- Chatter Tracker noise monitors
- Noise at Night awareness poster
- Get a good night's sleep' leaflet for patients
- Ward Good Sleep Checklist.

Next Steps 2021/22:

- On-going monitoring of Real time Patient Feedback in relation to noise at night
- A focused approach to identify and support wards with key interventions who have on-going issues with noise at night.

Mixed Gender Accommodation Reporting

The privacy and dignity of all patients is paramount for those who deliver and commission care and is central to the Patient and Client Experience Standards (DoH, 2009) and the guidelines for Patient Experience in Adult NHS Services (NICE 2012). The overriding principle is that all patients in adult inpatient areas should be cared for in same gender accommodation except where it is in the overall best interests of the patient or reflects their personal choice. The recording of Mixed Gender Accommodation is undertaken by the Trust and submitted quarterly to the PHA. Working with colleagues in informatics the Mixed Gender Accommodation data is now captured using the PJ's IT system, which provides live data.

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Next steps

The Belfast Trust recognises success of Care Opinion will be dependent upon the following:

- A wide range of stakeholders being willing and available to take part in the project process
- Effective and consistent promotion of the service to encourage patient and client participation
- Capacity and time to provide the personal response to stories and to further support patient and Client participation
- Make meaningful changes to our services on the feedback of patient experience.

The Chaplaincy Service

The spiritual care offered by the Chaplaincy Service is an integral part of the patient experience and provides a service to patients, their families and staff, for those of all faiths and none. The team have been involved in the design and development of a new Multi-faith Belief E-learning package for staff. The Chaplain's Association assisted in the development of a new website, which offers Multi-faith belief resources.

In 2020/21, the Belfast Trust Chaplaincy Service continued to address the spiritual needs of patients, their families and all service users. They continued with this essential service throughout the Covid 19 pandemic. The team were actively involved with the Bereavement Team, an initiative developed to support the pandemic.

The Volunteer Service

Overall, the Volunteer Service enhances the patient experience and quality of our services by offering a number of supporting roles:

- Breast Feeding Peer Support
- Chaplaincy & Faith Volunteers
- Meet and Great Cancer Services/MacMillan
- Meet and Greet Community
- Meet and Greet Royal Victoria Hospital
- Family Liaison Support
- Peer Support – Adoption Support and Liver Support.

During the Pandemic, it was necessary to stand down the Volunteer Service. This was to assist with the reduction in footfall across all sites and to protect our volunteers. The service did continue

1. Transforming the culture

with peer support volunteers such as Breast-feeding peer support, which happened virtually.

Volunteers who were not in high-risk groups who wished to continue to volunteer with the Trust supported initiatives such as discharge support.

Next Steps 2021/22

The PCE team in conjunction with the Volunteer Service will assist in determining roles suitable for volunteering in the current Covid 19 Pandemic circumstances. Evaluation of the Meet and Greet Roles in Wellbeing and Treatment centre will be completed, with the expectation to extend the role across services.

Personal and Public Involvement

The Trust remains committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business, in line with the regional PPI



Standards and the DOH Co-production guidance. PPI is the active participation of patients, carers and the public in how services are planned, delivered and evaluated. This includes developing relationships, building strong active partnerships, and having meaningful conversations with a range of stakeholders to create services that best meet service user and carer needs.

Involvement and co-production are a core aspect of the Trust Corporate plan and are also reflected in the management plans of each Directorate. Involvement and co-production are included in the Trust Assurance Framework committee structure and report via the Involvement Steering group.

During 20/21 a new BHSCCT Involvement Strategy was produced, which sets out the Trust's vision, commitment and integrated approach to Patient and Client Experience, PPI and Co-production.

The Trust Virtual Involvement Network continues to work on creating opportunities for PPI and co-production with service user and carers and strives to ensure that involvement opportunities are accessible to people and that people are supported to be involved in a way that suits their needs, experience and ability. COVID has presented many difficulties in relation to involvement, with all involvement activity moving to online platforms during this year.

During 20/21 there has been a particular focus on developing involvement in a number of strategic work streams, including No More Silos, Learning Disability, reform of older peoples services and modernisation of outpatients services.

The Trust virtual involvement network continues to grow and involvement opportunities are regularly promoted with this network. An Involvement newsletter is now produced quarterly and circulated widely. With the Trust's ongoing commitment to Quality Improvement, there is a

1. Transforming the culture

continued commitment to ensuring that involvement of service users and carers is core to this work.

In addition, there a number of Trust-wide User Forums and specific Service User groups facilitated by and linked to the Trust which can provide opportunities for service user and other stakeholders to engage in decision making, feedback processes and associated risk issues. A number of these have continued to meet virtually throughout COVID.

The Engage and Involve training was adapted for online delivery during COVID restrictions and a specific training session on supporting involvement during COVID, entitled “Putting the I in COVID”, was developed with colleagues from across the region. Online delivery commenced in November 2020, with 40 people participating in online training between then and the end of March 2021. During this period, 3868 people accessed the Introduction to PPI e-learning session. A number of guides for supporting online involvement were developed with colleagues in other Trusts - these included FAQ’s for involvement during COVID, involving hard to reach groups, making virtual meetings engaging, a guide to online questionnaires and facilitating virtual focus groups.

The Trust continues to participate in the Regional PPI Forum and related subgroups including, training and remuneration / reimbursement.

Complaints and Compliments

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

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

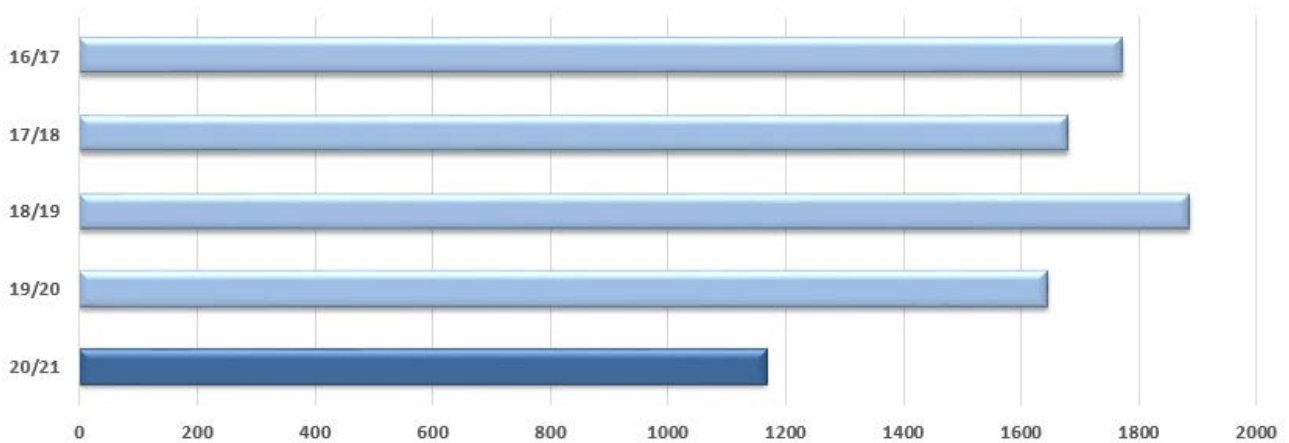
By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future. We place a real focus across the Trust on making sure that lessons from complaints are taken on board and followed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

1. Transforming the culture

Facts and Figures

1,168 formal complaints were received in 2020/21 representing a 29% decrease on the previous year's figure of 1,646.

Formal complaints 2016 – 2021:



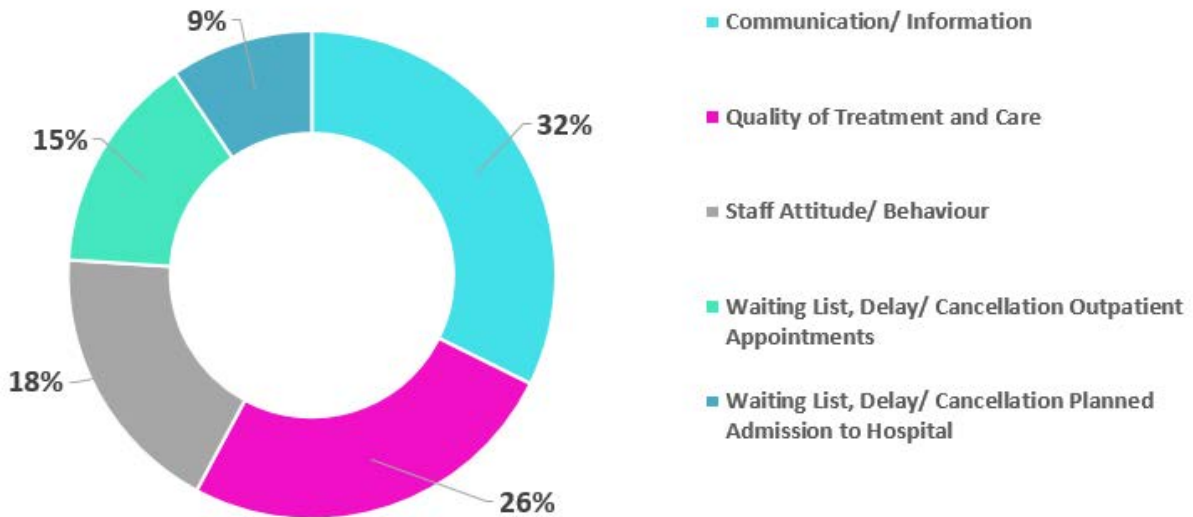
Formal Complaints – Top 5 Subjects 2020/21

The most frequent issues and concerns raised in complaints throughout 2020/21 remained consistent with those identified in previous years:

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

1. Transforming the culture

The chart below shows the breakdown of these 5 most common complaint subjects during the year:



Responding to complaints in a timely manner

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

During 2020/21 we took an average of 29.3 working days to provide responses to complaints. Although the Trust aims to respond to complaints within 20 working days, complex complaints (particularly those that involve a range of services / departments / organisations, or where independent expert opinions are sought) can require additional time to investigate.

The following table shows the response times for the Trust for complaints received during 2020/21:

Acknowledgement of complaint within 2 working days	96%
Complaint response within 20 working days	53%
Complaint response within 30 working days	63%

In order to improve the timeliness of our response to complainants, we continued our focus on long outstanding complaints during 2020/21 in particular highlighting cases where investigations and responses had been ongoing for longer than 40 working days. Regular reports were shared with each of the service-facing Directorates throughout the year identifying all complaint cases in each service area where a response was significantly overdue. We also encouraged and supported staff to seek to resolve complaints informally within wards and departments wherever possible.

1. Transforming the culture

Learning from Complaints

The Trust endeavours to ensure that where any patient had an experience within our care that did not meet the standards that we expect, this experience is reviewed and any learning is identified and used to inform changes in the way that we deliver our services.

This learning is shared across Trust wards / departments where relevant to help avoid other patients experiencing similar issues in the future.

Some examples of how complaints have led to improvements within the Trust during 2020/21 include the following:

Complaints were received by the Trust relating to care home reviews:

- A Trust keyworker failed to communicate with the service user's family and involve them in the decision making to stop 1:1 supervision arrangements, and subsequent change to the service user's care plan
- A Trust keyworker failed to communicate with a family following a review where the outcome necessitated a transfer of care home to meet the service user's assessed needs.

These complaints highlighted that the standard expected for individualised care and treatment were not met in relation to family involvement in review of care and care delivery decisions. In addition, the principles and good practice elements within the Department of Health guidance regarding Deprivation of Liberty were not applied and documented.

Both complaints resulted in a breakdown in trust and collaborative partnership working between the family, the Trust keyworker and the care home.

The complaints were investigated by the Trust and the following learning points were identified and communicated to staff across the Trust via our Shared Learning process:

- A service user's next of kin must be informed of all changes in their care needs
- Practitioners involved in arranging 1:1 supervisions must adhere to the Adult Community and Older People's process for the implementation and review of 1:1 supervision
- Practitioners involved in completing a care review should complete the review report in accordance with Trust processes and ensure that this is shared with family in a timely basis.

1. Transforming the culture

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

An example of learning and improvement arising from a complaint that was investigated by the Northern Ireland Public Services Ombudsman in 2020/21 is detailed below:

The complaint concerned a patient who suffered a collapse at home and was transported by ambulance to the Royal Victoria Hospital and subsequently transferred to Craigavon Area Hospital where they sadly passed away. It later emerged that an incorrect patient identifying number was allocated to the patient and they had been treated in both the Belfast and Southern Trusts as a different patient who had the same name and a similar date of birth. Although this error did not lead to harm to the patient, and did not affect their prognosis, there was clear concern about the impact such an error could potentially have had.

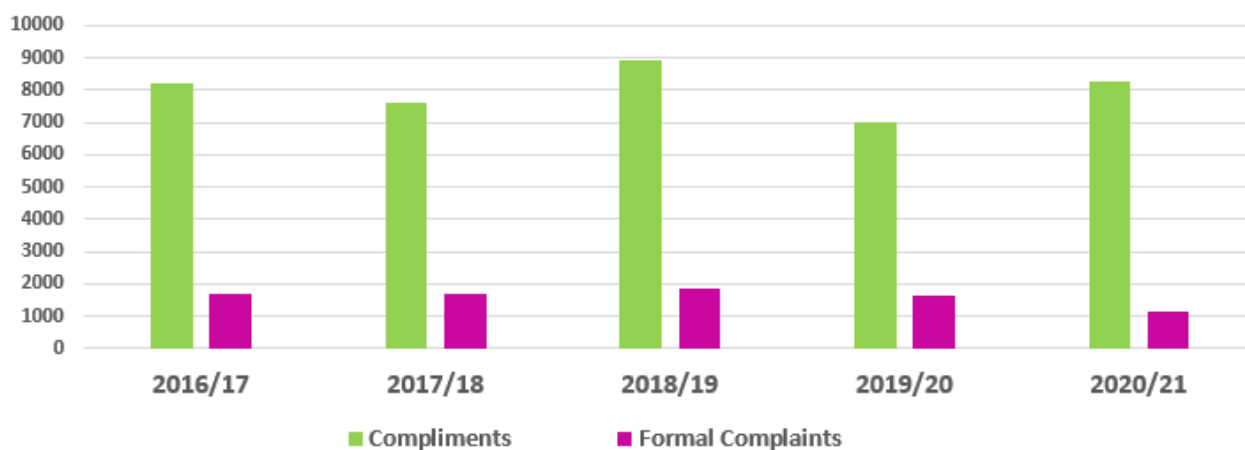
As a result of the learning from these events and subsequent investigation by the Trust, a new "Management of Unidentified Patients" policy was developed and implemented in order to prevent any future reoccurrence of such an error:

- At the point of accepting a patient for admission, Trust staff are now prompted to ask if the patient can confirm their own identity.
- If the patient is not able to confirm their own identity, an unidentified patient protocol is enacted where the patient is issued with a unique pre-allocated hospital number and temporary unique identification details as soon as they are admitted to hospital to allow any required emergency treatment to proceed.
- The purpose of this emergency identification system is:
 - to ensure that patients of unknown or uncertain identity have appropriate investigation and clinical treatment without delay
 - to ensure that documentation, blood specimens and other investigations can be linked to the patient concerned at all times during their hospital admission
 - to minimise the risk of patient identification error and consequent inappropriate treatment
 - to outline the correct mechanism for merging emergency alternative identifying information with the patient's correct identification details when these are confirmed.
- This temporary identifier is then followed up with the allocation of the patient's correct identification number when this has been confirmed and cross-checked.

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Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. A total of 8,277 compliments were formally recorded during 2020-21 and the table below shows the numbers of compliments received over the past 5 years.



Adverse Incidents / Serious Adverse Incidents (SAIs)

An Adverse Incident is defined as “Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course of the business of a HSC organisation/Special Agency or commissioned service.”

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

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

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

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

1. Transforming the culture

Facts and Figures

In the year 2020/21 there were a total of 37,069 adverse incidents reported and, of these, 120 were reported as SAIs. 76% of adverse incidents affected patients or service users, 19% affected staff/contractors/vendors with the remaining 5% affecting the organization as a whole or public/visitors.

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

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
<p>Behaviour (15,000 reported incidents) (It should be noted that many of these incidents occur as a result of the behaviours associated with some learning disabilities and mental health conditions)</p>	<ul style="list-style-type: none"> • The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence. Training programmes are delivered throughout the year in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising, preventing and managing aggression, skills to escape an attack and team approaches in holding skills. • Mental Health Services - All incidents regarding violence and aggression which are graded as moderate and above severity, as well as incidents graded minor or insignificant, but with a potential of a moderate or above consequence are reviewed by the Collective leadership Team (CLT), at a weekly governance huddle and feedback returned to the appropriate service area. Incidents of violence and aggression are also discussed locally at Ward/ Department level during team meetings and at monthly Patient Safety Meetings. Within Mental Health Services a Physical Intervention (PI) report is produced weekly for review by CLT and distributed to the service areas within Mental Health Services. The PI report includes all aggressive and self-harming behavior Incidents. We monitor the use of Physical Intervention, Prone and Supine restraint, IM rapid tranquilization and seclusion. All Mental Health Incidents are discussed at monthly Divisional Governance Meetings. Trends and patterns are collated for wider discussion. It should be noted that often when a peak arises within Mental Health inpatient facilities

1. Transforming the culture

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p>that it can relate to one or a small number of individual patients who have been admitted and who are very unwell. Support for staff involved in incidents of violence and aggression is provided as and when necessary.</p> <p>Following is an example of where a quality improvement project was undertaken in this area:</p> <p>Restrictive Practice QI project – Aim is to reduce the use of restrictive practice (physical restraint, seclusion, rapid tranquilisation) by 30% by December 2021. Assistant Service Manager (ASM) developed Therapy Crosses to enable regular review of positive interventions taking place on wards to support the reduction of restrictive practice. In February 2021, all Mental Health wards (exception of Valencia) adopted an Adult Safeguarding Tracking document to analyse Adult Safeguarding incidents within wards. This document is discussed with the ASM, Ward Managers and Psychiatrists at local Governance meetings. This information is used to monitor Adult Safeguarding (ASG) referrals re timeliness of referral and referral to DAPO, any delay in reporting and to consider adult safeguarding incidents for trends and analysis ie. time of day, where the incident happened, factors contributing to incidents (deterioration in mental health, poor or non-concordance with prescribed medication, incidents occurring in specific locations/ time of incidents ie. central area of ward, outside nursing office, outside medication room, patient kitchen/ tea/ coffee making area, off ward recreation areas, etc. to contribute to risk management plans and strategies to decrease incidents of this nature at ward level.</p> <ul style="list-style-type: none"> ● Learning Disability Services – All incidents of aggression are reviewed at both Hospital and community weekly Live Governance meetings. All incidents of aggression within inpatient settings are discussed at patient level at Clinical Improvement Meetings where there is full

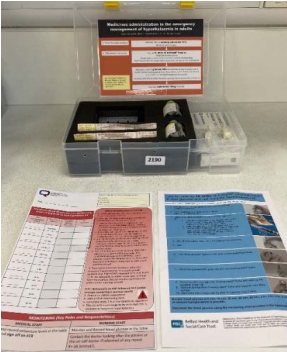
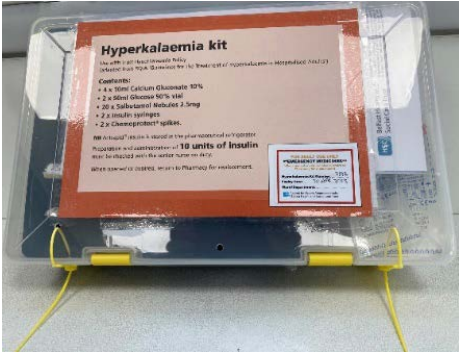
1. Transforming the culture

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p>a full multi-disciplinary team review. Governance Committee takes place on a bi-monthly basis, reports and charts reflecting trends and patterns of incidents of aggression are presented to the management team. A patient placement review has taken place at MAH which has resulted in some patients moving wards to where their support need can be better met. A weekly data triangulation meeting has been set up at Muckamore Abbey Hospital (MAH), all incidents which occurred the previous week are reviewed for patterns and themes, actions agreed at each meeting. Delayed discharge of some children in Iveagh's children centre have been escalated with placing Trusts, joint work has resulted in suitable step place being secured, both Trust teams are working together to work towards a successful discharge in September 21. Discharge work continues at MAH to secure suitable accommodation for delayed discharge patients. Debrief and psychology support is provided at each site following serious or persistent incidents of aggression towards staff.</p>
<p>Accidents / Falls (6,824 reported incidents of which 5,889 were falls)</p>	<ul style="list-style-type: none"> ● Post fall reviews are completed on all moderate and above falls which focuses on the learning from each fall incident ● The monthly FallSafe audit was recommenced in July 2021. A reporting system for recording FallSafe Audit data, which generates a report for ward staff, has been developed. Staff training has been delivered to enable access and use of the system ● The PHA receive a monthly report of all falls coded moderate and above. Each report reviews the fall incident and highlights areas of good practice and areas of learning. This information is collected regionally and provides data to inform key priorities for quality improvement work and patient safety initiatives.

1. Transforming the culture

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
	<p>Ongoing Quality Improvement initiatives will be facilitated by:</p> <ul style="list-style-type: none"> ● Educating and supporting staff with FallSafe training and the 'Management and Prevention of Falls Policy' ● Shared learning from all post fall reviews with the Multi-Disciplinary Team ● Collaborative working at a local and regional level ● For a patient fall where a sustained or suspected spinal injury has occurred - training has been provided for staff to enable them to safely manage these incidents ● During September 2021, 'Safetember' is being used as an opportunity to implement the FallSafe project on the Enhanced Recovery Ward in Withers, MPH. There are also plans to focus falls prevention work in Neurology and Ward 4E/4F ● Regional 'Falls Week' commences on 20th September 2021, this week is used as an opportunity to raise awareness of FallSafe for staff, patients and visitors across all sites. <p>Regional Falls work carried out with the PHA:</p> <ul style="list-style-type: none"> ● The Regional Falls Group are in the process of devising a regional document to provide guidance for staff in the use of 'Falls Assistive Technologies' ● A Regional falls e-learning programme was developed in 2020. Progress in developing the course has been delayed due to the COVID-19 pandemic. The programme has been 'story boarded' and is awaiting digitalisation ● The Falls Data Sub group have identified regionally that there are variations in the falls data submitted. This group has been convened to discuss these issues, and to work collaboratively to develop systems and processes to ensure that the reporting of falls data is consistent across all Trusts.


1. Transforming the culture

Top 5 Incident Types 2020/21	Examples of actions to reduce re-occurrence
<p>Medication/Biologics/Fluids (3,148 reported incidents)</p>	<p>Medication incidents</p> <p>Hyperkalaemia - The hyperkalaemia kit was changed to reflect updates to the RQIA 'Management of hyperkalaemia in hospitalised adults' guideline. It now has revised recommendations for the monitoring of blood glucose before and after treatment of hyperkalaemia. This change has been made in recognition of the risk of hypoglycaemia in patients receiving an insulin/glucose infusion as part of the treatment of hyperkalaemia in adults.</p> <p>The updated kit (shown below) now includes a two sided insert with an algorithm for the management of hyperkalaemia in adult inpatients and a blood glucose monitoring chart. A switchover of 260 kits, led by Pharmacy, was carried out in BHSCT acute sites to ensure updated kits were available at ward level.</p> <div style="display: flex; justify-content: space-around;">   </div>
<p>Other (1,748 reported incidents)</p>	<ul style="list-style-type: none"> ● A number of incidents have been recorded as 'Other' where staff have been unable to code appropriately. ● Actions are being taken to improve the coding of incidents.
<p>Diagnostic Processes/ Procedures (1,241 reported incidents)</p>	<ul style="list-style-type: none"> ● Diagnostic process/procedures include laboratory investigations/interpretations, radiological/imaging investigations/interpretations, monitoring/on-going assessment of patient status and general diagnostic incidents. ● Staff review incidents and implement actions as required.

1. Transforming the culture

Shared Learning

During the reporting period 2020-2021, **23** Trust Shared Learning letters were shared Trust wide. Of these, 20 related to Incidents or Serious Adverse Incidents and three related to complaints.

		Ref. W257857	Date issued: Mar 2021
Shared Learning			
Safety Message: Referrers should NEVER make duplicate imaging scan referrals to more than one department for the same individual patient procedure.			
Summary of Event			
<p>A patient received a duplicate scan in error. On investigation, the patient was referred by the same doctor from hospital X to the relevant department in hospital Y and also to hospital Z. The scan in hospital Z was completed 3 weeks after the scan in hospital Y and was therefore not required. The patient received an additional unnecessary radiation exposure which was reportable to the regulator.</p> <p>A contributing factor to events is the fact that multiple Radiology Information Systems are in place across NI and therefore duplicate requests for the same imaging procedure cannot easily be detected by the individual scanning departments.</p>			
Learning Points			
<p>Duplicate referrals for diagnostic imaging procedures are an ongoing problem. In accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations (NI) 2018 referrers should NEVER make duplicate referrals to multiple departments for the same individual patient procedure. Referrers should educate themselves in respect of their obligations under the IRMER regulations and should complete the HSC e-learning course 'IRMER Awareness Training for Referrers' which is available on the HSC e-learning section of the hub.</p>			
Specific Directorate(s) (specify):		Trustwide	<input checked="" type="checkbox"/>
Other (specify):		Regional	<input checked="" type="checkbox"/>
Action Required (for discussion and agreement at Learning from Experience Steering Group / SAI Group or other appropriate group)			
Approved by: SAI Group	Designation:	Date approved: Mar 2021	

1. Transforming the culture

SAI Reviews during 2020/21 involving deaths by directorate

Facts and Figures

189 SAI Notifications were raised during the period 01 April 2020 to 31 March 2021

SAI Reviews during 2020/21 involving deaths

Of the 189 SAIs during the period 01 April 2020 to 31 March 2021, 62 of these relate to patient deaths. The table below provides a breakdown by Directorate. Over half (36 / 58%) of these SAIs involving death were raised by the Adult Social and Primary Care Directorate, with 25 (40%) related to Suicides.

SAI Notifications submitted by Directorate involving patient deaths for 2020/21 period	Total
Adult Social and Primary Care	36
Children's Community Services	2
Specialist Hospitals & Women's Health	10
Surgery and Specialist Services	5
Unscheduled and Acute Care	9
Total	62

Of these 62 SAIs:

- 52 were reviewed using Level 1 SEA methodology
- 8 were reviewed using Level 2 RCA methodology (as a minimum, the chair is independent of the Directorate)
- 2 were reviewed using Level 3 RCA methodology (as a minimum, the chair is independent of the Trust).

How the organisation learns

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

- Specialty Mortality Review and Patient Safety meetings which are multi-disciplinary meetings (at least monthly) for each Specialty and review mortality, morbidity, learning from harm and other governance and patient safety issues

1. Transforming the culture

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

Quality Improvement

Quality Improvement remains at the core of service delivery. Our commitment and dedication to quality improvement is even more significant this year given the unprecedented challenges faced by the Trust in responding to the pandemic.

The Trust continues to:

- Promote a culture of quality improvement and innovation
- Provide QI support to reform work streams in line with the Trust priorities.
- Develop capability for quality improvement through the provision of training and mentoring
- Work collaboratively with a wide range of stakeholders and learn from regional networks and collaborations.

1. Transforming the culture

Trust Priorities

Quality improvement is embedded in each of the Trust's priorities as set out in the Quality Management System:

- New model of care for older people
- Urgent and Emergency Care
- Time critical surgery
- Outpatient modernisation
- Introduction of vulnerable groups in our population
- Seeking real time feedback from staff and patients
- Regional priorities.

Key achievements this year included:

- The opening of the **Urgent Care Centre (UCC)** in October 2020 to help facilitate the achievement the 4 hour target; reduce footfall in the Emergency Departments; and keep the Emergency Departments for emergencies only. The introduction of the Urgent Centre on the RVH site has improved the delivery of the overall 4 hour target with almost 100% of patients who remain in the UCC being treated and discharged within 4 hours of arriving
- The introduction of **Virtual Consultations** (both telephone and video). The pandemic prompted the introduction of virtual consultations at pace and scale. Benefits for patients and service users include more timely access to services and reduced cost and inconvenience of travel and parking. Benefits for the Trust include more efficient and effective use of resources and the provision of more timely care and treatment. Feedback is continually gathered through patient surveys, patient user groups/forums, staff surveys (both clinician and administration staff), reporting metrics from Paris and PAS. This allows for timely feedback and continued tests of change and improvement as video consultation is rolled out across specialties. Key objectives for the year included:
 - Extending the Trust's video consultation capability across priority service areas.
 - Ensuring appropriate integration with relevant patient booking systems thus ensuring a seamless service. This included scheduling, data recording, privacy, security and reminders.
 - Ensuring effective communications and change management so that the 'new ways of working' (or alternative service channel) are clear, understandable and consistent for our patients and staff
 - Thinking big, starting small and scaling quickly

1. Transforming the culture

- The introduction of **Virtual Visiting (VV)**. In April 2020, all hospital visiting (with limited exceptions) was stopped temporarily across NI. Many patients in the Belfast Trust were unable to use smartphones/tablets independently to connect with their families, leaving them isolated and increasing their loved ones' anxiety. In many areas, Trust staff were facilitating video calls between patients and their families but, due to clinical pressures, this was ad hoc or not always possible. In February 2021, a multidisciplinary team was formed and a VV service was established on the Royal Victoria Hospital (RVH) site. Between 1st Feb 2021 and 31st March, more than 400 VV were booked across over 20 wards in the RVH. Most took place on the care of the elderly, stroke, acute medicine and neurosurgery wards, highlighting the vulnerability of those requiring VV. At the peak of the pandemic, the service offered 70 VV per week between 9am-7pm
- Quantitative and qualitative data, collected via online surveys from patients and family members, revealed overwhelmingly positive feedback

Benefits for patients: Patients reported feeling happier, reassured and comforted after visits. VV facilitators reported many patients were more alert and less agitated following their VV, suggesting improved overall wellbeing and greater chances of recovery

Benefits for family members: People expressed relief and joy at seeing their loved one. Staff were praised for their professionalism and compassion

VV remains ongoing across BHSC to reduce footfall on sites, support infection control and enhance care for patients whose loved ones are unable to travel and/or live outside NI.

Learning from Covid and Quality Improvement

Following the first surge of COVID-19, a multi-disciplinary 'Learning from COVID' team was established in May 2020 and gathered information on how staff had been affected, how staff have been working differently and what we can learn, in order to ensure staff are better supported for a future surge.

Feedback was gathered from every Division in the Trust, from a wide range of service users, and from as many individual staff members as possible and informed the lessons to be learned and recommendations from the first surge of the pandemic. Seven inter-related themes were identified across all of the learning captured. These were, teamwork, innovation, leadership, communication, inequity, recognition and safety and wellbeing.

A number of key priority areas were identified in order to address some of this learning and to help shape our future. Over 15 teams came forward to help make improvements in these targeted priority areas and were supported by our level 2 Safety Quality Belfast programme which was redesigned so that it could be delivered on a virtual platform.

1. Transforming the culture

Quality Improvement Training

In 2020/21 the following staff were trained and QI projects completed:

Level on Q2020 Framework	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	12, 227 (68% of current staff in post)	N/A
2	Virtual Safety Quality Belfast (eSQB)	68	16
2	Specialty Trainees Engaged in Leadership Programme (STEP)	24	
3	Scottish Improvement Leader (ScIL)	22	22

All training has been delivered virtually over Microsoft Teams over the last year and will continue to do so in the months ahead.

Safety Quality Visits

Safety & Quality Visits (SQV) form part of the Belfast Health & Social Care Trust's safety and quality improvement agenda.

Safety & Quality Visits involve senior leaders visiting both clinical and non-clinical areas to provide an informal method for leaders to talk to front line staff about patient safety, what matters to staff and service users, showcase good work and discuss what could be even better. During 2020/21, visits were stood down until the end of September due to the pressures staff were facing due to Covid. When they re-started 30 were scheduled and 22 carried out.

Next Steps

- Raise the profile of visits and promote their benefits to staff involved
- Increase the number of reports received by the QI team
- Continue to improve shared learning from visits
- Continue to recognise and celebrate the excellent work being carried out in the Trust.

Supporting Staff when an Unexpected Event has occurred Belfast Support Team (BeST)

The BHSCCT is committed to supporting staff and recognises the emotional impact of incidents or unexpected events. We want to support staff in providing safe, effective and compassionate

1. Transforming the culture

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



We have 39 trained volunteers from across different directorates, professions and bands of staff who have been recruited and trained to be a 'buddy'.

Schwartz Rounds



Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff. We now have 245 trained facilitators and

243 attendees to date. Schwartz Rounds take place every two months with panellists presenting on themes such as 'A patient I will never forget' and 'A day I made a difference'. Schwartz Rounds help to build resilience of staff and enable support through sharing of experiences. While feedback had been extremely positive all face to face Schwartz Rounds have currently been paused due to COVID-19 and are also taking place virtually. Feedback was extremely positive.

"very inspirational"
"very emotional"
"made me feel part of a team that does great things"

Team Time

In addition to Schwartz Rounds, Belfast Trust has introduced the Point of Care Foundation (PoC) initiative 'Team Time'. Team Time focuses specifically on individual teams, offering staff a safe reflective space to talk about the emotional and social impact of their current work experiences. Feedback has been very positive.

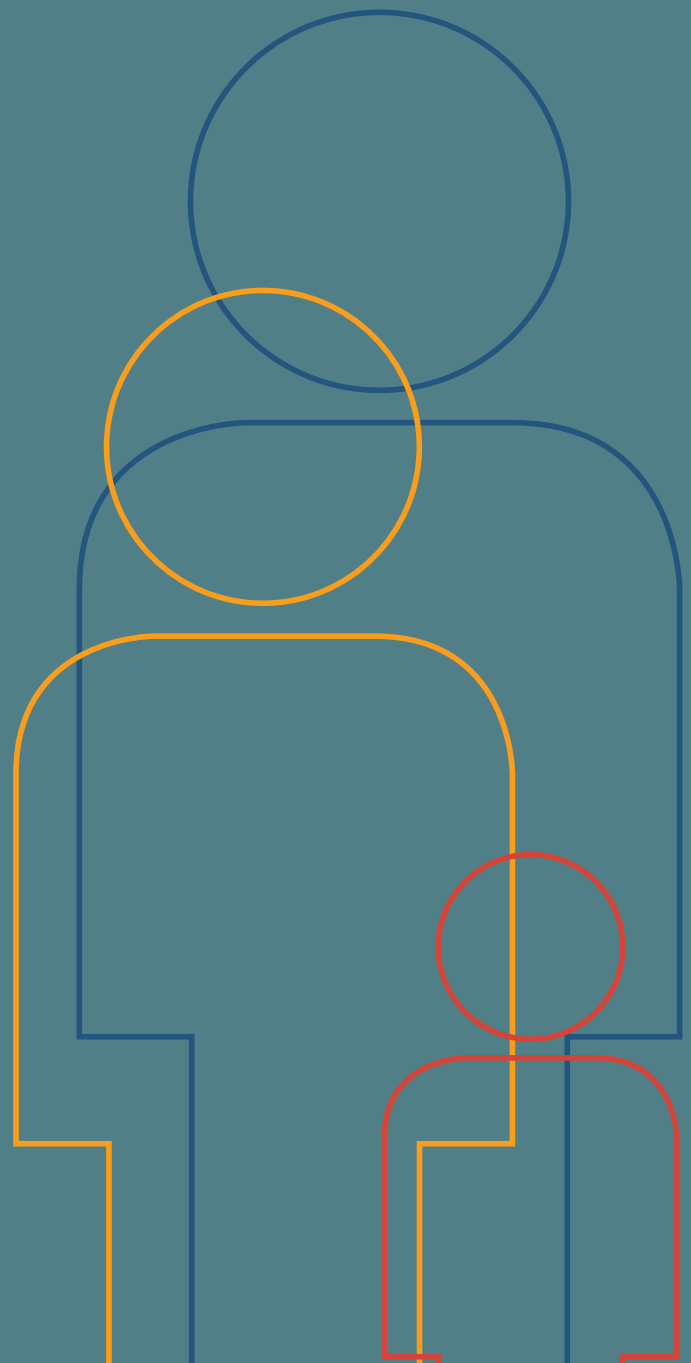
Team Time Facilitators

Trained Schwartz facilitators deliver all sessions and all Schwartz facilitators are able to undertake Team Time training.

No. trained Schwartz facilitators	No. trained Schwartz facilitators also trained in Team Time
15	11

1. Transforming the culture

2. Strengthening the Workforce




2. Strengthening the Workforce

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

 **1502** New to Trust staff have completed welcome programme

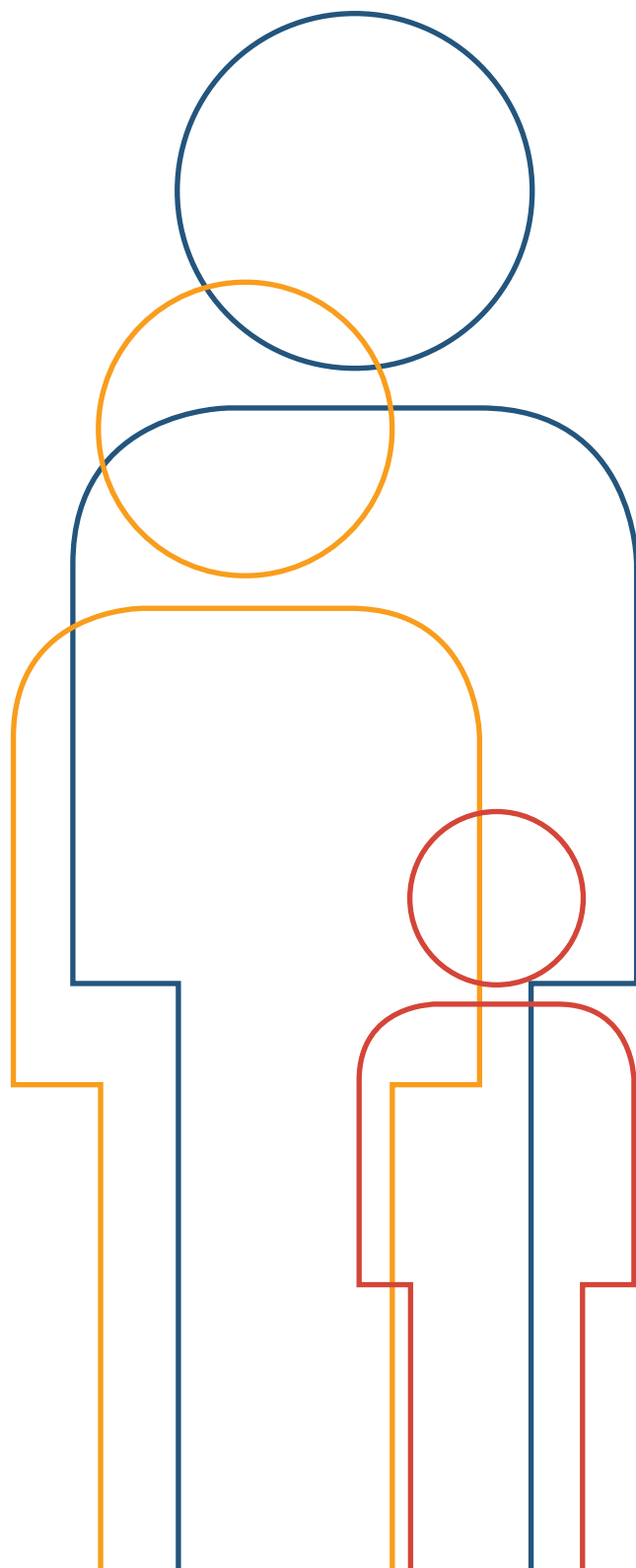
 **136** staff attended the Nursing Assistant Online Induction

 **1633** staff completed online/virtual training

 **20** nurses and midwives took part in the Nightingale Challenge

 **Covid Recovery Toolkit** developed for staff

 **15000** views - Safe Working During Covid-19 guidance pack for all staff



2. Strengthening the Workforce

Staff Induction

Introduction

The COVID-19 Pandemic required the HR People and Organisational Development team to adopt a different approach. Much of the team's work involved face-to-face events and programmes which understandably had to be moved to online platforms. The team also had a role to play in supporting staff through the challenges posed by Covid at work and at home. The HR People and Organisational Development team supported the wider organisation in their efforts to communicate and engage staff virtually and developed solutions to ensure critical Learning and Development (L&D) activities could continue to be delivered, supporting the Trust's commitment to providing safe, effective and compassionate care.

Learning & Development – Digital Delivery

The HR People and Organisational Development team quickly developed new digital skills to perform their role, listening to the needs of the wider service to develop digital solutions to new challenges eg. social distancing and an increasingly remote work force. Given the significant pressures on teams across the service, the team designed a 'train the trainer' workshop as an effective method to quickly share new digital skills to corporate and clinical educators across the Trust. This knowledge sharing approach allowed staff to speedily implement templates, toolkits and guidelines to deliver their service. It also outlined new ways of engaging staff during training such as digital whiteboard, polls and breakout rooms that ensured vital training could be resumed safely.

Additionally, the HR People and Organisational Development team transformed personal development training and bespoke and team training interventions to be facilitated digitally. This enabled the Trust to continue to induct and develop staff, providing the crucial training and development required to deliver safe, effective, compassionate care.



1,633 staff completed
online/virtual training delivered
by POD in 2020/2021

152 staff attended the
Designing and Delivering Online
training course in 2020/2021



2. Strengthening the Workforce

Staff Welcome Programme

The Belfast Trust Welcome Event was officially launched in April 2019 and proved extremely successful. In March 2020, as a result of the global pandemic the programme was stood down and an interim arrangement introduced in April 2020. This ensured:

- Staff new to Belfast Trust were supported in their understanding of the Trust culture and values
- Staff new to Belfast Trust felt welcomed to the Trust encouraging staff engagement and retention
- Improved compliance levels with core statutory and mandatory training requirements to ensure that safety of both staff and service users was achieved during a time of huge pressure on the service.



This process initially contained four key pieces of training that had been digitalised in order to enable completion prior to staff taking up post and also accessible on their own devices.

In October 2020, two additional training elements were digitalised and added to the interim product. From April 2020-March 2021, 1,502 new to Trust staff completed the interim welcome product.

Work is under way to ensure that the interim process is replaced by a full onboarding product which will allow new to Trust staff to complete all 10 core SM training elements prior to taking up post which will help ensure greater levels of safety is achieved.

Leadership and Management Development

The Covid pandemic highlighted the important role Leaders and Managers play in the delivery of care to patients and service users. To support them HR People and Organisational Development worked with the HSC Leadership Centre to generate a bespoke interactive resource; Being Belfast.



2. Strengthening the Workforce



Have you been temporarily redeployed or relocated during Covid-19?

Scan the QR code or go to the BHSTC HUB to access the Trust's Guidance Document for Managers and staff

Feedback is important to us, please complete the questionnaire on page 5 of the document

USEFUL RESOURCES FOR STAFF

The Trust Psychological Support Helpline 028 9615 1888

The Trust Staffcare Helpline 0800 731 3674

Occupational Health Covid Helpline 028 9615 7222

Human Resources 028 9615 9615

Corporate Nursing 028 9615 6109

Trade Union Side Office 028 9615 6340

The Trust Chaplaincy Service 028 9615 0182

Lifeline Helpline 0808 808 8000

Advice Space 0300 123 3233

Belfast Recovery College 028 9504 3059

Central Redeployment Team centralredepocovid19@belfasttrust.hscni.net

THANK YOU TO OUR REDEPLOYED STAFF

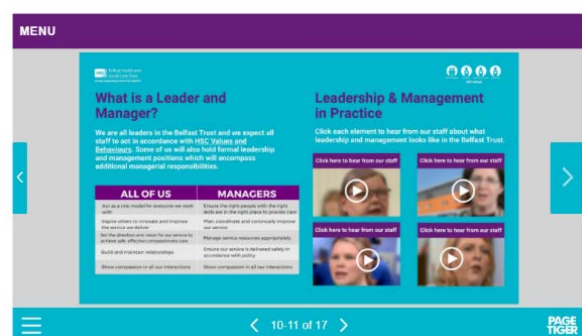
Buddy System
Self Care
Wellbeing
Communication
Responsibilities
PPE Breaks

01/2021

Being Belfast is an innovative, interactive resource that has been designed specifically to meet the needs of staff within Belfast Trust. Staff from different levels, roles and professions across the Trust were consulted to understand what support they required. As a result the Being Belfast Framework sets out how all staff, leaders and managers can contribute to safe, effective care through nurturing staff well-being, encouraging staff development and creating a culture of collective leadership. This interactive online resource supports staff at all levels and experience and includes:

- A first 100 days guide to help new members settle into their role
- A manager's tool kit with practical resources for managing people, resources and self and
- A leadership framework broken down by level with access to a range of development approaches such as top tips, factsheets, news articles, training courses, clips and reflective exercises.

This framework will be officially launched in May 2021.



2. Strengthening the Workforce

Managing with Care

Building on the current range of leadership and management development available to our staff and mindful that middle managers play a crucial role in ensuring that the Trust consistently delivers safe, effective, compassionate care, in 20/21 HR People and Organisational Development worked in partnership with the HSC Leadership centre to design and develop a specific management development programme, targeted at middle level post holders. The broad aim of this 14 week course will be to support our managers to meet organisational expectations, create consistency of approach across managers and support the development and capability of post holders. Facilitating remote online access, this interactive programme will use a range of approaches to cover a wealth of core topics such as mentoring, governance, delivering change, managing conflict, quality improvement etc. The nomination process for cohort 1 will commence in May 2021 enabling 4 cohorts annually.



‘Developing our people today for tomorrow’ remains a core programme of work for the Trust. The HR People and Organisational Development team in partnership with the HSC Leadership Centre, continue to deliver the Succession planning course increasing the pool and potential of leaders ready and able to take up more senior clinical and corporate roles.

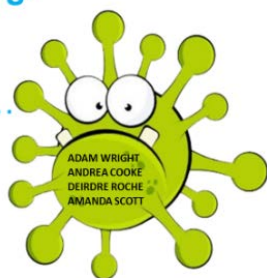


The second cohort of the succession planning course, for middle level post holders was completed in 2020/21 and delivered online in light of the pandemic. Of the 15 participants over 50% have so far secured senior posts during or after the programme. Their participation in the course across modules such as ‘Inspiring shared purpose’, ‘eLeadership’ etc. culminated in the delivery of a virtual showcase event online in March 2021 where attendees shared their learning through a range of innovative, digital methods.



Succession Planning:

Our Journey – navigating Covid and Beyond...



2. Strengthening the Workforce

The HR People and Organisational Development team in partnership with the HSC Leadership Centre continued to facilitate the Leading with Care programme for Tier 4 and 5 senior post holders, moving delivery online owing to the COVID pandemic. In 2021, 20 participants in total completed the Tier 5 Cohort 12 and 22 completed the Tier 5 Cohort 13 of the programme.

All participants completed a collective leadership challenge sharing their learning online to a panel of senior Trust managers. As one attendee described 'this was a unique and highly beneficial learning experience, stretching our networking, creative and digital skills set, but culminating in a breadth of learning'.



Learning and Development Activity



In 2020/21, the Engaging Manager course was tailored for online delivery, empowering staff through new innovative approaches. The Engaging Manager courses were facilitated by the HR People and Organisational Development team, for 17 attendees from across the Trust.

The last decade has seen fundamental shifts in what makes us successful in the workplace with emotional intelligence widely recognised as

a key element of success in leadership and management roles. Building on the previous popularity of this course, in early 2021 the HR Team digitally tailored the emotionally intelligence content to facilitate an online experience from April 2021.



The Band 6 and 7 Nursing & Midwifery Leadership Programme was redesigned in 20/21 with input from Trust Nursing staff. Delivered by HR People and Organisational Development and Central Nursing team the resulting programme is an innovative, digital and tailored approach.



By embedding key quality improvements, all aspects of the course were refreshed, including the objectives, to enhance skills of nursing staff to undertake their role as leaders with confidence. Underpinned by Trust priorities, the programme included values, Collective Leadership and quality improvement to ensure delivery of safe, effective, compassionate care. Key benefits included:

2. Strengthening the Workforce

- Close coordination between HR People and Organisational Development and Central Nursing Team
- Group Supervision session to evidence professional compliance for registration purposes
- Direct input from staff service areas to provide service-specific content
- Use of innovative and interactive digital delivery methods
- Staff Well-being focus underpinning the entire course.

From March 2020 – April 2021 28 nursing attendees completed four modules delivered online over four days with real time feedback generated after each session. Staff feedback demonstrated that the course was well received and a valuable asset to participants who have noted a change in their performance and leadership and management skills within their work areas as a result.

“I enjoyed learning about collective leadership and its importance - and the importance of leadership in health care ...”

March 2021 Programme attendee

“It has highlighted further the importance of working well as a team, supporting one another, using effective communication skills which in turn should aid decision making and therefore collectively enhance the patient/client experience...”

Values are at the heart of our Corporate Management Plan and remain a key priority for the way our leaders, managers and staff operate. Recently all our Values Workshops have been moved to online delivery using MS Team. The purpose and objectives of these Workshops provided an opportunity for teams to familiarise themselves with the HSC values and explore how these values are reflected in their work and behaviors. During the 12 months from April 2020 until March 2021 a total of 116 staff have engaged in Values workshops.



Coaching is a recognized development tool that enables staff to think issues through for themselves, rather than the coach ‘telling’ or ‘instructing’ the person. The HR People and Development Team continue to build coaching capability across the Trust through a range of approaches:

- Maintenance of a database of coaches across the Trust trained to level 5 ILM Coaching standard



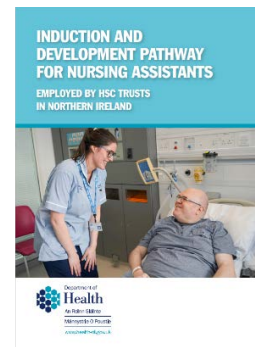
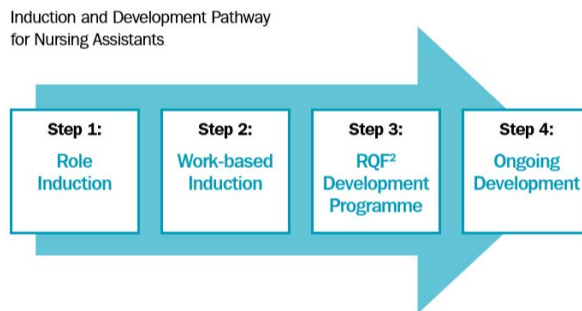
2. Strengthening the Workforce

- A Coaching Skills training programme for managers
- 28 participants completed the ILM Level 3 accredited Coaching programme
- Additionally HR POD is working in partnership with the HSC Leadership centre to develop a further coaching course; 'Coaching Credentials' for launch in 2021.



Vocational Learning Programmes

The Vocational Learning Team responded to the ongoing need to clinically train Nursing Assistants to deliver safe, effective care during the pandemic by digitally transforming their induction and accredited training for this workforce. This adhered to the Department of Health mandated Induction and Development Pathway for Nursing Assistants.



Aligned to the Trust welcome process and uniting a range of subject experts across the Trust, the HR Vocational Learning team delivered online monthly inductions to 136 nursing Assistants from September 2020-March 2021. This also included completion of 20 international nurses as a pilot online induction in January and February 2021. This induction involves subject experts from across the Trust in areas such as HIV, Basic Life Support, Health and Safety as well as direct delivery from the Nursing staff of the vocational learning team covering areas such as person-centred care. Moving this induction online required creative thinking and innovation to ensure quality training, staff accessibility and compliance. Ongoing quality improvements mean this induction continues to adapt to service needs, ensuring new Nursing Assistants are fully inducted into their clinical roles.


In 2020/21 12 Nursing assistants and 54 Senior Nursing Assistants completed their RQF accredited qualification in Health and Social Care at levels 2 and 3 respectfully. This involved online delivery methods and observations in clinical settings. Course attendees have embraced the move to online learning, building their IT skills and enjoying the convenience of remote engagement. In the external verifier's report the centre was described as progressive and proactive, with staff commended for their 'steady and continuous progress over the past year'. The external verifier also commented on assessor staff who had been redeployed as a result of COVID-19 extending 'a big well done' and acknowledging that the team had certainly gone well beyond the call of duty.

2. Strengthening the Workforce


Supporting the upskilling of the Perioperative workforce, 6 Theatre Nursing assistants were supported to complete their accredited qualifications in 20/21 enabling them to access band 3 Trust posts in theatres. Further increases in Theatre Nursing Assistant accredited cohorts are planned for 21/22.

MEET OUR TEAM


Click on the images below to email your assessor or contact any member of the Vocational Learning Team




Margaret Smith




Wai-Fun Wong




Marysia Wallace




Jemma Heasley




Hollie Rodgers




Click here to access "INTRODUCTION" - 10 February 2021 09:00-12:30




Click here to access "CORDIA INTRODUCTION" - 10 February 2021 13:30-16:30




Click here to access "Communication" - 24 February 2021 - 09:00-12:30



Click here to access "Health and Safety" - 10 March 2021 - 09:00-12:30



Click here to access "Pressure Ulcer Prevention" - 24 March 2021- 09:00-12:30



Click here to access "Safeguarding Adults/Children" - 14 April 2021 - 09:00-12:30

Nursing Assistants Employability Academy

As part of our ongoing drive to support employability, in October 2020 the HR People and Organisational Development team worked in partnership with the Belfast City Council and a range



of stakeholders to facilitate a week long, online Employability Academy for Nursing Assistant roles. This academy enabled recently unemployed Belfast residents, or those working less than 16 hours a week, to

gain essential training and insights into this sought after clinical role. Nursing Staff from the Vocational Learning Team, directly inputted into this initiative, facilitating the session 'A day in the life of a Nursing Assistant' accompanied by a live question and answer forum. In total 32 individuals completed the Nursing Assistant Employability academy, 23 went on to specifically apply for Belfast Trust roles and 15 were then successful at interview.

Feedback from the academy was consistently positive with 75% of attendees who completed the academy reporting 'very or extremely high confidence' in their awareness of the Nursing Assistant role. Building on this success, planning is already underway for further academies in 21/22 with Nursing Assistant roles again likely to feature.

"The content was extremely relevant..."
 Employability Academy Attendee

2. Strengthening the Workforce

Accredited Learning Programmes

The HR People and Organisational Development team deliver a suite of ILM accredited courses to support, guide and empower leadership and management skills for Trust staff. The ILM courses guide aspiring and existing managerial staff to move into and excel in leadership roles through a variety of engaging tools and techniques. All ILM programme content is values, skills-based and aligned with key Trust priorities such as the development of collective



“..The work presented in all programmes was of a good standard. Assessment decisions were consistent. IQA process is robust, systematic and clearly evidenced...”

ILM External Verifier August 2020

leadership culture to generate high performing teams. ILM course attendees are also provided with the opportunity to avail of one-to-one coaching from experienced and qualified Trust Coaches.

In 2020/21 the HR People and Organisational Development Team

facilitated 111 staff across 6 courses to complete ILM Leadership and Management courses spanning levels 2-5. External inspection visits also generated very positive feedback on these courses: The External Verifier visit in August 2020 generated “no recommended actions.

Nightingale Challenge

2020 was the year of the Nurse and the Midwife. The Nightingale Challenge, part of a yearlong celebration, sought to equip and empower the next generation of nurses and midwives as leaders, practitioners and advocates in health. HR People and Development worked with senior nursing colleagues to develop a programme to support this initiative that was delivered online. This enabled a mix of formal courses, mentoring, shadowing and learning opportunities for the participants, supporting their development as future leaders. 20 nurses and midwives from across the organisation participated in 8 online sessions facilitated by HR People and Organisational Development involving various subject experts, focusing on key nursing themes such as leadership, policy-making, quality improvement and partnership working to enrich the skills of Registered Nurses and Midwives thereby strengthening Nursing and Midwifery in Northern Ireland.



2. Strengthening the Workforce

Looking after our staff

Improving Working Lives

A range of resources were developed to support staff during COVID-19 as follows:

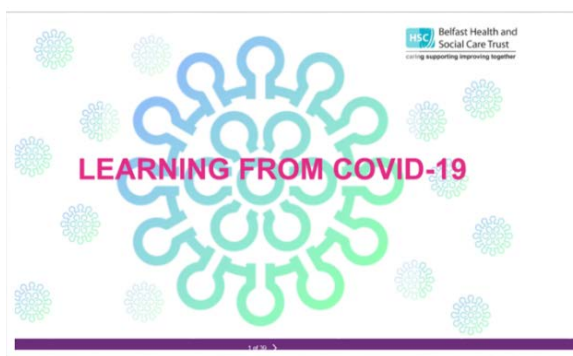
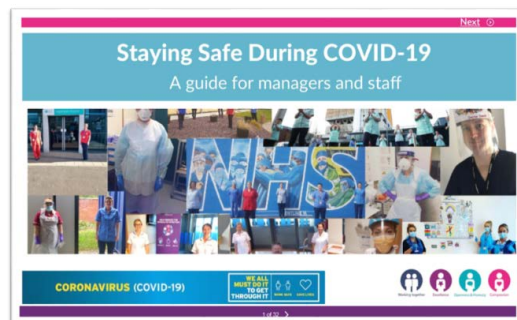
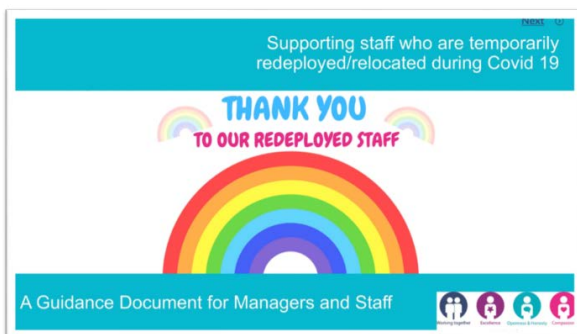
- Regionally agreed Frequently Asked Questions for Staff and Managers that are developed in partnership with Public Health Agency, TU colleagues and Department of Health ([link](#))
- Management of Change guidance if the change is temporary in nature as a result of the COVID-19 Pandemic Managers [Interim Change Management Guidelines](#)
- Reviewed, regionally agreed guidance on the use of Annual Leave during COVID-19
- A regionally agreed COVID Rapid Response Shift Payment rate in consultation with Trade Unions to operate within designated areas across each HSC Organisation when there is clear evidence of a negative impact on service delivery and staffing to sustain services as a result of COVID related issues
- Updated Guidance for Managers and staff who are Home Working
- A bespoke Email resource to address all HR queries for matters relating to COVID ([link](#))
- Ethnic Minority Staff Network and a series of resources to support colleagues from BAME communities in response to Government guidance evidencing their disproportionate health and welfare vulnerability during the pandemic. ([link](#))
- Regional guidance for staff who are Clinically Extremely Vulnerable
- Guidance for Staff and Managers on recording and payment of absence from work related to COVID-19
- Support for staff during early phases of lockdown in terms of providing accommodation to individual front line key workers
- Support and guidance for staff redeployed temporarily during COVID
- A virtual Page Tiger General Guidance resource for staff on working Safely during COVID ([link](#))
- Guidance for Working Parents during COVID ([link](#))
- A diverse range of Psychological wellbeing resources were developed for staff via the Trust intranet and the Trust's BWell website and a Pagetiger format

2. Strengthening the Workforce

- <https://belfasttrust.hscni.net/working-for-us/b-well/>
- <https://belfasttrust.pagetiger.com/cybmaz/bhsct-staff-psychological-wellbeing>
- ‘Supporting you & your family’s psychological wellbeing’ Resource Pack Available on wards/ staff areas or contact’.

Engaging & Communicating Digitally

COVID-19 impacted staff groups differently including front-line staff, redeployed staff and staff working remotely. The HR People and Organisational Development team used their newly acquired skillset to actively support key staff groups across the organisation to ensure staff received essential communication and core guidance at the right time, in the right place. The team engaged with a range of corporate and clinical teams to support in the creation of guidance documentation easily accessible on Trust or their own mobile devices. This included an interactive ‘Safe Working During COVID-19’ guidance pack for all staff, that contained all relevant support for our staff and to date has over 15,000 views. An interactive digital document was also created to support Redeployed workers, providing key information and guidance. QR codes were utilised to ensure the document could be accessed by front line staff, for example, the vaccination centres, ensuring staff could access on their mobile device instantly. Other essential digital documents produced included, ‘Supporting Working Parents through Covid’, managing ‘Violence against Staff’, ‘Learning from Covid’, ‘Nursing Induction Programme’ and ‘Paediatric in Hospital Life Support Training’.



2. Strengthening the Workforce

The HR People and Organisational Development team used engaging and effective communication approaches to promote training and development courses and ensure key guidance was widely shared, using posters, e-flyers, social media and QR codes to ensure accessibility for all staff across the Trust.

Staff Absenteeism

The Trust is committed to supporting employees to remain resilient, physically and mentally well at work in line with HSC Workforce Strategy and our bWell Health & Wellbeing Strategy.

The Trust ensures that attendance is managed consistently, effectively and with compassion in line with HSC Values, Trust Attendance Management Framework, best practice and employment legislation.

From 1 April 2020 to 31 March 2021 the Trust sick absence rate was 7.62% (hours lost) excluding COVID-19 absences.

During this period, the predominant reason for the absence was mental health related, accounting for 42% of sick absence. The Trust is continuing to work in partnership with staff, managers, Occupational Health and Trade Union colleagues to support those staff who have a mental health condition.

The Trust is committed to supporting employees to manage their mental, emotional and physical well-being through a wide range of initiatives such as:

- Staff Care, Belfast Recovery College, Lifeline, Clinical Psychology Services, Condition Management Programme, Stress Focus Groups, Here 4U, the Mind Ur Mind Toolkit, Menopause Toolkit, Long Covid Clinic, Bereavement Counselling, Chaplaincy Services, a range of interactive psychological wellbeing resources developed during the pandemic and the provision of range of other support information and literature
- The delivery of free physical and mental health support information and advice to staff and the wider public through the bWell app and website
- During 2021, the Trust launched the #DoingOurBit Platform – a free online fitness platform which offers an exclusive range of workouts from yoga to HIIT training to support staff.

During the period 01 April 2020 until 31 July 2020 the number of staff absent from work owing to COVID-19, peaked at a total of 1551. This figure included a total of 745 Clinically Extremely Vulnerable (CEV) staff members shielding.

In November 2020, the second wave of the pandemic brought a further peak of covid absences with a total of 1198 staff excluding CEV staff, were absent from work. A further period of shielding

2. Strengthening the Workforce

was introduced at the end of December 2020 during which the Trust had a total of 127 staff who shielded at home not working. This continued until the guidance was updated in April 2021.

In response to the COVID-19 pandemic, the Trust:

- Provided Daily COVID-19 Absence Reporting to the Executive Team
- Launched a COVID-19 Advice Line
- Co-developed Regional FAQs for staff and managers
- Developed guidance for managers in supporting staff absent with COVID and those who were classified as Clinically Extremely Vulnerable (CEV)
- Supported the implementation of social distancing and face coverings
- Facilitated working from home arrangements
- Developed guidance for Line Managers in supporting Long COVID Absence
- Supported working parents with childcare and practical guidance on working during a pandemic.

The Trust is also committed to supporting managers in relation to the management of attendance. The Human Resources & Organisational Development Directorate within the Trust, provides managers with training, access to toolkits, as well as tailored advice and guidance in relation to Attendance Management processes. During the period the Attendance Management Team in HR undertook the following activities:

Supported 13 Ill Health Retirements

Managed 18 Ill Health Terminations

Facilitated 72 Redeployments on Ill Health Grounds

Virtually Trained 60 staff and managers on Management of Attendance.

2. Strengthening the Workforce

Medical Staff and Medical Education

Consultants

The Trust is committed to strengthening the workforce by maximising the learning and development opportunities for doctors and dentists at different stages of their careers, with a focus on safety, governance, and innovation. The Trust employs over 1200 senior doctors and dentists. Within the Collective Leadership model, there are opportunities for doctors to develop and work in pivotal leadership and governance roles including education and training, quality improvement, safety and governance, and medical leadership. The Trust promotes a Just Culture with a strong emphasis on being a Learning Organisation. This is supported by strengthened morbidity and mortality review, local team safety huddles and briefing, and a focus on service development using quality improvement methodologies.

The Trust is also supportive of doctors working in academic and research careers and works closely with Queen's University Belfast to support and develop academic consultants. There are also opportunities for doctors to undertake and contribute to research alongside clinical academic consultant staff.

The COVID-19 pandemic has presented significant challenges to medical workforce including redeployment to new roles, training, new ways of working, colleague absence and the challenge of dealing with COVID-19 as a new disease.

Associate Specialists / Specialty Doctors

The Trust is currently working to specifically develop Staff and Associate Specialist (SAS) doctors. Our Trust SAS Lead is leading work to develop specialty doctors and associate specialist doctors across Northern Ireland and the Trust is promoting focused training in clinical development and medical leadership for SAS doctors.

Doctors in Training

In partnership with NI Medical and Dental Training Agency (NIMDTA) and the General Medical Council (GMC), Postgraduate Medical Education supports the Belfast Trust in developing safe doctors and ensuring trainee doctors are receiving a high quality of training. The Belfast Trust has over 400 GMC recognised trainers, who are senior doctors in clinical and educational supervision roles. These trainers provide daily education, training and learning opportunities to the 750+ trainee doctors within the Trust. Postgraduate education also offers a variety of learning and development opportunities to doctors.

General
Medical
Council

Northern Ireland
mdta
Medical & Dental Training Agency

2. Strengthening the Workforce

Trainee Induction and Changeover

In August 2020, Belfast Trust welcomes over 750 trainee doctors to work throughout the organisation. Some of these trainees have previously worked in the Trust, some have worked in other Trusts in Northern Ireland and in other parts of the UK, and some are working as a doctor for the first time. Postgraduate Medical Education organises a variety of induction processes and events to help provide a smooth transition during this busy changeover period.

The Changeover and Induction process is a challenging time and requires a lot of organisation and communication with many stakeholders, even more so with the COVID-19 pandemic and NIMDTA Single Lead Employer implementation. For August 2020 and February 2021 there was no internal feedback process in place but instead one of the Education medical representatives worked on a QI project to help Medical Education improve the changeover process. This work covered both August 2020 and February 2021 changeovers and was concluded in the final report entitled **A Cheery Changeover Envelope: Simple Solution (ACCESS)**. The report findings will be used to improve the upcoming August 2021 changeover.

Training Tracker – BHSCT trainee doctors had a 87% compliance rate by September 2020

Training Tracker is a regional system that enables trainee doctors to complete the mandatory training required by all Trusts online. The training is valid for five years and completion is monitored. Compliance rates for the current cohort of trainee doctors are as follows:

Module	No. completed	% completion
Understanding Data Protection	673	96
Safe Handover	699	95
Consent	696	94
Death Certification	689	95
Breaking Bad News	690	94
Contacting the Coroner	683	94
Prescription Writing	684	94
Safe Insulin Prescribing	689	94
Fire Safety	688	94
Resuscitation	690	95
Infection Control	686	94
Child Protection	686	94
Total completed ALL modules	632	87%

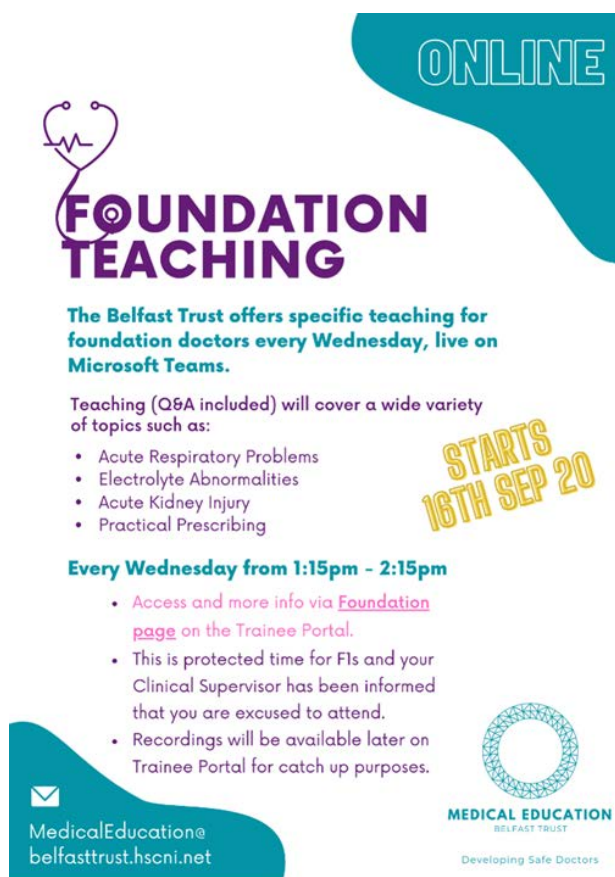
2. Strengthening the Workforce

Trainers

As part of the GMC's commitment to high quality training that is recognised and protected, senior medical staff who are supervising trainee doctors are required by the GMC to achieve recognition as trainers. This requires all trainers to have completed various courses eg. trainee support, supervisory skills etc and the Trust to compile and produce a record of these courses to be submitted to NIMDTA for recognition. Belfast Medical Education continues to work with NIMDTA to ensure that all trainers have achieved recognition and new trainers are continuously being trained and recognised albeit in smaller numbers.

New Virtual Methods of Delivery due to COVID-19

In response to the pandemic, new virtual methodologies were developed for the delivery of teaching, induction, trainer development, work experience opportunities, and Physician meetings. The SharePoint Trainee Portal resource has been an invaluable asset in enabling the onboarding of trainee doctors during a challenging year.



ONLINE

FOUNDATION TEACHING

The Belfast Trust offers specific teaching for foundation doctors every Wednesday, live on Microsoft Teams.

Teaching (Q&A included) will cover a wide variety of topics such as:

- Acute Respiratory Problems
- Electrolyte Abnormalities
- Acute Kidney Injury
- Practical Prescribing

STARTS 16TH SEP 20

Every Wednesday from 1:15pm - 2:15pm

- Access and more info via [Foundation page](#) on the Trainee Portal.
- This is protected time for FIs and your Clinical Supervisor has been informed that you are excused to attend.
- Recordings will be available later on Trainee Portal for catch up purposes.

MedicalEducation@belfasttrust.hscni.net

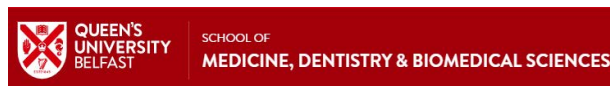
MEDICAL EDUCATION BELFAST TRUST
Developing Safe Doctors

Medical Students – Medical and Dental Placements

Foundation Teaching

The Belfast Trust offers dedicated weekly teaching to foundation doctors. During COVID the weekly teaching was made accessible online through recordings. As the use of technology developed, foundation teaching is now offered live online through MS Teams with the ability to record teaching which allows trainees to access and review at a later stage. Teaching is tailored to the foundation doctors and is offered by a wide variety of staff from across the Trust, giving the foundation doctors access to learning and expertise from outside their daily area of work.

The Belfast Trust Undergraduate Sub Deanery office works in close partnership with [Queen's University School of Medicine, Dentistry and Biomedical Sciences](#) to provide clinical placements



2. Strengthening the Workforce

to undergraduate medical and dental students. Each year some 250 new medical students and 45 new dental students are admitted to the medical school of Queen's University of Belfast (QUB). These students must experience clinical practice in hospital wards and clinics with some community placements. Both Academic clinicians and Health Service consultants facilitate their learning experience as the students rotate through various specialities and to different hospitals. The objective is to maximise the learning opportunities provided whilst on attachment.

From year three of their course, students spend the majority of their time in hospital placements where they are embedded as part of the clinical team, observe patient care and are taught by Trust staff of all grades. Staff also provide student evaluations to the university as part of the students' assessment. The Belfast Trust welcome Year 4 QUB medical students for their compulsory clinical elective placement. The Trust also welcomes medical students from medical schools outside of Northern Ireland for elective summer placements within our hospitals.

The BHSCT Sub Deanery has a duty to ensure that the Trust provides quality teaching to allow medical students to have a safe learning environment whilst attached to the BHSCT. The overarching Outcomes for Graduates' 2018 messages is this:

"Medical students are tomorrow's doctors. In accordance with Good medical practice, newly qualified doctors must make the care of patients their first concern, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations." (Outcomes for Graduates 2018).

The BHSCT is a local education provider, and the Outcomes for Graduates (2018) document states:

"Local education providers working with medical schools must provide and quality manage clinical placements and learning opportunities that give medical students the opportunities to build knowledge, skills and practical experience to meet the outcomes and to safely and effectively carry out the core set of practical skills and procedures by the time they qualify".

QUB Curriculum Review (C25)

Due to social distancing requirements as an impact of COVID-19, the new curriculum, originally planned for implementation in September 2022, was brought forward and was initiated in September 2020.

In March 2020, all medical students in years 1- 4 were removed from clinical placements in the Trust as the COVID-19 pandemic was reaching its peak. Final year students were allowed to remain on placement. This enabled them to complete their degree and graduate as newly qualified FY1s in April 2020, and they were all given the opportunity to join the medical teams in the fight against coronavirus.

2. Strengthening the Workforce

In order to return students to clinical placements for the 2020-21 academic year and ensure that society can continue to train the doctors of the future, QUB and the Trust had to develop new ways of delivering teaching for the QUB medical students for example working in smaller groups.

Related developments include:

- An online booking system (Booking Live) was also introduced in February 2021 to allow students to book their own clinical experiences
- Appointment of LIC (Longitudinal Integrated Clerkship) supervisors. Clinical staff have been temporarily appointed to the new LIC supervisor roles to provide clinical timetables, supervision, guidance and mentoring for the year 3 medical students on their base ward
- Additional sub deanery fellows appointed
- Implementation of Eduroam to ensure remote connectivity and access for students across Trust sites
- Objective Structured Clinical Examinations (OSCEs) had to be delivered differently in March 2021. The exams took place on QUB sites to ensure social distancing could be adhered to. Patients were invited to take part via zoom from their own home
- The Final Year assistantship programme was delivered in the BHSCT from March – May 2021. Some of the mandatory training had to be delivered via Microsoft teams due to the social distancing restrictions. There were 106 students attached to the Belfast Trust for the 2021 Assistantship Programme.

Feedback

The main method of collating data to govern and assure that the Sub Deanery is providing good quality teaching is by analysing the feedback provided to QUB from the students in each year. The Trust has set a target within which they expect the quality of teaching to meet. The figures below are from the academic year 2019-20. It should be noted that the percentages only relate to first semester feedback, as students were removed from clinical placements in March 2020, therefore second semester feedback was not collected by QUB.

2. Strengthening the Workforce

Undergraduate Feedback. Relates to Academic Year September 2019 to January 2020. (only first semester due to removal of students from clinical placements in March 2020)		Target %	Actual %
1st & 2nd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “My clinical skills attachment was well organised”	90%	92%
3rd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	85%	94%
4th Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	90%	97%
Final Year	Question analysed as requested for SUMDE Accountability Return for 18-19– “Overall, how would you rate the quality of teaching?”	90%	84%
FY0	Final Year Assistantship (March 19 – May 19) 1. Overall, on completion of the Assistantship, I feel prepared to take up my Foundation Year 1 post.	100%	Being collated

Simulation Training

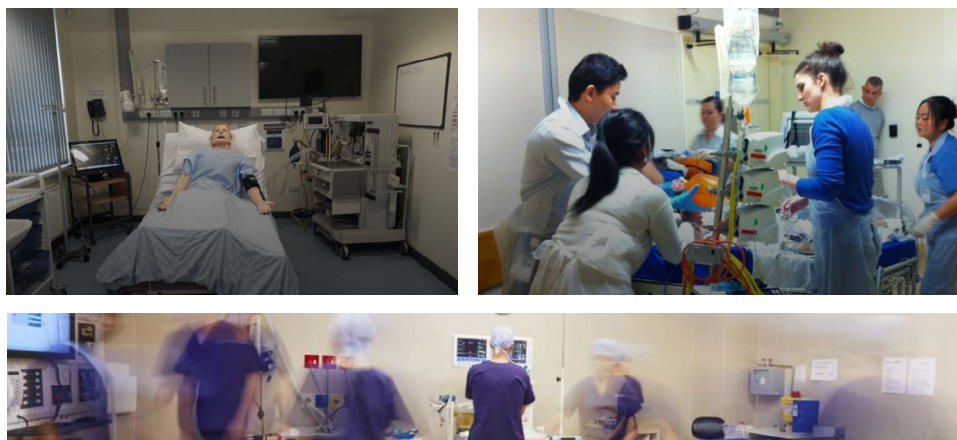
Simulation based education enables better practical knowledge, and the development of skills including clinical, communication, leadership, decision-making and human factors for all healthcare professionals in a safe and efficient manner. There are improved learning experiences from authentic activity of hands-on training and simulation increases competency thus improving patient safety. Examples of courses are:

- Principles of Ultrasound Guided and Open Chest Drain Insertion
- Lumbar Puncture
- Introduction to Principles of Safe Procedural Sedation
- Introduction to Central Venous Access (Central Line)
- Deteriorating Patient
- Paediatric Emergency Medicine Simulation.

In addition, the Trust has further developed and embedded a range of high and low level simulation programmes in partnership with Psychiatry, Obstetrics, Intensive Care, Physiotherapy, Midwifery, Paediatrics, Anaesthetics, Emergency Medicine and Theatres.

Other uses of the Simulation Suite have included multidisciplinary team training, Human Factor training and up skilling staff in Intensive care in preparation for the new larger department. Some

2. Strengthening the Workforce



simulation training continued throughout the pandemic to enable the workforce to respond to change and challenges associated with COVID-19. New protocols were adopted to ensure safe training with social distancing.

Technology Enhancements to enable the Workforce

The Medical Education Technical and Facilities team continues to support a range of training initiatives within medical education and manages and develops facilities and equipment which underpin training and simulation. The team also provides facilities and support for training and other events for wider multi-professional teams. IT facilities are provided to enable trainee doctors and medical students.

Through remote technology the team is supporting more virtual events including MDMs, teleconferencing clinics, virtual interviews, virtual teaching/induction and securing associated technology and ICT to enable delivery. This has been essential during the pandemic and there has been investment in technology and teaching equipment to enable educationalists to deliver education remotely. There has been a continuous focus on:

- Innovation
- New technology
- Equipment procurement
- Meeting the QUB/SUMDE Service Level Agreement
- Meeting the NIMDTA Learning & Development Agreement
- Improvements to facilities to ensure appropriate learning environments for all users.

2. Strengthening the Workforce

2019/20/21 Projects and Investment to strengthen the workforce

During 2019/20/21 no major refurbishment projects were taken forward, though there was investment in equipment. Examples include:

- Teaching aids to support simulation training
- Technology and equipment to support educationalists
- Tablet devices to enable educationalists in roles and to deliver virtual teaching
- Tablet devices to enable medical students with remote learning in context of Covid
- Audio-visual equipment to enable remote bed-side teaching
- Desktop cameras to enable virtual teaching
- PC upgrades across various facilities
- Education and Clinical Skills Centres, RVH painted
- Video-conferencing upgrade, Education Centre, RVH
- Audio-visual upgrade in Sir Samuel Irwin Lecture Theatre, RVH
- Audio-visual upgrade in the Education Centre, MPH
- Simulation windows platform upgrade, Clinical Skills Centre, RVH
- New integrated / multi-site Facilities Management software
- Capital funding recently secured to develop Orthopaedic Simulation in MPH, as part of an initiative with other partner organisations.



2. Strengthening the Workforce

Appraisal of Medical and Dental Staff

Appraisal is a contractual and professional requirement for all medical and dental practitioners. It involves an annual appraisal of all of the Doctors / Dentists practice against defined criteria using a standardised process. It is also an important evidence source for revalidation decision-making.

During 2020/21 medical and dental appraisal processes were paused due to the impact of the pandemic. On resumption in autumn 2020, an amended approach was adopted in relation to 2020 appraisals, encapsulating a more reflective approach given the impact of the pandemic on normal clinical practice. This approach is based on national guidance from the GMC and the Academy of Medical Royal Colleges.

The Regional Appraisal System has proved invaluable given the need for social distancing, remote and virtual working. Phase 2 development is ongoing and at the specification stage.

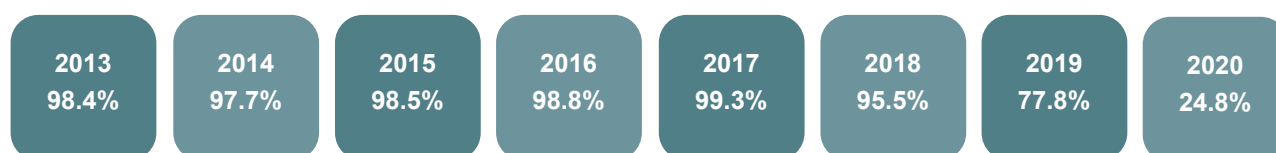
The Regional Appraisal System has been designed to require a Second Sign Off to allow for annual quality assurance of appraisals through a second medical review of the appraisal documentation, and in order to fully conclude the appraisal within the system for management/ reporting purposes.

The expected benefits are:

- Enhanced professional assurance at a local level
- Timely resolution of issues to support revalidation planning and decision-making
- Feedback to appraisees and appraisers where the need for improvement is indicated
- Identification of service themes at service level
- Identification of learning and development needs at service.

The planned rollout has been delayed due to COVID-19.

Belfast Trust has historically met or exceeded the annual DoH target of 95% appraisal rates for medical and dental staff. During the pandemic this has been challenging due to clinical pressures, as evidenced in the current position for 2019 appraisals.



2. Strengthening the Workforce

Quality Assurance

Quality Assurance of the appraisal system is designed to support doctors in developing their practice more effectively thus adding to the safety and quality of health care.

- Quality Assurance Framework designed to improve the quality and consistency of appraisal. The intention of the process is to measure the quality and depth of supporting information, evidence and development in appraisal, and the opportunity for shared learning
- One medical appraisal lead currently in post. This role contributes to modelling change (including for example the Second Sign Off process), wider process development and networking in relation to practice elsewhere. The role also acts as a resource to appraisers
- The role of the Lead co-ordinator has been invaluable within the regional project to develop and further develop an on-line appraisal system
- Appraiser and Appraisee surveys conducted to gain feedback to inform improvements, and Appraiser and Appraisee Training redesigned following findings
- Guidance to doctors and dentists incorporates learning from available quality assurance findings and best practice.

Appraiser Roles and Training

The Trust recruits and trains new appraisers on a regular basis when vacancies occur.

Number of Appraisers	% New Appraiser Training Compliance	% Regional Appraisal System Training Refresher Compliance
186	97% (181)	94% (174)

Revalidation of Medical Staff

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

Each doctor needs to be revalidated every 5 years.

At any time, approximately 1070 Doctors are connected to Belfast Trust as their revalidation Designated Body.

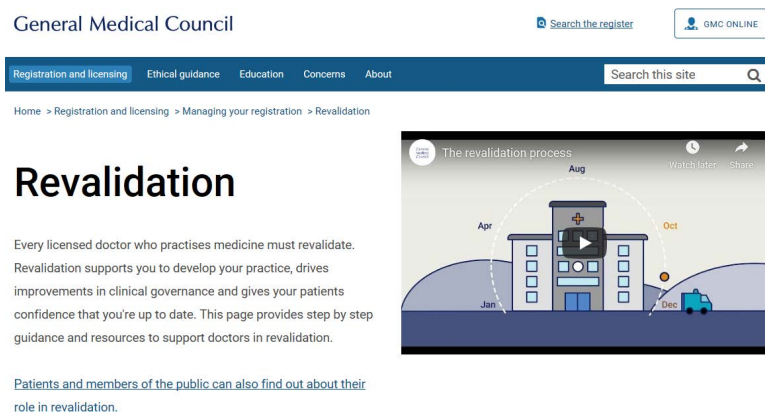
2. Strengthening the Workforce

The Trust continues to support doctors with a range of processes to strengthen appraisal and enable revalidation, with a focus on quality assurance and continuous improvement, and ensuring appraisers and appraisees are fully equipped and trained to deliver and meet the GMC requirements.

Medical Revalidation was also paused during 2020 due to impact of the pandemic. The GMC postponed 300 Belfast Trust revalidation dates by a year. Subsequently the Trust worked in partnership with the GMC to re-set dates for a further 170 doctors as part of a reprofiling exercise to make the processes more manageable moving forward.

Since resumption in the autumn of 2020, the Responsible Officer, supported by medical leaders, has continued to make revalidation recommendations in accordance with GMC requirements, with strengthened governance, and ensuring no late recommendations.

The Trust also commenced a project to develop a Professional Governance Information System to enhance both governance and processes. This project will conclude during 2021/22.



Recommendations Made First Cycle

First Cycle								
Total Decisions	Revalidated	Deferred	Deferred: Insufficient Evidence	Deferred: Ongoing Process	Non Engagement	% Revalidated	% Deferred	% Non Engagement
1004	890	114	105	9	0	88.6	11.4	0.0

Recommendations Made Second Cycle

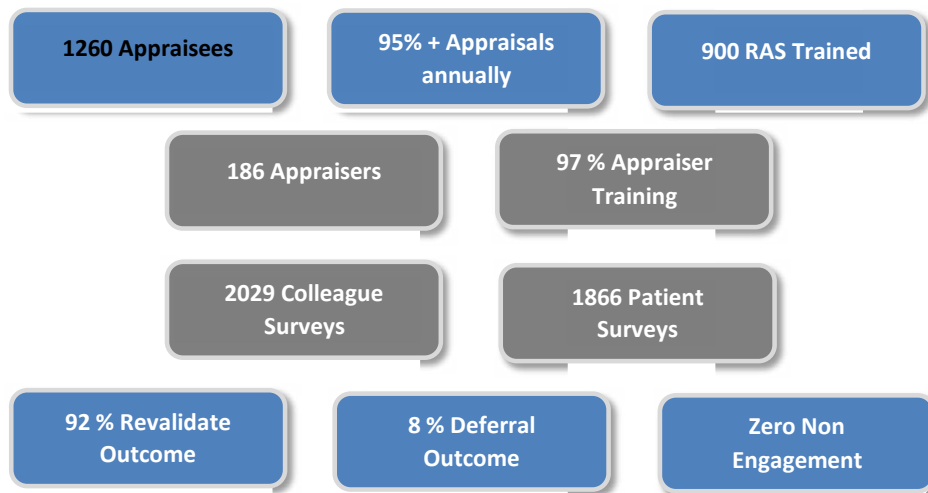
Second Cycle								
Total Decisions	Revalidated	Deferred	Deferred: Insufficient Evidence	Deferred: Ongoing Process	Non Engagement	% Revalidated	% Deferred	% Non Engagement
441	406	35	16	19	0	92.1	7.9	0.0

2. Strengthening the Workforce

Colleague and Patient Feedback

Colleague & Patient Feedback are key deliverables for the Medical Directorate in enabling doctors to meet the GMC requirements for revalidation. The Directorate secured input from the HSC Leadership Centre for delivery of Colleague and Patient Feedback during 2019/20 and 2020/21.

In Summary



Nursing and Midwifery Revalidation

Revalidation requires registrants to demonstrate how they meet the standards of the updated NMC Code “Professional Standards of practice and behaviour for nurses, midwives and nursing associates” (NMC 2018).

The process of Revalidation:

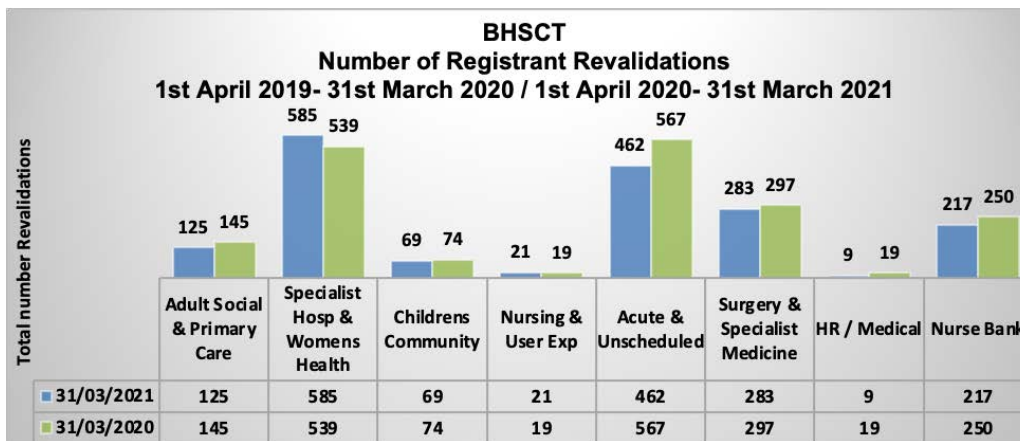
- Requires the registrant to revalidate every three years upon renewal of NMC registration
- Reinforces the registrant’s duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the Code in day-to-day practice and personal development
- Encourages reflection on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

2. Strengthening the Workforce

Throughout April 2020 - March 2021, 1771 Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined in the following table, compared to a total 1910 Registrants undertaking Revalidation process throughout the previous twelve months April 2019 – March 2020.

Staff Awards

In October 2020 the HR People and Organisational Development team were delighted to be acknowledged at the Chartered Institute of Personnel and Development (CIPD) NI HR awards,



Highly Commended for demonstrating exceptional levels of performance aligned to the Trust's vision to be the safest, most effective and compassionate organisation.

This acknowledgement reflected how HR People and Organisational Development staff specialise in organisational development, culture change, vocational learning, management and leadership development taking a lead role and demonstrating exceptional levels of performance in supporting the organisation. Specifically the award focused on how the team contributes to the 5 Trust objectives of culture, people, leadership, safety and service delivery. Aspects evidenced included the development and introduction of a new and innovative approach to the welcome, induction and core statutory/mandatory training for all new employees, leading the successful reaccreditation process for the new IIP Standard (Silver) and implementation of the Trust Leadership Strategy as well as supporting the successful implementation of the HSC Collective Leadership Strategy.



3. Measuring the Improvement



3. Measuring the Improvement



Infection rates



Compliance with WHO surgical safety checklist



Implementation of Automated Dispensing Cabinet (ADC)



Falls



Reduction in avoidable and deep Pressure Sores



Quality Improvement



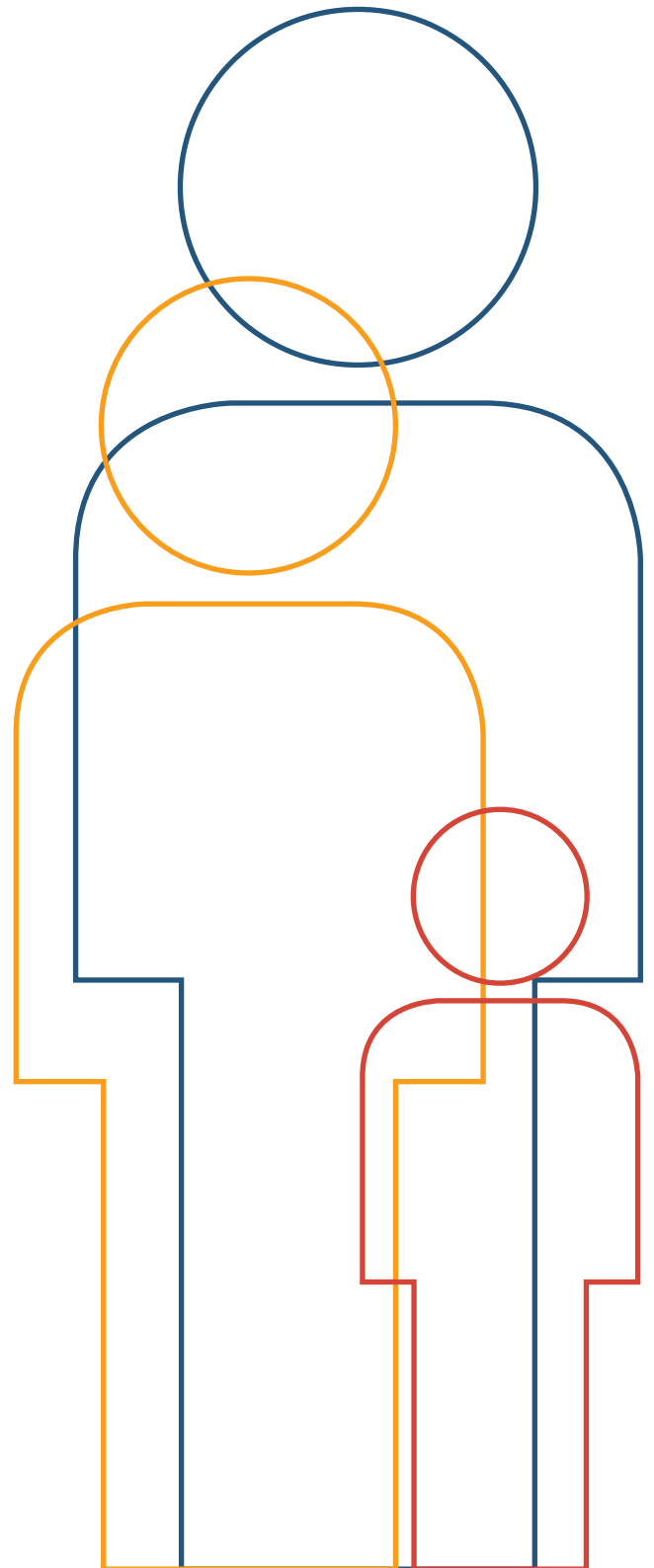
Preventing VTE



Compliance with hand hygiene



Cardiac arrest rates



3. Measuring the Improvement

Infection Rates

How COVID-19 has impacted on the Infection, Prevention and Control Team (IPCT)

COVID-19 preparedness commenced in January 2020, and has continued, with emphasis on:

- Collaborative working with both internal and external stakeholders the IPCT:
 - Worked with all members of the MDT in all Trust settings in the development and implementation of COVID secure measures through the application of local, regional and national guidance
 - Provided specialist advice to adapt the guidance to their local settings and patient population and participated in the development of risk assessments, operational plans and action cards
 - Liaised with key stakeholders to develop, provide and implement bespoke advice to clinical areas. This included working with the Estates department to determine the quality of ventilation in particular clinical areas
 - Were involved in service led 'table-top' and 'run through' exercises to test and evaluate processes for managing cases of COVID-19
 - Provided in excess of 130 support visits to inpatient community facilities throughout the year
 - Performed support visits to BHSCT Day centres, Health and Wellbeing centres and specialist centres
 - Participated in several Trust COVID related forums including The Trust 'Safe Working Environment During COVID-19 Steering Group' and associated subgroups, The Contact Tracing Steering group, The COVID-19 Service restart advisory group, several divisional COVID-19 governance and safety meetings
 - Represented the Trust on several regional forums such as regional PPE subgroup, Regional IPC cell, regional CAGs for PPE, regional decontamination of reusable PPE group, regional group for the review of deaths, regional working group to increase capacity in adult day centres
 - Through the IPC cell reviewed and assisted in the development of regional guidance
 - Participated in SAIs to identify learning
- The team provided staff education through:
 - The development and update of numerous COVID-19 resources including educational presentations/ videos, donning and doffing PPE resources (including a video and SOP in relation to powered air-purifying respirators)

3. Measuring the Improvement

- A ‘train the trainer’ approach was taken to education of staff in relation to COVID-19 and was supplemented with the resources on the HUB.
- The team benefited from the staff members being re-deployed into the team to assist with training need in the community sector
- Training was provided to external stakeholders; private care homes via echo and an online seminar for GPs within Belfast area was also provided
- The IPC page on the HUB was kept up to date with all relevant education and guidance documents
- Monthly COVID-19 awareness sessions via MS Teams are in place for all members of the MDT
- Additional COVID-19 awareness sessions via MS Teams have been carried out for both the BHSCT and independent community teams
- Auditor training was carried out via MS Teams to enable staff to effectively perform a range of practice audits
- Supported the Childrens and Residential services IPC link nurse by providing a period of work shadowing
- Examining the learning from identified from outbreaks, an educational session was then developed around this learning to highlight areas of improvement for others
- Sourcing of equipment and other resources through:
 - Participation in the Product review group, which reviewed many items of PPE and cleaning products
 - Evaluating Powered Air Respirators and developing a decontamination SOP
 - Working with Trust groups to create an SOP for the use and decontamination of reusable facemasks (work ongoing in relation to this)
 - Development of educational resources, posters, videos and SOPs
- Reviewing, preparing and adapting the environment as required by:
 - Assisting site co-ordinators and site leads in ensuring that all communal areas throughout the Trust were compliant with COVID-19 safe precautions. Examples of this included the advice regarding lift capacity, establishing routes to ensure the safe transfer of suspected and confirmed cases of COVID-19 and cleaning requirements in newly formed staff showering facilities

3. Measuring the Improvement

- An IPCN and Infection Control Doctor visited all inpatient areas to assist with COVID-19 preparation and zoning
- Reconfiguration and relocation of services to meet service demand including:
 - Setting up of Beech Hall COVID-19 centre
 - The COVID-19 testing centre both in the MOT centre and at its current location in Knockbracken Healthcare Park
 - The COVID-19 vaccination centre
 - The creation of a step-down facility in the Ramada hotel
 - Additional community step down nursing facilities within the independent sector
 - Setting up of the Nightingale hospital on the BCH site
 - Establishing the MIH site as the dedicated COVID-19 hospital, which involved several walk-rounds to set up the wards, establish appropriate flow between departments and education of the staff on the donning and doffing of PPE and other IPC measures
 - Between surges the IPCT assisted these areas to revert to 'normal service' as the situation changed
 - Relocation of ICUs, requiring input in relation to water safety (risk assessments, testing, mitigating measures)
- Implementation of local, regional and national guidance
- Implementation of COVID secure measures throughout the Trust
- Outbreak management
 - The IPCNs, in partnership with the Infection Control doctors, provide advice regarding increased incidences/ outbreaks (including telephone reviews, responding to queries, visits as needed, providing support) and effectively communicate IPC advice and agreed actions to all key partners
 - In 2020/2021 the team managed 115 COVID-19 outbreaks and 8 COVID-19 incidents
 - The frequency of meetings is risk assessed, however in the initial phase of the outbreak, daily meetings are usually required (each meeting lasting approx. 1hr)
 - The IPCNs undertake independent auditing as deemed necessary ie. where there is evidence of ongoing transmission or evidence of poor practice

2. Strengthening the Workforce

- The team are now in the process of participating in a number of SAIs in relation to the COVID-19 outbreaks
- Planning for service restart with adhering to COVID secure measures in both community and acute settings. Establishing systems in relation to:
 - patient placement
 - transfer routes
 - cleaning
 - patient/staff testing
 - contact tracing
 - vaccination programme.

Key learning themes identified in relation to COVID-19

- Early action/ response is vital to ensure adequate preparedness
- Collaborative team working is essential, both locally within the Trust and at a regional level
- Communication is key
 - Effective communication and explanation empowers staff and can reduce anxiety and fear
 - The most effective mode of communication should be carefully considered to ensure wide dissemination, bearing in mind all staff groups may not have easy access to IT equipment as part of their role
- Immediate education of staff is essential which is challenging given the size of the organisation. New methods were utilised to make training accessible to all BHSCT staff and to support the independent care sector such as:
 - ‘cascade training’ approach
 - development of educational resources (such as posters, contact tracing SOP and voiced presentations)
 - education via virtual platforms
- As this is a new virus, national guidance has changed on several occasions, as information regarding the virus emerged.

This presented challenges in relation to the need for retraining and ensuring all staff were made aware of the changes.

2. Strengthening the Workforce

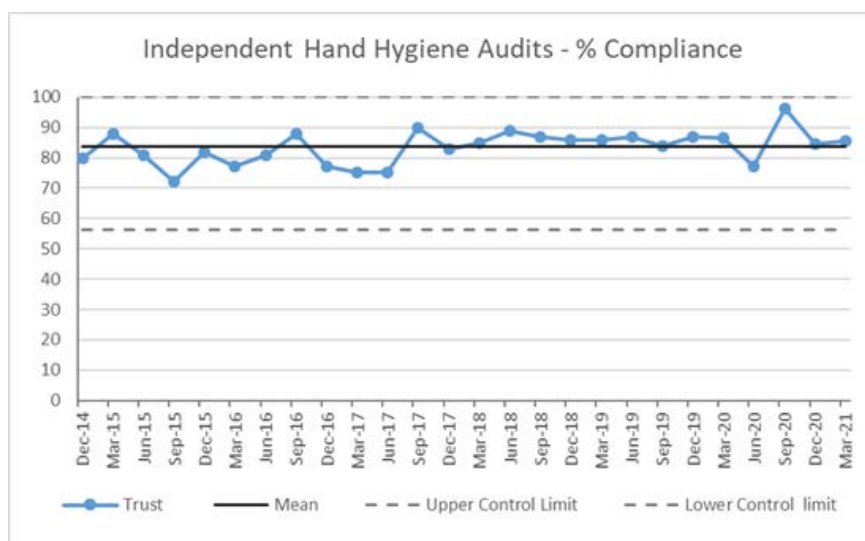
Next steps

As we continue to move forward throughout this pandemic, we continue to follow both national and regional guidance. We will continue to work collaboratively to plan, prepare and respond to the rapidly changing situation. The BHSCT participate in regional forums to ensure we learn promptly of any changes in guidance/ strategy, that our experience/ learning is shared and to contribute to the overall regional response.

Hand Hygiene

Hand hygiene is considered a key Infection Prevention and Control (IPC) measure to protect patients, visitors and staff and to reduce HCAs. The BHSCT has set a very high standard for measuring compliance with hand hygiene to ensure appropriate and effective practice. The threshold for compliance is $\geq 80\%$, however, 100% remains the ultimate goal. The IPC team usually aim to carry out quarterly independent audits, however due to COVID-19 pressures proactive auditing has stood down, replaced by audits carried out in response to outbreaks or increased incidence of infection. During the year 2020/21, 82 audits were completed with an average compliance of 86%. Individual compliance scores ranged from 10%-100%. All wards and departments were advised to carry out regular self-audits of hand hygiene to ensure a high standard of compliance was maintained.

The chart below shows the percentage compliance from hand hygiene audits completed by the Infection Prevention Control team since Dec 2014 to March 2021. Average scores ranged from 72% to 96%. This chart demonstrates that since September 2017 to March 2021, there has only been one occurrence where the average independent score was less than 80%.



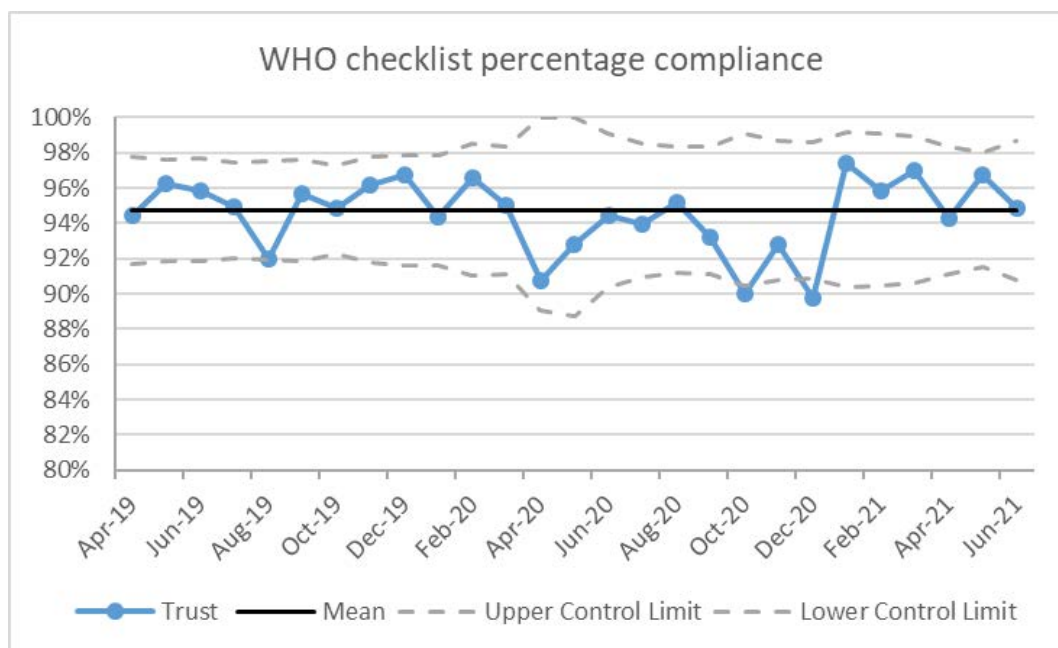
2. Strengthening the Workforce

Safer Surgery / WHO Checklist

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

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

Compliance with the checklist is measured through monthly audits which are reported on at Specialty, Divisional and Trust level.



QI in Maternity

Nursing and Midwifery staff were delighted to take part in a regional QI programme and complete a Venous Thromboembolism (VTE) project.

VTE ASAP!

Background

- **Venous Thromboembolism (VTE)** is the number one cause of preventable death in hospitals, with 60% of all cases occurring during or after hospitalisation

- It has been well recognised for a number of years that the formation of thrombi is associated with inactivity and surgical procedures - the risk increasing with the duration of the operation and the period of immobility.

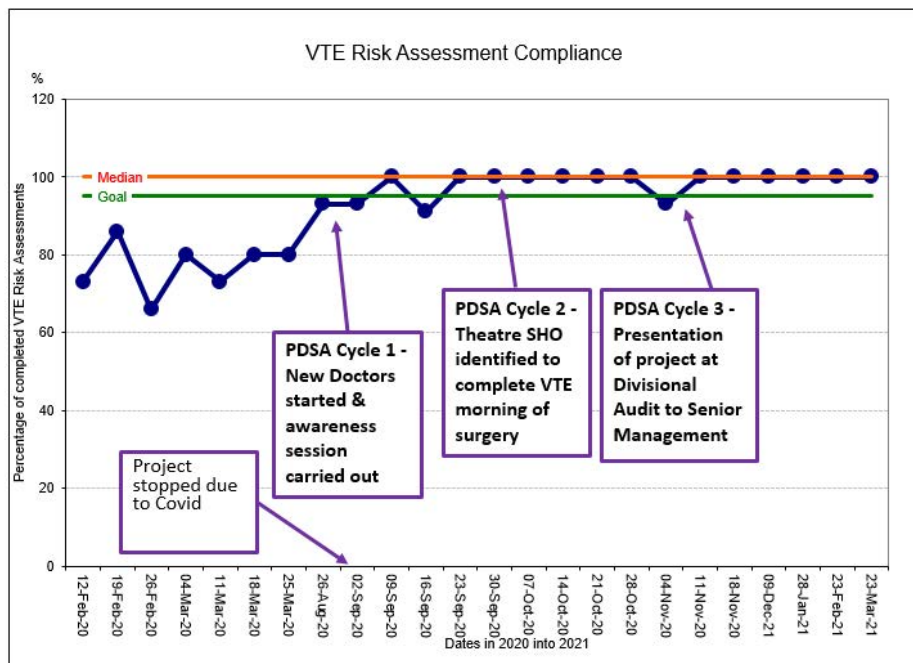
Aim

To increase VTE risk assessment compliance to 95% on a surgical inpatient ward by November 2020.

Project Measures

- **Outcome** – Long term outcome reducing Hospital Acquired DVTs or PEs in post-surgical patients
- **Process** – Every surgical patient admitted has a VTE Risk Assessment fully completed on their Kardex before they attend theatre
- **Balancing** – Point in patient’s journey at which the VTE risk assessment is completed. Establishing on a daily basis who is responsible for completing. Staff reluctance to change practice.

Run Chart



3. Measuring the Improvement

Future Steps

- Maintain 95% compliance by raising the awareness of VTE Risk Assessment and keeping this high on the agenda
- Send surveys to nursing staff to gain feedback on whether or not changes have been embedded
- Run awareness sessions twice per year.

Belfast Health and Social Care Trust

VTE ASAP!

Increasing VTE Risk Assessment compliance on a surgical ward

Catriona Tweed, Fionnuala Daly, Catherine Diver

ENT/Head and Neck Cancer Unit

Background

Venous Thromboembolism (VTE) is the number one cause of preventable death in hospitals, with 60% of all cases occurring during or after hospitalisation. It has been well recognised for a number of years that the formation of thrombi is associated with inactivity and surgical procedures - the risk increasing with the duration of the operation and the period of immobility. Being a surgical unit, we should have a heightened awareness of completing VTE Risk Assessments for our patients to keep them safe throughout the duration of their stay.

Aim

To increase VTE Risk Assessment Compliance to 95% on a surgical inpatient ward by November 2020

1) Baseline Data

In 2019 our numbers of VTE Risk Assessments completed had dropped to 65% as per the Belfast Trust Audit. We started to complete our own audits to analyse the data and quickly found out the reason for this result.

Run chart in 2019

It was clear that the pre-assessed short stay surgical patients did not have a VTE Risk Assessment completed on admission.

2) Driver Diagram & PSDA Cycles

To increase VTE risk assessment compliance to 95% on a surgical inpatient ward by November 2020

- Deliver safe and effective thromboembolism care by providing leadership and accountability
- Raise awareness to all nursing and medical staff regarding current VTE Risk Assessment Compliance data and VTE Incidents
- Effective communication

- Review current system of inpatient admissions to include when in that process a VTE is completed
- Clarification of roles, responsibilities and effective teamwork for all members of MDT
- Engagement of Nursing & Medical teams and QI leads
- Present data and VTE Incidents to the team

3) Results

PSDA Cycle 1 Awareness sessions helped increase VTE compliance but the turning point in the project was PSDA Cycle 2 Clarifying roles and responsibilities of the medical team and identifying who is responsible for completing the VTE Risk Assessment for the short stay pre-assessed patients.

Our change ideas all stemmed from an awareness of our baseline VTE audit results and discussion on what process needed to change.

4) Learning and Next Steps

Historically changing a culture is the hardest to implement in Quality Improvement and the challenge of questioning current practise can be difficult to address with an established team.

We had this challenge but having senior medical staff invested in the project helped when introducing changes among the medical team.

We plan to maintain a high level of compliance in the future and instrumental to that would be focusing on providing awareness for the doctors changeover twice a year.

3. Measuring the Improvement

QI in Paediatrics

The Northern Ireland Specialist Transport and Retrieval (NISTAR) Team took part in the virtual safety Quality Belfast programme this year and were delighted to win best presentation.

Background

- The Northern Ireland Specialist Transport and Retrieval (NISTAR) Service is a regional 24/7 service which completes both elective and critical care transfers of adults, children and neonates across Northern Ireland and the ROI. The Service completes approx. 1400 transfers per year
- Although no formal Key Performance Indicator exists for response times, it is acknowledged that a prompt service will be better for both patient care and patient experience
- This Quality Improvement Project focused on the response times of the NISTAR adult team. Response time is defined as the time the referral is accepted by NISTAR until the team mobilised.

Aim

The aim of the project was to demonstrate a reduction in response time of the adult NISTAR team by 30 minutes by 30th June 2021.

Project Measures

A number of project measures were evaluated including:

- **Outcomes**
 - The time taken for the adult NISTAR team to activate
 - Improved patient flow
 - Staff feedback.
- **Process**
 - Number of referrals made
 - Number of ambulances available.
- **Balancing**
 - Delays to other NISTAR teams
 - Number of untoward incident reports relating to delays received.

3. Measuring the Improvement

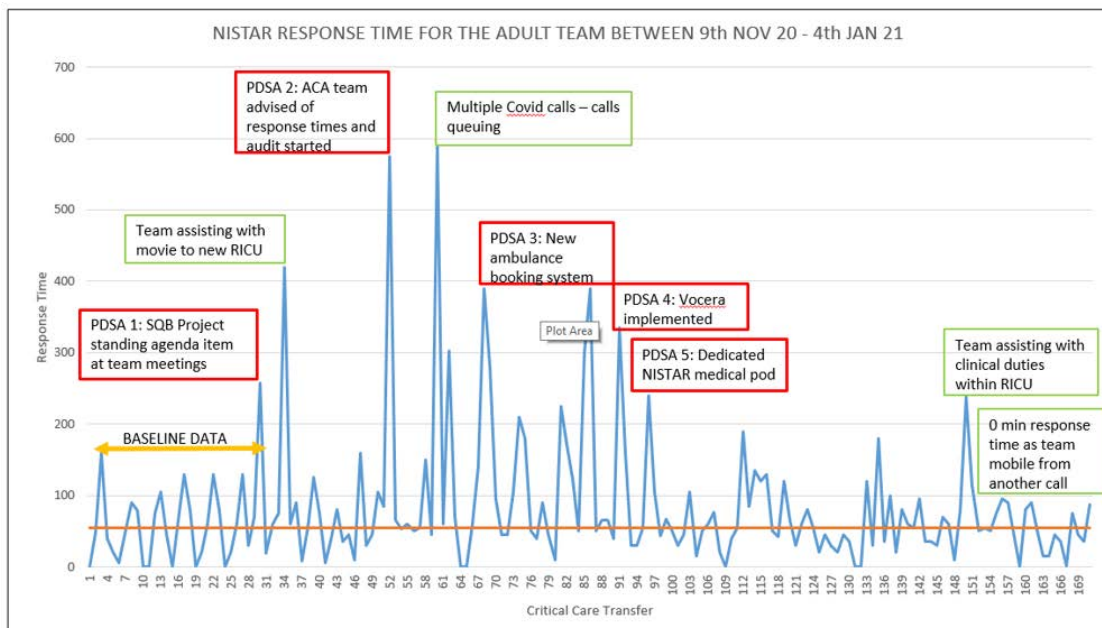
PDSA Cycles

A number of PDSA cycles were completed including:

- A dedicated “NISTAR” pod. This involved a team of staff who only worked for NISTAR and did not complete other clinical duties
- New ambulance booking system. A process was established with the Northern Ireland Ambulance Service (NIAS) which enabled NISTAR to book ambulances as required and via a dedicated phone number
- The Vocera system was implemented in order to improve communication within the team
- A new electronic patient record system was introduced in order to accurately capture data relating to response times
- All team members were made aware of the quality improvement project and the aim of reducing response times.

Run Chart

A run chart was produced which provided baseline data and data following each of the PDSA cycles. The run chart also identified a number of astronomical data points. Of note, the dedicated NISTAR pod appeared to be the most effective PDSA cycle. This was because the clinicians could respond promptly as they were not undertaking clinical duties in other parts of the hospital.



3. Measuring the Improvement

Challenges / Problems Encountered

- The project was completed during the Covid pandemic. As a result, it was not possible for the team to meet and all meetings took place virtually. Attendance at meeting was challenging as team members were often required to carry out clinical duties
- Completion of this project enabled the NISTAR team to identify challenges that delayed patient transfers but were beyond the control of NISTAR eg. patients for whom a transfer was booked but were subsequently delayed, as the receiving unit had not confirmed a bed was available
- Vocera improved the communication within the NISTAR team but could not be used by the ambulance care attendants as the Wi-Fi would not extend to their base.

Future Steps

This project helped the NISTAR team fully understand the day-to-day operations of the service and the issues that resulted in delayed response times. Going forward, the team intend to:


- Scale up and apply the methodology to the paediatric and neonatal teams
- Analyse the response times in hours v out of hours.



NISTAR

Northern Ireland Specialist Transport & Retrieval

NISTAR RESPONSE TIMES



HSC Belfast Health and Social Care Trust
Safety & quality

Project Team: Dr Rebecca Cunningham, Patricia McDermott, Cara Barbour, Bill Hickland, Emma Thompson, Ciaran McKenna

Introduction: The Northern Ireland Specialist Transport and Retrieval (NISTAR) Service is a regional 24 / 7 service which completes both elective and critical care transfers of adults, children and neonates across Northern Ireland and the ROI. The Service completes approx. 1400 transfers per year. This project focused on the response time of the Adult Service.

Aim Statement
Demonstrate a reduction in response time* of the adult NISTAR team by 30 minutes by 30th June 2021


**Definition: Response time is the time from the referral being accepted to the team mobilising*

Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change ideas
Characterizable & reducible in response time by 30 minutes by 30 th June 2021	Availability	Staff numbers	Clarify role definition of ambulance crew
	Administrative processes	Working and waiting at hand-off	Identify reports in ambulance time
	Staff activation	Physical presence	Identify reports in ambulance time
	MC/RT team activation	MC/RT team activation	Use Vocera
	Minimized ambulance arrival	Minimized ambulance arrival	Move to a shared location
	Equipment of system	Equipment of system	Identify reports in ambulance time
Performance management	Performance management	Identify reports in ambulance time	
Staffing in	Staffing in	Identify reports in ambulance time	

PDSA Cycles

- Project standing agenda item at team meetings
- Dedicated Covid "pod"
- Clarity with Ambulance Care Attendants re response times
- New ambulance booking system
- Vocera implemented
- New Kinseed database purchased



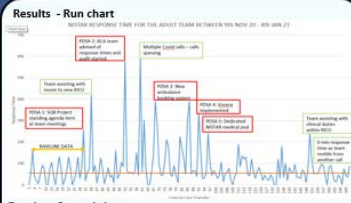
Model for Improvement
What are we trying to accomplish?
How will we know that change is an improvement?
What change can we make that will result in improvement?

Discussion
This project took place during a Covid wave which placed additional demand on the service and may have influenced the outcomes. However, the project did enable the team to examine the system in detail and identify areas that impact service efficiency.

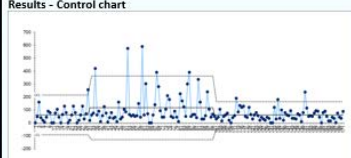
PDSA cycle 5 would appear to have had the most significant impact on team response times. This PDSA cycle involved a dedicated "pod" of consultants who only worked for NISTAR. On discussion with the team it was agreed that response times improved, however, the team found the work to be intensive and stressful. A number of consultants were also concerned that they may de-skill as they were not practicing the full range of ICU skills. It was agreed that the pod was not a long term viable option.

The future
The number of astronomical data points did reduce on implementation of the pod however variances in response time was still apparent. It is assumed that this is due to calls received in hours versus out of hours. Doctors respond from home out of hours which may impact response times but this needs investigating further. In addition, NISTAR aim to have a dedicated base in the future which should expedite response times as the Doctor, Nurse and Ambulance Care Attendant will all be co-located.

Results - Run chart



Results - Control chart



3. Measuring the Improvement

QI in Mental Health and Child & Adolescent Mental Health (CAMHS)

Acute Mental Health Inpatient Centre (AMHIC) Quality Improvement Project

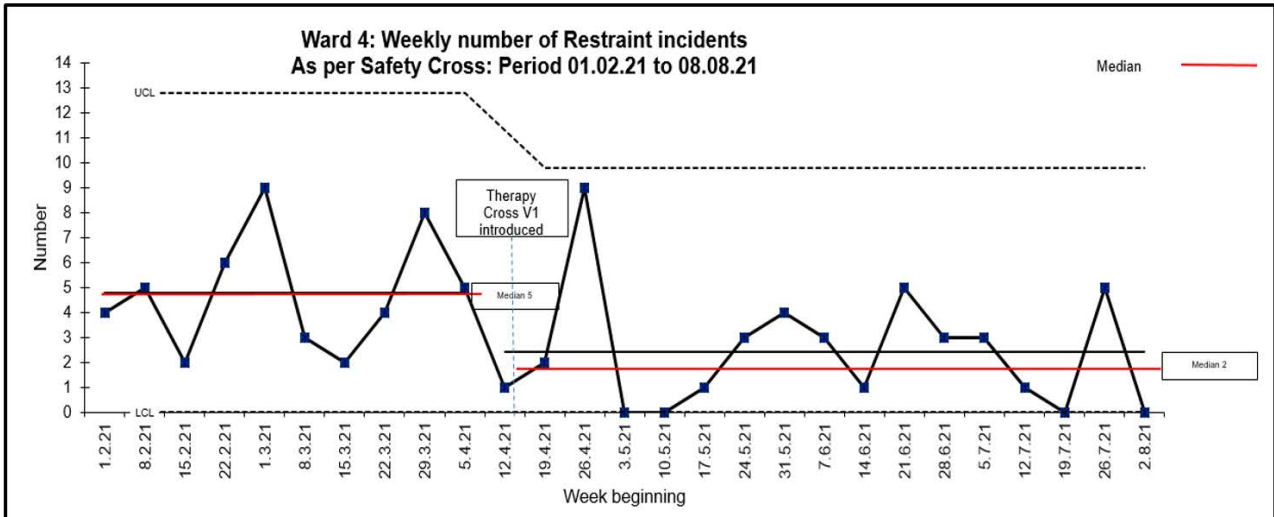
AMHIC Quality Improvement Project to reduce the use of restrictive practices (in association with Towards Zero Suicide regional programme). Ward 2 and Ward 4 AMHIC will reduce the use of restrictive practices (physical restraint, seclusion, and rapid tranquilisation) by 30% by December 2021.

The project teams have observed outcome improvements as demonstrated in the following charts. Weekly occurrences of restraint have seen median of 5 reduce to median of 2 (I Chart 1). Weekly occurrences of rapid tranquilisation median of 4 reduce to median of 1 (I Chart 2). Period of days between any occurrences of restrictive practice have also increased (T Chart).

Project Aim: Ward 2 and Ward 4 will reduce the use of restrictive practices(physical restraint, seclusion and rapid tranquilisation)in Ward 4 by 30% by Dec 2021		
2 x Project Teams: Ward 2 (Adult Acute Admission Ward) & Ward 4 (PICU)		
01.03.21: First QI Project Meeting. Subsequent weekly/fortnightly meetings. Going forward: Joint Monthly meetings		
Members of both project teams are multi-disciplinary (including experts by lived experience): Pam McGucken, Catherine Donaldson, Tory Cunningham, Elke Schmidt, Eloise Jones, Robert Dornan, Lynne Pritchard (Lead Ward 4) and Johnny Killough (Lead for Ward 2)		
Baseline measures: Numbers or occurrences of Restraints, Seclusion and Rapid Tranquilisation based on data from Safety Cross (regionally agreed tool which is cross referenced by DATIX)		
<p>Outcome measure(s):</p> <ul style="list-style-type: none"> Weekly number of Restraints Weekly number of seclusions Weekly number of Rapid Tranquilisation <p>Process Measures:</p> <ul style="list-style-type: none"> Number of therapeutic interventions Number of de-escalations Number of debriefings Reflective practice (% staff attending) <p>Balancing measures:</p> <ul style="list-style-type: none"> Complaints re: phones not answered Oral PRN administered Patient/Carer experience feedback Episodes of violence/aggression towards staff 	<p>Change ideas:</p> <ul style="list-style-type: none"> Breakfast club <p>Therapy Cross V1:</p> <ul style="list-style-type: none"> Planned and unplanned therapeutic interventions Increase use of de-escalation, Use of PRN* <p>TC V2 & 3:</p> <ul style="list-style-type: none"> Debrief (staff & patients): staff training and roll out Staff training: low level therapeutic interventions Provision of Reflective Practice Positive Handovers Daily activities schedule 	<p>The Project Teams were motivated by introduction of Safety cross to identify a more positive focus which lead them to the concept of Therapy Cross. It focuses on purposeful practices which can help the project achieve it's aim and outcome</p> <p>Project teams continue to refine the operational definitions of therapeutic interventions, debrief and reflective practice.</p>
<p>How will we know when change is an improvement?</p> <p>Quantitative: We will report a reduction in use of Restraint, Rapid Tranquilisation, Seclusion. Report an increase in purposeful therapeutic interventions.</p> <p>Qualitative: We will notice a shift in ward culture, comments/compliments.</p>		

3. Measuring the Improvement

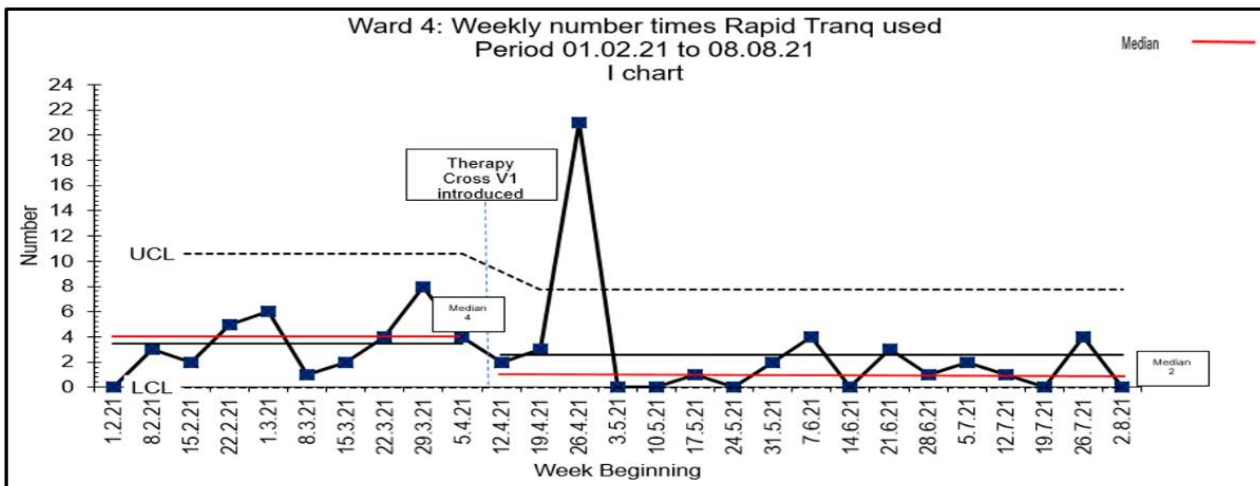
I Chart 1



I chart reporting weekly number of restraints.

Indicates improvement: Median 5 at beginning and reduces to 2 after introduction of TC

I Chart 2



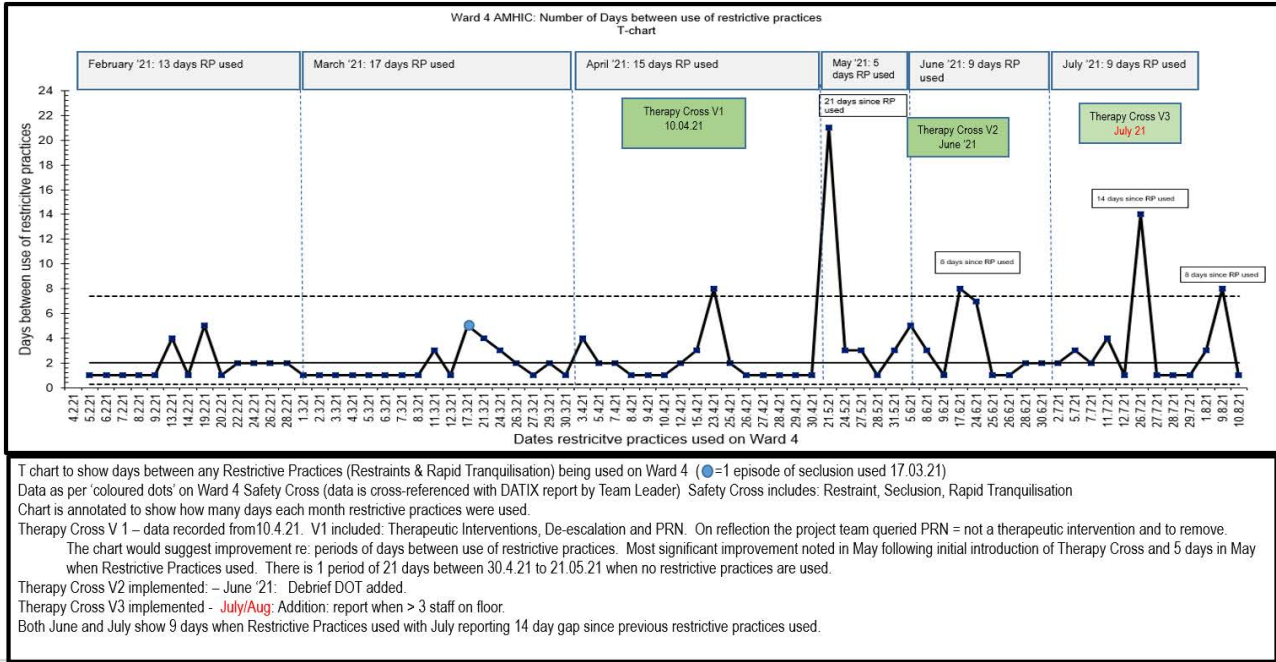
I chart reporting weekly number of rapid tranq.

Indicates improvement: Median 4 at beginning and reduces to 1 after introduction of TC

3. Measuring the Improvement

T Chart

Ward 4 AMHC: Days between use of restrictive practices Period 01.02.21 to 10.08.21)



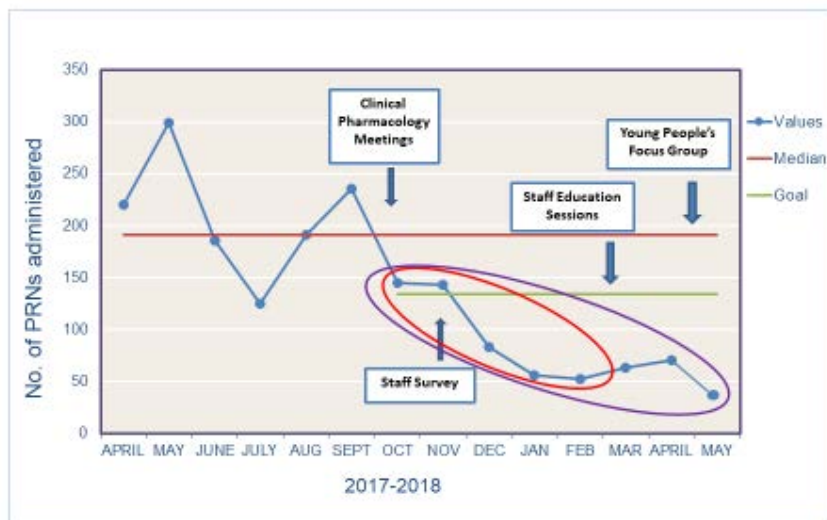
Reducing Use of Oral Psychotropic PRN Medication in Young People

The aim was to reduce the amount of oral psychotropic PRN medication administered in Bechcroft Regional Adolescent Mental Health Unit Treatment Ward by 30% by June 2018.

We achieved a reduction of 73%. Our results were statistically significant and sustained.

The project was coproduced with young people and reduced unintended harm and improved patient safety.

Use of Oral Psychotropic PRN Medication in Bechcroft Treatment Ward



3. Measuring the Improvement

Awards

Beechcroft PRN project



Innovation in Quality Improvement Team of the Year

The Beechcroft PRN project won regional and national awards including 1st place in SQB, the Belfast Trust chairman's award for QI, the safety forum coproduction award and were the overall winners of the NI safety forum award in 2019. It has also won Highly Commended (2nd place) in the Innovation in Quality Improvement category at the BMJ awards in Oct 2020.

Health Heroes Awards



Eileen McCullough
Belfast Health and
Social Care Trust

Home Treatment House CSW Eileen McCullough won Bronze in Skills for Health – Health Heroes awards in recognition of her pivotal role in the setting up of a COVID-19 testing centre at Old See House for mental health service users and staff. Eileen's calm presence and her ability to work effectively with service users and peers was incredibly valuable. Taking an innovative approach to protecting staff outside of the workplace, Eileen sourced a sewing machine and cotton fabric to distribute to staff – all at her own expense. Eileen's colleagues said: "Eileen is kindness personified. She is very, very much deserving of recognition for her tireless and enthusiastic approach to her work. She is our Healthcare Hero."

3. Measuring the Improvement

Inpatient Falls

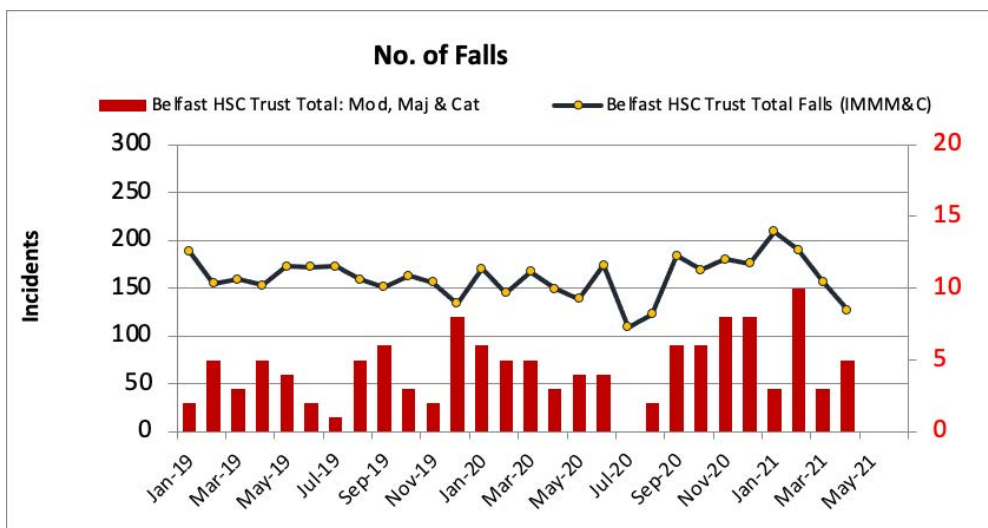
Falls Prevention

Falls occurring in hospital not only significantly affects the patient through potential injury, but can also cause distress, loss of confidence, independence and mortality. There are approximately a quarter of a million falls reported by UK hospitals each year (Healey, F 2021) and it is estimated that falls cost the NHS more than £2.3 billion per year (NHS Improvement 2017).

Within Belfast Trust, falls remain the second most commonly reported patient safety incident. Our staff continue to deliver 'FallSafe', an evidence based multifactorial falls risk assessment that enables staff to implement a safe and effective plan of care for patients who are identified as being at risk of falling. Our aim is to help reduce the patient's risk of a fall while in hospital.

Facts and Figures

In 2020-21, the Trust experienced a 19.4% increase in falls within the FallSafe areas compared to the previous year. There was a 3.7% increase in serious falls in comparison to the previous year. Throughout the COVID-19 pandemic, there were many challenges to consider when endeavouring to keep our patients safe from falling. Following Trust guidance on infection status and patient placement during this time, staff were provided with online FallSafe training and a poster was created on the 'steps to consider' to keep patients safe from falling. The actions and learning from each post fall review undertaken, also helped to educate staff on falls prevention.



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

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

3. Measuring the Improvement

Reporting Falls

We will continue to report falls in Belfast Trust monthly. This includes:

- All falls and falls coded as moderate and above within the FallSafe areas
- Post fall reviews are completed on all moderate and above falls which focuses on the learning from each fall incident
- The monthly FallSafe audit will recommence in July 2021. A reporting system for recording FallSafe Audit data, which generates a report for ward staff, has been developed. Staff training has been delivered to enable access and use of the system
- The PHA receive a monthly report of all falls coded moderate and above. Each report reviews the fall incident and highlights areas of good practice and areas of learning. This information is collected regionally and provides data to inform key priorities for quality improvement work and patient safety initiatives.

Ongoing Quality Improvement initiatives will be facilitated by:

- Educating and supporting staff with FallSafe training and the 'Management and Prevention of Falls Policy'
- Shared learning from all post fall reviews with the Multi-Disciplinary Team
- Collaborative working at a local and regional level
- For a patient fall where a sustained or suspected spinal injury has occurred - training has been provided for staff to enable them to safely manage these incidents
- During September 2021, 'Safetember' is being used as an opportunity to implement the FallSafe project on the Enhanced Recovery Ward in Withers, MPH. There are also plans to focus falls prevention work in Neurology and Ward 4E/4F
- Regional 'Falls Week' commences on 20th September 2021, this week is used as an opportunity to raise awareness of FallSafe for staff, patients and visitors across all sites.

Regional Falls work carried out with the PHA

- The Regional Falls Group are in the process of devising a regional document to provide guidance for staff in the use of 'Falls Assistive Technologies'
- A Regional falls e-learning programme was developed in 2020. Progress in developing the course has been delayed due to the COVID-19 pandemic. The programme has been 'story boarded' and is awaiting digitalisation

3. Measuring the Improvement

- The Falls Data Sub group have identified regionally that there are variations in the falls data submitted. This group has been convened to discuss these issues, and to work collaboratively to develop systems and processes to ensure that the reporting of falls data is consistent across all Trusts.

COVID-19 – The Impact on older people

Inpatient falls can happen in all age groups. However, deconditioning is highly likely for particular groups of our patients eg. those who have been advised to shield during the COVID-19 pandemic. Activity restriction in the older person has resulted in an increased risk of falling due to deconditioning and functional loss (Age, Ageing 2020).

For the year ahead we need to consider the predicted increase in falls in the older person who have experienced a loss of strength and function because they have either survived COVID-19 or who may suffer from 'Long Covid', (RCN Webinar 2020) and the challenges this will create when they are admitted to hospital.

Reducing the Incidents of Falls/Collapses in Communal Areas

We have observed a number of falls/collapses occurring in communal areas within the Trust. A working group was convened to identify actions required to reduce the number of Falls/Collapses in these areas, particularly on the RVH site. Signage and floor markings to identify patient pathways have been designed and displayed in the main foyer of the RVH site to enable easier access to services for patients and visitors.

3. Measuring the Improvement

Pressure Ulcers

Pressure Ulcer Prevention

Pressure ulcers have a profound impact on the health and wellbeing of patients. Internationally, they are recognised as one of the top three burdensome harms (Slawomirski et al, 2017), and result in the highest number of healthy life years lost (Hauck et al, 2017). In addition, they detract from scarce NHS resources, resulting in the highest number of bed day losses, and high treatment costs (thought to be in excess of £1.4 million every day) (Guest et al 2017).

Within the Belfast Trust, we recognise that pressure ulcers are a threat to patient safety and wellbeing. Our staff work hard to protect patients throughout their journey by providing evidence-based skin care. This includes skin inspection, repositioning, the use of pressure redistributing equipment, ensuring skin is kept clean, dry and moisturised, and attention to nutrition and hydration. If damage occurs, ward and departments must review the circumstances leading to pressure damage, and if potentially preventable, they must take steps to reduce the likelihood of a similar incident. As a Trust, we do not focus on the number of pressure ulcers alone, we try to understand how and why each incident occurred, and share learning.

In 2020/21, despite the challenges of the pandemic, our staff achieved a 4% reduction in the number of potentially avoidable pressure ulcers, with a 12% reduction in the number of potentially avoidable deep pressure ulcers (see table on following page). The incident rate of potentially avoidable pressure ulcers per 1000 bed days increased by 0.1%. This figure seems incongruent, given the decrease in the overall number of pressure ulcers, but it reflects the significant downturn of occupied beds during the pandemic and the increased number of critically ill patients.

The number of unavoidable pressure ulcers increased by 20% (+78). All incidents were investigated and there is assurance that nursing care met NICE standards for pressure ulcer preventive care. Protecting extremely ill patients from pressure damage was a challenge due to long periods of proning, COVID-19 related skin changes and multi-organ failure.

In addition to the baseline statistics, our staff achieved a:

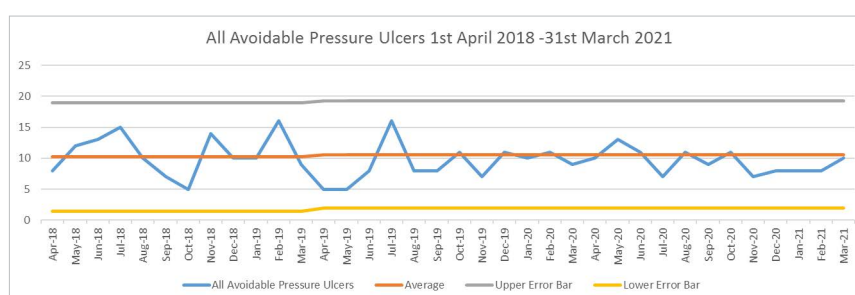
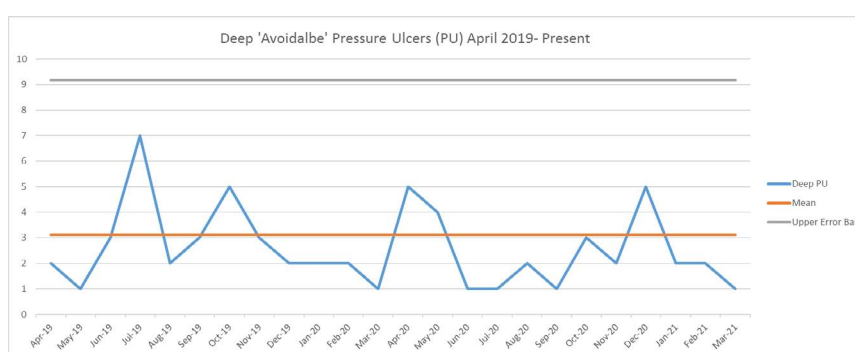
- 54% decrease in the incidence of heel pressure damage. This is clinically significant, as heel ulcers tend to be deep, and difficult to heal due to comorbidities such as peripheral arterial disease
- 52% improvement in the number of pressure ulcers deemed 'avoidable' due to gaps in SKIN Bundle Care (documentation has improved)
- 100% record of deep pressure ulcers being reviewed using significant event audit methodology where required.

3. Measuring the Improvement

Good Practice

In October 2020, the Clinical Educator in the Mater Hospital wanted to address the number of ‘avoidable’ pressure ulcers occurring within her Division. She employed a number of different strategies, which included face-to-face education, prompt sheets, posters in clinical rooms and ward based audits. Working alongside the Nursing Development Lead, the Tissue Viability Nurse Team and ward colleagues, she put her plan into action and within five months, the rate of avoidable pressure ulcer dropped by 90%. The key to achieving these outcomes was leadership, ownership and teamwork.

Adult Inpatient	2020-2021	2019-2020	Increase/decrease against previous year
Total No. of Pressure Ulcers Reported	400	322	+78
No. of Pressure Ulcers/1000 bed days	1.25	0.68	+0.57
No. of potentially avoidable pressure ulcers	108	113	- 5
No. of potentially avoidable pressure ulcers/1000 bed days	0.34	0.24	+0.1
No. of potentially deep avoidable pressure ulcers	29	33	-4
No. of potentially avoidable deep pressure ulcers/1000 bed days	0.09	0.07	+0.02



3. Measuring the Improvement

Next Steps

In 2020/21, there was a 17% increase in the number of sacral pressure ulcers. We will aim to reduce this harm by continuing to educate our practitioners in SKIN Bundle Care, focusing on repositioning techniques and the importance of therapy cushions.

In our Intensive Care Units (ICU), device related pressure ulcers accounted for 52% of all avoidable pressure ulcers. Nasogastric Tubes were most likely to cause harm. We will work with ICU colleagues to review the care of these devices to minimise damage and we will share this knowledge throughout all our wards and departments.

While our staff investigated all deep pressure damage, 30% of superficial pressure ulcers, were not reviewed. We will work to reduce this omission as learning from these incidents could prevent harm that is more significant.

VTE

Hospital acquired venous thromboembolism is a global problem. In a major study¹ sponsored by the World Health Organization, it accounted for more deaths and disability than nosocomial pneumonia, catheter related bloodstream infections, or adverse drug events in low and middle income countries.

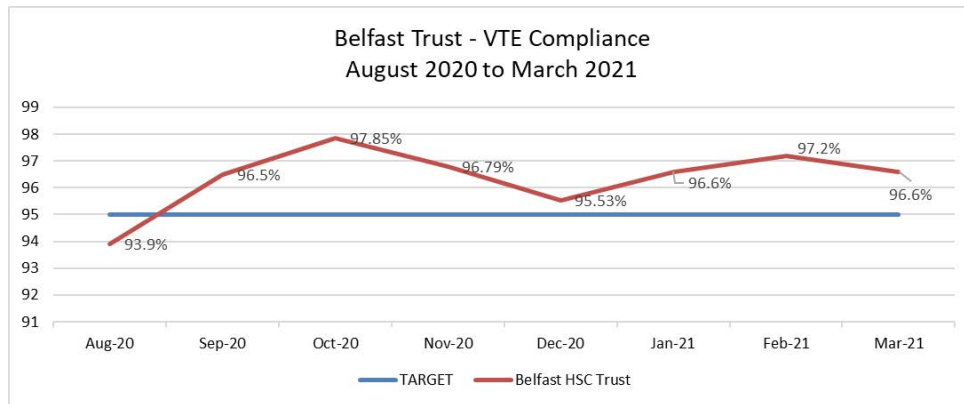
It is estimated that every 6 seconds a person dies from VTE globally ([link](#)). Most blood clots occur as a result of hospitalisation.

Within the Belfast Health and Social Care Trust all adult patients, (aged 16 and over), across medical, surgical and mental health inpatient settings are risk assessed for their potential to develop a deep vein thrombosis (DVT) and/or a life threatening pulmonary embolism (PE) within 24 hours of admission to hospital. With more than 40% of patients having more than 1 risk factor, it is vital to identify those patients at risk, in order to prescribe appropriate and timely thromboprophylaxis to reduce the incidence of Hospital Acquired Thrombosis (HAT) a common and largely preventable problem. HAT is determined as a thrombotic event occurring within 90 days of admission, with most patients likely to exhibit symptoms of DVT within 7 days of discharge or PE symptoms around 21 days, mostly in the community.

To ensure we, as a Trust, maintain the high standards of compliance, with both National and Local targets, a monthly audit of all available patient drug kardex, is carried out across 5 sites. The graph below demonstrates that health care professionals make a concerted effort on a daily basis to keep the patients within their care safe, with results maintained above target of 95% audit performance outcomes are cascaded throughout each division and speciality.

¹ Jha AK, Larizgoitia I, Audera-Lopez C, Prasopa-Plaizier N, Waters H, Bates DW. The global burden of unsafe medical care: analytic modelling of observational studies. *BMJ Qual Saf* 2013;22:809-15. [10.1136/bmjqs-2012-001748](https://doi.org/10.1136/bmjqs-2012-001748)
24048616

3. Measuring the Improvement



The VTE team aim going forward is to investigate those episodes of HAT, to further improve patient safety, by sharing learning, changing practice where needed and provide ongoing education across all staff involved in patient care.

Medicines Management

Medication Safety Thermometer

BHSCT undertakes monthly medication audits using the NHS Medication Safety Thermometer tool. This focuses on medication reconciliation, allergy status completion, medication omissions and identifying harm from high- risk medicines. It is a point in time national survey that is used to help understand the burden of medication harm, measure improvement over time and connect frontline teams to the issues of medication error and harm, enabling improvements to patient care.

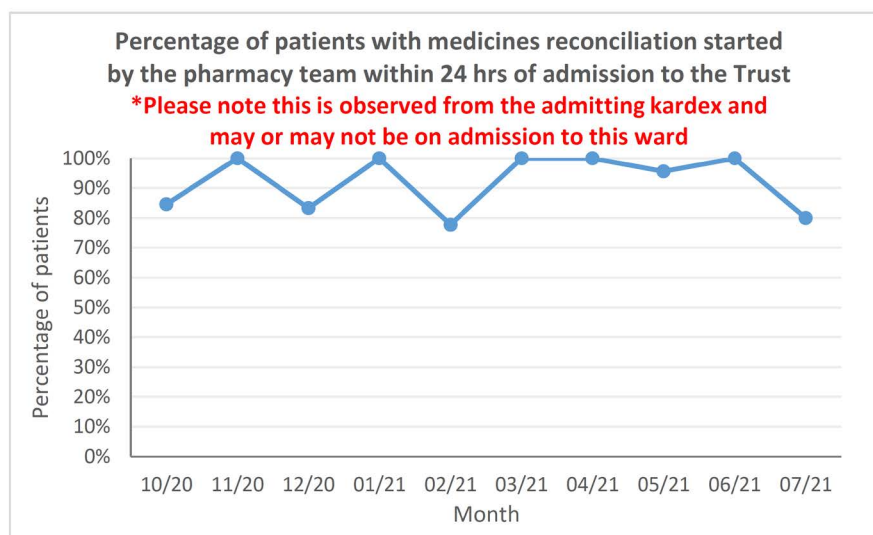
Medicines reconciliation

Patient access to pharmacist medicines reconciliation within 24 hours of their admission is a key NICE standard and safety parameter. Pharmacy continue to work to maximise their input into admission areas and develop 7 day services in appropriate areas such as EDs and acute admission wards to achieve a high percentage of medicines reconciliation. Other initiatives to improve medicines reconciliation include:

- A pilot of a week night (until 9pm) evening pharmacy service in ED to mirror admission profiles
- Development of documentation to record medicine reconciliation and changes for ICU patients discharging to wards to reduce medicine errors.

3. Measuring the Improvement

Example of medication reconciliation results in an area with pharmacist cover Monday – Friday 9am-5pm and restricted pharmacist cover Saturday and Sunday 9am-5pm:



Medicines optimisation at a COVID-19 recovery clinic

COVID-19 survivors have distinct challenges in their recovery. BHSCT established a pilot COVID-19 ICU recovery clinic. Patients attended 12 weeks post hospital discharge. A clinical pharmacist, working as part of a MDT, undertook a medication review for each patient and identified interventions to optimise medicines. Of these patients, 82% required a medication intervention at the clinic. The majority of interventions related to symptom management and patient education. Sixty seven percent of interventions were graded as significant with an invest to save return in the range of £4.20-£8.59 per £1 invested. [Evaluating clinical pharmacist involvement in a COVID-19 intensive care recovery clinic - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com)

Virtual MDT medicine reviews in nursing homes

During the first Covid surge, 25% of Belfast HSC Trust (BHSCT) care homes were affected, rising to 44% by surge 3, resulting in limited face to face access for healthcare professionals. Nursing home residents required medicine reviews post-Covid infection to optimise medicines and reduce pill burden. The Care Home Nursing Support Team, consultant pharmacist for older people and the lead care home pharmacist rapidly established a multidisciplinary virtual round.

Results

- Over a fifth (23.3%) of residents reviewed had an increase in level of frailty post-Covid infection
- Average no. of pharmacy recommendations per resident = 2.9. Examples included:

3. Measuring the Improvement

- Reducing doses and nephrotoxic medicines due to poor renal function
- De-prescribing
- Onward referral to psychiatry for signs of depression
- Formulation changes due to swallowing difficulties
- Medicines Appropriate Index was measured, indicating a reduction in polypharmacy following pharmacist review of medicines
- Evaluation from the multidisciplinary team and nursing home staff was overwhelmingly positive, emphasising the opportunity for shared learning
- Ninety six per cent of respondents (Care home staff & MDT) strongly agreed or agreed that
 - the collaborative approach of MDT and care home staff on one call was an efficient use of time
 - they would be keen for the virtual MDT service to continue post-Covid.

Controlled Drugs (CDs) and automation

Belfast Trust continues to innovate medicines management processes with automated dispensing cabinets (ADCs). Following the successful implementation of an ADC for management of controlled drugs in RVH Pharmacy, ADC technology is being used to improve and innovate ward based controlled drug workflows including ordering processes between clinical areas and pharmacy.

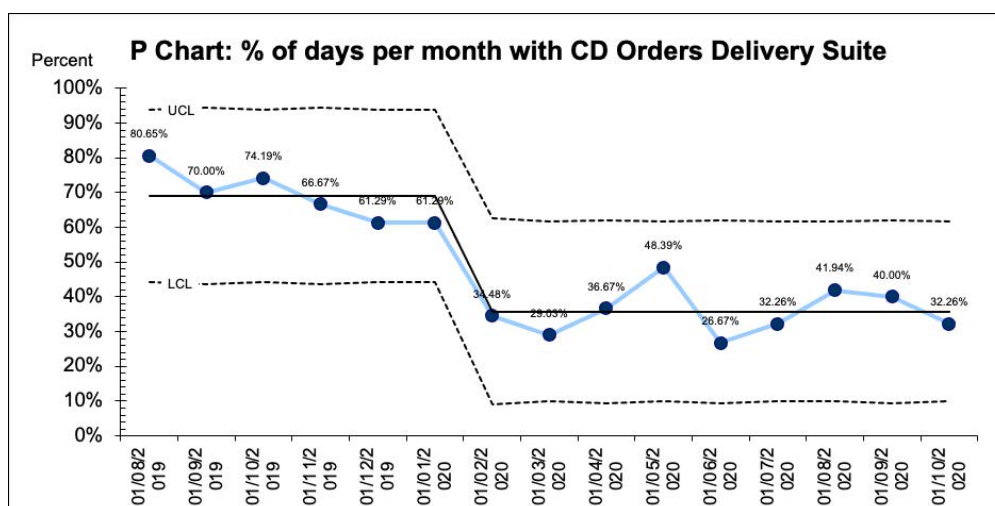
During the period 2020 -2021, a further ten clinical areas introduced ADCs for the management of controlled drugs; this was extended in Trauma and Orthopaedics and introduced to Delivery suite, Delivery suite theatres, Neonatal Intensive Care unit, and a Haematology ward.

BHSCT continues to innovate, with Maternity theatres and Neonatal ICU the first theatre and ICU areas to use an ADC in Northern Ireland. Workflows were tested using quality improvement methodology to ensure the achievement of project objectives in this unique environment where the staff cohort includes nurses, midwifery and anaesthetic staff.

A particular objective for Delivery suite and theatres was to maximise efficiency of their ward ordering processes. Using ADC technology, controlled drugs within the cabinet were assigned automatic reorder points, which linked to a cabinet generated order on designated days. The impact of the ADC was immediate, increasing the efficiency of ward ordering processes. Prior to implementation of the ADC, Delivery suite would have processed an order for controlled drugs on 21 days each month. The system for ordering a controlled drug pre-ADC was time intensive requiring a midwife to prepare a written order and two midwives to stock check and enter a receipt

3. Measuring the Improvement

in the paper CD register. As shown below, post-ADC, the order rate reduced to 11 days per month; while the process still requires two midwives, the electronic CD register records receipts at point of storing of stock in the cabinet.



A further objective of this quality improvement project in both theatres and ICU was to produce real-time reporting of controlled drug use and dose reconciliation. In complex environments such as theatres and ICU, contemporaneous dose reconciliation can be challenging. With ADC, medicine administration and waste recording reports are produced at 12 hourly intervals, with a follow up reminder at 24 hours, if the reconciliation process has not been fully completed. This generates an alert to the clinical area to prompt dose reconciliation thus ensuring a full audit trail where previously this information gap may not have been detected until quarterly CD audit review.

The rollout of ADCs will continue into 2021/2022 with further integration between clinical areas and pharmacy departments to maximise efficiency and improve medicines management processes.

Outpatient Parenteral Antibiotic Therapy (OPAT)

In 2019, 190 OPAT episodes of care increased bed capacity in BHSCT by 3,464 days. Due to a lack of capacity, 16.3% of our inpatients referred for a community nurse OPAT slot across Northern Ireland were refused, therefore delaying discharge and disrupting patient flow. This equated to a bed capacity blockade of 720 days. At this time, BHSCT offered community nurse administered OPAT via the Community Nurse In Reach (CNIR) team.

At the end of 2020, the Infectious Diseases team, in conjunction with CNIR, Aseptic services, OPAT pharmacists and the Ambulatory Care Centre (ACC), began to develop new discharge pathways, self-administration training and competency assessments with supporting documentation to pilot offering suitable patients an alternative option to remaining in hospital for prolonged stays.

3. Measuring the Improvement

As a result of this partnership, this pilot service has facilitated:

- 17 Patients attending ACC for once daily administration of IV antimicrobials
- 7 Patients discharged with elastomeric infusers delivering 24 hours of flucloxacillin
- 4 OPAT patients to be assessed and treatment switched in ACC avoiding hospital admission
- 2 bronchiectasis patients treated via ACC avoiding hospital admission
- 14 Patients trained to self-administer OPAT (S-OPAT) at home (Range = 7 days to 105 days).

ACC & S-OPAT pathways have avoided a community nursing pressure of over 1100 slots and this approach increased bed capacity in BHSCT by 571 days (equivalent to a 20 bed ward for 4 weeks).

These innovations are preferred by patients as it enables more independence and autonomy on discharge whilst reducing the risk of healthcare associated infections.

This service achieves high patient satisfaction as per feedback below.

<https://www.careopinion.org.uk/843827>

<https://www.careopinion.org.uk/838236>

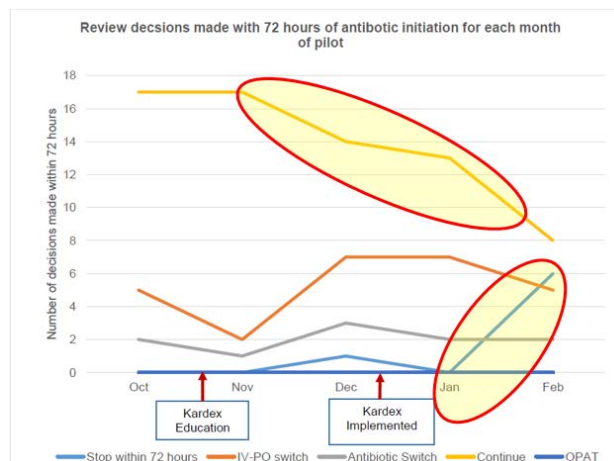
<https://www.careopinion.org.uk/868131>

<https://www.careopinion.org.uk/835565>

Antibiotic Review Kardex (ARK) implementation

A quality improvement project to ascertain the safety and effectiveness of an antibiotic review section in the Kardex on the quality of antibiotic prescribing was conducted on six wards in the Mater hospital. This project found an improvement in the quality of antibiotic prescribing and reduced overall consumption of antibiotics.

Review decisions made within 72 hours of antibiotic initiation for each month of the pilot



3. Measuring the Improvement

Based on these results, the Trust Antimicrobial Stewardship Group and the Trust Drugs & Therapeutics Committee recommended that BHSC implement the Adult Acute Antimicrobial Review Kardex, which has now been rolled out across BHSC.

Nursing Homes

In collaboration with the HSCB, Victoria Pharmaceuticals undertook the assembly and distribution of emergency palliative care kits to Northern Ireland Nursing Homes.

Victoria Pharmaceuticals produced a palliative care box that contained the essential oral and injectable medicines that, subject to prescribing on site, could be used by nursing staff to treat palliative care patients in nursing homes in Northern Ireland.

The palliative care box was safely introduced in 7 working days from HSCB commissioning and an initial 47 kits were supplied to nursing homes across Northern Ireland.

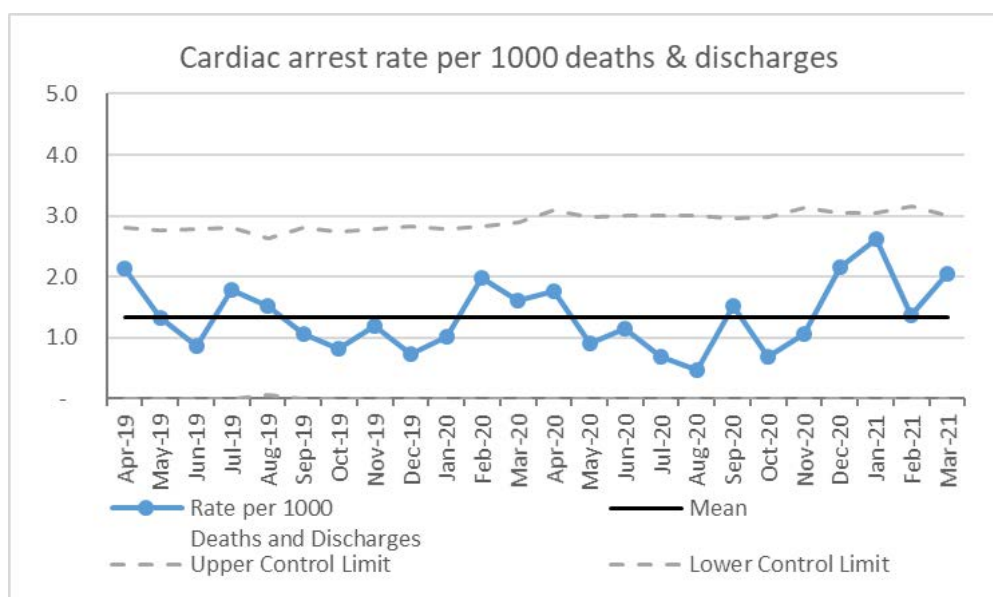
A further 186 palliative care kits were supplied subsequently.

Cardiac Arrest Rates

A cardiac arrest is where a patient requires chest compressions and / or defibrillation by the Hospital Resuscitation Team.

Early recognition and effective treatment of patients whose clinical condition is deteriorating helps to reduce cardiac arrests. Compassionate care of patients acknowledged to be nearing the end of their lives may also reduce the number of patients treated for cardiac arrest.

Early recognition will also help to identify individuals that cardiorespiratory resuscitation is not appropriate for or who do not wish to be resuscitated.



3. Measuring the Improvement

4. Raising the Standard



4. Raising the Standard



Clinical Lead for Mortality and Morbidity



100% of patients seen within 14 days of referral to the Breast Team



Emergency readmission rate below the national average



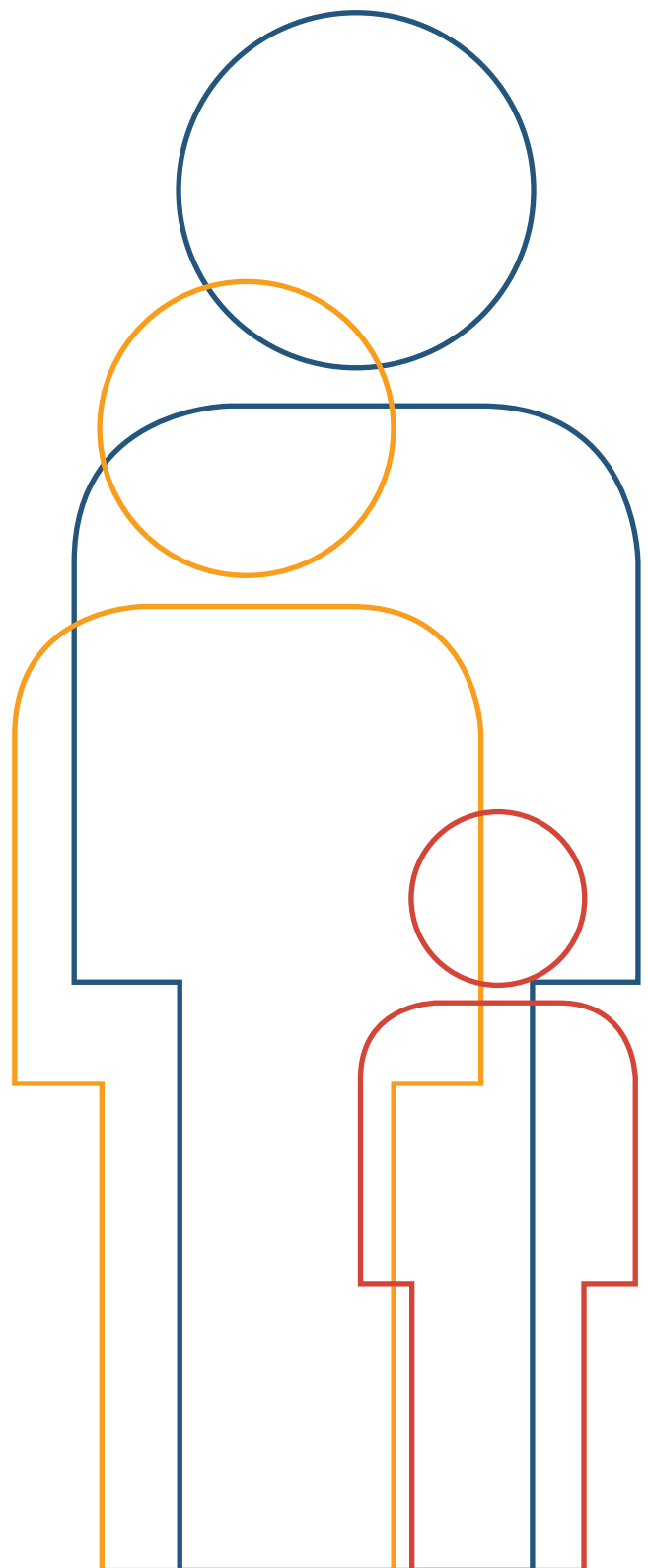
Improvement within Cancer Services



19 NICE Guidelines received and actioned



Regional and National Audit



Standardised Mortality Ratio

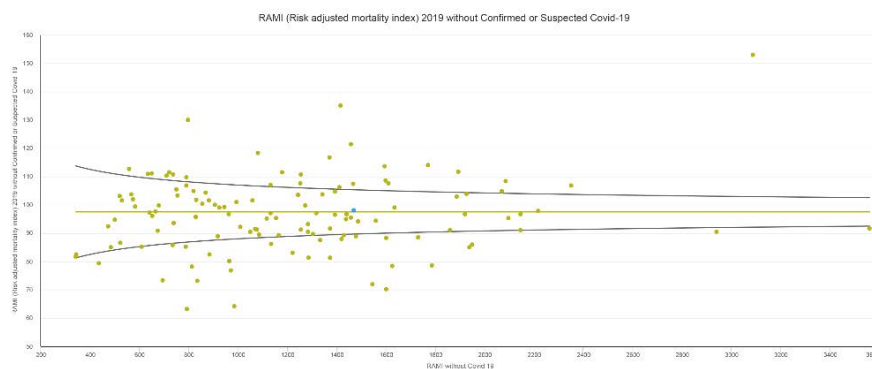
Belfast Trust treats and cares for patients every day, many of whom are very ill. The vast majority of patients are discharged safely, however a small number of patients die under our care.

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

Risk Adjusted Mortality Index

Trust Index is **98**

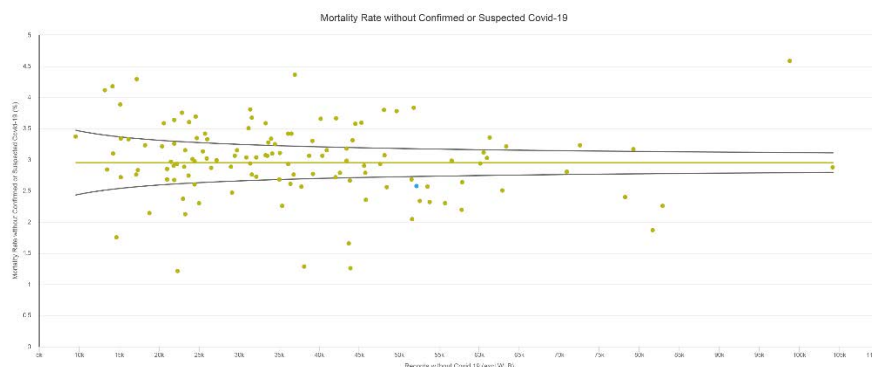
Standardised Mortality Funnel Plot 2020/2021 (Excluding Covid) Crude Mortality



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

Total % Crude Monthly Mortality with Peer to 2020/21

Belfast Trust's total Crude Mortality Rate for 2019/20 is 2.6% which compares consistently with peer UK wide hospital rates of 2.0%, this is a consistent picture with previous years.



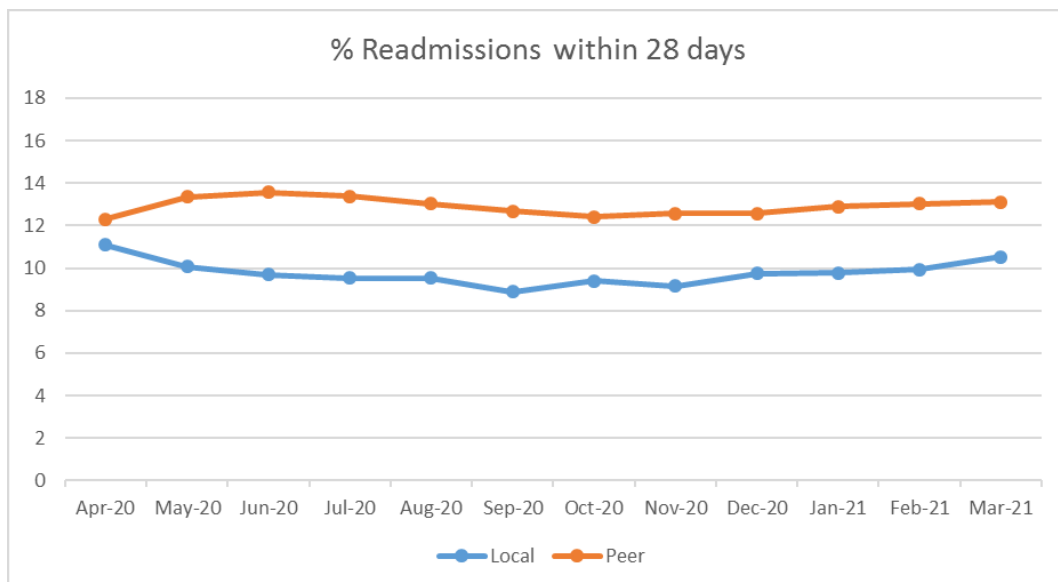
3. Measuring the Improvement

Emergency Re-admission Rate

Facts and Figures

The table below indicates the % of patients readmitted as an emergency within 28 days each month during 2020/21. The Trust has a readmission rate of 9.7% against a national average of 12.9%. This rate remains stable during the year.

Unscheduled Re-admissions of Adult Patients within 28 Days of Discharge as Proportion of all Cases.



Emergency Department Standards

Background

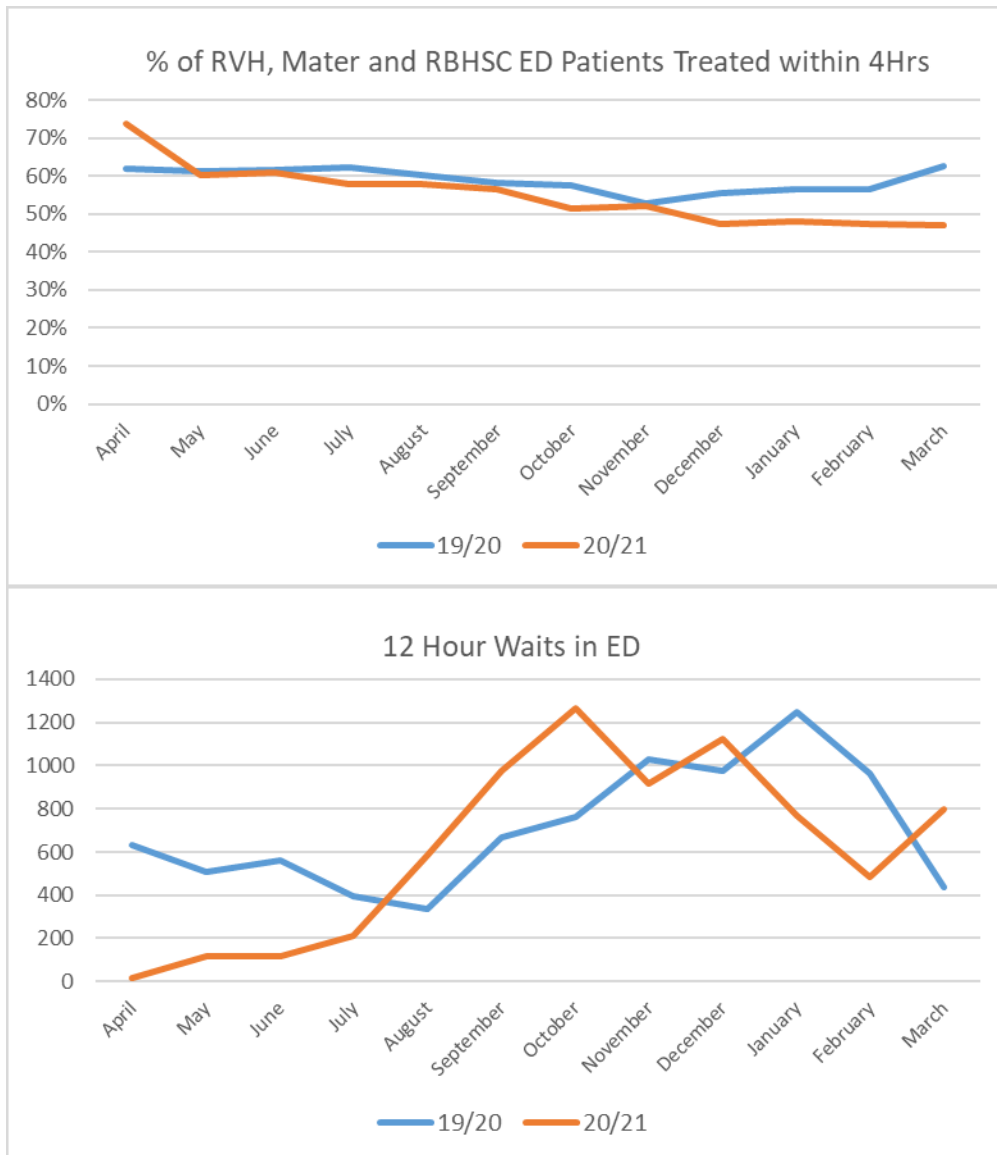
Ensuring that patients attending the adult Emergency Departments (EDs) are seen in a timely manner and are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled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

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

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

3. Measuring the Improvement

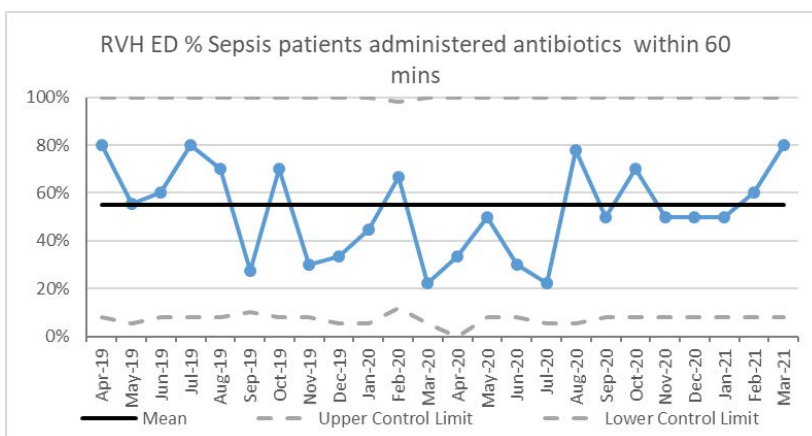
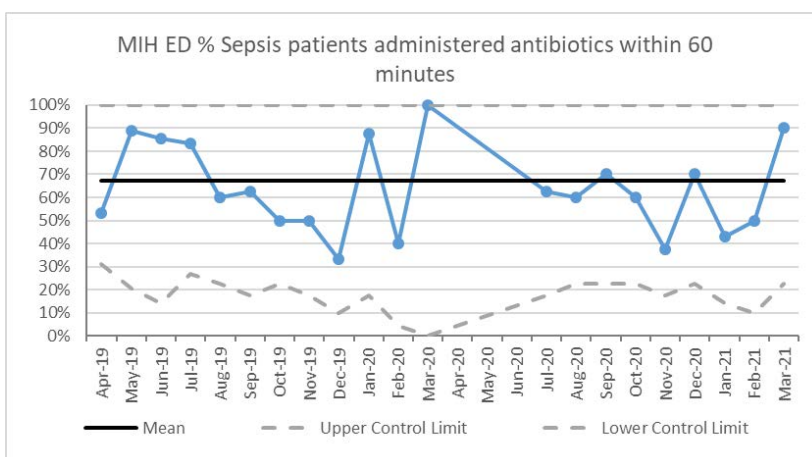
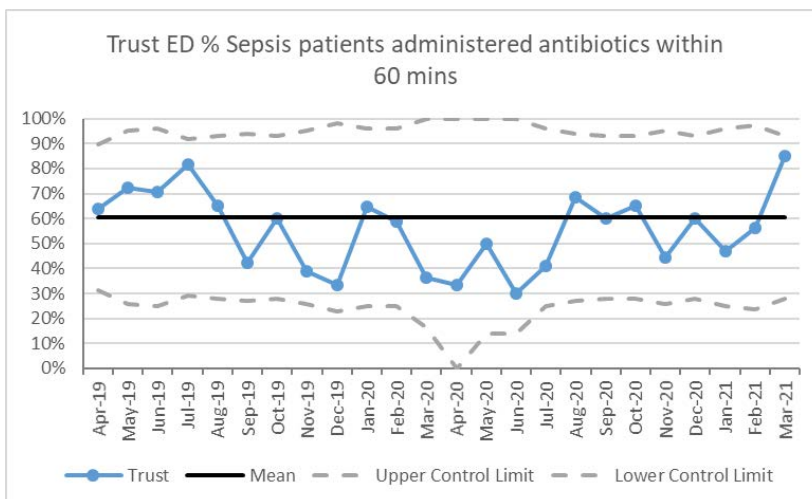
The length of time people wait in Emergency Department profoundly affects patients and families experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.



3. Measuring the Improvement

Sepsis

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



NICE Guidelines

Background

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

NICE Guidelines (NG) & Technology Appraisals (TA) issued: April 20-April 21

There were 19* **NICE Guidelines (NG & TA)** that were Endorsed in NI and issued between April 2020-April 2021.²

- There were 17 NG that were Endorsed in NI and issued in April 2020-April 2021
 - 2 New Guidelines, 12 which updated previous Guidelines and 3 which were COVID-19 Rapid guidelines

The breakdown is below:

- 6 issued to Multiple Directorates
 - 5 Issued to Surgery and Specialist Services
 - 4 issued to Unscheduled and Acute Care
 - 2 issued to Specialist Hospitals and Women's Health
- There were **2 Technical Appraisals** that were Endorsed in NI for the use of new and existing medicines and treatments in April 2020-April 2021. All were New Guidelines. The breakdown is below:
 - 1 issued to Surgery and Specialist Services
 - 1 issued to Unscheduled and Acute Care.

The Trust Standards & Guidelines Committee oversee and monitors that the Trust have systematic and robust arrangements in place with regard to the dissemination, processing and implementation of NICE guidance. The Committee forms part of the Trust Assurance Framework reporting directly to the Trust Governance Steering Group.

² *Please note that due to COVID-19 the Department of Health (DoH) placed a temporary suspension (letter issued on 31st March 2020) on the endorsement and issuing of NICE Guidelines (NG & TA). The suspension of TA's was lifted on 25th June 2020 and NG's more recently on 23rd June 2021.

4. Raising the Standard

The Trust Standards & Guidelines (S&G) Department based in the Risk & Governance Department, Medical Directorate manages the day to day operational role of disseminating and monitoring the implementation of NICE Guidelines.

Next steps

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Western HSC Trust continue to work on a pilot regional system (STORM) to manage the recording and dissemination of NICE Guidance with updates provided at the quarterly NICE Manager's Forum. The Trust will evaluate adoption of the STORM system post pilot feedback from Western HSC Trust.

Regional and National Audit

Regional Re-audit of Medicines Reconciliation on the Immediate Discharge Document

Medication Reconciliation is the formal process in which health care professionals partner with patients to ensure accurate and complete medication information transfer at interfaces of care.

A regional audit of medicines reconciliation on the Immediate Discharge Document (IDD) was first published by Guidelines and Audit Implementation Network (GAIN)² in 2017. The report concluded that significant improvement was required regarding the communication around medication changes when patients transfer between settings in Northern Ireland.

The main aim of this re-audit is to evaluate the current processes in place for accurate medicines reconciliation on the IDD in Northern Ireland and to determine if improvement has been achieved.

Objectives

- To determine the extent to which IDD's in 2019 meet medication standards set out in the 2011 GAIN document Guidelines on Regional Immediate Discharge Documentation for Patients Being Discharged from Secondary into Primary Care
- To compare the audit findings from the 2016 and 2019 audits, and to identify further areas for improvement in the generation of IDD's
- To provide an opportunity for final year medical students on a GP Assistantship Programme to focus on and learn about best practice in respect of IDD generation

The audit concluded that there was room for significant improvement across all the criteria audited.

4. Raising the Standard

Areas for immediate attention included:

- the time from discharge to receipt of the IDD by the General Practitioner (GP) - the noting of medicines started, changed or stopped and the rationale for such changes - an improvement of detail around allergy status - adherence to best practice in respect of the high-risk area of anticoagulation.

Recognising the scale of harm with unsafe medication practices and medication errors, in 2017 WHO prioritised medication safety at transitions of care as one of three areas for strong commitment as part of its third Global Patient Safety Challenge: Medication Without Harm - WHO highlighted that improving medication safety during transitions of care is challenging and complex and called on healthcare leaders to demonstrate long-term commitment to substantially reduce potential patient harm.

Recommendations and Next Steps

On consideration of the findings of this re-audit the following recommendations are made:

1. The initiation of a regional strategic plan to improve medication safety during transitions of care within Northern Ireland, to meet the requirements of the WHO Patient Safety Challenge. This should include specific and measurable goals to monitor improvement over time and involve relevant stakeholders including service-users.
2. Implementation of Electronic Document Transfer as standard for the IDD, from secondary to primary care across all HSC Trusts to ensure accurate and timely transfer of information.
3. Collaboration between HSC, Trusts and all bodies representing General Practice in Northern Ireland (including the General Practice Committee of the British Medical Association, General Practice Federations and the head of General Medical Services in the Health and Social Care Board) to understand the reason for local variations and to share best practice, with a view to developing an agreed electronic template for the immediate discharge document which is adopted by all HSC Trusts. This would reflect the Regional Guidelines from GAIN in 2011 and more recent guidance from the Professional Records Standards Body¹⁸ and should include:
 - Mandatory recording of allergy status, with the sensitising agent and nature of reaction noted - Fields to ensure that the status of medicines (continued, changed or stopped) is recorded, along with the rationale for any such changes.
4. Agreement on a standardised format for communication about anticoagulation to support safe prescribing of warfarin alongside the evolving use of Direct Oral Anti-Coagulants (DOACs). This should include details of the indication, duration of treatment, counselling of the patient and other clinically relevant information where appropriate eg. renal function. Ideally this would form part of the electronic template for the IDD.

4. Raising the Standard

5. Engagement with the data collectors should be maintained, to seek formal feedback on how their participation contributed to learning and their subsequent generation of IDD as Foundation Year 1 (F1) doctors.
6. Collaboration between Trusts and GP Federations using a Quality Improvement (QI) approach to develop processes to raise and resolve queries in an effective and timely manner. It would be anticipated that adoption of electronic prescribing systems in Trusts should have a positive impact on communication about medication, and it would be important to observe whether this translates into improvements in patient care.

The full report can be accessed via the [\(link\)](#).

British Thoracic Society

BTS National Audit Report (2020)

Background

Acute NIV can be a lifesaving treatment for selected patients. However, successive audits showed a worsening trend in outcomes with high mortality rates and significant institutional variation.

In response to this, a number of national documents and reports may have influenced clinical practice since the last audit. These include the BTS/ICS guidelines for the ventilatory management of acute hypercapnic respiratory failure in adults (2016)¹, the National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) and publication of the national COPD audit (2017/8)⁵, NCEPOD's Inspiring Change study (2017)³, the BTS Quality Standards for acute NIV (2018)², and the BTS NIV Quality Improvement toolkit (2018)⁴.

National Improvement Objectives:

1. Improve patient selection for NIV, evidenced by reducing the proportion of patients who start NIV in the absence of a clearly documented evidence-based indication (current audit = 13%: target <10%)
2. Increase the proportion of patients who start NIV within 60 minutes of the blood gas that defines its need (current 50%: target >60%)
3. Increase the proportion of NIV services that have a named nursing lead and/or physiotherapy lead with time allocated to provide service leadership (current 69%: target >90%)

Timeframe: to be achieved by 2022/23

Key Findings

1. Compared to the last audit, an increased proportion of patients treated with acute non-invasive ventilation (NIV) had COPD, the indication with the strongest evidence. We saw a decreased proportion of patients who were treated with NIV despite no clearly documented indication. This suggests improved patient selection in line with the evidence base for NIV.
2. 50% of patients treated with NIV started NIV treatment within 60 minutes of the blood gas that defined the need for NIV. Clinician responses indicate a reduced perception of treatment delay in comparison to prior audits.
3. Acute NIV was successful in resolving respiratory acidaemia for 76% of patients treated, in comparison to 69% in the last audit (2013).
4. Inpatient mortality was 26%. It has reduced from 34% in 2013 and represents the first time that mortality has improved since the first BTS audit in 2010.
5. Only 74% of organisations reported that they have sufficient capacity to deliver the routine acute NIV service.
6. Only 52% of organisations had a nursing lead and 34% had a physiotherapy lead for their acute NIV service.

Conclusions

This was the largest audit to date with 3502 patient submissions, growing from 2693 patient submissions in the previous audit in 2013. Compared to previous data, this audit found increased areas of good practice; results were consistent with substantial improvements in processes of care and patient outcomes.

We present key findings within this report though hope to analyse the data further to gain a greater understanding of the factors associated with successful outcomes.

The patient cohort appears similar to prior audits in terms of age, gender, and prior performance status. Other demographic data, including diagnostic grouping, pre-NIV pH, and consolidation status, suggest improved patient selection for NIV compared to previous audits.

Organisational data also suggests improvements towards NCEPOD and BTS recommendations. Whilst there are still areas of concern, a higher proportion of units have a clinical lead with time in their job plan to lead the service. However, there is significant variation in training, especially within differing groups of staff; whilst 94% of organisations have a training programme, only 19% of NIV-service consultants were included in the training register. We also found that NIV was frequently delivered in non-designated respiratory ward areas; inpatient mortality for such patients appeared worse than for those treated in NIV-designated areas.

4. Raising the Standard

Acute NIV services require effective multidisciplinary leadership and the 2019 audit results highlight that this remains an area for improvement. Most services had a medical lead, though only 39% of medical consultant leads had time allocated within their job plan. This was a key recommendation of the NCEPOD report, which had found 34% had time allocated. The 2019 audit also shows that only 52% of organisations had a nursing lead and 34% had a physiotherapy lead. Only 14% of organisations have a medical, nursing and physiotherapy lead, despite the multidisciplinary nature of successful NIV. 31% of organisations reported having neither a nursing nor physiotherapy lead for service. Whilst likely that some services will have nursing leadership within a standard ward structure, we conclude that the explicit recognition of nursing and AHP leadership should be an objective for national improvement.

Nevertheless, overall outcome data are encouraging. We show an improvement in NIV success rates and hospital survival for the first time, compared to the worsening trend in outcomes in successive audits seen previously. Whilst this is the first BTS audit since 2013, NCEPOD's study had collected patient outcome data during the same time window as the BTS audits. Data obtained by NCEPOD in 2015 and reported in 2017 had shown that overall inpatient mortality had reached 35%³. The 2019 audit shows overall inpatient mortality at 26%. Whilst recognising the pragmatic nature of data collection, we find improvements in patient selection and in the delivery of treatment.

The timing of NIV is an increasing focus, with delays in care potentially associated with worsening outcome. We will explore this in more detail using the current dataset, though this initial analysis shows that patients who are treated within 60 minutes of ED arrival also demonstrate a greater degree of physiological derangement. It seems likely that there is a degree of natural triage, with sicker patients treated more promptly with NIV. While many patients did not start treatment within two hours of arrival, clinicians reviewing individual notes rarely felt that there had been a clinically significant delay in starting NIV. Consistent with previous findings across a number of studies and audits, starting acute NIV later (>48 hours) into hospital admission is typically less successful than for those patients who present with AHRF on admission. Of course, this is more likely to relate to patient-related factors as opposed to any difference in the delivery of NIV. Importantly, these data may inform treatment discussions with patients, but should not preclude a trial of NIV on an individual basis.

Alongside this audit we note that there has been an increase in abstract submissions to the BTS Winter Meeting with a specific focus on Quality Improvement in NIV over the past few years. These coincide with NCEPOD's Inspiring Change report and the subsequent publication of BTS Quality Standards for acute NIV and the Quality Improvement toolkit. We hope that all may have contributed the stimulus and tools to improve care locally. We hope that the positive findings of this audit will encourage further quality improvement work to reduce organisational variation and improve the care of all patients treated with acute NIV.

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British Thoracic Society Reports,

Vol 11, Issue 3, 2020

[Adult NIV Audit report 2019 \(brit-thoracic.org.uk\)](http://brit-thoracic.org.uk)

Cancer Treatment and Care

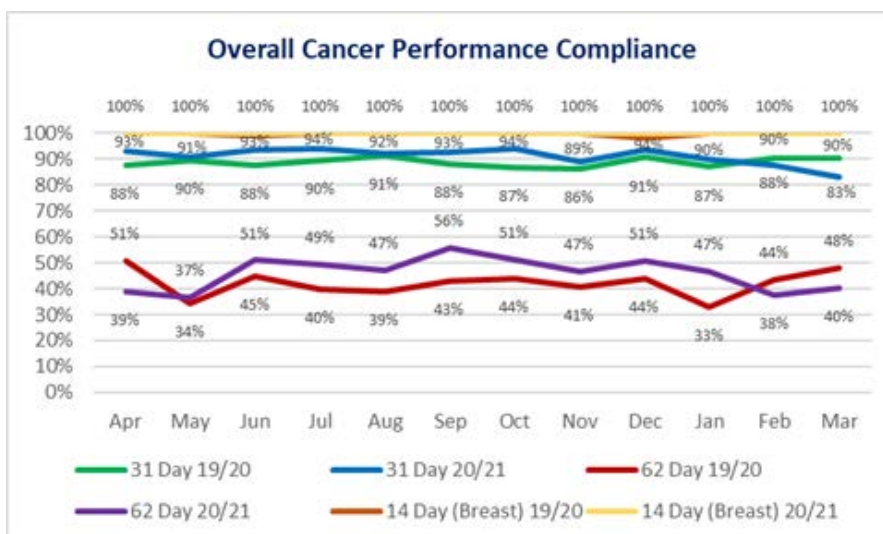
The Cancer Access Standards (targets) are:

- 100% of all urgent suspected breast cancer referrals should be seen within 14 days
- 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat
- 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

During the year we have worked to improve performance against the 14, 31 and 62 day targets for cancer, however meeting these targets continues to be challenging due to the ongoing COVID-19 Pandemic impacting upon red flag referrals, capacity issues and late transfers from other Trusts in the region. This upcoming year will see ongoing challenges due to the impact of COVID-19.

The graph below shows performance against these targets from April 2020 – March 2021 compared to April 2019 – March 2020.

The yellow line shows that the Breast Team have consistently achieved 100% of patients seen within 14 days of referral. The blue line shows the performance against the 31 day target compared to the previous year (green) and shows that compliance has been lessening from November 2020 which is mainly due to reduced theatre access due to the ongoing pandemic. The purple line shows our 62 day performance for the past year compared to the previous year (red) and shows that overall there has been a slight improvement in compliance against the 62 day target however there were 2% less patients treated on the 62 day pathway. There has been a 7% reduction in new cancer diagnosis during this time period compared to the previous year which likely accounts for the improved performance.



4. Raising the Standard

The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues.

The key issues in the achievement of these targets continue to be:

- First Appointment
 - Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across all specialities (except breast)
 - Introduction of QFIT into secondary care prior to the first appointment of some red flag lower GI referrals
- Diagnostic waiting time and the need for shorter waiting times in
 - Endoscopy (OGD and Colonoscopy)
 - Hysteroscopy
 - PET CT
 - CT FNA
 - Cystoscopy
 - TP biopsy
 - Pathology reporting
- Treatment
 - Theatre capacity - issues across all specialities due to the ongoing pandemic
 - Capacity for chemotherapy, radiotherapy and brachytherapy
- Inter-Trust transfers (ITTs)
 - Late ITTs from other Trusts continue to impact on BHSCT overall 62-day performance
- Complexity - complex diagnostic pathways
- MDM remote working – Quality remote access for all 17 Cancer MDMs.

4. Raising the Standard

Actions and improvements undertaken in 2020/2021 include:

- The breast surgical service sustained 100% performance against the 14-day target for breast cancer and anticipates this will continue into 2022
- A Cancer Services Website has been established
- The implementation of regional MDT electronic referral forms for all MDMs
- A scoping exercise is underway to map out our current lung cancer pathway from referral through diagnosis to treatment. Our aim is to map out the current pathway and timelines so that we are aware of any bottlenecks in the pathway with a view then to considering possible improvements
- A reduction in CTC waiting time
- A reduction in pre-biopsy MRI waiting time
- Establishment of a Urology Cancer Improvement group to improve processes and timeliness across the Urology Pathways with the aim to reducing the time to first treatment
- Continuation of Weekly PTL meetings in Gynae, Urology and Colorectal
- The involvement of Cancer Services in development of the Cancer Strategy
- The development of a briefing paper for a Metastatic Colorectal MDT, which is currently awaiting funding
- A protocolisation pilot for low-grade tumours within the Urology MDM to streamline the MDM by reducing the time to MDM and increasing the timing of discussion for more complex diagnosis
- A scoping exercise has been undertaken and plan to assess each MDM and allocate a quality mark along with planned regular audits to improve MDM effectiveness
- The Cancer Services Team are working in conjunction with NICaN and Primary Care to deliver monthly GP education events tailored to answer queries from GPs with updates on current pathways and guidance. These commenced in March 2021, have been well attended and positive feedback has been received. The plan is to continue with these into 2022
- Cancer Services ASM will chair the regional Encompass group for Cancer Pathways.

Next Steps (2021/2022): The cancer services team will continue to work in partnership with multi-disciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

4. Raising the Standard

Hyponatraemia

From September 2018 there has been a BHSCT Working Group for Recommendations 10-30 (Paediatric Clinical) for the Inquiry into Hyponatraemia-related Deaths report. The purpose of this group is to ensure that full consideration is given to recommendations 10-30 in the report and that the Trust meets its obligations in relation to these. The group is Chaired by the Director of Specialist Hospitals and Women's Health with group members consisting of the Deputy Medical Director, Divisional Nurses from relevant service areas, Deputy Director of Nursing, Corporate Governance, Royal Belfast Hospital for Sick Children's and Pharmacy. This group reports to the Directors' Oversight Group and had been meeting monthly until the outbreak of Covid. An action plan has been developed based on the 10-30 recommendations and the associated action log reviewed through the monthly meetings. In December 2018, a subgroup of the working group was established to review three separate Trust Policies in relation to Caring for and Safeguarding Children and Young People who are admitted to adult wards for care and treatment (Recommendation 10). The updated combined Policy was approved through Standards and Guidelines Committee in August 2019 and is due for review in January 2021. ([link](#))

This policy provides a framework which guides staff in the decision-making process in relation to physiologically appropriate and age appropriate care of a child or young person who attends adult in-patient services or has contact with adult services in an outpatient setting.

It ensures that the child or young person's needs are paramount and central to decisions, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.

The policy also enables staff to recognise and respond appropriately to the children and young people's needs and to inform families of the process by which decisions are considered, made and reviewed.

It ensures staff are aware of how to raise concerns of risk of harm towards children. BHSCT updated the Policy on Administration of Fluids to Children from 4 weeks to their 16th birthday which was presented to Standards and Guidelines Committee in December 2020. ([link](#))

The Trust has also introduced a system to highlight on a daily basis, all children who are being cared for in adult inpatient settings to the RVH Site Co-Ordinator. As a result, any concerns in relation to care, treatment or safeguarding are identified and acted upon as necessary in a timely manner. Moreover, it ensures that there is oversight of all children or young people who are being cared for in adult inpatient facilities.

The Chair of the BHSCT Working Group for Recommendations 10-30 hosted a Trust wide Learning Lunch event in February. It was attended by clinical and managerial staff to raise awareness on the IHRD workstreams both at a regional level and at an organisational level.

Right Patient, Right Blood (RPRB)

The processes for monitoring RPRB compliance along with all other information pertaining to Clinical Transfusion training is included in the 'BHSCT Clinical Transfusion Training policy' SG25/20.

The BHSCT Hemovigilance team check RPRB compliance when it is noted that staff had made an error in the transfusion process which replaced the previous monitoring system of auditing successful transfusions bi-annually. Medical staff annual appraisals include a check on up-to-date transfusion training.

The Hemovigilance team have established systems with the workforce agencies to ensure agency and locum staff are aware of the Northern Ireland transfusion training requirements and that the agencies ensure the relevant training is up to date. The same system for monitoring RPRB training is used for Trust and agency staff.

All errors in transfusion sampling are also collated with numbers and types being reported back to clinical areas and agencies. Staff noted to have made a serious error that is a direct risk to a patient, are contacted by Hemovigilance and are required to desist from the relevant transfusion practice until the error discussed, the root cause identified, and the staff are aware of what is needed to prevent re-occurrence. Staff making multiple minor errors which result in samples being rejected are notified to make them aware of the error and help address any causes.

4. Raising the Standard

5. Integrating the Care



5. Integrating the Care



Acute Care at Home team has saved

11070 hospital beds



8104 telephone calls made and
4155 activity packs delivered to
service users by the Day Care Team



2178 referrals to Physical and
Sensory Disability Teams



CMHTOP has provided support to **400**
Registered Nurses and **110** Care
Assistants



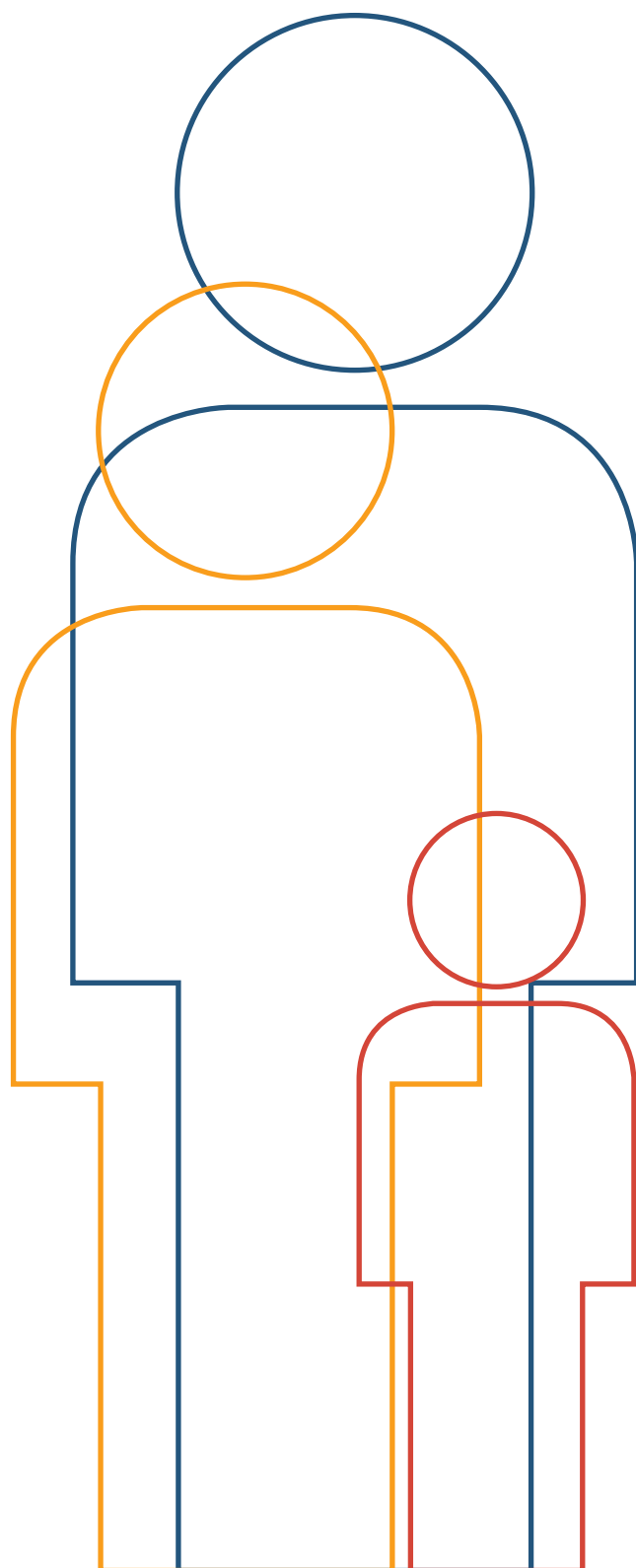
CREST supports **1749**
residents and families



650 adults receiving Direct
Payments



211 children receiving Direct
Payments



Community Care

Intermediate Care Services

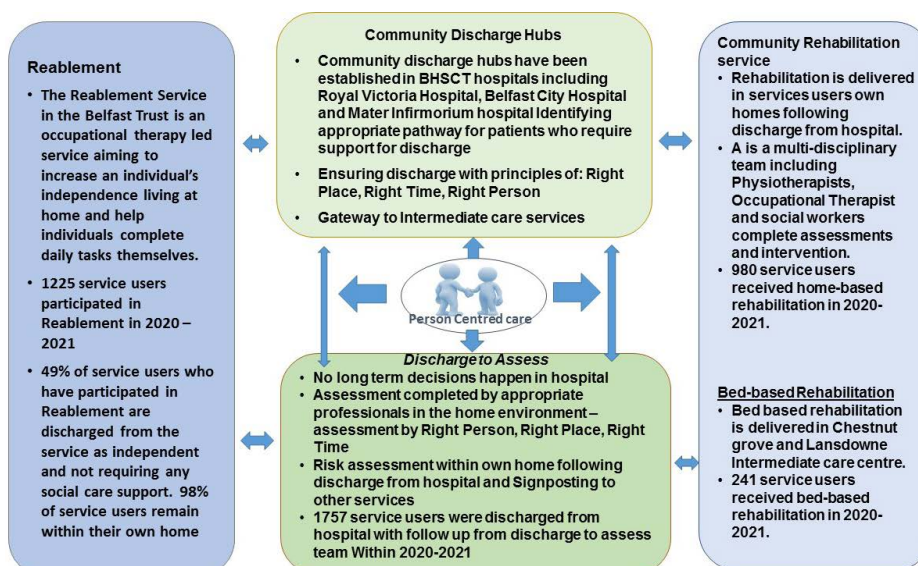
What is intermediate care services?

Intermediate Care consists of a range of services for older people which provides assessment and rehabilitation designed to maximise the individual's independence and quality of life. The services focus on the individual and, by appropriate interventions, facilitate early discharge from hospital or prevent admission to hospital.

Intermediate care works and the service is benchmarked against similar services both regionally and nationally. Nine out of Ten people either maintain or improve their level of independence after using the service (NAIC, 2019).

Within 2020 Intermediate care service were crucial in supporting our service users in the Pandemic and were vital in facilitating discharge from hospital. The service saw an overall increase in all referrals and triple the demand for discharge to assess. The Reablement service reconfigured its care provision for a period in 2020 to ensure essential social care was delivered to vulnerable service users within the community.

Intermediate care encompasses a number of services which are identified below.



5. Integrating the Care

What do our service users say?

- “The scheme was fantastic. All the girls were brilliant. Nothing was too much bother for them. They were all caring and very attentive. Very happy with everything. Cannot praise the scheme enough especially in the current circumstances. Well done to you all ‘Our NHS Hero’s’ Thank you all” 10/10
- “All the staff very pleasant, the care and attention received was brilliant especially at his most vulnerable moments, all very understanding and attentive to his needs”.

Connected Community Hubs

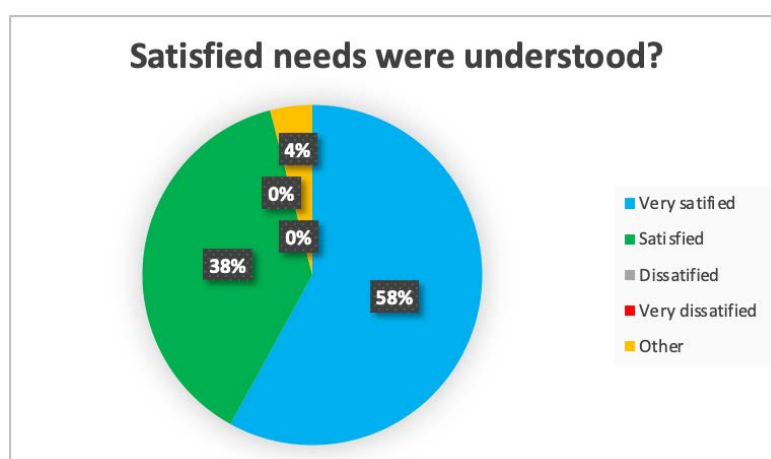
Connected Community Care has been implemented in Belfast by the Integrated Care Partnerships in collaboration with the Belfast Health and Social Care Trust. It is a model for co-production and coordinating relationships between health and social care and local communities and delivers on the ambition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



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

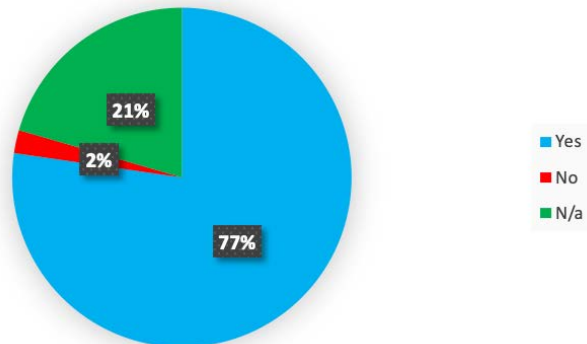
During the Covid 19 pandemic Connected Community Care has supported an increasing number of people to access additional community supports. This has included ensuring that vulnerable people referred to the service, have been able to access a range of supports including food, utilities, medications and emotional support.

A central aspect of the development of this service has been a focus on continuous improvement, through engagement and feedback from service users.

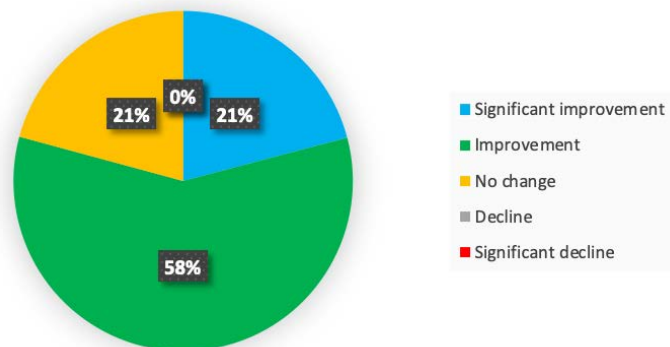


5. Integrating the Care

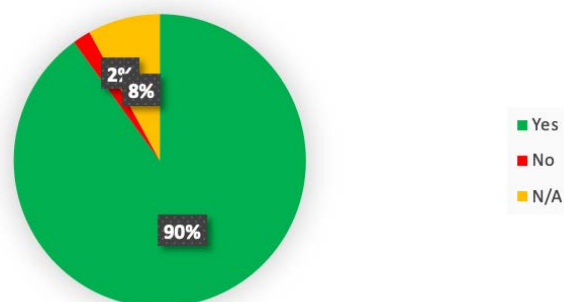
Were your needs met?



Has your wellbeing improved?



Would you recommend to friends/family?



5. Integrating the Care

Commissioned Services

The Governance Team:

The Governance Team have responsibility for overseeing “Quality & Compliance” for our Independent Sector Providers in line with the Regional Contract.

The team work with 24 Domiciliary agencies who provide approximately 44,229 hours/week to over 4,400 service users in their own home and 67 Care Homes with approximately 2500 residents.

The team collate data and produce reports to identify emerging themes, trends and learning in service provision from review of adverse incident reporting and responding to complaints.

The team work in partnership with the independent sector providers to enable early highlighting, communication and action to address any concerns.

Regular information sharing through engagement sessions take place with providers to share emerging themes, new policies and best practices.

Feedback for Governance Team:

“A massive thank you to you and your teams for all the support and guidance and advocating on our behalf, it most definitely made things less stressful and kept us upbeat knowing we could lift the phone”

“Complaint dashboards are informative, and charts are easy to digest”

Care Home Nurse Support Team:

The Care Home Support Team plays a key role in supporting Independent Sector care homes to deliver safe, effective and compassionate care. The Team provides both a clinical and educational support to nursing home sector and an educational support to residential homes. The team supports nursing home staff to become independent in the clinical care of their residents, with the aim of improving quality and standards of care within Care Homes and preventing avoidable CMTOP. The team has provided support to 42 Nursing Homes, 25 residential homes and approximately 400 Registered Nurses and 1100 Care Assistants.

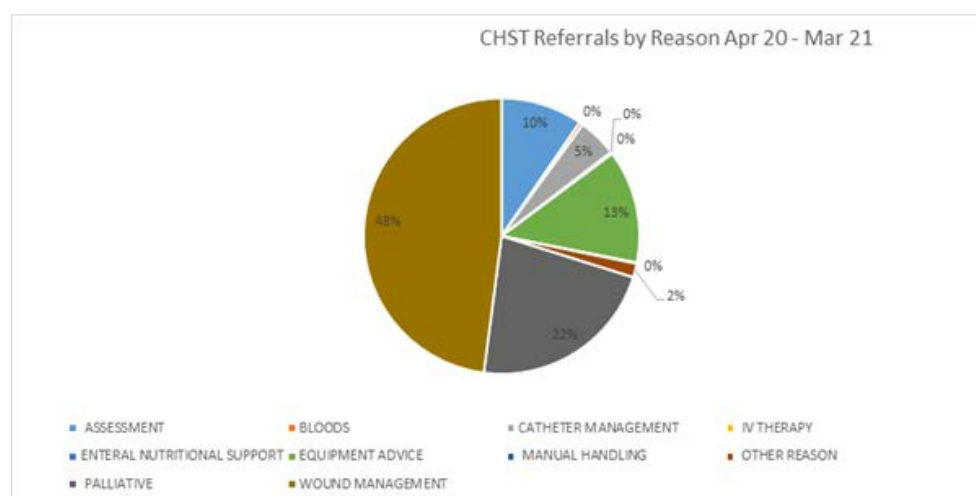
In an extension to their role, since March 2020 the team have become the single point of contact for Care Homes for all COVID related issues. They have provided clinical in reach for residents with confirmed COVID-19, Care Home outbreak management support and held weekly virtual training/COVID-19 update sessions for Care Home staff.

5. Integrating the Care

Outcomes during this period include:

- Clinical Support
 - The CHST received 4648 referrals to assist with clinical support of Care Home residents
 - 3730 related to COVID-19 support
- 918 related to core clinical support routinely provided by CHST.

Referral Reason	Total
Assessment	88
Bloods	4
Catheter management	42
IV therapy	0
Enteral nutritional support	2
Equipment advice	122
Manual handling	1
Other reason	15
Palliative	204
Wound management	440
Total	918



5. Integrating the Care

Training

- Delivery of a wide ranging training and education programme for all care homes
- 72 sessions offered
- 1983 attendees
- 95% satisfaction with training provided.

Care home staff feedback

“Over the past year the help and support and guidance provided by the CHST has been invaluable in the professional development of the home and staff. We would especially like to thank all for the clinical support in Tissue Viability, palliative care, and Zoom training”.

“This service is really great and makes us in Care Homes feel part of the health and social care family. It enables us to keep up to date with current practices, guidelines etc. It is also great to collaborate with other Homes and learn from them”.

“Just to thank the team for supporting all our teams throughout. I felt we all worked together like a big extended team and never felt alone or isolated and there was always support at hand”.

Care Review and Support Team (CREST)

CREST is a multi-disciplinary team with responsibility for the review and support of residents living permanently in care homes, ensuring the provision of safe high quality compassionate care and a positive lived experience. The team provides support and review to 1749 residents and families, across 64 Belfast locality care homes and 109 outlying care homes. The team carries out quality assurance visits and provides assurance in respect of the overall quality of care delivered in each Home.

5. Integrating the Care

The team ensure:

- Person centred practice
- Rights based assessment and review
- Safeguards that protect against harm and poor lived experience
- Service improvements co-designed with the Resident, Carers and Service Providers.

During the pandemic the team focused on supporting care homes to ensure effective communication with families of those impacted by Covid, by initiating a robust communication strategy in homes. As part of these communication strategies practitioners supported families with end of life requests as per residents' wishes and shared these with care homes. As visiting in care home recommenced, all families received information in relation to the 'care partner role'. Practitioners advocated for residents and families to undertake this role and on a weekly basis contacted host care homes to ascertain the number of care partners in place to ensure compliance with the regional guidance published.

Feedback on CReST

"Practitioner is amazing and has been very helpful during care reviews/ ongoing communication".

"I appreciate the time you gave and the extremely professional but understanding way you managed a difficult meeting".

"I don't quite know how to express thanks to you on behalf of my parents (and myself) in a way that could remotely reflect the positive influence you have had on the well-being of my parents. You took time to listen and you were true advocates for two very vulnerable people - your vocation is glowing and your desire to make a real difference is plain to see. Please keep doing what you do".

5. Integrating the Care

Home Care and Intensive Domiciliary Care Services

The Belfast Trust Home Care Services incorporates the Home Care, Intensive Domiciliary Support Scheme (IDSS) and the Rapid Access to Personal Support (RAPS) services. Approximately 720 staff are employed across these services and many of the front line staff live in the communities they serve. Staff work alongside colleagues in hospital and community settings to ensure that people receive support in their own homes for as long as possible. The Trust provide Care to approximately 1,700 people at any one time.



Our Vision

Our Vision is to provide the safest, most effective and most compassionate care. The service will promote independence where possible and support service users to live at home and in their community.

Domiciliary care has continued to be delivered through these very challenging times. Staff have continued to work flexibly and responsively and have adapted to the changing circumstances. The service has established a Facebook page which has proved a very effective way of communicating, supporting staff and building morale.

With an aging population there is increased demand for domiciliary care and the service plans to expand and will be actively recruiting for domiciliary support workers over the coming year.

Community Health Nursing

Community Health Nursing plays a crucial role in enabling and supporting patients to remain at home. This cohort of staff are highly skilled practitioners who complete person centred assessments with co-produced care planning and treatment options to allow patient choice of place of care and where possible facilitate early discharge. They work collaboratively with GPs, other professionals, independent agencies and across hospital interfaces. Community Health Nursing teams primarily provide service for adults residing in Belfast Health and Social Care Trust.

5. Integrating the Care

The teams within Community Health Nursing are:



District Nursing

District Nursing (DN) Service has continued to provide essential care throughout the pandemic. It has developed new ways of working to ensure the service is safe and effective in line with infection control guidance. Despite challenges in the workforce, the service continued to prioritise care to those in greatest need.

DN service is currently progressing through a significant modernisation programme to improve care delivery to patients and increasing therapeutic working relationships between GPs, other professionals and independent agencies. Reconfiguration of DN teams supports GP federation boundaries within the Trust building on GP and DN alignment to their practice populations

Modernisation has included:

- Streamlining of shift patterns to improve continuity of patient care
- Provision of safe, effective, responsive person centred service throughout BHSCT
- Investment and development of a structured career pathway
- Improved recruitment model to increase workforce
- Increased access to mobile working.

5. Integrating the Care

District Nursing Caseloads

Caseload Data 2020/21		
Total number of referrals to DN service >62,000	Total number of new patient referrals >8500	
Almost 4000 people currently admitted onto DN caseloads in BHSCT	50% of those patients on caseload are visited monthly or more often	78% of patients on caseloads are aged 65+
16% of patients on DN caseload requirement management of medication with 22% of that being administration of insulin daily or more often	18% of patients on DN caseloads have palliative or End of Life care needs	13% of patients on DN caseload require wound/ leg ulcer care

Acute Care at Home

Community Nurse In-reach (CNIR)

Community Nurse In-reach Team work across both hospital and community to ensure that patients experience a safe and effective discharge.

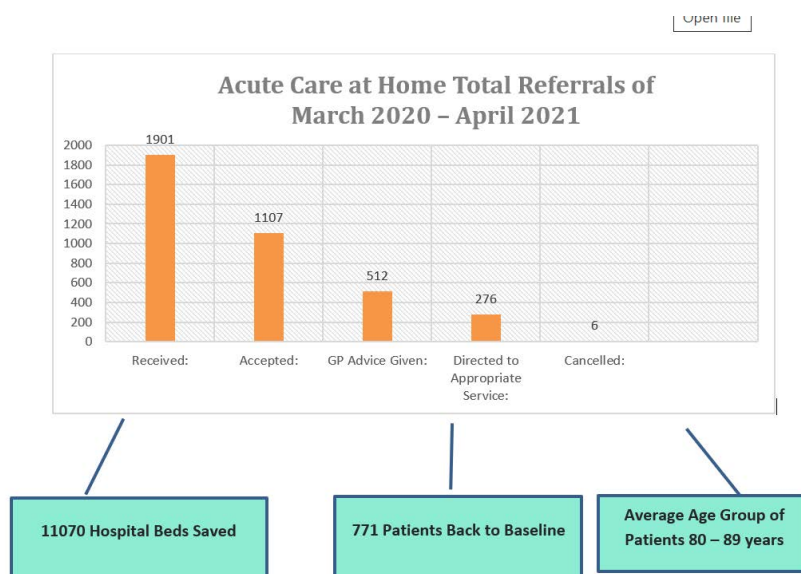
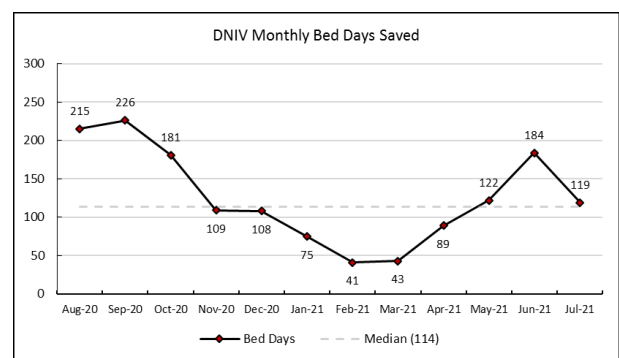
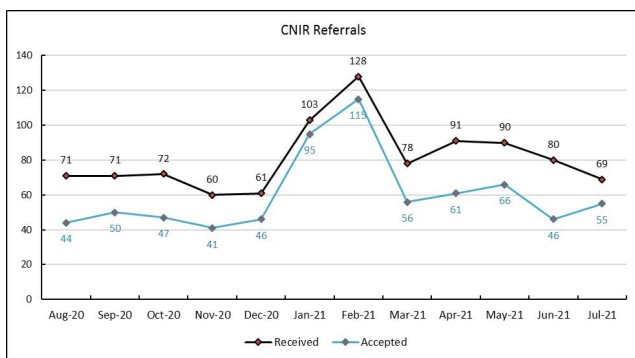


5. Integrating the Care

The team aims to prevent unnecessary hospital admissions and facilitate early patient discharge of patients with complex nursing conditions.

The team facilitates the safe discharge of patients who are end of life and who wish to die at home. This care transfers to District Nursing as the identified key worker for those with palliative and end of life needs.

The team works closely with Infectious Disease Consultants, District Nurses and GPs to facilitate care such as the administration of Intravenous antibiotic therapy in the patient's own home. This treatment is delivered by district nurses in the community and reviewed as outpatients by CNIR. In August 2020 - Jul 2021 a total of 1512 hospital bed days were saved by Community nurse in-reach working in collaboration with District nursing to treat people in administering intravenous therapies in their own homes.



5. Integrating the Care

The No More Silos (NMS) Action Plan sets out 10 key actions (see below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. This is both in terms of challenges over the winter months (particularly if there is an increase in COVID-19 cases); and the systemic issues faced by emergency care generally.

The Trust's Local Implementation Group (LIG) is made up of Service Users and leaders across both Primary and Secondary Care. The LIG's role is to oversee the implementation of the 10 Key Actions in the No More Silos Plan. The 10 KA's will be developed to support and enhance a range of safer and more effective elective and unscheduled care services to patients which will extend well beyond the pandemic and build on the positive partnerships established during COVID response with all stakeholders'.



Specialist Community Nursing Teams

2020/21 was a unique year for care delivery in community. Specialist teams, including Community Diabetes team, Heart Failure, Specialist Oncology and Palliative Care team, Continence Service and Treatment rooms stepped down clinics and services where possible to address the urgent care of people in community. These teams supported delivery of care to patients in their own home and in nursing homes throughout the pandemic with staff redeployed to areas of need. They provided essential testing of staff and families in community as well as outreach to homes and identified individuals who required PCR Covid testing. The teams continued to provide support and contact to patients on their caseloads with the resumption of specialist care delivery as soon as possible and in line with COVID-19 guidelines. They provided new ways of working through remote tele medicine and delivery of training.

5. Integrating the Care

Community Health Nursing have undertaken COVID-19 vaccination programme for housebound patients since January 2021 to assist with GP vaccination roll out.

Beech Hall Primary Care Covid Centre

In March 2020, Ministerial direction was issued to develop Covid Centres in the management of COVID-19 in Primary Care. Co-design and co-production of Beech Hall Primary Care Covid Centre (PCCC) resulted in a shared workforce of over 300 General Practitioners (GPs) and over 100 redeployed Trust staff. The vision of the centre is to provide a safe clinical environment for GP face-to-face assessment, based on a comprehensive covid risk assessment and infection control guidelines.

2020/21	Beech Hall PCCC
Number of referrals	10850
Number of Base Visits	70%
Number of Home Visits	19%
Other	11%

The Centre has provided major benefits to patients and staff throughout such as:

- Providing a same day service for patients assessment either in the centre, patient home, private nursing homes or residential units
- Avoiding unnecessary attendance at ED with responsive assessment
- Supporting a whole systems approach for a therapeutic patient pathway to ED, ACAH, CNHST when required
- Creating a psychologically safe space supporting patient and staff wellbeing
- Maintaining GP practices as 'green zones'
- Developing collective working relationships across all interfaces
- Building an overview of disease trajectory for regional benchmarking.



5. Integrating the Care

Belfast Trust and GP Partnership

BHSCT / GP Partnership was established during the first surge of Covid-19 and demonstrates our commitment to enhancing communication and partnership working between primary, community and secondary care. The forum is co-chaired by GP and Trust representatives and occurs every two weeks during which regional and Trust priorities are presented, discussed and actions jointly agreed e.g. Older Peoples Reform, Time Critical Surgery and Urgent and Emergency care. This initiative has been instrumental in ensuring all stakeholders are engaged in the delivery of high quality patient centred care and a quarterly newsletter for all GP's has been developed to keep them up to date about ongoing developments within the Trust, eg. validation of waiting lists, modernisation of clinical pathways, use of Clinical Communication Gateways.

Social Work

Hospital Social Work

The Hospital Social Worker service is located at five sites across the Trust in acute, general and specialist settings; the Royal Victoria Hospital, Belfast City Hospital, the Northern Ireland Cancer Centre, Mater Hospital and Musgrave Park Hospital.

The Social Workers take a holistic approach to supporting people in hospitals who are experiencing crisis because of their hospital admission or are adjusting to a diagnosis or loss of independence.

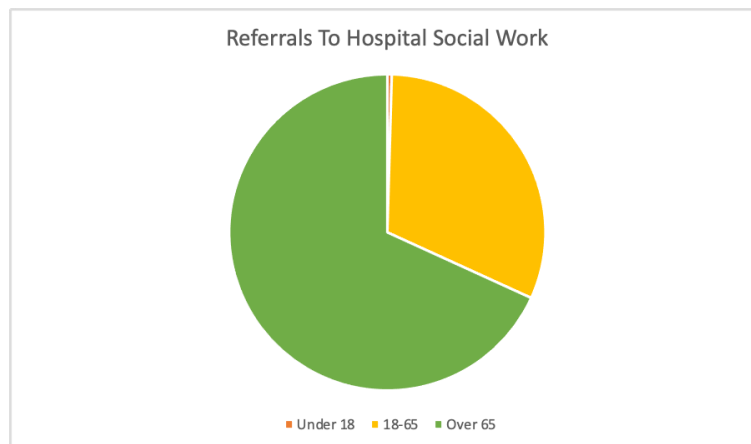
Social Workers work with service users to undertake effective assessment and care planning, ensuring that service users are central to the decisions affecting them. This takes into consideration the service user's views and wishes and recognises the support and contribution of families and carers.

Social Workers uphold the values, principles and duties of the profession to advocate in the best interests and wishes of the service user in partnership with their carers and families. Social Workers work with other professionals, families and community based colleagues to maintain support networks, enabling compassionate, safe and sustainable discharge planning for the service user.

Activity and Referrals

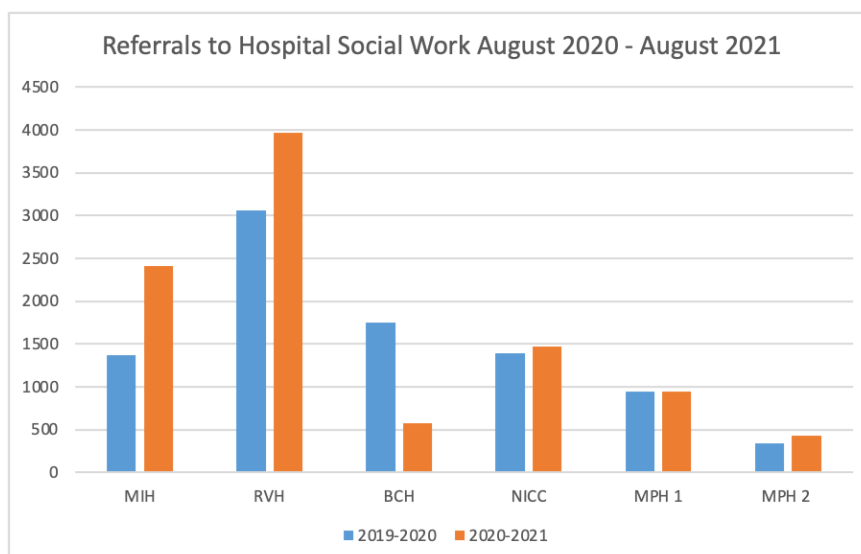
Within the period of April 2020 - March 2021, the Hospital Social Workers provided a service to 8,390 service users. This includes a small number of referrals (38) in relation to teenagers.

5. Integrating the Care



As demonstrated above a significant majority of Hospital Social Work referrals involve Older People. The Social Workers have a range of skills and knowledge, specific to the needs of some Older People including frailty, mental capacity assessment and promoting independence and recovery.

There were 9868 referrals made during this period representing a rise of 11% from 8909 in the previous 12 months (not DSF reporting period). There was an increase of 75% referral activity at the Mater Hospital and 29% at the Royal Victoria Hospital. Referrals at the Belfast City Hospital decreased by 67% in this period due to the site re-designation and step down of a number of wards as a Covid response. A number of Social Workers were relocated from the Belfast City Hospital to support the rise in referrals in the acute hospitals.



5. Integrating the Care

Safeguarding

Hospital Social Workers provide support to people in crisis including those at risk of harm from abuse, domestic violence and living with addiction. Hospital Social work has maintained its capacity to investigate safeguarding concerns in hospitals by facilitating Safeguarding Investigation Officer training for all newly appointed hospital Social Workers.

All Senior Social Workers and Senior Social Work Practitioners are Designated Adult Protection Officers (DAPO) and the Assistant Service Managers are Safeguarding Champions for the service area.

Response to COVID-19

Hospital Social Workers were present on the hospital wards across the acute and general sites throughout the period including support to patients who had acquired COVID-19.

The Hospitals Social Workers were part of the Rainbow Room Team established at the Mater Hospital during the first Covid wave in response to supporting relatives of seriously ill patients who have acquired COVID-19. This was evident in emotional, bereavement support, and the practicalities of supporting carers and families in distress through Covid with practicalities and signposting.

Hospital Social Workers were an integral part of a multi-disciplinary team established for the Step-Down Ramada Unit created in the first wave of Covid to assist with on-ward safe discharge planning.

Workforce

Hospital Social Work has increased those permanently employed in the service area from 30% in September 2019, 92% in September 2021 with 100% projected for February 2022.

The service will enter a review period from September 2021 with a focus on engaging stakeholders to develop a future 7-day working model and enhancing professional and statutory performance.

Service User Involvement

In September 2021, the Hospital Social Work service will begin to implement a Service User Involvement Questionnaire. This will be hardcopy with an online link to the questionnaire on an MS Teams platform.

Older People's Social Work

Within Adult Community and Older People's services there are 8 Community Social Work Teams located across Belfast. Comprised of Social Workers and Social Care Co-ordinators, these teams provide assessment, care planning and interventions to approx 5,500 Older People who live within

5. Integrating the Care

their own home, supported living or care homes.

Older People's Social Workers work with people with a range of needs, from those people who require low level services to remain living in their own home to those people who require care home placements. Social Workers also discharge duties in relation to those people who are at risk of harm of abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity.

In this period Older Peoples Social Work teams worked to improve the quality of their support for carers. During the pandemic, carers have played a critical role in supporting vulnerable people in the community. Some carers have stepped in to substitute care provided by the Trust and some family members moved in with their elderly parents to support them. Caring for elderly people with complex health conditions and dementia is very challenging even more so during a pandemic. In response to this and in the context of COVID 19 restrictions Social Workers implemented a remote assessment model using technology. In total 445 carers assessments were completed between October 2020 and March 2021.

Feedback from Carers

- 'I was apprehensive at first, but it was definitely beneficial for me, I felt like I'd had therapy'
- 'I felt 100% better after speaking with them'
- 'I didn't know what to expect, but felt "safe" speaking with them on the phone'
- 'Most people ask about my husband, but this is the first time anyone showed any real interest in me'
- 'It was actually better having someone who wasn't involved with my husband, they could see what I was talking about'

As part of a Quality Improvement Project Community Social Work led a Service Improvement Project with an aim to improve the psychological (and physical) well-being of carers of older people.

The Improvement Journey

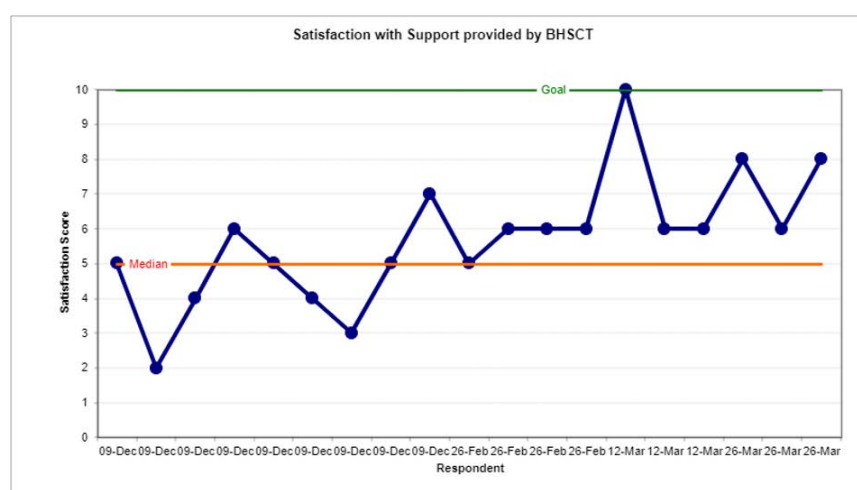
Where we started

- Research showed carers felt abandoned and a lack of communication
- Poor engagement from our group
- Lack of response
- Carers felt oppressed and that they didn't have a voice.

5. Integrating the Care

Where we are now

- Evidence that Carers feel more supported and informed
- Carers have enjoyed the focus groups
- Co-production of practical recommendations by Carers to the Belfast Trust
- Development of a new team specifically for Carers across the Trust
- Informative poster to provide carers' contacts in one place
- Engaged with people of influence to make a co-ordinated response
- Empowered group.



09-Dec: Original Carer's wellbeing questionnaire

26-Feb: Satisfaction question following Focus group 2

12-Mar and 26-Mar: Subsequent focus groups

Physical and Sensory Disability Teams

Physical and Sensory Disability teams provide support to people who have needs as a consequence of a physical disability or illness and who are aged between 18 and 65 years. They also provide support to people of all ages with sensory needs and people with brain injury through two specialist teams. Comprised of Social Workers, Care Managers and Social Care Co-ordinators the Physical Health and Disability Teams provide assessment, care planning and interventions to 1,676 people under the age of 65 who live within their own home, supported living or care homes. During the period of April 2020 to March 2021, Physical and Sensory Disability Teams received 2,178 referrals.

Staff work with people with a range of needs, from those people with sensory support needs who require adjustments to remain living in their own home, to those people who require complex care packages to remain living at home. Social Workers also discharge duties in relation to those

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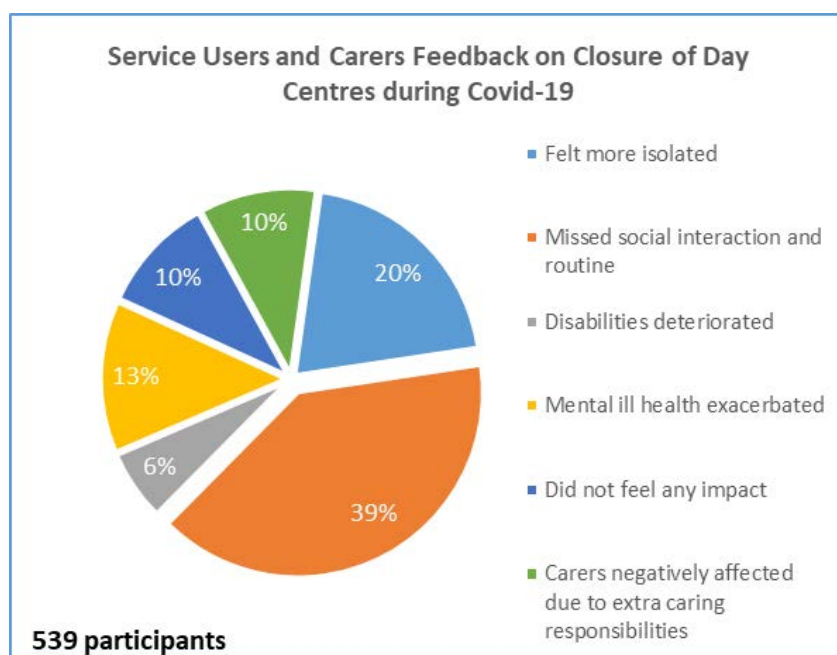
people who are at risk of harm or abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity or brain injury.

Central to Physical and Sensory Disability is a fundamental commitment to the values that people with disabilities should be supported to maximise their independence and citizenship and be supported to be fully integrated within their communities. The views and wishes of service users and carers are central to the service and the decisions that affect service users' lives.

Staff in Physical and Sensory Disability services promote the rights of service users and their families through inclusion, positive risk taking and a strengths based approach. Staff also access a range of statutory, voluntary and community based services that enable people to be supported to live well, recognising individual and holistic needs.

Day Care

There are fourteen day centres across the ACOPS division, designed to provide specialist support to people living with physical or sensory disabilities, older people and people living with dementia. During the period of 2020-2021, COVID-19 significantly disrupted service provision leading to the closure of day centres. Despite this, service delivery evolved creating a model of outreach to provide a high quality and effective service to our service users and carers. 22 staff were retained in the service for the purpose of co-ordinating day care outreach through regular telephone contact, activity packs, home visits and support with shopping. Outreach was designed to help alleviate feelings of loneliness, social isolation and provide a support network during the pandemic. During the period of March 2020 - June 2020, staff made 8104 telephone calls to service users and carers, delivered 4155 activity packs and provided 149 baths and showers.



5. Integrating the Care

ACOPS Day Care is committed to our Quality and Improvement Strategy (2017- 2020), embracing a culture of learning to improve the response to subsequent surges and experiences of staff, service users and carers through continuing to plan, prepare and respond to the rapidly changing situation. Furthermore, real time qualitative feedback was obtained from 539 service users and carers to gather a deeper understanding of their service experience during the pandemic. By August 2020 the majority of our day centres had been recovered and were operational for attendances. The sense of innovation and agility was fostered by social care staff through workforce planning in adapting to new ways of working to ensure a service was provided during the pandemic.



What is Self-Directed Support?

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

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

How do I get Self-Directed Support?

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

How can Self-Directed Support benefit you?

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

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

What does Self-Directed Support include?

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

- Taken as a Direct Payment
- A managed budget (work on-going)
- The Trust can choose and arrange a service on your behalf
- Or a mixture of all three packages detailed above.

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

- Go to the Health and Social Care Board's dedicated Self-Directed Support website ([link](#))
- Speak to your social worker or key worker
- Contact the Self-Directed Support Project Manager:

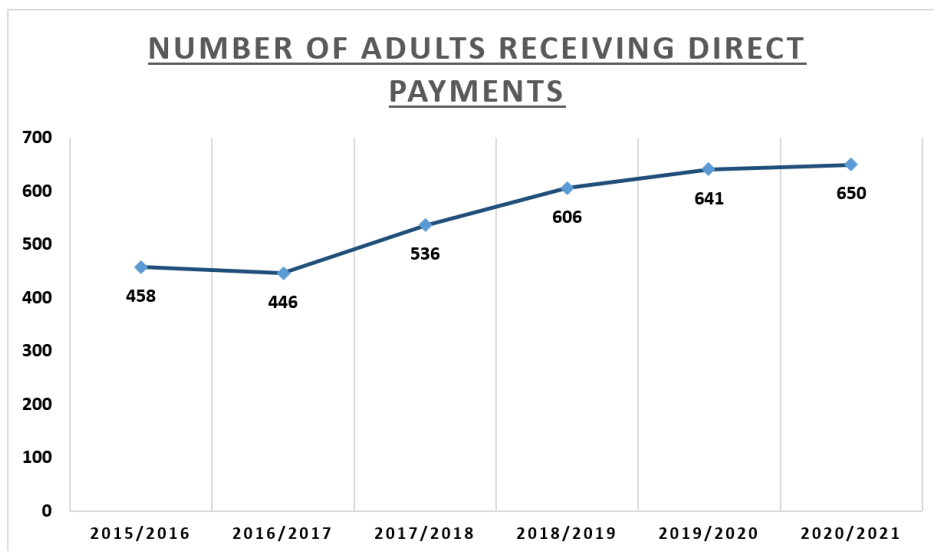
Joan McCrudden
Self-Directed Support Project Manager
Mount Oriel PSD Office
53-57 Saintfield Road
Belfast, BT8 7HL
Tel: 028 9504 6890 or 028 9504 2367
E: joan.mccrudden@belfasttrust.hscni.net

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.

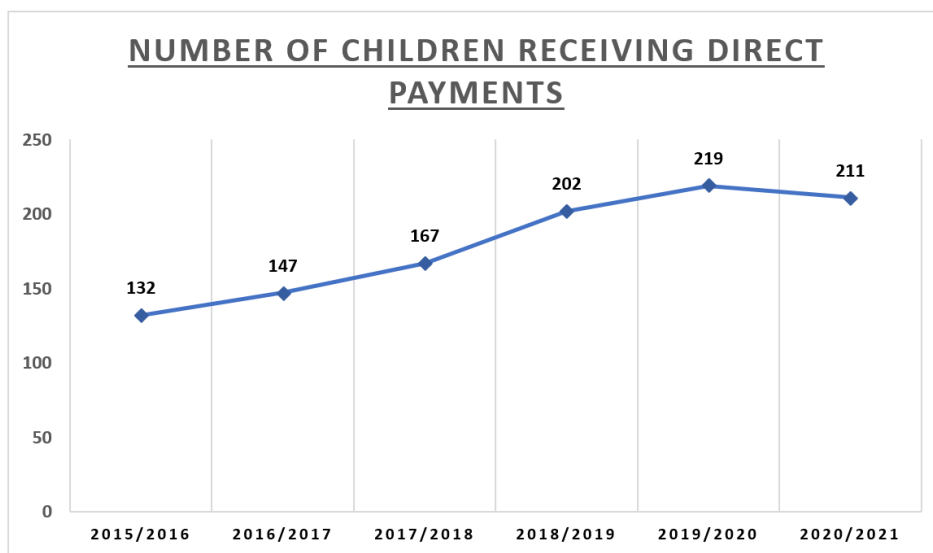
While the uptake of Direct Payments during the year 1st April 2020- 31st March 2021 increased by 219 new packages (25%), 218 packages ceased. The impact of COVID-19 is undoubtedly a factor in this decision by service users and carers.

5. Integrating the Care



Facts and Figures

In 2020/2021, 211 children were in receipt of Direct Payments, a decrease of 3.7% as compared with the figure for the previous year 2019/2020.



Direct Payments for Adults

In 2020/2021, 650 adults were in receipt of Direct Payments, an overall increase of 1.4% as compared to the figure for the previous year 2019/2020. Older People's Services had the greatest increase in the uptake of Direct Payments by 3.5%.

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Next Steps

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

Looked After Children

In 20/21 to improve outcomes in Education, Training and Employment for young adult care leavers we adapted delivery methods and utilised technology to provide support remotely.

Next Steps

We aim to provide nine months paid Employment for twelve young adult care leavers. We will implement the Job Start pilot (funded by Department for Communities) within Belfast Health and Social Care Trust.

