Belfast Health and Social Care Trust

caring supporting improving together

Annual Quality Report 2021/22

CHIEF EXECUTIVE FOREWORD

As I present this Annual Quality Report for 2021-22 I am not only proud of the enormous daily achievements of our staff, but I am also aware of the challenges and complexities of delivering safe, effective and compassionate care across this vast and diverse organisation.

Our health service is under considerable pressure, both within our hospitals and in the community. Often this is most visible with longer waits at Emergency Departments and unacceptable delays for surgical procedures and appointments. Belfast Trust is actively seeking ways to mitigate this where possible and we are working with partner agencies to find longer-term solutions. None of this should however, reflect negatively on our talented and dedicated workforce who go the extra mile daily to ensure service users continue to receive the highest standard of care in spite of these pressures. I want to take this opportunity to thank them and let them know I deeply appreciate everything they do. Without them, this organisation would simply cease to function.

Ensuring our service users receive the safest, most effective and compassionate care is a central tenant of our values as health and social care employees. Over the past 12 months, we have continued to refine and amend our Quality Management System (QMS), which provides one approach to performance management, quality improvement, accountability and assurance processes. This QMS model provides consistency of approach across the Trust and ensures robust measures are in place deliver better outcomes for patients and service users.

Whilst raw data is vital to giving us real time evidence upon which to base decisions, it is equally important to hear feedback from those who have been in our care. We seek this across a range of methods and one of those is the “Friends and Family test” where this year we spoke to over 6,700 patients whilst in our care and found that 99% would recommend the treatment or care they received from the Trust to a family member of friend. This is demonstrated by the nearly 9,000 compliments we have received this year compared with complaints, which were below 1,500. Whilst there is reason to celebrate the excellent standard of care the vast majority of our staff deliver on a daily basis, we always strive for increased standards and new ways to improve safety and quality as well as learning from instances where our care falls below those standards.

Therefore, we have introduced the Safety Thermometer. We use this monthly to measure instances of harm caused in our care. The Safety Thermometer gives us a ‘temperature check’ on safety through measuring common causes of harm across a range of services, most notably in Maternity. Following a review of the data we capture we will establish the key parameters against which to set targets for the years ahead.

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Our desire to improve standards is only achievable if we are an organisation that is ready and willing to learn – with the sharing of learning remaining a key challenge. We have therefore introduced a range of measures to cascade learning across the organisation and central to this is Safety Quality Visits, which involve leaders within the Trust meeting front line staff to discuss their concerns and highlight best practice. In 2020-21, we had more scheduled visits than ever before which has been of real benefit to the whole organisation.

Celebrating success is just as important across the organisation and one such example is the fantastic work of our stroke unit at the Royal Victoria Hospital, which was this year ranked 6th across the United Kingdom. As the only stroke unit in Northern Ireland offering life-changing interventional radiology, thrombectomy service to patients, the team work hard to ensure that emergency treatments are delivered without delay, despite current pressures across services.

Mandatory training is an organisational requirement to maintain safe working practice. I am delighted that five of the 10 core areas of mandatory training, including health and safety, have shown an increase in compliance this year with only one area showing a small decline. In addition to formal training we appreciate, the emotional toll working in healthcare can bring and have introduced Schwartz Rounds to provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

In addition, the use of simulation across psychiatry, obstetrics, intensive care, physiotherapy, midwifery, paediatrics, anaesthetics, emergency medicine and theatres tests individual and team competencies to further ensure safe care for patients. We were able to continue this training through the pandemic with mitigations in place to ensure social distancing.

This report makes clear that because of these efforts Belfast Trust are performing across a range of metrics. For example, from 115 hand hygiene audits this year we have had a compliance score ranging from 82%-96%. Additionally, we have reduced antibiotic use by 13.8%, and our emergency readmission rate is 7.8% compared to the national average of 8.6%. In cancer services, we have dramatically improved our 14-day outcomes for those with suspected breast cancer where now 100% of patients are seen within the target.

We are also using the Comparative Health Knowledge System (CHKS), a leading provider of healthcare intelligence and quality improvement services providing support in delivering real improvement in core areas of quality, safety and efficiency. Programmes include hospital benchmarking, supported by NHS experienced consultants who turn data into actionable information that drives decision-making. I am delighted we are outperforming peer Trust's across 10 out of 12 benchmarking indicators, seven of which we are in the best performing quartile. These areas provide a focus on specific aspects of the patient journey and act as balancing measures in the event of improvement programmes include readmissions and admission of day cases overnight in addition to standard outcomes measures.

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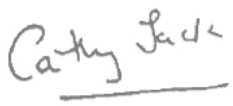
One of our key clinical and social challenges in the years ahead is how we provide care to an increasingly ageing population. A significant intervention we have developed is our “Hospital@ Home” service, which is a Consultant-led multi-disciplinary team designed to support those over 75 years old with most care provided at home. Patients referred to the service receive a comprehensive geriatric assessment and have full access to diagnostics and laboratories as if they were an inpatient. The success of this approach cannot be understated with 100% of patients giving positive feedback and over 7,300 beds in wards being made available for acutely ill people in need of hospital care. Next year we plan to build on this be developing frailty pathways to further support rehabilitation in the community.

Quality care is an unrelenting key objective of the Belfast Trust and so we must continue to evolve our processes to further ensure the delivery of safe and effective care is at the heart of who we are. This report highlights much of that work and I commend those who continue to strive for increasingly improved safety and quality across the organisation.



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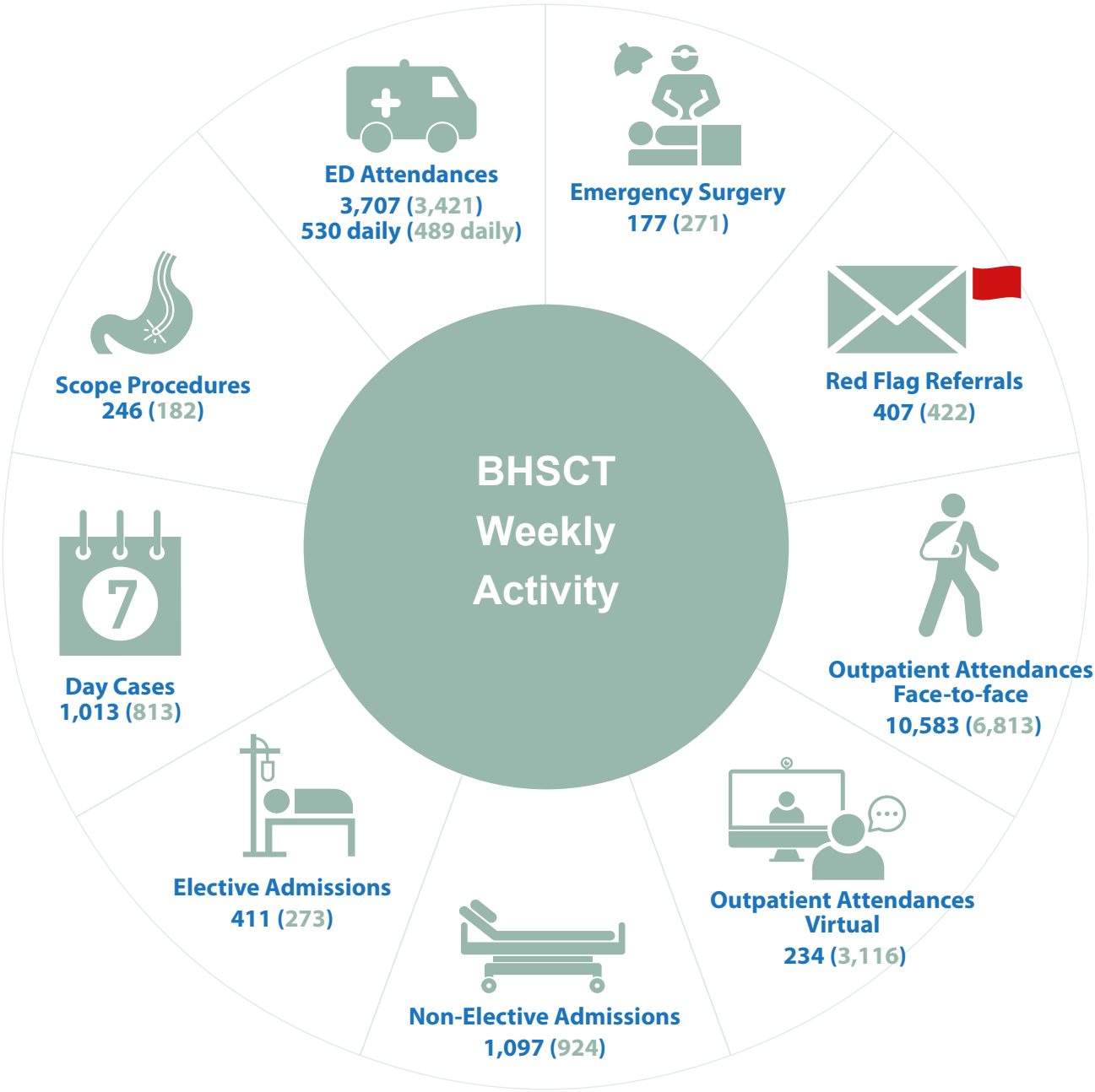
BELFAST TRUST WEEKLY ACTIVITY

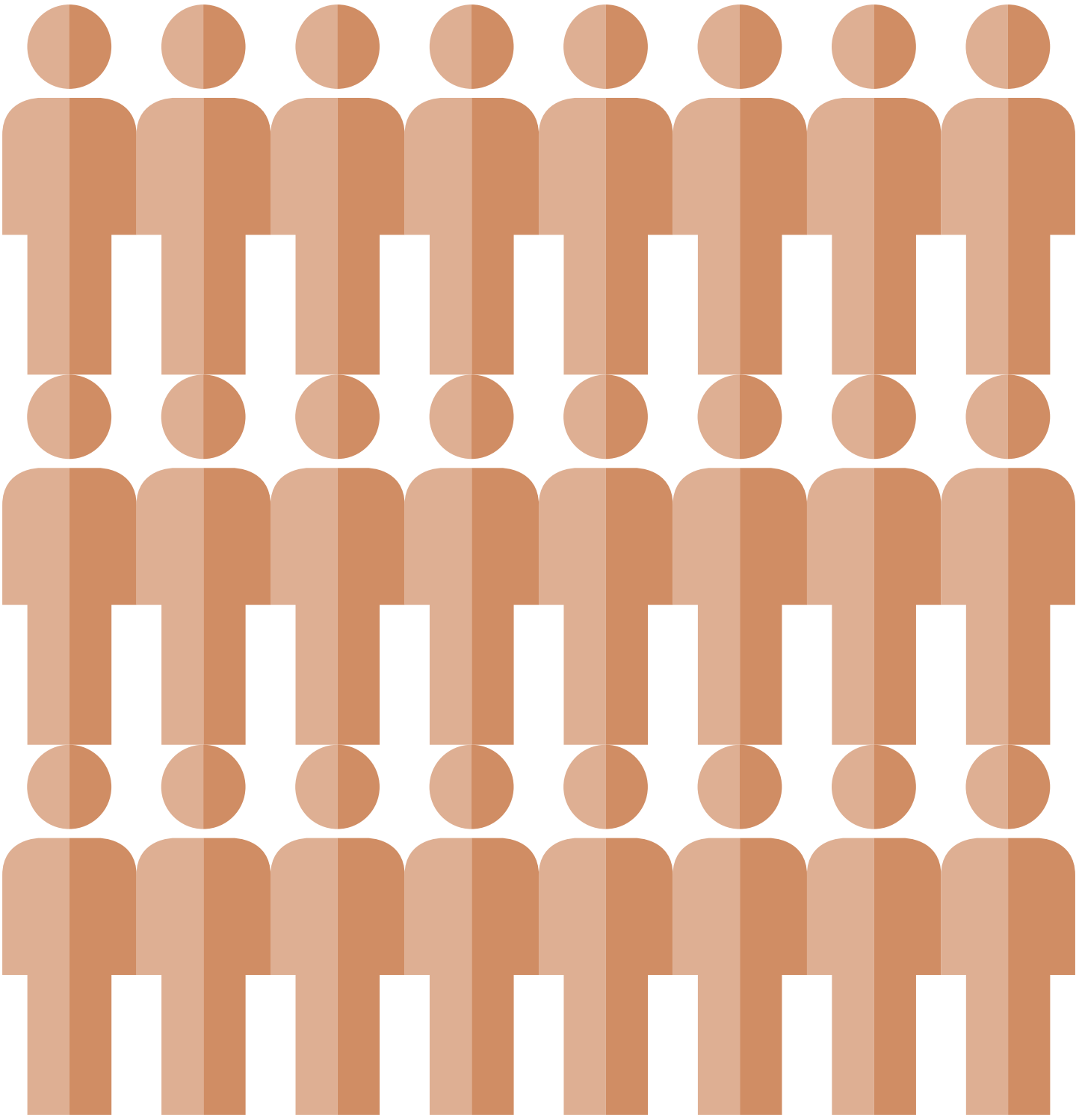
What do we deliver in a typical week?



Blue = weekly average in 2019 (pre-Covid)

Green = weekly average in 2021/22

1. Introduction



1. INTRODUCTION

Introduction

The following report highlights the broad range of work undertaken routinely within Belfast Trust in order to provide an overarching ability to ensure that we deliver the right care, in the right place, at the right time. This report highlights our measures, achievements and progress against a number of key metrics within a Quality Management System whilst showcasing some of our great achievements over the last year.

Belfast Trust 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.

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 and Experience**: Working with service users and carers to continuously improve safety, quality and experience for those who access and deliver our services
- **Service Delivery**: Driving 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**: Supporting a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams
- **Strategy and Partnerships**: Working to innovate and 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**: Working together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

Corporate objectives

The Trust Corporate objectives to underpin these themes are:

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.

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.

Belfast Trust Corporate Management Plan

The Trust Corporate Management Plan (2021-23) has been developed and affirms the Trust vision and values. It sets out a 2-year commitment for Trust services with identified outcomes. This two-year plan recognises the impact COVID-19 has had in the last 18 months on our patients and staff. It also highlights our regional role within the wider HSC system and maps out the key areas to address the impact on all of our services. The Corporate Plan outlines six priorities for 2021-23 which are:

- New model of care for older people
- Urgent and emergency care
- Time-critical surgery
- Outpatient modernisation
- Vulnerable groups in our population
- Seeking real-time feedback from patients and staff.

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Quality Management System

In order to ensure we provide the **Right Care** at the **Right Time** and in the **Right Place** we will be measuring and reporting our achievements and progress against a number of key metrics within a Quality Management System (QMS):

- Safety
- Experience
- Effectiveness
- Efficiency
- Timeliness
- Equity.

QMS is a single integrated system developed within Belfast Trust which provides one approach to performance management, quality improvement, accountability and assurance processes. The 6 quality parameters above ensures clear and robust arrangements are in place to deliver better outcomes for patients and service users. This system:

- Enables Directors and Divisional Teams to develop and report the management information they require to enable 'sense making' of their business in a consistent, integrated framework across all Directorates
- Integrates assessments of safety, outcomes, efficiency, access, patient and staff experience under the banner of quality
- Instils confidence and provides reliable, transparent assurance to Trust Board, Commissioners, Department of Health (DOH), our partners and public on the effectiveness of our decision-making and progress to meeting regional and local priorities and targets
- Continues to satisfy the reporting requirements of the Department of Health
- Builds and amplifies sensitivity to operations, using the Charles Vincent Model as methodology for measuring and monitoring safety both in our daily safety huddles and in regular sense making forums.

This QMS model provides consistency of approach across the Trust, reducing variability and better streamlining of how we do our business. The summary below supports Directorates and ensures a standardised Trust wide approach. Every Directorate, Division and Team can also include additional tailored data which indicates how the service is being delivered in a safe and effective way.

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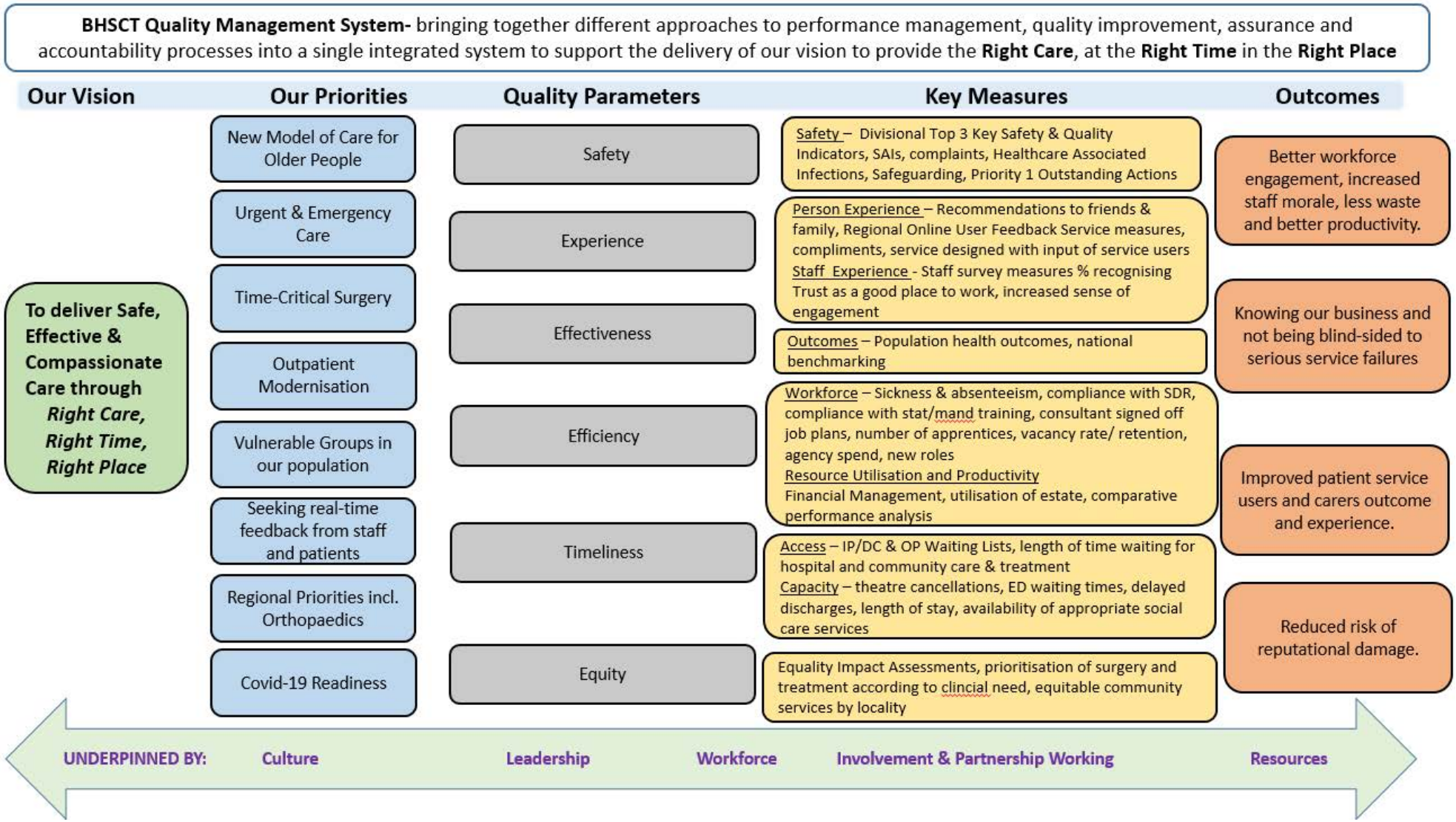
Summary of Belfast Trust Quality Management System



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
- 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 etc.
- Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between Directorates and issues can be escalated as required.

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

Safety Quality Visits

Safety & Quality Visits (SQV) form part of the Belfast Health & Social Care Trusts safety & quality

improvement agenda to support the trust in becoming a leader in providing safe, high quality and compassionate care through developing a culture of excellence in safety and quality by engaging, inspiring and supporting the workforce to deliver improved outcomes and experience for those in our care.

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.

Year	Total number of scheduled visits	Scheduled visits that submitted a report	Appointments Postponed / Rescheduled
2015-16	67	34 (51%)	26 (39%)
2016-17	112	50 (45%)	40 (36%)
2017-18	88	25 (28%)	22 (25%)
2018-19	120	75 (63%)	32 (27%)
2019-20	104	54 (52%)	42 (40%)
2020-21	154	70 (45%)	37 (24%)

Safetember & March to Safety

Twice a year we hold a month of events as a mechanism to share learning and celebrate success.

Safetember 2021 & March to Safety 2022 were held virtually with a lot of interest and engagement in events.

Key speakers included Ms Annie Laverty on Staff Experience, Mr Tom Geraghty on Psychological safety, Dr Adrian Plunkett on Learning from excellence and Professor Mike West on compassionate leadership.

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Key themes were as follows:

- Patient Safety
- Psychological Safety
- Patient Experience
- Human Factors
- Learning from harm
- Staff Experience & staff well being.

Corporate Calendar – events open to all staff

safetember

Reflect and Refocus

Mon	Tues	Wed	Thurs	Fri
Please click on the events for more information and links to register.		01 Launch of Safetember - Podcast Dr Cathy Jack - Click here to watch!	02	03
06 Staff Experience Overview - Bernie Owens Guest Speaker: Annie Laverty 14:00 - 15:00	07 Recovery Toolkit Sarah Meekin 13:00- 14:00	08	09 Importance of compassionate leadership: Dr Cathy Jack Guest Speaker: Prof. Michael West 12:00 - 13:30	10 Supporting Care Homes through Covid Care Home Support Team - Oonagh Galway Acute Care at home team - Joan McDowell 13:00 - 13:30
13 Medication Safety Thermometer - Podcast Medication Delays and Omissions - Podcast	14 Documentation/PACE - Podcast Inputing NOAT on BOAT - Podcast Refocus on Falls Prevention	15 Refocus on IPC IPC Covid-19 review tool-Podcast IPC Refocus on C.diff-Podcast Future Nurse / Future Midwife Launch - Judith Tuckey	16 Refocus on tissue viability Video - Podcast Informatics Digital Referral Pathway - Podcast	17 QI work on Outpatient reform, Genetics - Dr Shane McKee, 13:00 - 13:30 Choking prevention - Podcast How to treat a choking child - Podcast
20 Psychological Safety Overview video VTE risk assessment - Podcast	21 Adult Safeguarding Carol Diffin & Ciara Rooney 9.15 - 10.45	22	23 Exploring Psychological Safety Video - Click here to watch!	24 What healthcare can learn from NASA. POSTPONED
27 Covid centre - Safety through team work Ursula Brennan/ Cathy Woods 13:00 - 13:30	28 GREATix Learning from Excellence Dr Adrian Plunkett 13:00 - 14:00	29 HSCQI Award Winner - NEMO Delayed Discharges Dr Niall Corrigan 14:00 - 14:30	30 Shared Decision Making & Consent - Michael Stitt & Mark Harvey - 13:00 - 14:00 Infection Prevention & Control Q&A session	

1. INTRODUCTION

Quality Improvement

To achieve the Trust's vision of delivering safe, effective and compassionate care, the Senior Leadership Teams identified three Trust wide improvement priorities:

- Right care in the right place
- Real time patient feedback
- Staff engagement.

Central to the delivery of this vision, is the recognition that the Trust needs to create the conditions and culture that reflects quality and supports the requirement for continuous quality improvement and innovation. These include:

1. Placing the person clearly at the centre of our goal to become a leading safe, high quality and compassionate organisation.
2. Ensuring a relentless focus on safety and quality improvement aligned to our corporate objectives and assurance framework.
3. Ensuring that we are an open, transparent and supportive organisation that is continually learning and sharing both within and beyond the organisation.
4. Using measurement and real time data, linked to goals, to learn and improve at every level.
5. Enhancing our will, capability and structures to undertake quality improvement consistently, everywhere and every day.

Quality Improvement is a key component of the Trust's overall system of quality management. In September 2020, the Trust developed a Quality Management System bringing together different approaches to performance management, quality improvement, assurance and accountability processes into a single integrated system to support the delivery of this vision. The vision of the Quality Improvement Team is "to strengthen and embed safety and quality improvement through leadership, support and education to ensure the achievement of ambitious outcomes aligned to the Trust key priorities". 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. The Trust continues to build a culture of improvement by engaging, inspiring and supporting the workforce to deliver improved outcomes and experience for those in our care.

Quality Improvement Training

Quality improvement training continues to be delivered online and is offered to staff across all

1. INTRODUCTION

Directorates and professions. A range of programmes are delivered in line with Quality 2020. This year staff were encouraged to focus their projects in line with Trust priorities.

In 2021/22, the following staff were trained and QI projects completed:

Level (Aligned to Q2020 Framework)	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	19,055 (compliance level 76%)	N/A
2	Safety Quality Belfast (SQB)	16 teams/70 graduates	16
2	Specialty Trainees Engaged in 24 Leadership Programme	20	16
3	Scottish Improvement Leader (ScIL)	24	24

In addition to formal training programmes, additional support and shorter training days have been introduced in response to feedback from staff. This includes:

- Refresher sessions for previous QI graduates and mentors
- Bespoke training sessions on specific topics such as Data for Improvement
- Mentor support and training as required
- Essentials to QI – half-day introduction to QI for teams involved in QI projects but with no previous QI training. 2 sessions have been delivered to date with 97 participants. Some participants later availed of SQB or ScIL training programmes. A further 2 sessions have been scheduled for Sept and Dec 2022
- Project Surgeries for teams that have a QI idea and need advice and guidance to get started or for teams with QI projects underway that are encountering difficulties. Project surgeries are facilitated by 2 x Level 3 trained staff. To date, 40 half day surgeries have been arranged with 43 teams availing of the surgeries.

As of March 2022, some 1,012 staff have been trained to Level 2/3 in Quality Improvement. This equates to 5% of Trust staff.

To date, approximately 400 projects have been supported through QI training programmes:

- 308 projects have been supported through Level 2 QI training programmes
- 98 projects supported during the delivery of the ScIL programme.

1. INTRODUCTION

Belfast Support Team (BeST)

The BHSCT is committed to supporting staff and recognises the emotional impact of incidents or unexpected events. We want to support staff in providing safe, effective and compassionate care by making available both practical and emotional support when these events occur. Any member of staff who has experienced the emotional impact of an unexpected event can confidentially be put in contact with a trained peer supporter. The peer supporter will provide reassurance and support and can also offer practical advice on coroner's inquests, complaints and SAI's etc.

In February 2022, 70 new peer supporters were recruited and trained across the Trust bringing the total number of trained volunteers to 127. We have trained peer supporters across all directorates, professions and bands.

Schwartz Rounds

Schwartz Rounds provide a sructured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

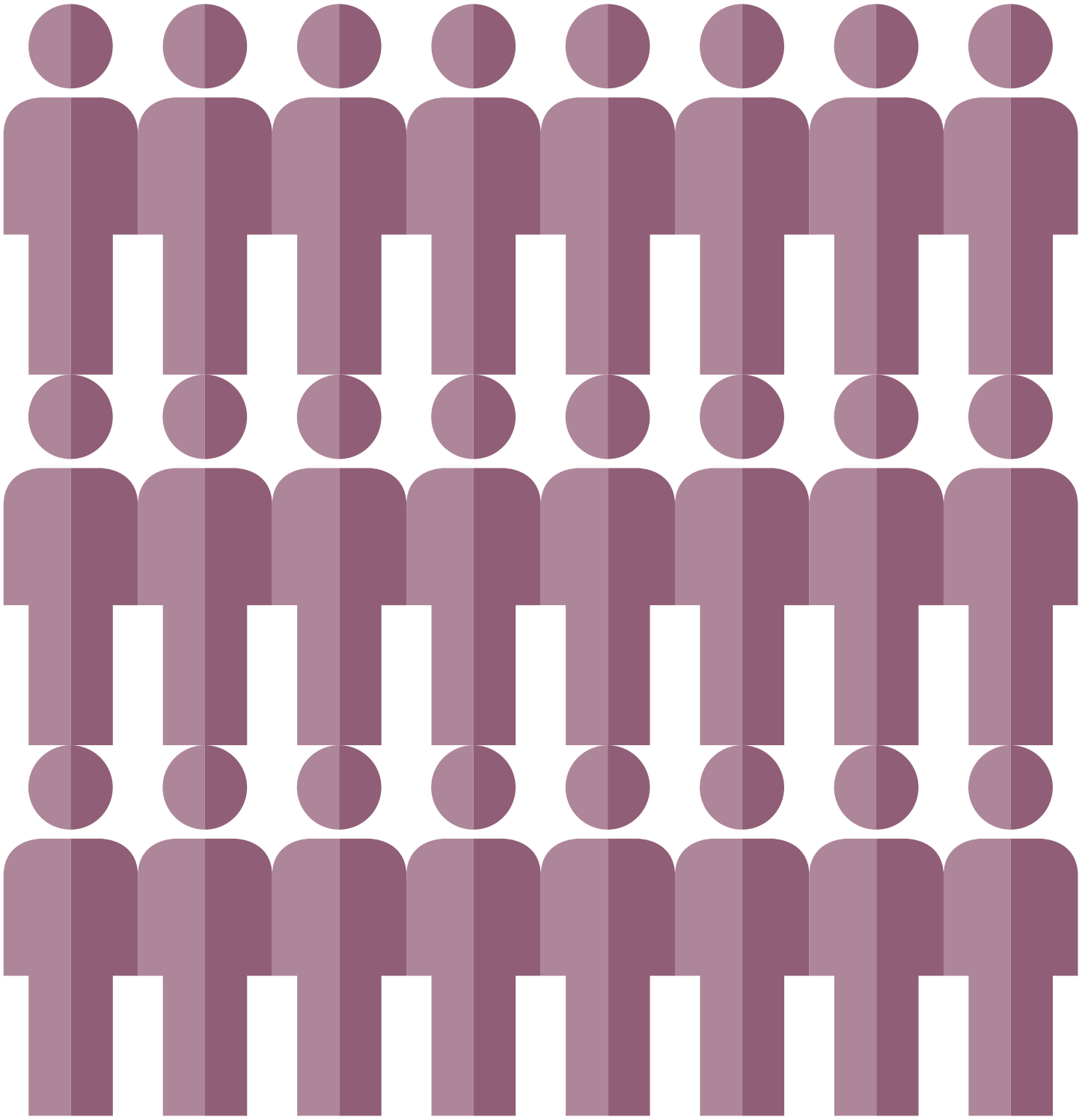
Schwartz Rounds are facilitated discussions which normally take place over lunchtime and are focused on themes such as 'A patient I will never forget' and 'A day I made a difference'. While all face to face Rounds are currently on pause due to social distancing, a number of virtual Rounds have been held in areas across the Trust. These include 3 Rounds in RBHSC and 1 in the Mater Hospital. Feedback has been extremely positive to date.

Team Time

Since face to face Rounds were on pause due to the pandemic, the Belfast Trust introduced the Point of Care Foundation (PoC) initiative 'Team Time' in June 2020. 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.
We have 14 trained Team Time facilitators across the Trust and have held 23 Team Time sessions since June 2020 with over 293 attendees.

Scan here to watch the Team Time animation >

2. Safety



2. SAFETY

Safety

Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care. Safety is a key parameter within our QMS to support Directorates in minimising patient safety incidents and drive improvements in safety and quality.

Safety Thermometers

Each month we check to see how many of our patients suffered harm whilst in our care. We call this the Safety Thermometer.

The Safety Thermometer enables 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 each month with a monthly report issued at ward, Specialty, Divisional and Trust Level to be discussed by the Multidisciplinary Team. Each Division is also invited along to present their Medication Safety Thermometer data on a quarterly basis to the Medicines Risk & Safety Assurance Group.

Maternity Safety Thermometer

On one day each month we use the maternity safety thermometer, which is a nationally agreed tool to monitor care in maternity services. We use it to check to see how many women and babies experienced certain types of harm whilst in our care. It is called a safety ‘thermometer’ because it is a tool designed to take a sample of information available and so acts similarly to a ‘temperature’ check of safety, experience and improvement. This helps us to understand where we need to make improvements.

When we are using the term ‘harm’ in the context of maternity care it is important to understand that for many women these ‘harms’ are known complications of labour and birth and can not necessarily be avoided.

The data collection for the maternity safety thermometer commenced in October 2020. Targets/ objectives will be introduced following a review of the indicator data captured.

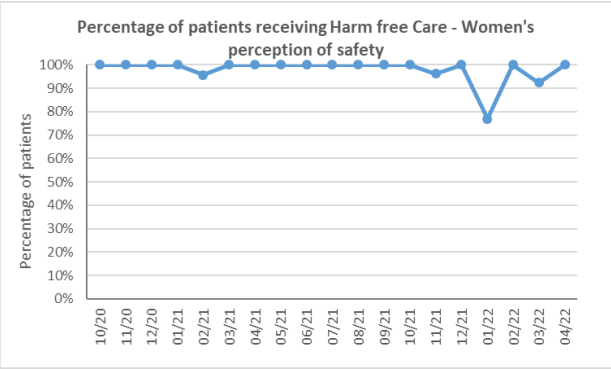
13 mothers were surveyed in March 2022 – mother separated from baby relates to one mother and baby. Separation may happen when babies require tests (although mother is invited to accompany baby) or when baby is admitted to the Neo-natal Unit.

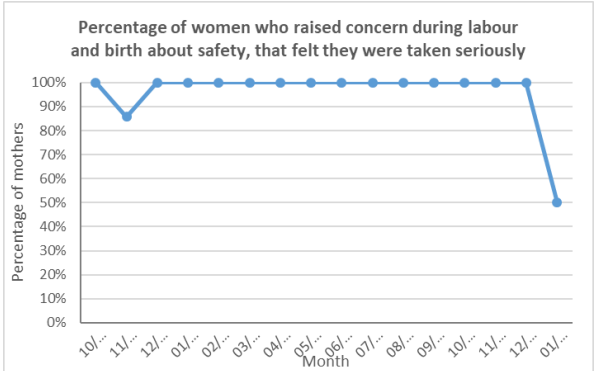
Stillbirths - All stillbirths are reviewed through a national Perinatal Mortality Review process with the care provided graded as A-D. D means different care might have led to a different outcome and these are then taken forward as Serious Adverse Incidents.

2. SAFETY

Maternity Safety Thermometer Report – Mar 2022 – 13 surveyed	Monthly Area %	Average Trust %
Harm free care – physical	84.62	78.69
Harm free care – Perception of safety	92.31	98.03
Harm free care – combined	76.92	77.05
PPH>1000mls	7.69	11.80
Mothers with perineal trauma or abdominal wound	61.54	76.39
Mothers with infections since onset of labour	7.69	1.64
Apgar score of 6 or less at 5 minutes of birth	0	2.95
Babies unexpectedly transferred to SCUB/NNU/NICU	0	6.89
Mothers separated from their baby	7.69	36.39
Mothers left alone at a time that worried them	7.69	0.66
Mothers whose concerns were not taken seriously	0	1.74

*Trust score is the average score of all areas and months to date



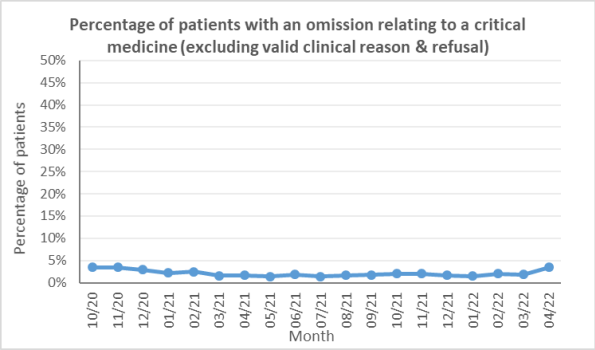


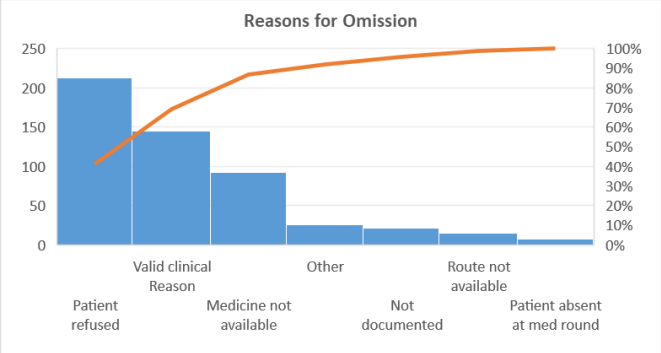
2. SAFETY

Medications Safety Thermometer

Medications Safety Thermometer data are produced monthly and fed back at Ward/Department level.

Medications Safety Thermometer is discussed at the quarterly Medicines Optimisation Committee. The data collection commenced in October 2020.





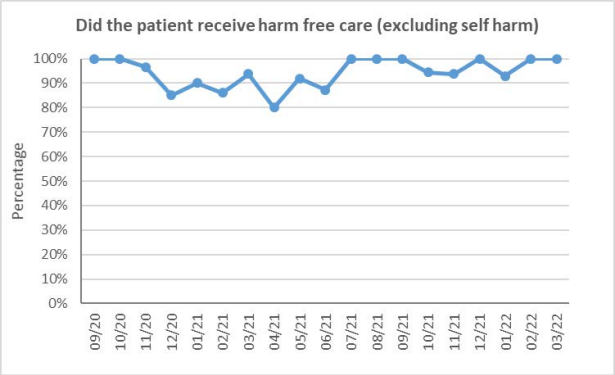
Medication Safety Thermometer Mar 2022 – 1012 surveyed	Monthly Area %	Average Trust %
Patients with medicines allergy status documented in their medicine kardex	84.98	84.26
Patients with an omitted dose (Excl. valid clinical reason & refusal)	14.43	16.42
Patients with an omitted dose relating to a critical med (Excl. valid clinical reason & refusal)	1.88	2.03
Patients receiving high risk medicine that had a trigger of harm	0.56	1.04
Patients with medicine reconciliation started within 24hrs of admission to the Trust	61.1	56.73

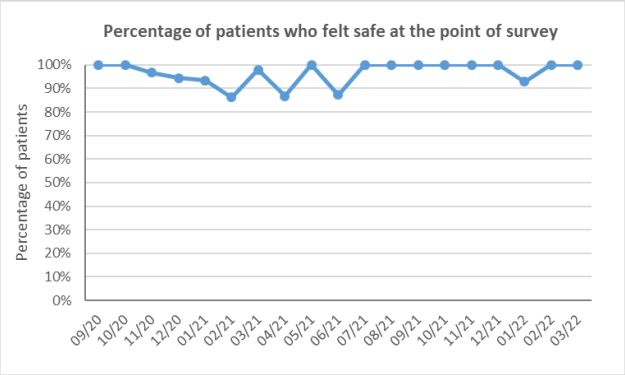
*Trust score is the average score of all areas and months to date

2. SAFETY

Mental Health Safety Thermometer

Mental Health Safety Thermometer reports are provided at Ward and Divisional levels. Data collection commenced in October 2020. Targets/objectives will be introduced during 2022/23.





Mental Health Safety Thermometer Mar 2022 – 20 surveys	Monthly Area %	Average Trust %
Harm free care	100	89.42
Harm free care (Excl. self-harm)	100	93.75
Self-harmed in past 72 hours	0	6.25
Victim of violence or aggression in past 72 hours	0	0.96
Percentage of patients with an omitted medicine (Excl. valid clinical reason & refusal)	0	0.5
Felt safe at time of survey	100	95.91
Required restricted intervention in past 72 hrs	0	1.2

*Trust score is the average score of all areas and months to date

2. SAFETY

Standardised Mortality Ratio

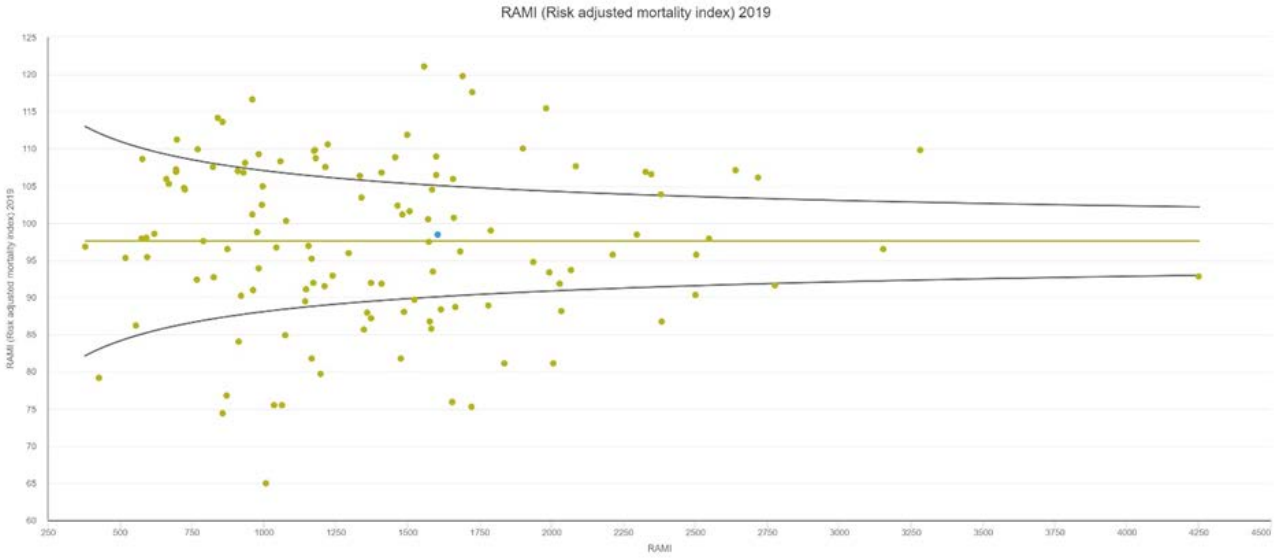
Belfast Trust treats and cares for patients every day, many of whom are very ill. The vast majority of patients are discharged safely, however a small number of patients die under our care.

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 adjustment provides a measure to take account of patient acuity when comparing hospitals with peers. This is a complementary measure to crude mortality comparisons. A calculation is made from the data for 'expected deaths'. This is then measured against actual deaths and converted to an index of 100.

A score of 105 means that mortality is 5% higher than expected and a score of 95 means that mortality is 5% lower than expected in the model. This is a statistical model however and not actual mortality rates and so is used to complement other mortality measures.

Belfast Trust Index is 98 and shown in the chart below

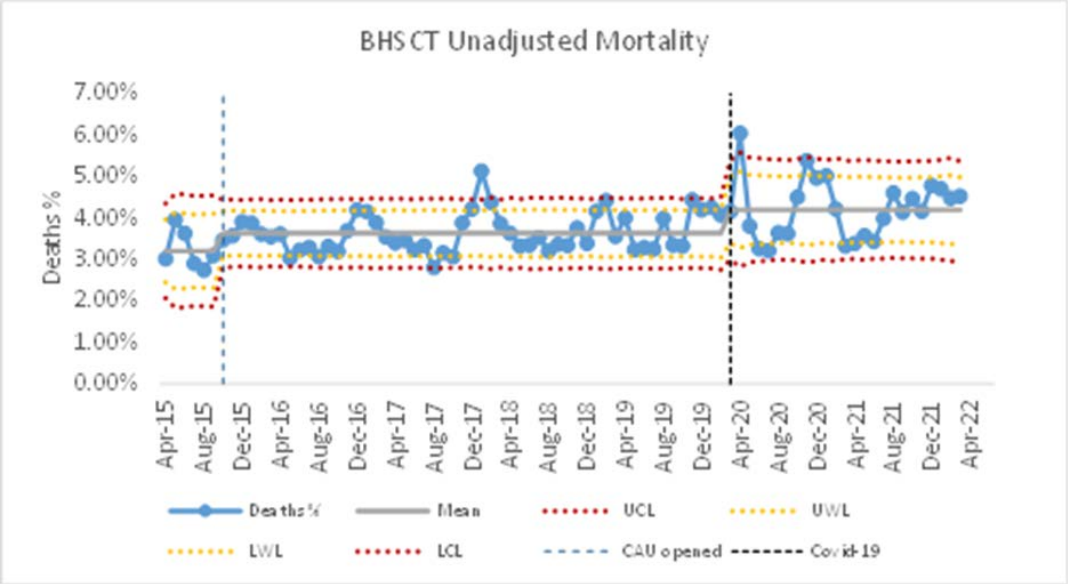


2. SAFETY

Belfast Trust Mortality Indicators

Total % Crude Monthly Mortality with Peer to 2021/22

Belfast Trust's total Crude Mortality Rate for 2021/22 is 2.6% which compares consistently with peer UK wide hospital rates of 3.1%, this is a consistent picture with previous years.



Note : Crude Mortality = deaths / total deaths & discharges in hospital (takes no account of case-mix) – as a %

Belfast Trust mortality rates remain within normal limits of variation in the current period. Due to the impact of COVID-19 on the measurement of mortality rates these limits are re-calculated to adjust for the changes in disease presentation of admitted patients

Mortality rates can be further sub-divided into those with surgical procedures:

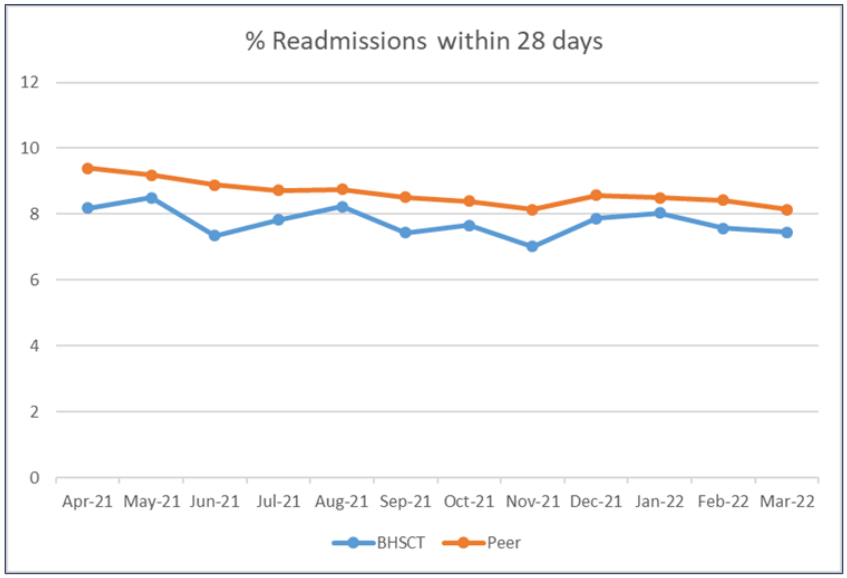
- Belfast Trust mortality rate after elective surgery is 0.3% against a peer figure of 0.2%.
- Belfast Trust mortality rate after emergency surgery is 1.1% against a peer figure of 1.8%

2. SAFETY

Emergency Re-admissions

Readmission rates are a useful indicator of healthcare quality. Some readmissions to hospital will be unavoidable and may be multi-factorial therefore this indicator is often used in comparison with peer hospitals for context. It is also a useful balancing indicator to be observed whenever service improvement or changes are made within the Trust

The chart below indicates the % of patients readmitted as an emergency within 28 days each month during 2021/22. **The Trust has a readmission rate of 7.8% against a national average of 8.6%**. This rate remains stable and comparable to the peer during the year.



Unscheduled Re-admissions of Adult Patients within 28 Days of Discharge as Proportion of all admissions 2021/22

Reducing the Risk of Hyponatraemia

From September 2018 there has been a BHSCT Working Group for recommendations 10-30 (Paediatric Clinical) for the Inquiry into Hyponatraemia-related Deaths (IHRD)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. Due to COVID pressures the Department of Health stood down all IHRD groups in March 2020. The Trust 10-30 group has been reconvened since the start of 2022 and is now chaired by Interim Director Child Health & NISTAR / Outpatients, Imaging & Medical Physics, with group members consisting of the Deputy Medical Director or representative, Divisional Nurses from relevant service areas, Deputy Director of Nursing or representative, Corporate Governance, Royal Belfast Hospital for Sick Children's and

Pharmacy. This group reports to the Directors' Oversight Group and meets quarterly. The action plan previously developed based on the 10-30 recommendations has been updated and reviewed since the reconvening of the group and associated action log reviewed through the meetings.

The Trust Policy in relation to Caring for and Safeguarding Children and Young People who are admitted to adult wards for care and treatment (Recommendation 10) had been approved through Standards and Guidelines Committee in August 2019. The updated policy is now to be presented at Standards and Guidelines in September 2022, with a view to being fully implemented across all relevant areas in the subsequent months. 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 also ensures staff are aware of how to raise concerns of risk of harm towards children and interfaces for advice from Child health services as required. Belfast Trust updated the Policy on Administration of Fluids to Children from 4 weeks to their 16th birthday which was presented to Standards and Guidelines Committee and approved in December 2020 and is in line with Regional guidance. The policy update includes revised staff training requirements for anyone prescribing or administering intravenous fluids to children under 16 years of age.

The Trust has also introduced a Trust wide system that highlights 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.

There is an assurance framework in place around IHRD to provide cross Trust assurance and management. This includes direct and timely notification by laboratories to the relevant clinician for any children in their care with new low sodium result, so proactive actions can be taken as required. These results are then shared on a monthly basis through relevant Divisional collective leadership teams, to review own results and any required further actions. Audits around hyponatraemia management in children are also carried out and led by Child Health Division. These include quarterly retrospective review of notes of children with low sodium that may require further investigation. Further work is being progressed to change the retrospective audits to contemporaneous. The audit report generated is shared as well. Within Royal Belfast Hospital for Sick Children, there is also a local IHRD operational group that progresses more detailed work in relation to the development and management of care and meeting the requirements of O`Hara`s

report. The 10-30 audits from this group have been shared with the Trust 10-30 group with a view to replication across relevant areas. However the Trust awaits the re-starting of the DOH IHRD groups in order to progress and get Regional agreement to a number of areas, such as parental access to notes.

Clinical Coding

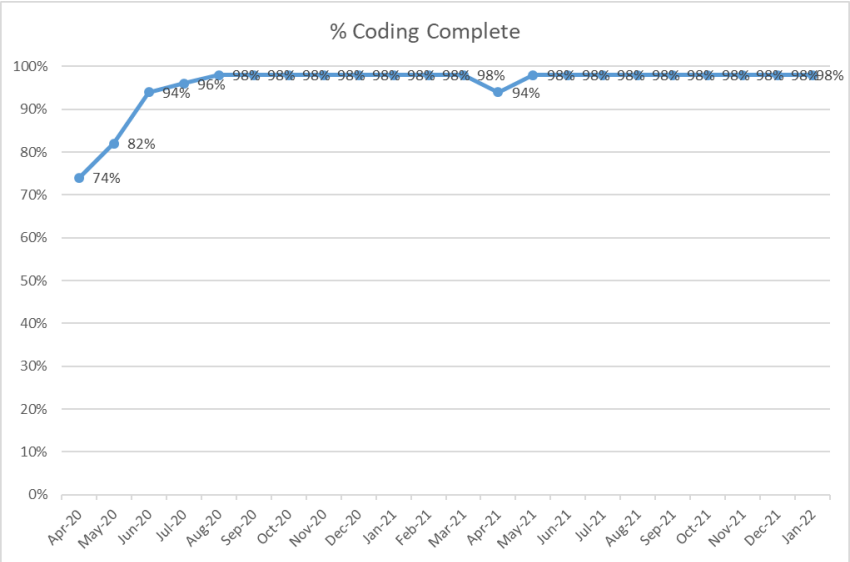
Clinical coding involves the translation of written clinical information (such as a patient's diagnosis and treatment) into a code format. A clinical coder will analyse information about an episode of patient care and assign internationally recognised standardised codes.

Good quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day to day management information used within the NHS and is used in many different systems and presented in different formats. It can be used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits.

Clinical Coding - Timeliness

Clinical coding within Belfast Trust continues to be maintained in line with the Health and Social Care Board target of 98%

98% is a point in time target and the chart below demonstrates that this is achieved consistently. Coding is completed to >99.7% for each month however regardless of target to ensure maximum accuracy.



2. SAFETY

Clinical Coding – Accuracy

Full casenote audits are completed on an ad-hoc basis. These are resource intensive, however, a new audit resource has been identified and an audit schedule is under construction to progress this work.

To complement audit, a range of data analytical quality indicators are used routinely to target improvement & audit. These have been chosen as having significant impact on coding accuracy.

It is not always possible to use the most specific code as documentation/evidence may not be available to coders or the patient's condition is still under investigation. However, peer analysis informs us as to how similar we are to the average of peer coded information.

Clinical Coding Accuracy- Indicator Description	BHSCT Feb 21 to Jan 22	Peer Value	Performance
Data Quality Index- Shows Overall data quality for clinical coding based on aggregate indicator score (includes depth) **Higher is better**	92	95	
% Uncoded episodes- This should be as close to zero as possible to ensure all diagnostic information is captured. **Lower is better**	2.0%	1.2%	
Sign or Symptom as a primary diagnosis- Potential lack of detail in coding which affects analysis of patient acuity. **Lower is better**	8.2%	9.2%	
Sign or Symptom as primary diagnosis (Episode 2) - Should be minimal or match peer. Potential lack of detail in coding which affects analysis of patient acuity. **Lower is better**	8.9%	10.8%	
Admitting Diagnosis Emergency for Elective Admission- Should be minimal or match peer. Potential error in coding which affects analysis of patient acuity. **Lower is better**	1.0%	1.2%	
Diagnosis Non- Specific- Should be minimal or match peer. Potential lack of detail in coding which affects analysis of patient acuity especially in risk adjustment for mortality. **Lower is better**	1.0%	10.9%	
Deaths with Palliative Care Code Z515- Rate should be similar to peer if all relevant cases are coded accurately. This can underestimate acuity of patients in mortality analysis. **Higher is better**	40.1%	38.6%	
Total Admissions with Palliative Care Code Z515- Rate should be similar to peer if all relevant cases are coded accurately. This can underestimate acuity of patients in mortality analysis. **Higher is better**	2.1%	2.9%	

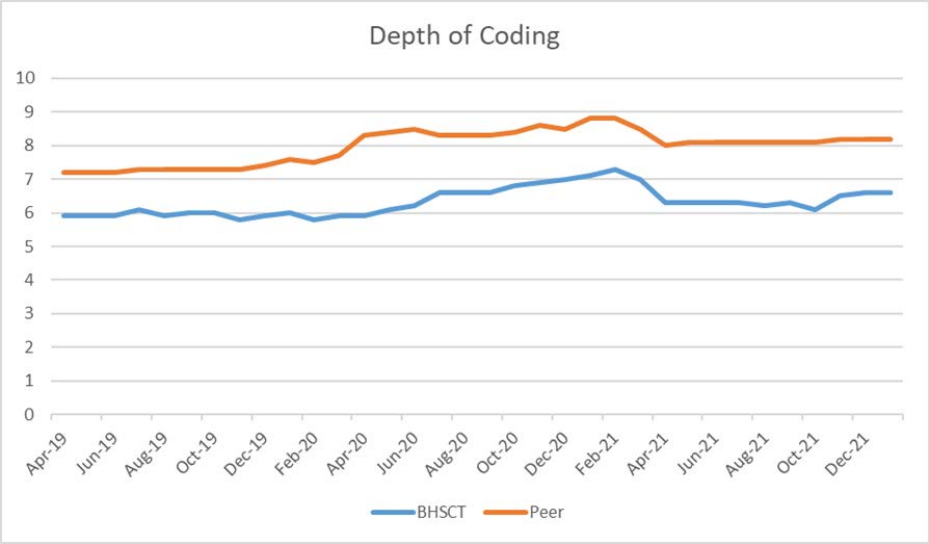
2. SAFETY

Poor performance in any of the indicators above may provide misleading information related to patient acuity. This may distort comparisons against peers in a range of quality, safety and efficiency indicators.

Palliative care is clinically coded on the Patient Administration Sysytem to facilitate a range of reporting and analytical processes. It is especially important in relation to both crude and risk adjusted mortality reporting. While the risk adjusted algorithm that calculates expected deaths rates does not use palliative coding directly it is supplied with mortality reports as a contextual indicator to help assist with interpretation of mortality rates. The Belfast Trust coding team have improved coding in this area through data validation processes using information from other systems and recording now stands at a consistent level with peer hospitals.

Clinical Coding – Depth of Coding

Depth of coding illustrates how comprehensively we have described a patient's acuity through the recording of the appropriate number and type of diagnoses. This allows us to accurately analyse information for safety, quality, efficiency & effectiveness and is especially important when we use comparative analysis with peer hospitals for examining mortality rates & Length of Stay (LoS).



Pre-COVID, Belfast Trust Depth of coding was 6 diagnoses per episode against a figure of 7 in the peer. This figure has inflated due to the COVID crisis as additional codes are required to code COVID patients and also some change in types and acuity of patients admitted. Coding Key Performance Indicators are also monitored at Specialty level.

Reducing Healthcare Associated Infections (HCAIs)

A key priority for the BHSCT is to reduce harm from Healthcare Associated Infection (HCAI). Strategies used to reduce HCAI include: ongoing Risk Assessment in relation to patient placement, Hand Hygiene (HH), appropriate use of Personal Protective Equipment (PPE), Aseptic Non-Touch Technique (ANTT), Antimicrobial Stewardship and Environmental/ equipment cleaning. Wards and departments, with oversight from the Health Care Associated Infection and Antimicrobial Stewardship Improvement Team (HCAI/ AMSIT), have continued to drive improvement and influence change in relation to these strategies.

Measuring the Improvement

The table below shows Trust performance against targets set by the Public Health Agency (PHA) for 2021/22. Due to the COVID-19 pandemic no targets for 2021/22 were set, however the Trust continued to work towards the last targets set in 2019/20.

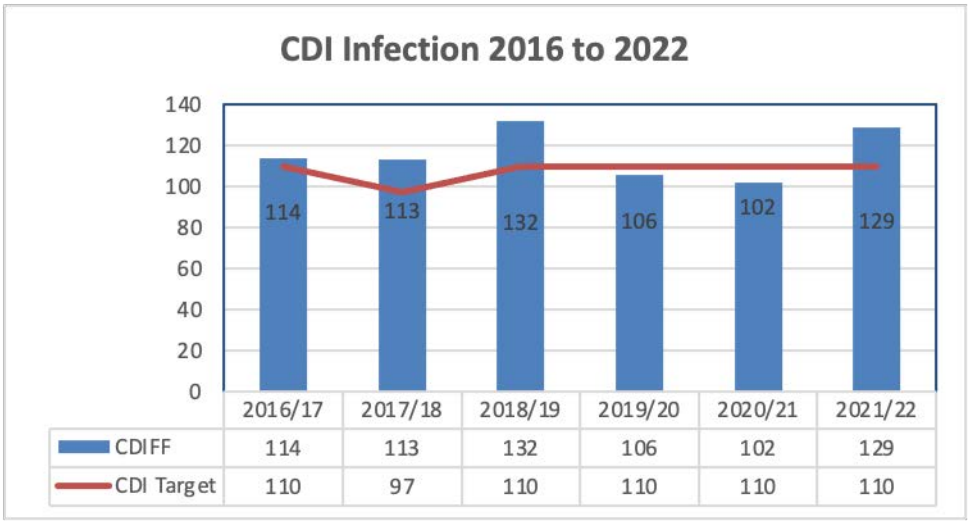
The following charts demonstrate Trust performance for each organism for the last 6 years.

*based on 19/20 Targets	Target 21/22*	Outturn 21/22	Target 22/23	Target no. of cases per month	Average Cases per month as of end of May	Apr- June Episodes	July Episodes
C.difficile	110	129	110	9.17	8.0	24	1
MRSA	12	15	12	1.00	1.0	3	0
All Gram Negative#	201	231	201	16.75	13.7	41	0

2021/22	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
C.difficile *	16	14	14	11	11	9	12	12	6	7	7	10

MRSA	1	0	0	4	0	2	1	2	1	1	2	1
All Gram Negatives	18	14	21	18	21	20	24	19	13	23	23	17

C. Difficile



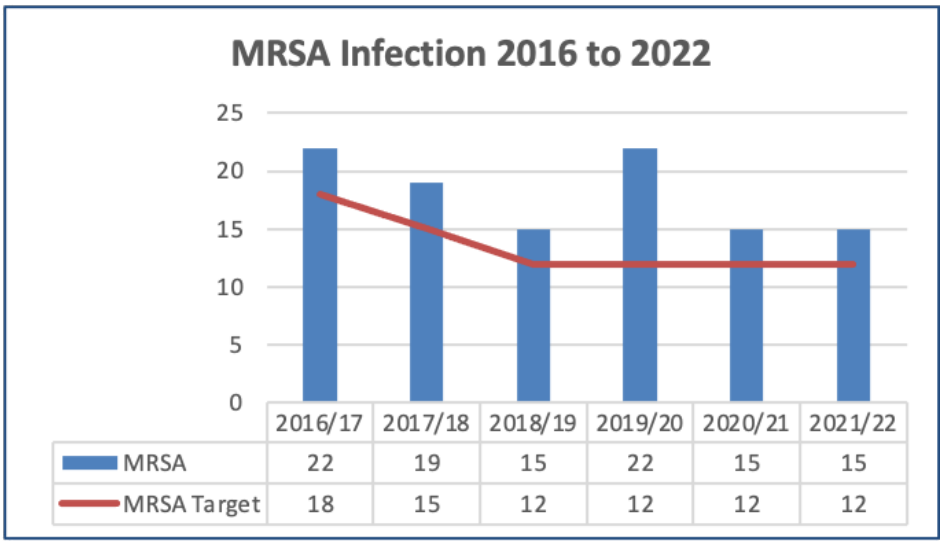
In 2021/22, there were 129 cases of C. Difficile, against a target of 110.

Key learning themes identified in relation to C.difficile

- An increase in C.difficile rates has been noted regionally and nationally which is thought to have been driven by increased use of antimicrobials in both primary and secondary care
- Antimicrobial stewardship remains a key component in driving reduction of C.difficile cases
- Rationale for faecal sampling not always clear – sampling poster available to guide decision making
- C.difficile Care Pathway not always fully completed
- The Medical Prompt Form should be completed by the medical team for all cases and should be filed in the medical notes
- Record of daily medical review of Clostridium difficile infection (CDI) not always present, CDI should be managed as a diagnosis in its own right and daily medical review should be undertaken and documented daily as per BHSCT policy
- Stool habit recorded in numerous documents such as fluid balance chart/skin bundle, but not always accurately recorded on stool chart. It is important that the Bristol stool chart is recorded accurately to determine severity of symptoms and to monitor progress
- Best practice guidelines (Updated guidance on the management and treatment of Clostridium difficile infection, PHE, 2013) recommend that all patients with CDI are reviewed weekly by a CDI clinical review team. However, this has not yet been implemented

2. SAFETY

MRSA



In 2021/22 there were 15 cases of MRSA bacteraemia against a target of 12.

Key learning themes identified in relation to MRSA

- Rationale for blood culture taking not always clear or documented. It is not always documented that cultures have been obtained using an Aseptic Non-Touch Technique (ANTT)
- MRSA Care Pathway not always fully completed. MRSA screening not always fully completed, key sites such as wounds omitted from initial screens resulting in failure to decolonise. Test results not always checked, causing delays in or failure to decolonise
- Decolonisation not prescribed or not properly undertaken. As colonisation is known to precede infection this is a vital step in terms of prevention
- Issues around the management of peripheral venous cannulae (PVCs), including:

  – Remaining in place in excess of 72 hrs with no documentation or clear rationale

  –Multiple PVC present but no documentation to support rationale

  – Poorly completed PVC recording charts.

Key learning themes identified in relation to Gram-negative bacteraemia

- Rationale for blood culture taking not always clear, or documented. It is not always documented that cultures have been obtained using ANTT
- E.coli accounted for the majority of the Gram-negative bacteraemia – ward teams have been

tasked to review potential causes/ sources of infection. Learning to be shared throughout the Trust

- Focused attention required in relation to the prevention of catheter associated urinary tract infections (CAUTIs), given their potential as a source of E.coli bacteraemia
- Quality improvement initiatives are currently being considered.

COVID-19

COVID-19 has continued to result in unique challenges for all services and departments. In 2021/22 the need to rebuild services while also adhering to national and regional guidance has been a key priority.

The Infection Prevention Control Team has continued to work with both internal and external stakeholders using an MDT approach to develop and implement both national and local COVID-19 guidance. This has taken the form of:

- Providing 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
- Participation in regional steering forums such as the Regional IPC cell, PPE CAGs and regional PPE subgroup
- Participated in Trust level safety and governance groups and the Nosocomial Assurance group for COVID -19 to review COVID-19 deaths
- Participated in SAIs to identify learning.

Staff education was provided through:

- Monthly COVID-19 awareness sessions for both acute and community setting, colleagues from the independent are home sector were also included in this
- A range of resources were made available on the HUB and updated as the guidance changed
- A COVID-19 review tools was developed to review COVID secure measure and a series of proactive visits undertaken. The learning form this was shared at local meetings and through “Safetember” events.

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 2021/2022 the team managed **153** COVID-19 outbreaks
- At each outbreak meeting appropriate mitigations were discussed to prevent further transmission, whilst also minimising impact on service delivery
- The IPCNs undertake independent auditing as deemed necessary ie. where there is evidence of ongoing transmission or evidence of poor practice.
- Planning for service restart with adherence to COVID secure measures in both community and acute settings. The IPC team:

  – 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

  – performed support visits to BHSCT Day centres, Health and Wellbeing centres and specialist centres

  – participated in regional discussion to develop guidance to allow the remobilisation of day centres.

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
- 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.

Next steps

As we begin to rebuild, learning how to live with COVID, the Trust continues to follow both national and regional guidance. The focus has moved to the remobilisation and maintenance of services, through the application of dynamic risk assessment. We will continue to work collaboratively with Trust services and their MDTs, colleagues in PHA and the independent sector to plan, prepare and respond to the rapidly changing situation. The BHSCT IPCT participate in regional forums this ensures we have an early awareness of any changes in guidance/ strategy, that our own experience/ learning is shared with our partners and ensures we contribute to the overall regional response.

While COVID continues to be a concern and has placed the IPCT under extreme pressure, a

refocus on other HCAIs is required to improve patient outcomes and patient experiences. In the coming year the IPCT plan to rebuild and recommence non-COVID related activities that have been paused.

Hand Hygiene

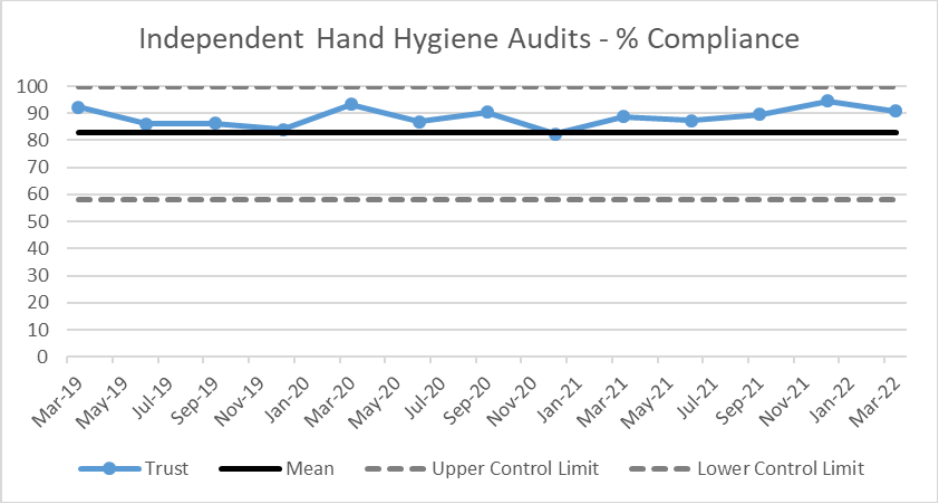
Hand hygiene is considered a key Infection Prevention and Control (IPC) measure to protect patients, visitors and staff and to reduce HCAIs. All staff regardless of band, profession or working location are expected to adhere to the hand hygiene policy fully to provide safe and effective care. Auditing of practice is crucial in monitoring compliance of this. Regular peer auditing of each ward and department is undertaken by the services, the minimum compliant score is ≥80%. The audit process is supported with a formal escalation process within the hand hygiene policy.

The IPC team normally aim to carry out quarterly independent audits across all services, unfortunately, due to COVID-19 pressures placed on the IPC Team, proactive auditing has stood down temporarily and replaced by audits carried out in response to outbreaks or increased incidence of infection.

The IPC team supports areas with non-compliant audit results through education (on both hand hygiene and auditor training) for all members of the MDT and by providing independent audits until a compliant score is obtained.

During the year 2021/22, IPCT completed **115** audits with an average compliance of 89%.

The chart below shows the percentage compliance from hand hygiene audits completed by the Infection Prevention Control team since March 2019 to March 2022. Average scores ranged from 82% to 96%. This chart demonstrates that since March 2019 to March 2022, there has only been one occurrence where the average independent score was less than **85%**.



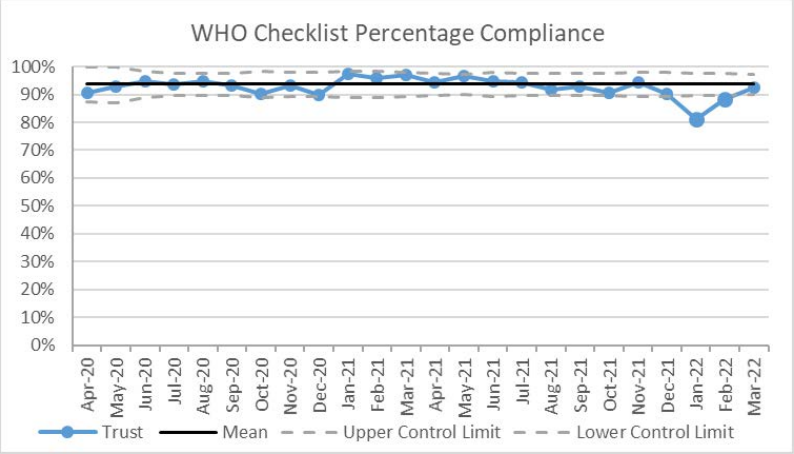
2. SAFETY

Safer Surgery/WHO Checklist

The World Health Organisation (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 for example by making the surgical team aware of any patient allergies; minimising the risk of surgery on the wrong site or the wrong patient or 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.



Falls Prevention

Reducing falls within the acute adult inpatient setting is important for maintaining the health, wellbeing and independence of our patients. A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level and is not as a result of a major intrinsic event (such as a stroke).Falls can occur at any age but are increasingly common as people get older

Falls can lead to injuries including fractures, pain and loss of confidence for older people. The likelihood and severity of injury resulting from a fall is related to a number of possible factors including bone health, risk of falls, frailty and deconditioning. A report by Public Health England entitled 'Wider Impacts of COVID-19 on Physical Activity, Deconditioning and Falls in Older Adults provides insight into the impacts COVID-19 has had on older adults', with a particular focus on the implications of reduced levels of physical activity for falls. The report predicts that 110,000 more older people (an increase of 3.9%) are projected to have at least one fall per year as a result of

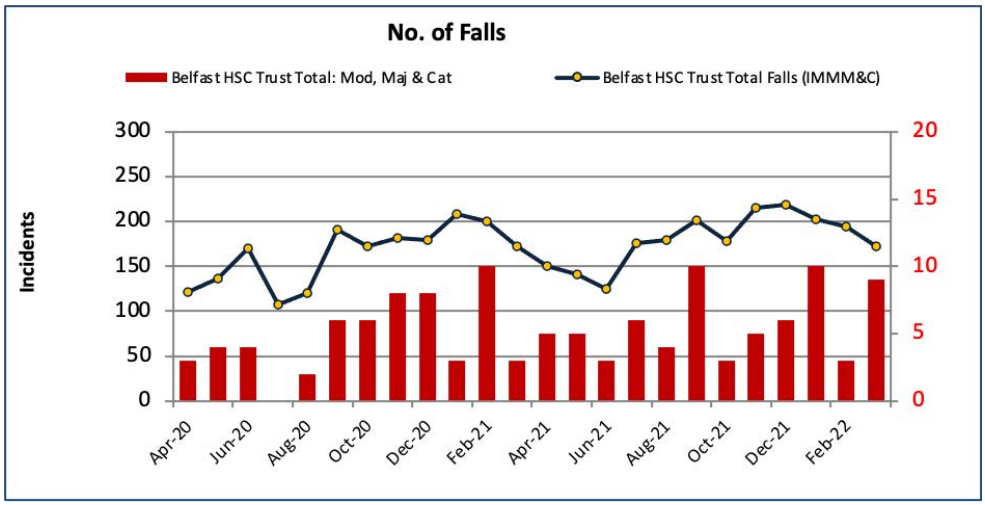
reduced strength and balance activity during the pandemic, with a cost of £211 million to the health and social care system. With this in mind, it has been a challenging year for staff in the BHSCT working in the acute adult wards, caring for patients, with an increased vulnerability to falling due to deconditioning and frailty.

Falls - Facts and Figures

From April 2021 to March 2022, the Trust experienced a 6.2% decrease in falls within the FallSafe wards compared to the previous year. The total number of moderate and above falls recorded from April 2021 to March 2022 was 70, a 27% increase compared to April 2020 to March 2021. It is important to note, 5 of these falls occurred within the BHSCT Emergency Departments which to date, has not been included in the FallSafe data.

Falls by Directorate – April 2021 to March 2022

Directorate	Unscheduled & Acute Care	Adult, Social & Primary Care	Surgery & Specialist Services	Speciality Hospitals & Women's Health
All Falls	997	513	357	290
Moderate, Major & Catastrophic	42	10	10	8



KEY: Mod, Maj and Cat refers to; Moderate, Major and Catastrophic
IMMM&C refers to all fall including; Insignificant, Minor, Moderate, Major and Catastrophic

Falls Quality Improvement

Staff are committed to reducing the patient's risk of falling while in hospital. There have been a number of fall prevention, quality improvement initiatives within the acute adult inpatient wards and

ED. Areas to reflect upon are:

Ward 5C, Cardiology have focused on developing a Multi-Disciplinary (MDT) Team approach to falls prevention on their ward. FallSafe Champions have been identified and are responsible for arranging monthly ward MDT falls meetings. They adapted the FallSafe signage into a 'falls sticker' and attach these onto the notes of patients, highlighting those who are at risk of falling. Investment in falls assistive technology has also been introduced. Support and training on FallSafe and how to manage a patient fall by focusing on the Trust falls policy and NICE guidelines has been delivered across the Cardiology Unit.

'The Division of Surgery Falls group' was created to provide peer support in exploring, supporting and advising senior staff on developing falls groups within each surgical ward. Ward 6C, Vascular provided invaluable support by sharing their experience in falls prevention and invited the group to attend one of their MDT falls meeting. Our physiotherapist colleagues in Ward 6C, are currently working on a strength and balance exercise leaflet bespoke to vascular patients .The importance of exercise is also an area of focus in the National Falls Prevention Co-ordination Group; their future focus 2022 is to 'reduce the impact of COVID-19 on deconditioning and falls and increasing strength and balance exercise and rehabilitation for older people'.

The Emergency Department within the Mater Hospital, have addressed a number of fall related issues within their department to assist staff caring for patients' who are at risk of falling. A FallSafe Champion has been identified and the introduction of a FallSafe board and signage has also been implemented. Structural changes within the department have been made. Due to the COVID-19 pandemic each cubicle was transformed into a single room, secured with a door. As COVID-19 restrictions ease, doors have been removed and replaced with curtains. The viewing window in each cubicle has been replaced with a larger window to enable staff to have a greater view of the patient. Hand held call bells are not used within ED and staff are sourcing a wireless system for patients to use.

Within ED at the Royal Hospital, staff are focusing on documentation and the post fall management of a patient adhering to the Trust's 'Management and Prevention of Adult Inpatient Falls in a Hospital Setting' policy.

Information on a successful QI initiative 'Think Yellow' was delivered to ED. This QI originated from East Kent Hospitals, NHS Trust and was designed to provide a 'quick and easy' way to implement a 'visual cueing' protocol in ED without overtly labelling a patient as a falls risk. Please click on: LINK to podcast on Think Yellow.

Ongoing quality improvement initiatives within the BHSCT will be facilitated by providing education and support to all staff on FallSafe and the post fall management of a patient.

Practical sessions continue to be delivered to the senior nursing teams (Patient Flow & Hospital at

Night Team) on the post fall management of a patient with a suspected spinal injury.

During '*SafeTember 2021*' - Falls Week focused on 'falls prevention is everyone's responsibility' .Campaign material was available on the HUB focusing on delirium, dementia, mobility and it also encouraged staff to stop and think about what they could do to reduce the patients risk of falling. Each day there was a focus on a fall related topic. A podcast on the importance of reviewing and updating the fall risk assessments was available for staff to access on the HUB.

'*March to Safety 2022*' There were weekly FallSafe awareness sessions available to all staff available on the BHSCT intranet.

BHSCT continue to report falls monthly. This includes:

- All falls and falls coded moderate and above within the FallSafe areas
- A post fall incident review is completed on all falls with a severity grading coded as moderate and above. From this review the shared learning from each incident is disseminated with the MDT
- From July 2021 the FallSafe audit is completed by ward staff using the web form page, Formic. This is available to all staff via 'The Loop'
- The Senior Nurse and Midwifery Team meeting receive a monthly falls report of all falls coded moderate and above. It captures each Division the incident occurred in and highlights the contributory factors, themes and learning from each incident. The completed post fall incident review is attached to the report
- The PHA receive a report on 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.

Pressure Ulcer Prevention

Pressure ulcers are a concerning and largely avoidable harm associated with healthcare delivery (NHS Improvement, 2018). They are generally a complication of serious acute or chronic illness in people with high levels of comorbidity (Guest, 2018). Worldwide, 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).

Once a patient develops a pressure ulcer, they require significant additional resource to promote healing (equipment, dressings, increased care package etc.). Treatment costs (UK) are thought to be in excess of £1.4 million every day). Costs increase with ulcer severity and infection (Guest 2018).

2. SAFETY

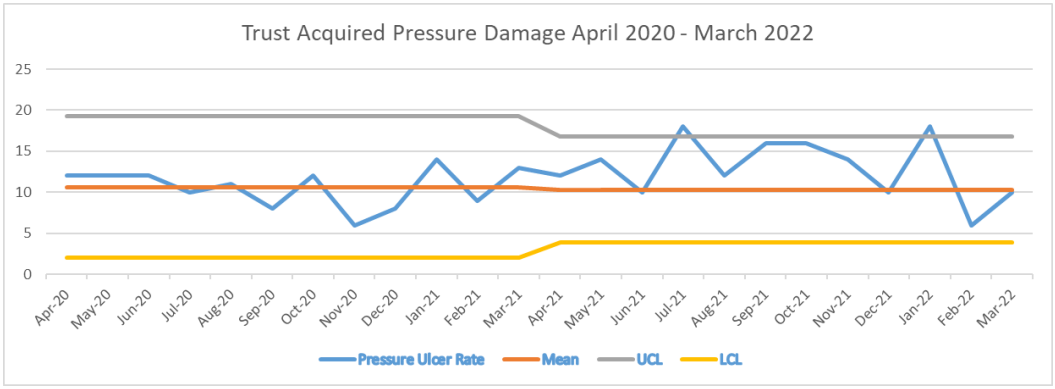
Within Belfast Trust, our staff recognise that pressure ulcers are a threat to patient safety and well-being. We work hard to reduce the risk of harm for all patients admitted to our care (whether hospital or community). Nurses and nursing assistants play a key role in supporting vulnerable patients by assessing their risk of pressure ulceration and implementing an individualised pressure ulcer prevention plan. Tissue Viability Nurses, Allied Health Care Professionals, Medical teams and Social Care Staff provide additional specialist input and care as needed.

Importantly, if a patient's skin breaks down, senior nurses review the care provided during the patient's journey (ED. Theatre, Wards, Home care). If we note shortfalls in care, we acknowledge this and take action to reduce the likelihood of a similar incident.

In 2021/22, we saw an increase in the number of people with pressure damage in comparison to the previous year (+84) (See Table below). However, the incident rate of all pressure ulcers per 1000 bed days decreased by 0.09%. This anomaly reflects the significant increase in the number of inpatients being cared for by the Trust in comparison to the previous year.

When a patient develops a pressure ulcer, our staff are asked to investigate the incident. In 335 cases (69%), the pressure ulcer was deemed unavoidable as nursing care met NICE standards for pressure ulcer preventive care. In general the patients who developed pressure damage could not be repositioned as they were medically unstable, or the wound was caused by an essential piece of equipment. It remains a challenge to protect extremely ill patients from pressure damage due to long periods of proning, COVID-19 related skin changes and multi-organ failure.

We did note an increase in potentially avoidable pressure damage (+41). Whilst the increase is nominal in statistical terms (0.02%), we will strive to do better.



2. SAFETY

Adult Inpatient	2021 - 2022	2020 - 2021	Increase/decrease against previous year
Total No. of Pressure Ulcers Reported	484	400	+84
No. of Pressure Ulcers/1000 bed days	1.16	1.25	-0.09
No. of potentially avoidable pressure ulcers	**149**	**108**	**+41**
No. of potentially avoidable pressure ulcers/1000 bed days	0.36	0.34	+0.02
No. of potentially deep avoidable pressure ulcers	**37**	**29**	**+8**
No. of potentially avoidable deep pressure ulcers/1000 bed days	0.09	0.09	No Change

Challenges

- In 126 cases, patients did not receive effective pressure ulcer care (or the care was not correctly documented). It is important to note that every Trust in Northern Ireland has a variation of the SSKIN Bundle chart. This means that Registered Nurses and students who come to work in Belfast may not be familiar with our document
- Within our Trust, Pressure Ulcers most commonly occur on the sacrum/buttocks (73) followed by the heel (25). While 85% of sacral pressure damage was superficial, 68% of heel damage was full thickness. This is of particular concern given the number of patients with comorbidities such as diabetes and peripheral arterial disease.
- The Braden Risk Assessment Scale (used across Northern Ireland) to determine adults at risk fails to incorporate skin/pressure ulcer status, pressure related pain, or important conditions such as peripheral arterial disease. This means that staff may not be alerted to key risk factors
- Devices/Equipment such as oxygen tubing, plaster casts, traction, splints and anti-embolic stockings caused 35 potentially avoidable pressure ulcers
- Ward and Tissue Viability Team staffing pressures have meant that the ability to provide face-to-face pressure ulcer training has been challenging and is being addressed. ELearning does not meet everyone's learning style and does not allow staff the opportunity to ask questions. We will work collaboratively with senior nurse colleagues to develop a blended approach

- While our staff investigated all deep pressure damage, 21% of superficial pressure ulcers were not reviewed. While this is an improvement on the previous year we will work to further reduce this omission, as learning from these incidents could prevent harm that is more significant.

Example of Good Practice

The RVH Emergency Department noted a rise in the number of people developing pressure ulcers within the department. Despite the challenges associated with high numbers of patients within the department, they have worked tirelessly to introduce new ways of working. For example, the Lead Nurse introduced a pressure ulcer trolley in Majors. This trolley contains equipment needed to help prevent pressure ulcers in people who are critically ill. The unit is also piloting a new document which makes it easier to record care provided.

In the previous report, we noted that within our Intensive Care Units (ICU), device related pressure ulcers accounted for 52% of all avoidable pressure ulcers, and that Nasogastric Tubes were most likely to cause harm. Our ICU staff introduced a new method of securing NG Tubes (the J method) and in 2020-21 we have only had one ulcer relating to an NG tube.

Next Steps

The Trust is working with the Regional Pressure Ulcer Group to develop one document which will be used across Northern Ireland and eventually incorporated into Encompass.

The Trust is also working with the Regional Pressure Ulcer Group to introduce a pressure ulcer risk assessment tool called Purpose-T. This tool incorporates evidence based risk factors. We will incorporate this tool into the new SSKIN Bundle document.

To reduce the risk of heel ulceration the Trust introduced the use of a pressure relieving boot. In August 2022, we will raise awareness of heel elevation and actively promote the use of this device.

The Tissue Viability Nurse team will recommence monthly pressure ulcer updates using a range of media, e.g. MS Teams and small group sessions in September 2022.

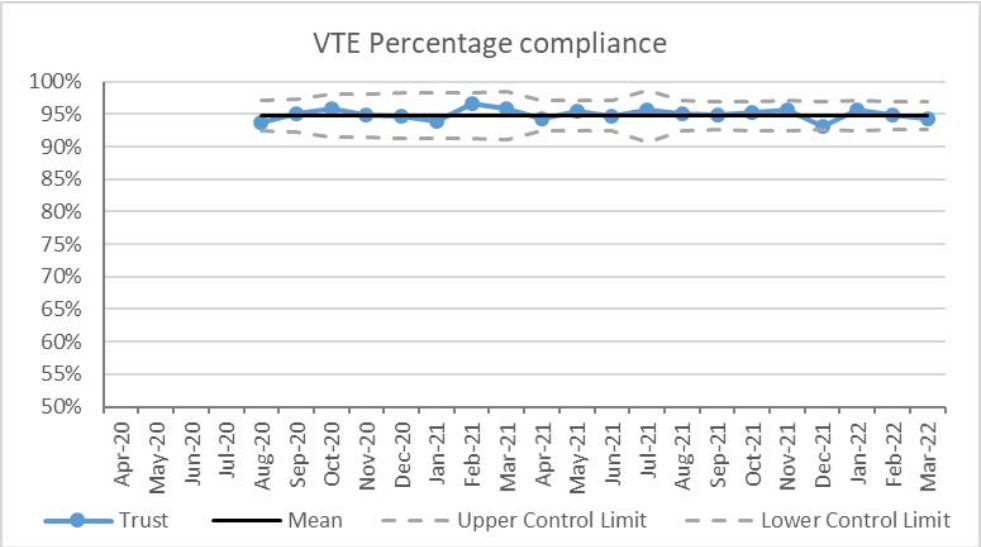
In November 2022, the Trust will take part in annual Stop the Pressure Campaign. This is the first time the UK nations have come together in a joint effort to raise awareness of a national issue.

Venous Thromboembolism (VTE)

Venous Thromboembolism (VTE) can affect anyone regardless of age, gender, race or ethnicity and is the number one cause of preventable deaths in hospital. Up to 60% of all VTE are associated with having had a hospital admission within a 90 day period, this is referred to as a Hospital Acquired Thrombosis or HAT.

The BHSCT recognises VTE prevention as a priority patient safety issue. VTE risk assessment

is mandatory within the Trust and the VTE team, audit each patient's VTE risk assessments over 5 sites, once monthly. It is very evident that we, as a Trust, are committed to safeguarding our patients, with overall compliance rate of 95%. Root cause analysis of HAT is being undertaken, to identify possible areas for improvement but also provide reassurance that we are indeed proactive in reducing VTE, adhering to Trust policy and the National Institute of Clinical Evidence guidelines as best practice across the UK. The VTE team are currently working towards VTE Exemplar site accreditation.



Medicines Management

Antimicrobial Stewardship

1. Target Monitoring Reports (Antibiotic consumption data)

Due to COVID-19, no annual targets for antimicrobial consumption were set (by the DoH) for the financial year 2021/22. However, there remains the pre-COVID overall target of a 15% reduction in total antibiotic use by 2023-24, and a 10% reduction in use of 'Reserve' and 'Watch' antibiotics in hospitals from the 2017/18 baseline.

Comparing usage data from the calendar year 2017 to the calendar year 2021, BHSCT has:

- Reduced total antibiotic use by 13.8%
- Reduced 'Reserve' and 'Watch' antibiotics by 1.9%.

2. HAPPI

2. SAFETY

The Hospital Antimicrobial Prudent Prescribing Indicators (HAPPI) data collection tool was relaunched (post-COVID) across the Trust.

As shown in the Table below, 'Documentation of intended duration' in both notes and kardex continues to be sub-optimal although, it is noted that both categories showed improvement when compared with the previous year.

HAPPI Key performance Indicators

HAPPI KPIs No of Patients surveyed	2020/21 1312	2021/22 1732
Allergy documented	96%	97%
All Prescribed doses given	94%	95%
Duration or Stop Notes	52%	58%
Duration or Stop Kardex	46%	57%
Indication in notes	88%	88%
Indication in Kardex	62%	74%
Appropriate Culture taken	87%	83%
Guideline antibiotic followed	87%	93%
IV duration <48 hrs	73%	75%
Doc review 48-72hrs	79%	61%
Total Duration <7 days	78%	87%

3. Therapeutic Drug Monitoring (TDM) chart

The Antimicrobial Stewardship Working Group oversaw the Trust-wide introduction of a new chart aimed at simplifying and improving the prescribing of antibiotics which require TDM. The launch of the new TDM chart (in December 2021) was also underpinned by extensive multi-professional education delivered by the Antimicrobial Pharmacy Team via MS Teams.

4. OPAT

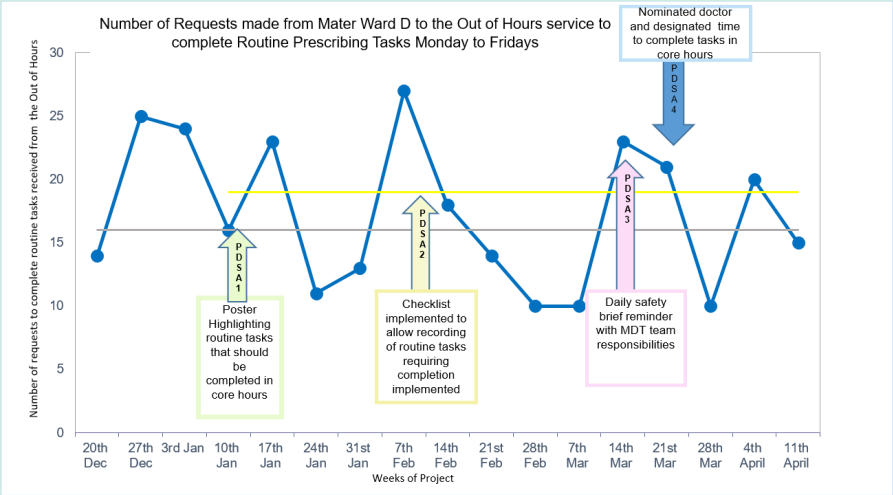
Ambulatory OPAT provision was established at the Programme Treatment Unit (PTU), RVH. Nursing staff received training on the use of elastomeric devices and Vygon midline IV access devices. The PTU has provided daily IV antibiotic treatment for up to three patients per day from April 2021.

The team have continued to develop the Self-administration (S-OPAT) scheme. The past year has been challenging due to barriers including staff shortages and gaps in supply chain of elastomeric devices.

Routine Task Checklist: KIWI (Kardex, Insulin, Warfarin, IV fluids)

In September 2021, the Mater hospital at night team highlighted an increased number of routine medication prescribing tasks being handed over for completion by on call staff. This additional pressure on a reduced capacity service had the potential to increase patient harm from omission or delays in prescribing critical medications.

Pre COVID-19, implementation of a routine prescribing task checklist (KIWI) to several wards on a non-acute site, was shown to reduce the number of out of hours bleeps to complete routine tasks by 20%, with a focus on completing these prescribing tasks in core hours when a full complement of staff was available. The checklist was implemented on one ward in the Mater to ascertain if it would still produce such outcomes.



The run chart above illustrates that whilst the implementation of the checklist in February was followed by a reduction in out of hours requests to complete routine prescribing tasks, this was not sustained. On review, this was in part felt to be due to the ongoing pressures related to the management of the COVID-19 pandemic on the site and staff shortages within the core ward team whilst this pilot was underway.

The next step for this project is to roll out implementation of this checklist across one non-acute site with regular review and refinement to support changes and facilitate a trust wide implementation.

Immunoglobulins

Background

An ongoing issue for diseases requiring long-term immunoglobulin (Ig) treatment is that once significant and functional responsiveness is demonstrated for a patient using standard dosing, the monitoring of maintenance dosing required to maintain the therapeutic response is not well characterised. NHS guidance was recently updated to support review in long-term patients. In

one sub-group of long term users (secondary antibody deficiency in haematology), guidance requires that trough IgG levels, number of infections, and days in hospital are recorded as outcome measures to inform continued prescribing. A baseline audit in the Trust showed poor compliance with this recording.

A multidisciplinary project team was established. A process mapping exercise was undertaken to tap the collective intelligence of the team and better understand the system.

Aim

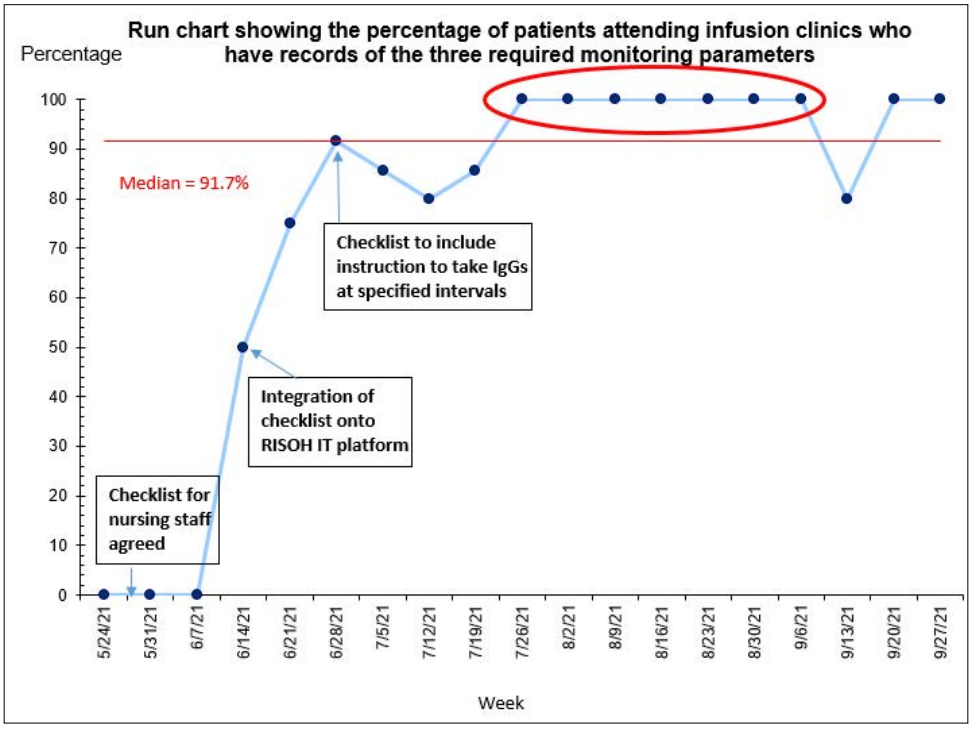
This QI project aimed to increase compliance in line with the NHS Guidance.

Project Measures

A number of project measures were evaluated including:

- Outcome: % patients attending who have data recorded
- Process: % patients per weekly clinic having a successfully completed nursing checklist
- Process: % patients per weekly clinic having their trough IgG taken within the past 6 months
- Balancing: service user experience/satisfaction.

Run Chart



Next steps

The NHS Guidance also covers those patients receiving long-term treatment for immunology and neurology. Learning, change ideas, and PDSA examples used in this project will be spread into these other clinical areas.

'Live' Medication incident review

All medication incidents are reviewed when they are reported by a Trust medication safety pharmacist. Those that are of particular concern eg omission of a critical medicine, incidents with the potential to cause at least moderate harm, of if there is a particular trend are highlighted.
A spreadsheet is prepared for each directorate of these 'Incidents of Concern' and sent to the directorate governance managers weekly for follow-up or escalation as appropriate.

Monkeypox

Background

Monkeypox is a rare disease that is caused by infection with the monkeypox virus.

As of July 2022, the UK had 2,208 confirmed cases with 15 being detected in NI, 12 of whom were detected by the Belfast Trust. The majority of cases are centred on London and have largely been found in the Gay/Bisexual men who have sex with men (GBMSM) group. The World Health Organisation declared the Monkeypox outbreak a public health emergency of international concern in July 2022.

The Trust's response to this has been:

- Established a testing site in the Crumlin Road Health Centre. Patients with suspected symptoms are directed to the facility which is being led by the GUM team
- In early July 2022, staff pre-exposure vaccination commenced for those identified at being high risk in the treatment/testing of potential positive cases
- At the end of July 2022, the pre-exposure vaccination campaign commenced for patients deemed at high risk of Monkeypox exposure. To date, uptake has been 84% to all those invited, with many more on a waiting list once stock becomes available.

Next Steps

The pre-exposure vaccination of the 1350 patients identified as high risk in the BHSCT area will be undertaken with the allocation received.

Adverse Incidents/Serious Adverse Incidents (SAIs)

An **Adverse Incident** is defined as *"Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation 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, Invasive intervention group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

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

Facts and Figures

In the year 2021/22 there were a total of 43,239 adverse incidents reported and, of these, XXX were reported as SAIs. 78% of adverse incidents affected patients or service users, 16% affected staff/contractors/vendors with the remaining 6% affecting the organization as a whole or public/ visitors.

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

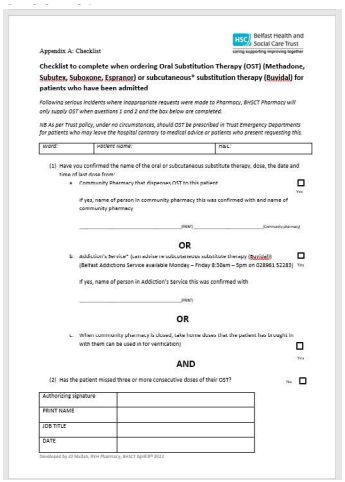
Top 5 Incident Types 2021/22	Examples of actions to reduce re-occurrence
Behaviour (17,964 reported incidents) (It should be noted that many of these incidents occur as a result of the behaviours that challenge associated with some intellectual disabilities and mental health conditions)	• The Trust has 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. **Types of Training:** CPI Verbal and Safety Intervention™ training incorporates trauma-informed and person-centred approaches. The programmes delivered, which were formerly known as MAPA®, train staff to respond to crisis situations with a focus on prevention using verbal de-escalations skills and strategies as well as teaching staff non-restrictive and restrictive interventions. CPI *Safety Intervention*™ formerly known as MAPA® , Advanced or Emergency programmes are designed for service areas that support individuals who are more likely to demonstrate more complex or extreme risk behaviours. It provides effective tools and decision-making skills to help staff manage higher risk situations, offering a wider array of verbal and physical intervention options. Restraint Reduction Network certificated training curricula. **Mental Health Services** • All incidents graded as moderate and above severity, as well as incidents graded minor or insignificant, but with a potential of a medium or above consequence are reviewed by the Collective leadership Team (CLT), at the weekly governance huddle and feedback returned to the appropriate service area with comments or further action if required. Incidents of violence and aggression are 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 on a weekly basis for review by CLT

Top 5 Incident Types 2021/22	Examples of actions to reduce re-occurrence
	and distributed to the service areas within Mental Health Services. The PI report includes all aggressive and self-harming behaviour incidents. The service 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 a Mental Health inpatient facility, 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. **Intellectual Disability Services** • All incidents of aggression are reviewed at both Hospital and Community daily safety huddles and at weekly Live Governance meetings • All incidents of aggression within inpatient settings are discussed at ward level within Clinical Improvement Meetings with full MDT review • Governance Committee takes place on a bi-monthly basis, using the weekly safety report a monthly tally charts trends and patterns of incidents of aggression. These are presented to the management team, with proactive crisis management plans in interim, including protection plans • 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. This may be within an individual POD or an annex area that lends itself to an increase in independence preparing inpatients for community living conditions

Top 5 Incident Types 2021/22	Examples of actions to reduce re-occurrence
	• The delayed discharge of some children in Iveagh's children centre has been escalated with placing Trusts. Joint work has resulted in suitable step-place being secured. Both Trust teams are currently working together towards successful discharges in November 2022. Currently there is one over 18 year old, within the care of this service, and this has been escalated via the early alert mechanism • Accelerated resettlement is having a refocus, under the realisation that harm may occur to individuals. These individuals do not want to be in hospital and can be a risk to each other. Poor minimal staffing levels are also a contributing factor to risk of violence, mainly due to boredom and lack of occupation for inpatients • Project planning work continues from MAH to secure suitable accommodation for delayed discharge patients.
Accidents / Falls (7,374 reported incidents of which 83% were falls) Falls Incidents	**Falls Incidents** There have been a number of fall prevention, quality improvement initiatives within the acute adult inpatient wards and ED. • Ward 5C, Cardiology have focused on developing a MDT approach to falls prevention. FallSafe Champions have been identified and are responsible for arranging monthly ward MDT falls meetings. They adapted the FallSafe signage into a 'falls sticker' and attach these onto the notes of patients, highlighting those who are at risk of falling. Investment in falls assistive technology has also been introduced. Support and training on FallSafe and how to manage a patient fall by focusing on the Trust falls policy and NICE guidelines has been delivered across the Cardiology Unit • The Division of Surgery Falls group was created to provide peer support in exploring, supporting and

Top 5 Incident Types 2021/22	Examples of actions to reduce re-occurrence
	advising senior staff on developing falls groups within each surgical ward. Physiotherapist colleagues are currently working on a strength and balance exercise leaflet bespoke to vascular patients • The MIH ED have addressed a number of fall related issues within their department to assist staff caring for patients' who are at risk of falling. A FallSafe Champion has been identified and the introduction of a FallSafe board and signage has also been implemented. Structural changes within the department have been made • Within the RVH ED staff are focusing on documentation and the post fall management of a patient adhering to the Trusts 'Management and Prevention of Adult Inpatient Falls in a Hospital Setting' policy • Ongoing quality improvement initiatives within the BHSCT will be facilitated by providing education and support to all staff on FallSafe and the post fall management of a patient.
Medication/Biologics/ Fluids (4,164 reported incidents)	**Medication Incidents** • Oral substitution therapy (OST), eg. methadone, is prescribed to patients with opioid dependence in order to stabilise their condition and provide a withdrawal or maintenance regimen. Patients receive OST in the community and the dose can change frequently in line with the patient's need • Following incident reports and to reduce the risk of prescribing and administering the incorrect dose of OST, BHSCT developed an OST checklist • This is completed by ward staff and sent to pharmacy. It is used to allow the dose in community to be verified prior to supply in hospital.

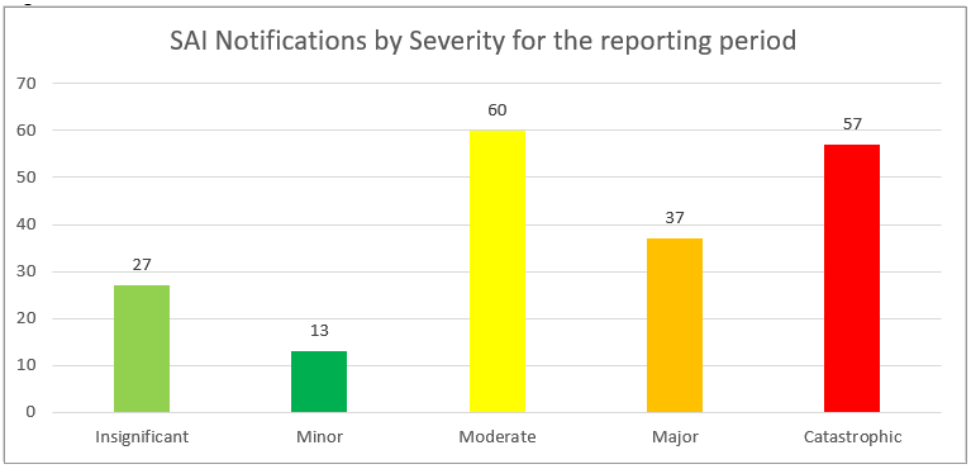
2. SAFETY

Top 5 Incident Types 2021/22	Examples of actions to reduce re-occurrence
	
Other (1,648 reported incidents)	• Some incidents recorded as 'Other' may be able to be coded more appropriately • Actions are being taken to improve the coding of incidents.
Service Disruptions (environment, infrastructure, human resources) (1,544 reported incidents, 50% of which relate to lack of staff/ non availability of beds.)	• These incidents occurred throughout the Trust with particularly high numbers in the Emergency Dept (RVH) and the Mental Health Inpatient Centre (BCH) • Incidents are reviewed on an ongoing basis via the individual live Governance arrangements in each of the relevant Directorates. Regular review and update of business continuity plans would be key • Communication with Site coordinators and escalation to senior management would occur when required to ensure appropriate action is taken to minimise impact on ongoing service delivery. This can sometimes require actions being taken throughout the Trust. These issues require entire HSC system review to resolve.

2. SAFETY

SAI Reviews during 2021/22 involving deaths

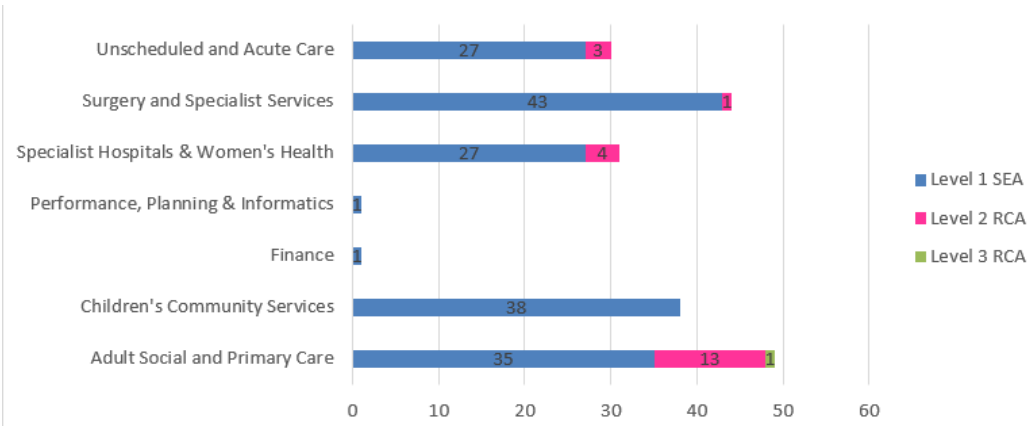
Of the 194 SAI notifications reported during the period 01 April 2021 to 31 March 2022, 57 (29%) involved the death of service users (catastrophic), of which 18 were related to suicides (3 for ACOPS, 2 for Children's Community Services and 13 for Mental Health).



Of the 194 SAIs, 172 (89%) new SAI notifications were for Level 1 SEA review while 21 were for Level 2 RCA and 1 was Level 3 RCA. For the previous year, 168 SAI notifications had been submitted, which demonstrates a 15% increase in overall SAI reporting.

Ongoing challenges exist with the completion of SAI reviews in a timely manner. This is seen across the Region.

The table below provides a SAI breakdown by Directorate as per Datix structure (at that time).



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 Guidance requires prior endorsement for implementation in NI by the Department of Health. NICE Guidance can relate to Clinical Guidelines, Technology Appraisals, or Interventional Procedure Guidelines.

NICE Guidance Apr 2021 - Mar 2022

In total **127** separate pieces of **NICE Guidance** were endorsed by the Department of Health for issue and implementation between April 2021-Mar 2022.[2]

- 32 NICE Clinical Guidelines (7 related to COVID-19)
- 65 NICE Technology Appraisals
- 30 NICE Interventional Procedures Guidance.

All NICE Guidance is issued to Clinical Director/s to lead on the action and implementation. The clinical lead is determined by the Deputy Medical Director.

A breakdown of the dissemination of the total **127** NICE Guidance is below:

- 39 issued to multiple Directorates
- 52 issued to Surgery & Specialist Services
- 22 issued to Unscheduled & Acute Care
- 13 issued to Specialist Hospitals & Women's Health
- 1 issued to Adult Social & Primary 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.

The Trust Standards & Guidelines Department is based within Risk & Governance, 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 NI
- The Western HSC Trust continues to work on a pilot regional system to manage the recording and dissemination of NICE Guidance with updates provided at the NICE Regional Forum. The Trust will evaluate the adoption of this system post-pilot feedback from Western HSC Trust.

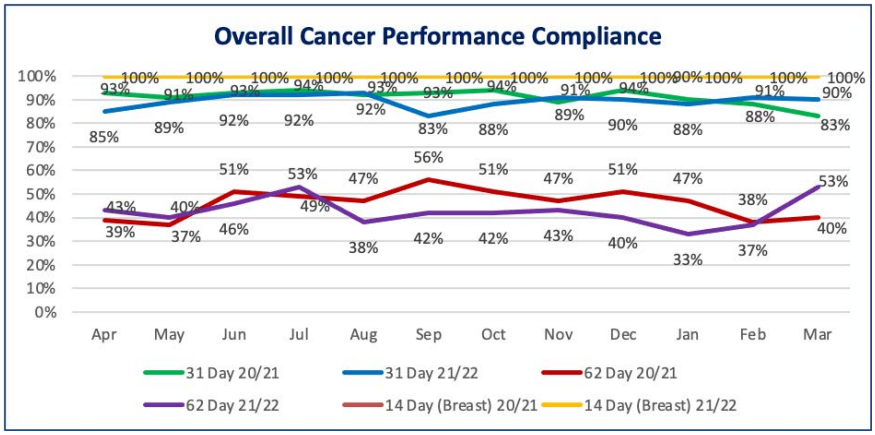
Cancer Treatment and Care

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 2021 – March 2022 compared to April 2020 – March 2021. 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 similar to the previous year which is mainly due to reduced theatre access due to the ongoing pandemic. The purple line shows a reduction in our 62 day performance for the past year compared to the previous year (red). There has been a 23% increase in red flag referrals and an 8% increase in the total number of patients treated.



2. SAFETY

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)

- Diagnostic waiting time and the need for shorter waiting times in

  – Endoscopy (OGD and Colonoscopy)

  – Hysteroscopy

  – PET CT

  – CT guided biopsy

  – CT reporting turnaround time

  – Cystoscopy

  – TP biopsy

  – Pre biopsy MRI

  – Pathology reporting turnaround time

  – Priority 2c procedures

- 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.

Actions and improvements undertaken in 2021/2022 include:

- The breast surgical service sustained 100% performance against the 14-day target and anticipates this will continue into 2023

- Introduction of QFIT into secondary care prior to the first appointment has helped to improve the 14 day performance for Lower GI red flag referrals
- A Lung Cancer Pathway Optimisation project group has been established. Pathway mapping is complete from referral through diagnosis to treatment and action plan developed against the identified bottlenecks in the pathway with a view a focus on improvements
- A Cancer Services Website has been established
- Improved MDM remote working through upgrading equipment in a number of MDM rooms
- The implementation and review of regional MDT electronic referral forms for all MDMs
- A reduction in CTC waiting time, pre-biopsy MRI and TP biopsy waiting times
- Continuation of Weekly PTL meetings in Gynae and Urology
- The development of a briefing paper for a Metastatic Colorectal MDT, which is currently awaiting funding
- The development of a briefing paper for a PRRT service which is being established
- The successful completion of 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 and improving data collection and information
- Each Cancer MDM has been self-assessed and a quality mark assigned along with regular audits to improve MDM effectiveness
- A prehab project ovarian cancer commenced to improve surgical prehab pathway for patients diagnosed with ovarian cancer.
- 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 2022/2023
- Cancer Services ASM will continue to engage with the Encompass groups for Cancer Pathways.

Next Steps (2022/2023)

The cancer services team will continue to work in partnership with multidisciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

Statutory Mandatory Training

Statutory training is required to ensure that the Trust is meeting any legislative duties. Mandatory training is an organisational requirement to limit risk and maintain safe working practice. There has been an improvement in compliance within 5 of the 10 core areas since March 2021, particularly in the area of Health & Safety. Directorates are provided with their own performance data monthly, and attention is focused on areas where performance is low, or reducing. Directorates are also asked to maximise the e-learning opportunities available, for completion of training.

The table below shows the Trust position of the Core 10 Mandatory Training areas from April 2019 to March 2022.

Overall Trust Performance as at 31 March 2022	30.04.19	30.04.20	31.03.21	31.03.22	Higher / lower than March 21	Change Jan 2022 - Mar 2022	Frequency required
Adverse Incident Reporting	33%	42%	53%	55%	2%	↑	Once
Corporate Induction	79%	82%	78%	79%	1%	↑	Once
Data Protection	53%	61%	52%	52%	same		3 yearly
Equality for All Staff	34%	40%	35%	36%	1%	↑	5 yearly
Fire Safety	46%	47%	53%	53%	same		Yearly
Health and Safety	9%	36%	55%	59%	4%	↑	Once
Infection Prevention Control	78%	80%	81%	81%	same		Once
Manual Handling	28%	24%	33%	35%	2%	↑	2 yearly
Quality 2020 L1	62%	69%	69%	67%	2%	↓	Once
Safeguarding	78%	78%	82%	82%	same		Once

Vaccination Programme

The Trust Vaccination Team were responsible for the deployment and delivery of both the COVID-19 & Flu Vaccination Programme in April ’21- March ‘22.

Lead by the Vaccination Steering Group the teams working in partnership and co-opting representatives from many services it took responsibility for coordinating and delivering a programme to many eligible cohorts.

This included:

- HSC frontline and non frontline staff
- Care Homes, Residential, Day Care facilities and Supported Living
- Housebound patients, via home visits

- Long-term in-patients, including Acute Mental Health and Learning Disability Units
- Immuno-supressed and Clinically Extremely Vulnerable patients from 5yrs plus working in partnership with School Health Teams for Special School Visits
- Pregnant women
- Household contacts of immunosuppressed
- Carers – both paid and unpaid, including Care Partners
- Homeless – co-ordinated by the Community Health Nursing Team
- Asylum Seekers and Migrant Community – through partnership with NINES Teams
- Specific allergy clinics for those patients, referred by the GP
- Bespoke clinics for low uptake areas including student population at QUB, Stranmillis College and the Further Education Centres
- The resource required to deliver these programmes has to be utilised to maximise capacity and ensure vaccinations were carried out safely, timely with optimum uptake.

The Regional Vaccination Management System was a live IT system which recorded all necessary patient records and fed directly to the 'Covid Cert' Teams.

Location(s)

The Vaccination Programme commenced in the RVH vaccination Centre, to maximise the use of the Peer Vaccinator support available within the Trust.

Mobile clinics also visited other locations to improve accessibility for all staff and to deliver to patients within the Community Setting requiring both COVID-19 and Flu.

The RVH Vaccination Centre operated seven days a week, with uptake monitored on a daily basis.

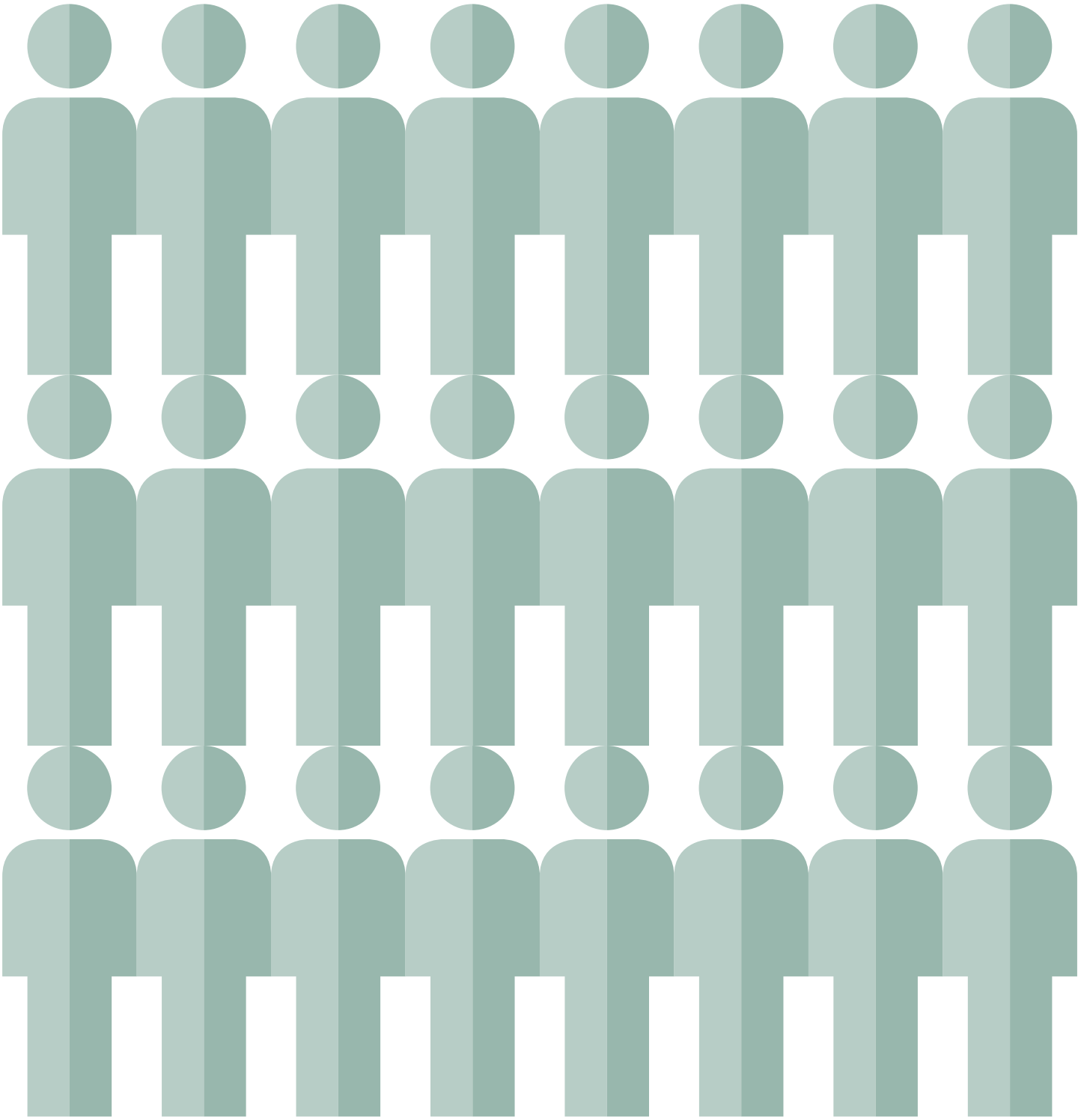
The Trust Vaccination Steering Group has a broad range of representatives, led by the Deputy Chief Executive and included:

- Divisional Nurse Vaccination Centre Lead
- Pharmacy
- Information Technology
- Patient Client Support Services

- Communications
- Human Resources
- Occupational Health
- Trade Unions
- Co-opted representatives as required.

The Vaccination Steering Group fully engaged with regional colleagues, internal groups and national campaigns to ensure the sharing of good practice.

3. Experience



3. EXPERIENCE

Experience

A good experience for every patient/service user is a key priority. We want to build on existing good practices by continuing to design our services around the needs of our patients. Patient and service user experience enables those who use our services to direct us through feedback, involvement and engagement, to provide care that is not only clinically outstanding but holistic in approach. We proactively capture the experience of our patients/ service users through Real-time Patient Feedback, local patient experience surveys and Regional approaches such as 10,000 Voices and Care Opinion. The overarching aim is to translate this patient feedback into improving our services.

Improving staff experience is a key aspect of our People and Culture Priorities with the aim of Supporting Healthy, Productive Teams. Independently assessing real time staff experience scores and feedback is key to improving joy in work. It also helps develop a better understanding of the links between staff experience, patient experience and safety.

Personal and public involvement

Personal and Public Involvement (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.

The Trust remains committed to ensuring that the statutory duty for PPI is embedded into all aspects of its business, in line with the regional PPI Standards. The Trust also continues to work towards the implementation of the Department of Health Co-Production guide and the Belfast Trust Involvement Strategy, which sets out the Trusts vision, commitment and integrated approach to Patient and Client Experience, PPI and Co-production.

PPI is included in the Trust Assurance Framework committee structure and reports via the Involvement Steering Group. PPI is reflected in the Trust Corporate Plan and is subsequently included in Directorate and Divisional management plans.

There continues to be a wide range of service user and carer engagement opportunities throughout the Trust, both corporately and within clinical Directorates, which facilitates people to become involved in the development, improvement and evaluation of Trust services. Staff strive 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.

There are 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. There is continued commitment to ensuring that involvement of service users and carers is central to all Quality Improvement work.

A Trust reader panel has been established and there are currently 23 members who provide feedback on a range of Trust information. All service areas who received feedback from the reader panel reported making changes as a result of the feedback received. Feedback received from service areas who have accessed the reader panel included:

- *The feedback we have received from the panel is absolutely invaluable and goes a long way to creating a site that is informative, inclusive and inviting to a wide range of users. …..the feedback we have received from the panel has been collated and implemented, with relevant changes made.*
- *We found this was a very useful exercise particularly to have a non-professional opinion on the content we had provided within the leaflet.*

The Trust virtual involvement network continues to grow, with membership increasing from 220 in December 2021 to 561 at the end of March 2022. Involvement opportunities are regularly promoted with this network and an Involvement newsletter continues to be produced quarterly and circulated widely.

During this period the Trust has also established a Carer Network, which will:

- Identify and decide carer priorities through the Carers Strategy 2022-onwards and the Trust Corporate Plan
- Assist with specific projects to progress the Carers Strategy
- Improve how we engage and communicate with carers.

The majority of the involvement activity carried out during this period has continued to be facilitated virtually due to ongoing challenges presented by COVID and moving forward, the Trust will create a mixture of both virtual and face-to-face involvement opportunities.

During 2021/22, 3077 members of staff completed PPI e learning. This basic training course introduces staff to the legislation and concept of PPI. 330 members of staff attended online-facilitated training during this period and this included:

Training	Number of attendees
Introduction to PPI	129
Getting People to Participate	53
Putting the 'I' in COVID (online methods of involvement)	20
Committee skills (recovery college)	11
Plain English for Involvement	110
SCOPE (Involvement training for service users and carers)	11

98% of the participants who attended the online-facilitated training rated the training as very useful or useful. Comments on the evaluation forms included:

- *It felt like it was applied knowledge rather than being presented as concept without any clue how to make it valuable in my workplace*
- *Very good pace and I felt that the smaller group exercise was very useful.*
- *The session was very useful and interesting. It was well structured and had content that will be helpful in my, and colleagues, practice.*
- *Benefitted from speaking to other staff members and hearing about their experiences in engaging with clients virtually.*
- *Break out rooms, although not my favourite, were really good to hear others' experiences. The questions posed allowed this to happen really well.*

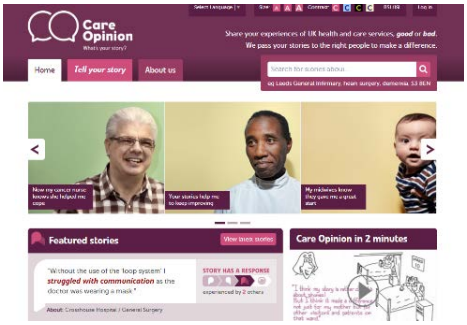
The Trust continues to participate in the Regional PPI Forum and related subgroups including, training and remuneration / reimbursement. The Trust also participated in a task and finish group during this period which was established to develop a new regional approach to monitoring of PPI and will begin to roll out this regional monitoring template during 22/23.

Care opinion

- Care Opinion is an independent non-profit organisation which was commissioned by the PHA to provide a feedback mechanism for all the HSC Trusts in Northern Ireland. It was introduced in August 2020
- Service users, and their families and carers, are invited to share their experience of care through www.careopinion.org.uk

3. EXPERIENCE

- All stories are moderated by Care Opinion and responded to by a member of Trust staff.

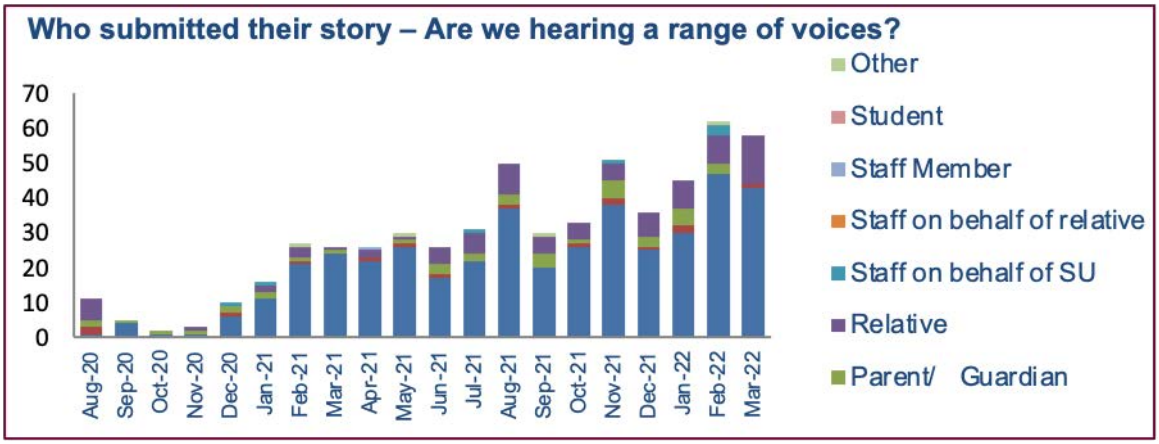


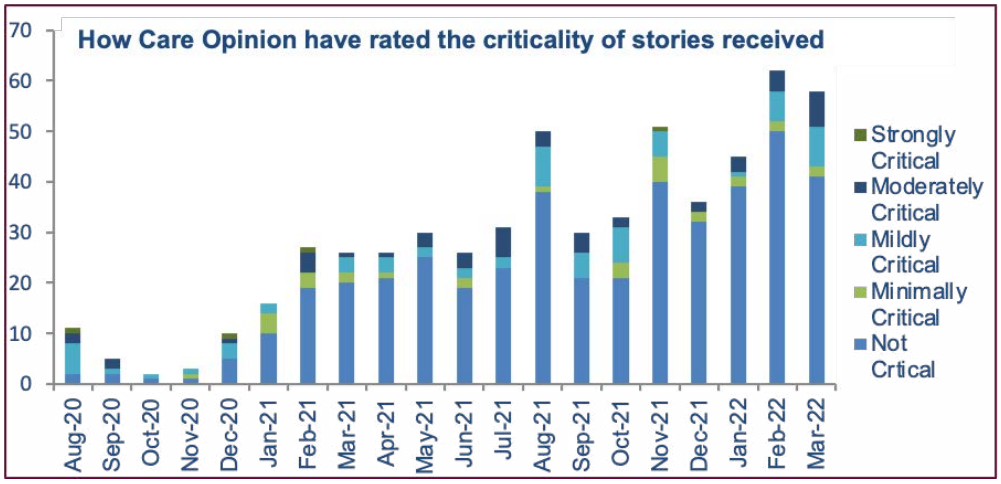
Care opinion – the story so far (August 2020 to March 2022)

- Ongoing weekly Social Media promotion
- 'Framing the Ask' training ongoing to support staff to ask for feedback
- Care Opinion remains a standing item on Divisional Safety and Quality Governance meetings throughout the Trust
- Number of staff responding currently stands at 467
- Challenges of responding within target time frame (7 days)
- Aim to be an increase in the number of staff across the system who engage and respond with stories.

Care Opinion
What's your story?

Total number of stories to date	Total number of changes	Total number of changes planned	Total number of changes made
458	17	5	12





Next steps

In 2022/23, the Patient and Client Experience Team within the Trust will be looking to embed Care Opinion more meaningfully and work with services to ensure responses are helpful to those who share their story with us.

We will:

- Continue and expand promotion of Care Opinion and increase the staff awareness and engagement, including in new services
- Develop innovative uses for Care Opinion feedback
- Increase the number of stories shared
- Work with services to increase meaningful responses and identifying change possibilities.

10,000 More Voices

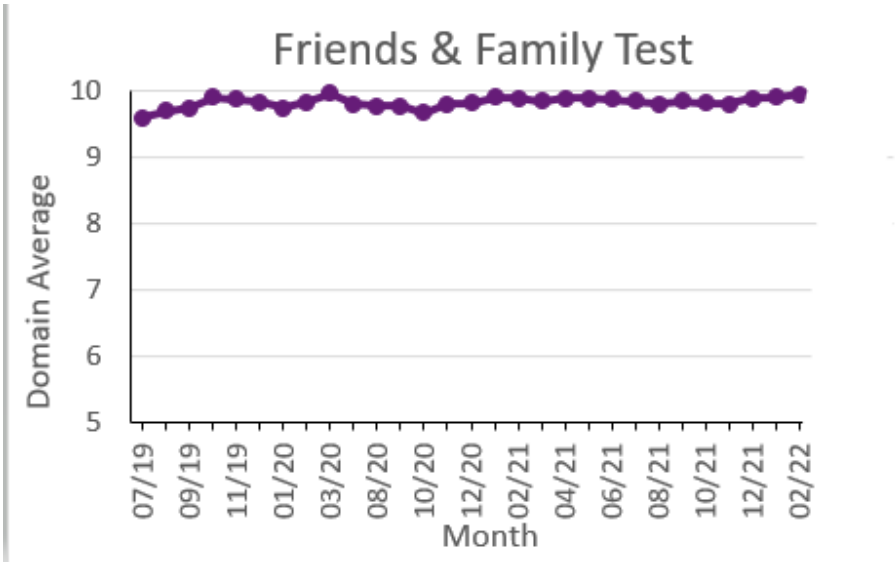
The '10,000 More Voices' initiative enables engagement with patients and clients to focus on what matters to them when using healthcare services. Through involving patients and service users in our work and listening to their experience, we can make a real difference to improve the quality of our services.

In 2021/22, the PHA launched a large 10,000 More Voices Project around Social Work. This project will run from September 2021 to March 2023, in recognition of the breadth of interactions with Social Workers and the many different areas and services that need to be considered.

Real Time Patient Feedback

During the course of 2021-2022, the Real Time Patient Feedback project has continued to be introduced into a range of new areas across BHSCT. To date, we visit 80 areas with most receiving a fortnightly visit and feedback being shared back to the teams within 24 hours. The team of Patient Experience Officers has continued to grow, with 13 currently in post.

Over this period, we have spoken with 6741 patients in our Adult in-patient wards Trust wide, with 98.96% saying that they would be extremely likely or likely to recommend the treatment or care they received to a friend or family member.



Some of the new areas to come on-board over this past year have required the surveys & model used, to be adapted to meet the needs of the specific areas. Some of these are:

- **Muckamore Abbey Hospital**- Launched in June 2021, during Learning Disability Week- rolling out to this area involved working with the Multi-Disciplinary Team, as well as external organisations such as TILLI & Arc, to develop an approach for gathering feedback in a way that was familiar to patients with a learning disability & various levels of communication. We developed 2 different methods to gather experience feedback from the patients. The first being an easy to read survey with pictures for those patients more able to communicate verbally & the second being a Talking Mat, which is a tool the SALT's would use with patients with more limited verbal communication to gather information about their likes & dislikes or what makes them happy or sad. The team were able to be trained in using this tool and gather experience feedback this way also.

3. EXPERIENCE

During 2021-2022, we spoke with **36 patients** in Muckamore Abbey Hospital, with **66.67%** stating they would always tell family or friends good things about how they have been treated on the ward.

- **Emergency Departments**- Launched in Dec 2021. We worked collaboratively with the ED Team & service users to develop 2 surveys to hear the experiences of patients who attended ED & were then discharged (surveyed fortnightly), as well as patients who attended ED & were then admitted to a bed (surveyed quarterly) .

  To date, we have spoken with **12 patients** who were discharged from our 2 ED departments, with **100%** stating they would be extremely likely or likely to recommend the treatment or care they received to a friend or family member. We have also spoken with **25 patients** who have been admitted from both our ED departments to a hospital bed, with **86.96%** stating they would be extremely likely or likely to recommend the treatment or care they received to a friend or family member

- **Maternity Outpatients**- Launched December 2021. The Patient Experience Team meet with women attending Antenatal clinic at the Royal Jubilee Maternity Hospital and hear about their experience of attending this clinic. We have had good engagement with the women attending, and have been able to provide valuable feedback to the Maternity team who have been able to implement changes within the clinic as a result. Some examples include commencing an improvement project around providing more information to women about any new medications they may be commenced on, new chairs and signage re priority for pregnant women displayed in clinic & education with midwives around ensuring birth options & care pathways are discussed with women at their appointments.

To date, we have spoken with **69 women** at Antenatal Clinic RJMS, with **98.55%** stating they would be extremely likely or likely to recommend the treatment or care they received to a friend or family member

- **Domiciliary Care**- We have developed a survey for hearing the experiences of those service users receiving care in their own homes from both the Statutory Trust Provider as well as the Independent Providers. Service users will be contacted via telephone & any issues raised will be discussed with their key worker for follow up. We plan to launch into this setting in April 2022

  We also have a list of areas who are keen to come on board over the next 12 months, with RBHSC identified as our next priority area.

Some quotes from patients captured during patient surveys

Staff Experience

Staff Experience Survey

A key aspect of our People and Culture Priorities is improving staff experience with the aim of Supporting Healthy, Productive Teams. As part of our ongoing commitment to get better at listening to how our staff feel, we have partnered with Northumbria, a health and social care Trust in England who have demonstrated that improving joy and pride in work can be achieved through a staff experience programme.

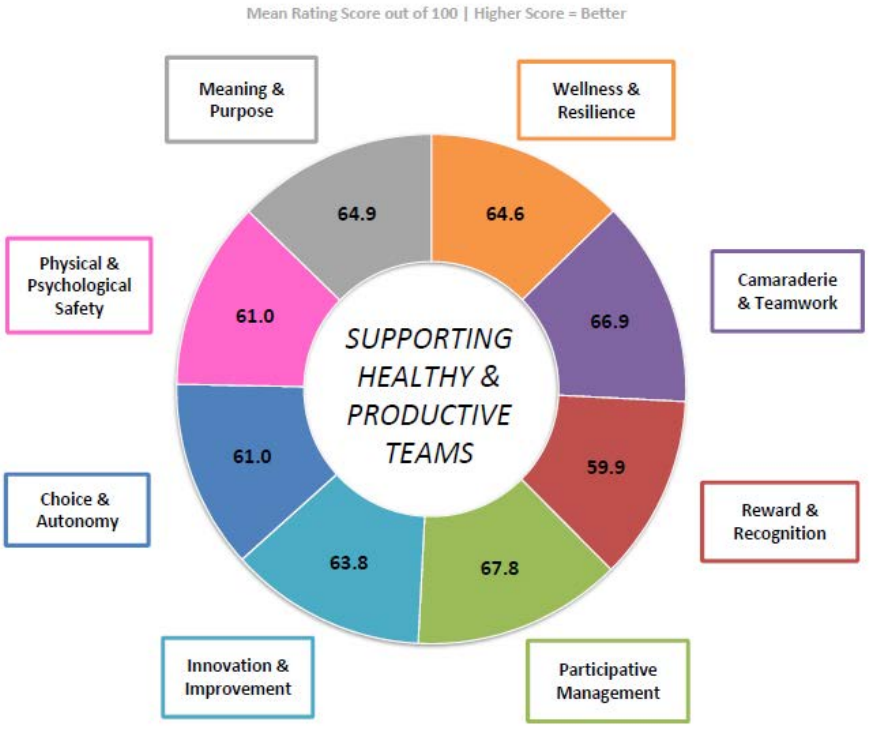
We launched a Trust wide Baseline Staff Experience Survey in June 2021, followed up in March 2022 with a Wellbeing Staff Experience survey. The purpose was to gather more frequent data at local level to better understand staff

experience and engagement levels. It develops a better understanding of the links between staff experience and patient experience and safety.

We asked questions relating to the areas that Support Healthy, Productive Teams:

- I have control and autonomy in my job
- I feel part of a team and I get on with them
- I have meaning and purpose at work
- I feel respected and people are kind to me at work
- I feel recognition for doing a good job
- I feel like my wellbeing is valued at work.

Results from our June survey can be seen in the diagram below.



Included in the survey as part of our drive to improve recognition, staff had the opportunity to tell us which of their colleagues they have noticed making a difference. Each member of staff mentioned received a certificate, had their name publicised and shared within their teams and throughout the Trust.

3. EXPERIENCE

In our June survey more than 2,000 staff completed the experience survey and in March 2022 this increased to over 4,000 returns by staff outlining what we do well and highlighting areas for improvement.

As a result of this feedback the HR People and Organisational Development team supported in the launch of the Belfast Trust People and Culture priorities in May 2021. Our vision in the Belfast Trust is to provide the safest, most effective and compassionate care and in order to achieve this we must treat our staff as our greatest strength. We launched our People & Culture priorities based on over 10,000 pieces of staff feedback. The diagram below outlines our People and Culture Priorities based on what our staff have told us.

Belfast Health & Social Care Trust
STAFF EXPERIENCE
Supporting healthy, productive teams

The data collated from the Staff Experience Survey is shared widely with teams and staff at all levels. The HR People and Organisational Development team supported directorate senior leaders through workshops that facilitated discussions and actions that developed into People and Culture plan with actions to be completed throughout the year.

Recognition Certificates

The first Belfast Trust Staff Experience Survey was launched in June 2021 as part of our ongoing commitment to improve staff experience, with the aim of supporting healthy, productive teams. Within the survey staff were given the opportunity to recognise a work colleague. We are delighted to confirm this has resulted in almost 1,000 recognition responses, which have were developed into a personal certificate of recognition signed by our Chief Executive. Certificates were distributed by Co-Directors across the organisation who distributed to staff in a localised and personal approach. This was an opportunity for senior teams to consider how their teams prefer to be recognised and to further reinforce the outstanding efforts of their staff. Some of the standout recognition comments are illustrated below:

Complaints and Compliments

Although most patients have positive experiences of our services there may be times when treatment or care do not meet expectations especially when something has gone wrong or fallen below standard.

We are focused 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 the original ward / department.

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

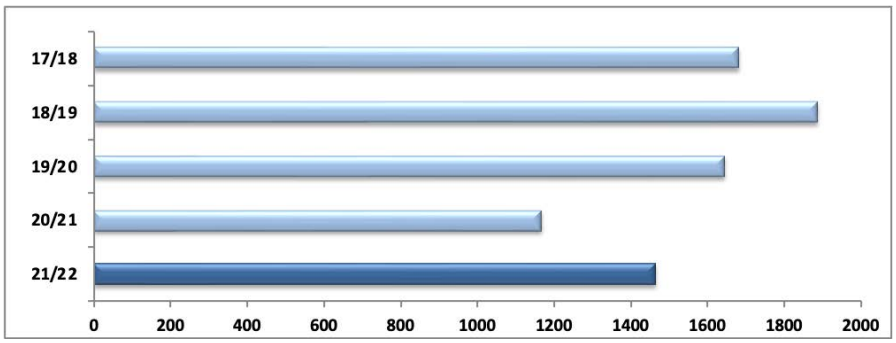
By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future.

3. EXPERIENCE

Facts and Figures

1,465 formal complaints were received in 2021/22 representing a 25% increase on the previous year's figure of 1,168.

Formal complaints 2017 – 2022:

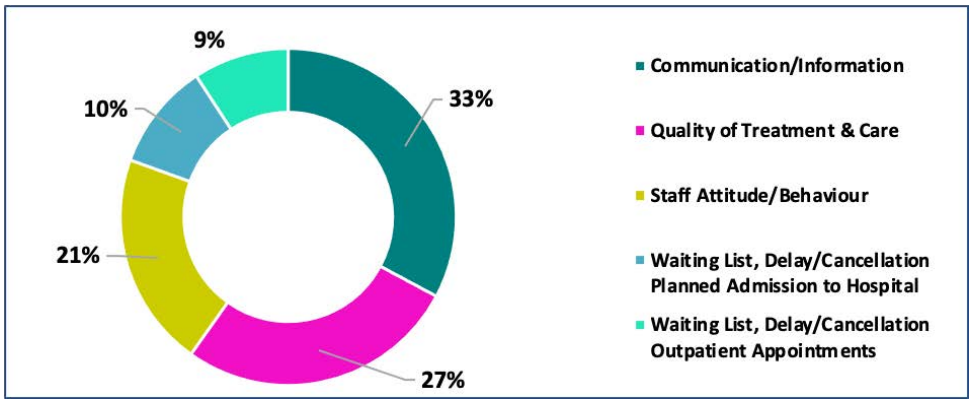


Formal Complaints - Top 5 Subjects 2021/22

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

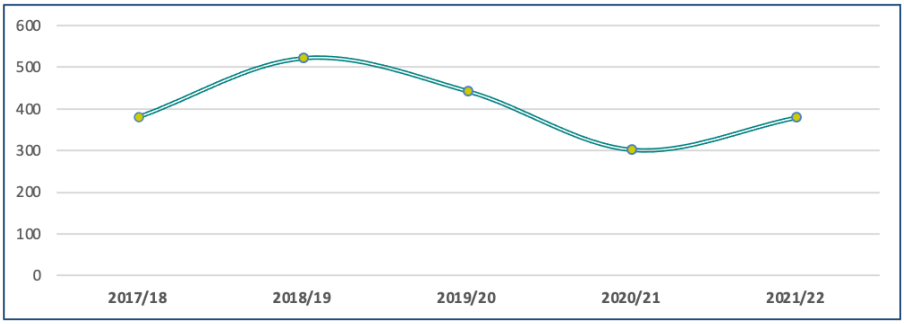
- Communication / provision of Information
- Quality of Treatment and Care
- Staff Attitude / Behaviour
- Waiting lists / delays / cancellations of Planned Admissions to Hospital
- Waiting lists / delays / cancellations of Outpatient Appointments.

The most frequent issues and concerns raised in complaints throughout 2021/22 remained consistent with those identified in previous years. The chart below shows the 5 most common complaint subjects during the year:



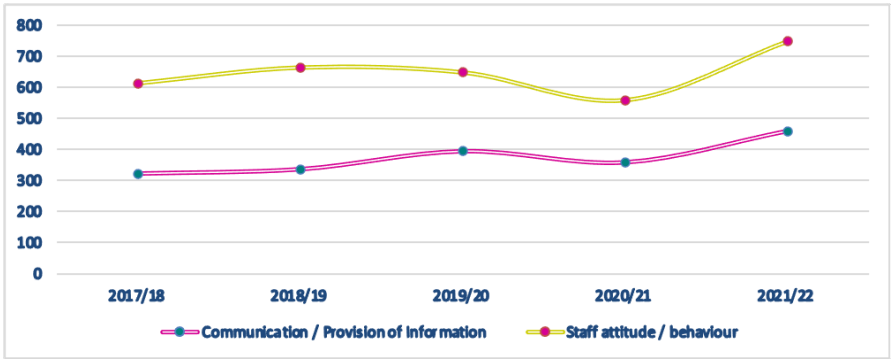
QMS Focus – Safety

Numbers of complaints about Quality of Treatment and care received:



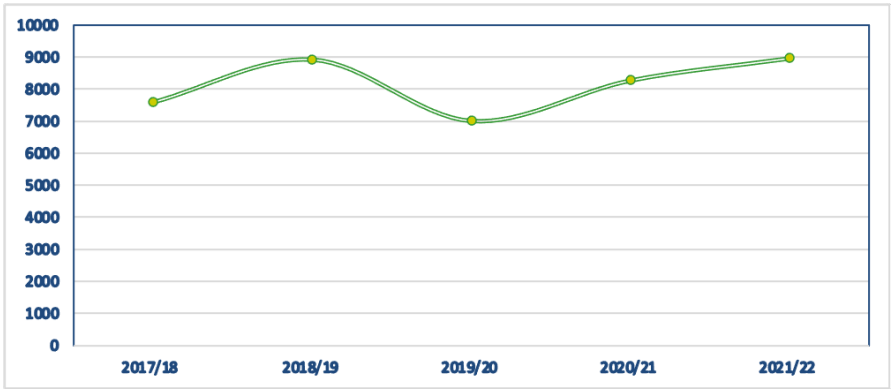
QMS Focus – Experience

Numbers of complaints about Staff attitude and behaviour, and Communication / Information provided:



QMS Focus – Experience

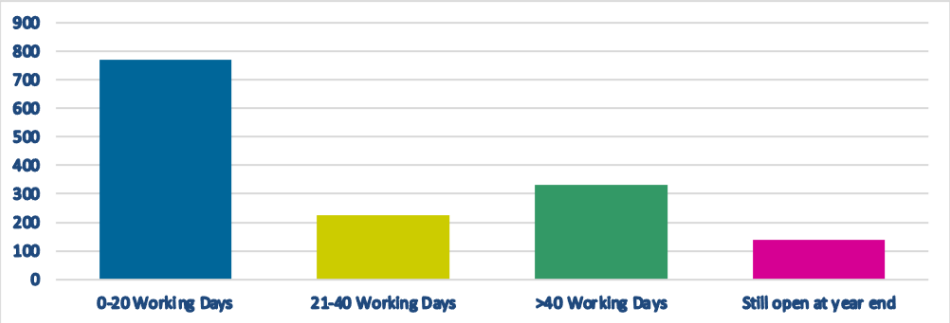
Numbers of compliments received about our services:



QMS Focus – Timeliness

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

During 2021/22 we took an average of 27.6 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.

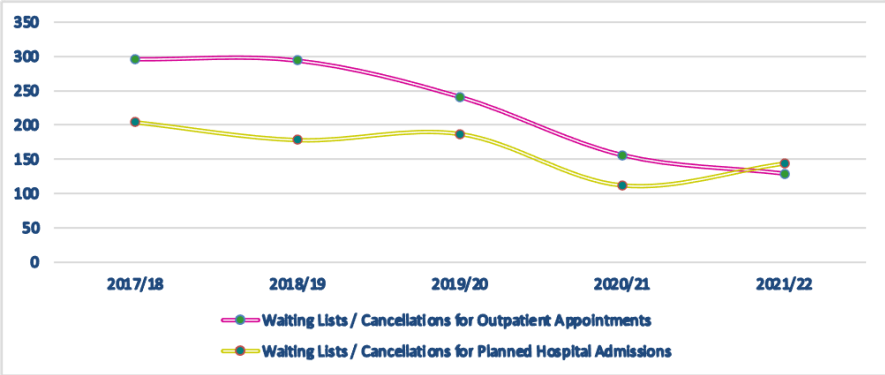
The following table shows the response times for the Trust for complaints received during 2021/22:

Acknowledgement of complaint within 2 working days	98%
Complaint response within 20 working days	52%
Complaint response within 30 working days	62%

In order to improve the timeliness of our response to complainants, we maintained our focus on long outstanding complaints during 2021/22, in particular continuing to highlight cases where investigations and work to write complaint responses had been ongoing for longer than 40 working days. We also encouraged and supported staff to resolve complaints on the frontline - increasing the numbers of complaints addressed informally within wards and departments, and also increasing the numbers of formal complaints addressed within 5 working days.

QMS Focus – Timeliness

Numbers of complaints received about waiting lists / cancelled services:



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 2021/22 include the following:

Complaint 1

A complaint was received about limited information having been provided in relation to a patient's elective surgery procedure in the Belfast City Hospital (BCH). In particular, the complainant was concerned that advice and information was provided verbally rather than in writing.

Following receipt of this complaint the Trust reviewed its processes and found that although information leaflets regarding all procedures had previously been routinely posted out along with appointment letters, this practise had stopped for some procedures, including the Urology procedure undertaken by the complainant's mother. This situation was discussed with staff in the Waiting List Office and measures put in place to ensure with immediate effect, that pre-procedure patient information would be sent out for all procedures within that clinical specialty.

In response to the complainant's feedback, the Trust also investigated what written information was available on the BCH surgical wards for Urology patients regarding their procedures, aftercare and discharge. As a result of this complaint, Urology procedural information leaflets are now provided to the surgical wards in BCH. These leaflets explain what the procedure involves; expected side effects; discharge information and how to seek help and advice if a complication arises.

Complaint 2

A patient attended an outpatient clinic and was advised that a joint injection may be helpful in relation to their condition. A date was subsequently arranged for this injection however the patient contacted the Trust's appointments office to advise that this date was unsuitable.

The appointment was consequently cancelled and a note was placed on the patient's records stating 'patient will phone for further appointment'. Because of this note, the patient unfortunately was not appointed to a future clinic as the appointments staff had an understanding that the patient would contact the Trust when they were next available to attend.

As a result of the complaint, the administration team reflected on their practice and made changes to their booking system to minimise the risk of a reoccurrence in the future. Processes were amended so that now, when a patient cancels their injection appointment the administration team now automatically place the patient back on the waiting list for a second appointment.

Complaint 3

Patient A's family requested a copy of their deceased relative's notes in which they found a blood gas entry relating to Patient B. Patient B's details were roughly scribbled out but still legible and the correct patient details had been written on the result in pen instead.

The family questioned whether this blood gas result was actually that of their relative or that of another patient, causing them to query whether Patient A's treatment had been appropriate.

The circumstances of this complaint were thoroughly investigated, and learning and improvement messages were highlighted across the Trust as a result. These included:

- Staff must always verify the correct patient details before entering these into the blood gas machine
- If a patient identity error has been made when inserting patient's details into the blood gas machine then the results must be hand written into the correct patient notes
- When updating a patient's notes vigilance is required to ensure no information relating to another identifiable person is included
- Staff should remember that they have a legal obligation to safeguard personal information & ensure patient confidentiality.

3. EXPERIENCE

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 2021/22 is detailed below:

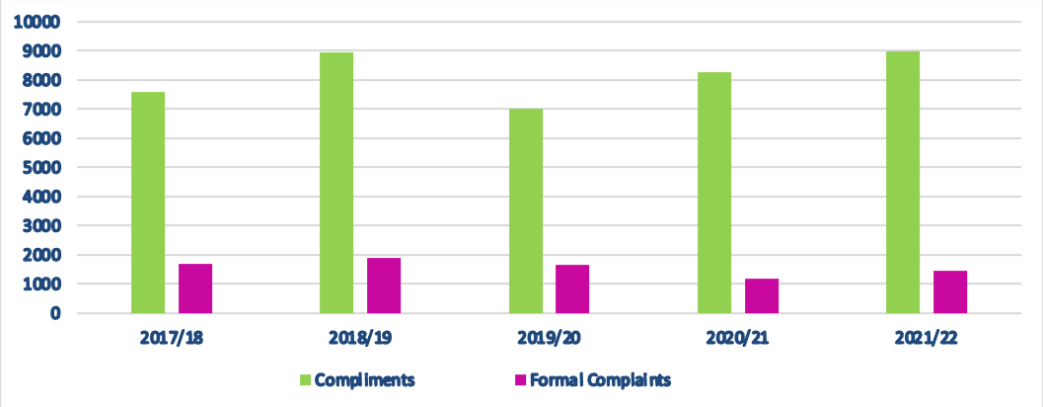
A woman presented at an admissions/maternity assessment unit at six weeks gestation, based on a home pregnancy test. The team failed to ask about the date of the pregnancy test and recorded her pregnancy as 4 weeks gestation. As a result the woman was not referred for an early pregnancy scan, and the opportunity to diagnose an ectopic pregnancy was missed. The ectopic pregnancy later ruptured.

Further to consideration of the issues raised in this complaint, the following key learning points were identified and communicated to relevant staff:

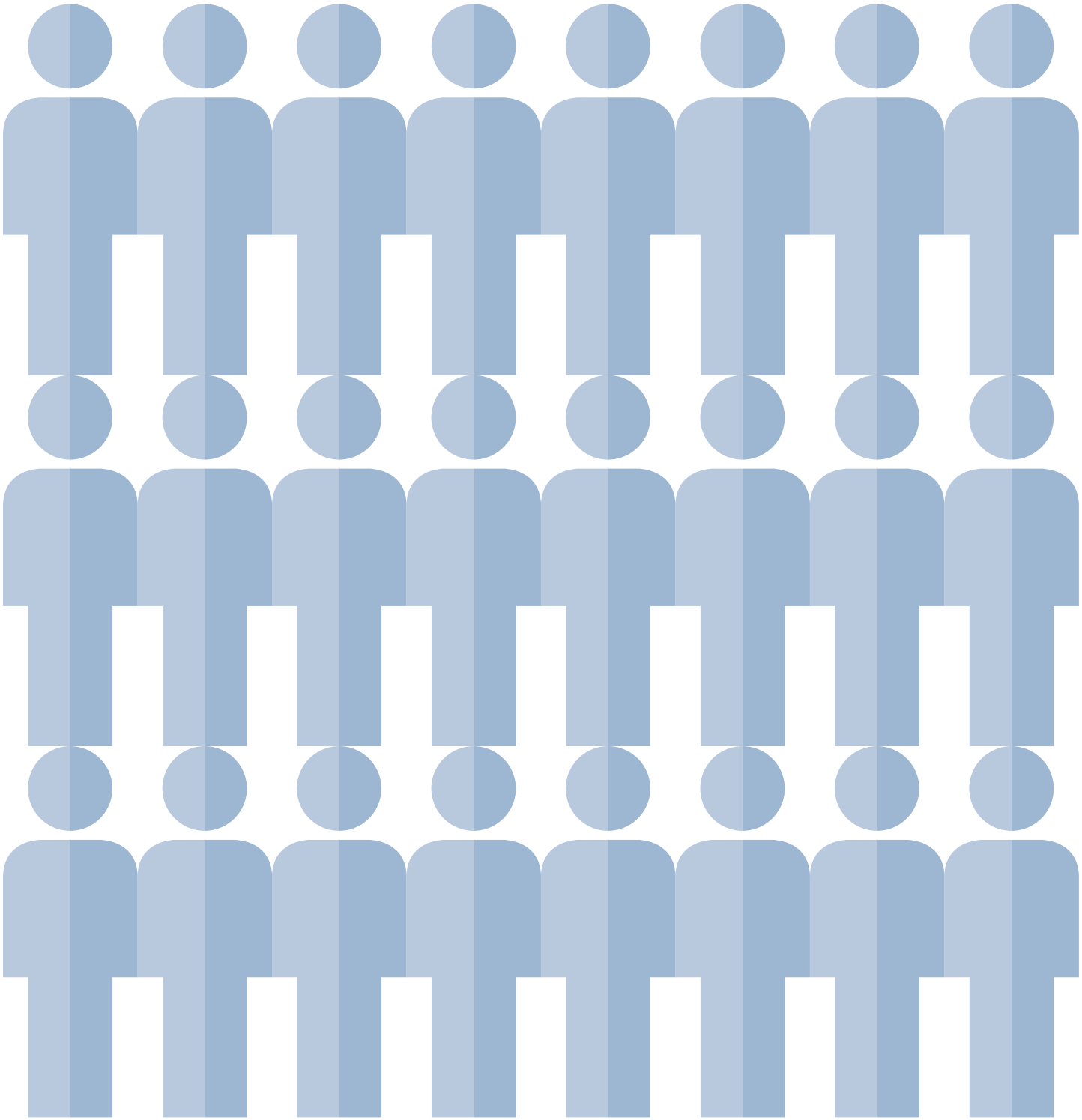
- Estimated gestational age is primarily derived from the date of the maternal last menstrual period though this can often be inaccurate for a number of reasons
- Enquiries about the date of a first positive pregnancy test may provide information suggesting a later gestational age than that estimated by first day of last menstrual period. This information may change clinical management both immediately and at onward referral to early problems in pregnancy clinic
- Asking about date of first positive pregnancy test should form part of routine history taking in early pregnancy problems.

Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. A total of 8,969 compliments were formally recorded during 2021/22 and the table below shows the numbers of compliments received over the past 5 years.



4. Effectiveness



4. EFFECTIVENESS

Effectiveness

Effectiveness is the ability of an intervention to have a meaningful effect on patients in normal clinical conditions and ensuring that those interventions are made in a timely manner is a key component to delivering high quality healthcare.

Outcome Data

Sentinel Stroke National Audit Programme

The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Life Course and Population Sciences at King's College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

Belfast Trust Stroke Team is among the top performing teams across the NHS.

The team work hard to ensure that emergency treatments are delivered without delay, despite current pressures across services.

The stroke unit at the Royal Victoria Hospital (RVH) is the only stroke unit in Northern Ireland offering the life-changing interventional radiology thrombectomy service to patients, accepting referrals from across Northern Ireland.

Throughout the current pressures on in-patient services, the RVH stroke team have continued to respond as an emergency (24/7) to every patient who presents with suspected acute stroke that might be eligible for treatment.

SSNAP data shows that RVH ranked 6th in the UK (grade A) out of 181 scoring teams.

In 2021/22 127 patients received thrombolysis treatment for Stroke in the Belfast Health and Social Care Trust, which was 14% of the total number of patients admitted to the unit. The median waiting time to treatment was 44 mins and this is ahead of the target time of 45mins. In addition to this there was a 13% increase in the number of patients who accessed thrombolysis in 2021/22 compared to 2020/21.

Furthermore in 2021/22 the Belfast Health and Social Care Trust undertook 137 thrombectomy procedures to treat patients across Northern Ireland which is an increase of 28% from 2020/21. . Based on 20/21 National Thrombectomy data from SSNAP, Belfast Trust is ranked 4th in the UK in terms of total numbers of thrombectomies undertaken.

Trauma Audit and Research Network

The Trauma Audit and Research Network (TARN) is a national clinical audit for trauma care with data submitted from all hospitals in England, Wales, Northern Ireland and the Republic of Ireland. It

is the largest European trauma registry of more than 500,000 injured patients.

UK TARN Data indicates:

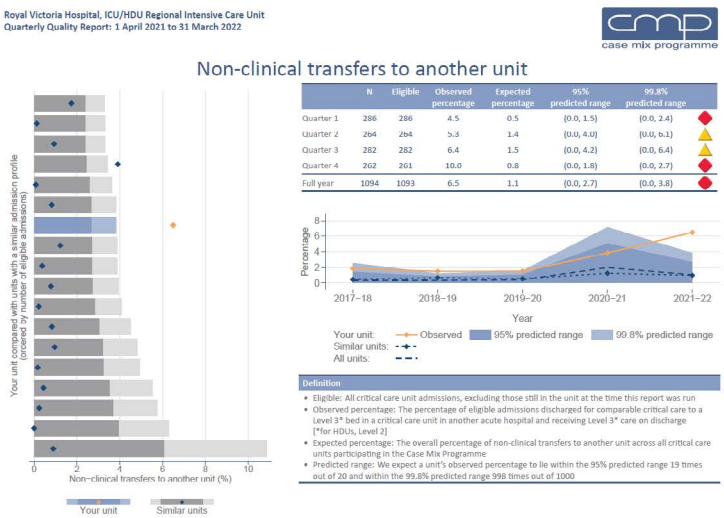
- Royal Victoria Hospital MTC is in the top third, with regards to patient outcomes
- UK Trauma excess rate of survival data suggests Belfast Trust is saving one additional life per 100 patients
- 72% of Trauma patients were given pain relief in ED, this is above the UK MTC average of 66%
- 84% of NICE criteria Trauma patients had a CT within 60 minutes
- Data Accreditation is 95.1% which is within TARN targets
- Time to CT scan (Less than 60 minutes) is currently 81% this is an improvement on previous years but still below the TARN average
- Unexpected survival rate is increasing and is above the average for the UK. Confidence interval is narrow, which indicates our data collection is improving and shows reliability
- Length of stay is 9 days, this is within TARN averages.

Intensive Care National Audit and Research Centre (ICNARC)

Belfast City Hospital and Royal Victoria Hospital Intensive Care Units both submit a detailed retrospective dataset on every patient as a means of providing assurance of safety and quality against a set of national indicators. The returns from the Centre are examined in ward governance meetings and data subsequently used to populate Quality Management System.

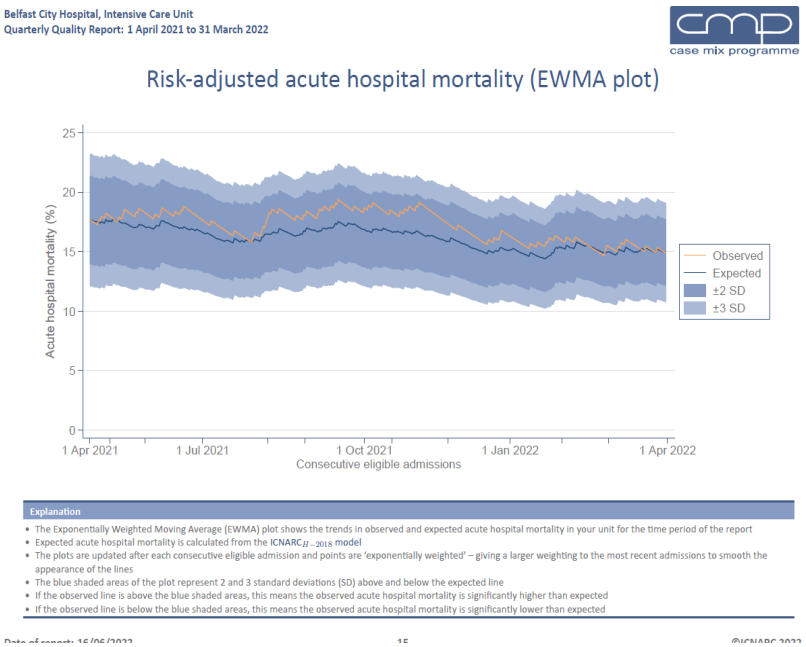
The key points from the most recent data (up to March 22) are as follows:

- The increase in bloodstream infections seen during the peak of Covid 19 (which is thought to be related to immunosuppression, environmental and workload pressures), is now much lower and trending to baseline
- Numbers of non-clinical transfers (which are used as a quality indicator, with low numbers indicating better performance) remain high, but this is due to the



transfer of patients between the two ICUs in Belfast Trust to preserve capacity. Non clinical transfers are generally reported as transfers between Trusts, rather than within, which makes us an outlier as we deliver critical care on two sites

- Our risk adjusted mortality rates remains significantly lower than all units in the Case Mix Program and also lower than units similar in both size and caseload. This is a significant and consistent marker of high quality care



- ICNARC and APACHE II severity scores demonstrate that patients in RICU are sicker, with more comorbidities and are more complex cases compared to average ICU admissions. The SMR data indicates that RICU saves more lives than ICNARC modelling would predict from our patient data

Royal Victoria Hospital, ICU/HDU Regional Intensive Care Unit
Quarterly Quality Report: 1 April 2021 to 31 March 2022

case mix programme

Case mix (ii)

	Your unit	Similar units	All units
Source of admission, n (%)			
Emergency department or not in hospital – unplanned admission	492 (45.0)	(32.7)	(24.4)
Emergency department or not in hospital – planned admission	0 (0.0)	(0.6)	(0.7)
Theatre – planned admission following elective/scheduled surgery	53 (4.8)	(12.2)	(24.8)
Theatre – unplanned admission following elective/scheduled surgery	12 (1.1)	(2.0)	(2.6)
Theatre – admission following emergency/urgent surgery	202 (18.5)	(22.5)	(17.1)
Ward or intermediate care area	224 (20.5)	(24.7)	(23.9)
Other critical care unit – repatriation	1 (0.1)	(0.3)	(0.6)
Other critical care unit – planned or unplanned transfer	59 (5.4)	(4.1)	(4.8)
Other acute hospital (not critical care)	51 (4.7)	(0.9)	(1.0)
Severity scores, mean (SD)			
ICNARC Physiology Score	20.1 (8.8)	17.1 (8.4)	15.9 (8.5)
APACHE II Acute Physiology Score	11.7 (5.3)	11.3 (5.6)	10.4 (5.4)
APACHE II Score	15.0 (6.3)	14.9 (6.6)	14.4 (6.2)
ICNARC model predicted risk of acute hospital mortality (%), median (IQR)	14.0 (4.2, 39.1)	9.0 (2.4, 29.2)	5.4 (1.5, 21.3)

- BCH ICU patient group contains twice as many patients with haematological malignancies, twice the number with metastatic disease, and three times as many who are immunocompromised. This would be expected to cause an increased mortality but the data shows a better than expected survival rate as described above.

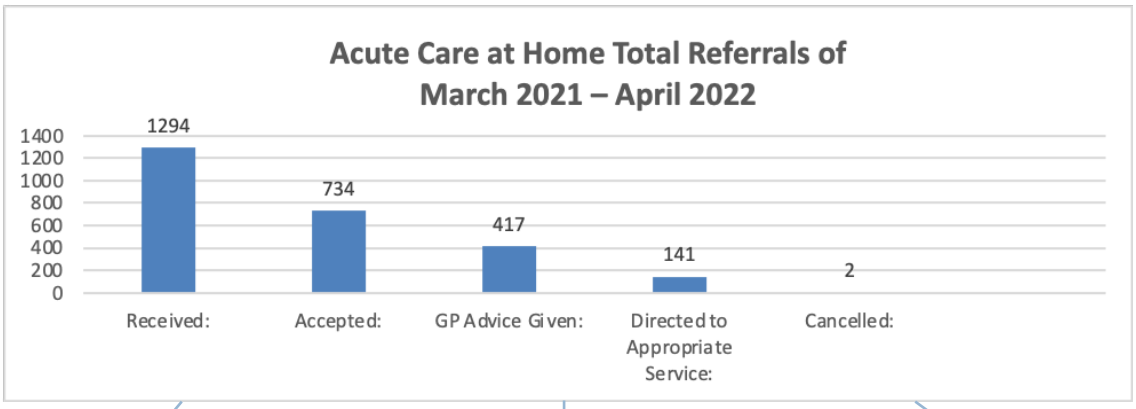
Community Care

Hospital at home team

In Community Care it is recommended that a population health approach should be adopted with prevention and early intervention at its core.

The Hospital@Home Service is a Consultant led multi-disciplinary Team designed to support older people primarily 75 years and above. The Team will provide a comprehensive geriatric assessment in the patient's own home. Patients will have the same access to diagnostics and laboratories as if they were a hospital inpatient.

The Hospital@Home Team also provides an in-reach service to the BHSCT Emergency Departments to case find and support patient flow to prevent the need for admission and provide safe and early discharge of patients who are frail, elderly with complex comorbidities.



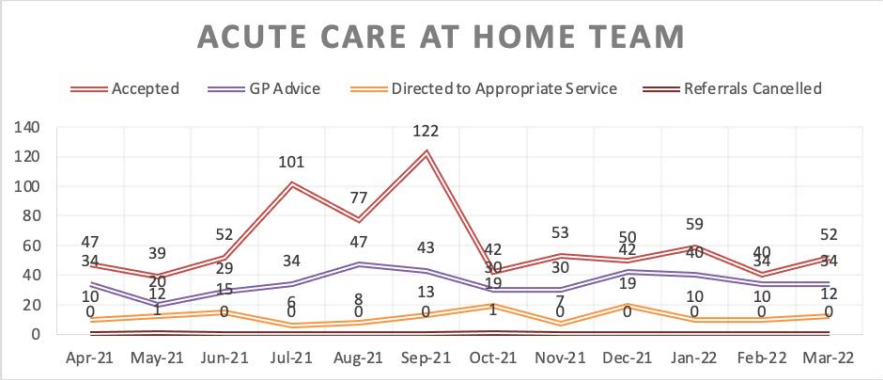
7,340 Hospital Beds Saved

502 Patients Back to Baseline

Average Age Group of Patients 80 – 89 years

4. EFFECTIVENESS

Hospital at home performance activity Apr 2021 – Mar 2022



Acute Care at Home Team

7340 Hospital Beds Saved

417 Referrals received medical advice

1294 Referrals received

100% Positive patient feedback forms returned

734 Referrals accepted

Next Steps

Our next steps include:

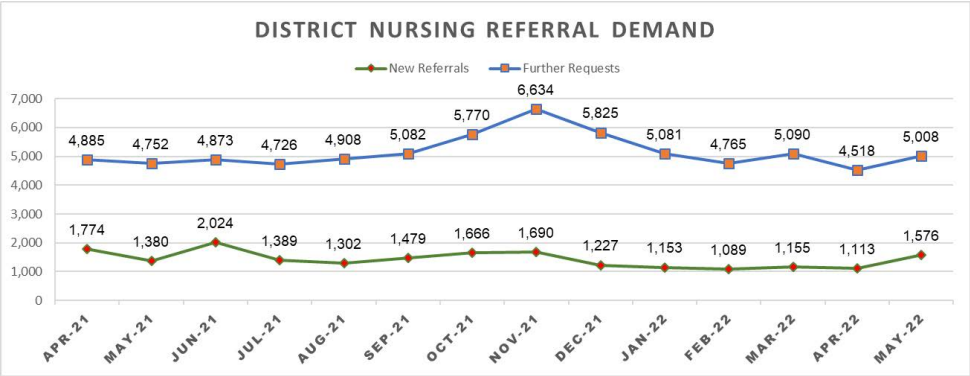
- Developing Frailty pathways to support rehabilitation in the community and keep people living with frailty well
- Continuing to Integrate working across services that are more community facing to support care of patients in their own home – Primary Care, District Nursing, Community Rehabilitation Services/ ICPs. Connected Community Hubs
- Work to adopt regional model with extended hours including weekends
- Increase referrals from ED/Hospital – ongoing QI work through active case finding alongside frailty education
- Appropriate use of acute sector/elderly care beds due to availability of alternative pathway support for older people in the community

- Wider Trust engagement – frailty screening and education
- Review of current Service in BHSCT
- Co-Production and service user input
- Continued QI focus and approach.

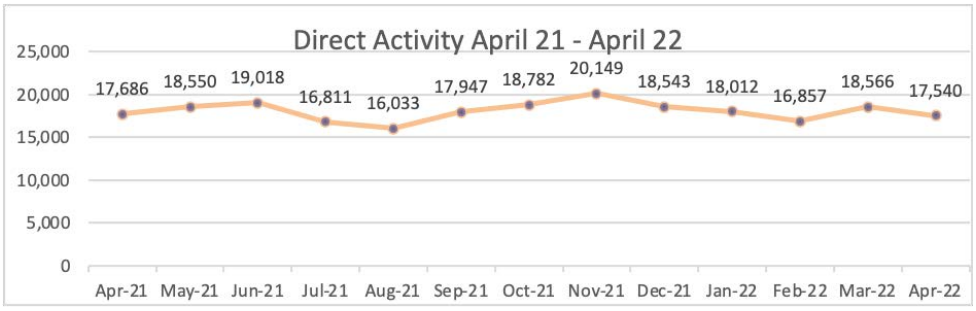
District Nursing Team

District Nursing have continued to deliver a 24-hour service, 7 days per week throughout 2021-2022, responding to 79,719 referrals and providing 234,494 direct patient contacts.

Number of Referrals	79,719



Number of Direct Patient Contacts	234,494



There are 45 District Nursing Teams in BHSCT, which have recently been reconfigured around GP federations, with a focus on each GP practice having an identified named District Nurse. The District Nursing workforce is currently experiencing significant workforce challenges, however, it is anticipated that the Regional District Nursing Career Pathway, will attract nurses to choose District Nursing as their preferred place to work. New clinical expert roles have been developed in the District Nursing Career pathway, including The Advanced Nurse Practitioner and The Consultant District Nurse. These roles will increase expertise knowledge and skills available to patients and

their families in the provision of diagnostics and home treatments. The first Trainee Advanced Nurse Practitioner commenced training in September 2021, a two programme, following the Older People Pathway. A further two District Nurses are due to commence ANP training in September 2022. The vision is to have an ANP aligned to each GP Federation in Belfast. The Consultant District Nurse has yet to be appointed.

District Nursing have implemented mobile working in the South and North Belfast District Nursing Teams, with the aim to have a full role out across all four locations including the Out of Hours District Nursing Team by Winter 2022.

In addition to the scheduled and unscheduled workload, the District Nursing Service delivered a COVID vaccine in 2021 and 2022, administering >4500 COVID Vaccinations.

Community In-reach Team

The Community Nurse In-reach Team are the key link between The Acute Hospital Sites in BHSCT, The Ulster Hospital, Dundonald and Community locations across the region. Their aim is to prevent hospital admissions, case finding and supporting early safe and effective discharge of patients, promoting home as the best and first place of care.

The team work directly with ED, Hospital Wards and District Nursing, to ensure that patients who are at the end of life can be facilitated to transfer to preferred place of care with the appropriate support in place.

The In-reach team continue to work closely with the infectious disease's consultants and facilitate early discharge home for patients requiring IV therapy by the District Nursing Team.

The table below will highlight the number of referrals community nurse in-reach have received with in the years 20/21 and saved bed days due to their ability to prevent admission to hospital and early discharges.

354 Number of referrals

982 Saved Hospital Bed Days

Home Care Services

The Belfast Trust Home Care Services incorporates the Home Care, Intensive Home Care and the Rapid Access to Personal Support (RAPS) services. Over 700 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 1,500 people at any one time.

The service promotes independence where possible, and supports service users to live at home and in their community. The Trust Home Care service is progressing through significant modernisation programme focussing on: workforce, training and technology. Work to date has included:

- Agreed standard Band 2 and Band 3 Home Care worker contracts
- Ring-fenced mandatory training for Home Care Staff
- Home Care staff have been provided with Trust mobile phones and email addresses
- Move to on-line training using Microsoft Teams and E-Learning
- Scoping of enhanced IT technolog

Feedback on Home Care

"My aunt receives an excellent service it is seamless … friendly helpful carers"

"Everything is working well and happy with the service….. very helpful thank you all"

Community mental health for older people

Community Mental Health Older People Services consists of a range of services for people living with dementia. The services offer a stepped care approach from diagnosis, assessment, treatment and 24/7 care and support for people living with dementia and mental ill health.

Services include:

- Memory Services based across BHSCT
- Dementia outreach Team for Specialist assessment, Care and Support based in Knockbracken Health Care Park
- Community Mental Health Older People Team (CMHOPT)for people diagnosed with Dementia and Mental ill health based in Knockbracken Health Care Park
- 5 Supported Housing, 24/7 Facilities for care and support for people living with Dementia and Complex Health Needs, this includes, Hemsworth Court, Cullingtree Meadows, Fairholme, Sydenham Court and Mullan Mews

4. EFFECTIVENESS

- 4 24/7 Statutory Residential Care Homes for people living with Dementia. This includes: Orchardville house, Bruce House, Killynure and Brae Valley (Brae Valley currently decanted for environmental works).

Statutory Residential Care Homes

In March 2022 Statutory Dementia Residential Care Home Steering Group was re-established, this group agreed to revisit and review the Options Appraisal Report completed in March 2019 following a review of the Trust's four Statutory Dementia Residential Care Homes.

The Steering Group responsibilities was to centre on ensuring the Dementia Statutory provision is fit for purpose, structurally sound and environmentally conducive to a positive experience of those residents placed there, providing assurance with regard to the health and safety of those who work and live in the homes.

Environmental Improvements Statutory Residential Care Homes.

Service Improvement initiative	What we did	
To improve the external environment across three residential homes	Engaged residents, families and staff for ideas on what the outside space could be used for. £5000 furniture for each home. Currently collating feedback from residents, carers and staff.	Collation of qualitative feedback through care opinion and questionnaires. This feedback will inform if we as a service have made positive improvements.
To improve the internal environment across three residential homes.	Engaged residents, families and staff for their input and suggestions on how to improve the interior aspect of our BSHCT Stat Residential Homes. A significant refurbishment of the interior of three of the residential homes has taken place over the past 18 months.	Ongoing engagement with relatives, staff and residents. Collation of qualitative feedback and compliments received on the improvements.
Oversight of standardisation of procedures, paperwork and management within residential homes..	Formed a residential oversight group including the ASM, Registered Managers and Deputy Manager. Meetings held weekly and chaired by ASM. Sub groups formed for completion of specific areas of work.	Ongoing action plan evidences completion of identified areas of work and overall progress of service improvement and newly implemented ways of working.

HSC Belfast Health and Social Care Trust
caring supporting improving together

Bruce House Statutory Residential Care Home

Winners of the 2022 Dragons Den Service improvement Initiative:

- Improve the health and psychological wellbeing of staff working within residential Care homes by setting up a designated staff “wobble room”
- Investing in the mental wellbeing of staff to positively impact residents and the general ambience of the home
- Staff engagement in choosing the design and layout of “wobble room”
- Service area supported and engaging high performing team
- Wobble room to be completed by 30 September 2022.

Social Care

Children’s Social Care Services

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

Between September 2021 and March 2022 100% of children or young person in the Belfast Health and Social Care Trust were seen within 24 hours of a Child protection referral being made.

Children who become looked after by Health and Social Care Trust’s must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements and preserves and maintains the rights under the United Nations Convention on the Rights of

the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

In this reporting period 82 % of looked after children within the Belfast Health and Social Care Trust were reviewed within regionally agreed timescales.

Every looked after child needs certainty about their future living arrangements and through Permanency Planning, Belfast Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home. Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved. In this reporting period 788 of looked after children in care for more than 9 months have a Permanency Panel Recommendation.

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.

Self-Directed Support is available to those who have been assessed as being in need of social care support.

Self-Directed Support / Direct Payments

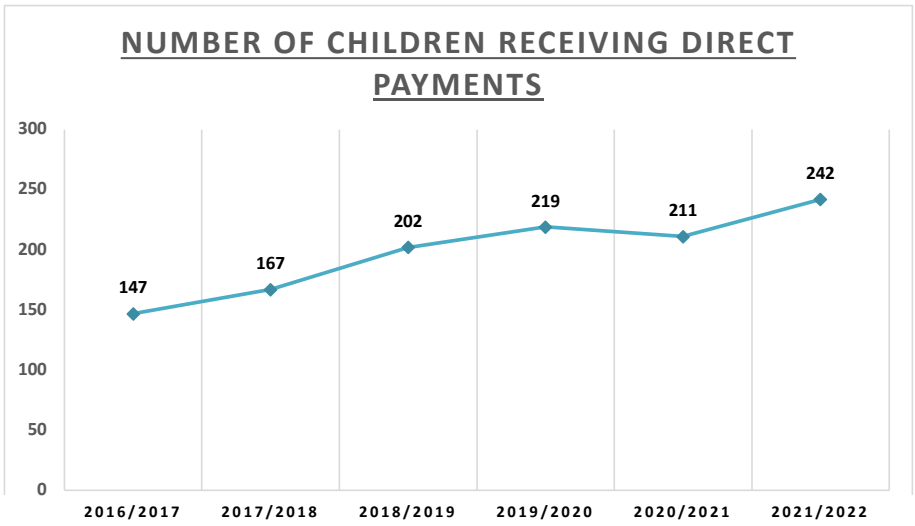
Self-Directed Support is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them, with a focus on working together to achieve individual outcomes. Direct Payments are one of the options available, and are cash payments made to 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 2021- 31st March 2022 increased by

113 new packages (13%) 155 packages ceased. The impact of COVID-19 is undoubtedly a factor in this decision by service users and carers.

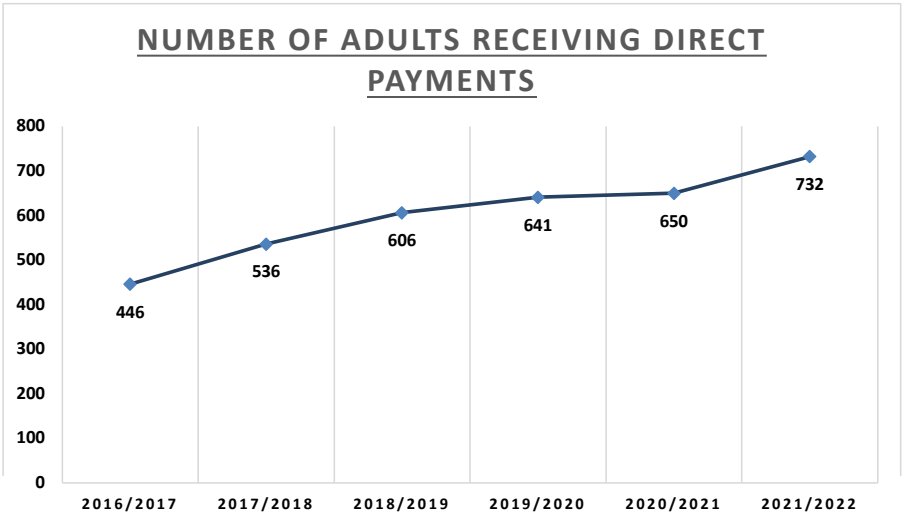
Direct Payments for Children

In 2021/2022, 242 children were in receipt of Direct Payments, an increase of 14.7% as compared with the figure for the previous year 2020/2021.



Direct payment for Adults

In 2021/2022, 732 adults were in receipt of Direct Payments, an overall increase of 12.6% as compared to the figure for the previous year 2020/2021. Learning Disability Services had the greatest increase in the uptake of Direct Payments by 26.2%, followed by Older People's Services 10.2%.



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.

Children's Community Services

Children's disability transition

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community. An average of 79% of young people known to leaving an aftercare services in the Belfast Health and Social Care Trust are engaged in education, training, and employment.

The transition from children to adult for those children and young people who have a disability is best assisted by a transition plan. 72 disabled children had a transition plan in place when they left school within the Belfast Health and Social Care Trust.

The transition from children to adult for those children and young people who have a disability is best assisted by a transition plan. The Adult Community Multi-Disciplinary Learning Teams transition on average, 30-40 young people with a diagnosed learning disability each year on their 18th birthday.

The majority of these young people will stay in full time education until their 19th birthday and our services will work collaboratively with the Young person and their Families, Children's Disability Services and the Education Library Board to insure all assessed needs are transferred and met within the Adult Community MDT. eg. Social Work, Nursing, SALT, Occupational Therapy & Psychology Services.

We will aim to provide a smooth transition process which will be pro-actively planned in a timely fashion to meet the young person's aspirations within a person centred framework.

Transition planning is co-ordinated by the Operations Manager for Belfast Trust citywide services. They will chair a 6-monthly review of the transition process and will clarify information with all participants who will include, adult multi-disciplinary team leaders, children's disability team leaders and where appropriate, Children' Services (Family and Child Care). This review will seek to identify new referrals, facilitate communication and agree roles and responsibilities.

Adult Social Care Services

There are many vulnerable people in the community. We work in partnership with our community to deliver services to those people with a learning disability, physical disability and mental health conditions. We are increasingly seeking to use our influence to improve the health and wellbeing of our community.

There is a significant population of carer's within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities. During this reporting period, a total of 3164 carer assessments were offered to adult carers. This was a 22% increase on the previous year.

The ultimate goal is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community. Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Health and Social Care Trusts. Within Belfast Health Trust, 6 transitioned from hospital in the past year, 5 of those are fully discharged and one remains on trial.

Improvement Work within Adult Learning Disability

Workforce

We have successfully recruited a Service Manager, Assistant Service Manager and Designated Adult Protection Officers to the Adult Safeguarding Team established within Learning Disability to address unallocated cases and new referrals in the community and Muckamore Abbey Hospital. We have recruited 6 Social Workers, 4 Senior Social Workers and 3 Senior Practitioners for community teams.

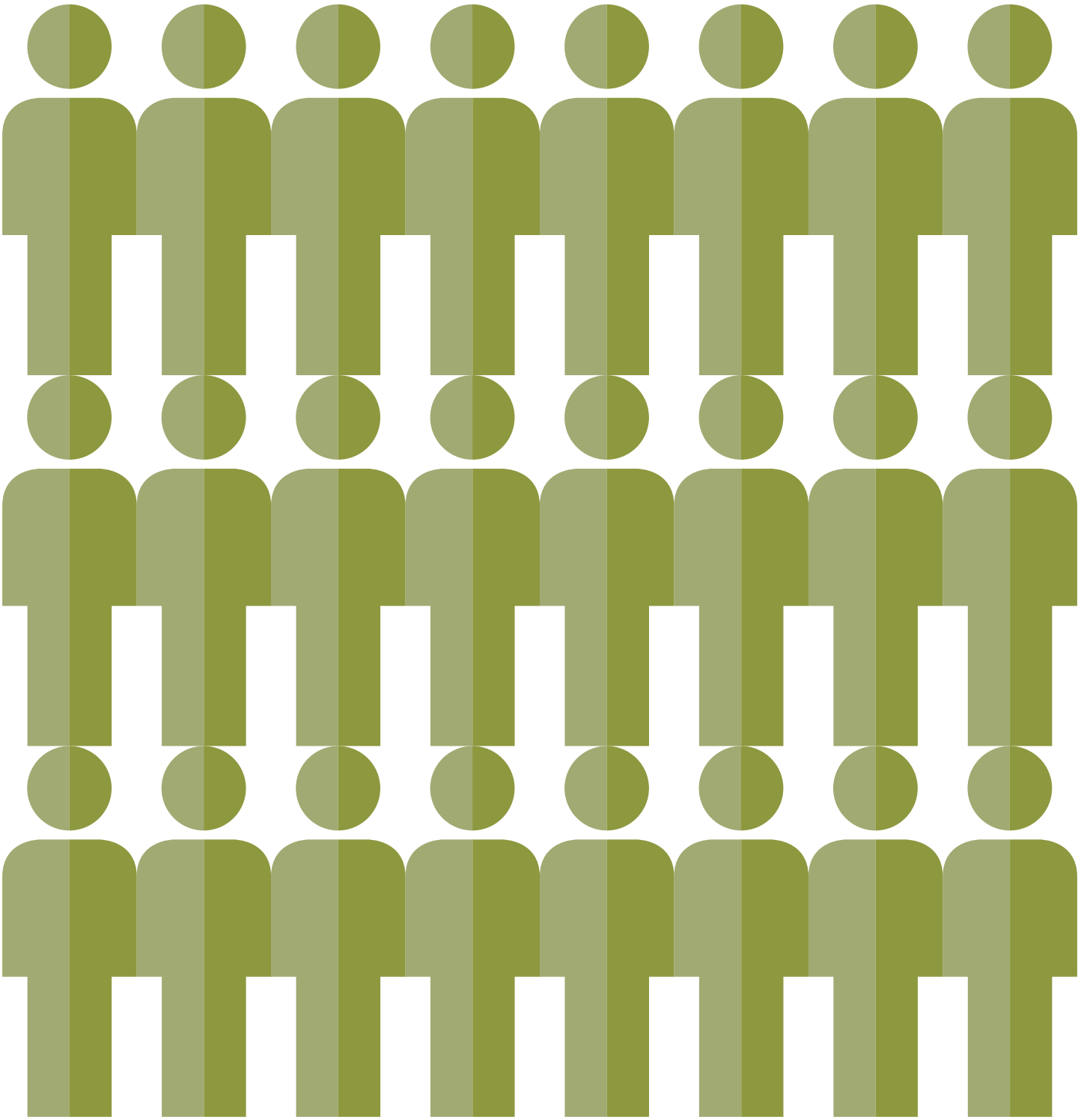
We have successfully recruited a Nurse Consultant for learning disability who supports both the community and hospital nursing teams to develop person centred care supported by evidenced based practise.

We have appointed an Epilepsy Specialist Nurse within Learning Disability who is presently working to establish the service and links within the region.

Informatics

The Service Area Leads have been working with BSO colleagues on a reporting system and dashboard, which have been established to capture statistics across the community service and Muckamore Abbey Hospital that will inform the Business Continuity Plan for reporting adult safeguarding and discharging statutory functions. Other informatics systems are being explored by our Quality Improvement Lead to triangulate adult safeguarding, datix, complaints and audits.

5. TIMELINESS



5. TIMELINESS

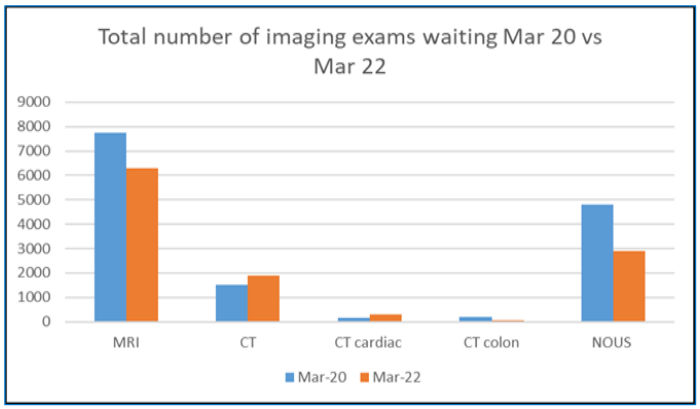
Timeliness

Timeliness and accessibility of healthcare services reflect a system's capacity to provide care quickly after a need is recognised. Timely care is one of our quality parameters within our Quality Management System and a key component to delivering high quality care. This ensures a focus on minimising waits and delays in care or services, such as being admitted to hospital, receiving healthcare appointments, undergoing tests, and in receiving test results.

Diagnostic Imaging

Diagnostic imaging is an important part of many patient journeys therefore timeliness impacts on patient pathways and outcomes. Improvements in the service have been targeted at areas where significant improvements could be made including CT Colonogaphy, Musculoskeletal (MSK) Ultrasound, Fluoroscopically guided injections, and Endorectal Ultrasound. This has led to significant improvements in waiting times for these procedures. In addition to this the Service has made improvements which have led to fewer patients on waiting lists for MRI and non-obstetric ultrasound examinations.

Key imaging waiting time improvements can be seen below:



Key reductions

CT colonography

- Red Flag waits from 11 weeks to 2 weeks
- Urgent waits from 17 weeks to 4 weeks
- Routine waits from 41 weeks to 9 weeks

NOUS MSK

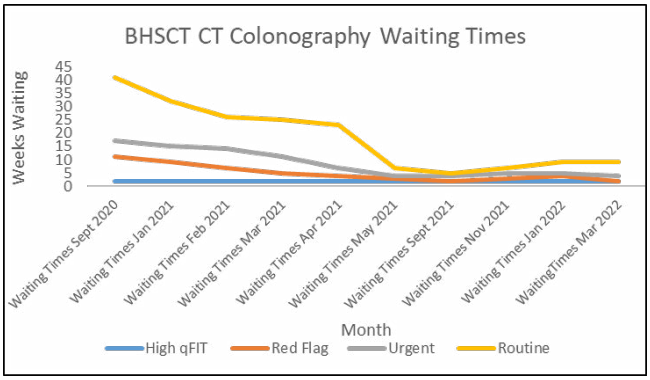
- Urgent waits from 33 weeks to 4 weeks
- Routine waits from 49 weeks to 15 weeks

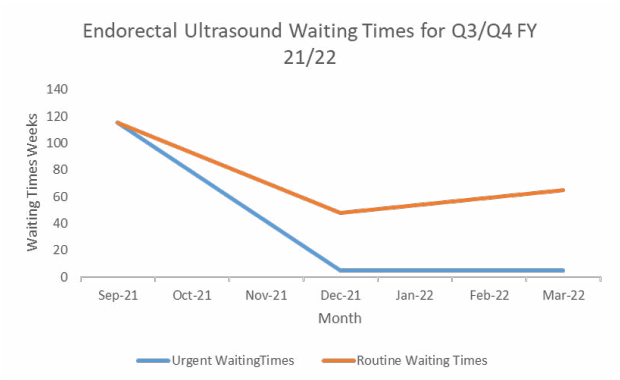
Fluoro injections

- Urgent waits from 31 weeks to 6 weeks
- Routine waits from 36 weeks to 12 weeks

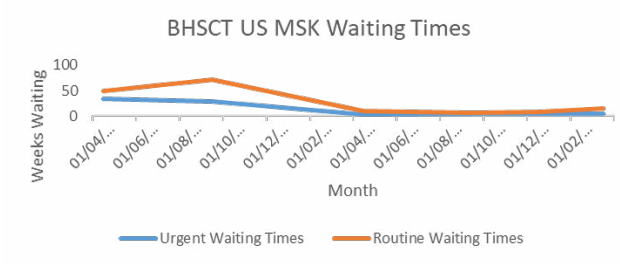
NOUS endorectal

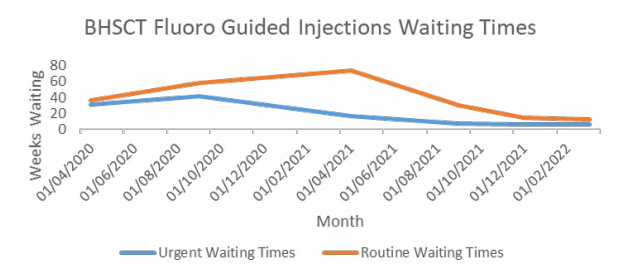
- Projected waits
- Urgent waits from 115 weeks to 5 weeks
- Routine waits from 115 weeks to 65 weeks



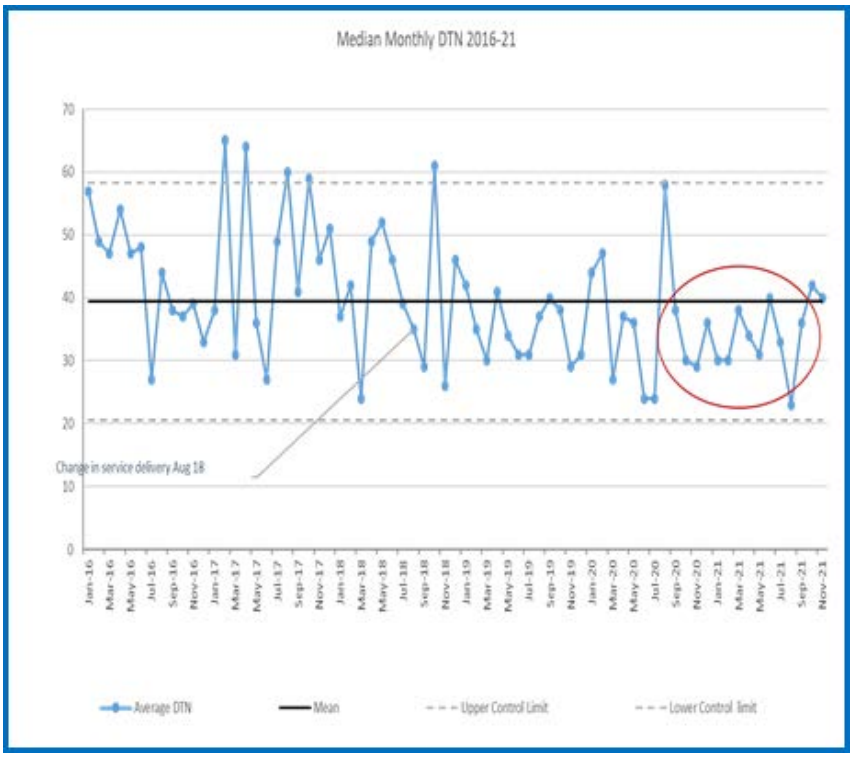


5. TIMELINESS

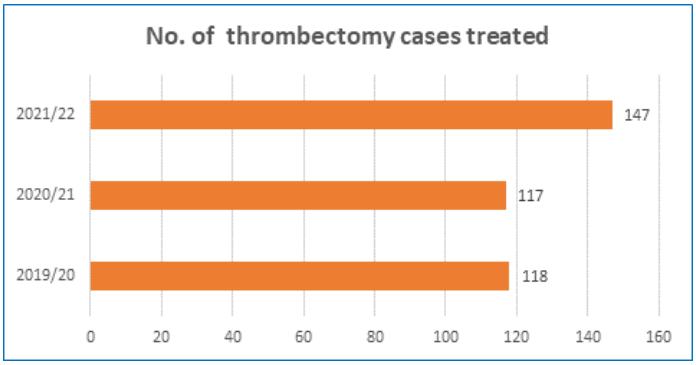




Imaging is also integral to an improved journey for acute stroke patient's transition times between ED, Imaging and Strokes Services. A sustained level of high performance has been evident measured nationally through Door to Needle times (DNT).



BHSCT continues to be one of the leading Thrombectomy centres in the UK with 147 cases treated in this year, an increase of 30 cases from the previous year with a 3% general anaesthesia rate. The service also participates in the Sentinal Stroke National Audit Programme (SSNAP) audit.



5. TIMELINESS

The Imaging Service has been working towards UKAS accreditation under the Quality Standard for Imaging and was assessed by UKAS in November 2021. The service were recommended for accreditation under this quality standard subject to successful closure of improvement actions. Accreditation was formally awarded in August 2022.

Emergency percutaneous coronary intervention (PCI) for the care of patients with ST-elevation myocardial infarction (STEMI)

Percutaneous coronary intervention (PCI) refers to a family of minimally invasive procedures used to open clogged coronary arteries (those that deliver blood to the heart). By restoring blood flow, the treatment can improve symptoms of blocked arteries, such as chest pain or shortness of breath.

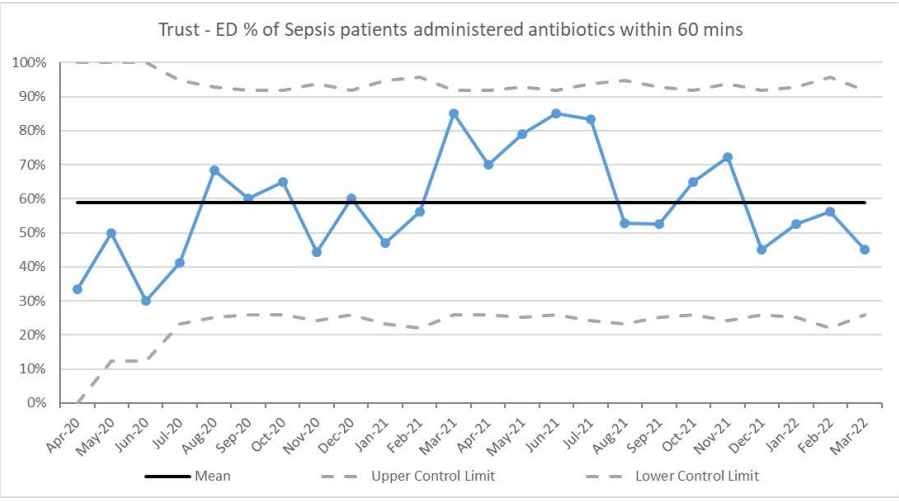
In a PCI, the doctor reaches a blocked vessel by making a small incision in the wrist or upper leg and then threading a catheter (a thin, flexible tube) through an artery that leads to the heart. The doctor uses X-ray images of the heart as a guide to locate the blockage or narrowed area, and then uses the most appropriate PCI techniques to open the vessel.

Primary PCI – Belfast Trust remains above the UK national average Door to Balloon for STEMI within 90 minutes. RVB 92.28%, Top ten Hospitals 96.2 %. (2019/20), previous year Belfast Trust was 7th in UK. Belfast Trust is the 4th largest UK TAVI Centre.

Sepsis – Timely Intervention

Sepsis is a condition where the body has a severe response to infection injuring its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death, especially if not recognized early and treated promptly. Sepsis 6 is the name given to a bundle of interventions designed to reduce the mortality of patients with sepsis through timely intervention.

The graph below shows the percentage of patients who were administered antibiotics within 60 minutes of arrival to the emergency department.



5. TIMELINESS

Emergency Department Waiting Times

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.

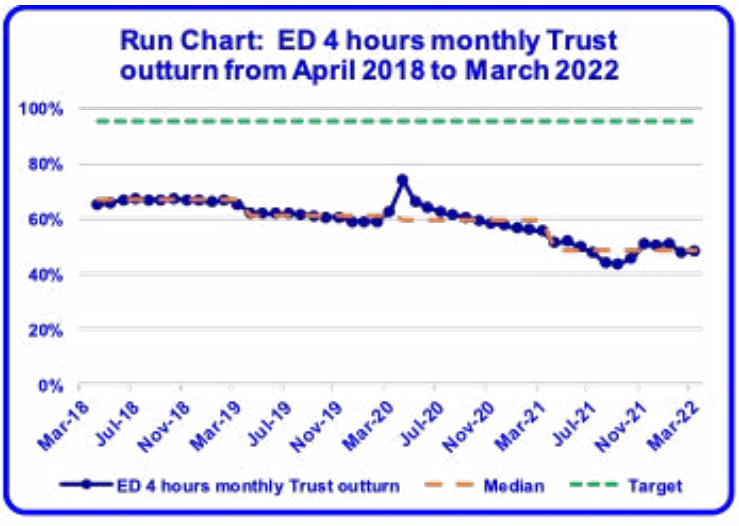
Why this measure is important to people who use our services

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

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

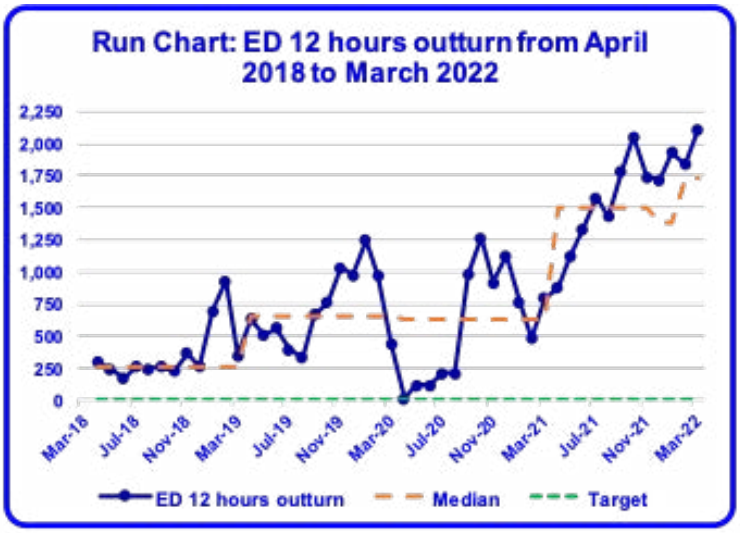
The current ministerial targets for emergency care waiting times in Northern Ireland state that 95% of patients attending ED should be either treated and discharged home or admitted within 4 hours of their arrival in the department; and no patient should wait over 12 hours.

The chart below highlights that Cumulative Performance for April 2021 – March 2022 was 49.1%.



5. TIMELINESS

The chart below indicates that from April 2021 to March 2022 there were 19, 513 excess waiters. This was 12,516 higher than the 6,997 for the same period the previous year.



ED attendances totalled 15,800 in March 2022. This was 5,331 (51%) greater than March 2021. Cumulative attendances from April 2021 to March 2022 were 164,482 compared to 128,533 for the same period last year. This is an increase of 30%.

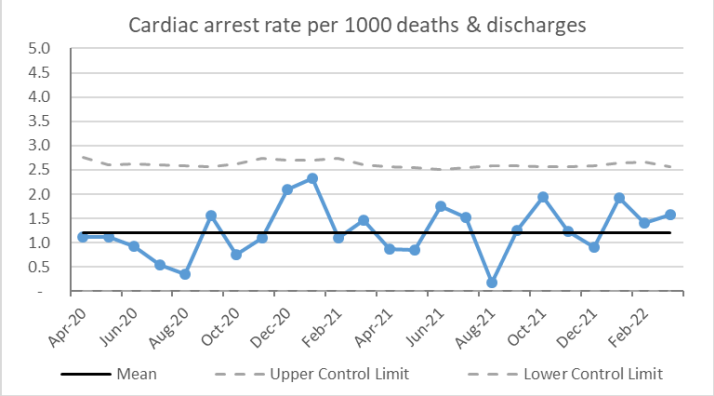
Cardiac Arrest

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

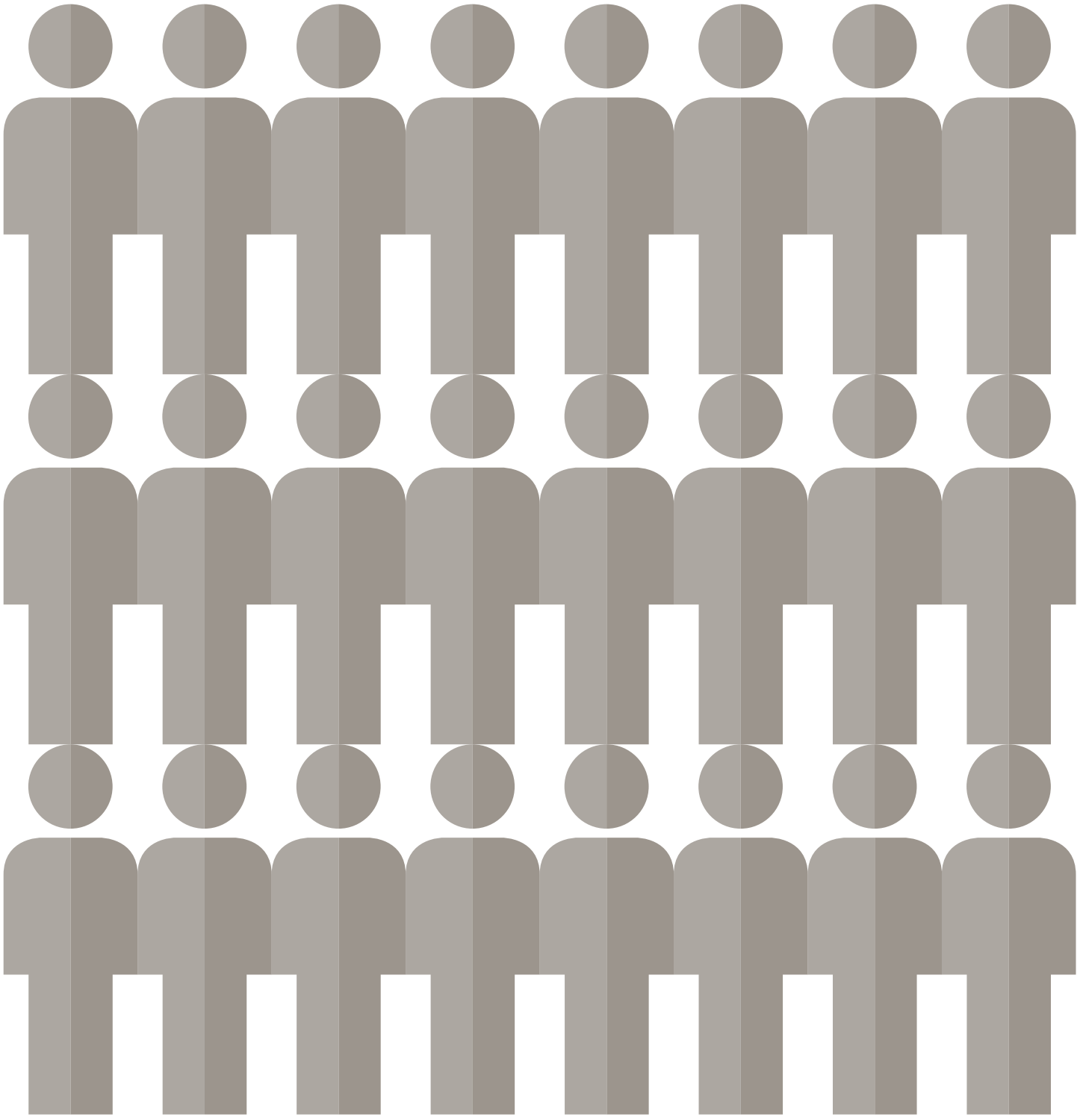
Hospital Resuscitation Team. Early recognition and effective treatment of patients whose clinical condition is deteriorating helps to reduce cardiac arrests it also helps to identify individuals that cardiorespiratory resuscitation is not appropriate for or who do not wish to be resuscitated.

The above chart shows the Cardiac Arrest Rate in Adult Acute Inpatient wards in the Trust. In 2021/22 there were between 2 and 11 cardiac arrests per month.

The Trust continues to work towards reducing cardiac arrests and ensure effective management of deterioration patients.



6. EFFICIENCY



Efficiency

Efficiency is a key measure within our Quality Management System which enables us to ensure the best possible use of available funding and whether healthcare resources are being used in the best way. Resources include, staff, hospitals and medical technology.

Benchmarking for Efficiency using CHKS

Comparative Health Knowledge System (CHKS) is a leading provider of healthcare intelligence and quality improvement services providing support in delivering real improvement in core areas of quality, safety and efficiency. Programmes include hospital benchmarking, supported by NHS-experienced consultants who turn data into actionable information that drives decision making.

Central to benchmarking for efficiency is indicators related to flow; specifically indicators examining Length of Stay and Day case/Short Stay Surgery presented against peer hospitals. These areas provide a focus on specific aspects of the patient journey. Indicators which can also act as balancing measures in the event of improvement programmes include readmissions and admission of day cases overnight in addition to standard outcomes measures. A summary of indicators available, measurement, presentation of variation and granularity of reporting is set out in the tables below:

Flow and Efficiency Indicators									
Length of Stay-Days	Risk Adjusted LoS	Admission on day of surgery	Pre-op and Post-op LoS	Weekend discharge rates	Delayed Discharge	Day case Rate	BADS (Optimum day case rates for specific procedures	Daycase overstays	Readmission rates

Flow and Efficiency Measurement				
Average performance	Performance position in Peer Range	75th percentile performance	Potential reduction in bed days	Alternative Peers for specific specialties

Flow and Efficiency Variation - Presentation			
Trends including SPC-Trust performance over time	**Funnel Plots** – Trust performance for one discrete time period against individual peer	**Significance** charts	**Specialty scorecard –** summary performance table across all indicators

Flow and Efficiency Reporting level				
Specialty	Specific diagnoses/procedures (specific or aggregated)	Method of admission	Consultant	Cross tabulation of these

- The MORE (Maximising Outcomes, Resources and Efficiencies Framework) Programme Board will provide corporate oversight and report to the Executive Team and Trust Board on overall progress against the Trust's service productivity and efficiency plan which will take into account opportunities identified by the CHKS review, the continuation of outpatient modernisation work and ongoing improvements in procurement through standardisation and rationalisation.

Key Considerations when benchmarking for efficiency using CHKS

There are some key considerations associated with benchmarking which can affect comparability and it is important that these are dealt with as far as realistically possible in order to provide meaningful analysis to underpin improvement. These include:

- Peer selection
- Recording Practice on the Patient Administration System (PAS)
- Expected variation
- Statistical Adjustment.

In most cases iterative discussion and further analysis is required with services to adjust as far as possible for certain structural differences in service provision or recording practice against peer. Drill down to specific areas is usually beneficial to provide an informed approach or identify areas of opportunity.

Information from other systems can also be used to ratify or explore any outlying indicators from PAS benchmarked information.

Information can be summarised in regular scorecards at specialty level which provides a catalyst for ongoing analysis and drill down.

Information Services are developing scorecards for roll out across specialties including the indicators on the previous slide ie LOS, ADOS, discharge rates, DC rates, readmission rates.

Proposed Approach for Approval

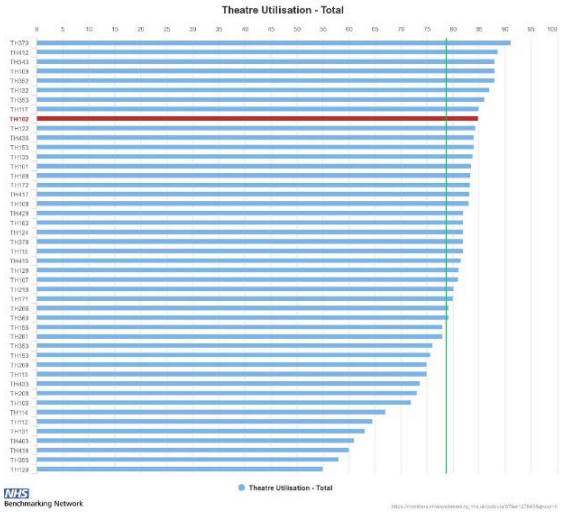
1. Quarterly Specialty Efficiency Scorecards are in development and will be rolled out in 2022/23 which will provide for ongoing analysis and drill down. Information Services are developing scorecards for roll out across specialties.

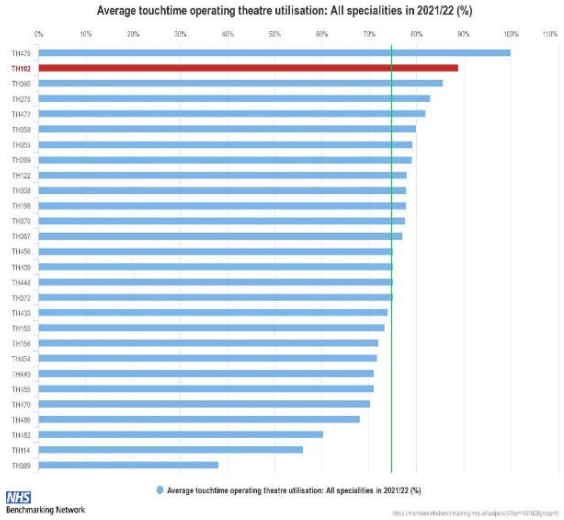
2. Programme of MORE meetings 22/23:

- Review of efficiency opportunity by indicator group
- Focus on specialties with potential greatest improvement against peer
- Review variance against peer, discuss causes and actions to address.

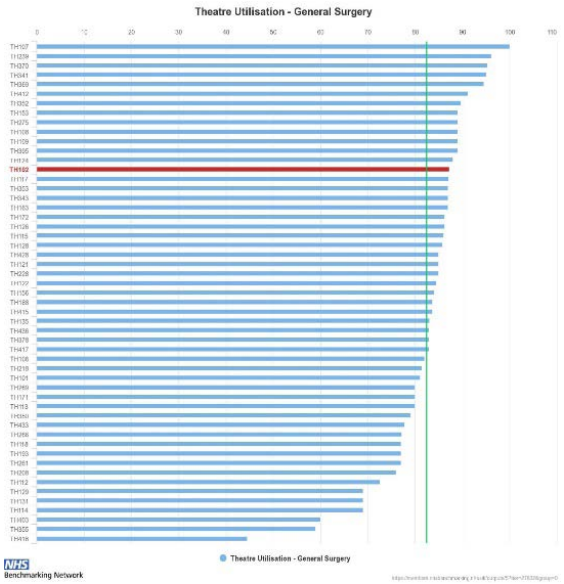
Operating Theatre Utilisation

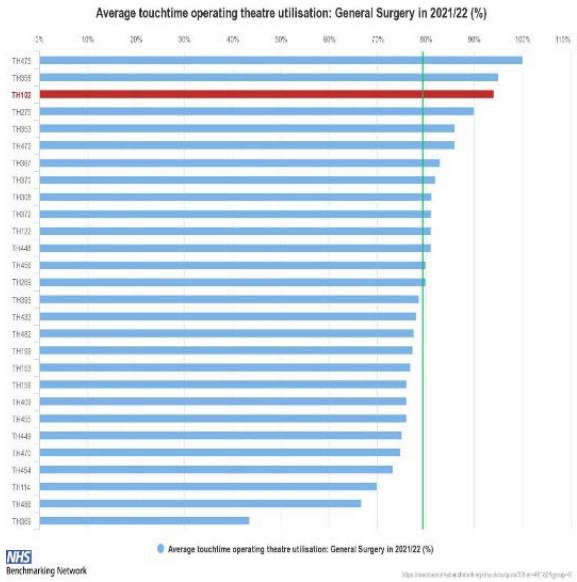
Belfast Trust contributes to the NHS Benchmarking Network in order to compare performance and quality with peers. In Belfast Trust Utilisation in 18/19 report for all theatres = 84.9%. There has been an improvement in utilisation of 5% with Belfast Trust Utilisation in 21/22 report for all theatres = 88.9%. The Trust is 2nd against a sample of 31 peers.





This improvement has been seen across a range off specialties with utilisation in 18/19 report for General Surgery = 87.2% and utilisation in 21/22 report for General Surgery = 94% and general surgery 3rd against peers.





6. EFFICIENCY

Waiting Lists and Waiting Times

Waiting lists and waiting times continue to be a huge challenge across the region. The pandemic has undoubtedly exacerbated waiting times. In 2020, much elective care activity, such as outpatient and elective surgery services, were cancelled or postponed. This enabled staff to be redeployed in order to create capacity in areas like intensive care for very ill patients with COVID-19.

A total of 50,050 patients were on the waiting list at the end of March 2022, compared to 46,184 at the end of March 2021 - an increase of 8.4%. Belfast Trust continues to treat prioritised patients within available capacity.

The waiting list backlog will take some time to resolve, as the number of patients requiring treatment continues to increase. Meanwhile, huge strain is being placed on emergency departments as patients seek treatment via other care pathways.

Outpatient Modernisation

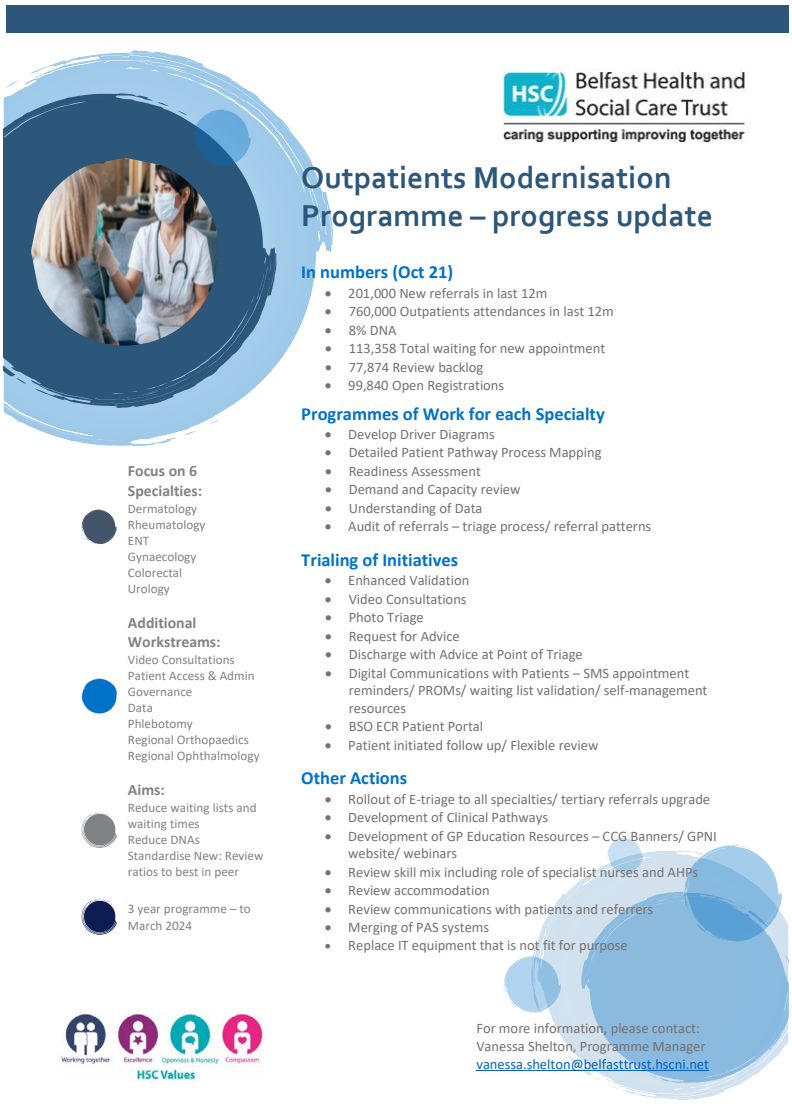
The BHSCT Corporate Plan 2021-23 recognises that having a clear plan to reduce outpatient waiting times for our population is absolutely crucial and identifies Outpatients Modernisation as a key Trust priority.

The purpose of the Programme is to modernise Outpatient services across the Trust to enable patients and service users to receive the right care in the right place, at the right time. We will empower clinical teams and support them to deliver the best model of care to ensure services are efficient and safe in meeting the needs of patients. We are developing a more flexible and agile Outpatient system built around the patient, which best utilises the resources in the system including the skills of multidisciplinary teams and ensuring robust governance process are in place, managing risks in line with data security and information governance rules, and supporting new ways of working.

The Trust's programme has had an initial focus on a small number of specialties to help us understand current ways of working and learn from others to identify opportunities for improvement. This has provided for the development of a comprehensive programme of work that would enable us to work differently to reduce how long patients wait to be seen. We are doing this through a range of improvements to support waiting list reduction, with workstreams for Patient Access & Administration, Governance, Digital and Data Services, Communications and Pathway Development in supporting services to develop innovative, evidence-based initiatives that are driven by management information and developed in partnership with all stakeholders.

The Outpatients Modernisation Programme Board has broad representation from across the Trust including Medical, Nursing, Admin and AHP leadership, from each of the focus specialties, from federation lead GPs, SPPG and service user involvement. Quality Improvement methodology is embedded in the work of the Trust's Outpatients Modernisation Programme.

6. EFFICIENCY



Respiratory: The respiratory team have tackled lengthy outpatient waiting times by carrying out a validation process looking at the 300 longest waiters on the routine waiting list. This led to 20% of patients being suitable for discharge from the waiting list (with appropriate communication from respiratory team) and a further 60% being identified as suitable for a virtual consultation (thus facilitating a quicker appointment). In light of this success, the validation process is being extended to the next 300 patients on the waiting list.

Hepatology: Recent review of 20 years experience of the satellite liver transplant clinic in Belfast has confirmed that the service (established in 2000) has improved access to liver transplantation for NI patients from less than half of the UK average to parity with UK average. In addition, the survival figures achieved at the Belfast clinic (1yr, 5yrs and 10 years post liver transplant) are as good as the best performing transplant units elsewhere in UK.

6. EFFICIENCY

Human Resources

The HR People and Organisational Development (HR POD) team's core objective is to provide support to the entire Belfast Trust to support the delivery of safe, effective and compassionate care. HR POD have a responsibility for promoting and building the capability and skill of our staff to manage ongoing change and provide them with the tools required to rise to the challenges that the organisation faces. The HR POD team mobilised digitally during the pandemic and have continued to find opportunity to innovate their delivery and approach to organisational development. The team continue to provide support and promote a compassionate service to our workforce, listening, communicating and engaging with staff in new ways. The team have also resumed key staff development programmes, reimagining them to suit the new ways of working in our organisation. In 2021/22 the HR POD team are harnessing the learning from the pandemic to develop support initiatives that will ensure staff have the capability to rise to new challenges, focusing on workforce capability, capacity and wellbeing.

Learning and Development Activity

HR People and Organisational Development team have continued to deliver personal development training and bespoke team training interventions digitally throughout 2021/22. A full portfolio of over 20 programmes takes place in a virtual platform enabling staff to attend more easily. This has enabled Belfast Trust to induct and develop staff, providing the crucial training and development required to deliver safe, effective, compassionate care.

Staff Welcome Programme & Statutory Mandatory Training

The onset of the COVID-19 pandemic presented challenges for the induction of staff. An interim Welcome Programme arrangement was introduced in April 2020 ensuring:

- 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. Work is now completed which has ensured that the interim process has replaced by a full onboarding product which will allow new to Trust staff to complete all 10 core Statutory Mandatory training elements prior to taking up post which will help ensure a greater level of safety is achieved. This was launched in September 2021 and to date 1,091 new to Trust staff have completed the training in full.

Leadership and Management Development

In the past year we have heard the voices of over 10,000 staff through surveys, focus groups and listening exercises on what it is like to work in the Belfast Trust. It highlighted what is working well in our organisation and what we can do better. One of the key priorities emerging from this feedback was the importance of leadership. Our staff value consistency and want leaders that are visible, transparent and lead with compassion. Our commitment as HR People and Organisational Development team is to develop and support managers and leaders so that they can lead collectively, with compassion and to provide them with the capability, skill and tools to do this effectively.

Managing with Care

This programme aims to equip managers with the key competencies, skills and behaviours to enable the delivery of safe, effective and compassionate care. It focuses on three core areas; managing resources, managing people and managing yourself. The programme takes a modern learning approach, incorporating peer to peer learning, self-directed resources, bite-size webinars, practical and relevant action learning groups and is focused on business need. Each participant works with their manager to set a personal management challenge which the content of the programme supports them to solve.

102 staff have completed the Managing with Care programme and to date 90% have agreed that it has helped them in their current management role.

6. EFFICIENCY

Succession Planning

The Trust's Tier 6 Succession Planning Initiative, "Developing our people today for tomorrow", demonstrates Belfast Trust's commitment to ensure staff members' readiness for their next step in their career pathway. This initiative is aimed at Band 6 or 7 post holders who aspire to advance in their career. The initiative supports the needs of this group of staff and aims to have a strong pool of talented people ready to fill future senior positions. Successful collaboration between the HR People and Organisational Development team and the HSC Leadership Centre has seen 20 candidates successfully complete September 2021's cohort. Out of 20 candidates, 7 have been successful in achieving a promotion within the Trust to date.

This initiative concluded with a fantastic recognition event showcasing the innovation and creativity from the participants. Managers and contributors Trustwide attended to show support to our new aspiring senior managers. In light of the overwhelming success of the programme and the ever increasing waiting list two cohorts will commence in September 2022.

"When I started the initiative I was a Band 7 Sister in the Stroke Unit, however, a few months into the initiative I applied for the Acting 8a post and was successful. The Succession Planning initiative gave me the confidence to apply for this role and the support and development offered was invaluable. I would highly recommend."

Tina Davy
Interim Clinical
Co-ordinator

Being Belfast

Being Belfast is an innovative, interactive tool to support the development of staff both in their current roles and those looking to take the next step in their career. It is made up of self-directed resources and also gives staff the opportunity to sign up to relevant webinars. It has three core elements:

- *New to Role*: A guide outlining key milestones and resources specific to staff's first 100 days in a new role
- *Managers Toolkit*: A range of resources to support any staff who have a specific management responsibility
- *Leadership Resources*: Resources for all staff, relevant to their current role to support your current and future develop.

6. EFFICIENCY

The key benefit of the Being Belfast framework is its ability to be accessed anywhere, on any device, at any time. Accessibility is a priority for our staff and Being Belfast provides an opportunity for our diverse staff group to access resources no matter what their role. Some of the frequently attended webinars by our staff are detailed below;

Demonstrating self-awareness	Calm leadership in uncertain times
Creating psychological safety	Leading across the system
Exploring and addressing conflict	Human centred design

The framework had 6,131 visits from staff between March 21 to April 22. 827 staff booked onto a webinar, 81% saying they would actively recommend the webinar they attended to a colleague.

Staff feedback on Being Belfast

BEING BELFAST
Leading and managing with care
Belfast Health and Social Care Trust

"Really enjoyed being introduced to a new concept. Although human centred design is something are all familiar with when making patient-centred decisions, it's been really useful to be able to apply theories and evidence to something that is common sense. This helps to focus us on human centred design when having conversations.

"Very relevant, engaging and entertaining. Attending the course was very enlightening as oppose to the facilitator just reading the PowerPoints."

Mentoring

Mentoring is a widely practiced and accepted method of developing people across many sectors and professions. Mentoring involves an experienced individual using their greater knowledge and understanding of the work or workplace to support the development of a colleague. The role of a mentor in Belfast Trust is to help other staff members to develop in their current role and beyond. The Trust have recently introduced a Mentoring Framework to support staff in their roles. To become a mentor in Belfast Trust, staff complete an online training session. Currently we have 180 mentors ready to be matched to mentees.

BELFAST TRUST
MENTORING

6. EFFICIENCY

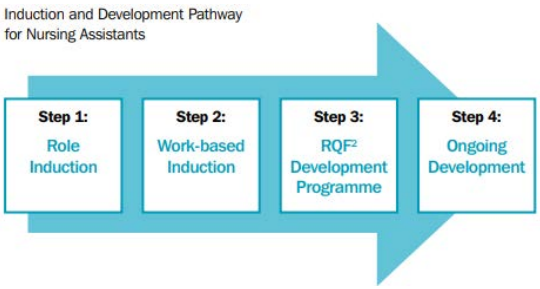
Intern Scheme

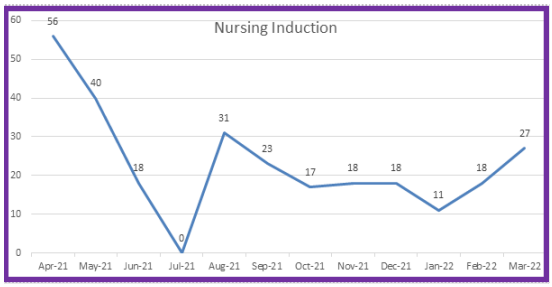
The regional Graduate Intern Scheme was established to support graduates to gain experience of working in the Health and Social care system with a view to enhancing their employability. Our aim is to ensure that we provide the highest standard of care to the Graduate Interns whilst ensure that their time with the Trust is both rewarding to them in their personal and professional development. For the 2021-22 intake BHSCT managers requested 27 posts with a total of 19 Graduate Interns successfully appointed. Through qualitative feedback those who have had a positive experience highlighted the role of their manager and the team in making them feel welcome and supported as key to their experience. Many interns also commented they enjoyed the area in which they worked, getting exposure to the different areas of their service and the opportunity to think about their future career path.

Vocational Learning Programmes

Nursing Assistant Induction

The Vocational Learning Team continues to ensure the mandatory Nursing Assistant induction is delivered as mandated by the Department of Health's Induction and Development Pathway for Nursing Assistants. From April 2021 to March 2022, 277 Nursing Assistants (Band 2) and Senior Nursing Assistants (Band 3) attended the Nursing Assistant Induction. The Induction programme ranges from live sessions, to E-learning activities to face to face training for In Hospital Life Support. The digital platform is consistently being updated in response to evaluation from the participants to meet the needs of the service.





Regional Qualifications Framework (RQF)

From April 2021 the Regional Qualifications framework (RQF) was restarted, enabling Nursing assistants (Band 2) and Senior Nursing Assistants (Band 3) to complete their mandatory accredited qualifications. The Vocational Learning team facilitate this accredited training to award completed candidates with ProQual Level 2 and Level 3 Certificate in Healthcare support. The qualification runs over three cohorts annually to meet the needs of the service.

Within these numbers, collaboration with the Perioperative Team have deemed competency in Nursing Assistants in the perioperative environment. This allows them to undertake a scrub role in theatres to undertake specific agreed procedures when successful completion of their RQF qualification is concluded. Between Feb 2021 and June 2022 – 79 Nursing Assistants have completed RQF.

Supporting Our Staff

Helping Hands

From early November 2021, there was a growing concern of the potential impact of the incoming COVID-19 surge and seasonal increases on already pressurised Trust services and staff. This concern was shared by Senior Trust management, HR and Trade Union colleagues and in response, a Winter Workforce Plan was developed to support workforce capacity and wellbeing. One initiative contained within the plan was an internal workforce appeal, which became known as Helping Hands, which was created to provide support to high priority services. All Trust staff were targeted to identify those willing to work additional hours, or be partially redeployed, beyond their substantive role to volunteer in clinical areas covering one of four duties: admin, housekeeping, family liaison or dementia support.

240 Helping Hands volunteers provided support to clinical areas including, Emergency Departments, Care Homes, Vaccination Centre between 17/12/21 and 28/02/22. In total 2,113 additional shifts were provided equating to 8,500 hours support. 75% of service area respondents strongly agreed or agreed the Helping Hands appeal relieved pressure on clinical staff/staffing in their area. One Service manager commented:

> "Admin support and those able to sit with patients and chat with them is extremely helpful. It is allowing clinical people to do clinical work. A great innovation, keep it coming."

One volunteer commented:

> "I am really enjoying my time working in Ward D. I feel appreciated and valued and I believe I am making a difference by supporting staff to carry out their duties."

Support Workers Fund

The Support Worker's Fund is allocated annually from the Department of Health (DoH) to support the development of Healthcare Support Staff (Bands 1 to 4). Belfast Trust received £70,029 during the year 2021/2022 from the DoH to provide a range of training opportunities to creatively address staff development needs. The People and Organisational Development Team in conjunction with Trade Union colleagues administer the Support Worker's Fund to ensure a wide and equitable distribution across the organisation.

Applications from all areas were welcomed and covered development opportunities for staff such as clinical upskilling, workshops, accredited learning and group sessions. Applications were considered in collaboration with Human Resources colleagues and Trade Union representatives ensuring equity of allocated resources. The table below illustrates some of the successful course applications that were funded by the scheme:

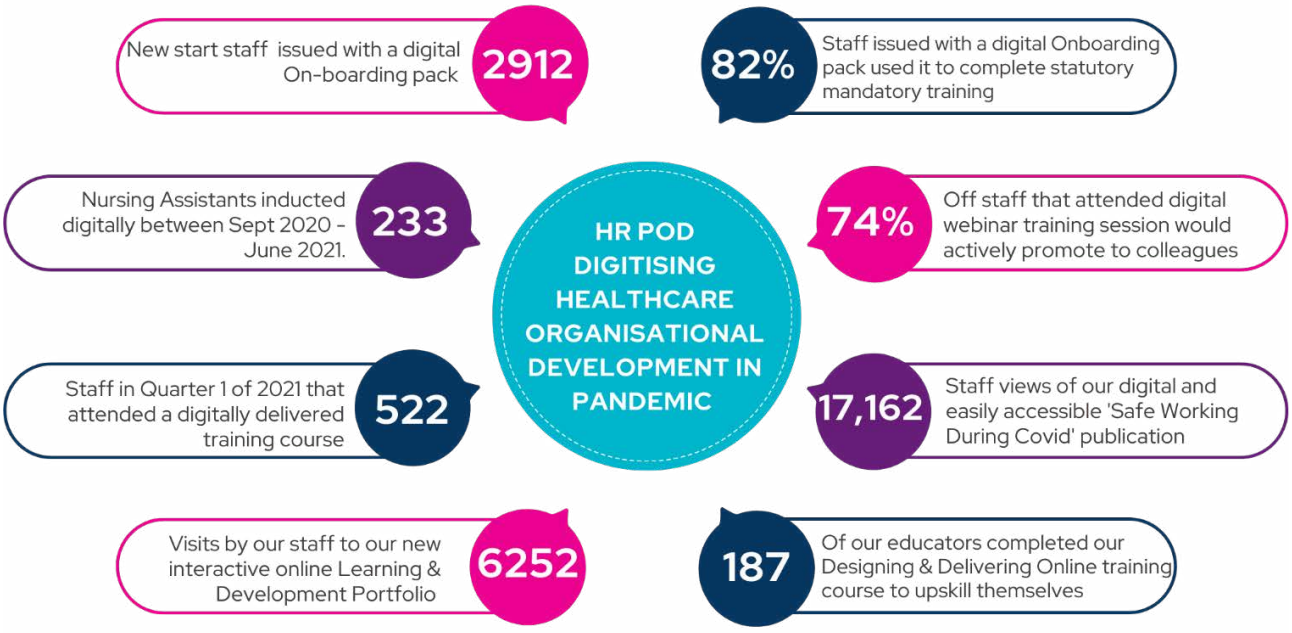
Course Applications Successfully Funded by Support Workers Fund	
ProQual Level 2 Certificate in Health Care Support (Nursing)	OCN Level 2 Award in Mentoring Practice
ProQual Level 3 Certificate in Health Care Support (Nursing)	Mindfulness Sessions
K102 (non-nursing) and GDPR workshops	Handling Data Subject Requests
Ecordia ePortfolios	Motivational Interviewing
OCN Centre fee for courses level 2-3	Level 2 NVQ in Pharmacy Services
IOSH Health & Safety Training Qualification	Level 3 BTEC Pharmacy Services (Year 2)

CIPD Award

In October 2021 the HR People and Organisational Development team were delighted to be awarded the Best Learning & Development Initiative award for the role they played in empowering the organisational response to COVID-19, by digitising Organisational Development during pandemic. The award reflected how the HR People and Organisational Development team rapidly evolved to meet the L&D needs of Belfast Trust staff, digitally. Their quick thinking, rapid up-skilling and creativity resulted in a people centric digital transformation that despite its reactionary conception, has cemented itself in the daily operations of the HR directorate and beyond. The aim of the initiative was to support the delivery of safe, effective, compassionate care by

- Prioritising safety by ensuring the rapidly increased workforce had the right training at the right time to deliver COVID interventions, despite an operational model that was built on traditional face to face delivery
- Promoting and building the capability and skill of our staff to manage the change and rise to the challenges that the organisation faced as a result of pandemic
- Provide and promote a compassionate service to an anxious and stretched workforce, communicating and engaging in new ways that ensured equity and was accessible for all our staff.

The diagram below illustrates the impact of the initiative on the organisation:



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 8.51% (hours lost) excluding COVID-19 absences.

During this period, the predominant reason for the absence was mental health related, accounting for 40% of sick absence.

6. EFFICIENCY

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 and the provision of range of other support information and literature
- Practical resources including support re finances, housing and relationships are included in our interactive wellbeing resource for staff
- The delivery of free physical and mental health support information and advice to staff and the wider public through the bWell app and website and regional PHA Healthier Workplace wellbeing resources.

We continued to:

- Promote referrals to the Post COVID Rehabilitation Clinic and shared our resources with NHS Employers and regional HSC colleagues as an example of best practice
- Provide Daily COVID-19 Absence Reporting to the Executive Team
- Deliver the COVID-19 Advice Line for staff
- Co-produce and review Regional FAQs for staff and managers
- Continued to support social distancing and face coverings
- Facilitate hybrid working from home and work or other remote location arrangements
- Provide guidance for Line Managers in supporting Long COVID Absence
- Support 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 18 Ill Health Retirements
- Managed 34 Ill Health Terminations

- Facilitated 64 Redeployments on Ill Health Grounds
- Virtually Trained 145 staff and managers on Management of Attendance.

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.

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 NIMDTA and the 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.

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:

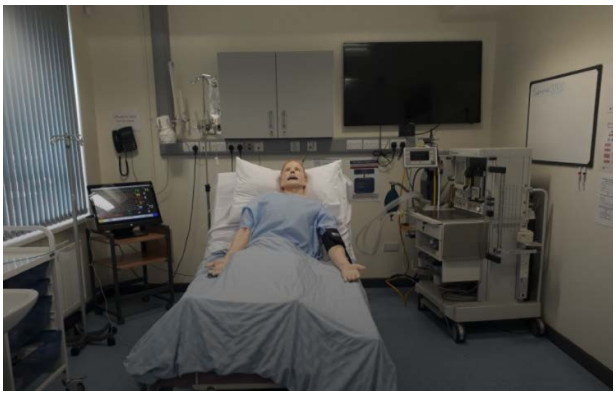
- Principles of Ultrasound Guided and Open Chest Drain Insertion
- Lumbar Puncture
- Introduction to Principles of Safe Procedural Sedation
- Introduction to Central Venous Access (Central Line)
- Deteriorating Patient
- Paediatric Emergency Medicine Simulation.

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. The Emergency department Safe Sedation course is setting the standard across the site.

SimMom has been used successfully for tests of competency for inexperienced staff prior to undertaking on call duties as well as the Management of “Never Events” and Team training for Emergency situations. Simulation has a mobile kit that has been used in-situ with theatres, psychiatry and emergency, which has resulted in successful latent error detection, notably in the new Mental Health Inpatient Centre in BCH.

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



Simulation – Foundation Programme Curriculum

Foundation doctors should have the opportunity to take part in simulation. The requirements for FPC2 specify the need for the Foundation Doctor (FD) to demonstrate proficiency in certain life support capabilities in the simulated setting. The table below lists the scenarios to which FDs should be exposed during their training. The training programme allows some flexibility for local needs and should be adapted to fit with established local teaching patterns especially where some scenarios are covered in other training.

Asthma / COPD	Drug / blood admin error
PE	DKA
CCF	Trauma
Bleed	Seizure / reduced consciousness
Sepsis	Ischaemic stroke
End of Life / bad news	Anaphylaxis
Cardiac Arrest / ACS	SVT

Community Placements

The new curriculum suggest F1 doctors should be given the opportunity to experience 1-2 weeks in a community placement during their foundation year. Medical Education aim to develop a pilot programme for early 2022 in conjunction with multiple community contacts and Medical Workforce Teams.

Trainee Induction and Changeover

On the first Wednesday of August Belfast Trust welcomes over 750 trainee doctors to work throughout the organisation. Another smaller changeover also takes place on the first Wednesday of February. Some of these trainees will have previously worked in the Trust, some will have worked in other Trusts in Northern Ireland and in other parts of the UK, and some will be 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.

Appraisals were suspended in 2020. This was to allow doctors, appraisers and the associated administrative teams to focus on clinical work and be deployed in the best possible way to support the COVID-19 emergency situation.

Training Tracker – BHSCT trainee doctors had a 63% compliance for 2021

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	671	89
Safe Handover	600	80
Consent	590	79
Death Certification	581	77
Breaking Bad News	582	78
Contacting the Coroner	584	78
Prescription Writing	580	77
Safe Insulin Prescribing	572	76
Fire Safety	569	75
Resuscitation	575	77
Infection Control	570	76
Child Protection	560	74
Total completed ALL modules	474	63

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.



Appraisal of Medical and Dental Staff

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

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 2019 appraisals.

2013	2014	2015	2016	2017	2018	2019	2020	2021
98.4%	97.7%	98.5%	98.8%	99.3%	95.5%	77.8%	24.8%	40%

Nursing and Midwifery Revalidation

The NMC Council introduced a model of Revalidation for all Nurses and Midwives from December 2015 by order of the Privy Council. Taking effect from April 2016, Revalidation will require 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)

NMC 2018 version of the 'Code' is substantially similar to the 2015 version; however, it now reflects the new responsibilities for the regulation of Nursing Associates within England

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

Central to the Revalidation process is the NMC Code (2018) which reinforces that all registrants reference the Code to underpin all the Revalidation requirements including their written reflective accounts and reflective discussion.

The process of Revalidation:

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

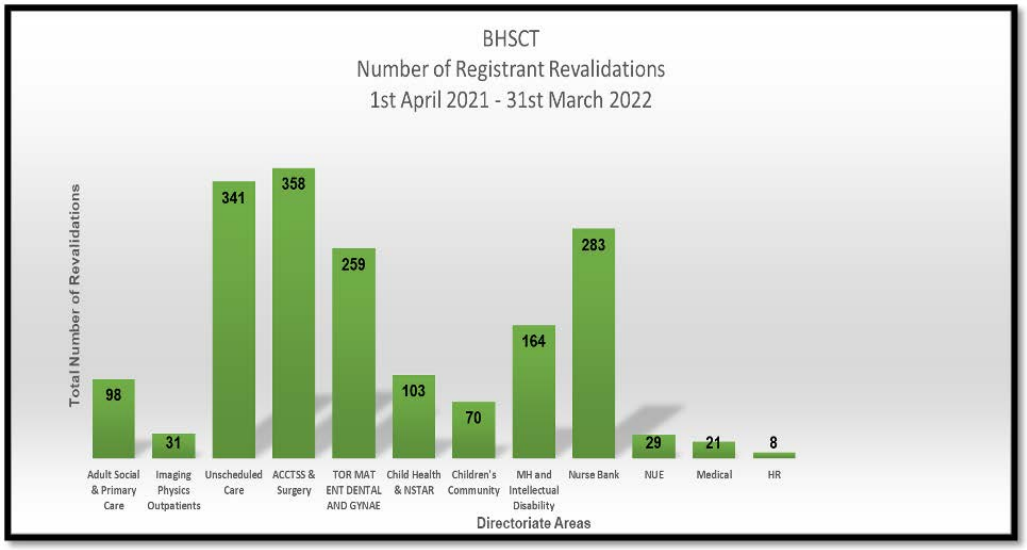
In March 2019, the NMC updated the 'Revalidation guidance' first published in October 2015. These updates reflect:

- How the NMC standards for proficiency relate to Revalidation
- Additional resources to support how registrant's can meet key components of Revalidation to include, Practice Hours, Reflective Discussion, CPD, Confirmation and Appraisal and

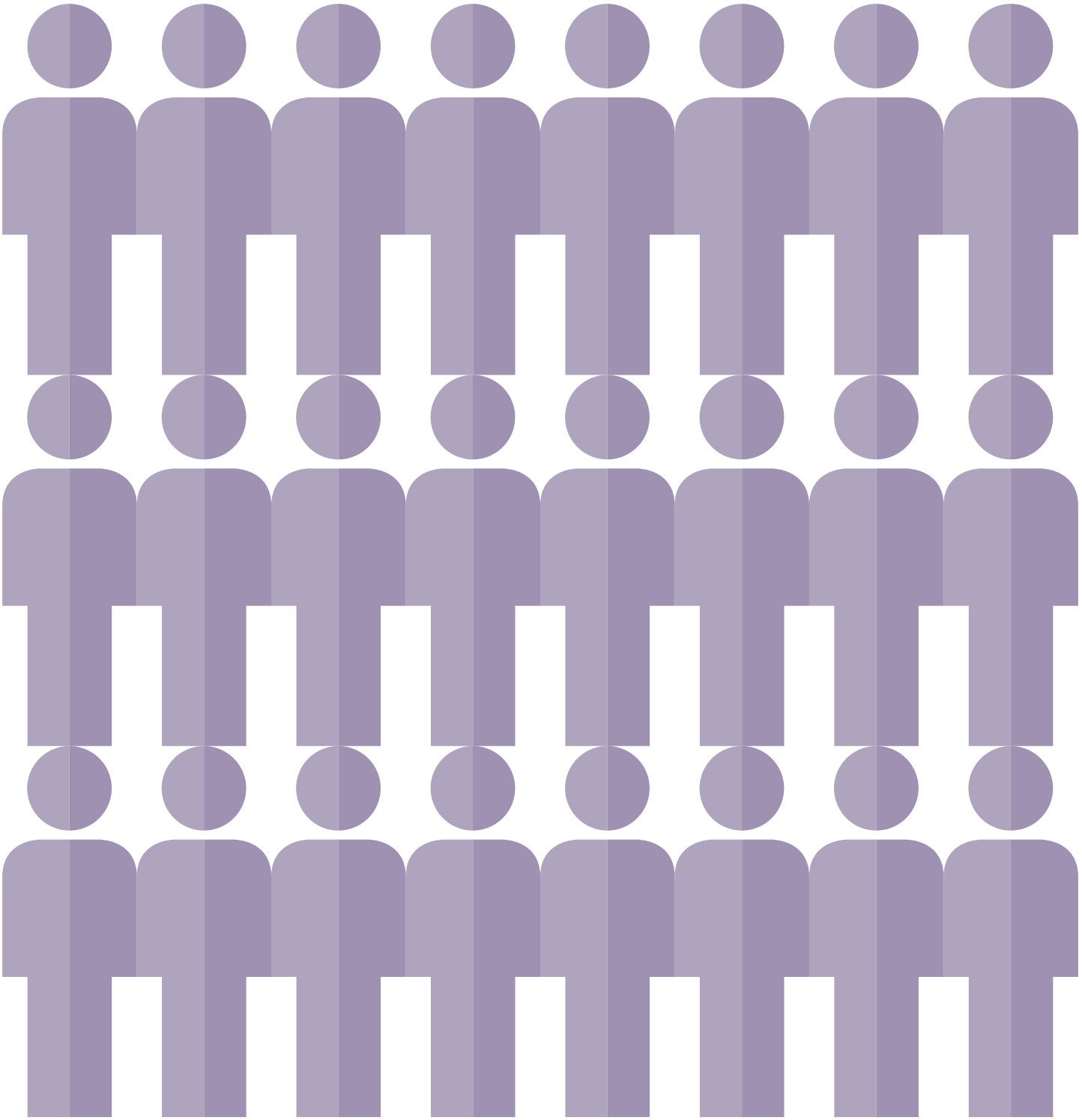
Exceptional Circumstances

- Updates to revalidation templates
- Updates to data protection implications for registrants
- Further advice on the verification process to include registration appeals
- Reference to the new Nursing Associate role (England only).

Throughout April 2021 - March 2022, 1765 Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined below.



7. EQUITY



Screening and accessible services

Belfast Trust remains committed to its dual statutory duties under Section 75 of the Northern Ireland Act 1998 –otherwise known as the Equality duties. The Trust is required to promote equality of opportunity amongst people of:

- Different ages
- Men and women generally
- Different marital status
- Different religious belief
- Different racial group
- Different political opinion
- Different sexual orientation
- Those with and without disabilities
- Those with and without caring responsibilities.

And to promote good relations amongst people of different religious belief, different racial group or different political opinion.

These two legal responsibilities apply to all the Trust functions of service provision, employment and procurement. The Trust develops an annual progress report to provide assurance on our compliance, implementation of our Equality Scheme, and best practice initiatives to promote equality of opportunity and good relations. This detailed report is tabled at our Executive Team, our Trust Board before being submitted to the Equality Commission for Northern Ireland. Please find attached a link to the full report for the period 1st April 2021 to 31st March 2022 – this is the 15th annual progress report prepared by Belfast Trust.

The following information provides a snapshot of some of the activities progressed during this reporting period.

The Trust is required to assess its policies and proposals for any potential equality implications and if necessary, to introduce measures to lessen any adverse impact or to further promote equality. This helps to enhance decision making and policy formulation by mainstreaming equality issues at the outset. During this period, the Trust conducted 104 equality screenings – all of these are available to review in our quarterly screening reports on the Trust website.

7. EQUITY

Accessibility is a vital component of fulfilling our equality duties – some examples are provided below:

Launch of Sighted Guide scheme

A Sighted Guide Service has been launched at the Royal Victoria Hospital as part of Belfast Trust's continued commitment to deliver accessible services to disabled people. The service was launched on 3rd December 2021 – International Day for Persons with Disabilities to demonstrate our commitment to meeting our equality obligations, whilst also striving for best practice, and ultimately to enhance our service user, patient and visitor experiences.

The Sensory Support Team at Belfast Trust has trained more than 30 staff and 'Meet and Greet' volunteers as Sighted Guides, to assist a person who is blind or has a severe sight impairment to access their appointment. The Sighted Guide Service is one of the outcomes of a pilot project the Trust has been involved in called 'Every Customer Counts.' This is an initiative of the Equality Commission for Northern Ireland, aimed at increasing access to services for people with a disability.

The project was greatly enhanced through the involvement of Mystery Shoppers – service users with disabilities who partook in the project and lent their own experiential advice. The Trust is committed to promoting availability of this valuable service and looks forward to scaling up this project across other sites and services.

7. EQUITY

Every Customer Counts initiative

As a Trust committed to providing accessible care that all service users (patients/visitors and carers) can use and benefit from – where reasonable adjustments will be made to remove any physical, sensory and intellectual barriers disabled people might face when accessing our services, our care, our facilities - we signed up to the Every Customer Counts initiative. This has been developed by the Equality Commission (NI), with the aim of increasing access to services for people with a disability.

Through our Disability Steering Group, a Working Group, comprised of a range of staff and service users, was established and the Eye Outpatient Diagnostic Unit (EODU) in the Royal Victoria Hospital was selected as the location for a pilot to be carried out. An Access Audit was carried out by using a number of 'mystery patient' type exercises, undertaken by a number of volunteers who have a disability. The participants then answered a series of questions regarding how easy or difficult it was to find EODU. This feedback proved invaluable in terms of revealing barriers to access from a patient perspective and benchmarking for future changes.

In addition to the aforementioned creation of the Sighted Guide Scheme, there have been a number of other achievements of this group:

- The creation of a walk-through video, showing the patient journey from the main foyer to EODU
- A map with printed directions is now online
- A dedicated EODU section on the Trust website is now live and easily found via online search engines
- A signage review has been undertaken to make improvements
- There are plans to install seating along the ground floor corridor of the main RVH hospital to provide rest stops for those who require it
- There is an application for the toilet in EODU to be made more accessible for wheelchair users
- It is intended that the learning and outcomes form this exciting project will be shared across the organisation so that other service areas may also use the Every Customer Counts model to improve access for disabled people.

Shopmobility

Shopmobility, based on the Royal site, continues to provide electric scooters and manual wheelchairs free of charge to any service user, patient or visitor who requires it. Signing up to become a member is simple and quick enabling a person to avail of Shopmobility services in some other hospital sites, as well as in Belfast City Centre. The Shopmobility staff member can meet

a person at their car, or anywhere on the Royal site, and deliver their equipment to them. This service is completely free of charge and service users can hold onto the scooter or wheelchair for the duration of their appointment. This allows the service user to reach their appointment and make their way back to the foyer or their car independently. The Shopmobility unit is currently based next to the accessible car parking spaces in the ground floor of the main RVH car park. The Trust has secured funding from Charitable Funds to construct a new, modern unit there in the next reporting period. Work is underway to increase awareness of this important service.

Access to Health and Social Care Booklet

Cognisant of the fact that arriving in a different country can be an overwhelming experience, Belfast Trust has led on work on behalf of the region to put together some information which newcomers to Northern Ireland might find useful. This booklet aims to inform about health and social care services and how to access them. This booklet advises on the various Trusts across Northern Ireland and the health and social care system and services, along with the rights of a person who is not proficient in English, to have professionally trained interpreters. The booklet has been translated into 15 languages and will be a timely resource for engagement with those who have come to Northern Ireland from Ukraine and Afghanistan.

TILII Translates

The Trust has established a social economy project in association with ARC (Association for Real Change) to ensure people with a learning disability are involved in the transcription of health and social care information as they are the experts by Experience. This has been facilitated through a group called TILII Translates (Telling It Like It Is). TILII is a group of people with a learning disability who create easy read documents and provide information and training.

Mandatory equality training

We recognise how important it is for our staff to be able to avail of training in terms of equality, human rights, good relations and disability so that they are well informed to provide safe, effective and compassionate care to the increasingly diverse population that we serve.

The Trust's Planning and Equality Team provides staff with the information, training and resources to support staff to have the appropriate level of knowledge, expertise and skill to mainstream S75 duties. The regional Equality, Good Relations and Human Rights; Making a Difference eLearning programme is mandatory for all staff, regardless of their role or level within the Trust and compliance is monitored twice each year.

7. EQUITY

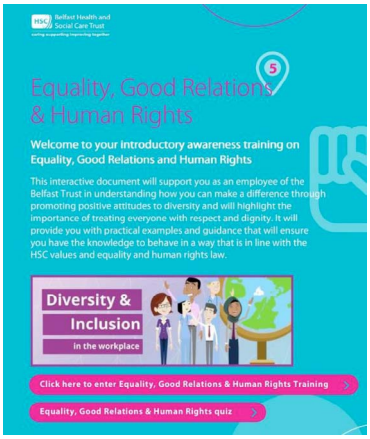
During the reporting period, the Trust stood down all face-to-face training. Planning and Equality Team continued to provide advice and support to Trust staff/project leads. Facilitated online training has been developed for mandatory equality human rights and good relations and for disability awareness sessions to help ensure that staff can access responsive training in addition to the online alternative. The Planning and Equality team developed and delivered facilitated MS Teams mandatory equality training to 233 members of staff.

The team has also developed a delivered facilitated online Disability Awareness Training to a total of 196 staff.

The Planning & Equality team delivered an 'Equality Screening Masterclass' in this reporting period, aimed at providing Trust managers and policy authors with the knowledge and tools to undertake and complete equality screenings independently.

Corporate Induction Training

Equality training and a PowToons has now been included in the Trust's Corporate Welcome Statutory Mandatory Training. We aim to ensure that newly recruited Trust staff complete this key training prior to them commencing their post. In this reporting period, a total of 1648 staff undertook Corporate Induction training.



A new online Human Rights Awareness training course has been developed for our staff. The training will last approximately 90 minutes and will be available via MS Teams for any staff member to attend. The training will be a general introduction to human rights, where rights come from, how rights protect us, and a more detailed look at some of the main rights that apply in the delivery of health and social care. Case studies and videos will be used to show how human rights effect change, and staff will be provided with practical examples of using a human rights based approach in the delivery of services.

Each training session is evaluated and feedback analysed to see how the learning and development has impacted on attendees and if it needs to be amended to better meet the needs of participants.

Good Relations

The Trust has published its HSC Good Relations statement on a poster and shared it across its facilities for display. This was regionally developed along with service users, staff and Trade Unions to have a strong and unequivocal message that the Health and Social Care Trusts are committed to the promotion of good relations and will actively address and challenge any incidents of racism or sectarianism.

7. EQUITY

The Trust also has the Harmonious Working Environment Statement and Joint Declaration of Protection on display throughout its facilities. This declares that the Trust will aim to provide a good and harmonious working environment. It therefore prohibits the display of flags emblems etc., which may give offence or cause apprehension to other employees.

Belfast Trust produces 2 bi-annual bulletins - Equality Bites Newsletter and Good Relations Bulletin to help raise awareness of our work to promote equality of opportunity and good relations and also to share good practice. Both are proactively disseminated to all staff and approximately 600 on our Section 75 consultee list including community and voluntary groups/ Councils / Politicians and Ethnic Minority Groups etc. Positive feedback is regularly received on both. These are available on the Trust website or if you would like to be added to the circulation list, please contact orla.barron@belfasttrust.hscni.net