

# Annual Quality Report

"I had meeting today with my Key Worker, she is a wonderful understanding individual."

"My experience of the physio service has been excellent, both at Musgrave Park Hospital and at my recent period of physio at the Arches Wellbeing and Treatment Centre."

"Please pass on my thanks for the care provided by your Day of Surgery Staff and Theatre staff. They were all amazing. Thank you."

"I can't thank Nursing staff enough for the care and attention they showed my daddy whilst he was dying, words can't do it justice and we can't recognise them enough for the hard and special work they do"

"Friday was my first time being admitted to hospital and for breathing difficulties. It was a very busy environment with my first night spent in emergency and my second in a Ward A when a bed became available. This highlights the pressures a hospital has and made me appreciate the work they do more.

I'd like to compliment all the staff at all points during my stay at the Mater Hospital. It was a very busy environment with many changing patients and staff obviously having to keep up with this. Especially when I consider the number of tests and checks I received during the three days.

Every staff member (cleaners, staff bringing food, nurses, radiologists, doctors, consultants) I encountered was so professional, friendly, thoughtful and helpful. Even when just walking past a comment to ask how you are or someone with a bit of humour all made such a difference.

As I didn't expect to be staying in hospital I would add that all above made my stay calmer and relaxed, as obviously there can be a shock value.

I would just like to thank them all with this compliment."

# CHIEF EXECUTIVE FOREWORD

This Annual Quality Report is an opportunity to showcase in one place how Belfast Trust is delivering on our Statutory Duty of Quality; how we perform against regional and national benchmarks, and the progress we make as we learn from best practice.

I want to pay tribute to our staff and volunteers who despite increasing pressure across every service continue to deliver safe, compassionate, and effective care under the most challenging of circumstances. Delivering care in an organisation of this size is a huge challenge and one our teams rise to meet every single day. Whilst we get this right the vast majority of time, it is important to know when care has fallen below the high standards we set ourselves and most importantly, what we are doing to address this.



Our Quality Management System helps us measure and report our progress, providing a single approach to how we manage performance and improve quality and accountability. We continue to refine and improve this system. Its influence on how we provide care to our patients and service users drives how we improve our services throughout every area of work.

As a Trust, we put a lot of emphasis on listening to our patients and service users and we continue to learn from instances where they tell us that we have let them down. Throughout the year the Trust received a total of 8462 compliments, which, compared to the 1,633 complaints received, is testament to the huge amount of work our teams undertake to deliver compassionate care in every service user interaction.

Our service users' views on how we do things is of paramount importance. Personal and Public Involvement (PPI) is the active participation of service users, carers and the public in how services are planned, delivered and evaluated. Good relationships allow meaningful conversations. We also rely on Care Opinion where service users, their families and carers can share their experience of care using an online platform. The '10,000 More Voices' surveys is another channel through which we can understand what matters to service users, carers and their families. We have also completed 7,068 real-time patient surveys with 99.3% of adult inpatients stating they would recommend the treatment or care they received to friends and family members. We have plans to extend this survey across the Trust and we are pleased that it is now in use in the Children's Hospital.

One of our key successes this year was the opening of the new Duke of Connaught Unit at Musgrave Park Hospital, which provides a new streamlined day case pathway for the treatment of orthopaedic patients. This frees up capacity to treat more complex cases requiring major

# CHIEF EXECUTIVE FOREWORD

orthopaedic surgery at the main Musgrave Park Hospital theatre. As the rebuild of elective Orthopaedic surgery services continues following the devastating effects of the Covid Pandemic, the Duke of Connaught Unit is a valuable new asset in the plan to reduce the existing backlog of orthopaedic surgical patients waiting on care. We are now delivering more surgery in Musgrave Park Hospital than ever before.

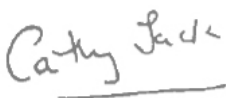
In our midwifery service Continuity of Midwifery Care (CoMC) provides women with care from the same midwife or small team of midwives during the pregnancy, birth and early postnatal period with referral to specialist obstetric care as needed. CoMC is inclusive of women most likely to experience the poorest clinical outcomes. The first CoMC team is currently based within the Mater Hospital.

Caring for our service users at home helps promote their independence while living in their own community surroundings. Belfast Trust Home Care Services incorporates the Home Care, Intensive Home Care and the Rapid Access to Personal Support (RAPS) services. There has been a significant focus on training and we have appointed a new training manager and training administrative support. 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 provides care to approximately 1,500 people at any one time.

In the community, understanding and supporting people's wishes is an important priority in palliative care and the Hospital Supportive and Specialist Palliative Care Team has developed guidance designed to assist with the process of discharge home for patients in the last months, weeks or days of life. This guidance includes improving staff confidence in discharging patients at End of Life and encouraging clear communication between hospital and primary care settings.

From April 2022 to March 2023 Belfast Trust Allied Health Professionals (AHPs) engaged in a range of quality improvement projects across our services. One of those projects was CHOICE, a diabetes self-management education programme designed specifically for children and young people in Northern Ireland with type 1 diabetes (age 0 to 19 years) and their parents/carers. CHOICE has been accredited against two best practice Quality Standards and has ensured all aspects of our group education is structured and has defined outcomes.

Continuous improvement brings better quality care for our patients and service users and I have touched on just a few examples. This Report encapsulates many more illustrations of where we are on our improvement journey and it clearly shows Belfast Trust is seeking all possible opportunities to ensure the delivery of safe, compassionate, and effective care across every aspect of our services.

  
Cathy Jack



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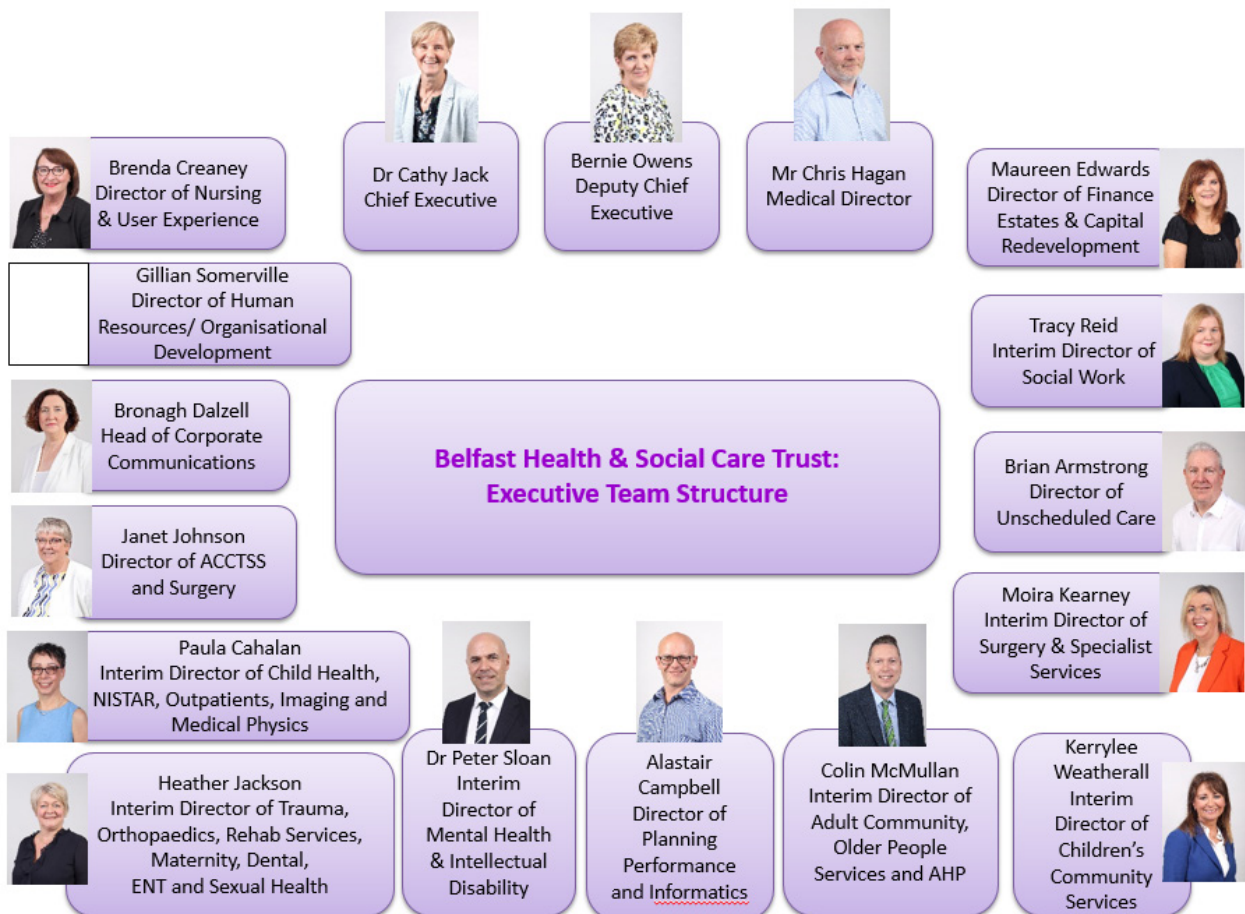
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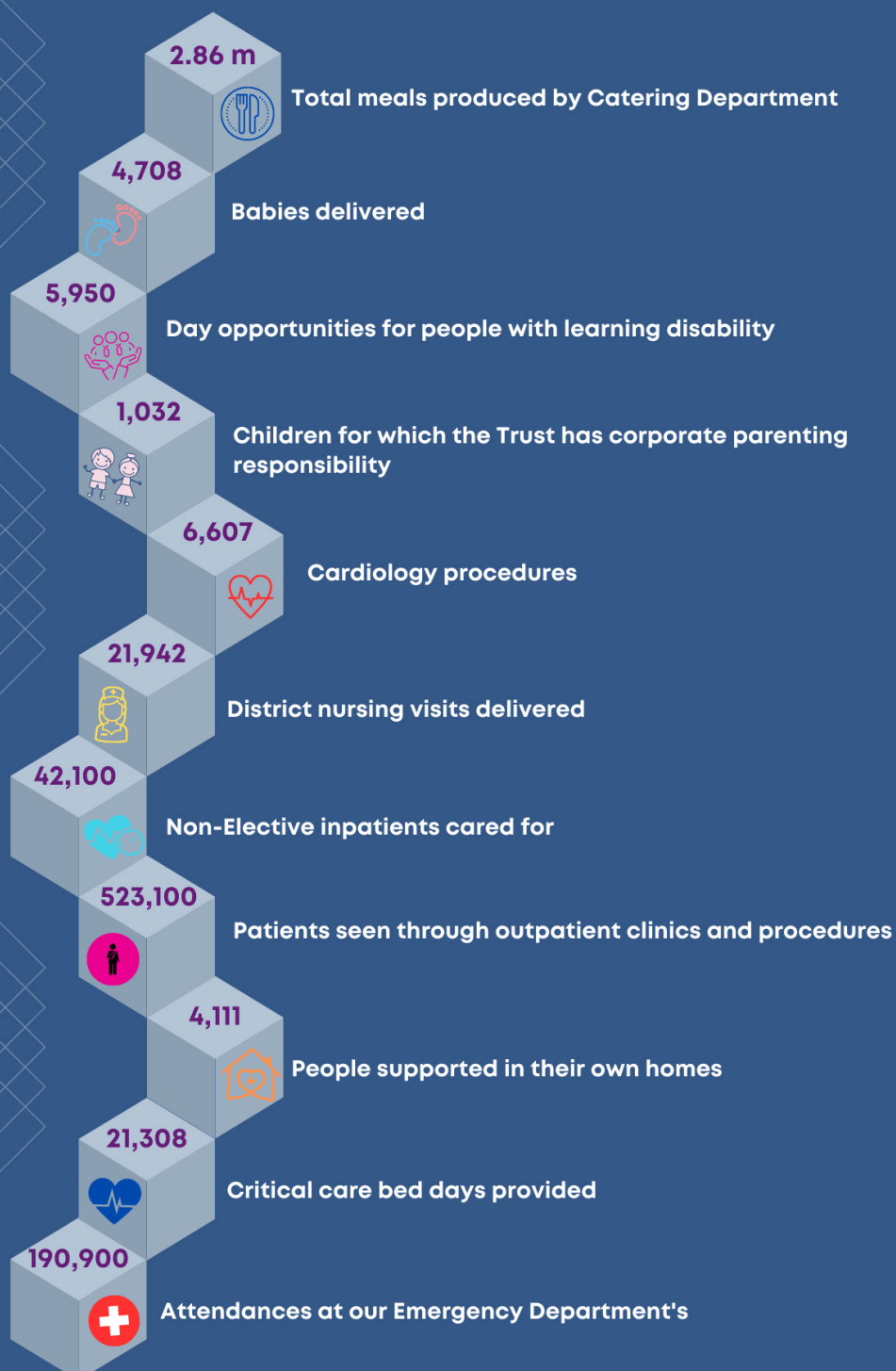
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## Belfast Trust Senior Executive Team

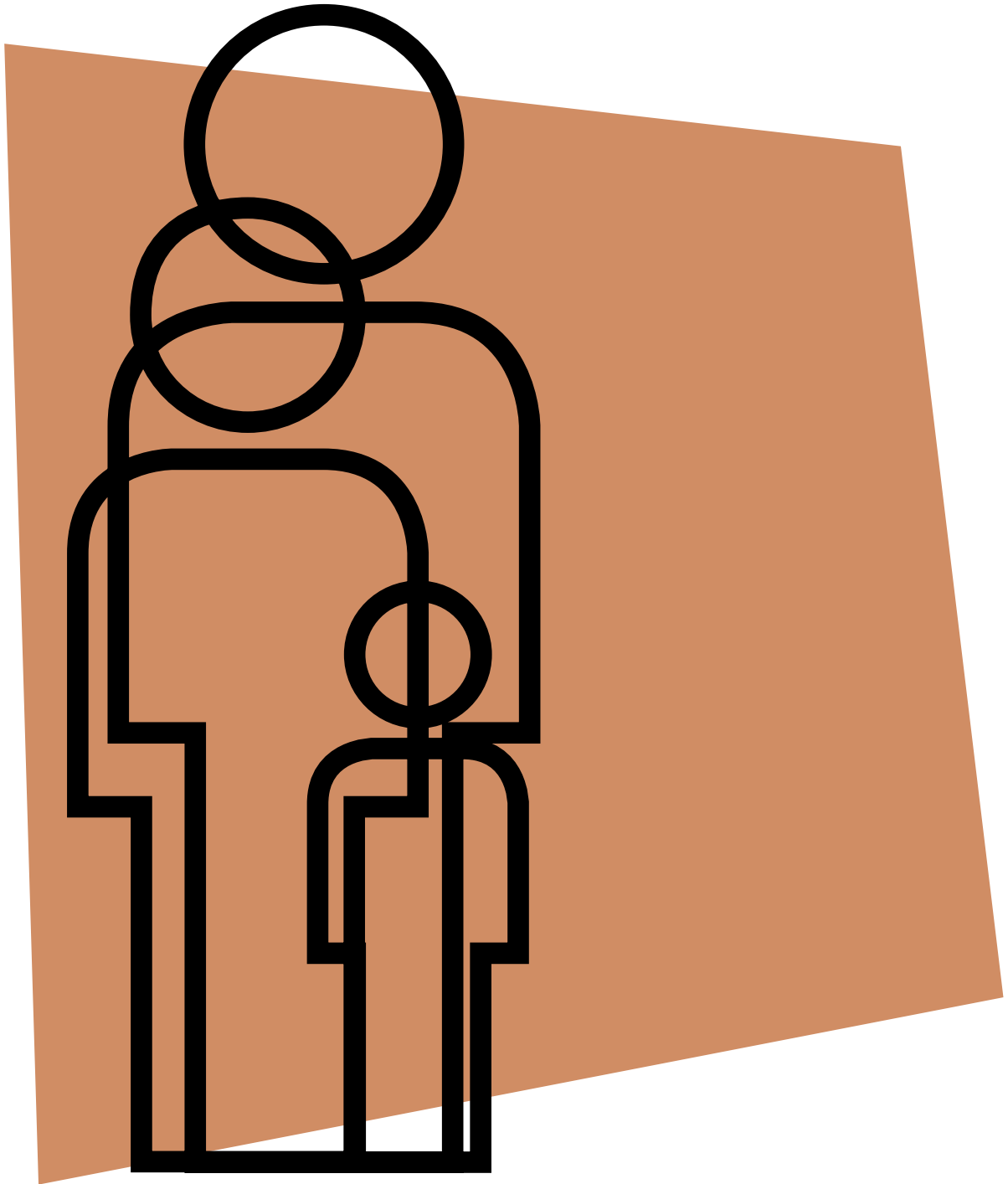


# BELFAST TRUST YEAR IN REVIEW 2022-23

## Belfast Trust Year in review 2022-23



# 1. Introduction



# 1. INTRODUCTION

As an integrated Health and Social Care Trust, Belfast Trust provides the majority of regional adult and paediatric specialist services across Northern Ireland as well as local emergency and elective services. We work in partnership with our community to deliver services to our children and families, to those people with a learning disability, physical disability and mental health conditions, and to an increasing number of older people.

Our focus is to improve the health and wellbeing of our community, utilising our workforce and resources, as an employer of over 20,000 staff and an annual budget of £1.9 billion. In our patient feedback over a 6 months period, a total of 3,316 people responded, 98.46% of whom would be likely or extremely likely to recommend Belfast Trust to their friends and family if they needed similar care or treatment.

It is through the building of a compassionate culture, where patients and service users and colleagues are valued, that we will be able to create the conditions for the safest, most effective and most compassionate care. Our service users need to be confident about the quality of care they receive. They want services that are readily accessible, are safe and are provided by competent and confident staff who will always work in their best interests.

As a Trust, we provide and are accountable for the delivery of high quality, safe and compassionate care in an environment of openness and transparency. We are a learning organisation and are committed to embedding learning from many sources and, in doing so, improving the quality of care provided.

The following report highlights examples of work routinely undertaken within the Belfast Health & Social Care Trust (BHSCT) in order to provide assurance and enable us to 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 show casing some of our 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.

# 1. INTRODUCTION

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 commitment to improve and learn is underpinned by our values of working together, excellence, openness & honesty and compassion, and we will work collaboratively with all stakeholders to achieve and sustain improvements

## Belfast Trust Corporate Management Plan

The Trust Corporate Management Plan (2021-24) affirms the Trust vision and values and sets out a commitment for Trust services with identified outcomes. It recognises the dedication, resilience, innovation and flexibility of Trust staff throughout the pandemic and the challenges that lie ahead in meeting the needs of our community. 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.

# 1. INTRODUCTION

## Our Corporate Priorities

The Corporate Plan outlines six priorities for 2021-24. These are:

- *New Model of Care for Older People - We are committed to ensuring the specific needs of older people are considered in everything we do*
- *Urgent and Emergency Care - We are committed to providing timely urgent and emergency care for patients*
- *Time Critical Surgery - We recognise the impact of Covid on those who are waiting for surgery*
- *Outpatient Modernisation - We are committed to modernising our outpatient services to enable patients and service users to receive the right care in the right place at the right time*
- *Vulnerable Groups in our Population - We are committed to improving and promoting the wellbeing of vulnerable people*
- *Seeking real time feedback from our patients and staff - We are committed to listening to you and changing the way we work for the better.*

These organisational priorities are cascaded to Directorate, Division and Service Areas, where more detailed targets and actions are set and support the development of individual and team development plans.

The plan also shows our committed to improving the quality of our services and highlights that we will do this with a focus on:

## Involvement and Partnership Working

Everything we do is in partnership with our service users, families and carers. We try to co-produce our plans together, alongside our primary care, voluntary, community and independent partners.

## Communication

Our commitment is to ensure open, transparent and timely communication

## Digital delivery

We support new ways of delivering services, training our teams virtually and extending our use of business intelligence and data analytics to seek improvement in everything we do.

## Resources

We recognise that major sustained investment is required to address patient waiting times for diagnosis and treatment and ensure capacity in the health & social care system. We are committed to ensuring that resource use is innovative, efficient and effective.



# 1. INTRODUCTION

## Quality Management System

In order to ensure we provide the Right Care at the Right Time and in the Right Place, we measure and report on our achievements and progress against a number of key metrics within a Quality Management System (QMS):

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

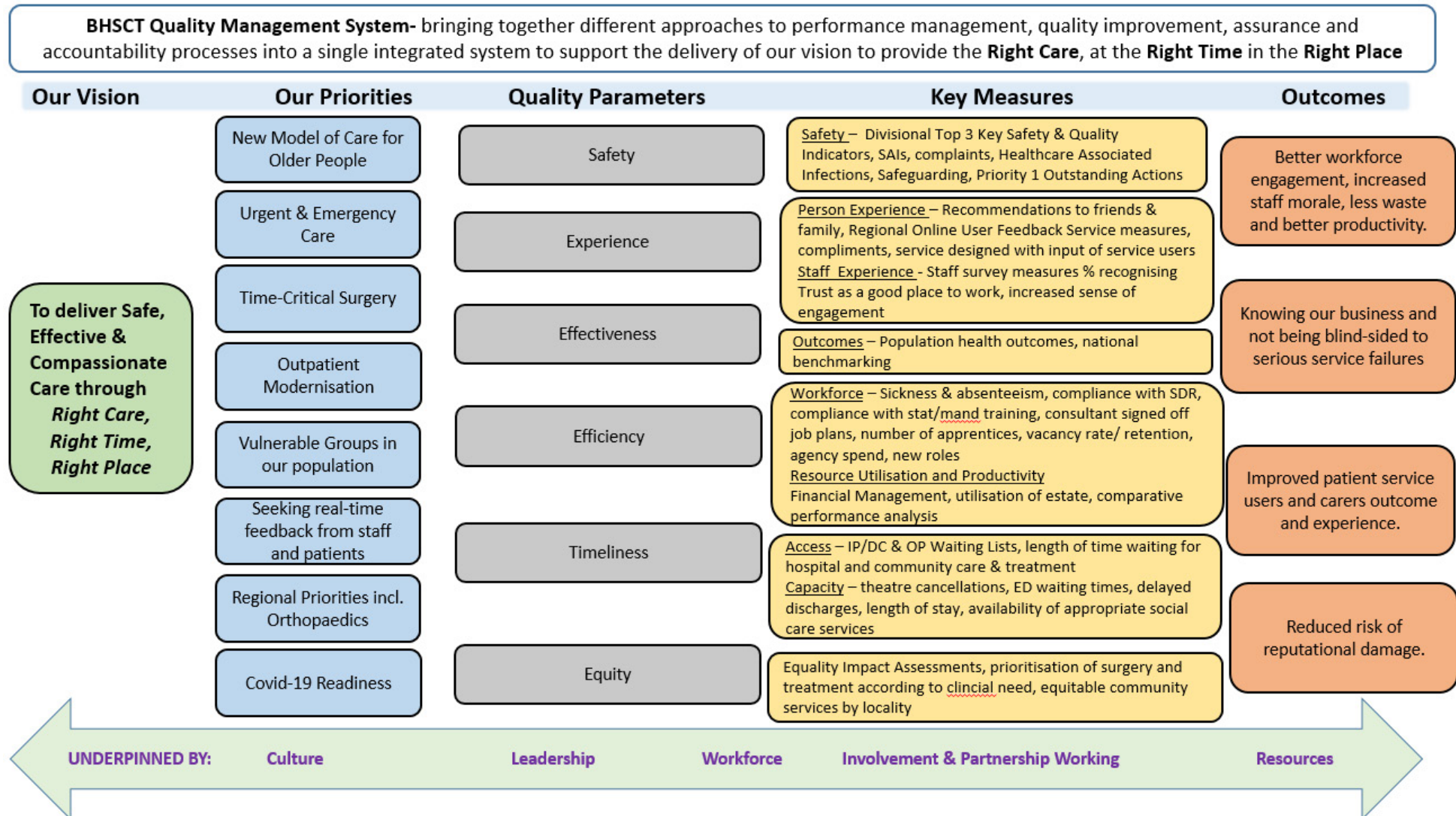
QMS is a single integrated system developed within Belfast Trust that provides one approach to performance management, quality improvement, accountability and assurance processes. The six quality parameters above ensures clear and robust arrangements are in place to deliver better outcomes for patients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

- Enable 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 include additional tailored data that indicates how the service is being delivered in a safe and effective way.

# 1. INTRODUCTION

## Summary of Belfast Trust Quality Management System



# 1. INTRODUCTION

## How the Organisation Learns

The Trust is committed to being a 'learning organisation'. This means we are continually seeking to share best practice, to share learning when the care we have provided could have been better, to proactively identify risk and to be a 'problem sensing' organisation. To ensure learning takes place constantly and effectively is particularly challenging, when there are multiple sites and over 20,000 staff, and, hence, we communicate in a number of ways:

- Patient Safety and Clinical Governance (PSCG) meetings. These are multi-disciplinary meetings, which are designed for regular Specialty (at least monthly) review of mortality, morbidity, learning from harm and other governance and patient safety issues
- Safety Huddles aligned to the Charles Vincent Model as part of Divisional live, operational and strategic Divisional sense making, include a weekly Governance Teleconference
- Risk management processes and the identification and escalation of risk via the assurance framework committee structure
- Incidents, SAIs, Complaints, Litigation cases are triangulated & themed with opportunities to inform QI and enhance learning opportunities; this includes specialist oversight from colleagues from areas such as Pharmacy, Tissue viability, Management of aggression team etc.
- Enhanced review of complaints process
- Testing, scale and spread of Quality Improvement projects
- Our staff are trained on Adverse Incident management, Complaints management and Risk Management training
- Learning from participation in Business continuity and Major Incident exercises and feedback
- Training on how to raise concerns, listen to them and follow up effectively with structures in place to support staff in raising concerns
- Gathering and consideration of data in support of decision making and assurance
- Sharing learning through dissemination of internal learning templates arising from various governance sources such as incidents, complaints, claims, Case Management Review etc.
- Dissemination and follow up of safety alerts both external and internal
- Dissemination and follow up of external standards and guidelines
- Learning from external scrutiny such as RQIA reviews and Internal Audit, Inquiries, and various accreditation processes

# 1. INTRODUCTION

- Ongoing development in Simulation and focus on introduction of Human Factors training
- Participation in Regional Learning Event for Serious Adverse Incidents such as ECHO, including presentations from the Belfast Trust
- 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
- Real-time Patient Experience feedback utilising Care Opinion, 10,000 Voices and other mechanisms
- Learning through staff survey and supporting healthy productive teams
- “Safety Matters” Internal newsletter and External newsletters such as Learning Matters
- Directorate and Trust-wide Shared Learning Events.

## Addressing the Challenges from COVID-19

At the centre of Belfast Trust are our patients and service users. Our staff, in helping deliver their health and social care needs, also work with carers and families, our Trades Union partners, as well as colleagues across primary care and the community, voluntary, statutory and independent sectors. Throughout the pandemic, and in the post-pandemic period, this community of Belfast partners joined together to sustain services and address the impact of COVID-19. As a region, 3 priorities were agreed:

- To ensure equity of access for the treatment of patients across Northern Ireland
- To protect access to the most urgent services for our population
- To deliver safe patient pathways for all our patients.

Belfast Trust focused on reducing health inequalities across health and social care, and addressing elective waiting times, services for children, older people, and those with a learning disability or mental health needs.

Ongoing initiatives remained in place for our staff during this post pandemic phase:

- Dedicated COVID-19 advice and psychological support helplines as well as information to support staff health and wellbeing. This includes the development of an online staff support pack.
- A new confidential specialist psychological therapy service “Thrive” tailored to meet the needs of staff who have worked in health and social care services during the pandemic. “Thrive” is an enhanced occupational health service ensuring that specialist psychological support and therapy is available for staff who wish to avail of it

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- The Occupational Health Service continued to provide confidential advisory support to staff in regard to Medical, Nursing, Occupational Therapy, Physiotherapy, Psychology and Psychiatry services. In addition, there was a seven-day week advice line for staff, wellness calls to staff, COVID-19 test results and contact tracing
- Staffcare, a confidential employee assistance programme, continued to offer a 24/7 self-referral counselling service for all staff
- An Ethnic Minority Staff Network was established to support staff from minority ethnic communities
- An extensive COVID-19 Vaccination programme was established as part of the Regional Programme
- Rapid test and contact tracing and asymptomatic testing for staff
- The Joint Health & Safety Committee continued to review COVID-related health & safety issues
- A range of other support resources for Staff and Managers including Safe Working during COVID-19 and support for Redeployed Workers was available.

Belfast Trust and its partners recognised there were particular challenges in implementing our plans, including:

- Balancing safety and risk – the need to ensure both an effective ongoing response to COVID-19 locally and the need to deliver elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population
- Recognising the impact of sustained pressure on our workforce as they continued to meet the changing needs of patients/ service users
- Safely managing patient pathways across all sites through effective Infection Prevention and Control (IPC) advice and guidance and optimising efficient utilisation of Personal and Protective Equipment (PPE) and adequate catering and rest facilities for our staff
- Building on new ways of working and innovations to provide safe and effective care. Recognising the widespread adoption of telephone triage, virtual clinics and video calls during COVID-19, we continued to work innovatively with our Primary Care/Community partners and our clinical leaders to maximise the rapid scaling of technology
- Ensuring our accommodation and transport infrastructure could support rebuild plans across our hospital and community sites
- Public adherence to the restrictions and precautionary measures before accessing care eg. pre-surgery COVID-19 testing

# 1. INTRODUCTION

- Providing necessary support and resources to the nursing / care home sector
- Harnessing opportunities to deliver services differently with innovative solutions and aligned to our social distancing commitments and need to deliver safe and effective health and social care services
- Providing continued support to family carers and those in need within our population including more vulnerable people, and people at risk of harm
- Delivering service rebuild plans with no recurrent growth funding, and in recognition of significant existing pressures and the potential for future surges in COVID-19 transmission.

During this service rebuilding phase, the Infection Prevention Control Team (IPCT) has continued to work alongside internal and external stakeholders to implement national and local COVID-19 guidance via:

- Provision of specialist advice to adapt/ interpret guidance to their local settings and patient population
- Participation in risk assessments and the development of operational plans and action cards
- Participation in regional steering forums such as the Regional IPC cell, PPE CAGs and regional PPE subgroup
- Participation in Trust safety and governance groups and the Nosocomial Assurance group for COVID-19 to review COVID-19 deaths
- Participation in SAIs to identify and share learning
- Staff education/ awareness regarding COVID-19
  - A range of resources were developed and updated in line with guidance, which included presentations on the general management of COVID-19, contact tracing and donning/ doffing procedure of PPE
  - Ongoing availability of the IPC team for specific queries/ management of individual cases
- Support and advice in relation to the management of COVID-19 outbreaks:
  - In 2022/23, the IPC team managed 199 COVID-19 outbreaks
  - For each outbreak, mitigation measures were considered and implemented to halt transmission with as little disruption to service delivery as possible
  - Focused independent auditing of areas in outbreak carried out by the IPCN team as deemed necessary.

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Key learning themes included the following:

- Early action/ response is vital to ensure adequate preparedness and effective management
- Collaborative team working is essential, both locally within the Trust and at a regional level
- Effective communication is key to effect change, empower staff and can reduce anxiety
- Ongoing need for daily review of patient placement to ensure effective use of single room facilities
- Ongoing need to ensure general IPC principles embedded in practice to reduce the risk of transmission of infection.

The Annual report includes many examples of where Belfast Trust has delivered on the above challenges, including rebuilding theatres, addressing waiting times and waiting lists, addressing mental health and suicide risks, improving timeliness in service delivery, developing real-time patient feedback and progressing work on listening and supporting our staff.

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

## Safety & Quality Visits

Safety & Quality Visits (SQV) helps develop 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, to share service achievements, good practice and discuss what could be even better.

During the period April 2022 – March 2023 there were 76 actions agreed between directors and service areas that were reported back to the QIPS team. The support from senior leaders can support and facilitate improvements in front line services.



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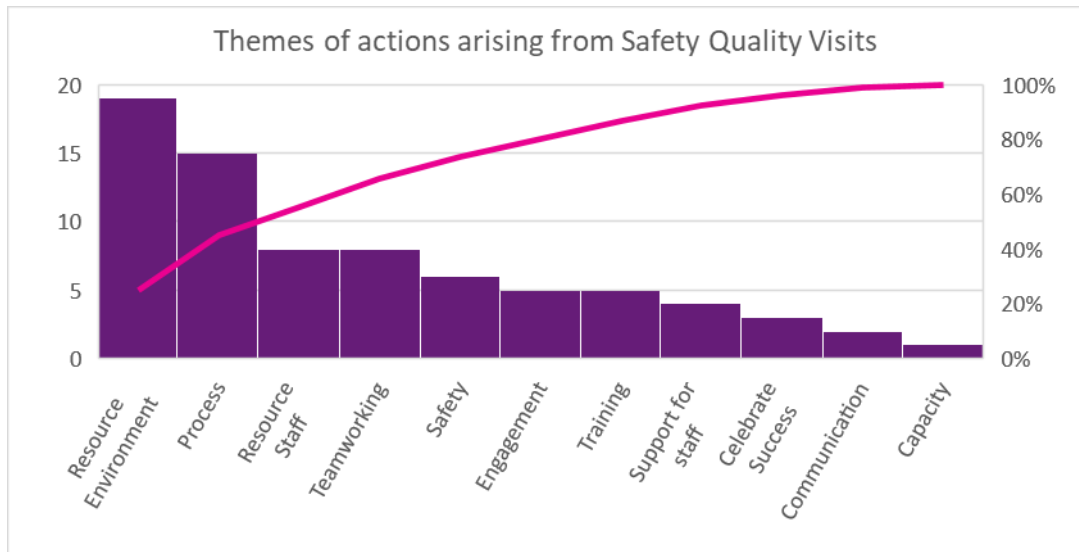


Figure 1 highlights the key themes of the actions arising from safety quality visits.

Positive Feedback has been received from various teams across the Trust.

“We thoroughly enjoyed our visit with Paula it was lovely to chat with her and to share some of our journey over the last couple of years and to share our achievements as well as our challenges..”

“The visit was extremely positive and staff were appreciative of the interest shown in our ward .We felt that the face to face format produced great opportunity for discussion and debate.”

## Safetember & March to Safety Initiatives

Twice a year BHSCT host a month of events as a mechanism to share learning and celebrate success across the organisation.

Safetember 2022 & March to Safety 2023 were held virtually with a lot of engagement and great feedback from colleagues.

These initiatives provide an opportunity to reflect on what safety means to us as a Trust, to reflect on what we have





# 1. INTRODUCTION

achieved and an opportunity to consider future plans.

Key themes over the past year have included:

- Safe Systems
- Safe Culture
- Celebrating Quality Improvement
- Learning from Harm
- Staff Experience and staff well being.

“Fabulous session and very Inspirational. Gave a lot of food for thought. Very humbling stories which made you think about how we can really affect other people with incivility.”

“Brilliant presentation and the enthusiasm of the presenters and the 2 hosts of the event were inspiring.”

“The spirit of openness, honesty and candour was evident in the presentation. Very Interesting Session.”

“The spirit of openness, honesty and candour was evident in the presentation. Very Interesting Session.”

“Excellent overview of some of the presentations in IHI conference.”

## Stabilising the Workforce

In this year the Trust agreed with the DOH and all other Trusts in NI that in a bid to stabilise the workforce and reduce spend they would cease the use of recruitment agencies for employing social workers. The first step towards this was completed in March 2023 with all Trusts ceasing the use of agencies that were not on the Trust agreed framework with the total cessation of using recruitment agencies planned for June 2023. An escalation framework will be put in place to allow for situations that may impact on safety of services.

Social Workers employed by the agencies were given the opportunity to become permanent staff members via regional recruitment campaigns, take up temporary posts or become SW bank staff. A range of initiatives have been introduced to help recruit and retain new staff.

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## 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 supports 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 Training and Recognition

Quality improvement training continued to be delivered in 22/23 with most teaching sessions delivered online and available to staff across all Directorates and professions. A range of programmes were delivered in line with Quality 2020. Staff were encouraged to focus their projects in line with regional priorities and Timely Access to Safe Care.

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The table below details the number of staff trained in 2022 /23 with 54 QI projects completed:

Level (Aligned to Q2020 Framework)	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	14,957 (current staff trained) compliance level 76.41%)	N/A
2	Safety Quality Belfast (SQB)	16 teams/54 graduates	16
2	Specialty Trainees Engaged in Leadership Programme (STEP)	14	14
	First Steps to Leadership (for Foundation Trainees)	6	6
3	Scottish Improvement Leader (SciL)	18	18
2	Reional QI Nursing, Midwifery & Social Work programme	9	8

In addition to formal training programmes, additional support and amended 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
- 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 two staff trained to Level 3.

In 2022/23, our graduation events for level 2 and level 3 training were held in person and we are delighted that a hybrid approach is planned for next year, combining online teaching sessions with a number of more traditional in-person workshops which are scheduled to take place over a period of 10 months in 2023 – 2024.

# 1. INTRODUCTION



**Safety Quality Belfast Graduation event**



**Safety Quality Belfast Cohort 5 winning project**

Project title: Recurrent Erosion – Improving the Safety and Effectiveness of Treatment  
RESET Project, Department of Ophthalmology



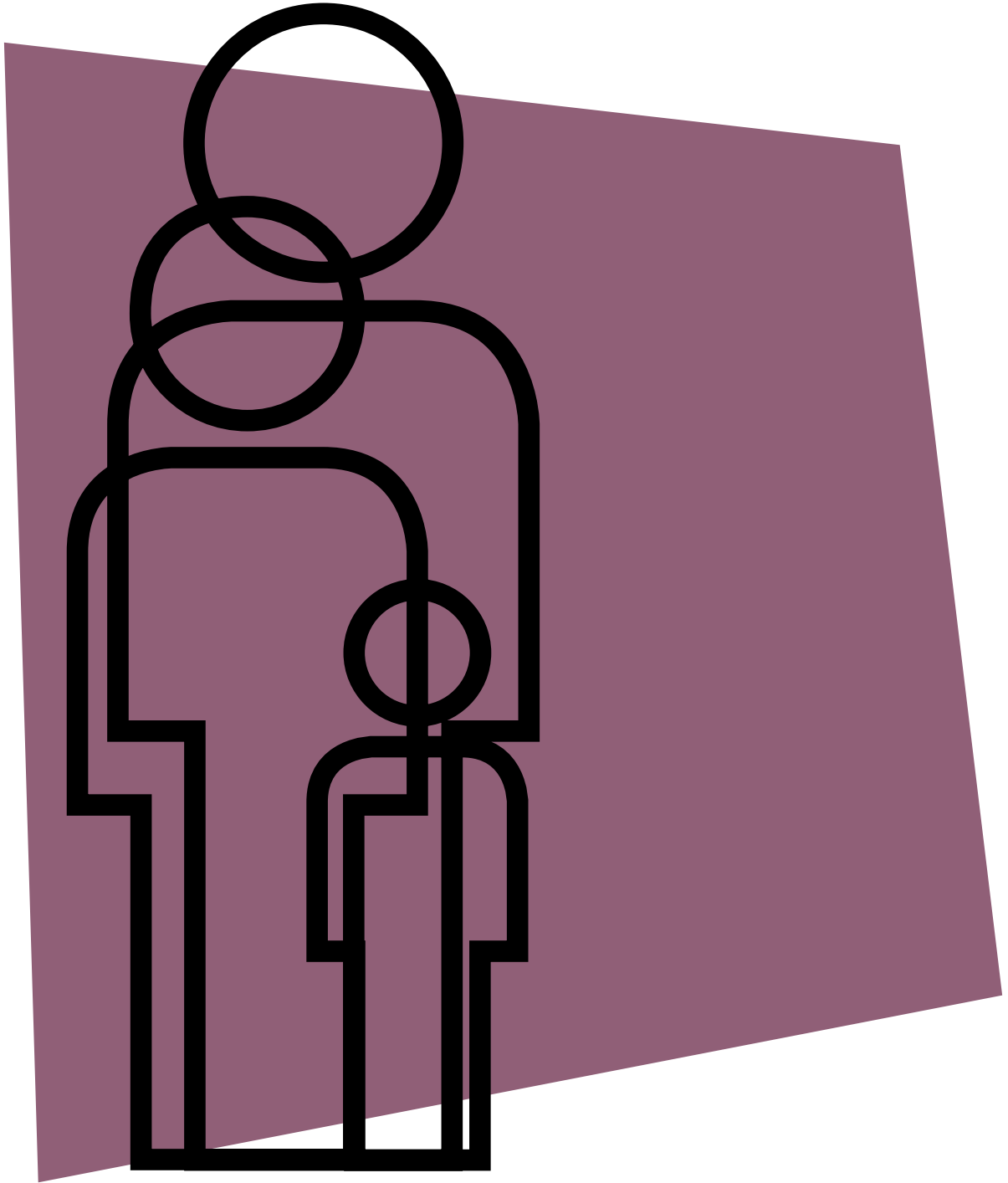
**Safety Quality Belfast Cohort 6 winning project**

Project title: Improving patient pathways for Muscle Invasive Bladder Cancer (MIBC) Treatment

## **Regional QI Nursing, Midwifery and Social Work celebration event**



## 2. Safety



## 2. SAFETY

Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care.

Belfast Trust's Quality Improvement Strategy was designed around the principles of safety, effectiveness and patient experience, building on our strengths and desire to continuously improve the services we provide to our patients.

Belfast Trust is committed to the development of an organisational culture which prioritises:

- Patients and quality care above all else
- Clear values embedded throughout all aspects of organisational behaviour
- The relentless pursuit of high quality care through continuous improvement.

The following section details the key Trust safety metrics focussing on reducing patient harm whilst ensuring learning from top to bottom and across the organisation.

### Delivering Cancer Services

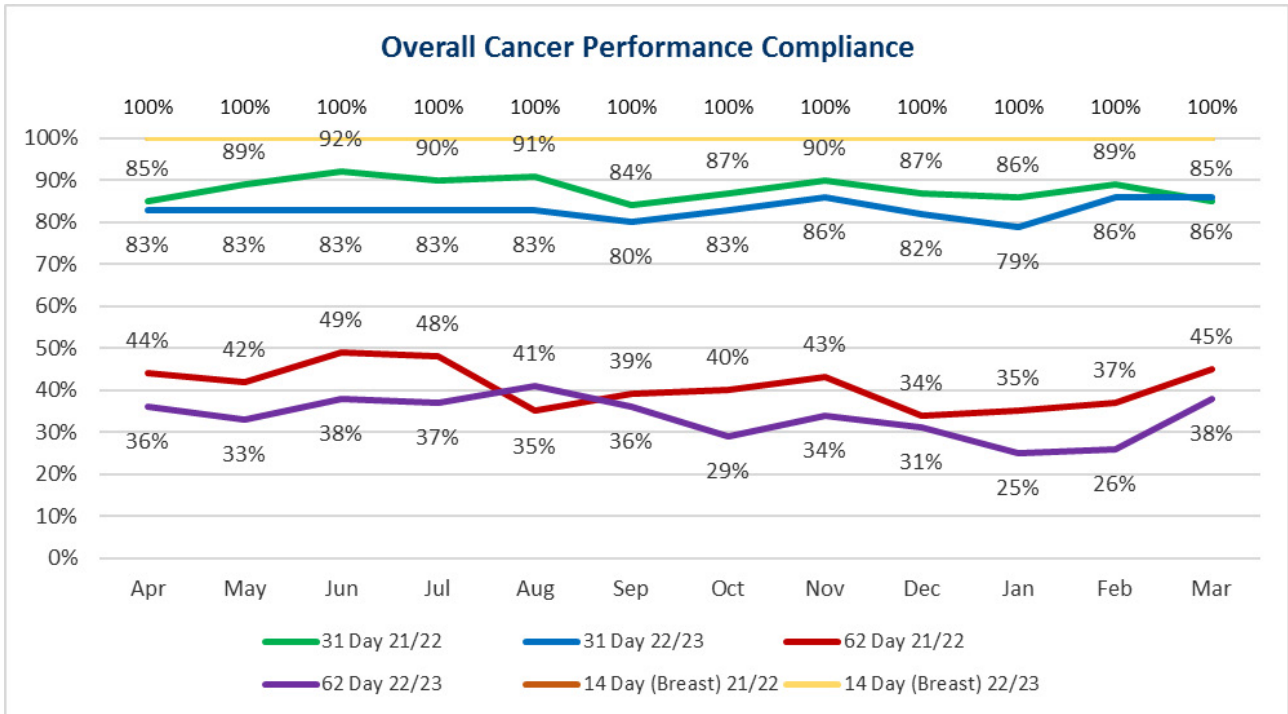
The Cancer Access Standards (targets) are:

- 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 recovery from 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 long regional waiting lists and challenges ensuring timely access to diagnostics and treatment.

The graph below shows performance against these targets from April 2022 – March 2023 compared to April 2021 – March 2022. The Breast Team have consistently achieved the target of 100% of patients seen within 14 days of referral. Comparisons across the 31 and 62-day pathways in 2021/22 and 2022/23 show an overall reduction in performance against these targets. However, it is important to note that there has been a 14% increase in GP red flag referrals in 2022/23, as well as 10% more patients being treated on the 62-day pathway in 2022/23 and 82% of patients transferred late from other Trusts for specialist treatment in Belfast.





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 in 2022/23 were:

- **First Appointment**

- Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across all specialities

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

- Endoscopy (OGD and Colonoscopy)
- Hysteroscopy
- PET CT
- CT FNA (Fine Needle Aspiration)
- Cystoscopy
- TP biopsy
- Pathology reporting.

## 2. SAFETY

In relation to pathology reporting, the following results are provided for 2022:

Year/ TAT target	% of Cases reported within 7 days	% of Cases reported within 10 days	% of Cases reported within 28 days
<b>2022 (all samples)</b>	24.4	36.1	73.8

73.8% of cases in 2022 were reported within 28 days. Currently the Trust has a capacity shortfall, like elsewhere across the UK to meet the annual demand. In addition, in three areas specimens are reported by a single pathologist in Belfast Trust, namely head and neck pathology and oral and maxillofacial pathology, endocrine pathology and medical renal biopsies. These issues have been discussed with Strategic Planning & Performance Group.

2022/23 figures highlight that 4.2 additional WTE consultant posts are required.

- Treatment
  - Theatre capacity - issues across all specialities due to the impact of the 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
- Complex diagnostic pathways

### Actions and improvements undertaken in 2022/2023 include:

- The Breast surgical service sustained 100% performance against the 14-day target
- The implementation of regional MDT electronic referral forms for all speciality cancer multidisciplinary meetings (MDMs)
- The completion of a project to optimise the lung cancer pathway across the Trust through service redesign with the lung cancer multidisciplinary team focussing on the pathway from red flag referral through to first definitive treatment. This project delivered a range of improvements, including implementation of Next Generation Sequencing (NGS) which reduced turnaround times for molecular testing, implementation of a fast track histopathology pathway which optimised the pathway by 8 days, improved turnaround time for fine needle biopsy from 8 weeks to 4 weeks, rapid 5 day access to CT scans for confirmed cancers and improved tracking capacity to expedite the patients pathway
- A reduction in the Computed Tomography Colonography waiting time



## 2. SAFETY

- An Upper GI and Renal Cancer Pathway Optimisation project group was 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
- Continuation of Weekly PTL meetings in Gynaecology, Urology and Colorectal to identify and resolve patient pathway issues
- The completion of a streamlining MDM project in Urology to decrease the waiting time for patient discussion at Urology MDM and improve quality and effectiveness. The project implemented protocolisation of agreed cases successfully and reduced the average number of days to MDM discussion for all patients from 12 to 8 days
  - Completion of a project to decrease median time from flexible cystoscopy to decision to treat for patients with muscle invasive bladder cancer (MIBC) patients. The project reduced the median time from cystoscopy to the patient's treatment decision by 50% (68 days to 34 days), and reduced the entire pathway from referral to treatment for MIBC from 145 to 97 days (43%).
- The Cancer Services Team worked 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
- Cancer Patient experience surveys underway across 17 tumour groups and 4 were undertaken in 22/23
- Virtual Health and Wellbeing Events held for Prostate, Myeloma and Breast cancer.

**Next Steps (2023/2024):** The cancer services team will continue to work in partnership with multi-disciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

### Revalidation of Nursing staff including Midwifery

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)

#### The process of Revalidation:

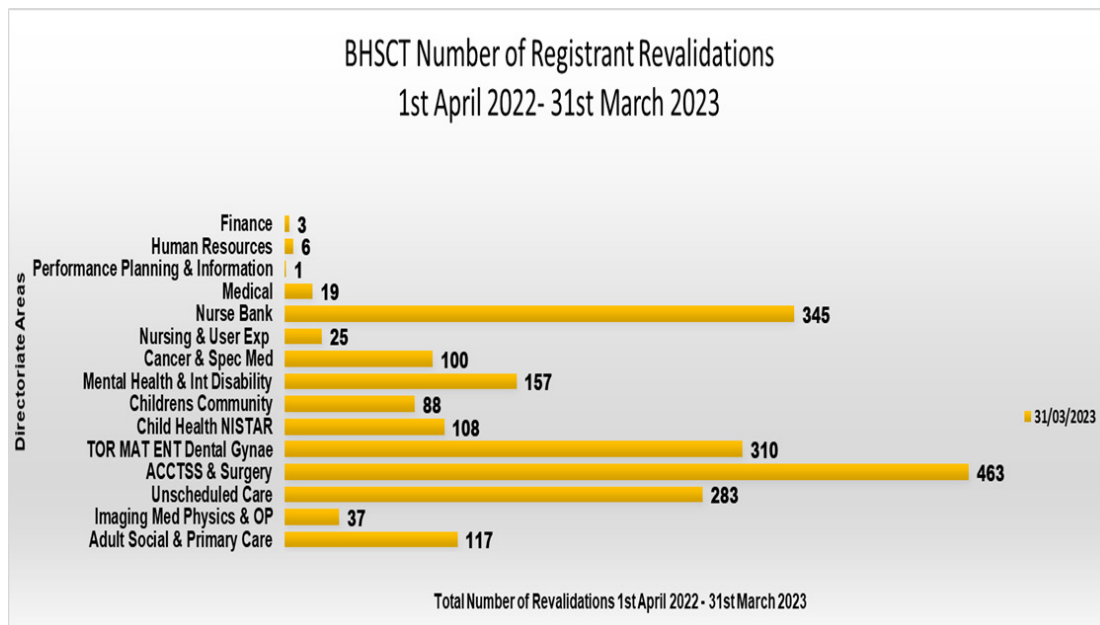
- Requires the registrant to revalidate every three years upon renewal of NMC registration
- Reinforces the registrant's duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the 'Code' in day-to-day practice and personal development

## 2. SAFETY

- Encourages reflection on the role of the 'Code' to practice and demonstrates how each registrant is 'living' the standards set out within it
- Encourages engagement in professional networks and discussions
- Encourages a culture of sharing, reflection and improvement
- Enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

Throughout April 2022 - March 2023, 2062 Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined in Table 1.0 below.

**Table 1.0 outlines the Number of Registrants completing Revalidation by Divisions throughout**



### 1st April 2022 – 31st March 2023

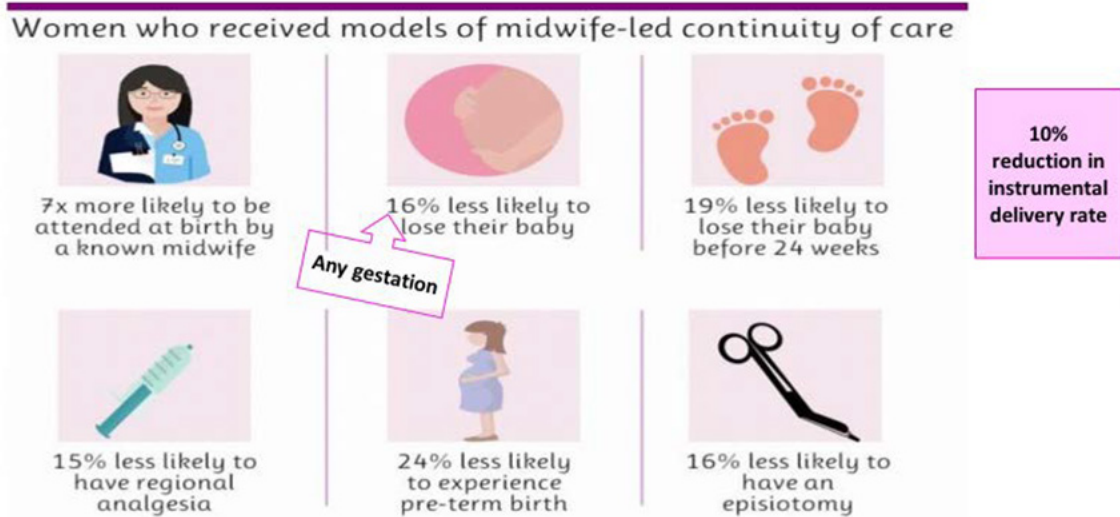
Some examples of quality improvement in nursing and midwifery services are referenced below:

#### Continuity of Midwifery Carer (CoMc):

CoMC describes a model of care that provides women with care from the same midwife or small team of midwives during the pregnancy, birth and early postnatal period with referral to specialist obstetric care as needed.



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(Jane Sandall et al, 2016 Cochrane review)

CoMC should be inclusive of women most likely to experience the poorest clinical outcomes and the primary focus of the first CoMC team in Belfast Trust targets women living within areas of greatest social deprivation. Women living within these areas are more likely to experience pregnancy loss including stillbirth and neonatal death, preterm birth and perinatal mental health and social complexities, including high levels of drug and alcohol abuse. Women are also more likely to have high levels of child poverty and are more likely to suffer from complex co-morbidities. According to the Northern Ireland Multiple Deprivation Measure, North Belfast has some of the highest rates of child poverty across the region, with almost three times the NI average of child poverty based in North Belfast in area such as Ardoyne (60.9%) and Waterworks (59.4%).

### MBRACE –UK Perinatal Mortality report (source)

Clinical Commissioning Group	Asian or Asian British <sup>1</sup>	Black or Black British <sup>1</sup>	Mother's age <20 years <sup>1</sup>	Mother's age >39 years <sup>1</sup>	Top quintile of child poverty <sup>1</sup>	Multiple birth <sup>1</sup>	Born at 24 to 31 weeks <sup>1</sup>
<b>NORTHERN IRELAND</b>							
Belfast	1.5	1.9	4.3	4.5	51.6	3.1	1.5
Northern	0.4	0.5	2.7	4.3	18.9	2.8	0.9
South Eastern	0.5	0.4	2.7	4.3	19.6	3.1	1.1
Southern	0.3	0.8	2.3	4.5	16.6	2.7	0.9
Western	0.5	0.1	1.9	4.6	36.8	2.6	1.1

Source: MBRRACE-UK Perinatal mortality report for perinatal deaths of births in 2019

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Responding to these outcomes, the first CoMC team is currently based within the Mater Hospital, prioritising women from the North Belfast geographical location who experience the highest rates of social deprivation, preterm birth and stillbirth within Belfast Trust. Providing maternity services in this way and based within local communities supports the Northern Ireland transformation and reform agenda detailed in the Systems not Structures report (DoHNI, 2016) which aims to provide women with care at the right time, by the right person in the right setting for both themselves and their families. Belfast Trusts first CoMC team launched in Feb 2023, with the implementation overseen by Lead Midwife Susanne Thomas O'Boyle. The team consists of nine Midwives, one Maternity support worker and a Linked Obstetrician, Dr Helen Goodall.



The CoMC Team provide 24/7 availability for labour and birth and support women in all birth choice settings including home birth provision.

The Belfast Trust CoMC team are the first team to fully implement the regionally agreed CoMCNI model of service provision.

### Advanced Neonatal Nurse Practitioners



Over the past two decades, Advanced Neonatal Nurse Practitioners (ANNPs) have become a highly valued and essential component of the nursing workforce in the majority of neonatal units in the UK. The role combines advanced clinical skills, teaching experience, continuity of care and empathy for families all of which provide a solid foundation for neonatal care. In September 2022, the Regional Neonatal Unit, in RJMS, were pleased to announce the appointment of Helen Mushipe and Gemma Carter to the position of Advanced Neonatal Nurse

## 2. SAFETY

Practitioners (ANNP's), having supported both with commissioned courses to complete their qualification and advanced practitioner registration.

Both appointees are responsible for:

### **Clinical Care:**

The ANNP team contributes to the middle tier of the medical rota cover. The ANNPs are ideally placed to support both medical and nursing colleagues and troubleshoot/intervene in all areas, as needed. As well as the clinical duties of the ANNP indicated above, the team also:

- Carries the crash bleep for neonatal emergencies
- Attends high-risk deliveries on the delivery suite
- Assists and supports the junior medical tier in their role
- Provides education and training to the junior medical team and nursing workforce
- Contribute to clinical governance by supporting incident investigation, audit projects and research trials.
- ANNPs currently take the lead in PMRT (Perinatal Mortality Review Team).

### **Developing Self and Others:**

The ANNP team has significant involvement in training and education, providing education and training to the junior medical team and our neonatal nursing workforce. They have recently been involved in providing neonatal resuscitation training to medical staff in the emergency department for those babies born unexpectedly in the general hospital.

### **Improving Quality and Developing Practice:**

The ANNP team have been pioneering in developing a form of neonatal transitional care within the hospital. Currently the early pilot phase is expected to improve the care provided to the mothers and babies, maintaining the family unit. It is also planned to develop nursing staff skills and experiences, build better relationships between disciplines in the hospital and assist medical staff to administer intravenous antibiotics.

Future plans are to have members of the team as part of the incident reporting investigation team and, as such, able to manage incidents and provide the wider NICU team with learning points from the outcomes. The ANNP team crosses the boundaries between medical, nursing and midwifery colleagues and are well placed to have a direct and positive impact on quality of care, inter professional working and collaboration.

## 2. SAFETY

The NICU in Belfast will soon be moving into the new maternity hospital, with additional ANNPs in training at present, ready to augment our current team going forward; it is an exciting time to be part of neonatal care in RJMS.

### Medical Revalidation

A system of revalidation was implemented in December 2012 by the GMC in relation to medical practitioners. The purpose of revalidation is:

*“to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the appropriate professional standards”.*

Each Doctor requires to be re-licenced and therefore revalidated every 5 years. At 14 June 2023, 1117 Doctors were connected to the Belfast Trust Medical Director for the purposes of revalidation.

In making revalidation recommendations, the Responsible Officer considers a range of appraisal and governance information, in context of Good Medical Practice, the GMC requirements for revalidation, and the GMC Protocol for making Revalidation Recommendations.

The Medical Director (who is the Responsible Officer) has continued to strengthen arrangements for Medical Revalidation. Improvements have included:

- Implementation of Revalidation Standard Operating Procedures
- Revalidation individual reminder letter to doctors for revalidation planning (8 months to go)
- Development of Professional Governance Information packs to inform revalidation decisions
- 1:1 meetings with doctors in advance of revalidation (Chairs of Division)
- Earlier recommendation decision-making
- Earlier planning with doctors to complete Colleague and Patient Feedback – required in penultimate appraisal
- Requirement for Letters of Good Standing from external organisations
- Improved information flows in relation to the Doctor & Dentist Case Review process, in planning for revalidation decisions
- A more comprehensive Medical Revalidation Recommendation Decision proforma (MRRD)
- Closer liaison with GMC regarding issues with individual doctors eg deferral / non engagement in context of March 2018 Recommendations Protocol.



## 2. SAFETY

The revalidation decision rates for 2022/2023 are set out below:

	GP	Specialist	GP & Specialist	Other	Total
Defer - insufficient evidence	1	30	0	24	55
Defer - subject to ongoing process	0	7	0	5	12
Revalidate	2	140	1	37	180
Non-engagement	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>177</b>	<b>1</b>	<b>66</b>	<b>247</b>

### Late recommendations

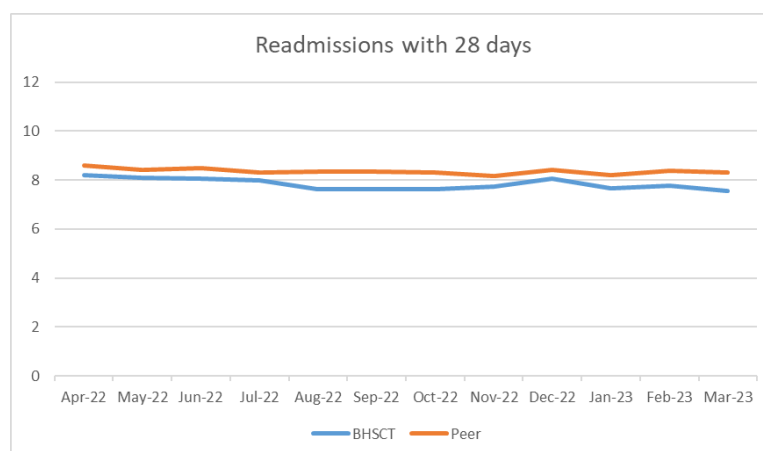
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	Number
Defer - insufficient evidence	4
Defer - subject to ongoing process	0
Revalidate	7
Non-engagement	0
<b>Total</b>	<b>11</b>

## 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. Monitoring readmission rates is important because the higher they are, the lower the quality of care, patient safety, coordination of services, and/or post-discharge support.

The chart below indicates the % of patients readmitted as an emergency within 28 days each month during 2022/23. The Trust has a readmission rate of 7.8% against a national average of 8.4%. 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 2022/23*

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### Reducing Healthcare Associated Infections (HCAIs)

With an ageing population, and increase in frailty and chronic conditions, BHSCT remains vigilant to addressing healthcare associated infections (HCAI) through ongoing audits across a range of indicators, including:

- Hand Hygiene (HH)
- Personal Protective Equipment (PPE)
- Aseptic Non-Touch Technique (ANTT)
- Antimicrobial Stewardship
- Environmental cleanliness
- Effective decontamination of equipment.

Infection rates for the 22/23 year are shared below, as well as results from some of the indicator audits, with a summary of the associated learning:

### Measuring the Improvement

The table below shows Trust performance for 2022/23 against targets\* set by the Public Health Agency (PHA).

* based on 19/20 Targets	Target 22/23*	Outturn 22/23	Target 22/23*	Target no. of cases per month	Average cases per month as of end of April	April - May Episodes	June
<i>C.difficile</i>	110	101	110	9.17	9.5	19	9
MRSA	12	11	12	1.00	3.0	6	1
All Gram Negative	201	232	201	16.75	16.0	32	12

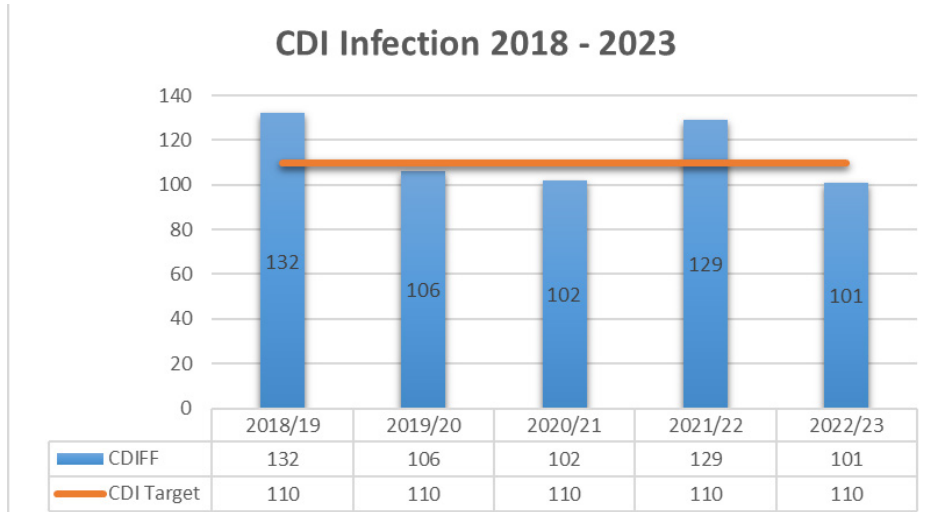
2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<i>C.difficile</i> *	12	8	4	13	8	6	3	9	8	16	8	6
MRSA	2	1	1	1	1	2	0	1	0	0	0	2
All Gram Negatives	19	7	16	20	26	19	17	21	26	24	25	12



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The following charts demonstrate Trust performance for each organism for the last 5 years.

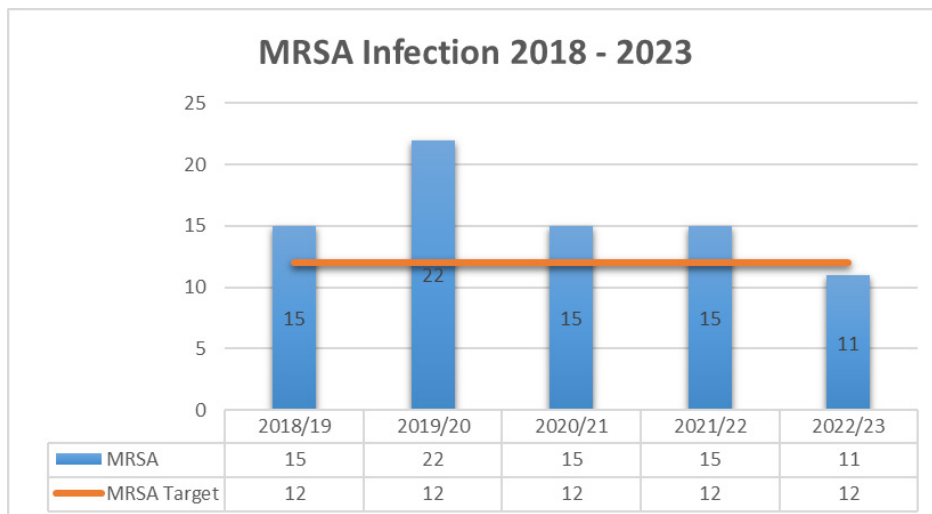
### C. Difficile



In 2022/23, there were 101 cases of C. Difficile, against a target of 110.

**Key learning themes identified from post infection reviews in relation to C.difficile include** the importance of timely administration of critical medicines; Antimicrobial stewardship including the documentation of the rationale for antimicrobial choice; effective communication between wards and departments; using medical prompt form in CDI care pathway, and this being completed by medical staff when the result is known and ensuring that consultants have oversight of death certificate when cause of death is attributed to CDI.

### MRSA

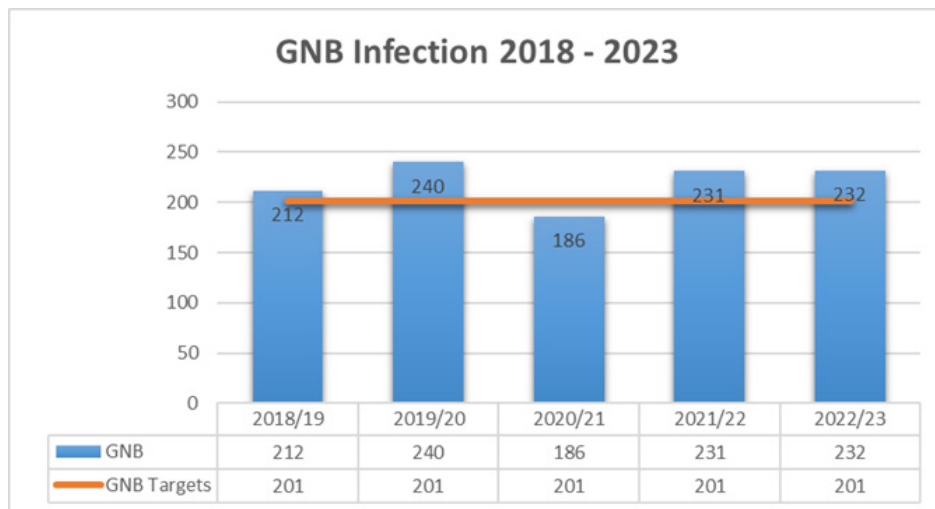


In 2022/23, there were 11 cases of MRSA bacteraemia against a target of 12.

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**Key learning themes identified from post infection reviews in relation to MRSA include** ensuring that patients are fully screened for MRSA if indicated; effective communication between wards and departments; careful management and timely removal of catheters; ensuring that consultants have oversight of death certificate when cause of death is to be attributed to CDI or MRSA bacteraemia.

### Gram-negative bacteraemia (GNB)



In 2022/23 there were 232 cases of Gram-negative bacteraemia, against a target of 201.

**Key learning themes identified in relation to Gram-negative bacteraemia include** the prevention of catheter associated urinary tract infections and E.coli.

**Next steps** - The Infection Prevention Control team will extend their education strategy to reengage, facilitate and empower key personnel and drive improvement.

### Pseudomonas Aeruginosa Outbreak in Haematology: Sharing Best Practice

Pseudomonas Aeruginosa is a bacterium that can cause infection mostly in hospitalised patients. A well-known risk factor is patients who are immunocompromised. Pseudomonas Aeruginosa can be found in drains, water, clinical equipment, and soil. It can infect any body part including the blood, gut, open wounds and urinary tract.

In December 2021, four positive clinical samples for Pseudomonas Aeruginosa were identified within 10 North, Belfast City Hospital, the regional haematology and transplant centre for Northern Ireland. Following a declaration of an outbreak, the following actions were implemented:

- Weekly patient screening and admission screening

## 2. SAFETY

- Mapping of patient journeys
- Enhanced ward cleaning/review of cleaning practices, particularly water outlets
- Increased water testing and weekly testing of drinking water
- Increased drain cleaning
- Review of ventilation on unit
- Installation of self-flushing showers across the unit
- Environmental sampling/auditing
- Increased practice audits
- VNTR typing of every positive Pseudomonas sample.

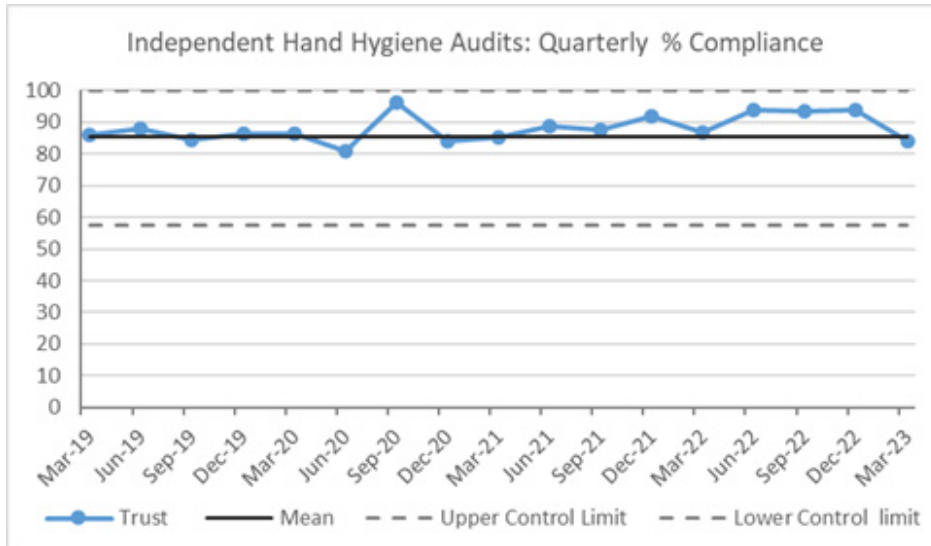
There have been reports of similar organisms in other UK Haematology centres and learning from this BHSCT outbreak was applied nationally. The comprehensive actions of the Belfast Trust team were praised by the relevant national body, the UKHSA.

### Hand Hygiene

Hand hygiene is a key Infection Prevention and Control (IPC) measure to protect patients, visitors and staff and to reduce HCAs. All staff, regardless of band, profession or working location are expected to adhere to the Trust hand hygiene policy. Audits are crucial to monitor compliance, as shown in the graph below. Regular peer audits of each ward and department are undertaken by Service areas with the minimum compliance score set at  $\geq 80\%$ . Scores have all been above this level. The audit process is supported by a formal escalation process that is outlined within the hand hygiene policy.

The IPC team continues to support areas through education (on both hand hygiene and auditor training) for all members of the MDT, consideration of practical solutions (such as location of hand sanitiser dispensers) and monitoring of practice until a compliant score is obtained.

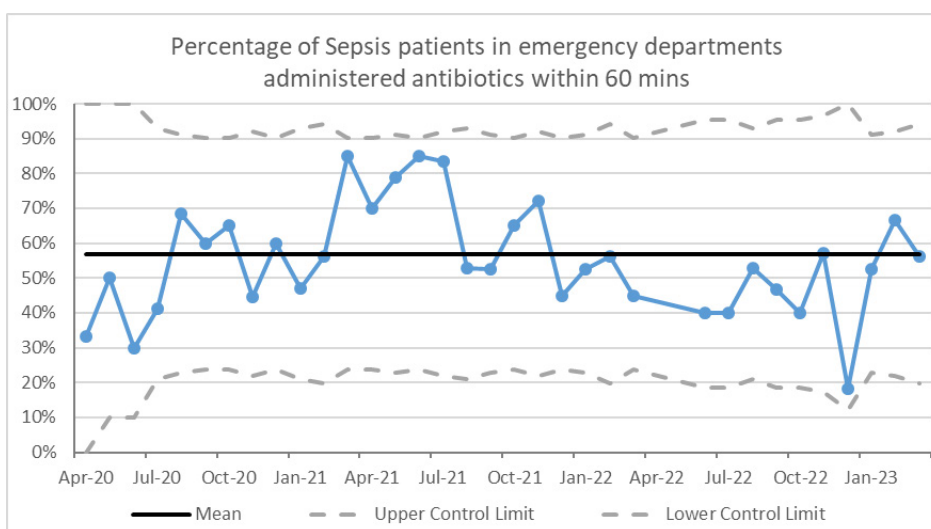
## 2. SAFETY



### Sepsis

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.



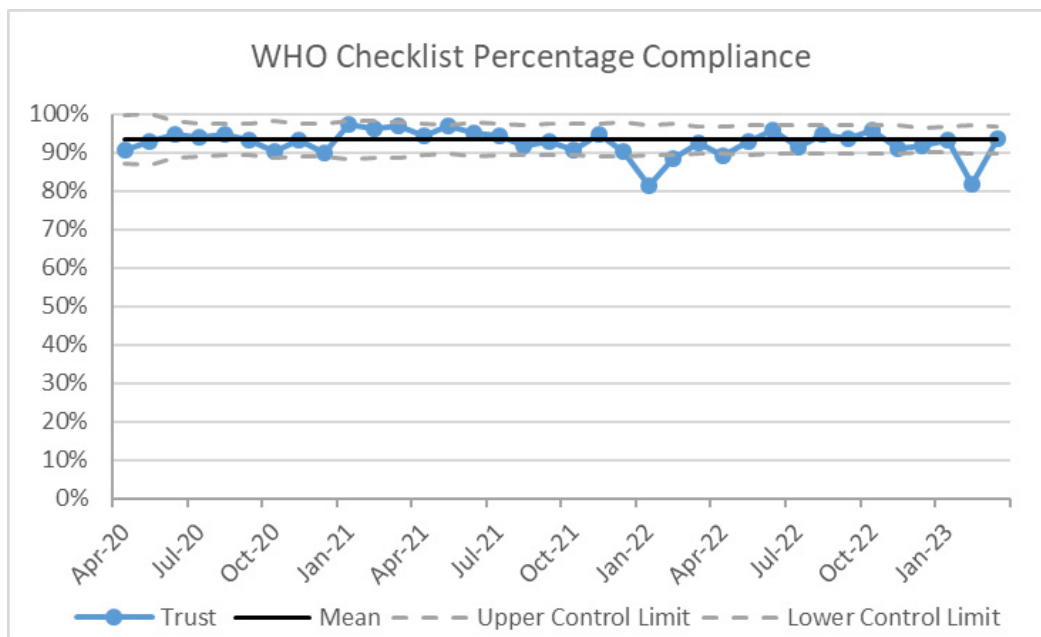
## 2. SAFETY

### Safer Surgery / WHO Checklist

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

The checklist ensures that each surgical team has taken all the right steps before and after surgery to ensure patient safety 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 that are reported on at Specialty, Divisional and Trust level.



### Falls Prevention

Falls among adult inpatients within the BHSCT are the second most frequently reported safety incident on the Trust Incident reporting system. Staff recognise that patient falls may have a psychological impact leading to lost confidence, delays in functional recovery and prolonged hospitalisation for patients.

Our aim is to reduce the patient's risk of falling while in our care. The identification of multiple risk factors (Fallsafe) combined with clear interventions to improve the impact of each, has been shown to reduce the incidence of inpatient falls by 20–30%.

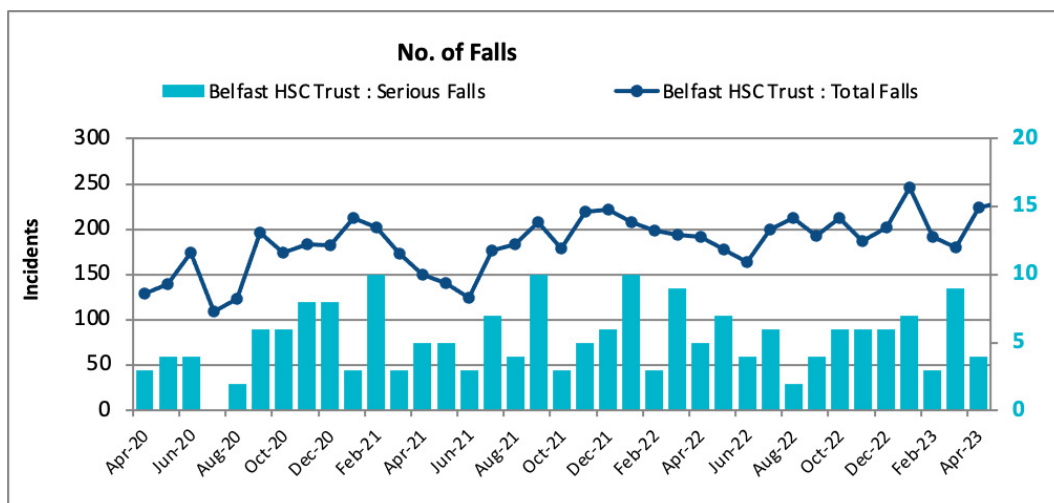
## 2. SAFETY

Successful quality improvement in falls prevention seeks to nurture a culture of vigilant safety consciousness in all staff.

### Data

In 2022/23, there was a 7.6% increase in falls within the acute adult inpatient setting and an increase of 1.4% in serious falls in comparison to the previous year. There are a number of contributing factors to consider regarding the increase; including level of enhanced patient care, single room only wards, patients residing in other specialty wards (other than the intended specialty) and falls related to delirium.

When a patient falls and sustains an injury with a severity grading of moderate and above a post fall review is completed. Investigating and reporting on injurious falls, is key to helping us improve the safety of our service both locally and regionally.



Key Learning themes identified from post fall reviews include the need for patients on specific pathways to be identified as soon as possible (eg delirium pathway); for implementation of the 'Management and Prevention of Adult Inpatient Falls in a Hospital Setting' policy, including observations to be appropriately recorded and data analysed and shared.

Actions taken to reduce harm from falls within the BHSCT include the following initiatives:

- Delirium, Learning from Falls Review

A recent initiative was the development of a 'Delirium, Learning from falls' review. This provides ward staff with invaluable learning from the Delirium Lead Nurses on serious falls when delirium is a contributory factor to the fall incident

- Enhanced Patient Care and Observation (EPCO)

## 2. SAFETY

EPCO is currently being piloted within a number of ward areas within the BHSCT for any adult in-patient, who requires assessment and monitoring of distressed behaviours, which may increase the risk of harm to themselves and /or others and should be part of a person centred management plan, to promote safety, while identifying the cause of and reducing distress

- FallSafe Awareness sessions continue to be delivered to the multidisciplinary team. Training has also commenced outlining the role and responsibilities of the FallSafe Champion.

### Example of Good Practice -E-SQB Falls Quality Improvement Project Ward E, MIH

Staff from Ward E, MIH participated in the e-Safety Quality Belfast (September 2022 ) with a project 'Improve Compliance with FallSafe Care Bundle A&B on Ward E by 50% by May 2023'

Utilising the following resources:

- Staff education and training
- Bed Side Matters checklist
- Implementation of new above bed signage, walking stick enlarged and moved to entrance of ward, 'risk disc' added to patient name board, falls stickers created to be affixed to medical notes following a fall
- Implementation of a 'Urinalysis Trolley'.

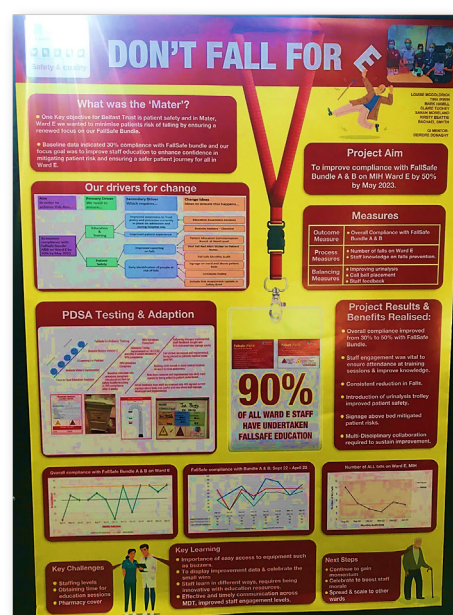
The Ward E Project team realised the following results & benefits:

- Overall compliance with the FallSafe Bundle improved by 20%
- Staff engagement and improved knowledge with 90% of all ward E staff undertaking FallSafe education
- Consistent reduction in falls
- Introduction of urinalysis trolley improved patient safety
- Signage above bed mitigated patient risks.
- MDT collaboration required to sustain improvement.

#DontFallForE Quality Improvement Project was first place for best poster.

### Next Steps

Scale and Spread is key and the Mater hospital is introducing the change ideas developed by Ward E across other wards.





## 2. SAFETY

A BHSCT Adult Safeguarding and Falls Protocol is being developed: When is a fall an Adult Safeguarding Issue? A flowchart has been devised to assist staff in their decision to refer to adult safeguarding when a patient has fallen. A pilot of this protocol has commenced in Meadowlands, MPH, followed by a second pilot within the community.

The Trust is working with the Regional Falls Prevention group to develop a Regional Falls prevention advice leaflet for the acute adult inpatient setting, in conjunction with staff and service users.

### Community Falls Prevention and Management Service

Research shows that from 50 years of age we naturally lose muscle density year on year. While ageing is inevitable, the pace at which physical changes occur can be slowed or even reversed with regular physical activity.

The UK Chief Medical Officers recommends being active for 150 minutes each week and doing activities to improve muscle strength at least twice a week. Most older adults do not do enough physical activity, but small changes can make a big difference.

The Belfast Trust in partnership with Active Belfast deliver the Falls Prevention Group Exercise Programmes. It offers structured exercise in a safe environment, to increase your physical activity levels, challenge your strength and balance, promote general wellbeing and ultimately reduce your risk of falling.

Our patients over 65 who have had a recent fall, have a history of falls or near misses, are often eligible to attend a 12 week Strength & Balance Exercise Programme.

This Strength & Balance Programme is free of charge and offered at a range of venues across the city at the following locations:

- Olympia Leisure Centre
- Girdwood Community Hub
- Andersonstown Leisure Centre
- Hanwood Centre
- Shaftsbury Recreation Centre
- Avoneil Leisure Centre.

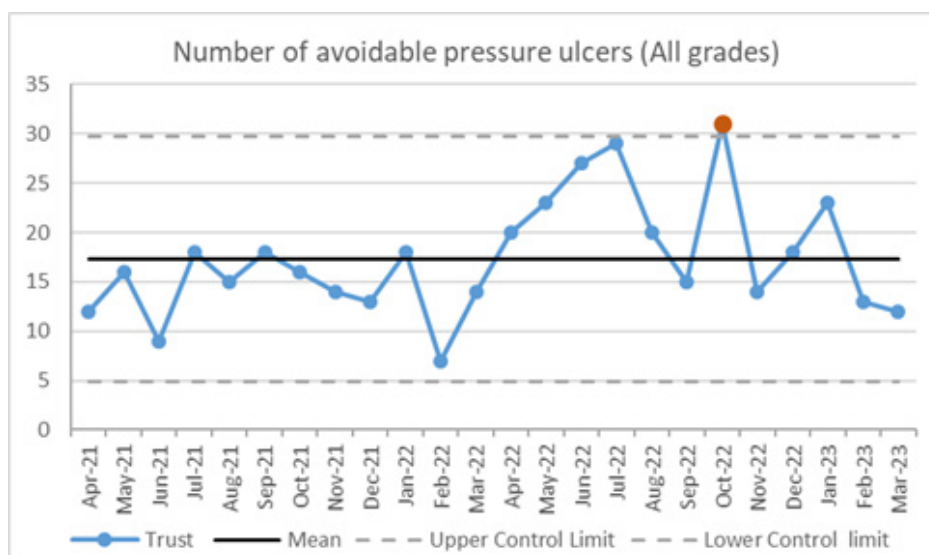
## 2. SAFETY

### Pressure Ulcer Prevention

Pressure ulcers, which range from skin discolouration to infected bone, can have a major impact on patients and those caring for them. As well as the pain and suffering for patients, caring for patients who develop pressure ulcers costs the NHS in the region of £531 million per year.

If a patient develops a pressure ulcer, our staff are required to benchmark care delivered against a defined set of regional and national standards. This process help us to determine if there is anything we can do better, and if there is, the learning is shared. It is important to note, that we cannot prevent all pressure damage; for example, the patient may be too ill to be repositioned, or they have expressed a clear wish not to be repositioned or nursed on a pressure-redistributing mattress.

In 2021-22, Belfast Trust staff in Primary and Secondary Care reported 844 pressure ulcers. In 70% of cases (585 people), pressure damage was deemed unavoidable and for approximately 30% of cases (259 people), we did note opportunities for learning, largely in the hospital setting (233). This figure represents an increase of 0.18% in pressure ulcers. (100 people). The reasons are varied and complex. The Tissue Viability team continue to work with and provide education for, all staff groups to provide safe pressure ulcer and wound care.



In November 2022, the Belfast Trust worked with the Public Health Agency, NI Healthcare Trusts, educational partners, and the UK 'Stop the Pressure' 4 Nations Campaign, to improve our ability to recognise people at most risk. This has led to the introduction of a new evidence based Risk Assessment Tool (PURPOSE-T) across Northern Ireland as well as improvements to the Belfast Trust Hospital and Community SSKIN Bundles and the development of a new Pressure Ulcer Module which is now live on LearnHSCNI.

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The Tissue Viability Nurse Team will continue to monitor all pressure damage that is reported on Datix and will alert wards and departments to incidents of avoidable pressure damage. The team will use this information to direct additional advice and support to areas where standards are suboptimal. The impact of this work will be evaluated throughout 2023-24.

Work is ongoing on regional guidance in relation to when pressure damage requires referral to Adult Safeguarding.

**Table 1: Pressure Ulcer Rates in Acute Care:**

	2022 - 2023	Incident rate/1000 bed days	2021-22	Incident rate/1000 bed days	Increase/decrease in comparison to 2021-23
Bed Days (excluding Maternity)	461433	NA	416448	NA	+44,985
No. of Pressure Ulcers reported	584	1.26%	432	1.04%	+0.16%
Unavoidable	351	0.76%	299	0.72%	+0.6%
Potentially Avoidable Pressure Damage (All)	233	0.50%	133	0.32%	+0.18%
Potentially Avoidable Superficial Damage	152	0.32%	104	0.24%	+0.08%
Potentially Avoidable Deep Damage	81	0.18%	30	0.07%	+0.11%

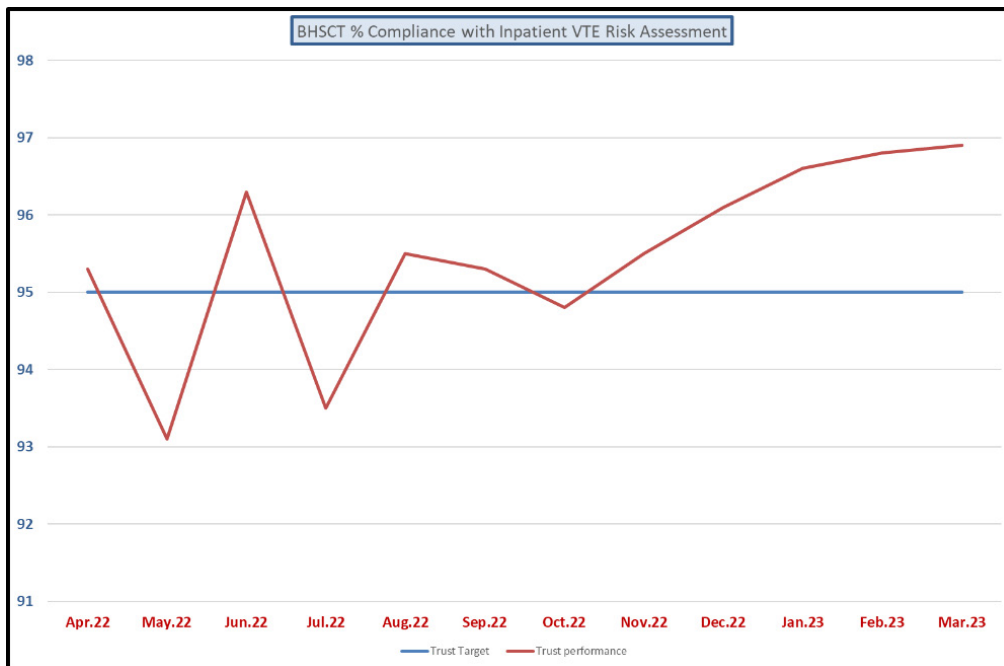
### Hospital Acquired Thrombosis

Hospital Acquired Thrombosis (HAT) is a common and largely preventable healthcare complication, which can delay patient discharge, cause harm, interrupt care and inconvenience the patient, adding to bed pressures and increasing cost. Patients are assessed to reduce the risk of thrombosis. Monthly audits continue across all Trust adult inpatient units, (excluding Obstetrics) throughout the year, amounting to over 10,000 kardex.

BHSCT have proven their continued commitment, with a monthly average of 95.4%, which is above target set. The trajectory of the graph attached demonstrates a steady upward trend, following ongoing awareness-raising, patient information and communication between disciplines,

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with nurses as advocates checking that risk assessment is completed, teaching patient /self-administration and provision of patient discharge advice. As more complex patients are discharged home, it is vital that education continues, to ensure that both patients and staff are aware of signs and symptoms of thrombo-embolism, and know to act swiftly. Moving forward, our aim is to secure mandatory training, to report incidence of Hospital Acquired Thrombosis and the findings of root cause analyses, further safeguarding our patients.



### Safety Thermometers

Safety Thermometer audits facilitate a 'temperature check' focus on safety by measuring known potential causes of harm at the point where treatment and care are provided. The findings of the Safety Thermometer checks are used by Trust teams to understand the profile of any patients affected by harm, to inform goals for improving the services we provide, to inform baselines, and to review and highlight changes over time.

Some examples are given below of their use in specific settings.

### Maternity Safety Thermometers

This specifically developed Thermometer helps us to understand where we need to make improvements in the service for women and their babies and avoid complications of labour and birth as far as possible. Following review of the initial indicator established in October 2020, targets and objectives were revised in the updated Maternity Safety Thermometer, and this was launched in July 2022.

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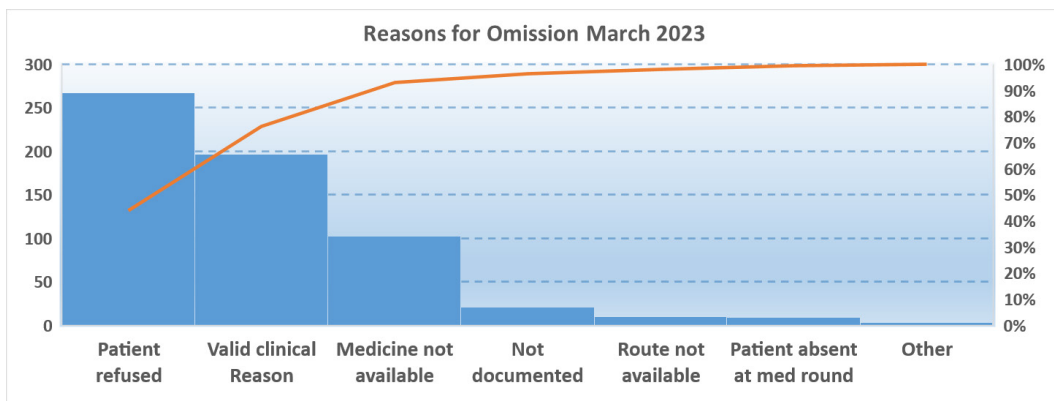
### Medications Safety Thermometer

The Real Time Patient Experience team also produce Medications Safety Thermometer data each month. This data is derived from 2 visits to each location and the results from the Medications Safety Thermometer audits are fed back to staff at Ward, Divisional and Trust levels.

Medications Safety Thermometer audit findings are also discussed at the Medicines Risk & Safety Assurance Group and utilised on an ongoing basis to support quality and improvement on our wards.

A range of charts is included within each Medications Safety Thermometer report.

Example charts shown below from March 2023 indicate the small percentage of omissions relating to a critical medicine, and the captured reasons for omission of all medications.



Medication Safety Thermometer Mar 2023 - 1068 audits	Monthly Area %	Average Trust %
Patients with medicines allergy status documented in their medicine kardex	87.55	84.38
Patients with an omitted dose (Excl valid Clinical Reason & Refusal)	12.73	15.59
Patients with an omitted dose relating to a critical med (Excl. valid reason & refusal)	0.75	1.67
Patients receiving high risk medicine that had a trigger of harm.	0.59	0.74
Patients with medicine reconciliation started within 24hrs of admission to Trust	53.50	57.09

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

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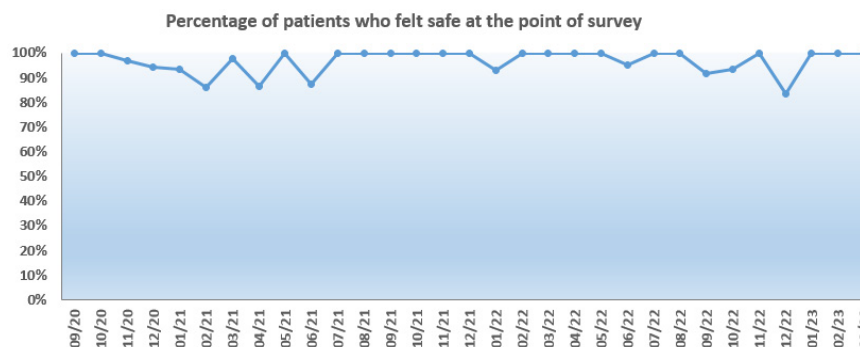
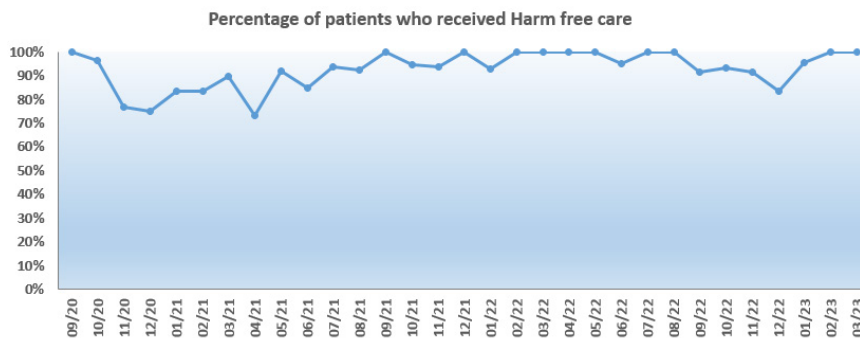
### Mental Health Safety Thermometer

Mental Health Safety Thermometer reports are provided each month at Ward and Divisional levels. The following targets were introduced during 2022-23:

Mental Health Safety Thermometer Mar 2023 - 24 Audits	Monthly Area %	Average Trust %
Harm free Care	100.00	91.82
Harm free Care (Excluding Self Harm)	100.00	94.98
Self harmed in past 72 hours	0.00	4.59
Victim of violence or aggression in past 72 hrs	0.00	0.57
Percentage of patients with an omitted medicine (Excl valid clinical reason & refusal)	0.00	0.92
Felt safe at time of survey	100.00	96.70
Required Restrictive Intervention in past 72 hrs	0.00	1.00

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

Data from March 2023 indicates 100% of all patients received harm free care and 100% of patients felt safe at the point of survey.



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### Reducing the Risk of Hyponatraemia

Since September 2018, there has been a BHSCT Operational Group focused on the recommendations 10-30 (Paediatric Clinical) within the Inquiry into Hyponatraemia-related Deaths (IHRD) report. The purpose of this group is to ensure that full consideration is given to the recommendations and that BHSCT 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 was reconvened at 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 representatives from relevant service areas and Deputy Director of Nursing or representative. The group meets minimum quarterly.

The action plan previously developed based on the 10-30 recommendations has subsequently been updated and the associated action log has been reviewed through the meetings.

BHSCT policy “Caring for and safeguarding children and young people who attend adult services for admission, care or treatment” has been updated and approved through Standards & Guidelines Committee in September 2022. The policy ensures that the child or young person’s needs are paramount and central to decision-making, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.

A Task and Finish group has been convened to oversee the implementation of the updated policy across all relevant clinical areas. There is an assurance framework in place around IHRD to provide cross-Trust assurance and management, in line with Trust policy.

There are also quarterly retrospective audits of any cases of hospital acquired hyponatraemia and actions taken. Work is underway to change the retrospective audit process to ensure it is contemporaneous.

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 the care of children and Young People in line with the requirements of the O’Hara report. The audits developed within this group have informed the process adopted by the Task and Finish group across other relevant clinical areas.

### Medicines Optimisation

The Northern Ireland Medicines Optimisation Framework aims to support better healthcare outcomes for our population by focusing attention on gaining the best possible outcome from medicines every time they are prescribed, dispensed or administered. The framework supports quality improvement through the consistent delivery of recognised best practice and supports the development and implementation of new, evidence based best practice.



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A range of examples below include:

- Local Belfast Trust quality improvement projects eg. antimicrobial stewardship, OPAT, patient experience with medicines on surgical wards
- Regional quality improvement projects eg. melatonin selection guide, Encompass
- National service improvement pieces – development of NI Yellow card centre.

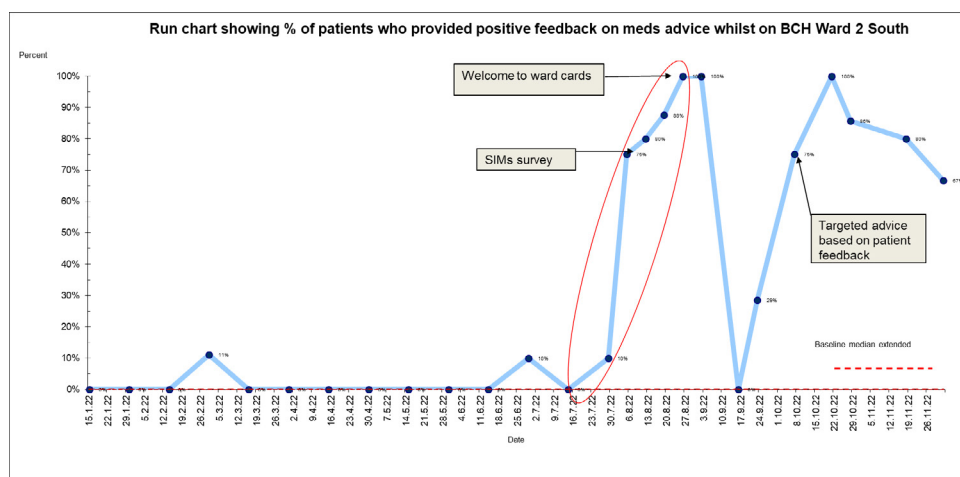
### Increasing positive feedback on medication advice provided to BCH surgical inpatients

#### Background

The WHO Third Global Patient Safety Challenge is ‘Medication without Harm’. Improving patients understanding about their medicines is a key component of this campaign to ensure safe and effective use. Patient experience reports from BCH surgical wards had previously identified minimal positive feedback in relation to medication advice. The aim of this project, therefore, was to increase the proportion of BCH Ward 2 South patients who report positive feedback on medicines advice given to them whilst an inpatient.

Change ideas included a medication-specific questionnaire on discharge (SIMS), ‘Welcome to ward’ info cards on admission and targeting medication advice based on patient feedback.

#### Results



- This QI project increased positive patient feedback
- Minimal additional counselling time was required to improve patient feedback
- Providing ‘welcome to ward’ cards did not increase requests for advice.

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### Conclusion

- Introducing a validated questionnaire improved patient feedback accuracy
- Patients were more positive with their feedback when provided targeted information relating to side effects and interactions
- Patients reported a multi-professional approach to provision of medication advice (process measure) - 64% provided by combination of doctors, nurses and pharmacists.

### Encompass and Medicines Optimisation

- In 2022/23 BHSCT Pharmacy, along with colleagues from across the Trust, have been contributing to Encompass design groups in preparation for the implementation of the single health and social care record for Northern Ireland
- One of the design groups, Medicines Use and Optimisation is focused on the electronic prescribing and administration (EPMA) functionality. This multi-professional group has met weekly since 2021 to develop a system, which will contribute to safer and effective care for our patients. The EPMA system seeks to use clinical decision support tools to guide prescribers through key decision-making points; it utilises best practice advisories to alert of potential issues with medication and disease conditions; it will have medication interaction alerts along with allergy status warnings. Additionally 'order sets' are being created to link prescribing and laboratory monitoring as appropriate
- The BHSCT Encompass team have been working with key stakeholders within the Trust and across the region to engage and inform on this transformative implementation, through key events for example HSC Pharmacy Summit (April 2023)
- In preparation for encompass implementation BHSCT in spring 2024; staff have also been supporting NHS colleagues with their EPMA and healthcare record go-lives. (photo staff supporting Royal Marsden Go-Live).



Trust Pharmacy leads, Jillian Redpath (SHSCT), Samuel Stevenson (WHSCT), Erika Hughes (SEHSCT), Stephanie Tohill (NHSCT) and Aideen O'Kane (BHSCT)



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### Melatonin selection guide

A recommendation to prescribe melatonin is included in a number of NICE clinical guidelines; additionally, prescribing off-label is common, including in adults. Recommendations to prescribe melatonin are usually made to GPs by secondary care specialists, and a Regional Shared Care guideline was reviewed to support GPs in sharing care. The range of melatonin products available on the market is considerable, making product selection for clinicians challenging. There is also a significant cost associated with both licensed and unlicensed melatonin preparations - the prescribing costs for melatonin and number of items prescribed in primary care are significantly higher than any other region in the UK (over £6m annually is spent in Northern Ireland on melatonin preparations and this cost is increasing). A melatonin product selection guide, to sit alongside the new SCG, was developed in partnership with SPPG to support clinicians with product selection in both sectors. It is available at: <https://niformulary.hscni.net/prescribing-newsletters/melatonin-paediatric-product-selection-guide/> It is hoped that in addition to guiding clinicians in both sectors in the initial product selection, it can at a future date be useful in the switching of products for patients established on treatment in primary care (where appropriate) to address some of the costs of melatonin in primary care.

### Outpatient Antimicrobial therapy (OPAT)

- Ambulatory OPAT provision continues at the Programme Treatment Unit (PTU), RVH. Nursing staff have received training on the use of elastomeric devices and Vygon® midline IV access devices. The PTU continues to provide daily IV antibiotic treatment
- The OPAT team have continued to develop the Self-administration (S-OPAT) scheme; patients availing of S-OPAT continues to increase. A recent patient experience survey on BHSCT S-OPAT was entirely complimentary for BHSCT OPAT team and provided invaluable feedback from patients on the impact of S-OPAT on patients' lives. Subsequently BHSCT OPAT team presented their work at the British Society for Antimicrobial Chemotherapy (BSAC) regional network July 2023
- The past year continues to be challenging with ongoing staff shortages and gaps in supply chain of elastomeric devices from the supplier, Baxter Ireland. However, BHSCT OPAT pharmacists are establishing an alternative option of fresh filled elastomerics that will contribute to the expansion of S-OPAT service
- BHSCT patients can now be referred for OPAT via the LOOP digital apps electronic system
- Additionally a new 'People Who Inject Drugs' (PWID) pathway is currently in development which will facilitate timely treatment, integrate care and allow enhanced discharge planning and communication with inclusion services.

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### Antimicrobial Therapy

- BHSCT antimicrobial pharmacist team continue to monitor and review antibiotic consumption and present monthly at Antimicrobial Stewardship Working group. Post pandemic, secondary care Trusts in Northern Ireland await Department of Health/ Public Health Agency antimicrobial consumption targets, however Carbapenem usage remains a high priority in BHSCT, and AMS pharmacy team are developing strategies to reduce usage
- Quarterly, wards are required to submit data via the Hospital Antimicrobial Prudent Prescribing Indicators (HAPPI) data collection tool. This audits antimicrobial stewardship parameters at ward level and as shown in Table 1, for the 1738 patients audited, ‘Documentation of intended duration’ in both notes and Kardex continues to be sub-optimal with no improvement from 2021/22. Improvement of these will be a focus of AMS at ward level in the coming year. The 2021/22 HAPPI category of ‘Documented review within 48-72 hours’ has been expanded to allow capture of review of antibiotics at 24, 48 and 72 hours. When this data (24, 48 and 72 hours) was combined, the total percentage of patients who had their antibiotics reviewed by 72 hours was 97% for the 2022/23 time-period, a significant increase on the 2021/22 figure of 61%
- Similarly, the percentage of patients with ‘allergy status documented’ and ‘all prescribed doses given’ both continued to increase to 99% and 97% respectively.

**Table 1: HAPPI Key Performance Indicators**

HAPPI KPIs	2020/21	2021/22	2022/23
No of Patients surveyed	1312	1732	1738
Allergy documented	96%	97%	99%
All Prescribed doses given	94%	95%	97%
Duration or Stop Notes	52%	58%	54%
Duration or Stop Kardex	46%	57%	54%
Indication in notes	88%	88%	90%
Indication in Kardex	62%	74%	74%
Appropriate Culture taken	87%	83%	80%
Guideline antibiotic followed	87%	93%	91%
IV duration <48 hrs	73%	75%	74%
Doc review 48-72hrs	79%	61%	97%
Total Duration <7 days	78%	87%	85%

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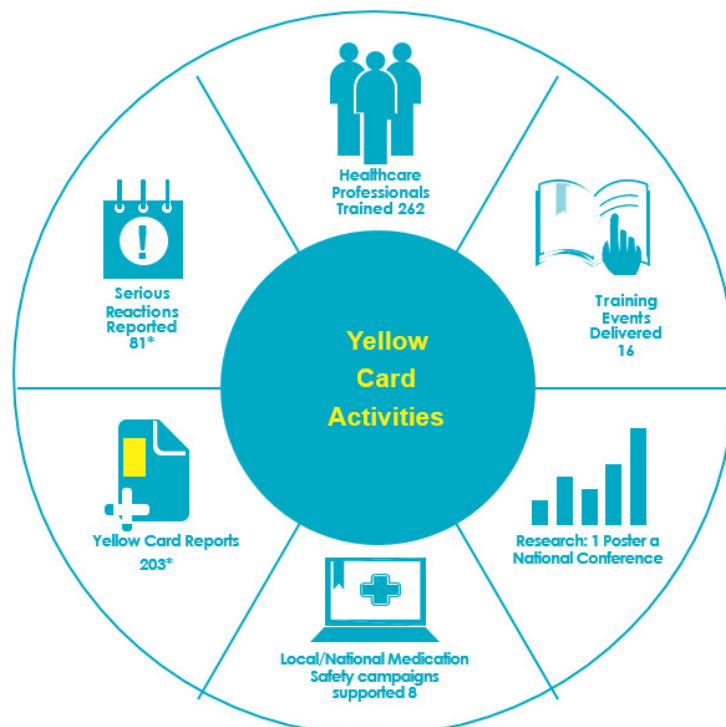
- The antimicrobial pharmacist team have enhanced BHSCT Therapeutic Drug Monitoring (TDM) by implementing an AMS pharmacy daily lab report on patient's TDM levels. AMS pharmacy team review patient's levels in conjunction with other clinical parameters and microbiology input. AMS pharmacy team contact patient's clinical teams directly and correspondence is recorded on ECR via progress notes. This enhanced TDM service provides specialist Antimicrobial Pharmacist input to often-complex patients ensuring timely review of antibiotic regimens.

### Yellow Card Centre (YCC)

Yellow Card Centre (YCC) Northern Ireland will launch on 13 September 2023 as the sixth regional UK YCC working with the Medicines and Healthcare products Regulatory Agency UK. This will be the first step towards educating health professionals, future health professionals, patients and their representative organisations, concerning the importance of reporting suspected safety concerns involving healthcare products. Reporting of suspected ADRs from medicines use, will help to boost pharmacovigilance data in Northern Ireland. The YCC Northern Ireland will be based within the regional NI Medicines and Poisons Advice Service. The YCC multidisciplinary team delivered a range of Yellow Card Awareness Activities June 2022 to March 2023, pre-launch, creating a sound foundation to build on moving forward in 2023-2024.

#### Yellow Card Awareness Activities 2022-2023

\*Figures approximate, reports from healthcare professionals only (excluding COVID-19 vaccine reports)



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### Medical Gas Committee and Action to support Training in Medical Gases

The medical gas committee have prioritised action on training in their work plan for year 2022/23.

Training has been separated into:

#### 1. Basic medical gas safety training

Basic Medical Gas Safety Training 2022/23	
BHSCT capacity to deliver medical gas training for services who have requested in 2022/23	100%
% of BHSCT staff who have requested training and being given a training slot	100%
% of BHSCT staff who have requested training and received training	59%
% of BHSCT staff who have requested training and did not attend	41%

#### 2. Designated officer training to patient flow and critical care technologist to authorise the safe disconnection and connection of medical gas pipelines during essential maintenance

Designated Officer Training 2022/23	
Number of staff who received designated officer training in 2021/22	0
BHSCT capacity to deliver designated officer training for relevant staff in 2022/23	100%
Number of staff who require designated officer training (approximate)	80
Number of staff who have received designated officer training in 2022/23	50
% of staff who have received designated officer training	63%

#### Developments in 2023/24

Following a number incidents with asphyxiant gases, and while training is covered within the basic medical gas safety training, in 2023/24 the medical gas committee will commission and implement specific training, bespoke to Argon and other asphyxiant gases. There are a number of specialist areas that use liquid nitrogen for clinical and cell storage purposes and these sites will be peer audited under a specific audit template to demonstrate training and competency.



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### Medication safety

#### Opioid safety

A multidisciplinary group is working across acute and community care in the Trust to improve safety with opioid use. The group have surveyed colleagues as to awareness of availability of palliative care guidance on the Trust Micro guide. A news story has been featured on the loop aiming to raise awareness of this (below).



### 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.” (HSCB Policy and Procedure for the reporting and follow up of Serious Adverse Incidents, November 2016)

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.

Incident 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.



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A **Serious Adverse Incident (SAI)** is a classification of incident that is subject to Department of Health 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.'

### Data

In the year 2022/23 there were a total of 51,434 adverse incidents reported and, of these, 198 were reported as SAIs. 77% of adverse incidents affected patients or service users, 15% affected staff/contractors/vendors with the remaining 8% affecting the organization as a whole or public/visitors.

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

## 2. SAFETY

Top 5 Incident Types 2022/23	Examples of actions to reduce re-occurrence
<p><b>Behaviour</b> (21,331 reported incidents)</p>	<ul style="list-style-type: none"> <li>• The Trust has a zero tolerance approach to violence and aggression towards Trust staff.</li> </ul> <p><b>Safety Intervention Team</b></p> <ul style="list-style-type: none"> <li>• Deliver Safety Intervention training programmes throughout the year to Trust staff at varying levels, following completion of a zero tolerance risk assessment and training needs analysis</li> <li>• Support the Trust in the development of policies and procedures pertaining to this area of expertise</li> <li>• Provide advice to staff and managers on restraint reduction, restrictive practices and minimising the risk of violence and aggression</li> <li>• Monitor and review all incidents involving the use of physical interventions. This is to recognise trends and hotspots and provide additional support and guidance for service areas on reducing occurrences of incidents and learning from incidents</li> </ul> <p><b>Safety Intervention Training Benefits:</b></p> <p><b>Recognise &amp; Respond to Escalating Behaviour</b></p> <p>Staff learn to recognize signs of distress and gain a broad range of tools to help them intervene early and a clear understanding of using the right skills at the right time to effectively de-escalate when conflict arises, so that behavioural crisis doesn't occur. The training incorporates trauma-informed and person-centred approaches.</p> <p><b>Recognise &amp; Respond to Crisis Behaviour</b></p> <p>When faced with a behavioural crisis that places staff or others at risk of injury, staff learn to focus on the least restrictive physical intervention to ensure the Care, Welfare, Safety and Security of those in our care.</p>

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### Top 5 Incident Types 2022/23

### Examples of actions to reduce re-occurrence

#### Recognise & Respond to Higher Risk Crisis Behaviours

Offering a wider array of verbal, non-restrictive and restrictive interventions to manage risk behavior.

#### Best Practice Learning

All verbal and safety intervention training is based upon the latest principles of learning with an emphasis on strategies that can be used by staff. Physical interventions within the Crisis Prevention Institute (CPI) have been independently risk assessed, following published research which demonstrates that they maximize safety and minimise harm and follows international standards of best practice.

#### Evidence Based & Fully Accredited

All courses are based upon the latest research and include approaches that have a proven track record of effectiveness. Safety intervention training is fully compliant with current statutory and legal requirements. Nationally and internationally accredited by Restraint Reduction Network Training Standards.

#### 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

## 2. SAFETY

Top 5 Incident Types 2022/23	Examples of actions to reduce re-occurrence
	<p>CLT 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</p> <ul style="list-style-type: none"> <li>● All Mental Health Incidents are discussed at monthly Divisional Governance Meetings. Trends and patterns are collated for wider discussion</li> <li>● It should be noted that often when a peak arises within a Mental Health inpatient facility, it can relate to an individual or a small cohort of individual patients who have been admitted and who are unwell</li> <li>● Support for staff involved in incidents of violence and aggression is provided as and when necessary.</li> </ul> <p><b>Intellectual Disability Services</b></p> <ul style="list-style-type: none"> <li>● All incidents of aggression are reviewed at both Hospital and Community daily safety huddles and at weekly Live Governance meetings</li> <li>● All incidents of aggression within inpatient settings are discussed at ward level within Clinical Improvement Meetings with full MDT review</li> <li>● Governance Committee takes place bi-monthly , 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</li> <li>● A patient placement review has taken place at MAH that 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</li> </ul>

## 2. SAFETY

Top 5 Incident Types 2022/23	Examples of actions to reduce re-occurrence
	<ul style="list-style-type: none"> <li>● 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</li> <li>● 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</li> <li>● Project planning work continues from MAH to secure suitable accommodation for delayed discharge patients</li> <li>● 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</li> <li>● 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</li> <li>● Project planning work continues from MAH to secure suitable accommodation for delayed discharge patients.</li> </ul>

## 2. SAFETY

Top 5 Incident Types 2022/23	Examples of actions to reduce re-occurrence
<p><b>Accidents / Falls</b></p> <p>(8,231 reported incidents of which 83% were falls) Falls Incidents</p>	<p><b>Falls Incidents</b></p> <p>Actions taken to reduce harm from falls within the BHSCT:</p> <p><b>Delirium, Learning from Falls Review</b></p> <ul style="list-style-type: none"> <li>• Patient groups most vulnerable to falls include people with dementia or delirium. A key component of falls prevention training is to focus on how to provide good care for patients with short-term memory problems or agitation, and how to prevent, detect, and manage delirium. A recent initiative was the development of a 'Delirium, Learning from falls' review. This provides ward staff with invaluable learning from the Delirium Lead Nurses on serious falls when delirium is a contributory factor to the fall incident.</li> </ul> <p><b>Enhanced Patient Care and Observation (EPCO)</b></p> <ul style="list-style-type: none"> <li>• Developed by a Regional working group, this assessment tool should be commenced for any adult in-patient, who requires assessment and monitoring of distressed behaviours, which may increase the risk of harm to themselves and /or others. The tool is not designed to be used in isolation and should be part of a person centred management plan, to promote safety, while identifying the cause of and reducing distress. EPCO is currently being piloted within a number of ward areas within the BHSCT.</li> </ul> <p><b>FallSafe Audit</b></p> <ul style="list-style-type: none"> <li>• Guidance on completion of the audit has been shared Trust wide and amendments to the audit have been made to assist Mental Health areas in the completion of the audit. For example, call bells are considered to be a ligature risk within Mental Health and an option to select 'not applicable' is now available for staff to select on the audit proforma.</li> </ul>

## 2. SAFETY

Top 5 Incident Types 2022/23	Examples of actions to reduce re-occurrence
	<p>The introduction of ‘intentional rounding’ and bed end handovers have helped reduce the number of falls occurring especially in ward areas with single rooms only.</p> <p>FallSafe Awareness sessions continue to be delivered to the multidisciplinary team. Training has also commenced outlining the role and responsibilities of the FallSafe Champion.</p>
<p><b>Medication/Biologics/ Fluids</b></p> <p>(5,113 reported incidents)</p>	<p><b>Medication Incidents</b></p> <ul style="list-style-type: none"> <li>● A thematic review of medication incidents in BCH satellite pharmacy has been conducted and will inform quality improvement work</li> <li>● Medication reports involving insulin has led to quality improvement work with regards to labelling of insulin pens.</li> </ul>
<p><b>Service Disruptions (environment, infrastructure, human resources)</b></p> <p>(2,956 reported incidents, 68% of which relate to lack of staff / non availability of beds)</p>	<ul style="list-style-type: none"> <li>● These incidents occurred throughout the Trust with particularly high numbers in the Emergency Depts. (Royal and Mater sites) and the Mental Inpatient Centre (Belfast City site)</li> <li>● Incidents are reviewed on an ongoing basis via the live Governance arrangements in each of the relevant Directorates. Regular review and update of business continuity plans is in place</li> <li>● Communication with Site Coordinators and escalation to senior management would occur when required to ensure that appropriate action is taken to minimise the impact on ongoing service delivery. This can on occasions require actions to be taken throughout the Trust. These issues require the entire HSC system review to resolve.</li> </ul>
<p><b>Other</b></p> <p>(2,671 reported incidents)</p>	<ul style="list-style-type: none"> <li>● Some incidents recorded as ‘Other’ may be able to be coded more appropriately</li> <li>● Actions are being taken to improve the coding of incidents.</li> </ul>



## 2. SAFETY

### 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 Northern Ireland (NI) by the Strategic Planning & Performance Group (SPPG). NICE Guidance can relate to Clinical Guidelines, Technology Appraisals and Interventional Procedure Guidelines.

#### NICE Guidance Apr 2022 – Mar 2023

In total 171 separate pieces of NICE Guidance were endorsed by SPPG for issue and implementation in the period April 2022 – March 2023.

- 29 NICE Clinical Guidelines (14 of which were updates to existing guidelines)
- 106 NICE Technology Appraisals
- 36 NICE Interventional Procedure Guidelines.

All NICE Guidance is issued to Clinical Director/s to lead on the actions and implementation. The Clinical Lead is nominated and agreed with the Deputy Medical Director.

A breakdown of the dissemination of the total 171 NICE Guidance is as follows:

- 84 issued to Cancer & Specialist Medicine
- 36 issued to multiple Directorates
- 21 issued to UAC
- 14 issued to MDES/TOR
- 9 issued to ACCTTSS & Surgery
- 3 issued to Child Health/NISTAR & MP/OP
- 2 issued to Mental Health
- 1 issued to NUE
- 1 issued to ACOPS.

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

## 2. SAFETY

of NICE guidance. This Committee has recently amalgamated with the Trust Policy Committee to form the Policy & External Guidance Committee (December 2022). The Committee forms part of the Trust Assurance Framework reporting directly to the Trust Clinical & Social Care 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 Northern Ireland.

The Trust Standards & Guidelines Department will liaise with SPPG regarding the development of a system-based solution for the monitoring, implementation tracking of NICE Guidelines

## Control of Substances Hazardous to Health (COSHH) Management System

The Trust introduced a COSHH Management System in May 2022 to modernise and strengthen the processes for the completion and review of COSHH Risk Assessments supporting Service Areas to achieve compliance with COSHH regulations.

The system facilitates the ability to source and download up to date COSHH Risk Assessments and personalise to the specific area and scenario. This improves patient and staff safety by effectively assessing and minimising the risks of exposure to hazardous substances and enabling Service Areas to put effective controls in place. The implementation of the system also significantly reduces the time to complete COSHH risk assessments, freeing up valuable time for Services and staff to focus on patient care.

The continued implementation of the system will be progressed by the Trust Health & Safety team during the course of 2023/24.

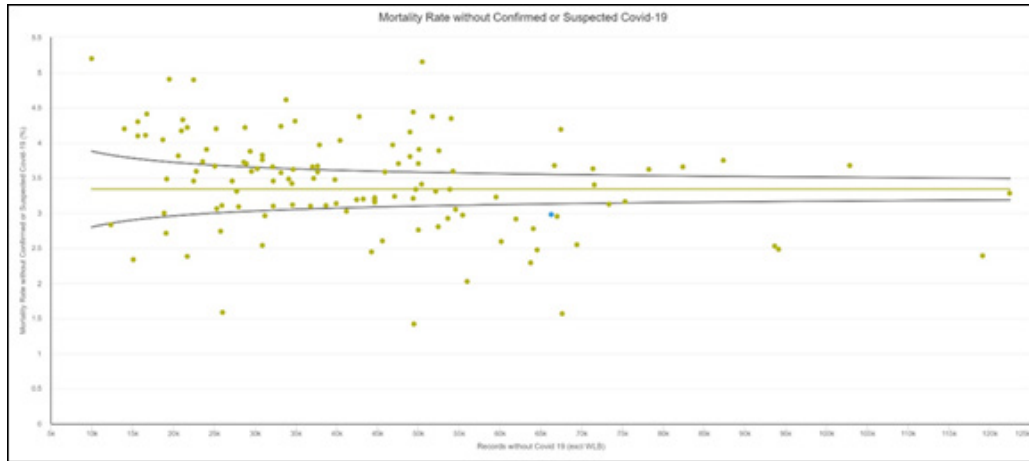
## Belfast Trust Mortality Indicators

The Trust robustly reviews the deaths of patients in our hospitals and compares this information with other peer hospitals for the same period.

One way in which this information (known as the crude mortality rate) is shared is via a graph called a funnel chart.

The Belfast Trust's total rate for 2022/23 is 2.97%, which compares consistently with peer UK wide hospital rates of 3.34%.

## 2. SAFETY



### Paediatric Intensive Care Audit Network (PICANet)

The latest PICANet annual clinical report describes paediatric critical care activity from 1st January 2019 to 31st December 2021 which occurred within paediatric intensive care units in the United Kingdom (UK) and Republic of Ireland (ROI). (1)

Nationally the number of admissions to paediatric intensive care across the UK and ROI increased by 11% in 2021, following the start of the COVID-19 pandemic, whilst remaining 10% below pre-pandemic levels of 2019. In PICU RBHSC the number of admissions increased by 20% from 2020 levels, but remained 10% below pre-pandemic level.

Across the UK and ROI the unadjusted mortality rate remains low at 3.4% for all admissions between 2019-2021. In RBHSC PICU the overall unadjusted mortality rate was 2.3%.

PICU RBHSC continued to make improvements in case ascertainment and timeliness of data submission with 95.8% of admissions meeting the national standard for submission, within three months of discharge.

The rate of emergency readmission within 48 hours of discharge remains low in PICU RBHSC at 1.5% (national average 1.7%).

The risk-adjusted standardised mortality rate for RBHSC PICU remains low at 0.84.

The paediatric NISTAR team mobilised within 60 minutes of decision to transfer in 77% of all transfers. They achieved the Paediatric Critical Society standard of time to bedside within three hours in over 95% of all non-elective transfers.(2)

1. PICANet. [PICANet-State-of-the-Nation-Report-2022\\_v1.0-09Mar2023-pub.pdf](https://www.picanet.org.uk/wp-content/uploads/sites/25/2023/03/PICANet-State-of-the-Nation-Report-2022_v1.0-09Mar2023-pub.pdf) [Internet]. [cited 2023 Sep 1]. Available from: [https://www.picanet.org.uk/wp-content/uploads/sites/25/2023/03/PICANet-State-of-the-Nation-Report-2022\\_v1.0-09Mar2023-pub.pdf](https://www.picanet.org.uk/wp-content/uploads/sites/25/2023/03/PICANet-State-of-the-Nation-Report-2022_v1.0-09Mar2023-pub.pdf)

## 2. SAFETY

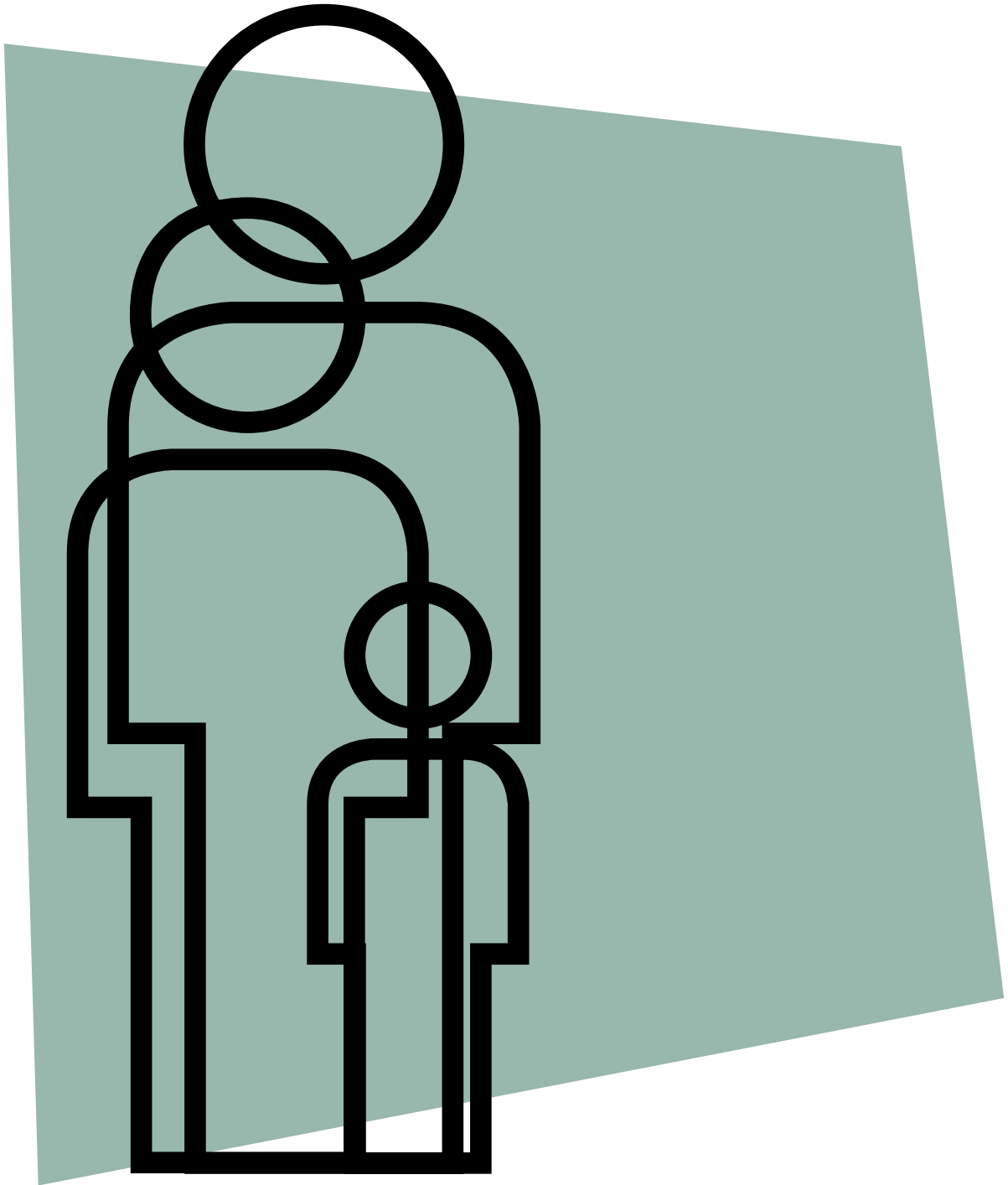
2. Paediatric Critical Care Society [Internet]. [cited 2023 Sep 1]. PCCS Standards. Available from: <https://pccsociety.uk/about-pccs/pics-standards/>

### Adult Safeguarding

The Trust continues to make significant improvements in relation to raising awareness regarding Adult Safeguarding Processes in accordance with the Regional Adult Safeguarding Procedures. This has included:

- Developing and disseminating staff guidance, aide memoires, pathways, videos and flowcharts to assist staff to recognise, respond and report adult safeguarding concerns including domestic violence
- Improving public awareness through Noticeboards, banners, easy read banners, videos and a leaflet produced
- 123 adult safeguarding Link staff across hospital sites have been identified to embed safeguarding with frontline staff. They are provided with support through a quarterly forum which has been established
- The Trust has also developed an adult safeguarding referral app for acute hospital sites to support consistent reporting. This is now live and used in hours and out of hours
- Each Division now has an action plan in relation to adult safeguarding following a baseline audit that was completed
- Work is currently underway with Informatics to develop new data sets which will allow for an analysis of data to identify trends and patterns and inform learning
- A Domestic Homicide Review (DHR) process has also been established across the Trust to monitor progress against actions arising from DHR
- The Trust also had a very well attended workshop on Domestic Violence and DHR
- The Trust has a composite action plan to improve adult safeguarding across the Trust with a focus on prevention and protection. In order to take this forward there are a number of work streams focussing on: the current structures; governance arrangements; IT and Data; Awareness and Experience; Hospital; and Learning and Development.

### 3. Experience



## 3. EXPERIENCE

A safe and positive experience in health and social care services for every patient/service user is BHSCT top 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 help 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.

This section details the engagement work underway with patients, service users, carers and families as well as staff and their teams.

### Real Time Patient Experience

The Real Time Patient Experience team completed 7,068 patient surveys in total during 2022-23.

Real Time Patient Feedback is captured across a number of patient groups, with the surveys having been adapted to ensure that a range of service users are provided with the opportunity to have their voices heard. The project is active in over 80 areas across multiple Trust sites. Most areas receive 2 visits each month with resultant reports usually provided within 24 hours of each visit, in addition to a broader report produced each month.

The Real Time Patient Experience project continues to consolidate and evolve, building relationships in a wide variety of settings across the Trust to support governance, assurance and quality improvement on an ongoing basis.

**14** Real Time Patient Experience Officers will support future rollout of the project into additional key areas across the Trust.

The majority (**6,300**) of the Real Time Patient Experience surveys in 2022-23 were completed with adult inpatients, **99.3%** of whom stated that they would recommend the treatment or care they received to friends and family members.

Here is a snapshot of some bespoke survey activity across other areas in 2022-2023:

#### Emergency Departments

We continue to survey patients who arrived via the Emergency Department and are then admitted into a hospital bed in either the Royal Victoria Hospital or the Mater Hospital.

## 3. EXPERIENCE

Surveys take place on a quarterly basis with **73** surveys completed across 2022-2023 with **88.9%** of patients surveyed stating they were either extremely likely or likely to recommend the treatment or care they received to a friend or family member.

Patients who attended Emergency Departments and were then subsequently discharged are contacted twice a month by telephone to seek feedback regarding their experience. **275** such telephone surveys were completed during 2022-23, with **90.9%** of participants advising that they would recommend the treatment or care they received to a friend or family member.

Receiving experience information from patients entering our hospitals via our Emergency Departments enables quality improvement and understanding of general insights across the patient journey to admittance or discharge. We use this information to identify prevailing themes and to understand how we may quality improve within this fast paced emergency environment.

### Maternity Outpatients

Experience feedback from **157** Maternity Outpatients expectant mothers across 2022-2023 notes **98.1%** were either extremely likely or likely to recommend the treatment or care they received to a friend or family member. The feedback and patient experience points raised are shared with key staff members to provide an assurance on the quality of the service we provide and to guide future quality improvement.

### Domiciliary Care

The Real Time Patient Experience team launched a new bespoke survey to capture the experiences of service users regarding care in their own homes from both the Statutory Trust Provider as well as Independent Providers.

During 2022-2023, we contacted **204** service users by telephone with **97.5%** either extremely likely or likely to recommend the treatment or care they received to a friend or family member.

The information gleaned from telephone surveys with this patient grouping provides insights with potential for quality improvement and an opportunity to support patients through onward escalation to management of any concerns raised.

### Going Forward 2023-2024

At the end of 2022-2023, collaborative work was nearing completion with Northumbria Trust and key Royal Belfast Hospital for Sick Children senior staff members to develop and rollout a bespoke survey to capture the experiences of our youngest patients and their families/carers.

It is anticipated that the bespoke paediatric patient experience focused survey will be introduced in June 2023 on a pilot basis, thereafter rolled out to the wider Children's Hospital. A paediatric Medications Safety Thermometer is also scheduled for development and roll out across 2023-2024.



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Development of a bespoke survey for Children’s Community Services will also be a priority 2023-2024 after embedding work within the Children’s Hospital so that we may ensure capture of the voice of the child in different environments, expressing how our young patients are experiencing their treatment and care through delivery of Trust services.

Collaboration with Maternity Services has been ongoing at the close of 2022-2023 to extend the scope of the Maternity Outpatients feedback to include Outpatient clinics for patients with more complex social needs: the Social Wellbeing Antenatal (SWAN) Clinic will be included within the Real Time Patient Experience project in early 2023-2024.

This vital feedback from an additional patient grouping will assist the Maternity Service to appreciate how our patients perceive the treatment, care and support. The feedback will enable quality improvement in this area.

Providing an experience feedback opportunity to our patients attending the new Elective Overnight Stay Centre (Mater Hospital) will also be a priority, ensuring new surgical arrangements continue to support a positive patient experience through capturing and acting upon experiences of patients in a new environment.

Real Time Patient Experience also intends to extend reach into additional ward areas relating to older peoples services so that we may hear more from our elderly service users to ensure we are supporting them through their treatment and care patient journeys.

#### What our Service Users Said

Here is a small sample of feedback from our service users across 2022-2023. This vital feedback provides ward areas and senior staff members with an ongoing insight or the ‘pulse of the patient’ in real time; enabling a keen understanding of the prevailing issues and an opportunity to constantly seek ways to improve delivery of our services.

“Great care from everyone who comes to my bedside, they always introduce themselves and make me feel I have a choice about my care.”

“I have had first class care. I have felt welcome and homely. I can’t fault my stay and I’ve been well looked after.”

“I feel I am getting exceptional care within this ward. Kindness and care that was shown far outweighs any experience I had in other hospitals. Huge thank you to all the staff from the cleaners to the consultants.”

“The doctors and nurses are always helpful and kind. The staff go out of their way to help me.”

“Just I appreciate everything they done for me, Nurses, Doctors, Physio, even the Tea Lady, everyone has been very kind, and I’m feeling safe.”

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### Improving our clinical environment for patients and staff in RBHSC

Work is ongoing to improve the patient and clinical environment across Belfast Trust and some examples of local improvement within RBHSC are included below:

#### RBHSC Outpatients

The Outpatients Department has had a make over featuring the theme: The Snail on the Whale”. This work was undertaken in conjunction with one of our charitable partners, “Helping Hands. The Department looks fabulous and has brightened up everyone’s experience so far. We have received excellent feedback by way of compliments from patients and their families and our staff.

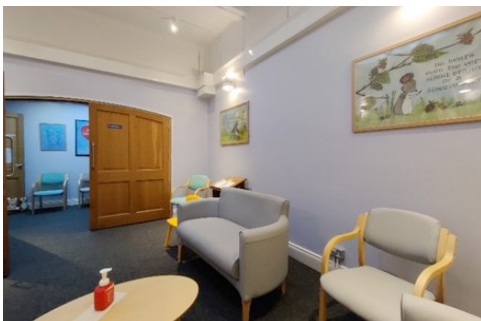


#### Quiet Room

With support from charitable funds, the Quiet Room and Prayer Space was redecorated in 2022 to make the area more user-friendly and practical. The rooms are available for patients, families and staff to use for reflection, prayer or as a quiet space.

There is a number of different resources available in the rooms for children and families to use or take away. A parent who took a book called “Maya in Hospital” commented “it was a brilliant book and has really helped my daughter...”.

Another parent commented “We were up in the clinic on Monday and as only one parent is allowed to accompany a child due to current restrictions, I decided to take a walk and was delighted to find the little prayer room was opened again. I have missed it being opened. I spent many days there praying and reflecting. The peace and quiet was an escape that was needed and appreciated.”



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### 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 implement 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.

During the 2022/23 period, the Trust rolled out the new regional data collection tool to capture PPI activity. Two monitoring rounds were completed during this period, with 139 PPI activities reported across the Trust Findings showed:

- There is a spread of PPI activity across the Trust Directorates, with the majority of PPI activity taking place in Performance, Planning and Informatics, Mental Health and Intellectual Disabilities and Adult and Community Services
- PPI is being implemented across the different Programmes of Care, with Learning Disability, Carer Support Services, Acute Non-Elective Services and Family and Child Health representing the majority of activity.

During 2022/23, 1129 members of staff completed the basic PPI e-learning training that introduces staff to the legislation and concept of PPI. 397 members of staff attended training delivered by

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the PPI team and the majority of this training was facilitated online. The following provides an overview of training delivered and number of attendees:

Training	Number of attendees
Introduction to PPI	45
Getting People to Participate in PPI	35
Facilitation Skills for PPI	7
Committee skills (recovery college)	16
Plain English for PPI	65
Brief Introduction to Co-production	60
Involvement input into eSQB	119
Service-specific PPI awareness	50

The PPI team have developed two digital Page Tiger information booklets to support staff developing PPI knowledge, skills and capacity, this information is available on the Trust Loop system (an intranet engagement site that is available to staff on any device).

The Trust continues to maintain the virtual involvement network and regularly promotes involvement opportunities to over 500 members. The involvement newsletter produced quarterly raise awareness of PPI activity across the Trust and virtual Involvement network.

A Trust reader panel has been established and there are currently 24 members who provide feedback on a range of Trust information. All service areas who received feedback from the reader panel reported making changes because of the feedback received. Feedback received from service areas who have accessed the reader panel included:

- *The reader panel provided significant feedback which enabled changes to be made to the visual layout and content of both the questionnaire and patient information leaflet. Really great to get the feedback as sometimes as professionals we become so engrossed on the piece of work we are doing with our professional heads and forget that for someone outside our world that it doesn't make sense*
- *The reader panel were able to offer feedback really timely which was really helpful. We were able to amend the document as the panel had suggested. It is certainly a useful service to have within BHSC*
- *Panel reviewed the leaflet and provided useful feedback on how to make the leaflet easier to*

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*understand from the patient's perspective. When writing a patient information resource, it is very easy to include medical jargon; the reading group helped to filter medical terms. I can't thank the reading panel enough for their help. Patients have reported that the new leaflet is great improvement on the old leaflet.*

The PPI team continued to target support towards the Trust's Key Priority areas of work, as detailed in our Corporate Plan 2021-2024.

- 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.

The Trust participates in the Regional PPI Forum and related subgroups including, PPI training and monitoring of PPI.

The Trust Carer Support Service established a Carer Network that is a representative group of carers from across the Trust. The Carer Network has worked with the Trust to co-produce 'Caring Together in Belfast 2023 Onwards', which is the Trust's new five-year plan to support carers. To support the development of the new strategy, the Trust engaged 250 carers, Trust staff, community, and voluntary sector representatives to identify what is good about current carer supports and what we need to do better.

### Staff Experience Survey

Since 2021, Belfast Trust has committed to our People and Culture priorities including promising to listen to staff and acting on their feedback. To support this the Trust have administered The Staff Experience Survey initiative. This involves an annual cultural survey of our staff that was run in November 2022. The purpose of the survey is to understand what it is like to work in the Belfast Trust and this data is reported on at an organisational, directorate, service and team level where there are sufficient responses. It is important we understand our staff experience as there is a direct link to our patient experience.

The HR People and Organisational Development team support directorate senior leaders through providing support and guidance to develop actions and People and Culture plans to be completed throughout the year. The November 2022 survey saw the highest number of responses to date, 4,612. Statements are scored out of 100 using a Mean Rating System (MRS), the higher the score

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the better. Overall, 34 metrics showed an increase from the previous survey with six showing a decrease (one remained the same). The top five scoring statements were:

- I know how to challenge and raise concerns about a work issue if I need to
- My manager is aware of the areas we need to improve upon
- People I work with treat me with kindness
- Time passes quickly when I am working
- My team seek opportunities to learn from when mistakes happen.

The Trust also use the Staff Experience Survey to measure our Engagement Score. This benchmarked score indicates the engagement and satisfaction of our staff. In November, this increased to 3.64 from 3.62 in March 2022.

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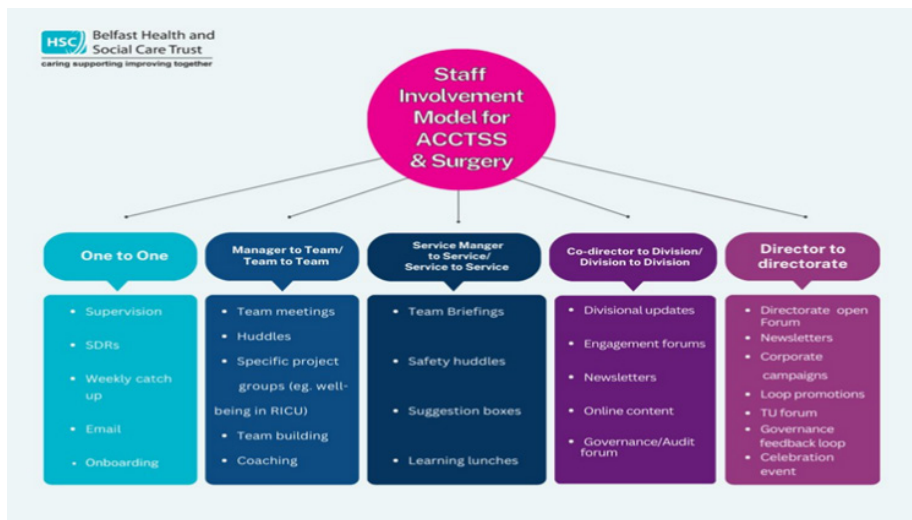
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### 3. EXPERIENCE

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An example of Staff Engagement in ACCTSS (name in full) focus on improving staff engagement and staff experience the Directorate has developed a Staff Involvement model which sets out a range of activities as shown in the diagram below.



Further to this, the Directorate has established an Oversight Group. The purpose of the forum is to provide a regular forum for engagement and collaboration and to listen to and support any issues or emerging concerns.

Staff can share ideas and put forward questions to the senior management team. The forum also allows staff to showcase improvement, share learning. A monthly newsletter has also been developed for staff working within the Directorate.

#### Social Work and Social Care

The Trust have a Workforce Steering group with four associated work streams focused on improving recruitment and retention of social workers and making Belfast Trust the employer of choice for social work. This year there has been a particular focus on improving staff well-being and feedback on the value of these events has been extremely positive with most staff reporting that the events made them feel valued as a social worker working in the BHSCT and are important to retention.

Examples of staff feedback:

- ‘Enjoyed the treatments and mindfulness’
- ‘Connecting with old colleagues and other SWs’



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- 'Having time away from work'
- 'Loved the hand massage and packs from Extern'
- 'Great to get my flu and Covid jabs'

A plan is in place to continue with the focus on staff well-being during 2023 – 2024.



The Trust Social Care Workforce Steering Group has undertaken a staff survey and a series of focus groups with social care staff to understand the factors impacting on recruitment and retention for social care. The results have been used to inform an action plan for 2023-24 which will include a staff recognition and awards event.

The Trust have engaged with Belfast City Council, the Northern Ireland Social Care Council and People First to pilot an Employment Academy which will seek to reach out to Belfast residents and support them to develop the skills needed to successfully compete for and secure employment in social care, addressing employment barriers facing participants. The learning from the pilot will be evaluated in 2023 to inform future plans for recruitment and retention of social care staff.

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## Recognition Certificates

As part of the Staff Experience Survey, staff are given the opportunity to recognise a work colleague. The November 2022 survey saw 2,550 certificates distributed to colleagues by Co-Directors across the organisation. This was the highest number to date. Those receiving certificates were also invited to attend a virtual recognition event with the Chairman and Chief Executive. This provided an opportunity to thank staff for their contribution as well as highlight the importance of recognition. Feedback from this event was extremely positive as is detailed below:



- “ I am so privileged to be recognised, it was a shock. Cardiac surgery ICU is a busy unit and I am so glad and overwhelmed by the staff who ever put my name forward. I hope that I will continue in the grow and will be a great team member. Proud to be the Part of Belfast Trust ”
- “ It's lovely to feel appreciated and seeing comments on a certificate can make the hard work more worthwhile. ”
- “ I was thrilled to receive a nomination. I am proud to work with such wonderful and thoughtful colleagues ”
- “ This was my first time getting a certificate and I was not expecting it but very humbled, proud and pleased ”
- “ Having this event was probably as special as receiving a certificate as it was an opportunity to share with colleagues across the organisation ”

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### Care Opinion

Care Opinion remains an independent non-profit organisation that was commissioned by the PHA to provide a feedback mechanism for all the HSC Trusts in Northern Ireland in 2020. Service users, and their families and carers, are invited to share their experience of care through [www.careopinion.org.uk](http://www.careopinion.org.uk). All stories are moderated by Care Opinion and responded to by a member of Trust staff. The primary focus of Care Opinion is gather feedback through the online platform, which is the mechanism used most in NI by the public when sharing stories– the online platform is available 24/7 and gives authors the choice to tell their story in their own time.

#### Care Opinion – April 2022 to March 2023

- Ongoing weekly Social Media promotion
- Monthly training sessions: ‘Framing the Ask’ to support staff to ask for feedback and “Responder training” to support Responders in providing with timely and quality responses to feedback
- Care Opinion remains a standing item on Divisional Safety and Quality Governance meetings throughout the Trust
- Number of staff responding currently stands at 519
- Challenges of some services responding within target timeframe (7 days)
- Care Opinion has been promoted within a wide range of teams and services across the Trust
- Regionally led campaigns implemented within the Trust include:
  - Maternity Services
  - Neurology Services
  - District Nursing.

Campaigns are organised in conjunction with the PHA

- Provision of promotional material to support people who use sign language to share their story via SIGN video and telephone function. This work was developed in 22/23 in collaboration with British Deaf Association who are supporting the development of promotional material
- Identify communities where English is not the first language to develop promotional material. Regional PCE team plan to collaborate with Health Improvement colleagues to work with communities and build relationship/trust to encourage feedback. This is currently an approach with BHSCT Ukrainian refugee services
- Distribute promotion material developed with TILII (22/23) through Learning Disability services and promote Picture tile function.

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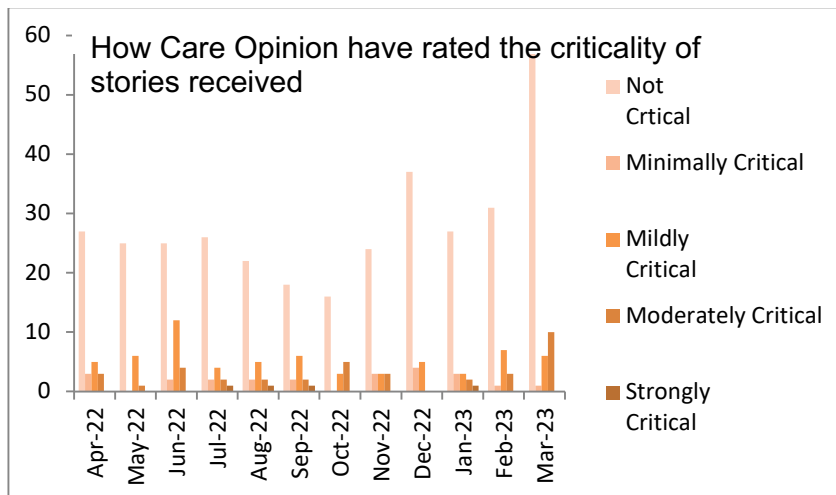
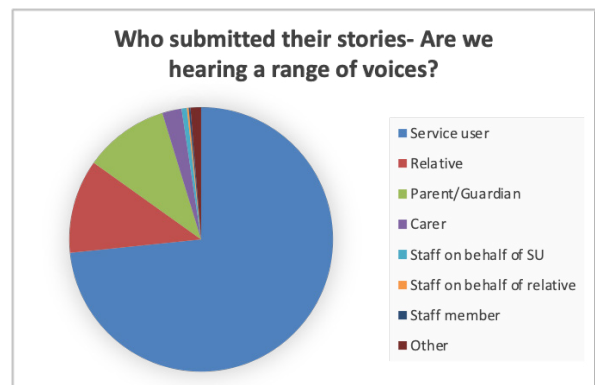
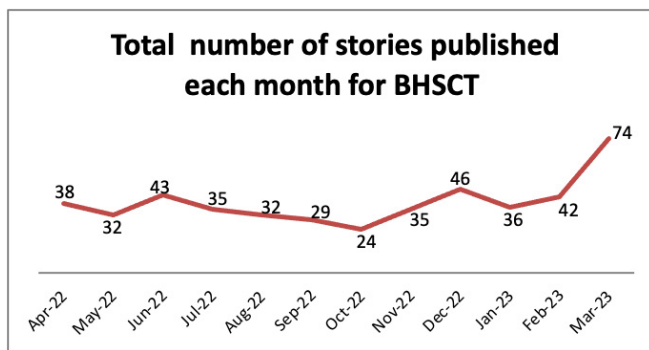
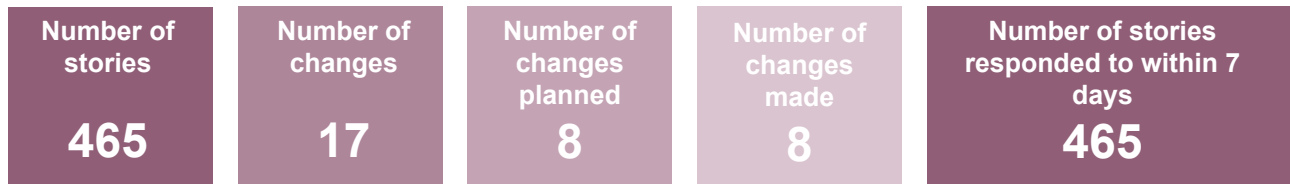
## Feedback February 2023

Feedback February 2023 campaign ran successfully to increase awareness among the public and staff.

### Feedback February within Belfast HSCT | Care Opinion

This was part of a Quality Improvement Project 'Voices for Change' Increasing patient feedback within the BHSCT. The aim to make Care Opinion more visible to staff and service users as a safe and anonymous method to feedback on health and social care services. From February to June 2023, the average number of stories is 61.5 per month, which is an increase of more than 50%.

### Data - 2022/2023



### 3. EXPERIENCE

## 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 this work and listening to their experience, we can make a real difference to their experience and quality of our services.



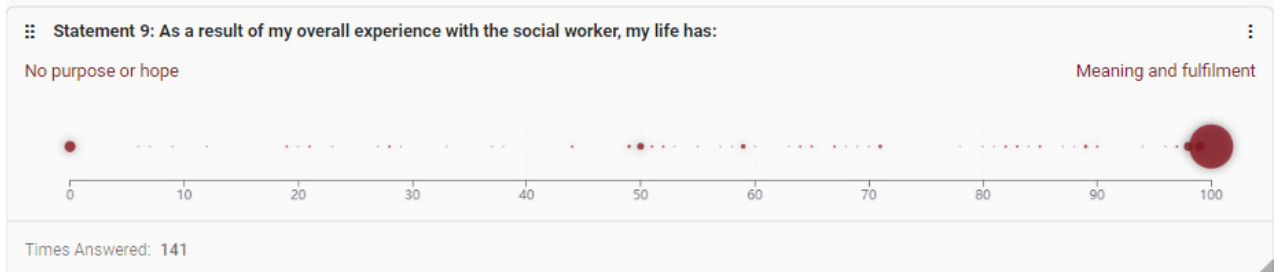
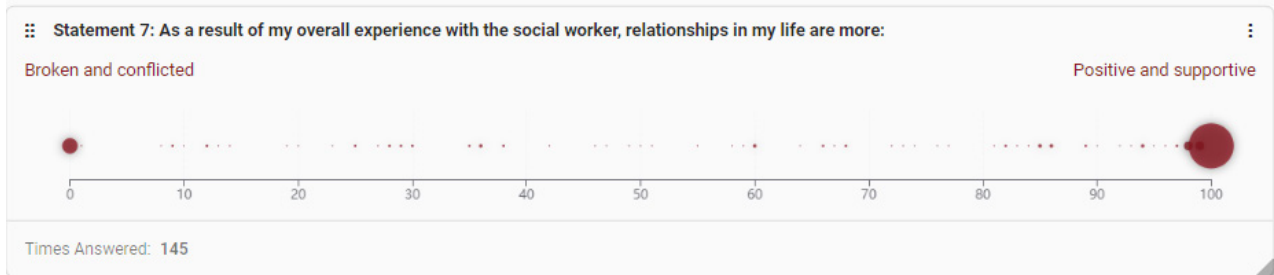
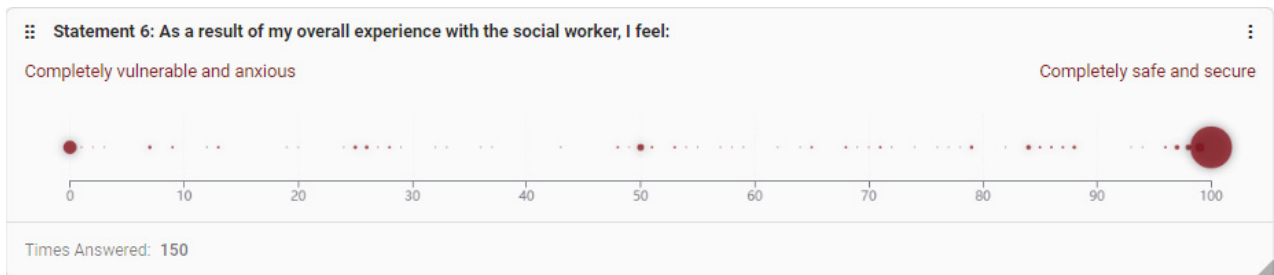
Between September 2021 and March 2023, the Patient Experience Team, in collaboration with the PHA and regional colleagues embarked on a project to hear the voices of those who use Social Workers. Recognising the breadth and variety of interactions and services that this encompassed, a regional plan was produced to ensure that there was engagement across the spectrum of social work services. In the Belfast Trust, we heard from service users, their families, carers and friends, encompassing a range of both adult and children's services. Over 500 stories were collected from service users regionally with the majority of stories being graded as strongly positive or positive. Areas for improvement have been developed into a regional action plan will be progressed in 2023-24 in partnership with the PHA, the DOH and the other Health and Social Care Trusts in the region.





### 3. EXPERIENCE

Authors were asked how applicable statements were in relation to their interactions with social workers in pictorial form, for example



## 3. EXPERIENCE

Examples of the key messages from service users are below

“The social worker intervention put me in a safe place where I’m getting the best possible treatment...”

“They are there for the safety of your child, to negotiate relations between families, to get support in areas of your life that you may need eg. benefits, housing support. Hope to get support to get life back on track”

“...more social workers so that each one can spend more time with the individual. Our social worker is not as actively involved as I would like”

“the thing I found hardest was having my social worker change so often because I have had more than 10 different social workers since I went into care...”

### Future Campaigns

2023/2024 - Currently the Patient Client & Experience team as part of a regional planning group within the PHA, are developing a 10,000 More Voices campaign on ‘Shared Decision Making’ which will be rolled on once approved, later this year.

Shared Decision Making is a key NICE recommendation and we will gathering evidence on how this is happening in practice and the impact on patients’ experiences.

### Complaints and Compliments

In the patient-centred environment of the Belfast Trust, patients, relatives & carers are encouraged to express their views about the treatment and services that they receive.

It is recognised that although most people will have a positive experience of our services, there may be times when treatment or care do not meet expectations particularly when something has gone wrong or fallen below standard.

Listening to service users about their experience of healthcare allows the Trust to identify ways to improve the quality and safety of services and prevent problems happening in the future. By making sure that lessons from complaints are taken on board and followed up appropriately, services and performance can be greatly improved for the future.

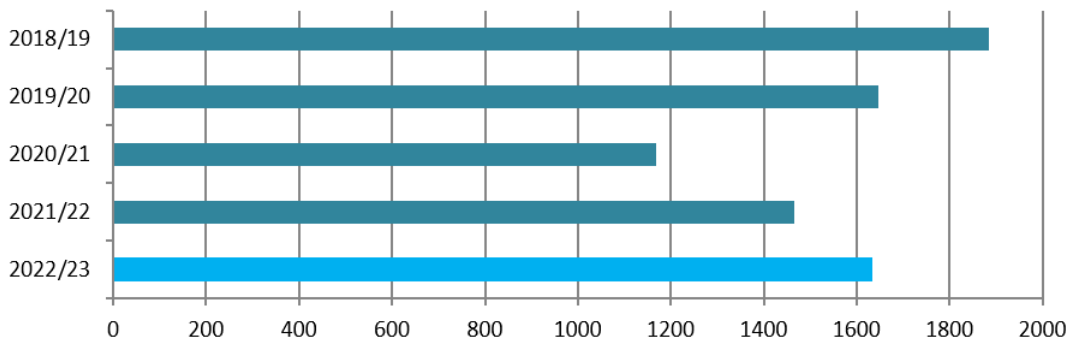


### 3. EXPERIENCE

#### Facts and Figures

1,633 formal complaints were received in 2022/23 representing an 11.5% increase on the previous year's figure of 1,465.

#### Formal complaints received 2018 – 2023:

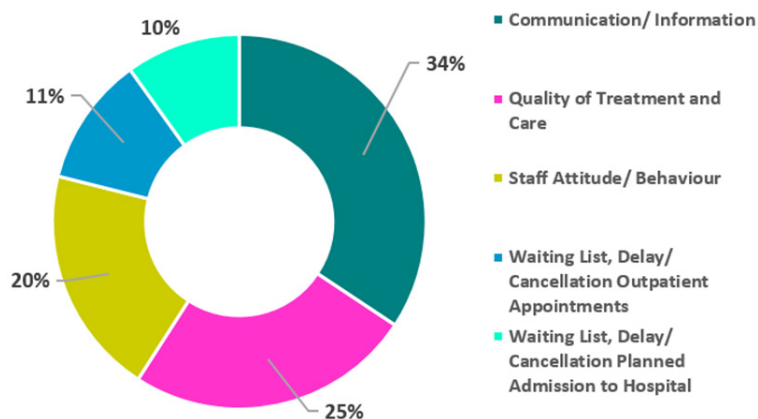


#### Formal Complaints - Top 5 Subjects 2021/22

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

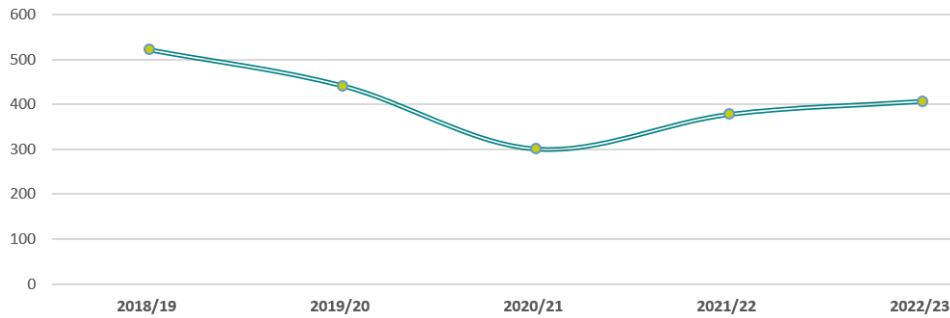
The most frequent issues and concerns raised in complaints throughout 2022/23 remained consistent with those identified in previous years. The chart below shows the 5 most common complaint subjects during the year:



# 4. EFFECTIVENESS

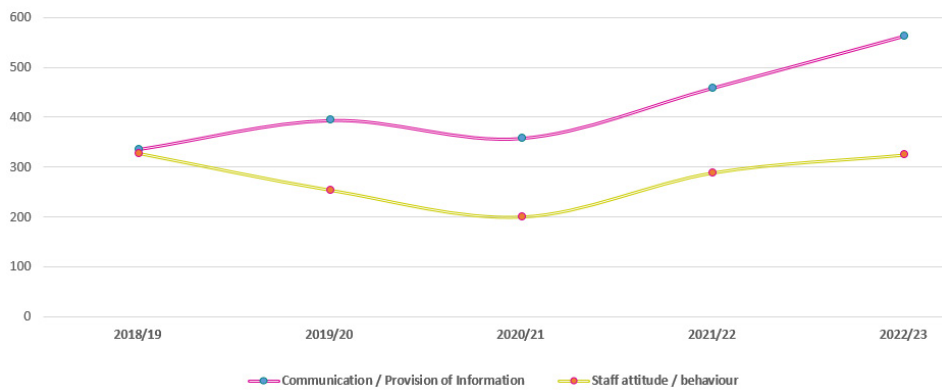
## QMS Focus – Safety

Numbers of complaints about Quality of Treatment and care received:



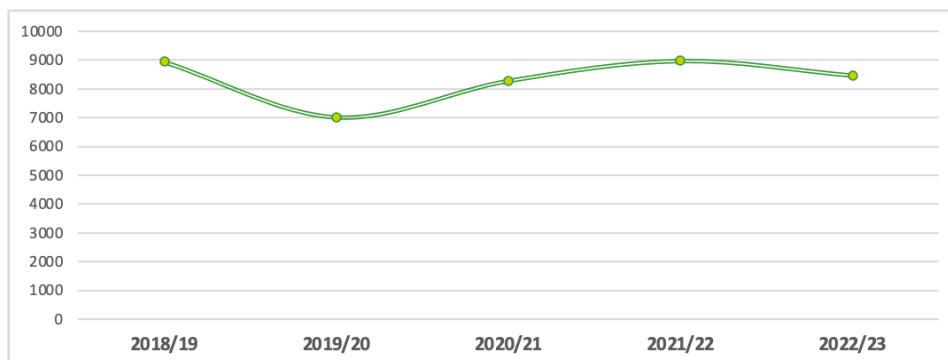
## QMS Focus – Experience

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



## QMS Focus – Experience

Numbers of compliments received about our services:

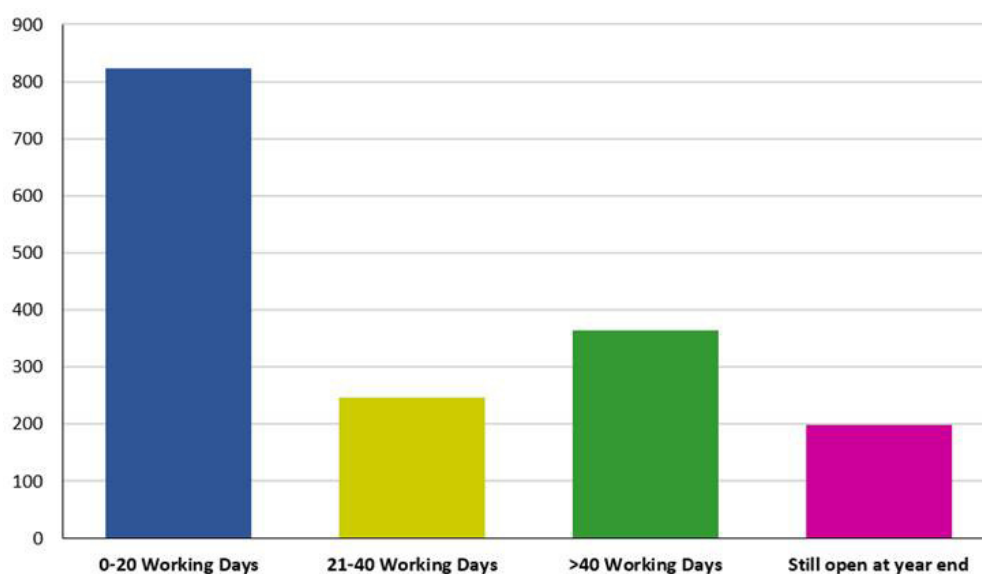


## 4. EFFECTIVENESS

### 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.

The chart below gives an overview of how long we took to respond to complaints this year:



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 2022/23:

Acknowledgement of complaint within 2 working days	99%
Complaint response within 20 working days	50%
Complaint response within 30 working days	59%

In order to improve the timeliness of our response to complainants, we maintained our focus on long outstanding complaints during 2022/23, in particular continuing to highlight cases where investigations and work to write complaint responses had been ongoing for longer than 40 working days.

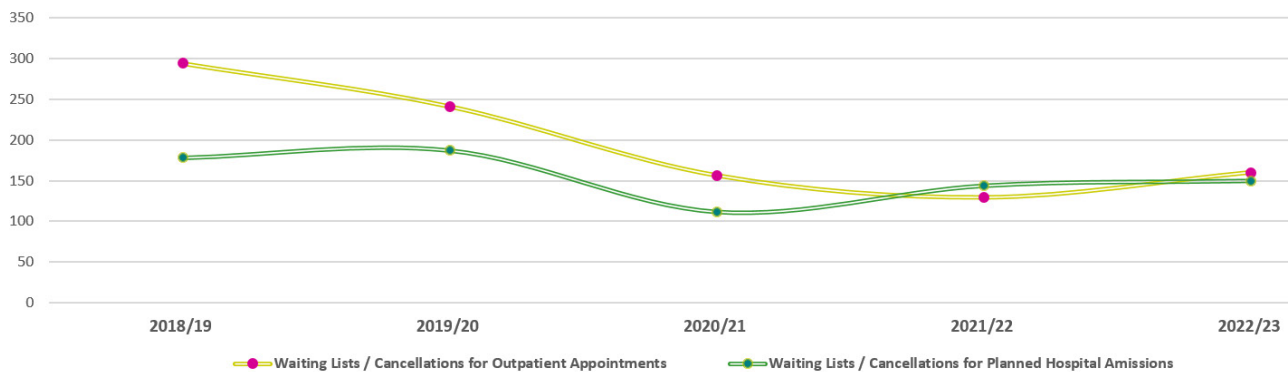
Regular reports were shared with each of the service-facing Directorates throughout the year identifying all complaint cases in each service area where a response was significantly overdue, and we also encouraged and supported staff to resolve complaints on the frontline - increasing the

## 4. EFFECTIVENESS

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:



Significant learning and actions were implemented in response to the outcomes of investigations undertaken both by the Trust and by the Ombudsman into the family's complaints. These included:

- Recognition of the value and need for specific pain tools for patients with dementia / Learning Disability and that such tools would have added to a cohesive approach to this patient's assessment and care on the ward.

As a result of this learning, the team created a resource folder for staff, focused on supporting patients with learning disability and dementia, who are needing palliative care support.

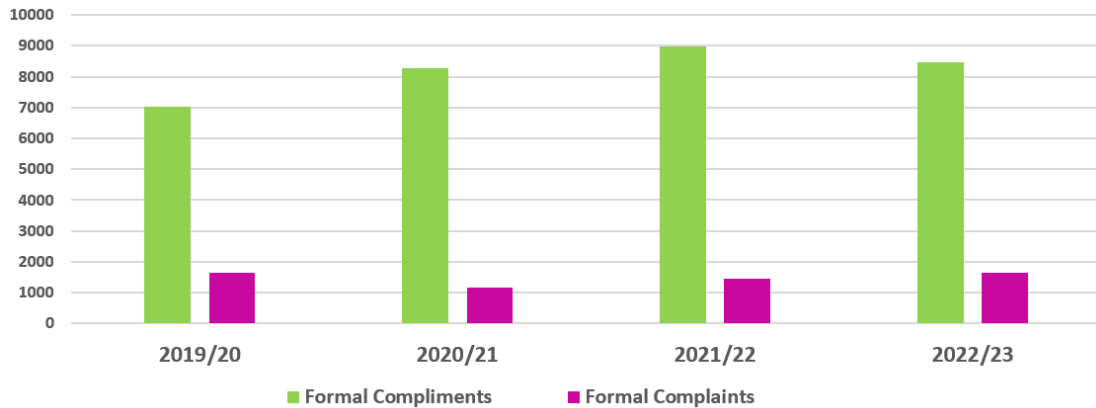
Resources include:

- Easy read leaflets - eg. what is palliative care
- Distress and Discomfort Assessment Tool and monitoring sheets
- Hospital Communication Book
- Web-links to other relevant resources
- A renewed focus on Speech and Language Therapy training for staff, and a review of associated written guidance available across all areas to ensure clarity and standardisation
- Development of a 24hr advice line for specialist palliative care advice to medical teams
- Recruitment of an Intellectual Disability Liaison post
- Engagement with the Learning Disability team to deliver specific training, education and Trust resources on care of patients with learning disability/ dementia at the end of life.

## 4. EFFECTIVENESS

### Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. A total of 8,462 compliments were formally recorded during 2021/22 and the table below shows the numbers of compliments received over the past 4 years.



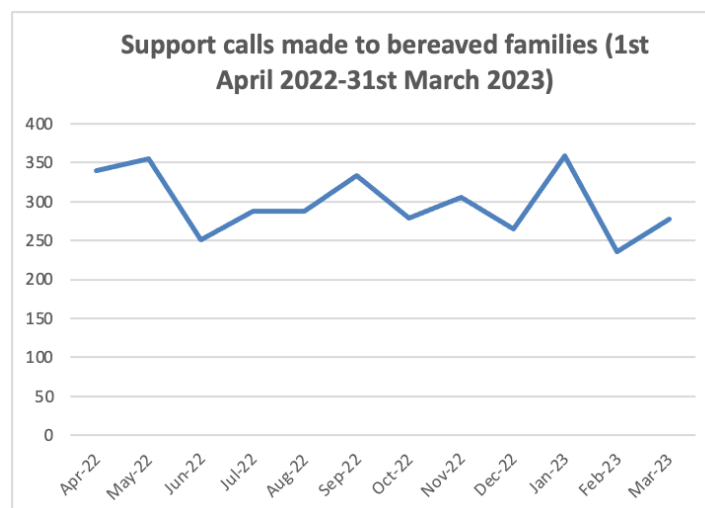
### The Bereavement Service

The Bereavement team provide support to people at a time of sadness and sometimes distress. The team offers a sensitive and empathetic service during the period following the death of a relative, friend or colleague.

#### Bereavement Outreach Calls

The team attempt to contact every family who's loved one has died in the acute hospitals between April 2022 and March 2023.

Bereavement support calls have been made to Families - a total of **3,574**



## 4. EFFECTIVENESS

This service continues to provide a listening ear, signposting to support services and provide written information. In some cases, the team need to obtain consent for onward referral to specialist Suicide Services. Several calls involved people expressing the wish to take their own lives and appropriate action urgently taken.

Staff and volunteers working in the Bereavement Team had the opportunity to attend SafeTALK training, to help equip them with the skills and knowledge to have these life-saving conversations.

### Education

#### Medical Staff

The Trust Bereavement Coordinator recorded an Education Session “**Dying and Bereavement: Safe and Sensitive Care**” which was included in the Induction Programme for F2s in February 2023 and has been distributed to more than **625** doctors throughout the Belfast Trust. Processes around death e.g. verifying life extinct, referral to the Coroner, completing the Medical Certificate of the Cause of Death were highlighted and the importance of completing all aspects in a timely way, improving communication and changes to the Crematoriums in NI were included.

The Bereavement Co-ordinator participated in a formal review a new e-learning programme being developed by the Family Centred Cancer Care Team in Ulster University focusing on when children are experiencing the death of a parent.

#### Nursing Staff

New training - **Dying and Bereavement Safe and Sensitive Care** commenced in February 2023 and was delivered to a total of **84** staff members including new international nurses, healthcare assistants and mental health nurses across February and March 2023. This training is currently ongoing.

The below subjects were covered during these sessions:

- Theories of Grief
- Complicated Grief
- Who provides different levels of bereavement support?
- What is important for families when someone dies?
- The differences between post-mortem examinations (the need for body transfer forms)
- Medical Certificates vs Death Certificates
- How do we support children and what words do we use?

## 4. EFFECTIVENESS

- Empathy vs Sympathy
- Therapeutic communication skills including breaking bad news
- A practical demonstration on how to perform care after death
- Nursing documentation (Checklist and Body Transfer Form)
- Religious, spiritual and cultural considerations
- How do we care for ourselves?

### **Some feedback from training sessions:**

*“Really good informative presentation that will benefit me in the future when talking to bereaved families.”*

*“A very worthwhile training session. Good to go through paperwork and to know the process of getting the death certificate.”*

*“Absolutely amazing talk. Very useful in this field of nursing.”*

*“Well-presented and easy to understand.”*

*“The session was informative and educational.”*

*“Very enjoyable it’s excellent to be reminded to have empathy and to care for yourself also.”*

*“I now feel comfortable speaking to patient’s families about death/dying and breaking bad news.”*

### **Some areas of practice staff have said they will change after attending the training sessions:**

*“Our face is what families will remember, so I’ll do everything with kindness.”*

*“I will communicate with family members more sympathetically and encourage them to express their feelings.”*

*“I will be more empathetic than I am now, as I feel that can get lost on a busy day on the ward.”*

*“I will ensure that the MCCD is completed and sent to the GRO.”*

*“I will be careful how I approach patient’s relatives and will consider the setting before bringing them in.”*

*“I’ll assess patient’s spirituality to see if they consider it important.”*

*“I’ll offer the chaplaincy service to patients who I feel may need more support.”*



## 4. EFFECTIVENESS

### Resources for Wards and Departments

The Bereavement Team administration staff visited wards and departments across all Trust sites to audit what resources are currently in stock and then organised the delivery of the up-to-date bereavement resources to wards and department, aiming to support our staff and service users.

### Bereavement Surveys

Surveys returned from our bereaved families continue to be audited by the Bereavement Team and the results used to inform Service Improvement and Education Programmes. The original surveys are sent to the relevant ward or departments for their information.

### Some examples of feedback from our bereaved families

*“I believe that there are many who would benefit from this service, long may it continue.”*

*“I feel your service was very helpful in a time of stress. Thankful for the care and empathy of the bereavement team.”*

*“The service is very helpful. Extremely comprehensive especially the written letter and list of people to contact and inform about the death.”*

*“As I didn’t realise such a service was in place, your telephone calls were much appreciated. When my father’s wife received her call it helped a lot and gave a sense of relief that someone will be in contact again in a couple of weeks.”*

*“Enlightening and comforting. I genuinely appreciate the personal calls from the team, thank you.”*

*“I think the team are doing a great job in comforting families- I didn’t know they existed until now. It is so nice to know that it is there for people who do not have family support. Thank you for all of your help.”*

### Regional work to improve our services for our service users

#### NI Bereavement Network

Current Work streams which feed back into the Network:

- A Bereavement Charter for NI - Lead by the Patient and Client Council
- A 10-year Regional Strategy for Bereavement - Bereavement is Everyone’s Business
- Regional Bereavement Website
- Delivering Bereavement Education and Training
- Consent for Hospital Post Mortem Examination (Linked to IHRD Work Stream recommendations)
- “Care of the Deceased Patient and their Family. A guideline for nursing practice in NI.”

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### **Consent for Hospital Post-Mortem Examination (PME)**

The Trust Bereavement Coordinator in conjunction with Dr Patricia Donnelly (DOH) and other Trusts have been working with Consultant colleagues in Pathology, Genetics, Trust Bereavement Midwives, Mortuary Professionals and others with administrative support from DOH to update the following:

- Early Pregnancy Loss Form
- Consent Form for a Hospital Post-Mortem Examination of a Baby
- Consent Form for a Post-Mortem Examination of Children over 28 days old and Adults
- Information Booklet for Parents following the death of a baby in NI
- Information Booklets for Relatives following the death of an adult in NI.

Following guidance from the Human Tissue Authority, the following competency checklists have been developed for Doctors taking Consent:

- Consent Training Check List for Consent for a Hospital Post-Mortem Examination of a Baby
- Consent Training Check List for Consent for a Hospital Post-Mortem Examination of a Child/Adult.

Currently being reviewed and updated:

- Consent for Hospital Post-Mortem Examination HSC Regional Policy.

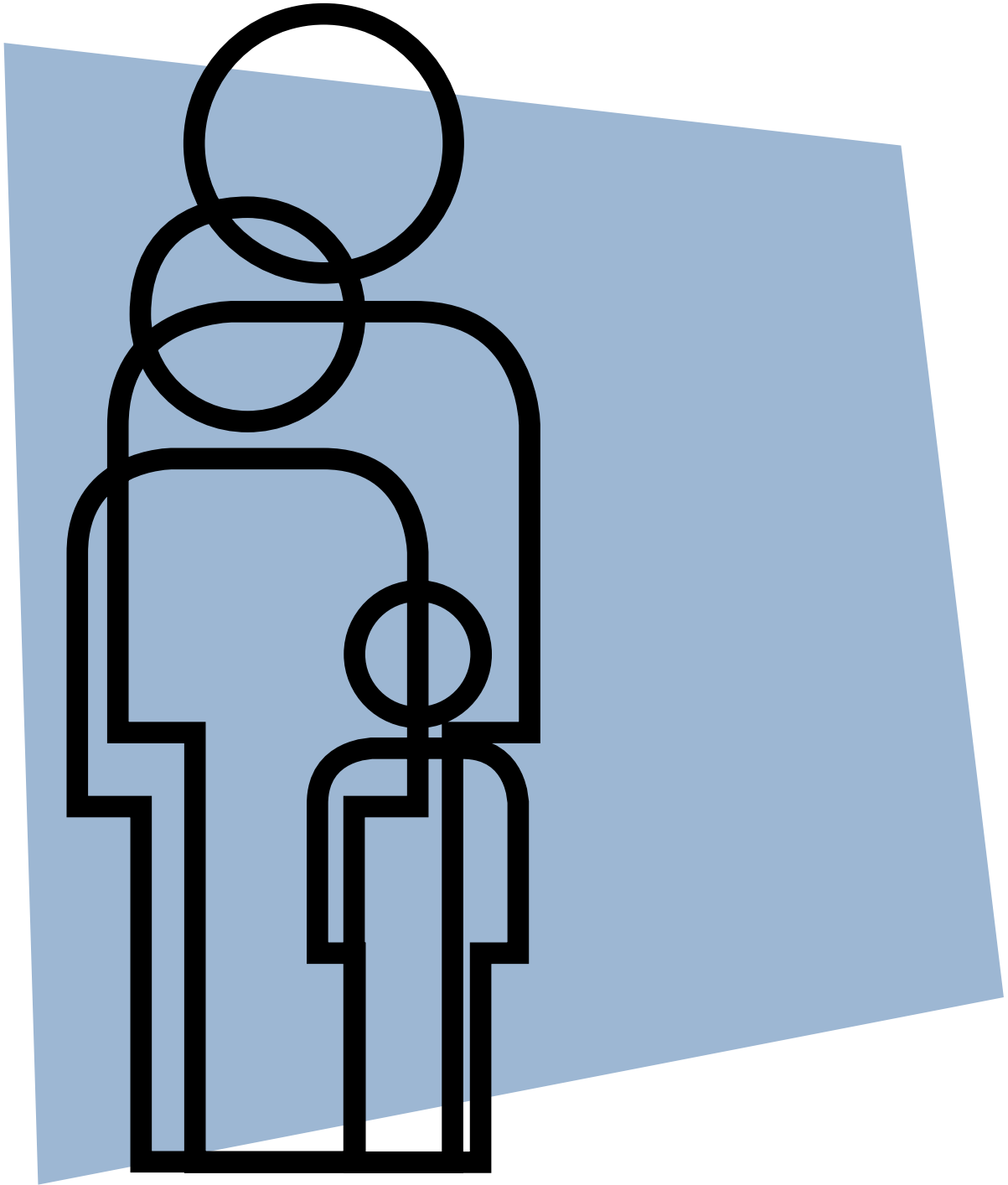
Planning is also in progress around the timing and process of distributing the new Post Mortum Consent Forms to every ward in the Belfast Trust when Forms are finalised.

### **Care of the Deceased Patient and their Family. A Guideline for Nursing Practice in NI**

This guideline is currently being updated by the Trust Bereavement Coordinators from across all Trusts and have consulted widely with Mortuary Professionals and Funeral Directors at this initial stage. On completion, this will be shared with the Chief Nursing Officer for endorsement.

The Belfast Trust the Bereavement team are passionate that providing end of life care and bereavement care is everyone's business and every staff member carries a personal responsibility to support patients and those close as they approach the final days of their life.

## 4. Effectiveness



## 4. EFFECTIVENESS

Effectiveness is a means of ensuring that everything we do is designed to provide the best outcomes for patients and service users, ie. doing the right thing to the right person at the right time in the place to ensure the delivery of high quality health and social care and achieve the best quality of life possible. Ensuring individual and team skills are developed in order to meet the challenges of delivering efficient and effective services is key. BHSCT has a comprehensive Learning and Development programme in place to support service and staffing needs.

The following section details examples of good practice across health and social care services and provides information in relation to supporting staff learning and development initiatives:

### Children's Social Care Services

#### Effective Health and Social Care

1. 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.

*In this reporting period 99.7% of children or young person were seen within 24 hours of a Child protection referral being made. (Source: HSCB-Priority 5 Return).*

2. 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 the last year 981 reviews were completed for looked after children in the BHSCT. 107 reviews were not completed within the timescale.*

3. 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.

*This year all looked after children in care in Belfast Trust for more than 9 months have a permanency panel recommendation.*

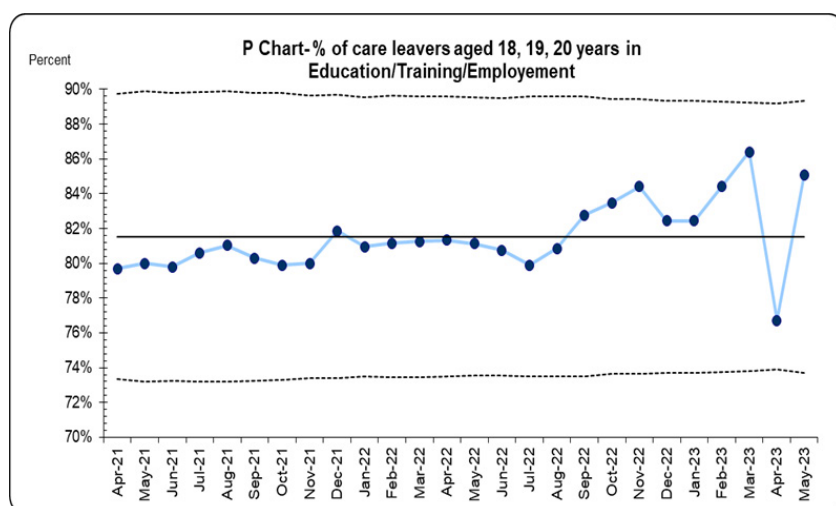
## Delivering Best Practice in Safe Health and Social Care Settings

1. The provision of direct payments by a Health and Social Care Trust enables families to locally source the care they require. Allowing the individual to choose how they are supported within their community.

*In this reporting period 222 families were in receipt of a Direct Payment from the Trust.*

2. 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.

*76% of young people known to leaving an aftercare services in the Belfast Health and Social Care Trust are engaged in education, training, and employment. DSF/Corporate Parenting Returns (10.4.10)*



3. The transition from children to adult for those children and young people who have a disability is best assisted by a transition plan.

*100% of disabled children had a transition plan in place when they left school within the Belfast Health and Social Care Trust. Source: DSF/Corporate Parenting Returns (10.1.7)*

## Children's Community Services

The Trust, in line with other Trusts across the region, ceased employing social workers from Recruitment Agencies that were not on Trust framework by March 2023 (and all use of recruitment agencies for social workers by June 2023) to help stabilise the workforce. Social Workers employed by the agencies were given the opportunity to become permanent staff members via regional recruitment campaigns, take up temporary posts or become SW bank staff. A range of support packages was introduced to help recruit and retain these new staff.

## 4. EFFECTIVENESS

### Integrating the Care

Figures for overview page (Apr 22 to Mar 23):

- 3,893 referrals for a child in need assessment
- Corporate Parent to 1,029 Looked After Children
- 564 registered foster carers.

### Northern Ireland New Entrants Service (NINES)

Minority ethnic communities are one of the most vulnerable groups in Northern Ireland with new immigrants often having complex health needs and a higher incidence of communicable diseases. The PHA, in collaboration with Belfast Health and Social Care Trust (BHSCT), the Health and Social Care Board (HSCB) established a regional evidence-based, holistic service for new entrants: the Northern Ireland New Entrant Service (NINES). NINES currently provides comprehensive health assessments; screening for communicable diseases; blood screening tests; health promotion and immunisation services. In 2022/23:

- 1,008 new clients had health assessment/TB screening/BBV screening
- 206 clients were seen by a Health Visitor
- 550 clients were assisted with registering with a GP.

The Trust is currently piloting fortnightly multi agency Family Help clinics in a hotel whereby Health Visiting, Education Authority, Sure Start and Barnardo's collaborate to provide a holistic, wrap-around service to families. Some 90 per cent of invited families attended the sessions with 100 per cent reporting positive experiences in terms of being treated well, feeling safe, feeling heard and willingness to continue to engage with a range of services.

#### Sample service provider feedback:

*"This has been the best and most protective piece of work in respect of supporting families who are newly arrived."*

#### Sample user feedback:

*"We were worried it would be difficult to find the people we need to help our children. We don't speak English. This has taken the stress away and we are so happy."*

### Innovation in children's community workforce

In order to address capacity issues, Children's Community Services Directorate implemented skill mix across a range of service areas. This included:

## 4. EFFECTIVENESS

- Social Work Assistants to support Social Workers in the discharge of their duties across frontline teams including supervision of contact visits; direct work with children/parents/foster carers; collation of information for social work assessments. This will release Social Workers to focus on core social work tasks
- A pilot to reduce the time spent by Social Workers transporting children to/from school or contact visits, thereby allowing them to focus on core social work tasks, commenced in November 2022 with the recruitment of two drivers. Evidence of social work time saved and the experience of young people, families, staff and teachers has been very positive. Children's Community Services Directorate is exploring options to scale and spread this project.

### **Children with Disabilities (CWD) Service**

#### **Transitions from Children's to Adult Disability Services (Learning Disability and Physical and Sensory Disability)**

BHSCT CWD Service provides social work and social care services to 700 children and families. 57% of children will have Learning Disability as their primary disability, with the remaining 43% having a range of other disabilities and additional needs (Physical, Sensory or Autism Spectrum Disabilities). Approximately 70% of service users will continue to need services from Learning Disability or Physical and Sensory Disability Services. A smaller cohort of young people do not fit Adult Disability Service criteria and therefore may no longer be eligible for services post 18. The Trust has begun corporate work to address this issue and the service is engaged in this.

#### **Service Pressures**

As with many other Trust Services, CWD service has been challenged by the need to rebuild and re-orientate services post-COVID. Increased need and demand for critical services has become more evident in the past year, whilst at the same time, the service has experienced significant challenges in recruiting sufficient qualified SWs. This is a regional problem caused by lack of sustained investment in the profession at Departmental level.

The Service has prioritised social work recruitment, but has also pragmatically developed a service model that allows for skill mix and completion of non-statutory work by unqualified staff. This allows Social Work staff to concentrate on safeguarding, transition and court work.

The Service currently has 141 children on the waiting list for Initial Assessment. These cases are being managed via the duty system and a Quality Improvement Project is underway to reduce the number of unallocated cases, (complete initial assessments) and decrease the length of time a child is waiting for a Social Work Assessment and involvement.



## 4. EFFECTIVENESS

### Improvements made within the last year (April 22 – Mar 23)

- SPPG investment secured to resolve persistent cost pressures (900k) within residential and community services
- Key leadership posts filled following retirement of Head of Service and subsequent senior management vacancies
- Service is engaged with Leadership Centre to develop local structures and quality improvement initiatives that will facilitate implementation of CWD regional Service Framework
- CWD/LD Transition Protocol consultation and revision underway, in line with SPPG and Regional Disability AD's commitment to ensure that as per regional Framework for CWD services, to ensure seamless transition between services and maintenance of volumes and quality of services deliver. Engagement with LD staff 99at service level is ongoing and consultation with senior managers will begin in September
- Development of systems for the management of caseloads is at an advanced stage – Social Work assistant posts have been created and recruited. A priority call system has also been introduced which provides telephone support for families awaiting assessment and support
- Development of a Community In reach service to provide practical care and support to families struggling to manage high levels of behaviours of challenge and anxiety at home.

### Adult Learning Disability Service

#### Carers Assessments and Carer Involvement

The Service acknowledges that a number of Carer's Assessment were not completed in 2022 due to limited workforce. However the Service has since focused on 10,000 voices, conducted a pilot for Carer's Conversation Wheel and QI for Young Carers. In addition, a Carers Audit has commenced across all four teams, which is due to be completed September 23. All Carers Assessment are now open under Carers name on the Paris system.

Last year engagement with Carer Involvement Lead highlighted poor understanding of the need to promote PPI. Team Leaders and Service Leads worked to ensure PPI was incorporated within service. It is hoped that this will improve registration by the September 2023 return. The Service is Developing Service user/Carer engagement tool utilising QR code.

In 2022 10,000 voices engagement was limited. However, since this time, through promotion from senior management, there has been an improvement in staff engaging with service users to complete the 10,000 voices survey.

## 4. EFFECTIVENESS

### Resettlement

Regular multidisciplinary meetings are scheduled to review resettlement into the community. There is ongoing engagement with families to facilitate transition from Muckamore Abbey Hospital to community.

### Transitions

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, 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 that will be pro-actively planned in a timely fashion to meet the young person's aspirations within a person centred framework.

A new transition pathway is being developed in partnership with Childrens Services to ensure an effective, swift and smooth process for service users and their families.

### Self-Directed Support and Direct payments

There are currently 401 Self Directed Support agreements within Community Learning Disability Service. 95% of these have not been reviewed. An audit is currently underway to scope and review all Direct Payments in Adult Learning Disability to ensure compliance with local policy and legislation and prioritise high cost cases. Completion of first phase due by September 2023

A survey on working conditions 'Creating the Environment' was completed. Feedback from staff in 2022 was not positive in relation to staffing numbers within the teams and lack of management. However in 2023 staff have been encouraged to engage in a number of events that include Team Building, Social Work Forums, Recognition Day, Engaging in value and Social Work events. Due to proactive focus on staff recruitment, current vacancies is 3.5% across the Community Teams.

To help retain staff a 1 day Welcome and Induction programme for new staff has been developed as well as 2.5-day induction twice yearly. All new staff will get a local induction within their team. Peer Review for exit interviews will be undertaken.

### Audit Cycles

In 2022, compliance in relation to supervision for the community teams was 50%.

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In March 2023, The Governance Lead completed a Social Work External Supervision Audit. Community/ASG / Hospital are 82.9% compliant for B6- 88.9% for B7. Full compliance with supervision with group and Peer Supervision. Local internal Audits have not yet taken place in Community, Care Management or Social Care.

Carer assessment audit has commenced within Learning Disability Service.

### **Business Support**

The Service has developed an informatics reporting system and dashboard, which has 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 delegated statutory functions. Power BI system is currently being developed by our Quality Improvement Lead and business support staff to triangulate adult safeguarding, datix, complaints and audits, CRA, Carers information, Judicial Reviews, Declaratory Order, PQC, workforce and audits.

Finance systems have been reviewed and adjusted in partnership with finance colleagues to manage budgets and provide assurances regarding financial prudence.

### **Effectiveness in Belfast Trust Stroke Service: Sentinel Stroke 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.

Based on 22/23 National Thrombectomy data from SSNAP, Belfast Trust is ranked 12th in the UK in terms of total numbers of thrombectomies undertaken.

## 4. EFFECTIVENESS



[Thrombectomy fact sheet \(strokeaudit.org\)](https://strokeaudit.org)

### Improved effectiveness in Urology services

#### Background

The Belfast Trust Specialist Urology MDM (Multi-disciplinary Meeting) serves as the Regional MDM for the discussion of urological cancer patients who are to undergo specialist treatment for diagnoses such as kidney, bladder and prostate cancer. The MDM discussion is a key part of the treatment pathway where the patient's treatment decision is made by a team of experts. In 2020 it was highlighted that due to increasing demand, there was insufficient time for discussion of cases and patients were on average waiting between 8 and 14 days for an MDM discussion which was adding a delay to the patient pathway. Due to time constraints complex cases also unfortunately had a less than ideal discussion time.

#### Improvements

The team applied for funding through the Regulation and Quality Improvement Authority (RQIA) to support a project to Streamline the Urology MDM to focus time on more complex cases through the introduction of Standards of Care (SoC). A SoC is a point in the pathway of patient management where there is a recognised intervention (or interventions) that should be made available to a patient. The MDM will maintain oversight of all patient cases, but where a patient's need is met by a SoC the case would be listed but not discussed at the full MDT meeting. This approach aims to improve clinical management for all patients referred to the MDM by improving consistency and transparency of pathways, creating adequate time for discussion of patient cases where it is required, and ensuring the best use of clinical and diagnostic time.

The team developed a standard of care protocol and mandatory minimum data set collection drawn from existing pathways and guidelines. A triage process was agreed. The pathways were signed off and an audit process established. Job plans were adapted for one surgeon and one oncologist and time allocated to a MDM co-ordinator and information officer to support the process.

Cases that were suitable for Standard of care protocols were identified pre MDM via the referring clinician through a referral proforma. The Oncologist and Surgeon would review each case and

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ensure that all relevant tests were completed and that the SoC was appropriate. If this was the case, the patient would be noted on the MDM list with the agreed SoC outcome but a full discussion would not take place. All cases were listed within full sight of the MDM and if there was any doubt before, during or after MDM around the case, a full discussion would be triggered. This process ensured that only patients who required full input from the MDT were discussed, thereby ensuring the most effective use of resources.

A number of improvements resulted from this pilot:

- 10% of the patient discussions were protocolised
- Average number of days to MDM discussion for patients from reduced from 12 to 8 days
- High quality discussion of complex cases as there has been less time discussing low/intermediate prostate post-operative cases & superficial bladder cancers and more time discussing high risk/metastatic cases
- Consistent MDM outcomes for SoC cases
- Improved data collection and audit
- MDM has been more manageable with positive feedback from the whole Urology Team
- Following the pilot recurrent funding was received for the service and it was embedded in service in April 2023.

### Next Steps

This was the first regional approach to streamlining MDM discussions via Standard of Care in Northern Ireland. The team have shared the learning via the Northern Ireland Cancer Network (NICaN) to encourage spread of the principles to other urological cancer MDTs. In addition, further pilots are planned for other cancer MDTs within Belfast Trust to further roll out the principles and learning from this project.

## Rheumatology and Dermatology

### Rheumatology

The Rheumatology service continues to engage with an extensive programme of initiatives under the Out-Patient Modernisation workstream and in line with GIRFT principles. These projects include the development, pilot and introduction of an electronic referral system for urgent Rheumatology consultations via an App. The team involved in the project; Dr Claire Benson – Consultant Rheumatologist, Anne Flynn – QI & Business Support Manager and IT colleagues – Ronnie Cloughey and Kieran Fitzpatrick were shortlisted as finalists for the ‘Innovation in

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Rheumatology Service' at the NI HealthCare Awards. Since deployment, the app has received 100% positive feedback by Rheumatologists and those submitting referrals.

The winning team in this category also came from the Rheumatology team in the Belfast Trust for their pioneering work in setting up a monthly joint Rheumatology Obstetric Clinic in the Royal Maternity Hospital which was led from within Rheumatology by Dr Claire Riddell and Dr Liz Ball. This service aims to enhance learning and promote awareness of reproductive health among Rheumatology patients while enhancing the quality of their care. This close collaboration with the obstetric team is vital in providing care for pregnant women with Rheumatological conditions to reduce serious maternal or foetal adverse outcomes.

### Dermatology

The Dermatology service have embraced the opportunities afforded by participating in the Out-Patient Modernisation programme of work and in line with GIRFT principles. One innovative project has been the undertaking of an enhanced nurse-led waiting list validation programme. This has been undertaken in conjunction with the Planning & Equality team and has involved a small team of nurses undertaking a telephone validation of the longest waiting routine patients who have previously undergone a postal validation. To date over 2100 patients have been validated and 555 (26%) discharged from the waiting list. This equates to over 50 full consultant-led clinics and frees up vital out-patient capacity to ensure that clinic utilisation is optimised. This work has now been replicated in Rheumatology and although at a very early stage this is already showing a benefit with a significant proportion of patients validated being discharged from the routine waiting list.

Another ground-breaking initiative has been the development, pilot and roll-out of a nurse-led vulval Dermatology service which was undertaken by Patricia Cowan from the RVH Dermatology nursing team with support from Dr Bryan Murphy – Consultant Dermatologist in BCH. This originated from a nurse-led waiting list validation project and has burgeoned into a comprehensive holistic service with the aim of improving patient understanding, concordance with treatment, and self-management for women with often chronic and debilitating symptoms. This work has been pivotal in the introduction of a nationally recognised framework of Dermatology nursing competencies for the management and care of patients with vulval conditions. As a result of this work Patricia has been announced as a finalist in the Quality in Care Dermatology Awards 2023. This is a national award that recognises staff who have gone the extra mile to care for patients' physical conditions and the psychological impact of skin disease.

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### Acute Oncology Haematology Unit

The Acute Oncology Haematology Unit is an 11-bed assessment unit for patients diagnosed with cancer or haematological conditions. Patients may present as an emergency or unplanned admission with a complication of their disease or treatment requiring highly skilled staff to deal with every clinical need. Patients contacting the Oncology/ Haematology Helpline are triaged by a Registered Nurse using the UKONS (UK Oncology Nursing Society) Triage Tool and may be invited for assessment. A call response time within 20 minutes is vital to ensure timely treatment and prompt intervention.

The Oncology Helpline receives an average of 1050 calls each month; these calls vary in complexity, and the volume of calls is unpredictable. Of these, 4.9% are classified as administration queries.

Between July 2022 - July 2023, the average number of patients attending the unit per day was 11-16, with approximately 5-6 admissions. On average, 45% of patients who attend AOHU were admitted. For a yearly comparison, in July 2022, 260 patients attended AOHU, accounting for 106 admissions; in July 2023, 277 attended AOHU, accounting for 116 admissions. This suggests a 7% increase in demand/capacity within the year, which is expected to rise.

#### Improvements made within the last year (July 2022-July 2023):

By recording key performance indicators, data highlighted that 27.3% of helpline calls were not responded to within 20 minutes, potentially presenting a risk to patients. To mitigate risk to the patient and improve the patient's experience, we created a standard operating procedure, which identified the need to employ a Helpline Administrative Assistant (HAA).

The Helpline Administrative Assistant role includes the ability to:

- Filters calls
- Contacts patients, providing reassurance
- Sorts out administration queries
- Liaises with the relevant clinical areas
- Collects and collates live data.

The supporting role of HAA aids in relieving the triage nurse to ensure that patients are listened to, responded to and treated in the right time and place. 97.7% of calls are now responded to within 20 minutes, and we are working towards getting full compliance 100%.

The AOHU team has continued to work extremely hard over the last year to promote the



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establishment of the unit, transforming from an 8-bedded unit to an 11-bedded unit. Such development has reduced the pressures within other services, such as GPs and A&E departments. We have now reached a point where no patients attend A&E unless there is a significant clinical reason. Continuity of care has remained at its utmost throughout the patient's cancer journey, and patients are truly grateful for this 24-hour service. Thank you to the team for their commitment and dedication over the last year through such unprecedented times.

### Plans/next steps:

Further development and recruitment of HAA will reduce demands on the helpline nurse and promote prompt triaging. Nursing staff will have more time to fully assess their patients and make an informed decision about their care. The medical team assesses on average 54% of patients within one hour of attending the unit. Current figures suggest that only 40% of patients' are deemed fit for discharge or require admission within 4 hours.

We will continue to improve both standards, ultimately increasing capacity and patient turnover. Allocation of Advance Nurse Practitioners, Oncology Nurse Prescribers and promoting nurse-led activity will contribute to reaching this goal.

## Adult Community and Older People Services (ACOPS)

### Home Care Service

The Belfast Trust Home Care Services promotes independence where possible, and supports service users by providing support with daily living tasks to continue to live at home and in their community. 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**.

Over the last year there has been a significant focus on training across the key areas of moving and handling, infection prevention and control, adult safeguarding, medication management, mental capacity act and swallowing awareness. A new training manager and training administrative support were appointed. They worked closely with Home Care line managers and trainers across the Trust to develop a suite of bespoke training resources. A new training booking system was developed and implemented. Frontline staff were trained and supported by their line managers on how to use an electronic system which enabled a significant proportion of the training to be delivered online. By March 2023 over 90% of staff had successfully completed these key training courses.

Home Care plans to implement a new IT system which will assist in rota management and will improve the efficiency and effectiveness of the service.

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### Community Mental Health Older People Service

The service commenced a programme of refurbishment across one Dementia Residential Care Home and one Supported Housing Scheme, utilising the international benchmarking tool for quality design from the University of Stirling.

The primary driver for the implementation of this tool is to more acutely support ageing processes and dementia progression in those who are admitted to our statutory Residential Care Homes and Supported Living facilities within the Community Mental Health Older People Service (CMHOPS), with a view to improving their overall lived experience. The benefits to service users will be reduce the potential environmental stressors, confusion, anxiety, frustration and tiredness. Additionally these changes should have a positive bearing on falls reduction, incidences of dementia related distressed behaviours and behaviours that challenge. Moreover the implementation supports the CMHOPS strategy to increase occupancy rates across their twenty four hour services.

As a result of environment improvements, Killynure House Residential Care Home and Cullingtree Meadows Supported Housing Scheme have been awarded “Tier 1 – Aware” certification from the University of Stirling. Feedback on the environment improvements from key stakeholders, including carers and advocates has been overwhelmingly positive.

The aim is to implement these improvements across all four Residential Care Homes and five Supported Housing facilities and have these facilities accredited with University of Sterling. Photographs of the improvements in Trust homes are below.



### Memory Services National Accreditation Programme (MSNAP)

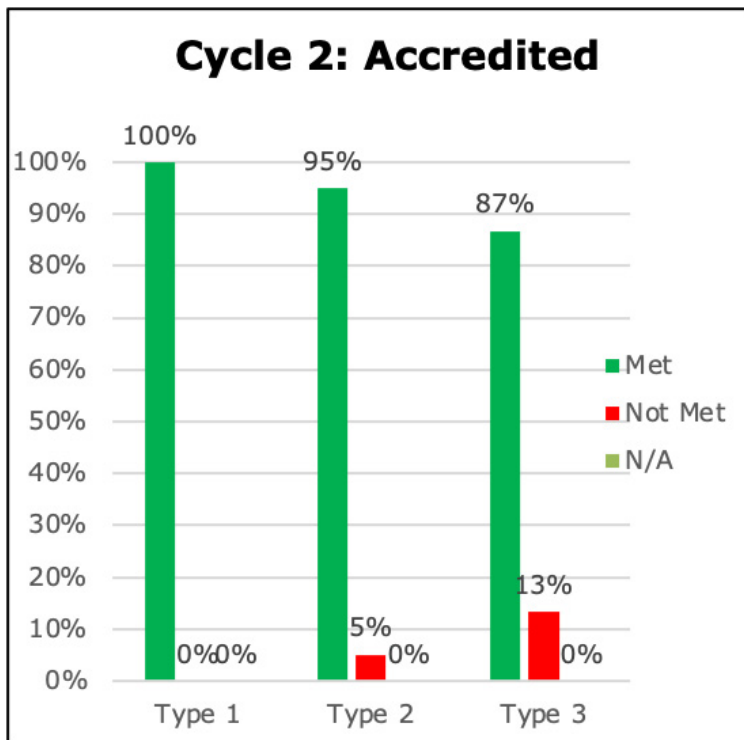
Belfast Health and Social Trust is the first and only trust in Northern Ireland to have achieved MSNAP accreditation. MSNAP is a quality improvement and accreditation network for services that assess, diagnose and treat dementia in the UK.

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The purpose of MSNAP is to:

- Help memory services to evaluate themselves against agreed standards
- Award accreditation to services that meet the required level of performance
- Support local clinical and service improvement in line with the standards
- Produce a local report that highlights achievements and areas for improvement
- Produce a national report which allows a local service to compare its performance with other participating services.

Graph 1 illustrates BHSCT performance across these standards



**Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment;

**Type 2:** criteria that an accredited service would be expected to meet;

**Type 3:** standards that are aspirational, or standards that are not the direct responsibility of the service.

The Community Mental Health Older People's Service is developing an action plan to maintain further re-accreditation of MSNAP standards for the next accreditation cycle and addressing areas that were unmet as part of the cycle 2 accreditation process.

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### Intellectual disability services

Services continue to rebuild availability and uptake of Adult day services for individuals with assessed need. 97% of service users have returned to registered Adult Day Centers compared to pre-pandemic levels.



### Person-centred End of Life Care

Understanding patient preference and supporting patients to achieve their wishes is an important priority in palliative care. Having choice or control over where you die is central to a good death. As health professionals, we need to support people to die in their place of choice (where possible). Often, a person will choose to die in their own home and will request discharge from hospital near the end of their life.

#### Improvements made within the last year (April 22 – Mar 23)

The Hospital Supportive and Specialist Palliative Care Team have developed guidance designed to assist with the process of discharge home for patients in the last months, weeks or days of life. The aim of this guidance is to:

- Improve staff confidence in discharging patients at End of Life
- Encourage clear communication between hospital and primary care settings
- Improve co-ordination of care and onward referrals
- Promote patient autonomy and shared decision making

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- Promote the inclusion of patient and family in discharge plans, address concerns and provide direction to OOH contact details
- Ensure safe and effective discharges eg. appropriate equipment, practical support needs, and consideration of risks and/or potential crisis management.

This guidance was launched in June 2023 with a video resource available on the BHSCT loop. The poster has been disseminated across BHSCT in-patient areas and will be soon be available on the Hospital Supportive & Specialist Palliative Care Loop page.

In addition to the poster, a discharge home to die checklist has been developed to assist staff in safely discharging patients home to die. A pilot project using the checklist has commenced in

wards at the Cancer Centre, Mater, Musgrave and Royal Victoria Hospitals. This project will be evaluated through staff surveys and feedback groups to ascertain if the checklist has enhanced:

- Safe & effective discharges for patients who are palliative and end of life
- Staff knowledge and confidence in facilitating discharges
- Communication with community services.

### Discharge Planning for End of Life Care

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

 <b>D</b>	<b>DISTRICT NURSING TEAM</b> <ul style="list-style-type: none"> <li>Refer to DN team for URGENT palliative assessment</li> <li>Complete nursing discharge letter identifying any complex or specific needs</li> <li>Contact and inform DN team of discharge plans; including ceilings of care, prognosis, resuscitation status and identify any specific needs and/or management plan for potential crisis events (e.g. risk of haemorrhage or seizure)</li> <li>For discharge to nursing home - contact and inform NH Manager of discharge plans (as detailed above). Consider referral to BHSCT Care Home Support Team via S+E Call Management</li> <li>Invite DNNH team to complex discharge planning MDT meetings.</li> </ul>	Call management: <b>N+W:</b> 028 9615 8100 <b>S+E:</b> 028 9615 8200
 <b>I</b>	<b>INCLUDE</b> <ul style="list-style-type: none"> <li>Include patient and family in discharge plans (e.g. practical care arrangements, available support, equipment, onward referrals) address any concerns, and manage expectations.</li> <li>Include patient and family in discussions on plan of care, ceilings of care, specific needs and/or any potential crisis management plans.</li> </ul>	
 <b>S</b>	<b>SYRINGE DRIVER AND ANTICIPATORY MEDICATIONS</b> <ul style="list-style-type: none"> <li>Review and rationalise medicines</li> <li>Ensure mouth care prescribed for home.</li> <li>Prescribe anticipatory SC PRN medications for home</li> <li>Complete SC PRN medication chart +/- new syringe pump chart (to enable administration by DN team).</li> <li>Counsel patient and family on discharge medicines and provide medication list if appropriate</li> </ul>	For prescribing guidance see RPMG End of Life Care Guidance 2023 available on BHSCT loop page
 <b>C</b>	<b>CONTACT DETAILS</b> <ul style="list-style-type: none"> <li>Ensure patient and family have daytime and OOH details of the DN team and GP</li> <li>If staff needing hospital specialist PCT advice, please contact (mon-fri 9-5pm)  <b>MIH:</b> 028 9615 7744    <b>RGH/MPH:</b> 028 9615 7733    <b>BCH:</b> 028 9615 7755</li> <li>If Community Specialist PCT input required on discharge complete regional referral form available on the loop at: <a href="https://bhsct.sharepoint.com/Sites/csm/SitePages/Pal.aspx">https://bhsct.sharepoint.com/Sites/csm/SitePages/Pal.aspx</a></li> </ul>	<b>Urgent Palliative 24hr medical advice line (Dr to Dr):</b> 028 9615 1900
 <b>H</b>	<b>HOME OXYGEN</b> <ul style="list-style-type: none"> <li>If home oxygen is required - ensure HOOF form and risk assessment are completed</li> <li>Ensure home oxygen is in place before discharge</li> </ul>	
 <b>A</b>	<b>AMBULANCE</b> <ul style="list-style-type: none"> <li>Book Ambulance as palliative or end of life care transfer</li> <li>Ensure a valid DNACPR transfer form completed</li> </ul>	
 <b>R</b>	<b>RESUSCITATION STATUS</b> <ul style="list-style-type: none"> <li>Ensure ceilings of care, DNACPR and advance care plans have been discussed with patient and family</li> <li>Inform community colleagues of significant discussions and plan of care</li> </ul>	
 <b>G</b>	<b>GENERAL PRACTITIONER</b> <ul style="list-style-type: none"> <li>Complete medical discharge letter (ASAP) identifying any specific or complex needs</li> <li>Contact and Inform GP of discharge plans; including ceilings of care, prognosis, resuscitation status and identify any specific needs and/or management plan for potential crisis events (e.g. risk of haemorrhage or seizure)</li> <li>If discharging after 6pm or at weekend/ bank holiday - inform OOH GP</li> </ul>	
 <b>E</b>	<b>EQUIPMENT</b> <ul style="list-style-type: none"> <li>MDT assessment of environment, accessibility, equipment, and practical support needs for home</li> <li>Liaise with DN team re: essential equipment for home e.g. hospital bed, mattress, bedpan</li> <li>Ensure supply of essential items for home e.g. mouth care packs, continence care, drainage bags or dressings (if required)</li> <li>Ensure all equipment in place prior to discharge</li> </ul>	

Adapted with permission from University Hospitals Birmingham NHS Foundation Trust and Birmingham University

**Hospital Supportive & Specialist Palliative Care Team**

## 4. EFFECTIVENESS

### Domiciliary Care

The annual Domiciliary Care governance report provides a summary of Adult Community Older Services Commissioned Services governance arrangements relating to Domiciliary Independent Sector Providers (ISPs).

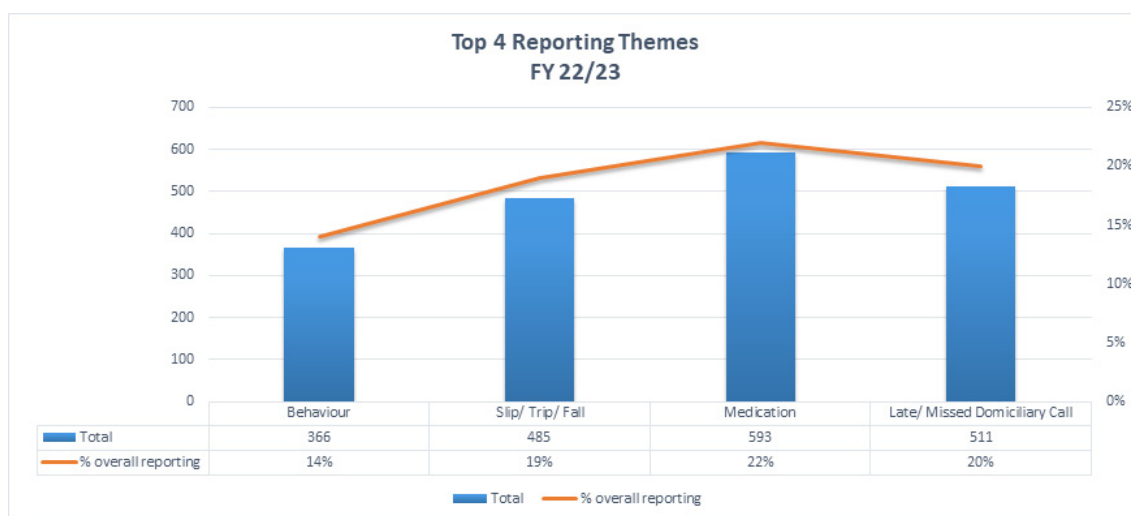
It includes an overview of provider compliance with the contractual requirements of reporting:

- Complaints
- Adverse Incidents (AI)
- Quality Monitoring Reports (QMRS)
- Attendance at Annual Contract Reviews
- Enforcement
- Performance Notice.

Governance Assurance Framework is comprehensive and allows for appropriate review and escalation of concerns relating to a Domiciliary Provider's performance where Senior Management within ACOPS and other Programmes of Care commission care with Domiciliary Provide

### EG Breakdown of Top 4 Reporting Categories in Financial Year 2022/2023

Themes continue to be comparable, over the yearly period. The top 4 themes accounts for 75% of overall reporting.

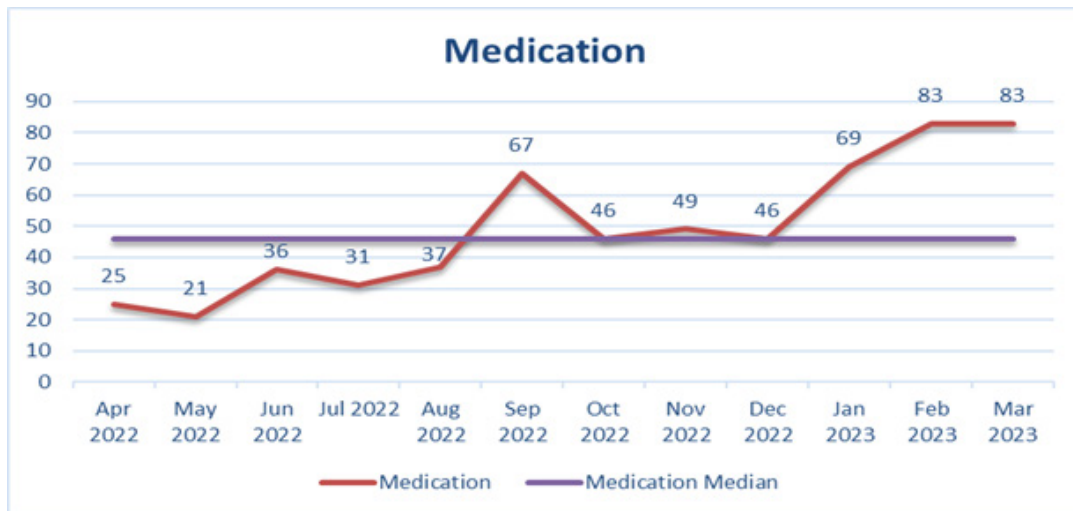


*Two of the top reporting categories are Medication errors and falls/trips/slips and further detail is provided on these below:*



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### Medication Incidents 22%:



The above graph shows Medication is the highest incident tally in FY 2022/2023, this includes incidents related to:

- Administration of medication
- Missing medication
- No blister pack
- Tampered blister pack
- Service user refusing medication
- Not able to take medication due to intoxication.

A trend is noted from Apr– Aug 2022 reporting levels were below the median range, lower than normal. Mitigations for this relate to a period of instability within the sector caused by the ongoing Pandemic and the increased cost of fuel. As a result, a number of providers were working with a reduced workforce, and contingencies involving management/office staff were in place, working on the front line to ensure care was maintained safely. This had an effect on the reduced reporting in this period. A number of Providers had initiated Staff Contingency at this time. With an increase in package handbacks recorded from April 22.

Actions taken included the commencement of work in partnership with the Providers to:

- Continued focus on clear lines of communication regarding potential service handbacks / contingency enactments
- Governance ASM-led weekly meetings with stakeholders internally re any handback packages

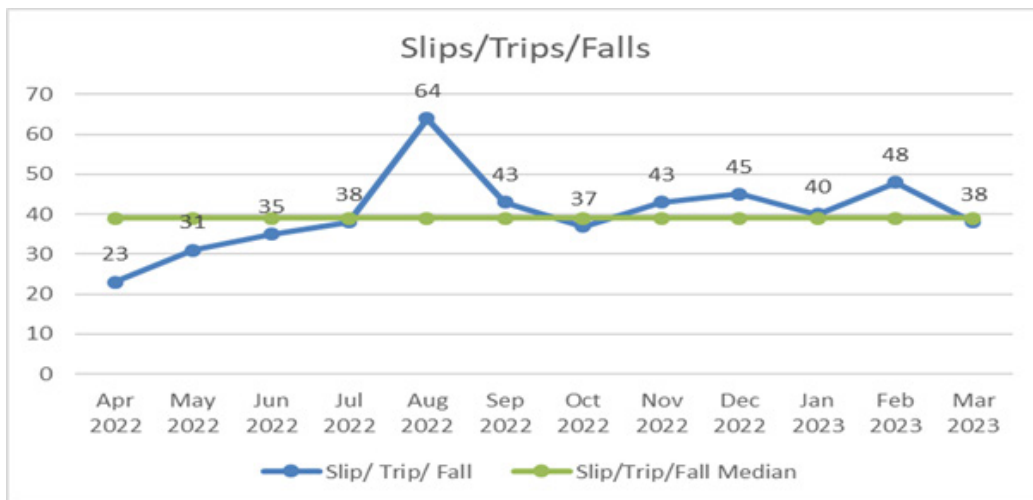


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and weekly communication with the Provider impacted

- Continued monthly meetings with the Domiciliary Providers chaired by Governance Team
- Weekly phone calls led by Governance to all Providers in Escalation
- Reiteration of Governance as first point of Contact for Domiciliary Agencies.

### Slip/Trip/Falls 19%:



The graph above shows Accident/Falls is the second highest incident tally in FY 22/23, this includes incidents relating to:

- Unwitnessed slips/trips/falls
- Witnessed slips/trips/falls
- Contact /Collision with objects
- Slip/trip or fall (staff)
- Other (risk of fall due to equipment).

### Care Homes

The annual Care Homes governance report provides a summary of Adult Community Older Services Commissioned Services governance arrangements relating to Care Home Independent Sector Providers (ISPs). It includes an overview of provider compliance with the contractual requirements of reporting:

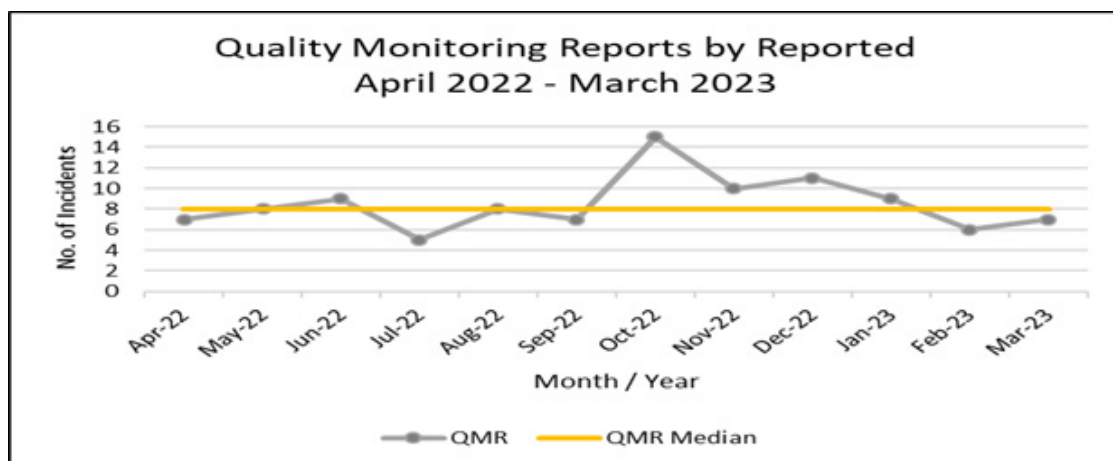
- Complaints
- Adverse Incidents (AI)

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- Quality Monitoring Reports (QMRs)
- Attendance at Annual Contract Reviews
- RQIA Enforcement
- Belfast Health and Social Care Trust (BHSCT) Contractual Performance Notices.

The Governance Assurance Framework is comprehensive and allows for appropriate review and escalation of concerns that may present relating to a Care Home Providers performance. This framework involves collaborative working with all teams and programmes of care responsible for the commissioning, reviewing and monitoring of Safety and Quality within the Care Home Sector and engagement with the Regulation, Quality & Improvement Authority (RQIA).

For example of the detail provided on the monitoring of service delivery within care homes, the graph below shows the number of Quality Monitoring Reports (QMRs) reported. There was a total of 102 QMRs submitted during April 2022 – March 2023 (up from 67 QMRs in the previous year).



During October 2022 a peak noted in QMRs which relates to 8 Care Homes.

Out of the 15 QMRs reported in October 2022, 6 (40%) related to City View Court

Themes during the month of Oct 22 included:

- Monitoring/ Implementation of Care - 33% (5)
- Choking - 20% (3)
- Infrastructure or Resources (staffing, facilities, environment) - 7% (1)
- Treatment/ Procedure - 7% (1)
- Slip/ Trip/ Fall - 7% (1)

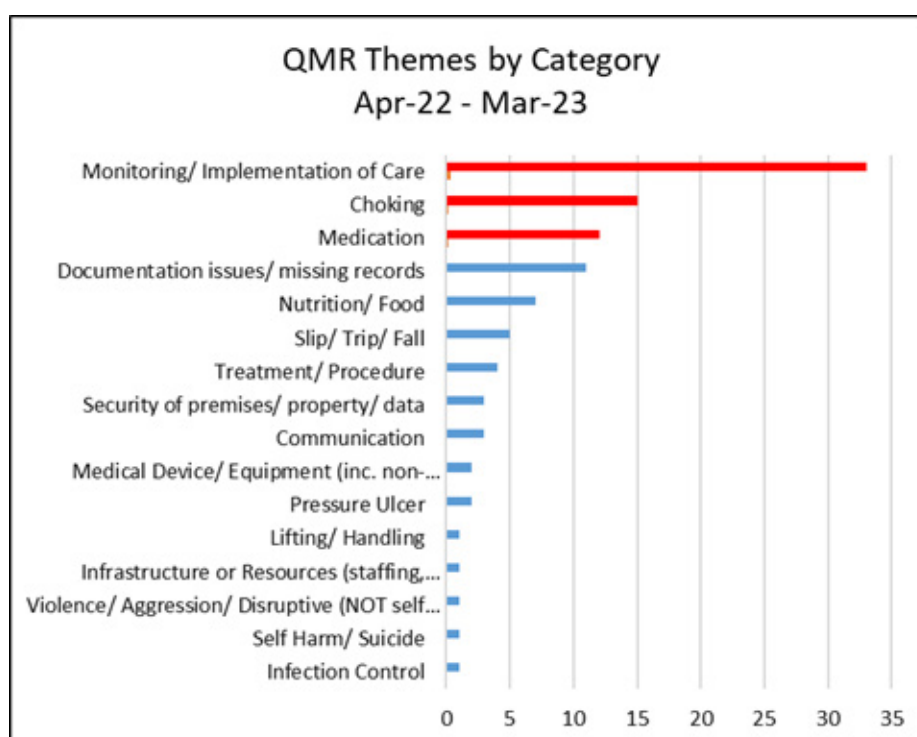
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- Medication - 7% (1)
- Violence/ Aggression/ Disruptive (NOT self-harming) behaviour - 7% (1)
- Documentation issues/ missing records - 7% (1)
- Nutrition/ Food - 7% (1).

The majority of the QMRs (88%) in this financial year were reported as Low severity, 8% as Medium severity and 4% as High severity.

### Overall QMR Reporting Themes:

The graph below provides a breakdown of reporting themes for QMRs. The top 3 themes account for 59% of overall reports.



### Outcome of QMR's

All QMR responses are shared with the Trust Commissioner (Key worker) for each client, and their Senior Team Lead. They review the response to ensure that it provides an assurance that all actions required have been taken. If the concern has been raised by a service user/family member the keyworker will engage with them to share the outcome and identified learning. If further investigation or assurances are required the keyworker will inform commissioned services who will request the additional information from the care home provider. Once the response is deemed to be satisfactory the aligned Team leads will update the form / close this on Datix.

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### Allied Health Professionals

From April 2022 to March 2023, Allied Health Professionals (AHPs) have been actively engaged in a range of quality improvement projects across our services. A number of examples are highlighted below:

#### Nutrition & Dietetics:

#### Paediatrics: A brief introduction/background to the area of work

CHOICE is a diabetes self-management education programme designed specifically for children and young people in Northern Ireland with type 1 diabetes (age 0 to 19 years) and their parents/carers. The overall aim of CHOICE is to give children, young people, and their families/carers the skills and knowledge they need to manage their diabetes effectively and to discuss practical daily aspects such as glucose monitoring, carbohydrate counting, hypoglycaemia, hyperglycaemia, insulin adjustment, sport, and illness.



#### Improvements made within the last year (April 22 – Mar 23)

QUISMET has accredited CHOICE against two best practice Quality Standards: QIS 2020 and SS2Q and has ensured all aspects of our group education is structured and has defined outcomes.

It also highlights CHOICE contains the fundamentals of good practice in self-management education.

(QUISMET is an independent not for profit body that supports self management education providers and commissioners to achieve the highest possible quality service for people living with long term conditions).

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### Any planned next steps

Need for regional co-ordination of all aspects of its delivery - this has been recognised and steps are being taken to fund and provide that co-ordination and administrative support.

We want to:

- Continue to update teaching materials to deal with changing technology and pump use
- Consider exactly what the service needs to monitor and evaluate the programme
- Determine how the evaluation is co-ordinated and presented
- Standardise the provision of refresher and other training and education within the paediatric service.

### Podiatry:

#### Community: New patient Diabetes Screening

A brief introduction/background to the area of work

- W/L initiative for new patients with diabetes: New patient Screening with Podiatry Assistants
- From Dec 2022 - End of June 2023 the referrals for over 1000 patient with diabetes who had been referred to the service were reviewed
- Criteria for inclusion and exclusion was set and all patients added to screening clinic waiting list where suitable.

#### Improvements made within the last year (April 22 – Mar 23)

- Introducing new patient diabetic screening with the Podiatry assistant has and will continue to reduce the podiatry assessment waiting list by over 500 patients
- It has allowed the service to develop new ways of working and making best use of skill mix whilst developing the podiatry assistant skills and capabilities
- Patients subsequently deemed as low risk are now seen every 2 years for screening as opposed to annually following recent regionally agreed changes.



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### Any planned next steps

- These clinics will operate on a weekly basis and our data and findings shared with other Podiatry Services, both regionally and nationally.

### Nail surgery Service

A brief introduction/background to the area of work

- All nail surgery patients assessed as having “no risk” of predictable complications now have four scheduled appointments
- These are; a full assessment, nail surgery procedure, a post-operative redressing appointment within 3-5days (optimal for an effective assessment of the post-operative wound site), and a four-week telephone review
- The patient is then discharged.

### Improvements made within the last year (April 22 – Mar 23)

The introduction of these guidelines has modernised the nail surgery service by:

- Reflecting best practice
- Increased efficiency by reducing the number of post-operative appointments
- Increasing capacity within the service
- Reducing unnecessary time out for patients to attend while maintaining safe and effective care.

The average number of appointments required for a patient having nail surgery within podiatry was previously up to 13 including, assessment, nail surgery and review appointments.

This has been reduced to 4.

### Any planned next steps

- Due to the success of this new working model our podiatry assistants have been trained to carry out redress and telephone review appointments
- This has freed up 2 more appointments per podiatrist per patient
- We have completed 602 nail surgeries in this last year equating to a potential saving of 1204 appointments with a podiatrist.

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### **Covid Rebuild - Update Diabetic screening and risk allocation for patients not seen during Covid**

#### **A brief introduction/background to the area of work**

Identified current diabetic patient's previous low/ moderate risk not seen since Covid (over 3 years), who did not have an updated diabetic risk allocated and not been in contact with the service. Podiatry sent 1489 invitations to attend screening.

#### **Improvements made within the last year (April 22 – Mar 23)**

- Created capacity of 1263 superstar appointments (screening to allocate risk). Reduced the appointment times from 30 to 20 minutes in these clinics to create increased clinical capacity
- This increased clinical capacity allowed an intensive catch up and rebuild of our diabetic screening over a short 2–3-month period
- Ultimately delivering care commissioned for and correct allocation of risk will allow increased utilisation of Podiatry assistant screening clinics moving forward freeing up podiatry appointments for other uses including waiting list maintenance.

#### **Any planned next steps**

Optimised use of skill mix with Podiatry Assistants and ongoing training utilised in all new patient screening.

### **Rebuild post Covid to reduce the Community Podiatry MSK Waiting List**

#### **A brief introduction/background to the area of work**

Due to the restrictions in place during the Covid Pandemic many patients referred to the MSK Podiatry Service in Community were unable to be seen F2F by Podiatrists creating a long waiting list for New and Review patients.

#### **What did you do?**

- The MSK waiting list was triaged and validation letters sent out to all patients waiting >26 weeks
- From September 2022 NP appointment times were reduced from 60 to 40 minutes to create increased clinical capacity to see more patients
- All children waiting for longer than 26 weeks were identified. 16 MEGA Paediatric clinics were created over the Halloween School Holidays in October 2022
- The skill mix of Podiatry Assistants is utilised at the MSK clinics to post out orthotics to patients and assist with the admin tasks associated with patient documentation at the MEGA Paediatric clinics.



## 4. EFFECTIVENESS

### Improvements made within the last year (April 22 to March 23)

- Several patients (44%) who did not respond to the validation letters were automatically discharged from the waiting list
- Reduced appointment times increased clinical capacity and allowed an additional patient to be seen in each MSK clinic
- The MEGA Paediatric clinics enabled a larger number of children to be reviewed by Podiatrists over the School Holidays. 96 appointments were posted for clinics between 24th October to 31st October 2022. There was an 80% attendance rate with a 20% DNA rate
- From September 2022 and March 23, the number of podiatry patients waiting for an MSK Foot & Ankle assessment reduced by approximately 70% from 1649 to 483.

### Any planned next steps

Continue to utilise the same ideas and skill mix of the Podiatry Assistants to address the recall MSK waiting list

## Physiotherapy – QuDos-MS

### A brief introduction/background to the area of work

### People with MS are living longer thanks to disease modifying therapies but are they living well?

Research shows that up to 80% of people with MS suffer from incontinence in their lifetime along with bowel and sexual dysfunction. These pelvic health problems are embarrassing and challenging to live with causing a barrier to social integration and reduced quality of life.

Data searches found that there was no dedicated Pelvic Health Physiotherapy support in the UK for MS patients.

In July 2000, funding was secured for a pilot Specialist Pelvic Health Physiotherapy Service for MS Service Users in the BHSCT. To our knowledge, this service is the first of its kind.

100% of our MS service users post intervention, who replied to a patient satisfaction survey, felt it was beneficial to have a dedicated MS Pelvic Health Physiotherapy Service.

96% felt it would be helpful for everyone to receive advice on



## 4. EFFECTIVENESS

pelvic health/potential pelvic health issues following the diagnosis of MS.

96% would recommend the MS Pelvic Health Physiotherapy Service to others. The success of the pilot has resulted in permanent funding to continue this valuable service.

Erin Cooper and Nikki Gray won outstanding Physiotherapist at the QuDoS-MS (Quality in Delivery of Services in Multiple Sclerosis) recognition programme, run by the MS Trust and Pharmaphorum.

### **Improvements made within the last year (April 22 – Mar 23)**

- Increased awareness in the MS MDT of pelvic health related issues – bladder, bowel and sexual dysfunction
- Within 18 month of the pilot beginning, over 200 service users have been referred (from across the region of Northern Ireland) to the MS pelvic health Physiotherapist
- Improved patient satisfaction/QOL outcomes as above
- MS pelvic health Physiotherapy attendance at MDT MS meetings
- Shared learning with the wider Physiotherapy team and as a result increasing numbers of appropriate referrals from other Physiotherapy specialisms
- As a result, Service Users are receiving pelvic health intervention earlier.

### **Any planned next steps**

- Information sessions and literature for the newly diagnosed patients
- Ongoing education sessions for the MDT
- Increased education sessions for service users with charitable organisations
- This pilot has highlighted that patients with neurological conditions other than MS can have pelvic health issues and would benefit from pelvic health physiotherapy.

## **Speech & Language Therapy– Sure Start**

### **“Let’s get SureStart Singing”**

#### **A brief introduction/background to the area of work**

- ‘Let’s get SureStart singing’ was established to promote parent child interaction and relationship development. This is key to building brain connections and enhancing learning potential
- While singing greatly affects future learning potential in the child, it simultaneously decreases anxiety and stress in the adult. As the pandemic has had a significant effect on the mental

## 4. EFFECTIVENESS

health and wellbeing of the population, all tools to mitigate its effects should be utilised

- Aim 1- Remove parents' anxiety around singing and demonstrate its benefits
- Aim 2- Co-production with parents, Surestart staff, BHSCT Surestart SLTs and music therapists to provide a suite of resources including in-person programmes, physical and online tools to promote and educate
- **The project was named Category Winner and Overall Winner at the Advancing Healthcare Awards UK 2023.**



### Improvements made within the last year

1. Development and roll out of training for Surestart staff
2. Facilitation of singing sessions for parents and staff where ideas are modelled, and the desired effects are felt, and experienced by participants (rather than advice being simply given about the benefits)
3. Virtual resources produced- Song videos were recorded, professionally edited, posted on Youtube and shared in WhatsApp groups
4. Physical resources produced- 'Chat with Me' series of books were written and published. Specially composed songs were written and recorded to accompany the books. Irish language versions of the books and songs were also made available.

### Any planned next steps

1. This project is now becoming embedded into Belfast SureStart's business planning and core service delivery
2. The 'Chat with Me' books are used in all 38 SureStarts in Northern Ireland and each public library has a copy of each of the 3 books in the series

## 4. EFFECTIVENESS

3. There is ongoing reflection and continued tweaking of sessions with suggestions from parents and staff for future programmes. Co-production ethos ensues and there is potential for regional roll out at low cost
4. Feedback from one parent at a session in an area of high socio economic deprivation included: 'When you arrived I told you in no uncertain terms I wasn't singing but you made it so relaxed and fun I couldn't resist, I cried with the sheer relief of it all'.

### **Improving patient information leaflets within the breast imaging service**

In January 2023 the Breast Imaging Service engaged in a service improvement project to evaluate the Breast Imaging Patient information leaflets (PIL).

The aim of this project was to critically review the literature currently in circulation and update as appropriate. This would ensure information provided to patients and service users was current, written in plain English and appropriate.

In order to deliver patient centred care, involvement from services users, patients and carers is paramount. The Belfast Health & Social Care Trust (BHSCT) community development & involvement team were contacted and signposted the team to the Trust reader panel. The reader panel had a two week time period to review the PIL's and make recommendations

The panel gave feedback on the following topics:

- Mammograms
- Breast Ultrasound
- Contrast Enhanced Mammograms
- Tomosynthesis
- Vacuum assisted biopsies
- Vacuum assisted excisions
- Marker clip insertions.

Patient information leaflets were amended to meet the reader panel recommendations and final drafts were uploaded to the BHSCT website. A link was also included in the patient appointments letters directing them to the PILs.

In order to outline the impact of the updated PILs, a patient satisfaction survey was conducted. The results of this survey demonstrated that services users and patients had a clear understanding of the procedure in question and could consent accordingly.

## 4. EFFECTIVENESS

In April 2023, the Breast Imaging team were nominated and awarded runner up for NI Healthcare Awards 2023 in the category of Female Health Initiative of the Year.

As a result of this project's success, this scheme of work will be adopted to include post diagnosis procedures such as ultrasound and stereotactic localisations. This will optimise service delivery and ensure safe, effective and compassionate care is considered at all time.

### **Learning and development for an effective workforce**

Staff development and bespoke team training - a full portfolio of over 20 programmes took place during 2022/23 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. In total 5,000 staff availed of the Trust portfolio programmes. This was supplemented by Leadership and Management Development and bespoke Team Development interventions eg. Values sessions.

### **Leadership and Management Development**

Our commitment as the 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. This work is important in terms of improving the experience of our staff and patients.

### **Aspiring Manager**

Feedback from our managers and staff indicated that staff did not feel adequately prepared to apply for promotion to posts that involved line management responsibilities. This had a significant impact on what posts they could apply for to progress their career. To address this the HR POD Team developed a fast track programme. Run over 4 weeks, this programme provided colleagues interested in applying for promotion knowledge and skills on the role of a line manager, the skills required to undertake the role and support with completing the interview. A pilot programme was run with 30 individuals and due to its success, the programme was offered more widely. As a result, 200 staff have completed it to date with more dates scheduled for 2023/24. The vast majority of participants believe the programme is relevant and useful to their progression.

### **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

## 4. EFFECTIVENESS

works with their manager to set a personal management challenge, which the content of the programme supports them to solve.

A further 342 participants undertook Managing with Care in 2022/23. This is in addition to the 102 staff who have completed the programme to date. 90% of participants agreed that the programme has helped them in their current management role.



### 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. Following the success of recent cohorts, the programme was revised this year to focus on the challenges facing leaders. We also were able to double the number of available places. Successful collaboration between the HR People and Organisational Development team and the HSC Leadership Centre has seen 40 candidates successfully complete the 2022/23 cohort. This initiative concluded with a recognition event showcasing the innovation and creativity from the participants. Managers and contributors Trust wide attended to show support to our new aspiring senior managers and commented on how they had seen a visible difference in their confidence and capability.

### Vocational Learning Programmes

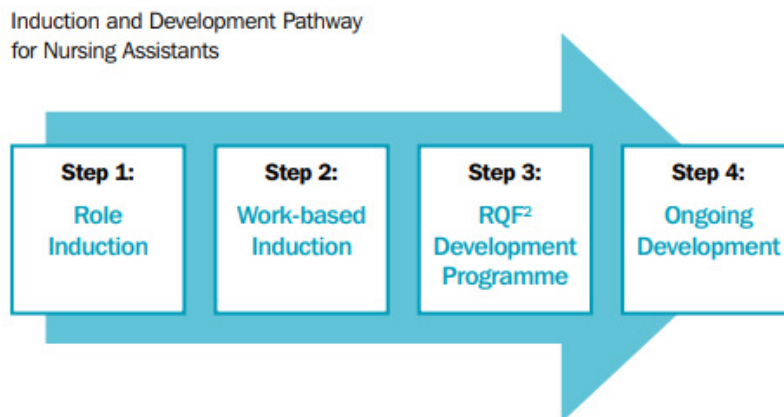
#### Nursing Assistant Induction

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



## 4. EFFECTIVENESS

Nursing Assistants. From April 2022 to March 2023, 273 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)

The Regional Qualifications framework (RQF) enables 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 achieved. Between June 2022 and February 2023, 77 Nursing Assistants have completed RQF. On average the statement 'how do you feel the RQF has improved your knowledge, skills and practice?' scored 9.1 out of 10 from respondents.

### High Performing teams

The Child Health and NISTAR division had input from colleagues in the HSC leadership centre during the year 2022 to 2023 with a focus on high performing teamwork and leadership coaching. This work was supported by colleagues in HROD including an internal coaching offer to staff.

Paediatric medicine, paediatric intensive care and NISTAR participated in a series of facilitated workshops covering topics, such as team vision and purpose, communication and clinical leadership. In addition, a number of clinicians engaged in one-to-one coaching supporting their on key projects in child health and personal leadership development.



## 4. EFFECTIVENESS

Newly appointed clinical directors in the division participated in bespoke leadership development workshops and coaching opportunities.

Feedback was positive with staff appreciating the opportunity to come together and engage around shared purpose and enhance their clinical leadership skills. The division hopes to build on this work offering opportunities to other teams in the coming year.

### **Social Work and Social Care Learning and Development**

The effectiveness of our staff relies on them having access to continued professional development opportunities. In the last year the Trust have sought to strengthen induction and enhance support to ensure that staff coming into new roles are equipped to effectively meet service user's needs.

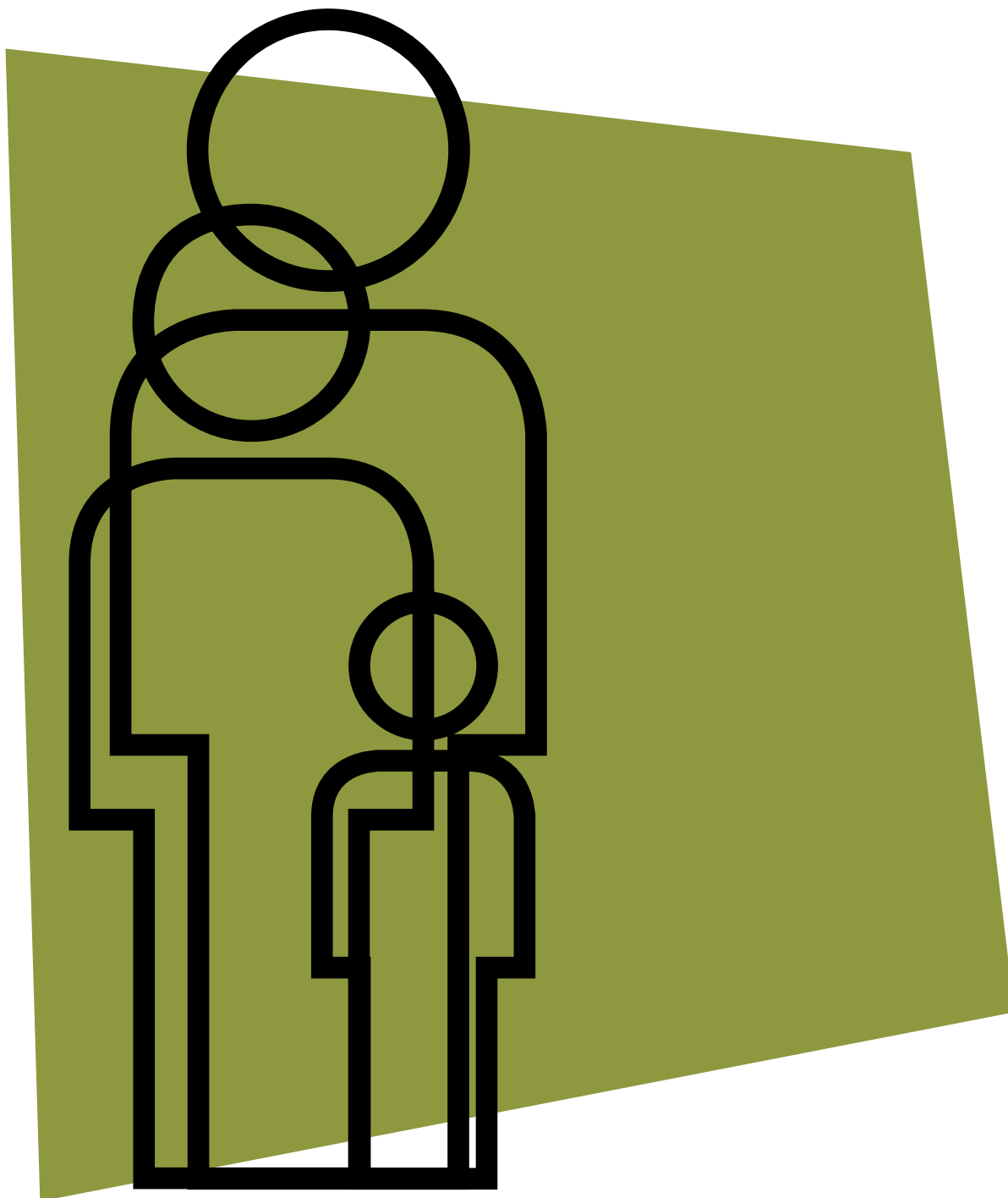
Social workers in BHSCT undertook a total of 264 Professional in Practice (PiP) modules which are approved by the Northern Ireland Social Care Council and delivered in partnership with Ulster University and Queens University Belfast.



In addition to this:

- Social care staff successfully completed 70 vocational programmes
- 14 Social care Staff have been supported to undertake the Social Work Degree via the Open University
- 92 social work students completed their placements within the BHSCT.

## 5. TIMELINESS



## 5. TIMELINESS

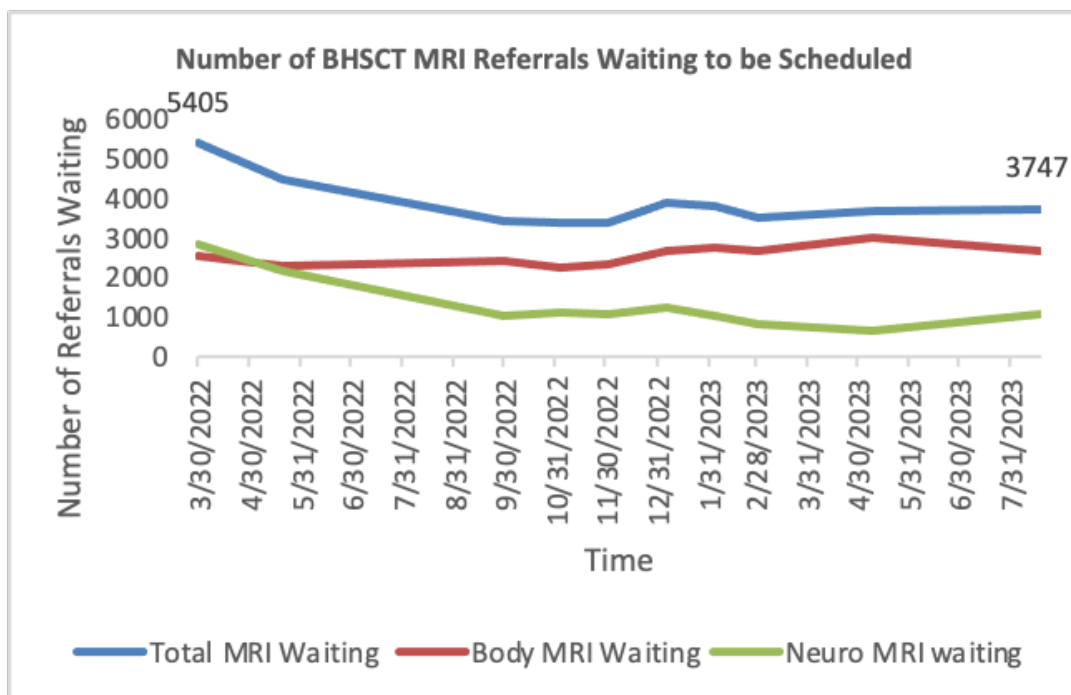
Timeliness and accessibility of healthcare services reflect a system's capacity to provide care quickly after a need is recognised. Timely care is one of our quality parameters within our Quality Management System and a key component to delivering high quality care.

This section provides examples of good practice across health and social care with regards to timeliness and accessibility. This includes a focus on minimising patient waits, delays in care or services, including 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 MRI. 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:



A reduction of 1658 referrals on the BHSCT MRI waiting list since 31/03/2022.

## 5. TIMELINESS

### **CESM (Contrast Enhanced Spectral Mammography) Service Development**

To improve service delivery, Breast Radiographers were trained to cannulate and administer contrast for CESM procedures, a role previously undertaken by Consultant Radiologists. This has alleviated the pressure on Radiologists during busy rapid diagnostic clinics as well as improved the continuity of care for patients attending the Belfast Breast Unit.

CESM is a valuable innovative tool in the diagnostic and staging of breast cancer. It combines an iodinated contrast agent with conventional mammography to improve diagnostic accuracy, particularly in women with dense breast tissue. Since 2013 the Belfast Breast Imaging Service have been the only Trust in Northern Ireland to deliver a CESM service. This innovative technology is comparable to MRI imaging but faster, more accessible and less invasive. Similarly to Computed Tomography, contrast administration is required for CESM procedures, historically a role undertaken by an enhanced Radiographer. The inconsistency in enhanced practice across modalities was identified and In 2022 the enhanced role of the Radiographer to cannulate and administer contrast in Mammography was introduced.

Due to the busy nature of Rapid Diagnostic Breast clinics, Breast Radiologists' time and expertise is extremely valuable. This skillset was continuously interrupted in order to cannulate and inject contrast which resulted in frequently delayed clinics and rescheduled appointments. This successful pilot study had a resounding positive impact on service delivery and has resulted in an increase of trained radiographer working under a patient group directive.

### **Outcomes and benefits to patients, and how far is it sustainable?**

This cost effective method is a sustainable use of the available skillset and has had a tremendous impact on patients attending for CESM procedures, as well as patients attending the breast imaging department.

The continuity of care is evident from the moment the Radiographer meets the patient.

Pre contrast checks can be performed alongside cannulation and injection can be performed by the imaging mammographer within the necessary two minute window. There is no need to delay the procedure until a Consultant Radiologist is available. There is no need to exacerbate the anxiety of the patient attending for the procedure. Once the resultant images are achieved, they can be presented to the reporting Radiologist and any additional imaging can be scheduled.

The positive outcome of not interrupting a Consultant Radiologist from their Ultrasound duties, not only supports safe and effective care but allows for smoother service delivery with the potential for additional numbers to the existing clinic list.

This efficient delivery also introduces the option of performing more CESM procedures in place of

## 5. TIMELINESS

MRI. This in turn would alleviate pressure on the MRI service.

### **Leadership and team work**

This project has been a multidisciplinary undertaking, working with both internal and external stakeholders.

As the only Trust within the HSCNI that deliver this service, communications across UK NHS Trusts have supported the project and strengthened our endeavours.

Radiologist support has been paramount to this projects success, through the initiation and delivery of Pre contrast CESM checklists and Patient Group Directives.

Communications with colleagues from other imaging modalities especially Computed Tomography has been invaluable especially with cannulation training support.

BHSCT Pharmacy team have also been invaluable to advise, amend and update policies and procedures.

### **Patient involvement**

Within this service delivery, we ensured patient involvement through our use of CESM Patient information leaflets (PIL). These PILs include examination description and detailed medicine information on contrast and saline administration.

Through our Patient informed choice team we put forward these PIL's for review to a reader panel. The excellent feedback and amendments allowed for a more informative, patient centred approach to the delivery of CESM procedures.

### **Transferability and scalability across organisations and services**

The success of our CESM service and the ever-increasing demand for CESM procedures have opened procurement conversations for equipment across other NI Trusts. The foundation and continued success of this project would allow for shared policies and procedures supporting enhanced radiographic practice.

As an established CESM service provider, we hope to deliver our projects findings at a National level and support other departments who would like to introduce CESM it as well as current CESM services eager to become more efficient.

### **QSI**

The Imaging service is accredited by UK Accreditation Service (UKAS) under the Quality Standard for Imaging. The latest assessment on the service took place in May 2023 over 3 days. The UKAS assessment team comprising of 5 technical (radiographer) assessors, 1 radiologist assessor and

## 5. TIMELINESS

a lay assessor visited a total of 27 imaging departments across the service to assess compliance with the standard. UKAS accreditation provides patients with the confidence that the service is a quality led service with patient safety and delivery at its core.

Accreditation demonstrates committed progression of the service's governance framework, and compliance with and surpassing national benchmarking.

### YPAST inspection

The Breast Screening Unit had their Quality Assurance (QA) Visit by The Public Health Agency (PHA) Young Person & Adult Screening Team (YPAST) in June to ensure compliance with the NHS Breast Screening Programme (BSP). The Right Results Walkthrough was in advance of the visit where working practices were observed and staff were asked about different scenarios.

The QA visit team includes the QA Lead of the NI Breast Screening Programme (Chairperson), the Young Person & Adult Screening Team (YPAST) Breast Screening Programme Manager, and the QA leads for radiology, pathology, surgery, radiography, nursing, medical physics and administration and clerical.

### 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** – BHSCT remains above UK national average Door to Balloon for STEMI within 90 minutes. RVH 92.28%, Top ten Hospitals 96.2 %, previous year BHSCT was 7th in UK.

The current Belfast Trust Stroke service is commissioned for 130 thrombectomy cases per annum, we are projecting 208 cases for 2023/24. There is a growing trend/demand for cases to be performed outside of commissioned hours (commissioned hours are 8am to 5pm Monday to Sunday). 24% of cases are currently outside of commissioned time. We are planning to expand this life saving service to 10pm at night, and eventually 24/7, if sufficient financial funding can be identified.

## 5. TIMELINESS

### Belfast Trust GP Out of Hours Service

The Belfast Trust GP Out of Hours service was adopted when Belfast Trust was formed in 2007 from six legacy Trusts and is largely based on the legacy arrangements of the former North & West (N&W) and the South & East (S&E) Belfast Trusts. It is located on two sites, the legacy North & West site on the Crumlin road and the legacy South & East site in the Knockbreda Health and Wellbeing Centre.

The service provides an out of hours urgent care service to the North & West and South & East Belfast populations (439,802) who are entitled to general medical services out of hours from 6pm – 8am weekdays and weekends over the 24 hour period, including bank holidays.

It offers:

#### Telephone Triage with either:

- Telephone assessment, treatment and advice from a GP
- Home visit or base visit or referral to ED/UCC and other multi-disciplinary services
- Mental health assessment
- Confirmation of end of life, work with community district nurses and nursing homes.

#### Recent service improvements

In May 2022 in response to difficulties maintaining service the team commenced a project focused on 'Virtual service' – this ensured that all patients contacting GPOOHs were viewable on one electronic system as opposed to two single systems on each site. This merger has been continued and ensures equity and efficiency by ensuring that all patient calls, whether they are from either the N&W or S&E locality are viewable on a single screen, which better utilises the reduced number of GPs and has resulted in the service not having to use contingency measures since the initiative began.

#### Future improvements

To ensure sustainability of the service we are introducing a skill mix of nurses and pharmacists to join the team, this will provide a robust staffing model to support the GP model. Our aim will be to build this model on a single site and as part of this process we are commencing a public consultation to help identify the most appropriate location.



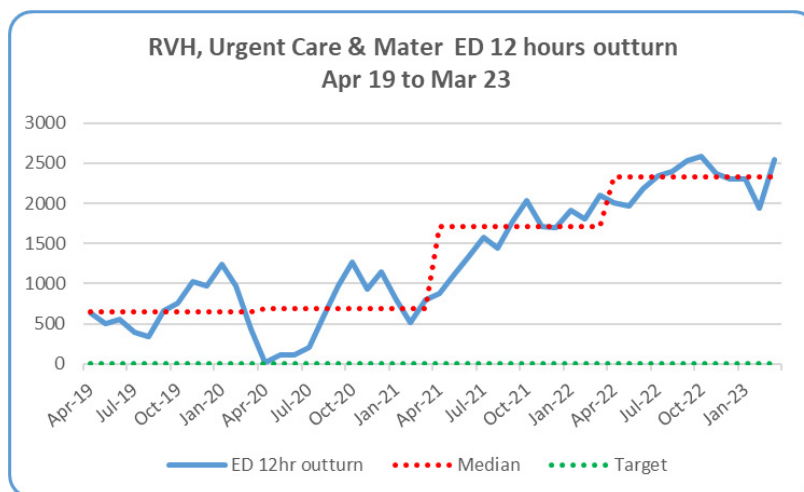
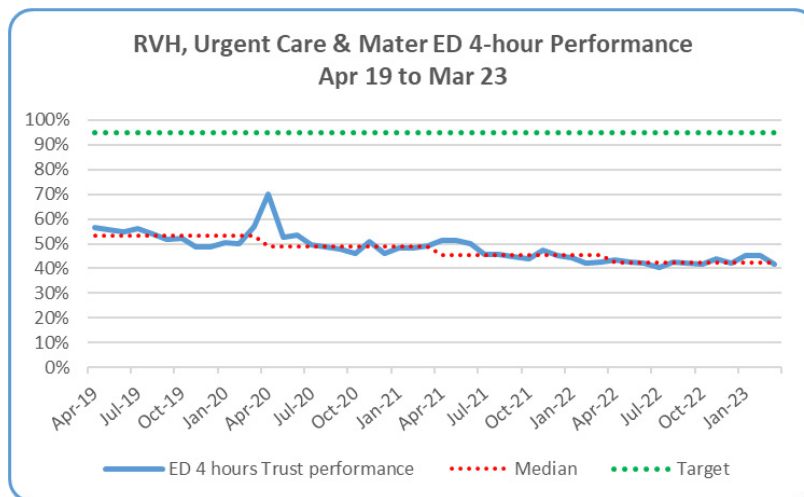
# 5. TIMELINESS

## Emergency Department Waiting Times

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.

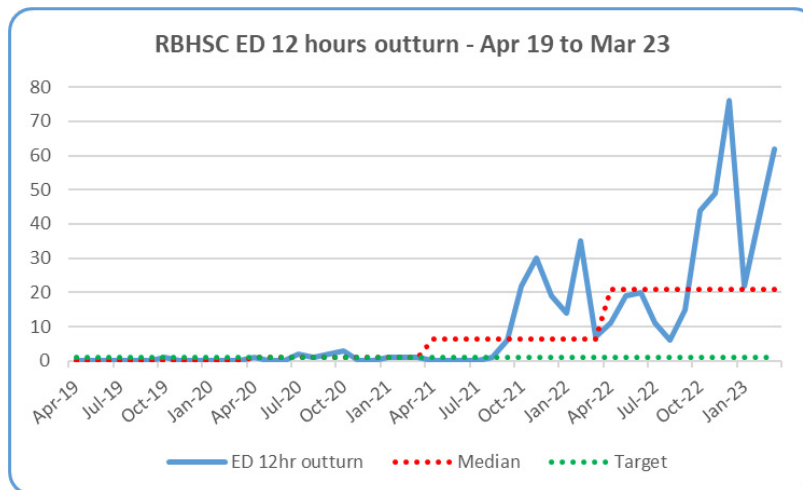
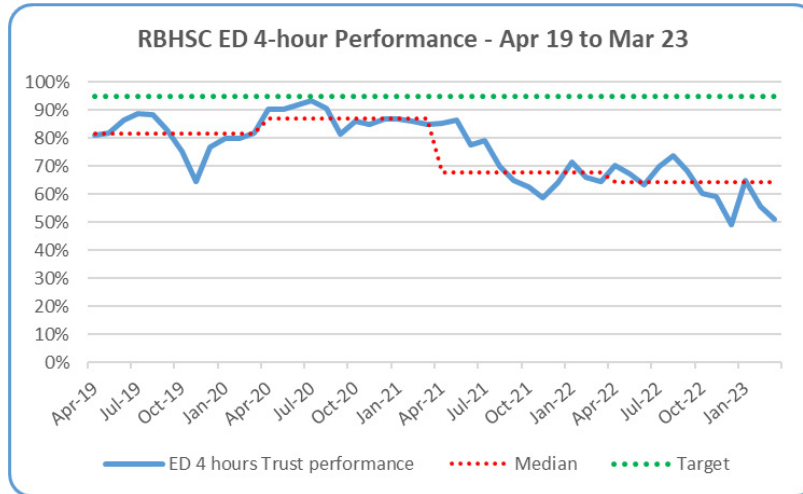
The length of time people wait in Emergency Department profoundly affects patients and families experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

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.



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The chart below shows that 4 hour performance for RBHSC was 62% for 22/23.



There were a total of 49,393 total attendances, with 373 over 12 hour wait in ED for patients to be admitted to a bed.

This is a +7% over total 21/22 attendances, when there was 134 patients waiting > 12 hours for admission.

ED Attendances totalled 16,850 in March 23. This was 1,072 (7%) greater than March 2022. Cumulative attendances from April 2022 to March 2023 were 190,943 compared to 179,175 for the same period last year. This is an increase of 7%.

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## 5. TIMELINESS

### Children's Emergency Department

Children and young people are a super-user cohort within Emergency Care, making up 26% of all emergency attendances across Northern Ireland.

The Royal Belfast Hospital for Sick Children's (RBHSC) Emergency Department (ED) is the only dedicated children's ED in NI and is open 24 hours a day with no appointments required for emergencies or injuries.

The ED provides a range of services to enable patients to be seen by the right staff in a timely and efficient manner. Services include major trauma, a minor injury stream, emergency nurse practitioner services, advanced emergency nurse practitioner services, review clinics for minor injuries and medical problems, liaison with health visitors and social services, liaison with other clinical specialists and play specialists. In addition to patients self-presenting, referrals to the service are accepted from general practice, other Emergency Departments or minor injury units, health visitors, other specialists and social workers.

At present, emergency admissions to the RBHSC are routed through ED. This allows experienced ED staff, together with other clinical colleagues, to assess children and ensure that those who require admission are admitted to the RBHSC. The current ED service is delivered from a building which is now 24 years old. While relatively new in comparison to the rest of the children's hospital the area offers limited opportunity to deliver a modern service. The space within the current ED and the number of cubicles available is a challenge with the increasing number of attendances.

**Only 11% of RBHSC ED attendances are admitted.** This is one of the lowest rates in the UK as is evidenced through benchmarking information via the Getting it right first time (GIRFT) data. Although in some part this may reflect the volume of attendances that could/should be diverted to other pathways, it is also testament to the excellence and skill of the staff. Conversion rates in other UK centres are between 15% and 20%. With adult attenders having a conversion rate of 25%. However, without sustainable resources for alternatives to admissions, ie. when appropriate, creation of virtual wards and / or arrangement of scheduled appointments for specialised tests, diagnosis and commencement of treatment, there will continue to be a blockage on exit from ED for those patients requiring admission.

### Adult Acute Frailty unit

A pilot to establish an acute frailty unit was commenced at the end of February 2023. The initial location was on Level 2 of the RVH site and involved the creation of 10 care spaces for eligible frail patient. The main drivers for this pilot were:

- To optimise Flow – Right Patient, Right Time, Right Place
- To develop Care Pathways for Frail Patients

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- To improve the patient Journey, & outcomes for Frail Patients attending RVH ED

Data in October 2022 showed the following:

- 450 patients aged 65 plus attended the RVH Emergency Department
- 63% of these patients were admitted to a medical specialty bed
- 0% had a frailty score completed on arrival but retrospectively 59% had a score of between 4 and 6
- 24% of the patients re-attended within one month of discharge
- 22 patients per day require daily Multidisciplinary team approach in the RVH Emergency department.

### Highlights

- Ability to staff Unit
- Flexibility of all staff – all prepared pre- opening and willingness to adapt and change throughout the weeks
- Enthusiasm and willingness to help from across the whole MDT
- When the system worked – Knowing 10 frail adults didn't spend longer in hospital than required.

### Challenges

- Systems & real time data
- Lack of equipment
- Dedicated resource
- Communication across MDT.

### Staff and patient feedback to date

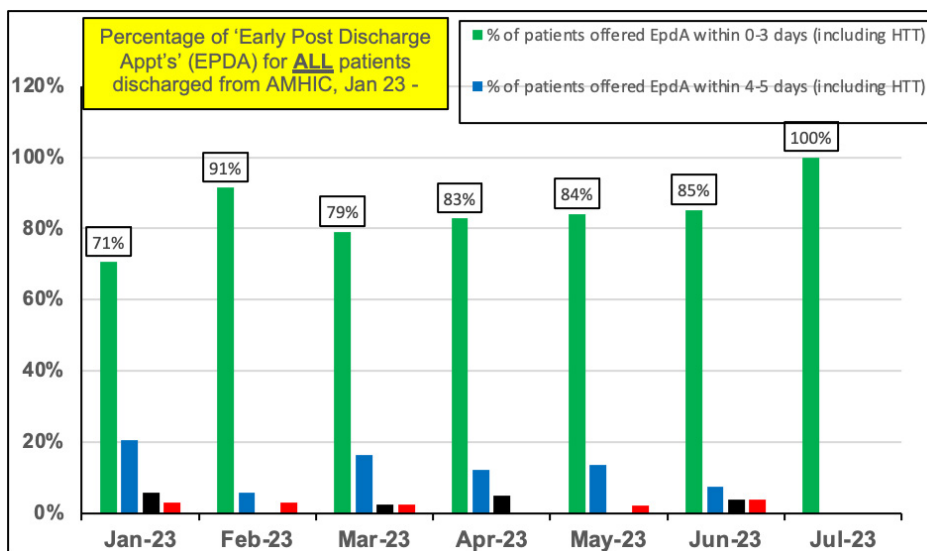
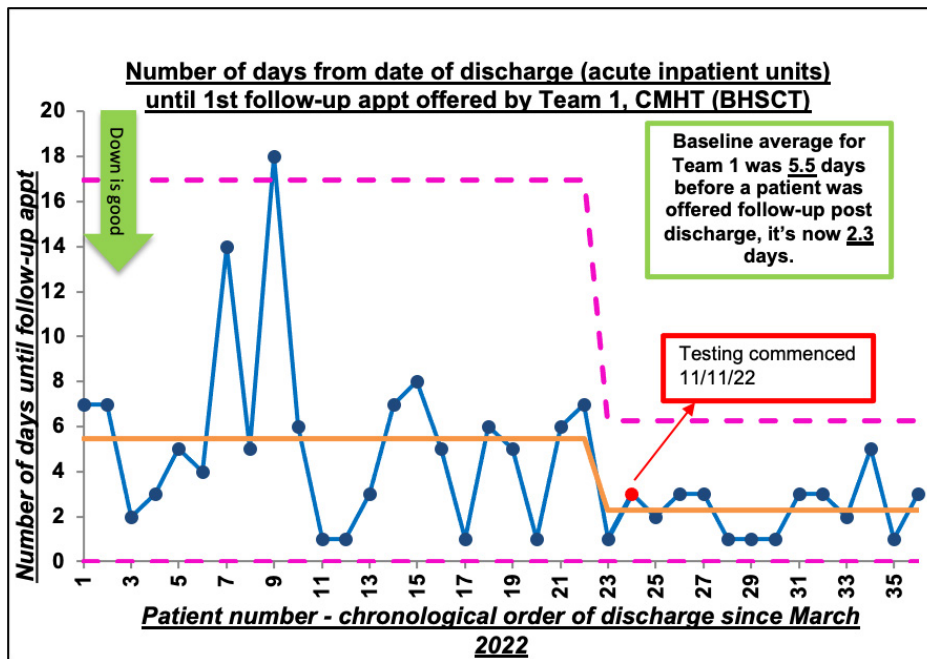
- Safe working environment
- Impressive attitude of staff
- Amazing team work
- Support from senior team
- Clean and organised physical space
- Great nights sleep – compared with last night in ED.

# 5. TIMELINESS

## Mental Health

A standard 3 day post discharge follow up from acute care has been implemented as part of the Towards Zero Suicide Strategy. Evidence from the UK National Confidential Enquiry into Suicide (NCISH) into suicide found there is a risk of suicide on day 3 following discharge from acute inpatient care. The regional standard is 7 day post discharge follow up.

By March 23 BHSCT Mental health services were achieving a figure of 79% of patients discharges being seen within three days (within the pilot site the median time frame is now 2.3 days). Future work will concentrate on spread and scale of this work.

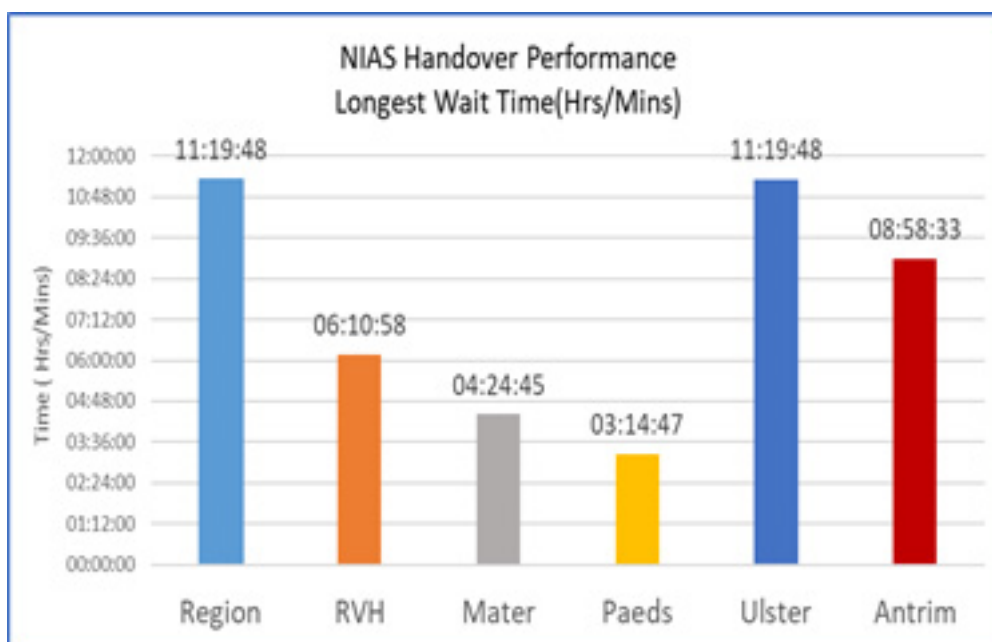
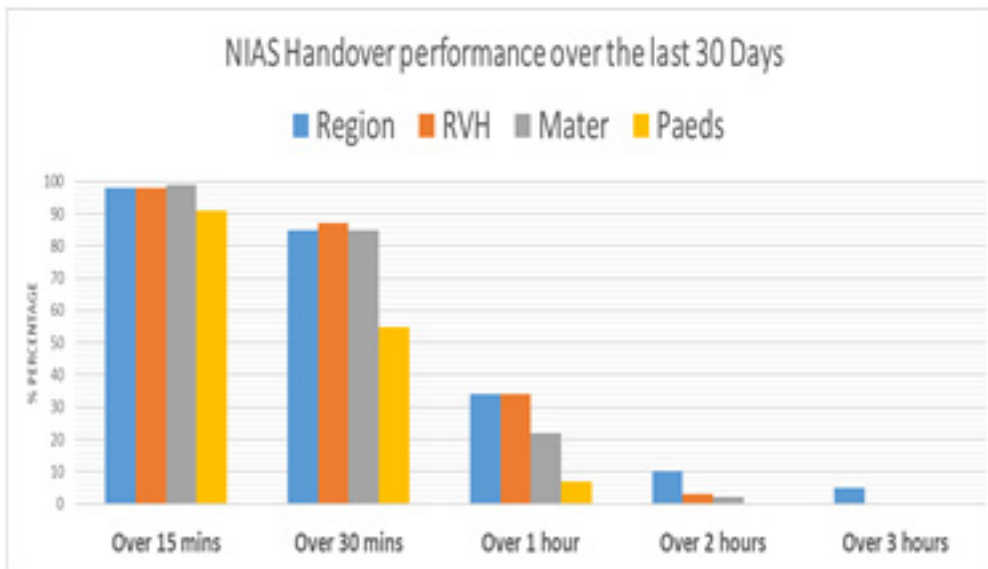


## 5. TIMELINESS

### Ambulance Turnaround Times

Belfast Trust works in partnership with the Northern Ireland Ambulance Service to continue to improve timely patient handover, and led the region in delivering the 3 hours maximum backstop target last January. The Royal Hospital's adult Emergency Department (ED) receives significant more ambulances than any other ED, 30% outside Trust area, as well as receiving at least 2 Helicopter Emergency Medical services arrivals per day.

Belfast Trust is the best performing in relation to ambulance offload times when compared across the region.



## 5. TIMELINESS

### Children's Ambulance

Northern Ireland's first bespoke children's ambulance was officially launched at the Titanic Hotel in Belfast. Every year, approximately 200 children are born with congenital heart disease in NI. In the last 12 months the Northern Ireland Specialist Transport and Retrieval Service (NISTAR) made 123 trips to or from Dublin with children needing cardiac treatment or surgery. Eighty-seven percent of those journeys were made by children under the age of one, with the remaining journeys made by children and young people between one and sixteen years old. The purpose was clear to provide children and their families with a welcoming and comforting space in which to travel at a time when anxiety is often at an all-time high.



### Development of a dedicated NISTAR Nurse Led Transport Team

The development of the All-Island Congenital Heart Disease Network resulted in an increase in the number of cross-border transfers by the Northern Ireland Specialist Transport & Retrieval team NISTAR. In addition with COVID, there was an increased need to safely transfer children to appropriate beds within NI to maximise bed capacity within the region.

The NISTAR team explored new ways of working to facilitate those transfers and introduced a dedicated nurse led transport team. The NISTAR Paediatric nurse led transport team is the first dedicated nurse led transport service of its kind in the UK and Ireland.

The Nurse led transport team aims to provide a positive patient experience in addition to assisting with patient flow and bed availability through more timely transfers, to ensure the children are transferred by the right team, to the right place in the right timeframe and to ensure that the



# 5. TIMELINESS

children have a positive transport experience – meeting all physical and psychological needs

In 2022 more than 500 transfers have been completed by the team. This award winning service has facilitated early discharge and prevent unnecessary overnight stays in hospital. The team have recived excellent feedback from children and their families and have improved the service by adding sensory equipment, a specific type of mattress and a tablet device for children to make the journey more comfortable for them.




## Development of a dedicated NISTAR Nurse Led Transport Team: The first two years



Presenters: Emma Thompson, Lead Nurse  
Team: Cara Barbour (Paediatric Co-Ordinator), Lynsey Freeburn (Trainee Advanced Nurse Practitioner), Linda McCreeady, Victoria Harre, Natasha Lee (Transport Nurses)




### Introduction

- Since 2015, Northern Ireland children in need of cardiac treatment have been able to access surgery in CHI Crumlin, through the All-Island Congenital Heart Disease (CHD) Network.
- The development of the All-Island CHD Network resulted in an increase in the number of cross-border transfers by the Northern Ireland Specialist Transport & Retrieval team NISTAR.
- New ways of working were needed to facilitate these transfers. This came in the form of the NISTAR Nurse Led Team.




### Aims of the service

- To provide a dedicated nurse led transport team to safely carry out cross border transfers.
- To provide a positive patient experience in addition to assisting with patient flow and bed availability through more timely transfers.
  - To ensure the children are transferred by the right team, to the right place in the right timeframe
  - To ensure that the children have a positive transport experience – meeting all physical and psychological needs

### Highlights

- The NISTAR Paediatric nurse led transport team is the first dedicated nurse led transport service of its kind in the UK and Ireland.
  - It has helped to facilitate early discharge and prevent unnecessary overnight stays in hospital.
- A daily morning conference call was established to expedite the transfer of children and improved communication between RBHSC and CHI to manage resources appropriately through forward planning.
- Service user feedback was sought from children and their families. From this feedback we have purchased additional equipment including an extra thick mattress to make the journey more comfortable for patients, a tablet device for videos.
  - Following engagement with play therapists sensory equipment including lights and toys are now used in transport

### Dedicated Children's Ambulance

- Following a successful collaboration between NISTAR, Northern Ireland Ambulance Service and Children's Heartbeat Trust we launched Northern Ireland's first Children's Ambulance in January 2023.

### Award Winning Service

- RCN Award winners 2020 – Child Health category
  - 2<sup>nd</sup> place in EAHM innovation awards 2021
  - Co3 Team Up award winners 2023

### Outcomes

- 500+ transfers completed by the team in 2022
- Ongoing service user engagement to develop the service in a positive direction.
- Ambulance launch event covered by national TV and radio outlets and extensive social media coverage. Overall total campaign reach of 5.5million people.



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# 5. TIMELINESS

## Timely Discharge within Paediatric Haematology

The Haematology team reviewed their in-patient length of stay over 2018-2020 and identified a mean in-patient stay of 35 days within the Children's Hospital. The Haematology team explored discharge practice in UK and Ireland and undertook a pilot introducing measures such as identifying a pathway that determined as far as possible, where and when, care would be delivered across a range of settings inpatient, outpatients or home, a multidisciplinary teaching programme for parent and staff and a discharge checklist

The aim was to safely reduce the time for children spent in hospital with Acute Lymphoblastic Leukaemia. An initial pilot was undertaken in 2021-2022 which demonstrated a reduction on average of 24 days per patient. Following this pilot practice has been embedded within 2022-23. The reduction in length of stay for these patients has been sustained which has led to increased capacity on the ward to avoid delayed admissions for chemo.

The pilot project was presented by the Leukemia Nurse Specialist, Emma Dinsmore at the Haematology Ireland Conference in Cork late 2022. She received first prize in the nursing category and the Gillian Lamrock award for her oral presentation.

### Reducing the time spent in hospital for child and family during the induction phase of ALL - Implementing an early discharge program

**Emma Dinsmore, Leukaemia CNS & Bernie McShane, Lead Nurse**  
Belfast Health and Social Care Trust

#### Introduction

The UK / Ireland model for Paediatric Haematology Oncology care is 19 Principal Treatment Centres (PTC) - Delivering specialist care with Paediatric Oncology shared care units (POSCU) supporting centres in the majority of regions.

Children's Haematology Unit (CHU) in the Royal Belfast Hospital for Sick Children (RBHSC) at a PTC, however N. Ireland doesn't have any accompanying POSCUs, resulting in no shared care centralising all care in CHU.

In NI an average 15 children per year are diagnosed with Acute Lymphoblastic Leukaemia (ALL).

Treatment for ALL includes cycles of intensive therapy for 6-9 months, followed by maintenance therapy which continues for another 2-3 years. Induction therapy runs for 28 days and includes IV, IT and MT chemotherapy alongside steroid treatment. Treatment duration and hospital admissions results in separation from extended family and peers resulting in disruption to family and home life and a potentially negative effect on social wellbeing.

Prior to this project, the newly diagnosed child (often 6-12y) resident accompanied by one parent for the entire 90-day induction programme. The immunosuppressive nature of treatment increases the risk of hospital-acquired infections within the patient group.

In early 2020 work was required within CHU to upgrade the IT system. During this time newly diagnosed children with ALL had to be referred to other PTCs within the UK or Dublin. This was further impacted as it coincided with the start of the COVID-19 pandemic. At this point it became apparent that their pathways involved discharge at day 9 of induction, with the remainder of treatment carried out in an outpatients setting.

This prompted a review of the ALL patient pathway.

#### Results

**Day of discharge**  
The pre project figures for the induction period showed a mean duration of 35 days, with a median of 30.5 days and range 17-51.

In the one year pilot project the mean duration of first admission was 11.6 days with a median of 9 days and range of 6-24.

**Re-admission rate**  
The documented re-admission rate (defined as re-admission within 7 days of discharge) during the pilot was 13% (2 patients). This compared to 9% re-admission rate (3 patients) in the pre project period.

This project had a saving of 24 bed days per patient with an overall saving of 360 bed days over the project duration. In monetary terms this was equivalent of £180,000 per year.

**Patient and staff satisfaction**  
Families reported an overall improved experience with more time at home, enhancing their quality of life during a difficult time.

A staff feedback exercise was developed and the responses were very positive in support of the project. When asked if they have any concerns/issues regarding early discharge, an initial fear for parents' understanding on medicines and complications was highlighted but this was counteracted by faith in the intense pre discharge education programme and the protected time in the home by the CNS visit.

**Actual pathway for new ALL induction patient on pilot programme**

Discharge Status	Day	Location	Notes
Discharge	9	Home	Discharge to home
Discharge	10	Home	Discharge to home
Discharge	11	Home	Discharge to home
Discharge	12	Home	Discharge to home
Discharge	13	Home	Discharge to home
Discharge	14	Home	Discharge to home
Discharge	15	Home	Discharge to home
Discharge	16	Home	Discharge to home
Discharge	17	Home	Discharge to home
Discharge	18	Home	Discharge to home
Discharge	19	Home	Discharge to home
Discharge	20	Home	Discharge to home
Discharge	21	Home	Discharge to home
Discharge	22	Home	Discharge to home
Discharge	23	Home	Discharge to home
Discharge	24	Home	Discharge to home
Discharge	25	Home	Discharge to home
Discharge	26	Home	Discharge to home
Discharge	27	Home	Discharge to home
Discharge	28	Home	Discharge to home
Discharge	29	Home	Discharge to home
Discharge	30	Home	Discharge to home
Discharge	31	Home	Discharge to home
Discharge	32	Home	Discharge to home
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Discharge	38	Home	Discharge to home
Discharge	39	Home	Discharge to home
Discharge	40	Home	Discharge to home
Discharge	41	Home	Discharge to home
Discharge	42	Home	Discharge to home
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Discharge	81	Home	Discharge to home
Discharge	82	Home	Discharge to home
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Discharge	84	Home	Discharge to home
Discharge	85	Home	Discharge to home
Discharge	86	Home	Discharge to home
Discharge	87	Home	Discharge to home
Discharge	88	Home	Discharge to home
Discharge	89	Home	Discharge to home
Discharge	90	Home	Discharge to home

#### Methods

A quality improvement methodology was used - '8E model for improvement'

A benchmark exercise of the 18 other centres was surveyed, with 7 responding = 39% response rate. 100% of replies showed discharge around day 9 regardless of region (ARD) and no centre had audited their readmission rate.

Pilot of the early discharge pathway for ALL induction was commenced in May 2020. This patient centred pathway would see eligible children discharged at a target earlier of day 9 of treatment.

**Process measures included:**

1. Developing an eligibility criteria
2. Pathway that determined as far as possible, where and when, care would be delivered across a range of settings inpatient, outpatients or home
3. Multidisciplinary teaching programme for parent and staff
4. Developing a discharge checklist
5. Feedback exercise from staff

**Supporting Measures included:**

1. An already established 24 hour telephone triage for all patients
2. Knowledge - CNS Leukaemia Nurse
3. Integrated MDT - Pharmacy, Medical and Nursing

**Outcome Measures:**

1. Day of discharge
2. Re-admission rate
3. Patient and staff satisfaction

**Proposed hybrid model of care for ALL induction**

Day	Location	Notes
1-9	Home	Discharge to home
10-14	Home	Discharge to home
15-19	Home	Discharge to home
20-24	Home	Discharge to home
25-29	Home	Discharge to home
30-34	Home	Discharge to home
35-39	Home	Discharge to home
40-44	Home	Discharge to home
45-49	Home	Discharge to home
50-54	Home	Discharge to home
55-59	Home	Discharge to home
60-64	Home	Discharge to home
65-69	Home	Discharge to home
70-74	Home	Discharge to home
75-79	Home	Discharge to home
80-84	Home	Discharge to home
85-89	Home	Discharge to home
90-94	Home	Discharge to home
95-99	Home	Discharge to home
100-104	Home	Discharge to home
105-109	Home	Discharge to home
110-114	Home	Discharge to home
115-119	Home	Discharge to home
120-124	Home	Discharge to home
125-129	Home	Discharge to home
130-134	Home	Discharge to home
135-139	Home	Discharge to home
140-144	Home	Discharge to home
145-149	Home	Discharge to home
150-154	Home	Discharge to home
155-159	Home	Discharge to home
160-164	Home	Discharge to home
165-169	Home	Discharge to home
170-174	Home	Discharge to home
175-179	Home	Discharge to home
180-184	Home	Discharge to home
185-189	Home	Discharge to home
190-194	Home	Discharge to home
195-199	Home	Discharge to home
200-204	Home	Discharge to home
205-209	Home	Discharge to home
210-214	Home	Discharge to home
215-219	Home	Discharge to home
220-224	Home	Discharge to home
225-229	Home	Discharge to home
230-234	Home	Discharge to home
235-239	Home	Discharge to home
240-244	Home	Discharge to home
245-249	Home	Discharge to home
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355-359	Home	Discharge to home
360-364	Home	Discharge to home
365-369	Home	Discharge to home
370-374	Home	Discharge to home
375-379	Home	Discharge to home
380-384	Home	Discharge to home
385-389	Home	Discharge to home
390-394	Home	Discharge to home
395-399	Home	Discharge to home
400-404	Home	Discharge to home
405-409	Home	Discharge to home
410-414	Home	Discharge to home
415-419	Home	Discharge to home
420-424	Home	Discharge to home
425-429	Home	Discharge to home
430-434	Home	Discharge to home
435-439	Home	Discharge to home
440-444	Home	Discharge to home
445-449	Home	Discharge to home
450-454	Home	Discharge to home
455-459	Home	Discharge to home
460-464	Home	Discharge to home
465-469	Home	Discharge to home
470-474	Home	Discharge to home
475-479	Home	Discharge to home
480-484	Home	Discharge to home
485-489	Home	Discharge to home
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600-604	Home	Discharge to home
605-609	Home	Discharge to home
610-614	Home	Discharge to home
615-619	Home	Discharge to home
620-624	Home	Discharge to home
625-629	Home	Discharge to home
630-634	Home	Discharge to home
635-639	Home	Discharge to home
640-644	Home	Discharge to home
645-649	Home	Discharge to home
650-654	Home	Discharge to home
655-659	Home	Discharge to home
660-664	Home	Discharge to home
665-669	Home	Discharge to home
670-674	Home	Discharge to home
675-679	Home	Discharge to home
680-684	Home	Discharge to home
685-689	Home	Discharge to home
690-694	Home	Discharge to home
695-699	Home	Discharge to home
700-704	Home	Discharge to home
705-709	Home	Discharge to home
710-714	Home	Discharge to home
715-719	Home	Discharge to home
720-724	Home	Discharge to home
725-729	Home	Discharge to home
730-734	Home	Discharge to home
735-739	Home	Discharge to home
740-744	Home	Discharge to home
745-749	Home	Discharge to home
750-754	Home	Discharge to home
755-759	Home	Discharge to home
760-764	Home	Discharge to home
765-769	Home	Discharge to home
770-774	Home	Discharge to home
775-779	Home	Discharge to home
780-784	Home	Discharge to home
785-789	Home	Discharge to home
790-794	Home	Discharge to home
795-799	Home	Discharge to home
800-804	Home	Discharge to home
805-809	Home	Discharge to home
810-814	Home	Discharge to home
815-819	Home	Discharge to home
820-824	Home	Discharge to home
825-829	Home	Discharge to home
830-834	Home	Discharge to home
835-839	Home	Discharge to home
840-844	Home	Discharge to home
845-849	Home	Discharge to home
850-854	Home	Discharge to home
855-859	Home	Discharge to home
860-864	Home	Discharge to home
865-869	Home	Discharge to home
870-874	Home	Discharge to home
875-879	Home	Discharge to home
880-884	Home	Discharge to home
885-889	Home	Discharge to home
890-894	Home	Discharge to home
895-899	Home	Discharge to home
900-904	Home	Discharge to home
905-909	Home	Discharge to home
910-914	Home	Discharge to home
915-919	Home	Discharge to home
920-924	Home	Discharge to home
925-929	Home	Discharge to home
930-934	Home	Discharge to home
935-939	Home	Discharge to home
940-944	Home	Discharge to home
945-949	Home	Discharge to home
950-954	Home	Discharge to home
955-959	Home	Discharge to home
960-964	Home	Discharge to home
965-969	Home	Discharge to home
970-974	Home	Discharge to home
975-979	Home	Discharge to home
980-984	Home	Discharge to home
985-989	Home	Discharge to home
990-994	Home	Discharge to home
995-999	Home	Discharge to home

#### Conclusion / Recommendations

**Conclusion**  
This approach is now embedded in practice for this patient group in our PTC.

The reduction in bed days also had significant savings for other areas of the hospital, the increased in bed capacity within CHU, meant less reliance on other wards for overflow of haemato patients. In addition, this increase in capacity, resulted in avoidance of delays in planned chemotherapy administrations.

No adverse incidents reported in this patient group during Pilot.

**Recommendations**  
Spread and scale could be considered for those 16 to 25 year olds in other regional cancer units receiving treatment for ALL.

Multi-centre audit of readmission rate during ALL induction.

## 5. TIMELINESS

### Enzyme replacement therapy service

The Paediatric Metabolic Team recently set up a new service, delivering Enzyme Replacement Therapy via Intra Cerebro Ventricular route as a nurse led procedure for the treatment of Batters Disease (type CLN2).

This follows months of work between the metabolic, pharmacy and senior management teams that had to write a policy, secure funding and train in the delivery of the drug. We are delighted to finally move these patients back to the Belfast Trust for treatment after months of travelling back and forth to Great Ormond Street Hospital for the fortnightly treatment.



### National Benchmarking Data

UK TARN Data indicates RVH Major Trauma Centre in top third, in regards to patient outcomes. UK Trauma excess rate of survival data suggests BHSCCT is saving one additional life per 100 patients. 72% of Trauma patients 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.

Hepatology transplant data - % transplant survival and increased access for NI patients

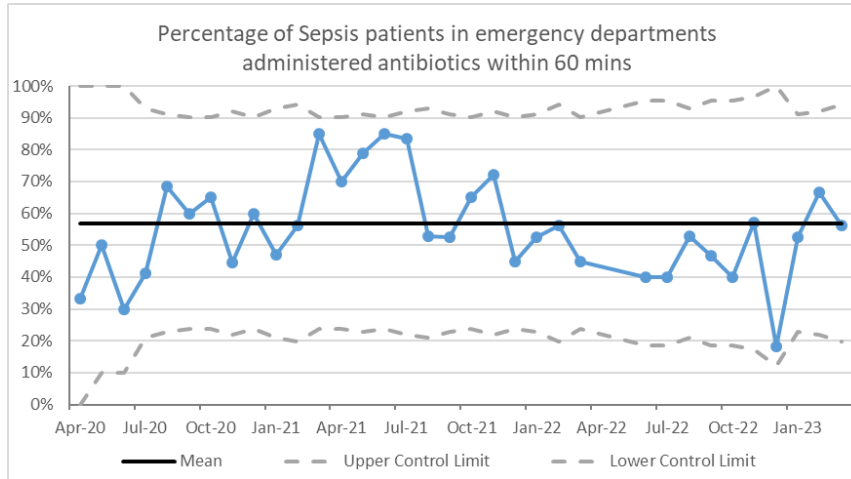
SSNAP score for the Belfast Stroke Team is one only unit within Northern Ireland to have been awarded an A grade.

### Sepsis

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.

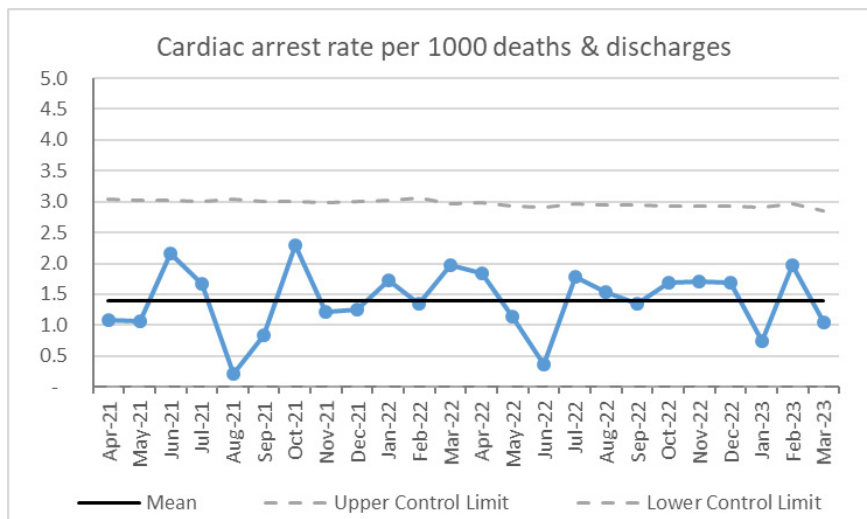
## 5. TIMELINESS



## Cardiac Arrest

A cardiac arrest is where a patient requires chest compressions and / or defibrillation by the Hospital Resuscitation Team. Cardiac arrest monitoring provides a measure of early recognition and effective treatment of patients whose clinical condition is deteriorating.

Early recognition of deteriorating patients 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 per 1000 deaths & discharges in adult acute inpatient wards since April 21. The Cardiac arrest rate has remained stable in the timeframe shown in the graph with only normal variation noted. In 2022/23 there were between 2 and 10 cardiac arrests per month.

## 5. TIMELINESS

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

### Respiratory service

Community Respiratory Team currently manage a caseload of 1360 patients, 428 patients on home ventilation and between 600-700 patients on Home oxygen therapy

Rapid respiratory slots for RVH/MIH ED have been introduced this year, to facilitate patients needing emergency respiratory assessment. Since Jan 23, 85 patients assessed (mostly asthma exacerbations, haemoptysis and radiographic abnormalities) avoiding unnecessary admissions.

We are planning to also introduce respiratory 'supertriage' whereby 4 experienced consultants screen GP CCG referrals and select out patients who will likely need ED assessment soon if not treated. Additionally we will order investigations before clinic, redirect to subspecialty clinics etc. to improve outpatient service. Recent audit of 445 GP referrals showed service can redirect 35% of patients to rapid access clinics or telephone clinics.

The Respiratory service has introduced 'safe discharge' pathway, ensuring that inpatients have plan for discharge at time of admission and that their discharge includes disease specific pathways and is safe.

From April 2023 the Respiratory Nurse Specialist team began an enhanced COPD Discharge Bundle QI project with approx. 35-40 patients on both MIH and RVH sites (80 per month). Each COPD patient receives a focused discharge bundle of the key elements of care, to help reduce readmission rates and mortality. (Key as 50% of COPD patients have a 50% mortality rate within 3.6 years and 30% of COPD can be readmitted within 3 months. 15% of patients will die within 1 year of admission). Focus on smoking cessation support, review and optimisation of inhaled medications, oxygen assessment, education and self- management support and referral onto pulmonary rehabilitation. All elements need to be completed and then referred to the Community Respiratory Team. The patients receive prompt review post discharge from the CRT and the patients who have had their first admission of COPD will be prioritised for pulmonary rehabilitation programme. If patients exacerbate at home they will use the community respiratory team as first contact to safely manage them at home and try to prevent further exacerbations and readmissions.

We also established an nMabs service, including nurse triage to deliver COVID-19 treatments for non-hospitalised patients who are Symptomatic and meet CEV criteria. (since March 2022, 4,397 referrals and 1,450 treated)



## 5. TIMELINESS

### Timely Access to Safe Care Programme

In November 2022, HSCQI launched the regional Timely Access to Safe Care (TASC) Programme, which aimed to identify a number of local (Trust) improvement projects that have the potential for regional scale and spread. The projects were themed around social care, scheduled and unscheduled care, mental health and learning disability.

There were seven improvement projects identified across the Belfast Trust to take part in the programme that was launched internally on 7th November. The following projects have been selected to take part:

#### 1. Timely Access in Scheduled Care: Outpatients

**Project Title:** Increase outpatient capacity through patient initiated follow-up & active clinical triage in Immunology - further teams to be added for spread and scale (clarified through November 23rd Workshop).

#### 2. Timely Access in Schedule Care: Inpatients

**Project Title:** Increase the number of patients treated in Vascular Theatre in the RVH.

#### 3. Timely Access in Unscheduled Care

**Project Title:** Timely access to acute MDT assessment, for the frail older person who presents to the RVH ED, to enable the older person's care needs to be met in the community and not need admission to hospital.

#### 4. Timely Access in Social Care

**Project Title:** Improve the timely access for patients to be discharged from Care Homes to a permanent place of residence within the East Belfast area.

#### 5. Timely Access in Mental Health

**Project Title:** 'Working Side by Side' to reduce time spent in the Emergency Department for patients requiring a mental health assessment.

#### 6. Timely Access in Learning Disability

**Project Title:** Improving timely access to community review clinics in Intellectual Disability through reduction of DNA rates and increased utilisation of a hybrid clinical approach.



## 5. TIMELINESS

The HSCQI Leadership Alliance are committed to endorsing a maximum of three projects / project areas for regional scale and spread during the next stage of the TASC (September 2023-June 2024). Therefore, HSCQI will be applying a rigorous assessment process to identify the projects/ project areas at the best state of readiness for regional scale and spread.

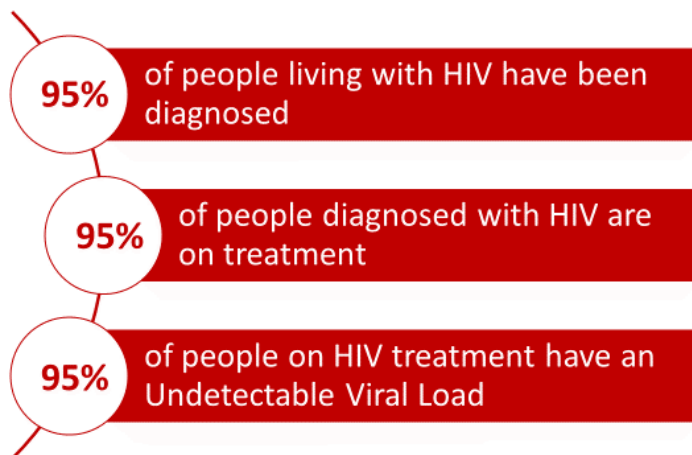
Shortlisted teams selected as being in an optimal state of readiness for scale and spread will be adopted by every Healthcare trust in Northern Ireland later this year and supported through the HSCQI Scale and Spread programme.

### Timely Access to Genitourinary Medicine (GUM) Services

The 2021 HIV report from PHA showed that there are 1,325 people living with AIDS.

The GUM service in BHSCT is working in collaboration with the PHA to ensure Belfast /NI as a region becomes part of the HIV Fast-Track Cities which is an international initiative with the goal of ending the HIV epidemic by 2030. Cities and regions across the world have signed-up to the Fast Track initiative, agreeing to work towards achieving the United Nations 95-95-95 goals on diagnosis and treatment of HIV, to end HIV stigma and to promote good quality of life for people living with HIV. An individual who is diagnosed early with HIV and who starts treatment will have a normal life expectancy. In 2021 1 in 3 people diagnosed with HIV in Northern Ireland were diagnosed at a late stage, meaning they require inpatient hospital admissions to stabilise their condition sometimes requiring ICU care. Modelling suggests that achieving these targets globally will enable the world to end the AIDS epidemic by 2030.

#### United Nations targets to end HIV epidemic by 2030



*United Nations 95-95-95 targets to end HIV epidemic*



## 5. TIMELINESS

The figure below shows NI performance in relation to the UN targets. As shown – the targets in relation to treatment and viral suppression have been surpassed. However, the proportion of people who have HIV who are unaware of their diagnosis, ie. they haven't been tested, is below the target. This reflects a need to increase testing opportunities and diagnosis to ensure people who have HIV can have access to treatment.



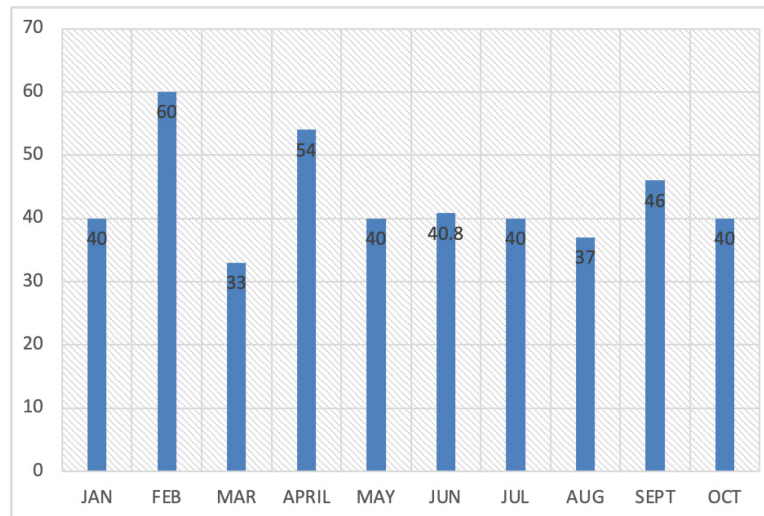
*Northern Ireland progress towards UN 95-95-95 targets (2021 data)*

Joining the Fast-Track network requires an elected representative or representatives to sign the Paris Declaration on Fast-Track Cities. Discussions have taken place with the Mayor of Belfast City Council who has agreed to engage his other Mayor colleagues from the region to work with the Trust and PHA to sign the Paris declaration on World Aids day 1 December 2023. This would then mean that all major cities in Ireland would be signed up to the Paris declaration. The involvement of council officers in the regional steering group will be hugely beneficial, particularly in supporting actions on stigma and links with local community organisations. Moving the region and potentially the island of Ireland, one step closer to achieving the United Nations goal of being able to end the AIDS epidemic by 2030.

### Improvement in Stroke Door to Needle Time

- A sustained level of high performance is evident, measured nationally through Door to Needle Times (DTN)
- Door to Needle target time is <45 minutes
- Due to the increase in DTN times in early 2022, an audit of lysis calls was completed. Delay factors were identified (Pre Alerts/ ED pressures/patient placement while in ED/ HASU nurse leadership during calls especially out of hours). As a response, the team has worked together with the Emergency Department and radiology to identify and reduce delays- which can be seen with the improved DTN times in recent months
- Monthly DTN meeting to review times and action plan.

## 5. TIMELINESS



### Diabetic Foot

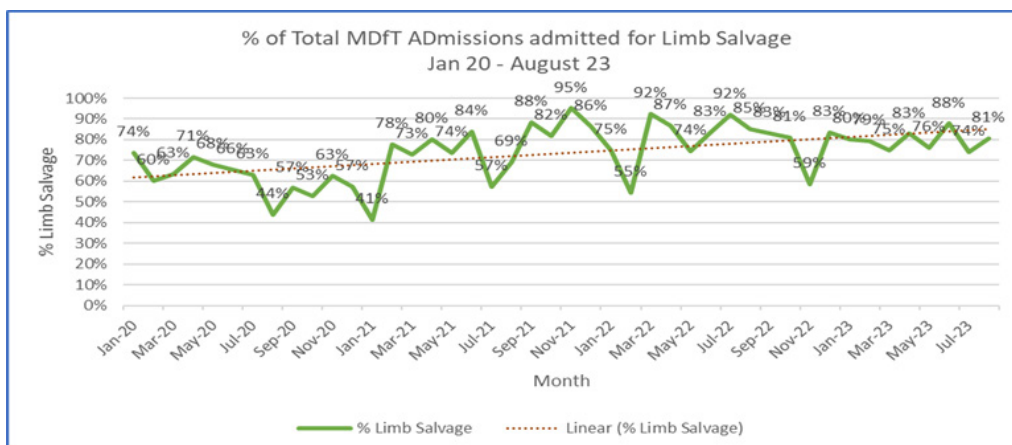
#### Outcomes and benefits to patients

The Regional Diabetic Foot Pathway reduces major amputations, improved access, and cut costs in Northern Ireland.

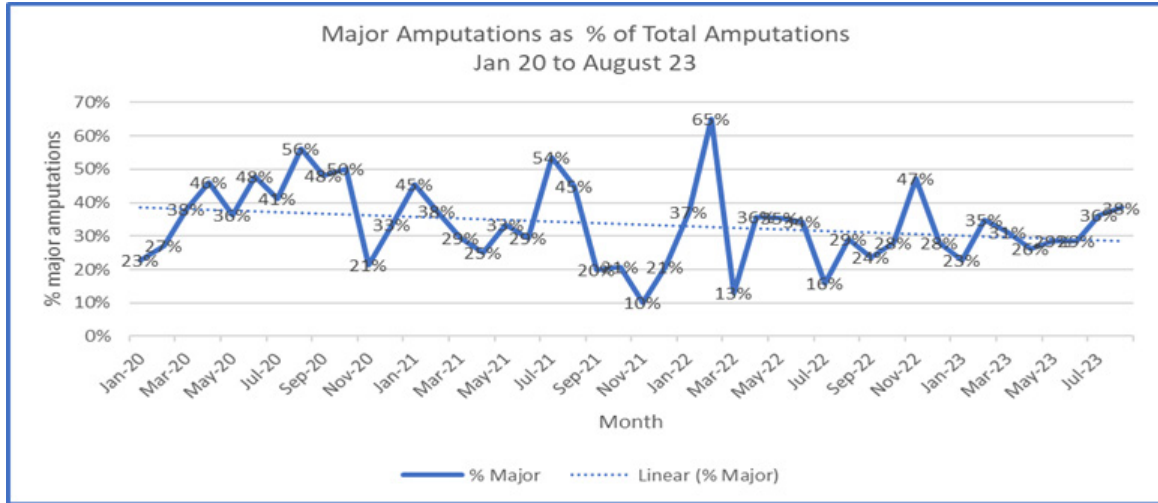
The multi-disciplinary foot service delivered in Belfast is tier three of the regional diabetes foot pathway launched in November 2019.

This multi consultant service is a one-stop service that enables patients to have direct access to timely, seamless, multi-professional care, aligning with NICE guidelines (NG19). The standout achievement is a considerable reduction in major amputations, greatly enhancing the lives of people living with diabetes.

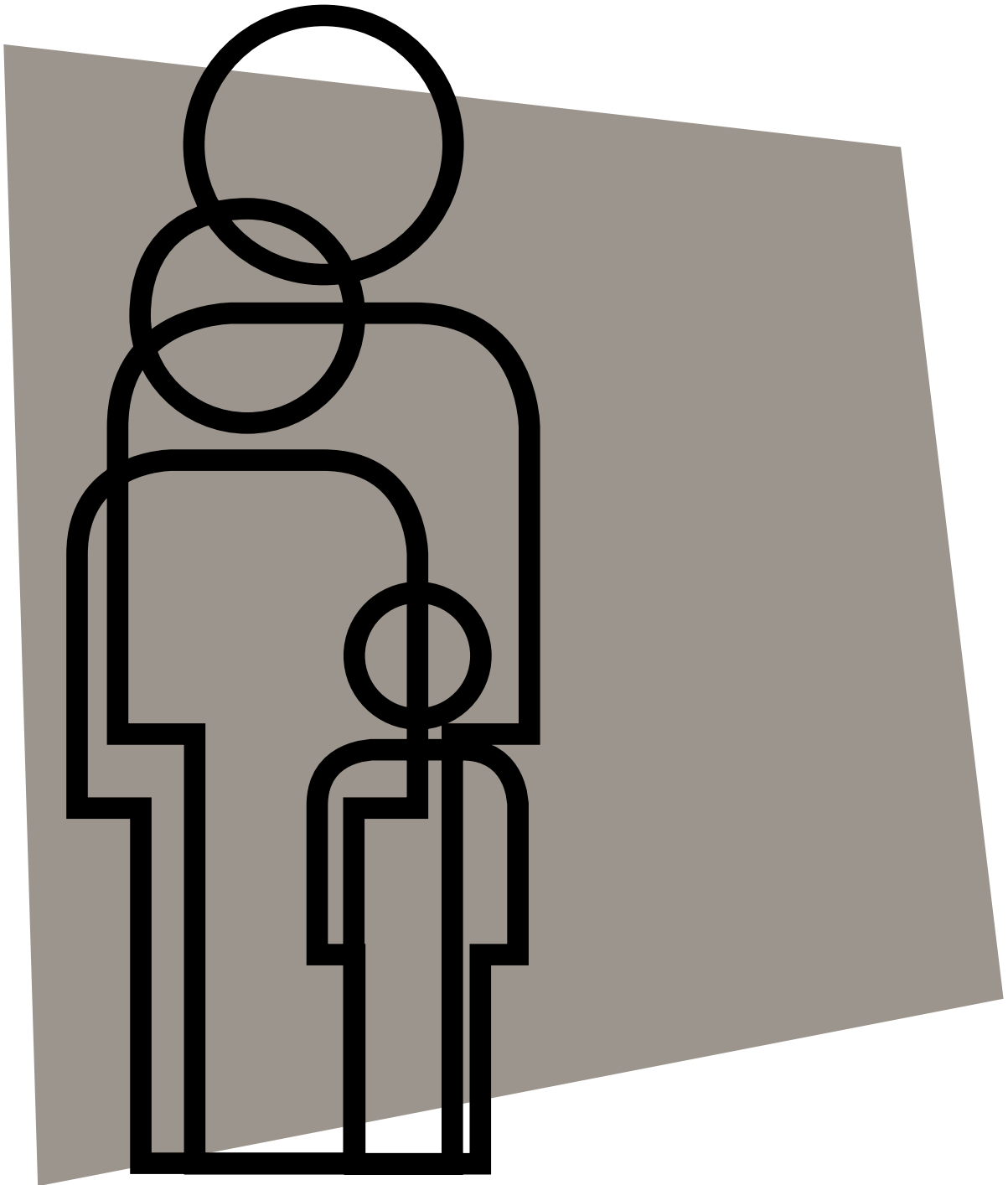
Benefits include 24/7 emergency access, reduced waiting times, and a positive service user experience.



# 5. TIMELINESS



## 6. EFFICIENCY



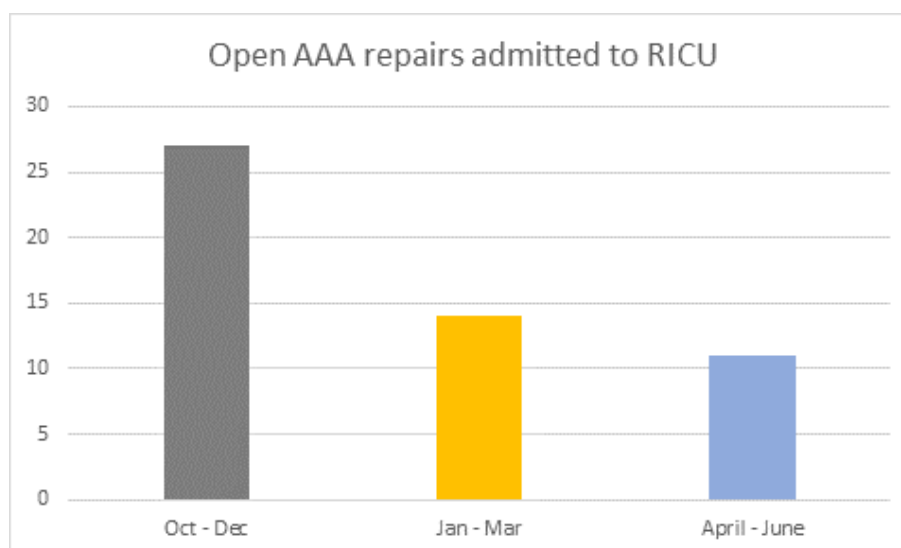
## 6. EFFICIENCY

Our goal is to work together in order to achieve the maximum benefit from available resources, reducing any variation in care for those we treat as far as possible, and with minimum wastage. Continuous focus on efficiency and productivity is essential in order to ensure health care quality.

The section below outlines some examples of innovative and modern service models which have been developed within Belfast Trust in order to reform the delivery of both elective and unscheduled health and social care, ensuring improvement and a reduction in patients waiting for treatment.

### Post-operative Anaesthetic Care Unit (PACU)

PACU was established on BCH and RVH sites to support the management of post-surgical patient care and ensure full surgical lists could be delivered. By the end of July 2023 a total of 1,348 patients have been admitted to a PACU. The implementation of PACU has seen a reduction in the number of patients cancelled due to no available intensive care beds. For example, the post-operative care requirements of patients undergoing vascular surgery are well met by a PACU model. The availability of PACU has also reduced the number of admissions to ICU for open Abdominal Aortic Aneurysm repairs as illustrated below.



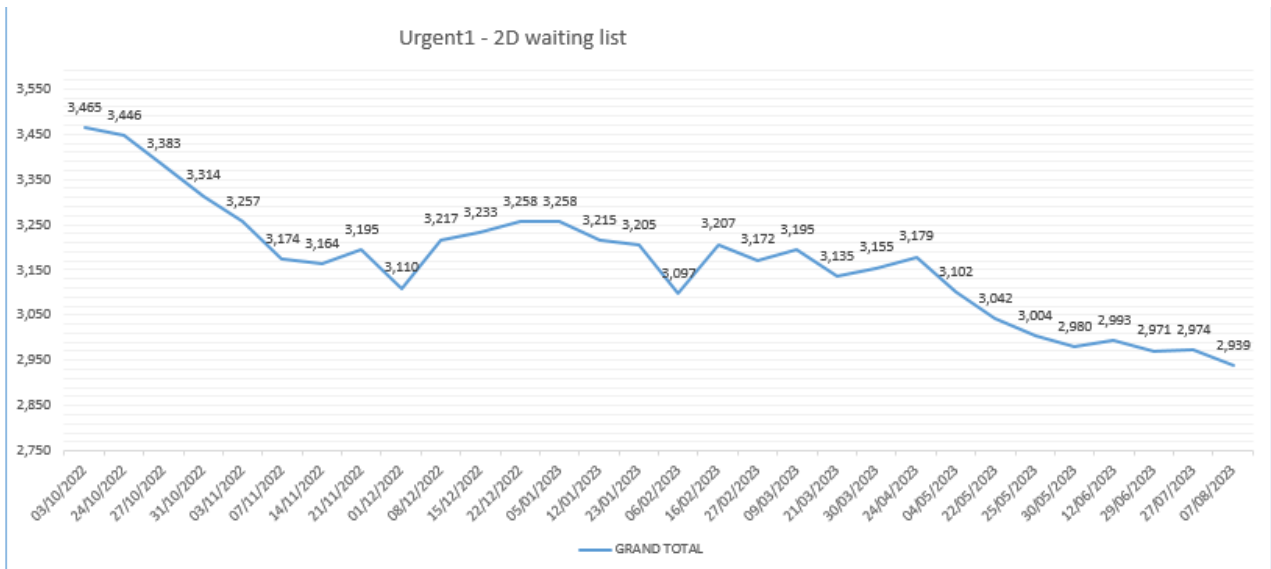
### Addressing Surgical Waiting Lists with Theatre Rebuild

During 2022/23 Belfast Trust continued to rebuild theatre capacity across all sites following the pandemic and recruitment to vacant nursing posts. By the end of 2022-23, theatre services were delivering 92% of the total service level agreement. Plans were in place to increase theatre capacity to 100% following the training of all new nursing registrants and completion of refurbishment works to modernise the theatres at the Belfast City Hospital.

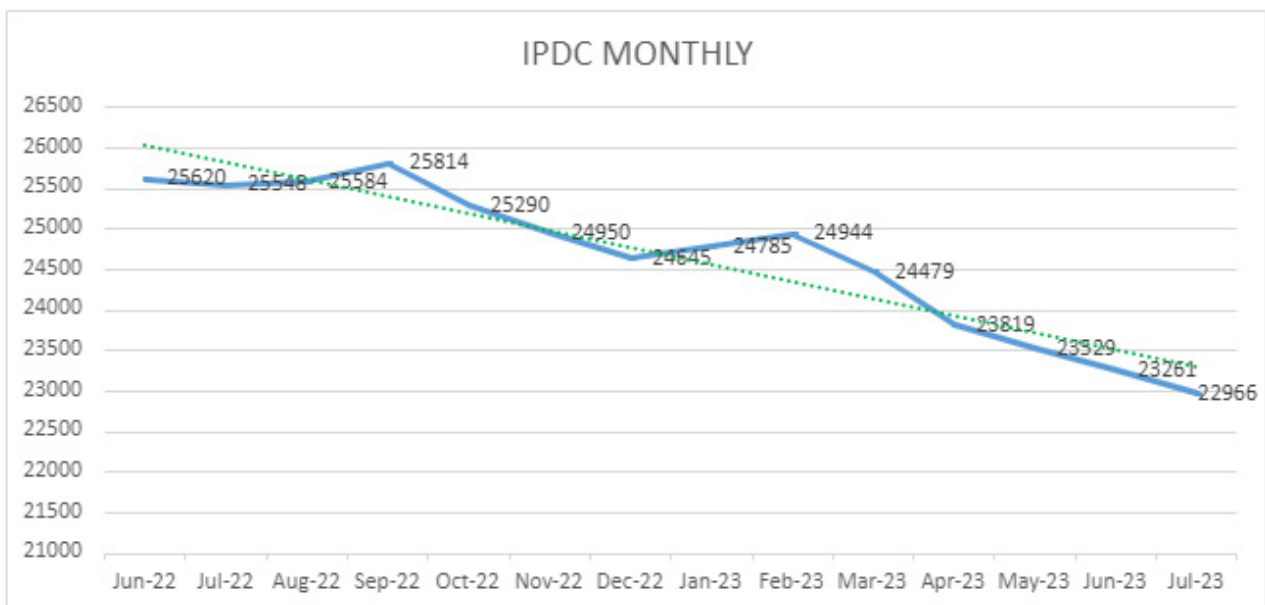
## 6. EFFICIENCY

With the continuing theatre rebuild, the development of an admission on day of surgery unit and PACU, the number of patients waiting for surgery is continuing to reduce.

*The graph below illustrates an on-going downward trend in patients waiting for surgery.*



The Trust has also validated patients who were waiting over 7.5 years on a waiting list for surgery. All patients have now either been, provided with a date for surgery, have had their surgery or been removed from the waiting list. Targeted actions also occurred to increase theatre capacity in spring 2023 in specific specialities. This has facilitated patients with lung cancer waiting for lung surgery being treated with a reduced waiting time in line with cancer treatment waiting time standard of below 14 days, and reduced waiting lists for Aortic Aneurysm Surgery.



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### Mater Elective Overnight Stay Centre

Following a ministerial announcement in June 2022, an Elective Overnight Stay Centre was established at the Mater Hospital. 6 beds opened initially in November 2022 and increased to 12 following the recruitment of nursing staff. Plans to increase the beds to 18 are in place for 2023-24. The centre now admits patients who are undergoing general surgery, ENT, gynaecology, breast, ophthalmic and urological surgery. 1,296 patients have been treated to date. The patient experience has been very positive, with the centre receiving 100% positive feedback in patient experience surveys.



### Rebuild of Elective Orthopaedic Services - Musgrave Park Hospital (MPH)

In Musgrave Park Hospital where Orthopaedic elective services largely paused during Covid to enable theatre nursing staff to be redeployed to the Regional Nightingale Intensive Care Unit and other theatres to support the rebuild of time critical cancer services.

As a result of redeployment, retirement and promotion, by January 2022 MPH theatre nursing vacancies had risen to an unprecedented 35% and 26% in Theatres and Recovery and unable to deliver pre pandemic levels of Theatre lists.

A number of innovations were instigated to rebuild the team, which included:

- Trust Perioperative working group focus on recruitment campaign
- A bespoke international recruitment campaign
- A video of the perioperative team and theatres shared across the UK and ROI via social media.
- Psychological support for teams
- Flyer with roles and development opportunities
- Clinical educator and 2 deputy ward managers employed to support training and education
- Review of skill mix.

In July 2022 the team developed a workforce trajectory target to meet the pre Covid theatre sessions by December 2022. This was ambitious and dependant on:



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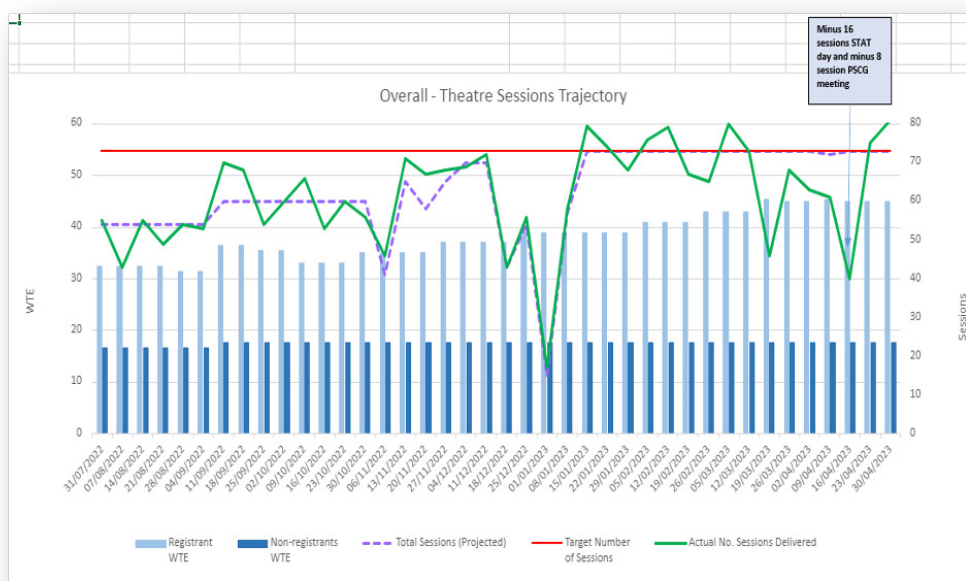
- The recruitment of at least 2 international nurses per month
- Retention of staff
- Timely Induction of new starts
- Careful Theatre scheduling
- Absenteeism levels
- Close relationships with central nursing team and HR who assisted with campaign.

The team also:

- Encouraged return of staff who had left and retirees
- Used delivering care funding for clinical educators
- Attended Job Fairs
- Commenced a QI project – to increase theatre assistants to assist with portering cleaning.

The results brought significant improvement to both staffing levels and theatre capacity. By June 23, nursing vacancies had reduced to 14% in theatres, 6% in recovery (all Vacancies have an allocated person awaiting start date).

By December 2022 the agreed level of staff to achieve the target of an average of 73 theatre lists per week running on MPH site in the BHSCT was met.



## 6. EFFICIENCY

In recognition of their achievement the team received:

- A High Performance award from the Department of Strategic, Planning and Performance (SPPG)
- A commendation from Mr Peter May the Permanent Secretary for the DOH NI.

They have shared new ways of working and recruitment within the region:

- At the regional Elective Care Recovery Board meetings
- Visits to the department by other Trusts.

### **Re-establishment of paediatric day case surgery in Musgrave Park Hospital**

Paediatric Orthopaedic overnight services ceased in 2017 following a review by the Royal College of Anaesthetists (RCoA). At the time the provision of Paediatric Orthopaedic Surgery in patient services in MPH did not fully meet the Royal College of Anaesthetists (2017) “Guidelines for the Provision of Anaesthesia Services/ Guidelines for the Provision of Paediatric Anaesthesia Services 2017”.

In 2022-23 the service sought to re-establish paediatric orthopaedic day case services on MPH site. Formal mitigations were put in place which were in keeping with the RCoA standards including immediate access to an on-site Paediatrician, access to a play therapist and robust transfer arrangements to the RBHSC if required.

The first day case lists began January 2023. These lists were half day lists and were reviewed after each list. The service then progressed to undertaking all day lists by March 2023. Thus far over 60 children have successfully received their surgery in MPH. The service is now planning to commence orthopaedic lists for children who require an overnight stay in September 2023. This has an added positive impact on relieving pressures within the RBHSC theatre department.

### **Opening of Duke of Connaught Unit MPH to address daycase waiting lists**

The refurbished Duke of Connaught Unit was officially opened on 14 October 2022 by the Health Minister and Officials from the Department of Health.

Since the refurbishment, the Orthopaedic service has utilised the facility to support the Orthopaedic Theatre Rebuild to beyond pre-pandemic levels of activity. This has been through a combination of elective orthopaedic surgery for shoulder and soft tissue knee cases and ambulatory trauma.

Our Orthopaedic Theatre Nurse Specialists (OTNS) have developed their competencies and carried out intra-articular joint injections and minor hand procedures. A combination of OTNS and Consultant-led activity means that there are now an average of 6 theatre sessions weekly taking

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place in the Duke of Connaught Unit, with further plans to increase this in the Autumn months.

In total, over 1400 procedures and 600 outpatient appointments have taken place in the unit thus far.

A key initiative thus far has been the Carpal Tunnel programme which ran for two 6 week blocks between September 2022 and January 2023 and saw over 300 procedures completed, leading to a reduction in waiting time from 3 years, to 3 months. This has been supported and followed on by the OTNS team who have evolved a holistic patient pathway from consultation and treatment within an 8 week timescale. The OTNS team are due to have their competencies in performing minor hand surgery and intra-articular joint injections by 29 September 2023 which will enable a higher volume of patients to be treated on these pathways.



In the coming months the Duke of Connaught Unit will support the continued rebuild of Orthopaedic Surgery, with plans in place to optimise the unit for appropriate surgical cases, whilst main theatres are also utilised to capacity.

The Orthopaedic Service been awarded with a High Performance Award from the Department of Health in February 2023 for returning to pre-pandemic theatre capacity and also due to the new ways of working established in the Duke of Connaught Unit.

### Outpatient Modernisation to Address Outpatient Waiting Times

Outpatient modernisation is a key Trust priority. BHSCT has a clear plan to reduce outpatient waiting times for our population. Waiting times at April 2022 and March 2023 are outlined below for new and review patients:

Outpatients waiting	Apr-22	Mar-23	Change
Total on list	111571	119256	7685
Total >9 weeks	90984	94800	3816
Total >52 weeks	53348	55042	1694

## 6. EFFICIENCY

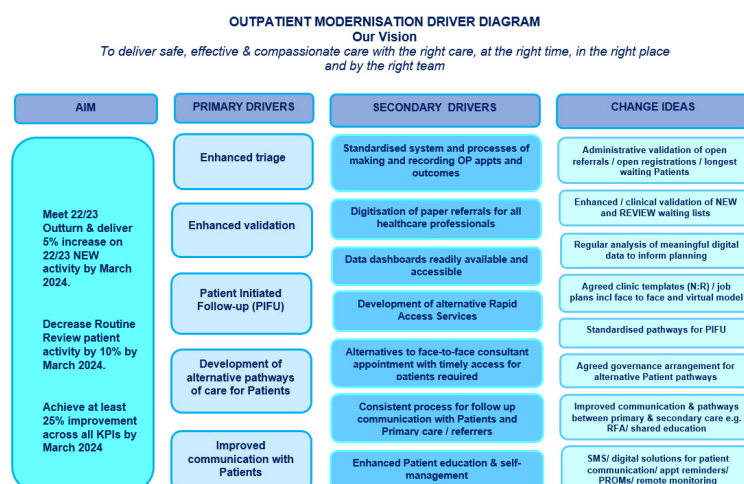
Outpatient Review Backlog	Apr-22	Mar-23	Change
Total on list	77214	78680	1466
0-3 months past noted review date	22907	28838	5931
>3 months past noted review date	54307	49842	-4465

The purpose of the Modernisation Programme is to improve Outpatient (OP) services across the Trust to enable patients and service users to receive the right care in the right place, at the right time. Clinical teams are being supported to deliver the best model of care to ensure services are efficient, safe and productive in meeting the needs of patients.

Belfast Trust's programme had an initial focus on a small number of specialties to test the methodology. Learning from others, the programme identified opportunities for improvement and enabled us to work differently to reduce waiting lists, looking at patient access and administration, governance and pathway development. By 2022/23, the programme extended this initiative across the Trust to all Outpatient Services.

The programme has robust executive and senior management support. Throughout 2022/2023, the Outpatients Senior Management Team (SMT) held regular workshops with representation from the clinical teams who deliver Outpatient services, Primary care and service users. There is also regular communication on progress delivered and feedback sought across teams and services through existing forums including the Senior Leadership Group, Executive Team, Trust Board and the BHSCT/GP Partnership.

The main areas of focus agreed through the Outpatient Modernisation workshops were; Enhanced Triage, Enhanced validation, Patient Communication, Patient Initiated Follow up and Development of Alternative Outpatient Pathways. The driver diagram below illustrates the drivers of change for the programme and some of the key initiatives required to achieve the programme aim.



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Some examples of work underway in the key areas of focus are listed below:

### Enhanced clinical validation

Many OP services have undertaken enhanced validation of their new and review waiting lists. Results from validation work during 2022/2023 in some of the OP services include;

- Dermatology Specialist nurses validated over 2000 patients, discharging 26% of patients who no longer required an appointment
- Immunology validated 500 patients with 23% being discharged
- Respiratory Service validated 732 patients with 11% being discharged
- Hepatology validated 180 patients with 31% being discharged.

### Patient Initiated Follow up (PIFU)

PIFU allows patients to make an appointment with their Outpatient team when they need it, rather than having a regular or prearranged clinic visit. This will not be appropriate for all clinical areas, however in services where it is appropriate, there are significant benefits to the patients and the service. Many services in the Trust are starting to introduce this pathway with their patients; one example is in the Immunology service where they commenced a pilot with their grass pollen allergy patients. This team engaged in the Regional HSCQI Timely Access to safe Care Collaboration programme, to apply QI methodology to their project and to share and learn from colleagues across the Region. This work will be scaled up across the Trust throughout 23/24.

### Open Registrations and Missing Outcomes

Currently the teams are working their way through open registrations and missing outcomes to ensure that the data is clear regarding patient pathways. To date there has been a significant improvement in the data that is helpful as we move toward the implementation of Encompass.

### Next steps

The Outpatient Modernisation Programme will continue throughout 2023/2024, including the regular workshops and speciality meetings. KPIs will be in place for services to track the improvements to their OP pathways in the key areas. We plan to scale up and spread the successful work on Enhanced Triage, Enhanced validation, Patient Communication, Patient Initiated Follow up and Development of Alternative Outpatient Pathways. There are also a number of digital initiatives underway, which will be expanded throughout the year, such as, Clinic Scheduling, a Business Intelligence OP data system and SMS appointment reminders and validation.

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### Royal Belfast Hospital for Sick Children

The Royal Belfast Hospital for Sick Children is the only specialist children's hospital within Northern Ireland, including the only stand-alone Children's Emergency Department. The hospital provides (almost) all of the regional / tertiary Paediatric services and, in addition, provides a District General Hospital Children's service to the population of the greater Belfast area.

Unscheduled Care services have been temporarily delivered up to age 16 since the pandemic (under consideration). All Paediatric tertiary specialties are commissioned up to age 16 for both in-patient & out-patient services.

The Northern Ireland Specialist Transport and Retrieval Service (NISTAR) is a 24/7 service that facilitates critical care transfers and repatriations of adults, paediatrics and neonates. The service is staffed by specialist doctors and nurses who are highly skilled in completing complex patient transfers.

The Tertiary Paediatric specialties include:

- Cystic fibrosis, Cardiology, Gastroenterology, Renal, Endocrine, Metabolic, Neurology including Neuro-disability, Oncology, Haematology, Nephrology, Rheumatology and Critical Care.

In addition, the Children's Hospital co-ordinates the provision of a range of supra-regional services for children living in Northern Ireland. These include:

- Paediatric heart surgery (delivered on an all-island basis in Dublin)
- Paediatric hepatology and liver transplantation services (Birmingham)
- Neuro Cranio facial services (Alderhey)
- Bone Marrow Transplant (Bristol).

Children and young people are also regularly sent under ECR/IFR to specialist centres in the UK & Ireland under shared care processes with other centres.

### Activity

- There were approx. 49,000 attendances at Children's ED in 22/23 (this is an increase of 22% compared to 17/18)
- Over 9,000 children were admitted as In-patients for Emergency or Elective Care / as Day Cases
- Over 13,000 Children had New Out-patient appointments at the Children's Hospital in 22/23

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- There were over 42,000 review Out-patient appointments provided
- In 2022/23 there were a total of 1634 NISTAR transfers of critically ill patients (adult, children and neonates).

### **Unallocated cases in Older Peoples Services and Physical Health and Sensory Disability**

Over the past two years, there has been an increase in demand for community social work for older people. This has been driven by demographic changes and the impact post pandemic. Whilst the Belfast Trust has also seen an increase in people in receipt of services, there remains an increase in the number of older people waiting to see a social worker and accessing timely services. This has impacted on relationships with service users, carers and their families.

The service area manages the current pressure through prioritising people who are most at risk and who live alone with limited family support. Over the coming year, the service area is reviewing the current service delivery model with the plan to implement a model, which ensures that older people and carers can access social work assessment and intervention in a more responsive way. There will also be a focus on early prevention and intervention work, carer and respite support and timely service provision when required.

### **Workforce**

#### **Staff Welcome Programme & Statutory Mandatory Training**

In order to build the capability and skill of BHSCT staff to manage ongoing change and develop the tools required to rise to the challenges that the organisation faces, QMS recognises the importance of staff undertaking their mandatory training to carry out their roles.

A digital onboarding approach is in place for staff joining the organisation. This arrangement provides staff with key information to support their understanding of the Trust culture and values. It also provides access to all 10-core elements of their Statutory Mandatory Training supporting the delivery of safe care from the onset of their employment, supported by the People and Organisational Development team who review and update this approach in line with staff feedback and with our Training Providers.

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 2022. Directorates are provided with their own performance data monthly, and attention is focused on areas where performance is low, or reducing.



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The table below shows the Trust position of the Core 10 Mandatory Training areas from April 2019 to March 2023.

Statutory and Mandatory Training	Position at 31.03.22	Position at 31.03.23	Difference
Adverse Incident Reporting	55%	58%	+3%
Corporate Induction	79%	75%	-4%
Data Protection	52%	54%	+2%
Equality	36%	39%	+3%
Fire & Environmental Safety	53%	44%	-9%
Health & Safety Awareness	59%	59%	Same
Infection Prevention Control Level 0	81%	77%	-4%
Moving and Handling	35%	38%	+3%
Quality 2020	67%	72%	+5%
Safeguarding Adults & Children Level 0	82%	78%	-4%

To improve access to all training opportunities including Statutory Mandatory Training the Belfast Trust have contributed to the regional implementation of a new Learning Management System. LearnHSCNI will provide users with easy access to a wide range of digital, classroom & blended learning, improve Statutory Mandatory training compliance and provide infrastructure for implementing regional digital transformation such as the introduction of Encompass. There are a number of anticipated benefits including:

- A modern and engaging approach to learning
- Easy access to a wide range of Statutory Mandatory training, personal and professional development programmes, in one platform, in one place. Including training delivered by regional training providers including, HSC Leadership Centre, Clinical Education Centre and NI Medical Dental Training Agency
- Ability to access and book face-to-face training, attend virtual sessions, access pre-recorded webinars, listen to podcasts and access other bite size learning resources
- LearnHSCNI will be accessible via the internet on any device, along with access through mobile apps

## 6. EFFICIENCY

- Notification of expiration of Statutory Mandatory Training.

The system will be operational from May 2023.

### 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, the Trust Attendance Management Framework, best practice and employment legislation.

From 1 April 2022 to 31 March 2023 the Trust sickness absence rate was 9.08% (hours lost) including COVID-19 absences. During this period, the predominant reason for the absence was mental health related, accounting for 36.52% of sick absence.

The Trust is continuing to work in partnership with staff, managers, Occupational Health and Trade Union colleagues to support those staff who have a mental health condition. During the course of the year a number of 'Managing Staff Related Mental Health and Attendance' Awareness Sessions were delivered with over 60 managers attending.

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 a 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.

During the period the Attendance Management Team in HR delivered the following activities:

- Supported 35 ill health retirements
- Supported 53 ill health terminations
- Facilitated the completion of 44 successful redeployments

## 6. EFFICIENCY

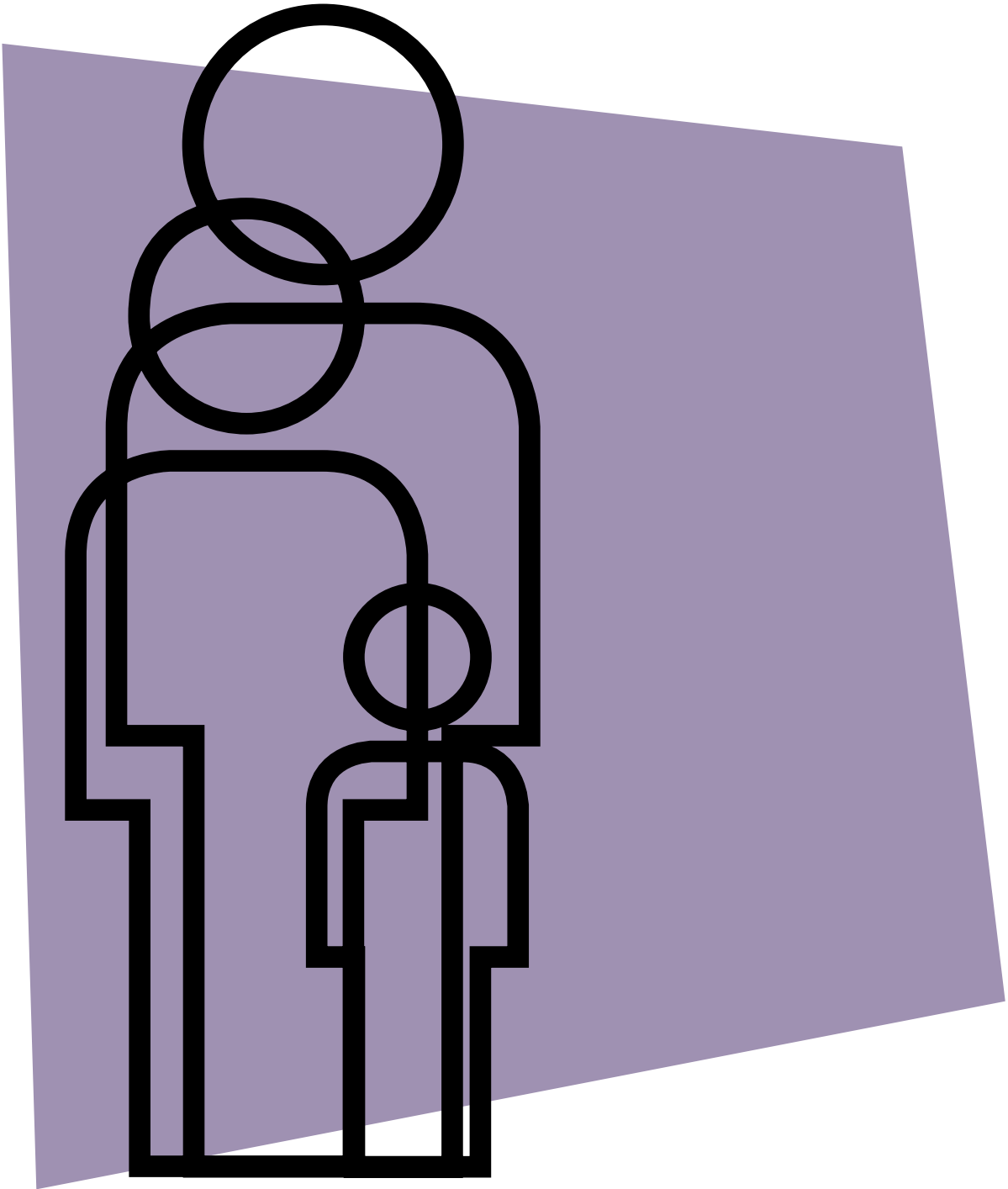
- Delivered Attendance Management training virtually and in person to 635 managers
- Promote referrals to the Post Covid Rehabilitation Clinic
- Provide Daily COVID-19 Absence Reporting to the Executive Team
- Support managers in relation to the management of attendance through toolkits and bespoke advice.

### Financial Management

In 2022/23 the Trust has delivered around £25-£30m in non-recurrent savings through investment slippage or other one-off measures. In the context of significantly reduced investment on which to generate in-year slippage, rising demand and increased sickness absence, break even continues to be an enormous challenge.

In 2023/23 The Trust is relying on generating a significant element of the savings target through a reduction in agency costs and pay premia, i.e. pay rates in excess of normal HSC terms and conditions. A number of other savings proposals have been developed as part of the Trust's Delivering Value Plan. These are monitored through the Trust's Delivering Value Programme Board which meets monthly. The plans comprise cash-releasing savings proposals, including pay initiatives outlined above, cost containment and management of discretionary spend, and productivity proposals which focus on getting more value from existing resources but which are unlikely to yield cash savings.

## 7. EQUITY



## 7. EQUITY

### Equality training

All Belfast Trust staff and managers undertake mandatory equality, good relations and human rights training at the commencement of their employment and then are required to attend refresher training every 5 years. Corporate Induction for all new staff includes a module on equality, good relations and human rights

In recognition of the competing pressures of a busy work life in Belfast Trust, the Trust offers a range of different alternatives to facilitate everyone to undertake the training, regardless of their role. A regional Health and Social Care E-learning package entitled “Making a Difference” has been developed and affords the staff the chance to avail of online training to suit their schedule. This comprises a 30-minute online learning section for staff with an additional 15 minutes for managers to reflect their additional role and responsibility with regard to equality, good relations and human rights when leading a team.

Prior to the pandemic, much of the training provided by the Planning and Equality Team was delivered in person and this range of training included:

- Mandatory Equality training
- Mandatory Equality training for Managers
- Disability Awareness training
- Human Rights training
- Embracing Diversity training.

Due to the restrictions of COVID-19, much of this training moved to being facilitated via MS Teams and the training packages were adapted accordingly and delivered by members of the Planning and Equality team.

### Good Relations

Belfast Trust engaged widely with a range of stakeholders on developing its third generation Good Relations strategy to help inform its content and aims. The Trust then formally consulted on the draft strategy “between October 2022 and January 2023, after it was presented to and approved by Executive Team and Trust Board. The Trust is the only HSC Trust in the region to have a good relations strategy, seeking to promote good relations amongst people of different race, religion or political opinion – this legal duty applies to patients, service users, carers, visitors and staff. The strategy runs from 2023 and 2028 and maps out a clear strategic direction for the Trust with regard



## 7. EQUITY

to its responsibilities and commitment to the promotion of Good Relations. [Healthy Relations for a Healthy Future 3](#).



### Draft Equality Action Plan and Disability Action Plan

The Trust has worked collaboratively with the other Trusts to engage on and develop draft regional 5 year action plans. The Equality Action Plan is to address inequalities experienced by people protected by the equality (S75) legislation and is largely based on actions to address inequalities identified in the recently published audit of inequalities. Whereas the Disability Action Plan proposes actions to promote positive attitudes towards people with a disability and encourage their full participation in public life. These draft plans have gone through the respective Trust Boards for endorsement and have been subject to public consultation between July and September 2023. To ensure accessibility the plans have been transcribed into easy read and into British and Irish Sign Language. These plans will also provide a clear strategic roadmap for the actions, that we will progress over the next 5 years in relation to equality and disability.

### Equality screening

In accordance with its Equality Scheme, the Trust continues to assess its proposals and policies through an equality screening for any potential impact in regard to the 9 equality protected categories – age, men and women generally, those with and without a disability, those with and without caring responsibilities, people of different race, religious belief, political opinion, marital status or sexual orientation.

This aids informed decision-making and ensures that the Trust will take pre-emptive steps to lessen any potential adverse impact by introducing mitigation or choosing an alternative policy.

## 7. EQUITY

### Making accessibility a priority through the following initiatives

#### Every Customer Counts

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 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 creation of the Sighted Guide Scheme, there have been several 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
- New seating has been provided along the ground floor corridor of the main RVH hospital to provide rest stops for those who require it.



## 7. EQUITY

### New seating on ground floor corridor

The following feedback was provided by a patient on Care Opinion that illustrates the value of the initiative.

“Great idea. I came across an excellent and really helpful video on-line showing how to get from the RVH main entrance up to the EODU reception.

It is a good distance and requires using 2 different elevators (if you are able to, stairs are available) and of course long corridors with lots of signposts to the various departments.

So having this video will help get you to the correct area quickly and allow you to proceed straight to the reception without having to keep checking all the various signs etc. along those long corridors.”



As a result of this work, other services have voiced interest in adopting the Every Customer Counts programme and the most recent adopter is the Regional Fertility Centre (RFC). Work commenced in this reporting period within the RFC. 99 confidential surveys from patients provided a flavour of some access issues to address as part of the project.

Early plans include providing Disability Awareness Training to staff, looking at physical access, arranging to proactively seek information from patients in terms

of reasonable adjustments in advance of appointments starting, amending the service’s Patient Protocol to embed the need to make reasonable adjustments, and looking at how the service communicates with service users to ensure this is as accessible as possible.

‘Mystery shops’ will also be undertaken by some disabled people to provide feedback in terms of making the service more accessible, allowing the Every Customer Counts Steering group to create a list of initiatives to work through to increase access overall.

### 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 - International Day for Persons with Disabilities to demonstrate our commitment to meeting our equality obligations, whilst also striving for best

## 7. EQUITY

practice, 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 enhanced through the involvement of Mystery Shoppers – service users with disabilities who partook in the project and lent their own experiential advice.



### 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 service supports anyone with a mobility difficulty to access services independently and more freely across the large RVH site
- Service is open 5 days per week.

A Shopmobility staff member can meet a person at their car, or anywhere on the Royal site, and deliver their equipment to them. A steering group has been established to oversee and promote the project.

This service itself 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 annual contract has been reviewed and renewed. It is anticipated that the service will move from the portacabin to the main foyer of RVH to significantly increase visibility and awareness of the service. Trust staff undertook a promotional day in the foyer to improve awareness of the service and their presence generated a lot of interest.



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### Shopmobility Promotional Day



### AccessAble

The Trust has commenced a programme of work through AccessAble (a not-for-profit organisation) to enhance accessibility across the Royal Hospital site, in the first instance. This work has been made



possible through a successful bid to Charitable Funds. The programme improves wayfinding for disabled patients/service users, carers, and visitors, in relation to one of our busiest acute sites.

Detailed Access Guides will be produced for RVH site including Children's and Maternity Hospitals and these will include information about parking, the distance and route to the clinic, to the toilet facilities. The information will be available online and will include data and photos that will be regularly updated. After extensive onsite review by the contractors, the guides will be quality assured by disabled people to ensure that they are fit for purpose and inclusive. A formal launch is planned for Autumn 2023.

### Trust Domestic & Sexual Abuse Support Service and new Toolkit

Belfast Trust has worked in partnership with Trade Unions to offer a support service for staff who are experiencing domestic and sexual abuse and/or violence. Staff can access emotional support and practical help in confidence from a trained support officer. Uptake of the service significantly

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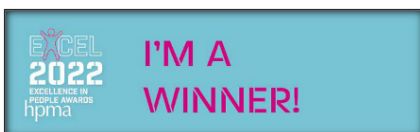
increased over Covid demonstrating the impact of the pandemic with domestic abuse being referred to as the “shadow pandemic,” with the “stay at home” message regrettably not always translating into staying safe.

Given the need to work from home and to socially distance, the Trust recognised the need to develop an online toolkit to help raise awareness and signpost about the domestic and sexual violence support service, as an alternative to face-to-face meetings with a support officer.

This has been co-produced by Planning and Equality and Employment Equality colleagues with the Belfast Domestic and Sexual Violence Strategic Partnership being afforded the opportunity to provide feedback. The resource was showcased and well received at the Trust Joint Health and Safety Committee and the Senior Leadership Group. The Safe Leave bill has been enacted and the Trust will make provision for an entitlement to paid 10 days safe leave for victims of domestic abuse to sort measures regarding legal, housing, health and social care, benefits, and protecting family. Our Domestic and Sexual Abuse Policy and Flexible Working policies will be reviewed in light of this new entitlement.

Belfast Trust Domestic and Sexual Violence and Abuse Support Service for staff and the recently developed online resource – the Domestic and Sexual Violence and Abuse toolkit - have won first prize in the National Healthcare People Management Association (HPMA) in the category of Social Partnerships for partnership working between employers and Trade Unions. This award recognised an initiative that fully demonstrates the benefits of true partnership working between employers and Trade Unions in the provision of health and social care. The judges remarked that the support was a “truly impressive project with far reaching consequences and benefit for transforming the lives of staff.”

The service was featured in the 2023 spring edition of the Healthcare Management Journal.



“A very belated thank you to the Reception, Triage, Majors Ward, Porters and CT Scan Teams.

My father had a serious fall on his head so I took him to A&E.

He received excellent care and attention during the time we were there and we are very grateful.

He is 89 years young and has made a super recovery even though the bruises on his face were a conversation starter for many weeks afterwards!

I am so sorry that I don't have all the names of the staff who looked after my Dad so brilliantly.”

“I just wanted to send a quick email to say thank you for the care received by my father today at the Mater Hospital in Belfast.

He was brought in by ambulance and was quickly seen by staff. He was made to feel like the staff cared about him and wanted to help him. I was also able to speak to his Dr on the phone and received updates from him.

My dad is not a man who likes hospitals.

The service received today was nothing short of exceptional.

It was so good that it has made him less reluctant to go to a hospital in the future.”

“Nurses are angels in disguise, I can never thank you all for your empathy, understanding and care you all showed me whilst I was an inpatient.”

“My daughter was born around 4 weeks ago and she decided she wanted to be breastfed, a community midwife from the Arches came out especially to visit and was able to spend time with me, correcting positions, offering advice needed to allow us to continue breastfeeding. She was exactly what was needed and made all of the difference to us.”