2015/16 Annual Quality Report
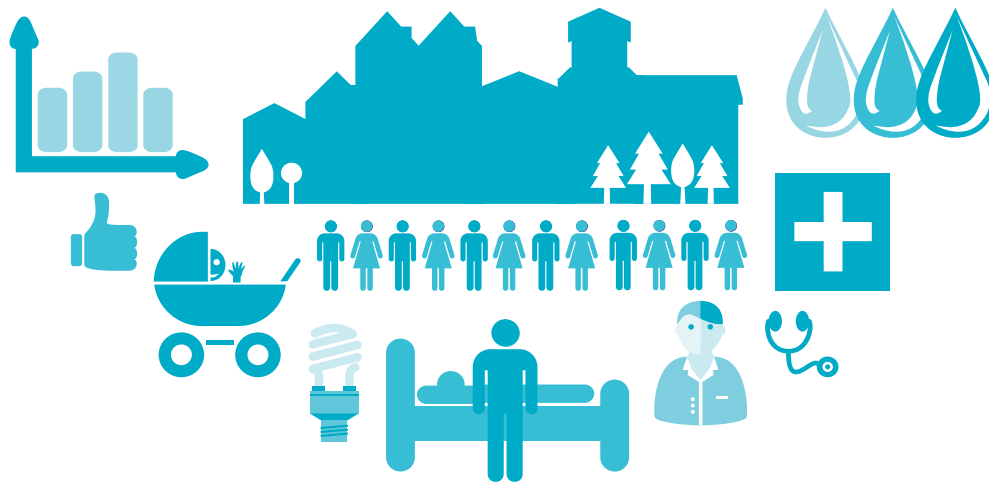
Belfast Trust is the largest integrated health and social care Trust in the United Kingdom, delivering integrated health and social care to around 340,000 citizens of Belfast as well as providing the majority of specialist services for all of Northern Ireland. Everywhere I go throughout the Trust I find the same passion and commitment – old fashioned terms, but I believe they are at the heart of Belfast trust values and it is this sense of commitment and vocation which determines why we do what we do.

The wider health system is going through great change and debate is plentiful. We must focus on continuously improving the safety and effectiveness with which our services are delivered. We continue to invest in Quality Improvement as a fundamental enabler of improved care, and this Annual Quality Report reflects on that unrelenting journey. The Quality Improvement Plan is now a key element of the Organisational Development Plan and is at the forefront of the Trust vision to become a world leader in the provision of health and social care. BHSCT has developed a Quality Improvement Plan 2016-2020 which is based upon six shared and focussed objectives for safety and improvement. Our goal is to ensure that we have the right foundation to ensure success in improving in each of the six focussed themes. The patient and user are clearly at the centre of all that we aim to accomplish.

To embed the culture of patient safety and quality improvement we now need to develop a process for training and leadership, and over the next five years it is hoped that around 1,000 staff will undertake training to lead quality improvement in every area within the Trust.

I am delighted to report that the Belfast Trust is now accredited with the Investors in People Bronze award. This accreditation is an independent benchmark and is indicative of a commitment to continuously reflect, learn and improve. We are an organisation that continuously strives to be defined by its people; by our values; and by our quest for constant learning. The IIP accreditation is a mark of confidence in how we put our patients and clients first, each time, every time and above all else.

I very much believe in Belfast Trust and the people who make it what it is. I believe in their ability to realise our ambition and make a significant contribution to the current and future health of those most in need of our services.

Chief Executive Foreword

The number of people using our services

Last year we:

Saw 135,505 new attendance in our Emergency departments

Delivered 5,961 babies

Delivered 10,000 hours of home support each week

Produced 35 million laboratory tests
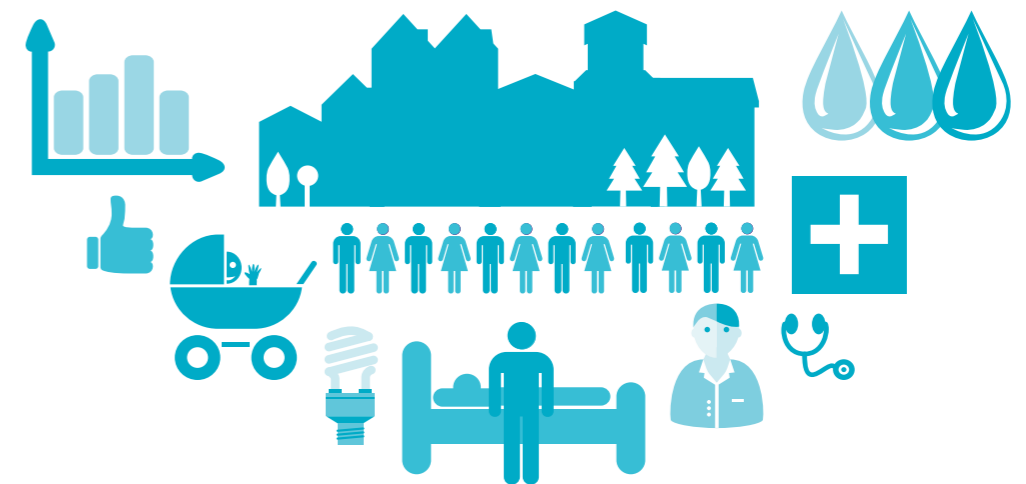
Produced 6,000 meals every day

Dr Michael McBride
Chief Executive

1: Transforming the Culture

The Trust Vision and Values

Our Purpose

To improve health and wellbeing and reduce health and social inequalities.

Our Vision

To continuously improve health and social care delivery and foster innovation in pursuit of this goal. We will seek to achieve the right balance between providing more health and social care in, or closer to, people's homes and supporting the specialist delivery of acute care, thereby delivering positive outcomes for the people who use our services.

Our Guiding Principles are integral to how we deliver and develop our services:

- We will provide safe, high quality person-centered and compassionate care, ensuring the best possible experience for all the people who use our services

- We will promote wellbeing and early intervention

- We will continuously improve, through integration and partnership working, our delivery of accessible and effective services

- We will innovate to drive improvement in services, translating research into practice and using proven technology to secure positive outcomes for people who use our services

- We will ensure our people have the appropriate knowledge, skills and attributes to deliver a high quality, person centred service in a Trust which is a good place to work, train and learn

- We will make a real difference to the impact of health and social inequalities on the lives of local people through our leadership and advocacy, in partnership with local communities

- We will continue to recognise and value the role and contribution of carers and families to our services

- We will achieve efficiency, effectiveness and equity across all our resources (our staff, our services and our facilities) and look after our environment for the future.

Our Values

Our values are important. They guide our behaviour, our attitudes, the decisions we make and what we expect of one another. Our Staff have told us the Trust's Values are important to them and have a strong impact on how they view our organisation. Our focus is on embedding and living the Values throughout the Trust.

The Trust has five core values that underpin everything we do:

- Treat everyone with **respect and dignity** – our colleagues, our patients, our clients and stakeholders

- Be **open and transparent** in all our dealings, building a reputation for being trustworthy, providing timely, accessible and appropriate information, keeping people informed

- Being **leading edge**, encouraging and supporting our staff to be innovative and creative in pursuing our purpose, creating an environment where research and enquiry can flourish. Translate research and innovative ideas into practical improvements for the people who use our services

- Maximise **learning and development**, building the capacity of our organisation and our people through learning, development and support. Empowering our people by developing and sustaining a learning culture

- Being **accountable**, demonstrating personal and professional accountability in the provision of high quality care by competent staff in a safe environment, achieve clear standards in service delivery and care outcomes, contribute to and respect the formal accountability processes of the organisation, Make the most of the financial and other resources we have through effective and efficient service planning, delivery and evaluation.

respect & dignity   openness & trust   leading edge   learning & development   accountability

Our objectives

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

- **A Culture of Safety and Excellence** - We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services.

- **Continuous Improvement** - We will seek to be a leading edge Trust through innovation at all levels in the organisation

- **Partnerships** - We will work collaboratively with all stakeholders and partners to improve health, social care and well being and tackle inequalities and social exclusions.

- **Our People** - We will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce

- **Resources** – We will work to optimise the resources available to us to achieve shared goals.

Patient and Public Involvement

Belfast Health and Social Care Trust remains committed to developing personal and public involvement (PPI) to ensure the delivery of best practice across the organisation. The Trust's Organisational Framework for the Management of PPI was agreed by the Executive team in November 2015. This framework details the Trust's approach to implementing the regional PPI Standards.

The Trust continues to deliver "Introduction to PPI" training and has been an active participant in the development of the Regional PPI training package, "Engage and Involve".

Personal and Public Involvement continues to develop at a range of levels across the organisation and has included:

- Support for and promotion of a range of **service user groups and forums** including HIV service user forum, Gynae service user forum, prosthetics service user forum, Neurology Service user forum, Maternity Services Liaison Committee, Tell it Like it is groups in learning Disability

- Engagement with the **Traveller and Roma communities** through the community health workers to help shape the future delivery of the Traveller and Roma projects. Engagement with the Roma community in particular, lead to a significant shift in the delivery of the project, from primary care to a focus on early years, co-located in the Romanian Roma Community Association of Northern Ireland.

- Facilitation of a **BME and Traveller stakeholder engagement event** to support the development of a new BME and Traveller health and wellbeing action plan for the Trust

- Reconstituted **Patient experience and involvement steering group for cancer services**, with new terms of reference and sub-groups

- Service user focus group facilitated with **British Deaf Association** to discuss issues relating to ED and agree actions to address these issues

- Continued employment of a **Service User Consultant within Mental Health Services**

- Continued work with the **Carers Reference Group** to explore ways to develop the role of the group and promote it within Directorates

- A comprehensive process of carer engagement to involve carers in the development of the Trusts new **Carer Strategy** – this included focus groups, engagement with Traveller people, Roma people and BME carers group, use of feedback postcards with freepost address and a carer engagement event.

- Inclusion of services users and community /voluntary sector on the Trust's **Good Relations Steering group**.
- On-going **support and coaching** for individual Trust staff wishing to develop Personal and Public Involvement - this is provided by staff from the Community Development Team.
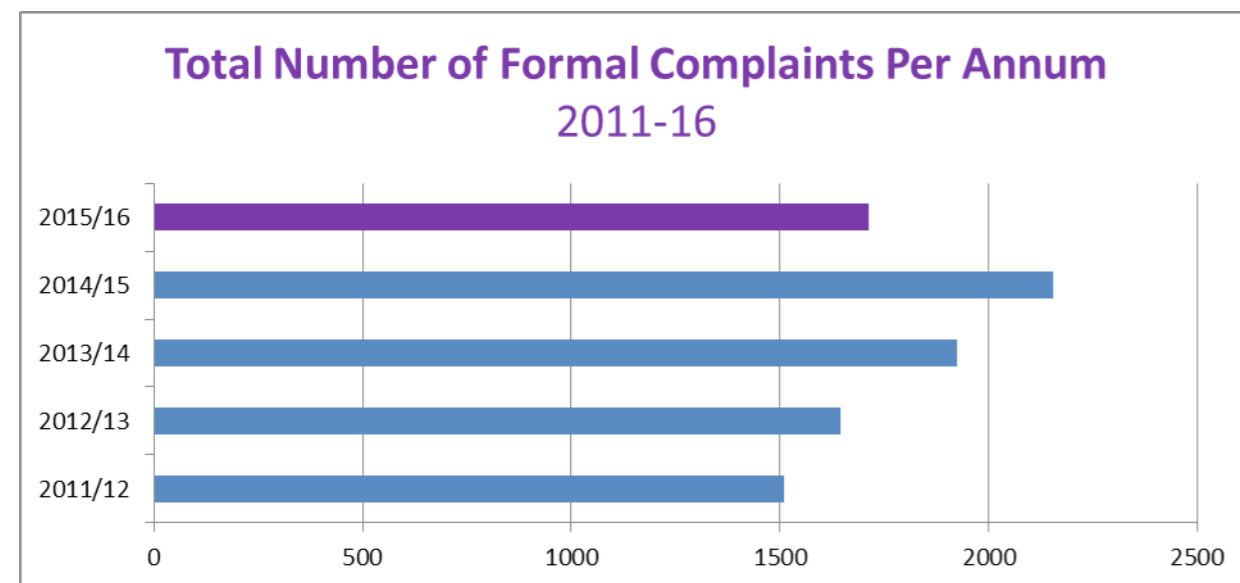
Complaints and Compliments

The Trust welcomes and actively encourages complaints and compliments about our services.

We recognise the importance of working with patients, clients, their families, carers and others to deliver, develop and improve our services.

The Trust wants to listen and to learn from the views of our patients and carers. As such, we strive to ensure that good processes are in place to manage complaints, with the complaints team supporting colleagues in service areas to ensure that complaints are investigated appropriately and, wherever possible, satisfactorily resolved at an early stage.

Facts and Figures

1,713 formal complaints were received in 2015/16 representing a decrease of 443 complaints on last year's figure of 2,156

Total Number of Formal Complaints Per Annum 2011-16

Year	Complaints
2015/16	~1700
2014/15	~2150
2013/14	~1900
2012/13	~1650
2011/12	~1500

Formal Complaints – Top 4 Subjects 2015/16

The most frequent reasons for complaints about our services this year were - length of wait for treatment / appointments; quality of treatment & care; communication/provision of information; and staff attitude/behaviour.

Progress made

During 2015/16 we carried out a survey of people who had made complaints to the Trust. The aim of this survey was to determine how well our complaints management systems were working and identify any areas where we could improve. Although complainants were satisfied with most aspects of the complaints systems, we did receive feedback on some areas where we could do better, particularly communication with complainants, and the availability of Complaints leaflets in wards / departments. These areas are now being addressed, and the survey of complainants will be repeated on a regular basis going forward so that we can continue to learn how to make our systems better.

We also conducted an audit of "re-visited" complaints –to discover and learn from the reasons why complainants sometimes ask for previously investigated complaints to be re-opened. Analysis of this data will allow an action plan to be developed to improve complaints management systems.

Responding to complaints in a timely manner

The Complaints Department and our Service areas are committed to working together to provide comprehensive and full responses to all our complaints in an appropriate and timely way.

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. While we continue to seek improvement in the timeliness of our replies, we feel that this must not be at the cost of providing a quality response to complainants

The following table shows the breakdown of response times for the Trust compared to previous years:

	2013/14	2014/15	2015/16
Acknowledgement of complaint within 2 working days	96%	96%	97%
Complaint response within 20 working days	50%	53%	57%
Complaint response within 30 working days	64%	66%	70%

Ombudsman Cases

When patients are not fully satisfied with the outcome from the Trust's investigation into their complaint they can raise their concerns with the Northern Ireland Commissioner for Complaints (now known as the Northern Ireland Public Services Ombudsman).

During 2015-16, eight new cases were opened by the Ombudsman regarding complaints previously raised with the Trust, and we continued to work with the Ombudsman on cases raised during previous years

Compliments

Throughout the year the Trust has received compliments from across all aspects of our services ranging from high standards of cleaning, portering, nursing and other medical and support personnel.

Compliments are always appreciated and provide our patients and clients with an opportunity to share their positive experiences with our staff members, and allow the Trust to learn from areas of good practice.

A total of 5,665 compliments were forwarded to the Complaints Department during 2015/16 compared to 4,787 in the previous year. We continue to encourage staff to report all compliments received as well as complaints.

Adverse Incidents / Serious Adverse Incidents and Resulting Reduction of Harm

An Adverse Incident is defined as "Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation."

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

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

Incidents reports are provided to a number of specialist groups eg. Assurance Committee,

Invasive intervention group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

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

Facts and Figures

In the year 2015/16 there were a total of 28,403 adverse incidents reported and of these 157 were reported as SAIs. 80% of incidents involved patients or clients, 19% affected staff with the remainder affecting visitors or did not affect any person. Among the most frequently reported incidents are those relating to abusive or self-harming behaviour, falls, medication, medical devices and pressure ulcers.

It is really important that these frequently occurring but not necessarily serious harm incidents are monitored closely to ensure the cause is identified before serious harm can occur. The following quote is from 'An organisation with a memory' published by the Department of Health in 2000: 'There is evidence that 'safety cultures', where open reporting and balanced analysis are encouraged in principle and by example, can have a positive and quantifiable impact on the performance of organisations.'

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

Top 5 Incident Types 2015/16	Examples of actions to reduce re-occurrence
Abusive, violent, disruptive or self-harming behaviour (8,121 reported incidents) (It should be noted that many of these incidents occur as a result of the client's challenging behaviour inherent in their medical condition).	• The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence • Training programmes, both face-to-face and e-learning are delivered throughout the year in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising, preventing and managing aggression, skills to escape an attack and team approaches in holding skills
Slips, trips, falls and collisions (5,402 reported incidents)	• Roll-out of the Fallsafe Quality Improvement Project across all adult in-patient areas. This project delivers evidence based falls prevention. • A Fall Safe Co-ordinator for adult in-patient areas was appointed within the Trust to help embed this project in participating areas.
Medication (2,996 reported incidents)	• Review and changes to the Trust anticoagulant chart; development, testing and implementation of a Trust temporary warfarin discharge patient information card. • Continued roll out of an insulin prefilled syringe.
Medical Devices/ Equipment (1,298 reported incidents)	• Supporting staff in the management of medical device incidents has led to the subsequent issue of national field safety notices by manufacturers • Sharing of findings from Northern Ireland Adverse Incident Centre (NIAIC) incidents investigations with MDAC has helped raise awareness of end-users with equipment potential issues, and encourages on-going safe use/ management of medical devices.

Top 5 Incident Types 2015/16	Examples of actions to reduce re-occurrence
Medical Devices/ Equipment	• On-going mandatory training for managers (DECs – Department Equipment Controllers) and other staff (Medical Devices Awareness) to ensure the safe use and management of Medical Devices, including their key roles and responsibilities, coupled with service areas completing BRAAT, has raised awareness of principal controls to reduce incidents.
Pressure sore / decubitus ulcer (1,087 reported incidents)	• Continued to raise awareness of pressure ulcer prevention through engagement with public awareness campaigns (STOP Pressure Ulcer Day) and education, namely pressure ulcer workshops for Healthcare Assistants and a new wound care course for Registrants. • Continued to review all pressure ulcer incidents using significant event audit methodology and ensure that learning is shared locally (within departments) as well as Trust wide (Quality Forum).

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

Learning Example 1

Healthcare professionals should seek specialist advice when a patient has any type of device in situ, before proceeding with a treatment or procedure.

Event

A patient had a radical prostatectomy that required the insertion of an Artificial Urinary Sphincter device (AUS).

He was admitted for further unrelated surgery that required urinary catheterisation. Deactivation of the AUS should have occurred before catheter insertion but due to lack of staff knowledge and awareness this did not happen. Failure to deactivate could have resulted in urinary incontinence and potential replacement of the device.

Learning

• Staff should consider seeking specialist advice when a patient has a device in situ before proceeding with a treatment or procedure

• Pre-operative / pre-procedure checklists should contain a prompt regarding patient devices in situ and should include a question about any special requirements needed

• Staff implanting devices that may have implications for other treatments should provide patients with advice and an alert card.

Learning Example 2

Adhere to WHO checklist and Surgical Pause

Event

Patient scheduled for surgery and insertion of implant had the wrong device implanted requiring a return to theatre.

The error was discovered after the patient had left theatre. The anaesthetic nurse returned to theatre to find that the correct device was still in theatre, unopened. The device inserted had been a spare one set aside for use on the previous patient who had been in the theatre.

Learning

• The Surgeon should check that they have the correct implant prior to beginning the procedure, as part of the WHO checklist and Surgical Pause

• There should be a verbal check of the implant prior to insertion

• A designated area should be identified in each Theatre where implantable devices are placed until they are required for the relevant procedure

• At the end of every case, staff must record on the WHO checklist that all implants or implantable devices specific to that case have been either implanted or removed from the theatre

• For procedures performed on more than one site across the Trust, systems, processes and documentation should be standardised as far as possible

• Where appropriate, consideration should be given to using speciality specific WHO checklists. These will identify areas unique to that procedure and may help in mitigating risk.

Patient / Family / Carer Engagement in SAIs

The Trust has adopted regional guidance on completing SAI investigation reports and also adheres to the regional checklist for engagement/communication with patient and clients following an SAI.

The Trust is compliant with the guidance regarding the SAI process and will always engage with patients and clients proactively where appropriate.

Being Open

The Trust is committed to improving the safety and quality of the care we deliver to the public.

'Being open' is a set of principles to provide open and honest communication between healthcare staff and a patient (and/ or their family and carers) when they have suffered harm as a result of their treatment. The Trust has a Being Open policy, and eLearning training available for all staff.

Promoting a culture of openness is vital to improving patient safety and the quality of healthcare systems. A culture of openness is one where healthcare:

- Staff are open about incidents they have been involved in

- Staff and organisations are accountable for their actions

- Staff feel able to talk to their colleagues and superiors about any incident

- Organisations are open with patients, the public and staff when things have gone wrong and explain what lessons will be learned

- Staff are treated fairly and are supported when an incident happens.

How the organisation learns

Key methods of sharing learning throughout the Trust include:

- Internal Learning Templates (19 Shared Learning Templates were issued in 2015/16)

- "Safety Matters" newsletter

- Quarterly and Annual Incident and SAI reports

- Directorate and Trust-wide Shared Learning Events

- Implementing recommendations from reviews and enquiries

- Incident and Risk Management training

- Incidents and SAIs are themed in categories to enhance learning opportunities.

- The Trust contributed several presentations to a Regional SAI Learning event in April 2015.

- The Trust launched Safety Message of the Week in September 2015 whereby safety messages usually arising from learning from an incident or complaint are published on the intranet.

- Safetember was launched in 2015 and is now an annual event in the Trust. September is rebranded as Safetember to renew and energise staff focus on improving the quality of their

services and to improve safety for staff and patients. A series of corporate and Directorate events are delivered across the organisation including inspirational speakers, Patient Listening Day, Staff Listening and focussed workstreams and awareness around healthcare associated infections, sepsis and suicide prevention.

Next steps

A key objective of the Trust's Quality Improvement Plan 2016 – 2020 is to continue to build an open, transparent and learning culture. There are several workstreams within this to support staff; enhance incident reporting; and to enhance local governance and learning from harm.

Leadership Walkrounds

The BHSCT Executive Team regularly holds a series of Patient Safety Leadership Walkround Visits to clinical areas on all sites

These Patient Safety Walkrounds are part of the Belfast HSC Trust safety / quality improvement agenda and allow Ward Managers and Directors / Co-Directors to work together to improve patient safety issues for patients, staff and the organisation.

Each visit is conducted by a team consisting of a Director, a Co-Director and a Patient Safety Officer.

The visit is scheduled to complete in 60 minutes and consists of the following:

(a) Discussion based upon Patient Safety (30 minutes) – carried out with Service/Ward Manager and 1 other staff member relevant to discussion (medic, deputy sister, AHP etc.). The hosting Ward Manager receives the questionnaire in advance of the visit.

(b) A tour of the venue (where this is appropriate) with the hosting manager (30 minutes). This includes:

    i.   a physical walk around the area visited during which Service/Ward Manager / visiting Director / Co-Director may identify issues requiring action

    ii. a discussion with ward staff on their patient safety views.

(c) By the end of the visit an action plan will be agreed to address any patient safety issues identified. The Co-Director will retain responsibility for ensuring the Action plan is implemented. The Patient Safety Officer will produce a Visit Report.

(d) The Trust's Safety & Quality Steering Group monitor & evaluate progress of the walkround programme and the agreed action plans.

1 Transforming the Culture

Quality Improvement

The Quality Improvement Plan 2016 – 2020 (QIP) is a key element of the Organisational Development Framework 2015 – 2025 and is at the forefront of the Trust vision to become a world leader in the provision of health and social care. The Plan will place the patient and user clearly at the centre of all that we aim to accomplish. The Plan will outline our aims for staff development, the importance of data and measurement in realising success and the paramount goal of becoming a safe, open and learning organisation. The QIP will align with regional objectives outlined in Quality 2020.

Over the past five years Belfast has invested in the training and development of individuals in Patient Safety and Quality Improvement methodology through various programmes including the Scottish Patient Safety Programme, IHI open school and IHI Improvement Advisor Programme. It is clear that in order to embed the culture of patient safety and quality improvement, we need to develop our own process for training and leadership development. Building the will and capacity to understand, participate and lead in quality improvement and patient safety are the core founding principles of both the Quality Improvement Plan 2016-2020 and the Corporate Plan.
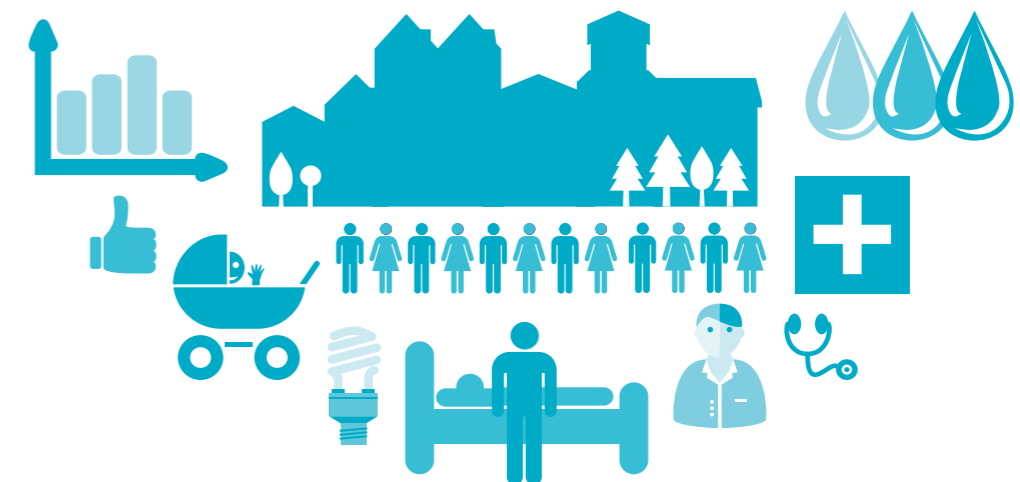
An online training programme has been developed which will allow staff to understand their role in QI including the importance of openness and transparency.

Over the next five years one thousand members of staff will undertake training to lead quality improvement at every area within the Trust. The trust has developed a programme named 'Safety and Quality at Belfast – Delivering Improvement' encompassing IHI open school, monthly half day training sessions and participation in a QI project. This programme is an intense higher level training course that aims to teach the science of QI alongside human factors and leadership training. In year one 2015-16, 54 staff undertook training. 150 staff will undertake training in year two, rising further in subsequent years.

In addition to the Safety Quality Belfast training programme, there are specific Quality Improvement training programmes for trainee doctors at Foundation Years, First STEPs, and also for more senior trainee doctors, STEP.

2. Strengthening the Workforce

respect & dignity   openness & trust   leading edge   learning & development   accountability

Investors in People

The Trust was successfully accredited with the IIP Bronze level Award in March 2016. This required the Trust to be assessed against the 39 evidence requirements of the core standard as well as an additional 49 evidence requirements across strategic priorities, including:

- Values

- Learning and Development Strategy

- Equality and Diversity

- Work life Balance

- Coaching Culture

- Recruitment and Selection

- Leadership

- Internal communication

The accreditation is an independent international benchmark assessment of our performance through people and reflects the commitment to continually reflect, learn and improve in order to adapt to changes in the external environment and drive transformation through culture, processes, systems, strategy and people.

This means that the Trust must demonstrate it has effective processes in place for induction, staff feedback, training, staff recognition and improving the way we do things amongst others.

Speaking at an IIP celebration event which was attended by staff from across the Trust, Dr Michael McBride, Chief Executive said:

"This is an organisation that continually strives to be defined by its people; by our values; and by our quest for constant learning, but much more importantly than that, this accreditation is a mark of confidence in how we put our patients and clients first, each time, every time and above all else."

Damian McAlister Director HR&OD, Peter McNaney CBE Chairman, Michael McBride Chief Executive receiving the Bronze Investors in People Recognition Award from Stephanie McCutcheon IIP Lead Assessor

Embedding the Trust Values

The Trust has continued to build on the established programme of work to embed our Trust Values and they are now part of Staff Induction, Corporate Welcome and the annual Staff Development Review process.

The Trust has also made significant progress with the roll out of the Team based Values Workshops, with 145 teams having completed a workshop to-date. The objectives of these workshops is to provide teams with an opportunity to familiarise themselves with the Trust values, explore how they are reflected in their work and to reinforce positive team behaviours. A Team Charter, which sets out the acceptable behaviours against the Values, is produced for each participating team.

In December 2015, the Learning and Development team delivered its 100th workshop. The workshop took place in Killynure House Elderly Care Home, Carryduff

Chaplains Team attending Values Workshop September 2015

The Trust Values have also been embedded within the Trust's recruitment process. During March 2015, two recruitment exercises for Band 2 Nursing Auxiliary and Band 5 Mental Health Nurses took place with feedback from both pilots extremely positive.

Values were also reviewed in the recent IIP bronze assessment:

"It was very evident that people believe in the importance of these values and how they contribute to successful outcomes for patients and clients"...
(IIP Assessment Report 2016)

Employee Engagement

The Trust considers employee engagement to be a shared strategic priority recognising that engaged staff deliver better, safer care.

The Trust's second Employee Engagement conference took place on 25 June 2015 and was attended by approximately 170 staff from across bands 1 to 7. At the event the Trust's Employee Engagement Framework 'Your ideas matter, your voice counts' was formally launched.

The Framework was developed following feedback and suggestions from a cross-section of our staff and recommends a range of actions that will now be progressed as the Trust seeks to enable all staff to feel more empowered and engaged, to feel listened to, encouraged to suggest ideas and to feel ownership for how our organisation performs. The Employee Engagement Framework sets the foundations of Employee Engagement with a focus on frontline staff.

This conference provided the Trust with an opportunity to seek feedback from those staff in attendance on the key aspects of the engagement framework:

• Setting Direction and Aligning Contribution

• Engaging Managers

• Employee Voice

• Living our Values.

Delegates at the Employee Engagement Conference

Quality Improvement: Attributes Framework

The Quality Attributes Framework states, "It is essential for all of us working, or in training, in Health and Social Care to understand the importance of delivering person-centred, quality care to our patients and service users".

In 2015/16 the Trust made progress in the implementation of the Attributes Framework and the Trust's Safety and Quality agenda.

Training on service improvement tools and techniques was delivered by the HR Learning and Development Team to 108 staff from across the Trust. The team also recently developed and introduced a new classroom based training programme that covers the attributes of Level 1. This training is suitable for all staff working in the Trust. A regional e-learning programme for Level 1 is in development and will be available in July 2016.

The Trust have also designed, developed and implemented a new Quality Improvement programme aligned with Level 2 of the Quality 2020 Attributes framework: the programme launched in December 2015 with 52 participants attending. The programme consists of monthly seminars delivered by expert speakers, online IHI modules (Institute for Healthcare Improvement) and participation in multi-disciplinary improvement projects, aligned to the Trust's Quality Improvement Plan.

Learning and Development Activity

The Trust continues to offer staff a range of development opportunities; promoted in the annual HR Learning & Development Portfolio.

During the period 2015/2016, 8363 staff attended a learning and development activity delivered by the Human Resources Directorate. This included 1814 staff attending HRPTS training, 968 staff attending Values Workshops, 350 staff attending Staff Development Reviewer or Reviewee training, 141 managers and team leaders attending coaching skills, and 52 staff attending the Strengthening Behaviours for Quality Improvement Level 1 Quality Attributes programme.

In terms of accredited programmes, 79 staff completed a level 2 and/or level 3 QCF qualifications whilst 75 managers completed either ILM Level 3 or 5 qualifications in Leadership and Management.

Statutory Mandatory Training

Statutory and Mandatory training is of vital importance in the provision of high quality services to patients and clients and is essential for effective risk mangement and and maintenance of required standards. The Trust continues to prioritise delivery and compliance with Statutory Mandatory training requirements as set out in the Trust's Statutory and Mandatory Policy and Training Matrix. Throughout the year, the Statutory and Mandatory Working Group continued to meet on a bi-monthly basis to progress this objective.

To ensure appropriate and sufficient training is provided the Trust are exploring the utilisation of digital learning solutions and alternative delivery models. While around one third of Statutory and Mandatory training is currently offered via eLearning within the Trust there remains scope for further development in this area. Unlike face-to-face classroom based learning, digital learning solutions such as ELearning offer many benefits including greater flexibility and 24/7 access.

Coaching

In 2015/16, the Trust continued to roll out and build on the development of its coaching service with 54 staff from Band 2 upwards availing of individual coaching during the year. The Trust also promoted and supported the provision of coaching skills for Line Managers as a performance improvement tool, 141 managers, Team Leaders and Supervisors having completed this training. Coaching is also available as an integrated aspect of all in-house accredited Leadership and Management programmes.

Arrangements are in place to support coaching supervision and continuous professional development for accredited in-house Coaches. This includes the quarterly BHSCT Coach Network sessions, access to external Co-Coaching Forums and Masterclass sessions run by the Association of Coaching.

Team Development and Effectiveness

During the year, 50 teams from across the trust participated in team development workshops. These workshops support the achievement of high performance and provide an opportunity for teams to review their own performance and effectiveness. The framework also provides individual teams with an opportunity to develop their team management plan based on the strategic priorities set out in the Trust's Corporate Plan and Directorate Plans. The intention is to enhance the Team Development Framework further through the inclusion of the Aston Team Coaching model.

Leadership Development

The Trust's bespoke Living Leadership programme "Leading with Care" was delivered to Tier 3 and 4 post-holders (Co-Directors and Senior Managers) during the year. The programme uses leading edge methodologies to focus on the behaviours and development of top leaders in a health care environment.

To-date four cohorts have completed the modular programme: 38 Tier 3 post-holders and 34 Tier 4 post-holders, whilst a further 54 have commenced the programme. All participants undertake a collective leadership challenge and are also tasked with organising a film festival to showcase and share their learning. Evaluation of the programme is currently underway.

A revised Leadership and Management Framework is being developed to support the Trust's commitment to the development of Collective Leadership set out in the Trust's Organisational Development framework. This Framework builds on the core principles and evaluated outcomes of the outgoing Leadership strategy and sets out our plans and priorities. The Framework has been consulted on across key stakeholders and will be formally launched in 2016.

Leadership Conference

The theme of this year's Leadership Conference was, "Putting Patients and Clients First Each Time – Every Time" and profiled innovative and exciting presentations and speakers that focused on the importance of our staff in the patient and client experience. The Key Note Speaker was Professor Mike West.

Professor West presented on the Collective Power that is both inherent within the Trust and the need to support a culture that allows for on-going growth and service improvement. Professor West focused on the key elements of developing Collective Leadership for Cultural Change. This included the importance of providing an organisational narrative which focuses on quality and which is aligned to clear goals and objectives at every level that will enable collective leadership throughout the Organisation.

Over 200 Senior Managers and Clinicians attended this very successful event.

Speakers and organisers of the Leadership Conference - Martin Dillon, Jim Wells, Bronagh Dalzell, Brenda Creaney, David Meade, Mike West, Peter McNaney and Dr Michael McBride

Staff Recognition and Achievements

National HPMA Deputy Director of HR – Joan Peden

Joan Peden, Co-Director Human Resources was named National HPMA (Healthcare People Management Association) Deputy Director of HR at the HPMA Excellence Awards 2015.

The HPMA Excellence Awards recognise and reward outstanding work in healthcare human resource management.

To win the award Joan demonstrated an outstanding contribution to Belfast Health and Social Care Trust, the health sector and the HR profession

Fred Armstrong Achievement Award – Maureen Edwards

Maureen Edwards, Finance Co-Director, was awarded the prestigious Fred Armstrong Achievement Award 2015 in recognition of her financial reform work in the area of medical engagement and leadership.

 Maureen has been recognised as leading the way in collaboration with clinician colleagues with the sole purpose of improving our services for patients and clients and in tandem with that, she has spearheaded innovation and reform.

Wound Management Programme

Band 3 Health Care Support Workers (HCSWs) completed a 5 day Wound Management Programme. This pilot programme, the first of its kind in Northern Ireland, was a Belfast HSC Trust initiative supported by the Clinical Education Centre. The aim of the course was to enable the HCSWs to deliver simple wound and skin care under the direction of a Registered Nurse.

Making a Difference Award

The Occupational Therapy Wheelchair Training Programme who won the Trust's Making a Difference Award and received finalist recognition at the Patient and Client Council "Making a Difference" regional award scheme.

The training programme was established to ensure that Occupational Therapy staff involved in wheelchair prescription have the knowledge and skills to safely prescribe the most appropriate wheelchair to meet the needs of the Service User.

GAIN Award Winners 2015

Dr Caroline Hawe (Consultant Anaesthetist) and the Perioperative team within Belfast City Hospital Tower theatres, won the GAIN Quality Improvement Award 2015 for their project on Preventing Inadvertent Perioperative Hypothermia in keeping with the NICE Guidelines CG65.

Trust MRI Physics team wins at MRI conference

Dr Aaron McCann, Dr Louise Sarri and Dr Cormac McGrath, Clinical Scientists within the Regional Medical Physics Service were awarded the prize for best poster at the recent "MR Safety Update 2015" conference held in Manchester.

The poster titled "Acoustic Noise Reduction: Investigating options on a new MRI system and their effect on image quality" generated a lot of interest and was judged the best poster.
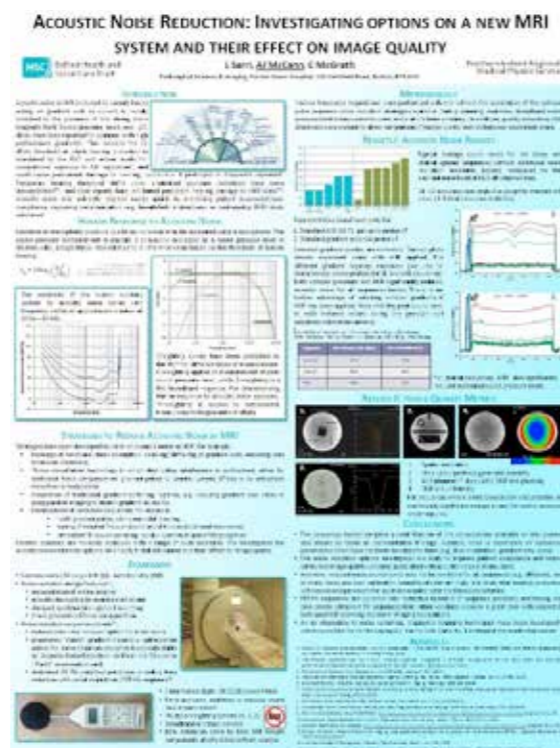
Arts Care Win

Arts Care won top prize at this year's prestigious Allianz Arts & Business Awards 2016 held recently in the Grand Opera House, Belfast.

The great news is that Belfast Trust will also be a winner, as Arts Care will be using their £3000 prize fund to develop the proposed Arts Care Cartwheel 999 Regional Art Gallery at the Royal Belfast Hospital for Sick Children. This will be the first dedicated art gallery in Northern Ireland for sick and vulnerable children and young people.

Multiple Winners at The Northern Ireland Advancing Healthcare Awards 2016

In total the Trust had 6 shortlisted projects in this year's awards, chosen from over 80 entries from AHPs across all the professions and from all over Northern Ireland. The awards were as follows:

- Empowering Healthy Living Category - Winner of The Public Health Agency award for contributions to public health - part of the Advancing Healthcare awards programme in Northern Ireland

- Felicity Dickson, co-ordinator of multidisciplinary services and Anita Harron, clinical lead speech and language therapist at the Trust have developed an accredited training course to skill classroom assistants so they can provide early support for children who are struggling at school

- Developing collaboration Category - Winner of The Health and Social Care Board award for inspiring the next generation of AHPs

- Angela and Suzanne developed an interactive e-learning programme to raise awareness of the risks associated with swallowing difficulties that has given many more staff the necessary skills and knowledge.

Special Recognition

Belfast occupational therapist is one of Northern Ireland's Rising Stars

Natalie Irwin, a reablement occupational therapist at the Trust, has been recognised as one of Northern Ireland's Rising Stars in healthcare in the Advancing Healthcare NI awards. She was nominated by Joanne Black, reablement clinical lead.

Natalie is an outstanding occupational therapist who would never accept an easy option and always rises to challenges put to her. She is inquisitive and investigative in problem solving for both her clients and service development. She uses all her strengths and skills to accomplish difficult tasks and responsibilities. Natalie is proactive in the development of the relatively new reablement service and has been involved in many initiatives to make the service more efficient and effective. She is an advocate for her patients; often going the extra mile to ensure a person is safe and happy.

Award Finalists

The Leckey Award for AHPs in Children's Services

Julia Maskery and Catherine Glover - Reaching Out: A clinically led OT initiative to upper limb management in children with CP

Alison Mounstephen and Kathryn McCrey - Trust Get Sporty.

The Health and Social Care Board award for inspiring the next generation of AHPs

Stacey Hetherington and Gill Hodges - A professional development strategy for the Therapeutic Radiography workforce.

Appraisal and Revalidation of Medical Staff

The Trust continues to support doctors and dentists with a range of processes to strengthen appraisal and enable revalidation, with a focus on quality assurance and continuous improvement. The Trust has focused on establishing and successfully operating the processes of revalidation and appraisal and related supporting systems, and ensuring appraisers and appraisees are fully equipped to deliver and meet the GMC requirements. The approach is also designed to ensure governance and assurance in enabling the Medical Director (Responsible Officer) to make revalidation recommendations to the General Medical Council in accordance with defined standards.

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

Medical & Dental appraisal is intended as a **"positive process of constructive dialogue, in which the doctor / dentist has a formal, structured opportunity to reflect on their practice and consider how their effectiveness might be improved. It should support in the aim of delivering high quality care whilst ensuring safe and effective practise"**.

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

Each Doctor needs to be re-licenced and therefore revalidated every 5 years. At any time, approximately 900 Doctors are connected to Belfast Trust as their revalidation Designated Body. 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 in context of the GMC Protocol for making Revalidation Recommendations.

Appraisal Quality Assurance and Improvement

Quality Assurance of the appraisal system is designed to support doctors in developing their practice more effectively thus adding to the safety and quality of health care. A Quality Assurance structure was established with the appointment of four medical leads during 2015/16.

Initial focus has been on the development and implementation of a comprehensive Quality Assurance Framework designed to improve the quality and consistency of annual appraisal, including appraisee and appraiser feedback surveys and documentation review.

Developments

- Appraisee Survey completed – October 2016 (436 responses)

- Appraiser Survey completed – December 2016 (71 responses)

- Appraiser and Appraisee Training redesigned following findings

- Review Framework - Evidence Rating Scale developed and piloted.

- Updated Guidance in relation to appraisals for Practice Year ending December 2015 has been issued, and incorporates learning from available quality assurance findings and best practice.

Next stages

- Fully roll out portfolio review

- Carry out further surveys

- Regular Appraiser forums

- Develop E-Learning for appraisees

- Redesign appraisal documentation arising from findings for consideration regionally

- Specification and development of an on-line appraisal system.

Revalidation Improvements

A revalidation recommendation process is in place which embeds the GMC requirements in operational practice, including weekly decision-making meetings chaired by the Responsible Officer, and a process for managing Designated Body / RO connections and outcomes.

Improvements during 2015/16 include the introduction of Letters of Good Standing between organisations, making recommendations earlier, individual RO meetings with doctors, and more appraisals needed to inform revalidation recommendations.

The next stage is to further enhance governance arrangements, provision of information to support doctors, and information flows.

Statutory & Mandatory Training

A Statutory & Mandatory Training tool and process has been implemented and integrated with the appraisal process, so that uptake is verified on an annual basis at appraisal.

This includes a Signposting Matrix, Individual Training Record and new Desist Declaration.
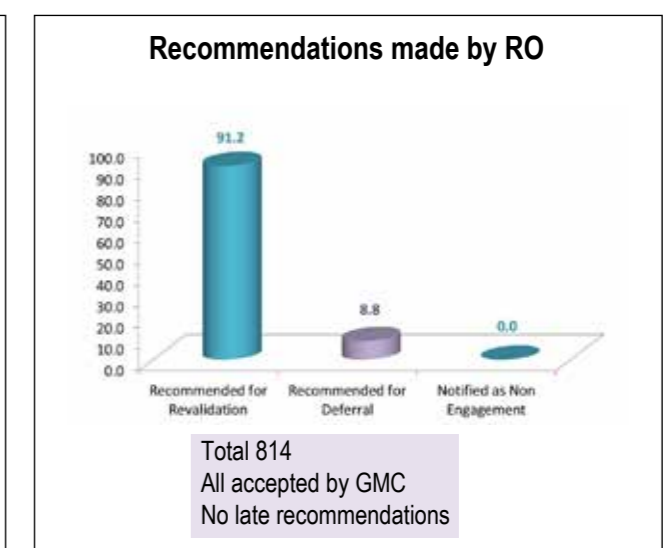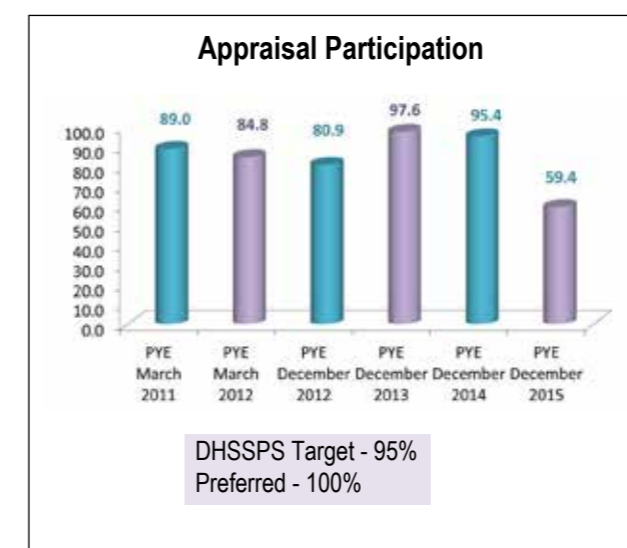
The purpose is threefold:

- Professional role / Patient safety elements clearly linked to Good Medical Practice domains

- Keeping employees safe within the workplace

- Improve medical and dental staff participation rates.

Facts and Figures

For two consecutive years the regional target of 95% participation in appraisal has been demonstrated. The current appraisal round in relation to Practice Year Ending December 2015 is not yet concluded. Recommendation profile is consistent with national averages.

Appraisal Participation

PYE March 2011	PYE March 2012	PYE December 2012	PYE December 2013	PYE December 2014	PYE December 2015
89.0	84.8	80.9	97.6	95.4	59.4

DHSSPS Target - 95%
Preferred - 100%

Recommendations made by RO

Recommended for Revalidation	Recommended for Deferral	Notified as Non Engagement
91.2	8.8	0.0

Total 814
All accepted by GMC
No late recommendations

Reflects recent reporting period

Appraiser Training

Following initial findings from appraisee and appraiser surveys as part of quality assurance, and in relation to new requirements and guidance, New Appraiser and Refresher Appraiser training was redesigned, and a programme of training was delivered from January 2016.

Compliance rates:	
New Appraiser Training (required on commencement of role):	**97.5 %**
Refresher Appraiser Training (required every 3 years):	**92.5 %**
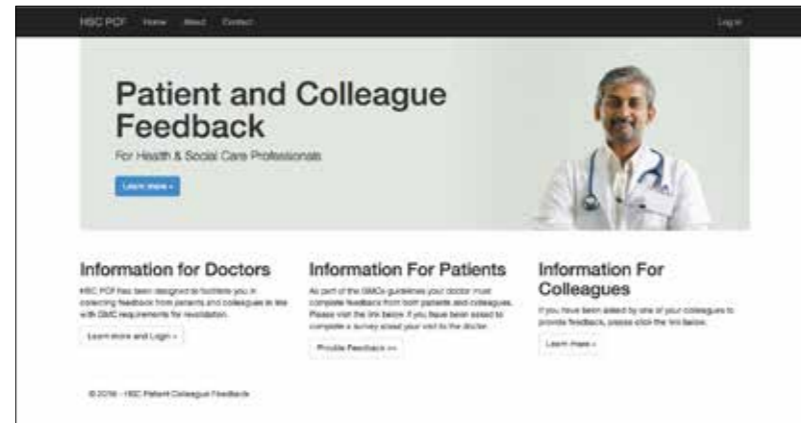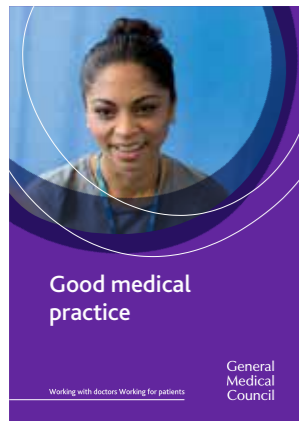
Medical Education

Medical Education function is committed to maximising the learning and development opportunities for those at different stages of their careers as doctors, with a focus on safety and innovation. The team within the Trust works in partnership with NIMDTA, QUB and professional bodies to meet this objective, led by medical staff and supported by administrative teams.

The Undergraduate team provides support to the Clinical Sub Dean and Sub Deanery structure in co-coordinating all aspects of the teaching programme for over 750 QUB medical students that come to the Trust each year. The team also coordinates the Trust's elective programme for 100+ international students who come each summer to Belfast.

The Postgraduate team provides support to the Director of Medical Education and Postgraduate medical structure. The team offers a variety of activities for up to 800 trainee doctors, and also for Trust Educators to support them in developing as doctors e.g. induction, foundation doctor teaching, training through Simulation, training courses for Trust Educators etc.

Medical Education also manages a range of teaching facilities in RVH, BCH, MIH and MPH to support the training/teaching of medical students, trainee doctors and many other staff groups in the Trust.

Improving Patient Safety through Simulation

In partnership with various medical teams, the department has further developed and embedded a range of high and low level simulation programmes. Simulation based medical education enables knowledge, clinical skills and attitudes to be acquired for all healthcare professionals in a safe, educationally orientated and efficient manner. Procedure based skills, communication, leadership and team working can be learnt and measured. Simulation provides a training environment that does not expose patients or trainees to risk. There are improved learning experiences from authentic activity of hands-on training and simulation increases competency thus improving patient safety. Simulation also allows exploration and development of skills such as communication, decision-making, judgment and leadership skills. Simulation includes role-play and the use of standardised patients, Computer based / VR models, Task simulators as well as High fidelity manikin simulation.

Other uses of the Simulation suite have included Multidisciplinary team training, Human Factor training and Up skilling staff in Intensive care in preparation for the new larger department. The Emergency department Safe Sedation course is setting the standard across the site.

In addition, the suite has a number of task/bench trainers that are currently used in a number of courses in the trust, including the Regional Chest Drain Insertion course, a course on CVP line insertion, and the Spine/ back trainers are used to teach both lumbar puncture and epidural catheter insertion.

SIMMOM has been used successfully for tests of competency for inexperienced staff prior to undertaking on call duties as well as the Management of "Never Events" and Team training for Emergency situations.

SimBel won first prize in the Chairman's Award in the Learning and Development category, and has invested the award in the delivery of a specialist training programme in partnership with the Scottish Simulation Centre, which will enable faculty training and further programme development. The facility also won the regional Randox Training in Healthcare Award.

Courses for Trainers and Trainees

The following courses were delivered in 2015/16, co-ordinated directly by the Medical Education team. Feedback is consistently positive.

Course	Held	Attendees
Chest Drain Insertion	4	64
Lumbar Puncture	2	24
Sedation	2	16
Central Venous Access	1	12
Safeguarding Children	1	17
Trainee Support	2	140
LLEAP Training	1	10
Paediatric Emergency Medicine Simulation	1	6
Mentoring	1	31
Clinical & Educational Supervisors	2	58
Total	**17**	**378**

In addition the team coordinates weekly F1 teaching.

Recognition and Approval of Trainers

Essential to the delivery of excellent patient care is high quality training for doctors.   In order to meet the GMC's standards for medical education and training, all educational and clinical supervisors of trainee doctors have participated in a variety of training courses, within the Trust and at NIMDTA, relating to their roles – Teaching the Teacher, Supervisory skills, Trainee Support and Equality and Diversity. These courses support Belfast Trust trainers in their continuing professional development as educators. The GMC require that all named clinical and educational supervisors achieve "recognition" to continue in their roles, by completing the four courses above.

By 1st July 2016, 94% of 411 BHSCT trainers had achieved this recognition that is valid for five years. Medical Education will continue to offer these courses to ensure that new and existing supervisors can provide a high quality training experience to our trainee doctors.

Training Tracker

Training Tracker is a regional e-learning system for trainee doctors that facilitates the completion of mandatory training such as infection control, data protection, consent etc. This system has been operational in NI for 7 years and modules are valid for five years.

Medical Education co-ordinates the yearly review and update of modules and monitors compliance of trainees working within BHSCT.

First Steps to Leadership

'First Steps to Leadership' (First Steps) is a new leadership and quality improvement

(QI) training programme specifically for Foundation doctors training within the Trust. It was piloted in 2015 and will start with its second cohort in mid-September 2016. The programme aims to facilitate the development of leadership and QI skills in foundation doctors, and was designed in alignment with the core Trust values and corporate objectives and supports the core themes of the regional Quality 2020 Strategy. First Steps complements existing programmes such as STEP by providing a basic introduction to leadership and QI for more junior doctors.

The programme is led by Dr Grainne Donaghy (Specialty Trainee in General Adult Psychiatry, ADEPT Clinical Leadership Fellow at the time of the pilot) with the support of Dr Claire Lundy (Consultant in Paediatric Neurodisability and Rehabilitation, RBHSC) and Dr Cathy Jack (Medical Director). The programme takes place from September to June, and comprises of a combination of online learning, ten monthly workshops over the course of the year and experiential learning through completion of a QI project in small groups. Each workshop is aligned with an online learning module, which are facilitated via the Institute for Healthcare Improvement (IHI) Open School. A number of sessions are supported by others within the Trust – a session on Human Factors from Dr Olly Bannon (Consultant RVH A+E), a session on Resilience and Emotional Intelligence from Dr Iain McDougall (Consultant Psychiatrist), as well as a Mentoring session delivered by the Learning & Development Team in HR.

Thirty-three Foundation doctors completed the inaugural programme in June 2016, and eight improvement projects were completed by the project groups (see table for information). Over fifty Foundation doctors have registered for the 2016-7 programme.

First Steps to Leadership: Improvement Projects 2015 – 2016	
Project Title	**Project Team Members**
Accurate body weight recording in a Trauma and Orthopaedics ward: a quality improvement project	Jonathan Rooney, Ruth Wallace, Paul Cooper, Anna Durkan, Aisling Carroll-Downey
Immediate Discharge Document Project: Improving discharge accuracy at the Mater Hospital	Abigail Nelson, Cathal Harkin, Sabina Conway, Kathryn Mitchell
Surgical Elective Clerkings - Can They Be Standardised?	Michael McMahon, Laura Johnston, Emma Gardiner, Sarah O'Hare
Improving the 48 hour review of antibiotics in the Northern Ireland cancer centre	Ronan McLaughlin, Orla O'Neill, Brendan Haughey, Elizabeth Finnan
Social History - an Important Component of Medical Assessment	Rona Anderson, Amy Hamilton, Caitlin Malone
An accident waiting to happen - effective handover is key to inter-hospital transfer	Sophie Davidson, Declan Love, Cora Kavanagh
Adding Insult to Injury: Reducing the Risk of Contrast-Induced Nephropathy	Stephen McAleer, Clare Morgan, Christopher Davis, Kerri-Marie Heenan, Darren Raffo
Improving fluid balance chart recording on an elderly care ward: a quality improvement project	Eimear McKenna, Fiona Balmer, David Fitzpatrick

Undergraduate Feedback

The Trust met all targets in relation to feedback for Years 1-4 medical students for Academic Year September 2015 to May 2016, as required for the SUMDE Accountability Review. In response to question "My Attachment teacher motivated me to do my best work":

Year	Target %	Actual %
1st and 2nd Year	90%	95%
3rd Year	85%	91%
4th Year	90%	95%
Final Year	90%	86%

Work Experience

For many years, the Trust has delivered work experience programmes for young people wishing to explore careers in health and social care. In 2015 we redesigned our medical work experience programme to allow all young people with an aspiration to study medicine a greater insight into the career of a doctor. In particular, this change was designed to encourage access to medical work experience for pupils who did not come from a traditional medical or professional family background.

The Work Experience Co-ordinators (Dr Una Carabine, Dr Martin Duffy, Mr Irwin and Ms Kate Moore) in partnership with Charter developed a 2½-day programme that enabled them to interact with a wide variety of BHSCT staff and consisted of:

- Teaching - Ethics in Medicine, Reasons to be a Doctor etc.

- Workshops - Introduction to Simulation, Breaking Bad News etc

- Clinical placements - two ½ day placements in different clinical areas.

In 2015/16 the programme took place three times throughout the year and accommodated nearly 150 students from across NI and feedback was very positive – 85% were clearer about their career choices and 100% would recommend the programme to a friend.

The programme has been expanded for 2016/17 and will take place four times throughout the year and will accommodate a maximum of 210 students.

"At the start, I was unsure if I wanted to do medicine or if it would suit me as a career but having had the three days of work experience and especially the day of work in the hospital. I have found that it is definitely the career I want to follow" Comment from participant

Postgraduate Lecture Theatre – Belfast City Hospital

Charitable Funding was secured for the third phase of development in the Postgraduate Centre, BCH, and we are grateful to the relevant Charitable Funds for their support. This enabled the full modernisation of the Lecture Theatre including new seating, flooring and technology installations.

This development represents a significant improvement to learning environment in Belfast City Hospital, and feedback from users has been very positive.

Moving Forward in 2016/17

Further progress and develop the range of areas described already.

Strengthen Trainee Doctor induction processes and communication tools to ensure required standards are achieved.

Modernisation and expansion of training facilities in the Mater hospital, in partnership with the Trustees.

Staff absenteeism

As one of the largest provider Trusts in the UK, the Belfast HSC Trust makes a direct contribution to the objective of improvement in the health and well being of the people in Belfast and to reduce health and social inequalities. With approximately 22,000 staff, our workforce covers a diverse range of professional and occupational groups, cultures, age and ethnicity.

To provide the best possible health and social care for the people we serve, it is essential that the Trust attracts and retains staff who are appropriately qualified, professional in the service that they deliver, happy and productive in their work and committed to learning and developing in their role. Staff health and well-being is key to ensuring staff are happy, productive and engaged in their roles. It is well researched that when staff are feeling well and satisfied with their work, the patient experience improves.

Facts and Figures

Throughout 2015/16 the Trust worked hard to achieve the DHSSPS target of a 2.5% reduction in sickness absence. We launched a new Manager's Toolkit for Managing Attendance and delivered mandatory workshops to over 900 managers across all Directorates. As at 31st March 2016, the overall Trust sickness absence rate was 6.10%, compared to 6.45% at the end of March 2015. This represented a 5.4% reduction, well in excess of the target.

The highest proportion of total working days lost due to absence remains linked to mental health conditions (26%) and musculoskeletal conditions (19%).

Between April 2015 and March 2016:

- Over 1700 staff and managers attended Attendance Management Training

- 130 cases were presented at Case Management meetings

- 1978 staff availed of the Trust's Fast Track Physiotherapy Service

- Over 500 staff participated in the Trust's free Here 4 Health classes

- 275 staff took part in Business in the Community's 12 week £ for lb weight loss challenge, achieving a combined weight loss of 51st 1lbs, and raising £1685 for Friends of the Cancer Centre

- 289 staff registered for the Active Belfast Workplace Challenge with the Trust achieving the **'largest journey generator'** in the Challenge by far with 5599 journeys logged amounting to 45775 miles, with the vast majority of journeys being made on foot or by bicycle

- 10 HR Drop in clinics throughout various Belfast Trust venues attended by 220 staff

- Over 5,000 visitors to the new b well website

- Over 700 staff attended a b well health fair.

Achievements:

In December 2015 the Trust achieved Employer of Excellence status from Employers for Disability NI – one of only 4 organisations across the Province to receive this status.

Looking after our Staff

As one of the largest employers in Northern Ireland, the Trust is committed to maintaining and improving the health and wellbeing of our employees. It is well researched that when staff are feeling well and satisfied with their work, the patient experience improves.

In November 2015 the Trust's Health and Wellbeing at Work Steering Group launched a new focus on staff health and wellbeing entitled 'b well'. The project had two main aims:

1. To unify all employee health and wellbeing activity under one recognisable brand.

By grouping existing and new initiatives under the 'b well' brand, staff can now understand the breadth of services available to them. The brand is comprised of 5 sub themes:

2. To enhance access to health and wellbeing information for staff inside and outside work.

This led to the design of two unique wellbeing tools:

The b well website (www.bwellbelfast.hscni.net)

The website focuses on the provision of up-to-date advice, videos and tools under the 5 key b well themes and contains information on all of our staff support services. The website also hosts a series of videos of Trust staff undertaking various physical and mental wellbeing activities, both internal and external to the Trust. The videos were used to model good HWB behaviour, allowing other employees to observe some simple steps to becoming champions of their personal wellbeing.

The site content was developed in-house via the Health Improvement team and with NHS Choices website content.

The b well App

The app is a leading edge tool that pulls together advice from a range of NHS sources as well as hosting unique content composed by Trust Occupational Health Physiotherapists, Clinical Psychologists, Cognitive Behaviour Therapists and Health Improvement. This includes 40 videos of exercises and 90 minutes of recordings of guided relaxation and mindfulness exercises.

All of the health messages within the tools are presented from a self-management perspective. The app in particular emphasis the importance of staff investing in their own health in their own time to enable them to meet the physical and psychological demands of the workplace.

The app also acts as a platform to launch various initiatives. Our 'sit less: move more' campaign is currently underway and a 'fit4life: fit4work' campaign will commence September 2016, where staff are advised of the need to, outside of work, improve their physical fitness so as to make sure that they are fit enough for their specific job. It is available on iPhone, Android and Windows to optimise access for staff.

In addition to the new tools, we delivered a comprehensive range of health and wellbeing activities, services and programmes to staff:

- Here 4 U free activity classes: over 500 staff participated in one of the Trust's free physical activity classes for employees (zumba, pilates, football, yoga, circuit training, boxing and ballroom dancing)

- Health Improvement training programmes eg. nutrition, physical activity, oral health, sexual health, men's health and stress management

- Physical Activity Loyalty Scheme commenced at Belfast City Hospital in October in conjunction with Queens University Belfast: over 150 staff signed up.

- Workplaces Green Gym programme was designed and co-ordinated in partnership with The Conservation Volunteers for staff at Knockbracken Health Care Park.

- A range of activities took place for the Movember campaign including a Spinathon and a Step Challenge.

- A range of emotional wellbeing course; Mindfulness, Top Tips for Looking After Yourself, ASIST, Mental Health First Aid, Living Life to the Full, Health for Life, HIV/Sexual health Awareness training, and Walk Leader training

- A number of Stress Focus Groups took place in various departments throughout the Trust.

- New Stress Risk Assessment Flowchart launched

- On-going promotion and training of managers in the Trust's Management of Stress Health & Wellbeing Policy which provides guidance on preventing / minimising ill health & support to those with stress related problems

- Take A Break Pilot commenced in August in Neurology wards Royal Victoria Hospital

- On-going promotion and awareness of Staff Care Counselling Services and Improving Working Lives.

- During the period there were 745 work life balance applications with an 82% approval rate for the eight worklife balance flexible working policies

- A highly successful eighth summer scheme with 342 children and 207 families being accommodated.

- As an Employer for Childcare best practice Employer, the Trust facilitated over 950 parents in the Employer for Childcare Voucher Scheme.

- Maternity Information sessions were held providing staff with information on maternity leave entitlements, health at work during pregnancy and health promotion for expectant mothers.

The overriding premise of our approach is to inspire staff to become champions of both their own wellbeing and that of their families. By educating staff on key health improvement strategies, we empower them to invest in their own health to meet the physical and psychological demands of their jobs.

Through the provision of an extensive array of wellbeing programmes, educational tools and support services, 'B Well' aims to enable a more engaged, productive and healthy workforce, leading to better health and care outcomes for our patients and service users.
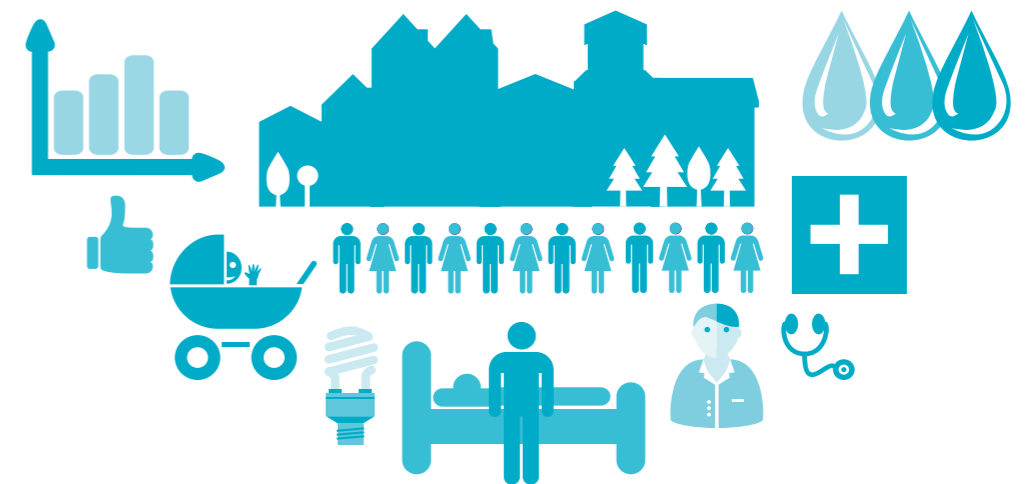
Vaccinations

Flu Vaccination

Considerable effort is put into our annual flu vaccination programmes to maximise the uptake of flu vaccination. During 2015/16 28% of our front line health care staff availed of the opportunity to have their flu vaccinations. We are planning a number of new initiatives to achieve at least 40% uptake for 2016/17 as we continue to encourage all our staff to protect themselves and our patients against flu.

3. Measuring the Improvement

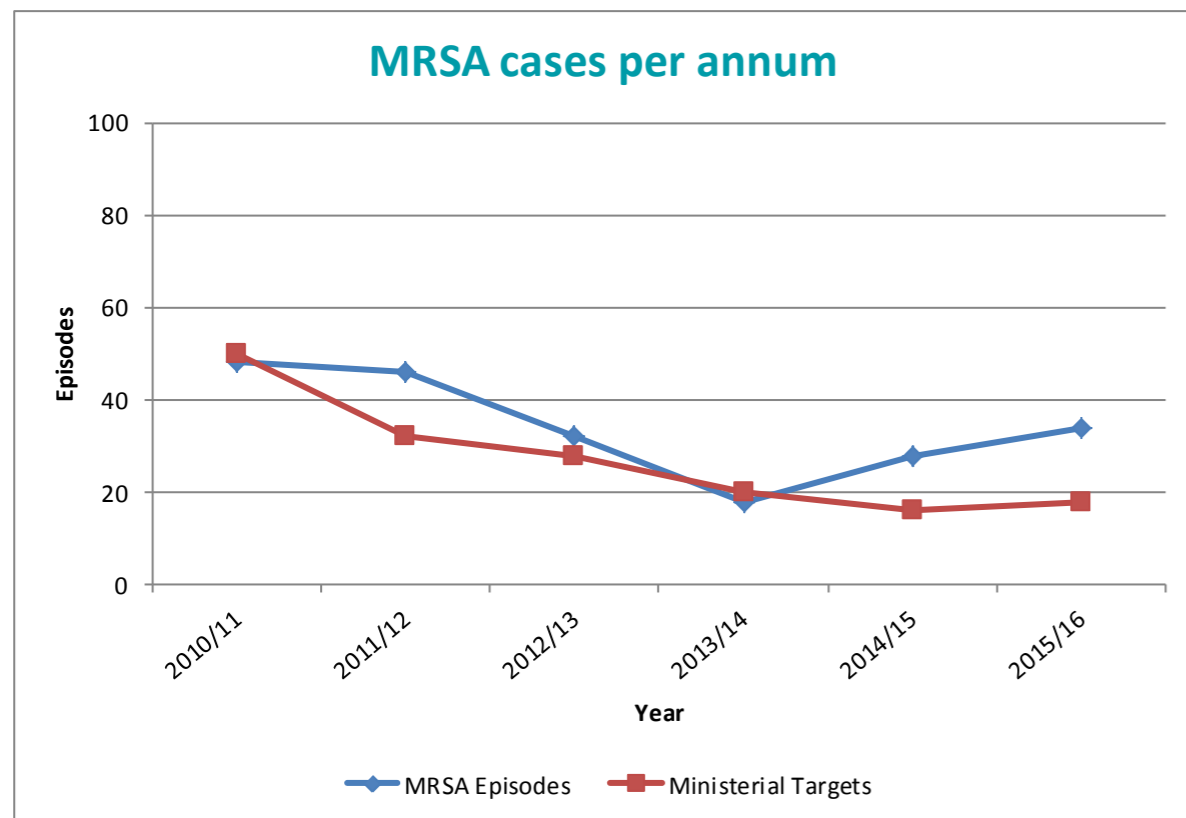# Reducing Healthcare Associated Infections (HCAIs)

Reduction in HCAIs remains a key patient safety issue across all Directorates and disciplines within the Trust. Continuous improvement in the management of HCAIs is a year-on-year goal.

To reduce preventable MRSA bacteraemias

The number of patients with MRSA bacteraemias reflects on the quality of care in hospital, in the community and in care homes. MRSA is a type of Staphylococcus aureus that has become resistant to a number of different antibiotics, however, effective treatment is available if a patient develops an infection caused by MRSA. Patients in hospital may be more susceptible to developing an infection due to their illness and/or the treatment they are receiving. This is why simple measures, such as using an aseptic technique are vital in the prevention of the spread of MRSA. Reducing the number of preventable MRSA bacteraemias is an important priority.

Facts and Figures

In 2015/16, the Ministerial performance target for MRSA (methicillin resistant Staphylococcus aureus) bacteraemia infections (18) was not met with a final total of 34 blood stream infections.

MRSA cases per annum

To reduce preventable Clostridium difficile (C.diff) infection

C.diff infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. Signs and symptoms range from mild diarrhoea to severe life-threatening inflammation of the colon.

Again the number of cases reflects on the quality of care received by patients/clients in our Trust. The important factors in maintaining this reduction are good hand washing, prudent antimicrobial prescribing, thorough environmental cleaning, effective decontamination of equipment, and prompt isolation of patients presenting with diarrhoea.

Reducing the number of patients who develop C.diff is an important priority as this disease is responsible for an increase in mortality and morbidity in an already vulnerable patient population.

In the lifespan of Belfast Trust we have achieved a year-on-year 60% reduction in our numbers of C.diff. The reduction targets set for 15/16 were extremely challenging. This year the outturn was above the target number for both C.diff and MRSA bacteraemias. The increasing workload and bed occupancy demands faced by the Trust over this year could have played some part in this.

Facts and Figures

In 2015/16 the Belfast Trust was not successful in meeting the Clostridium difficile infection (CDI) ministerial target. Against the challenging performance target set (115), the Trust reported 129 cases of CDI among hospital in-patients aged 2 years and over – a 7% reduction in the number of cases reported during 2014/15.

Clostridium difficile cases per annum
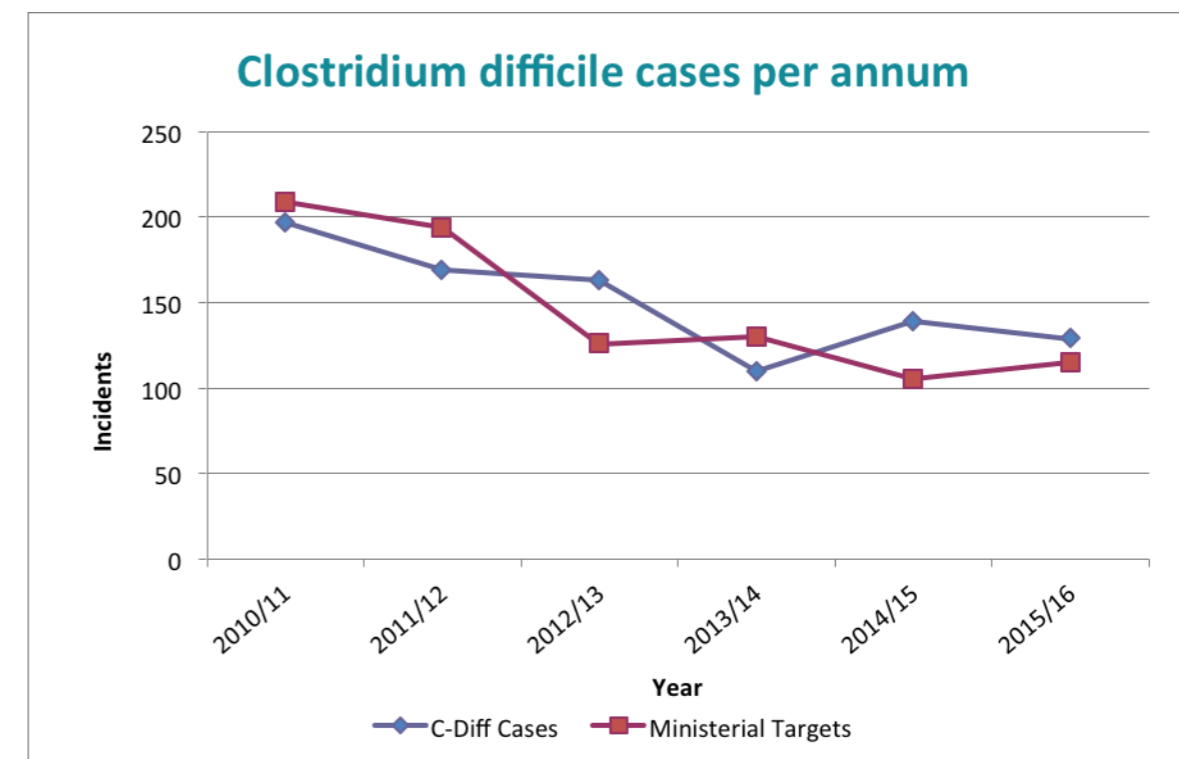
Progress made

Infection Prevention and Control is everybody's business, and as such all staff across the Trust must have training in this area. During 2015-16, to make it easier for staff to keep up-to-date and complete their mandatory Infection Prevention and Control training, we launched an eLearning course for staff with direct clinical care responsibilities. This was well received by staff and in the six-month period since it was introduce approximately 1,700 staff have completed and passed this eLearning course.

Training and assessing staff on Aseptic Non-Touch Technique (ANTT) is an important aspect of preventing infections. Since 2014, 433 staff working across the Trust have been trained as assessors and are now responsible for training and assessing other staff in their Wards/Departments. ANTT is an essential skill in the prevention of bacteraemias and wound infections.

Every ward/department has a 'Link' person who attends regular meetings with the Infection Prevention and Control nurses to update their knowledge and skills so that they can act as a resource for their colleagues and participate in auditing this work area. Two intensive study days were held this year, one for staff working in primary care and one for secondary care staff. These were well received.

Audits of clinical practice and of the clinical environments were carried out in 64 areas in this year. Various audit tools were used i.e. RQIA audit tools, regional environmental cleanliness audit tool and the Infection Prevention Society audit tools. Staff find these very helpful in maintaining standards in their areas.

Next steps

- Work has already started on an eLearning programme for staff with no direct clinical care and this will be launched in September 2016.

- The Infection Prevention and Control team continue to look for new ways of communicating with staff to highlight the importance of infection prevention. We are exploring the use of podcasts, twitter and other types of media.

- Further study days will be organised in 2016/17.

- Development of a simplified HCAI reduction 'Plan on a Page' and walk round audit tool for Directorates to monitor/audit their own areas will be progressed during 2016/17.

Hand Hygiene

Work continues to embed and improve compliance with good hand hygiene practice across primary and secondary care settings.

Each Directorate continues to carry out their own independent audits that include the following elements:

- Staff being bare below the elbows (BBE)

- Adherence to the '7-step' technique

- Observing when hand hygiene is carried out in accordance with the WHO '5 moments'

- An additional step of using the hand sanitiser after hand washing is included in the hand hygiene audit tool for augmented care areas.

The results of these audits are reported to the Healthcare Associated Infection Improvement Team as part of the Directorates' HCAI improvement plans. These results are also a critical element of the balanced score cards produced by each Directorate.

The Infection Prevention and Control Nurses carried out hand hygiene audits throughout 2015/16 in response to outbreaks and clusters of infection as well as part of a proactive auditing programme.

These independent hand hygiene audit scores are typically lower than self-audits and this emphasises the need for a robust programme of independent hand hygiene audits.

The implementation of the use of an alcohol hand sanitiser after hand washing in augmented care areas is captured in the hand hygiene tool used for these areas.

Facts and Figures

In total the Infection Prevention and Control Nurses carried out 97 independent audits during 2015/16. The scores ranged from 40% to 100% and the mean score over the four quarters was 78%.

Compliance on Independent Hand Hygiene Audits
(Target: 90%)
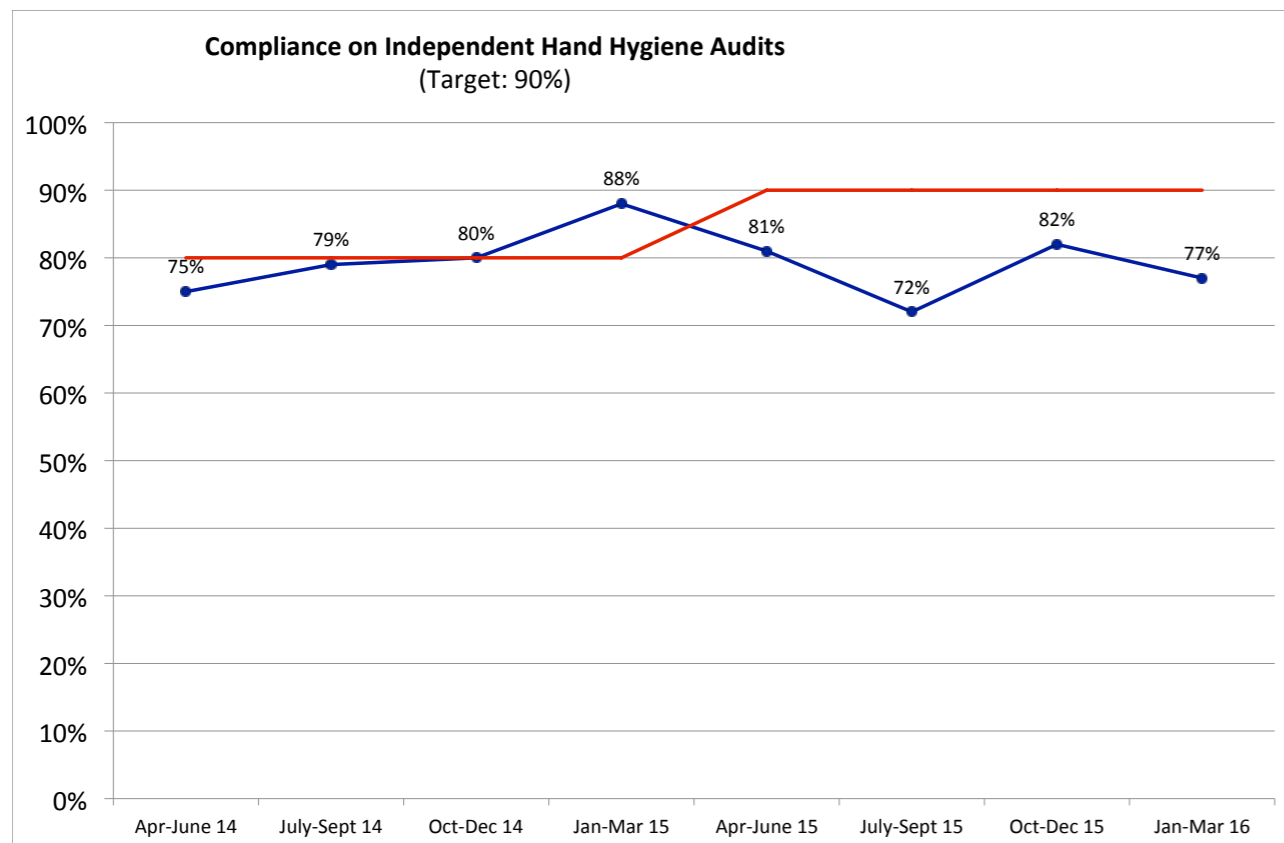
Next steps

In 2016/17 the Infection Prevention and Control Nurses will continue to audit hand hygiene independently, and Directorates will continue to feedback to the Healthcare Associated Infection Improvement Team.

In this incoming year we expect to see compliance increase to 90%.

Safer Surgery / WHO Checklist

The World Health Organisation (WHO) Surgical Safety Checklist is a tool used by clinical teams to improve the safety of surgery and reduce deaths and complications. The checklist is designed to reduce the number of errors (for example surgery on the wrong site or the wrong patient, or the wrong procedure being performed) and complications resulting from surgical procedures by improving team communication and by verifying and checking essential care interventions.

Facts and Figures

Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team. In 2015/16 we achieved a compliance level of 93%, which narrowly missed our standard of 95%.

WHO Surgical Checklist Compliance
(Target: 95%)
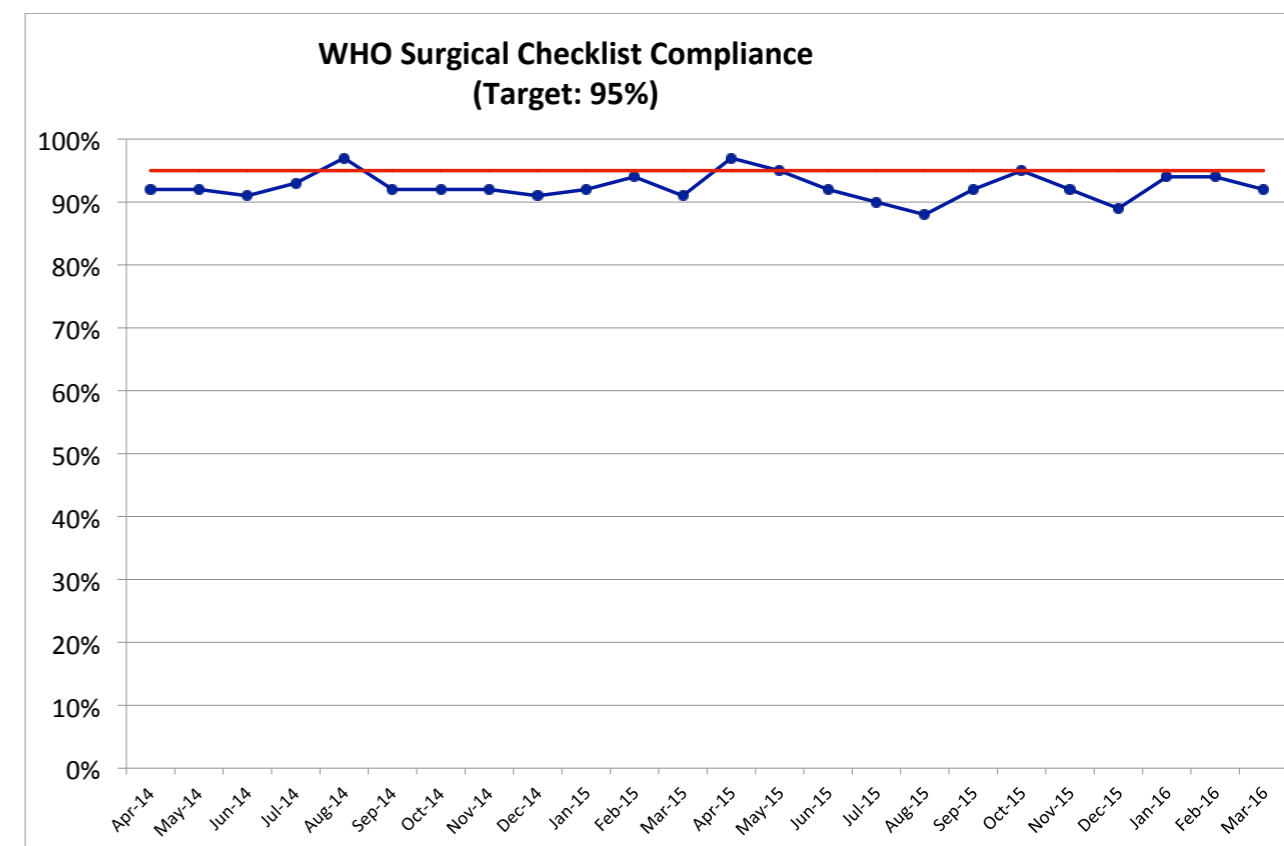
Inpatient Falls

Falls in hospital are among the most frequently reported incidents with over 175 falls reported each month during 2015/2016. Patients of all ages fall, but falls are most likely to occur in older people.

The causes are often complex, and inpatients are particularly vulnerable to falling due to a range of factors including illness, the medications required and difficulties with mobility. Active rehabilitation that encourages improved movement and prepares inpatients for home also carries a risk of falling.

We recognise that for inpatients, the consequences of falling ranges from distress and loss of confidence to injuries that can cause pain and suffering, loss of independence and occasionally death. Falls often cause a fear of subsequent falls that increases risk and reduces independence. Also, relatives and staff feel anxious and upset when a patient falls in hospital. For these reasons, staff across the Trust are working hard to reduce the incidence of inpatient falls.

Facts and Figures

In 2015/16, the Trust recorded 2,442 falls, a reduction of 29 on the number reported in 2014/15.

Number of Reported Inpatient Falls April 2014 to March 2016 (Monthly Data)
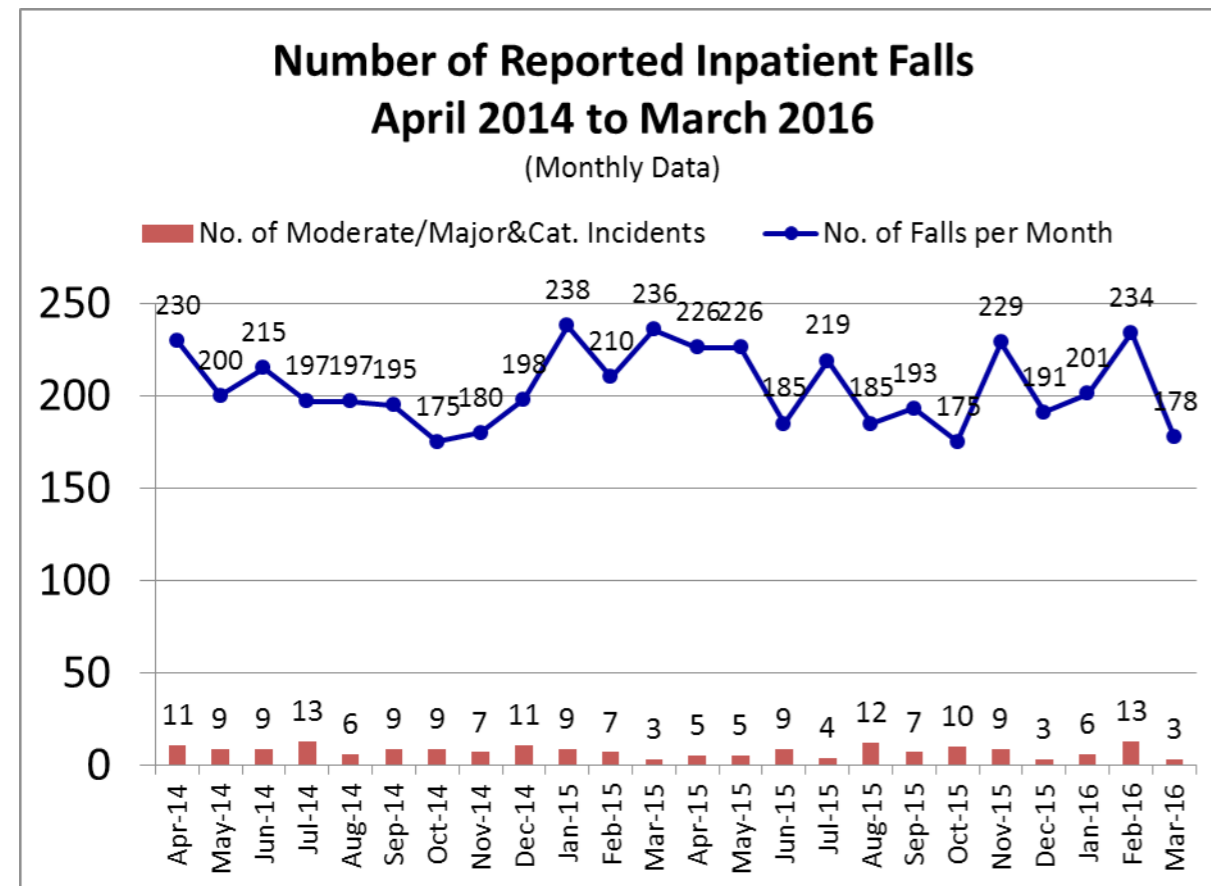
Facts and Figures

Of the total number of reported falls during 2015/16, 86 (3.5%) led to more serious injuries including broken bones. This number is a reduction of 17 from last year when the total number of more serious falls was 103.

Number of more serious injuries (eg broken leg) 2013-2016
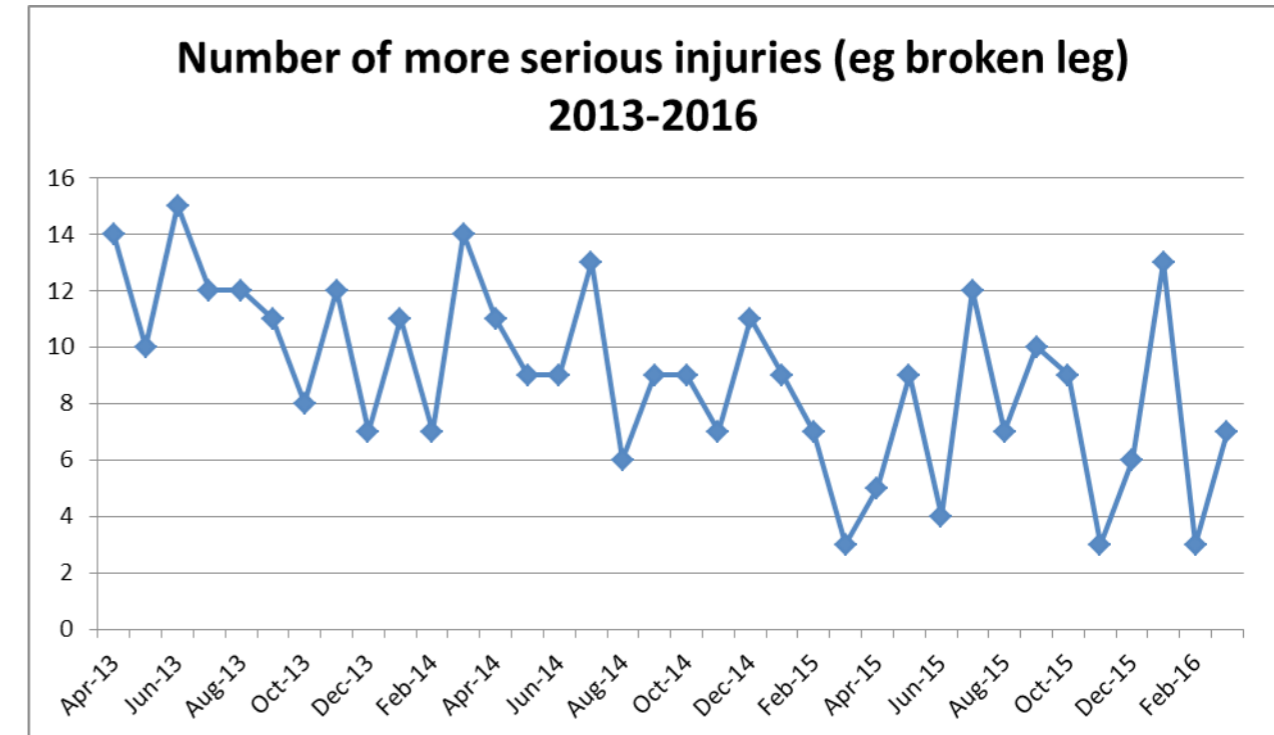
Progress made

In 2015/16, the Nursing and User Experience Directorate helped the Trust to deliver a 3% reduction in the total number of patient falls, and a 15% reduction in the number of patient falls reported as 'moderate and above' compared with 2014/15.

This improvement is due to:

• Successful rollout of the Fall Safe Bundle to all Adult Acute In-patient Wards by March 2016.

• Continued engagement by colleagues at Safety Improvement Team (SIT) meetings.

• Recent formation of a Falls Forum for shared learning.

• Successful recruitment of a Band 7 FallSafe Co-ordinator, to facilitate and support ward staff with implementing the FallSafe bundle.

• Detail re falls information added to the Ward Entrance Board.

- Rollout of the new Bed and Mattress fleet.

- Process implemented to review all Moderate, Major & Catastrophic falls

Next steps

Following the continued roll out of the FallSafe Project, a need was identified for a Falls Forum that would be formed to take forward a Falls Prevention and Post Falls Management Strategy within acute adult inpatient wards. In recognition that falls are an issue for all Directorates across the trust, the Falls Forum Steering Group has been formed to work collaboratively with service groups to:

- Share and promote best practice to reduce the number and severity of patient falls within acute adult inpatient areas within the Trust.

- Ensure the FallSafe bundle is implemented in all acute adult inpatient wards.

- Measure compliance against each element of the FallSafe bundle in all acute inpatient areas.

- Promote effective multi-disciplinary working in Directorates that have acute inpatient wards.

- Promote effective engagement with patients, Carers and other service users and to improve patient experience.

Pressure Sores

Pressure sores are complex wounds that affect skin, muscles, tendons and bones. They are painful lesions that threaten life and limb and they are expensive to treat. While it is accepted that some health care acquired pressure ulcers are unavoidable, most can be avoided. For this reason, the Trust set a target to deliver a 10% reduction in the number of cases of deep* pressure damage reported in 2014/15. We did not expect to achieve a reduction in the number of cases of superficial pressure damage because it is recognised that increased education results in increased reporting. Also, we anticipated that the early detection of these cases would result in a reduction of cases of deep pressure damage.

*Pressure damage is graded on a scale of 1-4. Grade 1 represents non blanchable red skin and Grades 2, 3 and 4 represent damage down to the dermis, subcutaneous tissue and muscle, tendon or bone respectively. Some wounds cannot be graded immediately and are referred to as Deep Tissue Injuries or 'unclear'. Superficial pressure damage represents Grades 1 and 2; and Deep pressure damage represents Grades 3, 4 and Deep Tissue Injury.

Facts and Figures

In 2015/16, 34 cases of deep pressure damage were reported. This represented a 21% reduction in the number of cases of deep pressure damage reported in 2014/15; thereby exceeding our target of a 10% reduction.

Full Thickness Pressure Damage - Avoidable Excluding 'Unclear' *(Cumulative)*
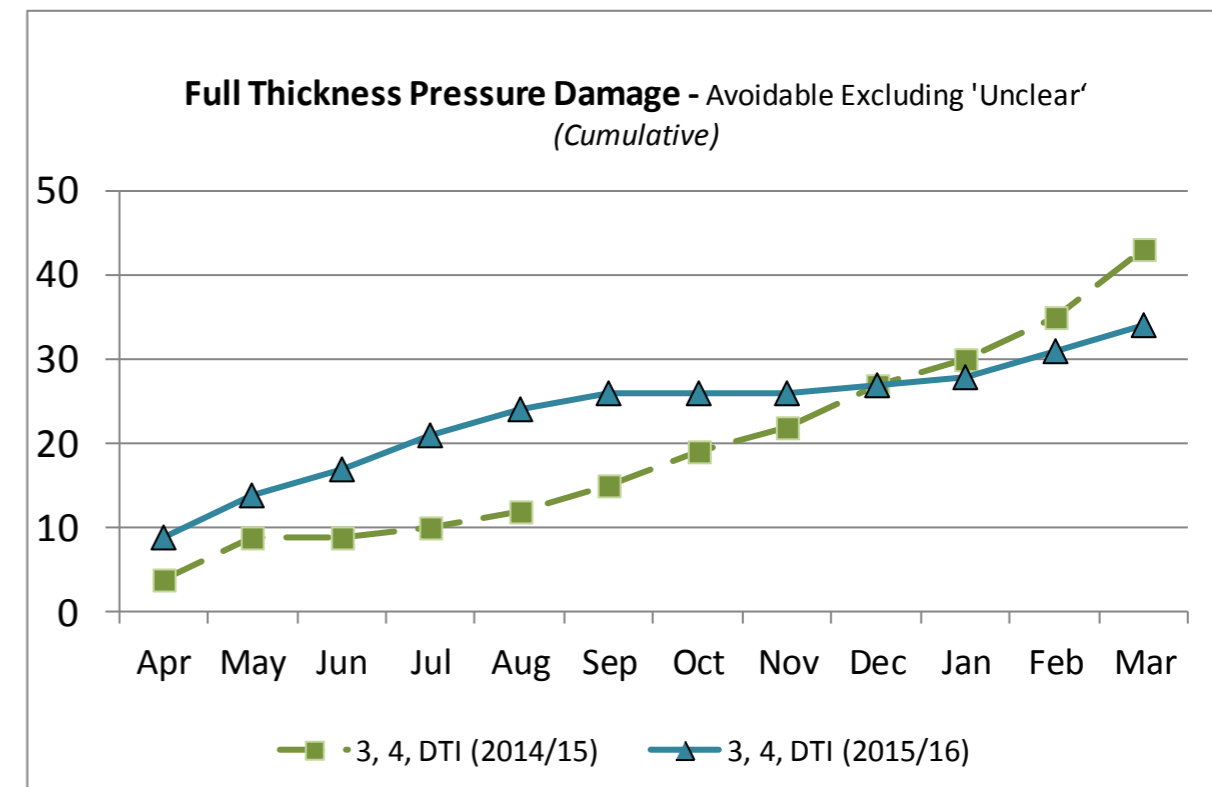
Preventing Venous Thromboembolism

Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called Venous Thromboembolism (VTE) and can break off and travel to key organs like the lungs, causing serious complications. Estimates suggest that there are more than 25,000 hospital deaths in the UK each year from VTE.

To help prevent such clots we have introduced a process to assess individual patients' risk of developing a clot and where appropriate to provide blood-thinning medicines. Completing this risk assessment and subsequent appropriate preventative action reduces the risk of patients developing a clot.

Facts and Figures

- The Trust set a target of 95% compliance with completion of VTE Risk Assessments across all adult inpatient hospital wards by March 2016

- Approximately 1,100 kardexes are audited across all in patient wards on a monthly basis by independent specialist nurses

- Over the 2015/16 year audit figures showed 90% compliance with completion of VTE Risk Assessments in adult in patient areas, and increase of 4% from last year's figures. A number of wards perform consistently high with scores of 100% and all results are fed back to wards on a monthly basis.

Compliance with Completion of VTE Risk Assessment (Target: 95%) And **Number of PEs**
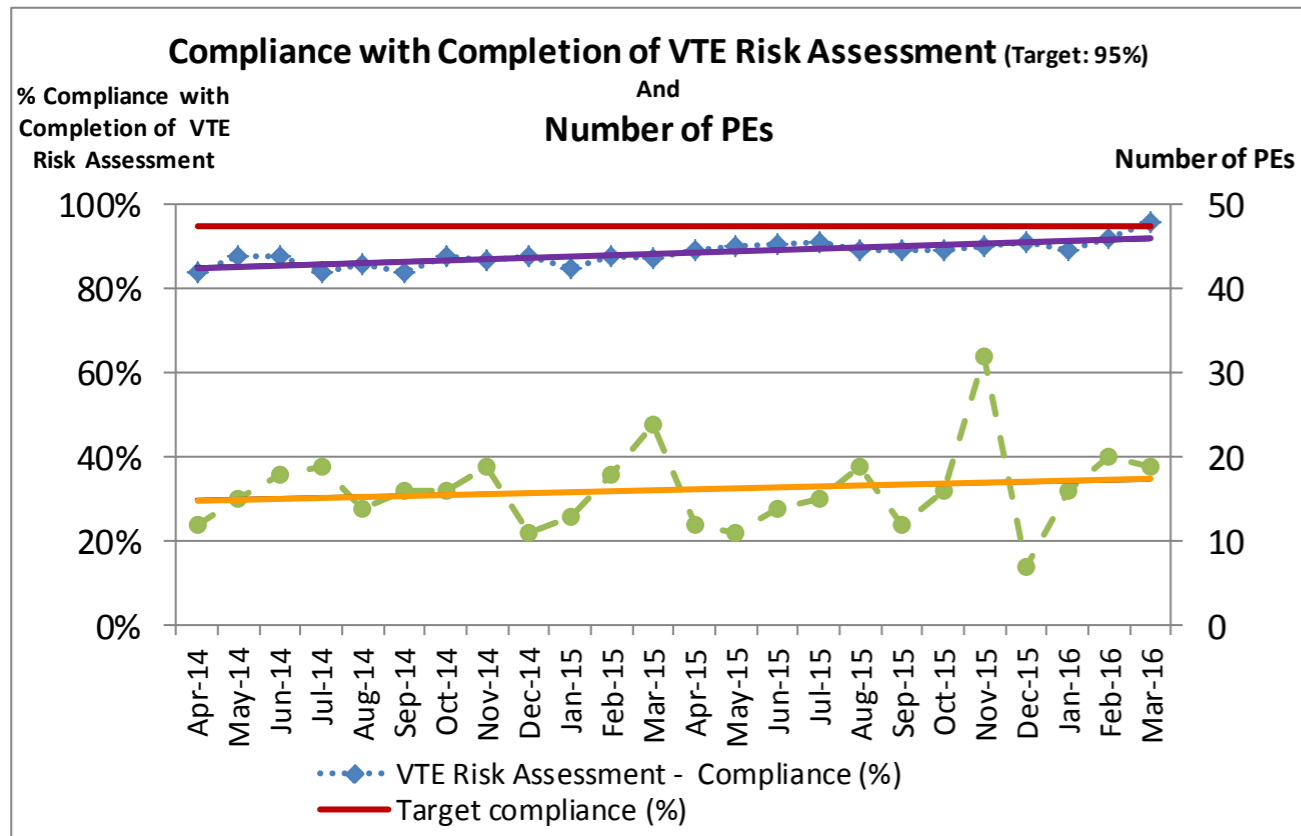
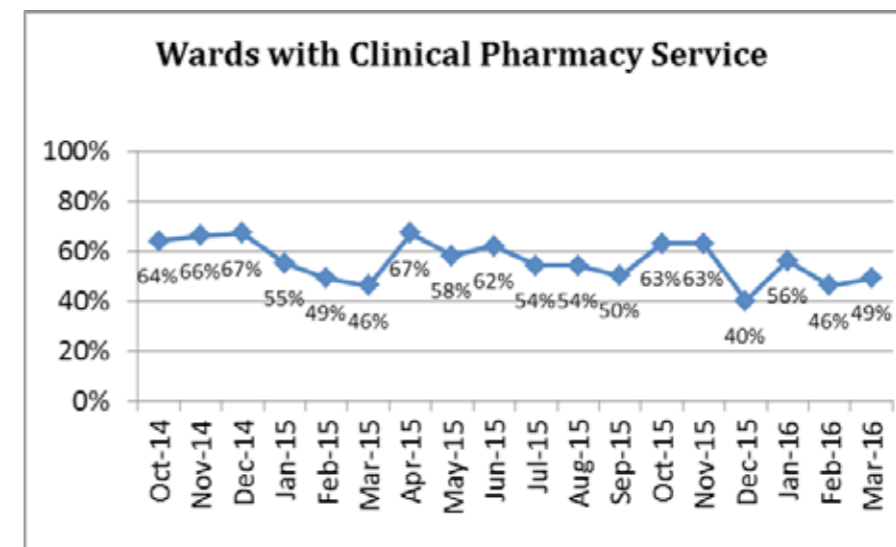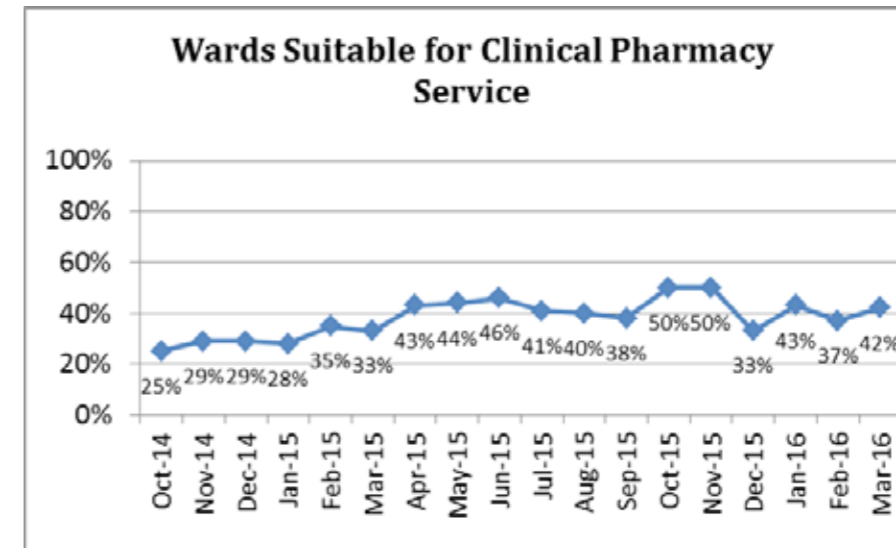# Medicines Management

Medicines Reconciliation

Medicines reconciliation (MR) is the process of obtaining an up-to-date and accurate medication list. This list will have been compared to the most recently available information and will document any discrepancies, changes deletions and additions. Pharmacists should be involved in the medicines reconciliation process as soon as possible after admission.

Limitations in the Trust's Medicines Reconciliation process include:

- Not all clinical areas are supported by a clinical pharmacist.

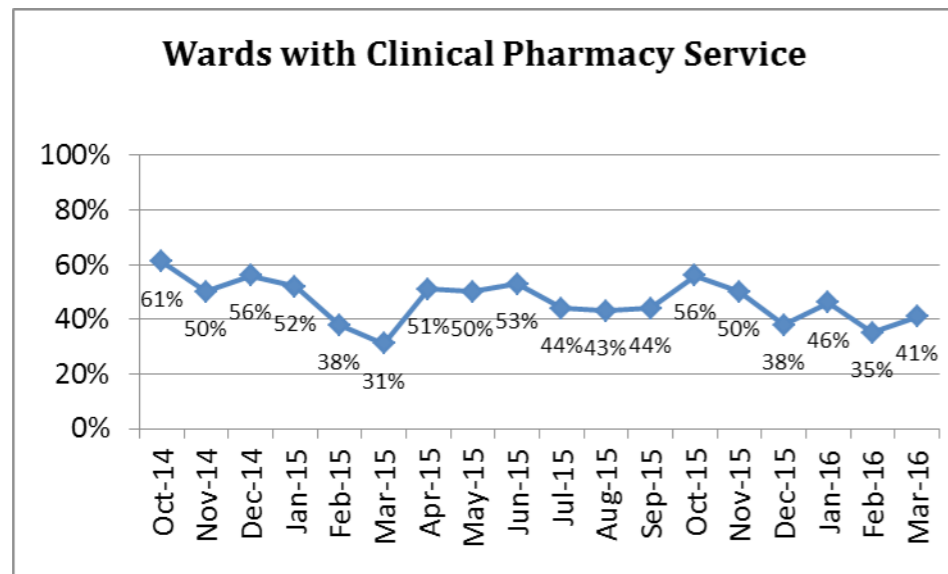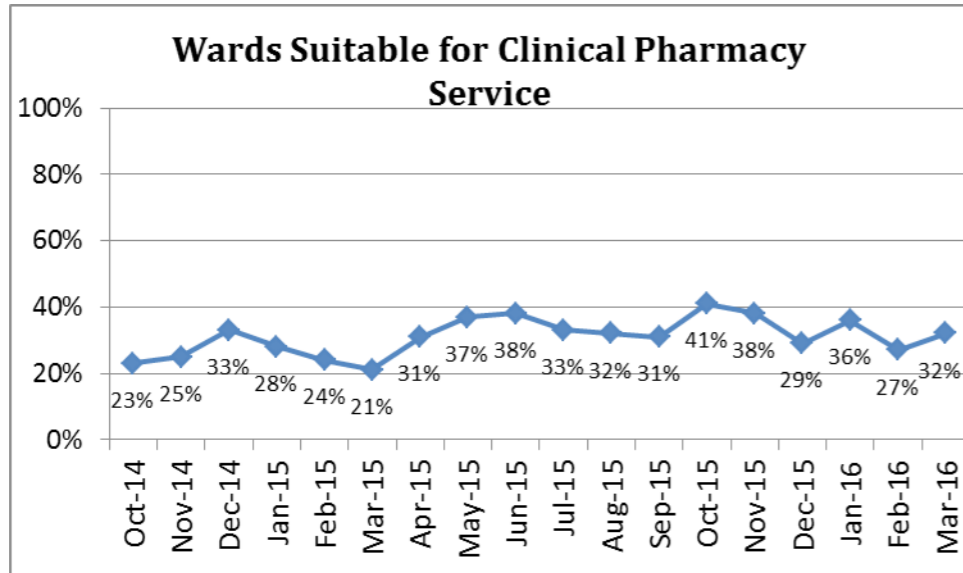- Clinical pharmacist support is Monday to Friday only.

Facts and Figures

% of Admissions which have Medications Reconciliation undertaken by a Pharmacist

Wards Suitable for Clinical Pharmacy Service

Wards with Clinical Pharmacy Service

% of Discharges which have Medications Reconciliation undertaken by a Pharmacist

Wards Suitable for Clinical Pharmacy Service

23% 25% 33% 28% 24% 21% 31% 37% 38% 33% 32% 31% 41% 38% 29% 36% 27% 32%

Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16

Wards with Clinical Pharmacy Service

61% 50% 56% 52% 38% 31% 51% 50% 53% 44% 43% 44% 56% 50% 38% 46% 35% 41%

Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16

Controlled Drugs

Controlled drugs are medicines that are classified under the Misuse of Drugs Act 1971 and associated regulations. Special legislative controls apply to these medicines as there is potential for them to be abused or misused causing harm to both patients and staff.

Controlled medicines are classified into 5 schedules based on their benefit when used in medical treatment and their harm if misused. Schedule 2 controlled drugs are subject to the highest control (drugs in schedule 1 have virtually no therapeutic uses) with schedule 5 drugs subject to the least control.

Examples of controlled drugs include:

- Morphine, pethidine, methadone – schedule 2

- Tramadol – schedule 3

- Benzodiazepines, zopiclone – schedule 4

- Co-codamol – schedule 5
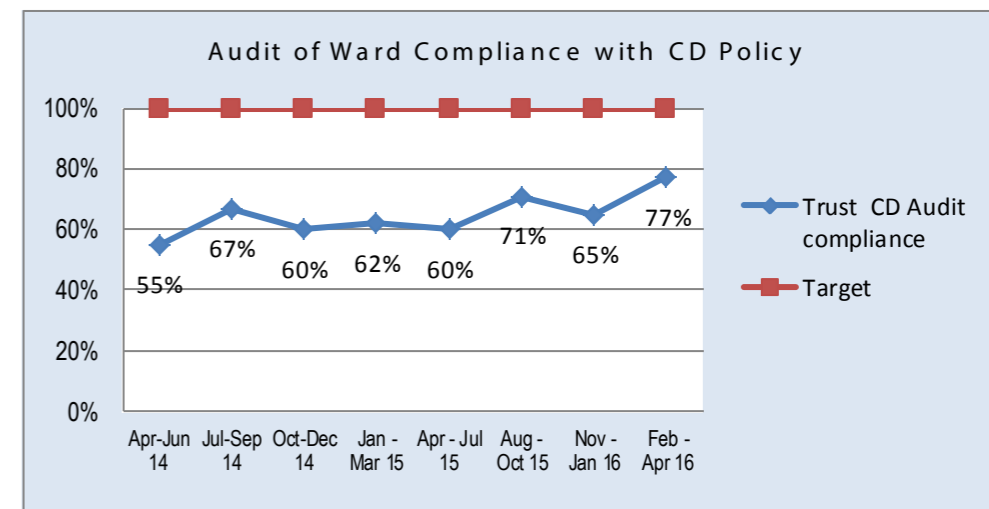
Controlled Drug Quarterly Audits

Controlled drug audits provide assurance of compliance with legislation and governance requirements.

There are currently **206** wards/departments within BHSCT in-patient areas subject to a quarterly schedule 2 controlled drug audit. The audit comprises of 12 standards and includes assessment of storage and security of controlled drugs, compliance with record keeping requirements and governance and best practice recommendations. Each standard must be met fully to achieve compliance.

In 2015-16 an additional audit standard was introduced to ensure "a bung is present in CD liquids dispensed by BHSCT pharmacy departments for ward stock". This additional standard was included as governance measure in response to an SAI recommendation on administration of oral controlled drug liquids.

Results are collated at Trust, Directorate and Service area levels and disseminated quarterly to Directors and Co-Directors.

Facts and Figures

Audit of Ward Compliance with CD Policy

55% 67% 60% 62% 60% 71% 65% 77%

Trust CD Audit compliance
Target

Apr-Jun 14, Jul-Sep 14, Oct-Dec 14, Jan - Mar 15, Apr - Jul 15, Aug - Oct 15, Nov - Jan 16, Feb - Apr 16

Progress made

In 2015/16 Controlled Drug audit compliance across the trust improved to 77%, with two audit periods reporting compliant results above 70%.

In 2015/16 there was continued focus on increasing the number of areas who consistently achieved compliant Controlled Drug audits along with targeted support for those areas with continual non-compliant results.

There was improvement in both of these categories in 2015/16; the number of wards and departments who had four or more consecutive periods of compliance increased from 25% to 34% and the number of wards and departments who reported four consecutive periods of non-compliance decreased from 11% to 6%.

Next steps

Objectives for 2016/17:

- To increase and sustain controlled drug audit compliance in all adult and paediatric wards

- To continue to the increase the number of wards and departments with 3 or more consecutive compliance with CD audits

- To report results in 3 key categories: compliance with storage and security, record keeping and governance requirements

- Continue to provide support and training for all staff.

Development of a Regional Medicines Prescription and Administration Record (Kardex)

New regional Kardexes for use in adult, acute areas and in maternity were developed and implemented in 2015.

The main reason for developing these Kardexes was to have all Trusts using the same documentation, this serves to standardise the approach to the prescribing of medicines and reduced risk for staff moving across Trusts. Staff as they rotate through the different Trusts, encounter the same Kardex rather than a different one in each Trust.

A post-implementation audit and user satisfaction survey on the antimicrobial section in the adult acute Kardex was completed in September 2015 that showed improved reliability of administration, documentation of review and indication for the therapy as well as satisfaction with the changes.

In January 2016 there was a Kardex audit of the complete adult acute chart carried out in each adult inpatient ward in BHSCT. The results again indicated improvement in particular with completion of patient details section, in legibility and in the VTE risk assessment section, with 11%

improvement in completion of the latter. There was dramatic improvement in the oxygen section - in the 2011 audit only 23% of Kardexes had the oxygen section complete compared to 87% in the recent audit. The audit results indicated good compliance with use of the omitted dose section as well as the antimicrobial section with 98% of antimicrobials being prescribed in the correct section.

Other regional Kardexes have been developed. The Paediatric Kardex pilot is completed with positive feedback; it is expected to be available imminently. The regional Longstay Kardex has been piloted and final format is ready for implementation. The Outpatient Kardex pilot has also been completed and it will be launched September 2016.

Next steps

- Launch of the regional paediatric Kardex, and ensuring training is available regarding use.

- Launch of the Longstay Kardex as well as training awareness sessions available for users.

- The Regional Outpatient Kardex will be launched throughout NI in September 2016.

Omitted and Delayed Doses

Medicine doses may be omitted or delayed in hospital for a variety of reasons; and can happen as a result of errors during the prescribing, dispensing, supply or administration of medicines. Whilst only a small percentage of these occurrences may cause harm or have the potential to cause harm, we recognise that harm can arise from the omission or delay of critical medicines. These include antibiotics, anticoagulants and insulin.

It is important that when a medicine dose is omitted or delayed, that staff record on the Medicine Kardex the reason for the omission or delay. This record allows staff to understand why the medicine was not given and, if required, administer the medicine at a later time or to prescribe and administer a different medicine.

Facts and Figures

Each quarter in 2015/16, as part of the Regional Key Performance Indicator targets, an audit is undertaken on 6 adult acute in-patient wards on the Mater site. 10 medicine kardexes are chosen at random on each ward and are reviewed to determine if a medicine has been omitted and whether the drug was a critical medicine. The results have revealed that the number of omitted medicines has been steadily reducing each quarter.

Next Steps

The important issue of omitted and delayed medicines, and the requirement to record why a medicine might be omitted or delayed, was featured in the Trust's newsletter 'Medi-matters' to raise awareness Trust wide.

A working group, supported by Senior Nursing and Pharmacy, with nursing representatives from each acute inpatient ward on the Mater site has been convened to raise awareness re delayed/omitted medicines. The aim of the group is to keep staff informed about their practice, monitor trends and analysis and help to further improve staff compliance to reduce omitted doses of medicines. This project will be used as a test bed to refine and further develop a quality improvement project to be spread across all acute inpatient areas by April 2020
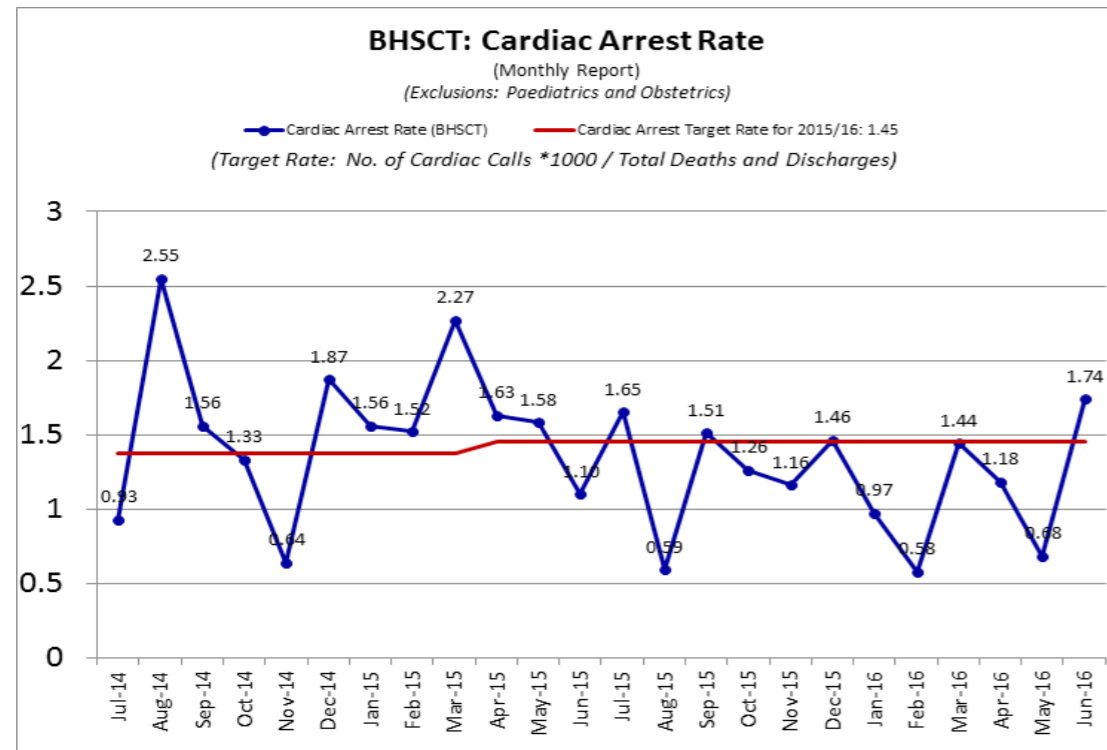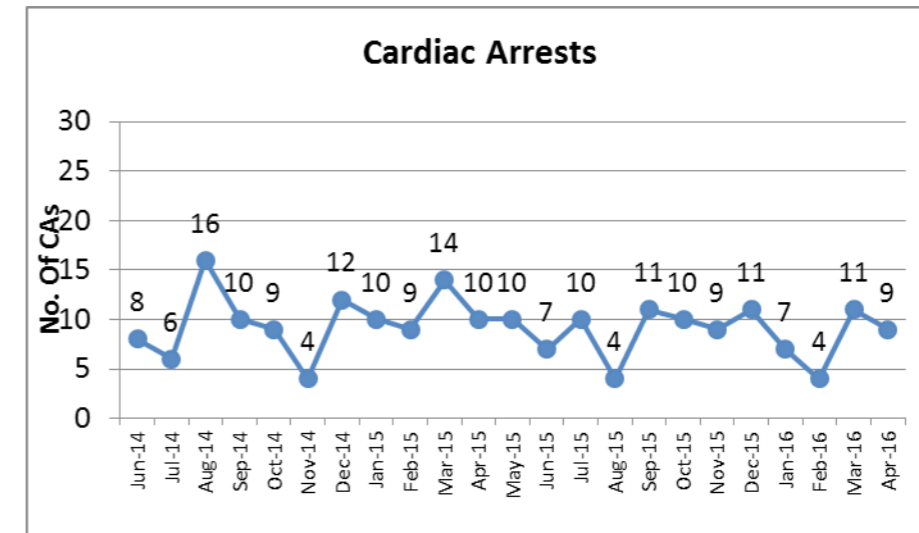
Cardiac Arrest Rates

A cardiac arrest is where a patient requires chest compressions and/ or defibrillation by the Hospital Resuscitation Team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating. The compassionate care of those patients acknowledged to be nearing the end of their lives might also help to reduce the number of patients treated for cardiac arrest.

Progress made

Improvements made in the early recognition and management of the deteriorating patient have helped us to reduce cardiac arrest rate as shown in the graphs below.
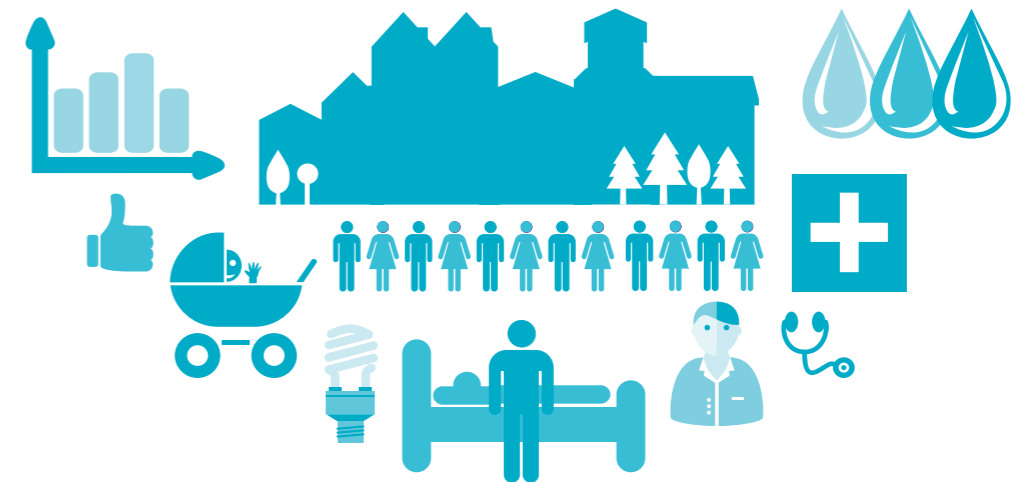

Cardiac Arrests

BHSCT: Cardiac Arrest Rate
(Monthly Report)
(Exclusions: Paediatrics and Obstetrics)

—◆— Cardiac Arrest Rate (BHSCT)   —— Cardiac Arrest Target Rate for 2015/16: 1.45
(Target Rate: No. of Cardiac Calls *1000 / Total Deaths and Discharges)

4. Raising the Standard

respect & dignity   openness & trust   leading edge   learning & development   accountability

Standardised Mortality Ratio

Belfast Trust treats and cares for patients everyday, many of whom are very ill. The vast majority (88,000 in-patients and 110,000 day cases) in 2015/2016 are discharged safely and a small number of patients (2100 in 2015/2016) die under our care.

The proportion of patients who die (the 'mortality rate'), is a useful indicator of the quality of care we provide, and we can compare our mortality rate with other similar UK hospitals. Mortality rates must be viewed carefully, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex problems than others, or different services that may involve a higher risk of death, for example trauma and intensive care.

To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned. A SMR figure of 100 means that the number of patients who actually died in hospital matches the number predicted. SMR figure below 100 means that fewer people than expected died. Belfast Trust rates of SMR have continued to compare favourably against other hospitals.

Facts and Figures

In 2015/16 the Trust had a Mortality Indices of 99. This means that the Trust had 1% fewer deaths than were expected when risk adjusted analysis is used. Mortality rates have remained consistent across the Trust after a significant reorganisation of services.

Crude Mortality

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

The Trust has a crude mortality rate of 2.5 % against a peer rate of 3.0% and this can be seen in the graph below. The funnel shaped lines represent expected limits for mortality.
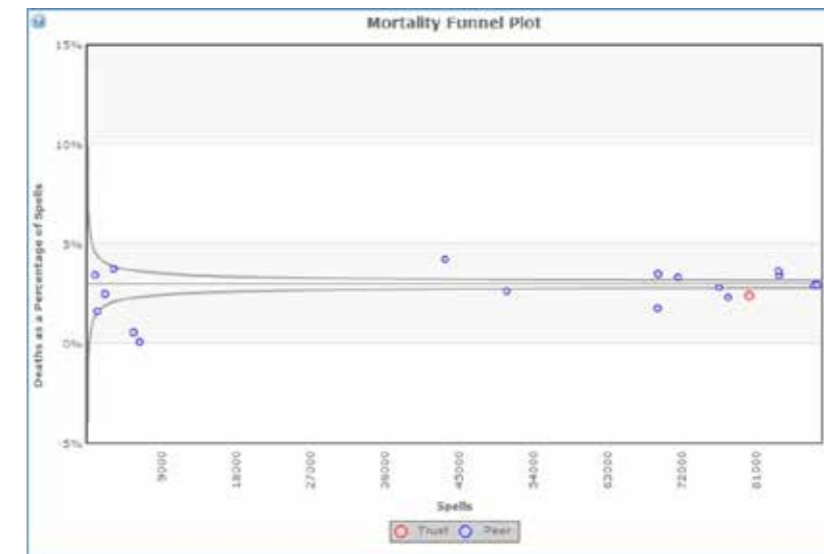
Condition Level Mortality

In order to further improve our services, we review our patient outcomes at a condition level. This means looking at all our cases for that condition and benchmarking ourselves against other Trusts.

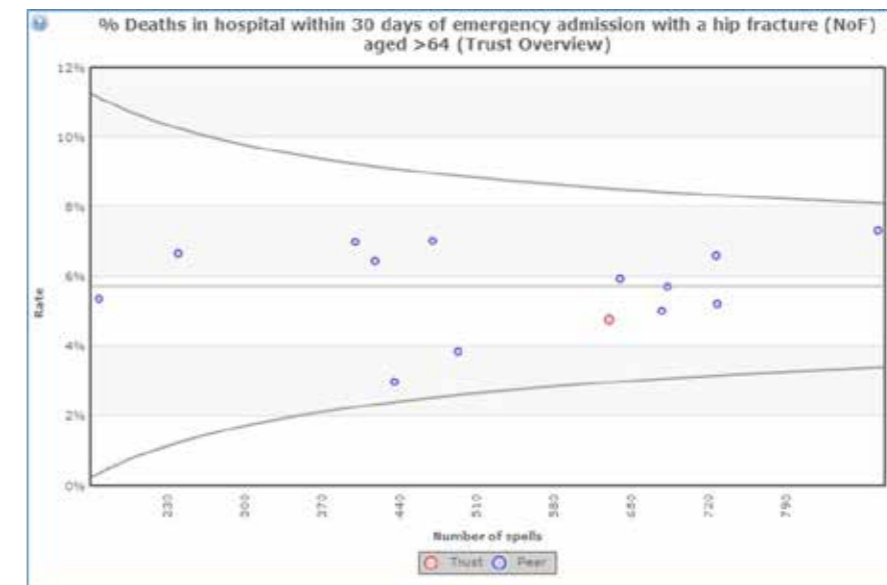We review condition level outcomes for a number of major conditions.

Facts and Figures

Review of mortality data across other specialities showed that the Trust performs well in comparison to its peers in terms of patient outcomes for hip fracture, heart attack and stroke patients.
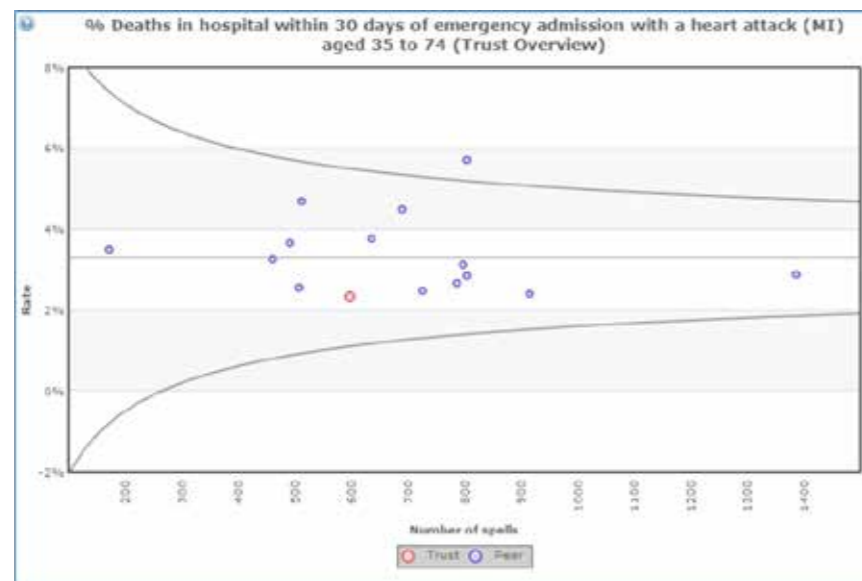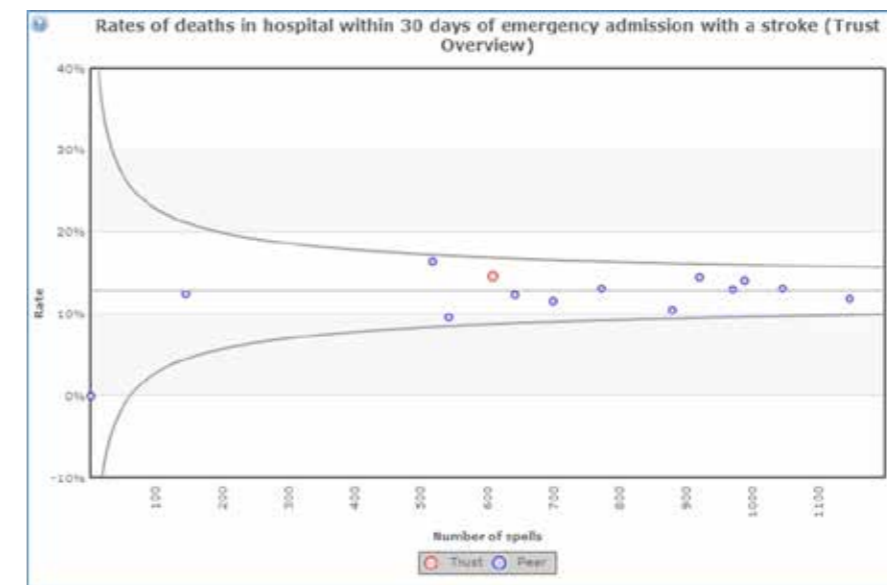

Deaths within 30 days of a heart attack (2015/16)

Facts and Figures

Deaths within 30 days of a hip fracture (2015/16)

Deaths within 30 days for Stroke Patients (2015/16)

Emergency Readmission rate

Readmission rates can provide an indicator of quality of care but must be interpreted carefully.

There is no specific recommended rate of readmissions however observation of our hospitals rates against similar hospitals can be useful. It is also useful to look at hospital readmission rates over time to assess any changes in this. Reasons for readmission can be due to many factors and hospital care is only one. Other factors include patient's home environment and access to community services.

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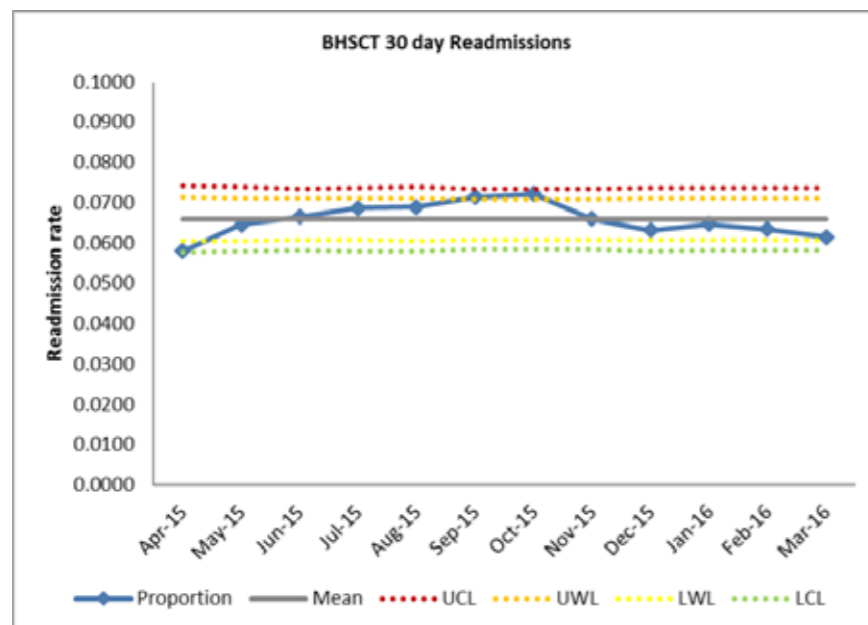
Emergency Department Standards

Background

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

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

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

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

Facts and Figures

The Trust had two aims during the year; to ensure that 95% of patients attending Emergency Departments (EDs) in the Trust would be treated, admitted or discharged within four hours of their arrival and that no patient would wait for longer than 12 hours – our performance in relation to the four hour target was only 69% and 917 patients were waiting for longer than 12 hours in ED.

Progress

There was significant additional investment made in USC in the later part of the year and this resulted in improvements both in relation to the 4 hour and 12 hour performance.

- CAU open and avoiding up to 12 admissions a day, average 7 a day

- 4 hour performance – approx 10% improvement consistently

- ATTEND / PIT STOP model operating and turning ambulances around – approx 14 minutes quicker than same period last year

- Ambulatory Care centre opened Monday 10th November 2015. Note: There has been an 8% growth in RVH ED attendances.

Waiting times for Mental Health Assessments in the Emergency Department

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

The Trust's Quality Improvement Plan 2015-16 identified a target for 90% of those admissions in Emergency Departments who require a mental health assessment to be seen within two hours of referral. Our performance against this standard can be seen in the graph below:

Patients in ED requiring a MH assessment seen within 2 hours
(Target: 90%)
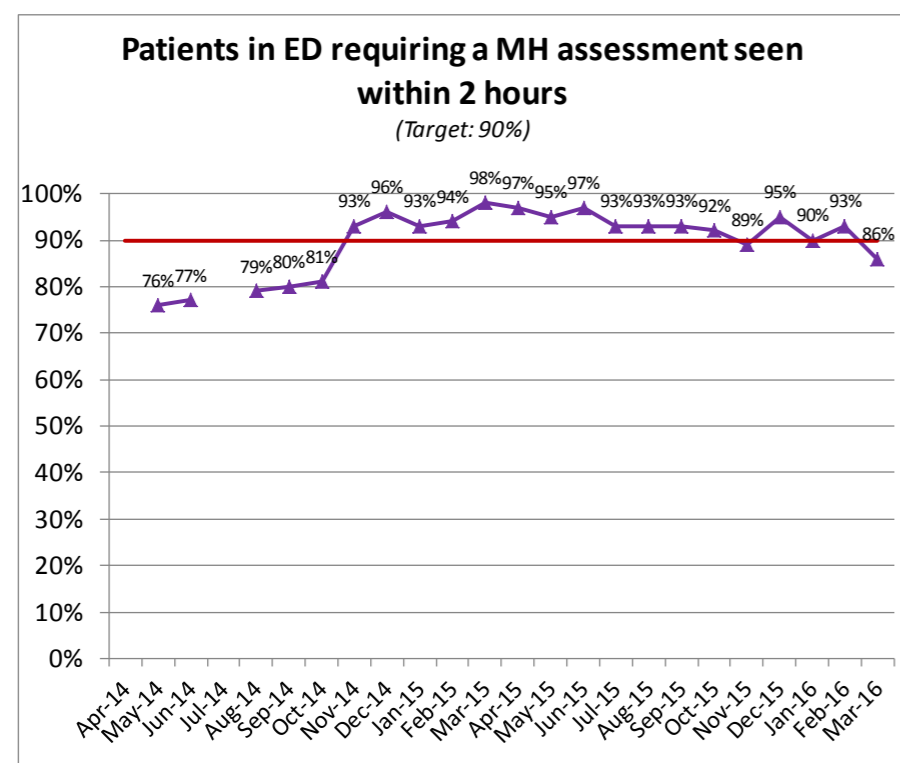
Sepsis

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.

The Belfast Trust has introduced a programme to support earlier identification and management of those patients with underlying infection.

Sepsis 6 is the name given to a bundle of interventions designed to reduce the mortality of patients with Sepsis. The bundle comprises:

1. Give high-flow oxygen

2. Take blood cultures

3. Give IV antibiotics

4. Start IV fluid resuscitation

5. Check lactate

6. Monitor hourly urine output.

The graphs below indicate the use of the Sepsis intervention bundle during 2015/16:

Sepsis 6 Bundle Compliance
(Antibiotics before leaving ED)

Sepsis 6 Bundle Compliance
(Antibiotics within 1 hour)
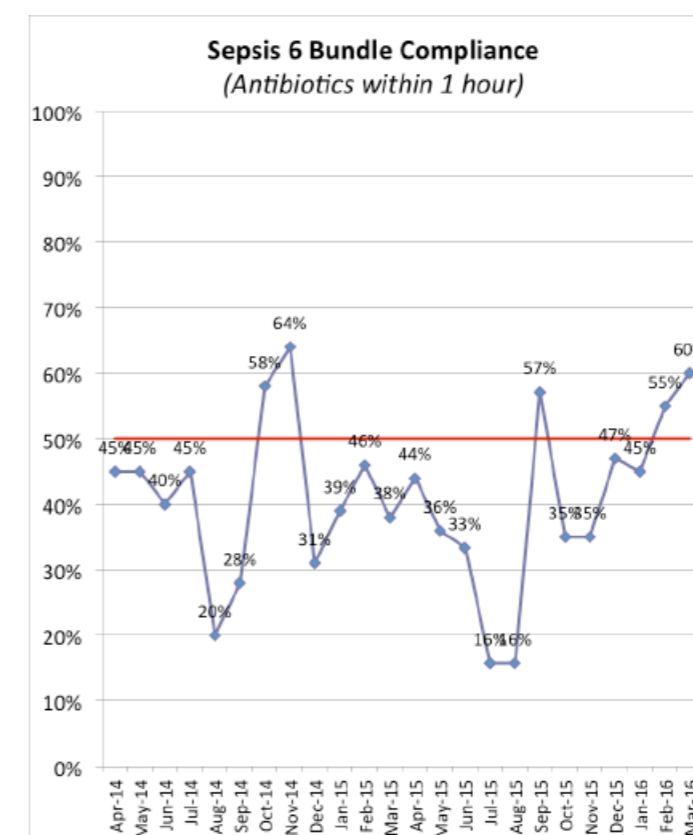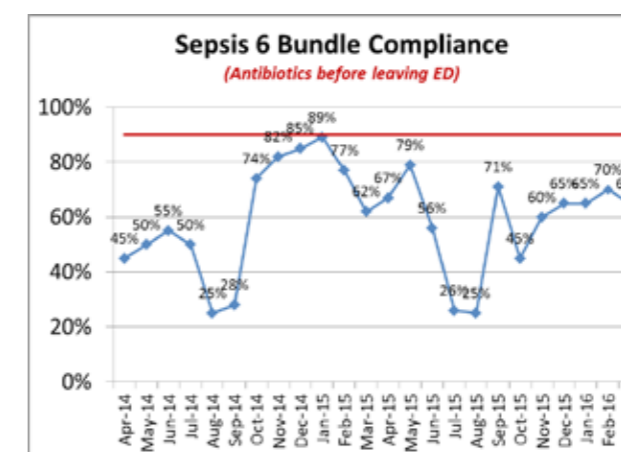
Cancer Treatment and Care

During the year the Trust aimed to ensure that 98% of patients urgently referred with a suspected cancer began their treatment within 62 days.

Over the year 57% of patients had their cancer treatment commenced within 62 days. The Trust continues to focus on improving performance against the 62 day target.

Actions currently being undertaken to improve performance:

- Additional evening one stop clinics being maintained where possible to improve performance against the Breast target. New consultant has commenced; implementation of permanent 4th one stop clinic in progress

- New oncology outpatient pathway has been drafted with the aim of improving 14 day performance. Consultation with teams to commence in February 2016

- Urology recovery plan has been funded non-recurrently by HSCB but there are challenges delivering the scale of activity needed to meet the 62 day target. As many additional lists and clinics have been organised as possible

- A regional outpatient reform project for general surgery and gastro to improve outpatient waiting times has been established and work to improve pathways is underway. This will impact on Lower and Upper GI performance. Investment in EUS has also been secured which will improve the Upper GI pathway

- Analysis of breaches across all tumour sites to identify other areas for improvement continues

- A regional group to improve the performance of all Trusts, including the timeliness of referrals from other Trusts into the regional services in the Belfast Trust (Inter-Trust Transfers) has been established..

5. Integrating the Care
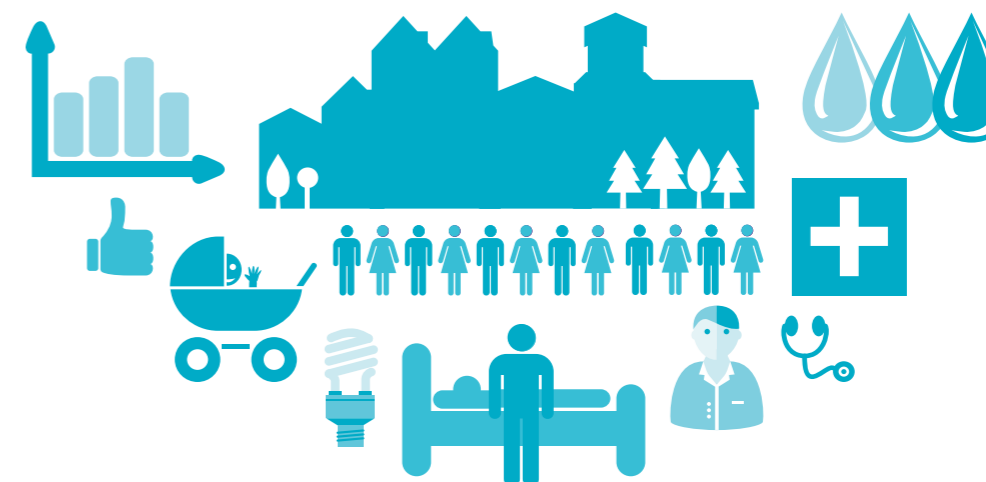
Community Care

Community Mental Health Team for Older People

The Trust's Community Mental Health and Old-age Psychiatry teams along with the Dementia Outreach Service provide an individualised and co-ordinated approach to the assessment, treatment and support to people living with Dementia and their carers. Staff work to best practice guidelines and have an ethos of person centred care, using a combination of non-pharmacological interventions, social supports and rights based models to maximise independence and improve quality of life.

The Trust is at an advanced stage of the modernisation of its memory services and has developed an agreed vision and service improvement plan which reflects best practice and NICE QS 30 and enables new ways of working in the delivery of dementia services.

As part of this work, the Trust has being working to introduce a single point of referral to Psychiatry of Old age and community mental health services from May 2015. These services support people living with dementia and their families by providing:

- Information and educational resources

- Signposting to community and voluntary services

- Access to individual or group psychological, emotional support or education services the Trust has commissioned from Alzheimer's Society, Age NI and Mindwise.

Next Steps

- To introduce single point of referral to Psychiatry of Old Age and Community Mental Health services

- We currently provide information and resources through paper formats. Work is underway to make this information available on a website.

Next Steps

- A Dementia Friendly Community project is being established in East Belfast

- The Trust is working in partnership with Clanmil Housing on the development of a fourth facility on the Grove Tree site which will offer accommodation to thirty tenants with dementia.

Supported Housing

The supported housing model provides a holistic model of care which promotes positive risk taking and independence through engagement in activities. The aim of supported housing is to empower tenants with dementia through encouraging independence and choice in all aspects of daily living.

Integral to this support is the facilitation of social inclusion through the provision of opportunities for tenants to engage with and interact meaningfully with the local community. There are currently three Supported Housing facilities for people with dementia in the Belfast Trust: Sydenham Court, Mullan Mews and Hemsworth Court.

Hemsworth Court is a Community Integration partnership Project between community groups and organisations in the Shankill area. The project aims to raise awareness, promote understanding and support tenants to build relations and to feel an integral part of the local community. A further aim is to establish the scheme as a community hub to encourage and support social inclusion through a range of activities for older people in the facility and wider community.

The group, working in partnership with the Alzheimer's Society, facilitated the training of local businesses to inform them of the needs of their customers with dementia and has now progressed to the Shankill area becoming a recognised Dementia Friendly Community.

Achievements

The Trust's work on supported housing has been recognised by the Alzheimer's Society and received an award for the Best Dementia Friendly Community Initiative at the first Dementia Friendly Community Awards.

The facility and its work have been awarded:

- Best Dementia Friendly Community Initiative at the first Dementia Friendly Community Awards

- DSDC Gold Award for Dementia Design

- Thomas Keown Accessibility Award.

Mental Health

Crisis Planning

The Unscheduled Care Team have worked through the PHA Safety Forums Learning Collaborative to develop a mental health safety plan leaflet with the input of service users. This allows a safety plan to be offered to each patient who attends for a mental health crisis assessment with this service and includes information on carer support via CAUSE.

Physical Health and Mental Disorders

The need to develop and enhance the physical health care for patients with mental illness has been highlighted in the NICE guidelines for Psychosis and Schizophrenia (CG178, 2014) and Bipolar Disorder (CG185, 2015) as well as through the results of the National Audit of Schizophrenia (2014).

The Trust's Mental Health services have participated in a regional scoping exercise to identify the need for resources to enhance this important aspect of patient care. We have liaised closely with colleagues in General Practice to plan how this can be provided at the interface of primary and secondary care services and submitted a business plan to the mental health commissioning team in order that this aspect of care can be provided in a sustainable way.

In addition there are small physical health pilots being carried out in the trust in both the inpatient and community mental health services on physical health care and the experience from these will help shape the future service.

There are also quality improvement projects underway at Brackenburn Clinic in relation to the physical health pathways for transgendered patients including the provision of a GUM clinic specific for this patient group and the physical monitoring of transgender patients receiving hormones. An audit of this work was presented at EPATH (European Professional Association for Transgender Health) in 2015.

Acute Mental Health Inpatient Unit - Update

The building will be a collection of units, arranged around a cloistered garden with 80 en-suite bedrooms and many more communal and staff areas. All aspects of the design have been considered, colours, lighting, materials, furniture, fixtures and fittings to ensure that the environment improves the service user inpatient experience.

This modern facility will support the development of the Trust's Acute Mental Health service and will offer high standards of treatment and evidence-based interventions for service users experiencing an acute phase of mental illness. The service will work with the individual and their family/carer towards their recovery.

The new unit will be built on a site that currently housed – Windsor House, Dufferin and Ava, McBrien Building, Incinerator House and transport and sewing building.

The key principles of the design are to provide a building that:

- Does not have long, empty corridors. All space should have a function and should be useable with the incorporation of informal seating areas

- Ensures each ward has its own entrance accessible from an external courtyard

- Provides views from every window that look onto a landscaped space

- Has gardens which will also incorporate active areas for gardening

- Allows users, carers and staff to feel that they are moving between gardens as they move around the building

- Provides all users with their own bedroom and ensuite.

Demolition work has already commenced onsite with construction of the Acute Mental Health Inpatient Unit due to start in 20

Social Care

Childrens Social Care Services

Protecting Children

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

Facts and Figures

In this reporting period the Trust received a total of 597 child protection referrals in respect of which 590 (99%) of children/young people were seen by a social worker within 24 hours of the referrals being made.

A range of individual-specific exceptional circumstances pertained in those situations in which children were not seen within 24 hours. These children were seen by social work staff as soon as possible after their whereabouts were established. (Source: HSCB-Priority 5 Return)

Next Steps

To maintain current performance levels in relation to this measure.

Ensuring Safe and Effective Care

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.

Facts and Figures

In this reporting period a total of 1538 looked after children reviews were held of which 1490 (97%) were held within regionally agreed timescales. (Source Data 10 Corporate Parenting Return: end of September 2015 and end of March 2016 10.3.18).

Next Steps

To maintain current performance levels in relation to this measure.

Planning for the Future

Every looked after child needs certainty about their future living arrangements and through Permanency Planning this 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. The Trust's Permanency Panel (the Panel) has responsibility for: monitoring the quality of the Trust's practice and the effectiveness of its organisational assurance processes in relation to permanency planning.

The Panel is a multi-disciplinary body which meets on a four-weekly basis to review progress in securing permanence for its looked after population with a particular focus on those children and young people who have been admitted to care in the preceding three months. The Panel reviews the progress of permanency planning for individual children and young people in respect of whom there are particular challenges and complexities with a view to finalising permanent placement arrangements.

Facts and Figures

A total of 181 children and young people were admitted to care during the reporting period of whom 72 (40%) were presented to the Permanency Panel. (Source Data 10 Corporate Parenting Return September 2015-March 2016 10.3.26).

Next Steps

To continue to consolidate, develop and improve service delivery processes and workforce knowledge and skills in relation to this area.

Adult Social Care Services

Protecting Vulnerable Adults

A vulnerable adult is a person aged 18 years or over who, as a result of age, illness or disability, is unable to take care of themselves without the provision of services, or who is unable to protect themselves from harm or exploitation. The Trust works in partnership with other statutory, voluntary and community agencies to investigate concerns regarding vulnerable adults and to provide services that promote their safety and wellbeing. An adult protection plan, reflecting the wishes and views of a vulnerable adult and, where appropriate, their carers/family members, outlines the actions necessary to address and manage the assessed risks to their safety and welfare.

Facts and Figures

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.

1527 (49 %) of adults referred for investigation and identified as at risk, during the year had an adult protection plan in place at 31st March 2016. (Source Belfast Adult Local Safeguarding Partnership Annual Report 2015-2016)

Valuing Carers

Carers are people who provide help and support to a family member or a friend who may not be able to manage because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member.

There are a significant population of carer's within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

Facts and Figures

There is a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

During this reporting period 3182 adult carers were offered individual carer assessments as set against the commissioning direction target by HSCB. (Source: Annual DSF Returns 5.1 2015-2016)

Improving Quality of Life for People with Learning Disabilities

A key priority for the Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community. Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is central to this goal.

Facts and Figures

The ultimate goal of this Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to a needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Health and Social Care Trusts. Of a total of 11 people with a learning disability who were resettled in community placements, one person had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

Next Steps

The Trust will continue to develop its practice and resource base to facilitate the discharge of people with learning disabilities from hospital settings within a person centred service delivery ethos and, where possible, the full engagement of the individual's extended family network.

Direct Payments

Direct Payments are cash payments made to individuals who have been assessed as needing services to enable them to purchase bespoke social care provision. Direct Payments increase service user choice and promote independence. They facilitate more flexible, person centred service delivery arrangements. The provision of direct payments by a Health and Social Care Trust enables families and individuals to locally source the care they require.

Facts and Figures

132 children were in receipt of direct payments during 2015-2016, an increase of 9% as compared with the figure for the previous reporting period. (Source DSF Annual Report 2015-2016: Children with Disabilities Data Return 5)

Next Steps

The Trust will continue to profile Direct Payments across all Service Areas as part of its strategy to promote service user uptake. It will seek to develop the knowledge and skills base of its workforce in Direct Payments as a vehicle for flexible, child and family centred social care service delivery.

Corporate Parent

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.

As a corporate parent, the Trust has responsibilities to encourage and support those young people whom it looks after to make the most of their academic and vocational talents and to assist them in

developing their life and employability skills.

Facts and Figures

At the end of the reporting period 267 (78%)% of those young people and young adults known to the Trust's Leaving and Aftercare Services population of 385 were engaged in education, training, and employment.

Next Steps

- The Trust will continue to facilitate employment placement opportunities and related supports to care leavers.
- In partnership with DEL, local Neighbourhood Partnerships, schools, Further Education and voluntary and community sector providers the Trust will continue to promote the needs of care leavers in relation to employment training and placement opportunities.
- The Trust will continue to provide individualised supports to care leavers to encourage and assist in their ongoing education and employability training.

Transition to Adult Services for Young People who have a Learning Disability

The transition from children to adult services for those children and young people who have a disability is best assisted by a transition plan when they leave school.

Access to appropriate supports for disabled young people at the point of their transition from adolescence to adulthood and a seamless person centred pathway from Childrens to Adult Services are central to promoting the best interests of a young person with a disability.

Facts and Figures

A total of 16 young people transitioned from the Children with Disabilities Service to Adult Services during the reporting period. Individual Transition Plans were completed in partnership with the young person, their parents/carers and key agencies. The individual young person's plans identified arrangements for their accessing of the necessary services and supports to enable them

to optimise their talents, skills and life chances.

Next Steps

The Trust will seek to maintain its performance in relation to this indicator.

Assessment under the Mental Health Order

Sometimes it is necessary, for the protection of an individual, and to prevent harm to themselves or others, to detain people in hospital for assessment under the Mental Health Order.

Applications for assessment under the Mental Health Order (the Order) can be made by an Approved Social Worker (ASW) or by a nearest relative. Good practice suggests that applications for assessment should not be a responsibility borne by families in order to preserve on-going relationships with the service user during and after a service user's detention for assessment in hospital.

An ASW is a social worker with particular expertise in the discharge of the Trust's delegated statutory duties under the Order. In discharging such duties, the ASW is required to fully consider the service user's rights under the European Convention on Human Rights, in particular Articles 5 and 8.

Facts and Figures

During the reporting period there were a total of 317 applications for assessment made, all of which were made by Approved Social Workers. (Source: DSF 9.1 & 9.1c)

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