



ANNUAL QUALITY REPORT



respect & dignity



openness & trust



leading edge



learning & development



accountability

Chief Executive Foreword

Belfast Trust is the largest integrated health and social care Trust in the United Kingdom, delivering treatment and care to around 340,000 citizens of Belfast as well as providing the majority of specialist services for all of Northern Ireland.

The number of people using our services

Last year we:

- Saw 160,000 new attendances in our Emergency Departments
- Delivered 7,500 community care packages
- Cared for 65,000 non elective patients
- Delivered 33,000 visits by district nurses.



The vision for the Belfast Trust is that we will, within a short period of time, become one of the safest, most effective and compassionate Trusts in the United Kingdom. Our Annual Quality Report demonstrates not only how far we have come, but also our continuing collective drive to achieving this vision – all of us have a part to play, in driving forward an agenda of quality and safety.

While we acknowledge the changes and debates in the wider health service, as well as the financial realities, our focus remains on quality and safety above all else. The Annual Quality Report gives an insight to our commitment to transform the culture of our organisation through true team working and collective leadership, supporting and inspiring our colleagues to feel empowered and enabled to innovate and try different things.

Our Trust values are now embedded throughout the organisation and are at the heart of everything we do. In the last year I have spent time out and about around the Trust informally meeting staff and getting an understanding of how they work. I have been humbled by the sense of commitment and vocation, which underlines to me that Belfast Trust people live the Trust values.

We are an organisation that continuously strives to be defined by its people; by our values; and by our relentless focus on delivering safe, high quality and compassionate care.

Chief Executive Foreword

At the heart of our drive for Quality Improvement across the Trust are six shared core objectives with clearly defined targets and goals:



Working together, we are using measurement and real time data, to learn and improve at every level in order to achieve these objectives.

Each and every one of us, regardless of role or function, has a part to play in improving the quality of care we provide to our patients and service users. Together we can ensure that we create an open, transparent and supportive organisation that is continually learning and sharing, and where quality improvement is taking place everywhere and everyday.

Martin Dillon
Chief Executive

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1 Transforming the Culture

Introduction

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.



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1 Transforming the Culture

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

Personal and Public Involvement is the active involvement of service users, carers and the public in Health and Social Care. PPI aims to empower and enable people to inform and influence the commissioning, planning, delivery and evaluation of health and social care services in ways that are relevant and meaningful to them.

Belfast Health and Social Care Trust (BHSCT) has outlined its commitment to PPI in a number of documents, including the Trust corporate plan and the 'Organisational Framework for the Management of Personal and Public Involvement in BHSCT'.

The Trust continues to deliver a range of PPI training including:

- Introduction to PPI
- Getting People to Participate
- Facilitation Skills for PPI.

Personal and Public
Involvement (PPI)



Involving you,
improving care

The e-learning session, Engage and Involve, is available on the Trust's e-learning site and is regularly promoted to staff across the organisation.

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

- Identification of PPI Leads across all of the Trust's Directorates, and the establishment of a PPI Steering Group
- Regular promotion of the 5 Personal and Public Involvement standards:
 - Leadership
 - Governance
 - Opportunities and support for involvement
 - Knowledge and skills
 - Measuring outcomes
- Continued involvement of service users in the Gender Identity Service
- 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, Bereaved Parents Liaison Group.

1 Transforming the Culture

- The development of an Appreciative Inquiry within Learning Disability Day Services and Dementia Services, to pilot a new approach to engagement and co-production
- Engagement with local communities to support the Dementia Friendly Communities initiative
- Involvement of service users and carers in a review of day opportunities within sensory and physical disability
- Involvement of people with a learning disability in the development of an training and induction DVD for staff
- Continued engagement with the Traveller and Roma communities though the Roma Community Health workers and partnership working with a range of community organisations
- 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
- Co-production of the Trust Carer strategy, “Caring Together in Belfast”
- Inclusion of services users and community /voluntary sector on the Trust’s **Good Relations Steering group**
- Carer representation on the Trust Carer Strategy Steering Group and Complaints review 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

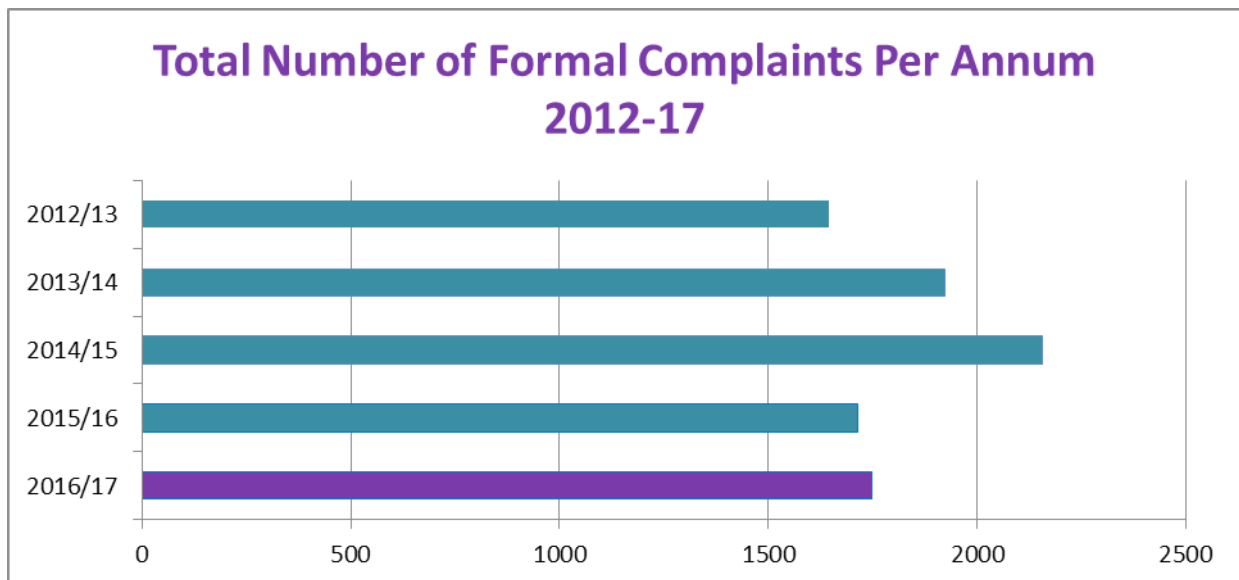
In the patient-centred environment of the Belfast Trust, patients, relatives and carers are encouraged to express their views about the treatment and services that they receive.

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

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

Facts and Figures

1,747 formal complaints were received in 2016/17 representing a 2% increase on last year's figure of 1,713. The total number of formally reported compliments for 2016/17 was 8,193.



1 Transforming the Culture

Formal Complaints - Top 4 Subjects 2016/17

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

We continually work to make sure that where concerns or criticisms are raised by patients, these are dealt with in an effective way by the Trust. In particular we aim to ensure that:

- The process of making a complaint is easy for patients
- Patients' issues are investigated in a fair, thorough and timely manner
- Appropriate actions are taken to address the investigation findings in a way that fully resolves the matter for the complainant.

In order to evaluate how our current complaints procedures are working within the Trust, and to make sure that staff are getting the support and information they need to handle complaints well, we undertook a staff survey across all directorates in December 2016. A range of questions were asked to identify what staff thought about the complaints handling systems, and in particular if there were any parts of the processes that they felt could be improved.

We then took the suggestions and issues identified in the survey and held a workshop (with input from the Northern Ireland Public Services Ombudsman's office) in January 2017 so that staff from Service Areas could work with staff from the Complaints Team to agree on changes that could be made both locally within specific clinical areas, and across the Trust as a whole.

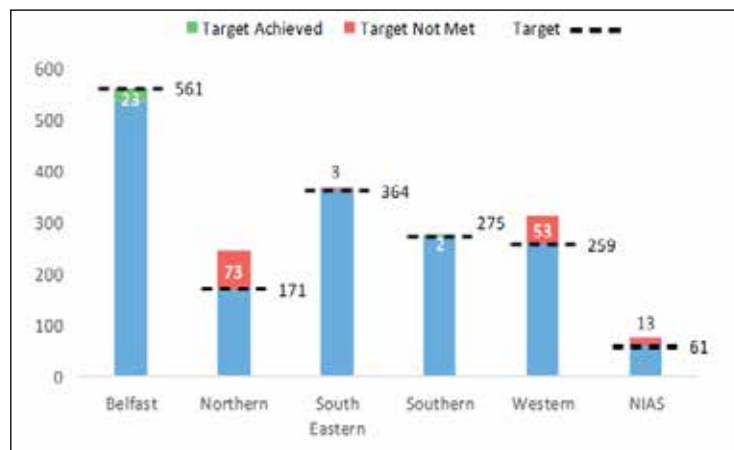
A significant focus of the workshop was on providing support, skills and encouragement to staff on the ground to help them deal with issues at ward / department level rather than complainants having to raise them formally at a later stage. One of the key actions taken forward following the workshop has been a renewed focus Trust-wide on Quality Assurance of replies sent to people who have complained, in particular making sure that these are well-written and deal with all the issues raised in a thorough and appropriate way. The Medical Director now reviews a sample of complaint responses each month and provides feedback on good practice and on any areas for improvement.

Learning from the issues raised in complaints is also now included in the Trust's wider "Shared Learning" system. This system makes sure that key improvements are identified (for example following complaints or incidents experienced in wards and departments) and details provided both across the Trust and to other Northern Ireland healthcare organisations where relevant to avoid similar experiences happening elsewhere.

Performance against the “Complaint Issues” Target

In 2016/17 the Department of Health set a target regarding complaint issues received by HSC Trusts in Northern Ireland. This target required that by March 2017 Trusts would have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared with 2015/16. Belfast Trust was one of only 2 Trusts regionally to achieve this target, with a 9% combined reduction in complaints relating to these key areas:

Complaint Issues Received Relating to Staff Attitude/ Behaviour & Communication/ Information (2016/17)



Responding to complaints in a timely manner

The Complaints Department and our Service areas continue to work 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	2016/17
Acknowledgement of complaint within 2 working days	96%	96%	97%	96%
Complaint response within 20 working days	50%	53%	57%	55%
Complaint response within 30 working days	64%	66%	70%	86%

1 Transforming the Culture

Ombudsman Cases

When patients are not fully satisfied with the outcome from the Trust's complaint process they can choose to subsequently raise their concerns with the Northern Ireland Public Services Ombudsman. All complainants are provided with information about referring their issues to the Ombudsman at the point at which the Trust completes their investigations and closes the case with the complainant.

During 2016-17, 21 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.

We have introduced new processes within the Trust to promote the sharing of learning from Ombudsman reports and recommendations, and also to review progress with Action Plans developed in response to Ombudsman findings.

Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. 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 8,193 compliments were formally recorded during 2016/17 compared to 5,665 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 2016/17 there were a total of 28,248 adverse incidents reported and of these 89 were reported as SAIs. 78% of incidents involved patients or clients, 21% 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 absconding/missing patients (including attempted absconding).

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.’

1 Transforming the Culture

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 2016/17	Examples of actions to reduce re-occurrence
<p>Abusive, violent, disruptive or self-harming behaviour (8,101 reported incidents)</p> <p>(It should be noted that many of these incidents occur as a result of the client's challenging behaviour inherent in their medical condition).</p>	<ul style="list-style-type: none"> • The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence • 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
<p>Slips, trips, falls and collisions (4,756 reported incidents)</p>	<ul style="list-style-type: none"> • The Fallsafe Quality Improvement Project is currently embedded in 62 acute adult in-patient areas. This project delivers evidence based falls prevention • The Fall Safe Co-ordinator post to help embed this project in participating areas is currently vacant, however the recruitment process is underway
<p>Medication (2,150 reported incidents)</p>	<ul style="list-style-type: none"> • Development of an antithrombotic page in the Kardex to improve Non Vitamin Antagonist Oral Anticoagulants (NOACs) prescribing • Development of an allergy ID badge aide memoire
<p>Medical Devices/ Equipment (1,508 reported incidents)</p>	<ul style="list-style-type: none"> • 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

Transforming the Culture 1

Top 5 Incident Types 2016/17	Examples of actions to reduce re-occurrence
<p>Medical Devices/ Equipment</p>	<ul style="list-style-type: none"> • On-going 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. .
<p>Absconder / missing patient (inc. attempted absconding)</p> <p>(1,482 reported incidents)</p>	<ul style="list-style-type: none"> • Locked door policy in place in certain Trust locations and activated when required • Staff continue to work to help service users adapt positive coping strategies to manage impulsive and risk taking behaviours • Enhanced levels of supervision where required.

1 Transforming the Culture

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

Learning Example 1

Safety Message: Throat Packs are Airway Obstructions!

Summary of Event

A patient was anaesthetised for a surgical procedure. A nasal ET Tube and a throat pack were inserted in theatre and a throat pack sticker was applied to the patient's clothing.

Surgery was uneventful and extubation took place. In recovery, the patient began to gag. It was discovered that the throat pack was still in situ, obstructing their airway.

Not all staff were aware of the presence of the throat pack as there were no visible warnings to alert staff ie.

- The string from the throat pack was inside the mouth.
- The throat pack sticker on the patient's clothing could not be seen.
- The presence of the throat pack was not documented on the theatre white board.
- The sign out section of the WHO surgical safety checklist was not completed before leaving theatre.

The patient returned to theatre immediately and had the throat pack removed. The patient's oxygen saturation remained above 97% at all times. The patient was reviewed on the ward and was discharged home later that day.

Learning Points

When a patient has a throat pack inserted, it is vital that the correct procedures are followed and communication takes place with all staff that the item is in situ. ie:

- Throat pack stickers must be applied to the patient's forehead.
- String from the throat pack must be visible on the outside of the patient's mouth and taped to the patient's cheek.
- The presence of the throat pack must be documented on the theatre whiteboard.
- The sign out section of the WHO supplied checklist must be completed before leaving theatre.

Learning Example 2

When transcribing Kardexes, keep patients safe

Summary of Event

A patient, following a GI bleed, had their aspirin and enoxaparin held. However, the 'on hold' instruction was not prominent enough and the doctor rewriting the Kardex re-prescribed these medicines.

Regular non-injectable medication
Check allergies/medicine sensitivities and patient identity

Year: 2016 Day and month: 4/11/16

Medicine: **ASPIRIN** Start date: 4/11/16 Stop date: 10/11/16

Dose: 300mg Route: PO Frequency: QD Signature: [Signature]

Special instructions/indications: WITHIN THE FOLD

Sign: [Signature] Pharmacist: [Signature]

Day	4	5	6	7	8	9	10	11	12	13	14	15	16	17
06 ⁰⁰														
10 ⁰⁰	HL	VL	HL	HL	HL	HL	HL	HL	HL	HL	HL	HL	HL	HL
12 ⁰⁰														
14 ⁰⁰														
18 ⁰⁰														
22 ⁰⁰														

Hold

Enoxaparin was then administered to the patient for three days by nursing staff. During this time the patient was also reviewed on ward rounds by medical staff and a clinical pharmacist reviewed their Kardex. The patient developed malaena and then suffered a cardiac arrest.

Learning Points

- The 'Hold' order documented on medicine Kardex 1 was not prominent enough to alert the doctor who had transcribed the medicines onto Kardex 2 resulting in aspirin and enoxaparin being administered on three consecutive days.
- Staff should always question whether the medication prescribed is appropriate for a patient's clinical condition.
- The Kardex should be reviewed by the most senior medical staff member in attendance on every ward round.
- Transcribing Kardexes is part of routine work and should be done, where possible, following a ward round. A nurse should be present on all ward rounds to ensure provision of an up-to-date care plan.
- Consideration should be given to undertaking a dedicated learning session regarding anticoagulation for junior medical staff at commencement of their specialty placement.
- Pharmacists, where available at ward level, should check for accurate transcription of Kardexes and annotate on the Kardex when this has been completed as per the Northern Ireland Clinical Pharmacy Standards.

1 Transforming the Culture

Patient / Family / Carer Engagement in SAIs

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

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

Being open

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

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

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

- Staff are open about incidents they have been involved in
- Staff and organisations are accountable for their actions
- Staff feel able to talk to their colleagues and superiors about any incident
- Organisations are open with patients, service users, the public and staff when things have gone wrong and explain what lessons will be learned
- Staff are treated fairly and are supported when an incident happens.

How the Organisation Learns

Key methods of sharing learning throughout the Trust include:

- Internal Learning Templates (28 Shared Learning Templates were issued across the Trust in 2016/17)
- “Safety Matters” newsletter issued 3- 4 times per year
- Quarterly and Annual Complaints, Incident and SAI reports
- Directorate and Trust-wide Shared Learning Events
- Implementing recommendations from 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
- The Trust publishes a Safety Message of the Week every two weeks and publishes on the intranet
- The Trust has a weekly Governance Teleconference to discuss what harm has occurred in the previous week and what is planned for the following week in terms of SAIs, Ombudsman Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between Directorates and issues can be escalated as required
- Safetember – a month long programme of events and focused actions undertaken by the Trust every year to improve safety – was completed again this year. This work offers opportunities to engage patients, service users and staff on improving safety and quality and also to showcase the many areas of improvement that have already been achieved. Safetember was extremely successful with 300 events held across the Trust in 2016
- “March to Safety” was also held in 2017 to compliment Safetember and update on safety and quality initiatives.

Next steps

A key objective of the Trust’s Quality Improvement Plan 2017 – 2020 is to continue to build an open, transparent and learning culture. There are several workstreams within this to support staff; develop Mortality and Morbidity meetings; and to enhance local governance and learning from harm.

1 Transforming the Culture

The Trust is part of a regional Quality 2020 initiative to support staff when an unexpected incident has occurred. This workstream has involved focus groups and staff surveys to develop a model to support staff when an unexpected incident or event has occurred. This model is being co-designed with staff and will be piloted in the Children's Hospital.

The Trust has also planned to implement "Schwartz Rounds" in 2017/18. Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff.

Leadership walkrounds

The BHSC 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 to work together to improve patient safety issues for patients, staff and the organisation.

Each visit is conducted by a Director meeting the Service Manager and Ward Manager.

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 Service Manager will retain responsibility for ensuring a report including actions is submitted and then implemented
- (d) The Trust's Safety & Quality Steering Group monitor & evaluate progress of the walkround programme and the agreed action plans.

Work has commenced to further develop Leadership Walkrounds in 2017/18. A pilot is underway involving Divisional Management Teams undertaking a "quality and safety visit".

Quality Improvement

During 2016-17 a Quality Improvement Strategy 2017-2020 was developed and approved by Trust Board. This strategy outlines how the Trust will create the conditions to be in the top 20% of NHS organisations for safe, high quality and compassionate care. At the centre of the strategy is a commitment to place the patient and user clearly at the centre of all that we aim to accomplish.

Our five key areas of focus for safety and quality form the Quality Improvement Strategy 2017-2020 are:



A Quality Improvement Plan 2017-2020 has also been put in place. This plan provides the Trust's focus for driving further and sustained improvements in quality and safety for all the users of our service and has 6 key objectives:

- Reduce harm from medication errors
- Reduce harm from Healthcare Associated Infection
- Reduce harm from unrecognised deterioration
- Keep patients and service users safe in our organisation
- Ensure that our patients and service users receive the right care in the right place at the right time
- Ensure that the Trust has an open, transparent and learning culture.

1 Transforming the Culture

Providing **training and support** to staff plays a key role in helping the Trust continue along its journey of Quality Improvement.

Over recent years we have invested in the training and development of our staff in Patient Safety and Quality Improvement methodology through various programmes including the Scottish Patient Safety Programme, IHI open school and IHI Improvement Advisor Programme.

We continue to work to develop our own processes for training and leadership development in order to further embed the culture of patient safety and quality improvement across the Trust.

During 2016-17 significant work was undertaken in this regard including:

- The Trust delivered on the Department of Health target that 2000 staff would be trained in Quality Improvement Awareness.
- 3 consultants took up post as Medical Quality Improvement Trainers to support the delivery of QI training programmes.
- The Trust audit department began transitioning into a support team for Quality Improvement across the organisation serving as a resource for staff and teams undertaking Quality Improvement work.
- The Trust continued to build a network of mentors and other support to advance Quality Improvement capacity across the organisation including training staff to lead and support QI work.
 - In 2016/17 the Safety Quality Belfast Quality Improvement training programme had 150 participants and generated 50 Quality Improvement projects across a wide range of services throughout the Trust.
 - In addition, a range of Quality Improvement training programmes were provided specifically for medical staff.
 - Quality Improvement training is also being incorporated into the Nurse Leadership and Development programme and into induction for new medical consultants.



2 Strengthening the Workforce



respect & dignity



openness & trust



leading edge



learning & development



accountability

2 Strengthening the Workforce

Investors in People

Since coming into existence in 2007 the Belfast Health and Social Care Trust has always seen its staff as being core to everything it does and everything it has and will achieve. As its most valued resource the Belfast Trust is proud to have over 20,000 people dedicating their working lives to caring for people in Belfast and beyond



“Investors in People” is an international standard for best practice in people management within organisations. The Trust has attained (2010) and twice retained (2013 and 2016) Investors in People Accreditation which reflects the very positive improvements the Trust continues to make in terms of how it leads, manages and develops its people.

The Trust remains committed to retaining and building on our accreditation as an Investors in People organisation and to using the internationally recognised quality standard as a clear benchmark for performance.



Having achieved Bronze IiP accreditation in March 2016, work subsequently began on 3-year project plan during 2016-17 to continue good working practices and to identify and implement improvements ahead of assessment against the new generation of the IiP standard in 2019.

The standard explores practices and outcomes under three performance headings that are closely aligned with the ethos of the Trust's Leadership and Management Framework and which support our aim to achieve a culture that depicts collective leadership.

Employee Engagement

Employee engagement is a workplace approach resulting in the right conditions for all members of an organisation to give of their best each day, committed to their organisation's goals and values. Staff working in organisations with high levels of employee engagement have an enhanced sense of their own well-being and have better experiences in work and are able to work together more effectively to produce high quality outcomes.

Strengthening the Workforce 2

On 16 May 2016, the Trust's third and largest Employee Engagement Conference took place in the Spires Centre, Assembly Buildings, Belfast. The theme of the Conference was "GETTING BETTER TOGETHER" and was attended by 190 staff from bands 1 to 4.



During the conference, attendees were given an opportunity to share their experiences of employee engagement in the Belfast Trust and to discuss with other members of staff what works well and what does not in their area. Ideas and suggestions on how engagement could be improved included:

- Development of Trust Communication Mobile application: With 70% of respondents indicating a clear appetite to embrace new forms of communication
- Opportunities to be involved in improvements in their workplace
- Managers to listen and/or take forward suggestions for improvement made by frontline staff.

The updated Supporting Belfast Strategy was also showcased with a number of learners from across the Trust sharing their learning journeys and experiences.

A number of initiatives have been taken forward since the Conference, including:

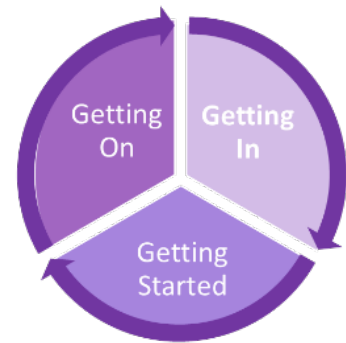
- A further 39 Advocates coming forward to participate in the Engagement Forum. The Advocates have met throughout the year and training is currently being organised to further support and enhance this role
- The Engaging Manager development programme was reviewed and revisited, and from April 2016 – March 2017. 186 Managers have completed the Engaging Manager Programme during this time
- An "Employee Voice" infographic shared throughout the Organisation highlighting mechanisms available for staff to ensure they are involved, listened to, and invited to contribute their experience and expertise.



2 Strengthening the Workforce

Supporting Belfast Strategy

The second Supporting Belfast Strategy for inclusiveness in learning and development for Support Workers' (staff in bands 1 to 4) was launched in May 2016 at the Staff Engagement Conference. The Strategy continues to focus on learning and career development for staff in bands 1 to 4 and will be delivered over three years. A user-friendly infographic of the Strategy has been communicated throughout the Trust.



Following the launch a programme of work has been progressed in line with the agreed action plan, this includes: profiling and promotion of learning and development opportunities for staff in bands 1 to 4, a training needs analysis to better understand their learning and development needs and the development of a number of bespoke accredited qualifications for staff in bands 2 and in Theatres, Regional Intensive Care and Radiography.

The Trust also supported eight work experience placements for the long term unemployed funded by the Social Investment Fund. The 51 week placements within PCSS and Health Records commenced in September 2016. The interim evaluation of these placements has shown the success, and effectiveness of this initiative. To date of the eight participants in the scheme two have gained employment, two are undertaking a Vocational Qualification in Administration and the remaining participants have applied for, and have been shortlisted for interview for posts within Belfast Trust.

Quality Improvement: Attributes Framework

The Quality 2020 Attributes Framework states that “Quality Improvement and Safety is everyone’s job and 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”.



The Trust has implemented training that introduces the Quality 2020 Attributes Framework and aims to raise awareness of the importance of quality improvement for every member of staff, whether in a clinical or non-clinical role.

Training developed by the HR Learning and Development Team is offered through Team Workshops that support idea generation in local areas and through e-learning that can be completed at a time and place to suit staff individually. Training is also embedded into all relevant accredited programmes for staff at all levels, including programmes which support front-line staff to achieve a qualification and management development programmes.

During 2016-17 the Trust continued to make progress in the implementation of the Attributes Framework and the Trust’s Safety and Quality agenda. In particular promoting the completion of Level 1 of the Quality Attributes Training by all staff. This training offers a strong foundation to help staff support Quality Improvement by introducing each staff member to the meaning of quality in their work, highlighting the critical role they play in improving the services provided across the Trust in all areas.

Almost 3800 staff within the Trust have now undertaken Level 1 Quality Attributes training. This figure exceeded the Department of Health target of 10% of staff having an awareness of Level 1 attributes by the end of March 2017. During 2016/17 the Learning and Development team delivered training to 2329 staff directly and a further 600 staff completed the Regional eLearning training.

HR Learning and Development Team continued to support the Trust’s Safety and Quality agenda throughout the year, working collaboratively with the Trust’s Patient Safety / Quality Improvement Leads to further embed the Quality Improvement programme aligned with Level 2 of the Quality 2020 attributes framework.

The first cohort of 52 participants successfully completed the programme in June 2016 and showcased their 19 QI projects at a celebration event organised on 22 June 2016. The second cohort of 150 individuals commenced the programme in September 2016.

2 Strengthening the Workforce

Learning and Development Activity

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

We have also delivered a number of bespoke learning and development interventions for teams including Staff Development Review workshops and Quality 2020 level 1 training and continue to offer Trust Values workshops.

From April 2016 – March 2017 12,713 staff attended a learning and development intervention delivered by the Human Resources Directorate with 9312 staff attending training delivered by the Learning and Development team during this period. This includes, 2929 staff completing Quality 2020 Level 1 training, 1108 staff attending a Team Values workshop, 356 staff attended Staff Development Reviewer training, 564 staff attended Staff Development Reviewee training and 204 managers and team leaders attended a coaching skills programme.



Statutory Mandatory Training

The Trust recognises that Statutory and Mandatory Training is of vital importance in the provision of high quality services to our patients and clients. It is also essential for ensuring compliance with the Law, and the Trust's Health and Safety-related policies to continuously transform our services, and to minimise risk to staff, service users, and the public.



The HR Learning and Development Team have continued to support and work in partnership with Trust colleagues to improve the Trust's compliance with Statutory and Mandatory Training.

To achieve the levels required the Trust is progressing a renewed and radically different approach to the delivery of Statutory and Mandatory Training.

A workshop attended by Senior Responsible Officers for Statutory and Mandatory Training was held in July 2016, with the outputs informing the development of a Project Action Plan.

Since the ratification of The Project Action Plan, a number of key objectives have been progressed:

- The Trust's Statutory and Mandatory Training Matrix has been reviewed to include, in the first instance, Statutory and Mandatory Training applicable to ALL Trust staff

Strengthening the Workforce 2

- Funding to develop an Outline Business Case for a Learning Management System was secured
- A proposal paper has been drafted outlining a radically different approach to the delivery of Corporate Statutory and Mandatory Training for new employees
- The technical solution to support compliance reporting from The Trust's centralised recording system (HRPTS) has been developed
- Work has progressed on the concept of a regional HSC "training passport" which will enable the Trust to accept and deem compliant staff that have undertaken Statutory and Mandatory training delivered by other HSCNI organisations.

Coaching

One of the Trust's core values is to maximise learning and development by building the capacity of the organisation and our people through appropriate learning and development and support.

Coaching is viewed as a means of developing staff on a one to one basis in order that they can perform more effectively and reach their potential through effective questioning and feedback. It is about helping staff to think issues through for themselves, rather than about telling or instructing them.

One to One Coaching sessions are available to ALL staff regardless of role, level or professional area within the Trust. To date there have been over 200 members of staff that have availed of the service and ranging from Band 2 staff to Co-Director level, including PCSS staff, Medical Staff and AHP staff across all Directorates of the Trust.

During 2016 – 2017 the Learning and Development team have continued to grow a coaching culture across the Organisation. A new ILM Level 3 Qualification in Workplace Coaching was introduced. After a successful pilot a further four programmes ran between September 2016 and May 2017 with 65 participants attending.

The Coaching Skills for Managers programme was delivered to a total of 204 Managers / Team Leaders during the year.



2 Strengthening the Workforce

Leadership Development



The Trust's bespoke Living Leadership programme for all Tier 3 and 4 post-holders (136 in total) was completed in September 2016. The programme uses leading edge methodologies to focus in particular on behaviours and the development of top leaders in a health care environment. All participants completed a collective leadership challenge and were tasked with organising a film festival to showcase and share their learning. Evaluations of the programme have been completed.

A Leading with Care programme for Tier 5 post holders was launched in Autumn 2016. A total of six cohorts have been organised and to-date, three cohorts have commenced this programme.

A Leadership and Management Framework was launched in March 2017. The framework supports our commitment to developing a culture of collective leadership and to growing our community of leaders. This means having leaders at all levels of the organisation working together towards achieving high performance and improvement for our patients and clients.

Collective Leadership

The Organisational Development Framework, launched at the 2016 Leadership Conference, sets out our approach to support the implementation of a culture of high quality, safe and compassionate care for both our staff and all those who use our services. With a commitment to being in the top 20% of UK Trusts for safety by 2020 and with a clear commitment to Quality Improvement, The Trust's approach to Collective Leadership took shape during 2016/17 recognising that we can only achieve these ambitions through our people. The senior HR team worked during 2016/17 to support directors to develop and implement their new management structures. This work will continue into 2017/18 to further embed and support the implementation of the enhanced leadership structures.

Leadership and management Framework

In 2016 the second Trust Leadership and Management Framework was launched. This framework supports the commitment to developing a culture of safe, high quality compassionate care enabled by a community of leaders.

The framework sets out the commitment and actions to support the development of all leaders and managers. To make this framework more accessible a digital version was produced along with business cards, which are issued to all staff at learning and development/ events. Staff can scan the QR code with their mobile phone to download and access the digital version.

Strengthening the Workforce 2

Leadership Conference

Human Resources worked collaboratively with Corporate Communications to develop and arrange the annual leadership conference that took place on 22 April 2016. The conference was attended by over 200 senior management and clinical staff from across the Trust. The conference hosted by Gavin Oattes had as its' theme "REALISING OUR AMBITION". Conference speakers included James Kerr, who spoke about Leadership in the New Zealand All Blacks Rugby Team and Mark Gallagher, who was able to draw parallels between the Health Service and Formula One, specifically pertaining to risk, safety and innovation.



Mark Gallagher, Gavin Oattes, Brenda Creaney, Richard Pengally, Michael McBride, Catherine McNicholl, James Kerr



Conference delegates



Conference delegates

2 Strengthening the Workforce

Staff Recognition and Achievements

Perioperative Support Staff

During 2016/17 the Trust's first group of staff completed the ProQual Level 2 Diploma in Healthcare Support (Perioperative).



This was the first Diploma qualification to be offered by the Trust with the design and delivery being accomplished by the Learning and Development team working in Partnership with Clinical Education Facilitator for the Theatre Department.

This group of learners have been upskilled to undertake the scrub nurse role in theatre and we believe this programme is a brilliant example of how working in collaboration with our directorates and services, can assist both the upskilling and modernisation of the Trust workforce.

Innovation in Ophthalmology



Innovations in Ophthalmology Winner, Dr Sonia George and the Neuro-Ophthalmic Visual Impairment Team, with Greg Barbour (Allergen), and Dr Julie Silvestri

Neuro-ophthalmic Visual Impairment in Children (NOVIC), is a unique collaboration between Belfast's Royal Victoria Hospital, Royal Belfast Hospital for Sick Children and RNIB providing services for children with Cerebral Visual Impairment (CVI) - the commonest cause of childhood visual impairment in the developed world. In the past, these families were left with the difficult news that their child had irreversible vision loss, beyond the remit of any intervention. Now the NOVIC team provide a dynamic picture to families of their child's vision, how to stimulate vision development and a realistic expectation of what vision is likely to be in the future.

In June 2016, the NOVIC staff were delighted to be awarded "Team of the Year" at the national "Vision Pioneer" Awards in London, and to subsequently receive this year's "Innovation in Ophthalmology" Award at the 18th NI Health Care Awards.

Strengthening the Workforce 2

Speech & Language Therapy

The Trust's Speech & Language Therapy Adult Team won a GAIN Quality Improvement Award 2016 for their "Sunday Brunch" project. This project was developed to improve the response times for in-patients waiting for a swallowing assessment over the weekend by providing a speech and language therapy swallowing assessment service on a Sunday morning in the Royal Hospital. Patients previously referred at the weekend remained "Nil by Mouth" pending speech and language therapy input and for patients and families this delay is unacceptable.



Interventional Radiology

18TH NORTHERN IRELAND HEALTHCARE AWARDS 2017 WINNERS



Dr Peter Kennedy & the Radiology Department

The NI Healthcare award for Clinical Leadership Team of the Year was awarded to the Trust's Interventional Radiology Team for making significant, influential and sustained contributions to medical treatment and development throughout the last year.

The team were commended on developing and delivering a regional pilot on call service, offering 24/7, fast and accessible care to the people of Northern Ireland who can benefit from leading edge care. The purpose of this service was to address the increasing expectation that the treatments offered by Interventional Radiology should be as readily available during the night, as during the day.

This service now provides patients with treatment pathways that may not have been available to them previously. The Interventional Radiology on call service is; regional, accessible, timely, innovative and lifesaving, offering 24/7 life and limb saving treatment to the people of Northern Ireland.

2 Strengthening the Workforce

Midwifery

The British Journal of Midwifery Practice Award 2017 for 'Contribution to Midwifery Education' was awarded to Belfast Trust's Gillian Morrow and Kathy McCandless for their development of the "SMARRT Pack" - **S**upporting **M**idwives, newly **A**ppointed, **R**eturning to practice, **R**otating departments and **T**raining needs.



The SMARRT Pack enables the induction of all newly appointed midwives, supports new midwifery registrants in essential skill and knowledge achievement, reorients midwives returning after a leave of absence or rotating to new departments to appraise their experience and practice to date and identify gaps in existing knowledge and skills. The SMARRT Pack promotes reflective learning and facilitates the midwife's individual professional development and training opportunities.

The SMARRT Pack produces a highly skilled and motivated midwifery workforce, enhancing safety and quality of care for women and babies.

Nurse of the Year

Margaret Donnelly, a learning disability nurse based at Muckamore Abbey Hospital for over 20 years, was named Northern Ireland Nurse of the Year at the 2016 Healthcare Awards.

These awards aim to recognise healthcare staff who showcase excellence in day-to-day patient care, innovation, surgery facilities and after-care, and who endeavour to improve the standards of healthcare provision, and the health of our population.

"Margaret has continually put her patients ahead of her own interests and has shown incredible dedication. This has included travelling with her patients as they leave the hospital, staying with them in their new home, coming in to work to care for her patients when she was on leave and even caring for their relatives. She has undoubtedly exhibited extreme professionalism and care on every occasion."



Strengthening the Workforce 2

Macular Service

The Macular Service at the Mater Hospital was honoured with the Innovation Award at the 2016 Healthcare Awards.

The Macular service in the Mater Hospital (NI) treats several sight threatening conditions. It is a regional service and accommodates a large proportion of the population of Northern Ireland.

The service has grown dramatically over recent years, requiring new ways of working to be explored in order to meet rising service needs. Introducing Ophthalmic Nurse Practitioners to the Macular Service to help administer injections (traditionally done by ophthalmologists) was an effective innovation allowing the service to accommodate quadrupled levels of demand.



Lymphoedema Network

Lymphoedema is a long-term condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs.



Staff from Belfast Trust celebrated a double success at the national awards for the British Lymphology Society in 2016/17.

The Lymphoedema Network Northern Ireland (LNNI) lifted the award for raising awareness of lymphoedema with healthcare professionals, and Lymphoedema Specialist Laura Henry also took home one of the top prizes, winning the best poster award for her presentation of a new model for assessment of head and neck lymphoedema.

2 Strengthening the Workforce

Regional Spinal Service

The Trust's Regional Spinal Service received the NI Teamwork Award in the Public Health Agency Health and Social Care Safety Forum Awards for their Redesign of the Regional Spinal Service.

They received their award (educational contribution of £400 towards their service) at an Improvement Network NI (INNI) event held in Belfast.



Operational Services Support Work

A Belfast Trust Day Centre Receptionist was named "Operational Services Support Worker of the Year" in the first ever UK-wide Our Health Heroes awards.

Organised by Skills for Health, the National Skills Academy for Health and UNISON, the awards celebrate the work of the thousands of support staff who keep the NHS running behind the scenes.

More than 500 nominations were whittled down to a total of 24 regional winners, two from each of UNISON's 12 regions. A public vote then decided two national winners



Liz Cameron has been the welcoming face of the Fortwilliam Day Centre since it opened 30 years ago and constantly goes over and above what is expected of her daily role. Liz builds strong relationships with the people with learning disabilities who use the centre, many of whom view her as a member of their extended family.

Neurodisability



The work of the Neurodisability team was recognised as the 'Most Effective Adoption and Diffusion of Best Practice' in the Health Service Journal (HSJ) Awards 2016.

An innovative partnership project led by Belfast Trust encourages collaboration between community occupational therapy teams across Northern Ireland. Paediatric neurologist, Dr Claire Lundy together with Upper Limb Occupational Therapist, Julia Maskery, and the Neurodisability team work to help Cerebral Palsy patients with Hemiplegia (paralysis of one

Strengthening the Workforce 2

side of the body). This work has included setting up an Occupational Therapy Upper Limb working group with 'clinical champions' from all five Trusts in Northern Ireland. As a result, Upper Limb services are now coordinated across the region for the first time.

Diabetes



A joint venture between Belfast Trust, QUB, South Eastern Trust and Manchester University Hospitals Foundation Trust won a prestigious award in 2016/17.

'GDM: Things you need to know but maybe don't!' is an educational resource for women with Gestational Diabetes Mellitus. It was placed top in the "Empowering People with Diabetes" Adult Category at the Quality in Care (QiC) Diabetes 2016 National Awards.

Quality in Care (QiC) Diabetes recognises, rewards and shares innovative practice demonstrating quality in diabetes management, education and services for people with diabetes and/or their families.

Gaining QiC recognition means an initiative has been highlighted by the NHS, patients and industry as improving the quality of life for people living with diabetes.

Patient and Client Support Services

Trust worker, Sandra McFarlane, PCSS, was named as Northern Ireland Cleaning Operative of the Year 2016.

Sandra was one of 272 cleaning operatives nominated over six categories – Health, Education, Office, Retail, Hospitality and Leisure, and Manufacturing.

Not only did Sandra win her Health category, but was named overall winner of the British Institute of Cleaning Science (BICS) Northern Ireland Region 2016.



Sandra's supervisor, Stephen Logan, nominated her for her dedication, high standards, compassion, overall commitment and contribution to the patient environment in Avoca Ward, Knockbracken.

2 Strengthening the Workforce

HIV Awareness

Catherine Jackson, Health Advisor at the RVH Genito-Urinary Medicine department, was awarded the annual HIV Awareness Trainer Award for her 'Outstanding Contribution' to Belfast HSC Trust HIV Awareness Project, where she has enabled staff to increase their knowledge and awareness of HIV, helping eradicate HIV related Stigma and discrimination.

The Sexual Health Team is grateful for the dedication, commitment, enthusiasm and professionalism Catherine brings to this HIV Awareness Training programme.



Employee Wellbeing



The Trust's b well initiative won the Employee Wellbeing (Public Sector) category at this year's Irish News Workplace & Employment Awards. Judges commended the initiative for its commitment to improving the health and wellbeing of Trust employees through the use of innovative and unique tools.

b well is an app and website that makes all of the Trust's health and wellbeing information accessible to staff 24/7, allowing staff to access this at a time that is convenient to them and allowing privacy when viewing sensitive wellbeing information.

Nursing

The Trust celebrated multiple winners in this year's Royal College of Nursing Northern Ireland Nurse of the Year Awards.

These awards provide the opportunity to highlight excellence within nursing in Northern Ireland and the contribution that nurses make to the health and well-being of the people of Northern Ireland.

David Ferran was awarded the RCN **Student of the Year**.



David is based in the dermatology out-patients department of the Royal Victoria Hospital in Belfast. In each practice learning experience, David has shown great professionalism, with mentors praising the dignity and respect he demonstrates towards patients and recognising the confidence and competence he displays in delivering patient care.



Strengthening the Workforce 2

Ann Cusack RCN **Health Care Assistant of the year**. Ann is employed within the busy renal in-patient unit at Belfast City Hospital and has been recognised for the compassion and dignity that she displays towards patients and their families. Her nominating team paid tribute to Ann's attention to detail, ensuring that she provides "the very small, personal and individual aspects of care that make her patients feel valued and respected".



In the **Patient's Choice Award** we were double winners, with Muckamore Abbey Hospital staff nurse Melissa Steele winning the category. Melissa has been nominated by the parents of a 19 year old man with severe autism and significant learning difficulties. The parents recognised that their son was struggling to cope with life's day-to-day challenges and that this was causing him severe anxiety and, in their words, "mental breakdown". The parents describe how Melissa watched, observed and communicated with the patient in order to familiarise herself with his unique traits, likes, dislikes and what makes him anxious, happy or sad. It wasn't long before the parents felt that Melissa understood the patient as well as they did.

David Moore came runner up in the **Patient's Choice Award** category. David is a respiratory nurse specialist at the Mater Hospital. He has been nominated by five patients suffering from chronic obstructive pulmonary disease [COPD] who state: "We literally do not know what we would have done without his support, knowledge and expertise"



Michael Rooney came runner up in the **Inspiring Excellence Award** in mental health and learning disability. Michael manages a 19-bedded female mental health acute admissions ward and recognised that hospital admission can be a difficult experience for many patients, causing anxiety and a loss of control and independence. Michael has developed and driven a new recovery-focused project entitled 'Recovery begins with hope'.

Neill Montgomery came runner up in **Defence Nursing Reservist Award**. Neill is one of our hospital at night co-ordinators. He joined the Army Reserve in 2003 as a registered general nurse, and in 2010 led a multinational critical care team in Camp Bastion, Afghanistan, subsequently qualifying as an instructor in battlefield advanced trauma life support.



Neill delivers training days by which he shares his clinical expertise and experience. The judging panel complimented Neill for his outstanding contribution to the education of military and civilian colleagues in order to deliver the very best possible standards of patient care.

2 Strengthening the Workforce

Appraisal and Revalidation of Medical Staff

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

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

Facts and Figures

For three consecutive years the regional target of 95% participation in appraisal has been demonstrated. The current appraisal round in relation to Practice Year Ending December 2016 is not yet concluded. In previous years the highest completion rate by June was 48%. This has increased to 53% for this appraisal round. It is anticipated that strengthened escalation arrangements will improve the timeliness of appraisal in moving forward.

Appraiser Training Compliance – Appraiser training was redesigned following Quality Assurance findings and again for the new appraisal round. Training compliance rates for those currently in roles (174 appraisers) as follows:

Training Type	Compliance	Evaluation 1 to 6 (1=Negative, 6=Positive)
New Appraisers <i>(required on commencement of role)</i>	93%	5&6 = 100%
Refresher training <i>(required every 3 years)</i>	95%	5&6 = 78%

Strengthening the Workforce 2

Medical Revalidation

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

Each doctor 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.

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.

The Trust has continued to strengthen Medical Revalidation arrangements under the leadership of the Medical Director/Responsible Officer. This includes an improved Medical Revalidation Recommendation Decision template for documenting outcomes.

To date 852 recommendations have been made to the General Medical Council (GMC). 90.5% have been recommended for revalidation and 9.5% deferred (consistent with national deferral rates). There have been no non-engagement or late notifications to the GMC.

We are nearing the end of the first full cycle of revalidation, and have commenced preparation for the next five year cycle, initially with the launch of Colleague and Patient Feedback surveys to doctors with revalidation dates up to March 2020.

The following is a summary of surveys to date:

Revalidation Cycle	Completed	In Progress	Total
First			
Colleague Feedback	936	15	951
Patient Feedback	834	26	860
Second			
Colleague Feedback	186	364	550
Patient Feedback	93	446	539

2 Strengthening the Workforce

Medical Education

The Trust's Medical Education function is committed to maximising the learning and development opportunities for doctors at different stages of their careers, with a focus on safety and innovation.

The Medical Education team works in partnership with Northern Ireland Medical and Dental Training Agency (NIMDTA), Queens University Belfast (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.

Medical Education also manages a range of teaching facilities in the Royal Victoria Hospital, Belfast City Hospital, Mater Infirmorum Hospital and Musgrave Park Hospital to support the training/teaching of medical students, trainee doctors and many other staff groups in the Trust.

GMC Visit – On 1st March 2017 the General Medical Council visited the Trust, as part of a wider review of the entire region, to review the standard of training being delivered to trainee doctors in the Trust against the standards set out in the GMC's "[Promoting excellence: standards for medical education and training](#)".

This day long visit focused particularly on Undergraduate Education, General Medicine, General Surgery, Obstetrics & Gynaecology, and Trauma & Orthopaedics. The GMC interviewed over 130 BHSCT employees – executive team, clinical directors, senior management, education leads, trainers, trainee doctors, and medical students – to help determine the quality of medical education and training within the Belfast Trust. The GMC feedback was very positive with no significant areas of concern being raised in relation to patient safety and training.

Recognition of Trainers – As part of the GMC's commitment to high quality training that is recognised and protected, from July 2016 senior medical staff who are supervising trainee doctors are required by the GMC to achieve recognition as trainers.

This requires all trainers to have completed various courses eg. trainee support, supervisory skills etc and the Trust to compile and produce a record of these courses to be submitted to the Northern Ireland Medical and Dental Training Agency (NIMDTA) for recognition.

By the deadline, 388 (97%) BHSCT supervisors were deemed "recognised" by NIMDTA and this was the highest percentage in the region. Recognition is valid for 5 years and trainers are required to again undertake courses to achieve recognition. The Trust has significantly more trained consultants than currently required for named roles.

Medical Engagement

Work was undertaken during 2016-17 further to a Medical Engagement survey completed in 2015. This work confirmed that engagement with doctors should build upon the Trust's existing pillars for the engagement framework used for other staff groups:

- Setting Direction
- Engaging Managers
- Employee Voice
- Living the Trust Values.

A two year action plan was developed and published in Autumn 2016 with a primary objective of seeking improved medical engagement across the Trust.

Key parts of this plan include:

- Investing in leadership development and training with a focus on Quality Improvement
- Strengthening medical, dental and clinical leadership within the organisation
- Move to values-based recruitment for medical and dental staff
- Review the roles, responsibilities and support for medical and dental leadership roles
- Enhance the induction [programmes for medical and dental staff
- Utilise the appraisal process to identify and develop future medical and dental leaders.

2 Strengthening the Workforce

Training Programmes

A faculty development course has been developed in order to provide training on how to deliver simulation training and the second course ran successfully in May. This will enable more areas to offer simulation training to BHSCT staff.

During 2015/16 and 2016/17 the department delivered the following courses:

Course	No of Sessions 2015/16	No of Sessions 2016/17
Principles of Ultrasound Guided and Open Chest Drain Insertion	4	4
Lumbar Puncture	2	2
Introduction to Principles of Safe Procedural Sedation	2	3
Introduction to Central Venous Access (Central Line)	1	2
Safeguarding Children	1	1
Trainee Support	2	2
Deteriorating Patient	0	2
Paediatric Emergency Medicine Simulation	1	3
Mentoring	1	1
Clinical & Educational Supervisors	2	1
Faculty Development	0	2
GMC Professionalism Workshops	3	14
Scottish Simulation Programme	N/A	1
LLEAP Simulation Training	1	N/A
Total	17	24

In addition, the Medical Emergencies in dentistry and BLS for undergraduate dental students are delivered within the education structure.

Medical Education also co-ordinated the appointment of further leads for simulation training in Obstetrics & Gynaecology, laparoscopic surgery and faculty development.

The department continues to deliver courses on Supervisory Skills, Trainee Support, and facilitates Deanery courses on site to enable senior doctors to become recognised trainers in order for them to supervise and manage trainees, including those in difficulty. Education department coordinates Level 1 and Level 2 mentoring courses to include training in resilience.

Recurrent funding has been secured from the Public Health Agency during 2016/17 for the Regional Chest Drain Course, which is an important simulation programme. This delivers up to 64 training places per year. Feedback on the range of courses is consistently positive.

Recognition and Approval of Trainers

High quality training for doctors is essential to the delivery of excellent patient care.

In order to meet the General Medical Council'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 the Northern Ireland Medical and Dental Training Agency (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 the 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.

Work Experience

The Medical Work Experience in BHSCT aims to give Year 13/14 students, with the aspiration and ability to study medicine, an insight into the career of medicine in a hospital environment. The 3 day programme consists of:

- Interactive classroom sessions on topics such as "ethics in medicine", "Reasons to be a doctor" and "A day in the life of a F1 doctor"
- Skills-based workshops which give students a taste of the lifelong learning that doctors participate in eg. Dummies Guide to Medicine – An Introduction to Simulation training, Breaking Bad News etc.

2 Strengthening the Workforce

- One day of 2 clinical placements in one of BHSCT hospitals

The programme corresponds with the school year and runs from September to June. In 2015/16 3 dates were offered with a total of 175 and in 2016/17, 4 dates with 210 places were offered.

- In 2015/16 163 students participated
- In 2016/17 173 students participated (June 2017 course still to take place)

The programme has received very positive feedback with 100% of participants saying they would recommend the programme to a friend.

Staff absenteeism

Facts and Figures

For the period 1 April 2016 – 31 March 2017, the overall Trust sickness absence rate was 6.34%.

The Trust continues to target key areas with high levels of sickness absence.

During 2016/17, the team delivered 31 training sessions for 482 employees and Managers - mandatory and bespoke training for both Managers and employees regarding the management of attendance which includes working in partnership with other HR Policies and HR teams.



The Attendance Management Team continues to meet with Senior Managers and their teams within each Directorate, and provide tailored advice on specific cases.

From April 2016 through to March 2017 over 600 reasonable adjustments were implemented for employees returning to work from long term sickness absence.

The Attendance Management Team co-ordinated and facilitated redeployment on ill health grounds for 30 employees thereby enabling those employees with a health condition or disability to remain in work.

The team also provided monthly and quarterly sickness absence reports to each Directorate.

The team, in partnership with Occupational Health, have commenced a Quality Improvement review of sickness absence reporting and a review of the Management of Attendance process overall in a bid to improve HR analytics, reduce absence and improve manager compliance with the protocol.

2 Strengthening the Workforce

Looking after our Staff

During 2016-17 we continued to deliver a comprehensive range of health and wellbeing activities, services and programmes to staff:

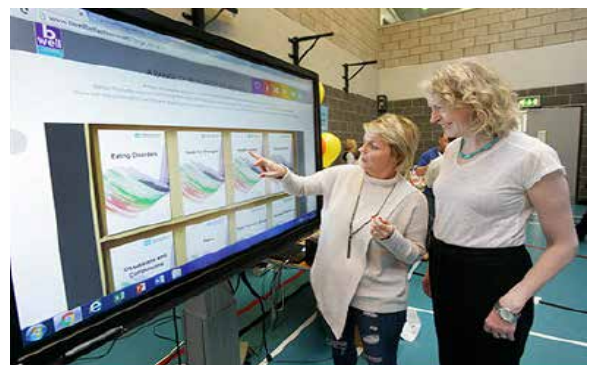
- 1038 out of a total 1296 (80%) Work Life Balance applications were approved from 1 April 2016 to 31 March 2017
- The Trust provided its ninth Summer Scheme, with 492 children and 285 families being accommodated. Due to demand for places a fourth scheme based in St Joseph's Primary School, Grosvenor Road was opened which proved to be a popular choice with children and parents.



In addition, an on-line application process was developed to provide a more equitable and fair way for Trust staff to access the scheme.

Results of an evaluation survey for the Summer Scheme showed that:

- 89% of respondents stated that they were able to use annual leave for holidays rather than childcare
- 95% stated that they were able to work their usual hours
- 88% of parents said that the Summer Scheme ensured that they did not have to take any unpaid leave or apply for term time
- Parents were asked if providing a Summer Scheme enabled them to balance their work and family more effectively to which 99% strongly agreed or agreed.
- As an Employer for Childcare best practice Employer, the Trust facilitated over 950 parents in the Employer for Childcare Voucher Scheme during 2016-17
- The Trust developed a Draft Childcare Strategy and Action Plan to enhance the Childcare options of Trust employees and further enhance the Trust's position as employer of choice.
- The Translink Taxsmart Scheme was provided to 116 Trust staff
- Parenting NI held two information sessions aimed at parents / guardians. The sessions were "Effective Parenting" and "Understanding your Teen" and were attended by a range of Trust staff.



Strengthening the Workforce 2

- The Trust's "b well" initiative (providing employees with support and information on a wide range of health and wellbeing issues complimented by training and a wide range of activities and events) was the winner of the Irish News Workplace & Employment Awards in the Employee Wellbeing (Public Sector) category in June 2016 and finalists for Business in the Community and Healthcare People Management Association awards.



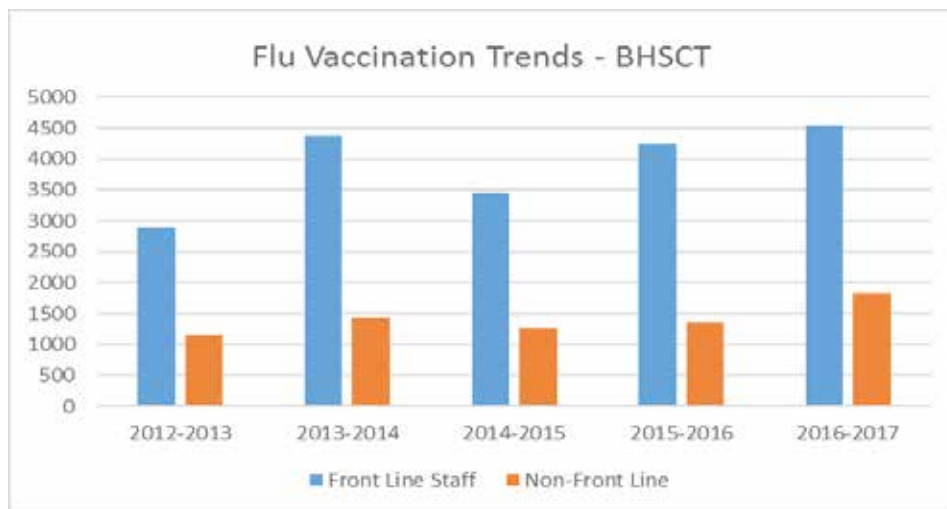
- During 2016-17, five b well Health Fairs were held across the Trust and were attended by over 500 staff.
- As a result of these initiatives and many more working practices aimed at improving working lives for our staff, the Belfast Trust has been named the most family friendly employer overall in Northern Ireland scooping the prize from a field of more than 40 entries in the Family Friendly Employers' Awards. We also earned the honour as Public Sector Organisation of the Year in the awards organised by the Employers for Childcare Charity.

2 Strengthening the Workforce

Vaccinations

Flu Vaccination

The average % uptake of flu vaccination amongst our front line health care workers over the past 5 years has been 27%. We achieved 30.1% of front line health care staff in the 2016/17 flu campaign. The introduction of a 'Peer Vaccinator' model for the administration of flu vaccinations increased overall uptake by 760. We will build on the successes of last year's 'Peer Vaccinator' programme and ensure the target of 40% is met in the 2017/18 campaign.



3 Measuring the Improvement

Reducing Healthcare Associated Infections (HCAIs)

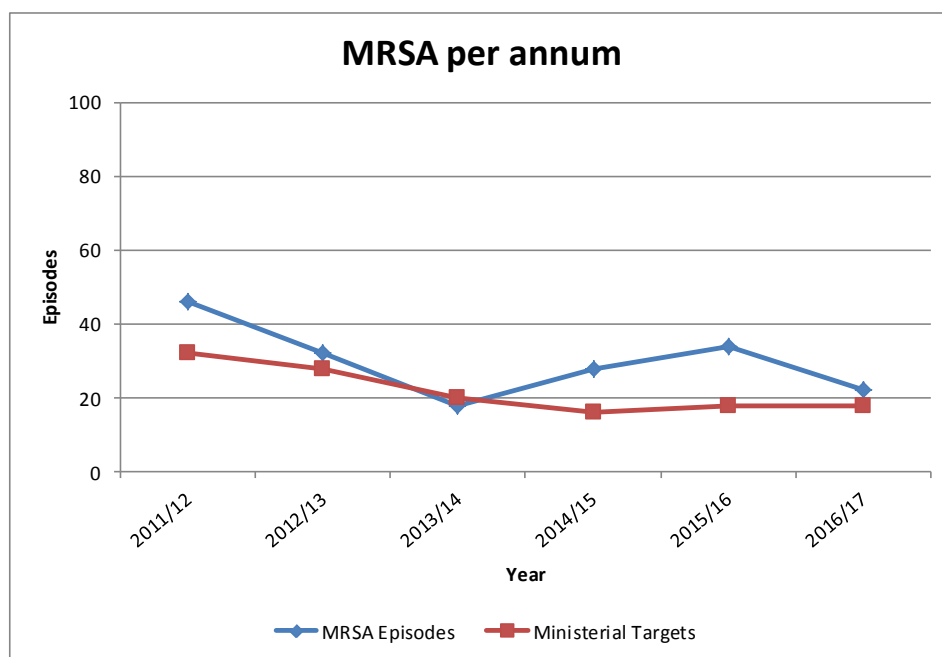
Reduction of HCAIs in relation to Clostridium difficile infection (CDI) and MRSA bacteraemias, remains the Trust's number one patient safety priority. The reduction targets set by the Minister for Health remained challenging for the Trust during 2016-17. This year the total number of cases reported was just above the target number for both CDI and MRSA bacteraemias. An increasing workload and bed occupancy rates as well as an increase in the incidence of norovirus in our wards have put extra demands on the Trust and our staff, and this may have played some part in being above the reduced target. However, we have seen a year-on-year improvement in the incidence of both CDI and MRSA.

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

The ministerial target for MRSA cases for 2016-17 was 18 and the Trust's final total for the year was 22. Although this figure exceeded the target, this number of cases was a significant improvement on the previous year's total of 34.



Measuring the Improvement 3

To reduce preventable Clostridium difficile (C.diff) infection

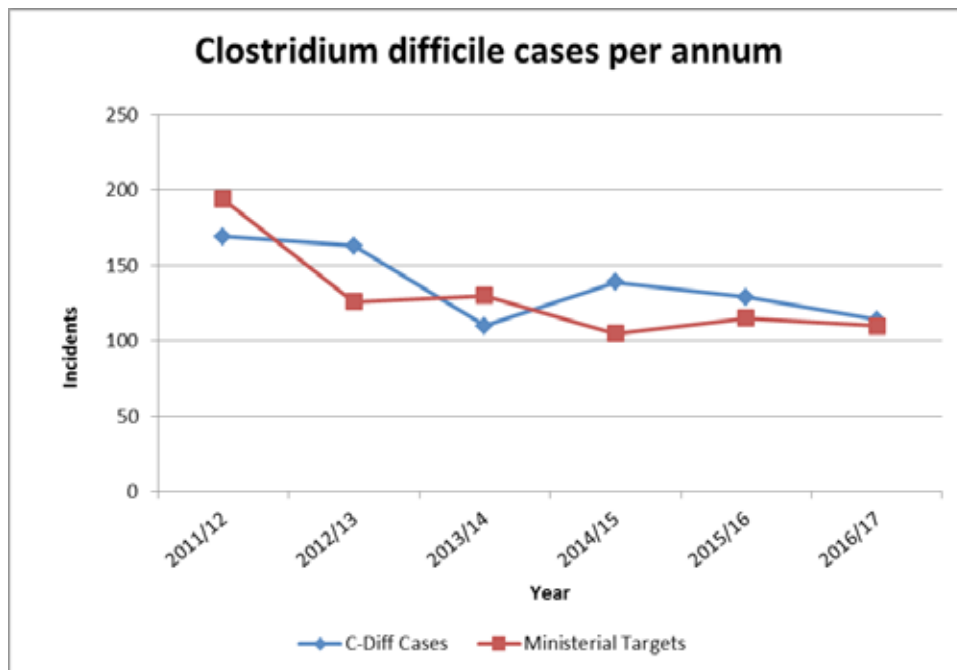
C.diff infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. Signs and symptoms range from mild diarrhoea to severe life-threatening inflammation of the colon.

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.

Facts and Figures

The ministerial target for Clostridium difficile infection (CDI) in 2016/17 was 110 cases, and the Trust's final total for the year was 114. As with MRSA, although this figure exceeded the target, the number of CDI cases in 2016-17 was an improvement on the previous year's total of 129.



3 Measuring the Improvement

Progress made

During 2016-17 the Trust reviewed its Health Care Associated Infections improvement plan and developed a 'Plan on a Page' along with an associated 'walkround' tool for use by staff.

All Directorate teams undertook to educate their staff about this new process and to carry out 'walkrounds' in all of their areas.

3 HCAI learning events and workshops were also held for staff during the year to ensure a continued focus on the main elements required to reduce HCAs.

Internal Audit carried out an audit on infection control in October 2016 and a satisfactory report was received by the Trust. Recommendations for improvement identified in the audit report are being progressed.

Surveillance of HCAs is ongoing across the Trust. In particular, the Infection Prevention and Control Team scrutinises laboratory results for any microorganisms that can cause problems for patients or staff. We continue to see an increase in the number of antibiotic resistant organisms such as Carbapenemase Producing Enterobacteriaceae (CPE). These microorganisms normally live harmlessly in the bowel and do not generally cause infection, but they can cause infection in patients who are already very ill. To ensure that patients who may be carrying these organisms are identified quickly, a risk assessment is carried out on all admissions to our Trust.

We believe that the prevention and control of infection is everyone's business and as such remind staff and visitors to remember to carry out hand hygiene before and after visiting a patient, and to emphasise that visitors must observe visiting times and must not visit when they are ill.

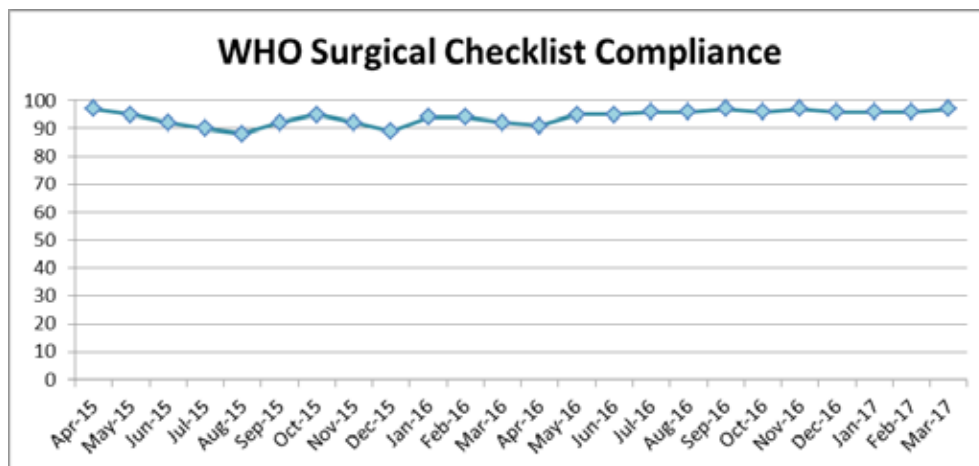
Safer Surgery / WHO Checklist

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

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

Facts and Figures

Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team. In 2016/17 we achieved compliance levels of $\geq 95\%$ in 11 out of 12 months.



3 Measuring the Improvement

Inpatient Falls

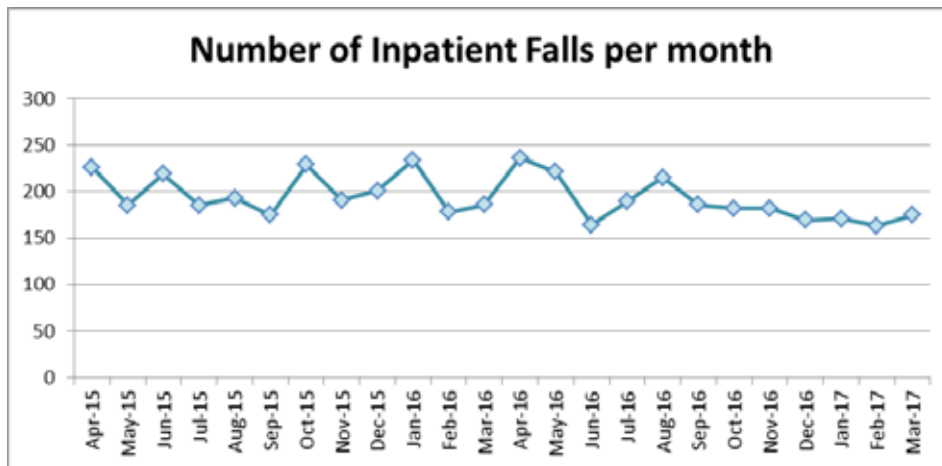
Falls in hospital are among the most frequently reported incidents with over 160 falls reported each month during 2016/17. Patients of all ages fall, but falls are most likely to occur in older people.

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 continue to work hard to reduce the incidence of inpatient falls.

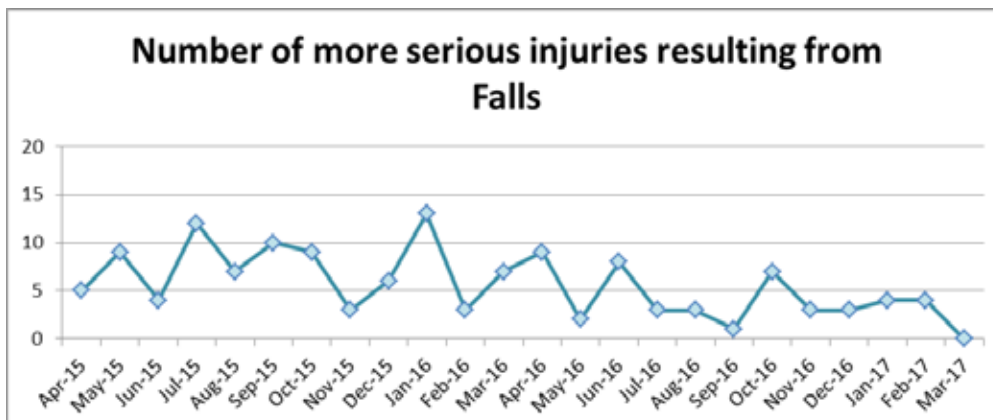
Facts and Figures

In 2016/17 the Trust recorded 2,253 falls – a reduction of 189 on the number reported in 2015/16.



Facts and Figures

Of the total number of reported falls during 2016/17, 47 (2%) led to more serious injuries including broken bones. This number is a reduction of 41 from last year when the total number of more serious falls was 88 – a 46.6% decrease.



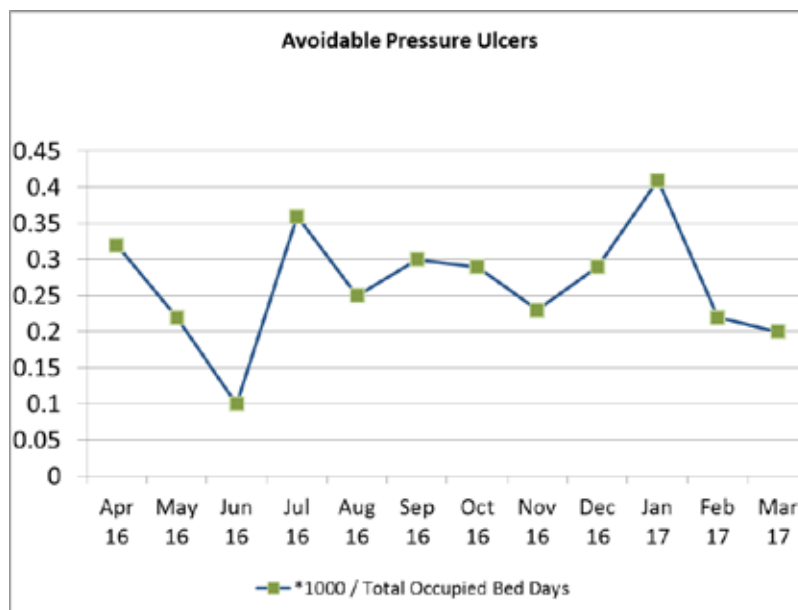
Pressure Sores

Pressure sores / ulcers are complex wounds that affect skin, muscles, tendons and bones. They are painful lesions that threaten life and limb, prolong discharge, and are expensive to treat. It is estimated that in the UK 412,000 people develop pressure damage every year. While it is accepted that some health care acquired pressure ulcers are unavoidable, most can be avoided.

For this reason, the Trust continues to provide training to staff to ensure that they:

- Identify patients' ulcer risk factors
- Plan and implement interventions that are consistent with patients' needs and goals and recognised standards of practice
- Monitor and evaluate the impact of these interventions; and revise them as appropriate.

The incidence of avoidable pressure ulcers is monitored and reported throughout the Trust:



Progress Update

Following a review in 2013-14 which showed a high prevalence of pressure damage in General Surgery in both wards on Level 2, we introduced a quality improvement plan to reduce the incidence of pressure ulcers in general surgery. We used a plan-do-study-act cycle of change and formal training to ensure staff were aware of the change in practice.

We introduced a twice daily Safety Briefing where 'at risk' patients are identified and moved our nursing handover from the office to the bedside, making the focus of care truly 'person centred'.

3 Measuring the Improvement

Patients were now directly involved in the planning and handover of their care. It also allowed nurses and healthcare assistants to review the bedside charts and ensure compliance with skin bundles and risk assessments. This system ensures nursing staff identify and action risks immediately. There is also now a multi-disciplinary team approach of “Enhanced Recovery After Surgery” in place with emphasis on early ambulation and nutrition.

We have further embedded a culture of learning and development in the wards and developed bespoke study days delivered by the Tissue Viability Team, the Nutrition Team, Intestinal Failure Team, dieticians, Acute Pain Team and consultants, which all nurses are encouraged to attend.

Additional ward based tissue viability awareness sessions are delivered supported by the Tissue Viability Team and we shared the learning from root cause analysis completed on Grade 2 pressure ulcers and above at clinical supervision sessions with the registered staff, with the Health Care support workers in attendance.

We have placed specific emphasis on the development of our Healthcare Support Workers, providing training to improve their knowledge and skills to assess the patient’s skin condition. This has enabled our Healthcare Assistants to feel empowered to make referrals to the Multi-Disciplinary Teams, order pressure relieving equipment and highlight risks to the registered nurses.

The Regional Intensive Care Unit (RICU) Pressure Ulcer Group (PUG) was set up in response to high levels of pressure damage being experienced in RICU.

The group consists of nurses from each of the nursing teams and meets monthly to audit, investigate and improve pressure ulcer prevention in critical care.

PUG activity includes:

- [Monitoring of pressure sore incidence](#)
- [Review of all incident forms to identify avoidable damage, trends and issues](#)
- [Exploring and developing solutions](#)
- [Implementing and evaluating changes in practice](#)
- [Disseminating information about issues and improvements through meetings, newsletters and daily safety briefs](#)
- [Staff education through team days](#)
- [Liaison with Trust, Regional and National bodies to ensure continued best practice.](#)

The PUG is supported by the Belfast Trust Tissue Viability team and its work has been presented at local, regional and national conferences.

The PUG has supported the clinical team in RICU in reducing avoidable pressure damage in all problem areas. We have seen a reduction in all grade two pressure ulcers and a total absence of grade three and four damage.

Measuring the Improvement 3

Innovative areas of note have been:

- Influencing a redesign of cervical collar rear panels,
- Introduction of a new method of nasogastric tube taping and the
- Introduction of Anchorfast for endotracheal tube fastening.

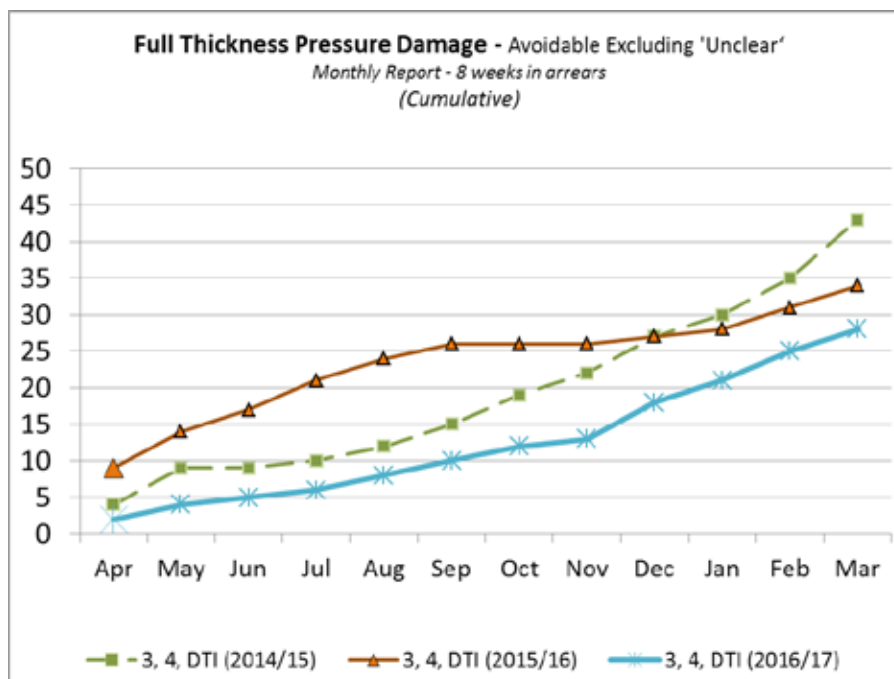
A cultural shift around responsibility of pressure care in the unit, indicated by improved documentary compliance and reduced incidence has been evidenced and the group continues to maintain improvements in all areas.

The PUG has carried out a staff survey to allow us to focus on opportunities to more fully engage bedside staff, foster ownership and improve knowledge.

The group has developed a magnetic dashboard to help track incidents and inform staff of current issues and initiatives, and this information is also included in the daily safety brief to ensure communication to all staff.

Facts and Figures

In 2016/17 28 cases of deep pressure damage* were reported – a reduction of 17.6% in the number of cases of deep pressure damage reported in 2015/16, thereby continuing the year-on-year decrease, and exceeding our target of a 10% reduction for the 2016/17 year.



* 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.

3 Measuring the Improvement

Preventing Venous Thromboembolism

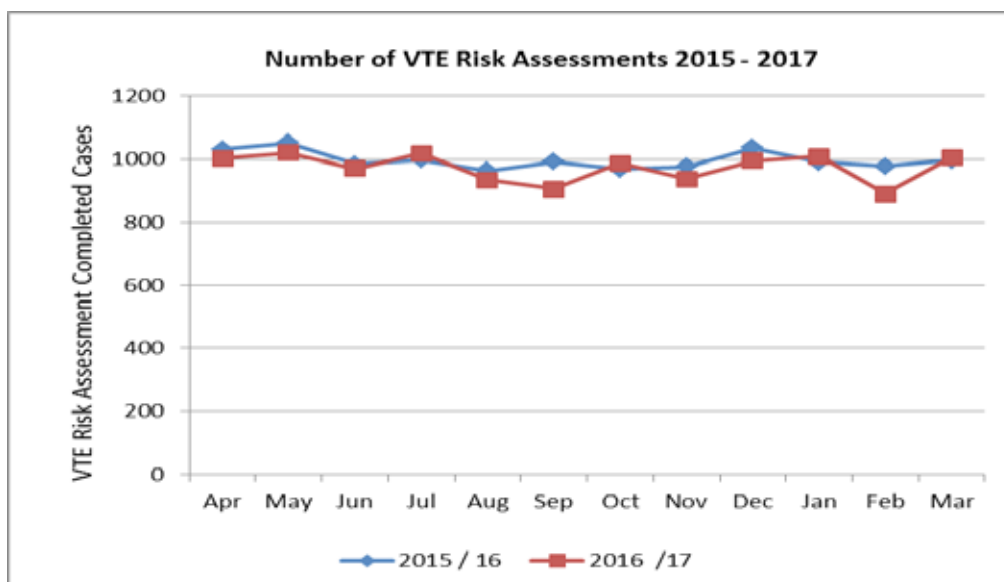
Patients whose condition or treatment causes immobility (for example during or after surgery or following a broken bone) are at increased risk of developing a blood clot in the veins of their legs.

These clots are called Venous Thromboembolism (VTE) and can break off and travel to key organs like the lungs, causing serious complications. Estimates suggest that there are more than 25,000 hospital deaths in the UK each year from VTE.

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

Facts and Figures

- The completion of VTE Risk Assessments is monitored across all adult inpatient hospital wards and results are fed back to wards on a monthly basis.
- Approximately 1,100 kardexes are audited across all in patient wards on a monthly basis by independent specialist nurses
- Over the 2016/17 year audit figures showed 11,667 VTE Risk Assessments were completed.



Medicines Management

The Trust has developed a Quality Improvement Plan focused on reducing harm from medication errors. The aim of this plan is to reduce harm from medication errors by 30% by 1st April 2020. Project work is being undertaken across 5 key areas to achieve this target:

- Improve Medicine Reconciliation
- Reduce harm from high risk medication
- Improve compliance with Controlled Drug Policy & Procedures
- Improve documentation of delayed or omitted medicines
- Introduction of “Dispensing for Discharge”.

Medicines Reconciliation

Medicines reconciliation 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.

The 2016-2020 project work being completed to improve Medicines Reconciliation includes:

- Regular updates for medical / nursing / pharmacy staff
- Appointment of junior and senior medical and nursing “champions” for medicines reconciliation
- Standardising the medicines reconciliation documentation used across the Trust
- Teaching / induction.

High Risk Medication

The Quality Improvement Plan focuses on reducing harm from key medications including Insulin, Anticoagulants, Warfarin, and IV Paracetamol. The 2016-2020 project work being completed to reduce harm from these “high risk” medications includes:

- Education
- Review of policies and guidelines
- Communication
- Incident reporting
- Review of Learning from Near Misses and Serious Adverse Incidents.

3 Measuring the Improvement

Controlled Drugs

Controlled drugs are medicines that are governed by special legislative controls as there is potential for them to be abused or misused causing harm to both patients and staff.

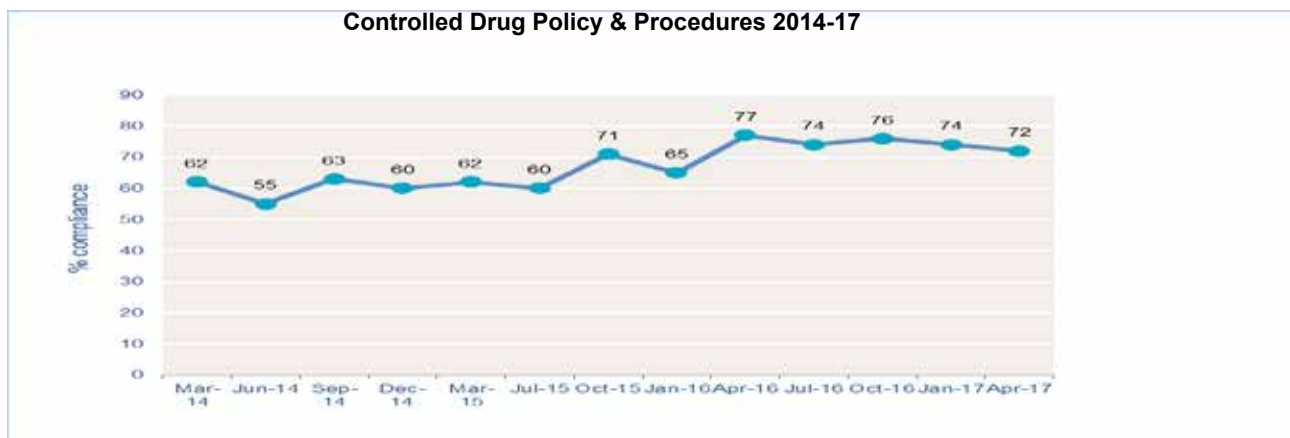
Controlled medicines are classified into 5 schedules based on their benefit when used in medical treatment and their harm if misused. Schedule 2 controlled drugs are subject to the highest control within the health service (drugs in schedule 1 have virtually no therapeutic uses) with schedule 5 drugs 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 audits provide assurance of the Trust’s compliance with regulations associated with the Misuse of Drugs Act (1971). These audits are carried out every 3 months, and incorporate standards across 3 key areas: **Storage & Security, Record Keeping, and Governance**. Each standard must be met fully by wards for compliance to be achieved.

**% of Trust Adult and Paediatric wards compliant with
Controlled Drug Policy & Procedures 2014-17**



The 2016-2020 project work being completed to improve compliance with the Trust’s Controlled Drug Policy and Procedures includes:

- Implementation of BHSCT Theatre / Critical Care Controlled Drug registers
- Trialling automated management of Controlled Drugs at ward level
- Review and improvement of Controlled Drug audit tools and wider publishing of audit results

Measuring the Improvement 3

- Identifying local Controlled Drugs “champions”
- Holding regular meetings with key staff in service areas.

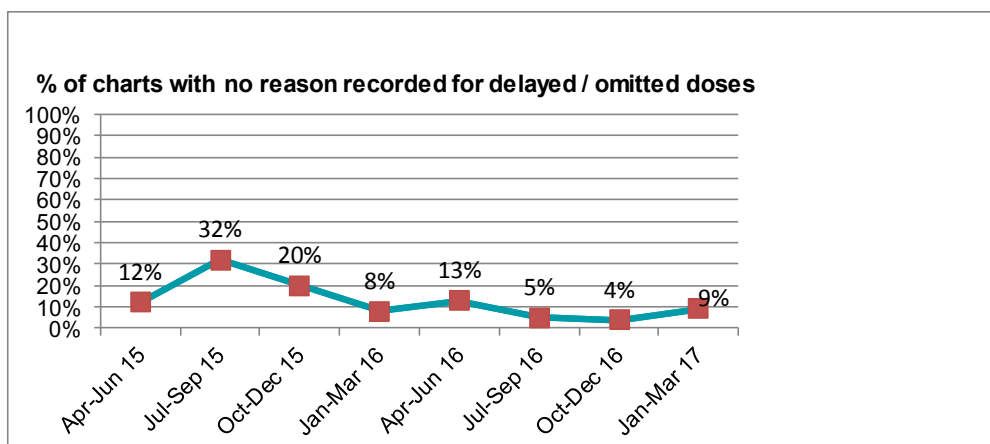
Omitted and Delayed Doses

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

It is important that when a medicine dose is omitted or delayed, that staff record on the Medicine Kardex the reason for the omission or delay. This record allows staff to understand why the medicine was not given and, if required, administer the medicine at a later time or to prescribe and administer a different medicine. The Quality Improvement Plan aims to bring about a reduction in the number of occasions where a reason for omitted or delayed doses is recorded.

The 2016-2020 project work being completed in this regard includes:

- Staff Education
- Identifying local “champions”
- Carrying out regular audits and providing feedback to wards
- Monitoring Adverse Incidents



3 Measuring the Improvement

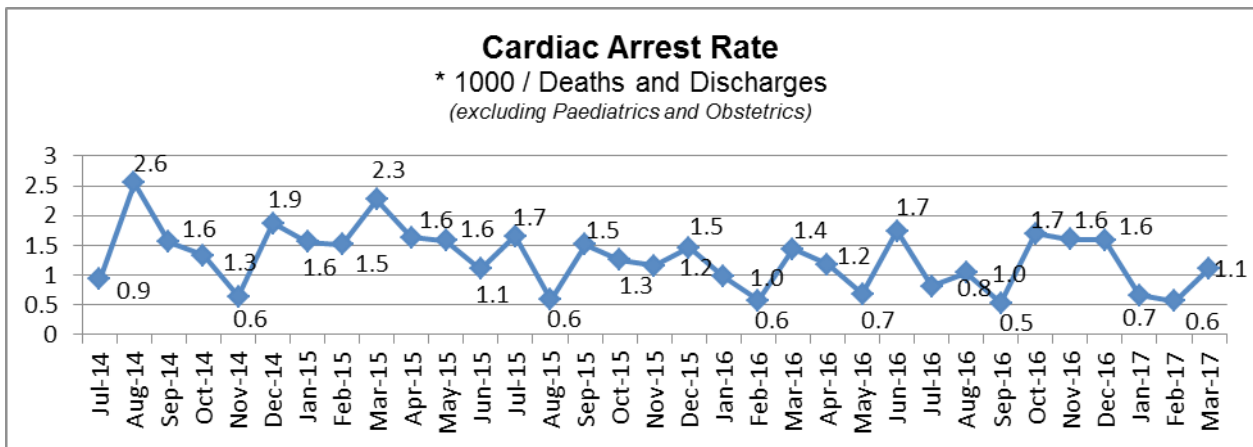
Dispensing for Discharge

“Dispensing for Discharge” is an automated system for ward-based dispensing of medication. Medicines are dispensed by Pharmacy staff at ward level using robotics, stored in POD lockers and used for discharge. The 2016-2020 project work being completed in association with this improvement initiative includes researching and producing a business case for required resources, and scoping and developing the infrastructure requirements at ward level for implementation of automated dispensing.

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. Compassionate care of patients acknowledged to be nearing the end of their lives may also reduce the number of patients treated for cardiac arrest.

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



4 Raising the Standards

Standardised Mortality Ratio

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

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

Mortality rates must be viewed carefully however, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex problems than others, or different services that may involve a higher risk of death, for example trauma and intensive care.

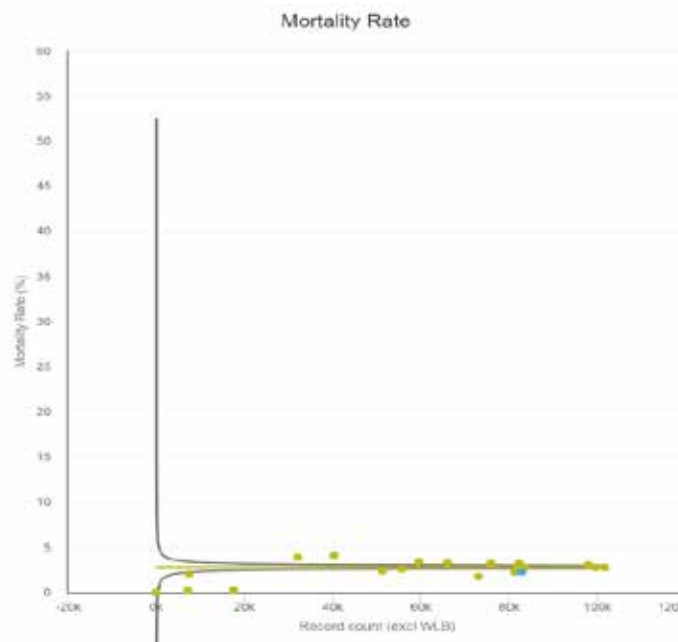
To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned.

An SMR figure of 100 means that the number of patients who actually died in hospital matches the number predicted. An 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 2016/17 the Trust had a Mortality Indices of 97.

This means that the Trust had 3% fewer deaths than were expected when risk adjusted analysis is used.



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 2.3 % against a peer rate of 2.8%.

Condition Level Mortality

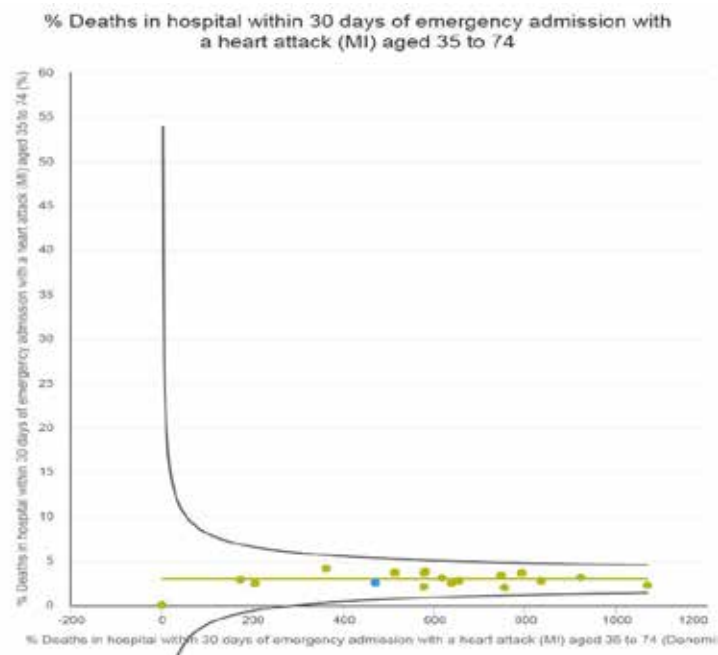
In order to further improve our services, we review our patient outcomes at a condition level. This means looking at all our cases for that specific health condition and benchmarking ourselves against other Trusts.

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

- Hip fractures
- Heart attacks
- Stroke.

Facts and Figures

Review of mortality data across other specialities for 2016-17 showed that the Trust performs well in comparison to its peers in terms of patient outcomes for hip fracture, heart attack and stroke patients.

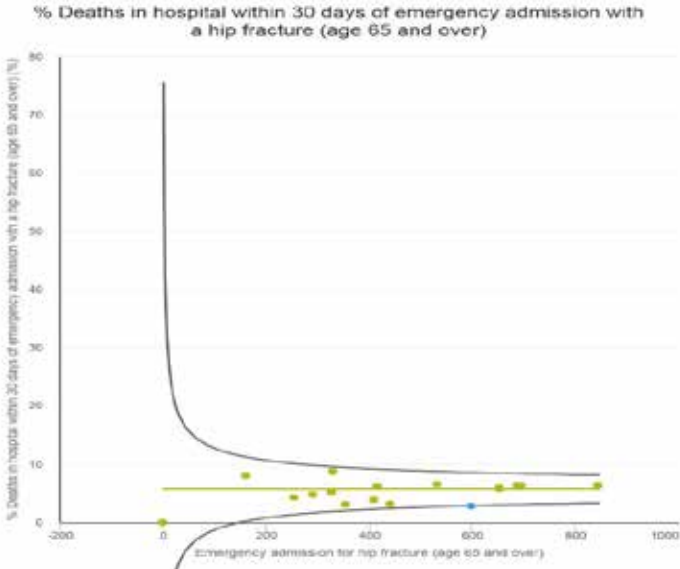


Deaths within 30 days of a heart attack (2016/17)

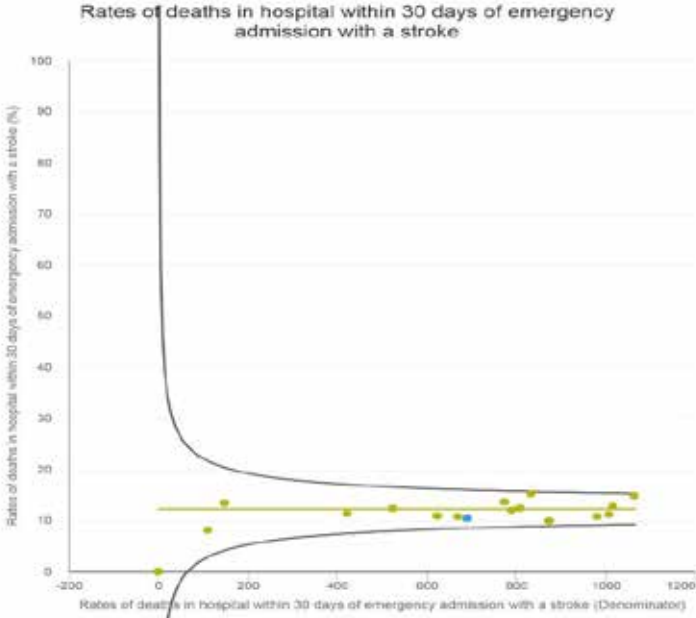
4 Raising the Standards

Condition Level Mortality

Facts and Figures



Deaths within 30 days of a hip fracture (2016/17)



Deaths within 30 days for Stroke Patients (2016/17)

Rate of Emergency Readmission within 30 days of Discharge for Adult Patients

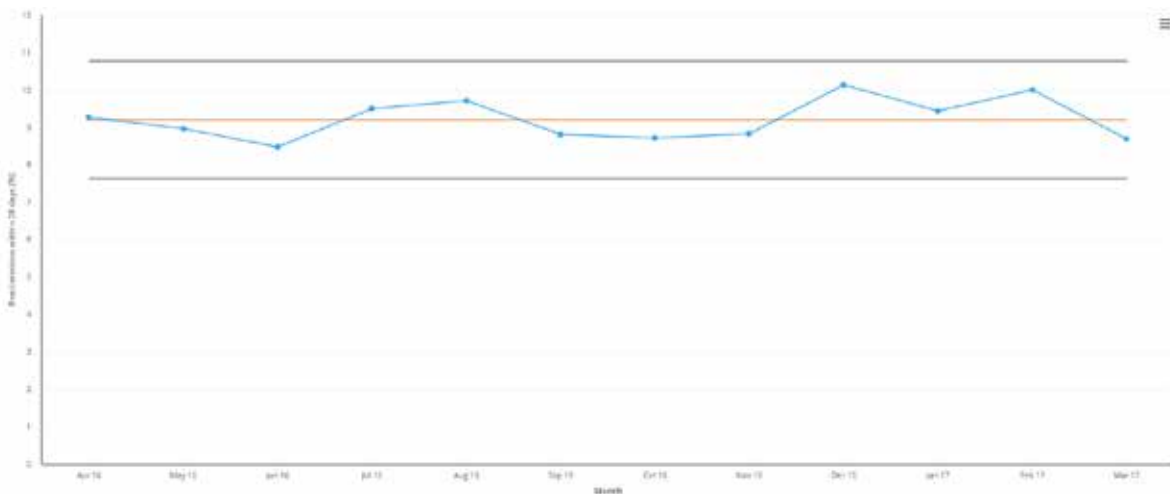
The percentage of patients re-admitted to hospital as an admission within 30 days of having previously been discharged from hospital can provide an indicator of quality of care, but these figures must be interpreted carefully.

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 of which hospital care is only one. Other factors can include the patient's home environment and ability to access community services.

Facts and Figures

The table below indicates the % of patients readmitted as an emergency within 30 days each month during 2016/17:



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

4 Raising the Standards

Emergency Department Standards

Background

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

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

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

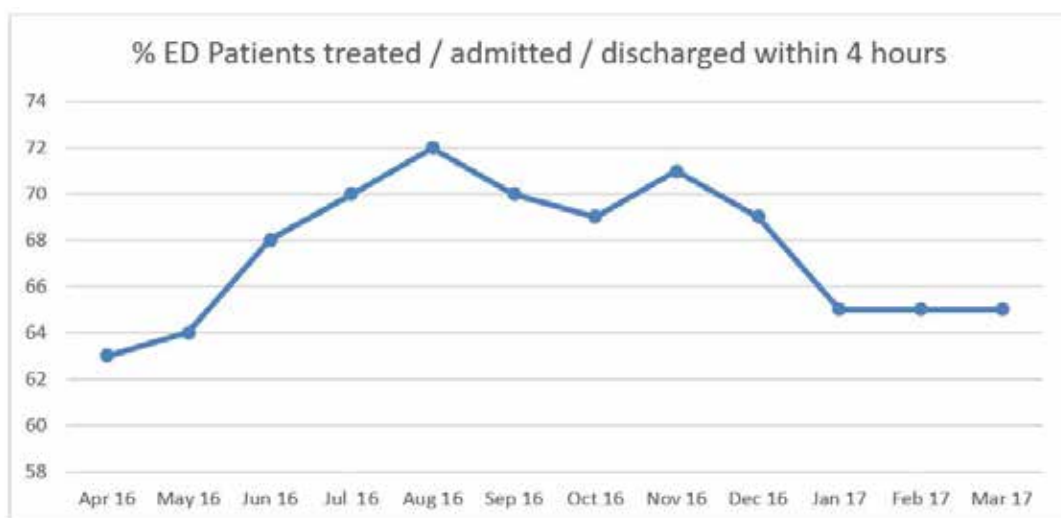
The length of time people wait in Emergency Department profoundly affects patients and families' experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

Facts and Figures:

The Trust had two aims during the year:

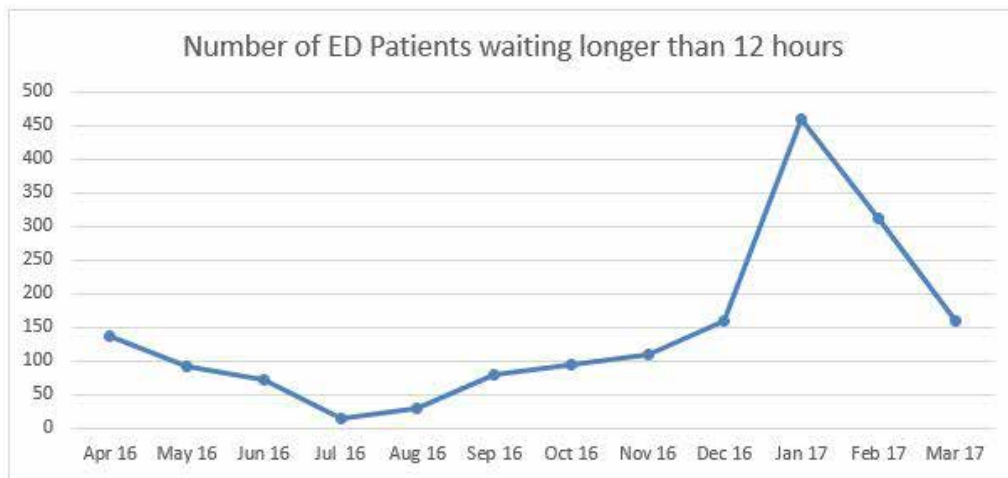
- To ensure that 95% of patients attending Emergency Departments (EDs) in the Trust would be treated, admitted or discharged within four hours of their arrival
- No patient would wait for longer than 12 hours in our Emergency Departments.

Our overall performance in relation to the 4 hour target was 71% of patients attending Emergency Departments (EDs) in the Trust were treated, admitted or discharged within 4 hours of their arrival:



Raising the Standards 4

Our overall performance in relation to the 12 hour target was that 1,714 patients waited for longer than 12 hours in ED during 2016/17:



Where underperformance is identified corrective action is taken to demonstrate improvement. Reasons for underperformance vary across areas but the common thread includes increased demand, over and above expectations and service capacity shortfalls. Specific actions to address issues include:

A detailed improvement plan to support improvement in Emergency Department Waiting times is in place. Objectives and outcomes measures are detailed in Unscheduled Care Improvement Charter and Implementation Plan which is reviewed monthly

The Clinical Assessment Unit assessed almost 14,000 patients in the last year helping to avoid further pressure in ED and additional admissions, this is in the context of a 4% growth in ED attendances.

4 Raising the Standards

Progress

The Programmed Treatment Unit (PTU) at Belfast Trust has delivered a reduction in the number of patients with chronic disease attending the Emergency Departments (ED) and facilitates same-day care for numerous conditions which were previously delivered in an in-patient setting.

It is believed that applying similar processes and methodologies from the PTU to patients presenting to the ED will help support a Trust-wide ambulatory care service. The development of ambulatory care will significantly reduce pressure on unscheduled emergency care services within Belfast Trust.

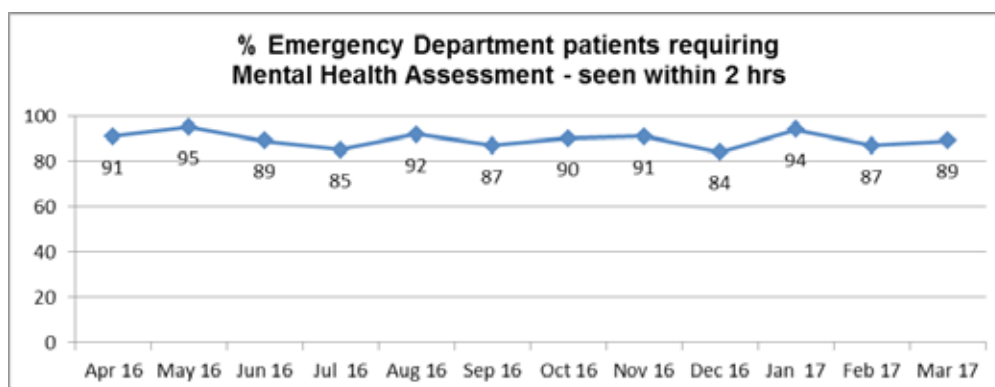
In November 2015 the Programmed Treatment Unit moved to the Ambulatory Care Centre (ACC), increasing its size and activity levels for patients with known chronic disease. In April 2016 the Health and Social Care Board commissioned services to support this larger unit with a robust nursing, medical and administrative workforce. In September 2016 the unit began to support 7 clinical pathways that diverted ED attendances from admission into ambulatory care pathways. In November 2016 further funding was released to support aspects of a 7-day service.

A final release of funding is required to fully develop the 7-day model and to support a pull model in addition to pathway driven care for all patients who attend the ED but could be cared for via ambulatory processes.

Waiting times for Mental Health Assessments in Emergency Departments

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

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



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 53% of patients had their cancer treatment commenced within 62 days. The Trust continues to focus on a number of actions to improve performance against the 62 day cancer pathway target. Patient pathway reviews are being planned with medical staff across all poor performing areas

Actions currently being undertaken to improve performance include:

- An Oesophagogastric cancer performance improvement project is underway. The group leading this work has a comprehensive action plan which includes:
 - regional education
 - a pilot for 3-day turnaround to CT for confirmed cancers
 - improved triage turnaround and
 - improving the numbers of patients going straight to scope.
- Discussions are ongoing with the Health and Social Care Board (HSCB) to secure investment in the Oesophagogastric surgical service to centralise surgery in Belfast Trust and improve waiting times
- Investment in Hepatopancreaticobiliary (HPB) surgical service for a proleptic appointment has been secured and will improve capacity
- Weekly conference calls, escalations and monitoring continues in urology. Additional waiting list initiative work has been carried out across all areas to improve waiting times. Recurrent investment is required and discussions are ongoing with the Health and Social Care Board to identify a long term solution
- Additional CT Colonography capacity has reduced waiting times to 4 weeks for suspected colorectal cancer, and investment in gastroenterology has improved waiting time for suspected colorectal cancer first appointments
- Capacity and demand work for PET CT has been carried out and funding for a second PET scanner has been secured (the possibilities of sending patients to Dublin and hiring a mobile PET scanner in the interim have also been explored)
- A new electronic referral pathway to oncology was piloted in colorectal cancer to improve waiting times. The plan is to roll this out to all tumour sites.
- Monthly patient pathway reviews with the head and neck team have been implemented to identify areas for improvement

4 Raising the Standards

- A review of thoracic surgical workload is underway to identify issues and minimise breaches
- Discussions are ongoing to secure investment for a second endocrine surgeon to improve the diagnostic pathway and access to surgery.

5 Integrating the Care

Social Care Indicators

Childrens Social Care Services

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 779 looked after children reviews were held of which 732 (94%) were held within regionally agreed timescales.

Planning for the Future

Permanence provides children with a foundation from which to develop their identity, values and relationships, not only throughout childhood but on into their adult lives. It is generally better for most children/young people to find continuity and stability within their birth families. There are, however, circumstances where it is in a child/young person's best interests to remain looked after either in the longer term or permanently. In such circumstances the child's views (dependent on age) will be central to determining and securing the most appropriate option, including adoption, to achieve permanency. Trust practice in this significant and complex area of work is informed by the Regional Policy on Permanence

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

At 31st March 2017, 98.5% of Looked After Children in Care had a Permanency Panel recommendation in place.

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.

1,623 (53 %) of adults referred for investigation during the year had an adult protection plan in place at 31st March 2017.

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.

5 Integrating the Care

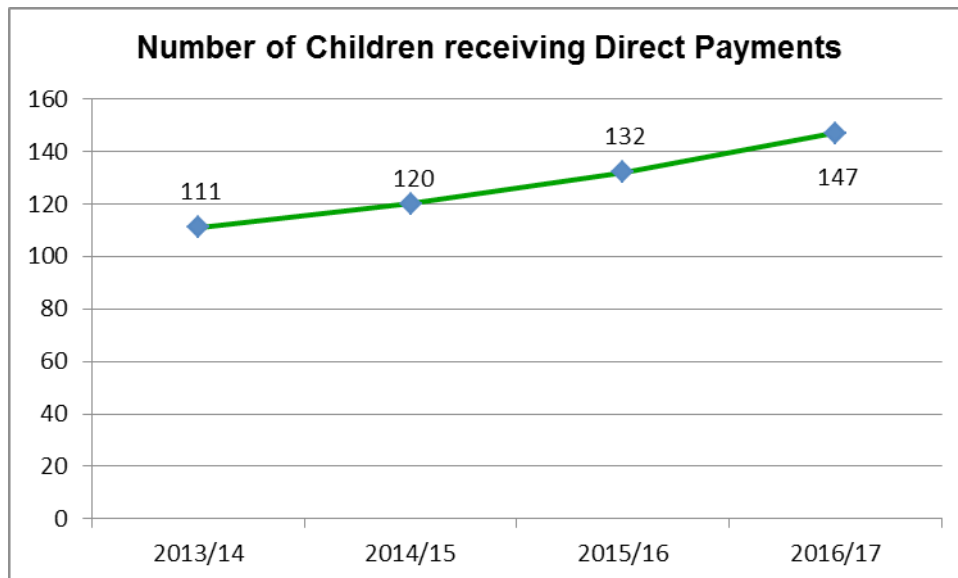
Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Health and Social Care Trusts. Of a total of 7 people with a learning disability who were resettled in community placements, one person had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

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

147 children were in receipt of direct payments during 2016/17, an increase of 9% as compared with the figure for the previous reporting period, and continuing a year-on-year increasing trend:



5 Integrating the Care

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 275 applications for assessment made by the Belfast Trust, **all** of which were made by Approved Social Workers.