



# annual quality report 2014/15



**HSC** Belfast Health and  
Social Care Trust

caring supporting improving together



# Chief Executive Foreward



Belfast Trust delivers integrated health and social care to around 340,000 people in Belfast and Castlereagh as well as a range of specialist services to all of Northern Ireland. The scale and complexity of the organisation is vast, and it touches the lives of a colossal number of people every day. I believe we have a clear job – to give the best possible care and provide this care with dignity and respect and in a timely and safe way. We must put our patients and clients first each time and every time, never forgetting that at the heart of what we do is a real person – not a statistic or number. As an organisation we are connected by our values as caregivers. People depend on us and our values must underpin and determine all that we do. The entire health system in Northern Ireland came under immense pressure last winter, and this was felt right across our inpatient acute and community teams. I am reassured that this, our third Annual Quality Report, in reviewing key quality indicators of care such as mortality levels, clearly demonstrates that the quality of care provided was maintained even under the sustained pressure of last winter.



Dr Michael McBride  
Chief Executive, Belfast Trust

I recognise that resources are tight, and will continue to be so for the foreseeable future. Therefore our focus must be on making every penny work for our patients and clients, working efficiently, effectively and creatively to maximise our capacity. We owe this to our patients and clients. Our task is to improve the health of the population we serve, enhancing the experience of care and make the best use of the resources available.

The staff in Belfast Trust are determined in their commitment to deliver the highest standard of care, and they continually strive to improve the safety and quality of care wherever they work. I am delighted to report that this year Belfast Trust delivered notable achievements in improving the safety and quality of its care. We have reduced our number of inpatient falls and pressure ulcers through a process of continuous review of our performance and implementation of innovative improvements.

Delivering a high quality service is a process and only by continuously and rigorously reviewing our performance can we make improvements. Measuring and reviewing the quality of our services provides the opportunity to plan the “next steps” for delivering improvements in future years. We recognise the important role which patients, clients and their carers play in sharing their experiences of health and social care, and this report highlights some of the learning we have gained from reflecting on patients’ experiences. This valuable insight from those who use our services is crucial in helping to shape future developments in how healthcare is delivered in the coming years.

There is much talk in the media about what we can't do, but in the pages of this report are many examples of the high quality care and innovation that we are able to deliver. I hope that the population that we serve will be reassured that all of us in the Belfast Trust are committed to doing our best for them – each time and every time.



respect & dignity



openness & trust



leading edge



learning & development



accountability

In reading this report it is useful to know how many people used our services in the last year:

- 147,320 inpatients
- 597,773 outpatients
- 162,535 Emergency Department attenders
- 742 children looked after by the Trust.
- 4,819 Domicillary care packages for older people provided in the community.

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# 1 Effective Health and Social Care



## Standardised Mortality Ratio

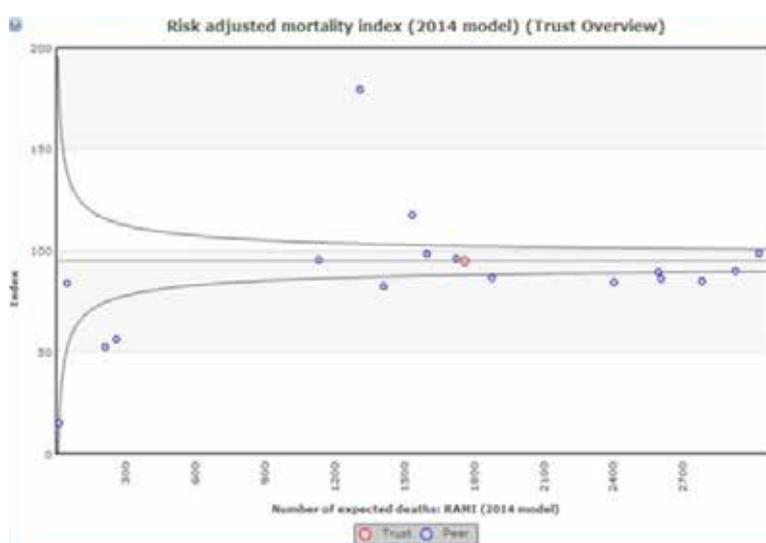
Belfast Trust treats and cares for patients everyday, many of whom are very ill. The vast majority (145,232 in 2014/2015) are discharged safely and a small number of patients (2088 in 2014/2015) die under our care.

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 similar UK hospitals. Mortality rates must be viewed carefully, as many issues can affect a hospital's apparent performance. Some hospitals may have patients with more complex problems than others, or different services that may involve a higher risk of death, for example trauma and intensive care. To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients and whether care was planned. A SMR figure of 100 means that the number of patients who actually died in hospital matches the number predicted. SMR figure below 100 means that fewer people than expected died. Belfast Trust rates of SMR have continued to compare favourably against other hospitals.

### Facts and Figures

- In 2014/15 the Trust had a Mortality Indices of 95. This means that the Trust had 5% fewer deaths than were expected when risk adjusted analysis is used. Mortality rates have remained consistent across the Trust after a significant reorganisation of services.

#### Risk adjusted Mortality Index 2014/15 year



# Effective Health and Social Care



## The Winter Months

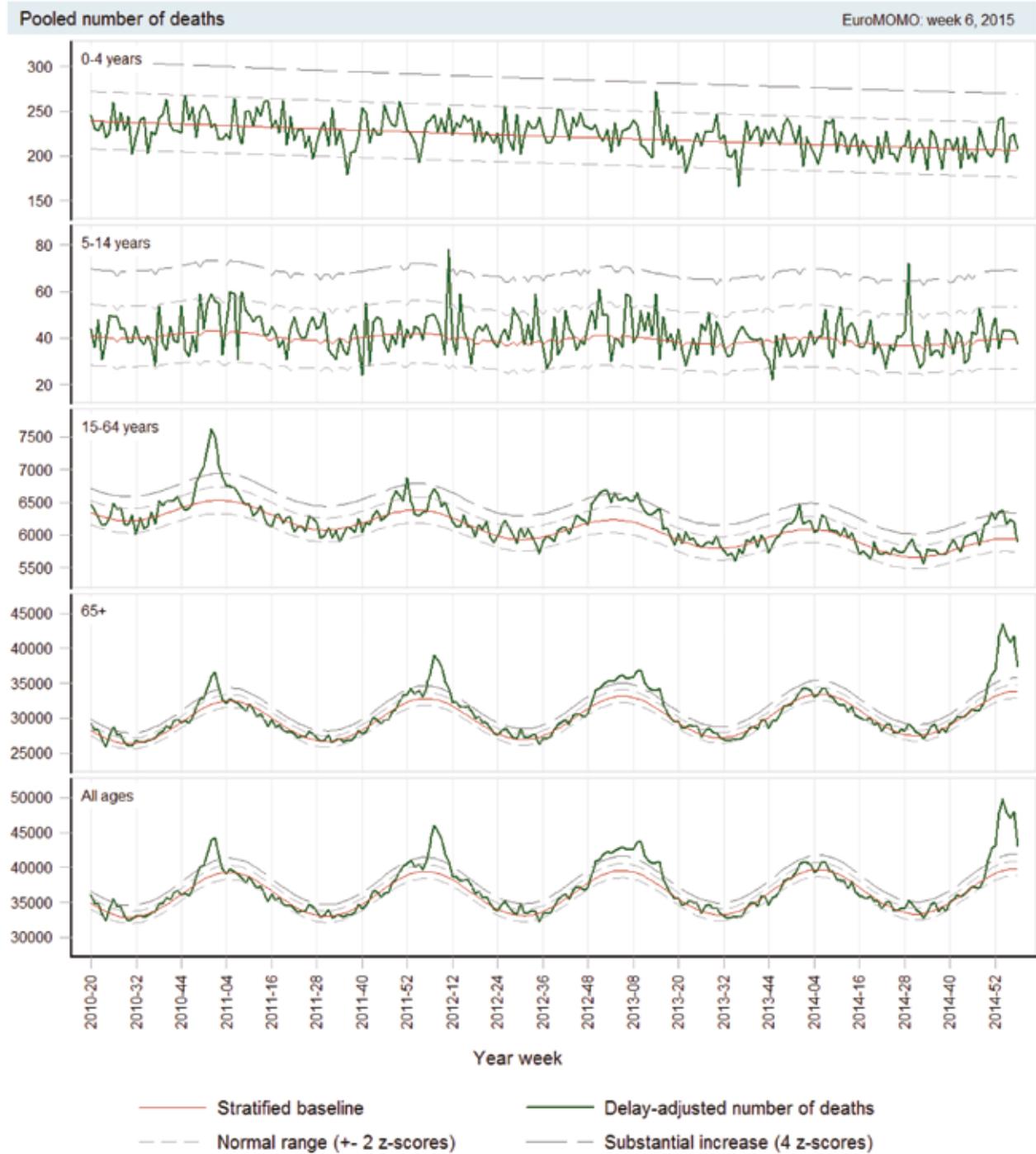
Our continuous monitoring of mortality across all our specialities showed us Trust crude mortality rates were higher than expected in January and February 2015 for non-elective patients. Elective patient mortality rates remained stable. This mirrored the position across the United Kingdom and many Northern European countries (see European Mortality Data Graph on following page). While mortality rates usually increase in the winter period, the high rates this year were unusual. According to public health organisations the reason for this increase in the United Kingdom and Europe is due to Influenza, other respiratory disease and cold spells. It mainly affected people over 65. The Trust's mortality trends reflect this situation with increased deaths in those admitted with respiratory diseases and a higher concentration in older patients. No correlation was found with longer waiting times (>12hrs) in our emergency departments. Mortality rates have returned to expected levels since this period.

In order to assure ourselves around the level of care provided to our patients over these winter months, it was agreed with the Public Health Authority (and DHSSPSNI) that in addition to the routine mortality reviews completed at specialty level we would also complete an independent peer chart review of a sample of cases covering the 4 medical specialties (General Medicine, Respiratory Medicine, Care of the Elderly and Gastroenterology) across all three adult acute sites. This audit found no evidence of identified harms contributing to the increased mortality in the Medical specialties in January/February 2015.

# 1 Effective Health and Social Care

## Facts and Figures

### European Mortality Data



**Participating countries:**  
 Belgium, Denmark, Finland, France, Hungary, Ireland, Netherlands, Spain, Sweden, Switzerland, UK (England)  
 UK (Scotland), UK (Wales)

# Effective Health and Social Care

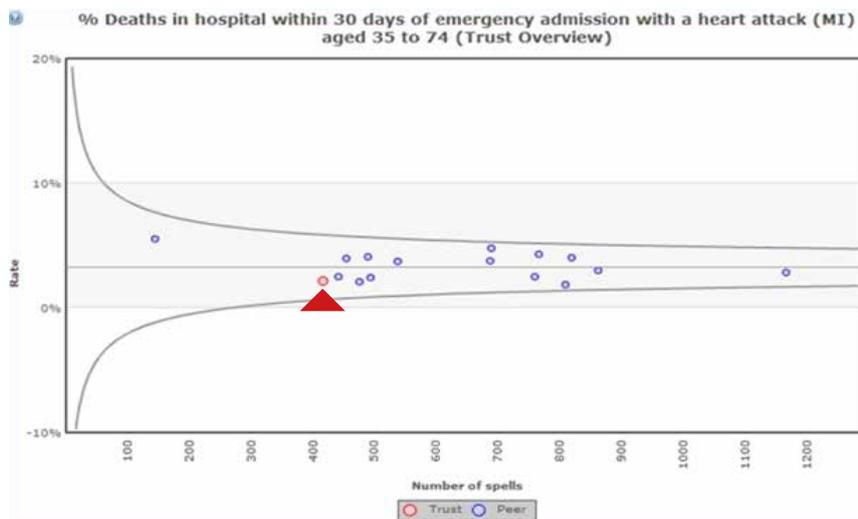
## Condition Level Mortality

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

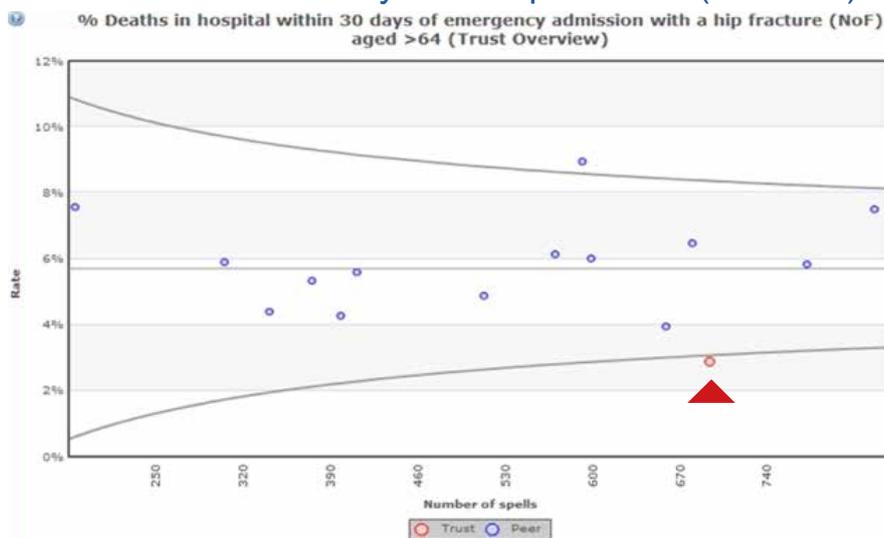
### Facts and Figures

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

#### Deaths within 30 days of a heart attack (2014/15)



#### Deaths within 30 days of a hip fracture (2014/15)

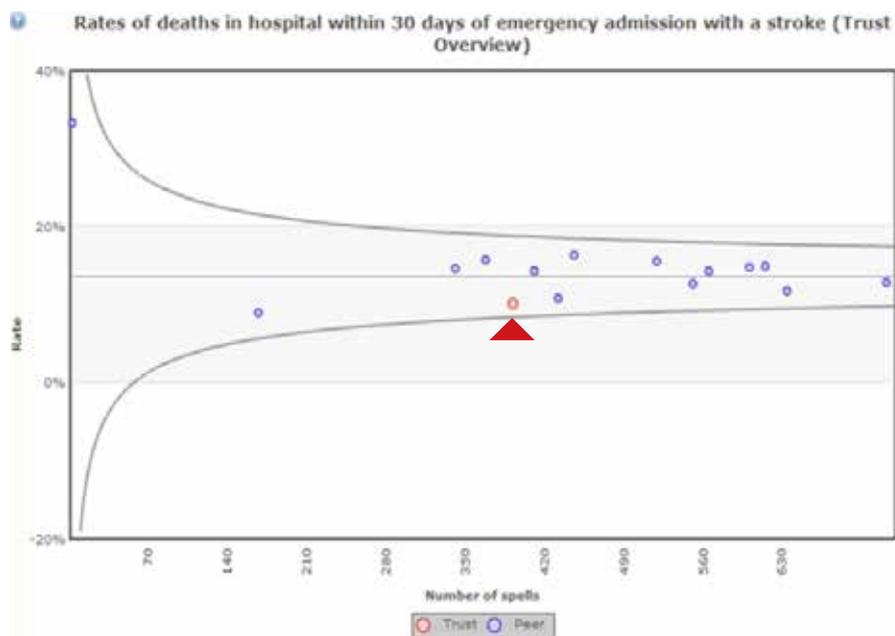


# 1 Effective Health and Social Care

The RVH is Northern Ireland's regional centre for endovascular stroke therapy. Through recent involvement in a major international randomised trial we have shown that this treatment increases both the rate of good outcome and decreases mortality compared to standard medical care in carefully selected patients via the advanced imaging capabilities we have in the RVH.

## Facts and Figures

### Deaths within 30 days for Stroke Patients (Jan-Aug 2014/15)



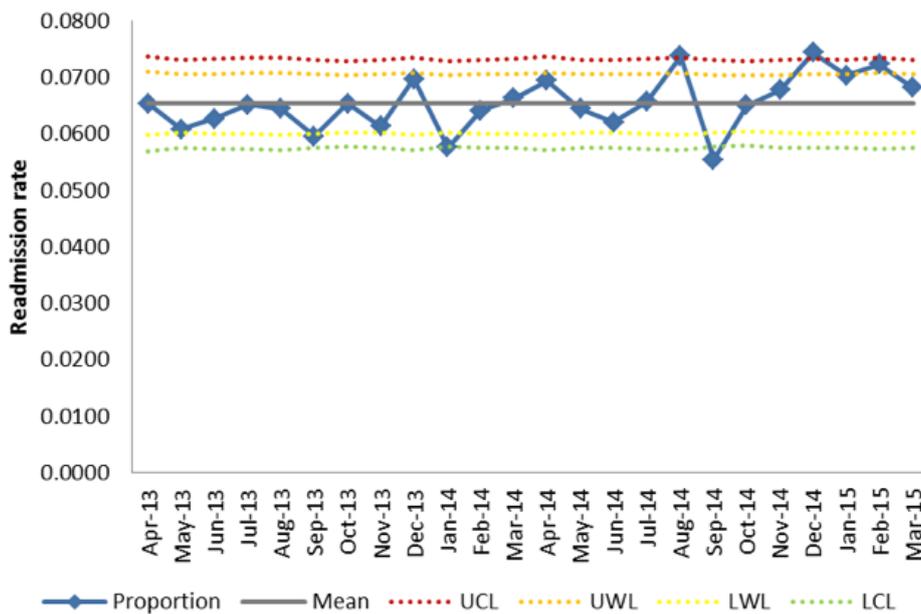
# Effective Health and Social Care

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

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

### Facts and Figures

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



Data within the dotted lines represents stable readmission rates for unscheduled care.

## Research and Innovation

### Innovation

#### Laboratory - MicroGuide APP for the Trust's Antibiotic Guidelines

The Trusts Microbiology Department and Antimicrobial Pharmacists working through the Antibiotic Stewardship Committee have introduced the MicroGuide APP for the Trust's antibiotic guidelines. This method of communication means that the Antibiotic Guidelines are available. Easier access to the guidelines will improve the appropriate use of antibiotics in patients in an era of multi-resistant organisms or "superbugs" and ensure safer prescribing for the doctors and nurses at the bedside where the treatment is being considered. The APP is cost effective, user friendly and clinically relevant as additional information can be added to the guidelines to account for patients with co-morbidities eg. renal impairment or elderly patients. Current national or international guidelines can also be linked in a timelier manner.

There has been 2,500 downloads of the App to date, indicating improved access to the Trust guidelines. Improved antibiotic stewardship is in keeping with the overall target to reduce Healthcare Associated Infections in the Trust.

### Research

#### Endovascular Treatment for Stroke

The RVH is Northern Ireland's regional centre for endovascular stroke therapy. Through recent involvement in a major international randomised trial we have shown that this treatment increases both the rate of good outcome and decreases mortality compared to standard medical care in carefully selected patients via the advanced imaging capabilities we have in the RVH.

# Effective Health and Social Care



## Measuring Quality in Our Care Against Standards

### Sentinel Stroke National Audit Programme (SSNAP)

Acute Organisational Audit Report, October 2014

Our stroke unit is a 38 bedded combined acute and rehab stroke unit. There is a comprehensive multidisciplinary team with adjacent areas beside the ward for physiotherapy, occupational therapy and speech therapy. We have a very proactive stroke community rehabilitation team who supports patients at home for ongoing rehabilitation from an early stage in their recovery.

We focus on evidence based interventions that are shown to make a difference to our patients outcomes. These include:

- Good Door to needle times (time from patient admission to administration of thrombolysis)
- Endovascular treatment (developing service)
- Stroke units (with therapy input matching that in trials)
- Early supported discharge
- Rapid access TIA service.

Focused on continually improving the care we provide, the unit participates in the Sentinel Stroke National Programme (SSNAP) organisational audits. This organisational audit was completed in 2014 and allowed us to benchmark the specialist care we provide against our peers and national standards.

### Areas of High Performance

- The time we take from the patient arriving at the door to administering thrombolysis is better in our trust than the national average. This is a key factor in improving outcomes for patients
- Our patients have better than average outcomes for surviving stroke. The percentage of patients who survive beyond 30 days of emergency stroke admission is 90%, compared with a peer figure of 86%.

### Areas Identified for Improvement

- Increase pharmacy support
- Improving our capabilities in being able to offer direct access for patients who have suffered a stroke
- Increase nurse staffing levels.

# 1 Effective Health and Social Care

## ***Stroke team wins “Northern Ireland Team of the Year Award”***

The RVH Stroke team won “Clinical Leadership Team of the Year” award at the Sixteenth Annual Northern Ireland Healthcare Awards

Pictured: Dr Pamela Bell (Judge), Sister Karen Davison (RVH Stroke Unit), Dr Ivan Wiggam (RVH Stroke Unit) and Diane Taylor (Judge)



## ***Quotes from Service Users***

‘your support to us as a family over the very difficult days was very much appreciated’

‘thank you for your help, support, reassurance and patience’

‘you all do a brilliant job and we are so very grateful’

# Effective Health and Social Care



## In Patient Diabetes Audit

A national audit of inpatients with diabetes took place in November 2013, and is due to be formally published shortly. On one day, all patients in the Trust with diabetes had aspects of their care audited.

### *Key findings for Belfast Trust are:*

We are comparable to “average” UK hospitals in terms of:

- Appropriateness of finger prick glucose checking
- Days in which glucose levels were in an acceptable range
- Frequency of hypoglycaemic events.

Improvement however is needed in areas of:

- Insulin management and prescription errors
- Appropriate and timely referral to the diabetes team
- Foot checks on all patients with diabetes.

## *Next Steps*

Several areas are being targeted in the aim to improve our care to above UK “average”. These are:

- **Education:** Systems are being put in place both locally and regionally to improve the competence and confidence of junior doctors and nursing staff in particular in the prescription and administration of insulin. This includes liaison with Queen’s University, Belfast; induction and training of junior doctors on insulin prescribing; the expansion of the diabetes link nurse role and development of online safety modules for insulin prescribing
- **Guidelines:** Since the audit has taken place, various national guidelines have been implemented locally addressing and advising on various aspects of diabetes care such as ketoacidosis, hypoglycaemia, steroid-induced diabetes and the care of the peri-operative patient with diabetes
- **Foot Care:** A regional strategy covering all aspects of diabetes foot care is well advanced and should begin to address this issue shortly
- **Diabetes Inpatient Team:** steps are being taken to expand the role of this team to support and encourage excellence in diabetes inpatient care across every ward in the Trust.

# 1 Effective Health and Social Care

## Guideline and Audit Implementation Network N.I (GAIN) – Audit of Paediatric Fluid Balance Charts in Northern Ireland Hospitals

Managing fluid balance is a key aspect of the treatment and care of sick children and the need for improved fluid prescribing and record keeping has been a key theme emerging both locally and nationally. Improvement work carried out over the last few years have included a new regional fluid balance chart, the restriction of certain fluids and continuous audit.

### Roll out of Regional Fluid Balance charts

Following a successful pilot of a regional fluid balance chart – a revised final version, agreed by all the trusts, was issued by DHSSPSNI in 2014. This has been rolled out across all areas of Belfast Trust. Related policies and training have been updated and a walkaround of all clinical areas completed by the Hyponatraemia taskforce under the stewardship of an Associate Medical Director.

### GAIN Audit of Parenteral Fluid Therapy for Children and Young Persons

A regional audit of Parenteral Fluid Therapy for Children was undertaken during March and April 2014 to ascertain the safety of the prescription and administration, recording and monitoring of intravenous (IV) fluids to children aged over 4 weeks and under 16 years.

The audit examined 170 children (41 from the Trust) with a wide range of clinical conditions, most of which categorised the child to be at high risk of hyponatraemia. The majority were emergency presentations, cared for in both medical and surgical environments.

#### *Key findings:*

- Correct age specific charts were always used and all children had a weight recorded
- All charts had the patient's name, and 97% achieved the gold standard of all three patient identifiers
- The prescription of fluid type, particularly to those deemed to be at risk of developing hyponatraemia, was always found to be appropriate
- Electrolyte monitoring generally revealed high levels of appropriate sampling and result recording
- Glucose monitoring did not attain the high levels reached with electrolyte monitoring, with only 62% of expected recordings being found within the notes
- With regard to cumulative totalling of fluids to monitor fluid balance, only 43% had a calculation of the overall balance performed.

# Effective Health and Social Care

## Learning

It is reassuring that 100% compliance was achieved in the prescription of safe and appropriate types of fluid. There were areas identified where we could further improve our care through learning, these were:

- Identification of patients
- To ensure improved completion of daily totalling
- Record keeping of blood glucose.

## Next Steps

From this audit GAIN developed a Paediatric IV Fluid Audit Improvement Tool which our Trust will use to further improve our performance in relation to the completion and monitoring of fluid balance charts for children.



# 1 Effective Health and Social Care

## Elective Vascular Surgery Procedures

### Background

The National Vascular Registry is a national clinical audit commissioned by the Health Quality Improvement Partnership (HQIP) to measure the quality of care for patients who undergo vascular procedures in NHS hospitals across the UK. The programme has seen surgery mortality rates for vascular surgery decrease nationally over recent years and results for Belfast Trust shows it performing above average in terms of outcomes for its patients.

### Facts and Figures

- **Elective Abdominal Aortic Annuerysm (AAA) repair (2010–14)**

Likelihood of a patient dying during an AAA repair is 1.2% compared with national average of 1.7%.



- **Cartoid Endarectomy (2011-14)**

Likelihood of a patient suffering a stroke or death during a Cartoid Endarectomy is 1.4% compared with national of 1.7%. Individual surgeon mortality rates all within limits.



# Effective Health and Social Care



## Social Care Indicators

### Childrens Social Care Services

#### Protecting Children

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

#### Facts and Figures

In this reporting period 99.5% of children/young people who were the subjects of child protection referrals to the Trust were seen by a social worker within 24 hours of the referrals being made.

#### 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 1482 looked after children reviews were held of which 97% were held within regionally agreed timescales.

# 1 Effective Health and Social Care

## Planning for the Future

Every looked after child needs certainty about their future living arrangements and through Permanency Planning this Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved. The Trust's Permanency Panel (the Panel) has responsibility for: monitoring the quality of the Trust's practice and the effectiveness of its organisational assurance processes in relation to permanency planning.

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

### Facts and Figures

A total of 231 children and young people were admitted to care during the reporting period of whom 82 were presented to the Permanency Panel.

# Effective Health and Social Care



## *Next Steps*

- The Trust will continue to support the development of the workforce's knowledge, skills and practice base in relation to permanence planning
- The Trust will review the Permanence Panel's performance on an ongoing basis.



# 1 Effective Health and Social Care

## Adult Social Care Services

### Protecting Vulnerable Adults

A vulnerable adult is a person aged 18 years or over who, as a result of age, illness or disability, is unable to take care of themselves without the provision of services, or who is unable to protect themselves from harm or exploitation. The Trust works in partnership with other statutory, voluntary and community agencies to investigate concerns regarding vulnerable adults and to provide services which 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

During the reporting period a total of 3240 adult safeguarding referrals were made to the Trust leading to 1848 adult protection plans.

### Next Steps

- The Trust will continue to focus on promoting awareness of adult protection issues and to develop the knowledge and skills of its workforce in this crucial area
- The Trust will participate fully in multi-disciplinary and multi sectoral initiatives to improve adult safeguarding services under the auspices of Northern Ireland Adult Safeguarding Partnership (NIASP).



# Effective Health and Social Care

## Valuing Carers

Carers are people who provide help and support to a family member or a friend who may not be able to manage because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member. There are a significant population of carer's within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

### Facts and Figures

During this period 2564 adult carers were offered individual carer assessments.

## Next Steps

- The Trust will continue to profile the importance of carers and to engage with them in the development of initiatives and services to support them in their role through its Carers Strategy - Belfast Carers at the Heart of the Belfast Trust.

## 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.

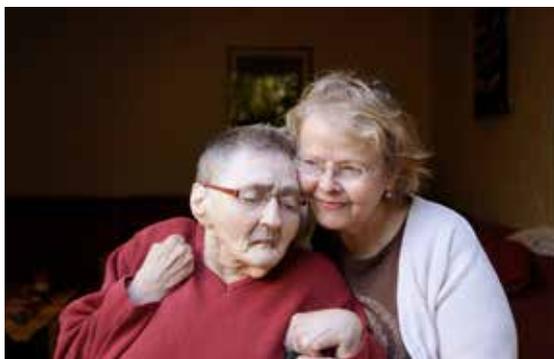
### Facts and Figures

A total of eight people with learning disabilities were resettled in community placements during the reporting period. Of this group one person returned to hospital as a result of the non-sustainability of the community placement.

# 1 Effective Health and Social Care

## *Next Steps*

- The Trust will continue to work with service users, their families, service providers and other agencies to take forward arrangements for the re-settling of hospital patients with learning disabilities into supported community settings. The process will be underpinned by a person centred, best interests approach which will seek to maximise the participation of the service user, their family members and other key individuals and agencies.



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



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

### Reducing Health Care Associated Infections (HCAIs)

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

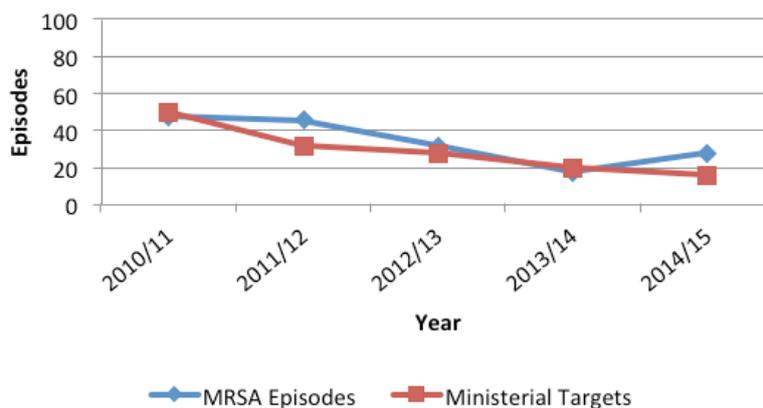
#### To reduce preventable MRSA bacteraemias

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

#### Facts and Figures

- In 2014/15, the ministerial performance target for MRSA (meticillin resistant *Staphylococcus aureus*) bacteraemia infections (18) was not met with a final total of 28 blood stream infections.

#### MRSA Cases per Annum



# Delivering Best Practice in Health and Social Care Settings

## 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.

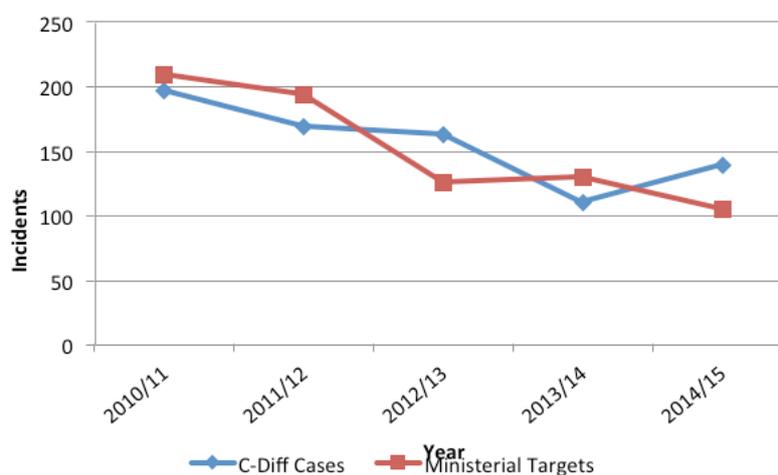
Again the number of cases reflects on the quality of care received by patients/clients in our Trust. The important factors in maintaining this reduction are good hand washing, prudent antimicrobial prescribing, thorough environmental cleaning, effective decontamination of equipment, prompt isolation 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. We have made great strides in reducing the number of patients who develop C.diff.

### Facts and Figures

- During 2014/15 the Belfast Trust was not successful in meeting the *Clostridium difficile* infection (CDI) ministerial target. Against the challenging performance target set (105), the Trust reported 139 cases of CDI among hospital in-patients aged 2 years and over.

### Clostridium Difficile Cases per Annum



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

### *Progress made*

In 2014/15, staff working across the Trust delivered notable achievements in relation to infection prevention and control. These were:

- Ebola Viral Haemorrhagic Fever (VHF) preparedness. The Trust was commended by the work undertaken by staff to prepare for the possible admission or transfer of a patient with suspected or confirmed Ebola VHF. A range of policies were developed and training was provided to staff in Wards and Departments across the Trust. The policies and training were tested in a series of 'drills' and 'exercises'
- Management of incidents/outbreaks of patients diagnosed with Carbapenemase Producing Enterobacteriaceae (CPE) and Carbapenemase Producing Organisms (CPO). CPE are bacteria that live in the gut and are normally harmless. However, if they get into other parts of the body, such as the bladder or bloodstream, they can cause an infection. The challenge for staff treating patients with the infection is the highly resistant nature of the bacteria. In 2014/15, we saw an increased number of patients with CPE/CPO in some of our Intensive Care Units. Significant work was undertaken to minimise the immediate impact of these incidents/outbreaks on patients diagnosed with the infection, as well as other patients in the Unit
- Training on Aseptic Non-Touch Technique (ANTT). Research suggests that ANTT is the most effective method to ensure that potentially harmful organisms that may be found on skin or surfaces are not introduced to patients' wounds or sites during clinical procedures. During 2014/15, a range of staff working across the Trust were trained and assessed on the technique, and are now responsible for training and assessing other staff in their Wards/ Departments.



# Delivering Best Practice in Health and Social Care Settings

## Hand Hygiene

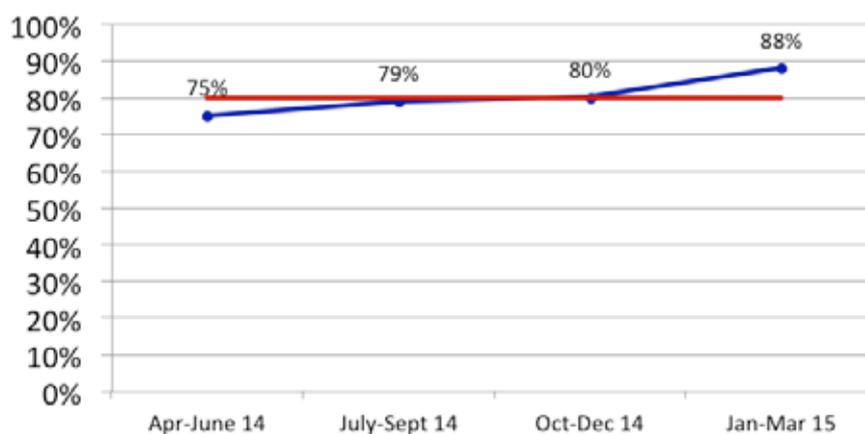
Work continues to embed and improve compliance with good hand hygiene practice across primary and secondary care settings. The elements of the Trust audit tool include: being bare below the elbows (BBE); adherence to the '7-step' technique and observing when hand hygiene is carried out in accordance with the WHO '5 moments'. An additional step of using the hand sanitiser after hand washing is included in the hand hygiene audit tool for augmented care areas.

Each Directorate continues to carry out their own independent audits and the results of these audits are reported to the Healthcare Associated Infection Improvement Team (HCAIIT) as part of the Directorates HCAI improvement plan. These results are also a critical element of the balanced score cards produced by each Directorate.

### Facts and Figures

- The Infection Prevention and Control Nurses carried out 76 independent hand hygiene audits during 14/15. Many of these were undertaken in response to outbreaks or in areas of increased incidence of healthcare associated infections. The quarterly results of these audits are shown in the graph below.

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



#### Next steps

In 2015/16 the IPCNs will continue to audit hand hygiene as and when this is required and Directorates will continue to feedback to the HCAIIT. In this incoming year we expect to see compliance increase to 90%.

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

### Inpatient Falls

Falls in hospital are among the most frequently reported incidents with over 175 falls reported each month during 2014/2015. 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 which increases risk and reduces independence. Also, relatives and staff feel anxious and upset when a patient falls in hospital. For these reasons, staff across the Trust are working hard to reduce the incidence of inpatient falls.

#### Facts and Figures

- In 2014/15, the Trust recorded 2471 falls, a reduction of 78 on the number reported in 2013/14. This figure met the Trust improvement target of a 20% reduction on the number of falls from 2011/2012 baseline.

#### Number of Reported Inpatient Falls 2012-2015

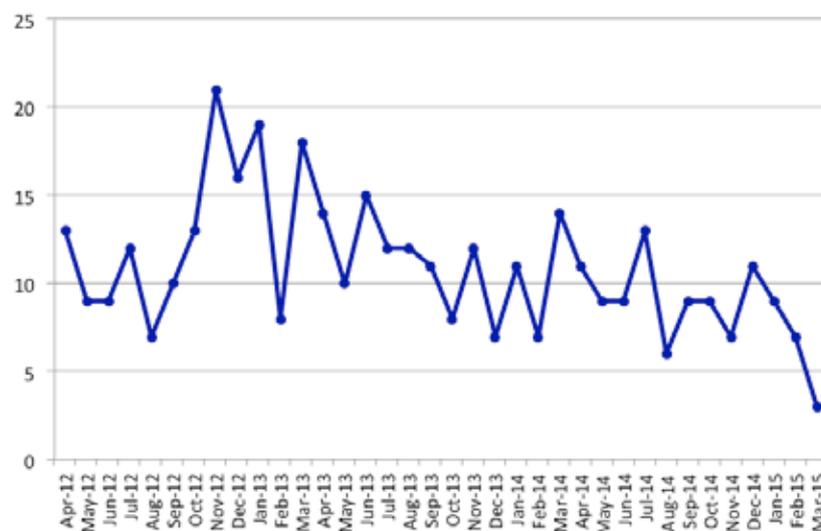


# Delivering Best Practice in Health and Social Care Settings

## Facts and Figures

- Of the total number, 103 (4%) led to more serious injuries including broken bones. This number is a 23% reduction from last year when the total number of more serious falls was 133.

### Number of more serious Injuries (eg. broken leg) 2012-2015



## Progress made

All patients in acute adult inpatient wards have a falls risk assessment completed when they are admitted to hospital. This risk assessment is reviewed regularly throughout their stay.

All patients who are assessed to be 'at risk' of falling are started on a falls prevention care plan, and are referred to the multiprofessional team (including physiotherapists, occupational therapists and podiatrists) for specialist assessment and intervention.

Last year the Trust formed a multiprofessional inpatient falls prevention group, responsible for supporting staff to undertake focused improvement work in Wards where inpatients are more at risk of falling. This work started in 5 older inpatient Wards, and focused on the rollout of the Royal College of Physicians Fallsafe Bundle. This bundle helps staff to identify patients who are at most risk of falling as well as apply a range of measures to reduce this risk. During 2014/15, the group have rolled out the bundle to other Wards, and now a total of 29 Wards are participating in the improvement work. As a result, and as noted above in 'facts and figures' section, the number and severity of inpatient falls has reduced this year.

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

Trust staff continue to work with colleagues in the Public Health Agency and staff in Trusts across the province to reduce the number of incidents of inpatient falls.

### *Next steps*

Funding has recently been secured to recruit a full-time Band 7 Nurse for 2 years. This Nurse will be responsible for working with staff to roll out the Fallsafe bundle to all adult acute in-patient wards; embedding and sharing the improvements made to date; and continuing to build on the improved multiprofessional working across the Trust.

# Delivering Best Practice in Health and Social Care Settings

## Pressure Ulcers

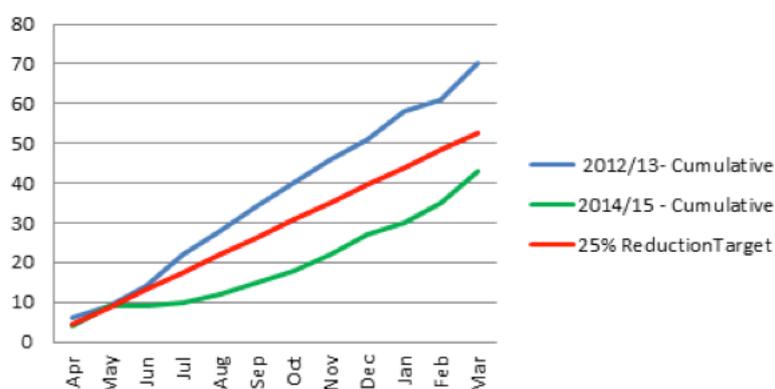
Pressure ulcers are complex wounds which affect skin, muscles, tendons and bones. They are painful lesions which threaten life and limb and they are expensive to treat. While it is accepted that some health care acquired pressure ulcers are unavoidable, most can be avoided. For this reason, the Trust set an ambitious target to deliver a 25% reduction in the number of cases of deep\* pressure damage reported in 2012/13. We did not expect to achieve a reduction in the number of cases of superficial pressure damage because it is recognised that increased education results in increased reporting. Also, we anticipated that the early detection of these cases would result in a reduction of cases of deep pressure damage.

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

### Facts and Figures

- In 2014/15, we delivered a 39% reduction in the number of cases of deep pressure damage reported in 2012/13; thereby exceeding our target of 25%.

#### Incidence of Deep Pressure Damage in 2014|15



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

### *Progress made*

- The SKIN™ Bundle has been rolled out and embedded in all adult acute inpatient wards. SKIN™ is an acronym for the basic themes underpinning pressure ulcer prevention: Skin checks and support surface, keep moving (repositioning), incontinence/increased moisture management, and nutrition and hydration
- All hospital acquired pressure ulcers graded as 2 and above were investigated by clinical staff with the support of the Tissue Viability Nursing Team. These investigations helped staff to understand why they occurred and how they could be prevented
- Learning from investigations is shared with Teams across the Trust
- Pressure ulcer awareness training is provided at induction as well as mandatory Training.

‘Congratulations to our Band 3 Health Care Support Workers (HCSWs) who recently completed a 5 day Wound Management Programme. This pilot programme was a Belfast Trust initiative supported by the Clinical Education Centre. The aim of the course was to enable HCSWs working across the acute and community settings to deliver simple wound and skin care under the direction of a Registered Nurse.’ Dr Jeannie Donnelly, Viability Lead Nurse



# Delivering Best Practice in Health and Social Care Settings

'The Band 3 course increased my awareness of the range of wounds and their grading's. I feel it really helped me to meet patient's needs. I would recommend this course to any Health Care Support Worker who is interested in broadening their experience in this area'. Margaret Pollock, Health Care Support Worker, Tissue Viability Nursing Team.



## Next steps

Our ambition this year is to deliver a 10% reduction on the number of cases of deep pressure damage during 2014/15. We plan to achieve this target we plan to:

- Reduce 'gaps' in SKIN Bundle care by developing bespoke SKIN Bundle charts for use by staff working in higher risk areas. These charts will be printed in colour to enable staff to more clearly document assessments and care given
- Further develop our investigation processes with colleagues working in the Adult Safeguarding Team to ensure an increased focus on cases where the deep tissue damage is assessed as avoidable
- Launch a simple interactive eLearning programme to enable all staff to access best practice on pressure damage assessment and prevention
- Provide training for another cohort of Health Care Support Workers.

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

### Rollout of new fleet of beds and mattress

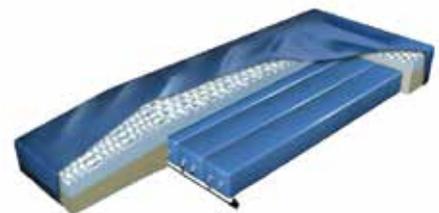
Over the four month period, June to September 2014, the Trust replaced a fleet of almost 1,900 beds and mattresses across Royal Victoria Hospital, Belfast City Hospital, Musgrave Park Hospital and Mater Hospital sites.

The replacement required significant planning, training and effort by a range of staff working across the Trust. At this early stage, it is clear that the new beds and mattresses have helped to deliver significant benefits to patients and staff.

The new hospital bed is called the Enterprise 5000 (pictured). They can be positioned at an extra low height and are fitted with under-bed lighting. These features are important in our efforts to reduce the number of incidents of patient falls. In terms of significant benefits to staff, the beds are robust, intuitive and easy to clean and use.



Each bed has been supplied with a new mattress, called an AtmosAir (see right). The mattress comprises a pressurised system of independent, dynamic air chambers and valves which automatically adjust the internal air pressure in reaction to the patient's movements. The mattress supports the patient's shoulders, seat and legs and the sloped heel section helps transfer weight off the patient's heel and onto their calf and thigh. These features are important for increased patient comfort, but also in our efforts to reduce the number of incidents of patient pressure ulcers.



As noted on page 35, pressure ulcers are complex wounds which affect skin, muscles, tendons and bones. While some health care acquired pressure ulcers are unavoidable, most can be avoided by regularly changing the patient's position and providing special mattresses. It is likely (although not fully conclusive) that the introduction of the new mattresses assisted us in 2014/15 to deliver a 39% reduction in the number of cases of deep pressure damage from our baseline in 2012/13.

During 2015/16 the Trust will continue to monitor the effectiveness of the new beds and mattresses. This will include the rollout a new floor level bed in Wards and Departments across the Trust where patients are most at risk of falling.

# Delivering Best Practice in Health and Social Care Settings

## Medicine Management

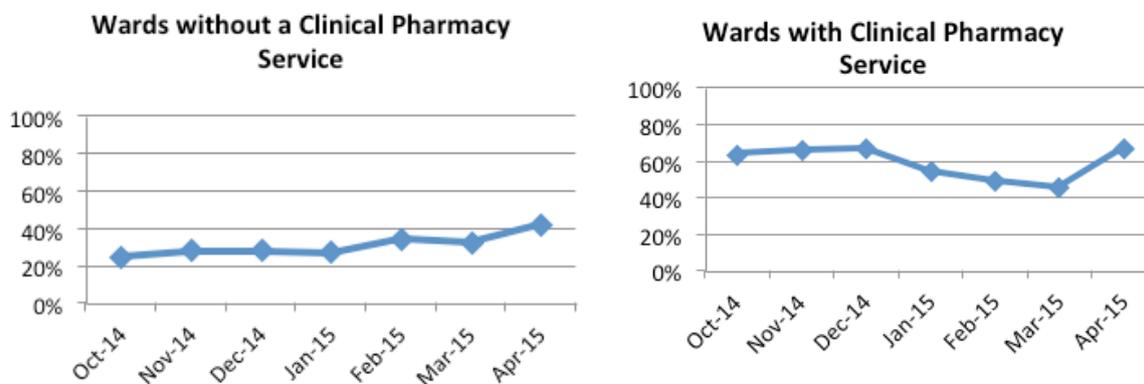
### Medicines Reconciliation

Medicines reconciliation (MR) is the process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions. Pharmacists should be involved in the medicines reconciliation process as soon as possible after admission. Limitations in the trust include:

- Not all clinical areas are supported by a clinical pharmacist.
- Clinical pharmacist support is Monday to Friday only.

### Facts and Figures

#### % of Admissions which have Medications Reconciliation undertaken by a Pharmacist



#### Next steps

In 14/15 the baseline in relation to pharmacist involvement in medicines reconciliation was established for the trust. An improvement target of 5% has been established for 15/16 whilst we are also trying to secure funding to increase numbers of ward based pharmacists.

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

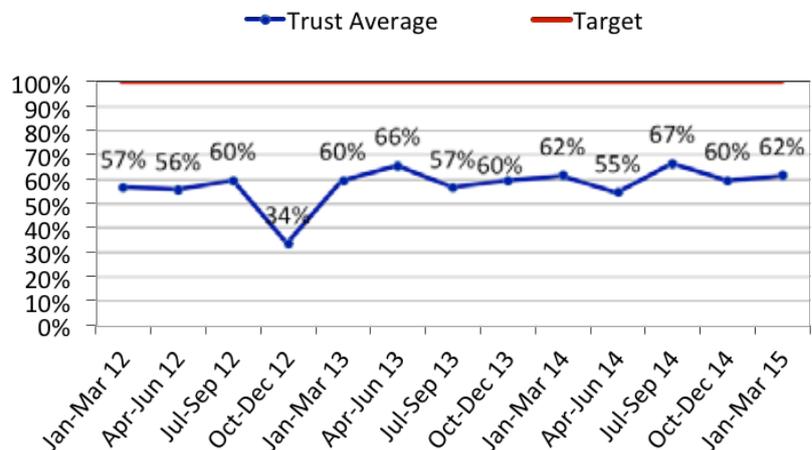
### Managing Controlled Drugs

Controlled Drugs (CDs) are subject to special legislative controls as there is potential for them to be abused or misused causing harm. Controlled Drug audit checks are completed every quarter by pharmacy and nursing staff on every Ward and across the Befast Trust. The mandatory audit comprises of 12 standards and assesses compliance with legislative and governance requirements. These standards include; safe storage and security of controlled drugs, record keeping and audit trail of CD medications, and handover stock checks. Each standard must be met fully to achieve compliance. The results are disseminated quarterly to Directors, and Co-Directors.

#### Facts and Figures

- We do not meet the audit standard set in all outpatient wards.

#### Audit of Ward Compliance with Controlled Drug Policy



#### Progress made

In 2014/15 one of the objectives was to focus on wards/departments who were reporting consistent non-compliant results. Staff were offered targeted support and training. Audit results were reviewed and key areas for improvement were highlighted along with suggested action plans. This approach has resulted in a number of areas reporting compliant results and this is an objective which will continue to be of focus in 2015/16 in collaboration with Associate Directors of Nursing and their teams.

#### Next steps

- Following discussions with Ward Sisters and Charge Nurses the audit process for 2015/16 will be amended, a period of 4 weeks will be allocated in each audit cycle to allow implementation of action plans
- Encourage and support self assessment of audit standards along with review of action plans throughout the audit cycle
- Continue to provide targeted support and training.

# Delivering Best Practice in Health and Social Care Settings

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

New regional Kardexes for use in adult, acute areas (as shown) and in maternity have been developed. The main reason for developing these Kardexes was to reduce risk with medicines through standardisation. Staff, as they rotate through the different Trusts, encounter the same Kardex rather than a different one in each Trust. A pre-implementation audit was conducted prior to roll-out with the adult, acute Kardex introduced from June 1st and the maternity one from July 1st. Prior to introduction, staff availed of face to face training and/or eLearning to familiarise themselves with the new Kardexes.

The eLearning module for the adult, acute Kardex is at [www.medicinesNI.com](http://www.medicinesNI.com).

### Next steps

A post implementation audit and user satisfaction survey will be completed towards the end of 2015. Other regional Kardexes are also in development, for example, one that will be used in paediatrics across Northern Ireland.

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

### Omitted and Delayed Doses

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

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

In 2013, a regional audit found that 12.7% of planned doses were omitted or delayed without a reason.

- The percentage of omitted and delayed doses of critical medicines was 1.4%.

Subsequently, each Trust was tasked with completing an audit on 5 adult acute in-patient Wards to determine current performance; and then to demonstrate a 50% reduction in the number of incidences when 'no reason' was recorded.

### Facts and Figures

In the last quarter of 2014/15, an audit was undertaken in 5 adult acute in-patient wards. The results revealed that of the fifty kardexes audited, 3 patients had two omitted doses each, and of the six omitted doses, three were critical medicines. Importantly, the audit revealed that no patient came to harm as a result of any omission or delay.

### Next Steps

The important issue of omitted and delayed medicines, and the requirement to record why a medicine might be omitted or delayed, will feature in the Trust's newsletter 'Medi-matters'. Feedback after the issue of the first newsletter was very positive, and plans are in place to publish three newsletters every year. Key learning on the importance of omitted and delayed medicines will be included in each publication.

We will continue to audit will take place to ensure improvement.



# Delivering Best Practice in Health and Social Care Settings

## Mental Health

### Crisis Planning

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



### Physical Health and Mental Disorders

The need to develop and enhance the physical health care for patients with mental illness has been highlighted in the NICE guidelines for Psychosis and Schizophrenia (CG178, 2014) and Bipolar Disorder (CG185, 2015) as well as through the results of the National Audit of Schizophrenia (2014). The Trust mental health services has participated in a regional scoping exercise to identify the need for resources to enhance this important aspect of patient care. We have liaised closely with colleagues in General Practice to plan how this can be provided at the interface of primary and secondary care services and submitted a business plan to the mental health commissioning team in order that this aspect of care can be provided in a sustainable way. In addition there are small physical health pilots being carried out in the trust in both the inpatient and community mental health services on physical health care and the experience from these will help shape the future service.

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

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

### Acute Mental Health Inpatient Unit - Update

Demolition work has already commenced on the BCH site with construction of the Acute Mental Health Inpatient Unit due to start in 2015. It is anticipated that the building will be occupied in the Summer of 2017.



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

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

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

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

- Does not have long, empty corridors. All space should have a function and should be useable with the incorporation of informal seating areas
- Ensures each ward has its own entrance accessible from an external courtyard
- Provides views from every window that look onto a landscaped space
- Has gardens which will also incorporate active areas for gardening
- Allows users, carers and staff to feel that they are moving between gardens as they move around the building
- Provides all users with their own bedroom and ensuite.

# Delivering Best Practice in Health and Social Care Settings

## Community Care

### Community Mental Health Team for Older People

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

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



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

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

### Next Steps

- To introduce single point of referral to Psychiatry of Old Age and Community Mental Health services
- This Trust currently provide information and resources through paper formats. Work is underway to make this information available on a website.



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

### Supported Housing

The supported housing model provides a holistic model of care which promotes positive risk taking and independence through engagement in activities. The aim of supported housing is to empower tenants with dementia through encouraging independence and choice in all aspects of daily living. Integral to this support is the facilitation of social inclusion through the provision of opportunities for tenants to engage with and interact meaningfully with the local community. There are currently three Supported Housing facilities for people with dementia in the Belfast Trust: Sydenham Court , Mullan Mews and Hemsworth Court.

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

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

### Achievements

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

The facility and its' work have been awarded:

- Best Dementia Friendly Community Initiative at the first Dementia Friendly Community Awards
- DSDC Gold Award for Dementia Design
- Thomas Keown Accessibility Award.

### Next Steps

- A Dementia Friendly Community project is being established in East Belfast
- The Trust is working in partnership with Clanmil Housing on the development of a fourth facility on the Grove tree site which will offer accommodation to thirty tenants with dementia.

# Delivering Best Practice in Health and Social Care Settings



## Implementation of Palliative and End of Life Service Improvement Programme

The Belfast Trust Implementation Group is on target to achieve the priorities set for 2014/15 by the Belfast Partnership Palliative and End of Life Care Steering Group. Task and finish groups have made significant progress in promoting identification of patients and appropriate communication; use of the End of Life Care Operational System (ELCOS) and electronic palliative and end of life care coordination system; advance care planning; education and development of multidisciplinary staff; and how we involve and engage with the public to support the on-going implementation of the programme.

Significant achievements in the last year include regional recognition of the Trust's advance statement 'A Record of My Wishes' which, used in conjunction with 'Your Life, Your Choice', is being amended for HSC adoption; and the standard for nursing discharge of patients who have palliative or end of life care needs irrespective of diagnosis.

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

### Social Care Indicators

#### Direct Payments

Direct Payments are cash payments made in lieu of social care provision to individuals who have been assessed as needing services. 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 to locally source the care they require. Allowing the individual to choose how they are supported within their community.

#### Facts and Figures

During the reporting period Direct Payments were being made in respect of 120 children. A total of 312 adults were in receipt of a Direct Payment during the reporting period. A total of 210 carers were in receipt of a Direct Payment.

#### Next Steps

- The Trust will continue to profile Direct Payments across all Service Areas
- The Trust is engaged in the rolling out of Self Directed Support - a regional initiative promoting greater independence, flexibility and choice for service users with regard to services and supports available to them.

# Delivering Best Practice in Health and Social Care Settings

## Corporate Parent

The Trust has a duty as a corporate parent mirroring the role of a good parent to encourage and support those young people whom it looks after to make the most of their academic and vocational talents and to assist them in developing their life and employability skills. Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community.

### Facts and Figures

At the end of the reporting period 75% of those young people and young adults known to the Trust's Leaving and Aftercare Services population of 380 were engaged in education, training, and employment.

## Next Steps

- As part of its corporate parenting responsibilities, the Trust will seek to optimise employment placement opportunities and related supports to care leavers
- In partnership with DEL, local Neighbourhood Partnerships, schools, Further Education and voluntary and community sector providers the Trust will proactively promote employment training and placement opportunities for its care leavers
- The Trust will continue to provide individualised supports to care leavers to encourage and assist in their ongoing education and employability training.

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

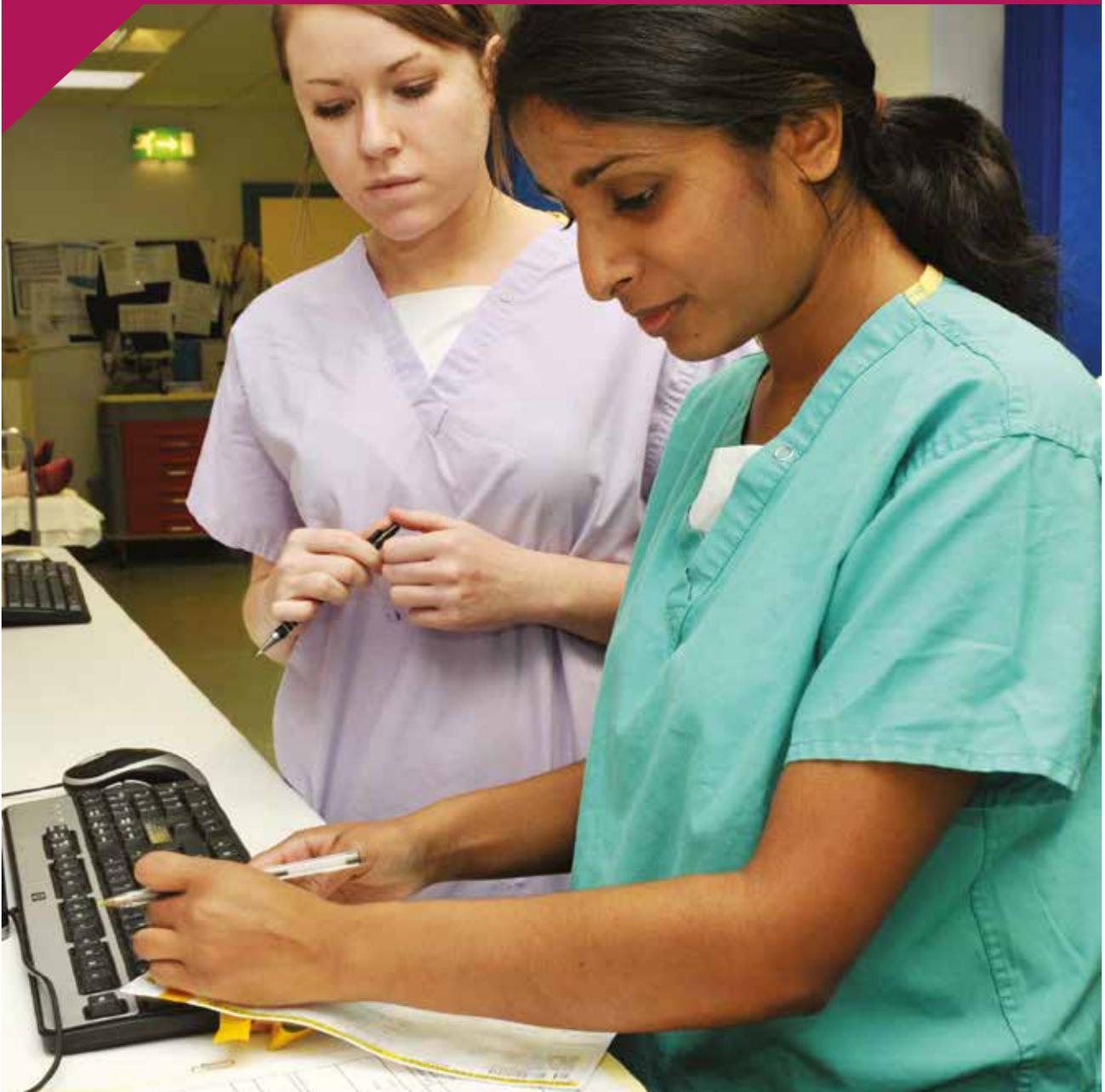
### Transition to Adult Services for Young People who have a Learning Disability

The transition to adulthood for those young people who have a disability is best assisted by a transition plan. A seamless person centred pathway from Childrens to Adult Services is central to promoting the best interests of a young people with a disability. In partnership with the young people, their parents and carers and other key individuals and agencies, an individual transition plan is developed. The plan outlines how the young prson will access the necessary services and supports to enable them to optimise their talents, skills and life chances.

#### Facts and Figures

During the reporting period all of the children with a disability known to the Trust's Children with Disabilities Service had a transition plan in place on their leaving school.

# 3 Protecting People from Avoidable Harm



# Protecting People from Avoidable Harm

## 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 which 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 2014/15 there were a total of 27,337 adverse incidents reported and of these 182 were reported as SAIs. One was later de-escalated.

81% of incidents involved patients or clients, 18% affected staff with the remainder affecting contractors or did not affect any person. Among the most frequently reported incidents are those relating to abusive behaviour, falls, medication, medical devices and 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.’

## 3 Protecting People from Avoidable Harm

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<br>2014/15   | Examples of actions to reduce re-occurrence  |
|---|--|
| <p>Abusive behaviour<br/>(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"> <li>The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence</li> <li>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.</li> </ul>  |
| <p>Falls</p>  | <ul style="list-style-type: none"> <li>Roll-out of the Fallsafe Quality Improvement Project across all adult in-patient areas. This project delivers evidence based falls prevention. See Theme 2.</li> </ul>  |
| <p>Medication</p>   | <ul style="list-style-type: none"> <li>The change in dosing info in the BNFC for IV Paracetamol in children &lt;10kg was misleading and resulted in prescribing errors. To rectify this, patient safety issue dosage guidance was agreed and posters advertising this were produced and disseminated across RBHSC. New size formulations were also purchased and use encouraged in RBHSC via poster and email</li> <li>There has been policy amendment; introduction of safety bungs and associated controls for all controlled drug liquid medication bottles; enhanced stock management and heightened awareness to staff of risks and the correct procedures to be followed.</li> </ul> |
| <p>Medical Devices/<br/>Equipment</p>   | <ul style="list-style-type: none"> <li>Supporting staff in the management of medical device incidents has led to the issue of many regional safety alerts and field safety notices to ensure the on-going safe use of medical devices.</li> <li>Close liaison with community staff to better categorise different types of syringe driver incidents lead to a reduction in number of drivers needing to be taken out of circulation for investigation and servicing.</li> </ul>  |
| <p>Absconding</p>   | <ul style="list-style-type: none"> <li>The Trust contributed to Regional Guidelines for the Management of Patients Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings and is developing a local policy to accompany these guidelines.</li> </ul>  |

# Protecting People from Avoidable Harm



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

## Correct Site Procedure

A recent SAI involved a procedure carried out initially on the wrong anatomical location that fortunately did not result in a more serious outcome for the patient. The incident was investigated thoroughly and provided positive and valuable learning to prevent re-occurrence. We also looked back at previous incidents relating to wrong site procedures to identify areas we needed to focus on. This contributed to a revision of the Trust policy on correct site surgery to include all procedures and relevant learning was shared through a learning alert and Safety Matters.

## Preventing Cross Infection

Following an SAI related to management of risks relating to CJD patient to patient infection, a poster and flow chart were developed for staff to raise awareness and clarify actions required to manage the risk appropriately and also to protect medical equipment.

## Multi-agency Working

Multi-agency working is a vital component of effective treatment and care for many patients being treated by Mental Health services particularly in the community. Learning from an SAI involving a patient who absconded from hospital care identified the importance of multi-agency involvement to ensure appropriate actions are taken in such circumstances. A procedure was put in place Trust wide to ensure a multi-agency meeting takes place if a patient goes absent without leave for more than 2 days from a Mental Health hospital facility. This ensures that all relevant information is available to all parties to enable joined up working and collective decision making on the best possible care plan for that patient going forward.

# 3 Protecting People from Avoidable Harm

## Learning

This comes from both internal and external sources including learning from SAIs, complaints and litigation.

## Communication of learning



Key methods of sharing learning throughout the Trust includes:

- Internal Learning Templates
- Safety Matters newsletter
- Quarterly and Annual Incident and SAI reports
- Training and learning events
- Implementing recommendations from reviews and enquiries.

## Next steps

- Work is on-going throughout 2015/16 to review and develop learning themes for SAIs and Incidents which will potentially indicate areas for quality improvement
- A pilot is to be undertaken in investigating SAIs using a “Human Factors” approach.

# Protecting People from Avoidable Harm

## Patient / Family / Carer Engagement in SAIs

The Trust has adopted regional guidance on completing SAI investigation reports and also the new regional checklist for engagement/communication with patient and clients following an SAI. The Trust is compliant with the guidance regarding the SAI process and will always engage with patients and clients proactively where appropriate.

## Being Open

The Trust is committed to improving the safety and quality of the care we deliver to the public. The Trust has a Being Open policy and eLearning training available for all staff. 'Being open' is a set of principles to provide open and honest communication between healthcare staff and a patient (and/or their family and carers) when they have suffered harm as a result of their treatment. Promoting a culture of openness is vital to improving patient safety and the quality of healthcare systems. A culture of openness is one where healthcare:

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



# 3 Protecting People from Avoidable Harm

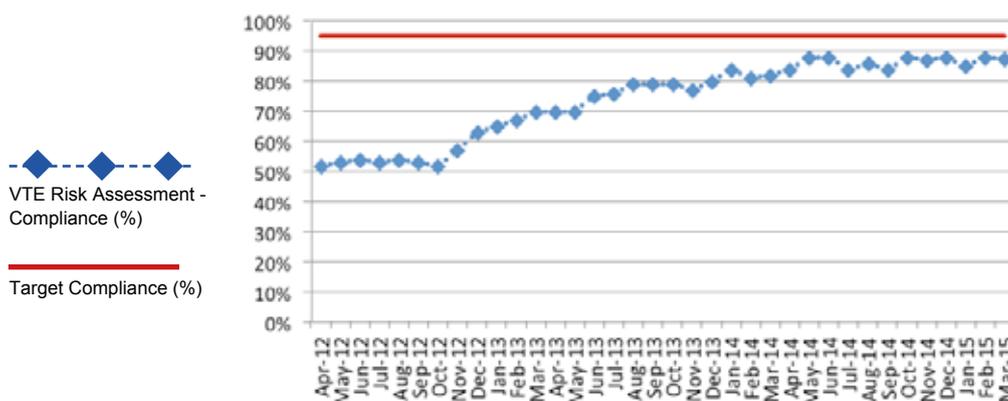
## Preventing Venous Thromboembolism

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 (House of Commons Health Committee Report 2005). To help prevent such clots we have introduced a process to assess individual patients' risk of developing a clot and where appropriate to provide blood thinning medicines. Completing this risk assessment and subsequent appropriate preventative action reduces the risk of patients developing a clot.

### Facts and Figures

- The trust set a target of 95% compliance with completion of VTE Risk Assessments across all adult inpatient hospital wards by March 2015
- 1,100 kardexes are audited across all in patient wards on a monthly basis by independent specialist nurses
- Over the 2014/15 year audit figures showed 86% compliance with completion of VTE Risk Assessments in adult in patient areas. A number of wards perform consistently high scores of 100% and all results are fed back to wards on a monthly basis.

### Compliance with Completion of VTE Risk Assessment (Target 95%)



# Protecting People from Avoidable Harm

## Safer Surgery / WHO Checklist

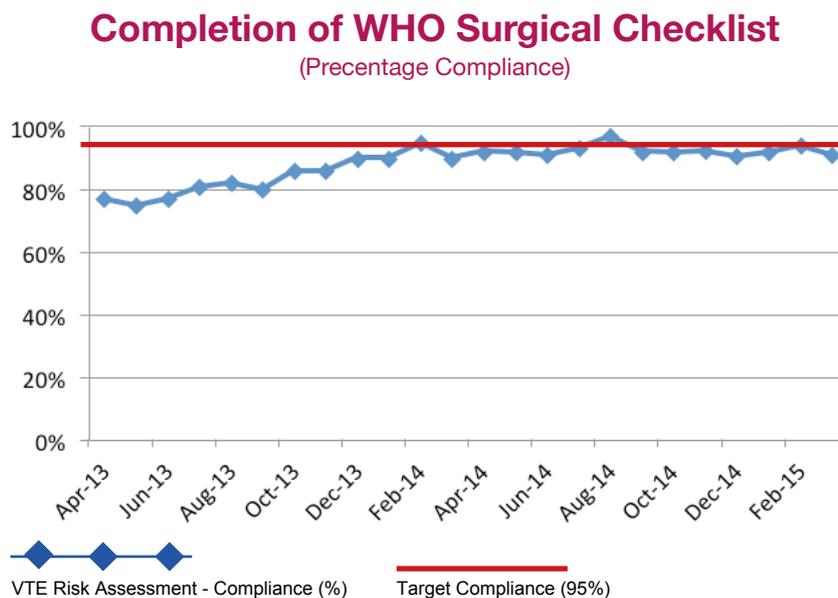
The WHO Surgical safety checklist has been in place across all theatre departments within the Belfast Trust since 2010. The checklist is there to insure that each surgical team has taken all the right steps in advance and post surgery to insure patient safety eg. that the patients allergy status is known to the surgical team.

### Progress made

- Speciality specific versions of the safety checklist have been embedded in Children's, Neo-nates, Endoscopy and Interventional Radiology. Specialities currently piloting specific versions are Gynaecology, Thoracic and General surgeries
- A WHO surgical safety policy has been introduced to provide guidance and consistency on the use of the WHO safety checklist
- A correct site procedure policy is in place to support the WHO surgical safety checklist
- A Consultant Anaesthetist takes the lead in Surgical safety checklist improvements
- Independent Observational audits are being piloted across all theatre areas.

### Facts and Figures

- Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team. In 2014/15 we increased our compliance to 93%, which narrowly missed our standard of 95%.



## 3 Protecting People from Avoidable Harm

### *Next steps*

- Eye services are exploring specialty specific versions of the WHO
- All Theatre areas are reviewing the Safety Brief processes with a view to making them specific to the specialty or team
- The WHO Surgical safety checklist will continue to evolve to reflect on evidence based practices throughout the Theatre service.



# 4 Ensuring People have Positive Experience of Service



## 4 Ensuring People have Positive Experience of Service

### Patient and Client Experience as Service Users

The Belfast Trust recognises that patient and client experience is integral to the delivery of safe, high quality care. During 2014/15, the Trust continued to participate in a number of regional initiatives including the 10,000 Voices Project and 'Hello my name is...' campaign.

#### 10,000 Voices Project

The 10,000 Voices Project asks service users to share their experiences of care with the aim of improving services and inform the commissioning of new services.



The Project is undertaken using a phased approach. During 2014/15 the phases that were "live" were:

- **Phase 1 - Unscheduled Care (Adult Emergency Departments, Minor Injuries and GP Out of Hours).**

Earlier this year, a total of 310 stories were collected from patients and clients who attended our Adult Emergency Departments, Minor Injuries Units and GP Out of Hours services. The findings were shared with staff in a series of workshops and meetings, and action plans for improvement were developed.

More recently, the Phase was re-opened with a focus on gathering stories from patients and clients about the improvements made in the Adult Emergency Departments. Initial analysis of the stories revealed that patients and clients have perceived improvements in the following aspects of care:

- Provision of food and refreshments for patients
- Provision of pillows and blankets
- The availability and monitoring of pain relief.

Some examples of the stories received are:

*"I was brought to A+E via ambulance on Christmas Day with shortness of breath. I have COPD which affects my breathing. I was assessed by a doctor quickly on that day*

## Ensuring People have Positive Experience of Service



*which was a shock as I normally have to wait many hours. The nurses were very friendly and caring. They kept me informed at all times. I had a very positive experience in A+E and have no complaints about staff both nursing and doctors.”*

*“I am being treated for a ruptured Achilles’ tendon that I damaged while playing football. I have found all the staff from receptionists to nurses and doctors to be excellent. They have put me at ease through the whole process and kept me informed at all stages”.*

*“I felt at ease and my mind put at rest by the lovely people in this hospital. As a patient urged to get something checked out by worried friends and family and as someone with autism who is highly anxious the people couldn’t be nicer or more understanding. They put me at ease with getting a blood test which is something (Needles in general) that causes a meltdown. I feel I’m in good hands here and that I will receive help for whatever is wrong. I was also seen quite quickly.”*

The findings have been shared with staff in a series of workshops and meetings.

- **PHASE 2 - Care at Home:** Patients and clients were asked their views on the following 10 questions, and invited describe their experience:
  1. Where would you choose to have your care?
  2. Overall do you feel that carers’ are respectful/unprofessional/dismissive?
  3. Do you always know who will be providing your care?
  4. Do you feel that your care needs are always met by the care you receive?
  5. How involved are you in planning your treatment?
  6. Is what you were told about your care easy to understand/never makes sense/depends on who I see?
  7. How are you feeling about receiving your care at home?
  8. Do your carers ensure information is kept private?
  9. What is most important to you in your care?
  10. What enables/supports you to stay at home?

A total of 280 stories were collected from patients and clients who use a range of services in their own home. Our analysis revealed that 72% of respondents were ‘delighted’ that they could be cared for at home; and 69% stated that they felt ‘positive and confident’ about

## 4 Ensuring People have Positive Experience of Service

the care they received. The aspect of care that respondents stated required improvement was the timing and allocation of some calls.

Some examples of the stories received are:

*“If it wasn’t for the Day Centre I go to I don’t know how I would cope. It is very lonely at home. You rely on people to keep you company, but I suppose that’s not there job. It’s difficult when you have no family. You are at the mercy of others.”*

*“I know I couldn’t remain in my own home if it wasn’t for the care I receive from the domiciliary team. That being said, I sometimes find the care I receive to be a bit impersonal. The attitude appears to be “we know best”.”*

*“I am delighted to receive all this help. The staff are such a delight for anyone to have come into their home, and I keep saying how much I do appreciate them. I could write a book saying just how wonderful and happy I am to receive your help”.*

The findings have been shared with staff in a series of workshops and meetings.

- **Nursing and Midwifery Key Performance Indicators (KPIs).**

Patients and clients were asked to answer the following 6 questions, and invited to describe their experience:

1. How did you feel about the nurses’/midwives’ understanding of the care you needed?
2. How confident were you in the skills of the nurses/midwives?
3. How safe did you feel while you were being looked after by the nurses/midwives?
4. How would you describe the nurses/midwives respect for our personal preferences and choices?
5. How did you feel about the amount of time nurses/midwives spent with you?
6. How appropriate did you feel the care you received was against the things which were important/relevant to you?

A total of 599 stories were collected from patients and clients across the Trust. Our analysis revealed that 90% of respondents rated their overall experience of nursing and midwifery care as being “strongly positive” or “positive”.

## Ensuring People have Positive Experience of Service



Some examples of the stories received are detailed below:

*“Being in hospital is significant in anyone’s life. It is so important to feel cared for and safe when you are feeling vulnerable. Nursing staff have taken the time to discuss my concerns. It’s so easy to discuss things to people that genuinely care.”*

*“The quality of care has been excellent. The ‘human approach’ has included time to listen, encouragement to resume self-care activities. These are most important to me.”*

*“I have just had a baby in the Mater Midwifery Led Unit. I trusted the midwife implicitly and she put totally at ease. I was keen to have as natural an experience as possible. I found the whole experience empowering as the midwife listened to what was important to me”.*

The findings have been shared with staff in a series of workshops and meetings.

# 4 Ensuring People have Positive Experience of Service

## Patient and Client Experience Standards

The five regional Patient and Client Experience Standards are: -

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and Dignity.

During 2014/15, the regional questionnaire which is used to monitor our performance against the five standards was re-designed and used for the first time in a range of Wards and Departments across the Trust.

A summary of the results of the questionnaires have been shared with staff in a series of workshops and meetings.

Encouragingly, the feedback received was consistently 'very positive' or 'positive'.

However, one particular aspect of care that patients and clients reported as requiring improvement was 'staff introductions'. As a result, the Trust embarked on the rollout of the 'Hello my name is...' campaign.

The image shows two pages of a questionnaire titled 'Patient & Client Experience QUESTIONNAIRE' from Belfast Health and Social Care Trust. The pages contain several tables with columns for 'Area', 'Metric', 'Score', and 'Target'. The tables list various aspects of patient care such as 'Staff introductions', 'Staff communication', 'Staff behaviour', 'Staff attitude', and 'Staff respect'. The scores are generally high, indicating a positive experience, with some areas like 'Staff introductions' showing lower scores, which aligns with the text's mention of this area needing improvement.

# Ensuring People have Positive Experience of Service

#hello my name is...

Dr. Kate Granger is a Consultant doctor working in England who has been diagnosed with a rare form of terminal cancer. During her frequent visits and admissions to hospital, Kate became aware of the many staff – doctors, nurses, domestics, allied health professionals, porters, social workers, pharmacists and others – who did not introduce themselves. As a consequence, she launched a social media campaign called ‘Hello my name is...’.

In October 2014, the Trust Chairman and Executive Director of Nursing launched our participation in the campaign at the Mater Hospital. A series of ‘pop-up’ events were subsequently held in all hospital sites and the Health and Wellbeing Centres across the Trust.

The following infographic was developed and shared to reflect some of the key aspects of the campaign.



**#hello my name is...**

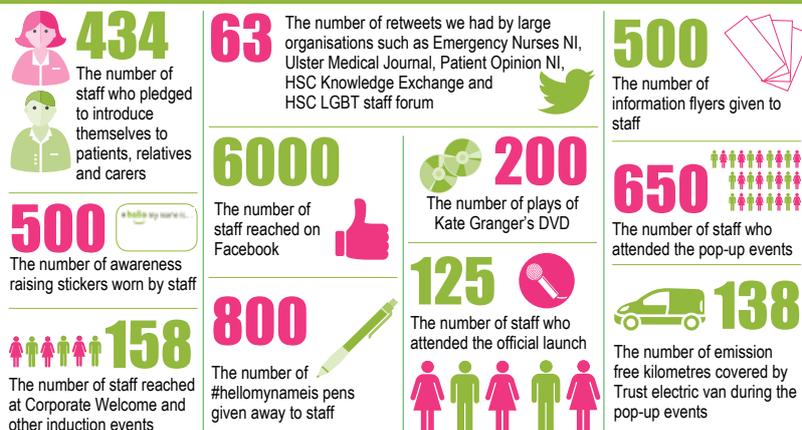
HSC Health and Social Care Trust

'Hello My Name Is' is a campaign inspired by Dr Kate Granger (a doctor and terminally ill cancer patient) to encourage and remind all staff about the importance of introductions. As Kate explains 'I firmly believe it is not just about knowing someone's name, but it runs much deeper. It is about making a human connection, beginning a therapeutic relationship and building trust. It is the first rung on the ladder to providing compassionate care'

Many staff attended the Trust launch of the campaign in the Mater Hospital with the Chairman, Mr Peter McNaney CBE and the Director of Nursing and User Experience, Miss Brenda Creaney

The numbers below reflect the success of the launch and the series of pop-up events held across the Trust.

Thank you for your continued support



## 4 Ensuring People have Positive Experience of Service

### “The Belfast Experience” film

During 2014/15 a short film entitled “The Belfast Experience” was designed and produced to reflect some of the feedback received from patients and clients about the impact that individual staff behaviours and attitudes can have on their experience. The film included extracts from patient stories to highlight these important aspects of care in a range of interactions – from calling to the Receptionist at the Emergency Department to providing transport home from our Day Care Services. The film ends with the statement “This is Belfast Trust...our experience is your experience...let’s make it a good one”; followed by the 5 Trust Values: Respect and Dignity, Openness and Trust, Being Leading Edge, Learning and Development and Accountability.

The film was successfully launched across multiple platforms including the Trust Intranet, Twitter™ and Facebook™ pages. To date, the film has been viewed almost 4,000 times on YouTube™ and is now a permanent item in Trust job fairs, and Corporate Induction.

The film can be viewed by searching YouTube™ for “The Belfast Experience”



# Ensuring People have Positive Experience of Service



## Patient and Public Involvement

The Trust remains committed to developing personal and public involvement to ensure the delivery of best practice across the organisation.

### HIV Service User Forum

User satisfaction surveys were distributed to patients attending the HIV clinics during 2014. Patients were asked to submit contact details if they wished to attend a HIV service user forum. Relevant voluntary and support groups were also invited to attend. 94 questionnaires were returned with a number of people expressing an interest in getting involved with a service user forum. Several workshops were facilitated to inform the development of the forum. HIV Service User forum has been established, with associated Terms of Reference and is chaired by a service user. The Forum has worked closely with staff over the last year to identify a number of areas for improvement and develop ways to address these. The forum has worked with staff to address problems with the telephone booking system and is currently working on a new GUM website.

### New build for Mental Health Inpatient Facility - Service User Engagement

As work on the development of the new mental health inpatient facility continues, service users and carers have been actively involved in the process. Most recently, service users and carers attended a number of meetings to give their input to the design of the bedrooms for the new unit. A mock-up bedroom was developed and installed in the Everton Centre. Over 300 service users, carers and staff, have visited the bedroom to give their views and feedback. All the comments and inputs received are now being considered by the project team.

### Paediatric Wheelchairs

During 2014/15, 4 families were involved in evaluating a range of paediatric wheelchairs which were potentially being added to the range offered by the Trust. The wheelchairs were technically and clinically evaluated by staff. The families were then involved in evaluating the wheelchairs from a service user perspective, using specific criteria. The involvement of the families in the evaluation process brought an added perspective and actively informed the decision to add 4 new chairs to the range offered.

### Radiotherapy Information Evenings

The aim of the radiotherapy information evening to improve patients and carers overall radiotherapy experience, drawing attention to sources of help and support available to them, and reducing overall levels of anxiety. These evenings give prospective patients and their relatives or carers, an opportunity to be in the department in a relaxed atmosphere and walk through the

## 4 Ensuring People have Positive Experience of Service

radiotherapy journey. The evenings are adaptable, dependant on those attending and the team aim to meet people at their point of need, regardless of age or level of learning. Feedback from people who have attended the evenings has been very positive:

‘I found the evening very informative and I feel better and more optimistic about my father;s treatment’

‘very reassuring for me and my family’

‘good to view facilities and meet members of the team, helped to alleviate fears and concerns’

Our Radiotherapy Patient Information Evening Team were named as the Society and College of Radiographers’ Northern Ireland Radiography Team of the Year for 2014.

### RVH Macmillan Information Service Volunteers

Belfast Trust volunteers attached to the Macmillan Information service at the Royal Victoria Hospital received the Deborah Hutton Award at the first Macmillan National Awards Ceremony for volunteers in London in June 2014. This prestigious award is for volunteers who provide practical support and care to people affected by cancer, beyond the expectation of their role. The volunteers are integral to the day to day operation of the service.

“I have nothing but praise for the volunteers. They consistently go the extra mile to offer high quality information and support to people affected by cancer. With their individual and collective commitment and skills, they are exemplary volunteers who demonstrate outstanding dedication to the aims of the service. They are truly deserving of this award”.

Angela Small, Information Manager

# Ensuring People have Positive Experience of Service



## Volunteer Services

The Trust currently has 369 volunteers engaged in a diverse range of roles in both the Acute and Community settings. Together they deliver in the region of 75,000 volunteer hours per year.

The following shows the numbers of Volunteers across our Directorates

- Adult Social and Primary Care (103 volunteers)
- Surgery and Specialist Services (66)
- Unscheduled and Acute (18)
- Specialist Hospital and Women's Health (55)
- Nursing and User Experience (127).

Recruitment of additional volunteers continues, with 99 being recruited currently.

A Volunteer Celebration Event was held on 2 June 2015 at Belfast City Hall. This important event was planned to acknowledge the many volunteers who offer their time, energy and commitment to volunteering. Key speakers at the event included Val McGarrell, Non-Executive Director, Brenda Creaney, Executive Director of Nursing and User Experience and six individual volunteers who talked about their own experiences of volunteering. Musicians from ArtsCare and the Orbit Dance Group provided entertainment. The Event was evaluated as a great success.

# 4 Ensuring People have Positive Experience of Service

## Complaints and Compliments

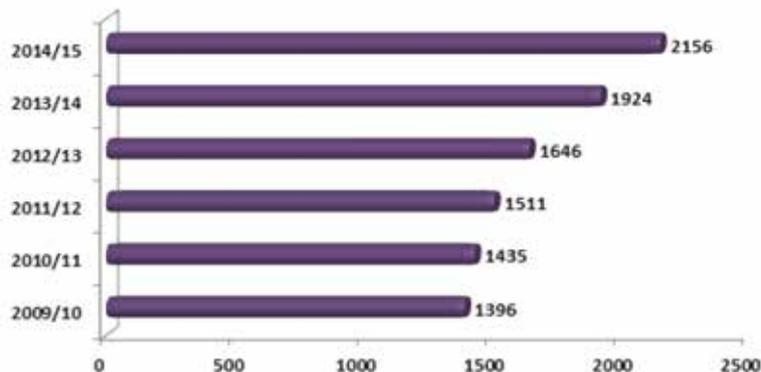
The Trust welcomes and actively encourages complaints and compliments about our services. We recognise the importance of working with patients, clients, their families, carers and others to deliver, develop and improve our services.

We need to listen and take their views seriously. The Trust strives to ensure good complaints management, with staff in the complaints department working closely with colleagues in the service directorates to ensure that, where possible, complaints are satisfactorily resolved at an early stage. Where complaints cannot be resolved using these processes, they are referred to the Ombudsman.

### Facts and Figures

- 2156 formal complaints were received in 2014/15 representing 0.4% of total attendances. This is an increase of 232 complaints on last years figure of 1,924
- 7 complaints were referred by Complainants with the NI Ombudsman compared to 22 in 2013/14.

### Total Number of Formal Complaints per Annum



### Progress made

- Thematic review of complaints received:

In 2014/15 we undertook a thematic review of complaints by recording them under 38 category types which have been pre-defined regionally. A complaint can be recorded under one category or several categories, depending on the nature and complexity of the complaint. A total of 2772 subjects were raised by service users. Analysis of this data by category helps us to identify any recurrent themes which can further inform managers and our training.

# Ensuring People have Positive Experience of Service



| Formal Complaints - Top 4 Subjects                    | 2014/15 |
|---|---------|
| Waiting List, Delay/Cancellation of Appointments/Care | 713     |
| Communication/Information                             | 469     |
| Treatment and Care, Quality                           | 461     |
| Staff Attitude/Behaviour                              | 367     |

## Responding to complaints in a timely manner

It is important that complainants are responded to appropriately and in a timely manner. We review the time we take to respond to all our complaints and figures for 14/15 show we maintained our response times, in face of the increasing numbers of complaints. The Complaints Department, along with the Service areas, are committed to working together to provide comprehensive and full responses to all our complaints in a timely manner. We continue to review how we might improve our performance without compromising quality of response in the face of increasing challenges.

The following tables and figures show the breakdown of response times for the Trust compared to previous years:

| Category                                    | 2012/13 | 2013/14 | 2014/15 |
|---|---------|---------|---------|
| Acknowledgement Times within 2 working days | 95%     | 96%     | 96%     |
| Response Times within 20 working days       | 51%     | 50%     | 53%     |
| Response Times within 30 working days       | 68%     | 64%     | 66%     |

## Compliments

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

A total of 4,787 compliments were forwarded to the Complaints Department during 2014/15 compared to 5,403 in the previous year. This is likely to be an under reporting of compliments and the Complaints Department continue to encourage staff to report all compliments received as well as complaints.

Compliments are always appreciated and provide our patients and clients with an opportunity to share their positive experiences with our staff members.

# 4 Ensuring People have Positive Experience of Service

## Emergency Department Standards

### Background

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

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

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

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



### Facts and Figures

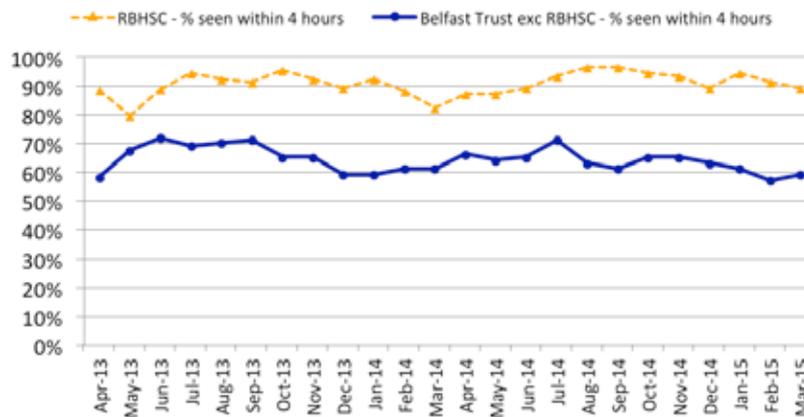
The percentages of patients that we admit or discharge compared to the 4 and 12 hour targets in adult and paediatric ED:

- Royal Belfast Hospital for Sick Children saw 78% of their ED patients within 4 hours in 2012/13, this rose to 89% in 13/14 and 90% in 14/15 for all attendances
- Our Adult emergency department did not improve against these standards in the 14/15 year. Whilst some improvement was achieved in Summer 2014, increased numbers of seriously ill older patients attending over the winter months affected our ability to admit or discharge patients within four hours. (see Theme 1)

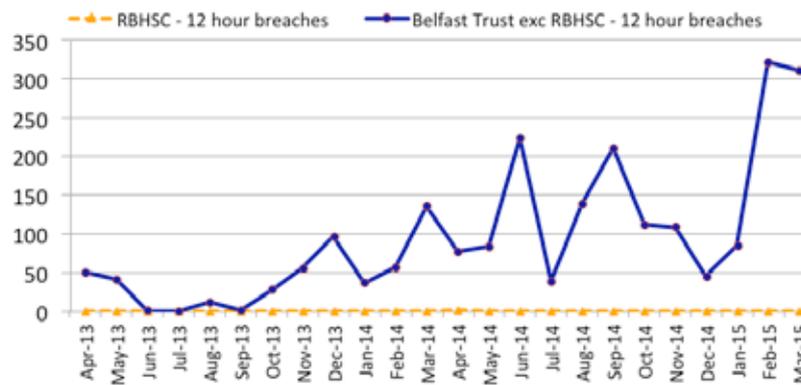
# Ensuring People have Positive Experience of Service

## Facts and Figures

### Patients Admitted or Discharged within 4 hours



### Number of Patients waiting longer than 12 hours



### Progress made

Royal Belfast Hospital for Sick Children:

“The opening of our short stay assessment unit has improved patient flow both in ED and throughout the hospital. We review the reasons patients are delayed and address any issues as a team”.

Quote from Brigitte Bartholome, Lead Children’s Consultant, highlighting the team effort involved in ensuring 33,000 children and young people are seen each year and discharged/admitted within a maximum of four hours.

## 4 Ensuring People have Positive Experience of Service

### Adult ED - Rapid Access Neurology Clinics (RANC)

An initiative to provide a more efficient non-elective Neurology service was introduced in late March 2014. The aim of the initiative is to provide improved patient care and a reduction in hospital admission rates through the establishment of consultant-led Rapid Access Neurology Clinics (RANC) and an acute Neurology service.

Introduction of the initiative has demonstrated reduced hospital admissions for patients with neurological symptoms and allowed for inpatients in the Acute Medical Admissions Unit (AMAU) to be assessed by a consultant neurologist on the day following admission and provide an expert opinion in order to minimise investigations and length of stay.

#### Facts and Figures

- The figures which follow analysed the patients admitted with a neurological condition across the 3 sites and the bed days used in comparison with the previous year data. Both indicators show a reduction. In number of discharges there has been a 513 reduction and in bed days a reduction of 2103.

| DISCHARGES  |         |         |
|-------------|---------|---------|
|             | 2013/14 | 2014/15 |
| BCH         | 293     | 189     |
| MIH         | 556     | 429     |
| RVH         | 1996    | 1714    |
| Total       | 2845    | 2332    |
| Improvement | 513     |         |

| BEDDAYS     |         |         |
|-------------|---------|---------|
|             | 2013/14 | 2014/15 |
| BCH         | 3490    | 1877    |
| MIH         | 1642    | 1480    |
| RVH         | 5773    | 5445    |
| Total       | 10905   | 8802    |
| Improvement | 2103    |         |

#### Next Steps

##### Advanced Triage and Treatment by Emergency Nurse and Doctor (ATTEND)

Approximately one third of all patients presenting to the Emergency Department on a daily basis arrive by ambulance. A high percentage of these patients will ultimately require a hospital admission. High quality, rapid assessment, investigation and management of patients who present to hospital with an undifferentiated condition is the core work of Emergency Medicine and the Attend Area will provide this and improved experience for those patients attending by ambulance.

Interventions for patients presenting by ambulance will also be initiated on arrival within ATTEND this will include analgesia, antibiotics and appropriate interventions. Patients will have focused care with early access to senior clinical input and referral for specialist opinion if required provided by a dedicated Multi Disciplinary Team.

The ED Attend Area will make a positive impact on the Trust performance against the four hour ministerial standard for Unscheduled Care. We expect that to demonstrate improvement on the ambulance turnaround time, time to see clinician and time for decision to admit.

# Ensuring People have Positive Experience of Service

## Move to new ED

The Emergency Department opened on 19 August!

We have moved into the new RVH ED which is located on the ground floor of the Critical Care building on Wednesday 19 August.

## Waiting times for Mental Health Assessments in the Emergency Department - an Update

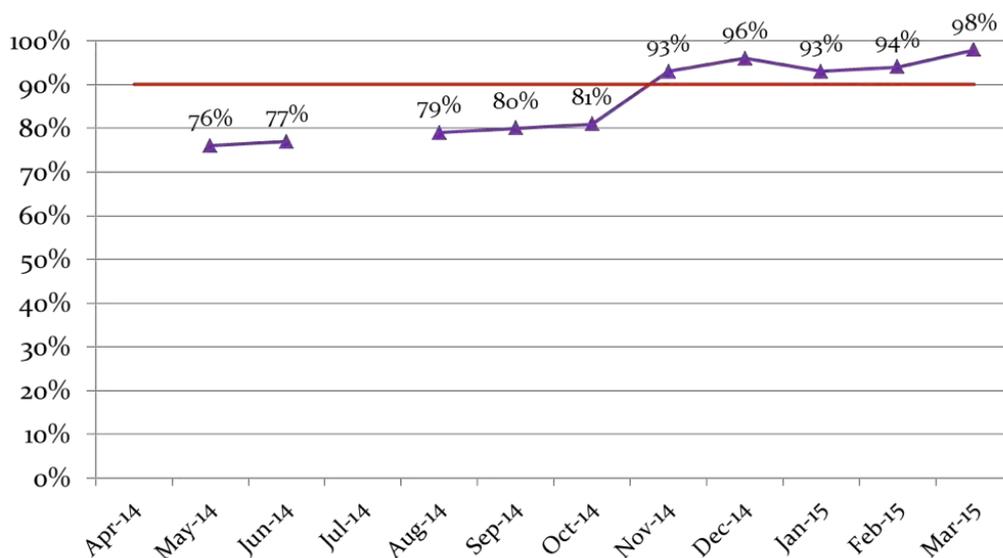
Since last year's quality report there has continued to be a concerted effort to improve the responsiveness of the psychiatric Unscheduled Care Team to the Emergency Departments across the Belfast HSC Trust. This aligned with IMPACT to drive forward a 1 hour response to the Emergency Departments which in turn improved the 2 hour response times.

### Facts and Figures

In March 2015, 98% of mental health patients in the emergency department were seen within 2 hours. The improvements made over the 14/15 year are highlighted in the graph.

#### Patients in ED requiring a MH Assessment seen within 2 hours

(Target: 90%)



## 4 Ensuring People have Positive Experience of Service

### People who leave without being seen

#### Background

Patients who leave before their medical assessment have usually been triaged and may or may not have had initial nursing assessments and observations.

These patients represent an important subset of the emergency department (ED) patient population. Often the number of patients who leave without being seen can be directly attributed to an increase in waiting time and is most likely to occur overnight. It has also been reported in other inner city areas that due to the proximity of hospital, there may be a higher rate of patients who leave without being seen. Whilst we are working towards improving the waiting times for patients we have a safety net for patients who leave before being seen.

#### Facts and Figures

| Years          | Month | Mater Hospital - Number and percentage of people attending who leave prior to medical assessment |    | Royal Hospital - Number and percentage of people attending who leave prior to medical assessment |    |
|----------------|-------|--|----|--|----|
| 2014           | Aug   | 335  | 9% | 487  | 7% |
|                | Sep   | 333  | 9% | 564  | 8% |
|                | Oct   | 298  | 8% | 409  | 6% |
|                | Nov   | 290  | 8% | 358  | 5% |
|                | Dec   | 248  | 7% | 454  | 7% |
| 2015           | Jan   | 226  | 6% | 394  | 6% |
|                | Feb   | 351  | 9% | 472  | 7% |
|                | Mar   | 380  | 9% | 520  | 7% |
| <b>Average</b> |       | <b>308</b>   |    | <b>457</b>   |    |

#### What we do to ensure the safety of patients who do not wait for their medical assessment

The ED records of the patients who leave without being seen are reviewed by a senior consultant or nurse the next morning. If the medical staff have any concern regarding the clinical condition that these patients presented with then attempts are made to contact the patient that day to assess how they are feeling and to invite them back to the ED for a clinical review. If we are unable to contact the patient then the next of kin or their GP is alerted of their attendance as an alternative. If the clinical condition is assessed as high risk, and other attempts have failed to make contact with the patient then the Police are alerted.

# Ensuring People have Positive Experience of Service

## Impact

### Improving Patient Experience and Accessing Care through Teamwork

An Unscheduled Care service which delivers a timely, quality experience to patients/clients, carers and staff is the number one Trust priority and essential to our goal of becoming one of the best performing Trusts in the UK in terms of patient safety, patient experience, and patient outcomes.



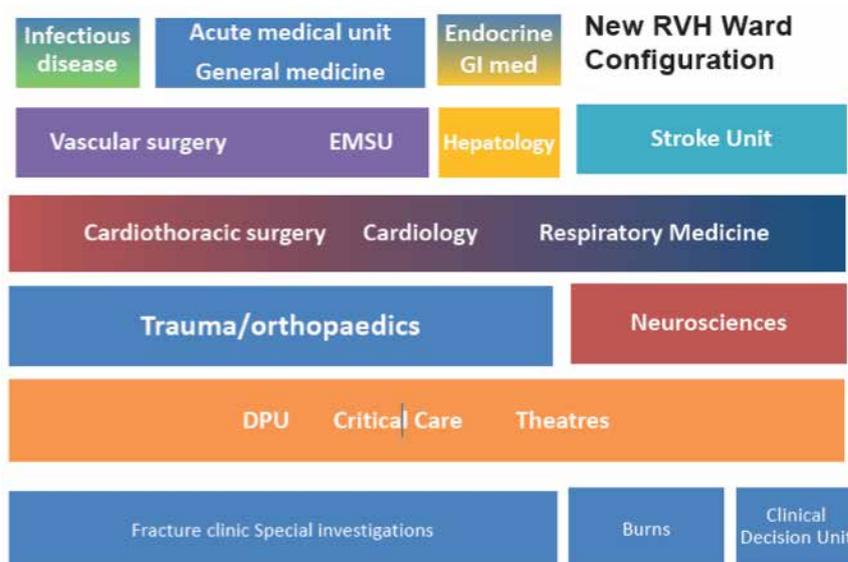
The new Trust Medical Director, Dr Cathy Jack, has launched the ImPACT project, empowering eight clinical teams, supported by experienced managers, to design and deliver the necessary changes across the Trust.

ImPACT commenced September 2014 with a clear aim to improve patient experience accessing care through teamwork. Given the previous concerns around unscheduled care we focused on this area. Looking into 2015 we have now commenced the work on elective services and the outpatients reform will also be starting this autumn.

ImPACT, as you will read below, has already delivered significant improvements in patient experience and improved access to unscheduled care. It has achieved this through clinicians and managers working together on some of our most challenging issues. The ideas generated come from the clinical staff delivering services on the front line, and the Trust then ensured that these ideas were implemented.

### Ward Reorganisation – Royal Victoria Hospital

The goodwill shown by staff under a time of pressure saw the goal of ensuring patients access the right bed first time become a step closer with the achievement of a ward reorganisation across the RVH by the IMPACT groups. The new ward reconfiguration is shown below. The Resource Profiling Team who led this work are now undertaking a similar review of BCH.



## 4 Ensuring People have Positive Experience of Service

### BCH Direct Open For Patients

Mrs Margaret McIlwain is special. Why? Well, she was the very first patient to use BCH Direct. Mrs McIlwain couldn't speak highly enough about the service; 'It's like a hotel! The staff are so nice. They gave me a great service, they are totally dedicated and they looked after me really well. 'I think it is a great idea', added her daughter.

### *Success of BCH Direct*

BCH Direct – the new assessment service for frail older patients referred via ambulance by their GP who previously would have gone to ED. Having opened right on target on 15 October, the new service provides patients with a full multi-disciplinary geriatric assessment and is based at 1 South in the Tower Block, BCH. It is an alternative to the RVH ED.

The aim of BCH Direct is to assess patients on arrival and either discharge them with a full treatment and review appointment, or admit them to an appropriate ward. This approach aims to greatly improve services for older people, while reducing pressures on the Emergency Departments. BCH Direct aims to ensure that patients go to the right place first time. A lead consultant and two lead nurses work along-side fellow doctors, nurses, occupational therapists, physios and other staff. BCH Direct is open from 9am – 9pm, 7 days a week.

### **Facts and Figures**

In just over 8 months BCH Direct has assessed and treated 1751 patients to date, the peak in activity coming in the months of December, January and February.

The service has expanded and now accepts direct paramedic referrals from the community and also (from the 23 March) referrals for specific respiratory conditions which are assessed and triaged.

# Ensuring People have Positive Experience of Service

## Quotes from service users and their carers:

'The family is made to feel at ease, there is an atmosphere of calm and serenity.'

(Service User)

'I think it's a great idea'

(Carer/Daughter)

'I think this is a first class idea, to have a separate assessment unit for older people shows that the Belfast Trust is really focusing on the patient.'

(Carer/Daughter)

'It's like a hotel! The staff are so nice. They gave me a great service, they are totally dedicated and they looked after me really well'.

(Service User)

'The care and support are excellent. There is a strong element of putting the patient first.'

## Next Steps

The future is bright for BCH Direct with further development towards the goal of ensuring Older People get to the right place, first time, every time. The introduction of the Acute Care at Home team working alongside BCH Direct will also help to improve the management of Older People who become ill.

## 4 Ensuring People have Positive Experience of Service

### Improving Respiratory Care

Review of our data by service showed us that we had a readmission rate of 12% for those patients discharged from respiratory services. In order to improve our care, we introduced a discharge bundle for patients with Chronic Obstructive Pulmonary disease (COPD) in November 2014.

The care bundle is a group of evidence based interventions that should be delivered to all patients in preparation for discharge from hospital following an acute exacerbation of COPD. The care bundle, provided to patients with COPD aims to improve quality of care, patient experience and reduce the risk of re-hospitalisation.

The specific aims of introducing the bundle were to:

- Improve discharge planning
- Increase refferrals to further services eg. pulmonary rehab and smoking cessation
- Provide self management plans
- Improve inhaler technique
- Provide better follow up
- Reduce readmissions.

### Facts and Figures

To assess the effectiveness of the care bundle in improving our care, we completed an audit which reviewed cases pre-introduction of the bundle and cases post and found that introduction of the bundle resulted in:

- Referral to specialist smoking cessation increased by 18%, NRT increased by 6%
- Pulmonary rehab referrals increased from 13% to 45%
- Self management plans increased from 17% prior to bundle introduction to 90% with bundle
- Inhaler technique checked in 37% pre and improved to 100% with bundle
- Follow up phone call at 48 hours made in over 80% with discharge bundle.

### Next Steps

- Continue COPD discharge bundle
- Encourage all ward teams to be involved
- Collect all bundle data and undertake randomly selected audit every 3 months based on exact of COPD primary diagnosis coding.

# Ensuring People have Positive Experience of Service

## Access to Care

### Providing Care in a Timely Manner

Minister for Health, Social Service and Public Safety has set out a wide range of standards and targets in relation to access to services. In the acute sector this covers areas such as elective and emergency care, cancer services and diagnostics. All of these standards and targets are monitored regularly and reports are prepared at least monthly on performance. These reports are shared with the Trust Board, the HSCB and others and are available to any interested member of the public.

### Access to Secondary Care

The Trust has a standard of at least 80% of patients should wait no longer than nine weeks and no patient waits longer than 15 weeks for their first outpatient assessment following referral from a GP or other health care professional.

#### Facts and Figures

**Our Standard:** 80% of patients wait no longer than nine weeks for their first outpatient appointment.

**Our performance:** 59% of patients seen within 9 weeks.

- The Trust has not been able to deliver to the outpatient waiting time targets in 2014/15 in a number of specialties. Reasons related to this included demand in excess of capacity and lack of additional funding to secure additional capacity in the second half of the year.

#### Next Steps

- The Trust is undertaking an Outpatient Modernisation initiative in 2015/16 to review how we can improve access to appropriate services for patients referred
- The Trust will continue to review opportunities for addressing current demand with the HSCB in the context of resources available. A detailed outpatient review is being completed and opportunities identified through this process will be taken forward. The Trust secured some funding from the DHSSPS Change Fund for 2015/16 to take forward moderation initiatives within outpatient services in 2015/16.

## 4 Ensuring People have Positive Experience of Service

### Access to Cancer Care Services

#### Facts and Figures

**Our Standard:** At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

**Our Performance:** 62%.

#### Improvements made

- Additional routine breast clinics are being put in place to help meet demand for urgent breast referrals and improve performance
- Straight to scope pathway for Upper Gastro-Intestinal patients out for consultation
- There is work ongoing in urology to scope modernisation initiatives to improve performance and weekly performance meetings take place to identify any cases of delay.

### Access to Hip Fracture

#### Facts and Figures

**Our Target:** 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.

**Our Performance:** 91%.

#### Improvements made

Weekend lists for hip fracture patients were introduced in Autumn 2014 and this saw an immediate impact on our performance against this standard. January, February and March 2015 saw sustained achievement of the 95% target with monthly figures being 100%, 95% and 99% for the last quarter of the 14/15 year.

# 5 Supporting Staff (strengthening the workforce)



## 5 Supporting Staff (strengthening the workforce)

### Staff absenteeism

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

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

#### Facts and Figures

Throughout 2014/15 the Trust continued to work hard to achieve the DHSSPS absence target of 5%, with a cumulative figure of 6.45% at the end of March 2015. The highest proportion of total working days lost due to absence remains linked to mental health conditions (25%) and musculoskeletal conditions (18%).

Between April 2014 and March 2015:

- Over 1200 staff and managers attended Attendance Management Training
- 66 cases were presented at Case Management meetings
- 1557 staff availed of the Trust's new Fast Track Physiotherapy Service
- 543 staff attended Health Improvement training programmes
- Over 350 staff participated in the Trust's free Here 4 Health classes
- 128 staff took part in Business in the Community's 12 week £ for lb weight loss challenge, achieving a combined weight loss of 24st 10lbs, and raising £470 for Friends of the Cancer Centre
- Over 120 staff and managers attended HR Drop In Clinics for advice on attendance management, improving working lives and employment equality.

# Supporting Staff (strengthening the workforce)



## Looking after our staff

A new bi-annual Health and Wellbeing at Work Newsletter was launched in October 2014, alongside a Health and Wellbeing Group on Yammer (the Trust's internal social media site). Both resources signpost staff and managers to the wide range of physical and mental wellbeing support initiatives, resources and activities available within the Trust. The Trust implemented a wide variety of health and wellbeing initiatives for staff throughout 2014/15:

### Physical Health and Wellbeing Initiatives

- A wide range of Health Improvement training programmes eg. nutrition, physical activity, oral health, sexual health, men's health and stress management
- No Smoking day on 11 of March 2015 was marked across the Trust by the Health Improvement team's Smoking Cessation Service who hosted a series of pop up information stands offering support and advice with quitting smoking. 31 staff accessed Smoking Cessation support service in 2014/15. The Trust has pledged to be Smoke Free across all sites and grounds by March 2016
- 7 Health Fairs across a range of Trust sites providing health checks and wellbeing information, attended by over 350 staff
- Here 4 U free activity classes: over 350 staff participated in one of the Trust's free physical activity classes for employees (zumba, pilates, football, yoga, circuit training, boxing and ballroom dancing)
- The full Fast Track Physiotherapy Service for staff was implemented.
- A new training course launched for managers: "Managing Disability in the workplace and reasonable adjustments".

### Mental Health and Wellbeing Initiatives

- A range of emotional wellbeing course; Mindfulness, Top Tips for Looking After Yourself, ASIST, Mental Health First Aid, Living Life to the Full, Health for Life, HIV/Sexual health Awareness training, and Walk Leader training
- 20,000 new "Here 4 U" booklets were distributed to staff at a range of events including Corporate Induction and Health Fairs. The booklet is a resource to signpost staff to various internal and external support services. The booklet was also published on the Trust Intranet site
- Ongoing promotion and training of managers in the Trust's Management of Stress Health & Wellbeing Policy which provides guidance on preventing / minimising ill health & support to those with stress related problems

## 5 Supporting Staff (strengthening the workforce)

- A new sample Stress General Health and Safety Risk Assessment is available on the Trust Intranet and is promoted through the General Health and Safety Risk Assessment Workshops and training
- European Health and Safety Week exhibitions for staff and managers (Managing Stress theme) took place on 2 Trust sites in October.
- A new Standard within the Belfast Risk Audit and Assessment Tool was introduced focusing on the management of stress, health and wellbeing
- Ongoing promotion and awareness of Staff Care Counselling Services and Improving Working Lives
- During the period there were 982 work life balance applications with a 95% approval rate for the eight worklife balance flexible working policies
- As an Employer for Childcare best practice Employer, the Trust facilitated 800 parents in the Employer for Childcare Voucher Scheme. Our Summer Scheme has now been running for eight years, and this year provided a childcare option for over 340 children during a seven week period over July and August
- Two Maternity Information sessions were held providing staff with information on maternity leave entitlements, health at work during pregnancy and health promotion for expectant mothers.

At 2015 £ for Ib Celebration Health Fair Event in Belfast Harbour Masters Offices Bryan Nelson, Co-Director Public Health is joined by Champions:- Marie Shaw, Laura Kennedy, Barbara Redmond and Participants:- Tanya Gilliland and Karen Harrison.



Stephen O'Halloran from PCSS receives a range of health checks from Occupational Health Nurse Frances Spiers.

## Supporting Staff (strengthening the workforce)

Barbara Redmond, Health Improvement provides Dietary and Nutritional advice to Mark Carey from PCSS at a Health Fair event.



# 5 Supporting Staff (strengthening the workforce)

## Staff Training and Development

### STEP-UP

STEP-UP is a year long leadership course offered to higher specialist trainees within the Belfast Trust, all of whom undertake a quality improvement project under mentorship. There is support at a ground level from clinical teams for the work that they undertake and this has promoted engagement from a wide range of specialities throughout the Trust. The quality improvement project is placed alongside attendance at monthly seminars on management, leadership, quality improvement or patient safety topics. The course was developed by Dr Claire Lundy, (Consultant Paediatrician, RBHSC), Kris McKeever (Children's Network Manager, RBHSC) and Johnny Cash who have this year been joined by a faculty of Dr Donal O'Kane, Dr Iain McDougall, Dr Brian McCloskey and Bernie McQuillan.

STEP-UP has been heavily supported by senior management throughout the Trust, and below is an example of some improvements this year:

- Dr Chris Southwell (Psychiatry of Old Age) presented on delirium in nursing
- Dr Michael O'Gallagher (Ophthalmology) presented on improvements in eye casualty
- Dr Philip Hall (Gastroenterology) presented on the rationalization of blood investigations
- Dr Neil Heron (General Practice) presented on a musculoskeletal medicine clinic in General Practice
- Dr Ciara McGoldrick: Improvements in patient's experience in the burns and plastic service.

# Supporting Staff (strengthening the workforce)



## Leadership Development

Effective leadership is essential to the achievement of the delivery of the highest quality care and remains a key focus of the Trust's organisational development strategy.

The Trust's achievements under its Leadership Strategy were acknowledged nationally in 2014 when it achieved a finalist position in the Healthcare People Management Association awards. This was in recognition of the multi stranded leadership development approaches in place from the most senior posts to front line staff including targeted leadership development for senior managers, ward sisters and deputy ward sisters; succession planning initiatives, coaching framework and provision of accredited qualifications for staff.

In 2014/15 the Trust has continued to build on this achievement through the design and implementation of a bespoke, modular development programme. 'Leading with Care' that is targeted at all Codirectors, Associate Medical Directors, Senior Managers and Clinical Directors and since the launch in October 2014 five cohorts of 131 postholders have registered to participate. The programme uses leading edge methodologies to focus in particular on behaviours and the development of top leaders in a health care environment with the aim to:

- Align the Trust Leadership Strategy to deliver on organisation imperatives (the challenges that need addressed)
- Support achievement of the primary leadership goal, that is, 'continual and never ending improvement of the well-being of patients and other service users.' (Don Berwick, 2013)
- Develop senior leadership capacity (individually and collectively, building on the Trust's community of leaders) to adapt, and broaden leadership styles and enhance behaviours in pursuit of the above goal
- Use leading-edge innovative and proven methodologies which balance high challenge and support, increasing personal ownership and positive role modelling.

## 5 Supporting Staff (strengthening the workforce)

### Coaching

Coaching as a development initiative was first introduced into the Trust in 2013 as another well recognised method of enhancing skills and performance in the work place. Since then, over 40 staff from a range of professional backgrounds have completed an in house Coaching Qualification which has enabled them to provide coaching to approximately 200 staff in the Trust. Any grade or profession of staff can request coaching, and to-date staff from across a wide range of professions and grades have accessed this service. To further support coaching as a development initiative, we have also introduced coaching skills for Line Managers to support the day-to-day management of their staff.



The Trust has been recognised for the work that it has done to-date on bringing about a Coaching culture. In 2014, The Irish Institute of Training & Development National Training Awards awarded the Trust with a Highly Commended Recognition for the work it has completed on Coaching.

This Coaching initiative was also recognised internally as part of the Chairman's Awards in 2014, when it achieved second place under the People category. The Trust continues to look for opportunities to grow coaching as a development opportunity across the Organisation given the positive outcomes cited, and more recently coaching is now offered as part of our manager development programmes.



# Supporting Staff (strengthening the workforce)

## Embedding Trust Values



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

A programme of work has been implemented to further embed Trust Values and highlight the inextricable link with personal behaviours and consequent impact on patient and client care. Values Based recruitment has been designed and piloted for Band 5 nurses in CAMHS team as well as Band 3 Health Care support workers with a view to full implementation for all recruitment activity in the coming months. Values have been included as part of our Corporate welcome programme and feature on our new intranet site for 'New Starts' to the Trust, thus ensuring that staff are familiar with our values and expectations of behaviours from the start of their employment.

The approach to the completion of individual staff reviews as part of the Personal Contribution Framework has been updated and brought together with the requirements of the Knowledge and Skills Framework, thus ensuring a more meaningful individual review process for staff and opportunity to inform a personal development plan. In addition, a new section on Values has been added to the review process. New guidance and training has been developed to support this approach and will be fully implemented in 2015/16.

Team Based Values Workshops have been designed, piloted and made available across all Directorates. These provide teams with an opportunity to review how they are living the values, identify areas for improvement and pledge their actions. Since the launch in the Autumn of 2014, 40 workshops have been delivered with another 28 firmed up for delivery. The provision of such workshops will continue to be prioritised for teams during 15/16.

The following teams were 2 of the first groups of participants to complete a Values workshop and who identified specific actions to improve the quality of their service delivery.

## 5 Supporting Staff (strengthening the workforce)

### PCSS Domestic Supervisors: Values Workshops

This values workshop was attended by Domestic Services Supervisors. The Supervisors oversee the work of domestic assistants who carry out a range of support services within the Trust. Staff work in partnership with Nursing and Clinical staff to provide a high quality of service to patients and other users. A total of 10 supervisors attended. The event was also attended by their administrative support staff.



As an outcome of the workshop the team pledged the following in support of Trust values:

#### Respect & Dignity



We will:

- Introduce ourselves to the patients
- Respect each other and expect to receive respect from other professionals.

#### Accountability



We will:

- Speak up when standards are not being met or patient safety is being compromised.

#### Displaying Openness & Trust



We will:

- Provide feedback to our colleagues
- Ensure we communicate with our team.

### Pre-Operative Theatres Workshop

The Pre-operative Assessment team is based in 2A Withers Ward, Musgrave Park Hospital. The role of the Pre-Operative assessment team is to assess each patient's fitness for surgery and general anaesthetic.

# Supporting Staff (strengthening the workforce)

Pre-Operative Theatre Workshop, attended by the Ward Sister and representatives from the nursing team.



As an outcome of the workshop the team pledged the following in support of Trust values:

## Maximise Learning & Development



All staff will :

- Carry out annual personal development reviews
- Attend statutory mandatory training as required.

## Being Leading Edge



All staff will:

- Look at ways for doing things differently and better and seek out feedback from patients and colleagues.

## 5 Supporting Staff (strengthening the workforce)

### Investors in People



INVESTORS  
IN PEOPLE

The Trust continues to use the internationally recognised framework of Investors in People to improve organisational performance through our people. The IIP Framework helps us to align processes, enable and engage with staff across a number of key people management initiatives such as Employee Engagement, Leadership/Management Development and Organisational Change, ultimately supporting a sustained culture of performance improvement.

As an accredited IIP organisation we have now committed for our next assessment in March 2016 to be assessed against additional evidence requirements to achieve a bronze level award. We believe this demonstrates our commitment to continuous performance improvement to improve care for our patients and clients.

As part of this process we will receive independent feedback against our identified organisational priorities and can benchmark against other high performing organisations in terms of:

- Effective strategic Planning
- Developing People
- Leading and Managing Effectively
- Engaging and Empowering Employees
- Recognising and valuing continuous improvement.

Successful bronze level accreditation will assess particular standards and evidence across the following areas to identify strengths and areas that we can continue to improve to enable higher levels of performance:

- Embedding Trust Values
- Learning and Development Strategy
- Equality and Diversity
- Worklife Balance
- Coaching Culture
- Recruitment and Selection processes
- Leadership Strategy.

# Supporting Staff (strengthening the workforce)

## Staff Achievements Section

### Annual Recognition Event



The Annual Recognition of Learning Ceremony took place on Thursday 12 March 2015 in Knockbracken Hall. Overall the Human Resources Learning and Development Team supported 350 staff in 2014/15 to complete an accredited qualification, with 130 learners attending the actual event. In opening the event,

Dr Michael McBride, Chief Executive congratulated all of the learners and spoke about the crucial importance of staff being recognised and valued for their commitment and contribution to the care of our patients and clients.

Learning and Development is one of our core values and it is vital that staff continue to acquire and develop their skills so that they can deliver high quality care and support. Staff attended the Recognition event from across all Directorates and professional groups. The specific qualifications being recognised included: Institute of Leadership and Management (ILM) Level 5 in Coaching and Mentoring, ILM Level 3 & Level 5 in Leadership and Management, ProQual Certificate in Healthcare Support at Level 2 and 3, K101 Introduction to Health and Social Care, Level 2 Certificate Working in the Health Sector, Basic IT Skills and Essential Skills ICT, Communication and Application of Number.

This was the first time the Trust had included Special awards into the ceremony. The award winners were nominated by the programmes' tutors for their outstanding efforts and achievements and three "Learner of the Year" awards were made for specific accredited programmes and one Manager's award for Supporting Learning.

### **Belfast Trust RCN Winners and Finalist Nursing Student Nurse Category**

This was won by Jenny Mills, a third year Learning and

### **Disability Student at Queen's University**

This year the winner was Linda Ferris who works in Endoscopy, Belfast City Hospital.



## 5 Supporting Staff (strengthening the workforce)

Learning and Development Team of the Year Award 2014.



In 2014 the Human Resources Learning and Development Team were awarded the Healthcare People Management Association) HPMA Northern Ireland team

of the year. This was the inaugural year that the awards have been introduced at a local branch level, and the team were recognised for their work and contribution towards health and social care in Northern Ireland. As part of the submission, the team had to demonstrate how they have reached exceptional performance levels by embracing technical excellence and innovation.



The team also had to give specific examples of how they have contributed to the overall performance of the Trust and how they measure and evaluate their performance.

In addition, two members of the Human Resources staff were individually recognised at the NI HPMA awards. Laura Turley received HR Professional of the Year and Eamonn MacManus was acknowledged as runner up in the Rising Star category.

### Northern Ireland Healthcare Awards Special Recognition Award 2014

Professor Ian Young was awarded for his outstanding contribution not only to academia and research within Northern Ireland, but across the UK.



### Institute Healthcare Management Patient Safety Award 2014

Consultant Paediatric Anaesthetist, Dr Aideen Keaney, has been a Consultant at the Royal Belfast Hospital for Sick Children since 2005. Aideen chairs the Children's Hospital Governance meetings and acts as a conduit between frontline clinical staff and management.

# Supporting Staff (strengthening the workforce)



## Vaccinations

### Flu Vaccination

Considerable effort is put into our annual flu vaccination programmes to maximise the uptake of flu vaccination. Disappointingly this year we saw a reduction of 7.5% of our front line health care staff availing of the opportunity to have their flu vaccinations. Despite this setback we are planning a number of new initiatives to achieve at least 30% uptake for 2015/16 as we continue to encourage all our staff to protect themselves and our patients against flu.

## 5 Supporting Staff (strengthening the workforce)

### Revalidation of Medical Staff

#### Revalidation and Appraisal

Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer that are based on core guidance for doctors “Good Medical Practice”, and other related guidance defined by the GMC. The purpose of revalidation is therefore 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.

The national system for medical staff went live nationally in December 2012. The national system for dentists is still being defined and there is no implementation date yet.

Belfast Trust as a Designated Body has a Responsible Officer, who also undertakes the role for a number of other organisations including QUB and NI Hospice. The Responsible Officer has responsibility for making recommendations which comply with GMC requirements for approximately 900 Career Grade Doctors (Consultants, Associate Specialists and Specialty Doctors).

The purpose of appraisal is primarily to focus on continued professional development of doctors and dentists, to demonstrate their fitness to practise, and act as the primary evidence source to inform Responsible Officer revalidation recommendation decision-making.

The Trust’s internal processes have 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 new GMC requirements.

Within the Trust there are a number of roles and functions involved in delivering appraisal and revalidation:

|   |
|---|
| Medical Director (Responsible Officer)                |
| Deputy Medical Director for Service and Workforce     |
| Associate Medical Directors for Service Directorates  |
| Medical Leads for Quality Assurance in Appraisal      |
| Appraisers  |
| Appraisees  |
| Service Directorate Workforce Offices                 |
| Medical Directorate Revalidation and Appraisal Office |

# Supporting Staff (strengthening the workforce)



A range of processes have been embedded including:

- Medical Directorate provides a lead role for revalidation and appraisal processes across the organisation
- Service Directorate Medical Leaders, appraisers and workforce offices deliver the processes at service level
- Doctor profile management and database tools
- Colleague and Patient Feedback tools supported by HSC Leadership Centre
- Appraisee and Appraiser training and development
- Regular communication / updates to all medical and dental staff
- Comprehensive Hub resource site available to medical and dental staff.

Key developments include:

- Appointment of four medical leads for quality assurance in appraisal. Initial focus on:
  - Development and implementation of a comprehensive Quality Assurance Framework designed to improve the quality and consistency of annual appraisal, including feedback surveys and documentation audit
  - The development of supporting processes such as improved skills development training for appraisers and appraisees
  - The implementation of an on-line appraisal system, and development of other tools to underpin the appraisal process
- Process for recommendations has been progressively improved, including letters of Good Standing, making recommendations earlier, planned individual meetings with doctors, and more appraisals needed to inform recommendation
- Other areas for development are outlined in a Revalidation & Appraisal Delivery Plan in particular improving the integration of qualitative / safety information
- Appraiser training has recently been redesigned for new appraisers, and full coverage mandatory refresher/up-skill training being designed for existing appraisers to be delivered November/December.

Performance:

- 669 recommendations made. Of these 613 positive (91.6%) and 56 Deferrals (8.4%). There have been no non-engagement notifications, and no late recommendations
- Appraisal performance for last full round Practice Year Ending December 2013, currently sitting at 94%, which represents the best reported position since Belfast Trust records began
- Appraisal performance for the current round Practice Year Ending December 2014 – currently sitting at 73%.

# 5 Supporting Staff (strengthening the workforce)

**the hub**  
Belfast Trust Intranet

Education & Development This Site: Education & D

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The Hub > Education & Development > Welcome to Medical Revalidation & Appraisal

## Medical Revalidation and Appraisal

- Welcome to Medical Revalidation & Appraisal
- News and Updates
- Revalidation Recommendations
- Appraisal Documentation
- Appraisal Process
- Appraiser Resources
- GMC Information
- Locums
- Dentists
- Colleague Feedback
- Patient Feedback
- Significant Events, Complaints, Clinical Activity Information
- Structured Reflective Templates
- Training Events and Resources
- Royal Colleges Information
- Statutory and Mandatory Training
- Useful Links

## Welcome to Medical Revalidation & Appraisal

On this site you will find useful information relating to revalidation and appraisal including updates, appraisal forms for download, Trust guidance on the process, GMC information, tools to support with collating portfolio information, and training material. There are also useful links to various sites including GMC Revalidation, DHSSPS Confidence in Care and Appraisal websites and the Academy of Medical Royal Colleges.



This site is designed for Consultants, Associate Specialists, Specialty Doctors (and equivalent grades).

### Latest Updates

**Appraiser Recruitment in various specialties** - 4 September 2015  
The Trust needs to appoint several new appraisers in specific specialties due to a number of retirements and doctors leaving posts. See [Role Outline](#) and [Expression of Interest Proforma](#). If you are interested in undertaking this role, please forward an Expression of Interest proforma to [cathy.mccook@belfasttrust.hscni.net](mailto:cathy.mccook@belfasttrust.hscni.net) The closing date for expressions of interest is Friday 18 September 2015 at 5pm

**Appraiser Resources site developed** - 4 September 2015

**Appointment of Medical Leads for Quality Assurance in Appraisal** - 25 August 2015

**Appraisal for Practice Year Ending December 2014** - 9 July 2015

**Guidance on Concerns Arising During Appraisal** - 14 May 2015

**New Site for Dentists** providing documentation and guidance in relation to dental appraisal

**Revalidation and Appraisal Update from Medical Director** - 8 January 2015  
Contains important information in relation to the requirement for a Statement of External Roles to be included in appraisal, issues concerning revalidation planning, and commencement of the next appraisal cycle.

