

annual quality report



Chief Executive Foreward



Belfast Trust is one of the largest healthcare providers in the United Kingdom. It delivers integrated health and social care to around 340,000 people in Belfast and Castlereagh, a range of specialist services to all of Northern Ireland and is a major research institution.

We want the health and social care we deliver to be the best possible. We are committed to delivering safe and high quality care putting patients, clients and their carers at the centre of everything we do. Through constant innovation we seek to provide the people of Northern Ireland with modern services that match the best in the UK and Ireland. It is therefore appropriate that we include information in this report that compares us with other similar organisations in the NHS.

Quality and continuous improvement are part of every process in the Trust. Our core purpose remains 'to improve health and wellbeing and reduce health and social inequalities'. We need to be open and transparent with the public particularly when things go wrong, or when the care delivered falls short of the expected standard. Our mandatory training requirements includes training in Adverse Incident reporting.

We remain focussed on modernising how our services are delivered, ensuring that they are responsive to the needs of a changing population.

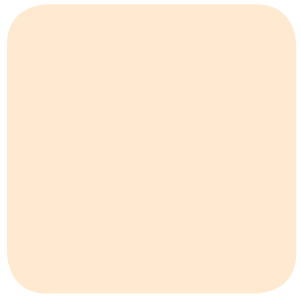
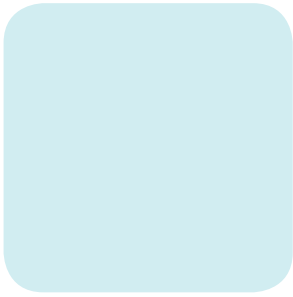
The staff in Belfast Trust are determined in their commitment to do their best for the people they serve, and they continually strive to deliver safe, high quality care wherever they work. I am delighted to report that this year Belfast Trust swept the boards in the annual Institute of Health Service management awards, winning six out of the seven awards. This is a ringing endorsement of the continued efforts and innovation of our staff for the benefit of those we care for.

While this Annual Quality Report reflects the achievements we have made in the areas of quality and safety, I recognise that delivering a high quality service is a process and only by continuously and rigorously reviewing our performance can we continue on our journey of improvement.

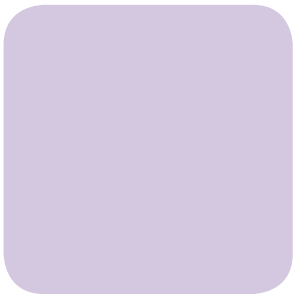
Chief Executive

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

- 186,427 inpatients
- 640,278 outpatients
- 157,239 Emergency Department attenders
- 704 children looked after by the Trust.



2013|14



Contents

1	Effective Health and Social Care	3
	i Hospital Standardised Mortality Ratio (HSMR)	4
	ii Effectiveness of care - rate of emergency readmission within 30 days of discharge	5
	iii Improving / Measuring Quality in our Services against National Standards	6
	iv Mental Health and Learning Disability Indicators	7
	v Social Care Indicators	9
2	Delivering Best Practice in Health and Social Care Settings	12
	i Early Recognition and Rescue of Deteriorating Patients	13
	ii Reducing Health Care Associated Infections	17
	iii Patient Falls	19
	iv Pressure Ulcers	20
	v Medicine Safety	22
	vi Social Care Indicators	25
	vii Mental Health and Learning Disability Indicators – delivering best practice	27
3	Protecting People from Avoidable Harm (putting learning into practice)	28
	i Establishing Alcohol Screening for our Patients and Clients	29
	ii Adverse Incidents, Serious Adverse Incidents (SAIs) and resulting Reduction of Harm	31
	iii Preventing Venous Thromboembolism	35
	iv Improving Safety in Surgery	36
	v Promoting Good Nutrition	38
	vi Mental Health and Learning Disability indicators	39
4	Ensuring People have Positive Experience of Service	40
	i Summary of Complaints and Compliments, including Response Times at 20 and 30 Working Days – percentage compliance	41
	ii Patient and Clients Experience as Service Users	42
	iii Patient and Public Involvement	45
	v. Emergency Department Standards	47
	vi. Re-attendance in Emergency Department in 30 days	49
	vii. Access to Care Targets	50
5	Staff Health and Wellbeing	51
	i Looking after our Staff	52
	ii Staff Engagement and Leadership	55
	iii Staff Recognitions and Awards.	57

Effective Health and Social Care

1



Effective Health and Social Care

Hospital Standardised Mortality Ratio (HSMR)

Belfast Trust treats and cares for patients everyday, many of whom are very ill. Sadly it is inevitable that some patients will die in hospital. 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.

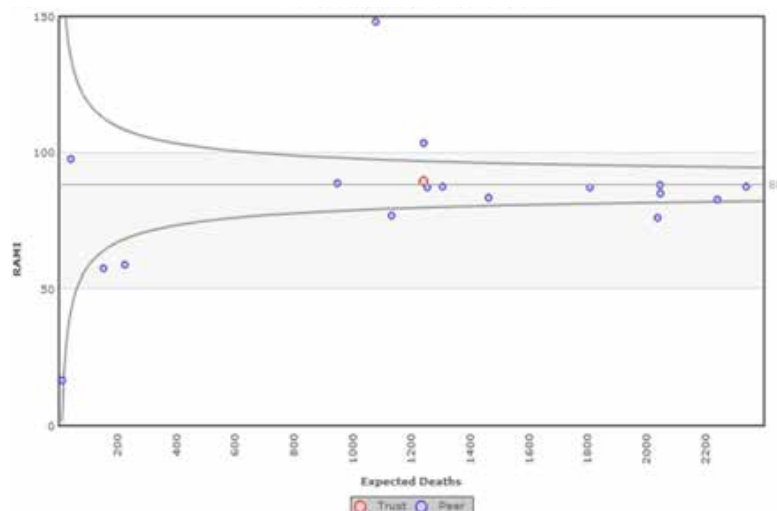
To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital's actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients 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 2013/14 the Trust had a Mortality Indices of 86. This means that the Trust had 14% 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
- It is vital that both level of coding is high and that data quality is of a high standard. An indicative measure of coding quality can be seen through use of the data quality index. For the 13/14 year our Data Quality Index was 92.

Risk Adjusted Mortality 2013 Plot



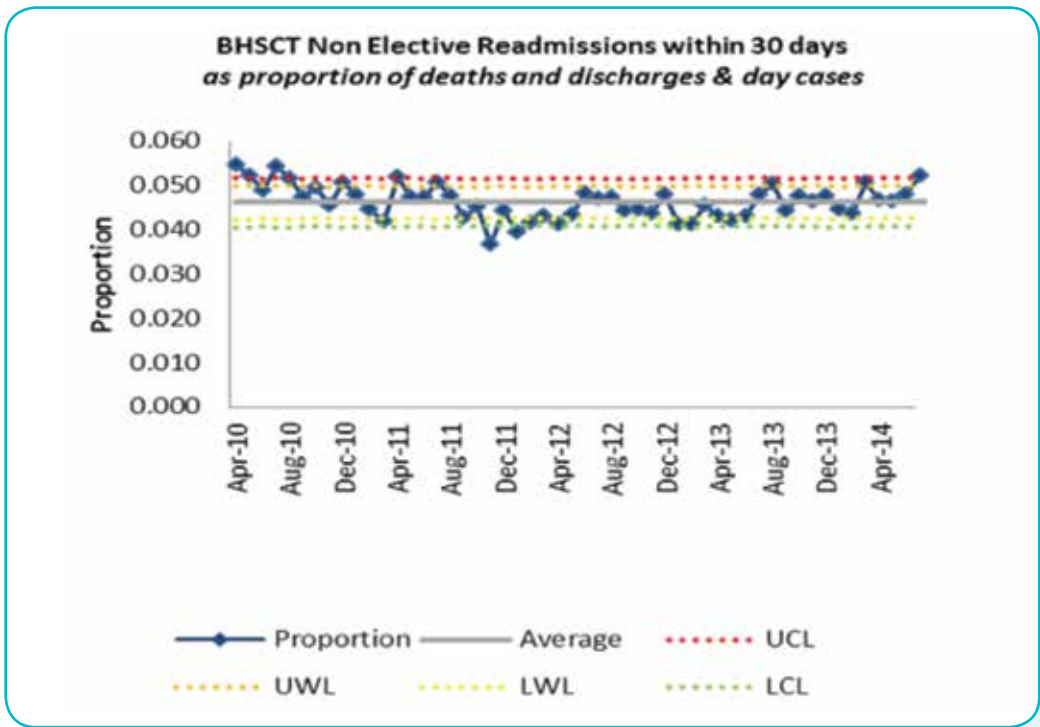
Effective Health and Social Care

Rate of Emergency Readmission with 30 days of discharge

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.

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



Effective Health and Social Care

Improving/Measuring Quality in our Services against National Standards

National Clinical Audit of Inpatient Care for Adults with Ulcerative Colitis

Ulcerative colitis is a lifelong disease that follows an unpredictable relapsing and remitting course. The National Audit of Inpatient Care for Adults with this disease is part of the UK Inflammatory Bowel Disease (IBD) Audit Programme which seeks to improve the quality and safety of care for all IBD patients throughout the UK.

This national audit of inpatient care enables participating sites to benchmark their

performance against national data. The report includes national and hospital-level findings on the quality of care provided to people admitted to hospital in 2013 primarily for the treatment of Ulcerative Colitis.

The Belfast Health & Social Care Trust (BHSC) submitted a total of 53 cases to the audit. The table below shows the Trust's performance against key indicators which were agreed by the IBD programme steering group as reflecting the areas of particular importance to people with IBD.

facts and figures

- **100% BHSC inpatients** were seen by a member of the IBD team during their admission (UK 91%)
- **86% BHSC inpatients** had sample sent for standard stool culture (SSC), where the patient had diarrhoea (*SSC is a test to identify bacteria or viruses that may be causing an infection*) (UK 80%)
- **96% BHSC inpatients** were prescribed prophylactic heparin (*this medication is used to prevent and treat blood clots*) (UK 90%)
- **21% BHSC inpatients** had a nutritional screen (risk assessment) undertaken during the admission (UK 82%)
- Only **9% BHSC inpatients** had surgery that was not planned before admission (UK 12%)
- **95% BHSC inpatients** had bone protection prescribed when discharged home on steroids (UK 74%)
- **98% BHSC staff** initiated a clear plan to follow up the patient that was recorded in the notes at discharge (UK 93%).



To reflect on the learning from the audit and identify any improvements that can be made in the admission and treatment of patients suffering from Inflammatory Bowel Disease.

Effective Health and Social Care

Mental Health and Learning Disabilities Indicators

Ensuring a seven day follow up appointment or visit is arranged for all mental health inpatients who are discharged.

The National Confidential Inquiry into suicide and homicide by people with mental illness highlighted the increased risk to patients following discharge from acute mental health wards. All mental health patients discharged from hospital who are to receive continuing care in the community should receive a follow-up visit/appointment within seven days of discharge.

facts and figures

- In 2013/14 the Trust discharged 463 patients who were to receive continuing care in the community. All of these patients (100%) were offered a follow up appointment within seven days of discharge
- Of the follow up appointments offered, 437(94%) were completed and 26 (6%) were not attended or declined by patient.

NEXT STEPS

Following feedback via a Patient and Client Council audit, the service aims to ensure that the appointment is with the person (key worker) who will be providing ongoing care in the community. A sample audit of 20 discharges indicates that 14 (70%) were reviewed by key worker providing ongoing care in the community.



Effective Health and Social Care

Social Care Indicators

Safeguarding Children

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

Children who become looked after by Belfast Health and Social Care Trust 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. The Trust must also preserve and maintain their 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

- 100% of children or young people identified as potentially at risk within the Belfast Trust were seen within 24 hours of a child protection referral having been made
- 99% of looked after children within the Belfast Trust were reviewed within regionally agreed timescales.

NEXT STEPS

The Trust will continue to monitor its performance in relation to this area.



Permanency Planning

Every child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's care until permanency is achieved. Research highlights the importance of placement permanency, security and stability in promoting a child's social and emotional wellbeing. For those children who enter the care system it is imperative that planning for their future care identifies the most appropriate care plan and related placement setting at the earliest.

The Trust's Permanence Panel has responsibility for: monitoring the effectiveness of the Trust's permanence planning structures; supporting the development of the workforce's skills, knowledge and practice base; exercising a scrutiny function with regard to the quality of permanence planning and outcomes in respect of those children presented to it for review; and contributing to the wider governance arrangements underpinning the Trust's discharge of its statutory responsibilities to its looked after population.

facts and figures

- In the 13/14 year the panel has focused on those children under 10 years
- A total of 121 children between the ages of 0-10 years became looked after by the Belfast Trust during the reporting period, 64 (53%) of whom were presented to the Permanence Panel.

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.

Effective Health and Social Care

Social Care Indicators

Safeguarding adults

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

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.



Valuing Carers

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

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.

facts and figures

- During the reporting period a total of 2772 adult safeguarding referrals were made to the Trust leading to 1687 adult protection plans as compared with 2054 referrals and 1624 protection plans across the previous reporting period.

NEXT STEPS

The Trust will continue to focus on promoting awareness of adult protection issues through its participation in the Northern Ireland Adult Safeguarding Partnership (NIASP) structures and the proposed operationalising of the Trust's Adult Safeguarding Committee to overview the Trust's adult safeguarding service delivery.

facts and figures

- During this period 1674 adult carers were offered individual carer assessments an increase of 6% as compared with 1581 during the previous reporting period.

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.

Effective Health and Social Care

Social Care Indicators



Integrating into Community

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Trusts. The ultimate goal of Belfast Trust is to improve the quality of life for those with learning disabilities. This is progressed 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.

facts and figures

- Of the 18 people with learning disabilities who were resettled in community placements by the Belfast Trust during the reporting period, none have been re-admitted to hospital care.

NEXT STEPS

The Trust will continue to work with service users and their families to take forward arrangements for the re-settling of hospital patients with learning disabilities into supported community settings. The process will be underpinned by engagement and consultation and will be informed by a person centred approach which is predicated on the individual service user's best interests.

Delivering Best Practice in Safe Health and Social Care Settings

2



Delivering best practice in safe Health and Social Care settings

Early Recognition and Rescue of Deteriorating Patients

Sepsis 6 Improving our Care

Sepsis is a condition where the body has a severe response to infection injuring its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death, especially if not recognized early and treated promptly.

We have introduced a programme to support earlier identification and management of those patients with underlying infection.

Severe infection claims over 37,000 lives in the United Kingdom annually - more than lung cancer, and more than breast cancer and bowel cancer combined.

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

1. Give high-flow oxygen
2. Take blood cultures
3. Give IV antibiotics
4. Start IV fluid resuscitation
5. Check lactate
6. Monitor hourly urine output.

As part of ongoing work to improve early diagnosis and treatment of Sepsis, the Belfast Trust is promoting the **Sepsis 6 bundle** within the Emergency Departments and there are plans to roll out to acute medical units this year.

facts and figures

- A programme of audit has been introduced within the RVH Emergency Department whereby 10 charts per month are audited by medical/nursing staff to review compliance with the Sepsis 6 bundle. Monthly results are displayed in the graph below:

Compliance with the Sepsis 6 Bundle



Delivering best practice in safe Health and Social Care settings

Early Recognition and Rescue of Deteriorating Patients

Progress made

- Introduction of twice daily safety briefings in ED
- Awareness weeks – repeated intermittently
- Increasing Sepsis awareness included in induction programmes for new nursing and medical staff
- Use of Sepsis stickers/ box
- Identification of sepsis patients at ED Board-rounds – checklist of Sepsis 6
- Resource allocation to ensure timely triage of patients
- Work commenced with Northern Ireland Ambulance Service to increase pre alerts for patients identified as having potential for severe sepsis with the use of a pre hospital screening template.

Benchmarking for Quality of Care - National College Emergency Medicine Audit

In May 2013, the RVH Emergency Department participated in the National College of Emergency Medicine Audit on Severe sepsis and septic shock. We submitted data on 50 consecutive cases on a number of measures. The data was looked at as one of 180 UK Emergency Department and showed that we compare favourably with hospitals across the UK.

Our ED performed above the median for:

1. Recording of observations
2. Recording of blood sugars
3. High flow O2 administered
4. First IV fluid bolus given in the ED
5. First fluid given within 1 hour of arrival

6. Lactate and blood cultures recorded in the ED
7. Blood cultures prior to antibiotics
8. Antibiotics administered in the ED
9. Antibiotics within 1 hour of arrival
10. Urine output measured in ED.

Our ED was among the top 25% in:

1. High flow O2 administered
2. First fluid given within 1 hour of arrival
3. Blood cultures prior to antibiotics
4. Antibiotics within 1 hour of arrival
5. Urine output measured in the ED.

“This is another example of the excellent clinical care we consistently provide despite the significant ongoing pressures. Well done and lets continue to strive for further improvement.” Olly Bannon ED Consultant

“A lot of the credit needs to be passed onto the nursing staff as much of this is done at the front door/triage”.

Peter Shortt ED Consultant

NEXT STEPS

- Continue monthly audit of Sepsis 6 Bundle compliance
- On-going work to identify areas for improvement
- Share learning with colleagues in other wards.

Delivering best practice in safe Health and Social Care settings

Early Recognition and Rescue of Deteriorating Patients

Cardiac arrest rate

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

Progress made

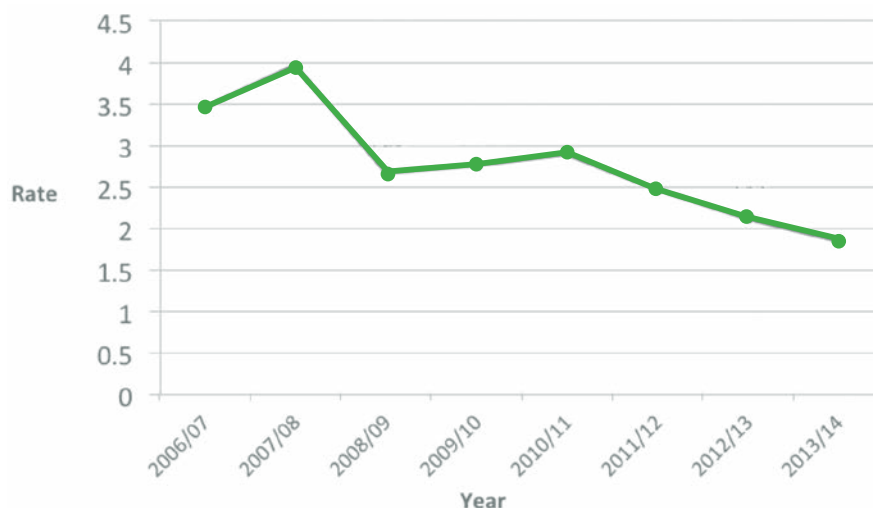
Improvements made in the early recognition and management of the deteriorating patient have helped us to continually reduce our cardiac arrest rate as shown in the graph below.



facts and figures

- 140 patients suffered a cardiac arrest in the Belfast Trust 13/14, this was fewer than in the 12/13 year
- In order to make figures comparable over time, we calculate our cardiac arrest rate (Number of Cardiac Arrests / Total number of deaths & discharges)*1000. This figure was 1.85 for the 13/14 year.

Cardiac Arrest Rate (April 2006 - March 2014)



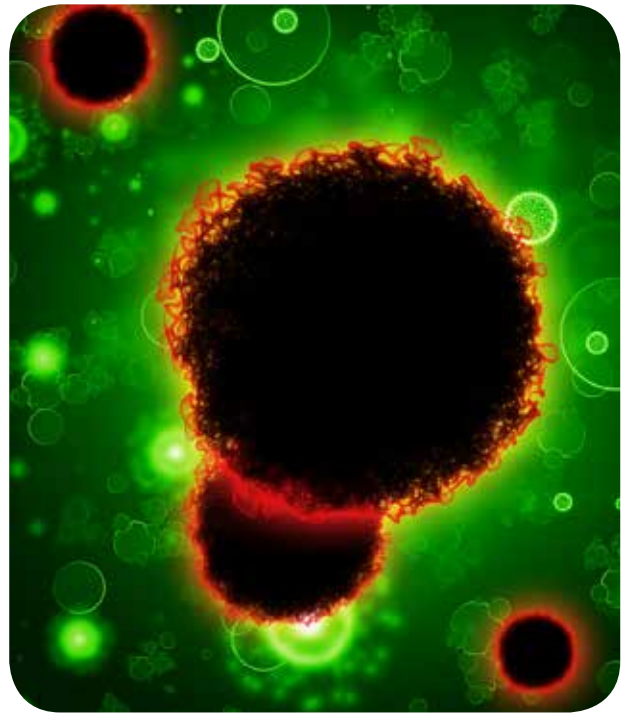
Delivering best practice in safe Health and Social Care settings

Reducing Health Care Associated Infections

To reduce preventable MRSA bacteraemias

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 may be receiving. This is why simple measures, such as, hand hygiene and 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. The number of patients with MRSA bacteraemias reflects on the quality of care in hospital, in the community and in care homes.

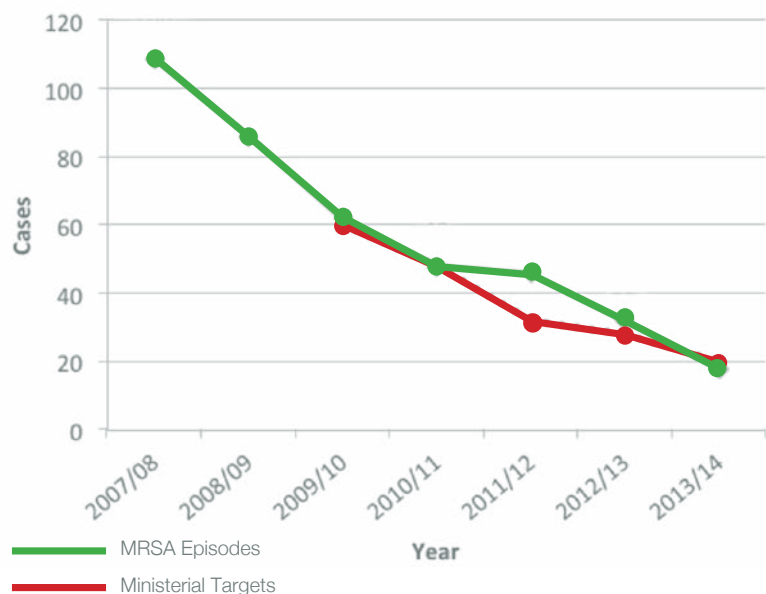


facts and figures

- We saw a huge reduction in our numbers of MRSA and met our ministerial target which is set by the DHSSPSNI to drive improvement in care.



MRSA per annum

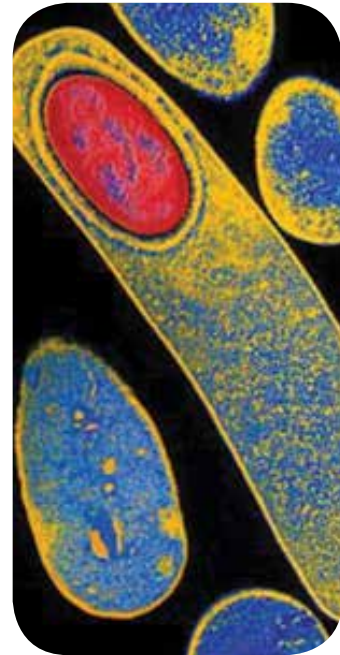


Delivering best practice in safe Health and Social Care settings

Reducing Health Care Associated Infections

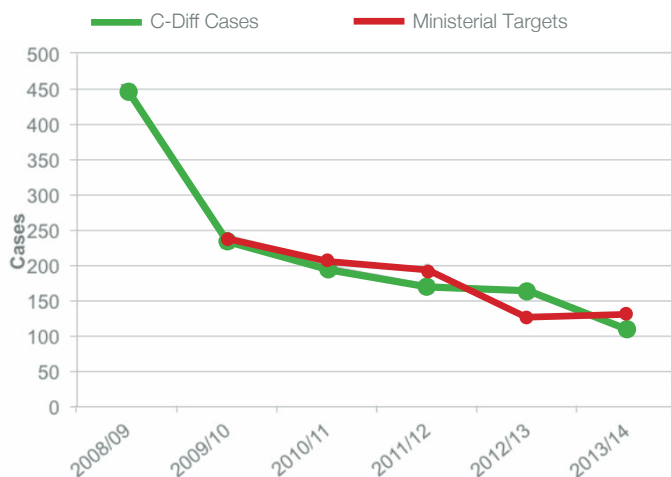
To reduce preventable *Clostridium difficile* (C.diff) infection

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 the reduction of C.diff cases, but we must not become complacent. 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: prudent antimicrobial prescribing; good hand washing; effective decontamination of equipment; thorough environmental cleaning and prompt isolation of patients presenting with diarrhoea.



facts and figures

Clostridium difficile cases per annum



- The Trust continues to make improvements in reducing the number of C Diff cases year on year. In 2013/14 the trust had 110 cases, meaning that it met its ministerial target which was set at 130.

Delivering best practice in safe Health and Social Care settings

Patient Falls

To reduce the number of in-patient falls

Patients of all ages fall, but falls are most likely to occur in older people. Falls in hospital are among the most frequently reported incidents with over 200 falls reported each month. The causes are often complex, and inpatients are particularly vulnerable to falling due to a number of factors including the drugs they require and mobility problems. Active rehabilitation that encourages freedom to move and prepares the patient for the transition back to normal life also carries a risk of falling.

However some falls can cause injury and we are actively trying to reduce these. Also, the impact that a fall may have on a patient can be significant, including pain, injury, loss of confidence and increased anxiety. *The graph below shows the monthly rate of falls reported.*

Progress made

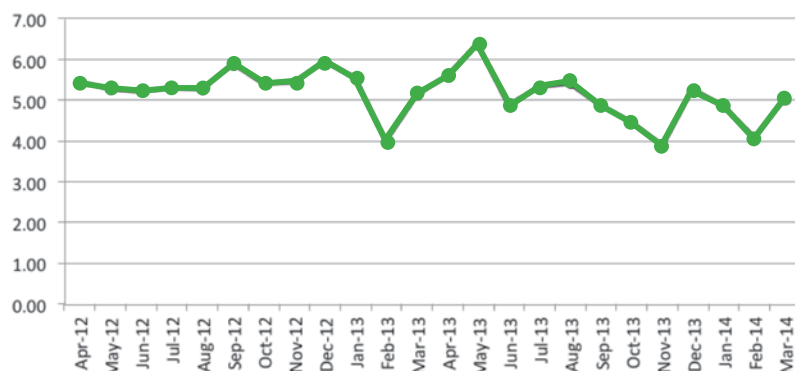
- All patients in acute adult inpatient wards have a falls risk assessment completed when they are admitted to hospital and throughout their stay
- All patients who are assessed to be 'at risk' of falling are started on a falls prevention care plan, and are referred to the multiprofessional team for specialist assessment and intervention
- This year we established a multiprofessional inpatient falls prevention group who are responsible for supporting staff to undertake focused improvement work in 5 older people inpatient wards in Belfast City and Musgrave Park Hospitals. They have used the Royal College of Physician's Fallsafe Bundle to train staff to identify patients who are at most risk of falling as well as apply a range of measures to reduce the risk of falling.

facts and figures

- In 2013/14, the Trust recorded 2,549 falls, a reduction of 19% on the 2011/12 year. This percentage reduction met the Trust improvement target of a 15% reduction
- Of the total number of falls recorded, 133 (5.2%) led to more serious injuries including broken bones. This number is a reduction from last year when the total number of these falls was 155 (5.3%)

Adult Inpatient Falls Rate

(Number of Falls reported / total number of occupied bed days)* 1000



Delivering best practice in safe Health and Social Care settings

Pressure Ulcers

To reduce the number of Pressure Ulcers

Pressure ulcers or ‘pressure sores’ are complex wounds which affects the skin but can also affect muscles, tendons and bones. Unfortunately not all pressure ulcers are avoidable, but certain interventions can help to reduce the risk. These include regularly changing a patient’s position, ensuring proper nutritional intake and providing special mattresses and chair cushions.

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) grading system to describe the severity of pressure ulcers. The grades are 1, 2, 3 and 4 – the higher the grade the more severe is the pressure ulcer.

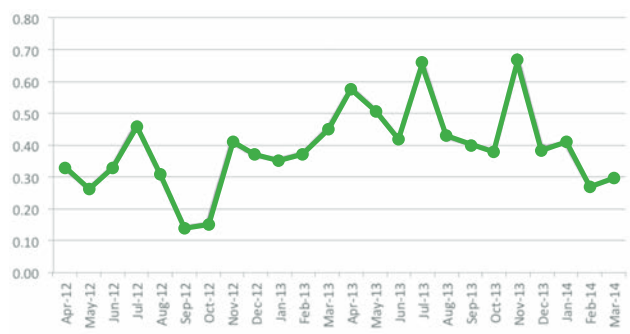


Tissue Viability Nursing team, receiving an award for Innovative Development in Elderly Skincare Management

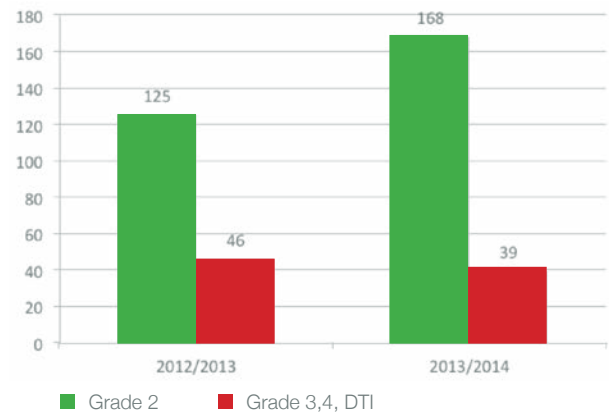
facts and figures

- In 2013/14, the Trust recorded 228 pressure ulcers, the rate per bed 10,000 bed days is shown in the graph below. This is an increase of 17% on the 2012/13 year. When we analysed these incidents further (see bar chart below) the number of less serious pressure ulcers had increased but importantly the number of more serious ulcers had reduced. This is due to staff’s increased reporting of all pressure ulcers and the actions they have taken to prevent the more serious ulcers
- In 2013/14, the number of more serious pressure ulcers (Grade 3 and 4) was 39; a reduction of 15% from last year.

Pressure Ulcers Rates



Incidents of avoidable Pressure Ulcers



Delivering best practice in safe Health and Social Care settings

Pressure Ulcers

Progress made

- We have rolled out and embedded the internationally recognised package of care called the SKIN Bundle into all acute inpatient wards
- There is on-going audit of SKIN Bundle compliance
- All pressure ulcers graded as 2 and above are analysed by ward staff with the help of the Tissue Viability Nursing Team to understand why they occurred and how they could be prevented
- Learning from audits and specific cases are shared with Teams across the Trust
- Focused improvement work has been undertaken in the Regional Intensive Care Unit (RICU) and Fractures Wards to help reduce pressure ulcers caused by using certain medical devices (such as ventilators) and treatments (such as plaster casts). This work has delivered a decrease in the number of more serious ulcers
- This year, two Trust teams won prizes in recognition of their improvement work - the RICU team won a poster presentation prize at the 'Delivering Safer Care Conference 2014'; and the Tissue Viability Nursing Team received the award for Innovative Development in Elderly Skincare Management see photo attached.

NEXT STEPS

- Further focused independent auditing of SKIN bundle compliance
- Continued sharing of good practice with ward staff across the Trust
- Rollout of a new fleet of mattresses across the Royal Victoria, City Hospital, Mater Hospital and Musgrave Park Hospital sites. These new mattresses can help reduce the risk of pressure ulcers from developing.



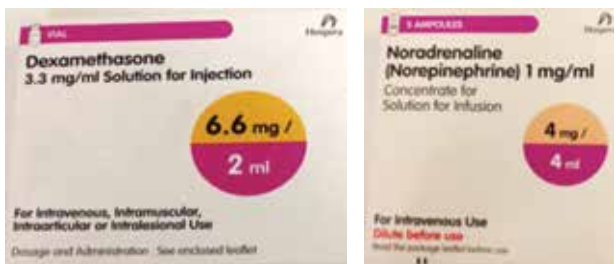
Regional Intensive Care Unit winning a prize at the 'Delivering Safer Care Conference 2014'

Delivering best practice in safe Health and Social Care settings

Medicine Safety

Reducing the risk of injectable medicines in theatres

In an acute critical care environment, such as theatres, many injectable medicines are administered with intravenous administration recognised as a high risk route. This risk may be further increased when a familiar medicine can no longer be supplied by a pharmaceutical manufacturer and an alternative must be obtained. The alternative injectable may have similar packaging to an already established injectable as shown below.



facts and figures

- Across BHSCT theatres, over 130 different injectables are used
- Ten alerts sent to theatres since October 2013.

Progress made

To avoid mis-selection due to unexpected similar packaging, pharmacy and anaesthetic staff have set up a pilot alert system whereby when Pharmacy become aware of a shortage of an injectable medicine used in theatre, an alert is drafted and sent to lead anaesthetists and lead theatres nurses in the Trust for cascade to all theatre staff informing them of the change and highlighting any potential risks. The alerts are also shared with BHSCT Pharmacy staff and with other NI Trusts through their medicines governance pharmacists.

NEXT STEPS

- To evaluate the pilot and ascertain if 'theatre alerts' might be useful in other areas of the Trust
- Pharmacy and anaesthetic staff will work together to source/develop ready made infusions of certain regularly prepared 'emergency drugs' such as suxamethonium, ephedrine and atropine further decreasing the risk associated with injectable medicines in theatres.

Preventing harm from Controlled Drugs

Controlled Drugs (CDs) are subject to special legislative controls as there is potential for them to be abused or misused causing harm. The Shipman Inquiry raised significant concerns about the management of CDs. Following this there is a requirement for heightened governance arrangements and clear lines of accountability in healthcare organisations.

In Belfast Trust audit checks had highlighted poor compliance with a number of standards and legislative requirements including record keeping, storage and security.

A collaborative approach by pharmacy and nursing was adopted with the objectives to improve compliance with CD policy and procedures and to improve compliance with CD quarterly audits.



Delivering best practice in safe Health and Social Care settings

Medicine Safety

Progress made

A workshop was developed for Band 6 & 7 Ward nurses to highlight core content of policies; to address misconceptions in relation to legislation; and to take a practical approach to address issues which had been identified through audit. Workshops were delivered in a supportive learning environment enhancing participation and providing opportunities for clarification of all issues.

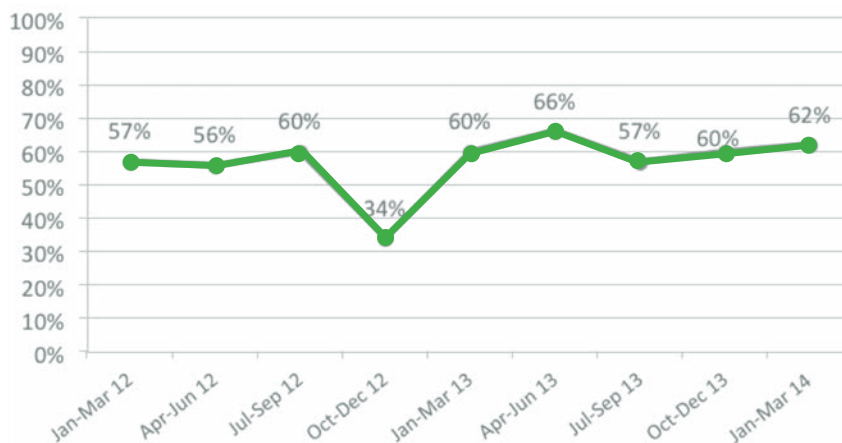
Over the past 2 years 24 workshops were delivered across all in-patient areas with 204 attendees. Evaluation of initial workshops resulted in refinement of content and focus on fundamentals of practice. There was ongoing communication with Nursing Development Leads to facilitate additional training.

facts and figures

- A Controlled Drugs audit is completed for each ward / department every three months by a pharmacist and Ward Sister
- The audit reviews entries in the ward/departments Controlled Drug Register and Controlled Drug Order books and assesses compliance with a number of key standards from the BHSCT Controlled Drugs policy
- Results are collated and presented as a percentage compliance with Controlled Drugs policy for each ward. Wards and departments must meet all the audit standards to be deemed compliant, this reflects a large number of national standards which must be met.

eg. Compliance for Jan-Mar 2012 is recorded as 57%; this may be explained as 57% of BHSCT wards/departments were fully compliant with the Controlled Drugs policy. Work continues to improve the numbers of wards achieving full compliance.

Percentage of Wards Compliant with Controlled Drugs Policy



Delivering best practice in safe Health and Social Care settings

Medicine Safety

Progress Made Example Changes in Practice – Improving recording and monitoring of fluid balance in patients

The Trust is continuing to work with colleagues in all Northern Ireland hospitals to improve fluid prescription and monitoring for both children and adults. The pilot of regional fluid balance charts for both adults and children has been completed and improvements have been made. A regional fluid balance and prescription chart means that patients being transferred between hospitals will always use the same chart and

staff only need training in the use of the one chart, this is being rolled out in Northern Ireland in 2014. A key safety benefit is that staff moving between Trusts are trained in the use of these charts from their first day – thus reducing potential harm to patients. The Trust continually audits how well fluid balance is managed and this information is used to improve practice.



Delivering best practice in safe Health and Social Care settings

Social Care Indicators

(Instructions as per Social Care indicators for Theme 1)

Childrens and Adults Social Care Services

The provision of direct payments by a Health and Social Care Trust enables families and individuals to locally source the care they require.

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.

During the reporting period 111 children were in receipt of direct payments, a reduction of 6% as compared with the figure (118) during the previous reporting period.

A total of 361 individual adults were in receipt of a Direct Payment during the reporting period, an increase of 7% relative to the figure of 337 during the previous reporting period.

A total of 14 carers received Direct Payments during the reporting period 2013-2014.

NEXT STEPS

- The Trust will continue to profile Direct Payments across all Service Areas as part of its strategy to promote service user uptake and to develop the workforce's knowledge, skills and practice base in respect of Direct Payments
- The Trust will progress the operationalising of a Self-directed Care pilot over the next number of months. This will facilitate service users' accessing of their individual personalised budgets to exercise greater choice, independence and control over how their support needs are met.

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.

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.

At the end of the reporting period 66% of those young people and young adults known to the Trust's Leaving and Aftercare Services population of 358 were engaged in education, training, and employment. This contrasts with a figure of 73% of the Transitions Service population at that point of 403 at the end of the previous reporting period.

NEXT STEPS

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

Delivering best practice in safe Health and Social Care settings

Social Care Indicators

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

Access to appropriate supports for disabled young people at the point of their transition from adolescence to adulthood and a seamless person centred pathway from Childrens to Adult Services are central to promoting the best interests of a young person with a disability. A transition plan is developed in partnership with the young person, their parents/carers and key agencies and outlines how they will access the necessary services and supports to enable them to optimise their talents, skills and life opportunities.

The Trust has achieved 100% compliance with this indicator for all those young people known to its Children with Disabilities Service mirroring its position for the previous reporting period.

NEXT



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

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

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

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

During the reporting period there were a total of 365 applications for assessment of which 96% were made by ASWs. (Source: DSF 9.1 & 9.1c).

Delivering best practice in safe Health and Social Care settings

Mental Health and Learning Disability Indicators

Waiting time for Mental Health assessment in Emergency Departments

It is accepted that Emergency Departments (ED) are not ideal locations for people presenting with mental health problems unless a physical health intervention is necessary. However significant numbers of people still attend Emergency Departments and require an urgent mental health assessment.

The Trust initiated work in the 12/13 year to set up systems to record and monitor performance in this area. Following pilot work the trust set a target to provide a mental health assessment to patients presenting to EDs within 2 hours for the 13/14 year.

Progress made

Commencing December 13 waiting times for all patients referred to mental health are recorded.

Reduction of children and young people (under 18) admitted to adult mental health wards

Due to limited community services and as a consequence pressure on specialist child and adolescent mental health (CAMHS) beds there are occasions when young people are admitted into adult mental wards as no CAMHS beds were available in the Regional Unit Beechcroft. In 11/12 there were 18 young people admitted to adult beds across Northern Ireland with six being admitted into adult wards in Belfast.

The Trust has put in place a specialist Crisis Assessment and Intervention Team to support young people, their families and carers in crisis and have carried out a review of the role and function of the specialist CAMHS unit. As a consequence of these developments there were no under 18s admitted to adult mental health wards in 2013/2014.

facts and figures

- In the 4 month period, December 13 to March 14, 80% of patients referred to mental health were seen within 2 hours and 90% were seen within 4 hours.

Protecting People from Avoidable Harm (putting learning into practice)

3



Delivering best practice in safe Health and Social Care settings

Establishing Alcohol Screening for Outpatients and Clients

Alcohol misuse is a major public health issue and a significant burden on healthcare resources. Estimated costs of alcohol related morbidity in Northern Ireland in 2011-12 was £92m, with alcohol related emergency department (ED) attendances accounting for £20m of this total.

Individuals with alcohol misuse disorders tend to frequently re-present to services, particularly the ED, with a host of complaints; often not obviously connected to their drinking. Without routine, standardised screening, evidence of alcohol-related harm may often be missed or ignored.

The World Health Organisation (WHO) has devised a simple 3-question alcohol screening AUDIT-C tool (see picture) allowing early detection of coincidental harmful drinkers and then delivery of opportunistic brief interventions, focusing on education and the link between their current lifestyle and their health. Using the tool also allows improved detection and management of those with potential alcohol dependence, including development of protocols to prevent or manage acute withdrawal and prompt onward referral to

specialist addiction services where indicated, specifically the alcohol liaison team, based within the hospital.

Screening for alcohol misuse disorders and the delivery of brief interventions in emergency departments has been repeatedly shown to reduce rates of alcohol consumption, re-attendance, hospitalisation and overall alcohol-related morbidity and mortality. This is currently not standard practice in Northern Ireland and in recognition of this, our alcohol addictions team in partnership with our general medical team initiated project work in this area.

Progress made

In 2013/14 we completed an audit of over 1,114 ED attenders on both the Royal Victoria and Mater sites, using the AUDIT-C alcohol screening tool.

For those patients requiring onward referral we designed a new electronic referral form to facilitate their referral to the alcohol addictions team. It can be accessed from the Trust's intranet and takes 2 minutes to complete – with both doctors and nurses being involved in the process.

Audit-C Tool

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Delivering best practice in safe Health and Social Care settings

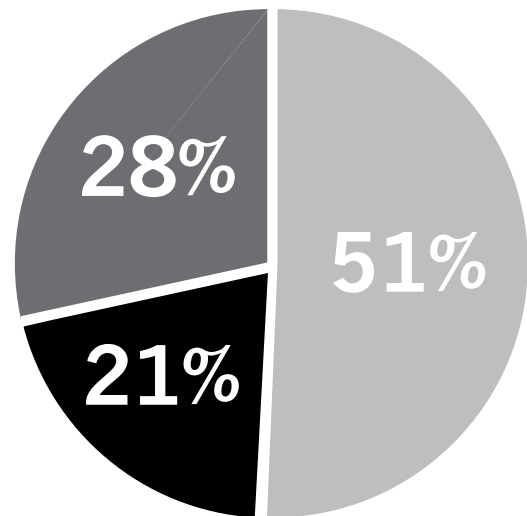
Establishing Alcohol Screening for Outpatients and Clients

facts and figures

Percentage of people attending ED who have harmful levels of drinking

Of the 1,114 patients who completed the screening, the chart shows the breakdown:

- Half (51%) indicated no alcohol misuse disorder
- 28% drank to potentially harmful levels
- One in five drank to hazardous/dependent drinking levels



These results may be an underestimate as many individuals were either medically unsuitable.

NEXT STEPS

Whilst this work originally focussed on the ED the trust believes alcohol screening should be routine at all points of entry into the healthcare system and we have completed plans for the screening of all medical admissions. We hope to expand this further in the 14/15 year to include surgical admissions, orthogeriatrics, perinatal and day procedures. We have also introduced it into the acute psychiatric assessment proformas within unscheduled care and home treatment teams.

NEXT STEPS

Our aspiration is to drive quality improvement and service development in respect of routine alcohol screening in the ED and other interfaces. We aim to take advantage of every available "teachable moment". In doing so we hope to reduce overall alcohol consumption and associated harm and help alleviate some of the current burden upon resources. We wish to promote the concept of making the problem of dealing with alcohol misuse "everybody's business".

Delivering best practice in safe Health and Social Care settings

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.

‘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.’ - *‘An organisation with a memory’* published by the Department of Health in 2000.

Incident reports are provided to a number of specialist groups eg. 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 ‘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.’ Such an incident is subject to Health and Social Care Board procedures for reporting and investigation. The criteria for classifying an SAI were expanded in October 2013 to include any death of a child in receipt of HSC Services (up to eighteenth birthday). In these cases, there may be no obvious circumstances to indicate an incident has occurred under the above definition but each case will be investigated fully to ensure any learning is identified and shared appropriately.



Delivering best practice in safe Health and Social Care settings

Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

facts and figures

- In the year 2013/14 there were a total of 26,109 incidents reported and 104 SAIs reported (8 of which were de-escalated)
- The most frequently reported incidents, along with actions taken to reduce our risk of them happening again are shown in the table below. It is really important that frequently occurring but not necessarily serious harm incidents are monitored closely to ensure the cause is identified before serious harm can occur. In recognition of this the trust has processes in place to ensure that all incidents are reviewed collectively to tackle the root causes of these incidents to reduce their occurrence.

Top five Incident Types in 2013/14	Key actions taken to reduce harm
Patient falls including hospital and community	Multi-disciplinary Falls Improvement Team in place to review all incidents and plan and implement improvements eg. Roll out of Fall Safe Bundle (see Theme 2).
Abusive behaviour towards staff	<ul style="list-style-type: none"> • A review was undertaken of the Zero Tolerance Approach to the Prevention and Management of Aggression and Violence towards staff in the Workplace Policy • A number of training programmes were delivered 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 • E-learning programme on Personal Safety was launched and adopted regionally • The Zero Tolerance Personal Safety Leaflet has been updated and is available on the Trust Intranet.
Medication related, for example 'missed doses'	Following review of no harm medication incidents (including near misses), Pharmacy and anaesthetic staff developed a pilot system to alert theatre staff to any changes in theatre injectables as outlined in the Medicine Safety section.
Absconding	Trust Mental Health Absence Without Leave Policy reviewed and revised in 2013.
Staffing levels	Additional Nursing staff recruited in Emergency Departments.

Delivering best practice in safe Health and Social Care settings

Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

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



- A recent SAI which fortunately did not result in a more serious outcome for the patient was investigated thoroughly and provided positive and valuable learning to prevent re-occurrence. The Trust Safety Matters newsletter was used to reinforce that all staff need to ensure their practice for marking the side of a procedure is in accordance with the Belfast Trust Correct Site Surgery Policy as this is best practice recommended by the National Patient Safety Agency (NPSA). The policy was also promoted through Medical and Nursing channels of communication
- A number of SAIs in 2013/14 identified the need for improving care of the deteriorating patient and the earlier recognition and management of serious infections or Sepsis. The Sepsis screening tool was added to the back of the National Early Warning Score (N.E.W.S.) charts which were introduced into the Belfast Trust in November 2013. Training was delivered to hospital nursing staff in the use of the NEWS Chart for Sepsis to assist in identifying and treating Sepsis at an early stage
- Additional Consultant Surgeon posts have been appointed to facilitate a new 24 hour Surgical spinal rota and implementation of the “Consultant of the week model” in spinal surgery, following the review of an SAI that identified the need for 24 hour cover in this area
- An Intensive Care Unit referral policy was developed and introduced to ensure robust system of referrals to ICU and management against pre-defined timeframes
- Policies and protocols have been developed for managing head injury in patients in hospital or Trust nursing/residential settings. They reflect the importance of Emergency Department staff being aware that the assessment and management of head injury in a patient on Warfarin should be expedited and the threshold for investigation and treatment should be lower than for other head injury patients. A dedicated fridge has been put in place to store the required drugs within the ED department to prevent any delays
- A known complication of a cardiac procedure was thoroughly investigated to identify learning to help reduce the likelihood of reoccurrence. As a result the procedure is subject to stricter guidelines including the nursing of patients post procedure in the Coronary Care Unit; restricting the procedure to the normal working week only; introducing an Echocardiogram four hours post procedure as standard; increasing staff awareness on post procedure complications and securing General Anaesthetic services for such procedures in future.

Delivering best practice in safe Health and Social Care settings

Adverse Incidents, Serious Adverse Incidents and Resulting Reduction of Harm

Patient / Family / Carer engagement in SAIs

A review of SAIs related to the Trust Emergency Department RVH in early 2014 identified the need to re-appraise how the Trust engages with patients with families and carers when reporting and investigating SAIs. It was found that engagement was not at a level which reflected the principles of being open as set out in the Trust's being open policy. The Trust has since carried out a comprehensive review of all SAIs reported from January 2009 to ensure the appropriate engagement takes place. The procedures for managing SAIs have been updated to ensure appropriate engagement in the future which will be monitored both by the Trust and Health and Social Care Board. This includes the development of a new SAI information leaflet given to all patients / families / carers as appropriate should they be involved in an SAI and gives the contact details of the person responsible for liaising with them through the process.



Delivering best practice in safe Health and Social Care settings

Preventing Venous Thromboembolism

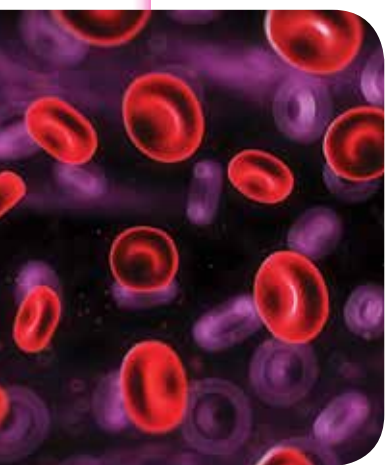
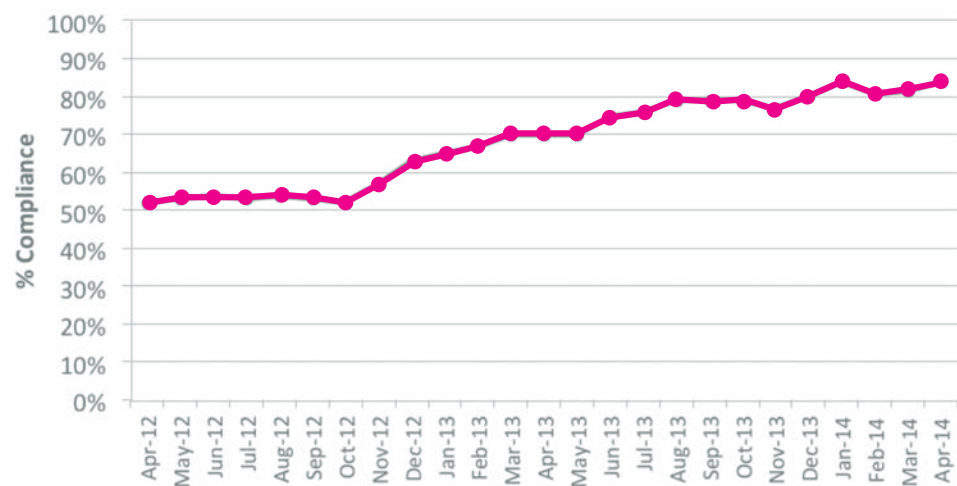
Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called Venous Thromboembolism and can cause complications which are occasionally serious.

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

facts and figures

The graph below show the month by month increase in the completion of risk assessments across all our wards.

Compliance with Completion of VTE Risk Assessment



Progress made

- We have continued to audit every ward monthly to drive quality improvement and the last two years have seen our average monthly ward audit score rise from 52% to 82%. This improvement was achieved through continuous feedback to the responsible clinical teams and increasing awareness of the tool and compliance in targeted areas
- During the same time period, prescription levels of the anti-clotting medicine increased by 5% and the percentage of clots which were

associated with the hospital stay fell from 54% to 48.6%. This indicates our quality improvement program has reduced the risk for patients.



We plan to continue to effectively audit all areas and drive improvement working with each ward.

Delivering best practice in safe Health and Social Care settings

Improving Safety in Surgery - World Health Organisation (WHO) Surgical Checklist (percentage compliance)

Driving Improvement in Safety through Measuring

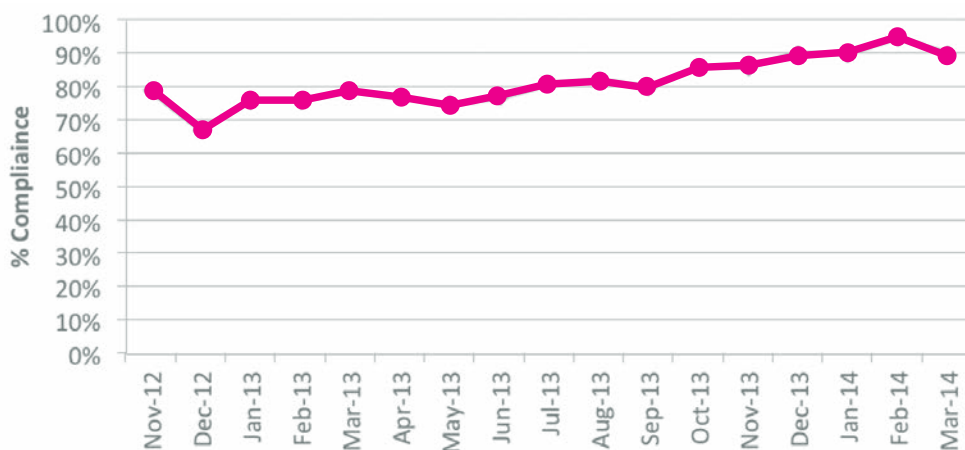
The WHO surgical safety checklist was introduced into all the theatre departments in Belfast Trust by 2010, as part of a devised pathway aimed at improving safety for surgical patients. The checklist is there to insure that each surgical team has taken all the right steps in advance and post surgery to insure patient safety eg. that the patients allergy status is known to the surgical team. A WHO checklist should be completed for every patient and each unit submits weekly audit data to a central department which analyses and provides reports back to units allowing each team to work together to review and improve their performance in this area.

Progress made

- The WHO Surgical safety checklist has been in place across all theatre departments within the Belfast Trust since 2010. Speciality specific versions of the safety checklist have been introduced in Children's, Neo-nates, Endoscopy and Interventional Radiology
- Compliance is measured by weekly audits and shared via the Peri-operative Improvement Team, compliance in July 2014 was 93%
- A WHO surgical safety policy has been introduced to provide guidance and consistency on the use of the WHO safety checklist.

facts and figures

Completion of WHO Surgical Checklist



Delivering best practice in safe Health and Social Care settings

Improving Safety in Surgery - World Health Organisation (WHO) Surgical Checklist (percentage compliance)

NEXT STEPS

- Gynaecology services are exploring specialty specific versions of the WHO
- A Consultant Anaesthetist will lead the next steps in Surgical safety checklist improvements. Independent Observational audits will be undertaken across all theatre areas.

Quote from Consultant Surgeon Mr Terry Irwin

The surgeons and surgical nurses in the Belfast trust are fully committed to quality improvement, which is in the interests of our patients and is a core part of our duty of care. By developing a WHO checklist based on a script, we have made the process faster and safer, while improving staff engagement to unprecedented levels. Everyone in the team is now fully supportive. We recognise that it is not just about ticking the boxes on the checklist, it is about ensuring that there is a culture of safety in everything that we do and teach.

Delivering best practice in safe Health and Social Care settings

Promoting Good Nutrition

Why is Nutrition in hospital important?

The Trust's focus is to promote the strategic design and delivery of quality, effective food and beverage provision for all those accessing health and social care services within Belfast Health and Social Care Trust through a multi-professional multi-agency approach.

The groups develop and implement policies, procedures and processes to ensure that Nutritional Screening, Nutritional Care planning and Protected Mealtimes are embedded and that staff are appropriately trained to deliver safe and effective nutritional care.



facts and figures

We completed a Patient and Client Experience Survey of the mealtime experience in all acute adult inpatient wards and maternity units; involving 1482 patients. The survey which was the largest of its kind completed to date in Northern Ireland was carried out by a core multidisciplinary team who supported patients to complete the booklet and reported the findings in November 2013:

- 80% recorded that meal tasted good
- 72% stated that meal was appetising
- 82% stated that portions met their needs
- 57% would prefer their main meal of the day in the evening
- Some patients were “pleasantly surprised by the choices available”.

Survey findings were presented at the “Food for Thought” workshop in November 2013 where participants, who included representation from all disciplines across Belfast, services users, Patient and Client Council and other Trusts had the opportunity to discuss the results.

NEXT STEPS

- To focus on providing nutritionally balanced meals
- To establish a process that enables everyone using care services to have an individual plan of nutritional care and where possible to be involved in identifying their nutritional care and fluid needs and how they are to be met
- To investigate the development of companions to assist with the patient meal experience
- To investigate learning and development opportunities around food and nutrition.

Delivering best practice in safe Health and Social Care settings

Mental Health and Learning Disability Indicators

Reduction in self harm / suicide attempts using fixed ligature points in acute mental health wards

The death of a patient by suicide in acute mental health wards is a very rare event however when suicide attempts occur they are often associated with strangulation using fixed ligature points. The Trust has been engaged in a process to reduce opportunities to use fixed ligature points by joint clinical/estates inspections to identify potential ligature points and putting in place action plans to remove identified hazards, learning from serious adverse incidents elsewhere, following up alert notifications and utilising good risk management processes.

Progress made

In 13/14 the Trust once again met the target for a reduction in self harm using fixed ligature points. The service has delivered a year on year improvement in this area.



Ensuring People have Positive Experience of Service

4



Delivering best practice in safe Health and Social Care settings

Complaints and Compliments

Belfast 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.

Progress made

- There were 24 ‘Complaints Awareness’ courses with 599 staff who have received Complaints training this year; this is a 26% increase from 2012-2013. 32 managers also attended two courses on ‘Complaints Investigations, Response Writing and Ombudsman’s Cases’
- The Complaints Department is currently reviewing the provision of training to all staff including cascade and the development of computer based training.

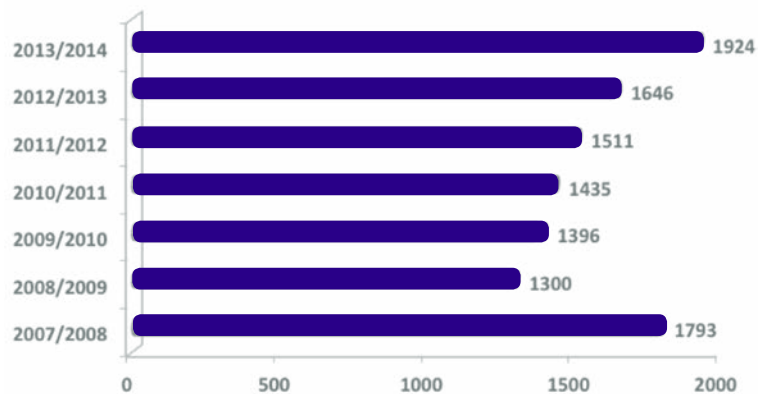
facts and figures

- 1924 Formal Complaints were received. This is an increase of 278 on last years figure of 1646 (see bar chart, right)
- 5400 (approx.) recorded Compliments were received.

Responding to your Complaints

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 13/14 show we maintained our response times, in face of the increasing numbers of complaints. The Complaints Department, along with the Service Directorates, 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.

Annual Comparison of Numbers of Complaints
Total Nos of Complaints per annum



Responding to Complaints in a timely manner

Category	2012/13	2013/14
Acknowledgement Times < 2 days	95%	96%
Percentage complaints responded to in < 20 days	51%	50%
Percentage complaints responded to in 30 days	68%	64%

Delivering best practice in safe Health and Social Care settings

Patients and Clients Experience as Service Users



10,000 Voices Initiative and Belfast HSC Trust

Patient experience is recognised as a key element in the delivery of quality healthcare. In line with this the Belfast Trust (BHSCT) is carrying out an extensive piece of work in partnership with the Public Health Agency (PHA), with the aim of introducing a more patient-focussed approach to the delivery of care and services.

The project asks patient/carers and/or family members to share their experiences of healthcare and how it has impacted on their lives.

The aim of the project is to use this information to improve the services and care we provide to our patients and to inform the commissioning of services across Northern Ireland.

The project has a Phased approach.

- Phase one focussed on our Unscheduled care services, these services included our Emergency Departments, GP 'Out of Hours' and our Minor Injury Streams. We completed our collection of stories in this area in June 2014.
- Phase two is currently focusing on People who receive 'Care at Home'. We are currently gathering stories from patients in this area. <http://www.10000voices.info>

- During all phases we are collecting stories from patients and carers about their experiences when receiving care from our Nursing and Midwifery teams. The survey asks for patients experience and asks a few short questions based on Patient and Client experience standards:

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



Delivering best practice in safe Health and Social Care settings

Patients and Clients Experience as Service Users

How we raised awareness of the project

- We presented the project to the BHSCT Executive Team and at Trust Board
- We worked and continue to work in partnership with all members of staff within the BHSCT
- We launched the project In the Mater and Royal sites with added poster campaigns across numerous Trust buildings
- We advertised the project both through our internal Intranet and Trust internet Sites
- We regularly updated our Communication Department on milestones of the project
- We attended community events and carried out road-shows in large shopping centres and commercial factories
- We liaised with groups from the local community and voluntary sectors.

What we achieved

- We have completed Phase 1 and currently collected over 1000 stories within the Belfast Trust
- All stories and presented our findings during a workshop where we invited staff from across all disciplines. Co-Directors, Senior Managers, Clerical staff, Domestic, Nurses and Doctors all attended the workshop where they read through the stories and identified key learning for improvement and areas to celebrate.
- During the collection of stories any areas of concern were investigated immediately within the relevant areas
- All stories are themed and action plans developed at a local level to promptly improve

services provided. Regionally all themes from stories are used to inform commissioning of services

- Stories are used to assist with learning and development of staff.



Workshop where staff work together to identify key learning from patient feedback



Delivering best practice in safe Health and Social Care settings

Patients and Clients Experience as Service Users



What you told us	What we did
You told us you felt areas could be cleaner.	After a review of current practice we have enhanced cleaning services.
You said we didn't supply adequate food.	Additional catering provision is in now place which is overseen by the catering manager/supervisor to ensure adequate food and beverage provision is available.
There were a number of stories related to the lack of blankets and pillows.	A review of resources was undertaken and an increase in ordering was implemented. We also now store surplus stock for times of increased demand.
You told us there was a lack of communication between patients and staff.	<ul style="list-style-type: none"> i We are developing information leaflets to explain the processes in our emergency departments ii Waiting times will be better displayed and more frequently updated iii A process has been established to review patients on an hourly basis to coincide with the hourly ward round with the Nurse-in-charge and Consultant.
A number of stories told us they felt the departments felt understaffed and the staff overworked.	The Trust recruited an additional number of staff all of whom have been appointed, completed their induction and are in post.
Patients told us they felt the areas were overcrowded and felt their privacy was not maintained.	<ul style="list-style-type: none"> i Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an on-going basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at times of overcrowding ii The Trust revised the Escalation Policy based on speciality agreed triggers and actions to maintain patient flow.

The Future of the 10,000 Voices Project

- We will continue to collect stories from patient/carers receiving 'Care at Home'
- We are in the process of collating the stories gathered from the Nursing and Midwifery stories and plan to hold workshops across the BHSCT to share the learning obtained from the stories and identify further areas of improvements across our Trust
- **Key area for celebration** – Up to 90% of stories collected so far within the BHSCT regarding our Nursing and Midwifery stories have been rated by patients/carers either positive or strongly positive.

Delivering best practice in safe Health and Social Care settings

Patient and Public Involvement

Hemsworth Court - supported housing for people with dementia.

Belfast Trust in partnership with Helm Housing and Supporting People, recently opened Hemsworth Court, the first supported housing facility for people with dementia in the Shankill area, Belfast.

Care and Support

A 24 hour domiciliary care and support service is delivered by Belfast Trust staff aiming to provide specialist dementia care and support according to assessed need, enabling each tenant to live independently within their flat.

Individual support plans are developed in partnership with the tenant and their family, and informs the level of personal care and support each tenant requires. The service is provided by support staff within each tenant's flat and is delivered with the tenant's permission.

All staff are trained to deliver support and care services to ensure individual tenant goals are achieved. Tenants will be encouraged and supported to remain actively involved in all choices related to their daily routine.



Hemsworth Court, a dedicated supported housing development for people with dementia, located off the Shankill Road.

Family Involvement

Families and carers are encouraged to continue to remain as involved in the care of their relative as they have been before they moved to Hemsworth Court.



Accommodation

Hemsworth Court provides 35 modern high quality flats to combine the very best of housing design with 24 hour support services, enabling the tenant to live independently. A range of assistive technology is available to ensure tenant safety within each flat. One and two bedroom flats are designed to accommodate a partner or carer.

All apartments are self-contained to include: ensuite shower room, lounge / dining area, fitted kitchen with oven, hob, washing machine and fridge freezer. The tenant will furnish their own apartment according to their personal choice.

Delivering best practice in safe Health and Social Care settings

Patient and Public Involvement

Volunteer Service

Recruitment

In 2013-2014 The Volunteer Service recruited 144 new volunteers across the acute and community Trust.

New volunteer roles have been developed to support and enhance existing services and improve the experience of patients and visitors accessing services.

All new volunteers recruited to Trust have received an induction programme which includes infection control and safe guarding vulnerable adults and training awareness.

Additional training is also provided to support volunteers in their role such as Customer Care Training.

New roles developed:

- Amputee Peer Support. MPH
- Meet and Greet service Meadowlands, and Mater
- Volunteer Musician
- Breast Feeding Peer Support
- Meal time Companions
- Volunteer Support Critical Care RVH
- Conservation Volunteers in Cancer Centre.

Regional Involvement

The Volunteer Service has provided support and leadership to the development of the PHA and HSCB regional Volunteering Plan 2014-2106. The Trusts Volunteer Services manager is part of the Steering Committee which oversees the implementation of the strategy.

The service is also actively engaged with the Department of Social Development in the effective delivery of its Regional Volunteering Strategy.

Further Regional involvement includes, the Volunteer Regional Mangers Forum, The Cancer Charities Alliance and Macmillan Volunteer Community in Practice working group.

Quality Assurance

The BHSCT Volunteer Strategy Steering group continues to meet quarterly to provide support and regulation to the service. All new volunteer roles requested by staff are discussed and endorsed by the steering group before being implemented.



Volunteers celebrating during Volunteer Week

Delivering best practice in safe Health and Social Care settings

Emergency Department Standards

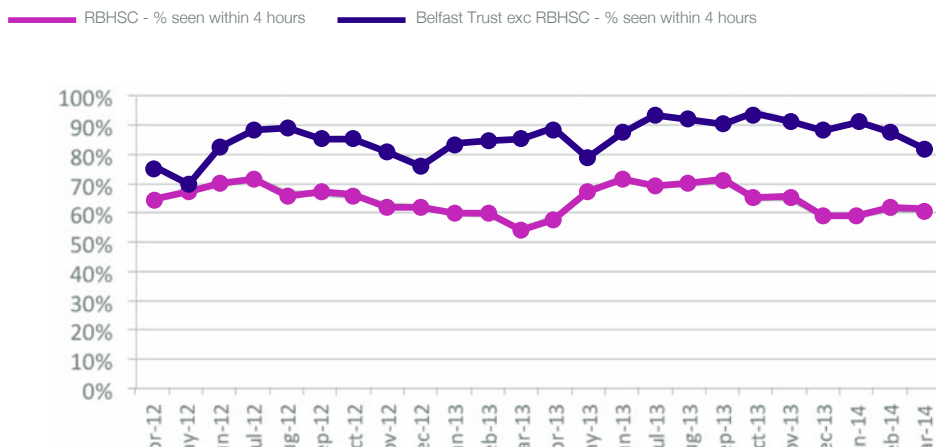
Ensuring that patients attending the adult Emergency Department (ED) are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled care patients. In this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

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

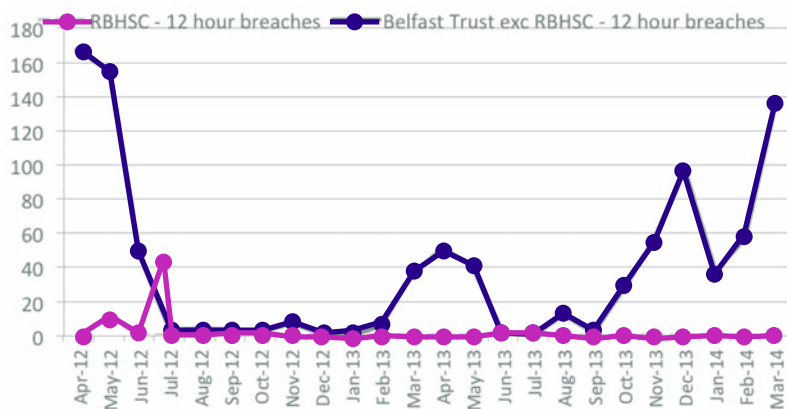
The length of time people wait in Emergency Department profoundly affects patients and families' experience of services and impacts on public confidence. It may have a direct impact on the timeliness of care and on clinical outcomes.

facts and figures

Numbers of patients admitted or discharged within 4 hours.



Numbers of patients waiting longer than 12 hours to be admitted or discharged



Delivering best practice in safe Health and Social Care settings

Emergency Department Standards

Our performance

Our performance around ensuring patients arriving in our Emergency Department are admitted or discharged in a timely manner was not as good as the previous year – and the numbers of patients waiting more than 12 hours increased over the year. This was an area of concern and resulted in reviews being carried out by the Regulation and Quality Improvement Authority into both the Emergency Departments and the wider area of Unscheduled care in the Trust. The findings of these reviews were the basis for agreed improvement plans which focus on patient and staff experience and which we are continuously working on as a priority for the organisation.

Examples of changes completed during the last year to improve unscheduled access to care

Opening of the Surgical Assessment Unit in the Emergency Surgical Unit

We have been working to further enhance the surgical pathway for both emergency and elective patients and in May 2013 we opened the Emergency Surgical Assessment Unit. This unit is based in the Emergency Surgical unit and comprises six beds in a dedicated, centralised area where acutely ill surgical patients can be assessed and monitored prior to being admitted to the hospital or receiving appropriate treatment. This aims to provide speedy access to assessment, diagnosis and treatment, and avoid unnecessary delays.

Emergency Specialist Care - Primary Coronary Intervention (PPCI)

An important development has been the extension of the Primary Percutaneous Coronary Intervention (PPCI), on 24/7 basis, to 75% of Northern Ireland. This new service, which is located at the Heart Attack Centre, Royal Victoria Hospital, provides a new life saving specialised service for patients who suffer from a particular type of heart attack – known as STEMI (ST Elevation Myocardial Infarction). In September 2013, the service extended outside Belfast to cover the population as far as Ballymoney, Magherafelt, Dungannon, and Newry. PPCI is a

state-of-the-art medical technology that clears blockages in the arteries which are stopping blood from flowing to the heart. When the artery is blocked, typically by a fatty deposit and blood clot, a person will suffer a STEMI heart attack. Patients who suffered from such an attack will previously have been treated by a paramedic or at their local hospital using a clot busting drug known as thrombolysis. These patients are now brought directly from to the Heart Centre, bypassing Emergency Department. Once the patient has received the specialist treatment at the Royal and are assessed as safe to go home they will be discharged to their local hospital and GP for follow up care.

Dr Niall Herity, Cardiology Clinical Director, said: “If a patient has a STEMI heart attack confirmed by a paramedic, they will be stabilised and taken directly by blue light ambulance to the specialist Heart Attack Centre at Royal Victoria Hospital for treatment. Up to date research and clinical evidence tell us that PPCI is better, and more clinically effective than thrombolysis. PPCI saves lives and patients who have received it will have a better survival rate following a heart attack and there are fewer complications such as strokes and recurring heart attacks. “Making PPCI available to other parts of Northern Ireland is a major step forward.”

Delivering best practice in safe Health and Social Care settings

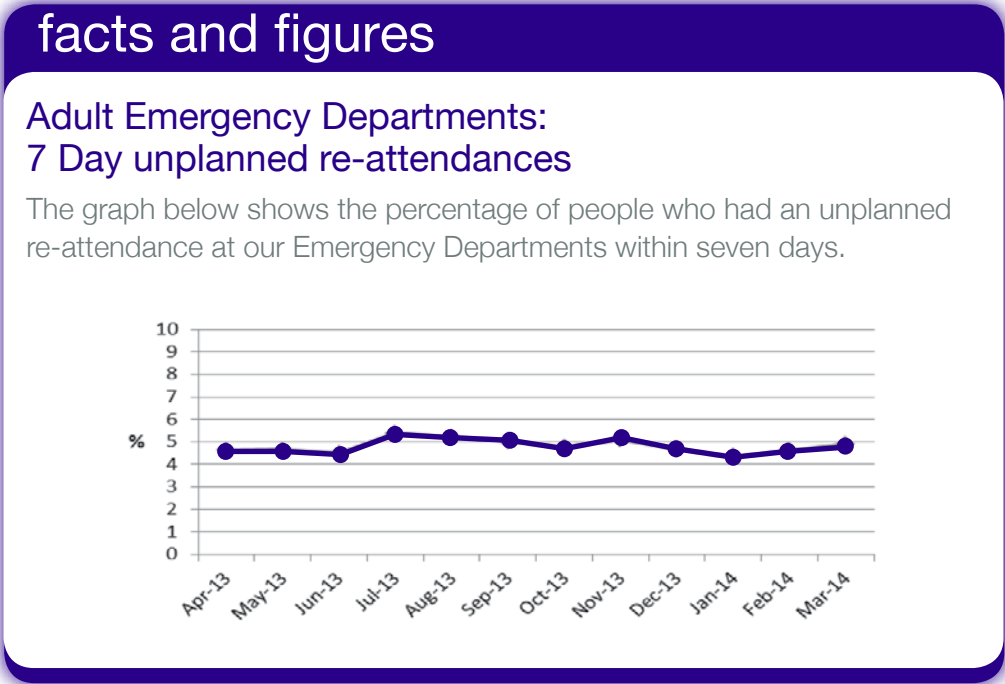
Re-attendance in ED in 7 days

Emergency Department Re-attenders

The adult Emergency Departments play a key role in identifying the appropriate type of care for patients who attend. For this reason, the number of people re-attending the Emergency Department within seven days is an indicator of the quality of care provided.

Progress made

- The rate of re-attendance remained relatively constant over the 12/13 year at around 5%.



Delivering best practice in safe Health and Social Care settings

Access to Care - Providing Care in a Timely Manner

The 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.

An illustrative example of the access standards that we use is the access to elective care; access to outpatient assessment and to any subsequent treatment that is required involving inpatient or day case treatment. 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 OP assessment following referral from a GP or other health care professional. Also 80% of patients should be treated within 13 weeks and no patient should wait longer than 26 weeks for inpatient or day case treatment if required. This applies to non-urgent cases. Urgent cases such as suspect cancers have shorter maximum waiting times.



facts and figures

- We delivered 16,6149 first outpatient appointments, 63% of which were within 9 weeks.
- We completed 83,369 inpatient day case treatments, 67% of which were within the 13 week standard.
- At the end of March 2014, 42% of our outpatient waiting list and 46% of our inpatient/day case waiting list, were waiting beyond the 9/13 week standard.

NEXT STEPS

The Trust is working closely with the HSCB to address this underperformance against these and some of the other access standards. Actions plans are in place on a specialty by specialty basis to improve this situation. These plans involve both reforms to our systems and processes but also, where there is evidence of insufficient capacity to meet demand, expansion of capacity either within the Trust or through contracts with independent sector providers.



Staff Health and Wellbeing

5



Staff Health and Wellbeing

Looking after our Staff

The National Institute for Health and Clinical Excellence (NICE) recommends that organisations should (i) adopt a strategic and coordinated approach to promoting employee's wellbeing, (ii) promote employee's mental wellbeing, (iii) promote a culture that supports flexible working and (iv) promote a supportive and participative management style.

As the biggest employer in Northern Ireland, employing in excess of 20,000 staff, the Trust has developed a range of initiatives in line with the NICE recommendations to address the health and wellbeing of its staff. It is essential that the Trust ensures that its staff are happy and productive in their job roles and that it supports them throughout their working lives, to achieve the best possible health and social care outcomes for the population it serves.

facts and figures

Throughout 2013/14 the Trust continued to work hard to achieving the DHSSPS absence target of 5%. The highest proportion of total working days lost due to absence remains linked to mental health conditions (25%) and musculoskeletal conditions (18%).

Between April 2013 and March 2014:

- Over 1900 staff and managers attended Attendance Management Training
- 286 cases were presented at Case Management meetings
- 550 staff attended Health Improvement training programmes
- Over 300 staff participated in the Trust's free Here 4 Health classes.

Achievements Section

- The Trust was shortlisted as a finalist in the 2013 Irish News Workplace and Employment Awards for the Disability Best Practice Employer category
- The Get into Reading Programme was a runner-up in the 2013 Trust Chairman's Awards



- Belfast Trust was successfully assessed against the Investors in People (IIP) international quality standard in March 2010, and reaccredited in March 2013.



Staff Health and Wellbeing

Looking after our Staff

Achievements Section



- Initiatives to address Mental Health wellbeing:
 - A range of training programmes eg. Resilience training, Mindfulness training, Stress management, Beating the Blues programme
 - Successful implementation of the Conditions Management Programme
 - On-going promotion and awareness of the Staff Care service
 - Provision of a guide for managers in relation to bereavement. The guide also aims to assist managers to support staff coping with the death of a colleague and also, dealing with an employee who may have received the diagnosis of a terminal illness
- Initiatives to address physical wellbeing:
 - Here 4 Health initiative: up to 300 staff participated in one of the Trust's free physical activity classes for employees (boxing, circuits, dance, football, pilates, yoga and zumba)
 - A wide range of Health Improvement training programmes were delivered in the areas of nutrition, physical activity, oral health, sexual health, men's health and smoking cessation
 - The Smoking Cessation Service is now supported by a Smoking Warden and 3 Specialist Midwives and a Specialist in

Mental Health

- Occupational Health secured additional clinical psychology staff to ensure that staff who are referred to their services promptly receive support which meets their needs
- The pilot Physiotherapy Fast Track service was completed, with a full service to commence in new financial year
- 3 Health Fairs were attended by approximately 350 staff with the key message about the importance to take care and look after your health
- The Trust Intranet site now contains a range of guidance and support material for staff regarding physical and mental wellbeing.

Flu Vaccinations

The Trust provides annual flu vaccinations and this year 31% of staff were vaccinated, a significant improvement on last year (19%) and meeting the target of 30%. We have set a target for the 14/15 year of vaccinating 35% of our staff.

Staff Health and Wellbeing

Looking after our Staff

Improving Working Lives

- Following the regional staff survey, five roadshows for employees took place across the Trust. The roadshows enabled employees to engage directly in terms of the findings and recommendations. The Staff Survey Action Plan was subsequently completed and sets out the actions taken in respect of the various findings
- During the period there were 953 work life balance applications with a 98% 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 seven years, and this year provided a childcare option for over 340 children during a seven week period over July and August.

Personal Contribution Framework

Every year we ensure that annual staff reviews are carried out for all staff to agree personal objectives, discuss and provide feedback on staff achievements and to establish a personal development plan. The Knowledge and Skills Framework is an essential aspect of this review and is also used to establish that staff have the knowledge and skills required for their specific post.

In 2013/14 the Trust achieved a compliance rate of 73% of staff to have a current personal development plan. Our target, set by the DHSSPS was 90% and we will work towards increasing our performance and will remonitor progress in September 2014. To support this achievement we have a regular programme of training for managers and staff and have included this target within our Trust performance management arrangements.



Staff Health and Wellbeing

Staff Engagement and Leadership

Helping doctors in training to STEP-UP

Description of the programme

A team in Belfast Health and Social Care Trust (BHSCT) developed a formal programme to introduce modern concepts of medical leadership and quality improvement skills in 2013, the programme was supported by the Medical Director and Directors of Specialist Services and Acute services providing senior management sponsorship in our organisation.

35 speciality trainee doctors, from a variety of specialty backgrounds, participated in the pilot [Specialist Trainees Engaged in Leadership Programme \(STEP\)](#).

The aim was to ensure that specialist trainees in BHSCT were aware of the many opportunities to develop skills in medical leadership in our organisation during their rotational clinical training. The STEP curriculum also offered basic training in quality improvement with the goal of each trainee being actively involved in a quality improvement or patient safety initiative in their clinical area (STEP-UP project).

Patient safety training

The curriculum was based around the NHS Medical Leadership and Competency Framework and key resources such as the IHI open school which all trainees were given access to. This was funded through the Public Health Agency in Northern Ireland. The new NHS Leadership framework was published during the pilot year and also influenced the teaching. Delivering a basic understanding of quality improvement methodology was led by senior clinical staff using material from IHI open school and the Scottish Patient Safety programme.

Benefits and outcomes

Trainees developed a number of quality improvement and safety projects during the course of the programme. Fourteen were formally presented at the end of the academic year. The panel included Trust Directors, the Postgraduate Dean of Medicine, the Chief Medical Officer (NI) and the Clinical Director of the Health and Social Care Safety Forum supported by the BHSCT Medical Director.



We plan to continue the STEP programme in BHSCT in 2014-2015 and have 60 doctors in training in Cohort 2. We hope it will help our trainees to improve their ability to lead the future delivery of safe, patient centred care.

Staff Health and Wellbeing

Staff Engagement and Leadership

The Belfast Trust Quality Forum

The Belfast Trust Quality Forum was launched by the Chief Executive in May 2013, in conjunction with the HSC Safety Forum, as a pilot programme to support staff in delivering the improvement programme within the Belfast Trust.

Key Objectives

- To facilitate access to training and development to support the Quality and Safety agenda within the Belfast Trust
- To support and mentor staff interested in improvement work
- To share good practice regarding patient safety and quality improvement at all levels of the organisation.

Purpose

The Belfast Trust Quality Forum aims to:

- Build capacity and capability in Quality Improvement
- Raise awareness of the safety agenda and the Belfast Trust Quality Improvement Plan
- Involve people who use our service.

Progress so far

To date, 4 events have occurred with some being invited international speakers such as Dr Brian Robson, Dr Ron Daniels as well as internal speakers such as Dr Louise McKee, Geraldine Byers, Dr Gary Benson and Dr Gavin Lavery, also Clinical Director of the HSC Safety Forum.

A key focus is on the recognition and management of Sepsis within the Trust with plans to roll out the **Sepsis 6** bundle from the EDs into the acute medical and surgical wards.

The Sepsis screening tool can also be found on the back of the National Early Warning Score (N.E.W.S.) charts which were introduced into the Belfast Trust in November 2013.

Feedback on the forum has been favourable and further events have been organised for 2014.



Staff Health and Wellbeing

Staff Recognitions and Awards

Belfast Trust staff was recognised through the year in prestigious awards across a range of disciplines.

The Trust made a clean sweep at the Institute of Healthcare Management awards winning 6 out of the 7 available awards:

- IHM Manager of the Year 2013**
Eliz Bannon, Co-Director Maternity and Women's Services

Eliz has an extensive portfolio of work including the Royal Jubilee Maternity Service, the new Midwifery-led Unit at the Mater, the Regional Fertility Centre, GUM Clinics and Sexual and Reproductive Health Services.
- IHM AHP Manager of the Year 2013**
Brendan McConaghy, Clinical Specialist Physiotherapist

Brendan's project focused on a new Early Intervention Physiotherapy Service for Employees.
- IHM Quality Award - Surgical Assessment Unit**

The new round-the-clock urgent assessment unit for surgical patients at the Royal were declared joint winners in the Quality Award category.
- IHM Medical Leader of the Year 2013 Dr Johnny Cash**

Dr Johnny Cash was presented with his award by Dr Paddy Woods and Dr Andrew McCormick for his work in leading the Program Treatment Unit.
- IHM Research-Led Management Award 2013**
Professor Ian Young and Colleagues

The award was presented for the development of family screening based on genetic testing for inherited high cholesterol (familial hypercholesterolaemia).
- IHM RCN Nurse Manager of the Year Award 2013**
Esther Rafferty, Nurse Manager, Muckamore Abbey Hospital

This award showcases nursing staff who have shown strong leadership of a team and enhanced a service, improving care for patients.



IHM AHP Manager of the Year 2013
Brendan McConaghy



IHM Quality Award - Surgical Assessment Unit



IHM RCN Nurse Manager of the Year Award 2013
Esther Rafferty

Staff Health and Wellbeing

Staff Recognitions and Awards

Belfast City Hospital Macmillan Haematology Nurse Specialist wins prestigious award

Ruth Thompson, a local Macmillan professional has won the prestigious title at the 2013 Macmillan Excellence Awards held recently at The Palace Hotel in Manchester.

Ruth, a Macmillan Haematology Nurse Specialist at Belfast City Hospital, was presented with the Service Improvement Award during a glittering awards ceremony hosted by Olympic rower and gold medallist, Greg Searle MBE.



Ruth Thompson, awarded the Service Improvement Award at the Macmillan Excellence Awards

Arthritis Research UK Nursing Prize Winner

Dr Seamus O'Brien (Manager, Arthroplasty Outcomes Unit) won the recent Nursing Prize which Arthritis Research UK funds annually.

The Nursing prize is in association with the Royal College of Nursing Rheumatology Forum (RCNRF). The winner of each prize receives a certificate and an engraved silver medal. These prizes are awarded based on a written piece of work of up to 4,000 words and a presentation at the British Health Professionals in Rheumatology (BHPR) Conference, which took place in Birmingham recently.

Dr Seamus O'Brien (Manager, Arthroplasty Outcomes Unit) won the recent Nursing Prize which Arthritis Research UK funds annually.

The Nursing prize is in association with the Royal College of Nursing Rheumatology Forum (RCNRF). The winner of each prize receives a certificate and an engraved silver medal. These prizes are awarded based on a written piece of work of up to 4,000 words and a presentation at the British Health Professionals in Rheumatology (BHPR) Conference, which took place in Birmingham recently.

Success at Safety Awards

Belfast Trust recently received a Health & Safety Award by the Northern Ireland Safety Group (NISG) with the National Irish Safety Organisation (NISO). This the first time Belfast Trust has entered these Awards. The entry was submitted with the support of Trade Union Side, Emergency Planning and the Estates Department.

The All Ireland Occupational Safety Awards were established nationally in 1992 and have grown to become Ireland's premier safety awards.

Staff Health and Wellbeing

Staff Recognitions and Awards

Belfast Trust Success at Women of the Year Awards

Dr Madeleine Rooney a Paediatric Rheumatologist in Royal Belfast Hospital for Sick Children was awarded the Woman of the Year in the Health Sector. Also two staff reached finalists in their categories Valerie Wallace and Alison Wilson.

Dr Madeleine Rooney is truly unique in her field as the only Paediatric Rheumatologist to be appointed in Northern Ireland. The judges were told that Dr Rooney's compassion, skills and dedication towards the vulnerable children and young people are cherished by those she cares for as they struggle to gain awareness for a disease that is usually only perceived to be applicable to the elderly.



Dr Madeleine Rooney, Women of the Year in the Health Sector

Finalist Valerie Wallace dedicates her days caring and looking after children with cancer as an oncology research nurse. The judges heard how Valerie brings much needed joy, love and laughter to the kids in her care - not to mention their siblings and parents.

Alison Wilson was nominated in the voluntary sector category by a local mother in recognition of the role she had in the care and support of her terminally ill child. Alison is based in the genetics department and is a part time genetic counsellor and advocacy officer for the MPS society.

Northern Ireland Healthcare Awards

Services at Belfast Trust, took centre stage as they received awards at the prestigious Northern Ireland Healthcare Awards held recently.

- **Epilepsy Project of the Year**

Beth Irwin, Epilepsy Nurse/Midwife at the Royal Hospitals won the Epilepsy Project of the Year Award for the project - Safer Care for women with Epilepsy.

- **Asthma Project of the Year**

Colleagues at the Children's Hospital - Professor Mike Shields, Dr Dara O'Donoghue and Barbara Maxwell (Paediatric Respiratory Nurse) were the winners of the Asthma Project of the Year Award for the 'Difficult-to Treat' (DTA) asthma clinic.



Beth Irwin, Epilepsy Project of the Year Award

- **Innovative Development in Elderly Skincare Management**

The Trust's Tissue Viability Nurse Team received the award for Innovative Development in Elderly Skincare Management for their work in reducing the number of severe pressure ulcers experienced by patients.

