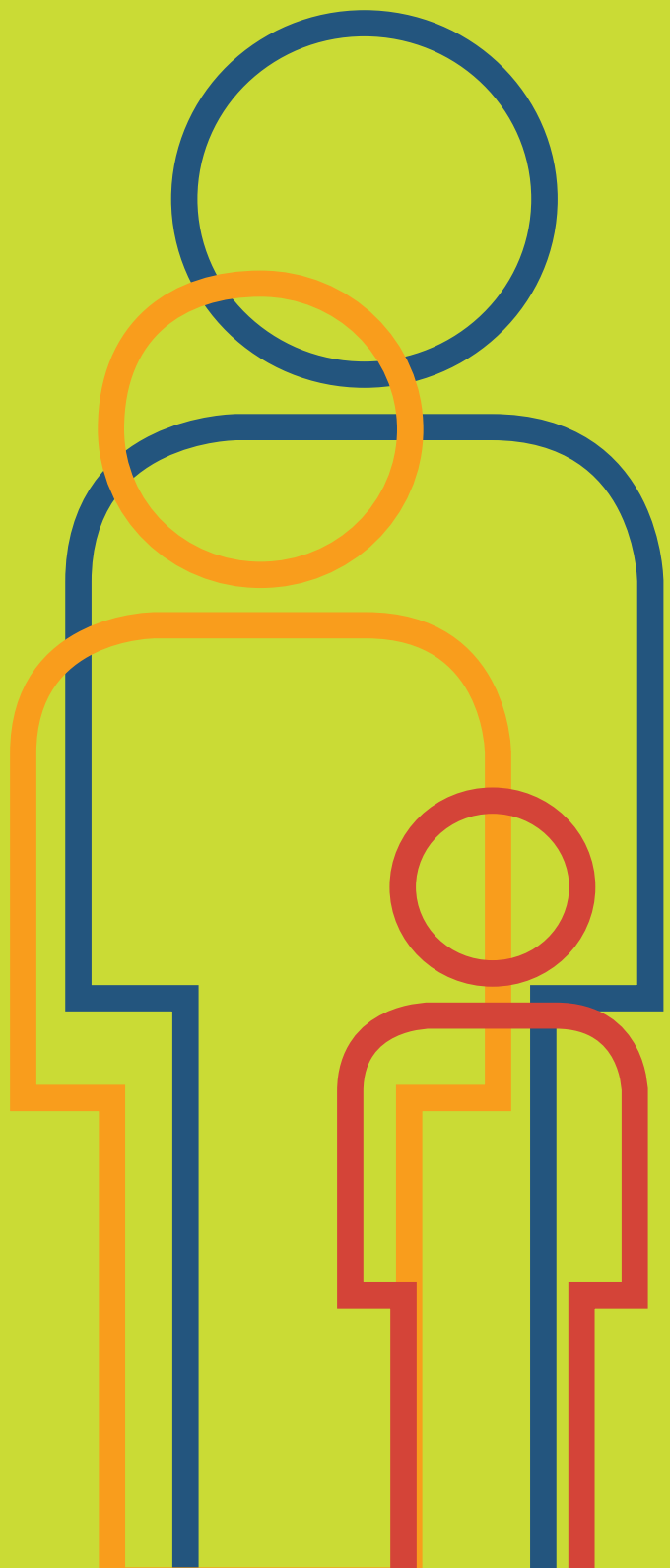
Belfast Health and Social Care Trust

caring supporting improving together

ANNUAL QUALITY REPORT

2019 > 2020



Chief Executive Foreword

I am pleased to present the Belfast Trust's eighth Annual Quality Report and the first since I took up the position of Chief Executive.

The past year has been dominated by the continued need to provide care to those who are most ill with Covid-19. This virus has had a profound impact on our population and by extension, our health service. The need to ensure we have enough capacity to care for critically ill patients has led to us taking some difficult decisions, such as down turning elective surgery and redeploying staff to critical care and care homes.

None of these decisions are easy. If it was not for the continued dedication, professionalism and understanding of our staff, we would not have been able to provide the excellent level of care and more people would have succumbed to this virus. We stand ready to provide care to those most in need for however long Covid-19 presents a threat to the health of the population. Whilst one day this will be over we know it will leave a legacy.

Demand for healthcare is rising and long waiting lists in a number of areas are an understandable source of frustration for the public. Rectifying this, was always going to be a considerable task, only made more difficult by the unexpected demands we have had to respond to this year. More funding can help alleviate the immediate pressures but there is not an endless supply. A limited skilled workforce who are tired is a major constraint. Other solutions need to be found and major reform is needed across Health and Social Care.

We know that there is no quick fix but we continue to make advancements in the quality and safety of the care we provide. The Trust remains committed to our Quality Improvement Strategy (2017–2020) which outlines how we will create the conditions for the Belfast Trust to become a leader in providing safe, effective and compassionate care. We continue to develop new methods of treatment and recovery for patients and new ways of listening to feedback from those who use our services, 97% of our patients in our hospitals would recommend the Belfast Trust to their family and friends. We are investing in the latest technology in healthcare to be able to deliver services differently where virtual outpatients or monitoring is a safe alternative.

The Belfast Trust has the vision, leadership and ability to continue to provide the highest level of quality care whilst finding innovative and new solutions to improve outcomes for our patients and service users. This Report outlines the improvements we have made in service delivery over the course of a very challenging 12 months. In spite of these continued pressures, we have not wavered from our aim to be recognised as a leader in the provision of safe, effective and compassionate healthcare.

Cathy Jack

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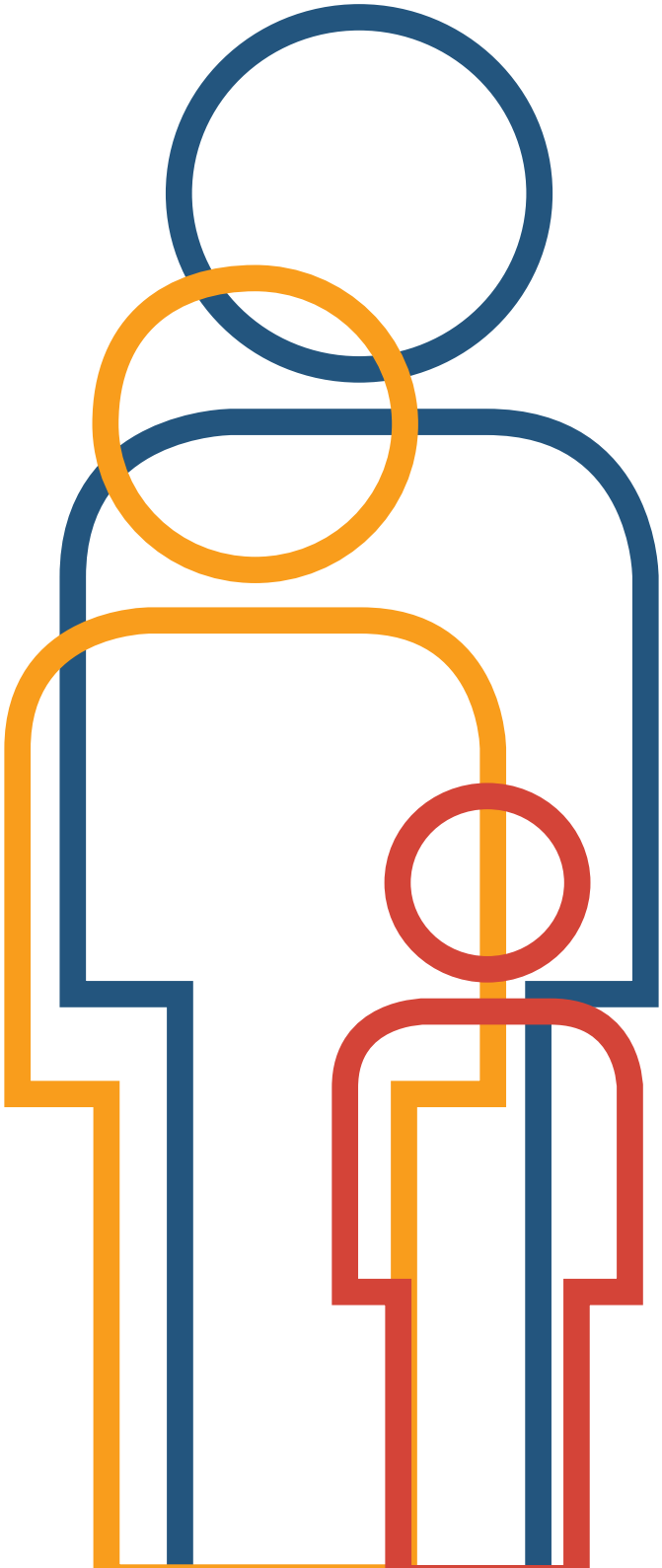
1. Transforming the Culture



1. Transforming the culture

98 improvement projects undertaken

100% of patients in surgical areas would recommend the Trust to friends & family

15000 staff trained in QI

77 Improvement Advisors trained to Level 3

Personal & Public involvement across services

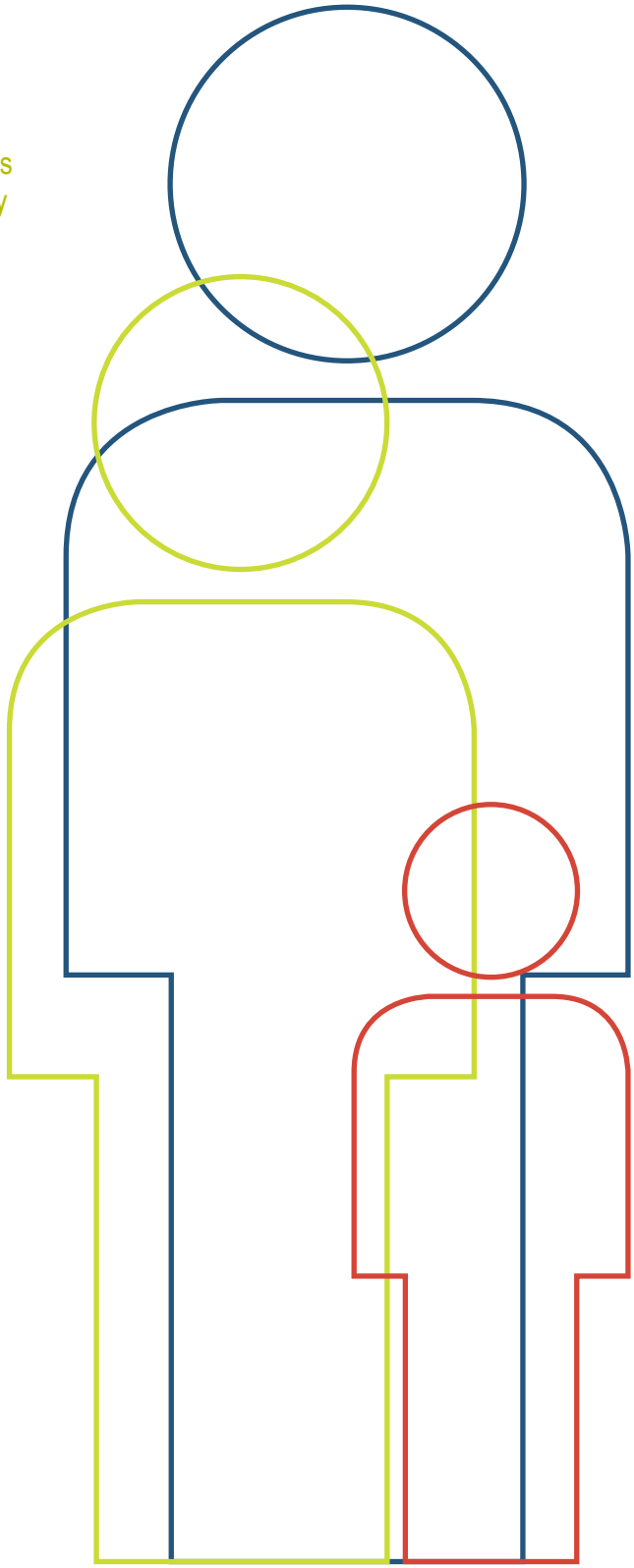
4% decrease in complaints from 2016/17

8934 formally recorded complaints

Collective leadership structure implemented

41 internal learning templates shared

37854 adverse incidents reported



1. Transforming the culture

The Trust Vision and Values

Our Aim

To be in the top 20% of high performing Trusts by 2020.

Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

Health and Social Care Values

The HSC Values were established to embed a core set of leadership values and behaviours across all Health and Social Care Trusts in Northern Ireland. The Values should define everything we do – how we work with each other and deliver our service.

The Values reflect our commitment to provide safe, effective, compassionate, and person-centred care. They were the result of a large-scale scoping exercise that received nearly 4,000 responses.

The HSC Values are:

- Working together
- Excellence
- Openness and Honesty
- Compassion.

Working together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.

Openness and Honesty

We are open and honest with each other and act with integrity and candour.

Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues.

We listen carefully to others to better understand and take action to help them and ourselves.

1. Transforming the culture

Our Corporate Themes

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

- **Safety, Quality & Experience**

The Trust will work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.

- **Service Delivery**

The Trust will drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **People and Culture**

The Trust will support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.

- **Strategy & Partnerships**

The Trust will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.

- **Resources**

The Trust will work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

Our objectives

1. We will seek, listen and respond to service user and carer experience, including real-time feedback in order to inform and develop our services.
2. We will make our services safer and achieve agreed improvements across our safety improvement measures.
3. With our partners, we will encourage our population to play an active role in their own health and wellbeing.
4. We will support people with chronic and long term conditions to live at home, supported by carers, families and their communities.

1. Transforming the culture

5. We will optimise the opportunities for young adult care leavers through education, training and employment.
6. We will further develop safeguarding services in partnership with service users, parents, carers, communities and other agencies to enhance safety and welfare of vulnerable adults and children.
7. We will improve community support to enable more timely discharge for older people and those with chronic conditions.
8. We will deliver agreed improvements for our unscheduled care patients and develop services to avoid unnecessary admission.
9. We will deliver agreed elective care improvement each year, including acute, mental health and cancer services.
10. We will increase staff engagement in order to improve the delivery of safe, effective and compassionate care.
11. We will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.
12. We will build a sustainable workforce, deploy our resources in an effective and efficient Manner, invest in infrastructure which is fit for service delivery and achieve financial balance.

1. Transforming the culture

Patient and User Experience

The Trust continues to monitor patient and client experience using the DHSSPS monitoring standards. Current feedback surveys throughout the Trust continue to show a high level of patient, service user and carer satisfaction.

10,000 More Voices Initiative

The '10,000 More Voices' initiative enables engagement with patients and clients to focus on what matters to them when using healthcare services.

Through involving patients and service users in our work and listening to their experience, we can make a real difference to improve the quality of our services.

The Belfast Trust engaged in a number of projects between April 2019 and March 2020, identified by the PHA:

- Experience of Engaging Mental Health Services
- Service User Survey Experience of Mental Health - Staff survey
- Experience of Living with swallowing difficulties
- Experience of Children's Audiology Services
- Communication /attitude.

Patient Experience in relation to bereavement

The Patient and Client Experience (PCE) and Bereavement teams held a bereavement workshop in June 2019. This followed a series of audits, cumulating in the '10,000 More Voices Bereavement Project Report, BHSCT May 2019'. The workshop aimed:

- To share and discuss 'The 10,000 More Voices Bereavement Project Report, Belfast Health and Social Care (BHSCT) May 2019'
- To review the recommendations and agree the next steps to improve the experience of bereaved people

Service improvements achieved:

- Introduction of Bereavement booklets packs - made up at the bereavement office containing bereavement booklets, death registration forms and a bereavement survey form

- Each ward has a supply of Bereavement booklets packs and supplied to a family following the death of a loved one
- There is the sharing of compliments contained in completed and returned survey forms with the relevant ward/department
- If the respondent requests follow-up, the Bereavement Coordinator makes contact to offer support
- If a staff team requests support this is facilitated.

From March 2019, the Bereavement team have supported bereavement families affected by the Covid 19 pandemic and continue to do so.

Next Steps: Planning for the 'No one Dies Alone' project has commenced with the recruitment of people interested in volunteering to sit with dying patients who have no next of kin. Volunteers from inside and outside the organisation have been recruited to fulfil this vital role.

Always Events

The Belfast Trust took forward the PHA's, 'Always Event' agenda. Always Event® are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time (Picker, 2013).

The creation of an Always Event invariably comes about from the patients and people who use services and where they are asked, **"What matters to you?"** in addition to **"What's the matter?"** In the Northern Irish context, the responses to these two pertinent questions were extracted from stories about experiences of healthcare in Northern Ireland that were shared by patients, families and carers through the regional '10,000 More Voices project' (PHA, 2017). Five key features that citizens of Northern Ireland described as being important to them when they are interacting with the health care delivery system are:

- Mealtime Matters
- Noise at Night
- Family Presence
- Pain Management
- Communication
- Attitude.

The Belfast Trust PCE team have, to date, supported 'Noise at Night' and 'Mealtime Matters'.

Reducing Mixed Gender Accommodation to improve the patient experience is also an ongoing Always Event within The Belfast Trust. Daily monitoring of the wards on the RVH site continues.

1. Transforming the culture

Monitoring records the wards where instances of mixed gender accommodation has occurred, the number of patients affected and the reason. Work is continuing to monitor all inpatient beds.

Mealtime Matters

In collaboration with the PCE Team and the Food and Nutrition Policy and Governance group, The Belfast Trust, service improvement work began in 2019 across the Trust, aiming to improve the patient experience in before, during and after their meal. Shared learning from data gathered from the Northern Trust helped to inform the project. Bespoke posters and leaflets with key 'Mealtime Matter' principles were distributed and aimed to raise staff awareness. Data from surveys demonstrated the need for ongoing work in this area, particularly in the area of uninterrupted mealtimes and the need for ongoing audits.

Next steps – The PCE team will revisit this project in conjunction with the Food and Nutrition Policy and Governance group, BHSCT.

Noise at night

Patient feedback identified noise levels at night on wards is a key problem. The feedback about sleep quality and quantity indicated there was room for improvement. The PCE team supported service improvement to assist with reducing noise at night. Key interventions used were:

- Chatter Tracker noise monitors
- Noise at Night awareness poster
- 'Get a good night's sleep' leaflet for patients
- Ward Good Sleep Checklist.

Next Steps:

- On-going monitoring of Real time Patient Feedback in relation to noise at night
- A focused approach to identify and support wards with key interventions who have on-going issues with noise at night
- Third Roll out of 'Chatter Trackers' was planned for the second half of 2019 and early 2020. This was challenging as the Trust was unable to find a supplier and the Covid 19 pandemic further delayed this search. Plans are to drive this forward.

1. Transforming the culture

Care Opinion

Background and Rationale for undertaking project:

"Hear the patient voice at every level – even when that voice is a whisper" Berwick Report, August 2013

The Department of Health for Social Care in Northern Ireland (HSCNI) and The Belfast Trust is committed to embracing an open and transparent culture whereby the experience of patients, carers and relatives positively influences upon all service improvement – from local level changes within trusts to commissioning, design and delivery of high quality services across the regions.

The PCE team began work in the spring of 2019 in partnership with the Department of Health, to prepare for the implementation of online user feedback, now known as Care Opinion. This project uses technology and online user-feedback as a key enabler for a culture change towards an open and transparent culture. It ensures the service user feedback reaches the right staff in real-time and for the staff to be able to respond to the feedback through the online platform. The Covid 19 pandemic delayed the Ministerial launch of Care Opinion, planned for 1 April 2020. Care Opinion went live on 3 August 2020. In preparation for the implementation of Care Opinion, the PCE team focused on key areas:

Identification of the BHSCT Responder

The PCE have been working through each Directorate structure to identify all appropriate Service Managers & Heads of Service. There are currently over 110 identified staff members that will become system responders. It was agreed that Service Manager and/or above will be responders in phase one of the project with only a few exceptions. All Divisional Leads and Directors can have access to the system as Subscribers enabling permissions to view all stories and formulate reports.

Training to become a responder - The PCE provided:

- 50 training sessions across the majority of The Belfast Trust sites
- Pop-up awareness sessions across a number of Health and Wellbeing Centre
- Training aid memoirs "How to respond effectively"
- Online advice and key principle reminders via a dedicated link.

Awareness of Project:

The underpinning ethos of Online User Feedback is to integrate a system for the people who engage and interface with HSCNI and commissioned services. Promotion within the public arena is

key to empower patients, relatives and carers to share their experience and develop trust in a new service. Preparations for awareness of project:

- Working with Public Health Agency (PHA) to inform all services which interface with HSCNI and The Belfast Trust
- Transport to display the Care Opinion logo on Trust vehicles. The second Trust in UK to take this step
- Development & Launch of tailored Belfast Health and Social Care Trust (BHSCT) Online Trust User Guide using Page Tiger, situated homepage on BHSCT HUB
- Care Opinion to be advertised on all appointment letters
- Care Opinion Information posters to be circulated to all Trust locations
- Recruitment of Online Facilitator to implement the project across the Trust.

Next steps:

The Belfast Trust recognises success of Care Opinion will be dependent upon the following:

- A wide range of stakeholders being willing and available to take part in the project process
- Effective and consistent promotion of the service to encourage patient and client participation
- Capacity and time to provide the personal response to stories and to further support patient and client participation
- Make meaningful changes to our services on the feedback of patient experience.

The Chaplaincy Service

Through April 2019 to March 2020, The Belfast Trust Chaplaincy Service has continued to address the spiritual needs of patients, their families and all service users and continue to do so in the midst of the Covid 19 pandemic. The spiritual care offered by the Chaplaincy Service in an integral part of the patient experience and spans across staff, patients, their families and service users of all multi-faith beliefs. The team have been involved in the design and development of a new Multi-faith Belief E- learning package for staff. The Chaplain's Association assisted in the development of a new website, which offers Multi-faith belief resources.

The Volunteer Service

The Volunteer Service continued to engage with service areas across the acute and community sites. The Volunteer Service enhances the patient experience and quality of our services by offering a number of supporting roles:

- Breast Feeding Peer Support

- Chaplaincy & Faith Volunteers
- Meet and Great Cancer Services/MacMillan
- Meet and Greet Community
- Meet and Greet Royal Victoria Hospital
- Family Liaison Support
- Peer Support – Adoption Support and Liver Support.

Next Steps:

The PCE team in conjunction with the Volunteer Service will assist in determining roles suitable for volunteering in the current Covid 19 Pandemic circumstances. Evaluation of the Meet and Greet Roles in Wellbeing and Treatment centre will be completed, with the expectation to extend the role across services.

Patient Liaison Service

On 11 March 2020, the World Health Organisation (WHO) officially declared Covid-19 a pandemic due to the speed, scale and severity of transmission. Recognising visiting restrictions caused a significant communication barrier between patients, staff and their families/carers The Belfast Trust responded by commissioning the Patient Liaison Service (PLS). In partnership, with the Nursing and User Experience and Planning & Performance Directorate urgent preparations began to establish this vital service aiming to ensure a timely flow of communication between the wards and the families/carers of patients in our care.

Next Steps:

- To maintain this service throughout each surge of the Covid 19 pandemic.
- To obtain qualitative feedback from Service Users to make changes to enhance the quality of the Patient Liaison Service. In the first Covid 19 surge, survey results indicated 81% of service users were satisfied with the flow of communication and got their call answered immediately by a member of the Patient Liaison Service team and this helped to reduce their anxiety.

Moving Forward

The PCE team are committed to building on the strong foundations in place within The Belfast Trust for listening to our patients. They will continue to focus on involvement and co-production with patients and clients in tandem with initiatives such as '10,000 More Voices', Real time Patient Feedback, Patient and Service user surveys, Care Opinion and Personal and Public Involvement (PPI) enterprises. In doing so, it recognises that it is vital to triangulate patient experience results, to ensure areas of high performance are duplicated and areas of lower performance are supported to improve.

1. Transforming the culture

Personal and Public Involvement

Belfast Trust remains committed to enhancing involvement practice and further developing opportunities for co-production with service users, carers and the wider community, in line with the regional PPI standards and DOH co-production guidance. Effective involvement and co-production are central to the delivery of safe, effective, compassionate and high quality care and the Trust continues to prioritise involvement and co-production within all its business. Involvement and co-production are a core aspect of the Trust Corporate plan and are also reflected in the management plans of each Directorate. Involvement and co-production are included in the Trust Assurance Framework committee structure and report via the Involvement Steering group.

During 2019/20, the process of reviewing the Involvement framework for the Trust began, with work progressing towards the productions of a new Involvement strategy which brings closer alignment of work on Involvement, Co-production and Patient and Client Experience.

The Trust continues to develop a range of opportunities for service users, carers and the public to get involved in the development, improvement and evaluation of Trust services. The Trust strives to ensure that involvement opportunities are accessible to people and that people are supported to be involved in a way that suits their needs, experience and ability.

Engage and Involve training continues to be delivered to staff from a variety of professional backgrounds and Bands. This has included Introduction to PPI, Facilitation Skills for Involvement, Getting People to Participate and a number of tailor made sessions for specific staff groups. During 19/20, 157 members of staff attended Engage and Involve training.

The Involvement e-learning session is available on the Trust's e-Learning website and during the period 19/20, 2201 members of staff completed the e-Learning session. An 'Overview of PPI session' was delivered to 308 people completing the SQB programme and during 10/20, 7 staff and 2 service users completed the Leading in Partnership programme. This programme is funded by PHA and delivered by BSO and supports participants to develop their leadership skills in relation to involvement and co-production.

An Excellence in Co-production award was facilitated during 19/20, with 15 applications received from across the Trust.

The Trust received an allocation of transformation funding to support the development of co-production and involvement. A process was established to administer this funding. 20 applications were received and 18 projects were awarded funding. This included funding for an event to involve older people in the complex discharge HUBS, focus groups to inform the development of a fibromyalgia pathway, development of a CAMHS Alumni and support for a day opportunities Service user council.

1. Transforming the culture

Involve Fest

During November 2019, BHSCT organised a range of events to support the regional Involve fest.

A wide range of involvement initiatives have been developed during this period, including:

- A service planning workshop for Older Peoples Services
- Involvement in development of Community Rehab information
- Shared Lives involvement event
- Sensory and Physical Disability Day Centre user groups
- Co-production of a range of policies within maternity services
- Renal carer and family focus groups
- Immunology patient involvement meetings
- Co-production of information app in children's haematology
- NI Cancer Research Forum
- Review of SLT appointment in Children's services
- Artificial eye modernisation programme.

There are number of service user and carer groups and forums across the Trust, which provide an opportunity for ongoing involvement and participation in decision-making and feedback on a range of issues.

Café conversations during Involve fest

Service user input into OT leaflet

1. Transforming the culture

Real Time Patient Feedback

We began our rollout of Real Time Patient Feedback across the Belfast Trust in September 2019, going live to our first 48 wards. This included wards from a variety of different divisions & specialties, to include Maternity & Mental Health areas. A Team of Patient Experience Officers visit the wards each fortnight and aim to speak to 50% of the patients on that day with the ward receiving their feedback report within 24 hours, allowing any concerns to be addressed at local level in a timely manner.

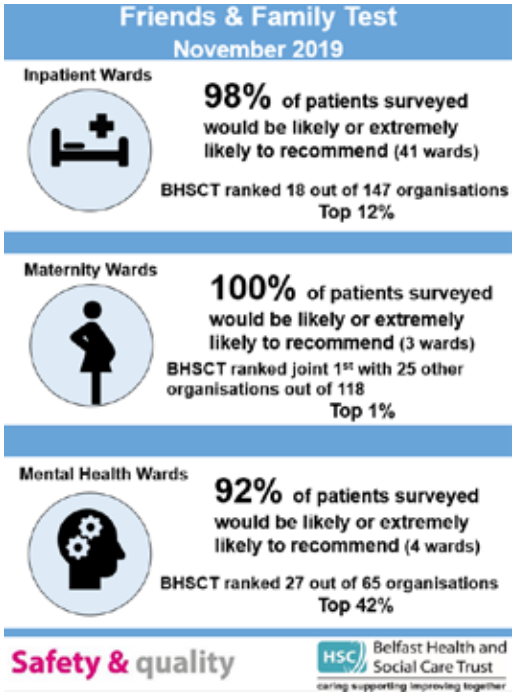
The wards in phase 1 have welcomed this feedback and many areas have used it as a way of guiding where to focus their improvement efforts, where required, and also to thank their teams for their hard work & dedication & celebrate success.

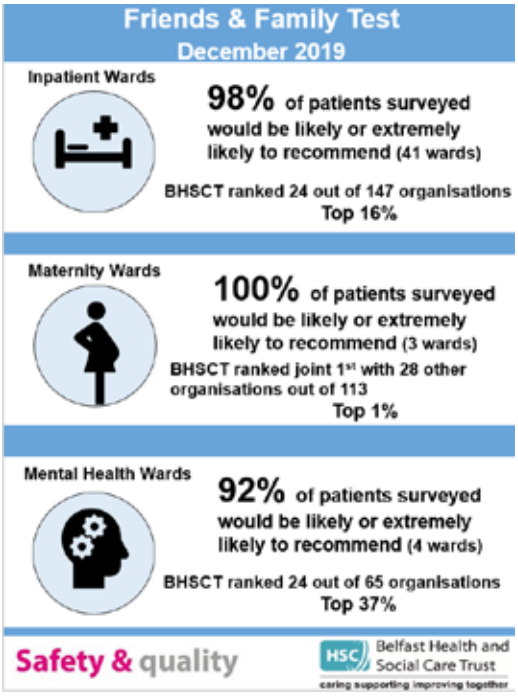
Some examples of comments received are detailed below:

1. Transforming the culture

Over the period of 7 months from phase 1 launch in Sept 2019 to pause of collection in March 2021, 4055 patients were surveyed and their experiences heard with an average overall satisfaction score for this period of 97%. The Friends & Family Test (recommendation question) can be used to benchmark against other Trusts across the UK on a monthly basis. See below infographic showing this data for November 2019 & December 2019. This is broken down into 3 categories, all inpatient wards, maternity wards & mental health wards.

Plans were in place for phase 2 launch, for early 2020, to include a further 27 wards as well as outpatient and community areas, however due to the Covid-19 pandemic this was unable to go ahead and the collection of real time patient feedback was paused in March 2020 to protect patients and staff. The expectation is that collection will recommence and Phase 2 launch will go ahead later in the year when safe to do so.



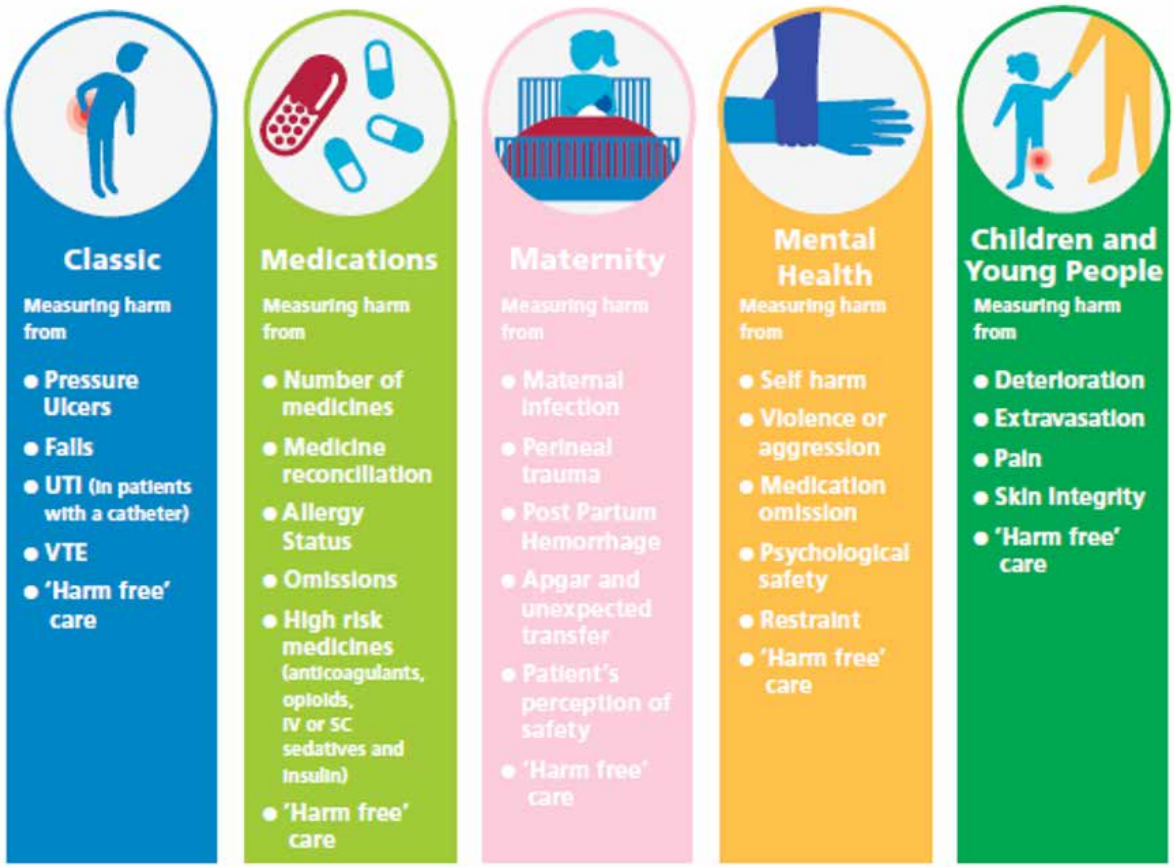


1. Transforming the culture

NHS Safety thermometers

Alongside the rollout of Real Time Feedback across the Organisation, we also introduced the NHS Safety Thermometers to the 48 phase 1 areas in September 2019. The NHS Safety Thermometers enable us to take a 'temperature check' on safety through measuring common causes of harm at the point of care. They can be used to understand the proportion of patients affected by harm, agree baselines, set improvement goals and detect change over time. It also allows for benchmarking with other Trusts across the UK who also use the NHS Safety Thermometer.

We currently collect data using the medication, mental health, maternity & Classic Safety Thermometers and plan to introduce the Children & Young People thermometer when we roll out to children's services in phase 2/3. The information is collected on 2 days per month by the team of Patient Experience Officers and a report sent to each ward on a monthly basis. This data identifies if harm has occurred and highlights areas for improvement, which can be discussed by the ward MDT. We also plan to begin publishing Divisional & Specialty Level reports.



We can use this data to benchmark with other Trusts across the UK using the NHS Safety Thermometer Website each month. See following data from December 2019 & January 2020:

1. Transforming the culture

Safety Thermometers December 2019

Safety Thermometer Classic

89.56% Harm free care (41 Wards)

BHSCT Ranked 157 out of 174
Top 90%

Safety Thermometer Medication

No overall harm free %

Meds Rec	- 24 out of 29
Omitted Dose %	- 27 out of 29
Allergy Status %	- 19 out of 29
Omission of critical med %	- 15 out of 29
Receiving high risk med %	- 15 out of 29
MDT referral	- 24 out of 29

Safety Thermometer Maternity

100% Harm free care (2 Wards)

BHSCT Ranked 5 out of 56
Top 1%

Safety Thermometer Mental Health

86% Harm free care (4 Wards)

BHSCT Ranked 13 out of 15
Top 87%

Safety & quality

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NHS Safety Thermometers January 2020

Safety Thermometer Classic

89.56% Harm free care (41 Wards)

BHSCT Ranked 184 out of 208
Top 88%

Safety Thermometer Medication

No overall harm free %

Meds Rec	- 27 out of 31
Omitted Dose %	- 29 out of 31
Allergy Status %	- 20 out of 31
Omission of critical med %	- 31 out of 31
Receiving high risk med %	- 19 out of 31
MDT referral	- 22 out of 31

Safety Thermometer Maternity

75% Harm free care (2 Wards)

BHSCT Ranked 33 out of 60
Top 55%

Safety Thermometer Mental Health

82.8% Harm free care (4 Wards)

BHSCT Ranked 14 out of 15
Top 93%

Safety & quality

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Data collection paused in March due to the Covid-19 pandemic to protect patient & staff. Around this time, the NHS England issued a statement on the NHS Safety Thermometer website explaining that that they would be ending the national collection of Safety Thermometer data from April 2020 and that Organisations should no longer submit their data. The plan would be to explore the option of continuing to collect this information locally or await the alternative collection method from NHS England.

1. Transforming the culture

Complaints and Compliments

Although most patients have positive experiences of our services there may be times when treatment or care do not meet expectations especially when something has gone wrong or fallen below standard.

We are focused on making sure that lessons from complaints are taken on board and followed up appropriately, sharing these lessons across other Service Areas and Health and Social Care Trusts where the learning can be applied in settings beyond the original ward / department.

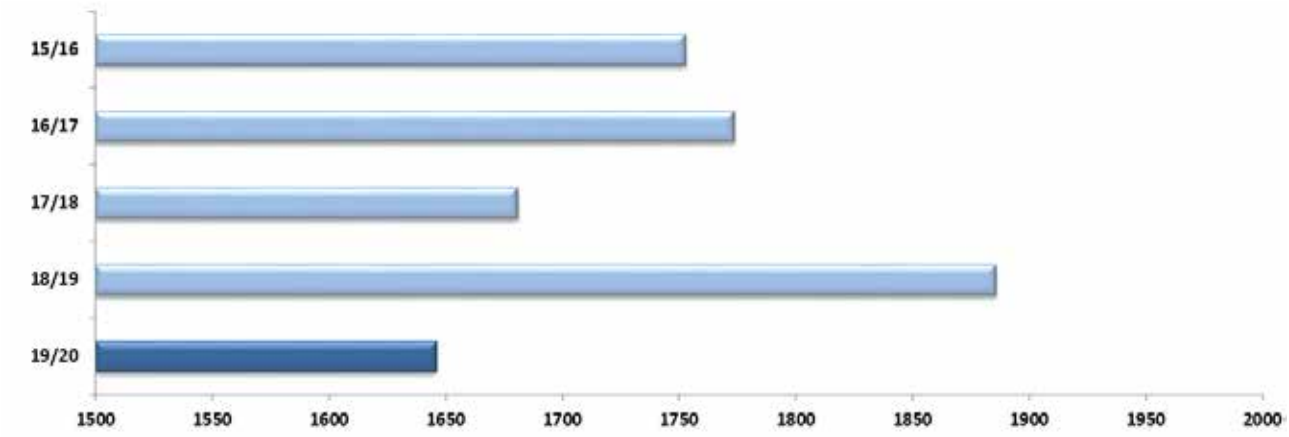
We recognise the importance and value of service users' opinions regarding the treatment and care we provide. As such we have effective processes for managing comments, concerns, complaints and compliments about any aspect of care or treatment provided or commissioned by the Belfast Trust.

By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future.

Facts and Figures

1,646 formal complaints were received in 2019/20 representing a 12.7% decrease on the previous year's figure of 1,885.

Formal complaints 2015 – 2020:



Formal Complaints - Top 5 Subjects 2018/19

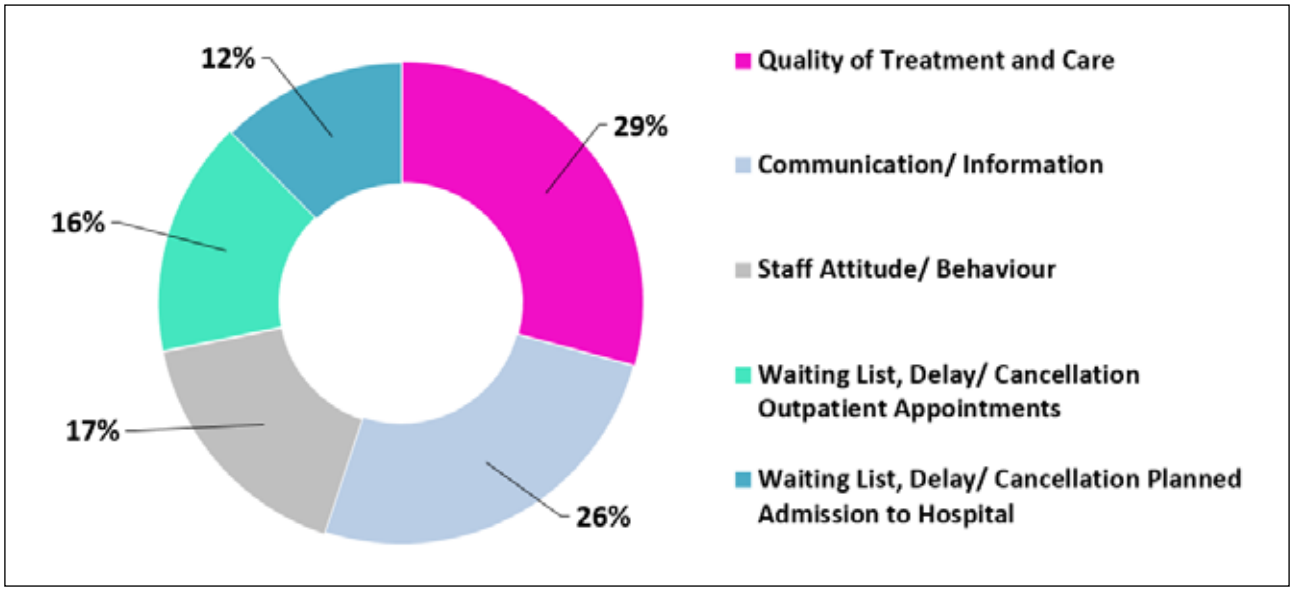
The most frequent reasons for complaints about our services this year were:

- Quality of Treatment and Care
- Communication / provision of Information

1. Transforming the culture

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

The most frequent issues and concerns raised in complaints throughout 2019/20 remained consistent with those identified in previous years. The chart below shows the 5 most common complaint subjects during the year:



Responding to complaints in a timely manner

The Complaints Department supports our managers and staff working in wards and departments to help ensure that comprehensive and full responses are provided to all complaints in an appropriate and timely way.

During 2019/20 we took an average number of 30.8 working days to provide responses to complaints. Although the Trust aims to respond to complaints within 20 working days, complex complaints (particularly those that involve a range of services / departments / organisations, or where independent expert opinions are sought) can require additional time to investigate.

The following table shows the response times for the Trust for complaints received during 2019/20:

Acknowledgement of complaint within 2 working days	98%
Complaint response within 20 working days	50%
Complaint response within 30 working days	61%

1. Transforming the culture

In order to improve the timeliness of our response to complainants, we continued our focus on long outstanding complaints during 2019/20, in particular highlighting cases where investigations and responses had been ongoing for longer than 40 workings days. We also encouraged and supported staff to resolve complaints on the frontline - increasing the numbers of complaints addressed informally within wards and departments, and also increasing the numbers of formal complaints addressed within 5 working days.

Complaints during Covid-19

The final weeks of the 2019-20 year saw Trust services starting to be significantly impacted by coronavirus and the associated measures implemented to protect our patients, staff and the wider public.

We greatly appreciated the patience and support of both existing and new complainants as we all worked to deal with unprecedented changes at this time. Service Area staff faced extraordinary challenges in seeking to re-organise and re-design the delivery of care in order to ensure capacity for patients with COVID-19, as well as those requiring urgent care for other conditions. Within the central complaints team itself, a number of staff were redeployed to support the provision of support and advice for those bereaved during coronavirus.

Clearly these factors impacted on our capacity as an organisation to be able to respond to complaint issues in as timely a manner as we would otherwise have wished, however processes were put in place to monitor and escalate complaints raising high risk issues, as well as those for which responses were outstanding for long periods of time, so that work could continue in these areas as a priority, in addition to the ongoing efforts to progress our other complaints.

The Trust also established a Governance Triage Panel to assess any high risk complaints that may have been proposed for suspension (due to the effect of COVID-19 on the capacity of Service Areas to investigate) and determine whether this was appropriate, or whether urgent investigation was required. Due to the commitment and effort of staff however, the investigation of all high risk complaints continued for all cases despite the COVID-19 impact.

Learning from Complaints

The Trust endeavours to ensure that where any patient had an experience within our care that did not meet the standards that we expect, this experience is reviewed and any learning is identified and used to inform changes in the way that we deliver our services. This learning is shared across Trust wards / departments where relevant to help avoid other patients experiencing similar issues in the future.

Some examples of how complaints have led to improvements within the Trust during 2019-20 include the following:

1. Transforming the culture

Complaint 1

A patient was hospitalised following Polytrauma and discharged 22 days later. The patient and family subsequently complained about inadequate preparation for this discharge from hospital, and felt that a more comprehensive package should have been put in place.

The learning from this complaint was shared with the Multi Disciplinary Team.

Staff within Trauma & Orthopaedics were required to attend study sessions in relation to safe discharge planning and documentation.

A Quality Improvement Project, led by the Multi Disciplinary Team, was also initiated to promote safer discharge.

Patients within Trauma & Orthopaedics will now be given a discharge information package, with Multi Disciplinary Team input throughout their inpatient stay. This package will also identify services that have been contacted, following Multi Disciplinary Team assessment of the patient's needs. The package will stay at the patient's bedside and will enhance communication with the family.

Complaint 2

A patient complained that her privacy and dignity were not maintained while attending for a diagnostic test.

During the CT scan, an initial planning scan was done to assess which level to start and stop the scan. At this initial stage it was apparent that artefact from clothing (eg. zips, buttons, belt, buckle, heavy materials etc) was present on the scan. It was essential that this was removed from the area to be scanned, in order to achieve the best quality images. Unfortunately, as the scan had already commenced it was vital that the patient remained in the same position. Otherwise a repeat scan would be required which would have resulted in an additional unnecessary radiation dose.

As a result, a new information poster (see overleaf) was designed for patients advising them on what to wear for an imaging scan and patients are now issued with double gowns.

This poster is now displayed in all Imaging Departments across the Trust.

This complaint has been a source of learning for the team in the Mater Imaging Department as well as the wider Imaging team. The key points of this complaint and the learning from it have been shared with all Imaging staff in their fortnightly newsletter.

1. Transforming the culture

When patients are not fully satisfied with the outcome from the Trust's complaint process they can choose to subsequently raise their concerns with the Northern Ireland Public Services Ombudsman.

An example of learning and improvement arising from a complaint that was investigated by the Northern Ireland Public Services Ombudsman in 2019/20 is detailed below:

The complaint concerned the care and treatment of a 75 year old patient following his admission with breathing difficulties to the Royal Victoria Hospital Emergency Department. The patient's condition deteriorated and despite intervention he passed away from heart failure 2 weeks later. The Ombudsman identified failures in relation to delay in the patient's triage and review by a clinician, and failure to allocate the appropriate triage category to the patient.

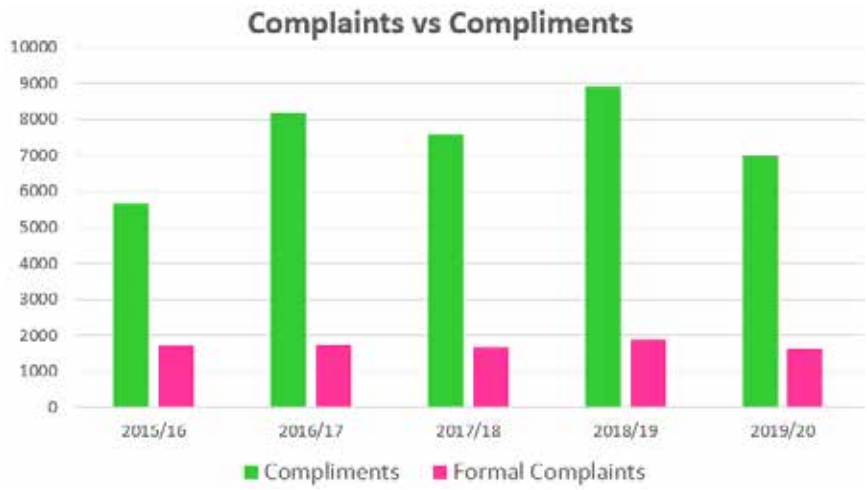
As a result of the learning from these events, a number of significant changes were made to patient flow processes across the hospital system in an aim to enhance care and reduce waiting times. These included:

- The setting up of the RVH Emergency Care Village to help reduce the pressures on emergency care - including additional areas as an extension of the existing RVH ED to facilitate additional streaming of patients. The Service Area has also provided additional assessment areas to allow further development of the Emergency Care Village model which will provide additional resuscitation capacity.
- A new process was implemented whereby a doctor or nurse practitioner signs off on each ECG after it is taken. A copy of this is scanned and attached to the ED electronic clinical care system ("Symphony").
- A Safety Walk-Round checklist was implemented within the unit to ensure medical staff are aware of deteriorating patients.
- A new version of "Symphony" ensures an alert is triggered for patients presenting with a high early warning score. This alert will outline further action required in escalating the relevant patient's management.

1. Transforming the culture

Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services. A total of 7,012 compliments were formally recorded during 2019-20 and the table below shows the numbers of compliments received over the past 5 years.



Adverse Incidents / Serious Adverse Incidents

An Adverse Incident is defined as "Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course of the business of a HSC organisation/Special Agency or commissioned service."

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

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

Incidents reports are provided to a number of specialist groups e.g. the Trust Assurance Committee, Invasive intervention group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team, to help identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

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

1. Transforming the culture

Facts and Figures

In the year 2019/20 there were a total of 37,408 adverse incidents reported and, of these, 120 were reported as SAIs. 76% of adverse incidents affected patients or service users, 19% affected staff/ contractors/vendors with the remaining 5% affecting the organization as a whole or public/visitors.

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

Top 5 Incident Types 2019/20	Examples of actions to reduce re-occurrence
Behaviour (13,883 reported incidents) (It should be noted that many of these incidents occur as a result of the challenging behaviour associated with some learning disabilities and mental health conditions)	• The Trust has a zero tolerance approach to the Prevention and Management of Aggression and Violence • A Management of Aggression Project Group has been established to provide strategic leadership and to oversee the development of a sustainable model to ensure that appropriate arrangements are in place to effectively manage the issue of aggression towards staff in the workplace • Training programmes are delivered throughout the year in the areas of Management of Aggression and Violence towards staff, basic personal safety awareness, recognising, preventing and managing aggression, skills to escape an attack and team approaches in holding skills • Within Mental Health Services a Quality Improvement Project was established within Acute Mental Health and CAMHS Services in 2019. The move to the new building (Acute Mental Health Inpatient Centre) brought challenge's to maintain this improvement • However, all incidents of violence and aggression are discussed at the Live Governance calls • Any incidents of violence and aggression which are graded moderate and above are discussed by the Collective leadership at a weekly governance huddle • Support for staff is provided as and when necessary • It should be noted that often when a peak arises within these inpatient facilities that it can relate to one or two individual patients who have been admitted and who are very unwell

1. Transforming the culture

Top 5 Incident Types 2019/20	Examples of actions to reduce re-occurrence
	• Within Learning Disability Services all incidents of aggression are discussed at Weekly Live Governance for both hospital and community settings • Incidents of aggression are reported on the Hospital Weekly Safety Report and the fortnightly community governance report • Trends and patterns for a six month period across all settings are discussed and analysed at the bi-monthly Learning Disability Governance Committee • A QI project commenced in December 2019 focusing on reducing incident of physical aggression at Muckamore Abbey Hospital.
Accidents / Falls (7,194 reported incidents of which 5,771 were falls)	• The Fallsafe Coordinator continues to support staff in delivering evidenced base falls prevention through the use of Fallsafe • Staff have been encouraged to read the updated 'Management and Prevention of Adult Inpatient Falls in a Hospital Setting' Policy which has been available on the HUB from February 2020 • To help reduce the number of patients falling throughout the Covid-19 Pandemic staff have been encouraged to utilise the resources available to help keep patients safe from falling • The below information was emailed to Ward Managers and Fallsafe Champions to increase their awareness of patient falls during Covid-19. Please be aware! Patients who have a positive/ pending Covid-19 result may be more vulnerable to falls as the doors are closed, ultimately decreasing visibility from staff. Top Tips Nurse call bell to hand ✓ Bed at ultra-low level ✓ Mobility aid by bedside ✓ Drink within reach ✓ Please consider the use of low entry beds at this challenging time. You can find information on the low entry bed and how to order by clicking on the following link -

1. Transforming the culture

Top 5 Incident Types 2019/20	Examples of actions to reduce re-occurrence
Medication/Biologics/Fluids (3,222 reported incidents)	**Insulin** The Trust has an ongoing project to ensure key tasks relating to the Kardex, IV fluids, Warfarin and Insulin (KIWI) are completed by medical teams prior to the end of the day. This is to reduce the number of these tasks that have to be undertaken by on call medical staff who are not as familiar with the patient. The run chart below shows the improvement achieved on one BHSCT ward. **New adult, acute Kardex incorporating an antithrombotic page** Implementation of this Kardex occurred in December 2019. An antithrombotic page was included to improve safety with Non Vitamin K antagonist Oral Anticoagulants (NOACs), specifically to avoid inappropriate co-prescribing of NOACs with other anticoagulants such as enoxaparin.
Other (2,613 reported incidents)	A number of incidents have been recorded as 'Other' where staff have been unable to code appropriately. Actions are being taken to improve the coding of incidents.
Diagnostic Processes/ Procedures (1,340 reported incidents)	Incident within this Type include laboratory investigations/ interpretations, radiological/imaging investigations/ interpretations, monitoring/on-going assessment of patient status and general diagnostic incidents. Staff review incidents and implement actions as required

1. Transforming the culture

Adverse Incidents /Serious Adverse Incidents

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.”

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Incidents reports are provided to a number of specialist groups including the Trust Assurance Committee, Invasive Intervention Group, Health and Safety Group, Management of Aggression Group, Safety Improvement Team. This helps to identify trends and areas requiring focus and to allow measurement of the impact of incident reduction projects within the remit of these groups.

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

1. Transforming the culture

Facts and Figures

In the year 2019/20 119 were reported as SAIs.

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

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

Shared Learning HSC Belfast Health and Social Care Trust	**Ref: SAI 18 052**	**Date issued: Dec 2019**

Safety Message:

The term 'Specimen' should be added to the count board in theatre when specimens are expected.

Summary of Event

A patient was admitted for routine laparoscopic surgery. The surgery was uneventful. However, no check was made to ensure that the specimen to be excised had been removed prior to closing the skin. After skin closure, it was noted that the specimen to be excised had not been removed via the laparoscopic ports. As the patient was still under anesthesia, a further procedure was required to retrieve the specimen.

The Surgical Registrar tried to retrieve the specimen but could not. The Consultant Surgeon scrubbed in and a laparotomy was performed and the specimen retrieved.

The patient was made aware of the issue. The patient made a full recovery post operatively and was discharged home as appropriate.

Learning Points

- The term 'Specimen' should be added to the count board in theatre when specimens are expected. This will act as a prompt to the surgical team, therefore ensuring that the specimen has been retrieved before the last count is performed and before closure.

Learning applicable to:

Specific Directorate(s) Theatres, POIT	x	Trustwide	
Other (specify):		Regional	

*Please note that Shared Learning SAI/18/052 was issued December 2019.

1. Transforming the culture

Patient /Family /Carer Engagement in SAIs

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

The Trust is expected to always engage with patients and clients proactively where appropriate. This is supported by a completion of a checklist at conclusion of the review that confirms this has happened and is included within the final report submitted to HSCB

Being open

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

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

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

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

In addition to above, for any patient related incidents that have a severity (actual harm) graded at Moderate or above, a question on 'being open' must be answered. Any incidents that have 'Principles of Being Open applied' noted as either a 'No' or 'N/A' come back for further review at the ongoing weekly governance call.

1. Transforming the culture

SAI Reviews during 2019/20 involving deaths by Directorate

Of the 119 SAIs during the period 01 April 2019 and 31 March 2020, 53 of these relate to patient deaths. Table 1 below provides a breakdown by Directorate. Over half of these SAIs involving death were reported by Adult Social & Primary Care Directorate and relate to suicides (30 / 57%).

Directorate / SAI Criteria	Count
Adult Social and Primary Care	32
Children's Community Services	1
Specialist Hospitals & Women's Health	9
Surgery and Specialist Services	7
Unscheduled and Acute Care	4
Total	**53**

Of these 53 SAIs:

- 39 were reviewed using Level 1 SEA methodology
- 14 were reviewed using Level 2 RCA methodology (Minimum of chair being independent to Directorate)
- 0 were reviewed using Level 3 RCA methodology (Minimum of chair being independent of the Trust).

How the organisation learns

The Trust is committed to being a 'learning organisation', one that is continually seeking to share best practice, to share learning when the care we have provided could have been better and also to proactively identify risk and to be a 'problem sensing' organisation. Due to the scale of our Trust, spread over multiple sites and with over 20,000 staff, it can be challenging to share learning constantly and effectively. We do this via a number of ways:

- Specialty Mortality Review and Patient Safety meetings which are multi-disciplinary meetings (at least monthly) for each Specialty and review mortality, morbidity, learning from harm and other governance and patient safety issues
- Internal Learning Templates arising from an incident, complaint, Case Management Review etc. – 20 were issued across the Trust in 2019/20. These learning templates are issued across all Directorates in the Trust and also shared with the Public Health Agency, Queens University and

the Northern Ireland Medical and Dental Training Agency for onward dissemination across the region. Please see table below for detail of the learning

- Regional Learning Event for Serious Adverse Incidents including presentations from the Belfast Trust
- Divisions have Live Clinical Governance meetings each week
- Safety Quality Visits where our Executive, Non-Executive Directors and Senior Managers visit wards and units and share best practice and support wards and teams to improve
- "Safety Matters" newsletter issued 3- 4 times per year
- Quarterly and Annual Complaints, Incident and SAI reports
- Directorate and Trust-wide Shared Learning Events
- Implementing recommendations from external reviews and enquiries
- Incident and Risk Management training
- Incidents, SAIs, Complaints, Litigation cases are themed to enhance learning opportunities
- The Trust has a weekly Governance Teleconference to discuss what harm has occurred in the previous week and what is planned for the following week in terms of SAIs, Ombudsman Complaints, Coroners Inquests, Clinical Negligence cases. Learning is shared between Directorates and issues can be escalated as required

Building a Culture of Improvement

- Safetember and March to Safety – a month long programme of events and initiatives undertaken in September and March each year to celebrate our improvements and to share best practice. They also include guest speakers, an opportunity to complete mandatory training and shared learning events that are open to all staff. In 2019, Safetember asked all teams to have a 'Safety Pause' during a team meeting. This involved taking time to evaluate how safe care is on that day and how safe it will be in the future.

Due to the Covid-19 pandemic all planned face to face events were cancelled in March 2020.

1. Transforming the culture

All staff are welcome to attend the events below. For more information please contact: katherine.perry@belfasttrust.hscni.net

safetember

Team Safety Pause Month

Mon	Tues	Wed	Thurs	Fri
2 Emergo Report and Debrief, Elliott Dynes Lecture Rms 1&2, 11.00 – 12.30	3 Guest Speaker - Annie Laverty Patient experience 11.00 – 12.30 Elliott Dynes Clinical Skills Lecture room	4 Disability Training for Mental Health staff 2pm – 4pm Large conference room, Everton Complex, Crumlin Road Book via HRPTS	5 Guest Speaker – Christine Braithwaite & Annie Sorbie Being open/Duty of Candour 12.00 – 13.15 Elliott Dynes Education centre – Lecture room 1 & 2 (Lunch provided!)	6 Fire Safe Friday Training 14.00 – 15.30 Post Graduate Lecture theatre, BCH
9 BRAAT 3 Awareness training, Lecture Rm 1, Elliott Dynes 9.30 – 10.30 Book via HRPTS	10 Intro to PPI (Personal and Public Involvement), 9.30-11.30, Larkin Room, Postgrad Centre, BCH Book via HRPTS **Disability Awareness Training Betty Chambers, MPH 14.00 - 16.00, Book via HRPTS**	11 BRAAT 3 Awareness training, Lecture Rm 1, Elliott Dynes, 9.30 – 10.30 Book via HRPTS **SAI Learning - Dr Eibhlin McLoone - Squint surgery never event, Lecture Rm 1&2, Elliott Dynes Education centre, 12.15 – 13.30 (lunch provided!)**	12 Training for domestic & sexual violence support officers by Men's Advisory Project and Rainbow Project, 12.30 -16.00, Elliot Dynes, Book via HRPTS **Social Media Awareness, Postgrad lecture theatre, BCH, 9.30 – 12.00 or 13.30 – 16.00, To book contact:** DigitalComms@belfasttrust.hscni.net	13 Fire Safe Friday Training 14.00 – 15.30 Sir Samuel Irwin Lecture Theatre, RVH
16 Good Relations Week Click for events Guest Speaker Dawn Benson & SAI Learning - Dr Finbarr O'Neill - Arterial line blood sampling Larkin Rm, BCH, 12.15 – 14.00 (lunch provided!)	17 Good Relations Week Click for events Infection prevention control, Larkin Rm, BCH, 12.00 – 14.00	18 Good Relations Week Click for events	19 Good Relations Week Click for events Service User Dave Milliken's SQB experience, IHI feedback and Bowel Cancer Sevice success Lecture Rooms 3&4, Elliott Dynes Education centre, RVH 12.10 -13.30 (Lunch provided!)	20 Good Relations Week Click for events Fire Safe Friday Training 14.00 – 15.30 Education Suite, Level 2 Dorrian Building, Mater
23 Belfast Support Team Launch MPH, Canteen, 9.30 - 10.30 **Meet the smoking cessation specialists** **12-14.00, D Floor BCH** SQB Celebration Event Postgrad lecture theatre, BCH 13.00, Lunch provided!	24 Belfast Support Team Launch RVH Main Foyer, 12.00 - 13.30 Stop the blame! – Mistake proofing Larkin Rm, Post Grad Centre, BCH, 12.30 -13.30 **Meet the smoking cessation specialists** **12-14.00, Main Foyer, RVH**	25 Mandatory Equality training for staff, Betty Chambers Room, MPH 2pm, Book via HRPTS	26 Belfast Support Team Launch BCH, D Floor, 12.00 - 13.30	27 Belfast Support Team Launch Mater Atrium, 12.00 - 13.30 Fire Safe Friday Training 14.00 – 15.30 RABIU Conference Room, MPH Disability Training for Mental Health staff, 11am – 1pm; Central Dining Room, Knockbracken, Book via HRPTS
30 Guest Speaker - Rosemary Wilson Sir Samuel Irwin Lecture theatre 14.00 - 16.30	**Please click on events for more information.** **No booking is required for these events unless otherwise stated!**			

Safety Quality Visits

Safety & Quality Visits (SQV) form part of the Belfast Health & Social Care Trusts safety & quality improvement agenda to support the trust in becoming a leader in providing safe, high quality and compassionate care through developing a culture of excellence in safety and quality by engaging, inspiring and supporting the workforce to deliver improved outcomes and experience for those in our care.

Safety & Quality Visits involve senior leaders visiting both clinical and non-clinical areas to provide an informal method for leaders to talk to front line staff about patient safety, what matters to staff and service users, showcase good work and discuss what could be even better.

1. Transforming the culture

Year	Total number of scheduled visits	Scheduled visits that submitted a report	Appointments Postponed / Rescheduled
2015-16	67	34 (51%)	26 (39%)
2016-17	112	50 (45%)	40 (36%)
2017-18	88	25 (28%)	22 (25%)
2018-19	120	75 (63%)	32 (27%)
2019-20	104	54 (52%)	42 (40%)

Next Steps

- Raise the profile of visits and promote their benefits to staff involved
- Increase the number of reports received by the QI team
- Continue to improve shared learning from visits
- Continue to recognise and celebrate the excellent work being carried out in the trust.
- Continue to support a culture of safety & quality.

Quality Improvement

Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

Our Aim

To be in the top 20% of high performing Trusts by 2020. The organisational core metrics have also been defined and agreed and included in the corporate plan 2018 – 2021.

For hospital based services these are:

1. Patient Experience
2. Hospital Standardised Mortality Rate
3. Safety Thermometer
4. NHS Staff engagement
5. Elective Waits

6. Unscheduled Care Waits

7. Resources.

The metrics for our community services are:

1. Clients receiving care at home (%)

2. Child Protection - allocation of referrals

3. 'Healthy child, Healthy futures'

4. Looked after Children in education, training or employment

5. Mental Health Safety Thermometer.

QI Training

A number of QI training programmes have been established within Belfast Trust. Our QI training programmes aim to teach staff quality improvement methodology and how to lead improvement projects and manage change. The various programmes align to the Regional Quality 2020 Matrix for QI training.

In 2018/19 the following staff were trained and quality improvement projects were completed:

Level on Q2020 Framework	QI Training Programme	Number of staff trained	Number of projects completed
1	QI Awareness	14, 082 (68% of current staff)	
2 2	Safety Quality Belfast Specialty Trainees Engaged in leadership Programme	120 27	24 27
3	Scottish Improvement Leader (ScIL)	25	25

Quality Improvement training in Belfast continues to grow with all grades of staff eligible to take part. There have been hugely successful projects this year, many of which support our Trust wide improvement priorities. We continue to build a network of people trained in QI to deliver change at the frontline of services.

1. Transforming the culture

Supporting Staff when an Unexpected Event has Occurred

The Trust is part of a regional Quality 2020 initiative to support staff when an unexpected incident has occurred. The Trust recognizes that providing health care can have a significant emotional impact on staff particularly when an unexpected incident occurs.

Belfast Support Team (BeST)

The BHSCT is committed to supporting staff and recognises the emotional impact of incidents or unexpected events. We want to support staff in providing safe, effective and compassionate care by making available both practical and emotional support when these events occur. The Belfast Support team is a 'Buddy' Service which has been set up with a number of buddies available to provide support. Any member of staff who has experienced the emotional impact of an unexpected event can confidentially be put in contact with a buddy. The buddy will provide reassurance and support. They can also offer practical advice on coroner's inquests, complaints and SAI's etc.

We have volunteers from across different directorates, professions and bands of staff who have been recruited and trained to be a 'buddy'.

Schwartz Rounds

Schwartz Rounds are facilitated discussions over lunchtime about the emotional impact that delivering care can have on our staff. Schwartz Rounds occurred every two months in 2018/19 with panellists presenting on themes such as 'A patient I will never forget' and 'A day I made a difference'. Schwartz Rounds help to build resilience of staff and enable support through sharing of experiences. While feedback had been extremely positive all Schwartz Rounds have currently been paused due to Covid-19.

Team Time

Since Schwartz Rounds have been paused, the Belfast Trust has introduced the Point of Care Foundation (PoC) initiative 'Team Time' in June 2020. Team Time focuses specifically on individual teams, offering staff a safe reflective space to talk about the emotional and social impact of their current work experiences. Feedback has been very positive.

'This protected time and opportunity provided me with the opportunity to show my support and connect with staff to hear their experiences of living through covid19'

'I enjoyed the breathing exercise at the beginning to help centre myself I found this session to be calming, insightful and supportive'

'Insightful and emotional - helped me understand the team better'

1. Transforming the culture

Learning from Covid-19

The onset of the Covid-19 pandemic in March 2020 resulted in the rapid implementation of change across the Belfast Health and Social Care Trust (BHSCT). It has affected every directorate, division and team in the Trust and impacted upon all staff, patients and service users.

Each individual service user and staff member has their own, unique story of their experiences during the pandemic. As an organisation, BHSCT also has a collective story. Together, these individual and collective stories have much to tell us about what happened during the pandemic and the impact it has had upon people and services and on the challenge we now collectively face. There are many positive aspects to the response to Covid-19 right across BHSCT. However, there are also lessons to be learned in preparation for a future surge of Covid-19 and for the longer-term future of the Trust.

Following the first surge of Covid-19, a multi-disciplinary 'Learning from COVID' team gathered information on how staff had been affected. Over 150 Team questionnaires were completed, 2,979 staff surveys responses accepted and 350 reflective stories ccaptured. This learning will help ensure that staff are better supported in the future.

The 'Learning from COVID' team communicated the findings of this work using the following 3 separate tools:

1) Interactive presentation (Learning From Covid -19 - 1 (pagetiger.com))

2) YouTube video (Staff stories from feedback - YouTube)

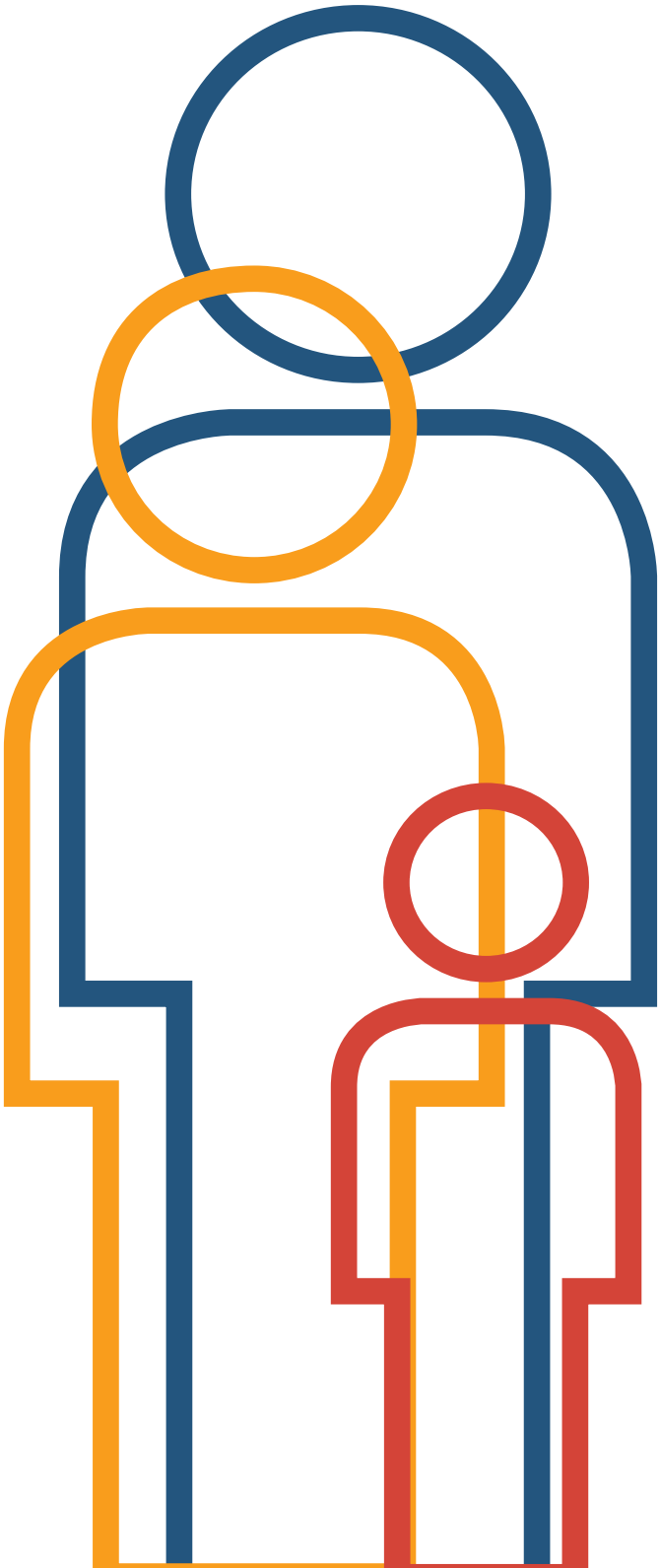
3) Printable leaflet (click here)

The Belfast Health and Social Care Trust aims to be an open, transparent and compassionate organisation that places the safety and wellbeing of patients, services users and staff as its highest priority. We aim to be an organisation that is continuing learning and improving. The 'learning from Covid-19' forms part of that culture of learning.

Many of the key themes identified from the response to Covid-19 reflect learning from other recent staff engagement exercises (Investors in People, staff survey and the baseline cultural assessment) and given their system-wide implications will need to be addressed through a diverse range of organisational development and culture change programmes of work.

However, an urgent focus on the implementation of the lessons learned from Covid-19, can help improve the response to subsequent surges and the experience of staff, patients and service users. As a learning organisation, the ongoing and continuous feedback will bring us another step towards fulfilling our ambition to become one of the safest, most effective and compassionate Trusts in the UK for our patients and for each other.

2. Strengthening the Workforce



2. Strengthening the Workforce

bWell

68% of staff trained at level 1 of the Q2020 Attributes Framework

The Trust achieved a SILVER Award Accreditation with Investors in People

113 staff gained an ILM Accredited Qualification

Weekly online teaching to Foundation Doctors

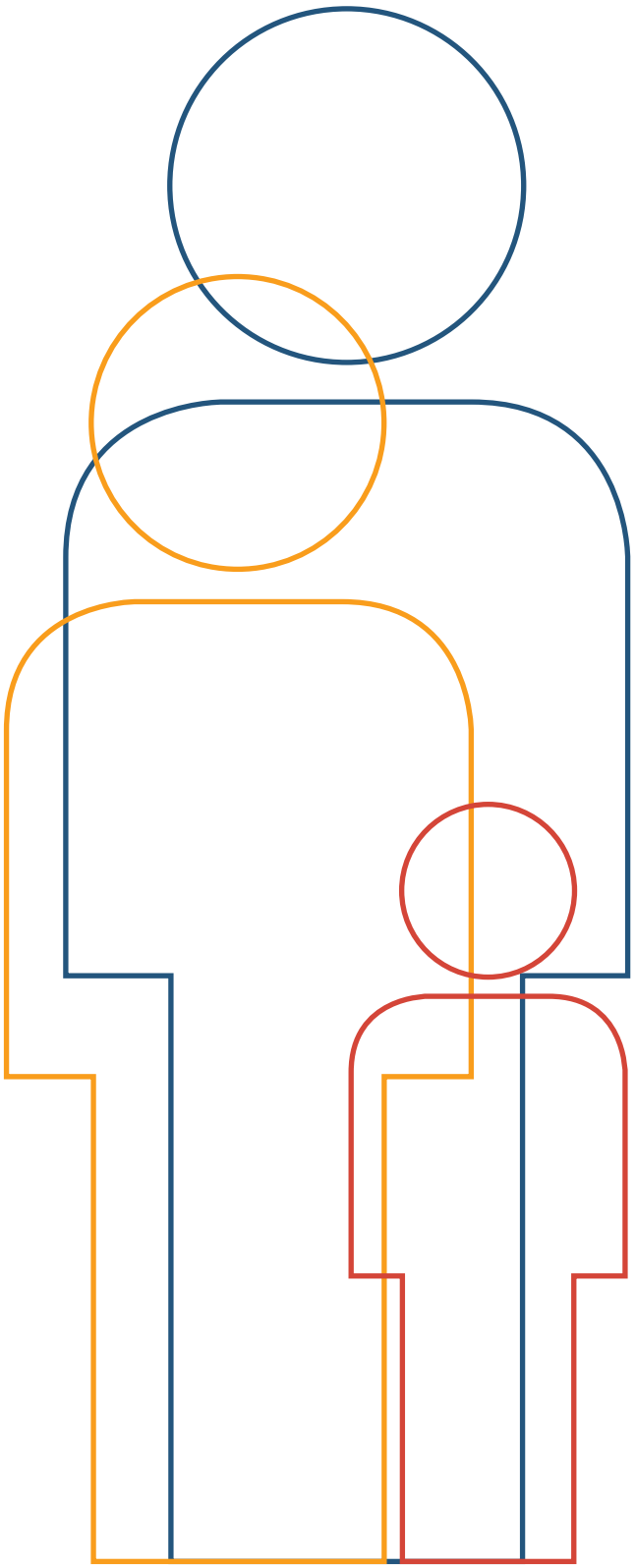
53 volunteers to act as buddies and provide support to staff

714 staff attended the Belfast Trust Leadership Conference

Team Time introduced to help staff feel connected and supported

78.5% increase in the number of staff completed equality training

95.2% appraisal rate for medical staff in 2018



2. Strengthening the Workforce

Improving Working Lives

Now in their 12th year, the Improving Working lives team supported the running of the summer schemes over four sites. During the 7 week period care was provided for 471 children/278 families.

A further Childcare Scheme was provided during Halloween period. In total 62 children attended the Scheme from 28 October - 1 November 2019 and 38 families were accommodated.

As part of bwell, Here 4 U learning series the following sessions were held:

- Café menopause was an innovative approach co-delivered with Ulster University to create an environment whereby colleagues discussed menopause openly and shared their experiences. Menopause cafes held on 02 April 2019 and 28 November 2019 attended by 100 staff
- Working and Living with Chronic Pain on 5 April attended by 4 staff
- The Trust worked in partnership with The Victims & Survivors Service to support staff well-being around issues from the conflict. Trauma and the Troubles Information session held on 24 June 2019 attended by 14 staff
- Consumer Rights on 21 October 2019 attended by 16 staff
- Getting a good night's sleep on 5 December 2019 attended by 25 staff
- Carers Rights and Entitlements on 3rd March 2020 attended by 35 staff.

Health Fairs

Five health Fairs attended by over 300 staff. On offer are stands providing information on Here 4 U, Cycle to Work Scheme, Emotional Health and Wellbeing, Consumer Council, Payroll Giving and Smoking Cessation. An HR drop in clinic is facilitated at each Health Fair.

2. Strengthening the Workforce

Employers for Disability

A Working with Mental Health learning session facilitated by Employers for Disability was held on 12 March 2020 and attended by 30 staff. This session provided important information for Managers on supporting staff with mental health conditions and/or who are experiencing high levels of stress.

Let's talk Dementia Information Session

Caring for someone with dementia whilst balancing employment and other family commitments can be challenging and stressful.

This session, attended by 48 staff, was an opportunity to gain a practical overview and understanding of dementia with speakers from Belfast Trust and Alzheimer's Society.

Maternity Information Sessions

Maternity Information Sessions are open to all female members of staff within the Trust who are pregnant or who would be interested in finding out more information on maternity related issues and regulations. Information is provided to staff on maternity leave entitlements, salaries and wages entitlements, work life balance policies, health at work during pregnancy, health promotion for expectant mothers. Two maternity information sessions were held on 20 June 2019 and 08 January 2020 attended by 50 staff.

The Trust continues to promote work life balance options to all staff. During 2019-20 1819 applications were received with a 75% approval rate.

Family Friendly Employer Awards – 16 Oct 2019. BHSCT achieved highly commended, Public Sector Category.

Positive Action Employability Initiative

The Trust has worked in partnership to establish a meaningful and sustainable employment programme for persons with a Learning Disability. The resulting Positive Action programme continues to be successful and is supported by Workable organisations. We continue to support the employees recruited from the programme and they are thriving in their employment within the Trust. Based on these proven successes, we are

proactively planning for the 2021 programme.

The scope of the 2021 programme will be extended in terms of its inclusivity and be pan disability. Strong partnership working with Equality Commission NI, Belfast Met and other external partners such as Mencap, NOW Group, Orchardville, Disability Action, Ulster Supported Employment & Learning (USEL) and Northern Ireland Union of Supported Employment (NIUSE) has been an integral component of our success.

Throughout 2019/2020 we shared with other regional HSC Trusts how this programme can be readily transferred and applied within their respective organisations. Our 2021 programme will be aimed primarily at Admin and PCSS related vocations and will be seen as a progression route from Belfast Metropolitan College (BMC) Routeways/Skills for Employment Programme.

The 2021 programme will be included in BMC's part–time prospectus and on BMC Website. Thereafter it will be included on their Full-time prospectus. An official launch of the upcoming Programme will be scheduled for early spring 2021, with a view to open and run the programme in September 2021 to our successful pan-disability candidates.

Workforce Equality – COVID19 Response

Belfast Trust remains committed to its Section 75 statutory responsibilities and as such, is conducting arrange of ongoing screenings in relation to the changes undertaken to address to support the Trusts ability to respond to our needs during the COVID19 Pandemic. These changes have had to be taken at pace to address and protect public health in an emergency.

The Trust has considered advice from the Equality Commission and the Northern Ireland Human Rights Commission in conducting these screenings to assess and where possible, to mitigate against any adverse impact on people across the Section 75 categories. The screenings comprises assessment of impact on both service users and staff as a result of these changes and the steps that the Trust is taking to alleviate the adverse impact.

The Trust throughout this period proactively issued completed screenings to all its consultees. We are committed to keeping this under review and to consider further mitigation as necessary. The Trust has also committed that should it wish to continue with any of these changes on a permanent basis in the future, that it will formally consult and equality impact assess these changes in accordance with its Equality Scheme commitments.

Employment Equality and Diversity Plan

Equality and diversity are central to the Trust's overall purpose to improve health and wellbeing and reduce inequalities. Our aim is to ensure that the S75 Equality Action Plan and Disability Action Plan 2018-2023 Plan supports the Trust's People Strategy of "caring, supporting, improving, together", whereby our people are at the core of everything we do for the benefit of

the communities we serve. We proactively and robustly ensure that equality and diversity are embedded across our organisation and that our employment practices are fair, inclusive, flexible and enabling so that each member of staff can reach their full potential.

Key areas of progress during the year include:

- Finalist for the Legal Island Equality and Diversity Award 2020 – Best Large Company
- Winner of the HPMA NI – Best Innovation Award in HR 2019
- A comprehensive programme of training is provided in partnership with Health & Social Inequalities and Employment Law teams, with 2853 staff trained since April 2019 to, March 2020, 1326 through the new Trust Corporate Welcome event.
- Equality, Good Relations and Human Rights e-learning programme for all staff is also available to those staff who need to complete/update their training
- Employment Equality and Diversity Plan 2017-2022
- Completion of Article 55 Review January 2016-January 2019
- Affirmative Action Programme formed as per outcomes from Article 55 Review
- Support and promotion of the regional LGBT Network
- LGBT Awareness Sessions delivered February and March 2020 with outreach support from Rainbow Project and Trans Gender NI
- BHSCT Equal Opportunity/Diversity and Inclusion Policy
- Regional Equal Opportunity/Diversity and Inclusion Policy developed and approved
- Provision of a confidential bullying and harassment support service for staff and support the Trust's Domestic Abuse Support Service
- Approval of 'Disability Tool Kit for managers and Staff
- Continue to develop 'Positive Action 2 – Making it Work' employability initiative for people with pan disability
- Participation in the Getting on, Getting in, Getting Started Project Group.

The following table provides an analysis of the nuber of employed staff as at 31 March 2020

	Directors	Non Exec	Senior Management*	Other Staff	Grand Total
Female	10 (77%)	3 (43%)	42 (70%)	16247 (76%)	16302 (76%)
Male	3 (23%)	4 (57%)	18 (30%)	5006 (24%)	5031 (24%)
Grand Total	**13 (10%)**	**7 (100%)**	**60 (100%)**	**21253 (100%)**	**21333 (10%)**

* **Senior Management** - defined as Chairs of Division, Assistant/Co-Directors or equivalent

2. Strengthening the Workforce

Staff Absenteeism

In order to provide safe, effective and compassionate health and social care supporting the health and wellbeing of our workforce is a key priority for the Trust.

The Trust is committed to supporting employees to remain resilient, physically and mentally well at work in line with HSC Workforce Strategy.

The Trust ensures that attendance is managed consistently, effectively and with compassion in line with HSC Values, Trust Attendance Management Framework, best practice and employment legislation.

From 1 April 2019 to 31 March 2020 the Trust sick absence rate was 7.83 % (hours lost).

During this period the predominant reason for the absence was mental health related, accounting for 34% of sick absence. In response the Trust in partnership with Trade Unions colleagues and the Health and Safety Executive developed and implemented guidance for managers, “Pathway for Supporting Staff with a Mental Health Condition”

The Trust is committed to supporting employees to manage their mental, emotional and physical well-being through a wide range of initiatives such as:

- Staff Care, Belfast Recovery College, Clinical Psychology Services, Condition Management Programme, Stress Focus Groups, Here 4U, the Mind Ur Mind Toolkit, Menopause Toolkit and the provision of support information and literature
- The delivery of free Physical and mental health support information and advice to staff and the wider public through the bWell app and website.

The Trust is also committed to supporting managers in relation to the management of attendance. The Human Resources Directorate within the Trust provides managers with training, access to toolkits, as well as tailored advice and guidance in relation to Attendance Management processes. During the period the Attendance Management Team in HR supporting the following activities:

2. Strengthening the Workforce

Medical Staff and Medical Education

Consultants

The Trust is committed to strengthening the workforce by maximising the learning and development opportunities for doctors and dentists at different stages of their careers, with a focus on safety, governance and innovation. The Trust employs over 1200 senior doctors and dentists. Within the Collective Leadership model, there are opportunities for doctors to develop and work in pivotal leadership and governance roles including education and training, quality improvement, safety and governance, and medical leadership. The Trust promotes a Just Culture with a strong emphasis on being a Learning Organization. This is supported by strengthened morbidity and mortality review, local team safety huddles and briefing, and a focus on service development using quality improvement methodologies.

The Trust is also supportive of doctors working in academic and research careers and works closely with Queen's University Belfast to support and develop academic consultants. There are also opportunities for doctors to undertake and contribute to research alongside clinical academic consultant staff.

Associate Specialists / Specialty Doctors

The Trust is currently working to specifically develop Staff and Associate Specialist (SAS) doctors. Our Trust SAS Lead is leading work to develop specialty doctors and associate specialist doctors across Northern Ireland and the Trust is promoting focused training in clinical development and medical leadership for SAS doctors.

Doctors in Training

In partnership with NIMDTA and the GMC, Postgraduate Medical Education supports the Belfast Trust in developing safe doctors and ensuring trainee doctors are receiving a high quality of training. The Belfast Trust has over 400 GMC recognised trainers, who are senior doctors in clinical and educational supervision roles. These trainers provide daily education, training and learning opportunities to the 750+ trainee doctors within the Trust. Postgraduate education also offers a variety of learning and development opportunities to doctors including:

Simulation Training

Simulation based education enables better practical knowledge, and the development of skills including clinical, communication, leadership, decision-making and human factors for all healthcare professionals in a safe and efficient manner. There are improved learning experiences from authentic activity of hands-on training and simulation increases competency thus improving patient safety. Examples of courses delivered during 2019/20 are:

- Principles of Ultrasound Guided and Open Chest Drain Insertion
- Lumbar Puncture
- Introduction to Principles of Safe Procedural Sedation
- Introduction to Central Venous Access (Central Line)
- Deteriorating Patient
- Paediatric Emergency Medicine Simulation.

In addition the Trust has further developed and embedded a range of high and low level simulation programmes in partnership with psychiatry, obstetrics, intensive care, physiotherapy, midwifery, paediatrics, anaesthetics, emergency medicine and theatres.

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

SimMom has been used successfully for tests of competency for inexperienced staff prior to undertaking on call duties as well as the Management of “Never Events” and Team training for Emergency situations. Simulation has a mobile kit that has been used in-situ with theatres, psychiatry and emergency, which has resulted in successful latent error detection, notably in the new Mental Health Inpatient Centre in BCH.

GMC Professionalism courses

Medical Education partners with the GMC to deliver a series of free professionalism courses to medical staff across the Trust. These courses look at a range of topics such as social media and safeguarding.

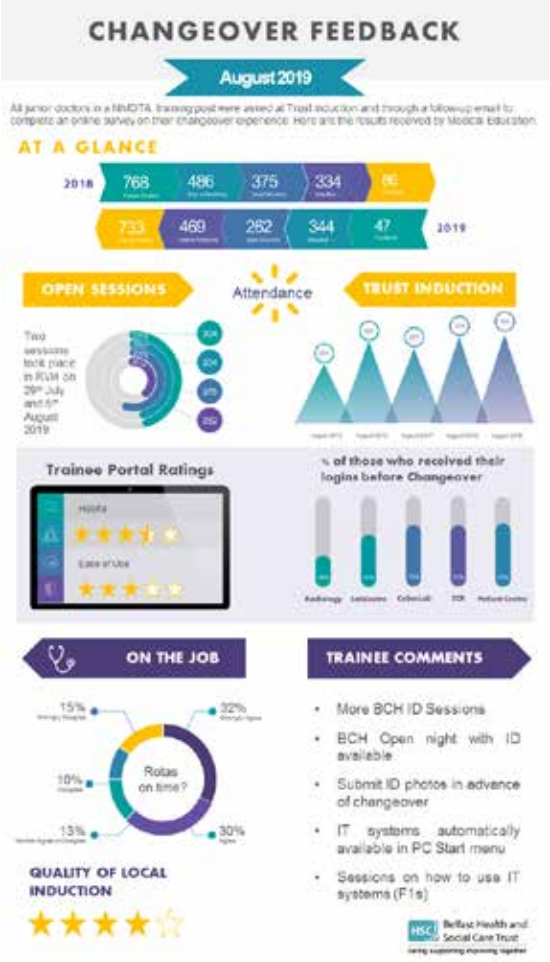
FCSS Training

As part of the pandemic response, COVID training took place between 23rd and 31st March 2020, with delivery of 13 half day sessions and 373 medical staff attended.

August 2019 Trainee Induction and Changeover

On the first Wednesday of August the Belfast Trust welcomes over 750 trainee doctors to work throughout the organisation. Another smaller changeover also takes place on the first Wednesday of February. Some of these trainees will have previously worked in the Trust, some will have worked in other Trusts in Northern Ireland and in other parts of the UK, and some will be working as a doctor for the first time. Postgraduate Medical Education organises a variety of induction processes and events to help provide a smooth transition during this busy changeover period.

2. Strengthening the Workforce



Trainers

As part of the GMC's commitment to high quality training that is recognised and protected, from July 2016 senior medical staff who are supervising trainee doctors are required by the GMC to achieve recognition as trainers. This requires all trainers to have completed various courses e.g. trainee support, supervisory skills etc and the Trust to compile and produce a record of these courses to be submitted to NIMDTA for recognition. Belfast Medical Education continues to work with NIMDTA to ensure that all trainers have achieved recognition and new trainers are continuously being trained and recognised albeit in smaller numbers. In June 2019 100% recognised.

Training Tracker – BHSCT trainee doctors had a 90% compliance rate by March 2020

Training Tracker is a regional system that enables trainee doctors to complete the mandatory training required by all Trusts, online. The training is valid for five years and completion is

monitored by the Medical Education department. Compliance rates for the current cohort of trainee doctors are as follows.

Module	No. completed	% completion
Understanding Data Protection	670	93
Safe Handover	700	98
Consent	700	98
Death Certification	696	96
Breaking Bad News	698	97
Contacting the Coroner	689	95
Prescription Writing	688	95
Safe Insulin Prescribing	694	96
Fire Safety	691	96
Resuscitation	691	96
Infection Control	690	96
Child Protection	691	96
Total completed ALL modules	**646**	**90%**

Annual Review of Educational Role

The Annual Review of Educational role continues to be further enhanced, in partnership with NIMDTA. All doctors in a formal Educational Role they need to take part in an Annual Review of the role within the Educational Governance structure, in accordance with processes established by the Director of Medical Education / Clinical Sub-Dean. The process applies to:

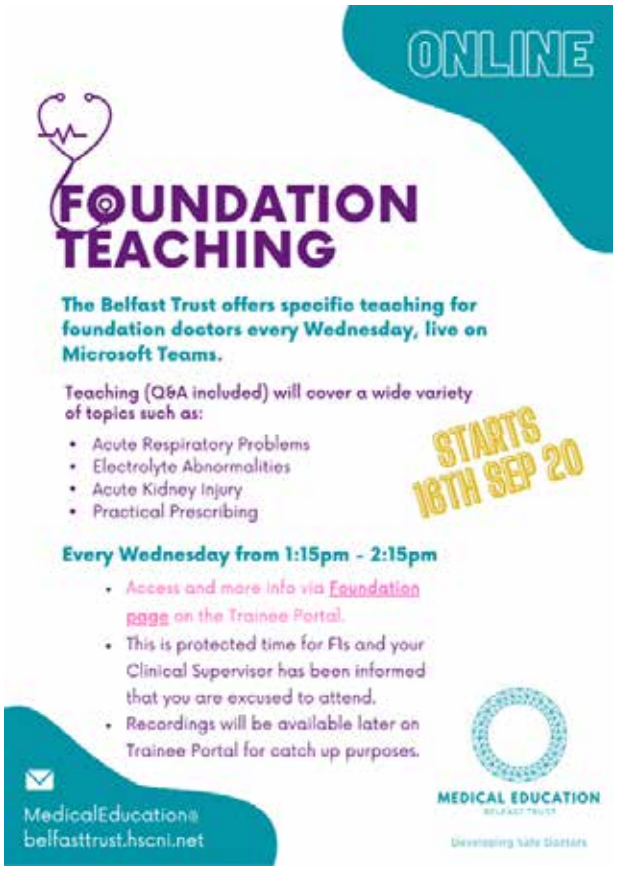
- Educational Supervisors
- Clinical Supervisors
- Specialty Tutors / Specialty Leads
- Undergraduate Specialty Site Leads
- Associate Sub-Deans
- Other formal educational roles.

2. Strengthening the Workforce

A new administrative process has been put in place to track and report on completion rates, in order to support uptake improvements. AERs for the year ending 2019 have been postponed until December 2020, due to COVID19. An additional screen has been developed within the new Regional Appraisal System to ensure that the educational review is a reference point in the main appraisal of doctors and dentists in educational roles.

Foundation Teaching

The Belfast Trust offers dedicated weekly teaching to foundation doctors. During COVID the weekly teaching was made accessible online through recordings. As the use of technology developed, foundation teaching is now offered live online through MS Teams with the ability to record teaching which allows trainees to access and review at a later stage. Teaching is tailored to the foundation doctors and is offered by a wide variety of staff from across the Trust, giving the foundation doctors access to learning and expertise from outside their daily area of work.



BELFAST TRUST PHYSICIANS MEETING

In order to continue our weekly Physicians meetings, Drs Simon Johnston and Angela Atalla have been working with Stephen McAllister to run a MS Teams Live Event which has run weekly for the last 11 weeks. Two talks are pre-recorded (15 minutes each) and played at 12.30PM on Tuesdays. Speakers (if they are available) attend for live Q+A. Feedback has been collated each week regarding the Speakers and the meeting overall. All Live Events are recorded and a link is circulated. Views of the events on MS Stream range from 38-88 views.

There are major advantages to the re-branded Physicians meeting: COVID compliant and people can catch up with CPD points when convenient. The Molly McGeown medal is available for the best F2/IMT presentation each year.

2. Strengthening the Workforce

Medical Students - Medical and Dental Placements

We aim to deliver the highest standards of patient care. The Belfast Trust Undergraduate Sub Deanery office works in close partnership with Queen's University School of Medicine, Dentistry and Biomedical Sciences to provide clinical placements to undergraduate medical and dental students. Each year some 250 new medical students and 45 new dental students are admitted to the medical school of Queen's University of Belfast (QUB). These students must experience clinical practice in hospital wards and clinics with some community placements. Both Academic clinicians and Health Service consultants facilitate their learning experience as the students rotate through various specialities and to different hospitals. The objective is to maximise the learning opportunities provided whilst on attachment.

From year three of their course, students spend the majority of their time in hospital placements where they are embedded as part of the clinical team, observe patient care and are taught by Trust staff of all grades. Staff also provide student evaluations to the university as part of the students' assessment. The Belfast Trust welcome Year 4 QUB medical students for their compulsory clinical elective placement. The Trust also welcomes medical students from medical schools outside of Northern Ireland for elective summer placements within our hospitals.

The BHSCT Sub Deanery has a duty to ensure that the Trust provides quality teaching to allow medical students to have a safe learning environment whilst attached to the BHSCT. The overarching outcomes for graduates' 2018 messages is this:

"Medical students are tomorrow's doctors. In accordance with Good medical practice, newly qualified doctors must make the care of patients their first concern, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations." (Outcomes for Graduates 2018).

The BHSCT is a local education provider, and the Outcomes for Graduates (2018) document states:

"Local education providers working with medical schools must provide and quality manage clinical placements and learning opportunities that give medical students the opportunities to build knowledge, skills and practical experience to meet the outcomes and to safely and effectively carry out the core set of practical skills and procedures by the time they qualify".

2. Strengthening the Workforce

The Sub Deanery structure within BHSCT was implemented in 2010, and is currently made up of a Clinical Sub Dean, 2 Associate Sub Deans, and 28 Sub Deanery specialty leads. An additional role was added to the Sub Deanery structure in January 2020 (Medical Consultant Lead for C25) to lead the Sub Deanery through the implementation of the new QUB curriculum (C25).

Due to social distancing requirements as an impact of COVID 19, the new curriculum, originally planned for implementation in September 2022, has been brought forward and has been initiated in September 2020. The Sub Deanery office is now responsible for the allocations of all year 3, 4 & 5 medical student placements within the Belfast Trust.

QUB Curriculum Review (C25)

In March 2020, all medical students in years 1- 4 were removed from clinical placements in the trust as the COVID 19 pandemic was reaching its peak. Final year students were allowed to remain on placement. This enabled them to complete their degree and graduate as newly qualified FiY1s in April 2020, and they were all given the opportunity to join the medical teams in the fight against coronavirus.

In order to return students to clinical placements for the 2020-21 academic year and ensure that society can continue to train the doctors of the future, QUB and the Trust had to develop new ways of delivering teaching for the QUB medical students. Medical students need to be more spaced out within the trust to meet social distancing requirements. The students are allocated in smaller groups to more wards within the trust, and the intention is that the medical students are embedded as part of the medical team on each ward. This in essence was the idea behind the new QUB curriculum (C25), originally planned for implementation at trust level in September 2022, but has been brought forward and implemented at Trust level in September 2020.

Student feedback

The main method of collating data to govern and assure that the Sub Deanery is providing good quality teaching is by analysing the feedback provided to QUB from the students in each year. The Trust has set a target within which they expect the quality of teaching to meet. The figures below are from the academic year 2019-20.

2. Strengthening the Workforce

Undergraduate Feedback. Relates to Academic Year September 2019 to January 2020. (only first semester due to removal of students from clinical placements in March 2020)		Target %	Actual %
1st & 2nd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– "My clinical skills attachment was well organised"	90%	92%
3rd Year	Question analysed as requested for SUMDE Accountability Return for 18-19– "Overall, how would you rate the quality of teaching?"	85%	94%
4th Year	Question analysed as requested for SUMDE Accountability Return for 18-19– "Overall, how would you rate the quality of teaching?"	90%	97%
Final Year	Question analysed as requested for SUMDE Accountability Return for 18-19– "Overall, how would you rate the quality of teaching?"	90%	84%
FY0	Final Year Assistantship (March 19 – May 19) 1. Overall, on completion of the Assistantship, I feel prepared to take up my Foundation Year 1 post.	100%	Not received by QUB

OSCES

The final year OSCEs were hosted in February 2020 in Elliott Dynes, RVH in conjunction with QUB. QUB. Three circuits took place at the same time, allowing 24 students to complete their examination at any one time. 115 out of approximately 270 students attended BHSCT for their final year OSCE's this year, representing approx. 43% of the region.

QUB Final Year Assistantship and Covid

This allows all QUB final year medical students to have completed Right Patient Right Blood, Fit mask testing and Occupational Health appointments within the Trust they have been allocated for the nine week programme. The 2020 assistantship programme completed early to allow the final year students to graduate as FiY1 doctors and join the Health service team in the fight against COVID 19. The Sub Deanery office ensured that all students had completed the relevant compulsory elements of the QUB assistantship to allow the early completion of the programme, and allow the students to register as FiY1 doctors in April.

Eduroam

The undergraduate office worked in partnership with IT to fully roll out Eduroam on all BHSCT sites in July 2019. This will improve the connectivity for the QUB Medical students allowing them better access to QUB online portal and lecture notes from their own portable devices whilst attached to the Belfast Trust.

2. Strengthening the Workforce

Online booking system for Year 3 medical students

Due to the early implementation of the new QUB curriculum in September 2020 an online booking system will be essential to allow the students to personally book their own clinical opportunities. The online booking system will be a regional system, developed in partnership with QUB and the 4 other NI Healthcare trust Sub Deanery offices. Work has progressed with the developer, and it is envisaged that the system will be ready to be piloted in December 2020.

Physician Associates

Physician Associates are medically training, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. They have a dedicated medical supervisor but can work autonomously with appropriate support.

Physician Associates act to enable access to quality care for patients and contribute to managing the workload of the healthcare team. Duties of Physician Associates include: taking medical histories; carrying out physical examinations; seeing patients with undifferentiated diagnoses; seeing patients with long-term chronic conditions; formulating differential diagnose and management plans; performing diagnostic and therapeutic procedures; requesting and interpreting diagnostic tests; insertion of intravenous cannulae; blood sampling for clinical tests; injection of joints; and contribution to discharge letters for patients. Due to the current lack of professional regulation, Physician Associates cannot currently prescribe, request ionising radiation (X-rays, CT scans) or prescribe or administer blood

The initial year of employment at Band 6 level is known as the New Graduate Year (effectively an internship) and involves further supervision as the PAs begin clinical practice. After a successful completion of the New Graduate Year, the physician associates move to independent practice employed at Band 7 level.

The University of Ulster commenced a two year Masters Course for Physician Associates in 2017. The entry requirements are that the applicants must have at least a 2:2 degree in a life science or health-related subject within the previous five years. The Masters Course is an intensive 2 year course with the first year mainly theoretical and the second year consisting of 10 week clinical attachments in healthcare settings.

Technology Enhancements to enable the Workforce

The Medical Education Technical and Facilities team continues to support a range of training initiatives within medical education and manages and develops facilities and equipment which underpin training and simulation. The team also provides facilities and support for training and other events for wider multi-professional teams. Through remote technology the team is supporting more virtual events including MDMs, teleconferencing clinics, virtual interviews, virtual

teaching/induction and securing associated technology to enable delivery.

There has been investment in technology and teaching equipment to enable educationalists to deliver education remotely. There has been a continuous focus on:

- Innovation
- New Technology
- Equipment Procurement
- Meeting the QUB/SUMDE Service Level Agreement
- Meeting the NIMDTA Learning & Development Agreement
- Improvements to facilities to ensure appropriate learning environments for all users.

Appraisal of Medical and Dental Staff

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

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

The Trust continues to strengthen processes, guidance, resources, appraisee training, appraiser training, systems and tools for enabling practitioners and managing appraisal across the organization. This is in accordance with frameworks and guidance developed by the General Medical Council and DHSSPS.

2. Strengthening the Workforce

Belfast Trust continues to meet or exceed the annual DoH target of 95% appraisal rates for medical and dental staff. Appraisal participation for the last 6 full years is outlined below.

2013	2014	2015	2016	2017	2018	2019
98.4%	97.7%	98.5%	98.8%	98.8%	95.2%	24.6%

The 2019 appraisal cycle was paused by the Chief Medical Officer and the Trust due to clinical pressures associated with Covid-19. Processes have recently recommenced, and the Trust has in place a revised deadline of 31 December 2020.

New Starts

Strengthened processes are in place with medical HR for the early identification and notification of new starts. This enables the early issue of a standard **Welcome to Appraisal & Revalidation Induction** pack to new consultants and specialty doctors.

Regular Microsoft Teams training sessions are delivered by the Appraisal Medical Lead incorporating the following participant objectives (open to all doctors and dentists who wish to benefit from refresher training):

- Become familiar with the principles and processes underpinning appraisal
- Be able to apply key principles to your own appraisal
- Become more confident about your own skills in preparing for effective appraisal
- Understand how medical appraisal underpins medical revalidation
- Assist you in preparing for your own revalidation
- Overview of the Regional Appraisal System.

Appraiser Roles and Training

The Trust recruits and trains new appraisers on a regular basis when vacancies occur.

Appraisers	Number of Appraisers	% New Appraiser Training Compliance Training Refresher	% Regional Appraisal System Compliance
Total	**188**	**96.8%**	**95.7%**

2. Strengthening the Workforce

Training evaluation has been positive with:

Feedback	% New Appraiser Training Feedback
6 - Positive	69%
5	31%
1 - 4 Negative	0

Regional Appraisal System for doctors and dentists

Following design and development, in January 2019, Belfast Trust commenced the implementation of Phase 1 of the Regional Appraisal System for Doctors and Dentists. The system was designed in conjunction with BSO and other Trusts. Further enhancements are being specified for Phase 2 and will be progressed over the next year. A training programme has been delivered along with the development of a comprehensive HelpGuide.

The approach to development has been to ensure the following are achieved:

- Professional Governance
- Quality assurance of appraisals
- Easy to use interface for completion of forms and upload of evidence
- Facilitating medical staff, including transferability between organisations
- Reporting capability.

Other than some exceptions, the majority of 2018 appraisals were carried out on the new system.

Professional Governance System

The Trust has developed a comprehensive Professional Governance Information Report to support the revalidation of doctors. The Professional Governance Report collates key governance information about the practice of individual doctors.

Medical Director's Office has worked in partnership with ICT department to develop a system solution which will automate, streamline and improve the presentation, accessibility and timeliness of reports. The Trust has recently secured approval to develop a Professional Governance System

which will both enable individual practitioners with preparation for appraisal and revalidation, and enhance medical leaders' governance in relation to these processes.

Initial scoping was carried out during 2020, and the system will be implemented during 2021, to be put into operation for appraisals of the practice year 2020.

Revalidation of Medical Staff

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

Each doctor needs to be revalidated every 5 years.

At any time, approximately 1040 Doctors are connected to Belfast Trust as their revalidation Designated Body.

Now well into second cycle.

The GMC, in collaboration with Designated Bodies (Trusts) has implemented an effective pause on revalidation due to Covid-19. Doctors with revalidation dates between 17 March 2020 and 16 March 2021 had their dates postponed by one year. This impacted on some 300 doctors / recommendations. There is local discretion regarding implementing arrangements, and affected doctors have been placed "under notice" for a decision by the Responsible Officer. The Trust is in the process of recommencing revalidation recommendations.

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

2023 Colleague Feedback Surveys supported

1863 Patient Feedback Surveys supported

Revalidate	Deferral	Non Engagement	Late decisions
89.3%	10.7%	0	0

2. Strengthening the Workforce

Nursing and Midwifery Revalidation

The NMC Council introduced a model of Revalidation for all nurses and midwives from December 2015 by order of the Privy Council. Taking effect from April 2016, Revalidation will require registrants to demonstrate how they meet the standards of the updated NMC Code "Professional Standards of practice and behaviour for nurses, midwives and nursing associates" (NMC 2018)

NMC 2018 version of the 'Code' is substantially similar to the 2015 version; however, it now reflects the new responsibilities for the regulation of Nursing Associates within England

The purpose of Revalidation is to improve public protection by ensuring that nurses and midwives continue to remain fit to practice throughout their career. The process requires all Nurses and Midwifes to demonstrate every three years a continued ability to practise safely and effectively to remain on the NMC register.

Central to the Revalidation process is the NMC Code (2018) reinforcing that all registrants reference the Code to underpin all the Revalidation requirements including their written reflective accounts and reflective discussion.

The process of Revalidation:

- Requires the registrant to revalidate every three years upon renewal of NMC Registration
- Reinforces the registrant's duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the Code in day-to-day practice and personal development
- Encourages reflection on the role of the 'Code' to practice and demonstrates how each registrant is 'living' the standards set out within it
- Encourages engagement in professional networks and discussions
- Encourages a culture of sharing, reflection and improvement
- Enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

In March 2019, the NMC updated the 'Revalidation guidance' first published in October 2015. These updates reflect:

- How the NMC standards for proficiency relate to Revalidation
- Additional resources to support how registrant's can meet key components of Revalidation to include, Practice Hours, Reflective Discussion, CPD, Confirmation and Appraisal and Exceptional Circumstances
- Updates to revalidation templates

- Updates to data protection implications for registrants
- Further advice on the verification process to include registration appeals
- Reference to the new Nursing Associate role (England only).

Throughout April 2019 - March 2020, **1910** Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined in **Table 1.0** below.

Table 1.0 Number of Registrants completing Revalidation by Directorate in 2019/ 2020

Directorate Name	1st April 2019 - 31st March 2020 Number of Registrants Revalidated
Unscheduled & Acute Care	567
Surgery & Specialist Services	297
Specialists Hospitals & Women's Health	539
Children Community Services	74
Adult Social & Primary Care	145
Nursing & User Experience	19
Nursing & User Experience – Bank Only	250
HR/Medical Directorate	19
Total	**1910**

Staff Induction, Corporate Welcome and New Belfast Trust Welcome Event

Commencing in April 2019, Belfast Trust implemented a major strategic transformation and modernisation of its onboarding and induction process. This was the launch of twelve single start dates annually for all professions and bands, in which the employee spends their first day at the welcome event. Lead by HR, this innovative approach to onboarding and induction is the first of its kind and scale across healthcare in Northern Ireland.

The overarching aim was to change and improve how we welcome and introduce new staff to the organisation by:

- Providing a more positive and engaging new start experience
- Improve processes for agreeing the start dates of all staff
- Increasing compliance with core statutory and mandatory training.

This initiative provides a modern, employee focused integration into our culture. The conference style event promotes a **'Safety First'** theme, with a mix of training and delivery styles involved.

2. Strengthening the Workforce

All new staff receive a **'Welcome Email Invite'** to attend the event which provides staff with useful information and opportunities such as:

- The Trust Corporate Digital Welcome
- Pre-boarding Training (Safeguarding)
- The ability to receive their security pass on their first day of employment.

From April 2019 to March 2020, 1767 new to Trust staff have attended the Welcome Event. New to Trust staff attended the event on their first day of employment with the Trust and the event was held at Girdwood Community Hub. The approach to the Welcome event itself required new creative approaches to the delivery of core mandatory training to avoid 'death by PowerPoint' for participants. We therefore developed new digital products to support an onboarding approach in advance of employees starting their post to convey key Trust information and enable completion of safeguarding training. HR worked with all mandatory training providers to modernise the training content and incorporate facilitated group sessions. We have now produced a new infection prevention video which replaces the previous awareness training and are currently exploring the use of an animated product to deliver adverse incident training.

In addition to deal with the existing problem of a delay in staff being able to obtain security/ID badges we collaborated with Security colleagues to develop a new process for staff to submit a digital photo, therefore allowing the collection of their badge on their first day of work at the Welcome event.

Core mandatory training previously took approximately 24 hours over a seven day period, with staff having to be recalled from patient related duties to accommodate this. This training is now delivered over 1 day in 7 hours. This has a positive impact on staff shortages within the ward, contributing towards both staff and patient safety.

The engaging atmosphere and friendly character of the day has made the Welcome Event an immediate success. Qualitative feedback demonstrates an abundance of participants using words/ phrases such as "inspirational", "instilling pride", "being part of the bigger picture",

"inclusive to all" and "positive and enthusiastic". This is particularly relevant to the collaborative and compassionate work environment we strive towards.

Through onboarding and the Welcome Event, attendees complete eight of nine core statutory mandatory training sessions with significantly improved outcomes.

New start compliance rates have risen from an average of:

- 12.5% to 91% for Equality and Adverse Incident training
- 28% to 91% for Data Protection Training
- 38% to 91% for Fire Safety Training.

Statutory and Mandatory Training

The Statutory and Mandatory Training Policy Working Group continued to progress a range of initiatives to improve the delivery, take-up and compliance with Statutory and Mandatory training requirements. Work progressed in 2019/20 included an update of the Statutory Mandatory Training Policy and Matrix. The updated policy reflects the 'decoupling' of core SM Training requirements (training which all Trust staff are required to attend/complete regardless of role and/or profession), from individual/role specific training which is applicable across broad groups of staff and/or training regarded as being a requirement of individual professions for their members to maintain core occupational competences. It all incorporates the requirement for new staff to complete core SM training requirements on starting employment with the Trust through attendance/participation in the Trust's Welcome Programme.

A 'Best in Breed' LMS, which supports modern learning approaches, remains a business critical requirement, if the Trust are to effectively to meet the learning and development needs of a modern workforce including achieving improved compliance against Statutory and Mandatory Training requirements.

Following the establishment of a Project Board and Working Group with membership from the five HSCTs, NIAS and BSO, the Belfast Trust HR/OD Directorate led the development of Outcomes Based Specifications (OBS) and a Business Case for a regional Learning Management System (LMS). Following the completion of the Outcomes Based Specifications (OBS) in August 2019, the project is now being progressed to the next stage.

HSC Values

A key action of the HSC Collective Leadership strategy launched in October 2017 was to develop and embed a shared set of Values and Behaviours for all HSC Trusts. Following a wide consultation exercise a shared set of regional values and behaviours were developed.

2. Strengthening the Workforce

Those values are:

1. Excellence
2. Openness & Honesty
3. Working Together
4. Compassion.

The values were then launched in May 2019 with a significant promotional campaign to help rebrand and replace values materials and programmes across the Trust. This strategy included the development of the new HSC Values workshops to be delivered across the Trust. During 2019/2020 a total 429 staff participated in training of the new HSC Values.

The Trust also engaged in #WorldValuesDay, a social media campaign to raise awareness of the Values, across the Trust.

Quality 2020 Attributes Framework

The People and Organisational (POD) team continue to support the Trust's Safety and Quality agenda, leading the delivery of level 1 training to Trust staff.

60% of the Trust's workforce was expected to have completed Level 1 training by 31 March 2020 as set out by the Department of Health. Between April 2019 and March 2020, 5,303 staff completed Quality 2020 Level 1 training, bringing us to 71% of Trust staff having now completed this training. As a result of this training, staff are now aware of how Quality Improvement plays a role in health and social care and more importantly how the staff can contribute to continuous improvement within their service area regardless of their role.

Investors in People

In April 2019, the trust was successful in achieving Silver award accreditation with Investors in People (IIP). IIP is the international standard for people management, defining what it takes to lead, support and manage people effectively to achieve sustainable results. Underpinning the standard is the Investors in People framework, reflecting the latest workplace trends, essential skills and effective structures required to outperform in any industry. Working with clients across the globe, IIP enables organisations to benchmark against the best in the business on an international scale. Belfast Trust achieving Silver is a considerable achievement for an organization of 22,000 staff.

The Trust was assessed against 3 principles: Leading, Supporting and Improving, which was subdivided into 9 indicators. 20% of trust staff engaged in an online assessment and a team of external assessors spent 46 days on site meeting over 360 staff. At the centre of the Standard is

2. Strengthening the Workforce

the Organisation's Ambition – this includes the Trust's vision (safe, compassionate and high quality) and aim (top 20%) but also the ambition for leading, supporting and improving its staff.

Belfast Trust ranked 4th when benchmarked against organisations of comparable size, of which Belfast trust is the largest to achieve silver accreditation. Areas where the Trust excelled were partnership and collaboration, investment in collective leadership and quality improvement, improving through innovation and change and solid monitoring and performance. Feedback identified Leadership effectiveness, Recognition strategies and Management of change as areas for continued improvement. All the feedback generated will inform trust and directorate People's plans to inform improvement in our culture and people processes.

The Insight Assessment Report prepared by IIP Lead Practitioner Stephanie McCutcheon stated: "Following an Insights Assessment, using the Investors in People Sixth-Generation Standard between November 2018 and April 2019, the Trust is congratulated on achieving SILVER accreditation. This is a significant accomplishment; all staff should feel justifiably proud."

Coaching and Mentoring

Coaching remains a vital tool to empower staff to 'unlock their potential', in order to maximize their performance using a facilitated and collaborative conversation. This process enables staff to think issues through from themselves, rather than the coach 'telling' or 'instructing' the person.

The HR People and Development Team continue to provide a range of interventions to support the growth of a coaching culture, including:

1-1 coaching sessions available for all staff at all levels,

Delivery of a one day introduction to Coaching Skills training programme for managers.

Delivery of ILM Level 3 accredited Coaching programme.

Since April 2019, 47 applications for coaching were received and 30 staff from across the trust attended the one–day coaching skills programme. A further 22 trust staff completed the ILM Level 3 accredited Coaching programme in 2019/20. The benefits of coaching and how it can transcend different working contexts and staff levels, was reinforced in the diversity of attendees to this programme, spanning bands 5-8a and across clinical and cooperate service areas such as Nursing, Theatres, Speech and Language, Radiology, Business service planning and HR.

2. Strengthening the Workforce

Learning and Development Activity

5303 Staff that completed Quality 2020 Level 1 Training

340 Staff that completed SDR Training

429 Staff that attended a Values Workshop

137 Nursing Assistants that completed an RQF Qualification

96 Staff that completed Customer Care Training

113 Staff that gained an ILM Accredited Qualification

1767 New to Trust staff that attended the New Welcome Event

Succession Planning

Succession planning remains central to the Trust's talent management processes. The Succession Planning initiative for leaders, aimed at middle level staff, aimed to increase the pool and potential of leaders ready and able to take up more senior posts.

Since its launch in 2018, 37 staff from across a range of trust corporate and clinical areas, have participated in this initiative. 19 staff are currently being supported in their bespoke development through this initiative.

Leading with Care

The HR People and Organisational Development team in partnership with the HSC Leadership Centre continue to facilitate the Leading with Care programme for Tier 4 and 5 senior post holders. The 2019-20 programme was updated based on continuous feedback and learning from evaluations of earlier cohorts.

All participants complete a collective leadership challenge and have the opportunity for 'front line' experiential learning and networking opportunities. During 2019-20, 2 cohorts of Tier 4 and 2 cohorts of Tier 5 staff occurred with a total of 64 staff engaging and on track to complete in autumn 2020.

2. Strengthening the Workforce

Engaging Manager

The engaging manager course delivered by the HR People and Organisational Team aims to engage, challenge and empower managers using a variety of stimulating perspectives, activities and assessment tools. Research consistently demonstrates positive correlations between staff engagement and high quality patient care, individual performance, team performance and organisational achievement of organisational outcomes. In 2019/20, 12 Engaging manager courses were delivered with 115 staff attending from across the Trust.

ILM Leadership & Management

Promoting Collective and Value-based leadership continues to be a core theme across trust accredited training programs. A suite of ILM accredited courses to support, guide and empower leadership and management skills for Trust staff were delivered throughout 2019/20. The ILM courses guide aspiring and existing managerial staff to transition to and excel in leadership roles through a variety of engaging tools and techniques. All ILM programme content is values and skills-based and aligned with key trust priorities such as the development of a culture of collective leadership to generate high performing teams. ILM course attendees are also provided with the opportunity to avail of one-to-one coaching from experienced and qualified Trust Coaches.

In 2019/20 113 staff across 12 cohorts were supported to complete ILM Leadership and Management courses spanning levels 2 to 5. This included the accreditation of 12 Podiatry staff who completed a bespoke Level 5 Certificate in Leadership and Management. Implementing a co-design approach with Podiatry staff, this innovative ILM programme, tailored to meet the unique leadership objectives of the Podiatry service area, enabled staff to embrace quality improvement methodology, evidence-based decision-making and outcomes-led approaches as well as enhancing communication, multidisciplinary collaboration, business planning and change management skills etc.

OCN Programmes

In response to ongoing demand, in 2019/20 the HR People and Organisational Development team worked in collaboration with Trust Health Records staff to co-design a new accredited pathway for staff in bands 2 and 3. These bespoke programmes focused on job-readiness, confidence and progression. The level 2 programme focused on communication skills, quality improvement, data protection, equality and inclusion as well as enhancing all round job confidence. The level 3 programme then addressed more complex learning aims including implementation of telecommunications, health & safety, quality standards and information management.

In 2019/20 21 Health records staff completed these Open College Network accredited qualifications, 12 completing the level 2 Certificate in Vocational Skills and 9 completing the level 3 Award for Employment, Training and Personal Development.

2. Strengthening the Workforce

Leadership Conference

The 2019 Belfast Trust Leadership Conference was held in Assembly Buildings, Fisherwick Place, Belfast on Thursday 11th May 2019. The conference was themed **'BEING BELFAST – leadership by all, for all'** and had the following aims:

- To share the vision of the Belfast Trust
- To showcase leadership 'by all, for all' and its importance
- To highlight the benefits of working together in and across teams to meet the Trust vision.

Under the principle of Collective Leadership and the conference theme of 'leadership by all, for all', the Trust had another key aim of ensuring that delegates represented the whole trust across bands, professions and directorates.

The conference was essentially three mini-conferences replicated in the morning, afternoon and evening of the same day. This was to allow more staff to attend the conference without causing detriment to service provision and, particularly, to allow those on shift patterns that traditionally would precluded them from attending a full day event during office hours. The Conference had a very successful outcome, facilitating 714 staff to attend over the 3 sessions: a significant improvement on the 2017 Conference when 230 staff attended.

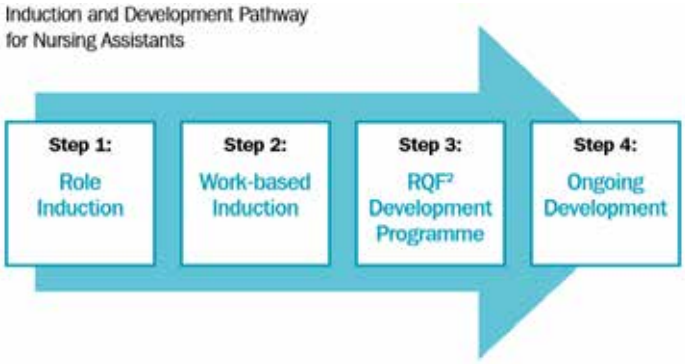
The 2019 Leadership Conference was facilitated by David Meade (trainer, broadcaster and international speaker) and speakers included, **Peter McNaney**, CBE, our Chairman, **Martin Dillon**, our Chief Executive, **Helen Bevan**, Chief Transformation Officer, NHS Horizons, **Robert Mulligan**, Senior Nursing/Midwifery Assistant, RJMS **Nuala Toner, Kerrylee Weatherall, Yvonne McHugh** from Children's Community Services and **Margaret Grayson**, MBE, Chair of the NI Cancer Research Consumer Forum.

2. Strengthening the Workforce

All staff professions from across the Trust attended the Leadership conference with 43% of delegates from bands 1 to 6.

Vocational Learning Programmes

The Vocational Learning Team (HR) continue to support the upskilling and development of Nursing and Senior Nursing Assistants across the Trust. The team specifically lead on steps 1 and 2 of the DoH mandated Induction and Development Pathway equipping Nursing and Senior Nursing Assistants with the skills to deliver safe, effective, person-centred care.



2. Strengthening the Workforce

The Nursing Assistant Induction is delivered over 4 days and complements the Trust Welcome event. In 2019/20 142 Senior Nursing Assistants/Nursing Assistants completed this Induction. A further 33 Nursing Assistants and 104 Senior Nursing Assistants completed their RQF accredited qualification in health and Social Care at levels 2 and 3 respectfully.

Nightingale Challenge Launch

2020 is the year of the Nurse and the Midwife. The Nightingale Challenge, part of the yearlong celebration, aims to equip and empower the next generation of nurses and midwives as leaders, practitioners and advocates in health.

The Belfast Health and Social Care Trust Nightingale Challenge was officially launched on 19th February 2020 with the enrolment of 20 nurses and midwives from across the organisation. Working in partnership with Nursing Colleagues, the HR People and Organisational Development Team are leading the delivery of the year-long programme of events and activities for the Belfast Nightingales.

The aim of the Nightingale initiative is to develop the leadership, policy-making, quality improvement and partnership working skills of young Registered Nurses and Midwives (under 35 years) and in doing so position young nursing and midwifery leaders in a position to play a full part in strengthening nursing and midwifery in Northern Ireland.

This initiative offers a mix of formal courses, mentoring, shadowing and learning opportunities for the participants supporting their development as future leaders.

Nursing & Midwifery Leadership Programme (Band 6 & 7)

The Band 6 and 7 Nursing & Midwifery Leadership Programme continues to be delivered in partnership with the People and Organisational Devleplment team (HR) and Central Nursing. The programme provides Nurse Leaders with an opportunity to understand how they can influence and support transformational change. With input from a range of Senior Managers and Directors from across the Trust, this innovative and interactive programme provides an opportunity for staff to hear key messages to support engagement, strengthen collaboration, empower collective leadership, embed continuous quality improvement, manage change etc. thereby strengthening the knowledge and skills of this workforce and contributing to a supportive, compassionate and safe environment for patients, carers and staff.

2. Strengthening the Workforce

Overall since April 2018 four cohorts have completed the programme reflecting approximately 91 participants and fuelling requests for further cohorts in 2021. Staff evaluations consistently demonstarted that the course a valued asset to participants who have noted a change in their performance and leadership and management skills within their work areas as a result.

"Really informative and through provoking…."
2019 Programme attendee

"The programme strengthened my confidence and determination to continue to implement radical service change…."
2019 Programme attendee

"Great insight into leadership and quality improvement…."
2019 Programme attendee

"Very interesting Topics which were relevant to me and my area…."
2019 Programme attendee

Organisational Development Team Interventions

The benefits of supporting teams to work together effectively are well evidenced, indicating many positive and a far reaching impact on service delivery. Supporting the Trust's vision to deliver safe, effective and compassionate care, in 2019/20 the HR People and Organisational Development team designed, supported and facilitated 28 (involving 324 staff members) Team Effectiveness interventions for teams across the trust. These team interventions underpinned by collective leadership, HSC values and quality improvement, seek to strengthen team engagement, review progress and identify service improvements, thereby facilitating meaningful change. A range of clinical and corporate teams were supported including Pharmacy, Emergency Department Consultants, Radio Pharmacy, SAS Doctors and Dentists, Community and Older People's Services, HR, Regional Fertility Clinic, Ergonomics, Occupational Health, Community Diabetes Specialist team, IT, Speech and Language and Manual handling.

Trust teams have consistently shared positive feedback regarding their experiences of these events citing quality improvements, peer collaboration and team building as amongst the most beneficial outcomes.

2. Strengthening the Workforce

Staff Achievements

Collaboration between the HR People and Organisational Development and Podiatry teams was acknowledged at the Belfast Trust Chairman's awards in November 2019 under the category of Dragon's Den Challenge for their submission 'Step into the Future!' This initiative reflected ongoing collaboration between these services to design and deliver a bespoke ILM Level 5 Certificate in Leadership and Management exclusively for Trust Podiatry staff.

Based on the success of this collaboration 12 Podiatry staff received an accredited level 5 ILM leadership and management qualification. Tailored to meet the unique leadership objectives of this service area, as a result of this qualification podiatry staff have embraced quality improvement methodology, evidence-based decision-making and outcomes-led approaches as well as enhancing their communication, multidisciplinary collaboration, business planning and change management skills etc.

Dorothy Patterson who completed the first trust level 3 ON course in Employment, Training and Personal Development in 2019, went on to be highly commended under the category of Learner in Employment at OCN's NI Learning Endeavours awards Ceremony. This award acknowledged Dorothy's commitment to the course, balancing studying with work.

In March 2020 the HR People and Organisational Development team was delighted to be shortlisted for the CIPD Northern Ireland Awards under the categories of best L&D initiative and HR/L&D Team of the Year. These entries reflected the team's exceptional levels of performance and agility in supporting the organisation.

2. Strengthening the Workforce

Hyponatraemia

From September 2018 there has been a BHSCT Working Group for Recommendations 10-30 (Paediatric Clinical) for the Inquiry into Hyponatraemia-related Deaths report. The purpose of this group is to ensure that full consideration is given to recommendations 10-30 in the Report and that the Trust meets its obligations in relation to these. The group is Chaired by the Director of Specialist Hospitals and Women's Health with group members consisting of the Deputy Medical Director, Divisional Nurses from relevant service areas, Deputy Director of Nursing, Corporate Governance, Royal Belfast Hospital for Sick Children's and Pharmacy. This group reports to the Director's Oversight Group regarding the implementation of recommendations 10 -30 of the O'Hara Report and had been meeting monthly until the outbreak of Covid. An action plan has been developed based on the 10-30 recommendations and the associated action log reviewed through the monthly meetings. In December 2018, a subgroup of the working group was established to review three separate Trust Policies in relation to Caring for and Safeguarding Children and Young People who are admitted to adult wards for care and treatment (Recommendation 10). The updated combined Policy was approved through Standards and Guidelines Committee in August 2019 and is due for review in January 2021.

(http://intranet.belfasttrust.local/policies/Documents/Safeguarding%20Children%20and%20Young%20People%20who%20Attend%20Adult%20Services%20for%20Admission,%20Care%20or%20Treatment%20-%20Caring%20for%20and.pdf)

This policy provides a framework which guides staff in the decision-making process in relation to physiologically appropriate and age appropriate care of a child or young person who attend adult in patient services or have contact with adult services in an outpatient setting.

It ensures that the child or young person's needs are paramount and central to decisions, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.

The Policy also enables staff to recognise and respond appropriately to the children and young people's needs and to inform families of the process by which decisions are considered, made and reviewed.

It ensures staff are aware of how to raise concerns of risk of harm toward children.

The BHSCT updated the Policy on Administration of Fluids to Children from 4 weeks to their 16th birthday to bring in line with the Regional policy (2019). The BHSCT policy was presented to Standards and Guidelines Committee in December 2020 after a previous submission in October 2020. This policy has been signed off and will be accessible for staff on the BHSCT Intranet. There have been some changes to the training elements required and information around this has been discussed and shared across Divisions. The policy also contains additional assurance processes

to more robustly manage and review any incidents of hospital acquired hyponatraemia, including review of incidents and randomised audits of notes.

http://intranet.belfasttrust.local/policies/Documents/Hyponatraemia%20-%20Administration%20of%20Intravenous%20Fluids%20to%20Children%20from%204%20weeks%20-%2016%20yrs%20-%20Reducing%20The%20Risk%20of.pdf

The Trust has also introduced a system to highlight on a daily basis, all children who are being cared for in adult inpatient settings to the RVH Site Co-Ordinator through the Patient Flow. As a result, any concerns in relation to care, treatment or safeguarding are identified and acted upon as necessary in a timely manner. Moreover, it ensures that there is oversight of all children or young people who are being cared for in adult inpatient facilities.

The Chair of the BHSCT Working Group for Recommendations 10-30 hosted a Trust wide Learning Lunch event held on 12th February attended by clinical and managerial staff to raise awareness on the IHRD workstreams both at a Regional level and at an Organisational level.

Moreover, there was an IHRD Stocktake event for teams across BHSCT held on 25th November which lead to the development of an action plan under the following themes:

RPRB [Right Patient, Right Blood]

The processes for monitoring RPRB compliance along with all other information pertaining to Clinical Transfusion training is included in a new policy 'BHSCT Clinical Transfusion Training policy'.

Previously the Haemovigilance team carried out a bi-annual audit on transfusions over a three day period to check if the staff carrying out the RPRB dedicated transfusion roles were recorded as RPRB compliant in the relevant RPRB database.

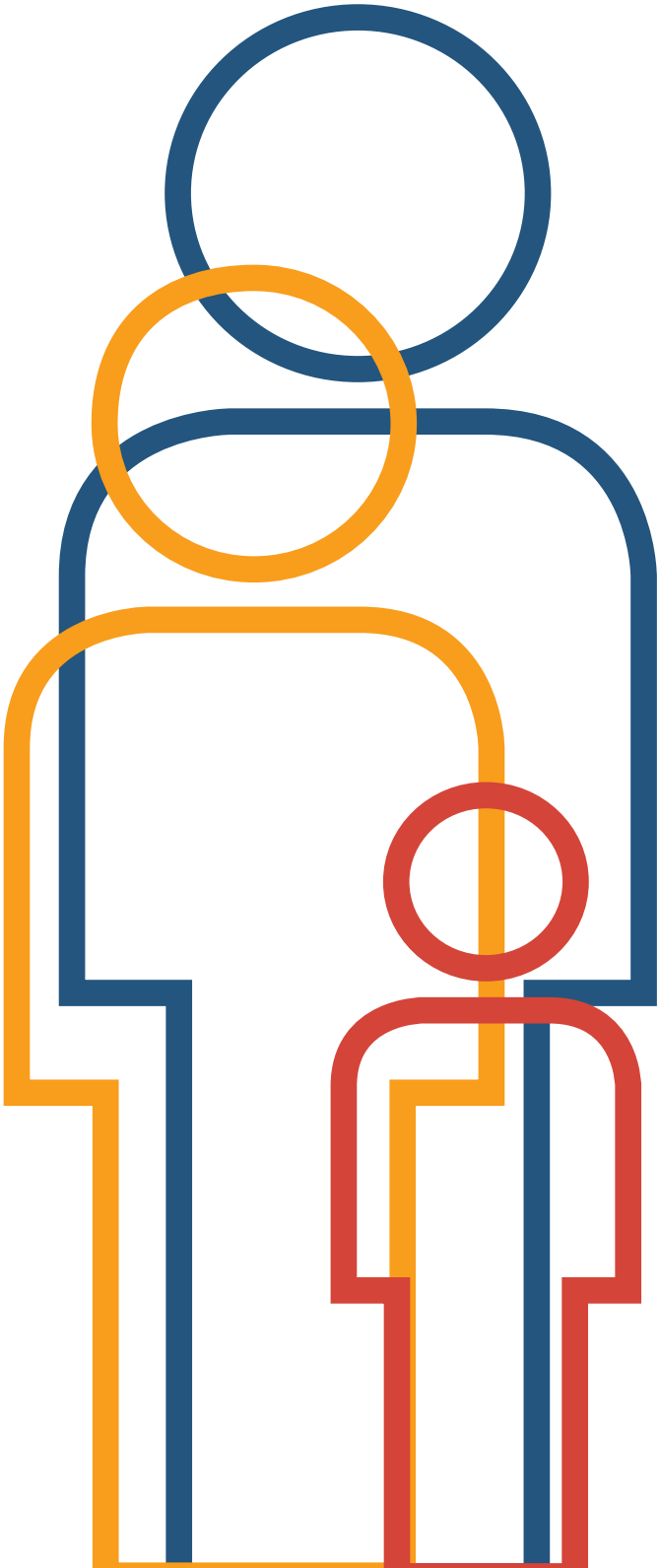
The results of these audits remained poor (last audit in September 2018: Sampling 68% and Administration of Blood 65%) with the database recording being recognised as being the main reason, as opposed to staff not being RPRB compliant.

With agreement at the Northern Ireland Transfusion Committee, the BHSCT Haemovigilance team decided to address the issue of the Medical Staff database and the non-Medical staff database but also to check RPRB compliance when it was noted that staff had made an error in the transfusion process instead of auditing successful transfusions.

All errors in transfusion sampling are also collated with numbers and types being reported back to clinical areas. Staff noted to have made a serious error that is a direct risk to a patient, are contacted by Haemovigilance and are required to desist from the relevant transfusion practice until the error discussed, the root cause identified and the staff are aware of what is needed to prevent re-occurrence. Staff making multiple minor errors which result in samples being rejected are notified to make them aware of the error and help address any causes.

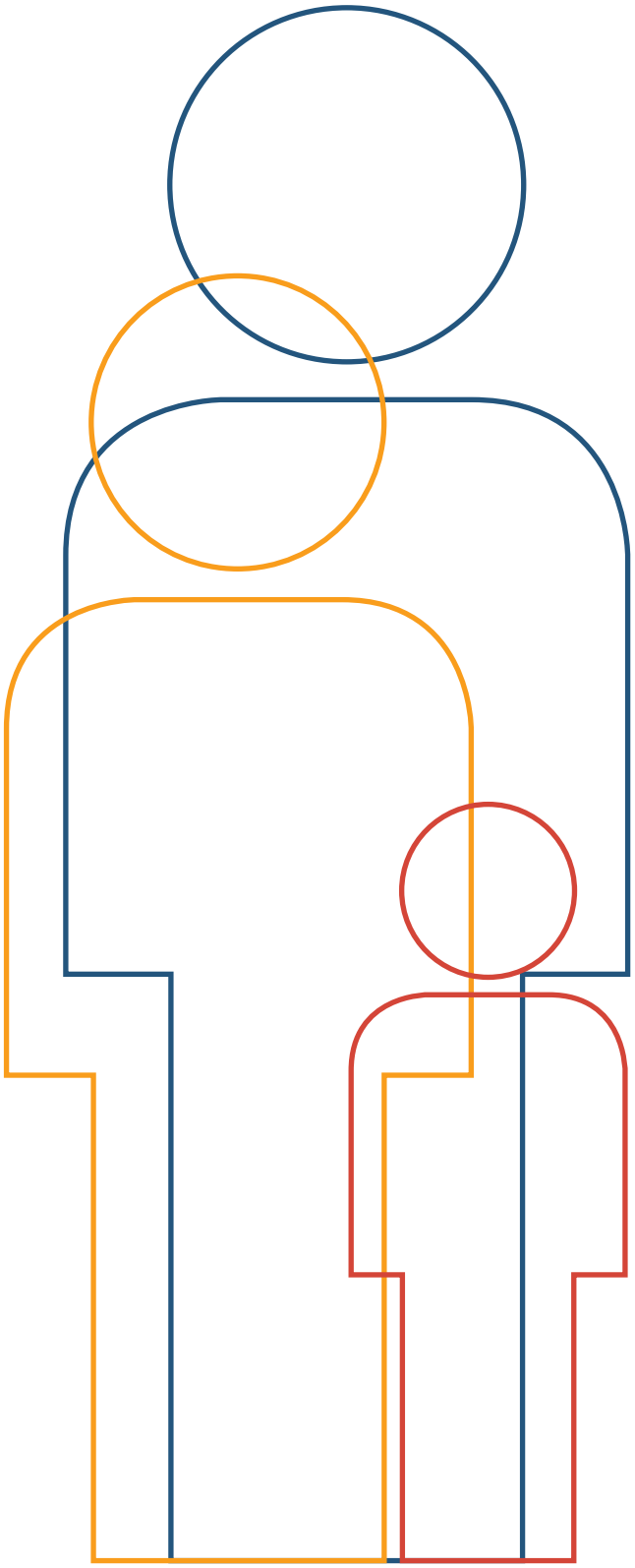
2. Strengthening the Workforce

3. Measuring the Improvement



3. Measuring the Improvement

- Infection rates
- Compliance with WHO surgical safety checklist
- Implementation of Automated Dispensing Cabinet (ADC)
- Falls
- Reduction in avoidable and deep Pressure Sores
- Decrease in the time taken to dispense a controlled drug order
- Quality Improvement in mental health
- Preventing VTE
- Compliance with hand hygiene
- Cardiac arrest rates



3. Measuring the Improvement

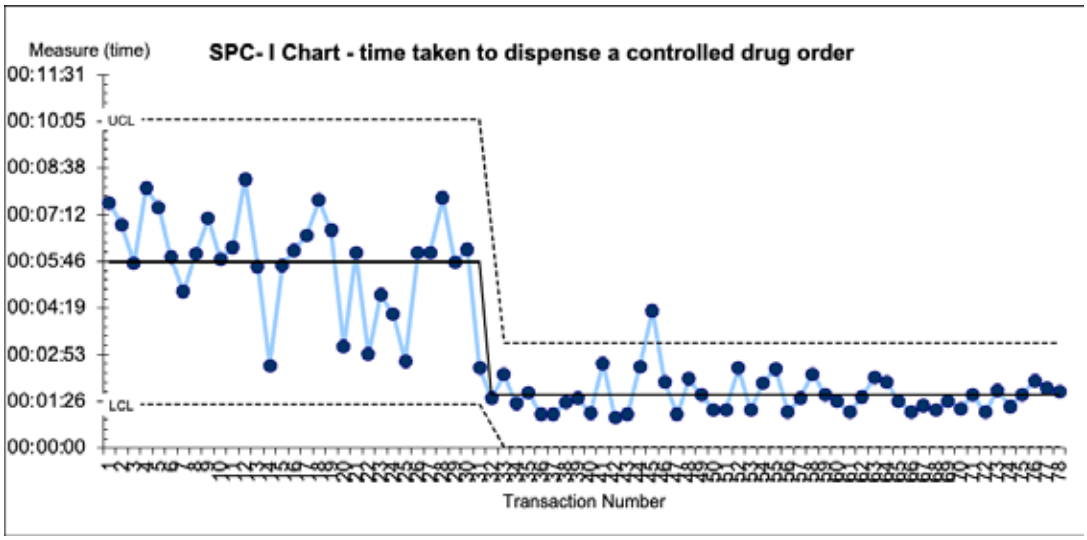
Medicines management

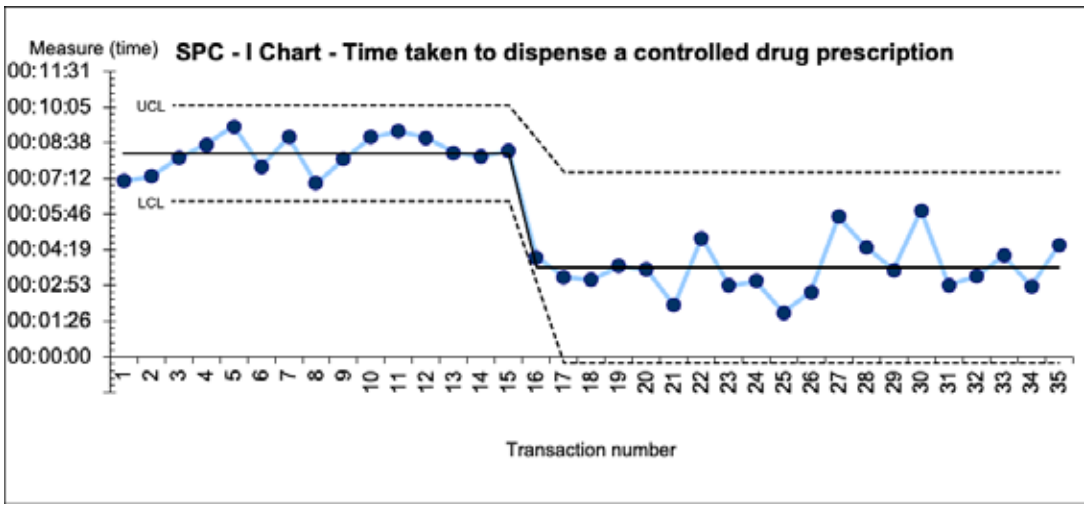
Controlled Drug Automation

Controlled Drugs (CDs) must be stored securely and their use requires chronological detailed records in a paper CD register. Challenges on management of CDs within Pharmacy include physical space, time intensive mandatory record keeping processes and the continual physical reconciliation of stock.

RVH Pharmacy department implemented an Automated Dispensing Cabinet (ADC) for management of CDs in November 2019. Utilisation of an electronic CD register has decreased the number of steps involved in CD dispensing and achieved efficiencies as illustrated below.

Future developments will focus on linking ward based ADCs with the pharmacy ADC to further enhance the efficiency of CD workflow between ward and pharmacy.





3. Measuring the Improvement

Medicines reconciliation

A regionally developed video outlining the three steps effective medicines reconciliation is available to BHSCT staff. The QR code can be scanned to view the video.

Scan me

to

Insulin

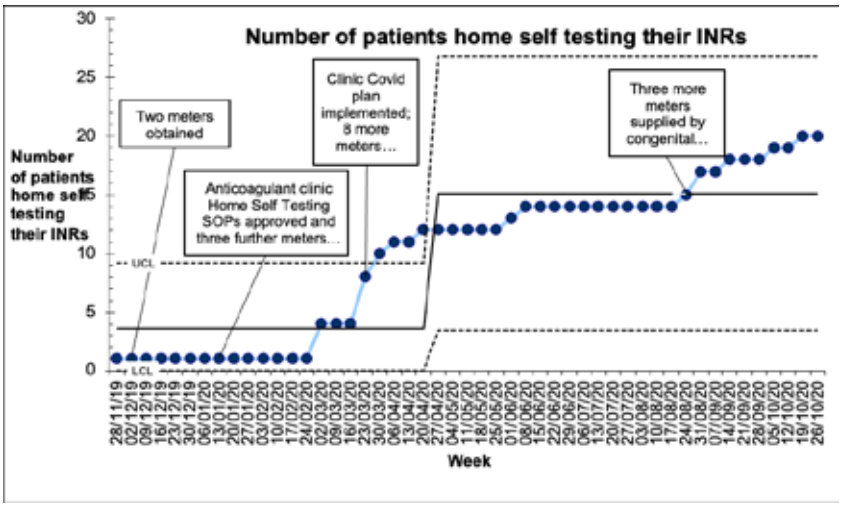
Recognition that on any one day 18.7% of BHSCT hospital beds are occupied by people with diabetes led to the development of a pilot Belfast Inpatient Diabetes Service (BIDS). During the pilot, a daily three hour MDT ward round was conducted. The MDT consisted of a consultant diabetologist, a Diabetes Specialist Nurse, a dietitian and a pharmacist. The team reviewed patients on eight BHSCT wards for 12 weeks and identified 84 insulin/oral hypoglycaemic medication incidents which they addressed.

Warfarin – bringing the anticoagulant clinic into your home

This quality improvement project aimed to increase the number of BHSCT anticoagulant clinic warfarin patients who self-tested their International Normalised Ratio (INR) at home from one to five by 31/5/20. This combined with attendance at a virtual clinic enabled their warfarin to be safely managed at home. This approach is more convenient for patients, involves them in their care and provides better anticoagulant control.

The target of five patients was reached by 23/3/20. Around this time, the clinic had to adapt to Covid. The project work meant the clinic had tested the use of virtual clinics for INR home self testing and was well placed to rapidly roll this out during the first Covid surge. Patients who were previously happy to attend the clinic were now keen to move to INR home self testing to reduce their hospital attendances during the pandemic.

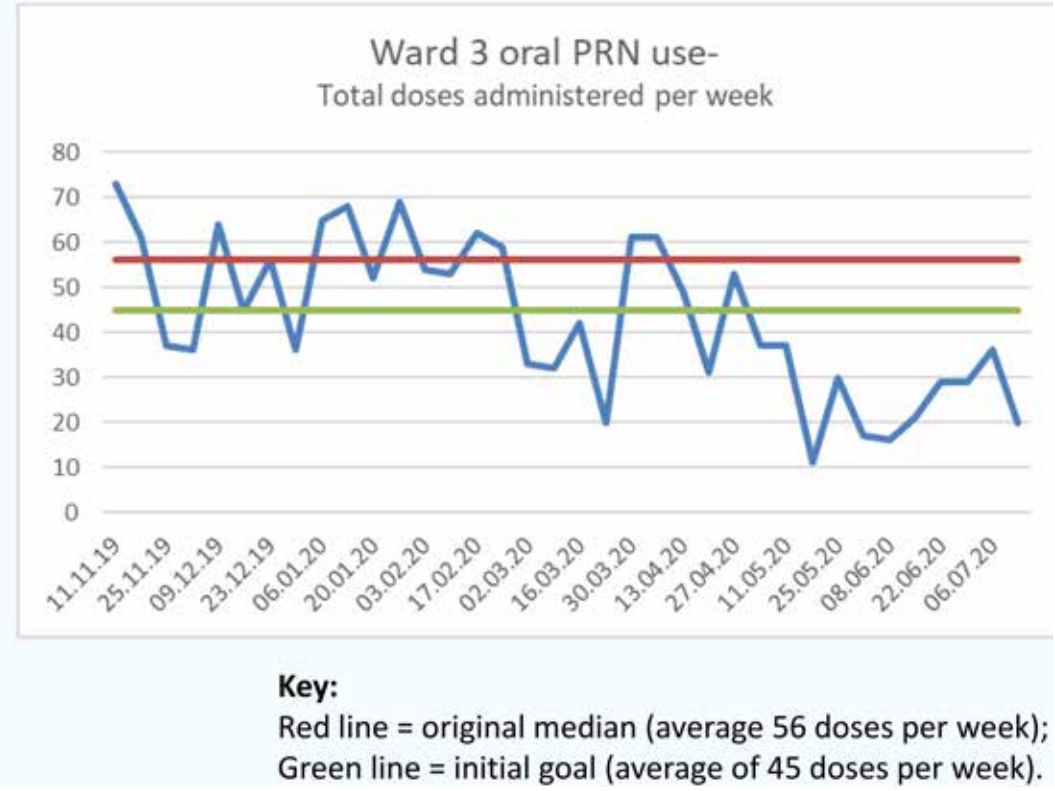
By 31/10/20, 20 patients were self testing their INRs at home and being managed at the virtual clinic – see control chart below



3. Measuring the Improvement

Reducing the use of oral psychotropic PRN (when required) medication

An Acute Mental Health inpatient MDT (medical/nursing/pharmacy) have worked to reduce the use of oral psychotropic PRN medication on ward 3, Acute Mental Health Inpatient Centre by 20% by May 2020. As illustrated in the run chart below, they exceeded their target and reduced the number of doses of this medication by over 30%.



Pilot of an adult, acute Kardex incorporating an antibiotic review section

A quality improvement project to ascertain the safety and effectiveness of an antibiotic review section in the Kardex on the quality of antibiotic prescribing was conducted on six wards in the Mater hospital. A multi-disciplinary team led the project design and implementation.

The study Kardex was implemented in January 2020 and initially was to run until the end of March 2020, however, it was stopped early due to COVID-19.

3. Measuring the Improvement

The six pilot wards improved their compliance with 10 indicators of good antimicrobial stewardship (as shown below).

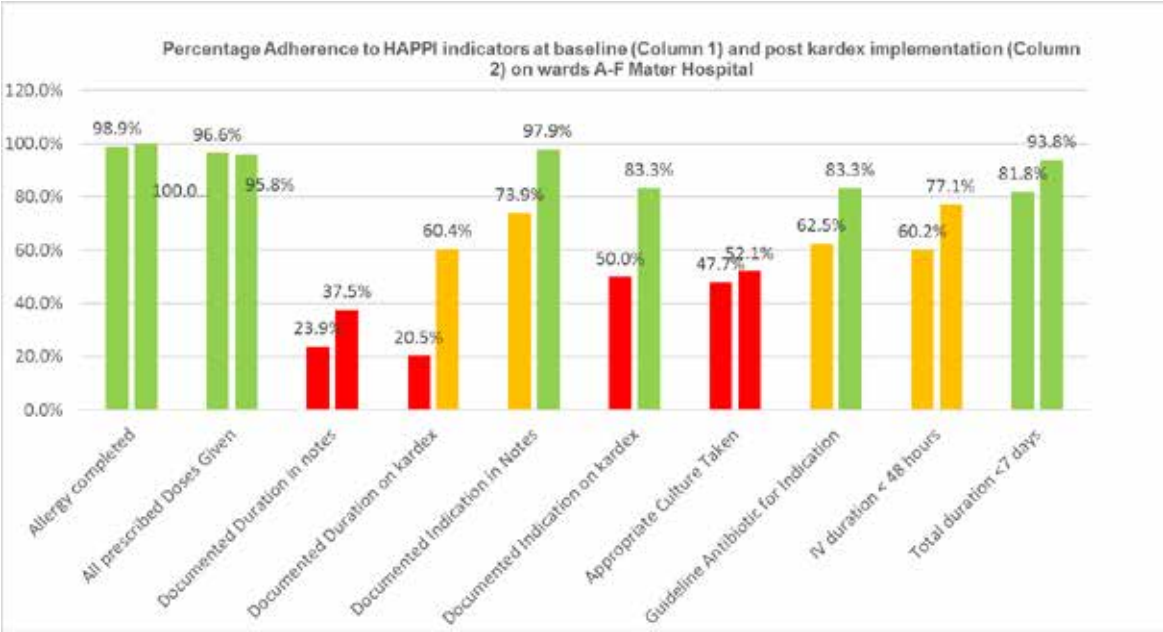


Figure 1 Adherence to HAPPI indicators at baseline and post Kardex implementation on wards A-F in the Mater

The project also reduced the total number of antibiotics used by the six wards by 24% from baseline.

Due to the improvements in the quality and use of antibiotics when using this Kardex with an antibiotic review section, it will be implemented across Belfast Trust.

Keeping people safe in our organisation

Reducing Healthcare Associated Infections (HCAIs)

One of the aims of the BHSCT Quality Improvement Plan (QIP) 2017-2020 is to “reduce harm from Healthcare Associated Infection (HCAI)”. The Trust’s QIP 2017-2020 states that this will be achieved through ongoing engagement with Risk Assessment, Hand Hygiene (HH), Aseptic Technique, Antimicrobial Stewardship and Cleaning. Wards and departments under the stewardship of the Health Care Associated Infection Improvement Team (HCAIIT) have continued to deliver in relation to these strategies.

3. Measuring the Improvement

HCAIs 1st April 2019 to 31st March 2020

	Target 18/19	Outturn 18/19	Target 2019/20	Target no. of cases per month	Average cases per month as of end of March	Apr - March Episodes
*C.difficile**	110	132	110	9.17	8.92	107
MRSA	12	16	12	1	1.83	22
*All Gram Negatives**	201	216	201	16.75	20	240

2018/19	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
*C.difficile**	7	12	10	12	10	8	16	8	9	15	7	18
MRSA	2	2	1	2	1	3	0	2	2	0	0	1
*All Gram Negatives**	24	18	15	22	19	21	18	14	16	13	11	25
2019/20	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
*C.difficile**	16	13	10	9	3	8	11	7	4	9	10	7
MRSA	3	3	2	2	0	2	0	2	2	3	2	1
*All Gram Negative**	28	24	18	26	26	25	16	17	17	14	16	13

This table shows the Trust performance against targets set by the Public Health Agency. For

C.difficile the Trust had 107 cases against a target of 110. For MRSA (bacteraemia) the Trust had 22 cases against a target of 12.

Key learning themes identified in relation to *C.difficile*

Rationale for faecal sampling not always clear – sampling poster available to guide decision making.

C.difficile Care Pathway not always fully completed. The Medical Prompt Form should be completed by the medical team for all cases and should be filed in the medical notes.

Record of daily medical review of CDI not always present, CDI should be managed as a diagnosis in its own right and daily medical review should be undertaken and documented daily as per BHSCT policy.

Stool habit recorded in numerous documents such as fluid balance chart/skin bundle, but not always accurately recorded on stool chart. It is important that the Bristol stool chart is recorded accurately to determine severity of symptoms and to monitor progress.

Best practice guidelines (Updated guidance on the management and treatment of Clostridium difficile infection, PHE, 2013) recommend that all patients with CDI are reviewed weekly by a CDI clinical review team. Currently only happening on MIH site in BHSCT.

Continued focus on antimicrobial stewardship is essential.

3. Measuring the Improvement

Key learning themes identified in relation to MRSA

Rationale for blood culture taking not always clear or documented. It is not always documented that cultures have been obtained using an aseptic non-touch technique (ANTT).

MRSA Care Pathway not always fully completed.MRSA screening not always fully completed, key sites such as wounds omitted from initial screens resulting in failure to decolonise. Test results not always checked, causing delays in or failure to decolonise.

Decolonisation not prescribed or not properly undertaken. As colonisation is known to precede infection this is a vital step in terms of prevention.

Issues around the management of peripheral venous cannulae (PVCs), including:

Remaining in place in excess of 72 hrs with no documentation or clear rationale

Multiple PVC present but no documentation to support rationale

Poorly completed PVC recording charts

A re-focus on ANTT is required and planned.

Key learning themes identified in relation to Gram-negative bacteraemia

Rationale for blood culture taking not always clear, or documented. It is not always documented that cultures have been obtained using ANTT

E.coli accounted for the majority of the Gram-negative bacteraemia – ward teams have been tasked to review potential causes/ sources of infection. Learning to be shared throughout the Trust.

Focused attention required in relation to the prevention of catheter associated urinary tract infections (CAUTIs), given their potential as a source of E.coli bacteraemia.

COVID-19

This year COVID-19 has resulted in unique challenges.

On 30th January 2020 the Director-General of the World Health Organisation declared the novel coronavirus outbreak a public health emergency. This was later declared a pandemic on 11th March 2020.

Trust preparations for cases of COVID-19 commenced in January 2020 with preliminary emphasis on:

- Staff education
- Sourcing of equipment and other resources

- Preparing and adapting the environment as required
- Establishing systems in relation to patient placement, transfer routes, cleaning, patient testing etc. laboratory/ testing capacity.

The situation continues to evolve rapidly over time.

Key learning themes identified in relation to COVID-19

- Early action/ response is vital to ensure adequate preparedness
- Collaborative team working is essential, both locally within the Trust and at a regional level
- Communication is key
- Effective communication and explanation empowers staff and can reduce anxiety and fear
- The most effective mode of communication should be carefully considered to ensure wide dissemination, bearing in mind all staff groups may not have easy access to IT equipment as part of their role
- Immediate education of staff is essential which is challenging given the size of the organisation. Other options were/ are utilised such as 'cascade training' approach and development of a voiced presentation, accessible to all BHSCT staff.

As this is a new virus, national guidance has changed on several occasions as information regarding the virus emerged. This presented challenges in relation to the need for retraining and ensuring all staff were made aware of the changes.

Next steps

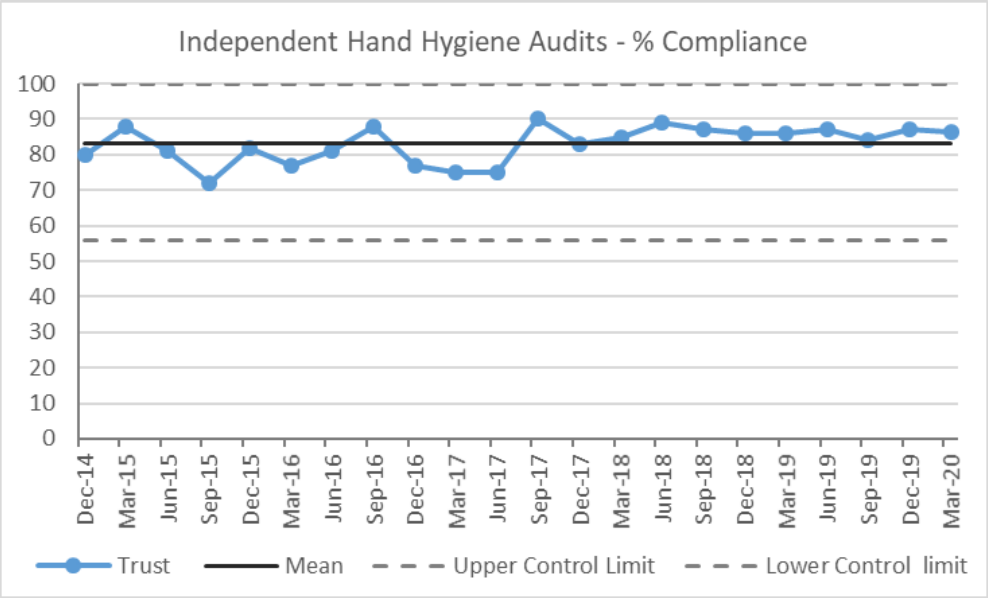
As we continue to move forward throughout this pandemic, we continue to follow both national and regional guidance. We will continue to work collaboratively to plan, prepare and respond to the rapidly changing situation. The BHSCT participate in regional forums to ensure we learn promptly of any changes in guidance/ strategy, that our experience/ learning is shared and to contribute to the overall regional response.

Hand Hygiene

Hand hygiene is considered to be the primary measure necessary for reducing HCAI's. The BHSCT has set a very high standard for measuring compliance with hand hygiene to ensure approprate and effective practice.

The infection prevention control team carry out quarterly independent audits. During the year 2019/20 116 audits were completed with an average compliance of 82%. Individual compliance scores ranged from 50%-100%.

3. Measuring the Improvement



The chart above shows the percentage compliance with the quarterly hand hygiene audits completed by the Infection Prevention Control team.

Wards also carry out self-audits of hand hygiene on a monthly basis to ensure a high standard of compliance is met and to reduce incidence of HCAI's.

Inpatient Falls

Falls within the hospital setting are the second most reported patient safety incident on Datix. On average there were 159 falls reported each month during April 2019 to March 2020.

It is not possible to prevent all falls that might happen in hospitals without placing unacceptable restrictions on patients' independence, dignity and privacy. However, research has shown that 'falls can be reduced by 20-30% through multifactorial assessments and interventions, which aim to identify and treat underling reasons for falls'.

Fallsafe is a Quality Improvement Project which has been embedded within 58 Acute Adult Inpatient Wards within the Trust. It supports staff to deliver evidence based falls prevention.

Ref: Cameron ID et al. 2010 Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane Database of Systemic Reviews

3. Measuring the Improvement

Regional Falls work carried out with PHA/ Fall Safety Forum

Regional Falls E-Learning

A Regional falls e-learning task and finish group was established on the 04th March 2020. Its purpose was to develop a HSC Regional Falls e-learning training tool to offer support to HSC Nursing, Midwifery and AHP staff. This work is ongoing.

Regional 'Safe Use of Bed Rail 'Policy

Following the introduction of the Deprivation of Liberty Act 2016 it was acknowledged that a Regional 'Safe Use of Bed Rail' policy was required. A subgroup has been established however due to the ongoing pandemic situation this work has been suspended.

Falls Safety Forum

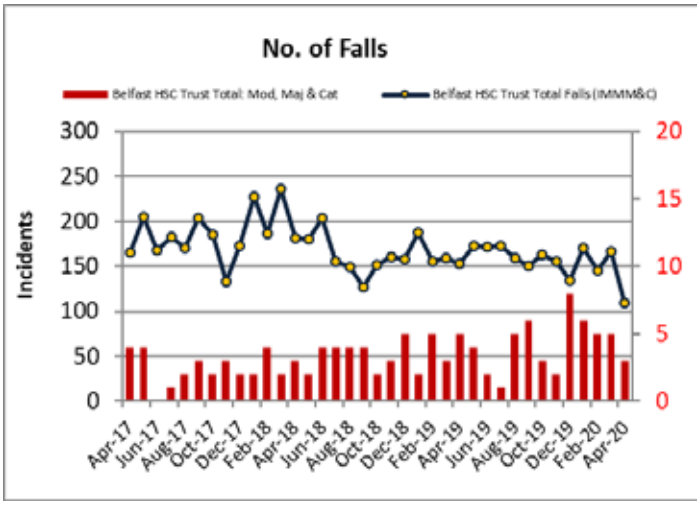
The Falls Safety Forum is currently revising the 'Management and Prevention of Adult Inpatient Falls in a Hospital Setting' Policy. This is to facilitate the changes to the structure of services within the Belfast City Hospital (BCH) site during the Covid-19 period. Training for the Hospital at Night Team within the BCH site on how to manage a patient who has fallen and has a suspected spinal injury is to be facilitated.

March to Safety

March 2020, Fallsafe Awareness training was the focus of 'March to Safety' campaign for Older Peoples Service. These sessions commenced on the 3rd March 2020 but unfortunately were suspended on the 16th March, 2020 due to the Covid-19 Pandemic.

3. Measuring the Improvement

Facts and Figures



KEY: Mod, Maj and Cat refers to; Moderate, Major and Catastrophic
IMMM&C refers to all fall including; Insignificant, Minor, Moderate, Major and Catastrophic

From April 2018 to March 2019, the Trust recorded 2,205 falls. From April 2019 to March 2020, the Trust recorded 1915 falls – a reduction of 13.1% falls over 2 years.

Of the total number of reported falls from April 2019 to March 2020, 53 were graded moderate and above. This would signify the patient sustained a more serious injury. This is a 23.2% increase from 2018/2019. However, comparing this rate of increase to the figures of 2017/18, it is considerably lower as there had been a 48% increase of moderate falls recorded in that time period.

Covid-19 Pandemic and Falls

Caring for patients considered as being a high risk of falling, while in hospital has been challenging for staff to manage during the Covid-19 Pandemic due to guidance and Trust protocol of patient placement due to infection status. The Falls Team have worked across all of the Trust about the increased vulnerability to falls for some patients because of reduced visibility by staff where patients are being cared for in side rooms. Helping staff to remember the actions that can lessen the risk of falls happening has been key to this support, this includes ensuring the nurse call bell, drinks or personal items and the patient's mobility aid are within reach of the patient.

Although staff are facing different challenges with the covid-19 situation, staff are reminded to continue to review and update the patients fall risk assessments, to utilise resources, such as low entry beds, falls assisted technology and intentional rounding.

3. Measuring the Improvement

Reporting of Falls in the BHSCT continues monthly, it includes:

- Total number of falls in the Fallsafe areas.
- Total number of falls which are graded moderate and above and includes learning from the post falls investigation that has been completed
- The report includes the Fallsafe audit compliance. The audit is now completed quarterly which commenced from September 2019
- The Fallsafe Audit, Quarter 1 and 2 have been suspended by the PHA due to Covid-19 pandemic
- The PHA receive a Quarterly Report from the Trust, providing detail of all moderate and above falls that have occurred. It highlights areas of good practice and areas of learning.

Ongoing improvement will be facilitated by:

- Education of staff on the updated Trust Falls Prevention policy
- Shared learning, from the post fall reviews of moderate and above falls with the multi-disciplinary team
- Collaborative working with colleagues both locally and regionally
- Supporting staff participating in Fallsafe
- Introduction of a regional 'Safe use of Bed Rail' policy.

Pressure Ulcers

Pressure ulcers remain a significant healthcare problem, with up to 200,000 people in the UK developing a new pressure ulcer each year (Guest et al 2017). Pressure ulcers (which can extend down to muscle and bone) have a profound impact on the overall wellbeing of patients, as they are painful and debilitating (Moore et al 2009). In addition, they are expensive to treat (the cost to the NHS is estimated to be more than £1.4 million every day) (Guest et al 2017).

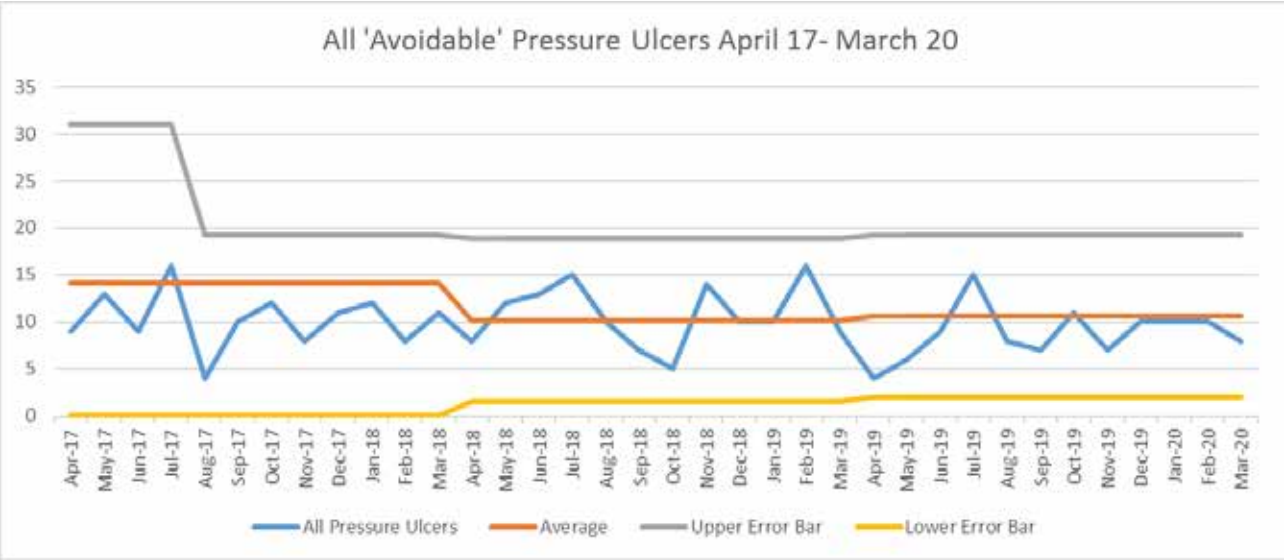
Within the Belfast Trust, our Tissue Viability Nurse Team and frontline staff work tirelessly to decrease the number and severity of pressure ulcers suffered by patients and service users, both in hospital and community. We do this by identifying people at risk as early as possible, implementing evidence based preventive care, and actively reviewing all Trust acquired pressure ulcer incidents.

In 2019-20, the Trust achieved a 19% reduction in pressure damage in comparison to the previous year (Incidence rates/1000 bed days are presented in Table 1). We can also report that over the last 5 years we have reduced harm from avoidable healthcare acquired pressure damage/1000 bed days by 46% (exceeding the Trust target, which was set at 25%).

3. Measuring the Improvement

Table 1

Pressure Ulcer Data	2019-2020	2018-2019 (Base year)	Increase/decrease against previous year
Total No. of Pressure Ulcers Reported	314	390	-68
No. of Pressure Ulcers/1000 bed days	0.66	0.84	-0.18
No. of potentially avoidable pressure ulcers	105	129	-24
No. of potentially avoidable pressure ulcers/1000 bed days	0.22	0.28	-0.06
No. of potentially deep avoidable pressure ulcers	33	40	-7
No. of potentially avoidable deep pressure ulcers/1000 bed days	0.07	0.08	-0.01



While we are pleased with progress to date, our goal is to prevent all avoidable healthcare acquired pressure ulcers – we do not want any patient or service user to come to avoidable harm. We will therefore continue to:

Review every reported incident and ensure that learning identified is actioned and shared.

Openly and transparently report on all incidents on a monthly basis

Continue to work in partnership with colleagues across all of Northern Ireland's Health and Social Care Trusts, as well as the independent sector, alongside the Public Health Agency (PHA) and our educational establishments. The Regional Pressure Ulcer Group (Chaired by the Patient Safety,

Quality and Experience Nurse Lead) has been instrumental in refining pressure ulcer outcome measures, evaluating a robust pressure ulcer risk assessment tool, and sharing resources.

Examples of resources created and shared by the Belfast Trust include an eLearning Programme on Pressure Ulcer Prevention for Healthcare Assistants. This programme is available for all HSC staff and those registered within Independent Care Homes on the Regional Learning Portal (https://www.hsclearning.com)

Another excellent resource is the 'Apple' Poster modified from work originally created by Deputy Sister Julie Baxter (Belfast City Hospital). This poster helps staff to recognise and categorise pressure ulcers (https://www.publichealth.hscni.net/publications/apples-getting-heart-pressure-ulcer-staging). We are particularly proud of Julie's work as it show how motivated our front line staff are to drive improvement in patient care.

During Covid 19 pandemic the Tissue Viability Team delivered the following:

Patient care:

The TVN team continued to receive referrals for patients with complex needs across all departments (Acute, Community, Mental Health, Maternity and end of life). This included very ill patients in all of our ICU departments (with and without Covid-19). These patients crossed all age groups from neonates to those of an advanced age.

Many of our patients are awaiting cancer therapies and need highly skilled wound care such as negative pressure wound therapy, debridement, larvae etc. to maximise their healing potential in order to allow treatment to commence.

Many of our patients, eg. with deep abdominal wounds or large haematomas, need very careful monitoring and management to reduce risk of life threatening infection – our input facilitated early discharge or prevented admissions. In many instances, these dressings took over an hour – by undertaking these dressings, the TVN released time for ward staff to undertake other duties.

Management of severe tissue damage in patients with Covid-19 – skin changes were a common entity in patients with Covid. Patients and staff required a lot of advice, and support during this distressing time, especially at end of life

Maintained standards in relation to pressure ulcer prevention

Other:

- Developed a poster, a Patient Group Direction and process for information, advice and management of skin problems beneath face masks
- Provided 7 day cover for complex patients and/ advice for staff regarding pressure damage under PPE

- Delivered upskilling training re: SKIN bundle
- Undertaken upskilling training to be available to assist with proning in ICU
- Redeployed a team member to assist with Nursing Home care provision
- We developed a one page 'Learning Points' poster so that staff were quickly alerted to a pressure ulcer issue that had occurred and the lessons they needed to take from the incident.
- The team went to the wards to review patients with complex wounds/time consuming dressings on an almost daily basis to take the pressure of ward staff – On many occasions they went up early to the wards, washed the patient, attended to personal care and did the dressing.
- In the IRVH, MIH and Nightingale Hospital, the Team were very active in supporting L2ICU in terms of reviewing all incidents related to proning, advising on techniques that might reduce harm and gaining an understanding of skin manifestations in relation to Covid-19

In addition to the PPE poster we developed a video for staff which is hosted on both the IPC site and the TVN site.

Our PPE poster has been regionalised by HSC and was recognised by NHSi, and the Tissue Viability Society UK.

As noted in the pressure ulcer piece, the Belfast Trust eLearning programme for Healthcare Assistants was requested by other Trusts and therefore PHA.

Ward areas are still requesting a lot of training which we are trying to do in a socially distanced manner

Team Lead continues to meet the demands of QUB whilst maintaining a Trust wide service

Preventing Venous Thromboembolism

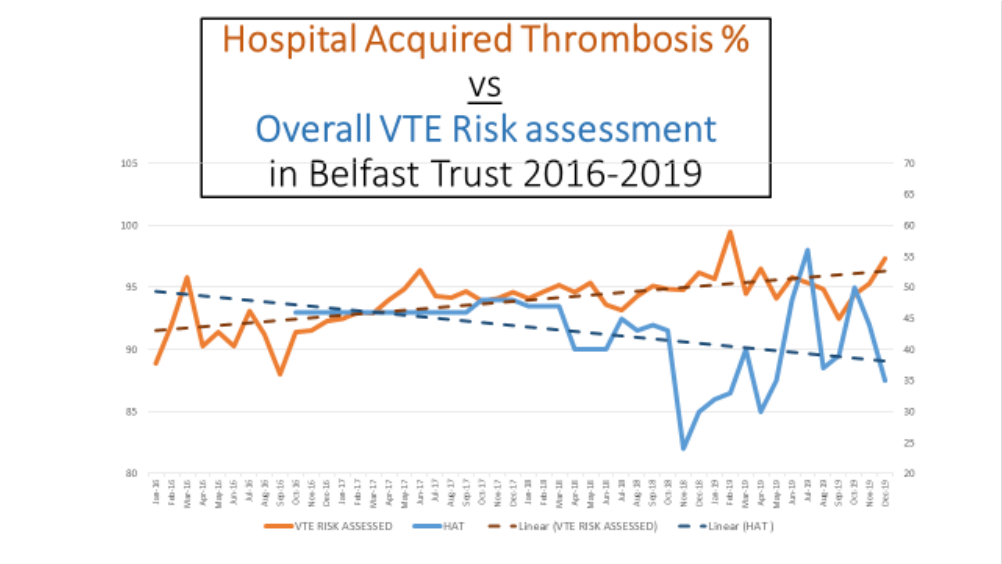
Venous thromboembolism, an umbrella term for deep vein thrombosis (D.V.T.) and pulmonary embolism (P.E.), remains a major cause of death within the UK and can result in life changing consequences. Sequelae as result of clot include, amongst others, post thrombotic syndrome (P.T.S) and chronic thrombo-embolic pulmonary hypertension (CTEPH), both requiring long term management, with significant psychological impact for the patient.

Hospital acquired thromboembolism (H.A.T.)

H.A.T. is a term used to identify DVT and/or PE, which occur while a patient is in hospital or within the 90 days following discharge and accounts for thousands of deaths annually in the NHS. Up to 60% of ALL VTE are associated with hospital admission. Fatal pulmonary embolism remains a common cause of in hospital mortality.

3. Measuring the Improvement

H.A.T is a common and potentially preventable problem. The BHSCT is committed to reducing the risk of VTE among its patient population by championing thromboprophylaxis. ALL patients on admission are assessed to identify those who are at increased risk of VTE. Independent auditing, by the VTE team, of each patient kardex risk assessment continues, across four sites each month. Audit outcomes are shared among specialities and directorates. The graph below demonstrates that we, as a Trust, have consistently achieved more than 90% compliance during 2018-2020. In response to our efforts, the rate of H.A.T is 35%, compared to 60% national rate.



The regional 'Guide to preventing blood clots' leaflet, is available to all patients.

This year we have introduced VTE risk assessment to acute Mental Health Inpatient Wards. People who are admitted with mental health issues, have varying risk for VTE.

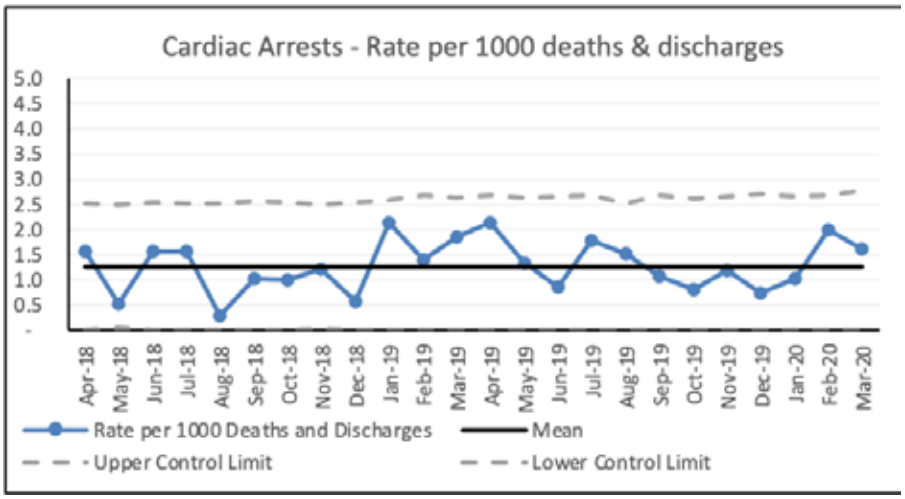
Cardiac Arrest Rates

A cardiac arrest is where a patient requires chest compressions and / or defibrillation by the Hospital Resuscitation Team.

Early recognition and effective treatment of patients whose clinical condition is deteriorating helps to reduce cardiac arrests. Compassionate care of patients acknowledged to be nearing the end of their lives may also reduce the number of patients treated for cardiac arrest.

Early recognition will also help to identify individuals that cardiorespiratory resuscitation is not appropriate for or who do not wish to be resuscitated.

3. Measuring the Improvement



The above chart shows the Cardiac Arrest Rate in Adult Acute Inpatient wards in the Trust. Improvements made in the early recognition and management of deteriorating patients has helped us to reduce cardiac arrest rates. In 2019/20 there were between 5 and 12 cardiac arrests per month.

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

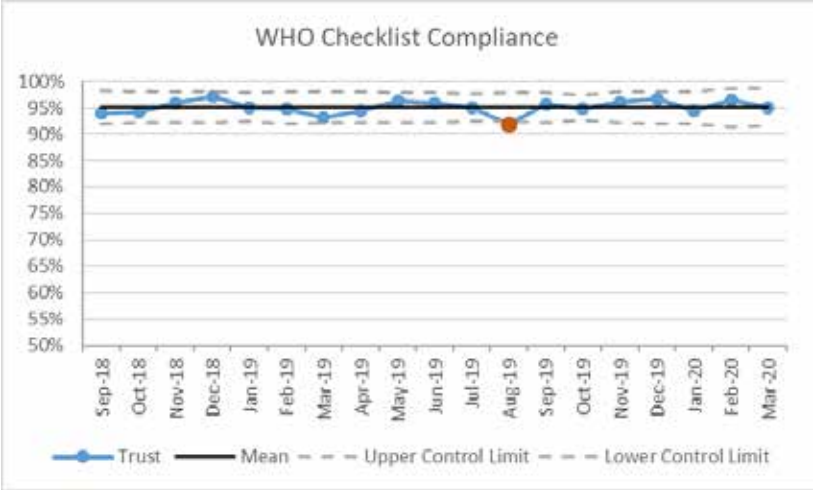
Safer Surgery / WHO Checklist

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

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

Compliance with the checklist is measured through monthly audits which are reported on at Specialty, Divisional and Trust level.

3. Measuring the Improvement



Examples of Improvement

Dementia awareness development in conjunction with the Alzheimer's society

The initial phase of this project centred on participation and completion of a dementia awareness programme facilitated by the Alzheimer's Society. A Dementia Friends celebration event was hosted by the Alzheimer's Society in Belfast City Hall in February 2019 in recognition of the successful engagement of service users and staff.

Following on from this, knowledge and skills were further improved for interested parties through completion of Dementia Champions training. This enhanced course enabled participants to run sessions and share information in relation to the dementia awareness programme. Sessions were organised within the centre with service users facilitating the programme in September 2020.

The group were nominated along with other participating day services & the Alzheimer's Society for their work and attended the regional Dementia Friendly Awards 2019 where they were delighted to win the Learning Disability Dementia Champions award.

The group were also shortlisted as finalists in the national Alzheimer's Society People Awards to be held in St James palace, London in 2020.

Continued collaboration and engagement within this area lead to service users contributing to the creation of two easy read booklets that provide information and support about dementia and how to help a person with this condition.

The work also supported the publication of an article in the "Dementia Together" magazine, which focused on a service user from Fortwilliam's experience, and ambition in improving understanding of dementia.

Northern Ireland Abdominal Aortic Aneurysm (AAA) screening programme involvement

Service users within Fortwilliam attended the formal launch of the NI Abdominal Aortic Aneurysm (AAA) screening programme health promotion video in June 2019 due to their previous involvement and contribution in developing easy read information along with the production of a health promotional video.

Participants in the project also received a personal copy of the video launched.

Maternity

Regional Neo Natal Intensive Care Unit QI - Mind Your Medicines project

Vision: To maintain safety of mothers and babies by reducing medication administration and prescription errors in NNICU by 50% by August 2020.

Team members

B Kelly Chair and Divisional Midwife, Aoife McMorrow, Consultant Neonatologist, S Hamilton Lead Midwife, Maureen O Dowd, Neonatal Nurse Educator, M Moohan Pharmacist

What we did

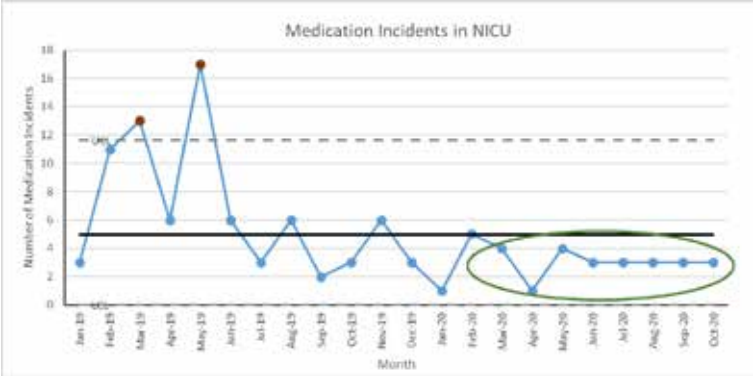
We identified the numbers of medication errors noted in May 2019 and agreed the following actions:

- Undertake weekly pharmacy safety brief at NNICU handover
- Dr McMorrow to forward all medication errors to colleagues for the previous month for reporting at safety briefs.
- Modification to the induction teaching re prescribing for new Drs in August/ Feb.
- Teaching sessions for nursing staff at 3pm on Tuesdays.

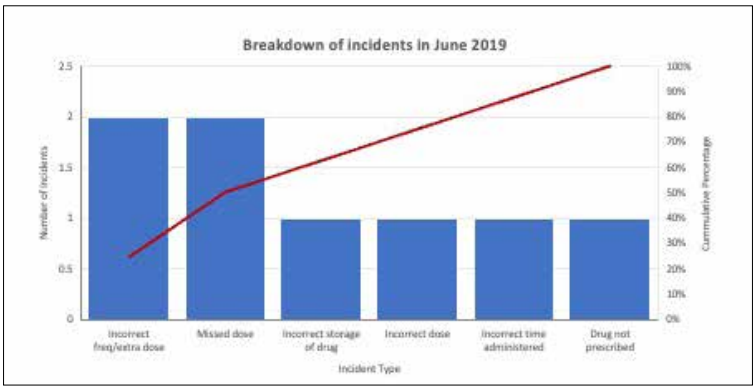
3. Measuring the Improvement

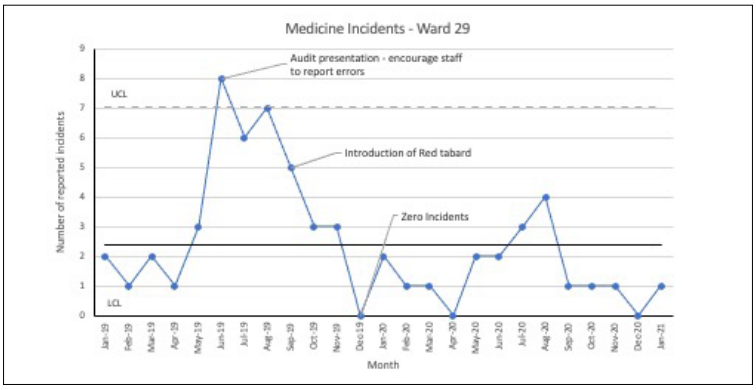
- Trial of the use of medicines bibs when administering medication for nursing staff and feedback to be sought
- Use of the Medicines Management Framework for Midwives and Nurses developed in RJMS to support staff who require support when a medicines incident occurs
- Communication updates and rewards for staff (Easter Eggs, Cake and Pavlovas!)
- Start date 30th July 2019 and feedback from teams will be sought.

Outcomes



This work was also rolled out to Ward 29 ENT and the outcomes are highlighted below:



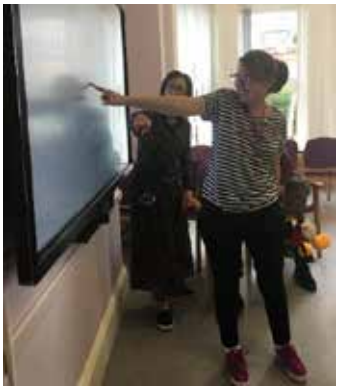


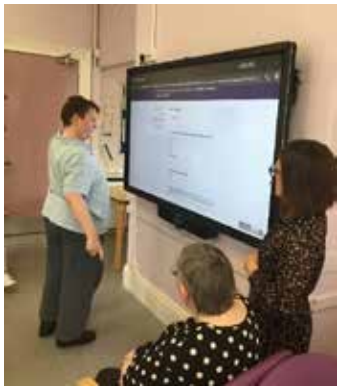
3. Measuring the Improvement

Learning Disability

Contribution to the regional learning disability service model consultation:

Service users within Fortwilliam were supported to engage in the Department of Health survey in relation to the development of a new model for adult learning disability services throughout Northern Ireland. In addition to sessions being held within the centre, service users also attended a face-to-face engagement session facilitated by Rhona Brennan (BHSCT project lead).





Community charity events:

The centre continued to promote and strengthen connections within the local community through hosting charity events with the principal one being organised in June 2019. The event was held to raise funds for the neighbouring hospice who had supported a staff member who had worked in the centre for many years and who sadly passed away earlier in the year. There was a great attendance at the coffee morning with parents, carers, friends, neighbours, service users and staff from many different centres and services supporting the occasion.

3. Measuring the Improvement

Health promotion and development:

The centre hosted a wide variety of health promotion programmes and awareness sessions throughout 2019. These ranged from service user-friendly diabetes awareness sessions facilitated by the BHSCT complex needs nursing through to the BHSCT Community Falls Prevention team who attended the centre in mid-August to provide a safety awareness session for service users which focused on minimising risk to prevent falls for service users. Service users were positive in their feedback commenting it was “brilliant” and “it taught me about lots of things I can do to help myself”.

Positive Action

The Belfast H&SC Trust Positive Action Employability Programme which supported adults with a learning disability obtain permanent posts within PCSS in the Trust was successful in a number of awards in 2019/20.

- The NI Equality and Diversity Awards: **Winner** of Best Disability Initiative
- HPMA NI Awards: Winner of Innovation in HR Award
- HPMA UK National Awards: **Highly Commended**: Capstick’s Award for Innovation in HR
- Business in the Community Responsible Business Awards: **Highly Commended**: Employability and Jobs Award
- The Learning Disabilities & Autism Award: **Winner**: Employer Award
- **Making A Difference Award** – Skyways Club – Linda Laverty & Matthew Lee who alongside club members design projects with the aim of enriching lives of all involved striving for social inclusion from their community base

3. Measuring the Improvement

- **The Trainer Award** – Briege McFall – service user with epilepsy has overcome personal difficulties to co-produce and deliver training on epilepsy to staff and medical students
- **The People's Award** – The Sky's the Limit – a partnership between service users linked with Suffolk Day Centre and Drama Students from St. Louise's Comprehensive school who have co-produced stage based presentations, developed friendships and broken down barriers.
- **Employer's Awards** – Belfast H&SC Trust for the development of the Positive Action Employability Programme supporting adults with a learning disability gain permanent posts within the Trust.

The National Learning Disabilities & Autism Awards 2019

The Trainer Award

Breige McFall was nominated and won the trainer's award

Briege is helping raise awareness of epilepsy to help save lives. Breige is an expert by experience on epilepsy. She is a real service user, talking about a subject that matters to her. Listening to Briege talk about her experience of epilepsy and what she has learned brings the subject of epilepsy to a human level.

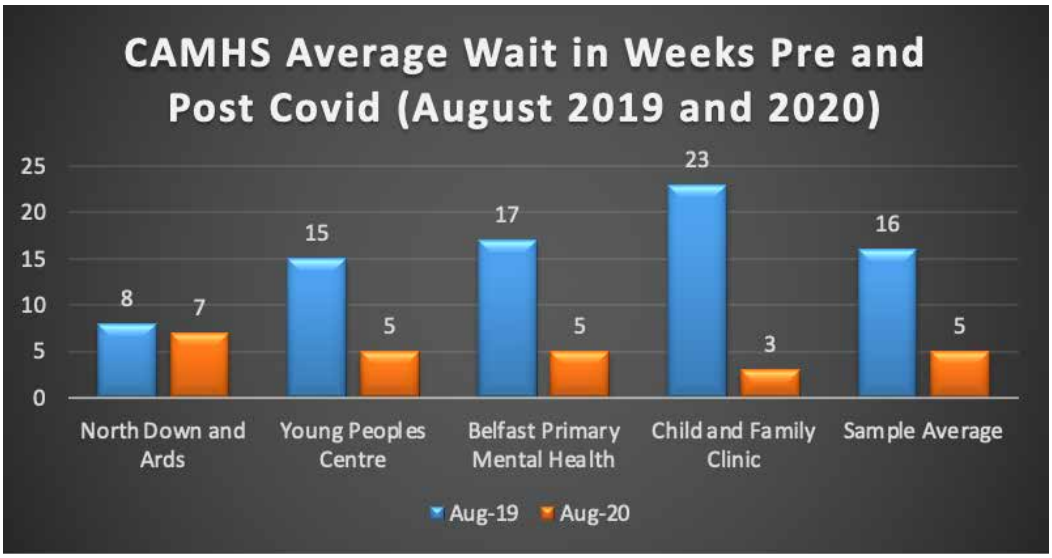
'Epilepsy affects 600,000 people in the UK. There are 21 epilepsy-related deaths each week, many in the young, many avoidable and deaths have been rising'. The Guardian.

Breige has a severe communication difficulty with little clear speech. This has caused Briege to become frustrated or upset and avoid speaking to new people. She relies on (AAC) alternative and augmentative communication strategies to make herself understood. She uses a combination of speech, gestures, pointing, pictures, Makaton and her high tech communication system. This is an electronic device which looks a bit like an iPad.

Briege wanted to help others learn about epilepsy, so with support from her Speech and Language Therapist, she co-produced an epilepsy information leaflet and a training presentation using her

communication device. The presentation includes information about what epilepsy is, types of seizures, what can trigger seizures and when to seek medical help.

Mental Health and CAMHS



Average wait in weeks for an Initial Assessment with CAMHS Teams: North Down and Ards, Belfast Primary Mental Health, Child and Family Clinic and Young Peoples Centre

The CAMHS service has been under pressure for the past 2 years with demand outstripping capacity, our CAMHS have had the second highest referral rate in the UK 2018/19. We are aware that we need further resource to meet the demands, however during the pandemic we were able to work differently and demands changed. Travel reduced, meetings on virtual platforms, assessment and treatment on line where possible as an option and given our user satisfaction survey there were some gains with this option, staff training stopped, therefore we were able to increase the direct clinical capacity which has a direct result in a reduction in waiting times.

Things we will keep:

- Virtual assessments
- Evening and weekend assessments and treatment
- Virtual meetings to reduce travel time
- Psychological Safety within the team
- Pre and During COVID-19.

3. Measuring the Improvement

Psychological Safety within the team Pre and During COVID-19

safety & quality

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Psychological safety

It is “a shared belief held by members of a team that the team is safe for interpersonal risk taking”. (Amy Edmondson - Professor of Leadership and Management Harvard Business School)

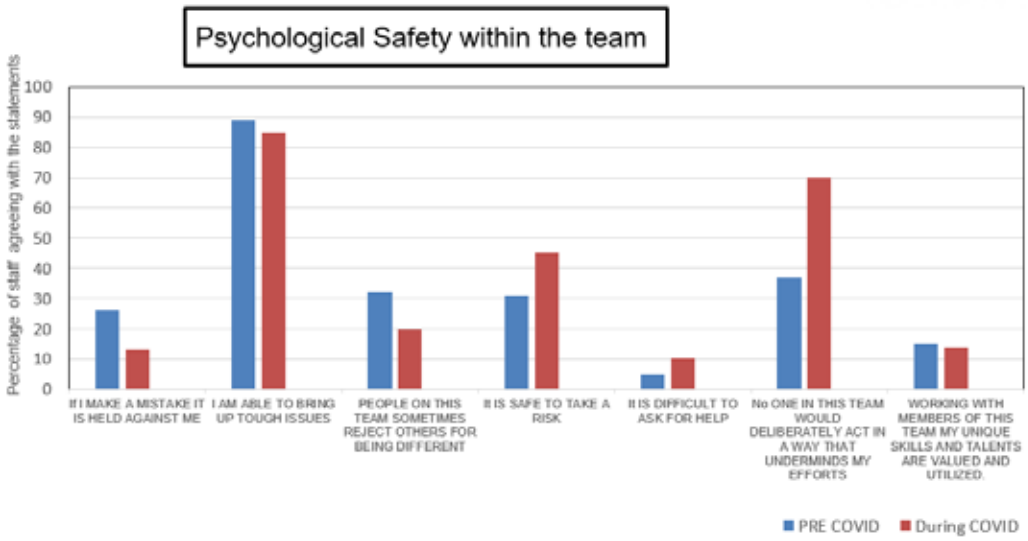
High levels of psychological safety allows for improved learning, better risk management, innovation and improved job satisfaction.

Process: A ‘Team Psychological Safety’ questionnaire was used. (Edmondson, AC 1999. Psychological safety and learning behaviour in work teams)

Our change ideas:

1. What matters to you approach with staff
2. Team away days
3. Focus group looking at satisfaction with case reflection slots
4. Increased opportunities for external supervision around cases.

The Outcomes:



Next Steps:

1. Ongoing data collection to continually monitor psychological safety
2. Challenges of ensuring team connectedness via virtual learning using regular slots to allow check-ins with each other

3. Measuring the Improvement

Children's Hospital

Introduction of a Peri-operative VTE (Venous Thromboembolism) Prophylaxis Guideline in RBHSC

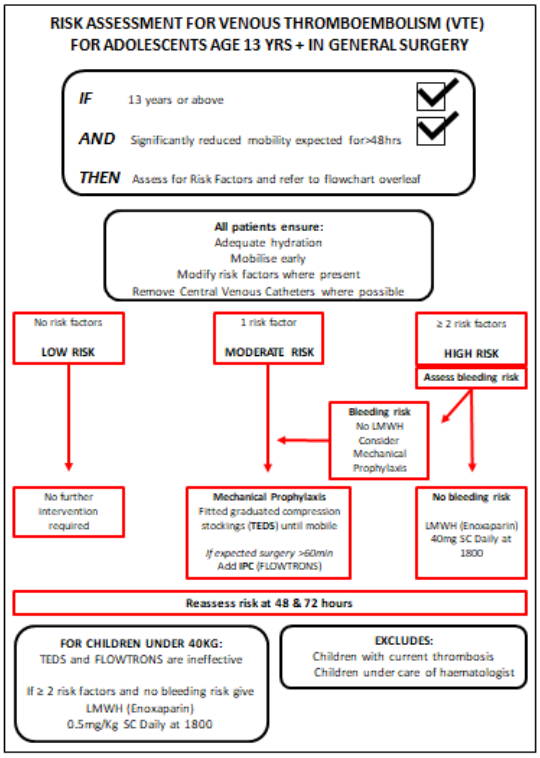
Team Members - Patrice Eastwood, Suzanne Lawther, Sarah Mooney, Rachel Copeland, Simon Jackson, Christine Macartney, Claire Crowe

Why do we need VTE prophylaxis in children?

- VTE is a preventable cause of mortality and morbidity
- The incidence of VTE in children is increasing
- 80% of VTE events occur in children with >1 risk factor
- Recent guidelines (APAGBI 2018), identified 'at risk' groups who may benefit from prophylaxis
- 30% of elective activity in RBHSC theatres in a 2-week period were in children >13; none were risk assessed for VTE prophylaxis.

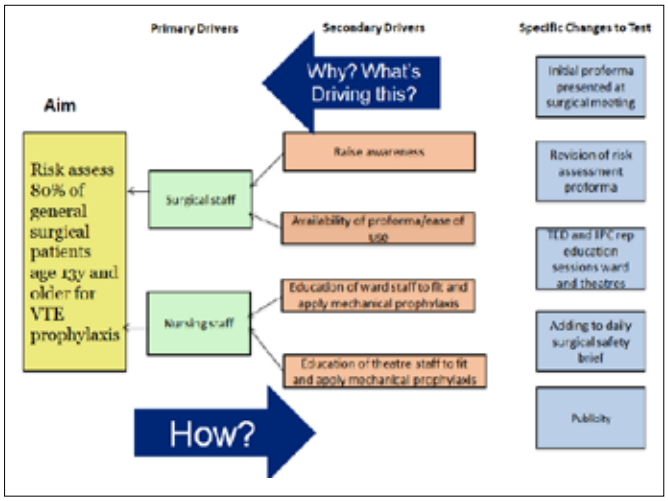
AIM Statement

To risk assess 80% of patients >13 years VTE prophylaxis in Barbour ward by February 2020

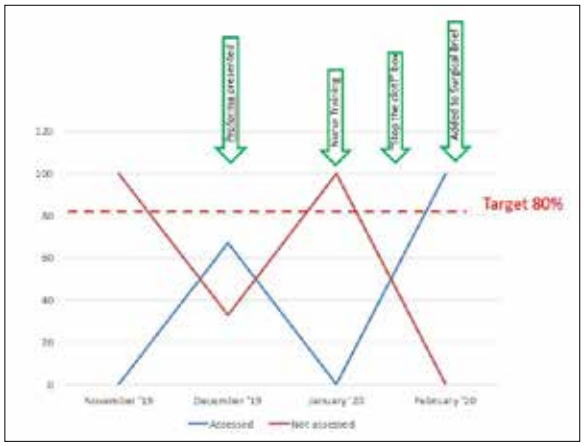


3. Measuring the Improvement

Driver Diagram



Run Chart



Discussion

Barriers

Infrequent application of mechanical prophylaxis and availability of protocol

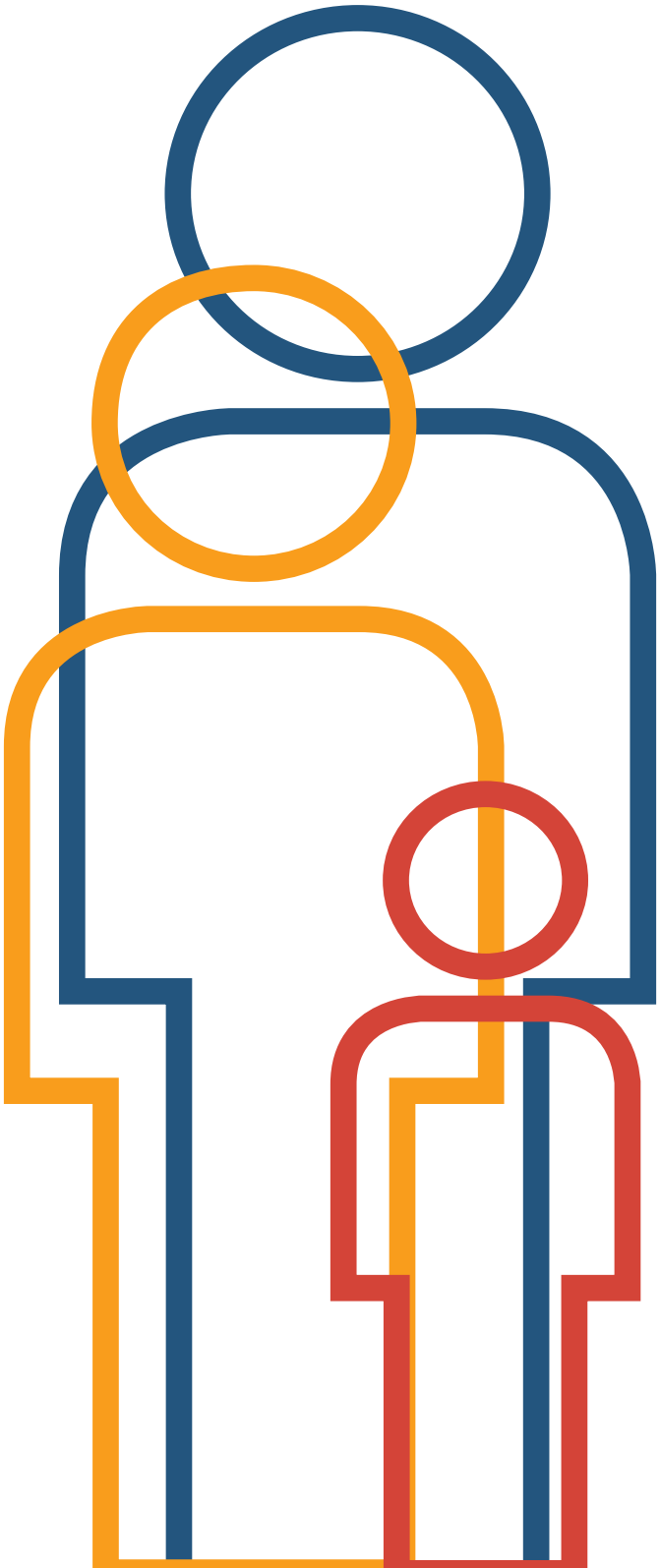
What did you learn?

Risk factors for VTE and fitting of mechanical prophylaxis

What is next for the Project?

- Repeat PDSA cycle after
  - Adult VTE nurse specialist talk (March)
  - RBHSC Hospital meeting (April)
- Expand the project (PICU)
- Further publicity by poster campaign
- Incorporate into RBHSC Kardex
- Consider neonatal protocol once >13 year established.

4. Raising the Standard



4. Raising the Standard

Clinical Lead for Mortality and Morbidity

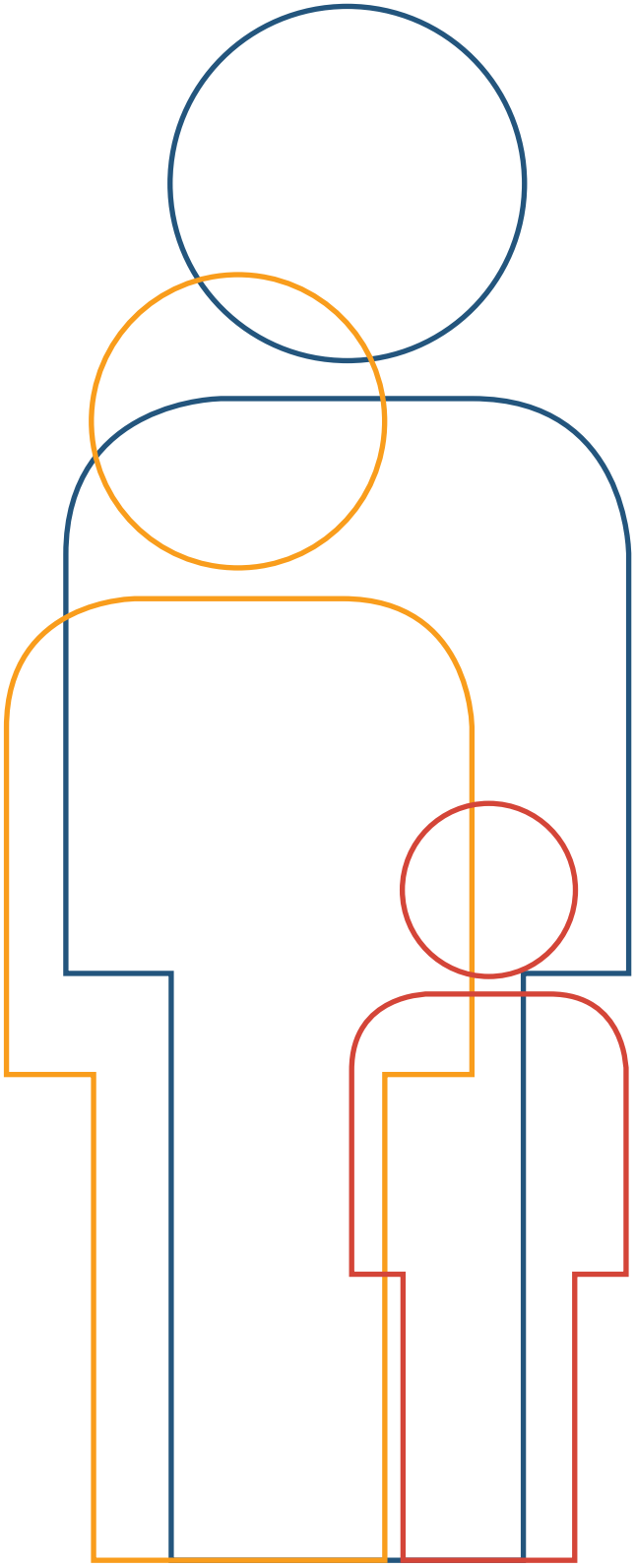
100% of patients seen within 14 days of referral to the Breast Team

Below peer organisations for crude mortality

Below the national average for emergency readmission rate

Centre of excellence award received by the Neuroendocrine Team

86 NICE Guidelines received and actioned



4. Raising the Standard

Standardised Mortality Ratio

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

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

Overall Mortality 1 April 2019 – 31 March 2020

2104 deaths. 2101/2104(99.8%) inpatient deaths were recorded onto NIECR

Consultant

2040 (97.1%) 0.4% reviewed by named

1780 (84.6%) 3.1% reviewed at an M&M meeting

Mortality Rates

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

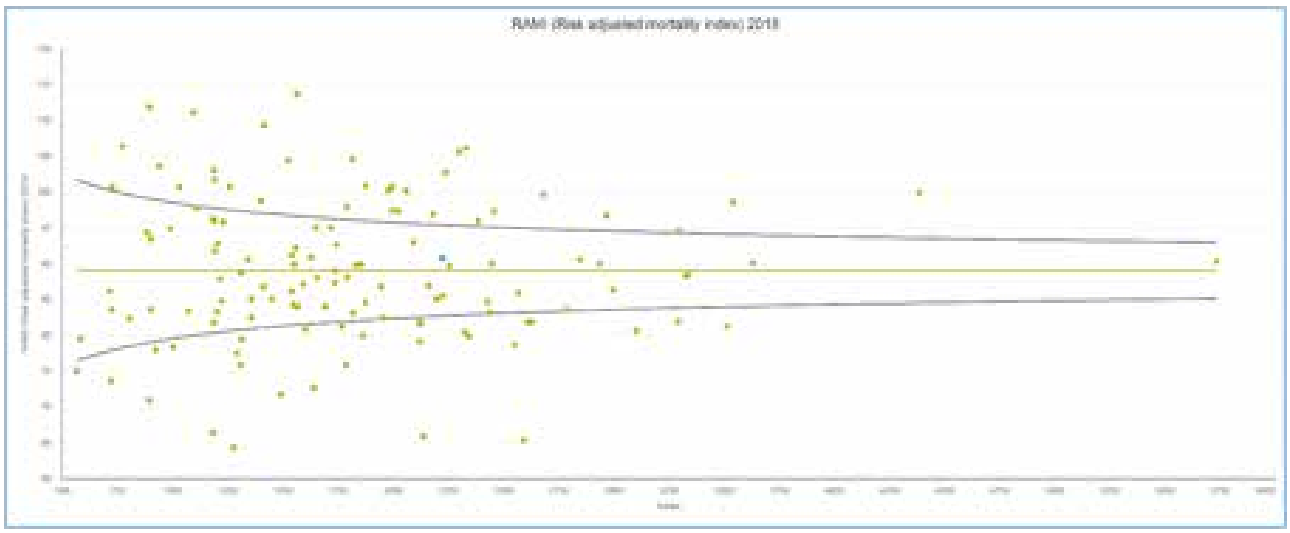
Therefore the Trust use two measures for mortality. The first is a 'Standardised Mortality Index' that compares a hospital's number of deaths with a statistically predicted number of deaths in the form of an index. The second is the 'Crude Mortality Rate' that basically shows the real numbers of deaths as a percentage of patients admitted to the Trust which can be viewed against other hospitals.

Risk Adjusted Mortality Index

The Trusts actual standardized mortality Index is 91, meaning that we compare well statistically against the risk index of 100 and have consistent mortality rates against other Trusts.

4. Raising the Standard

Standardised Mortality Funnel Plot

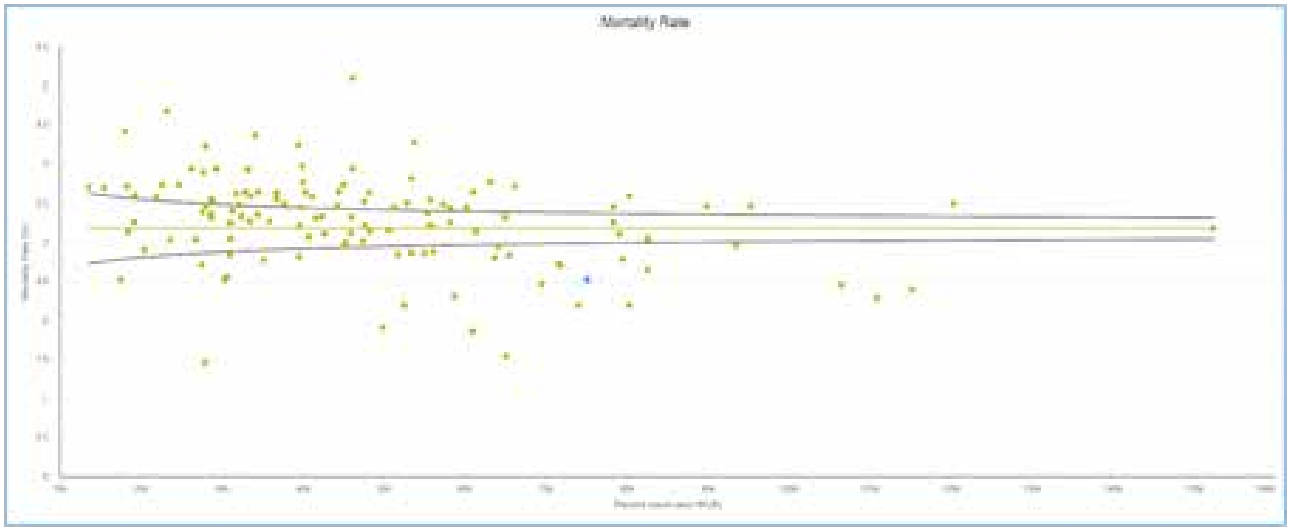


Crude Mortality

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

Total % Crude Monthly Mortality with Peer to 2019/20

Belfast Trusts total Crude Mortality Rate for 2019/20 is 2.5% which compares consistently with peer UK wide hospital rates of 3.2%, this is a consistent picture with previous years.



4. Raising the Standard

Clinical Lead for Morbidity & Mortality

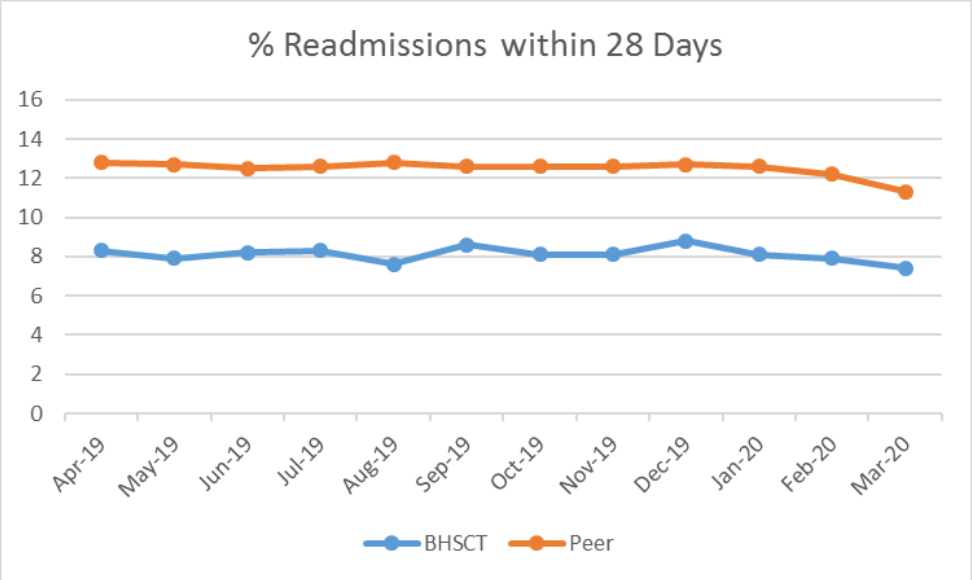
The Trust appointed a Clinical Lead for Morbidity & Mortality in 2017. The role of this clinician is to review systems and process associated with mortality and morbidity within the Belfast Health and Social Care Trust and to look at the learning outcomes. This offers an independent review that patient deaths are being discussed appropriately and that learning is identified and shared across the Trust.

Emergency Re-admission Rate

Facts and Figures

The table below indicates the % of patients readmitted as an emergency within 30 days each month during 2019/20. The Trust has a readmission rate of 8% against a national average of 12%. This rate remains stable during the year.

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



Emergency Department Standards

Background

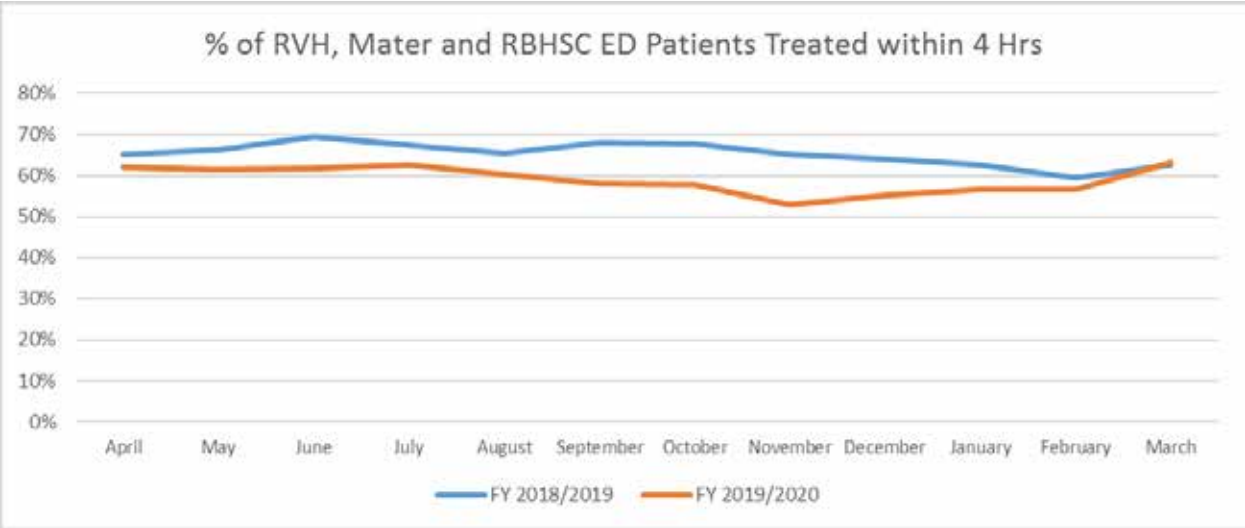
Ensuring that patients attending the adult Emergency Departments (EDs) are seen in a timely manner and are admitted to hospital or discharged within four hours is a national Key Performance Indicator and Ministerial priority that drives performance to deliver early decision making and treatment for unscheduled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

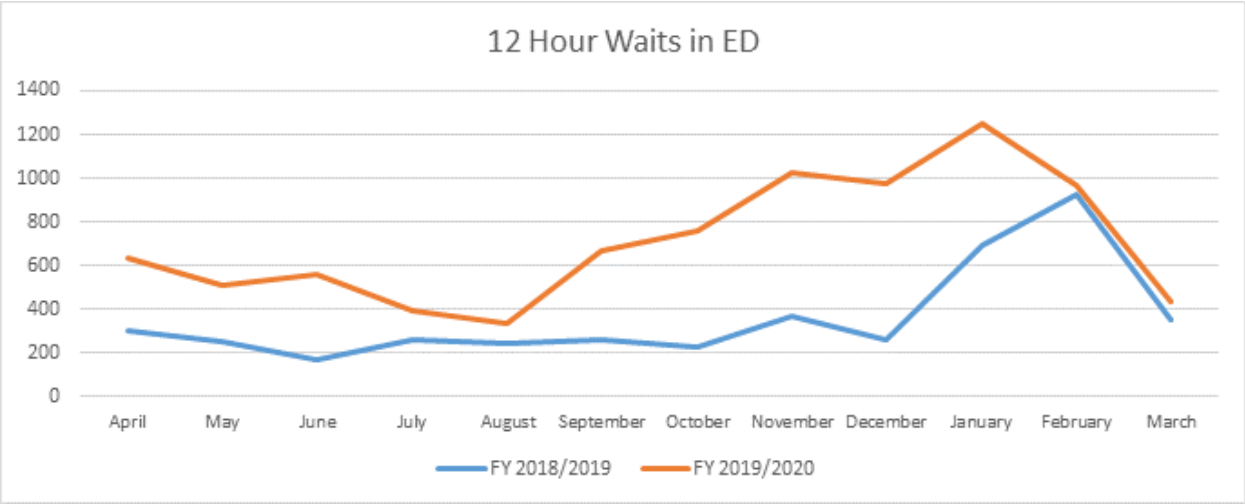
4. Raising the Standard

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

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

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

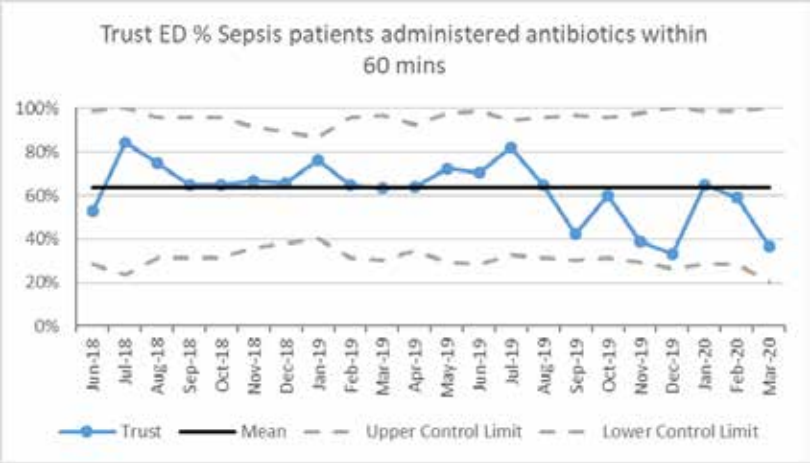


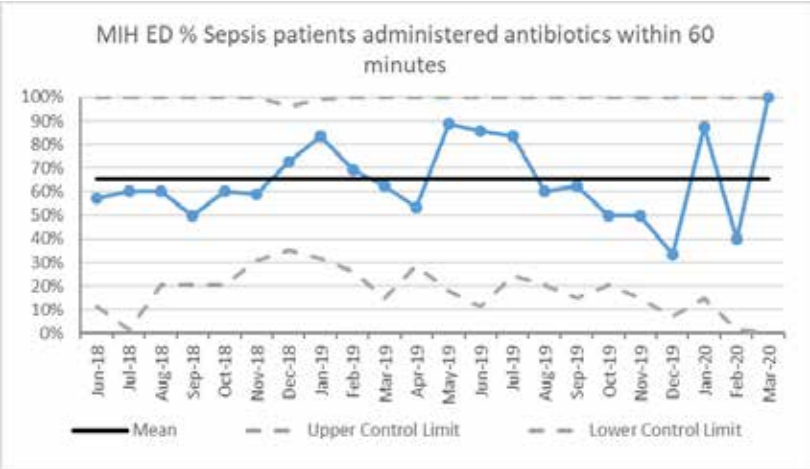


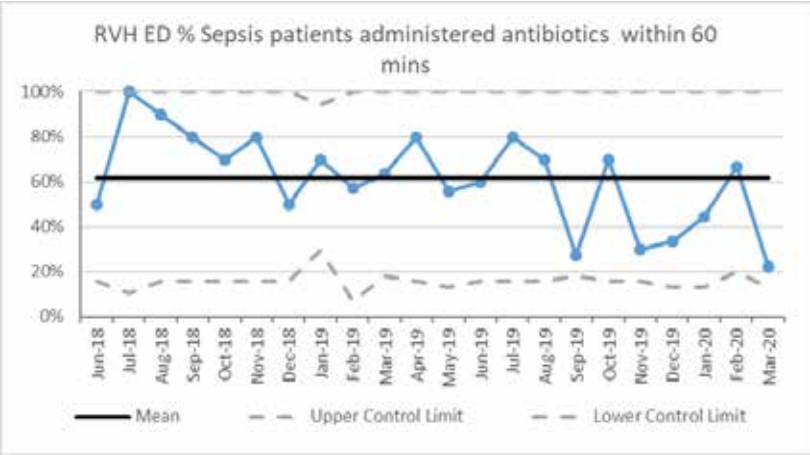
4. Raising the Standard

Sepsis

Patients with sepsis, severe sepsis and/or septic shock are at increased risk of death and organ dysfunction. Applying the sepsis bundle simplifies the complex processes of the care of patients with sepsis.







4. Raising the Standard

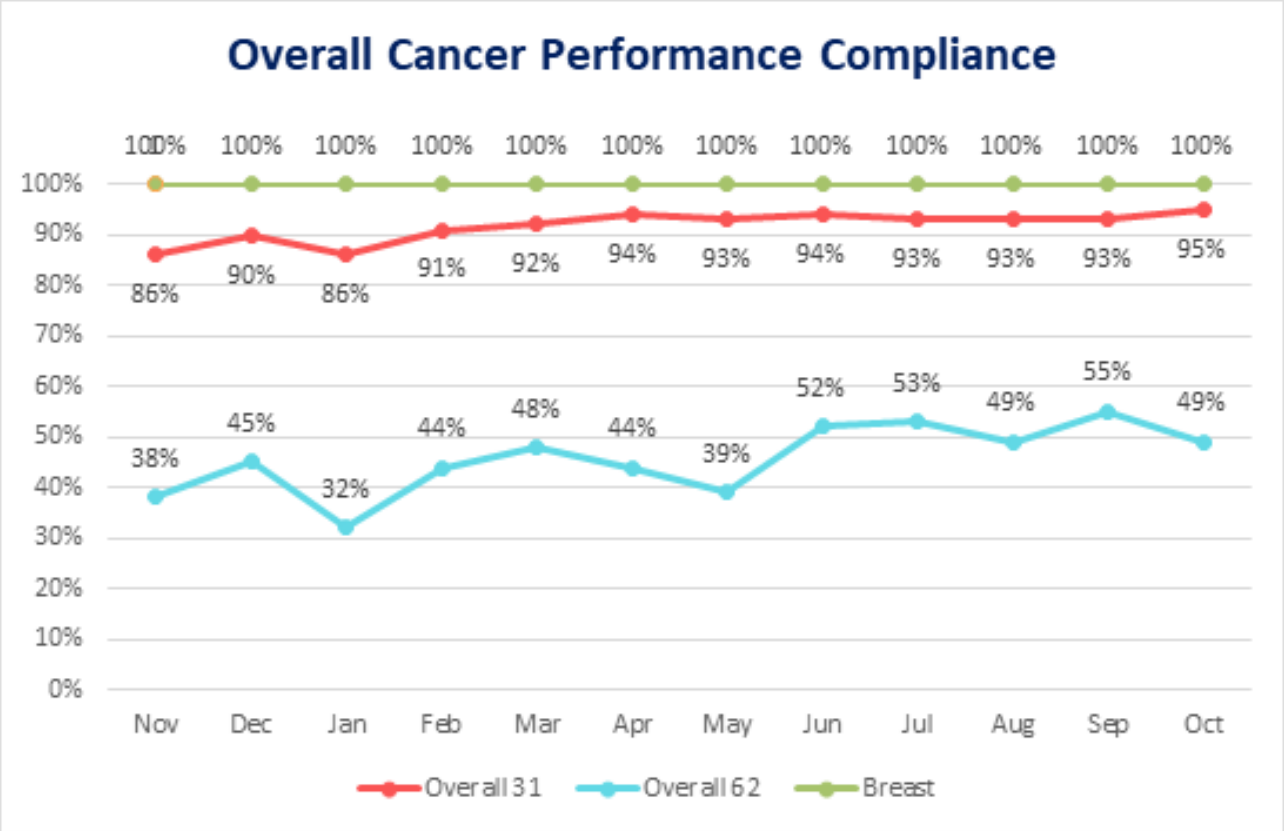
Cancer Treatment and Care

The Cancer Access Standards (targets) are:

- All urgent suspected breast cancer referrals should be seen within 14 days
- 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat
- 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

During the year we have worked to improve performance against the 14, 31 and 62 day targets for cancer, however meeting these targets continues to be challenging due to the ongoing COVID19 Pandemic impacting upon red flag referrals, capacity issues and late transfers from other Trusts in the region. This upcoming year will see new challenges due to the impact of COVID19.

The graph below shows performance against these targets throughout from November 2019 – October 2020. The green line shows that the Breast Team have consistently achieved 100% of patients seen within 14 days of referral. The red line shows our compliance against the 31 day target and the blue is against our 62 day target.



4. Raising the Standard

The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues. The key issues in the achievement of these targets continue to be:

- Urology : diagnostic, surgical, radiological and oncological capacity
- Theatre capacity - issues across all specialities due to the ongoing pandemic
- Diagnostic - PET waiting times and the need for shorter turnaround times for confirmed cancers
- Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across all specialities
- ITTs - Late ITTs from other Trusts continue to impact on BHSCT overall 62-day performance
- Complexity - complex diagnostic pathways
- MDM remote working – Quality remote access for all 17 Cancer MDMs.

Actions and improvements undertaken in 2019/2020 include:

- The breast surgical service sustained 100% performance against the 14-day target for breast cancer in and anticipates this will continue into 2021
- Reduced 7 day turnaround for CT requests for all new confirmed cancer patients on a staging pathway
- The Neuroendocrine Team were awarded a centre of excellence award in November 2019, the benefits of this will be offering patients treatment and scans for their diagnosis in Northern Ireland. Improved patient pathways and recognition
- The 2nd PETCT scanner for Northern Ireland located at the Cancer Centre is operational since July 2020 which means that now patients no longer have to travel to Dublin to have a PETCT scan
- Implementation of regional MDT electronic referral forms for some MDTs'
- Improvements are underway in the lung cancer diagnostic pathway to be in line with the National Optimal Lung Cancer Pathway – quality improvement work thus far has reduced 12d Days from the patient pathway
- Increase in Red flag CT capacity on the BCH site and an overall improvement in Red Flag CT reporting turnaround times
- Urology Cancer Improvement group has been established to improve processes and timeliness across the Urology Pathways with the aim to reducing the time to first treatment
- MDM function rooms will all have received an upgrade to their AV equipment to improve remote access, sound and quality

- Sarcoma, Thyroid and SACT services were peer reviewed by QSIS team and areas of good practice were noted. No immediate risks were raised and any concerns and areas for improvement have been incorporated into the tumour groups cancer improvement plans
- Cancer Services have been actively involved in the Cancer Strategy
- A scoping exercise is underway to introduce a Metastatic Colorectal MDT
- In light of the Covid19 Pandemic a weekly cancer waiting times dashboard has been introduced since the beginning of April and this gives information on red flag and inter-trust transfer referrals, cancer diagnostics, patients awaiting surgical treatment and a tracking update
- The Cancer Patient Pathway System has been modified to provide up to date information across our Cancer PTLs
- The Belfast Trusts OG Cancer Improvement Team held and OG Cancer Event at the Trust in February 2020. The aim of the event was to raise awareness, educate on clinical pathway, gain patient experience and CNS perspectives, understand the impact of Wales implementing the single cancer pathway and provide a sharing and learning opportunity regionally across NI. The OG cancer improvement project in the Belfast Trust won a Chairman's Award and this event was funded through this award. There were 55 healthcare staff from across the region in attendance and this included a wide representation from a wide multi-disciplinary group to include Endoscopy Nurses, Dieticians, Surgeons, Gastroentrologists, Managers, Improvement leads and NICaN
- MDM pathologist gaps have been recruited to and cover provided at all Cancer MDMs that had a risk highlighted as part of the previous peer review processes
- The Dermatology Team have commenced a photo-triage pilot

Next Steps (19/20): The cancer services team will continue to work in partnership with multi-disciplinary teams and services across the organisation to improve the quality and performance of cancer services for patients.

NICE Guidelines

Background

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on treatments and care. It produces guidance for healthcare professionals, patients and carers to help them make decisions about treatment and healthcare.

There were 86 **NICE Guidelines (NG & TA)** that were Endorsed in NI and issued in April 2019 - April 2020

4. Raising the Standard

- There were 34 **NG** that were Endorsed in NI and issued in April 2019-April 2020

  14 New Guidelines, 11 which update or replace previous Guidelines and 9 which were COVID 19 Rapid guidelines

  The breakdown is below:

  10 issued to Multiple Directorates

  8 Issued to Surgery and Specialist Services

  7 issued to Unscheduled and Acute Care

  6 issued to Specialist Hospitals and Women's Health

  2 issued to Adult Social & Primary Care Services

  1 issued to HR

- There were 52 **Technical Appraisals** that were Endorsed in NI for the use of new and existing medicines and treatments in April 2019-April 2020

  All were New Guidelines. The breakdown is below:

  44 issued to Surgery and Specialist Services

  6 issued to Unscheduled and Acute Care

  1 issued to Specialist Hospitals and Women's Health

  1 issued to Multiple.

We use a systematic, robust approach to processing and implementing NICE guidance by:

- Ensuring a process for the dissemination and implementation of NICE guidance
- Ensuring implementation is monitored and records are maintained.

Next steps

- The Trust will continue to work with the NICE Implementation facilitator for Northern Ireland
- The Trust plans to continue to develop IT systems to manage the recording and dissemination of NICE Guidance.

4. Raising the Standard

Regional and National Audits

National Audit

Belfast Trust participated in the BTS Adult Community Acquired Pneumonia Audit 2018-2019 (published November 2019)

The audit had two parts: Part 1 collected data on adult CAP admissions that met inclusion criteria; Part 1 data were collected from 154 participating institutions; 10196 records were submitted. This represents the largest national audit of adult CAP conducted by the BTS.

Part 2 data were collected from 138 institutions. Part 2 collected information on the case identification process, organisational factors and the audit processes within participating institutions.

National Improvement Objectives:

1. Demonstrate continued improvement in the proportion of adults with CAP who receive the first dose of antibiotic therapy within 4 hours of admission. (Target in 3 years: 85%)
2. Demonstrate improvement in the proportion of adults with high severity CAP administered combination β-lactam and macrolide antibiotic therapy. (Target in 3 years: 85%)
3. Demonstrate an improvement in the proportion of coded cases of pneumonia, who have CXR confirmed pneumonia. (Target in 3 years: 85%) Timeframe: to be achieved by the next re-audit

Results

1. Mortality has decreased further; now at the lowest level (10.4%) for the last 10 years
2. Delivery of BTS CAP care bundle elements is improving, especially time to first antibiotics
3. Readmissions 30-days post-discharge have risen steadily over the last 3 audit cycles; now occurring in 14.3% of cases that survive to discharge
4. Admissions via ED have continued to increase; now comprising 85% of cases
5. Wide inter-hospital variation in the proportion of cases eligible for the BTS CAP Audit (ie. meeting the case definition of CAP) out of those with a primary discharge diagnosis code of pneumonia was observed. Of patients ineligible, most were excluded (55%) because of a lack of CXR features of pneumonia.

Next steps

On-going work will be presented in a further report. This will include analyses of inter-hospital variation for selected process of care and outcome measures, using HES-linked data.

4. Raising the Standard

Regional Audit

Belfast Trust took part in a regional audit of the accuracy and positive predictive value of red flag referrals made to the Oral Surgery and Oral Medicine Departments in the School of Dentistry over the nine-month period up to and including September 2019.

This project aimed to determine the accuracy and positive predictive value of red flag referrals to the School of Dentistry.

There were several objectives to this project:

1. To determine current referral practice in terms of the reason for referral, patient demographic, referrer demographic and lesion characteristics.
2. To determine whether red flag referrals meet the criteria set out in the 'Northern Ireland Referral Guidance for Suspected Cancer – Red Flag Criteria' document 2012
   https://nican.hscni.net/info-for-professionals/primary-care-guidance/
3. To determine whether referrals are being seen within 2 weeks as recommended by NICE guidelines, 'Suspected cancer- recognition and referral'.

Sharing the learning – This audit will be presented at the School Wide audit in the School of Dentistry which is attended by Consultants, Trainees and Nurses of all dental specialties as well as community dental teams from BHSCT. The aim will be to highlight our results to those involved in the red flag referral system as well as the wider school and start conversations regarding how improvement can be made.

For future work, we also intend to involve the most frequently referring GMP practices by organising study sessions to highlight appropriate use of the red flag referral systems in terms of which lesions should be referred and which should not.

This has unfortunately been delayed due to current COVID-19 restrictions.

A number of recommendations have been made and an action plan developed.

Aim

This project aimed to determine the accuracy and positive predictive value of red flag referrals to the School of Dentistry.

Objectives

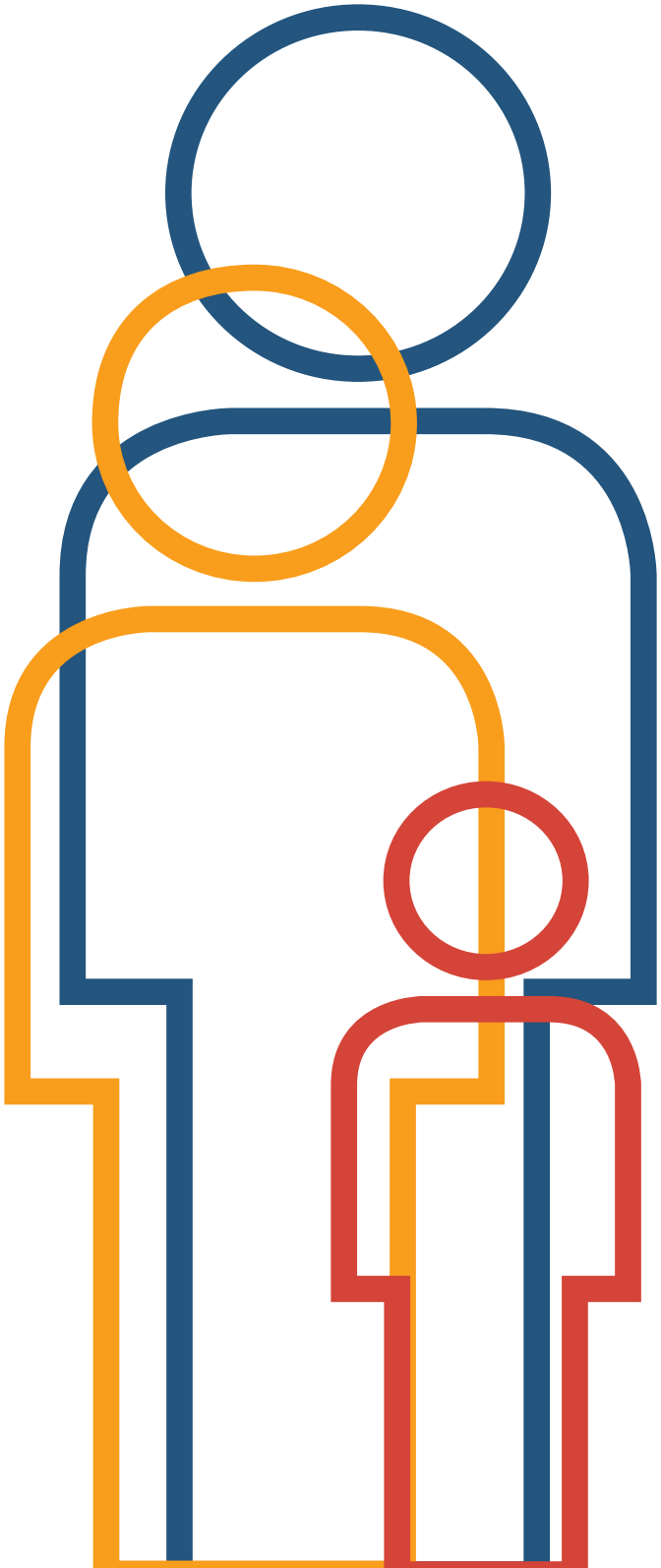
The objectives were:

1. To determine current referral practice in terms of the reason for referral, patient demographic, referrer demographic and lesion characteristics.

2. To determine whether red flag referrals meet the criteria set out in the 'Northern Ireland Referral Guidance for Suspected Cancer – Red Flag Criteria' document 2012
   https://nican.hscni.net/info-for-professionals/primary-care-guidance/

3. To determine whether referrals are being seen within 2 weeks as recommended by NICE guidelines, 'Suspected cancer- recognition and referral'.

5. Integrating the Care



5. Integrating the Care

11.5% reduction in unnecessary hospital admissions

Over **1000** service users received home-based rehabilitation

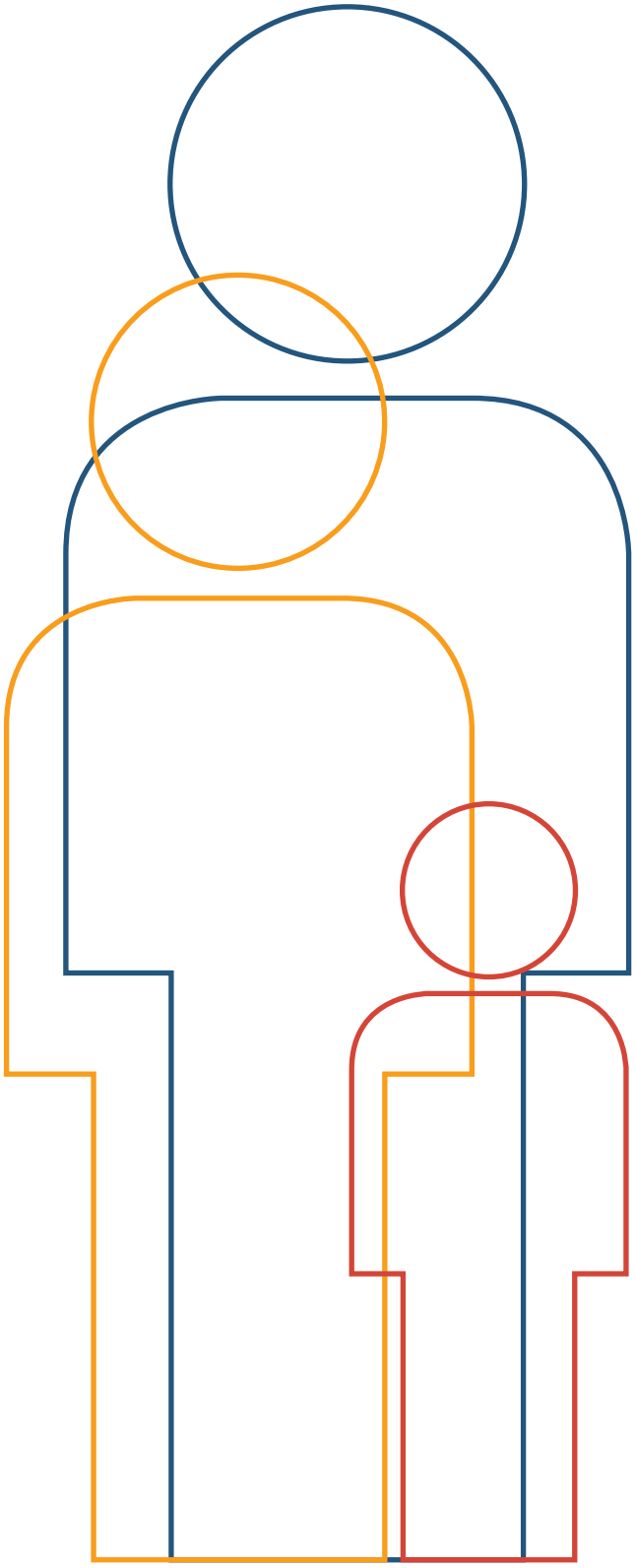
720 staff employed across Home Care Services

100% of service users in CMHTOP felt respected and treated with dignity

6.43% increased uptake of Direct Payments

641 adults receiving Direct Payments

219 children receiving Direct Payments



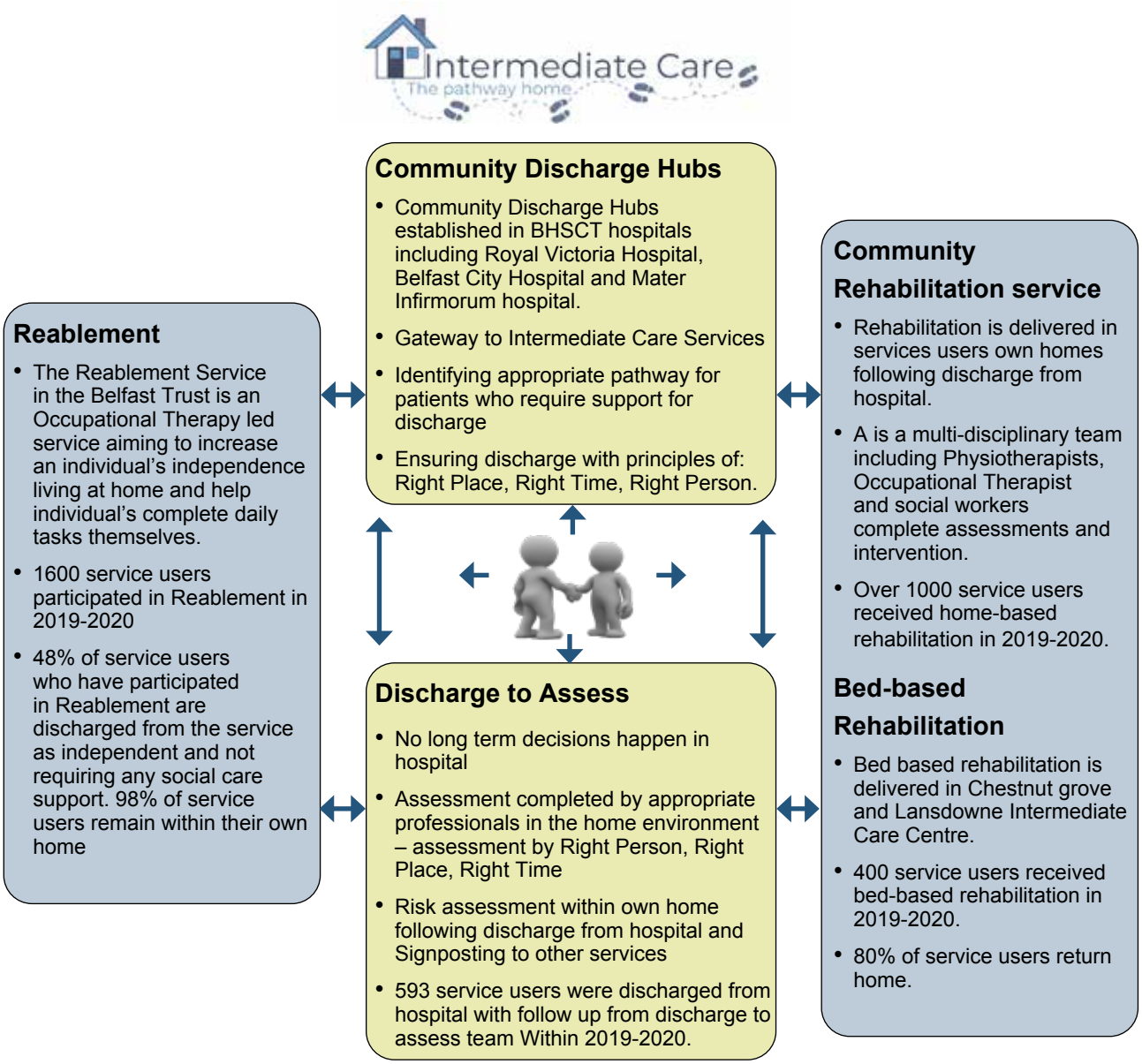
5. Integrating the Care

Intermediate Care Services

Intermediate Care consists of a range of services for older people providing assessment and rehabilitation, which is designed to maximise the individual's independence and quality of life. The services focus on the individual and, by appropriate interventions, facilitates early discharge from hospital or prevent admission to hospital.

Intermediate care works and the service is benchmarked against similar services both regionally and nationally. 90% of people who use Intermediate Care services either maintain or improve their level of independence after using the service (National Intermediate Care Audit 2019).

Intermediate care encompasses a number of services, which are identified below.



5. Integrating the Care

What do our service users say?

"The scheme was fantastic. All the girls were brilliant. Nothing was too much bother for them. They were all caring and very attentive. Very happy with everything. Cannot praise the scheme enough especially in the current circumstances. Well done to you all 'Our NHS Hero's' Thank you all" 10/10

"The personal professional attention along with the very easy manner in which my wife was treated. Nothing that we did not like other than we are losing such wonderful staff.

Care Review and Support Team (CREST)

CREST is a multi-disciplinary team with responsibility for the review and support of residents living permanently in care homes, ensuring the provision of safe high quality compassionate care and a positive lived experience. The team provides support and review to 1353 residents and families, across 64 Belfast locality care homes and 109 outlying care homes. The team carries out monitoring visits and provides assurance in respect of the overall quality of care delivered in each Home. The team ensure:

- Person centred practice
- Rights based assessment and review
- Safeguards that protect against harm and poor lived experience
- Service improvements co-designed with the Resident, Carers and Service Providers.

There is a focus within the team on quality improvement in line with corporate objectives. A Quality Improvement project focused on increasing awareness for families, in relation to how they would raise a complaint. This resulted in 95% of homes in Belfast displaying service user designed information on a user friendly notice board within each care home. A second project has worked with a small number of homes to pilot a new strengths based care review tool to improve service user experience and involvement. An additional project has involved working in partnership with the community mental health team for older people and an aligned care home to increase the amount of time residents are involved in personalised activity. This ongoing work highlights the team's commitment to quality improvement, supporting the vision of 'safe, effective and compassionate care' for people living in care homes.

Feedback from service users

"CREST Practitioner is friendly and approachable"

"Communication has been open and transparent with the CREST Team"

"CReST Practitioner is helpful and knowledgeable"

5. Integrating the Care

Community Care

Supported Housing

Within Adult Community and Older People's Services there are 5 Supported Housing Schemes. Cullingtree Meadows, Hemsworth Court, Mullan Mews and Sydenham Court are supported housing schemes for people living with dementia. Fairholme is a scheme for people over the age of 64 years old who live with mental health difficulties. These schemes support service user's to maintain their mental and physical well-being and promote their independence, citizenship and community connections.

During this period the Trust opened its fourth dementia supported housing scheme Cullingtree Meadows in West Belfast.

Cullingtree Meadows combines the very best of housing design with 24 hour support services. Similar to our other Dementia Supported Housing Schemes at Mullan Mews, Hemsworth Court and Sydenham Court, each tenant is encouraged to remain independent and stay actively involved in all decisions about their health and wellbeing. Social activities are available on a regular basis, from museum trips to gardening or arts and crafts. These activities:

- Promote quality of life
- Give tenants a chance to enjoy each other's company
- Keep them connected with the local community.

A range of assistive technology is available to maintain the tenant's safety within each flat. One and two bedroom flats are designed to accommodate a partner or carer.

Tenants in Cullingtree Meadows worked together as part of the 2019 Clanmil Garden in Bloom Competition. Tenants and staff were delighted to be awarded the Overall Winner Award.!

Tenant Feedback:

"It's very important that they (staff) have a sense of humour and they do."

"I lived on my own but now I like it here as I can still get out and do what I want".

Professional Feedback:

An Occupational therapist commented: "I spoke to several tenants who were out enjoying the garden, they were so complimentary of Cullingtree and the activities on offer."

A district nurse commented: "Staff are doing a great job. They are always quick to let me know of their concerns or any changes. It's a great service. I have no concerns".

Staff Feedback:

"I would almost class this service as elite. The support staff are fab. I did a quality monitoring visit yesterday and seeing how the staff member adapted to the tenant was amazing. I was blown away."

Community Mental Health Team Older People, (CMHTOP) and Psychiatry Old Age (POA)

The Community Mental Health Team for Older People (CMHTOP) and Psychiatry Old Age (POA) Team is a multidisciplinary team who offer assessment, intervention, education, advice and support to service users over the age of 65yrs who are experiencing a mental illness and individuals of any age with Dementia. The team also provide carer education advice and support. The team works closely with Doctors in Psychiatry of Old Age to support people in the community to reduce the need for hospital admissions.

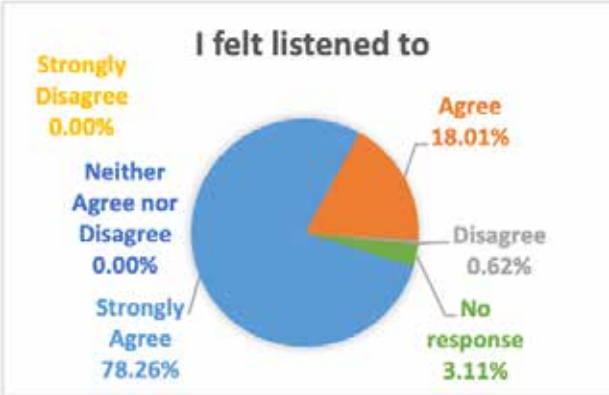
The service achieved the prestigious Memory Service National Accreditation Programme (MSNAP) award from the Royal College of Psychiatry, enabling the BHSCT to become the first Trust in NI to achieve the ward demonstrating best practice in Dementia Care.

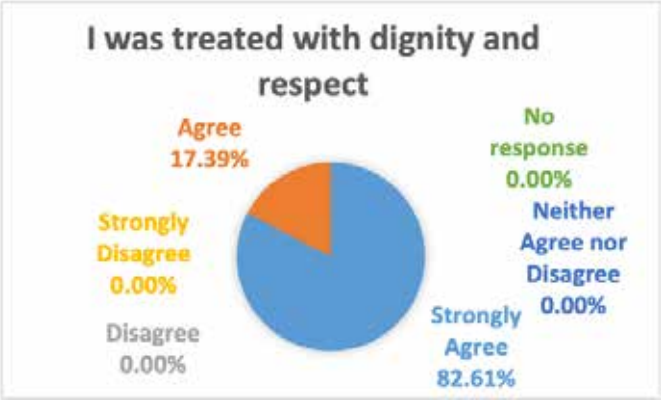
5. Integrating the Care

Service user Feedback

'The contact with CMHTOP social worker has been a lifeline in supporting me and my husband.'

'K was so helpful, listened to our needs and was very prompt. The right people and help was given to my mother, I am very pleased all round. Thank you for your help and care.'





Commissioned Services

Commissioned Services within Adult Community and Older People's services provides oversight and assurance in relation to services commissioned with independent sector Care Home and Domiciliary Care providers. This comprises of 3 discrete teams:

Care Home Nurse Support team

The Care Home Nursing Support Team plays a key role in supporting care homes to deliver safe, effective and compassionate care. The Team provides clinical and education support to nursing home staff and management. The team supports nursing home staff to become independent in the clinical care of their residents, with the aim of improving quality and standards within Nursing Homes and preventing avoidable hospital admissions. The team has provided support to 42 Nursing Homes, 24 residential homes and approximately 400 Registered Nurses and1100 Care

Assistants supported. Outcomes during this period includes:

- 11.5 % reduced unnecessary admissions to hospital
- Reducing incidents of pressure damage
- Delivery of a wide ranging training and education programme for all nursing homes
- Training delivered to 1638 care home staff
- 95% satisfaction with training delivered
- Development and delivery of new education programme for Residential Home staff.

1206 referrals were made to CHNST to support best practice and clinical care in:

- Tissue Viability Assessment-504 (42%)
- Palliative Care Assessment-353 (29%)
- Clinical care needs assessment 147 (12%)
- Equipment support-113 (9%)
- Continence Catheter Management-66 (5%).

Care home staff feedback:

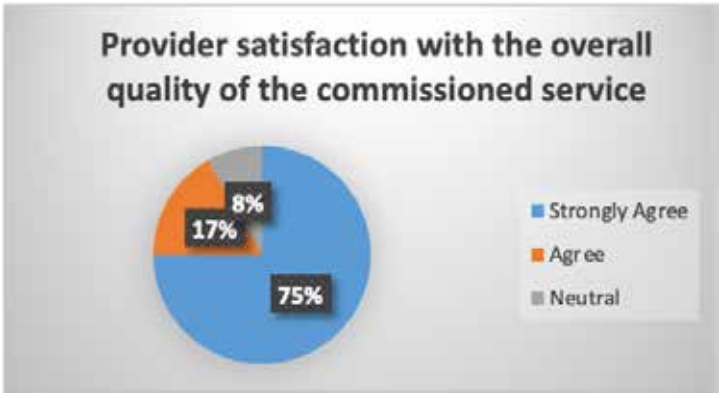
'We felt that the session today was extremely informative and addressed a lot of areas we were unsure of'

'Both of us have attended the training and felt we got a lot out of today's session'

'Advice, training and coaching given by CHNST was excellent good discussion and information sharing took place'

Commissioned Services Governance Team

The Commissioned Service Team works with 23 Domiciliary Agencies who provide approximately 33,215 Hours per week to over 3,700 Service Users in their own homes and 64 care homes with approximately 2500 residents. The Team collate data reports to identify emerging themes and trends in service provision and to ensure that these are responded to in a timely manner. The team work in partnership with the independent sector providers to enable early highlighting, communication and



action to address any concerns. Regular information sharing and awareness sessions take place with providers to share emerging themes, new policies and best practices.

Home Care and Intensive Domiciliary Care Services

The Belfast Trust Home Care Services incorporates the Home Care, Intensive Domiciliary Support Scheme (IDSS) and the Rapid Access to Personal Support (RAPS) services. Approximately 720 staff are employed across these services and many of the front line staff live in the communities they serve. Staff work alongside colleagues in hospital and community settings to ensure that people receive support in their own homes for as long as possible. The Trust provide Care to approximately 1,700 people at any one time.

A key objective for Adult Community and Older People's Services is to ensure that people are supported to live at home and in their community. With an aging population there is increased demand for domiciliary care. The service is currently undertaking a review and modernisation project to ensure, that it is well placed to face future growth in the demand for domiciliary care services.

In March 2020 the service was faced with the impact of COVID 19 and quickly moved to ensure that there would be a continuity of service and to minimise disruption for service users. Staff worked flexibly and responsively to adapt to the changing circumstances and to continue to deliver services throughout these very challenging times. The service set up a Facebook page during the first surge of Covid which has proved a very effective way of communicating, supporting staff and building morale.

District Nursing

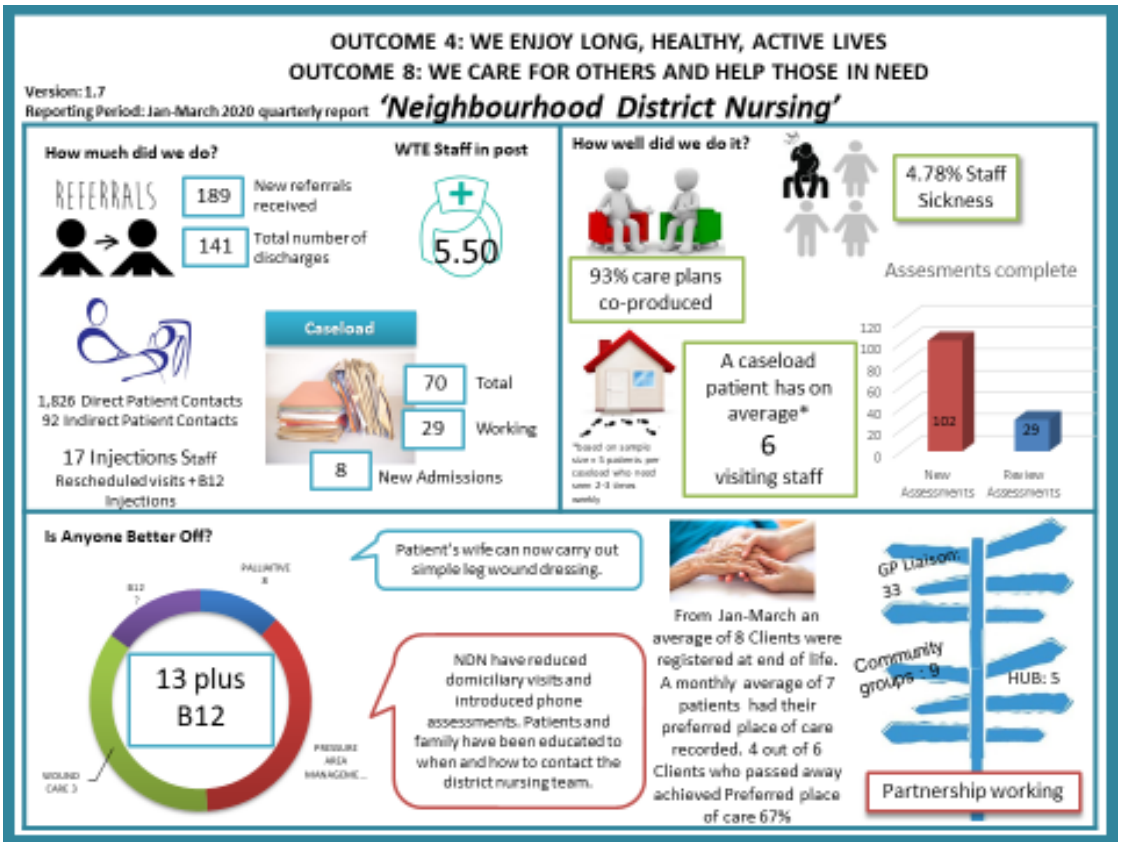
The District Nursing Service is an essential 24 hour service that enables people to be cared for in their own home, preventing admission to hospital or to a Care Home. District Nurses work within multidisciplinary teams, General Practitioners (GP's) and the wider primary health care team.

District nurses care for people with both acute and complex conditions. They are the key worker

for people with palliative and end of life care needs and provide emotional support to families and carers. They play a significant role in supporting people's independence and empowering them to make informed decisions about their care.

In 2019/20 a new Neighbourhood District Nursing model has been developed and piloted in West Belfast. The focus of this new approach is to assesses and support the health needs of the local population. This work involved the development of a community health improvement plan, with a focus on health promotion and prevention of ill health. Over a 6 month period (October 2019 to March 2020) the service received 363 new referrals.

	Number of new referrals to BHSCT district nursing service	Number of interventions
District nursing (1 April 2019/ 31 March 2020)	16,534	252,931
Out of Hours District nursing service (1st April 2019/31 March 2020)	1,841	16,595
Neighbourhood District Nursing Prototype (October 2019 – 31 March 2020	363	379



5. Integrating the Care

Community Diabetes Team

The Community Diabetes Team is a multidisciplinary team developed to support patients to effectively manage Type 2 diabetes. The team work closely with GP and district nurses enabling a shared care approach to support patient with complex needs.

The service has a focus on:

- Prevention and early identification of diabetes
- Supported patients self-management and structured patient education programmes
- Primary care management.

Patients also benefit from referrals to a DESMOND programme, which is a dedicated educational programme for people with Type 2 diabetes.

The team have a community Consultant Diabetologist led service. In the year 2019/20 the team received 579 referrals and 14,077 patient interventions.

Continence Team

The Community Continence team is a nurse led service that provides continence assessment, treatment and support to people in their own home, as well as providing a number of continence clinics across the Trust. The team provides a variety of treatment option such as long and short term catheter management; bladder scanning and bowel management. The team also supports families and carers to improve symptom management, and empower people to make informed decisions about their care. In addition the team provide valuable training support to District Nursing and other community health professional teams. In 2019/20 the service received 2,220 referrals with 18,262 patient interventions delivered.

Treatment Rooms

The Trust has 6 dedicated treatments room across Belfast that work collaboratively with a number of General Practitioners. The service provides acute care as well as support to people who are living with long term conditions such as diabetes, heart failure and respiratory conditions. The service works across all age groups and has a focus on health promotion and prevention such as immunisations and health screening. In 2019/20 the team reported 40,407 patient interventions.

5. Integrating the Care

Specialist Oncology & Palliative Team

The Specialist Oncology and Palliative Team are a community based Multidisciplinary Team. The team provide support to patients who have complex Oncology and Palliative Care needs as a result of cancer and other life limiting conditions. The team also provide emotional support to the patient's family and carers.

40,407 patient interventions 2019/20

1120 New Referrals 2019/20

In addition the team work alongside District Nurse, social workers and GP as well as other multidisciplinary teams to provide specialist knowledge, training and practice development.

Heart Failure Team

The Community Heart Failure Team provide specialist advice, education and support to community heart failure patients, including palliative and end of care life. They provide an alternative to hospital admission and facilitate an earlier hospital discharge.

The team regularly monitor patients to detect and treat early signs of heart failure deterioration, optimise medication to improve quality of life for the patient.

The Heart Failure Team is an integral part of Community Health Nursing with close working links to District Nursing, Specialist Oncology and Palliative Community Team, Acute Care at Home and Community Nursing In-Reach, which is beneficial in supporting a holistic community, based approach to care provision. The Team has close working relationships with the acute heart failure service across three hospitals, Mater, Belfast City Hospital and Royal Victoria Hospital, which supports improved patient experience and outcomes.

Acute Care at Home Team

Acute Care at Home team is a Consultant Geriatrician led multi-disciplinary team. The team work closely with General Practitioners (GP's) and Hospital Consultants to provide rapid comprehensive assessment, person centred care and treatment to older people with acute medical conditions in the patient's own home. Patients benefit from receiving the right care in the right place, at the right time, to avoid unnecessary hospital admissions. The service has a focus on maintaining safety and maximising the patient's independence at home. The Acute Care at Home Team also support informal carers recognising and valuing the key role they play to enable older people to live at home.

2019/20 512 new referrals – 3007 bed days saved

	Number of new referrals to ACAH	Number of activity/interventions
ACAH (1 April 2019/ 31 March 2020)	1428	47,299

Community Nurse in Reach

The Community Nurse In-reach Team work across both hospital and community to ensure that patients experience a safe and effective discharge from hospital. It aims to prevent unnecessary hospital admissions and facilitate early patient discharge. The team works closely with District Nurses and GP to facilitate care such as antibiotic therapy in the patient's own home delivered by district nurses. They also assist with safely discharging patients who are end of life and who wish to die at home.

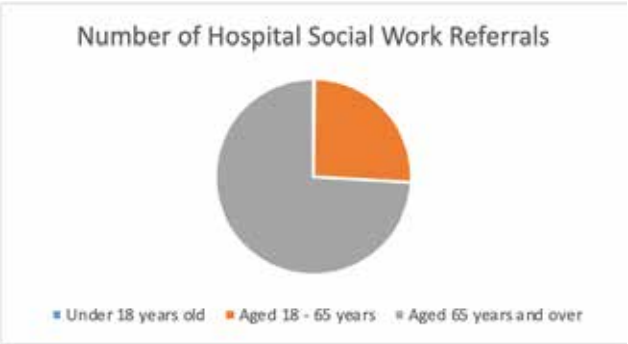
Social Work

Hospital Social Work

Social Workers in hospitals take a holistic approach to supporting people in hospitals who are experiencing crisis as a result of their hospital admission or are adjusting to a diagnosis or loss of independence. Social Workers work with service users across all Belfast Hospital sites to undertake effective assessment and care planning, ensuring that service users are central to the decisions affecting them. This takes into consideration the service user's views and wishes and recognises the support and contribution of families and carers.

Social Workers uphold the values, principles and duties of the profession to advocate in the best interests and wishes of the service user in partnership with their carers and families. Social Workers work with other professionals, families and community based colleagues to maintain support networks, enabling compassionate, safe and sustainable discharge planning for the service user.

Within the period of April 2019 - March 2020, the Hospital Social Workers provided a service to 9,857 service users. This includes a small number of referrals (18) in relation to teenagers.



5. Integrating the Care

As demonstrated above the majority of Hospital Social Work referrals involve Older People and this requires staff to have a range of skills and knowledge, specific to the needs of some Older People including frailty, mental capacity assessment and promoting independence and recovery. Hospital Social Workers also provide support to people in crisis including those at risk of harm from abuse, domestic violence and living with addiction. Hospital Social work has built its capacity to investigate safeguarding concerns in hospitals by facilitating Safeguarding Investigation Officer training for all newly appointed hospital Social Workers.

Older People's Social Work

Within Adult Community and Older People's services there are 8 Community Social Work Teams located across Belfast. Comprised of Social Workers and Social Care Co-ordinators, these teams provide assessment, care planning and interventions to approx. 5,500 Older People who live within their own home, supported living or care homes. During the period of April 2019 to March 2020, Older People's Social Work received 4113 referrals and offered 1166 carers assessments.

Older People's Social Workers work with people with a range of needs, from those people who require low level services to remain living in their own home to those people who require care home placements. Social Workers also discharge duties in relation to those people who are at risk of harm of abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity.

Central to the ethos of Older People's Social Work is a commitment to the values that people should be supported to remain within their families and community, for as long as is possible and that the views and wishes of service users and carers should be central to the decisions that affect their lives. Social Workers often act as advocates for service users and their families, promoting positive risk taking and a strengths based approach. Social Workers also access a range of statutory, voluntary and community based services that enable people to be supported to live well in the community.

Older People's Social Workers also recognise and work to address Health and Social Care inequalities which exist across Belfast. Older People from Black, Minority and Ethnic (BME) communities can often feel excluded from accessing services due to cultural and language barriers. Older People's Social Workers have worked with the Chinese Welfare Association to develop a Self-Directed Support Project for Older People in BME (Black, Minority, and Ethnic) Communities. The aim of this has been to increase the uptake of Direct Payments in the Chinese community. The Project was shortlisted for Co-production category of regional Social Work Awards in 2019 and was presented at the 7th Annual Social Work and Social Care Research in Practice Conference in March 2020.

5. Integrating the Care

Physical and Sensory Disability Teams

Physical and Sensory Disability teams provide support to people who have needs as a consequence of a physical disability or illness and who are aged between 18 and 65 years. They also provide support to people with sensory support needs and people with brain injury. Comprised of Social Workers, Care Managers and Social Care Co-ordinators the Physical Health and Disability Teams provide assessment, care planning and interventions to approx. 1,200 people under the age of 65 who live within their own home, supported living or care homes.

Staff work with people with a range of needs, from those people with sensory support needs who require adjustments to remain living in their own home to those people who require complex care packages to remain living at home. Social Workers also discharge duties in relation to those people who are at risk of harm of abuse or those people who are no longer able to make their own decisions, as a result of a decline in their mental capacity or brain injury.

Central to Physical and Sensory Disability is a fundamental commitment to the values that people with disabilities should be supported to maximise their independence and citizenship and be supported to be fully integrated within their communities. The views and wishes of service users and carers are central to the service and the decisions that affect service users' lives. Social work staff in the Physical Health and Disability Team for North and West Belfast, based in Grove Wellbeing and Treatment Centre have undertaken a Quality Improvement Project during this period, in which they co-produced with young carers a new information leaflet which reflects the things that are important to young carers and is now used across the service.

Staff in Physical and Sensory Disability services promote the rights of service users and their families through inclusion, positive risk taking and a strengths based approach. Staff also access a range of statutory, voluntary and community based services that enable people to be supported to live well, recognising individual and holistic needs.

Day Care

Within Adult Community and Older People's Services, there are 14 Day Centres located across the city of Belfast. These centres provide day care to people with a range of needs including older people, people with physical and sensory disability, dementia and brain injury. On 31st March 2020 there were 856 older people and 379 people with a physical or sensory disability registered across our day centres. During the 2019-2020 period, ACOPS Day Care continued to deliver a high quality service, which was reflected within RQIA inspection reports and service user feedback. Central to the ethos of day care is a commitment to the involvement of service users in all aspects of service delivery. Within day care we have an active service user council, which meets regularly to discuss how we can improve our services. Various speakers have met with our council throughout this period including the Older People's Commissioner.

5. Integrating the Care

As a service we have we work to ensure that service users are encouraged and supported to maximise their independence and to live well within the community. The Community Access team within Physical and Sensory Disability Services work closely with community and voluntary organisations, to support service users to be connected to their local communities and to develop social networks. The service also provides support to service users who may be at risk of harm or in need of protection. As part of our adult safeguarding responsibilities we have continued to train and support our staff to work as Keeping You Safe facilitators, providing service users with the knowledge and skills to identify abuse and how to seek help.

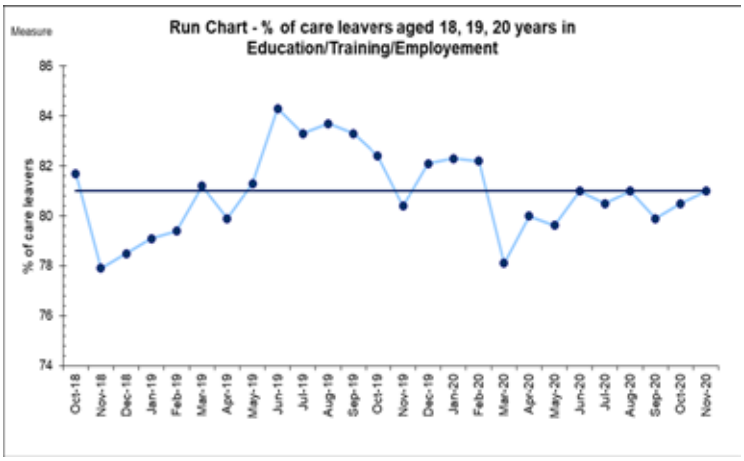
In March 2020, COVID 19 significantly disrupted the provision of day care and led to the closure of day centres. In response to this the day care service responded quickly put in place systems to maintain regular contact with service users and families. Day care staff maintained regular telephone contact with service users and their families, providing emotional support to help alleviate feelings of loneliness and isolation. Person-centred activity packs were designed to continue stimulation that was missed from group activities. Specialist day care attendance was also offered based on carer needs and carer's assessments were available. 'Covid Warriors' was one of many projects that service users were involved in during the lockdown period, whereby service users at home knitted hearts for the Children at the Royal Victoria Hospital as a symbol of courage to the young 'Covid Warriors'.

Connected Community Hubs

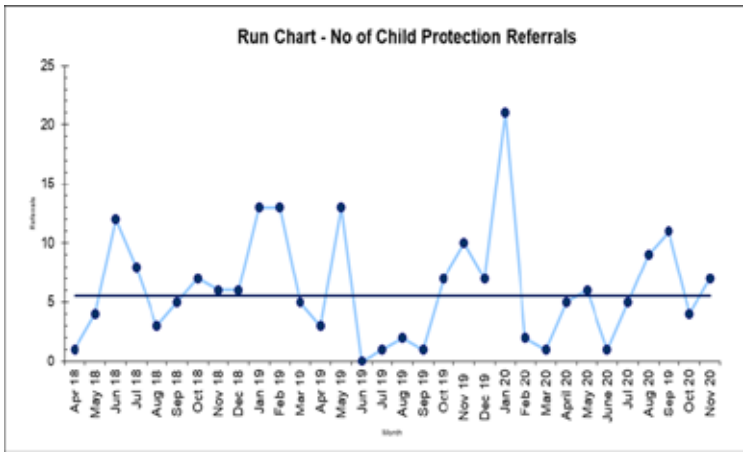
In 2019 the service had 1561referrals, with 49% of referrals concerning isolation and loneliness, 20% in relation to diet and exercise and 14% in relation to chronic condition support. In May 2019 a discrete service focusing on the needs of people with cancer became operational. The key needs being identified for people with cancer accessing this service has included support with housing needs, financial concerns and emotional support.

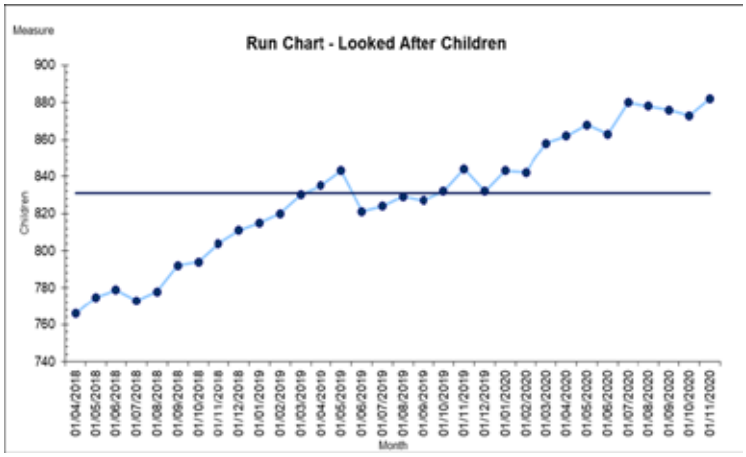
5. Integrating the Care

Looked After Children



The chart above shows monthly data for the % of Looked After Children aged 19 who are in education, employment or training.





5. Integrating the Care

What is Self-Directed Support?

Self-Directed Support is a change in the way social care services are provided to offer much more choice, control and flexibility to individuals and families.

With a focus on 'working together' with Belfast Health and Social Care Trust to achieve individual outcomes, Self-Directed Support enables individuals and families to tailor a package of support that best suits their lifestyle. It also allows the individual and family to have informed choice about how support is provided and gives as much control as the individual and family want over the personal budget so they can live their life in the way that they want to.

How do I get Self-Directed Support?

Self-Directed Support is available to those who have been assessed as being in need of social care support. If you do not already have social care support, you will have to ask for an assessment from a social worker or keyworker to ensure you are eligible.

How can Self-Directed Support benefit you?

Self-Directed Support allows you to choose what type of support you receive and where and when you receive it. For example, you might want to:

- Have your support staff visit at a time that you choose
- Employ your own personal assistant.

What does Self-Directed Support include?

Self-Directed Support includes a number of options for getting support. The individual's personal budget can be:

- Taken as a Direct Payment
- A managed budget (where the Trust or a 3rd party organisation holds the agreed budget but the person is in control of how it is spent)
- The Trust can choose and arrange a service on your behalf
- Or a mixture of all three packages detailed above.

5. Integrating the Care

Where do I get more information about Self-Directed Support?

- Go to the Health and Social Care Board's dedicated Self-Directed Support website http://www.hscboard.hscni.net/sds/
- Speak to your social worker or key worker
- Contact the Self-Directed Support Project Manager.

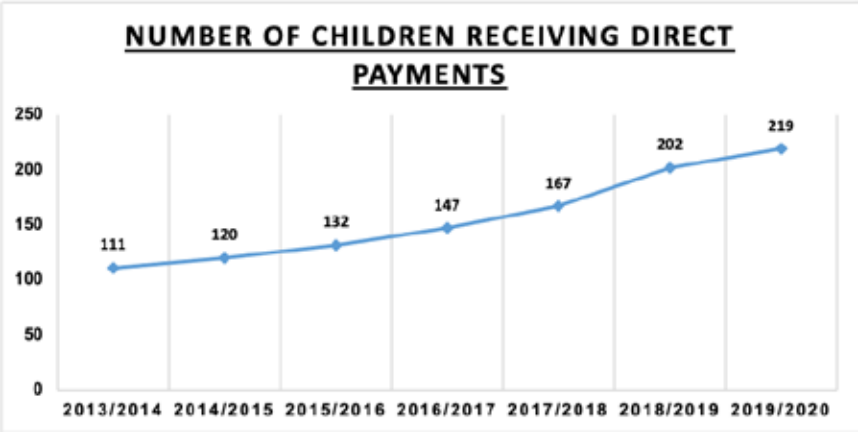
  Joan McCrudden
  Self-Directed Support Project Manager
  Mount Oriel PSD Office
  53-57 Saintfield Road
  Belfast, BT8 7HL
  T: 028 9504 6890 or 028 9504 2367
  E: joan.mccrudden@belfasttrust.hscni.net

Self-Directed Support / Direct Payments

Self-Directed Support is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them, with a focus on working together to achieve individual outcomes. Direct Payments are one of the options available, and are cash payments made to individuals who have been assessed as needing services to enable them to purchase bespoke social care provision. Direct Payments increases a service user's choice and promotes independence. They facilitate more flexible, person centred service delivery arrangements. The provision of direct payments by a Health and Social Care Trust enables families and individuals to locally source the care they require. At 31st March 2020, Belfast Trust had increased the uptake of Direct Payments by 6.43%, compared to 31st March 2019.

Facts and Figures

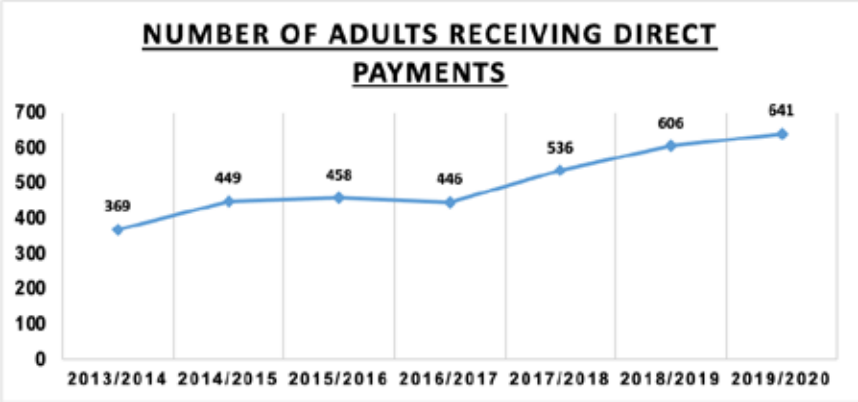
In 2019/2020, 219 children were in receipt of Direct Payments, an increase of 8.41% as compared with the figure for the previous reporting period, and continuing a year-on-year increasing trend.



5. Integrating the Care

Next Steps

The Trust will continue to profile Direct Payments across all service areas as part of its commitment to developing person centred/co-production service delivery structures. It will seek to enhance the knowledge and skills base of its workforce in Direct Payments as a vehicle for personalised, empowering and outcomes-centred social care service delivery.

Direct Payments for Adults

In 2019/2020, 641 adults were in receipt of Direct Payments, an overall increase of 5.77% as compared with the figure for the previous year 2018/2019. Learning Disability Services had the greatest increase in the uptake of Direct Payments by 27.74%