The Annual Quality Report 2013

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

We want the health and social care we deliver to be the best possible, and we are all committed to delivering safe and high quality care in an environment that puts patients, clients and their carers at the centre of everything we do. We seek to be innovative in our approach to providing the people of Northern Ireland with modern services that match the best in the UK and Ireland. I am therefore pleased that we are able to include information in this report that compares us with other similar organisations in the NHS.

While this is our first Annual Quality Report since the Trust came into being six years ago, quality and continuous improvement are part of every process in the Trust. Our core purpose remains ‘to improve health and wellbeing and reduce health and social inequalities’. The aim of this report is to give an account of our plans and progress in quality and safety improvement in hospital, community and home settings.

It is important to be open and transparent with the public particularly when things go wrong, or the care delivered falls short of the expected standard. We work hard with our staff to build a culture of openness, using an Adverse Incident reporting procedure to record, investigate and learn from such events.

We are committed to continue delivering positive experiences and results for our patients and clients year on year. We remain focussed on modernising how our services are delivered, ensuring that they are responsive to the needs of a changing population.

Staff in Belfast Trust are determined in their commitment to do their best for the people we serve. They continually strive to deliver safe, high quality care whatever their profession or department in the Trust. So I am particularly pleased to report that Belfast Trust has successfully been reaccredited as an Investor in People (IIP) organisation. This international quality award is an external endorsement of the measures we take to continually improve our performance for the benefits of those we care for.

This Annual Quality Report reflects the achievements we have made in the areas of quality and safety, however delivering high quality service is a process, and only by continuously reviewing our performance can we continue on our journey of achievement.

Colm Donaghy
Chief Executive, Belfast Trust

Summary of what we do

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

- 130,405 inpatients
- 810,307 outpatients
- 153,931 Emergency Department attenders
- 110,956 day-case patients
- 669 children looked after by the Trust
- 424 children on the Child Protection register
- 5809 domiciliary care packages for older people provided in the community
Belfast Trust treats and cares for patients everyday, many of whom are very ill. Sadly it is inevitable that some patients will die in hospital. The proportion of patients who die or the mortality rate is a useful indicator of the quality of care we provide and we can compare our mortality rate with similar UK hospitals.

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

To calculate mortality an internationally recognised system called the Standardised Mortality Ratio (SMR) is used. SMR compares a hospital’s actual number of deaths with its predicted number of deaths. The prediction calculation takes account of factors such as diagnosis, the age and gender of patients, whether care was planned or an emergency. SMR figure of 100 means that the number of patients who actually died in hospital matches the number predicted. SMR figure below 100 means that fewer people than expected died.

Belfast Trust rates of SMR have compared favourably with other hospitals since measurement began.
facts & figures

- In 2012/13 the Trust had a SMR of 95 across the Trust. This means that the Trust had 5% fewer deaths than were expected when risk adjusted analysis is used, and 6% fewer deaths against similar acute teaching hospitals.
- Mortality rates have remained consistent across the Trust after a significant reorganisation of services.
- It is vital that both level of coding is high and that data quality is of a high standard. An indicative measure of coding quality can be seen through use of the data quality index. For the 12/13 year our Data Quality Index was 94.9.

Progress Made

- Mortality measurement is based on hospital data which must be of the highest standard if this measurement is to be meaningful. The Trust has secured additional investment to properly resource the processes which provide this information. This means that mortality rates can be viewed more accurately and across more up to date time periods than in the past.
- In 2012/13, a Mortality Review System was designed to enable each clinical team to review deaths as they occur and to share any learning.

Measuring Quality in our Services

Critical Care

Our three adult intensive care units subscribe to the Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme (CMP). ICNARC provides an independent assurance of quality outcomes such as mortality and infection. Our units continue to perform well in comparison with other UK units of similar size and case mix. The standardized mortality ratio figure is less than one in each of the units, indicating that more patients survived than would be expected based on the severity of injury or illness and the age of patients.
“In the regional intensive care unit we continue to collect local data on infection and have taken a multi-disciplinary approach to tackling unit acquired infection. We restructured our screening programme for MRSA which allows us to identify patients carrying the bacterium earlier. We improved our performance against the Belfast Trust MRSA decolonisation guidance and we improved the way the environment is cleaned and maintained. As a result we have attained very low levels of MRSA acquisition in RICU, our best ever performance. The rate of MRSA septicaemia is at an all time low”.

Finbarr O’Neill - consultant
National Hip Fracture Database – Annual Audit

The National Hip Fracture Database (NHFD) is the largest hip fracture database in the world. All 186 eligible hospitals in Northern Ireland, England, Wales, the Isle of Man and the Channel Islands regularly upload data and 95% of all hip fractures cases are enrolled in it. The Royal Victoria Hospital has been entering data since 2008 and has the largest caseload in the NHFD. It has enabled us to properly benchmark the Royal Victoria Hospital with other centres in the NHS. This allows analysis of the strengths and weaknesses of our service which is essential if we are to provide the best in patient care. It also allows us to compare performance in Northern Ireland with elsewhere in the NHS and identify the areas influenced by local policy decisions.

facts & figures

• We entered 924 cases onto the database in 2012/13.

• Compared with other centres patients had to wait longer for surgery; for example we operated on 52.2% of patients within 48 hours whereas the average across the UK was 85.4%.

• However the number of deaths was much lower in Northern Ireland. At 30 days our death rate was 5.3% against a UK average of 8.2%.

• In particular the number of patients discharged to their own home, rather than for example to a nursing home was higher from the Royal Victoria Hospital – 53% as compared to an average of 46.2% in the UK.

“...in terms of outcome, the care of hip fracture patients is among the best in the NHFD and RVH is one of the safest places to receive treatment. However, in terms of the process of care, we remain among the slower centres. We are aware that this increases stress and discomfort for patients and is an area for improvement.”

James Elliot – Orthopaedic Surgeon

To read the full report click here
Rate of emergency readmission within 30 days of discharge

Readmission Rates

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

To ensure we measure as appropriately as possible readmissions are counted as those patients re-admitted as an emergency within 30 days of any previous admission to the Trust.

facts & figures

- BHSCT readmission rates have remained consistent over time and remain at 4.5% for 2012/13. The readmission rate for 2011/12 also was 4.5%
- Readmission rates for peer hospitals are approximately 6%
Mental Health & Learning Disability indicators

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

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

Next Steps

Following feedback via a Patient and Client Council audit, the service aims to ensure that the appointment is with the person (key worker) who will be providing ongoing care in the community.

Social Care indicators

Number of adults and children receiving direct payment

Direct payments are cash payments made in lieu of social care provision to individuals who have been assessed as needing services. Direct payments increase service user choice and promote independence. They facilitate more flexible, person centred service delivery arrangements.

This indicator reflects the Trust's performance in promoting direct payments as part of an ongoing drive to develop person centred community services.

Progress Made

A total of 337 adults and 118 children were in receipt of direct payments at 31 March 2013 compared to 345 adults and 102 children at 31 March 2012.

Next Steps

- An ongoing focus on profiling direct payments across all service areas.
- Implementation of the Trust’s direct payments staff guidance pack.
- Development of workforce knowledge and practice skills in respect of direct payments.
Percentage of young people known to Leaving and Aftercare Services who are engaged in education, training or employment (ETE)

Research shows that young people who leave care do not always achieve the same levels of attainment and success in education, training and employment as other young people in the community. The Trust has a duty as with any good parent to encourage and support those children whom it has looked after to make the most of their academic and vocational talents and to assist them in developing their employability skills.

This indicator captures the Trust’s effectiveness in encouraging and supporting its leaving and after care population to pursue vocational and academic qualifications and employment opportunities.

As at 31 March 2013 the Trust’s Leaving and After Care population was 403. 73% of this group were in employment, education or training at period end, meeting the ministerial target set of 70%.

Next Steps

- Consolidation and further expansion of the Trust’s employability scheme to provide bespoke opportunities for young people who are leaving/have left care to access training and employment within the Trust and in the local business sector.
- To continue to profile the academic, vocational and employment achievements of care leavers.
- To further promote young people’s contribution to the review and development of services to support them.
Delivering best practice in safe health and social care settings
Cardiac arrest

Reducing hospital cardiac arrests

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

**Cardiac Arrest Rate**

(Number of Cardiac Arrests/Total number of deaths & discharges) *1000

- Ongoing work has seen an overall reduction in cardiac arrests within the Trust since 2007.
- There were 19 fewer cardiac arrests in 2012/13 compared with the previous year.
- In total there were 155 cardiac arrests in 2012/13.
Progress Made

The reduction in cardiac arrests can be attributed in part to the Trust’s focus on identifying and treating patients whose vital signs (for example: blood pressure/pulse) could be a cause for concern. An early warning score chart is a bedside tool for nurses and doctors to regularly measure, collate and monitor vital signs. Concerns are raised promptly and where necessary the frequency of senior clinical review is increased. We also have prompt access to specialist expertise round the clock through ‘Hospital at Night’ teams in our hospitals.

In 2012/13, we continued to focus on:

- training staff to achieve more effective monitoring of patients specifically recognising the early signs of deterioration
- improving communication between staff to ensure cases are escalated appropriately
- more appropriate use of DNAR (Do Not Attempt Resuscitation) orders

Next Steps

- From October 2013 all cardiac arrests in hospital are reported as incidents and a local review undertaken to identify learning.

- The National Early Warning Score (NEWS) chart, an improvement on the existing tool, is being implemented in November 2013, replacing the existing EWS chart.

- Another aspect of the strategy for improving care of the deteriorating patient is the earlier recognition and management of serious infections or sepsis. Infection is an important cause of deterioration and we are introducing a programme for earlier identification and management of those patients with underlying infection.

Participation in National Cardiac Arrest Audit.

The Trust also benchmarks its performance with the National Cardiac Arrest Audit (NCAA). All three acute hospitals (Mater, BCH and RVH) participated.
Reducing Healthcare Associated Infections

To reduce preventable MRSA

MRSA bacteraemia is a type of bacterial infection that is resistant to a number of widely used antibiotics. As a result it can be more difficult to treat than other bacterial infections. It can cause serious illness, particularly in frail or immunocompromised patients in hospital who have a wound, or require a central line or urinary catheter.

Not all cases of MRSA bacteraemia are preventable and a proportion are acquired in the community, however, reducing the number of cases is an important priority. The number of patients with MRSA bacteraemia reflects on the quality of hospital and care home cleaning, the sensible use of antibiotics, good hygiene and other infection control practices such as patient isolation.

• The Trust has seen a year on year reduction in MRSA cases since 2007
• In 2012/13 the number of cases was 30% (n=14) less than the previous year.
• We worked hard to deliver our ministerial target of 28 cases but did not meet it having 32 in 2012/13, a rate of 0.06 infections per 1000 occupied bed days.
Clostridium Difficile infection
To reduce preventable C-Diff infection

As with MRSA bacteraemia infections, not all cases of C-Diff are preventable and a proportion is acquired in the community. However, reducing the number of patients who develop C-Diff is an important priority. The number of cases of C-Diff reflects on the quality of hospital and care home cleaning, the sensible use of antibiotics, good hygiene and other infection control practices such as appropriate patient placement.

Progress Made
- Ongoing audit and feedback of hand hygiene and environmental cleanliness scores across wards and departments
- Analysis of each case of C-Diff or MRSA by the multiprofessional team to understand why the infection occurred
- Learning from audits and analyses shared with staff across the Trust
- Ongoing training provided for all staff on how to prevent and control infection
- Development and dissemination of policies on patient isolation, as well as guidelines on antibiotic prescribing
- Development of an Infection Prevention and Control ‘link’ on the Trust Intranet/Hub to enable staff to access best practice evidence.

facts & figures
- The Trust has seen a year on year reduction in C-Diff since 2008
- The Trust did not meet its ministerial target set at 126 cases for 2012/13. It has 163 cases, a rate of 0.3 per 1000 bed days in the Trust
- In 2012/13, the number of cases was 4% (n=6) less than the previous year.
“All staff – domestic assistants, nurses, doctors, allied health professionals, and others – continue to work together to improve on our performance with regard to C-Diff and MRSA bacteraemia infection. Since 2007 we have realised a consistent reduction in each of these infections; and we are committed to achieving further improvements. This year so far, the number of cases is below the target set. In October the Trust achieved 97 days MRSA Bacteraemia free – a truly remarkable achievement, given the number of patients”

Irene Thompson,
lead nurse, infection prevention and control
Patient falls

To reduce the number of patient falls

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

However some falls can cause injury and therefore we are actively trying to reduce them as far as possible. Also, the impact that a fall may have on a patient can be significant, including pain, injury, loss of confidence and increased anxiety.

Progress Made

- All patients in acute adult in-patient wards have a falls risk assessment completed when they are admitted to hospital and throughout their stay as their condition changes.

- All patients who are considered to be ‘at risk’ of falling are started on a falls prevention care plan, and are referred to the multiprofessional team for specialist assessment and intervention.

facts & figures

- In 2012/13, the Trust recorded 2,790 falls, a reduction of 11% on the previous year.

- Of the 2,790 falls recorded, 155 led to a more serious injury like broken bones. These falls accounted for 5.6% of the total recorded.

Next Steps

A multiprofessional inpatient falls prevention group has been established to undertake focused improvement work in five older people inpatient wards across the Trust. The group will use the Royal College of Physician’s FallSafe Bundle to help deliver evidence based falls prevention.
Pressure Ulcers

To reduce the number of pressure ulcers

Pressure ulcers or ‘pressure sores’ are areas of localised damage to the skin and underlying tissue caused by pressure. They occur when a person is immobilised, for example, in bed. Not all pressure ulcers are avoidable, but certain techniques can reduce the risk such as frequently changing a patient’s position, providing special mattresses and chair cushions, and attention to fluid intake and good nutrition.

The Trust uses the European Pressure Ulcer Advisory Panel (EPUAP) grading system to describe the severity of pressure ulcers. The grades are from one to four – the higher the grade, the more severe is the pressure ulcer.

Progress Made

We have introduced a new internationally recognised package of care into all acute adult inpatient wards called the SKIN™ Bundle

- Ongoing audit of SKIN™ Bundle compliance.
- Analysis of all pressure ulcers graded as grade 2 and above to understand why they occurred.
- Learning from audits and analyses shared with staff across the Trust.
- Ongoing training provided for staff on pressure ulcer prevention. This includes the development of resources to be used at ward level, such as, the ‘Think SKIN’ poster, a patient information leaflet, and the Safety Cross (an ‘at a glance’ way to see the number of pressure ulcers in the ward each month).

facts & figures

- In 2012/13 there were 132 incidents reported. Of the 132 incidents, 46 were graded three or four.
- This was an increase in the total number of pressure ulcers, when compared to 2011/12. This increase reflects work carried out during the 12/13 year to improve better recognition and reporting of pressure ulcers (see re: introduction of SKIN bundle below).

Support the surface

Keep the patient moving

Increased moisture management (insure skin is kept dry and well cared for)

Nutrition (ensure patient is well fed and hydrated)
‘Very exciting work has recently started in the Regional Intensive Care Unit (RICU).

When the team established that some pressure ulcers were the result of using medical devices such as ventilators, we formed a pressure ulcer group dedicated to help eradicate this type of ulcer. We have since tested new products which are designed to minimise the likelihood of pressure ulcers from developing.

The results are very encouraging, and the ideas and successes of our work have been shared with colleagues working in critical care wards and departments across the Trust’.

Dr Jeannie Donnelly, lead nurse, tissue viability.

Next Steps
• Focused independent auditing of SKIN™ Bundle compliance.
• Learning from independent audits and work undertaken in some specific wards and departments to be shared further across the Trust.
Incidents from agreed critical medicines

Incidents of insulin

The National Patient Safety Agency identified that errors in the administration of insulin by clinical staff are not uncommon. Whilst most of these errors relate to documentation errors or missed / delayed doses and result in no significant harm, a proportion may impact on the well being of patients. In Belfast Trust the wide use and administration by both staff and patients means it is a critical medicine and an important area to focus improvement work.

Progress Made

- Implementation of the insulin passport underway, this supports the communication of accurate up to date information to health professionals caring for a patient
- Implementation of relevant clinical guidelines guideline ongoing - hypoglycaemia boxes will be available as part of this implementation
- Roll-out of a peri-operative management of diabetes protocol – initially to fractures and neuro-surgery in the RVH
- Trust subcutaneous insulin prescribing, administration and monitoring chart is now available across the Trust
- Insulin is included in junior doctors induction handbook and raised as a high risk medicine in induction presentations

facts & figures

In the 2012/2013, the Trust standardised processes for the reporting and review of insulin incidents in hospital and community.

There were a total of 75 incidents recorded in acute hospitals and community for the 12/13 year and this will be used as a baseline for achieving improvements in future years.

Next Steps

Trust hospital and community staff are working with General Practitioners as part of an Integrated Care Partnership (ICP) for people with diabetes. The ICP is developing new services for patients with diabetes that bridges the gap between hospital and community. The safe and appropriate use of diabetic management programme will be part of that. This is an important aspect of the Minister’s Strategy on Transforming Your Care.
Mental Health & Learning Disability indicators

Waiting time for Mental Health assessment in Emergency Departments

It is accepted that Emergency Departments (ED) are not ideal locations for people presenting with mental health problems unless a physical health intervention is necessary. However, significant numbers of people still attend Emergency Departments and require an urgent mental health assessment. The Trust has a target to provide a mental health assessment to patients presenting to EDs within 4 hours of referral and plans to reduce this target to 2 hours for the 13/14 year.

Progress Made

In February 2013, we put a process in place to enable us to monitor the time taken between a referral to Mental Health being made, and the consultation. Early indications show that the two hour target is being met in approximately 2 out of 3 cases and that over 90% are seen within 4 hours.

Next Steps

Work to ensure that all times are recorded and an accurate measure of performance achieved is ongoing. This information can be used to drive further improvement over the 13/14 year.
Social Care indicators

Looked after children who are reviewed within the prescribed timescales

Children who become looked after by Health and Social Care Trusts must have their living arrangements and care plan reviewed within agreed timescales to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements. At 31st March 2013 a total of 669 children were looked after by the Trust.

Progress Made

In this reporting period 99% of those children looked after by the Trust were reviewed within regionally agreed timescales.

Number of adults offered individual carers assessments

Carers are people who, without payment, provide help and support to a family member or a friend who may not be able to manage because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member. The number of adults offered an individual carers’ assessment is a measure of the Trust’s commitment to engaging with and supporting carers, its recognition and appreciation of their role in providing care and in developing flexible, responsive and effective supports to meet their needs.

Progress Made

Between April 2012 and March 2013 1581 individual carers were offered assessments by the Belfast Trust. This compares with a total of 932 the previous year, a 70% increase.

Next Steps

The Trust will continue to audit performance and quality of service delivery.

Next Steps

The Trust’s Carers Strategy Steering Group is taking forward a comprehensive action plan to progress the implementation of the carers strategy.
Progress Made

A total of 30 young people aged 18 moved from the Trust’s child to adult disability services last year. All of the young people had a transition plan in place at the point of transfer and, subsequently, when they left school in 2013.

Next Steps

• Ongoing monitoring of performance in relation to this measure.

• Ongoing review and development of Trust services to children with a disability with an emphasis on a person focussed approach including local accessibility, inclusion and flexibility in partnership with children and parents/carers.

Percentage of disabled young people who have a transition plan in place when they leave school

Access to appropriate support for disabled young people at the transition from adolescence to adulthood is crucial to enable them to realise their potential and talents and to live full and valued lives as adults.

A transition plan, in partnership with the young person, their parents/carers and key agencies, outlines how they will access the necessary services and support to enable them to optimise their talents, skills and life chances in adulthood.

This indicator affords a measure of the Trust’s compliance with its statutory duties to children with a disability and of the effectiveness of its transition planning arrangements.
Protecting people from avoidable harm
Adverse incidents and resulting reduction of harm

An adverse incident is defined as “Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation.”

Adverse incidents happen in all organisations, including some of the most safety conscious in the world. Belfast Trust meets this challenge through the promotion of a culture and system of reporting all incidents when they occur to learn from them and to prevent re-occurrence.

“To err is human, to cover up is unforgivable, to fail to learn is inexcusable” – Sir Liam Donaldson, former chief medical officer, England

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

A serious adverse incident (SAI) is ‘an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.’

SAIs are unusual and form a very small proportion of all incidents, with approximately one SAI for every 250 incidents reported. However, due to their potentially serious and often complex nature, the process of thorough investigation provides huge potential for learning to increase safety across Health and Social Care organisations.

In the year 2012/13 there was 23,953 incidents reported and 95 SAIs reported. Each SAI is subject to a full investigation. Working with staff, patients and families, and external organisations, 72 detailed investigations were completed for SAIs in Belfast Trust, identifying recommendations and learning through detailed action plans. These have resulted in significant reduction in avoidable harm mainly through the following broad action areas:

1. Re-enforcing and promotion of existing policies and practices ensuring all policies, procedures, guidance and relevant protocols are accessible to staff and that staff have the necessary understanding to prevent future incidents.

2. Changes in practice and development of new or revision of existing policies, procedures etc, with the introduction of safer ways of working to reduce potential for harm.

3. Development of staff education and training on how to avoid re-occurrence of similar incidents. For example;

   - The investigation report and learning from an SAI regarding a pulmonary embolism suffered by a patient after a major procedure was used as a teaching tool for doctors.

   - Following a SAI related to paediatric intensive care (PICU) an issue was highlighted that if the patient developed evidence of anuria or hyperkalaemia then a type of renal replacement therapy (CVVH) is required. This was not available in PICU and as a result, consultant led training on CVVH was set up and is now delivered to medics working in PICU.
Review of Emergency Care

In May 2012 after a service review and the recommendations from an investigation into the deaths of two patients, substantial changes were made to the way we manage patients being admitted through the emergency department at the Royal Victoria Hospital (RVH). These include:

- A new 60 bedded Acute Medical Admissions Unit in RVH and staffed by specialist team.
- Increased safety regarding care of service users with a mental illness

From investigations into SAIs relating to mental health service users a number of new or revised policies strengthen working practices to enhance safety and quality of care. These include:

- A new protocol is to improve the care and management of patients seeking treatment for mental health issues at our Emergency Departments which includes guidance for medical staff in the event of a GP not being available.

Significant improvements have been made in communication and joined up working across services e.g.

- A protocol to provide multiagency/multidisciplinary case reviews for clients who attend an Emergency Department on three occasions within three months
- Improved handover arrangements for clients from one team to another.

A holistic approach to the patient/client journey through the service has been further enforced through a discharge planning which is incorporated in the patient/client’s notes and in the care planning process.

Progress Made

Example Changes in Practice

Arising out of an alert from the National Patient Safety Agency (NPSA), Belfast Trust reviewed and developed a new fluid prescription and balance (FP&B) chart for children. As this needed to apply to all children including those who were being cared for in an adult environment, an adult chart was also developed. Both charts are very similar – an important safety feature. These were refined using audit and staff feedback and in November 2011 Belfast Trust adopted and implemented the use of these charts across the Trust.

This provided the impetus for a regional FP&B chart, which means that patients being transferred between hospitals will always use the same chart and staff only need training in the use of the one chart. A key safety benefit is that staff moving between Trusts are trained in the use of these charts from their first day – thus reducing potential harm to patients.

This regional work will complete in 2014 when a GAIN audit will formally evaluate the form and allow any final changes to be made before adoption.

How positive outcomes from SAI investigations can make significant contributions to safety and the reduction of avoidable harm
Preventing venous thromboembolism (VTE)

Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called venous thromboembolism and can cause complications which are occasionally serious. To help prevent such clots we now assess individual patients’ risk of developing a clot, and where appropriate provide anti-clotting medicines. Completing this risk assessment and subsequent preventative action reduces the risk of patients developing a clot.

Progress Made

The Trust has a system in place to audit every ward on a monthly basis and report these figures.

Next Steps

Participate in regional safety work to look at the appropriateness of anti-clotting medicine prescribing.
Improving safety in surgery: World Health Organisation (WHO) checklist

The WHO surgical safety checklist was introduced into all the theatre departments in Belfast Trust by 2010 to improve safety for surgical patients. The checklist ensures that each surgical team has taken all the right steps before, during and after surgery to ensure patient safety. A WHO checklist should be completed for every patient and each unit submits weekly audit data to a central department, which analyses and provides reports back allowing each team to review and improve their performance.

Next Steps

- Children’s services are to review WHO to meet their specific requirements
- Interventional radiology is to pilot a modified version
- Endoscopy services are to pilot a British Association of Gastroenterologists version

**Surgical Safety Checklist (First Edition)**

<table>
<thead>
<tr>
<th>SIGN IN</th>
<th>TIME OUT</th>
<th>SIGN OUT</th>
</tr>
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| Patient has confirmed
- Identity
- Site
- Procedure
- Consent | Confirm all team members have introduced themselves by name and role | Nurse verbally confirms with the team:
- The name of the procedure recorded
- That instrument, sponge and needle counts are correct (or not applicable)
- How the specimen is labelled (including patient name)
- Whether there are any equipment problems to be addressed | Surgeon, anaesthesia professional, and nurse verbally confirm
- Patient
- Site
- Procedure |
| Site marked/not applicable | Anticipated critical events | Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient |
| Anaesthesia safety check completed | Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss? | Risk of 500ml blood loss
(Talking in children)? |
| Pulse oximeter on patient and functioning | Anaesthesia team reviews: Are there any patient-specific concerns? | Yes, and adequate intravenous access and fluids planned |
| Does patient have a:
- Known allergy?
- No
- Yes | Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns? | |
| Difficult airway/aspiration risk?
- No, and equipment assistance available | Has antibiotic prophylaxis been given within the last 60 minutes?
- Yes
- Not applicable | |
| Risk of 500ml blood loss
(Talking in children)? | Essential imaging displayed?
- Yes
- Not applicable | |
| No | | |

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.
Medicines reconciliation

Every time a patient is transferred from one healthcare setting to another it is essential that accurate and reliable information about the patient’s medication is transferred at the same time. This enables healthcare professionals responsible for the care to be able to match-up the patient’s previous medication with their current medication for informed decisions about the next stage. This is called Medicines Reconciliation and it should be one of the basic principles of good medicines management.

NICE has issued guidance to the NHS on how to improve processes to ensure that any medication patients are taking prior to admission to hospital is properly documented on admission.

NICE has also recommended: pharmacists should be involved in medicines reconciliation as soon as possible after admission.

Progress Made

From the Trust delivery plan 13/14, Belfast Trust is required to assess the baseline for all patients with highest risks having their medicines reconciled on admission and at discharge in line with NICE guidance.

Belfast Trust pharmacy is working with the other Trusts to use the same methodology when establishing the baseline for 13/14.
Promoting good nutrition

The overall vision of the DHSSPSNI Promoting Good Nutrition Strategy (2012) is ‘to improve the quality of nutritional care of adults in Northern Ireland in health and social care, whether delivered or commissioned, through the prevention, identification and management of malnutrition in all health and social care settings including peoples own homes’.

A steering group has been established to realise this vision in Belfast Trust. The group comprises staff from a wide range of disciplines and professions and is chaired by the executive director of nursing and user experience.

Progress Made

- Patients in acute adult inpatient wards have a malnutrition universal screening tool (MUST) assessment completed when they are admitted to hospital and throughout their stay
- Patients who are assessed to be ‘at risk’ of malnutrition are commenced on an individualised care plan and are referred to the multi-professional team for specialist assessment and intervention
- Ongoing training provided for staff on MUST awareness
- Ongoing audit of compliance MUST compliance, and learning from audits shared with staff across the Trust
- A ‘mealtime experience’ and ‘food and nutrition’ factsheet has been developed for use in the induction programmes for Band 2 and 3 staff

Next steps

- The development of nutrition assessment tools for use in paediatric wards and departments, and across community settings alongside the Northern Ireland Single Assessment Tool (NISAT).
- The development of a meal time observation tool; and food and nutrition survey. Feedback on the results of this work will be used to raise staff awareness of patients’ experiences, and will help to develop actions to further improve patients’ experience.
Mental Health and Learning Disability indicators

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

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

Progress Made

The service has delivered a year on year reduction in episodes of self harm using fixed ligature points

Next steps

- The Trust would like all patients receiving continuing care in the community to have a recovery plan which clearly identifies what services the patient is receiving, what the patient can do to help him or herself, who the patients key worker is, how he or she can be contacted and what the patient or carer should do when things go wrong or in an emergency. We will put in place a process to monitor the percentage of patients who have a recovery care plan.

- The service has engaged in a process to actively identify and eliminate potential ligature points in acute inpatient wards. The service has met the target for 2012/13. A further reduction target will be set for 2013/14.
Social Care indicators

Number of adult protection plans in place (March 2013)

A vulnerable adult is a person aged 18 years or over who, as a result of age, illness or disability, is unable to take care of themselves without the provision of services, or who is unable to protect themselves from harm or exploitation.

The Trust works in partnership with other statutory, voluntary and community agencies to investigate concerns regarding vulnerable adults and provide services which promote their safety and wellbeing.

An adult protection plan, reflecting the wishes and views of a vulnerable adult and their carers/family members, outlines the necessary actions to address the assessed risks to their safety and welfare.

This indicator is a measure of the volume of adult safeguarding activity in the Trust and the effectiveness of adult safeguarding service delivery arrangements.

Next steps

• The Trust will continue to review and develop the quality of its adult safeguarding services.

• The Trust will continue to provide training and learning opportunities to its workforce to develop their knowledge and skills in adult safeguarding.

• The Trust will disseminate the learning from its review of the recently established Gateway Service in Older People Services. This service manages all of the adult protection referrals related to older people.

Progress Made

Between April 2012 and March 2013, 1493 adult protection plans were implemented in the Belfast Trust. This represents an increase of approximately 57% compared to the figure of 851 for the previous year.

Percentage of child protection referrals where the child or young person is seen by a social worker within 24 hours

It is essential that children and young people who are identified as potentially at risk are seen by a social worker at the earliest opportunity. Regional child protection procedures require that children who are identified as being at risk are seen within 24 hours.

This indicator provides a measure of the effectiveness and timeliness of the Trust’s responses to concerns regarding a child’s safety.

Progress Made

The Trust has consistently achieved compliance levels of 99% with regard to this indicator throughout the reporting period.

Next Steps:

• The Trust will continue to audit its performance in this area.

• The Trust will continue to provide training and learning opportunities to its workforce to develop their knowledge and skills base in this area.
Ensuring people have a positive experience
Complaints & Compliments

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

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

### Total Formal Complaints per annum

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>1649</td>
</tr>
<tr>
<td>2011/12</td>
<td>1511</td>
</tr>
<tr>
<td>2010/11</td>
<td>1435</td>
</tr>
<tr>
<td>2009/10</td>
<td>1396</td>
</tr>
<tr>
<td>2008/09</td>
<td>1300</td>
</tr>
<tr>
<td>2007/08</td>
<td>1793</td>
</tr>
</tbody>
</table>

### facts & figures

- 1,649 formal complaints were recorded into the Trust
- 7,141 recorded compliments were received, reflecting an increase of over 2,000 on the 11/12 year (see progress made)
- 95% of complaints acknowledged within 2 days
- 51% of complaints responded to within - 20 working days
- 68% of complaints responded to within 30 days.
Complaints & Compliments continued

**Response Times**

<table>
<thead>
<tr>
<th>Year</th>
<th>Response Times &lt; 30 days</th>
<th>Complaints remain open</th>
<th>Response Times &lt; 20 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>12</td>
<td>12</td>
<td>49</td>
</tr>
<tr>
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</tr>
<tr>
<td>2011/12</td>
<td>7</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>2012/13</td>
<td>7</td>
<td>68</td>
<td>51</td>
</tr>
</tbody>
</table>

**Progress Made**

1. Specific work was carried out during the 12/13 year to promote the acknowledgment and recording of compliments at both a local and corporate level, and as a result we recorded 7,141 compliments.

2. We provided staff training in the use of local resolution in an effort to resolve issues raised by patients in a timely manner and locally where appropriate.

3. In 2012/2013, as a result of complaints received and investigated, a number of service improvements/lessons have been implemented across the Trust.

- Porter provision at the Royal site improved through reissuing key contact numbers to relevant staff
- Service users updated when experiencing delays
- Introduction of a system of wheelchairs at the Falls Road entrance of the RVH
- Volunteers assist patients when there are problems with lifts.
A Complainants Story - Making a Difference

A lady received appointment letter - which had Belfast Trust logo on it and it was not clear in letter that she was to go to Newry, not Musgrave Park Hospital, for her appointment with her consultant. She travelled from Newry to Belfast and subsequently raised a complaint about the inconvenience and upset caused to her and that she had missed her appointment in Newry.

Appointment letters have now been changed so that the location and actual venue will be printed in bold. Also voice messages now clearly identify the service and staff member’s name.

This patient was pleased with the timeliness of the complaint response and handling.
Patients and Clients as service users

In April 2009, the DHSSPS published the ‘Improving the Patient & Client Experience’ document. The document set out the following five core standards:

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

All Trusts developed methodologies to support the implementation of these standards. A range of tools, including questionnaires, review of compliments and complaints and observation of practice, were developed to help provide a rich picture of patients/clients experiences.

During 2012/13, the Trust undertook a review of patients/clients experiences in the following areas:

- Emergency Departments
- Minor Injuries Unit
- Children’s Residential Homes
- Medical Assessment Units/Admissions Unit
- Inpatient Respiratory Medicine
- Radiology
- Outpatients
- Learning Disability

The findings showed that the Trust was performing well around all of the standards; individual ward reports were fed back to staff in each of these areas to enable learning and the improvement. The findings were also collated and returned to DHSSPS for regional reporting.

**findings**

**Areas of good practice**

- staff attitudes
- staff behaviour

**Areas for improvement**

- respect
- privacy and dignity
### Theme 4: Ensuring people have positive experience

Quotes from review of patients / clients experiences over the 12/13 year Trusts

<table>
<thead>
<tr>
<th>Positive Comments</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We were seen quickly and staff were very pleasant.”</td>
<td>“Reasons for interruptions not explained.”</td>
</tr>
<tr>
<td>“Doctors and nurses are very thorough and listen to your concerns.”</td>
<td>“Staff did not always introduce themselves.”</td>
</tr>
<tr>
<td>“I was dealt with quickly and well looked after. I was constantly asked if I was ok and did I need anything. Very impressed.”</td>
<td>“Placed in an area where male and female patients being cared for.”</td>
</tr>
<tr>
<td>“Staff were extremely caring and friendly to my son who was receiving treatment.”</td>
<td>“Not enough information to understand what patient agreeing to.”</td>
</tr>
<tr>
<td>“Someone helped me put credit on my mobile phone.”</td>
<td></td>
</tr>
</tbody>
</table>

### Next steps

The Trust is also completing an Adult Inpatient Survey, taking responses from 1,000 patients on all aspects of their experience in relation to food and nutrition.

‘Staff as Service Users’ is a joint initiative between Belfast and Southern Health and Social Care Trusts with the overall aim of learning from the experiences of staff as users of Trust services, in order to contribute to service improvement and to promote staff satisfaction.

Although this is a joint initiative between the two Trusts, each Trust implemented the ‘Staff as Service Users’ project with their own staff and has been managing feedback internally.

The project uses SenseMaker software, which is based on service users telling their story or experience and then interpreting themselves. This software allows for the capture of qualitative data, as well as for statistical analysis of quantitative data. The project ran between November 2012 and September 2013 with 124 responses received for BHSCT. The data is currently being analysed and a report is being compiled.
Emergency Department four hour and 12 hour standards

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

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

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

facts & figures

We measure the quality of our Emergency Department care both by the numbers of patients who are admitted to hospital or discharged within four hours and the numbers who have had to wait over 12 hours for hospital admission or discharge.
Theme 4: Ensuring people have positive experience

Percentage of patients admitted to hospital or discharges within 4 hours

Number of patients waiting longer than 12 hours
Progress Made

In June 2012 we made significant changes to our system for managing patients admitted for medical conditions through the Emergency Department, including the earlier involvement of specialist physicians. We were pleased to see a corresponding dramatic reduction in patients having to wait longer than 12 hours in ED for admission or discharge. We recognise that more work needs to be done to further improve our waiting times for our patients.

Emergency Department re-attenders

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

Facts & Figures

The graph below shows the percentage of people who re-attended our Emergency Departments within seven days.

Progress Made

The rate of re-attendance remained relatively constant over the 12/13 year.
Staff health and wellbeing
As the biggest employer in Northern Ireland, employing in excess of 20,000 staff, it is essential that the Trust ensures that its staff are happy and productive in their job roles and that it supports them throughout their working lives, to achieve the best possible health and social care outcomes for the population it serves.

The Trust has developed a range of initiatives to address the health and wellbeing of its staff including enhancing the quality of staff’s working lives, reducing sickness related absence, facilitating work-life balance and providing support to aid the health and wellbeing of the workforce. These initiatives will assist in recruiting and retaining staff effectively resulting in the provision of a high quality service.

The DHSSPS set a 5% absence target for each HSC Trust. For 2012/2013, Belfast Trust’s sickness absence rate was 5.53%.

The highest proportion of total working days lost due to absence remains linked to mental health related conditions and musculoskeletal conditions.

Progress Made

During 2012/13 a number of initiatives were progressed. Occupational health, health and safety, health improvement, chaplaincy and human resources leads worked closely with service areas and have seen significant improvements:

- Best practice attendance management has been promoted throughout the period including:
  - mandatory and tailored training for managers in attendance management protocol
  - case management and case conference meetings incorporating occupational health and management
  - detailed statistical reports to senior managers by cost centre with analysis of absence, reasons and identification of any trends.
- Almost 30% of absence in the Trust is attributable to mental ill health and to support staff and managers two guidance leaflets have been published
- Six month trial of a Fast Track Physiotherapy Service showed a 12% reduction in the number of episodes of musculoskeletal related sickness absence and a 14.8% reduction in days lost compared to the previous year. The occupational health service is further developing this programme.
- Condition management programme available for employees – outcomes indicate 66% improved health and wellbeing from a moderate level of distress or above, to a low or healthy level of distress, and 50% of clients returned to work during or after completion of the programme.
- Health improvement initiatives include: smoking cessation service; cancer awareness raising activities; 16 health fairs covering all major sites within the Trust and five specifically targeted talks/events rolled out to raise awareness around specific cancers and smoking.
- Emotional health and wellbeing of staff
Progress Made (continued)

has been addressed through a number of training courses. Information to support staff in taking care of their emotional health and well-being has also been made available on the HUB – the Trust’s internal website.

- Here4Health initiative- up to 300 staff participated in some form of physical activity (football, zumba, pilates, walking), with over 200 staff availing of the health checks at five Health & Wellbeing Centres. Literature was produced or purchased for – bereavement, chaplaincy, health improvement and Staffcare and the ‘Get into Reading’ programme was rolled out.

- Prevention and management of stress, health & wellbeing policy was reviewed and now includes information on general health & safety risk assessment on stress; an individual risk assessment to assist in the identification and management of work-related stress; and improved guidance on stress surveys.

Improving working lives

- The Trust conducted the HSC staff survey and has an action plan to further improve the working lives of staff.

- During the period there were 838 applications with a 98% approval rate for the eight work/life balance flexible working policies.

- As an Employer for Childcare Best Practice Employer, the Trust facilitated 696 parents in the Employers for Childcare Voucher Scheme.

- Our summer scheme has now been running for six years, and this year provided a childcare option for over 300 children during a seven week period over July and August.

- Employers for Childcare staff discount card and approved home childcare were launched and maternity information sessions provide staff with information on maternity leave entitlements, health at work during pregnancy and health promotion for expectant mothers.

Next Steps

The health and wellbeing group has developed an action plan for 2013/14 and intends to build on the success of last year’s plan taking forward new actions including the findings and recommendations of the Belfast Trust Staff Survey relating to health and wellbeing.
The uptake for flu vaccination remained disappointedly low despite all our best efforts. Only 19.5% of our direct patient staff received their flu vaccination in 2012 against a target of 25%. We plan to focus on driving improvement in this important area.
Investors in People

Investors in People (IIP) is a quality framework that delivers organisational improvement through people. It centres on the development of people to achieve real results and continuous improvement for the Trust and the people we serve. By investing in our staff we are investing in the improvement of health and social care services.

Belfast Trust was successfully assessed against the Investors in People international quality standard in March 2010, and successfully reaccredited in March 2013. Six external IIP assessors met with approximately 780 staff and managers from across the Trust to assess 39 evidence requirements of the IIP standard.

The evidence requirements were measured under specific themes including:
- effective strategic & business planning
- leading and managing effectively, developing people
- engaging and empowering the workforce
- recognising and continuously improving performance.

The assessors concluded that the Trust continues to meet the IIP Standard and noted a positive approach to continuous improvement provided by numerous examples of improvements made to leadership, management and development of people over the past three years.

Benefits

There are many benefits associated with being recognised Investors in People employer:
- culture where employees feel valued: recognition & reward
- higher levels of trust, co-operation & people engagement
- improved communication throughout organisation
- improved leadership skills & behaviours
- learning culture
- improved recruitment & retention levels
- improved flexibility: supports change
- supports service improvement and modernisation

Next Steps

The Investors in People Steering Group is currently developing an implementation plan for reaccreditation in 2016. To support this, an IIP improvement plan has been developed which sets out the key recommendations for maintaining the standard over the coming years.

At the time when the Trust were reaccredited as an IIP employer, Marie Mallon deputy chief executive and director of human resources added:

“We are absolutely delighted; staff and managers throughout the Trust have worked very hard to make sure we are achieving a high level of performance through the drive and commitment of our people. IIP accreditation is a real testament to the dedication of all our staff and the pride they have in delivering a high standard of service.”