APPENDIX 6

Belfast Health and Social Care Trust

HEALTH CARE QUALITY AND SAFETY IMPROVEMENT PLAN
2013/14

CONTEXT

This plan provides the focus during the current year for driving further and sustained improvements in quality and safety for all the users of our services. It builds on previous and ongoing work using recognised international improvement methods.

OBJECTIVES

The objectives are to reduce, as far as practically possible, avoidable or unintentional harm to patients/clients and, to learn from patients', clients' experience and to continually improve the healthcare we provide to patients and clients.

PRIMARY DRIVERS

To deliver the overall objective described above, the Trust has identified a number of primary drivers for 2013/14. These are listed in table 1. For each primary driver an outcome measure has been clearly identified together with a lead director and champion for change.

The lead director/champion for change will be responsible for developing a policy, supported by a driver diagram and action plan. The plan will only be effectively delivered however, when it is fully integrated into directorate management plans. Importantly this plan reflects the continuity of care across the health economy, including primary and secondary care.

These actions plans will build on and consolidate existing work and audit processes including care bundles/high impact interventions and dashboards.

OUTCOME/PROCESS MEASURES

Each primary driver is supported where practical by an outcome measure. Where this is not possible a process measure will be used as a surrogate. A high level outcome measure of quality and safety in secondary/tertiary care will be unadjusted and adjusted mortality rates.

ASSURANCE

A high level dashboard will be included in the Trust Board performance reports. It will include raw and standardised mortality data and the outcome process measures as outlined in table 1.

Within the Assurance Framework the Safety and Quality Steering Group will maintain oversight of progress against each outcome measure and supporting action plan. It will report to the Senior Executive Team and Assurance Committee of the Trust.

DELIVERING CHANGE

Delivery of the Quality and Safety Improvement Plan will continue to rely on quality improvement methodology in particular the use of small cycles of change and the technique of test and spread, based on best practice evidence.

There will be a renewed focus on compliance in respect of two of the primary drivers – avoiding harm from invasive interventions and the controlled drugs policy.

This plan recognises the key role of directorates in driving change and the need for clinical champions at local level. The plan will therefore be supported by the Trust's strategy on Connection, Engagement and Leadership with clinical staff.

Key cross cutting groups that already exist will support directorates in delivering this plan. These include:-

- Safety Improvement Team (SIT)
- Peri-operative Care/Critical Care Improvement Team (POCCIT)
- Medicines Management Group (MMG)
- Patient Journey Project Team (PJPT)
- Infection Prevention Control Team (IPCT)
- HCAI Improvement Team. (HCAI IT)

PATIENT EXPERIENCE

The importance of patient experience in driving change and assuring quality is recognised. The Trust is engaged in regular activity to measure patient experience and recognises the effective involvement of patients and carers is central to the delivery of quality care and can lead to improvements in the experience of using services.

EXTERNAL STAKEHOLDERS

The Trust recognises the expertise and resources available from the Safety Forum and the opportunities for collaborative working with other Trusts in delivering this plan.

Table 1 Healthcare Quality & Safety Improvement Plan

PRIMARY DRIVERS	OUTCOME OR MEASURE	LEAD DIRECTOR/S	SUPPORT TEAM	PROJECT LEAD	PROGRESS
1. Reduce harm from HCAIs	Reduced C-Diff / MRSA rates in line with HSCB targets: MRSA: 20 C-Diff: 130 Achieve 75% compliance on independent hand hygiene audits	Brenda Creaney	HCAI Improvement Team	Anne Loughrey/ David Robinson	Will be reported in Performance Report
2. Safely manage the deteriorating patient	50% reduction in Cardiac Arrests Rate (based on 2011/12 baseline)	Tony Stevens	SIT	Joanna McCormick/ Cathy Jack	Will be reported in Performance Report
3. No avoidable harm from invasive interventions: – Nasogastric Tubes – Suprapubic Catheter – Chest Drain – Tracheostomy	Identify no instances of avoidable harm from invasive interventions	Tony Stevens/ Brenda Creaney	Directorate Governance Groups	Julian Johnston/ David Robinson	Will be reported in Performance Report
4. Reduce Adult in-patient harm from Falls	15% reduction on 2011/12 baseline	Brenda Creaney/ Catherine McNicholl	SIT	David Robinson / Gabby Tinsley	Will be reported in Performance Report
5. Reduce incidence of healthcare acquired Pressure Damage	25% reduction in incidents (Grade 3 and 4) based on 12/13 baseline Target: 130	Brenda Creaney	SIT	Jeannie Donnelly / Lorna Bingham	Will be reported in Performance Report 2012/13: 173 Pressure Ulcers 2013/14 Target of 130 is based on a 25% reduction of the full years data for 2012/13

PRIMARY DRIVERS	OUTCOME OR MEASURE	LEAD DIRECTOR/S	SUPPORT TEAM	PROJECT LEAD	PROGRESS
6. Prevent harm from drugs	All in-patient wards achieve substantive compliance with the Controlled Drugs Policy as measured in quarterly audits	Jennifer Welsh/Tony Stevens	Medicines Management Group	Julia Tolan / David Robinson	Will be reported in Performance Report
	10% reduction in medication errors associated with insulin, based on 12/13 baseline	Jennifer Welsh/Tony Stevens	Medicines Safety & Risk Management Sub group	Ken Lowry	Will be reported in Performance Report
7. Prevent harm from Venous Thromboembolism	95% compliance with completion of VTE Risk Assessments and appropriate prescribing in all clinical areas by March 2014* (* to be confirmed) Reduce the incidence of hospital acquired PEs by 10% which are diagnosed by CTPA	Tony Stevens	SIT	Cathy Jack / Gary Benson	Will be reported in Performance Report
8. Improve safety in perioperative care	Achieve 95% compliance with WHO surgical Checklist	Patricia Donnelly	SIT	Janet Johnston / Bernie Owens	Will be reported in Performance Report

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PRIMARY DRIVERS	OUTCOME OR MEASURE	LEAD DIRECTOR/S	SUPPORT TEAM	PROJECT LEAD	PROGRESS
9. Prevent patient/client harm in mental health services, Emergency Department and AMU	No fatal episodes of self-harm involving ligature points. 25% reduction in episodes of self-harm involving ligature points. Baseline set as 12/13 year.	Catherine McNicholl	Joint Clinical and Estate Service walkabouts	Mel Carney	Will be reported in Performance Report
10. Deliver safe timely care to patients admitted as emergencies	Progressive improvement in 4hr targets in Adult & Paediatric EDs	Patricia Donnelly/ Catherine McNicholl Brian Barry	ED Patient Journey Project Team	Bernie Owens / Cathy Jack	Will be reported in Performance Report
	Percentage reduction in patients re-attending within 7 days				Will be reported in Performance Report
	No 12 hour trolley waits				Will be reported in Performance Report
	Compliance with Sepsis 6				Will be reported in Performance Report