Innovating for Improvement

Making Insulin Treatment Safer (MITS)

Project title:

Making Insulin Treatment Safer (MITS). Helping clinicians coproduce good practice with patients and fellow professionals

Lead organisation:

South-Eastern Health and Social Care Trust (SEHSCT)

Partner organisation(s):

Queen's University Belfast (QUB)
Western Health and Social Care Trust (WHSCT)
Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)
Northern Ireland Medical and Dental Training Agency (NIMDTA)

Project lead(s):

Tim Dornan (Principal Investigator)

Contents

Part 1: Abstract (Max words: 400 – currently 400)

The problem: patients and clinicians harmed

Treating diabetic patients in hospital is:

- Complex; requires judgement
- Life-preserving, yet potentially dangerous
- Prone to slips/mistakes
- Resistant to improvement efforts
- Stressful (particularly when it causes harm) because clinicians want to do good
- Very costly: errors consume resources, including clinicians' precious time.

MITS is innovative

Acknowledges uncertainty

Many trainers assume there are single right ways of doing jobs; however, there is usually no single right way of treating sick people with insulin. MITS educates clinicians to act wisely when there is no single right answer.

Adaptable

Can help clinicians learn other complex tasks.

Supports clinicians' two-cycle reflective learning

- First reflective cycle: helps clinicians act reflectively in the moment
- Second cycle: helps clinicians reflect on experience after the moment and plan future actions.

Impact and successes

We achieved many intended goals and even some unintended goals

Delivered a comprehensive, flexible set of procedures

We:

- Responded to the pandemic by adapting MITS procedures to online working
- Made the procedures generic (non-insulin specific)

Trained over 300 of today's clinicians face-to-face

We conducted one-to-one 'MITS debriefs' with:

- 60 medical foundation trainees
- 77 medical students

We taught the MITS reflective toolkit to:

- 100 nurses from two universities
- 42 participants in the Pharmacy Foundation programme
- 10 trained and 4 trainee hospital-based dentists and 2 dental nurses
- Many other clinicians from physiotherapy, podiatry, and primary healthcare

Provided for tomorrow's clinicians

- 54 debriefers learned to conduct reflective debriefs with clinicians
- MITS is now included in the basic prescribing curricula of all NI health professionals

Gave centre-stage to patients and interprofessional working

- 14 debriefers are patient advocates (non-clinicians with diabetes)
- Many clinicians committed themselves to involve patients actively in insulin prescribing

Won two national prizes (value £10K)

We were, though, only partly successful in bringing two Trusts up to flagship status.

Enablers

- Coronavirus
  - Fast-track graduation encouraged medical students to participate
  - Online working encouraged us to adapt MITS procedures
- The pharmacy, nursing, and undergraduate medical prescribing curricula were strong and well delivered

Disablers

The medical foundation programme:

- Had a weak educational delivery mechanism
- Had a culture of trainees 'getting by' in workplaces
- Lacked pedagogy
- Was constantly trumped by clinical service delivery
- Paid only lip service to reflective education

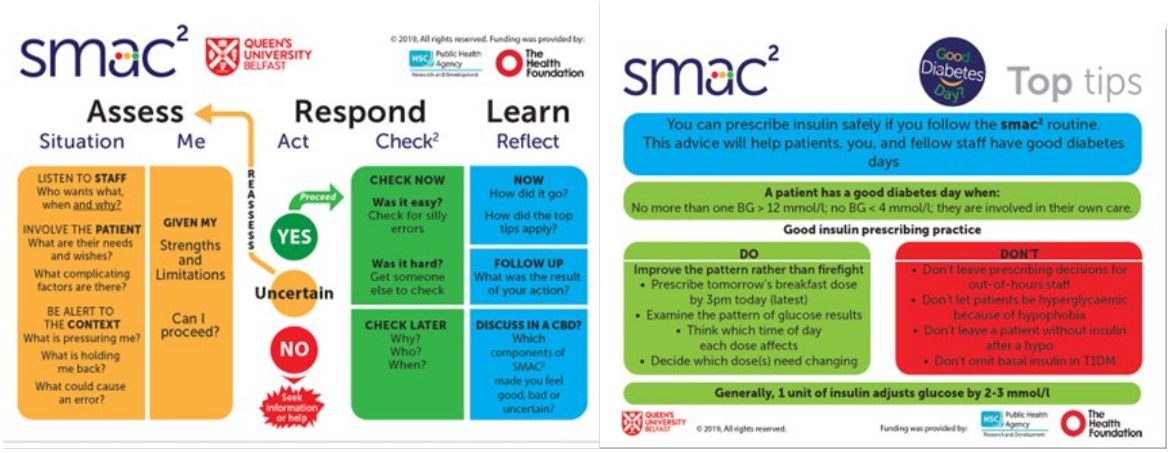
Sustainability/spread

Frugal use of Health Foundation funds and prize monies allow us to:

- Disseminate MITS vigorously in NI
- Build the case for core funding to institutionalise teacher training and quality improvement
- Disseminate widely

Part 2: Progress and outcomes (Max words: 1,000 – currently 963)

The intervention: a reflective approach to safe insulin prescribing (See figure)



MITS is needed because medical students starting the foundation programme find they can't prescribe. Their education has been:

- Impersonal
- Off-the-job
- Often unreflective
- Academic, theoretical, and inapplicable to the realities of practice.

An innovative 'pedagogy of uncertainty'

MITS is innovative because it is:

- Personal
- On-the-job
- Reflective
- Experiential and rooted in real practice.

MITS takes a 'systems perspective. It empowers clinicians to act wisely, and encourages them to work collaboratively working patients and fellow clinicians by:

- Promoting a blame-free culture; acknowledging that skilled people make mistakes
- Involving patients actively and encouraging intra- and interprofessional collaboration
- Regarding uncertainty as inherent to practice
- Acknowledging there aren't always right answers rather than sanctioning pseudo-certainty

We introduce trainee prescribers to MITS principles in lectures, workshops, and other programme-specific activities. The core activity is a 'MITS debrief', when a trainee spends up to 30 minutes one-to-one with a debriefer, who has been trained to conduct an empowering reflective conversation. The debriefer may be a pharmacist, doctor, Nurse, or person with diabetes (patient advocate). The debrief ends with the trainee verbalising what they have learned and making explicit, written commitments to appropriate future prescribing behaviour. The lanyard card, shown above, contains the essence of the reflective process. A set of standard operating procedures guides the implementation of MITS.

MITS does not replace conventional education. It recognises that teaching of knowledge, theory and skills, simulation, and other types of off-the-job education should precede practice-based education. It complements these with a valid type of on-the-job education.

Adjustments to the project plan: the methodological flexibility of implementation science

MITS is also methodologically innovative. Informed by Damschroder's Consolidated Framework for Intervention Research,[1] MITS is not primarily concerned with measuring hard outcomes (as an RCT would do) because these are bound to one moment in history, which limits their transferability to other practices or the same practice in future times

Processes, deliverables, and influence on policy rather than outcomes

MITS aimed to provide proof of concept that its flexible pedagogic approach is adaptable to changing educational contexts and programmes, and capable of influencing policy contexts. When we encountered difficulty engaging the medical Foundation Programme, we transferred it to medical students and non-medical prescribers. The flexibility of the study design allowed us to capitalise on the disruptive influence of the Coronavirus pandemic [2] and progressively involveme the undergraduate medical, nursing, pharmacy, and non-medical prescribing programmes. This flexibility is termed 'expansive learning'.[3] By this, we mean that MITS expanded to involve more members of more communities of practice. All participants, though, were united by the 'joint enterprise' of prescribing insulin safely.[4]

Appendix 1 inventories the operating policies delivered by this project, for all of which we have evidence of feasibility and for some of which we have qualitative evidence of impact.

Sources of data

No single independent party evaluated the intervention. To the contrary, the whole community of prescribing education in NI participated in evaluating it and will continue to do so.

Evaluating the implementation context

Readiness to prescribe questionnaire (RtPQ): 183 medical students, doctors, nurses, pharmacists, and non-medical prescribers responded to a valid and reliable measure of capability and context, developed in an earlier phase of MITS. [5] This provides detailed quantitative and qualitative information about the implementation context. This confirmed our earlier published findings [5] that there is a need to improve the safety culture of clinical workplaces, such as modeling good prescribing and giving credit for this.
Good diabetes day questionnaire: Pharmacists audited 184 patients' experiences of interprofessional care, glycaemic control, and management. This showed some improvement from a previous audit in the proportion of patients whose insulin had been prescribed for the next day but still nearly a third of patients had not had a single good diabetes day in the previous week.

Evidence of engagement and uptake

One-to-one debriefs

- 60 foundation trainees received debriefs despite difficulty implementing MITS in the medical foundation programme, as reported earlier
- 77 medical students received debriefs

We taught the MITS reflective toolkit to:

- 100 nurses from two universities
- 42 participants in the Pharmacy Foundation programme
- 10 trained and 4 trainee hospital-based dentists and 2 dental nurses
- Many other clinicians from physiotherapy, podiatry, and primary healthcare

Debriefer training

- 54 debriefers (including nurses, doctors and pharmacists) learned to conduct reflective debriefs
- 14 of these debriefers are patient advocates (non-clinicians with diabetes)

Evidence that MITS helped clinicians learn

Our earlier research provided evidence that self-report of students' learning is a valid source of data to guide development of educational interventions.[6–8] Our use of implementation science to evaluate our complex intervention provides rich qualitative data to guide further research-based improvement. Data include:

- Trainee prescribers' comments on the value of MITS debriefs. For example:

  The debrief gave me feedback in a way which was useful to me, for example personally I was afraid of making a patient hypoglycaemic with prescriptions. However we discussed the importance of 'hypo fear' preventing the safest and correct prescription from being written up and how to overcomes this. The debrief encouraged me to reflect upon my own personal shortcomings in terms of insulin prescription and how to work on them in future. I feel much more confident after having completed this exercise. (Final year medical student)
- With research ethics approval, we are embarking on the qualitative analysis of the 137 debriefs, each of which provides detailed information about the prescribing context and what the trainee learned from the debrief. We analysed 113 debriefs in a previous MITS project, which has provided analytical tools.

Evidence of impact on the policy context

- MITS is now included in the basic prescribing curricula of all NI health professionals
- The findings listed above provide prima facie evidence that education can strengthen co-production of learning between patients, individual prescribers, and interprofessional practice communities

Part 3: Cost impact (Max words: 500 – currently 496)

Commissioning and funding

MITS is being implemented in five education programmes, each of which educates trainees to prescribe insulin. Each of these is funded by a different governmental funding stream and accountable to a different regulatory agency.

Financial evaluation

We did not evaluate the project financially. Rather, the grant allowed us to develop proof-of-concept, intended to make policy-leaders and stakeholders receptive to a business case for further development. Implementation science predicts, for example, that training patient advocates (PAs), educating clinicians to involve patients in prescribing decisions, and promoting interprofessional practice – as endorsed by national policy - will favour the adoption and impact of MITS. Since this applies to all five, currently separate, prescribing education programmes, 'economies of scale' are possible. MITS education is potentially transferable to any drug; indeed, any safety-critical situation.

Fiscal impact

Our proof-of-concept includes: progressive adoption of MITS into all prescribing education programmes; acceptance by front-line clinicians; advocacy from those who educate them; evidence that MITS promotes interprofessional learning and patient involvement; positive effects on the morale of learners and debriefers; support from senior regional policy leaders. Educational theory and evidence provide a strong argument that these will improve patient care, reduce harm, and shorten length of patient stay over years rather than months. The fiscal benefits will be too indirect to fund MITS directly. To maximise adoption and impact, we developed ways of delivering MITS (eg moving it to an on-line platform) that increase feasibility and minimise cost. The next paragraph martials argument that could be used in a business case to make MITS sustainable.

Case for core funding

Costs provided for by existing funding streams

MITS will take the place of existing educational activities. Economies of scale in delivering it could be achieved by:

- Administrating case-based discussions and coordinating contributions of health professionals at a regional level (all health professions) rather than in five separate programmes and localities
- Using an online conferencing platform to make debriefs available to all learners, wherever they are placed, as fits their clinical and educational programmes

The 'opportunity cost' of educating participants (time away from direct patient care) could be offset by a direct influence of MITS on their quality of patient care

Additional costs

- Debriefer training (initial training in-person; refreshers could be online)
  Stipend and expenses of trainers; may be partly or wholly met by redeploying existing faculty
- PA programme
  In addition to the (small) cost of selecting and briefing PAs, direct costs will include paying them to work for MITS at INVOLVE rates.

Conclusion

MITS is a long-term intervention, which aims to change the prescribing culture and impact on the quality of practice and patients' experiences of care. Our policy is to work within

existing funds and minimise additional costs as far as possible. We have, for example, met or exceeded funders' expectations on grants whilst under-spending. Implementation science leads us to anticipate positive long-term impact. We self-assess MITS as requiring short-term (Years 1-2) investment, then becoming cost-neutral (Years 3-5), and ultimately saving money.

Part 4: Learning from your project (Max words: 1,000 – currently 1183 words)

Achievements, as planned

Target 1. Analyse existing system of in-service education in depth, how MITS is working within it, and how both the system and MITS can be improved

- **Finding** There is no single system. The education of doctors, nurses, and pharmacists to do similar jobs is led by three different training agencies and has many individual providers
- **Action** We developed MITS procedures so that, with minor modification, all three programmes (and the undergraduate medical programme) could include MITS
- **Recommendation** Refocus education on safe, interprofessional care of patients with diabetes rather than meeting the needs of individual professions

Target 2. Continue auditing patients' involvement in care, using a simplified, quantitative version of the National Diabetes Inpatient Audit (NaDIA) questionnaire

- **Finding** Pharmacists in a single trust audited 184 patients on a wide range of wards. Nearly half of the patients audited could not remember anyone discussing their blood glucose in the previous 24 hours or discussing their insulin treatment. These figures were no better in patients who managed their own insulin before admission.
- **Action** We gave this activity a positive purpose by renaming it the 'Good Diabetes Day [GDD] Audit' (this term refers to the definition of satisfactory inpatient care in the National Diabetes Inpatient Audit). We encouraged clinical pharmacists in SET to complete at least one GDD audit form per month to motivate them to optimize insulin prescribing and involve patients in it
- **Recommendation** This simple procedure educated pharmacists about NaDIA and showed shortcomings in patient involvement that could easily be improved.

Target 3 Educate trainee doctors, and extend MITS to nurses and pharmacists prescribers

- **Finding** It was hard to involve trainee doctors because the availability of bleep-free time for reflective learning appears to vary between Trusts, be discretionary, and often left to FTs to initiate. The prescribing education programmes for nurses and pharmacists are much more proactively managed
- **Action**
    a. We debriefed 60 FTs in two Trusts, involved pharmacists in audit (see under Target 2, above) and introduced MITS to the nurse and pharmacist prescribing education programmes regionally
- **Recommendation**
    b. Address the mismatch between FTs **being expected** to avail of bleep-free training and Trust education leaders **not expecting** this to be possible because of clinical workloads
    c. Make MITS education available flexibly to fit Trust education timetables

Target 4. Recruit debriefers via the Deanery and Universities, advocating MITS education for all insulin prescribers in NI

- **Finding** The Deanery proved unable to support the delivery of MITS
- **Action** We recruited debriefers via Trusts, personal contacts, and the Nursing and Pharmacy programmes
- **Recommendation** Taken together with the recommendation under Target 1, we propose a regional scheme of training debriefers and providing MITS CBDs

Target 5. Collect process data and participation in MITS and use qualitative analysis of anonymised records of debriefs to improve MITS and the trainees' educational contexts

- **Finding** See Part 2 (Progress and Outcomes)
- **Recommendation** Subject to resources, use records of debriefs to quality-assure the performance of debriefers and trainee prescribers' education

Target 6. Make MITS so obviously valuable that it is being widely used, locally and beyond, in 15 months.

- **Finding** MITS is now used to educate all professionals who prescribe insulin in Northern Ireland (NI) and, above our original targets, medical students
- **Recommendation** Whilst this provides evidence of the perceived value of MITS, further effort is needed to make this a sustainable education programme

Achievements, beyond what was planned

Achievement. Patient advocacy

After starting this project, we determined to put patient advocacy on a firmer footing so that people with diabetes could be recruited, trained, and involved in conducting MITS debriefs. We successfully submitted for a national Educational Excellence in Postgraduate Education award by the Association for the Study of Medical Education, bringing an extra £5K to support a project entitled Patient Advocacy for Prescribing Safety

- **Finding** Enough people with diabetes were willing to train as PAs that a viable programme could be initiated
- **Action** We trained 14 debriefers. The onset of the Coronavirus pandemic prevented them conducting face-to-face debriefs, for which we had trained them, but one PA conducted 3 debriefs.

Achievement. Undergraduate medical programme

In addition to meeting targets for in-service education in medicine, nursing, and pharmacy, we introduced MITS to the undergraduate medical programme, debriefing senior medical students immediately before entry to the Foundation Programme. To achieve this, we adapted MITS procedures to give students one-to-one (or, in some cases, pairs or small groups) confidential debriefs using the Zoom online platform.

- **Finding** 77 students participated, resulting in rich educational opportunities, with high levels of satisfaction from students and debriefers
- **Recommendations**
    - Incorporate MITS education into the final year undergraduate medical programme in future years, and consider extending it to other parts of the programme
    - Adopt online debriefing as a viable, flexible, and economical alternative to face-to-face debriefing

Achievement. Non-medical prescribing (NMPs)

Our Trust-based work identified small numbers of postgraduate trainees (particularly dentists) whose scope of practice included prescribing insulin

- **Finding** MITS proved applicable to this group of learners
- **Action** We MITS-trained 16 dentists in SET and an unspecified number of members of health professions other than medicine, dentistry, nursing, and pharmacy
- **Recommendation** We recommend inclusion of NMPs in the future MITS programme

Underachievements

Target 7. In order to strengthen regional engagement, make two Trusts flagship sites, and encourage less engaged Trusts to learn from these

- **Finding** One of the two Trusts earmarked for flagship status was not able to engage with MITS
- **Action** We diverted effort to provide MITS education to the nurse, pharmacist, non-medical prescriber and medical student programmes

Target 8. Make Northern Ireland a model of collaboration between agencies responsible for prescribing education which other regions of the UK (and beyond) wish to emulate

- **Finding** See target 1
- **Action** We implemented MITS within all programmes and further developed procedures to make them adaptable to all programmes
- **Recommendation** See Part 3 (Cost Impact) We recommend establishing a regional MITS education programme on behalf of the disparate training agencies

Target 9. Use RtPQ to evaluate how readiness to prescribe is affected by MITS

- **Finding** As described under Target 4 there was a lack of proactive support from the Deanery to MITS implementation, which made delivery of MITS as envisaged hard to deliver
- **Action** We used RTPQ in SET as a 'one-off' audit measure
- **Recommendation** Test the sensitivity of RtPQ to MITS education in a future project

Surprising feedback

'Reflective learning' means different things in nursing, medicine, and pharmacy. In general, and at risk of stereotyping, we found that:
For nurses, reflective learning was a value-laden activity that is core to being a nurse
For pharmacists, reflective learning was recognising deviation from best practice and acting accordingly
For doctors, reflective learning was demonstrating a required behaviour

Enablers, disablers, and learning points about innovating in the NHS

Major **enablers**:

- Commitment from the discipline of pharmacy to use drugs well
- The existence of well-managed educational programmes for medical students, nurses, and pharmacists learning to prescribe

Major **disabler**:

- The non-existence of a pedagogic framework within medical foundation education, and the tendency to equate education either with ticking required boxes or meeting the sometimes menial needs of delivering patient care.

Part 5: Sustainability and spread (Max words: 800 – currently 804)

Sustaining MITS beyond the funding period

In Northern Ireland

MITS is embedded in the nurse and pharmacist prescribing curricula. It was successfully piloted in the undergraduate medical programme in 2020; we expect to become embedded, at scale, in future years. Research grants and prizes have sustained its implementation in the Foundation Programme for nearly four years. No training agency, though, has committed core funding. The future of MITS depends on continued provision of Teacher Training and quality assurance beyond the life of the development programme. We have increased the sustainability of MITS by increasing the range of programmes within which it is implemented. We request permission to use the underspend on this project to build the case for core funding bids that will establish MITS more firmly in NI and beyond.

In the UK and beyond

Our presentations, networking, and accolades have attracted interest in other parts the UK. MITS has been implemented on a small scale in Peninsula Deanery (UK). The main preoccupation of medical foundation education, though, is to provide and retain a workforce for the hard-stretched NHS. This has made MITS hard to disseminate. A joint statement by UK regulators and education providers, however, has recently made the policy context recently more supportive of reflective education.[9] We will build on our successes in NI and build evidence of how it can be sustained before disseminating more vigorously.

Internationally

TD speaks regularly at international academic meetings and publishes internationally, through which the work of the MITS project is gaining international academic recognition for pedagogic innovation.

External interest and recognition

Awards

- Royal College of Physicians' Excellence in Patient Care award for Education, 2018
- Highly commended (2nd of 10 projects in a very competitive shortlist) in the HSJ Patient Safety Awards, 2018
- Clinical Excellence in Postgraduate Medical Education Award from the Association for the Study of Medical Education, 2019 (Project title: Patient Advocacy for Prescribing Safety) £5K prize award
- Novo-Nordisk Trust award, 2020 (Project title: Patient advocacy for insulin safety. Quality-assurance framework for patient involvement in health professions education) £5K prize award

Conference presentations

- Ulster Medical Society, Medal Lecture, 2019 (TD)
- Presentation at Regional Foundation Trainee Induction Day, August 2019 (RD)
- Medication Safety Conference, NI, 2019 (RD)
- Association for Simulation in Healthcare Research Seminar, 2019 (TD)
- Association for Medical Education 'Researching Medical Education' Keynote presentation 2019 (TD)
- Several international presentations in 2020, currently on hold because of Coronavirus (TD)

Publications

- Lee C, McCrory R, Tully M., Carrington A, Donnelly R, Dornan T. Readiness to prescribe: using educational design to untie the Gordian Knot. PLoS One. 2020; https://doi.org/10.1371/journal.pone.0227865
- Donnelly R. Insulin safety – clinical pharmacy leadership for the MITS project. Journal of Pharmacy Management 2020; 36: 56-8
- RD contributed to an HSCB-PHA Thematic Review Report on Insulin Safety. 2019

Communities or networks targeted

RD applied successfully to become a Diabetes UK Clinical Champion, where she has disseminated MITS, and contributed to the network newsletter.

TD was co-applicant in a successful grant for an ESRC Impact Accelerator Grant (£20K) led by Exeter University: 'Optimising prescribing feedback conversations: enabling and empowering prescribers to enhance prescribing development and patient care'. With other international leaders in prescribing education, he is participating in workshops in Belfast, Exeter, St Helen's, and Newcastle to disseminate MITS as part of a movement to enhance prescribing education nationally. This network has a strong emphasis on patient involvement.

Spread

MITS treats sustainability and spread as inseparable from one another because the future of pedagogic innovation depends on its wider adoption. This report gives examples of how the MITS innovation, which was restricted to medical foundation education, has spread to other professions, and medical undergraduate education

What is transferable and what is specific to organisational context

MITS was designed from the outset to be **fully adaptable and transferable**. It was judged to be transferable, for example, when demonstrated at a workshop on interprofessional education in Lund, Sweden. Interest has been shown in adopting it for hypnotic prescribing in Canada. We developed a generic version of MITS for nurses who do not prescribe insulin.

Additional resources needed to support MITS beyond funding period

See Part 3 (Cost Impact) and next section

Activities beyond HF funding

Awards we have won and underspending on this grant allow our Team to continue working on MITS, despite us being unsuccessful with a recent grant application to the Health Foundation. We will advance MITS by:

- Developing a Quality-assurance framework for patient involvement in health professions education (FF-W, SC, and MA)
- Convening a meeting of policy experts and stakeholders (including PAs) to develop a strategy to make MITS sustainable by obtaining core funding
- Running a revised MITS programme, using insights from this project, to demonstrate its feasibility, and define more clearly the resources needed to sustain it
- Lobbying for support and applying for funds
- Continuing to advocate for MITS across the UK and internationally

Appendix 1: Resources and appendices

One of our most important outputs is a toolkit, consisting of standard operating procedures, evaluation instruments, and other materials that enable educators to transfer MITS to educating other safety-critical tasks and in other locations.

These exist as PDF documents, which cannot be pasted into this Word document but are attached to the email delivering this report to the Health Foundation. They are all covered by Creative Commons licenses, which allow others to use and reproduce them, but not use modified versions of them under the MITS/smac^2 brand without our written permission.

We encourage others to use the MITS toolkit and let us know of their experiences.

The toolkit

Prescriber debriefing

- Trainee preparation sheet for debrief
- Debrief SOP – insulin-specific
- Debrief SOP - generic

Medical student preparation sheet for debrief

RtPQ (insulin-specific and generic)

Good diabetes day survey form

Survey Monkey questionnaire evaluating trainees' experiences of debriefs

Appendix 2: Feedback to the Health Foundation

The learning events

Positive climate; great to interact with other teams; one or two very good workshops; some good speakers – and some less good. For the future, we suggest more time for reflection within our team and interaction with other teams during the events. Limit the plenary talks and choose only the best (eg Amigos and the wonderful workshop on public speaking).

The support we received alongside the funding

Overall, the HF maintains a very warm and supportive relationship with grantees. Laura, Alanna, and have been a delight to work with. When we made requests or asked permission to vary the project plan, they listened respectfully and were really generous in the latitude they gave us to do our work.

Contact with THF / access to wider Health Foundation resources

I'm not sure there was a single occasion when I got straight through to a person I wanted to speak to and there was sometimes a delay in getting a call back. The telephone receptionists were well-mannered but not able to do much other than suggest I emailed – I wouldn't have been phoning if emailing were the best solution. It would be ideal if we could leave voicemails, and more ideal still if your busy staff could get back to us fairly promptly in response to them.

Learning/support from other teams in the Innovating for Improvement cohort

The other grantees were doing some awesome projects and our limited conversations with them were sometimes inspirational. I would have preferred more time at the events to network and share ideas between grantees.

Appendix 3: Infographic/Poster (optional section)

We provided subject matter for a poster, which was to have been displayed at the end-of-project event. We would still like the poster to be made and would appreciate notice of when this will take place so we can update its contents.

Appendix 4: End of Project finance statement

Innovating for Improvement – Round 7
End of Project finance statement: April 2020

Project: Empowering prescribers to empower patients and fellow professionals: a novel approach to safe, person-centred practice

Organisation: South-Eastern Health and Social Care Trust

Budget template

This is a screenshot of the relevant of the complete (Excel) budget statement, which will be sent as a separate file

Total		Spent (or invoices pe	Underspend	
Health Foundation funding	Other funding			
£38,332.00	£0.00	£31,432	£6,900	Dedicated time to undertake the project
£11,050.00	£0.00	£11,050	£0	
£8,000.00	£0.00	£7,100	£900	
£4,000.00	£0.00	£2,000	£2,000	
£4,000.00	£0.00	£0	£4,000	
£65,382.00	***£0.00***			
£1,500.00	£0.00	£0	£1,500	Engagement and dissemination
£2,250.00	£0.00	£802	£1,448	
£2,500.00	£0.00	£166	£2,334	
£0.00	£0.00			
£0.00	£0.00			
£6,250.00	***£0.00***			
£1,700.00	£0.00	£1,267	£433	Technical skills and travel
£0.00	£0.00			
£0.00	£0.00			
£1,700.00	***£0.00***			
attend. The Health Foundation will				
£1,350.00	£0.00	223	£1,127	
£0.00	£0.00			
£1,350.00	***£0.00***			
£74,682.00	**£0.00**			
	Total	£54,040	£20,642	

Commentary on variations to the budget

One reason for variation was the Band 8a pharmacist not being released as planned. Rather than working 50% WTE, she worked 20% WTE from Feb 2019 - August 2019, then 30% WTE and, from April-May 2020, 0% WTE. Two workers (subcontracters to QUB) joined our team to backfill the pharmacist's contribution. Serendipitously, we accomplished the work more cost-effectively than originally planned.

A second reason was that it proved hard to complete the original workplan because of difficulty achieving our objectives in one of the two Trusts. This resulted in us: 1) moving part of the work to nurse and pharmacist prescribing education, regionally, at scale; and 2) conducting part of the work within the Undergraduate Medical Programme.

A third reason was the Coronavirus pandemic. This curtailed the patient advocacy programme, delayed the engagement and dissemination events, and prevented us travelling to the Health Foundation's planned close-down meeting in London.

Our response has been to adapt the project to achieve targets shown in Part 4, which more than match our original intentions. Our frugal use of the grant leaves a substantial underspend. We request permission for the QUB-based team members to advance the project further, with a major drive to make the work more sustainable. Part 3 (Cost impact) contains an outline proposal to achieve this. We will use the underspend to develop the case for core funding for MITS. This will support the vital work of our health professional team members. It will help us engage policy leaders, disseminate our work, print materials; and travel between implementation sites.

We will complement the underspend with approximately £7500 from the two prizes recently awarded to us.

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We will complement the underspend with approximately £7500 from the two prizes recently awarded to us.

Authorisation from finance department or authorised individual	
Signed	David Quigg F.C.A. 23/4/20
Name	David Quigg
Role	Divisional Accountant South Eastern Trust