



2024/25 – Q1

NME Assurance Report



South Eastern Health
and Social Care Trust

Table of Contents

01	——	Digital Practice - Nursing & Midwifery (N&M) Information	3
02	——	Nursing & Midwifery: Regulation, Workforce Planning, Education and Development	9
03	——	Nursing & Midwifery Safety, Quality & Assurance	13
04	——	Complaints	37
05	——	Care Opinion Corner	38

Digital Practice – N&M Information

In Quarter one of this year, SET Nursing and Midwifery continues to journey through stabilisation of encompass, both as individual practitioners and within multirole/professional teams. The Nursing and Midwifery Digital and Information Practice Team (DIPT) remains pivotal to the success of this transition with key aspects including:

Support to Nursing and Midwifery Clinical Teams

Feedback from service areas has welcomed the continued visible and digital presence of the DIPT, similar to pre, during and post Go Live in November 2023. The Central Organisational Group for Nursing and Midwifery continues to meet monthly and is attended well, with representation from across hospital and community based services. This group offers the opportunity to disseminate information and update staff on the encompass stabilisation process in SET.

During this quarter, both generic and specific areas of focus with varying timeframes of outcomes have been taken forward.

These work streams generate from:

- 'On the ground' intelligence via site visits
- Contact made directly from clinical areas
- Contributing to SET meetings and forums e.g. Nursing and Midwifery Governance, Nursing and Midwifery Frontline Forum and Clinical Educator meetings
- Membership of regional meetings.

QUARTER 1 – 2024/25

**Thank you all so much for
your support over the past
few months...We have
definitely taken a massive
step forward**



A highlight this quarter was the **District Nursing Workshop** held in the Ulster Hospital. The workshop was supported by the regional encompass team, alongside Epic colleagues and focused on efficiency through streamlining the service pathway, identifying areas of focus and potential optimisation needs. This session was highly valued by staff and more have been requested.



Clinical communication is essential to safe and effective care. Nursing handover is key to this and parallel use of the Epic Monitor (whiteboard) and other communication tools such as 'sticky' noting in encompass make for effective communication. During the first quarter, DIPT facilitated a regional event to scope out remaining issues in the system in order to better prepare an approach to optimisation. This session was well attended by other HSC Trusts and SET staff – proposing a prototype model for handover for refinement.

Bar Coded Medications Administration continues to be an area of success for SET, 29 wards now having implemented this approach trust-wide, that is a known factor in improving patient safety.



attendees to
the BCMA
Sessions/Digital
Drop-ins x10

REGIONAL SUPPORT FOR OTHER HSC TRUSTS

Trust and regional lessons learned remain an ongoing focus for SET DIPT to ensure safe, effective and quality care for all citizens in Health and Social Care. This has been of particular relevance during the first quarter where support has been required for BHSCT in the period before their go live 6th June 2024.



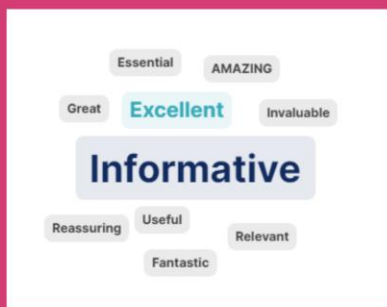
Three events took place this quarter for multiple organisations, one particularly in support of BHSCT's Go live on 6th June 2024. These events were well received and incorporated both Nursing and Midwifery experience across a range of care settings in partnership with SET clinical teams. In addition, SET provided a range of shadowing opportunities for BHSCT staff, in advance of their go live, all of which have been highly valued.



attendees to the seven Go
Live virtual sessions

During **BHSCT's Go live period**, the DIPT, alongside other SET staff supported help hubs and BHSCT's central nursing and midwifery team including digital safety staff. The team were pivotal in maintaining safety for the programme, contributing from their experience to date, expertise in build and navigation within the system. Crucial to this was maintaining safety in SET while BHSCT were transitioning. During the go live period, the team were rostered to support both organisations.





MATERNITY SESSION FEEDBACK



ADULT LEARNING SESSION FEEDBACK



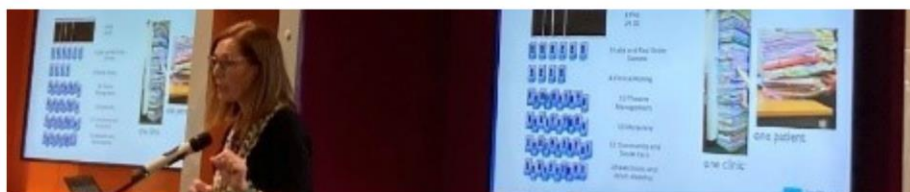
In January 2024, the team was delighted to recruit a Lead Midwifery Digital Practice Officer. This staff member has been crucial in the stabilisation of SET maternity and children's services since Go Live. **As part of a collaboratively led shared learning session,** the midwifery perspective of encompass implementation was presented at the Ulster Obstetrical and Gynaecological Society 2024 Summer Meeting. Members welcomed the presentation, which was well evaluated for relevant content for the region.

QUALITY IMPROVEMENT

The DIPT were delighted to participate in a **QI event** hosted by Digital Health and Care Northern Ireland and HSCQI alongside the Q community. The CNMIO alongside the Barcoded Medications Administration (BCMA) Implementation nurses presented and facilitated two Q&A sessions with SET's QI and Innovation Team. Again, positive feedback was received from this session and it has led to other regional conversations involving 'Scan4Safety' which focuses on the use of barcodes for various purposes involving clinical care, one being medicines safety.



The DIPT were also **finalists in the QI poster competition** for BCMA as part of the International Day of the Nurse and Midwife Celebrations.



TEAM SUCCESS

This quarter has been a time of celebration and success for the DIPT. The CNMIO was nominated by the Chief Nursing Officer for Northern Ireland to **attend Buckingham Palace** in recognition of her contribution to Digital Nursing and Midwifery practice over the last ten years in the region. Alongside this, she was runner up in the **RCN Nurse of the Year Leadership category**.



Angela Reed was not the only DIPT staff member to be a successful at the awards. Rachel Belshaw (Digital Practice Officer) was **runner up in the Digital Innovation category sponsored by DHCNI!**



Alongside these achievements, Lead Midwifery Digital Practice Officer, Karen Gray was **nominated for the Hazel McAllister Exceptional Midwife award** within SET, supported by the RCM.

The team continue to support and participate in other trust events such as **'You Said, We Did'**, Nursing and Midwifery **recruitment** and **International Day of the Nurse and Midwife Celebrations** where the CNMIO facilitated a panel demonstrating the scope of the Nursing and Midwifery Professions. Lead Midwifery Digital Practice Officer Karen Gray participated in this panel, outlining the need for digital roles in Midwifery in SET and across the region.



DIGITAL HEALTH AND SOCIAL CARE SAFETY



This quarter has welcomed a new digital safety lead and a review and refresh of the relevant documents including revision of the hazard log, Digital Safety Case Report and triaging of patient safety incidents via Datix. As part of this process, the digital safety team met with a NHSE Representative to learn from the established digital safety programme in England and their experiences and processes. National connections within digital safety continue to be fostered with a further meeting scheduled for July. From a regional perspective, the team attended an initial DHCNI Digital Care Safety Standards workshop and now look forward to working regionally in developing guidance for digital safety for Northern Ireland.



Over the last quarter, the digital safety team has worked with service areas to review their hazards. A total of 75 hazards have now been reviewed, with 25 closed. As SET continues through stabilisation into the improvement phase, there continues to be the identification of new hazards where the digital team support in outlining the hazard, risk assessing the hazard and ensuring that mitigations have been put in place to reduce risk to patients and clients. As of June 2024, there are a total of 132 open hazards.



The digital safety team has continued to triage all encompass related incidents via Datixes. Between April – June 198 Datixes have been triaged. A review process for triaging Datix incident also took place to ensure identification of themes where shared learning can be supported.



The Digital Safety Case Report has now been reviewed by Professional Leads and has gone out for comment to members of the Digital Health and Social Care Safety Integrated (Operational) Group for comment.



Finally, the governance approach to digital safety continues to be a work in progress, the encompass Stabilisation Group (eSG) receiving an overview in June of proposed plans to enable sub-directorates greater responsibility for open hazards related to their areas of practice. South Eastern Trust continues to develop and improve thinking in this area of digital practice on behalf of the region.

Reporting Period: Q1 2024-2025

How much did we do?



13 Personalisation Training Sessions
81 attendees



Regional Communication Session
16 attendees

10 BCMA Sessions/Digital Drop ins
49 attendees

12 digital safety incidents
currently under DIPT investigation

16 PACE Sessions
80 attendees

7 Go Live Lessons Learnt Virtual Sessions
535 attendees across 3 HSC Trusts!



How well did we do it?



"Good tips for going live. Would recommend to others"

Patient Scanning (supported by BCMA)
89% (upward trend)

Post N&M Open Day
"(We need) webinars with a similar agenda- more staff need to hear this not just the leadership teams"

8.8/ 10
for content of workflow presentations

9/ 10
for delivery of workflow presentations

BCMA Scanning Compliance across SET now 76% - up 2% with 7 rollout areas (31 areas in total)

Is Anyone Better Off?

BCMA dashboard session
Very useful lots of good information

"Thank you all so much for your support over the past few months... We have definitely taken a massive step forward"

Paediatric End User Session
Helpful
Informative
Very Informative Good Excellent

"Thank you for today it will definitely make things easier and save time"



HSC South Eastern Health and Social Care Trust
Reporting Period: **April to June 2024**

encompass Digital Health and Social Care Safety

encompass
DELIVERING CARE TOGETHER

How much did we do?



Digital Health and Social Care Safety Operational Group

- ✓ Meetings held April, May and June
- ✓ Reports to SQIIC and eSG

Digital Safety Team Activity

198 Datix incidents triaged

75 hazards reviewed with service areas

23 new hazards identified

25 closed hazards

132 open hazards at 30 June 2024

April 2024



Team completed a review of their process for triaging Datix incidents to ensure identification of themes, shared learning and follow-up



MAY 2024



Attended the DHCNI Digital Care Safety Standards meeting



June 2024



Supported Belfast Trust Go-Live



Met with NHSE Representative to learn from their Digital Safety experiences and processes



How well did we do it?

Datix Incidents Triaged by DST
May and June 2024

Triage Outcome	No of Incidents
System - Build	12
System - Interface	6
System and User	2
User - Error	29
User - Training/Awareness	16
Not encompass related	21
Review ongoing with services and encompass	46
Total	132



Hazard Log Risk Assessment

Residual Risk Assessment	No of Current Hazards
Extreme	0
High	13
Medium	34
Low	72
Review ongoing with service areas	13
Total	132

Datix issues escalated

- **MyCare App**
- **Work queues**
- **BCA**
- **Media Manager** - uploading images
- **DNACPR** - Renal Unit
- **Diabetic Nurse Prescribing**
- **Patient Matching in EPIC**

Is anyone better off?

- Commenced a review of hazard process to:
 - Ensure that there is a robust and streamlined approach
 - To review and close hazards which no longer pose a risk to patients
 - Develop the process of hazard escalation to ensure population, oversight and ownership by Directorate of own Hazards



Nursing & Midwifery: Regulation, Workforce Planning, Education and Development Team



This section of the report includes scorecards from the teams within this department.

This section will cover the following areas:

- **Practice Education team**
- **Vocational Team**
- **Nursing & Midwifery Workforce**

Practice Education Team

*The PET support the delivery of NMC Standards for Supervision & Assessment (2023)
and ensure governance of the Practice Learning Environments.*



Reporting Period: April-June 2024

How much did we do?

Facilitated the Belfast trust prior to them going live to see encompass in practice for students and to view the HR/IT process for obtaining student log ins

Partnership working with N&M Digital team, HR and IT to ensure workable pathway for students to access encompass system

Facilitated OU clinical skills session for all Placement 1 students

Completed 32 educational audits of practice learning environments in partnership with managers and university link lecturers to ensure a safe, productive learning environment for student nurses and midwives

Attended 12 Trust/University partnership meetings

Facilitated 5 Practice supervisor/Practice assessor support sessions 1 hour zooms

Facilitated QUB and OU support sessions for all those in placement 9

Continued practice supervisor/assessor support for pre-reg and post reg students in clinical practice

Trust implementation of NMC Post Registration Education Standards (2023)
2 trust wide awareness sessions
Fortnightly PEF attendance at NIPEC meetings

Facilitated 1 FNFM Practice supervisor/Practice Assessor New to Role – Nursing programme in Downshire

Facilitated Open University interviews in partnership between OU and Practice Education Team

Bespoke teaching session for all cardiac hub staff

Completed ECG commissioning process for 2024/5

How well did we do it?



33 successful candidates received places on the OU nursing cohort 2024 and access NI checks now completed- 22 Adult, 5 CYP, 5 Mental Health and 1 Learning Disability.



15 OU part 1 students supported with clinical skills prior to commencing placement 1



41 newly prepared practice supervisors/assessors added to the SET Practice assessor database

Is anyone better off?

It was really good training and learning. It has helped prepare me to fully support students.

Very informative training. Lovely trainers and great support available from PEF

It was very informative, I am newly qualified and this session provided me with the confidence to intake student supervision

Contact Information
PracticeEducation.Team@setrust.hscni.net



Vocational Qualifications Team

Supporting all Nursing Assistants through the Induction and
Development Pathway



Reporting period: April to June 2024

What do we do?

Support all Nursing Assistants & Senior Nursing Assistants to have the necessary knowledge, skills and attitudes to fulfill their role, by following the Induction and Development Pathway for Nursing Assistants (DoH).

**Role Induction
NA Induction**

Step 1

**Work-based
Induction
On the ward**

Step 2

**RQF
Development
Programme**

Step 3

**Ongoing
development of
the role**

Step 4

How well did we do it?

- ★ 23 nursing assistants attended the nursing assistant induction. Sessions focused on providing the fundamentals of care
- ★ 6 nursing assistants commenced started the 3 month pilot - RQF development programme: Level 3 Certificate in Health & Social Care Support
- ★ 3 nursing assistants being supported through Level 2 Certificate in Health and Social Care Support
- ★ 42 nursing assistants being supported through Level 3 Certificate in Health and Social Care Support
- ★ 3 nurses progressing through Level 3 Certificate in Assessing Vocational Achievement

Is anyone better off?

"Why do they not usually do the training like this"
Senior Nursing Assistant

"It's great to get all of the training together to get the qualification completed and not take ages to work on"
Senior Nursing Assistant, Pilot programme

"Calmed my nerves about the course. Staff were very helpful and put our minds at rest, knowing that help was there when we needed"
Senior Nursing Assistant

"You are amazing and have helped and motivated me so much to keep going. I'm seriously considering applying for the OU pathway to nursing"
Senior nursing assistant

Contact Information:

RQFvocational@setrust.hscni.net

Nursing & Midwifery Workforce

The workforce team are available to support Nursing and Midwifery Teams with recruitment, retention and development issues.



Reporting Period: April - June 2024

How much did we do?

6 preceptorship
workshops

22 Year 13 students
attended work
experience programme



88 pre-registration
students offered posts
within the SET

Band 3 interviews held and 86
applicants offered posts
across the Trust

97 Band 5 nurses have been
shortlisted for interview

How well did we do it?



350+ people attended the Nursing and Midwifery Summer Open Day



Support clinic at Open Day to help with both Band 3 and Band 5 interview preparation for those applying to South Eastern Trust



1:1 support in clinical areas, enabling continued professionalism, development and structured learning



Fantastic feedback from the first Nursing and Midwifery 'Grow Our Own' career progression & retention event

Is anyone better off?

"Thank you so much for helping
me to get my dream job, I am
delighted!"
– Pre. Registration student

"Work experience was brilliant. I had the best time
and really enjoyed seeing how many different areas
of the hospital work together to keep the wheel
turning. Thank you for the experience. I would highly
recommend it to anyone."
– Lower 6th Student

"The preceptorship
programme was excellent, I
now feel fully equipped with
the right skills and knowledge
to support new staff members
coming on to my ward"
– Deputy Sister

"Girls thank you for helping me get
my posts filled, we are so excited to
welcome the new staff!"
– Ward Manager



**If you have any queries regarding recruitment,
retention or development, please contact:**

Nurse.recruitment@setrust.hscni.net
nmsupport@setrust.hscni.net

Nursing & Midwifery Safety, Quality & Assurance Team

This section of the report focuses on assurance provided by Key Performance Indicators (KPIs) and Clinical Leads, Governance Leads and Lead Nurses.



This section will cover the following key areas:

- **Nursing & Midwifery Assurance Report (Scorecard)**
- **Falls**
- **Pressure Ulcer Prevention**
- **Nursing & Midwifery Medication Incidents**
- **Sharing Good Practice**



*Quality
4All*

**Safety & Quality of Care
Nursing & Midwifery Assurance Report
July 2024**

Contents



Background	3
NEWS & Cardiac Arrest Rate	4
FALLSAFE & Inpatient Falls	5
SSKIN & Pressure Ulcer Incidents	6
MUST	7
OMITTED MEDICATION	8



Background

As part of our *Quality 4 All* strategy we aim to improve the safety quality and experience of care. This includes:

- Minimising avoidable harm
- Learning from when things go well and when things go wrong
- Promoting opportunities to create improvement
- Using high quality evidence and analysis to continuously improve practice
- Encouraging staff to innovate and transform.

This report provides the evidence in the form of the regionally commissioned Nursing Key Performance Indicators which is presented with patient outcome data to provide assurance/focus for continuous improvement in practice that will translate into action plans to minimise avoidable harm.

NB: The regionally agreed target for commissioned nursing KPIs is 95%. The overall compliance is calculated on the number of charts audited against the number fully compliant i.e. one question answered as 'No' results in a fail of the entire chart/bundle. There are regional discussions underway to address this.

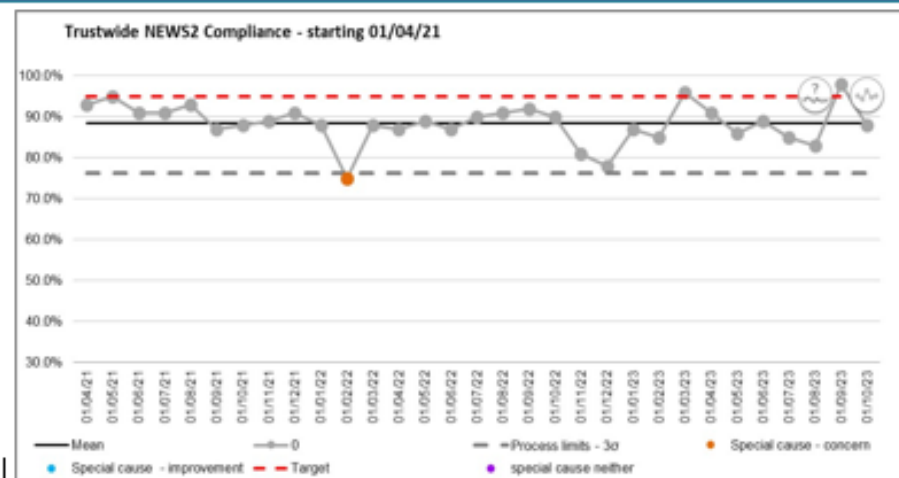
The following data is representative of June 2024. All data is correct from 03.07.24. Please note that there are no compliance figures for the Acute Nursing KPI audits, as work continues to validate data from the Encompass system. While this work is ongoing the patient outcome charts within this report have reverted to the number of incidents per month rather than a rate of incident per 1000 bed days.



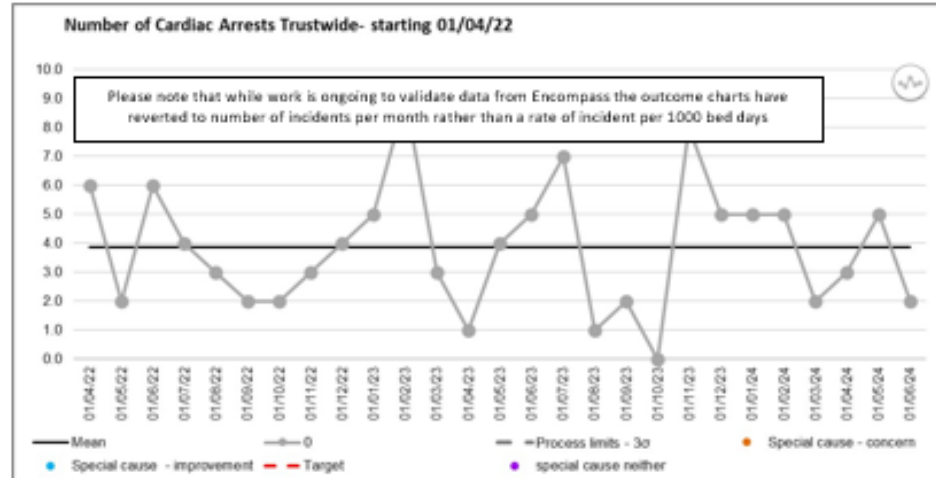
Outcomes June 2024



NEWS2 - COMPLIANCE TREND



PATIENT OUTCOMES:



KEY LEARNING:

- Work is being undertaken to extract Nursing KPI data from encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which indicated normal variation. However, a validation audit carried out in June 2024 of a subsection of inpatient wards (12) demonstrated a 77% compliance with all elements of NEWS2.
- Two Cardiac Arrests reported in June 2024. Learning from Post Cardiac Arrest Reviews:
Good Practice:
 - In one patient review a thorough ABCDE assessment was carried out on the deteriorating patient which, enabled appropriate and prompt escalation to medical staffFocus for Improvement
In the 2nd patient review the following were identified as areas for improvement:
 - Timely completion of NEWS2
 - Timely & appropriate escalation of the deteriorating patient to Senior Medical staff

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

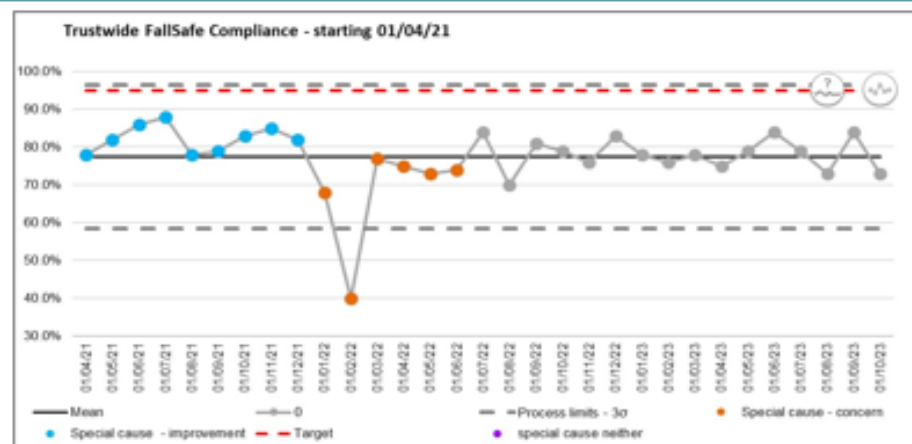
- The Resuscitation Team continue to provide training to all levels of staff, with an emphasis on early recognition, recognition and treatment of the deteriorating patient.
- The Resuscitation Team continue to review all cardiac arrests. Any learning identified in the form of good practice or focus for improvement is shared locally with Nurse Managers and Lead Nurses, as well as appropriate committees.



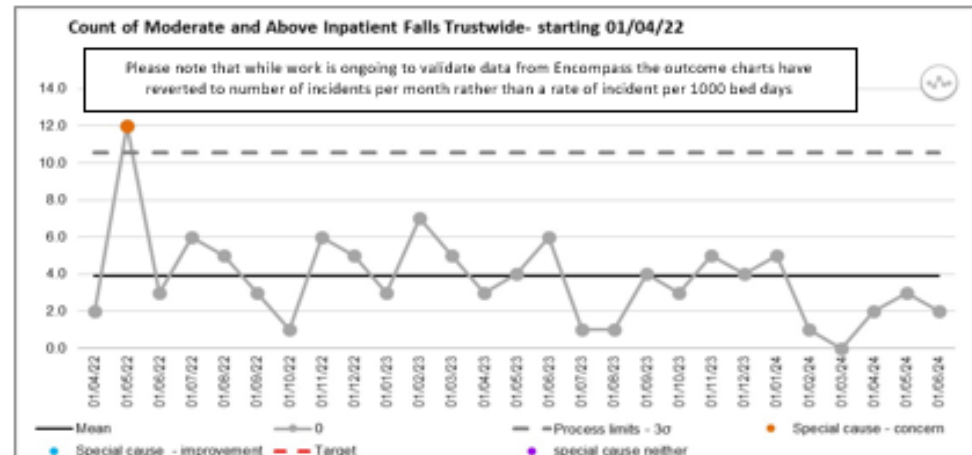
Outcomes June 2024



FALLSAFE - COMPLIANCE TREND



PATIENT OUTCOMES:



KEY LEARNING:

1. Work is being undertaken to extract Nursing KPI data from encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation.
2. The chart above (top right) depicts normal variation in monthly falls that result in moderate to severe harm.
3. Four moderate to severe post Falls reviews undertaken this month. Learning from Post Fall Reviews:
 - Good Practice
 - Referral and completion of a timely medical reviews post fall.
 - Documented advice re: use of call bell and accessibility to maximise use.
 - Evidence of MDT discussion/ plan re: Falls Prevention & Management of patient.
 - Documentation of urinary continence assessment and plan of care.
 - Focus for Improvement
 - Documentation of Post fall moving & handling assessment.
 - Documentation of Falls History.
 - Timely completion of Falls, Bed Rails and Moving & Handling risk assessments.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

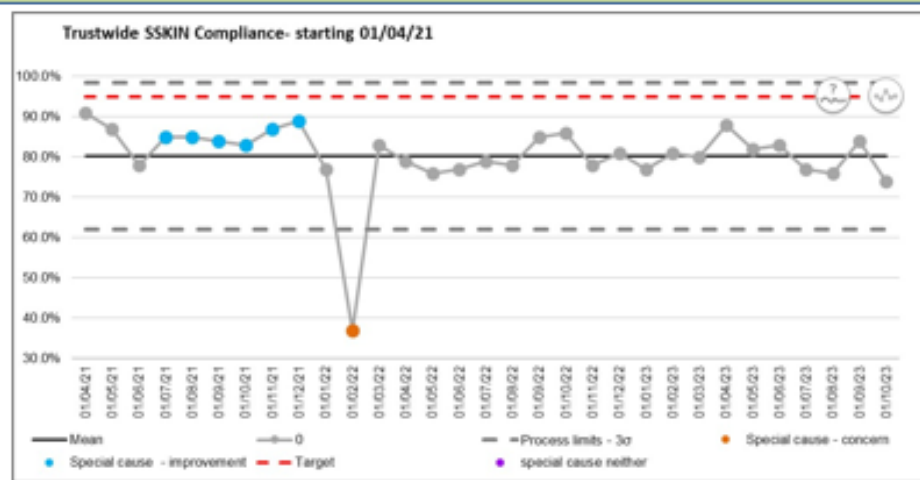
1. Learning and action plans identified from post falls incident reviews agreed and shared locally with Ward Sisters and Governance Leads.
2. Acute Falls Lead presentation at the 'You Said We Did' learning event to highlight best practice in Falls Prevention & Management and introduction to the new Lying and Standing Blood Pressure E-Learning tool.
3. Planning commenced to re-launch the Think Yellow pilot in ED.
4. Assistive Technology pilot ongoing across multiple wards/settings.
5. Continued delivery of MDT Falls Champion awareness sessions, focusing on the Post Falls Incident Review Process.



Outcomes June 2024



SSKIN - COMPLIANCE TREND



KEY LEARNING:

Work is being undertaken to extract Nursing KPI data from Encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation.

- Thirteen severe pressure ulcers were reported in June 2024. On review, one of these incidents was deemed to be avoidable. Charts A and B above right, depict this data indicating normal variation for severe pressure ulcers, avoidable and unavoidable. This data is subject to change due to the time taken to complete post incident reviews
- Learning from post incident reviews:

Focus for Improvement

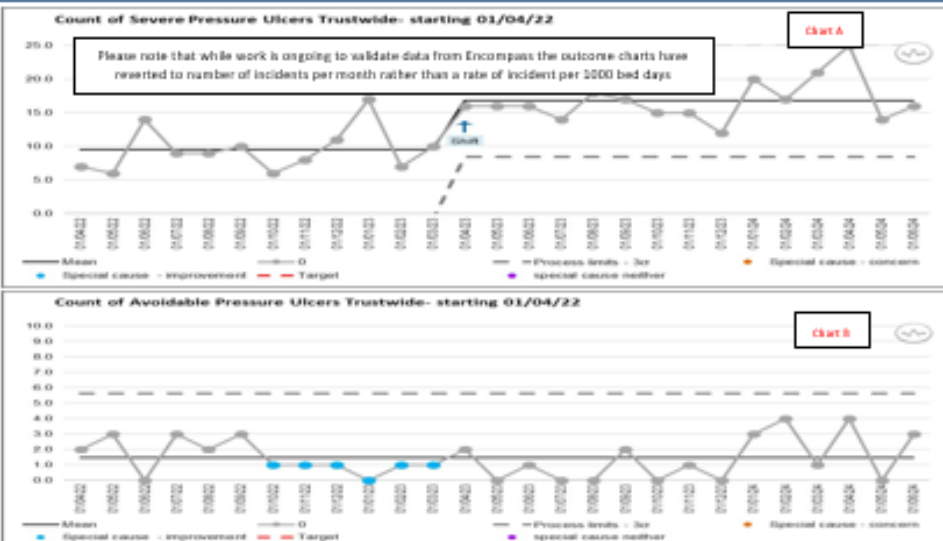
Documented evidence of care provided, particularly timely risk assessment and preventative care planning.

Good Practice

Ward 6b Ulster Hospital have achieved 491 pressure ulcer free days and will receive the Trusts new Pressure Ulcer Prevention Award.

NB: The pressure ulcer prevention risk assessment tool changed at Encompass 'Go Live' resulting in nurses and midwives navigating two significant changes in practice.

PATIENT OUTCOMES:



ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

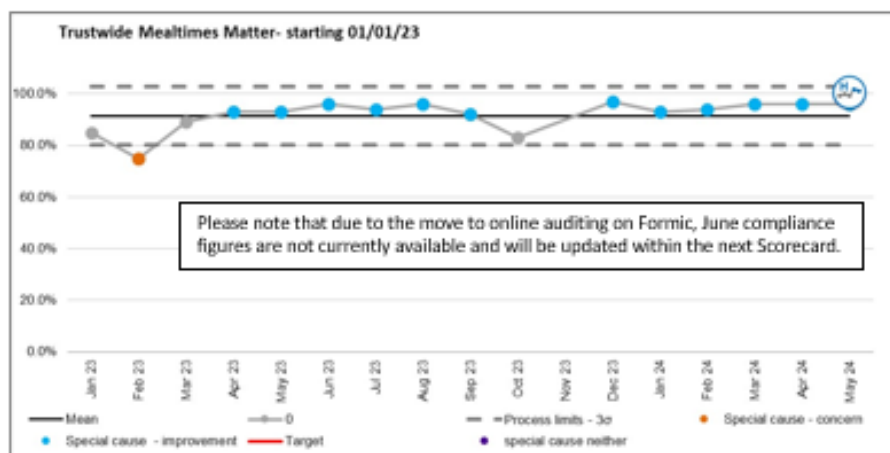
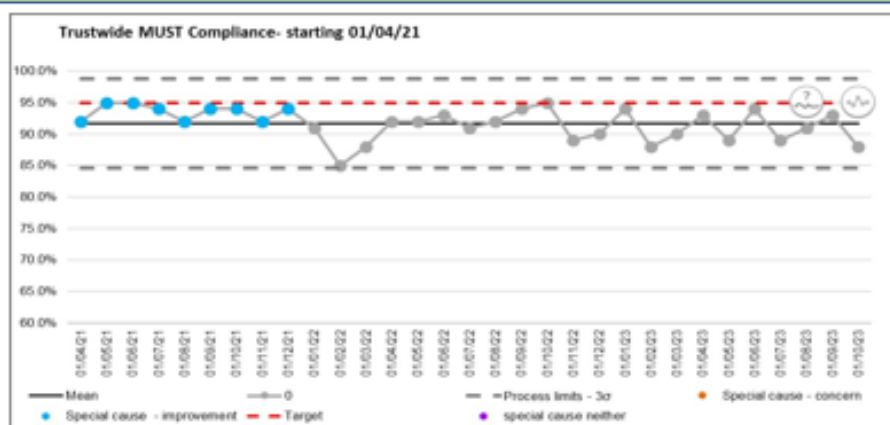
- In response to the increase in reported avoidable pressure ulcers across all directorates March-June 2024, the Tissue Viability Nurse (TVN) team have completed a deep dive on all incidents and produced a report evidencing each directorates pressure ulcer incidents with subsequent learning. Subsequently local action plans have been put in place and bespoke training delivered.
- 187 staff from medical directorate, a further 20 in surgical and 17 midwives attended training in June. Training for the unscheduled care directorate is planned for August 2024.
- ED are testing hybrid mattresses on trolleys, the equivalent of those provided on hospital beds.
- An awareness video for patients at risk of pressure damage is being developed with the communications department for use in ED waiting areas. This will be complimented by disseminating patient information leaflets at triage for at risk patients.
- TVN's are working regionally alongside NIAS colleagues on pressure ulcer prevention strategies for patients under the care of NIAS.



Outcomes June 2024



MUST - COMPLIANCE TREND



KEY LEARNING:

1. Work is being undertaken to extract Nursing KPI data from Encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation. However, a validation audit carried out in June of a subsection of inpatient wards (12) demonstrated a 47% compliance with MUST carried out on admission.
2. The chart below left, depicts normal variation in compliance with all elements of the mealtimes matter audit and is achieving the regionally agreed target of 95%. Due to consistent achievement of 95% between December 2023 to May. The SPC chart (below left) depicts Special Cause Improvement in practice. Due to the move to online auditing on Formic, June compliance figures are not currently available and will be updated within the next Scorecard.

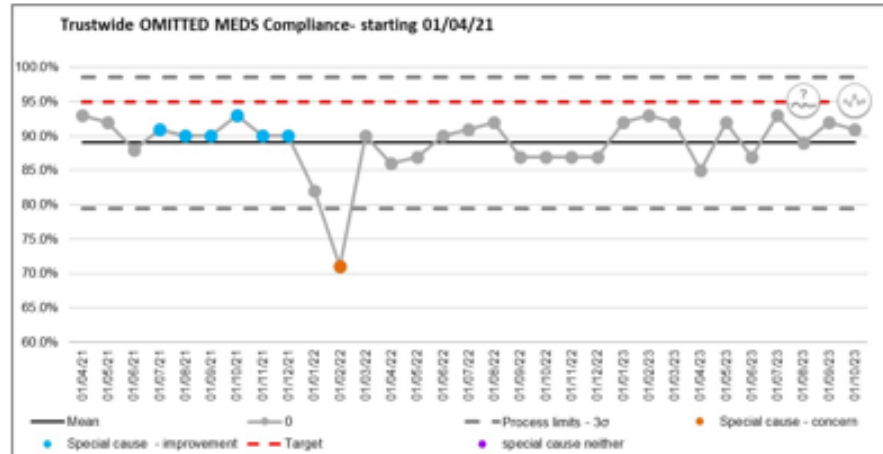
ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. A local MUST training resource is currently being developed to enhance Nursing & Midwifery knowledge in relation to nutritional assessment and care, as well as supporting the digital recording of care across inpatient and community services.
2. The Safe & Effective Care, Dysphagia Support and Catering teams work collaboratively focused on improving safety, quality and experience at mealtimes, with the implementation of the Regional Mealtimes Matters (MTM) Framework.

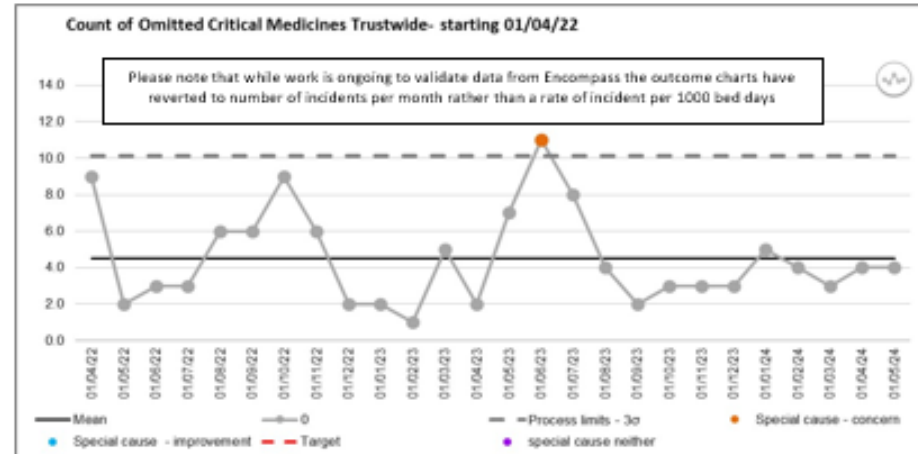


Outcomes June 2024

OMITTED MEDICATIONS - COMPLIANCE TREND



PATIENT OUTCOMES:



KEY LEARNING:

1. Work is being undertaken to provide safety metrics for the Nursing KPIs within Encompass, the chart above demonstrates the most up to date data available in October 2023 and shows normal variation.
2. Two incidents of missed/omitted critical medicines which led to minor patient harm were reported in June 2024. One incident involved an omitted dose of warfarin and the other the delayed administration of glycopyrronium bromide for secretion management.
3. The SPC chart above (top right) depicts normal variation in the number of omitted critical medicines which led to patient harm.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. The Nursing & Midwifery Safety Quality & Assurance Team and Pharmacy Medication Safety team continue to meet monthly to review medication incidents across the Trust, to determine whether any support needs to be provided to particular clinical areas.
2. With the introduction of Encompass, Barcoded Medication Administration (BCMA) has been implemented. BCMA is an inventory controlled system that uses barcodes to prevent human errors in the distribution of prescription medications at hospitals. SEHSCT embarked on a phased approach to the implementation of this system and has been deemed to be the most successful BCMA implementation in Epic's UK history (Exemplar). BCMA is now embedded within 27 wards across SEHSCT to date.

Falls



Falls resulting in Moderate, Major and Catastrophic Harm

7 → **8** = **14% INCREASE**
Q4 2023-24 Q1 2024-25

All falls resulting in moderate, major or catastrophic harm require a Post Fall Incident Review.

The following table shows the number of falls resulting in moderate, major and catastrophic harm and the number of incident reviews completed/outstanding:

Number of falls resulting in Moderate/Major/Catastrophic harm in Q1 2024-25	8
Number of Post Falls Incident reviews completed in Q1 2024-25	11
Number of outstanding Post Fall Incident reviews April 2024-June 2024	8
Number of outstanding Post Fall Incident reviews Sept 2022- end of March 2024	12
Cumulative Number of outstanding Post Fall Incident reviews Sept 2022- June 2024	20
Cumulative Number of Post Fall Incident reviews in progress/awaiting response from ward September 2022- June 2024	8



Post Fall Incident review shared learning themes:

Good Practice

- Referral for and completion of a timely medical review post fall.
- Documented advice re: use of call bell and accessibility to maximise use.
- Evidence of MDT discussion/plan re: Falls Prevention & Management of patient.
- Documentation of urinary continence assessment and plan of care.
- Documentation that NOK informed of patient's fall.

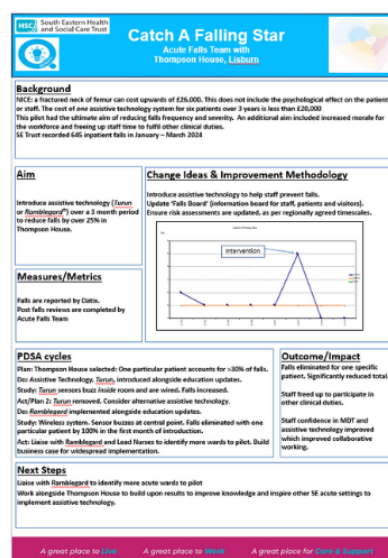
Focus for Improvement

- Post fall moving & handling: documentation of how the patient was moved, by whom and with what equipment is essential, following full body check to rule out serious injury.
- Completion of Falls History documentation to include how many falls in last 12 months, fear of falling and falls since admission documentation are essential.
- Completion of Falls, Bed Rails and Moving & Handling risk assessments within regionally agreed timeframes.
- Documentation of appropriate footwear worn at time of fall.
- Consideration of Assistive Technology if patient has cognitive impairment/delirium.
- Documented rationale for omitted information e.g.: Lying and Standing Blood Pressure within patient's record.



Service improvement and Education:

Assistive Technology QI project with Thompson House Hospital and Rambleguard (Falls Prevention technology) finished in April. This project demonstrated excellent outcomes whereby falls were reduced by 100%. Acute Falls leads produced a QI project poster which was shared on International Day of the Nurse and Midwife in QIIC Ards.



Phase 3 of the Rambleguard Trust wide Assistive Technology pilot started on 08.05.24 in Ward 2, Downe Hospital.

In June 2024 Acute Falls Lead: Helen Kelly delivered key falls prevention messaging at the **'You Said We Did'** event. This included the introduction of a new POWTOONS bite-size learning guide on taking Lying and Standing Blood Pressure. This was developed by Acute Falls Leads in conjunction with Safe & Effective Care.

Pressure Ulcer Prevention

The Tissue Viability team provide support to staff through education and guidance following reported facility acquired pressure ulcers stage 3 and above within the Trust.

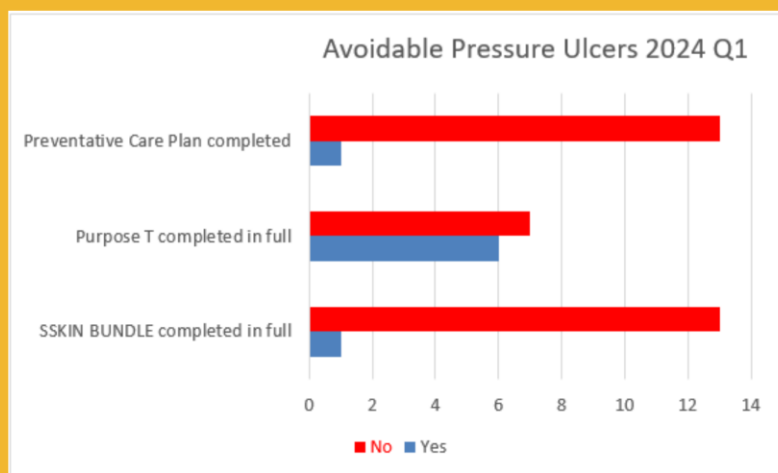
Quarter 1 has seen a reduction in the number of stage 2 and above pressure ulcers within inpatient areas. There were 108 total with 53 (49%) deemed severe (stage 3 and above). The team also noted a higher than previously reported number of avoidable ulcers (no=14) in this quarter.

Determination of the status of ulceration (avoidable or unavoidable) follows a regionally agreed process. This process aims to ensure delivery of a high standard of care and evidence of clear and complete documentation of that care.

PURPOSE-T risk assessment identifies individuals at risk of pressure damage. A preventative and management care plan must then be completed, with the SSKIN bundle providing evidence of the preventative care delivered.

T H E M E S A N D T R E N D S

Learning from each post incident review is shared with the ward team, Lead Nurses, governance leads and through Nursing & Midwifery Governance forums. Incomplete documentation, including PURPOSE-T risk assessment, preventative care plan and SSKIN bundle, is often the reason for an “avoidable” pressure ulcer decision and drives the focus of any follow up education.



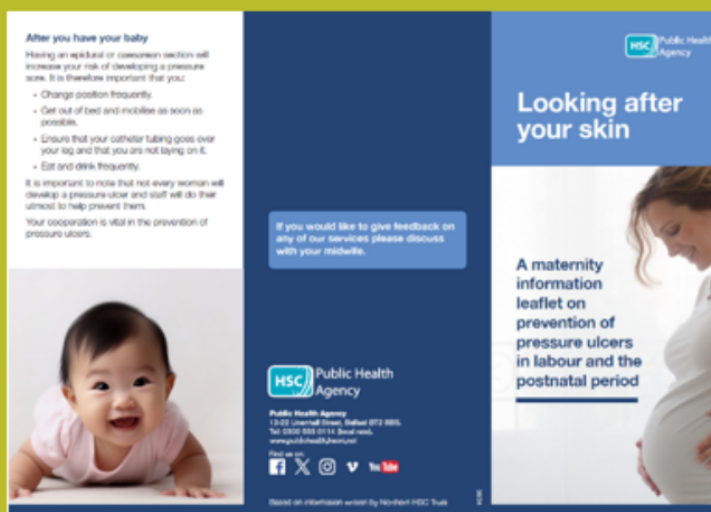
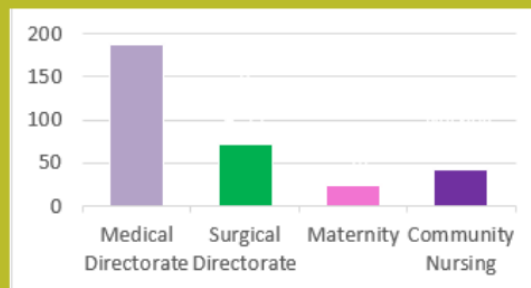
Contributing factors for the decisions are shown above.



Actions

The Tissue Viability team have revisited PURPOSE-T and SSKIN Bundle training based on the learning from reported themes and trends. Training sessions focus on the timely and accurate completion of essential documentation following a person's admission.

PURPOSE-T AND SSKIN BUNDLE TRAINING REVISITED – ATTENDEES



By taking this education to each directorate, the team have provided 22 in person sessions for this quarter. This compliments training the team provide through Trust induction and pressure ulcer prevention and management mandatory training. A training slot in Maternity freeze week has provided a welcome

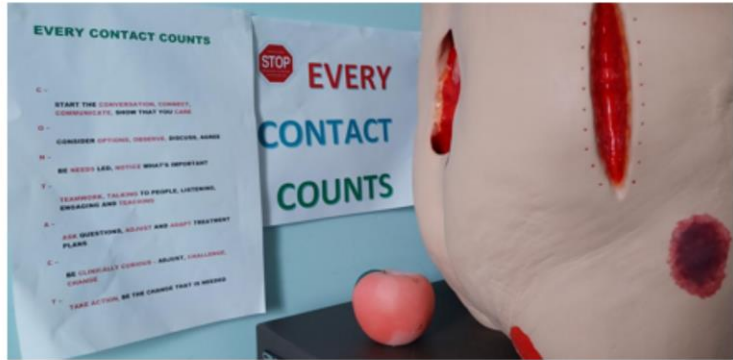
opportunity to share awareness to midwifery colleagues. This is aimed at improving pressure ulcer prevention during labour and post epidural care, and also an opportunity to share and discuss the new regionally developed Maternity patient information leaflet.



You Said We Did

Tissue Viability participated in the “You Said We Did” event sharing key messages on the importance of early identification and relevance of skin changes due to pressure. Using the “Blanching Apple” and replica pelvis models depicting pressure ulcers of all stages, the attendees were shown, in a practical demonstration, how recognition of skin damage at the earliest opportunity positively impacts pressure ulcer prevention .

Vivienne Murdoch, TVN Lead discussed the importance of making EVERY CONTACT COUNT- getting back to basics in our care during every contact with patients. Feedback on this practical, interactive Café Conversation approach was excellent and well received.



Good News

Ward 6B have won the Pressure Ulcer Prevention and Management award for the second quarter in a row, now with 492 days between facility acquired pressure damage.



In doing so, Sr Rosson and the team accepted the new award, sponsored by the Safe and Effective care department and presented by Assistant Director of Nursing, Lisa Dullaghan and Tissue Viability Nurse Lead, Vivienne Murdoch.

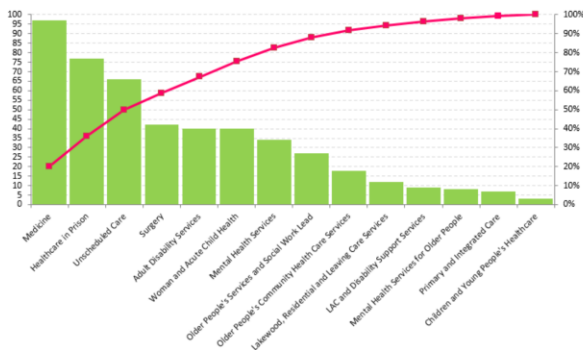
This exceptional achievement was driven by good communication, knowledge and team work on the ward, all under Sr Rosson's great leadership.

The Tissue Viability Team are very proud of all the staff and encourage them to continue working together to ensure patient safety in the prevention of pressure damage.

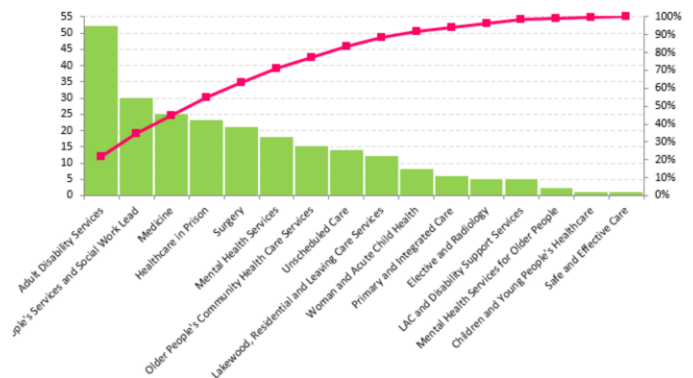
Nursing Medication Incidents

Incidents by area:

Q4:

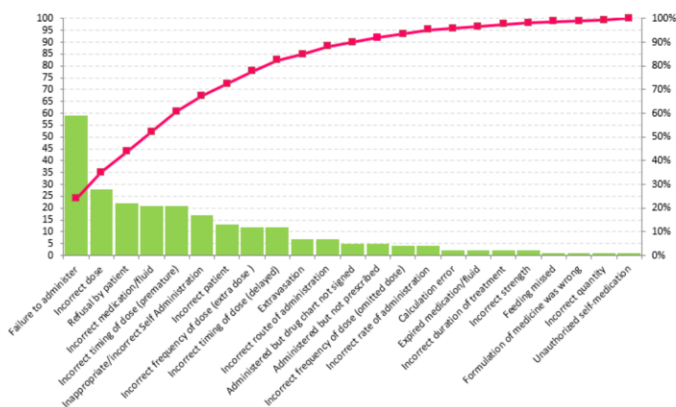


Q1:

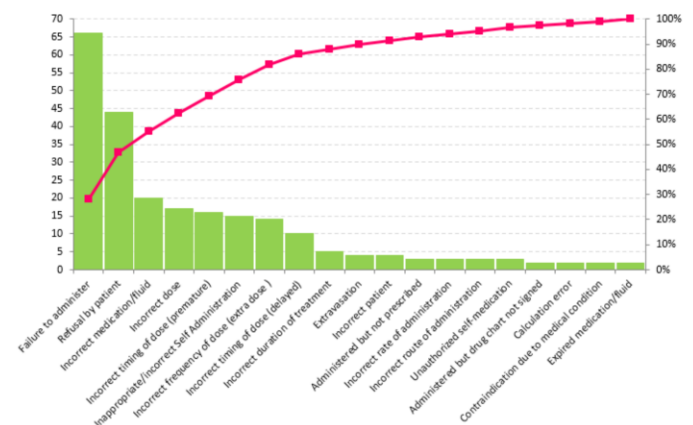


Administration incidents by type:

Q4:



Q1:

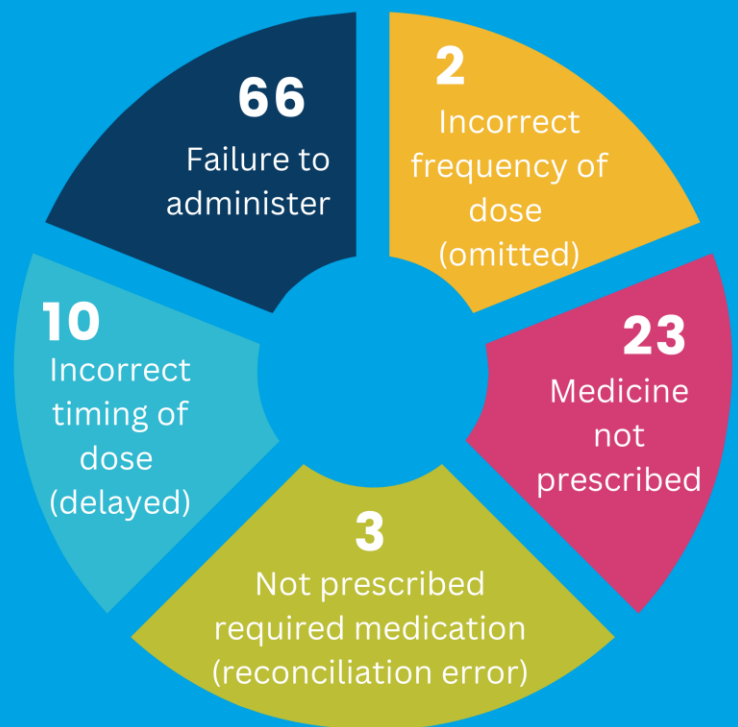


Omitted / Delayed Medications

22 %

of all medication incidents are as a result of omitted/delayed doses.

Incidents by type:



In quarter 4 there were 6 delayed or omitted administration incidents which caused harm to patients (all caused minor harm).

The medications involved were mainly critical medicines and include steroids, antimicrobials, warfarin, insulin and opioid analgesics.



The Pharmacy medication safety team meet monthly with the Nursing & Midwifery Safety Quality and Assurance team to discuss medication incidents, identify trends and provide support to specific areas where necessary.

Regular medication incident review meetings between colleagues in Pharmacy and Healthcare in Prisons.

There has been a reduction in the number of omitted/delayed medication incidents reported over the last three quarters which may be linked to the introduction of Encompass. This will be kept under review and also looked at as part of the Encompass benefits work.

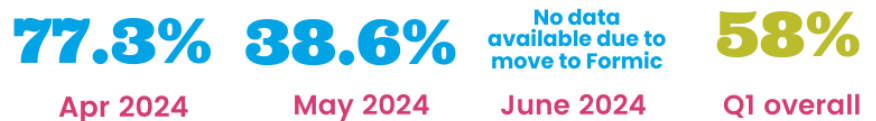
Sharing Good Practice

Mealtimes Matter



Mealtimes Matter (MTM) audits continue to be carried out monthly across all inpatient areas where food, drink and snacks are served.

MTM audit return figures for all areas:



Compliance* with MTM best practice guidance: *Target compliance: 95%

All areas:



High Risk* areas:

High risk wards are Care of the Elderly, Stroke, Mental Health & Disability



16 → **21**
Q4 Q1

Whilst there is an increase in incidents reported, seven incidents related to three patients, two of which were directly related to patient behaviours. Of the 21 incidents in Q1, 11 occurred in acute wards, and 10 occurred in mental health wards

THEMES FROM MTM AUDIT AND CHOKING RELATED INCIDENTS:

- Eating and Drinking Swallowing Recommendations including supervision level are not always followed
- Mealtimes are not protected across all areas
- Patient mealtime choice and/or modified meal is not always available
- Catering staff are not always participating in a mealtimes safety pause.
- Choking incident relating to eating non-food substance (PICA)



ACTIONS TAKEN IN Q1



A Trust Mealtimes matter policy is in development to incorporate guidance on Protected Mealtimes and the MTM Framework



Collaborative working with catering, dietetics and speech and language to develop a snack/meal replacement service across inpatient wards



MTM audit has been built into Formic to facilitate gathering and analysis of data to provide assurance on practice and drive further improvement



Following feedback the regional swallow awareness training has been redesigned to enhance training quality and content



Gathering feedback from clinical areas on meal service including missed meal service



Ongoing support to clinical areas by MTM leads



Publication and dissemination of PICA awareness resource

FUTURE ACTIONS



Development of a robust mealtime schedule to promote more consistent timing of meal service delivery



MTM validation audit planned for September



Regional agreement on definitions of mealtimes supervision levels



Regional approach to fasting guidance for patients having surgery or procedures.



Development of an patient list on Encompass to reflect individual patient mealtimes requirements

Delirium

Advanced Nurse Practitioners (ANPs) from Care of the Elderly wards in the Ulster Hospital have developed a training programme to support the implementation of the Delirium bundle across 6D and 6E. The Delirium bundle identifies those at risk of delirium and supports early identification of delirium. Early recognition and treatment of delirium has been shown to improve outcomes for patients.

Twenty teaching sessions have been delivered across wards 6D and 6E in the Ulster Hospital.

Training focused on understanding delirium, identification of risk factors, delirium screening, interventions and management in line with NICE guidance whilst promoting patient centred care. It also included undertaking delirium screening and completing relevant flowsheets on Encompass.



To date 46 nursing and medical staff have been trained by ANPs and feedback to training has been positive:

- **100%** staff found the training beneficial
- **95%** felt confident in recognising & managing delirium
- **92%** felt confident in accessing the delirium bundle within Encompass
- **95%** felt confident in completing delirium screening on Encompass



- Gather data on completion of delirium screening and flowsheets on Encompass
- Expand training to include training to other areas. Training to be rolled out to Ward 4D and ED within the Ulster Hospital in the first instance.

You Said, We Did 2024

On 28th June 2024, the Nursing & Midwifery, Safety, Quality & Assurance (NMSQA) team hosted the annual 'You Said, We Did' event for all nursing and midwifery staff and healthcare assistants.

Over 40 attendees were welcomed to QIIC Ards to hear presentations and participate in Café Conversation learning sessions on a variety of topics.

These included; learning from complaints, safety intervention and updates from DIPT. Café Conversation sessions focused on **4AT, Falls, Pressure Ulcer Prevention, Deteriorating Patient, Mealtimes Matters, Infection Prevention and Control**, and **Encompass**.



Attendees also had the opportunity to hear a patient's experience of Sepsis, and their treatment within SET, as well as learning about a new initiative called '**What to Know on the Go**' from colleagues in Our Lady of Lourdes Hospital in Drogheda. This is a bitesize learning initiative that takes place within clinical areas to inform and keep staff updated on best practice and new initiatives. This model of learning is to be tested across SET and is led by the NMSQA team and clinical educators.

Incidents Dashboard

Introduction in Surgical Directorate, UHD

Following encompass Go-Live lead managers and ward sisters did not have the same access to nursing KPI reports to provide assurance on nursing practice and identify any focus for improvement. The operational general adult dashboard on encompass was initially used as a tool to identify themes and trends in practice but following a rise in pressure ulcers and closer analysis



of the encompass dashboard it was realised that this report and it was not being utilised to provide assurances on care provided. The focus then shifted to gathering information through outcomes reporting using the Datix reporting system.

Through engagement with the surgical governance facilitator and the risk management team a bespoke dashboard was built to allow tracking of minor and moderate pressure ulcer incidents across the surgical directorate.

The new dashboard has been well received and has had a number of positive impacts including:

- A tool to discuss incidents at ward sister accountability meetings
- Ward Sisters can easily access incidents for their own area only
- Facilities learning from incidents and drives improvement
- Facilitates timely review of Datix
- Lead nurses and senior managers have greater visibility of incidents across the directorate

There are also additional elements in the dashboard which allow for greater interrogation and facilitate identifying any themes and trends

Following the benefits of the PU incidents dashboard, further dashboards for minor and moderate falls and medication incidents have been developed and plan to be used in the same way as the PU dashboard. Ward Sister accountability meeting structure will be further adapted to incorporate dashboard reporting including supportively challenging Datix that have not been actioned within the recommended time frame.

Resuscitation Services

In Q1, there was a **41% reduction** in cardiac arrests reported from Q1 23/24. Three cardiac arrests were reported in April, five in May and two in June. All cardiac arrests are reviewed by the Resuscitation Officers, predominantly looking at NEWS 2 compliance, fluid balance recording, nursing documentation and escalation of care and treatment.

Common themes from Q1:

- Overall good NEWS2 compliance with eight of the notes reviewed.
- A full ABCDE assessment was completed prior to a patient's cardiac arrest. ABCDE posters have now been created by the Resus Services team and have been displayed in wards and departments throughout the trust.
- Appropriate escalation to senior staff
- Accurate fluid balance chart recording
- One cardiac arrest is still under review



Achievements

ABCDE posters



Think ABCDE posters were created for both adult and paediatric settings and disseminated to all clinical areas throughout the Trust. The Resus Team have received positive feedback on the posters. One Ward Manager said **“staff have greatly improved their recognition of a deteriorating patient since the poster has been implemented. It helps us all focus on the safe delivery of care for every patient.”**

Mock Cardiac Arrest Simulation

The Resus Team have continued to provide mock cardiac arrest

simulation to wards and department across the Trust, receiving positive feedback from staff.



Valuable experience to gain confidence in managing cardiac arrest

Excellent training to have. Great that it is a surprise for the staff.

I feel like this training is very beneficial and prepares staff for potential incidents

BLS Instructors course



The Resus Team held two BLS instructors courses for staff across the Trust. The course was created to empower our staff to deliver effective, confident, inspiring and inclusive teaching to a high standard.

QUARTER 1 - 2024/25

The skills taught ensure staff are appropriately trained to teach the skills needed to save a life. The new instructors will make such a difference to their ward or department as they can deliver mandatory BLS training to their colleagues.

Paediatric Emergency Assessment Communication Handover (PEACH) course

The Resus team held their first PEACH course in May. The course provided a structured assessment that our staff can use to recognise when a child is unwell. The course was offered to Band 2 and 3 staff working on our Paediatric Wards and in our Emergency Department.

This was a great course, which I have coming away gaining more knowledge and feeling more confident.

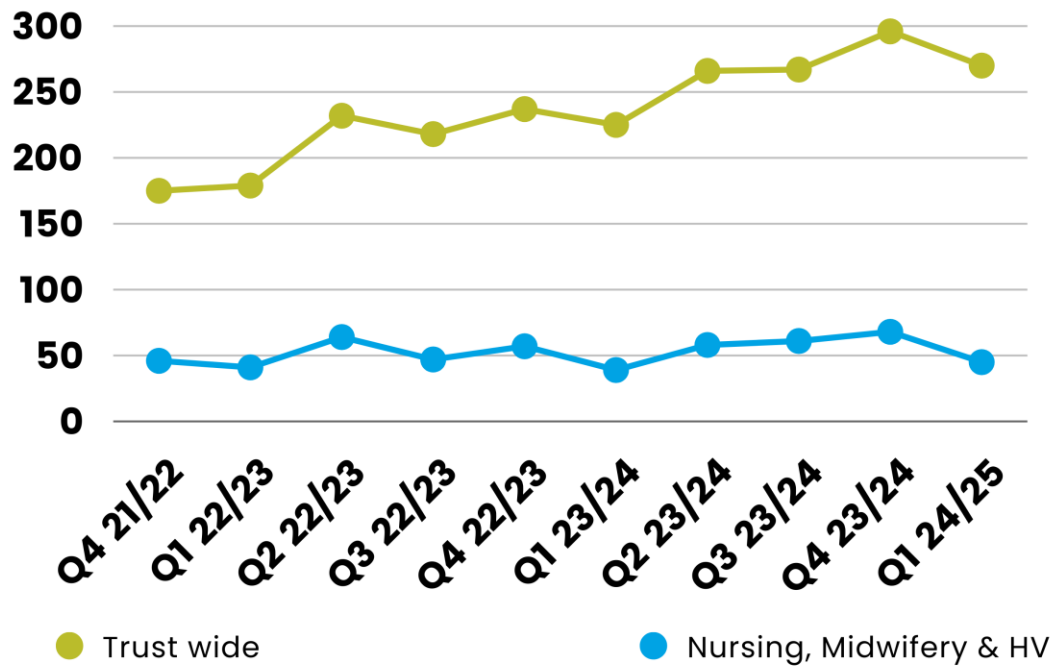
Very useful course, thank you

Great course. Feel much more confident

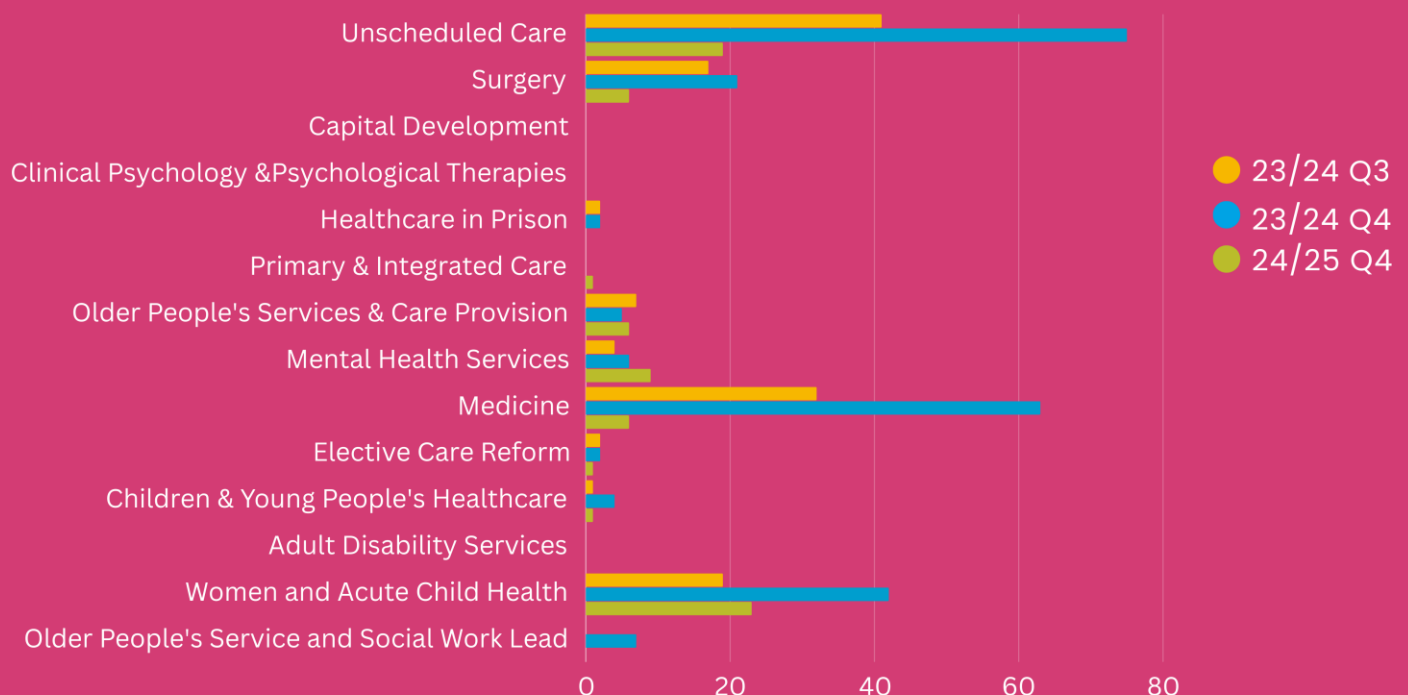


Complaints

The chart below highlights the trend for complaints relating to Nursing, Midwifery and Health Visitors across the previous quarters, compared with Trustwide complaints.



Nursing, Midwifery & HV Complaints by Sub-Directorate



After admission to the A&E depart, my daughter was in a lot of pain at the time and extremely distressed. She was quickly assessed in triage and called into cubicles where she was allowed to remain in a quiet, safe environment. This was very important to us as my daughter is only 16 and still very vulnerable.

On admission to the ward we were delighted to be put in a private side room and able to remain with my daughter at all times. We were acknowledged by the staff and kept fed and watered throughout.

The degree of care and compassion extended to my daughter and my family by both the nursing and auxiliary staff was second to none. My daughter was treated with exceptional care and consideration by all members of staff from receptionists, porters, to specialists we are very grateful.

I have BPD, anxiety and depression. I felt my mental health deteriorating around Christmas but battled on without seeking help. A couple of months later i couldn't cope and contacted my GP, who rang the Mental health home team. I was seen straight away, and with the lack of beds in hospitals i agreed for the home team to come out every day.

I can honestly say they saved my life and every single one of the nurses helped me. Talking about your thoughts when you're mentally unwell can be hard. The saying "Its ok to not be ok" is so true. I would advise anyone who doesn't feel that life is worth living and can't get a bed in a psych ward that help may be there with the Home mental health team.

I recently had my baby girl via elective section (breech). The staff were all lovely and attentive. I found the section scary and was in much more pain afterwards than I had anticipated.

I want to say a special thank u the midwife looking after me during the nights. She was so kind and patient and didn't make me feel bad for buzzing a million times! She really helped get breast feeding off to a good start and helped me latch my little girl on a hundred times as she cluster fed all night and looked after her to get me some sleep.

11 weeks later we are still breast feeding and I think I would have given up that first night without her help! I was so tired and overwhelmed and her kindness was so appreciated!

“Healthcare in Magilligan genuinely cares and is actually quicker in some cases than the community. During my first day here at induction, I felt the nurses were fighting for me”

“Today I attended Lagan Valley Hospital for a scheduled colonoscopy, the nurses were all very good. Making sure I was comfortable and in no pain.

After the procedure I was greeted with tea and toast. In the ward and procedure room every nurse had a smile on their face and it made me really feel as though they cared a lot about me and my wellbeing.

The nurses were all amazing, always smiling and laughing. Felt very much like they had a community within the ward.”

“I attended Lagan Valley Regional Day Procedure for endoscopy recently and was very well looked after indeed. I had read all of the information provided about the procedure in advance and, although I knew what to expect, was still a little apprehensive. However, I needn't have worried, because from the minute the nurse came to meet me in the waiting room until she let me out again after the procedure, I was treated with the utmost professionalism and understanding, which removed any unease, worry or embarrassment about the whole experience.

I came out wondering why I had been apprehensive at all!

You deserve nothing but praise and gratitude for how you put your wonderful skills and knowledge to use for the benefit of patients.”