



2024/25 - Q2

NME Assurance Report



HSC 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	11
03	——	Nursing & Midwifery Safety, Quality & Assurance	17
04	——	Complaints	46
05	——	Care Opinion Corner	47

Digital Practice – N&M Information

Quarter Two (Q2) has been particularly busy for the Digital and Information Practice team (DIPT). Following the Belfast HSC Trust go live, there have been opportunities to support and improve the encompass system use.



DIPT continue to support the embedding of PACE in nursing practice. Alongside Safe and Effective Care, the team supported two further workshop for clinical educators and staff to ensure a streamlined approach to evidencing care given to our patients. The workshop gave opportunity to hear directly from the staff and engage in conversations around enhancing and improving the system. Current data shows improvement in some key areas – **3% increase use of the PACE framework and 27% increase of care plans being populated**. The outputs from this workshop supported the agenda of the second regional care planning encompass Design Group that is chaired by the team's Senior Digital Transformation Officer.

'At first it is quite overwhelming, but the PACE class really helped explain things. I feel the more you use it the better we will become at it.'

BARCODED MEDICINES ADMINISTRATION (BCMA)

The success of the BCMA rollout continued in Q2 into SET's Emergency Department and Urgent Care Centres. In such acute and fast-paced clinical settings, the adoption has been particularly exemplar and continuous engagement is the key to its success. According to the BCMA dashboard, SET are above the UK and European average in all 3 measures of BCMA scanning alongside a decreasing 'near miss' percentage across the quarter!



BCMA: 2% above European average



Medication scanning: 5 - 7% above European and UK



Patient scanning: 7% above European average

The project's success has led to DIPT engaging with Digital Health and Care Northern Ireland Colleagues from the Department of Health. Safety in Healthcare using barcodes is part of the 'Scan4Safety' portfolio of work and the demonstration to the department in September provided a unique platform to showcase how SET are forward thinking and always improving the safety of patients.

Additionally DIPT have completed a patient survey programme across all care settings with support from the Patient Engagement Team in SET. Data was collected from 159 patients/ carers and a detailed review of the data is underway but includes:

The nurses are confident at using BCMA and put you at ease

"I felt very confident and reassured with everything regarding BCMA

Staff kept me advised at all times of the medications they were administering

96%

of patients/carers advised a personal focus was maintained during BCMA completion

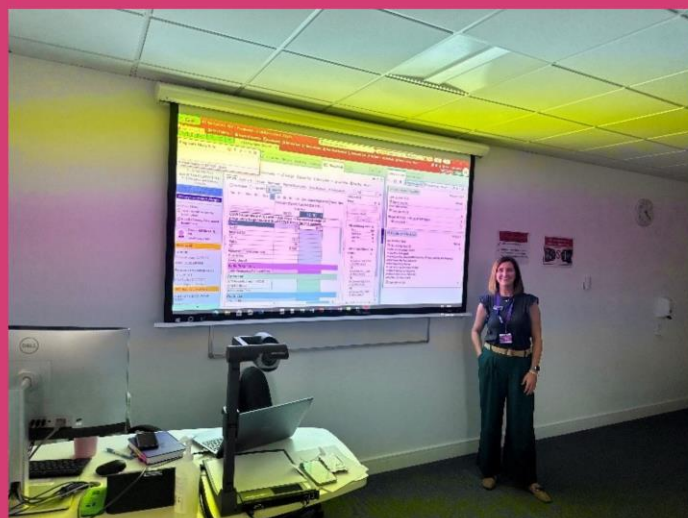
Everything seemed to run smoothly

Staff always checked verbally... confidence building. No amount of computer equipment replaces great nursing care and compassion which is ...there in bucket loads

All steps were explained well. Staff were confident in their process, so I felt confidence in what they were doing

DIGITAL MIDWIFERY

In DIPT, we have successfully recruited a midwife as one of our Digital Practice Officers (DPO). This recruitment enhances the midwifery expertise in the team and as part of this role, further resources and support has been delivered in the service relating to e.g. OEWs completion.



In September Digital Lead Midwife Karen Gray attended Queen's University Belfast to introduce the encompass system to senior academic leaders in Northern Ireland. Commencing undergraduate awareness of encompass supports a more worthwhile experience for midwifery students in the region and helps ensure a prepared workforce for the future.

DIGITAL AND INFORMATION PRACTICE TEAM SITE VISITS

All members of DIPT are actively engaged with clinical staff either digitally or on site visits. Both clinical and DIPT staff feel the benefit of face to face working and the team's site visits have also featured in the regional encompass newsletter this quarter! During these visits we have worked towards resolutions of issues relating to:

- Time critical medications
- POCT
- Regional Transition Form
- Access to wound charting in the community.

This resolution helps to ensure safe and effective care for patients across all care settings.

SUPER USER EVENT

On 27th September, DIPT facilitated the refresh of nursing and midwifery Super Users in the organisation. The event was opened by SET's Executive Director of Nursing and Midwifery, with other HSC organisations in attendance and was supported by the regional encompass teams for business change and technical build. Nursing and midwifery staff were part of a panel discussion, giving an account of their lived experience of 'Go Live' and their role in supporting the clinical area they work in. It is widely recognised the Super User role requires continuous development and a focus on efficiency in the encompass system, allowing more time with patients at the bedside or in the home care environment. The development of this role allows staff to feel more digitally competent and represents one of the foundations of the career pathway for digital practice expertise.



Through a workshop section of the programme, attendees were able to feed back their thoughts on future opportunities for networking, shared learning, required development and innovation and improvement in the system.

Staff fed back the opportunity allowed for “peer working, networking” and crucially to “voice concerns”. One staff member thought “the future plans were exciting” and another said the event “was a good starting point for the future.”



ENGAGEMENT OUTSIDE OF HSC TRUSTS

NM DIPT were delighted to host the Public Health Agency and the Deputy Chief Nursing Officer of Northern Ireland's office on visits to the District Nursing Service and acute setting in Q2. All parties recognised the dedication of SET nursing and midwifery teams through the transformational journey of the last 10 months and additionally recognised the value of a nursing and midwifery digital team within the organisation.

Thanks to you and the team for meeting me and showing me around yesterday. It was great to hear how everyone has embraced the challenge and are getting to grips with the new system. You have a lovely team and both Lindsey in Maternity and Jayne in Children's were fantastic ambassadors for the Trust.
(Deputy CNO NI)

'SHARE MY CARE' – THE ENCOMPASS PATIENT PORTAL

DIPT have been supporting awareness of My Care whilst on site visits and during the Super User Event in September. Key messages for nursing and midwifery staff have been around the use of the My Care help desk, ensuring patients are aware that not all their information will be available to view and the importance of knowledge of key policies relating to My Care use such as the Trust's proxy access policy.



THE DIGITAL AND INFORMATION PRACTICE TEAM

A key aspect to the working of DIPT is ensuring specialised recognition of the differences between improvement work (optimisation work) and safety critical or work stoppage concerns. The team has been heavily involved in facilitating meetings and leading build changes especially post Belfast HSC Trust Go Live. During the last quarter, a concentrated focus has also been around theming of ongoing user errors and what we can do to support staff. This sits alongside support to the Digital Safety Team for encompass in the Trust and further staff resources have been developed around e.g. patient flow and medicines.

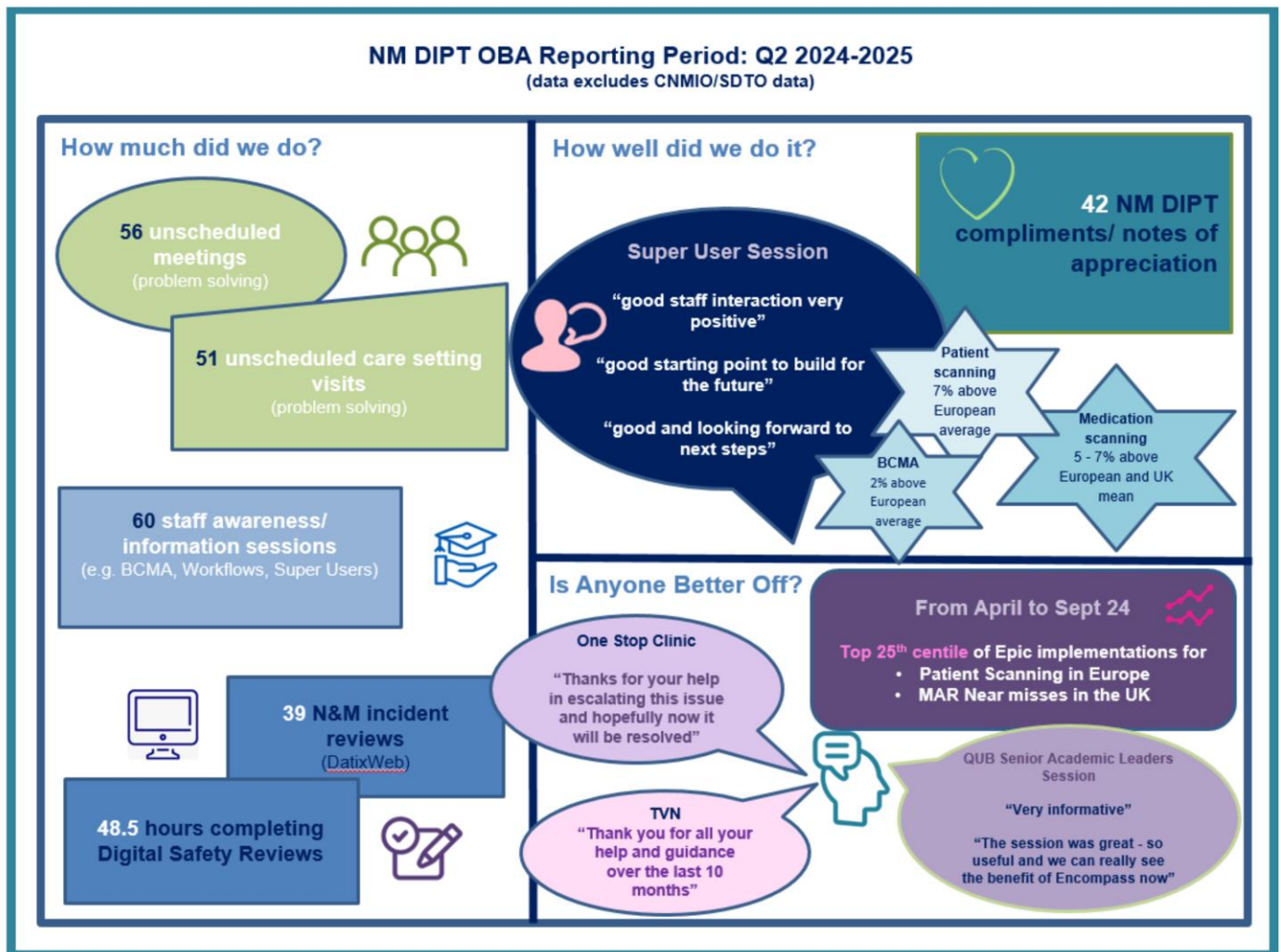


A highlight for the team was an 'away day' in August that helped to support the objectives of the DIPT and the makeup of the directorate plan. Short and longer-term goals and foci were recognised and we were grateful to have facilitation of the event from the Organisational Workforce Development Team!

REGIONAL TRANSITION PLAN

The regional transition plan in encompass went live in November 2023 with SET's instance of Epic. During the Belfast HSC Trust (BHSC) go live it was discovered that how the Belfast Trust nursing staff use and complete this form was different to the SET process. In addition, independent sector and social work colleagues had provided feedback that the format in encompass produced lengthy documents which had to be searched for the important information, thus causing potential delays for service users. As a result of a regional change made to the system during the BHSC go live, SET's process was overridden, leading to widespread delays for complex discharges and interruption to patient flow. DIPT, with the support of the CNMIO, Angela Reed, supported a regional workshop 14 August 2024 to reach agreement on the way forward. Carla Owens, encompass senior workflow analyst, worked with the CNMIOs and SET DIPT to agree a way forward to streamline information in encompass and assure social work and independent sector staff of the timeliness and accuracy of patient information. All Trusts were represented at the workshop, with nursing and social work colleagues, along with AHPs facilitating conversation to reach agreement.

As a result of this work, a pilot project is now underway for DIPT to test the change in one ward in the Ulster Hospital, with the intention of quality improvement for a roll out across all hospital based care sites.

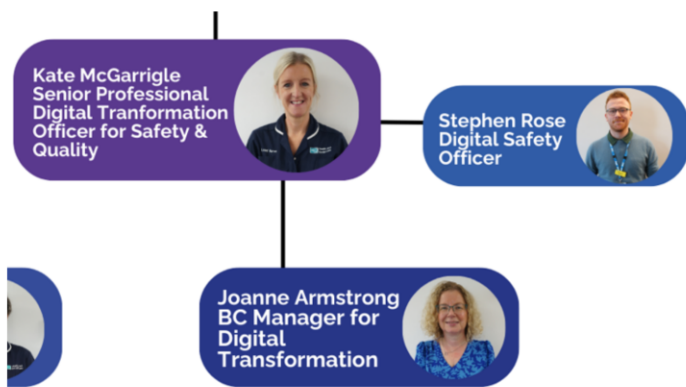


DIGITAL HEALTH AND SOCIAL CARE SAFETY

Q2 has seen the continued development of digital safety activities by the digital safety team (DST), to support services in the stabilisation and embedding of encompass.

The DST has grown during Q2, with the welcome addition of Stephen Rose, who joins the team as a Digital Safety Officer. Stephen brings his experience from Orthopaedics and looks forward to developing his role. Stephen will increase the capacity within the DST to take on new projects to help drive forward and embed digital safety across the South Eastern Trust.

The digital safety team has continued to forge links at a national level to learn and share experiences. This includes the attendance of coffee and chat forums run by Fellow Digital Safety Officers in England and the UK Safety Network. As the UK Epic safety community grows, the UK Safety Network gives Digital Safety Officers a forum to share and collaborate.



To support the understanding of what digital safety is for staff across professions in the South Eastern Trust, the DST in partnership with Organisation Workforce Development (OWD) and HSC Leadership centre, have devised a bespoke digital safety eLearning package, which will be made available to all staff on the Learning Management System. A launch date is set for November 2024 which will coincide with a plan to further develop the role of Digital Safety Champions.

The digital safety team works closely with the multi-professional teams to use the encompass system to improve patients outcomes. Through the digital safety activities, themes and trends have been identified where targeted work has been taken forward. An example of this work involved the correct process of administering Gentamicin.

Gentamicin is a high risk medicine and due to a new process since the introduction of encompass, this saw an increase of incidents which included:

- no level taken prior to second dose or level taken at incorrect time,
- incorrect dose or weight used
- administration of second dose following high level or without obtaining a level.

A review of 55 patients prescribed gentamicin in January 2024 identified incidents in 36% of patients. Between February & July 2024 new safety measures were introduced:

- review of the available dosing & removal of 7mg/kg tab
- staff education – newsletter and face to face training
- introduction of a linked medicine & lab level order
- introduction of BPA prior to second dose of gentamicin

Review of 185 pts prescribed gentamicin in July & August 2024 identified incidents in 6% of patients. Through close working and communications with the nursing and midwifery, pharmacy and safe and effective care teams, systems changes and on the ground training sessions took place seeing a dramatic drop in gentamicin incidents.



205 incidents that were flagged as potentially encompass related in Q2, were triaged by the DST. This brings a total of 404 from April 2024 to date, with 72% triaged as being related in some way to encompass. The highest prevalence of Datixes, was related to user error (33%), followed by incidents that were still under review by service (22%), training (15%) and finally system build (14%).

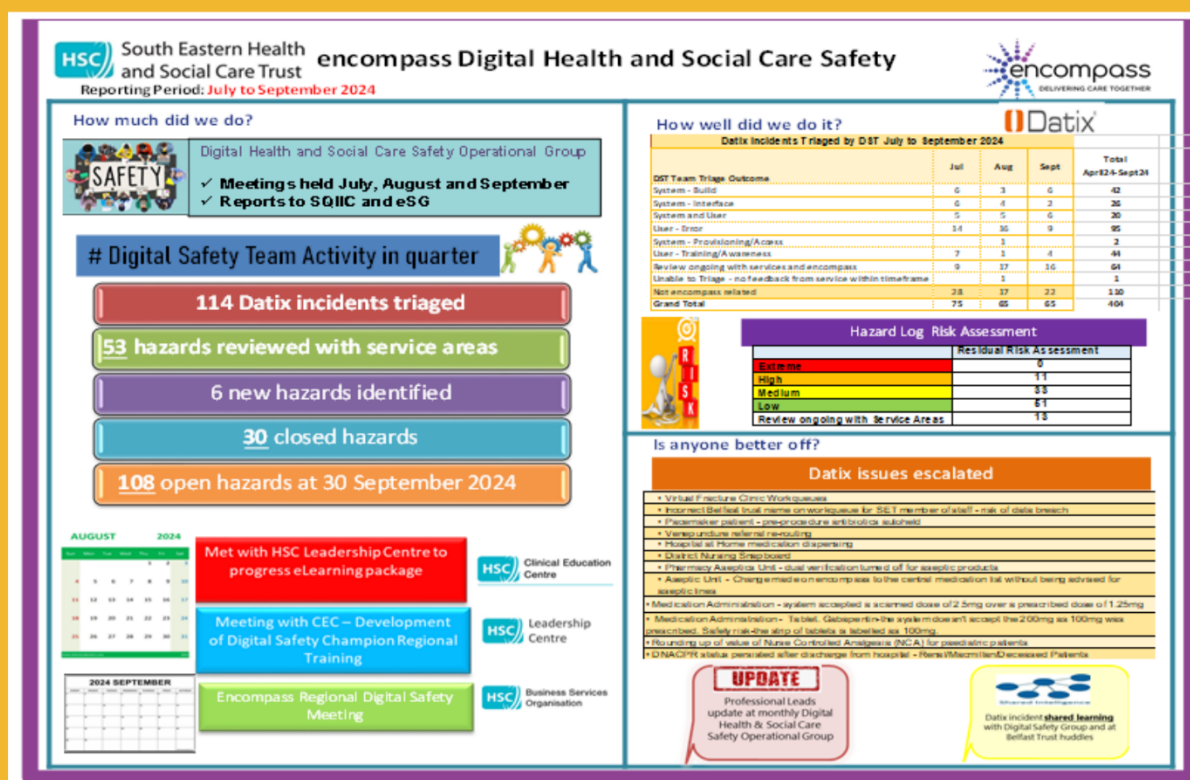
DST continue to work with Datix system, to improve user experience of reporting encompass related issues and encourage all staff to provide as much relevant information as possible, ensuring that queries following Datix forms are replied to in a timely fashion.

The DST has helped services review 53 hazards, closing 30, bringing open hazards to 108. The identification of hazards, and the process of working towards mitigation, are crucial in assisting services manage the associated risks with the deployment, stabilisation and optimisation of encompass.

SAFETY

This work has been essential in identifying recurrent issues in relation to encompass and has allowed a focused attention on these areas to support clinical areas. The monthly Digital Health and Social Care Safety Integrated Group gives a platform to share learning with the recent introduction of the Professional Leads update to ensure a multi-professional collaborative approach. The Group has met three times this quarter where guest speakers have been invited to attend. This included an update from the Haemovigilance Team and their work around overrides on the encompass system and shared the importance of following correct process. The Information Governance team have also attended who discussed their role in relation to Data Protection.

A Digital Safety Case Report (DSCR), has been finalised to brief the encompass Stabilisation Group (eSG). The DSCR provides assurance to eSG that the encompass programme, is cognisant and informed by the best practice approach recommended in the standards published by NHS England. In addition to this, the Chief Nursing and Midwifery Information Officer reports a monthly position report to the eSG on the activity of the DST, including new and closed hazards with an outline assessment of risk.



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 Qualifications Team**
- **Regional International Recruitment Programme**
- **Central Rostering**
- **Nursing & Midwifery Workforce**

Practice Education Team (PET)

*The PET support the delivery of NMC Standards for Student Supervision & Assessment
SSSA (2023) and ensure governance of the practice learning environments.*



Reporting Period: July-September 2024

How much did we do?

33 Open University
candidates were
successful at interview
and commenced their
pre-registration nursing
programme in Sept. 2024

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

104 QUB and OU final
placement students
supported via facilitated
online and face to face
check-in sessions

Ongoing attendance at approved
education institution course committees
as part of partnership working

Pilot of 4 face to face practice
supervisor/practice assessor
support sessions – held in Ward 9 –
using interactive teaching
strategies

Facilitated 1 FNFM
practice
supervisor/practice
assessor New to
Role – Nursing

ACCESS NI Checks:
55 checks completed for post-
registration students
33 checks completed for OU candidates

Facilitated 1 FNFM practice
supervisor/ practice assessor
New to Role - Midwifery

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

Ongoing Trust implementation
of NMC Post Registration
Education Standards (2023)
with fortnightly PET attendance
at NIPEC meetings

Support provided in identifying practice supervisors and practice assessors,
and for the post-reg. courses - SCPHN, DN, NMP, ANP and SPQ.
Support sessions planned for Post-reg. students

4 bespoke practice
supervisor / practice assessor
face to face update sessions
provided at department level

34 practice learning
environment audits
amended to support 2024
cohort on non-medical
prescribing course

How well did we do it?



All practice learning environments have an identified Practice Education
Facilitator ensuring implementation of NMC SSA (2023) – all concerns dealt
with in partnership with operational staff



21 newly prepared practice supervisors/assessors for nursing added to the
SET practice assessor database



4 newly prepared practice supervisors/assessors for midwifery added to the SET
practice assessor database

Is anyone better off?

New To Role Training:
“All PEFS very engaging
and friendly”
“.....engaging and
factual”
“... informative and
interactive”

New To Role Training:
“Good knowledge base,
time for all to engage and
participate. PET answered
any questions and were
happy to have questions
asked at any time”

Face to Face support:
“Very approachable
Quick to reply to any
concerns”
“Always on hand to attend
ward if requested
Knowing they are
approachable and accessible
is rest assuring”
“..feel supported by them..”

Contact: PracticeEducation.Team@setrust.hscni.net

Anonymous feedback from staff following training & support session



South Eastern Health
and Social Care Trust

Vocational Qualifications Team

Supporting all Nursing Assistants through the Induction and
Development Pathway



Reporting period: July to Sept 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.

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?

- ★ Nursing Assistant Induction August - 23 nursing assistants attended. The focus of the sessions was on incorporating person centred values into our every day practice.
- ★ RQF development programme: 9 nursing assistants have commenced the Level 3 Certificate in Health & Social Care Support - equipping them with the knowledge and skills to excel in their roles
- ★ Over the last 3 months, 12 nursing assistants within SET have completed their Level 2 or Level 3 Certificate in Health and Social Care Support.

Congratulations!

Is anyone better off?

'I've learned to be more confident and how to approach different issues'
-SNA

'I genuinely found the course as a whole useful. Sometimes when working in an extremely busy area, you lose sight of person centred care. I recognise that each individual has different expectations and needs'
- SNA

'I will be more understanding on how to communicate with patients better and also encourage others to change there way of working'
-SNA

'I am more confident about my practice and I have learned that I have a voice and to speak up'
- SNA

Contact Information:

RQFvocational@setrust.hscni.net



Regional International Recruitment Programme

Promoting an organisational culture that values diversity and inclusiveness.



How much did we do?

Northern Ireland continues to experience a shortfall in staffing across mental health services.

The latest internationally educated mental health nurses to commence employment with the Trust, having successfully passed their OSCE and gained NMC registration in Mental Health, are already working on their respective wards.

SET continues to appoint internationally educated nurses for mental health services, with an additional 4 internationally educated nurses within the field of mental health expected to arrive before the end of March 25.

2016- to date
INR regional
Recruitment
Project:
328 nurses

The Bespoke
recruitment
programme 2020-
2021: an additional
107

How well did we do it?



To date, all the internationally educated nurses appointed through both the regional and bespoke recruitment exercises, have successfully completed and passed their OSCE.

Since Jun 2024, an additional 4 internationally educated nurses have successfully completed their OSCE exam and have gained registration with the NMC within their respective fields of practice – 2 Adult nurses and 2 Mental Health Nurses

Pastoral
Support

Professional
growth support

Support to apply for
Settlement status/ILR

Adult OSCE / Return
to Practice

Midwifery Return
to Practice

Mental Health OSCE
programme

What we do - a brief outline

- Facilitate regional recruitment of internationally educated nurses into SET.
- Provide pastoral support and care for staff post arrival to the Trust.
- Give continued additional support for staff and managers as requested
- Organise a number of mandatory training sessions
- Facilitate bespoke ward induction when required
- Promote and attend the multi-cultural forum and events
- Provide Training sessions on preceptorship
- Attend relevant regional groups
- Facilitate bespoke training requests

Contact Information:

Tracy Gibney – Clinical Educator
Anju Jose – Workforce Education Trainer
Karen Cherry – Senior HR Advisor

International.nursing@setrust.hscni.net

Equality Team supported by NM Workforce Team - Multi-cultural Diversity Celebration – Family Fun Day 21 Sept 24



"I had an amazing day at the multicultural family fun day! There was so much energy and excitement in the air. A huge thank you to the Trust for organising such a great event."
(Staff Nurse)

"Being part of the multicultural forum and helping to organise the event was a rewarding experience. Its inspiring to see the Trust truly embracing and celebrating the diverse cultures of our staff."
(NM Workforce Education Trainer)



"This Fun Day was a wonderful way to bring together staff and their families from all cultures to celebrate diversity, inclusion and unity. The Trust is committed to fostering a culture of equality and respect. It is important to showcase the beauty of diversity and this event underscores the Trust's dedication to creating an environment that values and respects the diversity of our workforce – a workforce that enhances the quality of patient care every day."
(Deputy Chief Executive and Director of Nursing David Robinson)

Central Rostering



Central Rostering provide Trustwide support for all HealthRoster Users providing training and answering queries, inclusive of EOL, Payroll, Students and International Recruitment.

Reporting Period: **July - September 2024**

How much did we do?

The central rostering team have been working to educate, empower and engage operational areas to ensure effective and efficient rostering resulting in the reconciliation of approx. 2 million unused contracted hours.



Enhancements were paid from HealthRoster to monthly substantive staff across 250 units each month

14 units made requests for Out of Period Payments to be processed



How well did we do it?



Effective Rostering sessions are taking place and to date have been fully booked across all sites. Future sessions are planned for the coming months. Feedback from staff attending has been very positive.



HealthRoster User Profiles continue to be updated to ensure all staff are receiving the specific training required to meet the needs of their job role.



2 members of the central rostering team have successfully completed the Allocate Foundations course and 3 members have successfully completed Allocate Fundamentals training through the [RLDatix Academy](#).



Lindsey Dobbin secured Runner Up place for the Hidden Hero Award at the Chairman's SET Stars of The Year Ceremony ★

Is anyone better off?

Have you visited the HealthRoster Hub? We are continuing to work on improving your experience while using HealthRoster. These improvements include a quicker turnaround time to your requests for changes to your roster, staff information and training requests. The HealthRoster hub will be a central resource where you as a HealthRoster user can access everything you need; to have a new unit set up on the system, request access for staff, training for staff, manage existing rosters, get help with roster maintenance and payroll queries.

The hub should be used to access HealthRoster training and appropriate forms used to request all staff changes as well as changes to your roster. Requests should be emailed to: central.rostering@setrust.hscni.net

When you start to use it we would be very grateful for any feedback/suggestions to improve the hub – what works well – what's not so good and what else you would like to see!! A shortcut is available on the [iConnect](#) homepage or you can access by clicking on this link: [HealthRoster Hub](#). (If you aren't able to access the link try to copy and paste it into your MS edge browser).

As always, your support is very much appreciated – we want to make the HealthRoster experience better for all our users but we can only do this with your help and feedback!

Contact Information:

Lindsey Dobbin – Project Manager
Luke McCall – Nursing Workforce Co-Ordinator
Briege Gorman – Administration Manager
Nicola Adair – Senior System Administrator
Naomi Jameson – Information Support Officer
Aine Morgan – Information Support Officer
Gail Wilson – Information Support Officer
Jayne McCullough – Information Support Officer
Deborah Lennon – Information Support Officer
central.rostering@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: July- September 24

How much did we do?

Trust-wide
Preceptorship
Workshops

Launch of team based
Rostering in 2 pilot areas

Launch of Band 6
Leadership Development
Day



1:1 support sessions for
Nursing staff

23 candidates
successful at band 5
interviews

Training support to
community operational
areas

How well did we do it?



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



Bespoke training tailored to individual operational areas



Mid-way review of team based rostering incredibly positive



Fantastic feedback from Cohort 1 & 2 of the Band 6 Leadership Development Day.

Is anyone better off?

“Thank you so much for your help and guidance, your support really means a lot” Lead Nurse

“Thanks for keeping me informed every step of the way through the pre registration recruitment process” newly qualified nurse

“Your support throughout the recruitment process has been invaluable, thank you for your support” Registered Midwife



“Thanks for your help and organisation. It helped me to develop relationships and get to know the UHD staff better” Clinical Educator.

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**



South Eastern Health
and Social Care Trust



*Quality
4All*

Safety & Quality of Care Nursing & Midwifery Assurance Report October 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.

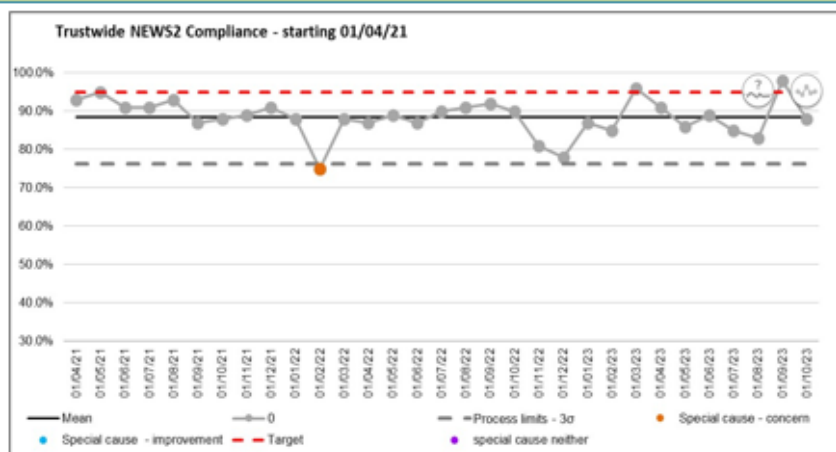
The following data is representative of September 2024. All data is correct from 16.10.24. Please note that there are no compliance figures for the Acute Nursing KPI audits, as work continues to validate data from the Encompass system



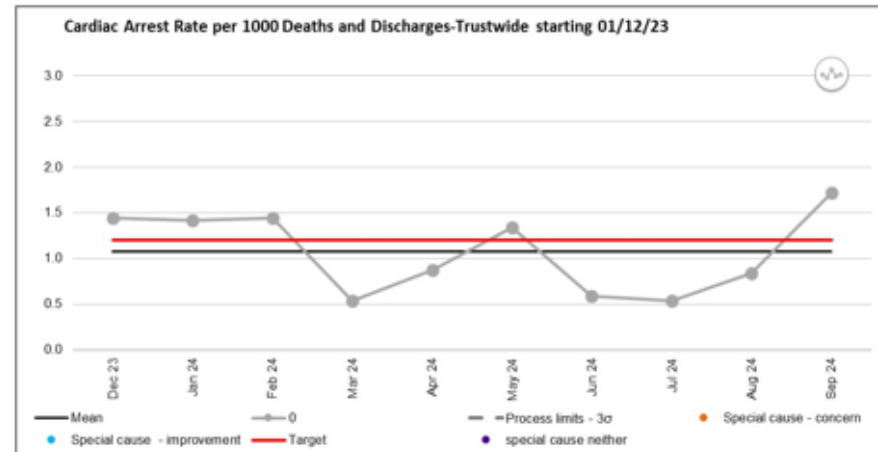
Outcomes September 2024



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.
- Six Cardiac Arrests were reported in September 2024. Cardiac arrest reviews identified the following learning:
Good Practice:
 - Excellent response to identify a shockable cardiac arrest within an inpatient ward
 - Evidence of good nursing documentationFocus for Improvement
 - Five cardiac arrest reviews showed a need for improvement with NEWS2 completion specifically frequency of observations.
 - The seven parameters were not always fully recorded and therefore no NEWS2 score was generated
 - Appropriate escalation where the patients have a high NEWS2 score
 - Improved recording of Fluid balance charts

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

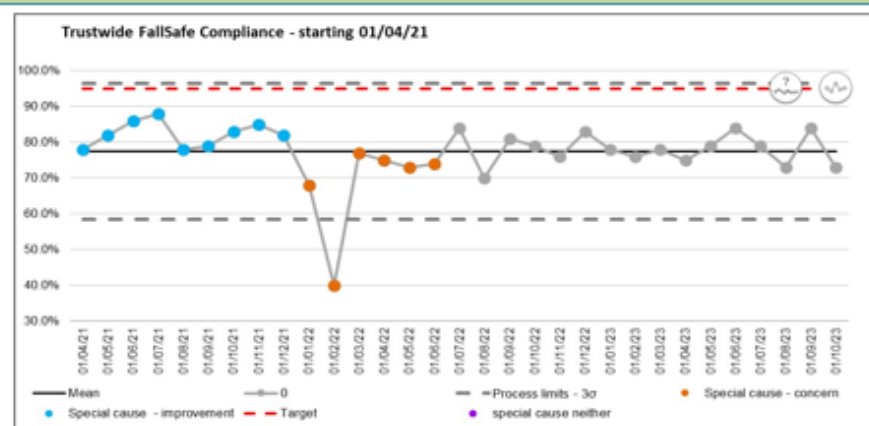
- As part of World Sepsis Day events were held across the Trust to raise awareness of Sepsis including stands in the three main hospital sites, a focus on Sepsis through the new What To Know On The Go (WTKOTG) learning initiative, Sepsis guidance developed on Vocera and a Sepsis quiz which had a total of 720 entries.
- The Trust Sepsis user representative shared his story and journey on local and regional social media platforms and newspapers.
- The identified learning from each post cardiac review is shared locally with Ward Sisters / Charge Nurses and Lead Nurses and across the Trust through Safety & Quality Committee and Nursing & Midwifery forums.
- The Resuscitation Team continue to run mock cardiac arrest simulation throughout the trust.
- The Resuscitation Team continue to provide training to Nursing and Medical staff with a strong emphasis on the recognition and management of the sick patient using the structured ABCDE approach.



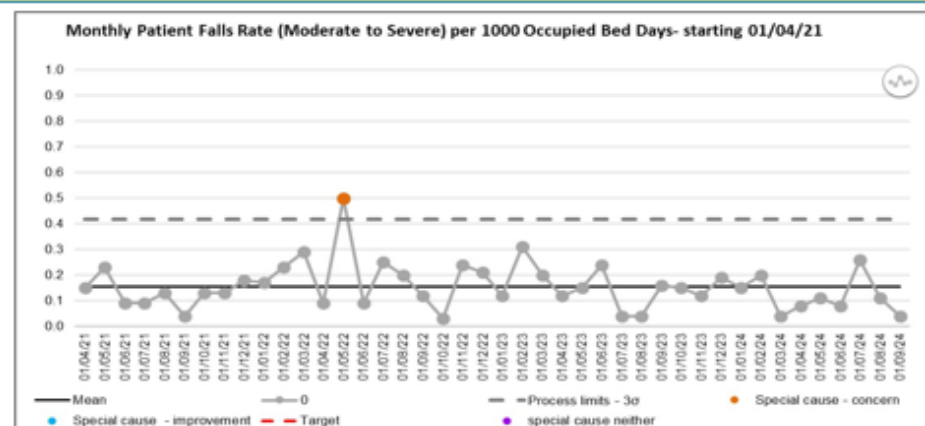
Outcomes September 2024



FALLSAFE - 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.
- The chart above (top right) depicts normal variation in monthly falls that result in moderate to severe harm.
- Five Post Fall Incident Reviews completed in August 2024.
Learning from Post Fall Reviews highlighted:
Good Practice
 - Evidence of Flat Lifting Equipment used post fall
 - Appropriate use of Assistive Technology
 - Evidence of post fall body checks completed and well documentedFocus for Improvement
 - Falls related risk assessments to be completed and reviewed within regionally agreed timeframes.
 - Implementation of proactive falls prevention strategies following outcome of risk assessments.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

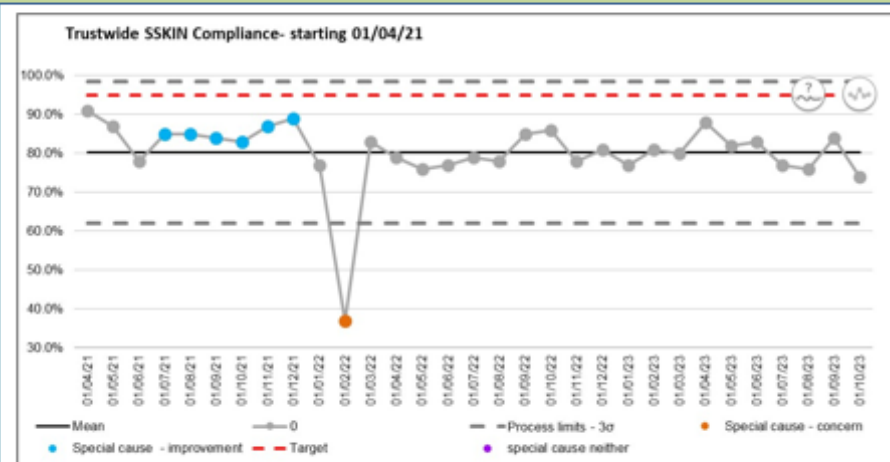
- Post Falls Management was a "What To Know On The Go" (WTKOTG) topic in the Downe Hospital in September where 50 staff participated. A video was also released on trust social media to promote the use of vocera to give guidance on post falls management.
- Training was provided to medical staff on falls prevention & management by the Acute Falls Lead in Lagan Valley hospital.
- Education on falls prevention and management continues to be delivered at Nursing and Midwifery Induction and at Falls Champion sessions.
- The benefits of using assistive technology for falls prevention was highlighted through a trust video as part of Falls Awareness week.
- In collaboration with the Ergonomics Team Flat Lifting Equipment training was delivered to address shared learning themes and planned actions from recent reviews.



Outcomes September 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.
- Twenty Eight severe pressure ulcers were reported in September 2024. On review, six were found to be avoidable. Learning from post incident reviews:

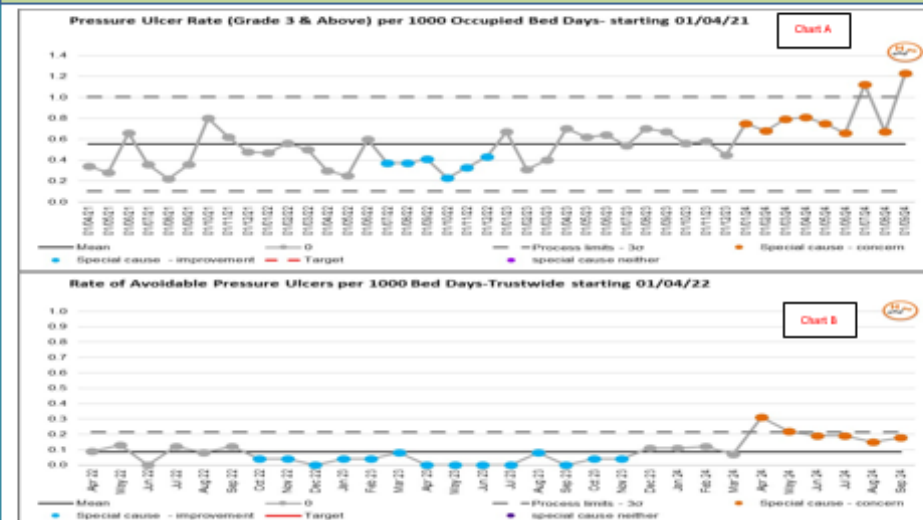
Good Practice:

- Improved completion of the SSKIN Bundle Care Plan following changes to the Encompass flowsheet

Focus for Improvement:

- Timely risk assessment and implementation of preventative measures using an individualised SSKIN bundle care plan to direct appropriate repositioning and skin care.
- Early recognition of pressure damage

PATIENT OUTCOMES:



ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

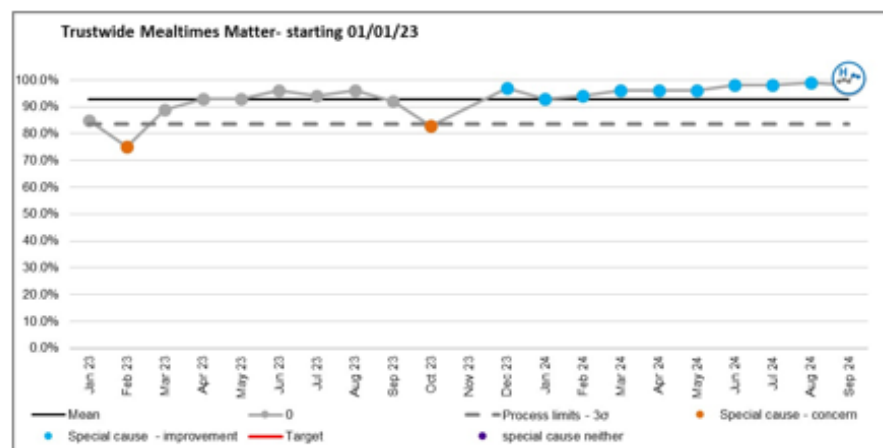
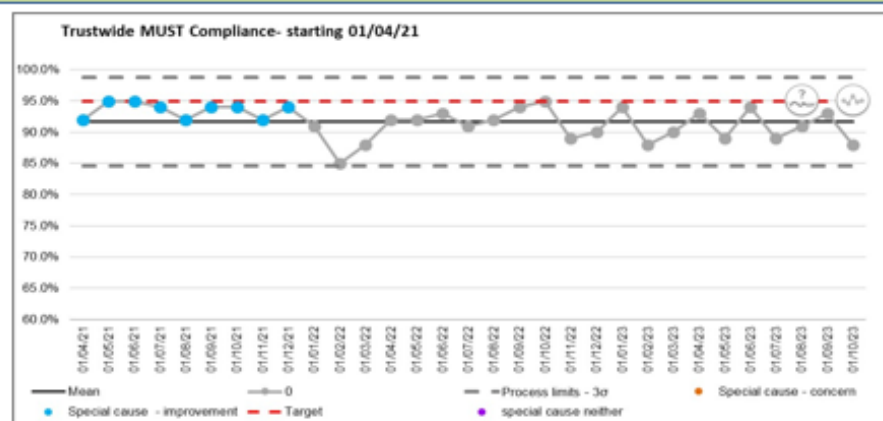
- The Tissue Viability Team along with colleagues in Safe & Effective care are carrying out an audit to help identify potential contributing factors to pressure damage.
- The Tissue Viability Team lead has worked with the Encompass build team to enhance the Purpose- T risk assessment and SSKIN bundle care plan with the aim of improving record keeping.
- The Tissue Viability Team took part in "What To Know On The Go", sharing the 'PURPOSE-T Big 3'. This sought to remind staff to be proactive with risk assessment, preventative care planning, and accurate record keeping.
- Focus on educating staff on the importance of repositioning patients to prevent pressure damage and reduce an over reliance on dynamic mattresses.



Outcomes September 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.
2. SEHSCT have implemented the regional mealtimes matter audit trustwide, this audit was devised in response to the RQIA review to prevent choking incidents. 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.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

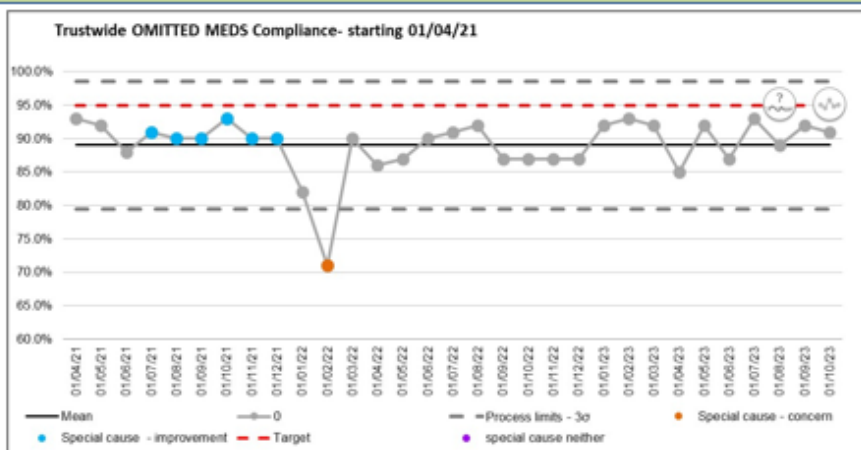
1. A MUST training resource has been developed by Dietetics in collaboration with the Nursing & Midwifery Safety, Quality & Assurance Team to enhance Nursing & Midwifery knowledge in relation to nutritional assessment and care. A member of the Nursing & Midwifery Digital Information Practice Team has now been identified to support the digital recording of nutritional care across inpatient and community services which will form part of this training resource.
2. The Nursing & Midwifery Safety, Quality & Assurance and Dysphagia Support teams continue to provide support to nurses and midwives on improving safety, quality and experience at mealtimes,
3. A Mealtimes Matter policy is in development to provide SET guidance to support safe, quality meal, drink and snack service for service users
4. The Mealtimes Matter audit is being built into Formic to enhance the collection and analysis of data, identify good practice and drive further improvement.



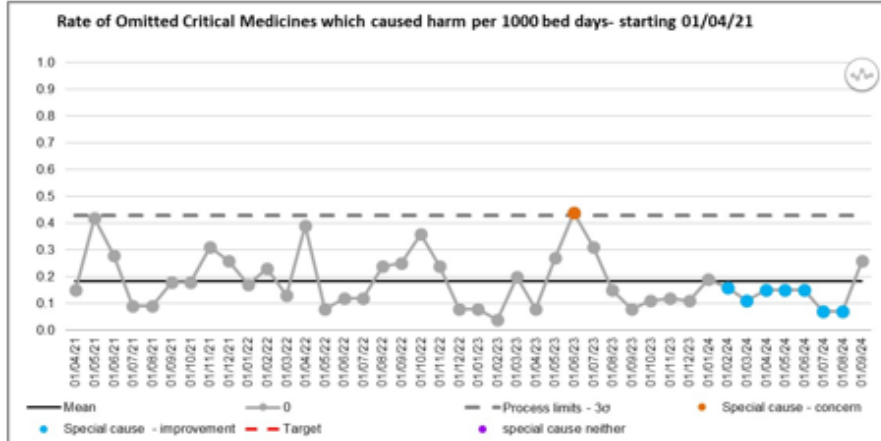
Outcomes September 2024



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. Six incidents of missed/omitted critical medicines which led to harm in September 2024.
3. The SPC chart above (top right) identifies special cause improvement from February 2024.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. 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. BCMA is now embedded within 27 wards across SEHSCT to date.
2. Following identification of Gentamicin related medication incidents, the Pharmacy Medication Safety team in collaboration with the Nursing & Midwifery Safety Quality & Assurance Team and clinical educators carried out What To Know On The Go training (short burst, ward based learning) on Gentamicin safety. Key learning was delivered to 120 staff over 18 wards on the Ulster Hospital site. Feedback from staff on this approach has been very positive.

Falls



Falls resulting in Moderate, Major and Catastrophic Harm

10 \rightarrow **11** = **10% INCREASE**
Q1 2024-25 Q2 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 Q2 2024-25	11
Number of Post Falls Incident reviews completed in Q2 2024-25	11
Cumulative Number of outstanding Post Fall Incident reviews October 2022- end Q2 2024-25	30
Cumulative Number of Post Fall Incident reviews in progress/awaiting response from ward October 2022- end Q2 2024-25	10 (These ten are inclusive of 30 outstanding not in addition to)



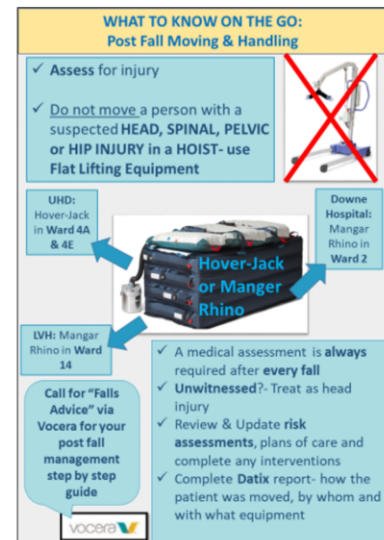
Post Fall Incident review shared learning themes:

Good Practice

- Assistive Technology has been introduced to a number of areas across the Trust which is demonstrating good outcomes in falls reduction.
- Evidence of proactive strategies to minimise falls risk including medication review, use of call bell and urinary continence assessment.
- Falls risk included at daily ward rounds and huddles

Focus for Improvement

- Completion of falls related risk assessment within regionally agreed link forum
- Implementation of proactive preventative strategies following risk assessment
- Management of unwitnessed falls and appropriate moving and handling post-fall.



“What To Know On The Go” session on Post Fall Moving & Handling including the promotion of Vocera post-fall management advice was delivered in collaboration with Clinical Education Team, ICT Communications Team and the Nursing & Midwifery Safety, Quality & Assurance (NMSQA) team during August and September. Learning was delivered to 206 staff across UH, LVH and Downe hospitals. A video was also developed by the Communications team and released on social media to promote the use of vocera to access falls best practice guidance.



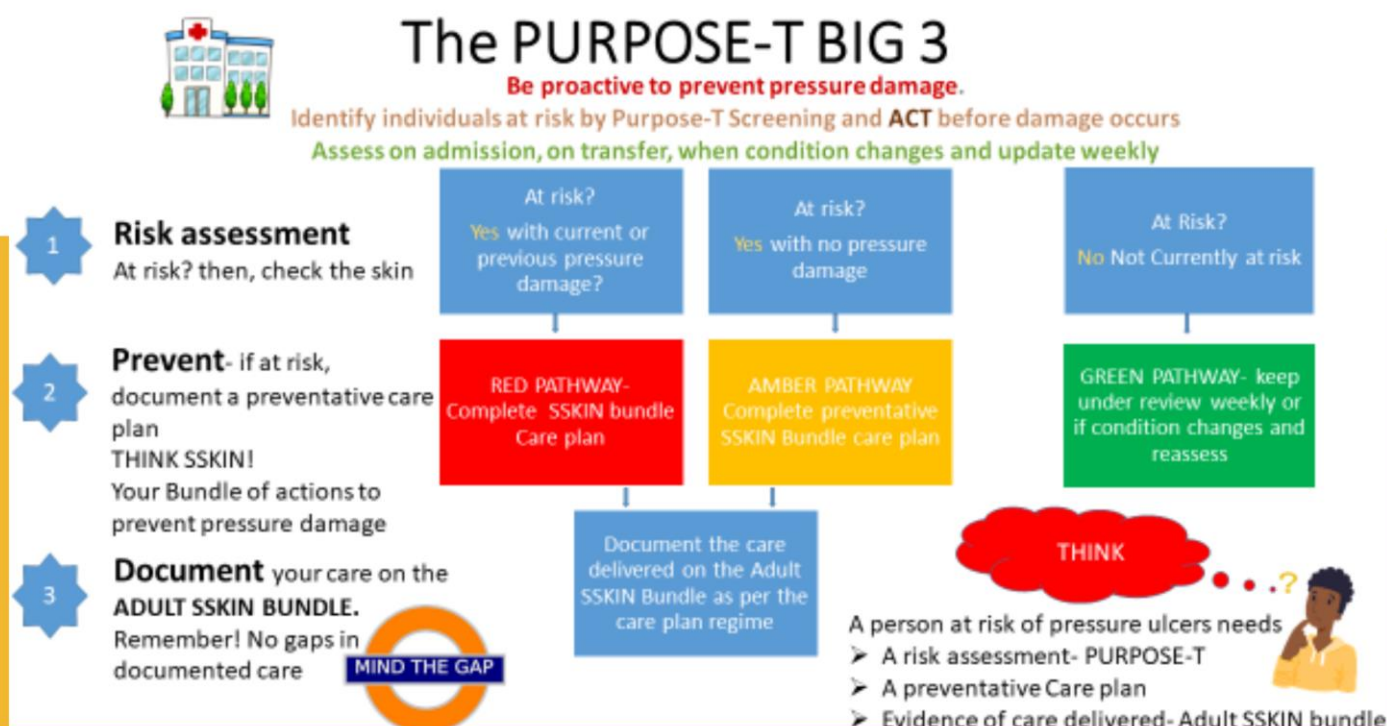
Ask Vocera: **“Call Falls Advice”** for immediate post-fall management guidance.

Pressure Ulcer Prevention

With an increased number of avoidable pressure ulcers reported in Q2, the Tissue Viability Nursing (TVN) team have taken their education to the next step.

Through delivering the snappy “PURPOSE-T BIG 3” message, the TVN team have shared the three most important elements in pressure damage prevention. These are:

- Risk assess on admission then weekly or if condition changes. It is essential to know who is at risk and act early to prevent pressure damage
- Complete a personalised preventative care plan and be proactive not reactive to pressure ulcer development
- Mind the gaps: there should be no gaps in SSKIN bundle documentation to help prevent avoidable pressure damage



This message was delivered through several education sessions and adapted for colleagues in ED with ED big 3!

Pressure Ulcer Prevention

The ED BIG 3!

Mobility status – tick all applicable

Needs the help of another person to walk	<input type="checkbox"/>
Spends all or the majority of time in bed or chair	<input type="checkbox"/>
Remains in the same position for long periods	<input type="checkbox"/>
Walks independently with or without walking aids	<input type="checkbox"/>

Skin status – tick all applicable

Current PU category 1 or above?	<input type="checkbox"/>
Reported history of previous PU?	<input type="checkbox"/>
Vulnerable skin	<input type="checkbox"/>
Medical device causing pressure/shear at skin site e.g. O ₂ mask, NG tube	<input type="checkbox"/>
Normal skin	<input type="checkbox"/>

Clinical Judgment – tick as applicable

Conditions/treatments which significantly impact the patient's PU risk e.g. poor perfusion, epidurals, oedema, steroids	<input type="checkbox"/>
No problem	<input type="checkbox"/>

Assessment

Purpose-T Screening (Adults)
Mobility Status
Skin Status
Clinical Judgment
PU Clinical Assessment
Assessment Decision
Pathway Undertaken

Decision

PU CAT1 or above/scarring from previous
No PU: But at risk
No PU: Not currently at risk

Action

Start SSKIN bundle and Open Wound	= Care plan and wound assessment
Start SSKIN bundle	= Preventative Care plan
Continue SSKIN bundle	
Not Currently at risk Pathway	=Keep under review/ reassess



Good News

Our recognition of exemplary care is demonstrated through the Pressure Ulcer Prevention and Management Award, sponsored by Safe and Effective Care. This is given to an area reporting the most days between facility acquired pressure ulcers.

In Q2, it has been awarded to Ward 11 Lagan Valley Hospital under Charge Nurse, Gerard Shanks' leadership. The ward has had **253** days

between facility acquired pressure ulcers. This is an excellent example of great nursing care. The staff report their success being due to personalised care, awareness of risk and recognition of the early signs of pressure damage.



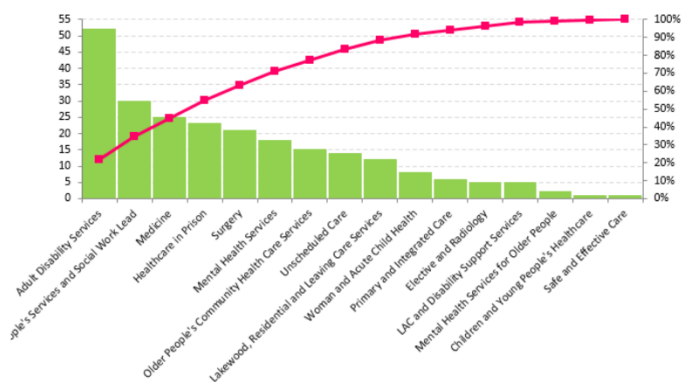
Gerard has shared learning regarding appropriate use of pressure relieving mattresses, alongside repositioning of patients and encouraging mobility in those able to walk and stand.

Lisa Dullaghan, Assistant Director Nursing – Safe & Effective Care, presented the award to the team in Ward 11 and was delighted to hear of the person centred care being delivered for this group of patients.

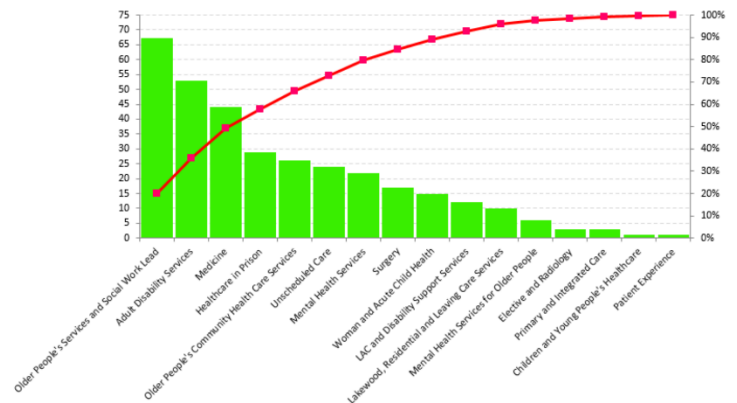
Nursing Medication Incidents

Incidents by area:

Q1:

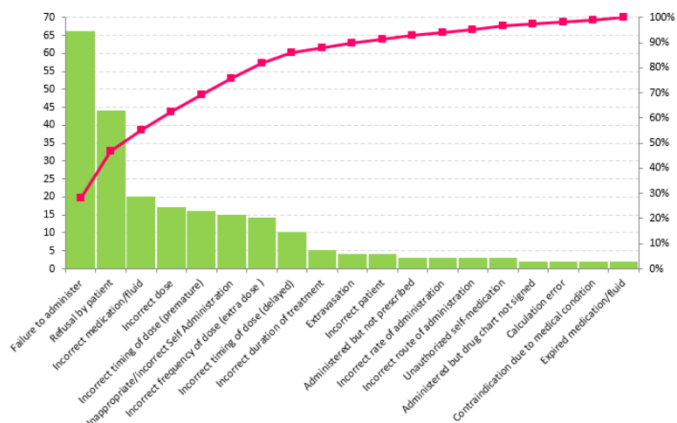


Q2:

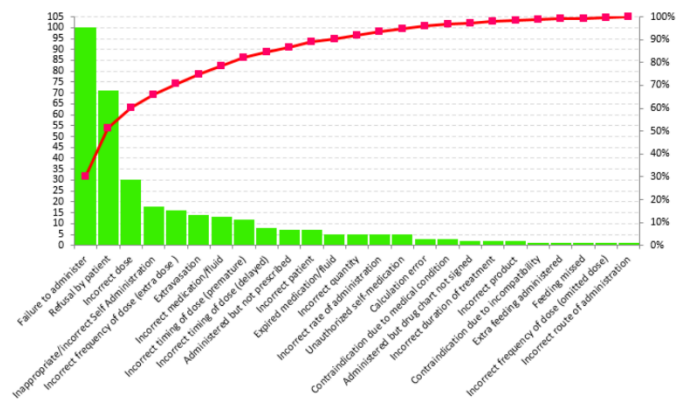


Administration incidents by type:

Q1:



Q2:



Omitted / Delayed Medications

27 %

of all medication incidents were omitted or delayed medication

23 %

of all medication incidents were administration related

4%

of all medication incidents were prescribing related

Incidents by type:



In quarter 2 there were 12 delayed or omitted administration incidents which caused harm to patients (all caused minor harm).

The medicines involved were mainly critical medicines and include insulin, chemotherapy and medication for Parkinson's disease.



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. In addition to this, there are regular medication incident review meetings between colleagues in Pharmacy and Healthcare in Prisons.



The learning from Medication Incidents newsletter has been developed and is now issued quarterly. This initiative was agreed at the Trust Medication Incident Review Group to share learning.

Resuscitation Services

In Quarter 2 there were 14 cardiac arrests reported, this is the same number reported in Quarter 2 2023.

July – 2

August – 5

September – 7

All cardiac arrests are reviewed by the Resuscitation Officers and focus on NEWS2 compliance, fluid balance recording, nursing documentation and escalation of care and treatment.

Common themes from Q2:



Compliance with recording NEWS2 was good, with all 7 parameters mostly completed within the recommended times scale



There was prompt response and escalation of care and treatment of high NEWS2/deteriorating patient



Evidence of good nursing record keeping in the 24hours prior to the cardiac arrest

The Resuscitation Services Team continue to offer a range of life support training, including both Adult and Paediatric Basic, Intermediate and Advanced Life Support Training Courses.



Achievements

Call Push Rescue



The Resuscitation Services Team continue to deliver the Call Push Rescue (C.P.R.) training to the Cardiac Rehabilitation and Secondary Prevention patients and their relatives. In Quarter 2, approximately 25 patients and their relatives were trained. This training increases public awareness and gives access to life saving skills and supports the creation of a nation of life savers.

Mock Cardiac Arrest Simulation

The Resuscitation Services Team are dedicated to providing innovative resuscitation training and have brought training out of the classroom into clinical areas and departments. This approach provides staff with a much more realistic version of simulation training, enabling staff to adapt to the situation in their own settings.



The staff who participate in these simulations have thoroughly enjoyed the sessions, valued the teamwork and identified new learning needs, which have subsequently been addressed. The team would also like to thank the Crash Team, who have fully participated in these simulations, again aiding in the learning and development of skills during emergency situations.

The Resuscitation team are continuing to build on this style of training and have expanded it across a number of sites including the Downe Hospital, Downshire Hospital and Bangor Community Hospital.

Good insight into how an emergency would play out on the ward. Very clear constructive criticism and positive feedback at end

Great real life experience. Definitely prepared me for real life experience.

Really enjoyed today's simulation after it had finished. Very glad I work with the team I do. I have learned a lot.



Q2 Mock Cardiac Arrest Top Scorers

As a new initiative teams participating in mock cardiac arrest scenarios are given a score and feedback. This feedback identifies what the team have done well in as well as where to focus improvement. The top performing mock arrest team for a Quarter is recognised and presented with a certificate and some treats.

In Quarter 2, two units were joint winner, Ward 6C and Ward 3E/F in the Ulster Hospital.

Well done to all teams involved!



New Training Equipment



The Resuscitation have invested in a "Choking Vest" which simulates a person having a choking episode. This enables staff to practice choking related lifesaving skills in a more realistic manner.

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 inpatient wards:

60%

Jul 2024

79%

Aug 2024

81%

Sept 2024

73%

Q2 overall

There is an overall improvement in % of MTM audits returned for Quarter 2 with an increase from 58% (Q1) to 73% (Q2).

Compliance* with MTM best practice guidance:

Inpatient wards:

97%

Jul 2024

98%

Aug 2024

98%

Sept 2024

98%

Q2 overall

MTM audit target compliance is 95%, overall mealtimes matter compliance continues to demonstrate >95%.

21 → **11**
Q1 Q2

The number of reported choking related incidents has seen a reduction in inpatient wards in Quarter 2.

- 7 incidents occurred in mental health wards, 3 of which related to 1 person
- 4 incidents occurred in acute wards
- 6 incidents resulted in episodes of choking; 4 of which occurred as a result of not following swallowing recommendations
- No incidents resulted in harm

THEMES FROM MTM AUDIT AND CHOKING RELATED INCIDENTS:

- Food, drinks and snacks given to patients are not always in line with Speech & Language Therapy Eating and Drinking Swallowing Recommendations
- Staff report difficulty protecting mealtimes due to level of ward activity
- Catering staff are not consistently participating in a mealtimes safety pause.
- Patients had unsupervised access to food which was not in accordance with their Eating and Drinking Swallowing Recommendations



ACTIONS TAKEN IN Q2



A Trust Mealtimes Matter policy which incorporates guidance on Protected Mealtimes and the MTM Framework is due to be launched in Q3



Catering managers are continuing to source suitable products to support the introduction of non-perishable ward based snack/meal replacement service



All MTM audits are now recorded on Formic. Formic facilitates gathering and analysis of data to provide assurance on practice and drive further improvement. Ward managers and clinical managers have direct access to their MTM performance which facilitates local improvement



A Mealtimes Matter patient list is in development on encompass to support communication of patient nutritional and dietary needs and promote safe mealtimes.



SET is contributing to the development of a regional MTM video

FUTURE ACTIONS



Finalise a mealtime schedule that facilitates an improved meal service in the Ulster Hospital.



A MTM validation audit is planned for October and November



Review of systems and processes to record swallow awareness training to ensure accuracy of training compliance



Regional agreement on definitions of mealtimes supervision levels



Regional fasting guidance for patients having surgery or procedures.



Collaboration with the Digital Services Team to explore how Vocera could be used to support safer mealtimes.

Sharing Good Practice

What To Know On The Go

'What To Know On The Go' (WTKOTG) is a new initiative led by Safe & Effective Care in collaboration with Clinical Educators. This initiative brings key learning directly to clinical areas and teams through short bitesize five minute updates. The WTKOTG teams move from area to area to reach as many nurses & midwives as possible, typically within a 2-3 hour time period. Topics covered in WTKOTG focus on current issues, learning identified from adverse incidents and any specific learning needs. Learning is delivered by subject matter experts

WTKOTG was launched in July 2024 with sessions delivered in the Downe, Lagan Valley, Thompson House and Ulster Hospitals. In Q2, three topics were featured in WTKOTG.

Topic	Month	No. of Staff
Gentamicin Safety	Jul	120
Post Falls Management	Jul & Aug	206
Sepsis	Sept	267

QUARTER 2 - 2024/25

On average **96%** staff rated their knowledge as good or excellent following these sessions.

Quick and informative

Short, simple to the point explanations of essential nursing

Reaches a large amount of people

Love this approach

The WTKOTG team are taking a Quality Improvement approach and are continually adapting and improving based on feedback and learning.



Using Vocera to Support Practice

Vocera is a Wi-Fi enabled communication device which supports fast, person to person communication, it has been used effectively as a means of communication between users for a number of years. The scope and capacity for using Vocera has increased over the years including an established and successful mechanism for cardiac arrest alerts.

In August 2024 the Nursing and Midwifery Safety Quality and Assurance Team partnered with the Digital Services Team to explore alternative ways in which the Vocera suite of applications could be used to support nursing & midwifery staff in accessing best practice guidance in both a simple and efficient way.

So far this has resulted in the development of two digital recordings which provide clear guidance and steps to support best practice, aid clinical decision making and promote safe, effective care for our patients.

FALLS ADVICE

The introduction of "Falls Advice" was in response to the identification of a need for improved post-falls management on wards and departments. Following its launch in August '24 Falls Advice has been accessed 93 times.

ADULT SEPSIS ADVICE

"Adult Sepsis Advice" was launched in September 2024 to coincide with World Sepsis Day and as part of a Trust-wide Sepsis awareness raising campaign. Following its launch, this recording has been accessed 49 times.

Advice was developed in conjunction with the Falls Team leads and Trust Sepsis leads, it is simple to upload and can be updated at any time as guidance changes. These recordings are less than two minutes long and staff literally have the guidance at their fingertips 24/7.

During my shift, one of my patient had an unexpected fall, I quickly used vocera system to contact Falls Advice. The automated guidance walked me through each step. It was a relief to have this advice. I felt reassured knowing I could rely on a step by step guide to provide the best care possible in a challenging moment.

These recordings also allow staff to regularly refresh their knowledge, validate their understanding, and confidently manage clinical scenarios during or post event.

Moving forward, plans include continuing to promote this guidance as well expanding and developing further audio resources based on information and feedback from Trust Staff.

Health Promotion for People with a Learning Disability

People with a learning disability tend to have much greater health needs than the general population particularly in relation to mental health problems, epilepsy and physical disabilities. There has been a drive to put in place preventative strategies to support the health needs of individuals with learning disabilities.

In SET this is being led by the Trust Learning Disability health facilitator nurse - Siobhan Brady - and initiatives include:

- Improving access and uptake of annual health checks
- Managing obesity and sedentary lifestyle
- Group activities to embed a healthy lifestyle
- Education and support on breast and testicular self-examination
- Adopting a person centred approach to health promotion

In April 2024 an evidence based health promotion steering group was established within SET which is led by the Health Facilitator Nurse and membership includes Learning Disability Nurses from across the Trust to support and drive these initiatives.

The group are very proactive and are in the process of developing a shared library of resources. This has resulted in the design and development of easy read packs to support health promotion and healthy lifestyle and include information to signpost adults with learning disability to community outlets as well as other useful links and support networks. These packs have been designed specifically for people with learning disabilities.



The health facilitator nurse continues to work with health development agencies and service users to develop health promotion strategies for people with learning disabilities.

Reflective Practice: 4E

A reflective learning approach to practice has been implemented in 4E in the Ulster Hospital by the Practice Development Nurse. Sessions are offered twice weekly on an ongoing basis and are well attended by staff.

The purpose of this approach is:

- To drive and improve reflective practice skills within the nursing team
- To identify areas for improvement
- To understand situations and learn from experiences
- To identify learning and development needs
- To support and learn from each other

Complaints, incidents and significant events are discussed and include how staff felt things went, could there be improvement and if a similar event happened again would they do things differently.

Staff feel well supported during these sessions. It is recognised these conversations can be difficult and it is important that staff feel safe to be open and honest.



One recent example focused on a deteriorating patient and recognised the good practice of nursing teams in monitoring the patient, managing pain and escalation of care. This session was an opportunity for staff to reflect on how this case was managed, if improvements could be made and agree actions to be take forward. Staff felt able to discuss these issues in an open and honest way.



These sessions are also an opportunity to share learning from courses, study days, new policies or any learning event .

Feedback from staff has been positive and includes:

- It would be great to get more sessions
- Made me think more about my practice from the patients perspective
- Excellent, thoroughly enjoyed

A staff questionnaire demonstrated the positive impact on the reflective learning approach:

- 10/10 felt the sessions were beneficial after the sessions.
- 10/10 found the learning experience excellent.
- 10/10 would recommend reflective learning to their peers.

Complaints in Maternity

In September 2023 there were 30 live complaints within maternity services, 6 of which had exceeded the 100 day response time. As of October 2024 there are now only nine live complaints three of which have draft responses completed.

The team have been working as a directorate to reduce the number of complaints and improve response times by taking a very focused approach to managing complaints.



- Monthly meetings with the complaints department, Assistant Director, Head of Midwifery and Lead Midwives to review and prioritise complaints and develop an action plan.
- Improving processes in responding to complaints by developing a pathway to streamline this process which includes allocating complaints to a Lead Midwife. The complaint is screened and direct telephone or face to face contact made with the individual making the complaint. This has often resulted in the complaint being resolved quickly with an improved experience for the individual and no further action required. If further investigation is required a nominated point of contact will oversee this process and address any outstanding issues including sharing any learning
- The backlog of complaints is also included at monthly directorate meeting which facilitate multi-professional input where appropriate.

This focused and proactive approach has resulted in midwifery and maternity staff managing complaints in an efficient and effective manner, identify and implement any learning needs in a timely manner as well as being respond to and address the concerns of individuals.

Putting PACE in Practice

EVIDENCING PERSON CENTRED CARE WITHIN NURSING & MIDWIFERY USING THE PACE FRAMEWORK

The Nursing, Midwifery Safety Quality & Assurance (NMSQA), Nursing & Midwifery Digital & Information Practice Teams (DIPT) and Clinical Educators are working collaboratively to support nursing and midwifery teams across the Trust in evidencing the delivery of safe and effective care using the PACE Framework.

The image shows a sample PACE Framework document. It includes the following sections:

- Person:** What is important to the person (in their world)?, How has the person's perspective changed?, Feelings, concerns, questions, problems, Communication with family, carers, other important people (e.g. nursing home staff).
- Assessment:** Confirmed process of collecting information at the point of admission and thereafter (e.g. interviews, direct observation, test results, feedback, care pathways, care bundles, risk assessments), Identifying & prioritising needs (using diagnosis - ICD10 and ICD13AC/ICD13), High assessment level identified (using the individual's diagnosis based on the most identified areas of the individual).
- Plan of care:** Back up professional plan of care (based on an assessment of need) about care from the nursing team only, Educate and support the person to enable a return to their optimal health and wellbeing, Provide care and treatment that is safe and effective with current evidence (ICD10 and ICD13AC/ICD13), Consider the multi-professional team and its contribution, Realise what the care is being delivered, In response to the changing condition of the person through appropriate changes to the plan of care.
- Evaluation:** Review effectiveness of the plan of care, Use the person's (or representative's) feedback to inform the plan of care, Based on a new plan of care, if necessary, based on person's assessed needs - ICD10 and ICD13AC/ICD13, Based on a new plan of care that is to be delivered.
- Active care needs (ongoing and changing):** If person needs change, a new care plan (CC) must be documented, There may be multiple active care needs identified, Active care needs can be ongoing care when the person is discharged (e.g. a community nursing treatment team visit, or the person themselves may be delegated aspects of self-care with professional community support).
- Existing care needs (ongoing and changing):** If the person's care needs are ongoing, the assessment and plan of care should be reviewed and updated as needed, Really review and meeting of the CC (CC) must NOT APPROPRIATE if the person's health is not in line with the plan of care, Update the CC (CC) if the person's health is not in line with the plan of care, Consider changes in response to the care being delivered (E).
- Existing care needs (ongoing and changing):** If a person's assessment (CC) (CC) is not in line with the plan of care, the assessment and plan of care should be reviewed and updated as needed, The plan of care should be reviewed and updated as needed, A daily review of the assessment of care plan and plan of care must be recorded, Review must be professional judgement and clinical thinking when considering existing care needs.

A series of workshops have been held with clinical educators and clinicians to progress this work. These workshops have been interactive sessions with positive engagement and feedback from all attendees.

The group were delighted to welcome Lisa Dullaghan Assistant Director of Nursing, Safe & Effective Care to the first workshop to both set the direction and demonstrate commitment to this work.



The focus of the workshops have been to:

- Identify challenges
- Share good practice and learning
- Engage nursing leaders and champions
- Agree actions to support "Putting PACE in Practice"
- Scale and Spread

These workshops have been well received and attended with fantastic engagement by all. Representatives from inpatient wards across the Trust have demonstrated a strong commitment to embed the PACE framework as a tool to evidence the delivery of nursing and midwifery care.

This work is ongoing and the teams remain committed to supporting nurses and midwives to develop and enhance ways to evidence quality care.

Mealtimes Matter Safety Pause: Engaging Catering Staff

As part of a process to support safe, quality mealtimes for patients, implement the Mealtimes Matter framework and engage catering staff in the mealtimes Safety Pause the nursing staff in 4D have introduced a Mealtimes Matter board for catering staff. This board helps catering staff identify patients who require modified diets, have known allergens and/or are Nil By Mouth.



This board is updated at least daily or more frequently if required by the Mealtimes Coordinator. The board also contains additional mealtimes matters information so that catering assistants can familiarise themselves with the variety of tools and signage and speak to staff if they have any queries or concerns. This approach has been welcomed by both nursing staff and catering assistants and facilitates communication of individual patient needs.

The Frailty Team: Early Intervention – Ulster Hospital

Nursing staff within the Frailty Team in the Ulster Hospital have implemented a number of strategies to help reduce unnecessary hospital admissions and length of stay for older adults living with frailty.



They are actively participating on the Post take Ward Round in the Emergency Department and reviewing patients with frailty. During this time they are also commencing a Comprehensive Geriatric Assessment (CGA) which allows for early identification of any frailty specific issues or concerns and supports timely referral to appropriate professionals. The CGA is a gold standard assessment tool for those living with frailty and is included in fundamentals of frailty training which is ongoing in the Ulster Hospital.

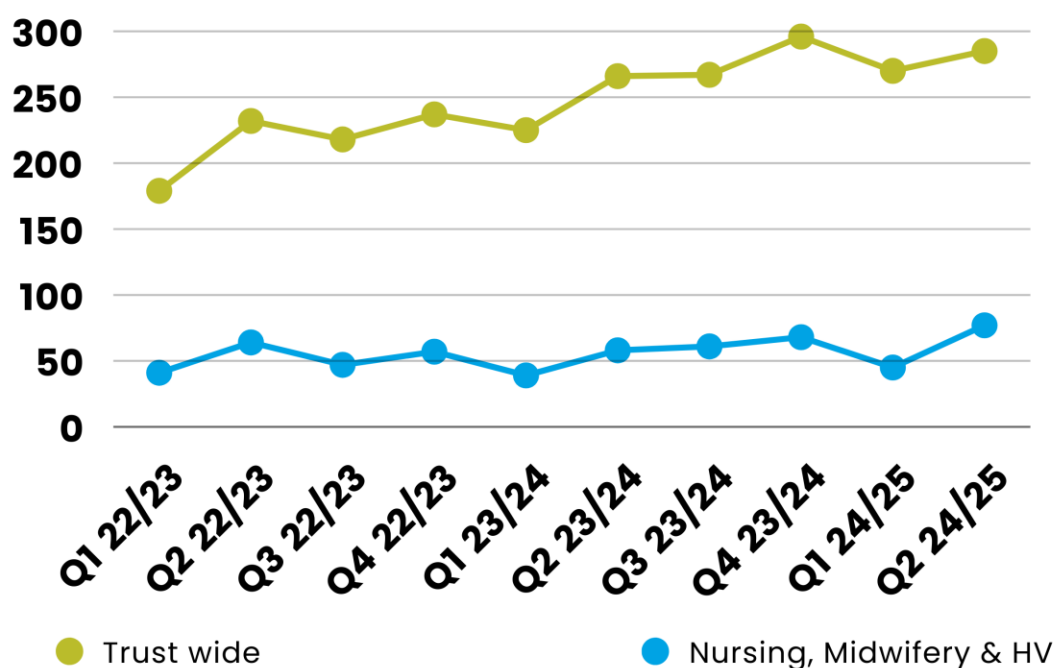


A person centred approach with value and respect at its core is a key element of this initiative which supports timely discharge and promotes independence by developing a shared plan focusing on individual needs and concerns. The frailty team are also able to have difficult conversations with patients and families around advanced care planning in a supportive and sensitive manner. Where possible the team will also continue to support the patient through their hospital journey and offer advice or support to facilitate earlier discharge.

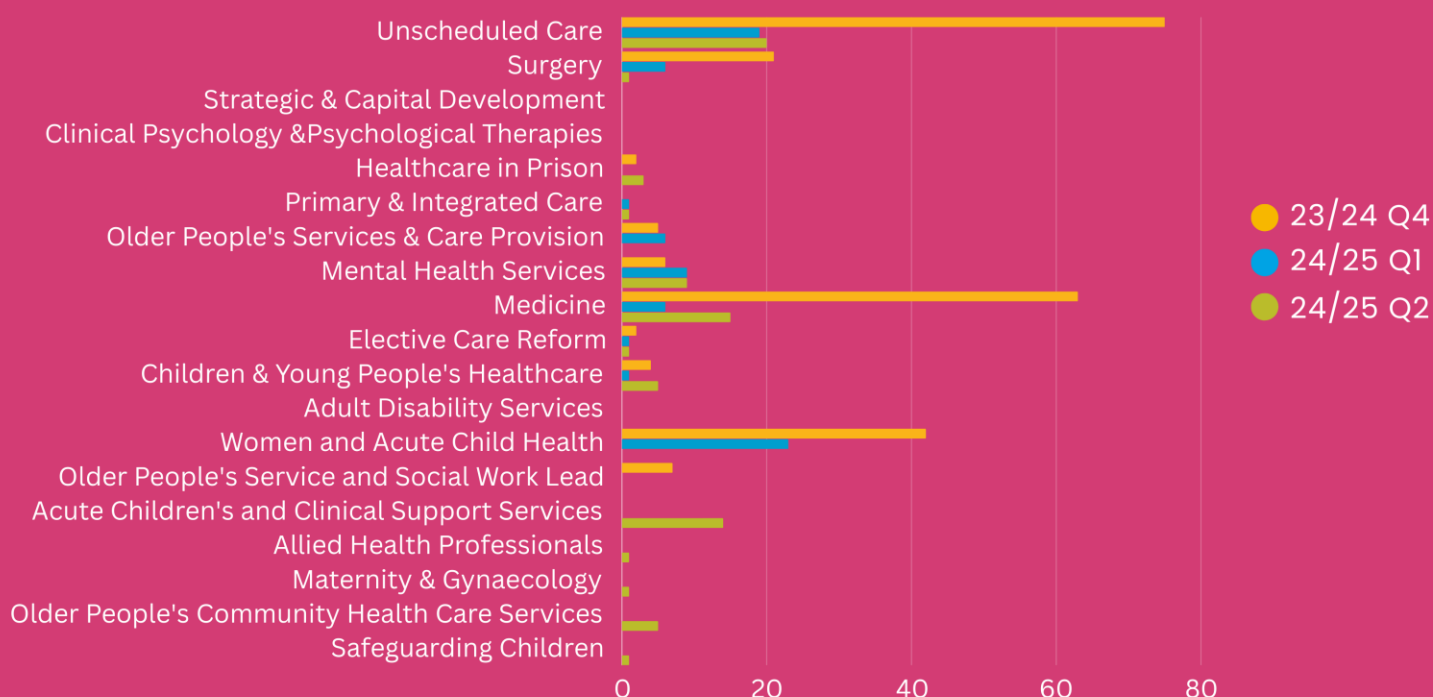
It is anticipated that this will not only have a positive impact for our frail, elderly population but will also have a positive impact on flow and reduce unnecessary hospital stays.

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



Please note that WACH has now been split into Acute Childrens and Clinical Support Services and Maternity and Gynae - the reports reflect this change. WACH is still included for data for 23/24 Q4 and 24/25 Q1.

My son was born recently in the Home from Home suite. The midwife was so nice. The birth was complicated by me needing surgery afterwards due to issues delivering the placenta. It may have been traumatic on paper but due to the way I was treated I don't feel traumatised in the slightest. The care was unreal. Especially in outpatients, Home from Home and the post natal ward.

This was my first surgery, and I really want to thank and compliment everyone who was involved.

It was organised, I felt informed and safe, and taken care of following the procedure.

I've observed a team, nursing staff, students and doctors, that work really well together, whether that be through support or assistance, teaching or learning.

I hope everyone is as lucky as me to have a comfortable experience like this and I think the staff are a real testament to LVH.

The care and attention on ward 5A is absolutely incredible! From the patient experience staff, the nursing assistants, nurses and medics their care and compassion is second to none. To be in such a therapeutic, caring and positive environment has really aided my recovery- thank you all!

Due to being hospitalised for 6 days for a severe chest infection, I recently received a follow-up check up to the Respiratory Hub.

The male nurse who attended to me was both efficient and compassionate and reassured me by patiently answering all my questions - he also had my bloods taken to be sent to my GP to check my potassium levels which were low.

While I was awaiting my appointment I observed the staff responding to an emergency - I have to say I was impressed by the way they handled it. They responded quietly, quickly and efficiently. No panic. It was just that every one of them knew what to do without alarming any outpatients in the waiting room for their appointments. Top marks to all the staff.

Our son has been having recurring ear infections and had to get ear vents fitted. The process leading up to today has been relatively stress-free.

We went to the Craig's Ward at the Ulster Hospital for his procedure and had the best experience. Every single member of staff that we came into contact with were absolutely amazing! [They were] so attentive, took the time to explain everything and put everyone at ease.

They were fantastic with our son and the two nurses who were looking after him before and after his procedure were just incredible. So patient and caring and constantly checking in with everyone. Another mention for one of the sisters who came into the theatre while our son was being put to sleep and kept us all calm and also kept us all informed at every step!

A massive thank you to all the staff at Craigs Ward, you are all brilliant! ❤️