



2024/25 - Q4

# NME Assurance Report



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# Digital Practice – N&M Information

During quarter four (Q4) of this year, SET Nursing and Midwifery continues to journey through more go lives for encompass. As well as continuing the work to improve and optimise work flows for nurses and midwives in SET and beyond, the Digital and Information Practice Team (DIPT) has supported further go lives and is in preparation for the two final events for the Western and Southern Trusts in May of 2025. The DIPT remains pivotal to the success of this transition with key aspects including:

## MIDWIFERY ENCOMPASS SUPPORT SESSIONS WITH NEW STAFF AND STUDENTS



Over the last two quarters, DIPT officers were invited to the Maternity Induction week to facilitate an encompass support session for Midwives who had recently joined the Trust. During this session 12 new Midwives received an overview of all aspects of recording maternity care on encompass inclusive of outpatient, inpatient and community contexts, as well as top tips on how to utilise the system effectively.

This smaller session was aimed at helping staff build on previous encompass knowledge. A question and answer session was facilitated to ensure understanding. DIPT has facilitated similar sessions for first year midwifery students commencing their training in SET and for midwifery students from different Trusts taking part in their alternative labour ward placement. Feedback for each session has been positive and these small scale sessions complement the larger learning and development modules, providing the opportunity to check understanding and explore expertise.

**Very informative**

Informative

helpful

session

## INAUGURAL REGIONAL MATERNITY AND NEONATAL CONFERENCE 2025



In March 2025, DIPT's Lead Midwife was invited by the Chief Midwifery Officer to present at the breakout sessions of the Inaugural Regional Maternity and Neonatal Conference. This opportunity was to share the work on digital safety and practice with Maternity Early Warning Scores outside the Maternity setting.

The session outlined the responsibilities and benefits of a Digital Practice Team and how the collaboration between clinical teams, Digital Nursing and Midwifery Leads and encompass Analysts led to a safe solution for recording early warning scores. The session shared the work to date on the introduction of a Standard Operating Procedure for recording obstetric early warning scores outside the Maternity setting, following recommendations from MBRRACE-UK, and presented the National Maternity Early Warning Score chart as an option moving forward in Northern Ireland.

## DIGITAL PERSON-CENTRED ASSESSMENT, CARE PLANNING AND EVALUATION (PACE)

On the 14th February, 2025 the Evidencing Person Centred Care in Nursing and Midwifery/PACE Workshop took place, facilitated collectively between Claire Murnin, Clinical Educator for Medicine, Emma Cullen, Nursing Governance Lead, NM Safety, Quality and Assurance Team; and Jane Patterson, Digital Practice Officer, DIPT.



The workshop was the culmination of a programme of workshops focusing on the PACE Framework, care planning and navigating encompass to best facilitate evidencing person-centred care.

Guest speakers Angela Reed, Chief Nursing and Midwifery Information Officer (CNMIO) and Jenny McMahon, former Lead Nurse for Surgery presented on 'Person-Centred Nursing Care - Championing Excellence' in the art of nursing and information science and 'Patient Care - Families' Perspective' and the fundamentals of person-centred care. Both speakers reminded colleagues about the importance of professionalism in practice, partnering with people to meet their assessed nursing needs and evidencing the contribution of nursing through robust records of nursing care.



Group work followed to pull together the fundamentals of a Facilitated Support Programme which would see the development of Champions in identified pilot areas, cascade learning to their teams and take ownership of the improvement of person-centred recording care within their areas.

The first of the Facilitated Support Workshops took place on 31st March where the Champions from half of the pilot areas (Ards GP Ward, 3C UHD, 3E/F UHD, 4E UHD) were supported to build on their knowledge of PACE, care planning and navigating encompass to enable them to support colleagues in their learning. The second Facilitated Support Workshop is planned for 15th April (Ward 11 LVH, 4B UHD, CCU LVH, Ward 2 DH).

Both cohorts will follow a program of training, implementation and re-scoping of practice, which will include a measurement of success through audit.



## DIVE IN WITH DIPT



Following initial ‘Dip in with DIPT’ sessions during Q3 of 2024, a need was identified for a new format coined ‘Dive in with DIPT’. These sessions delivered more in-depth knowledge in 30 minute sessions, twice a week, over a five week period during January and February. The sessions covered two topics in the 30 minutes:

- “Preparation Action” for Intravenous (IV) Medication administration
- Efficiency in using the Fluid Balance Flowsheet.



The sessions saw 184 attendees across all acute sites in the trust. These sessions received excellent feedback showing a 33% increase in knowledge scores in relation to the “Preparation” function and a 24 % increase in Fluid balance knowledge.

## PAIN SERVICES



A significant part of the DIPT officer role is to act as a bridge between the clinical and technical teams - particularly when the system is not operating as it should be. Will Stritzel, Digital Practice officer in DIPT, hosted an immersive site visit for the Chronic Pain department with encompass “Ambulatory” Analyst Allyson Rose on 20<sup>th</sup> February 2025. Allyson was able to see the challenges faced by the team during their clinics. A Task and Finish Group commenced in July 2024 and the collaborative support from DIPT and an encompass Analyst, has resulted in significant progress being made. Regular meetings and the site visit led to increased efficiency with workflows and a bespoke “Navigator” for the Chronic Pain team. Many outstanding issues have been resolved including the Chronic Pain MDM template, the Nurse Referral triage pool and the Joint Interventional Palliative Pain Service (Multi-Disciplinary Team). Although further training work is necessary during Optimisation, the Task and Finish Group is planning to be stood down in early April 2025, having been lauded a success.

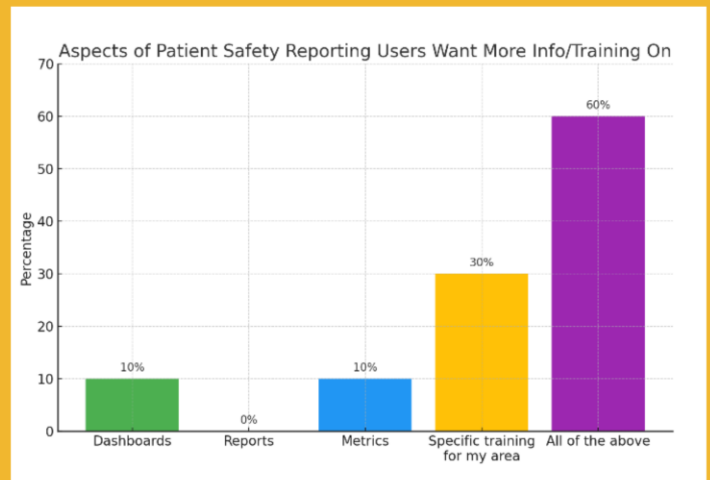
## ENCOMPASS UPGRADE

During quarter four of this year, encompass underwent the first large upgrade process since November 2023. This process included parts of new system build and workflows that required nurses and midwives to have a range of update sessions to advise and train them on the new areas of the system. SET DIPT led on regional work to bring together the three live trusts and coordinate input from the digital practice teams in each organisation, to provide three bespoke sessions relating to the biggest change impacts for teams in the region. The sessions were a success with 174 staff in attendance and the upgrade moving seamlessly into production at midnight 30<sup>th</sup> March 2025 during a planned downtime period. During this downtime members of DIPT and CNMIO, Angela Reed were on duty to support colleagues across the organisation.

## DIGITAL SAFETY

### WORKFLOW SAFETY METRIC AWARENESS SESSIONS

Quarter Four marked a significant phase of activity and progress for the Digital Safety Team (DST) and continues to demonstrate our commitment to ensuring patient safety within the digital health environment. With the ongoing evolution of encompass, our focus remains on maintaining robust safety protocols, increasing awareness, and driving innovation through integrated working and continuous learning.



As part of our continued work with Workflow Safety Metric, awareness sessions took place across 28 acute inpatient wards over five Trust sites with the aim of promoting real-time monitoring and enhanced safety in clinical workflows. This involved Multidisciplinary engagement including Nursing, Midwifery, Pharmacy, and Medical staff. A total of 98 staff members attended. Feedback was positive with 70% of respondents feeling more confident in accessing and using relevant workflow safety metrics after the session and reading tip sheets supplied. More training on the use of dashboards, metrics and specific training on safety features was requested by 60% of respondents for their areas. This will be taken forward by the digital safety team as a key recommendation.

## REGIONAL COLLABORATION

With the appointment of Digital Safety Officers in the Southern and Western Trusts, the digital safety team hosted an initial information session to share our digital safety strategy and vision. A regional Digital Safety Officer Network has now been formed, with fortnightly meetings established to promote shared learning. This will bring a focus of a collaborative, regional approach to digital safety and encompass optimisation.

## HAZARD LOG REVIEW

A comprehensive review of the Hazard Log has now been completed. The Digital Safety Team has collaborated extensively with service areas to ensure that all identified risks are accurately documented and that appropriate mitigations are clearly defined, bringing a total open hazards to 127. Open and closed hazards has been circulated to each Assistant Director for transparency

## INCIDENT MANAGEMENT

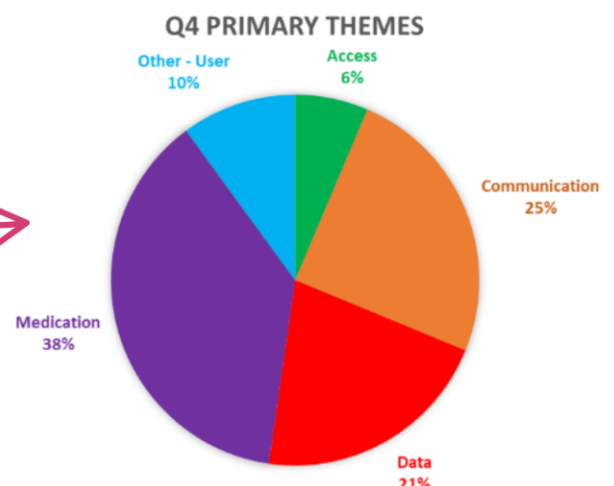
In Q4, the Digital Safety Team triaged 177 incidents, with 110 of these triaged as being related in some way to encompass, bringing the total for the year to 765 triaged. Unlike Q1-3, the highest prevalence was Training and Awareness, accounting for 44% of encompass related Incidents.

Datix Incidents Outcome of triage by Digital Safety Team 2025/26					
DST Team Triage Outcome	Qtr1	Qtr2	Qtr3	Qtr4	Total
System - Build	30	21	21	17	89
System - Interface	15	12	8	3	38
System and User	4	24	11	7	46
System - Provisioning/Access	4	3	8	6	21
User - Error	59	46	28	26	159
User - Training/Awareness	43	30	34	40	147
Review ongoing with services and encompass	1	0	0	11	12
Unable to Triage - no feedback from service within timeframe	1	2	1	0	4
Not encompass related	41	73	68	67	249
<b>Grand Total</b>	<b>198</b>	<b>211</b>	<b>179</b>	<b>177</b>	<b>765</b>

The DST have undertaken a comprehensive theming exercise which has uncovered the following key areas for these incidents:

The DST have undertaken a comprehensive theming exercise which has uncovered the following key areas for these incidents.

Further analysis of these themes will inform the work of the Digital Safety Team towards improvement to ensure safe use of the encompass system.



## GP TRIAGING PROCESS

The Digital Safety Team led the way for the region during this quarter by launching a weekly GP interface meeting in collaboration with the central encompass team – an innovative step and the first of its kind in Northern Ireland.

This initiative has:

- Enabled real-time clinical oversight and swift response to GP issues across multi professional teams including District Nursing
- Enhanced collaboration and issue resolution pathways.

## DIGITAL HEALTH AND SOCIAL CARE SAFETY INTEGRATED GROUP

The Digital Health and Social Care Safety Integrated Group continues to meet monthly, addressing critical areas such as:

- Data quality – patient demographics and chart corrections
- In basket management
- Laboratory Services – uncollected orders and Override scanning of Patient ID wristbands

These are key areas to ensuring safe and effective use of encompass. Feedback from digital safety champions was very positive and sparked meaningful discussions and learning.

## TEAM DEVELOPMENT

The DST concluded Q4 with a focus on professional development within the team. Stephen Rose, Digital Safety Officer, commenced the Quality4U programme – an eight month Quality Improvement course aligned with the Quality 2020 framework. His project focus being: ‘Reducing workflow safety scores in acute ward settings’.

Joanne, encompass Business Change Manager (Digital Safety), completed the Cogito Fundamentals (COG170) course with EPIC trainers. Topics for learning included: Dashboard building, Slicer Dicer visualisations, Data Lineage, and reporting tools. Following completion of a certified project and final exam, she will have the skills and knowledge to lead dashboard/report development for monitoring digital safety indicators.

Reporting Period: **January to March 2025**

**How much did we do?**

- 58** hazards reviewed with service areas
- 13** new hazards identified
- 13** closed hazards
- 127** open hazards at 31 March 2025
- 177** Datix incidents triaged



Directorate Hazards circulated to Assistant Directors for oversight and review



Shared Learning with Digital Safety Officers from Southern and Western Trust in preparation for their Go-Lives

**1<sup>st</sup>** Regional Digital Safety Forum Held



Digital Safety Officer commenced **Quality4You** Programme

Business Change Manager completed **Cog170 Cogito Fundamentals** 3 day course



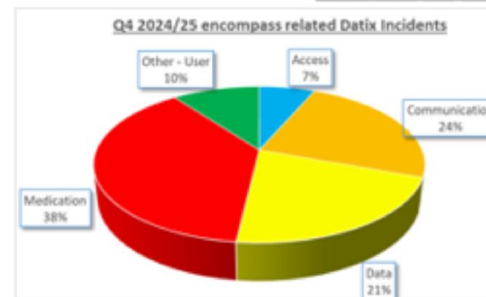
**Paper Audit**  
Paper outlining plans submitted to eOG and audit tool developed

**How well did we do it?**

**Update**

Year End SQIIC papers prepared for SQIIC meeting in March

Hazard Log Risk Assessment	
	Residual Risk Assessment
Extreme	
High	21
Medium	37
Low	50
Review ongoing with Service Areas	*19



Includes **3** Datix incidents raised in relation to GP Letter interface process

**Is anyone better off?**



Completed awareness raising of inpatient workflow safety metrics in **7** inpatient wards across **4** sites: Downe, Lagan Valley, Ards and Thompson House (Total of 28 wards inc UHD in January)

Patients Needing Review All Locations

Facility	Official Oversight	80/90 Oversight	80/85 Heat	Allegres Not Reviewed	No Orders	No ICD	No Vitals	Short
HSC SOUTH EASTERN TRUST	108 / 1240	383 / 1240	309 / 1240	108 / 1240	174 / 1240	2 / 1240	806 / 1240	



**GP Letter Issues**  
Weekly interface meeting established with encompass WFA and Trust PMO to review issues identified by GPs

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

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**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**
- **Central Rostering**
- **Nursing & Midwifery Workforce**
- **Newly Qualified Nurse: Speed Skills Day**

# 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: Jan – March 2025

## How much did we do?

Facilitated 3 Roadshows to promote Open University Pre-registration Nursing Programme

Governed clinical environments through renewal of educational audits with managers and university

Partnership working with Nursing and Midwifery digital information practice team to develop encompass support for students in practice

Supporting interprofessional student learning in practice with nursing and pharmacy students

Delivery of bespoke practice supervisor/assessor support sessions in clinical areas

Open University Skills lab for 2024 cohort

Open University celebration event – celebrating the 2020 cohort in their recent graduation

Supporting elective pre-reg Nursing and Midwifery placements

Monitoring student experience and feedback to practice

Nominated person support sessions for band 6/7 managers

Supporting NMC Post registration education standards (2023) in collaboration with NIPEC

Facilitated 2 FNFM practice assessor/supervisor new to role – nursing face to face programme

Practice assessor/supervisor educational support sessions provided via zoom

Partnership working and meetings with universities

Promotion of Nursing and Midwifery professions at local college careers events

ECG Commissioning of post registration courses

## How well did we do it?



**38 candidates have applied to the 2025 Open University Nursing Programme**



**100% of educational audits in date**



**On evaluation of the Future Nurse Future Midwife practice assessor/supervisor new to role – nursing programme 100% of attendees felt it prepared them to support students in practice – Excellent training to understand the role of Registered N for student learning achievements**

## Is anyone better off?

Was good interactive learning good use of scenarios and dealing with difficult conversations

Excellent training! I feel well informed

The programme was very thorough and explained role of practice assessor and supervisor

After this session I feel that I am able to take on the role and responsibilities of a PA. I have been given appropriate information and contacts if I was unsure or needed guidance in this role

Engaging session. Clarity on roles of all involved with student supervision and assessment

Kept all involved by making the training interesting, practical and informative

Staff Nurse feedbacks

Reporting Period: Jan-March 2025

**How much did we do?**

24 Nursing and Senior Nursing Assistants have completed their 2-day induction, equipping them with the essential knowledge and skill to provide high quality care within SET

10 Nursing Assistants registered for the RQF Level 3 Certificate in Health and Social Care Support Skills



17 Senior Nursing Assistants attended Practical Skills Induction Day



Fundamentals of care  
Swallow Awareness & Mealtime Matters  
Catheter care, CSU & removal of catheter  
Recording fluid balance  
Recognising the deteriorating patient  
Mouth care matters  
Pressure area care & SSKIN bundle

**How well did we do it?**



**Nursing Assistant 2 day Induction**

- 100% of attendees rated the 2-day session as either excellent or very good
- 100% of attendees felt that sessions were relevant to their role



**Practical Skills Induction Day**

- 100% of attendees rated the training day as 'excellent'
- 87.5% of attendees stated that the skills training was relevant to their role
- 100% of attendees felt that gamification using 'Escape rooms' was a beneficial way to assess knowledge and understanding



**RQF qualification Induction & Training**

- 100% of attendees rated the induction week as excellent
- 88.9% stated that the completion of the Level 3 Certificate will be very beneficial to their role as a Senior Nursing Assistant

**Is anyone better off?**

"I learned that if I struggle, people are around to help"- RQF candidate

"I learnt about communication with others such as verbal and non verbal communication and how it matters" - SNA

"This course has made me stop and think before I do anything on the ward" - RQF Candidate

"I would like to have more of these practical workshops more frequently. More sessions for further guidance along the way" – Practical Skills Day

"I liked how it was delivered and the different guests who've came to join the sessions"- SNA

"I liked that you get a better insight of what the job of a band 3 entails, you get to hear about other people's experiences and similarities in what is going right or wrong in our job area, I like that you get time to fill in work sheets and get guidance along the way" – RQF candidate

"It has made me want to progress my skills and do my nursing" – RQF Candidate

"Great weeks training. Trainers made the learning fun". SNA

"No improvement it was absolutely brilliant- thank you all so much" - Practical skills Day



**Contact Information:**  
rqfvocational@etrust.hscni.net

# 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: January – March 2025

## How much did we do?

The central rostering team are continuing to educate, empower and engage operational areas to ensure effective and efficient rostering resulting in the reconciliation of millions of net unused contracted hours on their rosters.



The Central Rostering team processed payroll for the BSO early closedown to allow implementation of the pay award. There were approx. 9000 pay-files processed.

## How well did we do it?



Effective Rostering Sessions for Creators are held on a monthly basis and can now be booked by staff directly on the LMS system. Approximately 150 members of staff attended between Jan-Mar 25. An Effective Rostering session for Administrators was held with 20 staff attending.



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



Supported by the central rostering team Trust medical administration teams have successfully been introduced to Optima HealthRoster, with the creation of 23 new rosters and the addition of 300 staff. All staff have received online and face to face training.

## 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](mailto:central.rostering@setrust.hscni.net)

The Central Rostering team have successfully co-ordinated the testing and upgrade of the Optima [HealthRoster](#) to system version 11.4.4.

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 also access by clicking on this link: [HealthRoster Hub](#). If you aren't able to access the link try 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  
Mark Pallett – Admin Support  
Jacqueline Grant – Admin Support  
[central.rostering@setrust.hscni.net](mailto: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: January – March 2025

## How much did we do?

Health and Wellbeing walk-around conversations

Band 6 Leadership Development Days continue

37 students Nursing Students aligned to posts

University of San-Diego nursing students visit



4 internationally educated nurses undertaking OSCE preparation

Speed Skills Day for NQN

Trust Wide Open Day

86 band 5 Nurses interviewed

## How well did we do it?



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



Supporting operation areas with bespoke recruitment



Workforce preceptorship link appointed to each operational area



NQN Speed Skills day - feedback extremely positive



NQN Speed skills – 100% staff felt more confident in their role

## Is anyone better off?

Thank you so much for having us! Going through nursing school has been especially difficult with our current political climate in America. It's been very disheartening to see our healthcare system continuously fail communities in need. Today has been a great reminder that qualities like empathy, teamwork, culture, and connection are the core of healthcare and should remain as our central motivators. Thank you! Ulster hospital is absolutely amazing. The compassion and care you all show to patients and one another is truly inspiring.  
- San Diego Student

Special thanks to Gillian for all her hard work and dedication to ensuring the Trust Open Day was a roaring success. – HR Retained Manager

I don't feel any improvements could be made, everything exceeded my expectations this was an amazing opportunity, I feel this speed skills day is a fabulous implementation and should be made a part of the nursing induction process within the trust - NQN

Your input has been instrumental in my transition from student to NQN. – Student Nurse



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

[Nurse.recruitment@setrust.hscni.net](mailto:Nurse.recruitment@setrust.hscni.net)  
[nmsupport@setrust.hscni.net](mailto:nmsupport@setrust.hscni.net)



# Newly Qualified Nurse: Speed Skills Day

Reporting period: Feb/March 2025

Mental health in adult settings

Enteral feeding

Surgical drains

Pressure area care

## Overall aim:

Newly qualified nurses (NQN) will be confident, competent and feel valued and supported during their transition to clinical practice, leading to a safer, higher quality patient care.

## How much did we do?

Number of NQN attended

Number of skills stations delivered

Additional support

Day 1: 32  
Day 2: 23

Day 1: 13  
Day 2: 14

Preceptorship  
Encompass  
Wellbeing

## How well did we do it?

- ★ 100% of NQN would like to see the Skills day offered again
- ★ 100% of NQN felt more confident in their role post session
- ★ When asked how could this be improved, 68% of comments requested longer sessions or a second day

## Next steps?

- Take the feedback and refine future Speed Skills days
- Consider field specific support sessions
- Track the long-term impact on clinical confidence
- Provide follow-up resources

## Is anyone better off?

“Great day with great teaching. All staff were lovely”  
NQN

“I thoroughly enjoyed the skills day and felt that it was extremely beneficial for a newly qualified nurse. It gave the opportunity to socialise with other nurses in a learning environment. The nurses taking the sessions were extremely knowledgeable and motivating. I would be keen for more events like this to be run and will be sharing my experience with colleagues” NQN

“Absolutely loved it. Well organised with lots of clinical skill station as well some wellbeing. I would really love to see this in the future”. NQN

“It would be great to have this at the very beginning, maybe another extra day in a few months”  
NQN

“This skills day was amazing and has given me so much more experience, knowledge and improved my confidence. Would highly recommend”  
NQN

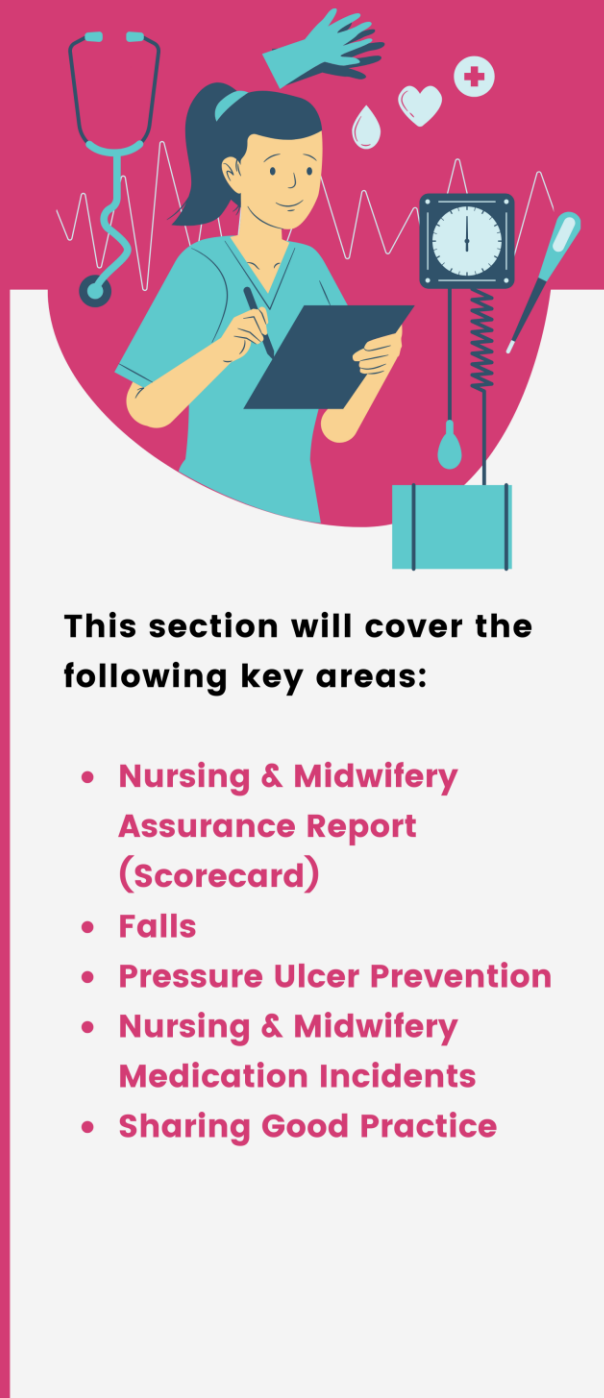
“The skills day session was fantastic! There was a lot of information, but it was presented in a way that kept it engaging and enjoyable. The stations were small and interactive, allowing for plenty of participation, and I had the opportunity to ask questions at the end. I learned so much and would love to see this event happen again in the future” NQN

## Contact Information:

nmsupport@setrust.hscni.net

# Nursing & Midwifery Safety, Quality & Assurance Team

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**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  
4 All*

**Safety & Quality of Care  
Nursing & Midwifery Assurance Report  
April 2025**

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## 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.

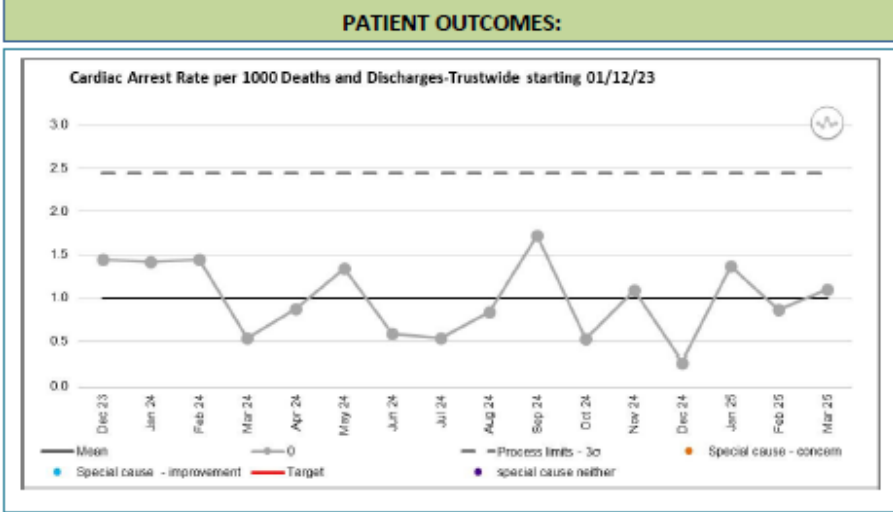
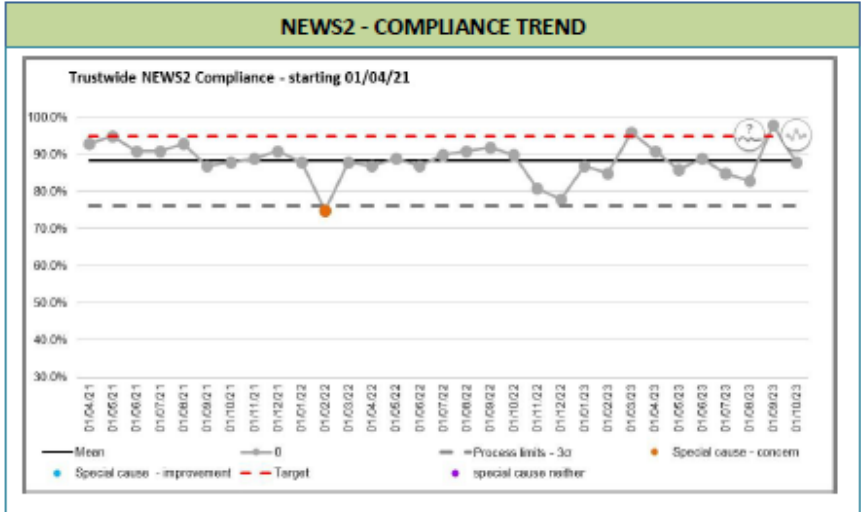
This report provides the evidence in the form of the regionally commissioned Nursing Key Performance Indicators which is presented with patient outcome data to provide assurance/focus for continuous improvement in practice that will translate into action plans to minimise avoidable harm.

*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 March 2025. All data is correct from 07.04.25. 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 March 2025



**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 December 2023 which, indicated normal variation.
- Five Cardiac Arrests were reported in March 2025 and there were four post incident reviews completed.

Focus for Improvement

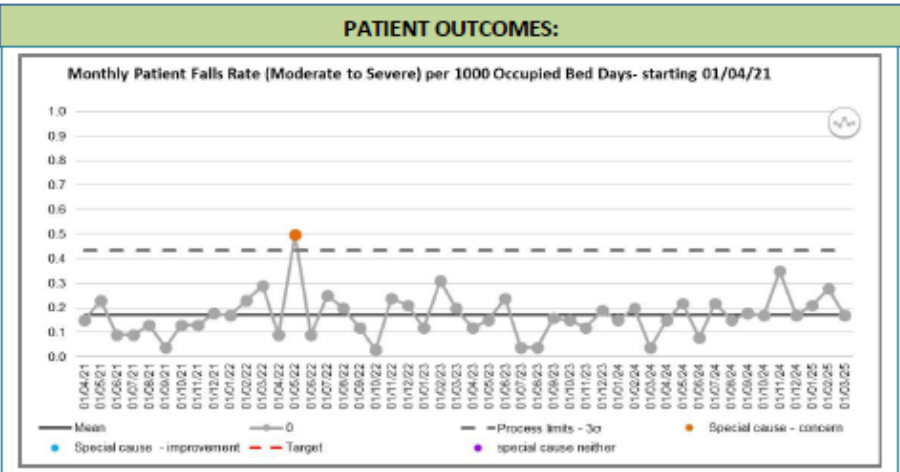
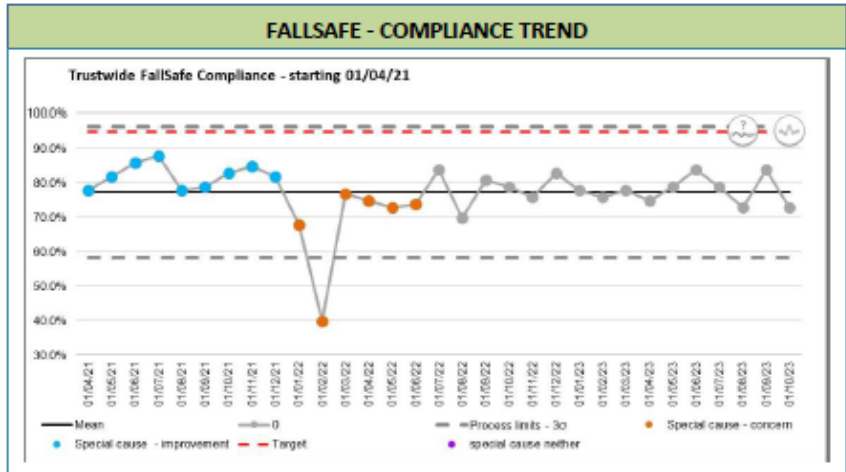
- NEWS2 compliance in relation to frequency of observations and completion of all required NEWS2 parameters
- Timely escalation of deteriorating patient to senior medical team

**ACTION PLAN FOR MINIMISING AVOIDABLE HARM:**

- Post cardiac arrest reviews continue to be carried out and identified learning shared with Ward Sister/Charge Nurses and Lead Nurses trustwide and through Safety and Quality Committee and Nursing and Midwifery forums
- The Resuscitation Team continue to provide training to Nursing, Midwifery and Medical staff using a structured ABCDE approach.
- The Resuscitation Team continue to run ward based mock cardiac arrests on the recognition and management of the deteriorating patient. Learning from mock simulation is shared with ward managers and lead nurses. Additional training and support is provided where learning need is identified.



## Outcomes March 2025



**KEY LEARNING:**

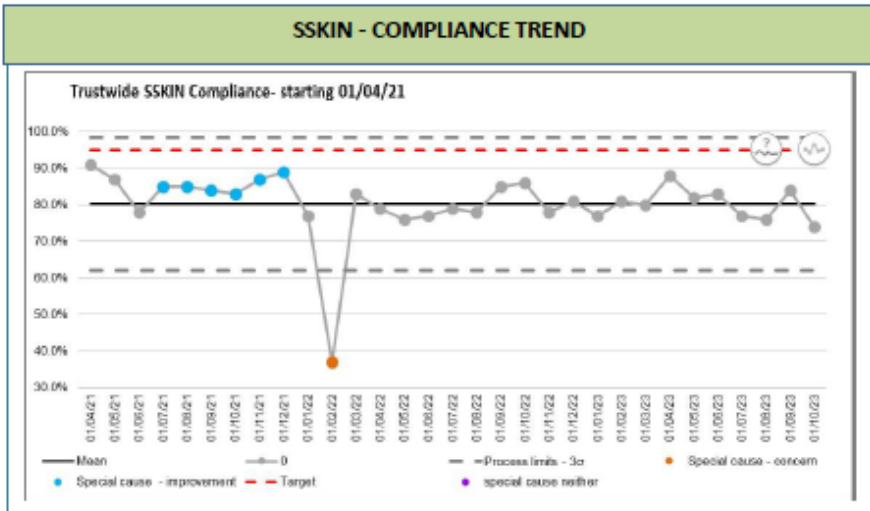
- Work is being undertaken to extract Nursing KPI data from encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which indicated normal variation. The chart above (top right) depicts normal variation in monthly falls that result in moderate to severe harm.
- There were four moderate and above falls reported in March 2025. Learning from Post Fall Reviews highlighted:
  - Good Practice
    - Falls risk assessment completed on admission
    - Evidence of post falls management in line with NICE guidance
  - Focus for Improvement
    - Completion of Central Nervous System (CNS) Observations as per NICE guidelines
    - Completion and review of falls associated risk assessments within regionally agreed timeframes

**ACTION PLAN FOR MINIMISING AVOIDABLE HARM:**

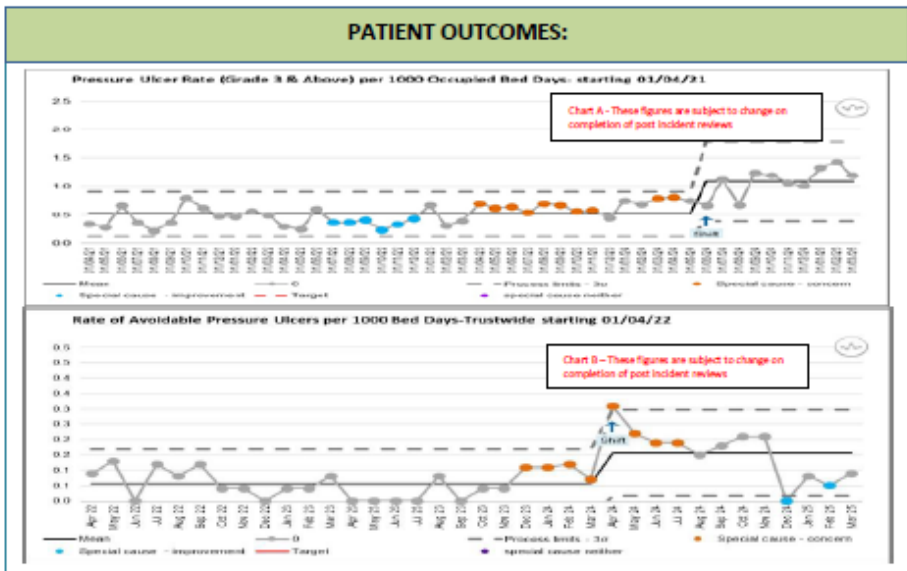
- Falls team continue to provide training and education to staff across the Trust
- The 'Think Yellow' Quality Improvement project is ongoing in ED at the Ulster Hospital which has shown:
  - Provision of yellow blanket to patients at risk of falls has improved to 60%.
  - Falls within ED pilot areas have reduced by 33% in comparison with February data.
- Guidance on undertaking Lying and Standing BP being promoted across acute nursing teams



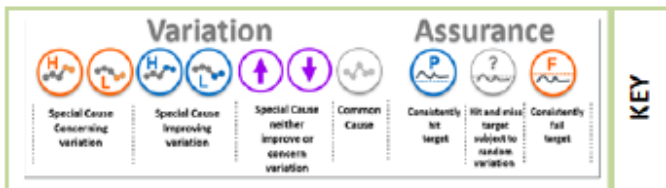
## Outcomes March 2025



- KEY LEARNING:**
- 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 March 2025. Two pressure ulcers so far have been found to be avoidable in March (this is subject to change following post-incident review). Learning from reviews:
    - Good Practice:**
      - Improvement noted in recording of pressure ulcer risk assessment and preventative care planning
      - Improved evidence of repositioning and skin checks carried out in line with preventative care planning
    - Focus for Improvement:**
      - Appropriate usage of pressure ulcer relieving equipment in line with pressure ulcer damage
      - Recognition of early signs of pressure damage



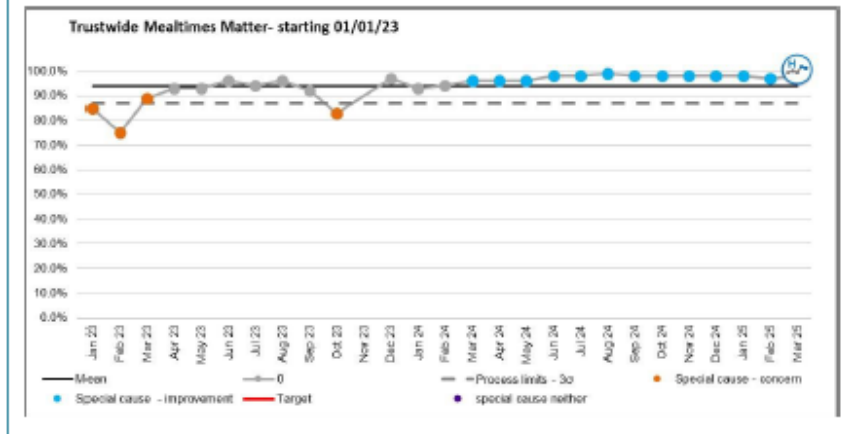
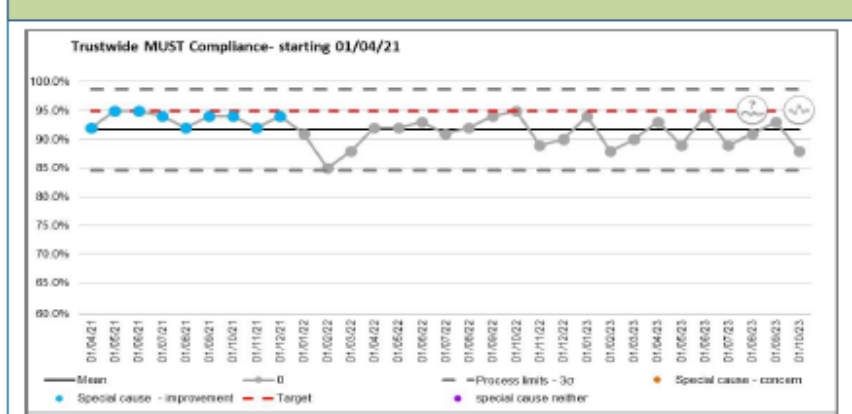
- ACTION PLAN FOR MINIMISING AVOIDABLE HARM:**
- The Tissue Viability (TVN) team are working collaboratively with governance facilitators to develop a new approach to sharing learning from post incident reviews by identifying themes, trends, and focus for improvement
  - The Pressure Ulcer Prevention safety cross initiative has been reintroduced as a visual representation of acquired pressure damage across the Trust.
  - The TVN team continue to provide education and training through mandatory training and other opportunities including bespoke sessions and training days for newly qualified nurses.



## Outcomes March 2025



### MUST - COMPLIANCE TREND



### KEY LEARNING:

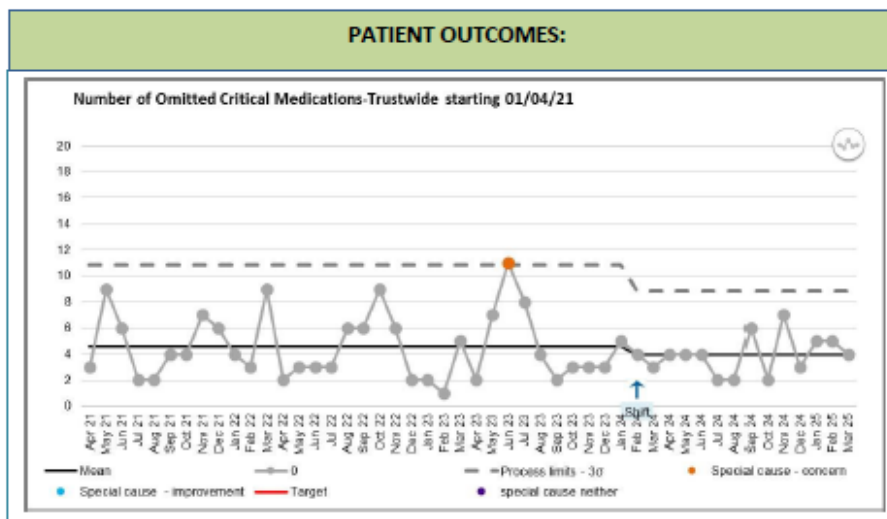
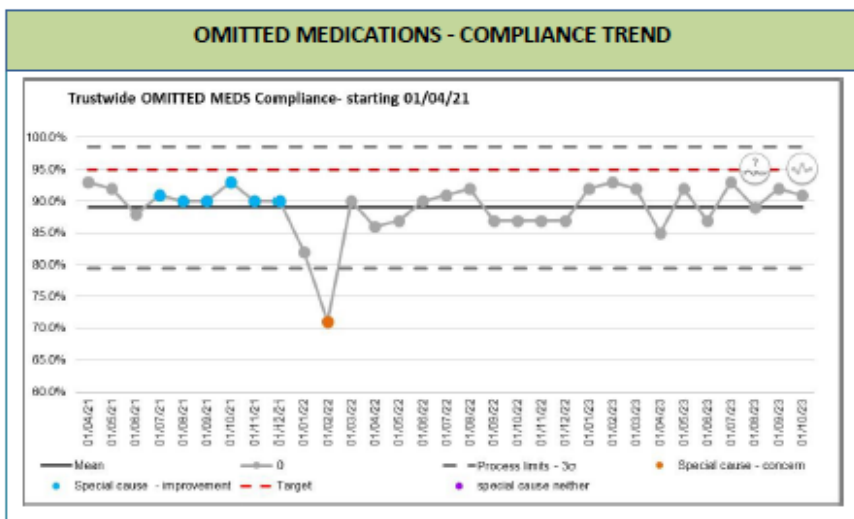
1. Work is being undertaken to extract Nursing KPI data from Encompass. The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation
2. SEHSCT have implemented the regional mealtimes matter audit trustwide, this audit was 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 98% from June 2024, the SPC chart (below left) depicts Special Cause Improvement in practice

### ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Mealtimes Matter Audit continues to be carried out monthly with a compliance of 98% in March
- The Oral Hygiene improvement group continues to work towards improving standards of oral care across the Trust.
- An oral care survey was carried out amongst registered nurses across the Trust which identified areas for development including training, oral care resources and assessment and care planning. These are key drivers for the group to take forward
- A MUST nutritional training package is being developed in collaboration with dietetics and the digital practice team to support best practice in nutritional assessment and management.



## Outcomes March 2025



#### 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. There were four reported incidents in March 2025 in which an omitted dose of medication caused minor harm to a patient. Examples of medicines involved include furosemide, insulin and an antibiotic

#### ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Barcoded Medication Administration (BCMA) has been implemented in 41 care settings across the trust. BCMA can help positively identify the correct medicine during the administration process.
- Encompass helps prompt when medicines are due, which has led to a reduction in delayed and omitted medicines.
- An audit is planned to validate delayed medication data within Encompass, with a view to reporting of delayed medications across inpatient wards as part of the quarterly KPI report.

# Falls



## Falls resulting in Moderate, Major and Catastrophic Harm



There were 15 Moderate-Catastrophic falls in Q4 2024-25 in comparison to 12 in Q3. A review of falls to date has not identified any specific themes and trends that can be attributed to this increase.

All Moderate/Major/Catastrophic falls have a post falls incident review carried out by the falls team in collaboration with governance facilitators and ward sisters/charge nurses

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 Q4 2024-25	15
Number of Post Falls Incident reviews completed in Q4 2024-25	12
Cumulative Number of outstanding Post Fall Incident reviews October 2023- end Q4 2024-25	31
Cumulative Number of Post Fall Incident reviews in progress/awaiting response from ward October 2023- end Q4 2024-25	7 <small>(These 7 are inclusive of 31 outstanding not in addition to)</small>



## Post Falls Incident review shared learning outcomes:

### Good Practice

- Post fall moving and handling care and management
- Documented evidence of falls prevention advice given
- Completion of falls risk assessment on admission

### Focus for Improvement

- Completion of neurological observations in line with NICE guidelines
- Review and update of falls associated risk assessments within regionally agreed timeframes
- Consider the use of falls prevention assistive technology for patients with cognitive impairment/confusion



## Actions Taken Q4 2024-25:

The Think Yellow Quality Improvement project continues within ED in the Ulster hospital. This aims to reduce falls through the use of a yellow blanket as a visual cue, highlighting a person's high falls risk. In Quarter 4 there was a 31% reduction in the number of falls in ED.

Throughout Quarter 4 the Falls Team provided 1:1 support and education to ED nursing staff as part of the implementation plan. This included:

- The Think Yellow triaging process
- Use of a smart-phrase on encompass for efficient documentation
- Use of proactive preventative strategies for patients in the department

The team has gathered positive feedback from both staff and patients on the Think Yellow initiative:

### Staff Impact:

Think Yellow has been an effective efficient way to identify and minimize risk, it takes two minutes to do and we have seen the results

It is a simple visual tool to help keep patients safe in a dignified way, less falls have meant less reactive tasks to complete and more time to care

### Service-user Impact:

I think this is a great idea and an easy way to highlight a fall risk within a busy department, which is very reassuring

# Pressure Ulcer Prevention

Whilst there is a slight increase in the number of severe pressure ulcers (grade 3 and above) the number of avoidable pressure ulcers has remained static.

2024/25	Severe (Grade 3+)	Avoidable
QUARTER 3	80	9
QUARTER 4	84	9

The Tissue Viability Nursing (TVN) Team have been working with staff across the trust to improve communication, documentation and pressure ulcer preventative care for their patients.

Post incident reviews has identified the following common themes for improvement:

- Recognition of the early signs of pressure damage
- Full completion of Purpose-T risk assessment
- Completion of a pressure ulcer preventative care plan
- Documentation of pressure ulcer preventative care in the SSKIN bundle particularly repositioning and skin checks

The TVN Lead and Nursing Governance Facilitator within medicine are working collaboratively to improve ways in which learning from post-incident reviews are shared and disseminated to all staff to prevent recurrence of issues and improve preventative pressure ulcer care and management.

## SAFETY CROSS FOR PRESSURE ULCER PREVENTION

The form is titled 'Safety Cross' and contains a 'SAFETY CALENDAR' section. It features a grid for tracking pressure ulcers over a month. The grid has two main columns: 'DATE OF LAST' and 'PRESSURE SORE'. The 'DATE OF LAST' column has cells for dates 1, 3, 5, 7, 13, 19, 25, 27, and 29. The 'PRESSURE SORE' column has cells for dates 2, 4, 6, 8, 14, 20, 26, 28, and 30. A 'KEY' section below the grid shows three colored boxes: a green box for 'Severe', an orange box for 'Moderate', and a red box for 'Minor'. The calendar grid also includes a 'MONTH:' field and a 'DATE OF LAST' field.

The Pressure Ulcer Prevention Safety Cross has been reintroduced across the three main hospital sites within the trust.

The safety cross is used to highlight pressure ulcer incidence each month using colour coding and can be displayed on ward notice boards and shared at team meetings and safety briefs.

The data collated helps raise awareness within the team regarding the number of acquired pressure ulcers.

## TISSUE VIABILITY LINK NURSES AWAY DAY

In February 2025 Tissue Viability Link Nurses from across the Trust attended their first 'Away Day' held in the Downshire Hospital. Forty-two attendees enjoyed a day of 'Wound Management' and 'Pressure Ulcer Prevention' sessions. Davina Gilpin, Governance Facilitator for Unscheduled Care presented a thought provoking session on the 'Legalities of documentation of pressure ulcer prevention and management'. This was followed by a practical session where the Link Nurses were involved in a post incident review using a new approach, called 'Avoidable or Unavoidable – YOU DECIDE!' This emphasised messaging on the importance of documentation to evidence pressure ulcer preventative care planning and care.

There was also a focus on more general wound management and participants enjoyed presentations from the Tissue Viability Team and outside speakers.



### NEW SECONDARY CARE WOUND DRESSING'S CONTRACT

Following the launch of the new secondary care wound dressings contract in October 2024 the TVN team held a launch day in January in QIIC, Ulster Hospital. Wound management companies were represented and all staff invited to come and learn about the range of new dressings in use regionally.

This was a well-attended event and provided a great opportunity for staff to engage with all members of the nursing family across the trust.



### Good News

Congratulations to the Dementia Assessment Unit who have had a remarkable 263 days between reported facility acquired pressure ulcers.

Vivienne Murdoch (Tissue Viability Nurse Lead), Emma Clelland (TVN) and Lisa Dullaghan (Assistant Director Nursing, Safe and Effective care) attended the unit to present the award to Ward Manager, Keri Gallagher and her team.

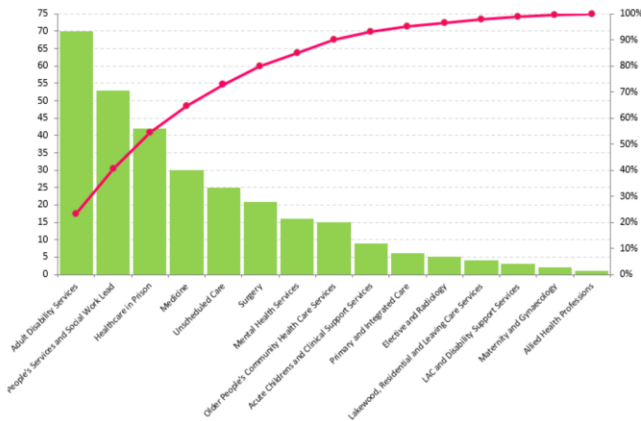
Vivienne and the Tissue Viability team congratulate the staff whose diligence, care and pressure ulcer preventative actions have ensured an excellent outcome for the patients in their care.



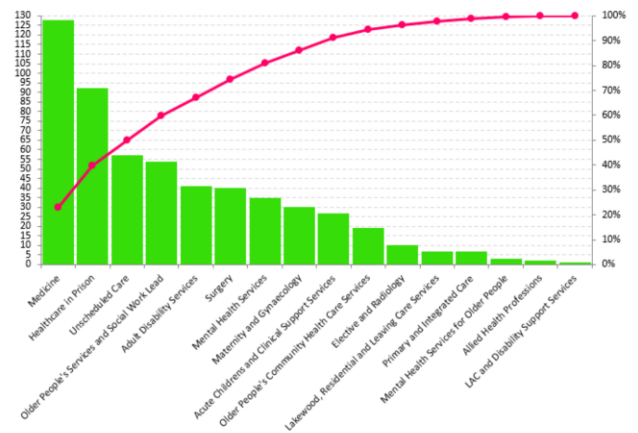
# Medication Incidents

## Incidents by area:

Q3:

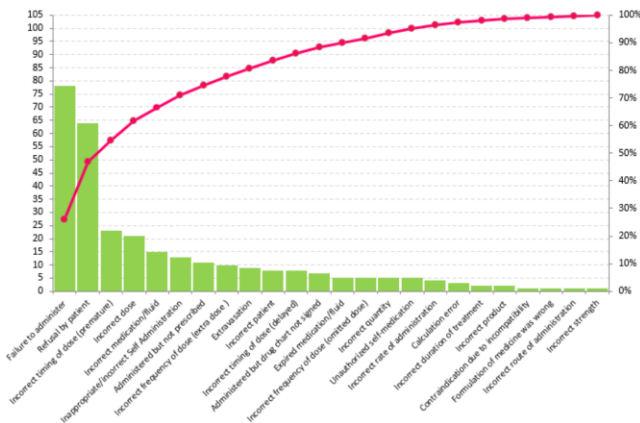


Q4:

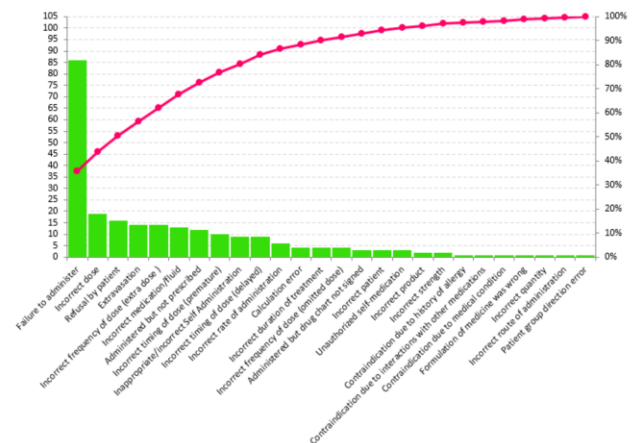


## Administration incidents by type:

Q3:



Q4:



# Omitted / Delayed Medications

In Quarter 4, there were 11 delayed or omitted administration incidents, which caused minor harm to patients which may have resulted in additional monitoring or extra days in hospital. The medicines involved were mainly critical medicines and included insulin, antibiotics and antihypertensive medication.

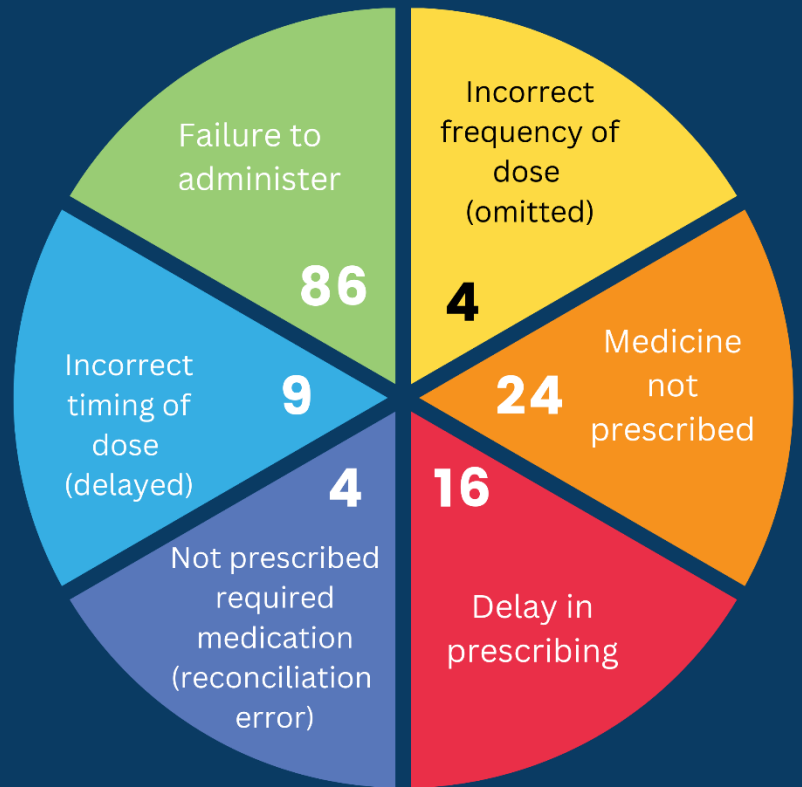
# 26%

of all medication incidents were omitted or delayed medication

# 18%

of all medication incidents were omitted or delayed medicines associated with administration

## Incidents by type:



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. Work is currently underway to produce reports from encompass which will provide a better insight into omitted and delayed medicines and help target improvement efforts.

Medication incident review meetings between colleagues in Pharmacy and Healthcare in Prisons are carried out regularly to discuss medication incidents, identify trends and provide support to specific areas where necessary.

The quarterly newsletter "Learning from Medication Incidents" continues to be produced with themes agreed at the Medication Incident Review Group.



### Medication Storage Audit

A medication storage audit has been developed by the Nursing and Midwifery Safety Quality and Assurance Team. This audit will be conducted across all in-patient settings. The purpose of the audit is to provide assurance and highlight focus areas for improvement around secure storage of medications.

# Resuscitation Services

## CARDIAC ARRESTS

In Quarter 4 there were 11 cardiac arrests reported, this is a slight increase from Quarter 4 in 2024, which had 10 cardiac arrests reported.

	JAN	FEB	MAR	TOTAL
2024	5	3	2	10
2025	5	2	4	11

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 Q4:

- Compliance with completing the 7 parameters of NEWS2 was predominantly good
- Frequency of NEWS2 not consistently recorded in line with recommended guidelines
- Variation in practice in regards to the escalation of high NEWS2 scores to senior medical staff
- Variation in practice in regards to accurate recording of fluid balance charts
- Variance in nursing documentation and record keeping in the 24 hours prior to the cardiac arrest

Identified learning from each post cardiac arrest review is shared locally with Ward Sisters / Charge Nurses and Lead Nurses and across the Trust through Safety & Quality Committee and Nursing & Midwifery forums.



## RESUSCITATION TRAINING

The Resuscitation Services Team provide training to all levels of staff across the Trust. Courses include Advanced, Intermediate and Basic Life Support.

In Q4 2024 the Team trained 869 members of staff in life support training

In Q4 2025 the Team trained 882 members of staff in life support training.

## CALL PUSH RESCUE



The Resuscitation Services Team continue to deliver Call Push Rescue (C.P.R.) training to the Cardiac Rehabilitation and Secondary Prevention patients and their relatives. In Quarter 4, approximately forty five patients and their relatives were trained. This increases awareness to the general public and enables more training, creating a nation of life savers. This course has been reinstated across all three sites.

## MOCK CARDIAC ARREST SIMULATION

The Resuscitation Services Team continue to facilitate mock cardiac arrest simulations sessions across the trust.

The staff who participate in these simulations have thoroughly enjoyed this style of training, valued the teamwork and have identified new learning needs.

Staff feedback includes:

Thoroughly enjoyed the training experience. Thank you.

Fantastic from Resus officers

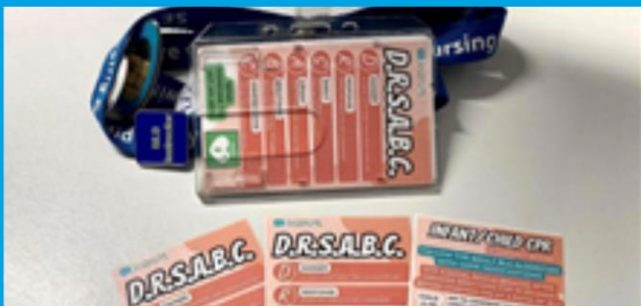
Practise dealing with an arrest in a safe environment



The Resuscitation Team assess and grade all mock cardiac arrest simulations and the highest scorer of each quarter wins a sweet treat and a certificate of achievement.

In quarter 4 the Cath Lab in the Ulster Hospital were the overall winners!

## DRSABC LANYARD CARDS



In January 2025, the Resuscitation Services Team launched the DRSABC lanyard cards. The team strive to make Basic Life Support (BLS) information more accessible to the wider staff population. The cards can be placed in the back of pass holders and provides staff with the information to perform BLS skills, such as CPR for both adult and child and choking.

## RESUS REMINDERS

In January 2025, the Resuscitation Services Team created the "Resus Reminders" which are shared on the team's social media accounts, Facebook and X.



The aim is to highlight important topics in relation to resuscitation across the trust. These include the importance of checking equipment and training requirements for staff.

## BLS INSTRUCTORS COURSE



On the 19<sup>th</sup> and 20<sup>th</sup> February 2025, the Resuscitation Services Team conducted the BLSi (Basic Life Support Instructor) Course. This welcomed eighteen candidates over the two days to certify as BLS instructors.

This cascade training provides staff with the knowledge, skills and equipment to teach BLS training to their colleagues within their own area.

## CRASH TROLLEY CONTENT AWARENESS TRAINING



The Resuscitation Services provided 'crash trolley awareness' sessions.

The sessions provided staff with the opportunity to meet the team, familiarise themselves with the crash trolley and ask questions about the equipment. The aim was to increase understanding of the contents and improve confidence when completing the daily/weekly checks.

## WHAT TO KNOW ON THE GO! (WTKOTG)

The Resuscitation Services Team worked collaboratively with the NMSQA Team to deliver 'WTKOTG'. This was a short, 5 minute, bite-size learning session which focused on the importance of checking resuscitation equipment.

Staff enjoyed this style of learning and provided great feedback to the team.

96% staff enjoyed the session and 93% of staff now feel more knowledgeable of crash trolley contents.



## AWARE COURSE



The Resuscitation Services Assistant, Sarah Boyle, continues to lead on the AWARE Course which is designed for Nursing Assistants and Health Care Support Workers. AWARE stands for Awareness Why Anticipating and Responding is Essential.

This course addresses the recognition and escalation of the deteriorating patient, utilising the ABCDE approach in a group discussion style format.

Feedback from those that attended the AWARE course:

**Really enjoyed the course. All Trainers were excellent**

**Highly recommend the course**

**Fantastic Instructor!  
Very informative and very knowledgeable.**

## NEWLY QUALIFIED NURSE (NQN) SPEED SKILLS DAY



The Resuscitation Services Team supported the Workforce Education Team in delivering 'Crash Trolley and Defibrillator' training at the NQN Speed Skills Days on the 8<sup>th</sup> and 22<sup>nd</sup> March. This course consisted of 30 minute sessions, in which NQN's were able to have the flexibility to choose the sessions they wanted to attend. This format allowed for a more dynamic experience where nurses could select training most relevant to them and their clinical area.

# Mealtimes Matter



Mealtimes Matter (MTM) audits continue to be carried out monthly across inpatient areas.

The results for the MTM for Quarter 4 are shown below:

MTM audit return figures for all inpatient wards:	<b>76%</b> Jan 2025	<b>61%</b> Feb 2025	<b>71%</b> Mar 2025	<b>69%</b> Q4 overall
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There is a small drop in the number of MTM audits returned for Quarter 3 with a decrease from 73% (Q3) to 69% (Q4). However, it is important to note that a MTM validation audit was carried out during Q3 which resulted in an increase in return rate

Compliance with MTM best practice guidance:

Inpatient wards:	<b>99%</b> Jan 2025	<b>98%</b> Feb 2025	<b>97%</b> Mar 2025	<b>98%</b> Q4 overall
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MTM audit target compliance is 95%, overall mealtimes matter compliance for Q4 is above the target rate.

## CHOKING RELATED INCIDENTS:

**20** → **19**  
Q3                      Q4

This demonstrates a slight reduction in the number of incidents reported in inpatient wards in Quarter 4.

- 7 incidents resulted in episodes of choking: 2 of these occurred when eating and drinking swallowing recommendations were not followed and are classified as avoidable choking incidents
- No patients came to significant harm
- 13 incidents occurred in acute inpatient wards
- 4 incidents occurred in a non-acute hospital setting
- 2 incidents occurred in mental health wards

## THEMES FROM MTM AUDIT AND CHOKING RELATED INCIDENTS:

- Mealtimes are not always protected
- Allergens and eating, drinking and swallowing recommendations (REDS) are not always communicated at safety pause
- Catering staff are not always participating in a safety pause prior to serving drinks
- Required details on Nil By Mouth Signage are not always fully completed
- Patient REDS are not always communicated on patient transfer or discharge and are not always displayed in patient rooms
- Food and drinks given to patients are not always in line with eating and drinking swallowing recommendations



### ACTIONS TAKEN IN Q4



Continuing to test the use of Vocera to support mealtimes communication and safety pause



Publication of SET Mealtimes Matter policy which provides guidance on key elements of the Mealtimes Matter framework including protected mealtimes, safety pause and communication of REDS



Collaborative between Dietetics, Speech and Language, Nursing and Catering teams to launch snack station pilot on 5E in the Ulster Hospital. This aims to improve patient access to snacks and meal replacement service and includes a range of foods and snacks to meet all dietary requirements and swallowing recommendations.

### FUTURE ACTIONS



Development of Trust MUST policy



Scale and spread of snack service



Development of an improved meal service provision and choice in ED in the Ulster



Reconfiguration of the Trust Choking Recommendations Implementation Group to Trust Mealtimes Matter Group

# Vaccination Services

The vaccination team deliver on multiple vaccination programmes in line with the Department of Health, Public Health Agency and Joint Committee on Vaccination and Immunisation (JVCI) guidance.

As vaccination is one of the most cost effective ways to save lives and improve health the vaccination team have been proactively delivering multiple vaccination programmes including:

- Influenza (Flu)
- Covid
- Mpox
- Pertussis
- Respiratory Syncytial Virus (RSV)
  - Maternal
  - Older people in Care Homes



In Quarter 4 (January – March 2025) the Vaccination Team delivered the following vaccinations:

VACCINE TYPE	TOTAL NO
FLU	889
COVID	350
MPOX	30
PERTUSSIS (Ante Natal from 16 weeks)	363
RSV MATERNAL (Ante Natal from 28 weeks)	474
RSV OLDER PERSON (Care Homes)	4
	<b>2110</b>

VACCINE TYPE	SET STAFF
FLU	25.9%
COVID	15.47%

The vaccination uptake from frontline South Eastern Health and Social Care staff for the Autumn programme continues to be the highest across the Trusts in the region



## FUTURE PLANS

- The Spring Covid Booster programme is starting on 7<sup>th</sup> April and will be offered to:
  - Adults 75yrs & over
  - Individuals aged 6 months and over who are immunosuppressed
  - Residents in a care home
- The Team continues to:
  - raise awareness and promote vaccination education in collaboration with multiple agencies to promote a joined-up prevention and vaccination approach.
- Respond to identified public health needs by delivering multiple vaccination programmes

# Sharing Good Practice

## Delirium

As part of World Delirium Day on the 12th March 2025, the SET Delirium Working Group held events in the Downe, Lagan Valley & Ulster Hospitals to raise awareness of delirium and deliver bite size learning sessions using the 'What to Know on the Go' (WTKOTG) approach. WTKOTG learning was delivered across all in-patient wards and information stands to raise awareness of delirium were held on the three main hospital sites.

The events were a great way to engage with people and share information about delirium including people at risk of developing delirium, causes, interventions & treatments.

Key messages on Delirium were delivered to 241 staff in 34 wards and departments throughout the trust and learning focused on three key messages in relation to delirium:

- **Types of Delirium**
- **Interventions** – Non-Pharmacological & Pharmacological
- **PINCH ME** – Pain, Infection, Nutrition, Constipation, Hydration, Medications, Environment

Also included were encompass changes in relation to the delirium flowsheet, the 4AT & delirium as part of the nursing navigator.



**DELIRIUM**

**Types of Delirium**

- Hypoactive
- Hyperactive
- Mixed

**Interventions**

**Non-pharmacological First line**

- Environment**
  - Sleep
  - Quietness
  - Lighting
  - Familiar objects
- Cognition**
  - Reorientation
  - Calendar
  - Clock
  - What Matters to Me
- Education**
  - Leaflet for the Family
  - Reassurance and involvement in care
- Physiology**
  - Pain
  - Constipation
  - Mobility
  - Oral intake
  - Purposeful activity
  - Medications

**Pharmacological**

- Haloperidol 0.5mg-1mg orally (maximum 3mg in 24 hours)
- Haloperidol 0.5mg IM (maximum 3mg in 24 hours)

**Pinch Me**

**P** - pain  
**I** - infection  
**N** - nutrition / electrolytes  
**C** - constipation / retention  
**H** - hydration  
**M** - medication  
**E** - environment

Refer to CG103: Delirium: prevention, diagnosis and management in hospital and long-term care



"Amazing little training session. Not too long which actually helped us remember what we were being taught. Loved this type of training."

"The pinch me acronym this will help with effectively assessing and treating patients with delirium to treat in timely matter."

## Paediatric Preoperative Assessment

The Children's Unit at The Ulster Hospital is the first Trust in Northern Ireland to establish a Paediatric Preoperative assessment (POA) service, utilising the GIRFT (Getting It Right First Time) Preoperative assessment services guidance in its setup.

In October 2024 Clinical Senior Nurse Sophie Ardis and Registered Nurse Lindy Ketley commenced the Paediatric Pre-Assessment Practitioner Course delivered by Thames Valley and Wessex / South West Surgery in Children Operational Delivery Network.

The course covers all aspects of POA to ensure staff have the knowledge and skills to lead and deliver a high quality pre-operative assessment service.

Both Sophie and Lindy have successfully passed the Paediatric Pre-Assessment Practitioner Course and are driving this service forward.

The service runs Monday to Friday and involves 3 stages – Triage, Assessment as well as 48-72 hour check in calls.

There has been an extremely successful rollout of this service with noticeable reduction in same day cancellations for surgery, therefore increasing theatre efficiency and increased parent satisfaction and reduced anxiety on the day.

Positive feedback has been received from parents, stating they found the phone calls beneficial and could ask any questions before the surgery date.

Another paediatric nurse is commencing POA training in May 2025 which will further develop this service enabling all children to have a pre-operative assessment prior to elective procedure.



## Regional QI Programme for Nursing & Midwifery



The Regional Quality Improvement Programme for Nursing & Midwifery is a Level 2 QI programme, which is commissioned and funded by the Chief Nursing Officer. This regional programme is co-ordinated, designed, developed and delivered by South Eastern Trusts Quality Improvement Team. It runs in conjunction with the Regional QI Programme for Social work, also coordinated by South Eastern Trust, providing multi-disciplinary learning and improvement opportunities.

The programme supports Nurses and Midwives to deliver improvements in their area of service through applying Quality Improvement methodology and tools within a strategically identified QI project. Improvement and learning is evidenced through the development of a QI poster.

The 2025/26 programme commenced in March and nurses and midwives from across the region have been successful in gaining one of the 30 commissioned places. Participants are from all five health trusts, Independent Care Home Sector, RQIA, PHA, CEC, NIPEC and Primary Care/GP Federation. The QI team are delighted with the level of interest in this course and are looking forward to working with all programme members on their Quality Improvement journey.

## Enhanced Patient Care Observations (EPCO)

In January SET was delighted to welcome Bernie Downey, Practice Development Facilitator from the Northern Health and Social Care Trust (NHSCT) to present on the Enhanced Patient Care Observation (EPCO) model. Bernie has led on this initiative within the NHSCT and has been key to the successful implementation and to embedding this in her Trust.

The EPCO model is a person centred approach that guides the assessment and monitoring of patients with distressed behaviours. It promotes therapeutic interaction, identifies patterns in behaviours and highlights interventions that could help de-escalate behaviours that are causing distress.

The session was attended by Lead Nurses, Governance Leads, Digital Information Practice Team, Nursing and Midwifery Safety Quality Assurance Team and Clinical Educators from across the Trust.



Bernie's insightful presentation provided key learning on the EPCO model as well as the implementation strategies adopted by the NHSCT.

It was an excellent opportunity to engage with Bernie and learn from her experience in developing EPCO and implementing this initiative.

An EPCO working group has been established within SET to develop and support the implementation of the EPCO model across our organisation.

## Maternity

### RECLINING CHAIRS INITIATIVE

On the week leading up to Mother's Day the Midwifery Team launched new reclining chairs in the Maternity Ward and Induction Bay in the Ulster Hospital. These are available for all women at each bed space to provide additional comfort for both women and their partners. The drive for this new initiative was supported by Helen Minford, outgoing Non-Executive Board Director. The team are incredibly grateful for her support to improve services for the women across maternity services.



### PATIENT SATISFACTION SURVEY



In March 2025 Maternity Services launched a Service User satisfaction Survey. The team are very keen to receive feedback from women and their families to assist in the drive to improve services for all. These surveys will be available at home, on discharge from the community midwifery team.

### HOME FROM HOME (HFH)



The Home from Home team have introduced bi-annual open days for pregnant women and their birthing partners to visit the Unit. This provides the opportunity to showcase the fantastic facilities that

are on offer in the HFH unit and enable women to meet and discuss their birth preferences and options with the HFH midwives. These sessions have been well attended with positive evaluations.

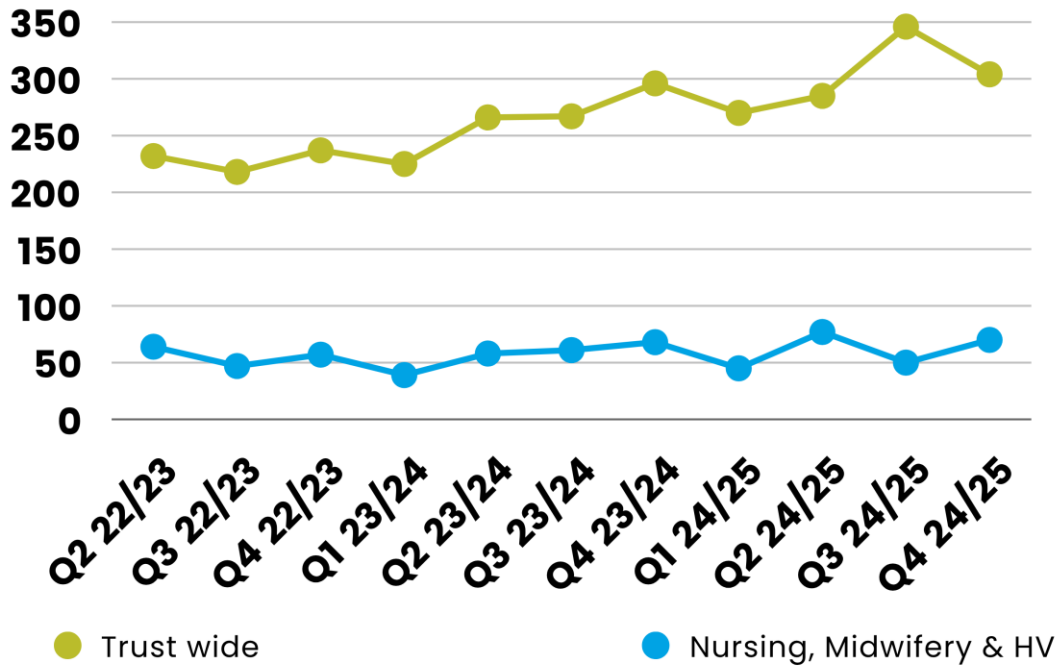
### PEER SUPPORT EVENT



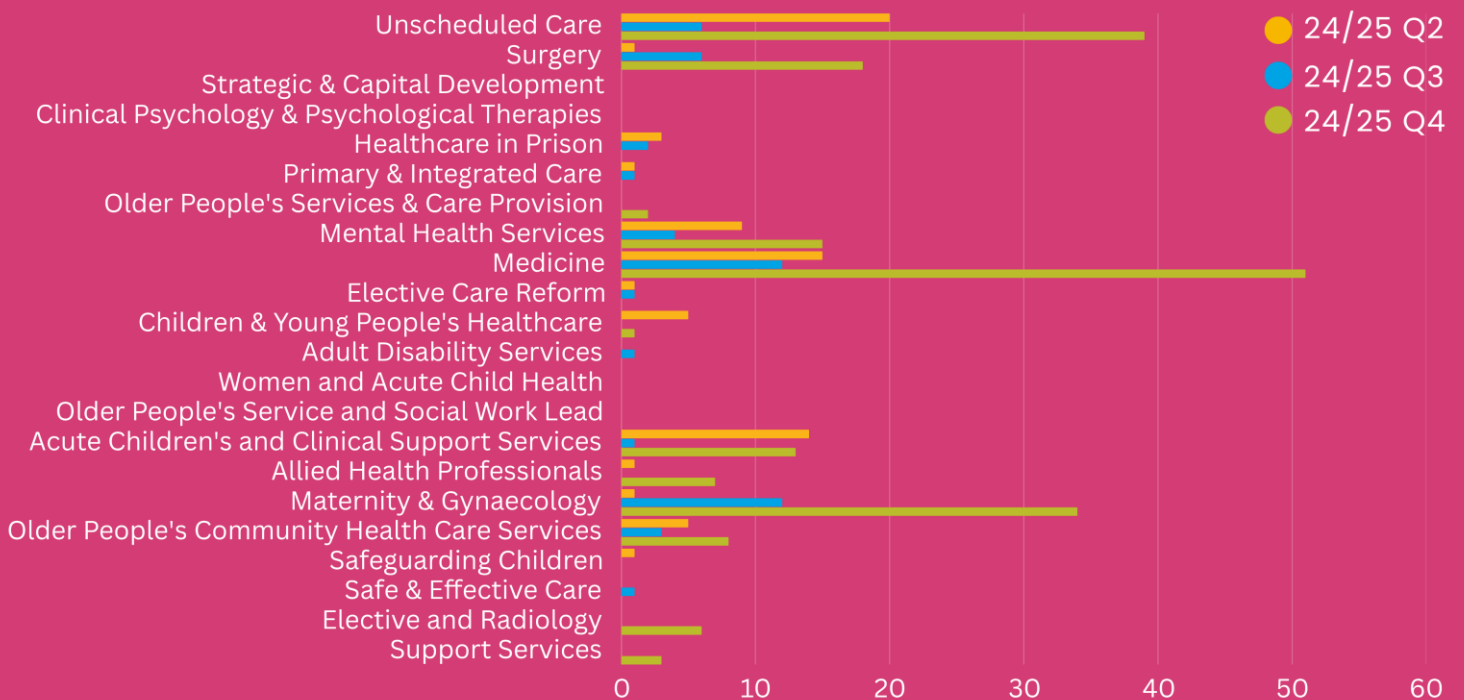
The Midwifery Practice Education Team have facilitated peer support sessions for newly qualified midwives to provide them with the opportunity to connect, grow and learn together. In March a session was organised which included an inspiring workshop with the Labyrinth Collective to promote mindfulness and wellbeing for the attendees.

# 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.



**Nothing but praise and thanks for all they do at the Ards Blood Clinic.**

**The nurses are nothing but professional in all they do and the whole unit is a place of calm and is peaceful.**

Blood Clinic, Ards Community Hospital



A couple of weeks ago I was cared for by this amazing ward, they were all round AMAZING! I could not fault any of them. They listened and were very supportive. Every single nurse and staff that cared for me, done such an amazing job.

Such an amazing team on this ward!!

Grateful for the care I received, thank you all so much. ❤️

Ward 30, Ulster Hospital



I have just completed my 6 week Cardiac Rehab programme.

It is a great programme under the care and guidance of the most wonderful team.

The nurses treat you with care and respect (and humour where possible) and every session gives you the confidence to move forward with your recovery after a heart event.

At a very anxious and sensitive time in your life, the Team make you feel cared for and safe in the checks they undertake and the advice/educational information they provide.

The Team and the Rehab programme have given me the motivation and guidance to move forward and regain my lifestyle as best possible.

Cardiac Rehabilitation Service, Ulster Hospital



*Simply wonderful staff who treated me with dignity and compassion from start to finish. In particular the wonderful nurses [who] were simply lovely - kind and friendly and put me at ease instantly. All the staff were simply lovely. Everything ran to time and was so organised.* Regional Day Procedure Unit, Logan Valley Hospital



*My partner and I have been attending the Ulster Hospital Maternity for the duration of our pregnancy. While we have received exceptional care from all the midwives and consultants, our recent experience during an ECV was particularly noteworthy.*

*We were attended to by a remarkable midwife, who remained with us throughout the procedure, offering reassurance and exemplifying outstanding quality of care. Her bedside manner was exemplary; she provided comfort and support, ensuring that both the mother and partner felt valued and cared for.*

*She took the time to address our inquiries, delivered care with dignity and respect, advocated for our needs and concerns, and made the experience truly person-centred.*

*We are immensely grateful for her support, guidance, and care, which did not go unnoticed. The level of care we received was truly inspiring.*

Ulster Hospital Maternity