



2025/26 - Q1

NME Assurance Report



Table of Contents

01	—	Digital Practice - Nursing & Midwifery (N&M) Information	3
02	—	Nursing & Midwifery: Regulation, Workforce Planning, Education and Development	12
03	—	Nursing & Midwifery Safety, Quality & Assurance	17
04	—	Complaints	50
05	—	Care Opinion Corner	51

Digital Practice – N&M Information

STAFF SUPPORT



During the first quarter of 2025, the Nursing and Midwifery Digital and Information Practice Team (NM DIPT) continue to support staff in various ways across all care settings. Key to this engagement are site visits, which are on occasion alongside the Digital Safety Team (DST). Some of the topics discussed at recent site visits were:

- Admission Discharge and Transfer of patients ('ADT' which is centred on patient flow)
- BCMA (patient and medication scanning)
- Food charting
- Personalisation and efficiency in encompass
- Digital Safety.

NM DIPT again supported the new staff 'Welcome' Event this quarter, facilitated by the SET Central Nursing and Midwifery Teams. This allows new staff members to hear key messages in relation to digital safety and nursing and midwifery practice in encompass.

240+

attendees at NM DIPT facilitated sessions

QUARTER 1 – 2025/26

SUPER USER COMMUNITY OF PRACTICE EVENT

In April, the NM DIPT facilitated another Community of Practice event for Super Users. The focus of this event was Business Continuity Access (BCA) highlighting and discussing the resilience of nurses and midwives in the organisation for a period downtime in the encompass system. The Chief Nursing and Midwifery Information Officer from Royal Devon and Exeter, guest speaker at the event, discussed the experience and learning their nursing staff gained from a planned downtime experience in October 2024. SET's business continuity arrangements were also further highlighted to attending staff and a question and answer session took place.



40%
KNOWLEDGE OF BCA
IN SET PRIOR TO
SESSION

80%
KNOWLEDGE OF BCA
IN SET POST SESSION

MATERNITY PAPER AND SYSTEMS AUDIT

During this quarter, the NM DIPT and DS teams undertook a collaborative audit of remaining paper and systems, external to encompass, currently in use. It is hoped that this audit will be extended to other care settings in time. The broad objectives of the audit across SET are to:

1. Conduct a comprehensive review to identify remaining paper-based records and other systems usage within SET services that are live on encompass.
2. Produce a report, prioritising concerns based on their impact on patient/client safety.
3. Identify and escalate concerns to the regional encompass team where necessary, supporting the future optimisation phase of the encompass programme.



The maternity sub directorate was selected as the pilot area and NM DIPT and the DST supported the midwifery leadership to complete this complex task. From this, a summary report was drafted which will help support the service with progress and accountability. An important aspect to this pilot was the quality improvement approach via a PDSA cycle for the audit tool. The learning has been taken forward to improve this for auditing in other services. It is worthy of note that this exercise was multi-professional in approach and supported the range of staff across in-patient and outpatient services for Maternity services.

INTEGRATION

In May 2025, the NM DIPT supported the cardiology ward (3C) in the Ulster Hospital in adopting a new workflow involving integration of vital signs.



Integration of vital signs is a workflow that interfaces with patients' electronic health records (EHR) on encompass. This connection ensures that the EHR retrieves the latest patient data automatically. In real time, this data is reviewed, validated and filed into the patient's encompass record by the user. Integration of vital signs can therefore promote a safer, faster workflow that inputs data directly into encompass, negating a manual input. DIPT look forward to measuring these outcomes as wider trust implementation progresses to areas such as the Emergency Department and Endoscopy where prep work has commenced.



An education session was provided on ward 3C where 10 nursing colleagues, including Super Users and the Charge Nurse attended. The team reported an

insightful session learning a new workflow that included rover integration. Their participation has enabled this newly acquired knowledge to be shared throughout the team, empowered and driven by their super users.



PERSONALISATION



In June 2025 the DST and DIPT facilitated an information session during a meeting of the Outpatient Departments (OPD) Thrive Group. During this session the nine attendees, from a variety of OPDs, received information on how to escalate digital safety issues, ongoing issues with inbaskets and current work being done by the DST. The NM DIPT DPO facilitated a question and answer session allowing those attending to ask questions on specific areas of their work on encompass and exploring how personalisation could make the processes more effective and efficient. Live demonstrations and walkthroughs were provided, with tip sheets disseminated by email as follow up to support learning. Feedback after the session was overwhelmingly positive with 100% of attendees rating the session either 4 or 5/5 for session usefulness. Further sessions have been requested with individual OPDs allowing NM DIPT the opportunity to continue to support staff with the encompass efficiency.

Helpful

excellent

Very informative

Very good

Informative

Useful

GO LIVES ACROSS NI

NM DIPT and DST supported the SHSCT and WHSCT during their Go Lives 8th May 2025. The staff supported all care settings and aspects of digital safety across various sites inclusive of maternity, community, ward areas and Go Live Hubs.



Additionally support for Healthcare in Prison has commenced and GLRA 150 was held in June 2025. NM DIPT will support nurses in the care setting with readiness events, user labs and build and workflow solutions.

INTERNATIONAL DAY OF THE NURSE/ MIDWIFE



NM DIPT and DST nursing and midwifery staff members attended the International Day of the Nurse/ Midwife event on the 16th May. At this event, Kate McGarrigle from the DST was recognised as shortlisted for RCN NI Digital Innovation Award. Alongside this, the teams handed over a cheque for £1856 to the Jonathan Patton, Chair of Trust Board, SET to benefit his chosen charity 'Friends of Kiwoko'.

MY CARE

Digital Practice Officer Susan McGloin provided support at several events both within and outside the Trust, sharing awareness and education on MyCare. On 16th May a public awareness session took place in Ards Shopping Centre, attended by the Minister for Health, Mike Nesbitt. There was excellent engagement from the public with leaflets distributed and step-by-step guidance on how to sign up to MyCare provided.

Digital Practice Officer Susan McGloin provided support at several events both within and outside the Trust, sharing awareness and education on MyCare. On 16th May a public awareness session took place in Ards Shopping Centre, attended by the Minister for Health, Mike Nesbitt. There was excellent engagement from the public with leaflets distributed and step-by-step guidance on how to sign up to MyCare provided.

On 31st May SET Susan and NM DIPT Lead Nurse Sara Cully supported the Trust 'Grow Your Own' event and they took this opportunity to encourage staff to share awareness of MyCare with those they care for.

Susan alongside Stephen Rose from the DST continued to promote MyCare at the Learning Disability Awareness morning held in Ards QIIC on 18th June.

Having the My Care banner positioned in the main hall engaged both the public and staff in attendance, who were encouraged to sign up, with Susan on hand to support with downloading the My Care app and linking to a NIDirect account.



My Care awareness and education culminated with a presentation by Susan and NM DIPT Lead Midwife Karen Gray at the 'You Said, We Did' event in Ards QIIC on 20th June. With over 50 attendees the presentation provided information on My Care functionality, current statistics of the Regional uptake in the population, along with a demonstration on how to sign up to My Care on mobile devices and computers. Attendees were signposted to further support and learning resources available to them.

TEAM DAY



The NM DIPT and DST attended a team day in May 2025. They came together and with facilitation from the People and Organisational Development Directorate, drew up a Team Charter, a plan for the next year in relation to projects and activities, and still made time for some archery! The day's feedback is being explored further at a follow up event in August '25.

EGM (EUROPEAN GROUP MEETING)

Gillian McKee and Kate McGarrigle from the NM DIPT and DST respectively attended the Epic European Group Meeting in May 2025. At this event there was an opportunity to network, experience what other Epic Programmes have optimised, and bring back key messages to SET Informatics and Clinical Staff. The 'take home messages' were:

- Staff - empowering clinicians through personalisation and Artificial Intelligence
- Staff wellbeing while using an EHR
- The Importance of an Informatics Team as a bridge between analysts and clinicians
- System Efficiency and how to achieve it
- Improvement work in relation to Sepsis, Falls, Shift Handover
- MyChart (MyCare in encompass) - using patient reminder, MyChart Bedside



HEALTH COMMITTEE VISIT

In June 2025, members of the Department of Health accompanied two Members of Local Assembly (MLA) as representatives of the Health Committee on a visit to SET. SET's CNMIO supported this visit, offering the opportunity for members to hear a regional outline of the programme, talk with clinical staff in the Stroke Ward - 4D - about the benefits to using the system and see encompass live in the clinical setting. The two visiting Health Committee members were impressed by the honest and positive feedback provided by a range of professions. They witnessed first-hand how digital practice is shaping the future of healthcare and professional practice. Whilst on site, both MLAs signed up for the MyCare app.

DIGITAL SAFETY

The first quarter of 2025 has been a period of significant activity and progress for the Digital Safety Team (DST). Our focus has remained firmly on supporting safe and effective use of encompass across health and social care, with particular attention to the continued rollout of encompass, enhancing staff awareness, and strengthening governance around digital risk and incident management

MY CARE

During Carers week Kate McGarrigle attended an event alongside other members of the encompass team to demonstrate the powerful ways the My Care app can support carers every day.



DIGITAL SAFETY NEWSLETTER

As suggested by the Digital Safety Integrated Group, the Digital Safety Team (DST) launched the first edition of the Digital Safety Newsletter in May 2025. This publication aims to enhance awareness and promote best practices in digital safety across the organisation.

Key Highlights from the First Edition:

- 100% of respondents found the newsletter very relevant and felt it provided useful information.
- 57% highlighted the sections on In Basket management and staff access removal as particularly useful.
- 71% reported that the newsletter improved their understanding of how to raise an incident effectively.



Participants also suggested future topics for inclusion, reinforcing the value of this newsletter as a platform for shared learning across all professional groups.

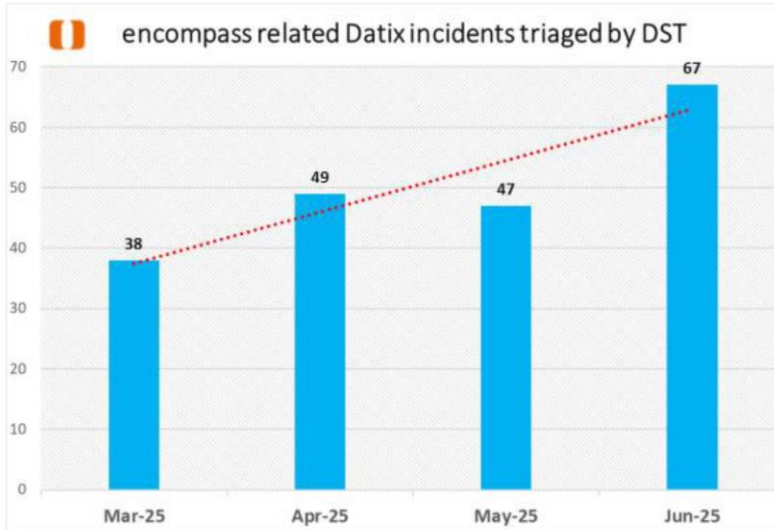
HEALTHCARE IN PRISON (HiP) – GO LIVE PREPARATIONS

The DST is actively supporting preparations for the Healthcare in Prison (HiP) Go Live, scheduled for later in 2025. Our team has participated in implementation meetings and conducted site visits to Hydebank, Maghaberry, and to the Governance Team. These engagements have provided opportunities to meet frontline staff, present to senior leadership, and promote the role of the DST in embedding digital safety principles at every level.

Digital Safety Champions (DSCs) have been identified for HiP, and we are currently awaiting training dates from the central encompass Programme Management Office (PMO).

INCIDENT MANAGEMENT

In Q1, the Digital Safety Team triaged 163 Datix incidents. Following full investigation, 69 incidents were confirmed as not related to encompass. Of the encompass-related incidents, approximately 50% were attributed to user-related factors, primarily linked to training and awareness gaps.

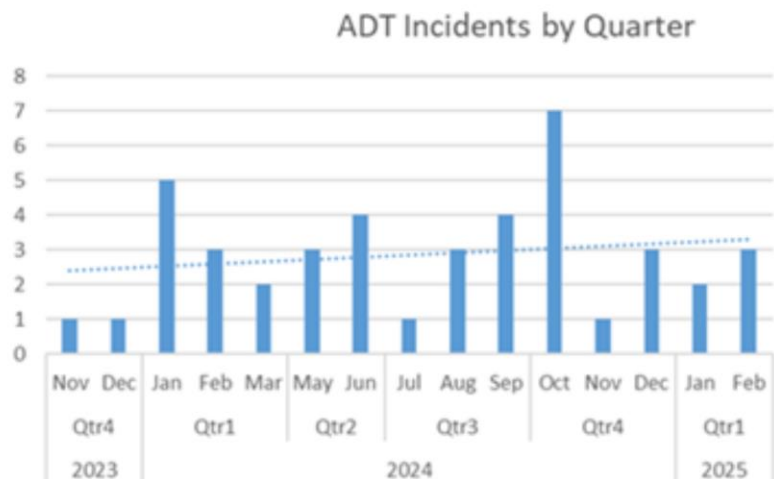


A notable increase in incident reporting was observed in June 2025. Theming and analysis of these incidents is currently underway to identify any emerging trends or areas requiring targeted intervention in the next quarter.

Following a comprehensive analysis of encompass-related incidents reported during 2023/2024, a recurring trend was identified concerning the Admit, Discharge, Transfer (ADT) workflow and the movement of patients within the encompass system.

In response, a detailed report was co-produced by the Digital Safety Team in collaboration with a Medicines Governance Pharmacist. This report was subsequently shared across the region to inform wider understanding and action.

As a result, a regional Task and Finish Group has been established to lead on improvement work aimed at enhancing the ADT workflow. The ultimate objective is to reduce the frequency of related incidents and improve the safety and accuracy of patient movement processes within encompass.



Reporting Period: April to June 2025

How much did we do?



In Basket 4 Info issued in Weekly Wrap

Attendance at the EPIC EGM in Bristol

4 days on-site support at Craigavon Area Hospital & additional virtual for SHSCT & WHSCT Go-Live

1st Digital Safety newsletter circulated

Oxygen Alert 4 Info issued in Weekly Wrap

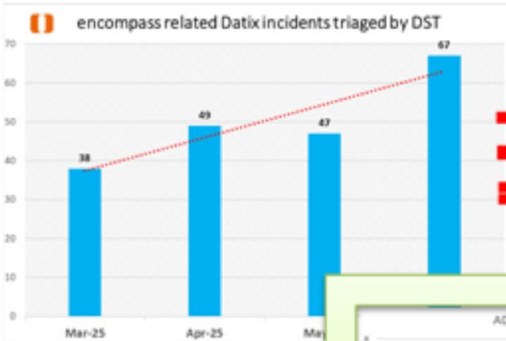
Systems and Paper Audit onsite visit completed for Family Nurse Partnership

Supported MyCare promotion at Trust Carers Week & Learning Disability Awareness Week

Unread In Basket messages
Emailed 153 active users with 100+ unread messages in their In Basket

A Thrive Session held with N&M DIPT for Outpatient Departments (reps from UH, Aids, LVH, DH & BGR) to promote Personalisation and Digital Safety.

How well did we do it?



- 3 new hazards
- 2 closed hazards
- 127 open hazards

Admission, Discharge, Transfer report co-produced by Digital Safety Team and Medicines Governance Pharmacist and shared with the region



Is anyone better off?

Newsletter Feedback

- 100% scored it Very Useful
- 71% indicated that the newsletter enhanced their knowledge of raising an incident.

15% reduction in Unread messages (-16,512)
18% reduction of Users with 100+ messages (-37)

A huge thank you for your support before, during and after our Go Live.

I was extremely grateful for your physical presence during Go Live

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



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

This section will cover the following areas:

- **Practice Education Team**
- **Vocational Team**
- **Central Rostering**
- **Nursing & Midwifery Workforce**

Practice Education Team

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



Reporting Period: April – June 2025

How much did we do?



139 Practice Placements
485 students facilitated Trustwide.



139 Practice evaluations reviewed and distributed.



135 OU nursing students supported
24 successful candidates for new cohort

241 Students on-boarded to epic

27 students hosted for 'Widening Participation' summer school



2 Post Registration support sessions

5 Practice assessor/supervisor sessions

47 Nurses attended bespoke training sessions

10 Midwives attended an update/new to role training.

How well did we do it?



100% OU student retention this quarter achieved.



100% compliance in educational audits maintained.



Successfully fulfilled governance commitment to 135 OU students through monthly reviews.

Is anyone better off?

100% reported increased preparedness post support session.

I will be confident taking students and dealing with any difficult situations

Everything was very well explained and rationale given for each point. The session will definitely help going forward with future students.

Enjoyable and well presented course! And the knowledge and support I was unaware of.

Reporting Period: April – June 2025

Supporting Nursing Assistants and Senior Nursing Assistants through the Induction and Development Pathway

How much did we do?

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

5 Senior Nursing Assistants have completed Level 3 Certificate in Health & Social Care Support

20 Senior Nursing Assistants attended Practical Skills Induction Day (Introduction of Midwifery specific skills)

Fundamentals of care

- Swallow Awareness & Mealtime Matters
- Catheter care, CSU & removal of catheter
- Pressure area care & SSKIN bundle
- Recognising the deteriorating patient

Recording fluid balance

Mouth care matters

How well did we do it?



Nursing Assistant 2 day Induction

- 100% of attendees felt that sessions were relevant to their role
- 92.9% of attendees felt more confident and equipped to perform their role



Practical Skills Induction Day

- 100% of attendees rated the training day as 'excellent'
- 100% of attendees considered the training as beneficial to their role
- 90.9% of attendees felt more confident and equipped to perform their role following the training session



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 have learned not to be scared to speak up" – SNA

"I feel more comfortable in completing tasks. More confident. Gained knowledge and know now how to use thickener properly" – SNA

The training was very beneficial to perform my role. It really is going to help me improve my quality of services. All trainers are very knowledgeable. The sessions are short but there is a lot of information" – Practical Skills Day

"I have learned about the Trusts' expectations of us and about raising concerns and been observant. I now understand the importance of effective communication"

"I know now that there is a lot of support for me. I now know where to find loads of help" SNA

"I enjoyed today's event as it has given me a lot of information and I can now put it all into practice within my role. I enjoyed all the information that was given especially for maternity HCA's in relation to our role." – Practical Skills Day



Contact Information:
rqvocational@etrust.hscni.net

Central Rostering



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

Reporting Period: April – June 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.

The Central Rostering team processed 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. The next session is on 11/08/25 [LearnHSCNI | Effective Rostering For Roster Creators \(SET-ROS\)](#)



Optima (HealthRoster) Demand Templates continue to be reviewed to provide assurance, reporting and governance to Senior Leaders in the Organisation



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 Optima (HealthRoster) Hub? We are continuing to work on improving your experience while using Optima (HealthRoster).

These improvements include a quicker turnaround time to your requests for changes to your roster, staff information and training requests. The Optima (HealthRoster) hub will be a central resource where you as an Optima (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 Optima (HealthRoster) training and appropriate forms used to request any changes. Requests should be emailed to: central.rostering@setrust.hscni.net

The Central Rostering team have successfully co-ordinated the implementation of Team Based Rostering into the Paediatric Inpatient Ward

The Central Rostering Team alongside the Corporate Bank Office successfully implemented the new Loop application to replace Employee Online. The teams helped to move across 5000+ staff.

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

Contact Information:

Lindsey Dobbin – N&M Utilisation, Planning & Information Manager
Luke McCall – N&M Utilisation, Planning & Information
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

Nursing & Midwifery Workforce

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



Reporting Period: April- June 2025

How much did we do?

67 applicants to the pre-registration nursing advert

24 attendees for Nursing & Midwifery work experience

Visit from 24 San Diego Nursing students



157 applicants for the band 5 hospital services waiting list

145 band 3 Senior Nursing Assistant applicants

55 attendees for the band 5 registered nurse interview prep session

How well did we do it?



4 Mental Health Nurses successfully completed their nursing OSCE



We hosted 2 newly qualified skills day. Both days were fully attended and a huge success, further dates have been added to the calendar



we continue to provide preceptorship support for our newly qualified nurses



Fantastic feedback from Cohort 3 & 4 of the Band 6 Leadership Development Day.

Is anyone better off?

"The recruitment team are incredibly helpful and reassuring throughout the interview and job alignment process" pre reg nurse

"Such an amazing opportunity to visit the Ulster Hospital, I have gained so much knowledge and skills, I will definitely be back" San Diego nursing student

"I really enjoyed my 3 days of nursing work experience, it has definitely helped with my decision in my career pathway" work experience student

"Thank you for hosting an interview prep session, it was very beneficial and really helped prepare for interview particularly because I was extremely nervous" pre-reg nurse



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**
- **Resuscitation Services**
- **Mealtimes Matter**
- **Vaccination Services**
- **Sharing Good Practice**

Safety & Quality of Care Nursing & Midwifery Assurance Report July 2025

Contents

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

Background

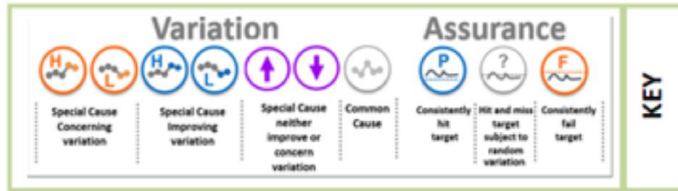
As part of our *Quality 4 All* strategy we aim to improve the safety quality and experience of care. This includes:

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

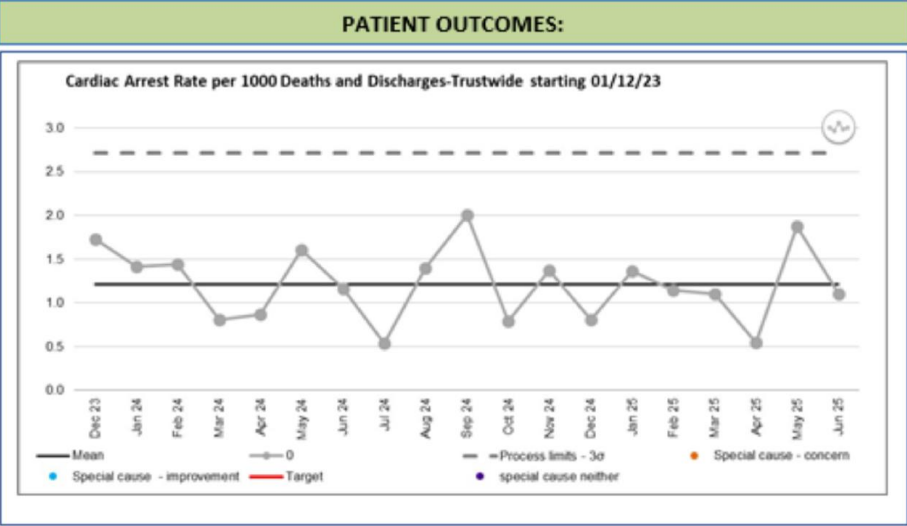
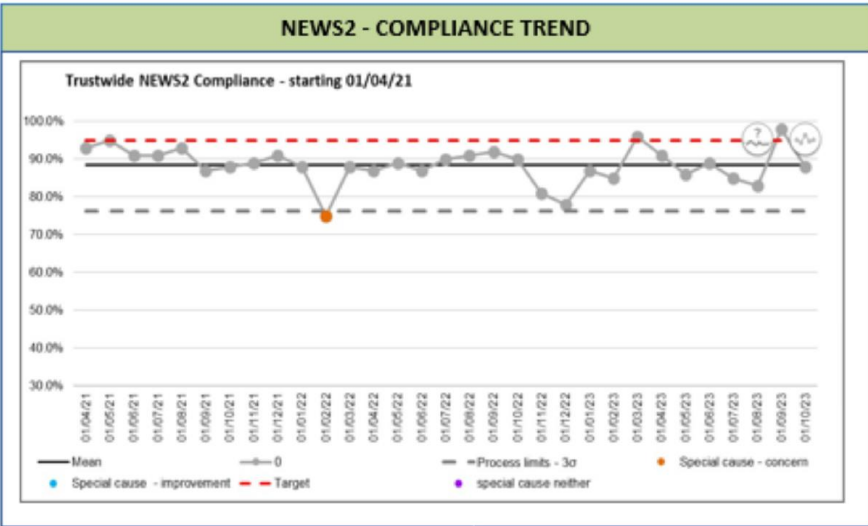
This report provides the evidence in the form of the regionally commissioned Nursing Key Performance Indicators which is presented with patient outcome data to provide assurance/focus for continuous improvement in practice that will translate into action plans to minimise avoidable harm.

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

The following data is representative of June 2025. All data is correct from 04.07.25. 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 June 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.
 - 4 Cardiac Arrests were reported in June 2025.
- Good Practice
- Ward staff initiated cardiac arrest alert and commenced CPR promptly
- Focus for Improvement
- Completion of all 7 NEWS2 parameters
 - Completion of NEWS2 to the required frequency

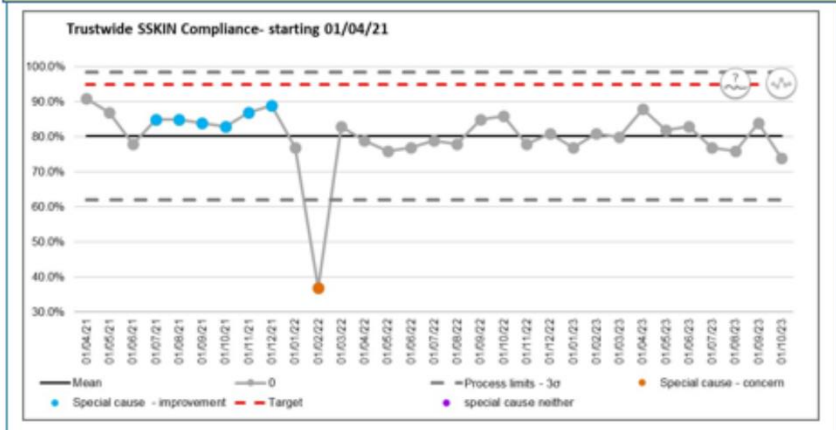
ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Post cardiac arrest reviews continue to be carried out, identified learning and agreed action plans shared with Ward Sisters/Charge Nurses for implementation.
- The Resuscitation Team continue to provide training to Nursing and Medical staff teaching a structured ABCDE approach and management of cardiac arrests
- The Resuscitation Team continue to run in situ mock cardiac arrests with a strong emphasis on recognition and management of the deteriorating patient using the ABCDE approach and management of Cardiac Arrest. Learning from mock simulation is shared with relevant ward managers and lead nurses and additional training and support provided if a learning need is identified



Outcomes June 2025

SSKIN - COMPLIANCE TREND

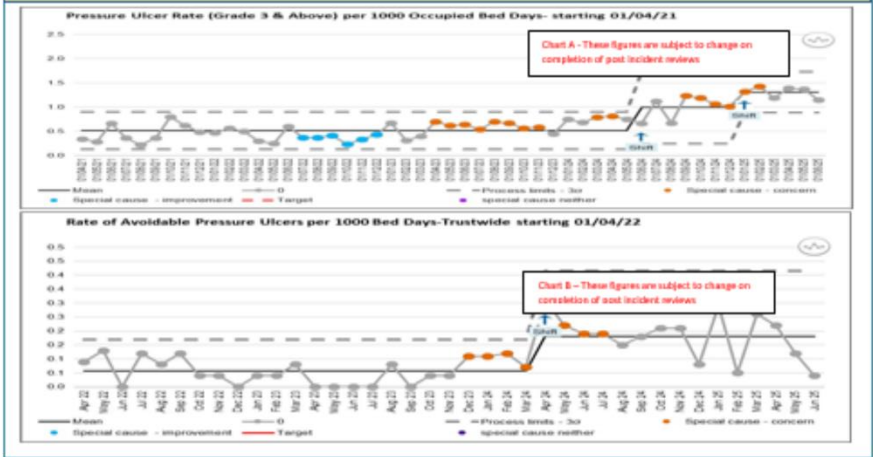


KEY LEARNING:

- The chart above depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation.
- 27 severe pressure ulcers were reported in June 2025. 1 pressure ulcer so far has been found to be avoidable (this is subject to change following post-incident review). There has been an increase in the rate of severe pressure ulcers per 1000 bed days from 0.99 to 1.31 which is depicted in Chart A (above right).
- The previous month's data (May) has been validated and there were 3 avoidable pressure ulcers recorded. Learning from reviews carried out is as follows:

- Good Practice:
- Evidence of improvement in preventative care planning
- Focus for Improvement
- Use of Pressure Ulcer Prevention Safety Cross to highlight and raise awareness of pressure ulcer incidence
 - Recognition of early signs of pressure damage

PATIENT OUTCOMES:

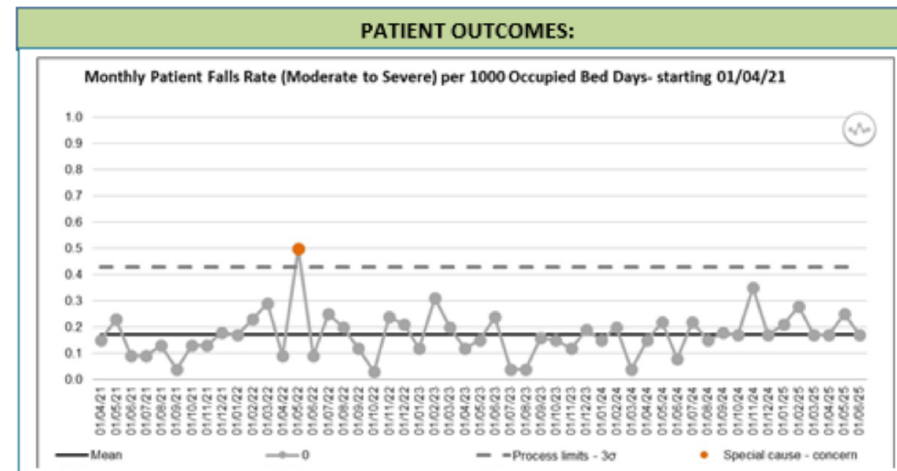
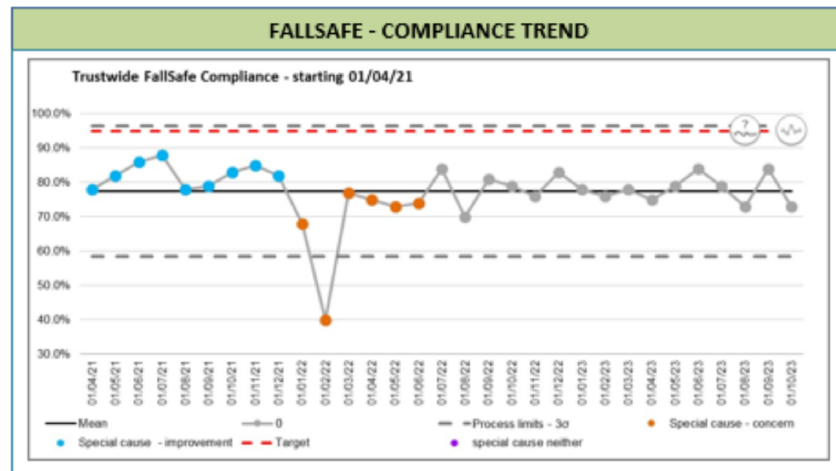


ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- The Tissue Viability team continue to provide a range of training and supports to areas; these include:
- Sharing of pressure ulcer incidence themes and trends with Ward Sisters/ Charge Nurses and Lead Nurses to raise awareness and drive improvement
 - Delivery of bespoke face-to-face training by the Tissue Viability Nursing (TVN) team using visual aids to help improve documentation and preventative care planning
 - Awareness sessions for nursing staff on the use of Pressure Ulcer Prevention Safety Cross



Outcomes June 2025



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. The chart above (top right) depicts normal variation in monthly falls that result in moderate to severe harm.
2. There were 4 moderate and above falls reported in June 2025. Learning from post fall reviews completed in June 2025 highlighted:

Good Practice

- Evidence of good risk assessment and care planning in relation to elimination and mobility
- Evidence of good post fall management in relation to blood glucose monitoring, use of flat lifting equipment and timely escalation to medical teams.

Focus for Improvement

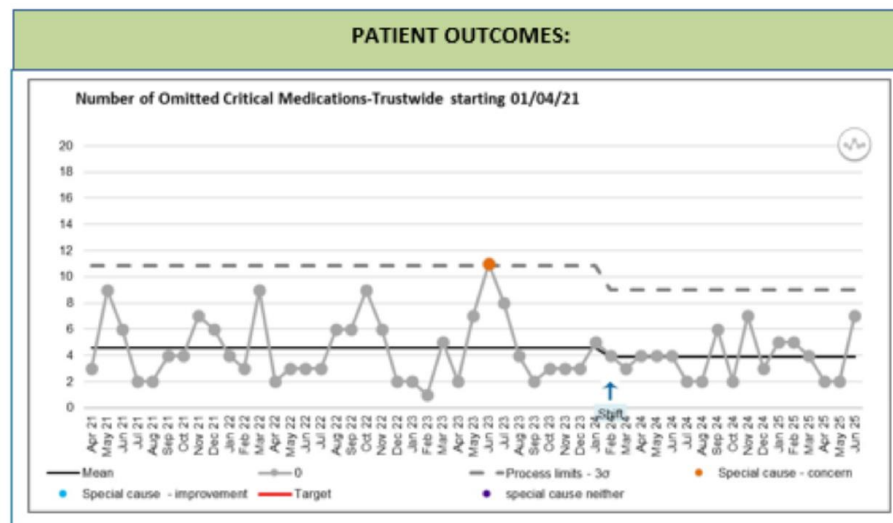
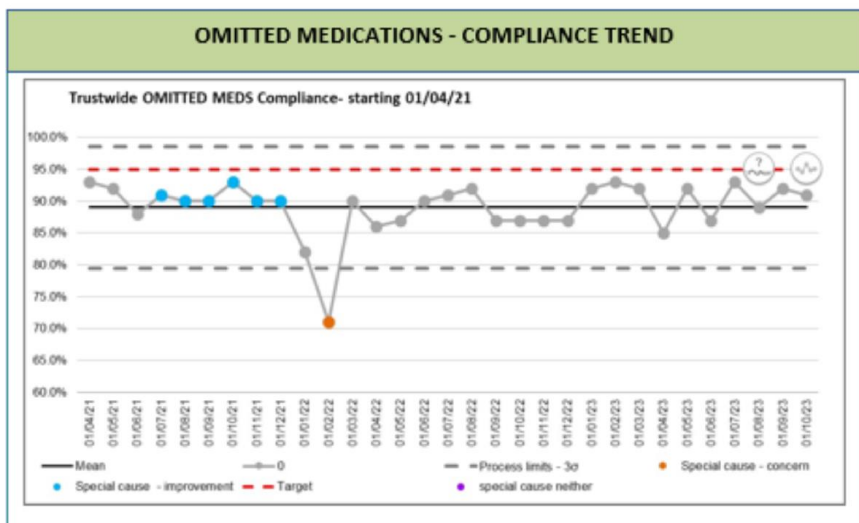
- Completion of urinalysis and cognitive screen
- Completion of Central Nervous System (CNS) observations within required timeframe
- Completion and review of falls related risk assessments within regionally agreed timeframes

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- The Falls Co-Ordinator continues to lead on a QI project to enhance communication on appropriate use of bedrails, this has resulted in improved completion of bedrails risk assessment.
- The Falls Team are providing bespoke falls training as part of Enhanced Patient Care Observation (EPCO) implementation programme.
- The Falls Team delivered practical training on Lying/Standing Blood Pressure to nurses and midwives at the 'You Said We Did' event
- The Falls Team are working collaboratively with the Nursing Midwifery Safety Quality and Assurance Team to support best practice in relation to CNS observations.
- Post-fall reviews continue and learning shared with relevant teams



Outcomes June 2025

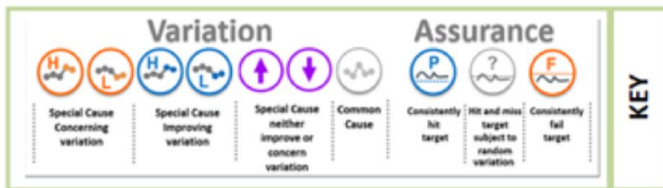


KEY LEARNING:

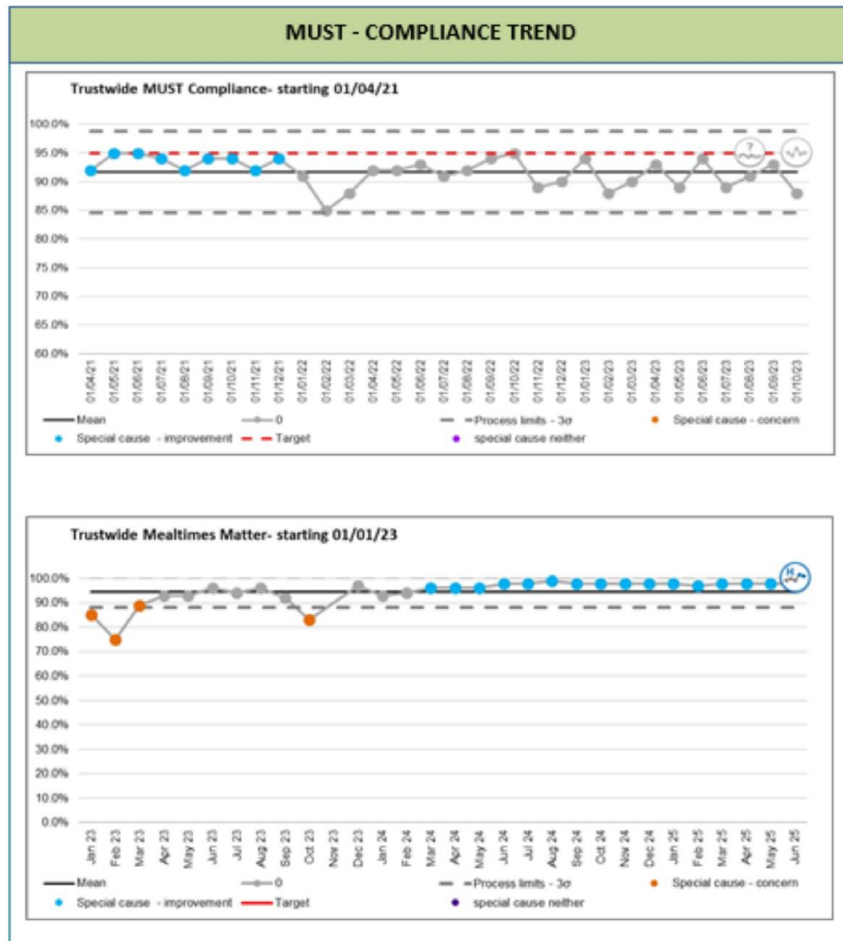
- Work is being undertaken to provide safety metrics for the Nursing KPIs within Encompass, the chart above demonstrates the most recent data available in October 2023 and shows normal variation
- Seven incidents were reported in June 2025 in which a delayed or omitted medication caused minor harm to a patient. Medications involved included IV fluids, lithium and insulin.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- The Learning for Medication Incidents newsletter was distributed throughout the trust reflecting on themes from medication incidents over the last quarter.
- Data is being gathered on delayed medications with an aim to include as an outcome reporting measure.



Outcomes June 2025



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 June
- Awareness sessions on Mealtimes Matter and nutritional assessment were delivered to nurses and midwives as part of the Trust wide 'You Said We Did' event
- The Trust Oral Hygiene Group is working collaboratively with the Western Trust to develop a regional approach to improve patients' oral care needs.

Falls



Falls resulting in Moderate, Major and Catastrophic Harm

15 → **14** = **7% DECREASE**
Q4 2024-25 Q1 2025-26

Number of falls resulting in Moderate/Major/Catastrophic harm in Q1 2025-26	**14 (3 moderate, 10 major, 1 catastrophic)
Number of Post Falls Incident reviews completed in Q1 2025-26	24
Cumulative Number of outstanding Post Fall Incident reviews October 2023- end Q1 2025-26	23
Cumulative Number of Post Fall Incident reviews in progress/awaiting response from ward September 2022*- end Q1 2025-26 *3 historical reviews date back to September 2022. The next longest outstanding review for completion is January 2025.	6 (These 6 are inclusive of 23 outstanding not in addition to)



Good practice themes identified from completion of post fall incident reviews:

- Completion of falls risk assessment generally completed well on admission
- Evidence of assessment and care planning to meet patients elimination needs
- Provision of mobility equipment to reduce risk of falls
- Post fall review and management



Areas for improvement:

- Focus on completion of urinalysis and cognitive screen on admission for patients at risk of falls.
- Completion of CNS observations in line with NICE guidance.
- Completion of falls risk re-assessments within regionally agreed timeframes.

Action Taken re: areas for improvement above:

- Focus for improvement identified through post-incident reviews shared with senior nursing staff for actioning
- Delivery of ward specific bespoke education and training to support and address learning from post falls incident reviews.
- Practical training on Lying/Standing Blood Pressure delivered to nurses and midwives at the Trustwide 'You Said We Did' event in June
- Provision of bespoke falls training as part of Enhanced Patient Care Observation (EPCO) implementation programme. Feedback on these sessions has been very positive:

very useful

informative

eye opening

didn't realise CNS observations were half hourly and not every 15 minutes



QI Project: Safe Use of Bedrails

The Acute Falls Lead is undertaking the “Quality for You” Programme and her project is focusing on completion of Bed Rails Risk Assessment and communication of risk assessment outcome. This is being tested on in Ward 14 in LVH with an aim to scale and spread. This has resulted in the development of a bedside poster to communicate assessment outcome which is displayed at the patient’s bedside.

Patient name:

Bedrails risk assessment outcome

Recommended	<input type="checkbox"/>
Not recommended	<input type="checkbox"/>
Use with care	<input type="checkbox"/>
Patient request	<input type="checkbox"/>

Date reviewed: _____

*Refer to regional guidelines on when to update risk assessments

Through a number of strategies including staff engagement, education and the development of a laminated poster, completion of bed rails risk assessment has increased from 25% to 86%.

In addition there has been a 62.5% reduction in falls achieved compared to 8 weeks prior to launch.

Staff also report improved competence and confidence in completing bed rails risk assessment.

Pressure Ulcer Prevention

Reported facility acquired pressure ulcers continue to be investigated through a regionally agreed post incident review format. The learning from each incident is shared both locally and Trust wide for action.

In secondary care severe pressure ulcers (stage 3 and above) incidence remains high suggesting that the early signs of pressure damage are not identified.

Primary Care figures are lower and only 1 avoidable ulcer has been reported this quarter.

QUARTER 1	SEVERE (STAGE 3+)	AVOIDABLE
2024-25	84	9
2025-26	81	9*

*this figure may change following post-incident reviews

The number of severe stage 3 and avoidable pressure ulcers remains largely similar when comparing Q4 and Q1 this year.

Of note there were 57 stage 3 and above and 19 avoidable PUs for Quarter 1 2024/2525.

This demonstrates an increase in the number of stage 3 and above but an improvement in the number of avoidable pressure ulcers with a 50% reduction compared to the same period last year.

Post incident review have identified the following common themes for improvement:

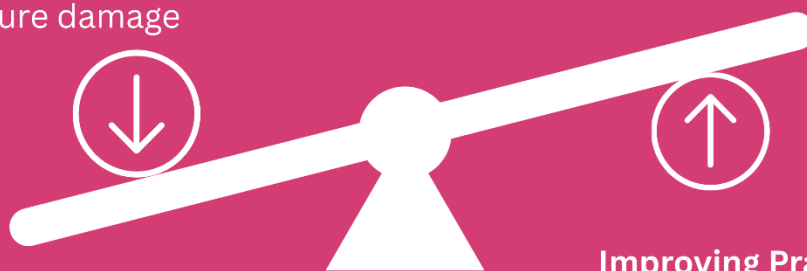
- Recognition of the early signs of pressure damage
- Completion of all elements of Purpose-T risk assessment
- Completion of a pressure ulcer preventative care plan in at risk patients
- Recording of pressure ulcer preventative care within the SSKIN bundle



- The Tissue Viability Nursing (TVN) Team provided PURPOSE-T 'clinic', drop in sessions to District Nursing teams using a Q&A style approach to reinforce the importance of timely and accurate Purpose-T risk assessment and preventative care planning in community setting.
- The TVN Team are supporting nursing and midwifery staff trust-wide by sharing learning and promoting best practice through an intensive programme of education and support.
- The TVN Team continue to deliver on improvement actions whilst also recognising areas of good practice and where improvements have happened.

Focus for Improvement

Gaps in SSKIN bundle
 Delay in identifying an individual
 at risk of pressure damage



Improving Practice

Purpose T skin checks on admission
 Staging of pressure damage

Tissue Viability Link Nurses have taken a lead role in sharing pressure ulcer prevention information within their own areas. Of particular note is Emergency Department nurses who have raised staff awareness through pressure ulcer prevention days and reinforcing the positive impact of pressure ulcer preventative care. Hybrid pressure relieving mattresses have been introduced in ED and the team are working with TVNs to reduce pressure ulcer incidence using a QI approach.

In Quarter 1 the Tissue Viability Link Nurse Newsletter focused on the importance of the safety cross as a visual depiction of pressure ulcer status, this is to raise awareness of pressure ulcer incidence in wards and encourage proactive pressure ulcer prevention. Staff are encouraged to complete the Safety Cross and share at safety briefings and team meetings.

South Eastern Health and Social Care Trust

Month of reporting _____

Date of last reported pressure Ulcer _____

No. of ulcers at site

Heels _____

Sacrum _____

Buttocks _____

Other _____

GREEN- no reported ulcers
 AMBER- Pressure ulcer admitted
 RED- ward acquired pressure damage

Pressure ulcer Safety Cross

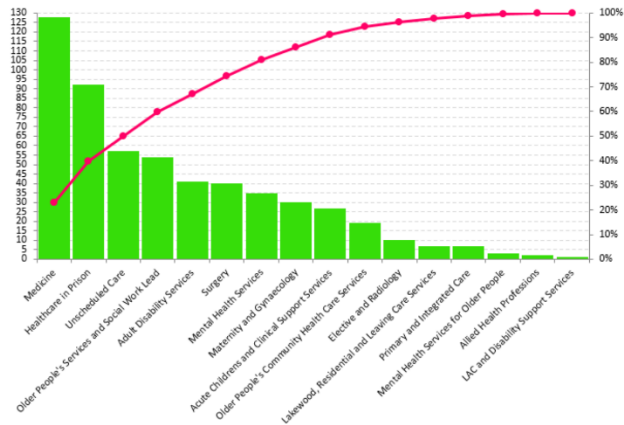
1	2				
	3	4			
	5	6			
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
		25	26		
		27	28		
		29	30	31	

Don't forget- PURPOSE T risk assessment on admission, if condition changes and update weekly.
 Skin check if at risk and document in PURPOSE-T- be reactive to early signs of pressure damage.
 If at risk, complete preventative individualised care plan with effective repositioning schedule
 Use the SSKIN bundle to evidence care delivered as directed by the SSKIN Bundle care plan

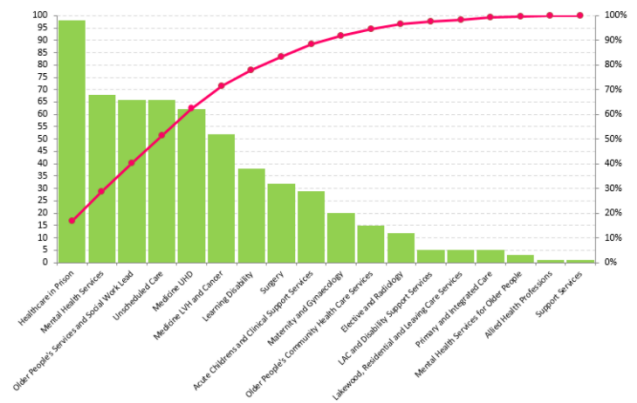
Medication Incidents

Incidents by area:

Q4:

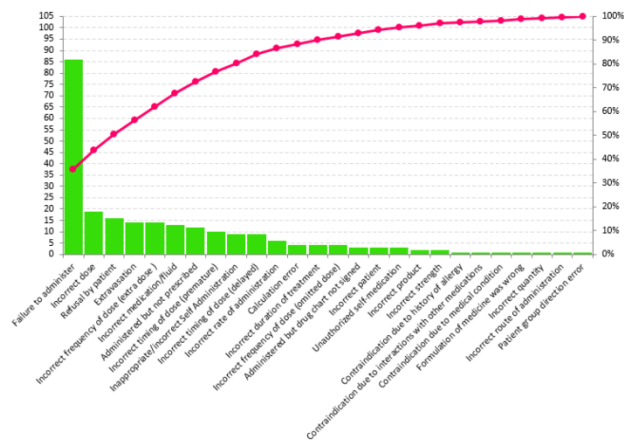


Q1:

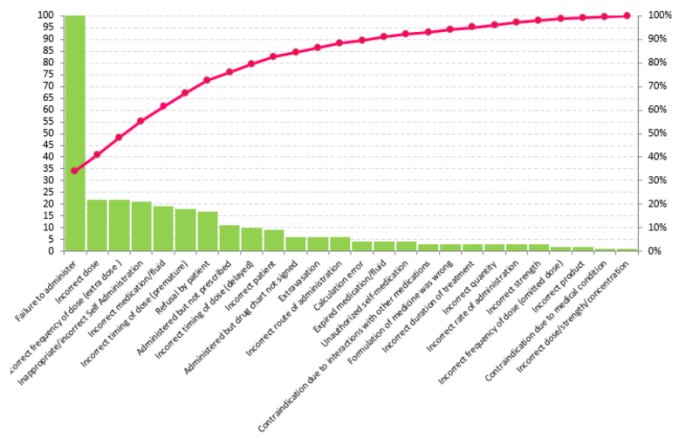


Administration incidents by type:

Q4:



Q1:



Omitted / Delayed Medications

In Quarter 1, there were 11 omitted or delayed administration incidents which caused minor harm to patients. Minor harm may have resulted in additional monitoring, short term injury or an extended stay in hospital. The medicines involved were mainly critical medicines and included insulin, IV fluids and anticoagulants.

24%

of all medication incidents were omitted or delayed medication

20%

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 & Assurance (NMSQA) 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

The medication safety team and NMSQA team are in the initial stages of a pilot project looking at self-administration of critical medicines for patients with Parkinson's disease.

Resuscitation Services

CARDIAC ARRESTS

In Quarter 1 there were 15 cardiac arrests reported, which is an increase from Quarter 1 in 2024, which had 12 cardiac arrests reported.

	Q1 (2025)	Q1 (2024)
Apr	2	3
May	8	5
Jun	5	4

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

Common themes from Q1:

- All NEWS2 parameters not consistently completed resulting in a NEWS2 score not always being generated.
- NEWS2 not always recorded to the recommended frequency
- Delay in escalation to appropriate grade of medical staff.
- Fluid balance charts not always completed accurately.
- Nursing documentation does not always evidence recognition, escalation and management of the deteriorating patient.

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

877
**MEMBERS OF STAFF
TRAINED IN LIFE
SUPPORT IN Q1 2024**

1169
**MEMBERS OF STAFF
TRAINED IN LIFE
SUPPORT IN Q1 2025**



PAEDIATRIC THINK ABCDE!

In June 2025, the Resuscitation Services Team launched the paediatric version of the 'Think ABCDE!' lanyard cards alongside 'WETFLAG calculation' cards. WETFLAG is an acronym used to aid emergency calculations in paediatrics.

WETFLAG stands for:

- W**eight,
- E**nergy,
- T**ube size,
- F**luids,
- A**drenaline,
- G**lucose.



The team were eager to make this information more accessible to staff who care for sick children and infants. The cards can be placed in the back of pass holders.

Staff feedback:

Great resource that's easily accessible!

This is a great tool to use in ED, especially in an emergency

MOCK CARDIAC ARREST SIMULATION

Mock cardiac arrest simulations continue across the Trust, both in hospital and community settings.

These simulations offer numerous benefits for our staff, including enhanced teamwork, better communication, increased confidence in dealing with a cardiac arrest and ultimately, better patient outcomes for our patients.



The winners for Quarter 1, with the highest score was Mount Alexander House, Comber.

Mealtimes Matter



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

The results for the MTM for Quarter 1 are shown below:



There is an increase in the number of MTM audits returned for Quarter 1 from 69 % (Q4) to 73 %. The Mealtimes Matter group meets quarterly with Trust Leads and part of the work of this group is to increase audit return rate therefore obtaining more robust assurance.

Compliance with MTM best practice guidance:



MTM audit target compliance is 95%, overall mealtimes matter compliance for Q1 slightly below the target rate.

CHOKING RELATED INCIDENTS:

19 → **16**
Q4 Q1

This demonstrates a reduction in the number of incidents reported in Quarter 1.

Fourteen of the reported incidents occurred in inpatient wards, whilst two occurred in ED. One resulted in minor harm whilst the remaining were identified as near miss or no harm.

Seven incidents resulted in choking, one of which was unpredictable and could not have been avoided.

THEMES FROM MTM AUDIT AND CHOKING RELATED INCIDENTS:

- Mealtimes are not always protected
- Meals/ food served are not in line with person's choice or IDDSI recommendations
- Catering staff are not always participating in a safety pause prior to serving drinks
- Nil By Mouth Signage is not always fully completed
- Encompass is not being used to full potential to communicate Eating, Drinking Swallowing Recommendations (EDS)



ACTIONS TAKEN IN Q1

- Trust Mealtimes Matter group established to support implementation and provide assurance on the Mealtimes Matters Framework standards.
- Pilot of ward based snack service on ward 5E, UH
- Improved meal service and introduction of snack service in ED
- Collaboration with nursing, catering and dietetic leads within surgical directorate to address concerns around safety and quality of meal service for patients
- Awareness sessions on Mealtimes Matter and nutritional assessment were delivered to nurses and midwives as part of the Trust wide 'You Said We Did' event
- Mealtimes Matter and Dysphagia awareness sessions delivered at nursing skills days.

FUTURE ACTIONS

- Scale and spread of snack service
- Finalise MUST policy for inpatient & community
- Service user feedback on meal service
- Regional collaboration to develop a framework to improve provision of oral care.

Vaccination Services

Immunisation programs are considered one of the most important public health achievements in the world.

SET 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. These include Influenza, Covid, Pertussis, RSV (Maternal/older people) Maternal Pertussis and Mpox.

The Spring Covid-19 Booster Programme commenced on 7th April and ran to 30th June 2025.

The aim of this programme was to boost the immunity of the most vulnerable, i.e. adults aged 75 years and over; residents in care homes for older adults and individuals aged 6 months and over who are immunosuppressed.



Covid boosters were delivered via vaccination clinics and offer an alternative service for patients 18 years and over who can't attend their GP for an appointment. In addition the team also provide a vaccination service for the housebound and those under 18 years of age.

1,541 Covid-19 Booster vaccines were delivered across SET in Quarter 1. This was the highest number of Spring Covid-19 boosters per Trust regionally. (PHA Regional dashboard data 1.7.25)

VACCINE TYPE	No. of Vaccinations in Q1
Spring Covid-19 Boosters	1541
Maternal Pertussis (whooping cough)	348
Respiratory Syncytial Virus (RSV)	644
Mpox	21

The Vaccination team have received very positive feedback from the Ante-Natal mothers who say the service is: *“very convenient and accessible as they can walk-in without having to book an appointment for vaccination”*



Future Plans:

- Education and vaccination support to Ante-Natal mothers on Pertussis and RSV vaccination
- New Vaccination Programme for Gonorrhoea starting in August 2025
- Promote early uptake of Flu vaccinations in the Autumn Influenza and Covid-19 Booster programme starting October 2025
- Collaboration with multiple agencies to promote a joined-up prevention and vaccination approach.
- Raise awareness and promote vaccination education

Sharing Good Practice

International Day of the Nurse and Midwife

The International Day of the Nurse and Midwife event took place in QIIC Ards on the 16th May 2025 honouring the dedication and invaluable contributions of nurses and midwives within the South Eastern Trust. The program featured a range of inspiring speakers, including Dr Crystal Oldman who spoke about her long-standing and varied nursing career. Crystal's career spanned several decades and she shared her extensive experience across a wide range of nursing roles in various healthcare settings.



During the event, Chief Executive Roisin Coulter and Chairman Jonathan Patton presented certificates of achievement to nurses and midwives who reached the second stage of the RCN Nurse of the Year Awards.

A poster competition also took place, showcasing Quality Improvement (QI) projects completed within the past year by nurses and midwives. Director of Nursing David Robinson awarded Nikita Hall, Neonatal Staff Nurse as the winning project. The title of her QI project was called 'Every memory we make is a footprint on the path of life we make together'. The aim of the project was to increase the number of parents using the memory milestone booklet by 50% in the Neonatal Unit.

The event concluded with a special guest interview featuring Clare-Marie Dickson, Director of Primary Care and Older People, hosted by Angela Reed. Clare-Marie shared her inspiring journey in nursing, saying, ***"It has been the privilege of my life to be a nurse. I went into hospital for a month when I was seven, and as I left, I knew that I wanted to be a nurse."***

Towards Zero Suicide

All patients discharged from an inpatient mental health setting receive a post discharge appointment and review by a mental health professional.

This is essential to support the patient post-discharge and to put in place early intervention strategies and alleviate any issues or symptoms the person may be experiencing following discharge.

Karen McMillan, Towards Zero Suicide Service Improvement Manager/ Nurse has taken a lead in decreasing the follow up appointment time from 7 days to 72 hours following discharge. This is in line with recommendations from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and in recognition that 15% of post discharge suicides occur within the first week of leaving hospital, with the highest number on the second full day of discharge.

Mental Nurses across the Trust play an integral part in post-discharge review ensuring a person-centred approach by maintaining the focus on the individual person and ensuring that their journey from acute to community care is seamless and supportive. Staff ensure the patient and family/carers are fully informed and involved in the discharge process and that patients are active participants and contributors to this process.

To date this has resulted in 80% of patients having a post-discharge review within 72 hours of discharge with the remaining reviews happening within 5 days.

Shared Learning meetings for Maternity Ward staff:

A new initiative to ensure learning is captured for all clinical teams

Maternity Shared Learning meetings happen bi-monthly and are a new initiative for the Maternity Ward to share learning from incidents, teaching sessions, closing the loop, audit and Morbidity and Mortality cases.

Dates of the meetings are shared in advance to encourage and promote staff attendance with both in person and virtual options available. Information is shared using PowerPoint presentations and includes learning from clinical cases and incidents. Topics also include new policies, guidelines, medication incident action plans and action plans to improve user satisfaction within maternity services.

This approach helps address gaps in communication and promotes early recognition of themes and trends to support early intervention. It also aims to foster a culture of openness and shared responsibility for all in a supportive way which provides reassurance to the team that challenges are common and can be solved. This approach also aims to build on peer support and reduce feelings of isolation and also recognise and acknowledge good practice and small wins.

We hope that these 2 monthly ward shared learning meetings promote a sense of belonging and professional purpose.

The session was really great and it was brilliant to hear what is going on in other areas too - when we work on the ward and are so busy, we seldom know what is happening elsewhere & meetings like this are really helpful.

Following positive feedback there are plans to roll these meeting out to all areas within maternity.

Implementation of Documentation KPI for Mental Health Inpatient Services

In collaboration with Safe & Effective Care the Nursing Governance Facilitator in Mental Health developed a comprehensive documentation KPI to provide assurance on nursing documentation standards across mental health inpatient wards.

The introduction and implementation of this KPI aims to not only measure compliance against the agreed standards but also provide staff with clear guidance on record keeping standards and promote a person-centred approach to care through continuous improvement.

This new KPI audit tool replaced pre-encompass Go Live documentation KPIs and resulted in the merging of 3 existing KPI's into one KPI. The tool focuses on nursing documentation at key points in the patient's journey i.e. assessment on admission, care planning, and evaluation and uses structured audit criteria to promote complete and accurate records. This tool has also been built to reflect recording of nursing assessment and care in the digital system and was co-produced in partnership with ward staff and nursing leads.

Following initial testing of the KPI on one ward, this tool has been built onto the Formic recording and reporting system and has been rolled out across all adult acute mental health wards, with plans to further roll out to the addictions inpatient unit. The introduction of this tool on Formic supports staff with inputting data and facilitates analysis of data by generating reports and helps to identify standards of practice and allows teams to focus improvement.

The documentation audit was introduced in June 2025 and has been well received by teams. This will be a monthly audit and is included as an agenda item at mental health governance meetings, ward manager meetings and ward team meetings to share learning, highlight good practice and focus improvement.



ED – “Refresh the Skin Day”



The 24th of June was a day dedicated as a sequel to the very successful “STOP the Pressure!” day back in December in ED at the Ulster Hospital and was called “Refresh the Skin” day.

In response to increasing Pressure Ulcer Incidents (PUIs) within ED, Ward Sister Jenny Docherty organised department wide pressure prevention education days. These engaged not only nursing staff but also members of the multidisciplinary team (MDT), including ED medical staff, Senior Management Team, and Northern Ireland Ambulance Service colleagues.

The nursing team secured pressure relieving mattresses designed for ED trolleys which are used for patients at high risk of developing pressure ulcers. PUI staging cards were also developed and shared amongst staff to guide on accurate skin assessment, pressure ulcer staging as well as clear actions to take when risk is identified.

“Stop the Pressure” and “Refresh the Skin” days’ involved extensive education and sharing of resources to encourage and support best practice in pressure ulcer prevention and management.

These days were a huge hit and were well received by staff, staff were even treated to a “foot shaped” bun and some refreshments at the same time.

The positive feedback was a highlight of the day and it allowed teams to recognise and appreciate each other’s challenges, helping strengthen collaboration.

The ED team are continuing to look at ways to reduce pressure ulcer incidence and are working with TVNs and the Quality Team to develop a Quality Improvement approach to pressure ulcer reduction through pathways, education and equipment selection.

You Said, We Did 2025

The Nursing & Midwifery Safety, Quality & Assurance (NMSQA) team hosted the bi-annual You Said, We Did event on 20th June 2025 at QLIC Ards, welcoming over 50 nursing, midwifery and healthcare assistant staff.

The event focussed on strengthening governance, promoting patient involvement in care decisions, and supporting professional learning. Key presentations included:

- An overview of the Lead Nurse for Patient Safety role
- Implementation of NICE Guideline 197 – Shared Decision Making
- A demonstration of the MyCare app

The event also featured targeted 'In A Nutshell' learning sessions covering:

- Wound Management
- Lying & Standing BP
- Mealtimes Matter
- Palliative Care



The highlight of the day was a personal account by Clodagh Dunlop, who shared her recovery journey from Locked-In Syndrome, reinforcing the importance of person-centred care and the critical role of nursing staff in recovery.

The day concluded with focused sessions on Frailty – a key Trust priority – addressing Deconditioning & Nutrition, Delirium and EPCO (the Enhanced Patient Care Observation project).

This event exemplifies good practice in staff engagement, education, and alignment with strategic priorities in patient care.

Improving antipsychotic side effect monitoring for adults with a learning disability

Anti-psychotic medications are often used for individuals with learning disabilities when they exhibit challenging behaviours such as aggression, self-harm or other behaviours which may pose a risk to the individual themselves or others. These are not a first line treatment and only considered when other approaches such as psychosocial interventions have not been effective in managing behaviours.

Anti-psychotic medications can have significant side effects including metabolic issues, weight gain and movement disorders.

Weekly antipsychotic clinics for adults with a learning disability were set up in North Down and Ards in October 2024 which run in tandem with psychiatry review clinics. During the clinics Learning Disability Nurses record the individual's physical observations including height, weight, BP, pulse, and abdominal circumference to establish a baseline and for ongoing monitoring. A range of bloods tests are also taken to monitor for side effects of antipsychotic medication.

The publication of the NICE guidance NG54 (2025) Mental health problems in People with Learning Disabilities: Prevention, Assessment and Management identified a clinic gap in using agreed outcome measures and taking into account communication needs to measure and monitor the impact of side effects of antipsychotic treatments.



Rebecca Wilson CNLD worked in partnership with the psychiatry team to identify the most appropriate scale to monitor side-effects for adults with a learning disability. A range of scales were explored and the Glasgow Antipsychotic Side Effect Scale (GASS) was agreed as a potential tool due to its simplified structure, length and ease of use.

This was introduced and tested using PDSA cycles. Rebecca identified that the scale could be enhanced if it was introduced to the patient in an easy read format. In consultation with speech and language therapy, an easy read version of the GASS was developed.

Feedback received from patients and psychiatry teams has been positive. The scale has empowered patients to self-report side effects, therefore improving outcomes for patients with a learning disability.

The GASS is now embedded in practice within the North Down and Ards. There is work ongoing to establish antipsychotic clinics within the Downpatrick and Lisburn area, and the implementation of the GASS will be included as part of this process to ensure practice in all three areas is in line with.

Primary Care & Older People

Ministerial Visit:



District Nursing staff were delighted to stop and have a chat with the Health Minister, Mike Nesbitt, MLA when he paid a visit to the Downe Hospital on Thursday 1st May 2025.

During his visit Minister Nesbitt met with members of the Downe District Nursing Team. Speaking after the visit, Minister Nesbitt added, “The Downe Hospital is rapidly becoming one of my favourite healthcare settings, it has a positive warm atmosphere. I have visited before, but on this occasion, I had the opportunity to meet with District Nursing staff, I would like to see a shift left to have healthcare delivered in the home and this is exactly what the District Nursing staff are doing. It was great to visit to see their enthusiasm in delivering this service. Even though there are a number of challenges, they still remain fully committed.

District Nursing Sister, Cathy Gracey remarked, “It was very exciting for the District Nursing Team to meet the Minister and for him to hear what we do. More people are choosing to have their care at home. We work within a Multi-Disciplinary Team and District Nursing is an integral part of this, so it is important that people understand the role that we do.”

GO Live Support:

On the 8th May 2025 the final two trusts joined the rest of the region on our encompass Journey. A number of Our District Nursing staff travelled to provide at elbow support and share learning to the new teams coming on board. In addition the teams also provided a number of virtual drop in support sessions.

The teams were greatly appreciative of this support which has helped them immensely in their transition.



Supporting our Communities:



The District Nursing Team based at the Downe Hospital have shown continued commitment to supporting the local community by making a generous donation of £150 to the local foodbank in Downpatrick. The donation will go towards helping individuals and families in the local area who are experiencing financial hardship, particularly during these challenging times.

District nursing teams supported Men’s Health week in June and attended Redwood Allotment in Bangor providing health checks to members as part of health promotion and raising awareness about health risks, prevention strategies and empowering the men to take positive actions towards their well-being.

Falls Prevention in Downe Dementia Assessment and Treatment Unit

The Downe Dementia Assessment and Treatment Unit (DATU) is committed to reducing falls and have taken forward a number of strategies to reduce falls incidence and promote patient safety in the unit.

The patient group in the unit is at particularly high risk of falls and falls are one of the main cause of incidents. The staff team work effortlessly to reduce falls and have taken a proactive approach to reducing falls by ensuring robust falls risk assessment and implementation of person centred initiatives to reduce falls. This is under the leadership of Keri Gallagher, Ward sister in DATU who is passionate about falls reduction having previously completed a falls reduction QI project on this.



DATU falls champion and Clinical Senior Nurse Grainne Smyth is also taking a lead on this and has developed a falls reduction notice board.

This is located close to the nurse's station and provides core information on:



Falls safe
care
bundle



Falls
prevention
advice



Timely and accurate
falls and
falls associated
risk assessments

Key falls prevention messaging also focuses on:



Good lighting



Physical activity



Properly fitting footwear



Falls champions



Nurse applied observations as required



Falls is everyone's business!



Healthy diet



Lying and standing BP on admission

The notice board also has QR codes to guide staff on completion of lying and standing B/P and CNS observations. This allows nursing staff to have quick, easy access to guidance and recommendations which facilitates learning and best practice.

Nursing staff also utilise assistive technology as part of falls prevention strategies, this technology facilitates early detection of falls through an alert system allowing for timely response and intervention. All staff have been trained to use this equipment and find it an invaluable resource. Other equipment includes the use of a low-level bed which can reduce the risk of injury from falls by minimising the distance a person could fall and mitigate serious injury that may otherwise occur. Patients are risk assessed for this equipment on an individual basis.

Staff have provided positive feedback to this focussed approach:

Having quick access to the best practice guidance has made such a difference to my practice

Assistive technology has made a real difference to both patients and staff meaning that we can adopt a less restrictive approach to caring for our patients whilst still maintaining safety

UK's first Stroke Association in hospital artwork at the Ulster Hospital

Those affected by stroke and their families are able to access information, support and advice as artwork and signposts in the Ulster Hospital Stroke Unit have been unveiled by the Stroke Association Northern Ireland. The Stroke Unit is the first facility in the United Kingdom to have this artwork installed. The artwork is a vivid illustration of the experiences of stroke survivors.



Over 4,000 people survive a stroke every year in Northern Ireland, but surviving a stroke can be just the start of a long and often gruelling recovery journey. The nursing team in the Stroke Ward at the Ulster Hospital play a vital role in every stage of the patient's recovery, providing not only expert clinical care but also compassion and encouragement. They also offer emotional reassurance to patients and families during what can be a frightening and life-changing time and are essential in helping stroke survivors achieve best possible outcomes.

They will signpost patients and families to the Stroke Association which is a leading stroke charity providing lifelong support for stroke survivors and their families. This collaboration between the Stroke Unit in the Ulster Hospital and the Stroke Association has a very positive impact on individuals:



Nicola Shaw, from Ballygowan had a stroke in December 2022.

"I had a minor stroke, but it had a major impact on me and my family's life. It was a very scary time, and my world changed in an instant. The information and support you receive in hospital sets the tone for your continuing recovery journey. Having information available from the Stroke Association at this early crucial stage of recovery, I think is key in enabling stroke patients to have early access to support, both for themselves and their families."

What To Know On The Go!

Following its launch in July 2024 'What to Know On The Go' (WTKOTG) continues to be rolled out across the Trust delivering learning and key messages to nursing and midwifery staff.

Bite-size learning is delivered in 5 minute sessions and provides information in a format that is easily digestible and allows staff to apply learning directly into practice. It also provides staff with the opportunity to engage directly with subject matter experts.

TOPIC	MONTH	No. of Staff
Shared Decision Making	April & May	190
Medical Gases Management & Safety	April	138
Management of PICC Lines	June	122



On average 99% staff rated WTKOTG sessions as good or excellent with feedback particularly valuing the length of sessions and content. Feedback included:

“The right length to keep interest”

“Superb”

“Short, snappy and informative”

The WTKOTG team were delighted to welcome Bejoy Sebastian RCN President to participate in one of the Shared Decision Making WTKOTG sessions as part of a visit to SET. He thoroughly enjoyed the session and the opportunity to engage with staff.

The WTKOTG team also had the opportunity to demonstrate the WTKOTG initiative in the private sector, they have also produced a Podcast on WTKOTG in conjunction with RCN.

Royal College of Nursing (RCN) Nurse of the Year Awards

South Eastern Trust celebrated top accolades at the Royal College of Nursing (RCN) Nurse of the Year Awards, held at the Culloden Hotel.

The Brownlee-Silverdale Leadership Award was presented to the Trust's Director of Primary Care and Older People, Clare-Marie Dickson. Clare-Marie has consistently demonstrated exceptional leadership throughout her career, earning widespread recognition within the Trust and across the Region for her strategic vision and ability to lead meaningful system-wide change. Her innovative work with Primary Care Multi-Disciplinary Teams across the Trust area has had a transformative impact on patient care and service delivery.

Nurse Lead for Workforce, Education and Development, Leanne Jones, was awarded the Directors of Nursing Award for being an outstanding role model who exemplifies professionalism and unwavering passion for Nursing. Originally from a mental health background, Leanne transitioned into a corporate role with a clear focus on ensuring that Nursing staff across the Trust are supported, valued and empowered by the Nursing Workforce Team.



The Learning in Practice Award was presented to Gillian McConvey, Senior Lead Nurse for Nursing & Midwifery Assurance and Quality. Gillian led the development and successful implementation of the 'What To Know On The Go' (WTKOTG) initiative, launched in July 2024. The innovative programme was designed to ensure essential learning reaches frontline Nurses and Midwives by bringing training directly to clinical settings in a practical, accessible way.

The South Eastern Trust was also delighted to have four additional staff recognised as runners-up in their respective categories. Angela Berry, Ward Sister and Shirleen Porter, Deputy Ward Sister, from the Macmillan Cancer Unit at the Ulster Hospital, were named runners-up in the RCN Northern Ireland Nurse of the Year Award. Catherine Fairley, Staff Nurse, was named runner-up in the Chief Nursing Officer Rising Star Award category and Complex Care Co-Ordinator, Wanda Walsh in the Public Health Award category.

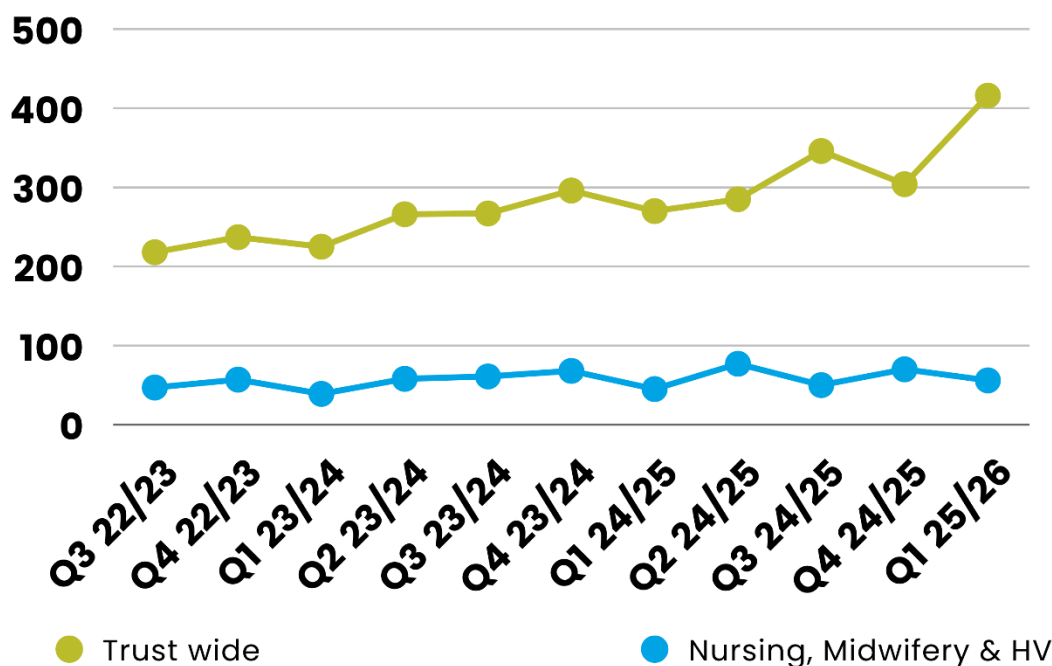
The Trust's Executive Director of Nursing, Dr David Robinson, said:

"I am incredibly proud of each and every one of our Nurses who were recognised at this year's RCN Awards. These awards shine a spotlight on the dedication, innovation and leadership that our Nursing staff demonstrate every single day.

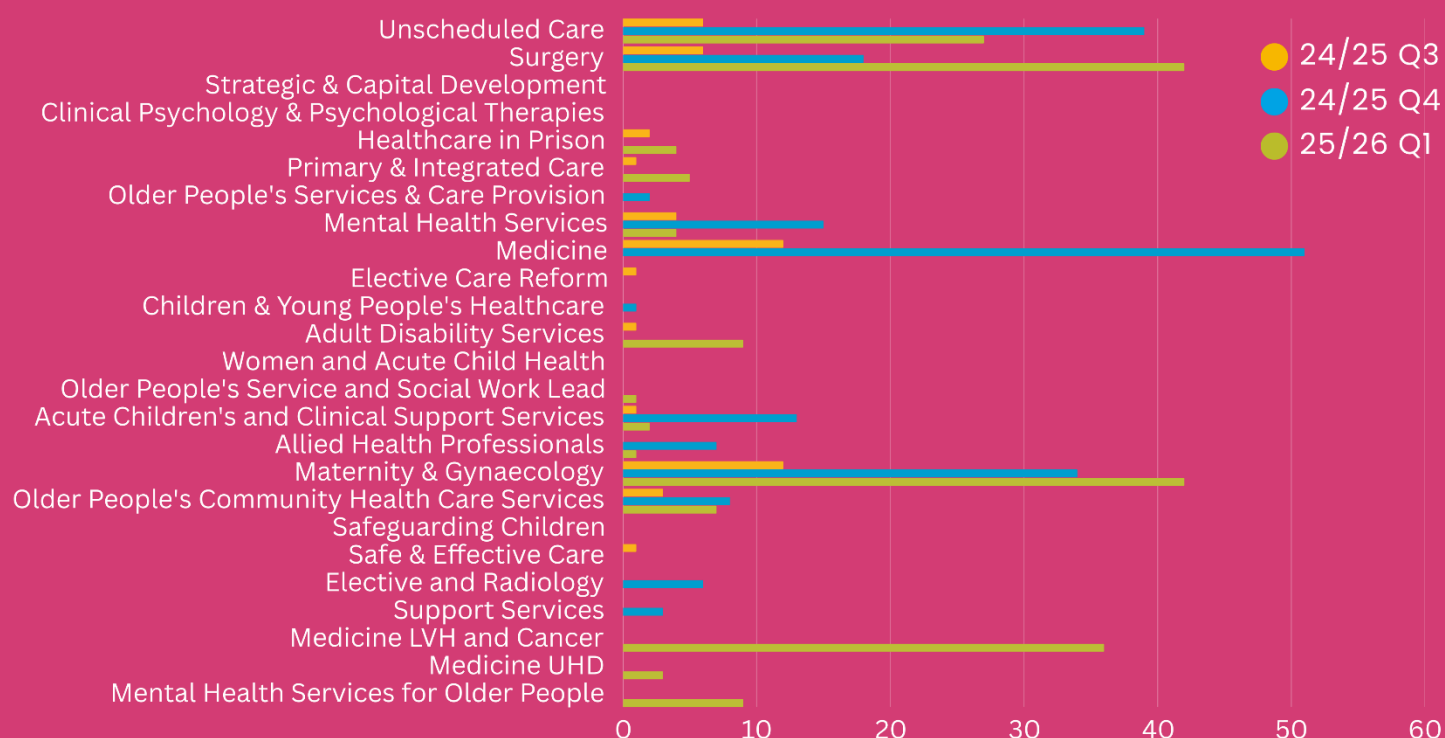
From strategic system change to support for learning on the ground, our winners and finalists exemplify the very best of Nursing and I warmly congratulate them on this well-deserved recognition."

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.

I recently had a planned c section with the ulster. I received amazing care at every appointment I had and felt supported with my decision for a planned c section after a previous emergency one.

The amazing team in the c section couldn't have made me feel more calm and relaxed,

I also had great care on the maternity ward. The midwives were all incredibly kind and helpful

I am so thankful to everyone I met throughout my pregnancy and birth.

My husband was recently admitted to the CCU in Lagan Valley Hospital. The care he got was excellent from all staff. They were very capable and very kind. He felt he was in safe hands and I could sleep at night knowing that he would be properly looked after. I can't thank the ward enough.

After a very fast decline in my mother's health I was made aware later that evening that ward 3a were going to be giving my mother palliative care and we had only a few days left together. I cannot explain the kindness my mother received. Every single nurse and care provider we came into contact with showed her nothing but respect. I was made to feel welcome at every stage and the wonderful staff made sure I had a bed beside her so I never had to leave. My final goodbyes to my mum were made as pleasant as humanly possible by these care givers. I will never ever be able to thank them adequately.

Everything was absolutely brilliant [in the Regional Day Procedure Unit - LVH], staff and nurses look after you so well and they completely put you at ease. Cannot fault the care and attention that I have received, 10 out of 10 for everything they have done for me.

I cannot thank everyone enough for how they go about their duties. Top notch service delivered with care and diligence. So thankful to have been a patient here, as I couldn't have been treated any better anywhere else. Many thanks again.

Recently I attended the medical day case unit the Ulster hospital. I was very nervous.

On arrival I was warmly welcomed by the nurses on the ward. I was made to feel comfortable and was attended with great care and attention.

Throughout the day then nurses where absolutely great and very professional. I was put at ease by the attention to detail in everything they done.

I can't thank them enough for all they done.

We were referred to the MacMillan unit at the Ulster Hospital Dundonald. From day one they took great care of us. The care that the nursing staff on ward 6A and 3D especially showed us whilst he was an inpatient was second to none. They had so much time for me and I will never forget being asked how I was doing, that meant so much to me. The team at MacMillan at UHD are just angels. We cannot thank them enough for the love and care they show us each day as we go on this journey.

My mother of 105 came to live with me in 2023. Because of a cancerous tumour on the back of her right leg, district nurses came in to dress the wound. Without exception they were all kind, empathetic and gentle. I could not have wished for better care for my mother for the 20 months that they have been caring for her. I cannot thank them or praise them enough for all they did for us. They became part of the family and I could not have kept Mummy up until the end at 107 and 5 months without their dedication and support.