



2025/26 - Q3

NME Assurance Report

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Digital Practice – N&M Information

Staff Support

Across this quarter, DIPT have supported our nurses, midwives and students to use the system more effectively and safely, by either a 1:1 or group format (site visits/ meetings/ information sessions). Areas of support have included:

- Frailty
- Fluid balance
- Admission – Discharge – Transfer (ADT) / Patient movement in care settings
- Personalisation
- Mental Health Therapy plans
- Maternity – Day Obstetric Unit build
- Barcoded medicines administration (BCMA)
- In baskets
- Integration – ECG and vital signs

70
site visits

238
staff awareness/
information
session
attendees

225
support and
problem
solving
meetings



Alongside this support, DIPT facilitated a Super User session in December 25. Topics of discussion and presentation were:

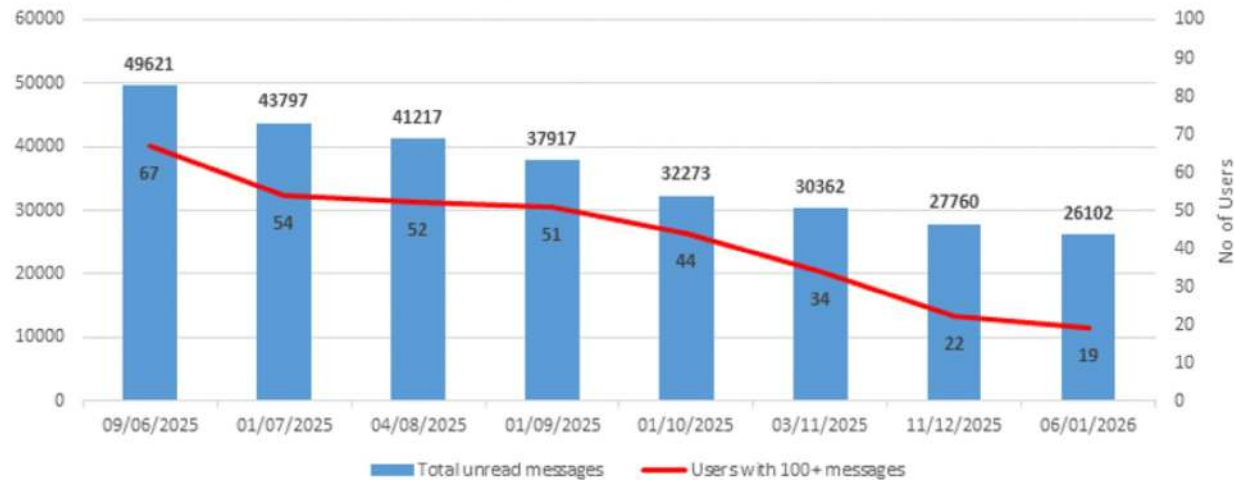
- Principles of documentation
- Unsigned notes
- In basket management
- Patient scanning
- My Care
- The 2026 ungrade

Nursing and Midwifery In basket messages

Each encompass user had an 'in basket'. Where in basket messages are not managed in a timely manner, patient harm could occur. Alongside the Digital Safety Team, the DIPT have worked with operational staff to help them understand the risk, how to manage their in basket and how to support others such as nursing and midwifery students. The team have done this by offering awareness sessions, in basket clinics to help problem solve with staff members but most effectively by providing 'at the elbow' support. Well done everyone on the improvements below:

Unread In basket messages
 8.6% less messages this 1/4

- 52% decrease of unread in basket messages since July 25
- 28% reduction of staff with over 100 unread messages in their in basket



- There will be fluctuation in staff names and associated volumes
- Excluding HIP staff

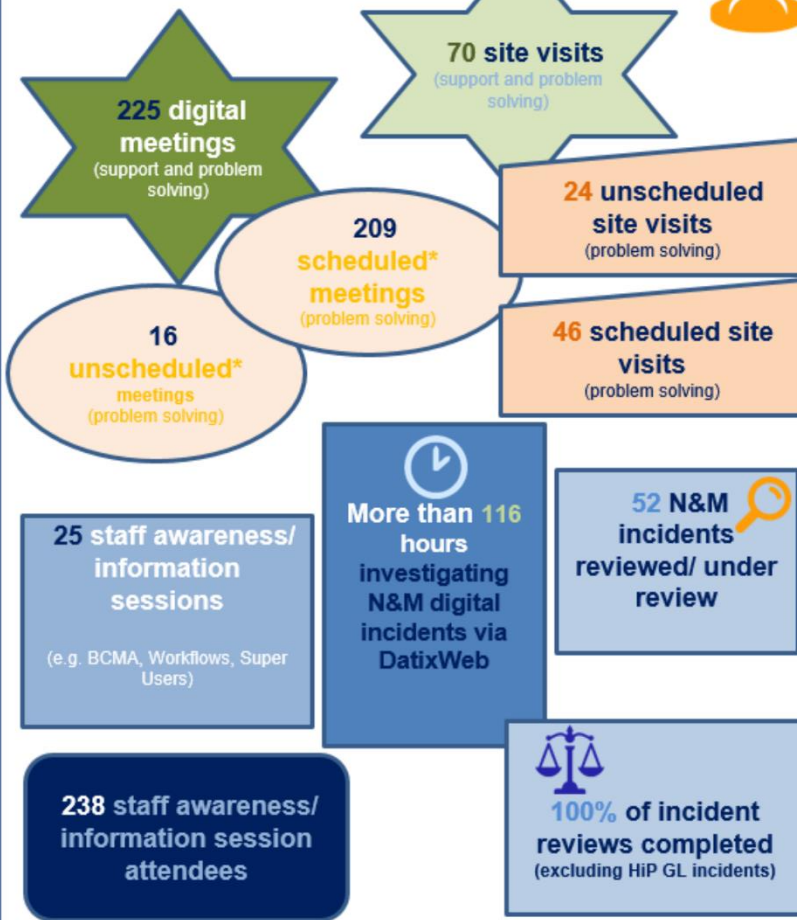
Healthcare in Prison Go Live

On 6th November, Healthcare in Prison (HiP) went live on encompass. This build is unique worldwide and with this comes additional support and risk management requirements for nurses.

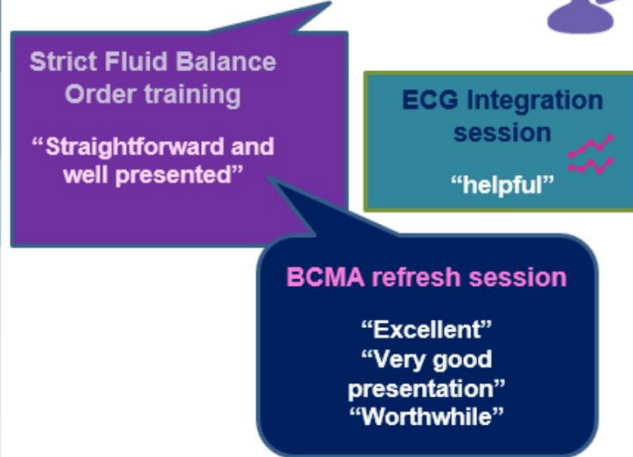
There has been a magnitude of investment to this 'Go Live' - time, new build and support to staff in HiP, especially in relation to administration of medications. This busy service took on the challenge with commitment, positivity and as a multiprofessional team. This approach is already seeing service improvement during, for example the committal process and around the movement of patients on sites. This allows our nurses to spend more time with patients, clinically caring for their physical and mental health. There are more improvements planned and during this stabilisation phase the staff approach is unwavering. Well done HiP and thanks especially to encompass staff who have walked this 'Go Live' with us!



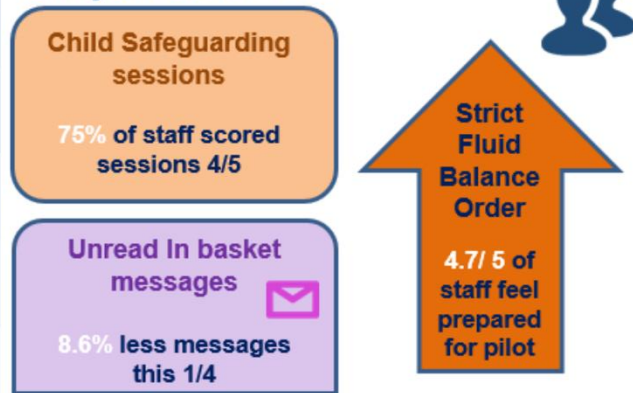
How much did we do?



How well did we do it?



Is Anyone Better Off?



*less than 48 hours notice

Digital Safety – N&M Information

Reporting Period: **October – December 2025**

How much did we do?



24 new hazards



5 closed hazards



139 open hazards

POCT
Interface and delay to transmissions of results
Hazard escalated to **High**



Datix Incidents Outcome of triage by Digital Safety Team 2025/26					
DST Team Triage Outcome	Qtr1	Qtr2	Qtr3	Total	%
System - Build	6	8	12	26	5.1%
System - Interface	5	2	9	16	3.2%
System and User	5	6	12	23	4.6%
System - Provisioning/Access	2	1	2	5	1.0%
User - Error	28	42	35	105	20.8%
User - Training/Awareness	46	49	32	127	25.1%
Review ongoing with services and encompass	0	0	7	7	1.4%
Unable to Triage - no feedback from service within timeframe	1	1	3	5	1.0%
Not encompass related	70	58	63	191	37.8%
Grand Total	163	167	175	505	

as at 27/01/2026

175 incidents triaged in qtr3

19 HiP Go Live
Datix triaged and investigated

15 Hazards identified for Healthcare in Prison

In baskets Trust Multi-professional meeting

In Basket

RISK

NEXT STEPS

In Basket presentation at N&M Community of Practice in Downshire

HiP GLRA 30 & 15 Digital Safety updates

Health Care in Prison Go Live Support

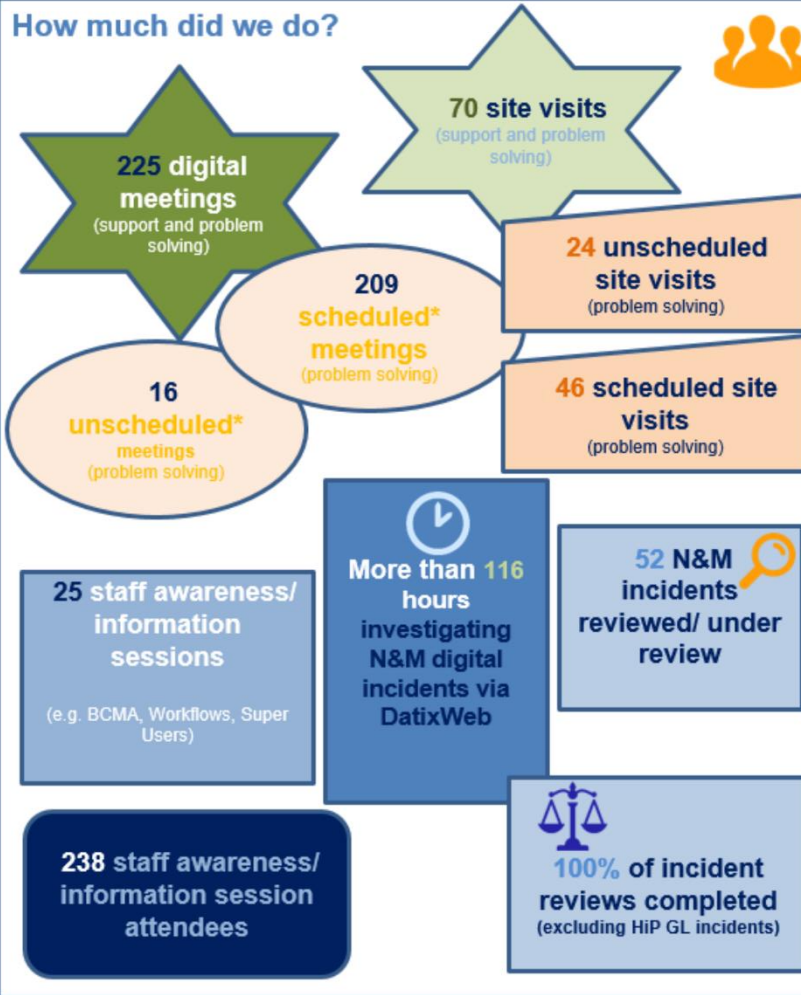
- On site support in the Hub & attendance at Huddles
- Monitoring of vFires and Datix
- Monitoring of Go Live metrics inc Unsigned Notes and In Baskets
- Identification of new Hazards

Poster presentation by Stephen Rose, DSO on **Workflow Safety Metrics** at Quality 4 You 2025 celebrations

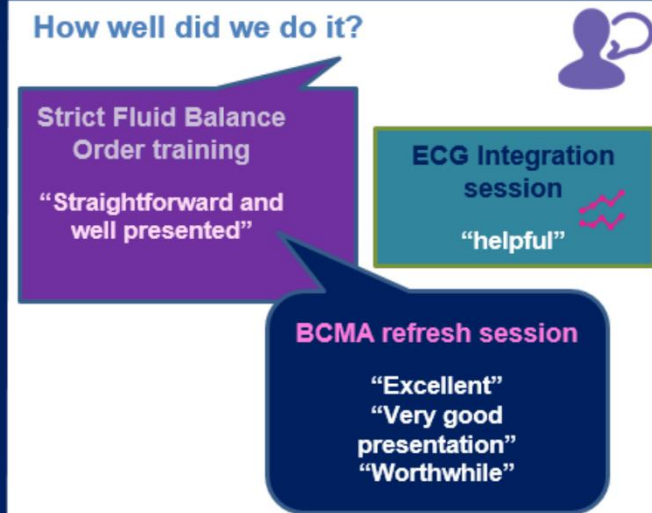
Regional Workshop
ADT Mar Review Session in Clarendon Dock 12 November 2025

Build Update 15/12/2025:
Default Sign Option for Notes in Healthcare in Prison

How much did we do?



How well did we do it?



Is Anyone Better Off?



*less than 48 hours notice

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: October – December 2025

How much did we do?



139 Practice placements supported
485 students facilitated and supported trust wide



Ongoing attendance at AEI course committees as part of partnership working



3 roadshows held trust wide – promoting OU Nursing programme

24 Open University Students commenced their nursing programme, supported by the PEF team

175 nursing students onboarding for Epic

2 QI Projects
• IMPACT
• Encompass student onboarding



40 Open University and QUB students attended Trust welcome



104 nurses attended practice assessor/supervisor training sessions



Support sessions provided to Post registration students on commissioned courses

100% satisfaction with sessions



75% felt more confident following sessions

How well did we do it?



100% OU student retention achieved this quarter



100% compliance in educational audits maintained



81 Nursing & midwifery Practice assessor's trained and added to the Healthroster database

Is anyone better off?

Facilitators were engaging and knowledgeable

Loved being able to connect with a PEF, seeing a friendly face before starting placement!!

Session well presented with different modes of teaching

All questions well answered

Vocational Team

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



How much did we do?

20 Nursing Assistants completed the 2-day induction – they have now commenced on the DOH Induction and Development Pathway



6 Senior Nursing Assistants commenced their Level 3 Certificate in Health & Social Care Support



Celebrated Support Workers Day at all 3 Sites



40 Nursing Assistants attended
2 Practical Skills Days held in November and December



2 Registered Nurses commenced their Level 3 Certificate in Assessing Vocational Achievement

"Today made us feel appreciated and how much we are actually needed" SNA

Dec -26 Escape Rooms: "This was such a good end to the day. Thank you to Ruth and Gillian for such a brilliant day and making us feel proud of what we do as nursing assistants."

How well did we do it?



Nursing Assistant 2 day Induction

- 100% of attendees felt that sessions were relevant to their role
- 82% rated the induction as Very Good or Excellent



Practical Skills Induction Day

- 100% of attendees rated the training day as 'excellent'
- 100% of attendees considered the training as beneficial to their role
- 89% 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
- 100% 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?

Nov 25 Practical Skills Day – "Brilliant, So Enjoyable, Really Recommend"

"These courses are giving me more confidence and knowledge. I really enjoyed this course. Ruth and Gillian are amazing!!" – Practical Skills Day

Dec 26 Practical Skills Day - What additional Learning Needs do you need? "A band 3 forum would be great. Ruth and Gillian are so lovely and supportive"



Contact Information:
rqfvocational@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: **October-December 2025**

How much did we do?



The Central Rostering team processed approx. 9500 pay files each month between October-December 2025



The central rostering team are continuing to educate, empower and engage operational areas to ensure effective and efficient rostering.

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 commenced 1:1 HealthRoster support sessions with ward managers across all acute operational areas

Employee Online has now been discontinued and is no longer accessible. All requests and Annual Leave management should be completed through [Loop](#). For guides in the use of Loop [click here](#).



The delivery of the Effective Rostering Sessions for Roster Creators is being reviewed in relation to delivery and frequency. New sessions will be added to LMS in the near future. All Roster creators/managers will be required to attend one of these sessions.



Optima (HealthRoster) Demand Templates continue to be reviewed. New governance and assurance processes will be commenced in the near future to support operational areas.



The Central Rostering Team have been working to reconcile the number of unused net hours on HealthRoster. This has resulted in the number of unused contracted hours in SETRUST being significantly reduced to 12.5% against a national average of 104.6%.

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: October – December 2025

How much did we do?

- 24 Band 7 Nurses & Midwives successfully completed B7 Development Programme
- Engaged with school pupils regarding routes to Nursing at difference events.
- Facilitated x3 sessions of Band 5 to Band 6 Interview Preparation sessions
- Supported Infusional services, Hospital at Home and Community Nursing with bespoke recruitment exercises
- Professional welcome session for new nurses & midwives
- Band 6 Development Programme – 2 cohorts running over this period
- 15 Nurses & Midwives attended the workshop from hospital services, mental health, maternity, community and health visiting. The Feedback was extremely positive N= 84% response rate
- Attended QUB engagement session for NQN

How well did we do it?

- ★ Pilot workshop Oct 25 - targeted at Band 6 nurses and midwives who wish to pursue a Band 7 role.
- ★ 40 Band 7 Nurses & Midwives attended Quarterly Band 7 Forum
- ★ 7 staff within the team have completed Tier 2 immediate Post Incident check in and hot debrief training as an additional resource to support staff who experience adverse events within the workplace.
- ★ 46 Band 3 and 22 candidate successfully added to waiting lists

Is anyone better off?

"Yes, has definitely giving me a sense of having structure and a base to work on. Made the format simple and less daunting".

"The Band 7 Programme was fantastic from start to finish. I was able to enhance my skills and learn lots of new ones. The programme allowed me to grow in confidence in my new role as a Band 7 Sister."

"Very useful and directly applicable to what I need".

"Yes, I do feel more confident. Tricia and Claire very friendly and knowledgeable".

"Thank you so much for organising Interview Prep for NQN on behalf of the Region- it was invaluable."

"Learning about the STAR method for interview helped so much, I didn't know this existed."

B6 Development Programme - "Great course, interesting & informative. Good mixture of powerpoint learning & group work".

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 January 2026

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Background

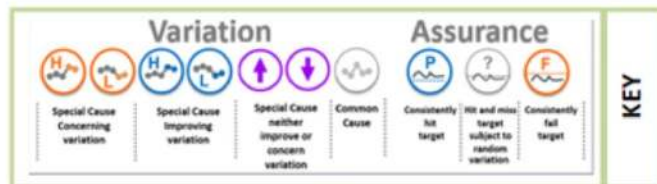
As part of our *Quality 4 All* strategy we aim to improve the safety quality and experience of care. This includes:

- 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.

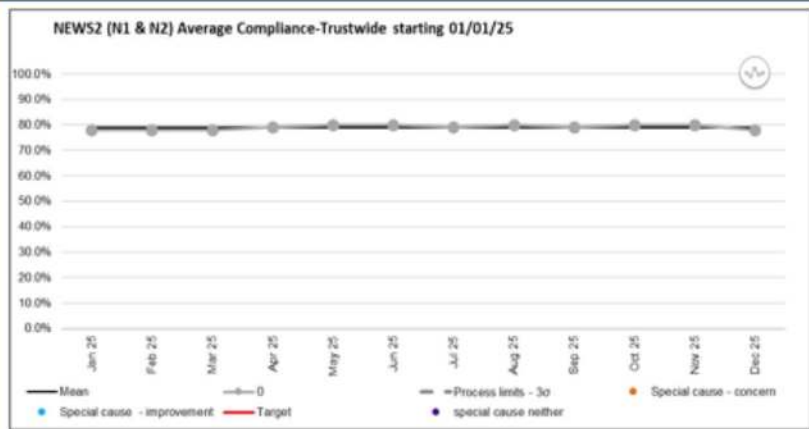
The following data is representative of December 2025. All data is correct from 05.01.26. Please note that there are no compliance figures for the Acute Nursing KPI audits, as work continues to validate data from the Encompass system



Outcomes January 2026



NEWS2 – N1 & N2 AVERAGE COMPLIANCE



KEY LEARNING:

- The chart above gives the average percentage compliance with N1 and N2 of the NEWS2 key performance metric. This data has been taken from the encompass system and indicates the following:
 - N1 (completion of all seven parameters recorded) – average **86%**
 - N2 (observations recorded to correct frequency) – average **74%**
- Eight Cardiac Arrests were reported in December 2025

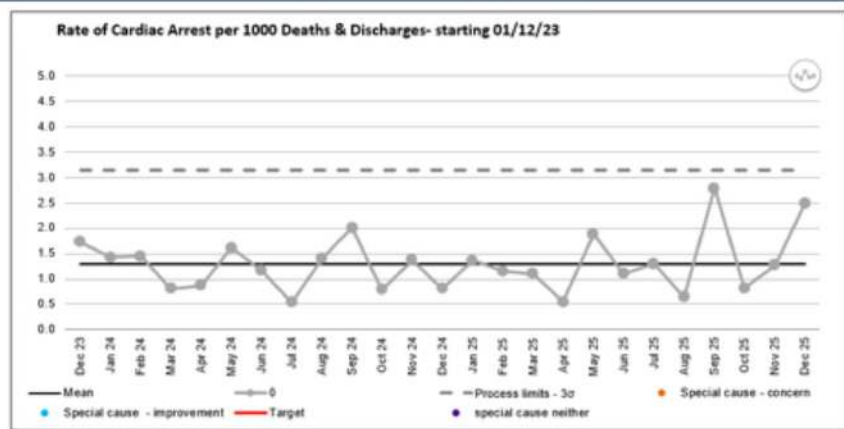
Good Practice

- Early recognition of cardiac arrest and CPR commenced promptly
- Cardiac arrest team called appropriately on all occasions

Focus for Improvement

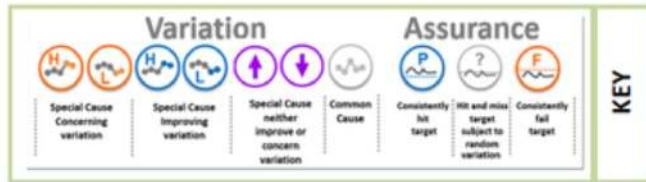
- NEWS2 compliance: frequency of NEWS2 and completion of all seven parameters on flowsheet
- Accurate Intake/Output recording of fluid balance charts
- Completion of ABCDE assessment and appropriate escalation to medical staff

PATIENT OUTCOMES:

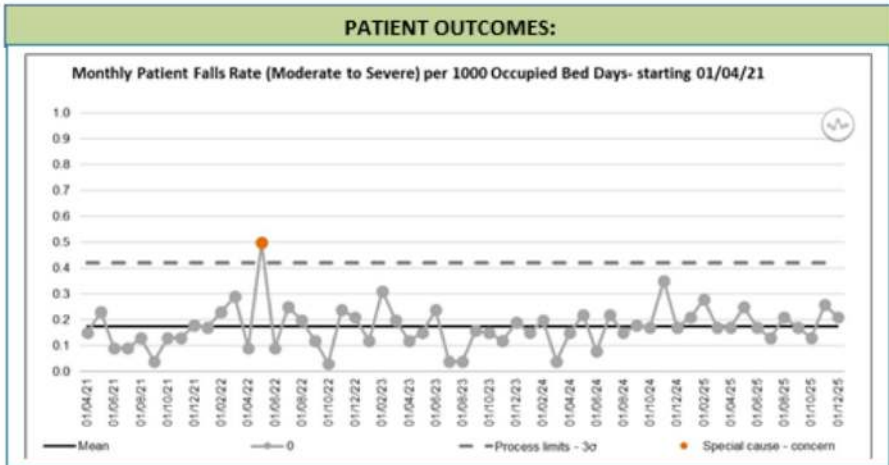
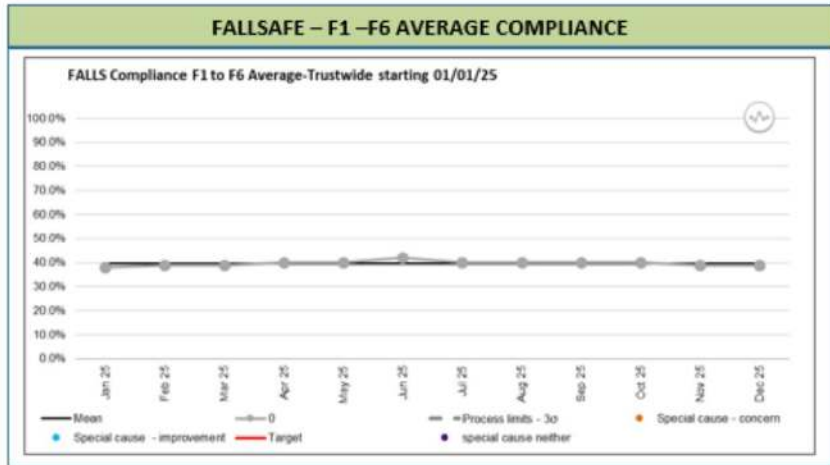


ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Post cardiac arrest reviews continue to be carried out and identified learning is shared directly with Ward Sisters/Charge Nurses and Lead Nurses. Themes and learning are also shared through relevant committees and forums
- The Resuscitation Team continue to provide training to Nursing and Medical staff teaching a structured ABCDE approach and management of cardiac arrests
- Following cardiac arrest ward sisters and charge nurses are asked to complete action plans address key messages for learning
- A regional Ins & Outs group continues to review current practices in relation to the management of fluids and fluid balance. The main focus of the group is to develop learning resources and an audit tool for nursing and midwifery staff



Outcomes January 2026



KEY LEARNING:

- The chart above details average compliance with elements F1 to F6 of the key nursing metrics for FALLS, the chart indicates:
 - 40% average compliance with F1 to F6
- An overall compliance figures cannot be provided at present as work continues on the Delirium elements of the FALL metrics
- There were four moderate and above falls reported in December 2025. Learning from post fall reviews highlighted:

Good Practice:

- Falls risk assessments completed within agreed timeframe in admission
- Evidence of falls prevention strategies documented including the delivery of pre-fall prevention advice

Focus for Improvement:

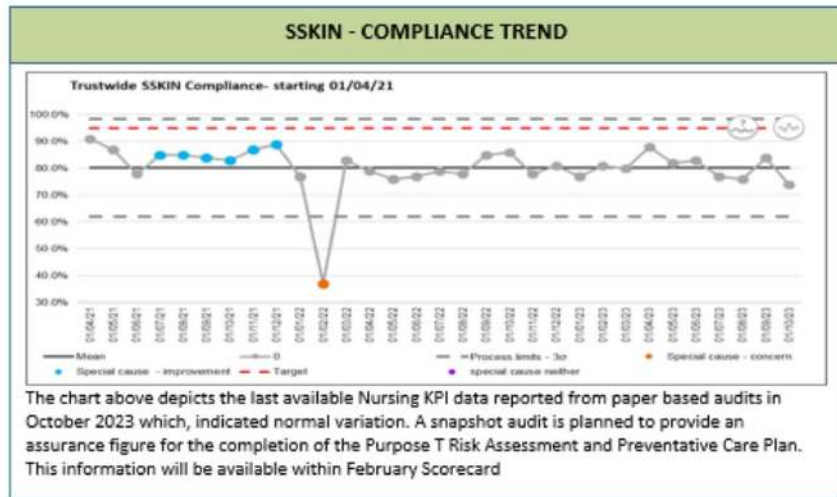
- Review and update falls associated risk assessments in line with regional guidance i.e. post-fall and after seven days post admission
- Completion of Central Nervous System (CNS) observations in line with NICE guidelines

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Ongoing post-falls incident training for staff and the implementation of Ramblegard assistive fall prevention technology in Ward 6D has seen a 28% decrease in the number of falls
- Falls prevention training sessions were delivered to nursing staff focusing on risk assessments, prevention strategies, and care planning
- A Trust-wide scale and spread of the Think Yellow campaign is planned, with full implementation expected by end of Spring 2025. A short animated 'PowToons' video has been produced in preparation for the rollout of this initiative
- Regional Falls prevention training has been developed to support best practice and will be rolled out across all inpatient settings Trust wide
- Plan to roll out drop-in practical skills clinics to support practice and recording of Lying & Standing Blood Pressure



Outcomes January 2026



KEY LEARNING:

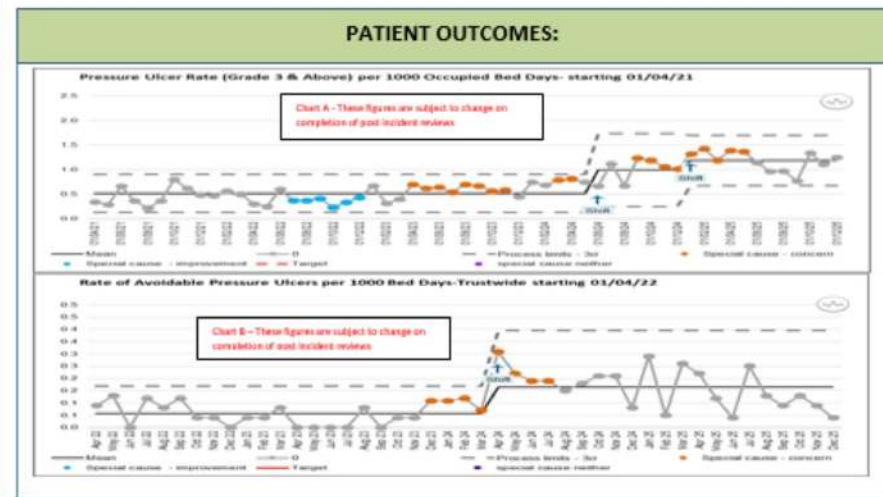
- Twenty nine severe pressure ulcers were reported in December 2025. One pressure ulcer so far has been found to be avoidable (this is subject to change following post-incident review)
- Update from the previous month: two pressure ulcers have been identified as avoidable

Good Practice:

- Evidence of completed pressure ulcer prevention risk assessments on admission within the required timeframe

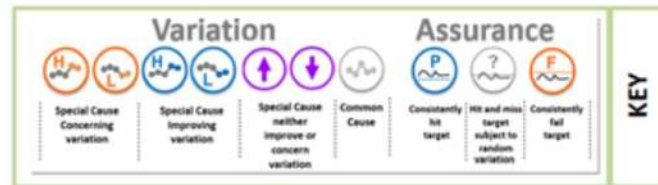
Focus for Improvement:

- Individualised preventative care planning to guide frequency of repositioning in at risk patients
- Evidence of skin checks and repositioning in line with patients care plan
- Learning identified through post incident reviews is communicated and shared at ward level to drive improvement.



ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

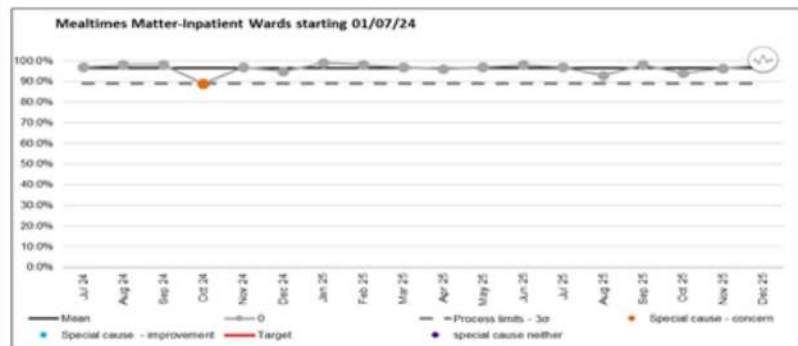
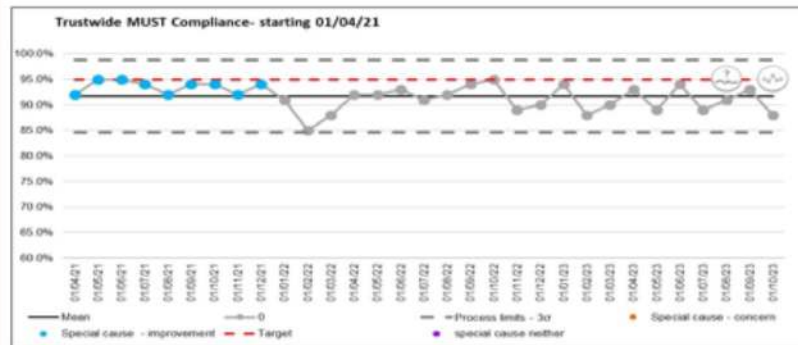
- The Heel Pressure Ulcer Prevention Pathway and use of 'HeelPro Advance Boots' for non-ambulant patients is being tested on four wards on the UH site to strengthen early prevention strategies.
- The introduction of an assurance template is being tested in orthopaedic wards on the UH. This is being led by the Tissue Viability Lead with the support of Ward Sisters. This aims to collate learning from each pressure ulcer incident, identify concerns, highlight areas of improvement, promote shared learning, and reinforce the use of the Safety Cross
- Tissue Viability education continues to support staff in awareness of the importance of documentation of pressure ulcer prevention risk assessment, individualised patient needs and effective repositioning in improving patient outcomes and prevention of harm



Outcomes January 2026

MUST - COMPLIANCE TREND

The chart below depicts the last available Nursing KPI data reported from paper based audits in October 2023 which, indicated normal variation. A snapshot audit is planned to provide an assurance figure for the completion of MUST. This information will be available within February Scorecard



KEY LEARNING:

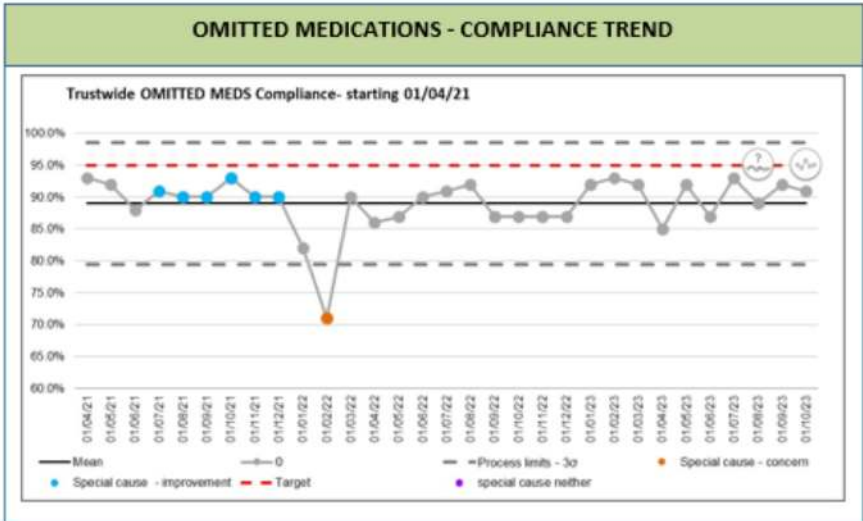
- SEHSCT have implemented the regional mealtimes matter audit trustwide, this audit was devised in response to the RQIA review to prevent choking incidents. The chart below left, depicts normal variation in compliance with all elements of the mealtimes matter audit and is achieving the regionally agreed 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:

- The Mealtimes Matter Audit continues to be carried out monthly with a compliance rate of 98% across inpatient wards in December. This is above the target rate of 95%
- The returns rate of Mealtimes Matters audit for inpatient wards is 74%, this demonstrates a slight drop in return rate
- A patient experience mealtime survey was launched in December and will collect patient feedback from across all inpatient setting Trust wide
- In the absence of MUST compliance KPI report data from encompass the Nursing Midwifery Safety Quality & Assurance team are planning to undertake a Trust wide snapshot audit to provide assurance on MUST assessment and nutritional care
- Collaborative work is ongoing between dietetic and nursing leads to develop MUST training resources, progress has been impacted by upcoming encompass build changes, these changes will form part of the training package

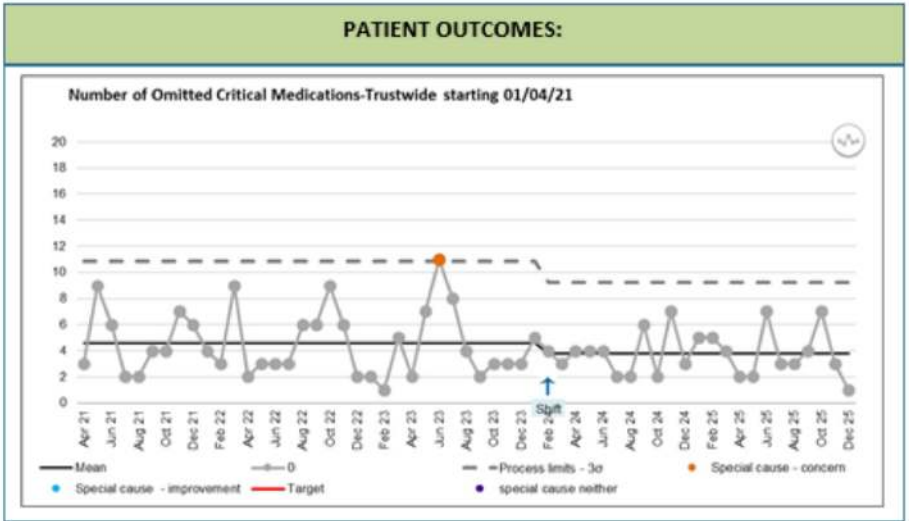


Outcomes January 2026



KEY LEARNING:

- One incident was reported in December 2025 in which omitted or delayed medicines caused harm to a patient
- Regional work is ongoing to develop a dashboard for delayed and omitted medicines within Encompass. The initial draft is expected to be available by the end of January 2026



ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- Safe and Effective Care along with the Medication Safety Team continue to have input in the design of the omitted and delayed doses Encompass dashboard. This should produce more reliable data from the system and assist with quality improvement

Falls

Falls resulting in Moderate, Major and Catastrophic Harm

The following table shows the number of falls resulting in moderate, major and catastrophic harm and the number of incident reviews completed or outstanding for Q3:

Number of falls resulting in Moderate/Major/Catastrophic harm in Q3 2025-26	14
Number of Post Falls Incident reviews completed in Q3 2025-26	18
Cumulative Number of post fall incident reviews outstanding 2025-26	19

Quarterly Breakdown of Moderate / Major / Catastrophic Severity Falls for 2025/26

Q1	15
Q2	14
Q3	14

The quarterly average number of falls in 2024-25 **13.75**.

The Q3 2025/26 position (14 falls) is therefore closely aligned with last year's performance and represents a slight improvement compared with Quarter

Post fall incident review themes



Good practice themes:

- Falls risk assessment completed effectively on admission.
- NEWS2 and blood sugar monitoring carried out promptly following a fall.
- Timely communication with Next of Kin after a fall



Areas for improvement:

- Falls-related risk assessments not consistently completed in line with regional guidance
- Falls prevention advice not always provided or documented.
- Lying & Standing Blood Pressure not recorded and no rationale for not recording this documented.
- Inconsistent use of Flat Lifting Equipment (FLE) following a fall.
- CNS observations not completed as per NICE Guidance
- Omissions in falls associated risk assessments

Actions taken to minimise future harm:

Lying Standing BP (LSBP) Practical Support:

Plans in place to deliver drop-in practical training sessions on LSBP to improve taking and recording LSBP.

Falls Risk Assessment and Prevention Training:

Education provided to 252 nursing staff which included training on falls risk assessment and preventative strategies. Post-session self-assessment indicated improved staff confidence and knowledge in assessing, preventing and managing falls.

Education applied to real-life work and focussed on improving patient care

Great talk. Very informative and straight to the point. Really helpful for managing falls OOH

Flat Lifting Equipment (FLE):

Ongoing monitoring of FLE usage supported by targeted promotion of training and resources. FLE training has been added as an action in post-fall reviews.

QI and Patient Safety initiatives

Ramblegard Assistive Technology

Ramblegard falls-prevention technology was introduced in wards 6D and 6E in November 2025, since then there has been a 28% reduction in recorded falls in 6D compared with the previous eight-week period.

Next steps include continued monitoring of impact of falls prevention technology and scale and spread to additional wards prioritising those areas with high falls risk.

Think Yellow Blanket Pilot - Emergency Department

The Think Yellow blanket initiative has been associated with a 31% reduction in falls in ED during the pilot period.

From April 2025 to the end of Q3 2025/26, the monthly fall rate has been at or below the departmental average (11 falls) in 7 out of 10 months.

This QI project received recognition through at the SET Quality Awards and was showcased at the Trust's World Quality Day celebration in November.

A Trust-wide scale and spread of the Think Yellow campaign is planned, with full implementation expected by end of spring 2026.



HSC South Eastern Health and Social Care Trust

See Yellow. Think Falls Risk



Think Yellow is ...

a concept first developed in England, whereby a yellow blanket is applied to a person as a visual cue to staff of the patient's increased falls risk.

The concept has been enhanced through co-production and implemented in South Eastern Health & Social Care Trust, Ulster Hospital Emergency Department, achieving a 31% reduction in falls.



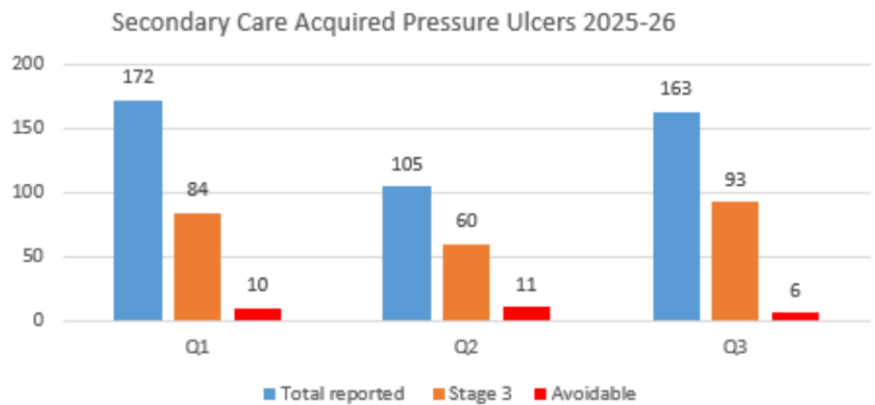
The Yellow Blanket scheme was co-produced with the Emergency Department, service-users and their families.

A Think Yellow powtoon video was produced in Q3 to facilitate staff awareness and understanding of the concept, in preparation for the trust wide launch in Q4.

Pressure Ulcer Prevention

SECONDARY CARE

Following a reduction in facility acquired pressure ulcers in Q2 there has been an increase in the total number of pressure ulcer incidence in Q3, this includes severe pressure ulcers (Stage 3 and above).



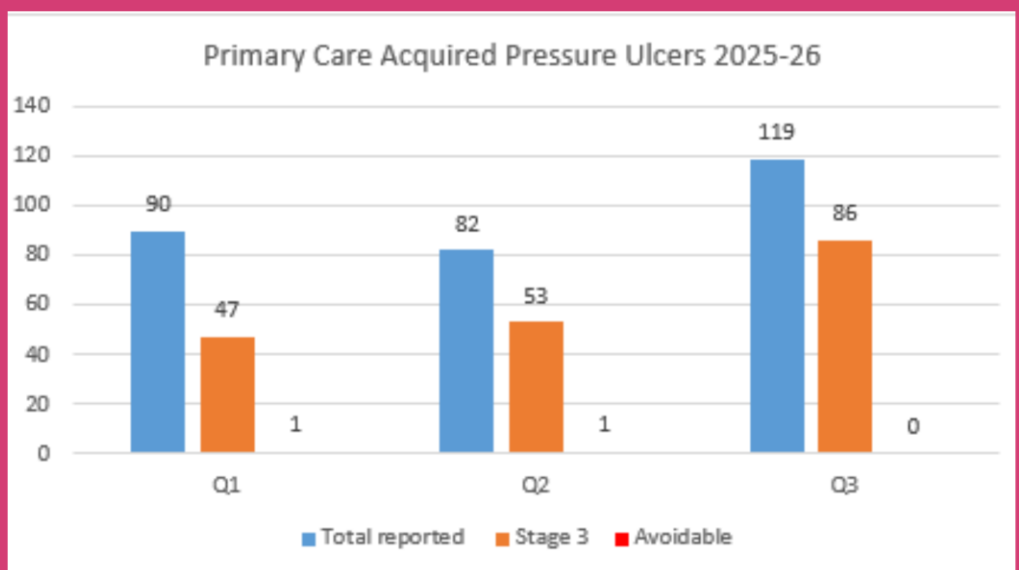
Six of these pressure ulcers were deemed avoidable at post incidence review, this shows a reduction compared to Quarters 1 and 2 and indicates an improvement in pressure ulcer risk assessment and preventative individualised care planning.

Comparison of pressure ulcer figures with the end of Quarter 3 2024/25 shows a 30% reduction overall in avoidable pressure damage for the same time period 2025/26.

Additionally, the number of wards reporting more than 3 pressure ulcers per month has decreased again this quarter.

PRIMARY CARE

There is also an increase in the number of pressure ulcer incidence in Q3 in primary care, however there were no avoidable pressure ulcers reported this quarter.



POST INCIDENT REVIEWS

Through the post-incident review process the Tissue Viability Nursing Team are able to identify recurrent themes in avoidable pressure ulcers.

Common findings include:



Incorrect or inappropriate staging of pressure ulcers



Delayed referral to the Tissue Viability Nursing Team due to incorrect staging of pressure ulcers or delays in recognising pressure damage



Inappropriate selection of or delay in sourcing pressure ulcer prevention and/or manual handling equipment



Gaps in pressure ulcer risk assessment, care planning and SSKIN bundle documentation



FOCUS FOR IMPROVEMENT:

- Timely, accurate pressure ulcer risk assessment, care planning and SSKIN bundle documentation
- Improved knowledge to support accurate categorisation of pressure ulcers
- Timely reporting of all facility acquired pressure damage
- Timely selection of appropriate pressure ulcer prevention equipment
- Effective repositioning strategies to reduce risk of pressure damage

PLANNED ACTIONS:

- Engage with Clinical Educators to support local training and completion of pressure ulcer prevention documentation
- Focus on supporting staff to report pressure ulcers accurately using Datix
- Promote sharing of learning from post incidence reviews at ward huddles
- Collaboration with ergonomics to source appropriate manual handling equipment
- Pilot of equipment to reduce risk of heel pressure damage across 4 wards in the Ulster hospital
- QI approach to pressure ulcer prevention strategies

WORLD STOP THE PRESSURE WEEK

During annual World Stop Pressure Ulcer week in November the Tissue Viability Nursing Team delivered focused educational sessions across acute sites.

Key topics included:

- Pressure ulcer staging
- Effective repositioning
- Use of the 30-degree tilt and micro-shifts
- Heel offloading

There were also interactive training sessions including a “Spin the Wheel” ulcer-staging challenge and a life sized demonstration patient model which helped reinforce practical learning. More than 80 staff attended sessions at UHD, with additional sessions ward-based sessions held in Lagan Valley and Downe Hospitals.

The Heelpro Advance boot for non ambulant patients was also introduced to staff at these sessions.



PRESSURE ULCER PREVENTION AWARD



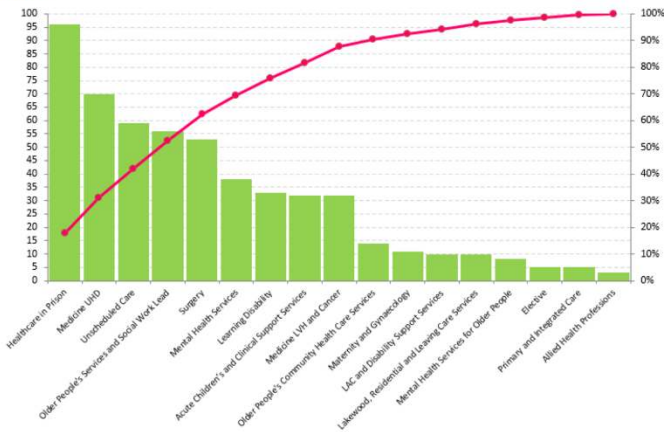
Ward 11 at Lagan Valley Hospital, led by Ward Manager Gerard Shanks, has achieved **329** consecutive days without a facility-acquired pressure ulcer, securing the Pressure Ulcer Prevention Award for the fourth consecutive time. This represents sustained and exemplary performance.

Congratulations to Gerard and the Ward 11 team.

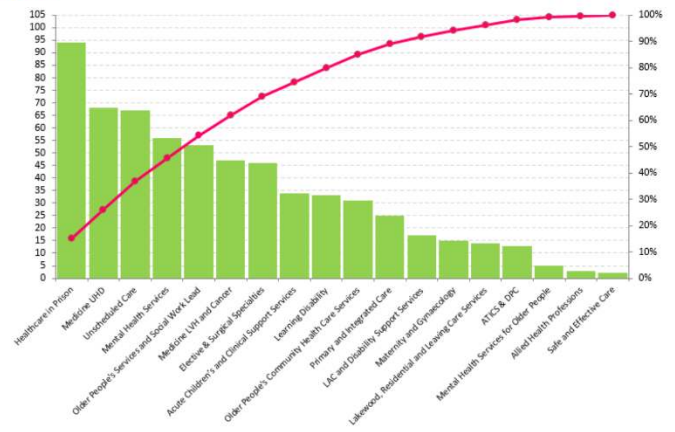
Medication Incidents

Incidents by area:

Q2:

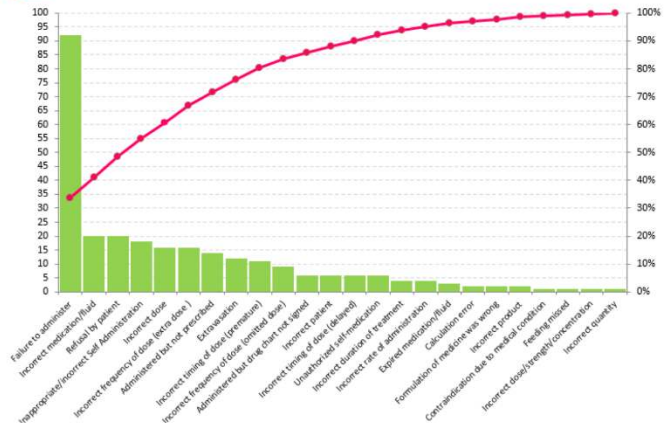


Q3:

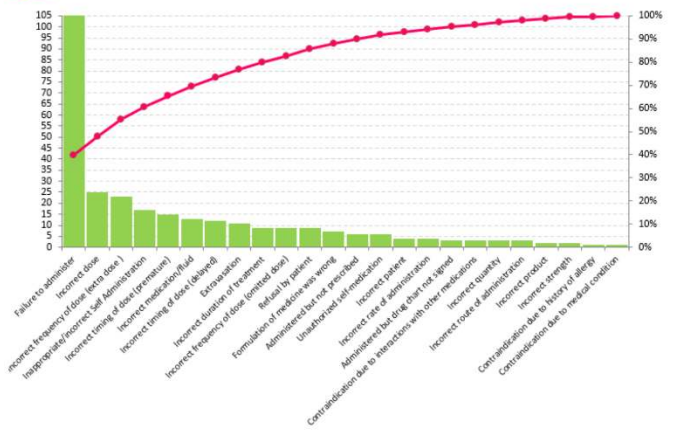


Administration incidents by type:

Q2:



Q3:



Omitted / Delayed Medications

In quarter 3, there were 11 reported, delayed or omitted administration incidents which caused harm to patients (all graded as minor harm). The medicines involved were mainly critical medicines and included anticoagulants, vaccines and insulin.

31%

of all medication incidents were omitted or delayed medication

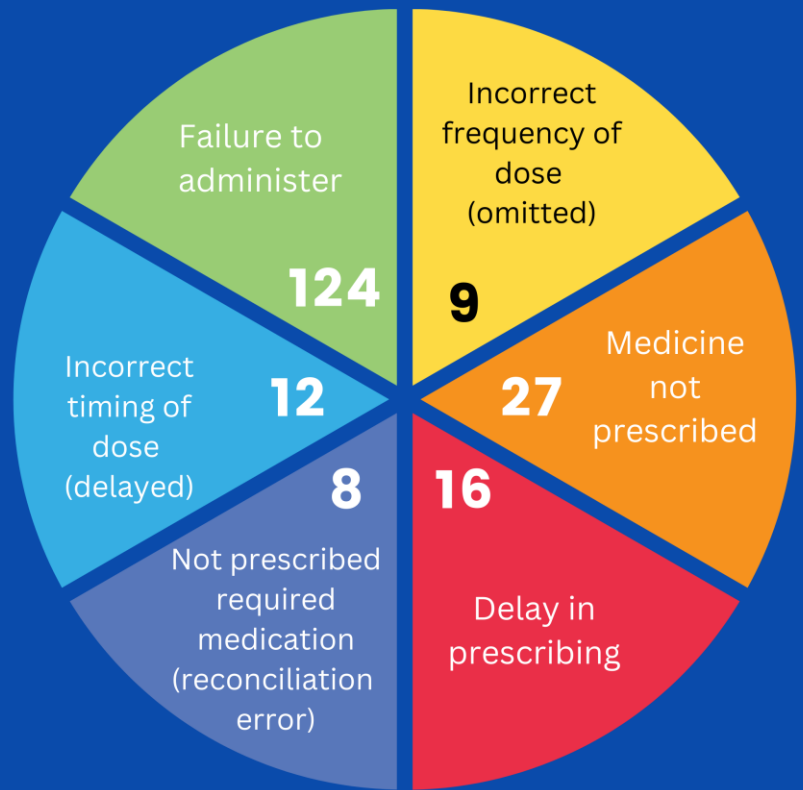
23%

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

8%

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

Incidents by type:



Safe and Effective Care and the Medication Safety Team have contributed to the development of a regional encompass dashboard which will provide data on omitted and delayed medication and assist in monitoring themes and trends and guide improvement.

The Medication Safety Team presented a session on Controlled Drugs (CDs) at the Nursing & Midwifery “You Said We Did” event in November. This session shared themes and learning from incidents and focused on best practice to promote medication safety in relation to CDs.

During Quarter 3 representatives from the Digital Information Practice, Safe & Effective Care, Mental Health Governance and the Medication Safety Teams undertook a scoping exercise looking at medication administration in a mental health ward in Lagan Valley Hospital. This has resulted in a number of findings and recommendations to improve medication administration and safety.

There has been ongoing work by Safe & Effective Care and the Medication Safety Team looking at the development of a pilot program for self-administration of Parkinson’s medication.

Resuscitation Services

CARDIAC ARRESTS

	Q3 (2025)	Q3 (2024)
Oct	4	2
Nov	4	4
Dec	8	1
Total	16	7

In Quarter 2 there were 17 cardiac arrests reported, which is an increase from Quarter 3 in 2024, which had 14 cardiac arrests reported.

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 Q3:

- All NEWS2 parameters not consistently completed resulting in a NEWS2 score not always being generated
- Frequency of NEWS2 not consistently recorded in line with recommended guidelines.
- Variation in practice in regards to escalation of high NEWS2 scores to senior medical staff.
- Inconsistent recording of fluid balance charts in the 24 hours prior to the cardiac arrest.
- Nursing documentation did not always include detailed information on patient deterioration.

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

There continues to be a significant and sustained demand for resuscitation training across the trust.

894
MEMBERS OF STAFF
TRAINED IN LIFE
SUPPORT IN Q3 2025

BLS TRAINING FOR DOMICILIARY CARE TEAM

In December 2025 the Resuscitation Services Team began providing Basic Life Support training to the Domiciliary Care Teams across the Trust. This is in response to updated Northern Ireland Social Care Council (NISCC guidance), which now mandates BLS training for staff in this area.

Glad to get this training, I am a lone worker and know what to do now

RESTART A HEART DAY

On 16 October 2025, the Resuscitation Services Team hosted a Restart a Heart Day stand in Café Connect at the Ulster Hospital.

The purpose of the stand was to engage members of the public visiting the Ulster site and hospital staff, encouraging them to consider learning CPR—a vital lifesaving skill—and to understand the importance of Automated External Defibrillators (AEDs).

Many members of the public took the opportunity to gain hands-on experience, helping to promote confidence in responding to cardiac arrests.



RESUSCITATION COUNCIL UK – IMMEDIATE LIFE SUPPORT MANUAL

The Resuscitation Council UK (RCUK) released its updated resuscitation guidelines in November 2025, and all course manuals were revised accordingly. Holly Grant, Resuscitation Officer, contributed to the updated Immediate Life Support (ILS) manual as a member of the RCUK ILS Subcommittee—an achievement that reflects her expertise and commitment to resuscitation education.



Mealtimes Matter



The results for the MTM audit inpatient areas for Quarter 3 are shown below:

MTM audit return figures for all inpatient wards:

78%	79%	74%	76%
Oct 25	Nov 25	Dec 25	Q3 overall

The return rate remains steady between quarter 2 and quarter 3 at 76%.

Compliance with MTM best practice guidance:

Inpatient wards:

97%	96%	98%	97%
Oct 25	Nov 25	Dec 25	Q3 overall

The regional MTM audit target is 95% therefore compliance remains above target.

The SET Mealtimes Matter group continues to focus on:

- Supporting safety, quality and patient experience at mealtimes using the MTM framework
- Improving MTM audit return rate
- Sharing good practice
- Supporting with addressing issues or concerns including escalation where appropriate.

CHOKING RELATED INCIDENTS

11 → **13**
Q2 Q3

There has been a slight increase in number of incidents compared to Q2 moving from 11 to 13.

Of the 13:

- 9 were choking incidents that were considered unpredictable.
- 2 were avoidable
- 7 were near misses or resulted in no harm.
- 6 resulted in harm: (1 insignificant; 4 minor; 1 moderate)

THEMES FROM MTM AUDIT AND INCIDENTS:



Mealtimes are not always protected.



The food and drink safety pause is not fully embedded in practice across all inpatient areas



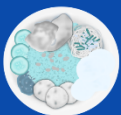
Allergens, supervision and nutrition/hydration are not always communicated as part of the food and drink safety pause



Support services do not always participate in a safety pause, especially prior to beverage service



Regional NBM signage is not consistently used and/or completed fully.



Patients are not always receiving the recommended IDDSI level food texture.



Patients are not always receiving the correct supervision level as per Recommendations for Eating Drinking Swallowing (REDS)



ACTIONS TAKEN IN Q3:

- Collaboration with regional teams to design and develop swallow awareness eLearning for Support Services Teams
- Work is progressing to improve oral care for patients focusing on training and guidance, equipment and documentation. This is influencing regional workflows.
- An inpatient survey titled "Improving Your Mealtime Experience" commenced in December 2025, the results of this survey will help focus future mealtime service improvement work.
- Work is progressing on developing a MUST training and guidance resource, progress is impacted by changes to encompass workflows

FUTURE ACTIONS

- Further scale and spread of snack service
- Launch of new digital food chart in January 2026, this will support more accurate food and snack intake record keeping.
- A Mealtimes Matter validation audit is planned for January 2026
- Review of SET choking policy

Vaccination Services

The 2025/26 Autumn vaccination programme commenced on 6th October is aimed at reducing the risks of contracting Influenza and Covid and preventing severe illness and hospitalisation.

All Health & Social Care Workers (HSCWs) are eligible for the Flu vaccination.

To date SET has the highest HSCW Flu vaccination uptake (38.02%) across all Trusts regionally.

THE AUTUMN/WINTER PROGRAMME

1. Delivered dedicated vaccination clinics for HSCWs to promote early uptake of the Flu vaccine at convenient times and locations by:

- Increased accessibility; through on-site locations across all sites.
- Availability of both booked and walk in appointments
- The Team attended hospital wards daily to offer vaccinations
- Flexible vaccination clinics to facilitate all shifts both onsite and offsite

2. SET communication team led a targeted strategy providing clear and effective information to both HSCWs and members of the public.

3. Senior Leadership messages strengthened the promotion of the Flu vaccine

4. Analysis and evaluation of vaccination uptake influenced clinic provision and targeting of low uptake groups

The vaccination team were delighted to welcome the Health Minister Mike Nesbitt to the Vaccination centre on the Ulster Hospital site.



He was very impressed by the dedication of the team and the approach taken to maximise vaccination uptake to reduce the risks of contracting Influenza and Covid and preventing severe illness and hospitalisation.”

NOMINATED FOR THE CHAIRMANS AWARDS:



The Team were also delighted to be nominated and shortlisted for the Chairman's awards in October and despite not winning were thrilled with the recognition they received.

GOING FORWARD:

- Respiratory Syncytial Virus (RSV) vaccination will be offered to 'all those in a Care home for older people' from February 2026
- Spring 2026 Covid-19 Campaign commences 20th April 2026

Sharing Good Practice

RESEARCH DEVELOPMENT INNOVATION TEAM



The Health Minister, Mike Nesbitt MLA, officially opened the Clinical Trials Centre at the Ulster Hospital. This facility will provide access to world-class research that will benefit patients in Northern Ireland.

The Clinical Research Nursing team continues to deliver world class research and this facility will significantly broaden the scope and scale of research available to patients in the South Eastern Trust.

One patient said **“I was both excited for the potential of the trial and hopeful it would help my symptoms.”**

Aileen Smith Clinical Research Nurse said **“It was a privilege to be part of the patient’s journey and hope this provides a breakthrough in treatments for patients living with this condition.”**



Stephanie Kelly Research Manager said **“it was a unique opportunity for us to take part in this trial. It was wonderful to be able to provide access to a potential new treatment for one of our patients in South Eastern Trust and I hope we may have helped find a life-changing treatment”.**



The team were also delighted to be invited to participate in the global COMET-HF study, which aims to improve outcomes for patients living with heart failure. Heart failure is a long-term condition in which the heart is unable to pump enough oxygen-rich blood to meet the body’s needs.

The goal of COMET-HF is to learn if the drug Omecamtiv Mecarbil can enhance the heart’s pumping function and reduce the risk of heart failure-related complications and deaths.

In December, Aileen Smith and Susan Regan were recognised as top recruiters for this study, having enrolled the highest number of participants across the UK.



LEARNING DISABILITY – HEALTH PROMOTION AND PREVENTION INITIATIVES

Siobhan Brady, Health Facilitator Nurse within Learning Disability Services, has established a Health Promotion Steering Group to strengthen the prevention and early intervention supports available to adults with a learning disability. Evidence from the Annual Learning Disability Review highlights that people with a learning disability are more likely to experience long term conditions including cardiovascular disease, diabetes, respiratory illness, constipation, and obesity (NHS England, 2021). The Steering Group provides a coordinated approach to addressing these health inequalities.



Regular meetings are facilitated by the Health Facilitator Nurse and focus on identifying both individual and group based activities that promote healthier lifestyles. This work has resulted in the development of a shared resource library and the introduction of several health improvement initiatives, ensuring a consistent approach across services.

HEALTHY LIFESTYLE INITIATIVES

The initiatives developed by the Steering Group are designed to address common risk factors and encourage active participation from service users. Current programmes include:

- Heart Health
- Sun Safety
- Movement & Walking
- Oral Care

Oral Care Improvement



The team recently delivered an Oral Hygiene Awareness Session for service users at Mountview Adult Resource Centre in Downpatrick. Using visual aids including a large tooth and toothbrush model, the session focused on practical oral care skills. Service users received toothbrush sets and timers, with a range of toothpaste flavours available to promote choice and engagement. The session concluded with an interactive video and quiz.

Feedback from both service users and staff has been extremely positive, with requests for additional sessions and continued input from the Health Promotion Team.

The team will continue to progress and expand health promotion initiatives to support improved health outcomes for adults with a learning disability.

NURSING & MIDWIFERY LEADERSHIP WORKSHOP

On 4th November 2025 the Central Nursing Teams were delighted to host yet another Nursing & Midwifery Clinical Leadership workshop in QIIC Ards.

This event was attended by approximately 90 Nursing & Midwifery leaders from all fields of practice across the Trust.



The main focus of this event was the introduction of the NIPEC Quality Excellence Framework. This was presented by Brenda Carson Senior Professional Officer in NIPEC who explained the background and purpose of the Framework.

The workshop involved facilitated group discussion whereby attendees had the opportunity to test the best practice guidance component of the Quality Excellence Framework through asking the following questions:

- Do you understand the guidance
- Is the guidance relevant to your practice/area
- Is the guidance accurate
- How do you see the guidance in daily practice

The Framework was very well received by attendees' and generated great discussion amongst groups. Staff were very engaged and eager to share their thoughts and ideas.

The findings from the workshop have been themed and shared with Senior Nursing leaders across the HSC as part of a regional piece of work. The work undertaken by SET Nurses and Midwives is influencing further development of the Quality Excellence Framework moving forward.



Enhanced Patient Care and Observation (EPCO)

During Quarter 3, the Trust completed the implementation of the Enhanced Patient Care and Observation (EPCO) model across 31 adult acute inpatient wards. EPCO is a regional, standardised tool that supports the assessment, monitoring and management of patients displaying distressed behaviours. Its introduction promotes a consistent approach to enhanced care and reinforces the delivery of person-centred, least-restrictive and therapeutically focused interventions.

To support the implementation of EPCO a number of strategies were adopted:

- EPCO Champions were identified
- Face-to-face EPCO training sessions delivered
- A training video has been developed for agency and bank staff
- Ongoing at elbow support across all wards
- EPCO guidance and advice uploaded to Vocera

A key component of the EPCO model is its emphasis on the delivery of structured, person-centered therapeutic interventions, ensuring that enhanced care is meaningful, and tailored to individual patient needs. Information to support person centered therapeutic interventions is captured through the My Story component of EPCO.

EPCO strengthens staff clinical decision-making, improves the quality and consistency of documentation, and supports safer and more proactive management of patients requiring enhanced care.

Despite the positive progress to date, a number of challenges have been identified:

CHALLENGES

- Use of incorrect terminology such as “1:1”, leading to confusion during discharge planning to care homes.
- Gaps in completion of hourly observations on the EPCO flowsheet.
- Shift assessments not consistently completed
- Incorrect level of observation recorded for example, “sleeping” not being recorded as green.

To address these challenges a number of actions have been taken forward:

- Development of an EPCO Tip Sheet for ward, bank and agency staff.



- Communications issued to bank and agency staff, encouraging completion of the EPCO training video.
- Creation of an EPCO Review Guide to support ward managers and lead nurses when reviewing EPCO charts.
- Delivery of additional EPCO 'refocus' sessions for staff
- WTKOTG (What To Know On The Go) for EPCO.

Despite these challenges the overall success of the trust wide implementation reflects the hard work, engagement and commitment of nursing staff across the organisation.

the EPCO tool helps support patients by providing meaningful activity or communication to help a patient feel safe and comfortable reducing anxiety

It is so important that the tool is person centred

I really like that the model is based on therapeutic person centred care to keep patients safe

Getting a more in depth understanding of my patients history and what matters to them it helps me relate better to patients

ENHANCED PATIENT CARE & OBSERVATION
EPCO PILOT +
 ON WARD 6E

Ward 6E in the South Eastern Trust are now using the EPCO model!

WHAT TO REMEMBER?

- My Story
Get to know your patient...
- Hourly Observations
- Therapeutic Interventions
- Family / Carer Involvement
- Re-assessing the need for EPCO
- LEAST restrictive for the least amount of time

Your EPCO Champions

Mercy Colleen Christine

Your EPCO Champions are here to support you with implementing EPCO and to promote the best practice

WANT TO KNOW MORE?

YOU SAID, WE DID - NOVEMBER 2025

The Nursing & Midwifery Safety, Quality & Assurance (NMSQA) team hosted the bi-annual You Said,



We Did event on 7th November 2025 at QIIC UHD, welcoming over 50 attendees from nursing, midwifery, healthcare assistant roles, and allied health professionals (AHPs).

The programme focused on user involvement and safeguarding, followed by sessions on medication safety and diabetes management. The mid-morning sessions then addressed staff awareness of clinical audit processes, the new complaints model, and absence management, before concluding with a focus on staff wellbeing.

The event continues to be well supported and valued by staff. Feedback gathered from attendees plays a key role in shaping future sessions.

Overall, the event demonstrates good practice in staff engagement, education, and alignment with strategic priorities to support high-quality patient care.



CRITERIA LED NURSE DISCHARGE

In December 2025 Leea Walsh Associate Quality Improvement Advisor (SET) presented her project **'Increasing Ward Capacity and Supporting Earlier Flow Through Criteria-Led Nurse Discharge – 'Let's get me Home'** at the Royal College of Nursing Headquarters in London.

Leea has been awarded funding through the RCN Foundation's Investing in Care: Quality Improvement Programme to support this work.



This project is centred on a patient-focused approach to discharge planning, ensuring individuals can leave hospital as soon as they are medically ready, without unnecessary delays.

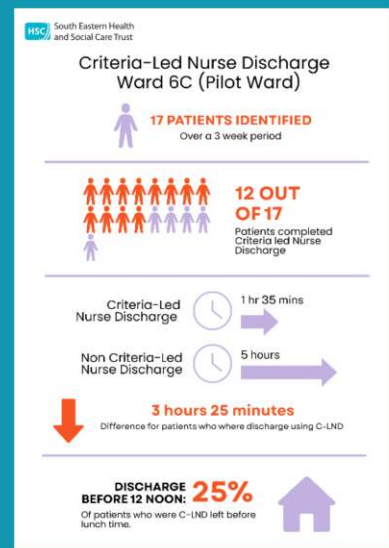
A key component is the introduction of Criteria-Led Nurse Discharge (CLND). This model enables trained, experienced nurses to discharge patients once clearly documented clinical parameters, set by the medical team, have been met.

CLND was initially prototyped on a surgical ward in the Ulster Hospital and following the introduction of digital records testing moved to medical wards supported by a collaborative partnership between clinical staff, Safe & Effective Care and Digital Information & Practice to drive this initiative forward.

IMPACT AND EARLY OUTCOMES

Data from pilot wards indicate the following benefits:

- 25% of patients identified for CLND, with clearly defined criteria, were discharged before 12 noon.
- Patients discharged using CLND left hospital an average of 3 hours 25 minutes earlier than standard discharges.



These improvements support improved patient experience, better patient flow, bed availability, and overall hospital efficiency

Early learning from wider testing highlights the importance of multi-professional engagement, understanding individual ward contexts and applying a systems thinking approach.

BAND 7 NURSE/MIDWIFERY DEVELOPMENT PROGRAMME

The Band 7 Nurse/Midwifery Development programme was developed following feedback from Band 7 colleagues, who expressed a desire for targeted support to help enhance their leadership capabilities and advance their careers. This programme has continued to grow from strength to strength and the third cohort of this programme was delivered to 24 candidates over 5 weeks in Quarter 3.

This is a strategically designed, intensive five day course that equips Band 7 senior nurses and midwives with essential skills that focus on the core pillars of effective leadership.

Over the 5 days Band 7's from diverse specialities engaged in theories and models of leadership and management, learning to motivate teams, manage performance, and foster a positive, supportive culture. The programme gives the group opportunities to share challenges, solutions and support, and helps reduce the level of isolation that can often be felt within a Band 7 role.

Speakers from SET delivered key information through an engaging and relaxed approach. Participants consistently rate this direct access to experts as one of the most invaluable aspects.

This programme is an investment in both the individual and SET, as it helps empower the Band 7 to develop their leadership potential and support them to actively shape and improve patient care while nurturing staff wellbeing.

Feedback has been exceptionally positive for the programme and after each cohort an evaluation is collected and reviewed to ensure it remains current and addresses the needs of Band 7 nurses and midwives. The next programme is due to commence in April 2025 and such is the level of interest two programmes are planned to run simultaneously to maximise reach and impact for Band 7's across the Trust.



“I really enjoyed this programme from start to finish. It was so useful to meet other band 7's in the trust and get to discuss difficulties they face within their role. I will recommend this programme to my colleagues for sure!”

ABSENCE MANAGEMENT: PAEDIATRIC SERVICES

The paediatric nursing team has introduced a supportive and collaborative approach to absence management as part of their weekly Monday morning meetings, attended by Ward Sisters and facilitated by the Lead Nurse. This enhanced structure places a renewed emphasis on staff wellbeing and



reinforces the fair and consistent application of absence-management processes across all paediatric areas. By creating a supportive space for open discussion, the meetings ensure that policy is applied correctly, consistently and with a focus on equity.

During each session, managers review current sickness levels across wards and specialist services, enabling early identification of emerging patterns and allowing issues to be addressed proactively. The forum also provides an opportunity to share and explore complex or ongoing absence-related situations in a safe, constructive manner. The Lead Nurse plays a key role in offering professional advice, guidance and peer support, helping managers build confidence in navigating challenging circumstances while maintaining a compassionate, person-centred approach.

This structured, team-based model has strengthened collaborative working and improved both the quality and continuity of staff support within paediatric services. By fostering shared learning, promoting consistency, and prioritising staff wellbeing, the approach contributes to a more resilient workforce and supports high-quality care delivery across the service.

USE OF ICU DIARIES TO SUPPORT PSYCHOLOGICAL RECOVERY

As part of our ongoing commitment to enhancing patient experience and supporting psychological wellbeing, the ICU team is relaunching the use of Patient Diaries. These diaries play a vital role in helping patients understand and process their time in ICU, an experience that can be difficult to recall and traumatic for individuals.

Evidence shows that structured ICU diaries can support emotional recovery and help reduce the risk of post-ICU post-traumatic stress disorder (PTSD). By documenting daily events, clinical milestones, and personal messages from staff and families, the diaries provide patients with a clear and compassionate narrative of their ICU journey. This supports improved coping, reduces anxiety, and enhances long-term psychological resilience.

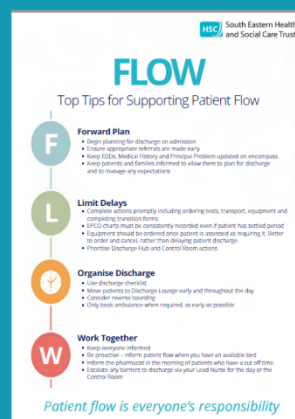
Critical Care Research Nurse Sam Hagan has led the redevelopment of the diary format, ensuring it is user-friendly, person-centred, and aligned with best practice. Sam will also be delivering training sessions for the ICU team in the coming weeks to support consistent and confident implementation across the unit.

This initiative reflects excellent multiprofessional collaboration and demonstrates an ongoing focus on compassionate communication, person-centred care, and innovations that positively impact recovery and patient experience.

WHAT TO KNOW ON THE GO

During Quarter 3 the What To Know On The Go (WTKOTG) learning model continued to be embedded across the Trust, providing short-burst, high-impact learning directly to nursing and midwifery teams. Sessions were delivered at the point of care, lasting under five minutes, ensuring minimal disruption to clinical duties while supporting timely and relevant learning.

Across the quarter, the WTKOTG team facilitated four key topics, engaging **369** staff Trust-wide.



Topic	Month	No. of Staff
Enteral Feeding Management	Nov	129
Frailty	Nov	23
Hospital at Home Service	Dec	147
Flow	Dec	70
Total		369



WTKOTG HIGHLIGHTS & DEVELOPMENTS (Q3):

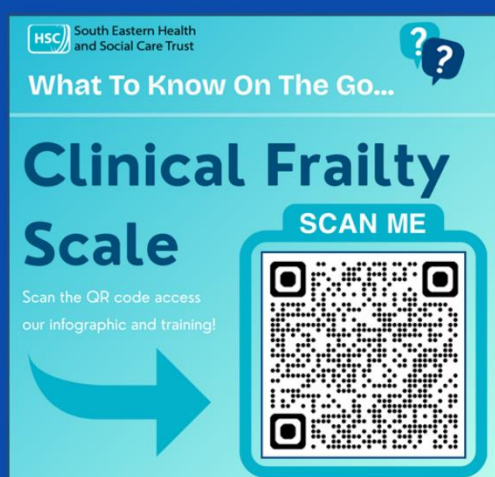
Supporting launch of the Clinical Frailty Scale on encompass:

In November, WTKOTG played a central role in supporting the launch of the new encompass Frailty Flowsheet.

Sessions were delivered:

- In person across all hospital sites
- Virtually for community nursing teams

This collaborative approach involved Frailty Lead Laura Boyle, the Digital Information and Practice Team, and community service leads. It enabled WTKOTG to extend its reach and ensure consistent messaging across both acute and community settings.



WTKOTG Video Launch

A significant development this quarter was the introduction of WTKOTG video recordings.

These were designed to:

- increase accessibility
- support wider dissemination
- reinforce key messages
- reach teams unable to attend live sessions
- This innovation was piloted for the Frailty WTKOTG and will be expanded in the coming month

Continued Positive Staff Feedback

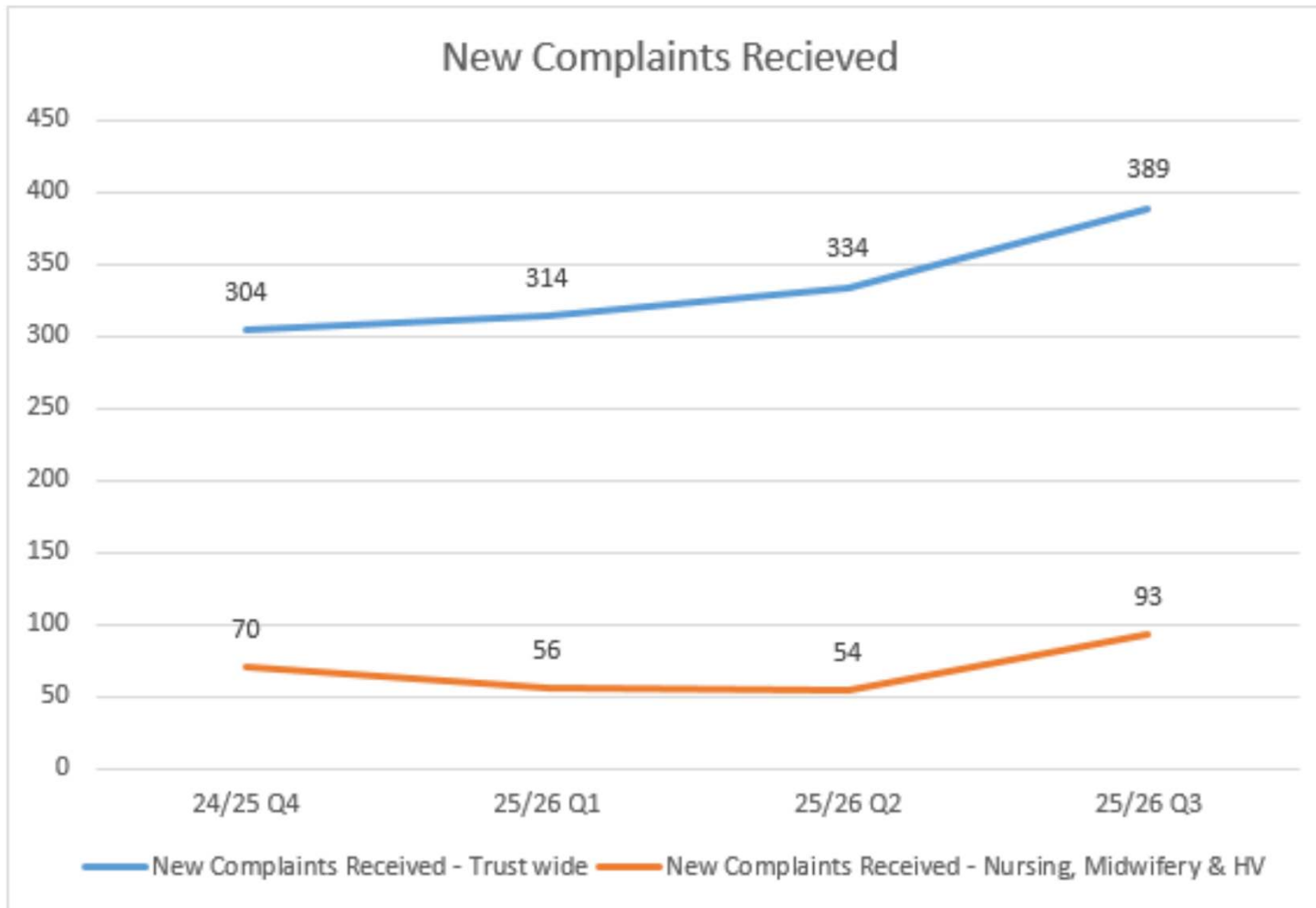
WTKOTG sessions remain highly valued, with 96% of staff rating sessions as good or excellent. Staff highlighted the convenience, clarity, and responsiveness of the model.

Q3 marked an important period of growth and innovation for WTKOTG. Alongside maintaining high levels of engagement, the team introduced virtual delivery, expanded site-wide collaboration, and launched the first WTKOTG videos. These developments strengthen the model's reach, flexibility, and impact, ensuring that frontline teams continue to receive timely, relevant, and practical learning that supports safe and effective care.



Complaints

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



72

stories tagged about nursing/midwifery

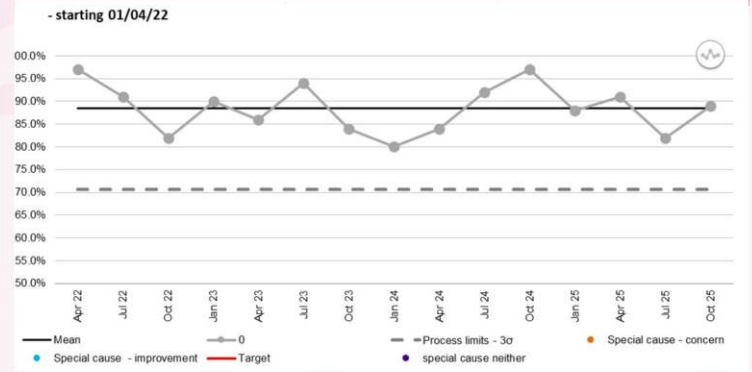
Story Criticality Rating



Not Critical	89%
Minimally	6%
Mildly	4%
Moderately	1%
Strongly	0%
Severely	0%

Criticality scores are assigned by Care Opinion moderators (not the public or Trust) to stories. They are assigned per story not per service, so may reflect criticism of other services involved in a story. Please see table below for criticality definitions

Positive Percentage over time (Apr. 2022 onwards)



"How did you feel?"



"What was good?"



Robbo259 said about Holywood Arches Community Midwives:

"Everyone needs a midwife like Michelle! I was lucky enough to have one appointment with Michelle with my first pregnancy and she turned my whole experience around and made such a positive impact. How lucky was I to get to see Michelle again for my 25 week appointment for my second baby 2 years later. A very friendly and uplifting experience again and I can't wait to see Michelle throughout the rest of my pregnancy."

fornaxsn63 said about Fracture Clinic:

"I wanted to give a mention to Conor, who is a nurse in the fracture clinic. He was just about to leave his shift on a Friday afternoon, however we caught him when he was leaving and he kindly went back in to cut off my cast, which meant the OT's were able to fit me with a splint. This meant a lot as without his help, I would've had to keep the cast on for a few more weeks. Thank you Conor for going above & beyond and going out of your way to help, it is much appreciated!"

Meesa aid about Gastro Hub:

"I attend The Gastro Hub, Ward 22 in the Ulster Hospital to speak with consultants, pharmacists and IBD nurses as I have Ulcerative Colitis. This hub is fantastic, as are all the staff. The place feels very calm and very 1-1 care.

My IBD nurse is called Gayle who is absolutely fantastic and is a credit to that hospital. She has helped me through so much, before and after surgery, still providing help to this day. I just clicked with her and I think that makes such a difference when providing care to someone."

Smc82 said about Asthma and Allergy Nurses :

".....I must highlight that the allergy team is excellent however we have waited an extremely long time for the opportunity for this test. It is clear that despite the negative impact that food allergy has on family life, and quality of life it remains an unmet need with in the health service. Funding should be directed to paediatric allergy services. Hopeful that funding for this service improves. This team should be allowed to do more of their excellent work....!"

monoceroswm59 said:

"My father, who has dementia, was recently discharged from ward 3e UHD after a fall, possibly a mild stroke, having first spent 36 hours in ED. I appreciate how busy everyone is, but it appears that my father was not washed at all during his time in hospital. He had a strong body odour when we picked him up, which distressed him greatly as he is a proud man who has always been very careful about personal hygiene. Supporting personal hygiene is basic care."

We said: "I will address with staff the importance of supporting patients with personal care when they are in ED as it is part of basic care needs and it should be offered to all patients who are waiting for admission in ED. Unfortunately patients do wait for a ward bed in ED for much longer than we would like"

Luna88 said about Gynae Outpatients:

"I recently had an appointment in gynae. I was quite nervous for the appointment. The consultant, nurse and especially the healthcare assistant were all lovely and reassuring. The healthcare assistant comforted me, I didn't catch her name as I was distracted with nerves. But a massive thank you to her for making an uncomfortable experience less uncomfortable. Her act of kindness meant a lot."

DavidM1 said about Endoscopy pre-assessment:

"I was phoned, asked to provide information, and provided with information. The nurse was patient, polite and pleasant.."

betarh79 about Labour Ward said:

"...My experience of birth in the Ulster was what I can only describe as traumatic... From waiting days and days to be brought in to be induced, as I was over a week past my due date, to sitting 48 hours after waters broken because there were no beds on the labour ward....resulting in emergency c section. The whole time I was told I can still do natural birth and have the pool. Which was not true..Less than 2 hours after the baby being born husband was sent home. It took over 20 minutes for call buttons to be answered and me helped with the baby, I couldn't lift or move to get because of the surgery...."

acw98 said about Ward 3C:

"I had a major bowel operation several weeks ago now and was to made to feel comfortable and cared for by all staff on the ward. The care was amazing after my operation and getting me discharged. I would especially like to call out Rhonda who always took her time with me ensuring I was washed, dressed etc. and even did my hair for me when I couldn't - she is a star."

BazP92 said about LVH UCC:

"I can't get over how kind the staff are in this service. Other parts of the system could learn from them. Person-centredness is one of the six domains of care quality and they're doing it so well."

We said: "...we are sorry to learn that your experience at the Ulster Hospital was negative. We are striving to facilitate more booking and antenatal visits in the community areas in order to improve the experience for women who are required to attend...I wish to offer my sincerest apologies for the delays that you experienced in the Induction Bay. Often women need to be prioritised on the basis of their clinical needs and regrettably that then can lead to delays transfers to labour ward. We have shared your post with the teams ... I am happy to discuss this with you in greater detail so that we can support learning and improvement within the service. We are sorry that they were unable to provide you with the level of communication, support and reassurance, you deserved. We would like to thank you for raising these concerns. Your feedback allows us to reflect and improve..."



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Score	Definition
0 - No Critical Content	Entirely positive or neutral posting.
1 - Minimally Critical	Mention of dissatisfaction with non-clinical aspects of care - typically aspects like food, parking, waiting
2 - Mildly Critical	More specific mild criticism such as staff attitude, compassion, politeness.
3 - Moderately Critical	Criticism which may include alleged shortcomings. Also, could be serious comments about facilities
4 - Strongly Critical	Serious Criticism of specific unnamed staff or groups. Very serious consequences for physical/emotional health.
5 - Severely Critical	Posting alleges or describes action or events which may be illegal, grossly negligent or serious misconduct.