CORPORATE NURSING
ANNUAL
QUALITY REPORT

OCTOBER 2013 - DECEMBER 2014
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(* Note – ‘patient’ refers to patients and clients)
INTRODUCTION

I am pleased to present the Northern Health & Social Care Trust’s (NHSCT) Corporate Nursing Annual Quality Report which demonstrates the commitment of nurses and midwives to the provision of high quality, person-centred care. The report demonstrates our progress during the period October 2013 – December 2014.

As Executive Director of Nursing I am extremely proud of our achievement in 2013/14 and am committed to the continued delivery of year-on-year improvements.

Feedback from our patients shows us that we continue to provide a positive patient experience:

- 96% patients reported that staff always considered and respected their wishes.
- 98% reported that staff always treated them as an individual.
- 96% reported that staff were always willing to help.
- 96% reported that staff were always caring and compassionate.
- 99% reported that staff maintained their privacy and dignity when delivering care.

We have invested in an infrastructure to listen more effectively to what our service users say about their experience. Overall we have received positive feedback and have also improved services based on service users’ suggestions. For example, snack boxes are now available in the Emergency Department for both patients and their family members.

I trust this Corporate Nursing Annual Quality Report provides you with a clear picture of how important quality improvement and patient safety are to the Trust’s Corporate Nursing Team.

Olive MacLeod
Executive Director of Nursing
1. **CONTEXT OF CARE DELIVERY – from Turnaround to Reform and Modernisation**

During 2014 the Corporate Nursing Team was restructured in order to:


- Enable the Executive Director of Nursing (EDoN) to provide assurance to the Chief Executive, Trust Board and the Chief Nursing Officer (CNO) DHSSPSNI in relation to standards, effectiveness and quality of nursing and midwifery care.

- Provide assurance to the EDoN that nurses and midwives are fully informed on the role and function of the Corporate Nursing Team.

- Clarify the interfaces between the Corporate Nursing Team and operational directorate professional nursing structures.

- Demonstrate compliance with requisite statutory, mandatory and professional standards.

- Ensure that systems are in place to enable high quality nursing and midwifery services, with a clear organisational structure that clarifies responsibilities for delivering quality performance from Board to Ward / Community.

- Ensure nurses and midwives are aware of, and are supported to, follow the regulatory guidance issued by regulatory bodies.

The EDoN is supported by the following Assistant Directors:

- **Post 1**: Assistant Director Workforce, Learning and Regulation.
- **Post 2**: Assistant Director Safety, Quality and Patient Experience
- **Post 3**: Assistant Director Person-Centred Practice, Innovation and Development.

We are acutely aware of, and understand the gravity of, the financial challenges facing the NHSCT and indeed the entire health and social care sector in Northern Ireland. Nurses and midwives have both professional and operational responsibilities in relation to Corporate responsibilities to manage safety and quality risks whilst striving to achieve financial balance.

However, as registered nurses and midwives, our first duty of care must always be to patients. It is acknowledged that nursing services in Northern Ireland are under unprecedented pressures, nevertheless attention to professional standards must be maintained to ensure safe, effective, person-centred care.
2. **NURSING AND MIDWIFERY STRATEGY**

Further to the Nursing and Midwifery Strategy ‘Quest for Excellence’ (2013 – 2016) being launched in October 2013, directorates have implemented many quality initiatives to fulfil the pledges made to our patients, and to each other.

The pledges are stated as follows in the Nursing and Midwifery Strategy:

- Provide Care and Support to Service Users, Carers and Families.
- Support Our Staff to Care.
- Develop Skills to Care.
- Value the Nursing and Midwifery Contribution to Care.
- Strengthen Leadership.

The Nursing Quality Report will be presented under these 5 pledges.

3. **PROVIDE CARE AND SUPPORT TO SERVICE USERS, CARERS AND FAMILIES**

3.1 **Patient and Client Experience work**

The Patient and client experience is a key indicator of quality and is central to many of the strategic drivers for health and social care improvement and innovation. Within the NHSCT, the user experience workstream is led by the EDoN. The key methods of data collection are the 10,000 Voices initiative and the Patient and Client Experience survey work.

Since the implementation of the ‘Standards’ the NHSCT has been an enthusiastic member of the Regional Working Group. Contribution to the design of the tools used to gather patient experience ie. Regional questionnaire, observation of practice template and methodology and patient stories template and methodology.

The NHSCT Improving Patient and Client Experience Steering Group was established, chaired by the Deputy Director of Nursing and includes membership from operational directorates and representation from professional groups, Corporate Support Services, services users and the Governance Department.

Analysis by the Governance Department generated comprehensive reports enabling the development of action plans by the teams involved. The analysis of the questionnaires was triangulated with data from observations of practice and patient stories. Improvement work was agreed in the local departments and implemented by them with assurance in relation to progress discussed at the Trust Steering Group.
Overall Trust position end March 2014

<table>
<thead>
<tr>
<th>RESPECT</th>
<th>Consider and respect wishes</th>
<th>Respect religious and spiritual needs</th>
<th>Treat as an individual</th>
<th>Interruptions during care delivery</th>
<th>Reason for interruptions given</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.8%</td>
<td>94.5%</td>
<td>96.7%</td>
<td>82.5%</td>
<td>71.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTITUDE</th>
<th>Approachable</th>
<th>Willing to help</th>
<th>Willing to take time to listen to questions or concerns</th>
<th>Caring and compassionate</th>
<th>Aware when upset / distressed</th>
<th>Able to provide with assistance when needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.2%</td>
<td>95%</td>
<td>94%</td>
<td>94.8%</td>
<td>92.5%</td>
<td></td>
<td>88.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEHAVIOUR</th>
<th>Polite and Courteous</th>
<th>Behave in a professional manner</th>
<th>Make you feel safe and supported</th>
<th>Call you by your preferred name</th>
<th>Provide you with enough information in order to understand what agreeing / consenting to 94%</th>
<th>Ask for consent or permission before carrying out treatment or care 90.8%</th>
</tr>
</thead>
</table>
| 97.7%     | 96.2%                | 96.2%                         | 94%                            | 89.4%                         | 73.8%                                                                               | 72.2%。

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Speak in a way which could be easily understood</th>
<th>Listen to you</th>
<th>Explain what was happening in relation to treatment and care</th>
<th>Involve you in decisions which needed to be made</th>
<th>Introduce themselves</th>
<th>Provide information leaflets</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.3%</td>
<td>96.2%</td>
<td>94.8%</td>
<td>89.4%</td>
<td>73.8%</td>
<td>72.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIVACY AND DIGNITY</th>
<th>Enough privacy when discussing treatment, care and personal matters</th>
<th>Steps taken to prevent you feeling embarrassed</th>
<th>Take action to relieve pain</th>
<th>Bed in an area where male and female patients were being cared for beside each other 73.7%</th>
<th>Help with toileting when required</th>
<th>Have enough time to spend with you</th>
</tr>
</thead>
</table>
| 87.2%               | 96.1%                                                         | 92.9%                           | 94.2%                     | 87%。

The aim of the 10,000 Voices initiative is to enable patients and staff to share the role of improving care and redesigning services through the sharing of stories. Three phases of activity have now been completed.

Phase 1 – Unscheduled Care Services.

Phase 2 – Care in your own home.

Phase 3 – Experience of Nursing and Midwifery care.

The following improvement work was undertaken as a result of data analysis of both Patient and Client Experience and 10,000 Voices workstreams:

- **Management of interruptions** to care delivery and ensuring that if an interruption is unavoidable that an explanation is offered to the patient.
• Introduction of **Intentional Rounding** by nursing Trust-wide.
• Ensuring that **requests for assistance** are responded to in a timely fashion.
• **Involving patients in decisions** regarding their care / care management plans.
• **Revision of care planning documentation** being undertaken by nursing Trust-wide.
• The important of **staff introducing themselves** when engaging with patient / clients led to the introduction of the ‘Hello My Name Is ....’ Campaign, which will be a Trust key improvement initiative. The following teams have signed up as early implementers – Portering Services, Domestic Services, Hospital Social Work teams, Holywell Hospital site, Radiology Departments, Nursing Practitioners and Hospital at Night Teams.

![Image](image_url)

• **Provision of written information** to supplement verbal information given – nursing teams have developed ward information leaflets for patients and their families.
• **Ensuring Privacy** when discussing treatment, care and personal issues.
• Encourage additional staff to undertake **observations of practice** – the opportunity to reflect on the care setting from the patients’ perspective has proven to be a valuable tool in reflecting on care.
• **Provision of Single Gender Bays** remains a challenge given the current hospital estate. The EDoN continues to monitor all situations where the provision of single gender bays cannot be realised. Ward Sisters ensure that if a mixed gender bay is necessary that all steps are taken to promote patient privacy and prevent embarrassment.
• **Spending time with and being available for patients / clients / carers.** Ward Sisters conduct a ward round during afternoon visiting to engage with patients and families. Ward nursing teams ensure that Intentional Rounding is conducted at least every 2 hours.
• **Development of a leaflet** to advise patients that they may get a call back after Radiology review to advise of a change in treatment or further investigation. In addition an electronic record of issue will be registered on symphony.
• **Infection control updates** provided for Emergency Department (ED) staff. This process was established to ensure Domestic Services staff are involved in staff team meetings/updates and information laminated on individual patient doors to highlight the level on clean required.

• Assignment of **additional nursing staff to attend training** to become advocates for patients with dementia. 2 ‘advocates’ have completed training and it is the intention to send 2 additional staff.

• **Flasks of hot water/tea/coffee/biscuits** have been supplied to all Emergency Departments. Development of a collaborative protocol with the Catering Department for the provision of food and fluids out-of-hours, including the creation of meal boxes, delivered to ED prior to close of catering facilities.

• **Establishment of a collaborative tracking / exchange system** for pillows and blankets with the Northern Ireland Ambulance Service – ‘like for like’ exchange. Development of a laundry feedback protocol and direct supply of laundry into departments now in place.

• **On-going training and workshops** in progress to improve the education, skills and confidence for staff caring for patients with a learning disability or mental health issue.

In addition, a system of peer review and audit of all in-patient settings has been initiated by the EDoN, namely ‘**Care Quality Assurance Audits**’. Each week Lead Nurses / Service Leads review nursing care in a colleague’s area of responsibility. The focus is specifically on the nursing components of care delivery and includes an observation of attitudes and behaviours, delivery of a meal service and first impressions on entering the care setting. This work is based on an adaptation of the ‘15 Steps initiative’ implemented by Department of Health, England. These audits provide validated assurance in relation to care issues, including the overall Patient Client Experience Standards. The table below shows a sample of data analysis of Care Quality Assurance Audits:

<table>
<thead>
<tr>
<th>Details</th>
<th>Number of Indicators Observed</th>
<th>Method</th>
<th>Sept 14</th>
<th>Oct 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas observed include welcome signs evident, name badges being worn, information leaflets for patients / relations, ward being accessible to disabled people.</td>
<td>11</td>
<td>Observation in Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes patients dressed to protect dignity, access to personal property and beside tables, drinks, call bells, curtains being fully closed during personal care and chairs available for patient care.</td>
<td>13</td>
<td>Observation in Practice &amp; Patient /Relative discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff to be polite &amp; respectful in their interactions, to display warmth &amp; empathy and have knowledge of patient preferences.</td>
<td>5</td>
<td>Observation in Practice &amp; Patient /Relative discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes staff storage &amp; work areas to be clean &amp; tidy, staff hand washing before and after patient care, staff dress code in relation to infection control cases of c diff &amp; IV device related infections and proactive IPC link nurse.</td>
<td>13</td>
<td>Observation in Practice &amp; Patient /Relative discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes record keeping, risk assessments completed, national early warning signs (NEWS) recorded on all sets of observations, Fluid balance, Medicines Kardex.</td>
<td>49</td>
<td>Documentation Audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments of patient preparation for mealtimes. Assessments during &amp; after mealtimes.</td>
<td>15</td>
<td>Observation in Practice / Documentation Audit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2  **Patient Safety**

The NHSCT aims to reduce harm experienced by our patients to an irreducible minimum. We measure the outcomes of individual harms to identify the impact of any improvement work undertaken. We are proud of the achievements which have been highlighted in this report; however, further work still needs to be done.

3.2.1  **Infection Control Nursing Team**

During 2013/14, the Northern Trust Infection Prevention and Control Nursing (IPC) Team continued to provide specialist infection prevention and control advice to staff across the Trust, in line with the Trust Infection Prevention Strategy and agreed policies and guidelines.

The IPC Team aimed to be highly visible in acute clinical inpatient areas across the Trust, providing on the spot advice and support to front line clinical staff. The configuration of the IPC Nursing Team facilitated 2 IPC Nurses to work in the Trust Sub-acute hospital sites, Community inpatient facilities and Primary Care. The IPC Nursing Team continued to provide an out-of-hours ‘on call’ service to the Trust all year.

The maintenance of a high profile in acute clinical areas allowed the IPC Nurses to work closely with the Patient Flow Teams to risk assess and prioritise patients with infection risk, on a daily basis, in order to facilitate appropriate and timely placement of patients. In addition, the Infection Control Team participated and provided alerts to staff at the daily morning safety meetings on Antrim and Causeway sites.

The IPC Team continued to work closely with colleagues in Public Health Agency to share and communicate information on outbreaks and infection control risks that may affect patient safety across the Trust, as well as the region.

- **Training**

A core function of the Infection Control Nursing Team is to deliver regular innovative and interactive training sessions for all levels of Trust staff. The IPC Training Strategy ensured that **all staff** received IPC training at induction and they also participate in face to face mandatory infection control training 3 yearly. Training is also provided for targeted Trust initiatives to reduce HCAI and other infectious disease threats such as:

- **Aseptic Non Touch Technique** for insertion and on-going care medical devices. Refresher training sessions are also delivered at ward level as and when required using mannequins.
- **Stool Smart training** to ensure staff are aware of how and when to send stool specimens.

- Junior Doctor and Nurse Practitioner training on **Blood Culture Collection** using a specially developed Trust training DVD.

- Specialist training for risk assessment and management of **Ebola Viral Haemorrhagic Fever**. A training DVD on correct use of PPE was developed by the IPC Nursing Team to be placed on Staffnet for ongoing training purposes.

**Mandatory IPC** training continues to be separated into a tiered approach for all Trust staff, depending on their level of clinical contact and duties. This is an ongoing programme and included separate bespoke training sessions for medical staff which are delivered in collaboration with the Trust IPC Doctor / Consultant Microbiologist.

- **IPC Link Workers**

In June 2014 the IPC Nursing Team hosted 2 **IPC Link educational days** for both Causeway and Antrim localities. This day provided an opportunity to update both acute and community link workers on current infection prevention and control issues, but was also a celebration of their achievements as link workers.

Awards were presented to **IPC Champions** for the initiatives implemented in their areas and for their ongoing commitment to raising infection prevention and control standards. **Environmental Cleanliness Champion Awards** were presented to Support Services staff for their dedication and pride in maintaining environmental cleanliness standards in their area of work. Feedback from those who attended both days was very encouraging.

- **Student Mentorship**

In 2013 the IPC Nursing Department was successfully passed as a suitable placement for second year student nurses by the University of Ulster and the Trust Practice Education Team. The Northern Trust IPC Team was the first in Northern Ireland to facilitate student placements. During the Spring and Summer months of 2014 the team mentored the first 2 nursing students for a full 9 week placement. Both students provided excellent feedback on their placements and thoroughly enjoyed their experience. The IPC
Team currently has 3 mentors who have completed mentorship training to facilitate and support future student placements.

- **Audit**

The IPC Nursing Team continues with a rolling Audit Programme to monitor clinical practices in line with Department of Health, High Impact Interventions (HII’s) recommendations in all Trust Augmented Care settings, Acute and Community in patient facilities at least twice yearly.

The IPC Nursing Team participated in Environmental Cleanliness Audits with Domestic, Estates and Nursing staff using a Regional Cleanliness Audit Tools (developed by the Regional and Quality Improvement Authority (RQIA)).

In addition, following each identified case of Clostridium difficile in an inpatient clinical Trust setting, an independent audit was carried out by IPC Nursing Team after 48 hours from issue of laboratory result, to monitor compliance with all aspects of the management of Clostridium difficile.

Written and verbal feedback on all IPC audits is provided to Clinical Leads at ward level, Governance Committee and Infection Prevention Control and Environmental Health Committee.

- **Policy Development**

The IPC Nurses have developed and reviewed the following policies and protocols within the last year:
  - Uniform and Dress Code Policy (new policy).
  - MRSA Policy (review)

- **Initiatives**

The IPC Nursing Team has driven and participated in the following Trust initiatives:

- **Root Cause Analysis.** The IPC Nurses participated in ongoing surveillance of alert organisms and play a major role in Root Cause Analysis (RCA) of all cases of Clostridium difficile and MRSA bacteraemias.

- **World Health Organisation Hand Hygiene Day.** To mark World Hand Hygiene Day in May 2014 the IPC Nurses held awareness raising sessions for a full week in Antrim, Causeway an Sub-Acute Hospitals. The IPC Nurses visited wards and departments with glo-germ simulation to demonstrate best practice in hand hygiene to staff, patients and visitors.
• **Dump the Junk – Oct 2014** The Infection control Team has always recognised that hospital cleanliness is vital in the fight against Health Care Associated Infections (HCAIs) including Clostridium *difficile*. Working in close partnership with Domestic Services is extremely important to reduce the incidence of HCAIs in Trust Hospitals and facilities and drive forward initiatives, such as Dump the Junk, clearing unnecessary clutter from clinical and non-clinical areas.

• **Intravenous (IV) Peripheral Line Project** Over several years the Trust has developed the role of an IV Peripheral Line Champion. This Senior IPC Nurse has driven forward the development of a peripheral line pack project to enable improvement in clinical practices associated with peripheral IV line insertion and ongoing care. The initial prototype of this IV pack was trialled in Antrim with the support of the remainder of the IPC Team and is now ready to be developed further into the final prototype.

• **Fast Fact Sheets (for staff education).** The IPC Nursing Team continued to develop one page ‘Fast Fact’ information sheets to complement staff education. These sheets contain easy to read facts on how to manage certain infection risk organisms / conditions that staff can view at a glance and obtain the necessary information.

Fast Facts are available for Gastroenteritis; Sharps Safety; MRSA; CPE and Campylobacter.

• **Care Bundles.** The use of care bundles in Infection Control has been long standing; however, work was undertaken to replace and update
existing care plans and pathways with more succinct and shorter care bundles across the Trust.

Care Bundles developed by the Team include MRSA; ARO (antibiotic resistant organism); Urethral Catheter; IV Peripheral line care.

- **New Builds**

The services delivered by the Trust continue to expand and develop. With that development, departments may have to extend, refurbish and replace their existing premises to meet agreed standards. The IPC Nursing Team have been central to many of these projects to ensure that Infection Control in the Built Environment is included at every stage of the project. Working closely with the Capital Development Team the IPC Nursing Team, during 2014 has advised on:

- Ballymena Health and Care Centre (ongoing).
- Neonatal Intensive Care Extension (ongoing).
- Refurbishment of OPD Antrim (completed).
- Trust wide refurbishment of Health Centres (ongoing).
- New Dental Unit at Antrim Hospital (ongoing).

### 3.2.2 Falls Prevention

During 2013/14 the Falls Prevention Nurse continued to provide an advisory service for all staff across the Trust and the independent sector, with the aim to reduce the number of falls and subsequent injuries.

The work of the Falls Prevention Nurse included the following:

- **Training**

In addition to providing ongoing support and advice, the Falls Prevention Nurse delivered face to face training sessions and participated in the following training courses:

- Induction training for registered and non-registered nursing staff.
- Mandatory 3 yearly update training for registered and non-registered nursing staff.
- Awareness training sessions for Allied Health Professionals and Social Care staff.
- Targeted training was also provided in relation to the implementation of the FallSafe bundle and the prescribing of bedrails.

- **Audits**

Wards participating in the FallSafe bundle completed an audit each month. The Falls Prevention Nurse performed spot audits and discussed audit results with relevant wards.
• **Falls Incident Forms**

The Falls Prevention Nurse receives a copy of all **falls related incident forms** from wards on a weekly basis; with action taken as required. A database has been established to capture all reviews and follow up actions.

• **Root Cause Analysis**

An investigation is carried out following falls which have resulted in a moderate to severe injury (wound requiring closure, fractures, head injuries, death). A report with actions, to reduce the incidence of this happening again, is compiled and forwarded to the relevant Ward and Lead Nurse for implementation. Many wards have embraced this process and significant changes have been made at ward level to reduce the risk of falls to the lowest level reasonably practicable.

• **Development of a Falls Risk Assessment Tool for renal dialysis patients**

A KPI pilot in relation to falls was commenced in the Trust’s Renal unit. The following has been developed and implemented:

- A Renal Falls Bundle compiled of evidence based components that are relevant to the Renal Unit.
- A Renal Falls KPI dashboard.
- Falls information leaflet for renal patients.
- Postural hypotension leaflet for renal patients.

On-site training for the pilot took place within the Renal Unit. Following the 3 month pilot a review will occur, with amendments made and thereafter the bundle will be embedded into practice.

3.2.3 **Recording Care**

The Regional Recording Care Project, chaired by Mr Alan Corey-Finn, Director of Nursing Western HSC Trust, continues to drive improvements in record keeping practice. Within the NHSCT this work has seen consistent improvement in record keeping practice as evidenced by the audit scores in acute sector wards. Random charts selection and application of the electronic audit tool is led by the Ward Sister. This is subsequently validated by the independent review audits carried out by Lead Nurses.

Nursing staff from NHSCT continue to contribute to the regional workstreams associated with this project to include:

- Development of the Nursing Assessment and Plan of Care document.
- Abbreviations.
- Mental Health and Disability Expert Reference Group.
- Care Planning Workshop.
### Regional Nursing Key Performance Indicators (KPIs)

- **SKIN Bundle**

Pressure ulcers are a major cause of morbidity in acute and non-acute care. Pressure damage causes distress and pain for the patient and their family, increased length of stay and there is an associated financial burden of £40,000 for treatment of a Grade 4 pressure ulcer. Pressure ulcers are a largely preventable adverse event and an important measure of the quality of care within the organisation.

**The SKIN bundle** has 5 evidence based components and consistent compliance with these has been shown to reduce the incidence of avoidable pressure ulcers by 25-30%. To date we have spread the bundle to 80% Acute wards and 100% Sub-acute wards and 100% Community Hospitals. Improvement work is underway to demonstrate compliance with 100% bundle elements in 95% notes audited across all adult inpatient wards to reduce the number of patients suffering harm from a pressure ulcer acquired in our care.

- **FallSafe Bundle**

**The FallSafe bundle** is designed to measure improvement, by focusing on a consistent set of evidence based measures that if delivered reliably will result in a reduction in patient/client falls. The following targets have been set by the PHA:

- 50% spread of the FallSafe Bundle A into identified adult in-patient wards by the end of March 2015. With current and predicted spread, the FallSafe bundle A and B will be spread into 55% of identified adult in-patients wards by March 2015.

- Increase compliance with Bundle B in the 2 pilot wards (Inver 4 and B2). Audit results have demonstrated that compliance has increased within these 2 wards.
We have also continued to develop our Nursing Quality Dashboard throughout 2013/14. The measures on this dashboard help us to understand the quality of care that we are providing to patients and is reviewed frequently by the EDoN and the Executive Management Team.

### QUALITY INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Briefings</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>96</td>
</tr>
<tr>
<td>All vital signs recorded</td>
<td>98</td>
<td>97</td>
<td>98</td>
<td>96</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td>Evidence of action from score</td>
<td>94</td>
<td>93</td>
<td>95</td>
<td>95</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Time for next set of vital documentation</td>
<td>92</td>
<td>92</td>
<td>94</td>
<td>94</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>Vital signs recorded to frequency</td>
<td>94</td>
<td>93</td>
<td>91</td>
<td>91</td>
<td>93</td>
<td>93</td>
</tr>
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### OVERALL COMPLIANCE

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>99</td>
<td>96</td>
<td>98</td>
<td>99</td>
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<td>97</td>
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</table>

### PRESSURE ULCERS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Falls</td>
<td>104</td>
<td>197</td>
<td>354</td>
<td>323</td>
<td>400</td>
<td>368</td>
</tr>
</tbody>
</table>

### FALLS

#### PART A

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asked about history of falls</td>
<td>97</td>
<td>100</td>
<td>97</td>
<td>98</td>
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<td>98</td>
</tr>
<tr>
<td>Asked about fear of falling</td>
<td>59</td>
<td>40</td>
<td>72</td>
<td>98</td>
<td>98</td>
<td>97</td>
</tr>
<tr>
<td>Urinalysis performed</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
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<td>95</td>
</tr>
<tr>
<td>Assessed new or existing Fall risk</td>
<td>100</td>
<td>97</td>
<td>100</td>
<td>98</td>
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<td>100</td>
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<tr>
<td>Fall for work and in reach</td>
<td>100</td>
<td>97</td>
<td>98</td>
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<td>Safe footwear</td>
<td>100</td>
<td>97</td>
<td>97</td>
<td>98</td>
<td>99</td>
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</tr>
<tr>
<td>Clear communication of mobility status</td>
<td>99</td>
<td>100</td>
<td>100</td>
<td>100</td>
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<td>100</td>
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<tr>
<td>Personal items are in reach</td>
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<td>100</td>
<td>100</td>
<td>100</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Slips/Trips hazards (i.e. 1 = No Slips / Trips Hazards identified)</td>
<td>92</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>92</td>
<td>100</td>
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<tr>
<td>Cognitive Screen</td>
<td>97</td>
<td>95</td>
<td>96</td>
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<td>96</td>
</tr>
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<td>Bedside risk assessment completed</td>
<td>100</td>
<td>98</td>
<td>100</td>
<td>98</td>
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<td>98</td>
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<tr>
<td>Lying and standing BP recorded</td>
<td>94</td>
<td>74</td>
<td>86</td>
<td>86</td>
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<td>Full medication review requested</td>
<td>99</td>
<td>100</td>
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<tr>
<td>OVERALL COMPLIANCE WITH PART A</td>
<td>94</td>
<td>93</td>
<td>95</td>
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<td>93</td>
<td>93</td>
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</table>

### PART B

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL COMPLIANCE WITH PART B</td>
<td>55</td>
<td>72</td>
<td>71</td>
<td>72</td>
<td>55</td>
<td>72</td>
</tr>
</tbody>
</table>

### RECORD KEEPING

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Qtr 1 2013/14</th>
<th>Qtr 2 2013/14</th>
<th>Qtr 3 2013/14</th>
<th>Qtr 4 2013/14</th>
<th>Qtr 1 2014/15</th>
<th>Qtr 2 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL COMPLIANCE WITH RK1 (MANDATORY REQUIREMENTS)</td>
<td>93</td>
<td>91</td>
<td>96</td>
<td>96</td>
<td>94</td>
<td>96</td>
</tr>
<tr>
<td>OVERALL COMPLIANCE WITH RK2 (ADMISSION &amp; RISK ASSESSMENT)</td>
<td>83</td>
<td>89</td>
<td>93</td>
<td>92</td>
<td>93</td>
<td>92</td>
</tr>
<tr>
<td>OVERALL COMPLIANCE WITH RK3 (CARE PLANNING)</td>
<td>81</td>
<td>85</td>
<td>91</td>
<td>90</td>
<td>90</td>
<td>92</td>
</tr>
<tr>
<td>OVERALL COMPLIANCE WITH RK4 (DISCHARGE PLANNING)</td>
<td>60</td>
<td>56</td>
<td>81</td>
<td>71</td>
<td>74</td>
<td>77</td>
</tr>
</tbody>
</table>

We will continue to evolve the quality improvement dashboard as new measures are developed and new areas of focus are identified, one example is the introduction of Intentional Rounding, which is a formal checklist used when checking on the patient. The rounding happens every 1-2 hours and is...
undertaken by the responsible nursing staff. Specific questions are asked, answered and documented on the checklist. Intentional Rounding has been shown to reduce Falls, Dehydration and Incontinence and can be an effective way of managing pain.

3.2.6 Developing Practice in Dementia Care Strategy for Nursing

The aim of this developing practice in dementia care strategy for nursing was to provide focused training and development opportunities for nursing staff in the care of patients with dementia using practice development methodologies. The training is conducted at 2 levels - Targeted and General awareness

- **Phase 1 (Pilot) - Targeted Training in Pilot wards**

A Scoping exercise was undertaken to determine numbers of existing Dementia Champions and Facilitators across the Trust. Following this a workshop with facilitators and champions was facilitated within the Trust, the purpose of which was to establish roles and functions of the facilitators and champions and to establish their initial training and development needs.

One hour focused ‘action learning sets’ at ward level for Facilitators and Champions in the pilot areas commenced in May 2014, using practice development methodologies. The action learning sets focused on Basic awareness of dementia; Communication; Behaviours; Environment; Delirium and Carer’s involvement. These sessions will be complemented by the programme on the ‘Butterfly Scheme’ implementation.

Attendance at the Montessori training day for Champions and Facilitators.

Development and implementation of ‘A person-centred dementia care bundle’ which focuses on the provision of dementia-specific supports required to enhance their inpatient care, promote timely treatment and safe hospital discharge.

- **Phase 2 (Pilot) - General Awareness**

Following establishment of the staff-led action learning sets, general awareness training for all staff in the Pilot wards was facilitated by Dementia Facilitators / Champions.

- **Phase 3 (Pilot) - Assessment and Evaluation of Pilot**

The Assessment of Practice Learning and Development and Programme Evaluation will be undertaken through the following processes:

- Programme evaluation through Clinical Education Centre.
- Initial Learning objectives revisited at the close of the programme.
- Claims, concerns, issues – as dementia facilitator/champion will be revisited.
- Observations of Practice have been carried out to take a ‘snap shot’ of dementia care in the pilot clinical areas prior to the programme. These observations of practice will be repeated following the programme.
- Audit the use of the Dementia Care Bundle.

The evaluative report was completed end October 2014.

- **Phase 4 (Pilot) - Sustainability**

By end December 2014 the Dementia Facilitators demonstrated sustained change in the clinical area. The group of Dementia Facilitators had access to a peer Dementia Facilitators’ Support Group and the CEC and Dementia Services Development Centre NI for on-going advice and support.

- **Phase 5 - Spread Plan**

Roll out to the next clinical area(s) commenced in October 2014 in Antrim Area (Wards B3, C1, C3, C4, C5, C6, C7) and wards in Whiteabbey and Mid-Ulster Hospitals.

3.2.7 **Promoting Good Nutrition for Patients in Community Hospitals**

Ms Siobhan Shannon, Project Nurse, Corporate Nursing Team was successful in her application to the Foundation of Nursing Studies, Patients First: Supporting Nurse-led Innovations in Practice for a project in relation to promoting good nutrition for patients in Community Hospitals.

As a result of a complaint from a patient in relation to lack of menu choice and lack of involvement in selection of meals, this project aimed to improve patient experience by ensuring good nutrition is promoted during their admission to hospital. The project focused on involving patients in their food choices; improving patients’ and staffs’ understanding of nutrition and reviewing the implementation of the Protected Mealtime Policy. The final report is being finalised.

3.2.8 **Bereavement Forum - Water Lily**

A new resource was developed by the Trust Bereavement Forum and has been delivered to all acute ward areas by the Bereavement Co-ordinator.
It is a laminated picture of a **water lily**, which should be erected by ward staff on the door of a side room, pinned to screens or displayed at the staff base when a patient has died on the ward, and will remain there until the deceased is transferred to the mortuary.

It is hoped that on seeing the water lily, staff will recognise that a death has occurred and that there is a requirement for a quiet and respectful atmosphere to be maintained within the relevant location. It can also alert staff before entering the room of the deceased and where bereaved relatives may be.

### 3.2.9 Specific Initiatives within Directorates to ‘Provide Care and Support to Service Users, Carers and Families’

- **Smoking Cessation Programme, Mental Health Directorate**

  Smoking rates amongst people with a mental health disorder are significantly higher than the general population and people with a psychotic disorder and who live in an institution are particularly vulnerable, with 70% of this group of people smoking.

  In recognition of this a nurse representative has been identified in Mental Health to be involved and assist in the **delivery of Smoking Cessation**. They represent Mental Health on the Northern Tobacco Control Group and are involved in Brief Intervention Training (BIT) to staff in conjunction with colleagues from Health Improvement.

- **New Development of a Dedicated Functional Elderly Assessment Ward, Mental Health Directorate**

  Tobernaveen Centre is a 14 bedded Acute Admission ward that caters for the functional over 65 year patients who experiences mental ill-health. The ward has a dedicated team of nurses, a single consultant, a senior registrar, a junior doctor, social worker and occupational therapist. A holistic approach is adopted to all aspects of care. The ward focuses solely on the needs of each individual patient to promote independence. Discharge planning starts from the point of admission and our integrated care pathway follows the patient from beginning to the end of admission. **Person-centred care is at the forefront of the ethos of this ward.**

- **Montessori Based Activity Programming™ for People with Dementia, Mental Health Directorate (a first for Northern Ireland)**

  The Montessori approach is grounded in a philosophy of respect and dignity for the person with dementia emphasising the use of remaining abilities, activities to increase or maintain functioning and developing meaningful social roles within the community and family.
The team in the newly developed Dementia Intensive Care Unit, Inver 4, Holywell Hospital wanted to introduce a model of meaningful activities, alongside their existing behavioural sciences approach, to develop non pharmacological approaches to dementia care for people with complex dementia needs.

This coupled with a dedicated team under new ways of working has led to increased staff / patient and indeed carer interactions and an increase in meaningful activities over the 7 days per week. The team honed their new skills as a truly multidisciplinary team as their bespoke educational programme included nursing, medical, AHP’s and domestic staff learning side by side. The thoughtful ‘activity pods’ (cupboards with activity items) around the unit invite relatives to have meaningful and enjoyable visits.

- **Recovery College, Mental Health Directorate**

The NHSCT has commenced a **Northern Region Recovery College** which offers a range of interesting and inspiring courses to promote recovery and well-being. We work alongside people with lived experience, staff and partner agencies in the true spirit of co-production.

This project affords sharing of expertise and learning together. Courses provide the opportunities to encourage individual journeys of recovery, wellness, progress and life-long, learning. The college offers courses designed to help increase knowledge and skills about recovery and self-management. Courses are available to all - service users, carers, staff, or members of the public.

The philosophy of the college is to deliver an educational approach rather than a therapeutic approach, not treating you but teaching you, with the focus on strengths, talents, resources, goals and ambitions.

- **Specialist Palliative Care Unit**

In the Specialist Palliative Care Unit the Ward Sister has worked with family and patients to initiate a ‘Getting to Know You’ poster for patients in the unit. This simple, but effective, tool helps staff to get to know the patient behind the illness and enables the multidisciplinary team to initiate conversation with patients and relatives. This is an example of true person-centred care and enables the team to listen and respond to individual needs. Where patients are admitted for end of life care it is a great tool for families to focus on, telling the story behind the person.

**Surgical Wards**

In the Surgical wards relatives highlighted that they found it difficult to have up-to-date information on their loved ones’ progress. The ward staff decided to ensure that Sister, or the Nurse-in-charge, would be available each afternoon, during visiting, to greet family members, allay any concerns they may have and provide an opportunity to discuss patient progress.
This initiative was piloted on the Antrim Hospital site and has been spread to both acute sites, and also to some of the Medical wards.

4. **SUPPORT OUR STAFF TO CARE**

4.1 **Centralised Nurse Bank**

The Centralised Nursing and Midwifery Bank has been operational since May 2012; staffed by 4 Band 3 Call Handlers and managed by a Nurse who ensures governance arrangements are in place for staff who work on a bank only basis.

The Bank Office has gone from strength to strength matching in excess of 94% of vacant shifts to bank staff, and where this is not feasible accessing nursing staff through agency, which has resulted in an average 96% of shifts being filled. This in turn supports wards, teams and departments to achieve safe staffing levels on a day to day basis.

During the next year all staff will be migrated to the centralised system in line with decisions about weekly or monthly pay, following the move to Shared Services.

4.2 **Electronic Rostering**

Implementation of Electronic Rostering is progressing. All wards in Holywell Hospital are now live on the system, as are the 3 Community Hospitals. The majority wards and departments within the Acute Directorate are now producing electronic rosters.

An interface with the Business Services Transformation Project has been established whereby data will be exchanged facilitating staff payment through the systems from early 2015. This will negate the need for timesheets and will see the realisation of another benefit from Electronic Rostering. Further benefits will be realised through the rationalisation of shift patterns to better utilise the staffing resource and meet patient needs.

4.3 **Shift Consolidation**

Work in relation to Shift Consolidation has seen the harmonisation of start and finish times for shifts across all inpatient 24/7 clinical care environments. The menu of shifts available has been reduced and those breaks which are unpaid and which are concessionary have been agreed. As a result, nursing and midwifery staff now have half an hour to facilitate robust patient handover, both morning and evening.
The CNO office has agreed to undertake work to investigate the continued working of extended hours, such as 12 hour shifts, in view of the increasing evidence based which exists in terms of the impact on patient safety and also staff health and wellbeing.

4.4 Ward Sister Support

All inpatient wards and departments across the operational directorates have a Ward Sister / Charge Nurse Support Officer deployed to them for one day per week. This administrative support releases the Ward Sister / Charge Nurse from routine administrative duties and is designed to enable them to provide an enhanced supervisory function through role modelling, which in turn is hoped will improve the patient experience.

4.5 Normative Staffing

Regionally work is ongoing to set normative staffing ranges. The first phase of this work, which looked at staffing ranges of General and Specialist Medicine and Surgery, has been completed. The paper has been presented by the CNO to the Health Minister for approval. This is the first time within Northern Ireland that we have a staffing range to work within. It is proposed within this paper that Ward Sisters and Charge Nurses are 100% supervisory.

The next phase of the normative staffing work is concerned with the District Nursing / Health Visiting workforce and the workforce required to safely staff EDs. This work is due to be published in 2015.

4.6 Clinical Nurse Specialists

Job plans have been developed for all Acute based Clinical Nurse Specialists. This development ensures Clinical Nurse Specialists are identified and valued for their contribution to the patient journey. It identifies the job roles undertaken during clinical professional activity and also gives focus to the supporting professional activity, which is required to ensure professional development, service development and learning and development of other nurses and health care staff. A selection of the job plans are now part of the decision making tools used by the Regional Board to set Service and Budget Agreements (SBAs).

4.7 Supervision

The Department of Health, Social Services and Public Safety (DHSSPS) adopted the following definition of supervision for nursing following ‘The Review of Clinical Supervision for Nursing in the HPSS’ undertaken by the Northern Ireland Practice and Education Council (NIPEC) in 2006:

‘Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual Registered Nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety.’
In 2007, the Chief Nursing Officer (CNO) issued 2 standards which came into effect from April 1st 2008.

- **Standard Statement 1**

  Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

- **Standard Statement 2**

  An organisational framework supporting effective leadership and performance management will ensure that supervision will become an effective tool to improve the safety and quality of care.

The current Trust status as reported to the CNO in August 2014 indicates Registered staff numbers and supervision activities across individual directorates as follows:

The NHSCT employs 2,894 Registered Nurses. The compliance with the Supervision Standards in each directorate is presented below:

<table>
<thead>
<tr>
<th>Primary Care and Community Care for Older People Services</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Nursing Specialist Practitioner Nurses (Band 7)</td>
<td>94%</td>
</tr>
<tr>
<td>Community Nursing District Nursing Sister (Band 6)</td>
<td>91%</td>
</tr>
<tr>
<td>Treatment Room Staff (Band 5 &amp; 7)</td>
<td>99%</td>
</tr>
<tr>
<td>Practice Development (Band 7)</td>
<td>98%</td>
</tr>
<tr>
<td>District Nursing (Band 5)</td>
<td>96%</td>
</tr>
<tr>
<td>Integrated Team Managers (Band 7)</td>
<td>98%</td>
</tr>
<tr>
<td>Team Managers and ICC Nurse</td>
<td>100%</td>
</tr>
<tr>
<td>Permanent Placement Team</td>
<td>77%</td>
</tr>
<tr>
<td>Specialist Palliative Care Team</td>
<td>100%</td>
</tr>
<tr>
<td>Macmillan Unit</td>
<td>100%</td>
</tr>
<tr>
<td>Hospital Diversion Team</td>
<td>84%</td>
</tr>
<tr>
<td>Robison Community Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Inver Community Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Dalriada Community Hospital</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Directorate Performance</strong></td>
<td><strong>95.5%</strong></td>
</tr>
</tbody>
</table>

Performance maintained - 96% in 2012 - 13
### Corporate Nursing Team

<table>
<thead>
<tr>
<th>Department</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI Clinical Research Nurses</td>
<td>40%</td>
</tr>
<tr>
<td>Nursing Research Team</td>
<td>100%</td>
</tr>
<tr>
<td>Governance and Patient Experience Nurses</td>
<td>100%</td>
</tr>
<tr>
<td>Practice Education Team</td>
<td>100%</td>
</tr>
<tr>
<td>Infection Prevention Control Nursing Team</td>
<td>100%</td>
</tr>
<tr>
<td>Bank Office Nursing Team</td>
<td>100%</td>
</tr>
<tr>
<td>Patient Pathway Team</td>
<td>58%</td>
</tr>
<tr>
<td>Governance Department</td>
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</tr>
</tbody>
</table>

**Directorate Performance**  
87.25%

Dip in performance from 100% in 2012 / 2013

### Specialist Nursing Teams

<table>
<thead>
<tr>
<th>Team</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>100%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>100%</td>
</tr>
<tr>
<td>Breast</td>
<td>100%</td>
</tr>
<tr>
<td>Stoma</td>
<td>100%</td>
</tr>
<tr>
<td>Urology</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiac Rehab</td>
<td>100%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>100%</td>
</tr>
<tr>
<td>Pre-Assessment</td>
<td>100%</td>
</tr>
<tr>
<td>Haematology</td>
<td>100%</td>
</tr>
<tr>
<td>ICATS</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer Services</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Overall Performance**  
100%

Performance maintained

### Acute Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medical Wards</td>
<td>96%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>79.6%</td>
</tr>
<tr>
<td>Surgical Wards</td>
<td>72%</td>
</tr>
<tr>
<td>Gynae Wards</td>
<td>72%</td>
</tr>
<tr>
<td>Intensive Care Units</td>
<td>92%</td>
</tr>
<tr>
<td>Operating Department</td>
<td>100%</td>
</tr>
<tr>
<td>Day Surgery Antrim</td>
<td>100%</td>
</tr>
<tr>
<td>Day Procedure Units</td>
<td>100%</td>
</tr>
<tr>
<td>Family Planning and Sexual Health Services</td>
<td>100%</td>
</tr>
<tr>
<td>Genito Urinary Medicine</td>
<td>50%</td>
</tr>
<tr>
<td>Rehabilitation Wards</td>
<td>100%</td>
</tr>
<tr>
<td>Laurel House</td>
<td>100%</td>
</tr>
<tr>
<td>Renal Unit</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Directorate Performance**  
89.3%

Improvement in performance from 2012 – 2013 – (82% to 89.3%)
<table>
<thead>
<tr>
<th>Mental Health &amp; Disability Services</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inver 3 Holywell</td>
<td>100%</td>
</tr>
<tr>
<td>IRST</td>
<td>100%</td>
</tr>
<tr>
<td>Forensic Services</td>
<td>100%</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>100%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>100%</td>
</tr>
<tr>
<td>CMHTOP, BSNI, Memory Service</td>
<td>100%</td>
</tr>
<tr>
<td>CMHT Adult</td>
<td>100%</td>
</tr>
<tr>
<td>CRHT</td>
<td>100%</td>
</tr>
<tr>
<td>CBT (Nursing)</td>
<td>100%</td>
</tr>
<tr>
<td>CMP</td>
<td>100%</td>
</tr>
<tr>
<td>Nurse Managers</td>
<td>100%</td>
</tr>
<tr>
<td>Co-ordinators</td>
<td>100%</td>
</tr>
<tr>
<td>Ward Staff</td>
<td>100%</td>
</tr>
<tr>
<td>Adult Eating Disorder</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Directorate Performance</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>Substantial improvement on 2012 - 2013 (68% - 100%)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children’s Services</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS</td>
<td>100%</td>
</tr>
<tr>
<td>Acute Paeds including Neonatology</td>
<td>80%</td>
</tr>
<tr>
<td>Community Children’s</td>
<td>85%</td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td>99%</td>
</tr>
<tr>
<td><strong>Directorate Performance</strong></td>
<td><strong>91%</strong></td>
</tr>
<tr>
<td><strong>Dip in performance from 100% in 2012 / 2013</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Health</th>
<th>% Registered Staff with 2 or more Supervision Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health Nursing Team</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Performance maintained</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Registered Staff with 2 or more Supervision Sessions</td>
<td>86%</td>
<td>94.7%</td>
</tr>
</tbody>
</table>

**4.7.1 Enabling Factors**

- **Regional Professional Assurance Framework**

The EDON has introduced the **Professional Assurance Framework** into Corporate Nursing Governance procedures as a means of providing both the CEO and the CNO with assurance that statutory and regulatory professional functions are adhered to.
Within the framework, Standard 2.3 places an obligation on HSC organisations to ensure: ‘Professional standards of supervision are in place for Nursing, Midwifery and Safeguarding and a process to ensure these are met’.

The operational directorates of Primary Care and Older Peoples Services and Mental Health and Disability Services now demonstrate compliance with this aspect of the Professional Assurance Framework. Acute Hospitals Services and Children’s Services, through collation of data for this report, are demonstrating a strong position with respect to Supervision Standards.

- **Facilitation by Corporate Nursing Team Project Nurses**

The Corporate Nursing Team has been instrumental in driving forward the Quality and Safety agenda over the past twelve months. This work includes the following workstreams and have all been introduced using a facilitative approach, incorporating reflection on current practice:

- Intentional Rounding
- Record Keeping and Care Planning
- SSKin Bundle implementation
- Falls Prevention work
- Medicines Safety work
- Patient Client Experience Improvement Plans
- Protected Mealtime.

4.8 **Specific work within directorates to ‘Support Our Staff to Care’**

- **Surgical Wards**

In the Surgical wards nursing staff raised concern at the length of time taken to complete nursing handover. They reflected on their practice and the fact that they were duplicating information in handwritten and electronic form. They decided to utilise the reports available from the Openward IT system to facilitate a more efficient handover process. Findings have demonstrated that handover time has been reduced by 50%, as every nurse on duty has a copy of the Openward report, which outlines pertinent patient information including specific patient needs. This time-saving initiative releases nurses to focus in patient care delivery.

- **Paediatric Nursing Services**

The Paediatric nursing services have attained 100% appraisal rate during 2013/14. This is a remarkable achievement and demonstrates the commitment of senior staff to the learning and development of their teams. It also means that each member of the nursing team has a learning and development plan, focusing them on their continuing professional development.
• Practice Education Team

Four members of the Practice Education Team (PET) have successfully completed their Post Graduate Certificate in Education which has enhanced the delivery of the Mentor Preparation Programmes. The team are currently conducting an internal evaluation of the team effectiveness using the NIPEC Evaluation Framework, which was applied regionally 2 years ago, in order to benchmark their progress and make any necessary improvement in their service support to mentors within the Trust.

5. DEVELOP SKILLS TO CARE

The NHSCT continues to support its highly skilled nursing and midwifery staff to help achieve the improvements we have set ourselves, as part of our ongoing commitment to provide safe, high quality care. Patients want to know that they will be provided with the best treatment and care available, based on up-to-date evidence and by well trained staff.

5.1 Recruitment

Trust-wide recruitment of band 5 Registered Nurses and band 2 Nursing Assistants continues on a twice yearly basis led by Corporate Nursing. This ensures that a supply of staff is readily available to take up posts within the NHSCT, thus helping to ensure the patient experience is positive, as having the right nurses with the right skill set in the right place is fundamental to ensuring safe effective high quality care.

5.2 Practice Development

The first Practice Development forum for NHSCT Nurses and Midwives was convened with the intention of implementing the Regional Practice Development Strategic Framework within the Northern Trust. The Trust was strongly represented in the October 2014 Northern Ireland Research and Quality Group conference held by the Royal College of Nursing. This included winning the best poster award identifying innovative work within the Trust on KSF and appraisal via an e-learning programme.

Nursing fully intends to raise the profile of practice development in the Trust and a 0.8 Practice Development Facilitator post has been appointed. Nursing has also contributed to implementation of the Stroke Care Pathway through the appointment of a Stroke Patient Experience Facilitator. This nursing post holder follows the stroke patients journey, notes their experience and feeds back any identified training and development needs for our nursing staff.

5.3 Professional Support to Registrants

The number of preceptors across the Trust is approximately 232 (an increase of 50 from 2013). The role of the preceptor is to professionally socialise the new registrant to their practice within the organisation. It is planned to
develop a Preceptor Register on the new HRPTS system and to evaluate the initial introduction of the Preceptor Framework.

5.4 **Person-Centred Practice**

Many initiatives have been developed over the last year to support the person-centred philosophy and to develop practitioners in new ways of working. Improving the patient experience is implicit to many of these initiatives as follows:

- Development of a Dementia Champions Learning Set.
- Development of care bundles which are person-centred and individualised.
- Development of the Healthcare Assistant (HCA) workforce induction and development programme.
- Development of Ward Sister / Community Leads Workforce Leadership programme.
- Implementation of the new Fluid Balance Chart and Management of IV Hydration.

5.5 **Induction and Preceptorship**

The Departmental Induction Programme has been integrated into service areas and provides a robust overview of requirements to socialise the new employee safely into their work environment. All new Nurse Registrants joining the organisation have completed a 6 month Preceptorship Programme and portfolio, supported by a Registrant who has had specific training in KSF competency portfolio development.

5.6 **Learning in Caring**

Learning in Caring is a Departmental Training Needs Analysis Tool which outlines the skills set required for Registrant Nurses and Healthcare Assistants to deliver safe and effective care in the clinical environment. The Corporate outcomes are intended to result in more effective commissioning of education as the release of staff is limited with other service priorities. This detailed Training Needs Analysis Tool has now been implemented in 31 clinical areas.

This work has led to the further development of a training spread-sheet which records all attendances at nursing programmes and courses held locally and regionally. For the Ward Sister / Charge Nurse this spread-sheet provides local access to training information and alerts the Ward Sister / Charge Nurse to requisite staff programme updates.

5.7 **E-learning**

Nursing has contributed to the development of E-learning products which are now hosted on the E-learning Trust Portal. A recent development is the creation of a Point of Care Testing Programme for Glucometers in partnership with Laboratory Services. This programme was piloted in the ED where staff
positively evaluated the programme content and their increased professional understanding of the glucometer device. This programme was presented at the Regional Northern Ireland Practice and Education Council Conference.

6. **VALUE THE NURSING AND MIDWIFERY CONTRIBUTION TO CARE**

6.1 **Annual Nursing and Midwifery Conference**

The Trust held a very successful Annual Nursing and Midwifery Conference on Thursday 2 October 2014 in Fern House, Antrim Area Hospital. The event commenced with motivational opening remarks by Chief Executive, Dr Tony Stevens, who made reference to the importance of leadership in nursing and midwifery and the significance of upholding and maintaining practice standards.

The Trust welcomed Joan Meadows, an eminent speaker from the Global Centre for Nursing Executives, who delivered an enlightening and thought provoking masterclass on ‘**Elevating the Patient Experience**’.

Mrs Olive MacLeod, Executive Director of Nursing, delivered a very emotive account of a patient’s experience which fell short of professional standards. She said, “As professional nurses and midwives, we must reflect on when we have made mistakes and share learning from these to continuously improve professional practice and standards”.

The afternoon session provided an opportunity to share practice developments in a creative and innovative way – one year on from the launch
of ‘Quest for Excellence - Our Promises, Nursing and Midwifery Strategy in 2013’. Delegates agreed to commit to the ‘Hello my Name is...’ campaign and to share many person-centred initiatives. Healthcare Assistants, Staff Nurses, Ward Managers, Lead Nurses and Midwives and Specialist Nursing staff all had the opportunity to exhibit various innovations in practice. One delegate reported, “This event was more than a conference; this was a celebration of professionalism and pride in the standard of practice our nurses and midwives deliver in the NHSCT”. Two Band 2 Nursing Auxillaries in Surgery won an award for their Handover presentation

6.2 Awards

In March 2014, Sadie Campbell, Senior Practitioner District Nursing received the Queens Nursing Award from the Queens Nursing institute at an International Nurses Day ceremony held in London. Sadie received this prestigious title as a result of ground breaking work she has undertaken in relation to the care of frail older people.

In March 2014, Roisin McSwiggan, Corporate Nursing Lead Nurse won the British Journal of Nursing Awards for her ‘MUST Do - Promoting Good Nutrition’ project in a Rehabilitation Ward, Antrim Area Hospital.

In March 2014, Marion Orr, Community MS Specialist Nurse received recognition at the MS Nurses meeting in Crewe for a module, linked to the University of Birmingham, which she completed.

In April 2014, Pamela Armstrong, Clinical Sister, Community Children’s Nursing Service was won the UK Haemophilia Society Buddy Award. Children nominate a ‘buddy’ who makes their life with haemophilia easier and Pamela was nominated by one of the children on her caseload. This award celebrates the vital support provided by the friends, teachers, nurses, siblings, carers and families of children with bleeding disorders.

In April 2014, Deirdre Lewis, Nursing Services Manager, Holywell Hospital received a Marcia Mackie Bursary from the RCN foundation. The bursary provided the opportunity to hold a Transatlantic Seminar by Dr Cameron Camp in Ohio USA, a first of its kind for Dr Camp and the NHSCT. The bursary facilitated 50 participants to learn about the Montessori Based Activity Programming and to see the wide range of activities devised by the Holywell team. The bursary also provided the use of a Montessori Webinar for 12 months and a further 79 staff have undertaken this programme to date.

In May 2014, Florence Hand, Community Resuscitation Co-ordinator/Project Manager, Health Improvement Team, was Runner-up in the Public Health Award at the RCN Nurse of the Year Awards 2014. The RCN awards recognise excellence in the nursing profession and Florence was acknowledged for her work on the pilot project ‘Enhanced Healthcare for the Homeless’ (ECHO)’. The following Northern Trust nurses were also shortlisted for an RCN award:
- Naomi Baldwin, Lead Nurse Infection Control and Caroline Stirman, Ward Sister for enhancing patient safety through infection control.
- Pat McKee, Infection Prevention and Control Nurse for her significant contribution to patient safety through effective blood culture sampling.
- Ann Lywood and Patricia Laverty, District Nurses who have demonstrated the positive outcomes that can be achieved through the development of strong partnerships with the Rathlin Island community.

In June 2014, Wini McCausland, Ward Sister, MacMillan Unit, Antrim Area Hospital was awarded the ‘Champion Award’ at the Antrim Community Excellence Awards. The Champion Award is awarded to an individual who has championed the cause of others; and recognises Wini’s role in the leadership and management of the Macmillan Unit, as she champions the care of patients and families with specialist palliative care needs.

In September 2014, Linda Craig, Clinical Nurse Educator, Emergency Department, Antrim Area Hospital presented a paper entitled ‘Specialities in Emergency Nursing: Nurse Led Mental Health Care Pathway’ at the first Global Conference on Emergency Nursing and Trauma Care in Dublin.

In September 2014, Stephen Emo-Haines, Practice Development Nurse, Mental Health was awarded a ‘Patients First: Supporting Nurse-led Innovations in Practice’ Bursary from the Foundation of Nursing Studies to undertake work in relation to the ‘Development of a more person-centred approach to medication round in Psychiatric Admission Ward for older people (aged over 65 years)’.

In October 2014, Sharon Love, Falls Injury Prevention Nurse was awarded a ‘Patients First: Supporting Nurse-led Innovations in Practice’ Bursary from the Foundation of Nursing Studies to undertake work in Emergency Departments in relation to falls prevention and the establishment of a Falls Pathway.

In October 2014, Margaret Buchanon, Ward C1 and Patricia McAllister. Out-patient Department (both Antrim Area Hospital) were co-jointly awarded the University of Ulster, School of Nursing Excellence in Supporting Student Learning in Practice Award for their excellence in supporting student learning in practice.

In October 2014, the following staff presented at the RCN NI Research and Quality event:
- 3 Oral presentations: Roisin McSwiggan, Corporate Nursing Lead Nurse; Stephen Emo-Haines, Practice Development Nurse, Mental Health and Kate McGoldrick, Practice Education Facilitator.
- 6 poster presentations were submitted by the Northern Trust, with Sheila Kinoult, Intensive Care Unit, Antrim Area Hospital Best Poster Award.
In October 2014, Lisa McGurgan, Haematology Clinical Nurse Specialist came first in the Poster presentation at the Haematology Conference in Sligo. The presentations were externally adjudicated by academic staff from Queens University and the National University of Ireland, Galway who commented on the extremely high standard of the presentations.

In October 2014 the Forensic Mental Health Team, Jane Reynolds, Occupational Therapist and Community Forensic Mental Health Practitioner, and Terry McCabe, Team Leader from the Community Forensic Mental Health Team, were overall winners at Advancing Healthcare Awards for Allied Health Professionals in Northern Ireland. Their project ‘Including the Excluded – a Creative Journey’ also won the Award for Achievement in Promoting Person Centred Practice. This award sought to recognise AHPs who demonstrate in their everyday behaviour and attitudes that they are fostering patient-centred practice and care, putting patients’ interests before all other considerations.

In October 2014 Stephen Emo Haines, Practice Development Facilitator was awarded a ‘Patients First: Supporting Nurse-led Innovations in Practice’ Bursary from the Foundation of Nursing Studies to take forward a project to enhance patient experience during administration of medicines, through a move away from a task orientated activity to one of patient engagement.

In November 2014 Roisin McSwiggan, Corporate Nursing Lead Nurse received the Queens Nursing Award from the Queens Nursing institute at an International Nurses Day ceremony held in London. Roisin received this prestigious title as a result of her innovative work in Community Nursing.

In November 2014 Wini McCausland, Ward Sister, MacMillan Unit, Antrim Area Hospital won the Institute Healthcare Management, Royal College of Nursing, Nurse Manager of the Year award. This is recognition of the successful establishment of a new nursing team and integration of a meaningful multidisciplinary team approach. As a Team Leader this Ward Sister demonstrates a strong sense of self belief, and a person-centred focus to care which drives her strong advocacy role for patients, families and carers within the unit.

7. **STRENGTHEN LEADERSHIP**

7.1 **Professional Assurance Framework**

The EDON has introduced the Professional Assurance Framework into Corporate Nursing Governance procedures as a means of providing both the CEO and the CNO with assurance that statutory and regulatory professional functions are adhered to.

The operational directorates of Primary Care and Older Peoples Services and Mental Health and Disability Services now demonstrate compliance with all aspects of the Professional Assurance Framework.
This continues to be monitored by the EDoN on a quarterly basis. Children’s Services and Sexual Health and Family Planning Services have commenced data collection and review processes will commence early 2015.

7.2 **Role modelling expertise in Professional Leadership**

The Corporate Nursing Team, under the leadership of the EDoN, facilitated the work of many multi-professional / multi-agency groups, both internal and external to the Trust. This list is not exhaustive but includes:

- Root Cause Analysis review of all incidents of Healthcare Associated Infection.
- Infection Prevention Control and Environmental Hygiene Committee.
- Trust Bereavement Forum.
- Carers Strategy Steering Group.
- Falls Steering Group.
- Tissue Viability Steering Group.
- Sharps Steering Group.
- Improving Patient and Client Experience Steering Group.
- Medicines Governance Committee.
- Environmental Improvement projects.
- Bed Management project.

7.3 **Shared Governance**

The Nursing Executive Team, chaired by the EDoN, is the senior professional decision making forum within the organisation. Membership was traditionally restricted to the professional leads within the respective directorates. To promote a culture of shared governance and a representative voice from all levels of nursing and midwifery, the EDoN has extended membership to include representation from the Ward Managers’ Forum and the Community Nursing Team Leaders Forum.

7.4 **Alignment with Directorates**

Each member of the Corporate Nursing Team has a directorate alignment. The operational Assistant Director (AD) and the Corporate Nursing AD co–chair a Professional Nursing Forum which has an agenda covering a wide range of professional nursing topics across the domains of workforce, education, governance and research. This forum is part of shared governance structure and has a direct link through to the Nursing Executive Team.

The forums are attended by all Directorate Senior Nurses and also others in non-nursing roles who hold a nursing registration and who manage nursing teams. Evaluation by forum members demonstrates the value of the link between operational and professional agenda, and the importance of recognising and acknowledging the contribution of both to the quality of the patient experience.
7.5 **Specialist Nurses’ Forum**

The Director of Nursing and Assistant Director of Nursing Workforce meet quarterly with Nurses and Midwives working in specialist roles within the NHSCT. This forum provides an opportunity to share professional nursing issues / allows for Nursing and Midwifery specialists to meet together and share good practice and benefits supervision activity.

7.6 **Lead Nurses’ Forum**

In January 2014 the EDoN established the Lead Nurses’ Forum. Lead Nurses have reported that this forum provides them with an opportunity to meet with colleagues and acts as a support mechanism and a motivator. The agenda includes strategic direction and policy; nursing and midwifery commissioning; shared learning from group members and discussion on governance issues.

7.7 **Nursing and Midwifery Council Work**

One member of the Corporate Nursing Team continues in her appointment with the Nursing and Midwifery Council as a Registrant panellist and attends approximately 5 week long cases per annum, hearing conduct and competence cases. In addition, she has recently been successful in also being appointed to sit on health Committees where cases are heard which involve potential impaired practice due to ill health.

This role involves hearing oral evidence, reviewing written statements, interrogating the evidence provide and undertaking a decision making function within the Conduct and Competence Committee. This is the committee which hears substantive conduct and competence cases and makes a decision on the sanction to be applied, if any. Sanctions range from a ‘caution order’ to a ‘full striking off order’.

7.8 **‘Breaking Barriers, Driving Standards’ Ward Sister / Charge Nurse Support and Enablement Programme**

One of the recommendations from the Turnaround team findings was that front line staff required visible support in undertaking their role effectively. This included the delivery of development programmes for all levels of leaders and managers.

Ward Sisters / Charge Nurses were approached to contribute to develop a Trust-led programme which would embrace the visible facilitation and support for the Ward Sister / Charge Nurse role. The programme is reflective of the current job requirements of this busy role and facilitates further develop of existing skills.
The aim of this programme is to provide facilitation and support to Ward Sister / Charge Nurses to enable them to lead and manage their teams in their delivery of safe, effective, person-centred care. Learning outcomes of the programme include:

- Understanding the principles of leadership and management in the Ward Sister / Charge Nurse role.
- Facilitation in practice to lead a specific management and leadership priority area.
- Assistance in conducting and progressing mandatory training requirements within sphere of responsibility.
- Training in budgetary management and control.
- Training in Human Resources requirements in the application of policy, such as Absence Management and Capability Procedures.
- Undertake a 360° Leadership Framework Feedback Tool; using outcomes to reflect and self-evaluate development needs to be applied in Appraisal/Personal Development Plan opportunities.