NURSING QUALITY REPORT

September 2011 / 12
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INTRODUCTION

I am pleased to present the first Northern Health & Social Care Trust’s (NHSCT) Nursing Quality Report.

The NHSCT is committed to providing safe patient care and high clinical standards that collectively contribute to a positive experience for the many thousands of people who use our services.

Our over-arching aim during 2011 / 12 was to ensure all our patients remained well looked after at every stage of their care.

The report demonstrates our progress to date and recognises areas for improvement. During consultations and engagement with staff and service users, key themes emerged which mirror the Corporate priorities, for example, falls prevention, dementia care and infection prevention and control. We are commitment to the delivery of an exceptional patient journey for all.

PRIORITISING OUR IMPROVEMENTS FOR 2011 / 12

To identify other priorities for this year we have listened to patient feedback, analysed trends in complaints, worked collaboratively with our many stakeholders and taken account of national reports and local reviews.

As a result, our priorities for 2011 / 12 were:

1. **PATIENT EXPERIENCE**

improving the experience of patients across the organisation through:

- Sampling a minimum of 5 care settings per quarter.
- Completion of Patient Satisfaction Questionnaires, Observations of Practice and Patient Stories.
- Delivery of a regionally agreed workplan in Inpatient, Outpatient, Residential, Day Care and Emergency Departments.

Improving the management and quality of our responses to the complaints we receive and ensure each is used as a learning opportunity.

Patient experience is a recognised component of high quality care and understanding the patient experience is an essential element of any service delivery, redesign or development. The Trust has a comprehensive programme of work in place to support the implementation of the Patient and Client Experience ‘core five’ Standards to include:

- Respect
- Attitude
- Behaviour
- Communication
• Privacy and Dignity

The Trust’s workplan to measure these standards covered 9 wards and departments. Findings indicate that patients are generally positive about their experience.

In demonstrating its commitment to the patient experience, the Trust has invested in an additional whole time equivalent (wte) Audit Officer to allow measurement of patient experience in all wards and departments on a yearly basis.

1.1 Patient Experience Activity

Over the past 12 months the Trust has sampled 20 clinical settings through patient and carer questionnaires, observations of practice and patient stories.

The Trust continues to demonstrate high levels of compliance with the 5 standards and continues to work to improve the patient experience.

1.2 Mealtime Companion

Nurses have continued to enhance the patients’ mealtime experience across the Trust, with a Volunteer Mealtimes Companion project ongoing in Causeway Hospital. The ‘Making Mealtimes Matter’ project aimed to promote better nutritional care, dignity and nurturing of older people through the introduction of Volunteer Mealtimes Companions (VMCs). Good nutrition and mealtime experience are vital to the older person recovering from illness, or for those at risk of malnutrition. Evidence suggests that approximately 28% of older people are clinically malnourished on admission to hospital, with concerns raised about nutritional support and a lack of dignified care. As a result of this project, currently 19 volunteers have received training to commence on selected wards, with a reserve list for when the service is further expanded.

The project considered key aspects of mealtime provision within the hospital setting and attempted to enhance patient experience at mealtimes through the use of VMCs, in partnership with Age Concern Causeway. The project primarily centred on nursing and examined current practice in line with specified DHSSPSNI standards, identified aspects of good practice and agreed areas for improvement with the development of a change plan, which was regularly updated. Robust evaluation included VMC Focus Groups, staff questionnaires and an in-depth observation of patient mealtime experiences. Key areas of change identified included enhanced mealtime experience, greater adherence to best practices, adherence to Protected Mealtime Policy and an acknowledgment of the valuable contribution of the VMC role. Work is underway to introduce this initiative on the Antrim Area Hospital site.
1.3 **Protected Mealtimes**

Nursing has rolled out protected mealtimes across all NHSCT settings. A multi-faceted evaluative process was undertaken to test achievement against the policy objectives which reflected best evidence based care practices for an initial 12 month period, which involved:

- Direct observations of patient experiences at mealtimes utilising a bespoke observation tool.
- Multi-disciplinary unannounced audit to capture adherence against best practice for mealtimes eg. use of aprons, presentations of meals, staffing.
- An Independent Review of patients’ and Ward Sisters’ satisfaction with Catering Services.
- Audit of the implementation of the meal ordering pilot in Antrim Area Hospital.
- Ongoing evaluation of the contribution of the VMC scheme in Causeway Hospital.

Results were very favourable across all the aspects of the project, with findings indicating that:

- More people are being screened for malnutrition and where risks are identified, these are managed appropriately.
- Patients’ mealtime experiences have been significantly enhanced.

This work continues with a programme of improvement which aims to build on newly identified needs, including training of nursing staff and an improved approach to customer engagement.

1.4 **Single Sex Accommodation**

The Trust acknowledges good practice recommendations that care and treatment should be provided within single sex environments, however, the wards and facilities throughout Trust inpatient areas do not always lend themselves to fully implementing this standard.

The ‘Protocol for the Admission of Patients in Mixed Sex Bays’, developed in 2008 provides nursing staff with guidance to manage the admission of a patient to a mixed sex bay and outlines the actions to be taken within individual ward areas when single sex bays cannot be provided.

On taking up post in August 2011, the Director of Nursing sought ongoing review and monitoring of individual cases where a patient was cared for in a mixed gender accommodation, by reinstating weekly breach reporting, through which justification on the decision making process is provided.
2. **PEOPLE**

The NHSCT continues to support its highly skilled staff to help achieve the improvements we have set ourselves, as part of our ongoing commitment to provide safe, high quality care.

2.1 **Recruitment**

Our staff are the most important resource we have and it is vital that we not only recruit the right people, but that we also ensure they are able to develop the right skills and competencies to perform their role.

In keeping with the normative staffing ranges agreed regionally, the Trust has invested significantly in the nursing workforce and in February 2012 recruited 40wte nurses to augment the existing workforce.

2.2 **Induction**

The Nursing and Midwifery Induction Framework has been developed and agreed. All new nursing and midwifery staff (including new registrants) undertake a comprehensive induction framework which includes Departmental Induction, Corporate Induction and Nursing and Midwifery Induction.

This induction programme integrates new employees into the NHSCT as effectively as possible by providing them with information, support and a learning environment, so to promote a competent, confident and valued workforce.

2.3 **Preceptorship**

The Preceptorship Framework and Preceptorship Portfolio ‘A Model of Professional Enhancement’ has been introduced in the NHSCT. The aim of this Preceptorship Framework is to enhance the competence and confidence of newly registered practitioners through provision of support by an experienced preceptor in the clinical setting. It is hoped that the preceptee will develop confidence, become professionally socialised into the work environment, report increased job satisfaction and feelings of being valued.

2.4 **Supervision**

The recent report to the Chief Nursing Officer on Supervision activity in the NHSCT demonstrates a continued commitment to the professional development and support of our nursing and midwifery staff. A range of supervision activities was undertaken in each of the directorates, to include one to one supervision, work based learning, learning sets and peer support.
At this point, due to the paper based reporting system, we are unable to say with certainty that each registrant has had 2 periods of supervision each year, however, we can report over 21,000 documented episodes of supervision activity in the past 12 months.

An electronic solution has been developed to enable more robust monitoring and reporting of supervision activity and this will be implemented early 2013.

2.5 Learning in Caring

The overarching aim of the Learning in Caring initiative is to accurately identify learning and development needs for nursing and midwifery staff and ensure that the staffs’ skills sets directly match patient / client need. This project has been rolled out to a majority of inpatient wards in Antrim Area and Causeway Hospitals. Facilitation by the Practice Education Facilitators (PEFs) has enabled bespoke learning and development plans for individual wards and departments, with realistic timeframes for achievement of same.

2.6 Nursing and Midwifery Engagement Survey

The NHSCT acknowledges that nurses and midwives are critical to our success and their daily activities have a profound impact on care quality and patient outcomes.

In partnership with the Global Centre for Nursing Executives, the Trust undertook a Nursing and Midwifery Engagement Survey in August / September 2012. This unique survey is designed to measure the personal level of engagement and perspective on key drivers of engagement.

Initial analysis shows that 60% of the nursing and midwifery workforce feel engaged and connected with the organisation’s future plans, that they can contribute to decisions affecting their work and that senior management follow through on nurses’ suggestions for improving practice and performance. Whilst this is encouraging, it demonstrates a need to continue to provide opportunities for staff to have their voices’ heard and contribute to the Professional Nursing agenda. In addition, good team spirit was demonstrated with 88.6% of respondents reporting good personal relations and 77% stating that during periods of extreme pressure nurses on the team proactively offer to help each other. On a personal level nurses and midwives reported that they know what is required to excel in their role, have helpful discussions about their career path and have experienced significant professional growth over the past year. 82.5% of respondents stated they were proud to be a nurse.

This data demonstrates the need for engagement with all levels of the nursing and midwifery family when planning and developing the Strategy for Nursing and Midwifery 2013 – 2015.
2.7 Professional and Practice Development Team (PPF)

The Professional and Practice Development (PPF) Team was established in November 2011 and consists of 5 Band 7 Nurses, whose role is to facilitate a continuous and sustainable process of improvement towards increased professional effectiveness and person-centred care.

The PPF Team have progressed various professional initiatives culminating in the development of a Professional Development Resource File. This includes the introduction of a Nursing Induction Framework (see section 2.2) and a new Preceptorship Framework (see section 2.3).

The team has participated in ongoing policy development and the reviewed Nursing Supervision Policy aims to support staff in practice.

Using the ‘Learning in Caring’ Training Needs Analysis Framework and guided by the Mandatory Training Matrix, the PPF Team have worked with Ward Sisters / Charge Nurses, Lead Nurses and the Clinical Education Centre to articulate and plan their staff training strategy and have innovatively developed a locally managed electronic staff training record.

These initiatives were showcased at a Trust-wide event held on 21 June 2012 which stimulated much interest and support for the work of the Assistant Director for Nursing Education and Development and her teams.

The PPF Team have undertaken meaningful staff engagement utilising Values Clarification Exercises which has led to the development of departmental Vision statements. They have undertaken Observations of Practice to discuss progress and maintain and escalate issue logs where required. The use of Audit has demonstrated the complex workload of nurses, including their administration of Intravenous (IV) drugs requiring, in some areas, 14 hours of nursing time in a 24 hour period. This activity will be reviewed in a multi-disciplinary solution – focused group.

‘Person Centred Care Training Days’ have offered front line staff the opportunity to have a focused learning session, working collaboratively with the Tissue Viability Service and Falls Prevention Co-ordinator to pilot the 2 hourly SKIN Bundle/Patient Care Round, innovatively merging pressure ulcer prevention measures with elements of falls prevention, nutrition, pain assessment and observance of the patient experience standards. Early reports have been favourable, leading to a 15% reduction in falls and pressure ulcers and a demonstrable impact on the patient experience.

2.8 Practice Education Facilitation (PEF) Team

The Practice Education Facilitation (PEF) Team continues to implement the Standards to Support Learning and Assessment in Practice (NMC, 2008) which requires close working relationships and support with Trust Mentors and Practice Teachers.
The Trust provides placements for approximately 450 nursing students annually. The focus of the PEF team for the last quarter of 2012 was to prepare the nursing workforce to meet the challenges of translating and supporting the new NMC Pre-registration Nursing and Midwifery curriculum in practice.

The development of “Welcome Meetings” for first year nursing students has been a tremendous success and this model has been translated to support those nurses completing the Return to Practice Programme. A quarterly Newsletter for mentors has also been developed as a means of sharing information and learning from challenges and practice.

A Regional Evaluation of PEF Teams has been conducted and recommendations will be integrated in the future.

The work of the PPF and PEF Teams, through facilitating transformational change, contribute to building an infrastructure which supports the development of staff and their professional aptitudes to meet the challenges linked with the ‘Transforming Your Care’ agenda.

3. **PRODUCTIVITY AND EFFICIENCY**

3.1 **Centralised Nurse Bank**

The centralised nursing and midwifery bank was established to provide a co-ordinated approach to the matching of vacant shifts across the Trust, in order to ensure safe levels of staffing across wards and departments. It has been operational since May 2012 providing a service initially to the Acute and Children’s directorates together with the specialist Palliative Care Unit and the Community Hospitals - Inver, Dalriada and Robinson. The remainder of Primary and Community Care for Older People’s Services (PCCOPS) and Mental Health directorates will move across to the centralised bank in the Autumn of 2012.

Approximately 2000 vacant shifts are notified to the bank office per month. In May 2012 84% of shifts were matched, 72% with bank staff and 12% with agency staff. Since then an increased fill rate has been realised, with 94% of shifts filled in August 2012, 82% with bank staff and 12% with agency staff. From September 2012 bank staff will no longer need to complete time sheets as the hours worked will be notified to payroll directly by the bank office which will result in reduced administration.

3.2 **Electronic Rostering**

Electronic rostering is part of service modernisation and is designed to effectively utilise staff in wards and departments; ensuring the right staff with the right skills are in the right place to provide safe and effective care to those who use our services. E-rostering has many benefits, both financial in terms of a reduced need to use bank and agency if ward staffing are better utilised,
and non financial benefits such as improvements in people management, monitoring of European Working Time Directive and fair and equitable access to requests.

Currently electronic rostering is live in 10 Areas within Antrim Area and Causeway Hospitals

- Antrim
  - MacMillan Unit and Wards B1, C5, C6
  - Elective Surgery Unit(C4), Upper GI (C3), Gynaecology (C1) next

- Causeway
  - Emergency Department, Surgical 1 & 2 (merged), Medical 1, Medical 2, Coronary Care Unit and Theatres

Roll-out will continue within the Mental Health directorate, concentrating on all wards in Holywell Hospital.

A project exploring a consolidation of shifts is being undertaken which will underpin benefits realisation and ensure better utilisation of the valuable staffing resource.

3.3 Ward Sister Support

Ward Sister / Charge Nurse Support Officers were introduced on a phased basis across the Northern Trust in recognition that Ward Sisters / Charge Nurses are pivotal to leading the provision of safe, effective person-centred care for patients and clients. Furthermore, it was increasingly recognised that a proportion of the Ward Sisters’ / Charge Nurses’ time was spent undertaking routine administrative tasks that would more appropriately be completed by someone employed in a support role. A total of 16wte Band 3 Support Officers have been appointed, providing on average 7.5 hours support to all Ward Sisters and Charge Nurses in hospital settings across all directorates. The objective of this initiative was to release at least 20% of the Ward Sisters’ / Charge Nurses’ time and we will monitor this to determine efficiencies.

The findings of a local review of this initiative have been reinforced by a regional review undertaken by the NI Practice Education Council for Nursing and Midwifery (NIPEC) which concluded that "It is evident from the review that the Support Officer role has made a positive impact to the Ward Sister / Charge Nurse. In particular, Ward Sisters / Charge Nurses report that they are able to manage their workload more effectively and have more time to be visible in the ward".

3.4 Normative Staffing

Regionally a work stream is progressing, facilitated by NIPEC, to agree normative staffing ranges across clinical areas and specialisms. The first report of this group will be published later this year.
Within the NHSCT a review of staffing across medical and surgical wards resulted in a £1.2 million investment in nurse staffing. This increased the ratio of nurses to patients to 1:1.3, enabling staff to provide safe effective care and patients to have an enhanced patient experience. All additional posts have been recruited, however, ongoing monitoring would suggest wards have unfilled temporary vacancies which has influenced the impact of this investment.

4. **PATIENT SAFETY**

4.1 **Infection Control**

The Infection Prevention and Control Nursing (IPC) Team continue to provide specialist infection prevention and control advice and support to staff across the Trust, in line with agreed policies and guidelines to minimise risk to patients, clients and staff. Additionally, we have maintained a regular and highly visible presence in acute clinical inpatient areas across the Trust and also to community inpatient facilities. The IPC Nurses participate in ongoing surveillance of alert organisms and play a major role in Root Cause Analysis (RCA) of cases of Clostridium difficile and MRSA bacteraemias. IPC Nurses also regularly attend directorate meetings.

4.1.1 **Training**

In addition to providing ongoing specialist advice, the IPC Team have delivered numerous training sessions for mandatory infection control training and also for targeted Trust initiatives to reduce HCAI such as:

- Aseptic Non Touch Technique for insertion and ongoing care of Intravenous Cannula.
- Stool Smart training to ensure staff are aware of how and when to send stool specimens.
- Essential Steps, which is a community approach to the introduction of care bundles.

Mandatory Infection Control training has been reviewed by the IPC Team and separated into a tiered approach for all Trust staff, depending on their level of clinical contact and duties. This approach was launched in November 2011 and is an ongoing programme.

4.1.2 **Audit**

The team have an ongoing rolling audit programme to independently validate clinical practices in line with Saving Lives High Impact Interventions (HII’s) in all of the Acute and Community facilities.
Clinical practices are routinely internally audited by each area and these audits by the IPC Nurses help to validate the findings of ward staff. In addition, the IPC Team also participate in Environmental Cleanliness Audits with Domestic, Estates and Nursing staff using a Regional Cleanliness Audit Tool (developed by the Regional and Quality Improvement Authority {RQIA}).

4.1.3 Policy Development

The IPC Nurses have reviewed and developed the following policies and protocols within the last year:

- Aseptic Non Touch Technique
- Hand Hygiene
- Intravenous (IV) Management
- Protocol for Root Cause Analysis (including development of data collection forms)
- Enteral Feeding
- Protocol for Decontamination of Nasoendoscopes
- Trust Outbreak Policy

4.1.4 Initiatives

The IPC Nursing Team has launched or participated in the following Trust initiatives:

- World Health Organisation Hand Hygiene Day – May 2011
- Dump the Junk – June 2011
- Infection Control Link Nurse Study Day – December 2011
- Development of an IV Champion to drive reduction of MRSA bacteraemias through improvement of insertion and ongoing care of IV cannula, MRSA management and blood culture collection

4.1.5 New Builds

The IPC Nursing Team have been involved in, and have advised on, Trust new build projects for the following:

- 24 bedded ward / ED Department
- Sexual Assault Referral Centre (SARC)
- Ballymena Health Centre
- Revision of Maternity Department in Antrim Hospital
- Upgrade of existing ED, Antrim Hospital
- Extension of Wards A3 / A4
- Upgrade of Intensive Care Unit, Antrim Hospital
4.2 Recording Care

The Regional Record Keeping Initiative (RRKI) developed tools and resources for registered nurses to facilitate improvement in record keeping practice. A practice / quality improvement methodology, an electronic audit tool and NIPEC Record Keeping Guidance were tested over 8 months in an Acute Medical Ward within the NHSCT. Comparative results from the baseline audit undertaken in June 2009 and the final audit in April 2010 demonstrated an increased compliance against the standards of the audit tool - 34.4% regionally and 38.3% within NHSCT following the completion of the initiative. Since then, the 5 HSC Trust Nursing Governance Leads have been working collaboratively to develop a Regional Nursing Assessment and Plan of Care document for the adult acute care sector, which is broadly mapped to the indicators within the audit tool.

The scope of the current project falls within 2 strands.

**Strand 1** - To agree and implement the Regional Nursing Assessment and Plan of Care Record in a phased approach in the adult acute care setting.

**Objectives**

(i) Establish a Trust Steering Group to oversee and monitor the implementation of the roll-out plan.

(ii) Develop a training and implementation strategy for the phased roll-out of the Regional Nursing Assessment and Plan of Care Record in the adult acute care sector incorporating the Regional ‘Train the Trainers’ programme.

(iii) Establish Recording Care Local Implementation Teams.

Strand 1 started in February 2012 and will run until end January 2013.

**Strand 2** - To implement and evaluate the improvement methodologies, tools and resources to facilitate improvement in the standard of nurse record keeping and promote a culture which supports person-centred record keeping practices.

**Objectives:**

(i) Introduce the regional improvement tools and resources and use of the electronic audit tool.

(ii) Monitor compliance with Record Keeping Standards evidenced within the audit tool.

Strand 2 commenced in May 2012 and will run for the remainder of the project.
To date we have implemented the new Nursing Assessment and Plan of Care Booklet in 14 acute hospital wards. This is ahead of project timescale and has enabled an increased focus on the improvement methodology. Feedback to date illustrates the challenges associated with major change, ranging from satisfaction to extreme dissatisfaction with the new tool. Work is ongoing to resolve barriers towards successful implementation.

4.3 Evidencing Care

This is a regional project facilitated by NIPEC to agree a set of high level Key Performance Indicators (KPIs) for nursing and midwifery to measure, monitor and evidence the impact and unique contribution nursing and midwifery have on the quality of patient and client care.

The Trust Steering Group has reviewed nursing and midwifery performance indicators currently being used or piloted within the region. The following initial KPIs have been agreed:

- Falls
- Pressure Ulcers
- Omission of Prescribed Medicines
- Patient Experience of Care
- Nursing Workforce Indicators – vacancies / absence / reliance on agency and bank

In the NHSCT we have been working to develop a nursing dashboard to collate and monitor these KPIs. Currently Ward C3, Antrim Area Hospital is piloting the dashboard and early results show high levels of satisfaction with the data quality, ease of use and availability of nursing specific information for the Charge Nurse to act upon.

4.4 Prevention of Pressure Ulcers – SKIN Bundle

The SKIN Bundle / Patient Care Rounding Project (Intentional Rounding) was initiated as a pilot in the Elderly Assessment Unit (EAU), Antrim Area Hospital in May 2012. Nurses are encouraged to check their patients every 2 hours to ensure their comfort and safety. Within the NHSCT we extended the range of duties nursing staff performed whilst carrying out this patient check to include the elements of the SKIN bundle.

- (S) Skin/Surface - helped to ensure that patients had the appropriate equipment to facilitate mobility / position change and that their skin was intact.
- (K) Keep Moving - encourage the patient to move.
- (I) Incontinence – offer to take the patient to the toilet or check the patient for incontinence.
• (N) Nutrition – offer the patient something to eat or drink of if necessary provide assistance with eating or drinking.

Compliance with all elements of the SKIN bundle is audited. Results to date have demonstrated 90% compliance with documentation and no pressure ulcers were acquired in the ward setting in the last 3 months. Due to this initial success an Implementation Plan has been developed for other inpatient settings.

4.5 Reducing the number of Patient Falls

Patient falls remains the number one safety concern in the NHSCT. In response to this finding Mrs MacLeod established a Trust-wide Falls Steering Group with the following Terms of Reference:

• To ensure a collaborative approach to the development and implementation of the Falls Management and Prevention Strategy (to include fragility, fractures and osteoporosis) within the NHSCT.

• To monitor the development and the implementation of the strategy.

• To monitor the work of the Falls Management and Prevention Strategy Project Teams.

• To report to Trust Senior Management Team / Trust Board on progress.

• To ensure effective multi-disciplinary and multi-directorate working.

• To ensure effective engagement with service users.

• To take into consideration key recommendations arising from National Clinical Audit of Falls and Bone Health for Older People.

• To ensure the Falls Prevention Bundle is implemented and compliant against each element of the bundle and is measured across all acute areas / Trust.

The agenda of the Falls Steering Group includes the management and prevention of falls, fragility fracture and osteoporosis. The following falls prevention work is ongoing within the Trust:

• Training of staff to deliver a 16 week therapeutic exercise and education programme in relation to Falls prevention (STEPS - Stepping Towards Enhanced Postural Stability).

• Roll-out of STEPS programme within Day Centres.

• Development of an Osteoporosis Information leaflet for service users (Stand up for your Bones).
• Development and roll out of a ‘Residential Falls Bundle’.

• Development and implementation of a Falls Policy for Acute Inpatient Settings and Bedrail Policy.

• Partnership working with Royal Society for the Prevention of Accidents to develop a new Falls Prevention video – ‘Wise up – watch your step!’.

• Development of Falls and Fracture Prevention Training Strategy for all staff.

4.6 **Fluid Balance Research**

A Fluid Balance study was carried out from November 2011 to March 2012 across the NHSCT, funded through an HSC R&D Discretionary Fund Award, in response to media interest in cases of dehydration among hospital inpatients.

The Fluid Balance Chart provides an essential aid in the determination of hydration among hospital patients and the recording of such is an important aspect of the nurses’ role. The aim of this study was to explore the practices and processes of fluid balance prescribing, monitoring and recording across the NHSCT in order to identify areas of good practice, which could be shared, and to determine where improvements could be made.

The results from the questionnaire, case note review and patient vignette exercise were collated and a number of themes were identified, as follows:

• Documentation and Record Keeping - 2 different forms of the Fluid Balance Chart were noted to be in use. There was also notable variation in the recording of IV infusions, with some staff recording when the infusion commenced and others when it finished. Food intake was often recorded on the Fluid Balance Chart. Calculation inaccuracies were found (92% incidence) with discrepancies of up to 500mls noted.

• Questionnaire responses indicated a move away from medically dominated decision making to partnership working. However, rationale for the commencement of fluid monitoring was seldom recorded, and often the decision was based on the presence of IV fluids and/or catheter.

• Training - the patient vignette exercise indicated confusion regarding what constituted positive and negative fluid balance.
• Utensil Volume - the patient vignette exercise revealed huge variations in the estimation of utensil volumes – up to as much as 125 mls.

• Good Practice – was noted in a number of areas throughout the case note review and the patient vignette exercise. Most notable were the use of addressographs to ensure accurate patient identity and good record keeping.

This study has highlighted a number of areas for enhanced working across the NHSCT. It has also provided an insight into the decision making processes of the multi-disciplinary team.

4.7 Policy and Guideline Development and Implementation

4.7.1 Policies – developed and implemented

E-rostering Policy  
Guideline for Ward Sisters to Reconcile Staffing on a Monthly Basis  
Operational Policy for Nurse Bank  
Falls Reduction and Prevention Policy for Acute Inpatient Settings  
Bedrail Policy  
Privacy and Dignity Policy  
Suturing Policy for Nurses in the Emergency Department  
Patient Group Directions  
Management of Parenteral Opioids

4.7.2 Policies - reviewed

Rostering Policy  
Policy on Accessing Additional Staff to Cover Shortages  
Nursing Supervision Policy  
Registration of Health and Social Care Professionals  
Uniform Policy for Nurses and Midwives (Acute)

5. PROFESSIONAL ASSURANCE

The Regional Professional Assurance Framework (PAF) describes a systematic approach to supporting standards of practice within nursing and midwifery, across the HSC, in the fulfilment of professional roles and responsibilities at organisational level. It will also support the discharge of Public Health Agency responsibilities on behalf of DHSSPS.

The NHSCT has completed the first assessment of compliance against the standards outlined in the Regional document and has demonstrated ‘substantial compliance’ with same. Feedback from CNO / Director of Nursing PHA is awaited.
The Corporate Nursing Team has undertaken an examination of the mechanisms within the NHSCT that are in place to enable the Director of Nursing to assure the Chief Executive, Senior Management Team and the Trust Board that systems and processes are in place in relation to patient safety, quality of care, control of infection and the nursing and midwifery staffing levels.

This document provides clarity on the core purpose of the Designated Senior Professional Head who undertakes professional nursing/midwifery lead role for each service group, as follows:

- Ability to give assurance on the following **statutory functions and fundamentals of practice**:
  - All nursing and midwifery staff are on the live NMC Register and up to date.
  - Provision of safe and effective clinical care and maintenance of professional standards.
  - Normative staffing levels are in place.
  - Commissioning of learning and development opportunities based on robust training needs analysis to ensure skilled and competent staff.
  - All nursing and midwifery staff attend Mandatory Training.
- Capable and empowered to **challenge** issues contributing to patient safety and care.
- Capable and empowered to **advise** the directorate management team of nursing and midwifery implications of decisions and contribute to solutions.
- Ability to work through an accountability infrastructure.
- Share learning throughout the Directorate.

6. **PROFESSIONAL LEADERSHIP**

The Corporate Nursing Team, under the leadership of the Executive Director of Nursing, facilitated the work of many multi-professional / multi-agency groups, both internal and external to the Trust. This includes:
7. QUALITY INITIATIVES / AUDITS FUNDED BY EXTERNAL AGENTS

7.1 GAIN Get Your 10-a-day Audit

The aim of this audit was to examine current practice in line with specific DHSSPSNI standards set out in the 2007 document “Get your 10 a day!” Nursing Care Standards for patient food in hospitals”, to identify aspects of good practice and areas for improvement in the management of nutrition for people in hospital settings.

Audits were conducted across all 5 HSC Trusts and included direct observational audits in more than 12 acute settings and demonstrated that, despite the implementation of the 10-a-day Standards, there were inconsistencies in the management of nutrition for people in hospital settings across Northern Ireland. Inpatients in medical wards and care of the elderly / rehabilitation wards present with the highest need in terms of nutritional care.

A total of 738 case notes were audited and a further 185 observational audits were conducted on patients who had been identified as requiring total assistance at mealtimes. One important point is that 15% of such participants, who were at most risk of malnutrition, did not have a full MUST assessment completed did not actually have this completed.

Areas of improvement included nutritional assessment, nutrition care plans and accuracy of monitoring (such as the recording of food intake or weight and height). A total of 14 recommendations have been put forward to the Trusts following the audit.