



TRUST BOARD COVER SHEET

	<p><i>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</i></p> <p><i>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</i></p>	
Meeting and Date of meeting	Trust Board 27 th November 2025	
Title of paper	Executive Director of Nursing, Midwifery & AHP Report for Trust Board	
Accountable Director	Name	Grace Hamilton
	Position	Executive Director Nursing
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This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Assurance	
	<input checked="" type="checkbox"/>	Collaborative Working
	<input checked="" type="checkbox"/>	Learning Organisation
	<input checked="" type="checkbox"/>	Safety, Quality & Experience
	<input type="checkbox"/>	Community First

<p>Links to Trust Strategic Priorities</p> 	<input checked="" type="checkbox"/>	<p>Whole-Life Approach</p>
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<p>1. Reason for Presentation of Paper / Report</p>
<p>This paper provides assurance of the professional and educational requirements that underpin the competence and continued development of Nurses, Midwives and Allied Health Professionals (AHPS) within the Trust.</p>
<p>2. Detailed summary of paper contents:</p>
<p>This report provides an overview of some initiatives being progressed across the professions to improve safety, quality and experience of our services, alongside compliance with professional and educational requirements that underpin the competence and continued development of Nurses, Midwives and Allied Health Professionals (AHPs) within the Trust.</p> <p>With the introduction of encompass in May 25 this report also outlines the extensive work carried out by the Corporate Digital, Nursing and AHP teams in preparation for and since our successful Go live.</p> <p>In summary the report covers the areas of safety and quality of care, workforce, training and education, research and development, alongside staff and service achievements since our last report.</p>
<p>3. Areas of improvement/achievement:</p>
<ul style="list-style-type: none"> • Successful implementation and stabilisation of encompass with associated benefits reported by professional staff (p6) • Successful pilot of a revised approach to Enhanced Patient Care Observation, supporting quality and safety of care, patient experience and financial savings in the initial 6 weeks (p10) • Workforce stabilisation efforts continue through international nurse recruitment, recruitment of newly qualified nurses and our Open University graduates (p20 & 22) • Recruitment efforts have also been successful in midwifery (p28) • Continued good attendance at training via CEC SLA and ECG for Nursing Midwifery and AHP staff (p31) • AHP colleagues have had significant successes recently at local awards (p34) • The research and development agenda continues to be successfully progressed by nurses, midwives and AHPs (p40)

4. Areas of concern/risk/challenge:	
<ul style="list-style-type: none"> • There is still no NQI data coming from encompass, regional work is ongoing to address this (p9) • The quality of care and patient experience associated with corridor care remains a concern, this continues to be monitored, and work is ongoing through Timely Care to eliminate our need for corridor beds (p11) • Compliance with bank / agency induction remains a challenge, corporate and operational teams are working to improve this (p13) • Compliance with Professional Supervision standards for both nursing, midwifery and AHPs requires a focus (p18) 	
5. Impact on Statutory Duties: Provide details on the impact of the following and how.	
Financial Impact	Safety and Quality Impact
Yes, there are Financial Impacts	Yes, there are Quality, Safety or Experience Impacts
6. Risk Assessment (Risk level and state if a risk assessment be completed)	
<i>Physiotherapy recruitment on directorate risk register</i>	
7. Other Business Intelligence/data (If appropriate)	
8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.	
Corporate Risk Register	NA
Board Assurance Framework	NA
Equality and Human Rights	NA

Trust Board Role Fulfilment

Strategy	<i>Papers in this category should address forward-looking priorities, long-term objectives, or service transformation. These are typically focused on shaping the future of the organisation and will often involve decisions on direction, investment, or innovation.</i>
Culture	<i>These papers aim to influence or reflect the values, behaviours, and staff or patient experiences within HSC. They may relate to leadership development, equality, diversity and inclusion, staff engagement, or initiatives intended to reinforce our organisational ethos.</i>
Accountability	<i>Papers falling into this area relate to governance, assurance, performance monitoring, compliance, and risk. They provide evidence that responsibilities are being fulfilled, standards are being met, and corrective actions are being taken where necessary.</i>

Reasons for Paper Presentation

Approval	<i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.</i>
Assurance	<i>Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.</i>
Information	<i>Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.</i>
Discussion	<i>Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.</i>

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Encompass – Nursing, Midwifery and AHP

The key priority over the past six months has been supporting the professional nursing, midwifery and AHP workforces in the successful implementation and stabilisation of encompass. Activities have focused on User lab training, maximising Super User competence and confidence, issue resolution, “at elbow” support where possible and improving efficiency in the use of encompass, including “Thrive” training, Professional Nursing and AHP digital transformation leads have continued to support operational directorates in the stabilisation period post go-live.

Whilst this was a very challenging period, staff are already reporting some of the many benefits of the encompass transformation programme:

Benefits reported by N&M teams



- ✎ **Much clearer overview of holistic health needs to inform person centred care and informed decision making**
- ✎ **Improved communication pathways between MDT, acute & community**
- ✎ **Instant access to information reduces administration time and wasted visits**
- ✎ **Improved identification of risk**
- ✎ **Improved lone working and record keeping safety**
- ✎ **Greater equity of workload**
- ✎ **Quick communication of relevant information through message function to professional colleagues in and outside of own trust – we can see when these have been read.**
- ✎ **Rover devices and smart tools support comprehensive, standardised and efficient documentation**
- ✎ **One system to navigate, instead of multiple – time saving**
- ✎ **Easier to track patient progress**



Benefits reported by AHPs

- Access to patient information across contexts of community, inpatients and outpatients
- Ability to see all members of the care team
- Electronic documentation improves legibility and communication of clinical information- access to imaging, medical history, medications, allergies etc.
- Reduces the need to make phone calls to find out information
- Not searching for paper charts
- Instant messaging improves communication to clinical colleagues
- Use of smart tools increases efficiency of documentation
- Documenting everywhere using Rover

- Reduction in wasted visits as can see if community patient has been admitted
- Referral and triage process more streamlined
- Uploading images and completing annotation easy and streamlined
- Ability for dietitians to order nutritional supplements directly instead of waiting for the doctor to order them

Bar Code Medicine Administration (BCMA) Programme

The BCMA programme aims to enhance patient safety, improve medication administration accuracy and streamline critical clinical workflows.

47 inpatient wards successfully implemented BCMA in the Southern Trust as part of the encompass go-live on the 8th of May. Whilst there were many challenges experienced at go-live, these were identified early, and appropriate actions were put in place. The nursing and midwifery digital practice team, IT colleagues, encompass regional workflow analysts, superusers and floorwalkers, all worked collaboratively to ensure ward-based staff were supported in the initial weeks of go-live.

It is particularly worth noting the effort required to work through the complexities and complicated workflows in Mental Health wards. The staff in these areas remained totally engaged and committed to finding solutions and trouble-shooting problems. This has resulted in a very successful BCMA uptake in an area that has been challenging in other Trust implementations.

Metrics on the BCMA Dashboard demonstrate compliance of patient scanning in almost all BCMA areas to be 99-100%. This has been maintained and is an excellent result so early on.

The medication scanning rate in most areas is between 85 and 88%. This is also excellent, however ongoing work is taking place to get more in-depth understanding of these figures to provide assurance that there are no workarounds taking place. As presently only approximately 75% of medicines have a scannable barcode, there is no expectation that 100% medicine scanning is an achievable target. Further detailed analysis is required to understand the reasons for this and the regional BCMA group are taking this work forward now that all Trusts are live.

The most critical factor for success has been early engagement and ownership by staff. Nursing and Midwifery teams quickly recognised the potential patient safety benefits and therefore quickly accepted and embraced the programme. The comprehensive user lab programme and super user support resulted in a very successful roll out of the first phase of BCMA. A paper has also been approved by encompass Programme Board in September to progress to the second phase of implementation which includes the Emergency Departments and Medical Ambulatory units in CAH and DHH.

A detailed evaluation report that draws upon multiple sources of data i.e. Datix incidents of medication administration errors, scanning data, staff experience and patient experience and will be provided to programme board in the coming months.

Business Continuity Access and Planning

A considerable amount of work is ongoing by professional leads within the Trust and regionally to strengthen and improve business continuity access (BCA) and preparedness for periods of encompass downtime. Nursing and Midwifery staff have been well prepared for all the periods of planned downtime to date, however the unplanned, extended IT outage on the 17th September has reinforced the need to make sure BCA planning and readiness is a top priority for Nursing, Midwifery and AHP staff going forward.

Improving patient safety and service delivery

AHPs have been involved in work across the region since go live to improve patient safety and service delivery, activities include:

- A review of the order mode in encompass to improve the governance and assurance around non-medical prescribing
- A review of referral orders to streamline and improve the ability, efficiency and accuracy when referring to AHP services
- Reconfiguration of services on encompass to better reflect the patient journey and improve efficiency and reporting outcomes
- Validating data to improve the quality of reporting
- Proficiency levels for AHP were developed and are being used during supervision sessions to support and encourage staff using encompass. This is a first for Epic.

Optimising encompass:

- MSK physiotherapy self-referral using MyCare commences 10th November 2025
- MSK Physiotherapy MSK HQ questionnaire completion in MyCare work commencing November 2025
- MSK Physiotherapy self-scheduling work commencing November 2025

Reduced level of Nursing and AHP digital support will mean services will have to absorb local stabilisation and optimisation work as well as regional optimisation work. This will put pressures on services and potentially have an impact on activity. A business-as-usual structure is being developed.

Patient Safety and Quality of Care

Period 1st January 2025 – 30th September 2025 (The PSQE team were re directed to support Encompass readiness and go live from February to July 2025.)

The future of Nursing Quality Indicators (NQIs)

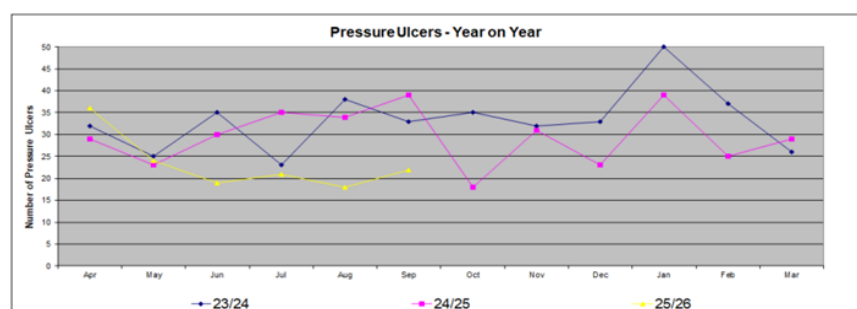
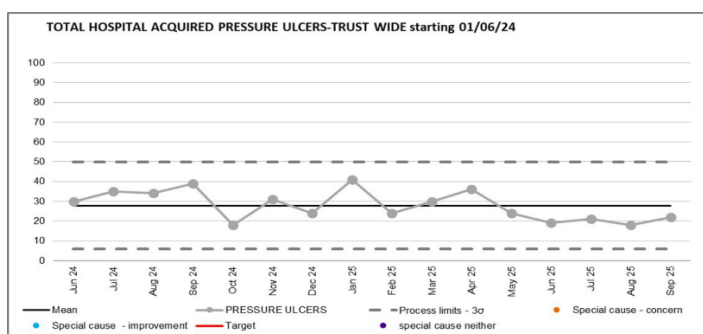
NQIs reporting ceased in February 2025. The Patient Safety and Quality of Care Team (PSQCT) are continuing to develop a plan and approach for measuring and providing assurance through NQIs post Encompass go live. NQI Engagement meetings took place across all operational directorates in July 2025 with Head of Service, Lead Nurse, Ward Manager and Divisional Nurses to share the current position for regionally agreed Key Performance Indicator (KPIs) dashboards and validation processes and consider the future of local NQIs.

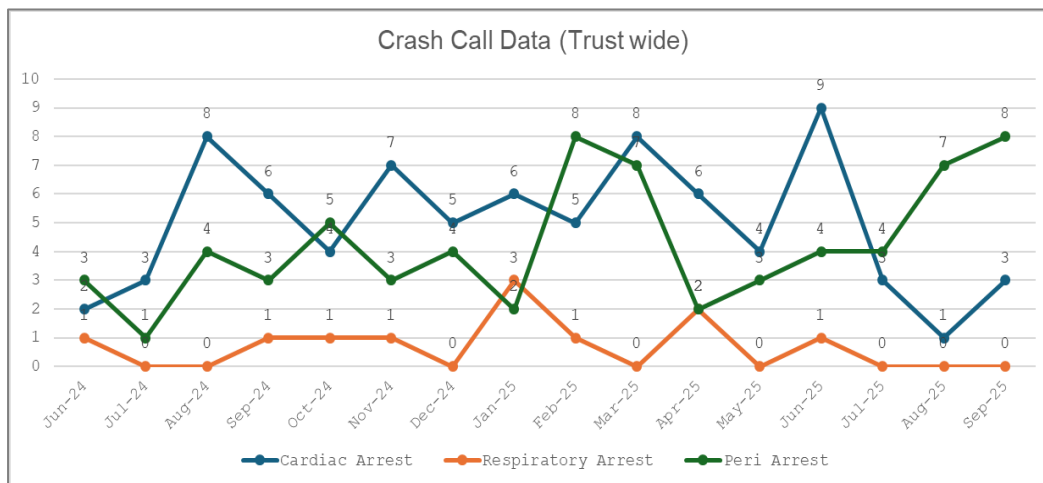
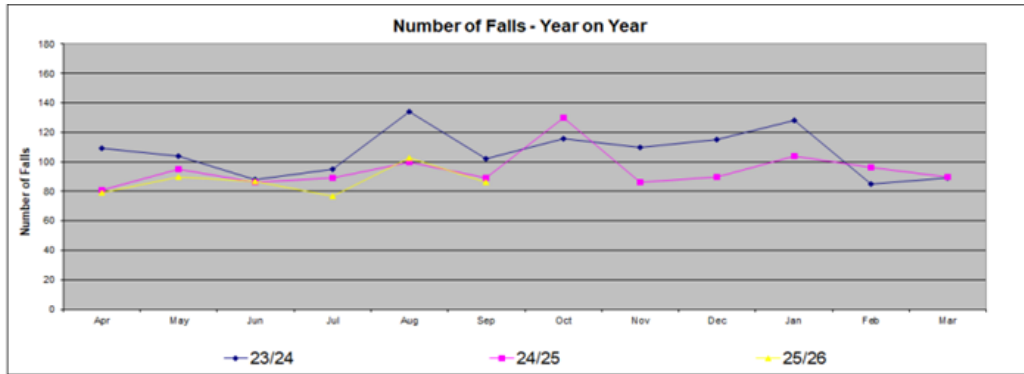
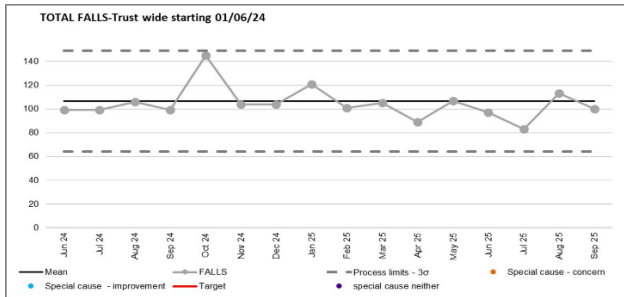
Regional work continues regarding the development of KPI Dashboards. This is challenging and complex involving collaboration with the Nursing Midwifery Quality Assurance Network, relevant staff working in the area of practice, subject matter experts, encompass (regarding any build changes) and Cogito (building logic for extraction of data). Data validation activities continue to ensure accuracy and confirm readiness of data prior to publication.

Outcome data

The graphs below provide data in relation to hospital acquired pressure ulcers, patient falls and crash calls.

Over the last six months, there were 140 hospital acquired pressure ulcers, 589 falls and 57 crash calls (cardiac arrest/respiratory arrest/peri arrest). On comparison with the previous six months, there is a decrease across all outcomes. There is also a reduction against previous years for pressure ulcers and falls.





Enhanced Patient Care Observation Project (EPCO)

EPCO, often referred to as 1:1, provides a framework for early intervention, engagement strategies and offers a tiered approach to enhanced care, ensuring the principle of the least restrictive level, for the least amount of time, within the least restrictive environment, promoting patient safety.

The Trust spends on average £650k each month on EPCO, and despite the significant focus on EPCO within the Trust over the last 12 months there has been no reduction in the number of EPCO shifts and in some areas, there has been an increase. Additionally audit results indicated Trust wide compliance of 37% on the application of the EPCO Assessment and completion of the EPCO booklet and 53% of wards creating more additional shifts than required.

Considering the current financial position, the significant savings required and with a view to balance patient safety with financial control, the PSQCT developed a proposal paper that was considered and approved by the Senior Leadership Team (SLT) on 29th July 2025. It involves Medicine and Unscheduled Care (MUSC), Surgery and Clinical Services (SCS) and Adult Community Services (ACS) implementing the following processes:

- All EPCO to be delivered by substantive Health Care Assistants (HCAs). If bank/agency staff are required to ensure safe staffing, they will backfill ward HCAs, and not directly deliver EPCOs.
- Implementation of a Structured Escalating Review Process.
- Development of a MDT weekly EPCO Oversight Group.

In addition, a new approach to the management of EPCO has been agreed and a project has commenced in six wards that were identified as the highest users of EPCO in the last 12 months. The Project commenced 18th August 2025 and will run for 12 weeks. A midway report was completed and shared with SLT. The position at midpoint is as below:

- A training plan was developed and implemented on 1st September to provide short 30-minute sessions via Teams tailored to Registered Nurses and Health Care Assistants. 37 sessions were delivered, 80 staff from pilot wards attended and an additional 129 from other wards.
- Weekly Audit of Documentation on Encompass indicated overall compliance at 71% in week one with a gradual decline in weeks two and three. Improvements noted in weeks four and six.
- An EPCO SharePoint tile was created to house resources for staff.
- In the first 6 weeks of the pilot:
 - EPCO hours have reduced by 1,972 hours for pilot wards.
 - Indicative costings have shown a reduction in spend of £103,000.

Additional Beds Audit

The PSQCT carried out independent audits of patients in additional beds across all inpatient areas and Emergency Departments in June 2024. The resulting report was shared with SLT for reflection, learning and improvement. A further independent audit was recommended, and this was completed in November/December 2024.

The Chief Nursing Officer (CNO) requested that Directors of Nursing undertake an audit of additional beds from the perspective of nursing care and the standards expected in respect of same. The CNO further requested NIAS to collaborate with the Southern Health and Social Care Trust (SHSCT) to include the prehospital experience of patients and staff. These audits were completed in July 2025.

The findings are in keeping with previous SHSCT independent audits undertaken in April/May and November/December 2024, indicating compliance with NQIs are higher and patient experience is more positive for patients in commissioned/cubicle beds when compared to patients in additional bed/floor spaces.

The Patient Risk Assessment Checklist Audit findings are comparable with the findings of the SHSCT Internal Audit of Safeguarding of Boarded Patients in relation to the completion of the risk assessment forms. Risk assessments are not being completed for all patients being cared for in additional bed/floor spaces.

There are clear parallels between the views of nurses in the Corridor Care Report (RCN, 2025), and staff in both the SHSCT and NIAS. All have reported concerns in relation to patient safety, dignity and experience, and their view is that this is significant.

In addition to the parallels regarding patients, there is also a clear thread of dissatisfaction running through the RCN Survey, and the SHSCT and NIAS Staff surveys, with stress, increased workload, and working environments raised as areas of concern.

It was recognised that patient's feelings regarding their overall experience of being cared for in an additional/floor bed may change, especially once they have had time to reflect upon it, and the pressure and stress of the admitting condition had passed. With this in mind, and with the patient's informed consent, a follow up telephone call was planned approximately four weeks following completion of the initial survey.

The fact that the majority of patients, who were not in a designated bay, upon reflection reported a decrease in their overall experience, highlights the lasting impact of being cared for in an additional/floor bed. This reinforces the importance of prioritising meaningful improvements aimed at reducing the number of patients cared for in additional/floor beds.

Next Steps

- A regional, standardised approach to this audit will be developed.
- Re-audit in February 2026 to demonstrate the impact of the objectives set out in the Timely Care Programme and associated workstreams.
- During the re-audit, NIAS propose to undertake an audit of the conveyance of a subset of patients brought to ED to determine appropriateness, in terms of alternative care pathways, '*see and treat and hear and treat*'.

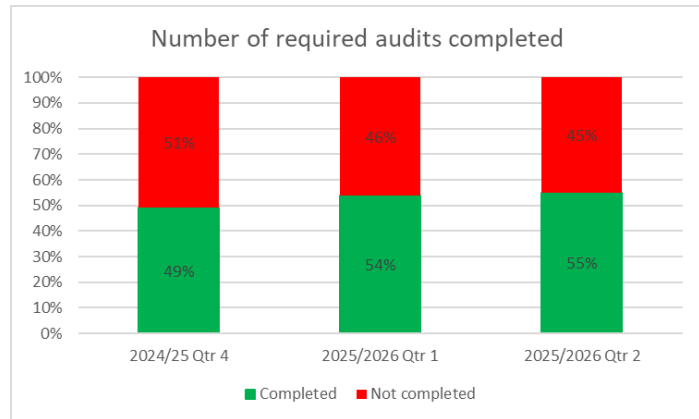
Please see full report – [SHSCT-NIAS Additional Bed Audit - Summary Report](#)

Mealtimes Matter (MTM) Audit

The requirement is that each area (where staff serve meals, drinks, and snacks) complete one audit per month. The expected audit returns per quarter is 156. The number of audits completed increased to 55% in quarter two with 86 required audits completed. 45% were not completed. This does not include wards that completed more than one audit per month.



Assurance Compliance was 99% over the last three quarters and audit compliance ranged between 99% and 100%. Whilst audit compliance is high, the number of DATIX's reported has increased to five in quarter two (none in quarter one). All incidents relate to one ward, and this will continue to be monitored. Due to encompass, no independent audits were carried out from January 2025.



Safety and Quality Boards

The PSQCT completed an audit of Safety and Quality Boards (SQB) in February 2025. Overall compliance was 27%. A guidance document on how to complete the Boards was developed and shared. A re audit will be completed again in November 2025 and results will be shared in the next report.

With the implementation of encompass, there have been no NQI results to populate the NQI section of the board. As an interim measure, until data is available, key safety and quality monthly messages have been shared with wards for adding to their SQBs.

Bank/Agency Checklist Re-Audit

A Bank/Agency Staff Induction Checklist was developed to ensure all Bank and Agency staff receive an induction on their first shift on a new ward. The PSQCT were requested to carry out a snapshot audit of compliance in January 2025 to provide assurances that bank and agency staff are being inducted on their first shift on a new ward and that the Induction Checklist was being completed in full. Compliance was 13%. It was recommended that a re-audit would be carried out in September 2025.

In September 2025, a total of 65 audits were carried out across 13 wards within MUSC, SCS, ACS and Mental Health and Disability (MHD) Directorates. Whilst there is improvement in some areas, the overall compliance with the re-audit was only 23%.

Induction for Bank and Agency staff is essential for patient safety and evidence has proven that it helps staff to feel supported, reduces staff turnover, and ensures the workforce can operate safely and efficiently. The checklist also serves as a record, confirming that all necessary checks have been undertaken. A further audit will be completed in January 2026. [Bank Agency Checklist Audit Report- Sept 2025](#)

Dress Code Policy - Cross Directorate Short Life Working Group

New concerns were raised both internal and external to the organisation that there is a continued lack of adherence to the [Dress Code Policy](#) in both inpatient and community settings. Reports included nurses and midwives wearing gel/acrylic nails, false eye lashes and jewellery including watches, fit bits, necklaces, and bracelets, all of which is in breach of the Trust Policy and Infection Prevention Control Guidance.

The Trust Dress Code Policy is currently under review and is being updated to reflect feedback received from our staff survey and to ensure a clear and consistent approach to standards of dress code and uniform to reflect the principles of health, safety and wellbeing of patients and staff, Infection Prevention and Control, public confidence, professional image, and professional accountability. To further support nurses and midwives, along with their managers to improve the overall position, a cross directorate short life working group has been established, chaired by the Assistant Director of Nursing to improve, and maintain a high standard of compliance with our Dress Code Policy across all service areas. In addition to this, Education Awareness and Management and Leadership sub groups have been formed and a communication campaign ‘Dressed to Care, Proud to Wear’ has been designed.

DRESS CODE POLICY
SMART STEPS, SAFE CARE

Our Dress Code Policy is to ensure that all staff whilst on duty are dressed in such a way that maximises staff and patient safety and projects a professional image. This is an important element in the way we are perceived by colleagues, service users and members of public.

Footwear must comprise of one dark colour i.e. black or navy. Multi-coloured or luminescent shoes/trainers are not acceptable. Footwear must be made of a material that is smooth and easy to wipe clean and protect the wearer from fluid spills and sharps. Flip-flops, sandals, crocs and canvas shoes must not be worn.

DRESSED TO CARE, PROUD TO WEAR

DRESS CODE POLICY
CLEAN HANDS, SAFE HANDS

Our Dress Code Policy is to ensure that all staff whilst on duty are dressed in such a way that maximises staff and patient safety and projects a professional image. This is an important element in the way we are perceived by colleagues, service users and members of public.

Keeping nails natural and hands and arms free from jewellery (one plain wedding band) helps us maintain the highest standards of hygiene and patient safety.

DRESSED TO CARE, PROUD TO WEAR

DRESS CODE POLICY
KEEP IT PROFESSIONAL, UNIFORMS STAY AT WORK

Our Dress Code Policy is to ensure that all staff whilst on duty are dressed in such a way that maximises staff and patient safety and projects a professional image. This is an important element in the way we are perceived by colleagues, service users and members of public.

Staff wearing uniform must not undertake personal shopping, socialising or similar activities in public. If staff must make purchases during their working shift eg. lunch, petrol, this is considered reasonable, but their uniform must be covered. Uniform must also be covered when travelling on public transport.

Learning from Practice Bulletin

The 15th edition of the Bulletin was shared in July 2025. The Bulletin's purpose is to share learning points with Nurses and Midwives derived from feedback, incidents and complaints which occurred within the Trust over the reporting quarter. It includes highlights of critical learning areas which could impact on the professional code and practice with each section linking directly to the NMC Code. Its aim is to increase staffs' understanding of how the NMC Code informs their practice and uses the ethos that 'Reflecting Upon Critical Learning Empowers and Reduces Risk'.



R U CLaEaR-R Reflecting Upon Critical Learning Empowers and Reduces Risk

The following learning points are derived from feedback, incidents and complaints which occurred within the Southern Health and Social Care Trust over the period April 2025 – June 2025.

The Learning from Practice Bulletin is shared widely among teams & Midvia Senior Nursing and Midwifery Governance Forum. It is also available for staff on the Nursing, Midwifery and AHPs Directorate SharePoint Page within the 'Shared Learning' tile, Southern-i and Global email. Within three days of issue, this bulletin had **873 views**.

Encompass: Digital Practice

The team continue to support Nurses and Midwives across the Trust in the stabilisation of Encompass and represent the Trust in several regional workstreams.

A Fundamentals of Care poster was developed and circulated to remind Nurses and Midwives that in a world of digitalisation, they should always prioritise fundamental nursing care.

Fundamentals of Care in Nursing and Midwifery Practice

This poster is designed to remind all Nurses and Midwives of the importance of fundamentals of care in their daily practice

What they are:
The Nursing and Midwifery Council (NMC) Code sets clear expectations regarding fundamentals of care for all nurses and midwives to adhere to:

- Treat people as Individuals:** Recognizing and respecting each person's unique needs, preferences, and values.
- Uphold dignity:** Ensuring that individuals are treated with respect and their privacy is maintained.
- Nutrition and Hydration:** Providing adequate food and fluids to meet individual needs.
- Bladder and Bowel Care:** Addressing hygiene and comfort related to toileting needs.
- Physical Handling:** Ensuring safe and appropriate movement and positioning of individuals.
- Clean and Hygienic Environment:** Maintaining a safe and clean environment to prevent infection.
- Compassionate and Respectful Care:** Providing care with empathy and understanding.
- Effective Communication:** Communicating clearly and effectively with individuals and their families.
- Promoting Health and Wellbeing:** Encouraging healthy lifestyles and preventing illness.
- Working In Partnership:** Collaborating with other healthcare professionals, service users, carers, and families.

In a world of digitalisation, Nursing and Midwifery registrants should prioritise fundamental nursing care for all patients and service users.

YOUR Practice YOUR Priority

Your Role:

- > Complete intentional care rounds
- > Involve patients in their own care
- > Escalate concerns and unmet needs
- > Role model best practice
- > Reflect the Code — in everyday practice

Why they matter:

- > Improves patient outcomes and satisfaction
- > Builds trust and compassion into care
- > Prevents avoidable harm and escalation
- > Aligns with professional standards and accountability

"Fundamental care isn't basic — it's essential"

"It's the basics done well, consistently, that make the biggest"

CARE is our core business

COMPASSION
empathy, respect, dignity

COMPETENCE
knowledge, clinical & technical knowledge

COMMUNICATION
it's essential to caring relationships & teamwork

COURAGE
enabled us to do 'the right thing'

COMMITMENT
to our patients is the cornerstone of what we do

HSC Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Exciting New Initiative: Learning As We Go



It is essential that Nurses and Midwives maintain up to date knowledge and skills to ensure the delivery of safe, evidenced based and person-centred care. Healthcare teams operate in high pressure environments where time constraints and workload can often make it challenging to both acquire and retain all relevant information. "*Learning As We Go*" is a practical education

initiative designed to support continuous professional development among frontline healthcare staff. Sessions will be delivered directly in clinical environments, ensuring that essential knowledge is embedded within the workplace and aligned with everyday patient care. Sessions will last no longer than five minutes, and at the end, staff will be left with three key important subject facts along with supporting relevant leaflets or information sheets.

It is expected that '*Learning As We Go*' will:

- Reinforce essential practice standards by providing timely, targeted reminders in the clinical setting.
- Increase staff engagement through accessible, ward-based delivery that minimises disruption to workflow.
- Enhance knowledge retention by focusing on concise content, with participants leaving each session with three clear, memorable take away points.
- Raise visibility of peer expertise by encouraging colleagues to share skills and lead short practical discussions.
- Foster a culture of continuous learning in which professional development is embedded into daily practice.
- Improve consistency of care by standardising understanding of key protocols and guidelines across teams.
- Support patient safety outcomes through the timely reinforcement of evidence-based best practices.

Quality Excellence Framework

The Quality Excellence Framework is a regional quality assurance and improvement initiative led by Northern Ireland Practice and Education Council for Nursing and Midwives (NIPEC) on behalf of the Chief Nursing Officer. It is designed to ensure high standards of Nursing Midwifery and Allied Health Professional (AHP) care across Northern Ireland.



The Framework aims to provide assurance of quality and professional practice, drive continuous improvement and embed a culture of excellence within Health and Social

Care organisations through consistent, robust processes for measuring, reporting and learning. It is structured around three primary drivers:

- Developing culture and building will
- Building capacity and capability
- Delivering results using quality measurements

The Framework is supported by tools, such as the self-assessment, maturity matrix, delivery cycle and defined outcomes. It is designed to enable organisation to demonstrate areas of good practice and identify gaps and opportunities for improvement. It is also aligned with the Institute of HealthCare Improvement (IHI) Quintuple aim: improving population health, enhancing safety and patient experience; workforce wellbeing; advancing equity and ensuring value for all. [Quality Excellence Framework | NIPEC](#)

As this Framework may influence how we report on nursing and midwifery assurance going forward, Trusts have been requested to test the framework with different staffing groups. The SHSCT will be testing the framework from an organisational and specialist nursing/midwifery perspective. We have commenced a structure and systematic process for completing and gathering of evidence to support the testing phase. To ensure robust learning from the testing, staff groups will also complete a questionnaire regarding how user friendly the framework self-assessment and maturity matrix are to complete.

Nursing Leadership and Recognition MUSC Daisy Hill Hospital (DHH)

Congratulations to Lead Nurse, Victoria Burnett and Sister Ferris, Male Medical Ward, who represented MUSC for Southern Trust team at the RCN Leadership Challenge and were awarded Runner Up. Victoria was also awarded the Best Performance in the role of Director of Unscheduled Care and received a well-deserved accolade. This achievement reflects Victoria's unwavering commitment to excellence, innovation and nursing leadership to provide the best care to patients. It is also acknowledged the involvement of all those who represented the Trust and did so well on which is a very tough day with the many challenges being faced.

Divisional Newsletter

The fourth edition of our Divisional Newsletter was produced in July 2025. This included an update on our newly appointed Assistant Director of Patient Safety Quality and Experience, Lisa Houlihan. [PSQE Newsletter](#)

Timely Care



The PSQCT are supporting the Timely Care programme, which aims to transform and remodel the

pathway for patients requiring unplanned acute (including emergency) assessment and intervention/treatment and care.

As part of the Timely Care programme, Stephanie Hunter Lead Nurse PSQCT has been working alongside Emergency Department (ED) CAH Team to scope Same Day Emergency Care (SDEC) and triage pathways.

Actions have been completed as outlined below:

- Scoping exercise for resource folder and material in triage rooms.
- Band 6 Navigator at triage - understanding their role.
- Meeting with Lead Nurse to discuss current practice within ED, ambulatory pathway in place and the benefit of band 6 Navigator.
- Linked with NHSCT and SEHSCT who do not use SDEC from triage.
- Site visit to Royal Victoria Hospital ED to observe SDEC process.

SharePoint

An EDoN SharePoint Task and Finish Group was established to review the contents of the SharePoint Site ensuring information is accurate, and up to date. This work continues to progress and will complete at the end of October 2025.



Appraisal Conversation

The overall Trust position for nursing and midwifery was 46% at end September 2025, a decrease from previous compliance reported in our December 2024 report. Work is ongoing to promote improvement.

End Dec 2024	End June 2025	End Sept 2025
52%	42%	46%

Reflective Supervision

At the end of September 2025, **505** registered Nurses/Midwives across all directorates within the SHSCT have attended Reflective Supervision training, an increase of **47** participants since quarter four 2024/25.

The SHSCT expects all Nurses and Midwives to engage in two reflective supervision sessions annually, in line with recommended standards. For registrants, the first

session should be completed by the 30th of September, the second facilitated by the 31st of March 2026.

Overall, Trust wide Compliance (at 30th September 2025)	
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61% - Reflective Supervision Session 1.	20% - Reflective Supervision Session 2.
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Targeted work continues across the organisation to support Reflective Supervision Assurance.

The supervision of bank only nurses is currently under review as part of the regional Bank Reform Workstream. The review will be completed by 31st October following which new systems and processes will be implemented to ensure this cohort of staff receives appropriate, consistent reflective supervision in line with reflective supervision standards.

Leads are currently exploring the integration of reflective supervision with our Advanced Nurse Practitioners Trainees within the Trust. This initiative aims to embed structured reflection into clinical development pathways, supporting safe, person centred care an enhancing accountability.

N&M Workforce & Education

International Nurse Recruitment

Two new Internationally Educated Nurses have recently commenced in our Bluestone Unit, they are from Iran and Sri Lanka. Both arrived safely in October and are just starting their programme to be added to the NMC register as Mental Health Nurses.

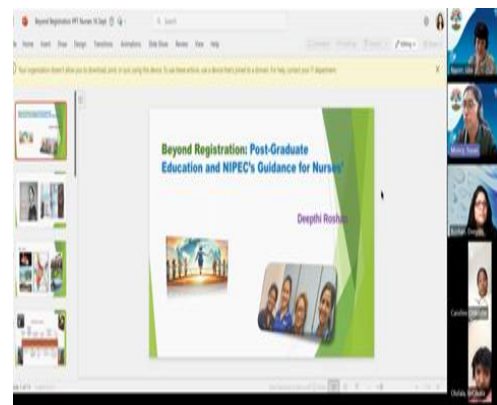
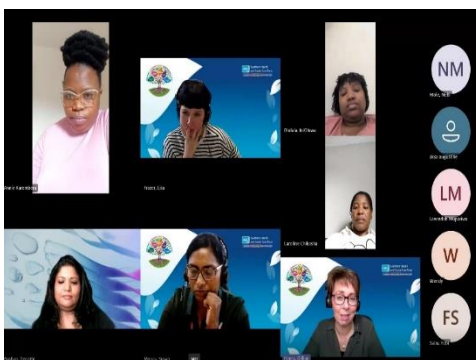


Information sessions on *Indefinite Leave to Remain* (ILR) have recently been provided in Craigavon and Daisy Hill, in response to changes to the immigration rules.

Corporate nursing staff were joined by Laura Coburn (Human Resources) who provided information on certificate of sponsorship, applying for ILR and answered concerns and questions.

The sessions were well attended by staff in different stages of their journey towards ILR. Feedback was that staff felt reassured and informed of the ILR and citizenship pathway. Our plan is to repeat these sessions again in the New Year

Workforce Café Sessions have also been provided to our Internationally Educated Nurses (IENs) via Teams. Information on Post Graduate Education was provided at the first session with speakers including Deepthi Roshan (NIPEC) and Gillian Henry (HOS N&M Education Workforce Development). 10 participants attended and based on the success another café is planned for the end of November



Workforce Planning Team

Lisa Frazer has joined the team as the interim Lead Nurse for Nursing & Midwifery Workforce Planning and Utilisation. Lisa brings a wealth of clinical and management experience and we are delighted to continue to support her within her leadership journey.



'Profile Blurb'

Lisa has been a registered nurse for 14 years. She began her career on the general medical wards of the Ulster Hospital before moving into emergency nursing, where she has spent the past 13 years. During her time at the Royal Victoria Hospital, she served as both a Deputy Sister and a Clinical Sister in the Emergency Department. Lisa later became Ward Manager in Craigavon Area Hospital's Emergency Department.

With a keen passion for quality improvement, she developed the HOP initiative—focused on hydration, observations, and pressure/pain relief—to enhance care for ambulance arrivals and patients waiting to be seen. This project received national recognition, winning an HSJ Patient Safety Award in 2024.

HealthRoster – Loop Implementation

The HealthRoster and Nurse Bank Teams have worked collaboratively to implement Loop across the Trusts' Nursing and Midwifery staff. Loop is a replacement for Employee Online and is available as a mobile app and on Trust desktop. The Teams organised on-site Loop Roadshows, open days and virtual sessions to support staff with the implementation of Loop and transition from Employee Online.

Loop went live within the Trust on 30th September 2025. Loop provides staff with convenient access to their roster, enables them to make day off requests, book annual leave and study leave. Staff are also able to book bank shifts at a time convenient for them, allowing greater flexibility and work-life balance.



Nursing Workforce Stabilisation

As part of Workstream 1 a proposal was developed and approved to over recruit newly qualified nurses (NQNs) from the regional student recruitment campaign to help further stabilise our Nursing Workforce and support the reduction of nursing agency spend.

- 71 newly qualified adult nurses have been aligned to the areas of highest agency spend. Commencement dates – October and November 2025.
- 31 OU adult students have been interviewed and ranked for alignment to vacant Band 5 & Flexible pool posts to commence late November

Further work is ongoing to stabilised both Emergency Departments. In addition there has been rigorous recruitment to Nurse Bank for band 5 (advert closed) shortlisting commenced and Band 3 staff (finalising shortlisting currently).

Workstream 2 Governance, Monitoring and Workforce Intelligence: Workforce stabilisation meetings have now been established on a weekly basis from the 22nd of October. Attendees include corporate nursing, operational representatives, HR and finance colleagues alongside Staff Side. The weekly workforce Data (Bank, Agency, Overtime, Additional hours/WTE, Sickness and Maternity percentages) is presented and discussed.

- 47 of the 71 NQNs have commenced and are progressing through their supernumerary periods.
- A further 11 are due to commence in November, and once these staff are through the agreed supernumerary periods, we expect to see a reduction in agency usage.

The flexible pool of registered nurses continues to be managed by HR Resourcing and Corporate Nursing teams to ensure adequate top up and movement of staff out to vacant posts as they become available.

Education & Workforce Development

RCN Nurse of the Year Award



Congratulations to John McAteer from the Practice Education Team who was runner up in the RCN Nurse of the Year Learning in Practice Award. John was instrumental in the creation of a bespoke programme for Newly Qualified Nurses joining our staff teams in our Emergency Departments. John organised a comprehensive support schedule where he visited and engaged with NQNs, offering pastoral support, additional tools to support transition from student to staff nurse and met training needs.

SHSCT and Open University Welcome Event

The Practice Education Team hosted a welcome event for the September 2025 cohort of Open University Nursing Students and some returning students in St Lukes Hospital Armagh.



This programme continues to offer a great pathway for our staff to progress into Nursing, we are supporting 13 staff members on the September 2025 programme.

Clinical Education Centre (CEC) SLA Usage and Attendance

The HSC Clinical Education Centre design and deliver a wide range of educational programmes for Nurses and Midwives across Northern Ireland. The SHSCT have a Service Level Agreement (SLA) with the CEC and usage is monitored by the Assistant Director of Workforce, Training and Education.

A summary SLA position is provided below:

SLA Position (April - September 2024) 45.66%					
Month	Monthly SLA Days Used	Monthly SLA Usage	Cumulative SLA Days Used (out of 952.40 days allocated)	Cumulative SLA Usage 2024/25	Previous Year's Position 2023/24
Apr-24	52.71	5.53%	52.71	5.53%	9.07%
May-24	49.62	5.21%	102.33	10.74%	18.13%
Jun-24	70.88	7.44%	173.21	18.19%	26.58%
Jul-24	78.92	8.29%	252.13	26.47%	32.48%
Aug-24	77.20	8.11%	329.33	34.58%	39.97%
Sep-24	105.55	11.08%	434.88	45.66%	48.35%

Teacher-led	Number	Percentage
Attended	2378	83.41%
Did Not Attend	296	10.38%
Late Cancellation	156	5.47%
Did Not Complete	21	0.74%
eLearning		
Completed	3819	

All non-attendances are highlighted monthly and are followed up with line managers. The data is also presented and discussed at Directorate Assurance meetings to facilitate improved update of places and reduce wastage. SHSCT nonattendance rates, whilst at 10.38%, are lower than the average regional rate of 11.35%.

Maternity & Gynaecology Services

Like many other specialties throughout health and social care right across the UK, our maternity and gynaecology services have been facing difficulties recruiting and retaining specialist staff. Over the past year, significant efforts have been made to manage these workforce challenges and stabilise maternity services across both sites.

A project structure has been established to review maternity and gynecology services and make recommendations on a longer-term best practice model. With the aim to identify a safe and sustainable model for obstetrics and midwifery services across the Trust, the project team is supported by three independent experts and a lay reference group has been established to share service user views and feedback.

Leadership

Trust leadership of obstetrics and gynaecology has now transferred from Surgery and Clinical Services to Children and Young People's Services, creating the Directorate of Children, Young People and Women's Services.

Workshop

On 24th September, senior midwives, obstetricians, senior managers, and independent experts participated in a workshop to consider the way in which our obstetrics and midwifery service should develop. There was constructive discussion, with positive contributions from all participants. Some short-term developments were agreed to improve the current service, and these are being progressed by relevant working groups.

Next steps

The team plans to simultaneously work on improving services as they are currently configured, while continuing to plan a more sustainable future. Central to this will be ongoing engagement with staff and service users.

We greatly appreciate the support and understanding of women, families and the public, and flexibility and dedication of maternity and gynaecology colleagues as we work to improve these services for everyone.

Celebrating a year of babies with Team Sapphire

From bump to baby, Team Sapphire has celebrated its first year of supporting mums and babies – marking 235 births since the service launched a year ago. The team is the Southern Health and Social Care Trust's second Continuity of Midwifery Carer (CoMC) service and currently have another 140 women on its caseload across Newry, Bessbrook, Camlough, Mayobridge and Rathfriland.



The CoMC model is delivered by a team of eight midwives and a maternity support worker. Each woman is assigned a named midwife who supports her throughout pregnancy, labour, and the postnatal period. This model of care is all about ensuring a consistent and trusted relationship from booking to birth. 95% of antenatal care was provided by a named midwife, 85% cent of births were facilitated by the team and 100% of postnatal care was delivered by Team Sapphire. CoMC not only improves safety and clinical outcomes but also provides mums with a more positive birth experience. The continuity means women are supported during labour and birth by someone they already know and trust, and if their named midwife cannot attend, another familiar member of the team will be there, thanks to our 'meet the team' approach.

The milestone was marked with a celebration event, bringing together families and midwives to reflect on the difference the service has made during its first year.



Breastfeeding

June - Implementation of the new Online Breastfeeding Café which takes place every Tuesday from 1030-1130 and provides additional support to mums in the early days. The idea behind the café is to try and support mums to not give up on a bad day and to realise their breastfeeding goals. We know that if the support is there in the first 2-3 postnatal weeks, mums will breastfeed for a longer duration.



August – World Breastfeeding Week Celebrations!

Click on link below to find out more!

[Breastfeeding support is a journey, not a one-off moment | Southern Health & Social Care Trust](#)

Our Maternity and Health Visiting Teams celebrated in the promotion of breastfeeding and highlights of all events were showcased on social media by our communications team on 8/9/25. We welcomed Orlaith Moley from the PHA whom celebrated with us as we implemented the Breastfeeding Welcome Here Scheme in our canteens across the trust. Furthermore, we were able to showcase our new breastfeeding Promotional Stands at all events which were funded by the PHA.



August - Attendance at the Breastfeeding Action Plan for Northern Ireland – Stakeholder Workshop in Stormont.



October - Breastfeeding Induction Training with our newly qualified midwives. A very enjoyable session with an Infant Feeding training pack provided on the day.

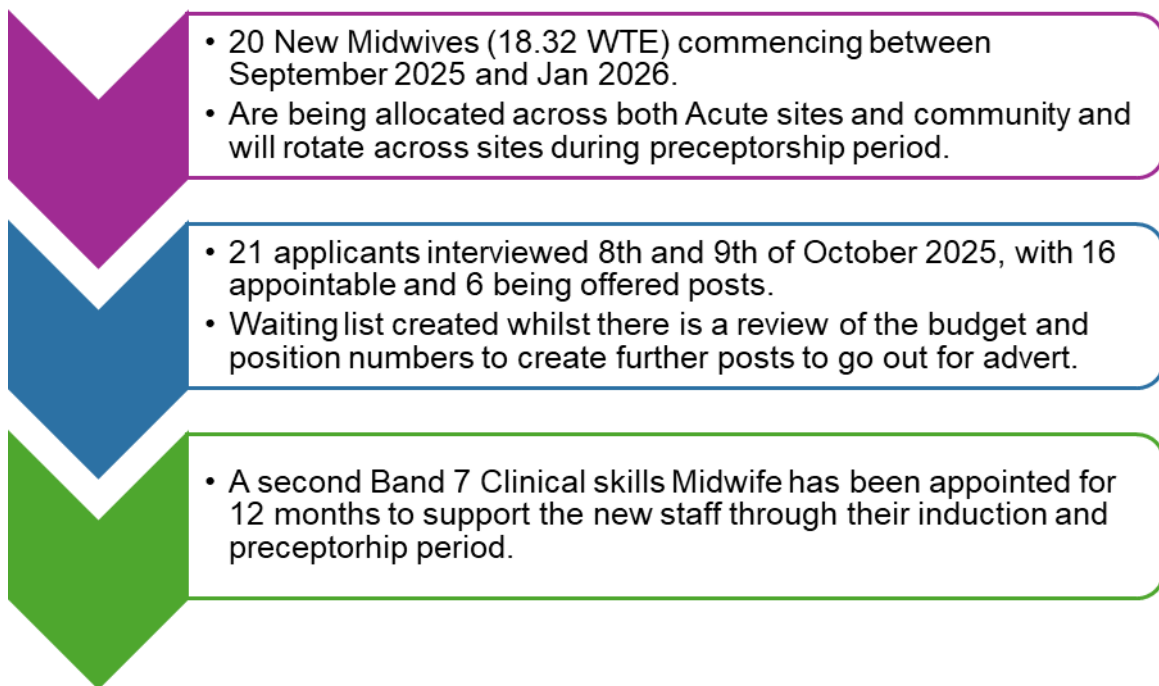


October – Attendance by the Infant Feeding Leads at our Trust Staff Multicultural Day in conjunction with ABC Community Network. This was a perfect opportunity to celebrate with colleagues, meet their families and try and recruit breastfeeding peer support volunteers from ethnic minority backgrounds. We were successful in our efforts and our looking forward to working with these ladies.



Midwifery Recruitment

The Trust has seen notable success in recent midwifery recruitment efforts, reflecting dedication and strategic focus of the teams involved. There has been a strong focus on securing new starts, particularly considering increasing competition across the region. Since April, the Clinical Skills Midwife has played a pivotal role in engaging with successful candidates by sending personal greeting cards and maintaining monthly contact. This approach has helped to build early relationships, foster a sense of belonging, and keep candidates informed with relevant updates, further strengthening the Trust's recruitment strategy.



We recognise that effective support during the induction and preceptorship period is critical to retaining newly appointed staff. In anticipation of the large intake of new starts between September 2025 and Jan 2026, the service successfully sought approval to reconfigure existing resources to enable us to appoint a second Clinical Skills Midwife on a 12-month basis. This temporary enhancement will enable more comprehensive support for new staff, helping to embed clinical confidence, promote professional development and ultimately improve retention during this crucial early stage of their careers.



Pregnancy Yoga



Some of our incredible midwives are currently training in pregnancy yoga! This means that very soon, we'll be able to offer specially designed yoga sessions for our mums-to-be. Pregnancy yoga is a wonderful way to stay active and feel connected during this special time. It helps strengthen core and pelvic floor muscles, which supports the body through pregnancy and aids recovery after birth. Gentle stretches and positions can encourage optimal fetal positioning, giving baby the best chance to settle in a way that makes labour smoother.

One of the most powerful benefits of yoga is the breathing techniques the mum-to-will learn. These can be used during labour to help manage contractions, reduce stress, and keep calm and focused. Yoga also promotes relaxation and mindfulness, which can make labour feel more positive and manageable. Plus, it helps relieve common pregnancy discomforts like back pain, swelling, and fatigue, while boosting stamina for the physical demands of birth. By investing in these sessions, we are encouraging women to exercising and build confidence, learning practical tools for labour, and creating space for mum and baby to thrive.

Allied Health Professionals (AHP)

AHP Workforce Professional Registration with the Health and Care Professions Council (HCPC)

All AHP professional groups have completed their renewal cycles with HCPC and twice-yearly monitoring checks to provide assurance that all AHP Registrants employed in the SHSCT fully meet the requirements for professional registration.

AHP Professional Supervision Standards

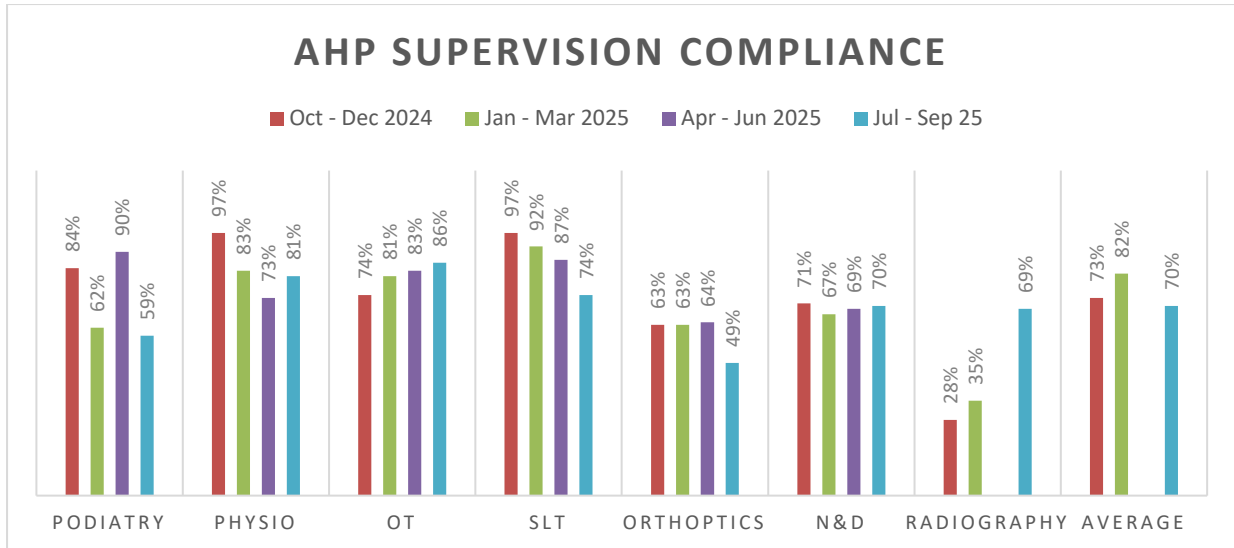
Average compliance with monthly supervision across all professions is 70% which remains below the trust threshold of 85%. A decrease in overall compliance is noted for Podiatry, Orthoptics and Speech and Language therapy at the end of Sept 2025, however there have been some improvements on the last quarter for Physiotherapy, Occupational Therapy, Dietetics and Radiography. The decrease seen in the previous quarter was largely due to a combination of staff leave and operational pressures. In this timeframe Encompass meetings took precedence across diaries in the lead up to go live and this was further impacted as staff tried to balance core activity levels and Encompass training and preparation. Teams remain challenged to get back to pre-encompass compliance and in particular areas staff vacancy such as maternity leave impacts overall compliance values. The importance of supervision compliance was highlighted at our June Senior Governance forum and will continue to be in order to address areas of difficulty and track improvement going forwards.

Overall lower compliance in Radiography had been noted on previous reports and it is positive to see good improvements made in this area from 35% to 69%. Compliance varies across modalities with some areas of low compliance bringing the overall average down. The modality leads are working hard to address this. Some of the factors impacting this noted to date are:

- Change of management in areas – staff are now embedding well into new roles
- Vacancies and subsequent service pressures in areas has demonstrated an impact on supervision

Future actions:

- Raising awareness/understanding to Line managers of importance of supervision
- Ensuring supervision is accurately recorded on the mandatory radiology training matrix
- Ensuring time is organised to fulfil the aspect and requirement of the Line manager's role
- Fairness, equality and equity across the sites, modalities and leads to be supported to ensure supervision can be achieved in all areas.



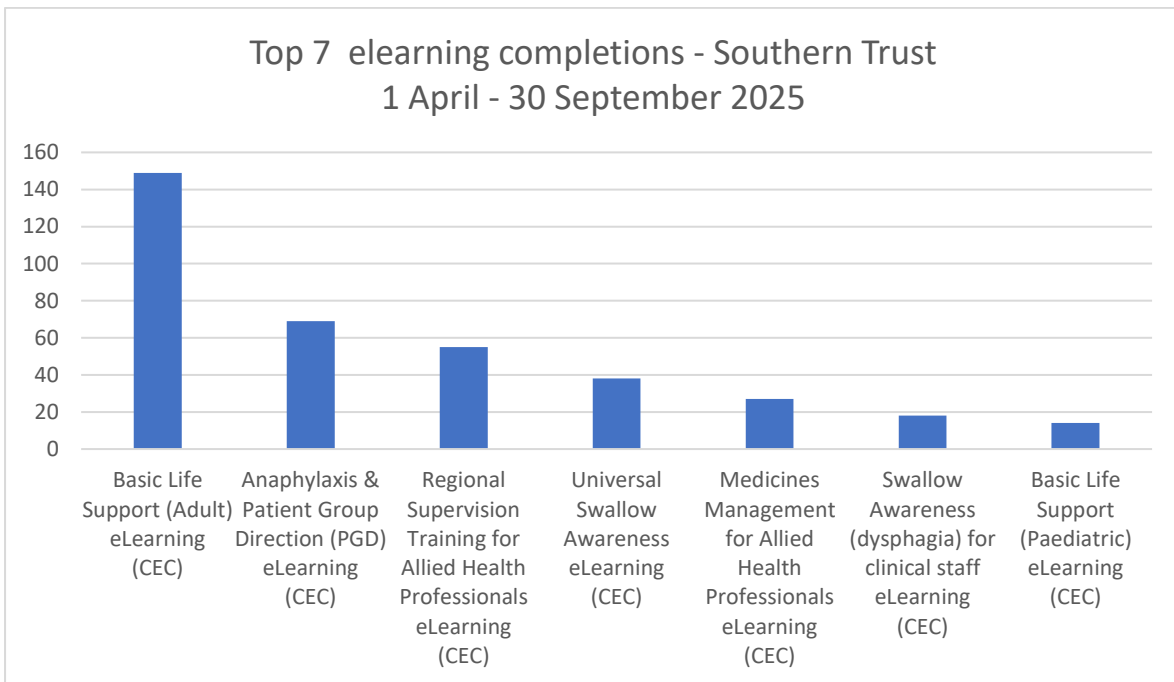
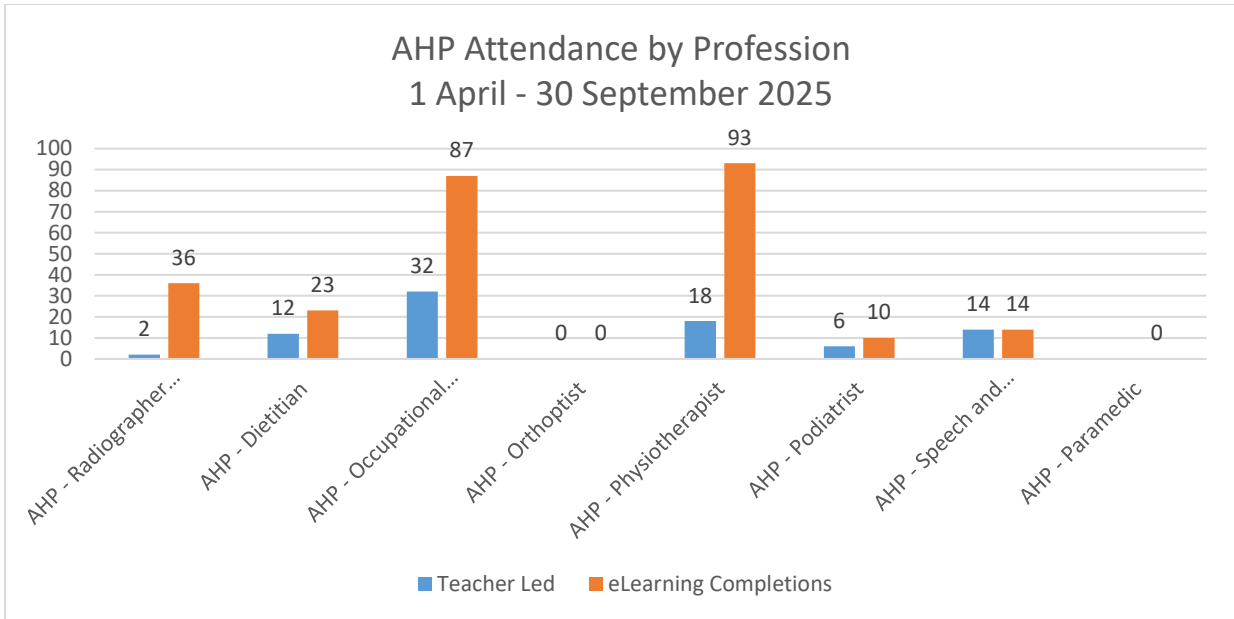
Professional Education, Training and Development

The ECG plan for 2026/2027 is well underway and now includes commissioned Final Masters Modules which enables our staff a smoother pathway to advanced practice. This has been a very welcome development this year and recognises the need for commissioned support for career pathway development. This 26/27 plan will be finally signed off in January.

HSC CEC AHP Unit attendance report 1st April 2025 – 30th Sept 2025

Total AHP Attendances at CEC programmes	347
Total AHP Attendance on Teacher Led Programmes	84
Total AHP Attendance on CEC eLearning Programmes	263

DNA Rate – DNA rate for this period = 9.8% The higher than usual DNA rate for this period appears to be directly related to the AHP supervision training which is e learning occurring on the day of the Southern Trust IT outage



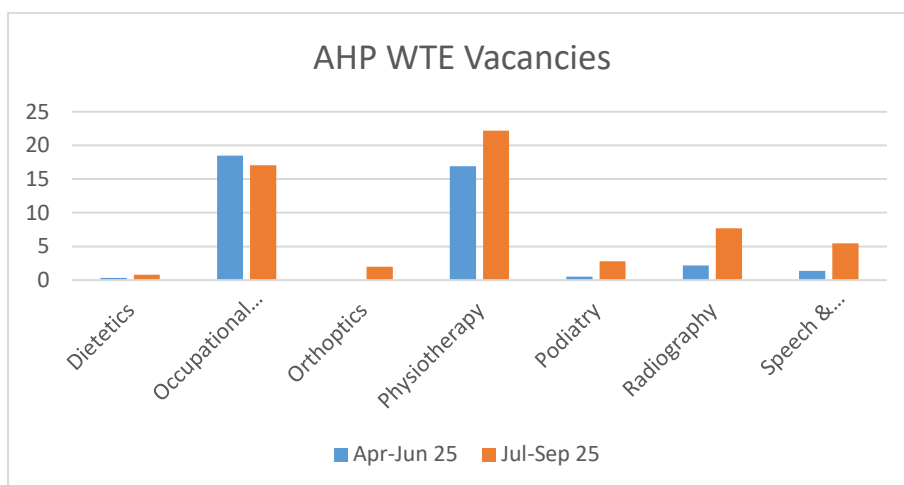
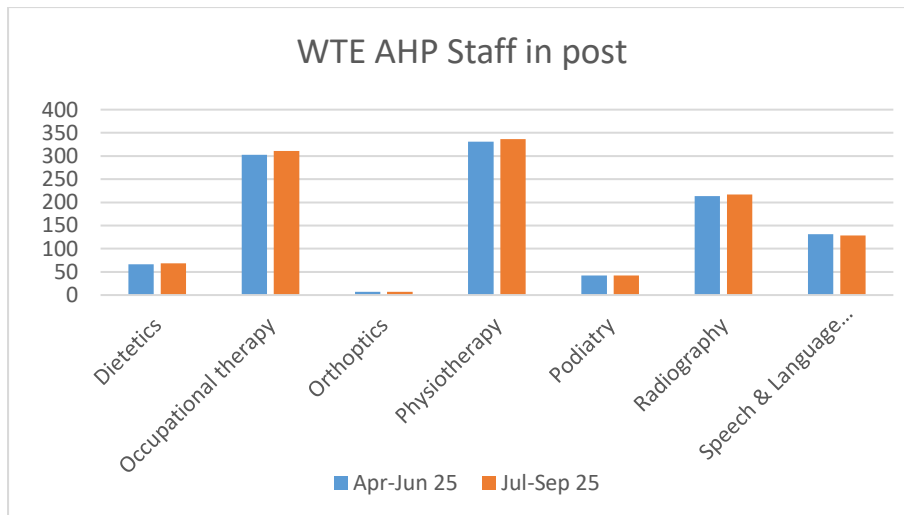
AHP Workforce Update

The graphs below indicate a relatively static position across AHP workforce 24/25 with slight improvements across Physiotherapy, Occupational therapy, Speech & Language Therapy and Radiography, a continuing picture from last year. This has mainly been due to positive uptake of posts through the regional recruitment process with more staff opting to take posts in Southern Trust. The average vacancy rate across the AHP professions is 8% which is an improvement especially in areas such as Physiotherapy where vacancy rates have been as high as 30% previously

especially at Band 6 level. It's important to note that the vacancy rate only reflects those posts that have made it to e-req for recruitment and therefore will not be reflective of internal EOI processes and posts that have not been passed through scrutiny at this stage.

This past year has seen the commissioning of an additional 100 undergraduate training places for AHPs which is a very welcome development, however it is important to note that commissioned levels continue to fall short by 392 training places as outlined in the AHP workforce reviews previously completed in 2019.

The availability of senior staff at B6 and above across all the professional groups is essential to the support and retention of the new starts, as well as this the additional student placements required will continue to put pressure on clinical staff and impact on activity as they have to support and manage the undergraduate placements across the year. The absence of an AHP learning and development infrastructure continues to be an ongoing risk to all services and on professional development, growth, leadership and development.



The AHP workforce also operates a flexible pool model. Flexible pool posts backfill fully funded positions and are a valuable component of the workforce given our lack of AHP bank and limited use of agency by exception only. Our current flexible pool staffing indicates that for Occupational therapy, Physiotherapy and Speech & Language therapy there is a significant level of unmet need within the flexible pool. Further analysis will be progressed to align this with service gaps and vacancies.

It is recognised regionally that AHP workforce is a key area for review and development. The Advisory council for AHPs is reestablished and has a Workforce subcommittee progressing the following key priority areas:

- Recruitment & Retention including regional recruitment
- Workload planning – regional job planning for AHPs
- International recruitment
- AHP Learning & development infrastructure
- Widening access – Radiography as agreed pilot area for apprenticeship model commencing Jan 26 with one of our B4 Radiography Practitioner assistants Carol. Carol says:

‘As a band 4 Radiography Assistant Practitioner, I am truly delighted to have the opportunity to undertake a radiography apprenticeship course that will allow me the opportunity to progress to a Band 5 Diagnostic Radiographer. This is an exciting step forward in my career, giving me the chance to build upon my existing skills and knowledge. I am extremely thankful and really looking forward to this new challenge.’



Regional work has commenced with DoH, SPPG and PHA in relation to workforce for our CYP population with emphasis on our increasing SEN demand. With AHP identified as a central component to SEN provision in the programme for government this is a priority area for transformation. In addition, there is ongoing engagement in the development of a Mental Health Workforce strategy inclusive of AHPs.

Awards, Conferences & achievements:

Trust success at the Advancing Healthcare Awards Northern Ireland October 2025:

Winner of the Award for creative and innovative practice: Susannah Hill
(healthcare scientist)

Runner up in the Award for Masters in Clinical Research: The question of sexual dysfunction during Cauda Equina screening: the views if Advanced Practice Physiotherapists - Suzanne Johnston, Advanced practice Physiotherapist (centre)



Rising Star Award: Aoife Campbell, Community Occupational Therapist (right of picture)

Award for partnership working in Public Health: Beyond the session: embedding therapeutic practice in school culture

Award for Partnership Working in Public Health
Sponsored by Public Health Agency

WINNER



Beyond the session:
embedding therapeutic
practice in school culture
Stuart Watson
Music Therapist, Make a Melody




AHP Team:

- Music Therapist: Stuart Watson
- Occupational Therapists: Ciara O'Neill and Coleen Cushnahan
- Physiotherapist: Dianne Rollins
- Speech and Language Therapists: Aisling Hanna and Lisa Toal
- Speech and Language Therapy Assistant: Hannah Daly



Six out of six at RCSLT speech therapy awards!

We received six awards out of six shortlisted entries at the Royal College of Speech and Language Therapy NI Awards. The regional celebration of excellence marked 80 years of the profession in Northern Ireland.

The award winners:

Inca Deeney, (right of photo) Armagh and Dungannon SLT Children’s Community Team who won the Rising Star category. Inca was shortlisted for her inspiring early career as a standout clinician. With a calm, thoughtful approach and a drive to improve children’s communication, she is already leading positive change.

Keira Gilmore, (left of photo) Armagh and Dungannon SLT Children’s Community Team who won the Inspiration Category. Keira was nominated for her passion and expertise to inspire the whole team. She mentors with kindness and dedication, making a lasting impact on families and colleagues alike. A true role model and invaluable asset no matter what comes her way.



Runners up awards:



Helen Thornton (right of photo) Craigavon Area Hospital in the Support Worker category. Helen is described as an exceptional SLT Assistant whose warm, positive attitude enhances patient care and team morale. Always going above and beyond supporting clinical, operational and wellbeing needs with outstanding organisational skills and compassion, expertly coordinating clinics, easing administrative burdens and building confidence as an encompass Super User. Her dedication to patients and colleagues, along with her role in quality improvement, makes her an invaluable team member.

Wendy Taggart, (right of photo) Adult Community Team for Leadership. Wendy successfully led a Quality Improvement project that reduced waiting times from 52 weeks to 12 within a year, significantly improving patient access and staff morale. Her leadership style empowers others, fosters meaningful change and has inspired further QI projects across the service.



Ciara Fearon, Community Paediatric Team for Leadership. Ciara's dedication to innovation and staff wellbeing has improved team stability and service quality across the Trust. As Practice Educator Coordinator, she led a compassionate, innovative Quality Improvement project. Listening to colleagues, she introduced wellbeing initiatives, peer support, and professional development, boosting retention and satisfaction. Her creative, open leadership enhances student placements and supports educators, strengthening the entire service.



Adult Community Team for the Team award.



This small team facilitate outpatient clinics and domiciliary visits across the Trust, always committed to reviewing and developing their practice to ensure positive outcomes for patients. Over the past year, they have successfully undertaken a Quality Improvement project addressing the challenge of managing increasing waiting lists and rise in demand.

With careful planning, they evaluated and updated referral and triage processes and through great commitment and determination, have reduced initial waiting list time from 52 weeks to 12 weeks.

Daniel Harte, Occupational Therapy, Hand therapy Lead awarded an International Industry award - ISPO AWARD for the development of the product : Torpey_Kláv

The IPSO Award is an international award for sporting apparel so will be a great platform for the company and is an amazing recognition of the power of Innovation in Healthcare.'

<https://torpey.ie/collections/hurleys/products/torpey-klav>



Point of Care Ultrasound Scanning within Pelvic Health Physiotherapy

Pelvic Health Physiotherapy Services play a key role in supporting individuals who suffer with Pelvic Health issues particularly those with urinary or faecal incontinence, pelvic organ prolapse, or any dysfunction of the pelvic floor or abdominal musculature after childbirth.

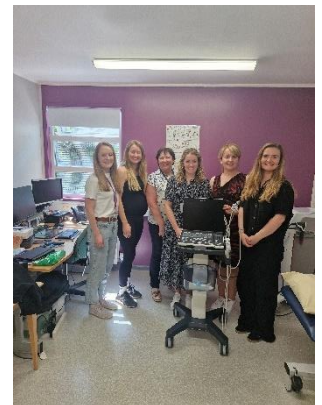
The Pelvic Health Physiotherapy team are now incorporating Point of Care Ultrasound Scanning (POCUS) to their current practice. POCUS is an adjunct to assessment, it provides feedback to therapist and patient and guides the clinical reasoning for treatment options for each patient.

Point of Care Ultrasound Scanning is a step in change regarding clinical effectiveness as it is utilised predominantly to assess pelvic floor and abdominal muscle function and enhance patient education with visualisation. It is non-invasive in the assessment of pelvic floor muscles and therefore easily tolerated.

PoCUS will contribute to transformational care in relation to the management of patients with Pelvic Health issues as it will enable holistic management, support self-management strategies and lessen the need for onward referral to other Services.

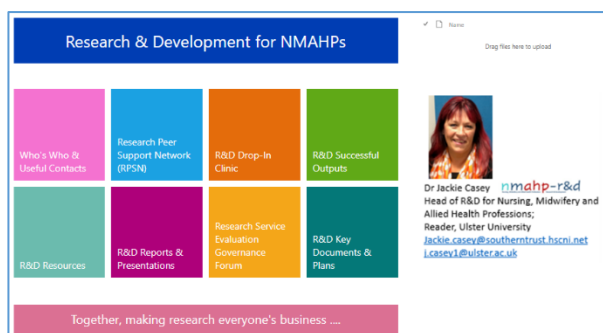
Ultrasound Scanners can be utilised as a Bladder Scanners, this will offer the Service opportunities to be more selective about the number of patients requiring onward referral to the Trust's Continence Service.

Pictured are members of the team receiving training from Grainne Donnelly, Pelvic Health Physiotherapist who specialises in the use of Point of Care Ultrasound



Research & Development

New Research & Development NMAHP SharePoint site with range of support materials and resources. Available on EDoNMAHP directorate page but also on Trust Cross directorate project page so easy for SHSCT staff to access



Research Peer Support Network re-established post-encompass. Virtual meetings scheduled every 3 months over lunch time.

- Preparing a systematic review & Top tips (completed 22.10.2025 12:00 noon – 1:00pm)
- Preparing for ethics - University & IRAS (pending 14.01.2026 12:00 noon - 1:00pm)

- Writing an abstract - Conference & Journal (pending 01.04.2026)

Conference presentations - Our staff continue to be successful in being accepted to present their work at national and international conference.

Recent presentations include:

[All-Ireland OPED for Trauma and Diabetic Management Symposium](#) (29.09.2025)
Steven Symington (MSK physiotherapy) Dr Hampton (ED lead) & Dr Rainey (T&O speciality doctor) – Conservative Achilles tendon rupture treatment: SHSCT clinical audit 2021-2025.

Conference in Munich, Germany; Steven Symington: Conservative management protocol for Acute Achilles Tendon Ruptures in a Northern Irish Healthcare Setting

[Allied Health Professions Regional Research & Innovation 2025 Conference, 12.09.2025, Belfast, Ulster University](#) – we had 3 successful abstract submissions & two staff invited presenters.

Successful submissions:

- Martin O’Hanlon: *First Contact Physiotherapy Fighting Osteoporosis*
- Gemma O’Donnell: *Well While Waiting*
- Denise Hall: *Never too late*

Invited presenter:

- Daniel Harte: The doors that open when you do research and innovation
- Dr Jackie Casey: Preparing a systematic review – workshop

Other submissions not showcased on the day:

- Anthony Fearon: *SHSCT Physiotherapy Botox Service*
- Louse Campbell: *Medicines Management Safety for Domiciliary Care Workers Supporting Adults with Dysphagia*
- Emma Moley: *Development and Implementation of the “Breath and Move” Physiotherapy Class for Patients with Persistent Pain displaying Fear Avoidance*

[Society of Tissue Viability](#), 01.05. 2025, Bradford, UK. Dr Jackie Casey; Using positioning in lying to reduce the risk of developing pressure ulcers in those with limited mobility and or complex postures

[International Seating Symposium](#), 19.03.2025, Pittsburgh, USA. Prof. Rachael McDonald & Dr Jackie Casey: Rolling on: A comparison of wheelchair policy & practice on opposite sides of the globe.

[All-island Medication Safety Conference](#), 29.11.2025, Dublin, Ireland. Louise Campbell; poster presentation.

Oceania Seating Symposium, 2-6th Nov, 2025, Rotorua, New Zealand: Invited speaker: Dr Jackie Casey; various presentations involving 24hour postural care to reduce risk of pressure ulcers; postural asymmetries, deformities & contractures of spine, pelvis and hips of children with cerebral palsy; on-time power wheeled mobility for children.

Publications

- O'Neill et al. (*Denise Hall*) New models of physiotherapy prescribing: an audit and survey in Northern Ireland. *Journal of Prescribing Practice*, 2025;7(4):165-173 <https://doi.org/10.12968/jprp.2025.0012>
- Johnston et al. (*Suzanne Johnston*) The question of sexual dysfunction during cauda equina screening: A qualitative study exploring the views of advanced practice physiotherapists. *Musculoskelet Sci Pract.* 2025 Aug;78:103357. doi: 10.1016/j.msksp.2025.103357. Epub 2025 May 21. PMID: 40440951.

Masters degree successes

- Anthony McShane - completed his MSc Advanced Nursing Practice degree (ANP Community Mental Health). He examined preparedness of student nurses to meet the mental health needs of patients in general care environments; and identified the opportunity for universities and Trust to work together to bridge this gap for patients.
- Katrina Loughran - completed her MSc Nursing (District Nurse). District nurses' experiences in starting conversations around the use of anticipatory medications (Just in case boxes) with general practitioners, patients and their families. Also shortlisted for the Cancer Care Research Professor Eilis McCaughan Memorial Award.
- Grace Sloan - completed her MSc Nursing (Consultant District Nurse). She undertook a qualitative study exploring the leadership role of consultant nurses.
- Maureen Roberts – completed MSc Nursing (Consultant Learning Disability Nurse).

Research Service Evaluation Governance Forum & Register

The Head of Service is establishing this forum with Quality Improvement and Clinical Audit teams and develop a register of research service evaluations being completed by NMAHP staff. This will enable peer reviews on methodology, ethics and risks of proposed service evaluation projects; opportunity to connect staff and to build upon previous projects.

Ongoing R&D team mentorship with Consultant Nurse team; and ad-hoc for MSK physiotherapy team, FCP team; ANPs engaged in postgraduate research skills modules and dissertations.

Exploration of potential collaborations with industry (Podiatry team and Raidmed; Hand specialist Daniel Harte and Sligo manufacturing company); and as research intervention site (Speech Sound Disorder team).

Committee representation

- Co-chair of Research subgroup to the Chief AHP Officer's Advisory Committee, Dept. of Health
- Member of Healthcare Library Advisory Group reconstituted from the Healthcare Library Task and Finish Group, Department of Health

Dysphagia support Team

Training & Developments:

Regionally endorsed, role-specific eSwallow Awareness Training: to date a total of **8573** Trustwide/Interdisciplinary staff have completed dysphagia awareness training since its launch in Oct 2020.

As part of the Regional Swallow Aware campaign HSC Trust Dysphagia Coordinators collaborated with the Clinical Education Centre and Public Health Agency to develop the **NEW Swallow Awareness (Dysphagia) Training** for NI now available on a regional platform [LearnHSCNI](#).

NI Regional Swallow Awareness (Dysphagia) Training Modules engagement: Swallow Aware - INTRODUCTORY programme eLearning (CEC) (public/patient/caregiver facing): in SHSCT by 30 Sept 2025, **1010**, staff **completed** the Universal Swallow Awareness eLearning (CEC) since its launch.

Swallow Awareness (Dysphagia) TARGETED eLearning (CEC) (staff facing): In SHSCT **2950** staff have **completed** this training since its launch in Feb 24. Key learning promotes and targets the identification, confirmation, documentation and communication of the EDS needs of all patients admitted to hospital / or in one's care.

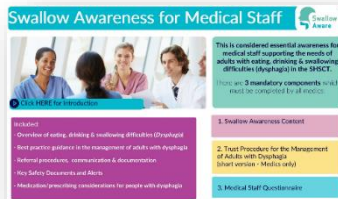
ED Nurse Training Sessions: Need identified & practical training provided by SLT / DST to complement Online regional training module. Staff participation surveys conducted after each session to monitor learning outcomes and increased confidence compliance with best practice principles of early identification, documentation and communication of the needs of people admitted to hospital with EDS difficulties. To date **41** of the ED nursing staff have attended our training and feedback to date has been extremely positive. Another session is planned for Thursday 6th November – aiming for 50% of staff (60) by Christmas 2025.

Enhanced Role (Band 3) Nursing Assistant Training: [Dysphagia Bytes Enhanced Role Dysphagia Awareness Session.pptx](#) delivered to Band 3 Nurse Assistants as part of a training initiative developed by Clinical Educators in Acute services, CAH. These sessions reinforce Nurse / Health Care / Nursing Assistant

Responsibilities in supporting service users with dysphagia in Hospital settings, demonstrates practical thickening skills and builds upon Swallow Awareness eLearning. **26** staff have attended to date.

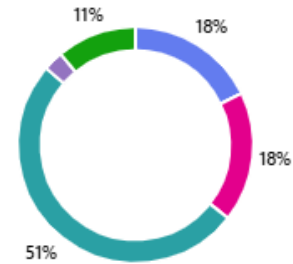


[SHSCT Oral Health Care Resource](#) was cascaded to all HSC via global memo and IS Nursing partners. It has been visited **811** times since its release on 28th June 2024. Following a short life working group (Head of Nursing Pt safety & Quality of Care and Dysphagia coordinator) review of best practice guidance in relation to oral care . This is a resource to inform all staff/carers supporting service users how to maintain good oral health. It was shared with Stacey Leonard, Ward manager Stroke Unit, CAH as guidance to support her Oral Health care pilot in Stroke.



Regional ED Survey: As part of the Dysphagia NI workplan, the SHSCT DST Coordinator is co-leading a piece of work with BHSCT Coordinator and PHA Dysphagia Lead - scoping services provided by ED departments to explore how they are meeting the needs of people admitted to ED. A regional staff survey has been conducted with ED and SLT workforce. Responses are currently being analysed to extrapolate key themes, trends and outcomes to help inform best practice principles and provide guidance for safe, effective and high-quality management of this population by our ED services. This includes aspects such as staff training needs, identification, communication and documentation of EDS needs of people admitted to ED, supported by the principles of the MTM Framework. Sample questions include: How confident do you feel identifying signs/ symptoms of dysphagia? Do you know where to find information regarding a person’s Recommendations for Eating, drinking and Swallowing (REDS)? Of note the SHSCT ED Staff were congratulated by regional colleagues for their engagement and response to this survey – which surpassed all other Trust responses constituting **51%** of the overall total:

● Belfast Health & Social Care Trust	13
● Northern Health & Social Care Trust	13
● Southern Health & Social Care Trust	37
● South Eastern Health & Social Care Trust	2
● Western Health & Social Care Trust	8



Encompass System: FYI Flag - Swallowing Difficulties alert active. For people with a diagnosis of dysphagia and known to SLT - these alerts are live on the Patient Storyboard for 'at a glance' information on their individualised EDS risk, needs and recommendations.

EDS Risk Review-REDS (on patient Storyboard): the Regional, standardised SLT Recommendations for Eating, Drinking & Swallowing (REDS) is embedded in Encompass system and may be viewed and printed directly from the system by all staff at any stage of the patient journey.

Speech & Language Therapy (SLT) Case Note Audit (Dysphagia focussed) developed, registered formally with our Trust Audit Department and conducted in Sept – Dec 2024. Highlighting key elements relating to this recommendation, a learning and action plan have been produced. A follow-up dysphagia focussed audit targeting outstanding areas of practice has been developed and will be launched in Oct 2025. This will form part of the annual Divisional Clinical Audit programme for SLT.

Incident Monitoring & Reporting: Dysphagia Coordinator monitors, collates and reports all dysphagia related Adverse Incidents to PHA (quarterly) and Trust service leads /HOS as / when required. This includes incidents regarding meals/food & fluid thickeners and food safety incidents for both children and adults. Directorate Governance Leads present this information at monthly, AD Governance Meetings. Shared learning informs ongoing practice and development / delivery of training , production of resources and guidance for staff, service users and carers of people managing or living with dysphagia. [Dysphagia Related Adverse Incident Reporting Register Q4 Jan-March.xlsx](#)

Regional & Trustwide rollout of [Updated SLT EDS Supervision Levels Sept 2025 - SHSCT Communication](#) for patient EDS Safety.

The **Annual [National Audit Assurance Report -NCEPOD 'Hard to Swallow' PD](#)** was completed for submission to the Trust's Safety and Quality Steering Group and then to SLT & Governance Committee. Going forward, SHSCT will consider implementation of the Formal Audit Toolkit from [NCEPOD - Dysphagia in Parkinson's Disease:: \(2021\)](#). Potentially this MDT clinical audit (or an adaptation) will form part of the wider assurance framework being developed alongside 'Hard to Swallow' (Mealtimes Matter, SLT EDS documentation etc) and be part of annual Divisional Clinical Audit Plans.