




**TRUST BOARD**

<b>Meeting and Date of meeting</b>	<i>Trust Board report</i> <i>3<sup>rd</sup> April 2025</i>	
<b>Title of paper</b>	<i>Executive Director of Nursing, Midwifery, AHP, IPC &amp; FSS Report</i>	
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	<b>Position</b>	<i>Executive Director of Nursing, Midwifery, AHPs, FSS &amp; IPC</i>
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<b>This paper sits within the Trust Board role of:</b>	Accountability	
<b>This paper is presented for:</b>	Assurance <i>(Notes on completion at end of document)</i>	
<b>Links to Trust Corporate Objectives</b>	<input type="checkbox"/>	Unscheduled Care Transformation and Reform
	<input type="checkbox"/>	Improved Access to Services
	<input type="checkbox"/>	Focus on developing services provided in the Community
	<input checked="" type="checkbox"/>	Ensure Safe Services while delivering financial recovery
	<input checked="" type="checkbox"/>	Strengthen Financial and Governance Systems
	<input checked="" type="checkbox"/>	Digital Readiness

	<input type="checkbox"/>	Sustainability of Our Estate
	<input checked="" type="checkbox"/>	Embedding Our Co-production Approach
	<input checked="" type="checkbox"/>	Delivery of Year 3 of Our People Framework

	<p><i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i></p> <p><i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i></p>
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### 1. Reason for Presentation of Paper / Report

*This paper gives an overview of the extensive work undertaken by Nurses, Midwives and Allied Health Professionals across all areas of care in the Trust and specifically the work of the Corporate Team from 1st October 2024 – 31st December 2024*

*To note: IPC figures and Encompass updates are at March 25*

### 2. Detailed summary of paper contents:

*It covers the areas of:*

- *Nursing and Midwifery recruitment*
- *Professional practice*
- *Midwifery services*
- *Infection Prevention and Control*
- *AHP services*
- *Encompass – professional perspective*
- *Consultant Nurses*

*It should be noted that other elements of Nursing, Midwifery and AHP work is reported through both the Patient and Service User Committee and the Governance Committees and is not in this report.*

### 3. Areas of improvement/achievement:

- Overall improvement in Nursing Quality Indicators (NQIs) results

<ul style="list-style-type: none"> <li>• Improvement in compliance with requirements of reflective supervision</li> <li>• Successful Nursing and Midwifery recruitment campaigns</li> <li>• Total of 8573 Trustwide/Interdisciplinary staff completed dysphagia awareness training and a Trust-wide Dysphagia Incidents Dashboard has been developed</li> <li>• Extensive work carried out by our Consultant Nurses</li> </ul>	
<b>4. Areas of concern/risk/challenge:</b>	
<ul style="list-style-type: none"> <li>• Increase in the number of reported falls in quarter 3</li> <li>• Additional Beds audit – corridor care beds</li> <li>• Absence of an AHP learning and development infrastructure</li> </ul>	
<b>5. Impact on Statutory Duties: Provide details on the impact of the following and how.</b>	
<b><i>Financial Impact</i></b>	<b><i>Safety and Quality Impact</i></b>
Yes, there are Financial Impacts	Yes, there are Quality, Safety or Experience Impacts
<b>6. Risk Assessment (Risk level and state if a risk assessment be completed)</b>	
<b>7. Other Business Intelligence/data (If appropriate)</b>	
<b>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.</b>	
<b>Corporate Risk Register</b>	<b><i>Yes - workforce</i></b>
<b>Board Assurance Framework</b>	<b><i>Yes – quality and safety and good governance</i></b>
<b>Equality and Human Rights</b>	<b><i>No</i></b>

### Reasons for Paper Presentation

<b>Approval</b>	<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>
<b>Assurance</b>	<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>
<b>Information</b>	<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>
<b>Discussion</b>	<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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## Section 1 - Nursing and Midwifery Workforce and Education Division

### International Recruitment

The Trust have progressed well with its bespoke Mental Health international nurse recruitment campaign, which continued to help stabilise the Trust Nursing & Midwifery workforce in our In-patient Mental Health wards. This has contributed to a decrease in flexible spend through Bank & Agency and has helped to promote continuity of care for the Bluestone Wards. Overall, 30 internationally educated mental health nurses from India, Nigeria, and Kenya have commenced employment in Bluestone in-patient wards. This is continuing to strengthen, enrich and promote the Trust's cultural diversity in our workforce.



*TTM Agency reps ensuring the safe arrival of our October Internationally Educated Nurses to their Trust accommodation*

All our nurses received a well-established social induction and Mental Health OSCE programme, delivered through collaborative working with the International Nursing/Workforce Planning Team and Mental Health Directorate. We are delighted to say that with this support all our nurses successfully passed the Mental Health OSCEs and gained their NMC registration and are working presently as registrants.



*N&M Workforce Planning Advisor Susan Moncy joined to welcome and orientate our October cohort of Internationally Educated Nurses*



*First time in Belfast for our November cohort of Internationally Educated Nurses – they arrived safely after a long journey embarking on their careers in the Southern Trust*

### **NMC Professional Masterclass for Internationally Educated Nurses**

The Trust held its second NMC Professional Masterclass for our internationally educated nurses which focused on:

- Transition into the workforce of the United Kingdom
- Requirements for revalidation
- Importance of reflection
- Gave then the opportunity to review case studies on:
  - Raising Concerns
  - Accountability
  - Communication
  - Social Media

This event was attended by over 20 Internationally educated nurses, who found the session of great benefit, interactive and had the ability to discuss their experiences directly with Pamela Craig, the NMC regulation Advisor for NI.



*Donal Campbell-Murray Lead for N&M Workforce and Pamela Craig NMC Regulation Advisor NI along with a selection of IEN's attending the NMC masterclass*

Planning has already begun to deliver the next NMC Professional Masterclass which will be open to both past and new internationally educated nurses to attend in early February 2025.

### **Exciting Career Progression of a Newly Registered Internationally Educated Nurse**

We are delighted that one of our internationally educated nurses was recently successful in attaining a new role as Digital Practice Officer for Encompass. Anna had a previous wealth of experience in digital systems from nursing roles back in her home country and was able to bring this experience and knowledge to help her achieve success in this new role. She will be assisting in the delivery of the new encompass digital system. We wish her every success for this exciting opportunity.

Well done Anna!



*Sharon Allen SWPA and Leanne Straney LEAD Nurse encompass with Anna De Venter in her new role as Encompass Digital Practice Officer*

### **Pre-Registration Student Interviews**

As part of an ongoing regional recruitment process, the Practice Education Team carried out pre-registration student interviews in January 2025. This was a successful event; 44 students were appointed to SHSCT and are due to receive their NMC PINs and will take up post in the trust as a Band 5 Registered Nurse in Spring 2025.

## Open University Pre-registered Nursing programme Celebration Event

In January the Practice Education Team organised an event to celebrate the success of the 2020 Cohort of the Open University Nursing Programme.

The Trust are extremely supportive of the Open University Nursing programme as a viable career pathway for our Nursing assistants/Support staff.

34 of our staff completed the Programme in 2024 and have been successful in gaining a band 5 nursing post within the trust across Adult, Childrens, Mental Health and Learning Disability fields.

The cohort will now go forward to complete their preceptorship programme to fully support them from transition from student to newly qualified staff nurse.

We wish them the very best as they progress their career within Southern Trust.



*Some of the Practice Education Team with the 2020 cohort of the Open University Nursing Programme*

## Quarter 3 CEC Nursing and Midwifery Report

Total N+M Attendances at CEC programmes	2274
Total N+M Attendance on Teacher Led Programmes	268
Total N+M Attendance on CEC eLearning Programmes	2006

DNA Rate – 11% which equates to 248 staff. The impact of staff pressures and sickness in Q3 has affected overall attendance. This will be kept under review especially considering encompass pressures on staff training. Ensuring staff attend agreed ECG commissioned courses remains a priority as able. Tight controls are kept around attendance and reimbursement for ECG courses each quarter.

## Section 2- Patient Safety Quality and Experience Division

Nursing Quality Indicators (NQIs) and other assurance metrics continue to be monitored across all Operational Directorates.

*What has improved? (Figures are based on quarterly compliance)*

1. **OEWS Part A (Maternity)** – 85%. An improvement of 11% since quarter two.
2. **OEWS Part B (Maternity)** – 95%. An improvement of 15% since quarter two.
3. **Swabs, Needles and Instruments (Maternity)** – 98%. An improvement of 8% since quarter two.
4. **Breast feeding Support (NNU/SCBU)** – 93%. An improvement of 8% since quarter two.
5. **Feeding Assessment (Health Visiting)** – 87%. An improvement of 10% since quarter two.
6. **Pressure Ulcers** – 87%. An improvement of 7% since quarter two. In particular, there has been significant improvement across MUSC Directorate from 77% to 84%.
7. **NEWS2** – 88%. An improvement of 7% since quarter two. In particular, there has been significant improvement across both SCS and MUSC Directorates.
8. **Palliative Care (District Nursing)** – 89%. An improvement of 8% since quarter two.
9. **Insulin (SCS/ACS)** – 95% (SCS) and 88% (ACS). An improvement of 9% across both Directorates.
10. **Line Labelling** – 99%. An improvement of 5% since quarter two.
11. **Health Passport (HTCR)** – 94%. An improvement of 14% since quarter two.
12. **Communication (MHD)** – 100%. An improvement of 4% since quarter two.
13. **Adult Safeguarding (MHD)** – 100%. An improvement of 7% and in green RAG status.
14. **Evaluation of Care CGI (MHD/HTCR)** – 97%. An improvement of 7% since quarter two and in green RAG status.
15. **Aseptic Non-Touch Technique (CCN)** – 96%. An improvement of 11% since quarter two and in green RAG status.
16. **Development of NQIs across all Nursing and Midwifery areas** – 91 wards and teams (46%) are completing NQIs. Three new teams, Bluebell House, Trust Vaccination Service and Day Clinical Centre have commenced NQIs this quarter. There are now 63 NQI audits being completed across the Trust.
17. **Wards/Teams receiving a GREATix** – 52% of wards/teams received a GREATix – an increase of 7% since quarter two.
18. **Total percentage of audits completed** – 89% (n=8,897) of required audits were completed – an increase of 9% since quarter two.
19. **Completion of NQI Awareness Training** – 85 Registered Nurses and Midwives completed training in quarter three.

What are the issues/concerns? (Figures are based on quarterly compliance)

1. **Peripheral Cannulation (Maternity)** – 59%. Compliance has improved by 12% but remains in red RAG status.
2. **Omitted and Delayed Medicines** – 40 blank doses (including one critical), an increase of nine since quarter two. In particular, MUSC Directorate saw an increase from five to 18 non-critical blank doses.
3. **Insulin (MUSC)** – 74%. There has been no change in compliance since quarter two.
4. **MRSA Care Pathway** – 40%. This audit commenced in November 2024 and December saw an increase from 29% to 67%.
5. **Health Passport (Community Mental Health)** – 70%. Compliance has improved by 2% but remains in red RAG status.
6. **Clozapine (MHD/Community Mental Health)** – 72%. Compliance has improved significantly by 24% but remains in red RAG status.
7. **Depot (MHD/Community Mental Health)** – 58%. Compliance has decreased by 6%, remaining in red RAG status.
8. **Recovery Care Plan (MHD/HTCR)** – 66%. Compliance has improved by 12% but remains in red RAG status.
9. **Pressure Ulcers ED Part B** – 77%. Compliance has decreased by 6%, remaining in red RAG status.
10. **Appraisal Conversation** – Trust wide compliance for Nursing and Midwifery is 52%. Whilst this is a 6% improvement, it does remain in red RAG status.
11. **Wards/Teams requiring escalation** – 45% of wards/teams required at least one escalation– a decrease of 11% since quarter two.

### Inpatient Falls


During Quarter three, falls has remained the second highest reported incident on the Trust's Datix web system and continues to be monitored within Trust's In-Patient facilities.

What has improved/remained unchanged? (Figures are based on quarterly compliance)

1. **FallSafe Bundle A** - Compliance has increased by 3% during quarter three.

Q2 = 86%      Q3 = 89%      

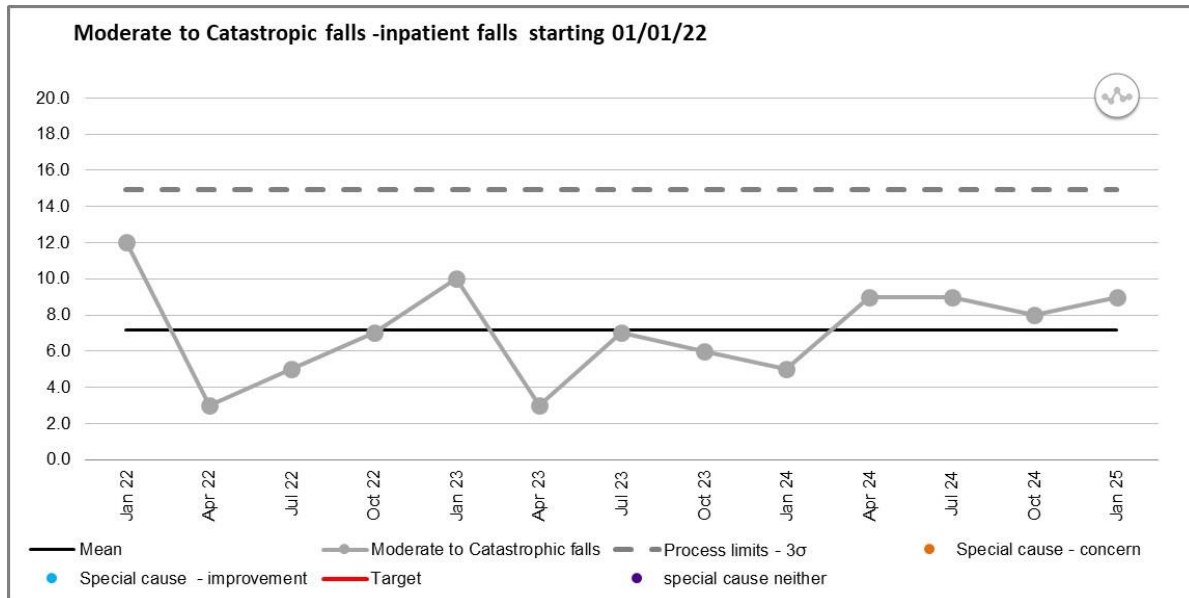
2. **FallSafe Bundle B** - Compliance has remained the same during quarter three.

Q2 = 89%      Q3 = 89%      

What are the issues/concerns? (Data/figures obtained on from Datix web 20/01/2025. This data has yet to be validated)

- Number of Inpatient Falls** - There has been an increase (70) in the number of reported falls on Datix web during quarter three.

Q2 = 355      Q3 = 425 ↑



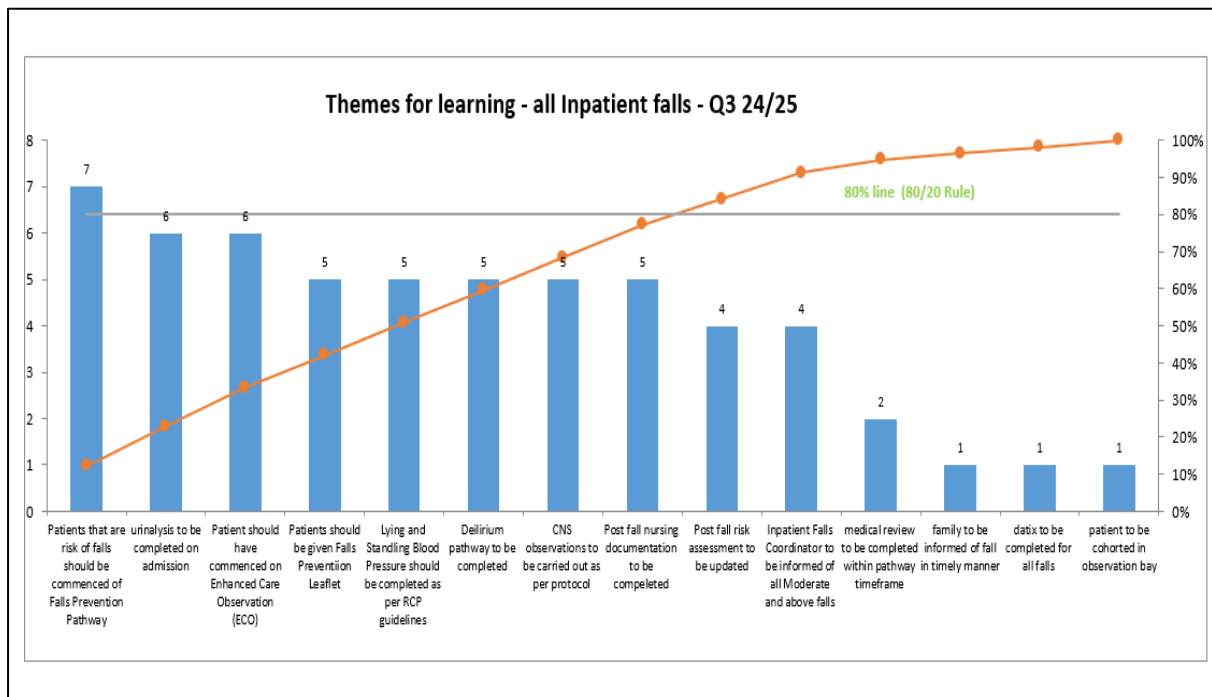
- Number of falls categorised as moderate/catastrophic** – During quarter three there has been an increase (one) in the number of moderate to catastrophic falls reported on Datix web.

Q2 = 8      Q3 = 9 ↑

### Shared Learning Templates

**100%** of the Shared Learning Templates relating to quarter three injurious falls have been completed and reported to the Public Health Agency (PHA) within the agreed timeframe as per [Post Falls Review Pathway](#).

## Themed learning from moderate to catastrophic falls Quarter 3



### Additional Assurance Work

#### **Dress Code Policy Audit Compliance – Community Service Areas**

On 15<sup>th</sup> April 2024 a memo was issued to all Nursing and Midwifery staff regarding a lack of adherence to the Dress Code Policy within some of our Nursing and Midwifery Teams [Memo - NM Standards in Practice IPC and Dress code.pdf](#)

Audits of compliance are required for all Trust policies, therefore as stage two of this process the Patient Safety and Quality of Care Team (PSQCT) carried out independent audits of staff wearing uniform across community settings within Children and Young People, Adult Community Services and Mental Health and Disability. (Stage one was completed in July 2024 with independent audits carried out across inpatient settings).

### Results

Trust wide compliance was **56%**. Compliance per Directorate detailed in table below.

Directorate	% Compliance
CYP	63%
MHD	57%
ACS	50%
<b>Trust wide</b>	<b>56%</b>

The three areas of least compliance were:

1. Hair off the collar
2. Footwear suitable for purpose
3. Absence of Jewellery

There were a number of additional observations which included:

1. Wearing of brightly coloured trainers and crocs.
2. Not wearing name badges.
3. Wearing of scrubs (all colours by all professions).

### Dress Code Policy Survey

To gather insight and feedback on our current Dress code Policy [Dress Code Policy 2022](#) a survey was hosted on Microsoft Forms and shared widely via Global email, SharePoint, Chat with the Chief and included in Southern-i. Over 2,100 staff responded - a response rate of 16%. The plan is to refresh the current Dress Code Policy post Encompass Go Live, to better reflect the current evidence base, our values and work environment. Survey results will be used to inform this.

### 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 for this quarter were 156. A total of 109 (69%) MTM audits were completed, this figure includes some wards that completed more than one audit per month. 39% (n=95) were not completed.

Assurance Compliance was 99% and Audit Compliance was 99%. Compliance breakdown by directorate is provided in table below.

	Assurance	Audit
MUSC	94%	99%
SCS (excl IMWH)	97%	99%
IMWH	100%	100%
ACS	100%	99%
MHD	99%	99%
CYP	100%	100%
<b>TOTAL</b>	<b>99%</b>	<b>99%</b>

19 independent audits were carried out across eight wards within Medicine and Unscheduled Care and Surgery and Clinical Services Directorates with compliance similar to ward audit results:

	<b>Assurance</b>	<b>Audit</b>
MUSC	99%	96%
SCS	100%	99%
<b>TOTAL</b>	<b>99%</b>	<b>97%</b>

Work is in progress to include the findings of this audit in assurance arrangements on a regular basis.

### **Additional Beds Audit**

The PSQC Team 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 the Senior Management Team for reflection, learning and improvement. A further independent audit was recommended, and this was completed in November/December 2024. The results were as follows:

#### **Inpatient**

All wards stated those patients in additional beds were risk assessed as the lowest acuity patient at that point and time. However, with the changing condition of patients and frequent movement, it was noted that it was difficult to continuously monitor this. The data presented for commissioned beds reflects compliance across the same ten inpatient areas.

The results indicate that compliance remains higher in commissioned beds in all areas with exception of omitted and delayed medicines where there were eight non-critical blank doses in commissioned beds compared to zero blank doses in additional beds.

On comparison to previous independent audits, the variance in compliance between additional beds and commissioned beds has reduced for NEWS2 and MUST. However, there has been a greater variance in compliance across the other audits.

#### **Emergency Department**

On comparison to previous independent audits, the variance in compliance between additional beds and commissioned beds has reduced with SSKIN Part A and NOAT showing no variance in compliance. However, there remains a higher compliance in commissioned beds with SSKIN Part B. NEWS2 compliance has reduced for commissioned beds. Compliance for commissioned beds ranges from 20% to 84% compared to 0% to 84% in additional beds.

## Feedback from Patients and Staff

Whilst carrying out the independent audits, the PSQCT spoke with patients in additional bed spaces in in-patient wards. Patients reported that they were extremely happy to have a bed, however a number of concerns were voiced:

- Lack of privacy
- Inability to sleep
- Concern for their belongings due to nowhere to store them
- Staff reported the following:
- Concern regarding the safety of patients required due to additional beds restricting access should a patient require emergency care.
- Dignity of patients compromised due to lack of curtains.
- Difficulty with moving and handling as a hoist simply did not fit within the space available due to additional beds.

## Actions underway to secure improvement

- The audit report has been shared with the Senior Leadership Team. Given Encompass preparations the plan to reaudit is under discussion.
- The audit report has also been shared with the CNO as part of regional work being led by the DoH
- The corporate nursing team has shared this report with operational Assistant Directors across MUSC, SCS and ACS, share at quarter three Directorate Assurance meetings and with the Safety and Quality Assurance Group.
- Operational directorates will continue to develop and submit QIPs for areas of concern and monitor progress against same.
- The corporate nursing team will support operational improvement work aligned to quality indicators.

## Royal College of Nursing (RCN) – On the frontline of the UK’s corridor care crisis January 2025 ([Corridor care crisis | Publications | Royal College of Nursing](#))

Given the lack of official data and oversight of ‘corridor care’, The RCN asked its members to respond to a survey at the end of December 2024. Professor Rita Delvin, Executive Director of the RCN, Northern Ireland states *“The report captures the testimony of over 5000 NHS/HSC nursing staff from across the UK, revealing the deeply troubling realities faced by both patients and nursing staff in hospitals today. The findings are stark, with significant implications for patient safety and care standards”*.

There were 122 nurses from across Northern Ireland who responded to the survey with the key themes below being reflective of the Independent Audits that were undertaken in the Trust by the PSQCT in June and November 2024.

In keeping with our own experiences as outlined above the following Key Themes were identified from the RCN (2025) report:

- Corridor beds/extra patients is the norm – *'it is always and every day'*.
- Due to the volume of extra patients those patients being nursed in corridors are not in keeping with Policies/Protocols in terms of acuity for 'corridor care'.
- Lack of privacy and dignity/No access to washing/toileting facilities/patients unable to sleep/feeling cold.
- No confidentiality.
- Access to emergency equipment – no oxygen/suction/call bells.
- Cluttered areas/no space – *'patients everywhere'* - impacts on ability to access/use equipment e.g. hoist and access equipment in an emergency e.g. Crash trolley. Some reference to fire escapes being compromised.
- Increased risk of medication errors, falls, pressure ulcers and spread of infection.
- Nurse/Patient ratio unsafe.
- Frustration of nurses/high levels of distress very evident at not being able to provide *'basic nursing care'* to patients.
- Patient and family frustration.

### **Next steps**

Corridor beds is on the agenda of the CNO Business meetings with the EDoNs with the aim of reducing /eliminating corridor beds as part of the advanced planning for winter 2525/26. An initial regional workshop occurred on 4 March 2025 where planning for winter was discussed, workstreams agreed with a further two workshops planned for later in the year (April and June) .

Internally within the SHSCT work is ongoing to support progress against the 3 pillars of Timely Care in conjunction with the RCC.

Given the requirement to divert corporate nursing resources to Encompass preparations discussions are ongoing around the monitoring of the quality of care, patient's and staff's experience in respect of corridor beds.

### **Safety and Quality Boards (SQB)**

The PSQC Team carried out an audit on the completion of the Safety and Quality Boards. The overall position across all wards indicated that some sections are completed well whilst others are not. Therefore a re-audit has been undertaken in February 2025.

A flyer was circulated to Ward Sisters, Lead Nurses and Head of Service as a reminder of the importance to ensure Safety and Quality Boards are kept up to date.

### **Patient Group Directions (PGDs)**

Patient group directions (PGDs) are written instructions to help nurses and midwives supply or administer medicines to patients, usually in planned circumstances.

PGDs are developed by a multi-disciplinary group including a doctor, a pharmacist and a representative of any professional group expected to supply the medicines under the PGD.

A comprehensive review of all existing Trust PGD's has been undertaken and key changes and next steps agreed to support improved governance.

Key changes include:

- In line with [NICE Medicines Practice Guideline for PGDs \(March 2017\)](#) PGD's can remain valid for a maximum of three years. This is a change from current practice within the Southern Trust from two years. As staff cannot administer medications using expired PGD's these will require review six months in advance of expiry date.
- All PGD's that are not being used or are rarely used will be archived and removed from use.
- PGDs are **NOT** required for the administration of medicines listed in [Schedule 19 of The Human Medicines Regulations 2012](#) in a life threatening emergency situation (e.g. adrenaline, glucagon, naloxone, chlorphenamine). The Medicines Code is being updated to reflect this.

## NQI Celebration Event



Our PSQC Team celebrated success recently with more than 60 Nursing Quality Indicator (NQI) audits being completed across our care directorates. NQIs provide a framework to identify gaps in care delivery, enabling action planning for quality improvement.

They provide the mechanism by which nurses and midwives can be accountable for the quality of their care delivery in order to positively influence the care experience for patients, clients and families.



*PSQC Team at the NQI celebration event with some of our nurses and midwives*



### Reflective Supervision for Registered Nurses & Midwives

As of 31<sup>st</sup> December 2024, 458 SHSCT Registered Nurses/Midwives from across all Directorates have attended 'A Pathway to Reflective Supervision training' - this is an increase of 56 since quarter two.

Outcomes of a recent Supervisor survey revealed that over 90% of Nurses/Midwives have actively engaged in undertaking Reflective Supervision sessions within their ward/Dept. and feel equipped to undertake the role of 'Reflective Supervisor'.

The Southern Health and Social Care Trust expect all Nurses and Midwives to have two Reflective Supervision sessions annually. The recommended standard is to have the first session completed by 30<sup>th</sup> September leaving the latter months to facilitate session two by 31<sup>st</sup> March 2025.

Overall Trust wide Compliance	
<b>81%</b> to 31 <sup>st</sup> December 2024 for Reflective Supervision Session 1. <b>9% increase from quarter two.</b>	<b>44%</b> to 31 <sup>st</sup> December 2024 for Reflective Supervision Session 2. <b>14% increase from quarter two.</b>

The Senior Appraisal and Revalidation Manager continues to liaise with all personnel who are non-compliant with reflective supervision returns, including adherence with policies and procedures.

The following outlines the targeted work undertaken during quarter three:

- Continued facilitation of the Trust's Supervisors quarterly network meetings, dates for 2025 have been agreed and circulated.
- Review of Specialist Nurses aligned to Mental Health Services and Integrated Maternity and Women's Health.
- Face to face/virtual meetings with Service Leads including key stakeholders aligned to Directorates. The purpose of these meetings is to update staff with salient information and support with standardising information aligned to the collation of Reflective Supervision quarterly activity data.

What has improved?

- Overall compliance compared to the same period last year indicates 3% increase in 1st Reflective Supervision session and 7% increase in a 2nd Reflective Supervision session.
- Live updating of the Reflective Supervision information on SharePoint site - high quality evidence-based information is available to support both Supervisees and Supervisor prepare, engage and evaluate 1-1/group sessions.
- Continued facilitation of the Trust Reflective Supervision network meetings are well represented with positive feedback.
- Ongoing review of Managers aligned to the collation and return of Quarterly Reflective Supervision activity spreadsheet, however there is an overall improvement in returns received within agreed timeframe.
- Formal evaluation (surveys) of Reflective Supervision both from Supervisor and Supervisee perspective is underway. Feedback to date has been positive.
- The Reflective Supervisor database is updated on a quarterly basis.
- Review of the monitoring Reflective Supervision returns spreadsheet.

What are the issues/concerns?

- Not all wards/departments return their Quarterly Reflective Supervision activity spreadsheet within the agreed timeframe, which is necessary to facilitate timely completion of Trust Assurance and Trust Board Reports. Senior Manager continues to follow-up with non-complaint wards/depts.
- HRPTS should reflect Staff in Post. We continue to ask Ward Sisters/Charge Nurses/Department Manager to review and cleanse the Managers self-service section on HRPTS.

## Section 3 - Integrated Maternal & Women's Health (IMWH)

### **Successful recruitment campaign**

Recent Midwifery recruitment campaign Jan 2025 was a great success with 29 successful applicants appointed. 9 are already registered and will be commencing once checks are completed. The remaining applicants are due to qualify June 2025, and their checks will commence thereafter to enable the back fill of all 15 positions. To continue with our workforce stabilisation a rolling advert has gone live, aiming to interview April 2025. All positions recruited are aligned to our new model of cross site working to assist with the stabilisation of the service. Staff will feel confident and competent in working across sites.

### **Stabilisation of Maternity Services**

We continue to be committed to ensuring the provision of safe, high-quality obstetrics and gynaecology service in the Southern Trust. Our Midwifery team continue to provide a full range of antenatal, intranatal and post-natal care across the Trust.

As part of the midwifery workforce review under the Obstetrics and Gynaecology Service planning Project Board a working group has now been established to progress key work reviewing midwifery workforce, governance and the service model and engagements with teams have commenced.

### **Continuity of Midwifery Care service**

The Trust are leading the way within the region with two Continuity of Midwifery Care teams operational - Sapphire and Emerald. Recently at the RCM/IMNO all Ireland Annual Midwifery Conference the Trust showcased their positive work, displaying a poster on the Continuity of Midwifery Care service and were the overall winners.

Current caseload within both teams is 266 women, with a total number of 454 births. 86% of births were facilitated by either their named or known Midwife within the teams. 100% of women seen postnatally by the teams.

### **The Renfrew Report, "Enabling Safe Quality Midwifery Services and Care in Northern Ireland (DoH,2024)**

[Enabling Safe Quality Midwifery Services and Care In Northern Ireland | Department of Health](#)

The report makes 32 evidence-informed recommendations to transform maternity care services across all settings, to ensure better experiences and outcomes for women, babies and families in Northern Ireland

Eleven “positive service developments” were highlighted in the review, with the SHSCT providing three examples: the Birth at Home Team, the East Timorese Antenatal Clinic, and the Clinical Skills Midwife role to support newly qualified midwives.

Senior midwives and obstetricians took part in a regional Stakeholder Engagement Event in December, and participation in regional work is ongoing to address all recommendations.

While some of the recommendations involve regional strategic developments, building midwifery care services for the future, and data collection, analysis and review, IMWH is also progressing work on a local level, with an action plan addressing the recommendations, critical priorities and immediate actions. A series of workshops is planned within the SHSCT to ensure collaboration with midwives, student midwives, obstetricians, the wider multidisciplinary team, and service users.

<b>Meet some of our new Midwives</b>	
 Natasha Graham	 Heather McNeill
 Samantha Rafferty	 Emma-Brooke Mullan



Hannah Rushe

Rebekah Little

Aisling Quinn

### Section 4- Infection Prevention & Control Division

	TARGET 2023-24	TARGET 2024-25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MRSA Cases 2024/25	2023/24 Totals
MRSA Bacteraemia	7	TBC	1				1		1						3	3
Preventable					1										1	0
	TARGET 2023-24	TARGET 2024-25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Number of C.diff Cases 2024/25	
C.diff *	71	TBC	8	10	9	8	5	7	11	9	4	7	5		83	99
Healthcare Associated >=48hrs			6	8	9	4	2	5	11	7	3	6	5		66	77
*Cumulative monthly total CDI cases <48hrs & >=48hrs inpatient																
	TARGET 2023-24	TARGET 2024-25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MSSA Cases 2024/25	
MSSA**	N/A	TBC	10	5	4	1	8	5	4	2	6	10	7	1	63	58 <sup>x</sup>
Preventable			4				2	1	1	1	2	1	3		15	13

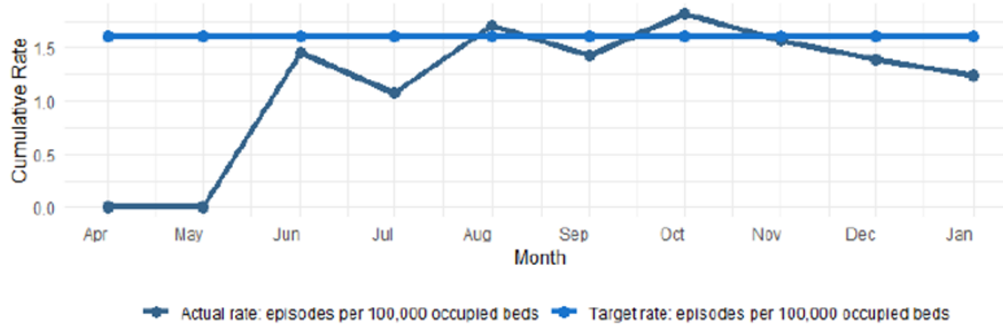
### Priorities for Action Targets 24/25: (information as of 04.03.25)

Performance in relation to MRSA and MSSA bacteraemia appears to be relatively stable. Whilst currently achieving the *C. difficile* target set by PHA, concern remains

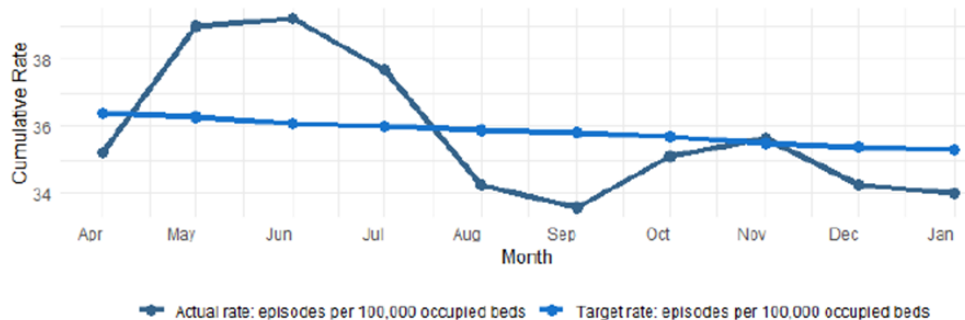
that outturn is high. Additional actions are being considered to drive reduction, with antimicrobial stewardship identified as a key focus.

The following graphs (from the monthly PHA Target Monitoring Report) provide a helpful visual on MRSA and *C. difficile* performance against the Targets:

### Monthly MRSA incidence per 100,000 occupied beds v.s Target



### Monthly *C. difficile* incidence per 100,000 occupied beds v.s Target



PHA have recently changed the parameters for classifying cases as ‘healthcare associated’ which will now be calculated using ‘decision to admit’ time, as opposed to ‘date admitted’. This is likely to result in an increased outturn of healthcare associated cases in subsequent reports.

### Measles Trust Preparedness

Since January 2024 there has been a significant increase in measles cases in England, other parts of the UK and parts of Europe. Between 1<sup>st</sup> January 2024 and 5<sup>th</sup> February 2025, 21 laboratory confirmed cases of measles were reported in NI. Regional and Trust readiness has focused on encouraging uptake of MMR vaccination and preparations to facilitate management of suspected cases and their contacts. Whilst overall there appears to be a slowing of cases, the consequences and workload generated are considerable, even for a single case.

## **Mpox Trust Preparedness**

Clade I Mpox remains classed as a 'High Consequence Infectious Disease' (HCID). Planning continues within the Trust and at a regional level for suspected cases, which is challenging within the limitations of the existing estate. Additionally, due to the unpredictable and infrequent nature of such events, there are considerable challenges in maintaining focus, awareness and preparedness for a large volume of staff. Formal training is now required to deliver HCID personal protective equipment (PPE) training and assessment. Two IPC nurses are attending this training in June, following which a formal training programme will be rolled out for the Trust.

In relation to reported cases:

- The UK has reported 9 Clade I Mpox cases (6 travel related and 3 household contacts).
- The Republic of Ireland has reported 1 Clade I Mpox case
- No cases have been reported in Northern Ireland

## **Encompass Preparedness**

The IPC team continue to focus on Encompass preparedness, the opportunities this will bring and the anticipated changes around ways of working. The team continue to liaise with regional peers and colleagues regarding system build of the IPC module and shared learning to optimise the functionality.

## Section 5- Allied Health Professionals

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

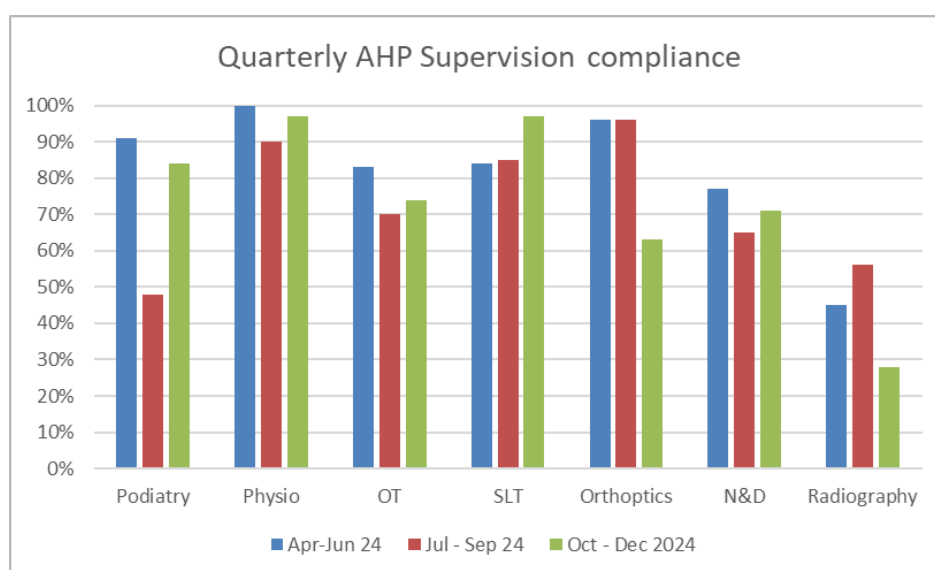
Since April 2024 five professional groups have completed 2 yearly renewals of their HCPC registration with only 1 of those – Occupational therapy in the last quarter:

- Physiotherapists – 30<sup>th</sup> April 2024
- Dietetics – 31<sup>st</sup> June 2024
- Podiatry – 31<sup>st</sup> July
- Orthoptists – 31<sup>st</sup> August
- Paramedics – 31<sup>st</sup> August
- Speech and Language Therapists – 31<sup>st</sup> September
- Occupational therapists – 31<sup>st</sup> October

All AHP Registrants employed in the Southern HSC Trust fully meet the requirements for professional registration for the quarter ending December 2024.

### Compliance with AHP Professional Supervision Standards

Average compliance remains good with professional standards of supervision with improvement noted in some areas but overall, we see a reduction from Q1 which sat at an average of 82%. Quarter 2 and 3 are remaining consistent at an average of 73% however while some areas continue to improve, others have deteriorated which has brought the overall average down. This will be taken forward down professional governance lines for improvement.

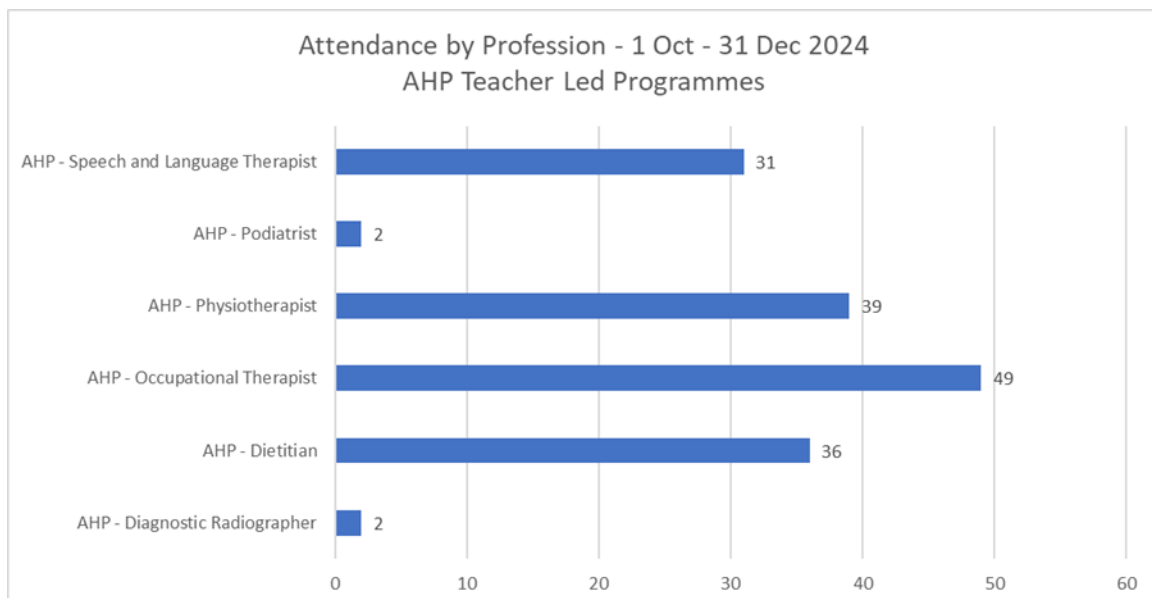


## Professional Education, Training and Development

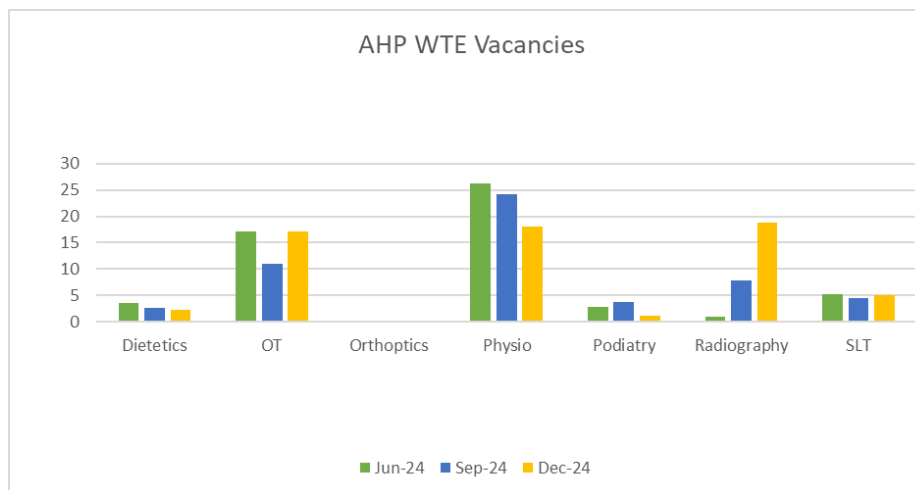
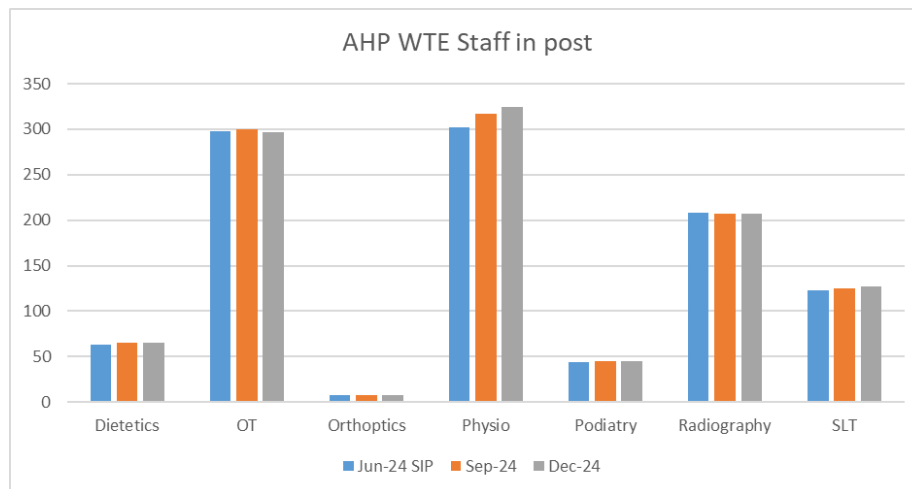
### Quarter 3 report – HSC CEC AHP Unit

Total AHP Attendances at CEC programmes	313
Total AHP Attendance on Teacher Led Programmes	159
Total AHP Attendance on CEC eLearning Programmes	154

**DNA Rate** – 6.4% which equates to 11 staff. This is up from 4.3% in previous quarter. The impact of staff pressures and sickness in Q3 has affected this. This will be kept under review especially considering encompass pressures on staff training. Ensuring staff attend agreed ECG commissioned courses remains a priority as able. Tight controls are kept around attendance and reimbursement for ECG courses each quarter.



## AHP Workforce position update



Overall, we have seen a slight positive improvement on the AHP workforce position. We can start to see this in the above charts. In the main this has been due to positive uptake of posts through the regional recruitment process with more staff opting to take posts in Southern Trust. There is a slight increase in vacancy rates for Occupational Therapy, Physiotherapy, Radiography and Podiatry since last quarter and we are keeping this under review. Core vacancies remain a challenge while recruitment to flexible pools has improved which balances out the staffing gap. We continue to remain challenged at our Band 6 level of staffing for physiotherapy where we have an average vacancy rate of 30- 35%. The availability of these senior staff across all the professional groups is essential to the support and retention of the new starts especially in the absence of an AHP learning and development structure which continues to be a significant risk to all services going forward with an agreed increase in undergraduate places across Physiotherapy, Occupational Therapy, Podiatry and Radiography for 25/26.

The previously completed AHP Workforce Review papers that have been sitting with DoH for app 7 years are now under further review and with a renewed focus from our

Chief AHP Officer at the Department it is hoped that there will be opportunity to understand the AHP workforce challenges and opportunities for commissioning. In Trust there is a need for corporate support of AHP workforce review and capacity/demand in preparation for regional workforce planning and the lack of corporate structure to support the AD for AHP WDT negatively impacts the ability to do this effectively. The AD for AHP Governance, WDT is currently co-chairing 2 regional groups related to workforce which is a great opportunity:

- AHP Job planning as part of the Advisory Council for AHPs at the DoH Workforce committee.
- Widening Access to Nursing, Midwifery and AHPs as part of the CNO strategic Workforce group

Some key areas of concern for AHP Workforce are:

- Absence of a learning and development infrastructure to support practice placements, the recruitment & retention of future workforce and the support of new and existing workforce.
- Capacity demand pressures in relation to elective targets across all specialties with particular pressures at present across Occupational Therapy and Orthoptics
- The significant impact of increased demand in relation to children with special educational needs (SEN) and the increased provision of special education in mainstream schools with no resource increase.
- Workforce planning and allocation of resource in relation to timely care processes and the flow of patients across the whole continuum of care.
- Review of flexible pool resource to ensure it is fit for purpose across the Trust for all professions.
- The planned further rollout of MDT in Primary care requires careful planning of our existing and future Physiotherapy workforce to ensure we are in a position to proceed with the scheduled rollout without destabilising existing services.

### **AHP Activity Performance – Service Delivery Plan**

AHP elective performance is on track at a collective level for SDP, but services are challenged with large and long volumes of patients waiting. In addition, there is an increase in activity for unscheduled work, MDT activity, which is not counted in elective figures, MCA impact and increasing volumes of paediatric referrals for children with special education needs, all of which have a direct impact on elective targets

## Overall position for AHP elective Activity Q1 – Q3

Whilst overall AHP performance remains good at 4.9% average and in green, there is no doubt that December in particular saw challenges particularly across the following areas:

- Dietetic reviews – the continuing increased demand for new and urgent referrals has further pushed out the reviews. Capacity demand work has been completed with support from the performance team and the Professional lead and this will be brought to Directors for review of submission to SLT
- Podiatry new and review – this continues to be an area of challenge however there has been a significant amount of transformational work ongoing to look at a high-risk model of care, enhanced triage and referral pathways and the outworkings of this will take some time to translate into the figures.
- Orthoptics new and review – this area remains challenging in part due to clinic template changes made in conjunction with the professional body BIOS and the current workforce pressures in relation to maternity leaves within the team.
- In addition, staffing challenges and pressures in relation to winter months has had an impact on performance across the board and this will be kept under review

Total (N+R)	Baseline figure	15,005	18,589	16,228	15,171	15,821	17,595	18,408	18,298	13,972	19,437	168,524
	Expected Outturn 2024-25	15,005	18,589	16,228	15,171	15,821	17,595	18,408	18,298	13,972	19,221	168,308
	Activity Delivered	17,707	18,225	17,064	16,993	16,836	18,155	20,332	18,603	14,473	18,160	176,488
	Performance	2,702	-364	836	1,762	1,015	560	1,924	305	501	-1,061	8,180
	% Performance	18.0%	-2.0%	5.2%	11.6%	6.4%	3.2%	10.9%	1.7%	3.6%	-5.5%	4.9%

There is an AHP Performance meeting held monthly co-chaired by the AD for Primary Care ACS and the AD for AHP Governance, WDT. With support from our performance and planning colleagues we monitor AHP performance closely and take forward key developments and projects to maximise performance as far as possible. Where all actions have been made and challenges remain, we need to be able to corporately address the underlying resource pressures through workforce review and stabilisation.

## Research & Development for NMAHPs Update

The HOS for R&D for NMAHPs continues to provide support to staff across Nursing & Midwifery and AHPs by:

- Working on their Msc programmes of study – developing their study proposals
- Supervising one of our District Nurses as she works to complete her data collection for her Msc dissertation project evaluating the Just-in-case anticipatory prescribing boxes (Katrina Loughran)
- Co-developing study protocols to evaluate physiotherapy pathway in urgent care centre

- Negotiating research ethics, governance and sponsorship for our researching occupational therapist
- Initial feasibility meetings for small studies with lead OT for wheelchair services and Senior OT Hand Therapist in Hand Therapy Services
- Ongoing work supporting 1 Advanced Nurse Practitioner and 1 MSK physiotherapist to convert their postgrad work into manuscripts for publication

R&D meetings continue with department teams, supporting and encouraging their engagement, and to fully disseminate their completed projects (MSK physiotherapy, Neurological physiotherapy, FCP physiotherapy, Consultant Nurses).

Quarterly Research Peer Support Network meetings have been paused until after Encompass Go Live.

The R&D Lead for NMAHPs has initiated the establishment of a Research Service Evaluation Governance Forum for the Trust, along with R&D Office, QI team, Clinical Audit team, and User Involvement teams. The purpose is to create a register of projects by NMAHP staff, to protect the Trust from over-saturation and duplication of projects, to enable an over-sight of the activity, and to signpost staff to the right channels, and provide some evidence of peer review for their work so that they are accountable and can also publish on completion to share learning across the Trust and beyond. This RSEGF has been paused until after Encompass go Live.

Development of R&D SharePoint site – it has been approved that the NMAHP developmental materials can be hosted on the main R&D site as these are developed so that all Trust staff can avail of them and avoid unnecessary duplication.

### **Achievements**

- There have been two more known paper publications, and a conference presentation by Daniel Harte Occupational Therapy Hand therapy Lead;
- Conference presentation and study day by Dr Jackie Casey R&D HOS for NMAHP;
- Emergency Care conference keynote speaker - Caroline Breen HOS for Acute AHPs

### **Ongoing**

- To ensure availability and support to staff through the weekly R&D DropIn clinics,
- Further development of support 'How to' documents
- Continuing work on research project jointly with social work and service user Peter Alexander in relation to Enhancing Dementia Care Across the Trust, and an evaluation of Research capacity and culture of healthcare staff working in advanced practice roles
- The development of responsive communication channels for sharing of research activities across the Trust and communications.

## Dysphagia Support Team (DST) update

### DST Coordinator provides ongoing support to:

- Senior AHP - Governance Forum
- Dysphagia NI Partnership & Project: ECHO; EDAR; SLT Supervision Levels.
- Core SLT Manager, HOS & Adult Services staff – QI Projects, clinical queries & case management, e.g., Frailty in ED/Videofluoroscopy QI/Community SLT QI Project.
- REDS in PARIS, ECR & Encompass: supporting & developing safe systems and practice CYPS & Adult Services.
- Student Training UUM: SLT Yrs 2/3.
- Trust Group meetings: MTM/Governance/SLT Leads.
- Regional Meetings: Dysphagia Partnership NI, EDAR Group, MTM Group.
- Catering Support staff in SHSCT.

### Training Provision & Developments

DATE	NAME OF TRAINING	DELIVERY	DESIGNATION	No.
13.11.24 & 05.02.25	Meds Management Assessor Training ("train the trainers") Thickening drinks for adults with EDS difficulties	face to face	Nurse Dom care assessors	2

### Swallow Awareness Training:

By end of Q3 an impressive total of 8573 Trustwide/Interdisciplinary staff had completed dysphagia awareness training (including previous modules & new since 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 package for NI Regional Swallow Awareness (Dysphagia) Training Modules now available on [LearnHSCNI | Sign in.](#)

### NI Regional Swallow Awareness (Dysphagia) Training Modules engagement:

Swallow Aware - INTRODUCTORY programme eLearning (CEC) (public/patient/caregiver facing): in SHSCT 1141 have commenced and an additional 653 have completed the Universal Swallow Awareness eLearning (CEC) since its launch in October 23.

**Swallow Awareness (Dysphagia) TARGETED eLearning (CEC) (staff facing):** In SHSCT 9 have enrolled; 804 have commenced and an additional 1443 staff have completed this training since its launch in Feb 24.

## NEW SHSCT Resources Launched

**Medical Device Alert Memo - Memo re. removal oral swabs.** A short life working group (Head of Nursing Pt safety & Quality of Care and Dysphagia coordinator) reviewed best practice guidance in relation to oral care and developed a new resource to inform all staff/carers supporting service users how to maintain good oral health. Click to view: [SHSCT Oral Health Care Resource](#). This resource was cascaded to all HSC via global memo and IS Nursing partners. It has been visited 723 times since its release on 28<sup>th</sup> June 2024.



[SHSCT Swallow Awareness for Medical Staff New Resource](#) approved in SHSCT by Medical Director for Pilot. In Q3 21 medics (ranging from FY1/2 to consultant level) completed the awareness training, from an overall total of 90 who have engaged to date. One Dr who completed the SHSCT Training commented: “*Very comprehensive overview of swallowing and how to recognise and treat problems.*” Delivery to FY1 Drs took place in April 2024, receiving positive feedback which continues to shape its design & content. It has been approved as Role specific Mandatory training for all Medics in SHSCT with plans to host it on the Medic Mandatory Training Passport/Southern Docs app. PHA/Dysphagia NI is considering its use as a template to develop a Regional Training Resource for Medics. Feedback includes: “I am happy this was added to our mandatory training courses...Very helpful!” ... “Excellent resource on very important subject” ... “Useful tool which will help improve practise” ... “Comprehensive overview of swallow awareness.” The resource was included in a recent Incident SAI Report in Sept 2024 with the following comments: Medic’s engagement with existing eLearning was suboptimal across the region as content was deemed not entirely relevant to their role/ pitched appropriately and took too long to complete. Acknowledging the need for targeted training/awareness on this topic, our Medical Director, Divisional Medical Director, and Dysphagia coordinator collaborated to develop a bespoke SHSCT Swallow Awareness for Medical Staff New Resource for SHSCT. Its development was driven by key regional, standards of best practice, recommendations on the management of dysphagia including outcomes/learning from dysphagia related adverse and serious adverse incidents. DST Coordinator monitors medic engagement with training resource.



Click to view: [SHSCT Oral Health Care Resource](#). This resource was cascaded to all HSC via global memo and Independent Sector Nursing partners. It has been visited 574 times since its release on 28<sup>th</sup> June 2024.

**Medicines Management training module for Domiciliary Care staff** is provided to staff on an annual basis. A 'training for Trainers' model has been adopted to deliver theoretical and practical components of thickening drinks for adults with Dysphagia as part of the Trust Medicines management skills assessment MMSA Modules.

16 Trainers have been trained to date by DST to become competency trainers & assessors. The training has entered its 3<sup>rd</sup> cycle since roll out in October 2022 and

has been completed by 2096 the Trust Dom Care Workers (includes core and refresher training). Key elements of MTM i.e., the Safety Pause, and best practice dysphagia care are delivered as core content.

**Mealtimes Matter (MTM) Framework & Audit Tool launched:** Mealtimes Matter (MTM) is a regionally agreed framework to maximise service user safety and ensure a high-quality experience always occurs at every meal, drink and snack time: [Mealtimes Matter - All Resources](#).

SHSCT Mealtimes Matter Workstream was established to lead on the communication, education, and training and implementation of the MTM framework rolled out to all adult inpatient settings in SHSCT on 9th May 2023. One of 2 Trust ED departments has begun implementation of MTM principles.

Plans to extend MTM Framework & Audit to CYPS settings are underway. Roll out of the Framework & Principles is already evident in Day Care & some other Community settings. Plans to commence audit of compliance to begin with Trust Residential Homes and LD facilities in the next quarter.

Since its launch in June 2023, 611 electronic audits (via MS Forms) have been completed. A data capture/analysis tool has been developed for Nursing Governance/

Patient Safety & Quality leads to monitor compliance with audit elements. This will be monitored in correlation with reported MTM associated incidents and Dysphagia Related Datix reports. Audit outcomes will be reported quarterly via Directorate and Trust board assurance reports; DST Coordinator extracts compliance data re assurance elements as part of the ongoing assurances action plan relating to the SQR; audit compliance and performance will be reported from February 2025, at quarterly directorate governance meetings by patient safety, quality nurse leads, and key outcomes, trends and timely learning will be cascaded to staff implementing MTM Trustwide. See the [Trustwide MTM Audit Report 24 25 Qtr 3.docx](#) & [MUSC MTM Audit Report 24 25 Qtr 3 -INCL IA.docx](#) for audit outcomes in Q3.

**Scale & spread of practical thickening skills training to Day Care Staff commenced on 6<sup>th</sup> June 2024:** using a new online resource, developed by DST to Train day care staff and “Nurse Trainers” to conduct Thickening Competency assessments for day care staff. Initial PDSA cycles completed, and resource finalised for roll out to Day Care in each locality: [Thickening Fluids for Adults with Eating Drinking & Swallowing Difficulties \(Dysphagia\)](#) 3 nurse trainers (covering all 3 localities) have completed training and the resource has been visited 625 times since launch, with 156 individuals logging feedback on the training ahead of their competency assessment. SHSCT is leading with this award winning, “first of its kind” approach in NI. Plans to meet with remaining Day Care/Residential Homes and Supported living HOS to progress rollout in these care settings are in place for Feb 2025.

[Swallowing Awareness for SHSCT Catering & Functional Services staff](#) the new, bespoke training resource, unique to SHSCT Catering & Support Services Staff was developed by DST Lead and shared with Catering AD/Managers for launch on 06/09/2023: 78% of CFSS Staff have completed the training resource to date.



A new teaching resource was created to facilitate our SLT Students Dysphagia Experience Day and was first launched with our Yr 3 Cohort of students in November 2024. Click on link to view:

[Eating Drinking & Swallowing Difficulties \(Dysphagia\) Awareness SLT Students Yr 3](#)



## Incident Reporting

DATIX lead successfully set up a Trustwide Dysphagia Incidents Dashboard for DST Coordinator to ensure compliance with RQIA Recommendation 12(c) “Each HSC Trust should have arrangements for trend and theme analysis of adverse incidents, the learning of which should be used to inform improvements within HSC Trusts and shared across the system” – this includes those related to dysphagia meals/food & fluid thickeners and food safety incidents for both children and adults which will allow reporting as required against the RQIA recommendation on Dysphagia related AI trends & themes in SHSCT. Rich learning has already been shared with key ADs/HOS and Service Managers by DST Coordinator. To formalise this process, Directorate Governance Leads will present this information at monthly, AD Governance Meetings with plans to commence reporting in Q4 2025. See link for Q3 Updates [Dysphagia Related Incidents \(Trustwide\) Q3 Oct - Dec 2024](#)

## Awards & Conferences

**NI Regional Swallow Awareness (Dysphagia) Training Modules produced collaboratively by CEC, PHA and HSC Trusts (SLT development led by Dysphagia Coordinator in SHSCT)** shortlisted as a finalist in NI AHA Awards, in October 2024.

**Dysphagia NI Project** shortlisted as a finalist in the RCSLT Awards on the category of “Inspiring Leaderships in SLT” Ceremony on 4<sup>th</sup> October 2024.

**Medicines Management for Domiciliary Care staff supporting adults with dysphagia:** An abstract on the project was submitted and accepted by the All-Island Medication Safety Conference in Sept 24. A poster was prepared and shared at the conference in Dublin Castle, 29th November 2024. See link for [Medicines Management Safety for Domiciliary Care Workers supporting Adults with Dysphagia Nov 2024](#)

## Section 6 - Encompass

### **Allied Health Professions Officer (CAHPIO)**

Preparations for the Southern Trust go-live on 8<sup>th</sup> May 2025, are progressing at pace. Professional lead and the Digital Transformational Leads are supporting all the operational directorates readiness activities across several key workstreams, including registration and training for Super Users and End Users, and Manual Data Migration.

The main programme of work has involved a comprehensive plan to deliver “User Labs” to our Allied Health Professions across the Trust. The Digital Transformational team have worked extremely hard and at pace to get trained on encompass, increase their skills and curate resources for our staff so they can teach our super users at these User Labs.

There are over 400 AHP staff that have enrolled as super users, and they completed their training in February. The User Labs were launched on Monday 24<sup>th</sup> February with the aim of upskilling our staff in encompass. The topics were based on critical workflow areas based on learning from previous trusts and provide the detail of how staff will do their day-to-day job in encompass. The initial user labs have been via Teams, however there are plans to provide face to face labs soon. There is a mix of general and profession specific sessions planned. So far there have been over 1500 attendees at AHP led user labs, with an average rating of 4.5/5 and 98% of users feeling more confident after their session.

Manual data migration involved the manual entry of essential clinical information into the encompass record in preparation for go live. This increases efficiency and confidence for our end users at Go Live and beyond. The CAHPIO has supported services to with the various operational asks in relation to this complex area.

### **Chief Nursing and Midwifery Information Officer (CNMIO)**

Professional leads are supporting all the operational directorates readiness activities across a number of key workstreams, including Super Users and Manual Data Migration. Similar to AHPs the main programme of work has involved a comprehensive plan to deliver “User Labs” to all nurses and midwives across the Trust.

### **Super User Training**

Almost 1,500 nurses and midwives have enrolled as Super Users and their training commenced on the 3<sup>rd</sup> February. These staff will be key to providing ‘at-elbow’ support for colleagues before, during and after Go-Live, with a strong Super User programme a key enabler to ensuring a successful go-live. Feedback on the training to date has been overwhelmingly positive.

## **End User Training**

All nursing and midwifery staff will be receiving training on encompass before go-live, including bank and agency staff, this will be more than 6000 staff. The training programme for these staff will run from the 3<sup>rd</sup> March right up to go-live on the 8<sup>th</sup> May.

## **User Lab Programme**

The Nursing and Midwifery Digital Practice Team have developed a comprehensive programme of User labs to support and prepare the workforce for go-live. with a focus on critical workflows, a User Lab is a dedicated space, virtual platform or practice-based approach to training where staff and multi-disciplinary teams can rehearse common workflows. They help consolidate classroom training, provide feedback and engage in problem solving activities prior to Go Live. User Labs have previously been recognised as an essential component to support staff with a smooth implementation.

The user lab programme will include a blend of virtual, face to face, role-based practice exercises that can be profession specific or multidisciplinary which are facilitated by Transformational Leads and our Super Users. These are an essential tool for empowering users to better understand and grasp the full functionality of the system and to prepare the change in their day-to-day practice.

The User Labs programme commenced the week beginning Monday 24<sup>th</sup> February 2025.

## **Patient Flow Events**

A Planning Group, led by Garrett Martin (CNMIO) with representatives from all operational directorates has been set up to plan two Patient Flow/Patient Movement Readiness events.

The events, which will take place on March 26<sup>th</sup> and April 2<sup>nd</sup> at Lough Neagh discovery centre, will demonstrate end-to-end patient movement workflows and will be an opportunity for staff to review the changes between current practice and future workflows. The events will be attended by a wide range of staff from across all directorates and professions, including medical, nursing, social work, AHP, admin and support services. The agenda and list of attendees have been agreed. The sessions will be available virtually and recorded and uploaded onto the encompass hub. The learning from the sessions will also be used as part of readiness preparations in the run up to Go-Live.

## Section 7 - Consultant Nurses and Consultant Midwife: Contributions and Impact

The Consultant Nurse and Consultant Midwife roles are integral to advancing high-quality, evidence-based care across key specialisms within the Southern Trust. These roles drive strategic leadership, service transformation, workforce development and research driven improvements that align with Trust, regional and national priorities.

First introduced in Spring 2022, with the Consultant District Nurse role commencing in September 2023, these positions influence policy and service design, enhance clinical leadership and embed research into practice. Recruitment is currently underway for the Consultant Mental Health Nurse and Consultant Midwife positions following retirement and role transition to another Trust.

The Consultant Nurses and Midwife work collaboratively to enhance clinical excellence, tackle health inequalities, and strengthen integrated, person-centred care. The four core pillars that define the consultant role are:

1. Expert Practice.
2. Education, Training and Development.
3. Professional Leadership and Consultancy.
4. Practice and Service Development, Research and Evaluation.

By working within these pillars, the Consultant Nurses and Midwife deliver measurable improvements in service quality, service-user outcomes and professional development. This report provides a collective overview of some of their significant contributions and identifies opportunities to further strengthen these roles in delivering the Trust's strategic objectives.

### **Expert Practice**

#### **Advanced Clinical Decision-Making and Specialist Interventions**

- Use expert knowledge to provide clinical leadership for the management of complex cases (all consultant roles).
- Consultancy services (all consultant roles).
- Lead specialist medication clinics, providing Non-Medical Prescribing (NMP) (Consultant CAMHS Nurse, Consultant Mental Health Nurse).
- Provide clinical leadership in chronic disease management, palliative/end-of-life care, and complex case consultation across inpatient and community settings (Consultant District Nurse, Consultant Mental Health Nurse, Consultant Learning Disability Nurse).

- Provide oversight and/or consultation on vaccination initiatives, and public health interventions to address emerging health challenges (Consultant Public Health Nurse).
- Clinical lead for the development of antipsychotic monitoring for individuals with learning disabilities (Consultant Learning Disability Nurse).
- Birth Choices Clinic – "Care Outside Guidance" discussions and plans, Individualised Care Plans, and birth review (Consultant Midwife).
- Complex homebirths (Consultant Midwife).

### **Innovative Care Models and Interdisciplinary Collaboration**

- Developed and implemented innovative care models, including Perinatal Epilepsy Clinic, Hypnobirthing education, Maternal Assisted Caesarean Birth, Diabetes Support Midwife, and dedicated Step 3 CAMHS Assessment team (Consultant Midwife, Consultant CAMHS Nurse).
- Leading service transformation initiatives, including restructuring of community mental health services, enhanced pain assessment for individuals with learning disabilities, and improving pathways for young people working with substance use services (Consultant Mental Health Nurse, Consultant Learning Disability Nurse, Consultant CAMHS Nurse).
- Strengthened interdisciplinary collaboration through integration of specialist midwifery education, multi-agency mental health partnerships, and advanced learning disability services (Consultant Midwife, Consultant Mental Health Nurse, Consultant Learning Disability Nurse).
- Strengthened community-based care by advancing district nursing models to improve home care services and patient management (Consultant District Nurse).

### **Public Health and Enhancing Access to Care**

- Population health profiling to support decision-making and addressing health inequalities. This includes informing Southern Area Integrated Partnership Board, to support decision making priority areas for early intervention (Consultant Public Health Nurse).
- Established and promoted culturally tailored services, including targeted vaccination initiatives for underserved populations and the East Timorese Antenatal Clinic (Consultant Public Health Nurse, Consultant Midwife).
- Raising awareness of the recently launched Equity of Access and Outcome report for the future role of the RNLD in supporting people with learning disabilities to achieve the best health possible and tackle health inequalities in this population (Consultant Learning Disability Nurse).

## **Education, Training, and Development**

### **Workforce Development and Higher Education Contributions**

- Developed and delivered specialist education programmes, including the Midwifery Practice Education Hub, Clinical Skills Midwife role, Relationship and Sexual Education e-learning, and bespoke CAMHS and mental health training (Consultant Midwife, Consultant Learning Disability Nurse, Consultant CAMHS Nurse, Consultant Mental Health Nurse).
- Work with SRC and OSCEs assessor (Consultant CAMHS Nurse, Consultant Learning Disability Nurse)
- Guest Lecturers for UU and QUB (Consultant Public Health Nurse, Consultant Midwife).
- Led workforce development and upskilling initiatives to enhance district nursing skills in wound care, complex case management, and community triage (Consultant District Nurse).
- Contributed to N&M Training Matrices and educational priorities (all consultant roles).
- Recruitment and Selection (all consultant roles).
- Supporting revalidation of UU SCPHN and Health Promotion and Public Health Programmes (Consultant Public Health Nurse Consultant).

### **Mentorship, Coaching, and Reflective Practice**

- Provide professional and reflective supervision, appraisal conversations, and mentoring for workforce development and leadership succession planning (all consultant roles).
- Schwartz Rounds facilitation for staff wellbeing and reflective practice (Consultant Public Health Nurse, Consultant Midwife).

### **Simulation and Interdisciplinary Learning**

- Designed and implemented interdisciplinary learning through interprofessional simulation, perinatal mental health education, and midwifery–paramedic collaborative training (Consultant Midwife).
- Led practical clinical education and simulation-based training for community-based nurses to improve hands-on experience and competency development (Consultant District Nurse).
- Designed and implemented bespoke CAMHS training and education for Interdisciplinary teams (Consultant CAMHS Nurse).

## **Professional Leadership and Consultancy**

### **Policy and Service Development**

- Leading or supporting national and regional policy development, including NIPEC and NMC steering and working groups, NICE compliance (all consultant roles).
- Lead the regional development of Learning Disability inpatient service metrics and governance frameworks (Consultant Learning Disability Nurse).

### **Governance, Risk Management, and Strategic Influence**

- Active members in governance forums locally, regionally, and nationally, contributing to safety, service standards, and risk management frameworks (all consultant roles).
- Led Trust-wide initiatives for service transformation, including the implementation of Encompass digital workflows, governance reviews, and post-critical incident support (all consultant roles).

### **Practice and Service Development, Research, and Evaluation**

#### **Evaluation and Evidence-Based Practice**

- Lead research projects and service evaluations, including the Desmond ID study on Type 2 Diabetes, regional public health nursing evaluations, and pain assessment tool development for learning disabilities (Consultant Learning Disability Nurse, Consultant Public Health Nurse).
- Conducted audits on healthcare interventions and maternity service standards, shaping best practice implementation (Consultant Learning Disability Nurse, Consultant District Nurse, Consultant Midwife).

#### **Service Innovation and Quality Improvement**

- Developed and implemented quality improvement initiatives within community mental health services, maternity services, district nursing, learning disability nursing and chronic disease management (all consultant roles).
- Led structured service redesigns to reduce hospital admissions through enhanced home-based care and integrated primary care services (Consultant District Nurse, Consultant Public Health Nurse).
- Leading co-production projects addressing social determinants of health (Consultant Public Health Nurse).