South Eastern Health
and Social Care Trust

HSC

Annual Quality Report

2023/24

Introduction

South Eastern Health & Social Care Trust (SET) is committed to ensuring its service users, staff and communities are flourishing. It aims to provide Quality Care through the principle of co-design with patients, service users and families being at the heart of everything we do. Working together in partnerships we explore healthier communities, prevention and new ways of working. This Annual Quality Report reflects the collective vision and creativity of the teams at SET.

Contents

1 TRANSFORMING THE CULTURE

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making

In SET we have an ambition to create a great place to live, work and for care and support. The holistic understanding of health and social care requires a dynamic, inclusive culture founded on the principles of co-production. This will enable strategic change to be driven by patients, communities and frontline teams in partnership. The organisation has spent 2023/24 building structures to create community and embed the Quality 4 All Strategy.

This section of the report focuses on creating the conditions for a Quality Management Approach to service delivery and care.

▶ Quality 4 All Strategy to create a Learning Organisation

▶ Trust Board Quality Training Programme

▶ The Development of Structures to Promote Co-production

▶ Creating Networks

▶ CEO - Keeping in the loop

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▶ Volunteers Coproduction

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SET Quality Strategy - Quality 4 All

The SET is committed to ensuring that we provide our service users and staff with a great place to live, a great place to work and a great place for care and support. The Quality 4 All Strategy outlines the vision, aim and approach we will take to deliver the best care and continuously focus on improving our services. This is dependent on: improving the health & wellbeing of the population, delivering safe, high quality care with the best service user experience, improving value, and attracting, retaining and developing our staff. Quality 4 All reflects our 'Quadruple Aim' for delivering the highest quality of care.

Adopting a Quality Management System in Health and Social Care requires long-term commitment and a shared determination to succeed in achieving our vision. This approach supports the development of a shared understanding of the organisational priorities and how to address them. Corporate Improvement Priorities have been central tenants when applying Quality 4 All across the organisation enabling the movement of improvement energy from micro to macrosystems.

To be truly effective at putting quality at the heart of what we do we are taking a coordinated approach to managing the quality of our services. Our Quality Strategy is based on a Quality Management approach that applies the principles of Quality Planning, Quality Control and Quality Improvement. Quality 4 All is a five year strategy whose ambition it is to continue to establish the structures, metrics and most importantly culture to provide organisational quality care.

Measuring the impact of the 'Quality Strategy' is fundamental to its implementation. The Quality Team are working with teams across the organisation to include quality metrics in their delivery to ascertain progress.

View the Quality 4 All Strategy

Trust Board Training Programme

This programme is aligned to Q2020 Level 4. Staff are charged with leading Quality Improvement (QI) across their organisation and/or across the HSC System.

Background

A foundational principle of SET is to provide Quality Care. The launch of our 'Quality Strategy' was a turning point as an organisation, allowing us to mature our structures and functions towards a Quality Management System.

Our vision to be recognised as a high performing, improvement learning organisation means we must put the people who need our care, support and treatment at the heart of everything we do.

Taking all of the above into consideration, the team have scoped across the UK and beyond to develop a proposal for Quality Improvement training for Trust Board members in SET aligned to the Level 4 attributes and skills set out in the Quality 2020 Framework.

Boards on Board: Leadership for Improvement Programme content:

The programme aim is to enable the Trust Board to lead improvement in the organisation, where QI is a core enabler to delivering the 'quadruple aim' of: improving the health and wellbeing of the population; the safety, quality and experience of care; our people and places and removing waste and improving value.

The programme consisted of 4 workshop sessions with the last session being conducted in June 2023

Workshop 4 (June 2023)

Leading System Quality across the Workforce with Derek Feeley (former President and CEO of IHI and previous Chief Executive of NHS Scotland) – 2 hr session

- Critiquing the SET Corporate Improvement Priorities
- Commit to a systems approach to enable staff with a shared responsibility at all levels of the organisation
- Create a Just Culture across the organisation in developing a learning organisation
- Outcomes from the Workshops
- Connection with Trust Board Members with an International Expert in Quality
- Critical Friend Role established
- Challenge and adjusted the focus of the Corporate Improvement Priorities
- Exploration of redesign of Trust Board reporting to take a Quality Approach
- Greater understanding of Trust leadership of applied Quality Management Principles

🔗 **New Trust Board Induction Training**

Specific Induction into Quality Improvement and Quality Management was conducted by the AD in Quality Improvement and Innovation.
The content of this teaching included:

- Exploring Quality through the Institute of Medicine 6 Domains of Quality
- Understanding the System and Design Principles
- Evaluating Service Provision
- The principles of Co-Production
- Variation in Data and Service Delivery
- Innovation

Quality Approach Summary:
Senior Level ambition and sponsorship is foundational in the implementation of a Quality Management System. Trust Board training is an opportunity for senior leaders to understand, propagate and bring accountability to the Quality 4 All Strategy.

Development of Structures to Promote Co-Production

The Quality 4 All Strategy places people at the heart of what we do. SET promotes the development of health service models that are based on co-production endorsing a partnership approach and equal relations between staff and citizens. Co-design is not possible without relationship, it is founded on social connection and trusts the mutuality between people. In SET we are investing in structures and processes to listen to and analyse themes of service user experiences. These are building understanding and supporting the creation of service user panels for co-production, such as use of Care Opinion and 10,000 More Voices. Service areas evolving the culture of co-production are sharing methodology and expertise across the organisations; for example, good practice is seen in the Condition Management Programme and the Diabetes Hub who have championed the 10,000 More Voices regional Shared Decision Making pilot.

Case Study - Care Opinion

The Trust launched Care Opinion on the 3rd August 2020. 4 years on, 2,172 stories have been shared. 100% of these stories have been read and responded to, and each personal journey shared provides the opportunity to commend our staff for their good performance and also provide valuable learning and the opportunity to make positive change. The Trust currently has 568 staff that are reading and responding to stories shared. Each trained and active responder has become a user experience change agent and has increased their interaction with our full set of user experience tools.

How the Trust uses Care Opinion

- The Trust uses Care Opinion to respond to the negative. An early response is made to acknowledge the negative story, apologise for shortcomings and to offer personal level review to guide responsive action.
- The Trust uses Care Opinion to celebrate good care. Positive story templates are displayed for public and staff view at service locations for every positive story. Stories are highlighted on Trust social media.
- The Trust uses Care Opinion to mobilise active response to service user experience.
- Care Opinion is used as a value-adding resource in combination with intel from further experience tools to provide a comprehensive triangulated lens of service user experience.
- Care Opinion interacts with our service user involvement models – sparking integrated initiatives to drive exploration and improvement of key experience elements.
- Care Opinion supports elevation and prioritisation of the service user experience.
- Care Opinion is proving to be a key catalyst in effectively improving the service user experience in partnership with our story authors.

Outcomes

Service users value the opportunity to tell their story fully in their own words with the option of anonymity, in a safe space. Staff enjoy seeing recognition of their good care and take great pride in being the rcipients of team and individual praise. The live feedback process drives high standards for safe, effective and compassionate care.

🔗 SET Involvement & Experience Report

Quality Approach Summary:
Care Opinion reports have enabled thematic analysis to understand trends. Learning from excellence requires sharing and adapting good practice alongside focusing on deficits. Systemising real-time service user feedback is an essential pillar of a learning organisation and is shaping services at SET.

Creating Networks

Kotter is a leading expert in change management and has created an evidence base of organisational culture and structure for dynamic change.

Recognising the importance of the traditional management structure for organisational function, Kotter recommends the creation of a parallel and connected organisational innovation network. This is called a 'dual operating system', in which the traditional management hierarchy is symbiotic with a network of change agents, who will have permission to test, explore, iterate and challenge the status quo.

Dual Operating System – source Kotter
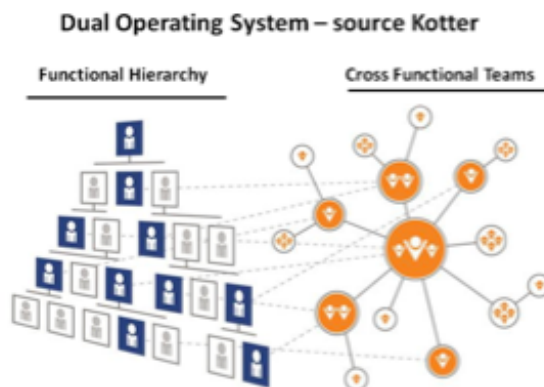
In SET we are applying this theory to promote quality management, and we need to create spaces within and across teams to listen, understand and work collectively. We have been able to rely on a foundation of 14 years of promoting a culture of Quality in the organisation and have a series of networks to amplify and connect into the duel operating system.

Promoting SET Dual Operating System

- Curry Club
- Trust Board Quality Training
- Breakfast Book Club
- Creating Change Agent Network
- QI Trained Alumni
- MSC Alumni Think Tank and Critical Friends
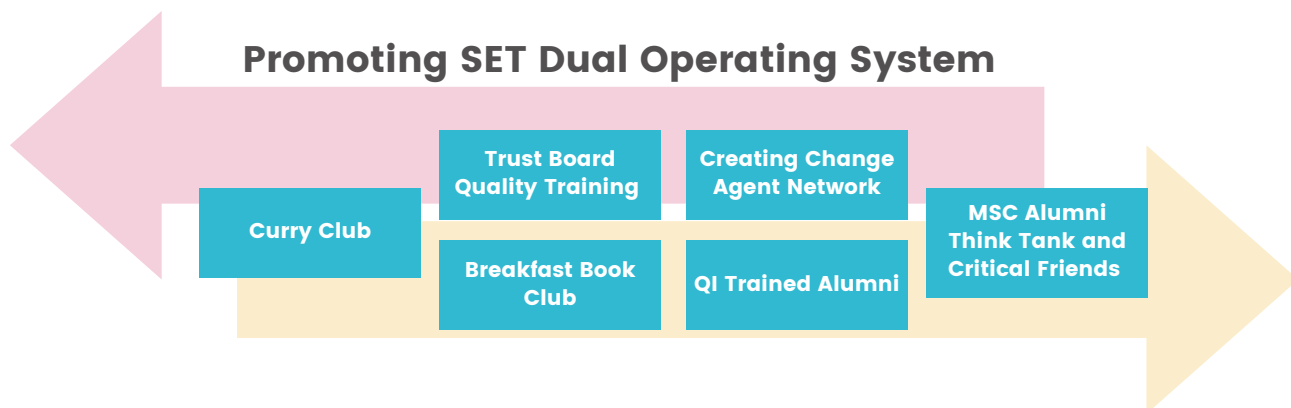
Curry Club
The Quality Team hosted the Curry Club in May where our QI network brought their ideas for improvement and listened to the learning from the recent international forum on quality and safety in healthcare.

Breakfast Book Club
Bringing the opportunity to staff to meet and learn from leading authors in improvement science, leadership and system design
Quarterly in Hospital Canteens

QI Alumni
Over 50 people in SEHSCT have been trained in level 3 QI courses locally and internationally. A series of Alumni master classes are conducted to augment skills and confidence in applying QI methodology. Alumni will be used to support system design workshops across the organisation.

MSc Alumni Think Tank and Critical Friends
The regional MSc in Business Improvement is a leading course in Quality Management systems applied to Health AND Social Care. SEHSCT has over 15 graduates and it is planned to create a systems design think tank using the expertise of this alumni. They will also be aligned to Corporate Improvement Priorities as Critical Friends to the programme and service leads.
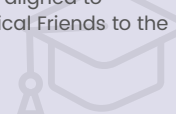
🔗 **QI Training Transfer - Evaluation Report**　　🔗 **Framework for Evaluation Report**

Quality Approach Summary:
Creating dynamic networks that are open to possibility is a vital component to creating change. Many people have been trained in Quality courses and we are keen to leverage their skills as per the learning of the Training Transfer Report undertaken by the Quality Team for the Health Foundation.
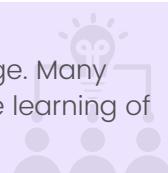
CEO - Keeping in the loop

Communication across the organisation is key to quality care delivery. Co-designed with staff groups and championed by the Chief Executive, the Keeping in the Loop sessions provide a way for staff to connect together. Replacing the 'Staff Briefing' sessions, they provide a relaxed and informal setting which continues to shape our Culture of making our Trust; 'A great place to Live', 'A great place to Work' and 'A great place for Care and Support'.

The purpose of the sessions are:

Hear first-hand updates on what's happening and what's new.	Ask questions and give feedback on the themes and information shared.	Connect with the Chief Executive, members of the Senior Team and People from across Our Trust.	Exchange experiences and influence future discussions by sharing your reflections and ideas for forthcoming Sessions.

20th April — Introduction to Newly appointed EMT directors – Roisin Coulter
Coaching and Coach Approach – Anita Craig
Encompass update – Sean McGovern, David Wilson, Erika Hughes and Warren Francis

22nd June — Self-care – Ed Sipler

23rd October — Encompass update – Helen Moore
Keeping energised – Stephanie Hare

Quality Approach Summary:
Clear and effective communication is a pillar of a dynamic organisation. Keeping in the Loop is an important part of the Communication Strategy, enabling good practice to be shared and celebrated. It is important to develop further opportunities to reach all staff.

Learning from Assurance & Control Data

The new SET Integrated Governance and Assurance Framework sets out the Trust Board's arrangements for integrated governance, organisational structure and accountability arrangements by which the Board's responsibilities are fulfilled.

Integrated Governance Assurance Framework
Committee Structure (High Level)

Complaints and Compliments:

In 2023/24 the Trust received 3,394 compliments

In 2023/24 the Trust received 1056 complaints

96% of complaints were acknowledged within 2 working days

There were 46 informal complaints addressed by frontline staff

There were 16 complainants who approached the Ombudsman for investigation

Planning is underway to implement the complaints module on Datixweb
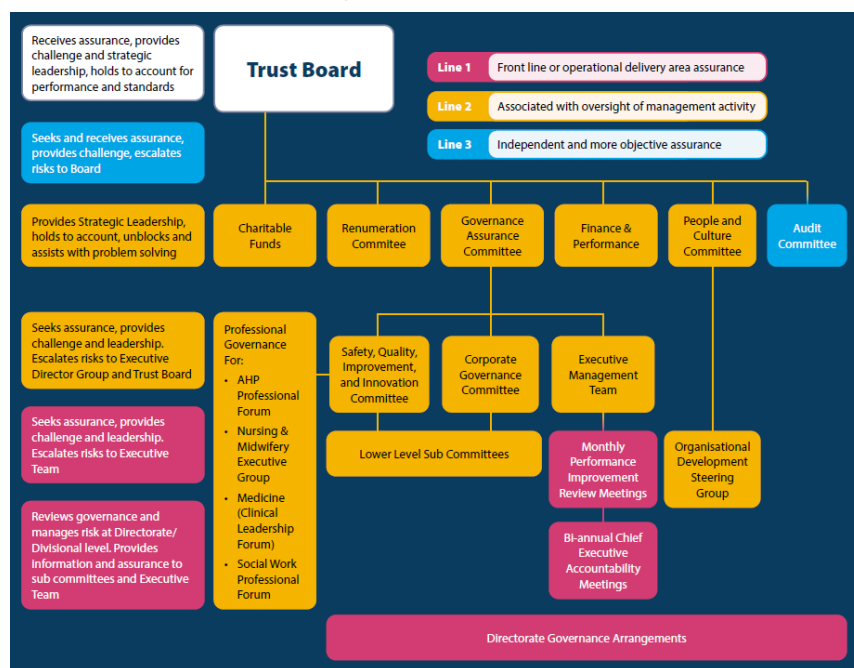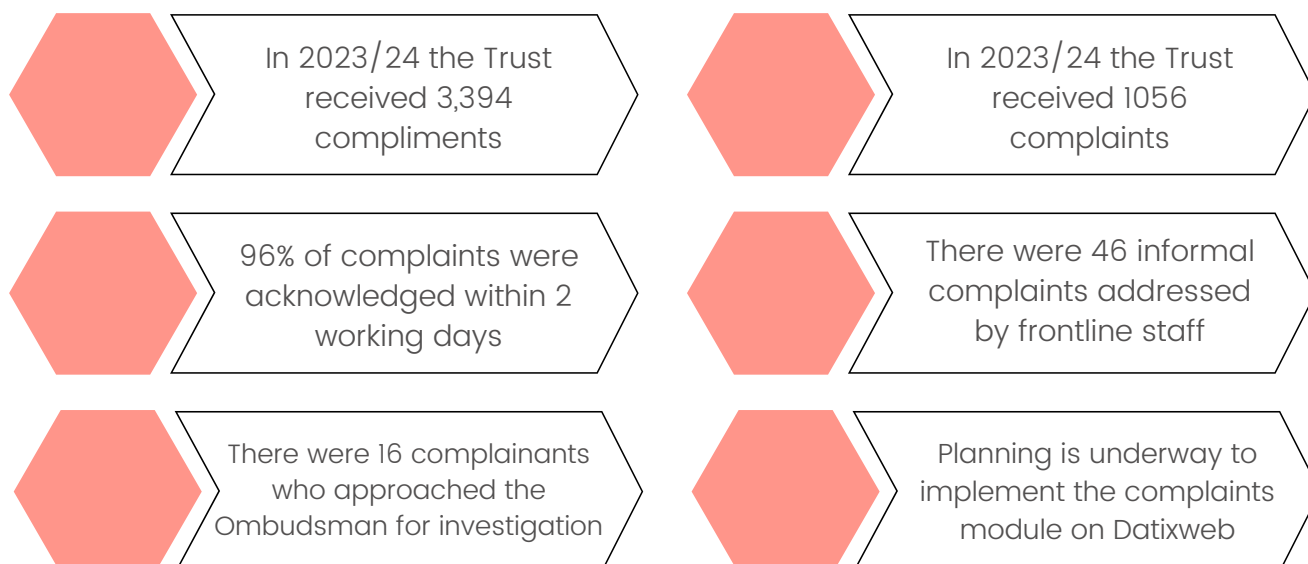
Top 3 reasons for complaints:
- Quality of treatment & care
- Staff attitude / behaviour
- Issues relating to Communication / Information

Compliments & Complaints Report 2023/24
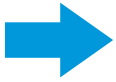
IGAF Guidance for Staff

IGAF Overview

Adverse Incidents (AIs) Serious Adverse Incidents (SAIs)

➡ Number of incidents reported was 19,736

➡ 2 incidents have been recorded as Never Events as per the NHS Improvement Never Event criteria

➡ There were 101 incidents reports as SAIs

- The Risk Register module went live on 1st April 2023 for both Corporate and Directorate Risk Registers. This allows Directorates to update current directorate risks and add new directorate risks as required.
- The Incident module on Datixweb was further developed with the addition of an SAI form, which is linked to the initial incident. This allows services to add information regarding the investigation as it becomes available.
- Risk Management awareness training for those new to the organisation and existing employees has been developed in an eLearning format and went live in July 2023.
- All departments in the Risk Management & Governance Sub-directorate work closely together to triangulate issues and identify themes, patterns and learning for improvments.

Information Governance

Subject Access Requests (SARs)	Freedom of Information Requests	Form 81 (PSNI Requests)
6,416 SARs received; 5,650 of SARs processed within 30 calendar days for standard requests and 90 calendar days for complex requests	521 requests received; 304 of requests processed within 20 working days	255 requests received; 232 processed within 40 working days

- 27 Complaints received had an IG related component
- 251 IG incidents were recorded on Datix, 2 were reported to the ICO
- ICO Communications - 5 cases referred from the Information Commissioner (ICO) in respect of service user's concerns regarding delay in processing their application for records
- 71% of staff completed mandatory data protection training

Quality Approach Summary:
As a Learning Organisation the Trust is using its control and assurance data to shape services. The governance teams are working with clinical counterparts to create governance champions and standardise reporting and transferable learning across services. The 3 main themes of quality of treatment, staff attitudes and communication issues must be considered as areas for improvement.
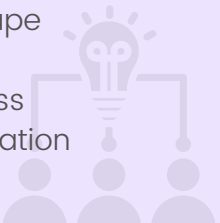
Learning from COVID

SET Vaccination team is an amazing example of the Trust's dedicated vibrant and éclat mix of staff coming together to deliver a high quality, effective and efficient service for service users and staff. The team have applied learning from the provision of a mass vaccination center at SSE Arena which has been adapted over various sites and in vaccine administration protocols.

During the Covid 19 pandemic many professionals with complementary skills and expertise offered their services to the Trust; Nurses, Doctors, AHPs, Dentists, and Veterinarians all undertaking the same roles in the vaccination team. Many returned to practice from retirement to work in SET bank to positively impact community health. Such staff diversity and dedication has never been seen before in the Health Service. SET embodied and embraced this diversity and many of these staff have remained within the vaccination team and used their experience in other areas within the Trust.

As a service, the team have developed to meet emerging Public Health needs and responded to unexpected events and emergencies.

This year alone has seen the delivery of multiple vaccinations including Flu, Covid, MMR, Mpx, HPV, School leaver boosters, Pertussis and RSV. As well as responding to identified needs in Regional events such as Pride, Balmoral, Higher Education, and supporting other teams SET including District Nursing and Schools.

The uptake from Frontline Health and Social Care Workers was impressive:
- Flu vaccine uptake 31% (highest across the Trusts / 2455 staff)
- Covid Vaccine uptake 24.7% (highest across the Trusts / 1,954 staff)

A flexible mixed delivery model has seen vaccinations offered in a range of locations to enhance the opportunity such as the Trust vaccination clinics, inpatient wards, pop ups, shopping centres, target areas via mobile bus, and in addition the team worked collaboratively with School Health and District Nursing to ensure timely vaccination.

In response to identified need, new Vaccination Programmes are developed. In September the RSV (Respiratory Syncytial Virus) programme commenced for Ante Natal (from 28 weeks pregnant) and older adults.
This will see the SET Vaccination Team establishing clinics in Maternity (Ulster, LaganValley, Downe, Ards Hospitals) and liaising with all care homes in the SET area (Residential, Nursing and Statutory) to offer vaccinations to those aged 75-79yrs (including those turning 80 before 31st August 2025).

Vaccinations 2023/24

*Covid and Flu statistics from PHA Surveillance: End of campaign report 2023/24

MMR — 281
Covid Infants (6mths-4yrs) — 412
Covid — 364
Covid — 7414*

Pertussis (Ante Natal from 16 weeks) — 64
Mpx — 35
Covid Spring Booster 2024 — 9285*
Flu
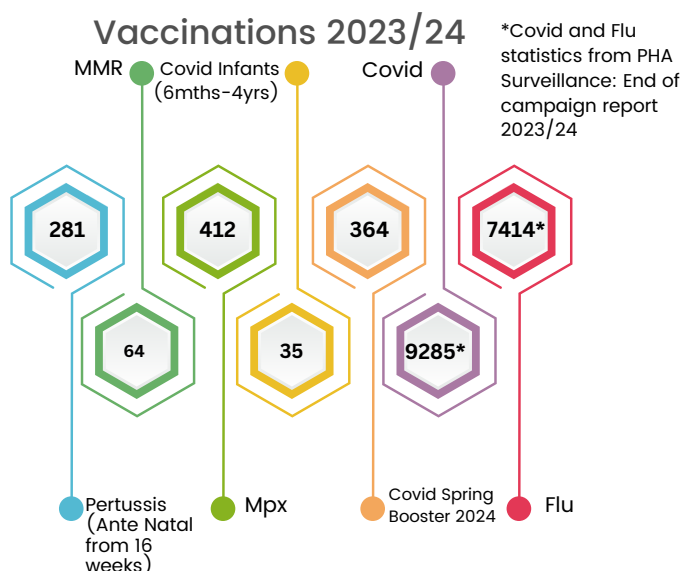
Vaccination is one of the most cost effective ways to save lives and improve health.

Our aim is to increase vaccination opportunity by:
- Making it easy for people to take up the vaccination offer.
- Offer vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations.
- Continue the Joined-up prevention and vaccination.
- Respond to identified needs by delivering multiple vaccination programmes.

🔗 End of Flu Campaign 2023/24

🔗 End of Covid Campaign 2023/24

🔗 COVID Learning Framework

Quality Approach Summary:
The Trust is still learning from COVID-19, building on the principles of the SET Learning from COVID Learning Framework. The Vaccination team has iterated change to continually provide quality care across various settings.

Volunteers Co-Production

Volunteering has been at the core of the aims and ethos of SET since its inception. Volunteering Services were established in 2001 to formalise volunteering, ensure good governance arrangements are in place and that those volunteers recruited are supported and recognised for what they do.

SET volunteers are from our local communities, they bring their diversity, creativity and energy to use their lived experience to influence how future services are planned and delivered. Providing opportunities for these local people to be involved in our volunteer services allows the Trusts' population to experience health and social care from a different perspective.

The work undertaken by Volunteer Services has led to over 400 volunteers working daily across our hospitals and community facilities with a diverse group of service users. Volunteers collaborate with staff and are embedded into teams to deliver roles that improve the patients experience and improves their care and wellbeing.
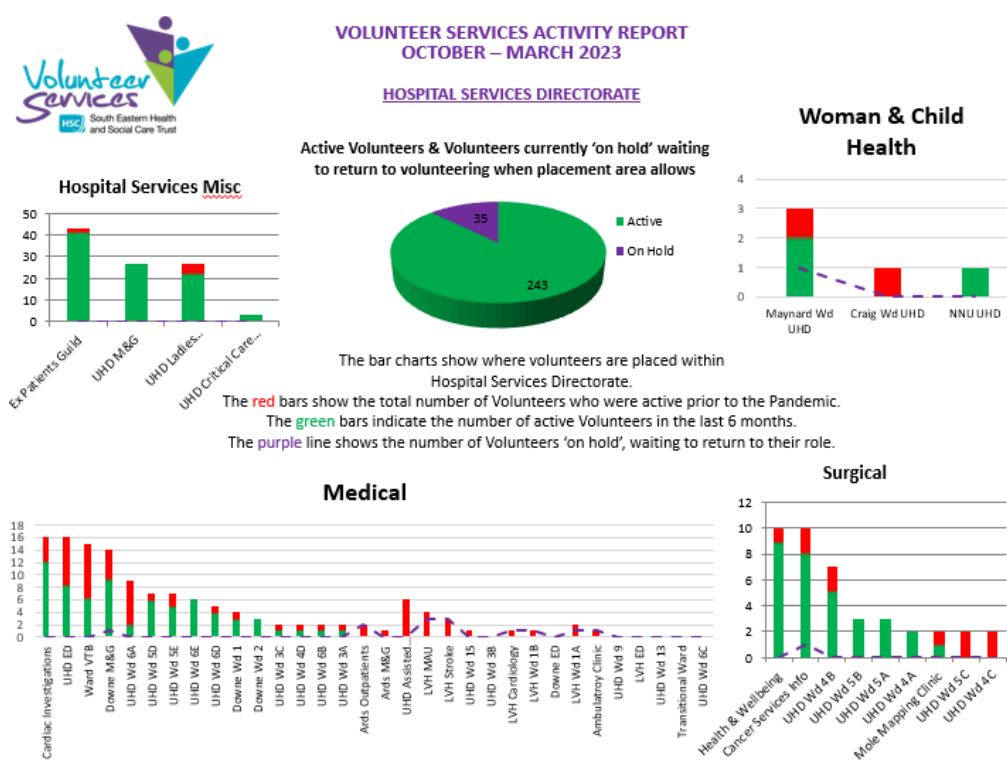
Volunteers have been making an incredible contribution to care and SET Trust Board are supporting the Volunteering Team in creating a new Volunteering Strategy for 2024 which will highlight the importance of the service and the unique contribution volunteers make to the organisation.

Quality Approach Summary:
The recognition of Social Capital is key to realising healthy communities. Volunteers are a vital contribution to the life and work across the Trust area. As an organisation we make time to listen to volunteers to co-design services, they make an incredible difference to the quality of care.

Sustainability in the Trust

2024 saw the introduction of the Climate Change (Reporting Bodies) Regulations (Northern Ireland) 2024. This requires the Trust under the Climate Change Act (Northern Ireland) 2022, as a specified public reporting body, to prepare reports demonstrating how they are adapting to climate change in the carrying out of their duties. The Trust has since established a Sustainability Sub-Committee to address the Trust's obligations under these Acts, co-chaired by both deputy Chief Executives as a vehicle to deliver these requirements.

The South Eastern Health & Social Care Trust has, since its inception, actively managed how its business activities effect the environment and has strived over the years to mitigate this impact through both committee led environmental management and investing heavily in energy efficient initiatives.

SEHSCT led the way with the large scale installation of 2100 panels of solar PV, last year generating 262,000 kWh of renewable electricity, equivalent to an annual reduction of 61 tonnes CO_2e.

The latest Estates Department initiatives are:

1 Boilerhouse Decentralisation – Newtownards Community Hospital 2023
The £0.7m scheme delivered a comparable annual reduction in Energy Usage from 2.6m kWh in 20/21 to 1.1m kWh in 23/24 equivalent to an approximate annual reduction of 350 tonnes of CO_2e

2 Boilerhouse Decentralisation – Ulster Hospital 2024
Delivering lower energy consumption and reduced operation costs.

3 Breast Screen facilities - Newtownards Community Hospital 2024
This project has achieved both a reduction in construction waste and reduction in energy consumption against traditional building methods.

4 Building Fabric Upgrades
Enhancing the energy performance of the building and environment for patients and staff.

Waste Management

There are 4 main aims in terms of waste management in SEHSCT:

To minimise waste produced	To ensure the waste that is produced is correctly segregated for correct disposal	To work towards the Climate Change Act (NI) 2022 target of 70% Non-Household Municipal Waste (NHMW) recycled by 2030	**0%** Zero to landfill

SET Waste Reduction 2023/24

4% ↓ Decrease Clinical Waste from 22/23

16.7% ↓ Decrease in Bulky Waste (Skips) from 22/23

2.1% ↓ Decrease in Food Waste from 22/23

7.6% ↓ Non-Household Municipal Waste from 22/23

10% ↓ Decrease in Confidential Waste from 22/23

5.35% of total waste sent to landfill

Case Study - EV pool cars in the community

Within Community Services, staff need to use their cars for work – including for delivering care to patients in a broad range of locations. Our Trust facilities, like most health care settings, have a limited amount of available car parking spaces. The introduction of pool cars negates the need for staff to bring their cars to work when alternatives, such as public transport, are available. This in turn frees up spaces for patient and visitor car parking.

The Trust was very keen to alight on a solution that was good for staff, good for the environment and good for the trust's financial position as well.

The Transport Manager suggested a small project to introduce EV cars for district nurses with a view to providing one vehicle per sector (3 in total) to:

- Reduce wear & tear on staff vehicles
- Reduce the total costs of travel claims
- Reduce our CO2 emissions / carbon footprint
- Improve our staff experience
- Improve parking and access to community facilities for patients

The initiative has been very much welcomed by teams, with a number of clear benefits reported in relation to reducing fuel costs and vehicle wear and tear for staff. The impact of this project on District Nursing teams has seen the improved morale of the nurses who directly benefit from access to the vehicles. They express that they feel valued and listened to as this initiative was introduced during the significant rise in fuel costs.

Travel Planning

1. There were 30,596 miles travelled by Trust Electric Vehicles in the 23/24 year, an increase of 11,494 miles from 22/23 year. This reduced the Trusts carbon emissions by approximately 12.38 tonnes.
2. In addition, there were three Travel Plan events held in the 23/24 year to promote sustainable travel options to assist staff getting to and from work.
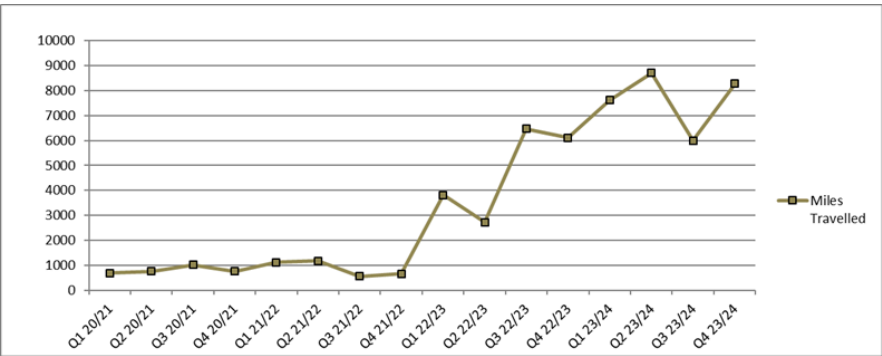
The vehicle savings to date, if maintained at the current rate, will see the project return initial investment on the vehicles within 3 years. The three cars have a combined potential net savings of £80k over their expected 7-year lifespan.

	CO2 Savings (Tonnes)	Financial Savings
Car 1 Ards Sector	1.42	£1212
Car 2 Lisburn Sector	2.06	£2095
Car 3 Downpatrick Sector	5.54	£6912
Total	9.02	£10,269

SET Car Pool EV Case Study

Quality Approach Summary:
The Quadruple Aim Framework in Quality 4 ALL recognises the importance of sustainability creating value across the organisation and environmentally. The pioneers of this work are embedded in patient experience and estates teams, it is an imperative that we learn from these initiatives and transfer learning across clinical and corporate teams.

2 STRENGTHENING THE WORKFORCE

Objective 3: We will provide the right education, training and support to deliver high quality service.

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

The SE Trust People Plan is foundational for creating the conditions for its workforce to flourish. There are a number of initiatives organisationally to receive feedback and support staff. Psychological safety is the foundation upon which a culture of trust, collaboration and innovation can evolve. SET Quality Academy has a comprehensive suite of training. Organisational mapping has been conducted to explore the workforce capacity for quality management. Creating networks across the organisation is a key priority.

This section of the report focuses on building skills and leadership capacity across the organisation and the leverage of the quality team and centre resources to promote creativity.

▶ Our People Plan

▶ SET Investors in People

▶ Creating the Conditions for Improvement - Quality Academy Overview

▶ Quality4You

▶ Quality Fundamentals - Case Study

▶ Regional Quality Improvement Programme for Social Work, Nursing & Midwifery

▶ QI Mentors

▶ SEHSCT Quality Fellowship

▶ Clinical Medical Fellows in QI

▶ Ward Discharge Nurse Survey

▶ Creating the Conditions for Improvement - Messaging & Facilities

▶ Organisational Capacity Mapping to enable and embed Quality 4 All Strategy

Our People Plan

Our People Plan is for everyone who works in South Eastern Health and Social Care Trust. By placing our People at the heart of everything we do, it sets out our commitment to each other on how we can work together to deliver the best possible outcomes for the People who use our Services.

Permeated in our HSC Values, and, with a clear focus on Our People Priorities of:

Growing   **Wellbeing**   **Leading**   **Empowering**   **Belonging**

Our ambition is to enhance the working lives, experiences and learning and development opportunities of all Our People.

We are proud of the advancements we have made on embedding a whole-Trust approach for Our People Plan. Aligned with our Investors in People principles and practise, and, with governance and accountability at the forefront of our thinking and actions, Our People Plan is of central importance to the functioning of all Directorates and Leadership Discussions.

Key Achievements

- The development and implementation of a 'Corporate People Plan'.
- Ongoing Development and Implementation of 'Directorate People Plans'.
- Governance and Oversight Structures – 'People and Culture Committee' (Chaired by a Non-Executive Director) and 'People and Culture Steering Group'.

Outcomes

As evidenced within the 'People and Culture Steering Group Plan', throughout 2023/24, there has been a range of diverse work and related activities undertaken in relation to Our People Priorities, resulting in positive People outcomes. Examples of work undertaken includes:

- Embracing a Trust-wide focus on attracting, recruiting and retaining the right People to work in our Trust.
- Keeping our People safe, whilst supporting their Health and Wellbeing.
- Support Teams to be effective and motivated to be high performing.
- Empowering our People to share ideas, generate and inspire innovation, and continuously and improve services.
- Making SET a welcoming and good place to work for all of our People irrespective of background and/or beliefs.
- Fostering a leadership culture that will be the outcome of collective actions of formal and informal leaders working together to deliver our shared purpose of safe, high quality care delivery.

The Difference That Makes The Difference

With togetherness and partnership at the heart of our approach; working together to improve the experience of everyone within South Eastern Health and Social Care Trust.

Quality Approach Summary:
The People Plan is foundational to the implementation of Quality 4 All. It highlights the key components and value base to create a culture for staff to flourish. Metrics associated with the People Plan will be used across Quality work.

SET Investors in People

The South Eastern Trust is the only Trust in Northern Ireland that has taken a Staged, Rolling Review approach to Investors in People and we are proud to work with operational staff as IiP Internal Reviewers and IiP Champions.

Our aim is to engage with our work colleagues to hear how better people practices could support them to improve their experiences and the services we deliver.

This ensures our assessments remain real, reflecting frontline pressures and both organisational and service priorities.

In October 2023 we completed our 3-year Trust-wide assessment cycle (2020-23) and maintained our Investors in People Silver accreditation.

This was an extensive engagement project spanning 3 years and during that time we undertook 23 IiP assessments; 3221 people provided feedback via the IiP online assessment (12% higher than previous) and we met with 659 people during the IiP on-site assessments (104 more than previous).

28 IiP Reports were produced and feedback presentations delivered to every Directorate across the Trust, always with a focus on continuous improvement. This feedback, and ongoing engagement with Our People, is now being used to develop Directorate People Plans that help us to strive to nurture a culture that is compassionate, where everyone is valued, and safe, so that high quality care is delivered.

BELONGING   WELLBEING   GROWING   EMPOWERING   LEADING

IiP Report 2023-24

SEHSCT People Report

Quality Approach Summary:
Investors in People is an important part of the organisational improvement cycle, enabling staff to highlight best practice and areas of deficit to enable managers and teams to plan positively for the future.

Creating the Conditions for Improvement - Quality Academy

The aim of the Quality Improvement Academy is to bring together expertise to support Trust staff with quality improvement and innovation work. The Academy will provide the training and tools to assist staff to channel their ideas into projects and initiatives that will lead to excellence in service provision. The Quality Improvement Academy has supported building the capability of multi-professional staff in undertaking improvement initiatives that result in measurable and sustained improvements for service users. By participating in the programmes offered, a community of thinkers and innovators has been formed with staff interacting and supporting innovative, creative thinking and learning. The Quality Improvement Academy offers a range of different programmes for all levels of staff, from a short introduction to Quality Improvement to longer programmes where participants carry out a Quality Improvement project. Programmes fall under Level 1, 2 and 3 and all are aligned to the regional Q2020 Attributes Framework for Health & Social Care.

Quality Improvement Academy

LEVEL 1

Q2020 Attributes Framework
QUALITY IMPROVEMENT & INNOVATION SEHSCT

Q2020 eLearning
This is mandatory training for all staff

QualityLite
QUALITY IMPROVEMENT & INNOVATION SEHSCT

QualityLite
Introduction to Quality Improvement
2 hour face to face session open to all trust staff

LEVEL 2

Quality Fundamentals
QUALITY IMPROVEMENT & INNOVATION SEHSCT

Quality Fundamentals Programme
Aligned to a trust / Directorate / Departmental priority

Quality4You
QUALITY IMPROVEMENT & INNOVATION SEHSCT

Quality4You Programme
Aligned to a trust / Directorate / Departmental priority

Quality4Teams
QUALITY IMPROVEMENT & INNOVATION SEHSCT

Quality4Teams Programme
New Pilot – MDT approach to Quality Improvement
Aligned to Trust / Directorate / Departmental Priorities

Quality Improvement in Nursing & Midwifery

Quality Improvement in Social Work & Social Care

Regional Social Work, Nursing and Midwifery Quality Improvement Programme
QI Programme Funded by DOH delivered by SET open to Nurses, Midwives and Social Workers across the region

LEVEL 3

QualityFellowship
QUALITY IMPROVEMENT & INNOVATION SEHSCT

SEHSCT Quality Fellowship
Quality Improvement Fellowship delivered by SET is designed to give staff the tools and expertise to drive improvement across the trust by applying improvement science and effective leadership

ScIL
20

Quality
Fundamentals
4

Quality Lite
1806

MSc
Business
Improvement
14

Total Number
of Staff
Trained in
Quality
Improvement
Programmes

Quality 4 You
754

QI
Fellowship
15

Regional Quality
Improvement
in Social Work,
Nursing and
Midwifery
172

The Quality Improvement training provided within the Academy helps make a difference by:

- Building champions for change across the Trust
- Helping create culture and skills in continuous quality improvement and sustainability
- Developing an understanding in the processes involved in improving quality, safety and user experience
- Building energy and passion for creative thinking and learning.

New in 2023/24

Quality4Teams

In 2023 preparations have been made to create a Level 2 programme specifically for multi-disciplinary teams to build and develop skills and knowledge in continuous quality improvement and rapid cycle testing. It will be delivered via combination of face to face teaching sessions and coaching sessions with the individual teams with a dedicated coach.

Quality Fellowship

The Quality Fellowship programme aspires to develop a group of leaders with the enthusiasm, experience and skills to champion the spread of improvement in health and social care. The fellowship aims to build organisational capability for Quality Improvement through developing skills and expertise to drive improvement at an organisational level.

Service Users Quality Improvement Programme

At the request of service users The Recovery College, QI Academy, Social Work Learning & Improvement Team and a service user co-produced and co-delivered a half-day programme on Quality Improvement methodology.

Quality Approach Summary:
Increasing organisational capability and capacity in Quality Improvement and System Design is a focus of the Trust. The Quality Academy is enabling staff from all services and settings to become leaders of change. The quality team needs to upskill in the developing areas of system thinking and evaluation, to lead this work across the organisation.

Quality4You Programme - NIAS

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

The Quality4U Programme was delivered to Northern Ireland Ambulance Service staff in 2023/24. Quality 4U is a Level 2 Quality Improvement training programme which runs over eight months. Nine NIAS participants representing frontline and service management across the Organisation took part in the programme.

The structured course enabled learning in system understanding, change theory and leadership, through the programme participants carry out a QI project and develop a poster applying the knowledge, skills and QI tools they have learned. A total of 7 final projects were presented to senior leaders and QI Alumni at the end of the programme.

Transferable Learning

Project	Transferrable Learning
Clare McVeigh Compliments Count: Enhancing Service Through Positive Feedback	Enhancing service through positive feedback.
Gareth Tumelty NIAS & St John Ambulance(SJA) NI Falls Response Improvement Project	Approach to reduce the response times for patients who are uninjured following a fall.
Brian McWilliams PATIENT CARE SERVICE IMPROVEMENT PROJECT How do we improve outpatient data quality?	Improving outpatient data quality by increasing the overall % of outward outpatient journeys with a "booked ready" time.
Anne Sloan Improve Compliance with KPI Target for Vehicle Cleaning	Increasing compliance with KPIs for vehicle cleaning.
Orla Neeson A Quality Improvement Project to Introduce an Incident Response Bag for Ambulance Commander's.	Introduction of a Commander Incident Response bag.
Ruth Robb & Claire Fitzsimons Increasing compliance with glove usage	Improving performance with PPE usage.
Laura O'Connor and Natasha Sheppey Improving the quality of information recorded between line manager and staff at first contact when reporting absence	Change ideas improved the consistency and quality of sickness reporting at first contact, initial improvements have been maintained signalling an improvement in the behaviours of the line managers.

🔗 Quality 4 You NIAS Projects

Quality Approach Summary
The Quality 4 You programme is inter-organisational and multidisciplinary in nature, which provides a greater understanding of quality of care across systems. The structure of the course has developed collaboration and coproduction with NIAS teams using QI methodology to create the culture and skills to implement change.
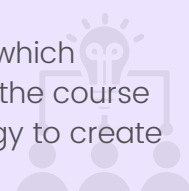
Quality4You Programme - NIAS

Northern Ireland Ambulance Service
Health and Social Care Trust

Case Study - Compliments Count
Enhancing Service through Positive Feedback

In 2022/23, HSC Trusts received a total of 26,474 compliments, out of these 1.5% (406) were received by NIAS representing 0.1% of all 334,806 emergency ambulance calls attended and non-emergency journeys. By capturing data reflective of the service NIAS delivers, it helps to identify and share learning which can influence work plans and inform individual staff PDRs.

Aim of Project:
To increase the amount of service user feedback received within North Division by 50% by 31 July 2024.
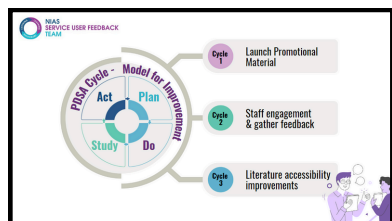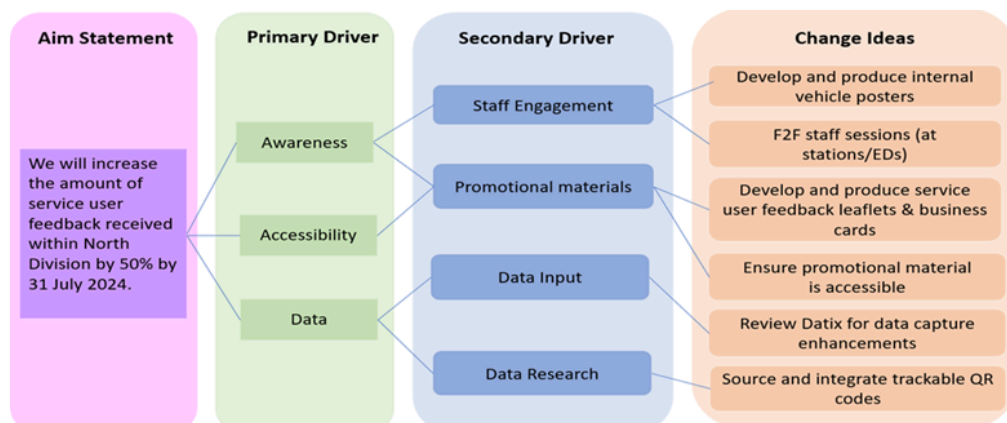
PDSA Cycles included:
- The development of feedback leaflets and business cards
- 'How did we do today?' posters with QR codes in A&E and PCS vehicles.

Service User Feedback Received
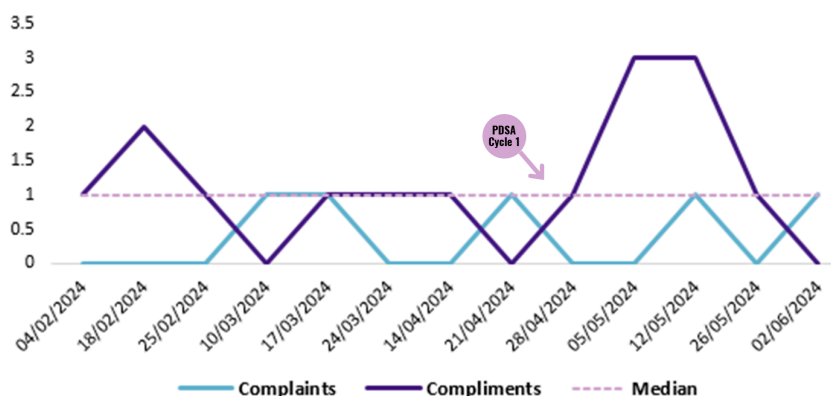
Challenges & Opportunities
- Staff anxiety regarding increasing complaints.
- Accessibility of promotional material.
- Impact on the Service User Feedback Team.
- Culture of not providing feedback.
- Staff morale / confidence to ask service users for their feedback.

Quality Approach Summary:
The importance of creating feedback loops in service to promote improvement is realised in this NIAS work. Introducing small changes using Quality Improvement methodology has led to a 60% increase of the amount of service user feedback received following the first PDSA Cycle.

Quality Fundamentals

The Quality Fundamentals Programme has been designed to develop the knowledge and skills of our non-clinical and clinical support staff in undertaking small step change within SET. Quality Fundamentals particularly concentrates on the practical application of appropriate quality improvement tools and methods, so participants will be required to carry out an improvement project throughout the programme.

During 23/24, 4 participants of our pilot cohort successfully completed the programme by adequately evidencing (within a portfolio of work) their ability to apply the knowledge and skills learnt across a range of topics such as:

- Building a QI team
- Understanding the system
- Generating change ideas
- Measurement,
- PDSAs
- Human side of change.

PROJECT	TRANSFERABLE LEARNING
Alex Boyd, Community Staff Nurse Improving Compliance of Recording Patient Data in the Community Nursing Diary	Design of diary template to prompt completion of required data fields
Debbie Tinsley, Technical Instructor (Paediatric Physio) Paediatric Reusable Standing Frame Project	Information leaflet developed to be attached to all equipment issued with very clear instructions and Do's & Don'ts list. Good communication within a team allows for better exchange of ideas that can be building ground for making lasting sustainable improvements
Philip Brook, Laundry Supervisor Improving Stock Management in Laundry	Better communication within team has helped develop wider knowledge, logistics of storage and transportation helping team to be more reactive and reduce costs
Sheila Fella, Dementia Companion Educating RITA QI Project – Delivering Therapeutic Meaningful Activity Using Digital Technology	Through using technology (RITA), enhanced stilumlation for dementia patients, better communication with staff and satisfied families

Case Study - Improving Stock Management in Laundry

Ulster Hospital Laundry provides a service to the whole of SET plus other private clinics and hospitals. It has a team of 25 people working in laundry covering all aspects of the process. Due to current problems of overspending, security and control of stock, fire risk of stock storage and timescale and delivery issues for emergency orders, it was decided this project should focus on new stock levels, our needs and requirements, when we need stock and how to reduce costs, while keeping service agreements functioning at agreed levels.

Project Aim
- To reduce by 60% costs within 3-6 months of the date changes are implemented
- To reduce by 70% avoidable usage of stock within the dates that changes are implemented

Changes Implemented
- Move stock storage to CSSD, as more room to hold extra stock for emergencies
- Stock control sheets introduced to record stock used, date, reason and destination
- Introduce spreadsheet for stock control
- Offsite storage facility, alleviates waiting times for delivery, greater access and greater control of stock usage.
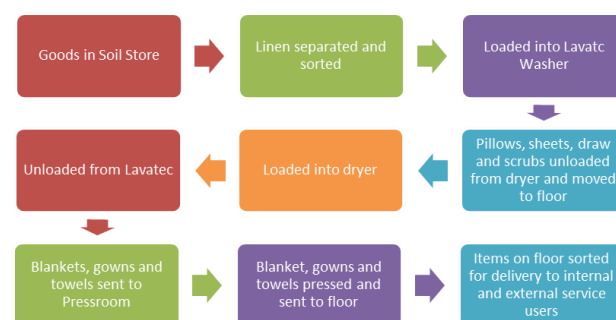
Project Learning
- Communication in the team is vital to appreciate the individual roles and how everyone functions effectively as a team
- Process mapping helped to show that it was the machinery and not the practices that was the main area of concern, this helped with staff morale
- Developed new tools and strategies so that there is better communication between the different teams and within the department itself
- Change in storage facilities and a better knowledge of the logistics of the storage and transportation from the sites helps in an emergency situation and reduce stress
- Introduction of records maintaining linen usage, reason and delivery point
- Introduction of spreadsheets to improve stock control

Quality Approach Summary:
Collective leadership is a dynamic approach to providing Quality care. The Quality Fundamentals course is building improvement leadership across support services. It is important to apply an equity lens on training opportunities and uptake across the organisation.

Regional Quality Improvement Programme for Social Work, Nursing & Midwifery

This Q2020 Level 2 programme is funded by the Department of Health and Social Work and supported by Chief Social Worker Aine Morrison and Chief Nursing Officer Maria McIlgorm. The programme aims to provide a Level 2 Award focused on: Delivering Improvement.

Focus

Those engaging with on the regional programme are from all 5 Trusts, Independent Sector and other healthcare organisations such as CEC, NIPEC, RQIA, Marie Curie, PBNI and Youth Justice. This diversity provides opportunities to network across the region and is a shared learning experience. Participants are encouraged to support the delivery of strategic objectives and vision of the Health and Social Care and ultimately their organisation.

Transferable Learning

PROJECT	TRANSFERABLE LEARNING
Improve the Management of medications from admission to discharge	Process mapping helped to identify where to start early on in the process
Improving Engagement in the Wellbeing HUB	Increasing client engagement created a better understanding and accessibility of the service
Right person, Right care, Right pathway	Small scale change can have an impact on the wider trust priorities
Introduction of a Palliative Care Clinical Specialist	Outcomes for patients with palliatiive care needs can be achieved by reducing ED attendances
Why are safety briefs and communications important?	Maintaining good channels of communication is essential to staff and patient safety
Improving the Process - Project Management	Identifying barriers was important and using the QI tools can help you plan and remain focused
Promoting Dementia Friendly Care Homes	Planning stage is key and a driver diagram helped to structure the project
Discharging residents back from the Emergency Department	Transfer of care documentation improved information between ED and the care homes
To improve patient experience and feedback	Allowing the voice of service users to be heard will ensure that their needs are being met
Employer referrals to Fitness to practise for Social Care Workers	A driver diagram promotes engagement through a variety of perspectives
Improving the patient journey from consultation to appointment	The importance of co-production is essential to move things forward and initiate change to practice

PROJECT	TRANSFERABLE LEARNING
Introduction of a Greatix Reporting System	Process for introducing and embedding the Greatix positive feedback system
Improving residential care workforce training and development compliance	To increase rates to which residential care workforce complete mandatory and professional training
Improve the quality of risk assessment within PBNI	Implementation of a training and quality monitoring process for Probation risk assessments
Employer referrals to Fitness for Practice for Social Workers	A driver diagram promotes engagement through a variety of perspectives
Increasing referrals to MARAC	Implementation of a training and resource support mechanism to Children's services
Annual Review Register Pilot	To increase timeliness of statutory care home reviews
Improve activity based opportunities for young people within Lakewood	To increase the physical and leasure activities available for young people
Supporting young people in crisis within a secure setting	To increase the physical and leisure activities available for young people

View Posters Here

Quality Approach Summary

The Regional Programme is an opportunity for shared learning across Trusts and disciplines. These connections and collaborations are essential for enabling system change. Organisations need to be ready to convene the learning, new skills and support the projects developed during the programme.

Case Study - Right Person, Right Pathway, Right Care

This pilot study was a joint project between Beaumont Care Homes Group and the Permanent Placement team in SET. The project focused on the creation of additional dementia bed availability in the nursing home sector through the use of a revised re-assessment process.
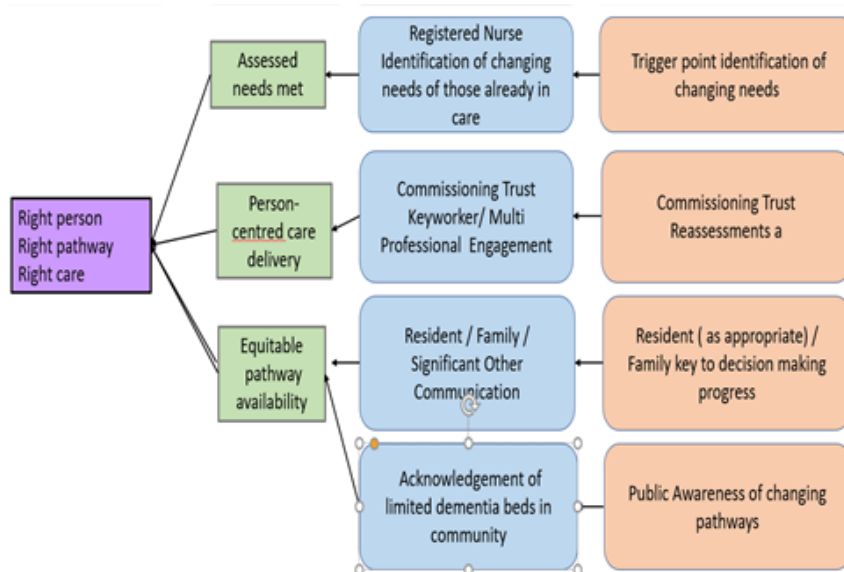
Building will for change: During team meetings the process for admission was reviewed and discussed which helped all involved to understand what was happening in the system.

Diagnosing problems: A Fishbone Diagram was used to identify potential factors that contributed to the delay in moving patients to a more suitable environment for their needs. The use of a Driver Diagram helped to create a way forward and supported the development of change ideas within the team.
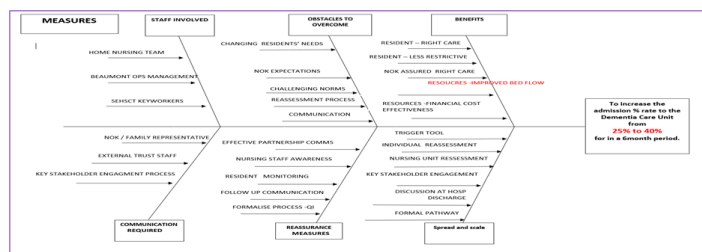
Plan of action: The use of PDSA cycles helped to guide aspects of change management. The assessment process was revised to include trigger points and this work was undertaken collaboratively with staff in the home and the patients' next of kin.

Outcome of pilot study: Through reassessment of individual needs 62.5 % (5/8 Residents) were able to be transferred to a more suitable environment.

Key Learning: The leads for this project learned the importance of asking the right questions in the right way to get the right information to make change happen. Additionally, they learned that key to the success of any project is the involvement of all stakeholders.

Quality Approach Summary:
It is vital to have an understanding of what is going wrong within a system to effect change that will lead to improvement. This project outlines how the use of QI methodology helped initiate small step change that has the potential to impact on a wider scale through explaning to other nursing homes, ultimately releasing beds within the acute sector.

Case Study - Paediatric Reusable Standing Frame

This project focused on reviewing and seeking to increase the physical and leisure activities for Young People within Lakewood Centre. The project would lead to the adoption of an approach across the service that greatly increased the physical and emotional wellbeing of the young people who have been involuntarily placed within the secure setting that is Lakewood. The significant subjective reports were highlighted as improved sleep, confidence, mood, and objective reports from staff of reduced incidents of physical aggression, emotional distress and self-harming behaviours as per the Warwick-Edinburgh Wellbeing scale.

Using a joint working model between Lakewood and the Youth Justice Service within Woodlands Juvenile Justice Centre access was provided to risk assessed physical activities and gym equipment as well as one-to-one input from staff with the focus on increasing the young peoples' access to fitness activities they valued. Using a range of methods including process mapping, surveys and focus groups with young people and a robust driver diagram, the QI team devised change ideas that amended and placed the young person at the centre of care plans devised within Lakewood.

Outcome of Well-Being Scale (Out of 14 participans)

8 - Reported Improved Sleep	14 - Reported feeling more relaxed	10 - had increased energy levels

10 - felt more confident	9 - felt interested in exploring new things	11 - reported improved mood
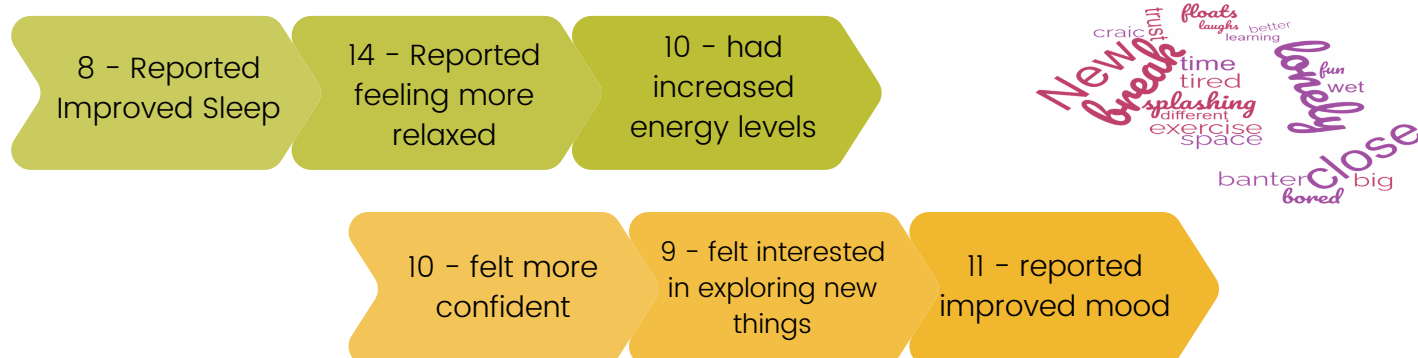
Key Learning

Leadership skills are key to engaging the QI team directly, co-working with other services such as the Woodlands team as well as the wider staff team within Lakewood.

Focusing on service culture as well as service care planning systems, allowed the team to devise various change ideas when implemented via the iterative PDSA cycles.

The use of direct service user feedback throughout the change process ensured that outcomes achieved by the change, were meaningful and thus more impactful.

Quality Approach Summary:
Understanding the system is the first step to building a plan for change. The use of process mapping and service users articulating their journey was key to the positive outcomes for the project.

Development of QI Mentors to support Improvement Work

QI Mentoring is a vital part of delivering improvements using QI Methodology by offering support to all who participate in our QI Programmes within SET and regionally. The value of one-to-one mentoring is consistently highlighted as essential by participants in the evaluations of our progammes. It is with this in mind that we actively seek to maintain and continually add to our Mentor database.

Mentors learning needs analysis: Prior to all programmes, a learning needs analysis of our Mentors is carried out to ensure they are prepared and supported to undertake the role.

Mentor Update Day: An update day is offered prior to the commencement of the Regional QI Programme. Theoretical content is delivered by the QI Leads within SET and is based around the learning needs of the Mentors. This year the focus was on: Process Mapping, Fishbone, Run Charts, Pareto Charts, and Measures.

Mentor Feedback:

I have better understanding of QI Data Tools

I now understand expectations

Reassurance, It's okay not to have all the answers

Safe space to learn from open group discussions and networking

Regional QI Participant Feedback on Mentors:

- My mentor helped provide valuable insights
- I felt supported to practice the use of new QI Tools
- I learned from the sharing of Mentors QI knowledge
- My mentor was absolutely vital in getting me over my stumbling blocks and prevented me from leaving the course

In total 97% of participants were satisfied with Mentor support throughout the programme.

Quality Approach Summary:
Mentoring is part of building a strong network of improvement leaders within the Trust. The Quality Academy focuses on training and developing people who have completed QI programmes to become mentors to future cohorts, creating a dynamic support network.
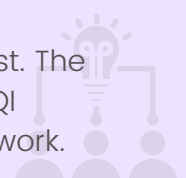
SET Quality Fellowship

Overview of the Fellowship

SET offers a year long Fellowship course run by the Quality Team, this is equivalent to a Level 3 Quality Course in the Q2020Attributes Framework.

The course is focused on protected time one day a week for didactic teaching, peer review and project based learning. There are 4 modules focusing on Quality Improvement Methodology, Leadership, Creating Change and System Thinking. Practicuum runs throughout all 4 modules with supported mentoring. There are additional learning opportunities and masterclasses throughout the year.

The strength of the course is a diverse teaching faculty across all 4 modules including: SET QI Academy, SET People and Organisational Department, SET Fellowship Alumni, CoFink System Design, QI Faculty from across the region and HSC Leadership Centre.

This year there were 7 staff participating in the Fellowship from medicine, social work and corporate services. Their Improvement projects aligned to Corporate Priorities including hospital and community flow, unallocated cases in social work and domiciliary care modernisation.

Module 1: What Quality is and why it matters in today's HSC context

- Introduction to Quality management systems
- QI Methodologies
- Understanding systems inc. introduction to Ecosystem mapping
- Tools of QI
- Achieving a Baseline
- People side of change – Introduction to Teams and Quality Leadership Development including Collective Leadership

Module 2: Leading and Influencing in a QMS context

- Understanding variation through data for improvement (part 1)
- Unleashing creativity and harnessing change ideas for improvement
- Emotional intelligence and leadership effectiveness
- Organisational and personal resilience

Module 3: Enabling shared learning

- Understanding data for improvement (part 2)
- Connecting the head, heart and hands – the importance of stories
- Driving outcomes – Sharing our learning with colleagues and across departments
- Regional, National and International opportunities for learning
- Considerations for Spread and Scale

Module 4: Innovation in Industry

- What can HSC learn from non-HSC organisations?
- Site visit to industry to see applied QMS
- Learning from BT Innovation partnership
- System thinking

Outcome

This course is part of creating improvement capacity in the organisation, developing leaders in Quality Care and Change Management who can use system design to shape and innovate services.

Quality Approach Summary:

The Trust has an experienced faculty in Quality Improvement and Population Health and are able to lead an internal Level 3 training programme. This Fellowship is equipping staff to lead strategic improvement work and system redesign. Many of the participants projects contributed to the Corporate Improvement Priorities.

Clinical Medical Fellows in QI

Medical leadership is essential in creating system wide change. THIS Institute has published recommendations of how to leverage effective medical resources in improvement science. Foundational to this are medics that are involved in strategic improvement work and do not apply their effort to micro projects that are often not sustained.

As part of a collaboration with the medical directorate new junior doctor clinical fellow posts were piloted with a Quality Improvement Focus. The Clinical Quality Improvement Fellows have one day dedicated to learning Quality Improvement Leadership and Skills and be involved in strategic leadership work. The medics participated in the SET Quality improvement Fellowship course.

The Clinical QI Fellows are working in the medical directorate and have applied their learning on their wards, participating in the unscheduled corporate improvement priority focusing on flow.

Aim

1. To decrease the time delay from a patient being declared medically fit to being discharged from ward, thus freeing up acute beds.

2. Dedicated doctor focused on discharge duties i.e. updating hospital courses, medicine reconciliation with the pharmacist, expediting investigations and referrals, would have a positive impact on the patient flow.

Planned changes :

- Dedicated doctor and discharge nurse on the ward: constant communication to expedite referrals and investigations
- Develop practice of updating hospital courses daily
- Early identification of potential discharges
- To introduce Discharge flow chart to new doctors on the ward

Initial Outcome:
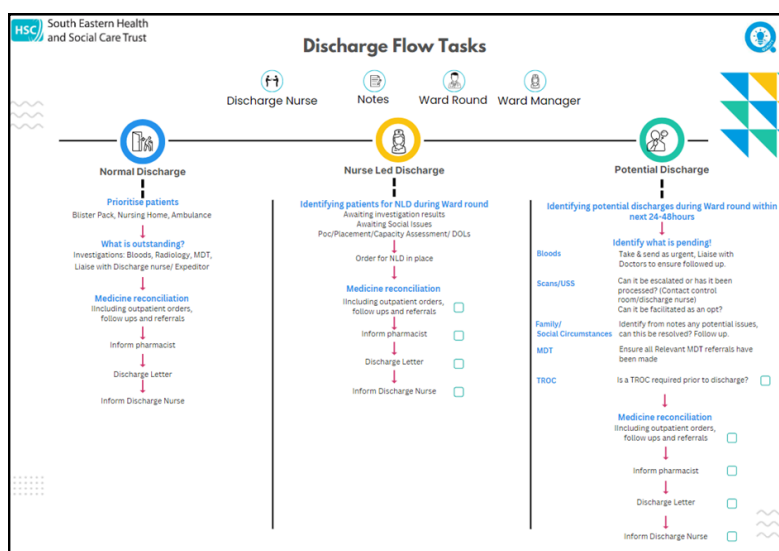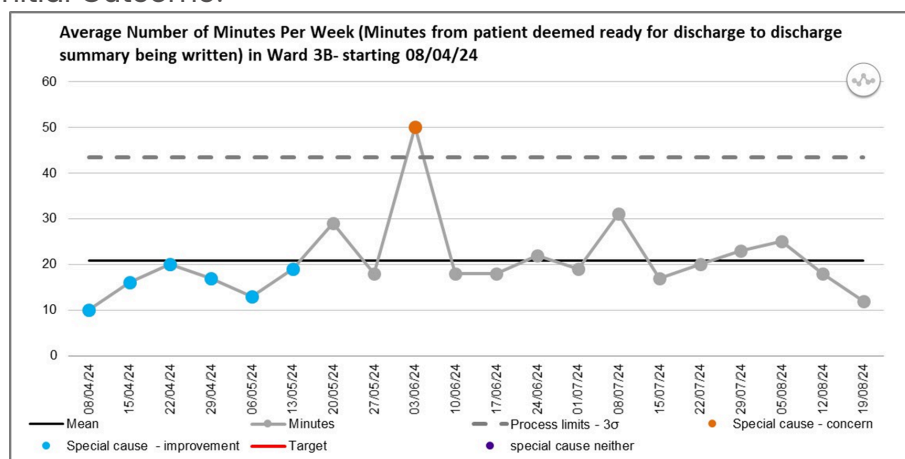
Quality Approach Summary:

This is the first year of developing a Medical Clinical Fellowship in Quality Improvement. Published literature highlights the importance of medics being involved in strategic change projects. This programme has worked to these principles, with the aim of creating dynamic leaders of the future.

Ward Discharge Nurse Survey

The Ward Discharge Nurse Survey was developed to help understand current practices and process within wards and to take the opportunity to support teams with regards to the Role of Ward Discharge Nurse (WDN). The quality team administered the Ward Surveys which were completed by staff between the 9th -17th January 2024.

A number of questions were identified to ascertain how the role was allocated and utilised within wards including:

- Total number of Ward Discharge Nurses assigned.
- Who the role was allocated to
- How many times has the WDN had this role in the past 2 weeks?
- How long the WDN shift was
- Communication
- What works well?

As the week progressed all 11 wards had a nominated WDN, however the number of wards ring-fencing the role ranged from 4 to 2 wards.

The length of WDN shifts allocated varied half day to full day shifts. Feedback from staff indicated the value on some wards for full day shifts in expediting afternoon discharges and planning for the next day's discharges.

What works well?

- Gives staff better time with patients to focus on their care.
- Role is good if high flow and complex patients needing a lot of intervention
- Benefit is takes the pressure off the ward staff
- Sole person promotes the discharges
- Flow working better in identifying patients early
- Moving to discharge lounge earlier
- Role enables a sole focus on tasks without distraction
- Role is very clear of what is expected
- Clearly identifying timeline.
- Consistency of discharge nurse enables tasks to be completed

What could be improved?

Respondents made suggestions for improvements based on their experiences which included optimising Night Staff role to prep for early discharge and early ward rounds.

Key tasks associated with the Ward Discharge Nurse Role were identified and disseminated to the wards, throughout the survey it was identified that increased numbers had seen the tasks identified.

Within this work, it was identified that several wards had very clear processes around how the ward discharge nurse is used. Based on this, their tasks were mapped and a Process and Tasks Flow Sheet was developed.

Quality Approach Summary:

The Ward Discharge Nurse work is part of building capacity for the Hospital and Community Flow work in the Trust. Embedding the role has been challenging. It is important to co-design new roles and ways of working and to standardise them through working protocols. Training and Communication are fundamental to this innovation.

Creating the Conditions for Improvement - Messaging and Facilities

QIIC ARDS

In QIIC Ards there was a total of 709 room bookings throughout the 23/24 year with a 2% rate of no shows or late cancellations.

The opening of QIIC Ards in November 2022 has in the last year, helped the Trust to enable connection within the wider community. The Children's Residential Team were delighted to be able to use QIIC Ards for their new project.

QIIC Ards Usage by Directorate

- Primary Care and Older People
- Nursing and Midwifery, AHP's and Patient Experience
- Unscheduled Care
- Surgery, Maternity and Paeds
- Mental Health, Learning Disability, Psychological Services and Healthcare in Prison
- Finance and Estates
- People and Organisation Development
- Children's Services and Social Work
- Planning, Performance and Informatics
- Encompass
- Other

The Residential Support and Engagement Team, attached to Children's Residential, piloted a Parent and Carers group using the QIIC building in Ards. The setting helped in our aim to create a sense of warmth and welcome for the group.

QIIC UHD

In QIIC UHD there was a total of 1480 room bookings in 23/24 with a 5% rate of no shows or late cancellations.

To allow for the implementation of Encompass, rooms in QIIC UHD were retained for staff to use and this resulted in Encompass using QIIC UHD for 46% of the time in 2023 - 2024.

QIIC UHD Usage by Directorate

- Primary Care and Older People
- Nursing and Midwifery, AHP's and Patient Experience
- Unscheduled Care, Medicine and Cancer
- Surgery, Maternity and Paeds
- Mental Health, Learning Disability, Psychological Services and Healthcare in Prison
- Finance and Estates
- People and Organisation Development
- Medical Director
- Children's Services and Social Work
- Planning, Performance and Informatics
- Encompass
- Other

Quality Approach Summary:
SET has a brilliant resource in the two Quality Improvement and Innovation Centres. These buildings promote interdisciplinary and cross directorate collaboration and create space for critiquing current demand, service provision and fresh ways of working.

Organisational Capacity - Creating a Network of Change Agents

Developing a skilled and resourced workforce is essential in providing Quality Care. In SET we recognise the power of networks in an organisation to create dynamic learning loops, motivate teams and apply and adapt best practice.

To establish the structure needed across the organisation, the Quality Improvement Team devised an organisational capacity survey which was issued across the Trust. This involved senior managers and medical leaders identifying roles across services and teams with someone allotted to Quality Improvement, Service Improvement, Audit, Governance, PPI, Digital Leadership and Data Analytics. 160 were identified in these roles across the directorates.

The next stage is to distribute a system survey with questions focused on the level of training, experience, structure of support and anticipated needs for establishing a Quality Management System.

This is to establish a network of change agents in the Trust. People who are skilled, empowered and connected to strategic change.

QI Alumni

QI Fellowship	11	IHI Advisor	10
Postgrad Diploma	11	IHI Improvement Coach	3
MSc in Business Improvement	13	ScIL	6
MSc in Business Administration	3	SQSF	3
Masters Degree	6	IHI Chief Quality Officer	1
MSc in Public Administration	1	Emerging Workforce Programme	3
Leadership course, Including ILM 5 and PG Cert	8	PHD in Psycholinguistics	1

Staff per Directorate
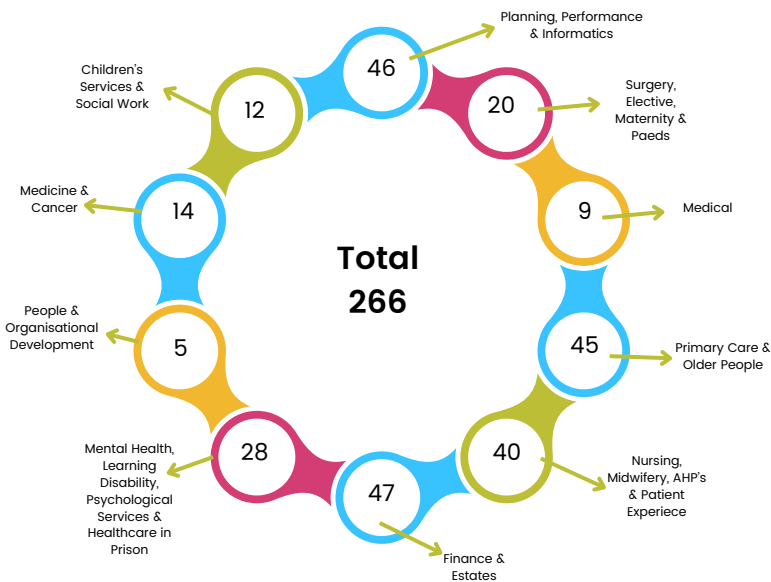
Staff across the organisation who have undergone high level leadership or improvement courses.
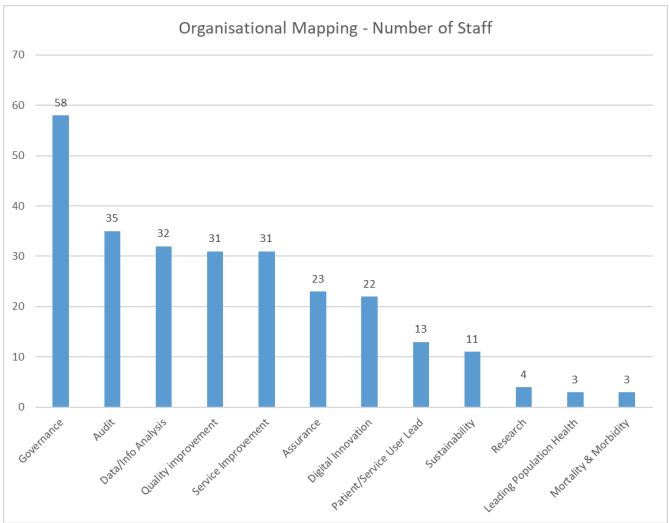
Quality Approach Summary:

Kotter's Theory of a Dual Operating Structure with an organisations management structure is the foundation of increasing capacity by leveraging roles already in existence to become change agents. Managers throughout the organisation must support these roles and enable data driven leadership.

3 MEASURING THE IMPROVEMENT

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and patient/client experience.

Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

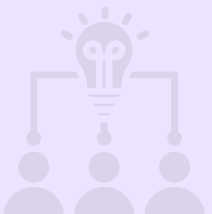Understanding the systems in which our services are developed is fundamental to improving care. The Quality Team have been working alongside services to measure the impact of their improvement effort. An outcome of the Quality 4 All Strategy are the three Corporate Improvement Priorities. Using quality management principles and robust improvement methodology, strategic gains are being made.

This section of the report focuses on the improvements being conducted across the organisation concentrating on system redesign and microsystem changes.

▶ Corporate Priorities Introduction

▶ Domiciliary Care

▶ Unscheduled Care

▶ Social Work Unallocated Cases

▶ Case Study - Safe, Timely, Person-Centred Discharge Planning for those living with frailty – Tackling complex discharges from medically fit to Team fit

▶ Case Study - Helping to Reduce the Time between Triage and Mental Health Assessment in Ulster Hospital Emergency Department

▶ Case Study - The completion of the Self Administration Risk Assessment (SARA) during the committal process in HMP Maghaberry

▶ Case Study - Resuscitation Services Team

▶ Case Study - My Safety Intervention- Lakewood Regional Secure Care Centre
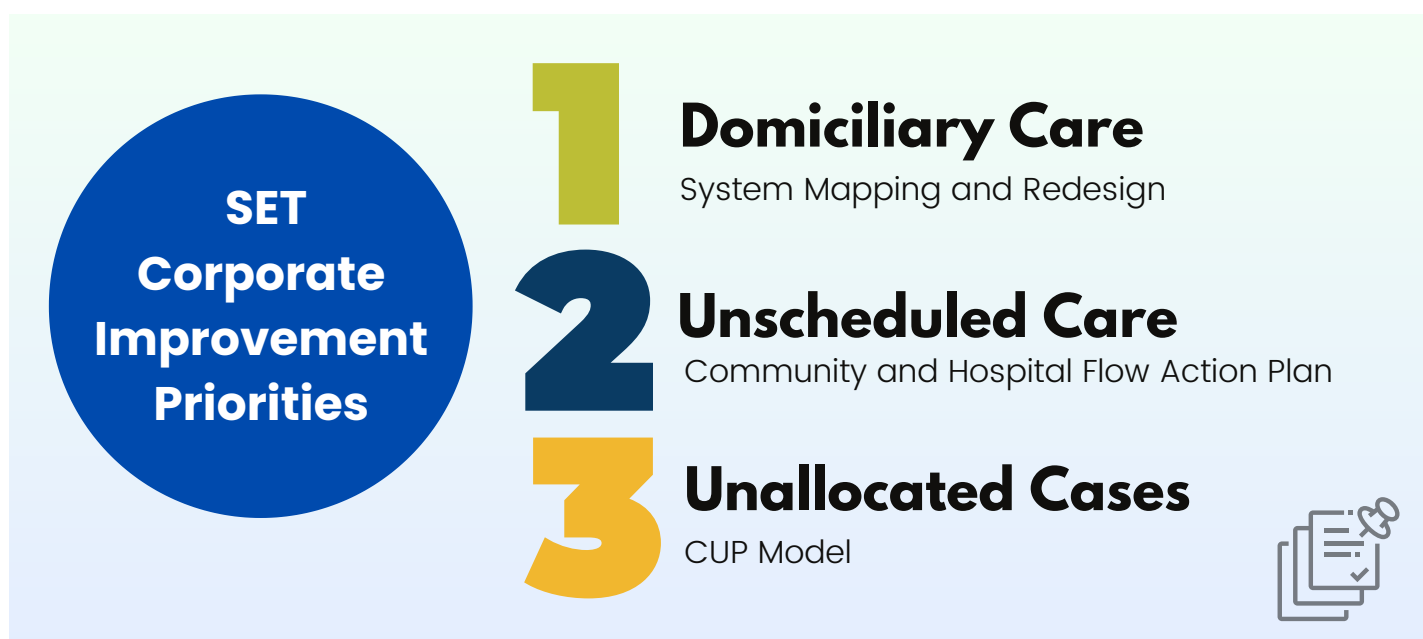
Corporate Improvement Priorities

Since the launch of Quality 4 All in November 2021 the Trust has embarked on the next phase of Quality Management. In 2022 the Trust senior management identified three Corporate Priorities for improvement work. These are areas of acute pressure, high risk and service provision impacts across directorates. The three areas were:

- Domiciliary Care
- Unscheduled Care
- Unallocated Cases

Since 2022 a Quality Management Approach has been taken with these three areas, recognising the complexity and multiple stakeholders involved providing care and these were extended for 23/24.
A quality approach involves Quality Planning, Quality Control and Quality Improvement using population health needs, organisational governance data and identifying wastes and opportunities to create efficiencies in systems. Each Corporate Improvement Priority tried to model service user and staff involvement in co-design.

A collaboration across the operational and corporate directorates has been taken when evolving these priorities. Each project has a member of the Quality Improvement Team supporting the initiative, upskilling teams in improvement methodology and evaluating impact.

SET Corporate Improvement Priorities

1 Domiciliary Care
System Mapping and Redesign

2 Unscheduled Care
Community and Hospital Flow Action Plan

3 Unallocated Cases
CUP Model

The Corporate Improvement Priorities have contributed to the Regional Improvement movement through the HSCQI Delivering Value Programme

Quality Approach Summary:
A QMS approach requires a maturing of microsystem projects to strategic macrosystem improvement. The Corporate Improvement Priorities enable a system-wide approach to organisational change grounded in robust methodology and evaluation of the impact.

Domiciliary Care - Corporate Improvement Priority

The challenges facing SET's Home Care services will continue to grow with NISRA projections estimating that between mid-2018 and mid-2043, the population aged 65+ will increase by over 50% and the population aged 85+ will increase by over 100%.

The Plan

To progress strategic improvement to Home Care in SET it was decided that, building on the Ecomap systems work completed in 2022/23, the QI Team would partner with the Home Care Team in appointing a Project lead to drive forward change initiatives.

The established Project team from across directorates met in the initial stages to agree the key areas of focus for the modernisation of Home Care that were identified from the ecomap:

- Care vs Support; the under use of Self-Directed Support options and impact on the Unmet Need List
- Variances within and between Independent Sector providers and Trust Home Care teams in relation to delivery of services could impact on developing new and sustainable service models
- The continued challenge of complex delays, waiting on Home Care service from hospital
- The over-prescription of care packages.

SET Domiciliary Care Ecosystem Map
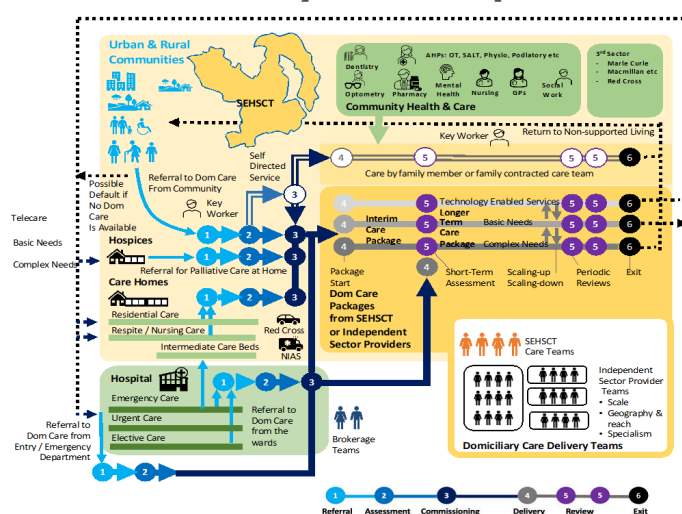
Opportunities for Domiciliary Care Improvement
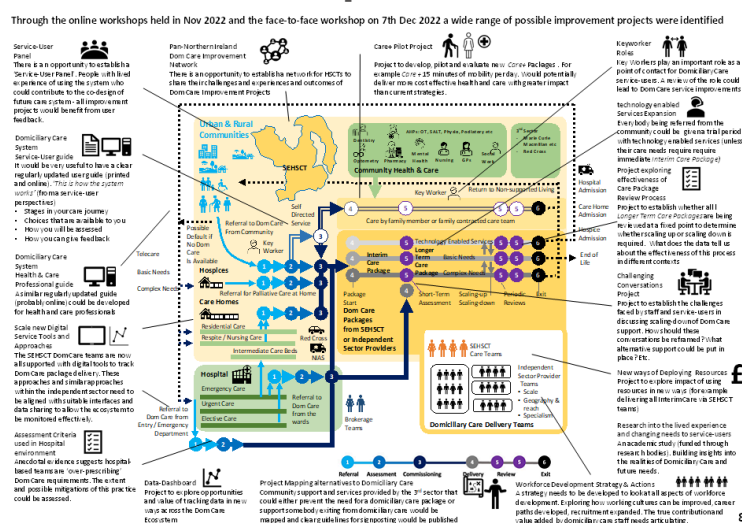
Progressing through Engagement

The workstreams all applied a collaborative approach, utilising surveys, workshops, presentations and co-production with a range of service users, carers, health and care professionals and other key stakeholders.

- Over 50 service users participated
- 16 engagement events held
- Over 160 professionals participated

Domiciliary Care - Corporate Improvement Priority

The Improvement- Home Care Assessment Service; a short term model of care

The primary project for the transformation of Home Care services was set out to develop a short term/ long term model for Home Care delivery within SET. The objectives of the project are:

- Improve flow for hospital discharges
- Improve capacity within the Domiciliary Care system
- Ensure equity for all service users entering the system
- Ensure processes are in place to avoid saturation of short term Home Care Services

The model:

The Home Care Assessment Service offers service users a package of care for up to 12 weeks. The Home Care Assessment Service provides a report to the identified key worker at week 4 and week 8 as to how the Care is being delivered to support in the assessment process. These change ideas were introduced from May 2024.
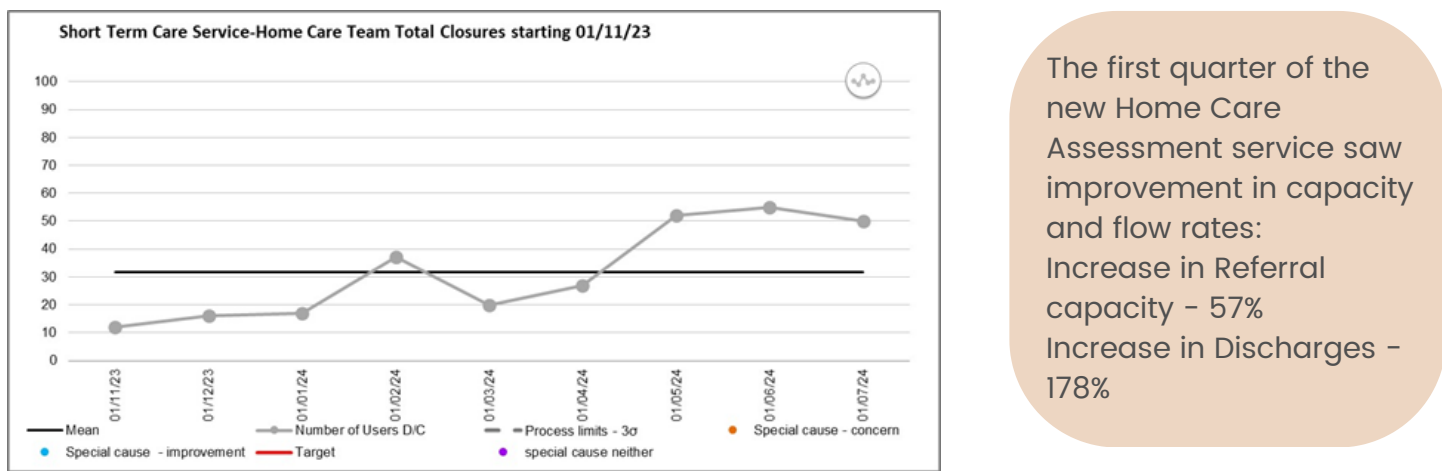

Short Term Care Service-Home Care Team Total Closures starting 01/11/23

The first quarter of the new Home Care Assessment service saw improvement in capacity and flow rates:
Increase in Referral capacity - 57%
Increase in Discharges - 178%

Key worker response rates have gone from 7.5% in May to 39% in June to 84% in July

Short Term Care Teams: Nov - Apr	Home Care Assessment Service May - July	Summary
56%	45.7%	Of discharges from the service were transfers to long term care providers
15%	25.7%	Of discharges were due to no longer requiring domiciliary care services

The Home Care Assessment Service, along with the other identified projects will continue to be progressed with the overall aim of ensuring that there is flow and capacity within the Home Care Service to meet the increasing demands of a growing population.

From the launch of the Home Care Assessment Service, the mean referral rate for new Home Care Services has been 135 referrals per week.

🔗 Domiciliary Care ECO Map Report

🔗 Domiciliary Care Service User Survey

🔗 Domiciliary Care Survey Report

Quality Approach Summary:

The Modernisation of Domiciliary Care is an extensive improvement initiative

There has been much transferable learning, which is being applied to further projects, specifically the importance of senior sponsorship and taking power of a system design approach to complexity.

Unscheduled Care- Corporate Improvement Priority

Due to long term acute pressures on unscheduled care (USC) services with rising demand and complexity of patients the focus on USC was extended and SET executive management committee resourced a Trust-wide improvement initiative.

The project was initiated to support sustainable change to USC and patient flow from an acute and community perspective. A project team was established in January 2024 consisting of a senior manager from acute services, community services, Quality Improvement and Planning & Performance team.

The project group were tasked to deliver 1 of the 4 identified priorities required by the Regional Coordination Centre (RCC) to improve patient flow across SET.

1. Early Flow: The first patient discharge from Wards to occur before 10am and a further two discharges by 12 midday
2. Primary transfers and repatriations within 24 hours of acceptance
3. Medically Fit For Discharge: refocus on flow for discharge
4. NIAS alternatives to reduce ED conveyance

Aim: The purpose of the project is to improve sustainable flow across services and subsequently this would improve patient experience and staff wellbeing.

A project structure was established involving front line teams, operational and corporate managers, accountability was through Gold, Silver and Bronze reporting governance structures.

Action plan
The Project Team and key stakeholders drew up the action plan:
- Alternatives to ED
- ED flow / Alternatives to admission
- Admissions
- Facilitating early discharge.

An implementation plan outlining roles and responsibilities and timeframes was agreed. Metrics were involved for each workstream and the overall strategic project indicators.

Average Ambulance Turnaround Time
Between January and April 2024, the mean daily average ambulance turnaround time at the Ulster Hospital saw a decreasing trend over this timeframe.
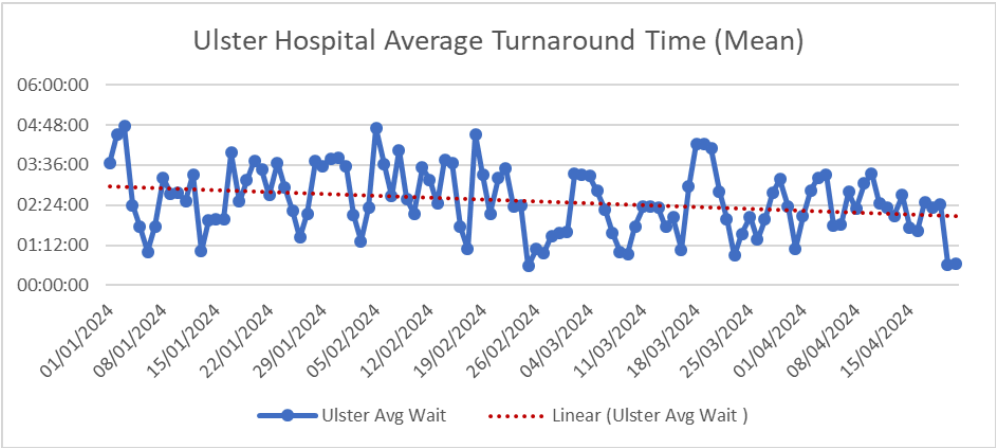
Ward Flow towards Discharge

A count of patients who have been discharged from the hospital or moved to the Transition Ward or Discharge Lounge before 8pm has shown little improvement over this time period and daily patterns are evident. This indicator is a long term goal involving many interdependencies.
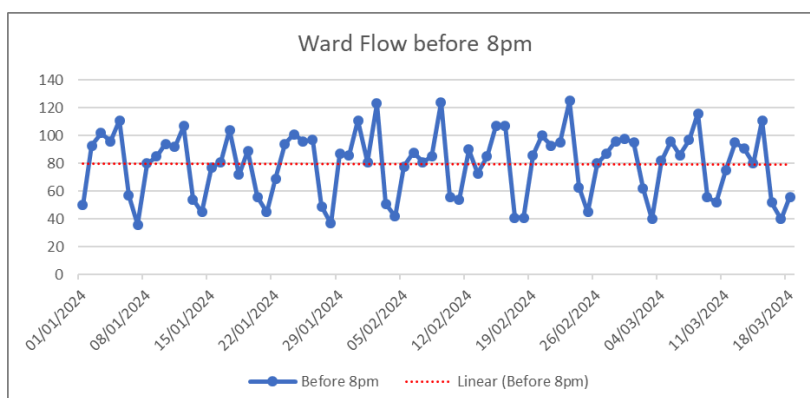
Pharmacy Focus

A measure of earlier flow is timing of medication scripts into pharmacy. This has been a daily recording of pharmacy timings and is being used to evaluate signs of improvement. Improvement in timeliness of scripts is indicative of multiple aspects of ward function. This measure is an important long term indicator of change.
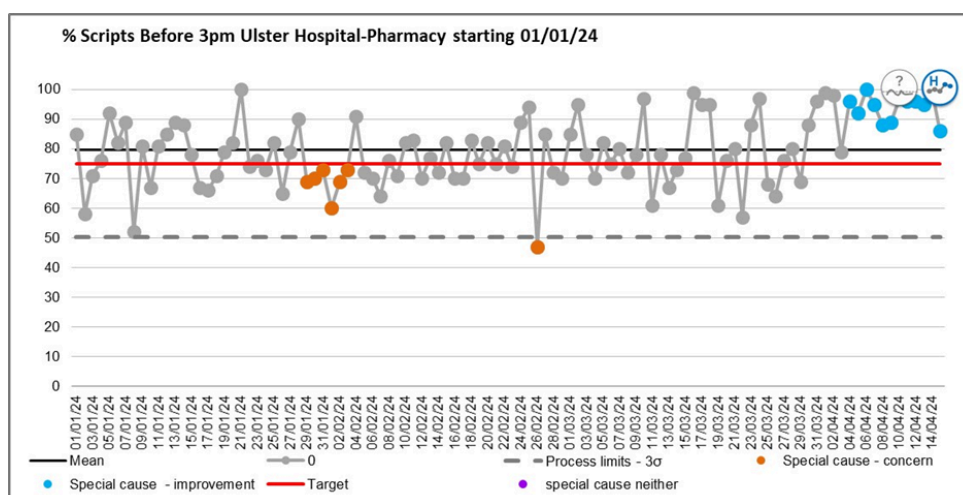
Medically Fit Patients in Hospital

The number of medically fit patients with either a Complex or Simple remailing daily in hospital. There was significant improvement during this time period to a low of 38.
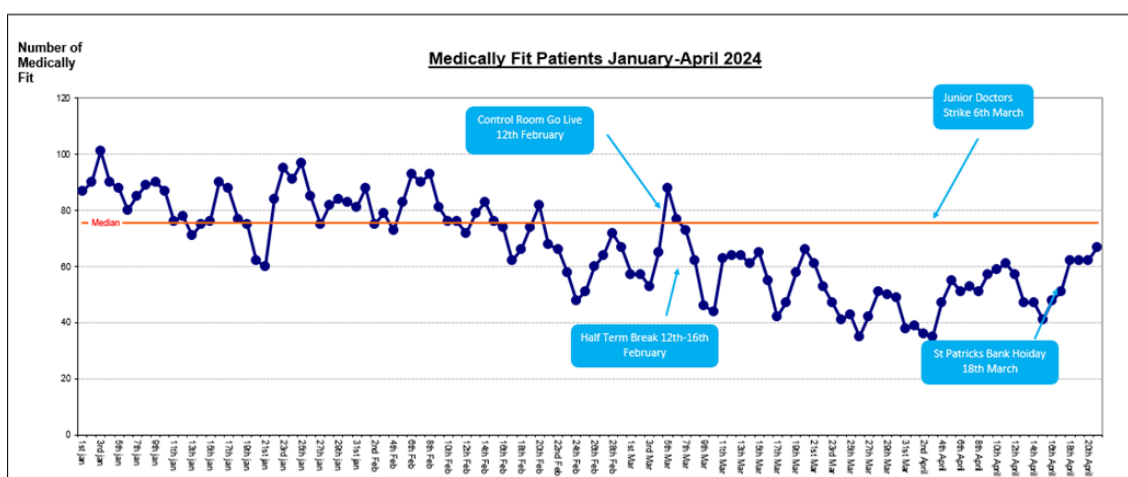
Unscheduled Care- Corporate Improvement Priority

To explore the impact of the workstreams associated with the flow action plan, the Quality Team worked alongside the operation team to establish an evaluation framework. The purpose of this was to assess the work to date, impact and outcome and what steps and resources were needed to systemise change.

Supporting Structures and Policies - Control Room

Project overview

Project Leads:
Mary Jo Thompson and Veronica Cleland

Project Team:
Brian McFetridge, Joanne Carson, Maggie Magowan, Kathy Kearny, Julie Alexander

Aim:
- **Operational Policy for Control Room through co-production, develop a control room operational policy providing details** and clarity on roles & responsibilities for members of the control room
- Ensure efficiency and effectiveness and avoid any duplication of effort
- Provide clear agendas and accountability for actions and owners
- Develop an agreed maximum capacity protocol and escalation protocol

Actions Conducted:
- Control Room operational policy developed
- Site Coordinator role established
- IT equipped Control Room
- Action Card Roles and Responsibilities

Project impact/outcomes

The number of patients transferred to the discharge lounge ranges from 1 to 34 patients. The data is showing a variable and is not displaying any stabilisation.

Use of Discharge Lounge 01.01.24 - 22.04.24

Medically Fit Patients January-March 2024

Systemisation

Work Ongoing and Future Plans to Systemise Change:
- Business Case agreed by EMT to support the structure and function of the Control Room.
- Interim plan to cover site coordination role when secondment period finishes
- Establish site coordinator schedule
- Continue to embed the culture of action and accountability through Control Room

Future Resource/ Training/ Data Needed:
- Recruitment into the site coordinator roles
- Conduct a cost benefits analysis of the Control room investment

What Senior Sponsorship is Needed:

Directors supporting the new control function across the Trust

Next Steps
- Develop interim plan for site coordination cover
- Establish site coordinator roles and schedule
- Embed a cost benefit analysis as part of new structure roll out

Discharge Focus

Project overview

Project Lead:
Kathy Kearney

Project Team:
Kathy Kearney, Mary Jo Thompson Brian McFettridge, Discharge Hub Team

Aim:
- Refocus on approach - Control Room function assigned Roles and Responsibilities.
- Complex – 48 hours Discharge planning on admission Escalation protocol
- Simple* – achieve 4-hour target: "home by lunchtime" approach. (Acute –Simple Discharge)

Actions Conducted:
- Discharge Hub retained normal operational functioning and practice in regards to the management, co-ordination and escalation of complex discharges.
- New practice was attending control room meetings in person at 9am, 11:30am and 3pm
- Response from active escalation responses

Project impact/outcomes

Implementation of Control Room on Ulster Site – assigned roles and functions regarding barriers to discharge and escalation issues - Improvement in response from acute colleagues, which is bearing out in complex discharge.

The chart below shows the number of complex discharges which ranges from 1 to 31 patients.

Number of Complex Discharges 01.01.24 - 21.04.24

The pareto chart displays the reasons for failed discharges captured over a 2 week period. A total of 52 failed patient discharges were attributed to one or more of 57 reasons

Medically Fit Patients January-March 2024

Systemisation

Work Ongoing and Future Plans to Systemise Change:
- Proposal to reintroduce Stage 1 meetings – this has now been approved by Gold – confirmed 18.4.24
- Discharge protocol – continues to require a collective approach - chairing responsibility of meetings needs to be reviewed regarding stage 2, no clinical lead to date has shadowed or chaired a meeting under this framework - requires confirmation of how we take forward.
- Mary Jo Thompson has confirmed that an AD will chair A.M control room function meetings, there will be an AD of the day and specific 8B's appointed to site co-ordinator role, who will escalate to AD as required. Reassured that clinical lead nurses aware of collective responsibility to contribute to escalation protocol and will share responsibility of chairing with social work senior managers, tasks will be assigned via control room function. In the absence of medics attending, this will continue to be escalated and resolved as per current process.

Future Resource/ Training/ Data Needed:
- Mary Jo Thompson currently contributing to chairing/ facilitating escalation meetings – need confirmation going forward regarding role of clinical leads
- Control Room Function - Model working well, however sustainability needs to be tested regarding functionality, regardless of who chairs or undertakes site co-ordinator role.

What Senior Sponsorship is Needed:
Clare Marie Dickson

Next Steps
- Evaluate the efficacy of escalation meetings and who is designated to contribute to the different stages

🔗 **Hospital & Community Flow Action Plan April 2024**　　🔗 **Flow Action Plan Evaluation Report**

Quality Approach Summary:
The importance of understanding pathways across systems is foundational to hospital flow. This extensive approach to system change required senior management protected time, a clear action plan, accountable workstreams and associated quality metrics. This work needs constant focus, accountability and senior sponsorship.

Unallocated Cases in Children's Services

The Collaborative Unallocated Process (CUP) model was developed in response to high numbers of children awaiting allocation of a social worker. The work to address this issue had been commenced in 2021 and was deemed a Corporate Priority within SET. The work was further developed and supported within the HSCQI Regional Collaboration programme relating to Timely Access and has been selected to be developed further as part of wider spread within Northern Ireland.

The CUP model reviews all unallocated cases by a multi-disciplinary team every 4 weeks, allowing for earlier intervention and ensuring cases waiting a social worker do not escalate to a higher need. The model was fully operational across all of Safeguarding and Children's Disability as of March 2023.

The Collaborative Unallocated Process (CUP) model is now implemented across all Safeguarding Child & Family Teams and Children's Disability fieldwork teams to ensure there continues to be both ongoing triage and robust governance in respect of all those children/families on the waiting list to receive a social work service.
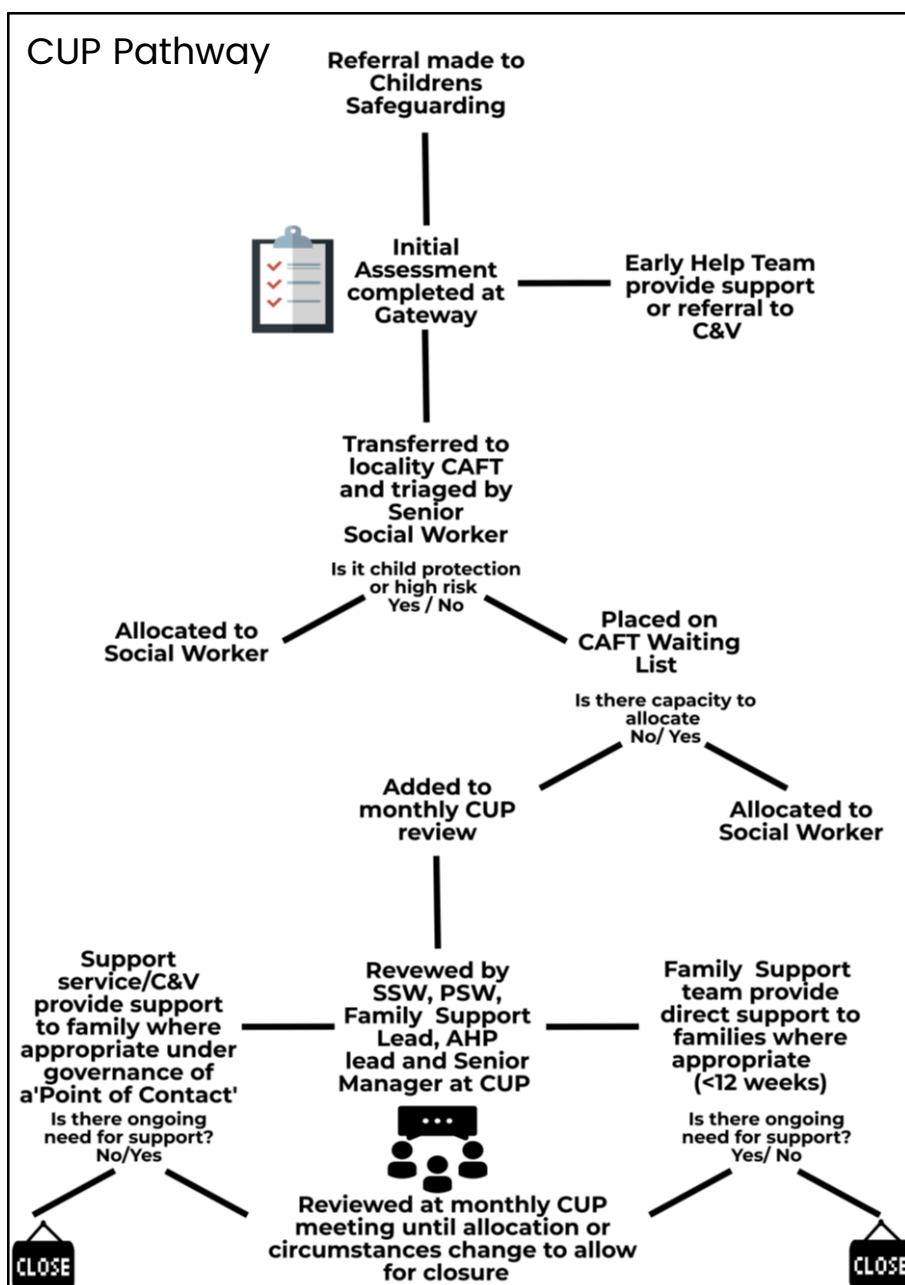
Unallocated Cases in Children's Services

As the CUP model has been evidenced to be effective in ensuring effective triage and collective governance, the focus now is on sustaining and maintaining the CUP model rather than focusing resources to explore any further improvement or innovation.

The Children's Directorate remains committed to maintaining and sustaining the CUP model across the Trust and will continue to make incremental improvements when workforce challenges improve. The Safeguarding sub-directorate have recently appointed an interim improvement lead who is leading work to enhance the data and information available to managers and which is greatly assisting in the sustainability of the CUP model. Additionally, there is a Children's Services Waiting List Oversight Group in place. This work is set in the challenge of difficult staff vacancies but the team are committed to systemising change.

The team produces a monthly scorecard which enables real time feedback and creates the cycle of iterative improvement. Each of the corporate priorities is reported bi-monthly to Trust Board for senior sponsorship and accountability.

Example of an Unallocated Score Card

UNALLOCATED CASES WEEK ENDING 21/01/2024

UNALLOCATED FAMILIES WAITING OVER 20 DAYS & UNATTENDED OVER 42 DAYS

555 *with updated CWD UA

Unallocated Cases SET: 457, 440, 480, 503, 496, 555

Unallocated cases previously would have ranged from 253 to 328 weekly as per the upper and lower process control limits. However due to higher levels of unallocated families the control range has now re-adjusted from 410- 555

UNALLOCATED CHILDREN WAITING OVER 20 DAYS & UNATTENDED OVER 42 DAYS

670

*with updated CWD UA

Unallocated Children SET: 618, 533, 583, 611, 643, 670

Unallocated children previously would have ranged from 327 to 427 as per the upper and lower process control limits. However due to higher levels of unallocated families the control range has now re-adjusted from 490- 710

Unallocated Cases Disability Total: 314, 340, 350, 342, 361

The data indicates 'Cause for Concern' due to high numbers of Unallocated cases.

Unallocated Cases Safeguarding (including GW) Total: 190, 137, 152, 154, 194

Quality Approach Summary:
Quality Control as standard work is key to Quality Management. The CUP model has brought important assurance to the Children's Services. This model is now being shared and tested in other settings such as Home Care Services.
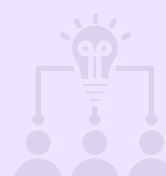
Case Study - Safe, Timely, Person-Centred Discharge Planning for those living with frailty – Tackling complex discharges from medically fit to Team fit

Project Rationale:

This project contributes to the NHS (2022) principles Reducing Length of Stay (LOS) and Planning for Discharge from the start. Reflection on patient/family feedback highlighted a theme of lack of understanding of the discharge process especially with people requiring specialised support following discharge. The multidisciplinary approach and ownership of this project identifying the medical, cognitive, functional, and social status of those living with frailty daily, will improve multi-professional team working and understanding of roles, thus increasing the number of safer complex discharges and reducing the persons length of stay.

Aim of Project:

Reduce average weekly Length of Stay by one day, within the Acute Frailty Ward in Lagan Valley hospital, by May 2023.

Key Changes:
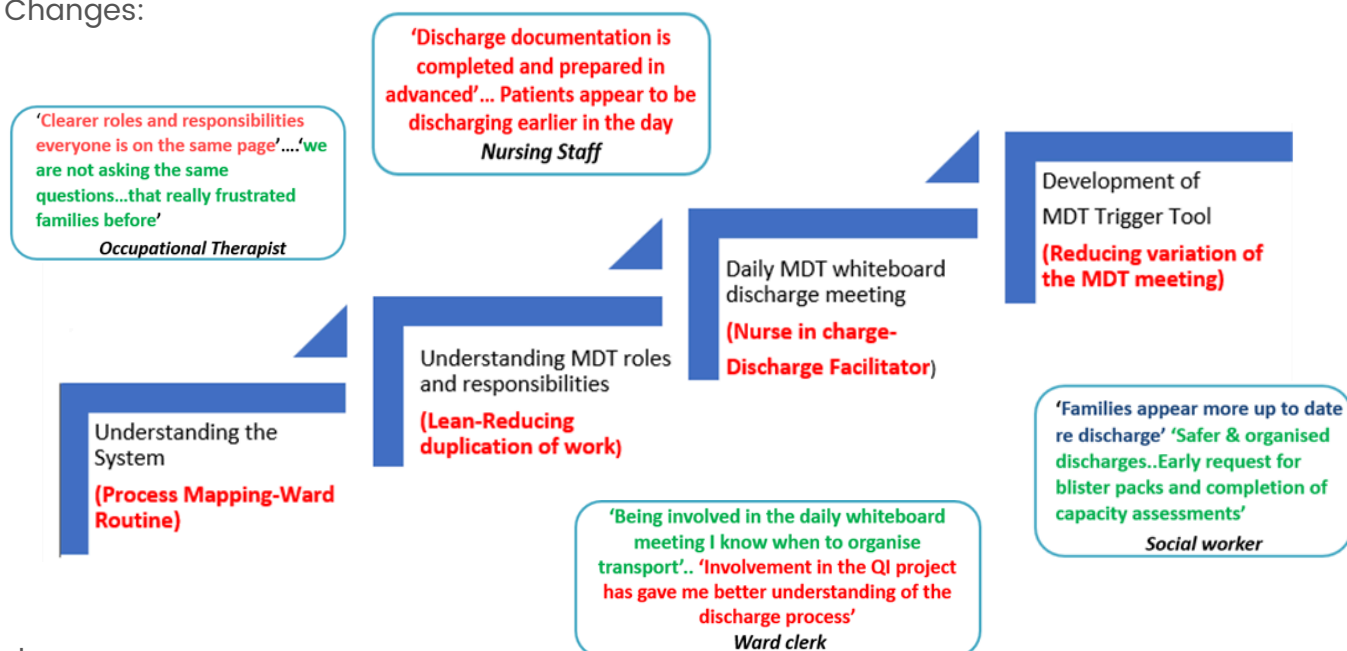
Outcome:
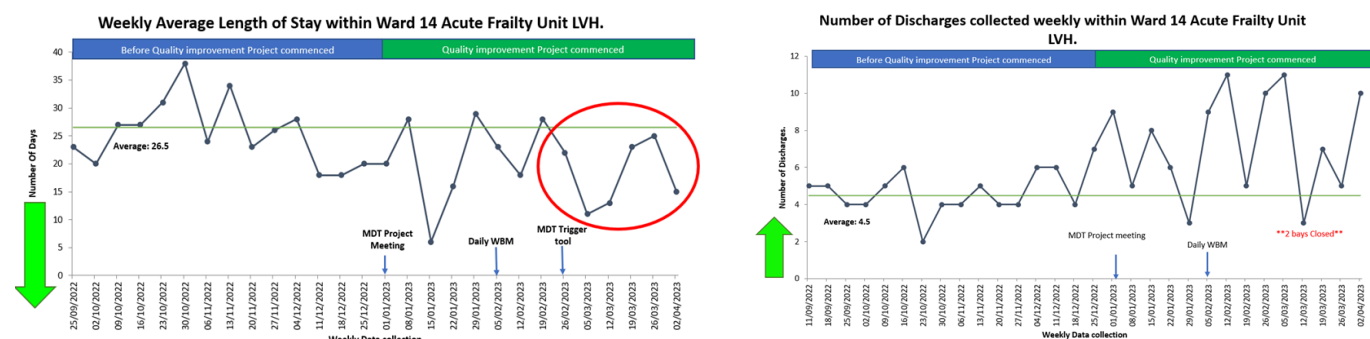
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Quality Approach Summary:

Collaboration and partnership working were key enablers to the success of this project, along with the influence of data which led to increased motivation and ownership. Collective leadership was also instrumental and the sharing of learning across hospital sites.

Case Study – Helping to Reduce the Time between Triage and Mental Health Assessment in Ulster Hospital Emergency Department

Project Rationale:

Patients coming to Ulster Hospital Emergency Department (ED) with symptoms of mental ill health may often have to wait a long time in a very busy place to be assessed by a mental health professional. The ED is an intense environment with frequently competing demands that can be unhelpful to someone in mental health (MH) crisis. Every day the busy Mental Health Assessment Centre (MHAC) team assess and treat MH patients at their base 6 miles away in Ards. The ED team and the MHAC team want to reduce the time taken to assess the patient and get them from ED to the right care within 4 hours, but the journey is not always simple or swift. Because of this an ED/MH Interface team was set up to try and simplify processes, to improve flow for the patient pathway. The focus of this project is the initial triage and assessment part of the pathway.

Aim of Project:

To reduce the number of greater than 4 hour Mental Health Assessment waits per week in the Ulster Hospital ED by 20% by March 2023.

Process Map: Interface between ED and MHAC

Outcomes
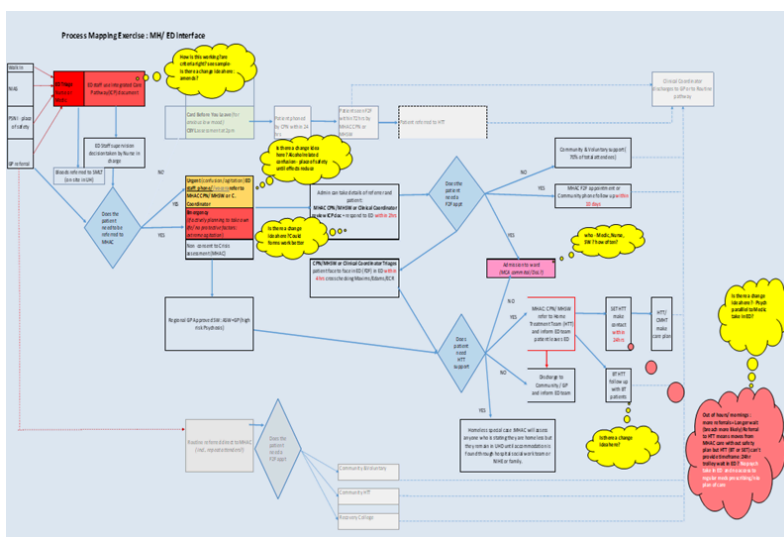
- Average response times have dropped from 121 mins to 90 mins by the end March 2023 (a drop of 25.6%) but a causal link is not confirmed
- Dialogue has highlighted that the main issue is not the wait for assessment in ED within 4 hours; but for patients once assessed as requiring admission, waiting for hours in ED, because there are no suitable MH beds locally or regionally
- The learning from this SCIL programme will be adopted for this next interface challenge for ED and MH teams working together.
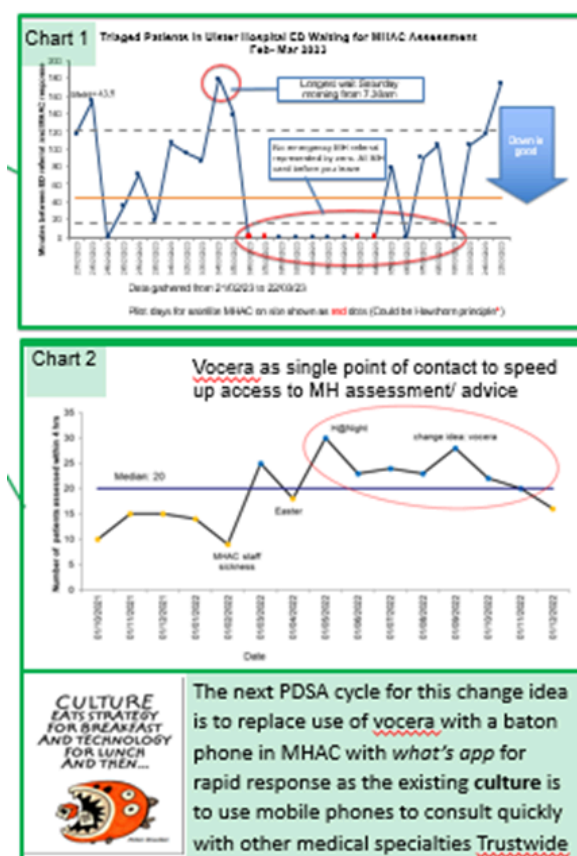
Quality Approach Summary:

Across the organisation, teams are using Quality Improvement methodology and tools to create change. Process mapping is a tool that enables multiple perspectives on the service pathway and enables visualisation to create an improvement plan.

Case Study - The completion of the Self Administration Risk Assessment (SARA) during the committal process in HMP Maghaberry

Project Rationale:
The medicine optimisation policy for Healthcare in Prisons states that a SARA must be completed by a Primary Care Nurse for each new inmate within one week of committal.
For communication to Pharmacy, this is to be documented on emisWeb and on the paper SARA copy within the Patient's Medication Administration Record (MAR).
There were discrepancies with this recording process leading to delayed doses for patients and increased workload for Pharmacy.

Aim of Project:
90% of SARA results for a new patient, intended to be self-administration, are to be correctly documented on emisWeb and in the MAR by the week commencing 1st May 2023.

PDSA Cycles

The committal interview template on emisWeb now contains a prompt to record SARA result

An email sent to all nursing staff showing the SARA annotated with where common mistakes were made

A face-to-face training session with the committal nurses regarding correct SARA completion and documentation

Outcome:
- Aim achieved from Week 5 of project
- Time spent by Pharmacy Technician getting SARA fixed or medication re-dispensed reduced from approximately four hours in first sample to zero
- Non-cash releasing benefits for the department
- Patients received their medication without delay

A Run Chart to show the amount of SARAs correctly documented on emisWeb and in the MAR
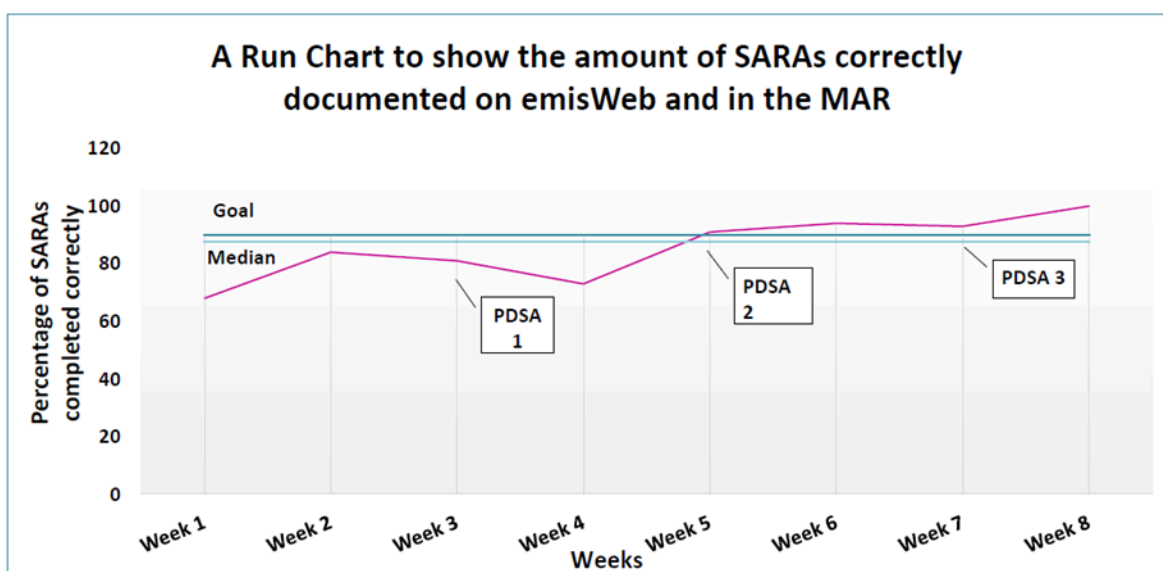
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Quality Approach Summary:
By introducing small changes and providing face-to-face training highlighting these changes to the relevant staff, has led to improvement for staff and the patient. Benefits can now be seen with regard to time saved for staff and patient getting medication without delay.

Case Study - Resuscitation Services Team

The Resuscitation Services Department provide clinical and professional guidance and expertise in all aspects of resuscitation across the South Eastern Health and Social Care Trust.

We coordinate and deliver deteriorating patient and resuscitation training for all levels of staff working in both adult and paediatric services. We offer a wide range of courses which can be viewed on our training information page.

The Resuscitation Officers attend cardiac arrests when able to support the team and participate as required. The Resuscitation Officers also offer debriefs post arrest for any staff groups who feel this would be beneficial.

Our aim is to ensure staff within the South Eastern Trust are are equipped with the appropriate skill level where they can effectively recognise and treat deteriorating patients and patients in cardiac arrest and escalate care appropriately.

Aim
To implement Vocera Trust-wide as our primary form of communication to contact the cardiac arrest team by December 2023.

Rationale
We wanted to move away from the paging system as our primary form of communication to increase the speed of communication to staff on the cardiac arrest team and to increase accountability of the process through the Vocera reporting system.

Vocera is a wireless communication device capable of sending voice and text communication to any particular user group within the Trust. Vocera has been embedded in the Trust for over 12 years. The hands-free device is simple, reliable and easy to use.

Benefits of Vocera are:

1.The speed of communication
All staff on the Cardiac Arrest Team receive the message at the same time, rather than in sequential order on the paging system. It takes on average 2 seconds from the moment switchboard staff send the message. The Cardiac Arrest Team can therefore be promptly assembled, to the correct location, no matter where they are inside a widely dispersed site.

2. Increased accountability
Once a page was sent, switchboard staff had no knowledge if the page reached the team, but with Vocera we can see the responses and that the team are on their way through the Vocera messaging web console. Badge logs and messaging reports allow a full 360 degree overview of the cardiac arrest alerting event. This allows us, when required, to check when an alert was sent, when it was received and when the response was returned, either through voice response or button configuration.

3. Vocera firmly embedded in the Trust

Vocera has been in use in SET since 2009 and staff are cognisant with its main uses and functions. To use Vocera for cardiac arrest, allowed us to take already familiar tool and adapt it, thus eliminating any problems or lack of confidence / experience with a new tool set. The Vocera collection of systems is extremely flexible and allows for the design of a tailored process, which compliments and supports staff needs and patient safety.

TIMELINE

January — Phase 1 — 1

2 — **February** — Phase 2

March — Phase 3 — 3

4 — **April** — Phase 4

May — Phase 5 — 5

6 — **June** — Phase 6

July — Phase 7 — 7

8 — **August** — Phase 8

September — Phase 9 — 9

10 — **October** — Phase 10

November — Phase 11 — 11

12 — **December** — Phase 12
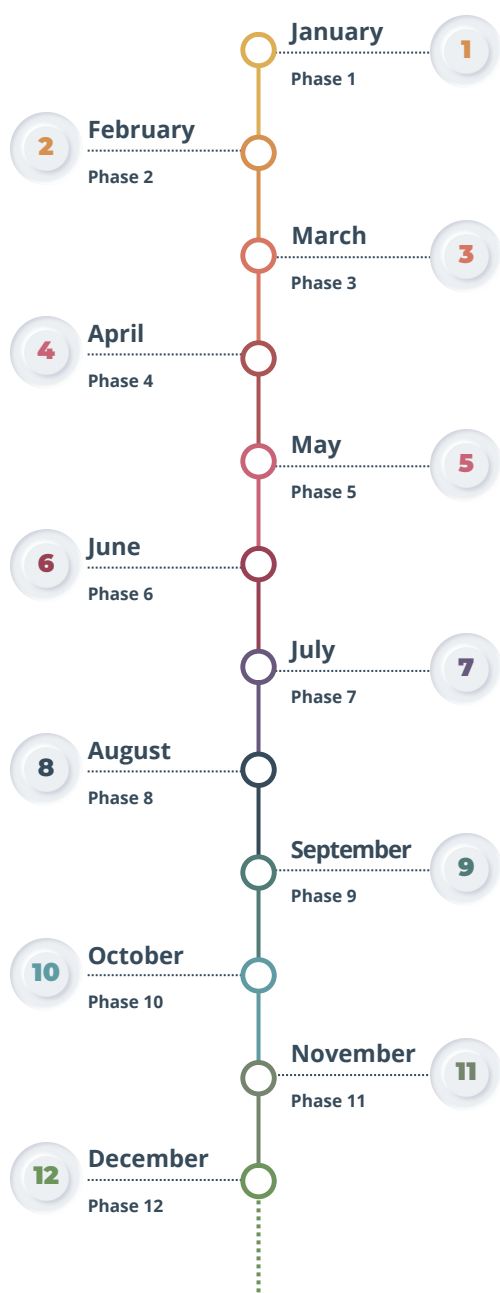
What we learned:

- Template revision and changes were required and discussed at the review meetings.
- Originally on the Switchboard Template the words 'Ward' and 'Room Number' appeared pre populated in the Message field. This was occasionally left on the Message that was sent out. The Cardiac Team would then hear, "Urgent Message from Cardiac Alert, UHD Adult Arrest Ward 3 C Room 1 ward and room number" Switchboard staff asked for a blank message to speed up delivery.
- Additional training was required on the use of short keys on the Vocera badge. This allowed the responding staff member to double tap the select key to send the "Accept" response the system requires.

1st March 2023	Vocera was introduced to Ulster Hospital site only (Primary)
5th August 2023	Vocera was introduced to Lagan Valley Hospital site
1st October 2023	Vocera was introduced to Downe Hospital site
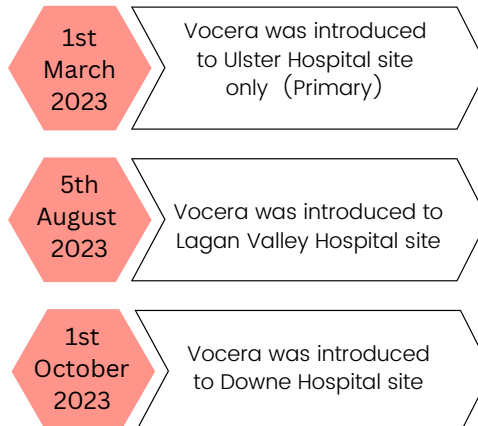
South Eastern Trust were the first in Northern Ireland to implement Vocera as a communication device to mobilise the crash team

Quality Approach Summary:
Integrating new technologies is part of the innovative work in the Trust. The opportunity to evolve service delivery in collaboration with tech-partners is to be encouraged with the development of the innovation framework.

My Safety Intervention- Lakewood Regional Secure Care Centre

Lakewood is run by the SET Children's Directorate. It has continued to embed a Quality Management System to enhance the Safety, Quality and experience across the service. During the year 2023/24 the focus was on sustainability of governance processes introduced in previous years.

The team consolidated their implementation of the My Safety Intervention model across the service and have observed a 75% reduction in Serious Adverse Incidents and incidents across the homes. A focus on compliance of mandatory training and essential documentation has improved this year which is demonstrating that systems and processes are being embedded, and demonstrating an enhanced governance and accountability within the service.

In addition, the service has focused on improving access to social, emotional and health related services to improve outcomes for children and young people. The team have invested in staff by providing opportunities to develop specialisms which has enhanced the care and support provided to children and young people.

The team have worked in partnership with community and voluntary partners to increase access to programmes and vocational opportunities in the community that enhance children's experience during their stay and prepare them for their transition into the community.

The team continue to use data to influence the commissioning of the service and it envisaged that a framework would be concluded in June 2024 in partnership with SPPG.
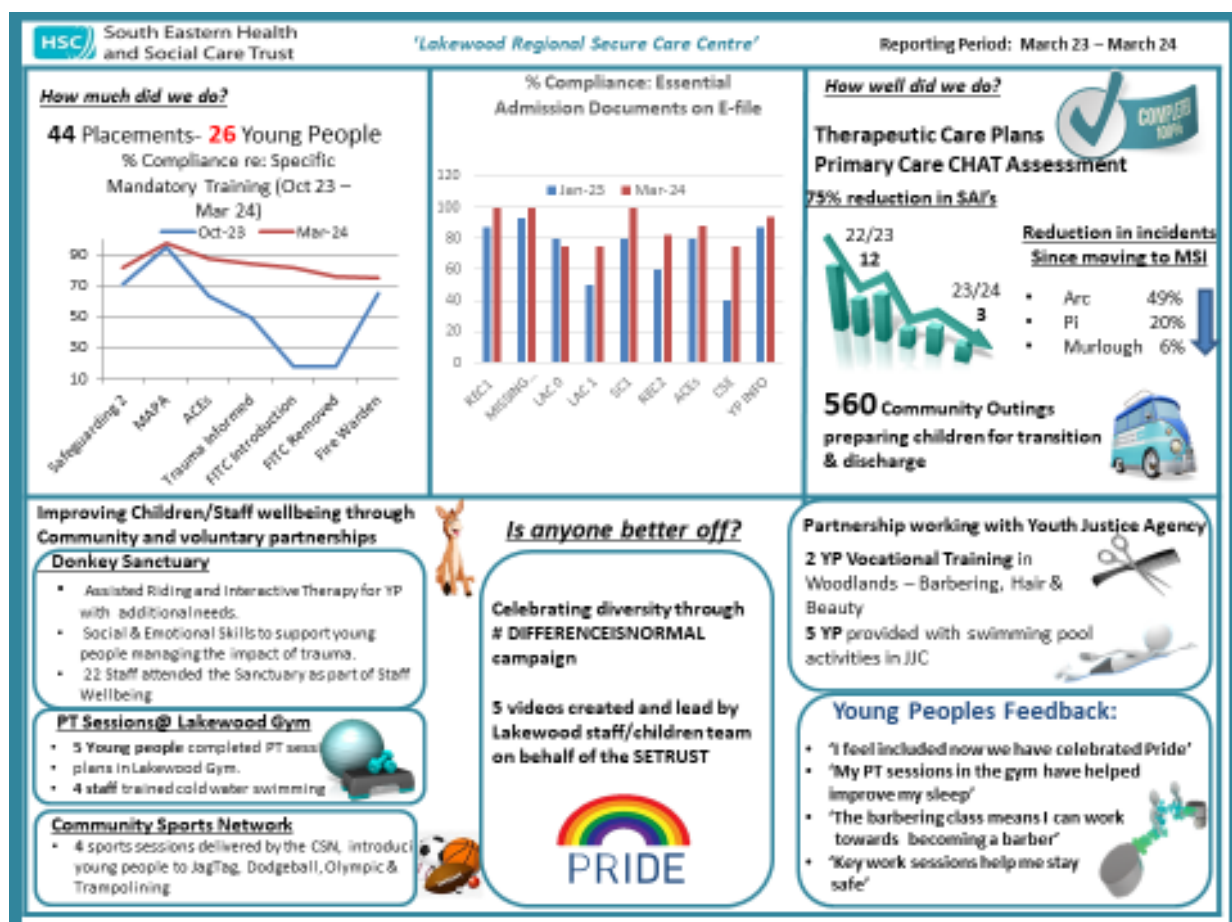
Quality Approach Summary:
Operational teams are applying their QMS learning to their standard work in how they plan, create feedback and implement improvement. Lakewood Services are leading the way in integrating how they embed coproduction in their service design.

4 RAISING THE STANDARDS

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Fundamental to Quality Management is the ability to learn and change practice and structures accordingly. SET has an ambition to become a learning organisation; to facilitate this, assurance, governance and improvement teams have been collaborating to build networks. There is recognition of the importance of devising robust reporting systems and learning processes to enable better quality care and improved outcomes.

This section of the report focuses on the creation of feedback and learning loops for transferable learning to improve care. This includes the creation of innovative structures and processes for quality assurance and control. Regional and international networks are championed to promote collaboration and better care.

- ▶ encompass
- ▶ encompass - Staff Implementation Survey
- ▶ encompass - Case Study - Diabetes Service
- ▶ encompass - Case Study - BCMA
- ▶ Nursing Assurance Development of KPI reporting
- ▶ Sharing the Learning Group
- ▶ Clinical Audit
- ▶ GAIL - Governance, Assurance, Improvement & Learning Framework
- ▶ Regional & International Networks
- ▶ Innovation
- ▶ Research & Development

encompass

encompass has been established to deliver the digitally enabled transformation of Health and Social Care Northern Ireland (HSCNI). At the heart of encompass is a new Digital Care Record for every citizen, to be provided in partnership with Epic and designed collaboratively with staff and patients to work across the whole of Northern Ireland. The transition from the current position of multiple, ageing digital systems and a large reliance on the paper record to the preferred supplier's solution configured for HSCNI will improve outcomes for our patients and service users by making it easier for our HSC professionals to deliver sustainable, high-quality care, improved efficiencies, and greater collaboration across all care.

SET pioneered the implementation of encompass in the region by being the first Trust to Go- Live on the 9th November 2023. This involved an immense effort from across the Trust in preparation, implementation and stabilisation involving the establishment of new roles, pathways, structures and governance arrangements. The dedication and commitment from staff was remarkable, motivated by a shared purpose to innovate systems to improve the quality of care.

Programme Governance Structure
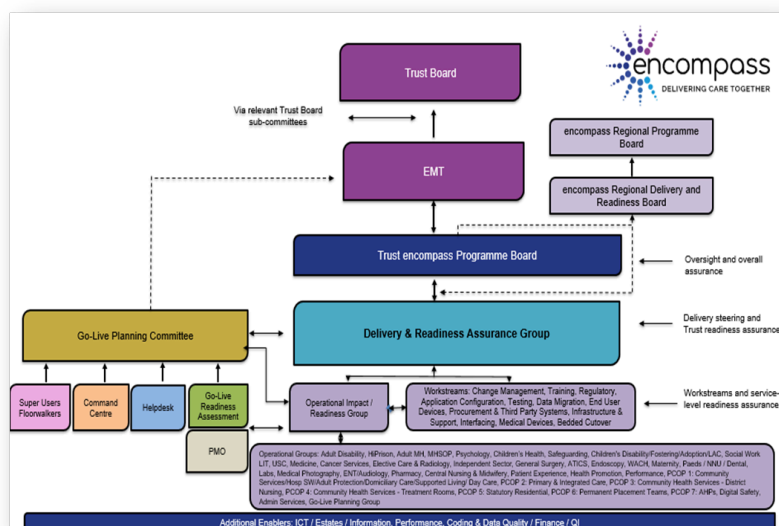
The Programme structure included senior management sponsorship, ICT oversight, HR leadership, performance management and digital professional leads bringing training, structure and accountability to the teams. Corporate and clinical teams worked closely to establish organisational readiness,.
At implementation, clear levels of management and escalation were established.
The importance of support from EPIC and English Trust colleagues and internally trained staff as superusers was essential for Go-Live.
With a programme of this size and complexity, there have been complications in all stages of implementation and the staff have found change difficult. This has been captured in the encompass staff survey.

In major change project the importance of clear communication which is disseminated across the organisation to all staff groups is recognised. The communications team worked closely with the regional encompass team, programme leads and listening to staff to create a suite of messages across the Trust.

Planning a Successful Implementation

encompass

encompass is a major change programme that will have widespread impact in health and social care across the region. In 2023/24 the benefits for SET are only starting to be recognised and the energy to collate these will be part of the stabilisation work of 2024/25.

Early recognition of encompass dividends include AHP work and nursing improvements.

AHP Digital Go-Live Activity

Digital AHP Team Activity Pre Go-Live Quarter
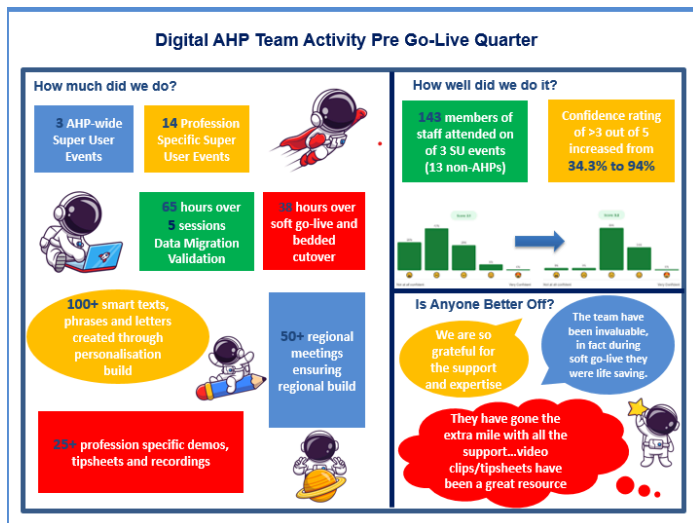
AHP Digital Post Go-Live Activity

Digital AHP Team Activity Post Go-Live Nov 23 - May 24
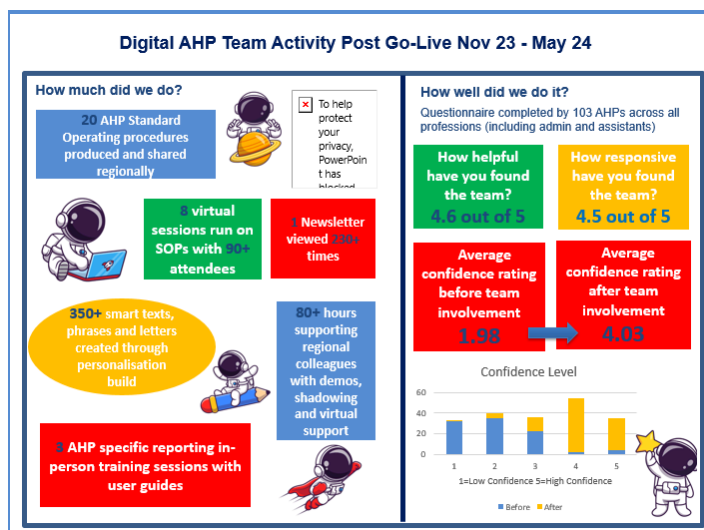
What is a Clinician Builder?

Trained and certified clinicians who can:
- Augment analysts to address both small and large build needs
- Complete projects that may not otherwise be prioritised by the project team

Impact of encompass Clinician Builders
1. Faster implementation of enhancement requests
2. Increased efficiency for the workflows that count
3. Increased overall satisfaction
4. Improved communication
5. Improved clinical leadership
6. Increased autonomy

SET has 151 Multi-professionals Trained as Personalised Builders.

774 records built and moved to PRD environment by SET builders.

Using encompass to understand variation in practice and focus improvement effort.

Recording Frailty Scores

Quality Approach Summary:

encompass has been a momentous change effort across the Trust 2023/24 with the focus on Readiness, Go-Live and Implementation. The opportunity for the Trust to start to use its real-time data for service improvement will be part of the optimisation phase over the next years. Current focus must be on data validation and improved reporting to support decision making.

encompass

A series of survey questions were posed to assess the evolution of staff experience over the first 3 months of using encompass, the questions were designed to assess how the Trust is fostering an environment to support staff with major change.

The demanding nature of complex change places strain on mental and emotional wellbeing of staff and can lead to burnout. These questions assess the impact of encompass implementation on the organisational dynamics. Published evidence of organisations experiencing major change report low staff confidence and stress in the first year of implementation.

Survey Questions

SET has had the opportunity to lead in the implementation of Encompass across the Region. Since the launch in November 2023, it has been important to create a survey to explore staff experience and analyse the functionality and benefits of the system.

An online organisational online survey was conducted at weeks 1 and 2 and then 3 months, this will be repeated at the 6 and 12 month mark, to ascertain organisational change.

The survey focuses on:
- What is working well
- What can be improved
- Analysing the staff responses
- Summarising Orgainisational and Regional lessons.

904 respondents across the Trust participated in the 3 month survey inclusive of all professions and roles and represented acute, community and corporate team.

When responders were asked about their overall experience of using encompass, 39% stated they would revert to the old system. 37% wanted to keep going with encompass and 24% said they were unsure and needed more time with the system. The number of people reporting they would keep going with encompass has reduced from the previous survey when 56% responded positively. This is reflective of the pressure and frustration being reported by staff as they adapt practice to the new system and work across services.

39% Say Revert to the Old System

37% Say Keep Going with the New System

24% Say unsure / Too soon to tell

45% of the cohort reported low experience of being able to speak up, to voice their concerns and contribute to changes necessary in the build design. The importance of psychological safety in teams facing major organisational change is fundamental. Psychological safety is the foundation upon which a culture of trust, collaboration and innovation can flourish. In response to this organisational deficit, it is necessary to create space for teams to be heard, supported and co-design solutions.

encompass

What could be improved?

Respondents made suggestions for improvements based on their experiences, inductive thematic analysis was conducted and domains for improvements identified.

KEY THEMES

Organisational Preparation for Change
- Better preparation for teams on major change
- Improved support on impact of change for staff and teams
- Visible senior leadership
- Learning from other Trusts using encompass
- Creation of a regional formal learning system

Training
- Improvement in the training provided
- Ongoing training established
- Role specific training
- Training schedule for new staff within the Trust

Encompass Support
- Epic and encompass ground support is needed
- Development of skilled super users is essential
- Ongoing support
- Guidance: step by step guides, videos, standard operating procedures
- Fixes

System Build & Design
- The build should focus on patient pathways first
- Design is too siloed around professions needs to account for multiple specialties in one department
- Community services build needs more focus and collaboration to understand functionality
- Too many work queues making it hard for services to manage
- Better build and interfaces for labs
- System needs to be more user-friendly

System – Functionality
- Access and Navigation
- Fluid balance recording on system
- IV fluid prescribing in adults
- Blood results
- Triaging of referrals
- Outpatient Appointments
- Mental Health Risk Assessments
- Waiting list
- Medications
- Standardisation of Display

Governance/ Safety
- Importance of good governance systems
- Assurance of right staff access to patient records
- Development of regional data protection training with specific reference to encompass

Leadership
- Clear communication strategy on implementation and optimisation of the system
- Explanation of My Care to teams
- Understanding of capacity downturn
- Recognition from managers fof the increased pressure on staff
- Estimating the longer term impact of reduced activity and slower processes

Staff Experience
- Recognition of impact of change on staff
- Initiatives to support health and well-being among staff
- Ensuring all staff feel valued in their role
- Less interaction with patient
- More public information on use of My Care app to be issued

What is working well?

Staff were asked what they felt has been working well with encompass since go-live. It is evident from the **602 responses** to this question that staff are starting to experience the benefits of the system. The majority of responses were relating to aspects of the system itself such as the functionality and navigation. Staff attributes were also reported on with a strong emphasis on the willingness to learn the new system and share that learning with colleagues and wider teams. Strong teamwork has enabled staff to work through issues and peer support has greatly benefited staff. Improved communication has been reported between professionals and other services. The support provided by encompass and epic staff has been recognised as have the benefits of the system to our patients.
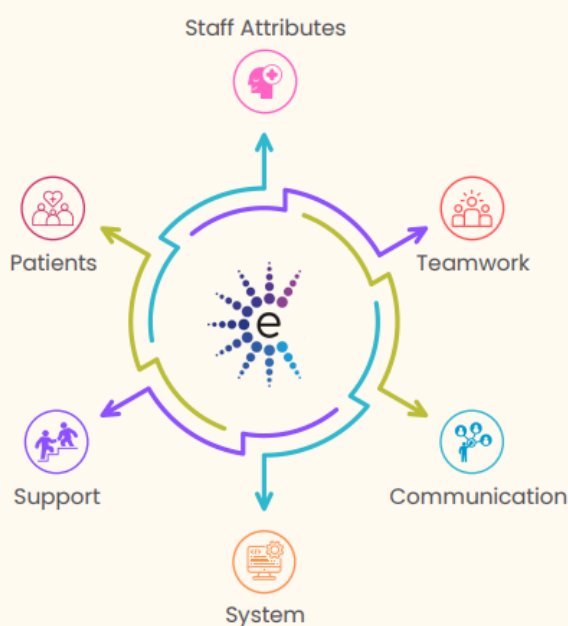

Staff Attributes / Patients / Teamwork / Support / System / Communication

Lessons to Share
Transferable Learning

Organisation

Culture
Focus on the preparation, culture and impact of major organisational change .

Psychological Safety
Greater recognition of impact of change on staff creating space for listening and psychological safety.

Governance
Governance arrangements should be in place to ensure appropriate access to patient records

Leadership

Capacity Downturn
Regional and senior management recognition of capacity downturn and increased pressure on staff is necessary

Raising Concerns
A platform should be established for staff to raise concerns and issues with timely feedback.

Learning

Learning System
Create a formal learning system within the organisation and across the region.

Patient Focused Design
Build design needs to focus across patient pathways

Communication

My Care Information
Public and staff information campaign of My Care app

Communication Strategy
The Organisation needs a clear communication strategy on implementation and optimisation of system

Support

Ongoing Support
EPIC encompass support is needed by clinical teams for many months post Go Live

Co-design Solutions
A dynamic structure for co-designing of solutions between teams, managers and epic support needs formalized.

Training

Bespoke Training
Training should be service specific with team training together and ongoing support available.

Quality Approach Summary:

Understanding the impact of major change on teams is crucial to reaching the project's potential. The implementation surveys are part of creating dynamic feedback to support the staff, make crucial changes and build trust and co-design into future iterations.

Case Study - encompass Diabetes Service

Data at your fingertips:

The Diabetes Service in South Eastern Trust includes different sub specialities such as Inpatient Diabetes, Diabetes Rapid Access Clinic (General Practice and Accident & Emergency can refer directly to RAC) Inreach, Young Adult Clinics, Type 1 Clinics, Insulin Pump Clinics, Pre-Pregnancy and Pregnancy and Diabetes Clinics, Type 2 Clinics, Structured Diabetes Education, Specialist Podiatry and Dietetic Clinics. The team includes Consultants, Speciality Doctors, Advanced Nurse Practitioners, Service Improvement Lead, Specialist Pharmacists, Diabetes Specialist Nurses, Podiatrists, Dietitians and Healthcare Support Workers.

The Diabetes team are using data in new ways to make service improvements in real time:

Multi-Disciplinary Team Daily Huddle

encompass has facilitated our daily multi-disciplinary Diabetes team huddles.

- We can review the inpatient referrals as a team and identify the most appropriate team member or members to treat or educate the patient.
- Patients can be remotely reviewed as the Diabetes team can access all the relevant data including the latest blood glucose results and medications and insulin prescriptions.
- Inpatients can be prioritised for consultations based on information provided, ensuring timely consultations.
- We discuss the patients who are attending our Rapid Access Service (RAC) on that particular day and the potential treatment involved. Figure 1 outlines the number of patients who attended the RAC in a 12 month period.

Inreach

The Diabetes Inreach team attend A&E on a daily basis to target patients living with Diabetes who have attended hospital for a variety of reasons. The overarching objective of this service is to target patients within the critical first 24 hours of their admission. This service has successfully focused on identifying and prioritizing patients in urgent need of specialty team review upon arrival at the hospital.
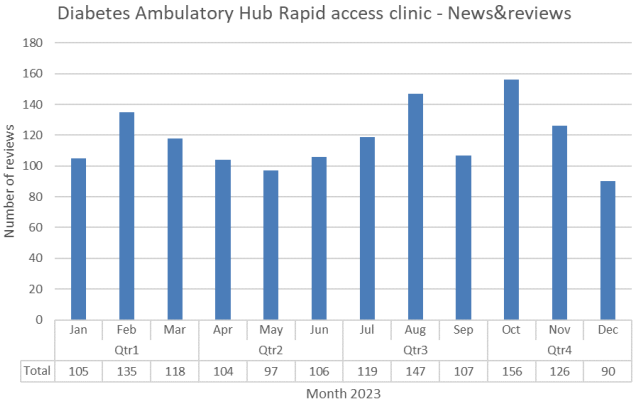
- Using the reporting component of encompass, patients in A&E who have been admitted within the last 24 hours and who are on insulin can be easily identified and pro-actively targeted and assessed to ensure they have an appropriate management plan in place.

Service reporting

With encompass, we can determine with ease the number of patients we have accessing the different sub specialities of our Diabetes Service. We can use the information to assess capacity and demand, and outline how many clinics we need for our patient population to ensure equity of service.

Quality Approach Summary

encompass has enhanced our multi-disciplinary team working. We can remotely access the information we need to ensure patients are prioritised, assessed and treated effectively. This can speed up decision making at ward level and ultimately have a positive impact on patient flow. From a service management perspective we have data to help make decisions about service planning and ensure a fair and equitable service for all patients living with Diabetes in South Eastern Trust.

Diabetes Ambulatory Hub Rapid access clinic - News&reviews

|	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Qtr1			Qtr2			Qtr3			Qtr4	
Total	105	135	118	104	97	106	119	147	107	156	126	90

Month 2023

Case Study - encompass BarCode Medication Administration (BCMA)

Barcode Medication Administration (BCMA) involves scanning both the patient's identity band and the medication barcode. It ensures the correct Electronic Patient Record (EPR) and therefore medication records are being accessed.

The principles behind BCMA ensure that the process supports nurses & midwives adhering to the five 'rights' of medication administration – leading to fewer medication errors and allowing for best practice to occur in clinical areas, in line with the Nursing and Midwifery Code of Practice (NMC 2018).

✔ Right Patient
✔ Right Medication
✔ Right Time
✔ Right Dose
✔ Right Route.

Alongside clinicians, our work in the Nursing and Midwifery Digital and Information Practice Team (NM DIPT) is based on evidence and aims to improve the safety, quality and experience of patients and our NM staff in SET. Among other recommendations and guidance, Northern Ireland's Digital Strategy 2022-2030 (DHCNI, 2022) and underpinning evidence in Scan4Safety (Scan4Safety, 2020) are the underlying factors as to why this work is vital, as we move through digital transformation in Northern Ireland with SET leading the way.
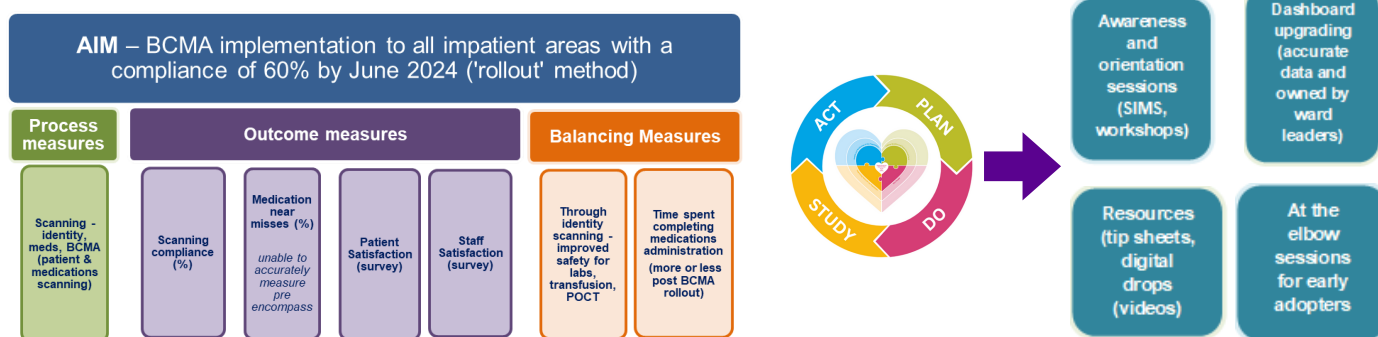
Outcomes

SET was the most successful BCMA implementation in Epic's UK history, positively benchmarked in the UK as an exemplary site. By March 2024, 27 inpatient wards were live with BCMA. Hundreds of nursing and midwifery staff across settings participated in BCMA support sessions with 25% of ward managers accessing the dashboard in the first week of familiarisation.
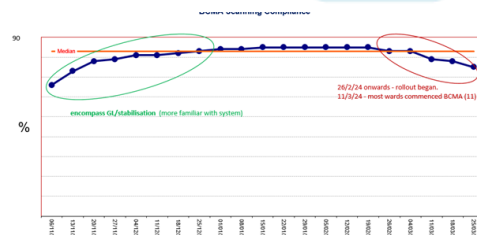
Our patients and family members - in June 2024 the NM DIPT sought feedback from our patients and family members via a patient survey

- BCMA is another tool in their (nurses) pockets.
- We are in a very technical age and this is the way forward.
- Felt safer.
- Faster and efficient.
- My medication was always on time and efficient in making sure I got the right medication.
- Staff communicate well verbally and not just scan and go.

Our staff - staff feedback was critical, especially during encompass 'Go-Live' when BCMA rollout began. NM DIPT use a digital feedback tool to collate this going foward:

- Good to have the support face to face on the ward when required and not having to ring or try to reach someone for clarification on issues.
- Reduces error.
- Additional safeguarding to ensure accuracy with medications administration.
- Security when giving medications.

What's next?

- Review of End User Devices e.g. mobiles (Rover) and computers (WoWs) to ensure staff have the correct devices allowing redeployment of those that are unused to alternative locations (not only dependent on BCMA process).
- Time saved project – time to complete a medication round before and after BCMA implementation to address any issues identified. To date no issues have been reported by wards implementing BCMA.
- Medication scanning review – some medications do not scan (barcode over riding). Scoping work started in relation to barcode creation opportunities.
- Keep rolling – we are progressing the rollout out to more specialised areas requiring additional support such as ED.
- HIMSS accreditation – digital maturity of organisations is assessed and graded within this accreditation process. Medication safety and management is fundamental to achieving a digitally mature status.
- BCMA improvement, spread and sustainability to what is already a very positive practice and experience for those in SET.

Quality Approach Summary:
Using encompass and digitalising to improve safety culture and practice is showing early dividends in Medicines administration. There is good practice learning to be shared across services. Structures are being established by digital professional leads to transfer learning.

Nursing Assurance & Development of KPI Reporting

The Nursing & Midwifery Safety, Quality & Assurance team within the Safe & Effective Care department, undertook a series of validation audits of nursing Key Performance Indicators (KPI's). The purpose was to understand what the nursing KPI's actually measure and what assurance they give, in relation to the safety & quality of nursing care delivered across the Trust. This feedback prompted the nursing & midwifery Safety, Quality & Assurance team to review and re-design the format in which nursing assurance is reported and communicated within the Trust, from ward to Trust Board.

This process enabled the development of a working knowledge of the five regional nursing KPI's, putting the Trust in a position to knowledgeably influence, inform and practically support the review of Nursing & Midwifery KPI's which has been taken forward regionally by NMQAN (Nursing & Midwifery Quality & Assurance Network). Furthermore, the team are providing the same level of knowledge and experience to the regional development of the Nursing & Midwifery and Allied Health Professional HSC Excellence Framework.

In November 2023 the South Eastern Trust was the first Trust to go live with encompass, the integrated electronic care record system for Northern Ireland. This has provided the opportunity for the digitalisation of the Nursing KPIs, which will be transformational as it will move from small samples (10 records per KPI per area) to complete dataset availability and from point in time monthly reports to real time reporting. This will enable a significant shift in practice by providing the service leads the opportunity to address issues at the time - rather than use the reports retrospectively; however, quarterly reports will still be produced to ensure trends and areas for improvement are identified. The Nursing & Midwifery Safety, Quality & Assurance team continue to work with the Cogito team from encompass, NMQAN and professional leads across the region to build the revised KPIs into encompass; the work to date has focused on the acute nursing and district nursing KPIs. There has been significant learning from this process in terms of the digitalisation of the KPIs; one of the main challenges has been ensuring accurate adoption onto the system.

In keeping with the drive to find new ways to support improvement and shared learning, the Nursing & Midwifery Safety, Quality & Assurance team, in collaboration with the wider central nursing team, facilitated two trust workshops in 2023/24 attended by over 100 sister's/ charge nurses & midwives representing all directorates across the Trust. These events created an opportunity for open discussion, innovative thinking and sharing of learning that enabled the development of action plans to progress their priorities in relation to enabling professionalism.

🔗 **NME Q1 Report 2023-24**

🔗 **NME Q2 Report 2023-24**

🔗 **NME Q3 Report 2023-24**

🔗 **NME Q4 Report 2023-24**

Quality Approach Summary:

The Safe and Effective Care team have been creating reporting structures to standardise care. There is much transferable learning to be gained across the organisation. KPIs are indicators of good practice to be shared and areas of concern to support change. As a Trust we need to make more time to connect to organisations for fresh thinking.
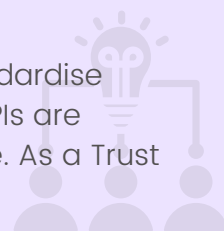
Sharing the learning group

A Sharing the Learning Group was established by the Safe & Effective team and the Risk Management team to ensure immediate learning from incidents / events is captured and shared within the Trust, and ,if required, externally to other organisations. The Trust Sharing the Learning Group is responsible for supporting and monitoring the capturing, identification and sharing of learning after, or as a result of, patient safety concerns or near misses.

It does this by reviewing and monitoring trends and patterns from learning events such SAIs, incidents, complaints, litigation etc. on a quarterly basis. The group also manages the Trust Sharing the Learning Policy which outlines how immediate learning should be captured and shared within the Trust and if required, externally to other organisations using a standardised Shared Learning Template. In the 2023/24 year, 58 templates were submitted and reviewed by the Sharing the Learning Triage Sub-Group, with 8 templates shared regionally.

A series of data is collated, analysed and presented relating to key aspects of safe and effective care. This data (excluding SMR)is commissioned for the most part through DHSPPS and includes:

- Complaints and Compliments
- SAIs
- KPIs – NEWS 2 compliance, Cardiac Arrest, SSKIN compliance, MUST, Omitted Medications Infection rates - for example Hand Hygiene, C-Diff, MRSA
- Falls
- Safer Surgery
- Standardised Mortality Ratio (SMR)

🔗 **Scorecard 2024**

🔗 **SAI report 2023-24**

🔗 **SMR 2023-24**

Quality Approach Summary:
By developing into a learning organisation there are more structures to share learning and initiate change of practice, the outcome is the provision of an improvement of the safety and quality of care. Alongside structures the evolution of an open and transparent culture for learning from errors and also learning from excellence is to be established. Training in leadership is needed for learning champions across the Trust.
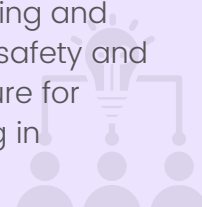
Clinical Audit

The Audit & Quality Assurance Department continue to promote and provide a support service to all multi-professional staff across the Trust to carry out audit and improve their services by seeking assurance of performance against service specific or regional and national guidance, standards and measures.

Audit should only be carried out when it is aligned to Trust, Service Specific, Regional or National priorities and the Trust continue to work towards embedding this culture into Annual Audit Plans going forward.

In 2023/24 there were 60 professional audits registered with the main rationale for the projects detailed as compliance against guidelines, 39 of these audits were local to the Trust, 10 were National projects and 6 were Regional.

National Audits within the South Eastern Trust continue despite the challenges faced around data protection and limitations around sharing of information outside of Northern Ireland. Currently the Trust contributes to 49 national audits/registers e.g. SSNAP, NELA, and UK Parkinson's Audit etc. Where participation is not approved due to data protection, the Trust encourages a culture of benchmarking services against National data sets and to review recommendations from published National reports.

2022/23 saw the re-establishment of a Regional Audit Forum, the objective of which is to support the growth of professional audit regionally. All 5 HSC Trusts meet on a quarterly basis to share knowledge and plan how to bring professional audit forward with a regional emphasis of sharing learning and improving patient care.

2023 CLINICAL AUDIT AWARENESS WEEK

The weeks programme included Awareness Sessions, Lunch and Learn ran by NIQCAN (National Quality Improvement (incl. Clinical Audit) Network), Audit Advice Clinics where any professional undertaking or planning to embark on an audit could come along and seek advice and support. The Annual Audit Award for 2022/23 was presented to the Respiratory Diagnostic Service for significantly reducing their waiting times.
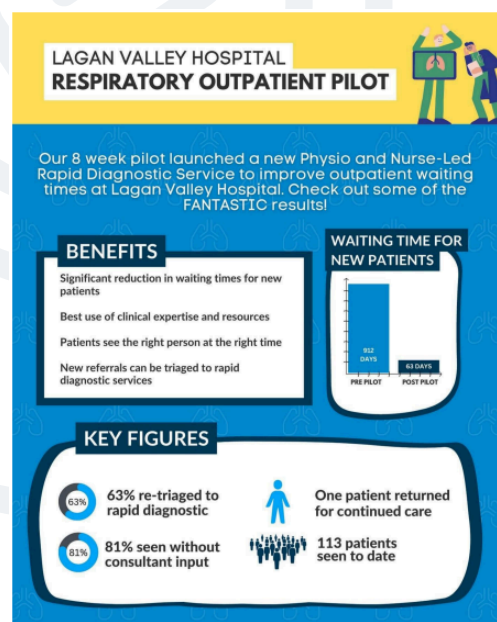
Forward Planning

The South Eastern Health & Social Care Trust is committed to developing a number of audit practices within the lifetime of a 3 year strategy. The strategy is planned for launch in 2023/24 and sets out three clear objectives:

Objective 1: Overcome barriers to healthcare staff participating in audit activity through creating a partnership
approach; raising awareness and providing an audit programme trust wide.

Objective 2: Create a culture of committed and continuous service improvement through audit activity.

Objective 3: Develop a robust assurance reporting programme to enable healthcare staff to effectively share learning or have a process for escalation.

LAGAN VALLEY HOSPITAL
RESPIRATORY OUTPATIENT PILOT

Our 8 week pilot launched a new Physio and Nurse-Led Rapid Diagnostic Service to improve outpatient waiting times at Lagan Valley Hospital. Check out some of the FANTASTIC results!

BENEFITS
- Significant reduction in waiting times for new patients
- Best use of clinical expertise and resources
- Patients see the right person at the right time
- New referrals can be triaged to rapid diagnostic services

WAITING TIME FOR NEW PATIENTS
512 DAYS PRE PILOT
63 DAYS POST PILOT

KEY FIGURES
63% 63% re-triaged to rapid diagnostic
81% 81% seen without consultant input
One patient returned for continued care
113 patients seen to date

Click to view the project

Quality Approach Summary:

SET has a strong history of audit amongst its clinical teams. By applying QMS principles, the team are exploring the connection of Quality Assurance to continuous improvement work. Much collaborative work is planned amongst teams.

GAIL - Governance, Assurance, Improvement and Learning Framework

GAIL is a Trust-developed framework based on the 4 key domains aligned to RQIA Programmes of Inspection and Review – Governance, Assurance, Improvement and Learning.

The framework aims to reliably deliver continuously improving services in SET and provides a strategic direction moving forward as a Trust with robust arrangements in place to meet standards and provide assurance.

The Governance and Assurance pillars aim to support the achievement of compliance with all standards / requirements.

The Improvement and Learning pillars aim to support the quality drive to sustained excellence.

The Framework ultimately provides a system of sharing improvement content and learning from internal and external reviews, accelerating the application of learning for the benefit of service users, staff and the organisation.

The GAIL Model continues its roll out journey across South Eastern HSC Trust to develop, launch and implement tools for wards / services to access via a platform to maintain assurance and guide next steps to improved performance.

Currently, the model has been launched or is developing toward launch within 25 Trust clinical services.

As the rollout journey progresses, testing takes place to:

- Determine ease of use by day to day owners
- Determine compliance with reporting requirements
- Identify any adjustments required
- Integrate with new technology / systems

The development journey sees progression of arrangements for wider learning based on latest activity including GAIL, inspection, review, learning alerts etc.

A partnership-working approach has led to a development journey of 25 areas to date including:

- Surgery (8 areas)
- Unscheduled Care (9 areas)
- Medicine (1 area) (Medical Day Case Unit)
- Women and Child Health (1 area) (Maternity Ward)
- Mental Health Services for Older People (2 areas) (Both Dementia)
- Ards Com Hospital (1 area)
- UHD Ward 6C (1 area)
- Augmented Care (2 areas) (ICU and Renal)

The engagement and development journey continues with services to introduce and embed the GAIL Model as Trust culture to drive and support excellence.

Quality Approach Summary:
Assurance is a pillar of Quality Management, it forms part of feedback loops that focus effort on quality improvement. Rigorous assurance arrangements within the Trust ensure regular reporting and oversight to minimise avoidable harm.
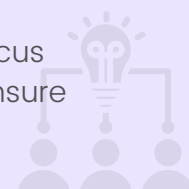
Regional & International Networks

Health Foundation - Q Community

The Q Community gives dynamic opportunity for people across SET to connect, learn and explore the complexity of providing quality care. A series of webinars in 2023/24 focused on the concept and implementation of quality management systems and enabled the QI team to apply the learning in SET. The Q community has a number of Communities of Practice which team members attend, focusing on areas such as liberating structures and evaluation.
In March 2024 the Q community approached the Quality Team to host its first members visit to Northern Ireland.

Health and Social Care Quality Improvement (HSCQI)

Health and Social Care Quality Improvement (HSCQI) Northern Ireland is a Quality Improvement (QI) Network whose purpose is to provide a supporting infrastructure for quality, improvement and innovation across the NI HSC system. Working on the principles of: Learn together, Share together and Improve together, HSCQI is focused on building will, relationships and connections across system and professional boundaries.

The Quality Improvement Team have been active members of HSCQI, attending QI Leads meetings, inputting into strategy and implementation discussions and planning for regional collaborative initiatives such as TASC.

Health Improvement Alliance Europe HIAE

This is an opportunity to learn from leading organisations across Europe, including attendance from the Quality Improvement Team and senior managers across the Trust at monthly webinars. The Assistant Director (AD) in QI and Innovation is part of the work-stream Creating, Leading, and Sustaining a Culture of Quality and connects monthly with leaders across Europe.

Annual activities include:
- Creating communities of practice to share learning across Europe.
- The Learning and Action focused on Creating, Leading, and Sustaining a Culture of Quality.
- Hybrid multi-day meetings. Leveraging the expertise of our in-country hosts to understand unique and innovative ways of working to improve health and health care. The AD in Quality attended the London meeting in March 24

Chief Quality Officer Course IHI

The AD in Quality and Innovation is participating in the International Chief Quality Officer Course. Learning strategic quality planning, reporting and evaluation for organisations.

World Health Organisation- Health in Prisons Programme

The AD in QI and Innovation sits on the steering committee for WHO HIPP. This programme has a public health remit to improve health and wellbeing in prisons with the aim of no-one being left behind. The committee collates evidence base and provides policy guidance for health and justice sectors across Europe.

Regional & International Networks

IHI/ BMJ International Forum on Quality and Safety in Healthcare
This conference was held in London in March 2024. 10 SET staff had posters of their work accepted to present at the conference. 13 SET staff attended the conference representing the different directorates. An initial post-conference meeting for the participants took place in April 2024 to coordinate learning from the conference. A Curry Club was held in April to share the learning across the Trust.

Scottish Improvement Leadership Programme (ScIL)
HSCQI in conjunction with Health Improvement Scotland have been providing the ScIL programme regionally to support improvement work and build capacity across organisations. This is a 9 month programme which includes focus on leadership and improvement methodology with students undertaking an improvement project. In 2023/24 4 staff members undertook the programme representing Infection Prevention Control, Care of the Elderly, Corporate Planning and Safe and Effective Care. These staff members join a regional alumni.

Scottish Quality Safety Fellowship (SQSF)

SET continues to invest in its workforce by sponsoring a place on the SQSF. This is a senior leadership programme run by National Education Scotland with the aim of introducing system design, improvement methodology and inter-sectorial working to improve quality care. The course has a cohort of senior clinicians across Scotland, Northern Ireland, Denmark and Norway.

A consultant in Palliative Care undertook the SQSF Cohort 14. She visited the Hospital Israelita Albert Einstein (HIAE), Albert Einstein Education and Research Centre and the Communidade Paraisopolis (Community Program) in the "favelas" in Sao Paolo. It was impressive to witness how enhanced community cohesion and support through engagement enabled the organisation to build relationships and trust among residents, caregivers and healthcare providers in the area. Staff in the HIAE were highly motivated, enthusiastic and regularly engaged in data collection and monitoring to improve the quality of the service they provide. The importance of staff wellbeing, "What Matters To You" (WMTY) and Joy in Work is being explored further within our Trust. Strong links have been made with the HIAE QI Lead and IHI Adviser with the possibility of future joint collaborative work.

International Conference on Integrated Care (ICIC24)
This Conference was held in Belfast with the overarching theme 'Taking the leap: Making Integrated Care a Reality for People and Communities'. The conference brought together leaders, researchers, clinicians, managers, community representatives and service users from around the world involved in integrated care.
SET had a strong representation of people sharing good practice of integrated care both by poster and presentation with 7 presentations including Smoking Cessation Services in Prison, MDT in Practices, SET Outdoors, Peer Mentor's Network in HMP Maghaberry and Health Development. The presentation of the Modernisation of Domiciliary Care won the first scientific prize at the conference and was praised for the new approach to system design with global significance.

🔗 ScIL Posters	🔗 ICIC Presentations

Quality Approach Summary:
Participating in national and international networks creates opportunities to disseminate learning and share good practice. Collaborative working is integral to dynamic system change.

Innovation

Creating the Conditions for Innovation in SET

As SET embarks on building the practices and framework for innovation it is building on the legacy of quality across the Trust.

Innovation can be considered in diverse domains. In SET our focus will be three fold:
- Systems and process innovation
- Healthcare product innovation
- Participatory Design and Co-production

To create the conditions the Quality Team are applying attention to:

Culture
Firstly we need to define innovation and gain a shared understanding of the scope, leverage the synergy with Quality Improvement, Evaluation, Population Health and Research. Building a network of people experienced and interested in innovation. Exploring the complexity and issues in service delivery and the possibility of new approaches and ways of working.

Collaboration
Building partnerships internally and across sectors. Initially build innovation networks internally and externally across civic society, life sciences, industry and academia.

Structure
Developing an innovation framework which will enable clinical and corporate teams to partner to problem solve and innovate. The framework will include clear steps to embark on innovation including advice about design thinking principles, information governance, implementation and impact evaluation.

YEAR 1

1
Partnerships being established:
Digital HSCNI, Centre for Public Health Queens, Dept of Design UU, Health Foundation, HIRANI, Centre for Innovation, Children's Health Ireland, PHA, System designers

2
Building internal structures:
8B Innovation Lead (part time)
Governance Structure
Developing an Innovation Framework to integrate with the evolving regional innovation structures.
Upskill the Quality Team in Innovation
Explore funding opportunities project and structural funding.

3
BT Health Innovation Partnership:
In early 2024 we embarked on planning a proof of value project with BT to explore remote monitoring in patient care. This initiative is helping to establish our innovation pathway and framework.

Quality Approach Summary:
Health services will be transformed by innovation, through digital technologies but also system thinking and participatory design. The team is conducting fundamental preparatory work in building a coalition of willing within the Trust and forging relationships with the health and life sciences collaboratives.

Research & Development

Research, Development & Innovation (RD&I) plays a vital role within any successful healthcare organisation. It underpins our clinical practice, demonstrating that we are learning from evidence and promoting innovation and it opens new doors to advancing prevention, treatments, and cures for disease and disability for patients of SET.

Research active hospitals consistently deliver better clinical outcomes for their patients. The role of the RD&I office is to ensure that we offer research opportunities to as many of our patients as possible and to ensure staff have the support needed to deliver research safely.

To this aim, the senior management team have made significant changes to the RD&I staffing model with a new Research Manager and Governance Coordinator to modernise our current operational policies and processes. Our new Governance Coordinator will facilitate greater research accountability. The research nurse workforce has also been reviewed and a new teams based approach has been incorporated that will increase our productivity and resilience.

In 2023/24 the number of researchers within our organisation has increased with 47 members of staff now recognised as a Principal or Chief Investigator. In keeping with our ambition to have research accessible to all of our staff, 59% of our research leads are medical and 41% are nursing, midwifery or allied health professionals.

Research Academy

To ensure our staff are experienced and equipped with the correct knowledge and skills to lead, deliver or participate in research, we have introduced the Research Academy to offer bespoke training to advance their knowledge in research. Horizon scanning and funding opportunities are also identified and shared across the Trust.

The Research Academy will provide training for staff with little knowledge of research. It is organised over 3 semesters and is delivered by experienced academic researchers from Ulster University, Queens University and Open University.

Introduction to research, research process and terminology:

An Introduction to Data Analysis

Writing for Publication

Applying for Research Funding

Common Research Study Designs

How to Critically Appraise Research

Undertaking a Literature Review

Demonstrating Research Impact

Research Development & Innovation Quality Report 23-24

Quality Approach Summary:
Research and development plays a vital role, underpinning clinical practice with evidence base and opportunities for innovation. As the research team team develop their plan and framework, it will contribute to SET being a leading organisation providing Quality care.

5 INTEGRATING THE CARE

Objective 9: We will develop and integrate pathways of care for individuals.

Objective 10: We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

In the era of the new Integrated Care System, working across sectors will maximise the opportunity to improve patient and community health and wellbeing. SET teams are linking with many organisations to explore population health needs and the interfaces across services and communities. Regional partnerships are key enablers to improving care. Health equity is an important lens to understand the quality of care.

This section of the report focuses on dynamic partnerships across organisations and communities creating space for co-design and working in new ways. Case studies from across SET amplify the benefits of integrating care.

▶ Integrating Population Health into the Trust Quality Approach

▶ Development of Community Partnerships and Intersectoral working

▶ Multidisciplinary Teams (MDTs) in General Practice

▶ Case Study-Implementation of ED Care Navigator Service

▶ Case Study Residential Edge of Care Team - Children's Services

▶ HSCQI Regional Collaboration

# Integrating Population Health into the Trust Quality Approach

The planning and commissioning structure of health and social care is changing in the region to become an Integrated Care System (ICS). The ICS aims to bring together a range of partners with the purpose of improving population health and wellbeing and reducing health inequalities. As the plan is for ICS to be initiated in SET in 2024, it is essential to understand the health needs of the area's population.

Population health planning aims to reduce health inequalities, adopting the Quintuple Aim for Healthcare Improvement approach. This includes an important focus on health equity. Health inequalities are mostly shaped by the social determinants of health: the conditions in which people are born, grow, live, work and age.

SET, through integrating population health into organisational strategy, aims to take action to improve health and reduce health inequalities. ICS partnering with communities, councils and other sectors, and through using the principles of ceding power and co-production, will innovate in prevention and service delivery.

The SET Population Health Strategy seeks to articulate how the Trust will contribute to the ICS and Population Health Outcomes. This will be a key document alongside the Quality Strategy in laying the foundation for the SET contribution to ICS development.
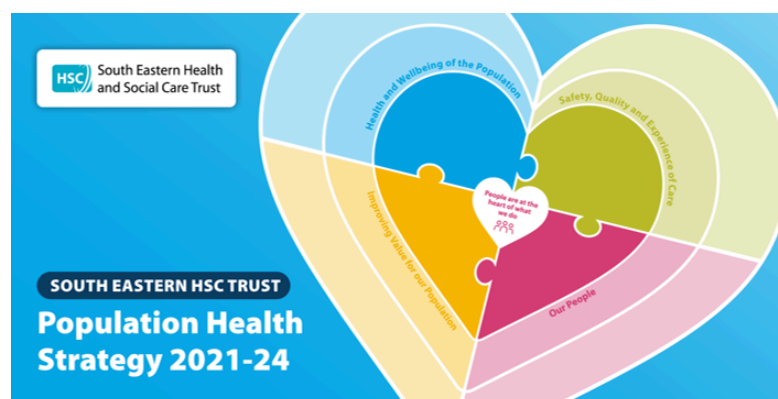
Quality Approach Summary:
Reducing health inequalities relies on an understanding and considered response to the wider determinants of health. The SET population health strategy focuses work and provides structure across the Trust to apply a health equity lens. Much strategic work is needed to embed social determinants into assessments and health equity into service outcome evaluation in the Trust.

Development of Community Partnerships and Inter-Sectorial Working

Help Kids Talk
@helpkidstalk · Community

Case Study – Help Kids Talk

Help Kids Talk is aiming to reduce the number of children entering school with a speech, language and communication problem.

- To date, 17 settings have been trained and provided with resources to deliver Early Talk boost: 5 of these settings were trained in August/September 2023.
- 86 children completed Early Talk Boost Programme in academic year 2023/24 (September 2023-June 2024).
- 59% (10 out of 17) settings trained delivered the Early Talk Boost in this academic year.
- A total of 436 children have participated in an Early Talk Boost Programme since September 2016.
- Of children who complete Early Talk Boost in 2023/24 academic year, 39% closed the language gap, with further 38% narrowing the language gap.

An Integrated Hardship Service is established to support vulnerable families

Across SET we have been working in partnership with community organisations such as Colin Neighbourhood Partnership, Barnardo's and County Down Rural Network to establish criteria, referral process and monitoring processes for funding that has been made viable from Department for Communities (DCF) and Councils to support vulnerable families with white goods, fuel and food vouchers.

We have, with partners, been successful in sourcing additional funding from Council and DFC in the Down locality for oil, bottle gas and coal to support an additional 32 families. In collaboration with Belfast City Council and Colin Neighbourhood Partnership we allocated £15,000 to support familes in the Colin area.

One family experienced a major fire at their home. Fire destroyed the children's bedroom, all their clothing and bed clothing. They had to be moved to temporary accommodation. We provided All For One Voucher for children's clothing and bed clothes. They also needed support for gas, electric and food.

- Many of these families are working families but struggled to pay for childcare costs. We provided vouchers to enable them to purchase food, gas and electric so they had the money to pay for their childcare expenses, enabling them to work.
- Another mother working part-time struggled to heat her home and purchase food. Wages were reduced because of strike action.
- A single mother with one child struggling with mental health issues- this lady is South African without any support network.
- One Family experienced a flood at their home and needed to use electric heaters to dry out the home. They needed support with voucher for gas and electric.
- A Single parent family with 2 children needed to move to new accommodation in November 2023. They did not have flooring throughout the house, and secured some furniture from Storehouse. They didn't have sufficient money to fuel the car to bring the children to school. We provided vouchers for gas and electric so they could put fuel in car to ensure the kids got to school.
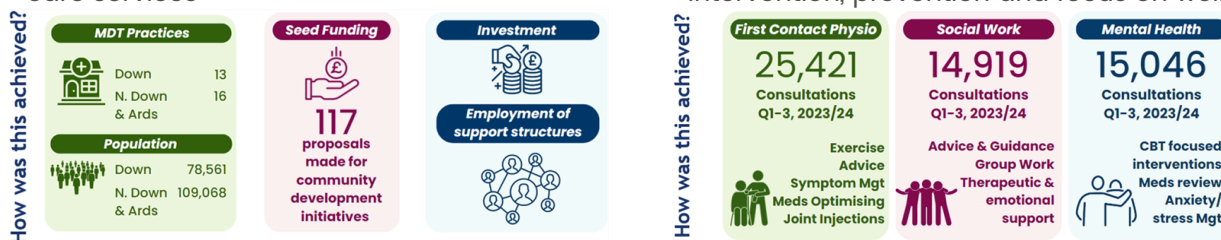
> **Quality Approach Summary:**
> Inter-sectorial working across the area brought multiple stakeholders together, they focused on a common purpose with a clear set of associated actions and outcomes. This established partnership is a model for quality planning to be adapted for other services tackling inequalities.

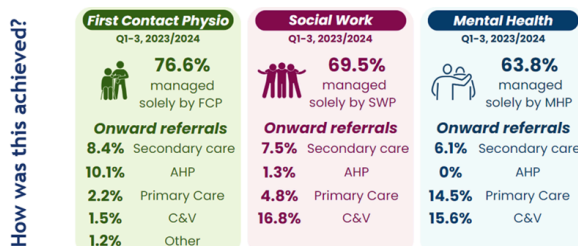# Multidisciplinary Teams (MDTs) in General Practice

Primary Care Multidisciplinary Teams (MDT) in Northern Ireland build upon the policy commitment to transform the planning and delivery of Primary Care services by boosting capability and capacity for early intervention and prevention with a focus on wellbeing.

In 2018 the MDT programme introduced three new roles into General Practice – First Contact Physiotherapy Practitioners, Senior Mental Health Practitioners & Senior Social Work Practitioners (supported by social work assistants), and by the end December 2023, 29 GP Practices had an element of the MDT model - allowing 187,629 patients direct access to MDTs. The programme aims to:

- Better meet existing demand for primary care services

How was this achieved?

MDT Practices
Down 13
N. Down & Ards 16

Population
Down 78,561
N. Down & Ards 109,068

Seed Funding
117 proposals made for community development initiatives

Investment
Employment of support structures

- Boost capability & capacity for early intervention, prevention and focus on wellbeing

How was this achieved?

First Contact Physio
25,421 Consultations Q1-3, 2023/24
Exercise Advice
Symptom Mgt
Meds Optimising
Joint Injections

Social Work
14,919 Consultations Q1-3, 2023/24
Advice & Guidance
Group Work
Therapeutic & emotional support

Mental Health
15,046 Consultations Q1-3, 2023/24
CBT focused interventions
Meds review
Anxiety/stress Mgt

- Providing a platform for service reform – supporting the shift of care into primary and community settings

How was this achieved?

First Contact Physio Q1-3, 2023/2024
76.6% managed solely by FCP
Onward referrals
8.4% Secondary care
10.1% AHP
2.2% Primary Care
1.5% C&V
1.2% Other

Social Work Q1-3, 2023/2024
69.5% managed solely by SWP
Onward referrals
7.5% Secondary care
1.3% AHP
4.8% Primary Care
16.8% C&V

Mental Health Q1-3, 2023/2024
63.8% managed solely by MHP
Onward referrals
6.1% Secondary care
0% AHP
14.5% Primary Care
15.6% C&V

Implementation of MDTs across the region does not come without its challenges. In March 2024, the Northern Ireland Audit Office published a report on "Access to General Practice in NI" and dedicated one section to MDTs in Primary Care.

318 GP Practices in NI at 31 March 2023

39 GP Practices deemed at risk end March 2023

1 GP Federation with fully implemented MDT

The report outlined a number of recommendations and detailed factors to be addressed in the reconsideration of the MDT model:

- Staffing a key constraint in MDT delivery
- Planned evaluations have not been completed to date
- Progress has not matched ambition
- £75 million spent on MDT implementation by March 2023
- Significant funding needed for future MDT operation

🔗 MDT Report

The impact of Primary Care Multidisciplinary Teams:

Patient Centred Care
Improved patient outcomes and capacity to selfcare
Right Care Right Time Right Place
Patients will have timely access to Primary Care services
Improved Patient Experience

Transformation - Service Reform
Stabilise GP services
Services provided closer to home
Improved Provider Experience
Evidenced VFM

Quiltiy Approach Summary:
The Primary Care MDT has highlighted the importance of working across organisations and sectors when innovating care. The wokring collaboration between primary and secondary care has reduced waiting times for people and reduced the need for onward referrals. Further planning and resource is needed to establish MDTs across the Trust area.

Case Study-Implementation of ED Care Navigator Service

A patient led service which grows and develops around the needs of the population

Project Rationale:

There is a large cohort of patients who attend ED's with complex social needs. These are often our most vulnerable patients in society and the root cause of their issues may be difficult for clinicians to treat. As a consequence, it is common for these patients to re-attend ED, as their social challenges remain in place, with some even becoming frequent attenders.

Aim of Project:

- To act as an early intervention and preventative service
- To work to identify a cohort of patients before they become frequent attenders
- To reduce days between attendances with already established frequent attenders
- To holistically assess people's needs and provide support and guidance to help them address the challenges in their lives and to take back control

Outcomes:

- 3 service users were supported in relocating to more suitable accommodation
- 9 were introduced to either befriending services or weekly support groups
- 10 were identified as victims of domestic abuse and supported to begin to deal with their trauma and seek help
- 2 service users disclosed historical abuse and are now being supported with their recovery journey
- 6 historical frequent attenders who had a combined total of 33 ED attendances over a 2-month period prior to engagement with the service were reviewed 2 months post discharge and had a new combined total of 2 ED attendances
- Increase in days between attendances for already high intensity users
- Improved level of support for staff when caring for this cohort of patients
- Reduction in attendance pattern for those successful discharges from service.

Run Chart showing number of referrals to ED Care Navigator Service per month - 2022/2023
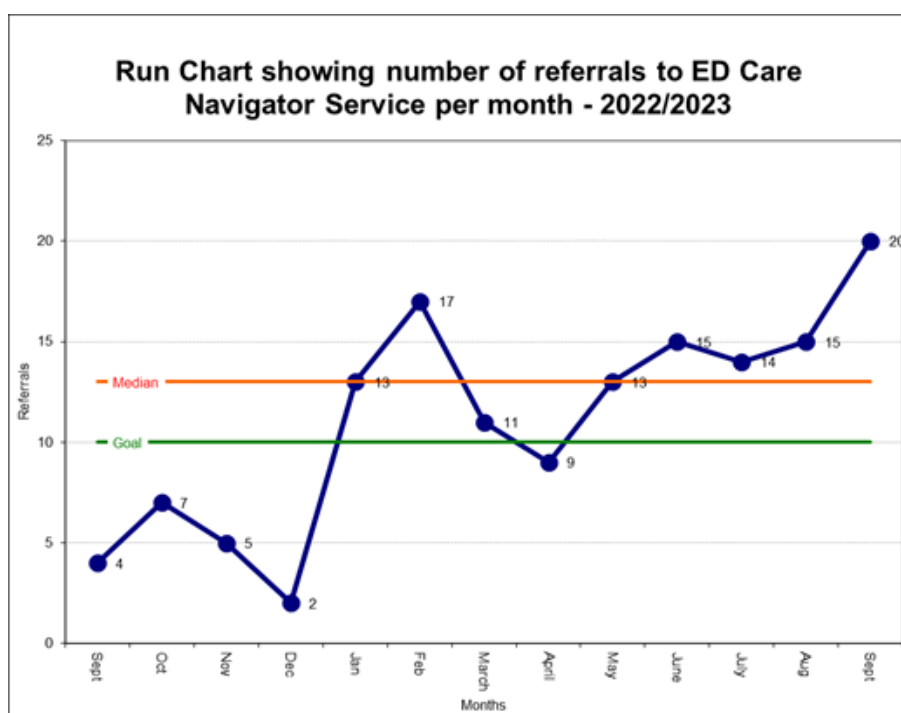
View Poster here

Quality Approach Summary:

The ED Care Navigator service has established a holistic approach to assess needs and provide support for our most vulnerable patients in society. There has been partnership and collaborative working with community and voluntary organisations leading to a reduction in ED attendances of historical frequent attenders and an increase in referrals to the service.

Case Study Residential Edge of Care Team – Children's Services

The Residential Edge of Care team was established as part of a Quality Improvement project which has focused on reducing admissions to Children's Residential Care.

The residential service has experienced maximum capacity across the homes for many years and during these periods experienced challenges with staff sickness, retention, incidents and cost pressures. The team identified an opportunity to address some of these challenges by focusing on the admission process. Through the use of PDSA cycles the team adopted a focus on emergency panels and the deployment of intensive outreach support services to support families in maintaining their children at home rather than admission to Residential Care.

The outcomes have been significant and have evidenced a 46% reduction in admissions to Residential Care. The team have used this data to influence the need to scale and spread the model across children's services.
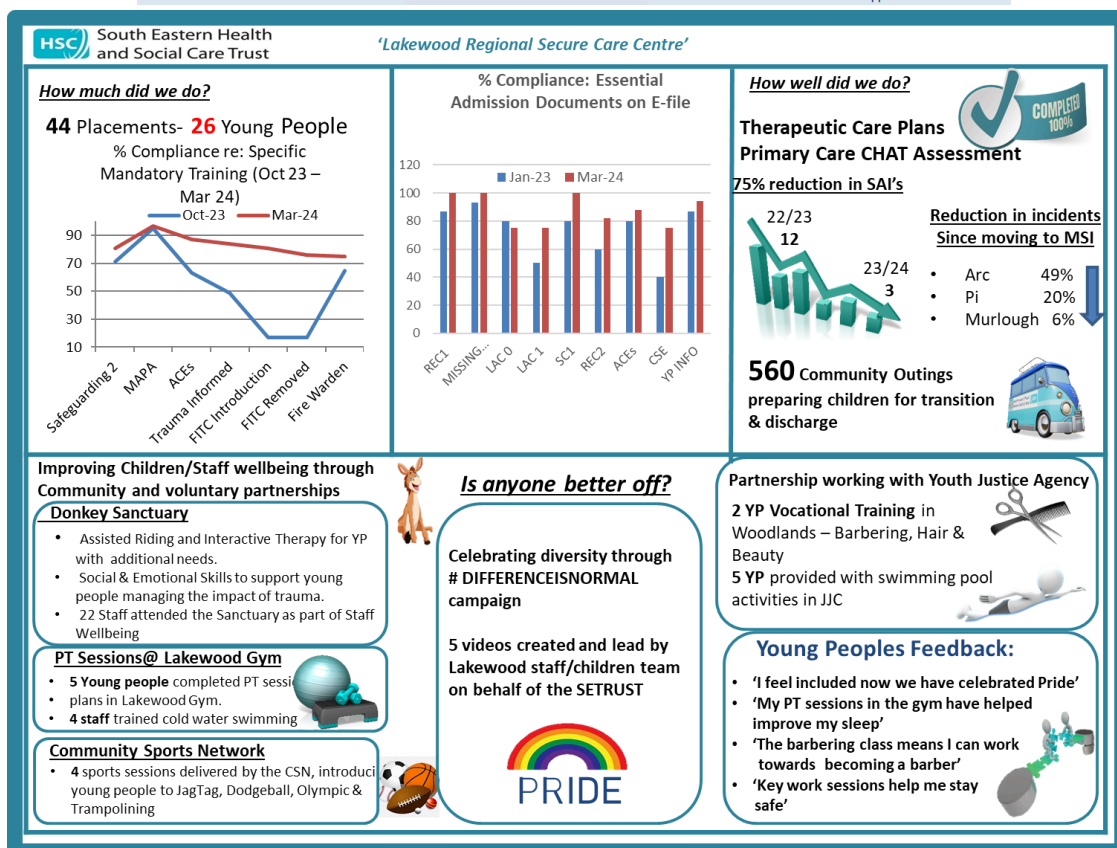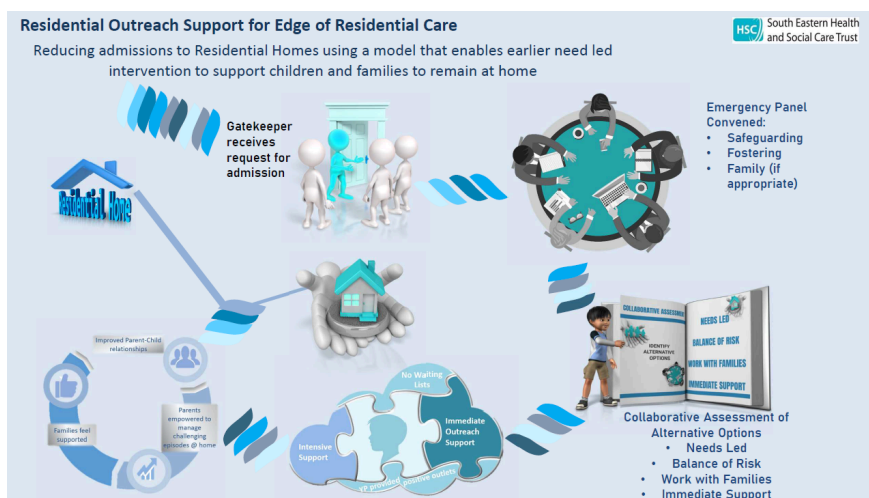
Quality Approach Summary:
This an example of dynamic leadership understanding the challenges and potential of a service. The team has been trained in Quality Improvement and the quality and governance lead was fundamental to building the learning loops.

HSCQI Regional Collaboration

The aim of HSCQI is to 'inspire and influence Northern Ireland's Health and Social Care Community to become a global Leader in Quality Improvement and Innovation by working together and focusing on person-centred care'. This is outlined in the HSCQI Strategy for 2022-2024.

HSCQI Delivering Value Programme 2023/24

The SET put forward two projects to the HSCQI Delivering Value programme this year:

- Under the work stream for Discharge for Older People, the Domiciliary Care Short term model for Home Care
- Under the Length of Stay for Mental Health, Implementation of NCEPOD 'A Picture of Health' Recommendations
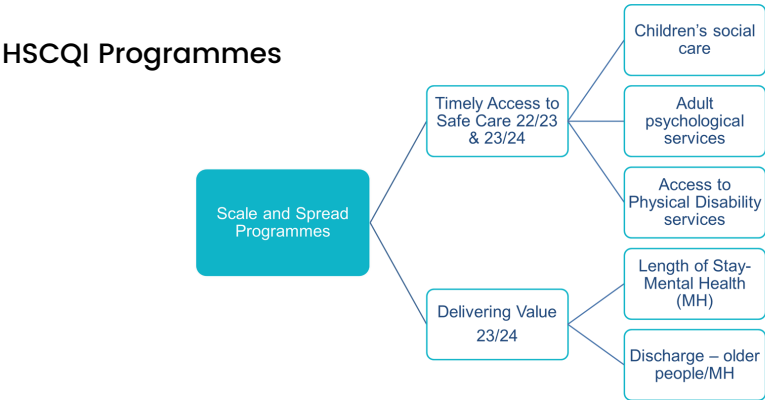
From September 2023 to September 2024 the local QI projects, using recognised QI methodology, data and evidence, presented their projects and project progress across 7 sessions.

DV Programme content

- Pre-programme workshop
- 3 online learning sets
- 3 in-person learning sets
- Consultation session with HSCQI team
- Progress reports to HSCQI

- Not a QI training programme
- Access to online intro to QI
- QI support provided by local QI team
- Must have executive sponsor

| Pre-programme workshop 15 Aug 2023 In-person, full day | Learning Set 1 26 Oct 2023 Online, 2 hours | Learning Set 2 20 Nov 2023 In-person, full day | Learning Set 3 19 Feb 2024 Online, 2 hours | Learning Set 4 23 April 2024 In-person, full day | Learning Set 5 13 June 2024 Online, 2 hours | Learning Set 6 7 Aug 2024 In-person, full day | Project assessment 25 & 26 Sept2024 In-person, 1 hour (allocated time) | Recognition Event 27th Nov 24 |

| Connect & get ready | Discover & plan: understand the problem | Test & refine: testing change ideas | Distil & share: telling your improvement story | Recognise & celebrate |

HSCQI Regional Collaboration
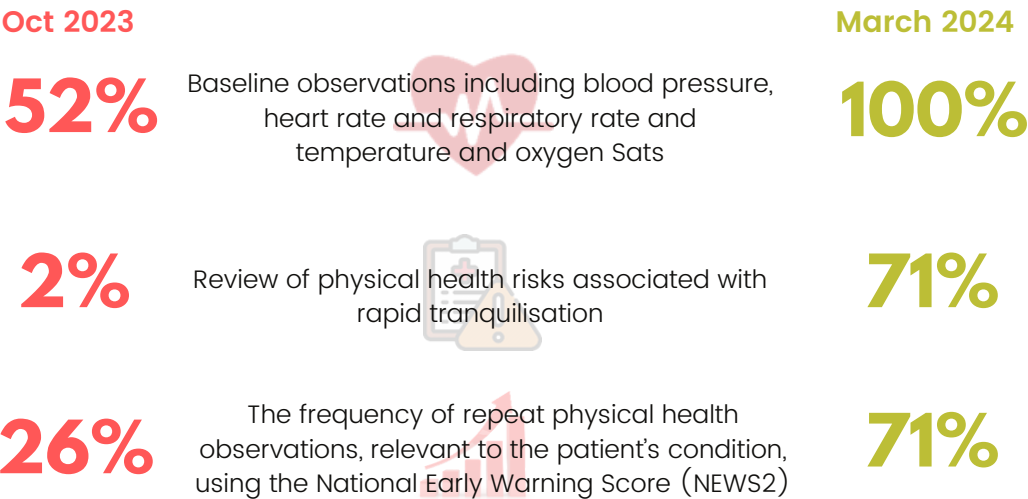
HSCQI Programmes

HSCQI Delivering Value: Implementation of NCEPOD 'A Picture of Health' Recommendations

In 2022, NCEPOD published their report 'A Picture of Health' incorporating 12 recommendations. The drive forward for implementation of these priorities using a QI approach was deemed a priority in line with the Trust's vision of delivering value. The aim was to improve the quality of physical healthcare to patients on the mental health inpatient wards by using their admission as an opportunity to address their physical healthcare needs.

Projects undertaken to address the 12 recommendations aimed to help improve patient safety, improve physical health, enhance communication and ultimately impact upon lengths of stay and reduce readmissions.

Changes being tested or fully implemented included:

- 24 hour physical health care plan proforma on encompass admission document implemented– addressing several of the recommendations. Marked improvements include:

Oct 2023		March 2024
52%	Baseline observations including blood pressure, heart rate and respiratory rate and temperature and oxygen Sats	**100%**
2%	Review of physical health risks associated with rapid tranquilisation	**71%**
26%	The frequency of repeat physical health observations, relevant to the patient's condition, using the National Early Warning Score (NEWS2)	**71%**

- Dedicated time off ward to complete discharge letters
- ECG training for nursing and HCA staff with new ECG machines being ordered for wards
- Position/role of physical health coordinator to be offered to nursing staff across all IP psychiatry wards

Quality Approach Summary:
HSQCI are coordinating regional improvement activity. They are building collaboratives and running improvement networks leveraging learning and innovating new practice are essential to facilitate system improvement in health and social care.

Accountability for 2023/24 Recommendations

In Quality Management it is important to have constant feedback and evaluate and reflect on levels of progress. In SET we are stay to keep accountable to our Quality ambition and continue to systemise change.

Developing Organisational Capacity
This is a long term goal to create a network of skilled and motivated staff leading change across the Organisation. The clinical medical fellows role was established and an evaluation is being undertaken. Due to encompass implementation and staff turnover in teams, it was decided to undertake a renewed organisational mapping as a foundation for creating a change network.

Developing Reporting Structures
This is ongoing work with a collaborative of ADs exploring and testing new quality metrics for Trust Board Reporting. This work was delayed in 2023/24 due to the pressure of establishing reporting mechanisms from encompass.

Creating a Learning Organisation
Good progress has been made in improving the structure and learning from assurance by establishing dynamic learning loops and activating governance champions.

Population Health
2023/24 has seen renewed collaboration with the Public Health Agency to explore joint working and to build skills across the organisation to conduct quality planning based on population health need. We have plans in place to apply an equity lens across how services are planned, delivered and evaluated.

Development of the Quality Team
The team has had system design training and some have participated in the Quality Fellowship Course. The Assistant Director is currently undertaking a Chief Quality Officer Course to shape the next stage of the Quality 4 All implementation.
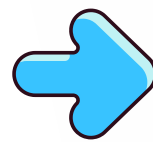
Innovation
This year there has been a focus on building the relationships across health and life sciences and beginning to work with Digital HSCNI to develop an innovation plan.

Recommendations for 2024/25

Areas for focus in the coming year to support the implementation of Quality 4 All Strategy

1

Developing Organisational Capacity
The focus will be on developing a network of change agents with development of 160 roles identified in the organisational capacity mapping. We will work closely with our OD colleagues to look at recruitment, roles and building skills and leadership to champion Quality Management.

2

Creating Networks
Enhancing the culture of QMS by galvanising those who have undergone Quality Training to create Think Tanks and critical friends for complex strategic improvement work.

3

Corporate Improvement Priorities
Extend the scope and methodology of the Corporate Improvement Priorities and work with operational teams to systemise change. Explore the organisational priorities with the Executive Management Team to establish the next cohort of corporate improvement priorities.

4

Population Health Approach
Continue to build the skills to focus a population health approach and prepare for ICS. By applying an equity lens across how services are planned, delivered and evaluated to address health inequalities across our population.

5

Nurturing Regional and International Links
The Quality Team establishing links with the Data Institute, system designers and the Public Health Agency. Important cross border links are being forged with public health specialists in ROI and internationally through the HIAE.

6

Innovation
Explore the potential for innovation, creating a lead role and partnering with HSCNI Digital, research, industry, academia and design collaboratives.

7

encompass
Much focus and energy is needed to smooth pathways, build reporting structures and support staff to adjust to major change. It is crucial that the Trust has ongoing support from the encompass regional teams to support the stabilisation phase. The next phase will be to establish the capability of teams to leverage encompass data to improve services.

Conclusion

The application of the Quality 4 All Strategy is an ongoing venture across SET building structures for planning, training, reporting and learning. Leadership is key in championing quality care and SET has committed to Trust-wide training in quality management, improvement and system design. Convening people with new improvement skills is fundamental to leveraging the potential of our people. The potential to drive improvement further will be strengthened by the people identified through the organisational capacity mapping, equiping change leaders embedded in teams.

The continual effort to build dynamic networks across the organisation aims to bring creative problem-solving and building agency across teams. The multiple improvement initiatives showcased in the report highlight the commitment to strategic change, and the maturing from microsystem projects to system-wide redesign of services.

SET, through integrating population health into organisational strategy, aims to take action to improve health and reduce health inequalities. Partnership working across teams, organisations and sectors is producing a focus on opportunities to shape planning and prepare for the commencement of ICS in the region.

As SET embarks on building the practices and framework for innovation, it is building partnerships with leading life and health sciences organisations with the aim of collaboration and supporting staff to innovate care.

'People at the heart of what we do' is realised by designing and evaluating services in partnership with our service users, with the culture of co-production being established across the Trust. We aim to listen, be challenged and inspired by the communities we work alongside.