

Quality Improvement and Innovation Trust Board Update.

17 June25

The Quality Team continue to support three Corporate Improvement Priorities, whilst maintaining some of the work from the previous priorities in Unscheduled Care and Home Care Modernisation.

Frailty Improvement Priority

The Quality Team is supporting three of the current work streams. Two of the work streams have been connected into national improvement collaboratives with the deconditioning team working with Improvement Cymru joining 15 teams across Wales focusing on various aspects of deconditioning and partnering with a university to develop a frailty index tool. The Frailty at the Front Door Team have joined a Health Improvement Scotland Collaborative with 11 Teams designing and testing models to share best practice. An improvement Advisor from the Quality Team and an operational team member are attending the collaborative to share the learning across SEHSCT.

Deconditioning:

Working alongside the deconditioning lead to scope the current work through mapping and surveys. Then supporting the planning of the pilots in the wards. Links made with Welsh deconditioning collaborative which three members of staff from Quality and Deconditioning attended on 8th May 2025. Learning from Welsh strategic overview to prevent deconditioning.

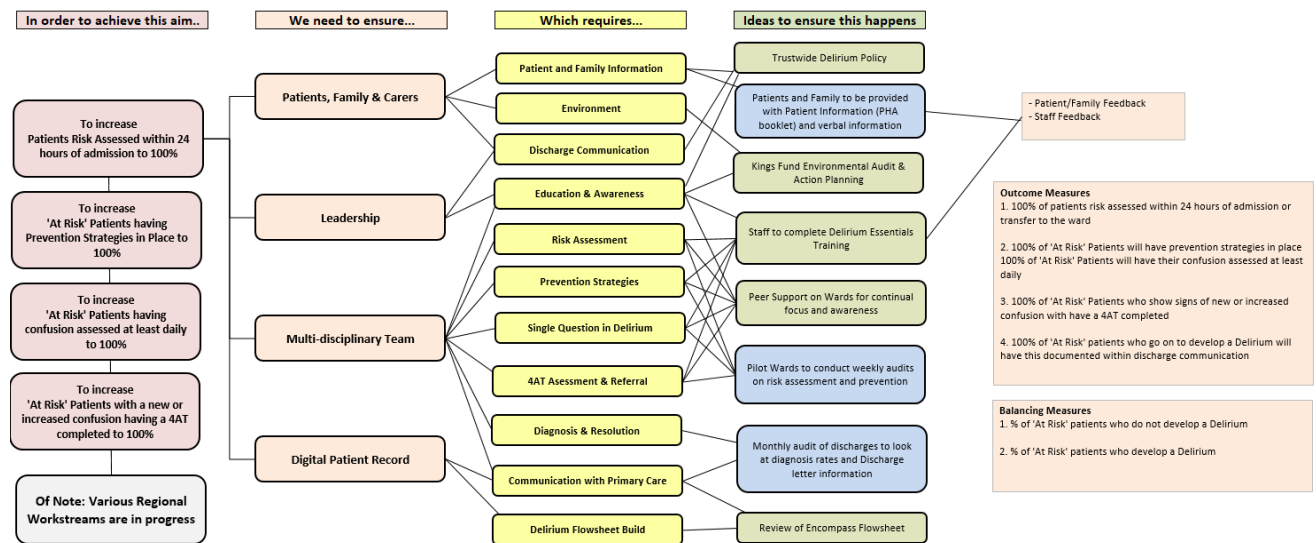
Combined learning through science behind deconditioning and the power of public and patient engagement, through co production. Quality improvement methodology used by Wales to support teams on their deconditioning journey. Quality team and deconditioning leads shared learning from SET with Welsh teams and have made connections to take work forward. Welsh Improvement Analytics team demonstrated online system for sharing QI projects, "HIVE" to improve data in action to track and tackle deconditioning. Next steps for SET identified with metrics and data collection to be finalised. Recommended further exploration of HIVE (Welsh digital platform) system for wider use in SET when available nationally. Further learning session will take place on 14th July.

Coaching call with Welsh Collaborative will take place on 17th June, Quality Improvement methodology and tools are currently being used to develop Global and Specific aim statements, project charter and establish a measurement plan.

Delirium

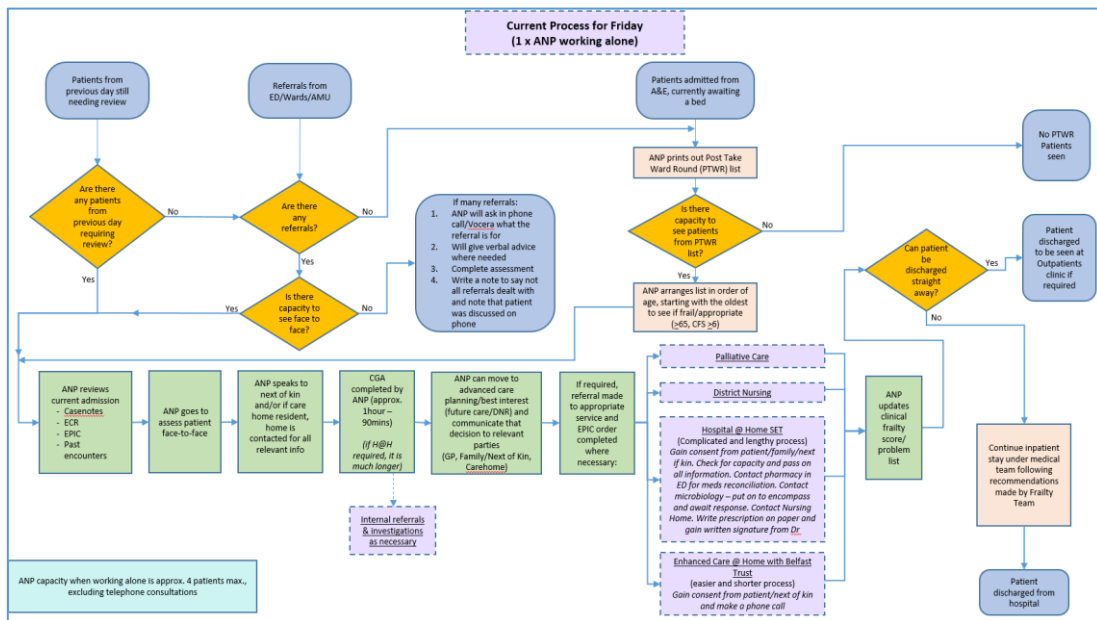
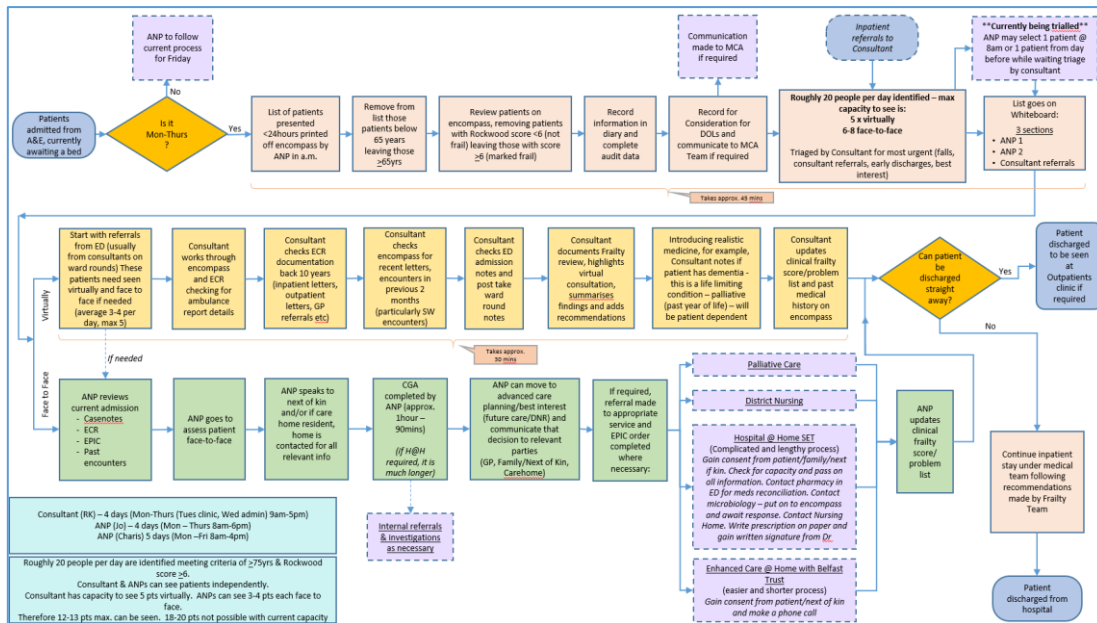
A Driver diagram has been developed and refined. Baseline data has been collected by the Audit team with the pilot wards taking over the collection of data from 12 May. This process is being refined and support is being provided to wards. Delirium education is being rolled out across pilot wards at present with positive feedback. The Data and Education subgroups came together on 14 May to establish a joint approach that will focus on measurement, feedback loops, audit progress and agree items for escalation to Delirium Working Group. A small subgroup met to further

refine the aim statement for the project, the driver diagram and establish a robust measurement plan to help determine the success of the project going forward.



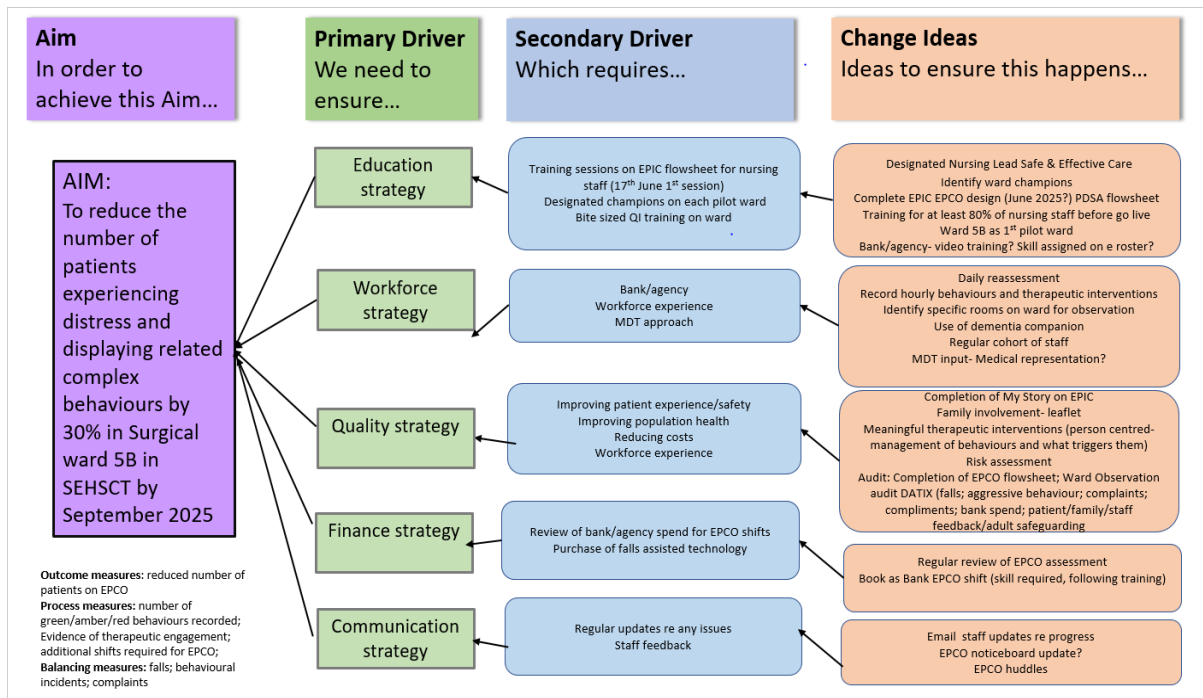
Frailty at the Front Door

A Snapshot baseline data from 4 week period in January was collated, analysed and graphically presented to the lead consultant. The Quality Team met with the Frailty at the Front Door team to develop and further refine a process map of the service which has highlighted the complexities of the service and will help identify where efficiencies and improvements can be made. An Improvement Advisor from the Quality Team and an Advanced Nurse Practitioner from the operational team attended the Healthcare Improvement Scotland Focus on Frailty Programme first learning set on 21 May in Glasgow which provided the opportunity to connect and share learning with colleagues in Scotland and explore how quality improvement can support our frailty improvement work. This learning was shared with the wider team at a debriefing session. A further session with the team is planned for 17 June to refine the aim of the project and draw up a driver diagram that will help inform a measurement plan for this work. By following a robust QI methodology, consideration will be given to various project goals such as identifying how the team can work more efficiently given their existing resources, refining processes such as onward referrals and exploring new ways of potentially increasing capacity.



Enhanced Patient Care Observations (EPCO)

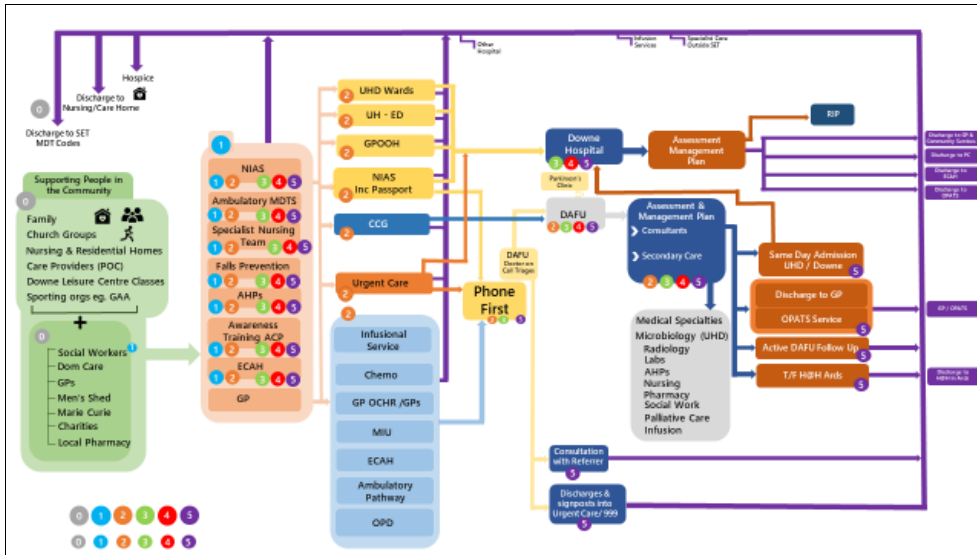
Lead Nurse for Quality Improvement supporting EPCO team to introduce new standardised approach to assessing level of patient observation required. Quality Improvement team working collaboratively with HSCQI to develop implementation strategy, including quality, educational, work force, financial and communicative approach taken. EPIC flowsheet for EPCO ready to be implemented. Training sessions begin 17th June 2025, with ward 5B selected as pilot ward. Draft driver diagram completed and data measurement to be confirmed. First data collection will be audit of completion of EPIC flowsheet and ward observation of EPCO, ensuring risk assessments completed and underlying reasons for behaviour understood to ensure appropriate therapeutic interventions. Analytics reviewed via EPIC slicer/dicer to review destination on discharge and reasons for complex delays and potential number of readmissions.



Hospital at Home

Hospital at Home is also a Trust Priority and the Quality Team are supporting the service model development, benefits and evaluation work. An evaluation plan has been developed and embedded into the service dashboard. An MSc data analytics student will be joining the team for 3 weeks this summer and working alongside a second MSc student in the performance team to explore in-depth impact of Hospital at Home. A link has been made with the Professor of Implementation Science at Queens to explore a longitudinal study of the impact of H@H as there is a deficit of current published impact evaluation of models internationally. This work is being supported by the public health registrar who is currently on a training placement with the AD.

An ecosystem mapping exercise of Frailty services in Downe and Lagan Valley Hospital has been conducted to support the integration of the new H@H expansion. These maps are planned to be used to understand the strategic context of the SEHSCT Frailty work.



Criteria-Led Nurse Discharge

The Quality Team are currently working with Multidisciplinary Teams to develop a collaborative community within the hospital sites to promote the scale-up of Criteria Led Nurse Discharge (C-LND). This will include collectively driving improvement, understanding the issues at local level to problem solve and importantly communication between staff at ward level.

To help drive this an oversight group /implementation group to support the planning and implementation of C-LND has been set up. This group meets every 4 weeks and includes membership from senior nursing leadership, ward leadership, pharmacy, nursing digital team and quality team – work progresses to ensure medical leadership engagement.

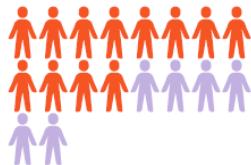
C-LND has made it to the final of Royal College of Nursing (RCN) Quality II Funding opportunity for £2.5k to support the work in SET. Interviews take place on Monday 16 June 2025




Criteria-Led Nurse Discharge Ward 6C (Pilot Ward)




17 PATIENTS IDENTIFIED
Over a 2 week period



12 OUT OF 17
Patients completed
Criteria led Nurse
Discharge

Criteria-Led Nurse Discharge  1 hr 45 mins

Non Criteria-Led Nurse Discharge  5 hours



3 hours 15 minutes

Difference for patients who where discharge using C-LND

DISCHARGE BEFORE 12 NOON: 25%
Of patients who were C-LND left before lunch time.



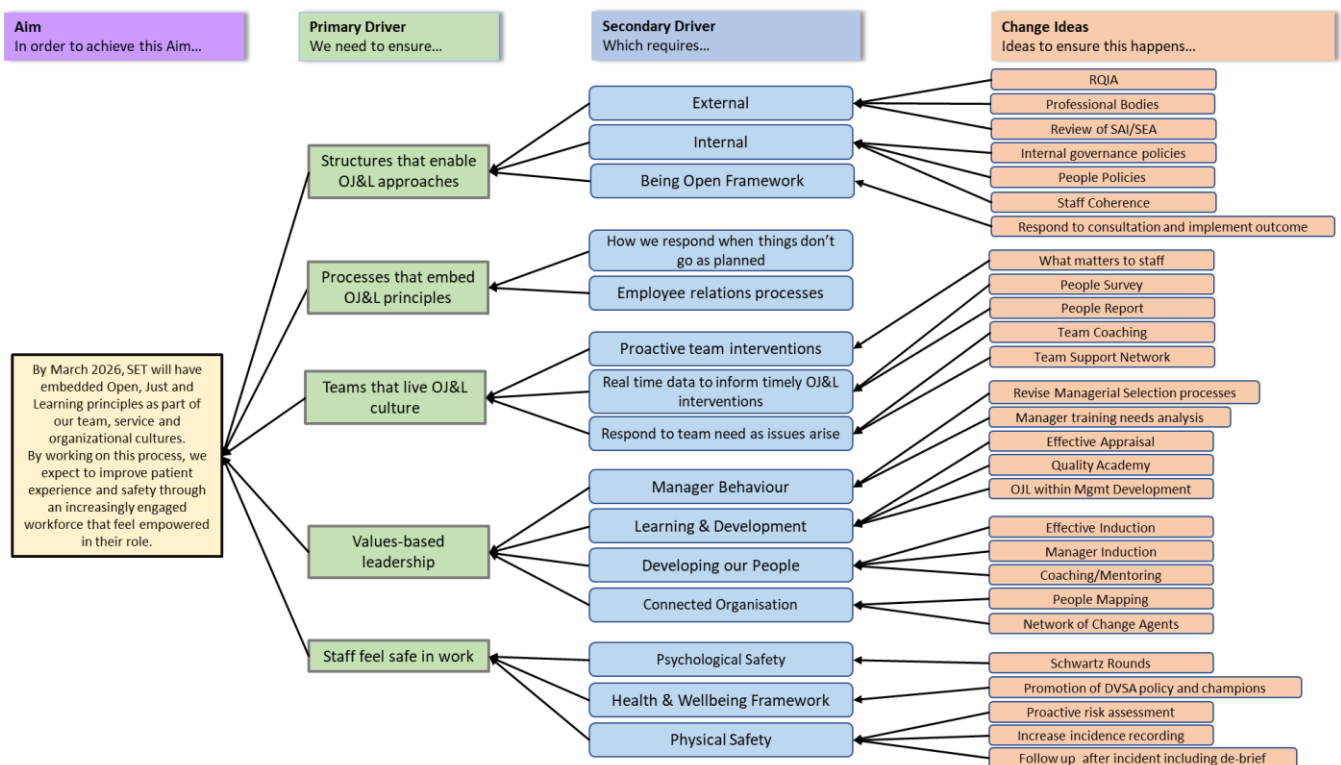
People Improvement Priority

The People Priority is being jointly led by the AD in Organisational Development and is focusing on creating a Just and Open Learning Culture by supporting staff in many ways.

The work began with a scoping exercise of all the activity across the Trust that Team provide to support staff. The activity across the organisation is extensive and it is planned to understand the energy and impact of the work through the priority lens. To access the map use the link.

https://www.canva.com/design/DAGZc5Xryh4/GEs7Pi0lo7GCWq9GfLBTaA/view?utm_content=DAGZc5Xryh4&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utm_id=hf017cf0ed0

Following on from this mapping exercise work was undertaken to identify key drivers to realise the aim:



What Matters To Staff

This is a collaboration with the OD and Quality Teams. The What Matters to Staff programme has been piloted successfully with 2 teams in the Trust, the Performance and Adult Safeguarding Teams. These Teams have completed their cycle and we are evaluating the programme in the context of the People Plan and Quality for All Strategy. Feedback from the teams has been very positive indicating how this approach has helped them to own and drive forward the actions. The next phase of the plan is to be commenced in June with 2 clinical teams identified. Following evaluation and further roll out the What Matters to Staff intervention will become part of the wider Team Support Framework.

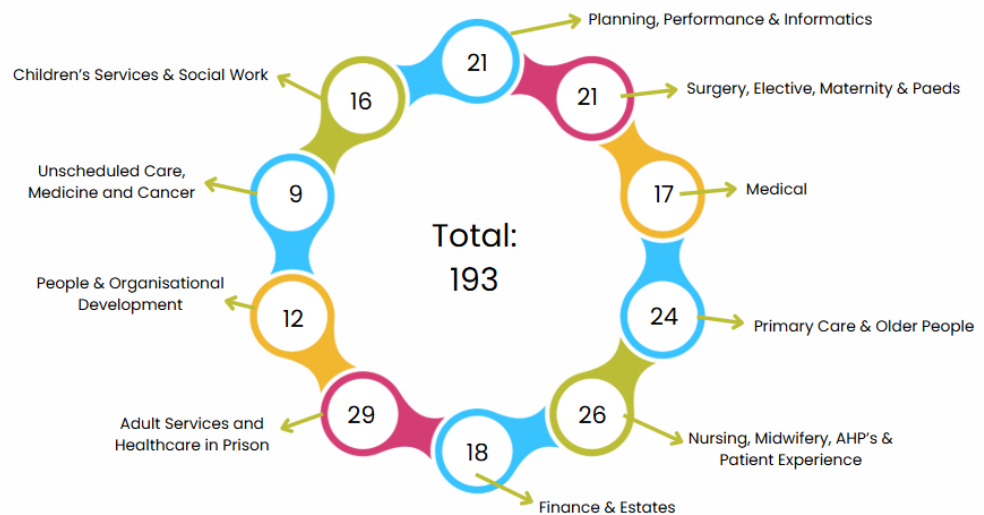
Change Agents Network

The aim is to build an innovation network supporting creative and agile decision making in the Trust. To assess the organisational capacity for driving change within SEHSCT, a mapping process identified a total of 193 individuals. The results highlighted a broad range of roles across directorates, with numbers ranging from 29 to 9 per directorate.

The Quality Team has been working alongside the Assistant Director for OD to create a change agent network using the information identified through the survey and the co-designing the network.

The training and support suggested in the survey will be the foundation to building the change agents.

Staff per Directorate



Two sessions with the Change Agents have explored the needs of the network and how we can activate this crucial organisational resource. Over 25 of the Change Agents are now on the Quality 4 You course, supporting their leadership development and acquisition of skills.

CHANGE AGENTS SURVEY



Management of Violence and Aggression (MOVA) against staff

To support staff feeling safe in work the Trust has been working to implement the HSC MOVA framework since its launch in December 2023. To raise awareness of the framework and associated supports a number of promotional events were held in May to highlight the important of prevention, reporting and debriefing. This included promotional events at Trust sites, what to know on the go sessions and a webinar open to all staff

Line Manager Training Needs Analysis

Managers are key to how our staff experience work and the culture they work in. Feedback from managers has indicated they would welcome further support and guidance. To meet this need a Training Needs Analysis has been shared with manager in June 2025 and this will inform a revised development offering that will incorporate Open, Just and Learning principles.

encompass Improvement Priority

The Director and AD for Quality are exploring the value of developing a Care Operating System to leverage encompass across the organisation. A proposal for partnership with IHI to develop a Care Operating System has been discussed and paused at present with the current pressures in the Trust.

As the final Trusts have been launched encompass May 2025 the time is right in SEHSCT to connect the Quality, Organisation Development and Digital teams to develop a programme to support teams to leverage their data for clinical and service planning decisions.

Innovation

Cardiology and Palliative Care Remote Monitoring Pilot

The Heart failure at home project continues with the cardiology and palliative team in Lagan Valley Hospital. This is an innovative project piloting remote monitoring of patients at home with the aim of early detection of deterioration and reduction in hospital admissions and ultimately supporting clinical decision making.

Forty-five patients are now part of the pilot and an evaluation is being undertaken of the accessibility and acceptability of the programme to patients and staff and the clinical outcomes. Feedback to date indicates that service users find the technology easy to use and are able to get help managing the technology when needed. Reported changes to health since using the technology include improvement in fluid, weight and blood pressure and an increased confidence in managing their condition. Staff are reporting that the technology is helping facilitate better understanding of deteriorating patients, providing clearer guidance on escalation and are more time effective in reviewing patients. A virtual learning event is taking place for Trust wide learning on 18th June.

This project involves collaboration with British Telecom, Feebris, Momentum One Zero (QUB) and Queens University.

Delphi Study

The Quality Team are undertaking a Delphi Study to define what innovation means in SEHSCT to support creating an innovation framework with associated pathways that will enable teams to be supported in their innovation efforts. The second round involving 100 people are exploring the innovation statements and honing the understanding of innovation across the Trust.

Innovation Partnerships

The Quality Team have been connecting across sectors and exploring potential partnerships with the Data Institute, MOIC, HIRANI, Queens University and Ulster University. The AD in Quality and Innovation is a member of the steering committee to develop an Implementation Hub in Northern Ireland.

The Quality Academy

Extensive activity has been going on with multiple programmes in motion.

Quality 4 You started a new cohort in March with 51 participants (41 projects) from a wide variety of departments and teams across both acute and community sectors. The programme includes 6 in- person teaching sessions and participants will carry out and present a QI project and develop a poster.

A new cohort of the **Regional Quality Improvement Programme for Social Workers (SW), Nursing and Midwifery (NMW)** began in March with 30 SW and 27 nursing participants. This programme is funded non- recurrently on a part-time basis by the DoH. The Exec Director, AD and the Quality Improvement Lead will meet with the Deputy CNO in June 2025. A new SET co-ordinator has been appointed for the nursing and midwifery component of the programme. This Lead Nurse for Quality role has been able to be funded to a full-time temporary post by working collaboratively with Safe & Effective Care and Core Nursing and has a dual focus of both the programme and leading on a nursing priority.

The Executive Director, Assistant Director for Quality and Innovation and Head of Quality Improvement met with the Office of the Chief Nursing Officer (DOH) in June 2025 to provide an overview of the 2024/25 programme. The Department is keen to pursue wider implementation of some of the work currently being prototyped. The Quality Team has submitted a proposal to evaluate the programme.

The **SET Quality Fellowship** is ongoing with 12 Fellows from across the Trust including 2 Clinical Fellows. This year there are also Fellows from the NIMDTA Adept Programme (2) and Public Health Agency (1). The programme runs across 12 months with protected time for Fellows on a weekly basis to progress Quality work. The programme has been well received particularly with medical Fellows and there are plans to explore this further for medical colleagues - both internal and external to SET.

Applications are now open for Cohort 5 of this Level 3 Quality Programme. This year 10 charged external places are offered (in addition to 10 internal places) to the wider HSC system in Northern Ireland as well as local SET councils. With local councils involvement in the programme there is opportunity to facilitate a systems approach to services within the SET catchment area.

The **Quality Fundamentals** programme for non-clinical and clinical support staff saw 10 participants successfully complete the latest programme in March, with the 3rd cohort planned for commencement in September. The programme runs across 5 in-person teaching session with 2 further one-to-one coaching sessions with each participant completing a portfolio of QI work and poster demonstrating their learning through a QI project.

Quality Lite offers a 2 hour Bite size Introduction into Quality Improvement – now available on all 4 sites throughout the trust, Downe, Lisburn, Ulster and Ards. There

have been 102 staff members completed Quality Lite from the new format in September 2024.

The Quality Academy has a portfolio of programmes developing the capability of staff both internally and externally to SET. Three core pieces of work are underway within this portfolio:

Impact evaluation of capability development

Work has commenced to evaluate the impact of programmes at individual, service and organisational level within SET.

One example of benefit from the Quality 4 Teams programme is demonstrated through a project commenced on Ward 5A UHD by the Nursing Team. The project has been running for 1 year and has demonstrated cultural changes shown by an increase in staff experience. This has resulted in a marked reduction of sick leave at ward level, substantive staff on ward are signing up for bank-shifts subsequently driving the marked reduction in agency staff and therefore substantial financial savings. The ward is now fully staffed with temporary staff applying for more permanent roles within the ward. Gains are also made in the reduction of time the ward sister takes to complete the daily shift roster freeing up more time for clinical, strategic and team duties. Following testing this work is now in the process of spread and is live in wards 5C, 4A, 4B, 4C and with interest from paediatrics and ATICS.

The impact of this work to date is average usage of Agency staff over each quarter has reduced from 82.75hrs in Q1 24-25 to 24.08hrs Q4 24-25

By evaluating the impact of programmes it will be possible to identify pieces of work for wider implementation within SET.

External Teaching and Presentations

The AD and the Quality Improvement Lead have been teaching a Module on the MSc in Business Improvement at UU. They also are teaching faculty for the SCIL programme with HSCQI. By contributing to both these courses the Trust receives free places for staff to attend the course. Three free places on the MSC course and four free places on the SCIL programme. These places are distributed across the Trust and focus on participants leading strategic change programmes.

The Head of Innovation presented at the HIRANI Spring Healthtec connecting with wider organisations to look at potential for collaboration.

Eight staff from the Trust attended the BMJ/IHI Quality Forum in May and presented their improvement projects. The learning was shared at the Curry Club in June and an action plan of learning transferred is being developed.

The AD in QI and Innovation is presenting at the joint ROI and NI Public Health conference in June.