



2024/25

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# Annual Quality Report



South Eastern Health  
and Social Care Trust



# Introduction

The South Eastern Health and Social Care Trust (SET) Annual Quality Report highlights the organisation's unwavering commitment to ensuring that its service users, staff, and local communities are supported to flourish.

Central to SET's mission is the delivery of high quality care that is co-designed with patients, service users, and their families, placing them at the very heart of everything the Trust does. By fostering strong partnerships and encouraging collaborative approaches, SET strives to build healthier communities, embrace preventative strategies, and explore innovative methods of service delivery.

The Trust's quality agenda is shaped by key strategic frameworks, notably the Health and Social Care Reset Plan and the NHS 10 Year Plan, which guide the transformation from hospital-based care to community models, from analogue to digital solutions, and from reactive care to a focus on prevention.

This report not only outlines the progress made over the past year but also embodies the shared vision, innovation, and dedication of SET's teams as they work towards a future where care is more integrated, accessible, and patient-centred. As a learning organisation, we remain committed to understanding and learning from our outcomes, in line with our accountability for 2023/24.



**A link to our key learning from 2023/24 is included.**

Our reflection on this Annual Quality Report has informed a set of recommendations to guide our priorities and focus areas for 2024/25. These recommendations highlight the importance of dynamic feedback loops to shape our future planning and continuous improvement efforts for exemplar care.

Transforming the Culture

Strengthening the Workforce

Integrating the Care

Measuring the Improvement

Raising the Standards

## Recommendations for 2025/26

Effective quality management relies on clear intent, strong accountability, and a culture of ambition. Across the Trust, there are significant opportunities for enhancement and innovation. The following areas represent key priorities for advancing both the quality of care and the overall effectiveness of the organisation

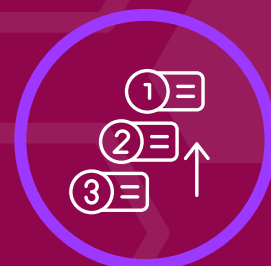
### 1 Building Organisational Capacity

Strengthening our innovation network, aligned with Kotter's 'Dual Operating System', the Change Agents Network, and the MSc 'Think Tank' is fundamental. Senior leaders must set expectations and provide support to embed this network as a central driver of learning and change. Change agents should be further developed in quality improvement, implementation science, and leadership. Time, energy, and resource investment are essential to allow staff to engage in network activities, education, and leading transformation in their areas.



### 2 Corporate Improvement Priorities

Sustained system-wide improvements in complex areas remain a key opportunity. Achieving this requires strong coordination across departments, underpinned by robust methodologies and data-informed decision-making. Recognising cultural and operational barriers, and variations in practice, will help guide successful implementation. Building internal expertise with specific programme leadership linked to the Quality Team to lead these transformation projects is essential for future capacity.



### 3 Adopting a Population Health Lens

Understanding the specific needs and priorities of the South Eastern Health and Social Care Trust population must guide the quality planning cycle. Collaboration with the Public Health Agency, ICS partners, and local communities will be critical. Tools like data mapping, linkage, and equality impact assessments are key. A shift towards more localised care is a strategic priority.



### 4 Patient Safety

Embedding real-time feedback loops will enhance service responsiveness and safety. Ongoing development of a learning-focused culture is required, alongside better dissemination of insights from SAI's and other safety mechanisms. Empowering change agents and service leads to highlight best practice is key. The Trust is also exploring a Safety-II approach, learning from what goes right, not only not goes wrong.



### 5 Financial Stewardship

In light of regional and internal financial challenges, responsible use of resources is integral to our quality strategy. Addressing all six domains of quality (Institute of Medicine) will enable us to deliver higher value care including minimising waste, reducing duplication, supporting staff wellbeing, and making evidence-based decisions about service delivery. A unified vision, transparent processes, and a supportive culture are essential.



### 6 Fostering Innovation

Partnering with academia and industry is vital to advancing innovation. Internally, the Trust requires a defined innovation framework that includes governance, funding pathways, and robust evaluation. In alignment with the HSCNI 'Reset Plan', innovation must be scaled through both internal support and external funding. SET is well positioned to lead regional pilots through collaboration with DHCNI.



## Recommendations for 2025/26

# 7

### encompass Optimisation

To maximise the platform's benefits, operational teams must be equipped to use data from encompass to guide service changes. Building digital literacy and safety is priority. Improvements are also needed in the system's reporting functions to meet both regional requirements and internal quality planning needs. The Trust aims to develop care operating systems to support this transformation.



# 8

### Effective Implementation

Applying implementation science is essential for achieving sustainable change. Using structured framework helps understand the key components of change and the cultural context in which they occur. The appointment of a new QI and Implementation Lead, in partnership with Queen's Implementation Hub, supports our ambition for SET to be recognised as a national leader in implementation.



# 9

### Realistic Medicine

This approach is being embedded into corporate improvement strategies and supports the broader HSCNI 'Reset Plan'. It emphasises shared decision-making, personalised treatment planning, and mentoring clinical teams to reduce unnecessary diagnostics. This approach aims to improve patient flow and bring care closer to home, while aligning with best practices in patient-centred care.



# 10

### Empowered People

SET's greatest strength lies in its dedicated and skilled people, whose commitment drives continuous improvement and excellence in care. To sustain and build on this strength, we must continue to invest in our people through the QI Academy programmes, targeted support, and meaningful coaching opportunities. By empowering staff to problem-solve at the local level and actively listening through developing initiatives like 'What Matters to Staff', we foster a culture of ownership, innovation and shared purpose. Supporting our workforce in this way not only enhances individual and team development but will ensure sustainable improvement and high-quality outcomes across the organisation.



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## Accountability for 2023/24

## Recommendations for 2025/26

# 1 Transforming the Culture

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**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 the South Eastern Health and Social Care Trust, our ambition is to create a thriving environment where people can live well, work with purpose, and receive high quality care and support. Achieving this vision requires a holistic approach to health and social care, underpinned by a dynamic and inclusive culture rooted in co-production. By placing patients, communities, and frontline teams at the centre of strategic decision-making, we are fostering meaningful, systemwide change. Throughout 2024/25, the organisation has focused on strengthening the foundations for this work by building structures that support collaboration and embedding the 'Quality 4 All' strategy across all levels of the system.**

This section of the report focuses on creating the conditions for a quality management approach to service delivery and care to enable the organisation to be a dynamic network.

- ▶ Creating a Learning Organisation through 'Quality 4 All' Strategy
- ▶ Change Agents Network
- ▶ Development of Structures to Promote Co-Production
- ▶ Creating Networks
- ▶ Volunteering Services
- ▶ Sustainability in the Trust
- ▶ Chief Executive's Office
- ▶ Integrated Governance and Assurance Framework
- ▶ Information Governance

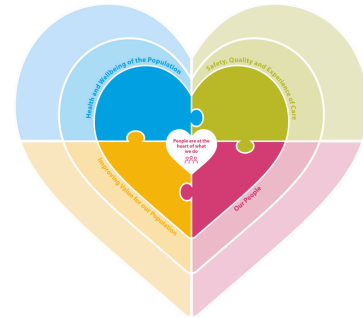
# Creating a Learning Organisation Through the ‘Quality 4 All’ Strategy



The ‘Quality 4 All’ strategy articulates a clear and ambitious vision to embed quality at the heart of our organisational operations. It outlines a structured five-year plan to achieve consistently high standards of care through a comprehensive quality management system (QMS), built upon the foundational principles of quality planning, quality control and quality improvement.

At its core, the strategy is committed to fostering the conditions required for a learning organisation – ones that evolves continuously by leveraging data, feedback, and staff engagement to drive sustainable and meaningful improvements in care delivery and service outcomes.

By implementing a coordinated, organisation-wide approach, ‘Quality 4 All’ shifts from isolated improvement initiatives to a culture of shared learning and collective accountability across all levels – from micro to macro systems. A key component is the alignment of corporate improvement priorities, ensuring that improvement resources are deployed where they can achieve the greatest impact.



A central element of this cultural shift is the creation of an agile innovation network across the organisation – connecting change agents and critical friends to catalyse progress and support improvement across the directorates.

To assess effectiveness and ensure meaningful impact, the strategy places strong emphasis on measurement. Quality metrics are being integrated across operational teams to enable real-time insight and support an ongoing cycle of reflection, learning and adaptation.

In conclusion, ‘Quality 4 All’ is a strategic investment in building a high-performing, learning organisation. It provides structure, focus and leadership needed to drive improvement at scale, foster system-wide learning, and ultimately deliver better outcomes for the people we serve.



[Click here to view the ‘Quality 4 All’ Strategy.](#)

<p>Impact</p>	<p>‘Quality 4 All’ has laid the foundation for a consistent, organisation-wide approach to improvement. Early signs show stronger staff engagement and a greater focus on data to inform decision-making.</p>
<p>Challenges</p>	<p>Embedding a unified quality approach across diverse teams has required significant cultural and operational shifts. Sustaining momentum, shifting from reactive decision making and aligning existing practices with the strategy’s principles remain ongoing challenges.</p>
<p>Consideration for 2025/26</p>	<p>The focus for the year ahead includes expanding the innovation network. Ensuring leadership support and continued staff engagement will be essential.</p>
<p>Quality Approach Summary</p>	<p>‘Quality 4 All’ applies to a total quality lens by integrating planning, control, and improvement across the entire organisation. It aligns strategy, culture, systems, and people to deliver continuous, organisation-wide learning and improvement.</p>

## Change Agents Network

As part of the people corporate improvement priority, the Quality Team are working with the Organisational Development Team to build a change agent network which would strive towards the principles of Kotter’s ‘dual operating system’. The model proposes that organizations should operate through two complementary systems: a traditional hierarchical structure for maintaining daily operations and a flexible, networked structure for driving innovation and change. By integrating both systems, health organisations can improve their ability to manage current demands while also fostering innovation and responsiveness to emerging healthcare needs.

Leveraging the organisational capacity to establish and embed ‘Quality 4 All’ will include connecting people with its ambition. To begin an organisational mapping of people with job roles involving quality improvement, governance, data analytics, digital innovation, morbidity and mortality, audit, service improvement and PPI was conducted with the assistant directors and identified 193 people within our services. These roles are the engine for change leadership across the organisation.

A survey was then conducted with the change agents with 114 responses highlighting the current experience and needs of the roles. The change agents have highlighted several key training and support needs to drive effective improvement and leadership within the organisation. The change agents are exploring their role in activating change across their services.

### Staff per Directorate



### Training and Support Needs Identified by the Change Agents

**Suggested Training**

- Formal QI Training
- Project Management
- Data Analysis & Measurement
- Mentoring and Leadership Training
- Systems Thinking
- Creating Cultural Change & Human Factors

**DATA SUPPORT & TOOLS**

- Systems
- Investment in more data support staff
- Data Entry and Documentation
- Data Analysis
- Tools and Technology

**Leadership Needs**

- Defined Leadership Roles
- Formal Leadership Training accredited leadership courses
- Mentorship and Support
- Commitment and Resources
- Aligning goals and strategies with QI initiatives
- Leadership Across Teams and Services- stronger linkage
- Recognition and Time for Leadership

**PROTECTED TIME**

- Protected Time for all elements of change
- Balancing Competing Responsibilities- especially dual roles

[Click here to view the full report](#)

<p>Impact</p>	There is a financial opportunity that the organisation leverages this network’s existing roles, it will not require recruitment to new roles and connect the effort towards strategic priorities.
<p>Challenges</p>	The challenge of creating the network is to create a vision and build will across operational line managers to use the change agents for their change leadership role.
<p>Consideration for 2025/26</p>	The focus of the QI Academy should be to build capacity across this network in 2025/26. Senior sponsorship and connected expectation is essential to activate this network.
<p>Quality Approach Summary</p>	The potential for this network to create a dynamic group of leaders embedded across directorates to support strategic priorities is immense. They will be the conduit of real time feedback and organisational learning across services to effect change.

## Development of Structures to Promote Co-Production

The ‘Quality 4 All’ strategy emphasises the importance of co-production as part of a coordinated approach to managing the quality of our services. Meaningful involvement recognises the value of lived experience and learned experience, and provides support for service users, carers and staff both to learn and actively participate. An increase in the number of service users sharing their experience of care has been realised through ‘Care Opinion, 10,000 More Voices’ and feedback mechanisms within the Trust and this learning is utilised to improve services for our population.

### Case Study – Local Engagement Partnership

The SET Local Engagement Partnership (LEP) has championed co-production since it was established in 2017. LEP is active across social work/social care in the Trust, involving those with lived experience, social workers, social work managers, social care workers, community and voluntary organisations as equal partners who together are committed to using co-production to improve social work/social care services. The logo for LEP demonstrates the approach followed by the group,

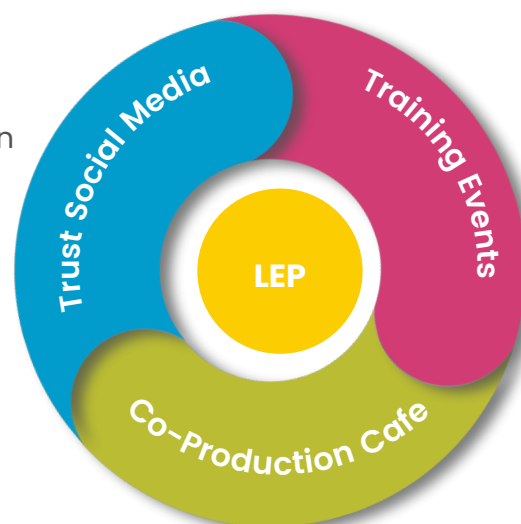


**All ideas welcome, All voices heard, Nothing set in stone, Not afraid to change**

 [Click here to view Involvement and Experience report](#)

### Working together within the Local Engagement Partnership

- Service improvements and resources are co-produced in entirety, from selection of work item to complete stage.
- The members of the LEP share their knowledge and experience in a respectful and inclusive manner.
- During 2024, LEP sought to increase the number of members with lived experience in the group and used quality improvement methodology to have wider membership.
- LEP continually engage in a variety of activities to promote both the work of LEP and co-production.



To respond to the regional strategic drivers that came from 10,000 More Voices findings, LEP members co-designed and co-delivered the quality improvement methodology led ‘Working Together: Everyone Benefits’ workshop, providing social work/social care teams with an interactive opportunity to explore the core values of practice.

 <p>Impact</p>	<p>Provides pragmatic support for service users and staff—leads to more innovative, sustainable solutions.</p>
 <p>Challenges</p>	<p>The challenge is to create active feedback loops that staff and services use to create cultural change and service improvement.</p>
 <p>Consideration for 2025/26</p>	<p>Continue strategic work with service user involvement in Trust Safeguarding Reform Board.</p>
 <p>Quality Approach Summary</p>	<p>The Local Engagement Partnership integrate a quality improvement approach through their collaborative practice and innovation, and by sharing learning to bring a co-production model to service improvement at a wider level across the organisation.</p>

## Creating Networks

In SET, we are applying the theory of Kotters 'dual operating system', in which the traditional management hierarchy is symbiotic with a network of change agents. We want to provide staff with opportunities to foster creativity and learning by offering a variety of opportunities to connect with each other.

### Curry Club

This evening event enables staff from across the Trust to come together to talk about quality improvement and innovation creating space for conversation and creativity.

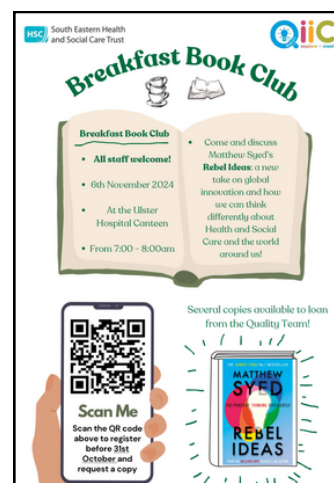
The Quality Team hosted a curry club in May and October 2024 where our QI network brought their ideas for improvement. Topics for discussion included the learning from the 2024 International Forum on Quality and Safety in Healthcare and creating dynamic networks of change. Staff who attended collectively generated ideas to connect with each other. Two of the ideas were a QI walking group and a breakfast book club.

### QI Walking Group

The walking group was one of the ideas from staff to encourage the QI conversation whilst being active. The Quality Team organised a lunchtime walk from the Downe Hospital and plans are in place to collaborate with the Health & Wellbeing Walking Group to offer or assist with future group walks.

### Breakfast Book Club

The Quality Team facilitated its first breakfast book club, giving staff the opportunity to meet and learn from leading authors in improvement, science, leadership and design. The first book discussed was 'Rebel Ideas' by Matthew Syed which explores the transformative power of cognitive diversity in enhancing collective intelligence and complex problems. The book enabled a proactive discussion and sharing of insights around the power of diverse thinking in driving innovation and improvement.



<p>Impact</p>	<p>Creation of networks to keep staff connected will help ensure motivation and inspiration of ideas to drive improvement and innovation forward.</p>
<p>Challenges</p>	<p>Work pressures and time constraints may hinder staff to attend network events.</p>
<p>Consideration for 2025/26</p>	<p>Continue providing a variety of networks to enthuse and motivate staff of all bands from across the Trust in quality improvement and innovation.</p>
<p>Quality Approach Summary</p>	<p>Providing staff with the opportunity to engage, learn and improve together, creating collective intelligence and community building to drive improvement and innovation.</p>


# Volunteering Services









Volunteers play an essential role within the Trust, enhancing the patient’s experience throughout their healthcare journey. Volunteers are welcomed from the age of 16, and there has been a rise in the participation of young individuals starting to volunteer. The opportunities offered can help develop vital transferable skills, boosting employability and academic prospects. During the year 2024/25, 98 new recruits have been welcomed of which 47 are under the age of 25. Additionally, some of our volunteers are over 80 years old and have dedicated more than 40 years to volunteering which can promote mental and physical agility and reduce social isolation and loneliness.





During 2024/25 the focus has been on improving the quality of what we do, making it easier for people to volunteer and ensuring the safety of our patients, volunteers and staff. 539 people volunteered in a variety of roles across the Trust. Building relationships has been our priority and recognising the amazing contribution made by our existing volunteers. The volunteer workforce is diverse with differing expectations and motivations however a key element for them is feeling part of a team.

## Example Volunteer Roles:

	Peer Advocate		Recovery College		Volunteer Laundry
	Breast Feeding Friends		Dementia Telephone Reminder		Assisted Discharge UHD

## Example Placement Areas:

	Downe Hospital		Neonatal & Childrens Wards		Surgical Wards UHD
	Nursing & Care Homes		Medical Wards UHD		Lagan Valley Hospital

 Impact	Volunteers can help patients feel seen, heard and valued. By offering time, attention and empathy, they ensure “what matters to me” is recognised.
 Challenges	Balancing diverse motivations and expectations within the volunteer workforce and ensuring consistent engagement, recognition and integration within Trust teams. The volunteer programme requires staff time for coordination, supervision and training and time to manage volunteer data and engagement.
 Consideration for 2025/26	Create connected expectations and recognition frameworks through enhanced training, support and co design opportunities with volunteers.
 Quality Approach Summary	Volunteers are an integral part of the Trust and recognises them as a diverse, skilled and compassionate workforce who enhance the patient, carer and staff experience. The volunteer service is safe, with robust recruitment and training, effective, in matching roles to services, is person centred, equitable and responsive.

## Sustainability in the Trust

Since the formation of the Sustainability Sub-Committee in 2024, the Trust has been developing its submissions for the forthcoming returns to DAERA as required by specific NI public bodies under the Climate Change (Reporting Bodies) Regulations 2024. By 30<sup>th</sup> September 2025 the Trust shall declare our emissions and how we plan to mitigate them and ultimately achieve net zero emissions by 2050. Under the regulations, the Trust shall submit its plan to adapt and address the risks by 31<sup>st</sup> March 2026.

The Trust’s Estates Department has led regionally in developing a risk assessment template for climate change. Through a sub-committee, this initial version is near completion and will be a vital tool in the development of a strategy in adapting the Trust’s activities based on the risk posed to service delivery as a result of a changing climate. Concurrently, to mitigate the effects of changing climate, the sub-committee is developing a strategy that is initially concentrating on Estates and Support Services activities.

This strategy will aim to satisfy the requirements of the Climate Change Act in developing a pathway to net zero emissions and how we shall adapt within the Trust to a changing climate.



- LVH Main Ward Block courtyards
- New windows and new roof - thermal upgrades of existing building lessening heating and cooling demands.



- Ulster Hospital Maternity Recovery
- Replacement of air handling unit fan assembly with high efficiency EC fan motors lowering electricity consumption.



- Ulster Hospital Mitchell Ward
- New insulated tapered roof
- New windows installed to upgrade the thermal performance.



- Thompson House Hospital
- Geothermal Borehole - investigation/feasibility scheme, forming two boreholes and testing of boreholes abstraction and injection rates and yields. Potential decarbonisation of the heating system.



- Ulster Hospital Main Ward Block
- Replacement of lift machine gear motors with high efficiency motors lowering electricity use.
- New windows provide a thermal upgrade of the existing building
- New low pressure hot water boiler to replace the steam system in the Ulster Hospital to lower natural gas usage.







- Ards Hospital Main Block -
- Single to double glazing window replacement
- New Roof - Thermal upgrades of existing building lessening heating and cooling demands.



- Across SET
- £1.35 million in LED lighting schemes to lower electrical load, lessen heat gains and improve the working environment.
- Installation of energy metering across the Trust to monitor energy use and target wastage.

Over the previous year the Estates Department have invested heavily in projects to both reduce our emissions and provide a better working environment for our patients and staff.

 <p>Impact</p>	<p>The Trust has lowered its Scope 1 and 2 carbon emissions from fossil fuels in recent years. However, to achieve the targets as set out in the climate change legislation much more needs done across all directorates.</p>
 <p>Challenges</p>	<p>To improve our energy performance, lower carbon emissions and build resilience to the risks posed by a changing climate, the Trust has to invest heavily in improved buildings and technology. There is currently no funding available.</p>
 <p>Consideration for 2025/26</p>	<p>The Trust aims to develop its fledgling Sustainability Strategy to further align with the Climate Change Act to gain further 'buy in' from all Trust departments to further develop and increase the effectiveness of the Trust's sustainability strategy driven by the Sustainability Sub-Committee.</p>
 <p>Quality Approach Summary</p>	<p>By embedding sustainability, the Trust is driving forward a high-quality, low-carbon future for healthcare delivery benefiting our staff, service users and the wider population.</p>

## Chief Executive's Office

### Keeping Everyone in the Loop

Effective communication is key to keeping our staff connected, informed, and inspired.

'Keeping Everyone in the Loop' is a regular 30-minute online update session designed to offer all staff a relaxed and informal space to stay engaged. The Chief Executive provides updates on what is happening across the Trust, one of the sessions focused on the encompass staff survey report.



These sessions play a vital role in shaping and reinforcing our culture, making our Trust; **'A great place to Live', 'A great place to Work' and 'A great place for Care and Support'**.

### The Weekly Wrap

Being aware that effective internal communications with our staff is key, it was important to ask staff how they would like to be communicated with. The Communication staff conducted a staff survey to establish how staff would like to receive messages.







This resulted in 'The Weekly Wrap', starting in April 2025, as a one-stop shop where everyone can find out what is going on across the Trust, eliminating the need for a deluge of Trust bulk announcements, many of which were being deleted or ignored. The Weekly Wrap will include important messages, event information, links and press releases.

### Chat with the Chief

Regular engagement between senior leadership and staff is vital in fostering a transparent, inclusive, and responsive healthcare environment. Staff are given the opportunity to share their thoughts, ask questions and gain insights into key developments across the Trust. 'Chat with the Chief' sessions take place regularly across the Trust in community and acute settings.



 <p>Impact</p>	<p>The impact of these initiatives include strengthened internal communication and staff engagement. These platforms have enabled timely updates, showcased key priorities and increased visibility of leadership across the Trust.</p>
 <p>Challenges</p>	<p>Reaching all staff consistently, particularly those in frontline and non-desk-based roles, remains a challenge. Varying shift patterns and digital access can limit opportunities for live engagement or weekly wrap readership.</p>
 <p>Consideration for 2025/26</p>	<p>To explore more flexible and inclusive formats, such as recorded sessions and printed summaries, to improve accessibility. Gathering regular feedback will help shape content and ensure communication methods remain responsive to staff needs.</p>
 <p>Quality Approach Summary</p>	<p>Fostering a culture of openness, inclusion, and connectivity by providing a variety of accessible and meaningful communication channels for all staff. These initiatives ensure that staff remain informed, valued, and connected to the organisation's vision and leadership.</p>

# Integrated Governance and Assurance Framework



## Complaints and Compliments

Each year, the Trust receives thousands of expressions of appreciation and thanks to acknowledge the excellent services provided., with **3846 Compliments in 23/24**. In 2024, the recording of complaints in the Trust moved to a web based system which has improved how we manage the overall complaints process. This has provided improved oversight and assisted Directorates with responsiveness to complaints overall. Our emphasis continues on the quality of the responses along with ensuring issues raised have been addressed and resolved. Complaints are also discussed with staff concerned and brought to team meetings to consider how services can be improved. During 23/24, the number of complaints received increased by 4%, while the number of compliments increased by 13%.

## Adverse Incidents

Incidents are reviewed in a timely manner to allow for investigation, for learning to be identified and actions implemented to prevent similar incidents from occurring. Risk Management Advisory Service (RMAS) have developed close working relationships with specialist areas, to provide advice and guidance on incidents such as falls and choking. Some of these incidents may also meet requirements for reporting under RIDDOR regulations by the Health and Safety Team.

## Serious Adverse Incidents

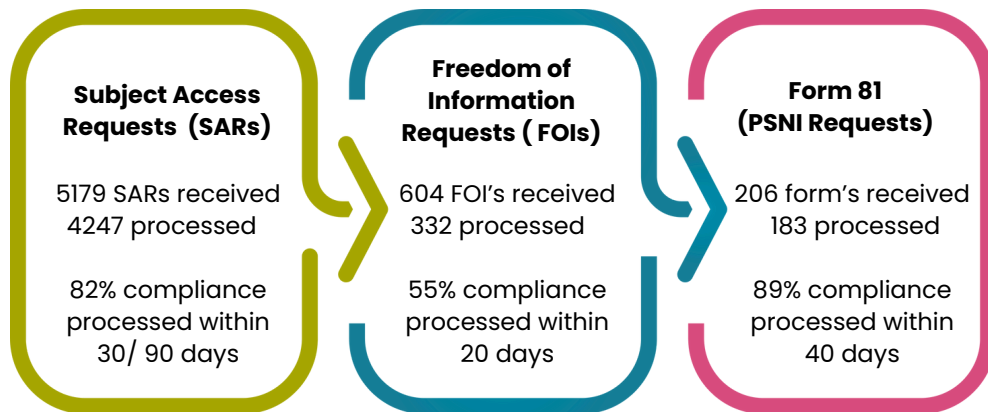
As part of the ongoing BSO internal audit programme, a risk management audit was completed, all recommendations were implemented, including improving the review process for incidents. The Trust has been working with SPPG to identify dates for clearing the backlog of SAI reports. There were 104 serious adverse incidents an increase of only 3 on the previous year. 74 reports have generated 11 shared learning letters while 1 met criteria as a 'never event'.



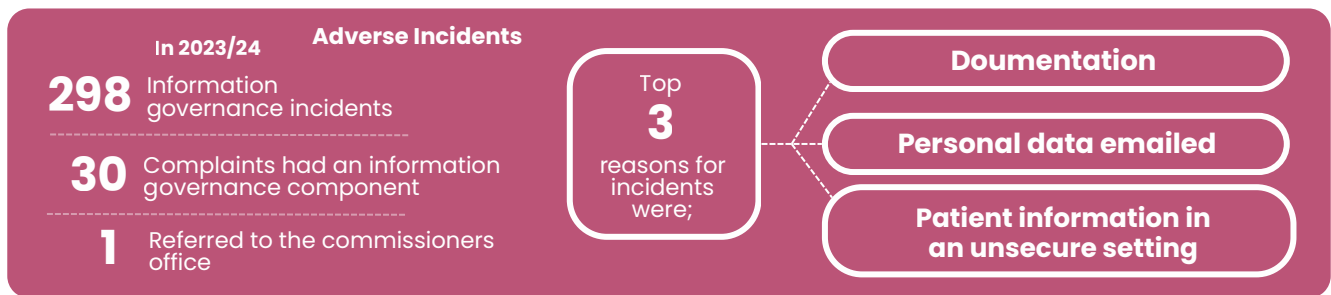
[Click here to view the Annual Complaints Report 23/24](#)

## Information Governance

As a Learning Organisation the Trust is using its control and assurance data to shape services. Information Governance is central to this work.







The information governance training uptake in 2024/25 was **76%**, an increase of **7%** compared to the previous year



The SET IG Team led on the build and development of the encompass ROI module for the Region.

To standardise the Quality Control feedback loops the team have developed and disseminated 2 shared learning templates were issued to staff in relation to information governance:

- Safeguarding data in patient areas: Advice issued to staff on how to protect sensitive information in public spaces
- The use of Apple Live Listen: Advice issued to staff on how to safely charge service users Apple mobile device.

 Impact	Over the past year there have been important improvements to how incidents and complaints are managed – upgrading our systems, and focusing on learning to make our services safer and more responsive for everyone.
 Challenges	Ensuring timely review of incidents, processing of information governance requests and response to complaints and creating organisational change from learning.
 Consideration for 2025/26	Continue to promote and maintain information governance and cyber security training across the Trust. Continue to monitor the volume of complaints being received and aim to consider early resolution of all complaints and reduce reopened cases. The Department of Health will be introducing the new 'Framework for Learning and Improvement from Patient Safety Incidents'.
 Quality Approach Summary	Strengthening the management of incidents, information governance requests and complaints processes, fostering a culture of learning and continuous improvement through enhanced collaboration, system upgrades, and a renewed focus on timely, quality-driven responses. This work is a key component of quality management.

# 2 Strengthening the Workforce

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**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 South Eastern Health and Social Care Trust's 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. The Trust's Quality Academy has a comprehensive suite of training. Organisational mapping has been conducted to explore the workforce capacity for quality management and 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
- ▶ Creating the conditions for Improvement
- ▶ Quality 4 You
- ▶ Regional Quality Improvement Programme for Social Work, Nursing and Midwifery
- ▶ Quality Fundamentals
- ▶ Quality 4 Teams
- ▶ Quality 4 Managers / Quality Lite
- ▶ Mentoring
- ▶ QI Fellowship
- ▶ Creating an environment conducive to Improvement
- ▶ Medical Education
- ▶ MSc Think Tank / QI Alumni
- ▶ Reward, Recognition and Appreciation

## Our People Plan

The South Eastern Health and Social Care Trust's 'People Plan' outlines our commitment to supporting and empowering everyone who works within the Trust.

Rooted in our core HSC Values, the plan focuses on five key priorities:



In 2024–25, we continued to embed a Trust-wide, integrated approach to ensure these priorities are agile, purposeful, and evidence-based. Our goal is to improve the working lives, experiences, and development opportunities of all our staff, enabling them to deliver the best outcomes for the people who use our services.

[Click here to view Our People Plan](#)

### Key Achievements:

- Investors in People assessments undertaken at directorate/sub-directorate levels with feedback, areas for improvement and action plans aligned to 'Our People Plan'.
- Learning & development and organisational development activities designed, delivered, promoted and evaluated in line with 'Our People Plan'.
- Governance and oversight structures – People reports, aligned to 'Our People Plan', provide assurance at strategic level e.g. Trust Board, Executive Management Team, People & Culture Committee.

### Outcomes:

In 2024/25, a wide range of initiatives aligned with 'Our People' priorities delivered positive outcomes across the Trust. Examples of work undertaken include:

- Developed and implemented a recognition strategy and supporting manager toolkit to promote the importance of recognising and appreciating 'Our People'
- Introducing an "open, just & learning" approach into key people processes, such as attendance management, grievance and disciplinary investigations
- Extending our 'coach approach' to work with teams as well as individuals
- Building capability in quality improvement, applying this at a local level and also to support strategic priorities
- Over 1000 people attending our first staff celebration diversity day
- Introducing a bespoke leadership and management development programme for our people who are from global majority multi-cultural backgrounds
- Strengthening efforts to attract, recruit and retain the right staff
- Keeping our people safe, whilst supporting their health and wellbeing
- Supporting and promoting an appreciation of neurodivergence in the workplace
- Supporting teams to be effective and motivated to be high performing.

 <p>Impact</p>	<p>With togetherness and partnership at the heart of our approach we are working together to improve the experience of everyone within the South Eastern Health and Social Care Trust.</p>
 <p>Challenges</p>	<p>Releasing people to avail of development opportunities due to work pressures.</p>
 <p>Consideration for 2025/26</p>	<p>A strategic focus on embedding an open, just &amp; learning culture, including a implementing a Trust recruitment and retention strategy.</p>
 <p>Quality Approach Summary</p>	<p>'Our 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 'Our People Plan' will be used across quality work.</p>

# Creating the Conditions for Improvement – Quality Academy

The Quality Improvement Academy aims to support Trust staff in their quality improvement and innovation efforts. The Academy provides the necessary training and tools to help staff transform their ideas into projects and initiatives that enhance service excellence. It has played a key role in building the capability of multi-professional staff to undertake improvement initiatives that yield measurable and sustained benefits for service users. Through participation in the Academy's programmes, a community of thinkers and innovators has emerged, fostering interaction and support for innovative, creative thinking and learning.

## Quality Academy Courses

Numbers Trained in SET

<b>LEVEL 1</b>	 Q2020 Attributes Framework QUALITY IMPROVEMENT & INNOVATION SENSECT	1185
	 QualityLite QUALITY IMPROVEMENT & INNOVATION SENSECT	74
<b>LEVEL 2</b>	 Quality Fundamentals QUALITY IMPROVEMENT & INNOVATION SENSECT	10
	 Quality4You QUALITY IMPROVEMENT & INNOVATION SENSECT	38
	 Quality4Teams QUALITY IMPROVEMENT & INNOVATION SENSECT	10
	 Regional Social Work, Nursing and Midwifery Quality Improvement Programme	11
<b>LEVEL 3</b>	 QualityFellowship QUALITY IMPROVEMENT & INNOVATION SENSECT	10
	 MSc Business in Improvement	5
	 Scottish Improvement Leadership Programme (ScIL)	5
	 Scottish Quality Safety Fellowship	1
<b>Total</b>		<b>1134</b>

## SET Quality Academy

The Academy offers a variety of programmes for staff at all levels, ranging from short introductions to quality improvement to more extensive programmes where participants complete a quality improvement project. These programmes are categorised into Levels 1, 2, and 3, all aligned with the regional 'Q2020 Attributes Framework for Health & Social Care.'

### The Quality Improvement training offers several key benefits:

**Building Champions for Change:** It empowers individuals to become leaders in driving positive change within the Trust.

**Understanding Improvement Processes:** The training provides a deep understanding of the processes involved in improving quality, safety, and user experience.

**Creating a Culture of Continuous Improvement:** Participants develop skills in continuous quality improvement and sustainability, fostering a culture that values ongoing enhancement.

**Fostering Creative Thinking and Learning:** It builds energy and passion for innovative thinking and continuous learning.



### Impact

The Quality Academy continues to provide a wide range of training resources to ensure staff are equipped to consider their services from a 'quality lens'. All programmes are developed to ensure as wide an uptake as possible promoting a good 'fit' for requests to the Academy.



### Challenges

Some programmes are best suited to staff wishing to make changes at local service level however for some programmes on offer, especially Level 3 programmes, work is ongoing to establish how best we can use trained staff and release this resource on completion of the programme for the greater good of the organisation.



### Consideration for 2025/26

Continued exploration and testing of aligning Level 3 trained staff within strategic pieces of quality work will accelerate responsiveness of the organisation and robustness of improvements within the system.



### Quality Approach Summary

SET has a continued, considered commitment to developing staff to produce outcomes for patients, and services supported by data-driven decision making.

## Quality 4 You Programme



The 'Quality 4 You' Programme is a Level 2 QI training programme running over eight months. In 2024, a total of 38 participants from across the Trust completed the programme. The structured course enabled learning in a system understanding, change theory and leadership. Participants carried out a quality improvement (QI) project and developed a project poster applying the knowledge, skills and QI tools taught in the programme.

A total of 28 projects were presented to senior leaders and QI alumni at the end of the programme.

Three of these projects and one poster were selected for awards and presented at the 'Quality 4 You' celebration event in December 2024.

### Project Award Winners:

- Reducing the number of theatre slots in Downe Hospital lost due to last minute cancellations.
- Estates Services preparation for a new Finance System in 2026
- Reducing the depletion of flat mop heads in the Ulster Hospital

### Poster Award Winner:

- NEST: Nutrition Education for Surgical Teams

Thematic analysis of the project enablers revealed four key themes: **Vision, Team engagement, Collaboration and People.**

## THE PROJECT ENABLERS

### Quality 4 You

#### Transferable Learning

Organisational learning was key across this initiative with transferrable learning disseminated across the Trust. A summary of the 'Quality 4 You' project presentations has been collated showing the specific gains made through the quality approach taken in projects.

#### Key Lessons:

- Value of improvement tools
- Use of QI methodology
- Engaging with all stakeholders involved in change
- Communication at all change stages and at all levels
- Effective measurement and value of data
- Patience
- Change can be positive
- A small difference can make a big impact.



To systemise change the following are needed: **Time, Specific training, Data, Funding, Resources and Senior Sponsorship.**



## FUNDING

- To purchase portable SIM equipment
- Ongoing funding
- More staff
- IT equipment
- Mobile Wi-fi



## RESOURCES

- Support with developing SOPs/manuals/guidance documentation
- Implementation of policies and procedures
- Better access to Sim suite
- Upskilling other staff
- Share learning
- IT input
- Build completed on encompass



## SENIOR SPONSORSHIP

- Ongoing support from line managers/heads of service
- Assistant Directors
- Directors



## TIME

- To deliver training
- To attend study days
- Protected MDT learning time
- Dedicated time
- With other teams



## TRAINING IN:

- Excel
- Presentation skills
- Further training in display of data







## DATA

- Savings made – financial data
- Ongoing data to support project



[Click here to view the Quality 4 You Projects](#)

 <p>Impact</p>	<p>The 'Quality 4 You' programme is helping develop capability by equipping staff from all levels and services from across the Trust with knowledge, skills and practical expertise in quality improvement.</p>
 <p>Challenges</p>	<p>Financial and work pressures may make it more difficult for staff to be released to attend training and carry out a small-scale QI project.</p>
 <p>Consideration for 2025/26</p>	<p>Key work is to transfer the new skills from each cohort to create organisational change. The 'Quality 4 You' evaluation will help inform future content to keep the programme relevant, current and meeting the organisation's needs in developing QI capability of our workforce.</p>
 <p>Quality Approach Summary</p>	<p>The 'Quality 4 You' programme is multidisciplinary bringing a greater understanding of providing care across a system. The structure of the programme enables participants to build teams and make connections to apply change using robust methodology.</p>

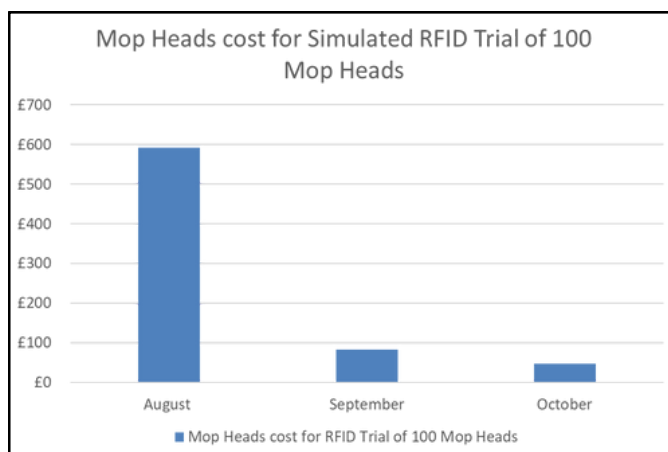
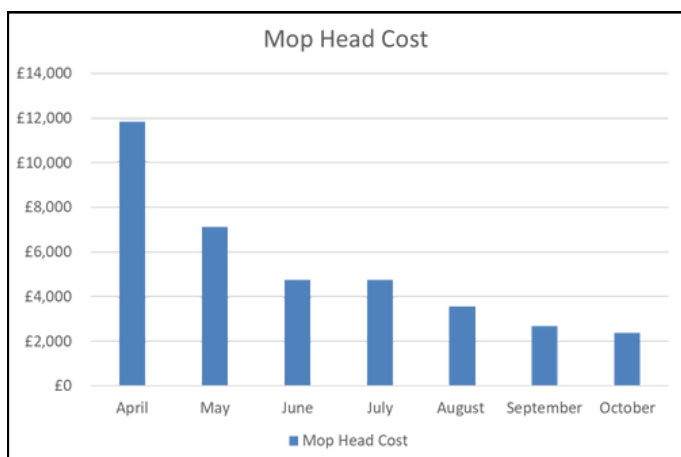
## Case Study

### Reducing the Depletion of Flat Mop Heads in the Ulster Hospital - Support Services

The hospital requires 2000 flat mop heads in circulation daily for successful daily operations by support services staff. There was a consistent reduction in mop head numbers after several weeks, causing increased costs and challenges in maintaining cleaning standards and infection prevention and control processes.

The aim of the project was to reduce the depletion of flat mop heads from 2000 to less than 10% loss within 12 weeks.





Several meetings with staff, supervisory and management teams, and laundry personnel took place to discuss the introduction of an radio frequency identification (RFID) system to help identify areas of loss and establish greater accountability. The RFID system was introduced in August 2024. We tagged 100 mop heads and tracked them over a 12-week period using the RFID system. Only 14 mop heads were required in September 2024 to top up to 100, and just eight in October 2024. Although we initially trialed the system with 100 mop heads, we achieved an 8% depletion within the 12-week period. The graphs also illustrate a decreasing trend in mop head depletion each month, despite the RFID system not yet being fully implemented. We assume this is because staff are now more aware of the importance of proper handling and accountability in managing mop heads.



### Next Steps

- Introduce RFID system
- Ongoing staff training and compliance checks
- Strengthen partnership with Laundry Service
- Introduce feedback mechanisms for continuous improvement.



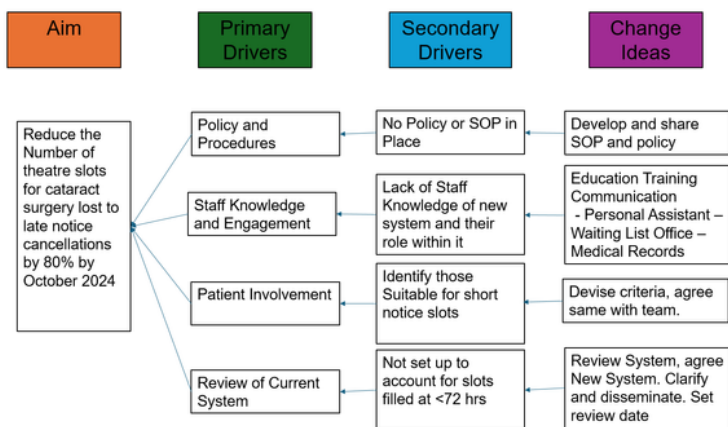
 <p>Impact</p>	<p>Ensuring consistent availability of flat mop heads for cleaning, reduced costs and improved operational efficiency. Introduction of a stand-alone laundry for mops to sustain numbers control.</p>
 <p>Challenges</p>	<p>Staff engagement and compliance of new system, co-ordination with Laundry Service, RFID data accuracy and time and resource constraints.</p>
 <p>Consideration for 2025/26</p>	<p>With its expanded capabilities, including automated alerts, comprehensive reporting, and customisable settings, the RFID application is a valuable asset for improving operational efficiency within the hospital. There is the potential for broader use across SET such as asset tracking and portering services.</p>
 <p>Quality Approach Summary</p>	<p>A collaborative approach contributed to enhance efficiencies within the service demonstrating measurable success and a positive behavioural shift among staff.</p>

## Case Study

### Reducing Theatre Slots for Cataract Surgery Lost From Late Cancellation in the Downe Hospital - Theatre Nursing

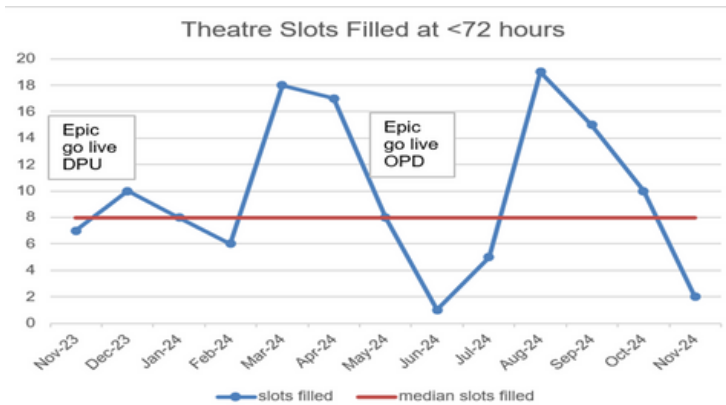
A number of theatre slots for cataract surgery were being lost to short notice cancellations (<72 hours) even though there were a large number of patients waiting for surgery. Waiting times for urgent surgery was three to five months and routine surgery was up to 6 months and longer. A fully equipped and staffed theatre was not being fully utilised. The waiting time was having a negative impact on the quality of life of patients and there was a financial impact to the trust due to the cost of unused theatre slots.

The aim of the project was to reduce the number of theatre slots lost to late cancellations for cataract surgery in Downe Hospital by 70% between November 2023 and November 2024.



A number of change ideas were identified and tested out which led to a new system being designed to identify patients who would be available to attend at short notice. Criteria was developed and agreed with a greater communication flow by the waiting list office, administration teams and Day Procedure Unit to ensure slots are identified and filled appropriately. Referral letters now state if patients will accept cancellation slots.

Service user and multidisciplinary team feedback indicated a positive impact for those patients receiving earlier surgery. The aim of the project was exceeded with 72% of all available slots utilised (126 slots). Earlier cataract surgery has led to improved quality of life of 126 patients as reflected in the feedback questionnaire, and also made best use of our available resources. Cataract surgery can cost up to £1,995 and based on 126 slots being utilised, this represents potential savings for the Trust of over £250,000.



<p>Impact</p>	<p>This project demonstrated effective outcomes of a system redesign to identify patients who could receive earlier surgery and ensuring efficient utilisation of theatre resources and potential cost savings for the Trust of over £250,000.</p>
<p>Challenges</p>	<p>Competing demands for staff in a busy clinical setting to allow time to dedicate this project. Effective and timely flow of information to ensure continuation of new system for identification of patients to attend at short notice.</p>
<p>Consideration for 2025/26</p>	<p>Ensure sustainability of the improved outcomes from this project and adaptability to other specialties and RASC.</p>
<p>Quality Approach Summary</p>	<p>Addressing inefficiencies and improving patient outcomes were the primary drivers to this improvement initiative resulting in a more effective process that benefited service users and staff. The success of the project was underpinned by strong patient engagement and collaborative working across multidisciplinary teams.</p>

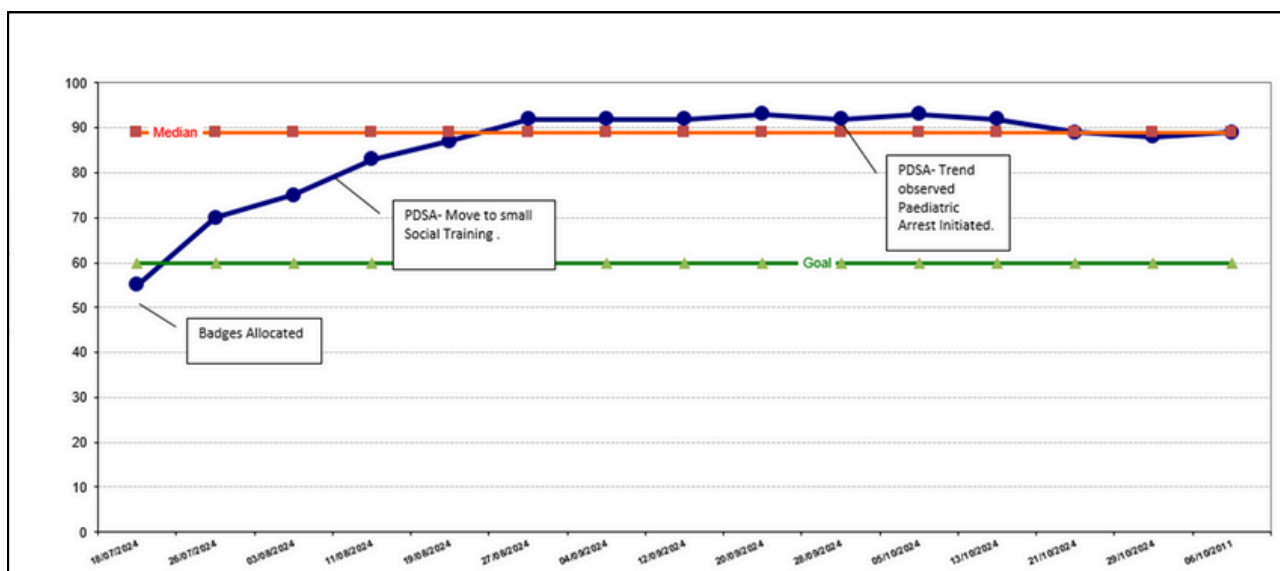
## Case Study

### Paediatric Cardiac Arrest: Safety Through Continuity - Clinical Communications (Vocera)

The SET is constantly working to increase operational efficiency and resilience within the systems and structures it has in place. It has been recognised that relying solely on one medium of communication means that there is a risk that this one medium becomes a single point of failure. An additional communication tool must be sought to further increase the integrity of this process.

The Vocera suite of communications tools began to be implemented across all Acute sites in 2009 and the majority of Trust staff were aware of Vocera. Therefore the decision was made to utilise Vocera to resolve the continuity issue.

The aim of the project was to produce and implement a bespoke and fully digitised Paediatric Cardiac Arrest system by November 2024 utilising Vocera whilst maintaining a minimum of 60% speech recognition.



The aim was exceeded and the median for speech recognition achieved 89%. The paediatric cardiac alert has been embedded within the department since October 2024, with the paging system being used as a secondary form of communication. Alerts are now delivered to badge users within one second of the message being activated.

Qualitative data received showed that 100% of all switchboard responders believe they feel more confident seeing that the cardiac team have received the alert on Vocera. The paediatric team state that Vocera is easy to use, timely and that having the badge allows nurses to play callable characters to help distract children during difficult and distressing situations and interventions.





<p>Impact</p>	<p>SET is the first Trust to implement this in the region, increasing the integrity of providing an additional communication tool to benefit service users and staff.</p>
<p>Challenges</p>	<p>Delivering training in a social format, such as lunch and learn session, did not achieve the desired engagement or outcomes.</p>
<p>Consideration for 2025/26</p>	<p>Become a reference site for Vocera to avail of more opportunities to scale and spread. Ensure peer support of the new system continues, demonstrating the Trust values in action.</p>
<p>Quality Approach Summary</p>	<p>The implementation of this system has enabled enhanced communication and has supported excellence in patient care. Our quality approach was rooted in continuous improvement, stakeholder engagement, and data-driven decision-making.</p>

# Regional Quality Improvement Programme for Social Work, Nursing and Midwifery

The Regional Quality Improvement Programme for Social Work, Nursing and Midwifery is now in its seventh year. The programme aims to build and develop skills and knowledge in continuous quality improvement (QI), proving participants with the ability to make changes that will improve service user outcomes. The programme is designed for staff who are passionate about improving their service and want to develop quality improvement skills to lead change across their organisation.







The QI projects demonstrate transformational leadership through HSC values and participants are further strengthening the delivery of safe and effective person centred care.

-  **Sharing and knowledge dissemination**
-  **Acknowledgment of the importance of listening to patient voices and carers**
-  **Enthusiasm for adapting successful QI projects, such as a neonatal initiative in maternity services**
-  **Desire to connect project leads with relevant service areas to enhance collaboration.**

## What Connections have Benefitted Attendees?

-  Building connections with key organizations such as NISCC and PPANI
-  Exposure to new ideas that sparked “light bulb moments”
-  Learning from professionals across different services
-  Networking within and beyond their own trusts

 [Click here to view the Regional Quality Improvement Projects](#)

 Impact	Participants demonstrated improved understanding of systems thinking and change management.
 Challenges	Without visible endorsement or alignment to Trust priorities, it can be difficult to sustain momentum post course. Resource and ability to scale and spread projects post course, needs strategic regional support.
 Consideration for 2025/26	Promote inclusive capacity building enabling Band 6/7 to contribute to innovation and service redesign.
 Quality Approach Summary	Projects themed under patient centred care, improving outcomes and staff support. The course helped foster a mind set shift, placing patients/clients not just at the centre of care but also at the centre of improvement.

# Regional Nursing QI projects linked to Chief Nursing Officer's 5 year vision and Health Minister's 3 year strategy: Making an impact and meaningful change

**S** Stabilising the nursing and midwifery workforce, therefore ensuring safe and effective care

**A** Assuring the public and the workforce of the effectiveness and impact of person-centred nursing and midwifery care.

**F** Facilitating the adoption of a population health approach across nursing and midwifery practice resulting in improved outcomes for people across the lifespan

**E** Enabling the transformation of our health service both digitally and through enhancing the roles of the nurses and midwives within and across a wide range of services.

**35%** of QI Projects were classed under Safety:

**26%** of QI projects were classed under Staffing (stabilising workforce):

**13%** of QI Projects were classed under Assuring person centre care:

**22%** of QI Projects were classed under Facilitating Improved outcomes:

**4%** of QI projects were classed under Enhancing roles across a wide range of services.

### Safety Themes



- Medication
- Reducing pressure damage
- Falls

### Assuring person centred Themes



- Co-Production is the focus of all QI projects
- Maternity/Neonatal based projects championing co-production

### Facilitating improved outcomes Themes



- Long term population health outcomes being prioritised across range of services within acute and community settings.

### Enabling transformation digitally and enhancing roles



- Use of encompass and integration of services

### Staffing Themes



- Staff support
- Enabling increased experience
- Creating Networks for Career Progression

The aim of the regional course is to shape and improve care measured against the domains of the 'quintuple aim', which are reflected in the 'Quality 4 All' strategy.

These are the projects measured impact against the 'quintuple aim'.

- 21% Improving Population Health
- 34% Enhances Care Experience
- 20% Care-Team Well-being
- 15% Advances Health Equity
- 10% Reduces Cost

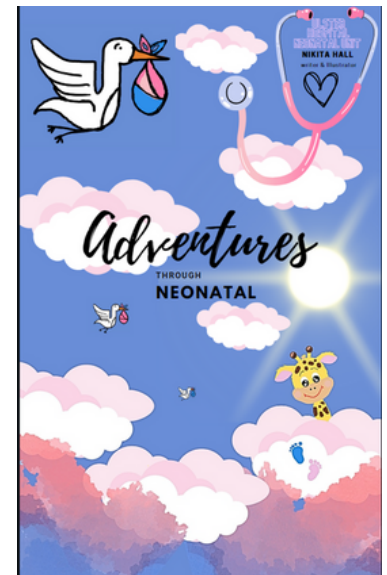
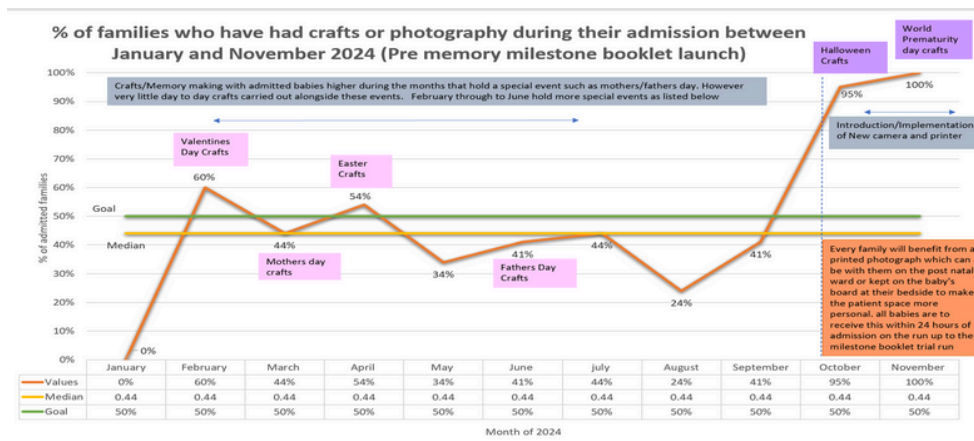


## Case Study

### Introduction of a Parent-led Memory Milestone Booklet for Neonatal Unit, Ulster Hospital Neonatal Unit

Neonatal (NICU), can be a high intensity, machine noisy, overstimulating, emotional rollercoaster for any family that requires care immediately after birth. Memory making is often associated with palliative care and often overlooked for those experiencing ongoing care within neonatal.

Simple memory making can mean a lot to parents so the aim was to increase the number of parents using the memory milestone booklet from zero to 50% by 'ICU patients' who attend the SET neonatal unit by February 2025.



### Key Learning:

- Co-design with stakeholders and inclusivity in engagement of fathers in memory making and feedback processes, addressing often overlooked needs. A series of 10 PDSA cycles helped refine the booklet, increase staff buy in and tailor equipment to ensure sustainability and embed the initiative into routine care
- Culture shift: memory making reframed as integral to family - integrated care, not just for palliative care.

### Outcomes:

- A new camera was purchased so that every parent can receive a printed photo within 48 hours of admission
- Improved Mental Health and reduced stigma around parents discussing how they feel
- Promotion of support and positive outcomes
- Inclusion of dads and other family members
- Not last minute or reactive to infant lose but memory making for all infants in NICU.

<p>Impact</p>	<p>Places families at the heart of care decisions and strengthens trust and therapeutic relationships, focusing on 'What Matters to Me.'</p>
<p>Challenges</p>	<p>It is difficult to measure the outcomes of the effort to better inform shared decision making.</p>
<p>Consideration for 2025/26</p>	<p>With the introduction of encompass the service must ensure digital tools enhance and do not replace person centred care.</p>
<p>Quality Approach Summary</p>	<p>This approach creates psychologically safe environments for families , children and staff, prioritising dignity, respect and empathy to enable real-time feedback.</p>

## 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 therefore participants are required to carry out an improvement project throughout the programme.

During 2024/25, 10 participants of our second cohort successfully completed the programme by adequately evidencing (within a portfolio of work and project poster) 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
- PDSA's
- The human side of change



The transferable learning across the projects is key to the organisational impact of the quality fundamental course.

PROJECT	TRANSFERABLE LEARNING
<b>Supporting Our Staff Through Attendance</b>	Success has been achieved through mutual agreement and working in a values based way. Health and wellbeing play a major role in managing absence
<b>Improving Hospital Experience for Patients Living with Dementia in SEHSCT</b>	Training positively impacts staff confidence in managing patients with dementia
<b>Does 'Safe Suitable' Footwear have an Impact on Patient Mobility in the Downe Hospital?</b>	Engaging family/carers in care ensures patient's needs are met and improves safety and outcomes
<b>Improving Access to Physiotherapy Mobility Clinics Within the North Down and Ards Areas</b>	Driver diagram helped to structure the project and continuous data collection helped deem if successes were being achieved
<b>Nutrition Support Group Sessions</b>	Redefining how services are delivered can have a positive impact on waiting times for patients
<b>Centralisation of Red Flag Outpatient Booking</b>	Centralisation of service increased staff morale, active communication, confidence, decreased complaints and gave waiting time equality
<b>Preventing Deconditioning in Hip Fracture Patients</b>	Improvement tools such as fishbone and driver diagram help to determine key problems, causes and required changes
<b>Delivering therapeutic Meaningful Activity for Patients with Dementia / Cognitive Impairment</b>	Importance of ensuring that increasing activity does not decrease quality of interactions with patients
<b>Improving Attendance at Physiotherapy Lead Pilates Classes in the Downe Hospital</b>	The importance of working as a team to move things forward and initiate changes to practice



[Click here to view the Quality Fundamentals Projects](#)

 Impact	Delivery of a quality improvement programme tailored to the needs of non-clinical and clinical support staff across the organisation providing them with the skills and knowledge they need to make sustainable improvements in their various areas of service.
 Challenges	Encouraging participation in the programme from hard to reach areas within the Trust that haven't historically engaged in quality improvement development. Commitment to release staff to allow full participation on the programme, enabling them to learn new skills and advance their quality improvement capabilities.
 Consideration for 2025/26	Providing support where required to staff that will help them to remain engaged in the programme, encourage participation from previously untapped sectors of the organisation.
 Quality Approach Summary	The Quality Fundamentals programme is strengthening improvement capabilities and leadership across non-clinical support services. Ensuring equity in access and participation in quality training opportunities across the organisation is essential, supporting the SET workforce.

## Case Study

### Nutrition Support Group Sessions – Dietetic Services




Malnutrition is a major health concern especially among the elderly with long waiting times delaying vital dietetic support. In May 2023, 86% of referrals in SET were for malnutrition, with 30% waiting over 13 weeks.

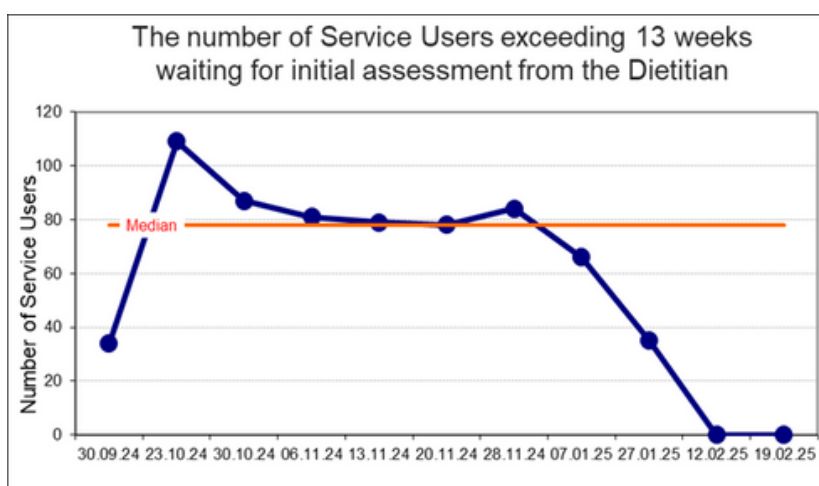
The challenges include high demand, limited access, lack of nutrition education and misinformation. Group education sessions, proven effective in other dietetic areas, offer a solution—improving access, enabling earlier intervention and empowering individuals with Food First principles.

The aim for this project was to reduce the number of service users that are exceeding the 13 week expected waiting time to access community nutrition support services by 25% in 6 months through the use of group education. The hope was also to ensure service user understanding of dietary principles and improved outcomes following dietetic assessment.

#### Plan of action:



The use of PDSA’s helped to guide change management in the project:





-  Increasing the time frame from 2 weeks to 4 weeks to allow for dietary changes to be trialled
-  Change drop in session to a review session to improve attendance/assure understanding of dietary advice
-  Overbook the sessions to ensure sufficient number of service users to attend.



#### Outcomes of the Study:

The number of service users that are waiting over 13 weeks for an initial dietetic assessment from a peak of over 100 reduced to 0.

-  Services users who attended both sessions maintained weight with 42% increasing hand grip strength
-  Service users who attended a single session reported they would change dad to day eating habits following the session.

 Impact	The number of service users that are waiting more than 13 weeks for an initial dietetic assessment has been reduced to zero by implementing group education alongside other approaches.
 Challenges	The main challenge will be to sustain the improvements gained and ensure continued reduction in waiting times despite financial constraints on the service.
 Consideration for 2025/26	Creating system change needs a deeper understanding of patient demand through further analysis of feedback.
 Quality Approach Summary	When focusing on patient safety It is important for services to be open to methods of addressing ongoing challenges like waiting times.

## Quality 4 Teams



This is a new 6 month programme within the Quality Academy portfolio for 2024. It was designed with a team approach in mind, challenging service areas to work across professional boundaries whilst empowering teams to enable problem identification and problem solving with service delivery and subsequently bring forward specific improvement within services. Each team is assigned a QI coach from within the QI Academy faculty.

The format was initially designed working with one team in 2023 and was tested on a wider cohort of 10 teams identified within the 'Quality 4 You' application process.

'Quality 4 Teams' is designed to build and develop skills and knowledge in QI, combined with supporting teams through a quality improvement project aligned to a Trust / Directorate / Departmental priority.

All team involvement is signed off by the Team Manager and Assistant Director with responsibility for the service area to provide accountability for the work being brought forward.

This is a Level 2 QI qualification (Q2020 Attributes Framework) equipping those teams who attend with the knowledge, skills and tools to improve.

The programme consists of three components:

- Team attendance at all 4 mandatory teaching sessions and all 3 mandatory coaching sessions
- Participation in a quality improvement project
- Development of a poster based on the team QI project.

Whilst all 10 teams completed the programme it became evident that the challenges faced by 2 of the teams would be better addressed through wider service transformation.

Teams demonstrated strong improvement outcomes from participation in the programme and reported benefits to how they were able to solve enduring challenges.



We are 3 teams across 2 directorates and really proud of what we have achieved, we didn't believe it would be possible







QI coaching was really important to us –we will now be mentoring others when our work gets moved into other wards



The CEO is coming out to us with the Head of Finance to learn more about our work



[Click here to view the Quality 4 Teams Projects](#)

 Impact	Whilst it is recognised that some teams are working on challenges which will impact specifically within their services, for example the experience of a transition from children's to adult services, other teams have been able to demonstrate strong financial savings which have the potential to impact systemwide on further implementation – see case study.
 Challenges	<ul style="list-style-type: none"> <li>• Availability/release of staff during periods of high ward demand and acuity</li> <li>• Underestimation of staff teams regarding the work involved in bringing about sustainable changes.</li> </ul>
 Consideration for 2025/26	Development of a teams training programme for encompass to enable services to make data driven decisions and improvements.
 Quality Approach Summary	By focused coaching of teams through using QI methodology and tools this has enabled teams to identify challenges and bring about impactful solutions within their areas of work. This has had benefits to patients, colleagues, culture and in some cases the potential for wider financial savings within the system has been realised.

## Quality 4 Managers

This 1 hour session is offered as part of the SET – Organisation Workforce Development Practical Managers Programme. This programme is aimed at managers and supervisors within SET regardless of grade or experience.

The session is delivered virtually and provides awareness of and insights into quality planning, control, improvement and assurance through discussion and reflection by those attending. 5 sessions were provided across 2024/25 with 75 managers or supervisors attending.

A supervisor/manager learning needs analysis for 2025 has recently been carried out by the People and Organisational Development Directorate. Within this analysis managers have requested further specific development needs regarding QI and innovation tools and techniques, data reporting and visualisation tools as well as data interpretation.

The 'Quality 4 Managers' programme will be able to flex to signpost managers and supervisors both to trained staff within their directorates as well a programmes on offer and QI Clinics to support specific needs.



## Quality Lite

In 2024 the Quality Academy introduced a new format to 'Quality Lite' offering a 2 hour bitesize **Introduction to Quality Improvement and how to start your Improvement Journey** for staff – this is available throughout the Trust over the 4 main sites and can be booked through LMS.


A total of 102 staff members have completed 'Quality Lite' from 1 September 2024 –31 March 2025.



## Trust Board Training

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.

The programme's 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.

 Impact	<p>Staff value the opportunity to learn how to identify and solve problems within their services through participation in the Quality Academy programmes.</p>
 Challenges	<p>The demand for participation in internal Quality Academy programmes continues to grow. The delivery of programmes must be balanced not only with the needs of staff in relation to time out from front line service delivery but also wider Quality Team work.</p>
 Consideration for 2025/26	<p>A key challenge presents in understanding the wider impact of participation in programmes and the return on investment for services/the Trust. Measure impact of participation at all Quality Academy programmes for staff, and services.</p>
 Quality Approach Summary	<p>There is continued demand for short programmes as part of the Quality Academy to offer new ways of thinking, strengthen existing knowledge and skills and build connections for staff across the Trust.</p>

## Case Study

### Team Based Rostering (TBR), Ward 5A - "There's no I in Team"

The 2022 Nursing and Midwifery Retention Report identified inflexible working arrangements as a key factor prompting staff to leave permanent positions in search of better work-life balance. SET remains committed to supporting staff wellbeing through more adaptable rostering practices. Team based rostering (TBR) fosters a collaborative environment where staff can shape their schedules to suit personal needs while ensuring safe staffing levels.

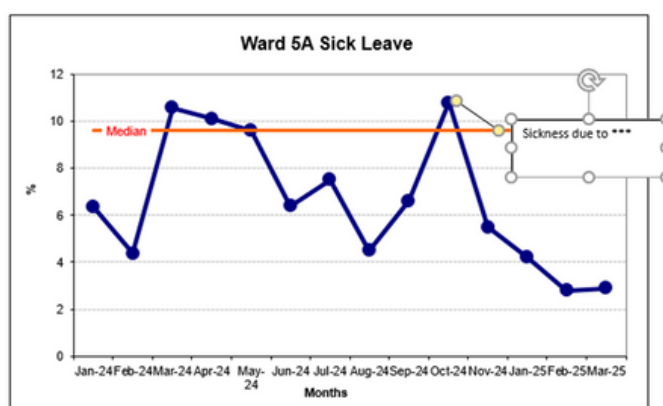
TBR is a system where staff can request as much of their off duty as they wish, to balance work and home life. For this to be successful it is vital that staff work together as a team to ensure the ward is adequately covered in terms of number of staff and skill mix.

Ward 5A worked in collaboration with Nursing Workforce and Central Rostering Team using QI methodology to test and implement the Roster.

The aim of the project was to increase the utilization of team based rostering within ward 5A UHD by 20%.

Staff questionnaires were used as well as feedback boards to understand and act upon staff needs, this resulted in clear PDSA cycles including:

- Staff training on TBR
- Staff upskilling to meet demand requirements
- Posters
- Staff updates / WhatsApp group / Notice board / Feedback.



#### Outcomes:



Reduction in spend on agency staff in Ward 5a of £46,748 across 12 months



Collective leadership empowered staff to focus on solutions  
Reduced duty amendments



Highlighted increased accountability and effective skill mix  
Improved morale reflected stronger teamwork







Staff are in control of their work life balance

Developed a shared sense of responsibility for delivering the roster.



Following its success in Ward 5A, TBR has expanded to four additional surgical wards, Paediatrics and Theatres - with further wards awaiting training for implementation. The approach is reshaping how clinical team manage rotas and support each other within a dynamic healthcare setting.

 <p>Impact</p>	<p>Commitment to staff wellbeing and workforce development that promotes inclusive leadership. Supports improved work-life balance, enhances staff morale and promotes a culture of shared responsibility and teamwork. Initial financial savings of £46k on one ward which have potential to grow due with wider use of the TBR process.</p>
 <p>Challenges</p>	<p>Delivering training to ward. Ensuring consistent understanding, engagement and capability across all staff groups required dedicated time, resources and coordination, within a busy clinical environment and variable staffing levels.</p>
 <p>Consideration for 2025/26</p>	<p>Continue to spread into other wards in SET. Interest from other trusts will provide any opportunities to develop regional networks, and promote scale and spread. This supports regional collaboration, the sharing of best practice and the development of networks focused on flexible, sustainable workforce models that respond to evolving healthcare needs.</p>
 <p>Quality Approach Summary</p>	<p>QI methodology underpinned the introduction of TBR, with PDSA cycles, staff engagement and feedback loops. The approach embedded a culture of collective problem solving, ownership and data informed decision making to ensure sustainable workforce planning aligned to service demand whilst making financial savings.</p>

## Mentoring

QI mentoring plays a crucial role in enhancing improvements through QI methodology by providing support to all participants in our QI programmes, both within SET and regionally. The importance of one-to-one mentoring is consistently emphasised by participants in our programme evaluations. With this in mind, we strive to maintain and expand our Mentor database continually. Each year we have a number of programme participants who express an interest in becoming a mentor. In order for staff to feel supported and have the confidence to mentor we carry out the following:

### Mentors Learning Needs Analysis:

Conducted prior to each programme, this analysis identifies the support and development needs of mentors and informs the content of dedicated workshops.





**Mentor Workshop:** Tailored sessions delivered by SET QI Leads to upskill new and existing mentors. These sessions reflect the findings of learning needs analysis and support mentors in their evolving roles.

### Development of Approach Workshops:

Tailored to each cohort of mentors through ‘slido’ feedback and support provided at whatever stage of journey that their mentee is on their QI journey.



Drop in sessions offered in person or via MS Teams to facilitate busy work schedules and also to allow mentors to access QI support relevant to their needs. Refresher sessions include advice on QI tools, data collection, idea generation and sharing successes and learning from projects. Workshop format encourages peer to peer support.

 <p>Impact</p>	<p>Cultivates leadership behaviours in line with HSC values and fosters a culture of coaching, reflection and peer learning.</p>
 <p>Challenges</p>	<p>Competing priorities for clinical and operational staff can limit protected time for mentoring and mentee engagement.</p>
 <p>Consideration for 2025/26</p>	<p>Include mentors in QI masterclass invitation to strengthen knowledge and confidence.</p>
 <p>Quality Approach Summary</p>	<p>Mentoring is crucial for establishing a robust network of improvement leaders within the Trust. The Quality Academy is dedicated to training and developing individuals who have completed QI programmes, preparing them to mentor future cohorts and build a dynamic peer-supported network of improvement leaders.</p>

## QI Fellowship

The SET QI Fellowship is a 12 month senior leadership development programme for clinicians and managers designed to build knowledge and skills in improvement science and leadership at an advanced level.

### About the SET Quality Fellowship Programme

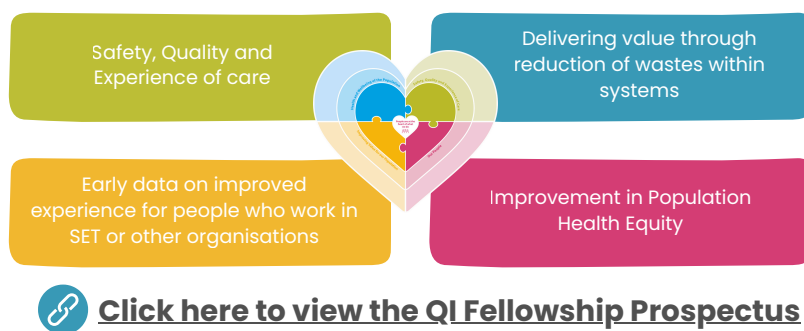
Fellows focus on systems-level thinking to address variability in quality of care, concentrating on care pathways and/or service redesign within the 12 months programme. The successful delivery of projects requires multi-professional engagement within the organisation. All fellows need to have the support of senior staff with EMT level engagement, and work together on specific quality improvement projects, in order to address priority areas for improvement as identified within SET corporate priorities or other agreed strategic areas. The project areas will be identified within the sponsoring Directorate prior to commencement of the programme. The programme content will support participants to navigate and lead change in complex systems. A selection of sessions covered are: Quality improvement science, human factors, service design, leadership, leading teams, communication, working with data, measurement influencing teams and leaders. Fellows will be required to produce a scientific poster on completion of the programme as well as an abstract for peer reviewed journals.

### Programme Objectives




- To develop system leaders capable of improving the quality and safety of health and healthcare for the people across Northern Ireland
- To introduce design thinking and implementation skills to lead change
- To enhance knowledge of the science and methods for improvement
- To support the development of quality as a core tenet of population health
- To spread improvements both within the organisation and nationally
- To establish a learning support network for transformational leadership.

### Organisational Programme Outcomes

In addition to strengthened strategic leadership by using a quality management approach focusing on care pathways and/or service re-design, it is predicted that the organisation will demonstrate gains evidenced by core metrics for the 12 month period.



[Click here to view the QI Fellowship Prospectus](#)

 <p>Impact</p>	<p>The programme equips staff with the knowledge, skills and confidence to lead and drive improvement across the Trust. Many of the projects developed during the Fellowship have made a real impact by supporting the Trust’s key improvement priorities.</p>
 <p>Challenges</p>	<p>Commitment to allow for full participation of the 12 month programme with the demands of work pressures and unforeseen circumstances. <i>th internally and externally to continue to build capability within the organisation and the wider healthcare system</i></p>
 <p>Consideration for 2025/26</p>	<p>To offer more places on the QI Fellowship both internally and externally to continue to build capability within the organisation and the wider healthcare system.</p>
 <p>Quality Approach Summary</p>	<p>The Trust is proud to offer a Fellowship programme led by a highly experienced team in quality improvement and population health. Through this initiative, staff gain the skills and confidence to lead meaningful change and redesign systems for better care.</p>

# Creating an Environment Conducive to Improvement

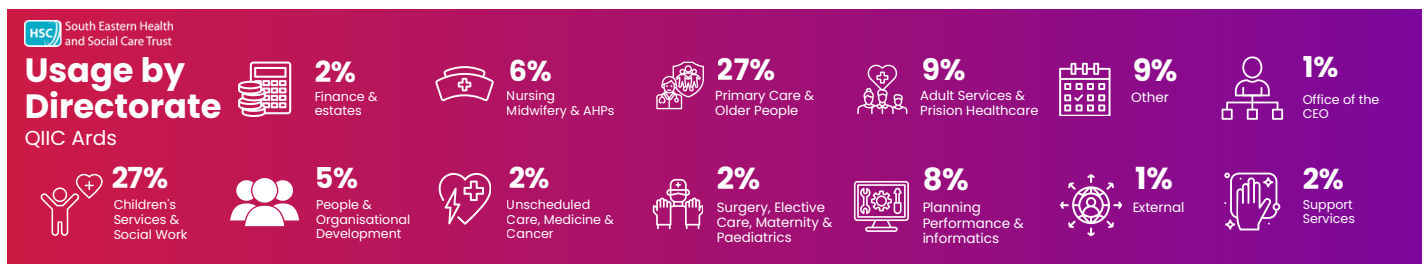


The Quality Improvement and Innovation Department has two facilities within SET:

## QIIC Ards

In QIIC Ards there are five rooms, the largest room holds up to 150 people and has a state of the art sound system, while the smallest room holds six people and has comfortable seating. Every room has a screen and can be connected to a Trust PC or alternatively you can plug in a laptop.

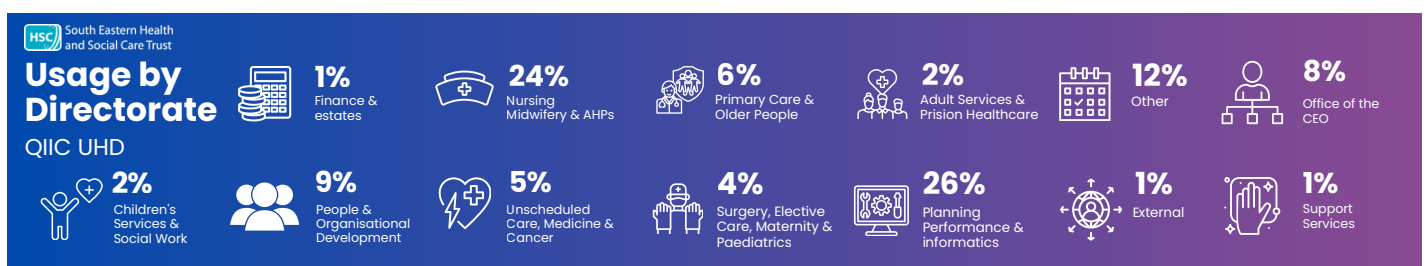
During 2024/25 there were 1096 bookings in QIIC Ards for a variety of workshops, training, interviews, team meetings, project meetings as well as QI and Innovation meetings, this was an increase of 35% from the previous year. There was non-attendance at 6% of bookings with an estimated cost of £5342.



## QIIC UHD

QIIC UHD has three rooms, the Hub, Syndicate Room 1 and Syndicate Room 2, these are separated by glass doors which can be folded back to provide a larger teaching space which can hold up to 120 people. A lecture theatre is also available for a more formal training experience. The courtyard in the centre of the building has been developed and this provides an outside seating area some of which is covered with power and heating.

During 2024/25 there was a total of 1223 bookings with a 5% rate of non-attendance with an estimated cost of £10,330. We have recently reopened the facility for out-of-hours bookings with bookings made until the end of 2025.



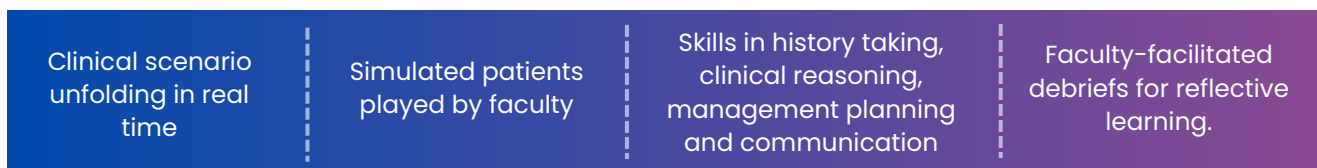
<p>Impact</p>	<p>QIIC at Ards and UHD are instrumental in supporting a wide range of activities across the Trust. The facilities support MDT collaboration across directorates, contributing to improved innovation capacity and team development across SET.</p>
<p>Challenges</p>	<p>The cost of non attendance, highlights the need for improved management and attendance accountability. Maintaining flexible space for both large scale and small group events places demand on resource planning, particularly in light of growing interest in out of hours access.</p>
<p>Consideration for 2025/26</p>	<p>The Quality Team to promote equitable access by engaging underrepresented directorates and encouraging wider cross functional use of the space.</p>
<p>Quality Approach Summary</p>	<p>QIIC is a key enabler of the Trusts 'Quality 4 All' strategy and acts as a creative space and a dynamic hub for driving improvement, system thinking, leadership development and collaborative innovation.</p>

## Medical Education

The undergraduate medical education programme in Northern Ireland underwent significant curriculum reform (C25) requiring increased use of case-based and simulation-based learning. The number of students on clinical placement increased by 103%, leading to reduced opportunities for bedside teaching due to service pressures, case mix changes and evolving medical practice. Trust-based teaching infrastructure and modalities needed urgent re-evaluation and innovation to meet learning needs. The sub-dean and faculty team have developed and delivered a number of novel teaching programmes.

### Reflective Insights from Simulated Experiences – RISE

RISE was developed into a structured portfolio of simulated clinical case studies delivered in small groups. Each session involves:



Developed by the Sub-Dean and faculty team to complement real-world experience with safe, repeatable, feedback-rich scenarios. Sessions were delivered across medicine and surgery specialties. Delivered to both third and final year students, with positive evaluations shared with universities and the Department of Health. Faculty supported debriefs offer students a safe space to share their thoughts and reflections with their peers. RISE intends to give medical students experiential learning focused on communication, handling uncertainty and critical thinking. Compared with bedside teaching, case based learning and high-fidelity simulation, students surveyed after a RISE session preferred this pedagogical approach for developing the skills of ordering and interpreting investigations, discussing results with patients, developing management plans, and diagnostic reasoning.

These skills are essential in practice however can be challenging for students to have an opportunity to perform them in an observed manner.

RISE allows students to attend to the complexity of an unfolding clinical case and receive feedback on their performance across several skill domains. It permits faculty to evaluate the attributes student's exhibit as they would at a patient's bedside. RISE offers one solution to medical educator's recent and evolving challenges while complementing and enhancing existing teaching methods.

Student feedback on RISE, provided to Universities and Department of Health, has been extremely positive.

Next steps are to further develop faculty, enable scale up and offer to all students on placement.

 Impact	Structured debriefs and faculty involvement are critical to creating a psychologically safe and effective learning environment. Investing in simulation supports both quality and scalability in medical education.
 Challenges	The number of students on clinical placement increased by 103%, leading to reduced opportunities for teaching and mentorship. Trust-based teaching infrastructure and modalities needed urgent re-evaluation and innovation to meet learning needs.
 Consideration for 2025/26	The scaling of RISE across the Trust. requires embedding this into regular student placement structure. Faculty expansion and development. Faculty development will need experts in design and new innovation thinking.
 Quality Approach Summary	Patient safety is fundamental to a quality care system, simulation can effectively preserve educational standards in challenging clinical environments. RISE can be used as an evidence based teaching model to ensure equity and quality in education delivery.

# Medicine and Pharmacy Prescribing Simulation (MAPPS)



Enhancing inter-professional collaboration through simulation-based education is a priority in SET.

Following the regional curriculum re-design in undergraduate medication education (C25 programme), and the introduction of independent prescribing for pharmacy graduates by 2026, the Trust recognised a need to improve inter-professional learning (IPL) and simulation-based education. Rising student numbers and pressure on clinical learning opportunities highlighted gaps in authentic, collaborative teaching.

## Aims and Objectives

The aim of the programme is to enhance prescribing safety, develop inter-professional understanding and prepare students for multidisciplinary practice through a structured, immersive simulation programme involving both pharmacy and medical students. Working closely with the lead educational pharmacist a programme was designed to focus on medical admissions and based around common prescribing errors reported in Northern Ireland.

The MAPPS initiative introduced a one-day simulation based IPE model:

Inter-professional student pairs completed four simulated clinical scenarios	Role reversal - Pharmacy students led history-taking; medical students conducted medical reconciliation then switched roles mid-session	Afternoon ward practice - Pairs applied skills in real-time on hospital wards with supervision	Facilitated debrief and reflection - Reinforced learning outcomes and peer feedback.
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Inter professional simulation based education (SBE) is a powerful tool. At the undergraduate level it can be highly effective in preparing students from different professions to work together while developing their knowledge and skills.

Initiatives such as this enables improvement of inter-professional collaboration. Successful delivery can be achieved by developing a skilled faculty and improving access to Inter professional SBE. In terms of safety, MAPPS focused on reducing prescribing errors and improving medication reconciliation accuracy. It demonstrated significant improvement in inter-professional skills with a change in culture where mutual respect, role understanding and multiprofessional skills with a change in culture where mutual respect, role understanding and multiprofessional communication is encouraged. MAPPS is a scalable model for other disciplines and can prepare students for real world collaboration and future roles. Cultural change and learning climate can be scaled across other disciplines.

Impact	96% of students reported that they would apply their learning in future practice; Statistically significant improvement in interprofessional skills and values; Role reversal exercise promoted empathy, self-awareness and communication.
Challenges	Scheduling conflicts around exam time; ensuring suitable patients are pre-selected; communication of logistics; time with prescribing exam; some students felt unclear about their role; not all students have equal simulation experience and this can effect confidence and readiness.
Consideration for 2025/26	The MAPPS programme will be scaled up to accommodate increased numbers of pharmacy foundation trainees from 2026. Future iterations will include hospital discharge scenarios, a dedicated and trained multidisciplinary faculty is essential.
Quality Approach Summary	MAPPS is improving patient safety through collaborative working and promoting multi-disciplinary working as people embark on their careers.

## MSc Think Tank

The MSc in Business Improvement is transformational in the learning it delivers and provides those who undertake the challenge with the expertise and tools to apply critical thinking to the complexity in health and social care. It has been a long-term ambition of the Trust to convene those who have undertaken this programme of study in order to leverage their combined learning, experience and wisdom.

This ambition was realised in October 2024 with the first MSc ‘Think Tank’ being held to initiate discussions on how graduates and participants from this programme can contribute collective thinking to some of the Trust’s strategic priorities and become critical friends to ongoing quality improvement work within the Trust.



A ‘critical friend’ provides support, guidance and constructive feedback through a critical lens. The MSc graduates are now meeting bi-monthly to function as critical friends to support complex change programmes including the corporate improvement priorities and major transformation initiatives. The ‘Think Tank’ is also providing a space for current MSc students to bring their change programmes for discussion and development.

Evidence published by a collaborative led by the SET Quality Team; QI Training Transfer 2018, revealed the core fundamentals of convening people back into organisations following training. We are applying the recommendations have established two networks to leverage the expertise across the organisation.

 **Transfer of Learning from QI Training**

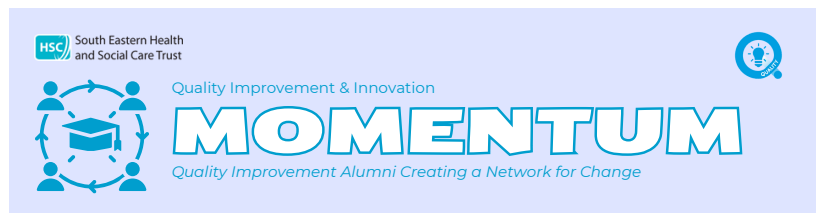
 **QI Training Transfer Organisational Checklist**







## QI Alumni ‘Momentum’

The QI Alumni within SET refers to QI enthusiasts who have been trained to Level 3 in the Quality 2020 NI Attributes Framework. In November 2024 the Trust launched ‘Momentum’ by inviting QI alumni from across the trust to create a network for change.

The aim of ‘Momentum’ is to improve engagement with our QI Alumni and by doing so, harness their skills and learning with a view to building a strong change network in the organisation.



 Impact	A collaborative forum for critical reflection and innovation has been established. Leveraging the expertise that has been invested through Level 3 courses.
 Challenges	Ensuring the network leads to actionable improvements, that systemise change not just connection.
 Consideration for 2025/26	A plan is to embed critical friends across complex change programmes. Capture and share success stories to reinforce impact and maintain enthusiasm.
 Quality Approach Summary	This enables system thinking and quality management to be fundamental when the focus is on Trust priorities and system transformation through informed dialogue.

## Reward Recognition and Appreciation

In the South Eastern Health and Social Care Trust, we have a clear focus on what it means to belong and we want all our people to have a long rewarding career with us. We understand the importance of reward and recognition and it is our priority to offer a healthy, happy and purposeful work environment that promotes the physical, mental and social wellbeing of all. We want to develop an approach to recognition that will support our 5 People Priorities: Belonging, Wellbeing, Growing, Empowering and Leading.

In March 2024 a ‘reward and recognition’ survey was issued to evaluate staff’s understanding and awareness of reward, recognition and appreciation. Following the survey and focus groups, the information was collated and used to create e-learning.

The Recognition and Appreciation Manager’s Toolkit offers valuable chapters featuring insights on recognition and appreciation. It includes helpful tips and tools, downloadable certificates and details about Trust Initiatives related to recognition. To find out more: LearnHSCNI search for: **Recognition toolkit**

**KEY MESSAGES**

- Appreciation**
  - Adopt a personal approach
  - Protected time for teams
  - Acknowledgement of Attendance
  - Automatically apply long service awards
  - Adopt further Long Service Awards
  - Allow time for wellbeing activities
- Recognition**
  - Verbal or electronic ‘thank you’
  - Celebrate International days e.g. National Admin Day
  - Be recurrent & consistent in our approach
  - Increase awareness on career development opportunities
  - Shift focus to what is done well rather than incidents/absence
  - Meet the basic needs
- Reward**
  - Increase awareness on existing rewards with a wider communication
  - Onsite child care
  - Onsite parking
  - Review time & location of external activities e.g. yoga classes
  - Free tea/coffee/ canteen coupons for discount.
  - Extra leave for the big birthdays!

**Why are we reviewing Reward & Recognition?**

- IIP Report
- TO DEVELOP OUR PEOPLE FURTHER
- LISTENING TO OUR PEOPLE AND WHAT WORKS BEST

**How we are doing it?**

- Reward & Recognition Feedback Survey
- Hosting Focus Groups
- Development of a Reward & Recognition Strategy and Supporting Manager Toolkit

Reward and recognition champions have been established across all directorates and are coproducing the application of the celebration of staff.

<p>Impact</p>	<p>The reward and recognition champions are working across teams including ‘Attracting and Retention’ steering groups to continue to grow the culture of recognition in the Trust. In teams across the Trust we have heard positive and innovative ideas to help acknowledge our appreciation of ‘Our People’ and we have been able to spread these ideas.</p>
<p>Challenges</p>	<p>Investors in People reports continue to show the need to keep the momentum around reward and recognition – our staff need to feel valued. However this continues to be challenging for busy teams with increasing workloads.</p>
<p>Consideration for 2025/26</p>	<p>Focus is to grow the group of champions, to spread the word by involving more people and to develop the thinking and culture around reward and recognition. The team wants to ascertain the importance of the impact this has on a person’s wellbeing.</p>
<p>Quality Approach Summary</p>	<p>Recognising, rewarding and appreciating employees in SET is a vital component of the quality strategy that supports staff engagement, reduces burnout and promotes consistent, high quality care. It enhances workforce stability which is essential for achieving organisational excellence and sustaining reliable, patient-centred services.</p>

## Case Study

### People Plan – Digital Services Department

The Digital Services team have used the domains of the SET ‘People Plan’ to create community.







The Digital Services department within the Planning, Performance, and Informatics (PPI) Directorate has initiated a monthly ‘people plan’ forum. This forum consists of representatives from all the individual teams. An action list has been created to guarantee that each priority is addressed, with designated individuals on the forum responsible for accountability.

Several events have been organised, with some becoming quite competitive. Examples include:



Along with quarterly all-hands meetings, which are recorded for anyone on leave, there is a ‘Digital Services Show and Tell’ every 2 months. The quarterly all-hands meeting is more people focused, with the agenda including new joiners/leavers, compliments and achievements, while the ‘show and tell’ covers information-sharing regarding new technologies. This promotes a culture of shared learning and continuous improvement within the department.

Other topics on the action list include charity events, accommodation, professionalism, training, induction, recruitment and a lot more!

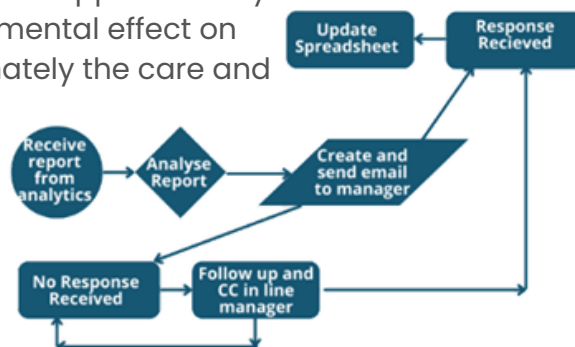
 <p>Impact</p>	<p>Staff feel involved in the decision-making processes of the department, which empowers them and builds a sense of trust with their managers. The shared experience of working collaboratively with colleagues from other teams improves the overall sense of belonging within the Digital Services Department.</p>
 <p>Challenges</p>	<p>The Digital Services Department is an extremely busy one, with approximately 100 staff managing everything digital for over 16,000 staff within the Trust. The challenge can sometimes be prioritising the actions arising from the ‘people plan’ forum, but we have found the benefits gained make it worthwhile.</p>
 <p>Consideration for 2025/26</p>	<p>Continue with the ‘people plan’ meetings, with a focus on expanding the group across the PPI Directorate. Share learning with other teams within the Trust that have shown interest in developing their own ‘people plan’ groups.</p>
 <p>Quality Approach Summary</p>	<p>Continuous review of the progress of actions arising from the regular meetings and regular assessment of the impact of the group through discussions at the meetings help to provide an improvement focus. Staff are encouraged to become involved in quality initiatives, linking achievements to recognition and fostering further collaboration between the teams.</p>

## Case Study

### Management of Staff Attendance, People and Organisational Development Department

Management of staff attendance remains one of the key priorities for SET. With an average cost of approximately £2.8 million per month, and approximately 18,000 days being lost each month, this was having a detrimental effect on management teams, morale, staff engagement, and ultimately the care and service being provided to our patients, service users and our community.

Using QI tools such as a process map to better understand the issue and studying the top 40 poor attenders in each Directorate, a project was initiated to focus on short term absences and those staff with 5+ episodes of sickness.



To help support and guide managers through the attendance process, a new email has been created by the Attendance Team that is sent out to line managers when they have staff members reaching 5 episodes of absence. Initially 277 emails were sent on 17 December 2024 to these managers with an 80% response rate within 2 weeks of sending this first email. Where no response was received, a second email was sent out with that managers line manager included into the email.





Data from the emails provide oversight of attendance management, showing a third reduction in staff with 9+ absence episodes and a decline in those with 5+ episodes over a five month period.

		Jan-25	Feb-25	Mar-25	Apr-25	May-25	Rolling Year Average
No. of episodes	9+	24	18	16	12	8	16
	8	10	12	9	10	11	10
	7	19	18	14	14	18	17
	6	58	57	56	57	59	57
	5	157	143	152	155	138	149
	4	427	390	378	370	378	389
1-3	6537	6680	6708	6761	6793	6696	

For the first time, managers have been receiving targeted emails about their staff’s attendance which has increased their accountability for managing absences. Overall feedback has been positive, with managers valuing the reminders. Weekly 15-minute attendance clinics offer confidential case discussions, boosting team productivity and proactive support. To engage all levels, the Attendance Team holds site visits across the Trust, ‘meet & greet’ events across the 3 main hospital sites, attends senior meetings and recently had the opportunity to engage with ward staff in the Ulster Hospital as part of the ‘What to Know On The Go’ initiative.

This table shows a year on year savings for the months of March and April, highlighted in green, with a total cost savings since January 2025 to May 2025 of £179,931 in absence spend.

		Jan	Feb	Mar	Apr	May	Current Cumulative	Monthly Average
Trust Level	2023/24 Costs	£2,820,649	£2,477,156	£2,945,052	£2,826,666	£2,600,230	£13,669,753	£2,733,951
	2024/25 Costs	£2,966,322	£2,691,173	£2,509,270	£2,436,699	£2,886,358	£13,489,822	£2,697,964
	Difference	£145,673	£214,017	-£435,782	-£389,967	£286,128	-£179,931	

 <p>Impact</p>	As a result of this project, there is a more focused approach and accountability from managers when dealing with their own team attendance. Weekly attendance clinics have strengthened managerial confidence. Enhanced leadership engagement has increased on-site support and collaboration, positively impacting team attendance and case management.
 <p>Challenges</p>	Capability has been highlighted as an issue in various areas where managers are still unsure of how to apply the policy, to have those open and honest conversations with their staff, and call out unacceptable attendance which has a detrimental impact on the maintenance and delivery of our services to our patients, service users or within the community.
 <p>Consideration for 2025/26</p>	Cultural change remains challenging but continued focus on open dialogue, leadership and workforce engagement guided by attendance training is key to shifting mind sets and sustaining progress.
 <p>Quality Approach Summary</p>	Effective communication and teamwork are essential for driving meaningful change. Appreciation of different learning styles and aiding understanding of new processes and ways of working have helped drive down absence percentage and support our staff back to work.

# 3 Measuring the Improvement

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**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.

- ▶ SEHSCT Corporate Improvement Priorities
- ▶ Frailty
- ▶ Delirium
- ▶ Deconditioning
- ▶ EPCO
- ▶ People Priority
- ▶ encompass Corporate Improvement Priority
- ▶ encompass Benefits
- ▶ encompass Staff Implementation Survey
- ▶ Home Care Modernisation
- ▶ Hospital & Community Flow
- ▶ Criteria-Led Nurse Discharge
- ▶ Control Room
- ▶ SET Quality 4 All Awards

## SET 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.

Fundamental to creating and embedding strategic change in health and social care requires system thinking

Throughout the process of conducting strategic change there have been core lessons learnt that apply to organisational change and should be embedded to further strategic initiatives in the future. These include:

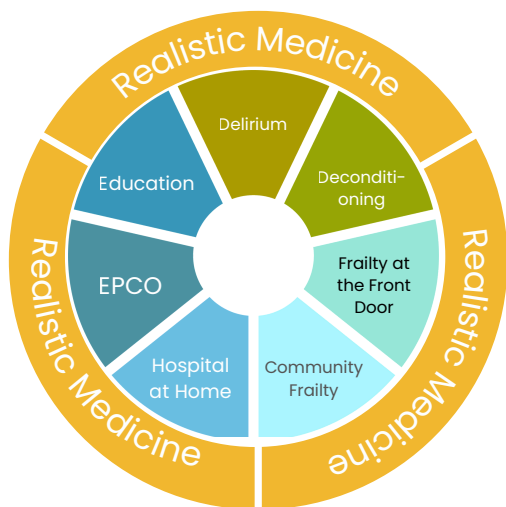
- Senior sponsorship – senior decision makers align initiative to directorate priorities
- Accountability to executive level
- Resources available as needed, apply invest to save principles
- Project leadership – a specific role with operational knowledge, stakeholder relationship and in-depth improvement expertise
- Project leader embedded within the Quality Team to create change through synergy
- Power of Pause– time taken to understand the system, including baseline data stakeholder identification and system mapping
- Use of implementation science to systemise change.



 <p>Impact</p>	<p>Taking an organisational approach to transform enables shared resources and senior sponsorship to leverage change.</p>
 <p>Challenges</p>	<p>The challenge is to balance the new corporate priorities with the ongoing work needed to systemise the changes in the previous priorities such as working with teams to embed the criteria led nurse facilitated discharge.</p>
 <p>Consideration for 2025/26</p>	<p>Supporting the corporate improvement priorities will involve a strong understanding of implementation science. The Quality Team needs to lead the corporate and operational teams in approaching transformation differently.</p>
 <p>Quality Approach Summary</p>	<p>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.</p>

## Frailty – Corporate Improvement Priority

As one of the three corporate improvement priorities the Quality Team are supporting the teams exploring frailty pathways. A Frailty Oversight Board was established with five original work streams, to these were added Enhanced Patient Care Observation and Hospital at Home expansions.

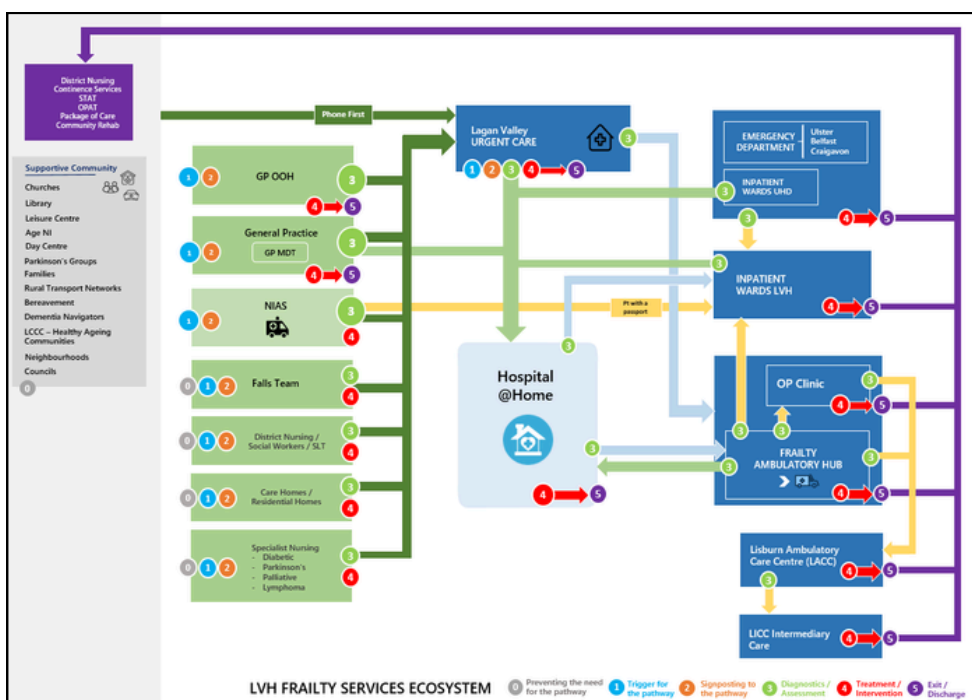


Realistic medicine is the over-arching principle of the improvement priority with a steering group of medical consultants exploring the pillars of realistic medicine and understanding how they relate to the context of SET and the region. This work will be aligned to the ‘Big Decision Realistic Care’ work stream.

To understand the frailty pathways across the Trust a series of ecosystem patient maps were constructed with a multidisciplinary group of professional working across the sites and services. These maps are being used to explore the current pathways and overlay the expanded Hospital at Home service to understand the interdependencies and opportunities to improve care.

The quality improvement advisors are working closely with the frailty work stream leads to build a systematic approach. A service improvement lead has been appointed to support this work and is being mentored by the Quality Team.

Regional and national connections are enhancing this work. HSCQI are coordinating the scale of EPCO across the region and supporting strong implementation focus in the Trust. Health Improvement Scotland have invited the ‘frailty at the front door’ team to join their collaborative, and Improvement Cymru have enabled SET deconditioning team to join their collaboration. These are incredible opportunities to learn from other organisations nationally and apply best practice in SET.



<p>Impact</p>	<p>The early impact of this work is to build robust improvement plans to ensure systemised change across the work streams.</p>
<p>Challenges</p>	<p>The main challenge will be to standardise the approaches and systemise them into daily practice across the wards and community settings. Improvement and implementation skills are needed across each of the work streams to change culture, redesign pathways and evidence sustained change.</p>
<p>Consideration for 2025/26</p>	<p>How to apply the principles of ‘realistic medicine’ across the culture, practice and structures of SET.</p>
<p>Quality Approach Summary</p>	<p>The continued utilisation of considered approaches and methodologies to understand and connect services and systems within SET has potential to revolutionise care for frail people living in SET.</p>

## Frailty at the Front Door

The ‘frailty at the front door’ service aims to identify and manage frailty in older adults as soon as they present to hospital, ideally avoiding admission or allowing for early discharge, thereby reducing length of stay.

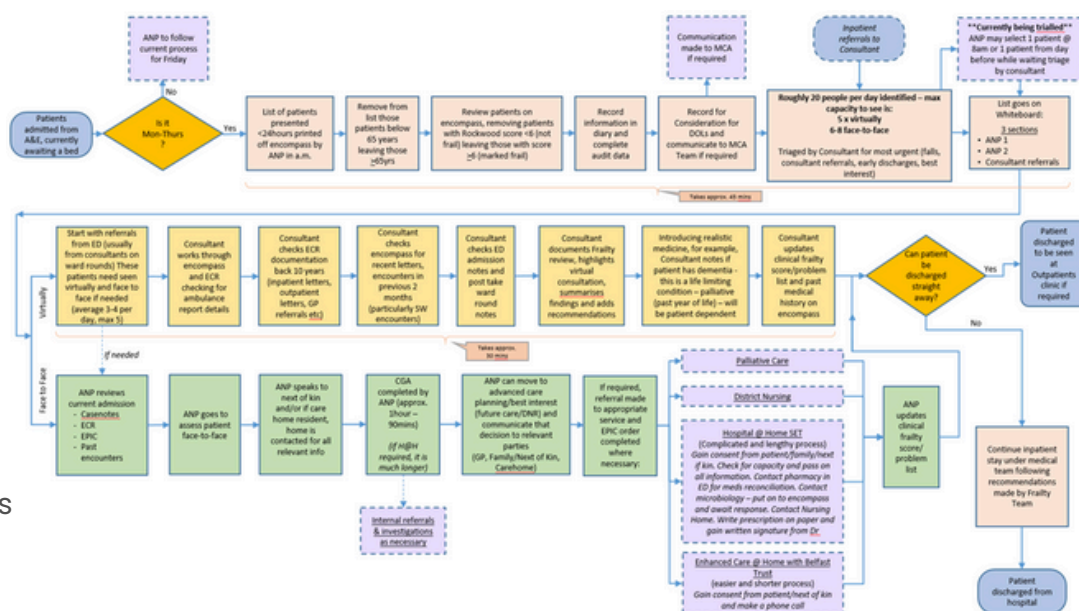
Since January 2025 the Quality Team has been supporting the ‘frailty at the front door’ team in applying quality improvement methodology to develop a comprehensive understanding of areas for improvement to ensure better clinical outcomes and reduced length of stay in hospital for the frail elderly population.

As part of this work, strong links have been established with Healthcare Improvement Scotland (HIS) through participation in the ‘Focus on Frailty’ Collaborative. An improvement advisor from the Quality Team and an advanced nurse practitioner from the operational team attended the first learning session of this programme. This event provided a valuable platform to connect with peers in Scotland and explore how QI methodologies can support local frailty improvement efforts.

This has enabled engagement with 11 multidisciplinary teams across Scotland, fostering:





- valuable opportunities for shared learning
- idea exchange
- knowledge transfer.

Data was collected in January 2025 to form exploratory baseline data. This enabled a process map for the service to be mapped. This process map has highlighted the complexities of the service and will help identify where efficiencies and improvements can be made.



The Quality Team will continue to work with the ‘frailty at the front door’ team to refine and finalise the project’s aim and co-design a driver diagram, which will guide the development of robust project measures and key project goals. The team will consider key project goals including optimising efficiency within existing resources, streamlining onward referral processes and exploring strategies to increase service capacity.

The overall objective of the Quality Team working with the frailty team is to enhance the delivery and effectiveness of frailty care within the Trust.

 <p>Impact</p>	<p>Collaborative working between Operational team, Quality team and HIS is fostering the integration of clinical expertise in frailty, QI and strategic planning for benefit of patients.</p>
 <p>Challenges</p>	<p>Standardising the processes of care delivery and delivering an improved service to patients within the constraints of current resources.</p>
 <p>Consideration for 2025/26</p>	<p>Develop more efficient work processes and establish an effective aim for the service while applying the principles of realistic medicine.</p>
 <p>Quality Approach Summary</p>	<p>Applying a quality improvement approach to defining system-level issues and identifying opportunities for improvement can lead to targeted changes with the potential to significantly improve the delivery of care to our elderly, frail patients.</p>

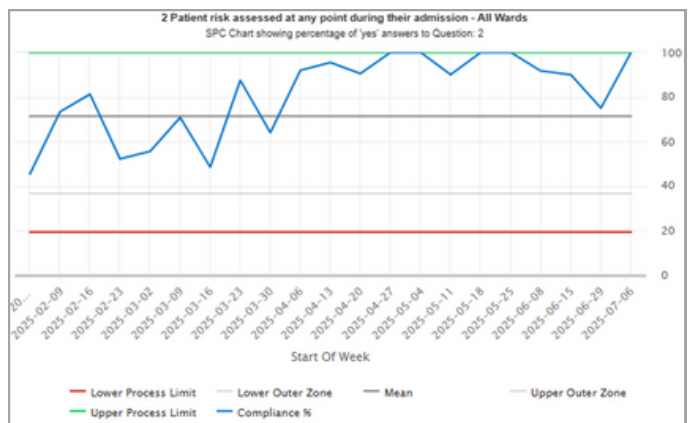
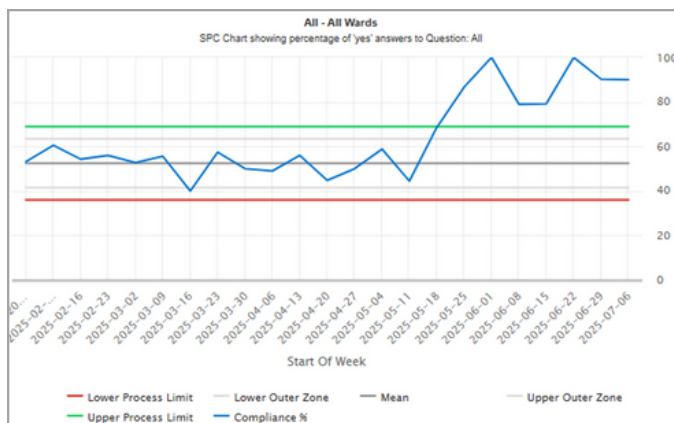
# Delirium



Older people and people with dementia, severe illness or a hip fracture are more at risk of delirium. The prevalence of delirium in people on medical wards in hospital is about 20% to 30%, and 10% to 50% of people having surgery develop delirium.

The delirium pilot project began in January 2025, led by the Trust ‘Delirium Working Group’, with the objective of enhancing risk assessment, prevention, and management for patients admitted to hospitals who are at risk of developing delirium. Data and education subgroups have been tasked with data measurement and education delivery respectively.

Seven pilot wards across the Ulster, Lagan Valley, Downe and Ards hospitals were identified and baseline data collection was initiated by the Audit Team, with responsibility for ongoing data collection transitioning to the pilot wards. This process is currently being optimised, with support provided to wards throughout the implementation of the delirium flowsheet and to ensure consistency and accuracy.



Mean data across the seven pilot wards is currently:

**52%**  
Patients risk assessed within 24hrs of admission

**70%**  
Patients have at least one prevention strategy documented

**3%**  
Patients had the Single Question in Delirium asked at least daily

**73%**  
Patients with new/ increased confusion have 4AT completed

**37%**  
Patients with 4AT of four or above are referred to clinician

Data above has helped to identify and focus on areas that require improvement.

Delirium education is being actively delivered across the pilot wards and has received positive feedback from staff. The ‘data and education’ subgroups jointly convened to establish a coordinated approach, focusing on measurement, feedback loops, audit progress, and identifying key issues for escalation to the ‘delirium working group’. The roll out of the delirium flowsheet designed in line with NICE Guidance CG103 will increase delirium risk assessment, prevention and early diagnosis of a delirium.

In addition, a smaller working group has met to further refine the project’s aim statement, enhance and develop the project’s driver diagram, and develop a robust measurement plan. This plan will be critical in assessing the project’s impact and guiding future improvements

Impact	The aim of this work is to decrease hospital related confusions, increased hospital stays, reduce falls and increase better outcomes for our patients.
Challenges	Ensuring sustained consistency of practice post implementation stage across wards and specialties.
Consideration for 2025/26	Applying successful implementation in the current pilot wards is essential to enable spread to remaining inpatient settings.
Quality Approach Summary	Applying a quality improvement implementation approach with seven pilot ward initially to define what works well in relation to systems and environment which will lead to improvement in risk assessment, prevention and management of delirium.

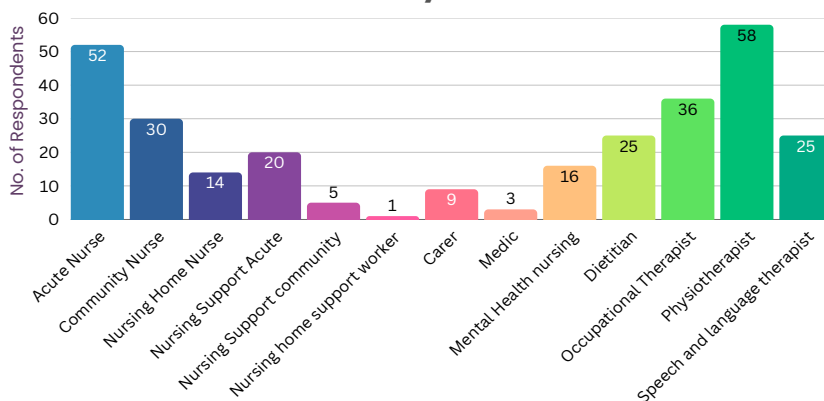
# Deconditioning

The Quality Improvement Team has been working to support the frailty improvement priority in collaboration with the Trust’s Deconditioning Group. This collaboration aims to embed improvement science and apply methodologies to gain a comprehensive understanding of deconditioning and enhance our prevention strategies.

The ‘deconditioning group’ consists of operational leads, allied health professionals, nursing teams and frailty teams within SET.

A questionnaire focused on factors impacting deconditioning within SET services was developed and disseminated. The feedback from the questionnaires along with scoping of previous and current QI work, a comprehensive overview of existing efforts to prevent deconditioning and build on these using QI methodology was established.

What is your role?



Do you understand the impact of deconditioning on your patient?

83% Yes 17% No



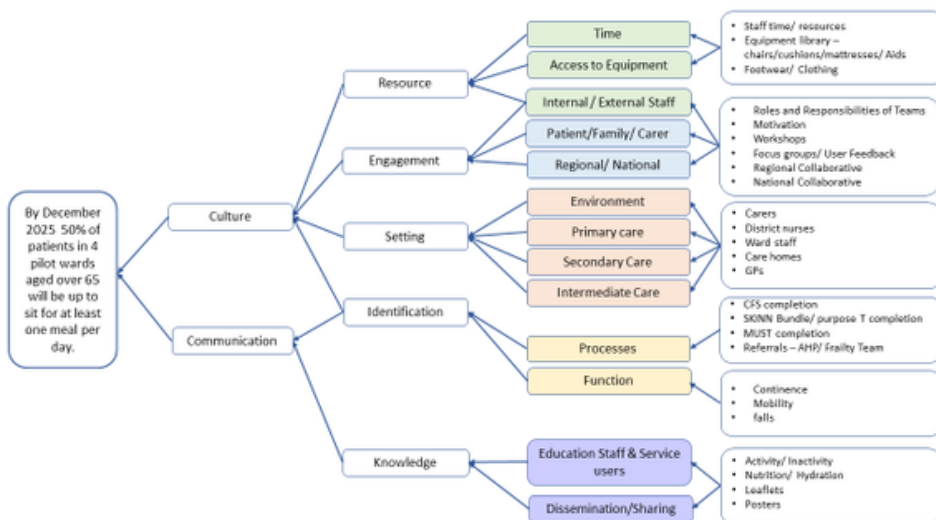
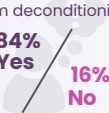
Do you understand the causes of deconditioning?

80% Yes 20% No



Do you understand the term deconditioning?

84% Yes 16% No



The ‘deconditioning group’ has connected with a national improvement collaborative, working with ‘Improvement Cymru’ and engaging with 15 teams across Wales. This collaboration focuses on various aspects of deconditioning and involves sharing insights from a partnership with a Welsh university to develop frailty index tool.

The team has developed a project charter, project aim and driver diagram, which are guiding the development of a measurement plan and change ideas.

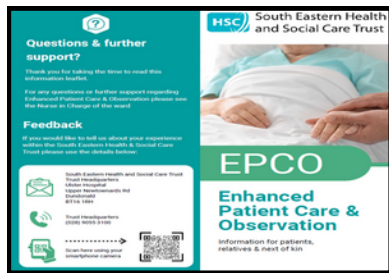
<p>Impact</p>	<p>These collaborative efforts have significantly enhanced our understanding of deconditioning, leading to more effective prevention strategies and improved patient outcomes.</p>
<p>Challenges</p>	<p>Coordinating efforts across multiple teams and ensuring consistent engagement and communication to effectively address deconditioning.</p>
<p>Consideration for 2025/26</p>	<p>Use implementation science to ensure that improvement mares are sustainable in the long term, with ongoing monitoring and adjustments as needed.</p>
<p>Quality Approach Summary</p>	<p>The collaborative efforts between the Quality Improvement Team and the Trust’s Deconditioning Group, along with support from the Welsh Improvement Collaborative, have laid a strong foundation for addressing deconditioning.</p>

# Enhanced Patient Care Observation (EPCO)

The Enhanced Patient Care & Observation (EPCO) model, developed by the Northern Health and Social Care Trust (NHST) in 2022 and recognised by HSCQI as a regional ‘scale and spread’ initiative, has been adopted by the SET as part of its wider frailty programme.



EPCO is a structured, person-centred assessment tool designed to monitor and respond to distressed behaviours. It supports early intervention, reduces the need for prolonged enhanced care, and improves the overall patient experience.



Planning for the SET EPCO pilot commenced in March 2025, with the Frailty Steering Group approving its integration in April 2025 as part of the broader frailty initiatives across the Trust.

Six pilot wards were selected across three hospital sites:

- Ulster Hospital – Wards 5B, 5D, 6D and 6B
- Lagan Valley Hospital – Medical Assessment Unit
- Downe Hospital – Ward 1

## Regional Alignment & Digital Integration





As EPCO is being implemented regionally across Northern Ireland, SET aligned with the Regional EPCO Working Group and the Regional EPCO encompass Group. Originally developed as a paper tool, EPCO has been integrated into encompass. The SET made a strategic decision to prepare for implementation by focusing on education and workforce readiness, while awaiting the encompass EPCO Go-Live July 2025.

The SET collaborative is working closely with HSCQI to embed the Hexagon Implementation Framework to structure the adoption and adaption of EPCO in the Trust exploring the contextual variation and readiness of wards

## Our Aims for EPCO

Quicker de-escalation of EPCO, possibly reduce the number of shifts required	Person-centred – Pull the focus back to the patient – who are they?	Least restrictive level Least amount of time Least restrictive environment
Support staff in evidencing the need for increased support	Reduced delayed discharges – early MDT involvement, clear and concise evidence for care homes	Early recognition; early intervention; Meaningful & personalised engagement

## EPCO Information Leaflet


 Impact	EPCO is already demonstrating, early measurable impact in improving the quality and consistency of care for patients presenting with distressed behaviours.
 Challenges	Ensuring sustainability as EPCO is rolled out after pilot wards highlights importance of leadership buy-in, workforce capability and maintaining momentum.
 Consideration for 2025/26	Focus will be on using implementation science to build on the learning from pilot wards and embedding EPCO within routine clinical practice. Continued alignment with frailty and encompass programmes will further support integration and impact.
 Quality Approach Summary	EPCO implementation reflects on a structured evidence informed QI approach, grounded in person centred care. Implementation is supported by education and workforce strategies and is part of HSCQI regional scale and spread.

## People Priority

'People' have been identified as a corporate improvement priority for 2025/26. This is being jointly led by Quality Improvement and Organisation and Workforce Development. In preparation for this a scoping exercise was undertaken across the Trust to understand what was currently available to support staff. This revealed that activity across the organisation is extensive and through this exercise it was identified that the People Priority would focus on embedding open and just learning principles as part of our culture. This will be achieved through focusing on:

- How our structures embed open, just and learning principles
- How our processes encourage an open, just and learning approach
- Creating teams that love open, just and learning principles
- Strengthening our values based leadership
- Ensuring safety in work.





Work on the priority will get underway through 2025/26 but a number of initiatives have already commenced including:

 <p>What Matters to Staff – a short team development initiative to increase engagement</p>	 <p>Network of Change Agents – to connect the organisation and ensure greater sharing of ideas</p>	 <p>Open, Just and Learning Group – to co-produce approaches and ideas with our staff.</p>
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## Organisational Mapping

In 2024/25 the Quality Team mapped the organisational support provided for our staff across all directorates and services. This was to understand the current resource and coordination for our people to flourish. An extensive map was developed highlighting the wide offering across the Trust focusing on psychological support, reflective learning, training, career development, team dynamics and well-being. The exercise is a crucial step in understanding how SET is investing in its staff. It also highlighted crucial questions which need further explored including:

- The equity of the support offered across services, professions, sites and shifts
- The coordination and duplication of resources across the Trust
- Understand the Impact of the effort and how best to align resources.

 <p>Impact</p>	<p>The People improvement priority enables a coordinated approach across the many teams providing staff support across the Trust to be taken, enabling synergy of effort.</p>
 <p>Challenges</p>	<p>Few of the current team support efforts have impact evaluation embedded and there are minimal feedback loops in place to understand impact.</p>
 <p>Consideration for 2025/26</p>	<p>The Team are focusing on multiple initiatives, building the dynamic innovation network through the change agents, embedding the 'What Matters to Staff' programme and creating the conditions for the open and just learning culture.</p>
 <p>Quality Approach Summary</p>	<p>Our People is a core domain of the 'Quality 4 All' strategy, by focusing, coordinating and evidencing the effort of work across the Trust to support staff this will enable dynamic feedback to support quality planning and the adoption of the People Plan.</p>

## What Matters to Staff

In 2024, SET in Northern Ireland partnered with Royal Free London to scale the ‘What Matters to Staff’ (WMTS) programme. This is an internationally recognised, evidence-based initiative designed to foster dynamic autonomy and improve staff wellbeing in healthcare settings. The Royal Free Quality Improvement Team partnered with SET Quality Team to scale the programme, with ongoing coaching and support.

The Royal Free had established an 8 stage cycle to build team identity, cohesion and autonomy, through facilitated conversations.







The primary objective of the project was to test and adapt the ‘What Matters to Staff’ programme within SET, using the Hexagon Implementation Tool to assess and support contextual fit. A key goal was to embed the programme into SET’s ‘People Plan’, ensuring alignment with strategic organisational priorities and creating a sustainable model for staff support and engagement.

The first step was securing senior executive sponsorship and establishing Trust Board accountability. SET leaders visited Royal Free to see the programme in action, establishing a shared understanding and vision. Within SET, the Quality Team collaborated with Organisational Development Team to integrate the programme into existing staff wellbeing strategies.

A pilot phase was launched in a small number of teams, Implementation science was applied to assess local readiness and contextual fit, ensuring that fidelity to the original model was maintained while allowing for necessary adaptations.

Key enablers included strong executive sponsorship, integration with existing improvement structures and staff engagement through quality networks. Small but critical adaptation, such as localising language and tailoring governance integration, were made possible through implementation thinking and close collaboration.

Feedback from pilot teams was overwhelmingly positive, highlighting increased engagement, improved team cohesion, and alignment with strategic staff wellbeing goals. Evaluation is ongoing, using the Hexagon tool as a framework to track fidelity, effectiveness and scalability.

 <p>Impact</p>	<p>The pilot has shown the opportunity to scale the WMTS programme across SET teams as the pilot teams have reported creating a clear action plan and positive outcomes from the programme.</p>
 <p>Challenges</p>	<p>Important to align the programme to the ongoing work of SET ‘People Plan’ and avoid duplication of effort.</p>
 <p>Consideration for 2025/26</p>	<p>Continue to expand the WMTS to other teams and conduct the implementation evaluation.</p>
 <p>Quality Approach Summary</p>	<p>The importance of continuing to make opportunities to learn from others through external engagement including the formation of strategic alliances and growing networks is, and has further potential to, be of benefitting staff and services.</p>

## encompass Corporate Improvement Priority

The encompass Programme extension continued across the Region with Belfast and Northern Trusts Going Live in June 24 and November 24. The SET digital professional teams supported this endeavour supporting regional workflow builds, training, organisational readiness activities and being present for the GO Live periods. SET staff has shown considerable commitment to the Regional programme and have been a dynamic force to its success.

The Trust in 24/25 was in the stabilisation phase, this has involved intense effort to embed good practice across and utilisation of encompass across the organisation with digital teams focusing their effort on digital safety, reporting mechanisms and improving workflow practices. The interfaces across the health and social care system of information exchange and patient pathways has also been an area of great consideration.

Much of the organisational effort has been spent in navigating issues and support teams in utilisation or adjusting workflow or system builds. As the Trust moves into the optimisation phase there is an ambition to start to leverage the benefits of the new system to enable clinical decision making, service delivery and patient outcomes



### Corporate Improvement Priority

The Executive Team has recognised that encompass is the biggest change programme that the Trust has undergone in years and are keen that improvement and implementation thinking are applied to the organisational effort and have therefore made encompass a Trust corporate improvement priority.

### Care Operating System

The PPI Directorate are exploring the value of developing a ‘care operating system’ to leverage encompass across the organisation. A proposal for partnership to develop a ‘care operating system’ has been discussed and is being considered on a regional level by DCHNI.

### Implementation Survey





The corporate improvement priority has involved understanding the needs of the staff across the Organisation by conducting the longitudinal staff implementation survey. The survey has been used by the encompass digital leads to focus on areas of concern and champion teams adopting good practice. The learning has been shared across the Region to support the encompass roll out with clearly articulated transferable learning for the various stages of the encompass programme.

### Leveraging encompass Data for Improvement

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

### Benefits Realisation

The Quality Team are working internally and with the encompass Benefits Regional Team to start to collate and report the recognised and emerging benefits from using the electronic care record. This initiative needs agreed Regional definitions and measurement plans to progress the work.

 <p>Impact</p>	<p>Incredible change has occurred across the Trust with many clinical teams now leveraging encompass to improve their clinical care and service delivery, great gains have been identified between acute and community settings.</p>
 <p>Challenges</p>	<p>Data validation and reporting mechanism are lagging behind in their build and functionality resulting in difficulty in understanding service outputs and organisational outcomes.</p>
 <p>Consideration for 2025/26</p>	<p>Collaboration across the Region is needed to explore how encompass will be used to enhance service delivery and care and what collaborations, platforms, resource and workforce skills will be needed leverage this opportunity.</p>
 <p>Quality Approach Summary</p>	<p>Real time data feedback is a core component of quality management and encompass enables a new era for decision making.</p>

## encompass Benefits

The Trust is in the optimisation phase and many benefits are starting to be realised. The Trust is continuing to work with teams to refine the workflows. Work is needed to develop the reporting function and support teams to access and utilise their service data.

Examples of benefits from key professional areas are highlighted below:



### Social Work



Improved and faster initial assessments at the single point of entry



Improved communication sharing between professions across community and acute settings



More effective and timely care planning.

### Administration



Professional time saved and reutilised into patient care



Enhanced team work and skilling and adapting admin to meet the changes in the digital system, to deliver improved outcomes for patients.

### Pharmacy



Prescriptions coming into the dispensary earlier



Quicker turnaround times



Reduction in time of staff worked past 5pm in Pharmacy in late rota.

### Digital Safety Team



Workflow Safety Metrics are enhancing patient safety for example by helping identify delays in care processes, improving communication during handovers and ensuring compliance with safety policies.

### AHPs







More informed decision making regarding rehabilitation by seeing other professionals input



Referrals processed more quickly



Administrative processes are quicker and easier.


 <p>Impact</p>	<p>Improved efficiency and timeliness in patient care. and enhanced inter-professional communication, reducing duplication and delays. Improved communication between professionals ensures seamless care transitions across community and acute settings.</p>
 <p>Challenges</p>	<p>Lack of resource and delays in the support from the Regional encompass Team to address SET encompass issues and concerns due to the continued focus of roll out across the Region. Stabilisation and optimisation are affected by the teams being stretched.</p>
 <p>Consideration for 2025/26</p>	<p>Develop enhanced reporting capabilities to monitor patient outcomes and service efficiencies. This work needs to be led and resourced from the Regional encompass Team.</p>
 <p>Quality Approach Summary</p>	<p>Data driven monitoring of safety metrics to ensure compliance and highlight risks early is part of the Trust's quality management system.</p>

## Case Study encompass Benefits – Pharmacy



This case study outlines the positive impact of the encompass system on pharmacy operations at the Ulster Hospital. Staff now finish earlier on the dispensary closing rota, reducing overtime and saving around 33 hours of time owed in lieu per month. Prescriptions are arriving in pharmacy earlier, with measurable improvements sustained across all sites, aided by both digital transfer of information and Trust quality improvement initiatives.


Most significantly, discharge turnaround times have reduced, with savings of 11 minutes for simple prescriptions, 37 minutes for controlled drug prescriptions and 37 minutes for blister packs – equating to an estimated 440 hours saved in just 4 weeks. Efficiencies have enhanced timeliness of discharge, reduced manual data entry and improved safety by minimising transcription errors. Overall, encompass has streamlined workflows, supported better use of staff capacity and contributed to safer, faster patient discharges.




**Closing rota:** Staff are consistently finishing earlier reducing minutes worked past 5pm

**Drivers:** Earlier prescription entry, quicker turnaround

**Impact:** Average of 33 hours TOIL saved per month, reduced need for large late teams ; improved staff work-life balance

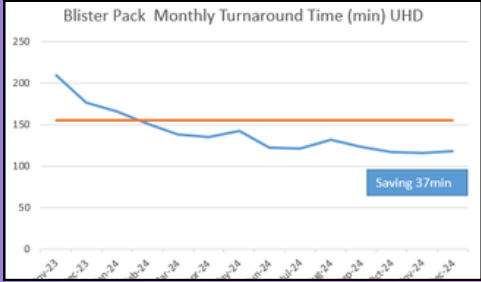





**Timing of scripts entering pharmacy:** More scripts received earlier (before 1pm and 3pm) supporting timely discharges

**Benefits:** Faster discharge processes, earlier medication prioritisation

**Challenges:** Seasonal pressures and staff rotations caused some late year dips









**Script turnaround times:** Significant reduction in turnaround time for all prescription types

**Blister packs:** 37 minutes faster than pre-Go live median of 155 minutes

**Simple discharge:** < 80 minutes (median pre Go live 83 minutes.)

**Drivers:** Automatic transfer of prescription data, less transcription, safer workflow.

**Impact:** Quicker discharges, improved safety, reduced staff workload

 <p>Impact</p>	This initiative has resulted in improved staff well being, efficiency, system reliability, supporting safer workflows. Improves patient flow and medication prioritisation.
 <p>Challenges</p>	Variation in demand caused by seasonal pressures and high volume periods creates fluctuation in performance.
 <p>Consideration for 2025/26</p>	Develop contingency measures amongst the pharmacy services for seasonal surges to sustain early completion rates.
 <p>Quality Approach Summary</p>	The quality approach aims for service improvements to be integrated into system wide discharge planning, aligning pharmacy processes with multidisciplinary workflows.

## encompass Staff Implementation Survey

SET was the first Trust to launch encompass in November 2023.

With a response rate of 1,192 participants representing a diverse range of professions and settings, the survey provides valuable insights into the experiences, challenges, and support needs of staff during this transition.

The purpose of this survey was not only to assess the effectiveness of the system but also to listen to staff feedback, ensuring that their voices are heard in shaping the ongoing stabilisation and optimisation phases. Creating an environment where staff feel supported is essential for the success of encompass and for maintaining high standards of patient care.

The findings will inform future improvements, training and support strategies, helping to ensure that the system works effectively for service users and everyone involved.

### Confidence

At 12 months, there is a clear shift towards higher confidence observed, with a significant increase in respondents rating their confidence as 7 or above, up from 37.9% at 3 months to 49.1% at 12 months. This indicates that, over time, staff confidence in the system has grown considerably.

The data suggests that, while staff were initially experiencing low confidence levels the situation has improved significantly by the 12-month mark, indicating over time that encompass has become more manageable to staff who are growing in confidence in its purpose and utility.

### Impact of change on staff

Staff were asked did they feel the organisation understood the impact of change on teams.

The results highlight a clear concern among staff regarding the recognition of the impact of the change. While some staff (19.4%) feel that their experiences have been well recognised, a large proportion (70.8%) believe that the organisation has not fully understood or addressed the impact of the change on staff.

This finding suggests that, as part of ongoing transformation efforts, there is a need for the organisation to enhance its efforts in listening to staff, providing adequate support, and improving communication about the challenges staff face in adapting to new systems. Change management is not a one-off event but an ongoing process.

### What's working well?

Staff are realising the benefits of the system in patient care, service delivery, management and sustainability.



 [Click to view the full report](#)

## Recommendations

The insights gained from last year's experience, combined with the staff's growing expertise in using encompass, have made it possible to develop these recommendations for SET and the region.

**1 Acknowledge the Longitudinal Nature of Implementation**  
Successful system adoption requires ongoing evaluation and support, recognising that adaptation is a gradual process. Creating space for conversations with regular touchpoints and feedback loops is essential to gauge staff experiences and refine the system over time.

**2 Tailor Support and Training to Different Professional Groups**  
Recognition of differing needs across professional groups is key. Targeted, role-specific support ensures that all teams can fully realise the benefits of the system. Training should be tailored to the specific needs of different services and teams, with ongoing support available to address challenges and reinforce learning. Teams, with ongoing support from digital teams and superusers available to address challenges and reinforce learning

**3 Promote a Culture of Psychological Safety**  
Fostering an environment where staff feel safe to raise concerns and offer feedback without fear is crucial for building trust and enabling continuous improvement during the implementation process.





**4 Leverage Shared Learning Across Teams**  
Encouraging knowledge sharing among staff and highlighting teams that excel in using the system helps accelerate adoption. Championing early adopters and fostering peer support builds confidence and aids in system integration.

**5 Ensure Consistent and Clear Communication**  
A clear, consistent communication strategy throughout all phases of implementation helps manage expectations, reduces confusion, and aligns staff across the organisation. Regular updates and open lines of communication are essential.

**6 Address Functionality Issues Promptly**  
Immediate action is needed to resolve any system functionality issues raised by staff. Ensuring the system is user-friendly, reliable, and efficient is vital to building confidence and maximising system benefits.

**7 Leveraging Data Driven Decision Making**  
A focused effort is essential to build and refine validated system data output, internal resource and regional partnership is essential to this endeavour. Development of training programmes to support staff collate, analyse and utilise their service data for care delivery and improvement must be integral to the encompass optimisation phase.

**8 Support Regional Standardisation and Integration**  
Standardising workflows across regions and ensuring seamless integration of new modalities enhances the stability of the system. Regional resources are essential for optimisation and for addressing local variations in implementation.

	Impact	The staff survey has helped assess the effectiveness of the system but also giving staff the opportunity to feed back. The feedback will guide future improvements, training, and support, ensuring the system works effectively for both service users and staff.
	Challenges	70.8% of respondents believe that the organisation has not fully understood or addressed the impact of the change on staff. The organisation needs to ensure staff are listened to and are communicated with effectively to increase confidence in the new system and way of working.
	Consideration for 2025/26	Ongoing need for the organisation to strengthen its engagement with staff by actively listening to their experiences, providing appropriate support, and enhancing communication around the challenges associated with implementing new systems.
	Quality Approach Summary	Understanding the impact of major change on staff is vital to project success. Implementation surveys provide essential feedback to guide support, inform adjustments, and embed trust and co-design into future improvements.

## Case Study

### Digital Safety Incident Theming – Digital Safety Team

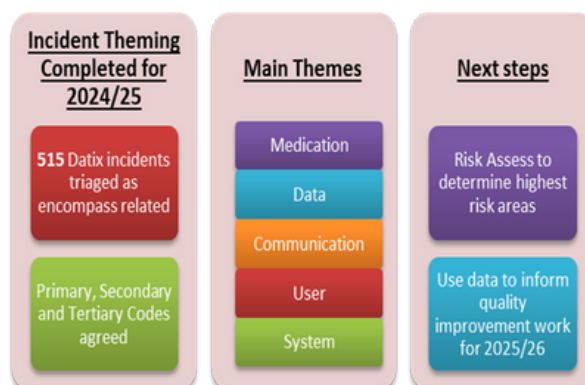
The Digital Safety Team are responsible for triaging encompass-related incidents reported via Datix Web. Since SET Go-Live, this process has undergone several refinements, including updates to the incident tracker and the development of a theming process to manage the increasing volume and complexity of incidents. Recognising limitations in Datix’s ability to capture digital components, the team created a tailored theming system using Excel and developed a standard operating procedure (SOP) to enhance efficiency and consistency of tracking. Part of the team’s reportable action plan is to move towards evidence-based quality improvement, using Datix incident data to inform and support this work.

Datix’s in-built coding lacks sufficient detail for digital-related incidents, prompting the Digital Safety Team to develop a custom theming process. In 2024/25, the team triaged 766 incidents, with 517 identified as encompass-related. The theming process was developed and tested from Q4, with back-theming of the whole year’s incidents proving time-consuming and iterative.





The Digital Safety Team reiterates the escalation process and marking of encompass-related incidents to maintain awareness and support improvement. While the Trust fosters a culture of openness, clinical staff are regularly reminded to report incidents and near misses.

Theming capability developed as the team expanded, particularly with the appointment of a Digital Safety Officer in October 2024. Theming work began in November, with full implementation targeted by the end of the 2024/25 financial year to inform future improvement efforts. Progress was reviewed in supervision sessions and reported monthly to Digital Safety Integrated Group. Due to the nature of our digital safety work, patient/carer/ family involvement in this project was not feasible.

The theming work conducted by the Digital Safety Team has identified key improvement priorities for the current financial year, linked to both local and regional workstreams. A significant trend in admit, discharge, transfer (ADT) workflow issues within encompass was identified and addressed through a co-produced report with medicines governance, which informed regional understanding.



As a result, a regional Task and Finish Group was established to reduce ADT-related incidents and improve safety and accuracy of patient movement processes within encompass. Additional priorities identified include medication administration/prescribing, access (including BCA), data (breach, security, quality), and referrals/work queues. The theming process is now embedded into business-as-usual, with quarterly reviews to monitor trends and emerging concerns

 <p>Impact</p>	<p>Theming work identified priority areas for improvement, helping reduce patient safety risks, improve accuracy in patient movement processes, and guide targeted actions at regional and organisational levels.</p>
 <p>Challenges</p>	<p>Datixweb’s in-built coding didn’t fully capture digital components of incidents therefore requiring a custom theming process. Back-theming was time-consuming and resource-intensive, with limited capacity before expansion of the Digital Safety Team.</p>
 <p>Consideration for 2025/26</p>	<p>Continue to embed theming into business-as-usual processes, complete quarterly theming to spot trends early, and address ongoing risks such as ADT workflow issues and medication administration.</p>
 <p>Quality Approach Summary</p>	<p>An evidence-based theming process, supported by risk assessment, was developed and refined to improve efficiency and to track incidents more effectively. This has allowed alignment of safety improvements with identified digital safety themes.</p>

# Home Care Modernisation

In pursuit of strategic improvements to Home Care Services within the SET, a collaborative partnership was established between the Quality Improvement Team and the Home Care Team. Recognising the complexity of implementing transformational change, a project lead was appointed to spearhead this initiative for one year; adopting a novel and innovative approach that integrates expertise in improvement science with an in-depth knowledge of service delivery.

There were four main change initiatives as part of the strategic work

## Development of a Short-Term Long-Term Model for Home Care Services



**Home Care Assessment Service (HCAS):** This was the new model for the delivery of short-term Home Care Services within SEHST. The service was available to anyone over 18 years old who required a period of assessment alongside their Home Care Service. The service harnessed the live information that Home Care had available to them on how service users utilise their services, and shared this with the relevant professional involved to enhance the assessment process.



**Development of an Unmet Need Management system CUP – Collaborative Unmet Need Panels:** This was a new process introduced to offer enhanced understanding, oversight and management of the SEHST Unmet Need List; looking specifically at service users who were awaiting a Home Care Service for over 90 days.



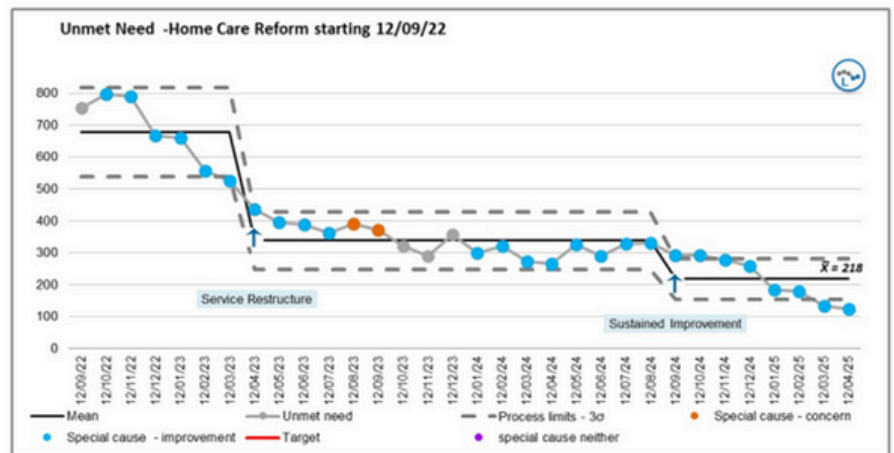
**Data Driven Service Monitoring and Future Service Planning Developing a Data Dashboard for Home Care Services:** This was the development of a user-friendly, scalable and secure Data Dashboard which enabled the Home Care Service to enhance operational efficiency, deliver high-quality targeted care and anticipate and adapt to future challenges and demand.



**Development of a User Guide to Care & Support Services in SEHST A User Guide; Accessing and Navigating Care and Support in Adult Services:** This was the development of an interactive and informative guide to enhance the public understanding of how Home Care Services were assessed, accessed and supported throughout an individuals' journey.

A strong focus on data and core metrics has enabled improvements driving system transformation to be captured and has focused decision making.

The statistical process control chart capturing the reduction in unmet need clearly articulated the introduction, testing and developing the key change ideas and their impact. The SPC chart started with wide variation and a monthly mean of 650 people with unmet need May 2023 with sustained improvement with reduced variation and a monthly mean of 105 people with unmet need March 2025, which was indicative of a 80% decrease in the unmet need list.



[Click here to view the Home Care Reform Report](#)

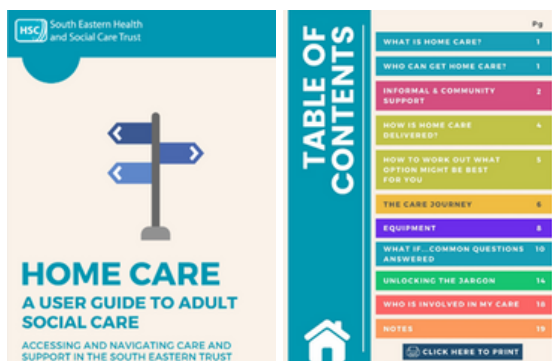
<p>Impact</p>	<p>The Home Care Modernisation programme has resulted in a 198% increase in capacity (hours) compared to 2023/24 levels, this represents an additional 279 hospital discharges. The cost effectiveness of the improvements was an estimated total savings: £1,059,154.43.</p>
<p>Challenges</p>	<p>The team have systemised changes but aware other parts of the pathway including the dynamic with the Independent Sector Providers could be improved.</p>
<p>Consideration for 2025/26</p>	<p>Implementation and scaling of Home Care Assessment Service across the full Trust area. Exploring the opportunity to restructure teams to create a more efficient and timely service.</p>
<p>Quality Approach Summary</p>	<p>The Home Care Reform initiative stands as a robust example of successful service transformation. It offers valuable lessons in redesigning complex healthcare systems, with potential for broader application across the sector.</p>

# Establishment of Service User Panel and Development of Co-produced Service User Guide

The development of the Home Care Services User Guide was undertaken to create a resource that genuinely reflects the needs, preferences and voices of the individuals who rely on these essential services. Central to this initiative was the implementation of a 3-tier model of involvement, designed to ensure a meaningful and inclusive approach to user engagement at every stage of the process. The 3-tier model enabled involvement at a level that suited the individual, as they were able to opt into any or all of the involvement levels.

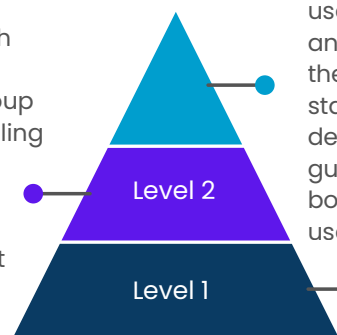
This tiered approach ensured that the voices of service users were not only heard, but actively shaped the development of the guide, fostering a shared sense of ownership and aligning the final product with the real-world needs of its intended audience. Iterative testing through Plan, Do, Study, Act (PDSA) cycles at each stage of development assured robustness of the product.

Service user and professional staff attended focus groups and workshops to develop the guide. This co-creative approach ensured that the guide was both practical and meaningful to its intended audience



## The 3-tier model included:

**2. Consult:** Deeper involvement was facilitated through attendance at meetings and group discussions, enabling more detailed feedback and collaborative discussions about service improvements.

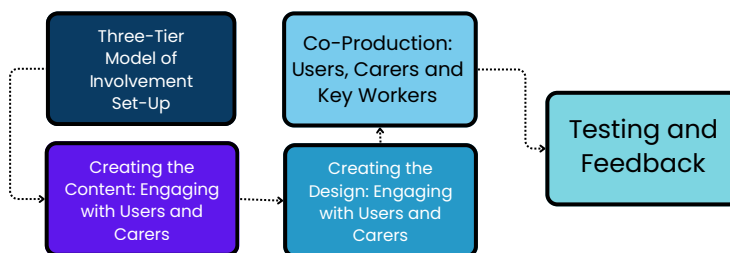


**1. Co-Produce:** The highest level of involvement brought users into focus groups and workshops, where they worked alongside stakeholders to co-design and refine the guide, ensuring it was both practical and user-focused.

**3. Engage**

Initial engagement with service users was achieved through activities such as surveys and questionnaires, allowing for broad participation and gathering diverse perspectives.





## Developmental Stages of the Service User Guide:



The final guide serves as a two-way communication aid, empowering service users and professionals to navigate the complex and deeply personal journey of Home Care Services together.



[Click here to view the Service User Guide](#)

 <p>Impact</p>	<p>The guide has the potential to serve as a central platform for communicating and managing changes within home care services. As the sector faces future pressures and transformations, the guide has the ability to support transparency, facilitate engagement, and align public expectations.</p>
 <p>Challenges</p>	<p>Ensuring the user guide is regularly reviewed and updated and engagement of service user panels and professional groups to maintain relevance and that it is fit for purpose.</p>
 <p>Consideration for 2025/26</p>	<p>Aim for senior managers to embed the user guide into practice across hospital and community services, including team training and accountability. Strengthening of the 3-tier model of co-production for all service improvements.</p>
 <p>Quality Approach Summary</p>	<p>The 'Home Care Services User Guide' project successfully produced a comprehensive and user-focused guide through an enhanced engagement process. This co-creative approach ensured that the guide was both practical and meaningful to its intended audience.</p>

## Hospital and Community Flow

Due to ongoing pressures within unscheduled care services, where there is rising demand and complexity of patients across 2024/25, it has been important to have a continued but increased focus on hospital and community flow. There are 4 areas of focus within which there are designated programmes of work across the system:

- Pre Hospital Demand Management
- Same Day Emergency Care
- Improving Patient Flow Through Hospitals
- Improving Discharge Processes

Examples of work underway supporting flow and discharge include:



- New site co-ordination model
- Development of Hospital at Home service
- Development of Frailty at the Front Door service
- Education and training of staff around frailty, falls and advance care planning
- Piloting of technology – eg. Feebris Heart Failure at Home
- Expansion of Early Review Team to support earlier discharge from hospital
- Control Room function evaluation, control room meetings
- Criteria led nurse discharge.

Oversight of this work is provided by a project team consisting of a senior manager from acute services and community services, as well as the Quality Improvement and the Planning & Performance Teams. The oversight group, meets on a fortnightly basis to track the work involved as well as problem solve and unblock any enduring challenges. Ongoing development and evaluation of the work involves front line teams as well as operational and corporate managers.

The work informs the Hospital to Community Flow Action Plan (2024) which has been evaluated to understand impact and outcomes, systemisation of change and next steps. This work is highlighted in the links opposite.

A review was carried out across 2024/25 to look at the impact of work carried out

- [\*\*Hospital & Community Flow Action Plan Feb 2025\*\*](#)
- [\*\*Flow Action Plan Evaluation Report\*\*](#)
- [\*\*Hospital & Community Flow - A year in Review 2024/25\*\*](#)
- [\*\*Improving the Discharge Process Poster\*\*](#)

Impact	To date impact is realised within processes supporting earlier safe discharge, for example 51% of scripts to pharmacy before 1pm and 85% before 3pm. Early outcome data highlighting reduced median average ambulance handover times at ED over 12 month period from 2.34hrs to 1.48 hours and decreased length of stay over the same period from 9.13 days to 8.41 days requires longer term collation to evaluate reliability and sustainability as well as enable data driven decision making.
Challenges	The need for services to respond rapidly to meet demand is challenging, particularly when the system is already under pressure. Seasonal demands have become a constant year round pressure within which inefficient legacy systems and practices create barriers to progress, limiting flexibility and responsiveness.
Consideration for 2025/26	There has been previous gains experienced from mapping wider work within the system to garner stronger strategic outcomes. This should be considered further across 2025/26 to evaluate work already underway within some services but unknown at a strategic level and promote wider implementation.
Quality Approach Summary	Despite significant challenges across the system, staff from all departments have consistently demonstrated a strong willingness to collaborate in solving complex issues relating to hospital community flow. Crucially this united approach has been vital in teams understanding of the critical role they each play, not only in care delivery but in enabling timely, safe discharges. This commitment reflects a shared purpose and resilience under pressure.

## Criteria-Led Nurse Discharge

Criteria-Led Nurse Discharge is a multi-professional approach to safe and timely discharge whereby nursing staff are empowered to facilitate patient discharge according to clearly documented medical parameters supported by defined nursing parameters.

Using quality improvement methodology the QI team is collaborating with multidisciplinary teams to foster a community within the hospital sites aimed at scaling up criteria led nurse discharge (C-LND) in a number of implementation wards.

### Insights from the Pilot Ward:

- Integration of criteria-led nurse discharge across all hospital sites.
- Unambiguous and well-understood definition of criteria-led nurse discharge
- Robust processes are essential to ensure ongoing and sustainable improvements.
- Champions, including both doctors and nurses, are necessary to drive and lead these initiatives at the ward level.

To support this effort, an oversight/implementation group has been established. The groups key focus aims to improve through:

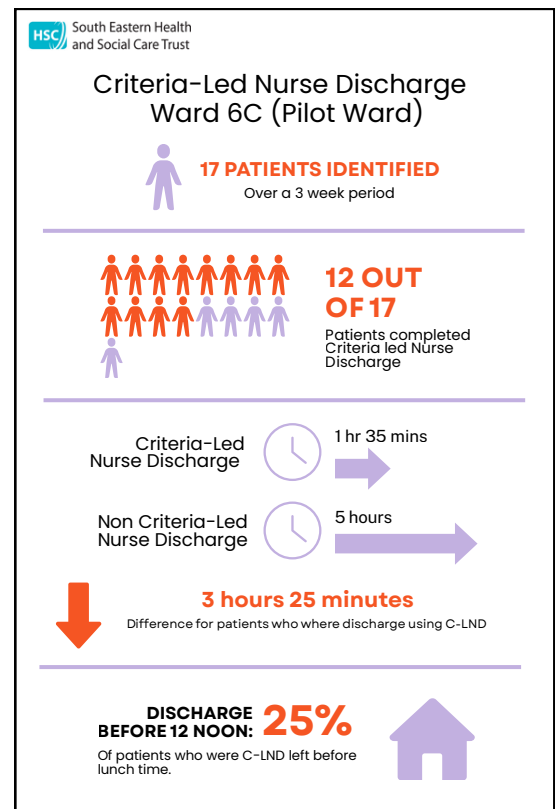
- Inclusive membership
- Collaborative community
- Medical leadership engagement
- Regular meetings
- Local problem-solving

### Embedding the process:

Working collaboratively to develop a smart phrase on encompass allowed medics to clearly identify and record parameters for discharge, supporting and empowering nurses to facilitated safe and timely discharges.

Setting up an encompass Regional ‘task and finish’ group ensures collective agreement on the development of robust documentation, clearly define discharge codes and terminology at a regional level.

Development of training resources supported by professional conversation for nursing staff including additional skill added to health roster provides a clear specifications to who can carry out C-LND and provides a framework to support nurses teams.



Impact	C-LND has been shown to have a significant impact on hospital flow and patient discharge, improving patient experience. The test ward was able to achieve discharge from the ward for patients 3.25 hours earlier where C-LND was used. This has potential to increase flow from ED.
Challenges	Work pressures and competing priorities within ward teams has impacted on prioritising C-LND as a core function. Work is ongoing to promote awareness of and engagement in C-LND with medics at ward level.
Consideration for 2025/26	Consolidation of C-LND within current wards and further implementation wards to be identified. The continuation of cross Trust collaborative working at a Regional level through encompass C-LND Task and Finish Group will help consolidate the process.
Quality Approach Summary	The value of revisiting a previously tested concept cannot be underestimated. This has enabled testing under new conditions and the value of C-LND to hospital flow realised. Whilst an implementation approach is beneficial for spread, the value of the approach is best seen within a portfolio of considered improvements to patient flow .







## Control Room

The SET Control Room operates within unscheduled care on a daily basis and is a vital mechanism for driving flow across three hospital sites. Through its meetings it ensures safe and efficient patient care by aligning teams across sites, addressing operational barriers, enhancing communication, and maintaining situational awareness. The meetings are action-driven forums that promote accountability, reduce system pressures, and ultimately improve patient outcomes.

An early evaluation of the Control Room function was carried out in December 2024 / January 2025 with an identified need to further scope the efficiency of the daily meetings.

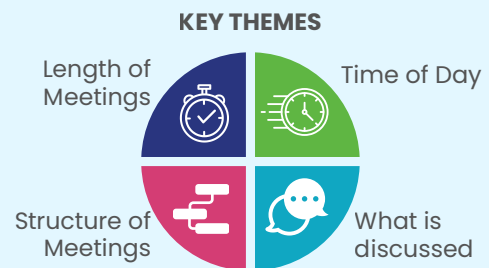
### Purpose of Control Room Meetings

To maintain safe, efficient, and coordinated patient flow across hospital sites by fostering communication, identifying issues early, implementing actions, and ensuring operational and clinical safety.

-  Patient Flow & Discharge Management
-  Situational Awareness & Operational Oversight
-  Safety & Risk Management
-  Communication & Accountability
-  Escalation & Support
-  Collaborative Problem Solving

### What is currently working well?





There is clear agreement from those attending the meetings on what is working well. This falls into 4 key themes:



## Summary of Key Recommendations to Improve the Functionality of the Control Room

- Timing & Structure** Reorder agenda for departmental relevance; consider optimal meeting times.
- Attendance Relevance** Rotate roles; tailor involvement; allow drop-off when not needed.
- Efficiency** Shorter, more focused meetings; real-time actions; fewer irrelevant updates.
- Follow-Up** Specific, relevant actions; avoid duplicate or unnecessary communication.
- Patient Flow** Improve escalation response, site transfers, and urgency recognition.
- Clinical Focus** Free up staff to deliver care; reduce admin burden.

 [Click to view the full report](#)

 Impact	The main impact of the Control Room has been improved coordination and communication across hospital sites enabling safe, efficient patient flow and care through real-time issue resolution, enhanced situational awareness and shared accountability.
 Challenges	Challenges have included inefficiencies within the meetings, unclear role relevance, agenda relevance, excessive admin for clinical staff and difficulties around timeliness of patient flow and escalation response.
 Consideration for 2025/26	To enhance control room functionality in 2025/26 we need to streamline meetings, tailor attendance, improve agenda structure and follow-up, reduce clinical admin burden and strengthen patient flow through faster escalation and better prioritisation.
 Quality Approach Summary	The quality approach focus has been on improving safety, efficiency and coordination through better communication, streamlining of meetings and continuous evaluation to support timely, patient centred care.

## SET Quality 4 All Awards 2024

As part of learning from excellence across the Trust, annual 'Quality 4 All' awards have been established. This is an opportunity for submissions across the operational and corporate teams to highlight improvement work.

Submissions were received across the four quadrants of 'Quality 4 All' strategy: Population Health; Safety Quality and Experience; Value and Our People.

### Award Winning Projects were:

#### 1 Embedding a Quality Management System in Lakewood Secure Care Centre

The aim is to reduce the areas for improvement identified by 75% in year 1, improve notification compliance by 75% in year 2 and reduce serious adverse incidents by 50% in year 3. A learning culture has been created by developing systems and processes in response to data analysis. This enabled the service to move from reactive to proactive quality planning.

#### 2 CSSD Staff Culture

The aim is to understand the causes of a corrosive culture in CSSD and work with our people to identify measures to make it a great place to work. A new cultural assessment tool was developed aligned to a regional tool, the SET People Plan and HSC Values and Behaviours; to establish how CSSD staff feel recognised, rewarded, empowered and valued. Results show staff opinion of management has changed significantly across a number of metrics from 2020; staff now feel listened to and valued.

#### 3 Reducing Unrecognised Postpartum Voiding Dysfunction to Zero

The VESSI protocol was introduced to reduce postpartum voiding dysfunction. A collaborative process with multi-disciplinary teams took place. The unrecognised cases of postpartum voiding dysfunction have fallen to zero and a high level of patient satisfaction has been achieved. A reduction of inpatient stay of 3 hours was noted with catheter removal at 12 hours. There is scope for regional adoption of the VESSI protocol.

#### 4 The Speech and Language Therapy led ENT Parallel Clinic

Speech and Language Therapists (SLTs) specialising in the area of ear, nose and throat (ENT) work with voice and upper airway conditions. This clinic aims to deliver a safely governed, highly effective quality service, at the earliest point in the patient's journey. Over 1500 patients have been managed by this clinic with 96% discharged from the ENT list. A total of 76% of patients did not require SLT follow-up and wait times for the SLT Voice and Throat service have reduced by approximately 80%.

#### 5 Point of entry improvements for non-urgent calls to the Urgent Primary Care Centre GPOOH, supporting health and wellbeing choices for the SEHSCT population

The aim of the project was to increase the use of point of entry signposting by service users to support health and well-being choices for non-urgent calls to the Urgent Primary Care GP Out of Hours service. Results show that 48% of service users that selected the signposting options did not require to speak to a healthcare professional. Resources within GP OOH are now utilised more effectively to deal with urgent calls.

#### 6 Radiology Special Interests Group Supporting Patients (including promoting inclusivity and supporting patients with additional needs and/or requirements)

The Quality Standard Imaging (QSI) Standard outlines patients should have access to clear, user friendly imaging procedure information to make an informed decision about their care. This project aims to increase the volume of accessible imaging information aids for patients by 90% for all radiology imaging areas. UKAS accreditation to QSI Standard was achieved in March 2024 with 100% of imaging areas now having information leaflets and standardised appointment letters.



[Click to view the posters](#)

Impact	Creating opportunities to disseminate learning and share improvement work across the organisation.
Challenges	Ensuring a balanced representation of submissions from areas within the Trust.
Consideration for 2025/26	To continue to offer staff and teams a platform to showcase their improvement work and share the learning.
Quality Approach Summary	Transferable learning is key to enable staff to apply knowledge, skills and experiences gained in one context to new and different situations.

# 4 Raising the standards

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**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. The South Eastern Health and Social Care Trust 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.

- ▶ Sharing the Learning Committee
- ▶ Nursing Assurance and Development of KPI Reporting
- ▶ SET the PACE
- ▶ Multi-professional Audit and Quality Assurance
- ▶ RQIA Activity
- ▶ Research and Development
- ▶ Innovation
- ▶ Technology Enabled Care
- ▶ Technology Enabled Care - Florence
- ▶ Technology Enabled Care - Other Initiatives

## Sharing the Learning Committee

The Learning Committee ensures immediate learning from incidents or events is captured and shared within the Trust, and externally to other organisations if required. The committee 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 reviews and monitors trends and patterns from learning events on a quarterly basis and also manages the 'Trust Sharing the Learning Policy' which outlines how immediate learning should be captured and shared using a standardised shared learning template. A monthly triage sub-group reviews specific shared learning templates that need shared either internally or regionally to reduce risk and promote safety.

### Shared Learning Case Study






#### SL73 Safety Message:





Hydrocortisone is a critical medicine, if administration is delayed or omitted it can cause harm to patients. Patients who are steroid dependant may need an increased dose of a steroid (eg. hydrocortisone) while their body is under additional stress (e.g. infection or surgery), known as sick day rules. If the dose is increased as per sick days rules, ensure there is a plan in place to restart the maintenance dose.

#### Summary of event:

Patient admitted following a fall with a fracture, requiring surgery. Patient had a history of pituitary adenoma and as a result they had adrenal insufficiency requiring long-term hydrocortisone. On review, the hydrocortisone dose was increased for three days, as the patient required surgery and their body was under additional stress. At the end of the three days, the increased dose of hydrocortisone fell of the MAR (Medical Administration Record) and the patient's maintenance dose of hydrocortisone not prescribed. The patient became unwell three days later and was admitted to ICU with an adrenal crisis.

#### Learning Points:

-  If the dose of medication is being increased temporarily, ensure there is a plan in place for this to be reviewed, options are available on encompass. Document a clear plan in the patient's notes
-  Steroids like hydrocortisone are critical medications, if they are omitted or delayed it can cause harm to patients.
-  Raise concerns and incidents via vFire and/or Datix if appropriate
-  Ensure robust handover in and between teams
-  Check the medication timeline when clinically reviewing a patient. This provides a better overview of a patient's medication and will help you to spot medications, which may drop off unintentionally

 Impact	In the 2024/25 year, 59 templates were submitted and reviewed by the 'Sharing the Learning Triage' Sub-Group, with 8 templates shared regionally.
 Challenges	Work on defining what constitutes 'shared learning' is an ongoing process to ensure the group remains targeted. Current principles are that learning is immediate, and if the circumstances leading to it could happen elsewhere locally or regionally. Further evaluation is to take place in the coming months.
 Consideration for 2025/26	Focus in the 2025/26 period will be on improving the Trust capability to identify, capture and share learning within directorates and centrally through an evaluation report. The sub-committee will also develop a template repository to act as a resource for staff.
 Quality Approach Summary	The Committee takes a proactive, data informed approach to the identification and sharing of learning.

# Nursing Assurance and Development of KPI Reporting

## Nursing & Midwifery Key Performance Indicators (KPIs)

In collaboration with the Regional Nursing and Midwifery Quality Assurance Network, professional and digital leads, the Nursing Midwifery Safety Quality and Assurance

team continue to take a central role in the implementation of the nursing key performance indicators (KPIs) on encompass. This involves validation of KPI reports to ensure the accuracy, consistency and reliability of data to allow for robust assurance on the safety and quality of care in inpatient and community nursing settings. This systematic validation process is also instrumental in the application and streamlining of best practice standards of care across the region.



This work not only enhances data integrity but also fosters a culture of shared learning and continuous improvement ultimately contributing to safe and more consistent patient care.

[NME Q1 Report 2024-25](#)

[NME Q3 Report 2024-25](#)

[NME Q2 Report 2024-25](#)

[NME Q4 Report 2024-25](#)





### You Said We Did

In keeping with the drive to support improvement and shared learning and following the success of the annual 'You Said We Did' event the Nursing and Midwifery Safety Quality and Assurance Team introduced a second 'You Said We Did' event, now making this event bi-annual. These events focus on key Trust priorities and fundamentals of care to raise awareness and support nursing and midwifery staff in the delivery of safe, effective, evidenced based care.

### iMPAKT App: Person Centred Practice

The Nursing and Midwifery Safety Quality and Assurance team were delighted to participate in Professor Tanya McCance's University of Ulster research project called "Implementation of a mobile app (iMPAKT) for improving person-centred practice". The iMPAKT app is designed to collect measures of person-centredness from eight person-centred key performance indicators (KPIs) for nursing and midwifery which focus on a person's preferences, needs and values, nursing interactions and active involvement of the individual in their own care. The findings from this study will help to inform further research to develop tailored implementation strategies, and facilitate wider implementation and large scale collection of data on person-centred measures using the app.



 <p>Impact</p>	<p>The adult nursing KPIs are reflective of current evidence based best practice and the validation of KPI data on encompass has been key to provide assurance on the validity and reliability of data and subsequent reports. The KPI reports will provide assurance on the safety and quality of care in relation to the four key indicators.</p>
 <p>Challenges</p>	<p>Overcoming issues with technology and the iMPAKT mobile application to keep teams engaged and committed to the project requiring significant engagement and leadership from the NMSQA team.</p>
 <p>Consideration for 2025/26</p>	<p>The focus will be on publicising and socialising data and KPI reports to provide assurance on the safety and quality of care in relation to core standards and subsequent driving improvement. Further involvement in the testing of iMPAKT app and use of data and information to inform practice and drive improvement.</p>
 <p>Quality Approach Summary</p>	<p>Collective working with data analysts, digital teams and senior clinical staff using a continuous learning approach has been central to building and developing a KPI report on encompass which provides data and information on the safety and quality of nursing practice across HSC.</p>

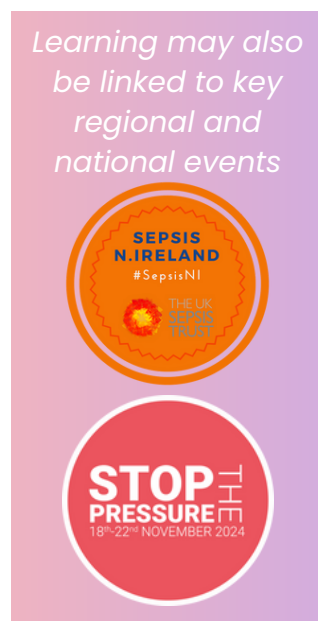
## Case Study

### 'What To Know On The Go' - Nursing and Midwifery Quality Assurance

The Nursing and Midwifery Safety, Quality and Assurance team within the Safe and Effective Care Department led on the introduction of a new Trust-wide initiative called 'What to Know on the Go' (WTKOTG). WTKOTG was launched in July 2024.

WTKOTG is a micro-learning initiative which delivers bite-size focused learning to frontline nursing and midwifery staff in their own work environment. It is designed to fit in with busy shifts so staff do not need to leave the ward or department to access this learning and also engages staff with minimal disruption to patient care. Key learning is delivered in short burst 5 minute sessions and topics are based on real-time needs and clinical priorities. It can be delivered across all fields of practice and, whilst aimed at nurses and midwives, the flexibility of this learning model means it can be delivered to any healthcare professional. Sessions are facilitated by the WTKOTG team and learning is delivered by subject matter experts. The WTKOTG team engage directly with staff using a huddle type approach, with the team then moving from ward to ward delivering key messaging.

WTKOTG team and experts carried out visits and delivered training throughout 2024/25:



Topics are in response to learning needs, key priorities, adverse incidents and new initiatives.

Based on the success of delivering WTKOTG to inpatient areas the team took the WTKOTG learning model on the move and, supported by Tissue Viability colleagues delivered key learning on pressure ulcer prevention to **81** community nurses across all four Trust localities.

WTKOTG has been very positively received by staff who describe sessions as informative, relevant, snappy, effective and enjoyable. Feedback also demonstrates that staff value the length, style and learning from the sessions.

WTKOTG is a flexible, efficient and effective approach to delivering bite-size learning to staff. It supports staff in developing knowledge and confidence in specific scenarios and facilitates immediate application of knowledge and learning. It also enables direct engagement between subject matter experts and frontline staff to ensure information is clear and understood.

<p>Impact</p>	<p>WTKOTG has improved access to learning for staff enabling timely, knowledge sharing to the point of care and fostering a culture of continuous learning. Topics are linked to key priorities, current issues and clinical priorities and has resulted in tangible benefits for nursing staff and patient care.</p>
<p>Challenges</p>	<p>Implementation of the initiative Trustwide across all fields of practice and maintaining a dedicated core group of WTKOTG facilitators to meet demand.</p>
<p>Consideration for 2025/26</p>	<p>Expansion if the WTKOTG initiative to include broader range of topics and use of digital technology such as video to enhance the reach and delivery of learning.</p>
<p>Quality Approach Summary</p>	<p>This initiative facilitates the delivery of short burst focused learning and the use of a quality improvement approach allows for continuous learning and development of the learning model based on small tests of change and feedback from facilitators and recipients.</p>

## SET the 'PACE' – eRecording Person Centred Care

PACE is the Chief Nursing Office (CNO) regionally endorsed nursing documentation framework in Northern Ireland. It incorporates the essential components required to document safe, evidence based care delivered to patients which in turn leads to robust communication between multidisciplinary staff members, effective handovers and continuity of care. These elements are:

- **P**erson Centredness
- **A**ssessment
- **C**are planning
- **E**valuation







In 2023, led by the SET Senior Nursing and Midwifery Transformation Officer, the Digital and Information Practice Team (NM DIPT) supported workflow analysts in encompass to build over 60 care plans into the system across adult, children, hospital and community settings. This work was the commencement of the PACE eDG and the group continues today in the reframe of PACE Optimisation Group. We know historically recording of nursing care on eDAMS has been problematic across SET and through a focused collaborative approach the aim was to improve compliance of PACE in encompass. Since the encompass Go Live, SET has been focused on improving the recording of care in the encompass system via collaboration of NM DIPT, The Safety, Quality and Assurance Team (NMSQA) and nursing clinicians.

In order to implement change 8 workshops have been held, identifying 10 pilot areas to lead the embedding of PACE. 142 staff have attended across the 8 workshops. At these events PACE awareness resources, the PACE champion role, embedding of PACE in the clinical setting and a PACE audit tool have been negotiated and agreed as concepts. The 4 measures of change audited in September 24 and compared to January 24 (Measures 1-3) were:

1. Use of Person's name in record	2. Use of PACE Framework	3. Use of digitalised Care Plans	4. Staff Satisfaction
10% increase in the use of the Person's name in the digital record	20/30 settings evidenced 100% use of the PACE Framework	10 settings showed 100% use of care plans 15 showing a 10 to 60% increase	See section on Impact of change

The success of this work has centralised around collaboration and coproduction with nursing clinicians, ensuring there is understanding of the PACE framework and how this translates in a digital system while marrying the two concepts together.

With the ongoing rollout of PACE champions across ward settings, the embedding of the evidence based PACE framework will support robust clinical practice and evidencing of care. Longer term, the reduction of unrecorded care, patient errors and patient complaints through robust communication in records should evidence the wide reaching benefits of the PACE work in SET.

 Impact	Enhanced staff engagement and satisfaction showing improved confidence in digital care planning and improved documentation of person centred care. This has led to more meaningful, individualised care planning.
 Challenges	Early stages revealed issues with consistency and completeness of encompass entries and some integration challenges between encompass and earlier paper care plans.
 Consideration for 2025/26	Support equitable roll out across all services to ensure consistent quality and patient experience Trust wide.
 Quality Approach Summary	PACE roll out followed a phased QI cycle with small scale tests of change, using PDSA cycles to refine processes before scaling to additional wards.

## Multi-Professional Audit and Quality Assurance

The Audit & Quality Assurance Department continues to advocate for and deliver a support service to all multi-professional staff throughout the Trust, enabling them to conduct audits and enhance their services by ensuring performance aligns with service-specific, regional, and national guidelines, standards, and metrics.

 <p><b>78%</b> Projects Registered</p>	<p><b>65</b> audits conducted in SET</p>	<p>Trust remains actively involved in <b>49</b> ongoing national audits/registers, such as SSNAP, NELA, and the UK Parkinson's Audit, among others.</p>
 <p><b>30%</b> increase in registered projects on previous year</p>	<p><b>9</b> national Projects</p> <p><b>4</b> regional Projects</p>	

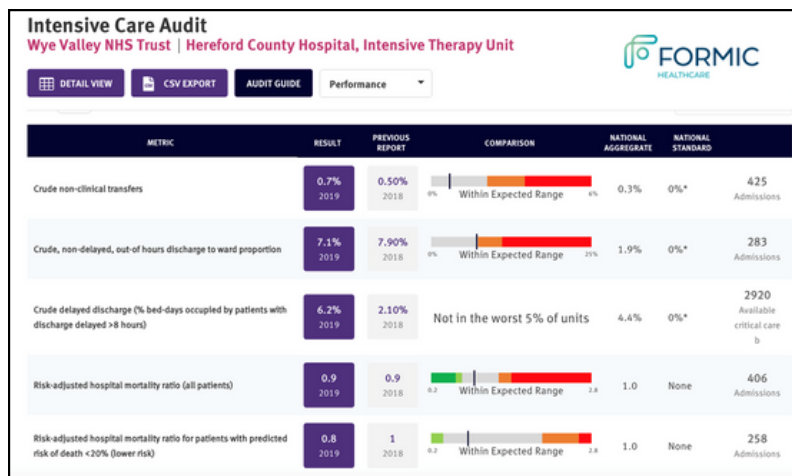
### Encompass

The Audit and Quality Assurance Team receive requests for assistance in accessing data from encompass for audit and report generation. To improve understanding of the reporting capabilities of the new digital system, the audit ad & Assurance Manager has completed Cogito Fundamental training (EPIC reporting system). This training will enable the Audit Team to shape and develop methods for conducting audits in the future with live data being so readily available.

### Formic

In 2024, a new data collection system was introduced, facilitating live dashboard reporting.

Formic will work alongside encompass for observational audits. The Department has been implementing this system and providing support to other Directorates in piloting its use.



### 2024 Annual Audit Event

The annual clinical audit event took place in November 2024. In line with the Department's initiative to promote the significance of clinical audits in enhancing patient safety and quality improvement the key note speaker was Danny Keenan, the Medical Director of the Healthcare Quality Improvement Partnership (HQIP) Three projects were shortlisted for the annual audit award. The overall winner was the Pharmacy Department 'Improving the Safety of Gentamicin Prescribing, Administration and Monitoring in encompass'.

[Click here to view the Audit Event Presentation](#)

 <p><b>Impact</b></p>	<p>The Audit Team is working hard to link the learning from audits across the organisation and for it to prompt improvement work. Focus on quality improvement effort aimed at improving 're-audits' and 'closing the loop' for registered audit projects</p>
 <p><b>Challenges</b></p>	<p>The Audit and Quality Assurance Department has experienced a rise in requests for guidance on navigating encompass concerning report generation and the application of available visual analysis tools</p>
 <p><b>Consideration for 2025/26</b></p>	<ul style="list-style-type: none"> <li>Enhance engagement and registration of audit projects throughout the Trust to ensure assurance and facilitate shared learning</li> <li>Integrate encompass system reporting into the audit cycle and the overall reporting process</li> </ul>
 <p><b>Quality Approach Summary</b></p>	<p>It is essential for the Trust to have a quality management system that visually represents performance through audit and quality improvement analysis, as this is crucial for improving our services.</p>

## RQIA Activity 2024/25





To ensure the Trust reaches every aspect of care standards laid down by the Department of Health and standards expected by the public the Trust has a robust programme in place to deliver, monitor and promote safety and quality improvements in the provision of health and social care.

### Augmented Care Settings 2024/25

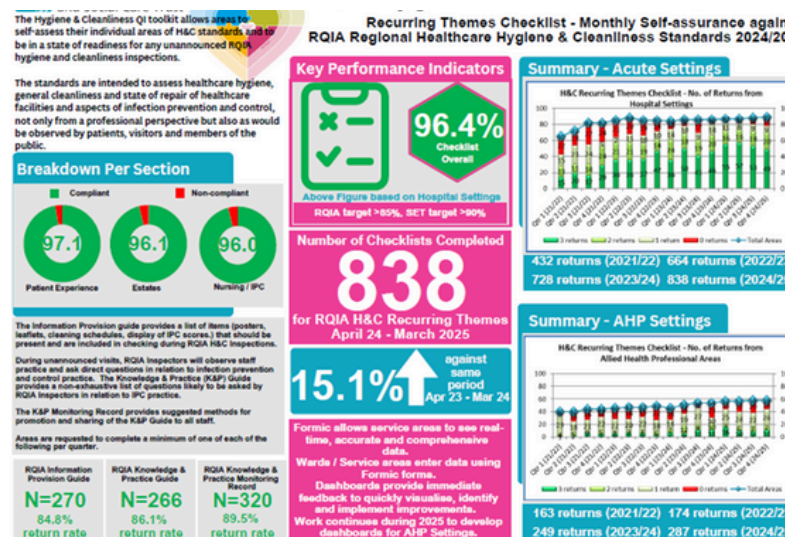
This programme has seen both Critical Care, Neonatal Unit, Macmillan and Renal Unit return an assurance account comfortably above the required 95%.

### RQIA Thematic Service Reviews

During 2024/25 the Trust continued to assure that recommendations from RQIA Thematic Service Reviews have been fully implemented:

-  Review of Choking Incidents Across Northern Ireland
-  Review of the Systems and Processes for Learning from Serious Adverse Incidents in NI
-  Review of Deceased Patients (Neurology)
-  Review of the Governance Arrangements in place to support safety within Maternity Services in NI.

### Hygiene & Cleanliness QI Toolkit 2024/25







### Acute Hospital Inspection Programme

RQIA’s Acute Hospital Inspection Programme saw the Phase 3 Outpatients Review take place during September 2024. RQIA found appropriate systems and processes in place for the oversight, monitoring and delivery of the quality of care to service users. The inspection makes two recommendations for improvement in relation to: adult safeguarding training; and the development of a prescribing / recommending to prescribe policy, quality improvement action plans draw together and this work remains ongoing to meet these recommendations.

Overall, patient and staff feedback was very positive in relation to: care delivery; communication prior to, during and after attending outpatient clinics; and patients reported that they felt safe. Staff feedback was also positive citing they had good leadership, governance and support from their managers across outpatient departments.

 [Click here to view reports](#)

 Impact	Strengthened assurance that the Trust reaches every aspect of care standards laid down by the Department of Health ensuring the Trust has a robust programme in place to deliver, monitor and promote safety and quality improvements in the provision of health and social care through openness, clarity and accountability.
 Challenges	Recommendations balanced with finance, timescale and resources provide competing pressures within services to maintain momentum for improvement.
 Consideration for 2025/26	To develop an electronic augmented care tool to replicate two separate RQIA self assessment tools to continue to provide assurance that demonstrates a robust quality governance framework.
 Quality Approach Summary	Continuous improvement including action planning, monitoring and feedback ensuring that identified risks and recommendations translate into measurable improvements in patient safety and experience in care that is safe, effective, compassionate and well led.

## Research and Development

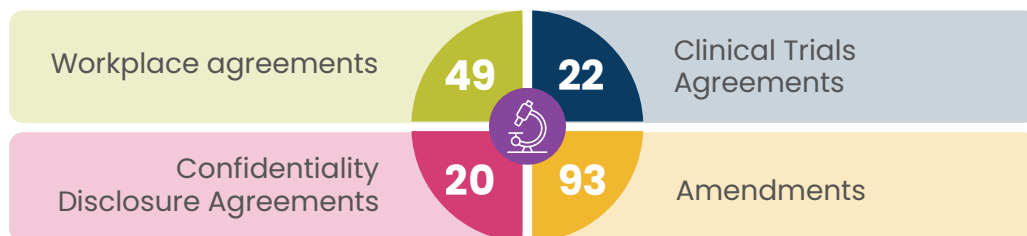


Research and Development (R&D) is essential for the success of any healthcare organisation. It forms the foundation of our clinical practice by creating new evidence for treatments of our patients and fostering innovation. The SET aims to attract and lead in research trials that will impact our patients and improve their outcomes.

In the 2024/25 year, the SET Research and Development team experienced a highly productive period, achieving a remarkable 76% increase in the number of research capability and capacity approvals issued. This provided more opportunities for patients to engage in research with a 71% rise in the number of participants involved in clinical trials.



Research and Development team ensures SET is research compliant, with project oversight and risk migration, ensuring appropriate indemnity, contracting and costings and supporting responsible research. During 2024/25 there were:



All clinical trials must receive REC, HRA/NI Approvals, these will be submitted through the Integrated Research Application System (IRAS) and all should be visible on a public registry.

### [Link to IRAS](#)

The largest directorate involved in delivering research was Unscheduled Care, Medicine and Cancer.

Impact	Research, Development and Innovation has ensured evidence based practice, improved patient outcomes, collaboration and knowledge sharing and identified new models of care, treatments and technologies.
Challenges	<ul style="list-style-type: none"> <li>Resource constraints: Limited funding and staffing pressures.</li> <li>Infrastructure support for clinical trials delivery.</li> </ul>
Consideration for 2025/26	Better public engagement, greater commercial clinical trials involvement.
Quality Approach Summary	Governance with strong oversight frameworks to ensure compliance and safety. Ensuring standards and benchmarking, aligning with national standards. Proactive identification of risks in trails with mitigation strategies in place. Impact is measured using local and national KPI's to track success. Opportunities for education and mentorship.

# Innovation

In it's second year, SET continues to focus on innovation within the Quality Team. This year a new role was established to lead innovation in the Trust through reconfiguration of the Quality Team budget, also one of the Improvement Advisors has been upskilled in innovation to join the team. Technology Enabled Care has been moved into the innovation team to connect the work both across the organisation and with DHCNI regionally.

Innovation can be considered in diverse domains. In SET our focus is three fold:



**Systems and process innovation**



**Healthcare product innovation**



**Participatory design and co-production.**

## Defining Innovation

The term innovation is used in a variety of ways throughout the Trust and there are many people working within the organisation with innovation in their job description, but the remit of innovation is used variably. We are conducting a Delphi study to help establish a consensus on a definition of innovation for SET. There are 4 stages of this study:

**Round 1**

The first survey identifies stakeholders in the Trust and asks for their opinion on how innovation should be defined.

**Round 2**

The statements formed in Round are analysed and the level of consensus is established.

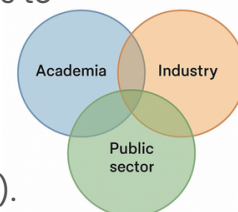
**Round 3**

Further consensus is agreed

**Round 4**

Statements will be shared and definitions agreed across the Trust

The aim of this work is to create the structures and processes for people and teams to partner and participate in innovation to create evidence and systemise change. The Innovation Team are building partnerships across the Life Sciences Network in the Region, participating in HIRANI networks, building academic collaboration, partnering with industry and linking across the public and health sectors including leading organisations such as the Medicines Optimisation Innovation Centre (MOIC).



The innovation lead attended the global innovation summit in December 2024 to represent SET and the Quality Team participated in the HIRANI Health Tech Spring Conference .

The message from this summit was clear for innovation to move forward successfully the public sector need to partner with academia and industry.

Key to the dynamic development of innovation in the Trust and across the region will be the leadership and ambition of the DHCNI regional team and the partnerships with clinical and corporate teams enabled by SET Innovation Team .

 <p>Impact</p>	<p>SET is the first Trust in NI to appoint a dedicated Innovation Lead. This is part of the overall strategy to enable innovation partnerships to solve complex issues and create change.</p>
 <p>Challenges</p>	<p>Aligning opportunities to regional direction is currently difficult, more connection and joint working is needed. Also securing funds remains a core challenge for innovation projects.</p>
 <p>Consideration for 2025/26</p>	<p>Structures and processes are needed to developed to identify impactful innovation projects that address SET's needs and collaborate with industry and academia to develop competitive grant applications.</p>
 <p>Quality Approach Summary</p>	<p>The team is committed to fostering a culture on innovation by actively seeking out impactful projects and establishing robust processes to support their development and implementation.</p>

## Case Study Innovation - Heart Failure at Home

The Heart Failure @ Home innovation project was launched in October 2024 by the cardiology and palliative team in Lagan Valley Hospital. This project involves collaboration with BT, Feebris, Momentum One Zero (QUB) and Queens University, Belfast.

This is an innovative project piloting remote monitoring of patients at home with the aim of early detection of deterioration, reduction in hospital admissions and ultimately supporting clinical decision making. The project also aims to empower patients to manage their condition and improve their quality of life.





By November 2025, it is anticipated 60 patients will be part of the pilot project. An evaluation is being undertaken of the accessibility and acceptability of the programme to patients and staff and the clinical outcomes. Interim feedback to date indicates that patients 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. Queens University Belfast will be conducting a health economic evaluation to establish impact.

<b>97%</b>	of patients rate their overall care experience with the cardiology team as Excellent/Good
<b>90%</b>	of patients rate their overall experience with the health technology as Excellent/ Good
<b>97%</b>	of patients would recommend this technology to other patients with similar conditions

 <b>80%</b> of staff Very satisfied/satisfied that technology enables clinical conversations about patient progress	 <b>80%</b> of staff very satisfied/satisfied with overall user experience	 <b>100%</b> of staff feel the technology has helped facilitate better understanding of deteriorating patients
 <b>100%</b> of staff feel the clinician dashboard influences clinical decision making	 <b>100%</b> of staff feel the technology has helped provide clearer guidance on escalation	 <b>100%</b> of staff feel the technology has helped give patients feedback



 Impact	Embedding this innovative technology into service redesign ensures remote monitoring is part of routine care, enabling patients to manage their condition at home, improving quality of life and reducing unnecessary hospital attendances.
 Challenges	Ensuring inter-operability between the remote monitoring platform and existing digital systems, including encompass. Dedicated project management and collaboration with key stakeholders is required to ensure the model aligns with wider system priorities.
 Consideration for 2025/26	Securing funding and demonstrating cost-effectiveness are critical for scaling to other specialties or sustaining the pilot.
 Quality Approach Summary	Collaborative partnership working has enabled the use of technology to benefit the patient and service, focusing on delivering safe, effective, and person-centred care through continuous monitoring, feedback, and improvement.

## Technology Enabled Care

**Technology Enabled Care (TEC)** refers to the use of technology to support and enhance health, wellbeing, and independence for people, enabling them to live safely and well in their own homes or communities while reducing the need for traditional face-to-face care. It includes a range of technologies such as telecare, telehealth, mobile health apps and remote monitoring systems. Put simply TEC can be defined as use of digital technologies and systems to support health and social care services. The Trust has a number of TEC services in place funded via DHCNI.

The **Regional Telecare Service** provides a range of alarms and sensors that send alerts when triggered to a 24/7 monitoring centre, who in turn contact the client and their responder (family member) in the event of untoward event. For example for those at risk of falls, wandering, environmental hazards and socially vulnerable.







Clients must have a key worker and on an active social care caseload with family/friends available 24/7 to act as a responder. For those requiring the standard helpline mainly for reassurance and family 'peace of mind', these individuals are signposted to self-directed funded option.

Telecare is a good example of promoting independence, supporting individuals to remain safely in their own homes for longer, delaying or preventing admission to a care home setting. It enhances safety and security by providing a quick response to emergencies e.g. preventing long-lies after a fall. It improves health outcomes by detection of deterioration and informing care providers in their care planning and adjustments to care packages.

However, this approach is generally reactive; current systems lack the big data sets needed to offer trend analysis and prediction that could lead to prevention approaches. Furthermore, a challenge and obstacle to the service is when the citizen has no-one willing to act as a responder in the absence of rapid response services. There are considerations for future procurement.

During 2024/25 the average monthly Trust caseload was 333 with clients from Primary Care and Older People's Directorate and the Adult Services Directorate supporting clients living in their own homes.



 <p>Impact</p>	<p>The service enables promotion of independence and safety, allowing individuals to remain safely in their own homes and enables rapid emergency response.</p>
 <p>Challenges</p>	<p>Without robust data sets, TEC cannot support risk prediction or stratification models.. The system is also responder reliant, with dependence on informal support, which may widen health inequalities.</p>
 <p>Consideration for 2025/26</p>	<p>Expanding the service for promotion of independence and safety, allowing individuals to remain safely in their own homes and enables rapid emergency response.</p>
 <p>Quality Approach Summary</p>	<p>This work enhances population good health with the promotion of independence and safety, allowing individuals to remain safely in their own homes and enables rapid emergency response.</p>

## Technology Enabled Care - Florence



**Florence** 'automated clinical conversations' via text messaging is a mobile health application that is being used by three teams across the Trust to reinforce health and wellbeing messages to individuals along with reading/information requests based on clinically designed pathways and protocols. By continuous, automated clinical conversations via accessible text messages, Florence drives engagement and self-management. Florence helps clinicians help patients help themselves.



The teams utilising Florence are the 'Neurovascular Hub', 'Weigh to a Healthy Pregnancy' Service and the 'Community Falls Prevention Team'.

### Rationale

- To undertake home blood pressure (B/P) monitoring for an agreed period of time following a stroke or transient ischaemic attack (TIA) post hospital discharge, usually over six weeks prior to review at the Neurological Hub
- To monitor and identify blood pressure trends with a target B/P of 130/80
- To gain a clear picture into managing hypertension and aid decision making in adjusting or changing medication
- To promote self-management and encourage patients to monitor their own B/P
- To optimise secondary prevention for stroke.

The team decided to keep the message pathway and protocol as simple as possible with Florence sending out a text at 9am asking the patient to take their B/P after 10 minutes rest, that morning. The B/P readings are then made available on the digital clinical platform for trend analysis. The team can identify the average blood pressure over the monitored period, the quantification of patients requiring adjustment/titration of medication and improved patient wellbeing.

The '**Weigh to Healthy Pregnancy**' Team devised their Florence pathway and protocol with input from the midwives, dietetics and physiotherapy in designing the health messages and schedule for weight results during the pregnancy and for a number of weeks post-delivery. This has allowed the maternity team to monitor the woman throughout her pregnancy and provide useful clinical weight information for informed discussions at antenatal and post-natal appointments with member of the MDT. The weight information recorded for this pregnancy is also helpful to refer back to in future pregnancies.

The **Community Falls Prevention Service (FPS)** have been using technology enabled care to enhance patient's safety and quality of life and reduce pressure's on Trust services, as per the objectives in the SET corporate plan and strategic direction form Health and Wellbeing Delivering Together 2026. Please see case study 'Falls with Flo'.

Impact	Supports patient self-management across the Trust, supporting clinical decision making and facilitates timely clinical interventions when alerts are triggered. 'Automated clinical conversations' reinforce key messages often lost 'in the ether' during consultations.
Challenges	There is a balance between keeping instructions simple and ensuring clinical robustness.
Consideration for 2025/26	Share transferable learning to expand use across more clinical pathways where TEC can support remote monitoring and patient education.
Quality Approach Summary	The focus of the Quality Strategy is to innovate to improve the quality of care. TEC is central to this ambition with the use of digital technology to improve access and reduces barriers to care by allowing patients to engage from home, supporting equity and convenience.

## Technology Enabled Care – other initiatives



**Inhealthcare** is the provider of a remote monitoring platform supporting the regional dietetics undernutrition programme for care homes. Their remote patient monitoring service was co-designed with the HSC regional dietetics forum supported by Trust TEC managers with input from clinicians and care homes.

Regular self-monitoring and self-assessment by the care home enables the early identification of patients/residents requiring interventions and conversely there are no unnecessary interventions for those who show no sign of deterioration and simply continue to self-manage.

The Inhealthcare service enables care homes to take a more active role in the management of their patient's/resident's nutritional health, and to have more control of their patients care whilst remaining under the remote supervision of their dietetic care team. This preventative care can improve patient outcomes and free up appointments for more acute patients.

The **Regional HSC Apps Library** was made accessible on the Trust website within the 'healthy living' section during the autumn of 2024. The HSC apps library hosts a selection of safe and trusted apps which provide users with information and guidance on various conditions, advice on self-care, how to prepare and manage a variety of conditions or how to prepare for various life events. The apps library provides a single source of health apps which are continuously assessed by the ORCHA against standards and regulations in clinical and professional assurance, data and privacy and usability and accessibility.

During 2024, Digital Health & Care NI (DHCNI) and Big Motive embarked on a **Technology Enabled Care (TEC) Discovery Project** to explore the potential of leveraging technology in health and care delivery in Northern Ireland. The Trust was invited to participate and a number of staff contributed to the various work streams, the report of which are on the website link below. The project aimed to understand the opportunities and challenges to using TEC to improve care, streamline processes, and enhance overall health and well-being outcomes. This discovery has provided a better understanding of TEC appetite, challenges, implementation requirements and opportunities for adoption. In the next steps of this work, DHCNI are seeking to address key challenges raised across this discovery through implementing the recommendations detailed in this report.

### Links:



[DHCNI & Big Motive - TEC project](#)



[Healthcare Apps](#)







[Florence](#)



[Inhealthcare](#)



[DHCNI](#)

 <p>Impact</p>	<p>Plays a significant role in enhancing the safety, well being and independence of individuals, particularly those living at home with complex needs or at risk of deterioration. TEC also reduces unnecessary hospital admissions and supported discharge through home based monitoring and support.</p>
 <p>Challenges</p>	<p>A key challenge remains in scalability where no informal support is available, highlighting a need for enhanced responder services and future focused procurement strategies.</p>
 <p>Consideration for 2025/26</p>	<p>Continue to support staff confidence and capability in deploying TEC solutions across services.</p>
 <p>Quality Approach Summary</p>	<p>The Trust's approach to TEC is aligned with its commitment to safe, effective, person centred and equitable care. TEC is embedded within a broader digital transformation and QI strategy to support independence, improve outcomes and reduce avoidable harm.</p>

## Case Study

### Falls Prevention and Management Intelligent Text Messaging Pathway - Community Falls Prevention Service

The Community Falls Prevention Service (FPS) have been using technology enabled care to enhance service user's safety and quality of life to reduce pressure on Trust services as part of the SET corporate plan.

A falls prevention and management pathway was devised and delivered to clients by the team via their mobile phone using a digital system called 'Florence'. 'Falls with Flo' provides automated conversations via accessible text messages, driving engagement and self-management. The pathway is inclusive of key messages, supportive information and links to other SET and non-trust services that are routinely promoted during community falls assessments.

2 separate pathways have been established for the text messages:

- Pathway 1 - Generic Falls Prevention Advice and links
- Pathway 2 - Strength and balance rehabilitation

Florence is designed to increase clinical capacity and enable the team to manage large client populations remotely.

Since the set-up there have been 316 service users who have completed the 16 week programme, with 169 actively participating at present. The service is costed at £6.50 per person and this is not charged to their mobile phone bill. 'Falls with Flo' encourages people to proactively prevent falls thereby reducing the need for a NIAS call-out or hospital ED attendance at £500 per day.





A co-designed leaflet was produced, not only to support the falls team in promoting the pathway but also for service-users so they have clear efficient access. Florence is now working as an extension to the team, empowering clients to self-manage their health and well-being.

#### Key Learning:

- Team engagement and buy-in is essential
- Leaflet has improved clinical staff timeliness in promotion and consent for pathways
- Service user feedback endorses its ongoing rollout
- Need work to evidence reduction on trust-wide services due to less falls.

#### Outcomes:

- Number of clients consenting to the pathways is increasing
- Work has been showcased regionally and is supported by the PHA as a valuable asset to all Falls Prevention Services
- Positive client feedback
- Value for money.

 Impact	Improved engagement, cost effectiveness and service efficiency has been demonstrated. Successful demonstration of how digital systems can enhance capacity, while supporting clinical priorities.
 Challenges	The challenge is to embed digital pathways within existing clinical workflows and ensuring all staff understand and promote the service remains a work in progress.
 Consideration for 2025/26	Trust to explore the potential of using TEC to promote patient self-care and autonomy. Team to work locally on the further promotion of the service. Possible roll-out to other Trusts to adapt and use the pathways.
 Quality Approach Summary	Pathway promotes equity by supporting isolated service users, reducing inequalities in access to falls support.

# Case Study

## Preparation for A New Finance System In 2026 - Estates Services

A new finance system has been procured for implementation in September 2026. The potential benefits will be that there are less manual aspects to this system which will allow more time to be spent on valuable tasks, such as analysis and figure checks and contractors statements with assigned contract relationship and/or account management. This project demonstrated the importance of understanding the system on improving current processes and working with stakeholder groups.

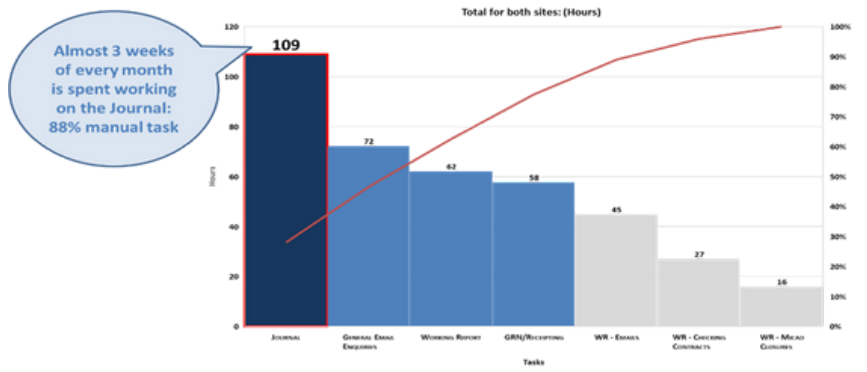
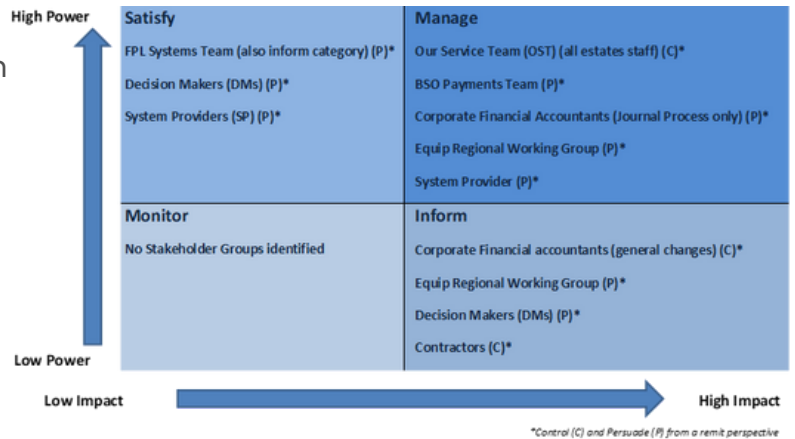
The aim of the project was to reduce the percentage of manual input in Estates finance processes by 50% at December 2024 in preparation for a new finance system in 2026.





To understand the system the amount of time spent on tasks was calculated in Lisburn and Downpatrick sites. The use of pareto charts allowed the team to gain a deeper understanding of the current process and how much time was spent on specific tasks.

It was found that a significant number of processes were predominantly manual and highlighted the time taken by journal processing and the impact of certain tasks required at particular stages in the month.

Stakeholder analysis was also carried out to support how the team would liaise with the stakeholder groups and inform senior decision makers. The exercise highlighted there was not full awareness, at project level, as to which forums/ groups are available in the governance structures and regional groups to support this change.

This implementation of the Operational Management System is being progressed on a phased basis over the next 12 to 18 months with Estates and Financial Services. Estates are working closely with finance to reduce the impact of the manual journal process and aspects of this have been implemented to change from July 2025. This work will continue to progress as new processes are prepared for Micad and Equip into 2026.



 <p>Impact</p>	<p>Development of the Estates Operational Management System 'Micad' to include financial reporting and processing of all estates contracts from order raising to finance approval at no additional cost to Estates Services.</p>
 <p>Challenges</p>	<p>In expanding the Facilities Management System 'Micad', to include financial elements and reporting there is collaborative working with finance colleagues within the Trust, this new way of working requires changes in processes and culture.</p>
 <p>Consideration for 2025/26</p>	<p>The initial project scope has now spread into the development of 'Micad' to include financial reporting. Working with our finance colleagues on financial reports, improved journal processes and coding work to support financial accounting processes. Work will also be carried out on enhanced processes for the payment of Estates invoices in the new Equip system into 2026 with finance colleagues.</p>
 <p>Quality Approach Summary</p>	<p>Taking the time to understand the system and using the right tools to support that understanding is fundamental to effective quality Improvement. It allows meaningful opportunities for change to be identified, make informed decisions, and implement solutions that are both sustainable and impactful.</p>

# 5 Integrating the Care

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**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. Teams within the South Eastern Health and Social Care Trust 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.

- ▶ Multi-Disciplinary Teams
- ▶ Development of Community Partnerships and Inter-Sectoral Working
- ▶ Learning Disability - Healthcare in Prison
- ▶ Reducing admissions to Children's Residential Care
- ▶ HSCQI Regional Collaboration
- ▶ Regional and International Networks

## Multi-Disciplinary Teams

Multi-disciplinary teams (MDT) are the integration of various healthcare professionals, including first contact physiotherapists, social work and mental health practitioners, who work alongside GP practice teams. This collaboration facilitates enhanced access to health and social care services within GP practices, providing a seamless and comprehensive approach to patient care. MDT's also include health visitors and district nurses, allowing these professionals to dedicate more time to individual patient care.




Patients registered with MDT GP practices benefit from direct access to a range of services, enabling them to book appointments without the need for a consultation with their GP. The development of MDT's is a central element of 'Health and Wellbeing 2026: Delivering Together'. Following success as overall winners in the Trust's Chairman's Awards, the accomplishment enabled the MDT to host a high-profile conference, to further showcase MDT outcomes and attract investment for further rollout.





Following the 'MDT's Matter' conference in 2024, an intensive programme of engagement and learning to further develop the programme, continued throughout 2024/25 including:

ICIC24 - 24 <sup>th</sup> International Conference on Integrated Care - MDT presentation	Northern Ireland Healthcare Financial Management Association Conference	Performance Transformation Executive Board attendance and presentation	10,000 More Voices Survey (Regional Survey, results yet to be published)	GP and staff survey	Service User representation on the South Eastern MDT Project Board.
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For MDT District Nursing, the BBC's "Peninsula Nurses" series was nominated for a prestigious Royal Television Society Northern Ireland Award. The programme not only captures the clinical expertise of our nurses but also the Trust's holistic, community-focused approach to healthcare delivery.

**Approximately 190,000 Patients now have access to an MDT professional, across 26 GP practices in the Down, Ards & North Down areas.**

<p><b>First Contact Physio</b></p> <ul style="list-style-type: none"> <li>-39,000 consultations</li> <li>- 20,000 patients.</li> </ul> 	<p><b>Social Work</b></p> <ul style="list-style-type: none"> <li>- 9643 patients</li> <li>- 3359 self-referrals</li> <li>- Worked with 190 community groups - 8000 contacts</li> </ul> 	<p><b>Health Visitors Down MDT</b></p> <ul style="list-style-type: none"> <li>-11,500 contacts</li> <li>-1900 antenatal home visits, perinatal mental health and early intervention sessions</li> </ul> 
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 <p>Impact</p>	<p>MDT are enabling direct and timely access to care for many people, connecting across specialties and reducing pressure on GP services. Services are enabling care, when appropriate, to be conducted in primary care reducing the burden of waiting times and pressure on secondary care, for example first contact physio, 85% of these were treated exclusively within primary care not requiring an onward referral.</p>
 <p>Challenges</p>	<p>Delay to the MDT rollout leads to inequity of service provision Impact on the communication strategy due to the inequity of service provision Workforce and Capacity including recruitment of suitably trained staff, competitive recruitment landscape across the region. Data collection &amp; reporting accuracy.</p>
 <p>Consideration for 2025/26</p>	<p>In March 2025, £61m of Executive transformation funding was awarded to further expand the MDT programme across the region. Further MDT rollout will now be possible to the remaining GP practice's in Ards and North Down commencing 2025/26. At this stage, the future implementation of MDT's into Lisburn will require further funding.</p>
 <p>Quality Approach Summary</p>	<p>In a large-scale, multifaceted project such as the MDT, quality is not just a phase - it's a continuous commitment embedded across all stages and teams. Managing quality in a complex environment requires a strategic, systematic approach that aligns with project goals, mitigates risk, and ensures consistent delivery of the service. Developing methods for effective patient feedback, is crucial for enhancing the quality of care provided.</p>

# Development of Community Partnerships and Inter-Sectoral Working

The Trust is committed to partnership working as part of the 'Quality 4 All' strategy. It aims to be a good place to live and core to this tenet is collaborating across sectors for communities to flourish.

These placed based partnerships provide a forum for understanding and working with communities, joining up and coordinating services, addressing the social and economic factors that influence health and wellbeing and supporting the quality and sustainability of local services.

## An integrated Hardship Service is established to support vulnerable families

A inter-sectoral partnership with membership from community and statutory organisations were given an opportunity by Councils to manage and distribute a hardship fund to support individuals and families struggling with the cost of living crisis.

County Down Rural Network, Colin Neighbourhood Partnership, the Trust and other partners worked together to agree criteria, referral pathways and outcomes measures. Local knowledge and those known to community & statutory partners were identified and referred for support with fuel, gas, food and electricity vouchers.


## Colin Neighbourhood Partnership

Supporting vulnerable families eg. (1) An ethnic minority family experiencing the effects of domestic abuse. The perpetrator has no access to children and mum dealing with Home Office to secure residency and employment, struggling to afford necessities for her children. (2) A mother with children whose illness results in mobility issues requires hospital equipment at home which requires her to use a higher volume of electric and requires heating to be on continuously. This partnership provided partners with a more collaborative way to make decisions about how best to allocate funding across Trust and Council boundaries. The partnership enhanced the support that was given to clients as partners signposted /referred clients for additional support to social supermarkets, 'good morning' projects and for issues such as debt management to partner organisations.

**SET is represented on community partnerships such as:**



 **over 230** vulnerable households were supported by County Down Rural Network

 **131** families supported across the Colin Area

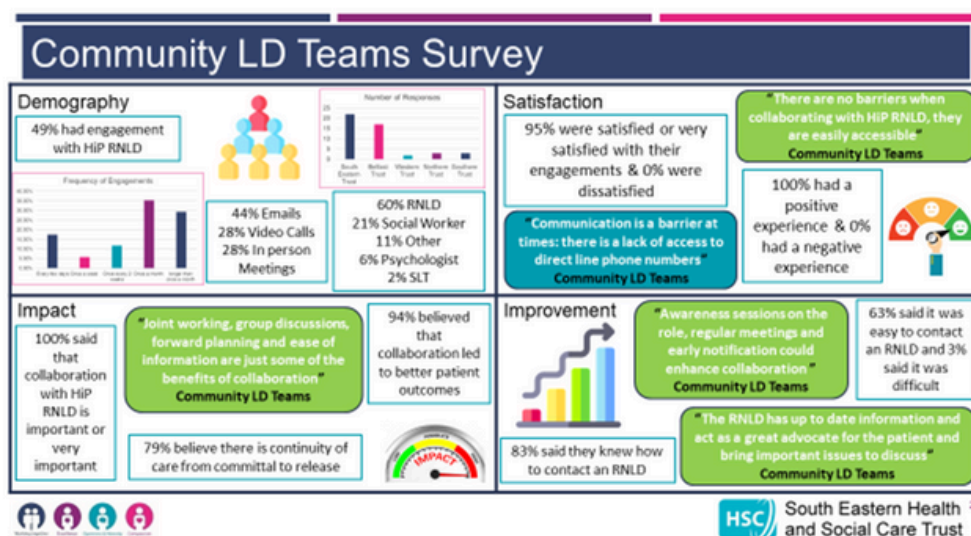
 Impact	Sharing of local knowledge, joining up and coordinating support around people's needs avoided duplication and ensured that the most in need received adequate support.
 Challenges	Whilst this funding was very beneficial in supporting those most in need the challenge remains on how we grow existing partnerships to address the social determinates of health which will impact on poverty and health inequalities.
 Consideration for 2025/26	Engagement with other partners that have previously not been involved with has opened opportunities for future partnership working across Council / Trust boundaries on priority areas such as loneliness and social isolation.
 Quality Approach Summary	Population Health is a central focus of 'Quality 4 All', crucial partnerships across the sector are key in supporting SET to be a great place to live. Exploring power dynamics and funding structures are key.

## Learning Disability (LD), Healthcare in Prison (HIP)

The aim of the project was to develop a learning disability service to support the estimated 33% of people in NI prisons with needs associated with a learning disability by September 2025.

An RQIA review highlighted a 'lack of specialist support for those with specific vulnerabilities such as a learning disability (LD) or autism spectrum disorder (ASD)'. At the time, there were inadequate pathways for this cohort of patients. This highlighted an inequity of access to healthcare services. The data also highlighted that those with an LD have difficulty navigating the prison regime and have high reoffending rates.

Population data was collected to understand the prevalence of LD, with 3% of committals into prison in 2023/24 having an LD. These numbers increased by 58% in 2023/24 due to the closure of long stay inpatient facilities for people with severe LD, forensic needs or challenging behaviours and struggling to find community placements. A specialist service was required to address the unmet needs. This included specialist LD staff, screening for LD and support to core staff.



The project team was established in 2023 including HIP, the Northern Ireland Prison Service (NIPS) and other agencies to build a case for change. LD staff were in post by September 2024 and service implementation began. Patients were involved during consultation through 1:1 face to face engagements and feedback surveys. Their insights from lived experience informed the creation of the pathway and their feedback helped evaluate the service. Feedback surveys were used to gain qualitative and quantitative feedback, 100% said that the service helped a lot.

Everyone will be screened for an LD on committal increasing knowledge around the prevalence of LD. Community LD links are strong on committal & release meaning there is greater continuity of care. Staff working within NI prisons are more equipped with the knowledge and skills to support these patients to navigate prison regime.

Impact	The HIP learning disability service is a well-established pathway. The team are on track to see approximately 8% population in 1 year providing 1:1 support to those who require it.
Challenges	The impact on reoffending rates are multifactorial and will require a coordinated and inclusive approach leading up to release and in community.
Consideration for 2025/26	Standardisation of the learning disability pathway across the prison sites and apply an equity lens to the service. A long term evaluation plan is needed to assess the impact of the new service and evolve future developments.
Quality Approach Summary	Health Equity is a core domain of quality care, this co-produced service is modelling partnership to improve access and outcomes of care.

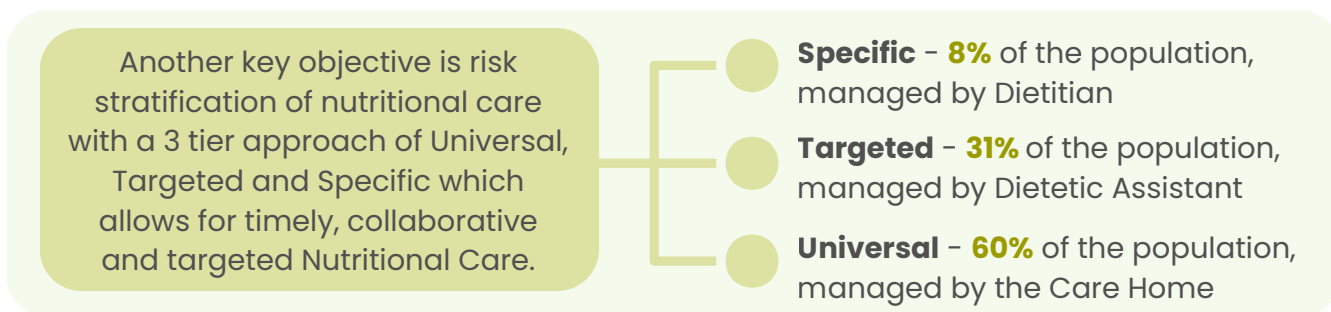
## Case Study

### InHealthcare – Dietetic Service

Providing care closer to home is a Trust strategic ambition, this innovation is promoting care at in the community.

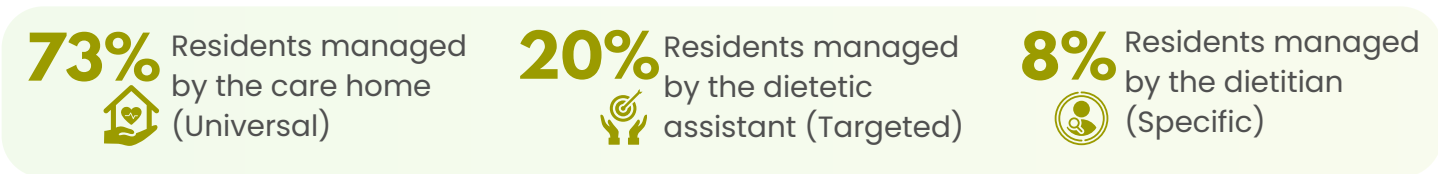
2060 residents were established on the model which by 2023 had risen to 59 Care Homes with 2881 residents, who are currently being monitored by Dietetics. Despite the expanding population, staffing resources has not increased, resulting in more time allocated to the care home caseload, impacting on capacity to manage the community dietetics elective waiting list. The current PAAT model has a 2-tier approach, with lower risk residents monitored by the Dietetic Assistant (79%) and higher risk residents referred to the Dietitian (21%).





The key objectives of the new model include using InHealthcare, a secure IT system, funded by the PHA, to upload and share residents’ nutritional data. The digital platform captures the same clinical information as PAAT while offering improved data protection and governance assurances, than the previous Excel spreadsheets. The benefits for care home staff include a 46% reduction in residents requiring data submission, an improved user experience and reduced data entry errors.



To support care homes in the self-management of residents (Universal), nutrition champion training has been developed to improve knowledge and awareness of the importance of nutrition, increasing ownership of care of the residents and empowering staff to manage nutritional needs. This is delivered by dietitians through a face-to-face session with provision of written resources. Training evaluations demonstrated 77% of care staff had increased nutritional knowledge with 87% likely to make changes to support residents nutrition.

Currently, 12 care homes have been established on InHealthcare platform and have received nutrition champion training. The new 3 tier approach has exceeded previous statistics:



 Impact	Reduction in care home staff spent completing nutritional data and reduction in time spent by dietetics department managing residents.
 Challenges	Collaboration with care home staff is crucial for buy-in of the project. Developing a robust audit tool which is crucial to ensure maximising safety of care home residents. Increasing care home population with no increase in dietetic staffing and resources.
 Consideration for 2025/26	Dietetic team to continue to roll out project with the remaining 51 care homes within SET.
 Quality Approach Summary	Replacing legacy Excel spreadsheets with structured digital uploads has improved accuracy, reduced data entry errors and strengthened data protection and assurance. The new model supports increased caseloads with no increase in staffing, optimizing dietetic source allocation.

## Case Study

### Integrated Care System NI - Prevention and Population Health

With an increase in demand across all services and a growing and ageing population, the Integrated Care System (ICS)NI is a framework on how we plan health and social care services in NI to meet these demands and improve the health & wellbeing of our population by:

- Placing a focus on people keeping well in the first instance, providing timely, co-ordinated care when they are not, and supporting people to self-care when appropriate; and
- Ensuring we are maximising the resources we have available to deliver the best outcomes for our population, optimising our effectiveness and efficiency and reducing duplication.

Within ICS NI, 'places' are smaller geographical areas from where a lot of the work of the ICS NI is driven.

The South Eastern Area Integrated Partnership Board (SE AIPB) is a local planning body with partners from statutory and community organisations with the overarching aim of improving health and social care outcomes and reducing health inequalities for our local population by applying a population health approach.

The work of the partnership will be underpinned by the quintuple aim healthcare model by focusing on prevention, improving quality and experience of care, supporting and empowering staff, and ensuring sustainability of services and health equity.

The SE AIPB have analysed health needs profile data produced by Public Health Agency and have agreed on cardiovascular disease as an initial priority area. Working in partnership and through the principles of co-production plans for delivery will reflect what is important to communities, their identity and diversity.

Early meaningful engagement with communities and partners will identify local need, current service delivery, gap areas and avoid duplication.



**[Link: Our Plan on a Page: South Eastern Area Integrated Partnership Board SE Place Based Health Partnership](#)**

 Impact	SE AIPB recently formed, action planning phase. Public Health Agency has produced a health needs analysts for South Eastern Area. Members engaging with new partnerships which may lead to joint working in the future.
 Challenges	AIPB's are in shadow for <ul style="list-style-type: none"> <li>• Plans need to be realistic based on what can be achieved on existing budgets and community assets as it is unlikely new resources will become available</li> <li>• Ensuring alignment to other partnerships such as Council Strategic Community Planning Partnerships, Neighbourhood Renew and Children &amp; Young People Strategic Partnership South Eastern Outcomes Group.</li> </ul>
 Consideration for 2025/26	The opportunity for AIPB to triangulate data sets across community care areas is a real opportunity to understand the need, investment and outcomes of the prevention effort and community social capital.
 Quality Approach Summary	Population health, partnership and recognition of community assets is fundamental to the 'Quality 4 All' approach. The AIPB is a real opportunity to influence our quality planning cycle.

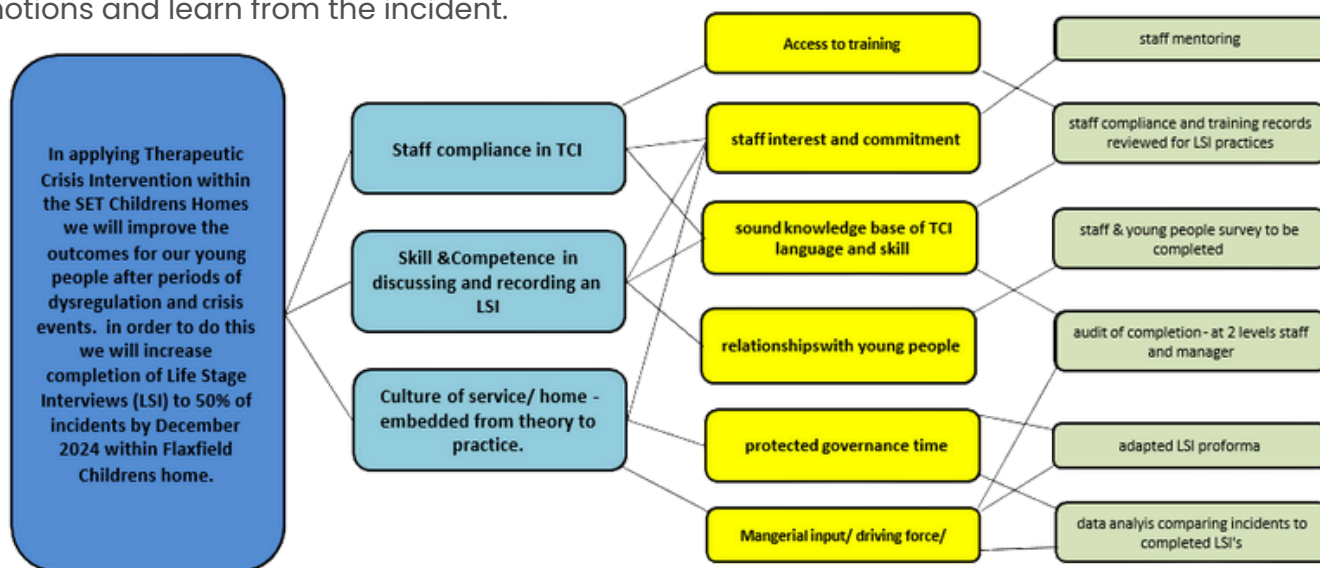
## Case Study Regional SW Course

### Supporting young people to learn and develop coping strategies – Children’s Residential Services

The core problem identified is the absence of consistent post-incident support for children residing in SET residential homes. Therapeutic Crisis Intervention is a therapeutic model used within SET Children’s homes. In the model of a Life Space Interview (LSI) is a tool for staff to use with young people after crisis. It looks at what happened, why and how this could be prevented in the future by supporting young people to develop positive coping mechanisms to manage their emotions and situations.

Although incidents were logged there was no corresponding documentation of LSI’s being conducted. The aim of the project was to increase completion of Life Space Interviews (LSI) from zero to 50% of incidents by December 2024.





The first PDSA cycle involved developing a clear, concise LSI guide outlining the purpose, steps and documentation requirement. Direct involvement of children in design and implementation of the LSI process itself was central to ensure that the process was inherently client-centred. The premise of an LSI is to provide a safe space for the child to voice their perspective, process their emotions and learn from the incident.



Results have led to observed improvements in children’s emotional regulation and understanding of their own behaviour while staff are feeling better equipped to manage the situations. While no direct financial savings have been identified the long term benefits of improved child well-being and potentially reduced readmissions or future interventions could yield indirect savings.

#### Key Learning:

- Importance of data interrogation and use of PDSA cycles to continuously improve and adapt
- Great inclusion of the child’s voice in ongoing care and safety planning

 <p>Impact</p>	<p>Enhanced support contributes to a more therapeutic environment within the group homes, promoting resilience and reducing the likelihood of recurring incidents.</p>
 <p>Challenges</p>	<p>Getting staff buy-in to ensure consistent adherence across all shifts and highlighting the need for continued effort.</p>
 <p>Consideration for 2025/26</p>	<p>Implement a strategy to embed further into the culture and practice across residential services by ensuring regular monitoring of completion rates.</p>
 <p>Quality Approach Summary</p>	<p>The initiative has focused on co-production with children, promoting a therapeutic environment that is child centred and trauma informed. Structures have been developed for regular monitoring, staff engagement and documentation supported continuous learning and sustainable practice change.</p>

## Reducing Admissions to Children's Residential Care Through the Development of an 'Edge of Care' Outreach Support Service





A key pressure within children's services is the sustained request for care admissions for children and young people. At March 2019, there were 587 children in care of the Trust and at March 2025 this had increased to 827 children in care; this equates to a 41% increase with a rise of 240 children requiring care. In the absence of a corresponding placement growth, significant pressure was being placed on children's residential services to create accommodation solutions.



The service has responded to the increased request for residential placements by developing an 'Edge of Residential Care' service where, via an emergency panel process, parents and children are provided with immediate support to prevent family breakdown. This pilot has proved successful reducing residential admissions with the family receiving a timely, flexible, responsive and proportionate service - meeting their needs at the front door.

The edge of residential care service has been able to ensure reduced admissions to residential care **equating to a 58% reduction in admissions to residential care** (March 2020 - March 2025). This has created the context for the service to ensure safer bed occupancy arrangements based on the assessed needs of children and young people. One impact of this has been a reduction in the number of missing children's reports and Datix incidents in the children's homes; a comparison of Q2 2024 to Q2 2025 evidences a 21% (n=216) reduction. This highlights the service focus on improving the wellbeing of children and young people on the edge of residential care and ensuring safer arrangements for those who do require residential care.

Based on the success of this work, the Children's Directorate has agreed that an 'Edge of Care' service should be developed for all those children who were assessed as being on the cusp of becoming 'looked after', being readmitted to care or at risk of placement breakdown. This service will include all those children through the continuum of care including those leaving care.

 Impact	Flexible, responsive and needs led support is enabling children and young people to remain with their families and is reducing the need for children to come into residential care.
 Challenges	Given the growth of need for the service and its success it needs a core funded team which can flex up and down to meet assessed need rather than a reliance on bank staff.
 Consideration for 2025/26	To spread and implement the 'Edge of Care' service to reduce admissions and disruptions for children within foster care.
 Quality Approach Summary	Early prevention and support is fundamental to tackling health inequalities and promoting good population health

## HSCQI Regional Collaboration



Health and Social Care Quality Improvement (HSCQI) Northern Ireland is a quality improvement (QI) network which meets monthly and 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, improve together, HSCQI is focused on building will, relationships and connections across system and professional boundaries. HSCQI aims to empower clinicians, professionals, support staff and service users, to participate in QI across the NI HSC system.

Moving from the Public Health Authority to RQIA in November 2024, oversight for the work of HSCQI is provided through the 'alliance' in NI, which is made up of CEOs and senior leaders from across the HSC. This group has set the direction for recent regional collaborative work which SET has participated in regarding timely access and delivering value.





The focus for 2024/25 has been in identifying core pieces of work across the region for wider implementation from within the delivering value collaborations. This has been led by senior staff within HSCQI supported by robust, considered methodology and critique on the conditions required for implementation. SET has become one of the pilot partner sites for work on Enhanced Patient Care Observations (EPCO) using implementation science methodology supported by a senior improvement advisor from HSCQI working alongside a dedicated team in SET.

As one of 22 other organisations partnering with HSCQI, SET benefits from a long relationship with HSCQI which provides regional, national and international networks as well as learning and funding opportunities, eg. Scottish Improvement Leaders Programme (ScIL), expert speakers, webinars. Other partners include, for example, HSE, Q Community, Health Foundation, Health Improvement Alliance Europe (HIAE,IHI).

In November 2024, SET hosted HIAE who convened one of their two day European learning events in SET to create shared learning opportunities between members on priority challenges and developments within health and care settings while leveraging the expertise of the in-country hosts to understand unique and innovative ways of working to improve health and social care. The focus for this event was not only our digital journey and learning from encompass but also site visits to two core services with a strong QI focus to drive service development - Prison Services and Lakewood Residential Centre.

### Our Aims

- 🎯 Raise Awareness & understanding of the Enhanced Patient Care Observation approach that has been tested in NHSC
- 🎯 Share the learning around how this has been implemented effectively in some areas
- 🎯 Understand the current and/or potential implementation approached to enhanced care from:
  - a) an organisational perspective
  - b) a service/clinical area perspective

 <p>Impact</p>	<p>The collaborative work of HSCQI has led the introduction of implementation frameworks into Quality Improvement. This is transformational for systemised change across the Region.</p>
 <p>Challenges</p>	<p>The challenge is the resource time available for member organisations to contribute to the overall regional work and to participate as faculty leads.</p>
 <p>Consideration for 2025/26</p>	<p>Embed implementation frameworks across the Trust to ensure sustainability of Quality Improvement projects.</p>
 <p>Quality Approach Summary</p>	<p>The Regional QI approach is underpinned by principles of learning together, sharing together and improving together. Aligning workstreams with HSCQI priorities, using recognised implementation and improvement science methodologies ensures consistency and spread.</p>

## 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. They held their first ever learning visit to Northern Ireland by partnering with SET, HSCQI and DHCNI in May 24.



80 people attended the learning event in QIIC focusing on digital innovation including encompass. This was a great opportunity to share experiences of electronic care records across the UK and Ireland. The Q community has a number of 'communities of practice' which team members attend, focusing on areas such as liberating structures and evaluation.

### 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.



SET is working with HSCQI team to be an adopter site of enhanced patient care observation programme as part of the delivering value regional implementation work.

### 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.

The AD in QI and Innovation presented to an HIAE webinar series on the quality approach in SET focusing on the corporate improvement priorities to create strategic change.

HIAE held a member's European meeting in SET in November 2024. This was an opportunity for over 40 delegates from across Europe to share learning with regards to quality management and systems leadership. Site visits were conducted at HMP Maghaberry, Lakewood Centre for Young People, HSCQI Collaboratives and Ulster Rugby.

### 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.



### NHS CONFED and Q Community Podcast

The AD in QI and Innovation was asked to present the work of the home care modernisation in relation to improved productivity as part of the NHS Confed and Q Community Podcast Series. This was broadcast nationally and championed the dynamic changes made by the Home Care team.



**NHS Confederation**

### IHI/ BMJ International Forum on Quality and Safety in Healthcare

This conference was held in Utrecht in 2024. Nine SET staff attended the conference representing the different directorates who had posters presented at the conference.

The AD and Head of Quality Improvement met with executives of the Economic Board Utrecht and the Health Hub Collaborative to gain insight into community planning and a population health approach across sectors. Learning was shared across the Trust at the Curry Club.



International Forum on  
**QUALITY & SAFETY**  
in HEALTHCARE

### 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 2024/25. Three staff members undertook the programme representing district nursing, reablement and maternity services. 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.







The AD in Medical Specialities is a participant in the SQSF Cohort 15. She visited the Hospital Israelita Albert Einstein (HIAE), Albert Einstein Education and Research Centre and the Comunidade 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.

In June 2024, C13 SQSF held an educational conference in SET with 19 fellows attending from Scotland, Norway, Denmark and Northern Ireland. The sessions explore acute hospital flow, digital innovation and leadership for cultural change. Site visits were held to the Ask HIM Peer Mentor Project in HMP Maghaberry, Boundary Cooperative Brewery and Crescendo Music Partnership with the Ulster Orchestra.

### Links

-  [IHI/BMJ Posters](#)
-  [NHS Confed Podcast](#)
-  [ScIL Posters](#)
-  [Q Community Visit Flyer](#)

	Impact	Opportunity for SET staff to represent the trust on prestigious programmes to upskill and flourish their development.
	Challenges	Challenges of staff being released from day to day duties to learn and build networks. Although this is essential for a dynamic organisation operational pressures and funding are a barrier to development.
	Consideration for 2025/26	As part of creating a learning organisation, we must create opportunities to share and apply the learning and best practice from other organisations, sectors and countries.
	Quality Approach Summary	Collaborative working is integral to dynamic system change. Dynamic organisations connect and network to share ideas, challenge paradigms and act as critical friends to each other. Attending and participating in global networks is crucial to SET’s future.

## Accountability for 2023/24

Effective quality management relies on continuous feedback, evaluation, and reflection on progress. At the South Eastern Health and Social Care Trust, we remain firmly committed to our quality ambitions and to embedding system-wide, sustainable change. Our accountability is reflected in how we build capacity, foster networks, and prioritise strategic improvement across all levels of the organisation.

**1**

### Organisational Capacity Building

Over the last year, we have focused on developing a network of change agents to support transformational change. In collaboration with our Organisational Development (OWD) colleagues, the foundation of this network has been laid. However, challenges remain in building a shared vision among senior and line managers regarding the potential of this initiative and in recruiting and utilising change agents in new and impactful ways. This vital work will be a continued priority in the coming year.

**2**

### Creating Networks

We have established the MSc 'Think Tank' and the Quality Fellowship to bring together critical friends who can contribute to complex, strategic improvement efforts. Challenges include limited time and capacity among staff continue to pose challenges. As an organisation we must acknowledge that critical thinking is not optional, it is essential for navigating complex transformation.

**3**

### Corporate Improvement Priorities

We continue to work closely with operational and management teams to progress organisational improvement priorities. However, the learning and impact from last year's initiatives have not been fully realised. A key barrier has been the limited number of dedicated project leads embedded within the Quality Team to drive this work forward. Strengthening this area is vital for the next phase of evolution in our improvement efforts.

**4**

### Population Health Approach

We are continuing to develop the skills and capabilities needed to embed a population health approach, in preparation for the integrated care system. Encouraging progress is being made as we begin to apply an equity lens to some services. By linking data sets, we are starting to better understand how services are planned, delivered, and evaluated, enabling us to address health inequalities more effectively across our population.

**5**

### Nurturing Regional and International Links

The Quality Team has begun forging valuable relationships with key partners, including the Data Institute, system designers and the Public Health Agency. Significant cross-boarder collaborations are also emerging, particularly with public health specialist in the Republic of Ireland and through international networks such as the Health Improvement Alliance Europe (HIAE) and Health Innovation Research Alliance Northern Ireland (HIRANI)

**6**

### Innovation

Innovation is a critical area for the future of our organisation. Initial progress has been made with the establishment of an innovation team, which will explore new approaches and opportunities. This includes creating a dedicated innovation lead and building partnerships with HSCNI, research bodies, industry, academia, and design collaborators. Much more work lies ahead to fully embed innovation across SET.

**7**

### encompass

The regional rollout of the encompass programme has presented challenges in allowing the Trust to focus on realising its full benefits. Now that the initial implementation phase is progressing, our attention must shift toward optimising the system's potential. A data-driven approach will be essential to ensure we make the most of this opportunity to improve outcomes and drive transformation.

## Recommendations for 2025/26

Effective quality management relies on clear intent, strong accountability, and a culture of ambition. Across the Trust, there are significant opportunities for enhancement and innovation. The following areas represent key priorities for advancing both the quality of care and the overall effectiveness of the organisation

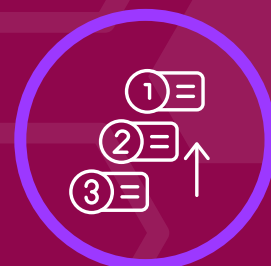
### 1 Building Organisational Capacity

Strengthening our innovation network, aligned with Kotter's 'Dual Operating System', the Change Agents Network, and the MSc 'Think Tank' is fundamental. Senior leaders must set expectations and provide support to embed this network as a central driver of learning and change. Change agents should be further developed in quality improvement, implementation science, and leadership. Time, energy, and resource investment are essential to allow staff to engage in network activities, education, and leading transformation in their areas.



### 2 Corporate Improvement Priorities

Sustained system-wide improvements in complex areas remain a key opportunity. Achieving this requires strong coordination across departments, underpinned by robust methodologies and data-informed decision-making. Recognising cultural and operational barriers, and variations in practice, will help guide successful implementation. Building internal expertise with specific programme leadership linked to the Quality Team to lead these transformation projects is essential for future capacity.



### 3 Adopting a Population Health Lens

Understanding the specific needs and priorities of the South Eastern Health and Social Care Trust population must guide the quality planning cycle. Collaboration with the Public Health Agency, ICS partners, and local communities will be critical. Tools like data mapping, linkage, and equality impact assessments are key. A shift towards more localised care is a strategic priority.



### 4 Patient Safety

Embedding real-time feedback loops will enhance service responsiveness and safety. Ongoing development of a learning-focused culture is required, alongside better dissemination of insights from SAI's and other safety mechanisms. Empowering change agents and service leads to highlight best practice is key. The Trust should continue to explore a Safety-II approach, learning from what goes right, not only what goes wrong.



### 5 Financial Stewardship

In light of regional and internal financial challenges, responsible use of resources is integral to our quality strategy. Addressing all six domains of quality (Institute of Medicine) will enable us to deliver higher value care including minimising waste, reducing duplication, supporting staff wellbeing, and making evidence-based decisions about service delivery. A unified vision, transparent processes, and a supportive culture are essential.



### 6 Fostering Innovation

Partnering with academia and industry is vital to advancing innovation. Internally, the Trust requires a defined innovation framework that includes governance, funding pathways, and robust evaluation. In alignment with the HSCNI 'Reset Plan', innovation must be scaled through both internal support and external funding. SET is well positioned to lead regional pilots through collaboration with DHCNI.



## Recommendations for 2025/26

7

### encompass Implementation

To maximise the platform's benefits, operational teams must be equipped to use data from encompass to guide service changes. Building digital literacy and safety is priority. Improvements are also needed in the system's reporting functions to meet both regional requirements and internal quality planning needs. The Trust aims to develop care operating systems to support this transformation.



8

### Effective Implementation

Applying implementation science is essential for achieving sustainable change. Using a structured framework helps understand the key components of change and the cultural context in which they occur. The appointment of a new QI and Implementation Lead, in partnership with Queen's Implementation Hub, supports our ambition for SET to be recognised as a national leader in implementation.



9

### Realistic Medicine

This approach is being embedded into corporate improvement strategies and supports the broader HSCNI 'Reset Plan'. It emphasises shared decision-making, personalised treatment planning, and mentoring clinical teams to reduce unnecessary diagnostics. This approach aims to improve patient flow and bring care closer to home, while aligning with best practices in patient-centred care.



10

### Empowered People

SET's greatest strength lies in its dedicated and skilled people, whose commitment drives continuous improvement and excellence in care. To sustain and build on this strength, we must continue to invest in our people through the QI Academy programmes, targeted support, and meaningful coaching opportunities. By empowering staff to problem-solve at a local level and actively listening through developing initiatives like 'What Matters to Staff', we foster a culture of ownership, innovation and shared purpose. Supporting our workforce in this way not only enhances individual and team development but will ensure sustainable improvement and high-quality outcomes across the organisation.



## Conclusion

The South Eastern Health and Social Care Trust's ongoing implementation of the 'Quality 4 All' strategy marks a significant shift towards embedding change across all levels of the organisation - the Trust is creating a culture where quality is championed by leaders and driven by empowered staff. Investment in training, particularly through the Change Agents Network and organisational capacity mapping, is equipping teams with the skills to lead meaningful, locally owned transformation.

As SET continues to build its internal capacity, the importance of coordinated leadership, dedicated resources, and strong programme support is clear. Financial stewardship and the effective use of data remain vital enablers of success.

This report highlights how improvement work is evolving from isolated microsystem projects to more strategic, system-wide redesign. The Trust's integration of a population health lens into its quality planning cycle signals a growing focus on tackling health inequalities and delivering more localised, person-centred care. Collaboration with integrated care system partners, and communities is key to aligning services with local needs.

Innovation is increasingly central to this journey. The development of partnerships with academia and industry is laying the foundation for scalable, evidence-based innovations. Internally, progress toward establishing a defined innovation framework, combined with digital transformation through encompass, is positioning SET to lead regional improvement efforts. However, success will depend on strengthening governance, building digital literacy, and ensuring data is accessible and used meaningfully to guide decisions. Implementation science will be a key driver in SET's quality approach.

The Trust's commitment to the principles of realistic medicine further demonstrates a mature approach to quality and sustainable care. Emphasising personalised care, shared decision-making, and learning from success as well as failure, these approaches support more responsive and sustainable change.

Above all, the Trust's vision of putting people at the heart of what it does is evident throughout this work. Through partnership, co-production, and a commitment to learning, SET is laying strong foundations for quality that is not only sustained but continues to grow and adapt in response to the needs of its population.

