Quality Team Trust Board Update **March 2026**

Corporate Improvement Priorities

The overall focus is creating the conditions for quality management, building new reporting structures, learning networks, training teams and working in partnership with service users, communities and across sectors. The Corporate Improvement Priorities are a focus of this work supporting a systems overview toward change.

Frailty

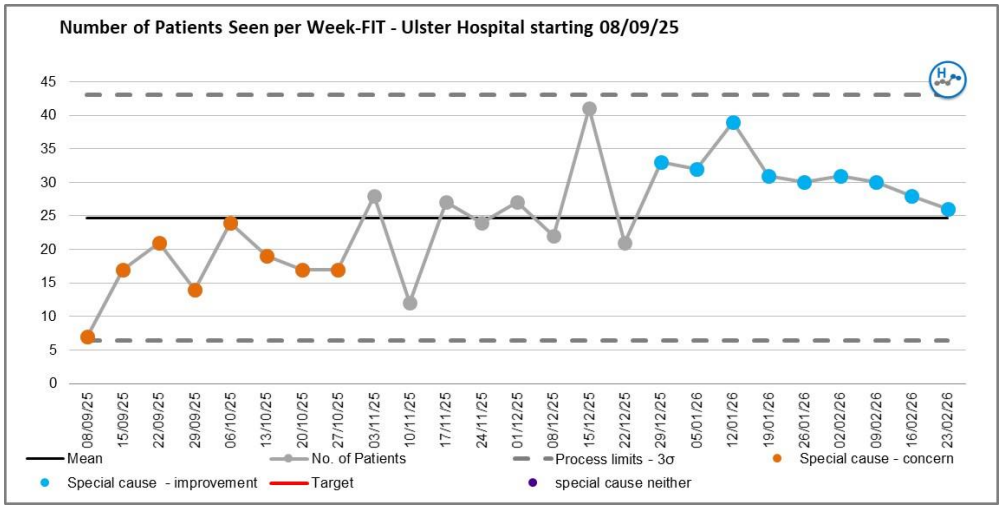
Update on Frailty @ Front Door / Frailty Intervention Team

A QI Associate Improvement Advisor has been working closely with the Frailty Intervention Team (FIT) to support the establishment of this new service, understand their remit and function within SET and evaluate their impact and outcomes to date. Through this support, the team developed an aim statement: *by June 2026, 80% of the patients deemed eligible to be seen by the Frailty Team in UHD will, within 48 hours, have been either: a) discharged with a frailty plan within, or b) have been moved to an appropriate inpatient environment.*

Progress to date

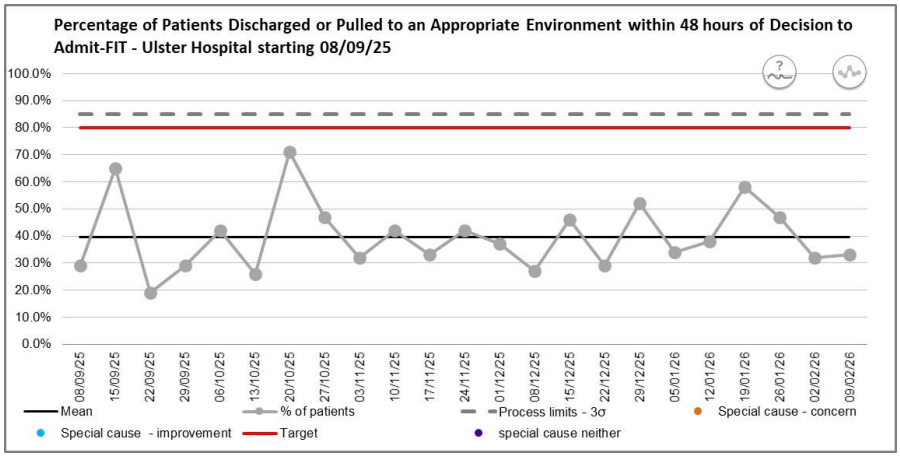
The QI Associate Improvement Advisor has developed a bespoke data collection tool to ensure a data-drive approach towards this aim. The team is collecting data daily and have seen an increase in the number of patients seen (chart 1)

Chart 2. Number of patients seen per week by FIT, UHD since Sept 2025



They continue working towards the aim of increasing the number of patients discharged or pulled to appropriate inpatient settings, although with current resources/processes this may not be achievable (particularly with regards to the pull-list not working). Chart 2. presents the data collected to date and demonstrates the challenges in transferring patients to appropriate elderly care settings.

Chart 2. Percentage of patients discharged or pulled to appropriate inpatient environment



Work to maximise team capacity and address potential barriers to the transfer of patients is ongoing including a frailty pharmacist focusing on medicine reconciliation and supporting discharge to hospital-at-home/acute-care-at-home. The team has delivered its first Tier 3 Fundamentals of Frailty teaching session, with a second planned for March.

Staff attended the Healthcare Improvement Scotland learning set in March and presented a poster (Appendix 1). The general consensus was that UHD is further ahead than many hospitals in Scotland. There was particular interest in the change from a Comprehensive Geriatric Assessment to a Focused Frailty Assessment made by the Ulster and the introduction of the Frailty Pharmacist.

Next steps and potential challenges

To date, the QI Associate Improvement Advisor has worked closely with the Frailty Service Improvement Lead, who was on secondment and has recently returned to their substantive post. Discussions are taking place as to how this change to the team may impact the project in the future.

Deconditioning

Progress to date

The QI Associate Improvement Advisor has supported the following developments:

- Staying Well in Hospital Deconditioning Booklet
- Pilot ward development: meetings with pilot wards are underway to form multidisciplinary working groups (Nursing, OT, Physiotherapy).
- Dietetics QI Project on food and frailty: progressing on Wards 6D/6E UHD, including the snack service project – data collection ongoing.

Next steps and potential challenges

The QI Associate Improvement Advisor will continue to work with colleagues at all levels, particularly with MD teams at ward level to address the challenge of

measuring patient level outcomes on deconditioning and evidencing links to discharge.

Criteria-Led Nurse Discharge (C-LND)

The QI Associate Improvement Advisor aligned to this workstream has been working collaboratively at all levels to support the testing and adoption of Criteria-Led Nurse Discharge across pilot wards:

Progress to date:

- Engagement with medical teams continues to improve - colleagues from Gastroenterology, and Rheumatology, with Respiratory joined oversight meeting in March. This is strengthening the shared clinical ownership needed for successful adoption.
- Educational resources, including PowToon animations, have been developed and cascaded to support nursing and MDT staff confidence in applying discharge criteria. Introduction of a standardised smart phrase.

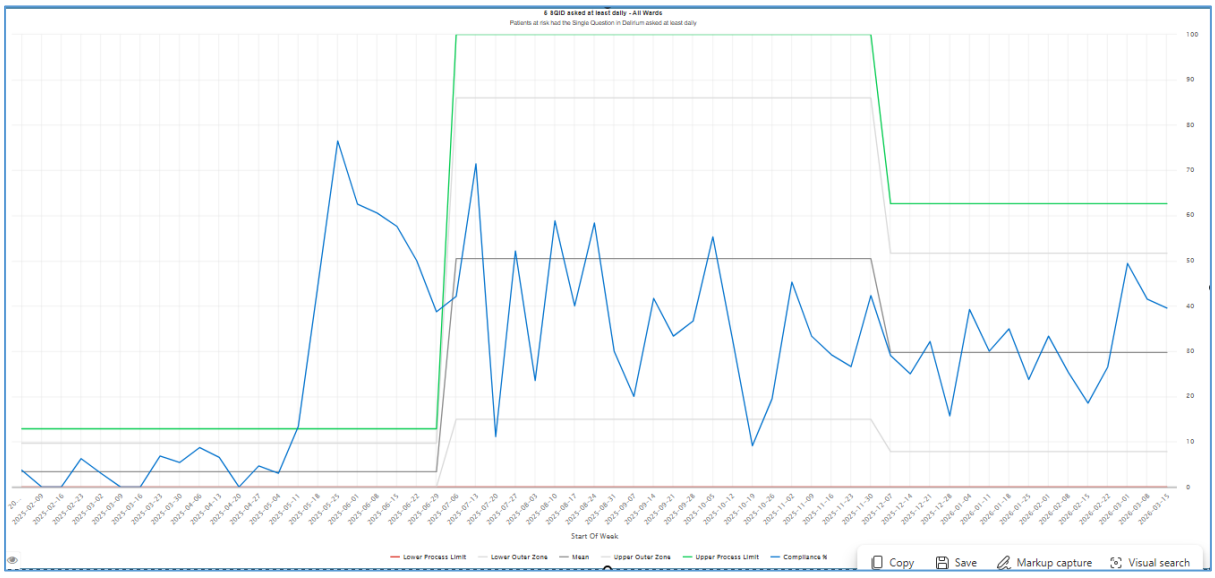
Next steps and potential challenges

Current action-plan gaps include improving F1 engagement, addressing weekend discharge processes, and tackling day-time operational gaps that impact on criteria-based decision-making.

Delirium Working Group Update

Delirium audits across Phase 1,2 and 3 wards continue at a rate of 10 per week, with ongoing monitoring of compliance. There has been a positive increase in completion of the 4AT assessment and subsequent referrals to clinicians in several wards. Improvement is still required in completion of the daily single question in delirium (SQID).

Chart 3: Completion of Single Question in Delirium (SQID)



The overall compliance chart above on the SQID identifies that there has been a decrease in compliance this is likely due to additional wards commencing audits as part of their introduction to the pilot. There has however been improvement evidenced in individual wards areas.

A Delirium Champions Workshop took place on 2nd March to strengthen understanding of the role and to provide a re-focus of the project. World Delirium Day was 11th March 2026 and during the week there were awareness stands across all hospital sites as well as 'What To Know on The Go' sessions provided across wards. Delirium guidance is now available on Voicera to provide real time support with completion of the Delirium Risk Assessment. 53 Delirium Champions identified across wards to support local leadership and sustainability. Supporting resources have been strengthened through the provision of activity trolleys for wards as part of the EPCO- Delirium Project, ward-based delirium information leaflets and posters

Next steps and potential challenges

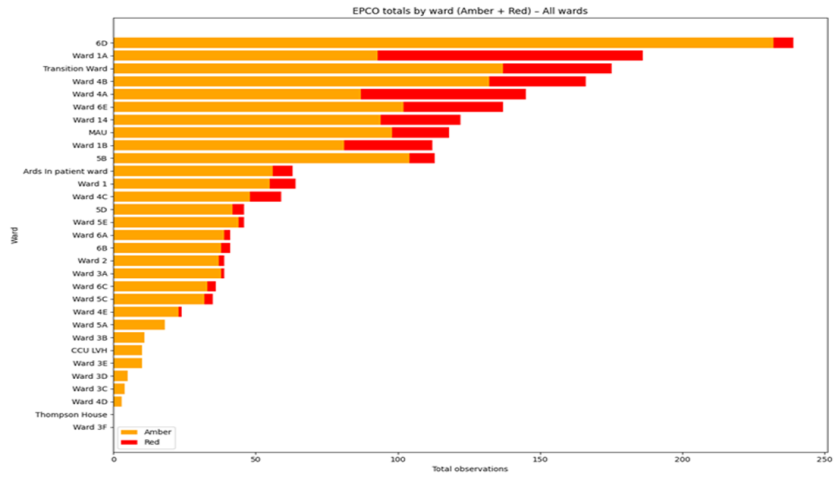
Education continues in the pilot wards supported by Lead Governance Nurse and Clinical Educators. A draft patient feedback survey was approved at the Delirium Working Group and this will now be distributed. Work is planned to amend/add metrics to the Frailty Dashboard on EPIC, if confidence in the data is achieved then the weekly ward audit can be stood down, EPIC should be a more robust indication of compliance. The main focus needs to be on improving compliance with the SQID.

Enhanced Patient Care Observation (EPCO)

Enhanced Patient Care and Observation (EPCO) is a structured, evidence-based, person-centred intervention for patients who are unable to maintain their own safety whilst in the hospital and are at risk of coming to or causing harm to self or others.

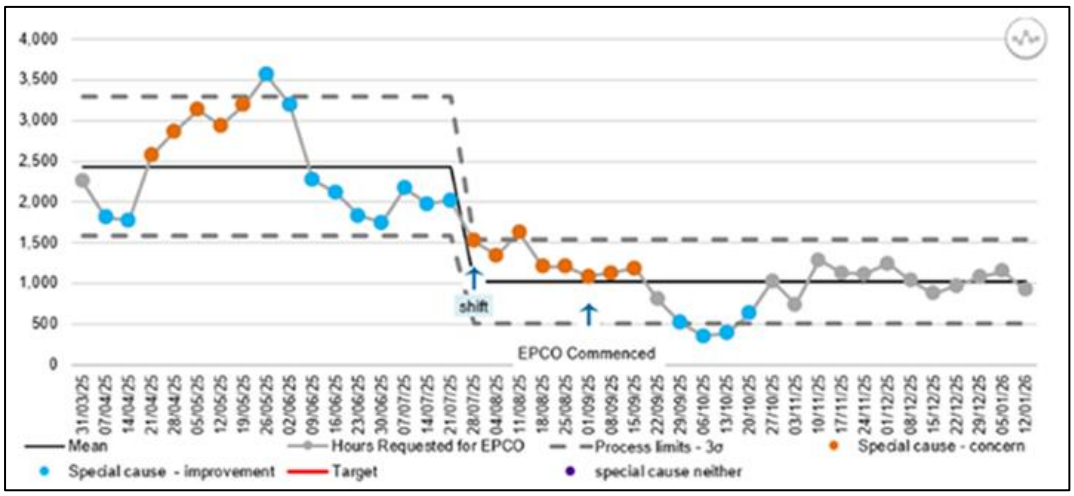
The Quality team has supported the implementation of EPCO across all adult inpatient wards - 31 wards in total, across all 3 SEHSCT acute sites. On average three are 70 patients per day on EPCO (56 amber and 14 red), with a peak of 86 patients on 5th January 2026. EPCO activity reduced in Feb-March, with amber levels of observation consistently accounting for the majority of patients on EPCO. Since the implementation of EPCO, there has been a reduction in the number of red EPCO patients, with 75-80% of EPCO shifts required for amber patients and 20-25% red. Ward 6D remains the ward with the highest EPCO usage.

Chart 4: The Number of EPCO Assessments by Ward



The SPC chart below shows a shift in the number of hours utilised for EPCO shifts per week, from September to October 2025, with a gradual increase during winter pressures, with a peak in January. An increase in shifts required since then correlates to winter pressures.

Chart 5: Number hours requested for temporary staff for EPCO per week



Next steps and potential challenges

The Quality team is now working to calculate the financial savings gained by the trust from the reduction in additional shifts required for EPCO patients.

Continued executive sponsorship and data integration will be the key to sustaining the effective implementation of EPCO.

Sensible Care

Sensible Care is an initiative led by the Chief Medical Officer that promotes the principles of prudent, evidence-based and value-based clinical practice. The Assistant Director for Quality is representing the Trust on the regional workstream,

which is examining opportunities for wider implementation of approaches such as shared decision-making and reducing unwarranted variation in imaging.

Next steps and potential challenges

A key focus within SET is building a shared vision across medical staff and multidisciplinary teams to support consistent, sustainable adoption of these principles.

Board Round Pilot

Since 26th January 2026, the Quality Team has been supporting a Board Round pilot on Wards 6A, 6B, 6C and 6E, UHD. Board rounds were introduced to try to improve early planning for patients approaching discharge. The aim of the Quality team's involvement in this initiative is to ensure the use of a robust, data-driven approach to this work. The Quality team has: developed a measurement plan, attended board and provided regular updates to the Trust's Flow Oversight Group.

Next steps and potential challenges

Senior management sponsorship, clinical ownership and an implementation plan is needed to progress any gains of Board Round.

People Corporate Improvement Priority

The People Priority has focused on building the foundation to build and sustain an Open, Just and Learning Culture within SET.

What Matters To Staff

This is a collaboration with the OD and Quality Teams. 5 teams have successfully completed the What Matters to Staff programme and the next phase of testing implementation is currently in process. This will broaden the range of teams involved to ensure applicability across the organisation. The implementation plan for WMTS between Royal Free and SET is being presented at the BMJ IHI Quality Forum (Appendix 2)

Pulse Survey

Key to building an Open, Just and Learning Culture is understanding staff experience. Our current Investors in People reaccreditation cycle provides us insight on a range of culture metrics. To understand components key to Open, Just and Learning e.g. Staff Engagement, Psychological Safety. To capture this an organisation wide Trust survey will be undertaken in April 2026. This will provide data, to sub-directorate level to provide a baseline and inform Trust Open, Just and Learning Action Plan.

Regional Frameworks

Being Human

The RQIA *Being Human: A Framework Safety Culture within Health and Social Care in Northern Ireland,* and DoH Being Open Frameworks include Open, Just and Learning principles. Work is underway to understand how these frameworks will apply within SET. This includes establishing mechanisms to oversee their testing and implementation and provide escalation as and when required. SET is supporting RQIA with the implementation of the framework in 3 ways:

- The ADs of Governance, Safe and Effective Care, Organisational Development and Quality are applying the framework to Trust culture, structures and policies.
- The AD and Quality Lead are supporting the regional implementation workstreams
- The Quality team is supporting the testing of a set of 'Connect and Reflect' templates. The team carried out an initial acceptability questionnaire and is now supporting their practical testing in 4 areas: Paediatrics, Ward 6A, Assisted Living, Tissue viability. The findings will be collated and returned to RQIA by 31st March 2026.workstream.

Wellbeing

Research indicates staff wellbeing is a key component to whether they feel they operate in an open, just and learning culture. Following staff feedback work has been undertaken on revising the Trust approach to supporting staff experiencing stress. This includes a training package, "Managing Stress and Mental Wellbeing in your team" which is supported by a Stress and Mental Wellbeing Framework, Self-Assessment Questionnaire and Manager Toolkit.

Building a Dynamic Change Network

We aim to build a change network across the organisation, aligned with Kotter's dual operating model, by connecting people with the skills, experience, and creativity needed to support high-quality care delivery.

- **Curry Club**

A curry club was held on 19th November 2025 with the focus on Sensible Care. Information was provided to the group on the Sensible Care work currently being undertaken in the region led by the Chief Medical Officer and Department of Health. Discussion took place regarding how do we shift paradigms, what we can do first in SET and how do we influence wider.

- **Change Agents**

The Change Agent Network is crucial to create and sustain improvement and applied assurance across the organisation. The network is open to all identified with a change function in their job description or job plan. The ambition is that these change agents transfer learning and implement best practice across the Trust.

- **MSc Think Tank**

Leveraging the skills and expertise of our MSc in Business Improvement involves alumni mentoring and supporting improvement projects and becoming critical friends to complex transformation work.

Next steps and potential challenges

To deliver this ambition, strong senior sponsorship is essential to empower staff to lead, embed and sustain change. Senior leaders need to bring the accountability, authority and resource to enable systemisation of improvement and ensure that learning is shared across the organisation by our staff embedded in change roles.

Encompass Corporate Improvement Priority

Encompass Healthcare in Prison (HiP) Go-live Staff Survey

An encompass HiP Go-live survey was distributed to staff working across all 3 prison sites to capture the staff's ambition and experience over the first few weeks following go-live on 6th November 2025. Overall themes on positive impact or learning included strong teamwork and peer support being critical for success, shared learning and adaptability helping overcome challenges and staff remaining committed to making the system work. Areas for improvement included medication management, access to information on encompass, training and preparation for go-live and system design and usability. A further survey to capture experiences a few months on since go-live will be disseminated during March 2026.

National Improvement Leadership Network

As part of an HSCQI collective the AD in Quality has been participating in the National Improvement Leadership Network with the Q Community. The network is exploring the structure and culture needed in an organisation or a region to develop a Quality Management System. Learning from Scotland and Wales can be adapted to SET.

HIAE Health Improvement Alliance Europe

Membership of HIAE provides the South Eastern Trust with an important platform to collaborate with peers, share best practice, and contribute to a growing evidence base that supports high-quality, value-driven care. Through participation in this network, SET can both learn from innovative approaches developed elsewhere and showcase its own improvement work, strengthening regional alignment and accelerating the spread of effective, evidence-informed interventions. This collective learning environment enhances the Trust's capacity to adopt proven methodologies, reduce unwarranted variation, and drive continuous improvement across clinical and

multidisciplinary teams. The AD in Quality is presenting at the March HIAE Learning Webinar.

Quality Academy

The Quality team has continued to provide a range of QI training programmes to staff throughout SET and to regional participants. Table 1 provides an overview of the QI programmes facilitated by the Quality Team and the number of staff who have completed each programme since.

Appendix 3 has a list of the current 17 Quality Fellows for 25/26, with their mentor and senior sponsor listed. Evidence has shown that for change to be embedded senior sponsorship and accountability is crucial to support systemisation.

The CNO funded Regional Nursing, Midwifery and Social Work programme completed in February and the participant's project posters and transferable learning document is attached. It is intended for the AD in Quality to meet with the CNO to look at the extension of the programme to include an implementation element to enable the gains from the programme to be realised in the Trust and across the region. The page tiger document can be viewed using this link https://setrust-hscni.pagetiger.com/rqi-2025-26-posters/v2-update

Table: 1 Overview of QI training programmes facilitated by the Quality Team

	Quality Lite	**QI Coaching clinics**	**Quality Fundamentals**	**Quality 4 You**	**Regional QI in Social Work, Nursing and Midwifery**	**QI Fellowship**
Level (aligned to Q2020 Attributes Framework)	Level 1	N/A	Level 2	Level 2	Level 2	Level 3
Aim	Awareness of QI and	To provide advice with ongoing change project	To develop QI capability in all non-clinical and clinical support staff within the Trust	Focus on leadership and improvement capability	Commissioned by CNO, this course is aimed at professionals B7 and above	Senior HSC Clinicians, Managers, and Clinical Fellows focusing on improvement aligned to corporate priorities
Method	In-person teaching	Consultation slots with a QI Associate Advisor	In-person teaching	6 in-person teaching sessions	8 In-person teaching	In-person teaching over a 12 month period
Number of participants	73 participants since April 2025	21 clinics attended between April 25-March 2026	12 participants	Cohort 5 25 – 40 participants		12 from SET. 3 ADEPT Fellows 1 NIAS 1 DoH

Implementation

The SET Quality team aims to lead the region in the application of implementation science (IS) to trust-wide improvement initiatives, thereby ensuring evidence-based interventions and change ideas are embedded, sustained and become business as usual. The Head of QI and Implementation is working to ensure the practical, timely application of IS frameworks to trust-wide initiatives, through:

1. Providing direct support for improvement projects: roll out of the Best Interests Pathway and Decision-Making Form; the implementation of the Speech and Language Therapy Helping Kids Talk programme; the Ask HIM Mentors Network and the roll out of EPCO.
2. Building implementation capability within SET: teaching on implementation is being integrated into SET Quality Academy programmes.

Queens Centre for Implementation

The Quality Team are working closely with the new Professor of Implementation Science at Queens to explore funding opportunities and a joint implementation post. The Quality Team intends to present at the first All-Ireland Implementation Conference in June.

The School of Art and Design

The Quality team is partnering with the School of Art and Design to introduce system thinking to support complex problem solving across HSC. Starting with undergraduate and postgraduate service user design students exploring the complexity of prison transition back into community. We are exploring joint funding to embed design expertise in the Quality team. Currently we have a joint bid submitted with the UK Research and Innovation for a UK- Ireland Collaboration in the creative economy: Research Network Awards, Partnering with Strathclyde, UU and National College for Art and Design Dublin

Innovation

Cardiology and Palliative Care Remote Monitoring Pilot (Heart Failure at Home)

The innovation collaboration with BT, Feebris, Momentum Zero One and Queens continues with our cardiology and palliative team in Lagan Valley Hospital to pilot remote monitoring of patients to support clinical decision making with the aim of early detection of deterioration and reduction in hospital admissions. A total of 71 patients have been on-boarded. Feedback to date indicates that service users find the technology easy to use and are able to get help managing the technology when needed. Reported changes to health since using the technology include improvement in fluid, weight and blood pressure and an increased confidence in managing their condition. Staff are reporting that the technology is helping facilitate better understanding of deteriorating patients, providing clearer guidance on escalation and are more time effective in reviewing patients.

QUB are carrying out an evaluation of the impact of the pilot on the service. Preliminary findings have been provided which indicate a directional shift on how the patients are managed and early indications of a decrease in unscheduled care attendances. QUB will be providing a full report in the next couple of months. Discussions are underway as to next steps with the pilot.

Hospital at Home Remote Monitoring Pilot

Remote monitoring technology could significantly improve the safety and efficiency of the service. Hence, SE Trust is commencing a pilot project to inform a decision regarding the broader roll out of remote monitoring technology by HSCNI, as a mechanism for improving both health care outcomes and the efficiency of the health care system. The aspiration is to improve patient safety by improved monitoring which could be continuous or on request. Building on the existing HAH model and drawing from experience of the Heart Failure at Home pilot, this pilot aims to improve safety and efficiency by augmenting current processes with technology while maintaining quality and safety. Specifically, the pilot will test the use of Feebris remote monitoring technology to:

- Replace some nursing visits if there are no other requirements such as physical interventions
- Facilitate skill-mixing by enabling appropriately trained staff in lower bands to carry out standardised, protocol-driven tasks
- For stable patients, some daily reviews can be replaced with structured virtual consultations, supported by high-quality home monitoring data, reducing travel and freeing capacity to accept more referrals and manage higher-acuity patients at home
- To support decision making with early clinical information when patients become unwell suddenly.

The pilot is due to start end of April 2026 in the North Down & Ards sector. Planning is underway with the HAH Team to put processes in place for the pilot commencing in relation to mapping the future state processes and governance documentation.

Place Based Accelerator Funding

The Quality Team are supporting clinical teams across the Trust to apply for Placed Based Innovation Accelerator Programme funding through the University of Ulster and supporting Sandpit events bringing technology innovators and healthcare teams together. Two SET Projects have received PBIAA funding led by Dr Leah McGuikan for point of care testing for P16 and Sarah Moran for predicting falls by movement analysis. These are joint projects with the centre for digital health at UU and supported by the Quality Team.

The Quality Team are working with UU to create the programme for the next sandpit, end of May, focusing on the future innovations in virtual care delivery, the sandpit will involve clinical input and digital and software innovators.

Appendix 1. Frailty at the Front Door poster presented HIS Learning Set March 26

Healthcare Improvement Scotland

Realistic Care, Right place, Right Time: Transforming the Journey for Those Patients Living with Frailty

South Eastern Health and Social Care Trust

Frailty Intervention Team, Ulster Hospital, South Eastern Health & Social Care Trust:
Dr Lynne Armstrong (Clinical Lead for Frailty); Rosemary Kelly (Consultant Geriatrician), Joanna Lannon (ANP Older People); Charis Kelly (ANP Older People); Padrig Flynn (Frailty Pharmacist); Laura Boyle (Frailty Service Improvement Lead); Carol Lutton (Associate Improvement Advisor)

Introduction

Older people with frailty represent a high proportion of emergency admissions and often experience poor outcomes. Many could return home the same day with early specialist assessment and treatment, yet limited frailty ward capacity means most are admitted to non-specialist areas without dedicated support.

As part of a pilot project, a Frailty Intervention Team (FIT) has been established in the Ulster Hospital Dundonald (UHD) to provide early assessment and advice following admission. Aligned with the Trust's strategic focus on frailty, this initiative promotes a home-first approach, timely discharge, and appropriate use of Care of the Elderly beds, aiming to improve patient outcomes while reducing length of stay and readmissions. This would benefit patients greatly and provide financial savings for the Trust.

Aim Statement

By June 2026, 80% of the patients deemed eligible to be seen by the FIT UHD will, within 48 hours of the decision to admit, have either been:

a) discharged with a frailty plan, or
b) moved to an appropriate environment (e.g. Care of the Elderly, transition ward)

Staff Feedback Survey

A staff feedback survey evaluated how the FIT is used across ED, AMU and other front-door areas, exploring staff awareness, ease of referral and usefulness of the service. A total of 29 staff responded.

Improvement themes suggested by staff:

90%	Rated understanding of FIT's function as good/excellent
75%	Find advice/recommendations by FIT always/mostly helpful
74%	Noted better decision making due to FIT
70%	Attributed earlier identification of frailty to FIT
67%	Noted improved discharge planning due to FIT
62%	Find it very easy/easy to refer to FIT

Project Measures

Outcome measures (directly linked to aim):

- % patients seen by FIT that were discharged or moved to an appropriate environment within 48 hours of decision to admit

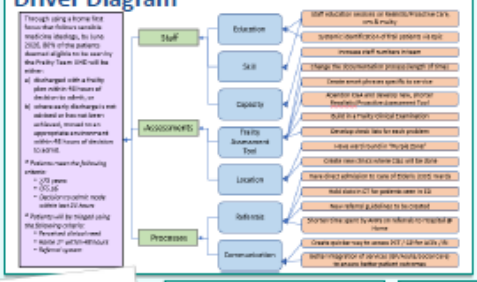
Process measures:

- % patients seen by Consultant/ Advanced Nurse Practitioner (ANP) of those deemed eligible
- % patients with completed Comprehensive Geriatric Assessment (CGA)
- % staff feeling confident in treating patients while following realistic medicine ideology
- Time spent on referrals to the Hospital at Home Service

Balancing measures:

- % patients readmitted within 7 days of discharge

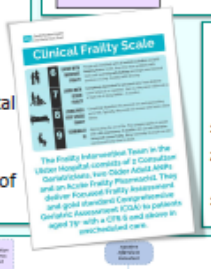
Driver Diagram



What's New...

new

- ***New*** full-time frailty pharmacist focusing on medicines reconciliation & supporting Hospital at Home referrals
- ***New*** streamlined Frailty-Focused Assessment as Comprehensive Geriatric Assessment too detailed at early admission stage
- ***New*** shared online folder allowing efficient frailty data sharing

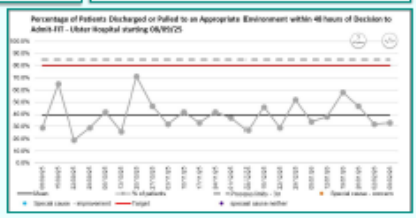


Meet the Frailty Intervention Team...

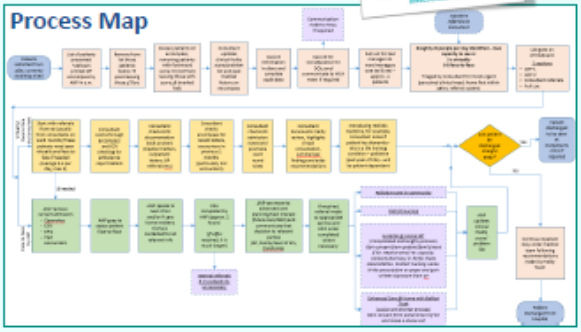
1.1 WTE x Consultant Geriatricians

2 WTE x Advanced Nurse Practitioners

1 WTE x Frailty Pharmacist



Process Map



Enablers for Success

- The project addresses a Trust Corporate Priority – a driver for change
- The team is working cohesively, with a shared vision and desire to work together

Challenges & Next Steps

- Limited success using pull lists to identify patients for care of the elderly wards – barriers to transfer require exploration
- Small team size – creativity required to maximise capacity
- Team has delivered its first Tier 3 Fundamentals of Frailty teaching session with more sessions planned

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NHS SCOTLAND

Appendix 2 What Matters to Staff poster presented at BMJ/IHI International Forum March 26

South Eastern Health and Social Care Trust | Royal Free London NHS Foundation Trust | Quality 4 All

Lessons on Implementation - Scaling **What Matters to Staff** Programme from Royal Free to South Eastern Trust

Dr Ruth Gray, Jocelyn Harpur, David Cairnduff, Karen Turner, Jane Coy-Terry

Background

From 2024, South Eastern Trust in Northern Ireland partnered with Royal Free London to scale the What Matters to Staff programme [1]. 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 had developed a comprehensive toolkit outlining the core components of the programme to support wider adoption. To test its adaptability, the programme needed to be implemented in a new organisational context, and SET, with its strong track record in applied improvement, was selected as an ideal partner.

[1] Turner K, Longmate R, Coy-Terry J, et al. BMJ Leader 2025;9:365 –369

Quality 4 All Strategy

Since the launch of 'Quality 4 All' the Trust has embarked developing a quality management systemAs part of this approach 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.

People Corporate Improvement 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. Work on the priority is focusing on a number of initiatives

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

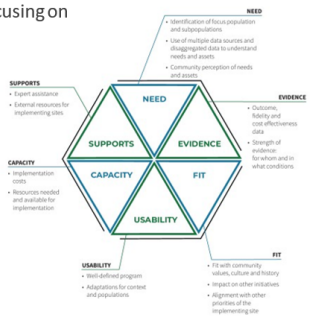
Implementation Methodology

To enable a robust approach to implementation of the WMTS we have used the Hexagon Implementation Model developed by Metz et al.

The Hexagon Implementation Model is a tool designed to assess the fit and feasibility of programs or practices in various contexts, focusing on

Six Key Indicators:

- Need
- Evidence
- Fit
- Usability
- Capacity
- Supports



Initial Learning from the Implementation Approach:

- **Need**- Identified through the Corporate Improvement Priority with Senior Sponsorship
- **Readiness** of the Organisation explored to connect to resource and ambition to strategic alignment.
- **Evidence**- Royal Free Team have developed a robust programme which has been tested and organisational impact verified.
- **Fidelity** – the team at Royal Free have created a comprehensive programme tool focusing on the core components
- The Royal Free Team have provided regular membership to support compliance with **Fidelity**
- SET team have adapted the WMTS programme to **Fit** with the values and strategic planning cycles
- **Adaptations** to the programme reporting and action plans have been made to align to the ongoing initiatives and structures in SET
- **Capacity** – SET have built a partnership between the Quality and Organisational Development Teams to provide the programme

Application of the Royal Free Hospital 8Step Improvement Cycle in SEHSCT

A considered approach has been taken reflecting 3 key domains:

Strategic Alignment

- Alignment with the SEHSCT People Plan with clearly identified senior executive sponsorship;
- Working partnership between SEHSCT Quality Department and Organisational Workforce Development Department;
- Alignment of the process to SEHSCT Leadership Profile.

Face Validity of Process Within New Context

- Assessment of readiness parameters agreed within local context;
- Tailoring of staff survey questions to align to SEHSCT People Plan while protecting the core principles of the prototype.

Direct support

- Coaching, observation and direct support from Royal Free Hospital to understand the process of the WMTS 8Step Improvement Cycle across the period of the initial pilot test cycles.

Key Learning to from the partnership to date

- The importance of having a plan for recruitment of teams;
- Clear communication of the purpose of the 8Step Improvement Cycle;
- Refinement of survey questions to reflect local context;
- The need for standardisation of survey analysis, workshop delivery and report templates across teams;
- Importance of setting defined timeframes for completion of cycle at outset to promote stronger engagement and avoid drift;
- Articulate and build WMTS into everything we do within SEHSCT Quality Plan.

SET's greatest asset lies in its dedicated and skilled people. To sustain and build on this strength, we must continue to invest in our people. 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.

Contact Dr Ruth Gray
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LinkedIn

Appendix 3 SET Quality Fellowship participation 25/26

Fellow Name	Mentor	Sponsor	Aligned Project Area
1. Dr Katarzyna (Kasia) Nowak	Dr Ruth Gray	Kerri McClure/David McCormick	Medical Handover
2. Danielle Sinclair	Dr Ruth Gray	Lynda Vladeanu	SET staff use of digital wellbeing self- help materials (namely Thriving Mind)
3. Dr Ryan Doherty	Dr Damien Carson	Dr Tony Tham/Richard Donovan	A Fairer Model of Gastroenterology Inpatient Care and Enhanced Outpatient Capacity
4. Dr Kirsty McClelland	Dr Damien Carson	Medical Directorate	Improving communication during the referral of a critically unwell patient to the critical care outreach team by utilising the “PINPOINTs” communication tool.
5. Dr Athulya Ashok	Dr Kiran Kaur	Kerri McClure/Daniel McKeever	Improving care of over 75s in ED- introducing delirium screening
6. Dr Tawanda Chikotosa	Alison Bartlett/Dr Rachel Farr	Maggie Parks	Tawanda on hold as moved to NHSCT Feb 2026.
7. Karen Beattie	Alison Bartlett	Marie-Louise Sloan	Review of scorecards being used in Lakewood Secure Care Centre for young people
8. Dr Hannah Pert	Jocelyn Harpur/Penny Graham	Dr Mark Bowman	Navigating the Navigator: Optimising Stroke Navigator use in the Ulster Hospital
9. Dr Cathy Reynolds	Jocelyn Harpur	Shane McCarney	Learning Disability Diagnostic Assessment – Improving the pathway
10. Amanda Lloyd	David Cairnduff	Stephen McGarrigle	Implementation of the regional suicide prevention care pathway within female prison population in Northern Ireland.

11. Barry Magee	Aidan McDonnell/Anita Rowe	Dr Shane McCarney/Dr Matt McMurray	Trust-wide Implementation of the Best Interests Pathway and Decision-Making Form
12. Paul McCann	Rachel Gibbs	Martin O'Toole	Supporting our staff through Employee Relations processes
13. Claire Williams	Fionnuala Gallagher	Maria McIlgorm CNO	Improving Visibility and Engagement of the Chief Nursing Officer Group Within the Department of Health
14. Ruth Robb	David Hamilton	Ruth Finn	Delivering Trauma Informed Services within NIAS
15. Maeve- Ann Hanlon	Marie-Louise Sloan	Jason Murray/Jonathan Bradshaw	To create a more sustainable Procurement Lifecycle for Estates **Medical** Contracts
16. Elaine Smyth (Occupational Health and Wellbeing Services)	Barry Rooney	David Cairnduff	An Occupational Health Care Pathway for Trust staff following work-related trauma
17. Paula McGurk	Kerrie McClure	Richard Donovan	Reducing the frequency of blood tests ordered by the Type 2 Diabetes Service in UHD.