



# 12 Months Learning

## encompass Staff Survey Report

Quality Improvement & Innovation SEHSC



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# Introduction

South Eastern Health and Social Care Trust (SET) was the first Trust to launch encompass in November 2023. encompass is an electronic Health and Social Care programme that will create a single digital care record for every citizen in Northern Ireland. Over the last year a series of surveys have been conducted. This report presents the findings from our 12 month encompass staff implementation survey, conducted across the organisation.

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.

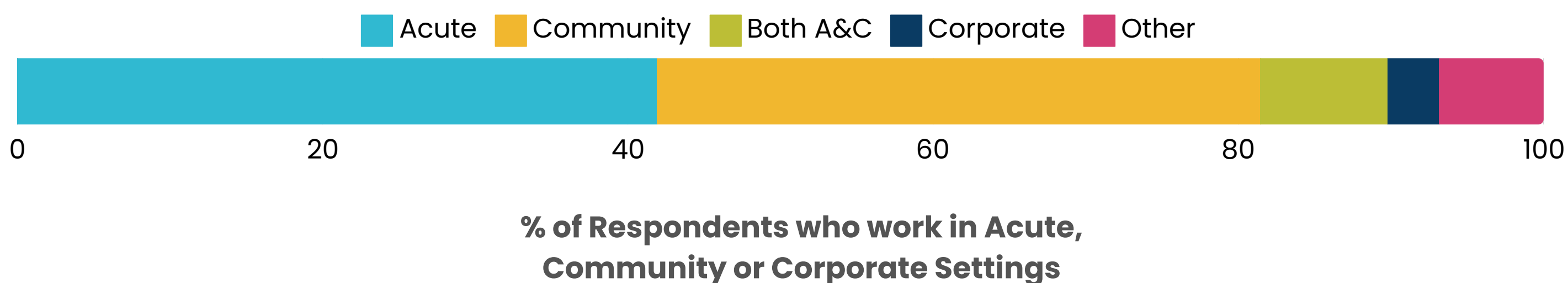
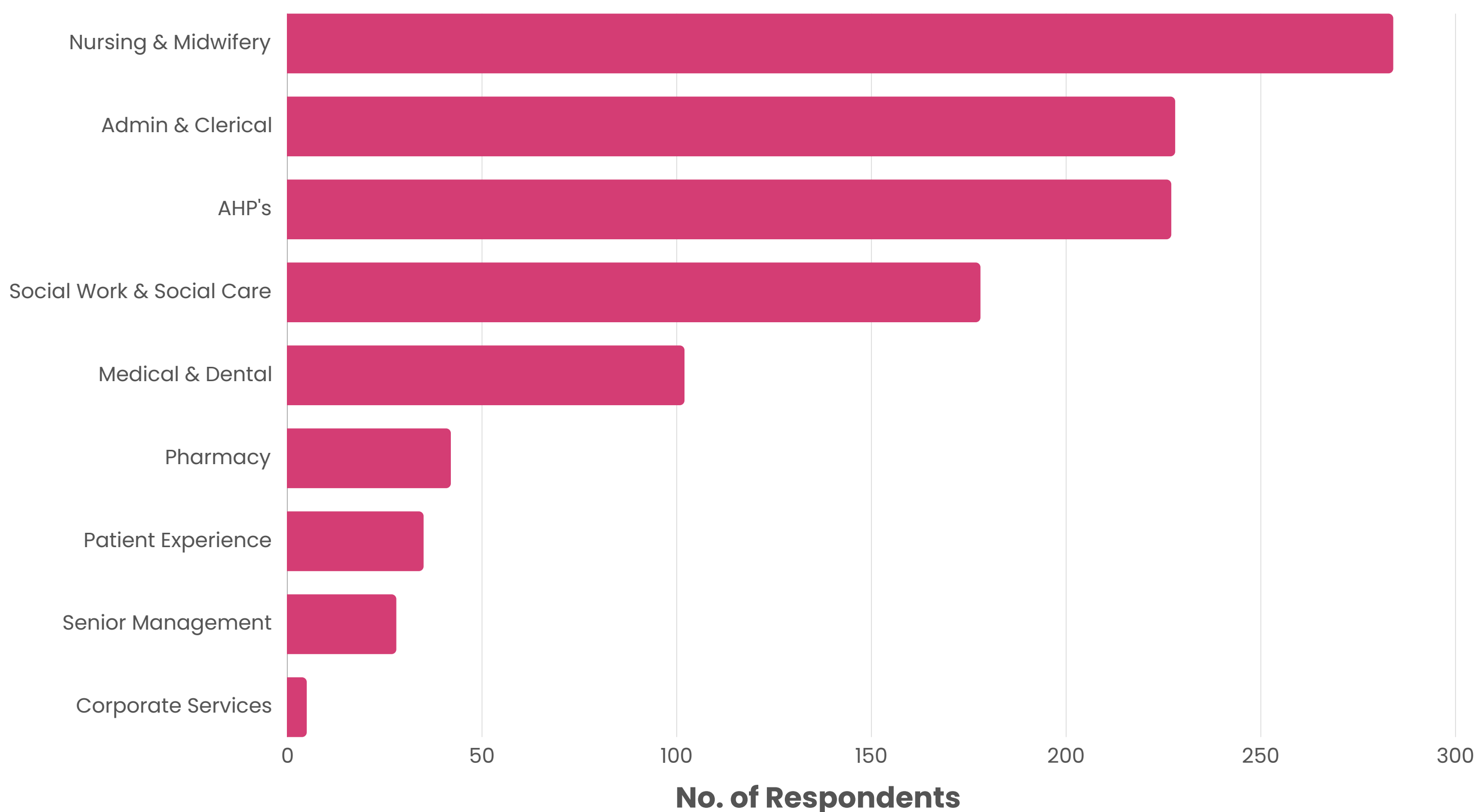


The staff implementation survey received a total of **1,192** responses across various professions and settings within SET. The breakdown of responses reflects the diverse nature of our workforce, and was representative across the organisation.

The survey included a range of departments, with notable representation from both acute and community settings, as well as from senior management and corporate teams. The responses from such a wide cross-section of staff are crucial in understanding how encompass is impacting different roles and settings, and will help guide the ongoing support and improvements needed for the system's successful implementation across the organisation.

## Survey Demographics

### 1,192 Total Respondents Stratified Professional and Staff Grouping



The majority of responses came from acute and community services, with nearly equal representation from both areas. This reflects the central role that both settings are experiencing in the implementation and use of encompass. The responses from corporate teams and other categories will also provide valuable context for understanding broader organisational needs and challenges.



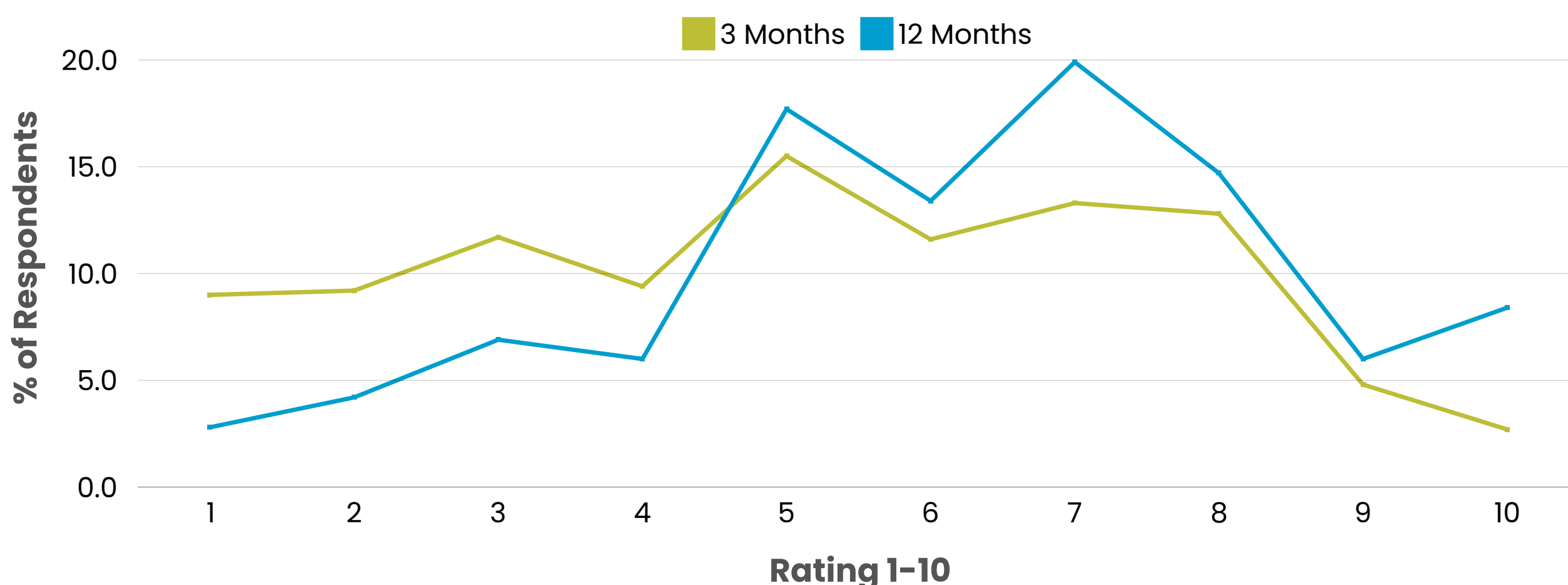


## Confidence

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.

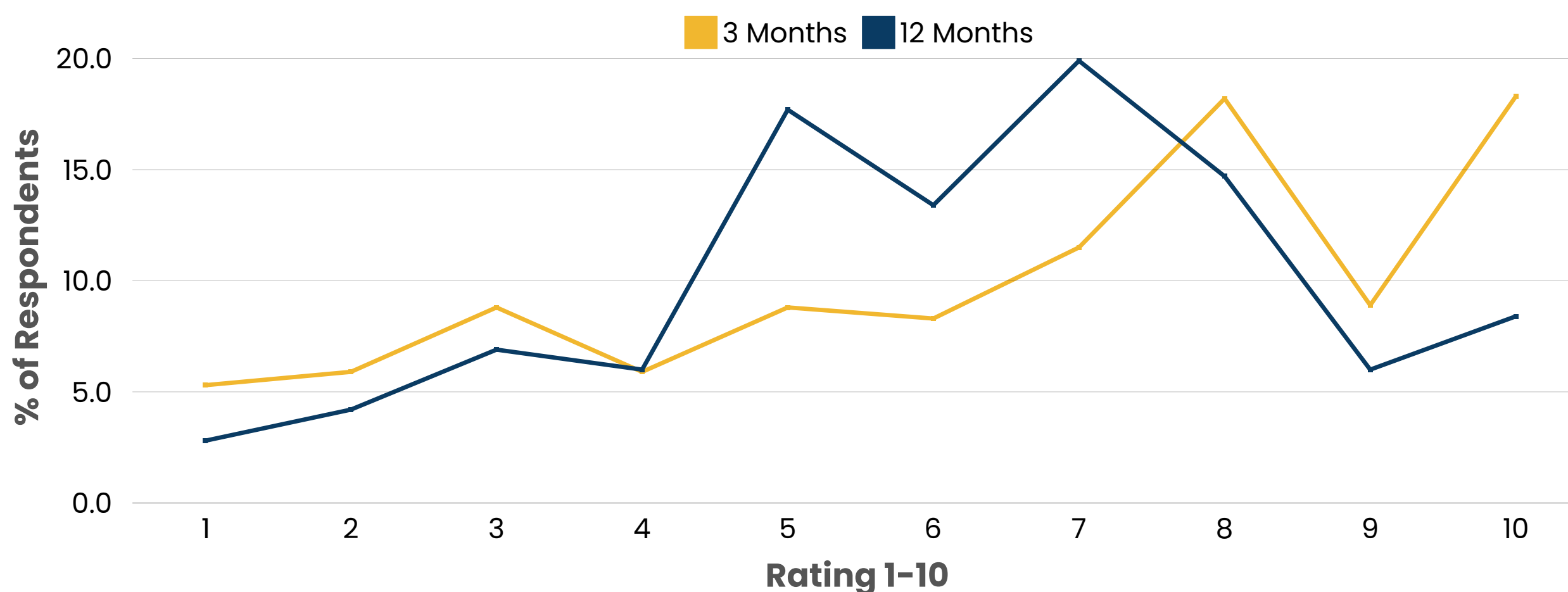
The proportion of staff reporting moderate confidence (ratings 4-6) remained relatively steady, though slightly higher at 12 months.

There is a reduction in low confidence rating. The percentage of staff with low confidence (ratings 1-3) decreased significantly, from **29.9 %** at 3 months to **13.9%** at 12 months.



## Stress

The survey gathered self-reported stress levels from staff. The stress levels were rated on a scale from 1 (low stress) to 10 (high stress). At 12 months only **38%** of respondents reported low stress levels, **36.2%** of respondents reported moderate stress levels and **25.8%** of respondents reported high stress levels.



Comparing the reported stress levels at 12 months to 3 months, stress levels were more evenly distributed, with **25.0%** of staff reporting high stress levels (7-10). There was a notable decrease in the percentage of staff reporting high stress compared to 3 months (down from **56.9%** to **25.8%**). Low stress levels increased to **47.1%** of respondents, suggesting that many staff experienced a reduction in stress over the course of the year, possibly due to increased familiarity with encompass or other mitigating factors.

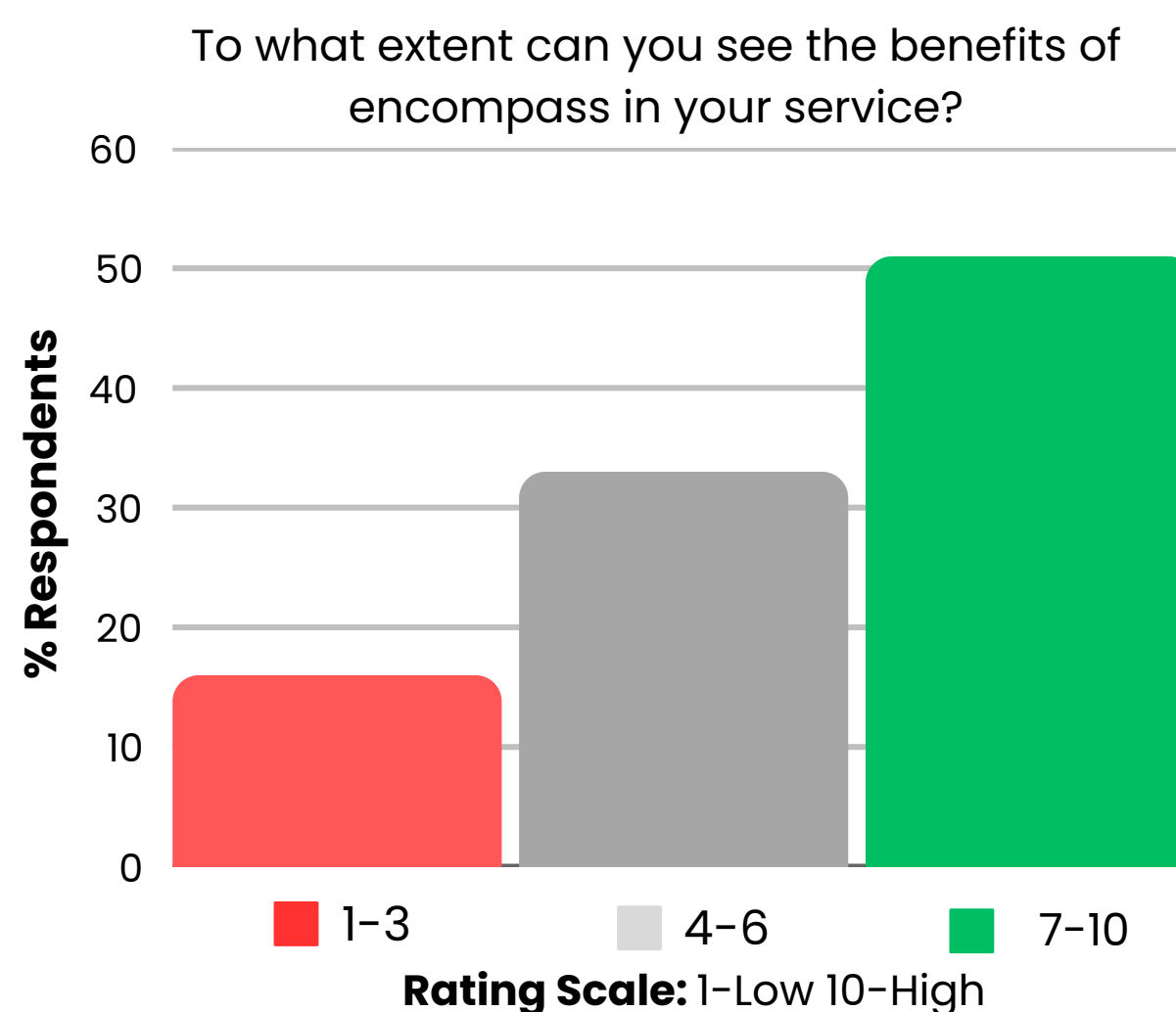
The data suggests that, while staff initially experienced high levels of stress during the early stages of the encompass implementation (3 months), the situation improved significantly by the 12-month mark, with a notable decrease in high stress levels and an increase in low stress levels. This indicates that, over time, encompass may have become more manageable for staff, though some challenges remain for a portion of the workforce, as evidenced by the continued presence of moderate stress levels. Further support and targeted interventions is needed to help those still feeling highly or moderately stressed.



# Recognised Benefits

The majority of staff (**51%**) reported experiencing benefits of encompass; suggesting that for most, the new system is now perceived as having a positive impact.

A smaller group (**33%**) see moderate benefits, indicating that some staff are still in the process of fully realising the benefits or may feel that the improvements are limited. Only **16%** of respondents report low benefits, suggesting that there are some staff members who believe the new system has not brought meaningful advantages to their service.

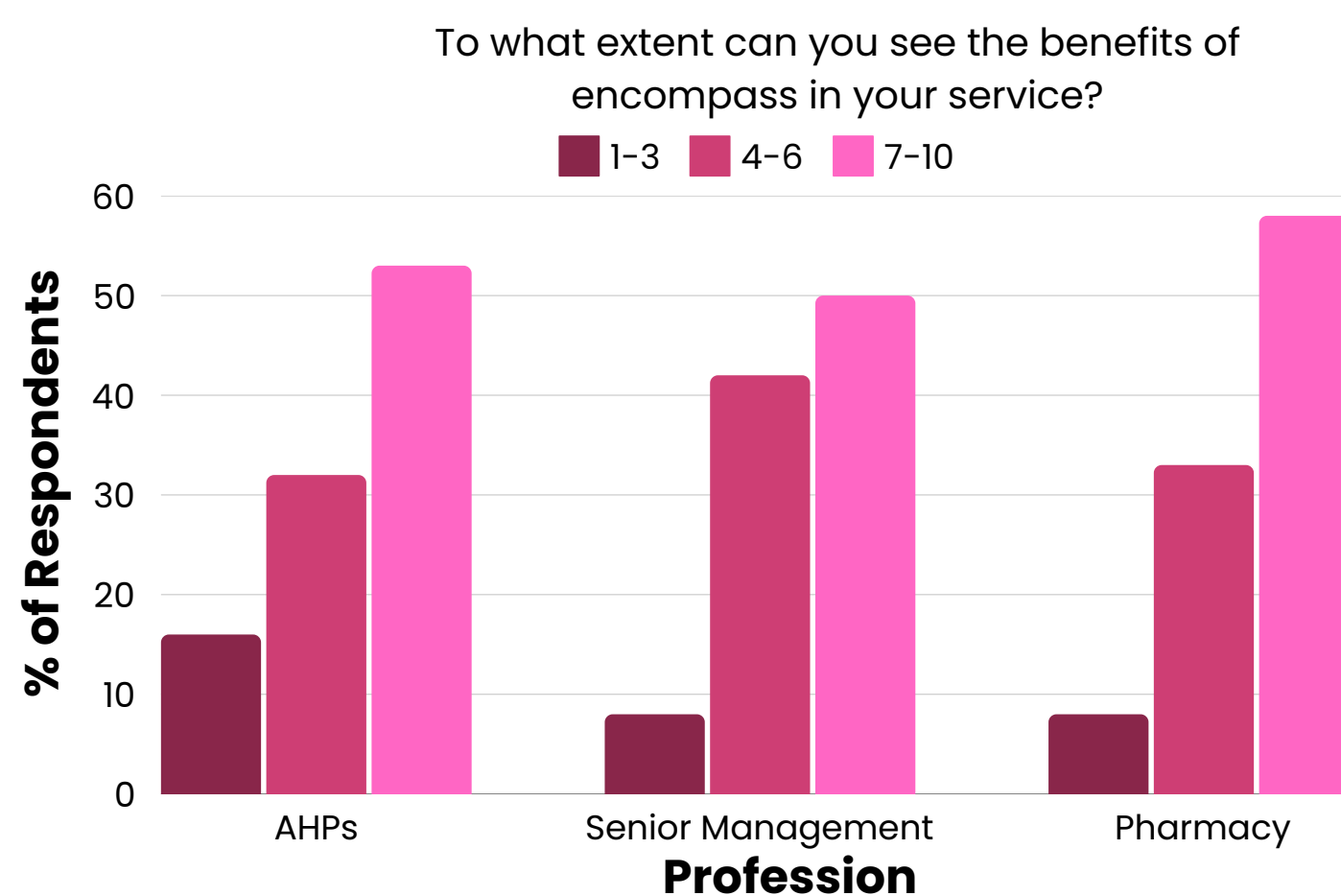


Overall, the data suggests a generally positive reception to the encompass system in terms of its benefits. Though there is a small proportion of staff who either have not experienced or do not see significant improvements, highlighting a potential area for further engagement or support.

This aligns with change management principles, where initial resistance or uncertainty may decrease over time as staff gain more experience with the system and see its value in practice.

## Summary of benefits stratified by staff

The implementation of a new electronic health care record is a significant change that impacts various professional teams within an organisation. When asked to what extent staff could see the benefits of encompass, the response varied across different professional groups. Overall, there was a marked positive shift in perceptions, with some teams reporting greater benefits than others.



Pharmacy, Senior Management, and Allied Health Professionals (AHPs) reported the most significant positive benefits from using the new system. These groups indicated a higher level of satisfaction, noting improvements in efficiency, access to multidisciplinary patient’s notes and access to information transfer between Trusts. This suggests that these professional groups have found encompass particularly useful in enhancing some of their specific areas of work.

Other professional teams reported moderate to mixed responses, indicating that while some benefits were recognised, challenges still remained. Medical and dental staff responses were the most muted in reporting benefits. The variance in responses may be attributed to differences in the specific needs of each professional group, as well as how each team interacts with the system on a day-to-day basis. This variability highlights the need for ongoing training, support, and system optimisation tailored to the unique needs of different professional groups.

### Transferable learning:

- Positive system benefits are now being realised by over 50% of respondents as staff gain more experience and see value in its practice. To accelerate this process, it would be advantageous to promote shared learning across the organisation, enabling staff to exchange insights and strategies on optimising system use.
- The recognition of system benefits varies across professional groups, with differing service structures and needs playing a significant role in these disparities. Targeted support and increased recognition are required for specific teams, such as medical and dental staff, corporate teams, and support services. Addressing these differences is essential for ensuring equitable benefit realisation across all departments.



# Organisational Understanding of the Impact of Change on Staff

At the 12-month mark, staff were asked to assess to what extent they felt the impact of the change on staff had been recognised and understood by the organisation.

35.8% of respondents felt that the impact on staff had been poorly recognised or understood. This suggests that many staff members perceive a gap in the organisation's understanding or acknowledgment of the challenges they have faced during the transition.

A smaller proportion of staff (**19.4%**) felt that the impact of the change was highly recognised and understood, indicating that there may be opportunities for improving communication and support mechanisms across the organisation to better acknowledge and address staff concerns.

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. Respondents are reporting that there is still a lot to learn with the system. At this stage, if the impact of change on staff is not recognised there is concern that this may have an effect on continued implementation. 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.

The survey findings highlight the importance of sustained leadership and ongoing efforts to ensure that teams remain supported over time. Recognising the long-term nature of the adaptation process and planning for continuous improvement in both the system and staff support is essential to achieving successful transformation.

## Impact on staff is recognised and understood

Rating Scale: 1-Low 10-High

● 1-3 ● 4-6 ● 7-10



### Transferable learning:

- The implementation of the system is an ongoing process, and it is crucial to establish regular “touchpoints” to assess its impact on both staff and service delivery. These periodic check-ins will help gauge staff experiences, identify emerging challenges, and ensure that the system continues to meet operational needs.
- Action is needed to identify specific service areas and professional groups that are struggling with the changes. A more tailored, bespoke approach should be developed to support these teams through the transition and ensure they can realise the full potential of the system.

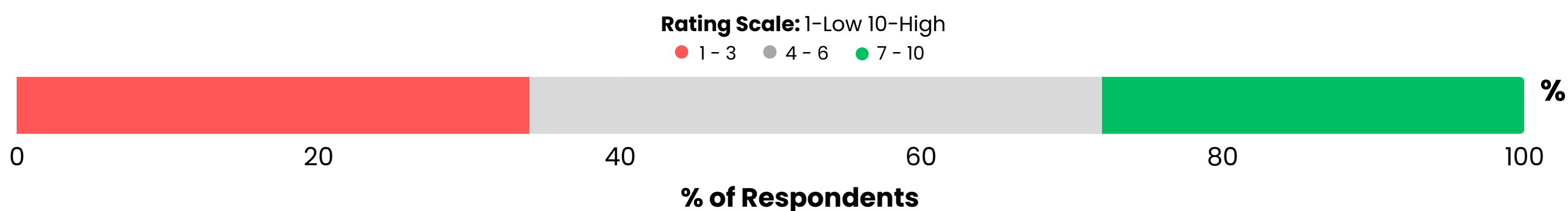


# Perceived Improvements to Process and Care Delivery

Three questions were posed to establish the perceived benefits of the system on patient care and the improvements in functionality of administration and reporting.

## Perceived Improvements to Patient Care with encompass

The quality of patient/service user care has improved with encompass

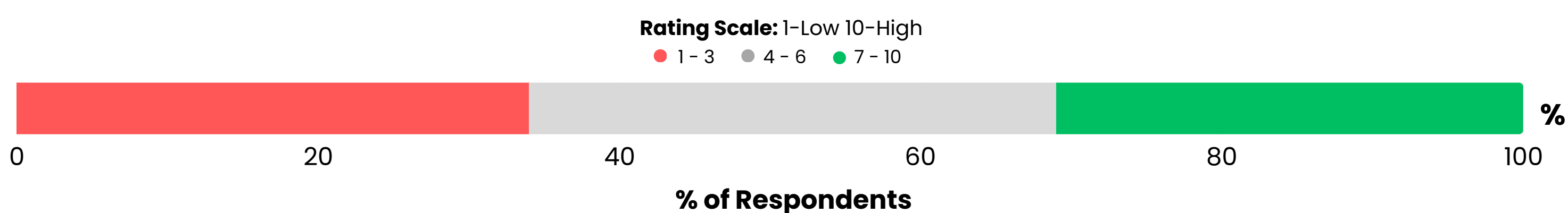


There was a mixed response of people reporting perceived improvements to patient care. Some staff see tangible benefits (**28%**), but there was still a considerable group who may not have experienced or perceived significant improvements in care quality.

Studies typically find that the impact of electronic health records on patient care and administrative tasks can be uneven. For example, some healthcare workers report significant improvements in care co-ordination and efficiency, while others experience challenges related to system usability, training, and integration with existing workflows. The survey results reflect this variability, with some staff seeing substantial improvements (**31-38%**), while others remain dissatisfied or see minimal change (**34%**). Some healthcare professionals report that electronic health records improve patient care by providing better access to real-time data, reducing errors, and improving communication. However, others find that the technology can initially disrupt workflows, leading to frustration and resistance. The **34%** who see no improvement in patient care in this survey suggests that for some staff, encompass has not yet led to clear, measurable improvements in care quality.

## Perceived Improvements to Administration with encompass

The quality of patient administration has improved with encompass



Similarly, **34%** of respondents perceive little or no improvement in patient administration, while **35%** note moderate improvements and **31%** report high improvements. This indicates that while the system may be seen as beneficial by some, its impact on administrative tasks is not universally felt across all staff. This was highlighted by medical and dental staff who have stated that the administration burden integrated into workflows is reducing their clinical capacity. Increased time spent booking future appointments and investigations is limiting the number of patients seen and increasing waiting times. Support services also reported that the quality of patient administration had reduced, this needs to be explored further to understand how to support adaptation of encompass within services. The response from administrative staff was mixed, with **29%** reporting a poor impact from the encompass system and **31%** noting benefits. However, this marks a significant improvement from the feedback received at the 3-month stage, indicating that over time, administrative staff have begun to experience more positive outcomes from the system. The SET Administration Action Group has played a key role in driving this improvement, but there is still further work to be done to ensure consistent and widespread benefits for all admin staff.



## Perceived Improvements to Reporting with encompass

I am able to appropriately access and take action from reports in encompass

Rating Scale: 1-Low 10-High

● 1-3 ● 4-6 ● 7-10



As SET enters into the optimisation phase, a notable **35%** of respondents feel they are not able to effectively access and take action from reports in encompass. However, **34%** of respondents are moderately satisfied, and **31%** report high effectiveness in accessing and using reports. The significant cohort of staff struggling with report functionality could be an area for system improvement.

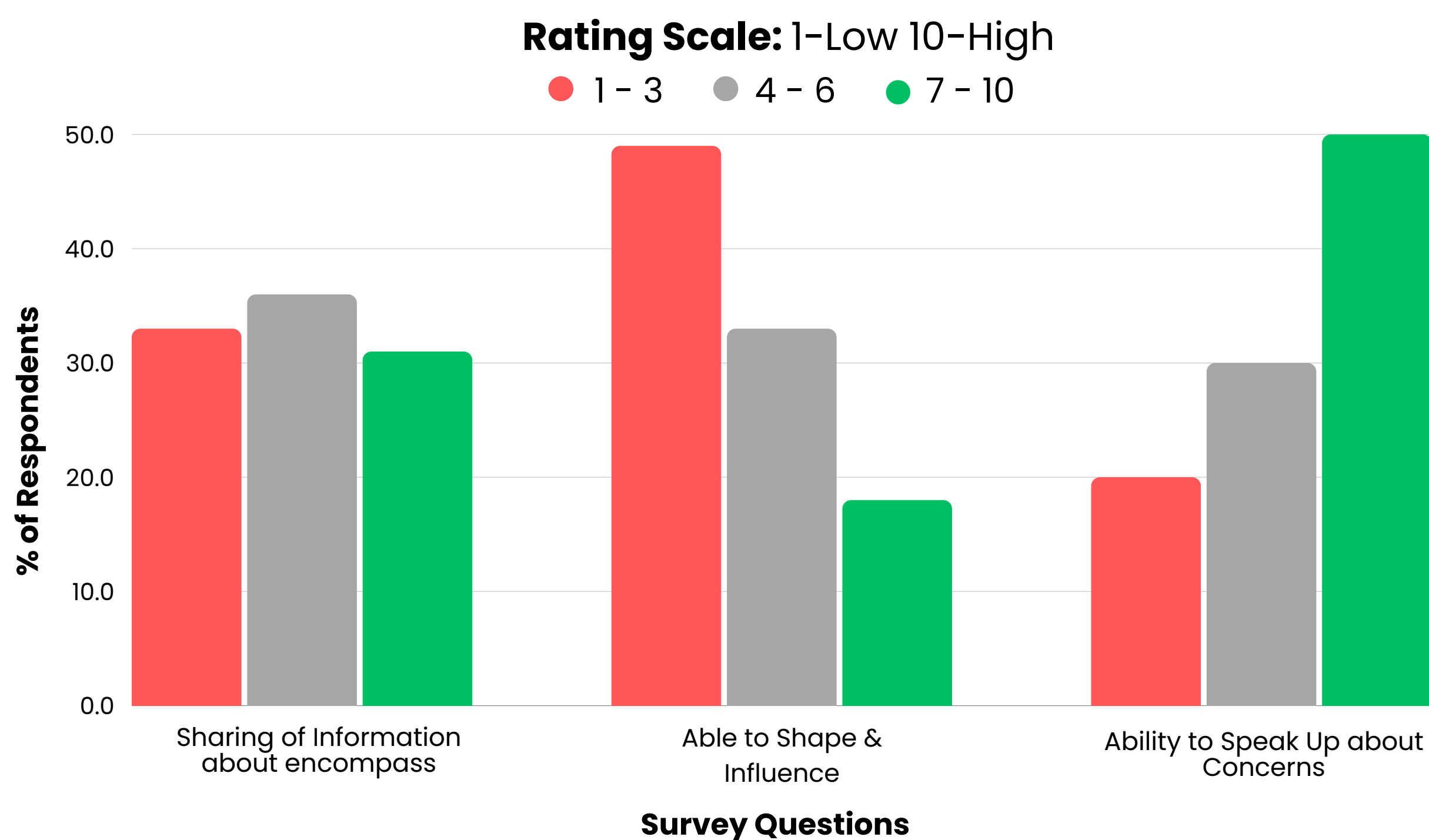
The **35%** of respondents who report difficulty with accessing and acting on reports point to a potential usability issue that is consistent with challenges noted in other studies on electronic health record adoption. Addressing these usability concerns and ensuring proper training and support will create opportunities for staff to leverage their service data and help improve system effectiveness.

### Transferable learning:

- Benefits in patient care are being realised through improved access to multidisciplinary patient notes and real time data, improving the quality of decision making.
- The administrative function for clinicians needs to be improved.
- The expansion of encompass across the region has led to some instability in existing workflows and practices. A concerted effort to standardise processes across trusts is critical to minimise disruption during future Go-Live events and to stabilise and optimise the system.
- During the optimisation phase, there is a strong need to focus on the availability of data through enhanced reporting and dashboards. Regional resources will be crucial at this stage to support the roll-out of effective reporting tools and ensure data is accessible and usable for clinical decision-making.



# Creating the Conditions for Change



The three survey questions focus on staff responses regarding the impact of encompass. With regards to information being exchanged with services. A significant proportion of respondents (**33%**) feel that information about the changes made to encompass changes are either poorly shared or unclear. A larger group (**36%**) is moderately satisfied with the communication, however, only **31%** staff feel that communication about the changes is well-managed. Effective communication is a critical element of successful change management. The mixed responses suggest that while many staff may have received some level of information, there is still a gap in ensuring that all staff are well-informed and aligned with the changes. Improving clarity and consistency in communication could reduce resistance to change.

A strong majority of respondents (**50%**) feel comfortable speaking up about their concerns relating to encompass, indicating a high level of psychological safety, which is essential for fostering trust and collaboration during change. However, a smaller group (**20%**) feels that they cannot express concerns, which suggests some barriers to open communication exist for certain staff members. While most staff feel comfortable voicing concerns, some still feel unable to do so, suggesting psychological safety is not uniformly experienced across all teams.

A significant portion of staff (**49%**) feel they have little or no ability to influence the changes related to Encompass, which may indicate a lack of involvement in the decision-making process or feelings of exclusion from shaping iterative change through the optimisation phase. A smaller group (**19%**) feels highly empowered to influence the change, suggesting that some staff may be more engaged or included in the process than others.

For large scale organisational change to succeed, staff need to feel a sense of ownership and empowerment. The relatively high number of staff who feel excluded from shaping the change signals a potential gap in the participatory aspect of the change process. Fostering more opportunities for staff involvement, feedback, and collaboration can improve the overall success and acceptance of encompass.

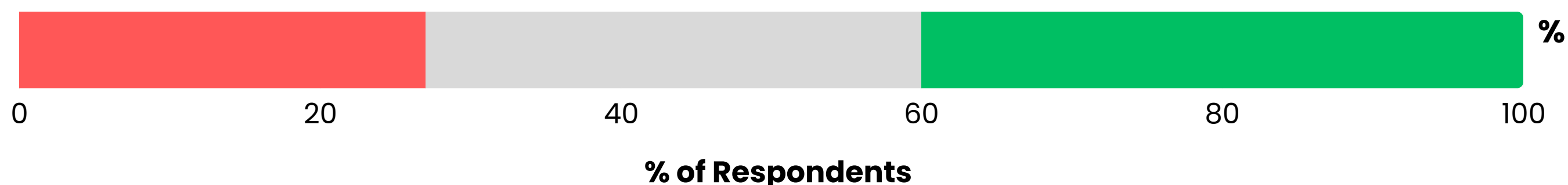
These findings highlight the importance of ensuring effective communication, promoting psychological safety, and increasing staff participation in the change process to drive successful adoption, engagement and optimisation with the new system.



How are you with escalating issues related to encompass

Rating Scale: 1-Low 10-High

● 1-3 ● 4-6 ● 7-10

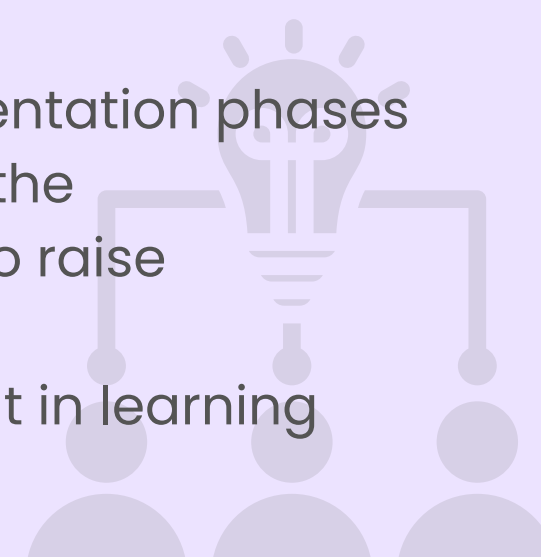


A small group of staff (**27%**) feel unable or reluctant to escalate issues or concerns about encompass, indicating potential barriers or frustrations in the escalation process, they may feel uncertain about how to raise concerns effectively. Some staff have stated that they are not familiar with the process on how to raise concerns or that they do not have the opportunity to feed back about issues. The majority (**40%**) of people feel confident in their ability to escalate issues, suggesting that for most staff, there is a clear and accessible channel to report problems with the system.

Finding from studies on successful change initiatives often involve well-defined and transparent procedures for staff to report concerns or escalate issues. If staff feel that the channels are unclear or ineffective, they may hesitate to speak up. Studies show that staff are more likely to escalate problems in environments where they feel psychologically safe. Employees who feel engaged in the change process are more likely to actively raise issues and contribute to problem-solving. A lack of engagement or perceived lack of influence can result in fewer concerns being raised.

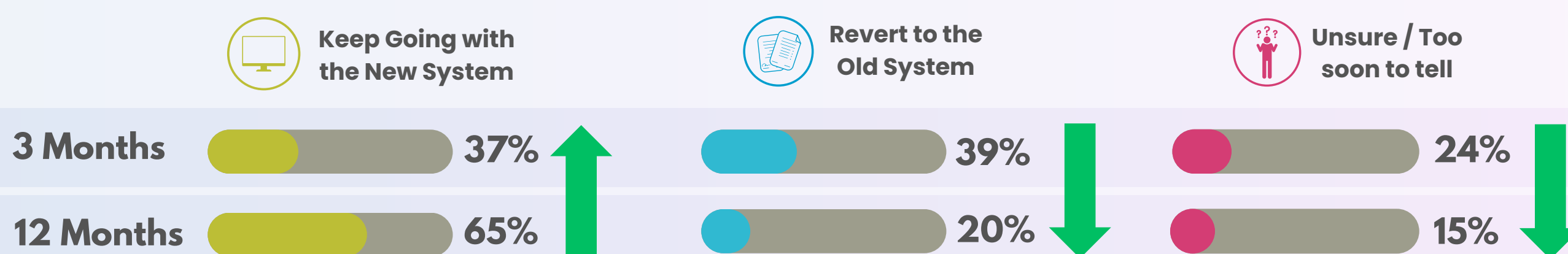
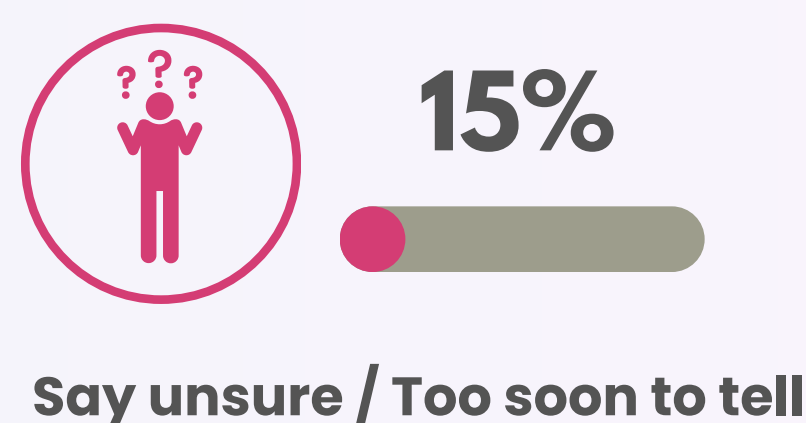
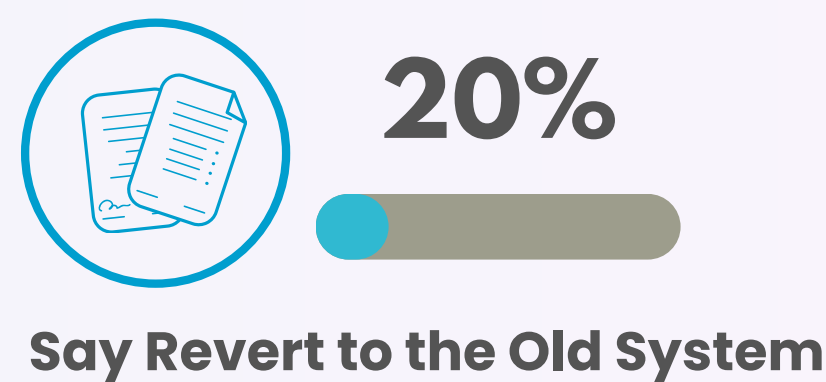
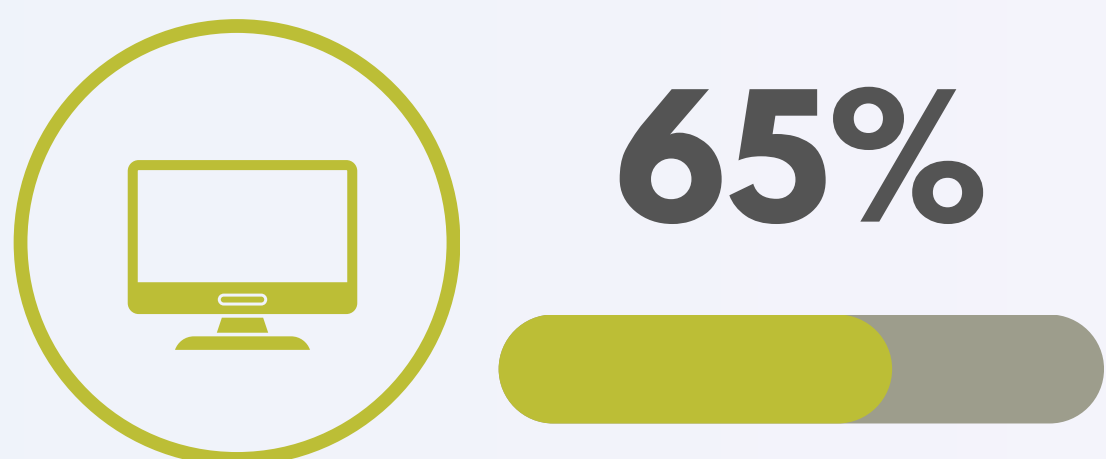
## Transferable learning:

- A clear communication strategy is essential throughout the encompass implementation phases
- It is important to continue fostering a culture of psychological safety throughout the implementation process. Creating an environment where staff feel empowered to raise concerns and share feedback is key to the system's long-term success.
- The organisation should create intentional spaces and processes for staff to input in learning and iterative improvement within the system





# Keep Going?



## Staff Preference on Continuing with encompass vs. Reverting to the Old System

When comparing the staff intention at 3 months to 12 months there is a notable shift towards acceptance of the change. Over the 12-month period there is a significant increase in support for encompass, with **65%** now wanting to continue with the new system, up from just **37%** at the 3-month mark. This reflects growing assent of the new system as staff become more comfortable with it and see its benefits more clearly.

There is a decline in desire to revert back to the old system. The proportion of staff wanting to go back to the old system has dropped from **39%** at 3 months to **20%** at 12 months. This suggests that as staff become more familiar with encompass and its functionalities, they are less inclined to revert to the previous system. The drop in support for the old system signals that many of the initial frustrations or challenges have been overcome. The level of uncertainty has decreased as teams adapt to the change.

The results mirror the typical adoption curve seen in organisational change processes. At the 3-month mark, many staff are still adjusting and weighing up the pros and cons of the new system, with a relatively even split between those wanting to keep going and those wanting to revert. However, by 12 months, the system has become more integrated into daily workflows, and early adopters have likely influenced others, leading to a more positive perception overall. This reflects the successful integration of the system into the organisation, with fewer staff expressing doubts or wanting to return to old methods.

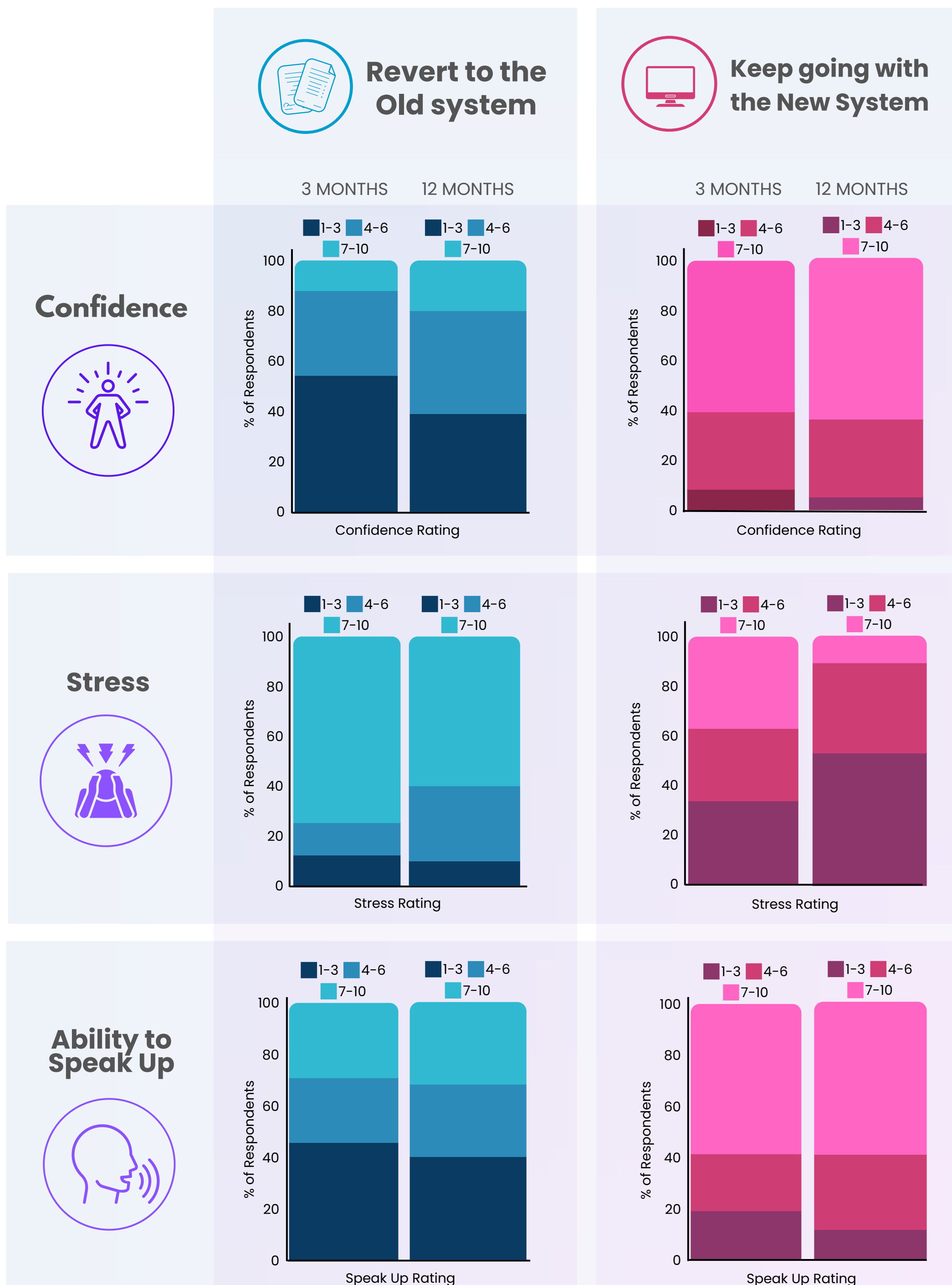
These results indicate that SET’s change management process is gaining traction. Over the course of the first year, the system has been refined based on team input, and staff have had more time to adjust and adapt. The increase in support for the system and decrease in uncertainty and desire to revert to the old system suggests that the organisation has successfully navigated the early challenges of change. In SET we should continue to build on this momentum by maintaining open feedback channels and providing ongoing support as staff fully adapt to encompass.



# Psychological Safety

During major organisational change, such as the implementation of a new system or process, staff confidence, stress levels, and the ability to speak up are critical factors in fostering psychological safety. When employees feel confident in their ability to navigate the changes, they are more likely to embrace new systems and engage in problem-solving. On the other hand, high stress levels, often driven by uncertainty or lack of training, can create resistance and hinder effective adaptation.

For psychological safety to thrive, staff must feel that they can voice concerns, offer feedback, and raise issues without fear of negative repercussions. A culture where employees are encouraged to speak up promotes open communication, facilitates early identification of problems, and supports a collaborative approach to overcoming challenges. When staff perceive that their concerns are heard and addressed, their trust in leadership and the change process increases, which in turn fosters a more resilient, adaptive organisation. Ultimately, balancing staff confidence and stress while creating a supportive environment for open dialogue is essential for the successful integration of change and the long-term wellbeing of staff.



The results of this longitudinal staff implementation survey align with several key concepts in organisational change management theory, particularly psychological safety, employee engagement, and the adoption curve.



Confidence in the new system was a strong indicator of support for continued implementation. As staff confidence grew (from **37%** at 3 months to **64%** at 12 months among those wishing to continue), they were more likely to adapt and integrate the system into their workflows. This trend reflects adoption curve theories, which posit that initial resistance is common, but with time and proper support, confidence builds as users experience the benefits of the new system.

Conversely, those who lacked confidence (**49%** at 3 months) were more likely to desire reverting to the old system. This highlights the importance of addressing confidence issues throughout the optimisation phase, possibly through training, continuous feedback loops, and targeted support for those struggling with the new technology.



High stress levels, especially among those who wished to revert to the old system, suggest that change fatigue is a critical factor. Those experiencing stress are likely to feel overwhelmed by the demands of the new system, making them more resistant to further change. Managing stress through clear communication, providing emotional support, and involving staff in the change process can help reduce resistance and improve adaptation.

As the system matured and confidence levels improved, stress decreased significantly (from **53%** to **11%** among those continuing with encompass). This suggests that with adequate time and support, staff can better manage the demands of change and experience less stress.



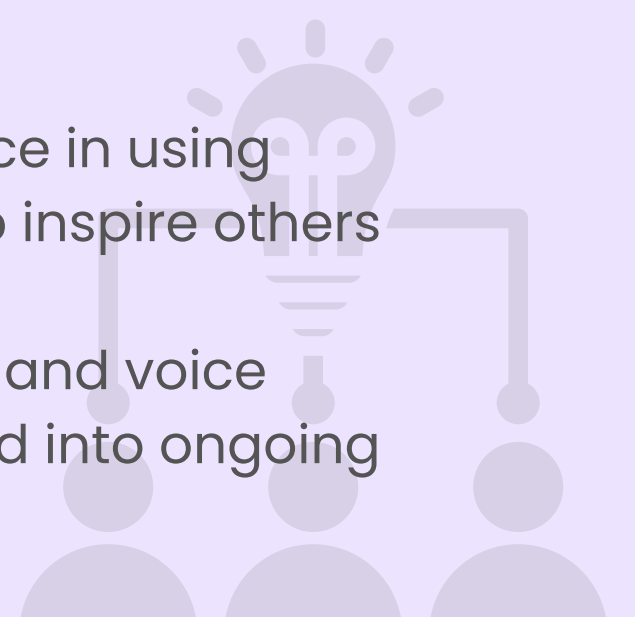
The ability to speak up is closely tied to psychological safety, which is essential for successful change implementation. At both the 3-month and 12-month marks, those who felt they could speak up were more likely to support the ongoing change. This suggests that creating an environment where staff feel comfortable voicing concerns and suggestions is crucial for fostering acceptance of change.

Low ability to speak up among those still wishing to revert suggests that when staff feel unable to express their concerns, frustration and resistance to the change may increase, further hindering the adoption process.

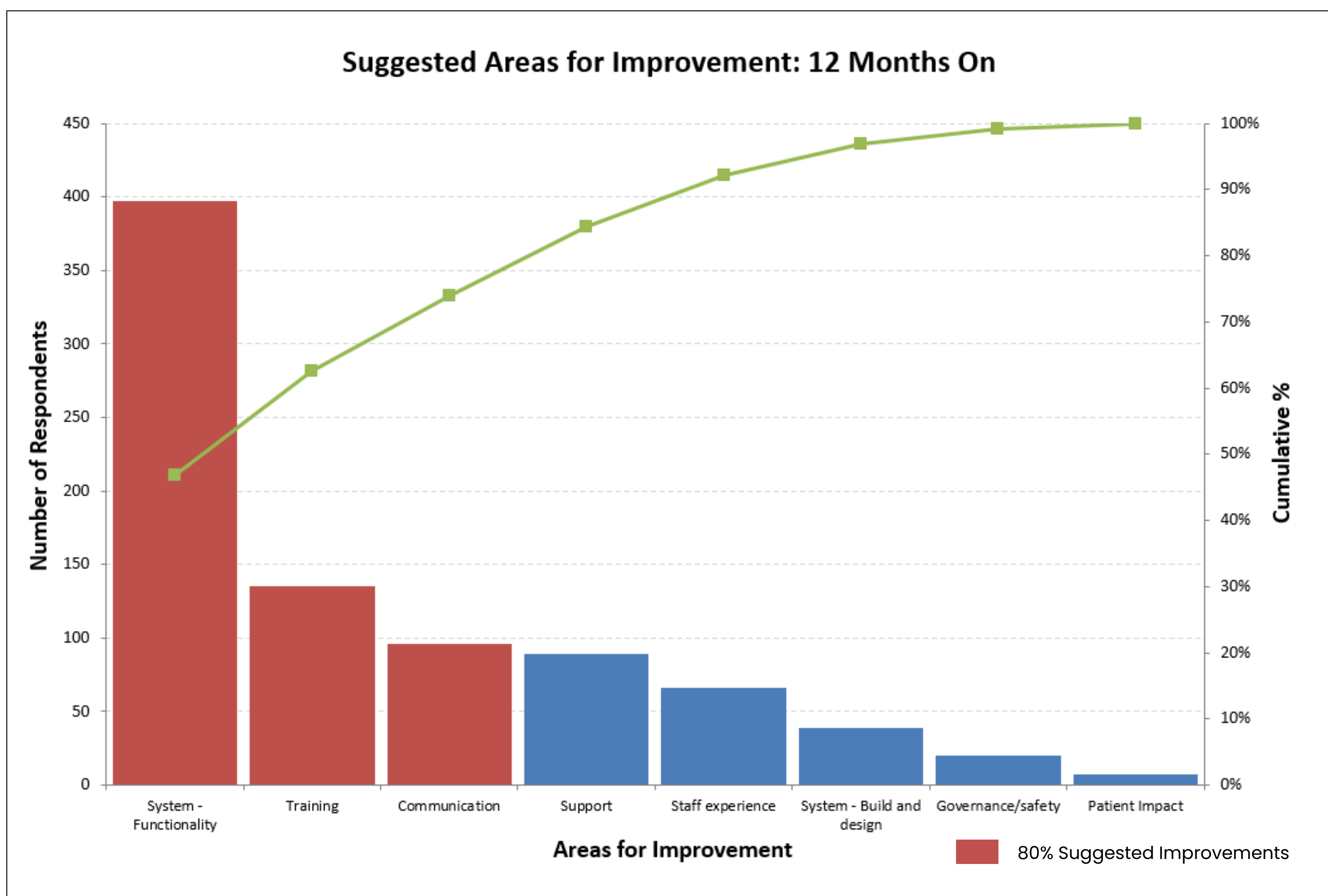
As evidenced by the positive shifts in confidence, stress levels, and the ability to speak up, organisational change processes can benefit greatly from fostering a supportive environment where staff feel empowered, informed, and able to express their concerns. Addressing these factors not only helps improve adoption rates but also ensures that staff can effectively adapt to new systems and ultimately contribute to the success of the change initiative.

### Transferable learning:

- Continued opportunities for staff development are necessary to build confidence in using encompass. Championing early adopters and sharing success stories can help inspire others and facilitate the broader adoption of the system across teams.
- It is also important to establish clear mechanisms for staff to provide feedback and voice concerns. This ensures that staff feel heard and that their insights are integrated into ongoing system development and support.



# What could be improved?



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

Since the 3 month survey analysis there has been a shift from suggested improvements relating to organisational preparation for change and leadership with a focus on the functionality, build and design of the system, communication, training and support.

As staff have had more experience and time using encompass since the last survey, the suggested improvements are now mostly focused on the system. Respondents have highlighted particular features which are causing concern with access and navigation of the system along with build and design issues being prevalent. As outlined in the following narrative, staff have also stated that training and support require improvement along with communication regarding changes and the request for shared learning.

## Staff have stated that the majority of suggested improvements are from the following areas:

- Access and Navigation of system
- Generating and access to reports
- Provision of regular and updated training
- Clear and timely communication of changes and updates to system
- Ongoing timely support

Over 450 respondents suggested improvements to the system focusing on system functionality, build and design.

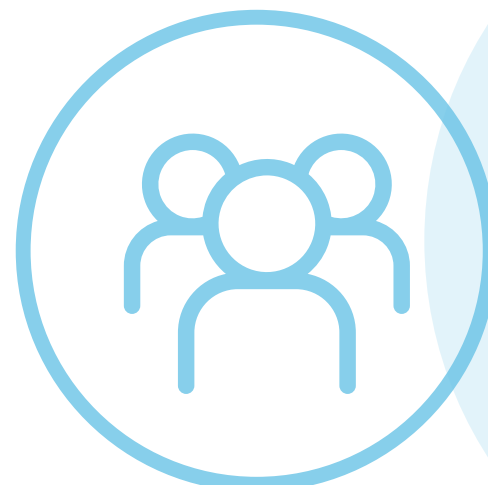
# KEY THEMES

## System - Functionality



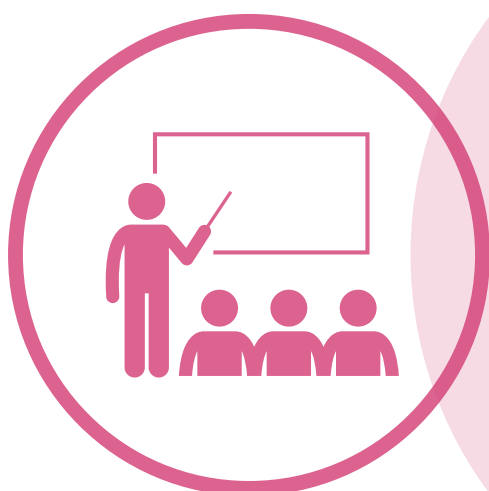
- Access and Navigation
- Care planning
- Generating and access to reports
- Historical data
- Letter templates
- Referrals process
- Risk assessments
- Workqueues

## STAFF EXPERIENCE



- Admin burden on clinicians
- Impact on workload
- Recognition of impact of change on staff

## Training



- Regular and updated training needs to be provided
- Role specific training
- Training in specific functions

## SYSTEM - BUILD & DESIGN



- Better build for community
- Some aspects not built yet/missing
- System needs to be more user friendly

## Communication



- Clear and timely communication when updates/changes made
- Listening to staff
- Sharing of learning

## GOVERNANCE/SAFETY



- Data protection and confidentiality
- Processes introducing risk

## SUPPORT



- Improve length of time vfires are responded to and resolved
- Guidance step by step guides, videos, standard operating procedures
- Ongoing support

## PATIENT IMPACT



- Issues with encompass leading to distraction when caring for patients
- Less interaction and time with patient



## System Functionality

Staff have noted a number of issues with the functionality of the system and some are highlighted below:

- Access and Navigation
- Generating and access to reports
- Historical data
- Letter templates
- Referrals process
- Risk assessments and care planning
- Workqueues



A number of respondents have reported that the speed of obtaining access to the system for new and bank staff needs improved. The length of time taken to log in to the system has been noted as well as the system timing out quickly, which can lead to delays when a member of staff is with a patient and is having to log back in. Respondents have reported GP's not having access to the system as a disadvantage which impacts on the continuity of care.

Some staff have also raised concerns about the difference in display compared to a workstation and access to information on the Rover device. The inability to see flowsheets from more than 30 days ago or to copy and paste requires staff to return to the office to access a workstation to log onto the system to complete these tasks. This causes frustration and time constraints for staff. Equipment issues have also been cited in relation to scanning barcodes and working printers. Some respondents have stated that not every computer has scanners or working printers. Staff have highlighted the issue of dragging bulky computers and printers to carry out barcode scanning and feel that this process could improve efficiency.

Respondents stated that, as in the previous report, the display of information differs for staff, a standardised, consistent and more streamlined interface is required. Some respondents have noted that the screens of administrative staff and clinicians need to be better matched. As the system has such capacity there are too many ways for staff to do the same task and some staff have options or features which other staff do not have. All of these suggested improvements need to be considered to optimise efficiency.

Staff have cited the inability to access and generate reports and state that extracting usable data is difficult. For those staff who have been able to retrieve data, there are concerns about the quality and confidence of the output. This function will be important in relation to audit, governance and monitoring performance.

Lack of historical data relating to patients has been cited by staff as a concern. The migration of old letters and information to the system, particularly outpatient and inpatient letters from ECR has been highlighted.

Respondents have reported a number of specific areas where better functionality is required. A lack of usable letter templates has been noted and the difficulty of no digital dictation function being built into the system.

Staff have also cited the referral process where duplicate and inappropriate referrals could be reduced by a more streamlined and clear pathway, enabling the referrals to be easier to read and reducing the risk of missed referrals.

Risk assessments and care planning are also highlighted as being too difficult to follow with the process leading to duplication and missed information.

Workqueues are reported as being too general, difficult to use and inconsistent, while duplicate requests and incorrect orders are highlighted as having an impact on some waiting lists.

### Transferable learning:

- Addressing functionality issues raised by staff is crucial to improving the overall user experience. Enhancing the reliability and efficiency of the system will help build confidence among staff and promote greater adoption.
- Considerations are needed for expediting the process of granting new staff access to the system in a secure and timely manner. Streamlining this process will minimise delays and ensure new staff are able to use the system effectively.
- Greater integration of additional modalities and applications, such as barcode scanning, would enhance the system's functionality and usability, particularly in clinical settings.

## Training

**Three main improvement areas have been identified.**

- Regular and updated training needs to be provided
- Role specific training
- Training in specific functions



Staff have continued to report that the initial training received before go-live did not prepare them sufficiently for using the system and have had to very much learn on the go. The training occurred too long ago and staff state that there should be refresher training and regular ongoing training to include updates and changes to the system.

A total of 894 respondents (89%) stated that post-initial training is not offered regularly. This figure is consistent across the entire professional and staff groupings who completed the survey. Staff feel that ongoing training should be provided to use the system more effectively and to get the best use out of the system. Many incorrect or incomplete episodes and tasks exist on the system as staff are using the system differently.

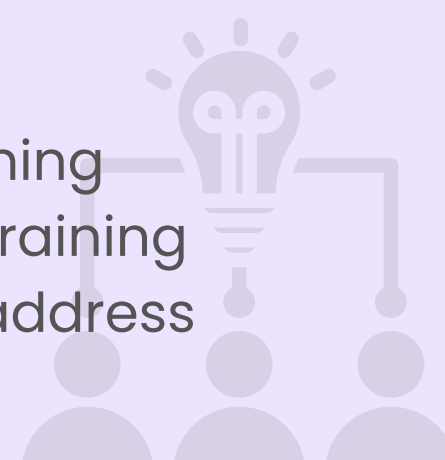
Respondents state, as in the previous 3 month survey, that role specific training should be offered. The initial training was reported as not relevant and too general. Staff would benefit from the offer of team training in particular community, medical and administrative teams.

Some areas where staff feel that there should be additional training provided are in fluid balance flowsheets, workqueues and reporting. The additional knowledge of how to perform these functions would enable staff to carry out their roles and the use of the system more effectively.

Improvement for new staff and students to access training has been highlighted. The transfer of certificates between placement areas could be managed better for students as online training is required for each placement. This is time consuming and hinders the learning experience.

### **Transferable learning:**

- Training should be tailored to specific service areas and professions. Providing training sessions where teams train together fosters a sense of unity and ensures that the training is directly relevant to each team's needs. Ongoing support should be available to address any issues that arise post-training.



## Communication

Three main improvement areas have been identified.

- Clear and timely communication when updates/changes made
- Listening to staff
- Sharing of learning



Staff have highlighted the lack of communication regarding changes and updates made to the system, especially with changes made corresponding to Belfast and Northern Trust launches. Updates and changes should be made in a timely manner and there should be consistent sharing of information. The lack of communication regarding changes has been reported as adding to anxiety and frustration as staff get used to using particular functions and then often have to re-learn. Although it is important to communicate information to staff, it has been reported that it can be overwhelming to receive so much information by email. Other modes of information dissemination should be championed.

Staff who are experiencing build issues have stated that there needs to be better communication from the epic team and that response appears to have slowed down since the Belfast Trust go-live.

Respondents feel that they need to be listened more by managers and the epic team in relation to issues they are experiencing and changes which they feel need made. Staff are commenting that they do not know how to raise concerns on what needs to be improved or do not have the opportunity to feed back about issues.

Shared learning has been reported as a key enabler in helping to understand the system and use it more effectively. Learning should be shared within and across teams and professions, internally within the organisation and across the region. Learning from vfires would be beneficial for staff within services and other professions.

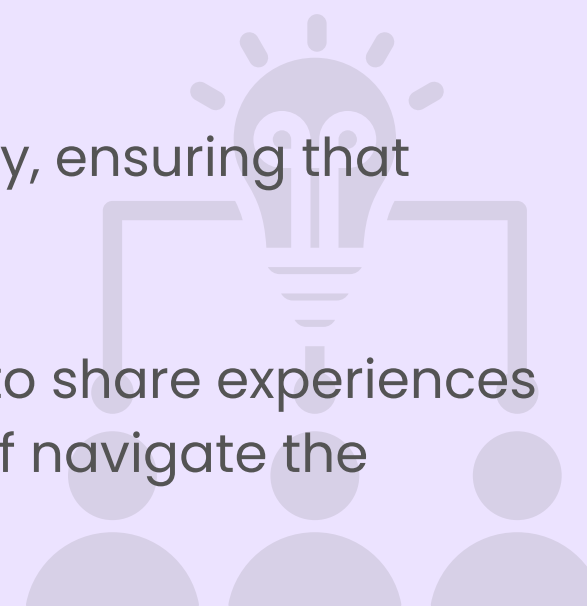
### **Transferable learning:**

#### **Communication Strategy:**

- The organisation must maintain a clear and consistent communication strategy, ensuring that information is shared regularly and systematically.

#### **Teamwork:**

- Fostering collaboration and peer support is key. Teams should be encouraged to share experiences and learning, which can help build confidence and offer mutual support as staff navigate the ongoing changes.



## Encompass Support

Three main improvement areas have been identified.

- Improve length of time vfires are responded to and resolved
- Ongoing support
- Guidance step by step guides, videos, standard operating procedures



Respondents stated that there needs to be easier access to support staff internally and externally rather than mainly relying on logging vfires. Vfires are taking too long to be responded to and resolved with some staff stating this has taken months. Staff have raised the issue of the lack of support for quick fixes and for timely advice. A lot of support was available approaching and during go-live but is not being offered to the same degree as the region focuses on the further Trust launches.

Staff have reported that local ongoing support is required on the ground to assist with issues and help build confidence. There was concern that Superusers may not necessarily be familiar with the problem raised and that support is spread too thin. 66% (670) of respondents have reported that they have not had access to a Superuser when they needed it (rating scale 1-6). Staff reported that they do not always have confidence in the advice given when phoning the helpline, including out of hours support.

There needs to be alternative methods of support available such as dedicated people to assist teams, workshops or regular drop-in sessions for tips and advice. The development of videos and systematic guidance would be of benefit and standard operating procedures.

Available ongoing support, internally and externally, would build the users' knowledge and confidence of the system. Some staff state they just know the basic functions and are not using the system to its full potential.

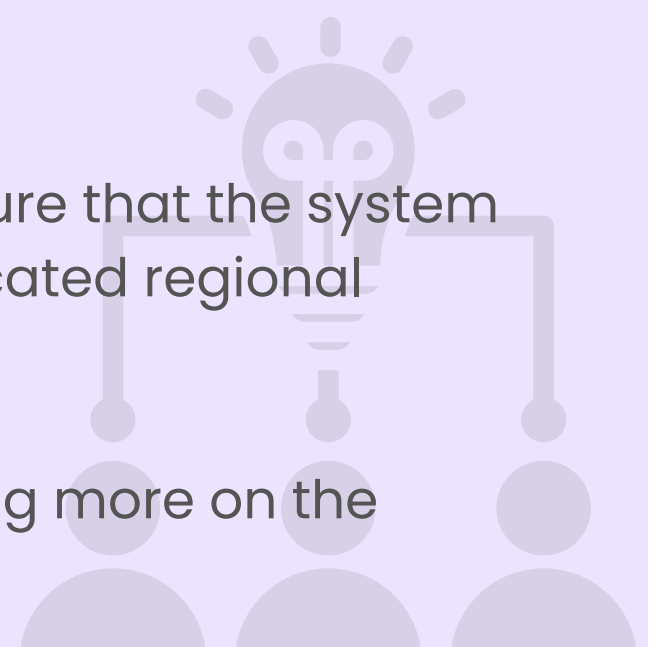
### Transferable learning:

#### EPIC support:

- EPIC Encompass support is necessary for several months post-Go-Live to ensure that the system remains stable and that any issues are addressed in a timely manner. A dedicated regional support team should be in place to assist staff and resolve issues.

#### Internal support:

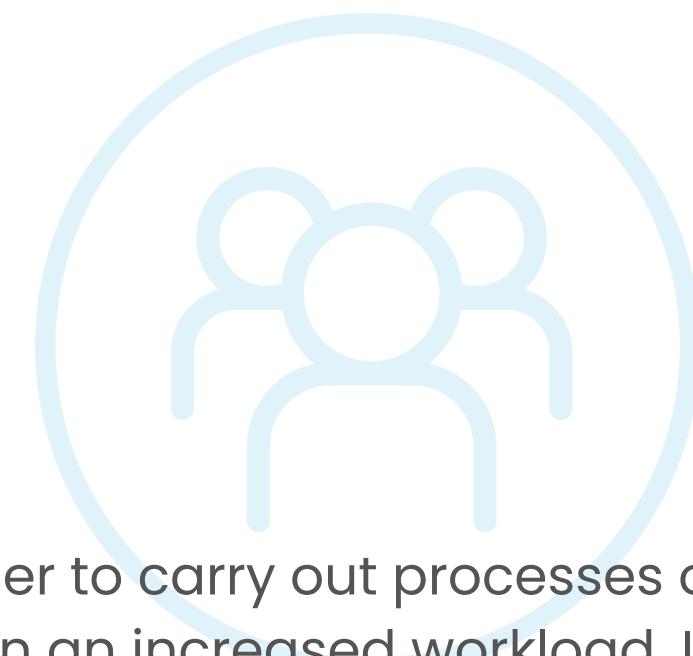
- Access to the right support provided internally within the organisation including more on the ground support



## Staff Experience

**Four main improvement areas have been identified.**

- Impact on workload
- Less interaction with patient
- Admin burden on clinicians
- Recognition of impact of change on staff



A major concern from staff is the impact on workload created by taking longer to carry out processes on encompass with many staff stating that it is very time consuming; resulting in an increased workload. It has been noted that since referrals are significantly increased, staff are sending new referrals for existing clients, and, as a result, there appears to be a lot of duplication. Hospital chaplains have also reported that more time using the system is leading to reduced visiting time with patients.

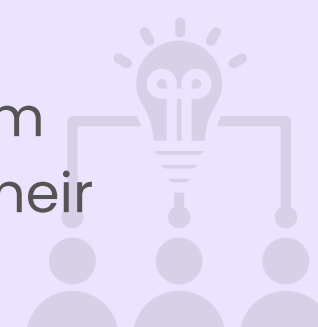
Clinical staff continue to report that there is less interaction with the patient and an increased admin function for clinicians, which is affecting time spent with patients and increased workload as time spent on computer is longer. Clinicians are spending significantly increased time on admin to book future appointments and blood tests which is limiting how many patients can be seen and increasing waiting times for the patient.

Staff also report that there needs to be recognition of the impact of change on staff. In particular relating to stress and change to job roles. Respondents state that there is still a lot to learn. Previous quick and simple tasks take longer and are more complicated leading to higher risk. Administrative staff should be given more permission to help alleviate the administrative burden on clinicians.

Some staff have stated that there should be more help for older staff and there are concerns that staff have left or are considering leaving the Trust due to the technology and the impact of change.

### Transferable learning:

- Senior management must acknowledge and actively recognise the impact of the system implementation on staff. Understanding the challenges faced by staff and addressing their concerns will help foster trust and improve overall morale.



## System Build & Design

**Three main improvement areas have been identified.**

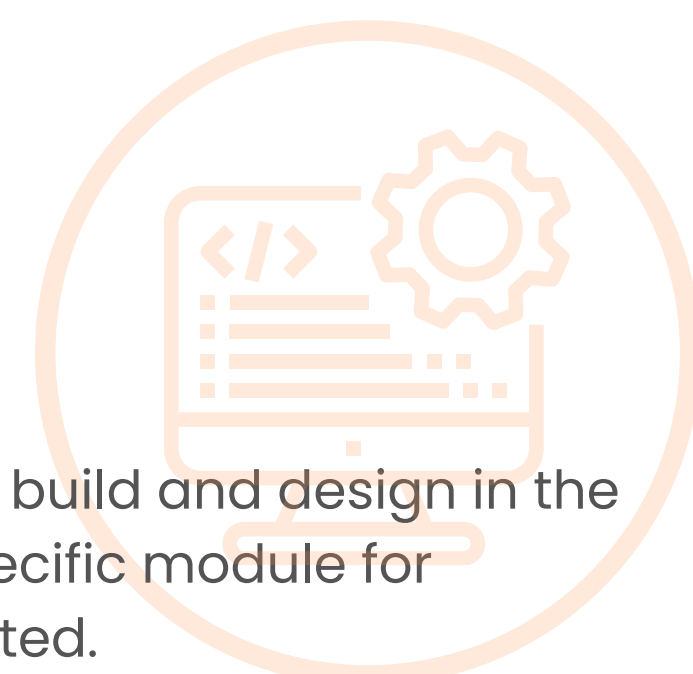
- Better build for community services
- Some aspects not built yet/missing
- System needs to be more user friendly

Staff from community teams cited that there needs to be more focus on the build and design in the community sector as the system is more acutely focused. The need for a specific module for administrative staff who need access to clinical data has also been highlighted.

Staff have also reported that there are issues from the original build, which have still not been resolved. The build and design should be made in consultation with the staff who are using the system to improve flow and optimise functionality to increase efficiency.

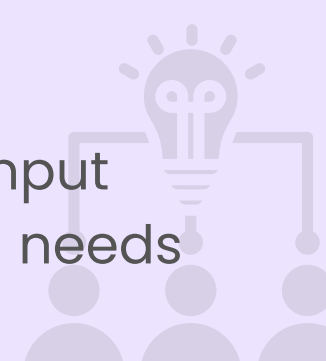
Respondents have stated that there are still aspects of the system, which have not been built or are missing. This is having an impact on staff who cannot access all information or have on the system all which is required to run the service but still having to use paperwork.

Staff are reporting that there are too many steps in the processes, such as when opening an episode and discharging, the system could be more intuitive. Respondents highlighted that it is difficult to find particular functions such as inpatient medication lists, stool charts and completed assessments from other professionals. Staff have continued to report that there is too much information displayed on screen and the system needs to be easier to navigate and be more user friendly.



### Transferable learning:

- Functionality issues need to be addressed by encompass/epic team
- Consultation with end-users regarding the system build and design is necessary. Direct input from staff who interact with the system daily ensures that the system meets the practical needs of those using it.



## Governance/Safety

Two main improvement areas have been identified.

- Processes introducing risk
- Data protection and confidentiality

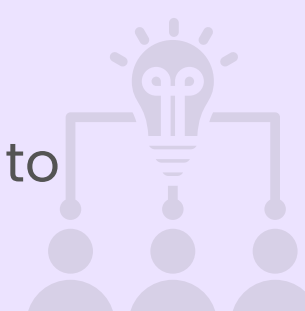
Concerns have been raised regarding patient safety in respect to patients being transferred to one setting from another, and medication errors and information being easily missed. The prescribing process has been noted as cumbersome and the process is introducing risk.

Staff have stated that there needs to be more clarity regarding data protection and confidentiality. Suggested improvements have been raised mainly relating to access to records and information, which staff should not have, posing a confidentiality risk. Staff have reported that it is too easy to access information, which they should not have access to, this should be restricted.



### Transferable learning:

- Clarity regarding governance arrangements is necessary to ensure appropriate access to patient records on the system



## Patient Impact

Two main improvement areas have been identified.

- Issues with encompass leading to distraction when caring for patients
- Less interaction and time with patient

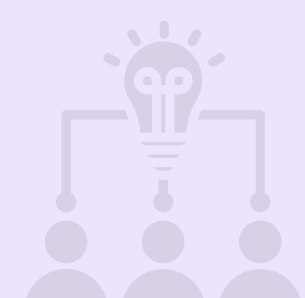
Staff have reported that there can be a high level of distraction when caring for a patient when there are problems with the system. This can be time consuming and have impact on the time spent with a patient and waiting times.

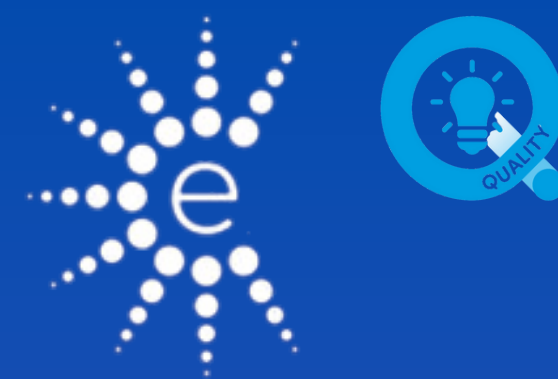
Clinical staff continue to report that there is less interaction with the patient and an increased admin function for clinicians, which is affecting time spent with patients and increased workload as time spent on the computer is longer. Clinicians are spending significantly increased time on admin booking future appointments and blood tests which is limiting how many patients can be seen and increasing waiting times for the patient.



### Transferable learning:

- Greater recognition of impact of change on patient by senior management





# What's working well?

Staff were asked what they felt has been working well with encompass. There were 786 free text responses to this question. Using thematic analysis, the following themes were generated from the survey completed 12 months after Encompass went live.

## KEY THEMES





## Communication

As per the encompass survey at 3 months, communication between professionals and other services is felt to have improved since the introduction of Epic. At 12 months, overall communication has been described as smoother, better and more efficient. Teams are communicating better and learning from each other. Staff are helping each other.

It is felt that communication in relation to service user's medical health has improved. Staff working nights with less access to teams involved with a patient feel they have a better understanding of who is involved with the patient. In particular, there is greater connectivity from acute to community with patients at the centre.



## Documentation

When asked what is working well, the most popular feedback was around documentation. In particular, staff were happy that all documentation is now available on the one system. The system gives immediate access to current patient notes. The documentation provides information from multiple sources leading to a comprehensive care record. Staff are able to see all of the health professionals involved with a patient and also see the documentation they have written. It is helpful for clinical staff to access information easily and quickly to find, for example, patient history, allergies and results from lab samples or investigations, information from a patient's previous hospital admission and also outpatient appointments. Easy access to information is beneficial for ward rounds. Access to all of this documentation is felt to result in a more thorough assessment and better continuity of care for the patient. Some staff feel there is less likelihood of documentation being missed using Epic and also there is less chance of an electronic file going missing. AHPs are able to benefit from setting shared goals for patients. Computerised text also means there are less errors from misreading handwriting. There is also considered to be less duplication with the Epic system and multiple staff can access one set of notes, where previously using paper files, only one file could be accessed at a time. Clinical and administrative staff like having access to online reports, consultant letters and clinic appointment information. Being able to complete a group note for patients is seen as useful. Overall, utilising Epic for documentation is felt to have a higher quality and quantity of information and enables a holistic approach to the needs of patients. Day-to-day notes are working well and the flow of patient notes is improved. Staff feel it is positive that documentation is becoming more streamlined and the approach is more consistent.



## Inter-Trust Communication

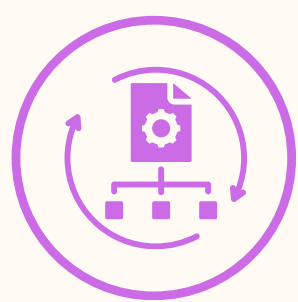
It is now 12 months post go-live there are now 2 HSC Trusts live on Epic. Respondents to the survey overall feel that it is positive that there is a shared system for shared documentation as this allows better information sharing between HSC Trusts and clinical teams. Being able to see patient history, previous admissions and MDT involvement is very useful particularly when a patient presents to ED or is considering a transfer between hospitals or indeed Trusts. The comprehensive care record across Trusts will improve the continuity of care for patients.



## Patient Experience

There are mixed opinions on Epic in relation to the Patient Experience team. While infection cleans are ordered through the system and more detail on jobs requested can be provided, there is no location tracker for the jobs meaning jobs logged can be in varying locations.





Administrative Tasks

There are mixed opinions on administrative tasks from the staff who have responded to the encompass survey at 12 months. This section outlines the thematic analysis drawn from responses to the question “What is working well?”. Feedback 12 months on is that Epic is a more efficient resource to book appointments, process appointment letters and capture telephone calls. Amending appointments and filling clinic slots that have had cancellations is minimising empty assessment slots. Staff feel that the appointment booking process has become less complicated with time. Some staff feel that making referrals is quicker and easier to track on Epic. Referrals can also be made to other HSC Trusts that are live on Epic. Referrals that go to the wrong department can be easily redirected. Patients can be triaged to waiting lists and staff can track the status of the patient on the waiting list.

The schedule tool, which acts as a daily planner of appointments for clinical staff, is useful for clinical, administrative and management staff to review. Caseloads for an individual or team can be monitored using Epic. Checking patients in and out of appointments and logging DNA’s and being able to see a patient’s history of DNA’s also is beneficial.

Clerking and discharging patients as an inpatient has become more streamlined. Staff who have been using the system are seeming more confident and therefore efficiency on the wards has increased again. Faster turn around and reduced bed blocking has resulted in a faster process for discharge and prescriptions.



Our Staff

There is an element of comradery as staff help each other to navigate the system and work together to shape the system and change processes to make EPIC to work for their service. To be able to engage with the staff chat function

Staff have felt there have been less calls through Vocera due to the information available on Epic.

One member of staff felt the introduction of Epic has improved their work-life balance.



Management

Managers appreciate being able to be transparent with live information on SET activity. It enables management to provide accountability with real-time information.

The system lends itself to oversight activities from managers such as conducting audits, monitoring activity of staff and workflow. There is acknowledgement among staff that there is continued buy in and investment in the system.



Patient Care and Interaction

Information available on the Epic system aids thorough assessment and where appropriate, a diagnosis. It is useful that key information can be highlighted on a patients chart, for example, if an interpreter is required. Visibility of chaplaincy has improved and patients can be identified by denomination/ affiliation if documented.

The MyCare app is available for patients. If a patient has signed up for MyCare they can get appointment details, correspondence from health professionals and results. Patients can also complete the check-in process for their appointment via Mycare.



Eco friendly - Sustainability

The paperless environment of working within Epic is being praised: less printing, not having to store physical files. It is acknowledged that as Epic grows, this will improve even further in time. The paperless environment contributes to reducing the organisations carbon footprint.



## Investigations

Flow of investigations coupled with efficient reporting and improved documentation can help to improve assessment and diagnosis of patients. Staff can track referrals they have made for patients to have investigations or the status of lab samples they have sent off for analysis. The ability to track orders and referrals for investigations on the system. Patients who have access to the Mycare app can get access to results from investigations quickly and receive correspondence via Mycare regarding investigations from their clinical team.



## Medications

Epic has provided new processes for prescribing medication. Discharge prescription dispensing has become more efficient and the overall workflow for pharmacy is smoother. Staff who prescribe are finding the system makes it faster to prescribe and write the associated notes. As the prescriptions are computer based, it also reduces the medication errors associated with misreading hand written prescriptions. Medication reviews can be completed while not on the ward. The ability to prescribe remotely is enabled as all necessary information is in the system. Some staff also highlighted that it is easier to request prescriptions from some GPs.



## System

In response to what is working well staff report they are slowly seeing the full potential of the Epic system. Staff feel they are becoming familiar and confident with using the system. Everything is accessible and in the one place is positive. There is more consistency in processes for recording information and staff feel much more confident to identify issues and get help on how to address.

Good templates have been reported to make assessing patients much easier, writing discharge letters and prescribing medications. One staff member reports that the system provides easy access to the most up to date SALT guidelines. Being able to see other team members schedules has been reported as a highlight.

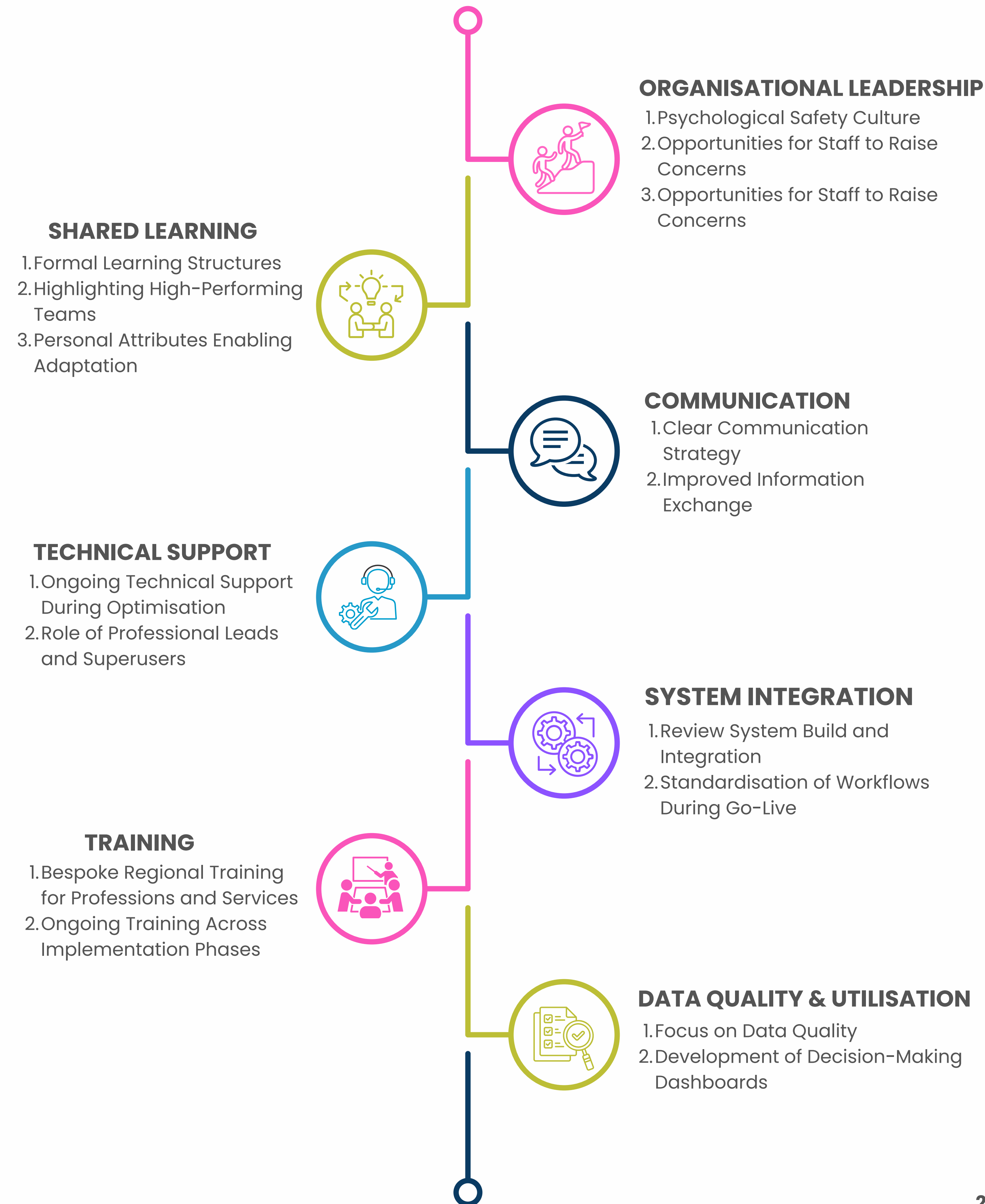
In relation to some of the technical specifications the ability to build clinic templates, create smart phrases and apply filters on the system is very helpful. The booking system and creating orders are working well. The server's capacity has improved and is thought to have a better connection than the previous system and the Epic system rarely has downtime. The system has good traceability. Systems have been tailored to specific areas of work for example community. Builds are being completed to amend issues and makes changes. A lot of staff have put in effort to try and improve the system. Basic functions work well although staff have commented that it took many V-fires to get to this point. A comment is provided on V-fires being resolved quickly. In built tools such as media manager, bar code scanning and in clinic modules are really helpful. Adjuncts such as Rover for remote access has had positive feedback.

From a clinical perspective, staff find it easy to input notes and flowsheets. Staff appreciate the speed of encompass and real-time updates to information. Staff report the system is easy to use and more efficient and has helped teams to streamline their processes. Templates are found to be great for patient notes that make sure all aspects of examinations are covered.

# Lessons To Share

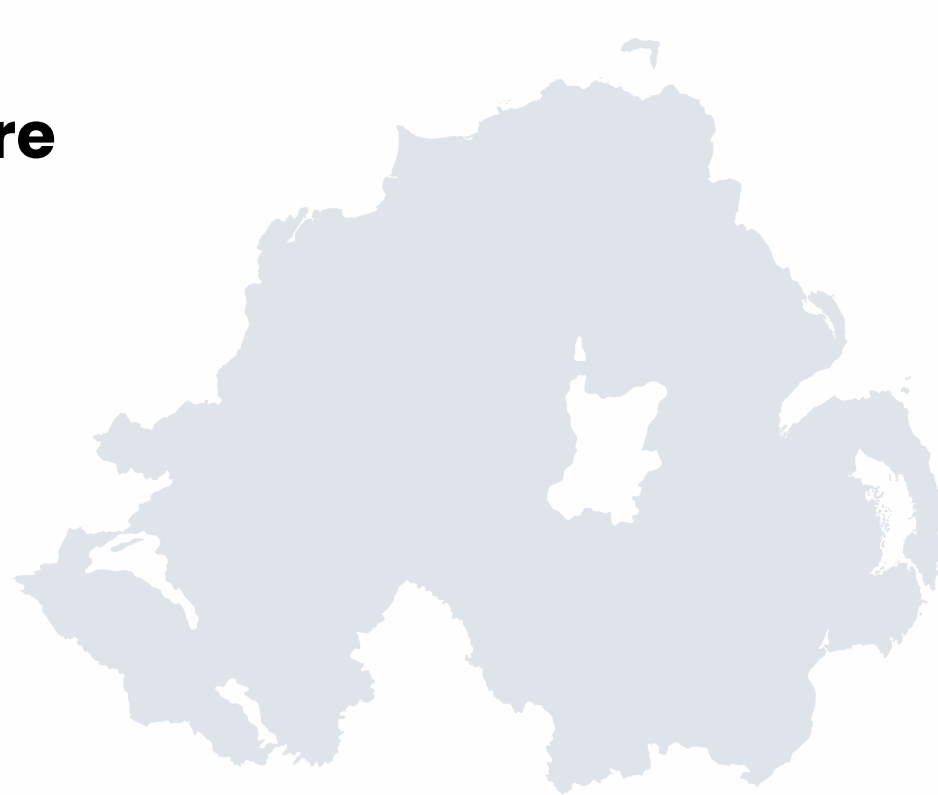
## Transferable Learning for the Region

The implementation of encompass has presented both opportunities and challenges. Key lessons learned throughout the adaptation process to be shared across the region, include focus on leadership, shared learning, communication, technical support, system integration, training, and data quality.





# Lessons To Share



## TRANSFERABLE LEARNING FOR THE REGION

### ORGANISATIONAL LEADERSHIP

- 1 Recognition of the Longitudinal Nature of Adaptation**  
Successful implementation requires acknowledging that the adaptation process is ongoing and not a one-time event. Leadership must manage the system's evolution with continuous assessment and improvement and support of staff.
- 2 Psychological Safety Culture**  
Establishing a culture that promotes psychological safety is critical. Staff must feel secure in expressing concerns, mistakes, and suggestions without fear of reprisal. This fosters open communication and resilience in the face of change.
- 3 Opportunities for Staff to Raise Concerns**  
Providing structured channels for staff to voice concerns—such as feedback sessions or anonymous surveys—ensures issues are identified early and addressed promptly, preventing larger systemic problems.

### SHARED LEARNING

- 1 Formal Learning Structures**  
Both internal and external learning frameworks should be developed to facilitate knowledge sharing. This includes learning from other organisations that have implemented similar systems and ensuring internal teams share insights and experiences.
- 2 Highlighting High-Performing Teams**  
Success stories of teams who have effectively navigated the implementation process should be highlighted. Sharing these examples motivates others and provides valuable models for best practice.
- 3 Personal Attributes Enabling Adaptation**  
Identifying and sharing the personal attributes (such as adaptability and resilience) of key staff who thrive during the change process can offer valuable insights into successful adaptation strategies.

### COMMUNICATION

- 1 Clear Communication Strategy**  
A well-defined communication strategy across all phases of implementation is essential. Regular updates, clear timelines, and specific messaging for different staff groups help mitigate confusion and enhance engagement.
- 2 Improved Information Exchange**  
Enhancing communication and data exchange between primary and secondary care is crucial. The integration of encompass should streamline information flow, reduce errors, and improve coordination across care settings. Initial focus should be on the information exchanged through referral and discharge processes.

### TECHNICAL SUPPORT

- 1 Ongoing Technical Support During Optimisation**  
Continuous technical support is necessary, especially during the optimisation phase, where issues related to system fine-tuning may arise. A dedicated regional team is crucial to address challenges and ensure smooth system performance.
- 2 Role of Professional Leads and Superusers**  
Professional leads and superusers within the organisation are critical for long-term system optimisation. These individuals act as internal champions, propagating quality care. Resource is essential to secure these posts and networks.

### SYSTEM INTEGRATION

- 1 Review System Build and Integration**  
Regular reviews of the system build and its integration capabilities are needed. Ensuring the system is flexible enough to incorporate new modalities or applications enhances its utility over time and keeps pace with emerging needs.
- 2 Standardisation of Workflows During Go-Live**  
Standardising workflows across the region during Go-Live reduces operational disruptions. A unified approach ensures consistency in data entry, reporting, and care delivery, which is crucial for smooth system adoption.

### TRAINING

- 1 Bespoke Regional Training for Professions and Services**  
Tailoring training programmes to the specific needs of different professional groups and services ensures that training is relevant and practical. This approach enhances engagement and maximises the effectiveness of training.
- 2 Ongoing Training Across Implementation Phases**  
Training should not be limited to the initial phases but should continue throughout the implementation process. As the system evolves, training should evolve, with a focus on new features and tools (e.g., team data and reporting during the optimisation phase).

### DATA QUALITY & UTILISATION

- 1 Focus on Data Quality**  
Ensuring the quality of data generated by encompass is essential for making informed decisions. Regular audits and feedback loops are needed to assess the accuracy and relevance of the data output.
- 2 Development of Decision-Making Dashboards**  
A concerted regional effort to build and refine dashboards that present actionable insights is critical. Dashboards should allow services to use data effectively for decision-making, performance monitoring, and continuous improvement.



# Recommendations

Learning for SET

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.