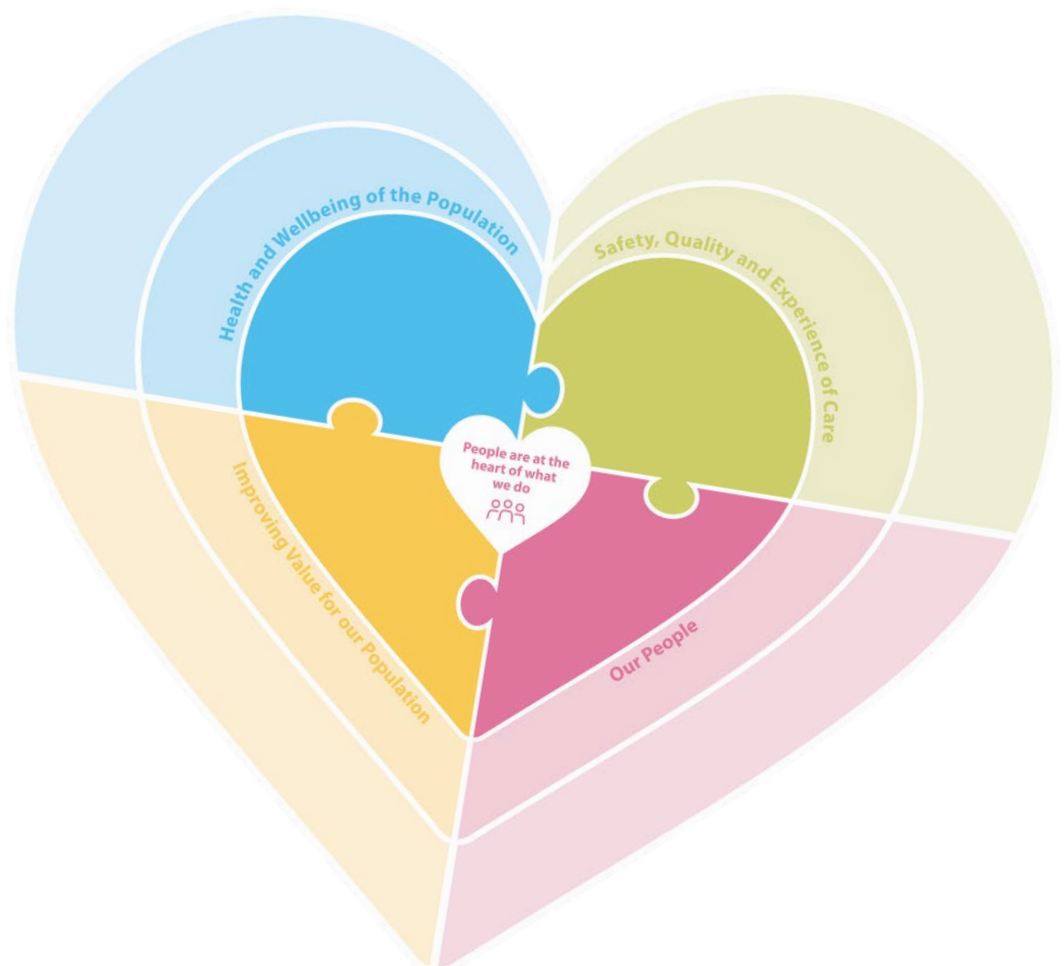




2022-2023

Annual Quality Report



Introduction

South Eastern Health & Social Care Trust (SEHSCT) aims to have staff, patients, service users and families at the heart of everything we do and remain committed to our vision that the Trust will be a great place to Live, a great place to Work and a great place for Care and Support.

The Corporate vision for 2022/23 had 4 key priorities, all of which are underpinned by the overarching principle of working in partnership, the focus being:

- Embedding safety, quality and experience of care in all that we do;
- Providing timely access to care and support for service users in need;
- Improving the health and wellbeing of our community and reducing health inequalities;
- Supporting our people to deliver high quality care.

The Quality 4 All Strategy sets the direction for a quality management approach across the organisation, combining quality planning, control and improvement. In this first year of Strategy implementation, we are endeavouring to create the conditions across the organisation by focusing the energy of the QI Academy, creating feedback loops, learning champions and developing structures for governance and performance reporting. Creating a culture of coproduction, where service users, carers and communities shape service development and influence population health, is foundational.

There have been many service improvements across the Trust with teams using their creativity and agency to connect with stakeholders and embed change.

The Annual Quality Report is an exploration of the gains made in providing care, considering the Institute of Medicine's 6 domains of Quality: patient safety, efficiency, timeliness, effectiveness, patient centeredness and health equity.

This report showcases both the cultural and structural maturity of the Trust towards quality management.

Overview

Clare-Marie Dickson

Director of Primary Care & Older People SEHSCT
Lead Director for Quality Improvement

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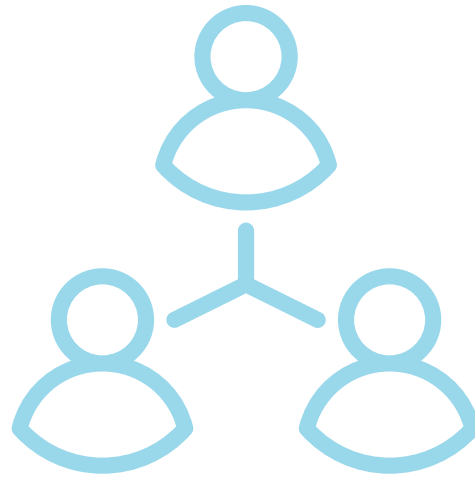
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TRANSFORMING THE CULTURE

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

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

In SEHSCT we have an ambition to continue to develop a dynamic, inclusive culture founded on the principles of co-production. This will enable strategic change to be driven by patients, communities and frontline teams in partnership. The organisation has spent 2022/2023 building structures to embed the Quality 4 All Strategy.

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

- ▶ Quality 4 All Strategy to create a Learning Organisation
- ▶ Trust Board Quality Training Programme
- ▶ Learning from Assurance and Control Data
- ▶ The Development of Structures to Promote Co-production
- ▶ Learning from COVID: COVID-19 Learning Framework

SEHSCT Quality Strategy – Quality 4 All

The South Eastern Health & Social Care Trust is committed to ensure that we provide our service users and staff with a great place to live, a great place to work and a great place for care and support. The Quality 4 All Strategy outlines the vision, aim and approach we will take to deliver the best care and continuously focus on improving our services.

Over the past ten years improving Safety, Quality and Experience has been a top priority for the organisation and the Trust has now invested in developing a Quality Strategy focusing on Quality Management Principles.

This is dependent on improving the health & wellbeing of the population, delivering safe, high quality care with the best service user experience, improving value, and attracting, retaining and developing our staff. Quality 4 All reflects our ‘Quadruple Aim’ for delivering the highest quality of care

How we will achieve our *Quality 4 All* aim



Our Strategy was launched in November 2021 and during 2022 the focus has been on creating the conditions across the organisation to apply a Quality Management Approach.

How we are going to implement *Quality 4 All* approach

To deliver the highest quality Health and Social Care services in our Trust we will:

| | |
|--|--|
|  <p>Connect with our people</p> <ul style="list-style-type: none"> ▶ Engage service users as our partners ▶ Support and enable staff to improve and innovate practice ▶ Provide access to information ▶ Ensure visible leadership for quality |  <p>Deliver on outcomes</p> <ul style="list-style-type: none"> ▶ Understand the experience of our service as a first priority ▶ Adopt new ideas ▶ Manage scale-up of best practice ▶ Support the approach with appropriate resource such as data and analytics |
|  <p>Foster creativity and learning</p> <ul style="list-style-type: none"> ▶ Support people to lead on innovative solutions ▶ Share learning within the Trust and wider ▶ Focus on promoting networks ▶ Shape our organisational culture to continue to listen and learn |  <p>Focus on continuous improvement</p> <ul style="list-style-type: none"> ▶ Develop capability based on organisational need ▶ Ensure transparent use of continuous data ▶ Provide appropriate tools and knowledge to analyse data ▶ Use tools to understand how systems connect |

Measuring the impact of the 'Quality Strategy' is fundamental to its implementation. The Quality Improvement team are working on a reporting metric to measure progress.

How we will know if we succeed

We will use a range of approaches to hold ourselves to account, to challenge ourselves to continually improve, and to let others evaluate our performance on core dimensions of quality across all settings of care. Over the next five years we will strive to:

| | |
|---|---|
|  <p>Health and Wellbeing of Population</p> <ul style="list-style-type: none"> ▶ Reduce health inequalities ▶ Improve prevention of physical and mental ill health ▶ Support people to lead healthier lives |  <p>Improving Value for our Population</p> <ul style="list-style-type: none"> ▶ Modernise our services to improve service user experiences, outcomes and value for money ▶ Take action to ensure timely access to our services ▶ Ensure that sustainability is embedded in activities and partnerships |
|  <p>Safety, Quality and Experience of Care</p> <ul style="list-style-type: none"> ▶ Ensure the safety of all those who use and deliver our services ▶ Improve the quality of care by measuring key indicators for the service user and those delivering our care ▶ Increase the number of service users sharing their experience of care and actively engaged in co-design, improvement and service change |  <p>Our People</p> <ul style="list-style-type: none"> ▶ Increase learning opportunities and staff confidence in leading innovative change and improvement ▶ Achieve recognition as a quality employer through evidence based accreditation approaches ▶ Celebrate our achievements with our staff and continue to be an employer of choice |

Quality 4 All is a five year strategy whose ambition it is to continue to establish the structures, metrics and most importantly culture to provide organisational quality care.

 [View the Quality 4 All Strategy](#)



Trust Board Training Programme

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

Background

Safety, Quality and Experience of care has been a major focus for SEHSCT over the past 10 years and both nationally and internationally significant efforts are being made to incorporate this as an integral part of all health and social care systems. As an organisation we seek to drive rapid improvement allowing Trust Board an opportunity to make 'better quality of care' the organisation's top priority.

The launch of our 'Quality Strategy' was a turning point as an organisation. Our vision to be recognised as a high

performing, improvement learning organisation means we must put the people who need our care, support and treatment at the heart of everything we do.

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

Boards on Board: Leadership for Improvement Programme content:

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

The programme consisted of workshop sessions as per below:

Workshop 1 (May 22)

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

- Develop a shared understanding of quality and when to best utilise QI.
- Understand the High Impact Leadership framework and behaviors in the context of their work.
- Articulate the opportunities for evaluating return on investment from QI

Workshop 2 (April 22)

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

- Understand how to lead improvements in care and services aligning priorities and removing barriers.
- Understand your role as a project sponsor.
- Understand how to direct the implementation and spread of improvement projects.

Workshop 3 (July 22)

Interpreting data and building an effective learning system with Sam Riley (Head of Improvement Analytics NHS Improvement) – 90 min session

- Using Trust specific data recognise the importance of variation for the role of the leader.
- Understand the basics of measurement for improvement, including the basics of run charts, run chart rules, the basics of SPC charts, the difference between process, outcome and balancing measures.

Workshop 4 (June 23)

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

- Critiquing the SEHSCT Corporate Improvement Priorities
- Commit to a systems approach to enable staff with a shared responsibility at all levels of the organisation.
- Create a Just Culture across the organisation in developing a learning organisation.

Quality Approach Summary

To apply the principles of quality management across a Trust takes a clear vision and purpose. The Trust Board training programme is building will in the senior management team and enabling an articulation of the implementation of the Quality 4 All Strategy.

Development of Structures to Promote Co-Production

The Quality 4 All Strategy places people at the heart of what we do. SEHSCT promotes the development of health service models that are based on co-production endorsing a partnership approach and equal relations between staff and citizens. Co design is not possible without relationship, it is founded on social connection and trust the mutuality between people.

In SEHSCT we are investing in structures and processes to listen to and analyse themes of service user experiences. These are building understanding and supporting the creation of service user panels for co-production, such as use of Care Opinion and 10000 Voices. Service areas evolving the culture of co-production are sharing methodology and expertise across the organisations; good practice is seen in the Mental Health Team's Recovery College and the Health Engagement Team working in Healthcare in Prison.

Case Study - Care Opinion

The Trust is now 3 years into its Care Opinion journey, 1,644 stories have been recorded to date. Each personal journey shared validates good performance and provides valuable learning and the opportunity to make positive change. The Trust currently has 578 staff system responders active. Each trained and active responder has become a user experience change agent and has increased their interaction with our full set of user experience tools.

How the Trust uses Care Opinion

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

Outcomes

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

Quality Approach Summary

Systemising real-time service user feedback is an essential pillar of a learning organisation. Care Opinion and 10000 Voices reports have enabled thematic analysis to understand trends of challenges and good practice across the organisation. Learning from excellence requires sharing and adapting good practice alongside focusing on deficits. Coproduction requires teams to create space for service users and community collaboration and the PPI and quality teams are piloting service user panels across organisations.



10,000 More Voices Report



Care Opinion Report





COVID-19 Learning framework

In response to the first surge of COVID-19, the Executive Management Team commissioned the development of an Organisational Learning System to help understand the changes made to services and learn lessons relevant to the second surge of the pandemic.

A 90-day harvesting methodology was adopted involving three phases: capturing the changes; exploring the projects and recommending innovations to be supported and embedded in the Trust.

An inductive thematic analysis was conducted on all the 289 submissions and a data weighting framework developed to focus learning in 23 change initiatives. These change projects were diverse across the organisation.

An innovative report was produced exploring the impact of service changes across the organisation and understanding of the enablers and barriers to agile change. Further learning was sought after 1 year producing insights into sustainability of changes.

| CULTURE | PEOPLE | WELLBEING | SYSTEMS | INFORMATION |
|---|---|---|---|---|
| | | | | |
| <p>POSITIVE CULTURE</p> <p><i>Positive Culture Enables Exceptional Service Delivery and Staff Wellbeing</i></p> <p>Recognition of importance of credible inclusive leadership</p> <p>Support of senior management enabled rapid decision making</p> <p>'No Blame Culture' enabled decision making and necessary risk taking</p> <p>Willingness and motivation of teams promotes change</p> | <p>SERVICE USERS</p> <p><i>Service Users, Patients and Carers are Central to Service Design</i></p> <p>Should be involved in verification of service changes.</p> <p>Give vital input into future design iterations</p> <p>Consider Equity of service accessibility for all people</p> | <p>PSYCHOLOGICAL SUPPORT</p> <p><i>Responding to Rapidity of Change Requires Flexible, Compassionate Support</i></p> <p>Recognition of personal and professional burden on staff</p> <p>Importance of communication, relationships and support for redeployed staff</p> <p>Empowerment of all staff through equity of access to timely support</p> | <p>PATHWAYS</p> <p><i>Systems Thinking Needed to Connect Across Organisational Silos</i></p> <p>Coordinating pathways across primary, secondary & community care</p> <p>Virtual Consultations standardisation of approach across organisation</p> <p>Governance is essential in service design</p> | <p>DATA</p> <p><i>Use of Data to Inform Service Change Reflects Level of Organisational Maturity</i></p> <p>Iterative data driven methodology resulted in successful design</p> <p>Systems/ Roles needed within services to plan, capture, analyse and respond to data</p> <p>Real time data and learning loops enable responsive service delivery</p> |

CULTURE

LEADERSHIP

- Shared vision - enabled services to respond rapidly
- Communication - emerged as central
- Decision Making - made rapid through supportive senior management
- No Blame Culture - added psychological safety
- Credible Inclusive Leadership - cited as an enabler
- Willingness and Motivation of teams promoted change

COVID Learning Examples

- Urgent Bookable Lists
- Care Home Support Hub
- CSSD Across the Organisation
- Single Point of Entry

PEOPLE

PEOPLE AT THE HEART OF WHAT WE DO

- Service Users - input into service design
- Improved Quality - focus on patient wellbeing
- Consideration of Outcomes - new service designs
- Equity - service accessibility for all
- Feedback Loops- essential to service design
- Service User input in Teams - continued during surges

COVID Learning Examples

- Autism Assessment Clinic
- Recovery College
- Head & Neck Cancer Services
- Health Engagement in Prison

WELLBEING

WELLBEING

- Recognition- of burdens on staff
- Communication - key to wellbeing
- Empowerment of all staff- through timely support
- Competence - developing new skill sets
- Working Environment- safe practices
- Service Working Patterns - locations, rotas, shifts

COVID Learning Examples

- Social Work Virtual Induction
- ICT & HR Remote Working
- Infection Prevention Control Team
- Hospital Services Team

SYSTEMS

SYSTEM THINKING

- Coordinating Pathways- across primary, secondary & community care
- Collaboration - partnership & cross-discipline connections
- Virtual Consultations- standardisation & equity
- Governance - essential in service design
- Virtually Enabled- ICT infrastructure/virtual delivery & training

COVID Learning Examples

- Enhanced Care at Home
- Ambulatory Hubs
- Diabetes Virtual Consultation Savience Pilot
- Post COVID Syndrome Service

INFORMATION

DATA

- Iterative Data Driven Methodology- success design
- Systems & Roles - plan, capture, analyse & respond to data
- Real Time Data and learning loops enabled responsive service design
- Capacity - considered impact of innovations
- Evaluation of impact of changes

COVID Learning Examples

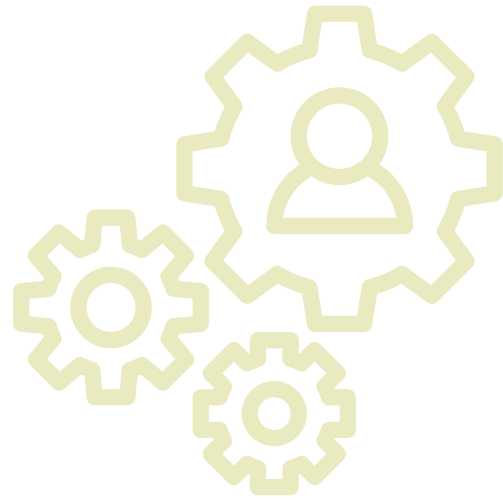
- IV Drug Prep Service
- Drive Through Ambulatory Monitoring
- SSE Vaccination Centre
- 4E Evaluation

Quality Approach Summary

This extended learning has been used as a foundation for the current work in the Trust of creating a learning organisation. Understanding the importance of co-production and making this foundational to allow us to build dynamic learning champions into improvement and governance structures. Establishing 'system thinking' into the evolution of corporate improvement priorities and making change data driven is creating conditions for systematic change.

Click to view video





STRENGTHENING THE WORKFORCE

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

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

Collective leadership is a central tenet SEHSCT culture; this is manifested through the outworking of the Trust's People Plan. SEHSCT Quality Academy has ten years of experience, training and supporting teams in quality improvement. It runs a suite of courses available to all staff across the organisation with a bespoke course for service users. Organisational mapping has been conducted to explore the workforce capacity for quality management.

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

- ▶ Training and development of teams through OWD
- ▶ Creating the Conditions for Improvement - Quality Academy
- ▶ Quality Academy - Quality 4U Programme
- ▶ Creating the Conditions for Improvement - Messaging & Facilities
- ▶ Organisational Capacity Mapping to enable and embed Quality 4 All Strategy

Training & Development of Teams through OWD

Our People Plan is for everyone who works in SEHSCT. It sets out our commitment to each other and how we can work together to continue to deliver the best possible outcomes for our patients, clients and carers. The People Plan is integral to delivering the Trust Quality Strategy by supporting and connecting with our Trust Plans and replaces traditional Human Resources and Organisational Development Strategies. It has been shaped and influenced by a number of drivers at national, regional and local levels and by engaging with and putting staff at the 'heart of what we do'.



The Plan sets out our pledge and our 5 People Priorities of:



Within the priorities a number of action milestones are set out which align at individual, Directorate and Trust Level underpinned by the Governance Framework. The Trust delivers on this through development and delivery of evidence based in-house programmes and working with external partners.

There has been focussed activity and outcomes in relation to the priorities throughout 2022/2023 as evidenced within the OWD report.



 **Impact of the People Plan**

Quality Approach Summary

The importance of a People Plan in supporting and developing staff provides a good staff experience of working in SEHSCT making the Trust a great place to work, boosting staff recruitment and retention and subsequently translating to patients and service users experiencing a great place to receive care and support.

Creating the Conditions for Improvement – Quality Academy

The SEHSCT Quality Improvement Academy continues to offer a wide range of evidence-based learning opportunities for our staff to develop their knowledge and practical application of QI methodologies. All programmes are aligned to the regional Q2020 Attributes Framework. Learning and development is further strengthened with

opportunities for QI Coaching and Mentoring provided by past programme participants and specifically trained QI Coaches. Additionally the Academy seeks out learning from other organisations to connect SEHSCT to innovative practices regionally, nationally and internationally.

Quality Improvement Academy Programmes 2022/23



In 2022/2023 our programmes were rebranded to connect to the Quality4All Strategy.

New in 2022/23

Quality Fundamentals

Inspired by the fact that many staff within the Trust remained under-represented on our existing programmes, and our desire to connect fully with all staff to ensure they feel supported and encouraged to embrace QI to the same extent as other staff groups, the Quality Fundamentals training programme was developed primarily for staff who work within non-clinical roles or roles that support our clinical services within the Trust. A pilot programme ran over 7 sessions across 7 months with staff bringing forward an improvement project in their area. 4 staff completed this programme.

Quality 4 Service Users

Integral to all quality improvement and service redesign are people with lived experience. We recognise the need to have our service users at the heart of what we do in a more inclusive way. Quality improvement terminology and methodology can often restrict participation. At the request of service users The Recovery College, QI Academy, Social Work Learning & Improvement Team and a service user co-produced and co-delivered a half-day programme on 'Demystifying QI' to 10 participants further programmes planned. The next programme is specifically for the members of the Local Engagement Partnership. Our vision is for this programme to be delivered by service users and to act as a stepping stone for service users to enrol in other programmes within the Academy.













Creating the Conditions for Improvement – Quality Academy

Quality 4 Managers

To further connect Managers from all services with the Trust Quality Strategy and how this translates within their services, a short 45 minute virtual session is offered as part of the Organisational Workforce Development Practical Managers Programme. These sessions are run over lunchtime and to date 6 sessions have been delivered in 2022/23.

As well as in-house programmes the Academy continues to lead on the development and delivery of the Regional QI Programme for Social Work, Nursing & Midwifery commissioned annually by the DHSSPS. Academy staff are sought to input to other organisations training for example the delivery of a module with HSC Leadership Centre on the Ulster University MSc in Business Improvement. Furthermore support through coaching and mentoring is provided to staff participating in external programmes such as the MSc, Scottish Safety and Quality Fellowship Programme (SQFP) and Scottish Improvement Leaders Programme (ScIL).

Staff Trained 2012 – 2022

| | | |
|---|--|--|
| <p>4871</p>  <p>Q2020 E-Learning & Face to face An introduction to Patient Safety and Quality Improvement. This is now a mandatory training requirement since 2021.</p> | <p>81</p>  <p>SQE for Junior Doctors This programme is delivered over four months and is available for all Foundation Doctors. Application of learning into practice is included through a project.</p> | <p>17</p>  <p>IHI Improvement Advisor This year long programme sets out to develop QI experts to enable to execution of Improvement Projects throughout the organisation.</p> |
| <p>1443</p>  <p>SQE Lite 1 day interactive workshop introducing Improvement Science</p> | <p>8</p>  <p>Microsystem Coaching This eight month programme equips trainers to coach in the art of team coaching and the science of quality improvement to work with frontline teams to help them re-design the services they deliver.</p> | <p>14</p>  <p>MSc Business Improvement This 3 year part time programme equips practicing and aspiring managers to design and implement business improvement strategies to have a positive impact on their organisation.</p> |
| <p>111 SE Staff</p>  <p>Regional Quality Improvement in Social Work, Nursing and Midwifery Programme This 9 Month programme includes nine monthly sessions, completion of eight IHI Open School modules and application of learning to a project. SEHSCCT supports this programme to deliver a regional learning community of Social Workers, Nursing & Midwifery.</p> | <p>5</p>  <p>STEP-UP This eight month programme aims to develop doctor's skills in medical leadership, and provides basic training in quality improvement. This programme is led by the Belfast Health & Social Care Trust.</p> | <p>16</p>  <p>Scottish Improvement Leader Programme (ScIL) This 10 month programme delivers an innovative approach to address increasing demands across our public services by developing QI capacity and capability.</p> |
| <p>725</p>  <p>Quality4U Programme This 9 Month programme includes: 9 monthly sessions Application of learning to a project. This programme is open to all staff.</p> | <p>6</p>  <p>IHI Improvement Coaching This 6 month professional development programme aims to further develop your improvement knowledge and skills in order to coach and facilitate improvement teams.</p> | <p>4</p>  <p>Scottish Quality and Safety Fellowship Programme This 10 month programme is aimed to strengthen leadership skills, learning from global experts within and outside healthcare</p> |

Quality Approach Summary

To date the QI Academy has built significant capability within SEHSCCT with pockets of transformation evidenced. We are seeking to realise a higher return on investment and have gained insight into challenges faced in mobilising trained staff within the organisation through a Capacity Survey. This will be acted on across 2023/2024 & 2024/2025 informed by a regional mobilisation project in which the Trust is participating. This has been funded through the Q Community (Health Foundation).

Case Study – Quality Fundamentals Project: Paediatric Reusable Standing Frame

(Debbie Tinsley – Technical Instructor, Paediatric Physio)



This project focused on a need 'To reduce the amount of Paediatric reusable standing frames on loan to service users returned without all accessories'. This aim would ultimately cut the cost of replacing/ repairing, reduce waste, and save time for service users waiting on equipment and staff following up missing parts.

A brain storming and process mapping was undertaken with the physio team which provided an opportunity to engage the team in the project, identify keen supporters of the work and generate ideas as to how the team felt the problem could be addressed. A driver diagram was developed and therefore the roadmap for the project was planned!



An information leaflet was developed to be attached to all equipment on issuing with very clear instruction that this equipment was on loan and the borrower had the responsibility to look after it by adhering to the points/Do's/Don'ts on the leaflet.



Consideration was also be given to developing a tick sheet for the Physio staff to check over with the clients/carers when the equipment is due to be returned.

Key Learning



In order to make an improvement you cannot do it on your own, you have to have a willing team working alongside you. Choose to work with positive people who are enthusiastic and can help to problem solve and think of realistic solutions.

Listen to what other team members have to say otherwise helpful information may be missed. Information should be recorded/captured at the time as it can very easily be lost or over looked.

Good communication within a team allows for better exchange of ideas that can be building ground for making lasting sustainable improvements.

Quality Approach Summary

It is important to engage all staff, no matter what grade of service, in quality improvement. Challenges are identified and ideas for improvement generated by the people doing the work. This project has the potential to deliver financial value to the Trust in relation to returned equipment and time release for staff as well as quicker access to equipment for new patients.

Quality Academy – Quality 4U Programme

The Quality4U Programme is a Level 2 QI training programme and runs over eight months. In 2022/2023 there were 21 SEHSCT participants representing services across the Trust. We partnered with NIAS and had 7 participants representing frontline and service management. The structured course enabled learning in system understanding, change theory and leadership. As part of the programme participants carry out a QI project and

develop a poster applying the knowledge, skills and QI tools they have learnt.

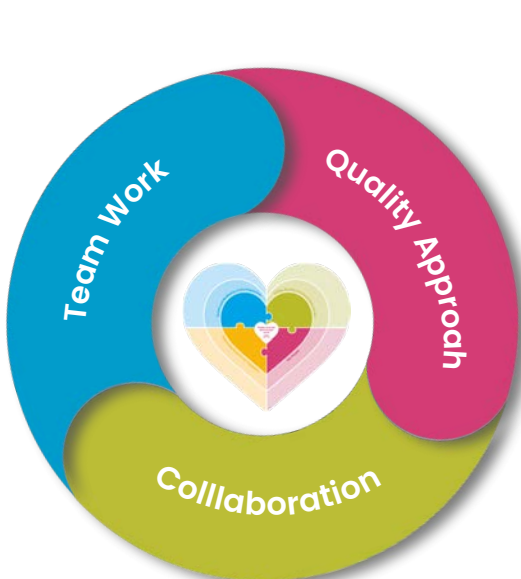
A total of 22 final projects were presented to senior leaders and QI Alumni at the end of the programme.

Five of these projects and two posters were selected for awards and presented at the Quality 4U Celebration Event.

Award Winners:

- Completion of Self Administration Risk Assessment (SARA) during the committal process in HMP Maghaberry
- Be Life Savers – Delivering BLS Training to Domiciliary Care Workers
- Improving the pharmacy Top-Up on Wards 3A & 3B
- Increased access to transport for day centre clients in the Rowan Centre, Lisburn
- NIAS Falls Response Improvement Project Pre-Hospital
- To improve the use of paediatric equipment by ambulance clinicians in two ambulance stations
- Care Home Referral improvement Project Enhanced Care At Home (ECAH)

Thematic analysis of the organisational learning revealed 3 key themes: Team Work; a Quality Approach and Collaboration



1

COLLABORATION

- Work with others outside team
- Building relationships between departments
- Promote benefits of project to both patients and staff
- Education of staff from different teams
- Communication between professions key to making processes more efficient

2

QUALITY APPROACH

- Data informs change
- Explore the whole system
- Learn from mistakes
- Structured process with measurement is a better way to achieve improvement

3

TEAM WORK

- Understand each other's role
- Multi-disciplinary working
- Involve the whole team early on
- Engage team by meeting and communicating regularly

Quality 4U Transferable Learning Table

Organisational learning was key across this initiative with transferable learning disseminated across the Trust.

| Project | Transferable Learning | Project | Transferable Learning |
|--|--|--|--|
| Jennifer McDowell Completion of Self Administration Risk Assessment (SARA) during the committal process in HMP Maghaberry | <ul style="list-style-type: none"> Process to ensure correct documentation recorded by staff | Martin Allsopp Cytotoxic Residue Testing | <ul style="list-style-type: none"> Process to ensure compliance of safety and quality standards |
| Nial Scott & Sarah McKee Be Life Savers - Delivering BLS Training to Domiciliary Care Workers | <ul style="list-style-type: none"> Implementation of training programme for new cohort of staff | Deirdre McCabe Supporting psychological wellbeing in the first 3-months following plastic surgery | <ul style="list-style-type: none"> Process for increasing access to service for users |
| Matthew Wilson & Beth Williamson Improving the pharmacy Top-Up on Wards 3A & 3B | <ul style="list-style-type: none"> An approach to ensure right medication is readily available at ward level | Jayne Magee Slumber Reform: A better night's sleep behind bars | <ul style="list-style-type: none"> Co-production approach for patients' health and well-being |
| Laura Fleming Increased access to transport for day centre clients in the Rowan Centre, Lisburn | <ul style="list-style-type: none"> An approach to increase access for service users | Sylvia Boyle Management of Hypoglycaemia in Care Homes | <ul style="list-style-type: none"> Process to ensure safe management of patient in the community |
| Rebecca Steele Falls Response Improvement Project Pre-Hospital | <ul style="list-style-type: none"> Process to increase timely response to falls patients | Sharon Jenkins Non-Essential Bloods Sampling | <ul style="list-style-type: none"> An MDT approach to improve efficiency |
| Orla Morrow - NIAS To improve the use of paediatric equipment by ambulance clinicians in two ambulance stations | <ul style="list-style-type: none"> Process for self-reporting usage of equipment | Rhys Williams - NIAS Face Fit Testing | <ul style="list-style-type: none"> Use of technology to increase capacity for appointments |
| Sinead McLarnon, Catherine Fegan, Christine Campbell Care Home Referral Improvement Project Enhanced Care At Home (ECAH) | <ul style="list-style-type: none"> Process to simplify decision-making for referrals to the service | Aneta Paly Increasing the number of staff in CSSD department | <ul style="list-style-type: none"> Approach to improve induction and retention of new staff |
| Aoife Savage Your Tube - A staff and service user QI project on Gastrostomy tubes in UHD | <ul style="list-style-type: none"> Introduction of assessment to allow for education opportunities | Karl Bloomer - NIAS Downe Hospital Single Point of Contact Pathway | <ul style="list-style-type: none"> Development of single point of contact concept |
| Karen Maybin Choosing the correct pathway - improving the efficiency and effectiveness of screening information | <ul style="list-style-type: none"> A process for increasing declined referrals due to insufficient information provided | Jason Rosborough - NIAS Ambulance Vehicle Service Performance | <ul style="list-style-type: none"> Development of efficient booking process |
| Jill Fieck & Lesley McCrum Improving inpatient's experience and promoting person-centredness when attending neurology review in an outpatient setting | <ul style="list-style-type: none"> How to improve communication and patient experience of inpatients | Denise McCreanor & Laura Foreman Inside Out - Supporting the Transition from Prison to Community | <ul style="list-style-type: none"> Process to support patients with own healthcare needs in the community |
| Wendy Toner-Beggs & Jane Donnan Management Of Respiratory adults through All Life Stages (M.O.R.A.L.S) | <ul style="list-style-type: none"> Approach to ensure efficient documentation of patients needs and wishes | Tyrone Hamill - NIAS Body Worn Cameras | <ul style="list-style-type: none"> Use of technology to reduce violence and aggression incidents |

Evaluation of the Quality 4U course is being undertaken to sharpen the focus of the course that will build capacity in teams to implement the Quality 4 All strategy.

Quality Approach Summary

The Quality 4 You programme is part of creating the culture and skills across SEHSCT. The inter-organisational and multidisciplinary nature of each cohort brings a greater understanding of provide quality care across a system. The structure of the course enables participants to build teams to apply change using robust methodology and importantly the principle of coproduction.

A summary of the Quality 4U presentations has been collated showing the specific gains made through the quality approach taken in projects.

Creating the Conditions for Improvement – Messaging and Facilities

The Trust continues to build on its QI brand as part of creating the conditions for improvement. With the development and subsequent implementation of the quality approach within the Quality 4 All Strategy from 2022, the Quality Improvement Academy and its centres responded to reflect the underpinning pillars of quality in its co-produced logo and messaging – **explore, create, innovate**.



This logo aligned the centres firmly with the four quadrants of the Quality 4 All Strategy through use of its colour scheme and the logo messaging is used widely in correspondence and slide decks across SEHSCT and is reflected in room names within our facilities.

Furthermore, we have developed a visual to reflect the quality improvement approach within SEHSCT. The **IDEAS** approach is prominently positioned within both centres and serves as a prompt to all within this creative space to Involve, Discover, Engage, Analyse and Share, considering systems, people and culture to produce desired outcomes.



In 2022/2023 we welcomed the opening of two new QI facilities within SEHSCT – the highly anticipated QIIC Ards, located on the Ards Hospital site, and the Courtyard at QIIC Ulster Hospital – as well as a refresh of QIIC Ulster Hospital. The investment within these facilities continues to ensure high quality multi-purpose venues for the future, providing the Trust with:

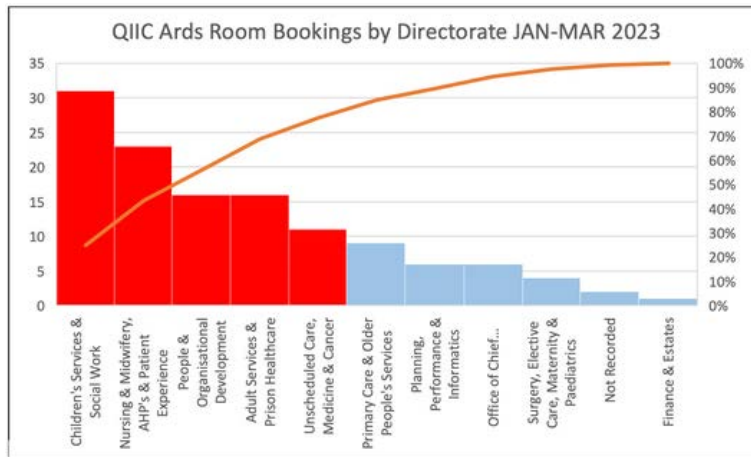
- conference centre facilities
- meeting / training room facilities
- entertainment / licenced facilities
- Kitchen facilities
- Breakout areas
- Washroom facilities
- Office / Consultation rooms
- Multi-function/Multi use spaces – including, but not limited to:
 - Incidents
 - Vaccination Centre
 - Hot Desking
 - Socially Distanced working spaces

Creating the Conditions for Improvement – Messaging and Facilities

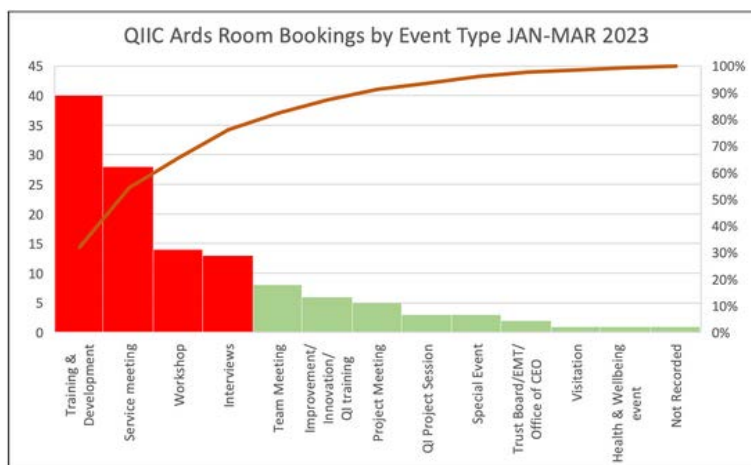
The opening of QIIC Ards in November 2022 was a key strategic project in the overall rejuvenation of the Ards Hospital site through the improvement and refurbishment of the existing McWhinney Hall. Making the best use of existing Trust assets has increased utilisation and provides the best use of the value for money principal, as laid out under public procurement policy.

The redevelopment of this Trust building also contributes towards mitigation / reduction of the need to lease premises and fits in with the Trusts overall plan for the Ards Sites. This development of QIIC Ards has a positive impact on the Trusts sustainability plan providing an innovative environment, implementing biophilic design, and contributing to improving staff knowledge and wellbeing.

QIIC Ards Usage



Pareto chart showing Directorate use of QIIC Ards Jan – Mar 2023 (top 80% of usage in red)



Pareto Chart showing reason for use of QIIC Ards, Jan- Mar 2023 (top 80% of reasons in red)

Quality Approach Summary

Investment in multi -purpose, creative meeting spaces for staff promotes connection, innovative thinking and staff and service development. There is a strong connection to Trust values and Quality Strategy. Future development will enable connection within the wider community

Organisational Capacity

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

To establish the structure needed across the organisation the Quality Improvement Team conducted an organisational capacity survey across the Trust. This involved a system

survey focusing on the roles across the Trust with some time allotted to Quality Improvement, Service Improvement, Audit, Governance, PPI and Data Analytics. One hundred and Thirty people were identified in these roles across the directorates.

Questions focused on the level of training, experience, structure of support and anticipated needs for establishing a quality management system.

Survey Results Included:

- 65% of People had some training for their role, many had undertaken a short course.
- 42% of People had Mentored Others,
- 53% Have Attended Networks

Figure: Supporting Resources Identified

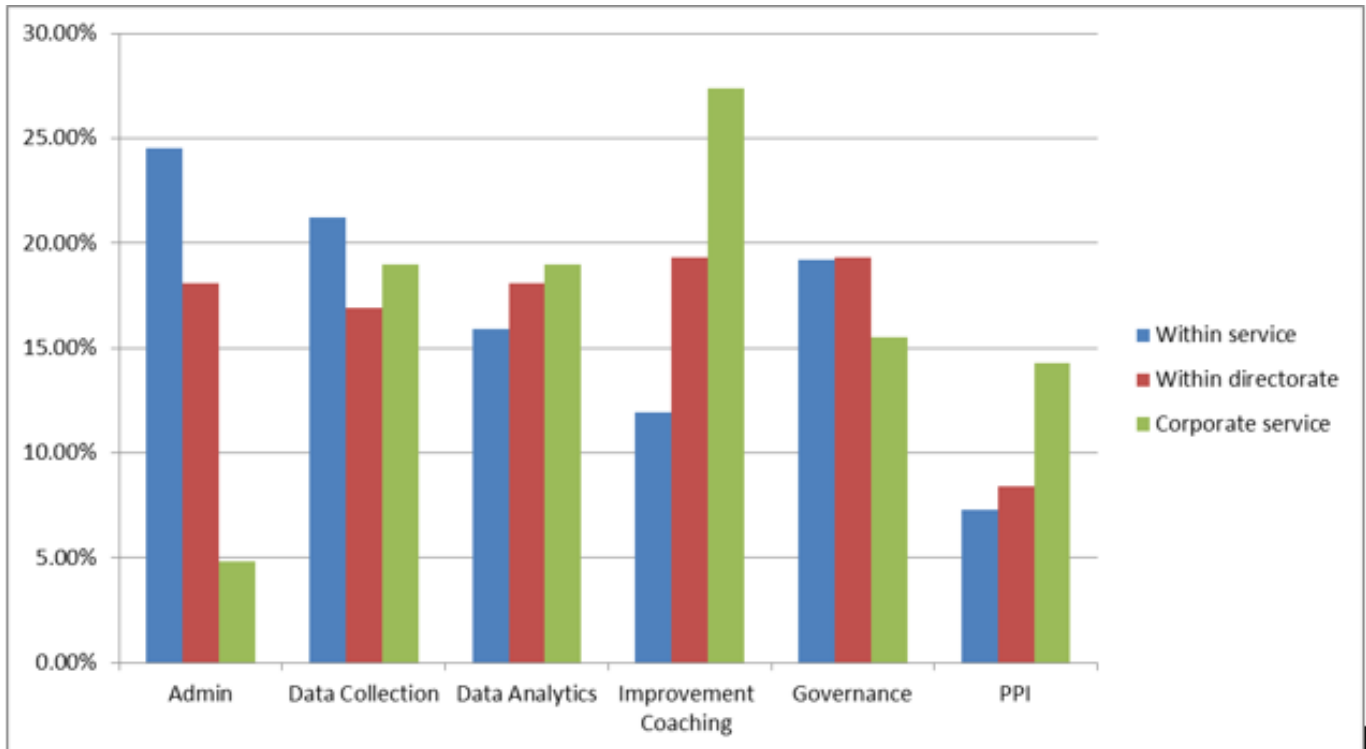


Figure: Training

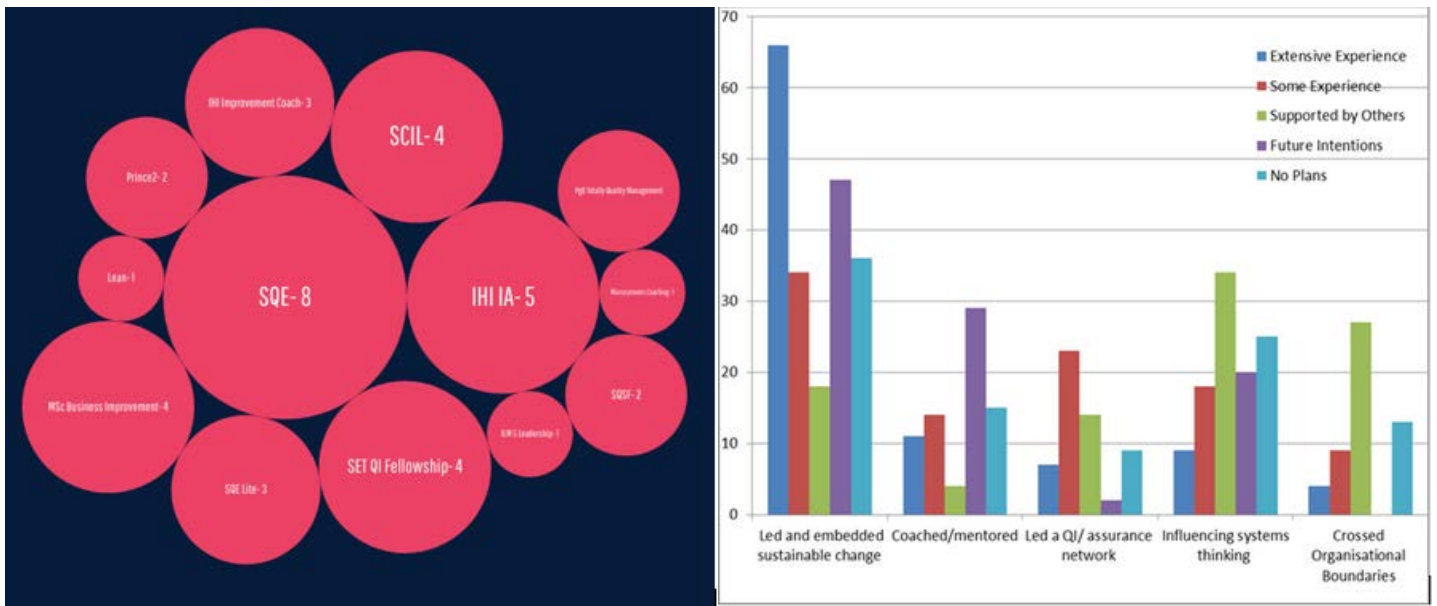
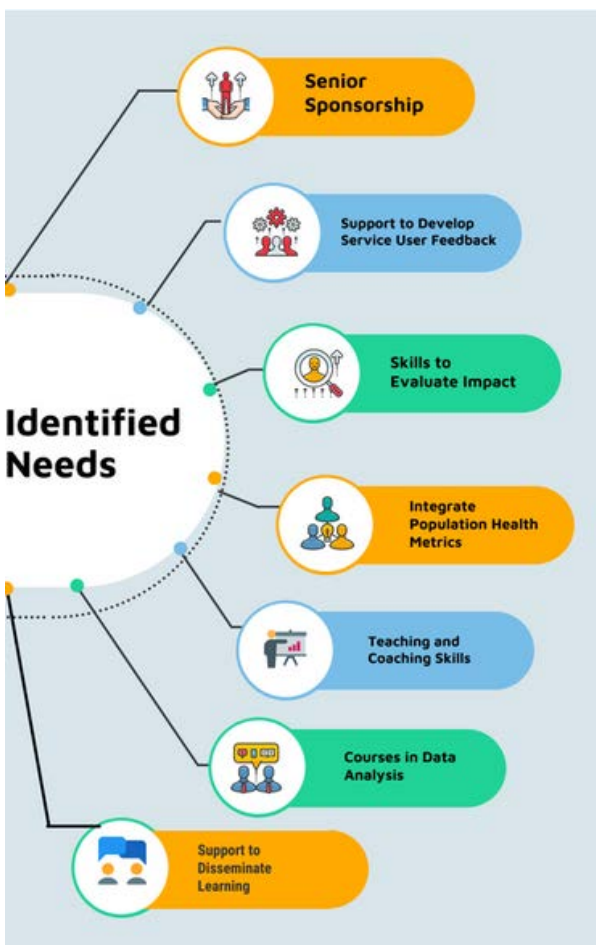


Figure: Identified Needs



Suggestions to Evolve Organisational Capacity

- Protected time for improvement work is as essential as other Trust functions
- Developing coaches within teams will help.
- Need tools and systems mentorship from someone more knowledgeable
- Training in effective engagement would be useful
- Establish process for sharing and embedding lesson's learnt
- Data support- How to create demographic automated forms from information on excel.
- Senior managers need to learn and apply QI methodology
- Urgently need data analysts
- The Trust needs to invest in new systems to assist with data support and the display of data
- Service would benefit from stronger links with business partners and governance teams.

Quality Approach Summary

The Quality Team are working with OWD, Governance and Safe and Effective Care Colleagues to establish learning structures and champions across the Trust. A current pilot of supporting Children's Services to leverage their improvement roles is being undertaken. Building dynamic networks to share and disseminate learning across the organisation is key to patient safety and quality care. The Introduction of new skills and roles such as systems designers and data analysts will strengthen and develop the Trust quality approach



MEASURING THE IMPROVEMENT

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

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

Assigned to the Quality 4 All Strategy there are three Corporate Improvement Priorities. Using quality management principles and robust improvement methodology, strategic gains are being made. An exploration of quality initiatives across the Trust have been collated as part of the Quality 4 All Awards.

This section of the report focuses on the improvements being conducted across the organisation concentrating on system redesign and microsystem changes. Four Case studies are representing the focus of the organisation to improve care relating to the four quadrants of Quality 4 All Strategy.

- ▶ Corporate Priorities Introduction
- ▶ Domiciliary Care
- ▶ Social Work Unallocated Cases
- ▶ Unscheduled Care
- ▶ Quality 4 All Awards
- ▶ Case study – Population Health – Cardiovascular Prevention Programme
- ▶ Case study – SQE – Macmillian Breast Clinic Transformation
- ▶ Case Study – Improving Value – Improving Contract Compliance in the Independent Sector (IS)
- ▶ Case study – Our People – Nursing in the Downe hospital

Corporate Improvement Priorities

Since the launch of Quality 4 All in November 2021 the Trust has embarked on the next phase of Quality Management. Following workshops with Derek Feeley the Trust Board identified three Corporate Priorities for improvement work. These are areas of acute pressure, high risk and service provision impacts across directorates. The three areas are:

- Unscheduled Care
- Domiciliary Care
- Unallocated Cases

A Quality Management Approach has been taken with these three areas recognising the complexity and multiple stakeholders involved providing care. This involves consideration of the organisational data collated by the Governance and Assurance Team including errors, complaints, adverse incidents and inspectorate findings.

The focus on wastes and opportunity to create efficiencies in systems will be core. Population health needs are incorporated and service user involvement is fundamental in project planning. Understanding the staff hopes and experience along with workforce data is key.

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

How we will embed *Quality 4 All* across the organisation

Quality 4 All

is based on best practice for high performing organisations, which can be referred to as a **Quality Management System**, pulling together key corporate approaches such as planning, control/assurance and improvement.



The Corporate Improvement Priorities have contributed to the Regional Improvement movement through the HSCQI TASC programme.

Quality Approach Summary

Each Corporate Improvement Priority has a Director as a senior sponsor. They have responsibility to provide accountability to Trust Board and will resource the work as needed. A monthly Trust Board report is made that keeps the improvement work accountable.

Domiciliary Care – Corporate Improvement Priority

To plan strategic improvements to Domiciliary Care in SEHSCT it was decided that the QI team could partner with a system designer to create a system map.

The Domiciliary Care Service Ecosystem map has developed through several iterations. It has been informed by a series of workshops and discussions involving health and care professionals working within the ecosystem, other key stakeholders with an interest in the service and a number of service-user representatives. Over 90 people participated in this process.

At a final face-to-face meeting held with key staff from the Domiciliary Care Service, the map from the four online workshops was adjusted.

The map is used to review:

- Current Challenges facing the Ecosystem (based on feedback from online workshops)
- The data that should be collected to understand the dynamics of the Ecosystem
- Current & potential future ecosystem improvements
- What a preferable 2030 Ecosystem might look like

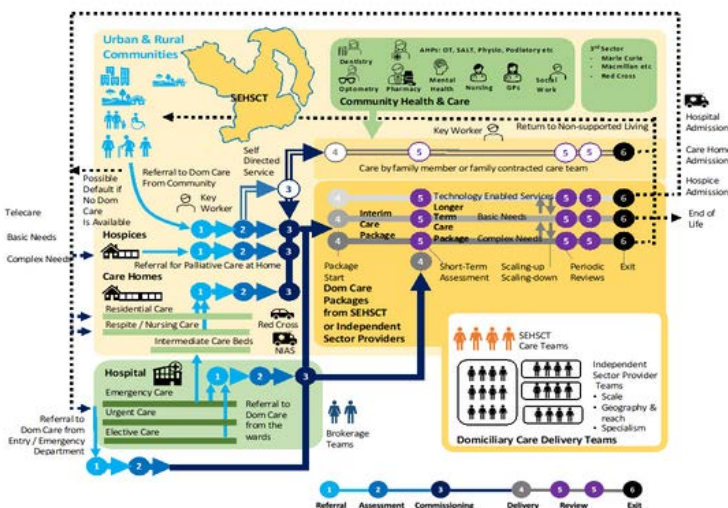
SEHSCT Definition of Domiciliary Care was discussed as:

Domiciliary Care is the referral, assessment, commissioning, delivery and review of the support needed by people with personal care to maintain their quality of life and independent living in their own homes.

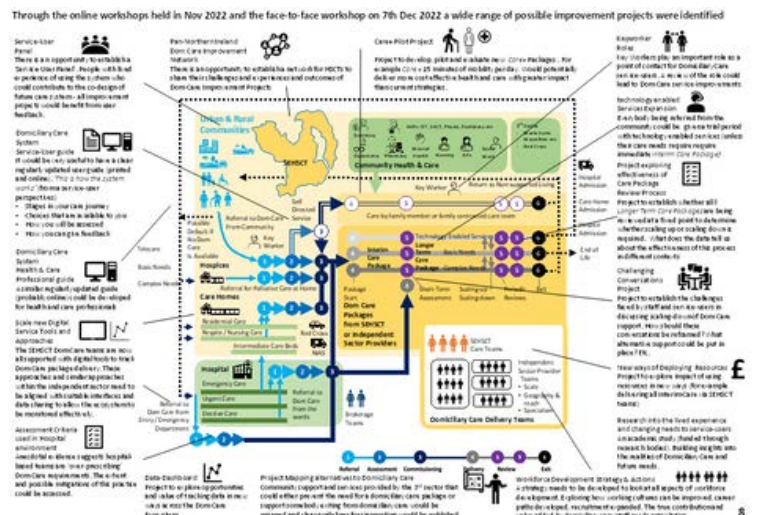
The primary aim of SEHSCT’s Domiciliary Care service is:

To deliver maximum value from available resources ensuring the right, high quality support is provided to those with care needs to enable independent living.

SEHSCT Domiciliary Care Ecosystem Map



Opportunities for Domiciliary Care Improvement



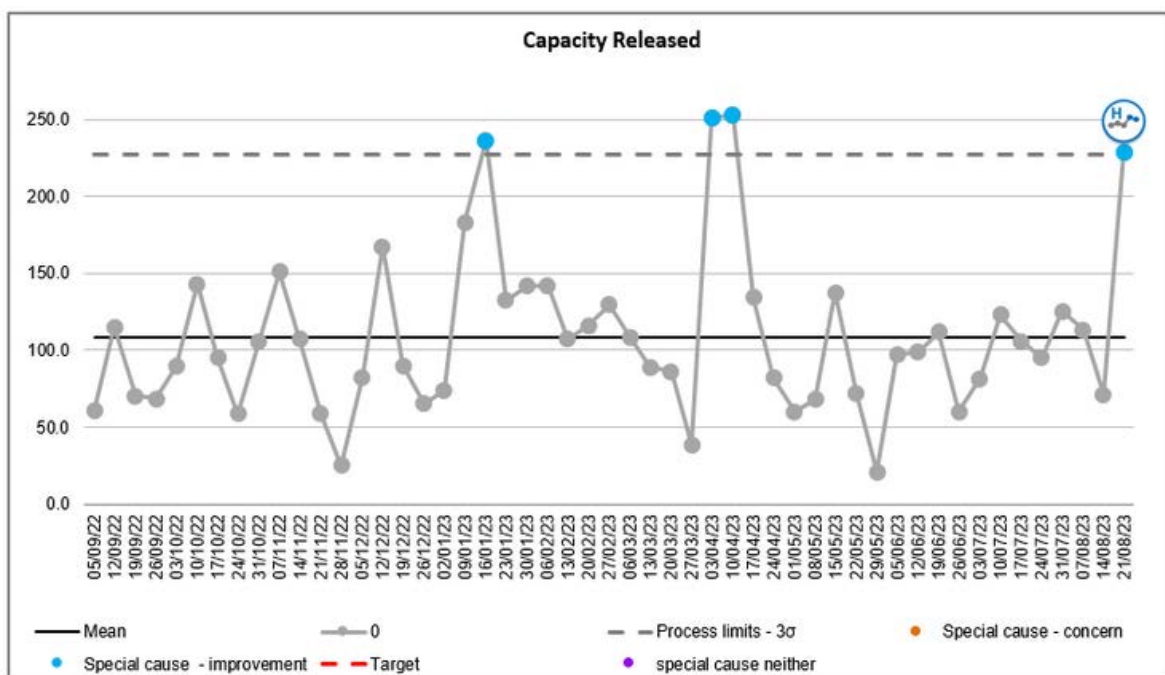
Domiciliary Care – Corporate Improvement Priority

A Service User Survey was conducted to understand the experiences of people receiving care.

An improvement team has been established to conduct an initial scoping of the opportunities for change, conducting baseline reviews and understanding the current impact of ongoing changes.

Digitalisation of the allocation and delivery of in house domiciliary care provision has created efficiencies in the pathways and access capacity of hours to be provided.

CareLine Live has allowed the service to release 6399.36 hours of capacity in the period 2022/2023



Quality Approach Summary

This initiative has been an organisational trial in how to apply a quality management approach to strategic change.

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

Building the will for change with the inclusion of multiple stakeholders has been foundational.

The QMS approach is now being applied across many improvement initiatives.



Domiciliary Care ECO Map Report



Domiciliary Care Service User Survey



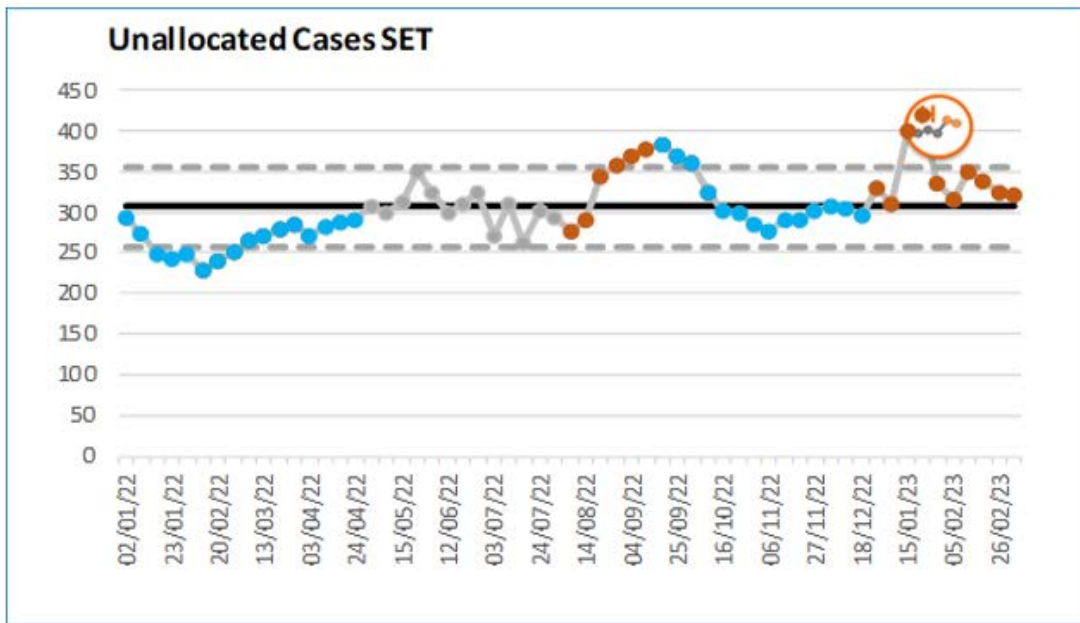
Domiciliary Care Survey Report

Unallocated Cases in Children’s Services

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

The CUP model reviews all unallocated cases by a multi-disciplinary team every 4 weeks, allowing for earlier intervention and ensuring cases waiting a social worker do not escalate to a higher need. The model is now fully operational across all of Safeguarding and Children’s Disability as of March 2023. As a result, unallocated cases in Safeguarding had reduced to 91 and Disability 231.

Unallocated Cases SET



Unallocated Cases increased between November and January due to an under-reporting in Disability. After corrective action and robust governance (CUP), Unallocated Cases have begun to decrease.

To support the work within CUP a new multi-skilled Family Support Team was tested in Ards Safeguarding Child and Family team and has shown great benefit to families on the unallocated list, providing direct support and earlier intervention over a 12-week period. The team are now working on scaling this up across the Trust as part of the Children’s Directorate service re-design taking place.

As a governance process a new SharePoint case management filing system was

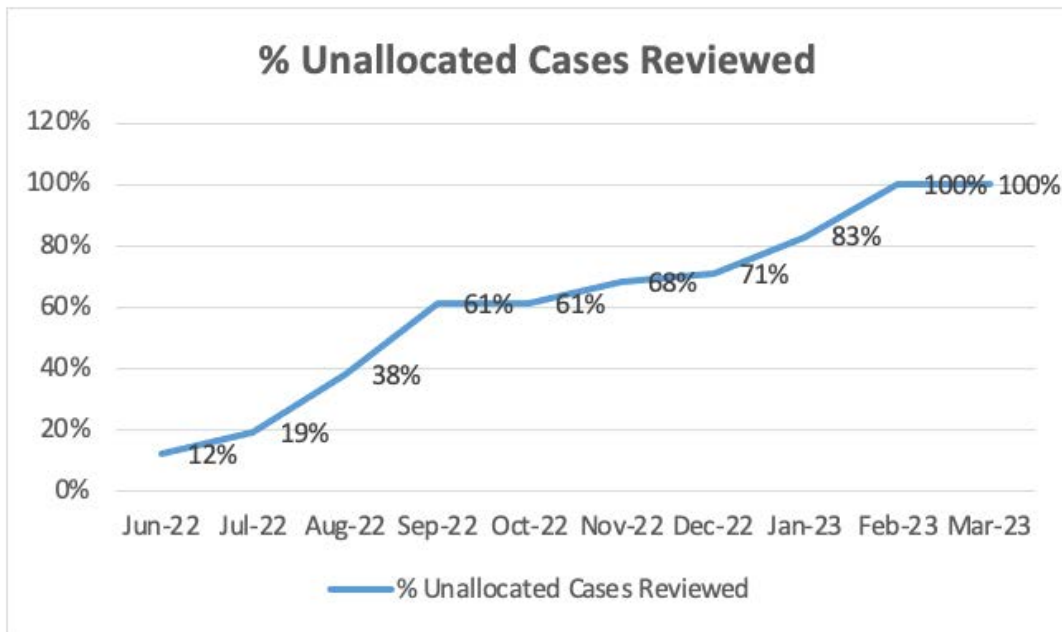
introduced within Children’s Disability services, providing greater oversight over all cases. The CUP model has ensured that all unallocated cases in Children’s Disability are reviewed and triaged every 4 weeks.

In addition to the Improvement work, there are a number of actions being undertaken by the service and regionally that will impact on the number of unallocated cases:

Unallocated Cases in Children's Services

A regional Capacity and Demand exercise has been carried out looking at pressure points across Northern Ireland for recommendations to SPPG in terms of Unallocated Cases. The Trust is leading the Early Help Regional Working Group, with a review of current practice across Northern Ireland, UK and Ireland for recommendations to scale and spread.

Collaborate Unallocated Process (CUP)



With the Collaborative Unallocated Process (CUP) model successfully scaled across Safeguarding and Disability, the % of Unallocated cases that are reviewed at least once every 4 weeks (collectively discussed with senior management and operational staff, and if appropriate offered earlier/different means of support) has increased to 100%.

Quality Approach Summary

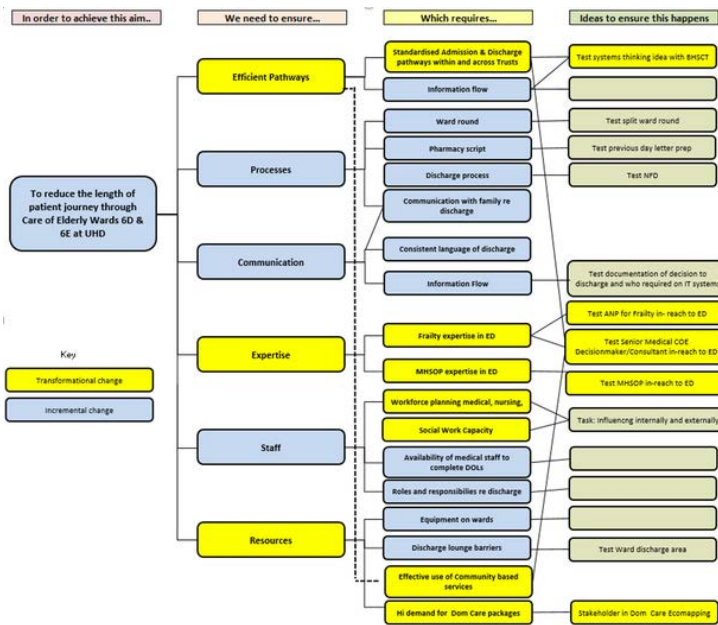
This Corporate Improvement Priority has highlighted the importance of a multidisciplinary approach to change, exploring opportunities for skill mix within teams. Assurance in the waiting list management process is essential and the CUP initiative has devised a collaborative and agile way of working which is being scaled across SEHCT and in the region as part of the HSCQI Collaboratives.

Unscheduled Care- Corporate Improvement Priority

The Hospital Services Directorate identified Care of Elderly Services to have a focussed improvement in Length of Stay. To identify where the difficulties were within the current system a mapping exercise was planned and carried out by the QI Team in Nov/Dec 2022. Care of Elderly mapping developed through considering key flow points, challenges, available data, gaps and

change ideas. It was informed by a series of workshops and discussions involving members of the multidisciplinary teams working within Care of Elderly including senior management.

A driver diagram was developed from the mapping incremental process improvements were required



The aim of the work on is to reduce the length of patient journey through Care of Elderly Wards 6D & 6E

Transformation work impacting Flow to and from Care of Elderly wards was being developed across the wider UHD system including consideration being given to how best to provide services to Frail Older People and Ecomapping of Domicillary Care.

Using collective decision making based on information in the map and the experience of people working within the services 4 key priorities were initially identified:

- In-reach to ED from the ward, eg; by an Advanced Nurse Practitioner
- Focus on previous day planning for discharge
- Ward round/MDT meetings
- Consistent communication on discharge processes.

An opportunity was also arranged for senior staff within Hospital Services to learn from work carried out with in NHS Borders regarding hospital flow.

Through the evolvement of the mapping several challenges were highlighted

- An over reliance on system data available to try to understand flow at ward level
- Limited service user experience data to inform change
- Learning from Domiciliary Care Ecomapping in considering the wider Unscheduled Care system to understand flow
- The impact of winter pressures on testing change ideas
- The level and degree to which senior sponsorship is required to drive improvement

The work on flow through the wards must develop and continue to affect improvement both at transformational and incremental level.

Quality Approach Summary

Detailed mapping of Care of Elderly wards has been a first step at trying to apply QI methodology at a larger service level within Hospital Services to identify key areas for improvement. Building the will for change with the inclusion of the multidisciplinary ward teams has been vital. Senior sponsorship is required to drive the work forward and provide accountability.

Quality 4All Awards

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

Forty one submissions were made across the four quadrants of Quality 4 All Strategy: Population Health; Safety Quality and Experience; Value and Our People.

Using a shortlisting criteria, judging panels were established that included senior leaders and QI alumni and Quality 4 All prizes were awarded to 4 projects.

Award Winning Projects were:

- Ask HIM Peer Mentor Project, HMP Maghaberry
- Enhancing Capacity in Domiciliary Care
- Downe Retention of Staff, Downe Hospital
- Macmillan Breast Transformation Project

Understanding the enablers to create change is essential to evolve quality care provision.



Organisational Learning was key across this initiative with Transferable learning disseminated across the Trust.

| Project | Transferable Learning |
|---|--|
| CUP Project - Jason Caldwell, Jessica Anderson | <ul style="list-style-type: none"> • Process for Waiting List Management • Improved Government Practices |
| MacMillan Breast Transformation Project - Erika Hughes | <ul style="list-style-type: none"> • Enable Service Capacity through Pre-Scheduling • Process for Continually Monitor Impact |
| Ars VTE Enoxaparin Pathway V2 - Maggie Magowan, Phillip Loppin, John Duffin, Andrew Dobbins | <ul style="list-style-type: none"> • A Process for Remote Prescribing Support • An MDT Approach to Service Re-Design |
| HIP Ask HIM Peer Mentor Network - Barry Rooney, Ruth Gray | <ul style="list-style-type: none"> • How to design a Suite of Measures to Evaluate Impact • Practical Application of the Principles of Co-design in Services |
| AHP Support Workers - Kim Warke, Patrice Mahon, Scot Kingston, Susan Robinson | <ul style="list-style-type: none"> • An Approach to Understand Staff Needs and Hopes |
| HIP Listen to Learn - Clare Connolly | <ul style="list-style-type: none"> • Thematic Process for Service Learning through Feedback |
| Downe Retention of Staff - Cathy Curran, Caroline Smith, Cathy Stewart, Joanne Garon | <ul style="list-style-type: none"> • A Multifaceted Supported Approach to Staff Retention |
| Corrosion Estates - Anthony Tribe, Ruairi King, Gregory McDougall, Michael Armstrong | <ul style="list-style-type: none"> • Use of Constant Data Analysis to Measure Improvement |
| Improving Contract Compliance in the IS - Karen Beattie | <ul style="list-style-type: none"> • Good Governance Process Devised for Electronic Signatures |
| Enhancing Capacity in Domiciliary Care - Jo Burns, Julie Davidson, Karen Kinkead, Alistair Fitzsimmons | <ul style="list-style-type: none"> • Use of Digitalisation to Understand Capacity • Methodology for Value Benefit Realisation of Service Initiatives |
| Digital Tools and Resources - Ed Sipler | <ul style="list-style-type: none"> • Methodology for Digitalising Health Messages • How to Make Online Products Accessible |
| Hepatocellular Carcinoma Surveillance - Leanne McWha | <ul style="list-style-type: none"> • Development of Virtual Clinics |

Quality Approach Summary

Yearly, there are many improvement initiatives conducted across the Trust, some of which are aligned to corporate priorities and others are led by frontline teams. The awards were established as an attempt to collate and capture the changes being made and accelerate learning across the Trust. The Quality Improvement team are creating a platform for organisational improvement by creating a platform for transferable learning.

All finalists' presentations are available to view in an Awards transferable learning collation.



Quality 4 All PageTiger Document

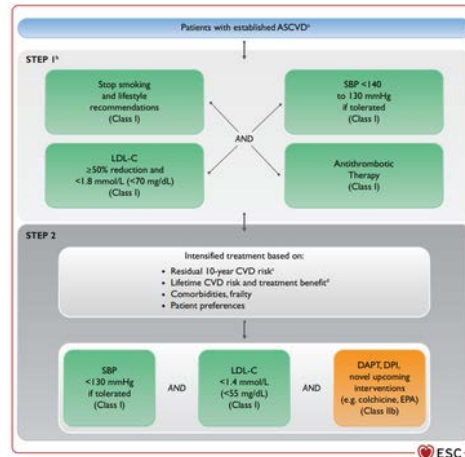
Case Study – Cardiovascular Disease Prevention Programme

Rationale

Cardiovascular disease (CVD) continues to affect the lives of thousands of people and is one of the largest causes of death and disability in Northern Ireland, around 19% of all premature deaths in Northern Ireland are caused by CVD.

Project Collaboration

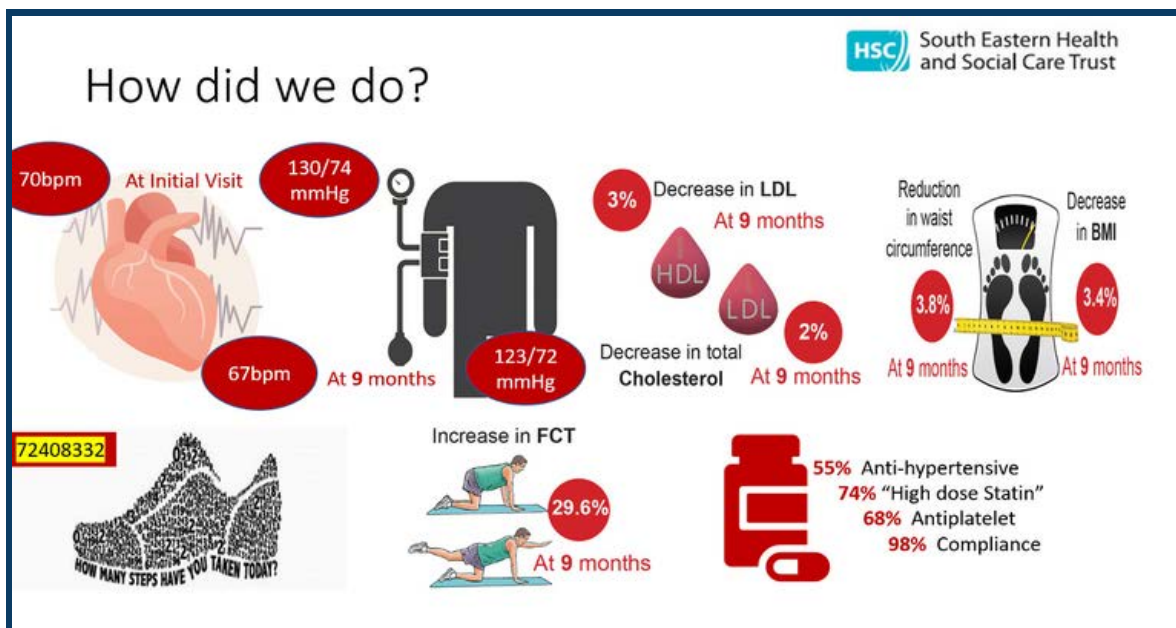
A partnership across organisations has been formed to apply a population health approach.



Cardiovascular Disease prevention Programme is a 9 month pilot for patients diagnosed with early stage coronary heart disease at a chest pain clinic or hypertension in primary care. Patients are assessed by Cardiac Rehab over a period of 0, 3 and 9 months.

A multi-disciplinary approach is taken to provide care and preventive advice. All Patients referred to Rapid Access Angina clinic with four specialist cardiac CT chest pain clinics a week.

Project Scorecard



Quality Approach Summary

Working across sectors is fundamental to a public health approach to disease prevention. Partnership starts by understanding population need and recognising community assets. This initiative is building an evidence base through research and evaluation and recognising transferable learning across the organisation.

Case Study – Safety, Quality and Experience – Macmillan Breast Clinic Transformation

Project Rationale

In October 2021 a new £3 million cancer care unit at the Ulster Hospital was opened in partnership with Macmillan

Performance targets for cancer in Northern Ireland relate to access times, at the time of this initiative patients attending for chemotherapy experienced long and variable waiting times.

Aim

80% of patients attending the Macmillan Breast Cancer Unit should be treated within 30 minutes of their scheduled appointment time by July 2022.

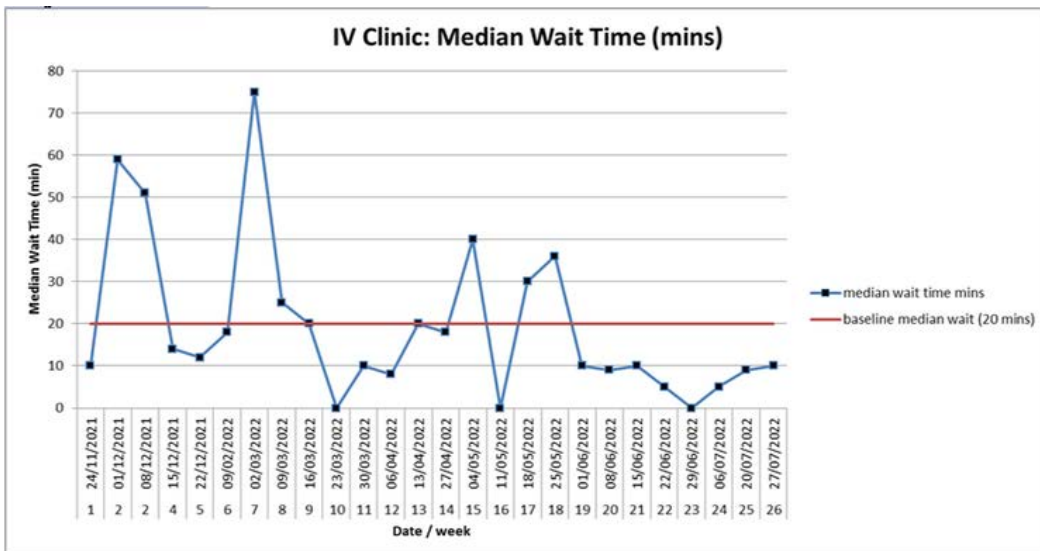
Project Objectives

- Seeking to understand and meet customer expectations
- Removing wasteful activities and making clinic processes more efficient
- Examining and understanding if capacity matches with demand
- Effectively using your resources
- Actively monitoring performance

PDSA cycles

- Chemotherapy was collected from pharmacy earlier
- Patients were checked in at the clinic notes used as a visual signal of who was waiting
- A nurse clinic co-ordinator role was created
- Scheduling was revised

Project Outcome



| IV Clinic (median figures) | baseline | redesign | change |
|----------------------------|----------|----------|--------|
| Clinic Wait Time | 20 min | 10 min | 50 % |
| Maximum Clinic Wait Time | 75 min | 45 min | 33% |

Quality Approach Summary

The enablers for this work were highlighted as data drive decision making, by applying quality metrics to evidence impact from the outset. Building a multidisciplinary team to apply small scale iterative changes and realigning resource to create efficiencies.

Case Study – Improving Value – Improving Contract Compliance in the Independent Sector (IS)

Project Rationale

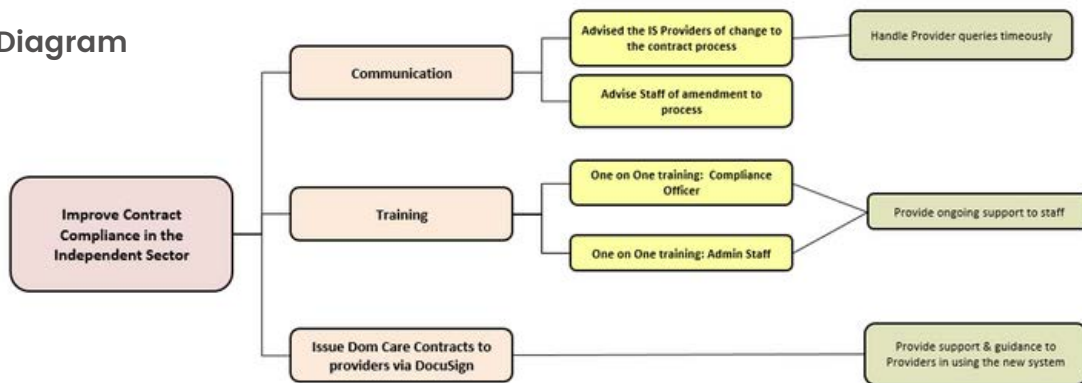
Currently our department manages 532 contracts and services across various sectors

Every service commissioned by the Trust needs to have a signed contract in place, this enables the Trust to ensure providers accountability is maintained. It is legal requirement for the Trust, an internal audit expectation and has strong links to Public Contracts Regulations 2015 and Northern Ireland Procurement Policy

Project Aim

To improve the contract compliance of the Independent sector by applying a more robust process to track the signing of contracts.

Driver Diagram



Project Outcomes

- Provider satisfaction – 95%
- Compliance with IA requirements – 100%
- Compliance with Trust Governance review – 100%
- Within 7 weeks – 100% of contracts signed
- 95% of our Providers found the application easy to use
- A 0.8 wte post is no longer required, this will fund the system on an ongoing basis.

Quality Approach Summary

This project has been led by the administration team supporting contracts in the Trust. It is an example of dynamic Collective Leadership. The team worked daily with the process issues and were able to innovate a new process to digitalise the signing and tracking of contracts. This has increased the efficiency of the process and saved operational costs to the organisations.

Case Study – Our People – Nursing in the Downe Hospital

SEHSCT has an ambition to enable their staff to flourish. A Project to improve Nursing staff levels and working experiences in the Downe Hospital.

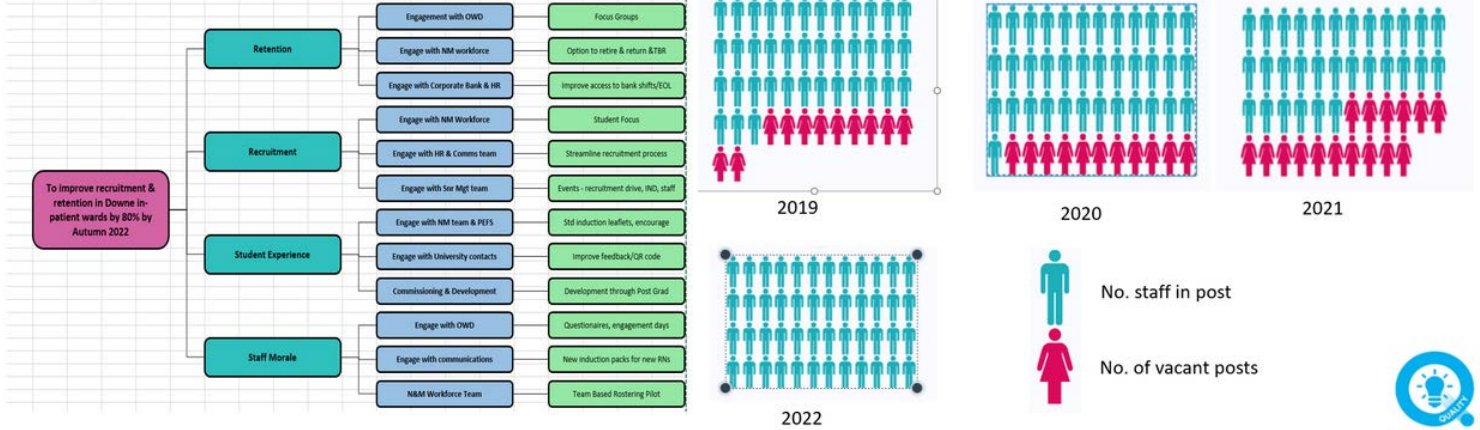
Recruitment and retention of staff challenging over the last decade. Post- COVID-19 reset identified 4 themes:

- Staff retention at an all-time low – 15 nurse vacancies in September 2020
- Recruitment unsuccessful – no applicants for rolling Band 5 programmes
- Staff morale worryingly low – exhaustion, burn out, feeling of no value
- Student experience – universities reported negative feedback in relation to student experience, mentoring and learning.

Aim

To reduce the number of Registered Nurse vacancies and improve staff retention in the Downe Hospital by 80% by Autumn 2022.

Driver Diagram



Project Outcomes

Recruitment – 100% of the posts have been filled across the Downe Medical Wards

Retention – 91% improvement in staff retention.

– 65% of O.U. students transitioned from Nursing Auxiliary role to Staff Nurse, and remained in the Downe Medical Wards

Students – 100% of management students in the last year, accepted a position in the Downe

Quality Approach Summary

The enablers to the initiatives were the ward sisters developed collaborative working approach to standardise practice and build positive relationships across the wards. The support system through OWD and Nursing Workforce teams was invaluable to the project’s successes. This Quality Improvement work is aligned to the SEHSCT People Plan and highlights the connected approach across the organisation to Quality.



RAISING THE STANDARDS

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

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

SEHSCT has an ambition to become a learning organisation, to facilitate this, assurance, governance and improvement teams have been collaborating to build the structures, process and networks. Recognition of the importance of devising quality metrics, robust reporting systems and learning processes to enable improved outcomes.

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

- ▶ Developing Structures and Practices as a Learning Organisation
- ▶ Nursing Assurance Development of KPI reporting
- ▶ Improvement Structure and Learning from Assurance Data
- ▶ Audit Activity
- ▶ GAIL - Governance, Assurance, Improvement & Learning Framework
- ▶ Regional & International Networks

Developing Structures and Practices as a Learning Organisation

The SEHSCT Quality 4All Strategy's ambition is to become a dynamic learning organisation based on the principles of quality management.

To this aim the senior management team have restructured the corporate team, establishing a quality improvement innovation team with a new Assistant Director role to lead this work. This team has been incorporated into the Performance, Planning and Informatics Directorate. To enhance this further the Health Development team has

also been brought into the PPI directorate enabling a population health lens to be applied to planning and evaluating change. Senior leaders across the Trust have been working together to scope the current reporting structures locally and corporately and are exploring a new Trust Board reporting approach. This work has been supported by the mentorship of Derek Feeley.

QMS Reporting Work-stream

Agenda

- **Our Journey – Learning Organisation**
- **Quality4All-QMS**
- **Population Health Approach**
- **Performance Reporting**
- **Quality Assurance**
- **Building Capacity- Quality Improvement Academy**
- **Workforce Development- Building Learning Champions**
- **Evaluating Impact**



**Quality
4All**

A collaboration of leaders across Governance, Safe and Effective Care, Medicine, Quality Improvement and Organisational Workforce Development are developing a network of learning champions across the Trust. Starting first with the nursing governance leads across the organisation, A structure is being co-designed to enable learning from incidents and complaints and how to action transferable learning and changes in practice. The new corporate Integrated Governance Framework has created structures for reporting, analysing and escalating learning.

The importance of Audit and Quality Improvement in clinical teams is being integrated into medical team meetings and the evolution of a standardised learning process. This work will be aligned to the organisational capacity survey highlighting the skills and support deficit and opportunity to improve these. The QI Academy and OWD courses are being designed to support this new way of working.

Quality Approach Summary

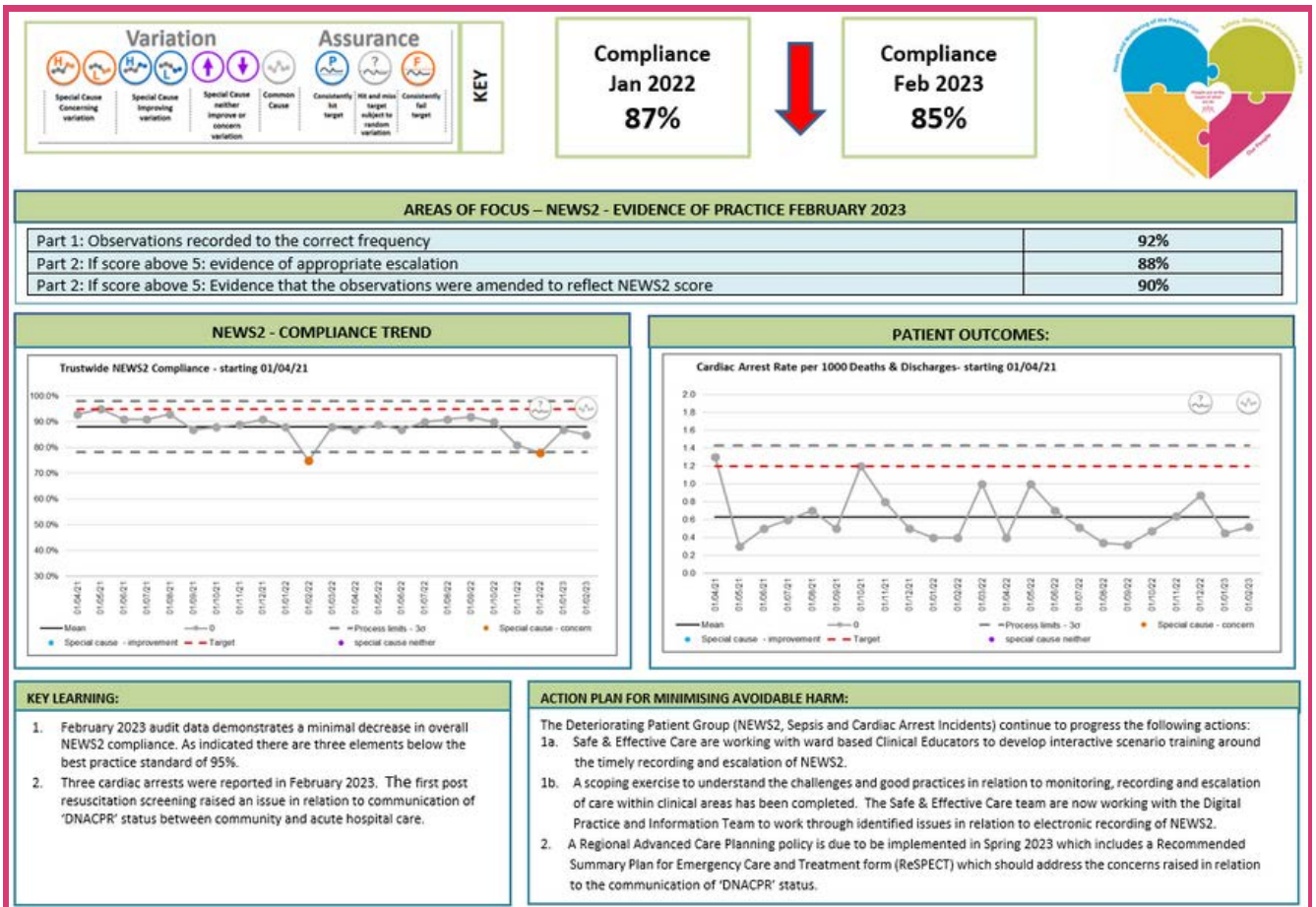
By developing into a learning organisation there are more structures to share learning and initiate change of practice, the outcome is the provision of an improvement of the safety and quality of care. Alongside structures the evolution of an open and transparent culture for learning from errors and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

Nursing Assurance Development of KPI Reporting

The nursing & midwifery Safety, Quality & Assurance team within the Safe & Effective Care department, undertook a series of validation audits of nursing Key Performance Indicators (KPI's). These independent audits carried out between February & November 2022 incorporated 87 wards/teams and approximately 1030 patient care records across the Trust. The purpose of which, was to gain an understanding of what current nursing KPI's actually measure and what assurance they give, in relation to the safety & quality of nursing care delivered across the Trust.

This feedback prompted the nursing & midwifery Safety, Quality & Assurance team to review and re-design the format in which nursing assurance is reported and communicated within the Trust, from ward to Trust board. By incorporating nursing KPI compliance with patient outcomes and harm free days and displaying this data using SPC charts which, reflect trends over time, has resulted in a more meaningful report that creates their 'story' for individual wards/teams. By highlighting harm free indicators such as days between pressure

ulcers and falls, it is clear at a glance, the areas of good practice that can be celebrated, as well as areas that need to be a focus for improvement. At ward level these reports have become working documents which, support improvement and reflect learning and action plans to minimise the incidence of avoidable harm. At Nursing and Midwifery Executive and board levels they provide assurance through a range of reliable indicators as well as evidence that learning is being applied to practice.



Nursing Assurance Development of KPI Reporting

In keeping with the drive to find new ways to support improvement and shared learning, the Nursing & Midwifery Safety, Quality & Assurance team, in collaboration with the wider central nursing team, facilitated two workshops attended by over 120 sister's/ charge nurses & midwives representing all directorates across the Trust. These events created an opportunity for open discussion, innovative thinking and sharing of learning that enabled the development of action plans to progress their priorities in relation to fundamental care, post pandemic.

The attendance and evaluation of the workshop demonstrated that this was a successful forum for Nurses & Midwives and a commitment was made by all, to continue.

This process has enabled the development of a working knowledge of the five regional nursing KPI's, putting the Trust in a position to knowledgeably influence, inform and practically support the regional review of Nursing & Midwifery KPI's which is now currently underway. Furthermore, the team are providing the same level of knowledge and experience to the regional development of the Nursing & Midwifery and Allied Health Professional HSC Excellence Framework.

Quality Approach Summary

This new process for nursing assurance is creating dynamic learning loops, which enable adaptation of good practice across teams. The changing perspective from safety 1 to safety 2 results in reporting harm free activity and learning from excellence across teams. The new reporting process is coupled with training in assurance leadership and creating learning networks with senior nurses and midwives. This approach is seen as best practice across the organisation and is being adapted by other specialities.



[NME Report 2021 -2022](#)

Improvement Structure & Learning from Assurance Data

As outlined in the SEHSCT Quality 4 All strategy we aim to improve the safety, quality and experience of care.

Achieving this means we need to minimize avoidable harm, have systems in place to learn from when things go well and when things go wrong, promote opportunities to create improvement, use high quality evidence and analysis to continuously improve practice and encourage staff to innovate and transform.

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

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

The data, learning and any actions are recorded monthly and reported on quarterly within Trust Assurance arrangements at relevant committees and groups for example RM&MRs Oversight review group, External Report and Review Group, Infection Prevention and Control Committee, Nursing & Midwifery Executive and Nursing & Midwifery Governance Forum and escalated if necessary to, for example, the Safety, Quality Improvement and Innovation Committee. The data is also discussed with senior Trust staff such as ward sisters and lead nurses on a quarterly basis and score cards are tabled at Trust Board every month. For regional oversight data is provided to the PHA



Scorecard March 2023



Complaints & Compliments 2022-23



SAI report 2022-23



SMR 2022-23



Infection Prevention & Control Report

Quality Approach Summary

The evolution of data recording and presentation is integral to understanding challenges in the system and has enabled us to drive informed decision making. Rigorous assurance arrangements within the Trust ensure regular reporting and oversight to minimise avoidable harm.

Audit Activity

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

In 2022/2023 there were 60 professional audits registered with the main rationale for the projects detailed as compliance against guidelines, 50 of these audits were local to the Trust, 7 were National projects and 3 were Regional. and measures. Audit should only be carried out when it is aligned to Trust, Service Specific, Regional or National priorities and the Trust

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

2022 CLINICAL AUDIT AWARENESS WEEK

As part of Clinical Audit Awareness Week the Trust Audit & Quality Assurance Department held a programme of events to promote audit activity and to build on engagement with multi-professional colleagues.

The weeks programme included Awareness Sessions, Lunch and Learn ran by NIQCAN (National Quality Improvement (incl. Clinical Audit) Network), Audit Advice Clinics where any professional undertaking or planning to embark on an audit could come along and seek advice and support. The week ended with a Final Showcase Event where the 2022 Audit Award Winner was announced.

2022 AUDIT SHOWCASE EVENT

The Showcase Event focused on the new Trust Quality Strategy and how Audit is an integral part of the Quality Management System helping to identify areas where improvement effort is required or by providing assurance. The top 3 audit projects shortlisted for the award presented at the showcase and the 2022 Audit Award Winner as announced.

"Chest X-ray Review: Documentation Audit"

Mr Joe Toner, Clinical Risk Director and Trust Lead for Audit presented the team with the Audit Trophy and they will receive £1,000 towards service improvement.

The Safe & Effective Team would like to pass on their congratulations to the team for demonstrating improvement through clinical audit.

continue to work towards embedding this culture into Annual Audit Plans going forward. National Audit within the South Eastern Trust continues despite the challenges faced around data protection and limitations around sharing of information outside of Northern Ireland. Currently the Trust contributes to over 20 national audits/registers e.g. SSNAP, NHS Benchmarking, and Renal Register etc. Where participation is not approved due to data protection, the Trust encourages a culture of benchmarking services against National data sets and to review recommendations from published National reports.



[View the Winning Project](#)

Quality Approach Summary

The importance of including audit as an integral path to quality improvement and subsequent quality planning informs the Quality Management System and contributes to quality assurance.

GAIL- Governance, Assurance, Improvement and Learning Framework

GAIL is a framework based on the 4 domains of RQIA – Governance, Assurance, Improvement and Learning. The framework aims to reliably deliver continuously improving services in SEHSC and provides a strategic direction moving forward as a Trust with robust arrangements in place to meet standards and provide assurance.

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

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

As the rollout journey progresses, testing takes place to:

- Determine ease of use
- Determine compliance with reporting requirements and to
- Identify any adjustments required.

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

A partnership-working approach has led to a development journey of 25 areas to date including: Surgery (8 areas), Unscheduled Care (9 areas), Medicine (1 area), Women and Child Health (1 area), Mental Health Services for Older People (2 areas), Ards Com Hospital (1 area), and Augmented Care (3 areas)

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



Quality Approach Summary

The framework supports the SEHSC approach to QMS with reporting through the relevant committees as second line of assurance within the Integrated Governance and Assurance Framework. GAIL provides assurance that safety, quality and experience are monitored, risks are identified and addressed and related objectives are being achieved.

Regional & International Networks

Health Foundation – Q Community



The Q Community gives dynamic opportunity for people across SEHSCT to connect, learn and explore the complexity of providing quality care. A series of webinars in 2022/23 focused on the concept and implementation of quality management systems and enabled the QI team to apply the learning in SEHSCT. The Q community has a number of Communities of Practice which team members attend focusing on areas such as liberating structures and evaluation.

Health and Social Care Quality Improvement (HSCQI)



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

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

Health Improvement Alliance Europe HIAE



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

Annual activities include:

- Virtual Roundtables focused on some key IHI Frameworks to better understand the theory and concepts as well as real-life examples of how Alliance members have leveraged the frameworks to drive improvement.
- Three hybrid multi-day meetings. Leveraging the expertise of our in-country hosts to understand unique and innovative ways of working to improve health and health care.
- The Learning and Action Cohort focused on Creating, Leading, and Sustaining a Culture of Quality.
- The Collective Impact working group focused on staff wellbeing and joy in work has begun to gather best practices and identify persistent gaps and challenges.

World Health Organisation – Health in Prisons Programme



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

Regional & International Networks

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



The conference was held in Gothenberg June 2022. 6 SET staff had posters of their work accepted to present at this conference. Eight SEHSCT staff attended the conference representing the different directorates. An initial post-conference meeting for the participants took place in July to coordinate learning from the conference.

- Improving Quality and Safety; by Maximising the Flow of Reusable Medical Devices (RMD) through the CSSD Process South Eastern HSC Trust
- Rebuilding Public Health Nutrition in the Virtual World
- From 3 years to 3 weeks: Revolutionising bladder outlet surgery in a district general hospital in Northern Ireland
- Managing Benign conditions during Covid: the introduction of novel bladder outlet therapies in a regional daycase unit in Northern Ireland
- Enhancing Ambulatory Urology - Continuing to care through Covid-19
- Implementation of a mobile phone app within a busy ED department
- 'Tree babies' as a therapeutic intervention within an Infant Medical Health Service

Scottish Quality Safety Fellowship (SQSF):



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

As part of the course the AD in QI and Innovation has undertaken a SQSF study trip in March to Kaiser Permanente, Zuckerberg General and San Quentin Prison and has made connections with leaders in each of these organisations focusing on Quality Management Systems, EPIC design development, community networks and innovations in medical. There is an opportunity to connect with senior leaders across these organisations, collaborate and share best practice.

International Teaching - Nordland Hospital Trust, Norway

The Nordland Hospital Trust is part of the Northern Norway Regional Health Authority. SEHSCT has had connections with the Norwegian Trust for several years developed out of Nordland Trust benchmarking with SEHSCT QI Academy. This is the third year SEHSCT has inputted into Nordlands Level 2 QI programme, working with the host Trust to develop and deliver a 2 day, virtual, multi lingual module to 90 participants in Bodo and Tromso. This has been an opportunity to income generate at an International Level.

Quality Approach Summary

International Networks are essential to exploring new ways of working and for collective problem solving. By connecting with quality leaders from around the world, SEHSCT is gaining insight into the ambition and functions of quality management, population health and innovation. There are many opportunities to collaborate and accelerate learning across organisations in learning sessions and research initiatives.

5



INTEGRATING THE CARE

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

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

Working across sectors maximises the opportunity to improve patient and community health and wellbeing. SEHSCT teams are linking with many organisations to explore population health need and the interfaces across services and communities. Regional partnerships are key enablers to improving care.

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

- ▶ Development of Community Partnerships and Intersectoral working
- ▶ Intersectoral working - Case Study - Ask HIM
- ▶ Primary Care and Integrated working
- ▶ Improvement of Mental Health Services Older People
- ▶ Social Care Case Study - Lakewood Regional Secure Care Centre
- ▶ Integrating Population Health into the Trust Quality Approach
- ▶ Population Health - Case Study - Donkey Days
- ▶ HSCQI Regional Collaboration

Development of Community Partnerships and Inter-Sectorial Working

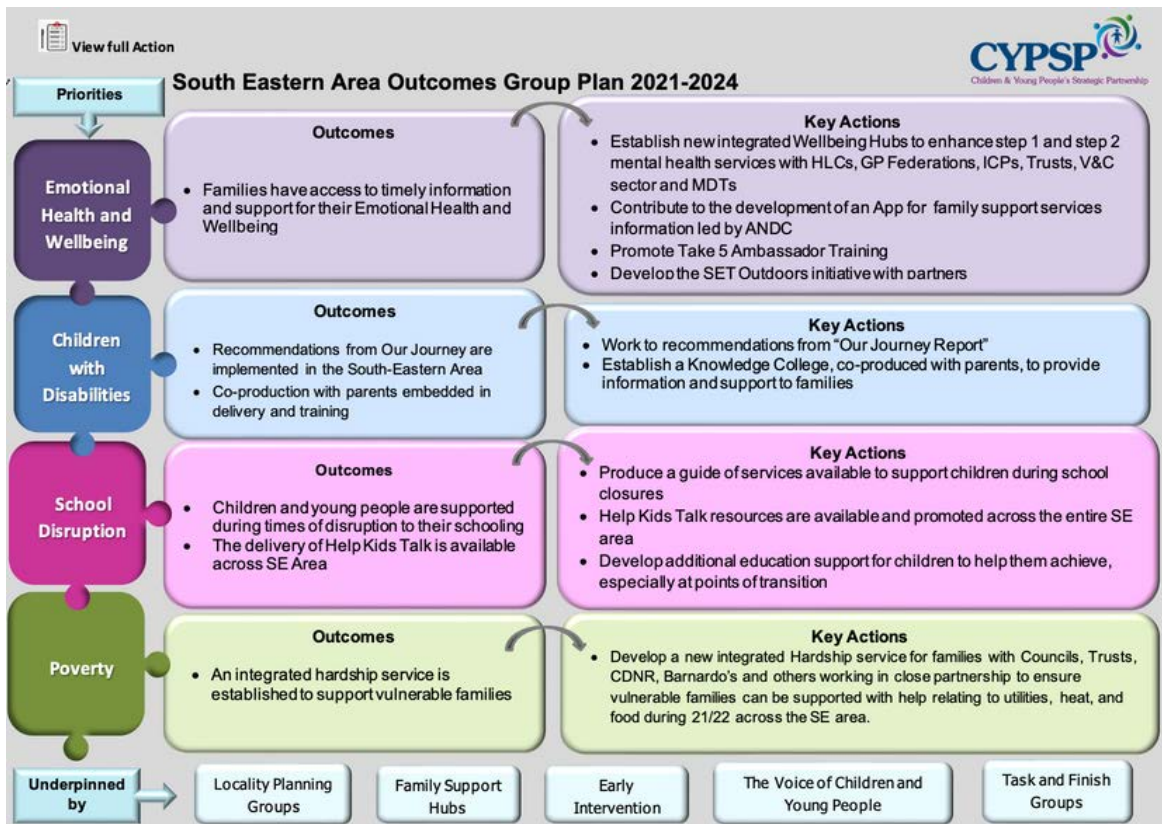
Rationale

Population health is a central tenet of quality management and improving partnership working with the intent of reducing health inequalities is a core aim of SEHSCT Quality 4All Strategy. Across the directorate there are many inter-sectorial partnerships for planning, collaborating and innovating prevention and care delivery. This connected way of working is essential as we look forward to the regional evolution of Integrated Care Systems.

Case Study –CYPSP Outcomes Group

The Children Young People Strategic Partnership has mandated the South Eastern Outcomes Group to implement outcomes based planning for the South Eastern Trust area. Gathering statistical information and information from communities in order to understand how well children and young people are doing in terms of certain outcomes the Outcomes Group then putting into place services designed to

improve these outcomes. The membership of the South Eastern Outcomes Group reflects that of the CYPSP with representation from statutory agencies and the voluntary and community sector such as Community Planning Mangers from Local Councils, Education Authority, SEHSCT , Youth Justice, PSNI, YMCA, Action for Children, Barnardo’s and Community Networks.



Quality Approach Summary

Reducing health inequalities relies on an understanding and considered response to the wider determinants of health. Inter-sectorial working in the CYPSP outcomes groups is a working example of bringing multiple stakeholders together focused on a common purpose with a clear set of associated actions and outcomes. This established partnership is a model for quality planning to be adapted for other services tackling inequalities.

Case Study Integrating Care – Ask HIM Mentors HMP Maghaberry

The SEHSCT Quality Strategy has a core tenant of patient centred care and co-design of services. The Health Engagement Team has an ethos of 'Listen to Learn' and devotes time gathering lived experience feedback to support service improvement.

Following an in-depth survey with over 300 people entering custody. A pilot was conducted

to introduce Healthcare Peer Mentors in HMP Maghaberry, their initial role was to navigate people towards healthcare services and support people in their time in custody. This has been a dynamic application of Community Development Assets Based Approach to a Prison Setting

As the network of mentors have evolved the structure has been defined:

- Mentors Recruited from People in Custody.
- Role to Connect with People in the first 48 hours of Entering Custody, focusing on this First Time in Prison.
- Help Navigate Complex Prison Systems.
- Signpost to Healthcare services using Referral Pathways.
- Establish an inter-agency Peer Mentor Hub.

Peer Mentor Hub

A supportive peer mentor hub has been established involving NIPS governors and frontline staff, in-reach agencies, people in custody, healthcare in prison clinical and support staff with senior management sponsorship to support and operationalise plans.

Peer Mentor Scorecard 22/23

South Eastern Health and Social Care Trust

Peer Mentor Network- Ask HIM Mentors

How much did we do? How well did we do it?

Reporting Period: March 22-23

Number of Mentors- 13
Number of Mentors Completed Training - 9
Number of Locations- 6
Number of Encounters-1897

Expanding the number and locations of the peer mentors across the prison has enabled a greater depth of encounter. People are seen when they first enter in Bann then those in prison for the first time have a second engagement session in Donard. As people are dispersed across the site they have the opportunity to encounter peer mentors again as the needs and questions change over time.

| Location | Engagements | Follow Ups | First Time in Prison |
|------------|-------------|------------|----------------------|
| Bann | 385 | 2 | 146 |
| Davis | 872 | 287 | 250 |
| Donard Hub | 177 | 5 | 188 |
| Quoile | 5 | 2 | 1 |
| Shimna | 4 | 2 | 2 |

Understanding the specific needs of people who do not have English as a first language has been addressed with the training of 2 peer mentors who speak 5 languages. Induction is an ideal time to support people and peer mentors have a formal role in this.

| | Engagements | Referrals | First Time in Prison |
|------------------|-------------|-----------|----------------------|
| Foreign National | 28 | 18 | 17 |
| Induction | 254 | 88 | 97 |

Is Anyone Better Off?

The Ask Him Peer Mentors have become an important part of the public Health network across the prison, making important referrals and encouraging agency of people in prisons

Total Number of Referrals Apr 22 to Mar 23

Outcomes of Peer Mentor Hub

- Standardised Recruitment of 7 Mentors to date.
- Training Courses –AOA in Peer Mentoring, OCN level 2 in Youth and Community Work.
- Supervision – Bi-monthly group sessions for mentors with HMP Psychology Team.
- Mind the Mentor 8 Sessions- Monthly gathering of mentors to connect, share food and relaxation.

Quotes from Mentors

- Being a mentor has stopped me from sliding back to how I used to live as I know I can't help someone unless I help myself also.
- I have learnt skills to approach people in different ways, being sensitive about their personalities and situations.
- I didn't think my experience in prison was a positive thing but I realise I can use my experience to help other peoples experience.

Quotes from People in Custody

- Mentor was great, he knows what it is like to suffer drug withdrawal, he knew what I was going through.
- Mentor has been amazing, I just wouldn't have survived without him. He has been my rock when I needed one.
- There are certain things I wouldn't talk to staff about but he's a prisoner and he knows how things are. He gives you the information you need to know and steers you in the right direction.

Ask HIM Referrals

[Ask HIM Poster](#)

[WHO Report](#)

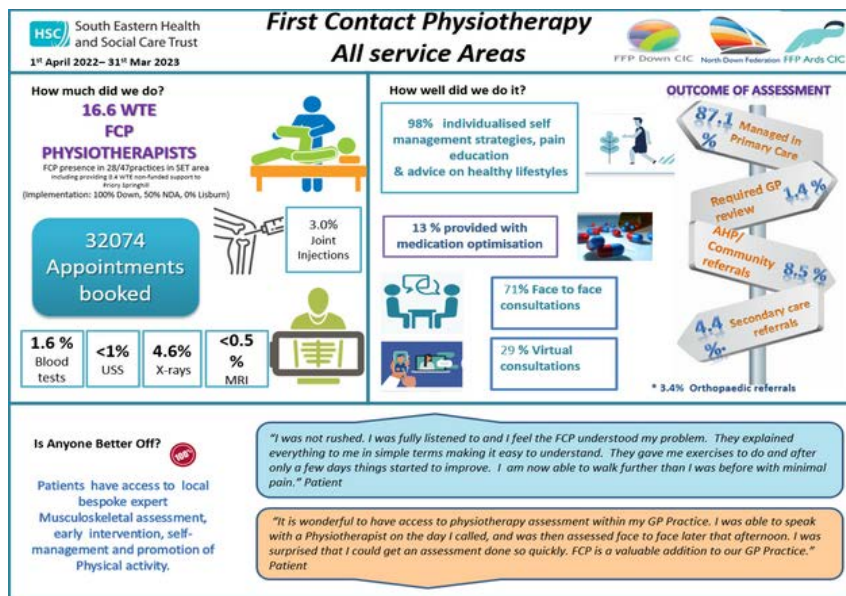
Quality Approach Summary

The importance of understanding power hierarchy and agency when creating the conditions for coproduction is core. Starting this improvement initiative collating the service user experience and hopes set a tone for understanding and change. Working across sectors was essential to establish a supportive environment. This work has been recognised internationally by IHI and WHO as good practice.

Primary Care Multi-Disciplinary Teams

In 2018, the Trust in partnership with Down GP Federation was chosen as a Primary Care Multidisciplinary Team early implementer site. The model includes practice-based physiotherapists, mental health practitioners, social workers, enhanced health visiting and district nursing. These MDT members work alongside GPs, practice staff, service users and the third sector providing an innovative local wraparound service with the aim of better meeting the social, physical and mental health wellbeing of the population, outlined in Health & Wellbeing 2026: Delivering Together.

The MDT works in partnership with primary care, secondary care, third sector, service users which are guided by adopting a population health approach to ensure better health outcomes



The MDT model in Down (population of 75k) has been instrumental in transforming the way services are delivered in MDT areas across Northern Ireland that aims to ensure that patient’s needs are met at the earliest possible opportunity, reducing the need for onward referrals into secondary care services. Patients are able to book an appointment directly without first having to see their GP, improving accessibility to integrated holistic MDT care.

MDT Impact

- Improved Patient Access to services
- Improved Patient Outcomes and capacity to self-care
- Improved GP Recruitment/Retention
- Reduced demand in secondary care
- Greater understanding of Population Health and links to wider HSC strategies

Quality Approach Summary

The Primary Care Multi-Disciplinary Team has highlighted the importance of working across organisations and sectors when innovating health and social care provision. The joint working between primary and secondary care has reduced waiting times for people and reduced the need for onward referrals highlighting care is timely and is the right time and right place.



Mental Health Services Older People

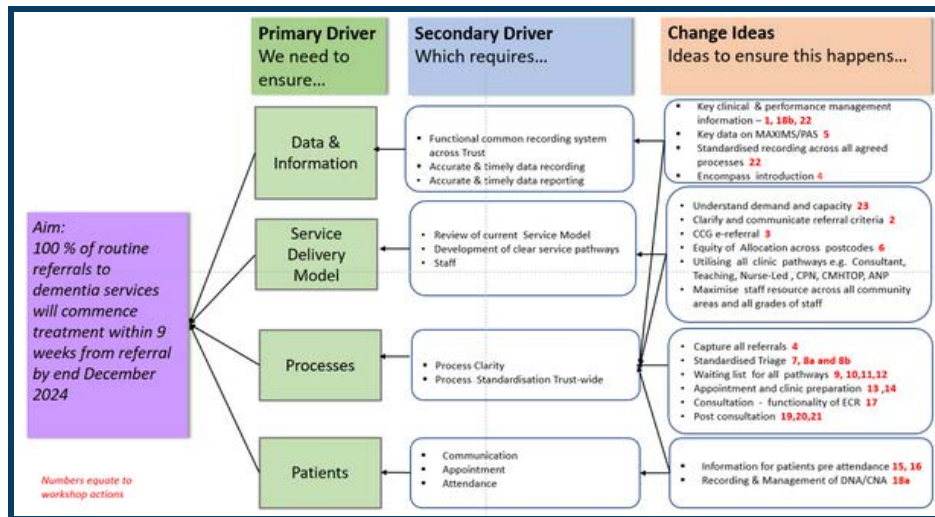
In August 2021 waiting times for Outpatient Dementia Assessment in SEHSCT were breached in excess of the 9 week regional target with the longest wait for assessment at 1,012 days.

It was important to work on this because the population of older people is growing, and demand continues to outstrip supply. Available data did not fully identify need or reflect current performance. There is also a therapeutic window for evidence based intervention, making it important for a person with possible or confirmed dementia to be seen in the right place at the right time by the right person. By maximizing clinical pathways and addressing the behavioural and

psychological symptoms of dementia with earlier treatments we can improve quality of life, give a voice to people with dementia and their carers, and reduce cost pressures across the system.

A collaborative piece of work was commenced with the SEHSCT MHSOP service, QI team and HSC Leadership Centre to maximise the timeliness of access to diagnosis, treatment and support for people referred to Dementia Services in SET, and their carers. The work continued throughout 2022/2023 focusing on identifying challenges and needs within 4 key areas identified as part of a group mapping exercise - data and information, service delivery model, processes and the needs of people on the waiting lists.

Driver Diagram for Service Improvement 2022/23



A series of change ideas were tested by the MHSOP team relating to the 4 key areas. There has been a major piece of work completed in relation to migration of data on to one system to enable improvement in data quality and accuracy of recording; the development of clinic templates, activation of the Integrated Elective Access Protocol (IEAP) for failed attendances and cancellations, the use of volunteers and the development of a Dementia Behavioural Outreach Service (DBOS).

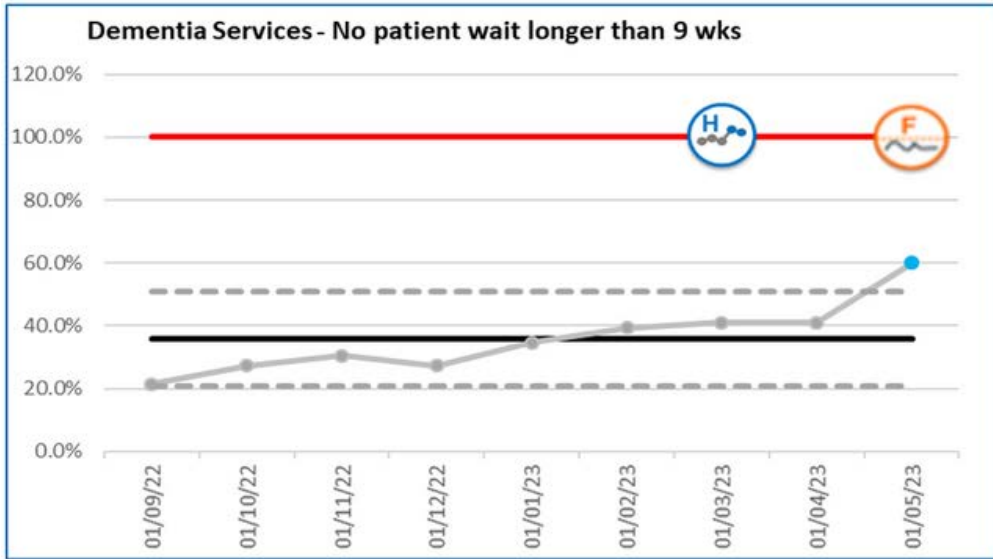
Outcomes to date

SEHSCT has informed regional discussions around operational definitions for measurement to ensure regional consistency

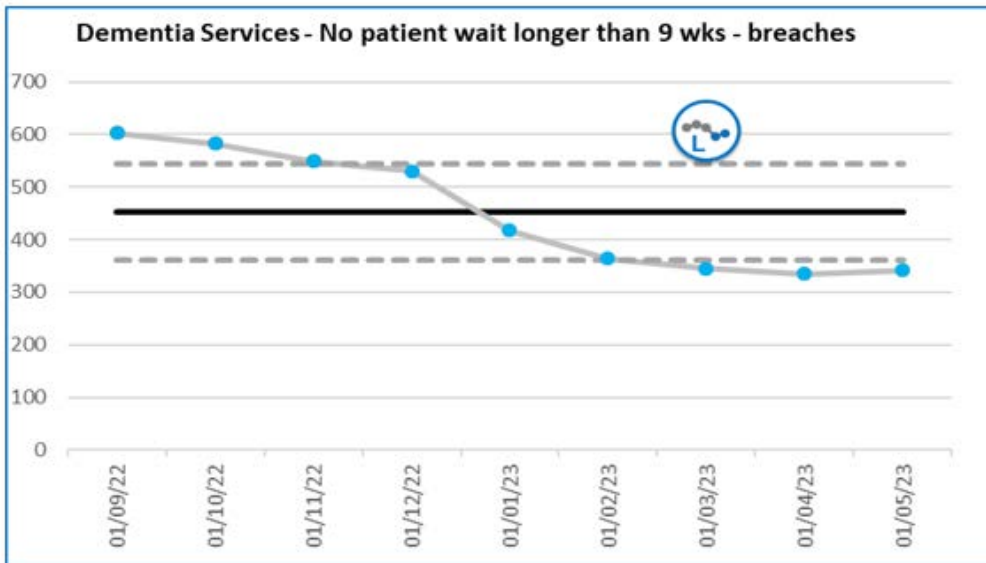
A plan of work with an oversight board has been developed to advance service pathways design across 2023/2024 in line with Memory Services National Accreditation Programme (MSNAP)

Waiting times for Outpatient Dementia Assessment in SEHSCT are beginning to reduce.

Mental Health Services Older People



SPC chart (p- chart) showing the number of patients referred NOT waiting longer than 9 weeks for dementia assessment is increasing



SPC chart (i-chart) showing special cause variation (statistically relevant) of numbers of people waiting more than 9 weeks for dementia assessment decreasing

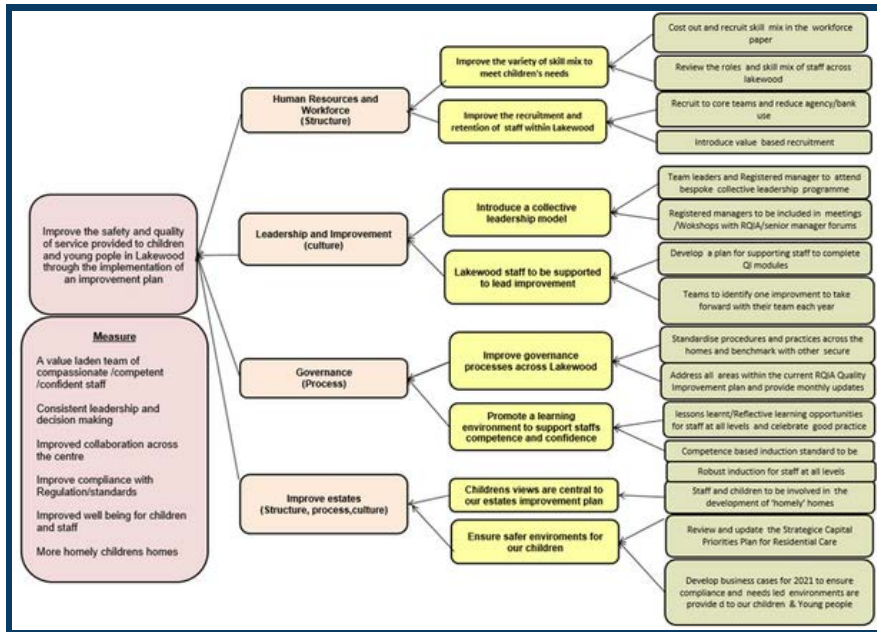
Quality Approach Summary

There is much to be gained from spending time understanding the system as a team to identify and unblock key problems. Data is a key element to influence both within and outside the service. A workplan with oversight will drive improvement.

Social Care Case Study – Lakewood Regional Secure Care Centre

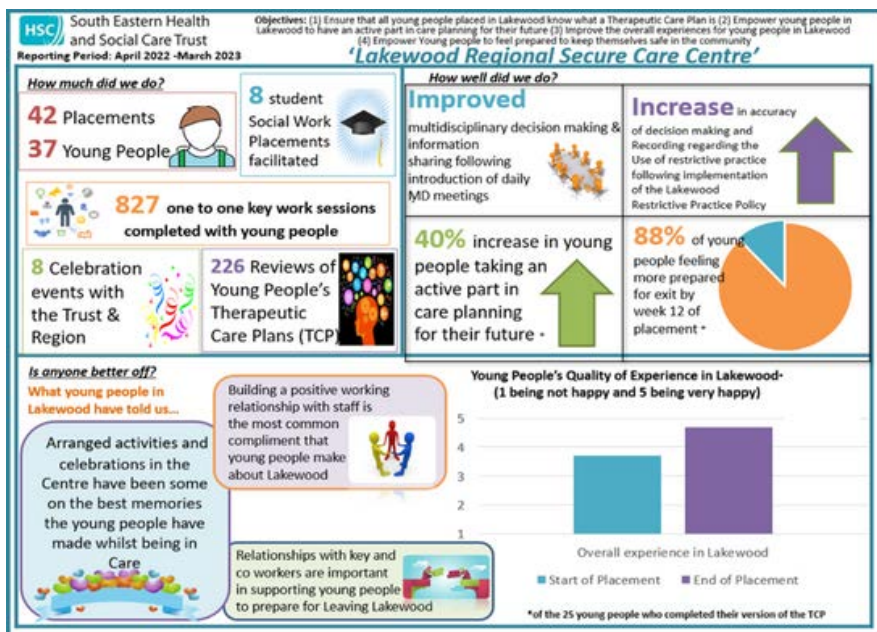
Lakewood Regional Secure Care Centre is run by SEHSCT Children’s Directorate. Following a number of incidents and challenging inspection visits the team decided to apply a quality management approach to improvement. They set a clear aim to improve the safety and quality of the service through the implementation of an improvement plan. Their plan included challenging the culture, embedding coproduction, encouraging staff agency and putting in place governance structures and clear processes.

Driver Diagram for Strategic Change 2022/2023



The team used data to influence decision making including using incident analysis, Investors in People data and qualitative feedback. The outcomes were a tangible reduction in serious incidents, improved notification compliance and development of a regional restrictive practice framework.

Scorecard for 2022/2023 reveals Improvement in Service Provision



Quality Approach Summary

This an example of dynamic leadership using a quality management approach to understand the challenges and potential of a service. The team has been trained in quality improvement and the quality and governance lead was fundamental to building the learning loops.

Integrating Population Health into the Trust Quality Approach

The South Eastern HSC Trust Population Health Strategy (2021-2024) relates to Health and Wellbeing of the Population contained within the first aspect of the Trust Quality Strategy.

The Population Health Strategy seeks to articulate how the Trust will contribute to the achievement of relevant Programmes for Government outcomes.

To do this, the Trust's efforts are shaped by several strategic drivers, including Making Life Better, and through working with a broad range of partners. Specific actions that the Trust will undertake each year are contained within the Population Health Plans aligned to three priority areas whilst quarterly Outcome Reports measure the defined contribution the Trust is making towards the Programme for Government outcome.



SEHSCT Population Health Strategy

Quality Approach Summary

This an example of dynamic leadership using a quality management approach to understand the challenges and potential of a service. The team has been trained in quality improvement and the quality and governance lead was fundamental to building the learning loops.

Integrating Population Health into the Trust Quality Approach Case Study – Donkey Days’ from Down Federation, SEHSCT, Christ the King Primary School & Kinedale Donkeys

The aim of SET Outdoors is to support Children’s Services to help improve the health, wellbeing and quality of life of vulnerable young people (aged 0-18*) via engagement in outdoor, nature-based and/or animal-facilitated intervention.

The purposeful inclusion of an animal into therapy focused on health improvement and achieving specific health-related goals has an evidence base within literature which supports the use of animal-assisted interventions as being effective treatments for a variety of psychosocial and physical problems (Kaputska & Budzynska, 2020).

SET Outdoors worked with Senior Mental Health Practitioners from the Down Federation, GP Multi-Disciplinary Service, Christ the King Primary School and Kinedale Donkeys to develop the ‘Donkey Days’ Programme across 2022/2023.

Eight young people attended the 6 week group programme.

Evaluation was carried out using the Child & Youth Resilience Measure (CYRM), Jefferies et al (2018)

This CYRM was carried out prior to session 1 and at the end of session 6. In addition qualitative data was captured to reflect both teacher, parent and child experiences of the programme.





HSCQI Regional Collaboration

Health and Social Care Quality Improvement (HSCQI) is a Network of Quality Improvement (QI) experts and enthusiasts. HSCQI was established by the Department of Health in 2019 in order to support transformation of the Northern Ireland Health and Social Care (HSC) system, (Department of Health, 2016).

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

The strategy has enabled HSCQI to drive a regional collaboration of planned priority activity agreed by the HSC Leadership Alliance. The Alliance is a collective of senior system leaders who oversee the work of HSCQI programmes. Additionally the regions QI Leads working within the system meet as part of HSCQI on a monthly basis. Through these meetings SEHSCT were able to inform the direction of the regional collaborative programme.

In 2022/2023 the focus of the planned activity was on Timely Access to Safe Care (TASC) inviting Trusts to bring forward projects to test locally, supported by collaborative Learning Sessions over a six month period. The projects were then considered robustly for scale and spread potential with 4 Regional Projects selected.

SEHSCT participated within the collaborative testing new ways of working in Domicillary Care, Unallocated Cases in Children’s Services, Theatres and Unscheduled Care.

Unallocated Cases in Children’s Services was selected for further consideration for Scale and Spread and has moved into the next phase of development supported by HSCQI and from within the Trust



Quality Approach Summary

Quality planning at all levels across the system drives robust improvement through collective learning and enables a more robust understanding of what the key components of success are. Networking across organisations, leveraging learning and innovating new practice are essential to facilitate system improvement in health and social care.

[TASC Project Report](#)

[TASC Poster](#)

Recommendations for 2023-24

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

1

Developing Organisational Capacity

- o Training and developing of the 130 roles identified in the organisational capacity mapping. Working with OWD to look at the recruitment, roles, and support building networks to champion QMS.
- o Developing a Quality Fellowship. Initially Medical Clinical Fellows and the Corporate Improvement Priority Leads to be embedded in QI team with training focused on supporting strategic improvement work.

2

Developing reporting structures and practices as a learning organisation. A steering committee will be organised with corporate and operational Assistant Directors to pilot Trust Board reporting that provides assurance by focusing on Quality Metrics.

3

Continuing the progress of improving the structure and learning from assurance by establishing dynamic learning loops and activating governance champions.

4

Exploring the skills needed across the organisation to conduct quality planning based on population health need. Starting to apply an equity lens across how services are planned, delivered and evaluated to address health inequalities across our population.

5

Development of the Quality Improvement Team to lead and deliver in system design across the organisation.

6

Exploring the potential for innovation in SEHSCT through learning from others and building partnerships with research, industry, academia and design collaboratives.

Conclusion

The launch of the Quality 4 All Strategy has been instrumental across SEHSCT in creating the vision for quality care and working together to build healthy communities. 'People at the heart of what we do' is realised by designing and evaluating services in partnership with our service users, with the culture of co-production is being established across the Trust.

The Annual Quality Report highlights the focused effort to build dynamic networks across the organisation to enable sharing of best practice, creative problem-solving and building agency across teams. The multiple improvement initiatives showcased in the report highlight the commitment to strategic change, and the maturing from microsystem projects to system wide redesign of services.

Alongside the networks, structures are being established corporately and across frontline teams to embed agile learning and reporting these will bring assurance to both service users and Trust Board that services are providing safe and effective quality care. The synergy of the new reporting structures and the learning networks is enabling implementation of improvement in service provision, with teams intentionally learning from each other and changes being conducted in a timely manner.

The potential to drive improvement further as we progress on embedding Quality4All will be strengthened with the introduction of new roles and thinking, such as through systems designers and data analytics.

Leadership is key in championing quality care and SEHSCT has committed to trust wide training in quality management, improvement and system design. Convening people with new improvement skills is fundamental to leveraging the potential of our people.

Partnership across teams, organisations and sectors is bringing a focus on understanding and tackling health inequalities and applying a creative approach to improving population health and wellbeing.

SEHSCT has embarked on this new quality journey, it is a privilege to reflect on the hopes and ambition reflected in this Annual Quality Report. The gains made in 22/23 are a springboard for realisation of the Trust being 'a great place to Live, a great place to Work and a great place for Care and Support.'