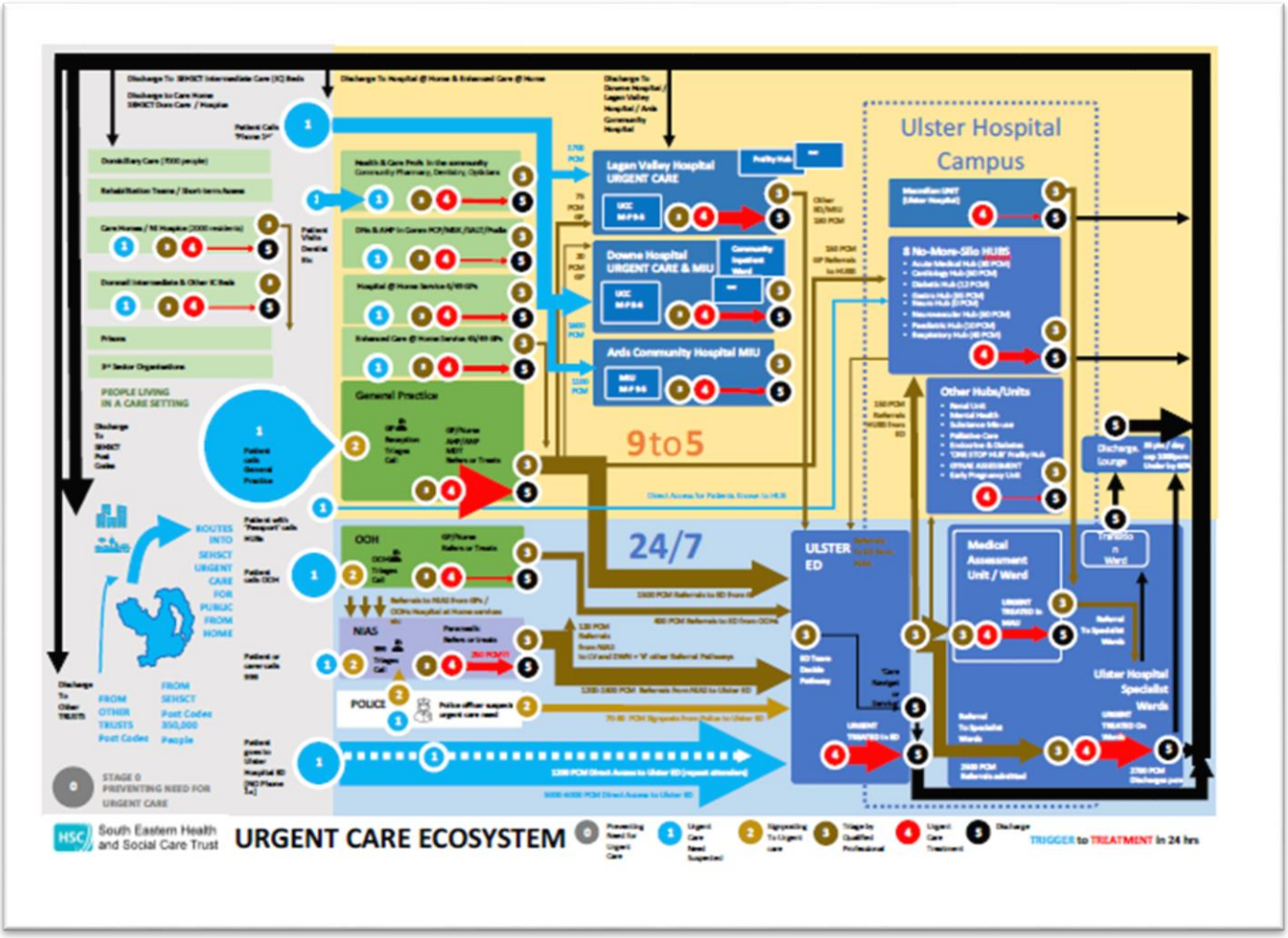
Quality Improvement Update Trust Board Nov 23

Unscheduled Care

Eco System Mapping has been conducted with stakeholders across USC. This learning is linked with the key strategic priorities from the USC Task and Finish Group, an improvement plan has been established with short term initiatives and transformational change.
A mapping of COE, snapshot ward round & flow data has been conducted alongside previous learning from Home for 1 and nurse led discharge projects has revealed:

- no coordinated focus at ward level re discharge
- no learning applied from Home for 1 work previously undertaken
- previous changes have been short-lived and quickly the team revert to previous processes, behaviours

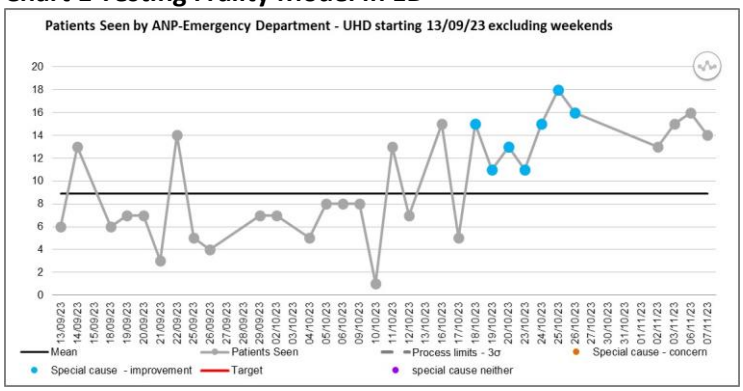
The Urgent & Unscheduled Care Ecosystem Map



Frailty In-reach to ED

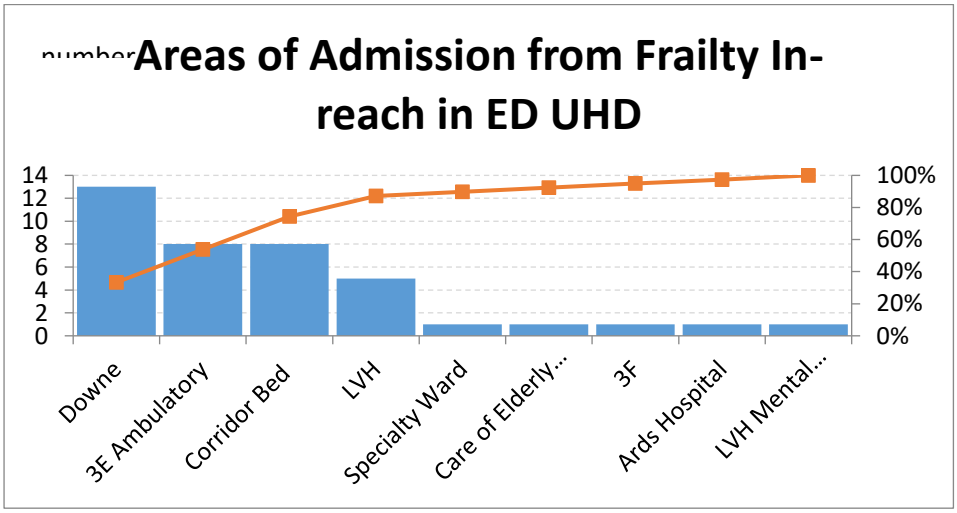
As an action of the Care of Elderly mapping a piece of work commenced mid September to test the introduction of Frailty In-Reach to ED by an Advanced Nurse Practitioner from the CoE team. This correlates with recent recommendations (Recommendation 6) set out in Getting It Right First Time For Emergency Medicine 2023 (GIRFT). Early data has been tracked on SPC in relation to uptake of service and outcome of involvement. The QI team are working with CoE to develop robust data collection and identify meaningful metrics for decision-making. Initial early data demonstrates positive impact however further work is required to fully understand and refine this model.

Chart 1 Testing Frailty Model in ED



This data shows the number of Frail Elderly people seen in UHD ED department by the Frailty In-reach Advanced Nurse Practitioner (ANP) over the 5-day working pattern of the Frailty ANP. Blue dots signify the move to a more consistent uptake in the service. However, this model currently is person dependent.

Chart 2



Key strategic priorities

1. **Discharge lounge Utilisation and Flow Efficiency**

Current analysis of utilisation of the discharge lounge and transition ward; including referral practices, demand and capacity, efficiency and flow across the ward and lounge and discharge patterns. This analysis will be used to support the new discharge arrangements of increased utilisation and help to systemise new pathways to and within the lounge/ward.

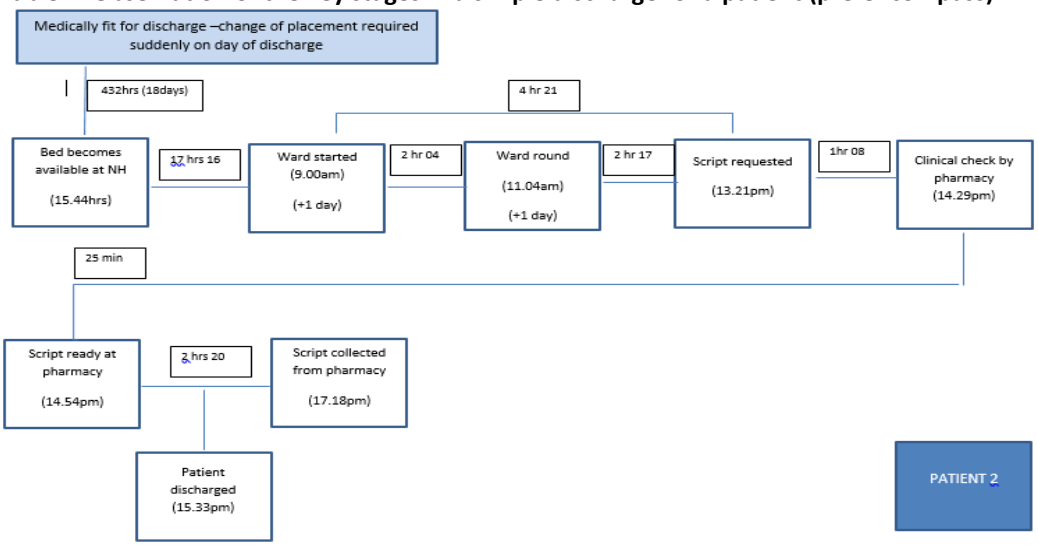
2. **Development of Transfer Team in Discharge Lounge**

The Transfer Team has been highlighted as a key improvement initiative, the team will work with Transformation Lead to establish metrics to understand the impact of the initiative and establish protocols and practices for the role to provide 'pull' of patients into the discharge lounge.

3. **Nurse Discharge Expeditor at ward level**

Initial small sample, snapshot data of ward rounds and follow on leading to discharge has been carried out within Care of Elderly. Individual patient journeys were mapped within a random sample. The small data set highlights the need for more efficient ward rounds and follow-up as part of the overall discharge process. Key areas for consideration include, planning for discharge, who is present during ward rounds, timing of when patients are seen, timing of actions driving efficient discharge during the ward round and coordination of actions. It is expected that Encompass will enhance data collection.

Table 1: Observation of the key stages in a simple discharge for a patient (pre-encompass).



Test ring-fenced nurse expeditor role at ward level to coordinate discharge across ward system.
Role will involve Nurse Discharge Expeditor as supernumerary to team to enable time to focus on the function and protocols of flow to facilitate discharge. This will be trialled in a number of wards to understand the current barriers to flow and to enable learning and systemisation of practice and culture.

QI team will design the expeditor role alongside the operational management team including the understanding of baseline practices and develop impact metrics. They will evaluate the essential components of the discharge role and help to make clear practises for the team to systemise change.

Expected Outcomes
Short-term to increase the number of timely discharges across the pilot wards enhancing hospital flow

Medium-Term the pilot will identify the core components to the discharge process and roles and responsibility within the MDT.

4. **NIAS Collaboration**

Following the analysis if audit data of cohort of over 70s waiting in an ambulance for over 2 hours there is an opportunity to work in collaboration with NIAS to improve practices and interface. Meeting with Lynne Charlton, Clare-Marie Dickson, Marc Neill, Brian McFettridge and Ruth Gray to explore priority projects including:

- **Transition from ECAH to Hospital at Home**

Explore alternative care pathways to expedite frail elderly- can district nursing team be utilised to keep people at home.

- **Falls**

Understand the data – share across organisations- population need, acuity, outcomes.
Map the current falls initiatives and pilots including St Johns/ Contracts- Tyto

- **Standardisation of access and pathways to Downe and LVH**

Andrew Dobbin amended pathway criteria for Downe and LVH. This should be communicated and discussed with NIAS and also information and education of GPOOH teams.

- **Frail Elderly**

Safe non conveyance in the winter months
Process map pathway and opportunity for alternative care and direct access to hospital assessment unit.

- **Nurse Navigator in ED**

Marc and Brian exploring this option. Looking at Belfast Trust model.

- **NIAS Clinical Care Pathways**

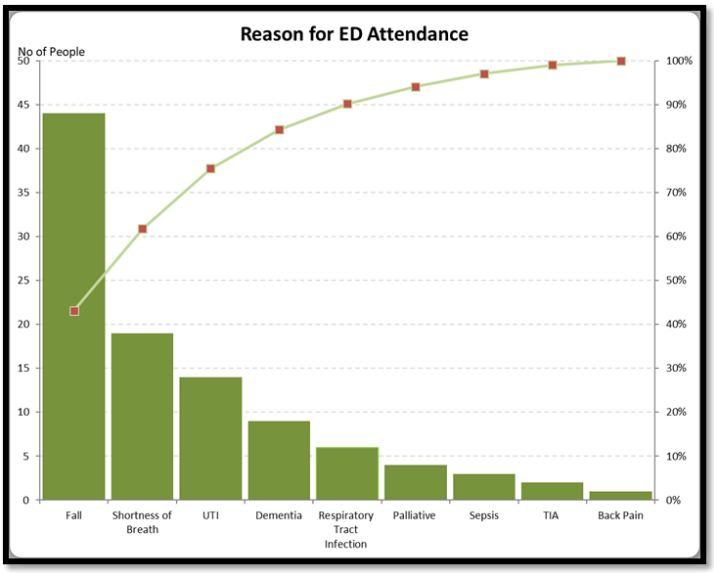
Explore the opportunity to use these pathways more effectively.

Ambulance Turnaround Data Snapshot 9-16.10.23

An analysis was undertaken of the week's ED attendance data triangulated with patient's details from ECR and EDAMS.

- All patients waiting > 2 hours in the timeframe was 142.
- The number of patients > 70 years and waiting > 2 hours equalled 102, 74% of all patients waiting.
- Of 102 people, 75 were admitted into the Ulsterhospital, 17 returned home and 10 transferred to Downe and Lagan Valley hospitals.
- The number of patients > 80 years and waiting > 2 hours was 67, 48% of all patients waiting.
- Of the 67 people, 50 were admitted into the Ulster Hospital, 10 returned home and 7 transferred to the other Trust hospitals.

Reason for ED Attendance



Domiciliary Care

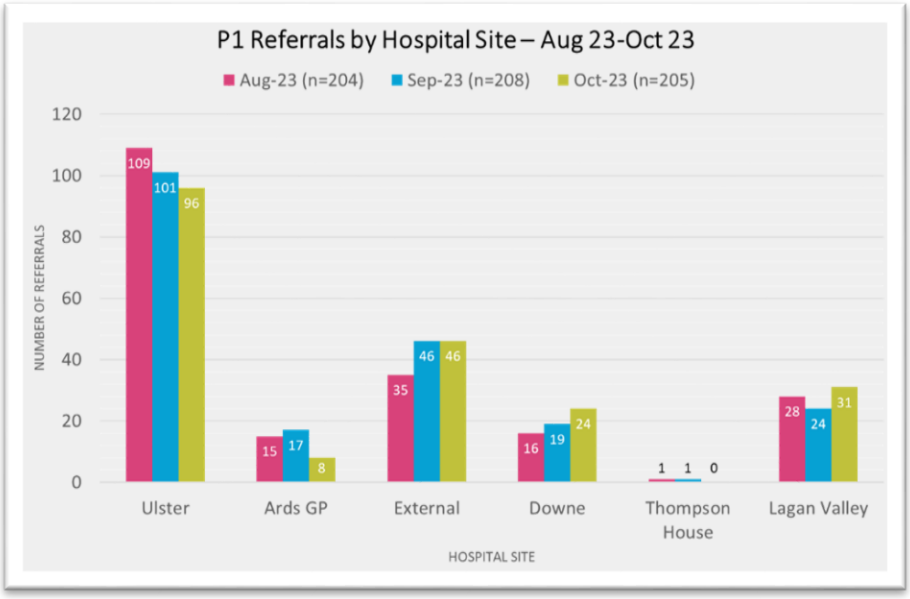
Following the ECO System Mapping the project senior sponsor has created an operational change manager post for one year. This post began mid August and they have been collaborating with the teams across Dom Care, social work, contracts and Independent Providers. The operational change manager post is embedded in the Quality Team as part of a fellowship to training them in design thinking and change management techniques.
A strategic plan for Dom Care modernisation has been established.

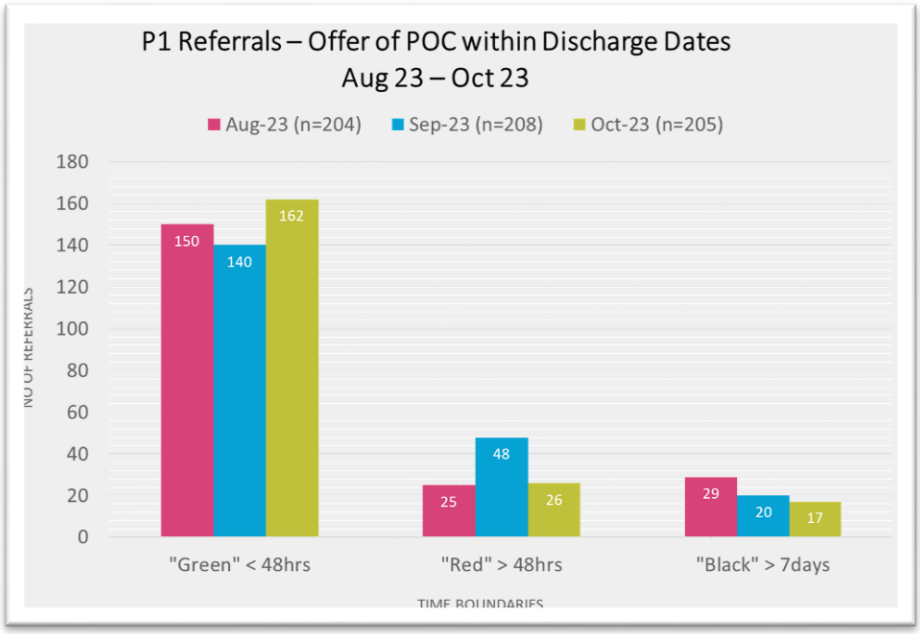
Work-streams include

1: Establish a Dom Care Dashboard. A planned workshop with senior team and data analysists to establish indicators and metrics across Dom Care provision to enable data driven decision making. Workshop 21st Nov. The project team is establishing a data group to quantify the impact of the improvement so far and establish baseline data for the next improvement stages.

2. Establish a service user panel which will influence the improvement and establish co-production across all the re-modernisation initiatives. The QI Improvement Advisor working with the Dom Care team has started working with the PPI team to establish the structure and conditions for creating a service user panel. The patient survey has been completed analysis is being conducted and the learning will be embedded in co-design of the improvement projects.

3.Rationalisation of Unmet Needs List- analysis of the list to understand the variation in referral and assessment practices across specialities. Introduction of a CUP model to provide governance and reduce the length of waiting time for care. This work will result in the developing clear criteria and thresholds for service provision.



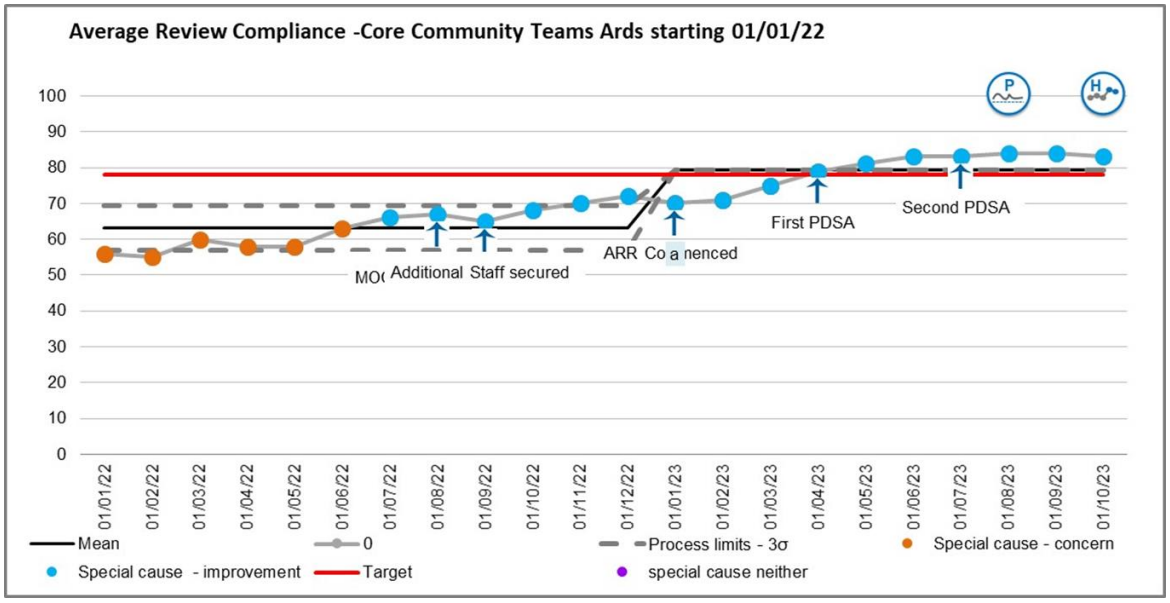


4.Pilot in-house care short term provision of people discharged from hospital in tandem with the STAT improvement project. Baseline work has begun with aim to develop a protocol for short term provision and flow into assessment and possible long term care.

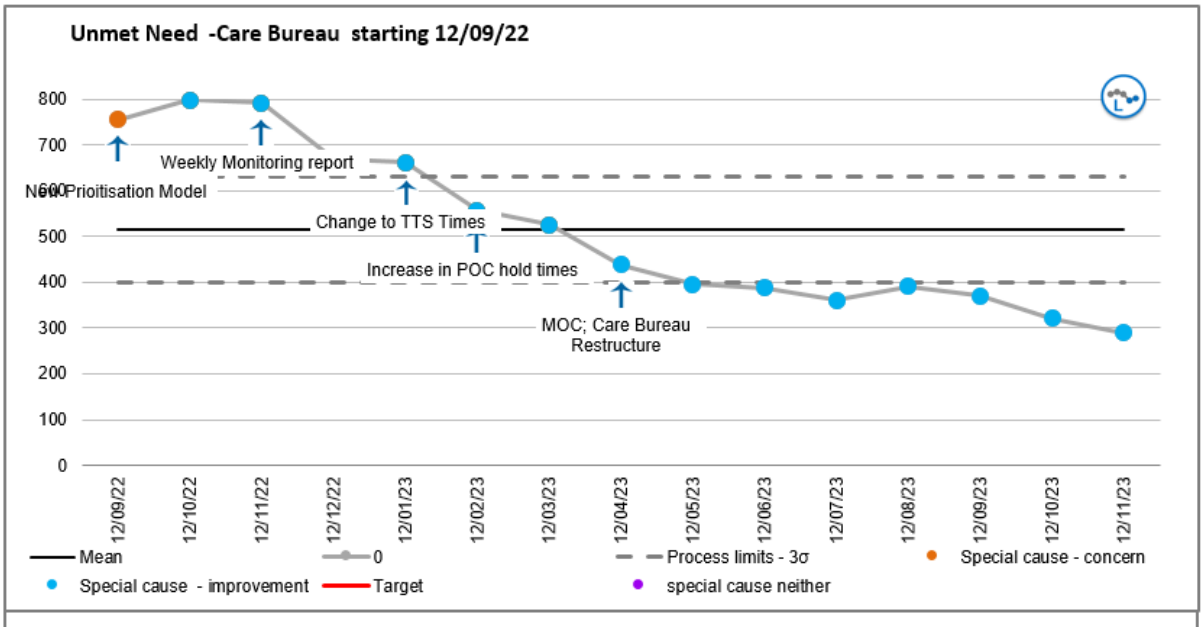
5.Implementation of an Annual Review Register within Community Older People's teams:
The 'ARR' pilot was devised to target challenges within the service; high and growing caseloads, staff skills mix, noncompliance with statutory function of reviews, and staff recruitment and retention.
The 'ARR' was introduced under a management of change process. 2 band 5 ACM's were allocated to the new role of ARR key workers, taking on a higher volume of low risk level cases to complete 1 annual review and 1 additional 6month contact.
The proposed aim is to increase review compliance in the Ards Locality teams to 80% by December 2023. The impact of this should be improved risk/care management of service provision, by more timely social work/ social care and coordination of planned intervention to meet assessed need.

Table 1: Impact on whole time equivalent caseloads

Team	WTE caseload pre ARR	WTE caseload predictions with ARR
Comber	80	64
Peninsula	82	65
Ards	75	60
ARR	NA	175



6.Work in parallel the digital modernisation of domiciliary care allocation continues increasing capacity of provision, with reorganisation of services resulting in reduced unmet needs.

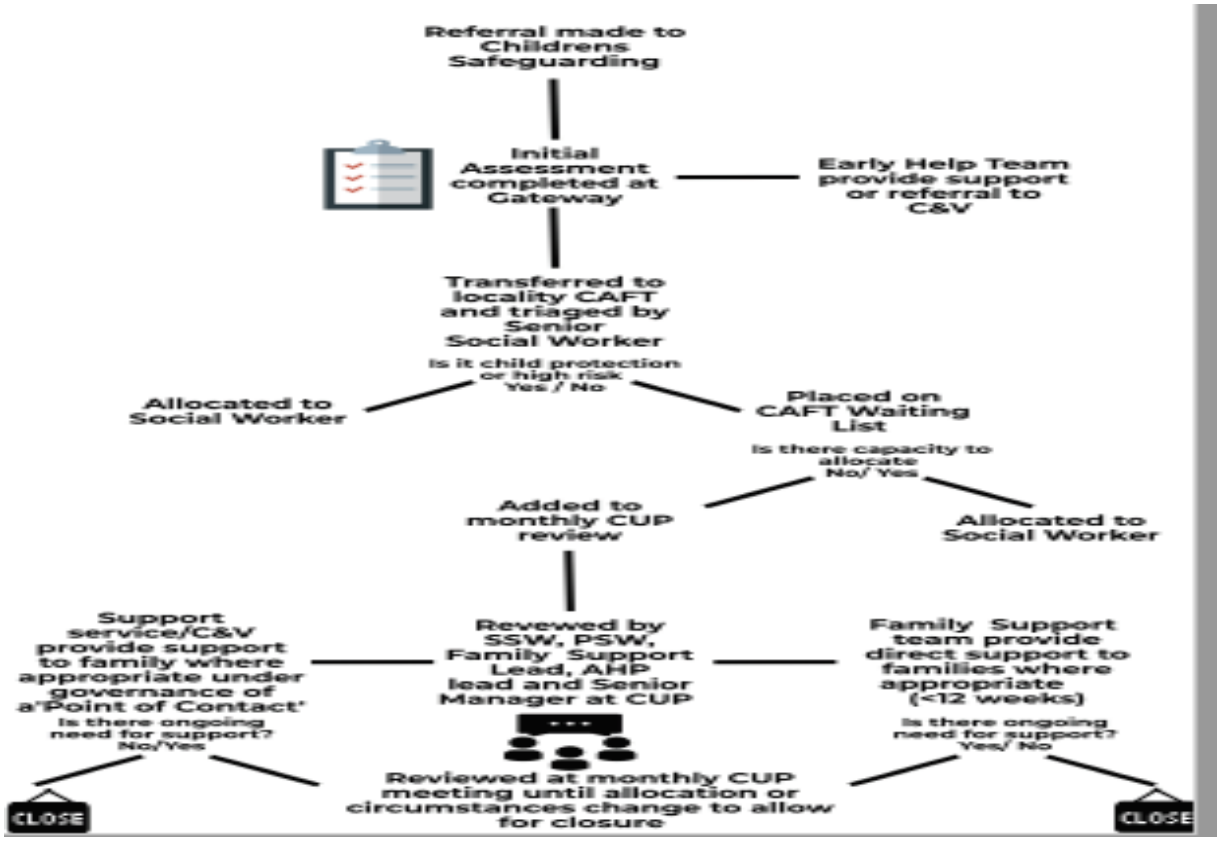


Unallocated Cases in Children's Services:

Cases on the Waiting List (Unallocated) to recevie a Social Work service in Children's Services

Children's services have continued their improvement work in relation to the management of cases on the Waiting List for an allocated social worker. The Collaborative Unallocated Process (CUP) model is now implemented across all Safeguarding Child & Family Teams and Children's Disability fieldwork teams to ensure there continues to be both ongoing triage and robust governance in respect of all those children/families on the waiting list to receive a social work service.

As the CUP model has been evidenced to be effective in ensuring effective triage and collective governance, the focus now is on sustaining and mainting the CUP model rather than focusing resources to explore any further improvement or innovation. Whilst it is recognised that the the number of unallocated cases has increased, particularly in Children's Disabiltiy (please see below tables), this is as a result of sustained workforce issues withing Safeguarding, Gateway and Children's Disability where despite recent recruitment there continues to be over 20% vacancy rate in social work posts, resulting in a continuing need to prioritise caseloads to meet the Statutory demands of the Services. It is important to highlight that those cases that have been triaged both following an initial assessment and reviewed through the CUP process are all assessed to be LOW Risk, the below flow-chart demonstrates the assessment and triage process that determines when a case will remain on the waiting list (Unallocated) to receive a social work service.

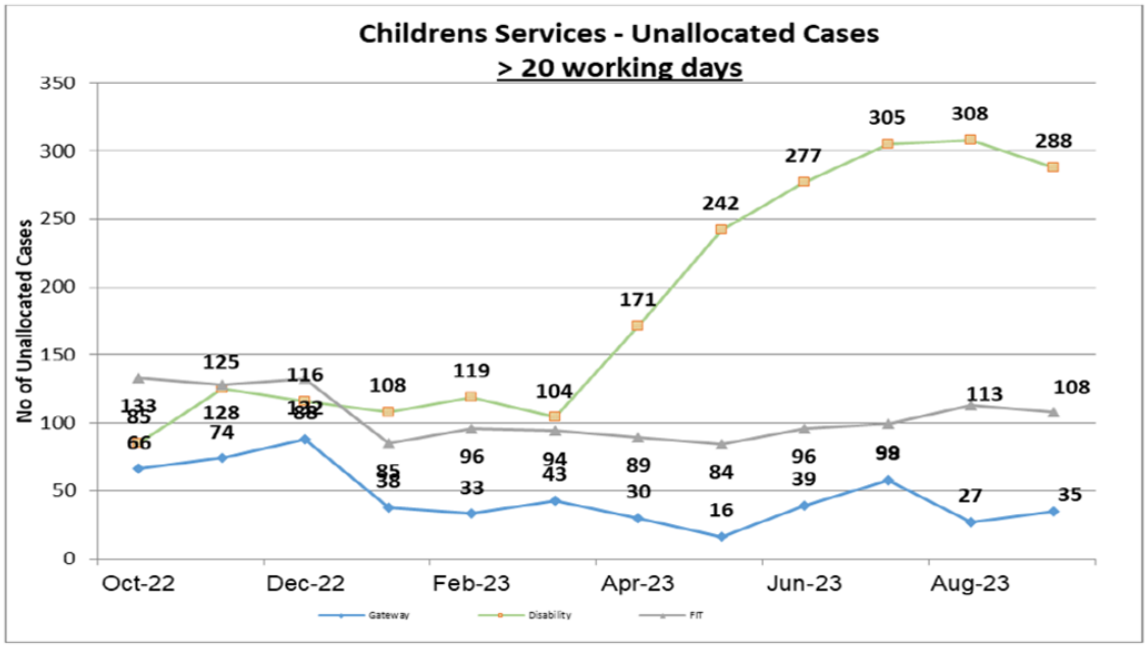


Unallocated cases have been retained on the Children's Directorate Risk Register and were also presented recently to EMT for consideration of addition to the Corporate Risk Register in recognition that despite extensive work and improved governance arrangements, the number of unallocated cases within Children's Safeguarding and Children's Disability remains an area of significant concern where there is no likelihood of workforce pressures improving due to a regional shortage of social work and social care staff. The number of unallocated cases is not as a result of a failure of a control measure, it is reflective of demand outstripping service capacity.

1.4 Unallocated Referrals > 20 working days

The table below provides snapshot information on the number of Unallocated Referrals ***waiting over 20 working days*** at month end based on the manual return.

	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23
Gateway	66	74	88	38	33	43	30	16	39	58	27	35
Disability	85	128	116	108	119	104	171	242	277	305	308	288
FIT	133	125	132	85	99	94	89	84	96	99	113	108
Total for Trust	**284**	**327**	**336**	**231**	**251**	**241**	**290**	**342**	**412**	**462**	**448**	**431**



The Children's Directorate remain committed to maintaining and sustaining the CUP model across the Trust and will continue to make incremental improvements when workforce challenges improve. The Safeguarding sub-directorate have recently appointed an interim improvement lead that will again enhance the data and information available to managers and will greatly assist in the sustainability of the CUP model.

A discussion is needed about whether unallocated cases improvement work is to continue this work as a Corporate Improvement Priority as with no likelihood of workforce improvements it will be difficult for the available workforce to make any further inroads in reducing the number of cases waiting for a social work service. However, the Board can be assured that the CUP process affords a robust governance for all those cases on the waiting list.