

## **Quality Improvement update Trust Board 25 01 2023**

Since the launch of Quality4All in November 2021 the Trust has embarked on the next phase of Quality Management; building on the successes of the past 10 years of SQE and promoting the culture and conditions that support the delivery of the highest quality Health and Social Care for all. This paper focuses on the three strategic improvement priorities as identified by EMT and is part of a wider Quality agenda linked to the Trust Quality Strategy **Quality4all**.

### **Domiciliary Care Improvement Priority**

#### **ECO System Mapping**

The Trust are in the final stages of ECO mapping the Domiciliary Care system; this is the first time this process has been adopted in Healthcare in Northern Ireland but it has been effectively utilised by a number of UK trusts. ECO system mapping is an innovative approach to understand complex systems incorporating a wide range of stakeholders. It enables a system overview with the purpose of bringing focus to the population needs, areas of pressure and areas for improvement.

Domiciliary Care Discovery workshops:

- Four workshops have taken place with over 75 stakeholders including service user families, Trust Domiciliary Care managers and care providers, independent service providers, Trust contract and planning team, hospital consultants, hospital and community social workers, NIAS, Community and Voluntary providers. Planners from Councils and colleagues from other Trusts were also in attendance
- A series of ECO Maps (high level diagrams) have been devised and the report is to be finalised once verified by the Dom Care steering committee. The ECO maps focus on Complexity, Challenge, Data Sources, Improvement Opportunities and Vision for Future Service Re-design

Next steps

- Finalisation of the ECO maps with the steering committee
- Co-design the improvement plan with the project stakeholders including timeframes and metrics from the ECO Maps

#### **Impact of Digitalisation of SEHSCT Care Schedules**

Digitalisation of the SET Domiciliary Care Teams has involved the introduction of new technology to ensure effective communication across this workforce and enabled analysis of the delivery of service users care visits. The Care Line Live functionality as part of this new system allocates the delivery of Domiciliary Care and enables the organisation and scheduling of care visits. In the six months from July – December 2022 this work has made efficiencies that have enabled the team to commence care visits to 236 new service users (20% released capacity of Trust inhouse service); however the numbers awaiting Domiciliary Care remains static due to the continued increasingly demand.

#### **Impact of Revised Broker Services (system to source Dom Care in independent sector)**

Having had the focus on data coming from the ECO Mapping process, one of the early benefits has been that the Trust has been able to better target limited resources based on prioritisation. The revised Broker process uses the data to prioritise a number of areas including hospital discharge, palliative care and those in an interim placement awaiting to return home. This demand is then matched to the capacity available across both the Trust in-house service and with independent sector partners. Implementation of the change in September 2022 resulted in an increase of 300 additional care hours allocated in a week. Sustained improvement has

been achieved by working closely with providers to maximise their capacity and allocate new referrals. This additional capacity provides a limited response in terms of the overall hours of Domiciliary Care hours required given the level of demand and the numbers waiting.

### **Unscheduled Care Improvement Priority**

The Unscheduled Care Improvement work has focused on two areas;

1. Improving length of stay in the Care of the Elderly Wards
2. Downe Hospital – Right Person, Right Place, Right Time project

#### **UHD – Length of Stay (LOS) on Care of Elderly wards**

The team have completed a number of steps to explore the patient's journey from admission to a Care of an Elderly ward to discharge and identify where improvements can be made; this work has included:

- Completion of a patient journey mapping exercise from admission to discharge; this considered the patient's experience; the processes to support and data available, innovations, areas for improvement and potential change ideas
- Commencement of an audit against the patients pathway to understand the finer processes and potential delays
- Planned patient experience interviews with discharged patients to ascertain their journey experience through the system

Key Change ideas identified include: clinician in-reach to ED from the ward such as Advanced Nurse Practitioner, earlier multi-disciplinary team meetings on the ward and nurse-led multi-disciplinary team meetings; a focus on previous day planning for discharge and the development of a communication pack on discharge processes.

A learning session was arranged with NHS Borders, Scotland to learn from their Improvement work within Acute Medical Wards and Medical Assessment Unit which significantly impacted on their unscheduled pressures. Key learning is currently being gathered and a continued link to NHS Borders identified for further learning

#### **Downe Hospital –Right Person, Right Place, Right Time project**

This project aims to increase direct access to the Downe Hospital for all suitable patients; avoiding unnecessary conveyance to Ulster Hospital ED where possible. Work has previously started on the development of a Single Point of Access where all calls from NIAS and GPs are telephone triaged to determine where patient's needs are best met.

To date steps taken have included:

- Understanding of the current systems and processes
- Development of the relevant datasets whilst exploring the reasons for conveyances to the Ulster Hospital Emergency Department
- Formation of a multi professional/multi stakeholder project group

- Future work will identify suitable people from key diagnostic groups for direct access to Downe

### **Unallocated Cases in Childrens Services:**

Childrens services continue their improvement work in relation to unallocated cases; this work has focused on the governance processes in relation to the Collaborative Unallocated Process (CUP) model and early intervention through the development of the Family Support team. Some of the improvement project work includes:

- **Roll out of the HSCQI award winning ‘Collaborative Unallocated Process’ (CUP) model:** 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. This new model continues to be implemented across Safeguarding and Children’s Disability services with full implementation to be actioned by February 2023.
- **The new multi-skilled Family Support Team** has been 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.
- **Service User Feedback** is in the process of being collated across Safeguarding teams to assess the impact of the Family Support Team model and CUP. An electronic survey is being developed with the User Experience team; to be launched in the coming weeks
- **A new SharePoint case management filing system has been 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:

- **Children’s Directorate undertaking a Service Review and Redesign exercise.** A capacity and demand exercise across the directorate is underway, to help inform how we can improve services for our children, reduce unallocated cases and social services waiting lists.
- **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.