

Quality Improvement Update - Trust Board 25 01 2023

Domiciliary Care Corporate Priority

Eco System Mapping

Domiciliary Care Discovery workshops

- Four virtual workshops have taken place with over 75 stakeholders including service user families, independent service providers, SET Dom Care managers and care providers, contract and planning team, hospital consultants, hospital and community social workers, NIAS, Community and Voluntary providers. Planners from Councils and other Trusts were also in attendance.
- A series of ECO Maps have been devised and the report is to be finalised once verified by the Dom Care steering committee, meeting arranged with the systems designer 20/1/23
- Maps focus on Complexity, Challenge, Data Sources, Improvement Opportunities and Vision for Future Service Re-design

Next steps

- A Review and edit of the maps with the steering committee
- Co-design the improvement plan including timeframes and metrics from the ECO Maps

Impact of Digitalisation of SEHSCT Care Schedules

Digitalisation of the SET Domiciliary Care Teams has enabled analysis of the delivery of service users care visits. Care Line Live functionality has enabled rationalisation of scheduling of care visits to match the scheduled booking times with the actual time required to safely deliver the service. In the six months from July – December 2022 this work have enabled the team to **commence care visits to 236 new service users.**

Impact of Revised Broker Services

The revised Broker process has prioritised a number of areas including hospital discharge referrals, by matching the demand for a care package to Independent Sector Provider capacity. Implementation of the change in September 2022 resulted 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. Block care hour arrangements have also been established with Independent Sector Providers, allowing focus on particular localities with significant priority need for a package of care for example working with one provider the team were able to allocate 200 hours of priority referrals in one locality.

Unscheduled Care Corporate Priority

Two areas of improvement for Unscheduled Care:

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

To date the team have been working towards understanding the issues regarding LOS and have:

- completed a multi-disciplinary mapping exercise considering high level pathway and processes, innovations, gaps, data available and potential change ideas
- commenced an audit against the pathway to understand finer processes and bottlenecks
- planned patient experience interviews with discharged patients to ascertain their journey experience through the system

4 Key Change ideas identified include

- **Emergency Dept.:** Clinician in-reach to ED from ward, eg: Advanced Nurse Practitioner
- **Ward round:** Earlier multi-disciplinary team meetings on ward and nurse – led MDT
- **Planning:** Previous day planning for discharge
- **Communication:** Develop Communication pack on discharge processes
- A learning session was arranged with NHS Borders, Scotland to learn from their Kaizan 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 – Access - Right Person, Right Place, Right Time

- This project aims to increase direct access to the Downe Hospital for all suitable patients avoiding unnecessary conveyance to Ulster Hospital ED
- Work has previously started in this area in 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 work has focused on understanding what is currently happening in relation to the data available
- A multi professional/multi stakeholder project group has been formed
- Future work will identify suitable people from key diagnostic groups for direct access to Downe

Unallocated Cases in Childrens Services:

- **Roll out of the HSCQI award winning ‘Collaborative Unallocated Process’ (CUP) model** continues within Safeguarding and Children’s Disability with full implementation to be actioned by February 2023. 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.
- **A new SharePoint has been introduced within Children’s Disability**, providing greater oversight over all cases. The CUP model has ensured that all unallocated cases in Children’s Disability have been reviewed and triaged over the past 4 weeks.
- **The multi-skilled Family Support Team** piloted in Ards Safeguarding 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. Further detail
- **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 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.
- **Children’s Directorate undertaking a Service Review and Redesign exercise.** A composite capacity and demand scope across the directorate is underway, to help inform how we can better care for our children and reduce unallocated and social services waiting lists.