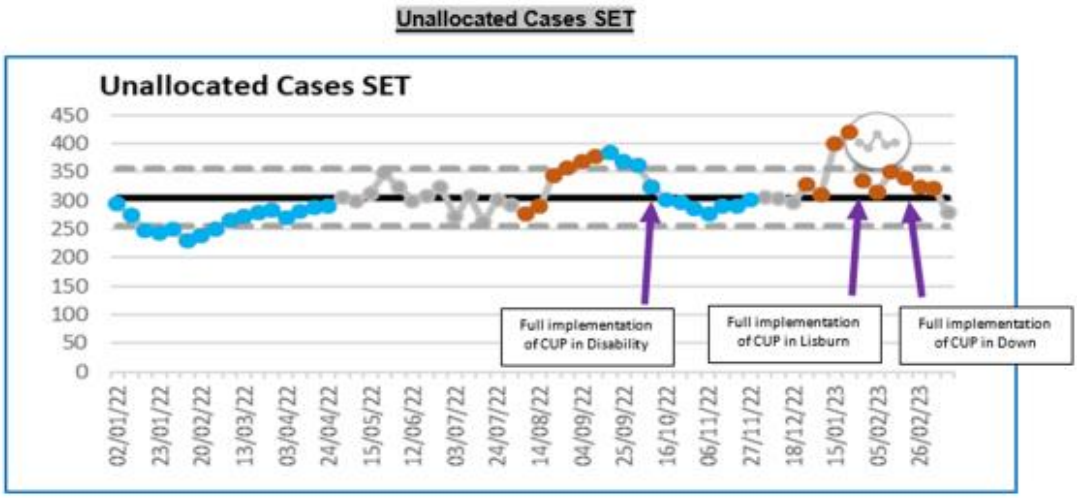
Quality Improvement Update Trust Board 22 03 2023

Unallocated Cases in Childrens Services:

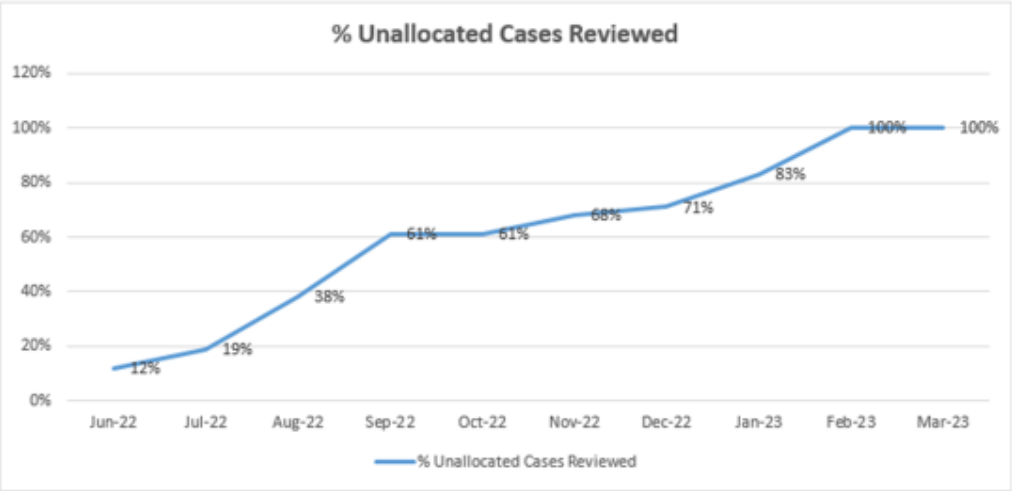
Childrens services continue their improvement work in relation to unallocated cases; this work has focused on incremental improvements by developing our governance processes through the scaling of the Collaborative Unallocated Process (CUP) model, and transformational improvement being developed as part of the restructuring within Children's Services:

- **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. The model is now fully operational across all of Safeguarding and Children's Disability. As a result, unallocated cases in Safeguarding has reduced to 101 and Disability 178 (12/3/23) with 100% of unallocated cases reviewed at least once every month.

- **Children's Directorate are undertaking a Service Review and Redesign**. An options appraisal for Safeguarding services is underway with Senior Management and operational staff across the Directorate, including SPPG representation, to ensure Children remain at the heart of the service. Particular focus is on the pathway for Looked After Children, taking into consideration recommendations made by Ray Jones. In addition, the multi-skilled Family Support Team successfully implemented 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 scaling of this model across Safeguarding forms part of the service re-design taking place.

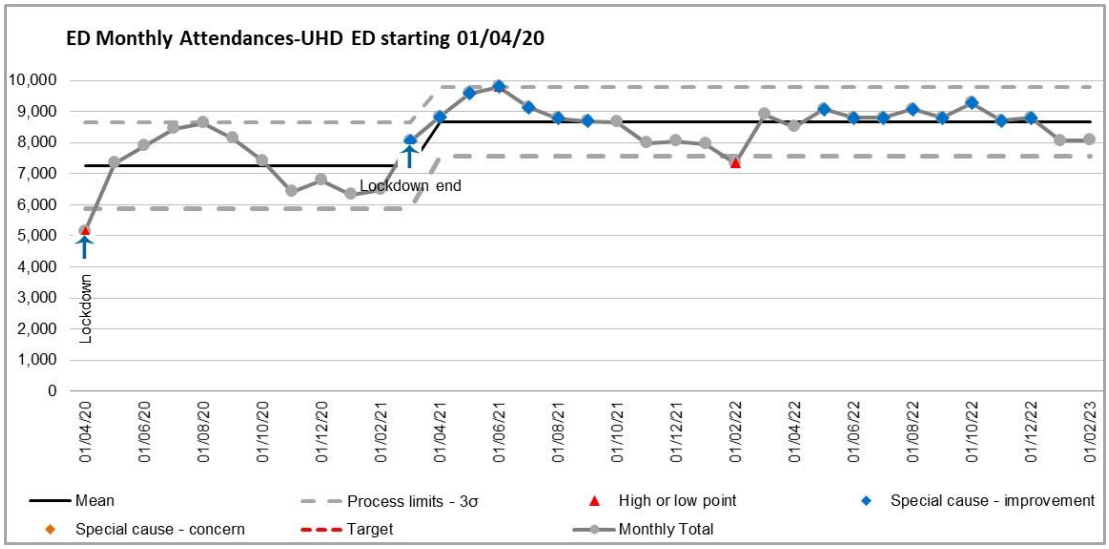


Collaborate Unallocated Process (CUP)



Unscheduled Care

General Context



South Eastern Trust (SET), along with all Trusts across the region has experienced the most challenged time recorded in relation to urgent and emergency care. Significant work is underway across SET Unscheduled Care (USC) in relation to ED demand including the 'phone first model 'which enables people to receive care in the right place and by doing so our data tells us we have avoided 500 additional ambulance transfers in 22/23. There has been ongoing development of ambulatory hubs who have combined over the financial year 22/23 to deliver 11,741 new appointments and 7,670 review appointments. Those who attend as new appointments have either avoided an ED attendance, avoided an unscheduled hospital admission or had an earlier discharge home.

Update for March 2023 at specific ward level

There are two aspects of focus for Unscheduled Care:

1. UHD - Care of Elderly – Length of Stay on Ward

- Work has recommenced on Care of Elderly with two strands of work relating to Transformation and Incremental changes. Weekly meetings have been instated.
- Transformational Change focuses on Frailty - a Trust-wide Frailty benchmarking and planning workshop is being held 23 March 2023. Actions from this will inform new pathways from ED within the Ulster Hospital and out to community.
- Incremental Change focusing on Nurse Facilitated Discharge and efficiency of discharge process including Estimated Date of Discharge, Ward Rounds and Communication post ward round. Data is being gathered to form a baseline and testing will commence April 2023. This work requires a system wide approach which will be influenced by Domiciliary Care provision.
- Nurse Facilitated Discharge is aligned with testing already underway within the Plastic Surgery ward to scale key learning and move quickly to implementation

2. Downe Hospital – Access - Right Person, Right Place, Right Time

General context

Downe – the rebuild of local services continues to drive direct activity back to the Downe. There have been a number of workstreams to increase the number of direct local admissions, including:

- Direct Access passport for specifics patients
- Improvements in interface working between the Urgent Care Centre (UCC) and Rapid Access Centre (RAC)
- Expanding criteria of UCC
- Improved working with Northern Ireland Ambulance Service (NIAS)
- Engagement with GP's to provide better direct access

The outcome of this is that we now see approximately 45% of those admitted to the Downe coming from the Ulster (half of those directly from ED). Our goal remains to work to 70% local admission, which we will seek to achieve throughout the next year.

Update at March 2023

- Work is continuing within UCC to refine pathways of care based on findings from data analysis. The pathway for respiratory referrals is currently being tested.
- Work continues on reviewing the purpose and function of the RAC with a view to creating a more seamless front door to the Downe Hospital for the local community to safely and efficiently maximise what can be delivered on the Downe site. This will see the scope and capacity of RAC increased through better co-ordination between RAC and UCC, continued investment through No More Silo in the multi-disciplinary teams and exploring the opportunity to increase acute bed capacity on the site.

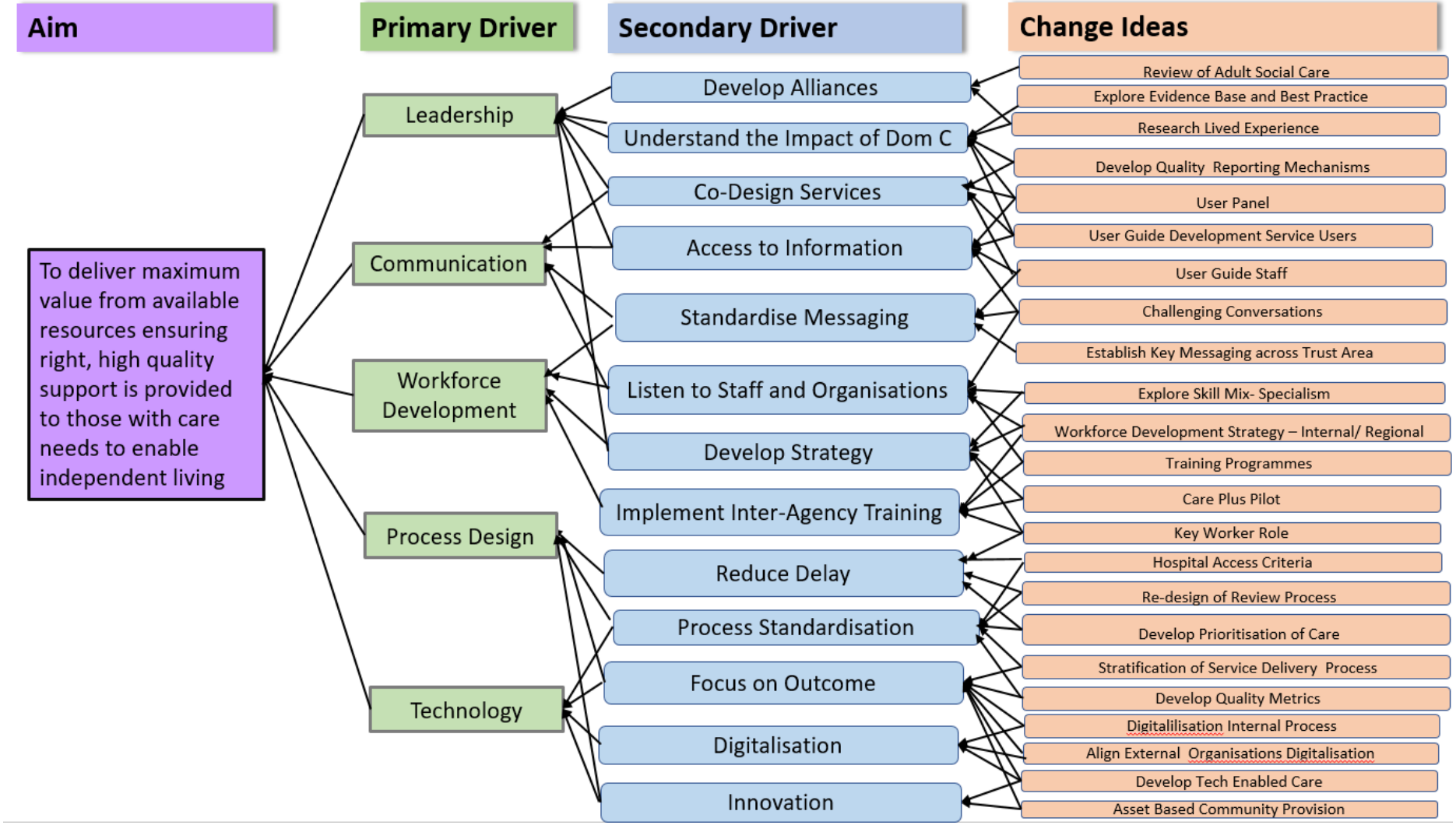
Domiciliary Care

- The Domiciliary Care ECO System Map Report is now complete and ready for dissemination.
- The report includes a suite of maps articulating the complexity of the Domiciliary Care system, exploring the pathway interfaces and challenges. The opportunity for improvement and system redesign is visualised through the map
- An evaluation matrix has been used by the steering committee to develop a robust improvement plan focusing on short term projects and long term transformation.
- A strategic driver diagram is being developed (currently in draft) and is being expanded by the team to understand the resource need and potential benefits of improvement initiatives and also service redesign.
- This methodology is being tested for strategic decision making for future improvement work
- A service user survey has been devised to establish a greater understanding of the Domiciliary Care pathway. This is being administered by members of the Stat team and includes people receiving care packages in community and those being discharged from hospital. This work is currently underway.
- An application has been made to the Health Foundation Q Exchange fund for 40K to support the Dom Care improvement work.

Next steps

- Domiciliary Care Steering Committee to articulate clear improvement plan and service redesign including the resource need, estimated timeframe and intended outcomes.
- Report on service user survey

Domiciliary Care Driver Diagram



Domiciliary Care service redesign driver diagram