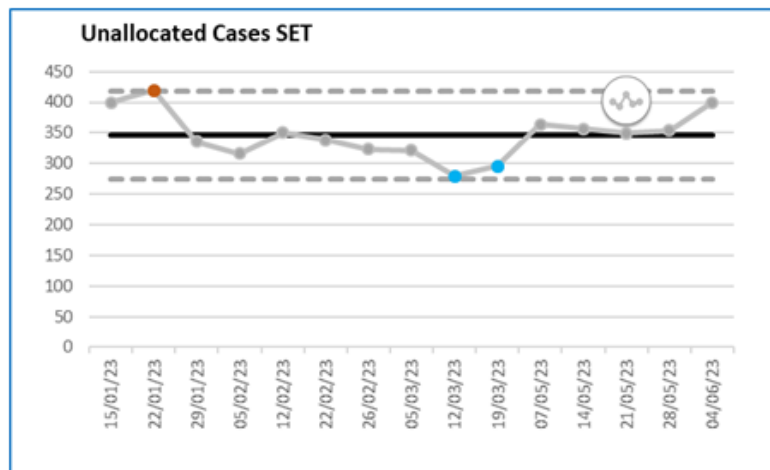


## Quality Improvement Update Trust Board June 2023

### Unallocated Cases in Children's Services:

Children's services continue their improvement work in relation to unallocated cases; this work retains its focus on incremental improvements through the development of governance processes and through the scale and spread of the Collaborative Unallocated Process (CUP) model to all Safeguarding Child & Family Teams and Children's Disability fieldwork teams.

The work was presented to an expert panel at the HSCQI Timely Access Group along with other regional projects and has been selected alongside 3 other projects for scale and spread within adopter sites across the region. It is expected that the CUP project group will work with Southern Trust, who have been developing another aspect of this work, to develop a melded model for further testing. The project will be presented at a further HSCQI Scale and Spread event on 13 June 2023. Monitoring of data continues as part of the development process.



#### Key Learning to Date:

- Creating a collaborative process (CUP) to triage and review every unallocated case once per month has allowed earlier intervention and ensured cases waiting a social worker do not escalate to a higher need. 100% of unallocated cases are now reviewed at least once every month through CUP and reviewed weekly by a Senior Social Worker.
- The importance of developing a simple tracker tool to record triage summary and agreed actions; available to all managers & Social Workers on SharePoint.
- Focus on incremental improvements through the development of governance processes through the scale and spread of the Collaborative Unallocated Process (CUP) model to all Safeguarding Child & Family Teams and Children's Disability fieldwork teams.
- Use of a QI approach to design, testing and use of data provides confidence in the CUP process. The scaling of this model across Safeguarding will form part of wider service re-design.

## Unscheduled Care

Learning from NHS Borders reflects a low impact of incremental level tests of change on overall length of stay however reducing time on ward can impact ward capacity. Therefore to be most effective the USC work needs to continue to consider both incremental (ward level) and transformational changes considering community services to ensure the right person is seen at the right time in the right place.

### Key Learning to Date:

- Planning for improvement is a key consideration due to predictable external and internal pressures
- Importance of taking time to understand the patient journey from decision to admit to the wards through to discharge
- Developing a team approach builds relationships, increases inter- disciplinary understanding of challenges and enables productive communication and problem solving
- Defining the type of improvement impacting the patient journey to transformational or incremental brings focus and aids decision making
- Seek out the data that matters
- Learning from and with others outside the organisation challenges the status quo and affords wider systems leadership opportunities

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

Incremental tests of change in relation to efficiency of ward rounds have continued across May and June.

- Initial comments from doctors testing the round have reflected a positive experience.
- Work continues to refine the process further and we are currently collecting data on timeliness of discharge script request and release to patient. Nurse Facilitated Discharge will link with this work.
- A subgroup has been set up to track and refine test cycles and data required across testing and will meet again on 15 June 2023.

### Transformation

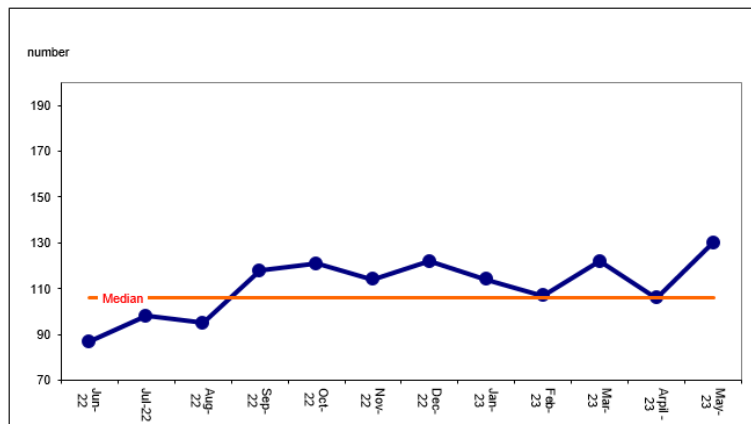
A meeting is to be held in June with Director of Hospital Services to appraise him of work to date and thinking on possible transformation of the model of care for Care of Elderly. Learning from the value of Eco-mapping in Dom Care regarding transformation has informed a similar piece of work for USC and initial sessions with the Eco-mapping facilitator have been arranged from 19 June.

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

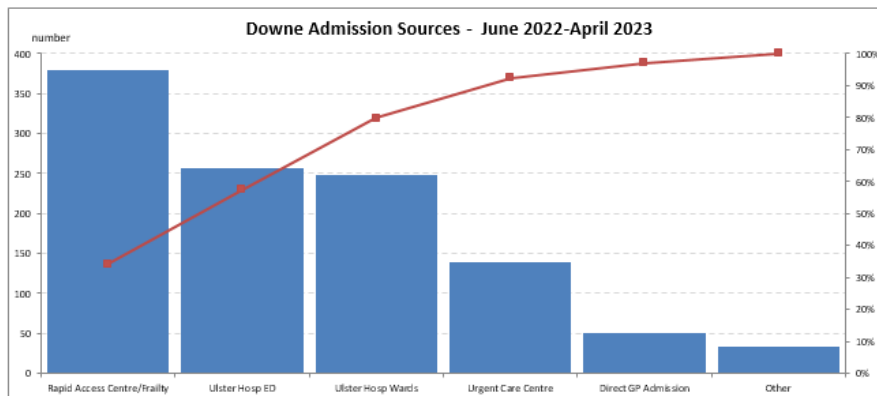
The Downe Hospital continues to experience increased demand with a consistent uplift in admissions since 1 June 2022. The main referral sources continue to be from the Rapid Assessment Centre, Ulster Hospital ED and Ulster Hospital Wards.

Process mapping of the current operational status of the Rapid Assessment Centre was commenced on 8<sup>th</sup> June at a multidisciplinary meeting including Medical consultants,

Nursing and AHPs and considered the current process and challenges within this process. The next stage of the mapping will take place on the 22<sup>nd</sup> June.



Admission to Downe Hospital 1 June 2022 – 31 May 2023



Admission Sources to Downe 1 June 2022 – 30 April 2023

### Unscheduled Care Eco System Mapping

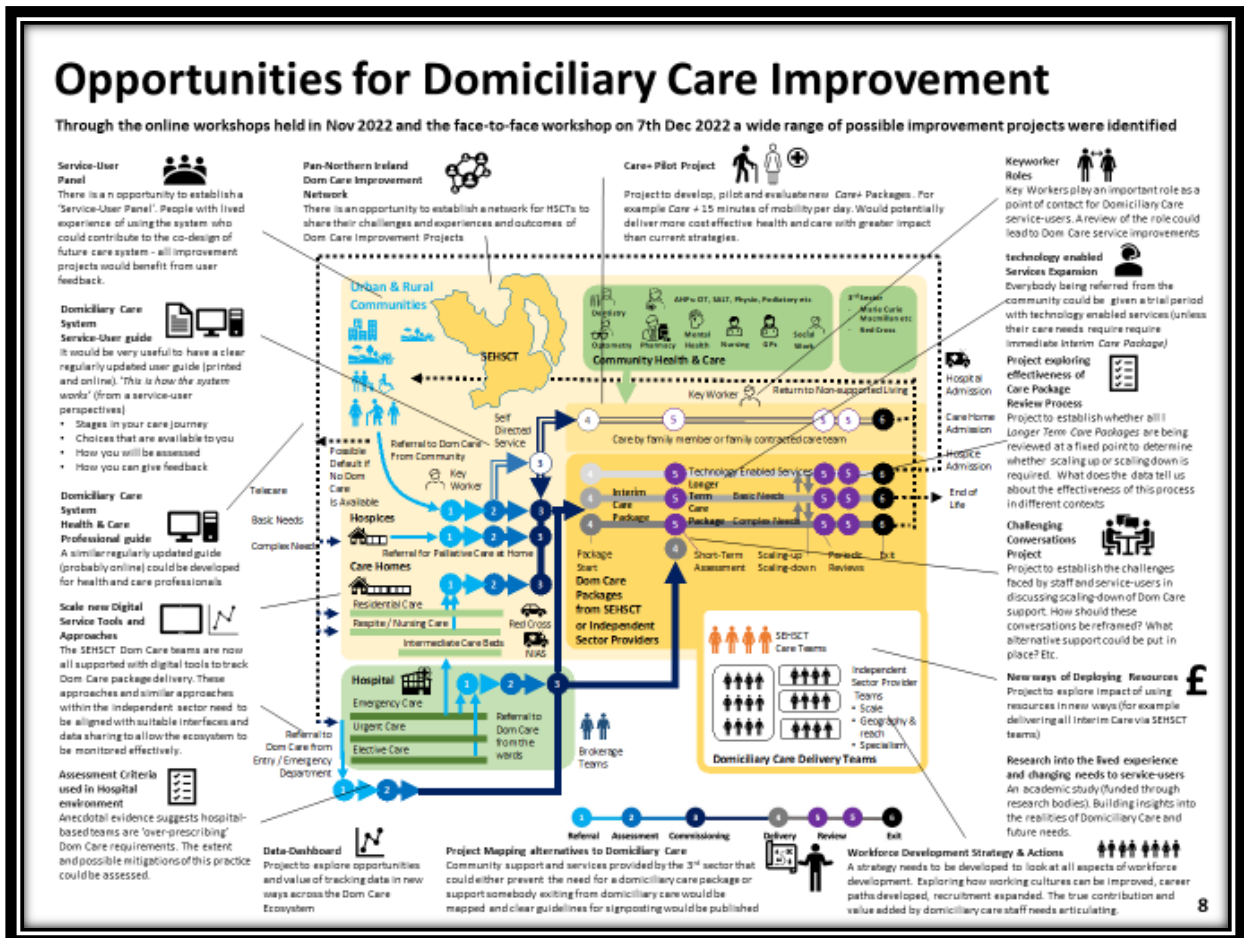
Tom Inns the system designer is starting work with the Unscheduled Care Task and Finish group to Eco Map to understand the system and in doing so focus the strategic improvement effort. Eco Mapping begins on 19<sup>th</sup> June with the steering group conducting a stakeholder mapping exercise with Tom Inns. The programme for the series of workshops will be conducted in July and early August.

# Domiciliary Care

Following the ECO System Mapping the project senior sponsor has created an operational change manager post for one year. This is currently out as an EOI. This person will be embedded in the Quality Team as part of a fellowship to training them in design thinking and change management techniques. They will lead the system modernisation by project managing the strategic improvement initiatives, including the change to in house domiciliary provision on discharge. In parallel the digital modernisation of domiciliary care allocation continues increasing capacity of provision.

The work plan has begun supporting the teams in developing information and a professional guide, to help team navigate the referral, decision making and allocation process. The Quality team are linking with OWD to explore supporting people conducting difficult conversations with regards to Dom care expectations and reviews.

The service user review has had 20 in-depth interviews conducted and thematic analysis is being done currently. The learning from this exercise will influence the improvement work and also help establish a service user panel to establish co-production across all the re-modernisation initiatives.



# A 2030 Domiciliary Care Ecosystem for SEHSCT

Using the Ecosystem approach it is possible to build a representation of what a preferable 2030 Domiciliary Care Ecosystem might look like for SEHSCT. This representation is speculative but is useful as it shows how a range of improvements could deliver a more efficient and effective service.

## New Models of Contracting

There are many ways contracting could be improved. The aims of any new model of contracting would be to:

- Ensure the service met the evolving needs of service-users.
  - Help contractors to plan delivery of the best possible care, supporting investment in staff development and service improvement.
  - Allow resources to be deployed as efficiently as possible for maximum benefit of service-users.
- Changes to the contracting model might include:
- Thinking of SEHSCT as distinct geographical areas
  - There could be a number of independent service providers per locality, who could invest in building local capacity and capability.
  - Their focus would be delivering Longer Term Care Packages.
  - Contracting could be on the basis of Outcomes Based Accountability
  - New models of contracting could be implemented that incentivized preferred behaviours, like, reducing hours when care needs subside.

## One-entry Point, 2-Stage Domiciliary Care Pathway

In the speculative 2030 ecosystem new ways of organising Domiciliary Care pathways can be suggested. For example:

- Everybody meeting the Domiciliary Care threshold would enter into a package of short-term domiciliary care (with a fixed 6 week assessment point). This would be delivered by a specialised short-term care team (possibly delivered by SEHSCT teams).
- If domiciliary care was then no longer required, service-users would exit the service, but might be referred to technology enabled services or a range of other services provided by 3<sup>rd</sup> sector organisations.
- If longer-term domiciliary care was required this would be commissioned from independent care providers. Care requirements would be reassessed every 6 months to establish whether a care package needed to be scaled up or down or whether a service-user was ready for exit to technology enabled services, community alternatives or back to unsupported independent living.

## Digital Systems Alignment

In the 2030 ecosystem both SEHSCT and all independent providers would be capturing data using compatible digital platforms to allow real-time monitoring of key information across the Domiciliary Care Ecosystem. Digital alignment would improve communication supporting the flow of information between different parts of the domiciliary care system.

## Community Alternatives

Community organisations / 3<sup>rd</sup> sector bodies would be encouraged and supported to develop alternative local approaches to support independent living in the community.

## Shared Vocabulary

There would be a shared vocabulary across the system.

