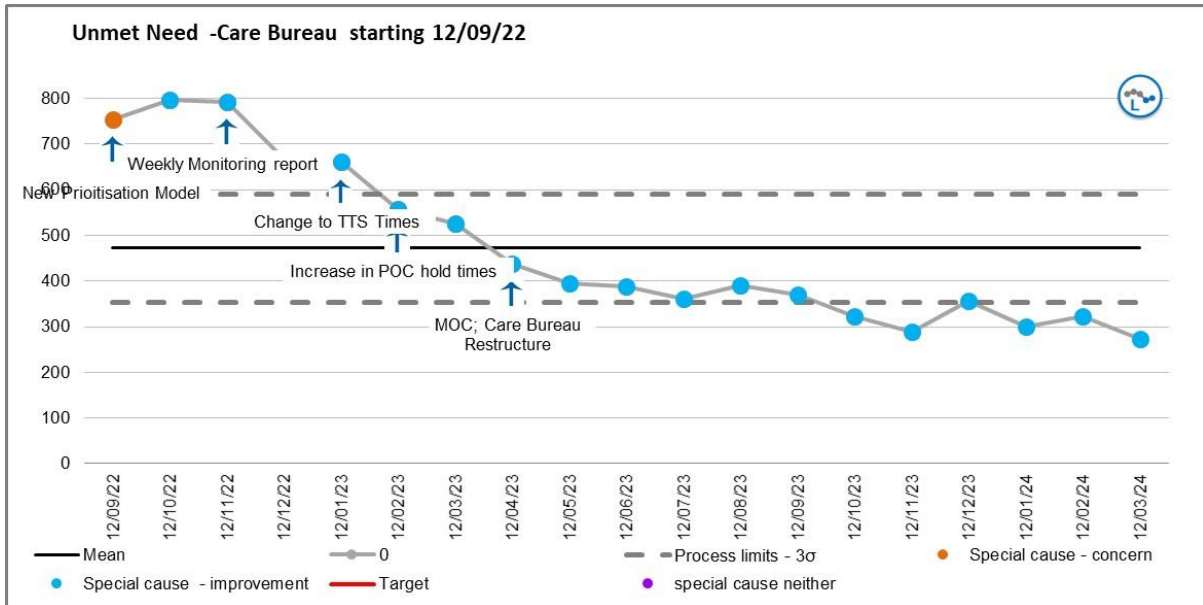


Priority 1 - Modernisation of Domiciliary Care

Since Domiciliary Care was identified as a Corporate QI priority, it has embarked upon an improvement journey with significant outcomes.

October 2022 - 803 people awaiting either a full / partial Package of Care

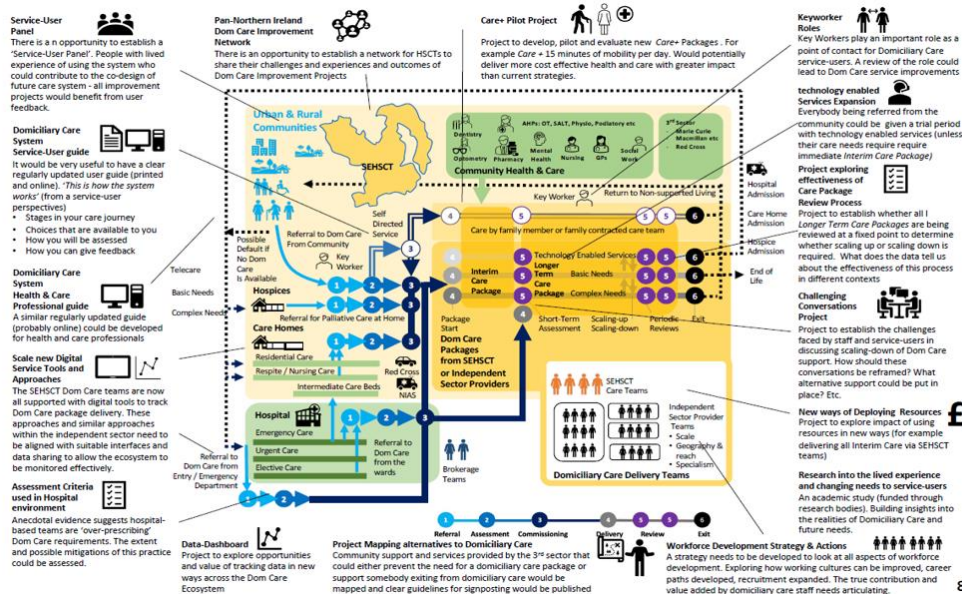
March 2024 - 270 people awaiting either a full / partial Package of Care



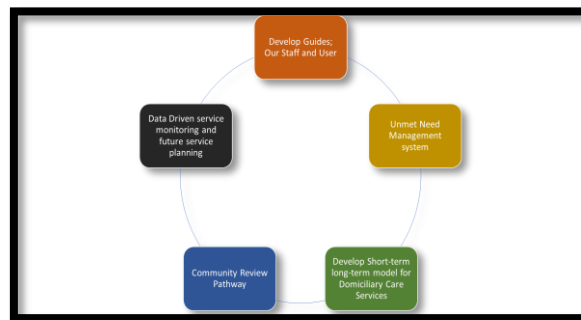
SEHSCT is now leading the way regionally with the poorest performing Trust's unmet need circa 1700 people awaiting a package of care.

SEHSCT completed an Eco mapping project in 2023 to identify the key areas of focus for the modernisation of Domiciliary Care.

Opportunities for Domiciliary Care Improvement



Evidenced by the Ecomap, 'opportunities for improvement', the project team has prioritised 5 work strands for Domiciliary Care service improvement



The 5 work strands are focusing on Domiciliary Care redesign, aligning and restructuring the short term SEHSCT Dom Care team to be agile and responsive to support the early review pilot and enable improved flow for hospital discharge and improve capacity of the service. The learning from Priority 2 Collaborative Unallocated Process (CUP) model has informed the Collaborative Unmet-need Process (CUP) for Domiciliary Care. ***Creating a service user panel is a new approach to coproduction and it is hoped to use this as an exemplar across the Trust.***

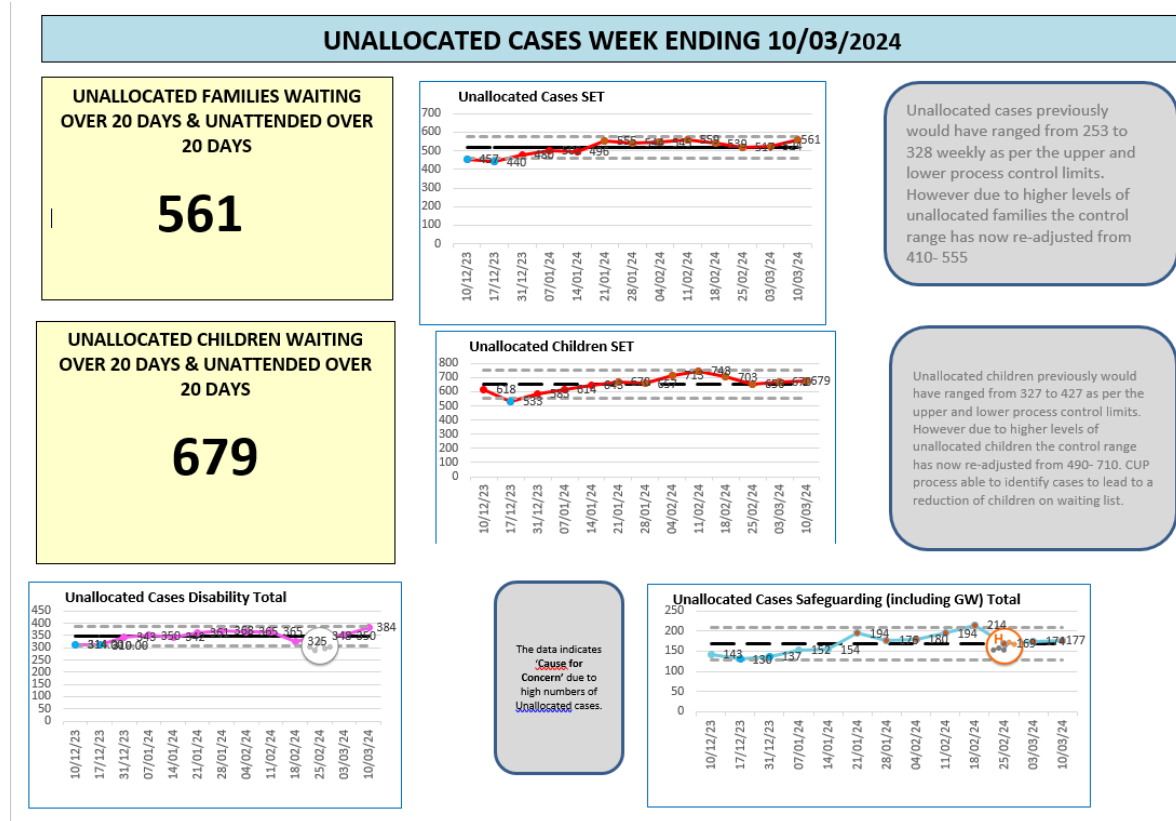
To enable a consistent and accountable approach to this work plan, a quality improvement advisor was employed from the social care team for one year. This has enabled the various work strands to be conducted in parallel supporting the service managers and creating an evidenced based approach to change. By applying a Quality Approach to strategic change the Domiciliary Care effort has been service user focused, developing new structures in the Trust for coproduction of communication and service design. Health equity is considered within this work.

Priority 2 - Waiting List Cases (Unallocated) to receive a Social Work Service in Children's Services

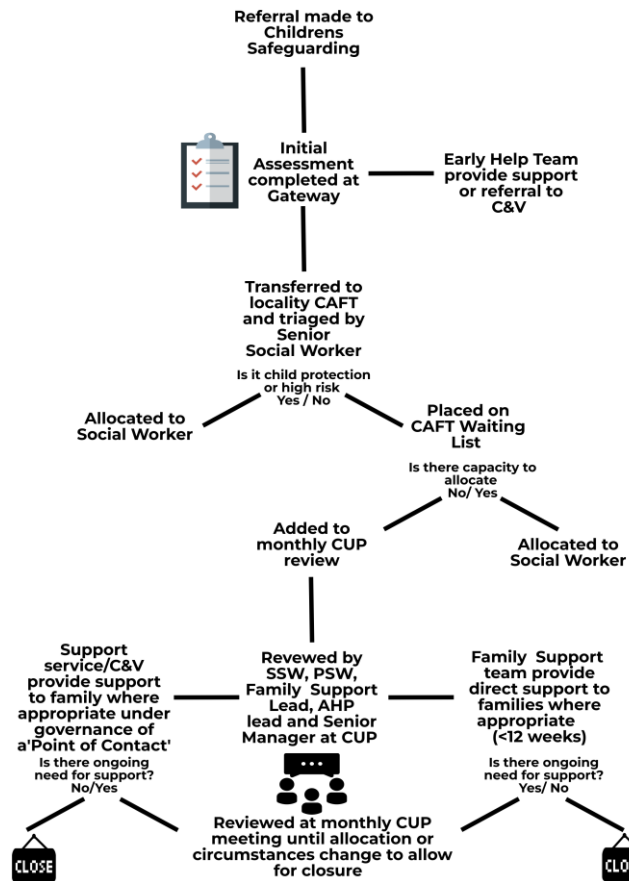
In 2023, the waiting list cases (unallocated) for children's social work services was highlighted as a Corporate Improvement Priority. As reported at the last Trust Board childrens' services have continued their improvement work in relation to the management of cases on the Waiting List. The Collaborative 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.

Whilst it is recognized, that the number of cases awaiting the allocation of a social work service has increased, this is in the context of relentless workforce issues within Safeguarding, Gateway and Children's Disability where, despite sustained efforts to recruit and retain social work staff 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.



However, it is important to highlight that all cases have been triaged both following an initial assessment and reviewed through the CUP process and are assessed to be Low Risk. The flow-chart below demonstrates the improved assessment and triage process that determines when a case will remain on the waiting list (Unallocated) to receive the Collaborative Unallocated Process.



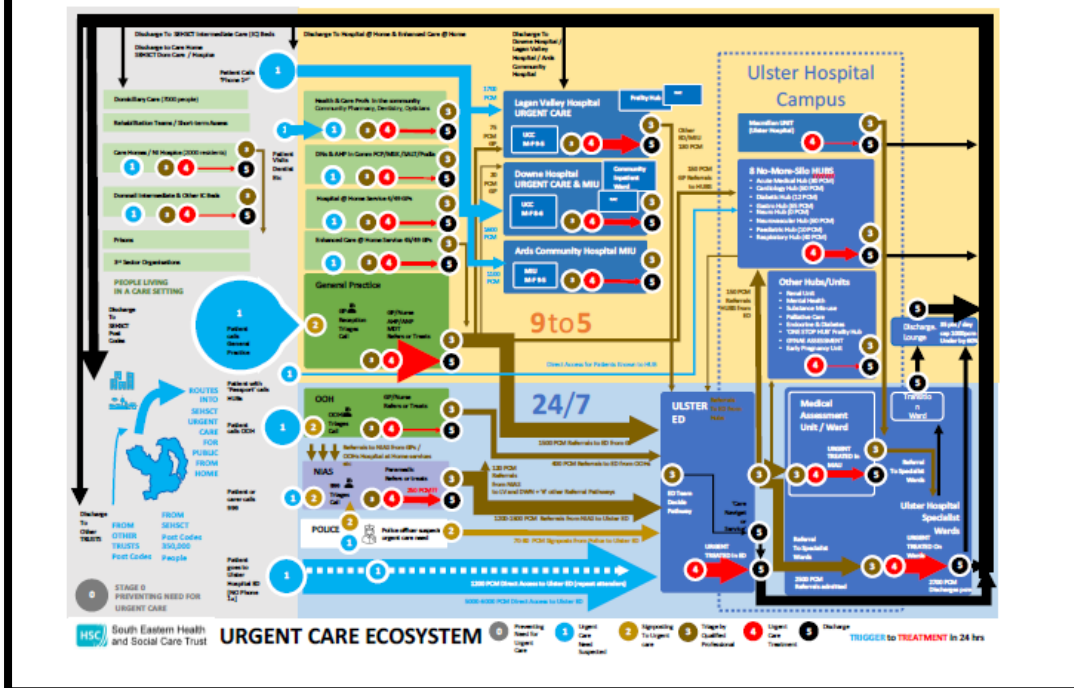
The Children’s Directorate remain committed to maintaining and sustaining the CUP model across the Trust and will continue to make incremental improvements when workforce challenges improve. The Safeguarding sub-directorate have recently appointed an interim improvement lead who is leading work to enhance the data and information available to managers and which is greatly assisting in the sustainability of the CUP model. Additionally, there is a Children’s Services Waiting List Oversight Group in place which is jointly chaired by Jason Caldwell and Maurice Largey, Assistant Directors for Safeguarding and Children’s Disability.

Priority 3 - Unscheduled Care Improvement Priority

Today’s Agenda Item 8.3 Presentation will provide an overview and inform this update.

The acute pressures in Unscheduled Care are a system-wide issue and therefore need to be addressed strategically, in a system wide approach, the Regional Control Centre is part of this approach. The Ecosystem Mapping process (below) has greatly informed and shaped the improvement work.

The Urgent & Unscheduled Care Ecosystem Map (Partial Data)



Within SEHSCT the focus of the Unscheduled Care improvement work has been a collaborative approach, with the appointment of two Assistant Directors on temporary secondments, as Senior Project Leads for Hospital and Community Patient Flow. To support this priority, Bronze / Silver Gold structures have been implemented (learning from encompass) and a 'joint action plan' developed with community and hospital services working on improving ED pressures together from admission avoidance, NIAS turnaround times, flow in and through the hospital and community care pathways. One of the most significant changes has been in the management of the Control Room function which is being led by Assistant Directors or Clinical Managers with a renewed focus on 'holding to account' with each potential discharge being followed up with vigor.

The Flow Action Plan has a series of work streams attached, the Quality Team is supporting these actions with the community and clinical teams and planning colleagues. A suite of reports have been developed using encompass data to define patient and service specific metrics. The daily review of this data enables real time responsiveness to additional demand, identified areas of delay and associated actions.

To support this work and taking a system approach to creating change, the Quality Team has partnered with clinical and operational leads and teams to establish and standardize team structures and new ways of working

Specific Work Streams

- **Ward Discharge Nurse Role**

A role has been piloted and tested across the surgical and medical wards in the Ulster Hospital to allocate a specific role daily to focus on ward discharges. The discharge nurse's role and responsibility has been co-designed with staff and the process to expedite discharges clearly visualized. This has been disseminated across the wards and established in the nursing roster. A ward discharge nurse survey has been conducted to evaluate the impact and systemization of the new role.

- **Nurse Facilitated Discharge (NFD)**

Nurse Facilitated Discharge has been an ambition of the Trust for many years. This initiative has taken best practice and established a NFD protocol. A multidisciplinary approach of Senior Medics and Nursing Leadership, Encompass, Practice Educators and Pharmacy are testing and systemizing NFD across the organisation.

- **Community support to Care Homes using TYTO**

The Trust are collaborating with up to 30 Care Homes within the Trust to enhance the clinical decision-making by using TYTO linking individuals, the Hospital At Home/Enhanced Care At Home teams, Consultants, GPs, the Care Homes and families remotely. This is to support people to receive care in the community as an alternative to ED attendance.

- **Direct Access to Services**

The eco system mapping of the SEHSCT Unscheduled Care provision highlighted the opportunity for diversion of people to be cared for in the community and improved direct access to services.

Learning regionally, nationally, internationally and future demographic projections will be considered in this ongoing work and a review of SEHSCT Same Day Emergency Care capacity for Unscheduled Care response. It will be the *cumulative efforts of all incremental changes* across directorates / services, which will make the change required.