

Hertfordshire and
West Essex Integrated
Care System



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Integrated Care Board

HWEICS Dementia QI Community of practice: Co-design Dementia care offer across the system using QI

May 2025

Dementia leads and HWE Partners across the system(Age UK/Alzheimer's society/HCT/ Carers in Herts)

Ruth Bradford, Dementia Admiral nurse and

Bianca Viegas, HWE ICB QI Lead



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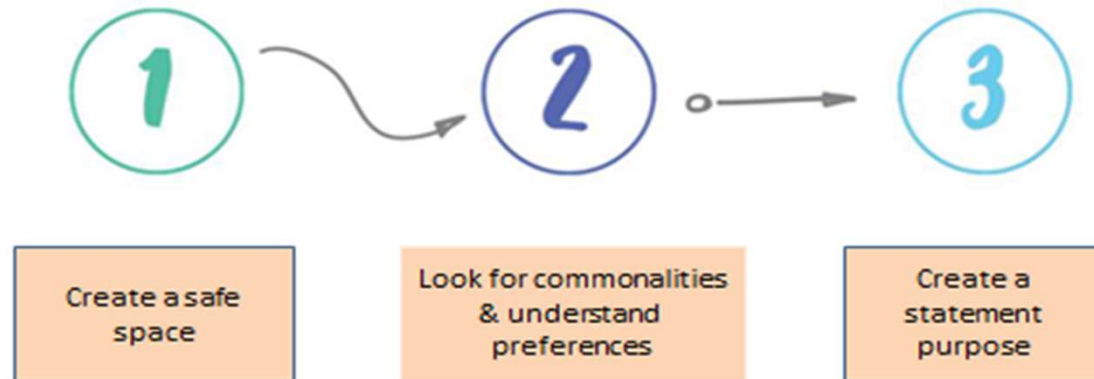
Objectives for session:

- Icebreaker, Welcome and Introductions
- Understanding current state for Dementia care across the HWE System as a Dementia QI COP group
- Introduce QI tools: 'Shared Purpose, Driver diagrams & Process mapping to help design and plan for our **future state: what do we want to achieve as a collective?**
- Dementia pathways – what are our opportunities & challenges?
- Agree Next steps



1. Building Our Shared Purpose

How do we create a 'Shared Purpose'?



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Who can help you
to evaluate
current state –
who are your
stakeholders?



Our shared purpose – 10 Mins, 2 groups

Our	Shared	Purpose
Who are the people who will be impacted by the change? Who will need to be part of the change? • Frail elderly populations with dementia • Acute and community • Colleagues • Frailty teams • Adult social care, • VCFSE partners like Age UK • Medics, therapists,	What unites us? What matters to you/us? What do we want to achieve as a group – our aims/priorities • Improving experience of care in community • Reduction of outcomes like LOS • Reducing hospital admissions	Why are we taking action? How does it connect with the things that really matter to us or How are we going to take action? • Improving partnerships across dementia pathways from hospital to home • Agreeing to meet as a group to understand where gaps and challenges exist

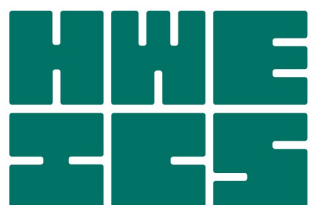


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2. Understanding the Problem



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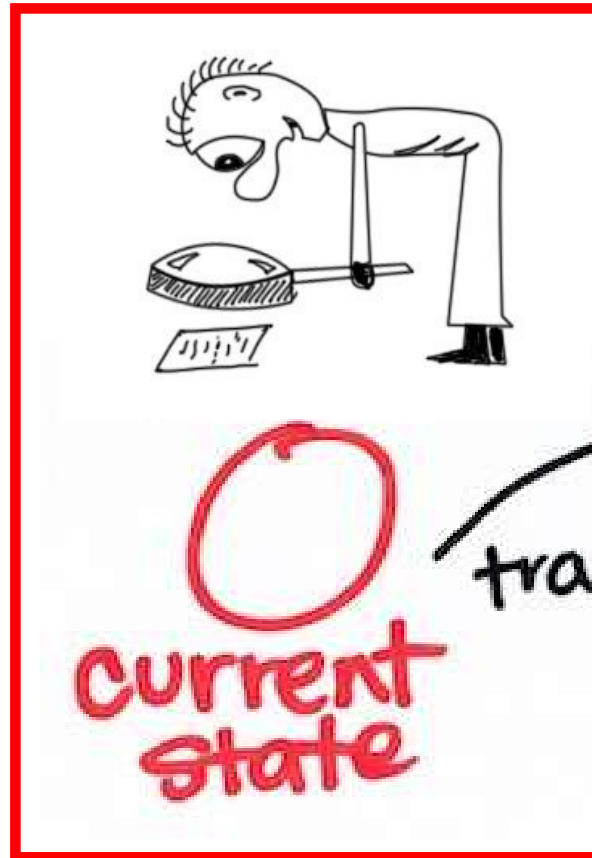
Understanding of the problem

Use QI tool on your table for group work 30 mins, 5 mins feedback

How are things now?

Where is the problem?

Why is it a problem?



Vision → Improvement goal



Reflecting on QI Tools in practice for the planning phase of Understanding the problem:

Group work , 15 mins feedback



Thematic analysis of feedback from 'Understanding the problem statement'

What did the 'Shared purpose exercise', 'Process mapping & driver diagram enable us to achieve today?

Focus on Improving specific risk groups across the frailty pathway rather than thinking about the whole

Focus on reducing LOS for those who don't need hospital support

Focus on developing a SPA within hospitals, primary care and community services

What are opportunities ?

Leverage existing partnerships with community providers, Age UK and Alzheimer's society in the room and build on new engagements

Access to data within acute/community hospitals & primary care by linking in with BI teams

What are opportunities ?

Leverage existing partnerships with community providers, Age UK and Alzhiemers society in this room and build on new engagements

Access to data within community hospitals & primary care by linking in with BI teams

How might you use this in your area of work going forwards ?

Build on current work by focusing on data to identify specific metrics and developing ENHT dementia data dashboard

Agreeing priorities for delivery i.e. focus on reducing hospital admissions and LOS and enabling safer discharge & experience of care at home by working with system partners

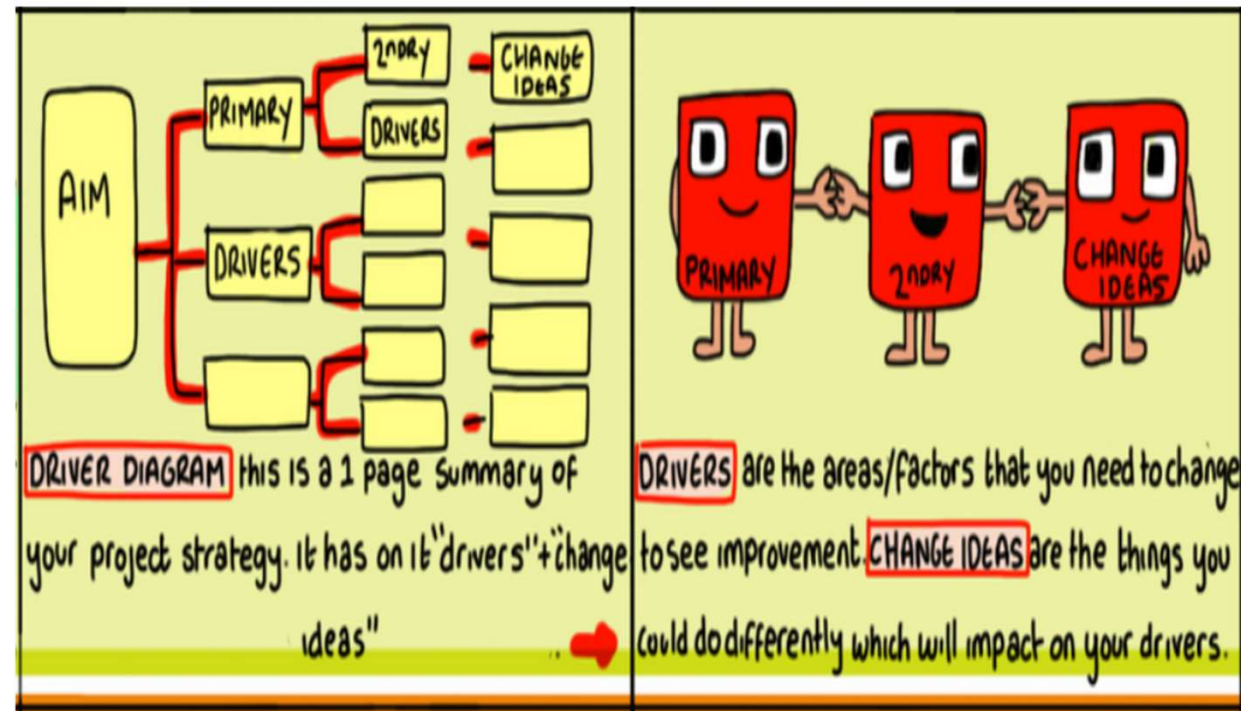


Group exercise: 30 mins

ESTABLISH :
Using QI tools and data
to engage and agree
goals and measures

What is a driver diagram?

- A useful QI tool
- Visual display of a team's/groups theory of what "drives," or contributes to the achievement of aim/s
- To help communicate the project to the team and stakeholders
- It is made up of an aim, primary drivers, secondary drivers and change ideas
- It is developed by consensus and summarises what team members feel must change and collective ideas that drive improvement



This is part of the 'Developing a Strategy & Change Ideas' illustration made by Sonia Sparkles for the [Illustrated Guide to Quality Improvement](#), available here >>

Aim
In order to achieve this Aim...

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are System

Primary Driver
We need to ensure...

Secondary Driver
Which requires...

Change Ideas
Ideas to ensure this happens...

System Driver diagram
For HWEICB & ENHT

Links to ICB
frailty & Trust
strategic Priority-
Quality
The dementia
teams across
system delivers
consistently high
quality, safe ,
patient centred
dementia care

Continuous
Quality
improvement
and learning
culture

Dementia
trained
workforce

Themes
identified
from Patient
and carer
satisfaction,
reduced
complaints
and patient
safety
incidents

Identification & Routine
measurement of dementia
quality indicators

Admiral Nurse provision of
specialist expert advice
and support to
departments and training
appropriate to role
alongside system partners

Effective management of
behavioural and
psychological symptoms
of dementia and delirium

Carer involvement, good
communication

Develop Dementia BI dashboard
and use data to identify training
priorities

Dementia training strategy,
annual training plan, bite size
teaching for wards - include
simulation

BPSD specific training,
specialist advice to staff, real
incident case studies

Patient and Carer stories and
feedback to highlight QI impact
& population needs

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ENHT Driver diagram

Trust strategic
Priority-
Pathways
The dementia
team aim to
improve flow and
experience for
people living with
dementia and
their families by
reducing
unnecessary
length of stay

Understand
reasons for
prolonged
length of stay
over 10 days
(national
average for
people with
dementia)

System Wide
partnerships

Improve flow
across in
patient wards

Baseline audit identifying
reasons for delayed
discharge to inform QI
work

Is already a work stream of
dementia strategy

Work in partnership with
stakeholders across
HWEICS

Early referral to specialist
services, early
comprehensive
assessment and early
interventions and
recognition or EOL in
dementia

Audit of patients living with
dementia LOS above 10 days

Audit wards to improve
awareness of best practice
initiatives includes Person
centred care poster , dementia
grab packs

Establish system wide QI
pathways collaborative and
Increased partnership working
with MDT, Transitions of care
team, primary care

Increased partnership working
with MDT, Transitions of care
team and increase in advanced
care planning conversations
and family liaison

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We need to ensure...

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Change Ideas
Ideas to ensure this happens...

ENHT Driver diagram

Trust Strategic Priority-Ease of Use Dementia service to deliver a streamlined , digitally enabled , responsive dementia service that is simple to access, timely and easy to navigate

Clear referral criteria and triage process

Awareness of dementia service

Digital system

Standard Operating Process for referrals

Communications internal and external

Work with digital nurse leads to ensure new system meets needs

SBARD referral

Include in Trust communication plan

Visibility to carers on posters and website, grab pack

And finally...

So far, we have achieved....Planning for conditions, infrastructure and defining scope

- 3 Team away days: Jun 2025, Feb 2026 and Mar 2026 with HWEQI lead to focus on planning
- Work already well underway with ENHT dementia strategy providing clear goals for 2025-2028

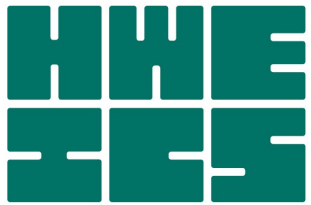
Output of the away days so far:

- Defined our dementia team objectives in alignment with the Trust strategic priorities
- Provided clarity on additional data required for the Dementia BI dashboard
- Challenges: capacity, time and bringing system partners in one room

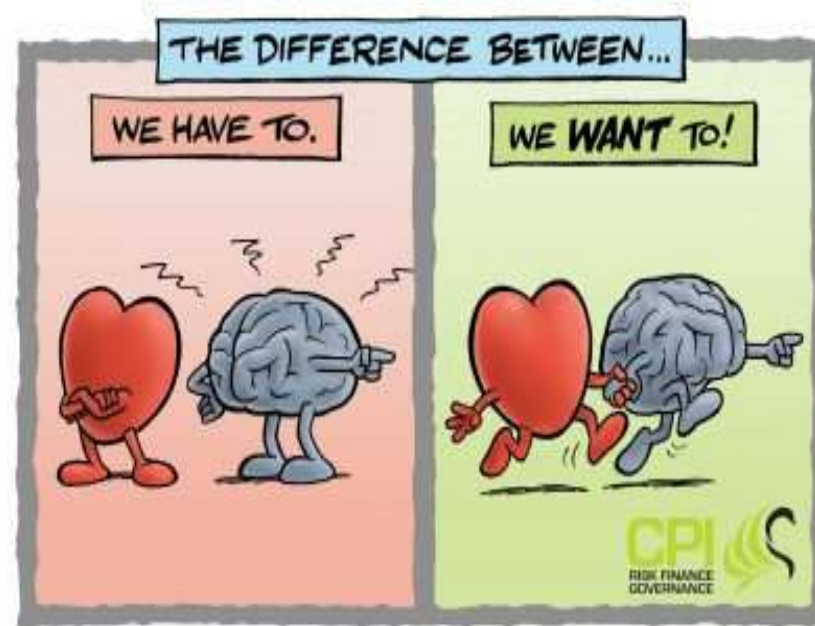


Next steps... Ready to deliver using QI methodology

- Review Data to agree AIM statements
- identify patient cohorts
- Develop measurement plan
- Agree teams for pilot testing work
- Test and learn what works and what doesn't



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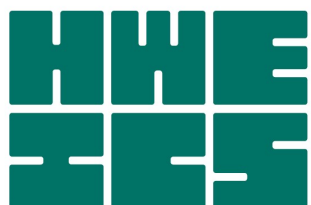


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Thank you



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Appendix



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