

REPORT TITLE	<i>Unplanned Care Update</i>
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REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress and developments across the unplanned care system, overseen by A&E Delivery Board.

1. Background

1.1 Wirral, mirroring systems around the country, faced a challenging winter. Rates of admissions remained high with increased levels of acuity. As a system we have worked collaboratively and implemented key transformational changes, such as clinical streaming at the front door of ED and transfer to assess (T2A) approaches.

1.2 Flu has had an impact this year, with highest numbers of people needing to be admitted during Dec and Jan, at one point the hospital had over 40 people with flu in an acute bed. There was significant take up of the flu vaccine by staff by organisations. Whilst, we have experienced pockets of sickness, we have been able to retain adequate staffing levels. The only service which was temporarily hit short term was the reablement service, which lost 15 staff at the same time, due to flu. This effected referrals for a 7 day period at the end of December.

1.3 From a community perspective, domiciliary care has remained challenging. Whilst we continue to have a waiting list of an average 70 people, we have worked hard with providers to prioritise flow and avoid delays in discharges in the hospital and the community transfer to assess (T2A) beds. Overall it has been rare for discharge delays in the acute to be above 6-8 or above 5- 6 in T2A beds. There were two days when the total waiting list exceeded 80, on 13th and 14th January, when it reached 82. However, for most of Dec and Early January, the list was below 70.

1.4 NHSE has maintained fortnightly calls with the Wirral system for unplanned care, to review performance and progress. Overall, positive feedback has been received and there has been acknowledgement that we are working well together and step improvements are being made. Wirral was in the bottom quartile for performance against the 4 hr standard during the first two quarters of the year. Quarter 3 has seen significant improvement, with Wirral in the top third.

1.5 Additional 68 escalation beds have been open over winter on both the Arrowe Park and Clatterbridge sites, to accommodate the demand over the winter period. 28 were planned with additional 40 due to urgent care demand at the expense of the elective programme, as advised by NHSE. 20 of these beds were de-escalated at the beginning

of February with plans in place for a further 20 to be closed by 11 March. Remaining 28 are due to de-escalate by end of March.

Additional 30 community beds have been in place, as part of the winter plan, between Dec and March.

- 1.5 NHSE confirmed £1.88m of additional winter funding to support Wirral. This was prioritised to support funding of additional winter capacity in the form of escalation beds on the acute site and additional community T2A beds. It is also funding transformational support for WUTH to implement recommendations from the work Ernst Young completed and additional 7 day community services such as Age UK transport and a dedicated acute visiting service. (see 3.4 and 3.5 below)

2. Summary of performance over the winter period:

- 2.1 Partnership working is paying off and a wider system approach is supporting better flow and sustainable out of hospital care. Integration of community health and adult social care has allowed for a more joined up approach to problem solving and rapid response to system pressures.

- 2.2 NHSE revised their position for systems over winter and requested delivery of 90% against the 4 hr standard for patients to be seen and admitted or discharged within 4 hrs of attendance at A&E. The original target was 95%. Whilst Wirral has not yet consistently achieved this, we are averaging 86.72% (as of 26th Feb). Walk in Centre performance has been consistently high (see appendix 1)

Current month Average to date:	86.52% Wirral wide position (up to & including 23rd Feb)
Previous months performance:	Jan 86.5%, Dec 80.4%, Nov 85.7%, Oct 87.8%, Sept 87.5%, Aug 79.2%, Jul 76.9%

- 2.3 NHSE requested systems postpone elective day cases, other than essential cancer in December and January, to support the demand in the system. The day case elective programme resumed from 4 February.

- 2.4 SAFER continues to be embedded within Acute Trust. Midday Discharges from Oct to date consistently sit between 16.9%-18.6%. However there is variation across the week that needs to be addressed.

- 2.5 Delayed transfers of care (DToC) has remained below 2% for the past 4 months. Wirral is 1 of only 3 systems in the region who have delivered and maintained under the required 3.5% performance requirement, as agreed with NHSE. 2.4.2 Domiciliary care has had a maximum of 12 patients waiting domiciliary care in acute setting at any given time, with numbers typically around 6.

- 2.6 Community T2A capacity has been maintained, with additional 30 community beds commissioned between December and March.

- 2.7 Mental Health, Wirral is a positive outlier with very low mental health breaches of 4 hour standard. NHSE winter monies have been invested in psychiatric liaison, to support admission avoidance and timely discharges.
- 2.8 The enhanced OPAT and Community Nursing Partnership is supporting up to 25 people per day to remain at home or be discharged earlier on IV antibiotic therapy.
- 2.9 Implementation of NHSI ambulance handover checklist to improve handover and turnaround times– work between WUTH, NWAS and WCT to ensure compliance.

3 Ongoing developments

- 3.1 The Whole System MADE event was viewed as a very successful approach and provided opportunities for further whole system work including reviews of stranded patients requiring intravenous antibiotics.
- 3.2 Streaming has been in place since September, 20-40 patients per day have been able to be streamed to a primary care GP. We are now implementing our preferred model (phase 2) which has expanded the hours available for streaming to a GP in the walk in centre on the Arrowe Park site, this will reduce overcrowding in ED and improve the patient experience.
- 3.3 Enhance primary care ensures GP appointments are available 7 days a week for both planned and same day appointments. Initial findings show positive take up. Further analysis and review will be concluded at the end of March.
- 3.4 Tele-triage roll-out is continuing across care homes, to support nursing staff with clinical assessment and reduce the need to attend ED or be admitted.
- 3.5 The introduction of the 'trusted assessor' role for care homes is starting to positively impact on the effectiveness and timelines of care home discharges
- 3.6 Acute Visiting Service (AVS) - NHSE winter funding has been used to supplement the existing AVS by providing a dedicated GP from 8am-midnight 7 days to support NWAS with advice within 15 minutes, visits to patients at home and GP appointments at Arrowe Park WIC. This aims to improve NWAS's non-conveyance rate, and reduce their on-scene time. Went live in on 2 January 2018. Impact of additional resource will be evaluated for end March.
- 3.7 Age UK Transport – Winter funding has been used to commission Age UK to transport patients home from hospital, support them with immediate errands and then link the patient into community and voluntary groups over the following weeks. This aims to

proactively prevent re-admission by ensuring elderly patients are supported at home. It will also improve flow by providing extra transport capacity. In implementation phase.

3.8 Commissioner working with providers to complete review of 'home first', rapid community response service and T2A. Evaluation due end March.

3.9 Review and redesign of the Single Point of access (SPA). This will maximise technology and ensure effective signposting and strong community offer to minimise demand on the acute site.

3.10 Review of 7 day services was completed and identified a number of gaps. Intention to action recommendations and feedback to March A&E Delivery Board.

3.11 Whole system approach to Business Intelligence, monitoring and evaluation, with clear trajectories to achieve Key performance indicators (KPI's), supported with an overarching dashboard with tight oversight & evaluation. (see appendix 2)

3.12 Whole system capacity and demand model to inform bed base and community capacity required going forward.

4. Next Steps:

4.1 Review of winter capacity and demand and learning across the system to be completed for March A&E delivery board.

4.2 Review findings to be shared with NHSE and regional winter learning workshop to be arranged in April.

4.3 18/19 winter plans to be submitted at the end of quarter 1 to NHSE.

4.4 capacity and demand modelling work to be completed by end April to inform future commissioning and transformational requirements.

4.5 Continue to progress system priorities plan and improve performance.

RECOMMENDATION/S

- Note the update and ongoing priorities overseen by A&E delivery board
- Recognise the interdependencies of all partners to the resilient delivery of the 4 hour standard
- Note the improving position

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

N/A

4.0 FINANCIAL IMPLICATIONS

N/A

5.0 LEGAL IMPLICATIONS

N/A

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

N/A

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APPENDICES

Appendix 1: 4 hr standard performance summary

Appendix 2: Unplanned care system dashboard

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	16.11.16
Health & Wellbeing Board	15.11.17