

<b>REPORT TITLE</b>	<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 has maintained a strong “System Focus” over the past 12 months, in order to improve and deliver resilient unplanned care services for Wirral residents.

Our position going into winter 17/18 was not strong, seeing us in the bottom quantile nationally for performance against the 4 hour standard.

During the past year, the system has moved forward with integration particularly between commissioning (CCG & WBC) and the embedding of the transfer of social care to Wirral Community Trust and impending transfer of social care specialist teams to CWPT. We have established an urgent care executive to improve governance and grip and utilised the work completed with Venn on whole system capacity and demand modelling.

As a result of the focus, Wirral saw a 5% improvement in system performance (4 hour standard) over the winter period, and has seen a 10% improvement since last summer. This has been achieved by a strong whole system transformation plan and improved system leadership and accountability. However, there is recognition that we need, and can do more, to improve system performance.

1.2 Wirral concluded a review of winter, to ensure learning has informed plans for 18/19 (see appendix 1 embedded in the system plan appendix 1 document).

1.2.1 What worked well last winter:

- 5% improvement in system performance (4 hour standard) over winter period.
- 5.51% increase in discharges during winter period. System maintained very healthy DToC rate throughout winter, between 2.8% and 1.4%. Well below mandated max of 3.5%. One of only three systems in North West to maintain over winter.
- Phased approach to commissioning additional block winter T2A community beds. % go-live 1st Dec and % go-live 2nd Jan. Supported maintenance of flow.
- Improved governance-exec oversight of dashboard and reporting as a system-RAG rated.

- Winter and BCF funded GP capacity to support clinical streaming at the front door and enhanced primary care availability/AVS, improved access to same day appointments and supported ED.
- Dom care prioritised for acute and community bed flow, small waiting list throughout winter.
- Developed with Venn and utilised capacity and demand model to inform commissioning plans

#### 1.2.2 Key Challenges:

##### **a) Admission avoidance**

Not delivered at the scale necessary. Focus was on discharge, and whilst BCF schemes delivered within their own parameters, this was insufficient as a whole system.

##### **b) Ambulance turnaround/handovers:**

We fell short in performance against ambulance turnaround / handovers.

##### **c) Year 1 of home first:**

Insufficient scale to really make a difference, with T2A beds and Re-Ablement / Dom care being the community deliverables.

##### **d) Out breaks of Flu and D and V:**

Wirral experienced Infection Control issues, both within the acute and community bed based settings. Disproportionate risk management plans, advised by Infection Control, negatively impacted on flow through to community.

##### **e) Workforce challenges:**

Workforce capacity challenging to scale up during winter. Independent Sector market also stretched to capacity.

##### **f) 7 day services:**

Lower numbers of discharges, creating challenges into Monday/Tuesday pattern.

##### **g) SAFER and ED /assessment flow:**

Full safer bundle requires implementation across all medical wards. Recognised that ED & assessment areas require redesign of pathways and use.

##### **h) Streaming:**

Variation in approach and numbers due to changes in model and recruitment delays.

## **2. Wirral's approach for 18/19:**

2.1 Our single system plan incorporating winter capacity plans and the Better Care Fund (BCF) was required to be submitted to NHSE on 29<sup>th</sup> June 2018.

Please see attached appendix 1 with supporting appendices embedded.

2.2 Whilst we are awaiting final guidance/requirements from NHSE and the national BCF team, we are expecting to see a strong focus on the following areas to improve patient outcomes and ensure services are effectively managing and delivering, to ensure flow and quantity.

2.2.1 Achievement of the 4 hour standard Please note NHSI/E have requested systems to ensure 90% compliance in 18/19, with achievement and maintenance of 95% by April 2019.  
(please see targeting agreed with NHSI at the end of appendix 4, embedded in the system plan appendix 1 document).

2.2.2 Reduced length of stay (LOS) and reduction in stranded and super stranded patients. (Those people with a greater than 7 and 21 day stay). Whilst this will be a focus in acute settings, this also applies to community settings, such as transfer to assess beds.

2.2.3 Timely ambulance handovers  
Ensure ambulance handovers are completed in 15 minutes and turnaround in 30 minutes.

2.2.4 Ensure streaming to primary care is embedded and zero tolerance of minor breaches.

2.2.5 Realistic capacity modelling- NHSE are requesting systems take on the approach initiated in Wirral, working with Venn to have an evidence based whole system approach to capacity and demand modelling, especially to inform winter planning.

Wirral has a high degree of confidence in the modelling completed with Venn for the system. (See appendix 2 embedded in the system plan appendix 1 document).

2.2.6 Delayed Transfers of Care (DTOC)

Whilst awaiting guidance, we are expecting a 2.6.7% max DTOC target for Wirral in 18/19.

2.2.7 Continued focus on unplanned care transformation including Urgent Treatment Centre (UTC) development, primary care and the Integrated Urgent Clinical Assessment Services (IUCAS). For Wirral this has increased access to same day GP appointments. Rolling out the new model for 111 including ability to directly book appointments for patients from 111.

The Urgent Treatment Centre (UTC) constitution is scheduled to commence 17<sup>th</sup> July. Commissioners will be meeting with Providers, including clinicians to develop the clinical model for the UTC.

2.3 NHSE have requested visits to systems to review Winter plan and discuss assumptions and responses.

We anticipate the full day visit to Wirral will be Monday 6<sup>th</sup> August. This will be a review with the whole system.

### 3 Summary of Performance

3.1 Wirral sees an improving position with regard to the 4 hour standard. Noting the revised NHSE/I position for A&E performance to 90% and 95% by end March 2018.

Current month performance (June):	89.86%
Total Q1 Performance	89.2%
Previous months performance:	
May	89.86
April	87.74
Q4 17/18	85.86
17/18 cumulative	86.47

See appendix 2 for current 4 hour performance daily summary

3.2 Current system performance is embedded as appendix 9 in the system plan appendix 1 document).

3.3 Significant work has been undertaken to review governance, Terms of Reference for A&E delivery board, Exec and operational groups (see appendix 6/7/8 embedded in the system plan appendix 1 document).

3.4 Additional project management support has been agreed to ensure delivery across the system plan which has significant transformational change priorities to delivery ahead of winter. (for full plan, please see appendix 12, embedded in the system plan appendix 1 document).

#### 4. Governance approach and management of risk:

4.1 As indicated in 3.3 and 3.4, we have revised our approach to Governance. The intention is to improve system grip and accountability.

4.2 We will be investing time with the leadership centre to further develop our system culture and behaviours.

4.3 Commissioners have agreed Service Development Improvement Plans (SDIPs) with providers to ensure read across with unplanned system priorities.  
(see embedded appendices 4 and 5 embedded in the system plan appendix 1 document).

4.4 We have agreed a joint approach to escalation of risks by way of an early warning system, with agreed triggers.

This approach supports the national OPEL arrangements and is intended to provide early warning of potential pressure in order to facilitate an agreed response. We continue to refine our approach and agree robust responses during Q2.

## 5. Key Risks

We have identified a number of key risks to the system, with mitigations below:

Risk	Mitigations
<ul style="list-style-type: none"> <li>Workforce Capacity</li> </ul>	<ul style="list-style-type: none"> <li>7 day review completed (see appendix 10)</li> <li>Implementation recommendations</li> <li>Workforce strategy plans underway</li> <li>Discussions underway between acute and primary care to explore support into ACU at times of pressure.</li> </ul>
<ul style="list-style-type: none"> <li>Culture and Behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Investment with leadership centre developing system approach.</li> <li>Revised governance and agreed principals.</li> <li>Fortnightly urgent care executive group meetings</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient Clinical implementation capacity and therefore delays in implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Robust oversight of plans</li> <li>Read across with SDIP's, contractual oversight</li> <li>Additional Transformation capacity funded through BCF</li> <li>Revised governance and escalation of risks/delays to Exec and A&amp;E Delivery Board</li> </ul>
<ul style="list-style-type: none"> <li>Gaps in data sets across the system</li> </ul>	<ul style="list-style-type: none"> <li>Additional BI support agreed. Priority to review data sets.</li> <li>System BI support and reporting</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient project management support</li> </ul>	<ul style="list-style-type: none"> <li>PM agreed shared across system.</li> <li>Commissioners providing overarching PM of whole programme.</li> </ul>
<ul style="list-style-type: none"> <li>Financial deficit and ability to meet cost of demand</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Wirral Exec to oversee performance and financial shortfalls</li> <li>Healthy Wirral Exec exploring opportunity for collaboration and financial sustainability</li> </ul>

### Next Steps

- Conclude Winter Review with NHSE on 6th August
- Refine plans following final guidance awaited from NHSE / National BCF Team.
- Submit performance reports from Q1 to NHSE by 20<sup>th</sup> July 2018.
- Complete tolerances and triggers and system responses in line with capacity and demand model and proactive approach to manage escalation. Review operational management arrangements accordingly.
- Progress actions in work plan and improve performance.
- Finalise project management arrangements.

### 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: Winter submission



Wirral Winter Plan  
FINAL 280618.docx

Appendix 2: 4 hr standard performance  
summary



AE WIC Daily  
Performance Report

## REFERENCE MATERIAL

### SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
<b>Health and Wellbeing Board</b>	<b>14.03.18</b>