WIRRAL

WIRRAL PLACE BASED PARTNERSHIP BOARD

22nd June 2023

REPORT TITLE:	UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE
REPORT OF:	JANELLE HOLMES, CEO WIRRAL UNIVERSITY TEACHING HOSPITAL

REPORT SUMMARY

Since meeting in March, Wirral has reviewed and refreshed the unscheduled care improvement programme. The programme has been organised into five supporting projects, each with senior responsible owners. The programme is being led by the Chief Executive Officer or Wirral University Teaching Hospital.

The overall objective of the programme is to reduce the number of hospital inpatients with no criteria to reside (NCTR). The NCTR number did show an improvement from April to May but has since started to deteriorate again.

The five supporting projects are now established and have agreed supporting metrics, which measure their contribution to the reduction in the overall NCTR numbers. The Care Market Sufficiency and Home First projects are on track against their first month target. The target for increasing throughput in virtual wards is not on track against the first month target.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board:

1. Notes the update
2. Endorses the programme approach

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 9th March 2023, Wirral partners have reviewed and refreshed their Unscheduled Care Improvement Programme. The primary drivers for change that the programme is seeking to address include:

1.1.1 Quality and Safety: there are a high number of Wirral patients who are being treated in the wrong place due to insufficient responsiveness and capacity in alternative services. This is most notable in the Acute Hospital, Wirral University Teaching Hospital, where approximately one third of all available beds are occupied by people with no medical need to be in an acute hospital bed. The metric used to measure this is the no criteria to reside (NCTR) metric. People who stay in a hospital bed for longer than needed are known to suffer deconditioning and harm and are more likely to be the subject of serious incidents. In addition, high levels of occupancy in an acute hospital are linked to compromises in patient experience, increases in complaints, compromises in community safety (e.g. ambulance delays) and compromises in the elective recovery programme.

1.1.2 National Scrutiny: Wirral is a national outlier for NCTR numbers, as well as other associated metrics including high occupancy.

1.2 The Chief Executive Officer of Wirral University Teaching Hospital was elected the programme senior responsible officer (SRO). The Programme SRO agreed five priority projects to support the decompression of the issues described in 1.1.1 and 1.1.2. The projects have all now been initiated and have been allocated a project senior responsible owner (SRO) who will report progress directly to the programme SRO.

1.4 The Programme is taking a 'measurement for improvement' approach. As such, future reports into WPBPB, will report on the extent to which each of the supporting projects are progressing against the programme and project level metrics.

1.5 Progress against the programme and project metrics for the month of April:

1.5.1 Programme Headline Metric: No Criteria to Reside (NCTR). This metric is captured as a snapshot on the first of every month. May's data shows an improvement from April (179 NCTR patients on 1st May compared to 200 NCTR patients on 1st April). However, the target of 167 was not achieved and interim data at the time of writing (17th May) suggests that the number of NCTR patients is gradually increasing back to levels seen in April.

1.5.2 Supporting Metrics. Supporting metrics are managed at a project level. Each of the five supporting projects must be able to measure progress against one or more metrics which, if achieved, will result in an improvement to the headline metric.

1.5.2.1 Care Market Sufficiency. The care market sufficiency project aims to increase the capacity in the domiciliary care market and therefore reduce the number of people with NCTR in hospital, who are waiting to be discharged with a

package of care. The aim by the end of the project is to increase the overall number of hours provided by domiciliary increased by 14%. This will mean an increase from 2,822 hrs per month in April 2023 to 3,212 hrs per month in September 2023. Additionally, the project aims to increase the number of people accepted into domiciliary care by 10% from 263 packages accepted per month in April 2023 to 288 packages accepted per month in September 2023. Performance data for April 2023 shows that performance is exceeding targets.

1.5.2.2   Virtual Wards. The Virtual Ward project aims to double throughput on its virtual frailty ward from 40 patients per month in November 22 to 80 patients per month in September 2023 and to increase throughput on the respiratory virtual ward by 202% from 58 patients per month in November 22 to 175 patients per month by September 2023. Data for April shows that both of these target trajectories are not being achieved. The project plans and risk logs cite issues with recruitment and retention as the cause.

1.5.2.3   HomeFirst. The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patient referrals accepted by the service by 215% from 54 patients per month in April 23 to 170 patients per month in December 23. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. Performance for April shows that, overall, the service is on track with the increase in referrals accepted. April data shows that referrals accepted from hospital are slightly below target (41 against a target of 44). However, interim data for May shows a significant improvement on this metric to date (17th May).

1.5.2.4   Wirral discharge hub and Wirral Reablement service are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SROs.

2.0   OTHER OPTIONS CONSIDERED

2.1   Other options for project and programme governance have been considered and disregarded.

3.0   BACKGROUND INFORMATION

3.1   Wirral place's unscheduled care improvement programme was first established in 2020.

3.2   Initial scope of the programme was to take a "three pillar" approach, developing improvement projects for pre-hospital urgent care, in-hospital urgent care and post-hospital urgent care.

3.3   The three-pillar programme was stood down in April 2023 in response to the growing concerns described in section 1.1.2 and 1.1.3. It has been replaced by the programme of work described in section one.

4.0 FINANCIAL IMPLICATIONS

4.1 Patients who remain in hospital with NCTR are a significant financial impact on the Wirral system. Having a programme that is focussed on moving people into services that provide the right type of care will bring about non-cashable efficiencies, and improve quality and safety.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Project and Programme Management resources are being provided from within existing budgets.

7.0 RELEVANT RISKS

7.1 There is a risk that the projects will not be delivered in time due to availability of health and care staff, which will need to be recruited to support increased activity levels. This risk is being managed by the workforce leads across Wirral, who are actively monitoring recruitment levels against the trajectory and are actively seeking out innovative recruitment practices to help attract more people into the professions.

8.0 ENGAGEMENT/CONSULTATION

8.1 Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.

8.2 A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.

8.4 a monthly programme board is in place to provide a point of escalation from the projects and to unblock issues.

9.0 EQUALITY IMPLICATIONS

9.1 All projects will give due regard to equality implications and will complete an equality impact assessment where needed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

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APPENDICES

Appendix 1 – Unscheduled Care programme report 17.05.23
Appendix 2 – Unscheduled care programme initiation report

BACKGROUND PAPERS
N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date