WIRRAL PLACE BASED PARTNERSHIP BOARD

28 SEPTEMBER 2023

REPORT TITLE:	**UPDATE ON THE TRANSFER OF CARE HUB WORKSTREAM, UNSCHEDULED CARE IMPROVEMENT PROGRAMME**
REPORT OF:	**CHIEF OPERATING OFFICER WIRRAL UNIVERSITY TEACHING HOSPITAL**

REPORT SUMMARY

The report provides an update on the Unscheduled Care Improvement Programme work stream for the Transfer of Care Hub. The purpose of the workstream is to ensure a clear and robust process is in place to transfer patients to the most appropriate care setting once they no longer require acute care within an acute hospital setting, within the most effective time period. The workstream directly supports the community care market, care homes and domiciliary care, to increase capacity and to improve safe flow to services to meet demand from both a community and hospital setting.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

(1) Note the improvements to the statistically significant reduction in the number of patients with no Criteria to reside (NCTR) since the start of the transition into the Transfer of Care Hub from April 2023.
(2) Endorse the future work of the Hub to embed new ways of working to improve the timeliness of discharge for patients needing support out of hospital on pathways 1-3.
(3) Note the interface working between the Hub and the other Unscheduled Care Improvement Programme workstreams and the requirement to streamline services.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 It is recorded that from July 2022 (and earlier) until mid-April 2023 there were consistently 200 plus patients, up to a maximum of 255, at any one time with NCTR in Wirral University Teaching Hospital (WUTH). The introduction of the Transfer of Care Hub based at WUTH has made a significant reduction in these numbers and continues in a downward trend.

1.2 For the first time in a long period the Wirral has moved off the bottom of the regional league table for NCTR patients and at the time of reporting is in second position for its positive performance. In addition, NHSE scrutiny has shifted from the poor position to a curiosity to understand what has changed to enable the four-month downward trend with a planned visit from the Head of Urgent Care, in September 2023.

1.3 The partnership between Wirral Borough Council and WUTH in leading the Hub is working well and service leads are embracing a focus on avoidable waits in hospital and timely discharge through improved referral documentation, same day allocation and daily progress monitoring and effective escalation.

1.4 The Hub leadership team are proactively engaged with the wider programme workstreams recognising the interdependencies to make the overall timely discharge from hospital a reality for Wirral residents and work to date with system leaders has proved to be very beneficial.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options were considered as improvement was both a local system and national priority. WUTH owning responsibility for the discharge experience of its patients was deemed to be the right option supported by the ICB.

3.0 BACKGROUND INFORMATION

3.1 The workstream was established in April 2023 following a refresh of the Unscheduled Care Improvement Programme and the priorities of the workstream were agreed as:

- Reducing bed occupancy to a minimum 92% and the number of patients recorded with NCTR to be no more than 10% of the bed base progressing to no more than 5% in the next financial year.
- Minimise the need for escalation areas to be open, improving patient safety and experience.
- Prevent deconditioning and exposure to harm of patients delayed in discharge from hospital.
- Improve patient and carer/family experience of hospital discharge.

3.2 From 1st July 2023 Adult Social Care teams returned to the WBC.

3.3 From 1st April 2023 the Transfer of Care Hub workforce united under a single leadership and management structure, shadow form led by WUTH until it's formal development from the 1st July 2023. This was recognised as phase one of the development of a Wirral Transfer of Care Hub and the benefits are evidenced through the performance covered under item 3.9.

3.4 From 4th September 2023 there will be one daily patient discharge tracking list pulled from Cerner and validation of patients NCTR status will be undertaken each afternoon, post board rounds by the Hub workflow admin and nurse/ professional leads.

3.5 A simplified safe transfer of care referral process built in Cerner will replace notifications to assess and discharge. Only referrals that require a Local Authority commissioned service will be logged onto Liquid Logic by the Hub workflow admin, thus reducing significant duplication, and ensuring one version of the position is shared across the system, improving efficiency.

3.6 Cerner will be adapted to track the stages of the complex discharge pathway and the time patients spend in each stage, enabling daily progress reporting in the Hub and weekly at the Executive Discharge Cell. This will form a significant part of ensuring patients continue to progress through the complex discharge process safely and efficiently.

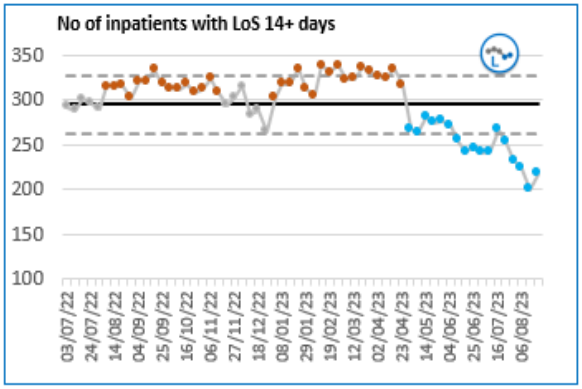
3.7 A Standard Operating Procedure (SOP) for the Transfer of Care Hub is in development that will include the Hub daily workflow framework; Wirral discharge pathway 1-3 processes and out of area processes for West; Mid and East Cheshire.

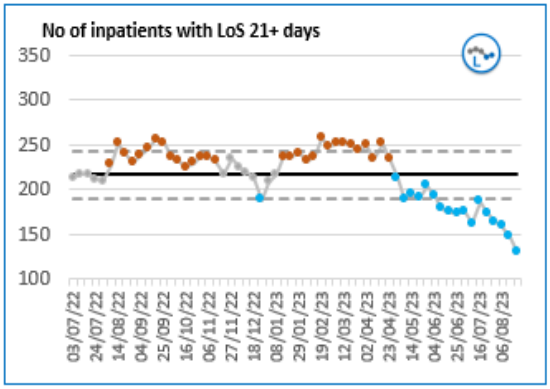
3.8 Daily Percentage of all beds occupied by NCTR - compared with other C&M Places, this is in comparison to Wirral being in last place prior to April 2023:

Latest Date: 20 August 2023

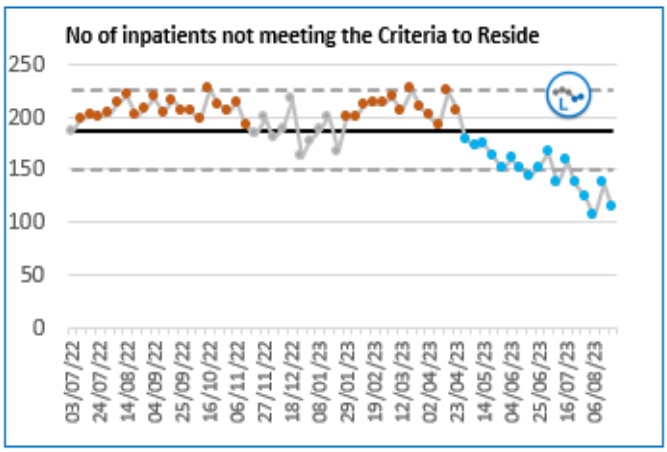
	Trust	Target	Current	PP Var
1	East Cheshire	10.0%	10.0%	0.0%
2	Countess	10.0%	14.8%	4.8%
3	Wirral	10.0%	15.7%	5.7%
4	MAWL	10.0%	16.3%	6.3%
5	Mid Cheshire	10.0%	17.6%	7.6%
6	LUHFT	10.0%	19.1%	9.1%
7	W&H	10.0%	24.0%	14.0%
	Total	10.0%	17.5%	7.5%

3.9 Long Length of Stay (14+ and 21+ Days) – significant reduction trend since May 2023:





3.10 Number of in patients with NCTR:



3.11 As phase one is complete and embedded into practice the focus now needs to move to implementing phase two which was agreed as a year two priority by the Wirral CEO's and Place Director earlier in the year as part of the Unscheduled Care work programme. The phase two development would see all services combined into the one Wirral Transfer of Care Hub including admission avoidance and all other elements of wrap around healthcare supporting the end-to-end urgent care pathway for Wirral.

3.12 The above graphs demonstrate the statistical and significant improvement that has been achieved through the newly formed Hub.

4.0 FINANCIAL IMPLICATIONS

4.1 The main financial benefits of reducing the number of patients with NCTR and a reduction in bed days will be a lowered cost of the whole episode of care, especially the portion when patients are medically optimised and do not require acute clinical intervention. The risk of patient deconditioning is much improved with a lower length of stay (LOS) once medically optimised.

4.2 The hub currently has a funding gap for 1.0 WTE band 3 workflow admin top scale costs £23,336. This post remains unfilled.

5.0 LEGAL IMPLICATIONS

5.1 The Transfer of Care Hub follows the *Hospital Discharge and Community Support Guidance.* From July 2022 section 91 of the Care Act 2014 came into force relating to the discharge of adult hospital patients considered to require care and support following discharge from hospital. The Hub must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve (a)the patient, and (b)any carer of the patient. Ward Board Rounds and early conversations (Social Care 3 conversations model) on admission are pivotal in this involvement and have been fully implemented across all medical wards at WUTH.

5.2 The Care Act 2014 sets out local authorities' duties when assessing people's care and support needs. This resource, updated December 2022, supports care practitioners and answers their questions about assessment and determination of eligibility under the Care Act 2014. It also provides practical guidance over what they should do when applying the letter and spirit of this law.

5.3 For patients requiring discharge via All Age CHC funded care, the Hub team enact the National Framework for NHS Continuing Healthcare and Funded Nursing Care revised May 2023.

5.4 Section 82 of the National Health Service Act 2006 requires NHS bodies and local authorities to co-operate with one another to secure and advance the health and welfare of their local population. NHS bodies and local authorities must also comply with duties in the Care Act 2014, which requires them to co-operate with each other in the exercise of their respective care and support functions.

5.5 Funding to support discharge can be pooled across health and social care via an agreement under section 75 of the National Health Service Act 2006 to minimise delays, ensure effective use of available resources and ensure the decisions about an individual's care needs are made in their own environment. The vehicle to fund roles across the system to support timely discharge is the Better Care Fund (BCF)

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Transfer of Care Hub has an overarching Director, funded and employed by WUTH, responsible for the daily workflow operations and escalation where there is delay, to enable timely transfer of patients out of hospital. The discharge nurses have professional leadership through the Matron for Patient Flow and the Divisional Director of Nursing, Division of Diagnostics and Clinical Support. The Social Care WBC team likewise have a professional line of accountability through the service manager. A triumvirate model will ensure that discharge decisions follow the care act where required and are clinically safe.

6.2 1.0 WTE Trusted Assessor transferred to WUTH from WCHC 1st July. This post is funded through the BCF for two further years 2023 -2025 (already funded 2017 – date). Funding is secured for a further 1.0 WTE post that is currently going through the recruitment process.

6.3 3.0 WTE Care Navigator posts have been funded through the BCF and post holders commenced in July 2023.

6.4 WUTH have funded a Business Support Manager post to lead the daily workflow admin processes. Post holder commenced end July 2023.

6.5 There remains an unfunded 1.0 workflow admin post that is required to enable a fully 7 day functioning workflow admin function.

7.0 RELEVANT RISKS

7.1 A risk log is in place for the project and mitigations are in place to minimise risks, these are shared in a weekly highlight report to system leaders.

7.2 The next phase of work, as agreed by Wirral Place Unscheduled Care Programme, is to align services from across Wirral into one Transfer of Care Hub. This work will be across multiple organisations and will be a complex piece of work with any potential risks being mitigated between providers.

8.0 ENGAGEMENT/CONSULTATION

8.1 The Transfer of Care Hub is actively involved in wider workstream meetings including the Care Market Sufficiency Group; Home First PDSA meetings; Virtual Ward and Workforce Enabling Group to ensure connectivity of benefits.

8.2 Hub attendance at two workshops held by the WBC contracts team with a further workshop planned for September 2023 for the domiciliary care market. These have proved very successful in encouraging improvements across the pathways from WUTH to out of hospital providers. These have been attended by director level personnel from WUTH along with Local Authority senior leaders.

8.3 The Hub Team welcomes the addition of the Care Home Placement Officer to support high quality care home placements and use of the brokerage system.

8.4 WBC Technology Enabled Care (TEC) team working with the Transfer of Care Hub to increase understanding of the role technology can play in helping people return home and enhance domiciliary care support. Workshop for front line teams across Wirral Place planned 21st September 2023.

8.5 WUTH service improvement lead has codesigned new safe transfer checklist for care homes with care homes and this is being implemented with wards and the Discharge Hospitality Centre at WUTH.

8.6 St Johns Hospice has offered free Dementia friendly training places for the Transfer of Care Hub team which has been very beneficial for staff.

8.7 St John’s Hospice has offered a free supply of continence products to support care home transfer.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. As a key Hub partner, the Hub will ensure adoption of a non-discriminatory approach. An Equality Impact Assessment is a tool to help the Hub identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications from the report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

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APPENDICES

N/A

BACKGROUND PAPERS

Cheshire and Merseyside long length of stay report
Hospital discharge and community support guidance
Hospital discharge and community support guidance - GOV.UK (www.gov.uk)