

Title	Unscheduled Care Improvement Programme Update
Authors	Janelle Holmes, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 th January 2024

Report Purpose and Recommendations

The purpose of this report is to provide the Board with information and assurance on the work of the Unscheduled Care Improvement Programme for Wirral.

It is recommended that the Board notes this update.

Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19th October 2023:

- *PDAF 1 Service Delivery*: Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF 3 Collaboration*: Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are also associated operational risks for the system when acute hospital beds are not available for people who meet the criteria to reside in hospital. This may result in the further risks of:

- Potential harm brought about by ambulance handover delays and corridor care
- Patient deconditioning and potential harm associated with long lengths of stay.
- The inability to work through the elective recovery backlog.
- Shared resources are not used in the most efficient and effective way possible, therefore not aiding financial recovery and sustainability.

The main driver for the Unscheduled Care Improvement Programme is to mitigate the above risks.

Governance journey

Date	Forum	Report Title	Purpose/Decision
22 nd June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 th July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved – That the update be noted.
28 th September 2023	Wirral Place Based Partnership Board	Update on the Transfer of Care Hub Workstream,	Resolved – That the update be noted.

19 th October 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
23 rd November 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 st December 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.

1 Narrative	
1.1	Overview
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 21 st December 2023, it was reported that the Unscheduled Care Improvement Programme continues to make progress in the delivery of the key programme milestones. This progress has again continued across its 5 workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme's success is a sustained reduction in the No Criteria to Reside (NCTR) numbers, where the Wirral system has been a national and regional outlier for a significant period. This has brought with it national NHS and Local Authority leadership scrutiny and an expectation for improvement, which we are now continuing to see. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at December's meeting.
1.1.2	Analysis of data since the previous report, shows a 'statistically significant' reduction in the number of hospital inpatients with NCTR (sentinel measure). In direct correlation with the improvement of the NCTR position, statistically significant improvement is also being seen in the Length of Stay (LOS) of both 14 and 21 days. The NCTR number has reduced from 108 in November 2023 to 98 on the 1 st December 2023. The NCTR number has been maintained under the 100 level for several consecutive days in December. The progress made is reflected in Wirral's improved position in the Cheshire and Merseyside Integrated Care System (ICS), with Wirral reaching 1st position out of 7 areas, where Wirral consistently was in bottom position at the start of the programme.
1.1.3	It continues to be the case that the improvement is directly related to the newly formed hospital based Wirral Transfer of Care Hub (previously discharge hub). The improved position has enabled the Transfer of Care hub and wider system to focus on the development of additional new pathways of care to further improve non elective flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patient pathways, which continue to be progressed.

1.1.4	In December 2023, Home First discharges totalled 131 therapy + care against a target of 150. The Home First therapists also supported 86 therapy-only discharges. The triage, decision-making and coordination process has now been revised to involve the Care Arranging Team at an earlier daily. This enables those people who will benefit from earlier domiciliary care involvement to support continuity of care after Home First to receive it sooner and make best use of collective care market and Home First service capacity.																																																																												
1.1.5	The development of the medium-term system demand and capacity plan is continuing, which is being overseen by Sir John Bolton OBE. This piece of work is being led by the LA in partnership with the NHS and is expected to be presented to Wirral Partners at a future meeting yet to be agreed. To support this piece the unscheduled care program is undertaking a review of each of its workstream to both understand and quantify the individual impact on the NCTR sentinel measure.																																																																												
1.1.6	The Winter Plan was taken to Unscheduled Care Programme Board on 31 st October 2023 and was well received. The Board set out actions to undertake further due diligence before the report is finalised, which were to be overseen by the Wirral Chief Officers Operational Management Group. These actions have now been completed and the plan has been agreed by Wirral Partners.																																																																												
1.1.7	The Board is asked to note the update.																																																																												
1.2	Programme Delivery Detail																																																																												
1.2.1	<i>Transfer of Care Hub</i>																																																																												
	<p>Following the go-live of the new Transfer of Care Hub on 1st July 2023, which coincided with Adult Social Care staff transferring back to Wirral Council, there has been a significant amount of work undertaken. The focus continues to be on the delivery of the medium-term objectives, which include developing detailed SOPs for all processes, making changes to the Cerner system, with some now complete, to enable the improved management of the patient discharge pathway, improved reporting and establishing an electronic transfer of care form to improve the assessment of patients and improving the time between the patient having no criteria to reside and discharge from hospital. Transfer of Care Hub Teams are now co-located as teams from 13th November, in line with the establishment of the control centre and work continues with the Estates team to improve the workplace and Hub environment, developing the “control room” approach to the transfer of care. This activity will continue to contribute to a more effective way of working, improved performance and improved patient experience and outcomes along with improving Wirral’s performance against the NCTR metrics, given pre-April 2023 Wirral was a regional and national outlier in this area. The improved position has also enabled the Transfer of Care hub and wider system focus on the development of new pathways to further improve flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patients, where development is continuing to make good progress. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="285 1724 810 2056"> <p>No of inpatients not meeting the Criteria to Reside</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>04/12/22</td><td>180</td></tr> <tr><td>25/12/22</td><td>210</td></tr> <tr><td>15/01/23</td><td>170</td></tr> <tr><td>05/02/23</td><td>200</td></tr> <tr><td>26/02/23</td><td>210</td></tr> <tr><td>19/03/23</td><td>220</td></tr> <tr><td>09/04/23</td><td>200</td></tr> <tr><td>30/04/23</td><td>180</td></tr> <tr><td>21/05/23</td><td>160</td></tr> <tr><td>11/06/23</td><td>150</td></tr> <tr><td>02/07/23</td><td>140</td></tr> <tr><td>23/07/23</td><td>130</td></tr> <tr><td>13/08/23</td><td>120</td></tr> <tr><td>03/09/23</td><td>110</td></tr> <tr><td>24/09/23</td><td>100</td></tr> <tr><td>15/10/23</td><td>110</td></tr> <tr><td>05/11/23</td><td>100</td></tr> <tr><td>26/11/23</td><td>100</td></tr> </tbody> </table> </div> <div data-bbox="847 1724 1385 2056"> <p>No of inpatients with LoS 21+ days</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>04/12/22</td><td>220</td></tr> <tr><td>25/12/22</td><td>200</td></tr> <tr><td>15/01/23</td><td>230</td></tr> <tr><td>05/02/23</td><td>240</td></tr> <tr><td>26/02/23</td><td>250</td></tr> <tr><td>19/03/23</td><td>240</td></tr> <tr><td>09/04/23</td><td>230</td></tr> <tr><td>30/04/23</td><td>200</td></tr> <tr><td>21/05/23</td><td>180</td></tr> <tr><td>11/06/23</td><td>170</td></tr> <tr><td>02/07/23</td><td>160</td></tr> <tr><td>23/07/23</td><td>150</td></tr> <tr><td>13/08/23</td><td>160</td></tr> <tr><td>03/09/23</td><td>150</td></tr> <tr><td>24/09/23</td><td>150</td></tr> <tr><td>15/10/23</td><td>150</td></tr> <tr><td>05/11/23</td><td>140</td></tr> <tr><td>26/11/23</td><td>150</td></tr> </tbody> </table> </div> </div>	Date	Value	04/12/22	180	25/12/22	210	15/01/23	170	05/02/23	200	26/02/23	210	19/03/23	220	09/04/23	200	30/04/23	180	21/05/23	160	11/06/23	150	02/07/23	140	23/07/23	130	13/08/23	120	03/09/23	110	24/09/23	100	15/10/23	110	05/11/23	100	26/11/23	100	Date	Value	04/12/22	220	25/12/22	200	15/01/23	230	05/02/23	240	26/02/23	250	19/03/23	240	09/04/23	230	30/04/23	200	21/05/23	180	11/06/23	170	02/07/23	160	23/07/23	150	13/08/23	160	03/09/23	150	24/09/23	150	15/10/23	150	05/11/23	140	26/11/23	150
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	<p>Transfer of Care Hub shared governance arrangements, between Wirral Borough Council and WUTH have commenced, with the Transfer of Care Hub Quality Board meeting for the fourth time in December. The Board will continue to meet monthly. The next phase of improvement work to further augment the hub development is to include Wirral 'admission avoidance' workstreams in line with the agreed Phase 2 work plan for 24/25</p>
1.2.2	<i>Enabling Workstreams</i>
	<p>The Workforce Enabling Programme Group remains well established and continues to deliver its objectives. The objective of this group is to develop a joined-up and sustainable workforce plan because many of the delivery projects include a strong reliance of having a robust and sustainable workforce. The group was established following the recognition that there is a potential for Wirral partners to work together smarter when planning and designing our unscheduled care workforce, especially during times of scaling up teams. The group is being led by one of the partner Directors of Human Resources and has input from all partner organisations. The group has met three times and provided ongoing opportunities to raise any workforce related issues. The group is scheduled to meet again in January 2024.</p>
1.2.3	<i>Headline Metrics</i>
	<p>Progress against the programme and project metrics set out in Appendix 1. The NCTR metric is captured as a snapshot on the first of every month. December's data shows continued good progress with a reduction from the previous month, from 108 on the 1st November to 98 on the 1st December, exceeding the target of 100.</p>
	<p>The 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.</p>
1.2.4	<i>Supporting Projects</i>
	<p>Care Market Sufficiency - the care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). November's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3154 against a target of 3120 and the number of new packages accepted is 299 against a target of 293.</p>
	<p>Virtual Wards – In November the frailty virtual ward had a plan of achieving throughput of 120 patients but due to medical staffing constraints this was reduced to 40 patients, to ensure a safe 24/7 service was provided. The service will be back up to full capacity by the end of January as the medical staffing arrangements are strengthened. There is a waiting list of patients ready for referral into the service. The respiratory virtual ward is well established and saw 85 patients through the service in November, slightly behind the full capacity of 120. The respiratory virtual ward has expanded the conditions accepted and there is still capacity available each month. A review of the capacity and resource will be undertaken to understand if there are any further conditions to be added to increase throughput or review capacity.</p>
	<p>In December 2023, Home First discharges totalled 131 therapy + care discharges, with 125 from WUTH and 6 from CICC or admission avoidance services. The Home First therapists also supported 86 therapy-only discharges. These discharges ensure therapy needs are met at home to facilitate discharges when support with personal care is not required. The focus of the hospital and community teams has been ensuring effective decision-making ahead of discharge slot confirmation, and ensuring available slots are filled and reduce the number of planned discharge slots that are not used due to delays or patients being withdrawn. A series of weekly</p>

	Quality Improvement meetings is in place to support this work. The triage, decision-making and coordination process has now been revised to involve Care Arranging Team at an early stage and via daily contact. This enables people who will benefit from earlier domiciliary care involvement, e.g. as having previous care needs, or being almost certain to need long term care, to have this put in place, making use of domiciliary care capacity and freeing Home First HCA capacity.
	The AbleMe project board has met three times now and has made significant progress across all workstream, meeting a number of key milestones this month. The AbleMe Registered Manager is now in post and other recruitment activity is progressing well, with the Data Analyst interviews taken place this month. There is significant key activity planned to take place in January. The project remains on track to agree the project level metrics.

2 Implications	
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>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.</p> <p>All project risks are captured and monitored in a programme risk register within a single electronic programme management system. Risks are managed in line with the framework set out in the Wirral Place monitoring and control strategy. Risks are reviewed and updated on a weekly basis and where a risk is not able to be resolved within the project it will be escalated to the Unscheduled Care Programme Board.</p>
2.2	<p><i>Financial</i></p> <p>Patients who remain in hospital with NCTR have 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, at the right time, will bring about non-cashable efficiencies and improve quality and safety.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no legal implications directly arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>There are no additional resource implications arising from this report.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.</p> <p>A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.</p> <p>A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues.</p>

	A fortnightly SRO meeting is in place with the senior leads from each workstream.
2.6	<i>Equality</i> All projects will give due regard to equality implications and will complete an equality impact assessment where needed.
2.7	<i>Environment and Climate</i> There are no environment and climate implications from the report.
2.8	<i>Community Wealth Building</i> Recruitment programmes are actively seeking to recruit Wirral residents.

3	Conclusion
3.1	This report provides the Board with evidence and assurance that the Unscheduled Care Improvement Programme continues to make significant progress in delivery, improving patient experience for Wirral residents. This is clearly evidenced with the sentinel measure of the programme success, the sustained reduction in NCTR numbers where the Wirral system has been a national and regional outlier for a significant period.

4	Appendices
	Appendix 1 – Unscheduled Care Programme highlight report 19.12.23. Appendix 2 – Discharge Dashboard 13.12.23

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