

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	7 th May 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

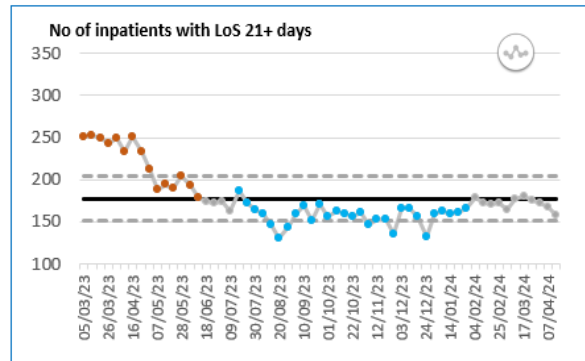
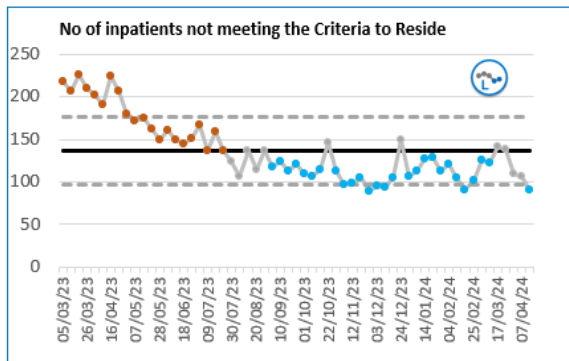
Date	Forum	Report Title	Purpose/Decision
22 nd June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 th July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved – 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 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.
25 th January 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
22 nd February 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 st March 2024	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 March 2024, 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 March's meeting.
1.1.2	Analysis of data since the previous report, shows a decrease in the number of hospital inpatients with NCTR (sentinel measure). The NCTR number has decreased from 135 in February 2024 to 132 on the 1 st March 2024. Following the national picture of increased winter pressures a recovery plan has been in place with the aim

	<p>of returning the NCTR number to pre-Christmas levels of 100. Interim data shows this has been consistently achieved, with the NCTR number reaching 98 in February and 97 in April 2024. Wirral has continued to perform strongly compared to other Places within Cheshire and Merseyside Integrated Care System (ICS). Wirral has consistently been in 1st or 2nd position out of 7 areas over the winter period, this did deviate slightly in March 2024 however Wirral was back to 1st position 1, week ending the 14th April 2024. For context Wirral consistently was in bottom position at the start of the programme. Improvement is also being seen in the Patient Length of Stay (LOS) of both 14 and 21 days.</p>
1.1.3	<p>A successful weeklong Super Multi Agency Discharge Event (MADE) took place in Wirral between Friday, 22nd and Thursday 28th March 2024, which was part of Cheshire and Merseyside ICS wide event, with MADEs taking place across all Places in the ICS region. The MADE brought together our health system and local authority partners to support improved patient flow across the system, to recognise and unblock delays and challenge and improve discharge processes. The MADE was deemed successful with partners working effectively over the 7 day event. Significant key learnings were captured throughout the event and are being worked up by system partners into a report which will be taken to the next Unscheduled Care Programme Board. The suggested actions recommended to the Board will be included in the work programme for 24/25.</p>
1.1.4	<p>The continued improved system position has enabled system partners to focus on exploratory work 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. To support the development of the delirium recovery pathway development a Wirral partner workshop jointly led by the Local Authority and WUTH is scheduled to take place on the 8th May 2024.</p>
1.1.5	<p>Following the completion of the evaluation of the Unscheduled Care Programme workstreams and other funded Urgent and Emergency Care (UEC) schemes, these were presented at March's meeting as part of an update on the Wirral capacity and demand work. The Board endorsed the report recommendations. The evaluations described the impact the individual schemes have had on the reduction of the NCTR numbers, performance to-date, quality and outcomes and opportunity future benefits and focus. The evaluations support the development of the future system capacity & demand plan, which has been brought together as a single piece of work, which will culminate in a single plan and set of recommendations to inform future service requirements, including future performance targets and trajectories. Additionally, these key outputs will inform the Wirral system 24/25 planning round. System partners have continued to develop the Wirral capacity and demand work and are scheduled to take the next update to April's Unscheduled Care Programme Board before it is brought back to this Board.</p>
1.1.6	<p>The Board is asked to note the update.</p>
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-</p>

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 with system partners. There is a significant relationship building with the care sector between LA and WUTH colleagues. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:



Transfer of Care Hub shared governance arrangements, between Wirral Borough Council and WUTH have commenced and are now well established, with the Transfer of Care Hub Quality Board meeting for the sixth time in April. 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.

Two significant visits to the Transfer of Care Hub by national representatives have taken place during March. On the 21st March, Amanda Doyle (NHSE National Director for Primary Care and Community Services) visited and this was followed by a visit by the Department of Health and Social Care, System Oversight Team on the 27th March. Both visits were deemed successful with positive feedback received. Amanda Doyle also met with the Home First team, as part of the Community Integrated Response team (CIRT) during her visit.

1.2.3 *Headline Metrics*

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. The NCTR number has decreased from 135 in February 2024 to 132 on the 1st March 2024. Following the national picture of increased winter pressures a recovery plan has been in place with the aim of returning the NCTR number to pre-Christmas levels of 100. Interim data shows this has been consistently achieved, with the NCTR number reaching 98 in February and 97 in April 2024.

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.

1.2.4 *Supporting Projects*

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

	<p>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). February's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3906 against a target of 3224 and the number of new packages accepted is 358 against a target of 311.</p>
	<p>Virtual Wards – The frailty service is now back up to full capacity and in February patient throughput increased from 32 in January to 40 in February, however this did not meet the target of 120. Medical staffing arrangements have been strengthened and throughput is now expected to increase further.</p> <p>The respiratory virtual ward is well established with 111 pickups seen in February only slightly behind the target of 120. 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>Home First – Home First Pathway 1 discharges in February exceeded their long term target of 170, with 184 in total. Of these, 173 were from hospital and 11 from Pathway 2 beds or other routes.</p> <p>Whilst Home First is operating around its planned long term capacity with major pathway developments completed, a number of key areas of focus remain:</p> <ul style="list-style-type: none"> • Discharges from Clatterbridge Intermediate Care Centre (CICC) into Home First, ensuring the pathways and interfaces are tailored to intermediate care when appropriate. • Working with hospital teams to increase numbers of discharges achieved earlier in the day and reduce numbers of slots missed due to changes in patient needs. • Information provision to general practice at the end of the Home First pathway. • Testing pathways into VCFSE services via Community Connectors from Involve NW as part of the Home First multidisciplinary team. <p>The Home First Model has been presented to a range of external audiences to facilitate shared learning across the system.</p>
	<p>The AbleMe project board continues to meet and has made significant progress across all workstreams, meeting a number of key milestones this month. Good progress has been made with procurement activity and the recruitment of 2 new Senior Practitioners has been successfully completed. The Service referral criteria was signed off at board on the 21st February 2024. There is significant key activity planned to take place in April. The project remains on track to agree the project level metrics.</p>

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</p>

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

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 26.03.24 Appendix 2 – Discharge Dashboard 17.04.24
--	--

Author	James Barclay
Contact Number	
Email	james.barclay1@nhs.net