

Wirral Health and Care Plan Dashboard

Date of Report

April 2024

About the Wirral Health and Care Plan



Wirral Place Health and Care plan 23.24.11.d...

Escalation Reports



Wirral Health and Care Plan Benefits Report



Wirral Health and Care Plan Risk Report



Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Programme RAG



Date of Update

03/04/24

About the Programme



Neighbourhoods Model

Programme Commentary

Neighbourhood Core Group Panels now underway in both Birkenhead A and Wallasey C
Priorities and New neighbourhood name agreed for Wallasey C
Priorities and neighbourhood name options considered by Birkenhead A, poll pending to confirm both
Monthly update template / highlight report developed for completion by trailblazers
Template developed by neighbourhoods to enable people/ organisations within the neighbourhood to apply for funding

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Neighbourhood Care Model	No Change						Neighbourhood Care Model - Highlight Report

Population Health Programme

Programme SRO

Dave Bradburn

Programme RAG



Date of Update

08/04/24

About the Programme



Population Health Management

Programme Commentary

Health and Wellbeing Strategy- Priority 4: Fuel Poverty

- Fuel Poverty was chosen as a game changer under priority 4 of the Health and Wellbeing Strategy.
- Nearly 1 in 7 people in Wirral are living in fuel poverty and 1 in 4 in our more deprived areas.
- Cold homes cost each Health and Wellbeing Board £10 million a year dealing with the consequences such as illness and excess deaths.
- A workshop was held on 11th March 2024 to bring the system together to focus on how we can tackle fuel poverty as a collective in Wirral. Over 40 local stakeholders and partners attended the event at the Floral Pavilion. Presentations were given by Leicester City Council and Energy Project Plus (a local charity working to support residents in the borough). The presentations raised awareness of the local, regional and national picture regarding fuel poverty and highlighted best practice.
- The second part of the event showcased stories from 4 residents reflecting on how they cope living in fuel poverty and some of the challenges they face through heating and affording to heat their homes and some of the poor housing conditions they live in due to issues like mold and damp. The case studies were presented by the Qualitative Insight Team who had spent time with the residents in their homes and also completed some filming with the residents.
- The workshop outputs focused on both strategic and operational actions for the Wirral system with a follow up event planned for Summer 2024 that will take forward the action plan.
- The Core20P5 group will receive an update on the fuel poverty work on 25th April 2024.
- It is proposed that the next Public Health Annual report will focus on fuel poverty.
- The Health and Wellbeing Board will receive an update on fuel poverty in Autumn 2024.

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



Date of Update

04/06/24

About the Programme



Use of Resources Model

Programme Commentary

Wirral Place has now completed year end and was unable to achieve its financial plan for 2023/24. The financial yearend position has now been reported to the ICB to be included in NHS Cheshire and Merseyside ICB final accounts, which is still subject to completion of the external audit.

2024/25 Financial plans have been agreed with the ICB and submitted to NHSE. To achieve the 2024/25 plan, the system will be required to identify significant cost improvements. All systems will be subject to reviews to identify CIP with delivery of these and associated risks to be reported and monitored through FIG with a focus on Value for Money.

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Programme RAG



Date of Update

03/06/24

Programme Commentary

An exercise in mapping out the strategies into deliverable milestones / projects has started. The recently recruited AAD Strategic Manager and WIT programme manager will continue to meet during May to complete this process and present stage one to the AAD Board in May.

A full review of the membership and TOR for the AAD board is also taking place to ensure representation across place, this will also include the establishment of a number of operational thematic groups to deliver the strategy over the next five years.

As at March 87.2% of those with LD, aged over 14, have received an annual health check.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
All Ages Disability	●	●	●	●	●	All Age Disability Revi - Project Highlight Report
Remote Monitoring for LD	●	●	●	●	●	Remote Monitoring for L - Project Highlight Report
Education, Health and Care Plan Review	●	●	●	●	●	Education, Health and C - Project Highlight Report
LD&A Housing Options Strategy	●	●	●	●	●	LD&A Housing Options St - Project Highlight Report
Supported Employment Strategy	●	●	●	●	●	Supported Employment St - Project Highlight Report
Pathways and Guideline Information	●	●	●	●	●	Pathways & Guidance Information - Highlight Report

Children and Young People Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Elizabeth Hartley	●	06/07/24	 Children and Young People

Programme Commentary

Although there has been considerable progress in all areas, the DFE have issued an Improvement Notice received 15th May citing not enough progress has been made against the WSoA for SEND. This has resulted in a series of directives to assure rapid progress of improvements. The DFE have approved the new SEND Partnership Board as the designated improvement board chaired by the Chief Exec with elected member reps. Monthly reporting cycles are in place with a revised performance reporting dashboard and an action plan for all subgroups and actions to be completed without exception. This will be reviewed in October and only lifted if significant evidence can be presented from the lived experience of children and families. This is alongside preparation for the next SEND Inspection which is pending Branch' the new platform for the central point of access is due to soft launch in July with plans to be fully operational in October. Testing will be trialled with identified GPs and school leads initially prior to a wider roll out. The accompanying Alliance of organisations have been delivering services since April with a wide offer of support including online, spanning different age groups to ensure no gaps in provision. The alliance will have associated memberships of existing services including local VCFS and youth services to enable a wide a reach as possible.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report

Mental Health Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Suzanne Edwards	●	31/05/24	 Mental Health

Programme Commentary

Productive Programme Board held that fostered relationships between the Mental Health and Neighbourhood Programmes, with a number of actions to build and develop on these links to be carried out over the coming months.

* As at the end of May there was 1 inappropriate out of area patient.

* The majority of patients awaiting discharge from Inpatient facilities was due to awaiting housing.

* At the end of April, 62% of patients in Inpatient beds did not have an open referral with Mental Health services at the time of admission

Closer connections have now been made with dementia stakeholders with information sharing currently taking place to support the continuing mapping out of all pathways and services.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Community Mental Health Transformation	No Change	●	●	●	●	●	Community Mental Health Transformation - Highlight Report
First Response	No Change	●	●	●	●	●	First Response - Highlight Report
Integrated Housing	No Change	●	●	●	●	●	Integrated Housing - Project Highlight Report
Acute Capacity, Demand and Flow	No Change	●	●	●	●	●	Acute Capacity, Demand - Project Highlight Report
Dementia Strategy	No Change	●	●	●	●	●	Dementia Strategy - Project Highlight Report

Primary and Community Care Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Mark Greatrex	●	05/06/24	 Primary and Community Care

Programme Commentary

A successful Facilitated Conversation was held at the June Board. Group has determined three immediate actions to take place within the group to support delivery.

Work continues on determining a PCN model for identifying and assessing those who are moderate to severely frail.

A new strategic group for falls has been established. The initial meeting will be taking place during June, this will continue the initial piece of work completed by AQUA mapping out current services in Wirral

Discussions have started on the reporting mechanism for Modern GP Practices into the programme board, to support the delivery of the C&M Primary Care framework, focusing on access.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Falls Prevention and Management	No Change	●	●	●	●	●	Falls Prevention and Management - Highlight Report

Urgent and Emergency Care Programme

Programme SRO	Programme RAG	Date of Update
Janelle Holmes	●	09/05/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. April's data shows continued good progress with a reduction from the previous month, from 132 on the 1st March to 112 on the 1st April. However, the target of 96 was not met.

It remains three out of five projects have agreed their supporting metrics and are actively reporting (i.e. metrics that will lead to a reduction in the NCTR headline metric). The metrics for the Transfer of Care Hub have been agreed and the Care build stages are working to enable the completion of these metrics. The Patient Support and Services for patients

for the transfer of Care Hub have been agreed and the Corner build change are now live to enable the reporting of these metrics. The BI development work required to produce these report is continuing with the ambition to have in place at the earliest opportunity.

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). March's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3494 against a target of 3258 and the number of new packages accepted is 341 against a target of 317.

The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. March's data shows a slight decrease in throughput on its frailty ward on the previous month, from 40 in February to 33 in March, the target of 120 was not met. Throughput on the respiratory ward also shows a slight decrease on the previous month, with throughput of 111 in February to 100 in March, slightly below the target of 120.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. 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. March's data shows a slight decrease in overall pick-ups on the previous month, from 184 in February to 158 in March, under the target of 170. March's data shows that pick-ups from hospital have decreased on the previous month from 168 in February to 146 in March, slightly under the target of 150. Pick-ups from CICC increased from 8 in February to 9 in March, however not meeting the target of 20.

Community Reablement are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SRO.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Virtual Wards	Improving	●	●	●	●	●	Virtual Wards - Highlight Report
AbleMe	Improving	●	●	●	●	●	Community Reablement - Highlight Report
Transfer of Care Hub	No Change	●	●	●	●	●	Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	Improving	●	●	●	●	●	HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving	●	●	●	●	●	Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO

Chris Mason

Programme RAG



Date of Update

10/06/24

About the Programme



Digital Maturity

Programme Commentary

Summary/Progress this month:

- Our top priority is migrating our population health management system from the Wirral Care Record to CIPHA. With the Wirral Digital Maturity board's approval, all providers have agreed to prioritise this project. We have arranged individual workshop sessions between providers and supplier to confirm requirements, milestones, and timelines. We are on course to complete Milestone 'Phase 1 - Provider Data Spec Gap Analysis' later this month.

Escalations:

- Clinical leads across various sectors have raised concerns re workforce capacity and how this will impact Wirral's ability to use CIPHA effectively for managing population health. The adoption of Wirral's previous system, The Wirral Care Record, was minimal primarily due to limited workforce capacity and therefore Wirral were not able to achieve the intended project outcomes and benefits. This raises the risk of encountering the same issue following our transition to CIPHA.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration	●	●	●	●	●	WCR / CIPHA Migration - Highlight Report
Digital Maturity Programme Mobilisation	●	●	●	●	●	Digital Maturity Programme Mobilisation - Highlight Report

Place Estates and Sustainability Programme

Programme SRO

Paul Mason

Programme RAG



Date of Update

10/06/24

Programme Commentary

Completed Areas of Focus for delivery in May 24:

- Continue to develop PMO structure in Smartsheet's - WIP (June/July)
- Identified Leads for 3 workstreams and prioritised (Governance, Baselineing and Sustainability) - Completed (2 workstreams remaining for leads to be allocated at next SEG) - SEG in June 24
- Presented at STG well received.
- Supported document collection to support Infrastructure Strategy
- Attended Primary Care Council (30.05.24) to showcase Estates & Sustainability work.
- Networking with 'Open Door' voluntary group who are seeking to connect to the Place Based programme.
- Networking with new council regeneration lead.

Deliverables for June 2024:

- Allocation of leads for Transformation and BAU to be confirmed
- Present back to SEG in June 2024 plans - On Plan
- Development of Workshop to work in collaboration with all SRO Leads
- Continue to support C&M Estates Productivity & Efficiency plans
- Meeting with Council (Wirral System Strategic Estates) to discuss regeneration.

Escalations/ Barriers to Delivery:

- Need a good understanding of Clinical Drivers and other group priorities/projects that will inform the Estates requirements and use of physical assets
- Allowing information flow and decision making to be understood to provide system assurance

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Estates Governance Mobilisation	No Change	●	●			●	Estates Governance Mobilisation - Highlight Report
Estates Maturity Baselineing	No Change	●	●			●	Estates Maturity Baselineing - Highlight Report
Estates Burning Platforms	No Change	●	●			●	Estates Burning Platforms - Highlight Report
Estates Transformational Projects	No Change	●				●	Estates Transformational Projects - Highlight Report

Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



Date of Update

09/05/24

About the Programme



Programme Commentary

Progress this month:

- The Wirral Place Medicines Optimisation Group met for the fourth time on the 15th May. April's meeting scheduled to take place on the 10th April was cancelled by the chair due to the number of apologies.
- Reporting and oversight of the work programme is via the Wirral Place MO group however capacity of the meeting to drive the work forward is challenging so the SRO has decided to hold a virtual Wirral Place MO workshop in order to bring partners together to review, develop and confirm the final 24/25 programme delivery structure. Date for meeting is 11th June.
- Wirral Place Medicines Optimisation Group endorsed the draft Smartsheets workstream reporting templates created for the MO programme. Reporting to go live once final delivery structure is confirmed. To be tweaked to include patient engagement and awareness and impact on other workstreams/programmes/partners e.g. community pharmacy.
- MO narrative refresh has been completed following presentation at MO group. Core workstreams have reduced with underpinning principles around collaboration, community pharmacy, health inequalities, workforce and safety.
- Collated QIPP/CIP plans for 24/25 have been pulled together and being finalised as 'one plan'. To identify opportunities for collaborative working.
- Opioids/chronic pain workstream is well underway with next Community of Practice due to take place in June. A patient with lived experience has joined the group and we are also working with One Wirral CIC on a potential event across Wirral later in the year.
- Wirral health literacy work & infographics has been presented to the Opioids CoP and will also be showcased at the ICB Polypharmacy CoP (with permission) to highlight the change in approach needed in order to change culture re: these workstreams.
- MO representative now identified for the Primary and Community Care Delivery programme.
- Work to understanding links between all programmes not fully complete yet (Guiding, Delivery, Enabling)
- AMS/AMR workstream lead is leaving post in July so discussions with public health to agree next steps as a system.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Programme Mobilisation	No Change	●	●	●	●	●	Programme Mobilisation - Highlight Report
Care Homes and Social care	No Change	●				●	Care Homes and Social Care - Highlight Report
Patient awareness and engagement	No Change	●				●	Patient awareness and engagement - Highlight Report
Mental Health	No Change	●				●	Mental Health - Highlight Report
Community Pharmacy	No Change	●				●	Community Pharmacy - Highlight Report
Polypharmacy and Tackling Health Inequalities	No Change	●				●	Polypharmacy and Tackling health inequalities - Highlight Report
Medicines Value	No Change	●				●	Medicines Value - Highlight Report
Medicines Safety	No Change	●				●	Medicines Safety - Highlight Report
Antimicrobial Resistance and Stewardship	No Change	●				●	Antimicrobial Resistance and Stewardship - Highlight Report
Collaboration	No Change	●				●	Collaboration - Highlight Report

Place Workforce Programme

Programme SRO

Debs Smith

Programme RAG



Date of Update

10/06/24

About the Programme



Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce strategy and associated planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2024-5 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub-groups, leadership and membership.

Progress this month: Good progress is being made with the establishment of the Wirral Place Workforce Insight Dashboard. The Wirral Public Health Intelligence Team have agreed to support the dashboard build, and data has been submitted from key Health Anchor Organisations, and is expected imminently from Wirral Council. Further phasing of this work aims to include data from Primary Care, Hospice and other VCFSE colleagues.

Work is underway to finalise the mobilisation of the Wirral Care leavers project. The programme design is complete and Wirral Anchor organisations are currently identifying appropriate vacancies to support placements. The project team will be aiming to establish a clear timeline for the commencement of the scheme very shortly. The development of the

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Baseline Mapping for Wirral Workforce	No Change	●			●	●	Baseline Mapping for Wirral Workforce - Highlight Report
Wirral Workforce Strategy	No Change	●				●	Wirral Workforce Strategy - Highlight Report
18-24 Employment	No Change	●			●	●	18-24 Employment - Highlight Report

At Scale Programme

Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



Date of Update

03/01/24

Performance Charts



At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

In November 2023, the Trust attained an overall performance of 105% against plan for outpatients and an overall performance of 98% against plan for elective admissions. Underperformance against plan continues for Inpatients, predominantly due to the impact of large-scale cancellations for industrial action.

REFERRAL TO TREATMENT

The national standard is to have no patients waiting over 104 weeks from March 2023 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of November against these indicators was as follows:

- 104+ Week Wait Performance – 0
- 78+ Week Wait Performance – 0
- 65+ Week Wait Performance - 286
- 52+ Week Wait Performance - 1880

• Waiting List Size - there were 42,552 patients on an active RTT pathway against the Trust's trajectory of 37,718.

An in-depth analysis of waiting list size has been undertaken and key actions to address are underway across the divisions, including early escalation to clinical teams and proactively managing patient pathways ahead of breach dates.

CANCER

• 2 Week Waits – This national standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the Faster Diagnosis Standard. At the end of November 2WWW performance was 78.1%.

• FDS – was 69.81% (freeze date 4.1.24) in November (latest available data) against a national target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WWW standard.

• 31 day treatment numbers - above trajectory and expected to continue.

• 62 day performance is currently below trajectory with 149 patients against a plan of 170 for November.

• 104 day long waiters – performance is above trajectory at 39 against a plan of 28 for November.

DIAGNOSTICS

In November 94.68% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95% and requirement for Trust's to achieve 90% by March 2024. ECHO, CT and Urodynamics remain challenged, however have recovery plans in place.

The Trust has commenced providing mutual aid for neighbouring Trusts for patients waiting longer than 6 weeks for diagnostic tests.

MATERNITY

PLANS TO RECOVER AND MITIGATIONS

RISKS TO RECOVERY AND MITIGATIONS

The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity to ensure reductions in elective waiting times continue. The major risk to the delivery of the elective recovery programme is medical staff industrial action, given the significant volumes of patients cancelled during this action. On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.

