

<b>Title</b>	Unscheduled Care Improvement Programme Update
<b>Authors</b>	Janelle Holmes, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	25 <sup>th</sup> July 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 21<sup>st</sup> March 2024:

- *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

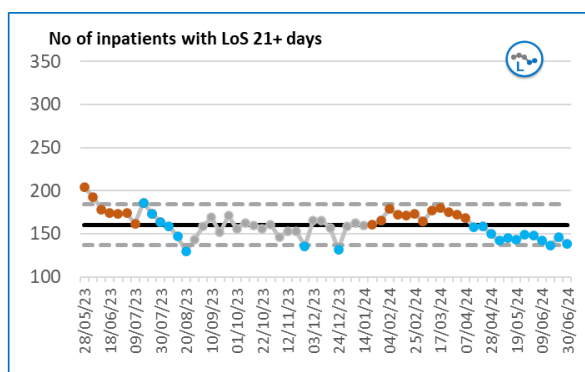
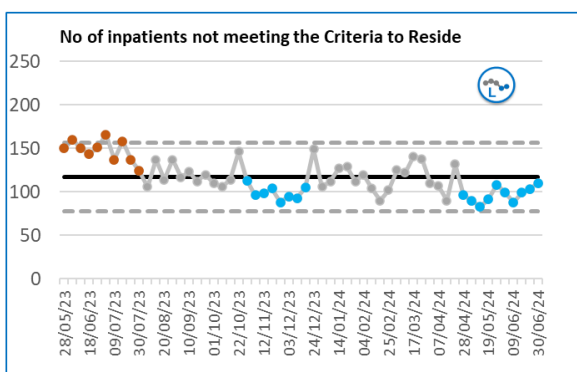
Date	Forum	Report Title	Purpose/Decision
22 <sup>nd</sup> June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 <sup>th</sup> July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement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

19 <sup>th</sup> October 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
23 <sup>rd</sup> November 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 <sup>st</sup> December 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
25 <sup>th</sup> January 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
22 <sup>nd</sup> February 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 <sup>st</sup> March 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
7 <sup>th</sup> May 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Overview</b>
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 7 <sup>th</sup> May 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 had 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 May's meeting.

1.1.2	Analysis of data since the previous report presented, shows a decrease in the number of hospital inpatients with NCTR (sentinel measure). The NCTR number has decreased from 132 in March 2024 to 111 on the 1 <sup>st</sup> June 2024. Within this period, data also shows the pre-Christmas levels of 100, have been consistently achieved, with levels remaining under 100 between 4 <sup>th</sup> May to 13 <sup>th</sup> May. Wirral has continued to perform strongly compared to other Places within Cheshire and Merseyside Integrated Care System (ICS). Wirral has been in 1 <sup>st</sup> position out of 7 areas for the past 4 reporting periods. 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.
1.1.3	With the success of the Home First expansion and completion of project delivery, May's Unscheduled Care Programme Board agreed to step down the Home First Project to business as usual. Programme Board have however requested a monthly performance update, which will sit outside of the formal Programme highlight reporting arrangements.
1.1.4	There has been significant focus within the programme on refreshing the existing programme structure, into the phase 2 workplan for 24/25. This is being done collaboratively by partners and overseen by the Wirral Urgent and Emergency Care (UEC) Operational Management Group. A new structure is now emerging, with new workstreams, workstream leads, workplans and system wide assurance metrics. The emerging structure includes a pre-hospital workstream which will focus on attendance/admission avoidance, in addition it brings together all the Wirral place unscheduled care improvement work into a single programme structure. As soon as proposals are finalised, the new structure will follow the unscheduled care governance route and go to Wirral Unscheduled Care Programme Board, then be brought to this Board. Programme leads are working very closely with NHS Cheshire and Merseyside colleagues to provide assurance of delivery, completing key documentation and attending focus sessions to support development of the 2024/25 plans. The close oversight of the programme by NHS Cheshire and Merseyside will continue. Financial benefits are being scoped by Wirral finance leads.
1.1.4	A separate update on Wirral capacity and demand work is included on this meeting agenda.
1.1.6	The Board is asked to note the update.
<b>1.2</b>	<b>Programme Delivery Detail</b>
1.2.1	<i>Transfer of Care Hub</i>
	Following the go-live of the new Transfer of Care Hub on 1 <sup>st</sup> 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 establishing further improvements to daily workflow, 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 13 <sup>th</sup> November 2023, in line with the establishment of the control centre, 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, non-weight bearing patients and delirium where a successful Wirral Place workshop took place on the 8<sup>th</sup> May. The new pathway development is continuing to make good progress with system partners. Work is also underway to optimise current pathways, working with the Home First service, Care Market and Clatterbridge Intermediate Care Centre (CICC) beds. A CICC pull model has now gone live with the Transfer of Care Hub. 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 are now well established, with the Transfer of Care Hub Quality Board meeting from September 2023. The Board has been meeting monthly and will continue to do so.

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 132 in March 2024 to 111 on the 1<sup>st</sup> June 2024. Within this period, data also shows the pre-Christmas levels of 100, have been consistently achieved, with levels remaining under 100 between 4<sup>th</sup> May to 13<sup>th</sup> May 2024.

The supporting metrics are managed at a project level. Each of the now four 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 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). Data for May 2024 shows both metrics have increased on the previous month. The overall number of new hours picked up has increased from 4095 in April 2024 to 4103 in May 2024. The number of new packages accepted has increased from 363 in April to 396 in May. No trajectory targets have been set beyond March 24, these will be proposed and agreed on conclusion of the system the capacity and demand work.

**Virtual Wards** – Regular consultant sessions are now planned for cover in the Frailty virtual ward, which enables continuation of care for patients and enables additional referrals to be supported. There has also been locum clinical recruitment into the virtual ward to cover sickness and maternity leave. This means that as of week commencing 20<sup>th</sup> May 2024, the ward will be fully established with juniors enabling consistent weekend cover. For May 2024, frailty virtual ward utilisation was 35%, this

	<p>is against the target of 70%</p> <p>The respiratory virtual ward communication plan continues to be rolled out and is proving successful by increasing the knowledge of the service and referrals into the service. Numbers are fluctuating due to the seasonal nature of the service, however, all appropriate patients are being accepted and the ward remains open for up to 30 patients. For May, respiratory virtual ward utilisation was 42%, this is against the target of 70%. The standardisation of the virtual ward offer across Cheshire &amp; Mersey is being undertaken by the NHS Cheshire and Merseyside improvement team and Wirral is engaged in this review. Further updates will be provided at future meetings.</p>
	<p>The <b>AbleMe</b> project has reach a significant milestone with the AbleMe service going live on the 17<sup>th</sup> June. This follows the completion of significant activity, focussing on recruitment, planning, IT and CQC registration, where the service is now confirmed as registered.</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 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</p>

	<p>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>

<b>3</b>	<b>Conclusion</b>
3.1	<p>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.</p>

<b>4</b>	<b>Appendices</b>
	<p>Appendix 1 – Unscheduled Care Programme highlight report 25.06.24</p> <p>Appendix 2 – Discharge Dashboard 03.07.24</p>

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