Health and Care Plan Dashboard

Date of Report

Sept 2023

W

Wirral Place Health and Care plan 23.24.11.d..

ල

Wirral Health and Care Plan Benefits Report

ල

Wirral Health and Care Plan Risk Report

ල

Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Programme RAG

Programme Plan

Graham Hodkinson

W Neighbourhoods Model

Programme Commentary

Neighbourhood Steering Group signed off two trailblazer neighbourhoods (Birkenhead A and Wallasey C) Stakeholder list drafted to support trailblazer neighbourhoods
Asset Mapping and Event Scoping complete to ensure wider population priorities are captured
Core Group Development meeting scheduled 14/09/23
Neighbourhood Workshops being arranged to consider core group membership/ priorities (workshop Sept/Oct)

Communications developed to brief stakeholders on the Neighbourhood model

Overall Project Milestone RAG RAG Project Name Project Status Neighbourhood Care Model

Population Health Management Programme

Programme SRO

Programme Plan

W

Dave Bradburn

Population Health Management

Programme Commentary

- A focussed workshop is planned for Autumn to explore the different approaches that the system can implement to achieve earlier detection opportunities and better management of CVD (heart attacks and strokes), with a focus on our most 'vulnerable' residents. The C20P5 group will be key to developing and co-owning this. There is also a big opportunity here for the initial Neighbourhoods groups to be the delivery vehicle (if CVD is chosen as their priority).
- The 'additionality' model being pushed through the HWB strategy implementation has already yielded some useful connections between Priority Area 1 (focussing on Employment and Regeneration) and Priority Area 2. Examples of this include:
- 1. National Workwell Programme. The aim of this programme is to create an integrated work and health support for people with disabilities and/or health conditions who want help to start, stay or succeed in work. The programme will be locally led, bringing together the NHS, local authorities and other partners, in collaboration with jobcentres. Juliar Eyre will support this from the Wirral Improvement Team linked to the H&C plan and has made contact with the National Team for this programme. Bev Staniford and Helen Carney will lead for the council in terms of Economic Growth
- 2. C&M ICB Anchor Institutions framework will now include the LCR 'Fair Employment' Charter. This will support the requirement to support fair wages. Julian Eyre will liaise with the SRO for the Workforce Programme within the H&C Plan to encourage NHS partners to sign up to the Fair Employment Charter.

Use of Resources Model Programme

Programme SRO Martin McDowell Programme RAG

Programme Plan



Use of Resources Model

Programme Commentary

Summary: Finance, Investment and Resources Group (FIRG) will be utilised to support the delivery of the Use of Resources Model Programme. FIRG is place based and reports into the Finance, Investment and Resource Committee (FIRC) at a C&M level. Delivery of some elements of the programme will be determined by FIRC.

Progress this month: Two priorities for delivery have been determined, Financial Recovery Plan - incorporating QIPP, and Value For Money. Work will now take place to establish these as projects and update FIRG to enable programme progress monitoring.

FRP expected to be submitted for review by the ICB in September

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Financial Recovery Plan	No Change	•					Financial Recovery Plan - Highlight Report
Value For Money	No Change	•					Value For Money - Highlight Report

Delivery Programmes

Children and Young People Programme

Programme SRO Programme RAG Programme Plan Simone White Children and Young People

Programme Commentary

WSoA progress - Performance meetings held monthly where progress against actions reported: 84.6% actions complete (green), 10.8% actions delays (amber) and 4.6% actions

Wood progress - Performance Precings relat intoling where progress against actions reported. 64.5% actions complete (green), 10.5% actions delays (arriver) and 4.5% actions have not started (red). Mitigation plans in place.

EHWB transformation progress - Tender for SPA platform complete, Alliance tender underway. Slightly delayed Aug release now Sept but shouldn't impact overall timescales. My Happy Minds funding agreed 100% coverage of Primary Schools. Thorne Heys - Joint commissioned specialist/transitional provision project underway.

Work started on Complex Children's pathway. Joint Commissioning progress - Workshop held with senior leaders (Wirral Place & LA) agreed focus on 3 priorities: ND Pathway, SALT & Complex children. Paper confirming priorities will go to JHCCG in October for ratification.

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

Learning Disabilities and Autism Programme

Programme SRO
Programme RAG
Graham Hodkinson
Mental Health

Programme Commentary

An All age review for Learning Disabilities and Autism has taken place and highlighted the initial priority of transitional services for service users who are moving from Children to Adult support.

A meeting is being held on 18 September to further review findings and develop the overarching strategy of the programme and associated projects

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

Mental Health Programme

Programme SRO
Programme RAG
Programme Plan
Suzanne Edwards

Mental Health

Programme Commentary

Good progress being made on live projects and projects currently being established.

Data being reviewed as part of Acute capacity and demand project (establishment stage) has highlighted some key challenges and changes in the type of person that is using acute Mental Health services since 2019. These findings reflect the increased multifactorial complexity of service users, while facing workforce challenges within Mental Health services. A Clinical Network summit is being held on 27 September to review the data and identify some potential solutions to provide direction to the programme.

Project Name	Project Status	Overall Project	Milestone	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
1 Tojout Hamo	r rojour otatao	RAG	RAG	Donomo re to	THORTOTO	10000 1010	0 0 1
Community Mental Health Transformation	No Change						Community Mental Health Transformation - Highlight Report
First Response	No Change	•		•			First Response - Highlight Report
SuperMADE	No Change	•					SuperMADE - 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
Programme Plan

U
Primary and Community Care

Programme Commentary

Programme Structure agreed and will incorporate the Ageing Well Agenda in addition to Falls and Modern Practices projects. Key members of the board agreed and draft TOR

A trial of the Falls risk stratification tool has been completed with an MDT reviewing and identifying any additional solutions for patients identified by the tool. The findings of this are being presented in the October falls meeting to support the role out of the tool.

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
Programme Plan

W
Wirral Place Health and Care Plan

Programme Commentary

Headline Metric (NCTR): A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. This metric is captured as a snapshot on the first of every month. August's data shows a significant reduction from the previous month, from 171 on the 1st July to 124 on the 1st August meaning the revised target of 143 has been exceeded.

Three out of five projects have now 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 (Discharge) have been agreed and continue to be progressed with build changes to Cerner now progressing to enable the capture and reporting of these metrics.

The care market sufficiency project aims 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. Both metrics cover all referral sources (e.g. community and acute). July's data shows that the target trajectory has been met for both the overall number of new hours picked up (3459 against a target of 3056) and the number of new packages accepted (281 against a target of 278).

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. The trajectory for the respiratory virtual ward has been revised this month to reflect seasonal variation with throughput increasing from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. July's data shows a reduction in throughput on its frailty ward on the previous month, from 59 in June to 50 in July, the target of 60 was not met. Throughput on the respiratory ward increased on the previous month, from 59 in June to 68 in July, meeting the revised trajectory target of 60.

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 December 23. 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. Performance for July shows that, overall, there has been an increase in referrals accepted on the previous month from 91 in June to 95 in July, however the target of 101 for July was not met. July's data shows that referrals accepted from hospital have increased on the previous month however are under target (81 against a target of 91). July's data shows pick ups for CICC are above target (13 against a target of 10)

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 (Discharge)	No Change	•	•		0		Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	No Change	0	•	0			HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving	•		•		•	Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme RAG Programme SRO Programme Plan Chris Mason W Wirral Place Health and Care Plan

Programme Commentary

Summary/Progress this month: ShCR / PHM

- CIPHA Migration Migration from WCR to CIPHA is in initiation phase. Graphnet undertaking GAP analysis.
 HIE development As part of discussions with C&M and suppliers re how we connect to Wirral HIE to Cheshire care record. Connection via API under review with Oracle.

- Primary Care

 Diabetes To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using Surgery Hero app. Project now Live.

 Asthma Piloting BT attachment to patients' inhalers to effectively control usage. Pilot period now Live.

 Hypertension PATCHs rollout commencing, 42/47 Practices Live. Housebound project near closure aiming to facilitate Housebound Hypertensive patients in Wirral to engage with BP@Home and identify barriers. Discussions with C&M to see how we approach Hypertension P2 projects at scale including Florence, health literacy apps, health diagnostics

C&M Programmes
• Telederm - 1000+ cases raised, 33/45 Practices Live. 9 Practices Ready for Go-Live, phased roll-out authorised to continue 09/23. Full rollout planned completion date: 10/23.

Escalations: Nil

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration	•					WCR / CIPHA Migration - Highlight Report
Health Information Exchange Enhancements	•		•			HIE Enhancements - Highlight Report
Telederm	0	•	•	•	•	Telederm - Highlight Report
Digital First Primary Care	•		•		•	DFPC - Highlight Report

Place Estates and Sustainability Programme

Programme SRO Programme RAG Programme Plan Paul Mason Wirral Place Health and Care Plan

Programme Commentary

Summary: The established Sustainability and Estates Group (SEG) will provide a supporting mechanism for programme delivery. SEG has hosted good examples of system wide working previously and baselining work has been developed. This has supported the completion of some key milestone achievements:

- Wirral Place Estates Programme (Completed) GB Partnership (attached)
 Develop agreed RFI Register (Completed Q3 2022-23)
 SEG Property Data Collection (Completed Q4 2022-23)
 Green Plan and Associated actions plan oversight (Completed Q4 2022-23)
- 5. Wirral Place Sustainability Group established (Completed Q4 2022-23)

Progress this month: Wirral Place Sustainability Group has developed the scope of its delivery plan to support the Wirral Health Plan. Priority projects have been identified. We now need to pause and re-assess SEG scope and deliverables to align with Wirral Health Plan frameworks which establishes, the appropriate governance and seek funding to support the delivery overarching programme.

Additionally SEG have developed a high level overview of a proposed integrated approach to estates regional healthcare. (Case for Change)

Collated a reflective story board that understands and integrates the collective progress we have made to date and next steps required to delivery a sustainable programme.

Continue to build Stakeholder relations across Wirral, e.g Wirral Council that fosters collaborative working and opportunities for Estates and efficiencies.

Supporting the PCN pilot 'Wirral Neighbourhood Hood Model'

Escalations/ Barriers to Delivery:

Need to understand overarching programme governance for SEG to reform to align, allowing information flow and decision making to be understood to provide system assurance,

Group need sight of (PCN) GP developed clinical strategies.

Assessment of requirements needs to integrated with Wirral Health Plan / programme

Need to identify leads for transformational change programmes

Need funding to support systems and programme delivery

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Accommodation Requests and Move Managemen	No Change						Accommodation Requests and Move Management - Highlight Repor
Achieving Net Zero Carbon	No Change	•					Achieving Net Zero Carbon - Highlight Report
Capital Overview Prioritisation and Pipeline	No Change						Capital Overview Prioritisation and Pipeline - Highlight Report
Disposal and Void Management	No Change	•					Disposal and Void Management - Highlight Report
Estates Data Baselining	No Change						Estates Data Baselining - Highlight Report

Place Medicines Optimisation Programme

Programme SRO Programme RAG Programme Plan Lucy Reid W Place Medicines Optimisation

Programme Commentary

Progress this month:

- Progress in monin:

 Agreement has been reached to create a single oversight group for MO delivery in Wirral bringing together Medicines Management Committee and Wirral Pharmacy System Leads group. The terms of reference has been drafted and are to be agreed in October with the group to meet for the first time in November. This aligns with wider Wirral Place MO and ICS group. The terms of reference has been drafted and are to be agreed in october with the group to most the stress of reference has been drafted and are to be agreed in october with the group to most the stress and continued between senior MO stakeholders which has enabled progress on programme governance arrangements

 • Programme/project structure has been created in Smartsheets and continues to be developed

 • Wirral place pharmacy leads continue to meet and collaborate on Wirral wide work. Work plans have been shared at the last next meeting

 • Pharmacy leads meeting now includes safety as a focussed agenda item once a quarter to ensure wider system input, especially PCN, and shared learning.

Escalations: Providers have shared their CIP information in a written format or verbally apart from organisations who have not been in attendance at Wirral Place meetings

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	0					Care Homes and Social Care - Highlight Report
Patient awareness and engagement	No Change						Patient awareness and engagement - Highlight Report
Mental Health	No Change	0				•	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
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 Rep
Collaboration	No Change						Collaboration - Highlight Report

Place Workforce Programme

Programme SRO Programme RAG Programme Plan Debs Smith W Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2023-4 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub groups, leadership and

Progress this month: The terms of reference for the group have been drafted and shared with the Wirral Place Governance Group to ensure they are congruent with the wider place governance framework. The Place Risk summary has been completed, identifying the principal risks, mitigations and assurances. A Wirral Place Workforce summit was held on 13/09/23 with the aim of supporting the priority setting process and aligning a work plan with the strategic aims. This was well attended by stakeholders who were enthusiastic in their support of the programme. The outputs from this workshop will support the immediate (2023-24) work plan priorities as well as identify the key 5 year workforce strategic aims.

Escalations: None

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

At Scale Programme

Place Supported Programmes Programme SRO Programme RAG Programme Plan Performance Charts Hayley Kendall (3) Wirral Place Health and Care Plan At Scale - Trajectories v Actual

Programme Commentary

FLECTIVE RECOVERY:

In July 2023, the Trust attained an overall performance of 96% against plan for outpatients and an overall performance of 84% against plan for elective admissions. The Trust was on plan to achieve the activity plan in July but was impacted by Industrial Action REFERRAL TO TREATMENT:

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 July against these indicators was as follows:

• 104+ Week Wait Performance – zero

• 78+ Week Wait Performance - 2

• 65+ Week Wait Performance - 317

• 52+ Week Wait Performance - 1459 (0 by March '25)
• Waiting List Size - there were 42,632 patients on an active RTT pathway
WUTH have continue to support neighbouring Trusts by offering mutual aid to treat very long waiting patients through the Cheshire and Merseyside Surgical Centre and this will

CANCER: Quarter 2 to date: • 2 Week Waits – performance at the end of July was 89.2% • Faster Diagnosis Standard – was 79.12% • NSS Numbers – remains zero • 31 Day Treatment Numbers - Above trajectory and expected to continue. • 62 Day CA Performance - Target 188 vs Actual 203 • 104 Day CA Performance - Target 41 vs Actual 49 As with all Trusts across C&M delivery against the 31- and 62-day indicators remains a priority but given the increases in demand the recovery of performance against the targets remains a focus for 2023/24. The surgical working group, focussing on cancer pathways and long waiting patients, commenced in February and continues with its multi-disciplinary approach in the management of patient pathways at 104 and 62 days. Colorectal remains focussed in the workstreams to improve the patient pathway and positive results are beginning to yield, although remains a concern. Urology recovery performance is below plan and the Division are undertaking a full review complete with remedial actions.

DIAGNOSTICS: In July 95.10% 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 95% by March 2025. 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. The two major risks to the delivery of the elective recovery programme are the continually high bed occupancy levels and future impact of industrial 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.

MATERNITY:

Vacancies at less than 1%