

<b>Title</b>	Unscheduled Care Improvement Programme Update
<b>Authors</b>	Janelle Holmes, CEO Wirral University Teaching Hospital
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	19 <sup>th</sup> October 2023

### 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: Note the update

### Key Risks

This report relates to these key Risks:

Acute hospital beds are not available for people who meet the criteria to reside in hospital. This may result in the further risks of:

- 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
- Potential harm brought about by ambulance handover delays and corridor care.

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

### Governance journey

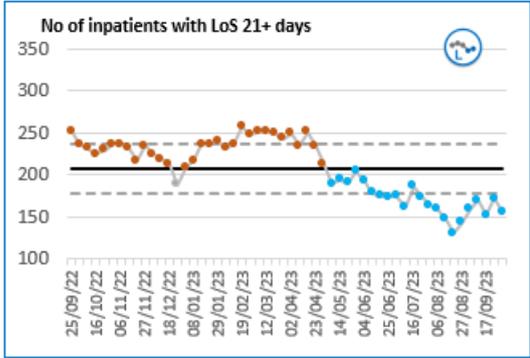
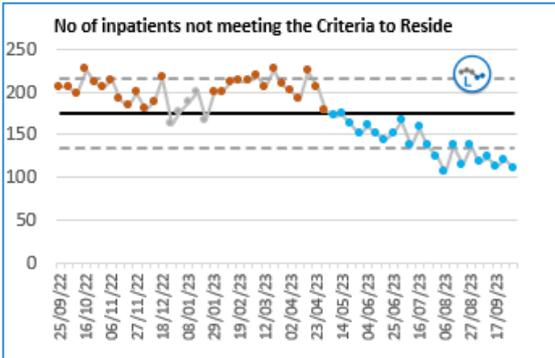
Date	Forum	Report Title	Purpose/Decision
22 June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved – That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

<b>1.1</b>	<b>Background</b>
1.1.1	At September's meeting it was reported that the Unscheduled Care Improvement Programme continues to make significant 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 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 seeing. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at September'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 124 in August to 117 in September. The progress made is reflected in Wirral's improved position in the Cheshire & Mersey ICS with Wirral remaining in 2nd 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 continued improvement is directly related to the new Transfer of Care Hub. The Hub is continuing to embed standardised daily workflow processes and developing the Standard Operating Procedures (SOP's) to ensure they are in place before winter. The impact of this is demonstrated by the NCTR number reaching 106 in September from improved flows of patients across the sector and on track to meet the programme trajectory target of no more than 100 by 1st November. The transfer of care hub is developing a command centre which will provide live demand and capacity information from across the system. This is enabled through the development of digital systems and improved reporting which enables patients to be tracked through any part of their discharge journey. In addition, all other programme workstreams have met milestones this month with the anticipated benefits of Home First, Care Market Sufficiency and AbleMe creating further improvements to the NCTR numbers as they further develop.
1.1.4	To further support programme progress, Wirral system leads have agreed for Sir John Bolton OBE, a Consultant in capacity planning to work with the Wirral system in order to help Wirral develop a medium-term system demand and capacity plan. Wirral system data has already been shared and the working group, which will support development of the plan is to meet for the first time on the 9 <sup>th</sup> October. The Board will be kept up to date with progress of the plan development.
1.1.5	Work is in progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The final Winter Plan will be taken to October's Unscheduled Care programme Board on the 31st October for approval and then brought to November's Wirral Place Based Partnership Board.
1.1.6	The Board is asked to note the update.
<b>1.2</b>	<b>Background Information</b>
1.2.1	Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 28 <sup>th</sup> September 2023, programme delivery has been progressing within the refreshed Unscheduled Care Improvement Programme.

1.2.2 To further support programme progress Wirral system leads have agreed for Sir John Bolton OBE, a consultant in capacity planning to work with the Wirral system for 5 days funded by the BCF National Team in order to help Wirral pull together a medium-term system demand and capacity plan. This will focus on having the right range and amount of support to continue to facilitate pathways out of hospital, avoiding hospital step up and step-down services. The development of the demand and capacity plan is underpinned by two stakeholder working groups. The group is due to meet for the first time on the 9<sup>th</sup> October. Wirral system data has already been shared. The Board will be kept up to date with progress of the plan development.

1.2.3 Work is in progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The final Winter Plan will be taken to October’s Unscheduled Care Programme Board on the 31st October for approval and then brought to November’s Wirral Place Based Partnership Board.

1.2.4 Transfer of Care Hub: Following the go-live of the new Transfer of Care Hub on the 1st July, which coincided with Adult Social Care staff transferring back to the Council, there has been a significant amount of work undertaken. The focus has been on the delivery of the medium-term objectives, which include developing detailed SOP’s 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. In addition, work has started on staff development and the more practical elements of the Hub. A proposal has been developed with the Wirral University Teaching Hospital (WUTH) Organisational Development team which includes a set of recommendations and development plan. 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 improvements against the NCTR and long LOS metrics are detailed in the graphs below:



1.2.5 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 first time in September. The terms of reference for the Board have been agreed and future meetings diarised. The Board will continue to meet on a monthly basis.

1.2.6 The two enabling workstreams established, to support the implementation of the

	programme, which report into the Urgent and Emergency Care (UEC) Programme Board are well established and continue to deliver their objectives.
1.2.7	Finance, Contracts and Commissioning Enabling Workstream Group (FCC Group): This group was established to ensure that budget and commissioning intentions are aligned to well understood capacity and demand requirements and support the transformation work. The workstream is led by the Wirral Place Director and includes representatives from all partner organisations. A number of key milestones have now been completed, including the establishment of the financial envelope for unscheduled care for 2023/24 and agreement reached on how the financial resources for unscheduled care will be deployed. The Finance and Investment Group will monitor any slippage or overspend to enable remedial action to be taken and seek assurance on value for money, costs avoided and costs saved. Clarity has also been provided on the services that are commissioned for unscheduled care in Wirral, paying particular attention to those services from the “front door” through to the “back door” of Arrowe Park Hospital. This will continue to be updated and worked through with the Chief Operating Officers group. All actions that have arisen from this group have been assigned to executive level groups to be progressed, therefore it has been agreed that the FCC Group will be stood down until further notice.
1.2.8	Workforce Enabling Programme Group: 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 twice and provided ongoing opportunities to raise any workforce related issues. The group is scheduled to meet again in October.
1.2.9	Progress against the programme and project metrics for the month of August: <ul style="list-style-type: none"> <li>• This metric is captured as a snapshot on the first of every month. August’s data shows continued good progress with a reduction from the previous month, from 124 on the 1st August to 117 on the 1st September meaning the target of 128 has been exceeded.</li> <li>• As a direct consequence of the improvement of the NCTR position, improvement is being seen in other key indicators. Long length of stay (LLOS) for patients who have resided in a bed for over 21 days has seen a notable reduction from 144 in August to 127 in September.</li> </ul>
1.2.1 0	Supporting Metrics - 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.
1.2.1 1	Care Market Sufficiency - 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 3,212 hours 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). August’s data shows both metrics are slightly under their trajectory target. The overall number of new hours picked up is 3052 against a target of 3134 and the number of new packages accepted remains the same as the previous month at 281 against a target of 283.
1.2.1	Virtual Wards - the Virtual Ward project aims to double throughput on its frailty ward

2	<p>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. August's data shows a reduction in throughput on its frailty ward on the previous month, from 50 in July to 31 in August, the target of 80 was not met, due to challenges with medical staff cover over seven days Throughput on the respiratory ward decreased on the previous month, from 68 in July to 53 in August, not meeting the target of 60.</p>
1.2.1 3	<p>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 August shows that, overall, there has been a slight increase in referrals accepted on the previous month from 95 in July to 96 in August, however the target of 113 was not met. August's data shows that pick-ups from hospital have decreased on the previous month and have not met the target (72 against a target of 103). August's data shows pick-ups for CICC are above target (19 against a target of 10). Work has progressed between partners to increase pick up from the hospital bed base.</p>
1.2.1 4	<p>The AbleMe project board met for the first time in September and held the first of a series of co-production workshops with Adult Social care leads to design the AbleMe service. Activity is on track to recruit to key roles for both the Registered manager post and AbleMe practitioner role and the identification of the tasks and timeline for both the CQC registration and HR workstream has been completed. 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 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>

	There are no legal implications directly arising from this report.
2.4	<i>Resources</i>  N/A
2.5	<i>Engagement and consultation</i>  Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.  A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.  A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues.  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.

<b>3</b>	<b>Conclusion</b>
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.

<b>4</b>	<b>Appendices</b>
	Appendix 1 – Unscheduled care programme highlight report 26.09.23 Appendix 2 – Cheshire and Merseyside long length of stay report

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