

Title	Unscheduled Care Improvement Programme Update
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Report for	Wirral Place Based Partnership Board
Date of Meeting	21 st December 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 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.

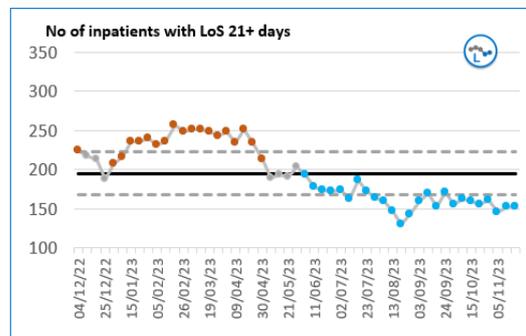
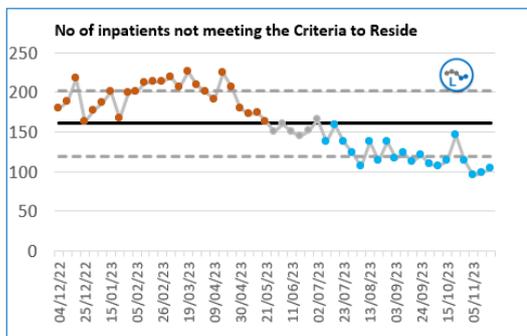
Governance journey

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.

1	Narrative
1.1	Overview
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 23 rd November 2023, 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'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 November'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 111 in October 2023 to 108 on the 1 st November 2023, then exceeding the significant milestone of the 100 target, reaching 97 on the 6 th November. The NCTR number has been maintained under the 100 level for several consecutive days in November. The progress made is reflected in Wirral's improved position in the Cheshire and Merseyside Integrated Care System (ICS), with Wirral reaching 1st position out of 7 areas, where Wirral consistently was in bottom position at the start of the programme. The programme trajectory has been agreed beyond November, which sets out to maintain the 100 position given the pressures forecast for Winter. The trajectory will then focus to reduce the percentage of all beds occupied by NCTR patients to 10% starting in Q1 of 24/25.
1.1.3	It continues to be the case that the improvement is directly related to the newly formed Wirral Transfer of Care Hub (previously discharge hub). The improved position has enabled the Transfer of Care hub and wider system to focus 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.
1.1.4	In November 2023, Home First discharges increased again, to ca. 130 therapy + care, plus additional therapy-only discharges, as detailed at section 1.2.4, below. Closer alignment of WBC Assessment & Reablement Officers to Home First enabled

	<p>an expanded discharge slot capacity to 8 per weekday mid-November. Home First discharges are now possible from any ward at Arrowe Park Hospital, plus bedded assessment units. Working with hospital and council colleagues, the Home First model is being further enhanced to enable earlier involvement of domiciliary care for those people expected to have long term care needs. This is possible due to a very significant increase in care package availability, with Home First having played a large role in this easing of pressure on the care market (from 250+ POCs in circulation on any day 12 months ago, to ca. 10 in November 2023), meaning more people are able to get the support they need, sooner.</p>
1.1.5	<p>At the PBPB meeting in October 2023 it was reported that Wirral system leads had agreed for Sir John Bolton OBE, an expert in capacity planning to work with the Wirral system to help Wirral develop a medium-term system demand and capacity plan. The 5 days that Sir John is providing to the system have been funded by the national Better Care Fund (BCF) team. A Wirral Place working group has met several times now however there have been some constraints with progressing the work, which are now resolved. An action plan is in place to complete the work with a first iteration of the medium-term system demand and capacity plan expected to be completed in December.</p>
1.1.6	<p>Work is continuing to progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The Winter Plan was taken to Unscheduled Care Programme Board on 31st October 2023 and was well received. The Board set out actions to undertake further due diligence before the report is finalised and is scheduled to go back to Decembers Unscheduled Care Programme Board to be endorsed. The Plan will then be brought to the Wirral Place Based Partnership Board at the earliest opportunity.</p>
1.1.7	<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-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. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:</p>



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 third time in November. 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

1.2.2 *Enabling Workstreams*

The Workforce Enabling Programme Group remains well established and continues to deliver its objectives. 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 three times and provided ongoing opportunities to raise any workforce related issues. The group is scheduled to meet again in December 2023.

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. November's data shows continued good progress with a reduction from the previous month, from 111 on the 1st October to 108 on the 1st November, however the target of 100 was not achieved. Interim data shows the milestone target of 100 was exceeded on the 6th November, with the NCTR number reaching 97.

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 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). October's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3248 against a target of 3086 and the number of new packages accepted is 328 against a target of 287.

Virtual Wards - 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. October's data shows an increase in throughput on its frailty ward on the previous month, from 55 in September to 57 in

	<p>October, the target of 80 was not met. Throughput on the respiratory ward increased on the previous month, from 51 in September to 58 in October, however not meeting the target of 90. It is important to note that access to these services is demand driven and so it is important to capture the data for any patients waiting so that capacity for the service remains dynamic</p>
	<p>In November 2023, Home First discharges increased again, to ca. 130 therapy + care discharges, with ca. 120 of those from WUTH and others from CICC and admissions avoidance services such as Virtual Frailty Ward. (This is against an overall target of 130 WUTH discharges for November 2023, and none from other pathways.)</p> <p>Also, Home First therapists delivered over 40 therapy-only discharges. These discharges ensure therapy needs are met at home to facilitate discharges when support with personal care is not required. (As a pre-existing pathway, this activity is additional to the Home First therapy + care figures and the end of year target of 170 Home First discharges per month.)</p> <p>Closer alignment of WBC Assessment & Reablement Officers to Home First enabled an expanded discharge slot capacity to 8 per weekday mid-November. This gives a theoretical capacity, assuming slots are filled and planned discharges take place, of ca. 170 people / month. Home First discharges (that meet Home First criteria) are now possible from any ward at Arrowse Park Hospital, plus bedded assessment units.</p> <p>A third joint hospital-community Home First took place on 29 November, following previous sessions in August and September, to support the ongoing development and embedding of the Home First model and discharge pathways.</p> <p>At the same time, working with hospital and council colleagues, the Home First model is being further enhanced to enable earlier involvement of domiciliary care for those people expected to have long term care needs. This will improve continuity of care without losing the benefits of the Home First approach and increase capacity available to support people with higher level care needs to go home more quickly.</p> <p>This is possible due to a very significant increase in care package availability, with Home First having played a large role in this easing of pressure on the care market (from 250+ POCs in circulation on any day 12 months ago, to ca. 10 in November 2023).</p>
	<p>The AbleMe project board has met twice now and continues to make good progress meeting a number of key milestones this month. This includes the submission of the business case for an electronic care management solution and the completion of workshops to capture the current "as is" operational and future "to be" mapping for AbleMe Service Delivery. All recruitment and staffing activity is progressing well with the AbleMe registered manager post now recruited to and both the senior practitioner and data analyst posts agreed. There is significant key activity planned to take place in December. 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> <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	<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</p>

	numbers where the Wirral system has been a national and regional outlier for a significant period.
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4	Appendices
	Appendix 1 – Unscheduled Care Programme highlight report 28.11.23. Appendix 2 – Cheshire and Merseyside long length of stay report.

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