

# Wirral Place Unscheduled Care Programme

## Latest Narrative Update

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. December's data shows continued good progress with a reduction from the previous month, from 108 on the 1st November to 98 on the 1st December, exceeding the target of 100.

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 Cerner 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). November's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3154 against a target of 3120 and the number of new packages accepted is 299 against a target of 293.

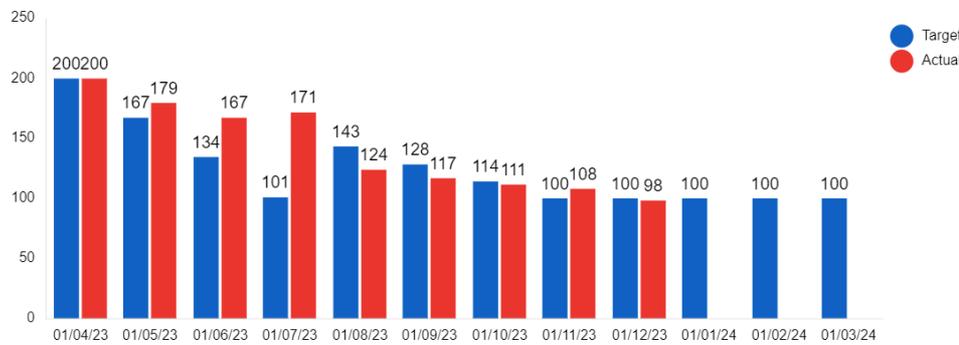
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. November's data shows a decrease in throughput on its frailty ward on the previous month, from 57 in October to 40 in November, the target of 120 was not met. Throughput on the respiratory ward increased on the previous month, from 58 in October to 85 in November, however not meeting 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. Performance for November shows that, overall, there has been an increase in referrals accepted on the previous month from 121 in October to 133 in November, however the target of 150 was not met. November's data shows that pick-ups from hospital have increased on the previous month from 106 in October to 124 in November, however the target of 150 was not met. November's data shows pick-ups for CICC were 5 recognising there is no target set for November due to the focus on pick-ups from hospital.

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.

## Progress against our headline metric

### Acute Inpatients with NCTR



### About our headline metric

Our guiding measure of success is the number of acute inpatients with no criteria to reside (NCTR). People who remain in hospital without a criteria to reside are known to deteriorate faster than they would if they were in their normal home. It is for that reason that the system must work towards no more than 5% of acute beds being occupied by people with no criteria to reside.

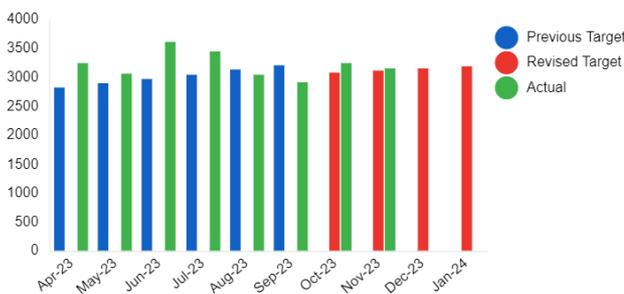
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. The revised trajectory target is to reduce the number of beds occupied by people with NCTR to no more than 100 by 1st November.

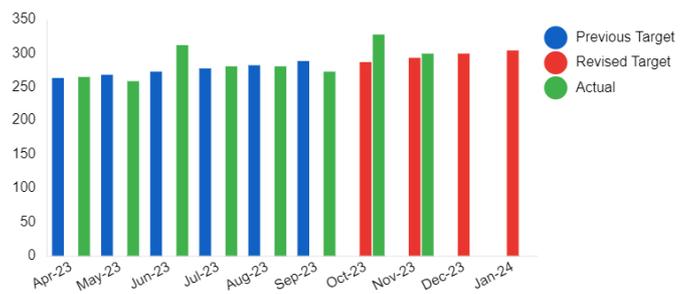
The programme trajectory post 1st November has been developed, which aims to maintain the number of beds occupied by people with NCTR to no more than 100 given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% in Q1 of 24/25.

## Project-level targets: Care Market Sufficiency

### Overall hours picked up

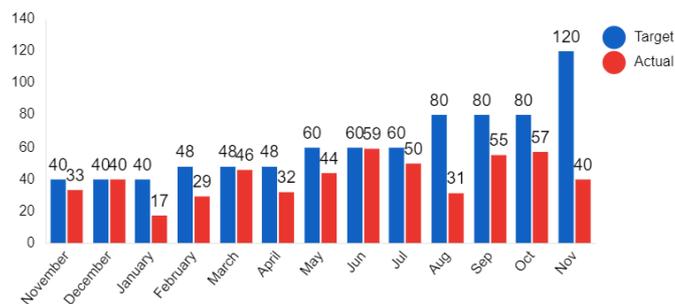


### Number of packages accepted

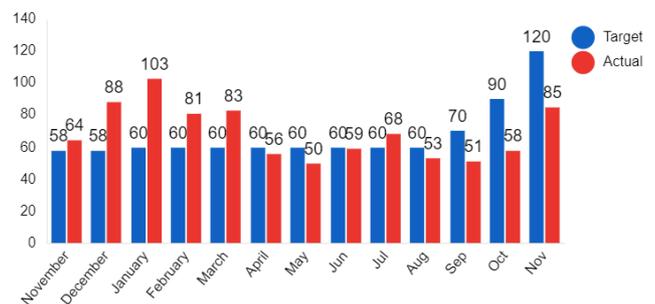


## Project Level Targets: Virtual Wards

### Frailty Virtual Ward - Patient Throughput



### Respiratory Virtual Ward - Patient Throughput







## Project Updates

Primary	Highlight Report	Overall Project RAG
Virtual Wards	<a href="#">Virtual Wards - Highlight Report</a>	●
AbleMe	<a href="#">Community Reablement - Highlight Report</a>	●
Transfer of Care Hub	<a href="#">Wirral Discharge Hub - Highlight Report</a>	●
HomeFirst Expansion Project	<a href="#">HomeFirst Expansion - Highlight Report</a>	●
Care Market Sufficiency	<a href="#">Care Market Sufficiency - Highlight Report</a>	●

The RAG statuses shown here are a high-level view, subjective view of the status of each project. They are updated fortnightly, as a minimum.

If you would like to see more information, please click the 'link to highlight report', which will show the latest narrative report, the project plan and the project risks and issues.

If you would like to discuss any of the projects, please contact the Healthy Wirral UEC Programme Manager: James Barclay on james.barclay1@nhs.net