

<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>	22 <sup>nd</sup> February 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 19<sup>th</sup> 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 <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.

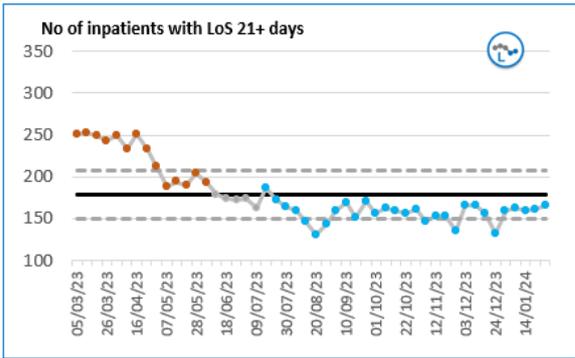
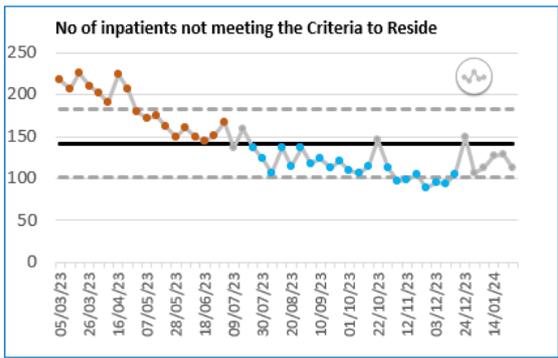
<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Overview</b>
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 25 <sup>th</sup> January 2024, it was reported that the Unscheduled Care Improvement Programme continues to make progress in the delivery of the key programme milestones. This 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 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 January's meeting.
1.1.2	Analysis of data since the previous report, shows an increase in the number of hospital inpatients with NCTR (sentinel measure). The NCTR number has increased from 98 in December 2023 to 121 on the 1 <sup>st</sup> January 2024. The fall in NCTR performance reflects the national picture of winter pressures. A recovery plan is in place with the aim of returning the NCTR number to pre-Christmas levels of 100. The increase in numbers is reflected across the whole Cheshire and Merseyside Integrated Care System (ICS), however Wirral has continued to perform strongly compared to other Places within Cheshire and Merseyside ICS. Wirral has consistently been in 2nd position out of 7 areas over the winter period to date, and was the top performing area, week ending the 28 <sup>th</sup> January 2024. 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	Recognising the reduced performance over the pressurised winter period, the system continues to be in a much-improved position compared against the same period in the previous year. 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, which continue to be progressed.
1.1.4	The unscheduled care programme team are currently in the process of evaluating the impact of each element of the improvement work. The first cut of this work was presented at the Unscheduled care board in January. This work is due for completion over the coming month to support the future system capacity & demand plan. The capacity & demand piece of work will also include the feedback from the John Bolton OBE review. January's PBPB agreed that the Wirral system demand and capacity plan will be brought back to March's PBPB following the final plan progression through the agreed programme governance arrangements, going to the Unscheduled Care Improvement Programme Board in February prior to presentation at March's PBPB.
1.1.5	The Board is asked to note the update.

**1.2 Programme Delivery Detail**

**1.2.1 Transfer of Care Hub**

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 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 13<sup>th</sup> 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, where development is continuing to make good progress. There is significant relationship building with the care sector between LA and WUTH colleagues. 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 fifth time in January. 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.</p>
1.2.2	<i>Enabling Workstreams</i>
	<p>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. A Wirral Place Workforce Group has now been established and it is proposed the Workforce Enabling Programme Group is stood down and that any workforce matters that arise through the Unscheduled Care Programme Board are picked up by the newly established group. This proposal is to be taken to February Unscheduled Care Programme Board.</p>
1.2.3	<i>Headline Metrics</i>
	<p>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 increased from 98 in December 2023 to 121 on the 1st January 2024. The fall in NCTR performance reflects the national picture of winter pressures. An action plan is in place to with the aim of returning the NCTR number to pre-Christmas levels of 100.</p>
	<p>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.</p>
1.2.4	<i>Supporting Projects</i>
	<p><b>Care Market Sufficiency</b> - 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). December's data shows both metrics have <b>achieved</b> their trajectory target. The overall number of new hours picked up is 3168 against a target of 3154 and the number of new packages accepted is 299 against a target of 299.</p>
	<p><b>Virtual Wards</b> – In December the frailty virtual ward had a plan of achieving throughput of 120 patients but due to medical staffing constraints this was reduced to 40 patients, to ensure a safe 24/7 service was provided. The service actually saw 24 patients through the service due to challenges with medical staff providing safe cover to inpatient wards. The service will be back up to full capacity by the end of January as the medical staffing arrangements are strengthened. There is a waiting list of patients ready for referral into the service. The respiratory virtual ward is well established and saw an increase of throughput on the previous month from seeing 73 patients through the service in November to 94 in December, slightly behind the full capacity of 120. The respiratory virtual ward has expanded the conditions accepted and there is still capacity available each month. A review of the capacity and resource will be undertaken to understand if there are any further conditions to be</p>

	added to increase throughput or review capacity.
	<p><b>Home First</b> - In January 2024, Home First therapy &amp; care discharges totalled 165 against a target of 170, i.e. 97%. (170 discharges represents the long term capacity plan for the agreed model.) In addition, the Community Integrated Response Team therapists supported 80+ therapy-only discharges where personal care was not required but where therapy assessment was needed at home, typically within one or two days of discharge. In January 2024, the average number of days between referral and first visit at home was 2 days (mean and median). Continuous improvement is ongoing with the 12th January 2024 workshop with hospital ward and discharge and Home First staff identifying refinements to the referral process to reduce variation. The Home First model for 24/25 and ongoing is part of the 24/25 planning process.</p> <p>Current focus is on</p> <ul style="list-style-type: none"> <li>• Addressing variation in referral and discharge numbers</li> <li>• Maximising speed of discharge planning</li> <li>• Maximising fill of available discharge slots</li> <li>• Ongoing implementation of hybrid working with dom care</li> </ul> <p>Future focus, to enable 'left shift' from Pathway (P) 3&gt;P2 and P2&gt;P1:</p> <ul style="list-style-type: none"> <li>• Actively support more CICC discharges (as in pilot phase)</li> <li>• Supporting P2&gt;P1 shift</li> <li>• VCFSE services and pathways (e.g. Community Connectors) into Home First model</li> </ul>
	<p>The <b>AbleMe</b> project board continues to meet and has made significant progress across all workstream, meeting a number of key milestones this month. The business case has been approved for the new electronic care management system and signed off by the Investment and Change Board. The Registered Managers registration and CQC SOP 1 to 4 have been completed and submitted to CQC. An offer has been made following the Data Analyst interviews and work has been completed to identify activities/milestones for the reporting workstream aligned to project dependencies in other workstreams. There is significant key activity planned to take place in February. 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</p>

	efficiencies and improve quality and safety.
2.3	<i>Legal and regulatory</i> There are no legal implications directly arising from this report.
2.4	<i>Resources</i> There are no additional resource implications arising from this report.
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 30.01.24 Appendix 2 – Discharge Dashboard 31.01.24

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