

# Wirral Place Unscheduled Care Programme

## Latest Narrative Update

**Headline Metric (NCTR):** This metric is captured as a snapshot on the first of every month. On the 1st February the number of acute inpatients with no criteria to reside was 135 which did not meet 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). January's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 4409 against a target of 3190 and the number of new packages accepted is 404 against a target of 305.

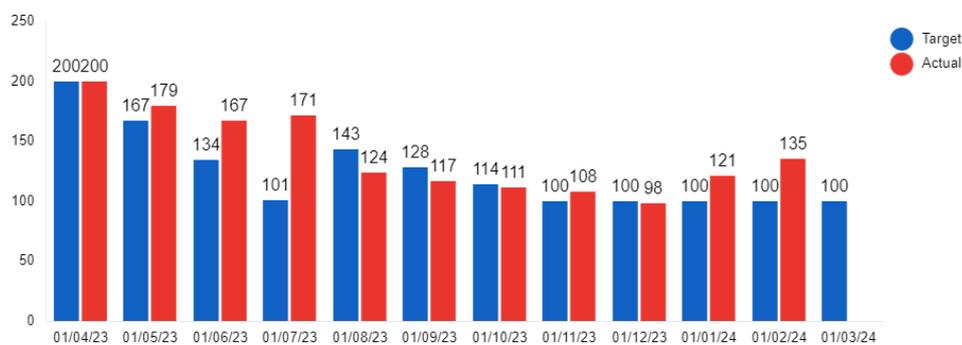
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. January's data shows an increase in throughput on its frailty ward on the previous month, from 24 in December to 32 in January, the target of 120 was not met. Throughput on the respiratory ward increased on the previous month, from 94 in December to 114 in January, slightly below 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. January's data shows an increase in overall pick-ups on the previous month, from 131 in December to 163 in January, slightly below the target of 170. January's data shows that pick-ups from hospital have increased on the previous month from 125 in December to 154 in January, exceeding the target of 150. January's data shows pick-ups from CICC were 6, against a target of 20, which is an increase from 3 in December, recognising there was no target set for December 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.

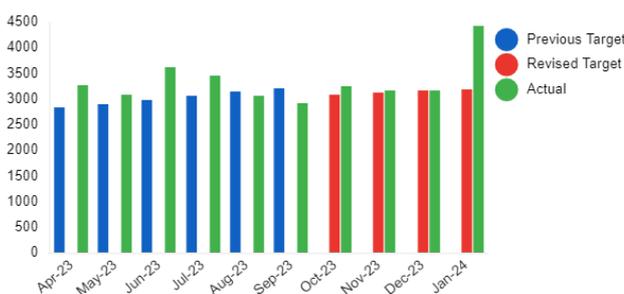
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

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.

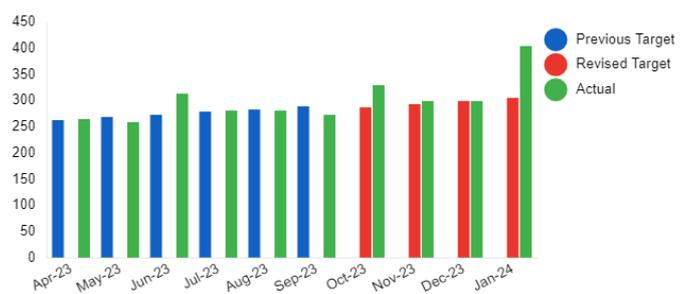
The programme trajectory post 1st November has been developed, which aims to maintain the number of beds occupied by people with NCTR to no more than 100 given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% in Q1 of 24/25.

## Project-level targets: Care Market Sufficiency

### Overall hours picked up

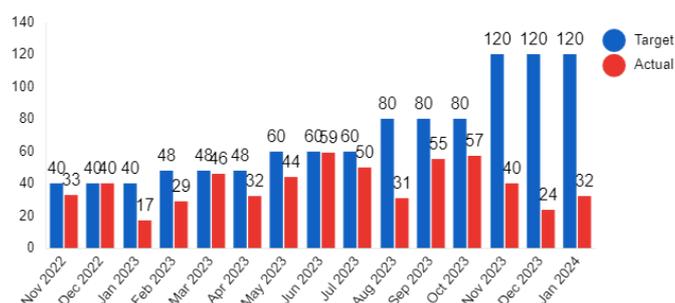


### Number of packages accepted

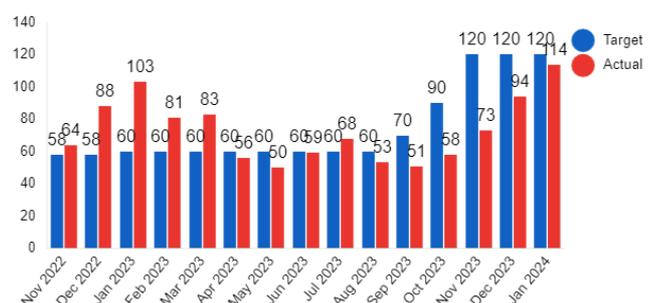


## Project Level Targets: Virtual Wards

### 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



